

**Eastern Locality Board
Meeting
23rd July 2014**

The Kenn Centre, Exeter Road, Kennford, EX6 7UE

MINUTES

Present:	Title:
Dr Simon Kerr (SK)*	Vice Chair, Eastern Locality and Co-Chair Wakley Sub-locality
Dr Alex Degan (AD)*	Vice Chair, Mid-Devon Sub-Locality
Dr Mike Slot (MS)*	Co-Chair, Wakley Sub-locality
Dr Tom Debenham (TD)*	Chair, WEB Sub-Locality
Dr Richard Mejzner (RM)*	Vice Chair, WEB Sub-Locality
John Finn (JF)*	Managing Director, Eastern Locality
In attendance	
John Dowell (JD)	Locality Chief Finance Officer
Barbara Jones (BJ)	Head of Locality Contracting
Dr Alison Round (AR)	Clinical Policy Committee Board member
Sue Moreton (SM)	Patient Safety & Quality Support Manager
Jemma Moore (JM)	Locality Business & Governance Manager
Apologies	
Dr David Jenner (DJ)*	Chair, Eastern Locality and Mid Devon Sub-locality
Gilly Champion (GC)*	Co-Chair, Exeter Sub-Locality
Dr Rob Turner (RT)*	Co-Chair, Exeter Sub-locality
Dr Joe Mays (JM)	Executive GP
Mike Wade (MW)	Public Health Speciality Registrar
Simon Polak (SP)	Head of Patient Safety & Quality (North & East)
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 Simon Kerr 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 the 25th June.

The Board reviewed the 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 this piece of work is being led through the Business Intelligence Team and will take a matter of months to complete. It was agreed that this action would remain open as an on-going action.

EL_04_14_034 – Warning notice – Tiverton Hospital – AD confirmed that there is an action plan in place for Tiverton and hospitals in the Eastern Locality although it was confirmed that assurance is still sought that GPs working in community hospitals will have the appropriate training. AD confirmed that following the recent IPAM meeting, he has an action to write to Graham Lockerbie to ensure that the GPs are receiving the appropriate training.

EL_04_14_036 – Stoma services – BJ confirmed that negotiations are continuing with the key issues being provision of staff and equipment. There is a review in terms of identifying a decrease in costs enabling the direct employment of nurses.

EL_04_14_038 – Breast care referrals – TD confirmed that a meeting with the relevant consultant is to be arranged. JF clarified that the query is in terms of performance around the 2 week wait breast referrals and the confusion around clinics at the RD&E and the communication with primary care.

EL_06_14_039 – Diarrhoea and vomiting - JF confirmed that as part of forward planning for winter, this issue is being reviewed. It has been highlighted that the norovirus has mutated slightly and following the bed capacity modelling, should there be a severe outbreak, this will put the healthcare system under significant pressure. JF confirmed that the CCG will continue to monitor this.

EL_06_14_040 – End of life register – SM confirmed that the Liverpool Care Pathway ceased to be used from the 14th July this year. The reporting period was for the last quarter of the year, January to the end of March 2014.

EL_06_14_041 – Referrals – TD confirmed that meetings have been arranged to talk to elective care leads in the North and West Devon with a view to amalgamating processes.

This will not include dentists but will include optometrists. BJ added that there is a contracting meeting to discuss coding and a review of codes and process.

4. Locality Chair's Report

Dr David Jenner's apologies were noted.

JF detailed on behalf of Dr Jenner the following items:-

4.1 NHS 111 – JF confirmed that there is work being done both nationally and CCG wide to understand the impact of 111. He confirmed that it would be incorrect to say that there is a direct correlation between the introduction of 111 and the recent surge in activity, however, on review of the data there would seem to be a timeline correlation. It was confirmed that Dr Jenner is leading on this piece of work to understand the impact on the system and indeed during the last period of escalation, the additional DDOC clinical streaming introduced over a 3 days period did have an impact on the numbers being referred.

The Board discussed the recent audits undertaken at the RD&E and other acute Trusts to understand how patients have arrived at the emergency department and what contact they have had with 111 if any and any outcomes will come through the ED Working Group.

