



County Durham and Darlington

NHS DARLINGTON STATUTORY BOARD

Thursday 21 January 2010

Item No: DS/10/09 (b)

NHS COUNTY DURHAM AND DARLINGTON INTEGRATED BUSINESS BOARD

**held at 1.00 pm on Thursday 5 November 2009
in the Summerson Suite,
The Hall Garth Golf and County Club Hotel, Coatham Mundeville**

CONFIRMED MINUTES

Present:	Ann Calman	Chair, NHS County Durham (Chair)
	Ken Greenfield	Chair, NHS Darlington
	Malcolm Cook	Non-executive Director, NHS County Durham
	Annie Dolphin	Non-executive Director, NHS County Durham
	Brian Ebbatson	Non-executive Director, NHS County Durham
	Jenny Flynn	Non-executive Director, NHS County Durham
	Bunny Forsyth	Non-executive Director, NHS Darlington
	Linda Marks	Non-executive Director, NHS Darlington
	Sandra Pollard	Non-executive Director, NHS Darlington
	Jim Smith	Non-executive Director, NHS County Durham
	Keith Tallintire	Non-executive Director, NHS County Durham
	Yasmin Chaudhry	Chief Executive
	David Gallagher	Director of Partnerships and Services
	Amanda Hume	Director of Delivery and Performance
	Pat Keane	Director of Strategy and Involvement
	Brian Key	NE Director of Commissioning Mental Health and Learning Disabilities and Offender Health
	Anna Lynch	Acting Director of Public Health
	Pat Taylor	Director of Finance
	June Tulley	Director of Innovation and Development
	Cameron Ward	Chief Operating Officer
In attendance:	Elizabeth Graham	Director of Nursing and Clinical Quality
	Theresa Huddart	Director of Transition
	Jill Matthewson	Executive Assistant to the Chief Executive (minutes)
	Diane Richardson	Designated Nurse for Safeguarding Children

Janet Walker

(Item CD/09/23)
Executive Assistant to the Chair (observing)

Ann Calman and Ken Greenfield welcomed everyone to the first meeting of the NHS County Durham and NHS Darlington integrated board.

Yasmin Chaudhry announced that Cameron Ward would be leaving with effect from the end of the year to take up the post of Chief Executive of NHS Barnett.

Action

IBB/09/01 Apologies for absence

Apologies for absence had been received from Miriam Davidson, Hilton Dixon, Brian Everett, John Flook, Melanie Pears, Dinah Roy and Mike Taylor.

IBB/09/02 Declarations of Interest

Bunny Forsyth declared an interest with regard to item IBB/09/13 – changes to the North East commissioning of mental health and learning disabilities and offender health.

IBB/09/03 Identification of any other business items

One item of other business was identified,
NHS operating framework vital signs report – Amanda Hume

IBB/09/04 Minutes of the NHS County Durham Business Board meeting held on 20 October 2009

The minutes of the meeting were agreed with the following amendments.

CD/09/188 Performance Update

Reference in the penultimate paragraph to the 'two week wait' would be changed to '24 hour referral'.

CD/09/197-2 Other business

- annual health check assessment 2008/09 results

'...by the PCT.' would be added to the last paragraph on page nine.

IBB/09/05 Matters arising from the minutes of the NHS County Durham Business Board meeting held on 20 October 2009

CD/09/195 Minutes of Committees

Jim Smith reported that he was satisfied that the concerns he had raised regarding medicine management were being addressed.

IBB/09/05

CD/09/197-3 Annual Audit Letter

It was agreed that both annual audit letters would be circulated to board members.

PT

IBB/09/06 Action Log from NHS County Durham

The action log was updated.

IBB/09/07 Minutes of the NHS Darlington Board meeting held on 17 September 2009

The minutes of the NHS Darlington board meeting held on 17 September 2009 were agreed with the following amendments.

Those present

Andrew Gray, Amanda Hume and Pat Keane would be removed from the list of those who had presented items.

Item 13. Quality, Innovation, Productivity and Prevention Plan

At the top of page seven, January 2009 would be changed to January 2010.

