



ROCKBEARE PARISH COUNCIL

Chairman: Cllr. Jerry Wollen
Willow House, 6 Bridge View,
Rockbeare EX5 2LH

Clerk: Carolyn Y. May
A2, Victoria Advent House,
Station Approach
Victoria, Roche,
Cornwall PL26 8LG

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15th October 2020

To all Members of Rockbeare Parish Council

You are hereby summoned to attend a virtual meeting of Rockbeare Parish Council to be held at **5.00 pm, on Wednesday 21st October 2020**, for the purposes of transacting the following business:

Carolyn May

Clerk to Rockbeare Parish Council

AGENDA

To: Cllrs. Jeremy Wollen (Chairman), Colin Please (Vice Chairman), Mark Readman, Ron Forrest, Simon Brodie, Susan Wollen and Phil Franklin

All Councillors are politely reminded of their obligation to declare interests under the Code of Conduct.

Please Note: This meeting will be recorded.

- 1.0 APOLOGIES:** To receive apologies for absence.
- 2.0 DECLARATIONS OF INTEREST:** To receive declarations of interest.
- 3.0 TO RECEIVE QUESTIONS FROM THE PUBLIC**

Members please remember that you must declare any personal or prejudicial interests at the start of the meeting. Please ensure that you state the reason for your interest as this must be included in the minutes. If your interest is a 'Declarable Pecuniary interest', then you must leave the meeting whilst the matter is discussed.

- 4.0 MINUTES:** Minutes of the last meeting of Rockbeare Parish Council held on **Wednesday 16th September 2020**, to be signed as a correct record of that meeting (Appendix A)
- 5.0 REPORTS**
 - 5.1 Chairman's Report
 - 5.2 County/District Councillor Report (Attached at 'B' and 'C')
 - 5.3 Any other reports

6.0 PLANNING

- 6.1 To consider Planning Applications (Appendix D)
- 6.2 To consider and make comment on any planning applications received since the date of this Agenda.
- 6.3 To receive details of determinations since the date of this Agenda

7.0 CORRESPONDENCE

- Flood Warning Quotation (already disseminated)
- Grant Request

8.0 BUSINESS & FINANCE

8.1 To approve payment of invoices as follows:

Cheque	Payee	Sum
400824	Colourscape Gardening Services	90.00
400825	The Payroll Bureau	23.64
400826	Clerk – Salary & Expenses	695.00
400827	PAYE	406.00
		£1,214.64

Bank Reconciliation

Balance of A/c as at 28/09/2020	£ 124,083.92
Uncashed Cheques	(£5000.00)
Income (Precept)	£0.00
Reconciled Balance	£119,083.92

9.0 PARISH NEWSLETTER

10.0 UPDATES

- Rockbeare Quarry Fencing Matters
- Monterey Pine - EDDC
- Cranbrook Expansion - response

Date of next meeting: Wednesday 18th November 2020 – Precept Setting

Note:

Members of the public are invited to join the meeting. The 'Zoom Conferencing Programme' will be used by the Parish Councillors and Clerk for the purpose of conducting the meeting and any person, having registered as a Zoom user is welcome to contact the Clerk in order to be included in the meeting.

Normal participation regulations will apply to the meeting



**ROCKBEARE
PARISH COUNCIL**

Chairman: Jeremy Wollen

Clerk: Carolyn May
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Roche, Cornwall PL26 8LG
Telephone: 01726 210135
Email: clerk@rockbeare.eastdevon.gov.uk
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MINUTES OF ROCKBEARE PARISH COUNCIL MEETING

HELD ON

WEDNESDAY 16TH SEPTEMBER 2020

**This was a 'Virtual' Meeting, conducted through the medium of Video Conferencing.
The Parish Clerk advised the Meeting that the proceedings would be recorded.**

PRESENT: Cllr Jeremy Wollen (Chairman) and Cllrs: Colin Please, Ron Forrest, Susan Wollen, Phil Franklin, and Simon Brodie

Also: Cllr Ray Bloxham (Devon County Council) and Cllr Sara Randall-Johnson (Devon County Council); Cllr Peter Faithfull

Parish Clerk: Carolyn Y. May

APOLOGIES: Cllr Readman

DECLARATIONS OF INTEREST: None

PUBLIC PARTICIPATION SESSION: There were no requests to address the meeting.

