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MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 25th May 2017

Agenda No: 9.1

Attachment: 13

Title of Document: Approved Minutes of the Clinical Quality Committee	Purpose of Report: For Note/Discussion
Date, author details: As per details on each attachment.	
Executive Summary: The minutes of the following meetings are attached: 02.11.16; 07.12.16; 04.01.17; 01.02.17. This item will also include a verbal summary from the Committee Chair regarding key issues, risks and mitigations.	
Key sections for particular note (paragraph/page), areas of concern etc: Whole document	
Recommendation(s): For Note & Discussion	
Committees which have previously discussed/agreed the report: N/A	
Financial Implications: N/A	
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 Assessment: N/A	
Information Privacy Issues: N/A	
Communication Plan: All formal committee minutes are posted on the CCG's website as part of the Governing Body papers	



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Merton Clinical Commissioning Group Clinical Quality Committee

Minutes of the
Wednesday, 1ST March 2017
10.00am – 12:30am
Rm. 5.1, 120 The Broadway, Wimbledon, SW19 1RH

Chair: Clare Gummatt

Members:

Clare Gummatt (CG)	Governing Body Lead for Patient & Public Engagement
Julie Hall (JHa)	Governing Body Nurse Member (via conference call)
Dr Tim Hodgson (TH)	Clinical Locality Lead (West Merton) and CRG Deputy Chair
Dr K Worthington (KW)	Clinical Locality Lead (East Merton) and CRG Deputy Chair
Amanda Bland (AB)	Deputy Director of Quality
David Parry (DP)	Jt. Designated Professional Adult Safeguarding Merton and Wandsworth CCGs
Chris Clark (CCI)	Director of Performance, Planning and Informatics
Andrew Moore (AMo)	Acting Chief Officer and Interim Director of Commissioning Ops
Alison Roberts (AR)	Deputy Director of Commissioning Operations

In Attendance:

Matthew Videan (MV)	Head of Contracting for part of the meeting
Jane Byworth (JB)	Senior Commissioning Manager
James Holden (JH)	Senior Commissioning Manager
Yvonne Hylton (YH)	Committee Secretary Minutes
Holly Ashforth (HA)	Deputy Chief Nurse, CLCH
Kate Wilkins (KW)	Assistant Head of Quality, CLCH

Apologies:

Patrice Beveney (PB)	Senior Mental Health Commissioning Manager
Anjan Ghosh (AG)	Public Health Consultant
Prof. Stephen Powis (SP)	Secondary Care Consultant

ITEM	AGENDA ITEM	WHO
1.	Welcome and Apologies for Absence	
	The Chair welcomed all in attendance to the meeting. Apologies received are noted above.	
2.	Register of Interests	
	The Register was approved as an accurate record and no further interests were declared in relation to items on the agenda.	
3.	Minutes and Action log from previous meeting	
3.1	The minutes of the meeting held on 1.2.17 were approved with minor amendments.	
3.2	The action log was reviewed and updated and will be re-circulated to the	

