

Darlington Primary Care Trust Board Meeting

**Held on Thursday 17 September 2009
Hall Garth Hotel, Coatham Mundeville, Darlington**

CONFIRMED MINUTES

Present

Ken Greenfield	Trust Chairman
Colin Morris	Chief Executive
Miriam Davidson	Locality Director of Public Health
Dr Hilton Dixon	Director of Clinical Quality
Carole Harder	Director of Community Health Services
Tom Hunt	Director of Finance & Corporate Services
Linda Templey	Director of Nursing, Allied Health Professionals and Patient Safety
Brian Everett	Non Executive Director
John Flook	Non Executive Director
Bunny Forsyth	Non Executive Director
Linda Marks	Non Executive Director
Melanie Pears	Non Executive Director
Sandra Pollard	Non Executive Director
Carol Charlton	Practice Based Commissioning Lead

PCT Officers

John Inglis-Jones	Head of Planning & Performance
Gillian Jones	(Minutes) Executive Assistant
Sandra Leech	Stroke Services Co-ordinator, Easington Locality
Gail Morris	Stroke Service Improvement Manager, North East Cardiovascular Network
Lee Mack	Associate Director of Health Improvement
Helen Suddes	Assistant Director Specialist Services
Anne Yuill	Corporate Services Project Manager

Presenters

Greg Burke	Chief Officer, County Durham and Darlington LPC
Emma Dixon	Estates & Facilities, NHS County Durham
David Gallagher	Director of Partnerships & Services, NHS County Durham
Theresa Huddart	Interim Director of Transition, NHS County Durham
Nick Springham	Consultant in Public Health
Cameron Ward	Chief Operating Officer, NHS County Durham

Public Observers

Louise Ahmyer	LINKs
Kenneth Frid	Whinbush Residents' Group
Terry Taylor	GOLD
Jean Thurkettle	Chair, LINKs

Ken Greenfield, Chairman introduced and welcomed Lee Mack, Associate Director of Health Improvement to the meeting.

		Action
	<p>Resolution to Exclude the Public and Press</p> <p>Representatives of the press and other members of the public were excluded from the start of the meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. (Section 1(2) Public Bodies Admission to Meetings Act 1960).</p>	
1.	<p>Declaration of Interests</p> <p>There were no interests declared.</p>	
2.	<p>Apologies for Absence</p> <p>Anna Lynch</p>	
3.	<p>Minutes of the Trust Board Meeting held on 16 July 2009</p> <p>The minutes were agreed as a true and accurate record of the meeting.</p>	
4.	<p>Matters Arising & Action Log</p> <p>The action log was noted.</p> <p><i>Item 19vi</i> - Colin Morris, Chief Executive advised that with regard to the Strategic Health Authority's (SHA) requirement to establish a Commercial Support Unit, this was being undertaken on a cluster approach across the North East hosted by Middlesbrough PCT. Cost apportionment had been agreed across the cluster.</p>	
5.	<p>Questions from the Public</p> <p>Ken Greenfield invited questions from members of the public advised that the Board would accept questions from members of the public during the meeting so long as they were relevant to the matter under discussion.</p> <p>Jean Thurkettle, Chair, LINKs offered to provide an update from the organisation to the Board in the future.</p>	
6.	<p>Report by Trust Chairman</p> <p>Ken Greenfield reported that in recent weeks there had been several informal meetings of the Board to discuss separation of provider and commissioning functions. The results of these discussions were available under items 14 and 18 of the agenda. Ken, Colin Morris and other</p>	

