



REPORT TO THE MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 30th November 2017

Agenda No: 11.1

Attachment: 13

Title of Document: Summary Report of the Merton CCG Clinical Quality Committee Meetings 06.09.17 & 04.10.17	Purpose of Report: To Receive and Note
Report Author: Tony Foote, Board Secretary, NELCSU.	Lead Director: Clare Gummatt/Julie Hesketh
Executive Summary: This report summarises the key items discussed at the Merton CCG Clinical Quality Committee Meetings 06.09.17 & 04.10.17 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 Clinical 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.	



CLINICAL QUALITY COMMITTEE
6th September 2017

Members Present:	
Clare Gummett (CG)	Lay Member, Patient and Public Engagement
Julie Hall (JHa)	Independent Nurse Member
John Atherton (JA)	Director of Performance Improvement
Eileen Bryant (EB)	Deputy Director of Quality

1.	<p><u>Quality and Performance Report Month 3</u></p> <p>Good performance:</p> <ul style="list-style-type: none"> - Ambulance wait times: 77.8% (target: 75%) - Estimated diagnosis rate for people with dementia June 2017: 69.2% (target 67%) - Delayed transfers of care – *delayed bed days) March 2017: 159.8 per 100,000 population (London average: 716.8 per 100,000 population) <p>Challenged performance:</p> <ul style="list-style-type: none"> - Patients admitted, transferred or discharged from A&E within 4 hours May 2017: 90.0% (target: 95%) The 95% standard has not been met since August 2015. - 6 of the 10 reported cancer indicators did not meet target during June 2017, indicators below target: 2 week wait all cancers / 2 week wait breast symptoms / 31 days definitive treatment. - IAPT recovery rate – the June recovery rate: 49.3% shows improvement in comparison to the previous month's 46.9%. However, still below the national target of 50%. <p>Regarding IAPT access, the CCG was working closely with providers (Addaction). Current focus is on clearance of the backlog for patients waiting to access the step 2 service with a plan to achieve this by October. The CCG have asked for weekly data to monitor performance and monthly review meetings with the provider are in place.</p> <p>Cancer 2 week waits has arisen due to staff issues. These had now been addressed and the CCG recognises the additional resources and changes made by the Trust.</p> <p>The MCQC approved the Month 3 report.</p>
2.	<p><u>Equality and Diversity Q1 report and Workforce Race Equality Standards</u></p> <p>key work undertaken in the first quarter include:</p> <ul style="list-style-type: none"> - The CCG has begun compiling its Workforce Race Equality Standard Report (WRES) for 2017. - The metrics for indicators 5-8 of the WRES will be completed following the publication of the national staff survey in February 2018. - Engagement on the Equality Objectives for 2017-21 - Planning for Equality Delivery System (EDS2) review for Goals 1 and 2. - Starting to implement the updated action plan for EDS2 Goals 3 and 4 - Resumed meetings of the Equality and Diversity Working Group in July, now including members from Merton and Wandsworth.

	<p>There was also a short discussion regarding the under-representation of BME groups in non-clinical roles at Band 8a and above. YM said that a focus of the work will be to ensure that there is an objective recruitment process.</p>
3.	<p><u>Safeguarding Adults Q1 Report</u></p> <ul style="list-style-type: none"> - SWLSTG Prevent training is slightly behind target but a trajectory to recover performance in Q2 is in place; - The thematic review in regards to deaths by suicide and all deaths has started; - CLCH Community Services are demonstrating an outstanding report in terms of their safeguarding adult activities including good narrative examples of safeguarding adult cases and learning from outcomes of these. - EStH continues to monitor its safeguarding adult assurances to ensure compliance. - Kingston Hospital NHS Trust training in all areas including Prevent is improving; - Care Homes continue to work with the Local Authority to address concerns in care homes with nursing. <p>The Clinical Quality Committee approved the Q1 report.</p>
4.	<p><u>Safeguarding Children Q1 Report</u></p> <ul style="list-style-type: none"> - Alignment of safeguarding governance, policies and procedures across the Merton and Wandsworth CCGs; - A training offer for Primary Care is being developed; - Work is taking place with acute and community trusts to improve safeguarding training and compliance; - Providing support to CLCH and ESH for assurance that assessments for LAC are carried out within the timeframe; - The number of young people attending A&E related to self-harm is increasing -- Merton Ofsted inspection for children services was rated 'Good' with 3 areas rated as 'Outstanding' adoption, leadership and the safeguarding board. <p>The Clinical Quality Committee approved the Q1 report.</p>
5.	<p><u>Continuing Healthcare Update</u></p> <p>A recovery plan has been agreed with the Provider and is reviewed at Performance monitoring meetings. The provider has recruited to the vacant posts to achieve the full complement of staff by November 2017.</p> <p>CLCH have implemented changes to management of the CHC team and funding for a Social Care worker to support the process has been agreed</p> <p>Clinical Quality Committee noted the update.</p>
6.	<p>The following reports were received and note by the Clinical Quality Committee:</p> <ul style="list-style-type: none"> - PALS and Complaints Annual Report (2016-17) - Amber Alerts Q1 Report - Infection Prevention and Control Q1 Report.
7	<p><u>SWL & St. George's Mental Health NHS Trust and CLCH</u></p> <p>This was the first time both acute and community providers had attended a meeting at the same time, with the key focus of the meeting on children's services and overview of adult services by SWLSTG.</p> <p>The discussion featured the following topics:</p>

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| | <ul style="list-style-type: none">- The opening of 2 crisis cafes and a LAS unit which enables people who are experiencing crisis to have an enhanced mental health assessment away from A&E.- That the area of most concern was community adult mental health services. The thematic review of serious incidents related to suicide and other deaths has now started.- The eating disorder service which aimed to ensure that children and young people are assessed early. There had been an increase in referrals to the service.- The community children integrated complex needs service offered in Merton and a patient story which demonstrated clearly the benefits of integrated services. |
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right care
right place
right time
right outcome

NHS
Merton
Clinical Commissioning Group

CLINICAL QUALITY COMMITTEE 4th October 2017

Members Present:	
Clare Gummatt (CG)	Lay Member, Patient and Public Engagement
John Atherton (JA)	Director of Performance Improvement
Eileen Bryant (EB)	Deputy Director of Quality
Julie Hesketh (JHe)	Director of Quality and Governance
Dr Tim Hodgson (TH)	West Merton Locality Lead
Dr Karen Worthington (KW)	East Merton Locality Lead

1.	<p><u>Quality Directorate Update</u></p> <ul style="list-style-type: none"> - Staff Consultation on the operational model for the LDU has launched. - Constitutional changes including the Terms of Reference for Committees in Common (CiC) to be agreed by the Governing Body in October. - The changes to the Quality Team have been positive overall and the team is relocating to Wimbledon. - That the benefits of joint work had not been seen in the first six months, however this is now starting to change.
2.	<p><u>Quality and Performance Report Month 4</u></p> <ul style="list-style-type: none"> - IAPT continued to be a key CCG focus area. Referrals into the service have risen, creating a back log. The Trust has produced an action log to recover performance by mid-October with weekly monitoring. - SGH RTT: The CCG was invited to attend the fortnightly System Escalation meeting. - Concordia Health Ltd has started to review and triage patients waiting for ENT and Dermatology with the aim of reducing the waiting list. - SGH A&E winter planning has a 7 point action plan aimed to improve patient flows throughout the organisation. - TH/KW said that there is no evidence that SGH was re-directing patients to the GP Hubs where there was capacity. JA will raise this with the Commissioning Lead. - There was some improvement in cancer waiting times (62 days and 2 week referrals) in August and September. - Electronic Referral System. The CCG is increasingly concerned that the 100% target for next year will not be achieved. JA said that from October next year only referrals via eRS will be paid
3.	<p><u>Quality Risk Register</u></p> <ul style="list-style-type: none"> - Risk 962 (Financial and clinical challenges across South West London require organisations to alter current ways of working) will be updated in due course. The risk description and risk score of Risk 962 will be changed. - There is ongoing work to align the risk register across the LDU. The corporate objectives for the LDU are being finalised. The aim is that the corporate risks and BAF will be aligned to the finalised objectives and presented to GB in November.

	<ul style="list-style-type: none"> - The recent Internal Audit of the BAF highlighted the need for a Committee to take responsibility for scoring risks and de-escalating and escalating risks to the Register. It is proposed that the new Integrated Governance and Quality Committee will take on this role.
4.	<p><u>SGH Clinical Harms Group review after 6 months</u> Key highlights as of July 2017 were:-</p> <ul style="list-style-type: none"> - 242 clinical reviews have been completed with 101 cases in progress. - 4 cases of severe harm and 2 cases as moderate harm identified. - The Clinical Harms Review group reports to the CQRG on severe and moderate harm cases is shared monthly with the CQRG, NHSI and CQC. Associates commissioners will also be kept updated as appropriate. - The first cohort of high risk patients has now completed. 105k cases were validated of which 242 reviews have been completed. - JHe said that all cases with a risk of harm will be reviewed. Due to an auto closure process 44% of cases which should have remained open were closed. - JA said that an external company had undertaken the initial validation and had found that 497 cases were inconclusive. The Trust is looking to outsource work to telephone patients to check if they are waiting for an appointment. - In relation to the issues at Queen Mary's Hospital there are continued concerns that general capacity is leading to delays.