

GOVERNING BODY

LEAD: Integrated Governance Committee Chair	ATTACHMENT: L1
ACTION: For Information	

**MINUTES OF INTEGRATED GOVERNANCE COMMITTEE
HELD ON MONDAY 23 JULY 2013
in Committee Room 1, Guildhall**

- PRESENT:**
- | | |
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| Vanessa Lodge (Chair)

Dr Naz Jivani
Jonathan Hildebrand
Dr Junaid Syed
Jill Pearse
Brian Roberts
David Knowles
Chris Robjohn
Jo Carmody
Paul Gallagher
Julia Billington
Tonia Michaelides
Laura Jackson
Dr Pete Smith | Governing Body Nurse Rep
& Deputy Chair
Governing Body GP
Director of Public Health
Governing Body GP
Head of Governance & Business Support
Information Manager
Lay Member
Children’s Safeguarding Officer
Adult Safeguarding Officer (RBK)
Lay Member
Primary Care Nurse
Chief Operating Officer
Quality Manager
Governing Body GP |
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- IN ATTENDANCE:**
- | | |
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| Caroline Blyth | Governance Officer |
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- APOLOGIES:**
- | | |
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| Dr Phil Moore
Neil Ferrelly
Mike Chester
Dr Naeem Iqbal
Iona Liddington
David Smith | Chair
Chief Finance Officer, Designate
Secondary Care Specialist
Caldicott Guardian
Assistant Director of Public Health
Chief Officer |
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1. **WELCOME AND INTRODUCTIONS:** Those present were welcomed to the meeting by the Chair.

2. MINUTES OF LAST MEETING

The minutes of the 18th June meeting were agreed as an accurate record.

3. MATTERS ARISING – ACTION LOG

- TM to look at how Kingston CCG manage Harmoni's delivery and implement a safety and quality agenda
TM reported that more work needed to be done on patient experience. In addition, the Out of Hours contract that is managed by Harmoni is not as robust as the NHS 111 clinical governance. The Committee agreed that perceptions of the Out of Hours service were poor. DK said there needs to be flexibility and an alternative model that is not reliant on an external contract should not be ruled out.
ACTION: TM to liaise with Vince Grappardo to provide an update on NHS 111 and on the Out of Hours contract to enable a thorough quality review and report back.
- Performance Report
2-sided Governance Report for Governing Body members that incorporates governance and performance issues
JP reported that a Governance report including a performance section had been drafted and submitted at the last Governing Body meeting.
- Medicines Management
ACTION: Seema Buckley to be invited to future IGC meetings.
- NICE Assurance
ACTION: LJ to liaise with SB & CSU to scope the requirement for a Quality standard summary report to be presented at future IGC meetings.

4. INTEGRATED GOVERNANCE Q1 REPORT

JP presented key highlights of the Q1 Integrated Governance Report and requested any feedback on how to structure future reports and the inclusion/exclusion of sections.

Acute Services

BR pointed out that the way unbundled diagnostics activity is counted is being examined and the CCG is working closely with SL CSU and Kingston Hospital to try to both understand and mitigate this unplanned growth.

The Committee agreed that KH had sustained a good position for A&E in difficult circumstances and noted that non-elective had been affected by the costed change in the maternity pathway.

Acute: Epsom and St Helier University

JP highlighted the new addition of a quality/safety dashboard for Epsom & St Helier. Referring to a recent breach of PID, TM argued that all contributing factors need to be evaluated however the CCG may not be the responsible commissioners in this instance. It was agreed that it was important to share any occurrences of breaches of information.

VL pointed out that serious incidences reflect how a hospital functions in terms of its culture, particularly in such areas as infection control. It was acknowledged that the CCG did not have a major influence on St George's management or practice, as it contributed to less than 5% of the Trust's activity.

Child Safeguarding

The unannounced OFSTED safeguarding children inspection published on 12 July 2013 judged the overall effectiveness of the arrangements to protect children as inadequate.

Risks remains – there are a high level of vacancies of permanent social workers within RBK and cancelations of case conferences have impacted the 0-19 years' service.

