

## NHS COUNTY DURHAM and DARLINGTON INTEGRATED BUSINESS BOARD

**Tuesday 26 January 2010**  
**10.30 am – 5.00 pm**  
**held in the Board room, John Snow House**

### Unconfirmed Minutes

<b>Present:</b>	Ann Calman	Chair, NHS County Durham (Chair)
	Ken Greenfield	Chair, NHS Darlington
	Annie Dolphin	Non Executive Director, NHS County Durham
	Brian Ebbatson	Non Executive Director, NHS County Durham
	Bunny Forsyth	Non Executive Director, NHS Darlington
	Jenny Flynn	Non Executive Director, NHS County Durham
	Keith Tallintire	Non Executive Director, NHS County Durham (arrived at 1.30 pm).
	Linda Marks	Non Executive Director, NHS Darlington
	Malcolm Cook	Non Executive Director, NHS County Durham
	Sandra Pollard	Non Executive Director, NHS Darlington
	Yasmin Chaudhry	Joint Chief Executive
	Amanda Hume	Director of Delivery and Performance
	Anna Lynch	Acting Director of Public Health
	Brian Key	North East Director of Commissioning, Mental Health, Learning Disabilities and Offender Health (Left the meeting at 1.30 pm)
	David Gallagher	Director of Partnerships and Services
	Elizabeth Graham	Director of Clinical Quality and Nursing
	Hilton Dixon	Director of Clinical Quality
	June Tulley	Director of Innovation and Development
	Miriam Davidson	Locality Director of Public Health (Darlington) (left at 12.35 pm)
	Pat Keane	Joint Director of Strategy and Involvement
Pat Taylor	Joint Director of Finance	
<b>In attendance:</b>	Amanda Million	Executive Support Officer (minutes)
	Berenice Groves	Flu Director (Item IBB/10/14)
	David Britton	Primary and Community Care Development Manager (Item IBB/10/15)

Janet Walker Executive Assistant (observing)  
Jill Matthewson Executive Assistant  
Joseph Chandy PBC Chair, Easington (deputising for Dinah Roy)  
Theresa Huddart Company Secretary

**IBB/10/01 Apologies for absence Action**

Jim Smith, Dinah Roy (Joseph Chandy, deputy), John Flook and Mike Taylor.

A discussion took place about future non public integrated business board (IBB) meetings taking place in the board room at John Snow House, instead of at an external venue. The board agreed to the proposal.

**IBB/10/02 Declarations of Interest**

There were no declarations of interest

**IBB/10/03 Identification of any other business items**

Interim board report from Deloitte. – June Tulley.

**IBB/10/04 Minutes of NHS County Durham and Darlington Integrated Business Board meeting held on 17 December 2009**

The minutes were agreed with the following amendments:

**Page 1**, John Flook, Mike Taylor, Hilton Dixon and Miriam Davidson were added to the list of those present at the meeting.

**IBB/09/34 Strategic Refresh Update – including alignment to Joint Strategic Needs Assessment**

**Page 3-** The first sentence of the second paragraph would be removed.

**Page 4 -** The final sentence on the penultimate paragraph should read: Ken Greenfield asked if the highest performing schools were private schools but were confirmed as state schools.

**IBB/09/36 St John’s Primary Care Centre LIFT Stage One Approval Outline Business Case**

**Page 5 -** A section in the fourth paragraph commencing Brian Ebbatson, should read:

Brian Ebbatson declared an interest in the discussion about artwork as he supported the schools in producing the artwork. He felt it was

important to have art in public buildings to engage communities and improve public environment. It would also create a working environment, which was conducive to positive well being.

**IBB/09/38 The Proposed Transfer of Mental Health Services for In-Patient Beds for Adults of Working Age and In-Patient and Day Mental Health Services for Older Persons – North Easington**

**Page 7** - The first sentence on the second paragraph should read: The paper was aimed at addressing the patient pathway in North Easington where care, split between providers, posed potential risks and restrictions, which were not acceptable for patients' safety.

**IBB/09/41 Complaints and Patient Advice and Liaison Report Quarters One and Two (1 April – 30 September)**

**Page 10** - A paragraph would be added after the second paragraph as follows:

A discussion took place about how complaints received, led to improvements in services delivered. Annie Dolphin felt the report did not highlight that enough, the excellent work undertaken to avoid similar incidents in the future. The members of the integrated business board recognised the good work undertaken to improve services as a result of complaints handling.

**IBB/09/42 Draft Annual Report for the North East Mental Health and Learning Disabilities Commissioning Unit (NEMHLDCU)**

**Page 11** - The third paragraph was changed to read as follows: Brian Key confirmed that with the arrival of increasing access to psychological therapies (IAPT), it had become clear that some community services might not be aligned to the development of IAPT. There was a proposal to undertake a review of community services. A project manager would be appointed in the new year to take this work forward.

**IBB/09/43 World Class Commissioning Update**

**Page 12** - The words "cardio vascular disease" screening pathway (health checks) would be added to the final sentence in the first paragraph.

**IBB/09/44 Use of Resources Assessment and Improvement Plans 2009/10**

**Page 13** - The final sentence in the second paragraph should state, non executive directors.

**IBB/09/46 Integrated Performance Report**

**Page 15** - The second sentence in the paragraph regarding choose and book should read:

The meeting was reported to be helpful in taking forward choose and book.

