NHS
Merton
Clinical Commissioning Group

# Report to the Merton Clinical Commissioning Group Governing Body

**Date of Meeting:** 28th May 2015

**Agenda No:** 8.2 **Attachment:** 14

**Title of Document:** Approved Minutes of Committees of the CCG Governing Body

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| **Rationale:** To update the CCG Governing Body on the areas of responsibility covered by the following Committees. | |
| **Summary:** | **Date of Meeting** |
| Finance Committee | 26.02.15; 19.03.15; 23.04.15 |
| Clinical Quality Committee | 13.03.15; 17.04.15 |
| Audit and Governance Committee | 11.12.14 |
| **Recommendation:**<br>That the Governing Body is asked to note the attached Minutes. | |
| **Date, author details:**<br>As per details on each attachment. | |

NHS
Merton
Clinical Commissioning Group

**Merton Clinical Commissioning Group**
**Finance Committee**
**Thursday 26th February 2015**
**Vestry Hall, Cricket Green, 336 – 338 London Road, Mitcham CR4 3UD**

**Chair: Peter Derrick**

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| Members | Peter Derrick (PD) | Lay Member (Chair) |
| | Cynthia Cardozo (CC) | MCCG Chief Finance Officer |
| | Dr. Howard Freeman (HF) | CCG Clinical Chair |
| | Eleanor Brown (EB) | Chief Officer |
| | Dr Andrew Murray (AM) | GP Governing Body Member |
| | Dr Carrie Chill (CCh) | GP Governing Body Member |
| | Adam Doyle (AD) | Director of Commissioning & Planning |
| Attendees | Sion Gibby (SG) | Raynes Park Locality Lead |
| | Faiza Waheed (FW) | Head of Finance and Business |
| | Caroline Farrar (CF) | Assistant Director of Commissioning and Planning |
| | Tony Foote | Committee Secretary (SECSU) |

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| 1. | Welcome, introductions and apologies<br>The Chair welcomed Caroline Farrar (CF) to her first Finance Committee meeting.<br><br>There were no apologies for absence received. | |
| 2 | Declarations of Interest<br><br>No further interests were declared in relation to the items on the agenda. | |
| **3** | **For approval** | |
| 3.1 | To approve the minutes of the meeting held on 28.1.15<br><br>The following amendments were requested:<br><br>P.3<br><br>*"EB said that the ToR and governance arrangement have been developed for London wide transformation and reviewed by the SWL Chief Officers Group."*<br><br>Be amended to:<br><br>*EB said that the ToR and governance arrangement have been developed for London wide transformation and reviewed by the London Chief Officers Group."*<br><br>*"EB said that MCCG were the only CCG to have undertaken an Investment Scoring Process..."*<br><br>Be amended to:<br><br>*"EB said that she believed MCCG were the only CCG to have undertaken an Investment Scoring Process..."*<br><br>With the incorporation of the above amendments, the minutes were approved as a full and accurate record of the meeting. | |

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| 3.2 | Action log and matters arising<br><br>Action Log<br>It was noted that the actions relating to the increase in non-recurrent reserve and the Finance Report M9 were now complete and should be removed from the log.<br><br>HF raised further concerns over the action relating to the funding of running costs for transformation projects. Specifically; that he would like an assurance that programme costs would not be used for running costs and that there should be Governing Body involvement in the decision as to what projects were funded. CCa would seek guidance from NHSE on the first issue and informed the Committee that a paper concerning governance arrangements would be considered at the March Governing Body meeting.<br><br>Matters Arising<br><br>CCa explained that the paper presented summarises the capital and revenue cost implications for the Nelson Health Centre and puts forward a funding proposal to be considered and approved by the Finance Committee. Specifically:<br><br>• The CCG has received a capital resource allocation of £0.7m and this will be used to fund the ICT capital costs in 2014/15. This spend will be recorded as 'assets under construction' on the balance sheet, as the site will not be fully operational before 1st April 2015. Work is on going to see if the liability for depreciation can be passed on to the tenants of the Nelson Health Centre through the service charge, so that the CCG can eliminate the cost pressure.<br><br>• That the non-recurrent under spend on running costs is used to fund the £0.4m of revenue costs.<br><br>• The equipment costs which are predominantly furniture and fittings cannot be classed as capital due to their low value, hence the non-recurrent under spend on running costs is used to fund the estimated equipment cost of £0.5m.<br><br>The Finance Committee approved:<br>:<br>1. The proposal to record ICT capital spend as 'assets under construction' for 2014/15<br><br>2. The proposal to utilise the non-recurrent under spend on running costs to fund the ICT revenue and equipment costs in 2014/15 | **CCa** |
| 3.3 | Draft Financial Plan for 2015/16<br><br>CCa explained the purpose of the financial strategy is to:<br><br>• monitor and ensure the on-going financial viability of the CCG<br>• ensure the resource needs of the CCG and potential financial risks are correctly identified<br>• enable the CCG to make informed decisions on new initiatives, future developments and opportunities<br>• support the CCG's service strategies through effective and prioritised use of resources and enable service review and redesign<br>• enable the movement of financial resources to support changing health | |

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| | needs and changes to the delivery of health<br>• enable the CCG to demonstrate robust financial management and decision making.<br><br>CCa then highlighted some of the main issues within the Plan:<br><br>• The CCG's funding allocation been increased by 8.03% for 2015-16. This helps the CCG to deliver its commissioning strategy and achieve its objective of right care, right place, right time and right outcome.<br><br>• Gross QIPPs of £5.5m have been identified. A workshop has been held to identify further potential QIPP schemes to close the unidentified gap of £1m. The areas being looked at are:<br><br>• Mental health transformation<br>• Dementia<br>• Childrens 0-4 non-elective admissions<br>• Ambulatory care conditions<br><br>• The CCG is forecasting a surplus of £2.7m; £0.5m better than plan. The improved position is as a request from NHS England to increase our surplus in line with the amount returned from the CHC top-slice to cover legacy payments. The position assumes delivery of the QIPP plan at £6.5m, partial utilisation of our contribution to the SWL risk pool of £0.7m to fund the underlying position and release of all recurrent reserves.<br><br>CCa then explained the current position regarding the change in tariffs.<br><br>The national tariff for 2015-16 has been delayed due to objection by providers. The guidance published by Monitor during the 2015-16 tariff consultation is clear that in the absence of a tariff in 2015-16, the 2014-15 tariffs should be used. However, NHS England has explicitly told CCGs that financial plans should be based on the draft 2015-16 tariffs.<br><br>In the absence of agreed contracts with our providers, the planned expenditure for 2015-16 starts with the 2014-15 forecast outturn position as at month 9, adjusted for tariff deflator, QIPP and growth. The estimated impact of the 2015-16 tariff on our acute contracts is a reduction of £0.6m.<br><br>His remained a matter of concern for the Committee and PD asked for an update on this at the next meeting when the full version of the Plan would be available.<br><br>The Finance Committee approved the Draft Financial Plan for 2015/16 | **CCa** |
| 3.4 | <u>Financial Impact of 111 Procurement</u><br><br>AD reminded the Committee of the background to this issue.<br><br>NHS 111 is a national service which was first procured by NHS Sutton and Merton in 2012. In November 2013 the service provider, NHS Direct, exited from the market and Merton CCG, in collaboration with Sutton CCG, procured a "step in" service from Care UK to the end of the contract period (March 2015). Since that time it has been agreed that south west London CCGs will re-procure their NHS 111 services in collaboration, and the Chief Officers of the CCGs have agreed that the new contract is to commence November 2015 and existing contracts have therefore been extended as appropriate to support this timeframe. Contracts have been extended to February 2016, with | |

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| | a break clause for October 2015.<br><br>The Committee is asked to extend the interim arrangements as stated and agree an increased budget for the 111 Service in 2015/16 of £782,000.<br><br>The Finance Committee agreed the recommendations. | |
| **4** | **Standing Items** | |
| 4.1 | Finance Report Month 10<br><br>The report was presented by Faiza Waheed (FW) who summarised its main points.<br><br>• For the ten months to 31st January 2015, the CCG is reporting a year to date improvement from plan of £0.4m and a full year improvement from plan of £0.5m.<br>• Acute commissioning is over performing by £1.5m year to date, forecast to increase to an over spend of £1.8m by year end.<br>• St George's NHS Trust is forecast to over perform by £0.7m, the over spend has worsened by £0.2m from previous month.<br>• Epsom & St Helier NHS trust are reporting under performance of £0.5m.<br>• Kingston Hospital NHS Foundation trust is forecast to over perform by £0.2m<br>• An over spend of £0.3m is forecast for non-acute commissioning.<br>• Primary care is forecast to over spend by £0.7m.<br>• An over spend of £0.5m is reported on corporate costs, a full year under spend of £0.2m is reported on running costs owing to lower than anticipated admin spend at the Nelson Health Centre,<br><br>Recommendation<br>The Finance Committee approved the Finance Report Month 10. | |
| 4.2 | QIPP Report<br>AD presented this paper and stated that he was very happy with the progress being made; overall the programme forecast to deliver combined savings of £6,639k (£81k above plan).<br><br>Recommendation<br>The Finance Committee noted the QIPP report | |
| 4.3 | Business Cases<br><br>There were no business cases for consideration this month. | |
| 4.4 | Tender Waivers<br>There were no tender waivers for consideration this month | |
| **5** | **For Review/Discussion** | |
| 5.1 | SWL Risk Share Arrangements including ToR for 2015-16<br><br>CCa explained that the paper details the principles of the risk share arrangement between SW London CCGs; including the proposal for contributions to the arrangement and the process on managing risks.<br>CCa added that the paper was very similar to that seen previously, but updated for 2015/15.<br><br>Recommendation<br>The Finance Committee SWL Risk Share Arrangements. | |

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| **6** | **To note** | |
| 6.1 | - BHCH Programme Board – 29.1.15<br>- Community Services Re-Procurement Board 7.1.15<br><br>The Finance Committee noted these minutes and the progress being made by both Boards. | |
| **7** | **Any Other Business** | |
| | There was no further business for consideration. | |
| **8** | **Date of Next meeting:** | |
| | 19th March 2015 120 Broadway, Wimbledon | |

The Minutes are an accurate record of the meeting held on 26th February 2015.

