

PROVIDER COMMITTEE
 held on
Wednesday 20th February, 2008
Board Room, Doctor Piper House

CONFIRMED MINUTES

PRESENT

Colin Morris	Chief Executive, Darlington PCT (Chair)
Ian Briggs	Assistant Director – Business Support
Yasmin Chaudhry	Chief Executive, County Durham PCT
Hilton Dixon	Medical Director, Co Durham and Darlington PCT
Carole Harder	Director of Service Provision, Darlington PCT
Tom Hunt	Assistant Director of Finance, Darlington PCT
Jan Hurst	PPIF
Jane Robinson	Head of Adult Services, Darlington Borough Council
Keith Tallentire	(representing Annie Dolphin)

IN ATTENDANCE

Nick Black	Contracts and Performance Manager
Barbara Bright	Head of HR Business Support (representing Amanda Hume)
Terry Holloran	Assistant Director of Governance and Corporate Support
Ken Ross	Head of Health Improvement (representing Miriam Davidson)
Alex Sinclair	Acting Assistant Director – Primary Care
Jackie Kay	County Durham PCT
Glenda Lynn	EA to Director of Service Provision (minute taker)

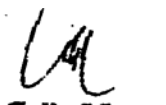
		Action
1.	Apologies for Absence Miriam Davidson Locality Director of Public Health Darlington PCT Pat Keane Director of Nursing and AHPs Lesley Tickell Adult Services, Durham County Council Amanda Hume Director of Workforce and Corporate Development Annie Dolphin Non Executive Director, County Durham PCT Brian Everett Non Executive Director, Darlington PCT	
2.	Minutes of the Meeting held on 21st December, 2007 and Matters Arising The minutes were agreed as a true and accurate record. There were no matters arising.	
3.	Finance Update	

	<p>TH advised that the purpose of the report previously circulated was to provide an update on the key financial aspects as at 31st January, 2008.</p> <p>The overall position identifies an aggregate underspend of £1,839k, £1, 371k attributable to County Durham PCT and £465k to Darlington PCT. This underspend includes the impact of the 1% efficiency target and other budget pressures.</p> <p>Appendix 1 provides a summary of the month 10 budget position, analysed by both service area and by PCT.</p> <p>Appendix 2 provides a variance analysis report which describes the key budget variances, accounting for the overall position.</p> <p>Appendix 3 contains two graphs, i) representing the provider arm year to date financial position from May to January, ii) represents the January year to date financial position by division.</p> <p>Provider has identified and approved £2,464k of non-recurrent spend to save and waiting list initiatives, including additional home loans equipment, wheelchairs and staffing. To date £364k has been spent on non-recurrent spend to save.</p> <p>The year end forecast out-turn is now estimated at an underspend of £75k.</p> <p><i>Members of the Committee are asked to note the contents of the report.</i></p>	
4.	<p>HR Update</p> <p>Barbara Bright attended the meeting to provider an update on HR issues.</p> <p><u>Modernisation</u> - It is proposed to develop a plan with staffside. The process will start with a development session, the agenda for this is currently being drafted. HR are working with managers to identify staff groups which need to be looked at.</p> <p><u>AHP Structure</u> – HR are currently working with managers and staffside to agree and implementation process.</p> <p><u>Policies</u> – Several policies have now been completed and will be posted on to the website.</p> <p><u>Training</u> – An analysis took place last year and needs were identified. Working with provider on the mandatory training DIODIR process.</p> <p><u>KSF</u> – Champions have been identified. KSF outlines are being worked on.</p> <p><u>ESR</u> – will go live in February. Still some work to do. Working group striving to move forward as soon possible.</p>	