The paragraph on diagnostic breaches on page 16 should state: There would be continued reduction in breaches until 1 April 2010 and no breaches at all from April 2010.

**IBB/09/47 Integrated Business Board Governance Arrangements Structure for Functional and Strategic Sub Committees**

**Page 17** - The third sentence in the fifth paragraph should read: Annie Dolphin confirmed that she and Linda Marks would chair the Professional Performance Case Panels although she said the integrated business board had not yet received the updated assuring high standards policy for approval.

**IBB/09/48 NHS Constitution**

**Page 17** - The final sentence should start early 2010 not autumn 2010.

**IBB/09/52-1 Chief Executive's Update**

**Page 19** - The two dates mentioned in the first paragraph would be amended to say 2009 instead of 2010.

**IBB/10/05**

**Matters arising from the minutes of NHS County Durham and Darlington Integrated Business Board meeting held on 17 December 2009**

**IBB/09/36 St John's Primary Care Centre LIFT Stage One Approval Outline Business Case**

David Gallagher reported that the stage one business case had been submitted to the strategic health authority (SHA) and had received approval. Stage one would now be submitted through the strategic partnership board. A further paper would be received by the integrated business board at stage two.

Discussion  
item log

**IBB/09/38 The Proposed Transfer of Mental Health services for In-Patient Beds for Adults of Working Age and In-Patient and Day Mental Health Services for Older People – North Easington**

Brian Key reported that following representation at the Durham overview and scrutiny committee (OSC), South of Tyne NHS Trust (SoT) and NHS County Durham (NHSCD) had extended their public consultation for the proposed transfer of services for patients in Easington. This was because north Easington patients had felt they had not been given enough opportunity to consider the new Cherry Knowle Hospital as an option, thus maintaining the status quo.

## **IBB/09/49 Joint Corporate Risk Registr**

Bunny Forsyth confirmed that a discussion had taken place on the risk register at a recent audit and risk committee for NHS Darlington. The committee was concerned about action plans to mitigate the highest risks and the ability of the audit and risk committee to challenge those. Key risks were not on the register but were discussed.

## **IBB/09/53 Winter/Surge assurance**

Amanda Hume reported that the winter/surge assurance plan had been robustly tested over the last few weeks due to the extreme weather conditions. County Durham and Darlington NHS Foundation Trust (CDDFT) had escalated to level four on two occasions over the past four weeks but were back to level two. Amanda Hume stated that it had been a challenging time for the local providers and would impact on general performance levels.

## **IBB/10/06 Action Log**

The action log had been updated.

## **STRATEGY**

### **1BB/10/07 Five Year Strategy Refresh**

*Joint Director of Strategy and Involvement  
- Pat Keane*

Pat Keane gave a verbal update on the five year strategy refresh. He reminded the integrated business board (IBB) members that from December 2009, NHS County Durham and Darlington (NHSCDD) had been working with McKinsey, management consultants and the strategic health authority (SHA) to do further refresh of the plan. Work had been coming to an end. A presentation by the members of the IBB to the SHA had received helpful feedback. As a result, the strategy refresh had been in its final stages and would be ready to be uploaded for world class commissioning (WCC) within the given timeframe. Pat Keane highlighted the changes in the strategy and there had been a general discussion about funding the initiatives. Pat Keane informed the IBB that the prioritisation tool would be used to revisit progress when refreshing of the strategy yearly and it would be expected that decisions would be made on reprioritisation.

A presentation would be given at the IBB seminar and development session to be held in public on 2 February 2010. Following that event the strategy would be presented to the IBB at its meeting in February for approval. Work would continue, to monitor the plan.

Bunny Forsyth asked if the IBB had been clear what the efficiencies were. Pat Keane confirmed that the quality, innovation, productivity and prevention (QIPP) plan integrated with the strategy. Part of next step in QIPP had been to revisit the efficiencies to ensure deliverability.

Yasmin Chaudhry informed the IBB that the strategy needed to be uploaded for WCC by the end of the week. She asked members of the IBB for their permission to sign off the strategy on their behalf in order to do that. The members of the IBB agreed.

Annie Dolphin queried what would happen regarding funding freezes in the annual operational plan (AOP) and asked what we had done to maximise efficiencies. She felt there had been an explicit need for an explicit rationale that made it clear that we looked for efficiencies before cutting back on planned improvements. Pat Keane agreed to pick up those issues under the AOP item later on in the agenda.

**IBB/10/08**      **Organisational Development Strategy**  
*Director of Innovation and Development*  
*- June Tulley*

The strategy had been received and presented by June Tulley who explained to the integrated business board (IBB) members that the content had been prescribed by WCC and needed to reflect the five year strategy. Some errors in the report were highlighted and would be amended. A discussion took place about the contents of the strategy including the three priority areas and the Dennison key themes.

Ann Calman felt the document had been comprehensive and acknowledged the large amount of work which had gone into producing the document. Yasmin Chaudhry explained to the IBB that McKinsey had asked the IBB to focus on the immediate needs to support the key objectives identified in the five year strategy.

