

## Wandsworth Clinical Commissioning Group

### Notes of a meeting of the Integrated Governance Committee held on 22<sup>nd</sup> July 2014

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| <b>Present:</b> | Di Caulfeild-Stoker (DCS) | Registered Nurse (Chair)                                  |
|                 | Stephen Hickey (SH)       | Lay Member Governance                                     |
|                 | Rod Ewen (RE)             | Battersea LCG Clinical Lead                               |
|                 | Mike Lane (ML)            | Wandle Joint LCG Clinical Lead                            |
|                 | Chris Savory (CS)         | Associate Lay Member                                      |
|                 | Carol Varlaam (CV)        | Associate Lay Member                                      |
|                 | Andrew McMylor (AM)       | Director of Development and Delivery                      |
|                 | Sandra Iskander (SI)      | Director of Corporate Affairs, Performance<br>and Quality |
|                 | Rebecca Wellburn (RW)     | Acting Director of Commissioning and Planning             |

**In attendance:**

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| Yarlini Roberts (YR)  | Head of Finance |
| Sandra Allingham (SA) | (Minutes)       |

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| 14/073 | <p><b>Apologies for Absence</b><br/>Received from Nicola Jones, Graham Mackenzie, Andrew Neil, and Evonne Harding.</p> <p>RE and RW would be late to the meeting.</p>  |  |
| 14/074 | <p><b>Declarations of Interest</b><br/>None.</p> <p>A query was raised whether the membership of the Committee should include a greater number of GPs. It was noted that currently there were three GP members and two other clinical members. SI agreed to discuss this with NJ for the next meeting.</p>   |  |
| 14/075 | <p><b>Minutes from the previous meeting held on 17<sup>th</sup> June 2014</b><br/>14/069 Winter Overview – p.7 – “Five-year <b>SWL</b> strategy for Urgent Care ...”</p> <p>Subject to the above amendment, the Minutes were agreed as being an accurate record.</p>   |  |
| 14/076 | <p><b>Matters Arising</b><br/>14/069 Winter Overview – Information from CCG Nurse reps had been provided regarding care pathways. The Frailty Care Working Group had been set up with LA to look at the requirements for BCF and to provide a more cohesive model.</p>   |  |
| 14/077 | <p><b>111/OOH Update</b><br/>An integrated contract was in place with Care UK (previously Harmoni) for the two services. Contract management and monitoring was done through CSU with monthly CQRG meetings set up.</p> <p>A number of themes were reflected in the report. One issue identified had been around the lack of CRB checks – an action plan had been put in place and the</p> |  |

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|               | <p>issue was resolved. Robust clinical governance systems and processes were in place to provide assurance.</p> <p>The following comments and questions were noted:</p> <ul style="list-style-type: none"> <li>• Proportionality of investment – The CQRG had developed well and a lot of work had been done regarding separate data for Wandsworth, however, the CCG should be aware of the proportionality of investment for management of this contract. This was a high risk, high profile service – if better contract mechanisms were put in place a lighter approach could then be required.</li> <li>• Increased costs – A cost pressure had been identified regarding volume of calls. The original tender had been based on payment on activity of calls with an expectation of 110k calls over the year, however, following launch of the service in April 2013 only half of that number of calls were received. The original contractor, Harmoni, did not renegotiate the contract to reflect the lower number of calls – following the take-over of Harmoni, Care UK took over the contract and was now implementing negotiations regarding the contract value. As part of the negotiations the CCG was proposing to include better KPIs linked to the contract value. This could result in a cost pressure for the CCG.</li> <li>• Contract – The standard NHS contract was set up based on guidance from NHSE. The new contract will be for a further year following which the service will be reprocured.</li> <li>• Patient feedback – Very positive feedback had been received regarding the 111 service with more compliments than complaints received. No complaints regarding access to the Out of Hours service had been received, however, there had been some errors regarding transfer between 111 and Out of Hours. Some Make A Difference alerts had been logged from GPs regarding Out of Hours.</li> <li>• Capacity issues – A number of Performance Notices had been served to Care UK and there was now more scrutiny of plans to address issues.</li> </ul> <p>It was agreed that an update report would come to IGC in six months' time.</p> <p>RW joined the meeting.</p> | <p><b>SI</b></p> |
| <p>14/078</p> | <p><b>Serious Incident Learning</b></p> <p>The backlog of Serious Incident reviews had previously been discussed - an investigation had been undertaken to identify the root causes and how relevant this might also be to other CCG processes. The main themes were identified:</p> <ul style="list-style-type: none"> <li>• Hand-over and set up relating to the decision to keep SI function in-house.</li> <li>• Staffing ownership.</li> <li>• Need to be more systematic when applying lessons learned.</li> <li>• Level of expert knowledge was not assessed before taking on the function.</li> <li>• Use of IT/systems.</li> <li>• Reporting.</li> <li>• Assurance systems – policies etc; IGC role of systems assurance, and questions that should be asked for overall assurance process.</li> </ul> <p>The following comments and questions were noted:</p> <ul style="list-style-type: none"> <li>• Named individuals should take the lead for the function – the IGC has a responsibility to scrutinise.</li> <li>• Admin filing system – This issue had been resolved with the use of the CRM system. The filing system would help with the SIMAG role to scrutinise incidents more closely.</li> </ul>  |                  |