	Committee.	
4	Key Focus – Central London Community Healthcare	
4.1	<p><u>CLCH performance from a Commissioners perspective</u> The Committee briefly discussed performance of the CLCH contract from a commissioner’s perspective to inform discussion with the Trust.</p>	
4.2	<p><u>CLCH Quality Strategy Presentation</u> The Chair welcomed Holly Ashforth, Deputy Chief Nurse CLCH and Kate Wilkins, Assistant Head of Quality CLCH to the meeting.</p> <p>Holly tabled the CLCH Quality Strategy for 2017-20 stating that it builds on previous aims to improve patient outcomes and experience and make better use of resources. Holly added that the Strategy included the current Quality dashboard and the shared governance model, designed to improve the staff/manager relationship and enable better decision making and staff satisfaction.</p> <p>Kate advised that the Trust’s Quality Account for 2017/18 is currently out to consultation until 31 March and is available on the Trust web-site. A copy of the Quality Account will be shared with Commissioners before publication.</p> <p><u>Questions</u> CG asked Holly for her views on the first year. Holly responded that overall it has gone well and there had been continuing improvement in areas identified at handover, including high vacancies in specialist community nursing and non-compliance with staff training.</p> <p>With regard to CLCH’s falls prevention work, CG asked what assurance was there of its effectiveness. Holly replied that all incidents are reviewed and learning shared with staff and across the wider team. CCI commented that Merton is an outlier for admissions due to falls injuries and asked if learning is shared with the Acute Trust and LBM to ascertain whether there is an underlying medical condition causing falls and gives assurance of the effectiveness of the falls prevention work.</p> <p>CCL complimented the Trust on its low number of complaints and asked if CLCH pro-actively seek feedback from patients. Holly explained that FFT and Patient Reported Experience Measures (PREMs) are collated and information designed to encourage patients and their families to comment and feedback on their experience.</p> <p>KW asked how CLCH feels about the quality of referrals from Primary Care and asked how many are rejected.</p> <p>DP expressed concern at the lack of any applications for DoLS or referrals to PREVENT and that the training to raise staff awareness had not had the expected effect.</p> <p>The Chair asked that a response to the questions raised above is forwarded to YH to circulate to the MCQC and this was agreed.</p> <p>Holly and Kate then left the meeting.</p> <p>Following a short discussion the Committee agreed to a future meeting with the focus on the service provided by CLCH in Merton. Action: Invitation to be extended to CLCH Merton team.</p>	<p>HA</p> <p>YH</p>
5	Approval/Information	

5.1	<p><u>Quality Directorate Update</u> DP provided a verbal update advising that from 13 February he and Liz Royle had taken up their Safeguarding roles in Merton and Wandsworth CCGs.</p> <ul style="list-style-type: none"> - Director level cover arrangements were agreed with Sutton CCG DoQ to cover AB's annual leave. DP and Liz Royle had provided a level of cover but this was challenging as they had moved into their new Wandsworth/Merton CCG safeguarding roles. <p>CG expressed concern regarding ensuring quality arrangements within the CCG whilst moving towards an LDU.</p> <ul style="list-style-type: none"> - Merton and Wandsworth CCG Safeguarding team appointments are progressing with an interim Looked After Children's nurse in post for 3 days a week. Substantive interview for a LAC nurse and Head of Quality are due to take place on 10th March. <p>The Chair thanked DP for the update with a request that in future a written update is provided.</p> <p>The MCQC NOTED the update</p>	
5.2	<p><u>SGH CQC action plan</u> The Committee had requested an update on progress against the action plan. The Deputy Director of Quality at Wandsworth CCG had forwarded the report which was presented to the SGH Trust Board on 9 February.</p> <p>DP advised that monitoring of the action plan was part of the monthly Part 2 meeting of the CQRG, the most recent of which was on 15th February.</p> <p>There have been a number of senior management team changes at SGH: the appointment of an Improvement Director by NHSI and a secondment to the post of Chief Nurse for 12 months. The latter was previously at SGH and has now returned to help deliver the action plan.</p> <p>The slippage in the plan in January is attributed to the leadership changes. CG said that she was concerned that the focus was on the action plan and not the work needed to recover performance.</p> <p>JHa asked if the urgent actions had been completed and AB confirmed they had. However, JHa noted that some relatively simple actions – such as with Fire Wardens – remained outstanding.</p> <p>In summary, the Committee did not feel assured by the report presented to the Trust Board on 9th February. Accordingly, it was requested that a formal letter be sent to the Trust from the Chair of the MCQC, Clinical Chair and Acting CFO drafted by AMo.</p> <p>The MCQC NOTED the report</p>	AMo
5.3	<p><u>Quality Performance Month 9</u> CCI presented the Month 9 report highlighting the following:</p> <p>LAS – Despite exceptionally high demand across London in December, local performance continues above target with 75.5% of category 1 patients reached in less than 8 minutes.</p> <p>IAPT access continues to be below target. The CCG has agreed to re-invest into the service on the strict understanding that access rates must be</p>	