The post of Doctor for LAC has been reviewed as part of the JSNA of LAC services. There is an action plan in place for the outstanding medicals with a secondment from KHT in the near future.

SPA 111 and Out of Hours (Harmoni)

The Committee discussed the poor call back within 10 minutes figure.

It was agreed that Vince Grappaudo would provide TM with an update on NHS 111 and Out of Hours

ACTION: NHS 111 and Out of Hours Assurance to be an agenda item at next IGC meeting

PALS and Complaints

A final report has been received from the Health Services Ombudsman relating to a complaint from 2010. An action plan is being drawn up by YHC to address the recommendations and an apology will be sent to the complainant by the CCG.

5. RISK REGISTER

The 2 very high risks in the areas of safeguarding and failure to comply with data protection were highlighted.

6. INFORMATION GOVERNANCE & RISK STRATIFICATION

6.1 Risk Stratification & (6.3) Accredited Safe Haven Status

JP/BR reported on the current position of the CCG in terms of risks and issues facing the CCG regarding the implementation of the Risk Stratification Project, specifically regarding information governance.

CCG's are viewed as commissioning-only organisations, with no right to see any PCD data. The establishment of the CCG as an Accredited Safe Haven (ASH) that would give access to weakly pseudonymised data is not encouraged by NHSE.

The 6.3 Guidance is not finalized yet but outlines that in order to reach ASH status the CCG needs to reach level 2 on the IG Toolkit. This would involve submission of the toolkit 6 months early, Kingston CCG would need to re-write its policies and also have an audit.

The Committee agreed to proceed with efforts to establish the KCCG as an ASH, as that would also assist the KCCG in other ongoing projects.

BR is liaising with Greenwich to discuss their progress with meeting ASH status.

The Committee discussed whether it was possible to get KH to populate the risk stratification tool, which could provide an interim solution until the ASH status is sorted.

It was proposed that risk stratification could be done at a practice level with a system-wide approach. This would need to be a project coordinated and rolled out centrally however, to ensure completion.

6.2 Kingston Health Passport

Ed Montgomery provided the Committee with an update on the status of Kingston Health Passport (KHP) and how changes in organisational structures have impacted, particularly in the area of legal information usage. EM reported that a number of risks have been realised and are in the process of being assessed with support from David Stone, Interim Head of IG at SWL CSU.

The Committee agreed that Kingston CCG should halt the KHP data extractions and secure a contractual framework from which to proceed with the rollout of the KHP on a safe legal footing.

The Committee agreed to the costs for external support to carry out the Privacy Impact Assessment (£4250 +VAT).

7. **SERIOUS INCIDENTS (LJ)**

LJ reported that the current SI activity in KH had been picked up by the CQRG. A meeting was scheduled for Thursday.

8. **FRANCIS REPORT ACTION PLAN**

This item forwarded to next IGC meeting.

9. **CONFLICTS OF INTEREST (PS)**

The Committee discussed a draft policy prepared by Pete Smith that was based on a version prepared by ICSA prior to the 2013 regulations.

The Committee discussed the challenge presented by the new legislation where the 'perception' of a conflict of interest can place the CCG under scrutiny. PS had sought advice from law firm Morgan Cole to look at specific actions the CCG can undertake that

fit a Conflicts of Interest policy within the NHS Constitution to maintain integrity of contract. Completion of the policy work with Morgan Cole will take approximately one day's work.

PS requested any feedback from the Committee as soon as possible.

10. SAFEGUARDING REPORT

Adult Safeguarding

JC reported the change in legislation announced in the Autumn surrounding domestic violence and briefed the Committee on the House of Lords Committee on the Mental Capacity Act 2005 involving the call for evidence.

SAMCAT have produced a response and any proposed amendments are to be sent to Robert Hilton at RBK by 31 July 2013.

JC presented areas of concern surrounding reputational risk and recent developments at Lynton Hall and Speirs House.

11. ANY OTHER BUSINESS

BR reported that Q1 of the Self Certification was to be circulated and could be signed off by the Governing Body via email.

12. DATE OF NEXT MEETING

August 2013 – 1.00-3.00pm