



Merton

Clinical Commissioning Group

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

Date of Meeting: 20th November 2014

Agenda No: 8.1

Attachment: 12

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

Finance Committee

15.09.14

Clinical Quality Committee

12.09.14; 10.10.14

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
Merton Clinical Commissioning Group
Finance Committee

 15th September 2014

Meeting Room 6.1, 120 the Broadway, Wimbledon SW19

Chair: Peter Derrick

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| Members | Peter Derrick (PD) Cynthia Cardozo (CC) Howard Freeman (HF) Adam Doyle (AD) Andrew Murray (AM) | Lay Member (Chair) MCCG Chief Finance Officer CCG Clinical Chair Director of Commissioning & Planning Governing Body GP Member |
| Attendees | Faiza Waheed (FW) Sion Gibby (SG) Neil McDowell (NM) Yvonne Hylton (YH) | Head of Finance and Business Raynes Park Locality Lead Asst. Director of Finance (SWLCSU) Committee Secretary (SWLCSU) |

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| 1. | <u>Welcome, introductions and apologies</u> The Chair welcomed all in attendance to the meeting. Apologies were noted for Eleanor Brown and Carrie Chill | |
| 2 | <u>Declarations of Interest</u> The Finance Committee Register of Declared Interests was agreed as an accurate record. The Register was agreed as an accurate record. AM and SG declared an interest in relation to Item 3.6. | |
| 3 | For approval | |
| 3.1 | <u>To approve the minutes of the meeting held on 22.7.14</u> The minutes were approved without amendment. | |
| 3.2 | <u>Action log and matters arising</u> The account log was noted. There were no matters arising from the minutes. | |
| 3.3 | <u>SWL Risk Share Arrangements</u> CC introduced this item. In 2013 the ToR for the SWL Finance Review Group were approved by Governing Bodies. At that time it was agreed that the ToR would be reviewed and updated where necessary on an annual basis. The paper presented describes the changes proposed to the ToR to be agreed by the SWL FRG and Chief Officers at a meeting on 18 th September. Prior to this meeting the Finance Committee were asked to review the proposed changes and feedback any comments or amendments. The Committee reviewed the ToR and expressed concern that Croydon CCG were named as the first priority, and whilst recognising the rationale felt that any CCG in deficit should have access to the funds and that the wording be amended to "any CCG in deficit"; together with a formula for allocating funds in the event that more than one CCG was in deficit. In response to the above comments the Committee asked for the following changes | |

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| | <p>to the ToR:-</p> <ul style="list-style-type: none"> - Under stage 5 the first priority should be amended from “Croydon CCG” to “any CCG in deficit”; - The ToR to state how the money for approved bids is allocated from the risk pool against each CCG’s contribution. <p><u>Action</u> CC to feedback the Finance Committee views and requested changes to Charles Humphrey (SWL FRG Chair) copied to Mike Sexton (CFO, Croydon CCG).</p> <p><u>Recommendation</u> The Finance Committee agreed the ToR for final approval with the requested changes.</p> | CC | | | | | | | | | | | | | | |
| 3.4 | <p><u>Options to reduce running costs</u> The running costs allocation for 2015/16 reduces by £448k in 2015/16. The Finance Committee were asked to review the options available to the CCG to meet this target.</p> <p>The table below provides a summary of the options available to the CCG:-</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: right;">£000</td> </tr> <tr> <td>Savings target</td> <td style="text-align: right;">(448)</td> </tr> <tr> <td>Discount SLCSU</td> <td style="text-align: right;">115</td> </tr> <tr> <td>SLCSU - Transfer of costs to programme costs</td> <td style="text-align: right;">181</td> </tr> <tr> <td>MCCG - Transfer of costs to programme costs</td> <td style="text-align: right;">200</td> </tr> <tr> <td>Disestablish QIPP post</td> <td style="text-align: right;">76</td> </tr> <tr> <td></td> <td style="text-align: right; border-top: 1px solid black; border-bottom: 3px double black;">124</td> </tr> </table> <p>(To be achieved)/Over achieved</p> <p>CC advised that the SLCSU are offering all CCGs a 15% discount across the SLA from 2015/16. Assuming that the same services are purchased this equates to a saving of £115k for MCCG.</p> <p>Options have been reviewed including transferring running costs to programme costs where this is possible. The SLCSU have reviewed their costs and have identified a potential transfer of £181k from running to programme costs. The CCG has also reviewed their costs in relation to programmes for example SWLCC and have to date identified £200k making a total of £381k.</p> <p>The CCG have agreed to disestablish the QIPP post resulting in a further reduction of £76k recurring. The decision has been taken following the restructuring of the Commissioning directorate who will take on the responsibility for QIPP delivery with reporting delivered by the Head of Performance.</p> <p>In summary the proposed options would result in a £124k over-achievement of the target in 2015/16.</p> <p>CC said that it was important to note that in the future as Co-Commissioning develops, there will be no additional allocation and CCGs will be asked to deliver the responsibilities within existing allocations.</p> <p><u>Comments</u> PD asked how the re-allocation impacts on programmes. CC said that costs for this year are absorbed in the investment funding. From next year non-recurring funds will be allocated to the programmes.</p> | | £000 | Savings target | (448) | Discount SLCSU | 115 | SLCSU - Transfer of costs to programme costs | 181 | MCCG - Transfer of costs to programme costs | 200 | Disestablish QIPP post | 76 | | 124 | |
| | £000 | | | | | | | | | | | | | | | |
| Savings target | (448) | | | | | | | | | | | | | | | |
| Discount SLCSU | 115 | | | | | | | | | | | | | | | |
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| Disestablish QIPP post | 76 | | | | | | | | | | | | | | | |
| | 124 | | | | | | | | | | | | | | | |

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| | <p>PD asked for an update on accommodation and voids position. CC said that she is waiting for a response from NHS Property Services on the options and at this time the position on void spaces is still not clear.</p> <p>AM referred to the reduction in CCG costs and asked if this included clinical costs. AD said yes, advising all staff costs had been assessed including clinical costs.</p> <p><u>Recommendation</u> The Finance Committee is asked to note the proposed options to reduce costs for 2015/16.</p> <p>The recommendation was agreed.</p> | |
| 3.5 | <p><u>Better Care Fund Re-Submission</u> CC/AD introduced this paper.</p> <p>The BCF was submitted to NHSE in April 2014. Following this NHSE have asked all CCGs to submit a revised plan to demonstrate a reduction in non-elective admissions of 3.5% in 2015/16. Failure to meet this target will proportionally result in up to £894,000 of the BCF Fund being referred back to the Health and Wellbeing Board to be used to fund healthcare based interventions, i.e. to pay for the spells in Acute hospitals that were not avoided by BCF Schemes. In reality, when accounting for growth in demand for NEL services of an estimated 2.2%, the reduction value is actually 5.7%.</p> <p>CC/AD guided the Committee through the report to explain the methodology for the approach taken.</p> <p>CC advised that the CCG had worked closely with Providers (SGH and ESH) who would be required to sign off the final plan. In addition the CCG has engaged with the Local Authority and sought to ensure that the BCF plan is aligned to QIPP.</p> <p>Subject to Finance Committee approval, the final plan will be signed off by the MCCG Clinical Chair and Chair of the Health & Wellbeing Board on 16.9.14.</p> <p><u>Comments</u> PD referred to the 3 components to reduce acute activity, the BCF, Nelson Local Care Centre and QIPP and asked if the CCG were confident that there was no 'double counting'. CC said the CCG were assured advising that figures were based on the baseline position covering January to December 2014.</p> <p><u>Recommendation</u> To approve the BCF re-submission with a recommendation that it is signed-off by the MCCG Clinical Chair on 16.9.14 and formally ratified by the Governing Body on 25.9.14.</p> <p>The recommendation was agreed.</p> | |
| 3.6 | <p><u>ITT Award – Recommendation Report</u> AM and SG declared an interest in this item.</p> <p>The Finance Committee Chair said that he was content for AM and SG to take part in the discussion.</p> <p>AD introduced the Nelson Local Care Centre recommendation report for approval</p> | |