	<p>improved.</p> <p>A&E continues to report below the 95% target. However, CCI gave assurances that patients who need to be seen within 4 hours are. The Committee is asked to note that despite exceptional pressure on A&E departments SW London performance has remained resilient compared to the rest of London and the wider region. In response to concerns raised previously that target was not achieved at Kingston Hospital, CCI stated that an action plan is being developed which is expected to improve performance. The actions are in line with those taken by SGH in response to the Junior Doctors' strike.</p> <p>MCCG is currently an outlier for patients admitted due to a falls injury. This was discussed with the Community Services provider and the CCG is currently investigating if the higher reported rate of falls is due to more diligent reporting by our providers or a failure of the falls assessment service.</p> <p>MCCG did not achieve 62 day cancer waits target due to 6 out of 29 patients breaching the target. JH reiterated her concerns regarding patients waiting 62 days and 100 days and requested assurance that the process is being followed.</p> <p>In response to a question from JH on bowel screening, the outcome of a Public Health audit into the number of patients screened will be reported back to the Committee. The Chair said that an invitation extended to the Clinical Lead for Cancer has been accepted and she will attend the meeting in May accompanied by the CCG Commissioning Manager.</p> <p>AB apologised that an update from the CQRG meetings was not available this month due to annual leave but a full update will be provided next month.</p> <p>The MCQC APPROVED the Month 9 report.</p>	
5.4	<p><u>EDS2 report and action plan</u></p> <p>The EDS2 report and action plan was presented to the Committee for review prior to presentation to the Governing Body in March.</p> <p>AMo said that the report was discussed by the EMT with focus on the deteriorating staff survey outcomes related to bullying and harassment and learning and development opportunities which were now reported as red. The Committee recognised that the last year had been very challenging with the focus on financial recovery and the high turnover of senior management and interims in post.</p> <p>The Committee agreed that more work was needed to understand the themes and to evidence the action taken in response to the staff survey. The report will be presented back to EMT for final review before presentation to the Governing Body.</p> <p>The MCQC NOTED the EDS2 report and action plan</p>	
5.5	<p><u>Complaints and PALS Q3 report</u></p> <p>The Q3 report was presented for note by the Committee.</p> <p>Due to the low number of complaints received it was not possible to identify themes for the report required more detail for example how long complaints had been outstanding for. AB said that she will discuss future reporting with the Complaints team to ensure the report is meaningful going forward.</p>	

	The MCQC NOTED the report	
6	For note/discussion	
6.1	<p><u>Integrated Urgent Care Update Q3</u> The Chair welcomed Jane Byworth to the meeting.</p> <p>JB presented the report which provides a summary of the latest performance and governance position in relation to the following areas:</p> <ol style="list-style-type: none"> 1. Integrated Urgent Care 2. London Ambulance Service 3. Urgent Care Centres 4. Walk in Centre <p><u>Integrated Care</u> TH/KW requested clarification of the pathway for the Under 5s and how this has been communicated to GPs and more information on the plans linking the clinical hubs and the 111 service.</p> <p><u>LAS</u> A multi-professional group including SGH is developing a plan to manage frequent callers with 200 calls from 4 callers in Q2. TH/KW said that GPs should be made aware when they have a patient who is a frequent caller.</p> <p><u>Urgent Care Centres</u> ESH data reported is to be checked for accuracy outside the meeting. SGH urgent care navigator is in place.</p> <p><u>Walk in Centre</u> Activity increased in Q3 a breakdown of activity shows 58% Merton and 29% Sutton with the majority of cases related to colds and coughs.</p> <p>The MCQC NOTED the report</p> <p>JB left the meeting</p>	JB
6.2	<p><u>Continuing Healthcare update</u> The Chair welcomed James Holden to the meeting and outlined the key risks to the service.</p> <p><u>Outstanding risks</u></p> <ol style="list-style-type: none"> 1) 44 new assessments were generated due to reviewing patients who qualified for funded nursing care. A resource has not been identified to complete these new assessments. 2) Social work input continues to delay the completion of CHC assessments, causing the CCG to miss its 28 day target and assessments become out of date as they wait for social work input. <p><u>Action</u> JH/AR to write to the Chair of the Health and Wellbeing Committee to express the concerns of the Clinical Quality Committee</p> <ol style="list-style-type: none"> 3) Long term sustainability of panel without dedicated clinical resource with contingency identified is a key concern. JB said that the panel is a very positive resource in terms of the use of the DST tool and the CCG needs to consider how the panel is resourced as we move towards an LDU with Wandsworth <p><u>Next Steps</u></p>	JH/ AR

