

GOVERNING BODY

LEAD:	Integrated Governance Committee Chair	ATTACHMENT:	L2
ACTION:	For Information		

**MINUTES OF INTEGRATED GOVERNANCE COMMITTEE
HELD ON MONDAY 20 August 2013
in Committee Room 1, Guildhall**

PRESENT:	Phil Moore Vanessa Lodge Jonathan Hildebrand Dr Junaid Syed Jill Pearse Brian Roberts David Knowles Chris Robjohn Julia Billington Tonia Michaelides Laura Jackson David Smith Junaid Syed	Chair Governing Body Nurse Rep & Deputy Chair Director of Public Health Governing Body GP Head of Governance & Business Support Information & Performance Manager Lay Member Designated Nurse: Safeguarding Children and Looked After Children Primary Care Nurse Chief Operating Officer Quality Manager Chief Officer Governing Body GP
IN ATTENDANCE:	Caroline Blyth	Governance Officer
APOLOGIES:	Neil Ferrelly Mike Chester Dr Naeem Iqbal Iona Lidington Dr Pete Smith Jo Carmody Paul Gallagher Dr Naz Jivani Seema Buckley	Chief Finance Officer, Designate Secondary Care Specialist Caldicott Guardian Assistant Director of Public Health Governing Body GP Adult Safeguarding Lead (RBK) Lay Member Governing Body GP Chief Pharmacist

1. **WELCOME AND INTRODUCTIONS:** Those present were welcomed to the meeting by the Chair.

2. **MINUTES OF LAST MEETING**

The minutes of the last 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 CARRIED FORWARD: TM to liaise with Vince Grippaudo to provide an update on NHS 111 and on the Out of Hours contract to enable a thorough quality review and report back.

- NICE Assurance

The committee discussed the need to manage the NICE guidance for Medicine Management and other aspects of quality standards. LJ reported that there are quarterly meetings planned and this can be picked up at the primary care quality group.

- Accredited Safe Haven (ASH) update

JP/BR reported that efforts were underway to meet ASH status ahead of the IG submission end-Sept. An action plan had been agreed at the Information Governance Steering Group held on 13th August. Your HealthCare had been approached to update HR policies.

- Kingston Health Passport update

All data has been deleted apart from those processed by the pilot sites. Expert advice is being sought from David Stone who will be conducting an independent Privacy Impact Assessment.

4. **INTEGRATED GOVERNANCE**

4.1 Integrated Governance Framework Assurance

PM presented the proposed new structure for IG reporting, that involves active sub-committee groups looking at specific areas. This will provide assurance that each area is managed effectively. It was recognised that minutes were not the best method of reporting. Some groups were not yet in place, but were in the process of formation.

VL said that she would confer with NHS England to help clarify roles and responsibilities for different areas (e.g. specialist commissioning, nursing homes etc.) and how organisations can best work together in the area of quality assurance.

ACTION: VL to produce a paper for the next meeting describing the quality assurance arrangements to underpin the CCG framework.

Members agreed the following changes / alterations to the structure flow-chart provided. It was noted that the subcommittee MH CQRG should be changed to SWL&StG CQRG. The Quality Surveillance group would be added to the structure chart. The Local Enhanced Services (LES) would feed into the Quality Group. The Non-Medical Prescribers (NMP) group would report into the Medicine Management Group.

It was agreed that the Terms and Reference for each group would be available to view on GPTeamNet to ensure adequate membership and reporting route into the IGC.

Members noted concerns about capacity and the administrative support for each group. It was agreed that a verbal update by a member (preferably the chair) of each group would be a manageable way forward. DS said that membership of the Governing Body and the IGC will need to be looked at in order to ensure social care issues are embedded throughout.

The governance framework, together with the committee structures and reporting arrangements were discussed and agreed – but it was recognised that this would be a developmental process.

ACTION: PM to write to the chairs of each group to outline the questions that need to be answered within the verbal reports to be presented at the next meeting

4.2 Informatics and Information Technology Steering Group (I&ITSG)

Members noted the formation of a new Informatics and IT Steering Group and agreed the terms of reference. This would be would be accountable to the IGC.

4.3 Integrated Governance Report

BR presented the performance section contained in the IGC report. The key points were as follows:

Point 1.2.1 Patient Experience of GP Out of Hours Services

Work with Harmoni is continuing, with the right exit questions being asked.

Point 1.2.2 Friends and family test

The friends and family test being asked in A&E and maternity departments show that KH score 128/144 among providers. LJ assured members that KH is looking at areas to improve and progress is monitored in the regular CQRG meetings.

Point 1.2.3 Incidence of venous thromboembolism (VTE)

This is being worked through with KH and recording issues being looked at.

Point 1.2.4 Incidence of healthcare associated infection: MRSA

A second case has been diagnosed vs. a target of 0. The work with South London CSU infection control team and Your HealthCare is not yet completed.