	colleagues had attended an SHA event earlier that week on Health Care Associated Infections (HCAI) Board Assurance and was confident that the Board was discharging its duties in this area appropriately.	
7.	Report by Chief Executive Colin Morris reported that the PCT seal was used on 13 August 2009 on a lease agreement for premises at Chancery Lane, Darlington, to accommodate the Darlington Service User Assembly.	
PATIENT SAFETY		
8.	Health Care Associated Infections (HCAIs) Provider Services Update i. Linda Templey Director of Nursing, Allied Health Professionals (AHPs) & Patient Safety presented the report which outlined the actions currently being taken by the directorates of Nursing and Patient Safety and Provider Services, in relation to minimising the risk of HCAIs in community settings. ii. In June, July and August 2009 there had been no pre 48 hour MRSA bacteraemias and no cases of C. difficile isolated in the community hospitals. iii. The essential steps audits were now at 97% compliance with the majority of services achieving 100%. Additional work was being undertaken with the remaining services to bring them up to 100% compliance. iv. The Board noted the good progress and actions taken.	
9.	Patient Safety Strategy Action Plan Update i. Linda Templey presented the update on the patient safety strategy action plan and advised that good progress was being made. ii. Linda Marks asked whether the PCT received information on patient safety issues from other organisations such as general practices, foundation trusts etc. Linda was advised that this information was available in the form of an annual report prepared by NHS County Durham (NHSCD) and would be presented to the next Board meeting. iii. The Board noted the ongoing progress being made in relation to the Patient Safety Strategy Action Plan.	
10.	National Patient Safety Agency (NPSA) 7 Questions for the Board i. Linda Templey reported that the 'Patient Safety First Campaign' had been created to change the culture within the NHS to one that makes the safety of patients the highest priority and makes all avoidable death and harm unacceptable. The report provided an update on activities within NHS	

	<p>Darlington in response to the campaign and during Patient Safety First Week 21 - 25 September 2009. The report also provided NHS Darlington's response to seven key questions for the Board about Patient Safety, set out in the joint National Patient Safety Agency, NHS Confederation and Appointment Commission fact sheet.</p>	
ii.	Linda Templey confirmed that root cause analysis training was available to staff and was well attended.	
iii.	The Board received the report and noted the progress made in ensuring patient safety was a top organisational priority.	
11.	Patient Information Booklet: Stroke	
i.	Sandra Leech, Stroke Services Co-ordinator, Easington Locality Community Stroke Team and Gail Morris, Stroke Service Improvement Manager, North East Cardiovascular Network (NECVN), were in attendance for this item.	
ii.	Sandra presented the stroke information booklet which would be provided to all patients in the North East who had suffered a stroke. The booklet provided standardised information regarding the patients' pathway of care, including outcomes and service expectations across secondary/primary care/support services.	
iii.	The booklet was funded from the £2.4m received by the NECVN for stroke services for a three year period and had been produced with input from all North East PCTs and Trusts.	
iv.	Ken Greenfield asked whether future production would have financial implications for PCT and was advised that currently there was funding available to cover production for one year. Following that, PCTs would be asked to fund production with the funding being held by one organisation in order to allow bulk purchase. The costs were £4.50 per booklet for orders over 1,000. Tom Hunt, Director of Finance and Corporate Services advised that the benefits would need to be assessed against other priorities against the budget.	
v.	Sandra was asked whether there were any plans to publish a version on the internet and in other languages. Sandra advised both were being looked into.	
vi.	The Board approved the patient pathway information booklet.	
STRATEGY		
12.	Transforming Community Services (TCS)	
i.	Colin Morris presented the report which summarised the policy context in which decisions about governance options for community health provider	