Linda Marks asked if the eight priority areas related to the new sub committees of the IBB and asked what the links were. June Tulley responded that most of those priority areas would be the responsibility of the organisational development and innovation sub committee. However, work was being done to ensure all the sub groups were fully

integrated. Linda Marks asked if the reference in page eight to “the PCT” should read “the PCTs”, that was agreed. Ann Calman said alignment to sub committee had been important and we needed to demonstrate board challenge. Ann Calman also felt we needed to consider how to demonstrate board challenge in the audit and risk committees. Pat Taylor had been asked to consider that. Linda Marks also commented on the use of the words “dared to” in the strategy. June Tulley explained the reason why that had been used was to reflect the “story” created by staff from NHS County Durham (NHSCD).

PT

The non executive directors would discuss their views of board challenge and where this would be most effective.

JT

Jenny Flynn asked if the footnote on page seven of the report had been agreed as the mission statement for NHS County Durham and Darlington (NHSCDD). This had been agreed and June Tulley would action it.

JT

June acknowledged two errors in the recommendations outlined below, which would be amended.

JT

The IBB:

- noted and commented on the organisational development strategy 2008/9-2013/14,
- noted the eight priorities for improvement and the approach to delivering those,
- noted the further work to be done during January 2010 to agree actions for every priority with time scales and identification of the additional technical skills required to deliver to world class commissioning (WCC) competency four.

IBB/10/09

### **Transforming Community Services (TCS) – Position Paper Decision Update January 2010**

*Joint Director of Strategy and Involvement  
- Pat Keane*

Report received and presented by Pat Keane. Yasmin Chaudhry informed the integrated business board (IBB) members that the paper had been written as a position update and further discussion would take place in the confidential section of the IBB meeting.

Pat Keane highlighted the key points in the paper and discussion took place about the provision of community services across County Durham and Darlington. Work would be undertaken on improving the provider landscape with a key focus on shifting services from acute to the community with a need to redesign pathways.

The timetable in the report would be refreshed. Ann Calman said the paper was important and although the timelines for the work had been brought forward, the paper still described the approach of the primary care trusts (PCTs).

Malcolm Cook felt this would be difficult over coming months. Hilton Dixon felt proposals from the Royal College of General Practitioners (RCGP) needed to link into the work as the RCGP had discussed estates and where services would be delivered from.

Linda Marks asked who would be responsible for holding budgets across care pathways. Joseph Chandy said that in practice based commissioning (PBC), one of the key focuses had been “*care closer to home*” and clusters were doing that differently. A discussion took place including pooling of budgets and those sitting with local commissioners or held at a macro level. Joseph Chandy stressed that PBC needed to be an integral part of the strategy.

Pat Taylor felt that TCS would take NHS County Durham and Darlington (NHSCDD) to a point where we would describe a pathway from end to end and able to go out to the market for a provider who would be responsible for the whole pathway. Hilton Dixon felt it had been important to note that there would be a reduction in the number of hand overs of care between organisations.

The IBB:

- noted the approach to TCS in County Durham and Darlington,
- noted that the timetable would change.

**IBB/10/10**    **Hyperacute Stroke Services in 2010/11 Business Case**  
*Director of Delivery and Performance*  
*- Amanda Hume*

This item was removed from the agenda.

## **DELIVERY INCLUDING PERFORMANCE**

### **IBB/10/11 Financial Performance as at 31 December 2009 – Cash Management**

*Joint Director of Finance  
- Pat Taylor*

Report received and presented by Pat Taylor in detail as some of the members of the integrated business board (IBB) had not received their paper prior to the meeting.

A discussion took place about the importance of papers being received by the IBB members in enough time for the paper to be read thoroughly prior to the meeting. Theresa Huddart agreed to look at that issue. Malcolm Cook suggested a repository for papers, which could be accessed by the IBB members in case the IBB members did not receive the papers. Due to the late submission of the paper, non-executive directors (NEDs) were offered the opportunity to contact Pat Taylor following the meeting with any questions or queries the IBB members might have.

Pat Taylor outlined the financial position as set out in the report and confirmed that both NHS County Durham (NHSCD) and NHS Darlington (NHSD) continued to be on target to achieve their control totals. The North East Strategic Health Authority (NESHA) has confirmed the 2009/10 control totals which include an outturn revenue surplus of £1m for NHSCD and £300k for NHSD. The year to date position is an under-spend of £730k for the former and £220k for the latter. The risks and key issues in the report were highlighted. The prescribing and PBC reports were both noted by the board but Pat Taylor explained the data had been slightly behind in those areas being at November 2009 and October 2009 respectively.

Pat Taylor confirmed that a finance and performance sub committee of the IBB had been established. The first meeting would be held in the near future. That group would receive a more detailed monthly finance and performance report and a more condensed exception report would be received at future IBB meetings. The IBB members requested that a fuller finance report be received on a quarterly basis.

Annie Dolphin asked about the money transferred from NHSD to NHSCD and Pat Taylor explained that this had been to do with a section 28a arrangement for a patient with learning disabilities whereby the patient had been identified as a Durham resident but had been paid for by NHSD, this had been transferred to NHSCD.

TH

Yasmin Chaudhry said she had been confident that the IBB had a good understanding of the finance situation in both PCTs and this could be used as evidence for world class commissioning (WCC). Ann Calman agreed with that statement.

