

PROVIDER COMMITTEE

on
Tuesday 27th January, 2009
Board Room, Doctor Piper House

CONFIRMED MINUTES

PRESENT

Brian Everett	Non Executive Director (Chair)
Melanie Pears	Non Executive Director (Vice Chair)
Carole Harder	Director of Community Health Services
Ian Briggs	Assistant Director – Business Support
Barbara Bright	Head of Human Resources
Tom Hunt	Director of Finance and Corporate Services
Paul Irving	Assistant Director – Adult Services
Dr Will Richardson	Provider Medical Director
Helen Suddes	Assistant Director – Specialist Services
Linda Templey	Director of Nursing and Patient Safety

IN ATTENDANCE

Nick Black	Contract and Performance Manager
Neil Rogers	Project Lead, Modernisation and Reform
Glenda Lynn	(Minutes), Executive Assistant

		Action
1.	Apologies for Absence – Eric Stephens, Kath Vasey, Lesley Tickell, Alex Sinclair, Terry Holloran	
2.	<p>Minutes of the Meeting held on 11th December, 2008</p> <p>The minutes of the meeting on 11th December, 2008 were accepted as a true record with the following amendment:</p> <p>Page 3, Item 6 – CH explained that this document has already ‘been’ to the Board.</p>	
3.	<p>Matters Arising</p> <p>There were no matters arising from the minutes of the meeting on 11th December, 2008.</p>	
4.	<p>Update of Community Contract Development</p> <p>As part of the ongoing NHS reforms The Department of Health has developed two new standard contracts which will be used on a mandatory</p>	

	<p>basis by PCTs from 1 April, 2009, the NHS Standard Contract for Community Services and the NHS Standard Contract for Mental Health and Learning Disability Services.</p> <p>IB explained that work looking at each clause within the documents has taken place to consider the issues for Provider. A negotiation position has been produced to assist when meeting with Commissioners.</p> <p>MP has worked with IB throughout this process. MP applauded the team involved saying she was very impressed with the work done and pointed out that this is a national issue not just local.</p> <p><i>The Provider Committee acknowledged the work carried out, asked for thanks to be passed to members of the team and noted the contents of the report.</i></p>	
<p>5.</p>	<p>Developing robust separation arrangements for Provider Services in Darlington PCT</p> <p>CH explained that NHS Darlington is required to take action to review separate provision from commissioning and meet the financial and governance challenges. PCTs that continue to provide services must ensure there is arms length separation with their provider services by April 2009. If this date is not achieved, this work must be complete by October 2009.</p> <p>CH referred to the checklist which highlights the current position relating to the work needed to demonstrate clear separation and the work which is underway or needed to put the robust financial and governance separation within the PCT. The document will continue to be updated and will be brought back to the Provider Committee when available.</p> <p>CH explained that it is the practicalities which make this process challenging. A Board seminar is to take place later this week to outline in greater detail these challenges to NHS Darlington Board members. MP advised that she is unable to attend the seminar but will go through the document and highlight any areas of concern.</p> <p><i>The Provider Committee accepted the report.</i></p>	
<p>6.</p>	<p>Matrix of Projects</p> <p>Neil Rogers, on behalf of Alex Sinclair, presented an update on the projects currently being undertaken within Provider.</p> <p>The projects vary in size and complexity from corporate improvement impacting on the whole organisation to issue resolution projects providing operational improvements within individual services.</p> <p>The Project Management Office (PMO) has agreed a methodology which will provide a framework to deliver successful projects and will give a clear path for the progression of a project by identifying what needs to be achieved, by whom and when.</p>	