IBB/09/08 Matters arising from the minutes of NHS Darlington Board held on 17 September 2009

Item 19. Practice Based Commissioning

It was noted that Carol Charlton had resigned as practice based commissioning chair for Darlington.

GOVERNANCE INCLUDING STATUTORY FUNCTIONS

IBB/09/09 Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions

Interim Director of Transition - Theresa Huddart

Theresa Huddart presented the standing orders, reservation and delegation of powers and standing financial instructions. She said that these had been discussed in detail at previous board and audit and risk meetings of both NHS Durham and NHS Darlington.

The board approved the standing orders, reservation and delegation of powers and standing financial instructions.

IBB/09/10 Revised Governance and Assurance Framework 2009/10

Chief Operating Officer - Cameron Ward

Cameron Ward presented a report on the revised governance and assurance

framework 2009/10. The framework brought together all the systems and processes for effective corporate governance into a coherent and integrated approach and was linked to the delivery of the five year strategic plan and corporate priorities.

Referring to the section on public accountability and involvement, Ken Greenfield noted reference to the statutory boards holding two or three meetings a year. He felt that that was restrictive and asked that it be amended to state that they would be held as and when required.

It was noted that the evidence checklist referred to both NHS County Durham and NHS Darlington.

The board approved the revised governance and assurance framework 2009/10.

IBB/09/11 **Strengthened Governance Arrangements for NHS County Durham and NHS Darlington Clinical Engagement**
Chief Executive - Yasmin Chaudhry

Yasmin Chaudhry reminded the board of the decision taken previously by both NHS County Durham and NHS Darlington boards, to remove the professional executive committee, preferring to use a more innovative approach to clinical engagement through the clinical reference group, practice based commissioning and a board level clinical director. She said that a paper about the journey undertaken to achieve effective clinical engagement and leadership would be considered later on the agenda.

The board endorsed the approach being taken with regard to effective clinical engagement.

IBB/09/12 **Branding Proposal**
Director of Strategy and Involvement - Pat Keane

Pat Keane said that in order to reflect the new commissioning and governance arrangements across NHS County Durham and NHS Darlington, an updated form of branding was required. He presented a paper which outlined some options for consideration.

It was noted that there would be financial implications with regard to new signage on buildings which, it was agreed, would be kept to a minimum.

The board agreed option two, NHS County Durham and Darlington.

Bunny Forsyth left the meeting.

IBB/09/13 **Changes to the North East Commissioning of Mental Health and Learning Disability**

North East Director of Commissioning Mental Health, Learning Disabilities and Offender Health - Brian Key

Brian Key presented a paper which set out proposals to reconstitute the North East commissioning for mental health and learning disability to a three cluster model composed of North of Tyne primary care trusts (PCTs), South of Tyne PCTs and County Durham and Darlington PCTs. This followed the withdrawal of the four Tees PCTs from the previous regional arrangement. He highlighted the financial implications outlined in the paper.

Yasmin Chaudhry clarified that the commissioning arrangements would continue to be hosted by NHS County Durham and that Brian Key had been appointed as the North East Director of Commissioning Mental Health, Learning Disabilities and Offender Health.

There was discussion about the paper. Brian Key confirmed that Stockton and Middlesbrough PCTs remained within the model for the commissioning of offender health. Linda Marks asked about the long term strategy. Brian Key said that work was just about to begin on a five year strategy which would set clear outcomes and health improvement targets for mental health and learning disabilities. The strategy would be for adults but consideration would be given to how children's service could be incorporated in the future.

Pat Taylor expressed some concern that the Stockton and Middlesbrough PCTs cluster had withdrawn from the financial commitment of the cluster arrangement, whilst still benefiting from close working relationships with the regional commissioning team. Brian Key acknowledged this but explained that it was necessary to ensure that the commissioners had as strong a position as possible with the provider.

Sandra Pollard referred to the references made to DAT in section 3.1. It was noted that this should have been DAAT – drug and alcohol action teams.

Having noted the impact of the withdrawal of the Stockton and Middlesbrough PCTs, the board ratified the new governance arrangements, financial arrangements and the appointment of a North East Director of Commissioning Mental Health, Learning Disabilities and Offender Health.

STRATEGY

IBB/09/14

St John's Square Primary Care Centre Scheme Overview
Director or Partnerships and Strategies - David Gallagher

David Gallagher presented a paper about St John's Square primary care centre, Seaham which was being developed by NHS County Durham in conjunction with Care Partnerships 25 Ltd under the local improvement finance trust project (LIFT). The board had discussed the generic process that would be followed for this scheme, at the seminar held immediately

before this board meeting. David Gallagher highlighted that the scheme was complex, particularly with regard to the partnership arrangements. He said that a detailed piece of work would be undertaken with the District Valuer to ensure value for money.

There was discussion about the financial arrangements for the scheme. It was noted that land values had recently fallen. Pat Taylor said that the estates teams was challenging LIFTCo and the District Valuer's opinion to ensure that their advice was appropriate. Keith Tallintire said that he had been involved in work on the outline business case. He felt that it focused on outcomes and would be aligned to strategic aims.

The board noted the report on St John's Square primary care centre in preparation for receiving the outline business case in December 2009.

IBB/09/15 Refreshed Five Year Strategic Plan 2008/09 – 2012/13 Draft
Director of Strategy and Involvement - Pat Keane

Pat Keane presented the refreshed five year strategic plan for 2008/09 to 2012/13. It was a working draft which would continue to be developed before final submission to NHS North East in January 2010. He said that the plan focused on an external view and that more consideration would be given to an internal view in the future. More detail about objectives, goals, initiatives and metrics (OGIMs) would be added.

It was noted that feedback had yet to be received from NHS North East.

There was discussion about the plan. June Tulley suggested that the work undertaken on organisational development needed to be reflected in the plan. Sandra Pollard suggested emphasising that the work in the plan was building on that already underway; otherwise it could be perceived that the PCTs were only just beginning to do work in some areas. Jenny Flynn agreed and said that it should include more detail on outcomes. Annie Dolphin was pleased to note the reference to stakeholder involvement throughout the plan. Linda Marks suggested expanding the section on prioritisation, particularly with regard to investment and disinvestment. There was some discussion about the financial information and it was agreed that more work needed to be done on the detail.

There was discussion about the world class commissioning panel assessment for 2008/09. During discussion it was suggested that it might be useful to include reference to clinical engagement and health market analysis in the plan.

The board noted the progress that had been made to date in producing the refreshed five year strategic plan for 2008/09. Pat Keane agreed to incorporate the comments that had been made during the discussion into the draft plan.

Keith Tallintire left the meeting.

IBB/09/16 **The Journey to Effective Clinical Engagement and Leadership**

Director of Strategy and Involvement - Pat Keane

Pat Keane presented a paper which outlined the process taken to engage with clinicians as a core function of robust commissioning across County Durham and Darlington. He said the establishment of a new and innovative approach had been driven by members of the old professional executive committee (PEC). The establishment of a clinical directorate rather than a medical directorate ensured a focus on safety and quality across the whole range of clinical areas.

It was noted that the clinical titles of individuals would be added to the details in appendix five.

Ken Greenfield suggested that more detail should be added about practice based commissioning (PBC) and the positive effect it could have with regard to quality, innovation, productivity and prevention (QIPP). Cameron Ward said that an update on PBC would be presented to the board in December 2009.

There was some discussion about the difficulty in explaining the process for clinical engagement in the absence of there being a PEC. Annie Dolphin asked if NHS North East had approved the direction of travel. Yasmin Chaudhry said that a copy of the board paper would be sent NHS North East for endorsement.

The board noted the progress that had been made in strengthening clinical engagement across NHS County Durham and Darlington to ensure effective decision making as part of a wider commissioning process to improve health, reduce health inequalities and deliver patient centred services.

IBB/09/17 **Sustainable Development in NHS County Durham and NHS Darlington**

Director or Partnerships and Strategies - David Gallagher

David Gallagher presented a paper on sustainable development which had previously been considered by NHS County Durham's management group. It provided background information, outlined the progress that had been made and provided recommendations to ensure that NHS County Durham and NHS Darlington fulfilled their obligations both as corporate bodies and as commissioners.

Brian Ebbatson referred to the need for NHS County Durham and Darlington to be recognised as the leader of the local health economy. He suggested

that that should be more evident in the paper. He also expressed concern that the report referred to all new buildings being sustainable by 2015. David Gallagher provided assurance that all new builds would be sustainable and said that reference to a specific year could be removed. Referring to the responsibilities as a commissioner, David Gallagher said that work would be done to ensure that levers and penalties would be included in contracts with all providers. Annie Dolphin noted that there was no reference in the paper to benchmarking. David Gallagher said that this would be included in the action plan.

It was noted that sustainable development was included as a key line of enquiry for use of resources.

The board noted the position with regard to sustainable development for both NHS County Durham and NHS Darlington, approved and supported the actions outlined in the action plan.

DELIVERY INCLUDING PERFORMANCE

IBB/09/18 Finance Report for Six Months Ended 30 September 2009

Director of Finance - Pat Taylor

Pat Taylor presented the finance reports for NHS County Durham and NHS Darlington for the six months ended 30 September 2009. Both of the reports had been considered by the respective boards in October 2009.

Amanda Hume said that work was being done on aligning performance activity to financial reporting.

Yasmin Chaudhry highlighted the financial challenge that was being faced. She said that the finance sub-committee of the integrated business board would be asked to consider the financial position in detail, in order to provide assurance to the board.

The board noted the current and forecast outturn positions for both NHS County Durham and NHS Darlington.

IBB/09/19 Performance Update

Director of Delivery and Performance – Amanda Hume

Amanda Hume presented the performance update which had already been considered by the board of NHS County Durham. Overall, both primary care trusts were exhibiting good progress. She highlighted the position with regard to choose and book which continued to be an area of risk. A choose and book steering group had been established which it was expected would be able to make rapid progress in improving the position. Performance in diagnostics also remained a concern, with regular breaches from City Hospitals Sunderland NHS Trust. The performance monitoring had been

escalated and progress was beginning to be made.

Ken Greenfield noted that the position with regard to 18 week waits had improved. He asked if work had been transferred to the independent sector releasing capacity at the County Durham and Darlington NHS Foundation Trust to generate increased activity. Amanda Hume said that the activity data was being analysed to monitor the position.

The board received the performance update and noted the improvements that had been made to the format of the report.

IBB/09/20

Annual Health Check Assessment 2008/09 Results

Director of Delivery and Performance – Amanda Hume

Amanda Hume presented a paper which set out in detail the findings of the Care Quality Commission's (CQC) 2008/09 annual health check results for NHS County Durham and NHS Darlington. Both boards had received a brief update at their respective meetings held in October 2009. She said that she would have liked the results to have better reflected the progress that had been made over the year. The CQC used the data to provide an assessment based on absolute, rather than relative, performance. The 2008/09 assessment results for quality of commissioning, was 'fair' for NHS County Durham and 'good' for NHS Darlington. Both primary care trusts (PCTs) had achieved an assessment of 'fair' for the quality of financial management. Amanda Hume went through the detail behind these assessments as outlined in the report.

Elizabeth Graham and Anna Lynch expressed surprise at the results with regard to NICE technology appraisals and emergency preparedness respectively.

Malcolm Cook said that he was concerned about the impact the results could have on the world class commissioning assessment. Amanda Hume said that an appeal would be submitted. In many instances performance had improved significantly, and was better than that being achieved by peers within NHS North East. She said that in future, better consideration would need to be given to the trajectories that were set. Ann Calman noted that NHS County Durham commissioned for both PCTs and yet different assessment results had been achieved. She said that an explanation about the weighting used by the CQC would be requested. It was recognised that the internal targets that had been set had been ambitious and in many cases had not quite been achieved, which despite improvements in performance, was still assessed as having failed. Amanda Hume said that the detail contained in the report should provide assurance to the board about the progress that had been made in many areas. It was recognised that it was

very difficult to influence some of the standards such as all age, all cause mortality and teenage conception rates.

The report provided detail of where continued improvement must be achieved. Work would need to focus on C.difficile and stroke for both PCTs, teenage conception rates and drug users in effective treatment for NHS County Durham, and dental access for NHS Darlington.

The board noted the results of the 2008/09 annual health check results for both PCTs and the action required for improvement in those areas not yet being achieved.

IBB/09/21 Annual Operational Plan 2009/2010 (Slippage)
Director of Strategy and Involvement - Pat Keane

Pat Keane presented a paper which provided information about the current status of the annual operational plan (AOP) for 2009/2010. At the end of August 2009 it had been agreed to temporarily suspend any further financial draw down associated with the 2009/2010 AOP. This action had been taken in response to the current financial position and the need to slow down investment. Financial over-performance was being offset by use of reserves and, in particular, the AOP funding which had not yet been drawn down. Risk assessments had been undertaken to establish the effect of deferring or delaying schemes in the AOP. External stakeholders and partners had been notified of the action taken and the reasons for taking that action. Pat Keane said that it was believed that 21% of the AOP could be slipped without adverse impact. He assured the board that there was a robust process in place to monitor expenditure against the AOP on a monthly basis.

There was discussion about the need to take such action in order to achieve financial balance. It was noted that schemes were being deferred and that the action being taken would not result in any clinical risk to patients.

The board noted the current position and supported the action being taken to manage the AOP for 2009/2010 to offset the financial impact of over-performance on contracts.

PATIENT SAFETY AND EXPERIENCE

IBB/09/22 Healthcare Associated Infections and Communicable Disease Update
Acting Director of Public Health Anna Lynch

Anna Lynch provided a verbal update on healthcare associated infections (HCAIs) and communicable diseases. The position with regard to HCAIs had been included in the performance report. The position was being monitored closely by the infection control committee.

Anna Lynch went on to provide a detailed update on the position with regard to influenza H1N1 which she said was in its second phase. Nationally there were 751 inpatients with suspected H1N1, 157 of those patients were in critical care beds. County Durham and Darlington NHS Foundation Trust had critical care plans for paediatrics and adults. There had been 97 deaths associated with H1N1 in England, 137 in the United Kingdom. The death rate from influenza H1N1 was lower than that for seasonal influenza. It had been identified that children under 16 years of age were significantly more susceptible to the virus. Anna Lynch provided assurance to the board that the outbreak control committee was closely monitoring the situation.

The board noted the update on healthcare associated infections and communicable diseases.

Bunny Forsyth rejoined the meeting.

IBB/09/23

Safeguarding Children Update

Director of Clinical Quality - Hilton Dixon

Diane Richardson, Designated Nurse for Safeguarding Children was in attendance for this item

In the absence of Hilton Dixon, Ann Calman introduced Diane Richardson, Designated Nurse for Safeguarding Children, who presented the safeguarding children update. All NHS Chief Executives were required to assess their position against the findings of the report issued following the 'baby Peter' case. In addition, primary care trusts (PCTs) were to ensure that they had robust and appropriate performance monitoring systems in place with all providers, including the independent sector, in relation to safeguarding. All NHS trusts had been required to publish a declaration on their websites when they were satisfied that all appropriate arrangements were in place. Diane Richardson highlighted the three detailed action plans attached as appendices to the report. The first had been produced following an audit of the records of children subject to the child protection plan in August 2009, the second in response to the recommendations contained in the report about 'baby Peter' and the third in response to the Care Quality Commission's review of NHS safeguarding arrangements.

The board discussed the detail contained in the action plans.