The IBB:

- noted and discussed the current and forecast outturn positions,
- noted the PBC information included at appendix four and the prescribing information included at appendix five,
- noted the key financial risks and supported or supplemented the management action undertaken or proposed to address those risks,

### **IBB/10/12 Performance Update as at 31 December 2009**

*Director of Delivery and Performance*  
– Amanda Hume

Report received and presented by Amanda Hume. Ann Calman raised the issue of the ambulance response times and it had been agreed that this would be discussed later in the item. Ken Greenfield reminded the integrated business board (IBB) that at the recent strategic plan meeting with McKinsey and the strategic health authority (SHA), McKinsey had pressed the IBB on patient safety. Ken Greenfield suggested that patient safety should be moved higher up on the IBB agenda, Theresa Huddart would reconsider the order of the agenda.

TH

Amanda Hume stated that following feedback from the IBB on the layout of the performance report at the last meeting, the level of detail had been removed but would be discussed on a monthly basis at the finance and performance sub committee. The report would however, continue to be split by provider in line with world class commissioning (WCC).

Some key issues were discussed:

- Chlamydia screening – an action plan had been developed at the request of the SHA, following escalation.
- 18 week speciality compliance -The SHA would be escalating all primary care organisations for performance at speciality level. Recovery plans would be developed. Joseph Chandy reported that although North Tees and Hartlepool NHS Foundation Trust had not been mentioned in the report, it was not currently breaching at speciality level.
- Ambulance response times had been impacted severely by the recent winter pressures. The SHA had been discussing that

with NHS North of Tyne as lead commissioner. Further details on a recovery plan were expected today. If the plan had not been received, the issue would be escalated to chief executive to chief executive. There had been discussion nationally about exclusion from the targets due to the recent severe bad weather. Brian Ebbatson asked if the recent issue around a delayed ambulance call in Bishop Auckland as reported in the press had been explained to NHS County Durham and Darlington (NHSCDD). Amanda Hume confirmed that we had not receive a breakdown of specific issues.

AH/Discussion  
item log

- Cystoscopy breaches continued to improve and Amanda Hume had been confident that those issues would be resolved by April 2010. Amanda Hume confirmed further details would come to a future IBB about the further debate around two week cancer reporting.
- The recent unannounced visit by the Care Quality Commission on health care associated infections to County Durham and Darlington NHS Foundation Trust (CDDFT) had been discussed. Ann Calman felt the results of the visit were interesting considering the work the NHS County Durham (NHSCD) board members had done on doing spot check visits prior to the visit. Amanda Hume said the report had been positive but we still needed to continue to do the spot checks. Darlington non-executive directors (NEDs) were currently being offered training to undergo spot checks and those checks would be extended to include delivery same sex accommodation.
- Ken Greenfield asked for further information on the problems around general anaesthetics in dental services. Amanda Hume explained that there had been a backlog due to a difficulty in getting anaesthetists to cover the sessions. Ken Greenfield asked how the County Durham and Darlington Community Health Services (CDDCHS) had approached the issue. Amanda Hume confirmed that provider organisations were working together to increase availability of anaesthetists. Ken Greenfield asked for confirmation about expected improvement and Amanda Hume explained that improvement would occur although it might take some time to resolve. The risk involved had been that of CDDCHS and NHSD audit and risk committee would monitor the risk.
- Cancelled operations were discussed and it had been explained that CDDFT had set a target of 0.8% but it had been felt that the target was ambitious. Annie Dolphin felt that there had been a "*Seizing the Future*" aspect to this as the target had been related to the fact that elective and day surgery to Bishop Auckland General Hospital should have led to fewer cancelled

operations. Sandra Pollard raised the question of a possible ambitious target for cancelled operations and Annie Dolphin felt that the rate of cancelled operations should have decreased since October 2009 and asked for an explanation about why it had not. Elizabeth Graham said this had been a consultant issue and would be picked up by the clinical quality review group who would take a report to a future finance and performance sub committee.

- Health care associated infections (HCAI) – Sandra Pollard said she had attended a recent task and finish group of CDDFT and felt that the way the community providers and the foundation trusts (FTs) were judged had been inequitable. Amanda Hume said that although the total target of 18 sat contractually with CDDFT we would, only apply a a penalty for CDDFT if we deemed CDDFT were responsible for the case of HCAI (as a result of root cause analysis). AL/Discussion item log
- Linda Marks asked for more information regarding bowel cancer screening specifications on how the national bowel cancer screening service had been implemented and how we would use that to increase the uptake. Anna Lynch reported that bowel cancer was a priority and she would report the arrangements to a future IBB meeting. AL/AH
- Linda Marks asked what the links were with the local area agreement (LAA) targets. Anna Lynch confirmed that the targets and those of the LAA were closely linked around health inequalities issues such as teenage pregnancy, smoking etc. The LAA reported their performance on a quarterly basis and the information had been fed into the performance team. The last quarterly report would be attached to the next performance report to the IBB. Linda Marks asked if there had been added value in social marketing joint working. Anna Lynch said that we were currently working with the local authority on that issue. AH
- Linda Marks highlighted that the report stated that with regard to the vital signs indicator on the proportion of people who had stroke, who were scanned and treated within 24 hours in Darlington screened had been 0% with a target of 45%. She asked if that meant no people were being scanned. Yasmin Chaudhry felt this had probably been a data issue and Amanda Hume would check that. Discussion item log/HD

Ken Greenfield requested a paper for discussion at a future IBB meeting about GPs complaints of patient discharge letters. Hilton Dixon reported that it was being audited at present and would be discussed at a future meeting.

