

**Report to the Governing Body
Wednesday 3rd May 2017**

Report Title	Report from the Chair of the Integrated Governance Committee				
Author(s)	Sue Gallagher, Integrated Governance Committee Chair Anne Middleton, Assistant Director of Quality & Governance				
Clinical Lead(s)	All				
Management Lead(s)	Una Dalton, Director of Governance and Development				
CCG Programme	All				
Purpose of Report	The report is intended to provide the Governing Body with an update on the CCGs key governance and performance issues in order to provide assurance that the CCG is meeting its business plan objectives and statutory responsibilities and addressing key risks.				
Summary	This report summarises the work of the Integrated Governance Committee (IGC) since February 2017, including key issues addressed at the IGC meeting held on 5 April 2017. The Integrated Governance Report (Annex A) sets out the key quality performance and risk issues as at January 2017, including the latest Board Assurance Framework and risk register.				
Recommendation(s)	The Governing Body is asked to note the report of the Chair of the Integrated Governance Committee and the Integrated Governance and Performance Report for April 2017.				
Does this report provide assurance to support the vision for the CCG?					
People centred <input checked="" type="checkbox"/>	Prevention focused <input checked="" type="checkbox"/>	Integrated <input checked="" type="checkbox"/>	Consistent <input checked="" type="checkbox"/>	Innovative <input checked="" type="checkbox"/>	Deliver best value <input checked="" type="checkbox"/>
Does this report provide assurance in relation to the following areas of responsibility for the CCG					
Legal <input checked="" type="checkbox"/>	Engagement <input checked="" type="checkbox"/>	Risk <input checked="" type="checkbox"/>	Financial <input checked="" type="checkbox"/>	Inequalities <input checked="" type="checkbox"/>	
<p><i>Please include relevant risk references here</i></p> <ul style="list-style-type: none"> • <i>As outlined in Risk Register.</i> 					

The Integrated Governance Committee met on 5th April 2017.

I would like to draw the following key areas to the attention of GB members:

1. London Ambulance Service NHS Trust - Presentation on quality issues across the Trust.

The committee welcomed Tricia Bain, Chief Quality Officer and Darren Farmer, Assistant Director of Operations for South East London, for a presentation on quality issues at London Ambulance Service NHS Trust (LAS).

The committee discussed the challenges facing the Trust following the recent CQC re-inspection that took place in February including the high level debrief received. The committee noted the good progress being made in relation to the CQC inspection recommendations and look forward to hearing further about this in due course.

The committee discussed an update on workforce recruitment and retention, processes for Hear and Treat, GP Diversion and Alternative Care Pathways along with local systems integration and sharing good practice across the system.

Communication and information sharing was discussed for both direct patient care and population health along with patient safety improvements such as systems to support medicines management, changes to incident reporting systems and the approach to falls and end of life care including guidelines relating to sudden death and use of CPR.

The committee thanked LAS colleagues for their presentation and in particular commended the impressive efforts the Trust has made in relation to CQC findings and openness to discuss on-going challenges.

Members of the committee further discussed the possible options for intoxicated patients.

2. Integrated Governance and Performance Report

The committee reviewed the draft Integrated Governance Report and noted the latest Board Assurance Framework and updated risk register including the latest position relating to NHS constitution standards and our financial position. The full Integrated Governance and Performance Report can be found at the following link:

<http://tinyurl.com/j6j42oh>

A number of key risks and issues identified and reviewed by the committee included;

- We continue to recognise the pressures facing local patients and the NHS system as a whole. The delivery of access targets has the biggest challenge so far in 2016/17. The risks associated with the delivery of the A&E, RTT, diagnostics and cancer 62 day targets are being closely monitored by the CCG and NHS England. We are working with GSTT, KCH, primary care, the CSU and patient participation groups to support the on-going implementation of recovery plans, with a specific focus on taking forward agreed out of hospital care actions.
- Latest published performance data (February 2017) shows that RTT, A&E and Cancer 62 day standards are not being met. Recovery plans are being implemented.
- The CCG's Board Assurance Framework and risk heatmap identify the current highest risks to the delivery of our Business Plan objectives as follows:
 - RTT Performance
 - A&E 4 Hour Wait performance standard
 - Community Nursing Vacancy level
 - Financial Planning Risk
 - Safeguarding children
- There was concern expressed about discharge summaries at KCH, there was some discussion about improvement work being done in this area.
- The Board Assurance Framework and the risk register have been updated to reflect the position as at the end of March 2017 (detailed updates reported from page 23 in the main IGPR).
 - **One risk has been added:**
 - **5YPCC** 'Risk that the CCG will be unable to conclude PMS discussions within the London timeframe'. A Task and Finish group has been established to oversee the negotiations process
 - **One risk has been removed from the BAF:**
 - **3M** 'Possible risk that the IPSA Alliance contract fails to deliver service and financial outcomes resulting in poor outcomes for people and financial challenge – this risk has been downgraded as the alliance is delivering for this financial year. The risk will continue to be monitored at a programme level.
- **Month 11 (February) Financial Position 2016/17**

NHS Lambeth CCGs financial position as at February 2017 is a surplus of £5.868m. The year end forecast is a underspend of £6.402m which is below our plan of £7.752m. The CCG achieve its statutory cash target with £41K in the account on 31 March 2017.

Annual accounts have been brought to the Audit Committee on 19 April and submitted on 26 April.

