

PROVIDER COMMITTEE

held on
Thursday 11th December, 2008
Sedgefield Community Hospital

CONFIRMED MINUTES

PRESENT

Brian Everett	Non Executive Director (Chair)
Melanie Pears	Non Executive Director (Vice Chair)
Ian Briggs	Assistant Director – Business Support
Carole Harder	Director of Service Provision, Darlington PCT
Tom Hunt	Director of Finance and Corporate Services
Paul Irving	Assistant Director – Adult Services
Alex Sinclair	Assistant Director – Modernisation and Reform
Eric Stephens	Assistant Director – Prison Health
Helen Suddes	Assistant Director – Specialist Services
Lesley Tickell	Head of Adult Care, Durham County Council

IN ATTENDANCE

Nick Black	Contract and Performance Manager
David Chandler	Chief Finance Manager – Provider Services
Glenda Lynn	EA to Director of Service Provision (minute taker)

		Action
1.	Apologies for Absence Jane Robinson, Barbara Bright, Linda Templey	
2.	Minutes of the Meeting held on 30th October 2008 The minutes of the meeting held on 30 th October 2008 were accepted as a true record, with the following amendment: Those present should read : Alex Sinclair – Assistant Director Modernisation and Reform.	
3.	Matters Arising	

	<p>Risk Register G26 – Financial pressure due to constant observations within prisons. CH was of the opinion that this risk was not the responsibility of Provider. A meeting had taken place with Brian Key and a position has been reached where this is no longer a risk.</p> <p><i>Action : TH to confirm the position at the next Provider Committee</i></p>	
STRATEGY / POLICY / NEW DEVELOPMENT		
<p>4.</p>	<p>Darzi Update</p> <p>HS explained that the bid had been submitted to the panel two weeks ago and those involved felt that it went well. Though not yet informed whether the bid had been successful, some preliminary planning work has begun as timescales are extremely tight to meet the proposed start date of 1st April, 2009. Efforts will be made to start earlier if possible, though this would be dependent on the recruitment of staff and discussions with commissioners. It is hoped that the outcome of the panel will be known within the next two weeks.</p> <p>If successful, patient numbers will be small in the first months. Some close working will be needed with the Walk In Centre, Out of Hours service and possibly some reliance and co-operation with local GP practices. The Unscheduled Care Team are looking at how robust arrangements can be made and discussions have taken place with practices in Darlington to ascertain if they would be interested in this type of alliance, information on the services being offered, patients being targetted and to provide assurances.</p> <p>Some structural alterations would be necessary to Doctor Piper House. Meeting rooms may become clinical rooms and better use would be made of the minor surgery end of the building, which is currently underused.</p> <p><i>The Provider Committee accepted the verbal update.</i></p>	
<p>5.</p>	<p>The Role of the Modernisation and Reform Directorate</p> <p>AS explained that the Modernisation and Reform (M&R) directorate will play a key role in the transformational change processes currently being embarked upon by Provider.</p> <p>The directorate will focus on three key areas over the next year:</p> <ul style="list-style-type: none"> • Deliver a Quality Improvement Programme • Facilitate all Community Service Reviews • Deliver strategic and operational projects <p>Two key programmes will be focussed on in the coming year, Productive Community Services and Quality Improvement Specification.</p> <p>Having successfully completed a bid to become a Productive Community Services learning partner, the M&R directorate are now working with the NHS</p>	

	<p>Institute, representing the NE SHA, being one of twelve pilot sites across the country.</p> <p>The M&R directorate have developed a specification for the delivery of a Quality Improvement Programme to improve patient outcomes. This specification has been advertised via the European tendering process and a consultancy firm will be appointed to support this programme for a twelve month contract period.</p> <p>Service Reviews – The M&R directorate are supporting managers and clinicians through the service review process for all existing services, totalling over 45 services across County Durham and Darlington Community Health Services.</p> <p>The process is commissioner led and aims to review all services by March 2009. However the commissioner timeline has begun to slip and it is likely that the review period will extend beyond this date.</p> <p>To support the service review process the M&R directorate have:</p> <ul style="list-style-type: none"> • Provided named project managers for each service review • Developed generic self assessment answers and issued guidance notes • Contracted the support of an external consultancy • Developed a standardised / centralised approach <p>Project / Project Management Office (PMO) – AS explained that this office comprises of a lead and seven project officers, with plans to bring in additional project officers. The PMO are currently involved in several project assignments which have been sponsored by Assistant Directors, such as:</p> <ul style="list-style-type: none"> • Central Booking sponsor Ian Briggs • Infection Control sponsor Helen Suddes • Darzi sponsor Helen Suddes • Business Continuity systems sponsor Ian Briggs • DN OOH Service Review sponsor Paul Irving • Childrens Services Integration sponsor Kath Vasey <p>Additional Projects – It is proposed, in addition to the projects already identified, to deliver a range of rapid improvement projects of 6 – 10 weeks durations.</p> <p>MP referred to the structure of the M&R directorate and asked about the number of vacancies.</p> <p><i>The Provider Committee noted the contents of the report.</i></p>	
6.	<p>Patient Safety Strategy</p> <p>CH explained that this document has already been to the Board. Within the strategy is a range of action plans designed to give assurance to the Provider</p>	