	<p>services were to be made. Colin provided some background information on the requirement for separation between commissioning/provision within PCTs. Transforming Community Services (TCS) offered the freedom to community services to take the next step to potentially full autonomy.</p>	
ii.	<p>PCTs were required to identify their preferred option for organisational form by 1 October 2009. An initial options appraisal had been undertaken which had taken into consideration a 'do nothing' position but this specific option was not considered due to the requirements of both TCS and the SHA. The options had been fully discussed at length by both NHS County Durham and NHS Darlington on several occasions in recent weeks. Option 13 which was an arms length provider model as a 'holding' position, was recommended as the preferred option.</p>	
iii.	<p>Under this model, provision of community health services would be provided to the populations of County Durham and Darlington by the community provider service under the accountability of NHSD, through a new governance arrangement, delivered through a scheme of delegation from the NHSD statutory Board to a Community Health Services Provider Board. This would be established as a formal committee of NHS Darlington.</p>	
iv.	<p>Independent lay members would be appointed by the PCT directly to the Community Health Services Provider Board and would have no role on the statutory Board. An independent lay chair would be appointed by NHS Darlington, with support from the Appointments Commission.</p>	
v.	<p>Melanie Pears indicated support for the proposed option 13, but raised concerns about the options appraisal itself and recommended that the appraisal be noted as work in progress, pending the development of a fuller options appraisal. Following discussion, this was agreed.</p>	
vi.	<p>Melanie asked where the decision would be taken with regards to the executive structure of the CHS Provider Board. Melanie was advised that during previous discussions, it had been made clear that under the new proposals (which were outlined under item 18) NHSD's statutory Board would be served by joint executive directors and NHSD's three current executive directors would take over responsibility for the provider service. Barbara Bright, Associate Director of Human Resources and Organisational Development confirmed that transfer of the roles of the three executive directors was permitted under PCT policy. Melanie suggested that this should be included in the recommendations to be formally approved by the Board.</p>	
vii.	<p>Colin Morris advised that the new arrangements would be implemented during October.</p>	
viii.	<p>Tom Hunt reported that NHSCD had fully supported the TCS recommendations at its Board meeting on 15 September 2009 and the proposal was fully supported by the SHA.</p>	

ix.	<p>The Board:</p> <ul style="list-style-type: none"> • endorsed the preferred Option 13, arms length provider model as a 'holding' position; and • delegated authority to the Community Health Services Provider Board to lead the next stage work which would involve making further recommendations to the statutory NHSD Board about how and when to move to full separation, taking consideration of the outcome of public and staff consultation, full costing of options and the prevailing policy and economic climate. 	
13.	<p>Quality, Innovation, Productivity & Prevention (QIPP) Plan</p> <p>i. Pat Keane, Director of Strategy & Involvement, NHS County Durham presented the QIPP Plan. This was the Department of Health's (DH's) strategy to respond to the financial challenges facing the NHS from 2011, when there would be the most severe constriction on its finances ever experienced.</p> <p>ii. For the North East it was estimated that an extra £700-900m, around 15-20% from within the overall NHS budget would be required to meet cost increases linked to inflation, new technology, an expanding drugs bill and new demands – especially from an ageing population. The assumptions were broadly that PCTs should plan for up to a 20% reduction in spend during the period 2011 – 2014, and in County Durham and Darlington this could mean finding an extra £200m from within current budgets by 2014.</p> <p>iii. The QIPP plan would build on existing approaches to improve service quality and seek value for money in all investments. The key principles to the plan were listed on pages 5-6 and included the principle that there would be no compromise on patient safety and no across the board 'flat rate' reductions.</p> <p>iv. NHS Darlington had approved its 5 year strategic plan which outlined the strategic aims and priorities for improving health and health care for the population of Country Durham and Darlington. The strategy spanned the financial years 2008/09 to 2012/13 and was developed under different planning assumptions and would need to be refreshed in the context of the wider economic circumstances currently facing the NHS, at the same time ensuring that as many of the ambitions set out in the plan continued to be delivered.</p> <p>v. Further work would be undertaken on the QIPP plan and brought back to the Board along with the first draft of the refreshed 5 Year Strategic Plan. A series of showcase events to the SHA would be held during November with the final plans being signed off by the SHA in January 2010.</p> <p>vi. Engagement events were being held with the public and stakeholders over the coming month.</p>	