4.2 National Funding Announcements – JF confirmed that this is a non-recurrent allocation of monies to the CCG which is available upfront to enable the CCG to plan more strategically in terms of it's winter resilience plans. JF confirmed that following the winter de-brief in May, points of learning were identified to include the need of increased capacity in psychiatric liaison, clinical support in 111 and onward care.

The Board discussed the use of monies and the plan for the forthcoming winter pressures. RM stated that assurance was required as to the number of beds in the system and the ability to flex taking into account issues to include, inter alia, an outbreak of norovirus. JF and TP to updated the Board on winter plans at September Board.

EL_07_14_042 – Winter Resilience Plan - JF and TP to update the Board as to winter plans.

DECISION: The report was NOTED by the Board.

5.0 Managing Director's Report

John Finn presented the report to the Board (commencing on page 18 of 120 of the Board papers) and noted the following:-

5.1 Better Care Fund – National update – JF confirmed that one of the outcomes of the Better Care Fund is the reduction of emergency admissions. JF detailed a letter sent to local Health & Wellbeing Boards from the Department of Health inviting each local Board to propose their own performance pot based on their level of ambition for reduction emergency admissions with a performance target reduction of 3.5% on achievement of which each area will receive a share of the £1bn performance element. It was stated that where there is a

failure to achieve this target, monies not released will be made available to CCGs to pay for unbudgeted acute activity.

The Board discussed the performance targets and that the need to be more ambitious around admission avoidance. It was confirmed that the recent work around Transforming Community Services work describes this and indeed the Better Care Fund work in Exeter underpins these principles.

5.2 Devon Challenged health community update – JF confirmed that the reports sets out the CCG's vision for the future provision of health care services and a flavour of what it aims to deliver by 2019. It was confirmed that Price Waterhouse Cooper (PWC) are leading on this piece of work and in terms of progress there is still much work to be completed in terms of local engagement with both the public and health care professionals. It is hoped that a draft strategy will be brought back to the Locality Board in due course with an ambition to have an approved plan by 2015.

DECISION: The report was NOTED by the Board

6.0 Vice Chair's Report

Dr Simon Kerr gave a verbal update to the Board.

6.1 Partnerships Board – SK confirmed that during PART A of the Locality Board meeting, he provided a briefing to the Board outlining the current risks identified by the Partnerships Directorate. To include continuing health care spend (CHC); the concern regarding the provision of mental health services for children (at tier 4 level); the review of assurance processes to ensure the safety of care in care homes and places of safety for children requiring mental health input and enabling the provision of mental health services for Plymouth children placed in Devon. SK confirmed that later this year the risks will be brought to the public section of the Board for scrutiny and discussion.

6.2 CQC – SK confirmed that the CQC recently visited Devon Partnership Trust and from which 3 work streams were identified as areas of concern, namely:-

1. Individual patient placement out of area.
2. Delays in accessing more sophisticated levels of psychological therapies.
3. Access to out of hours mental health support in ED which are not adequately supported.

SK confirmed that there are monthly meetings currently underway to identify solutions and improve services and progress will be monitored via DPT Integrated Provider Assurance Meetings (IPAM).

DECISION: The Board NOTED Dr Kerr's verbal update.

7.0 Eastern Locality Integrated Performance Board Report

John Finn presented the report to the board (commencing on page 27 of 136 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:-

7.1 Locality Assurance Reports

7.1.1 Delayed discharges – Risk Rating – RED - JF confirmed that this relates to the issue of 7 day working , more particularly, discharge arrangements at the weekend which could result in an increase in risk to the Locality. It was, however, confirmed that mitigation actions are in place.

7.1.2 62 days urgent referral to first definitive cancer treatment – Risk Rating – RED - JF confirmed that this relates more specifically to urology in particular impacting on patient pathways for robotic surgery which has implications for breaches in this speciality. In light of Monitor’s recent guidance on local system wide agreements regarding allocation of cancer standard breaches and how these are reported, it is expected that there will be sustained increase in performance. The Board discussed waiting times and whether this was impacting on quality of care and JF confirmed that every patients who does breach is seen by a consultant and therefore, there is assurance that there has been no adverse clinical impact on those patients concerned.

7.1.3 RD&E Contract 2014/15 – Risk Rating – RED - JF confirmed that this continues to be a significant risk at both CCG and locality level with month 2 data showing an approximate overspend of £2million.