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by the Committee.

AD talked through in detail the procurement process undertaken by the CCG to secure an experienced healthcare provider with capacity and capability to deliver diagnostic and specialist consultation services at the Nelson Health Centre when it opens in Spring 2015.

The CCG agreed to pursue a two stage process which allows contracting authorities to draw up a shortlist of interested parties by undertaking a Pre-Qualification Stage (PQQ) prior to the issue of the Invitation to Tender (ITT).

Adverts were placed on Supply2Health and in the Official Journal for the European Union web-site on 14th March 2014.

At the conclusion of the PQQ stage on 28th April 2014 the evaluation panel recommended to the MCCG Governing Body 4 bidders are invited to tender:-

- Epsom & St Helier University Hospital NHS Trust
- Guys and St Thomas NHS Foundation Trust
- Kingston Hospital NHS Foundation Trust
- St George Health Care NHS Trust

Including:

- South West London Pathology
- Moorfields Eye Hospital
- In Health

The Invitation to Tender was issued to all bidders on 28th May 2014.

A Bidders' day was held on 21st May 2014.

SG presented the ITT requirements emphasising the need for Providers to demonstrate improved ways of working with GPs to ensure the quality of referrals, and the need for providers to prove their understanding of the role of primary care in the management of patients especially those with long term conditions.

Bidders were requested to complete a financial modelling template to ensure all costs to deliver the service were included in the bid price.

EMT agreed the scoring and weighting for bids as follows:-

- 70% qualitative
- 30% financial

The ITT Evaluation Scoring Matrix (Appendix 1) was reviewed and discussed by the Finance Committee.

Overall assurance of the procurement process was provided by Mary Clarke, Independent Nurse Member and Procurement Assurance Lead who had been party to all elements and was assured that there were no concerns identified with the procurement process.

Comments

PD referred to Page 10 and asked for details of the additional services which are included with the 4 main Providers. AD advised that SWL Pathology is a service delivered by SGH across SWL, Moorfields will provide Ophthalmology services and In Health is a provider of diagnostics working locally and across London who have a service history of working with the NHS.

AM referred to a performance issue relating to the recommended provider. AD said



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| | <p>that the issue relates to the RTT 18 week target and patients being treated in chronological order. AD said that the CCG is seeking assurance from the Trust.</p> <p><u>Recommendation</u> Due to the current performance issue for clarification by 25.9.14 the Finance Committee was asked to delegate final sign-off of the ITT Award Process to the Chief Officer and Clinical Chair.</p> <p>The Committee approved the recommendation, on the condition that assurance is received that the performance issue has been resolved.</p> | |
| 4 | Standing Items | |
| 4.1 | <p><u>Finance Report Month 5</u> For the five months to 31st August, a year to date and full year actual performance to target is reported.</p> <p>Acute commissioning is forecast to over spend by £0.9m. £0.4m of this is reported at St Georges NHS Trust and relates to seasonality and non-delivery of some planned care QIPP schemes. £0.3m is reported at Kings Healthcare Trust mostly seen in critical care and electives and £0.2m is reported at Kingston Hospital NHS Trust in maternity and critical care.</p> <p>Non-acute commissioning is forecast to over spend by £0.3m owing to some Community Services invoices related to Cedar Lodge for 13/14 and 14/15. A year to date under achievement of £32k and full year over achievement of £32k is reported on QIPP.</p> <p><u>Comments</u> AM referred to over-performance at Kings Healthcare Trust and in response CC said that this related to critical and planned care.</p> <p><u>Recommendation</u> The Finance Committee were asked to approve the Month 5 Finance Report</p> <p>Approved</p> | |
| 4.2 | <p><u>QIPP Report</u> Merton CCG has a transformative QIPP programme within 2014/15 and the paper sets out progress to date. Merton CCG's QIPP plan for 2014/15 consists of five main programmes based around:</p> <ul style="list-style-type: none"> • Acute portfolio (including mental health contracts) • Urgent and Intermediate Care • Planned Care • Medicines Optimisation (Prescribing) • Placements <p>Each of these programmes has a number of associated work streams and projects. A full description of each of the programmes is set out in the paper. The two transactional programmes are on plan to deliver combined savings of approximately £5,292 (£176k above plan) in 2014/15. Specifically:</p> <ul style="list-style-type: none"> • The acute portfolio scheme is on plan to deliver savings of £4,196k. The mental health contracts scheme is similar and is forecast to deliver savings of £523k • The mental health component of the placements QIPP scheme is forecast to deliver savings of £400k. There are a number of risks to delivery of a net saving which are outlined in the relevant section of the paper. The remainder of the placements savings relate to continuing healthcare placements and are on | |



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| | <p>track to deliver £173k.</p> <p>The three transformational programmes (those that require system change for delivery) are on plan to deliver combined savings of approximately £1,299 (£143k below plan) in 2014/15. Specifically:</p> <ul style="list-style-type: none"> • The urgent and intermediate care programme is currently above target and is expected to deliver savings of £651k in 2014/15. • As previously advised, the planned care programme has undergone significant revision as many of the original schemes cannot be implemented as planned. The planned care programme is therefore currently forecast to deliver £158k savings in 2014/15, a shortfall of £209k against the original planned savings of £367k. This does not, however, include savings from a new pilot Health Coaching scheme to support patients living with COPD (and potentially other long term conditions) which has been approved by the QIPP Delivery Group as work is ongoing to ensure that savings are identified correctly. • The medicines optimisation QIPP scheme is currently on plan to deliver savings of £490k in 2014/15 (£35k above the planned level of £455k). Recruitment difficulties present a moderate risk to delivery of the overall scheme, which will be reviewed and revised when more data is available in September. <p>The combined value of the programmes is £6,590 (£32k above plan).</p> <p><u>Recommendation</u> The Finance Committee is asked to approve the QIPP Report</p> <p>Approved</p> | |
| 4.3 | <p><u>Tender Waivers</u> There are no tender waivers this month</p> | |
| 4.4 | <p><u>Business Cases</u> There were no new business cases to report this month.</p> | |
| 5 | To note | |
| 5.1 | <p><u>Better Healthcare Closer to Home Programme Board Approved Minutes</u> The Finance Committee noted the approved minutes of the meeting held on 22 July 2014.</p> | |
| 6 | Any Other Business | |
| 6.1 | Date of Next meeting: Thursday 23 rd October 2014, 5.1, 120 The Broadway | |