	<p>Integrate CHC performance into CLCH operational/contracting meetings including key performance indicator information presented to CRM and CQRG.</p> <p>Contract negotiations and the setting up of contracts for spot purchases for CHC are weak. Link in with other CCGs regarding how to band for nursing home provision and ensure individual client contract negotiations (reducing costs of placements).</p> <p>Plan for the review of high cost mental health and learning disability placements.</p> <p>The MCQC NOTED the update</p> <p>On behalf of the Committee the Chair thanked JB for presenting to the Committee and wished him well in his new role as he leaves the CCG.</p>	
6.3	<p><u>IAPT monthly report</u></p> <p>In the absence of the Commissioning Manager (Patrice Beveney) the following update to support the monthly report was received from PB and read to the Committee.</p> <p>MCCG continue to pursue the NHS IST to assist the CCG and provider in improving performance.</p> <p>The GP referral form has been revised by Addaction, and approved by Andrew Otley, Clinical Lead for Mental Health. PB is working with Addaction and the CCG's communications team to re-circulate the form with an appropriate message to GPs.</p> <p>Overall performance with regard the metrics other than numbers entering treatment is much improved; the recovery rate is high and headline waiting times are within the required limits.</p> <p>There is a detailed communications plan that has been jointly developed between the CCG's and Addaction communications teams which will be implemented.</p> <p>The MCQC NOTED the update</p>	
6.4	<p><u>MCQC work plan</u></p> <p>The work plan was received and noted.</p> <p>The Chair requested that the visit by SGH which was postponed earlier in the year is reinstated. Subsequently an invitation was extended and accepted by the Chief Nurse at SGH to attend the meeting on 6 June 2017.</p> <p>NOTED</p>	YH
7	Any other business	
7.1	<p>Feedback to Governing Body</p> <ul style="list-style-type: none"> - EDS2 and action plan in particular staff survey responses; - SGH action plan progress report presented to the Trust Board which did not give assurance to the MCQC; - Bowel Cancer screening 	
7.2	<p><u>Date of next meeting:</u></p> <p>5th April 2017, 10am to 12.30pm, 120 the Broadway</p> <p>Key focus: Epsom and St. Helier NHS Trust</p>	



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Merton Clinical Commissioning Group Clinical Quality Committee

Minutes of the
Wednesday 5th April 2017
10.00am – 12:30am
Rm. 6.2, 120 The Broadway, Wimbledon, SW19 1RH

Chair: Clare Gummatt

Members:

Clare Gummatt (CG)	Governing Body Lead for Patient & Public Engagement
Julie Hall (JHa)	Governing Body Nurse Member
Prof. Stephen Powis (SP)	Secondary Care Consultant (for part of the meeting)
Dr K Worthington (KW)	Clinical Locality Lead (East Merton) and CRG Deputy Chair
Amanda Bland (AB)	Deputy Director of Quality
Chris Clark (CCI)	Director of Performance, Planning and Informatics
Alison Roberts (AR)	Deputy Director of Commissioning Operations

In Attendance:

Dr James Marsh (JM)	Renal Consultant and Jt. Medical Director, ESH
Carole Walker (CW)	Deputy Chief Nurse, ESH
Lee Lewis (LL)	Performance Manager, MCCG
Yvonne Hylton (YH)	Committee Secretary Minutes

Apologies:

Dr Tim Hodgson (TH)	Clinical Locality Lead (West Merton) and CRG Deputy Chair
Patrice Beveney (PB)	Senior Mental Health Commissioning Manager
Anjan Ghosh (AG)	Public Health Consultant

ITEM	AGENDA ITEM	WHO
1.	Welcome and Apologies for Absence	
	The Chair welcomed all in attendance to the meeting. Apologies received are noted above.	
2.	Register of Interests	
	The Register was approved as an accurate record and no further interests were declared in relation to items on the agenda.	
3.	Minutes and Action log from previous meeting	
3.1	Julie Hall's initials to be amended to JHa throughout the minutes. Page 2 - PREMs to be amended to Patient Reported Experience Measures (PREMs) With the above changes the minutes were approved.	