The 1% surplus was unfrozen in March, some of which will be used to fund the Lewisham & Greenwich Trust payment.

3. Programme Update

The committee received an update on progress against plans from each of the CCGs key programmes of work.

▪ **Integrated Children and Young People (including Maternity) Programme**

The committee noted that programme progress is on plan and noted:

- The programme board agreed the developing new young people's plan, including the priority areas to bring together a more coherent offer.
- The work being done around young Lambeth to improve the offer for vulnerable people
- The work being done to look at how the LCN model will apply in the children's programme
- CYPHP work and inReach clinics are being promoted to encourage GP engagement, as well as improvements that could be made to practice visits, links to peer review and dashboards in development to show data by practice.
- The CAMHS transformation tendering was completed with nine new orgs running additional services. The programme is looking at how learning can be included from the Living Well Alliance.

It was confirmed that several indicators targets need to be refreshed to be ambitious but realistic for the Tier 4 CAMHS target. It was noted that LEAP was not included in the dashboard or narrative of the Report.

It was confirmed that discussions are being held with GSTT as part of the redesign for Health Visiting checks.

▪ **Integrated Adults Programme**

The committee noted that programme progress is on plan and noted:

- In planned care, there is a significant risk of the GP Framework not providing the outcomes needed. There was some further discussion around work in this area.
- The ambulatory blood pressure team is working on a separate blood pressure project and received £100k from the British Heart Foundation to look at detection.
- The Committee in Common has agreed funding relating to dementia. Further work is being done to link with London wide systems such as Coordinate-My-Care, though this system still has some issues associated.
- A new Quality Forum has been set up and is a sub-set of the CQRG – priorities and Terms of Reference are still being agreed, but it will focus on anticoagulation, communications and wound care.

- Further work is needed around Learning Disabilities risks which do not currently have mitigations in place.
- **Integrated Mental Health Care for Adults**

The committee noted that programme progress is on plan and noted:

 - The dashboard is positive and going the right direction.
 - The main focus is the Expressions of Interest in The Living Well Network tender. The committee noted that programme progress is on plan and noted:
- **Staying Healthy Programme**

It was noted that the key risks relate to the specific strategic plan. Ruth Hutt will be attending the July Seminar to discuss preventative approaches. There was discussion regarding the need for a longer term strategic plan and the need to receive more information, including KPIs. The committee had some discussion about current local services and associated risks.
- **Primary Care Development Programme**

The committee noted that programme progress is on plan and noted:

 - The LCNs have been recruiting new Chairs and appointments have been made for South East and South West. The interim Chair will continue in the North until an appointment can be made.
 - Negotiations continue around the PMS contract and are due to be completed and agreed by October.
 - The GP Access Hubs have agreed contracts and work is on-going to look for transformational innovative ideas.
 - The Gracefield Gardens Walk in Centre has closed.
 - There was some discussion about the Access Hubs not yet being up to full capacity and work being done to mitigate unused capacity on Sundays as well as the high numbers of DNAs.
 - The CCG received official notification that it has fully delegated commissioning from 1 April.
 - The South West and North Federations have now merged, though it has been confirmed that there are no plans for the South East Federation to merge as well.
 - Negotiations around the GP Delivery Framework continue and the planned launch date is early May. A weekly email update will be sent to Governing Body and Management Team members.

4. Approval of refreshed CCG policies and reports

The committee agreed a number of key policy documents including;

- Business Continuity Management Plan.
- London Living Wage (LLW) increase for Personal Health Budget payments for adults eligible for NHS Continuing Health Care.

5. IGC Effectiveness Review & Revision to Meeting Format

It was noted that due to time constraints the IGC would be changing its format – this was further discussed and agreed.

There was some discussion about the non-attendance of certain members of the Committee and whether they should be removed from the IGC. It was noted that currently all Governing Body Members are members of the Committee. It was felt that a greater distinction needed to be made between members and attendees of the Committee.

There was some discussion and it was agreed that the Strategic Partnership Board minutes would be brought to the IGC from now onward in the 'Reporting Sub-Groups minutes of most recent meetings' section. It was noted that the Clinical Strategy Committee minutes should be received at the Governing Body Board meetings

The IGC creates the governance report for the Governing Body to give assurance to the public at the Board meetings. It was noted that independent assurance around risk management is also received through internal audit.

Members noted that the IGC was felt to be an effective committee.

Changes proposed for the IGC format, noting that it was agreed at the meeting in February that from June 2017 are as follows:

- Provider presentations will take place via Governing Body special meetings to enable more time to focus on discussions relating to quality, risk and performance across programmes and to have time for deep dive discussions.
- On three occasions during the year (i.e. June, November and February), two providers will be invited to attend an extended Governing Body Teleconference meeting to discuss quality issues. The provider will deliver their presentation on quality and safety to the Governing Body and there will be a question and answer session as per at the current IGC meeting. Providers invited will be GSTT, Kings, SLAM, St Georges, LAS and the Federations.
- There will be additional time allocated at the IGC meetings to focus on discussing the Integrated Performance Report, with deep dive discussions on two programmes at each meeting, and to allow more focussed time for discussion about enablers.

The Terms of Reference for the Integrated Governance Committee remain unchanged.

The next meeting of the committee will be held on 14 June 2017 when the revised format for meetings will commence.

Sue Gallagher
Chair of Integrated Governance Committee/Lay Member