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|        | <ul style="list-style-type: none"> <li>• Expansion of the team – A procedure document had been developed and was in place. The SI policy would come to the next IGC meeting.</li> <li>• Patient Safety Manager – The interim contract was now coming to an end but would continue for two days per week, which should be sufficient to manage and keep the process under review until recruitment to the substantive full-time post was achieved.</li> <li>• Assurance – Update reports to IGC could continue.</li> <li>• There was now more confidence that the metric system tracks all SIs.</li> <li>• Risk to be included on risk register regarding open/closure of processes, particularly linked to potential Co-commissioning.</li> </ul> <p>In summary from the discussion, the following key points were noted:</p> <ul style="list-style-type: none"> <li>• Paper for MT regarding hand-over and closure processes, and risk for inclusion on risk register.</li> <li>• Clear lessons to be learned for SIMAG, which will be taken forward.</li> <li>• Role of IGC now more explicit.</li> </ul>   | <b>SI</b> |
| 14/079 | <p><b>Integrated Report</b><br/>The main points were noted:</p> <ul style="list-style-type: none"> <li>• Risks: <ul style="list-style-type: none"> <li>○ The next Integrated Report will include risk KPIs as stated in the Integrated Risk Management Framework.</li> <li>○ Some movement in individual risks was highlighted.</li> <li>○ Risk relating to the SI backlog had been removed.</li> </ul> </li> <li>• Information Governance: <ul style="list-style-type: none"> <li>○ A lot of work had been done to make sure IG stipulations as part of the contracting process was correct.</li> <li>○ Discussions in SWL continue regarding integration of records as widely as possible.</li> <li>○ New IG toolkit released – to be discussed at a future meeting.</li> </ul> </li> <li>• Financial scorecard: <ul style="list-style-type: none"> <li>○ The Operating Plan had been resubmitted – no feedback yet received.</li> <li>○ BCF template still awaited.</li> <li>○ Performance: <ul style="list-style-type: none"> <li>▪ At the Assurance meeting with NHSE, it was stated that the CCG was required to maintain the 13/14 surplus of £7.4.</li> <li>▪ The CCG was not able to draw down the previous surplus.</li> <li>▪ QIPP target was currently on track, however, there was a significant risk particularly around activity shifts. Plans were in place to monitor activity, and reserves were in place to mitigate the risk.</li> </ul> </li> </ul> </li> <li>• Performance: <ul style="list-style-type: none"> <li>○ Systems Resilience Group – The initial meeting had been held and a Performance Sub-Group had been set up to focus on 18 weeks and A&amp;E.</li> <li>○ SGH A&amp;E – Quarter 1 target not met, a Contract Query Notice had been issued. A lot of work was being done with actions across the health system.</li> <li>○ 18 weeks: <ul style="list-style-type: none"> <li>▪ Backlog - Plans were to be put in place over the summer to clear the backlog. The Trust has been asked to provide a continual plan going forward. There was a national expectation that targets would be met from September.</li> <li>▪ Chronological Booking – SGH had been asked to go back to the</li> </ul> </li> </ul> </li> </ul> |           |

