

Merton Clinical Commissioning Group Governing Body	
Date	6 <sup>TH</sup> June 2018

Report Title	Summary Report of the meeting of the Integrated Governance & Quality Committee: 20.03.18; 17.04.18
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Purpose	Approval	Discussion	Noting
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>Executive Summary:</b>            This report summarises the key items discussed at the meetings of the Integrated Governance &amp; Quality Committee: 20.03.18; 17.04.18</p> <p>Note: this summary is not intended to replace the formal minutes of this meeting. Those minutes are available upon request.</p>			

**Conflicts of Interest:** N/A

**Recommendation:**  
 The Governing Body is asked to note the contents of the summarised minutes.

<b>Corporate Objectives</b> This paper will impact on the following:	NA
<b>Risk</b> This paper links to the following CCG risks:	NA
<b>Financial Implications</b>	As contained within the summarised minutes
<b>Has an Equality Impact Assessment been completed</b>	NA
<b>Are there any known implications for equalities</b>	NA.
<b>Patient and Public Engagement and communication</b>	NA
<b>Committees previously considered at</b>	The Integrated Governance & Quality Committee has approved the full minutes of this meeting.
<b>Supporting Documents</b>	None

**SUMMARISED MINUTES**

Integrated Governance & Quality Committee
Meeting date: 20.03.18
Members Present: Dr Andrew Murray, Dr Nicola Jones, James Blythe, Julie Hesketh, Josh Potter, Stephen Hickey, Dr Mike Lane, Dr Jonathan Chappell, Andrew Leigh, Sam Page, Julie Hall, Carol Varlaam, Clare Gummatt, Dr Natasha Curran, John Atherton, Dr Tim Hodgson, Dr Karen Worthington, Kimball Bailey.
<u>Main Items Discussed:</u>
<u>Integrated Governance Report</u>
Risk Update <ul style="list-style-type: none"> <li>• Going forward there would be one common risk system: 4Risk.</li> <li>• All risks were currently being reviewed in depth to avoid duplication.</li> <li>• The Board Assurance Framework to come to the Committee twice a year.</li> </ul>
Finance Update <ul style="list-style-type: none"> <li>• Both CCGs still projected to meet control totals but this remained very tight.</li> </ul>
Quality, Safety Effectiveness and Experience <ul style="list-style-type: none"> <li>• Current Amber Alerts and Sis were highlighted.</li> </ul>
St George's <ul style="list-style-type: none"> <li>• Merton CLCH felt there were a higher level of neonatal still births. SGH have been completing a review and this is being discussed at CQRG next week. The Alliance lead is going to look across the other providers as this is not just relevant to SGH.</li> <li>• There remained nine RCA reports pending and four sent for FIRs.</li> </ul> <p>The Committee its concern over the level of quality assurance at St George's and that the report received needed to assure the Committee regarding any quality impact as a result of the performance issues at SGH. AM and NJ agreed to discuss outside of the meeting what the reporting requirements for quality at SGH should look like.</p>
SWL SG Mental Health Trust <ul style="list-style-type: none"> <li>• Kingston CCG would be taking back hosting responsibilities for the Trust from 2018/19. JHe emphasised that CCGs would to continue to be assured over key aspects of quality.</li> <li>• The Committee felt there should be a new risk added to the risk register in respect of the changes proposed.</li> </ul>
<u>Performance Report</u> <ul style="list-style-type: none"> <li>• A&amp;Es have had a couple of very difficult weeks post the cold period</li> <li>• DTOC levels remained very low although stranded patients remain a challenge with 35% of patients having been in hospital for over seven days.</li> <li>• JA acknowledged a lack of clarity regarding reasons for high rate of 62 cancer waits for Royal Marsden. This is being addressed with the Trust at their performance meetings.</li> </ul>
<u>GDPR Preparedness</u> <ul style="list-style-type: none"> <li>• Both CCGs were on track for compliance with GDPR although a decision about the Data Protection Officer role is still required.</li> <li>• The issues of potential financial penalties for non-compliant GP Practices was raised and the possible destabilising effect this could have. The Committee felt that the CCG had a responsibility to ensure primary care was not destabilised</li> </ul>