<p>vii.</p> <p>viii.</p> <p>ix.</p>	<p>Discussion followed which covered tariff issues, the national position on pay, and potential links between QIPP and Practice Based Commissioning.</p> <p>Pat Keane was asked to clarify the position on NHSCD's recent action to 'freeze' funding from the Annual Operating Plan (AOP). Pat explained that so far, 60% of funding had been drawn down from the AOP and because of emerging pressures, particularly with over-activity in secondary care, the remaining funding had been frozen whilst a review was undertaken to fully understand the position. If the result of the review was the recommendation to cease funding of any of the areas within the AOP, that decision would need to be taken by NHSD Board. It was expected that the review would be completed by the end of the following week.</p> <p>The Board noted the content of the QIPP Plan which would form the basis for further development with the SHA and wider stakeholders leading to a refresh of the 5 year strategic plan by the end of October 2009.</p>	
<p>14.</p> <p>i.</p> <p>ii.</p> <p>iii.</p> <p>iv.</p>	<p>Estates & Facilities Management Update</p> <p>David Gallagher, Director of Partnerships & Services, and Emma Dixon, Estates & Facilities, NHSCD were in attendance for this item.</p> <p>David presented the report and advised that following the move from six PCTs into two in County Durham and Darlington as part of "<i>Commissioning a Patient Led NHS</i>", a great deal of work was required to understand issues from the former PCTs with regard to their estates.</p> <p>The report outlined progress that had been made over the previous two years, considered the impact of Transforming Community Services and proposed a way forward for the management of both PCTs' estates and facilities management services.</p> <p>The Board discussed the proposed arrangements for managing estates, facilities management and medical devices. David explained the principle that the commissioner would be responsible for fixed equipment but not portable medical devices. Concerns were raised about this proposal as in the event that the provider lost the contract, it would be left with the equipment. Melanie Pears commented that this was a major financial issue for providers along with premises and staffing costs as presently they were not permitted to adjust the standard form contract so the costs would have to be included as part of the overall cost of the service.</p> <p>The Board:</p> <ul style="list-style-type: none"> • noted the progress being made with regard to estates and facilities management; and • noted the requirement for developing the Commissioning Asset Investment Management Strategy (CAIMS) and associated timelines. 	

<p>15.</p> <p>i.</p> <p>ii.</p> <p>iii.</p> <p>i.</p> <p>ii.</p>	<p>a) Flu Pandemic Planning County Durham and Darlington Community Health Services</p> <p>Helen Suddes, Assistant Director Specialist Services presented the report which described the work that had been undertaken during the current swine ‘flu pandemic. The report also provided feedback of the PCT’s preparedness from the recent external assessment by the SHA which had been positive.</p> <p>Helen recommended that staff be congratulated for their work covering the Antiviral Centres and Colin Morris agreed to write to the centres on behalf of the Board in recognition of the work undertaken.</p> <p>The Board noted the preparations that County Durham and Darlington Community Health Services had made in relation to ‘Flu Pandemic Planning and the contribution made to the recent swine ‘flu outbreak, particularly antiviral distribution.</p> <p>b) Pandemic ‘Flu preparedness- Board Assurance</p> <p>Miriam Davidson presented the report to inform the Board that resilient plans were in place, which demonstrated the preparedness of the local health economy for any further surge in pandemic ‘flu activity which may occur.</p> <p>The Board noted the content of the report with regard to the level of preparedness of the NHS in County Durham and NHS Darlington and accepted the report as assurance that the local health economy was prepared for any further surge in pandemic ‘flu. The Board also agreed to formally publish a statement of readiness against further surge in pandemic flu activity as requested.</p>	<p>CM</p>
<p>16.</p> <p>i.</p> <p>ii.</p>	<p>Update on Darlington Local Strategic Partnership</p> <p>Miriam Davidson presented an update on a range of issues currently under consideration by the Darlington Partnership which covered the following areas.</p> <ul style="list-style-type: none"> • Darlington Pilot Local Area Agreement. • Healthy Darlington Delivery Plan - the delivery plan of the Sustainable Community Strategy which contained 68 actions. A summary would be submitted to a future Board meeting. • Health Inequalities Monitoring Strategy – work was being undertaken on the strategy and would be brought to a future Board meeting. • Comprehensive Areas Assessment – the Board had received a presentation at an earlier seminar given by representatives from the Audit Commission. Work was ongoing to ensure all appropriate evidence was submitted by 25 September 2009 and a full report would be provided to the Board when available. <p>The Board noted the content of the report.</p>	