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Peter Derrick – Chair, MCCG Finance Committee

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Date:



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Clinical Quality Committee

Minutes from the meeting held on Friday 12th September 2014

Meeting Room 6.2, 120 the Broadway, Wimbledon SW19 1RH

Present

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| Mary Clarke (MC) | Independent Nurse Member (Chair) |
| Sion Gibby (SG) | Raynes Park Locality Lead |
| Lynn Street (LS) | Director of Quality |
| Adam Doyle (AD) | Director of Commissioning & Planning |
| Tim Hodgson (TH) | West Merton Locality Lead |
| Karen Worthington (KW) | East Merton Locality Lead |
| Kay Eilbert (KE) | Director of Public Health |
| Yvonne Hylton (YH) | Committee Secretary – Minute Taker (SLCSU) |

Apologies

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| Clare Gummatt | Lay Member – Patient and Public Involvement |
| Eleanor Brown | Chief Officer |
| Stephen Powis | Secondary Care Consultant |

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| 1. | Welcome and introductions (CG) | |
| 1.1 | The Chair welcomed all in attendance to the meeting. | |
| 1.2 | <p><u>Declarations of Interest</u> 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.</p> <p>MC advised that she has resigned as Non Executive Director of Croydon Healthcare NHS Trust and asked that the Register is updated to reflect this. MC/YH to advise the Board secretary about this amendment.</p> | YH |
| 2. | For Approval | |
| 2.1 | <p><u>Draft Minutes of the meeting held on Friday 8th August 2014</u> The minutes were approved without amendment. MC asked that these were signed by Claire Gummatt on her return from leave as she chaired the meeting.</p> <p><u>Action Log and matters arising not on the agenda.</u> The action log was reviewed and updated and will be re-circulated to the Committee.</p> <p><u>Matters Arising</u> Safeguarding Children Declaration Draft: LS advised that when finalised it will be circulated to MCQC for information and posted on the CCG web-site by the end of September.</p> | YH/ CG |
| 3 | Key areas of focus | |
| 3.1 | <p><u>South West London & St.George's Mental Health Trust</u> The Chair welcomed Andrew Dean (ADe), Director of Nursing and Quality Standards to the meeting.</p> <p>ADe tabled and talked through a presentation which described the governance and quality assurance in place within the Trust; actions taken in response to feedback</p> | |



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from stakeholders and the Care Quality Commission. ADe said that the Trust has addressed the 15 CQC concerns from the original inspection visit. Following the more recent CQC new style Chief Inspector of Hospitals visits, the Trust received positive feedback and there were only three concerns raised:-

- Medicines Management (relating to RIO reporting)
- Risk assessments not being transferred to care plans
- Mixed sex accommodation which related to patients having to walk past bays of the opposite sex

The Trust has worked very closely with all SWL CCGs. ADe said that an example was the Trust Quality Account: 26 priorities were chosen, with each CCG asked to choose their own main priority which alongside the Trust's own priorities was agreed by the CQRG, resulting in a more meaningful quality account for CCGs.

ADe talked through the specifics for Merton where the main concerns were IAPT performance and the Patient Survey Results.

In relation to IAPT, AD said that the CCG Executive Management Team had approved the Trust's business case at its meeting on 10th September.

In response to concerns regarding patient feedback, ADe said that meetings are now taking place with Patient Group Leaders which also include training to support Patient Leaders attending strategic meetings.

Feedback to the Trust has improved. This year for the first time there are more compliments than complaints. Across the whole Trust so far there have been 47 complaints with 80 compliments, compared to last year where there was 74 complaints with just 4 compliments.

In response to a question on how the Trust collates feedback, ADe said this included exit interviews, comment portals, real-time feedback, cards and letters.

TH asked what themes were reflected in the complaints received. ADe said the majority related to communication and interaction with staff. To mitigate this, the Trust has introduced training to improve communication skills. In addition to these complaints, a small number of complaints relating to placements and treatment had also been received.

How the Trust reports incidents has also improved, with an overall increase in the number reported. However, the number of serious incidents reported has reduced with an increase seen in the lower level incidents, indicating that the Trust has a culture of openness and transparency.

Comments

KW raised a concern relating to feedback from the Home Treatment service. This is particularly difficult when patients are also visiting GPs and the GP has the patient's perspective only. SG echoed this concern saying that feedback from the Home Treatment service would be welcomed by all GPs.

KW commented on the Trust's smoking policy, advising that a patient had started smoking when an inpatient at the Trust.

ADe said that there has been consideration given to taking a business case to the



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| | <p>Board for the Trust to be a non-smoking Trust, however as two of the CCGs have recently de-commissioned the smoking cessation service this will be difficult. KE said that Merton is still working on this area and offered her support to the Trust.</p> <p>LS asked about the Trust's assurance framework and what the process for reporting back from the Board to the Committees was. Also, what external assurance arrangements are in place.</p> <p>ADe said that reporting back from the Board is by an action agreed by the Chair which is reported back to the Committee to action and reported back to the Board through the action tracker.</p> <p>In relation to external assurance this is received through the Clinical Quality Review Groups, NHS Trust Development Agency and Care Quality Commission visits.</p> <p>AD referred to Merton specifics and said that with plans agreed for IAPT the CCG were assured in this areas, however, two new concerns have now emerged:-</p> <ol style="list-style-type: none"> 1. The waiting time for CAMHS; 2. Stakeholder management in Merton which needs to be extended to joint commissioners such as the Local Authority to provide an overview of Merton <p>ADe welcomed the feedback and would take this back.</p> <p>In response to a question on how patients are viewing the proposed Estate changes, ADe said that overall this was very positive. There were no concerns relating to the change from 3 to 2 units but a small number of concerns about the reduced size of the units themselves. ADe then said that he would share the consultation comments with the MCQC to provide more information.</p> <p>In closing, the Chair thanked ADe for attending the MCQC for the second year and welcomed the good progress made and wished the Trust well in their application for FT status.</p> <p>ADe left the meeting. MC asked that the following links be added to the minutes:-</p> <p>Patients as Leaders I want Great Care</p> | <p>ADe</p> |
| <p>3.2</p> | <p><u>Outcomes from the Committee Development Workshop held on 15.8.14 (LS)</u> LS introduced a paper summarising the discussion at the recent workshop and outlining the suggested actions, on page 3 of the report, for review and comment by the Committee.</p> <p><u>Comments</u> In response to a request for a view on creating a Quality Assurance Framework based on Monitor's guidance, LS said that the aim would be to triangulate high quality performance data with the softer data, patient feedback, compliments and complaints to provide the Committee with an overview of the patient' experience in Merton.</p> | |

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| | <p>LS said that it is proposed that the SLCSU will support the CCG by providing 'different' information which will provide the CCG with an overview of performance and quality in Merton.</p> <p>The Committee briefly discussed patient stories and the form these will take, recognising that both individual and generic stories are important.</p> <p>Provider feedback was discussed and, accepting that all Trusts have quality assurance processes in place, how the CCG can test these to ensure that Merton issues are known, actioned and then reported back via the CQRG to the Committee via the Quality & Performance Report.</p> <p>The Committee then discussed the need to ensure that Locality Leads are briefed on Merton performance and quality issues before each meeting.</p> <p>LS added that she is working with other CCGs to ensure that Merton issues are added to the CQRG agenda.</p> <p>How the Committee receives information on patient experience of Merton Primary Care was discussed. TH said that the data needs careful interpretation to ensure the real issues are known. AD said that he would bring back an 'Overview of Primary Care' to the Committee on 7.11.14 with the caveat that data is reviewed informed by the 3 Locality Leads.</p> <p>As a next step LS agreed to bring back an action plan with a timeline for implementation to the meeting on 10.10.14.</p> | <p>AD</p> <p>LS</p> |
| 4 | For discussion | |
| 4.1 | <p>Quality & Performance Report (MT) MT presented the September Quality & Performance Report.</p> <p>Key points to note:-</p> <p>1.1 Constitutional Pledges</p> <ul style="list-style-type: none"> • C-Difficile: Merton CCG has 7 C-Diff cases YTD against a target of 6. Of these cases, 2 are trust apportioned and 5 are community apportioned. • Cancer 2WW Breast Standard: seven breaches out of seventy eight patients, i.e. 91.0% and the threshold is 93%. 31 day subsequent – Surgery: 1 breach out of 10 patients, i.e. 90.0% and the threshold is 94%. The CCG are monitoring Trust actions via the CCG Performance Management meeting. • Ambulance response times LAS Cat A (Ambulance Red 2, 8 minute response) performance remains a serious concern with YTD performance of 66.01% and June performance of 64.1% continuing below target (75% within 8 minutes). Ambulance Red 1 (8 minute) response is also a concern performing at 72.6% YTD and with a June performance of 70.1% (against a target of 75% within eight minutes). Actions arising from the extraordinary meeting of the LAS Strategic Contracting Board held on the 30th June continue to be worked through and are led by Brent CCG as the lead commissioner and Chief Officers are updated at the Chief Officers Forum. LAS continue to closely monitor the "Cat A performance tail" as an indicator of safety. LAS achievement remains at 75% within 9 minutes and 95% | |



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within 16 minutes (YTD snapshot in August).

2.1 Improving Health Outcomes.

- **Avoidable Emergency Admissions:** At month three the CCG is progressing well on the overall indicator.
- **Friends and Family Test:** St Georges, Epsom & St. Helier, South West London & St George's and Sutton and Merton Community Services have all confirmed that they have FFT Improvement plans in place. However, because none of these improvement plans have been approved at CQRG, the indicator is rated Amber. The CCG is awaiting confirmation regarding a FFT improvement plan for Kingston Hospital; this has been escalated to the Clinical lead who attends the Kingston CQRG.
- **Improving the reporting of medication errors:** This indicator is rated red, as although the Epsom and St. Helier Trust agreed to report this data directly to the CCG, reporting has not been initiated despite repeated requests for the data. The problem has been escalated the CCG's clinical lead who attends the ESH CQRG and the Head of medicines management.
- **Increasing the proportion of people that enter IAPT treatment against the level of need in the general population:** Activity throughout Quarter 1 has been significantly below threshold, taking the YTD activity below trajectory. Steps to address performance need to be addressed via Contract Monitoring and this has been escalated to the Commissioning Manager for Mental Health and the Assistant Director of Commissioning.
- **Local Priority: Increasing the number of patients from BME groups using Psychological Therapies:** June activity remains rated Green and above target and YTD the trust is on trajectory to achieve this local priority.

Comments

Ann Radmore (AR) Chief Executive, LAS attended the Chief Officers meeting to discuss the key issues impacting on LAS performance. Key issues are:-

- Significant vacancies
- Increasing trend for staff to move outside the Capital
- Plans are in place to revise pay structures
- Overseas recruitment of paramedics (reported in the national press)

In summary, there is confidence in the actions in place, noting that it is not anticipated that any real change will be seen until at least Q4.

MT highlighted FFT requirements to achieve the Quality Premium. MT will discuss the actions required with the Locality Leads outside the meeting.

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Providers Feedback

SGH (TH)

- A&E friends and family test is improving
- CQRG received a presentation of the action plan following two child death serious incidents. The report into the incidents found no failings in clinical care, and confirmed that all guidelines were followed.
- Cardiology waiting list review. This is now part of a larger piece of work to 'pool' consultant lists;
- Pressure Ulcers there were 11 Grade 3 and 4 pressure ulcers reported in July;
- A&E performance continues to be a concern and has been raised at Board level;