## SUMMARISED MINUTES

Integrated Governance & Quality Committee
Meeting date: 17.04.18
Members Present: Dr Andrew Murray, Dr Nicola Jones, James Blythe, Julie Hesketh, Neil McDowell, Dr Jonathan Chappell, Andrew Leigh, Sam Page, Dr Waqaar Shah, Carol Varlaam, Dr Natasha Curran, John Atherton, Dr Karen Worthington, Rod Ewen.
<u>Main Items Discussed:</u>
<u>Integrated Governance Report</u>
Risk
<ul style="list-style-type: none"><li>- It had been agreed to escalate the migration of Merton CCG risks from the CSU system across to the Wandsworth 4Risk system. .</li><li>- Two risks were proposed for closure during the month. There were three new risks added (1xHigh and 2xMedium priority)</li></ul>
Finance
<ul style="list-style-type: none"><li>- Breakeven position reported for Merton CCG and a surplus for Wandsworth CCG as planned;</li><li>- Continuing healthcare for Merton closed at an agreed level although accruals have been put in place for the financial risk remaining in 18/19. Additional money has been put aside in the 18/19 plan to cover this risk (£1m).</li><li>- Acute commissioning year end challenge has come from St George's issuing a significantly higher volume of invoices than was expected.</li></ul>
Quality, Safety Effectiveness and Experience
Wandsworth SIs
<ul style="list-style-type: none"><li>- Five reported in March, including two Never Events.</li><li>- Other commissioned SIs included a Southleigh homicide investigation report, focussed on care coordination, communication and assessment of mental health status.</li><li>- The Committee requested that future reports should detail SIs involving Merton and Wandsworth borough residents at providers commissioned by other CCGs.</li></ul>
Make a Difference Alerts
Key issues included:
<ul style="list-style-type: none"><li>- Discharges: delays in sending out discharge summaries along with some errors in medication issued on discharge. This has been raised with the Trust and their response was awaited.</li><li>- Outpatient delays and referrals linked to RTT. There was a focused review on this due in June.</li></ul>
JB said that going forward there was a need to consult with SWL colleagues over these issues as they were likely to be of common interest.
SGH Key Quality Focus
EB highlighted key quality issues for the main commissioner and confirmed that:

- The National Maternity and Perinatal Audit findings showed that the Trust compared favourably with other similar units.
- There were two 12 hour breaches in A&E as a result of not following the correct escalation pathway at night time.
- The quality team review the Quality Improvement Plan dashboard each month
- No new cases of cases or harm reported in month.

AM drew attention to the continued red performance targets for workforce. EB clarified that the HR Director reports quarterly to the CQRG and that information on safeguarding training is provided along with monitoring reports. There were no specific safeguarding concerns at present.

#### Merton SI's

- The key issue for Merton was around tightening the process for monitoring actions from SI's. Additionally, there were a number of homicide reviews in place for which reports will be brought through this Committee at a future meeting.

#### Merton Amber Alerts

- For SWL St Georges MHT the key theme was suicide and it had taken some time to produce the investigation reports. Assurances have been provided that the reports were going to the April Internal Governance meeting at the Trust and these would be released and discussed at the May CQRG.

#### Performance Report

##### Merton IAPT service

- The provisional position of between 3.5- 3.7% falls below the 4.1% access target.
- During Q4 significant data quality issues were identified. A data quality audit of weekly and monthly data has been requested.

##### RTT Position

- The Trust has now implemented a new Patient Tracking List System and the Trust was working to prevent errors starting to appear on the list again.
- The Trust has set a trajectory for the PTL to halve during the year (50,000 to 25,000).
- 19,000 patients had previously been contacted to clarify if they need any further involvement by the Trust. Of these, 3,500 responded but only a small number have confirmed they require further intervention.

#### St Georges Hospital Deep Dive

The findings of this were summarised. The committee noted the consensus around the very high standard of inpatient care but the ongoing and systemic challenges in relation to outpatient and elective access and the requirement to ensure improved follow-up of SIs in this area.