The IBB received and considered the current performance.

Miriam Davidson left the meeting at 12.35 pm.

**IBB/10/14 Urgent Care - Single Point of Access**

*Director of Delivery and Performance*

- *Amanda Hume*

*Flu Director*

- *Berenice Groves*

Report received and presented by Amanda Hume and Berenice Groves. The paper provided an update on NHS County Durham and Darlington (NHSCDD) implementation of single point of access. Amanda Hume confirmed that this had been ground breaking work and had been a pilot for the North East and nationally. The purpose of the paper had been to give an update on the implementation since 1 October 2009.

Berenice Groves stated that although implementation of full urgent care services commenced on 1 October 2009, we were the only area across the country, which had been piloting single point of access. The three digit number would be implemented in July 2010. As a result of clinician involvement, changes had been made to some of the NHS pathways algorithms. 97.1% of calls were being answered within 60 seconds.

Ann Calman highlighted some areas of concern, which were discussed including concerns around non clinical call handling. Hilton Dixon confirmed that whilst there were concerns from general practitioners (GPs), it had been recognised that call handling in GP practices had been by non clinical staff. Hilton Dixon reported that he and Will Richardson, Medical Director of County Durham and Darlington Community Health Services (CDDCHS), had visited ambulance control and had walked the patient pathway through the single point of access. Hilton Dixon and Will Richardson were both assured of the service and reviews would be ongoing.

Malcolm Cook asked about the communications of the service and how that had been handled. Berenice Groves confirmed that the communications had been deliberately low key initially but had been increased. Ann Calman felt that the communications needed to highlight to patients that their calls could take up to 60 seconds to be answered otherwise the patients might hang up. Hilton Dixon felt abandoned calls also needed to be monitored.

Yasmin Chaudhry summarised this item. She confirmed that the service had not been affordable at the current cost level. A lot of work still had to take place to ensure affordability. Management executive would be looking into the detail of that and the IBB would be kept up to date with developments. The project had been innovative and patients and clinicians alike were supportive. The IBB had been reassured that there had been a detailed approach for benefits for patients.

The IBB considered the update and implementation process and noted the activity levels to date and action plan to increase utilisation.

**IBB/10/15**      **Proposal to Permanently Close Branch Surgery at Arthur Street, Ushaw Moor**

*Director of Delivery and Performance*

- Amanda Hume

*Primary and Community Care Development Manager*

- David Britton

Report received and presented by Amanda Hume and David Britton. Amanda Hume explained to the integrated business board (IBB) members why there had been no non-executive director (NED) involvement and apologised for that. She would ensure any future cases had NED involvement from the outset.

The paper advised the IBB to give consideration to the formal closure of Arthur Street Surgery in Ushaw Moor. The surgery had been a branch surgery of Brandon Lane surgery, Dr Khan was the general practitioner (GP) who delivered services from that site. In October 2007, there had been flood damage to the surgery which caused extensive damage to the ground floor requiring the surgery to be closed. The opening times prior to that were two hours a day Monday to Friday providing total service provision of 10 hours per week. The premises had remained closed to date and Dr Khan had submitted a formal application requesting formal closure of the Arthur Street premises.

Amanda Hume confirmed that the process had been robust and had been through the Durham overview and scrutiny committee as well as undergoing public consultations to address any areas of concern. David Britton confirmed that only five patients had decided to re-register with another practice.

Ann Calman confirmed the need for NED involvement in such cases in order to attend and follow local meetings with, and on behalf, of local people. She had been content that there did not appear to be any contentious issues and councilors agreed with the proposals.

A discussion took place about the location of the surgery and it had been noted that there was a large distance from Ushaw Moor, where patients resided. David Britton assured the board that the patients were happy with transport arrangements that had been put in place.

The IBB noted the contents of the paper and approved the application from Dr Khan to close the branch surgery at Arthur Street in Ushaw Moor with immediate effect.

Keith Tallintire joined the meeting at 1.30 pm.

Brian Key left the meeting at 1.30 pm.

**IBB/10/13 Annual Operational Plan (AOP) 2009/10 and 2010/11**

*Joint Director of Strategy and Involvement*

- Pat Keane

This item had been covered after item 14.

Report received and presented by Pat Keane. The report provided further updates on the AOP, 2009/10. It had been reported that the strategy delivery group (SDG) had undertaken a monthly review of the impact of the AOP. Pat Keane said the spreadsheet attached to the report had evolved and set up to monitor progress on spend and performance. Impact assessment on the frozen elements of the AOP had now been developed. The group discussed the red and amber rated schemes and the integrated business board (IBB) members were reminded that in the summer the board members of NHS County Durham and NHS Darlington had agreed to freeze some schemes but to monitor those regularly. Since then, a number of frozen schemes had been unfrozen due to patient safety or target issues. Amanda Hume confirmed that on investigation it had been found that some areas were being double funded and it was important to continue to investigate services in that way. In those cases, the schemes had been frozen as it had been felt the schemes were no longer needed.

