

**Eastern Locality Board
Meeting
25th June 2014**

Boardroom, Newcourt House, Old Rydon Lane, Exeter, EX2 7JU

MINUTES

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

Dr David Jenner welcomed Dr Mike Slot who has been voted as in as the new co-chair of Wakley following Dr Taylor's retirement from the CCG.

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 23rd May 2014.

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

EL_02_14_025 – Delayed transfers of care – JF confirmed that Simon Windeatt has now left the organisation and therefore, Alison Wilkinson will now be leading on this piece of work. Due to the complexity of the data, this work is still incomplete but it was agreed by the Board to keep the action on-going to monitor progress.

EL_04_14_034 – Warning Notice – Tiverton Hospital – TEP training of GPs. AD confirmed that at the last NDHT IPAM he queried if plans were in place for ensuring GPs within the Eastern Locality and who work across the community hospitals have received the appropriate training. It was confirmed that discussions are on-going and indeed Alison Diamond had sent an e-mail which regarding the information held on the NDHT website to include key policies and training to which GPs will have access to. A training afternoon is also being planned which will include TEP training. It was confirmed that assurance is currently awaited from the Patient Safety and Quality Team that the assurance given by NDHT is satisfactory. AD to confirm that training is to be organised.

EL_04_14_036 – To be discussed as part of the Medicines Optimisation update.

EL_05_14_037 – It was confirmed that the analysis of the recent step change in Emergency admissions now forms part of the work undertaken by the Urgent Care Board.

4. Eastern Locality Integrated Performance Report

John Finn presented the report to the Board (commencing on page 18 of 120 of the Board papers). JF outlined the processes 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 outlined to the Board the recent increase in activity at the RD&E in terms of ED attendances and the consequential pressures on the onward care system as a result of which the locality has been in a sustained period of escalation recognising increases in attendances, admissions and numbers on the onward care list. It was confirmed that Tamara Powderley, Head of Commissioning has commissioned Elaine Fitzsimmons, Associate Director at NEW Devon CCG to review discharge processes to include various levels of discharge from simple through to very complex discharges and to report her findings to the Locality Urgent Care Board. It was noted that the expected end date of risk is May 2014 and was agreed that this should be changed to the end of this financial year April 2015.

4.1.2 62 days urgent referral to first definitive cancer treatment – Risk Rating Red- JF confirmed that following the recent Integrated Provider Assurance Meeting (IPAM) with the RD&E the main focus is on urology and more specifically, the robot work undertaken at the RD&E. It was confirmed that the CCG have received a level of assurance from the RD&E but indications are that whilst the RD&E may fail to achieve target in Q1 there will be improvement on waiting times in QT. Dr David Jenner is due to meet the urology consultant, John McGrath, to review delays for the robot and to ensure clinical safety. It is recognised that patients choosing this form of treatment are assured of a better clinical outcome and conversely, the CCG do have assurance that patients have not been exposed to additional clinical risk as a consequence of the failure to achieve cancer performance targets. The Board discussed the level of breaches and it was confirmed that the majority of these breaches were due to patient choice.

4.1.3 Minor Injury Units (MIU) & Walk in Centres (WIC) – Risk Rating Red – JF confirmed that there would be an agreed model by November of this for onward commissioning and procurement. The Board noted that both the provider lead should be updated to reflect Kate Lyons' departure from NDHT and the expected end date should be amended to April 2016

4.1.4 RD&E Contract - Risk Rating Red – it was confirmed that this contract remains a significant risk to the CCG. £208 million was agreed for 14/15 although £211 million is the more likely outcome. However, it was confirmed that to achieve £208 million is vital in terms of the CCG planned deficit, anything over and above that figure will have financial consequences for the CCG. It is anticipated that there will be a 5% growth in elective activity with plans in place to deliver sufficient demand management and other QIPP schemes to avoid the anticipated elective growth. However, the position is being complicated by the high increase of emergency activity. JF also confirmed that pass through drugs and devices are also anticipated to increase by 11% and for which a separate management plan is in place.

4.1.5 Watching brief: 2 weeks referral of any patient with breast symptoms - a sharp increase in referrals has been noted following a recent television storyline. Dr Tom Debenham to follow up with Breast Care Department to review with them guidelines for breast care referrals.

EL_06_14_038 – Breast Care Referrals – Dr T Debenham to review guidelines for referrals with the RD&E.

However, the position is being complicated by the high increase of emergency activity.

4.2 Quality Patient Safety & Performance

Sue Moreton presented the report to the Board (commencing on page 30 of 120 of the Board papers) and noted the following:-

4.2.1 Care Quality Committee (CQC) Reports

- Royal Devon & Exeter Hospital – It was noted that the CQC undertook a planned inspection of the Wonford site and inspected discharge arrangements to other providers. There were no concerns raised.

4.2.2 Health Care Acquired Infection (HCAI) Report

- Clostridium difficile (C.difficile) – SM confirmed that there were 5 cases attributable to the acute Trust. It was confirmed that the HCAI lead has met with the RD&E and following review in accordance the NEW CCG/Trust quarterly process (where cases will be determined in terms of “avoidability” for purposes of year end sanction implementation) it was confirmed that all cases were unavoidable and satisfied that there are robust review and monitoring systems in place.
- Diarrhoea and vomiting outbreaks – The Board discussed the downward trend of outbreaks both locally and nationally and it was discussed that this may be due to continued vigilance and changes to hand hygiene procedures. DJ confirmed that the would enquire with the Director of Public Health as to whether there are any identified reason for the downward trend
- **ACTION:**
EL_06_14_039 – Diarrhoea and vomiting outbreaks - DJ to speak to Director of Public Health to ascertain reasons for downward trend in terms of outbreaks both locally and nationally.