<p>17.</p> <p>i.</p> <p>ii.</p> <p>iii.</p> <p>iv.</p>	<p>Managing the future of Public Health</p> <p>Nick Springham, Public Health Consultant presented the report which provided an update on progress with changes to the public health function as a result of the commissioner and provider split required by PCTs.</p> <p>Nick confirmed that the required staff consultation had been concluded on the basis that the service would be led by an Associate Director reporting directly to the Chief Executive and the health improvement function would sit under the CDDCHS directorate. A second TUPE letter had gone out to the 154 staff who would be directly employed by NHSD. There were no outstanding Agenda for Change grading issues.</p> <p>Work was currently being undertaken on identifying the support costs associated with the transfer of the staff to ensure the appropriate transfer of resources.</p> <p>The Board received the report as assurance that progress was being made in implementing the commissioner provider split in the public health directorate, and that due process had been followed.</p>	
COMMISSIONING		
<p>18.</p> <p>i.</p> <p>ii.</p> <p>iii.</p> <p>iv.</p>	<p>Strengthening Commissioning Arrangements</p> <p>Theresa Huddart, Interim Director of Transition, NHSCD and Andrew Gray, Consultant, North East Public Health Observatory, were in attendance for this item.</p> <p>In introducing this paper Theresa highlighted the following:</p> <p>'Although originally the Statutory Instruments were drafted as though a Professional Executive Committee (PEC) was required, the SHA are aware from the World Class Commissioning (WCC) assessment in November 2008 that both PCTs had a differing approach and did not have a PEC. The SHA was satisfied that there was sufficient clinical engagement without the need for a PEC. The SHA would take the same view on this occasion. If not, and they did require a PEC in order to pass this review, the wording would need to be inserted into documentation.'</p> <p>Theresa Huddart pointed out an error on appendix 1 of the document; the middle box of the diagram should have read 'Integrated Business Board' (IBB).</p> <p>Theresa advised that In the light of policy developments and the progress of WCC a series of joint and separate meetings of the Boards of NHSCD and NHSD had explored a range of options to strengthen governance arrangements in the commissioning and provision of health services. The report set out the proposed new responsibilities of the various bodies and their respective relationships.</p>	