	<p>Committee and the Board of the absolute priority NHS Darlington gives to patient safety.</p> <p>CH acknowledged the need, as we move to the next phase, to consider the issues brought to Provider Committee.</p> <p>BE agreed, expressing concerns that some issues may inadvertently bypass the Provider Committee whilst being mindful that the meetings are not 'swamped'.</p> <p>CH agreed that in the coming months, consideration would need to be given to the scheme of delegation and the autonomy of the Provider Committee possibly with the restructuring of some of the sub-committees.</p> <p><i>The Provider Committee received the Patient Safety Strategy and acknowledged the need for the above considerations to be made.</i></p>	
<p>7.</p>	<p>Voluntary Sector Strategy and Action Plan</p> <p>IB explained that this report outlines the early progress being made on developing a County Durham and Darlington Community Care Services Strategy for engaging with the Voluntary and Community Sector as a health partner.</p> <p>Key strands of activity were identified as:</p> <ul style="list-style-type: none"> • Strand 1 Analysis of voluntary sector policy and infrastructure • Strand 2 Develop outline VCS strategy and plans for Community Services • Strand 3 Development of PMF / accountability framework • Stand 4 Support tender/bidding processes <p>Early indications are that some voluntary organisations would be happy to work with us.</p> <p>TH asked if there were any unplanned financial implications. IB replied that some training may be offered.</p> <p><i>The Provider Committee noted the contents of the report.</i></p>	
<p>PERFORMANCE</p>		
<p>8.</p>	<p>Feedback from Healthcare Commission Visit</p> <p>CH gave feedback on the recent Healthcare Commission visit. Though it had been anticipated that the inspection would cover several sites inspectors had requested only to visit the Richardson Community Hospital which had been thoroughly inspected. The following day a range of interviews were carried out and evidence gathered.</p>	

	<p>Some initial feedback has been received and early indications are very good. The Healthcare commission inspections will continue and the results will be out next year.</p> <p><i>The Provider Committee noted the contents of the report and asked for their thanks to staff involved in the inspection to be recorded.</i></p>	
<p>GOVERNANCE</p>		
<p>9.</p>	<p>Risk Register</p> <p>AY outlined the eight risks currently deemed to be high (red) risks, five of which are within the Provider Prison Health. Of the remainder, two are focusing on PCT wide issues which also include the Provider directorate ie mandatory training / policy management and national child protection guidance. AY explained that each directorate is required to have its own action plan to deal with the risks identified within it.</p> <p>BE asked that Provider Committee members be advised at future meetings of the progress being made in managing these risks.</p> <p>AY acknowledged that some problems have been experienced with the reporting mechanisms of the current system. The process will be much improved with the new system currently being phased in across the organisation. It is hoped that this will be fully implemented by the end of March.</p> <p>With regard to the risks within the prisons, some of these risks will not be resolved but are being managed. AY will maintain contact with the Assistant Directors to ensure the register is kept up to date.</p> <p><i>The Provider Committee accepted the contents of the report and asked for the exception report to continue to be presented at each meeting.</i></p>	
<p>10.</p>	<p>Information Governance</p> <p>Jennifer Duck tabled a report to inform members of an information governance workshop facilitated by PriceWaterhouseCooper. The self-assessment workshop was designed to help Darlington PCT take a holistic view of where it sits on the path to implementing a sustainable approach to information governance and involved a cross section of staff.</p> <p>Key findings from the workshop were:</p> <ul style="list-style-type: none"> • Top five 'high risk' data sets – clinical / patient data – system 1; clinical / patient data – paper based records; payroll – ESR records; emails and payroll data • Five control dimensions – culture; management, people, process and technology. All of which, on a maturity score, came out as amber. <p>The workshop identified the need for more process mapping and the need to</p>	

	<p>embed information governance within the workforce to ensure staff are aware of their roles.</p> <p>TH explained that this workshop came out a need to understand where the organisation stood in regard to information governance. Many breaches of information governance are as a result of human error.</p> <p>This report will be presented to Information Governance Committee in January and members of that group will take responsibility for taking it forward.</p> <p><i>The Provider Committee noted the contents of the report.</i></p>	
11.	<p>Items for Information</p> <ol style="list-style-type: none"> 1. <u>Quality Metrics</u> The Quality Improvement (QI) framework compliments existing development work in performance metrics already undertaken as part of a national pilot in which the organisation is heavily engaged. The QI framework is a whole system approach engaging clinical and support staff at local level supported at regional and national level. The key quality indicators being – safety; effectiveness and patient experience <i>The Provider Committee noted the contents of the report and support CDDCHS Business Support in co-ordinating and leading on this work.</i> 2. <u>Social Enterprise</u> CH explained the considerations needed when looking at a Social Enterprise model. Some issues around pensions and protection of redundancy payments for staff and conditions laid down for any staff undertaking non-NHS work. It is considered that these restrictions would make it very difficult to attract staff to the organisations. 3. <u>Quality Contract</u> CH explained that a new form of Quality Contract is to be introduced. There are some financial implications and these may influence some of the routes the organisation takes. More guidance will be available in January. Indications are that deductions will be made for poor performance and incentives for over performance. It is intended that this contract will be applied by 1st April, 2009. MP asked that a part of a future Provider Committee be set aside to look at this in more detail. 	
12.	<p>Minutes from: Provider IM&T Board 070108</p> <p>Circulated for information.</p>	
13.	<p>Any Other Business</p>	

	No other business was raised for discussion.	
12.	Date and time of next meeting The next Provider Committee will be held on Tuesday 27 th January, 2009 commencing at 2pm in the Board Room, Doctor Piper House.	



B D Everett, Chair

Confirmed