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Peter Derrick – Chair, MCCG Finance Committee

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Date:

NHS
Merton
Clinical Commissioning Group

Merton Clinical Commissioning Group
Finance Committee
Thursday 19th March 2015
5.1, 120 The Broadway, Wimbledon, SW19

Chair: Peter Derrick

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| Members | Peter Derrick (PD) | Lay Member (Chair) |
| | Cynthia Cardozo (CC) | MCCG Chief Finance Officer |
| | Dr. Howard Freeman (HF) | CCG Clinical Chair |
| | Eleanor Brown (EB) | Chief Officer |
| | Dr Andrew Murray (AM) | GP Governing Body Member |
| | Dr Carrie Chill (CCh) | GP Governing Body Member |
| Attendees | Caroline Farrar (CF) | Assistant Director of Commissioning & Planning |
| | Yvonne Hylton (YH) | Committee Secretary, SECSU |

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| 1. | Welcome, introductions and apologies<br>The Chair welcomed all present to the meeting.<br><br>Apologies: Adam Doyle, Sion Gibby and Faiza Waheed. | |
| 2 | Declarations of Interest<br><br>The Register of Interests was agreed as an accurate record.<br>Interests declared in relation to items on the agenda are recorded within the Minutes. | |
| 3 | For approval | |
| 3.1 | To approve the minutes of the meeting held on 26.2.15<br><br>The following amendments were requested:<br><br>P.1<br><br>"Caroline Farrah" to be amended to "Caroline Farrar"<br><br>With the above amendment the minutes were approved as an accurate record of the meeting. | |
| 3.2 | Action log and matters arising<br><br>Action Log and matters arising not on the agenda<br>The action log was reviewed and updated.<br><br>There were no matters arising not on the agenda. | |
| 3.3 | Draft Financial Plan for 2015/16<br>CC introduced the draft financial plan to the meeting and outlined the points for note since the previous version of the plan.<br><br>- There was a £1.4m shortfall on QIPP. Following a full review it has not | |

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| | been possible to close the gap. EMT has agreed to defer some investments agreed in December 2014 until contract negotiations have concluded and there is an agreed financial position. In response to the decision making, CC said that it was agreed to defer Investments which had not started and those reliant on community services, as these will be worked through as part of the service specification for 2016-17. The priority was for Investment into Mental Health and to support QIPP and these have been agreed. AM said that this was discussed fully at the Clinical Reference Group who had understood the need for an agreed financial position and supported the deferment of investments.<br><br>- MCCG reserves have been adjusted to reflect the non-recurrent forecast spend for 2015-16 of £2.6m (which is above the 1% required surplus of £2.2m). A proposal paper to agree changes will be presented to the SWL Financial Risk Review Group on 19.3.15 and will be reported back to the Finance Committee in due course.<br><br>- London Ambulance Service have indicated that the likely cost pressure for Merton is £1.3m, however this figure does not seem robust and further information has been requested by CCGs. PD asked for details of the increased cost pressures and CC said that in addition to the significant recruitment and retention issues specific to London, investment into infrastructure is generating an additional pressure.<br><br>- Providers have not agreed a tariff for 2015-16 to be in place by 1 April 2015. To provide stability two options were offered to providers Enhanced Tariff Option (ETO) and Default Tariff Rollover (DTR). In SWL the majority of Providers have opted for the ETO. However SGH and RMH did not respond and will therefore revert to DTR. CC said that there was no significant difference between the two options for SGH and RMH which informed their decision not to respond.<br><br>- Nelson practice rental request<br>*(AM declared an interest in this discussion and left the meeting at this point)*<br><br>PD asked for clarification of the rental request. CC advised that this consists of 2 elements:-<br>(i) Increased rental costs which should be covered by NHSE, however they have not confirmed their position;<br>(ii) Before the close of the business case the PCT had agreed to fund soft FM costs for Practices relocating to the Nelson Health Centre phased over a 3 year period. CCh expressed concerns that this could set a precedent for all Practices relocating to new premises and HF said it was important to understand how the agreement had been made and whether the cost should have transferred to NHSE as part of the Primary Care Contract. PD asked CC to investigate the agreement.<br><br>(*AM re-joined the meeting)*<br><br><u>Recommendation</u><br>The Finance Committee is asked to **approve** the draft 2015-16 financial strategy and plan to go to the Governing Body and to allow the Chief Finance Officer flexibility to create new budgets within the business rules until all Provider contracts are agreed. | CC |

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| | The Recommendation was **approved** | |
| 3.4 | Procurement evaluation and recommendation report for IAPT<br>CF introduced this item.<br><br>This report with recommendation has been compiled on behalf of the Procurement Evaluation Panel for the IAPT Service following the completion of the evaluation of bids received in response to the advert placed on Contracts Finder published on 21 November 2014. The advertisement generated 20 expressions of interest from a range of potential providers.<br><br>A total of four bids were subsequently submitted for the IAPT Service.<br><br>On the basis of the evaluation process results it is the Procurement Evaluation Panel's recommendation that the Contracting Authority enters into a Contract with the recommended bidder, KCA UK, subject to any challenges that may be received during the standstill period of 10 calendar days.<br><br>The highest scoring bidder, KCA UK, overall scored the highest of the four bids on cost (i.e. the lowest price) which is well within the floor and ceiling limits, and on quality. Additional investment has been agreed for this service to improve access and waiting times along with targeting of hard to reach groups, including older people and people with long term conditions<br><br>The contract is activity based with a sliding scale of outcome payments, to incentivise achievement of the CCG's targets for numbers entering treatment and proportion achieving recovery. The activity will be capped so that the contract value will not exceed the budget of £1.5m per annum.<br><br>Comments<br>PD asked if the £1.5m budget was included in the CCG financial plan. CC confirmed that it was.<br><br>CCh asked about the transition of the IAPT service. CF said that a provider based steering group will be set up and the transition will form part of the Provider's Mobilisation Plan.<br><br>The Committee discussed a potential risk of a void space at the Nelson in the event that the IAPT service was not delivered from there. CF said that this has been flagged and will be discussed with KCA UK. EB asked that the matter is brought back to EMT to mitigate the risk of void spaces at the Nelson.<br><br>Recommendation<br>The Finance Committee is asked to approve the recommendation to enter into a Contract with the Recommended Bidder, KCA UK, subject to any challenges during the standstill period of 10 days.<br><br>The recommendation was **approved** | |
| 3.5 | NHSE Transformation Fund Governance Structure<br>CC introduced this item.<br><br>The paper provided an update on progress to date in agreeing collaborative transforming priorities and how the associated programmes will be developed to enable commissions to deliver the required changes within Boroughs and across Strategic Planning Group arrangements. | |

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| | Comments<br><br>EB highlighted an error in the recommendation to agree programmes and said that this should read areas, as programmes have not been agreed.<br><br>PD asked for assurance that the programmes agreed would be in the interest of Merton. EB said that the view of all Chief Officers is that programmes must compliment the SWL and CCG footprints.<br><br>HF asked for assurance that CCG contributions could be refunded if necessary. CC confirmed that that contributions would be ring-fenced and unused funds will be returned to CCGs.<br><br>HF cautioned the risk of specialised commissioning across London and to support Governing Body decision making it was agreed that an Auditors Opinion would be sought prior to the GB meeting on 26th March. CC to action<br><br>Recommendation<br>The Finance Committee **agreed** the Governance arrangements with the caveat that programmes had not been agreed and the recommendation was to support areas and the request for an Auditors opinion to inform the GB decision making. | CC |
| 4 | Standing Items | |
| 4.1 | Finance Report Month 11<br>The report was presented by CC who summarised its main points.<br><br>For the eleven months to 28th February, NHS Merton CCG is reporting a year to date and full year improvement from plan of £0.5m.<br><br>Acute commissioning is forecast to over spend by £1.6m. St George's NHS Trust is forecast to over perform by £0.7m; this is the position as reported in Month 10. Discussions with the trust regarding a year end settlement are currently on-going. Epsom & St Helier NHS Trust are reporting under performance of £0.3m and Kingston Hospital NHS Foundation Trust is forecast to over perform by £0.1m.<br><br>CC advised that discussions to agree year-end settlement are taking place with SGH. SCCG as the host commissioner for ESH are leading the discussion with the Trust to agree a settlement to be applied to all CCGs.<br><br>Over spends totalling £1.7m are reported on non-acute commissioning, primary care and corporate costs. All overspend are being offset by under spends on investments, release of CCG SLA reserve, partial release of contingency fund and the return of Merton's remaining contribution from the South West London (SWL) risk pool contribution.<br><br>£319k CHC provision has been released in M11 as claims will be funded by the legacy provision held by NHSE.<br><br>PD referred to the £0.5m forecast surplus and how this would be received. CC said that a business case has been submitted to NHSE to drawdown the surplus in 2015/16. This has been assumed in the 2015/16 plan.<br><br>CC advised that £200k will be refunded by Sutton CCG relating to block bed recharges.<br><br>Recommendation<br>The Finance Committee is asked to approve the Finance Report Month 11. | |