7.1.4 Diagnostic Breaches – Risk Rating - RED– JF confirmed that this relates to the percentage of patients waiting over 6 weeks and for which there has been a significant deterioration in performance. It was confirmed that this is as a result of patients requiring MRI tests being referred via AQP who are in turn prioritised due the additional requirement to complete scanning within 20 days ultimately resulting in a deterioration in performance. Additional diagnostic capacity has now been made available at the RD&E and therefore August should see an improvement in performance. Finally it was confirmed that the removal of AQP from the Choose & Book service is a temporary measure.

7.2 Quality, Patient Safety and Performance

Sue Moreton presented the Patient Quality & Safety report to the Board (commencing on page 41 of 136 of the Board pack) and noted the following:-

7.2.1 Open serious incidents requiring investigation (SIRIs)

SM confirmed that the report contains an aggregate of the last 4 quarters of reports raised which is intended to give the Board an indication of the range of issues raised. Following analysis of the data it was agreed that the information as presented was a useful tool to enable the Board to identify any sudden changes in rates and to look at variation in terms of pressures in the system. SM to also include population data and demographics in the next report to give some context around the data as reported.

The Board discussed the Internal Report Review process and requested SM to produce a trajectory in terms of the reviewers meeting the deadline for completion of reviews.

EL_07_14_043: SIRI Reviews: SM to produce a trajectory in terms of the reviewers meeting the deadline for completion of reviews.

7.2.2 CQC

SM confirmed that the information in the report relating to Nursing and Residential homes is public facing information which is monitored by the Patient Quality & Safety Team every month. SM confirmed, however, that she is unable to offer assurance that the actions as identified in the report have been undertaken therefore, SM confirmed to the Board that she would liaise with the Continuing Health Care Team with a view to seeking assurance as to whether there are “Eastern” patients in these homes.

ACTIONS:

EL_07_14_044 – CQC visits - SM to liaise with the Continuing Health Care Team with a view to seeking assurance regarding care commissioned in these homes and that the commissioned care is safe.

7.3 Finance Report

John Dowell presented the finance report to the Board (commencing on page 68 of 136 of the Board papers) and noted the following:-

It was confirmed that there is an overall planned in year deficit for the CCG of £14.7 million this is in addition to the deficit for 13/14 in the sum of £14.5million resulting in an overall combined deficit of £29,260 million. JD confirmed that the Eastern Locality are currently overspent by £1.3 million year to date with a forecast overspend of £4.8million. JD outlined that following receipt of actual performance data for the first two months of the year for the RD&E and prescribing has resulted in a deterioration in the year end forecast of £4.9 million which in turn feeds into the overall position of the CCG.

The Board discussed the need to understand the deficit and how it can impact on this work. JD confirmed that the CCG has limited risk management and contingency reserves which are not devolved to a locality level. The current assessment is that the overspend in the Eastern Locality can be offset by those reserves, however the Locality Board’s responsibility is to deliver as close to balance as possible on the budgets devolved to it.

With regard to Prescribing, the actions taken by the Medicines Optimisation Team are focussed on delivering a balanced budget

With regard to the RD&E contract, a number of factors are currently influencing these numbers. Firstly, the availability of information resulting in a shift in month 2 and 3 data and the RD&E plan of work to impact on planned care to bring this in line with the contract. Therefore, efforts are being focussed to bring the plan back on track.

Secondly, JF confirmed that in terms of recent non-elective activity growth, work is being led by the Urgent Care Board to review attendances, admissions and discharges arrangements to understand increased levels of activity. Furthermore, investments at the front door of the RD&E such as ACE are currently being reviewed via the integrated provider assurance meeting. All of which will assist the CCG in understanding the level of system change.

JD confirmed that there is a risk that the financial position could however, continue to deteriorate if recorded activity levels do not change as a result of these reviews.

7.4 Contract report

Barbara Jones presented the contract report to the Board (commencing on page 72 of 136 of the Board papers) and noted the following:-

8.4.1 NSL – Patient Transport Services – BJ confirmed that as previously reported, the CCG have been in constant communication with NSL who continues to experience problems. However, improvements are being made and the CCG are seeing improved performance but will continue to monitor.

