

**MINUTES OF INTEGRATED GOVERNANCE COMMITTEE
HELD ON MONDAY 5 NOVEMBER 2012
HOLLYFIELD ROAD, SURBITON**

PRESENT:	Jonathan Hildebrand Dr Phil Moore Dr Naz Jivani Dr Pete Smith (PS) Neil Ferrelly (NR) Dr Junaid Syed Jill Pearse (JP) Brian Roberts (BR)	IGC Chair IGC Deputy Chair Governing Body Chair, Designate Governing Body GP Chief Finance Officer, Designate Governing Body GP Head of Governance & Business Support Information Manager
IN ATTENDANCE:	Dr Vince Grippaudo Dr Naeem Iqbal Julia Billington Laura Jackson Sarah Campion Jo Dandridge (JD)	(for item 4 only) Caldicott Guardian Primary Care Nurse Quality Manager Head of Communications & Engagement Business Manager (Minutes)
APOLOGIES:	David Knowles (DK) David Smith (DS) Mike Chester Paul Gallagher Diana Childs (DC) Vanessa Lodge Tonia Michaelides	Lay Member Chief Officer, Designate Secondary Care Specialist Lay Member Kingston Healthwatch Governing Body Nurse Member Chief Operating Officer, Designate

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

2. **MINUTES OF LAST MEETING – 25th September 2012**

Under Matters Arising on Page 2, the para on Reducing Pressure Ulcers in Care Homes, the term ‘Root Cause Analysis’ to be replaced with ‘notification forms’ and to read:

‘JB reported back on the meeting held of nursing and care home leads which had highlighted that they submitted their Grades 3-4 pressure ulcer reports using notification forms into CQC’

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

3. MATTERS ARISING

- Safeguarding Children Review update

Pete Smith had discussed the issues on information releases with Chris Robjohn and informed the committee that the risks lay with NHS Surrey.

Action: Jill Pearse to send out the structure chart within safeguarding to include roles and responsibilities to all members electronically.

- Reducing Pressure Ulcers in Care Homes

Julia Billington reported that she had spoken with Debbie Stubberfield regarding funding available for training and been advised that there was some funding from NHS London for a Band 8 staff member to go into nursing homes to provide support.

Julia Billington had asked Your Healthcare for a report on the support, education and advice they can provide to nursing and care homes but this had not yet been received.

4. NHS 111 IMPLEMENTATION

Part of the clinical governance submission documentation illustrating the governance process of the local service was tabled at the meeting.

Members noted the 1st Review Assessment was being held on 7th Nov and would take a similar form to the CCGs Authorisation assessment. Following submission, the documents would be assessed and checked by the Department of Health.

The Integrated Governance Committee were being asked to sign off the documentation on behalf of both Kingston and Richmond CCGs but with members of IGC not having seen the process, they did not feel able to give their approval and agreed to distribute relevant sections of the documentation to individual members for scrutiny.

ACTION: Laura Jackson happy to pick up Serious Incidents appendices

ACTION: Jill Pearse & Naeem Iqbal happy to pick up Information Governance sections

Members noted that Paul Gallagher had previously reviewed all the documentation in full and was content as Audit Committee chair that these were an excellent set of documents and gave a clear overview of the approach taken.

ACTION: The complete list of appendices would be circulated to all members electronically.

5. GOVERNANCE REPORT – Qtr 2

A copy of the Qtr 2 Governance Report on governance issues, compliance with mandatory or statutory requirements and areas of risk had been previously circulated.

Claims

There was a potential claim with issues around the transfer of a long stay patient. This was being dealt with by NHSLA.

Incidents

There had been several human errors with nhs.net emails being sent to wrong addresses. This risk was difficult to obviate due to similarities of names.

ACTION: It was agreed to highlight this issue to staff.

Since Qtr 2 reporting, a referral to the rapid access chest pain clinic had been received on a fax machine by a non-NHS organisation. It appeared the wrong fax number had been published on different sources of communication.

ACTION: It was agreed to highlight the safe fax procedure to staff.

Serious Incidents

Members noted the STEIS reporting system was based on the host commissioner and not patient registration. This meant there is currently no way of distinguishing whether it was a Kingston resident.

ACTION: Jill Pearse to liaise with her counterparts in other CCGs to make certain a complete summary of information is received for assurance purposes.

Members agreed that the safety thermometer should be being used.

Issue around the numbers of Grade 3-4 pressure ulcers that happen at home. Although the safeguarding team are informed members questioned if there was anything else that could be put in place.

Patient Feedback

Members were pleased to receive a summary of patient feedback within the Qtr 2 report but requested that future reports needed to highlight categorised themes together with any particular individual issues of concern rather than verbatim lists.

ACTION: Sarah Champion to provide themes for the future and to raise any particular issues of concern

Members discussed the value of receiving patient feedback and the importance of how it is responded to. It was recognised that there will be different approaches dependant on where the feedback originated from. Further discussion will take place on this issue at the next Patient Forum.

ACTION: Sarah Champion and Mike Chester to discuss this issue further.

Complaints

There is an ongoing Ombudsman investigation into one complaint and the potential level of risk was questioned together with finding out whether the risk transferred to the NHS CB or the CCG

Freedom of Information requests

The governance handover was taking place on 7th November 2012.

6. RISK REGISTER

A copy of the full Risk Register had been previously circulated.

Risk 336

Disruption to Medicines Management programme – this was considered to affect a whole range of functions, not just medicines management and had therefore been changed. Further detail needed to be added as it still appeared very medicines management focussed. Following discussion it was agreed to combine Risk 336 and 445 as they were covering the same issues.

ACTION: Jill Pearse to amalgamate both risks.

Risk 445

Impact of transition on the commissioning and management and monitoring function - it was agreed to add the impact of the 2011 Census ONS data to Risk 445.

ACTION: Neil Ferrelly to send through a form of words to Jill Pearse for Risk 445.

Risk 314

2012/13 Safeguarding children and looked after children services - it was being proposed to de-escalate due to the safeguarding action plan now in place. However, following discussion it was agreed to reinstate back to 'high'. It was noted that RBK originally had this rated 'high' and had escalated to 'extreme'. This was considered appropriate.

Risk 398

Temporary reduction in ISIS midwifery team at KHT – members were advised that the service was now working at normal numbers again but considered it appropriate to remain on the register as capacity issues had been identified and to review the future workforce around the ISIS team.

Risk 333

Failure to achieve authorisation – following discussion outside of the meeting, rating had been reduced to 'moderate'.

7. PRACTICE BUDGETS 2012/13

The Finance Sub Committee had considered this report at its last meeting but due to the small number of GPs at that meeting, it was agreed to escalate to the Integrated Governance Committee for discussion.

Members noted that due to the introduction of the CCG in 2012, there was no publication of the PBC toolkit 2012/13 and was advised that 2012/13 PBC analysis should be conducted by using 2011/12 toolkit with updated population of all GP practices. Using the population from all practices, the toolkit calculates five major components for each GP practice which are distributed as follows:

- Acute (66.5%)
- Maternity (5.09%)
- Mental Health (12.27%)
- Prescribing (10.26%)
- Inequalities (5.88%)

For each component, a practice value is calculated; the practice % share of each individual component is calculated; and fair share is calculated by (weighting % x component %).

It was agreed to disseminate the practice budget report for information out to practices with reassurance that it was not a form of performance management. Wording of the message needed approval by the IGC beforehand. It was also agreed to include the fact that it does not impact on the medicines management incentive scheme.

ACTION: Neil Ferrelly and Brian Roberts together with a clinician would draft a form of words and circulate to members for approval.

8. SOUTH GLOUCESTERSHIRE SAFEGUARDING ADULTS BOARD SERIOUS CASE REVIEW SUMMARY ON WINTERBOURNE VIEW HOSPITAL

A summary of the Serious Case Review commissioned after BBC Panorama broadcast covertly filmed footage in a registered hospital documenting abuse of people living with learning disability had been previously circulated with the agenda papers.

Jill Pearse presented this agenda item and members questioned if the risk rating on the Risk Register was still appropriate. Jo Carmody's opinion had been that it should be raised on the basis of the gap around adults with disabilities and gaps in the monitoring processes.

ACTION: Safeguarding Adults Partnership Board Report and Action Plan to be a substantive agenda item for the next meeting. Jo Carmody to be invited to attend the meeting. It was also agreed to review the risk rating again following discussion at the meeting.

9. POLICY STATUS REPORT

An update on the policies review to date and proposal for adopting existing policies for the CCG had been previously circulated with the agenda papers.

Complaints Policy

Members noted that a Complaints Policy had been developed in haste following the CCG Authorisation site visit and it was agreed this should be reviewed to ensure it is fit for purpose.

IT Policy

Junaid Syed reported that he was content with Your Healthcare's current IT Policy and advised that a review of all Your Healthcare Policies was being undertaken.

Members agreed to adopt all the current policies for now and to review them again in Feb/Mar 2013 or earlier if individual policies dictate. Members also noted that all policies would be taken to the Information Governance Steering Group for sign off.

It was pointed out that there was currently no Lone Worker Policy for primary care and this was raised as an issue as GPs have to work weekends alone in buildings.

ACTION: Jill Pearse agreed to provide the Lone Worker policy available to GPs.

ACTION: All policies were noted and agreed to be adopted by the CCG with a review to be undertaken in Feb/Mar 2013 or earlier if individual policy dictates.

10. MINUTES/REPORTS

S1 Kingston Hospital CQRG Sub Group report

Members received a sub group report containing a summary of key issues raised at the recent KHT CQRG meeting.

S2 NHS Kingston & Your Healthcare CQRG Sub Group report

Members received a sub group report covering the quarter 2 CQRG meetings with Your Healthcare.

S3 Safeguarding Adults Sub Group report

Members received the safeguarding adults sub group report which highlighted that with the publication of the NHS CB 'Arrangements to secure Children's and Adult safeguarding in the future NHS' it places children's and adults safeguarding arrangements at the centre of CCG authorisation.

S4 Safeguarding Children and Young People Sub Group report

Members received the safeguarding children's sub group report which summarised key issues of concern or risk.

S5 Equality and Diversity Steering Group Sub Group report

Members received the equality and diversity steering group sub group report which summarised key issues which included Terms of Reference, equality objectives for 2012/13 and EDS approach for 2013/14.

S6 Information Governance Steering Group (IGSG) Sub Group report

Members received the IGSG sub group report and noted that Dr Iqbal had been assigned Caldicott Guardian for the shadow CCG and was now chair of the IGSG.

Members also noted that the ICO were reprimanding NHS Bournemouth and Pool for a breach of the Data Protection Act for passing patient information to a company it had commissioned to carry out NHS health checks without patients' consent.

ACTION: Jonathan Hildebrand would advise Sundus Hashim.

S7 Health and Safety Sub Group report

Members received the health and safety sub group report which highlighted the lack of assurance regarding the uptake of mandatory training (Fire / Health & Safety / Manual Handling).

S8 Medicines Management Committee Sub Group report

Members received the Medicines Management sub group report which highlighted the administrative error at a Richmond surgery which led to one of Kingston's surgery being attributed to some of the Richmond surgery's prescribing.

S9 Finance Sub Committee Sub Group report

Members received the Finance Sub Committee group report which highlighted that at month 5, £1,514k of the acute growth reserve had been utilised to fund over performance experienced within the acute contracts. In addition, £565k of the 0.5% contingency reserve had been utilised to offset the in year actual over performance. There had been no provision made for possible retrospective continuing care claims and an increasing number of forensic placements were adding cost pressures to their non-acute budgets.

8. ANY OTHER BUSINESS

8.1 Wandsworth CCG IG Report

A copy of Wandsworth's Integrated Governance report was tabled. Members liked the report and felt it provided a really good summary. Views of members was to try to emulate locally the key points and highlights for the next committee meeting.

ACTION: Jill Pearse to provide both forms of report for next meeting and members to decide which they would prefer to receive.

9. DATE OF NEXT MEETING

Thursday, 20th December 2012 from (2.00pm to 4.00pm)

Chairman..... Date.....