AGENDA

524.0 MINUTES

524.1 The Minutes of the last meeting of Rockbeare Parish Council, held on Wednesday 19th August 2020 were considered. It was **proposed** by Cllr Colin Please, **seconded** by Cllr Simon Brodie, and **RESOLVED** that the minutes for the meeting of the 19th August 2020 would be approved and signed as a correct record of that meeting. Unanimous. **Carried.**

525.0 REPORTS

525.1 **Chairman's Report – None**

525.2 **Cllr Bloxham (DCC) – Reports forwarded and appended**

525.3 **Cllr Randall-Johnson (DCC) – Report forwarded and appended**

526.0 PLANNING

- 526.1 **Applications** – None
526.2 **Decisions** - Noted

527.0 CORRESPONDENCE

527.1 **Closure of Clay Hill** – reference was made to correspondence received from Mr Ian Young, which related to issues arising from the closure of Clay Hill. Mr Young alluded to:

- The amount of work undertaken within the closed off area of the site.
- The closure of the pedestrian access to Rockbeare.
- The stated terms of the ‘Considerate Constructors Scheme’.

Cllr Bloxham has, from receipt of the correspondence, sought to address the two matters raised. The first is that Mr Young has made a formal complaint to Devon County Council, relating to the authorisation of the closure and to the length of the same.

These matters cannot be commented upon at the extant meeting, due to the fact that, as formal complaints, they must be addressed through the County Council’s complaints process.

The second complaint relates to the lack of a consultation process, prior to the traffic order being granted (as in, for instance, with a Planning Application).

Cllr Bloxham advised the meeting that there is no process of consultation ahead of traffic orders being granted. There are many such orders for works being carried out daily across the area and every piece of road/ utility work is covered by such an order, If the complainant wishes to pursue the matter, then he must do so with the County Council, there is nothing that the Parish Council can do in relation to the issue, which is one of policy.

A further complaint relates to the perception that there are periods of time where nothing appears to be happening on the road works. It has to be understood that, where there are road works and utility works to be undertaken in the same area, a concerted attempt is made to co-ordinate the work. Therefore, whilst the construction of the roundabout may have been completed in less time than the overall closure, BT & Virgin (utility works) took the opportunity to dig up the road at the same time which delays the process. The work is therefore being carried out in accordance with a planned programme of works, which prevents the road being surfaced by one provider, then dug up by another to carry out separate work.

Cllr Bloxham stated that he understood the frustration, as the work had been on-going for a lengthy period of time. Cllr Bloxham has tried to push the work forward and advised that he had been informed that it would be complete by the end of the current month, which is earlier than planned.

527.2 **POWR (Protection of Wimble and Rockbeare)** – The submission from POWR had been disseminated to all Councillors by the Chairman. The Members considered the document, which advocated the repositioning of all proposed traveller pitches (15) onto the Rockbeare side of the A30, away from Whimble. On behalf of Cllr Readman, the view was put forward that the authors of the document had appeared to miss the point completely, in that it had always been the position of Rockbeare Parish Council that it did not wish anything to be put onto the Rockbeare side of the A30 – whatever it is.

It was the hope of POWR that Rockbeare Parish Council would endorse their thoughts on the matter. Members were of the opinion that such support could not be offered. It could not be agreed that all of the traveller pitches should be placed at Treasbere. The initial proposal provided for 10 pitches in Cobden and 5 at Treasbere. POWR’s proposal places all 15 at Treasbere.

It was **agreed** that the Clerk would draft a letter to POWR, in which the view of the Parish Council is articulated. The letter is to be approved by the Chairman, prior to being sent.