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| | **Approved** | |
| 4.2 | QIPP Report<br>CF presented this paper advising that the 2014-15 QIPP plan is forecast to deliver combined savings of £6,642k, £84k above plan.<br><br>The Committee noted the progress made.<br><br>Recommendation<br>The Finance Committee is asked to note the QIPP Report Month 11<br>**Noted** | |
| 4.3 | Business Cases<br>There were no business cases for consideration this month. | |
| 4.4 | Tender Waivers<br>There were no tender waivers for consideration this month | |
| 5 | To note | |
| 5.1 | Community Services Re-Procurement Programme Board Approved Minutes<br>The Minutes of the meeting held in February was received and noted by the Finance Committee.<br><br>PD invited CF to provide an update on progress to date and the following points were noted:-<br><br>- Isolation of Risks has been agreed with London Borough of Merton.<br><br>- The Contract Notice was advertised on 6th March together with support documentation and PQQ. The closing date for responses is 7th April and a short-list is expected by June 2014.<br><br>- CF has attended a meeting to discuss the disaggregation process and an options paper will be presented to EMT in due course.<br><br>Comments and Questions<br>CCh asked if the NHSE element had transferred to Local Authority. CF said yes with the exception of school age immunisation which had transferred to CCGs, and child health information service which had been retained by NHSE.<br><br>HF said that he has had very good feedback on the service specification and asked if the wording could be amended to allow new entries to be considered. CF said that the wording of the PQQ had been considered and amended to include Providers with “experience of services of similar complexities and/or scale”. However it was stated that Commissioners must be satisfied that bidders have the relevant experience to deliver the service in Merton.<br><br>PD asked for assurance the service will be delivered from the Nelson. CF said that it was a condition of the contract.<br><br>PD thanked CF for updating the Committee.<br><br>Recommendation<br>The Finance Committee is asked to note progress made.<br>**Noted** | |
| 7 | Any Other Business | |

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| 7.1 | <u>Finance Committee Terms of Reference revised</u><br>CC tabled the revised Terms of Reference (ToR).<br><br>The ToR had been amended to reflect a change in the MCCG Constitution to remove the Joint Sutton and Merton CCGs Charitable Funds Committee ToR which is hosted by Sutton CCG. To provide assurance to Merton the Minutes of the Joint Committee will be received by the Finance Committee. The change is reflected within the ToR.<br><br><u>Recommendation</u><br>The Finance Committee is asked to agree the revised ToR.<br>**Agreed** | |
| 7.2 | <u>Date of Next Meeting</u><br>Thursday 23 April, 12-1pm, 120 The Broadway, Wimbledon | |

The Minutes are an accurate record of the meeting held on 19th March 2015.

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Peter Derrick – Chair, MCCG Finance Committee

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Date:

NHS
Merton
Clinical Commissioning Group

Merton Clinical Commissioning Group
Finance Committee
Thursday 23rd April 2015
5.1, 120 The Broadway, Wimbledon, SW19

Chair: Peter Derrick

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| Members | Peter Derrick (PD) | Lay Member (Chair) |
| | Cynthia Cardozo (CC) | MCCG Chief Finance Officer |
| | Eleanor Brown (EB) | Chief Officer |
| | Dr Andrew Murray (AM) | GP Governing Body Member |
| | Dr Carrie Chill (CCh) | GP Governing Body Member |
| | Adam Doyle (AD) | Director of Commissioning & Planning |
| Attendees | Faiza Waheed (FW) | Head of Finance and Business |
| | Yvonne Hylton (YH) | Committee Secretary – SECSU |

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| 1. | Welcome, introductions and apologies<br>The Chair welcomed all present to the meeting.<br><br>Apologies: Sion Gibby | |
| 2 | Declarations of Interest<br><br>AM declared an interest as a GP Member of the Nelson Medical Centre.<br><br>With the above interest incorporated the Register was approved. | |
| 3 | For approval | |
| 3.1 | To approve the minutes of the meeting held on 19.3.15<br><br>The minutes were approved as an accurate record of the meeting. | |
| 3.2 | Action Log<br><br>Nelson Practice Rental Request<br>*AM declared an interest and left the meeting at this point*<br><br>In order to achieve financial closure of the Nelson business case it was agreed to fund soft FM costs over a 3 year phased period together with other costs associated with Practices moving to the Nelson. An estimated amount of £177k was paid by the PCT, however, costs exceeded the estimate hence this has been included in the plan for 2015-16. CC said that actual costs are being worked through and when finalised will be reported to the Finance Committee and BHCH Programme Board.<br><br>*AM returned to the meeting* | |
| 3.2 | Financial Budgets 2015/16<br>CC provided a verbal update:-<br><br>- Contract with ESH is agreed with a total value of £32M. This includes £1.2M relating to the Nelson activity shift which the Trust would not agree to take out.<br>- EB said that a guaranteed income of £3m agreed with the Nelson | |

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| | Health Centre provider has been discussed at EMT and Practices are being encouraged to fully utilise services at the Nelson Health Centre.<br>- SGH Acute Contract is not agreed. SWL CCGs have issued a joint statement to resolve the differences by local mediation.<br>- LAS support of £19M is agreed for London. This equates to £330k for MCCG.<br><br><u>Recommendation</u><br>The Finance Committee is asked to note the update and that the financial budgets for 2015/16 will be reported in full to the next meeting on 12th May 2015.<br><br>**Noted** | |
| 3.3 | <u>Draft Annual Accounts for 2014-15</u><br>CC tabled the draft annual accounts for 2014-15 and FW talked through the key changes from the previous year.<br><br>- Operating revenue has reduced due to NHS England not being recharged for community services as they contracted directly with the provider in 2014/15;;<br><br>- Significant increase in services provided from Foundation Trusts relates to SGH's and KHT's FT status and a similar reduction can be seen in services provided from other Trusts;<br><br>- Increase in purchase of healthcare from non-NHS bodies relates to increased spend in 2014/15 on Continuing Health Care and Children's Placements;<br><br>- Increase in establishment costs is due to the Nelson Healthcare and reclassification of running costs to programme costs;<br><br>- GPMS/APMS and PCTMS increase is due to Older People local incentive scheme spend in 2014/15;<br><br>- Additions to assets during the year of £771k relates to the purchase of IT equipment for the Nelson Health Centre.<br><br><u>Comments</u><br>PD questioned the 50% increase in employee benefits. FW said that this reflects development of the CCG and includes costs for the procurement team support staff.<br><br>CC referred to the high level of sickness reported on Page 12 and agreed to investigate.<br><br><u>Recommendation</u><br>The Finance Committee was asked to approve the draft annual accounts for 2014-15 noting that a further review will take place at the meeting on 12th May.<br><br>**Approved** | CC |
| 3.4 | <u>Approach to managing SWL risks in 2015-16</u><br>CC introduced the item and talked through the presentation referring the Committee to the Recommendations summary (slide 13). | |

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| | The recommendation assumes:-<br><br>- Contribution from NHSE<br>- No contribution from Croydon CCG to the London Transformation costs<br>- Total sources £14m<br>- Total applications £15.5m<br>- Manage the difference of £1.5m between the Risk Pool and CDG Implementation Fund<br>- CDG Implementation Fund to be released at M9<br><br>CC said that the focus of the SWL Finance Review Group in 2015-16 will be on Risk and Investments and ToR for the Group are being revised to reflect this.<br><br><u>Comments</u><br>PD questioned the governance arrangements through the FRG and asked if the Governing Body had an opportunity to influence funding decisions.<br><br>AD said that investment business cases will be reviewed by the CCG Chief Officers, Directors of Commissioning and the Clinical Advisory Group before the FRG. EB said that the 5 year strategy has been agreed by the Governing Body and the investments will reflect the priorities derived from the CCG Operating Plan.<br><br>The Implementation Plan will then be presented to the Governing Body for approval.<br><br>PD said that it was important for the CCG to be able to influence decisions where necessary and asked that an opportunity for a Governing Body intervention is included in the approval process of the business cases.<br><br>CC agreed to feed this back advising that the FRG ToR are being revised and will be presented to the Finance Committee on 12.5.15 for approval.<br><br><u>Recommendation</u><br>The Finance Committee is asked to approve the approach for managing risk in SWL in 2015-16.<br><br>The Committee **approved** the approach subject to the inclusion of an opportunity for GB intervention. | CC |
| 4 | Standing Items | |
| 4.1 | <u>Finance Report Month 12</u><br><u>FW presented this item.</u><br><br>For the twelve months to 31st March 2015, NHS Merton CCG reported a full year improvement from plan of £0.5m.<br><br>Over performance of £2m was reported on acute commissioning. Year-end settlements were agreed with the main acute trusts. The highest over performance was reported at St George's NHS Trust of £0.9m. Followed by Chelsea & Westminster NHS Trust where an over spend of £0.3m was reported and Queen Mary's Roehampton which also reported an over spend of £0.3m. The over performance at St George's was reported on maternity, non-elective and emergency activity.<br><br>An over spend of £0.5m was reported for non-acute commissioning. This worsened significantly from Month 11 owing to an increase in spend for | |

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| | children's placements which over spent by £0.9m.<br><br>Primary care reported an over spend of £0.6m, mainly on prescribing, out of hours and care of older people local enhanced services.<br><br>An over spend of £0.8m is reported on corporate costs, this is mostly owing to higher than anticipated programme spend related to the Nelson Health Centre.<br><br><u>Recommendation</u><br>The Finance Committee was asked to approve the Month 12 Finance Report.<br>**Approved** | |
| 4.2 | <u>QIPP Report Month 12</u><br>AD presented this item.<br><br>The QIPP programme was planned to deliver combined savings of £6,558k, but delivered £6,725k, £161k above plan.<br><br><u>Recommendation</u><br>The Finance Committee is asked to review and note the Month 12 QIPP plan.<br><br>**Noted** | |
| 4.3 | <u>Business Cases</u><br>There were no business cases for consideration this month. | |
| 4.4 | <u>Tender Waivers</u><br>There were no tender waivers for consideration this month | |
| 5 | <u>To note</u> | |
| 5.1 | <u>Approved Minutes</u><br>The minutes of the Community Services Re-Procurement Board were noted by the meeting.<br><br>PD invited AM to provide an update from the last meeting and the following was noted:-<br><br>- Service specification approval is underway<br>- The next step is to review and prioritise investments<br>- ITT process to follow<br><br>AM said that an invitation has been extended to clinicians to be involved in the procurement process.<br><br>AD added that the community services re-procurement had provided the CCG with an opportunity to co-design and influence the contract to be more outcomes based to improve the experience for patients accessing community services in Merton.<br><br><u>Recommendation</u><br>The Finance Committee is asked to note the approved minutes and the verbal update provided.<br><br>**Noted** | |
| 6 | Any Other Business | |

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| 6.1 | Date of Next Meeting<br>Tuesday 12th May, 2-3pm, 120 The Broadway, Wimbledon | |

The Minutes are an accurate record of the meeting held on 23.4.15

…….
Peter Derrick – Chair, MCCG Finance Committee

…….
Date:

NHS
Merton
Clinical Commissioning Group

# Merton Clinical Commissioning Group

## Clinical Quality Committee

## Minutes from the meeting held on Friday 13th March 2015

## Meeting Room 6.3, 120 the Broadway, Wimbledon SW19 1RH

Members

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| Clare Gummett (CG) | Lay Member Patient and Public Involvement (Chair) |
| Mary Clarke (MC) | Independent Nurse Member |
| Lynn Street (LS) | Director of Quality |
| Dr Tim Hodgson (TH) | West Merton Locality Lead |
| Dr Karen Worthington (KW) | East Merton Locality Lead |
| Kay Eilbert (KE) | Director of Public Health |

In attendance

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| Sally Thompson (ST) | Interim Head of Quality |
| Iynkaran Perambalam (IP) | Systems and Performance Analyst (Item 5.1) |
| Duncan Burton (DB) | Director of Nursing and Patient Experience KHFT (Item 4) |
| Yvonne Hylton (YH) | Committee Secretary – Minute Taker (SECSU) |
| Yasmin Mahmood (YM) | Equality & Diversity Lead (Item 5.4) |

Apologies

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| Eleanor Brown (EB) | Chief Officer |
| Adam Doyle (AD) | Director of Commissioning & Planning |
| Sion Gibby (SG) | Raynes Park Locality Lead |
| Murrae Tolson (MT) | Head of Performance and Systems |
| Cynthia Cardozo (CC) | Chief Finance Officer |
| Stephen Powis (SP) | Secondary Care Consultant |

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| 1. | **Welcome and introductions** (CG) | |
| 1.1 | The Chair welcomed everyone present to the meeting. | |
| 1.2 | Declarations of Interest<br>The Chair requested the Committee members to declare if their entry upon the Register of Declared Interests was not a full, accurate and current statement of any interests held.<br><br>The Committee confirmed that the Register was an accurate record of interests held. | |
| 2. | **For Approval** | |
| 2.1 | Draft Minutes of the meeting held on 13th February 2015<br>The minutes were approved without amendment.<br><br>Action Log and matters arising not on the agenda.<br>The action log was discussed and updated and will be re-circulated to the Committee.<br><br>Matters arising:-<br>Quality Report 3.1.3<br>MC re-iterated her concerns at the lack of quality data reported to the MCQC. LS said that she is in discussion with the SECSU who manage quality reporting across all SWL CCGs, to agree a process for collating and presenting quality data for all Providers to the MCQC in a meaningful format.<br><br>CG asked when the data will be available and in response LS said that quality data accessible to the CCG will be reported to the April meeting. LS to liaise with MT to action. | LS/ MT |

| 3 | **Director of Quality Report – March 2015** | |
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| 3.1 | DoQ report was presented to the meeting to provide the Committee with an update on quality activity in March 2015.<br><br>Baby PP<br>The CCG received the report completed by SGH in response to this serious incident which will feed into the multi-agency review when a date is confirmed.<br><br>Safeguarding Children Training<br>The Designated Nurses for safety children and Children Looked After delivered three training sessions in March to CCG staff to provide an update on safeguarding issues.<br><br>Communication and Engagement Strategy<br>In response to a longer public consultation period the aim will now be for the strategy to be approved at the Governing Body in May.<br><br>Individual Funding Request (IFR)<br>Following a complex IFR case last year, and a complaint raised by the family, we commissioned an independent facilitator to undertake a Round Table review to identify opportunities for learning.<br><br>The review took place on Thursday 12 February 2015. Stakeholders included NHSE London, NHS Midlands and East, Merton CCG communications and SW London IFR team.<br><br>A draft report is being finalised and when available will be shared with the family involved.<br><br>Continuing Healthcare Review<br>The initial meeting bringing together quality, performance and finance in respect of continuing healthcare was held on 17 March 2015 with the interim lead for the service, Angie Glew. It was agreed an action plan detailing areas for improvement would be shared with the CCG.<br><br>A separate action dealing with the themes from complaints would be produced for oversight by the Director of Quality.<br><br>Merton Safeguarding Children Board Annual Conference<br>The conference was held on 5 March and attended by the Designated Nurses for safeguarding children and Children Looked After and the Director of Quality. The presentations focused on translating the voice of the children and young people into effective multi agency frontline practice and enabling children and young people's participation.<br><br>There were excellent presentations from a local primary school about online safety and a secondary school on the rights of the child.<br><br>Liaison with the Local Authority and CQC<br>The DoQ attended a meeting on 6 March 2015 with the local authority and the CQC to share information to include both hard and soft intelligence covering:-<br>- The Social care market and potential impacts on capacity within Merton<br>- Safeguarding issues<br>- Quality to include complaints and compliance<br>It was proposed that partners meet every eight weeks. Terms of Reference are being drafted and will be shared with MCQC.<br><br>Comments and Questions<br>MC asked how the CCG is assured of CHC staff training. LS said that this will be monitored through the action plan.<br><br>CG asked if the Voluntary Sector should be included in the sharing of soft intelligence with the local authority and CQC and LS said that this will be considered.<br><br>Recommendation<br>The MCQC **noted** the DoQ update. | |

| 4 | Key Focus – NHS Kingston Hospital Foundation Trust | |
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| 4.1 | A CCG perspective of performance and quality at KHFT<br>A paper briefing commissioners was presented to the meeting to provide an overview of the areas of most concern to Merton CCG to inform discussion with the Trust.<br><br>Performance<br>The Trust is achieving the majority of contractual performance and quality standards with the exception of diagnostics, response times to complaints and limiting Grade 2 pressure ulcers. The trust is well rated by patients and staff and attracts a 3 ½ star rating by NHS Choices.<br><br>CQRG feedback<br>The backlog in diagnostics was attributed to staff vacancy in Endoscopy. A Service Manager is now appointed to the role with an expectation that the backlog will start to reduce.<br><br>MRSA - The Trust is on track to achieve the target for 2014/15.<br><br>C.Difficile – 1 in 4 incidents is attributed to the Trust. A number of initiatives are in place to improve performance.<br><br>The Trust failed the CQUIN for discharge letters to GPs to be received within 10 working days.<br><br>The CQRG discussed actions relating to Stroke. The Ward is located with some escalation beds and is looking to relocate the Stroke Ward. A staff consultation is also planned. | |
| 4.2 | Kingston Hospital NHSE Foundation Trust Presentation<br>The Chair welcomed Duncan Burton, Director of Nursing and Patient Experience at Kingston Hospital to the meeting.<br><br>This is the second year that DB has presented to the Committee and he tabled a presentation to provide an update on progress made by the Trust over the past year.<br><br>Complaints<br>A Complaints Committee meets on a quarterly basis attended by all Board Members. All complaints responses are reviewed at the meeting and there is as deep dive on three complaints to provide assurance to the Board that the process is working.<br><br>All complainants are telephoned at the initial time the complaint is made and in some cases this has de-escalated the complaint. In addition patients are asked for feedback of the complaints process from a patient perspective.<br><br>Patient feedback is important to the Trust. At each Board meeting there is a patient story.<br><br>The Trust uses feedback from Patient and Public to inform changes, for example the launch of the new patient menu in response to the poor feedback received.<br><br>FFT results show that 94% of patients would recommend the Trust to family and friends.<br><br>A&E performance, along with most other Acute Trusts has deteriorated from November 2014. DB said that whilst the number of patients attending A&E has fallen, emergency admissions are 7.6% higher when compared to the same period in 2013/14.<br><br>There are a number of feedback channels available to Staff and feedback is mainly around the pressure of work, quality of appraisals and bullying which varies across staff groups.<br><br>75 escalation beds were opened over the winter period. DB said that the Trust does not have escalation wards, but expands existing wards. KW asked if patients went to the right wards, and DB said that the Trust keeps medical and surgery beds separate.<br><br>There are a number of initiatives to improve standards on the Wards including Open Visiting which has received very positive feedback, dementia friendly wards with a memory café and memory lunches and lots of therapeutic activities supported by the Volunteers.<br><br>The Trust has received £100k NESTA funding which will be used to support expanding | |