3.2	The action log was reviewed and updated and will be re-circulated to the meeting.	
4.	Approval/Information	
4.1	<p><u>Quality Directorate Update</u> Interim Deputy Director of Quality, AB provided the following update:-</p> <p>LDU - There is the intention within the new LDU to assess the impact of the formulation of the Merton and Wandsworth CCGs Local Delivery Unit on the Quality and Governance Directorates of the CCGs, with the aim of achieving synergy and identifying opportunities for improvement.</p> <p>Quality Leads - Amanda Bland completed her assignment as Deputy Director for Quality for Merton CCG on 31st March 2017, however Amanda has agreed to manage a project on quality within the LDU. Julie Hesketh has been appointed as Director of Quality and Governance for the Merton and Wandsworth Local Delivery Unit and commenced in post on 1st April 2017. Eileen Bryant Interim Deputy Director of Quality at Wandsworth CCG will continue in this role until 30th June 2017.</p> <p>Safeguarding - The implementation of the integrated Merton/ Wandsworth Safeguarding function commenced on 13th February 2017 and is now completed. The team is comprised of Liz Royle, Designated Nurse Safeguarding Children, Anna Jones, Interim Designated Nurse CLA (0.6 WTE), Lorraine Beckford, Child Death Overview Panel. David Parry, Safeguarding Adults Lead retires on 22 April. Recruitment for the Designated Nurse, CLA and Safeguarding Adults Lead are underway. Interviews have taken place and offers made. A risk register entry has been proposed, in terms of capacity and IT issues.</p> <p>Safeguarding Alerts in Care Home. Sutton CCG has stopped placements in Sutton Court and MCCG is aware. The embargo at Elmstead nursing home in Barnet remains in place. AB agreed to check if any Merton CCG patients were at the home.</p> <p>Ravensbury Park Medical Practice. The CQC overall rating for this service is inadequate. The RCGP Toolkit is being invoked led by NHSE. KW said that NHSE had contacted the Practice before the report was published to offer support. The Chair requested that NHSE Primary Care Team is invited to a future meeting of the MCQC.</p> <p><u>Action</u> YH to invite the NHSE Primary Care Team to attend a meeting of the MCQC</p> <p>CCI said that it should be noted that CQC rating for GP surgeries has rated all SWL Boroughs 'Orange' with the exception of Merton which has been rated 'Yellow' which is very positive.</p> <p>KW said that vulnerable patients allocated to Practices following the closure of the Wilson GP practice had not been allocated to this Practice, however the list remains open and patients can choose to register with the Practice.</p> <p>CG said it was encouraging that as the report had only been published on Friday NHSE had already met with the Practice. AB added that MCCG had also offered safeguarding and clinical support to the Practice.</p> <p>DOLs - The Law Commission has delivered its final recommendations to</p>	YH

