NHS
Wandsworth
Clinical Commissioning Group

Notes of a meeting of the Integrated Governance Committee held on 13th August 2013

Present:	Nicola Jones (NJ)	CCG Clinical Lead (Chair)
	Stephen Hickey (SH)	Lay Member Governance
	Graham Mackenzie (GM)	Chief Officer
	Hardev Virdee (HV)	Chief Financial Officer
	Rod Ewen (RE)	Battersea LCG Clinical Lead
	Mike Lane (ML)	Wandle Joint LCG Clinical Lead
	Andrew Neil (AN)	Secondary Care Doctor
	Di Caulfeild-Stoker (DCS)	Registered Nurse
	Lucie Waters (LW)	Director of Commissioning and Planning
	Andrew McMylor (AM)	Director of Development and Delivery
	James Olweny (JO)	Director of Corporate Affairs, Performance and Quality
	Evonne Harding (EH)	Head of Clinical Governance and Quality

In attendance:

	Sandra Allingham (SA)	(Minutes)

13/069	**Apologies for Absence** None received.	
13/070	**Kingston Hospital Clinical Quality Reference Group** Dr Naz Jivani (NJiv), Chair of the CQRG, attended the meeting to outline the work of the group. There was some initial discussion on the best way for the CQRGs to feed back to the IGC and the most effective way would need to be agreed. The main focus of the CQRG had been around the following areas: • Quality and safety issues • Serious Incidents –process, oversight of sign off, and delivery • Adult Safeguarding complaints • C.Difficile - including Root Cause Analyses and incorporation into Infection Control action plan • MRSA • Pressure Ulcers • Complaints • Friends and Family Test The following provided an indication of some of the actions in place at the Trust: • Root Cause Analyses and action plans for C.Difficile cases. • Action plans in place for pressure ulcers. • Action plan and Root Cause Analysis for Complaints relating to outpatients. • Ward walk-rounds following patient pathway – outcome from SI review. • Withdrawal of Liverpool Care Pathway. • Discussions regarding post-Keogh Review and London Quality Standards. There had been some discussion on the possibility to have Lay Members or users as	

	part of the CQRG, which could be beneficial but guidelines would need to be agreed before this could be implemented. The main issue for the CQRG was around C.Diff because of the low target. From the review SIs appear to be dealt with adequately, however, record keeping and communications between teams would need to be monitored. From the comments and questions raised the following points were noted: • GPs lead on contracts and are included in any revamp of contracts, or contract levers that need to be applied. • CQRG Minutes were sent through to the IGC with a summary paper sent to the Governing Body. • A Wandsworth representative would be welcome to attend the walk-abouts. • There was an open invitation for a Wandsworth clinician to attend the CQRG meetings. • Estate capacity issues in both Maternity and A&E were causing concerns – work was being done to look at infra-structure capacity to copy with demand and to incorporate urgent care as well. NJ thanks NJiv for attending and providing information on the work of the KH CQRG. NJiv left the meeting. LW joined the meeting. Further discussion noted the following points: • Potential for Wandsworth clinician to be included on the CQRG? Clinical link to CQRG would be a good way forward. It was agreed that EH should attend the CQRG for a one-year trial period. • Face-to-face presentation was useful – was there an agreed format for CQRG reporting to provide a more consistent approach? Was it possible to do this in a more structured way? • Issues raised were similar to the CCG Agenda. • Walk-abouts would require a clear brief/focus – these could be used a part of the assurance process.	**EH**
13/071	**Declarations of Interest** None received.	
13/072	**Minutes of the previous meeting held on 9th July 2013** The Minutes were agreed as being an accurate record.	
13/073	**Matters Arising** 13/065 Safeguarding Vulnerable People in the Reformed NHS – A meeting had been held with NHSE the previous week to discuss a range of issues. Overall this had been a positive discussion with the aspiration to resolve issues as soon as possible, and to continue to meet every couple of months. NHSE agreed to work with the CCG on GP improvement. There was a lot of debate regarding a Safeguarding policy for primary care, which was the responsibility of NHSE. Patient Group Directions – Work with NHSE and other CCGs continued, however, no guidance was yet available. An email had been sent to all GPs to confirm the current PGDs, which had been met with some concerns regarding capacity issues. Regarding the scale of risk for new PGDs it was agreed that LW would discuss with Nick Beavon.	**LW**