528.0 BUSINESS AND FINANCE

- 528.1 Prior to consideration of the schedule of payments, the Clerk stated that she was obliged to bring a matter, relating to the payment to the Primary School, to the attention of the meeting.
- 528.2 The Clerk stated that she had recently received a complaint relating to the completion of the works at the school, these having been undertaken by a contractor who did not tender for the contract in the first instance. It was also stated, by the complainant, that the work undertaken had not been in accordance with the specification agreed by the Parish Council.
- 528.3 The Clerk advised the meeting that in late July, the Administrator of the Primary School had emailed the Clerk, stating that, as she had been unable to contact the appointed contractor over a lengthy period. Therefore, a decision had been made by school representatives to have the works undertaken by a different contractor. The Clerk was advised that a quotation from a different contractor had been procured (which was lower than the quotation from the appointed contractor) and that the services of the second contractor had already been secured.
- 528.4 The original contractor, whose plan had been approved by the Parish Council, disputes the assertions relating to contact difficulties. In fact, he maintains that the school Administrator had not advised him that a second contractor had been appointed to undertake the work. The appointment of the alternative contractor only came to his attention when he passed the school and noted that works had been carried out. The Clerk was advised that the work carried out did not meet the specifications approved by the Parish Council, with several alterations having been made to the plans. Had such alterations been requested of the first contractor, he maintains that his quotation would have been substantially less than the one submitted (which was based on the then stated requirements of the school).
- 528.5 The Clerk cautioned Members about becoming caught up in a dispute between the original contractor and the Primary School. However, the provision of funding for the work was predicated on two factors:
- The work was to be based on the quotation/ specification provided and;
 - The work was to be carried out by a local person.
- 528.6 Cllr Franklin stated that the Parish Council had then, in fact, not approved the work carried out. He added that it seemed strange that the School could not get in touch with the original contractor, given the fact that he lives very close to the school. Cllr Brodie asked why the second contractor could not have completed the work to the agreed specification.
- 528.7 Cllr Franklin advised that more information was required. Cllr Forrest added that, now this situation has arisen and the specification altered, there was an obligation upon the Parish Council to ensure that best value has been provided for any monies which the Parish Council would spend on the project.
- 528.8 Cllr Please felt that, should the specification agreed not have been adhered to, then a rebate should be requested from the contractor. Cllr Franklin added that there had to be some statement made about the procedure employed and that, at present, payment should not be approved. It must be understood that approved monies agreed by the Parish Council does not mean that there is a 'done deal' if procedures/ specifications are not followed. It was felt that it would be an unacceptable way to handle public money, if a payment was to be made for a project where the specification had not been adhered to and the work was carried out by a contractor not initially approved by the Council.
- 528.9 It was **agreed** that the Clerk would draft a letter to the School, which would be forwarded to all Members for their approval, prior to being sent to the Head Teacher. Within the letter, the Head

Teacher would be advised that the Council was of the understanding that the work carried out was not in accordance with the specification agreed and that the Clerk would commence discussions with the second contractor in respect of the same. Therefore, we do not feel that the current situation provides best value for public money.

- 528.10 Members felt that the contractor should, at least, carry out remedial works in order to ensure that the original (approved) specification is met. The Parish Council
- 528.11 It was **proposed** by Cllr Franklin, **seconded** by Cllr Colin Please, and **RESOLVED** that the other item on the schedule of accounts would be accepted, and discharged. Unanimous. **Carried**. The Bank Reconciliation was agreed.

UPDATES

529.0 LORRY WEIGHT LIMIT AT WESTCOTT

- 529.1 Cllr Forrest commented on the decision to provide a 'Not Suitable for Heavy Loads' sign at Westcott. He acknowledged that this represented a move forward but articulated the view that, in the long term, he would like to see weight limits applied to the road in order to protect Westcott and Silver Lane because there can be no justification for 45 tonne articulated lorries coming onto these lanes.
- 529.2 Cllr Bloxham advised the meeting that the sign had been agreed to and that Highways were awaiting delivery of the same. He added that weight limits were tricky and difficult to enforce. Highways would therefore prefer to try this approach first.

530.0 ROCKBEARE HILL

- 530.1 The Clerk advised the meeting that she had corresponded with EDDC in respect of the Parish Boundary matter. EDDC had conferred that the map, which was provided by the Clerk, matched their own and conformed that the boundary of the Parish was being correctly presented.
- 530.2 The Clerk had also raised the issue of Parish Boundary signage. Discussions are still in progress.
- 530.3 Cllr Faithfull highlighted the fact that the problem lay with the wrongful naming of the top part of Rockbeare Hill, on County Council maps.
- 530.4 The Clerk stated that, in accordance with the resolution at the August 2020 meeting, she had also corresponded with Aggregate Industries, in relation to the poor condition of the quarry boundary fences and the possible reinstatement of land adjacent to Rockbeare Hill.