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| | volunteering to support patients when they leave hospital.<br><br>Comments and Questions<br>CG said that she was very interested in the approach to Complaints and the Dementia work and asked what DB saw as the biggest challenge faced by the Trust.<br><br>DB said that in terms of quality Staff were his concern, in terms of the pressure they face in light of the increasing demand and complexity of cases alongside a shortfall of nursing staff in London.<br><br>Kingston along with other Trusts has looked to recruit overseas and have just recruited 70 nurses from the Philippines to work at the Trust.<br><br>In response to a question on turnover, DB said that it is relatively high for nurses at 16% although other areas for example midwifery this is not an issue.<br><br>LS asked if DB was comfortable with the staffing levels at the Trust. DB said yes, the Trust is above the 1:8 staff ratio, the challenge is the recruitment to substantive posts.<br><br>CG asked if the volunteers provided support to staff. DB said the Trust were careful not to replace staff with volunteers. Volunteers played a role at the Trust and eased rather than replaced staff pressures.<br><br>MC asked how Volunteers at the Trust are managed in light of the Jimmy Savile case. DB said that volunteers are subject to the same checks as staff and are supervised and he had feared that the Savile case would deter some people from volunteering.<br><br>DB then asked the Committee how the CCG saw performance and the areas of the most concern.<br><br>TH responded that there is very good feedback on services at Kingston but the administration of letters is very poor and is a serious concern for GPs.<br><br>ST asked for a view on how the changes of the Care Act from April would impact on the Trust in terms of the extra responsibilities placed on Providers. DB said that it is challenging particularly reporting to each Safeguarding Adult Board and there is already a significant increase in DoLS.<br><br>In closing CG thanked DB very much for attending the Committee for the second year and providing a very good overview of quality assurance at Kingston and the opportunity for the Committee to asked questions face to face.<br><br>DB left the meeting. | |
| **5** | **Standing Items** | |
| 5.1 | Quality Report Month 9<br>At Month 9, the CCG is rated Red for Constitutional pledges. The main area of concern is RTT 18 weeks and London Ambulance Service performance. Improving Health of our local population is rated Red/ Green. The main area of concern is IAPT access.<br><br>Comments<br>MC asked in terms of Constitution pledges how performance compares to the same period last year and asked if this could be included in reporting next month.<br><br>MC then asked about Complaints and PALS reporting which was previously received by the Committee. LS said that there will be an Annual Complaints Report supported by quarterly reporting.<br><br>Provider Feedback<br>LS said that a revised CQRG Template will be sent to GPs to report back to the MCQC.<br><br>SGH<br>A proposal to site neurological rehabilitation at SGH is to go ahead as a CQUIN. An assurance of quality is being worked through. | |

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| | A plan to phase in 7 days working is included as part of the Trust Business Plan.<br><br>A&E waits are continuing to feature at the Trust. LS said that a meeting with the CCG and the Trust is imminent.<br><br>There were 6 mixed sex breaches reported. These all related to a single bay at the Trust.<br><br>Safeguarding Children Training (Level 3) is below target at 56% against a target of 95%. This has been highlighted to the DNs for Safeguarding Children.<br><br>RTT for 62 day cancer breaches will be reported back to the CQRG in March.<br><br><u>SMCS</u><br>The meeting received feedback from a project with Nursing Homes to reduce avoidable admissions. The project looks to train staff on falls prevention and diabetes care and to date 19 out of 30 homes have received training.<br><br><u>ESH</u><br>The Trust did not achieve the A&E target for Q4 reporting 94.75% against a target of 95%. A winter wash up meeting to share learning and inform winters A&E challenges will be arranged in May.<br><br>RTT- 18 weeks target was met by the Trust<br><br>RTT 62 day cancer waits failed the target reporting 81.69% against 85%<br><br>The Trust failed the diagnostics targets in December. To resolve MRI scans were outsourced to other Providers. The action was a success and the target was achieved in January.<br><br>Sickness is above target in December at 5.14% against 3.65%. The Trust has now introduced return to work interviews for absences of one day.<br><br>Complaints responses failed the 100% target reporting 72.9%.<br><br>There were no new cases of MRSA reported in December.<br><br>At the end of December there were 34 cases of C.difficile report. A further 4 were reported in January bringing the total to 38 against an annual threshold of 40.<br><br>The Trust is identified as an outlier in London for weekend mortality. Data is being investigated and a report will come back to the CQRG in April.<br><br>There are a low number of patients who would not recommend friends and family to ESHT. The feedback is being reviewed to identify areas for development.<br><br>A process for the Trust to feedback GP quality alerts is being developed in light of co-commissioning to provide CCGs with an overview of performance.<br><br><u>SWLSTG</u><br>The focus of the meeting was on the Trusts Cost Improvement Plans for 2015/16 including an assurance of quality.<br><br><u>Comments</u><br>MC expressed concern that the data for all services and contracts commissioned by MCCG was not reported to the MCQC. In particular OOH, 111 and CHC which was previously reported to the Committee.<br><br>LS said that a proposal for future reporting will be brought back to the next meeting.<br><br><u>Recommendation</u><br>The MCQC **approved** the Quality Report M9. | LS |

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| 5.2 | Safeguarding Adults Q3 Report<br>The report provided an overview of safeguarding activity within Merton during Quarter 3 and includes the preparation for implementing the Care Act (2014) placing Safeguarding Adults Boards on a statutory footing from April 2015.<br><br>LS said the Care Act (2014) and Adult Safeguarding Self-Assessment will be discussed in detail at the MCQC in April and that EMT had approved recruitment of a Band 8b full-time role to support the Quality Team with a focus on Safeguarding Adults.<br><br>Recommendation<br>The MCQC **noted** the report | |
| 5.3 | Children Looked After Action Plan<br>A review of the Merton CCG Children Looked After (CLA) provision has been undertaken by an independent external reviewer. The review report identified a significant number of concerns and made recommendations to ensure children and young people in Merton are safeguarded.<br><br>The areas of concern raised within the report were shared with EMT in November 2014.<br><br>An action plan has been developed to address the recommendations and a working group has been convened to agree and monitor the plan.<br>The MCQC is asked to review the action plan and note progress to date.<br><br>LS advised that the Designated Nurses for Safeguarding Children and Children Looked After will work with closely with the Local Authority to complete the actions.<br><br>CLA has been added a Risk to the CCG Risk Register and a monthly CLA report on progress made against the action plan will be reported to EMT and MCQC.<br><br>Recommendation<br>The MCQC **noted** the CLA action plan. | |
| 5.4 | Equality & Diversity Report<br>Yasmin Mahmood (YM) Equality & Diversity Lead was welcomed to the meeting.<br><br>YM presented the covering the period January to March 2015.<br><br>The Annual PSED Report and EDS2 report were approved by the Governing Body in January and published to the CCG web site to meet statutory obligations.<br><br>The Commissioning team are reviewing EDS2 priorities for 2015/16 which will be reviewed and agreed by the EDG on 23rd March.<br><br>An equality analysis to identify the impact on all protected characteristics is taking place in light of the consultation on changes to in-patient facilities at SWLSTG. The final report will be shared with the MCQC.<br><br>The NHS Standard Conditions of Contract will be revised to include the Workforce Race Equality Standard (WRES) which will be mandatory for all providers and CCGs. It will mean that all organisations will need to demonstrate progress against a range of metrics relating to ethnicity and race including Board membership. NHSE are leading an event to agree the metrics and penalties on 16th March which will be attended by the E&D and reported back to the EDG on 23rd March.<br><br>YM said that the training model for the Governing Body is being finalised. LS agreed to check availability for GB training at the Board Seminar on 21 April and will confirm this with YM.<br><br>E&D Training for all CCG and CSU facing staff will take place in March and the data will be reported back to the MCQC in the next report.<br><br>Recommendation | LS |

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| | The MCQC **noted** the report. | |
| **6** | **Any Other Business** | |
| 6.1 | MCQC Work Plan and Draft Agenda for April<br>The Work plan will be reviewed and updated outside the meeting.<br><br>The 2015/16 Annual Work Plan will be finalised and brought back to MCQC for approval in April. | |
| 6.2 | Date of Next Meeting<br>Friday 17th April, 12-2.30, 6th floor, 120 The Broadway | |

The minutes are approved as an accurate record of the meeting held on 13 March 2015

…… Clare Gummett (Chair)

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NHS
Merton
Clinical Commissioning Group

# Merton Clinical Commissioning Group

## Clinical Quality Committee

## Notes of the meeting held on 17th April 2015

## Meeting Room 6.3, 120 the Broadway, Wimbledon SW19 1RH

Members

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| Clare Gummett (CG) | Lay Member Patient and Public Involvement (Chair) |
| Mary Clarke (MC) | Independent Nurse Member |
| Lynn Street (LS) | Director of Quality |
| Dr Tim Hodgson (TH) | West Merton Locality Lead |
| Dr Karen Worthington (KW) | East Merton Locality Lead |

In attendance

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| Murrae Tolson (MT) | Head of Performance and Systems MCCG (Item 5.1) |
| Terri Burns (TB) | Corporate Affairs Manager (Item 5.2) |
| Sedina Agama (SA) | Chief Pharmacist/Asst. Director of Medicines Optimisation (Item 8.1) |
| Yvonne Hylton (YH) | Committee Secretary – Minute Taker (SECSU) |

Apologies

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|---|---|
| Eleanor Brown (EB) | Chief Officer |
| Adam Doyle (AD) | Director of Commissioning & Planning |
| Sion Gibby (SG) | Raynes Park Locality Lead |
| Cynthia Cardozo (CC) | Chief Finance Officer |
| Stephen Powis (SP) | Secondary Care Consultant |
| Kay Eilbert (KE) | Director of Public Health |