13/074	**Focus Area – Communications and Engagement** The report outlined progress and work in development during the year: • Communications and Engagement Group meetings established. • Website established – work was being done to update the site to make it more interactive. • Branding agreed. • Use of more social media to get messages more widely circulated. • Good relationships established with the CSU, who provide the function on behalf of the CCG. Comments and questions on the report were noted: • Were there any plans for the CCG to follow other Twitter accounts – organisations and key people? It was noted that the CCG does follow providers through Twitter and also Google alerts. • The perception of the CCG by the outside world was important and opportunities should be taken to use technology to our advantage, eg uploading of videos, and translation into other languages. • Consideration of how to communicate appropriately with the wider population and audience was important. • Website should be used to alert people to information – this would link with the Corporate Social Responsibility. • It was important to acknowledge that electronic information was not the only medium to be used to promote up-to-date information. The next steps would include: • Look at ways in which the CCG could work smarter. • Stakeholder mapping. • Sharing of information, eg newsletters. • Corporate work. It was acknowledged that there was a lot of good work being done but how would success be measured and how does communication support the strategy and vision of the CCG? It was agreed that a forward plan would be presented to the Board in December.	
13/075	**Integrated Report** The following highlights from the report were noted: • 18 weeks – Backlog had been reviewed with SGH with progress to be monitored. • A&E – Performance through June had been good but had dipped over the last few weeks. • 52 week waits – This had been flagged as an issue but it was expected that this would reduce. The main area for Wandsworth was for Assisted Conception. • Information Governance – Risk Stratification had been agreed providing a way forward in the short term – a paper would come to MT on the application and risk of becoming an Accredited Safe Haven (ASH). • Mental Health – Still some on-going work with the MHT regarding reporting indicators. It was noted that this would tie in with the MH CRG – JO to discuss with LW. • Assurance Framework – Scorings were based on three main providers, with amber/green in most areas. This was still in the pilot phase.	**JO**

	• IAPT – This remained an area of challenge – an issue had been raised regarding prevalence figures and how these were derived, which was currently being looked into by NHSE. • 111 Performance – Although performance had improved, some issues remained around capacity and training. Work would start soon on winter planning. • GP Outcomes Standards – Reports were published on the primary care website. This remained a work-in-progress area and the CCG would work the NHSE on the key priority areas. It was noted that, although this was the responsibility of NHSE, it was important for the CCG to understand the data and to clarify the approach to improve this. The next IG report would include a deep dive on this area. • Month 3 finance data – A letter had been written to the internal and external auditors around the risks that the CCG was currently facing regarding Specialised Commissioning, process to validate data, change in allocation, and national financial ledger. The letter had been discussed with NHSE. Performance was still on track to achieve the year-end target, however, some over-performance had been reported for some providers, particularly around critical care. • Continuing Care – A high level of over-performance was being reported and it was proposed to have a focus area for the September Finance Resources Committee to understand the reasons behind this. • Serious Incidents – One Never Event had been reported by SGH. The Trust was doing a lot of work regarding pressure ulcers. Concerns had been raised regarding Infection Control in SGH. Information had been requested on all incidents to be provided to the CCG and work was being done to link alerts received back to SIs. • Safeguarding – A number of alerts had been reported, with high risk alerts being reviewed by the Serious Incident Management Assurance Group (SIMAG). The CCG was working with the LA to look at care homes. • Complaints – Information was awaited from SGH on the number of complaints to be used to identify potential themes. • Primary Care Complaints – An issue had been raised with NHSE regarding lateness in responses to complaints in primary care and backlog. Comments and questions on the report were noted: • Incidents for Wandsworth patients at other Trusts still not being reported. This information was now being received and would be included. • It was difficult to get a feel regarding the quality of nursing. It was noted that concerns identified would be collated on a quarterly basis from alerts received.	
13/076	**Safeguarding** Ileen Ashitey (IA) attended the meeting. The report provided a position statement and the legal context, which sets the scene, for vulnerable people. The report outlines the current position of the CCG, the systems and processes that were expected to be in place, the roles of staff regarding Safeguarding, priorities for the Wandsworth Safeguarding Board, dashboard for Child Safeguarding, and workplace for children and adults Safeguarding. It was noted that this was still work-in-progress. Comments and questions on the report were noted: • Clarification on the role of each of the groups would be useful and was there potential for a Safeguarding session for the Board? • Diagram to illustrate the process flow would be useful.	

