



Merton

Clinical Commissioning Group

**Report to the Merton
Clinical Commissioning Group Governing Body**

Date of Meeting: Thursday 18th July 2013

Agenda No: 10

ATTACHMENTS 18,18,20

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

Rationale: To update the CCG Governing Body on the areas of responsibility covered by the following Committees.

Summary:	Date of Meeting	Attachment No
Audit and Governance Committee	28.03.13	18
Merton Clinical Quality Committee	03.05.13	19
Finance Committee	17.05.13	20

Recommendation:
That the Governing Body is asked to note the attached Minutes.

Date, author details:
As per details on each attachment.

Merton Clinical Commissioning Group
Audit Committee

Minutes of the meeting on Thursday, 28th March 2013
Chief Officer's Office, 3rd Floor, Wimbledon Bridge House

Present:- Members	Peter Derrick (PD) Clare Gummett (CG) Mary Clarke Prof. Stephen Powis	MCCG Lay Member (Chair) MCCG 2 nd Lay Member MCCG Independent Nurse Member MCCG Secondary Care Consultant
In attendance	Eleanor Brown (EB) Karen McKinley (KMck) Nick Atkinson (NA) Rebecca Chappell (RC) Sue Exton (SE)	MCCG Chief Officer MCCG Chief Finance Officer Internal Audit - RSN Tenon Head of Counter Fraud and Payment NHS SLCSU External Audit – Grant Thornton
Supporting Officer	Tony Foote (TF)	Minute Taker

1.	<p><u>Introduction and Apologies</u> The Chair welcomed everyone to the second meeting of the MCCG Audit Committee.</p> <p>Apologies were received from Dr Howard Freeman and Sarah Ironmonger.</p>	
2.	<p><u>Declaration of Interest</u> There were no declarations of interest.</p>	
3.	<p>Items for Approval</p>	
3.1	<p><u>Draft minutes of the meeting of the MCCG Audit Committee on 5th December 2012</u> RC requested an amendment to Item 7 (Counter Fraud Update).</p> <p>That the sentence; “From April 2013 it is proposed that the existing Sutton, Merton, Wandsworth and Croydon teams will move to the CSU” be replaced by:</p> <p>“From April 2013 it is proposed that the existing in-house team covering Sutton, Merton, Wandsworth and Croydon will move to the CSU.</p> <p>This amendment was agreed and the Committee approved the minutes.</p>	
3.2	<p><u>Terms of Reference</u> KMck assured the Committee that all amendments suggested at the December 2012 meeting were now incorporated in the present version.</p>	

	<p>MC requested that the reference to “Quality Committee” at 6.1.8 be amended to “Clinical Quality Committee.”</p> <p>This amendment was agreed and the Committee approved the revised Terms of Reference.</p>	
<p>4.</p>	<p>Items for Review</p>	
<p>4.1</p>	<p><u>Board Assurance Framework</u></p> <p>EB informed the Committee that the Framework was still being updated and remained a work in progress. EB added that a number of staff were awaiting training in the “4 Risk” system and that the Commissioning Support Unit (CSU) were looking at how staff could be supported in prioritising risks and using the risk register correctly.</p> <p>The Committee had the following comments on the document:</p> <ul style="list-style-type: none"> • That the heading of “Scrutiny Committee” in the framework be replaced by “Clinical Executive Team.” • That Dr Freeman should not be named as a risk holder in the framework. • That there should a risk(s) relating to continuing care. • That the inclusion of a risk(s) relating to information governance should be considered. • That the risks relating to BHCH in Mitcham and at the Nelson site should be unified. • That the framework should show the progress of a risk and its mitigating actions – a “heat map” was suggested to indicate the success, or otherwise, of these actions. • That the framework should include guidance on how the risk ratings are calculated. <p>EB said she would feed back these comments to the CSU, who were leading on this, and report back to the next meeting.</p>	<p>EB</p>
<p>4.2</p>	<p><u>Scheme of Delegation</u></p> <p>KMcK informed the Committee that, following discussions, the CSU’s role was now recognised in this document and that both she and PD were content with this latest version.</p> <p>The Committee had the following comments on the Scheme of Delegation:</p> <ul style="list-style-type: none"> • That it was noted certain titles – “Chief Pharmacist” and “Medical Director” - had now been adopted to reflect the CCG’s status. • That the NHS Commissioning Board should be referred to as “NHS England.” <p>The Committee noted that the Scheme of Delegation would be formally considered for approval at the next Board meeting.</p>	