531.0 AOB

- 531.1 **MONTEREY PINE, BRIDGE VIEW/ MAIN ROAD, ROCKBEARE** – Cllr Wollen (Chairman) reported that a Monterey Pine, situated at the junction of Bridge View and the main road has created a significant problem. This tree was the subject of correspondence between the Clerk and EDDC previously. The tree is the subject of a TPO. However, at 3am on morning recently, a bough came down and blocked the road completely. It was necessary for Highways to attend at the site with chainsaws, to cut the tree up and move it to ensure that the road was passable. However, the tree is perceived to be a danger to persons and traffic. Both RPC and the resident who lives closest to the tree have asked EDDC to address the problem. At the very least it should be thinned. The roots are pulling up the pavement and the wall to the nearby house.
- 531.2 If EDDC elects to do nothing about the tree, then surely that authority becomes liable for any damage/ injury caused by it. It was **agreed** that the Clerk would write a further letter to EDDC.

Within the letter it should be stated that the chairman would like a site visit, so that the condition of the tree/ immediate dangers can be addressed.

531.3 **PARISH NEWSLETTER** – This matter is to be placed on the agenda for discussion at the October Meeting.

The Meeting Closed at 17:42 hrs

Next Meeting 21st October 2020

OCTOBER 2020

COUNTY MATTERS Covid 19 - It is clear from media reports that infections rates are rising across the country. We have seen a three fold rise in weekly rates in Exeter but elsewhere in Devon the rates remain low. Whilst most of the Exeter increase is related to the University and among the younger members of the community, there are a small number of infections elsewhere in East Devon and therefore there is a need to remain vigilant and follow the guidelines. The University has very robust measures in place both for testing and maintaining social distancing. There is a slow but steady increase in infection rates in care homes which will impact on visits. There are plans in place to combat outbreaks in care homes.

PPE - No problems with supply but DCC holds a back up stock in case issues develop. Some questions about the extra cost of PPE for domiciliary care. Care facilities are ordering through their normal supplier and any additional costs associated with Covid are being met by Government.

Schools - The return to schools across the County has gone well. All schools reopened but six schools had to close on Public Health England advice. At the time of writing here is around 90% attendance but we expect all schools to reopen during October. School transport has been difficult. The County has put on 70 extra school buses to achieve social distancing, maintain bubbles and stagger times.

Active Travel - The initial funding available to DCC was £338K which was used to create temporary walking and cycling corridors in urban areas. We are still waiting for the outcome of the second tranche bid of £1.3M which will be aimed at more permanent features.

Exeter Airport - The Flybe academy purchase is progressing but not yet finalised. Positive news on the development of the engineering arm of the airport with the arrival of Dublin Aerospace.

Broadband - Still on target to award the new contract by the end of the year.

Ray Bloxham
County Councillor

Stakeholder Briefing

This briefing explains the improvements we are making to help patients access urgent medical services as safely as possible in Devon, while ensuring they are seen in the right place. We are sending you this Briefing in advance our public campaign, so that you are aware of what we are planning.

Think 111 First - a new way to manage access to Emergency Departments

During the peak months of the coronavirus pandemic the number of people attending Emergency Departments (EDs), also known as A&E departments, across the country reduced dramatically, particularly those seeking help for minor illnesses. This helped ease pressure on our busy services but also meant that some who needed care chose not to access services as they did not feel safe to do so.

However, the numbers of people visiting ED has now risen back to near normal levels in Devon, but due to social distancing and infection prevention and control precautions, the space in EDs and other treatment centres has reduced by 30-50%. This means there is reduced physical space for seeing patients in those services.

Around 70% of ED attendances are made up of patients who walk in rather than being brought in by an ambulance or referred by a clinical professional. As patient numbers have increased, we need to make sure we can keep them safe in the reduced space in waiting rooms. We know that a significant proportion of those attending EDs could be seen elsewhere, for example by their GP, in a Minor Injury Unit (MIU) or Urgent Treatment Centre (UTC) if we help them access the right place.

To reduce risk of exposure to infection, it is not safe for crowding in EDs to return to pre-pandemic levels but asking patients to queue outside an ED is not an acceptable means of ensuring social distancing. We need to ensure that:

- ED is reserved for emergency patients - time-critical emergencies that may be life or limb threatening.
- Patients who do not need to attend ED are helped to go to the right place.
- Patients who need to access hospital services can go directly to the appropriate department in the hospital, and not via ED.

