



**REPORT TO THE MERTON CLINICAL COMMISSIONING GROUP
GOVERNING BODY**

Date of Meeting: 18th April 2018

Agenda No: 10.1

Attachment: 13

Title of Document: Summary Report of the meeting of the Integrated Governance & Quality Committee 20.02.18	Purpose of Report: To Receive and Note
Report Author: Tony Foote, Board Secretary, NELCSU.	Lead Director: Dr Andrew Murray
Executive Summary: This report summarises the key items discussed at the meeting of the Integrated Governance & Quality Committee 20.02.18 Note: this summary is not intended to replace the formal minutes of this meeting. Those minutes are available upon request.	
Key sections for particular note (paragraph/page), areas of concern etc: All of the summarised minutes.	
Recommendation(s): The Merton Clinical Commissioning Group Governing Body is requested to note the contents of the summarised minutes.	
Committees which have previously discussed/agreed the report: The Integrated Governance & Quality Committee has approved the full minutes of these meetings.	
Financial Implications: Only any detailed within the meeting summaries.	
Implications for CCG Governing Body: N/A	
How has the Patient voice been considered in development of this paper: N/A	
Other Implications: N/A	
Equality Analysis: N/A	
Information Privacy Issues: N/A	
Communication Plan: All documents appearing on Part 1 of the Governing Body meeting will be accessible via the CCG's website.	

SUMMARISED MINUTES

Committee:	Integrated Governance & Quality
Meeting date:	20.02.18
Members Present	Dr Nicola Jones, Dr Andrew Murray, James Blythe, Julie Hesketh, Stephen Hickey, Dr Mike Lane, Neil McDowell, Andrew Leigh, Sam Page, Julie Hall, Carol Varlaam, Clare Gummett, John Atherton, Rod Ewen, Dr Tim Hodgson, Kimball Bailey
Main Items Discussed:	<p><u>Care Homes Update</u> Simon Galea (SG) highlighted the latest developments around Care Homes: A Database of care homes has now been developed Links have been established with Merton Seniors A Merton Joint Intelligence Group (JIG) has been established Red bag pathway has been launched across 21 nursing/care homes; Develop training links with CLCH.</p> <p>Following a review of CLCH at CQRG last week, a falls and care homes focused review will be carried out in April and reported back to the Committee.</p> <p>The Committee NOTED the Care Homes Update.</p> <p><u>Integrated Governance Report</u></p> <p>Risk It was proposed going forward that risk would be developing risks across the LDU with all risks refreshed to ensure relevancy. There was also discussion ongoing regarding moving to a single risk system across the Alliance</p> <p>Finance Finances were on track at month 9 to deliver the target position with the previous underlying risks reduced. CG questioned whether decisions relating to CHC to reduce pressure and perform below plan had resulted in additional complaints from patients. To date there have been no complaints relating to financial management decisions taken.</p> <p>Quality Serious Incident and Make a Difference information was considered with the key issues and remedial actions emanating from each provider review meeting noted. JHe agreed that at each meeting there would be a focus on a specific provider. CV referred to the current SI figures for the Mental Health Trust and questioned whether this presented any significant concern to the CCG. JHe stated that they were within expected levels for a Mental Health Trust. It was also agreed that, going forward, Merton Amber Alert information would be provided in the same way as the Make a difference Alerts with a summary of issues raised and included in the Integrated Governance Report going forward.</p> <p>The Committee NOTED the Integrated Governance Report.</p>

	<p><u>Performance Report</u> RTT 18 week wait – recovery programme now includes a patient tracking list to quantify the activity undertaken and establish the backlog that needs to be treated during the next 12 months; Diagnostics position - confirmation of sustainably improvement awaited. Update on IAPT performance: full workforce now in place including flexible call off for therapists; focus remains on getting referrals entering the service, with work on advertising and promoting through social media leading to a surge in referrals. However, there remained a wait list of around 10 weeks Performance Report</p> <p>The Committee NOTED the Integrated Governance Report.</p> <p><u>St Georges Clinical Harm Group Update</u> Following concerns over the failure of the tracking system an elective care recovery program was put in place and a clinical harm review system established to determine if any harm has come to patients from this.</p> <p>Phase 1 review of 105,000 patient records showed 18,000 were identified as having an unclear outcome. These patients were written to with 4,500 responses so far.</p> <p>EB highlighted the key risks that remain in the system potentially impacting on quality: errors when adding as individuals are using the system differently; some disconnect between the clinician and administrative teams when processing DNAs and also there is a risk of some patients being lost to follow ups. However, EB concluded that she was now confident that there are adequate governance processes in place to monitor quality.</p> <p>The Committee NOTED the St Georges Clinical Harm Group Update.</p> <p><u>Current Governance on Chelsea and Westminster Contract</u> Concerns with Chelsea and Westminster were mainly those of finance and contracting, due primarily to the increasing size of the contract resulting from problems at St Georges. NM added that he was in discussions with the finance team at the Trust to ascertain how the CCG can gain a greater influence over the contract and ensure the CCG has a seat at the table for discussions.</p> <p>The Committee requested that a Chelsea and Westminster governance update be added to the agenda for the April meeting.</p>
Points to Note:	None.