Ann Calman asked how quickly funding could be released on a frozen scheme should it need to be reinstated quickly. Pat Keane confirmed that as chair of SDG, issues would be brought to his attention and a fast track mechanism would be put in place.

Pat Keane confirmed a paper would be presented to a future IBB meeting to tease out and ask questions on every scheme in order to revisit where the schemes stood with regard to priorities. This would then be reviewed monthly.

Pat Taylor commented on behalf of audit and risk committees. She said that PriceWaterhouseCoopers (PWC), NHS Darlington external auditors, and the Audit Commission for NHS County Durham, would review the strategy and the implementation of the AOP and she had been concerned that freezing parts of the AOP would cause problems. A discussion took place around the impact and it had been agreed that we needed to ensure that the AOP was being monitored on a regular basis with dialogue around this until the year end. Malcolm Cook felt that we would need to make clear the reasons for the situation around the AOP and that it would be monitored continually. He said he had been happy with the process but Pat Taylor felt if the evaluation involved ticking boxes we might not be able to have further dialogue.

Yasmin Chaudhry confirmed that we would continue to deliver safe, quality service. A discussion took place about the possibility of some of the schemes being funded by charitable funds. Pat Taylor had not been comfortable with the suggestion and felt other alternative funding should be considered. Ann Calman asked the board to remember that we must balance the books and that would result in difficult decisions being made.

PT

Ken Greenfield had been confident that the decision making process around the AOP had been done in a correct manner. It had been agreed that the IBB should fully understand the impact of this.

The AOP for 2010/11 had also been considered. Pat Keane felt it had been good news that the five priority areas would remain. We would continue to work on QIPP targets as previously laid out by the SHA. Annie Dolphin asked if this plan included the budget for the whole year. This had been confirmed. Pat Keane confirmed that this would not be a bidding process.

The IBB noted the current position with regard to the AOP for 2009/10 and noted the requirements for the AOP 2010/11.

## **GOVERNANCE INCLUDING STATUTORY FUNCTIONS**

**IBB/10/16**

### **Integrated Business Board Governance Arrangements Structure of Functional and Strategic Sub Committees**

*Company Secretary  
- Theresa Huddart*

Report received and presented by Theresa Huddart. Before discussing the item, she asked the integrated business board (IBB) members to note that the recommendations in the paper should have been that the IBB had been asked to note the draft terms of reference until signed off by their respective sub committees. The terms of reference would be signed off by the sub committees and would be presented to a future IBB for ratification. Ken Greenfield asked that the members of the IBB be notified of the first meetings of each of sub committees. Theresa Huddart would action that.

TH

The process of sending IBB papers out to the chairs and non-executive directors (NEDs) had been discussed. Brian Ebbatson highlighted that if the packages were too large, the package could not fit in the letter box and the package had to be collected from the postal distribution centres three days later. Theresa Huddart spoke about the possibility of a repository for papers on the intranet which would be protected. Theresa would discuss further with information and technology and report back to its next meeting.

TH

Annie Dolphin questioned why the professional performers' review group (PARG) was still within the functional sub committees. In the past, a NED had chaired the PARG (the previous name for professional performers review group (PPRG)) but under new assuring high professional standards policy, there had been no NED presence on the PPRG as it had been an operational committee that looked after performers' lists and individual performance issues. As such, Annie did not feel that it was a sub committee of the IBB. It had been agreed that PPRG should report to the clinical quality sub committee. Theresa Huddart would make the necessary changes to the new structure flow chart, which would be circulated to IBB members by email. Hilton Dixon confirmed that PPRG would report to the confidential section of the clinical quality sub committee. It had also been pointed out that the new assuring high standards policy had not been approved.

TH

Linda Marks asked if the members of the new strategic sub committees had been formally advised of their status or given dates of the meetings. Theresa Huddart confirmed that an email had been sent out some months ago stating who the NED members of each sub committee would be. Some of the sub committees had not yet

contacted members or held their first meetings and it had been agreed that the full membership of the sub committees would be agreed at the first meetings. Linda Marks said she had not been informed of the date for the first meeting of the Knowledge and Intelligence sub committee, of which she was a member. Pat Keane apologised for that and would ensure the dates were sent on as appropriate.

PK

Sandra Pollard indicated her wish to join the communication group and Pat Keane agreed to send dates of the meeting to her.

The IBB noted the terms of reference for the function and strategic sub committees with agreement that the terms of reference would come back to the IBB for ratification following agreement at the sub committees. TH/Discussion item log

**IBB/10/17 Amended North East Specialised Commissioning Group Scheme of Delegation and Terms of Reference**

*Company Secretary  
- Theresa Huddart*

Report and received and presented by Theresa Huddart. The purpose of the report had been to inform the integrated business board (IBB) members of amendments to the North East Specialised Commissioning Group (NESCOG) scheme of delegation and terms of reference. Each primary care trust (PCT) cluster would be asked to approve the above, which would be used for WCC evidence.

The IBB noted the proposed amendments and endorsed the revised scheme of delegation and terms of reference for NESCOG.