<p>v.</p> <p>vi.</p> <p>vii.</p> <p>viii.</p> <p>ix.</p> <p>x.</p>	<p>Work had been undertaken with legal advisors on Schemes of Delegation, Standing Financial Instructions, Standing Orders and accountability which would be completed within the next few days.</p> <p>Ken Greenfield reported that via a telephone call that morning, David Stout, Acting Chief Executive, SHA had confirmed total support for the proposals.</p> <p>Discussion followed during which the following points were raised.</p> <ul style="list-style-type: none"> • The proposal for a joint Remuneration and Terms of Service (RATS) Committee – it had been agreed that where applicable there would be separate RATS committees for business relative to only one of the organisations. Where business was applicable across both organisations, there would be a joint meeting. • The issue of the three NHSD executive director roles was revisited and confirmed that the roles would transfer from statutory NHS Darlington to the provider service. • Unequal representation of NHSD non-executive directors on the Integrated Business Board – it was confirmed that even with schemes of delegation in place, both statutory Boards would have the powers to override decisions made at the Integrated Business Board. <p>The Schemes of Delegation would be discussed by the Audit Committee on 1 October 2009.</p> <p>The Board approved the following:</p> <ul style="list-style-type: none"> • revised statutory Board for NHSD; • appointment of a joint chief executive to serve NHSD and NHSCD; • appointment of joint executive directors to serve NHSD and NHSCD; • Audit and Risk committee for NHSD; • joint Remuneration and Terms of Service committee; and • Integrated Business Board for NHSCD and NHSD • the addition of the three executive director posts to the structure of the CHS Provider Board. <p>The Board delegated to the Audit and Risk Committee the power to review and recommend the adoption of the following points to NHSD Board on the 1 October 2009:</p> <ul style="list-style-type: none"> • Scheme of Delegation from NHSD to County Durham and Darlington Community Health Services; • Scheme of Reservation for NHSD which specifies the powers reserved to the statutory Board and the Audit and Risk and RATS committees; • Scheme of Delegation which specifies the powers delegated by NHSD statutory Board to the IBB; and • statement of accountability. 	
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xi.	<p>The Board noted the arrangements for:</p> <ul style="list-style-type: none"> • public accountability and public and patient involvement; and • implications and risks. 	
19.	<p>Practice Based Commissioning (PBC)</p> <p>i. Carol Charlton, PBC Chair presented the update of the ongoing work that was happening within the Darlington PBC cluster and highlighted the following.</p> <ul style="list-style-type: none"> • Progress was being made with the locality 5 year strategy which would be aligned to the PCTs 5 year strategy. Publication was expected by the end of October. • Additional counselling services were being commissioned and practices had agreed that patients could be seen at any of Darlington's 10 general practices. • A 12 month pilot for an anger management service had been agreed. • An audit on Chronic Obstructive Pulmonary Disease (COPD) referrals into secondary care was being undertaken to identify whether some of those referrals could have been seen in primary care. • Tier 1 Physio and Tier 2 Musculoskeletal Services – issues with waiting times for these services were being discussed with commissioners. <p>ii. John Flook raised concern about the level of progress with some of the initiatives and asked whether more could be done to engage GPs. There was a discussion during which colleagues shared their thoughts and suggestions on how this might be improved. It was agreed that timescales for developments should be agreed with PBC's.</p> <p>iii. The Board noted the PBC activity that was happening within the Darlington cluster.</p>	
20.	<p>World Class Commissioning Update</p> <p>i. Cameron Ward, Chief Operating Officer, NHS County Durham presented an update on the current status of World Class Commissioning (WCC), the key internal and external developments relating to the organisation's action plan and the assurance process.</p> <p>ii. Year 2 of the WCC assurance process was launched the previous day. The main theme was that of making WCC part of day to day business. No previous assessments during Year 1 would be taken into account for Year 2 and training would be provided.</p> <p>iii. Work had been undertaken over the summer on revising the action plan and collating evidence. Since the paper was produced further progress had been made and the red areas were now amber and areas one and ten had moved to green.</p>	

iv.	Both organisations were aiming to achieve level 3 in terms of competencies 1-10 and level 2 on competency 11. The panel visit would take place between March and May 2010 and the Board requested that Cameron provide detailed briefings on the process in December.	
v.	The Board noted the proposed changes to the WCC assurance process and competencies, and the action plan progress to date.	
21.	<p>Performance Report</p> <p>i. Amanda Hume, Director of Performance & Contract Management presented the performance report. Generally, the PCT was exhibiting good and improving performance. Amanda highlighted the following areas.</p> <p>ii. <i>Incidence of MRSA and C. difficile</i> – feedback had been received from the SHA on Quarter 1 and the PCTs had been commended for their exemplary work around the spot check visits undertaken at the County Durham and Darlington Foundation Trust (CDDFT) sites with regard to HCAs. Although C.difficile continued to be a risk area, figures were on trajectory for the first time.</p> <p>iii. <i>18 weeks referral to treatment time target</i> – significant progress had been made with orthopaedics and compliance was achieved at the end of May which was sustained.</p> <p>iv. <i>Choose and Book</i> – performance had been disappointing and the escalation process was in place. CDDFT had produced a recovery plan and the performance had improved significantly over recent weeks.</p> <p>v. <i>Access to NHS Dentistry</i> – a whole range of measures were in place to improve dental access e.g. raising the profile, marketing, additional investment but it was too early to see the benefits of these.</p> <p>vi. Hilton Dixon requested the figures for C.difficile be split between acute and community so that any effect of the recent initiative on GP prescribing could be identified. Amanda agreed and advised that the format of future reports would be split by provider as a requirement of WCC.</p> <p>vii. Tom Hunt asked for an update on remedial actions in place to address over activity in the acute and independent sector. Amanda provided a detailed response on the activities currently being undertaken to address this issue. 20 detailed actions had been developed which would be discussed with PBC Chairs the following week to agree the actions.</p> <p>viii. There was a discussion on the potential reasons for the increased activity and Amanda agreed to provide more detail at the next meeting.</p> <p>ix. The Board received and noted the current performance.</p>	