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| | <ul style="list-style-type: none"> - Safe staffing levels were reviewed by the Board. There are some concerns with actions in place. <p><u>ESH (KW)</u></p> <ul style="list-style-type: none"> - KW did not attend the August meeting but provided the headlines from the meeting held on 11 September and will send a full report to the October meeting. - RTT 18 weeks failed to meet the target – patients are not being seen in chronological order; - Cancer 62 day waits failed to meet the target with very poor performance reported. <p>The Chair asked that KW escalate the above to AD to take forward with the Trust.</p> <p><u>SMCS (LS)</u></p> <ul style="list-style-type: none"> - CQRG meeting is being restructured - Patient Story was received relating to a patient presenting to A&E on a Friday evening and seen by the Rapid Response Team. The patient had a long term condition which was unrelated and it was thought that the patient did not need to attend A&E. The story prompted discussion about what mechanisms are needed to avoid patients presenting unnecessarily to A&E - Workforce report. Statutory and mandatory training data to September did not meet the 90% target. The Trust reported issues due to the summer months and expect to be on track by September. - Safeguarding Adults and Children Q1 reporting was received. - Focus of the meeting was unplanned care with SMCS asked to respond to '9' questions to 'tie in' with contract monitoring and SLA discussions. - MSK to be reviewed separately - The focus for the September meeting is Serious Incidents and Complaints. <p><u>SWLStG</u> This was discussed until Item 3.1</p> <p><u>KHFT</u></p> <ul style="list-style-type: none"> - Action plan for NHSE Paediatric oncology related to an incident in March 2011. The plan was developed across three providers that were involved. No plans by NHSE to review further, they are satisfied that actions have been implemented. Action plans will be collated and assurance will be provided by NHSE. NHSE reviewing paediatric oncology services; - Cause for concern process developed to address issues raised regarding discharge to community services; - Generic email address has been set up for GPs in past few months for 'quality alerts.' - Serious incidents - update on Never Event re: wrong site surgery - did not relate to a theatre setting, awaiting reports but acknowledge may need to implement modified system of pre op checklist. - 6 weeks breaches/diagnostics problems relate to loss of staff. The Trust's view is that the improvement plan and target will be delivered, but will be at a cost and without robust permanent arrangements finalised. - Cancer standards: Breast consultant has been appointed and is due to start shortly. Additional clinics set up and currently staffed by locums. - Issues have been identified with tracking of patients. Change of management has been made to address administrative issues. - A&E - increasing acuity, not necessarily higher numbers. Predominantly frail | KW |
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| | <p>elderly cohort and problems being able to stabilise people within timeframe.</p> <ul style="list-style-type: none"> - 30 day readmissions - CQRG supported the proposal to implement audit of patients being re admitted in real time to capture actual issues and meaningful data. - Francis Report - Trust Board has accepted the recommendation to close the action plan. Outstanding issues have been re-allocated to other areas for ongoing monitoring e.g Safer staffing reporting process in place and on track. - Q1 CQUINs - reported at being 88% - Safeguarding - DBS checks, notified that previous submission of compliance with DBS checks has been corrected. Process now introduced for electronic checks. Assurance given that no issues were identified during subsequent checks. - CCG Safeguarding children review - action plan developed and to be submitted this week. - Safeguarding Adults - Significant increase in number of DoLS applications as a result of Cheshire West judgement. Applications being made on a risk basis whilst law commission reviews situation. - Forward plan - Friends and Family – the Trust were asked to include outcomes as a result of feedback in October meeting. <p><u>Comments</u></p> <p>In response to a comment on the feedback in relation to ‘meals’ at KHFT, SG said that this was known and being discussed by the Trust.</p> <p>LS said that she was not able to access Kingston Hospital Safeguarding Training Compliance Rates and would follow this up with the Trust.</p> | LS |
| 4.2 | <p><u>Equality & Diversity Q2 Report</u></p> <p>The Chair welcomed Yasmin Mahmood, E&D Lead to the meeting to present the Q2 report covering the period July to September 2014.</p> <p>Equality and Diversity Group met for its fourth meeting on 11th July 2014. The next meeting will be held on 10 October 2014.</p> <p>A report on the EDS2 and improvement plans for 2014/15 was developed following extensive stakeholder engagement in March 2014. The report was adopted by the Governing Body at its meeting on 31 July 2014. Baseline evidence gathered following consultations with staff, service users and providers helped develop improvement plans for Goals 1 and 2 (related to patient access) in collaboration with commissioning managers.</p> <p>A report is currently being prepared to assess performance against Goals 3 and 4 (related to a supported workforce and inclusive leadership respectively) following engagement with staff and leadership teams. Outcomes 4.2 and 4.3 related to Goal 4 will be externally assessed. Merton CCG and Sutton CCG have agreed to a peer review arrangement. The MCCG panel will comprise of LS, MC and the CCG PPI Lead (Clare Lowrie-Kanaka) with a similar panel for SCCG.</p> <p>Equality Analysis. A list has been compiled of all QIPP schemes completed along with Equality Analyses in 2013/14. Most recently completed on Health Coaching.</p> <p>Children’s and young people’s engagement project was launched to develop Merton CCG’s engagement mechanisms with children and young people. The E&D role will be to ensure that diverse groups are represented and their views gathered.</p> <p>Equality requirements have been incorporated into all key contracts. An assurance</p> | |

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| | <p>reporting framework is being developed to determine compliance by providers.</p> <p>A working group has been set up to develop a bespoke Governing Body Training Module. The first scoping meeting is scheduled for 12th September 2014.</p> <p><u>Comments</u></p> <p>LS said that the E&D Action Plan will be reviewed by EMT in October.</p> <p>MC commented that although peer reviews are not mandated they are generally considered to be good practice.</p> <p>MC (on behalf of CG) was pleased to see the work taking place with children and young people, recognising that this is a particularly difficult group to engage with.</p> <p>YM left the meeting</p> | |
| 4.3 | <p><u>Intermediate Service Contracts</u></p> <p>The Chair welcomed Jane Byworth and Catrina Charlton, CCG Commissioning Managers to the meeting.</p> <p>MC asked JB to present the key headlines to the Committee.</p> <p><u>Sexual Health & Pregnancy Services</u></p> <p>A summary of the current Termination of Pregnancy, and HIV respite service for adults, commissioned by Merton CCG was presented.</p> <p><u>Termination of Pregnancy</u></p> <p>During transition from PCT to CCG in 2012/13 contracts for the provision of these services were passed to CCGs, with supplementary elements of Sexual Health needs in Merton managed by the Borough Public Health Team.</p> <p>NHS termination services are currently commissioned from St George's Healthcare NHS Trust (2 clinics per week), British Pregnancy Advisory Service (who operate a 7 day service) and Marie Stopes International (who offer a 6 day service).</p> <p><u>HIV hospice service</u></p> <p>Mildmay is a HIV charity delivering care, treatment, prevention, rehabilitation, respite, education, and health. The Mildmay Mission Hospital in Shoreditch is one of Europe's first AIDS Hospices.</p> <p>Unfortunately, this service has not been used by Merton CCG patients in the previous 12 months. This is thought to be due to the fact that it is based some distance from Merton, it is not expected that uptake will increase and therefore MCCG expects to give notice on this contract in October 2014.</p> <p><u>Comments</u></p> <p>MC referred to the increase in the number of terminations. JB said that work is underway with Public Health to understand the reason behind the increase, however it should be noted that the number of teenage pregnancies has reduced by 30%.</p> <p>SG asked how many patients attended SGH. JB said that data for SGH is not as good as for the other providers and reliant on the central booking service, which indicates that most people attend BPAS and then SGH. SG questioned this, JB agreed to check the data and report back any discrepancies.</p> <p>The GPs commented that they were not aware of the HIV respite service and it was agreed that JB would feed this back to the Specialist Nurse.</p> | JB |



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| | <p>MC on behalf of CG asked how patients were engaged with and JB agreed to look into this.</p> <p><u>Vision Services Contract Update</u> Merton CCG, specifically the Merton Low Vision Service, the community Intraocular Pressure (IOP) Repeat Reading Service and services provided by Moorfields Eye Hospital Foundation Trust (commissioned on behalf of Merton CCG by Islington CCG).</p> <p>Low vision assessments are an appraisal that enables the optometrist to decide on further clinical management of a patient with low vision. The community Low Vision Assessment Service is based in Mitcham. The service operates once a month and the clinic is hosted by an accredited qualified optometrist.</p> <p>Currently the patient attends the optometrist for the low vision assessment and the patient is supplied with the low vision aids best suited to their needs.</p> <p>The service aims to meet the gap between those patients not seen by an optometrist with low vision needs.</p> <p>The current Merton CCG budget for this service is £3,329.</p> <p><u>Comments</u> The Committee asked how widely known the service was, recognising that a number of patients are referred to Acute Low Vision Services.</p> <p>JB said that this was improving, this year Merton Vision attended the Mitcham Carnival to raise awareness and has approval for handouts to GP Practices.</p> <p>To further raise awareness to both GPs and the wider public the Committee suggested that JB links with the Communications Team and Clare Lowrie-Kanaka, MCCG PPI Lead.</p> <p>JB/CC left the meeting.</p> | JB |
| 5 | To receive and note only | |
| 5.1 | <p><u>Duty to Involve Report</u> The report was presented to the MCQC for information prior to Governing Body meeting being held on 25.9.14, with the inclusion of the Healthwatch Merton statement.</p> | |
| 5.2 | <p><u>Medicines Management Committee Approved Minutes June 2014 and feedback from the meeting held on 22.8.14</u> MC introduced this item and highlighted the items for note by the Committee:-</p> <ul style="list-style-type: none"> • Sutton CCG Pharmaceutical Industry Policy • MCCG Medicines Optimisation Dashboard • Medicines Safety Alert: Stage 3 Improving Medication Error incident Reporting and Learning • Update on NHS England commissioning vaccination service from community pharmacies in 2014/15 <p><u>Comments</u> KW said that Merton was seen as low immunisation reporters as community pharmacist data was not uploaded. KE said that PH has a role in this area she would request Merton flu immunisation data.</p> | KE |
| 6 | Any Other Business | |
| 6.1 | Date of Next Meeting – Friday 10 th October 2014, 12-2.30pm, 6.2, 120 The Broadway, Wimbledon | |



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Agreed an as accurate record of the meeting held on 12.9.14

Chair

Date



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Merton Clinical Commissioning Group

Clinical Quality Committee

Minutes from the meeting held on Friday 10th October 2014

Meeting Room 6.2, 120 the Broadway, Wimbledon SW19 1RH

Present

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| Clare Gummett (CG) | Lay Member – Patient and Public Involvement (Chair) |
| Sion Gibby (SG) | Raynes Park Locality Lead |
| Lynn Street (LS) | Director of Quality |
| Adam Doyle (AD) | Director of Commissioning & Planning |
| Tim Hodgson (TH) | West Merton Locality Lead |
| Karen Worthington (KW) | East Merton Locality Lead |
| Kay Eilbert (KE) | Director of Public Health |
| Yvonne Hylton (YH) | Committee Secretary – Minute Taker (SLCSU) |

Apologies

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| Mary Clarke (MC) | Independent Nurse Member |
| Eleanor Brown (EB) | Chief Officer |

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| 1. | Welcome and introductions (CG) | |
| 1.1 | The Chair welcomed all in attendance to the meeting. | |
| 1.2 | <p>Declarations of Interest</p> <p>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.</p> <p>The Register was confirmed as an accurate record of interests held by the Committee Members</p> | |
| 2. | For Approval | |
| 2.1 | <p><u>Draft Minutes of the meeting held on Friday 12th September 2014</u></p> <p>Page 4 – Para 6 to be amended to “Overview of Primary Care” to the Committee on 7.11.14....”</p> <p>Page 7 – Under Comments Para 1 to be amended to “that this was <i>known</i> and being discussed.”</p> <p>Page 7 – Under Comment Para 2 to be amended to:- “LS said that she was not able to access Kingston Hospital Safeguarding Training Compliance Rates and would follow this up with the Trust.”</p> <p>The minutes were approved with the above changes.</p> <p><u>Action Log and matters arising not on the agenda.</u> The action log was discussed and updated and will be re-circulated to the Committee.</p> | |
| 2.2 | <p>Medicines Management Revised Terms of Reference</p> <p>Sedina Agama (SA) introduced the revised MMC Terms of Reference for approval by the Committee.</p> <p>SA requested that Item 5.1 MHRA Safety Alert Improving medication error incident reporting and learning (March 2014) is taken alongside this item as it relates directly for the revision to the ToR.</p> <p>SA briefly talked through the Safety Alert issued by NHSE and the Medicines and Healthcare products Regulatory Agency (MHRA) to help healthcare providers increase reporting for medication errors and medical devices.</p> | |



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| | <p>To comply with the safety alert CCGs are invited to identify a Medicines Safety Officer to support reporting and learning across the CCG; and to agree a multi-professional group to regularly discuss and review all incidents. Smaller providers are requested to continue to report safety incidents and take action to improve safety locally.</p> <p>SA said that following full discussion at MMC and at a SWL and London-wide level the following had been agreed:-</p> <ol style="list-style-type: none"> 1. the Director of Quality (LS) takes on the role as the Medicines Safety Officer supported by the Chief Pharmacist (SA), to improve safety incident reporting and learning across MCCG and influencing policy development as part of the CCG clinical governance process; 2. The existing Joint Sutton and Merton MMC takes the role as the multi-professional group, with the CSU risk management team invited to attend the meeting when safety alerts are discussed. To ensure that all incidents are regularly reviewed "medicines safety" will be added as a standing item to the agenda. 3. To share aggregated reports to provide CCGs with an overview of incident and early identification of emerging themes. <p><u>Comments</u></p> <p>The GPs welcomed the sharing of data, with a caution that the majority of Practices manage incident reporting in-house with very low numbers reported to NHSE.</p> <p>AD said that all primary care providers commissioned by the CCG are included, and asked that SA liaises with Joanna Thorne, Clinical Lead for Primary Care.</p> <p><u>Recommendation</u></p> <p>The Committee approved the revised Terms of Reference – noting that it is a joint committee with Sutton CCG and noted the actions agreed to comply with the MHRA Safety Alert to improve medication error and medical devices reporting.</p> | SA |
| 3 | Key areas of focus | |
| 3.1 | <p>Sutton and Merton Community Services CQUINs – 2014/15 Update</p> <p>LS introduced this item advising that CQUINs are reviewed at both the CQRG and Contract Monitoring Meetings.</p> <p>For 2014/15 CQUINs have been agreed relating to:-</p> <ul style="list-style-type: none"> - Reducing admissions from care homes; - Pressure Ulcers - Friends and Family test <p>Q2 reporting is due and is expected to show all CQUINs are on track.</p> <p>For 2015/16 CQUINs will be agreed from a local perspective focussing on the issues of most concern to the CCG. LS/Andrew Murray and Commissioning Managers will be involved in the process.</p> <p><u>Comments</u></p> <p>SG highlighted a significant concern that District Nurses are not attending multi-disciplinary meetings. AD said that this was not reported by SMCS and asked GPs to advise him when DNs did not attend meetings and the CCG would raise this as a quality concern with the CQRG.</p> | |
| 3.2 | <p>MCQC Development Action Plan</p> <p>LS advised that the Action Plan was still in development and agreed to circulate to the MCQC when complete although actions from the meeting are being progressed. LS agreed to meet with CG and MC to review progress.</p> | LS/CG/ MC |



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| 4 | For discussion | |
| 4.1 | <p>Quality & Performance Report including CQRG feedback Murrae Tolson presented the report and highlighted the key points and areas of concern at Month 5</p> <p>Constitutional Pledges</p> <ul style="list-style-type: none"> • C-Difficile: Merton CCG was over its trajectory of 2 cases a month in July and is above YTD trajectory of 8 cases. 4 cases were reported for July, taking the total to 11 cases. Of the 11 cases, 2 are trust apportioned and 9 are community apportioned. RCAs are being carried out on all of the CCG community acquired C-Diff cases. • 18 Weeks referral to treatment: Merton failed the 18 week standard in July. This is due to additional funding to clear the backlog of people waiting more than 18 weeks and is expected to continue for the next 3 months. • Diagnostics test waiting times: Merton CCG failed the 6 week diagnostic target in July with performance of 98.7%. The failure was driven by poor performance at Croydon and Kingston hospitals. The CCG has requested sight of the Kingston action plan and will be escalating concerns via Kingston CCG as the host commissioner. • Ambulance response times: LAS Cat A performance remains a serious concern with YTD performance at 63.99 %. The “Cat A performance tail” is continually monitored as an indicator of safety. LAS achievement remains at 75% conveyances within 10 minutes and 95% within 17 minutes (YTD). There are a number of actions being taken, including daily monitoring & reporting and a weekly tri-partite meeting led by commissioners involving LAS, the NHS Trust Development Agency (TDA) and NHS England. <p>Improving Health Outcomes.</p> <ul style="list-style-type: none"> • Avoidable Emergency Admissions: At month 4 the CCG is progressing well on the overall indicator. • Improving the reporting of medication errors: Epsom and St Helier have reported 88 incidents in Q1 against a baseline of 100 in Q4 2013/14. The Quality Premium requires a 10% increase on the baseline reporting of medicine management incidents. During July 2014 the Trust implemented DatixWeb. This simplifies the reporting process (removing paper based forms) and will improve the reporting and capture of incidents going forward. • Increasing the proportion of people that enter IAPT treatment against the level of need in the general population: M4 activity shows a decreasing trend on an indicator already significantly below threshold by the end of Quarter 1. The CCG has commissioned a complex depression and anxiety service in year to meet identified unmet needs. Additionally, the Trust is carrying out a mapping exercise to identify localities with low referrals to encourage more referrals. This exercise will be supported by honorary Assistant Psychologists to market the services as well as engage with GP practices. Recruitment to the post of a team leader is also underway. The Trust is also exploring the use of waitlist management initiatives and review clinical productivity to improve efficiencies. The CCG has monthly performance meetings with the Trust to monitor progress against the above steps. • Local Priority: Increasing the number of patients from BME groups using Psychological Therapies: The CCG continues to await data flow agreements for monthly reporting of this indicator with SWL & St.Gs. Although the CCG has been using data direct from the national IAPT data set as a close proxy, data for M4 is as yet unavailable. <p><u>CQRG Feedback</u></p> <p><u>SGH</u> The group received a presentation from the Consultant Pediatrician on Children’s Diabetes. Results from the audit taken in 2013/14 were poor and the Trust have since made significant investments with improvements seen particularly in the use of pumps. A further report will come back to the CQRG in March 2015.</p> | |



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Maternity and antenatal bookings are now offered at weekends.

There were 3 cases of MRSA reported. C.Diff is within target.

Friends and Family Test scores for A&E have improved by 35%.

There was a very positive response in general to the A&E walk around.

Coronary Artery Bypass Grafts (CABG) mortality. The Trust has noticed via the Dr Foster tool that expected death rate within 30 days of CABG surgery was 8.5%. 12 cases are already being investigated by the Trust.

Comments

LS informed the Committee that to improve Quality Assurance she has met with Sandra Iskander, WCCG with a suggestion that a separate quality meeting is set up to review current concerns e.g. performance targets that impact on the quality of care provided to patients.

ESH

Domiciliary phlebotomy: There are still concerns in practices about the quality of this service. St Helier reported that the new booking software is in place but there is no go-live date yet. We need a date when it will commence and communication will be needed to practices about the changes. During the course of discussions contractual issues around demand and capacity and funding have been raised by the Trust. Sutton CCG is reviewing their use of the service. Catrina Charlton, Senior Commissioning manager is sighted on these issues. A suggestion was made that MCCG looks at the phlebotomy issue in the round as part of LES review. It affects anti-coagulation monitoring for housebound patients and general phlebotomy.

Staffing targets have not been met by the Trust. Actions are in place to resolve the issues.

Discharge summaries. The Trust aspiration is to get an electronic discharge summary to primary care within 24 hours. They have set a stretch target of 98% - currently achieving 85.46% with gradual improvement being seen. They have revised and re-launched their electronic proforma.

Emergency readmission rate: Data for June 8.52% shows a slight worsening compared with May. A paper was presented with a report expected in December 2014 or January 2015. The Trust Medical Director highlighted the conflict between ambulatory pathways and readmission rate which meant there were more, but shorter admissions. The clinicians present also discussed if there may be shared learning from the unplanned admissions DES going on in primary care.

Maternity Data from across the region can now be viewed on swthamesnhsmaternitynetwork.co.uk. The trust is working towards achieving the London Quality Standards for April 2015.

There have been 13 GP quality alerts this month compared with 9 the month before. The main themes relate to GPs being asked to chase up results from tests done in hospital, especially the A & E Department.

SMCS

Quality Dashboard: There was some debate about what are appropriate thresholds for many of the reporting areas. Murrae Tolson, Head of Health systems and performance will cross-reference with the contractual requirements so that we are clear on what are the appropriate targets.

Clinical Effectiveness/Safety and Experience: The reports presented by SMCS did not give adequate assurance about incident reporting and action taken and Lynn Street is going to meet with SMCS/Royal Marsden representatives to agree what information is needed by

the CQRG in the future.

Lynn Street stated that the CCG needed to see the Marsden's internal analysis of themes around quality and safety issues, not just individual examples, with quarterly reporting back through the CQRG forum. The provision to the CQRG with their Quality Account and the same level of detail that goes to their Board highlighting concern was agreed.

The dietetics service was grateful for the temporary extra funding they were given in June that enabled clearing of the waiting list backlog; however it was very clear from the data that this backlog is likely to build up again due to a lack of capacity in the service. There are more referrals than the service can cope with and the service has no plans in place to reduce demand or to increase productivity. SMCS requested extra funding to increase capacity in the service. Caroline Farrar is going to meet with Carol Lambe (Sutton CCG) and Maggie Gairdner from the Marsden to discuss this further.

Comments

LS advised that she and Andrew Murray are attending a meeting to review quality assurance across RMH including SMCS with NHSE Director of Nursing for London, Jane Clegg.

MSK issues are continuing. AD advised that the CCG has made available £500k funding to SMCS, on condition that the Trust submits a robust business case and performance indicators to demonstrate improvement.

SWLStG

The CQRG received a presentation from the Trust on the integrated care pathways psychiatry liaison. It is clear that the liaison psychiatry model RAID is working and this was illustrated in Sutton where the number of admissions is decreasing and the number of referrals is increasing which is moving in the right direction.

The group received a presentation of the Crocus Ward action plan. This was developed following a number of safeguarding concerns that were raised. Whilst none of the allegations were upheld it identified some service delivery and quality issues that the Trust needed to address. The presentation demonstrated how the improvements have had a positive impact on staff and service users.

Integrated Complaints, Claims, Incident and Safeguarding Q1 Report. It was acknowledged that the Trust now receive more compliments than complaints. A process is being developed to ensure the CCG's are informed of any Preventing Future Deaths Reports that are received from the coroners.

The Trust Development Authority (TDA) has established a Part B to CQRG 'Improvement Plan Oversight and Assurance Group'. The Trust presented an update on the improvement plans. The group received positive assurances and have asked for further evidence to support some of the implementation methods. The group will reconvene in November.

There have been 3 serious incidents reported in August. All have been reported to StEIS and the appropriate level of investigation is underway. No Never Events have been reported.

Kingston liaison psychiatry - During the presentation it was realised that Kingston Hospital is not getting the level of service that the commissioners feel they are supporting. It has been agreed to explore this further outside of the meeting.

KHFT

Healthcare Acquired Infections:-

- C-Difficile: There have been no cases in July 2014, with a total of 2 cases year-to-date
- MRSA: There have been no cases reported year-to-date

Complaints: The Trust received 46 formal complaints in July 2014 compared to 33 in



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| | <p>July 2013. The most frequent complaint subject related to care and treatment, appointments and communication.</p> <p>Friends and Family Test (FFT) The inpatient FFT response rate for July 2014 was 43.9 %. The Trust overall inpatient FFT score for July was 59, which is 5 points higher than their score was in June. A review of the FFT as well as updated FFT guidance was published by NHS England at the end of July 2014.</p> <p>Pressure Ulcers: In July 2014, a total of 10 patients were reported as having developed Trust acquired Grade 2 pressure ulcers, 6 reported Grade 3 and 2 reported Grade 4 pressure ulcers. All pressure ulcer cases are reviewed by the Pressure Ulcer Management Panel and these particular cases have been deemed unavoidable.</p> <p>Falls at the Trust are reported per 1,000 bed-days: The falls rate for July is 6.2 falls per 1,000 bed days, showing an improvement of 0.5 compared to the previous month. The highest number of falls for July was on AAU (9 falls) and Astor Ward (13 falls). The increase in falls in these areas was due to repeat falls, similar to the previous month. The patients have had close observation nursing support, falls mats in place and relocated on the ward to provide the highest level of visibility.</p> <p><u>111/Out of Hours Service Contracts</u> Performance is good on track.</p> <p>AD advised that the CCG have asked for assurance of the plans in place to cover Christmas and New Year holiday period.</p> <p><u>Recommendation</u> The report was approved by the Committee</p> | |
| 4.2 | <p>Infection Prevention and Control Report</p> <p>The Chair welcomed Penny Spence, SECSU Infection Prevention and Control Specialist to the meeting.</p> <p>PS introduced the report which covered the period July-September 2014 and a local update on the Ebola Virus.</p> <p>Year to date the CCG have 17 C-diff cases assigned against a trajectory of 25 for 2014/15.</p> <p>There was 1 MRSA case in August 2014. The case was a 99 year old man who was admitted to SGH with a catheter related sepsis. The possible source was a deep seated Thrombophlebitis.</p> <p>Headlines lessons are that the majority of patients presenting to A&E have chosen not to involve healthcare professionals until they are septic and are over 75 years with co-morbidities.</p> <p>To address this the SWL consultant Microbiologist and Infection Control specialists are meeting to review all current action plans.</p> <p><u>Ebola Virus local update</u> ESH have robust plans in place to manage any “suspect cases of Ebola” including communication to all staff and occupational health involvement with any staff who have travelled to infected countries</p> <p>Croydon University Hospital (CUH) had a number of suspected cases over the last few weeks. All cases have been confirmed at Malaria.</p> <p>The Infection Prevention and Control consultant Doctor requested that if a GP has a patient with “suspected Ebola they contact the on call microbiologist before they send them to</p> | |



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| | <p>A&E.</p> <p>PS said that guidance has been issues to all Providers including GPs.</p> <p>In response to a concern that information had not been received by GPs, KE said that Clinical Safety Alerts had been issued and were being sent to generic mailboxes it was agreed:-</p> <ul style="list-style-type: none"> - Locality Leads' to remind GP colleagues to check they are receiving Safety Alerts within their practice. - KE is participating in a conference call with Public Health England and will forward further information if guidance changes. <p><u>Recommendation</u> The Committee noted the report.</p> | <p>KW/SG /TH</p> <p>KE</p> |
| 5 | To receive and note only | |
| 5.1 | <p>MHRA Safety Alert Stage Three: Directive. Improving medication error incident reporting and learning (March 2014)</p> <p>This item was discussed and reported under Item 2.2</p> | |
| 5.2 | <p>Medicines Management Annual Report 2013/14</p> <p>The aim of this report is to provide assurances to the Merton Clinical Quality Committee that medicines management requirements are addressed by providing a summary of the work completed by the NHS Merton and Sutton Clinical Commissioning Group (CCG) Medicines Management Committee in collaboration with other relevant stakeholders during 2013/14.</p> <p>This report highlights the key achievements in 2013/14.</p> <p><u>Comments</u> CG asked if one patient representative was sufficient. SA said that ideally there would be representation for both CCGs but this has not been possible, however the MMC works hard to ensure that the patient's view is captured.</p> <p>TH asked how acute data is received by the MMC. SA said that SWL Medicines Group feed into the Committee and the 3 local acute providers are invited to attend, however this varies from Trust to Trust and needs to be improved.</p> <p><u>Recommendation:</u> The Committee noted the report.</p> | |
| 5.3 | <p>Medicines Management Annual Team Report 2013/14</p> <p>The Medicines Management team provides guidance and support to the GP Practices, Clinical Directors and other CCG staff. In addition the team works with various CCG committees as well as other local partners collaboratively to develop schemes, guidelines, fact sheets, education programmes to constantly improve the quality, safety and cost effectiveness of medicines management across the CCG. This report also includes a summary of the identified and implemented prescribing savings facilitated by the Medicines Management Team in GP practices and key achievements in improving medicines management in the CCG's first year of existence since April 2013.</p> <p>The report highlights the key achievements and improvements in 2013/14.</p> <p><u>Comments</u> CG asked if the Medicines Management work in care homes would be continued into 2015/16.</p> <p>SA said that this was being discussed as part of the overview of medicines management which is taking place. AD added that the aim is that medicines management work is integrated into the wider commissioning team work for example the Better Care Fund.</p> <p><u>Recommendation</u></p> | |



Merton

Clinical Commissioning Group

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| | The MCQC noted the Annual report. | |
| 6 | Any Other Business | |
| 6.1 | Annual Planner and Draft Agenda for November 2014 The annual planner and draft agenda for November were noted by the Committee. | |
| 7 | Any Other Business | |
| 7.1 | Date of Next Meeting:- Friday 7 th November 2014, 12-2.30pm, 120 The Broadway | |