**IBB/10/18 Partnership Governance**

*Company Secretary  
- Theresa Huddart*

Report received and presented by Theresa Huddart. As a result of an Audit Commission report in May 2009, NHS County Durham and Darlington began work to strengthen arrangements to demonstrate effective and efficient use of resources by drawing up a formal policy and framework for partnership governance. The report previously received by the integrated business board (IBB) and would be part of a suite of governance documents and would be used for WCC evidence.

Ann Calman reiterated that board members of NHS County Durham and NHS Darlington should have a clear description of their responsibilities when working on behalf of the organisation in partnerships. Linda Marks pointed out that some Darlington

partnerships had not been mentioned in the report. Theresa Huddart agreed to amend. Anna Lynch had identified some partnerships had been omitted and would liaise to ensure amendment.

The IBB:

- noted the proposals outlined above and the ongoing work to implement the policy,
- approved the policy and framework for partnership governance with the additions mentioned above.

## **PATIENT SAFETY AND EXPERIENCE**

**IBB/10/19**

### **Healthcare Associated Infections and Communicable Disease Update**

*Acting Director of Public Health  
- Anna Lynch*

A verbal update had been given by Anna Lynch.

MRSA – There were now seven cases against a target trajectory of 18, which was positive. There had been one reported case in December, which had not yet appeared on the score sheet. No cases had been reported so far in January.

C Difficile – County Durham and Darlington NHS Foundation Trust (CDDFT) and both PCTs were under trajectory. For 2010/11, the Department of Health had set targets again with a further 30% reduction for MRSA and C Difficile so the targets would continue to be challenging. We were, however, able to set the trajectory profile with the performance team. The integrated business board (IBB) would need to ensure performance and that we were holding providers to account.

Pandemic flu – There had been a decline in cases since before Christmas and figures showed below seasonal activity for influenza. The SHA would be standing down their flu control team and the national flu service would stand down in February 2010. The flu operational team at NHS County Durham and Darlington (NHSCDD) would be stepped down gradually and temporary staff would be redeployed across the organisation until end of March 2010. Antiviral collection points were reduced and Dr Piper House had been stood down from this week. There were alternative arrangements in place, with ten pharmacies being able to dispense Tamiflu. Requests were now in single figures. There would be a “wash up” learning event held with the local resilience forum to take forward learning points across

partner organisations and the health economy. The vaccination programme would continue with priority groups including children under the age of five years and front line health care staff.

## **STANDING ITEMS**

### **IBB/10/20 Minutes of Committees**

- **Minutes from NHS Darlington’s Audit Committee held on**
- 15 October 2009

These minutes had not been signed by the chair and would therefore be received at the next meeting.

- **Minutes from NHS County Durham Management Group held on**
- 20 October 2009

Received.

- **Minutes from NHS County Durham and NHS Darlington’s Management Executive held on**
- 11 November 2009 - received

Yasmin Chaudhry noted that as she had not been present at that meeting one of the other directors should sign off the minutes in the absence of Cameron Ward, Chief Operating Officer, who had been the chair.

AEM

- 25 November 2009 – received

AEM

These had not been formally signed off but would be.

- **Minutes from County Durham and Darlington Primary Care Trusts’ Infection Control Committee Meeting held on**
- 19 October 2009 - received.

Ann Calman said she had been heartened to see that care home visits were still ongoing and 45 homes had been visited. Anna Lynch confirmed that by the end of the year the infection control committee would have visited over half of all care homes in County Durham and Darlington.

- **Notes from NHS County Durham and Darlington Integrated Seminar/Development Session held on**  
- 5 November 2009 - received.

Bunny Forsyth asked if there was a report available from the work the integrated business board (IBB) did with Jay Bevington on 5 November 2009. June Tulley advised that this was being reported under any other business.

## **IBB/10/21 Items to be received for information**

### **IBB/10/21-1 Chief Executive's Update** *Chief Executive* - *Yasmin Chaudhry*

Received.

In presenting the update, Yasmin Chaudhry said that she had attended a "talking together" event with Pat Keane, organized by Darlington Borough Council, where expenditure issues over the next year were discussed. All of the questions were directed to Darlington Borough Council.

### **IBB/10/21-2 World Class Commissioning Assurance Framework Update** *Director of North East Commissioning for Mental Health, Learning Disabilities and Offender Health* - *Brian Key*

The update had been received.

Brian Key updated the integrated business board (IBB) members on the ever changing situation regarding the world class commissioning (WCC) submission. He had been advised that the deadlines had been moved back by one week allowing time until 5 February 2010 for the submission to be uploaded. However, Brian Key felt it was important to continue with the current timescales which had been set internally.

The current position in relation to stakeholder feedback had been 44% of responses from stakeholders for each PCT. Work would be undertaken to prepare the IBB members for the panel visit in May 2010.

The IBB members were given a pack of WCC papers and Brian Key apologised that the paperwork did not give the whole picture, but had

been the best available to date. The contents of the pack had been discussed by the IBB which included commentaries, pathways, etc.

Members of the IBB were asked to authorise Yasmin Chaudhry to sign off the final documents prior to submission. Yasmin Chaudhry, Brian Key and Pat Keane would take an editorial role over the whole upload. Bunny Forsyth asked if the comments received from the mock panel meeting held recently with the SHA and McKinsey had been taken into account. Pat Keane confirmed that it had and amendments had been made to the five year strategy as suggested.