	• How did the structures relate to the LA? It was acknowledged that this was a complex structure arrangement and work was currently being done to unpick this. • Clarity required on black minority ethnic groups data. • Quoracy in Terms of Reference to be clarified. It was acknowledged that there was still work to be done and an update report to include KPIs would come to the next meeting. JO stated that a risk area had been identified regarding the Looked After Children Designated Doctor – recruiting to this post had been difficult and there were on-going discussions with SGH on how to address this issue. IA tabled a confidential paper, providing a summary of the internal management review of a case. The draft report was currently subject to consultation with those involved in the case, and looked at the contributing factors and recommendations. An Executive Summary and Action Plan would be available and it was agreed this would come to IGC for review. A further confidential paper was tabled, providing brief information on three current Serious Case Reviews (***insert reference numbers***). Work would be done to look at the lessons learnt from all cases. The following actions were agreed: • Action plan to IGC for review once completed. • KPIs and update to next meeting. • Process flow diagram.	**DCS**
13/077	**Review Recommendations Update** <u>Francis Report</u> – Following the previous discussions on the overall CCG response to the Francis Report, the paper provided a breakdown of all actions and initiatives into two areas: • Internal – quality strategy and what information would flow from that. • Engagement with others – how to orientate work around quality with clear messages and principles, and how to engage the system with people to inform our knowledge. Significant work had been done in both areas to give a high degree of assurance that all areas were covered. The Framework for Action provides a statement to the Board setting out at a high level the areas of focus and accountability, underpinned by a set of functions with measurable indicators, systems and processes. The final response would be taken to the Board in October. The following comments were noted: • Stronger statement on the CCG role and responsibility to ensure that services commissioned are safe and high quality. • Guiding principles, process, and key areas to be clear to members of the public. • Stronger statement on how the CCG will achieve the Framework for Action using triangulated information from providers, GPs and members of the public. The meeting approved the approach for the Framework.	**GM**

	Keogh Report – Work had been done to look at all the national reports and what this would mean for the CCG and how to provide assurance from what the CCG knows about providers. The four stages from the Keogh Report would be added in to the CCG strategy with indicators to be used by the Quality Team, with an emphasis on variety of information, and looking at eight ambition areas. The following comments were noted: • Where would the Action Plan come back to, and where would the actions be transacted? It was noted that this information would be discussed and reviewed through the CQRG with information being fed through to IGC in the IG report. • Was it possible for perceptions and feedback from patients and clinicians to be included? It was acknowledged that concerns were currently being raised by GPs through the Make A Difference (MAD) button on the intranet. A meeting was also to be held with Healthwatch on how information they receive could feed into CCG information. • Could it be useful to undertake a quick poll of the Membership body to test some of the assumptions? NJ would discuss with AM. It was agreed that reports in summary would come to IGC, with reports on the action plan to feed into the Quality Action plan.	**NJ**
13/078	**Revised Governance Structure** The original governance structure had been appended to the Constitution – this had been revised to reflect the establishment of some new groups. Amendments to the structure were proposed. It was agreed that the list of CRGs would be removed as these were constantly changing according to need. Some concern was noted about the number of committees reporting into the IGC. It was agreed that following revision the structure would go to MT for sign-off, a review of CRGs would also be undertaken.	**JO** **AM**
	Any Other Business	
13/079	**111/OOH – Merton** AM reported that the providers had withdrawn from providing the 111/OOH service in Merton, who had approached Wandsworth to become an associate commissioner for the Harmoni service. Merton were currently in discussion with Harmoni and were also looking at alternative options. If a proposal was received from Merton, a Due Diligence process would be undertaken by both Wandsworth and Merton, and a process paper would be submitted to IGC for discussion. The proposal would also be discussed through the Finance Resource Committee regarding contract value. It was noted that capacity issues in Harmoni were already being reported, but there was potential for TUPE arrangements to apply for NHS Direct staff. HV and RE left the meeting.	
13/080	**Care Connect** JO reported that SGH had been agreed as a pilot site for the PALS based system, to gather intelligence from patient experiences - the system would not pick up complaints. The information would reported through a formal process and link into the Healthwatch information system as well.	
Date of next meeting: 10th September 2013		

ACTIONS

Ref No.	Item	Lead
13/070	KH CQRG – EH to attend CQRG meetings.	EH
13/073	MA – Patient Group Directions – Scale of risk for new PGDs, LW to discuss with N Beavon.	LW
13/075	Integrated Report – MH reporting indicators, JO to discuss with LW.	JO
13/076	Safeguarding – Update and KPIs to next meeting.	DCS
13/077	Review Recommendations – Testing of assumption with Membership body, NJ to discuss with AM.	NJ
13/078	Revised Governance Structure – Amended version to MT for sign off. Review of CRGs.	JO AM