CONTRACT MANAGEMENT	
22.	County Durham and Darlington Local Pharmaceutical Committee (LPC) Constitution
i.	Greg Burke, Chief Officer, County Durham and Darlington LPC reported that at an Extraordinary General Meeting of County Durham and Darlington LPC in July, pharmacy contractors voted to adopt a revised LPC constitution (attached). In accordance with the NHS Act, NHS Darlington was requested to formally recognise the revised constitution.
ii.	The Board recognised the LPC's revised constitution.
23.	Service Level Agreements (SLAs)
i.	John Inglis-Jones, Head of Planning and Performance presented an update on the recent significant progress with the development of the documentation that would support the SLAs, particularly in regard to the key services that were deemed to be crucial to the ability of County Durham and Darlington Community Health Services (CDDCHS) to be able to perform under the Community Contract.
ii.	John advised that the base document and the side letter were approved by NHSCD's Board at its meeting on 15 September 2009. John circulated the final version of the side letter which would protect the provider services in relation to support services being provided by NHSCD.
iii.	The Board: <ul style="list-style-type: none"> • noted and approved the SLA base document, which had been agreed between NHS Darlington and NHS County Durham; • noted and approved the side letter, subject to final negotiation and agreement; and • noted and approved the ongoing work and direction of travel on the Service Specifications relating to the key corporate support services.
OPERATIONAL PERFORMANCE	
24.	Financial Report for the 5 months ending 31 August 2009
	Tom Hunt, Director of Finance and Corporate Services presented the report on the PCT's financial position as at 31 August 2009 which was an under-spend of £119k. Based upon the information currently available, the PCT remained on course to deliver its statutory targets and confirmed control totals. The PCT had uncommitted reserves of £6.5m; however, £4.1m would be needed to achieve that forecast position as a result of secondary care over-activity. John Flook asked what proportion of the £6.6m was recurrent and non-recurrent and Tom advised that it was a mixture of both.

	<p>The Chairman said the Board of NHS Darlington was acutely concerned about the way over activity is posing a severe threat to the PCT's ability to achieve financial balance, given that significant additional investment had been committed via the AOP and a year-on-year increase was still evident. The Board requested a letter be sent to NHSCD emphasising the extremely threatening position faced by NHSD should the over-activity continue. Carole Harder suggested the letter should include the potential impact of freezing the AOP.</p> <p>The Board noted the current performance in respect of the key financial targets and risks being managed, with concern.</p>	TJH
GOVERNANCE ISSUES		
25.	<p>Annual Report from the Audit Committee 2008/09</p> <p>John Flook, Audit Committee Chair presented the Annual Report from the Audit Committee for 2008/09.</p> <p>The Board approved the report of the Audit Committee for NHS Darlington for 2008/09.</p>	
26.	<p>Sub-Committee Minutes</p> <p>The minutes from the following sub-committees were received.</p> <ul style="list-style-type: none"> a. Audit Committee Minutes 05 June 2009 (confirmed) b. Provider Committee Minutes 25 June 2009 (confirmed) 	
27.	<p>Items for Information</p> <p>The Service Level Agreement Performance Meeting draft minutes 24 August 2009 were noted.</p>	
28.	<p>Other Business</p> <p>There was no other business.</p>	
29.	<p>Date and time of next meeting:</p> <p>To be advised.</p>	

Signed..... Dated.....