

**MINUTES OF INTEGRATED GOVERNANCE COMMITTEE  
HELD ON TUESDAY 25 SEPTEMBER 2012  
GROVES MEDICALCENTRE, NEW MALDEN**

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|-----------------------|---|--|
| <b>PRESENT:</b>       | Jonathan Hildebrand<br>Dr Phil Moore<br>Dr Naz Jivani<br>Tonia Michaelides<br>Brian Roberts (BR)<br>David Knowles (DK)<br>Dr Pete Smith (PS)<br>Neil Ferrelly (NR)<br>Dr Junaid Syed<br>Julia Billington (JB)<br>Jill Pearse (JP) | IGC Chair<br>IGC Deputy Chair<br>Governing Body Chair, Designate<br>Chief Operating Officer, Designate<br>Information Manager<br>Lay Member<br>Governing Body GP<br>Chief Finance Officer, Designate<br>Governing Body GP<br>Governing Body Nurse<br>Head of Governance & Business Support |
| <b>IN ATTENDANCE:</b> | Jo Dandridge (JD)   | Business Manager (Minutes)   |
| <b>APOLOGIES:</b>     | David Smith (DS)<br>Mike Chester<br>Paul Gallagher<br>Diana Childs (DC)   | Chief Officer, Designate<br>Secondary Care Specialist<br>Lay Member<br>Kingston Healthwatch  |

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

2. **MINUTES OF LAST MEETING – 28 August 2012**

The Risk Register section on page 5 of the minutes needed some amendments made as follows:

- The action for PM to write to the chair of the LCSB related to halving of the ISiS midwifery team and not to Risk 314 as stated.
- The sentence 'PM noted that there was no indication of the improvement of consistency in engagement within primary care' from page 5 to be removed.

Julia Billington tabled a correction to two of the paragraphs on Reducing Pressure Ulcers in Care homes section on Page 6 of the minutes and all present approved the amendments being requested.

Subject to the above amendments the minutes were agreed as an accurate record.

### 3. MATTERS ARISING

- Claims liability and PCT Successor organisations  
JP tabled the response from NHSLA and highlighted that CCGs and the NHS Commissioning Board would become eligible to join CNST, LTPS and PES from 1<sup>st</sup> Oct 2012 under new legislation.
- Risk Management Lead  
JP tabled a list of bullet points on the roles and responsibilities for the executive lead for risk management.
- Safeguarding Children Review update  
Pete Smith would discuss the wider issues on information releases with Chris Robjohn once she had returned from leave and report back on progress at the next meeting.
- Corporate Objectives  
JP had aligned the risk register with objectives and would now develop the work plan and bring it to the next meeting.
- Risk 398  
Following discussion at the last meeting, this had been added to the Risk Register and rated as high risk. Phil Moore agreed to draft a letter to the chair of the LSCB on the temporary reduction in the ISIS midwifery team at KHT and would liaise with Chris Robjohn on its content.
- Reducing Pressure Ulcers in Care Homes  
JB reported back on the meeting held for nursing and care home leads which had highlighted that they submitted their Grades 3-4 pressure ulcer reports using Root, Cause, Analysis forms into CQC. Feedback from the homes were that the RCA forms were complicated to complete and no training had ever been given.

JP advised that she had been tasked with getting these reports from CQC but they were not prepared to release any of the information.

#### **ACTION:**

- 1) JB to talk to Jeannette James and Debbie Stubberfield regarding funding available for training**
- 2) Best practice to be shared in future education meetings**
- 3) JB to talk to Sylvie Ford for continuing care and to ask Simon Pearce who in RBK to talk to regarding nursing home funding for beds so that information through the contractual arrangement can be progressed.**
- 4) JB to ask Your Healthcare for a report on support, education and advice they can provide to nursing and care homes.**

### Policy Management

A one page key point summary of policies to be adopted by the CCG had been requested at the last meeting.

**ACTION: JP to bring a policy status report to the next meeting.**

#### **4. CCG Authorisation Site Visit Feedback**

TM provided feedback from the Authorisation site visit where the 27 Key Lines of Enquiry had been reduced to only 5 outstanding. Three were related to having a Complaints Policy. One was on the quality process and one was on how local priorities will deliver the national outcomes framework.

#### Complaints Policy

A draft policy to include statutory responsibilities has been written by Alison McMilan and sent round for comment. The policy will be taken to the Governing Body Seminar on 2<sup>nd</sup> October.

#### Quality

Jill Pearse has been asked to draft some narrative and a flow diagram on individual responsibilities and to show how different sources of information are pulled together and assessed including the new Quality Manager as the hub.

All the hard work that had gone on behind the scenes in preparation for the site visit and also of those present on the day was acknowledged and it was noted how relatively easy it will be to reduce the 5 outstanding 'reds'.

The report is due out in the next couple of days and there will only be two weeks from receipt of the report to submit additional evidence to reduce the number of 'reds'. It was also recognised that re-submission of evidence from the 22 other areas that had previously been submitted would be necessary.

It was noted that Phil Moore had agreed to be an assessor and that Pete Smith had agreed to be a domain assessor.

#### **5. RISK REGISTER**

JP presented an overall summary of risks as at 21<sup>st</sup> Sept 12 and a copy of the full Risk Register had been previously circulated.

#### Risk 398

*Reduction in midwives* - further discussion was held on this new risk and it was reported that midwives at Kingston Hospital have now stopped doing home visits. This issue would need to be taken through the CQRG to seek assurance.

**ACTION:** JP was asked to ensure it was an item on the CQRG agenda for next month.

Risk 336

*Disruption to Medicines Management programme* - this had been added to the register at the last meeting. This was considered to affect a whole range of functions, not just medicines management.

**ACTION:** Further discussion would be had by JH and JP outside of the meeting.

Risk 333

*Failure to achieve authorisation* – it was felt this ‘high’ rating could now be reduced following the site visit.

**ACTION:** Further discussion would be had by JH and JP outside of the meeting.

Risk 170

*Failure to deliver the Better Services, Better Value programme* – there was an enhanced risk because of the delay with the programme caused by the inclusion of NHS Surrey in the consultation process.

**ACTION:** JH to advise JP of appropriate level of risk rating.

## 6. Performance Report

BR presented the September performance report.

Activity Measures

Following an upward trend for (PHS06): *Non-elective FFCEs* and (PHS10): *All first outpatient attendances* from the start of 2012-13 through to July, the August data just received actually showed a drop to within the planned targets set.

Breast symptoms where cancer not initially suspected

It was noted that Royal Marsden were experiencing an increase in the number of referrals the same problems as with Kingston Hospital. All breast symptoms have to be seen within 2 weeks even if ‘urgent’ has not been ticked on the form. It was felt an education programme was needed for GPs to give them the confidence not to make a referral if appropriate.

**ACTION:** Pete Smith to provide the link to the booklet designed to reduce the number of referrals.

## 7. MINUTES/REPORTS

There was discussion on the minutes and sub group reports that were received by members at each meeting and it was agreed to standardise reporting in these areas by asking Managers responsible for providing these reports to use the cover sheet template to summarise points to note from the minutes being submitted.

**S3 SWL&St George's and SWL Joint Board CQRG**

Minutes of 20<sup>th</sup> June and 18<sup>th</sup> July 2012 meetings were received for information.

The committee were advised of a half day for clinical mental health leads and managers being held on 28<sup>th</sup> Sept 2012 to progress governance issues.

**S4 Safeguarding Adults Sub Group report**

The safeguarding adults sub group report was received and discussed. The committee confirmed it wished to receive the performance report from the Safeguarding Adults Partnership Board.

The committee agreed in principle to the proposal to review activity within the CCG and from this determine where additional work was required subject to the level of input required from practices.

There was also some confusion around safeguarding roles and titles and Phil Moore agreed to speak to Jo Carmody on consistency of titles.

**ACTION: PM to feed back the above points to the Service Manager – Adult Safeguarding.**

**S5 Safeguarding Children and Young People Sub Group report**

An update on the actions following the OFSTED/CQC inspection of safeguarding of children and young people services had been previously circulated.

It was highlighted that the current CCG structure did not include the Designated Nurse and Doctor and this was considered a risk. Members were advised that this issue was currently being addressed.

Members requested the production of a structure chart within safeguarding to include roles and responsibilities that should be brought to the next meeting.

**ACTION: Jill Pearse to progress with Chris Robjohn.**

**S6 Equality and Diversity Steering Group**

Minutes of 17<sup>th</sup> May 2012 meeting were received for information.

**S7 Olympic Steering Group Debrief**

A copy of the debrief following the evaluation process by the local Olympics lead and Emergency Planning Manager had been previously circulated with the agenda papers.

Members asked in the future to receive a summary of the main issues within the cover sheet for the report.

**S8 Health and Safety Committee Sub Group report**

Minutes of 24<sup>th</sup> May 2012 meeting were received for information.

Members noted the main area of concern was the lack of assurance regarding uptake of mandatory training. It was agreed that senior members would highlight to their staff the mandatory training required.

**ACTION: Jill P to check if Governing Body members need to undertaken training.**

**ACTION: Jill P to liaise with managers responsible for providing sub group reports and minutes to use standardised reporting.**

**8. ANY OTHER BUSINESS**

Members noted that Naeem Iqbal had agreed to take on the role of Caldicott Guardian and Chair of Information Governance Steering Group and it was agreed to extend an invitation to him to attend further Integrated Governance Committee meetings.

**9. DATE OF NEXT MEETING**

Monday, 5<sup>th</sup> November 2012 from (12-2pm)

**Chairman..... Date.....**