Think 111 First

We will shortly be launching a campaign aimed at advising and engaging with the public on how to make the right healthcare choices to ensure their safety, as well as making sure they get the right treatment in the most appropriate place – this will work be known as **Think 111 First**. This should help the public in choosing the right service and if they are unsure, be confident in contacting NHS 111.

Think 111 First is an approach that is currently being implemented across the country and makes it is easier and safer for patients to get the right advice or treatment when they urgently need it. Cornwall launched this approach in July 2020 and have since seen a 14% reduction in walk-in patients attending ED after they have been signposted or booked into more appropriate services.

NHS 111 was introduced in 2013 across the country and in Devon is currently provided by a local organisation called Devon Doctors. The service is available 24 hours a day, every day of the year and is intended for urgent but not life-threatening health issues. It complements the long-established 999 emergency telephone number for more serious matters.

Integrated with the out of hours GP service in Devon, 111 has been a successful model – every week, the Devon service receives 1200 calls and there are 500 visits to 111 Online for the area. The 111 service clinically reviews 80-90% of calls that have been signposted towards ED and low priority ambulance requests. This means the patient receives a call back from a clinical advisor to assess the need for ED or ambulance if the initial call-handler determines this course of action, and then appropriate action is taken. Higher priority ambulance requests are passed directly to the ambulance service to avoid delay.

We are now building and improving on the current arrangements with **Think 111 First**. The new approach will direct people to contact NHS 111 first, whether online or by phone, if they have an urgent – but not serious or life-threatening – medical need and in some cases, they will be able to book direct appointments/time slots into a service that is right for them, including ED.

Think 111 First offers people a different way of accessing and receiving healthcare, including a new way to access Emergency Departments. It means:

- NHS 111 is the first place a patient should contact when they experience an urgent health issue that is not immediately life-threatening.
- GP practices (in normal practice opening hours) will still be the place for patients to contact with anything they would normally contact their GP for.
- Reducing the need for a patient to go to a physical location when accessing healthcare.
- Reducing exposure to infection by ensuring patients do not need to congregate in ED waiting rooms.
- Ensuring patients get clear advice on what they need to do and where they need to go to resolve their health issue.
- Protecting those most at risk (e.g. people who are extremely clinically vulnerable from COVID-19) by giving them an enhanced service.

The benefits of using 111 online or calling NHS 111 first are:

- People will get to speak with a senior clinician earlier if they need to.
- If someone needs urgent face-to-face assessment or treatment, this can be arranged there and then, without any further delay. They will know exactly where to go, and when. This will help reduce waiting times for patients and they should be seen quickly when they arrive for their appointment.
- By advising people where and when to go, we can control queues/crowding and thus significantly reduce the risk of coronavirus transmission.
- The system also means people are more likely to get the right treatment, first time, and they will be more likely to get care closer to home, where possible.

Think 111 First aims to build on and embed the beneficial changes we have seen in the way in which patients have been accessing healthcare during the COVID-19 pandemic (for example, the use of video consultations).

The approach will be tested in Devon from October in what is called a “soft launch”. At that stage, we will be:

- Testing a process for email referrals from 111 to ED, as well as direct booking into selected community urgent care services such as MIUs.
- Developing alternative clinical pathways for people and a test of change around clinical validation – there are several common conditions that people currently attend ED with where they could be directed straight to the relevant department e.g. eye conditions, pregnancy complications.

- Briefing staff and stakeholders on the reasons for the improvements and how the system will be different this winter.
- Increasing the staffing locally to the 111 service to ensure we have enough call handlers and clinical advisors in place to manage the increased demand on the 111 service.

The “soft” launch is for us to test, behind the scenes whether the plans we have put in place are effective. We will not be publicising the “soft launch” to the public.

We then aim to fully launch the new model on 1 December, in line with the launch of a national public marketing campaign to raise awareness of Think 111 First.

Please note that the arrangements will not change for people with serious or life-threatening illnesses or injuries. People should continue to dial 999 as before.

People who attend an ED without contacting 111 first will not be turned away and will be prioritised depending on clinical need, as is the current practice.

We hope, over time that people will learn that calling 111 first gets them access to the right service in a timelier way than a long wait in ED might.

