

HIGHLIGHTS OF INTEGRATED GOVERNANCE AND PERFORMANCE COMMITTEE

10 September 2008

1 Review of Terms of Reference

Following a meeting of Directors, proposals had been put forward to refine the Terms of Reference of both the Integrated Governance and Performance Committee and the Audit Committee. The main change was the inclusion of a member of the Audit Committee in the core membership of the IGP, to ensure that sufficient financial expertise is brought to the IGP.

The proposals also suggested a slightly reduced membership for the IGP, a revised quorum and a schedule of regular items for the agenda, including reinstatement of financial reporting evidencing commissioning investment.

The proposals have now been discussed by the Non-Executive Directors and will be put to the Audit Committee and subsequently to the Board for approval.

2 Security Management

There had been a query about whether the LSMS brief would cover independent contractors. The LSMS had confirmed that ad hoc work at contractor premises was within his remit, but detailed routine work on security inspections to help practices comply with the Standards for Better Health standard was not. This work would be crucial to SBH compliance, so a report would be required to a future meeting to identify how this will be achieved.

3 Corporate Risk Register

The risk associated with the provision of treatment for age related macular degeneration (Lucentis) was due for review, in the light of the recent publication of NICE guidance. The situation would be monitored by the IGP, with a full risk review in November 2008.

4 Performance Report September 2008

Main areas of concern were still:

- Achievement of 18 weeks waiting time
- Ambulance targets – both waits and handover requirements for BEN population
- Primary care access
- Chlamydia screening (a meeting with the SHA was arranged)

Members also discussed the action which would be required to increase performance on prevalence of breast feeding.

There were several performance indicators where information was not available and the reasons were described. A high level discussion about how to improve data collection was proposed

It was felt that injection of funds (from slippage monies) could make a big difference to some of the performance issues. This would be subject to further discussion.

5 Performance on Healthcare Acquired Infection targets

A new performance management regime was reported to the Committee. Performance on MRSA and C Diff had been good in August, and within trajectory for the PCT.

6 BEN PCT Payroll Tender

The PCT had entered into a partnership with Birmingham Children's Hospital and HOB PCT to re-tender for payroll services to its staff. A report on the preferred bidder would be made to the Board in October and the new service would start in April 2009. The re-tendering exercise had been placed on the Corporate Risk Register.

7 Project Gateway reviews

Summaries of 13 reviews were noted by the Committee. They asked for a report on how the Gateway process had been revised recently and how the reporting could be made more concise.

8 Laundry and Linen services – re-approval of tender

The initial recommendation for a supplier of laundry services to the PCT was approved by the Board in January 2008. Since this time the preferred supplier had withdrawn. Rather than re-tender in a new process, it was agreed to award the contract to Central Laundry, who had also submitted an acceptable tender and already provide services to South Birmingham PCT.

9 Study Leave Policy and Procedure
Complaints Policy and Procedure

Both policies were considered but referred back to the producers for further refinement.

10 Next meeting

Wednesday 15 October 2008.