4.2.3 National Quality Requirement 3: Exchange of patient information

- **End of life register** – it was noted that the summary included reference to the Liverpool Care Pathway. The Board queried if this pathway was still in use and if not whether it’s successor is included within the data. SM to enquire if the Liverpool Care Pathway is still in existence and the reporting period this report covers.
EL_06_14_040 – End of Life Register – SM to enquire if the Liverpool Care Pathway is still in existence and whether it’s successor, if any, is included within the reports data. Furthermore, to confirm the reporting period this report covers.

4.3 Finance Report

John Dowell presented the finance report to the Board (commencing on page 46 of 120 of the Board papers) and noted the following:-

The Locality at month 2 is reporting an overspend of £56k with a year end forecast of £138k. Although these variances against plan are relatively small, JD reminded the Board of the overall financial context of the CCG being a planned in-year deficit of £14.7m, therefore financial improvement will remain a key focus for the CCG throughout the financial year. Two key financial issues for the locality will be performance of the RD&E contract and primary care prescribing. Limited information on which to base a forecast is available at this early stage, and for both of these issues the forecast assumes successful delivery of QIPP schemes. JD also referred the Board to the Finance update under the Contracting section of the report where it was noted that at month 1 NEW Devon CCG has a recorded overspend of £1m based on current activity levels. However, there are continued issues in terms of timeliness and accuracy of data from the RD&E, particularly with regard to correct identification of Specialist Commissioning activity, and it is the CCG's view that once corrections have been made the projected overspend will be approximately £500k.

JD confirmed that elective activity performance is in line with plan, however, non-elective activity is significantly over plan and is subject to validation of both specialised and non-specialised work.

4.4 Contracting

- **Referrals** – It was noted that there is an increase in referrals by 4.8% for the first 2 months of 14/15. GP referrals are up by 4.9%. The Board queried the referrals from “others”. It was confirmed that this was discussed at IPAM and following review it was confirmed that the majority of these should have been coded as GP referrals. RD&E are currently reviewing these figures. The Board asked Dr Tom Debenham to review other providers processes for review to ascertain what is being referred into elective care and the mechanisms.

ACTION

- **EL_06_14_041 – Referrals** - Dr Tom Debenham to review other providers processes for review to ascertain what is being referred into elective care and the mechanisms used.

4.4 Clinical Effectiveness & Medicines Optimisation (CEMO)

Sam Smith presented the report to the Board (commencing on page 50 of 120 of the Board papers) and noted the following:-

4.4.1 Primary Care Prescribing Budget – it was noted that the year end figures are forecasting an overspend of £4.5 million. It was confirmed that the CEMO team continue to work with practices to review outturn and provide prescribing guidance for the forthcoming year.

SS updated the Board in relation to EL_04_14_036 Stoma Services. It was confirmed that Kim Hopkins Contract Manager attended the meeting as detailed in the action log with the RD&E on the 24th June to discuss the stoma care sponsorship tender process yesterday. It was confirmed that further information is awaited from the RD&E regarding current service provision and once received the Board will be updated in full. The action therefore is to be progressed by the contracting team.

DECISION: The Board NOTED the reports.

5.0 Budleigh Business Case for a Health & Wellbeing Hub

Dr Richard Mejzner presented the business case to the board (commencing on page 58 of 120 of the Board papers) for final approval prior to the paper going before the Northern Devon Healthcare Trust (NDHT) Board for approval of capital investment.

John Dowell clarified that the business case needs to fulfil two purposes; firstly the building itself requires capital investment and NDHT being the legal owners of the building need to approve that capital investment; secondly, that assurance is provided to the CCG in terms of revenue consequences of the services operated from the hub being affordable to the Commissioner. With regard to the second point, JD confirmed that the financial model is at the present time affordable and within the financial envelope the CCG holds as commissioner, as set out in the business case.

DECISION: The Board SUPPORTED the business case going forward for approval of the capital investment.

6.0 Community Nurse Specification

Gilly Champion presented the specification to the Board together with the data collated thus far regarding services provided by the Community Nursing Team. The Board approved the specification but did not agree the baseline of services which requires mutual agreement before the process moves forward as it was noted that the data was not complete due to practice data missing from the list.

DECISION: The Board APPROVED and AGREED the specification but DID NOT AGREE the baseline of services due to the omission of practice data. The Board stated that this required mutual agreement before this moves forward. Therefore, the agreed community nursing specification to be brought to the July Board with complete baseline data for final approval.

7.0 Transforming Community Services

Dr Alex Degan presented the paper to the Board for approval (commencing on page 117 of 120 of the Board papers). It was confirmed that the paper sets out the Eastern Locality response and support for the Governing Body's overarching TCS draft strategy. It was reiterated that the proposed strategic direction is dependent on outcomes and feedback following the further consultation process. The Board endorsed the strategic direction but final endorsement would not be given until the next stage of public engagement is undertaken.

DECISION: The Board ENDORSED the strategic direction but final endorsement would not be given until the next stage of public engagement is undertaken.

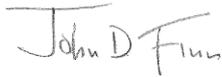
END OF MEETING



Signed.....

Dr Simon Kerr, Eastern Locality Vice Chair

Dated 23rd July 2014



Signed.....

John Finn, Managing Director, Eastern Locality

Dated 23rd July 2014