What the data tells us

For 2019/20, the data tells us that more than 140,000 people attended an emergency department in Devon without having first been directed there by 111, their GP or being brought there by ambulance

The data also tells us that the highest proportion of attendances are in parents of small children, and adults up to aged 40. This means that our communications campaign will be focused and targeted in a way that aims to reach the highest users.

Local clinicians have identified several pathways where patients currently attend ED, but where their care could be more appropriately managed somewhere else. The first of these, which we will test in October, are eyes and pregnancy complications.

During the soft launch and test of change around clinical validation, we will be seeking to maximise remote clinical assessment and management, utilising learning from other areas who have already adopted the new approaches with success. Through this test of change, we aim to reduce the numbers of people being directed from 111 to ED or having an ambulance sent to them.

Our aim from 1 December is that 20% of all people who go to ED as a walk-in attender are there because 111 has deemed it's the right place for them to be and signposted them there. Over time we would seek to see that increase to the point where the vast majority of people who walk into ED are there because they called 111 and they have been signposted there.

A clinically-led approach

Our planning for the new system has been developed by a group of clinical leaders and health professionals using local knowledge and expertise.

More health professionals are being employed to ensure the 111 service can respond to the expected increase in demand. Additional clinical staff will ensure that a high proportion of calls receive clinical input and advice can be provided over the phone, where possible.

Behavioural insight and potential effects on certain groups

The service will be continuously reviewed and improved and with a more formal review after three months to look at how well it is working, the experience of patients who have used it, the experience of

clinicians who are delivering the services and to see what learning can be used to make further improvements.

We realise that some people are used to making their own way to our urgent and emergency care facilities without using 111 first, and that this new approach seeks to drive a change in behaviour for those that would not normally use 111. We have been doing some extensive engagement and behavioural insight work locally to ensure that communications are co-designed with our audience, including working with a lay member panel at the South West Academic Health Science Network and engagement through our online citizen's panel, known as Virtual Voices.

The Devon Virtual Voices (DVV) panel is formed of more than 1700 volunteer members to provide representative views and feedback on NHS services and priorities. The representation has been established using [ACORN classifications](#) which allows the segmentation of the population of Devon. By analysing demographic data, social factors, population and consumer behaviour, it provides precise information and an understanding of different types of people, and recruiting the panel to these classifications, allows the panel to be truly representative of the population.

We will also be working with Healthwatch over the next few months to review the impact on certain groups of people to ensure no one is disadvantaged as part of these changes and we will be testing public campaign materials with local people in the run up to the launch of the public campaign in December.

How NHS 111 in Devon will operate from 1 December 2020

Anyone phoning 111 in Devon will have their details taken by a call-handler and asked an important set of initial questions, to ensure that an emergency response (for serious or life-threatening illness or injury) is not required and to gather key information.

If a clinical opinion is needed, the call-handler then passes all the information to a clinical team who will call the patient back. These clinicians are able to offer informed advice and/or refer the patient to the most-appropriate clinical setting.

The online version of NHS 111 works in the same way. People will be asked to complete the initial 'safety' questions, which will then trigger a call-back from a senior clinician if needed.

This new approach allows people to be referred into a wider range of services providing urgent care, increasingly with booked timeslots as the system matures. These services include:

- Local urgent treatment centres.
- Local minor injury units.
- Local out-of-hours GP treatment centres.
- Pharmacies.
- The nearest ED, including Derriford Hospital, North Devon District Hospital, Royal Devon and Exeter Hospital and Torbay Hospital (any time slot booking will always be subject to clinical priority).
- Other hospital departments.
- Mental health services.

NHS 111 has access to the full directory of services, including opening hours for each unit, so people are sent to the right place.

FROM RD&E HOSPITAL Chief Executive (Suzanne Tracey)

Update on: MY CARE

I am writing to update you on the Royal Devon & Exeter NHS Foundation Trust's (RD&E) MY CARE Programme as we now enter the last few days before we go live with our new comprehensive electronic patient record (EPR) system provided by health software experts Epic. Following work completed over the last two and half years, which has engaged thousands of people (patients and staff) to improve how care and services are delivered in the future, we will go live with our new (EPR) on the 10th October. MY CARE is the first programme in England to go live with Epic in both an acute hospital and in community-based health services; so, we are particularly proud that Devon will be recognised for this digital milestone for the NHS.