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| 1. | **Welcome and introductions** (CG) | |
| 1.1 | The Chair welcomed everyone present to the meeting. | |
| 1.2 | Declarations of Interest<br>The Committee approved the Register as an accurate record of declared interests for 2014/15.<br><br>The Register is being refreshed for 2015-16 and due for completion by end of April. The refreshed version will be presented to the next meeting of the Committee. | |
| 2. | **For Approval** | |
| 2.1 | Minutes of the meeting held on 13.3.15<br><br>Page 4 Para 6 ***handover*** to be amended to ***turnover***<br><br>Page 4 Para 11 remove the word **maternity**<br><br>Page 7 Para 3 final sentence change ***LS*** to ***YM***<br><br>With the above amendments the minutes were approved as an accurate record of the meeting.<br><br>Action Log and matters arising not on the agenda.<br>The action log was discussed and updated and will be re-circulated to the Committee.<br><br>Matters arising not on the agenda | |

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| | Governing Body Equality & Diversity Training<br>LS has discussed with the GB Secretary asked that the training takes place at the June Seminar. As LS will be on annual leave at that time she will discuss support for YM with MC outside the meeting.<br><br>LAS – Clinical Safety Review<br>The Directors of Commissioning had reviewed LAS performance and the impact across the six SWL CCGs. The outcome from the review was shared with the SWL COs and AD offered to share the paper with MCQC. LS to follow up with AD. | LS/ MC<br><br>LS |
| 3 | **Director of Quality Report** | |
| 3.1 | LS tabled and talked through the report to provide assurance to the MCQC of the work and activity of the DoQ and her team in the past month.<br><br>Merton Safeguarding Children Board Annual Planning<br>DoQ attended the annual planning day on 17th March 2015.<br><br>The morning was dedicated to reconsidering the issue of neglect in Merton and reviewing the MSCB strategy. Revised ToR and draft work plans for a Sub Group and the draft Information Sharing Protocol for MSCB partners was agreed and signed by members of the Board.<br><br>The afternoon was dedicated to the Annual Business Planning of the MSCB.<br><br>Child Sexual Exploitation<br>The Designated Nurse for Safeguarding Children (Maria Ellery) and Local Authority Representatives from Merton Safeguarding Children Board held a public meeting on 18th March. The occasion was open to all partners of the MSCB and local residents and marked the national Child Sexual Exploitation Awareness Day.<br><br>Communications and Engagement<br>The draft Communications and Engagement Strategy is on the web-site. Comments from stakeholders, patients and the public are invited. The strategy will then be finalised for approval by GB in May.<br><br>LS then updated the meeting on the Communications Team, advising that there are currently 2 interims (Helen Eldridge and Will Flowers) supported by a substantive part-time post. LS had met with the CSU HR to discuss recruitment to substantive positions which is expected to commence in June.<br><br>NHS 111/Out of Hours for the Easter Period<br>LS advised that over the Easter period there were no issues reported and service was maintained across both services.<br><br>Future quality reporting of the services will be presented in the Quality and Performance Report.<br><br>IFR Round Table Review<br>The final report has now been received. Eight recommendations were identified for future action to improve the process for future patients. MCCG are committed to acting on the recommendations that fall within their area of accountability and will be formally forwarding the outcome of this review to NHSE teams with a request to consider and act on recommendations within their remit. The outcomes from the review will be shared with the family.<br><br>Quality Surveillance Group<br>LS attended the meeting on 15th April 2015.<br>The focus of the meeting was a presentation on maternal deaths as a result of changes to the SI reporting framework and concerns that these deaths will not be investigated and reported to the same rigours.<br><br>LS has been asked to present to the Regional Quality Surveillance Group on 27th April on the approach MCCG is taking to quality monitoring in community services. LS advised that this is following a discussion with Jane Clegg at NHSE. | |

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| | HCAI are to be the focus for a future meeting following reporting an increasing trend in MRSA infections not associated with lapses in care.<br><br><u>Compact Board</u><br>LS attended the meeting on 16th April. LBM presented the result of their annual resident's survey.<br><br>The Compact Board is made up of members from voluntary and statutory organisations working together.<br><br>LS said that the top 3 issues raised by residents are litter, crime and transport.<br><br><u>Comments and Questions</u><br><br>MC asked about the plans to recruit to a substantive Designated Nurse for Safeguarding Children.<br><br>LS said the position had been recruited to but was later withdrawn. The decision to withdraw the offer of employment at that time was based on experience needed to deliver the CLA action plan. It was agreed at that time to appoint two interims to cover the role on a part-time basis for a period of one year. The interim appointments have since agreed to increase their time to 3 days each meaning that a 6 day service is provided. LS said that it is anticipated that after the one year period the CCG will be in a position to appoint to a substantive DN for Safeguarding Children.<br><br>MC asked about the governance arrangements for approval of the Communications and Engagement Strategy. LS said that the draft strategy had been reviewed by the EMT and Clinical Reference Group and was now on the web-site for comments from key stakeholders; following which the strategy will be finalised for approval by EMT and the Governing Body in May. LS advised that the finalised strategy will then be brought to MCQC for information. | |
| **4** | Key Focus – MCQC Annual Work Plan for 2015-16 | |
| 4.1 | LS introduced the Annual Work Plan for 2015-16 to the meeting.<br><br>LS had discussed Continuing Healthcare, Serious Incidents and Complaints Reporting with the CSU and Safeguarding reporting for Children and Adults with the Designated Nurses and Head of Quality.<br><br><u>Comments</u><br>CG asked if the work plan is aligned to the five Care Quality Commission domains and asked if the 5 domains could be added to the work plan for reference. This was agreed.<br><br>CG commented on the fullness of agenda and said that it was important that papers presented for consideration provided a complete and accurate report. MC added that it is important that the cover sheet is completed in full and anticipates the needs of the MCQC in providing an assurance of quality of services commissioned by the CCG to the Governing Body.<br><br>MC asked how the Committee would be assured of services provided at the Nelson. LS said that the separate Nelson focus would be lost, and services provided will be monitored in the same way as other Provider Services. For example services provided by SGH, whether from the Nelson or the SGH site. Where quality issues are identified we will need to understand whether this is specific to the Nelson or the service itself.<br><br>The Committee agreed to allocate the Nelson Health Centre as an item of patient focus to receive feedback and the experience of service users six months on. The Work Plan will be updated.<br><br>Incident and Quality Alerts and Complaints and PALS themes will be reported bi-annually informed by monthly data reported to the Committee through the Q&P report.<br><br>MC said that the Committee has previously received an assurance of QIPP and asked if this would continue. LS said the approval process for QIPP schemes is robust and includes a Quality Impact Assessment. | YH |

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| | Recommendation<br>The Committee was asked to approve the Annual Work Plan for 2015-16<br><br>**Approved** | |
| 4.2 | Integrated Quality and Performance Report<br>LS introduced a revised Integrated Quality & Performance Report to the Committee.<br><br>The format of the report remains under review.<br><br>Reporting from CQRG is included under each Provider.<br><br>Section 5 of the report provides an opportunity for additional information to be reported to the Committee. This month a summary of the NHS National Staff Survey 2014 results was presented.<br><br>LS invited comments on the revised format from the Committee:-<br><br>Comments<br><br>CG welcomed the addition of the Introduction to the report.<br><br>CG then referred to the provider overview (page 12) where some data is up to 12 months old. LS agreed and said that this is data available to the public, but in reporting to the Committee as a means of providing assurance the frequency of reporting needs to be re-visited.<br><br>MC commented on the CQRG feedback provided which was provided by the HoQ and said that as a Clinical Commissioning organisation it is important that there is clinical and managerial ownership to provide assurance to the committee.<br><br>LS said that the HoQ is working with the Locality Leads and the aim is that reporting reflects the two perspectives. Following a short discussion on how feedback is reported, KW said that it is important that where a quality issues is identified, the Committee has assurance that robust actions are agreed and monitored by the CQRG and the outcome of the review is reported back to the MCQC.<br><br>CCG performance<br>MT presented and talked through the CCG performance.<br><br>MCCG is rated Red for Constitutional pledges.<br><br>The main area of concern is RTT 18 weeks, RTT 52 weeks and London Ambulance Service performance.<br><br>Constitutional pledges are being monitored via the Performance management group and areas of concern have been escalated to clinical directors and commissioning managers. LAS performance is likely to remain an issue due to long term recruitment issues.<br><br>Improving Health of our local population is rated Green.<br><br>Dementia diagnosis is reporting 66.43% in March against a target of 67%.<br><br>IAPT target for 15% access has been met.<br><br>Reporting of medication errors is on trajectory.<br><br>Comments<br><br>62 day cancer waits – MC asked for more detail to understand the impact on patients.<br><br>MC pointed out an error in the reporting on Page 7 and omission of MSA narrative. MT provided a verbal update advising that there were two breaches at SGH. 1 related to a | |

patient from A&E admitted to a ward and was quickly rectified. The other case related to a paediatric patient where no suitable alternatives were available.

There has been an increased in the number of delayed transfers of care at Kingston and SGH. SGH performance is impacted by trauma patients waiting for transfers to specialist services and patients transferring to continuing health care services. The delays at Kingston are attributed to cross border issues.

Provider Highlights

Feedback from the CQRG meetings was reported in full at the meeting and key points highlighted below:-

SGH

The Trust is still not meeting the A&E target. A meeting was held MCCG (TH and AD) and WCCG (Tom Coffey) and an action plan has been developed.

The need for more specialist commissioning beds has been flagged to avoid long waits for patients transferring to Stanmore.

VTE assessments action plan has been developed with a daily update on the % assessed in the last 24 and 48 hours. An assurance was given that performance has improved.

Safeguarding Children training is an on-going issue. Changes to the Training Strategy and targeting training are being made led by the Chief Nurse.

Failure to act on diagnostics test results. The numbers are low but have serious implications for individuals. A number of remedial actions are in place. The patients affected are usually those which have been discharged before results have been received and outpatients.

Three serious incidents were reported to the CQRG and discussed at the MCQC.

