

HIGHLIGHTS OF
INTEGRATED GOVERNANCE AND
PERFORMANCE COMMITTEE

16 January 2008

- 1 Heart of England Foundation Trust – Healthcare Governance Annual Report 2006/07

Dr Sarah Woolley, Director of Governance and Standards, Heart of England Foundation Trust, attended the meeting to introduce the report and request feedback on whether it met the needs of the PCT.

There were some concerns about the area of tissue viability and the details of incident reporting and reporting on complaints. In future the Committee will receive quarterly reporting in brief on these issues at HoEFT, as part of the PCT reporting on healthcare governance.

Committee members noted that the report was for 2006/07 and so related only to Heartlands and Solihull Hospitals.

- 2 Sustainable Development Policy and Carbon Management Implementation Plan 2008 – 2012

The policy and plan set out the way forward for the next 5 years, with a set of targets for achievement, some of which were very specific. There was now a need to raise awareness and get involvement from managers and staff. It was recommended that “Champions” among high level staff should be identified to encourage staff involvement.

The Integrated Governance and Performance Committee approved the Sustainable Development Policy and the Carbon Management Implementation Plan, on behalf of the Board.

- 3 Health Improvement Quarterly Performance Improvement Report – Quarter 2 2007/08

This report included indicators rather than targets, but each indicator was traffic lighted to show the performance of the PCT against other PCTs in the West Midlands.

There were only 6 red light indicators for Birmingham East and North PCT, 4 of which related to primary care and QOF issues. The others concerned uptake of cervical screening and smoking cessation. It was noted that smoking cessation had recently been updated on the PCT scorecard and was currently green.

4 Corporate Risk Register and Assurance Framework

The report gave details of new risks which had recently been added to the register or updates provided, in the areas of cytology screening, safeguarding children services, AfC equal pay claims, activity information and achievement of HCC standards due to the lack of assurance in independent contractors.

5 Monthly Performance Report – January 2008

The Board had asked for a prediction for the full year. This was reported as far as possible, but quarter 3 information was not yet available. The February report would be more conclusive on predicting the end of year position.

Areas of concern were as follows:

Emergency Ambulance call times

A dip in performance in Category A calls (8 minutes) and Category B calls (19 minutes) over November and December was causing some concern. This was reported for noting.

Access to reproductive health services

The target was currently red for Chlamydia screenings. It was unlikely that the target level would be achieved.

Smoking status in adults

Recording of smoking status was low at present but a substantial increase was expected in the final quarter of the year.

GP recording of BMI status

This was underperforming but a series of initiatives were underway to ensure improvement by the end of the year.

Infant mortality: smoking during pregnancy

An unrealistic baseline had been set initially, and data collection problems meant that the target was unlikely to be achieved. The target was subject to further discussion in the Performance and Planning Group.

Convenience and choice

These targets, for PCT booking and facilities in place to support choice, were unlikely to be achieved despite an ongoing programme of remedial action. However the PCT's performance will probably compare favourably with other PCTs.

The overall position on achievement of Healthcare Commission core and developmental standards would be the subject of a formal Quarter 3 status report for the next meeting.

The requirements of independent contractors in respect of Healthcare Commission core standards was still giving cause for concern. Following a meeting with Healthcare Commission representatives, it was believed that a good action programme for developing compliance of independent contractors, and an indication that the work had started, might be sufficient to ensure compliance with the appropriate standards. In judging overall compliance the Healthcare Commission would compare the PCT's performance with that of other PCTs nationally.

6 Finance and Activity Report

The PCT was on course to meet all its financial targets except for the requirements of the Better Payment Code. The forecast outturn remained as a surplus of £3.2m which would be returned to the PCT in 2008/09. The SHA had also returned £1m of the PCT's surplus from 2006/07, for expenditure before the end of the year.

7 Implications of the Operating Framework 2008/09

The Framework included national priorities, and a set of locally determined indicators called "Vital Signs". Also the PCT would be required to set local improvement plans for areas of concern.

An action plan had been drawn up with designated responsibilities and lead Directors in each area would be asked to check the implications of the new framework for their planning.

8 Establishing a Provider Arm Operations Committee

The proposed Provider Arm Committee would take on the day to day management of Provider services and be accountable directly to the Board. The Chair would be Brendan O'Brien, Non-Executive Director; there would be a need to confirm the other membership. The matter is also due to be discussed at the January Board in private session.

A robust system of commissioning / finance monitoring of the Provider Arm would be required and bi-monthly contract reviews were envisaged, on the same basis as the PCT (commissioner) already reviewed performance of provider units. This evidence of separation and contestability was required by the Operating Framework.

It would be necessary to clarify the relationship of the Provider Arm Committee with the Audit Committee and the Integrated Governance and Performance Committee. The chairs of the committees would be meeting to review Terms of Reference of the 3 groups.

9 Policies

The following policies were presented to the Committee for approval:

Service User Expenses Policy

The Committee asked for a revision of the policy for the next meeting

Consent Policy

Approved for implementation

Confidentiality Policy

Approved for implementation

10 Core standards C7 a and c – position at Quarter 3
Good clinical and corporate governance
Systematic risk assessment and risk management

The statement on compliance was approved for quarter 3, subject to a slight change in wording.

11 Next meeting

Wednesday 13 February 2008