	<p>In order to demonstrate the improvements being made, the 'Walk the Wall' technique will be adopted. This will be carried out by the Project Sponsor to the Director of Community Health Services and with Project Manager and Project Management Provider in attendance. These presentations will take no longer than 10 minutes with questions being taken afterwards and will take place each week following Provider Senior Management Team (SMT) meetings.</p> <p>Projects currently being worked on are:</p> <p>Corporate</p> <ul style="list-style-type: none"> • Accommodation • Reducing Bureaucracy • Branding/Corporate Image • Clarity and Strategic Direction • Governance / Records <p>Strategic</p> <ul style="list-style-type: none"> • Central Booking • Essential Steps • Mental Health LD • Darzi • Business Continuity • HELS and Wheelchairs • District Nursing OOH Service • Children's Services Integration • Grasp – Workforce Solutions <p>Improvement</p> <ul style="list-style-type: none"> • Car Parking policy • Standardise holiday entitlements • Getting the right applicants • CRB checks • Occupational Health • Development of Leadership Framework <p>IB explained that any new business opportunity is discussed with the relevant Assistant Director. Each possible opportunity provides a learning process and members of SMT are able to judge whether newly proposed projects link to the business plan and should be pursued. Each new opportunity is a useful learning process for the organisation.</p> <p><i>The Provider Committee noted the contents of the report.</i></p>	
<p>7.</p>	<p>Feedback from the 'Mystery Shopper' exercise for County Durham and Darlington Retinal Screening Service</p> <p>In July 2008 Durham PCT commissioned ORC International to conduct a small survey of patients attending for retinal screening appointments to ask about their experiences. The results of the survey, published in September 2008, were very positive. HS congratulated the staff of the</p>	

	<p>Retinal Screening service on a very positive exercise.</p> <p>HS advised that issues highlighted included some difficulties in getting to clinic premises. Annfield Plain was identified in this way and consideration is being given to moving this service to Stanley Health Centre. HS explained that it is planned to build into the estates strategy, a mapping process to identify where cameras need to be located to offer the most effective service for patients and to look at the possibility of being able to take mobile cameras to those who are unable to attend clinics.</p> <p><i>The Provider Committee passed on their congratulations to the staff of the Retinal Screening service and noted the contents of the report.</i></p>	
<p>8.</p>	<p>Integration of Adult Services – Progress Report</p> <p>PI explained that this report refers to the integration of Adult Services with Durham County Council, where the process is more advanced. A report outlining the integration of adult services with Darlington Borough Council will be made available to Provider Committee in the future.</p> <p>PI informed members of the Provider Committee of the significant amount of work undertaken by Capital Project Consultancy Ltd who were commissioned to evaluate the existing model and to develop a management structure design for integrated services across the organisation.</p> <p>Following consideration of a number of possible models, the structure as outlined in the report is recommended. This structure would entail some changes to staff roles, most specifically those of the role of Heads of Service and close working with Human Resources within the local authority and the PCT and with JCNC will be needed. It is anticipated that no individuals, at team leader or locality level will be put at risk, at the present time there are three vacancies. All posts will be joint funded and joint appointed.</p> <p>In order to assist in moving this forward, a Project Implementation Manager has been appointed on a twelve month fixed-term contract and a plan will be prepared in the near future.</p> <p>A number of workstreams covering HR, finance, accommodation, communications, IT, performance management, health and safety and training will be established in order to progress with this model.</p> <p>PI tabled appendix 2 (management arrangements) and appendix 3 (governance route) for information.</p> <p>MP asked about community contract arrangements. PI explained that consideration would be given to a ‘constitution’ type document, to enable any disputes to be dealt with appropriately.</p> <p>There are many issues which will need to be resolved such as premises, IT systems such as SSID, SystemOne and TPP. When asked about methods of reporting available, PI replied that where teams are already</p>	

	<p>well established the balanced scorecard has been used in the past. SSID, used by Social Services is also used for extracting performance reports.</p> <p>HS advised that she is aware of some anxiety within PbC groups who feel they have not been involved in the process and have expressed some strong views. It was agreed that PbC groups need to be kept involved.</p> <p>CH explained that this has been a long piece of work but now at the point where more detailed work can begin. BB emphasised the need to give regular updates on progress to staff side.</p> <p><i>The Provider Committee noted the contents of the report and acknowledged the progress made.</i></p>	
9.	<p>Risk Register Update</p> <p>An update of the areas of concern within the Provider Risk Register was given to members of the Committee:</p> <p>G25 - Prison Health – Patient safety issue due to current prescription system. Newly appointed patient safety managers to be asked to look at this.</p> <p>G26 - Prison Health – Constant observations – continue to be monitored.</p> <p>FRO15 – Demerger of payroll – possible information governance risk</p> <p>FRO16 – AHP SLA with CDDFT – Contract meetings in place to resolve this issue with CDDFT.</p> <p><i>The Provider Committee noted the contents of the report.</i></p>	
10.	<p>Any Other Business</p> <p>No further business was discussed.</p>	
11.	<p>Date and time of next meeting</p> <p>The next Provider Committee will be held on Thursday 26th February, 2009 commencing at 2pm in the Board Room, Henson Close, Bishop Auckland.</p>	



B D Everett, Chair