

ESTABLISHING A PROVIDER ARM COMMITTEE

Purpose

This paper sets out suggested arrangements for the establishment of a Provider Arm Committee accountable to the PCT Board, including Terms of Reference.

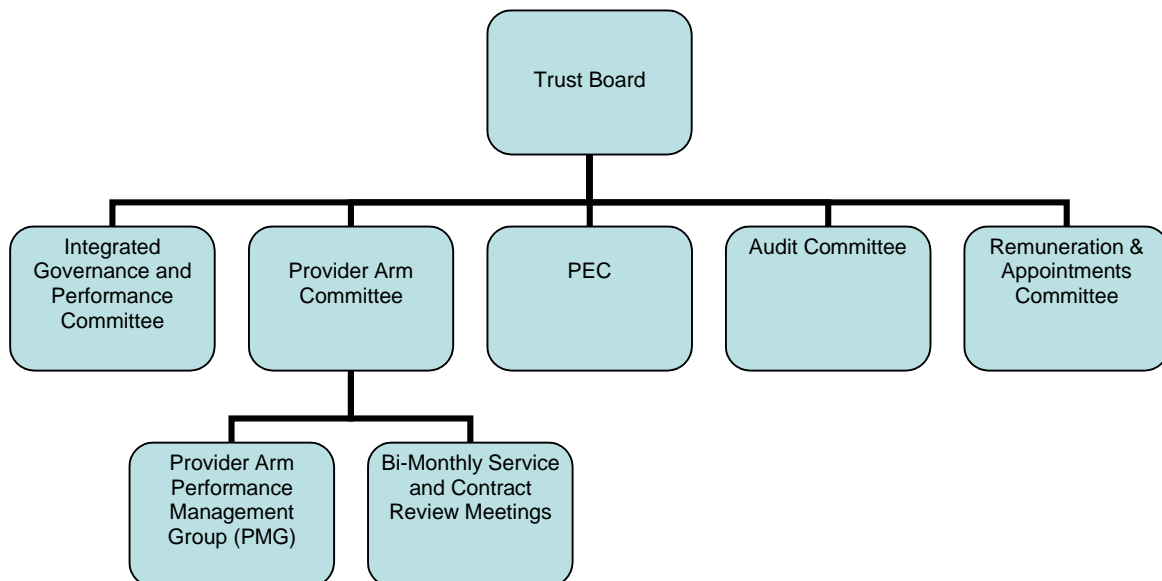
Introduction

BEN PCT has struggled to provide contestability between being a commissioning organisation whilst also directly providing services. In addition, the Provider Arm are currently asked to attend a wide range of meetings, many of which are not necessarily appropriate or efficient use of officers time when only a small element of the agenda is relevant to the Provider Arm.

At a meeting of Trust Board members in August, it was suggested that the PCT should establish a more focussed committee, accountable the PCT Board, which would focus on the management of the Provider Arm business and achievement of strategic objectives set by the Trust Board. The committee would also be accountable for risk management, governance and performance arrangements for the Provider Arm.

Proposed Arrangements

It is proposed that the following committee structure is established. Suggested Terms of Reference are attached in Appendix 1.



Under this arrangement, it is suggested that Provider Arm Tripartite ceases to exist. Current performance management arrangements via PMG would now feed into the Provider Arm Committee and commissioning-lead discussions would be addressed via a bi-monthly Service and Contract Review Meeting which is similar to other commissioning/provider contract monitoring arrangements in place. A balanced scorecard of key performance indicators for the Provider Arm would be established and presented as a standing agenda item to each committee meeting.

The Director of Operations for the Provider Arm would continue to attend Trust Board and the Integrated Governance and Performance Committee. Although attendance at the Clinical Quality and Risk meeting and the Performance and Planning meeting would cease, the minutes of the meetings would be taken to the Provider Arm Committee to ensure awareness of issues etc.

Attendance at all other meetings would remain in the initial stages to allow the Committee to establish and decide the relationships between the various meetings/committees with a review at six months.

Recommendations

It is recommended that the Provider Arm Tripartite and Integrated Governance and Performance Committee

- i) note the content of the report;
- ii) approve the establishment of a Provider Arm Committee and attached Terms of Reference;

and furthermore, that the Trust Board

- iii) approve the election of a Non-Executive Director as Chair and an additional Non-Executive Director to sit on the Committee;
- iv) and agree a commencement date for these arrangements.

Appendix 1

Birmingham East and North Primary Care Trust

Provider Arm Committee – Terms of Reference

Summary

The Provider Arm Committee is accountable to the Trust Board and is focussed upon proactively ensuring the provision of safe, high quality and modernised healthcare for those patients for which the Provider Arm is commissioned to provide services. It will focus upon the governance, risk management and performance of the Provider Arm. It has no executive powers, other than those specifically delegated in these Terms of Reference.

Membership

The Committee will be chaired by a Non-Executive Director of the PCT and other membership will be:-

- A 2nd Non-Executive Director
- Director of Operations for the Provider Arm
- Assistant Director for ? - Sally Plant?
- Assistant Director for ? - Rosemary Cripps?
- Assistant Director for ? - Tessa Norris?
- Assistant Director of Human Resources
- Business Support Manager - Provider Arm
- Assistant Director of Integrated Governance and Performance
- Head of Information
- Senior Finance Manager – Provider Arm
- Assistant Director – Clinical Quality and Risk
- Clinical Representative from Professional Services - ? Val Jones or Doug Wulff?
- Staff Side Representation ?

Quorum

Five members, of which one must be a Non-Executive Director

Frequency of Meetings

The Committee will meet on a monthly basis

Report To

The PCT Board via the Non-Executive Chair of the Committee and in his/her absence, via the Director of Operations.

Agenda Items

Agenda items should be submitted ten days in advance of the meeting to the Designated Officer who will subsequently ratify the next agenda with the Chair. The papers for the meeting will be circulated to enable members to receive them five days before the meeting.

Distribution of Minutes

Committee Members
Audit Committee ?
PCT Trust Board Members ?

Designated Officer

The Designated Officer will be the Director of Operations and the Personal Assistant to the Director of Operations shall be Secretary to the Provider Arm Committee and will provide appropriate support to the Chair and members.

Functions

Business Planning, Finance and Strategy

- i) To manage the business of Provider Arm service provision in the PCT and to be accountable to the PCT Board for the effective delivery of these services.
- ii) To approve and submit budgets to the PCT Board for approval.
- iii) To monitor financial performance and ensure achievement of year-end balance.
- iv) To agree the priorities of the Provider Arm for future funding in line with commissioning intentions.
- v) To approve the use of charitable funds within the scheme of delegation.
- vi) To determine the scope of future options and external developments for the Provider Arm.
- vii) To approve outline and final business cases.
- viii) To achieve the annual strategic objectives set by the PCT Board and to report formally to the PCT Board on progress against the work plan agreed by that Board in quarterly reports.
- ix) To ensure the Provider Arm uses resources – financial, human, estate and information, appropriately and with due probity.
- x) To develop mechanisms to develop the efficiency and effectiveness of the Provider Arm services with regard to workforce planning.
- xi) To continue to improve services for patients and be governed in accordance with best practice.
- xii) To develop and approve a Provider Arm estates strategy.
- xiii) To approve business continuity plans.

Governance and Risk Management

- i) To ensure the services comply with Healthcare Commission Standards for Better Health, meeting and exceeding core standards and demonstrate progress towards relevant developmental standards.
- ii) To ensure all aspects of governance i.e. clinical, corporate, information, financial etc. are delivered.
- iii) To advise and provide assurance to the PCT Board on all aspects of risk, both clinical and non-clinical for the Provider Arm.
- iv) To develop and maintain the Assurance Framework and Directorate Risk Register for the Provider Arm
- v) To continually review the clinical processes of the Provider Arm recommending changes to practice in accordance with NSF's and NICE guidance.
- vi) To ensure complaints to the Provider Arm are addressed within national timescales and that lessons are learned and action plans developed/service delivery modified accordingly.
- vii) To ensure health and safety requirements are met and that robust risk management arrangements are in place.
- viii) To receive and approve an annual Audit and Clinical Governance Programme.

Performance/Service Delivery

- i) To ensure the achievement of relevant national and local targets.
- ii) To ensure appropriate systems are in place to report performance to the PCT Board and Commissioners.
- iii) To receive appropriate corrective action plans where performance or service delivery is not at the required level.

Patient and Public Involvement

- i) To promote the duty of partnership by co-operation with statutory and voluntary organisations
- ii) To promote patient and public involvement to ensure transparency, responsiveness and accountability in the planning and delivery of services.

Review

The PCT Board will review these Terms of Reference annually after initial endorsement.