	<p>ministers on replacing the Deprivation of Liberty Safeguards, after concluding the current system is “in crisis”. The commission has now published its final report and draft legislation for a new system to authorise care placements involving deprivation of liberty for people lacking capacity.</p> <p>Infection control: NHSI have sent out a letter regarding their plans to prevent infections within the NHS. The ambition is to halve healthcare associated Gram-negative blood stream infections by March 2021. C.difficile objectives for acute organisations and CCGs are the same as those for 2015/16 which for MCCG is 28.</p> <p>Continuing Health Care. All Merton Previously Unassessed Periods of Care have been reviewed and signed-off however there are 11 appeals.</p> <p>Workforce. At the March Governing Body Clare Gummatt (Lay Member for PPE) agreed to take the role as an independent person to offer support to both CCG and CCG facing staff. In addition a task and finish group, staff forum and workforce committee will be convened to provide further support.</p> <p>NHSE have published the Dementia Good Care Planning to support people living with dementia and their families and carers.</p> <p>The Chair thanked AB for the update.</p>	
4.2	<p><u>SGH Clinical Harms Review Notes</u> AB introduced the notes from the SGH Clinical Harms Review Group held on 20th March 2017.</p> <p>Following review the Committee agreed that the report did not provide the level of detail required to provide assurance. SP said that it was not clear the period over which reviews were taking place or the criteria. In addition whilst the Committee accepted the need for teams to carry out reviews they would want to see the process for independent review and validation.</p> <p><u>Action</u> AB agreed to feedback the comments to the Group and to bring a more comprehensive report to the next meeting.</p>	AB
4.3	<p><u>Quality and Performance Report Month 10</u> CCI introduced the report advising that the key points for note this month were:-</p> <ul style="list-style-type: none"> • IAPT • Cancer performance • St George’s RTT Elective Care Recovery Report <p><u>IAPT</u> The CCG has met with the Provider and offered contractual changes to reflect activity recognising the differing resource requirement for patients at Step 2 and Step 3. CCI said that the changes are made with the caveat that improved performance is reported. A review of the service will take place at the end of Q1 and if there is no improvement future procurement options, including an LDU approach will be considered.</p> <p>AR said that whilst changes have been agreed with the Provider it will take time before the full effect is seen.</p>	

	<p><u>Cancer Performance</u> 6 out of the 10 KPIs were not achieved this month and CCI said that the focus of the next performance meeting with SGH will be on Cancer performance.</p> <p>CCI said that the performance issue is across the whole Cancer Network and shows for example how a delayed referral from one Trust can impact across the whole service and will take a SWL approach to bring about real change.</p> <p>CG reminded the meeting that the MCCG Clinical Cancer Lead and Commissioning Manager were attending the next meeting on 3 May.</p> <p><u>RTT Elective Care Recovery Report</u> CCI presented and talked through the report which was presented for information and to provide assurance.</p> <p>Clinical harm - completed validations now 3297 with 150 pathways that require review - 105 have been completed with 93 of these classified as no harm, 10 as low harm and 2 with severe harm (1 of which was a Merton patient)</p> <p>Letter typing backlog was due to be completed by 31.3.17 but is behind schedule. Issues have been raised concerning Dictate IT. MCCG have responded that this is completely unacceptable. The Trust has sought guidance from the CCG to agree a point in time for letter to be sent to avoid over-burdening Practices, supported by a list of all patients who have been seen. KW said that this is risk as there could be implications for patients with an incomplete medical record.</p> <p><u>Merton EPP Q3 report</u> Due to an administration error the report was deferred to the next meeting. AB said that the report could be improved and she would discuss this with WCCG who manage the programme on behalf of Merton CCG and bring back a refreshed paper to the next meeting.</p> <p>The MCQC APPROVED the Quality and Performance Report M10</p>	AB
4.4	<p><u>Quality Risk Register</u> This item was deferred to the meeting on 3 May 2017.</p>	
5	For information and discussion	
5.1	<p><u>Safeguarding Adults Q3 Report</u> Liz Royle (Designated Nurse for Safeguarding Children) presented the report on behalf of David Parry who was unable to attend the meeting.</p> <p>The report included London Borough of Merton data. Following review the Committee asked that this is included in future reports. LR to feedback.</p> <p>Changes to the Safeguarding team are noted in the Quality Directorate update (Item 4.1)</p> <p>LR presented the highlights from the report.</p> <p>CG commented on the high number of safeguarding alerts raised at ESH. AB said that this reflects the good reporting culture at the Trust where all incidents are reported and de-escalated if they do not meet the criteria for a</p>	