DECISION: The report was NOTED by the Board

8.0 Sub-Localty Reports

8.1 WEB

Dr Richard Mejzner presented the report to the Board (commencing on page 81 of 136 of the Board papers) and noted the following:

81.1. Budleigh Health & Well-being Hub

RM confirmed that the outline business case was approved by the Northern Devon Healthcare Trust Board. It has been recognised that in-patient beds will not re-open and therefore, there is now momentum behind the project to move forward and to look at the exploration of alternative services which is welcomed by the community.

8.2 Wakley

Dr Mike Slot presented the report to the Board (commencing on page 90 of 136 of the Board pack) the contents of which were noted accordingly.

8.2.1 MS confirmed that there was a meeting of the Wakley GPs on the 22nd July at which there was a discussion around the population needs in terms community services to include, inter alia, community nursing, enhanced care at home and community beds; how these can be used, how many and where they should be.

8.3 Mid-Devon

Dr Alex Degan presented the report to the Board (commencing on page 87 of 136 of the Board papers) and noted the following:-

8.3.1 Moretonhampstead – AD presented an update to the Eastern Locality Board as recited below:-

The Moretonhampstead Stakeholder Steering Group was established following a public meeting in December 2013 at which there was unanimous support from those present to develop a health and wellbeing hub at the hospital. The steering group is made up of key community leaders representing the GP practices, patient participation groups, local councillors, the League of Friends, voluntary service providers plus the Clinical Commissioning Group, Northern Devon Healthcare Trust and Devon County Council.

The group has previously submitted a statement of intent to Eastern Locality Board to support the actions needed towards establishing the health and wellbeing hub recognising this would replace the inpatient facility. This statement of intent was supported at the time by the Eastern locality board.

Since then a public survey has been conducted with 855 returns from local people so far. This has shown overwhelming community support with 846 people being in favour of the change. In addition the steering group has led considerable work to identify services for the hub to best serve the population of Moretonhampstead and surrounding areas and now wish to progress to implementation at the earliest opportunity.

This statement therefore confirms the full agreement of the steering group and the organisations/groups they represent for the change of use of Moretonhampstead Hospital. It has been prepared for the attention of NHS Northern, Eastern and Western Devon Clinical Commissioning Group and Northern Devon Healthcare NHS Trust to support decision making.

It was therefore summarised that there is on-going support in Mortonhampstead for a wellbeing Hub. AD confirmed that in terms of next steps communication will be made to NDHT, the Overview & Scrutiny Panel at Devon County Council and Teignbridge Council to update as to the progress of this project.

JF noted to the Board that following the Governing Body feedback on the TCS strategy, there will be further public engagement in August with a view to bringing the decision back to the Locality Board in November with each locality producing a blue print of what the TCS strategy should look like.

DECISION: The Board NOTED the statement and gave ongoing support for the project.

8.4 Exeter

The locality report was noted by the Board accordingly.

It was requested by the Board that the SPA work is shared with the other localities.

DECISION: The Board NOTED the sub-locality reports accordingly.

9.0 Clinical Policy Committee & NICE Planning & Advisory Group Report (NPAG)

Dr Ali Round presented the report to the Board (commencing on page 98 of 136 of the Board papers) the contents of which were noted accordingly.

DECISION: The report was NOTED by the Board.

10.0 Community Nursing Specification

SK confirmed that following approval of the Specification on the 25th June 2014 subject the following conditions:-

- Practice level data is obtained.
- Inventory which sets out where services are currently provided by the Community Nurse Service and where services are provided by practices.

The Board reviewed the data as presented.

DECISION: The Board NOTED and APPROVED the data and recommended a move to implementation of the specification.

11.0 Acute Functional Decline of the Elderly

Dr Jennie Bee attended the Board to present a the findings of her project to look at moving acute care of the frail elderly from the RD&E to the community entitled "Acute Functional Decline of the Elderly" .

DECISION: The Board thanked Dr Bee for the presentation and NOTED the content.

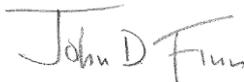
END OF MEETING



Signed.....

Dr David Jenner, Eastern Locality Chair

Dated 24th September 2014



Signed.....

John Finn, Managing Director, Eastern Locality

Dated 24th September 2014