Point 1.2.5 Incidence of healthcare associated infection: C-Difficile

This has increased and will be discussed at the CQRG on 21 August 2013. There is an updated and amended action plan.

ACTION: LJ to seek assurance on the Trust's declaration that the outbreak is over and report back.

Point 1.3.1 Cancer 1st treatment 62 days for Screening referrals

The Cancer Commissioning Team are working through the breaches and seeking assurance from the South London CSU on patient transfer delays. PM stressed the importance of having the narrative of patient experience, not just numbers.

Point 1.3.2 Ambulance Handover time (London Ambulance Service)

This is a new indicator for 2013-14. A new HAS system in the LAS is being developed to accurately capture 30-60 min handover breaches.

Point 1.3.3 Harmoni SPA 111: Calls answered within 60 seconds and called back within 10 minutes

This is ongoing and staff retention/recruitment continue. Kingston CCG continues to work closely with the SL CSU to pursue performance issues.

Point 1.3.4 A&E Attendances

A&E attendance for Apr-June was higher than expected vs the same time 2012. Kingston CCG should see a normalising back to plan as the year continues.

Point 1.3.5 IAPT proportion moving to recovery

There was a 40% target last year and a 41% target this year. Work remains ongoing and the focus is widening to other vulnerable groups such as drug users.

Point 1.4.2 CMHT percentage of referrals not assessed within 28 days from referral

This is the first time CMHT has been presented this way with RAG ratings. There remains a lot of work to do. It was noted that Sylvie Ford would have access to other mental health services for comparison purposes and to raise awareness. This would be raised at the CQRG on 21 August 2013.

Point 1.5 QIPP

KCCG has missed the target. TM to meet with NF on 22 August 2013 to look at areas of possible readjustment.

Governance

JP briefed members of the Committee on key items in the governance section of the report.

Point 2.1 Safeguarding children and Looked After Children

CR reported on this item and concerns over staff shortages; doctors and social workers, that remain ongoing. The LSCB is reporting in, but not directly due to the sensitive nature of the work discussed. It was noted that a service re-organisation was occurring and next year's local elections that will also impact.

Point 2.3 Urgent Care Board

It is proposed that the UCB report into the IGC. The latest submission to NHS England to be fully assured is 23 Sept. The plans, draft recovery and improvement plan has been achieved.

Point 2.4 Performance Group

This is a new group. It was suggested it remain fairly informal, with brief TOR and an operational focus.

Point 2.5 IGSG

An IG update was planned for the next KCCG staff meeting and also at the next Governing Body meeting.

ACTION: JP to take forward

Point 2.15 Quality Surveillance Group (QSG)

The last meeting was on 6 August. It was agreed that there needed to be greater assurance that commissioners are doing quality assurance. It was agreed that an assessment would be beneficial on areas where greater detail is needed.

4.4 CCG Assurance Framework

The Assurance framework was noted for information and to be reviewed and agreed virtually.

ACTION: All

5 RISK REGISTER

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

PM suggested that the data protection risk also incorporate the risks to CCG business if the CCG does not comply with data protection legislation and to articulate the risk to reflect this concern

ACTION: JP

Members discussed the addition of the IFR risk and concerns about this function that is now hosted by the CSU. The CSU had been briefed on concerns.

6. INFORMATION GOVERNANCE

Accredited Safe Haven status and PCD

The committee noted ongoing efforts to achieve ASH status.

7. FRANCIS REPORT ACTION PLAN (LJ)

This to be a substantive item on the next IGC agenda.

It was agreed that a statement on an KCCG action plan to address the findings would be

made in public at the next Governing Body meeting in November. Members discussed other findings in the Berrick report, the Winterbourne Review Group and the Keogh Review and decided that the action plan could reference all 4 reports.VL to meet with Laura to discuss action plan and areas that need addressing.

ACTION: LJ to compile an action plan of all 4 reports for the November Governing Body meeting.

8. CONFLICTS OF INTEREST (PS)

PS was not available to report back to the Committee, but confirmed by email that another meeting with lawyers to discuss the conflicts situation.

9. BUSINESS CONTINUITY PLAN

The plan was almost complete and when ready would be circulated around the group for virtual approval. BR reported that IT service specs were being assessed. The IT situation is a lot safer than a few months ago.

10. SERIOUS INCIDENTS

The group noted the SI policy and TOR. Sign off was agreed subject to a draft emergency plan.

11. ANY OTHER BUSINESS

The Committee discussed how the IGC would address part 2 papers and agreed that it would be preferable for a confidential report to be verbal and an assessment made about how confidential the report is.

ACTION: JP to present options on part 2 dissemination to the IGSG

12. DATE OF NEXT MEETING

22 October – 3.30-5.30pm, Venue: Conference Room 3rd Floor, Guildhall1

Chairman.....

Date.....