	<p>full investigation. Of the total number of alerts raised only 50% proceed to a full investigation.</p> <p>The Committee asked for clarification of some points made within the report as follows:-</p> <p>3.11.2 – The Committee felt that the paragraph was not clear and asked that this is clarified before presentation to the GB;</p> <p>3.12.4 – Kingston Hospital comment “all new band 2 and 5 nurses now receive Prevent awareness training on appointment” is checked;</p> <p>3.10.6 – SGH has not met the Prevent training and awareness training. CG asked that this is checked as Wandsworth is identified as a high risk area in London.</p> <p><u>Action</u></p> <p>AB to feedback the comments and amend the report before EMT and GB approval.</p> <p>The MCQC APPROVED the report with changes requested above.</p>	AB
5.2	<p><u>Safeguarding Children Q3 Report</u> LR introduced the report.</p> <p>Merton and Wandsworth LDU Safeguarding team has been in place since February. Recruitment to vacant posts is progressing however there is some risk due to vacancies in the team and the high safeguarding need in Wandsworth. A new risk has been added to the CCG risk register.</p> <p>MCCG training compliance is good particularly given the high staff turnover.</p> <p>LBM are preparing for an Ofsted Inspection.</p> <p>SWLStG are no longer delivering or reporting Level 1 safeguarding children training as all staff are trained to Level 2. The Trust continues to experience challenges in meeting the level 3 targets.</p> <p>CAMHS urgent referral for patients to be seen within 5 working days is not met however all emergency referrals have been seen within the 24 hour target.</p> <p>CCL asked LR to speak to Patrice Beveney where targets are not met.</p> <p>SGH are reporting an increase in children attending A&E due to safeguarding concerns.</p> <p>CG asked for an update on the CAMHS service to come back to the MCQC. LR to discuss with Patrice Beveney.</p> <p>ESH reported 2 teenage pregnancies to the Family Nurse Practitioner in Q3.</p> <p>KHFT data was not received for Q3. LR is following this up with the Trust.</p> <p>Wilson Walk-in-Centre reported 100% compliance for Level 1, 2 and 3</p>	LR/ PB

	<p>Safeguarding and Supervision. .</p> <p>LR asked if there was a process to support vulnerable people to register with a new GP as she has been made aware of a family by social services. KW said that all Merton GP lists are open and gave assurance that patients who had been identified by their GP as vulnerable had been registered with a Practice.</p> <p>LAC initial health assessments performance at ESH is due to capacity issues. Recruitment is progressing with interviews taking place the week commencing 10 April.</p> <p>The MCQC APPROVED the Q3 report.</p>	
5.3	<p><u>Learning Improvement Review – Child C</u></p> <p>The report was presented to inform the MCQC of the findings, learning and recommendations from the review. The review was undertaken by Merton Local Safeguarding Board Chaired by LR.</p> <p>The Review made thirteen recommendations which are incorporated into a multi-agency action plan and a protocol on how to deal with bruising in pre-mobile babies or children who are unable to move.</p> <p>CCI said that it was of concern that it appeared that lessons from previous safeguarding cases had not been learned.</p> <p><u>Action</u> MCQC recommended that the Learning Improvement Review for Child C is escalated to the Merton Overview and Scrutiny Committee to agree how learning can be embedded in Merton. AB to take forward.</p>	AB
5.4	<p><u>IAPT Monthly Report</u> The monthly report was received and noted.</p>	
6	For Note	
6.1	<p><u>Approved Minutes</u> In accordance with the CCG Governance arrangements the following approved minutes are presented to the Committee to provide assurance and to update the Committee on the work undertaken by the Group.</p> <ul style="list-style-type: none"> - Patient Engagement Group - 26 January 2017. - Medicines Management Committee - 27 January 2017 <p>Approved minutes of the Primary Care Commissioning Group were not available for this meeting and will be presented to the Committee on 3 May.</p> <p>The MCQC NOTED the approved minutes</p>	
7	Key Focus – Epsom and St Helier NHS Trust	
7.1	<p><i>CCI declared an interest that a family member (not immediate) is Clinical Director of Clinical Services at Epsom & St Helier Hospitals NHS Trust</i></p> <p>The Chair welcomed Dr James Marsh (Joint Medical Director) and Carole Walker (Deputy Chief Nurse) to the meeting.</p>	

JM tabled and talked through a presentation and the following points were noted:-

- Quality priorities for 2016/17 are drafted and awaiting final sign-off;
- A&E 4 hour waits target is met. CG said that this was very well done and asked how it has been achieved and whether lessons could be shared with other Trusts. JM advised that the Trust did not see the target as just A&E but a challenge across the whole system and hospital wide. An approach dubbed Patient Flow was introduced where Clinicians meet to discuss patients to enable effective discharge and improve bed flows. There has been very good senior management input and all staff have bought into the operational changes. JM added that the Trust is to be visited by the MD of the NHS to take away model to share with others.
- 18 weeks performance trust-wide has slipped to 91.39% in February however Merton commissioned services had achieved the target. JM said that there was some disparity between specialities with very complex cases and locally commissioned services and with the exception of SGH all locally commissioned services had achieved the target.
- CW talked through maternity actions to improve performance. At present the Trust is reporting Caesarean sections at 29.36% trust-wide against a threshold of 27% or lower; however of this only 10% are due to patient choice. To reduce the risk of post-partum haemorrhage ultra-sounds are to be introduced in the 2nd stage of labour. Midwives are now in place at both Birth centres and in February Epsom hospital saw the highest percentage of births since opening.
- Infection Prevention and Control training and education programmes are being introduced to increase performance in this area. YTD ESH has 6 cases of MRSA none of which relate to Merton CCG and 32 cases of C-difficile against a trajectory of 39 of which 12 relate to Merton CCG. CW added that an IPC Head of Nursing post has been recruited to and she will work across all CCGs.
- Three patients are admitted to the stroke ward each month. Surrey services are developing a HASU model which will result in the transfer of the Epsom Hyper acute service to Surrey.
- Dementia screening and assessments had reduced and is now below the threshold due to operational changes. Plans are in place to improve performance.
- VTE screening on the ward is designed to pick up patients who have not been screened.
- Safe staffing levels in February are in line with previous months and at an acceptable standard. In February there were only 3 wards below 5.5 and work is taking place to ensure they are compliant in future. All staff are now using the Safe care tool which allows timely review of staffing needs through the 24 hour period. In February 84% of wards achieved the standard for ward managers to be supervisory for at least 50% of their time on the ward.
- Medical staff challenges across both sites are being addressed with targeted recruitment campaign. ESH currently has an advert in the HSJ for 16 consultants across all specialities with the focus on in-patient care and 7 days working as it is known that patients benefit from daily consultations.
- Staff vacancies and sickness across the Trust is improving but below

	<p>where the Trust would want it to be. Statutory and Mandatory Training has also improved and the results of a campaign launched in the autumn can be seen in Q3 figures.</p> <p><u>Comments</u></p> <p>CG asked that whilst cancer performance has been stable this year did the Trust foresee any significant risks for 2017/18. JM said that there has been an increase in urology referrals and there were challenges with diagnostics in January. The Trust is to take receipt of a new CT Scanner and JM believes that the service can be delivered.</p> <p>CCI referred to RTT at SGH and asked about the approach taken at ESH to mitigate risks. JM said that there was lot of discussion at Medical Director level across SWL and they recognised that there were opportunities as well as challenges. Some services had been identified where joint appointments could benefit both Trusts.</p> <p>CG asked about the proposed changes to IVF and if the impact on ESH's new assisted fertility centre was known. JM said that the impact will not be known until we know what will be provided across SWL.</p> <p>CCI said that Merton is an outlier for falls related admissions and asked about the Trust's reporting of falls related admissions so that we could understand if improvements were needed to the CCGs falls prevention service. CW said that she would come back to the CCG.</p> <p>CW briefly talked through patient experience at ESH. A bespoke survey was undertaken on 4 wards at St Helier and SWLEOC at Epsom by Sutton HealthWatch and the action plan is being reported back by HealthWatch to the Trust Board.</p> <p>KW commented that GPs in Merton were not seeing the number of referrals from the Emergency Department as expected to demonstrate patient behaviour changes.</p> <p>JHa asked if ESH had a Dementia Lead and CW said yes a Nurse Consultant had taken this role.</p> <p>The Chair thanked JW and CW for attending the meeting and providing the opportunity for a very open and informative discussion.</p> <p>JW and CW then left the meeting. .</p>	CW
7.2	<p><u>Date of Next Meeting:</u> Wednesday 3rd May 2017, 10am to 12.30, 120 the Broadway, Wimbledon</p>	