

GOVERNING BODY

LEAD: Phil Moore, Deputy Chair (Clinical) of Governing Body and Chair of Integrated Governance Committee	ATTACHMENT:	F
REPORT AUTHOR: Jill Pearse, Head of Governance & Business Support	AGENDA ITEM: 9	
RECOMMENDATION: The Governing Body is asked to note this report	GOVERNING BODY MEETING DATE: 5 th November 2013	

INTEGRATED GOVERNANCE COMMITTEE REPORT

<p>EXECUTIVE SUMMARY:</p> <p>This report highlights issues discussed at Integrated Governance Committee on 22nd October 2013. The Performance Report and Risk Register as presented to the meeting are attached as appendices for further information.</p>
<p>KEY SECTIONS FOR PARTICULAR NOTE:</p> <p>As identified in attached report</p>
<p>RECOMMENDATIONS:</p> <p>To note this report</p>
<p>RISKS IDENTIFIED:</p> <p>As per report</p>
<p>GOVERNING BODY OBJECTIVES for 2013/14:</p> <p>Please indicate below all the domains which the paper provides evidence for:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Domain One: A strong clinical focus and multi professional focus which brings real added value <input checked="" type="checkbox"/> Domain Two: Meaningful engagement with patients, carers and their communities <input checked="" type="checkbox"/> Domain Three: Clear and credible plans which continue to deliver the QIPP challenge within financial resources, in line with national requirements (including outcomes) and the local joint health and wellbeing strategy <input checked="" type="checkbox"/> Domain Four: Proper constitutional and governance arrangements, with the capacity and capability to deliver all their duties and responsibilities, including financial control, as well as effectively commission all the services for which they are responsible. <input checked="" type="checkbox"/> Domain Five: Collaborative arrangements for commissioning with other CCGs, local authorities and NHS England as well as the appropriate external commissioning support <input checked="" type="checkbox"/> Domain Six: Great leaders who individually and collectively can make a real difference
<p>EQUALITY IMPACT ASSESSMENT:</p>
<p>PRIVACY IMPACT ASSESSMENT:</p> <p>No patient identifiable information was used in the writing of the report.</p>

1. Introduction

This report highlights issues discussed at Integrated Governance Committee on 22nd October 2013. The Performance Report and Risk Register as presented to the meeting are attached as appendices for further information.

2. Integrated Performance Report

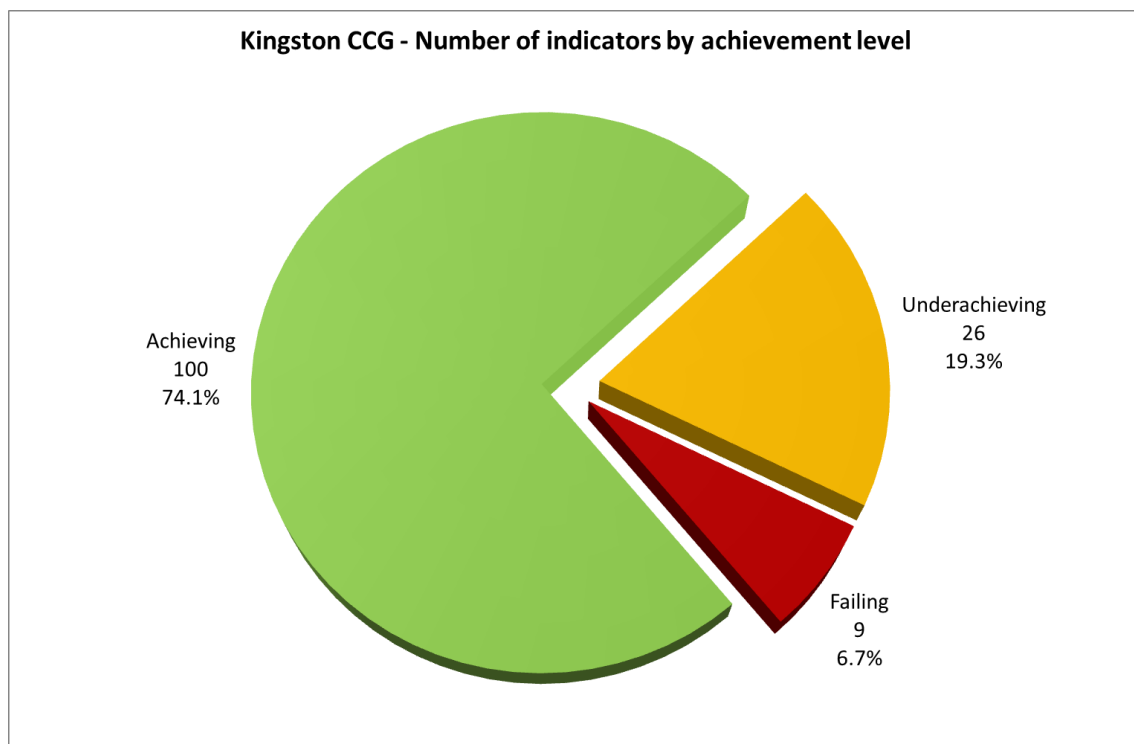
The October 2013 Performance Report is presented in three sections:

- A performance report exception scorecard and narrative covering areas of concern in respect of the latest position of 2013-14 CCG commissioning targets
- The CCG Assurance Framework Balance Scorecard Summary, showing progress against the national domains, linked back to the exception narrative where appropriate.
- The position of the QIPP programme for 2013-14, and a narrative explaining where schemes are not achieving their expected levels of change.

The report, as presented to the Integrated Governance Committee meeting in October is attached (appendix 1)

2.1 Performance

The chart below shows the overall year to date position by achievement level; Kingston CCG is achieving 74.1% of the indicators.



Areas to note are

- **MRSA:** A third MRSA breach has been reported by KH in September 2013.
- **C-Difficile:** KH has reported a further breach, bringing the total to 16 Hospital-Acquired C-Difficile cases as at 22 October against an annual plan of 15. An independent review is to take place next month. A letter has been written to Kate Grimes, Chief Executive KHT and a meeting will take place in the next 2-3 weeks. Committee members noted that there were likely to be sanctions, however proportional breaches may result in a proportion being reinvested back into the Trust.
- **Cancer 1st treatment 62 days for Screening referrals:** One of the 7 patients that have received a first definitive treatment for cancer (where the referral originated from a NHS Cancer Screening Service), breached the 62 day standard in June.

- *IAPT Patient numbers as a proportion of population with depression, and IAPT proportion of patients moving to recovery*: Significant issues with staffing levels and the availability of accommodation to run extended and group sessions.
- *Harmoni SPA 111: Calls answered within 60 seconds and Called back within 10 minutes* – As previously reported, whilst the year to date figure has been held back by the poor start at the beginning of the financial year, monthly performance from May to August 2013 is ahead of target for calls answered in 60 seconds. Kingston CCG continues to work closely with SL CSU to pursue remaining areas of concerning performance. The improvement in calls answered within 60 seconds is being sustained and Harmoni's data confirms that there is now a consistency of service at weekends as well as weekdays.
- *Mixed Sex Accommodation (MSA) Breaches*: There was 1 MSA breach at Epsom and St Helier in August.


2.2 CCG Assurance Framework Balanced Scorecard

Below is the NHS England CCG Assurance Framework Balanced Scorecard:

Region London

CCG:

Last Refresh Date 04 October 2013



[Print Out](#)

[Reporting](#)

[Escalation Framework](#)

[Support](#)

CCG Assurance Framework Balance Scorecard Summary

Domain Buttons	Domain Titles	Domain RAG Status	Domain RAG Summary	Status
Domain 1	Are local people getting good quality care?	AMBER-GREEN	The number of indicators triggering a AMBER-GREEN 3	Self-certification complete
Domain 2	Are patient rights under the NHS Constitution being promoted?	AMBER-RED	The number of indicators triggering a AMBER-RED 1 RED	No self-certification data
Domain 3	Are health outcomes improving for local people?	AMBER-RED	The number of indicators triggering a AMBER-RED 1 RED	Self-certification complete
Domain 4	Are CCGs delivering services within their financial plans?	GREEN	All indicators met 6	Self-certification complete
Domain 5	Are conditions of CCG authorisation being addressed and removed (where relevant)?	No RAG	Total number of outstanding conditions 0	Fully Authorised

Exceptions

Domain 1

- Friends and family test for acute inpatient care and A&E.
- Incidence of healthcare associated infection: C-Difficile
- Never events: Kingston Hospital had reported a never event in quarter 1 on STEIS, as reported to the Governing Body meeting on the 3rd September 2013.