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|               | <p>recommendations from the previous review of the system to ensure that these were implemented and for formal sign-off of the process.</p> <ul style="list-style-type: none"> <li>• LAS – Updates will be provided as the year progresses.</li> <li>• Safety – SGH will be taking on a limited role regarding Pressure Ulcer education in nursing homes.</li> <li>• Infection Control – Following attendance at the Merton IGC, an in-depth Infection Control report has been requested to come to the Wandsworth IGC twice per year.</li> </ul> <p>The following comments and questions were noted:</p> <ul style="list-style-type: none"> <li>• Additional surplus – This had not had an adverse effect on the CCG due to the successful negotiation of acute contracts, however, there could be a risk is acute activity over-performs. It was important to focus on acute targets and QIPP.</li> <li>• Finance ledger system – How could this be escalated to ensure action? NHSE had not identified any problems with the system – for CCGs it was not possible to include detail to manage contracts effectively. This had been raised by CFOs at a high level. To minimise the CCG risk a lot of off-ledger analysis was being done, which leads to a time management and resource capacity risk.</li> <li>• LAS performance – SI to check whether the times were the same for different categories of patients. It was noted that LAS funding had been provided to SGH regarding turn-around times. Staffing and training issues may impact on performance.</li> <li>• Pressure Ulcers – New NICE guidance had been published. The CCG would be looking at this with SGH alongside new national guidance.</li> <li>• Acute activity – Half of the out-patient activity at SGH regarding critical care was not planned. There had been an unexpected increase in elective cardio activity. £2.5m QIPP had been taken out of SGH target this year, however, some initiatives will not come into play until later in the year.</li> <li>• Patient safety/winter – There was some concern regarding the provision of step-down beds and emergency re-admission rates – ICG would need to look at quality metrics.</li> <li>• Mental Health CMHTs – Improvement of CMHTs had been identified as one of the criteria for SWLStG linked to approval of the FT application. A plan had been put in place and would be monitored.</li> <li>• Complaints – The information related to SGH, there was no way to measure complaints for Wandsworth patients at other providers.</li> </ul> | <p>SI</p> |
| <p>14/080</p> | <p><b>Intellectual Property Policy</b><br/>         Following the previous discussion, the draft policy had been developed from DH guidance and other policies - the policy had been reviewed by Finance.</p> <p>The aim of the policy was to establish the principles for individuals working for the CCG, how any financial gain would be split, and the process to manage this in the best way possible.</p> <p>The following comments were noted:</p> <ul style="list-style-type: none"> <li>• Point 22 – to be reworded to provide clarity.</li> <li>• Broader term of ‘employee’.</li> <li>• Draft policy to be checked with NHSE and possibly Kingston CCG.</li> <li>• Copyright and Trademark – Inclusion that employees would have no right to copyright or trademark without Board approval.</li> <li>• Legal review of final policy.</li> </ul>  |           |

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|   | <ul style="list-style-type: none"> <li>Independent contractors and agency staff contracts should have a section on IP acknowledging that anything developed during the course of working with the CCG would become the property of the CCG.</li> </ul> <p>It was agreed that legal advice on the amended version would be obtained prior to further review by IGC and approval requested from Board.</p> | <b>SI</b> |
| 14/081  | <p><b>Integrated Risk Management Framework</b></p> <p>Comments received from the previous discussion in March had been reflected in the revised document. Some minor amendments to the committee structure were noted.</p> <p>The Committee approved the revised document. It was agreed that this would be noted in the September Executive Report to the Board.</p>                                    |           |
|   | <b>Any Other Business</b>  |           |
| 14/082  | <p><b>CEMMAg Minutes</b></p> <p>It was suggested that more recent draft Minutes, with Chair approval, could be provided to IGC.</p>  |           |
| 14/083  | <p><b>NICE Updates</b></p> <p>Most of the issues were Public Health related. The reference to Pressure Ulcers would be taken forward with the Pressure Ulcer Group.</p>  |           |
| 14/084  | <p><b>SWL Clinical Effectiveness Bulletin</b></p> <p>The content was noted.</p>  |           |
| 14/085  | <p><b>Merton Integrated Governance Committee</b></p> <p>SI and DCS had attended the above meeting as observers. The meeting had been focused more on process rather than issues, which reflected that Merton CCG was not a host commissioner for provider organisations. There were some things that could potentially be adopted for the Wandsworth meetings.</p>                                       |           |
| <b>Date of next meeting: 16<sup>th</sup> September 2014</b> |  |           |

### ACTIONS

| Ref No. | Item  | Lead |
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| 14/077  | 111/OOH Update – Further Update report to come to IGC in January 2015.  | SI   |
| 14/078  | Serious Incident Learning – Inclusion on risk register.   | SI   |
| 14/079  | Integrated Report – Check whether LAS waiting times were the same for different categories.                   | SI   |
| 14/080  | Intellectual Property Policy – Legal advice on amended version to be obtained prior to further review by IGC. | SI   |