Our new EPR is set to replace traditional paper patient notes and mean that for the first time, every aspect of a person's care will be recorded in real time. As our staff will no longer have to log-in to multiple computer systems, complete numerous paper documents and duplicate forms they will have more time to spend delivering care for patients.

Over the coming months we will gradually roll out our new patient portal, called MY CARE, which provides patients (or their nominated proxy) the ability to view their own care record any place in the world, anytime, and via either a laptop, home computer or mobile telephone. The portal means they can see their upcoming appointments, change appointments, see a range of results, and request direct communication with members of their care team. I do, though, want to reassure patients that might be concerned or anxious about using new technology or who don't have access that we will continue to use paper communications for patients who don't use the portal.

As I am sure you are aware, the RD&E is focusing on restoring services and preparing for any potential second spike in Covid19 infections over the coming weeks. Going live now allows us to put in place this vital technology to help us manage what is likely to be a difficult winter as we deal with the usual seasonal flu alongside a likely further surge in Covid19 numbers. MY CARE will support this effort by:

- Providing real-time monitoring of testing to enable positive and suspected Covid19 cases to be confirmed
- MY CARE Link will enable GPs and regional health bodies to access patient information
- Recording patient information on mobile devices will make it easier to keep accurate information no matter where the patient is
- MY CARE, the patient portal, will allow patients to keep track of appointments meaning fewer DNAs
- MY CARE will support staff to carry out telephone consultations when off-site with the benefit of the full clinical record being available to them
- We have built specific COVID-19 related tools into our new system to help staff

Going live 10 October 2020

Going live will be a highly challenging time for the Trust and as you would expect the Trust has put in place safeguards to ensure that patient safety is maintained and disruption to patients is minimised These include:

- Going live at 4am to ensure hospital activity is as quiet as possible for the technical switch on.
- Using the support of over 1000 clinical and administrative Super Users, who have had extra training, to assist colleagues during the go live period.
- Working with partner organisation to minimise admissions and expedite discharges during this time.

To give you an understanding of what is involved in a go live I have shared the link to a recent animation we have produced to help staff understand what to expect between now and the end of go live – please click here to view the animation.

As with all programmes of this scale, it is possible that patients may experience some delays in the period running up to the go live date and a few weeks afterwards as our staff get used to the new ways of working. Patient safety will remain the top priority during this time and our staff will all be working hard to keep any disruption to a minimum.

I hope you have found this update helpful. If you have any questions regarding the implementation of MY CARE please feel free to contact me.

Yours sincerely,

PLANNING APPLICATIONS

Reference	20/2071/FUL
Alternative Reference	PP-09102843
Application Validated	Fri 25 Sep 2020
Address	3 Inner Broomfield London Road Rockbeare Exeter EX5 2EB
Proposal	Single storey rear extension
Status	Awaiting decision

PLANNING DECISIONS

Reference	20/1896/CPL
Alternative Reference	PP-09040777
Application Validated	Tue 08 Sep 2020
Address	3 Inner Broomfield London Road Rockbeare Exeter EX5 2EB
Proposal	Certificate of lawfulness for the construction of a single storey rear extension
Status	Refused
Decision	CPL Refuse Part 1
Decision Issued Date	Tue 15 Sep 2020

Reference	20/1410/LBC
Alternative Reference	PP-08864666
Application Validated	Fri 24 Jul 2020
Address	Lower Marsh Farm Marsh Green Exeter EX5 2EX

Proposal	Replace 1no. window on rear ground floor elevation; replace patio doors on front elevation with 3 panel bi-fold doors; partial removal boiler flue on rear elevation and construct open sided porch on rear elevation
Status	Approved
Decision	Approval with conditions
Decision Issued Date	Tue 15 Sep 2020

Reference	20/0907/CPE
Alternative Reference	PP-08683911
Application Validated	Mon 18 May 2020
Address	Land Lying to The South Of 8 Grange Cottage Rockbeare
Proposal	Certificate of lawfulness to establish use of the land as domestic garden
Proposal	Replace 1no. window on rear ground floor elevation; replace patio doors on front elevation with 3 panel bi-fold doors; partial removal boiler flue on rear elevation and construct open sided porch on rear elevation
Status	Approved
Decision	Approval with conditions
Decision Issued Date	Tue 15 Sep 2020