

HIGHLIGHTS OF INTEGRATED GOVERNANCE AND PERFORMANCE COMMITTEE MARCH 2009

- 1 Infection control in Nursing Homes
A report will be available to the IGP in April on all aspects of quality and performance within Nursing Homes.
- 2 Emergency Pressures – SHA hypotheses
A further meeting at the SHA had been arranged for 3 April. Louise Pritchard would feedback at the April IGP meeting.
- 3 Governance of Provider Services
Session for the Non-Executive Directors to explore the implications of provider separation was deferred to the Non-Executive Directors meeting on 12 March.
- 4 Corporate Risk Register
The work on reviewing the Corporate Risk Register was progressing and it was recognised that it should cover the major strategic risks and real dangers to the PCT, rather than some of the current content which could now more appropriately be dealt with as Directorate risks. The Directorates would be accountable for addressing their respective risks and report quarterly to IG&P for assurance and scrutiny. A revised Corporate Risk Register would be brought back to the April meeting and a thorough analysis would be timed into the agenda. The Non-Executive Directors also required clarity on the development of a system for comprehensive recording of 'near misses' and requested a programme for the work with a timescale for completion.

The Committee noted a new risk added to the Corporate Risk Register on remote access to IT systems in GP surgeries. The IT department were working on the systems and would be issuing a practice agreement to obtain commitment to good practice from GPs. Progress would be followed up by the Information Governance Committee.

- 5 Quality and Safety Report
A major issue was the imminent change to the complaints system due to implementation of new national arrangements. Complainants would be able to complain directly to the PCT if they wished, rather than to the provider concerned. The extent of additional work for the PCT could not be assessed at the moment but patient safety and quality of patient care, treatment and experience was important for the PCT.

With regard to Quality Reviews, the various Quality and Outcomes Framework visits had been carried out by a panel including an independent GP. The visits had been combined with Health and Safety reviews and confirmation of Standards for

Better Health compliance. The Quality Review process was done annually and developed year on year to reflect priorities.

6 Commissioning Finance Report

The report showed slight improvement from last month. Following underperformance and underspend in Provider Services a transfer of budget had taken place from Provider Services to Commissioning. This would be monitored closely. There was still a general picture of overperformance at HEFT but the financial position had been contained, with no change to the year end forecast.

Andrew Donald outlined the approach to reducing GP referrals to be introduced in 2009/10. Each practice would be given a target for referrals for the year and would be monitored on their progress. The next round of locality meetings would be used to introduce the approach and explain the implications of reducing referrals and containing outpatient activity. The PCT would be drafting an overall action plan to address key overperformance issues and actions to be taken to ensure delivery of the Strategic Plan.

7 Monthly Performance Report – March 2008

It was noted that performance in urgent and emergency care had improved recently at Good Hope Hospital despite some bed closures due to infection control. This was partly due to the introduction of a Medical Assessment Unit model amongst other interventions.

Louise Pritchard gave some feedback on the Performance Review meeting with the SHA which had taken place on 3 March. The PCT's draft Operational Plan had been discussed and the SHA comments would be incorporated in the final version which is presented to the March Board. The SHA had also tracked the progress of the PCT in urgent and emergency care and the targets for the Ambulance Service.

8 Patient Safety Strategy

The Strategy had been developed to build on existing work and set out the patient safety agenda in clear and simple terms to embed it for use by all staff. It picked up the procedures for reporting of incidents and NPSA requirements and included an action plan for 2009/10.

Some changes were suggested and the document would be rebranded as an Operational Plan and published as soon as possible.

9 Next meeting

8 April 2009