5.	Auditors' Reports	
5.1	<p><u>Counter Fraud Update (MCCG Workplan)</u></p> <p>RC explained that the workplan was a work in progress and there would be further regular updates on this to the Committee.</p> <p>She added that the plan allowed for the equivalent of 55.5 days of the Counter Fraud Team's time for MCCG and, in addition, there would also be time spent by the Team working collaboratively across the sector that would benefit MCCG. PD enquired as to the equivalent number of days that had been allotted to SMPCT: 220 days. PD also asked whether, if MCCG needed further counter fraud support, there would be any further cost incurred. RC said she would check on this.</p> <p>The Committee felt there was a lack of clarity regarding independent contractors – now within the remit of NHS England – and the scope and powers of the Committee, with regard to issues of fraud relating to CCG-member GP Practices. It was agreed that the Committee should have access to such relevant information and RC confirmed that the CCG had a right to do so. The Committee also raised the issue of potential conflicts of interest with CCG member practices. EB stated that this matter had already been discussed at the South London Chairs/Chief Officers' Meeting; it had been agreed that the CCGs would work collaboratively to address this and, if necessary, request assistance from outside the sector.</p> <p>PD stated that the workplan represented a good start. RC said she would consider the Committee's comments and bring a further version back to a future meeting.</p> <p>MC raised a separate – but related – issue: that of fraud matters outstanding as of 31st March 2013. EB said she would contact the Legacy Team for guidance on this.</p>	<p>RC</p> <p>RC</p> <p>EB</p>
5.2.	<p><u>Internal Audit Update</u></p> <p>(i) SMPCT Action Plan (Continuing Care)</p> <p>NA explained that this document was part of a Cluster-wide report that identified critical concerns about the following:</p> <ul style="list-style-type: none"> • The backlog of patient assessments (both three monthly and annual) • Contract management and monitoring <p>He added that Jane Pettifer (JP) (Continuing Care Manager – CSU) was leading on the implementation of the required actions and suggested that JP should be asked for a progress update.</p> <p>PD asked how many continuing care cases there were in the SMPCT area. NA thought “a few hundred” but that it was very difficult to assess the quality of care due to the diversity of its providers.</p>	

	<p>(ii) Appointment of Internal Auditors in SW London The Committee noted the change in the CSU's approach to internal audit for the South London CCGs and that it was now proposed that each CCG make its own individual internal auditor appointments.</p> <p>(iii) MCCG Internal Audit Strategy -2013 – 2016 (1st draft) NA stated that the Strategy aimed to identify six key areas for MCCG:</p> <ul style="list-style-type: none"> • Establishment of a new organisation • Development of effective risk management systems • The Commissioning Support unit (CSU) • Finance and QIPP challenges • Conflicts of interest • Clinical Governance <p>He added that the Strategy then developed these areas into a detailed plan and aimed to show what the likely situation in 2016.</p> <p>EB asked NA whether he had yet had sight of the document "Re-assurance of CCGs." NA had not and EB said she would make a copy available to NA who would, in turn, make the links between it and the Strategy.</p> <p>SP requested that information governance should be included in the Strategy and NA agreed to this.</p> <p>MC requested that safeguarding adults should be included in the Strategy and NA agreed to this.</p> <p>NA said he would revise the document in light of these comments and requests and bring a further version back to the Committee.</p>	<p>EB NA</p> <p>NA</p>
5.3	<p><u>External Audit Update</u> Sue Exton (Grant Thornton Auditors for SMPCT) – attending in place of Sarah Ironmonger – informed the Committee that Grant Thornton had not been appointed external auditors for MCCG and that, from 1st April 2013, Ernst Young would be filling this role.</p>	
6.	<p><u>Any Other Business</u> There was no further business.</p>	
7.	<p><u>Future Meeting Dates</u> 18th June 2013 3.00pm-4.00pm 24th September 2013 2.30pm-3.30pm 10th December 2013 2.00pm – 3.00pm</p>	



Merton Clinical Commissioning Group

Merton Clinical Commissioning Group

Clinical Quality Committee

Minutes from the meeting held on

Friday 3rd May 2013Meeting Room 3, 3rd Floor, Wimbledon Bridge House, WimbledonPresent

Mary Clarke (MC)	Independent Nurse Member (Chair)
Jenny Kay (JK)	Director of Quality
Sion Gibby (SG)	Raynes Park Locality Lead
Tim Hodgson (TH)	West Merton Locality Lead
Andy Smith (AS)	Interim Director of Commissioning and Planning
Kay Eilbert (KE)	Director of Public Health

In Attendance

Oliver Lake (OL)	SLCSU – Director of Governance, Performance and Marketing
Wendy Cookson (WC)	SLCSU – Director of Nursing
Yashoda Patel (YP)	SLCSU – Performance
Jackie Moody (JM)	SLCSU – Head of Corporate Affairs
Sadie Daley (SD)	Designated Nurse, Safeguarding Children
Yvonne Hylton (YH)	SLCSU – Board Secretary/Business Manager

Apologies

Clare Gummett (CG)	PPI Board Member
Eleanor Brown (EB)	Chief Officer
Karen Worthington (KW)	Locality Lead – East Merton

1.	Welcome and introductions (MC)	
1.1	<p>In the absence of Clare Gummett, MC Chaired the MCQC and welcome all present to the meeting.</p> <p>Apologies were received from Clare Gummett, Eleanor Brown and Karen Worthington.</p> <p>The Chair agreed to take Items 2.1a and 4.3 together for presentation by Sadie Daley, Designated Nurse for Safeguarding Children. The Items have been recorded following the agenda in the minutes.</p> <p><u>Declarations of Interest</u></p> <p>No declarations were received in relation to the agenda items.</p>	
2	For approval	
2.1	<p><u>Draft Minutes of the meeting held on 12.4.13</u></p> <p>The minutes were approved with the following amendments:-</p>	

	<p><u>Page 2 Item 3.1:</u> penultimate paragraph to read</p> <p><i>“In response to MC’s question as to escalation options should performance not improve, JK advised the CCG would look to implement the terms of the contract and consider the option to escalate to the Quality Surveillance Group and request a risk summit to have an independent review of the service”</i></p> <p><u>Page 3 Item 3.1:</u> under Contract negotiation – paragraph to read</p> <p><i>“The SMCS contract is now in its final year. The CCG as the lead commissioner on behalf of 4 other parties are beginning to consider options for continued and future provision.”</i></p> <p><u>Action</u></p> <ul style="list-style-type: none"> - Minutes to be updated for review and approval by JK outside the meeting (ensuring all actions are captured) - Approved minutes to be presented to the CCG Board for note. - Chair (MC) to formally sign approved minutes. <p><u>Action Log</u></p> <p>The action log was discussed and updated to reflect comments received.</p>	JK/YH
2.1.a	<p><u>Matters arising not on the agenda</u></p> <p><u>MCCG Safeguarding Declaration (SD)</u></p> <p>SD introduced a revised CCG Safeguarding Declaration which had been amended to reflect discussion at the MCQC meeting held on 12th April and subsequent meeting with MC.</p> <p>The Committee were asked to review the Declaration which will be formally approved by EB following her return from annual leave.</p> <p>The approved declaration will be uploaded to the CCG web-site and presented to the CCG Board for note at the Public Board Meeting in July.</p> <p>SD advised the Committee that NHS England is debating the CCG requirement for a web-site declaration, but in the interim it is considered good Practice. SD agreed to feedback NHS England’s decision to the Committee when known.</p>	EB SD
2.1b	<p><u>SMCS Staff Survey</u></p> <p>The survey was presented for review by the Committee and reflected concerns discussed at the previous meeting. . JK advised that she has met with Shelley Dolan, RMH Chief Nurse, who is aware of the issues and supportive of working with the CCG to improve the situation.</p> <p>AS added that the appointment of Adam Doyle as the CCG Director of Commissioning & Planning is a positive move for the CCG. At present Adam is Divisional Director of SMCS and previously held senior posts within the Provider arm of the PCT.</p>	
3.1	<p><u>SL CSU Presentation on ‘Quality Support from the CSU’</u></p> <p>The Chair welcomed Oliver Lake (OL) (Director of Communications, Governance and Marketing) & Wendy Cookson (WC) (Interim Director of Nursing & Quality).</p> <p>OL introduced and talked through a presentation to update the</p>	

	<p>Committee on the services Merton have purchased from the SLCSU.</p> <p>All CCGs made choices of support purchased by the CSU. Merton CCG's offer was developed following a considerable amount of engagement and co-designed by the CCG and CSU</p> <p>The governance services which Merton are purchasing from the CSU are:-</p> <ul style="list-style-type: none"> - PALS / Complaints management - Serious Incident management - Equality and Diversity support - Corporate governance support - Infection Prevention and Control support - Information governance support <p>OL talked through each area and the following was noted:-</p> <p><u>PALS/Complaints management</u></p> <p>The service is operational following a handover of legacy PCT complaints to the relevant organisation and Independent Contractor complaints to NHS England on 1 April 2013.</p> <p>Until the service settles down a transitional sign-posting for patients is in place. There have been a number of PALS enquiries which the CSU are working through the NHSE. Complaints and MP letters are following the process set out in the draft policy.</p> <p>Following client feedback the draft Complaints policy has been refreshed and is currently with JK to localise for Merton. At this time there are 5 complaints against Merton, 2 are legacy and 3 new complaints have been received.</p> <p>In response to a question from SG regarding escalation route for Practice complaints, WC responded that it depends on the Complaint. There is very clear guidance regarding formal complaints, and for London all Primary Care Complaints are managed by NWL on behalf of NHS England. LMC have requested feedback on Quality Alerts.</p> <p>In regard to quality alerts these are debated through the Clinical Quality Review Groups (CQRGs). Community CQRG is managed by the CCG and management of the Acute CQRGs is via the CSU.</p> <p>The Committee noted that although Primary Care have responsibility for managing Independent Contractor Complaints the CCG need to have assurance that the GPs are providing a good service.</p> <p><u>Serious Incident Management</u></p> <p>The service is operational and managing provider SIs on behalf of Merton CCG.</p> <p>Following feedback from the CCGs the SI draft policy is being refreshed and will be consulted on.</p> <p>SI reporting will included in the CCG Integrated Report monthly to the CCGs.</p> <p>JK referred to SIs where the CCG is not the host commissioner advising that the process for Mental Health is starting to work and she looked forward to the support which will be provided by Dori Wilson through the CSU.</p> <p>WC added that all CCG SIs recorded on STEIS are picked up.</p>	
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	<p><u>Equality & Diversity</u></p> <p>Wasia Shahain has been supporting the CCG to embed Equality & Diversity into business as usual for Merton and supporting the CCG to develop their Equality Objectives to meet the reporting requirements for the Autumn.</p> <p><u>Corporate Governance</u></p> <p>Governing Body and Committee meetings are being supported, as well as risk management support tailored to suit Merton CCG including development of a suite of corporate policies and systems to streamline processes.</p> <p>Meetings have been arranged with governance leads to develop a risk management work plan.</p> <p><u>Infection, Prevention and Control</u></p> <p>This is a new service offer following feedback from CCGs and work is currently underway to develop the offer in discussion with the CCGs.</p> <p><u>Information Governance</u></p> <p>An Interim IG Lead is in place and working with the CCG to develop an IG work plan.</p> <p>MC referred to the CCG under-performance of the IG toolkit and the need for a process to update the scores as progress is made.</p> <p>OL advised that IG reporting to the CCG will be through the Integrated Report and a process will be agreed to ensure that progress made against the toolkit is including in reporting.</p> <p><u>Conclusion</u></p> <p>JK thanked OL and WC for providing the update on service provision, advising that the CCG will take stock in the summer for further discussion and refining of services, including agreed different ways of working to ensure CCG requirements are met. Action - JK to work with the CSU to plan a workshop over the summer</p> <p>In response to a question from MC, the Committee were advised that all Complaints letters will be signed off by the Chief Officer and in her absence JK will deputise.</p> <p>OL advised that monthly meetings will continue to take place with the CCG Management Team and CSU Account Director where decisions regarding service changes can be made.</p> <p>Going forward as services settle down and capacity levels are determined OL advised that there may be some flexibility in terms of capacity, for example around Complaints.</p> <p><u>Decision</u></p> <p>It was agreed that the first CCG Integrated Quality & Performance Report would be reported to the July MCQC meeting. WC to take forward liaising with JK as required.</p>	JK
4	For Approval	
4.1	<p><u>Performance Report</u> (Yashoda Patel - Performance Manager, SLCSU)</p> <p>YP introduced the Performance Report to provide further information on the current performance reporting arrangement and what is in place for 2013/14 performance reporting.</p> <p>Reporting of the indicators and measures within the 2012/13</p>	

	<ul style="list-style-type: none"> - JK to liaise with WC to agree SI/Complaint reporting for June - Format of reporting to CCG Board to be agreed anticipating reporting from September. JK to discuss with EB. - JK/KE to agree process for CCG to receive Public Health performance data 	<p>JK/WC</p> <p>JK/EB</p> <p>JK/KE</p>
4.2	<p><u>Serious Incident/Complaints Exception reporting</u></p> <p><u>SIs</u></p> <p>SI reporting data for SMCS was tabled and discussed.</p> <p>The CCGs concerns regarding pressure ulcers and workforce issues at SMCS have been discussed with the Chief Nurse and work is being undertaken to address issues..</p> <p>Going forward it was agreed that SI reporting would include:-</p> <ul style="list-style-type: none"> - All SIs affecting Merton patients irrespective of Provider - Monthly reporting as part of the Integrated Report from July - Reporting format to the CCG Board to be agreed. <p><u>Complaints</u></p> <p>There are 5 complaints recorded for Merton CCG.</p> <ul style="list-style-type: none"> - 2 legacy complaints - 3 New complaints <p>There are no identified trends at this time.</p>	<p>WC</p> <p>JK</p>
4.3	<p><u>CCG's Response to Saville allegations including provider responses</u></p> <p>SD presented an updated document detailing the arrangements in place for Merton CCG and the main Providers from which the CCG commissions services advising that all had processes in place which had been reported to their Boards.</p> <p>SD referred the Committee to Page 4 where SWL&StG MHT has reported that the brother of Jimmy Saville was employed as a porter at Springfield Hospital in the 1970s and died in 1998. Subsequently an allegation has been made against him but cannot be substantiated.</p> <p>SD has been in discussion with the CSU to agree putting in place systematic processes to close gaps and ensure robust, open and transparent safeguarding arrangements.</p> <p>Local Safeguarding Children Boards have been criticised for being too process focussed and are starting to move to a more outcomes focus.</p> <p>NHS England had asked CCGs to write to local practices. A letter has been sent to GPs outlining the impact on Practices and actions required, but to provide the CCGs with assurance that the work is taking place and an opportunity for GPs to discuss and feedback to the Committee the Locality Lead Meetings were agreed as being best placed and that SD and Benedicta Ogeah (designated Dr) agreed to attend the meetings. SD to contact Lynne Jackson to agree attendance at the meetings.</p> <p>The Committee made reference to the Primary Care relationship which is still in discussion and SD advised that the designated professionals are leading on four key areas of work and providing expertise to NHS England (London) on how to ensure leadership,</p>	<p>SD</p> <p>SD /Fwd</p>

	<p>advice and clear safeguarding arrangements are in place following the recent NHS reforms including a workstream on quality assurance which will cover Independent Contractors. The workstreams are due to report back their findings by the end of June. In addition Jane Clegg (Safeguarding Lead for South London) has offered to attend CCG meetings to discuss safeguarding issues/queries once per year. It was agreed that when the workstream had reported back, to invite Jane to the MCQC. SD to liaise with YH to agree date and schedule on the Forward Plan.</p> <p>JK alerted the Committee to further information received from NHS England in relation to the NHS investigation of Jimmy Saville, regarding 'Severance Payments' and 'Whistleblowing' which would need to be factored into the CCG response before presentation to the CCG Board. It was therefore proposed that the item is removed from the May agenda and JK provide a verbal update highlighting the issues to the Board Part 2. SD to update the spreadsheet in light of this further information.</p> <p>SD advised the Committee that a flyer is to be circulated to all GP Practices to inform them of the Multi Agency Safeguarding Hub which was launched in Merton on 1st April 2013. Following discussion it was agreed to extend a communication to all Independent Contractors to advise them of this new single point referral for all Safeguarding concerns.</p> <p>A communication has been sent to all organisations involved in a high profile Serious Case Review concerning a Merton resident, advising that if approached they must not speak to the Press and the need for caution regarding Twitter and Facebook.</p> <p>The Committee will review the SCR following conclusion of the case to share the learning. SD to liaise with YH to schedule on the Forward Plan.</p>	<p>Plan</p> <p>JK SD</p> <p>SD</p> <p>SD/YH</p>
4.5	<p><u>Risk Management Policy</u> (Jackie Moody – Corporate Affairs Manager - SLCSU)</p> <p>JM introduced the Draft Risk Management Policy and Strategy for review and comment.</p> <p>The policy and strategy sets out the risk management approach of MCGG including arrangements for identification, evaluation and assessment of risks and the arrangement for monitoring action plans.</p> <p>Following discussion the following approval process was agreed:-</p> <ul style="list-style-type: none"> - Committee members to review the policy outside the meeting and feedback comments to JM by Friday 17th May; - Finance Committee to review and comments back to JM; - Audit & Governance Committee – 18th June for approval; - Final review by SL CSU Policy and Approval Group if changes are recommended as a result of the review, the CCG will be made aware so they can refresh their policy. - Presentation to CCG Board meeting in July for note <p>Going forward the Committee requested a review of the CCG risk register, to ensure all risks relating to quality are captured and monitored.</p>	<p>All</p> <p>JM /Fwd Plan</p> <p>Fwd Plan</p>
4.6	<u>Quality Strategy</u> (JK)	

	<p>JK provided a verbal update.</p> <p>The Strategy incorporates the MCCG Response to the Francis Report, and as discussed earlier further changes to the response are required in relation to 'severance payments' and 'whistleblowing'. It was therefore agreed to defer presentation to the CCG Board to July and JK would provide an update to outline the issues to the Board in May in Part 2.</p> <p>Going forward a regular progress report will be presented to the Committee on a bi-monthly basis to provide assurance to the Committee.</p> <p>WC added that the patient experience reporting contained within the Integrated Report would provide the Committee with further assurance of standards being met.</p>	Fwd Plan
4.7	<p><u>CQRG Minutes and Summary Reports</u></p> <p><u>SMCS</u></p> <p>Staff survey was reviewed and discussed under Matters arising.</p> <p>MC advised that she is attending the next meeting of the CQRG as an observer following which the Committee will decide whether any further steps in relation to the quality of care provided by SMCS are needed.</p> <p><u>SGH Trust and Feedback report</u></p> <p>JK has discussed the CQC Inspection Report with the Trust Director of Nursing and is awaiting the action plan which will be brought to the meeting to ensure it is sufficient to deliver improvements.</p> <p><u>Kingston NHS Trust</u></p> <p>The Committee congratulated Kingston on becoming a Foundation Trust.</p> <p><u>ESH NHS Trust</u></p> <p>JK attended the April CQRG yesterday and will circulate a feedback summary to the Committee for information. Overall JK said that it was a good meeting, including a useful discussion around HCAs.</p> <p><u>SWL&StG</u></p> <p>Feedback was received from Andrew Otley detailing the key issues discussed and decisions made. In addition Andrew emailed to advise that the Trust have requested patient care summaries for each referral. There is to be a SI management committee for CCG clinical and quality leads, with a standard discharge summary to be developed and management support provided to GPs to review sign off of the CIP. Andrew has emailed the Locality Leads to disseminate and arranged for the MH trust to go out to the locality to share information and clarify pathways.</p> <p><u>Action</u></p> <p>The Committee proposed from the June meeting this item is moved up the agenda to allow sufficient time to debate the issues raised to ensure that potential early indicators of failures in quality and safety are identified and managed.</p>	<p>JK/Fwd Plan</p> <p>JK</p> <p>Fwd Plan YH</p>
5.3	<p><u>Committee Forward Plan and Draft Agenda for next meeting</u></p> <p>The Forward plan was noted and will be updated to reflect</p>	

	<p>discussion/decisions made by the Committee.</p> <p>Draft Agenda for 14th June was reviewed and it was agreed:-</p> <ul style="list-style-type: none"> - JK/KE to agree presentation for Item 3 – Mortality - Continuing Care/Nursing Homes and Out of Borough Placements agreed – AS to work with Jane Pettifer <p>The Committee requested that YH canvass the Committee's availability for July/August/September meetings.</p>	<p>JK/KE</p> <p>AS</p> <p>YH</p>
5.4	<p><u>Final Minutes from the Joint Breastfeeding Steering Group Meeting and Action Plan from 10.4.13</u></p> <p>KE to review the minutes outside the meeting and feedback comments to the June meeting.</p>	<p>KW</p>
5.5	<p><u>SL CSU Friends and Family Test (FFT) and Mixed sex accommodation (MSA)</u></p> <p>The paper is in response to a requirement for CCGs to provide assurance that appropriate systems are in place to ensure that providers deliver the Friends and Family Test by agreed deadlines and continue to reduce breaches of mixed sex accommodation.</p> <p>The SL CSU Acute Performance Management team has been liaising with Trusts to monitor implementation and their findings were contained with the report.</p> <p>The relevant Trust CQRG will continue to monitor implementation of FFT and MSA and in the event of breaches will sign off and monitor action plans.</p>	
6.	For Note	
6.1	<p><u>LBM Final Adoption Inspection Report</u></p> <p>The report was brought to the Committee to provide assurance. The Committee were requested to note the report.</p>	
7.	Any Other Business	
7.1	<p><u>SGH CQC Inspection report from January 2013 visit</u></p> <p>The Committee reviewed the content of a letter from the SGH CEO detailing the summary findings of the CQC inspections following a visit in January 2013.</p> <p>JK has discussed with the Director of Nursing and it was agreed that the Committee would review the Action Plan when available.</p>	<p>JK</p>
7.2	<p><u>Date of next meeting</u></p> <p>Friday 14th June – 12-2pm, Meeting Room 3, Wimbledon Bridge House</p>	

Agreed as an accurate account of the meeting held on Friday 12th April 2013

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Mary Clarke – Vice-Chair

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Date:



Merton Clinical Commissioning Group

Merton Clinical Commissioning Group
Finance Committee

Minutes from the meeting held on Wednesday 15 May 2013

Meeting Room 3, 3rd Floor, Wimbledon Bridge House,
1 Hartfield Road, London SW19 3RU

Present:		
Members	Peter Derrick (PD) Dr Howard Freeman (HF) Eleanor Brown (EB) Clare Gummatt (CG) Dr Geoff Hollier (GH) David Avis (DA)	Lay Member (Chair) Governing Body Chair Chief Officer Lay Member – PPI Lead Governing Body GP Member Interim Chief Finance Officer
In attendance	Dr Karen Worthington (KW) Yvonne Hylton (YH) Faiza Waheed	east Merton Locality Lead SL CSU Business Manager Head of Finance & Business – Merton CCG (SLCSU)

1.	Welcome and introductions	
1.1	<p>The Chair welcomed everyone present to the meeting.</p> <p>Apologies were received from Dr Sion Gibby. Dr Karen Worthington attended in his absence.</p> <p>The Chair advised that HF would need to leave the meeting early and would update the Committee on Specialist Commissioning in London at the start of the meeting.</p>	
1.2	<p><u>Specialist Commissioning in London</u> (HF)</p> <p>The Chief Finance Officer's working group headed up by Neil Ferrally, CFO of Richmond and Kingston CCGs is making good progress and believes a resolution can be reached between actual and assumed.</p> <p>The CCGs have written to NHSE to confirm the £288m baseline and assurance that CCG risks are recognised.</p> <p>HF commented that most CCGs have QIPP plans in place to reduce acute activity which may offer an opportunity for a resolution to be reached in agreement with CCGs and in accordance with the operating arrangements for CCGs.</p> <p>SGH SLA shows a reduction of £12m as per the budget book. Until percentage rate reductions have been reconciled across London</p>	

	<p>this presents a risk to the CCG as the figure may not be correct.</p> <p>PD asked whether SGH had acknowledged the route for invoices to NHSE and DA confirmed it had.</p> <p>Overall the Committee noted that until a final resolution had been reached the position remains volatile and high risk for all CCGs.</p> <p>HF left the meeting.</p>	
2.	<p>Declarations of Interest</p> <p>No declarations were received in relation to items on the agenda.</p>	
3.	<p>Minutes of Meeting held on 18th April 2013</p> <p>The minutes were approved as an accurate record.</p>	
4.	<p>Action Log and Matters Arising not on the agenda</p> <p>Action Log</p> <p>The action log was discussed and will be updated and re-circulated to the Committee.</p> <p>Matters Arising</p> <p>BSBV allocation 2013/14 – A breakdown of CCG contributions to BSBV was presented for note by the Committee. Allocation for Specialist Commissioning was noted and recognised as a risk until baseline allocations have been confirmed. PD commented £6m allocation was an increase on previously reported contribution. DA/FW to investigate.</p>	DA/FW
5.	<p>Extract from 2012/13 Actual results for NHS SWL Cluster (DA)</p> <p>DA introduced a summary of the cluster consolidated accounts submitted to the Department of Health and Auditors on 22nd April 2013 for the financial year-end 2012/13 and the following points were noted:-</p> <ul style="list-style-type: none"> - NHS Sutton and Merton PCT had exceeded the control total by £89k; - Concern expressed at the 5.7% acute over-performance against SLAs, noting that the figures included specialist commissioning as defined last year, and the amount apportioned to ESH was not separately specified. - EB noted that the graphs showed high spend in acute and lower spend in primary care and community care in Merton when compared to the SWL sector. <p><u>Recommendation</u></p> <p>The Finance Committee were requested to note the report.</p> <p>Noted</p>	
6.	<p>Final CCG Budget 2013/14 (DA)</p> <p>DA introduced the 2013/14 CCG Budget for review and approval by the Committee. An updated risk assessment was tabled at the meeting to reflect the most up to date position.</p>	

A major change since the draft budget was last presented to Board is that some of the CCG baseline allocation adjustments are being disputed with NHS England (London) (NHSEL). The NHSEL position has been included in the CCG final budget as this is the only position that NHSEL will currently allow to enable budgets to be uploaded to the DH Ledgers. The overall negative impact on Merton CCG is £3.4m, some of this has been mitigated by gains arising from final SLA values being agreed, and the remainder is shown as a negative reserve of £1.8m.

Meetings are arranged with NHSEL to resolve the disputed adjustments to the allocation.

An increase in the scope of Community Dental and Local Authority GUM services compared to the maximum take adjustment has resulted in additional cost pressures for the CCG.

Overall £1.5m had been taken by NHSEL across both Sutton and Merton PCT resulting in a reduction of £750k for Merton CCG.

DA referred to a table on Page 2 of the report showing a worst case reserves position which assumed that the risk pool contribution and NETA adjustment could be utilised.

PD cautioned that there are strict governance arrangements in place and the risk pool could not be used to cover known risks or deficits identified at the planning stage any adjustments to the risk pool contributions would need to be agreed with the Finance Review Group (FRG) which has been established to manage the risk share agreement.

The Committee were advised that discussions were taking place to recover errors in allocations to Merton Council (£637k) and NHS Property Services (£1.5m). FW advised that discussions with Merton are progressing well.

Some changes between the draft and final budgets were then discussed by the Committee. It was explained that the reduction in the demographic reserve (row 22, page 8) was a result of updating the final acute SLA values. The Specialised Commissioning adjustment was explained; the budget line for the NHSCB final take adjustment (row 32, page 11) now shows a zero value as the amount has been deducted from the individual SLA values (rows 3,4,5 and 6 on page 8). The QIPP outside of contract (row 42, page 11) negative value of £975k was queried. FW explained £745k related to in year acute challenges and the remainder related to QIPP schemes on IV antibiotics, effective commissioning initiatives and termination of pregnancy and that once the correct budget lines have been identified for these the amounts will be reduced from the correct budgets.

The reduction in the End of Life Care (EOLC) provision budget of £100k was queried by CG. FW explained that this was reallocation of spend across different budgets as opposed to a reduction in spend relating to EOLC services. It was agreed more detail will be fed back

	<p>to the group regarding this.</p> <p>It was queried why the EOLC local enhanced service (LES) was not listed with the other LESs on page 13. It was explained that this was funded from the EOLC provision budget (row 31, page 12) and that the correct presentation of this will be considered for future finance reports.</p> <p>PD questioned what the property running costs budget of £582k was for. It was explained that this related to property costs such as depreciation, capital charges and LIFT interest that NHS PS will be invoicing the CCG for. It partly offset the cost pressure caused by not showing the Prop Co refund of £1.5m as an anticipated allocation.</p> <p><u>Decision</u></p> <p>The Finance Committee agreed that a final budget could not be agreed before resolution with NHSE on recovery of allocation errors.</p> <p><u>Actions</u></p> <p>DA to update the paper for presentation to the CCG GB on 16th May to reflect Finance Committee discussion.</p> <p>KW sought clarification of the End of Life Care (EOLC) provision reduced from £160k to £60k. The Committee were advised that EOLC provision had been included in the Long Term Conditions (LTC) business case (£680k budget) and the £160k related to an EOLC Local Enhanced Service (LES). To clarify the position DA/FW agreed to breakdown the £680k LTC allocation and clarification of LES.</p> <p>EB provided feedback from MCCG Executive meeting. The Executive had received output following a review by Ernst & Young of accommodation at 120 The Broadway. Andrew Grimes presented the paper which detailed the occupancy levels including an assumption of MCCG occupation adding that the responsibility for void spaces would fall to Sutton and Merton CCGs as successors to NHS Sutton and Merton.</p> <p>PD disputed Prop Co's assumption of MCCG occupancy, which had not been formally agreed by the CCG Governing Body and this was noted by the Committee.</p> <p><u>Recommendation</u></p> <p>The Finance Committee was requested to conditionally approve the budget presented in the appendix to this report subject to clarification of the CCG baseline.</p> <p>Not approved as a final budget on the basis that resolution with NHSEL was required on the disputed allocations before a final budget is submitted.</p>	<p>DA</p> <p>DA/FW</p>
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7.	<p>Specialist commissioning (DA)</p> <p>A summary identifying the changes to the flow of funds for specialist commissioning in 2013/14 compared to 2012/13 was noted by the Committee.</p> <p><u>Recommendation</u></p> <p>The Finance Committee were asked to note the summary paper.</p> <p>Noted.</p>	
8.	<p>SWL Joint Health Overview & Scrutiny Committee (JHOSC) on NHS Croydon finances (DA)</p> <p>The JHOSC report presented information and views based on NHS Croydon financial problem that was revealed for the financial year 2011/12.</p> <p>The Committee noted that the CCG had in place robust financial management arrangements utilising SBS and a properly constituted and challenging Audit Committee.</p> <p><u>Recommendation</u></p> <p>The Finance Committee were requested to note this report.</p> <p>Noted.</p>	
9.	<p>Date of Next Meeting:</p>	
	<p>18th June 2013, 2-3pm, 3rd Floor, Wimbledon Bridge House.</p>	

Agreed as an accurate account of the meeting held on 15th May 2013

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Peter Derrick

Chairman

Date: