

**Eastern Locality Board
Meeting
23rd April 2014
Boardroom, Newcourt House, Exeter**

MINUTES

Present:	Title:
Dr David Jenner (DJ)*	Chair, Eastern Locality and Mid Devon Sub-locality
Dr Simon Kerr (SK)*	Vice Chair, Eastern Locality and Co-Chair Wakley Sub-locality
Dr Phil Taylor (PT)*	Co-Chair, Wakley Sub-locality
Dr Rob Turner (RT)*	Co-Chair, Exeter Sub-locality
Dr Alex Degan (AD)*	Vice Chair, Mid-Devon Sub-Locality
Gilly Champion (GC)*	Co-Chair, Exeter Sub-Locality
John Finn (JF)*	Managing Director, Eastern Locality
In attendance	
John Dowell (JD)	Locality Chief Finance Officer
Sue Moreton (SM)	Patient Quality & Safety Manager
Simon Polak (SP)	Head of Patient Safety & Quality (North & East)
Sam Smith (SS)	Locality Medicines Optimisation Pharmacist - East
Dr Alison Round (AR)	Clinical Policy Committee Board member
Barbara Jones (BJ)	Head of Locality Contracting
Jemma Moore (JM)	Locality Business & Governance Manager
Apologies	
Dr Tom Debenham (TD)*	Chair, WEB Sub-Locality
Dr Richard Mejzner (RM)*	Vice Chair, WEB Sub-Locality
Dr Joe Mays (JM)	Executive GP
Mike Wade (MW)	Public Health Speciality Registrar
Richard Croker (RC)	Head of Medicines Optimisation
Lorna Collingwood- Burke (LCB)	Deputy Chief Nursing Offices
Christopher Roome (CR)	Head of Clinical Effectiveness

*Voting member

PART A

Part A of this meeting was held in private and therefore there are no minutes to report or approve.

PART B

1. Attendance and Apologies

Noted as above

2. Register of Interests

Dr David Jenner requested that members review their entries and inform Hannah Tapp of any updates accordingly.

3. Minutes of the last meeting and Action Log

The minutes were agreed to be a true and accurate record of the meeting held on 26th March 2014.

The Board reviewed actions from the previous meeting and the Action Log was reviewed and updated accordingly.

EL_05_13_006 – It was confirmed that Paul O’Sullivan, Managing Director of Partnerships has indicated that he would attend the Eastern Locality Board meetings. John Finn to discuss attendance and frequency with him.

EL_02_14_024 – to carry forward to May Board.

EL_02_14_025 – Delayed transfers of care – JF confirmed that the data as outlined and which forms part of the Better Care fund work is to be discussed at the next Health & Wellbeing Board therefore, action carried forward to May Board to confirm outcome.

EL_02_14_028 – TCS draft strategy. It was confirmed that the draft strategy is still a work in progress. AD sought agreement from the Board to sign the completed strategy off electronically. The Board agreed to this course of action.

EL_02_14_030 – GMS Minimum Practice Income Guarantee - DJ confirmed that a further Freedom of Information request has been submitted to the Local Area Team and will hope to be in a position to report back as to a response in due course.

4. Integrated Governance Reports

John Finn introduced the report to the Board commencing on page 17 of 71 of the Board papers. JF outlined the process for agreeing risk and the purpose of the reports to assure the Board that each of the identified risks are being managed. JF noted the following:-

4.1 Locality Assurance Reports

4.1.1 – Delayed Discharges – Risk Rating Red – JF confirmed that the Better Care Fund will impact on improving delayed discharges. A report from the Health & Wellbeing Board will be made available and will be brought to either a Clinical Executive Team meeting or a Board outlining the aforementioned impact. In terms of national support it was confirmed that the NHS Improvement Quality Team will provide support in terms of focussing on any blocks in the process. In terms of performance, there was a slight increase in delays over the Easter break.

4.1.2 62 days urgent referral to first definitive cancer treatment – Risk Rating Red – JF confirmed that performance was below 80% in February. However, assurance was provided that a recovery action plan is in place to support the return to sustainable delivery of waiting times and it is anticipated that this will be by the first quarter of new financial year. Assurance was given that there is no clinical risk to patients and that every breach is reviewed by a multi-disciplinary team.

The Board discussed the CCG's support of the position of the Royal Devon & Exeter Board of Directors to continue to accept patients from neighbouring Trusts provide the best treatment options for patients. The Board queried if this affected any specialisms in particular. It was confirmed that urology was the main area with the continued impact of the need for specialised robotic surgery. Because of the high quality service, the RD&E continue to accept patients from other areas as a result. The issue is that in terms of the breach the "clock" starts at the time when the patient is referred to the original hospital and not when they are then referred to the RD&E, so the delay can actually be mainly instigated at another provider whilst they are seeking to ensure the best outcome for the patient.

The Board discussed breaches in terms of contractual penalties. It was confirmed that all penalties are levied and come back to commissioners. The issues of 2 week wait referrals was also discussed. There have recently been issues where patients are deferring their appointments due to personal reasons. Unfortunately, this does not have the effect of stopping the clock and therefore this constitutes a breach. There is on-going work with both the Trust and GP colleagues to ensure that patients makes themselves available for appointments.

4.1.3 Minor Injury Unit (MIU) and Walk in Centre (WIC) – Risk Rating Red – JF confirmed that the work to review MIUs has been undertaken by Dr Justin Geddes and for which an options appraisal has been formulated and received approval at the Eastern Locality Board on the 26th March. It was confirmed that two areas have impacted on this review. The first being the unexpected resignation of the GPs working in the RD&E WIC which has had the effect of bringing this work forward. There is currently a contingency plan in place operating the RD&E WIC without GP presence and this is to be monitored. The other issue impacting on this work is the Tiverton MIU procurement process. It was confirmed that the contract has been awarded to SWASFT and will now be the subject of a due diligence process which will be undertaken before the Trust take over the service from NDHT and which will look at the risk over the next few months. SWASFT will provide the service from July.

The Board also discussed the temporary two day closure of the Sidwell Street walk in centre (WIC) which has been necessitated by recruitment problems experienced by North Devon Healthcare Trust (NDHT).

The Board discussed NHS 111 and the impact on the urgent care system. DJ asked if the impact of 111 could be included within the assurance reporting. It was confirmed that following the phased transition of Out of Hours GO calls from DDOC to 111 over the last 5 months. Significant problems have been encountered in terms of unanswered calls, abandoned calls and delayed call backs. SWASFT, the provider of NHS 111 are committed to resolving these issues and commissioners are looking at an urgent resolution of these issues. Furthermore, commissioners are monitoring impact on A&E attendance and it was confirmed that patients presenting at the Emergency Department are being surveyed on arrival to ascertain if they have contacted 111 or tried to call 111 and could not get through. DJ asked that this data be captured in the risk register and reported back to next Board.

4.1.4 RD&E Contract Negotiations 14/15 – Risk Rating Red – JF confirmed that there was a meeting of the Chief Executives of both the RD&E and NEW Devon CCG on the 16th April at which agreement was reached in terms of a contract for 2014/15.

4.1.5 Watching Brief –

Community Nursing Specification – The Board discussed the high level of demand that is currently being placed on the community nursing provision and the lack of agreement of the service specification

GC described the work currently being undertaken on the specification which forms part of the NDHT heads of terms and falls into two component parts. Part 1 describes what is happening now in terms of service provision whilst Part 2 is developing the specification between North and East Devon and that fits in with community services. It was confirmed that this work will impact on some services in some areas as the current service provision varies across the “patch”.

It was queried whether there were any plans for community engagement for those areas affected by the specification. TP and GC to review the need for engagement with communities in terms of any resulting impact of the specification in terms of service change.

There was a discussion regarding a mechanism for reviewing costs and there was agreement that Keri Storey of Devon County Council would be consulted with as to where investment in nursing staff should be targeted. JF to liaise with Keri Storey and bring findings back to a Clinical Executive Team meeting.

EL_04_14_032 - Community Nursing Specification - TP and GC to review the need for engagement with communities in terms of any resulting impact of the specification in terms of service change.

EL_04_14_033 - Community Nursing Specification – JF to liaise with Keri Storey to determine where investment in nursing staff should be targeted.

4.2 Patient Quality & Safety - Sue Moreton presented the report to the Board commencing on page 26 of 71 of the Board papers and noted the following:-

4.2.1 – CQC inspection of care homes – it was noted by the Board that the link to The Manor at Axminster does not link to the correct home report. SM to review and undertake necessary remedial work.

4.2.2 Warning Notice – Northern Devon Healthcare Trust, Tiverton Hospital – SM informed the Board of the CQC's decision to escalate the initial compliance actions put in place following a review of services, to a formal CQC Warning Notice. The actions were in relation to the completion of consent to care and treatment and understanding of the Mental Capacity Act. It was confirmed the NDHT have limited time to action and assure the CQC. Commissioners expect to receive the Treatment Escalation Plans (TEP) assurance plan update post submission to the CQC early in April. SM confirmed that progress is being monitored through regular IPAM meetings and the necessary assurance will be given once review of the actions plans has been completed.

The Board queried the provision of training/education for GP contractors in terms of completing TEP forms. SM confirmed that this element does form part of the discussions. Alex Degan agreed to ask NDHT if they have a system of training in place to meet the needs of the CQC requirements to complete TEP reports. SM to report back to the next Board (directed through the Northern Locality).

4.2.3 – **Healthcare Acquired Infection** - Clostridium difficile (C.difficile): SM confirmed that as at the end of March there have been 28 cases C.difficile are the RD&E. SM stated that there is assurance that the RD&E have very good standards and are staying well within the annual objective of 39 cases.

4.2.4 – **Integrated Assurance Providers meeting with Northern Devon Healthcare Trust** - the Board reviewed the standardised mortality ratio. SM confirmed that the rolling year figure for Eastern Community Hospitals has been below the national benchmark of 100 for 4 consecutive months from July to October 2013. The Board queried what this data is benchmarked against. SM confirmed that she will review and confirm to the Board.

4.2.5 – **Service Notifications from 1st January to 30th March**

The Board reviewed the service closures and queried the communications strategy for loss of services in North Devon. AD confirmed that he would review this at the next NDHT Integrated Provider Assurance Meeting (IPAM). It was also noted that in terms of contingency plans for any service closure, this needs to be focussed on meeting the needs of the patient.

ACTIONS:

EL_04_14_034 – Warning Notice – Tiverton Hospital – Alex Degan to request information from NDHT about the system of training in place to meet the needs of the CQC requirements to complete TEP reports. SM to report back to the next Board (directed through the Northern Locality).

EL_04_14_035 – Standardised Mortality Rates – SM to review and confirm benchmarking for Standardised Mortality rates and report to the Board.

4.3 – Finance

John Dowell presented the report to the Board on page 40 of 71 of the board papers. It was confirmed that the CCG are reporting a deficit for 13/14 in the sum of £14.7 million after application of the risk reserves. For the East Locality, financial performance for the year is at an adverse variance of £10.264 million which represents a deterioration of £1.2million when compared to the previous year end forecast. Two key elements contributing to the overall worsening in the final overspend were the final contract settlement with the RD&E and a technical issue relating to VAT on certain elements of prescribing spend. The total prescribing spend for the CCG is managed and reported as part of the Eastern Locality. For additional information the medicines optimisation team also report financial performance on a locality basis. Of the total prescribing overspend for the year of £6.265 million, £2.169 million was attributable to Eastern Locality Practices. JD also confirmed that the locality is responsible for the contracts with Taunton and Somerset NHS Foundation Trust and also University Hospitals Bristol NSH Foundation Trust and whose contracts operate as fully variable contracts and finished £410k and £195k below plan respectively.

The Board discussed the performance and overspend of the prescribing budget which poses challenges in terms of delivering against a budget with little or no growth. It was confirmed that primary care prescribing is currently being reviewed both locally and in line with national performance metrics. JF informed the Board that budget setting for this year has been more realistic and is based on 2.7% growth on outturn. However, there have been Category M changes which can be taken advantage of and the CCG will continue to set itself challenging targets to deliver improved prescribing performance.

4.4 Contracting

The contents of the report on page 42 of 71 of the board papers were noted by the Board.

4.5 Clinical Effectiveness and Medicines Management

The contents of the report on page 43 of 71 of the board papers were noted by the Board.

4.6 Medicines Optimisation

Sam Smith presented the report to the Board on page 44 of 71 of the papers and noted the following:-

4.6.1 – North & East Devon Formulary - It was noted that the North & East Devon Formulary has been launched as of the 31st March. This is a new website which includes updated clinical guidance.

4.6.2 - **Primary Care Prescribing Budget** – It was confirmed that the medicines optimisation team are working with practices to look at costs effective prescribing. At practice level, there are recovery plans to address this overspend with development of schemes for this financial year.

The Board queried how the new formulary was being communicated to non-prescribing nursing staff. It was confirmed that the next piece of work is to communicate and promote the new formulary as part of the implementation process.

The Board raised questions regarding prescribing for stoma products and accessories. Concern was raised regarding potential conflict of interest where stoma products could be recommended by stoma nurses where the service receives funding from a pharmaceutical company. The Board asked for clarification regarding how the stoma service is provided.

EL_04_14_036 – Stoma Service – Sam Smith to review how the stoma service is provided and report back to next Board.

DECISION: The report was NOTED by the Board accordingly.

5. Eastern Locality TCS Engagement Report

Dr Alex Degan presented the report on page 55 of 71 of the papers to the Board which outlines the extensive engagement undertaken by the Eastern Locality with the local population in relation to the transforming of community services. The Board were asked to approve the contents of the report which will be used to inform the TCS strategy.

DECISION: The report was APPROVED by the Board.

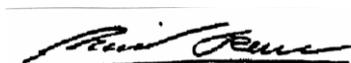
6. Budleigh Memorandum of Understanding (MoU)

Tamara Powderley presented the memorandum of understanding (MoU) on page 69 of 71 of the board papers to the Board. It was confirmed that the WEB group has identified there is a need for significant development within it's area of operation and has produced an outline plan for the future use of Budleigh Salterton Hospital. The MoU defines how this work will be undertaken and the principles involved.

DECISION: The Memorandum of Understanding was APPROVED by the Board.

End of Meeting

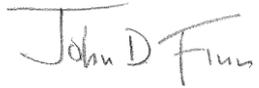
The minutes have been approved as an accurate record of this meeting.



Signed.....

Dr David Jenner, Eastern Locality Chair

Dated 28th May 2014

Handwritten signature of John D Finn in black ink.

Signed.....

John Finn, Managing Director, Eastern Locality

Dated 28th May 2014