Malcolm Cook noted that best practice for undertaking serious case reviews was that the chair of the review should be independent. Diane Richardson said that both NHS County Durham and NHS Darlington appointed independent chairs for serious case reviews as and when they were needed. Bunny Forsyth asked for assurance that all GPs undertook safeguarding training. Diane Richardson said that work had been undertaken with the local medical committee, a safeguarding children training strategy had been agreed and would be implemented with regard to GPs and their staff. Referring to appendix three, Diane Richardson said that more work needed to

be done on assurance of independent contractors. Amanda Hume said that a statement about this had been agreed for inclusion in their contracts.

Pat Keane expressed concern about a reference made in the report to a delay in appointing health visitors due to a review of the annual operational plan. He said that that should not be the case. Amanda Hume said that she believed that the issue had been resolved.

There was discussion about the implications and risks around safeguarding children. It was agreed that the detail contained in the action plans provided assurance to the board.

Yasmin Chaudhry highlighted the volume of work that had been required of the safeguarding children team as a result of the recommendations contained in recent national reports. Diane Richardson added that the number of children added to the 'at risk' register and those placed in care, had increased significantly.

The board received the safeguarding children update, noted the progress that had been made and that a further update would be prepared for the board meeting to be held in February 2010.

HD

IBB/09/24

Engaging GP Practice in Untoward Incident Reporting Project

Director of Nursing and Clinical Quality - Elizabeth Graham

As part of NHS County Durham's response to the national patient safety initiative 'safety first', a project to engage general practice in reporting and learning from untoward incidents was supported and funded by NHS County Durham's management group using non recurrent funding. Elizabeth Graham presented a paper which provided detail about the project.

During discussion about the report Jenny Flynn said that she was pleased to see that clinicians were being re-engaged in this area. Brian Key referred to the recent incidences of suicides in the Easington area which had occurred unbeknown to the commissioner. Elizabeth Graham said that it was intended that this new emphasis would help to identify such incidents in the future. Bunny Forsyth asked if GPs were undertaking audits using the principles of root cause analysis. Elizabeth Graham said that although there would not be a need to do this very often, practices would be supported to complete audits to the required level of detail.

Ken Greenfield highlighted that concerns had been raised in Darlington about the delay in GPs receiving patient discharge letters. It was noted that this had been raised as an issue at the clinical quality review group and that appropriate action was being taken.

Yasmin Chaudhry referred to the non-recurrent funding which had been made available and she sought assurance that a process was in place to continue this work once the funding was withdrawn. Elizabeth Graham said that the non-recurrent funding had been used to pump-prime this work, but that it had been possible for a support post to be established on a permanent basis which would ensure that the work was continued.

Jim Smith said that he would have liked to see more data and analysis of the problems that were encountered, particularly with regard to the dispensing of medication. Some prescribing and dispensing errors were criminal offences and there was concern that this might lead to under-reporting of such incidents. Elizabeth Graham said that this had been raised with the National Patient Safety Agency.

The board acknowledged the success of the engaging general practice in incident reporting project.

STANDING ITEMS

IBB/09/25 Items to be received for information

IBB/09/25-1

World Class Commissioning Assurance Framework Update

Chief Operating Officer - Cameron Ward

The world class commissioning update was received. Members of the board were pleased to note that no areas had been rated as 'red'.

IBB/09/25-2

Commissioning Items

Director of Delivery and Performance - Amanda Hume

Minutes of the North East Mental Health and Learning Disabilities Commissioning Group held on 19 June 2009

The minutes were received.

North East Commercial Hub Board Terms of Reference

Amanda Hume highlighted that the North East commercial hub would contribute towards delivering world class commissioning competencies seven, nine and ten. A director had been appointed to lead the work. The terms of reference were received.

IBB/09/26 Other business

NHS Operating Framework Vital Signs Report

Director of Delivery and Performance – Amanda Hume

Amanda Hume tabled a report on the NHS operating framework vital signs.

She explained that a requirement of the operating framework was that information about the vital signs be published on the PCTs' websites. The report provided information about what would be published.

Members of the board noted the content of the report.

IBB/09/27 Date and time of next meeting

The next meeting would be held on Thursday 17 December 2009, venue to be confirmed.



Ann Calman
Chair

Date 14 January 2010