Domain 2

- Number of 52 week Referral to Treatment Pathways: non-admitted patients
- Cancer 1st treatment 62 days for screening referrals
- Mixed Sex Accommodation (MSA) Breaches

Domain 3

- Incidence of healthcare associated infection: C-Difficile
- IAPT Patient numbers as a proportion of population with depression.

2.3 QIPP Programme for 2013-14 - Update to July 2013

Below is the update regarding the activity-related QIPP Schemes (as at September 2013):

1	Admission avoidance	Scheme progressing in excess of planned levels.
2	Patient centred angina	Scheme launched and initial cohort of patients participating. Delayed start means projected savings will slip into future years. Some issues re attracting referrals (GP and KHT) though highly positive early comments from cohort 1 patients and clinical staff providing expected to resolve.
3a	Telehealth	Patient numbers below revised estimates though additional flow may be possible from pulmonary rehab service. However provision discontinuation framework expected to be initiated in early 2014 so target numbers now unlikely to be met.
3b	Risk stratification	Practices training progressing in line with plan but information governance issues continue to impact on implementation.
4	Direct access audiology	Uptake behind plan; efforts redoubled to publicise the service and direct access arrangements and introduce triage expected to improve situation.
5	Kingston at Home – community beds	Target bed reduction achieved on time, length of stay reduced ahead of plan and enhancement of domiciliary provision progressing. Thanks to Your Healthcare for delivery of this complex project.
6	Rheumatology	Redirection of GP referrals by triage and reduction in 1 st outpatient appointments being achieved, but not yet to target levels projected. Full year achievement anticipated but up to date SUS data not available to confirm.
7	Cardiology	Review and re-working of plans progressing, to be tested with stakeholders and for approval in Oct/ Nov 2013. Now no expectation of financial savings in 2013/14.
8	NHS 111	Activity shortfall in both quarters 1 and 2, and no expectation of increase in rest of year gives confidence that full estimated rebate will be due.
9	Referral management	Project plan agreed, initial work with targets for attention progressing, initial impact not expected until Oct 2013.

Further details can be found in [appendix 1](#)

3. Risk Register & Assurance Framework

3.1 Risk Register

The committee reviewed the risk register (For full risk register see Appendix 2). There are currently 6 moderate risks, 11 high risks and 1 very high risk identified. The heat map below indicates the risk ratings by impact and likelihood.

The remaining very high risk is:

Risk 651- Inability to take forward essential business due to information governance restrictions:
Changes in information governance arrangements associated with the Health & Social Care Act 2012 means there no legal basis for KCCG to access PCD – this has affected the organisations ability to continue with existing schemes such as Caretrak or introduce new schemes such as risk stratification. The inability to access information also compromises the ability of KCCG to robustly commission, validate and monitor health services.

The following risk was downgraded from very high (5 x 3) to high (4 x 3)

Risk 314: Safeguarding children and looked after children (LAC) services: This risk follows the Ofsted/CQC report of Inspection of Safeguarding & Looked after Children (July 2012) which identified gaps in the RBK service (not health related) and the report on the re-inspection by Ofsted in June 2013.

The rationale for downgrading this risk is the decrease in the number of children subject to child protect plan due to progress within Children's social care. The LAC doctor position is currently being covered by the Designated Doctor for LAC at Kingston Hospital and a formal work plan is to be agreed in the near future.

		CONSEQUENCE or IMPACT				
		Negligible 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
LIKELIHOOD	SCORES					
	Rare	1			334	
	Unlikely	2				163 166 608
	Possible	3		393 571 613 614 615	621	173 611 680 314
	Likely	4			609 610 612 622	
	Almost certain	5				651

3.2 Assurance Report

The format for future assurance reporting, with explicit links to the achievement of the corporate objectives was agreed – see item 6 (att. C) of the governing body papers.

4 CQC Inspection Report for KHT

The CQC inspection report for KHT (published September 2013) contained many positive comments but found the Trust in breach of the standard 'care and welfare of patients'. An action plan has been agreed with the CQC