<p>5.</p>	<p>Performance Update</p> <p>The report previously circulated provides the February update of the completed provider services performance scorecard. Designed as a self management tool, it contains a range of indicators which impact on provider services business and highlights successes and risks, key issues and dependencies.</p> <p>NB advised that also included with the report, Appendix B had been written to give a view of the information currently being collected within TPP SystmOne for District Nursing. TPP SystmOne is a clinical IT system which will be implemented across all District Nurses and Health Visitors in County Durham and Darlington by July 2008 and will enable easy analysis of staff activities and care plans. The diagrams shown compares the percentage of a district nurses time spent on travel, administration and patient care.</p> <p>IB explained that this type of information can be used to find ways to maximise time with patients.</p> <p><i>Members of the Committee were asked to note the contents of the report</i></p>	
<p>6.</p>	<p>Governance Update</p> <p>i) <u>Provider Risk Assessment Process</u></p> <p>CH explained that both County Durham and Darlington PCTs have robust process to determine compliance against the healthcare commission's Standards for Better Health and the National Health Service Litigation Authority's Risk Management Standards. As part of implementing CPLNHS, PCTs need to put in place appropriate managements, governance and accountability arrangements to support a more arms length arrangement for the PCT provider services and will be subject to internal and external scrutiny against a range of national standards to demonstrate fitness for purpose and that organisational risk is effectively managed.</p> <p>The Patient Safety and Integrated Governance Managers will facilitate this across Directorates and teams. The process must be carried out promptly and must be completed by the end of April.</p> <p>ii) <u>Provider Risk Register</u></p> <p>THol referred to the report previously circulated which provides an overview of the approach to be used to implement a risk register and assurance process within provider services. YC asked about informal risk and THol explained that this is identified at local level.</p>	
<p>7.</p>	<p>Nursing and AHP Update</p>	

	<p>JK explained the work being undertaken to develop a three year plan. In January and February a number of workshops were held to advise staff and information from these workshops, along with expertise from other directorate will be used. It is proposed that both national and local targets will be included and a lot of processes are already in place.</p>	
8.	<p>Organisational Development Plan Update</p> <p>CH said that the OD plan continues to be updated and explained that the updates made for the December Committee are shown in blue and those since that date are shown in green.</p> <p>Good progress is being made towards the delivery of milestones, though some areas are highlighted as needing further action.</p> <p>13.5 Progress being made to resolve position of CRP and inflation uplifts 2.2.1 Policy co-ordinator – transitional arrangements in place 8.7 Work almost complete. Will need to go with interim solution using HRPro 10.7 Working with HR and Health and Safety, looking to do a review</p> <p>YC acknowledged the work involved and asked that the OD Plan be made available to members of the Board when these minutes are presented, for information.</p> <p><i>The Provider Committee were asked to note the contents of the report.</i></p>	
9.	<p>i) LDP Update 2007/08</p> <p>Following the release of LDP funding the Provider Business Support team worked with colleagues in Finance to develop systems and processes to co-ordinate implementation of Provider LDP business cases.</p> <p>Appendix 1 show the estimated forecast spends per business case amounting to £3,554k (69%) of the funding, despite significant delays in the release of this funding.</p> <p>ii) LDP Provider Priorities 2008/09</p> <p>Outlining the Annual Operating Plan priorities submitted to commissioners for 08/09, this report and accompanying information details the bids which will be ranked, by a scoring system, by commissioners.</p> <p><i>The Provider Committee were asked to note the contents of the report.</i></p>	
10.	<p>World Class Provider Project Update</p> <p>CH explained that in order to support the development of a viable stand alone</p>	

	<p>world class provider service, external support has been commissioned by Newchurch and the project brief is set out in appendix 1 and 2.</p> <p>Meetings are currently being organised for the project steering group, project group and several task groups are proving information on services, benchmarking data and financial information.</p> <p>The proposed criteria for the evaluation of the business portfolio is: - current revenue, compound annual growth rate, core competence, competitive positioning, strategic relevance and customer relevance.</p> <p>Updates will be given to the Provider Committee on a regular basis.</p> <p><i>The Provider Committee were asked to note the contents of the report and proposed criteria for the evaluation of the business portfolio was agreed.</i></p>	
<p>11.</p>	<p>Provider Committee Agenda</p> <p>CH explained the proposal to structure future Provider Committee agendas in line with the principles and model framework outlined in the Audit Commission document 'the Intelligent Board' and the report previously circulated outlines this format.</p> <p><i>The Provider Committee note the contents of the report and agreed to adopt the proposed agenda format.</i></p>	
<p>12.</p>	<p>Date and time of next meeting</p> <p>The next meeting will be held on Monday 31st March, 2008 commencing at 2pm in the Board Room, Blacketts Medical Practice.</p> <p>Future meeting dates for diaries:</p> <p>Wednesday 30th April, 2008 (Board Room, Blacketts Medical Practice) Thursday 26th June, 2008 (Board Room, Doctor Piper House) Thursday 28th August, 2008 (Board Room, Doctor Piper House) Wednesday 29th October, 2008 (Board Room, Doctor Piper House) Wednesday 17th December, 2008 (Board Room, Doctor Piper House)</p> <p>All will commence at 2pm.</p>	



Colin Morris
Chief Executive