Linda Marks asked if NHS County Durham and NHS Darlington were submitting one commentary or separate ones. Anna Lynch said there would be two submissions, one for each PCT.

Annie Dolphin asked about the reference to board minutes being provided by the strategic health authority (SHA) for NHS County Durham (NHSCD). Amanda Hume said the SHA had referenced minutes where detailed discussions had taken place at board meetings. Pat Taylor reassured the IBB about the financial model. The SHA had confirmed that the correct models were being used and wanted to be reassured that we had focused on worst case scenarios in terms of affordability of the plans within the five year strategy. That work was underway on that.

Ann Calman asked the IBB members to ensure they read and understood the paper and the members were asked to return their papers to the office for recycling.

The IBB noted the contents of the paper, noted the current position regarding document evidence and noted the progress to date.

### **IBB/10/21-3**

#### **Directorate of Innovation and Development – progress report on improvement work**

*Director of Innovation and Development*  
*- June Tulley*

Malcolm Cook pointed out that the paper asked for action from the board when it should only be to note. June Tulley agreed to change the wording on the report to read, to note.

JT

**IBB/10/21-4**  
**Controlled Drug Annual Report 2008/09**  
*Director of Clinical Quality*  
*- Hilton Dixon*

This report had been removed from the agenda.

**IBB/10/21-5**  
**Organisation Patient Safety Incident Report**  
*Director of Clinical Quality and Nursing*  
*- Elizabeth Graham*

EG

It had been agreed that this paper would be discussed at the clinical quality sub committee meeting in future.

**IBB/10/22**      **Other business**

**IBB/10/22-1**  
**Stroke Services Update**  
*Director of Delivery and Performance*  
*- Amanda Hume*

Amanda Hume gave a verbal update on stroke services due to the level of interest from the media and around the patch. NHS County Durham (NHSCD) had been in ongoing dialogue with County Durham and Darlington NHS Foundation Trust (CDDFT) and County Durham and Darlington Community Health Services (CDDCHS) around the challenge of having the right level of investment in stroke services. A comprehensive review had been completed and we were continuing to challenge CDDFT about what it had been delivering within tariff. Initially, it had been felt there was a need for additional investment into stroke services. Upon investigation, NHSCD were satisfied that there was sufficient investment but work was needed to look at how the funding was being used.

Other elements which had been problematic were around hyper acute stroke services and there had been a regional move, being lead by the Cardiac Network supported by the SHA for all providers across the clusters to consider what the future services should look like and look at long term sustainability.

At present, only exploratory discussions were underway about improving the standards of stroke services and all options would be discussed. Darlington overview and scrutiny committee had asked for a discussion on stroke services at a recent meeting and CDDFT had put forward a presentation around proposals, which had attracted

significant media interest. NHSCD and Darlington Borough Council were not currently supportive of that proposal. Amanda Hume had given CDDFT the option of presenting their paper to the IBB in the future and that had been considered.

Ken Greenfield asked what the timescale would be if another model had been agreed. Amanda Hume confirmed it could be at least 18 months to implement a new model. Pat Keane questioned how CDDFT had produced a business case without knowing what the commissioners wanted to commission. He felt we needed strong clinical advice around the region. Pat Keane reported that stroke had been a key area to come out of the refresh of the five year strategy and would be treated as a priority area.

Hilton Dixon felt we needed to have robust evidence about current pathways in the two stroke units and to look at the time frame in terms of early thrombolysis and what any changes would mean to those patients. Hilton Dixon highlighted the ambulance issues mentioned earlier in the meeting and Elizabeth Graham said this would cross providers as a CQUIN (commissioning quality for innovation). Amanda Hume felt we needed to look at models across the region as there may already be one in place which had been appropriate for NHSCD.

AH

Ann Calman asked Amanda Hume to keep the IBB up to date with developments.

#### **IBB/10/22-2**

##### **Deloitte board report**

*Director of Innovation and Delivery*

*- June Tulley*

June Tulley reported that an interim report following the integrated business board (IBB) session held on 5 November 2009, had been received from Deloitte. The main finding had been that Jay Bevington felt that for the first meeting of the IBB, we were in the upper quartile of effectiveness compared with other NHS boards. He felt the meeting had been well chaired and the agenda had been well balanced. The challenge had been constructive between non-executive directors (NEDs) and executive directors with high levels of energy and enthusiasm to develop board potential.

June Tulley felt the report had been good and Ann Calman congratulated the IBB. She felt that the IBB had settled quickly into a good functioning board with a lot of experience from the NEDs sitting around the table.

Ann Calman asked where the information contained in the report would feed into and asked if it would be used for world class commissioning WCC evidence on board effectiveness. Theresa Huddart was undertaking work on board development and she confirmed the evidence would be submitted for use of resources.

JT

June Tulley confirmed that one to one meetings with IBB members would be arranged by Deloitte and a copy of the report would be emailed to members.

**IBB/10/23      Date and time of next meeting**

The next meeting will be held on  
Thursday 25 February 2010  
10.30 am – 5.00 pm  
Board room, John Snow House

Signed.....  
**Ann Calman**

Date.....

Unconfirmed