8 Grade 3 Pressure Ulcers were reported in January and 2 grade 4 Pressure Ulcers reported as Serious Incidents and reviewed by the Chief Nurse.

Kingston Hospital

MC referred to the 60 medication incidents and asked about reporting to the MMC and availability of benchmarking data. (This was discussed and noted under Item 8.1)

A review of A&E performance has commenced which includes mapping trends in activity.

Negative feedback on NHS Choices was noted by the Committee.

ESH

MCCG expressed concern about the new booking system for domiciliary phlebotomy. This will be dealt with outside the meeting with feedback to the April CQRG.

SMCS
Commissioners have expressed concern at the methods of reporting used to inform the CQRG.

A presentation on smaller services was presented to demonstrate how a patient with a range of complex conditions was supported by a network of small services. The risk of supporting such small specialist functions was discussed.

Safeguarding training has been an issue throughout the year. Actions have been implemented including delivering Level 1 and Level 2 training as part of Induction. The trust are reporting staff turnover as a contributory factor.

SWLSTG

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| | The CQRG agreed to use the last meeting to review the Cost Improvement Plans.<br><br>The MCQC questioned the use of a quality review group used for this purpose of CIPs noting that the agreement was made by the Group itself.<br><br><u>Recommendation</u><br>The MCQC was asked to approve the Integrated Quality & Performance Report.<br><br>The report was **approved** with the caveat of advance warning of further format changes to the report.<br><br>MT left the meeting | |
| 5.2 | <u>Risk Register (Quality)</u><br>The Chair welcomed Terri Burns (TB), Corporate Affairs Manager to the meeting.<br><br>Changes to the Risk Register for Quality as detailed within the report were noted by the Committee.<br><br><u>Comments</u><br><br>Risk 954 MC asked how the action to review primary care would be taken. LS said that the Asst. Director of Primary Care Transformation had been invited to attend the MCQC in July.<br><br>Risk 954 and the actions in place were fully discussed by the Committee. There was concern at the level of assurance felt by the Committee. KW said that an agreed consensus of the markers needed by the Committee to provider an assurance of quality to the GB on all services commissioned by the CCG was needed.<br><br>In response to the discussion and comments received it was agreed to extend the MCQC on 15th May for 30 minutes to be dedicated to the Risk Register and Quality Reporting to the Committee.<br><br><u>Recommendation</u><br>The MCQC was asked to approve the Risk Register.<br><br>In response to above discussion the recommendation was **not approved**<br><br>TB left the meeting | |
| **6** | **Exception Reporting** | |
| 6.1 | <u>Care Act and Adult Self-Assessment</u><br>MCCG has undertaken two self-assessments on the effectiveness of safeguarding within the organisation and this report addresses these.<br><br>The first assessment was a refresh of the Safeguarding Adults Self-assessment and Assurance Framework for Health Care Services, in order to benchmark the CCG against an established set of standards.<br><br>The second assessment was a request from NHS England that all CCGs complete a gap analysis to assess the capacity and capability to respond to the increased expectations placed on CCGs and NHS commissioned organisations to meet their statutory duties to safeguard adults following the implementation of The Care Act (2014).<br><br>This paper reports on the outcomes of the two self-assessments, identifies gaps and areas for improvement in order to ensure that Merton CCG fulfils its duties and responsibilities in respect of safeguarding adults at risk.<br><br>The outcomes of the assessments have been incorporated into a Safeguarding Adults at Risk action plan.<br><br>The Job Description and competences for the Head of Quality includes the Designated Manager for Adult Safeguarding responsibilities. | |

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| | Comments<br>MC requested more details on the implications of the Care Act 2014 and raised concern at the capacity of the HoQ post.<br><br>Recommendation<br>The MCQC was asked to approve the report and the action plan.<br><br>**Approved** | |
| 6.2 | Children Looked After Action Plan<br>A review of the Merton CCG Children Looked After (CLA) provision has been undertaken by an independent external reviewer. The review report identified a significant number of concerns and made recommendations to ensure children and young people in Merton are safeguarded.<br><br>LS advised that the meeting takes place bi-monthly and the action plan has been further updated following the meeting at the beginning of April.<br><br>MC asked if the updated action plan will be presented to the Safeguarding Executive Committee on 23rd April. LS confirmed that it would.<br><br>Recommendation<br>The MCQC was asked to note the action plan and progress made.<br><br>**Noted** | |
| **7** | **For Review** | |
| 7.1 | Patient Stories<br>LS introduced the report to highlight how patient stories can be used as a method of quality assurance and learning.<br><br>At the MCQC in February 2015, a carer for a man in receipt of Continuing Healthcare (CHC) was invited into the meeting to tell of his experience of the CHC application process the previous year.<br><br>Following the story it was agreed that there would be a seminar discussion at the following meeting to explore the impact of the story and future learning for the CCG<br><br>The overwhelming view at that meeting was that patient stories were welcomed within the organisation as a method for hearing the patient voice.<br><br>It was felt that it was appropriate to bring stories to the Clinical Quality Committee and that there would also be benefit in commissioners of services to have the opportunity to hear patient stories.<br><br>The committee asked for assurance that the individuals are suitably supported as part of their preparation, especially if the story is being told in person. In this instance the carer gave positive feedback in that he reported that the experience of telling his story had felt 'cathartic' and that he felt he had really been heard.<br><br>Next Steps<br>The Work Plan for the MCQC has been refreshed for 2015/16 and includes a bi-monthly focus on patient experience. The aim is to use this opportunity to hear patient stories in a variety of formats.<br><br>The DoQ is exploring opportunities to bring patient stories to the wider CCG and CSU staff, with the aspiration of introducing patient stories to the Governing Body agenda.<br><br>Recommendation<br>The MCQC was asked to approve and support the approach for patients stories in Merton.<br><br>**Approved** | |

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| **8** | **For Note** | |
| 8.1 | Final approved minutes of January 2015 meeting of the Joint NHS Merton CCG and NHS Sutton CCG Medicines Management Committee (MMC) including key issues discussed at the meeting held on 20th March 2015<br><br>The committee is asked to note all issues raised in the minutes of the meeting held in January 2015 and key items covered during meeting held in March 2015<br><br>• Approval of proposal to support Low Molecular Weight Heparin (LMWH) to be prescribed by GPs for the treatment of DVT / PE or AF in patients associated with cancer who have been discharged from the oncology service at the Royal Marsden.<br>• ESH and SGH Medicine Management Incidents Q3 2014/15 showed an increase as per quality premium requirement<br>• Epsom and St Helier NHS Trust Medicines Management CQUIN Report Q3 2014/15<br>• Approval of updated Management of Infection Guidance for Primary Care<br>• Approval of updated shared care prescribing guidance : Triptorelin acetate (Gonapeptyl Depot 3.75mg® and Decapeptyl SR 11.25mg®) for Central Precocious Puberty<br>• Approval of shared care prescribing guidance: Psychotropics<br>• Approval of shared care prescribing guidance: Lithium for Affective Disorders<br>• Approval of Standard operating procedure for Repeat Prescribing Reviews in GP practices by medicines management team<br>• Guideline for Management of Depression and Generalised Anxiety disorder in Primary Care<br><br>Comments<br>MC asked if Medications Incidents from all Providers are reported to MMC and whether there is benchmarking is available to compare incidents across different providers.<br><br>SA said that medication incidents are reported to the MMC in a variety of formats from each provider. At this time the increase is reporting is driven by the quality premium. In response to benchmarking SA said that work with the SWL Prescribing Committee will look at benchmarking to help understand the data.<br><br>CG asked if there was provision for vaccinations for homeless people in Merton. SA said that she would speak with Fiona White and feedback to CG outside the meeting.<br><br>Recommendation<br>The MCQC was asked to note the report<br><br>**Noted** | SA |
| 9 | **Any Other Business** | |
| 9.1 | Date of Next Meeting: 15th May 2015, 11.30-2.30pm, MR 6.1, 120 The Broadway | |

The minutes are approved as an accurate record of the meeting held on 17.4.15

…… Clare Gummett (Chair)

…… Date

NHS
Merton
Clinical Commissioning Group

# Merton Clinical Commissioning Group
# Audit and Governance Committee

**Thursday 11th December 2014**

**3.15pm to 4.15pm**

**Room 5.1, 5th Floor, 120 The Broadway, Wimbledon, London SW19 1RH**

## AGENDA

Present:-

Members

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| PD | Peter Derrick (PD) | MCCG Lay Member (Chair) |
| MC | Mary Clarke (MC) | MCCG Independent Nurse Member |
| CG | Clare Gummett (CG) | MCCG Lay Member, Patient & Public Involvement |
| SP | Stephen Powis (SP) | MCCG Secondary Care Consultant |

In attendance

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| HF | Dr Howard Freeman | CCG Chair |
| EB | Eleanor Brown | Chief Officer |
| CC | Cynthia Cardozo | Chief Finance Officer |
| NA | Nick Atkinson | Internal Auditor – Baker Tilly |
| CF | Colin Edwards | Counter-Fraud - Baker Tilly |
| SE | Sue Exton | External Auditor – Grant Thornton |
| LS | Lynn Street | Director of Quality (Item 5.2 and 6.2) |
| TB | Terri Burns | Corporate Affairs Officer – SECSU (Item 5.2) |
| FW | Faiza Waheed | Head of Finance and Business – SECSU |
| AF | Amy Ford | Information Governance – SECSU (Item 5.1) |
| YH | Yvonne Hylton | Committee Secretary – SECSU |

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| 1. | <u>Introduction and Apologies</u><br><br>Peter Derrick (PD) welcomed all to the meeting.<br><br>No apologies for absence were received. | |
| 2. | <u>Declaration of Interest</u><br>The Committee agreed the Register of Interests as a correct record. | |
| 3. | <u>Minutes of previous meeting – 15th September 2014</u><br><br>The minutes were approved with the following amendment under Declarations of Interest Paragraph 1.<br><br>"With regard to the current Register of Interests, Mary Clarke (MC) informed the meeting of a change to her declaration. That her role of **Non-Executive** Director (non-voting) with Croydon Health Services NHS Trust ceased on the 31st August 2014."<br><br>With the above amendment the minutes were approved. | |

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| 4. | Action Log<br>The action log was discussed and updated and will be re-circulated to the Committee. | |
| 5. | For Approval | |
| | 5.1 Information Governance Policies | |
| | The Chair welcomed Amy Ford (AF), Information Governance Manager to the meeting.<br><br>AF introduced four Information Governance Policies for approval by the Committee:-<br><br>1. Information Governance Policy<br>2. Information Management Policy<br>3. Information Quality Policy<br>4. Information Security Policy<br><br>AF advised that all policies had been reviewed by the Committee in February and in response to feedback received at that time the Policies have been completely revised to meet the requirements of Merton CCG.<br><br>The Policies were discussed by the Committee and the following amendments were requested:-<br><br>IG Policy<br>- The Committee requested a single IG Policy to reduce repetition across the four policies, however, will still cover Information Governance, Information Security, Information Quality and Information Management to meet IG Toolkit Requirements. AF to check compliance with the IG Toolkit, mindful that the CCG is required to achieve level 2 of the Toolkit by 31.3.15;<br>- Page 9 – 'Members'. As all GPs in Merton are 'Members' it was agreed to amend to "Clinical Leads and Locality Lead Members working on behalf of the CCG". This is to be applied to all IG Policies.<br>- Page 8. Under Governance arrangements IG Steering Group is **not** a sub-committee of the CCG Governing Body. Policy to be amended to show reporting to the Audit & Governance Committee.<br>- Annex B Complaints Letters to be added as Confidential Personal Data.<br><br>Information Management Policy<br>No changes were requested.<br><br>In response to a question for the process for disposal and retention of papers for non-office based staff. AF said that Records Managements is the responsibility of MCCG and the current contract for MCCG is held with NHS Property Services Co.<br><br>Information Quality Policy<br>- Page 9 formatting to be corrected.<br>- Financial implications on the cover sheet to reflect implications of non-compliance<br><br>Information Security Policy<br>- Page 15.9.1 third bullet point starting "changes that impact upon the services provided to customers……." To be removed | |

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| | Action<br>AF to make changes above and confirm Policy requirements to ensure compliance with the IG Toolkit.<br><br>Recommendation<br>With the inclusion of the requested changes the Policies were approved by the Audit & Governance Committee. | **AF** |
| | 5.2 Board Assurance Framework and Risk Register | |
| | Lynn Street (LS) MCCG Director of Quality introduced Terri Burns (TB) Corporate Affairs Officer, South East Commissioning Support Unit to the meeting.<br><br>LS advised that a full review of the risk register has taken place over the last month, with detailed changes made with the input of responsible risk owners. All risks have now been linked with the relevant Corporate Objectives. A number of risk tolerance levels have been amended as part of the review, to more accurately reflect the CCGs risk appetite:<br><br>• 477 If the CCG fails to establish an effective system of internal control, this may lead to poor performance and probity<br>• 798 If external and internal pressures mean the CCG is unable to deliver the planned budget for 2014-15, the CCG will be unable to deliver a robust financial position in the medium term, which reduces its ability to deliver its Commissioning Intentions<br>• 457 If patients and the public are not engaged appropriately, then there will be a lack of patient and public trust to commission appropriate services to meet Merton population needs<br><br>No risks have been escalated to the Governing Body Assurance Framework.<br><br>No risks have been de-escalated from the Governing Body Assurance Framework<br><br>LS said that Risk Owners, Delegated Risk Owners and Action Owners are identified on the Risk Register.<br><br>PD welcomed the improved risk register and mapping across to the BAF and asked for clarification of the Tolerance Score rating. LS explained that the Tolerance reflects the level of risk, with controls in place the CCG is willing to accept.<br><br>NA suggested that to aid clarity the Tolerance Score is not rated.<br><br>LS said that Objective 5 is new and is progressing with regular updates as actions are identified.<br><br>LS explained that the CCG Risk Register is a 'live' document and is monitored through the EMT. In addition there are individual risk registers for Finance and Quality.<br><br>NA said that the inclusion of implementation dates and mapping across to the BAF was very good.<br><br>SP asked if the Risks to the CCG associated with Primary Care Co-Commissioning should be included. LS said that she would check and would update as necessary. | |

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| | Recommendation<br>The Committee is asked to agree:-<br>That risks described represent the main strategic risks to the delivery of the CCG's plans.<br>That the mitigating controls adequately increase the probability of the CCG delivering its plans<br>Any gaps to mitigating controls or actions that would provide improved assurance of delivery to the EMT<br><br>The Audit & Governance Committee approved the process as an effective process for managing CCG risks.<br><br>TB left the meeting. | |
| 6 | For Review | |
| | 6.1 Settlement of Legacy NHS Continuing Healthcare liabilities | |
| | CC introduced this item.<br><br>Paul Baumann has written to CCGs outlining the approach to be used for settlement of the legacy NHS Continuing Healthcare liability.<br><br>A risk pool solution based on a CCG's allocation size is proposed. The pool will only cover claims for previously un-assessed periods of care up to 31.03.12 and received by 31.03.13. Some claims for periods of care between 01.04.12 and 31.03.13 might be covered but only if included in the provision value notified by the CCG for inclusion in the NHS England balance sheet as at 31.03.14.<br><br>A quarterly forecasting process is in place and if at the end of the financial year there is a net difference between the total risk pool contributions for 2014/15 and the final expenditure for the year then this will be adjusted through the contribution pool for 2015/16.<br><br>CC advised that in the event of a surplus this will be returned to CCGs, which is estimated at £300k for MCCG.<br><br>MCCG's contribution to the risk share pool for 2014/15 is £810k and £814k for 2015/16. PD asked if this was included in the draft financial plans for next year. CC confirmed that it was.<br><br>Recommendation<br>The Audit & Governance Committee is asked to note the approach described in Paul Baumann's letter.<br><br>**Noted** | |
| | 6.2 Gifts and Hospitality Register | |
| | LS introduced MCCG Register of declared hospitality and gifts for the period June 2012 to date.<br><br>The information includes:-<br>- Description of hospitality/gift<br>- Value<br>- Company/Individual offering gift/hospitality | |

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| | | - Recipient<br><br>In response to comments regarding articulation of hospitality received from Pharmaceutical Companies and overall presentation of the Register LS suggested populating the register from information collected on the forms in the newly approved Gifts and Hospitality Policy.<br><br><u>Recommendation</u><br>To receive and note the Register.<br><br>**Noted** | LS |
| 7. | | <u>Auditors' Reports</u> | |
| | 7.1 | <u>External Audit Update – Grant Thornton</u><br>Sue Exton (SE) provided a verbal update to the Committee.<br><br>The deadline for submission of the 2014/15 Annual Report and Accounts is the 29th May 2015. PD requested that the CCG Public Governing Body and Audit & Governance Committee meetings are aligned to the reporting process. CC/YH to action liasing with PD.<br><br>NA commented on the areas of responsibility covered by the CSU to be incorporated into CCG reporting and requested that CC contacts the CSU to ensure there is sufficient support available for MCCG to meet the deadline.<br><br><u>Recommendation</u><br>The Committee is asked to note the verbal update.<br><br>**Noted** | CC/YH<br><br>CC |
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| | 7.2 | <u>Internal Audit Progress Report</u> | |
| | | Nick Atkinson (NA) presented a progress updated.<br><br>Three Internal Audit Reports have been issued for:-<br><br>- Prescribing – Green opinion<br>- QIPP – Green opinion<br>- Board Assurance Framework –Amber/Green<br><br>To date no major issues have been identified which will impact on the Head of Internal Audit Opinion for 2014/15.<br><br><u>Recommendation</u><br>The Audit & Governance Committee is asked to note the progress report.<br><br>**Noted** | |
| | 7.3 | <u>LCFS Progress Report</u> | |
| | | Colin Edward (CE) presented this item.<br><br>The handover from the South East Commissioning Support Unit is now complete. Work has commenced to review Baker Tilly Fraud Risk Assessment Benchmarking 2014 paper against the current Workplan with a view to directing the LCFS resource accordingly for the remainder of 2014/15. A revised Workplan will be presented to the | |

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| | | Audit & Governance Committee when complete and agreed with the Chief Finance Officer.<br><br>Counter Fraud presentations to CCG staff have taken place during October, November and December 2014.<br><br>Countering Fraud and Bribery in the NHS presentation to the CCG Governing Body in August 2014 will be delivered to all MCCG staff to raise awareness of the impact on NHS services and individual's responsibility in terms of reporting Fraud and Bribery in accordance with CCG policy.<br><br>The Interim and Agency Staff Review is complete. The review covers the period 1 April to 31 December 2013. A draft report has been compiled and will be presented to the Committee at the next meeting.<br><br><u>Recommendation</u><br>The Audit & Governance Committee is asked to receive and note the progress update.<br><br>**Noted** | |
| 8. | | <u>Any Other Business</u><br>There was no further business.<br><br><u>Date of Next meeting</u><br>Thursday 19th March, 11.45-12.45, 120 The Broadway, Wimbledon SW19<br><br>Meeting closed 4.20pm | |

Agreed as an accurate account of the meeting held on the 15th September 2014.

Mr Peter Derrick – Chairman

Date: