



South West London  
Merton Clinical Commissioning Group

## Report to the Merton Clinical Commissioning Group Governing Body

Date of Meeting: Thursday 21 March 2013

Agenda No: 8.0

ATTACHMENT 17-19

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	Attachment No
Merton Clinical Quality Committee	20.12.12 12.02.13	17 18
Finance Committee	24.01.13	19

**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  
Clinical Quality CommitteeNotes from the meeting held on Wednesday 20<sup>th</sup> December 2012

Room 6.1, 120 The Broadway, Wimbledon, SW19

Present

Clare Gummett (CG)	Lay Member Patient & Public Involvement ( <b>Chair</b> )
Eleanor Brown (EB)	Chief Officer
Mary Clarke (MC)	Independent Nurse Member
Val Day (VD)	Interim Director of Public Health
Sarah Ives (SI)	Acting Director of Commissioning & Planning
Yvonne Hylton (YH)	Minute Taker

1.	<p><u>Introduction and Apologies</u></p> <p>The Chair welcomed everyone to the first meeting of the Clinical Quality Committee.</p> <p>The Chair advised that the meeting was not quorate noting that a review of the draft Terms of Reference was on the agenda.</p> <p>Apologies for the meeting were received from Sion Gibby, Karen Worthington, Tim Hodgson</p>	
2.	<p><u>Declaration of Interest</u></p> <p>No declarations were received in relation to the agenda items.</p> <p>A register of interests is being prepared and will be available for review at future meetings.</p>	
3.	<p><u>Draft Terms of Reference</u></p>	
3.1	<p>CG introduced the draft ToR for review and comment.</p> <p><u>Comments</u></p> <p>The Committee agreed the Membership with the following amendments:-</p> <ul style="list-style-type: none"> <li>- Nurse Member of the Governing Body as Deputy Chair of the Committee. Reference to alternating Deputy Chair to be removed against Medical Director</li> <li>- All 3 Locality Clinical Leads to be invited to attend meetings.</li> <li>- Patient Representative will be included in the Membership following successful recruitment.</li> <li>- In response to a question from the Medicines Management Team regarding membership, the Committee agreed that a Medicines Management representative would be asked to attend meetings in which the Committee considered areas of risk or operation in regard to Medicines Management.</li> </ul> <p>Quorum</p>	

	<ul style="list-style-type: none"> <li>- The meeting will be quorate when five members are present, with at least two of those present to be clinical members, and one being a member of the CCG Executive Management team.</li> </ul> <p>Frequency of Meetings</p> <ul style="list-style-type: none"> <li>- The Committee agreed to meet monthly.</li> </ul> <p>Remit &amp; Responsibilities</p> <ul style="list-style-type: none"> <li>- Numbers to be reformatted.</li> <li>- 7.1.1, 7.1.2, 7.1.8 <i>commissioned services</i> to be revised to read <i>Merton Clinical Commissioning Group commissioned services</i>.</li> <li>- 7.1.5 To include Central Alert Systems and National Reporting</li> <li>- The Committee agreed to receive and review reports relating to Safeguarding Adults and Children including Serious Case Reviews</li> <li>- In reference to Nice Guidance the Committee agreed to receive reports to be assured that clinical guidance and standards have been considered and implemented where appropriate.</li> </ul> <p><u>Actions</u></p> <ul style="list-style-type: none"> <li>- Amended ToR to come back to the next CQC for approval</li> <li>- MCCG Constitution to be reviewed to ensure consistency</li> </ul>	CG
4.	<u>Future Reporting Arrangements</u>	
4.1	<p>A list of proposed reporting was presented to the CQC for consideration and to agree future reporting requirements.</p> <p>Examples of the following reports were presented and comments noted.</p> <p><u>Serious Incident reporting</u></p> <ul style="list-style-type: none"> <li>- Clarification of Point 1 on Page 1 was sought – EB to discuss with CSU (Evonne Harding)</li> <li>- SIs reported by Sutton and Merton Providers was reviewed. The majority of SIs relate to pressure ulcers, most of which occur in the community outside of professional care and are reported by the Providers when a Patient is admitted to hospital.</li> <li>- The Committee requested that future reporting includes the aggregation of Community and Acute to provide assurance that identified trends are being managed and action plans as appropriate are in place. It was also requested that benchmarking against areas outside SWL to highlight any potential issues for example, under reporting. Evonne Harding to be invited to attend the next meeting.</li> </ul> <p><u>Key Performance Indicator reporting</u></p> <ul style="list-style-type: none"> <li>- The CSU to be invited to attend a future meeting to talk through Key Performance Indicators and the Performance Outcome Framework.</li> <li>- MC suggested an example of performance reports produced at Trusts and other organisations to provide an understanding of what performance reporting is required.</li> </ul> <p><u>Patient Advice and Liaison Service (PALS)</u></p> <p>An example was presented noting that this will be different in the new world.</p>	EB

	<p><u>SWL Safeguarding Adult Self Assessment and Assurance Framework</u> The report was tabled for information.</p> <p>The committee agreed that the following matters need to be reported:-</p> <ul style="list-style-type: none"> <li>- Clinical Quality Review Group Minutes</li> <li>- National Reporting and Learning System – via CSU</li> <li>- Ofsted reports</li> <li>- Child Deaths</li> <li>- Merton Safeguarding Reporting – Adults and Children</li> <li>- Primary Care Annual Dashboard</li> <li>- Report NHS Funded Care Places overview and assurance – Jane Pettifer</li> <li>- SI Legacy cases <ul style="list-style-type: none"> <li>- MH Homicide</li> <li>- Domestic homicide.</li> </ul> </li> </ul>	
5.	<u>Response to Saville Letter (EB)</u>	
5.1	<p>EB started by saying that the letter from Sir David Nicholson regarding safeguarding vulnerable people has required CCGs to check the arrangements in place of all Providers.</p> <p>EB advised that Sir David Nicholson’s letter had been forwarded to all Merton GPs with a cover note detailing actions that may be required to provide assurance to CCGs.</p> <p>The CQC were advised that Ann Radmore, NHSSWL CEO, has asked for an update on behalf of the 6 CCGs to be reported back to the Joint Boards on 31<sup>st</sup> January 2013. A copy of the report presented to the Joint Boards will be brought back to the CQC for noting.</p> <p><u>Action</u> Update on CCG response to be reported to the CQC in February.</p>	EB
6.	<u>Risk Reporting</u>	
6.1	The Board Assurance Framework was presented to the Committee. Following review the Committee requested that the BAF come back to the next meeting to ensure quality issues were included.	Fwd Plan
7.	<u>Any Other Business</u>	
7.1	<u>Primary Care Dashboard</u> EB to discuss the Dashboard with the Clinical Leads and reported back to the next meeting.	
7.2	<u>Learning from Francis and Winterbourne Reports</u> NHS CB presentations to be circulated to the MCCG Board and staff when published.	WT
8.	<u>Future Meeting Dates</u> 12th February 2013, 11.30 – 1.00, Meeting Room 3, WBH 12 <sup>th</sup> March 2013, 12.00 – 1.30, Meeting Room 3, WBH	



Approved

NHS South West London  
Merton Clinical Commissioning Group

Merton Clinical Commissioning Group  
Clinical Quality Committee

Minutes from the meeting held on 12<sup>th</sup> February 2013

Meeting Room 3, 3<sup>rd</sup> Floor, Wimbledon Bridge House, Wimbledon

Present

Clare Gummett (CG)	Lay Member Patient & Public Involvement ( <b>Chair</b> )
Eleanor Brown (EB)	Chief Officer
Mary Clarke (MC)	Independent Nurse Member
Wendy Thomas (WT)	Interim Director of Quality
Sion Gibby (SG)	Raynes Park Locality Lead
Tim Hodgson (TH)	West Merton Locality Lead

In Attendance

Evonne Harding (EH)	SL CSU
Yvonne Hylton (YH)	SL CSU Minute Taker

Apologies

Val Day	Interim Director of Public Health
Karen Worthington	east Merton Locality Lead
Karen McKinley	Chief Finance Officer
Sarah Ives	Acting Director of Commissioning and Planning

1.	<p><u>Welcome and introductions (CG)</u> The Chair welcomed everyone to the meeting.</p> <p>The Chair informed the Committee of the expectation that papers were read in advance of the meeting, allowing the Committee to focus on any questions arising from the papers, and to agree recommendations and actions required for the Committee to provide assurance to the Board.</p>	
2.	<p><u>Declarations of Interest (All)</u> No declarations were received in relations to the agenda items.</p>	
3.	<p><u>Matters arising</u></p>	
3.1	<p><u>Terms of Reference for approval</u></p> <p>The Committee reviewed the updated ToR and approved with the following comments and amendments noted:-</p> <ul style="list-style-type: none"> <li>- EB advised that the CCG were reviewing the Medical Director role which is currently vacant. The Committee agreed to remove this role from the membership with a view to reconsider if the role is recruited to;</li> <li>- Joint Commissioning Unit to be amended to read "Acute Commissioning Unit" (Page 1)</li> </ul> <p>In regard to the Patient Representative Member role EB agreed to highlight at the LINKs meeting on 15<sup>th</sup> February and CG will discuss</p>	



	<p>with the CCG PPI Lead (Clare Lowrie-Kanaka) when she is in post from 1 April 2013.</p> <p><u>Actions</u></p> <ul style="list-style-type: none"> <li>(i) Terms of Reference to be finalised and forwarded to EB to support discussion at LINKs meeting on 15.2.13</li> <li>(ii) Clarification of requirement for CCG Board to note the Committee approved ToR;</li> <li>(iii) CCG Constitution to reflect final ToR. YH to check with the NHSCB their requirements regarding making amendments to the Constitution.</li> </ul>	<p>EB</p> <p>YH</p> <p>YH</p>
3.2	<p><u>Joint Report on Saville allegations summary and next steps (WT)</u></p> <p>The Committee received a paper from the Designated Nurse Safeguarding Children (Sadie Daley), summarising the NSPCC joint report into the allegations made against Jimmy Saville. The report is clear that although there will be no criminal charges; there is sufficient evidence that Saville abused his position over a number of years. The majority of offences were committed between 1966 and 1976. Since this time a number of new Laws have been introduced to protect vulnerable people. The paper for review contained a list of questions for the CCG to answer to fulfil their role in providing assurance to the Board of the arrangements in place, across all Providers.</p> <p>During discussion and in consideration of the questions the following was noted:-</p> <ul style="list-style-type: none"> <li>• As the CCG are not host commissioners; the Committee would want to see each Acute Trust's response to the allegations. WT to meet with Michelle Rahman, Acute Commissioning Unit to discuss.</li> <li>• The list of the questions, to be formatted as an action log for review by the Executive Management Team to agree responsibility for providing responses;</li> <li>• Sadie Daley to collate all responses into a single report to be brought back to the MCQC for review in April and presentation to the MCCG Board in May 2013. WT to liaise with Sadie Daley.</li> <li>• SG/TH sought clarification on the requirements for CRB checks for all Practice Staff. EH advised that reference is made to CRB checks within the Care Quality Commission essential standards Outcome 7 for safeguarding people who use services from abuse; and Outcome 12 the requirements relating to workers. It was agreed to circulate the CQC guidance to the Locality Leads to take forward with Practices.</li> </ul> <p>EB added that recognising that responsibility for Practice contractual arrangements is held by the NHS CB, it is important that the Practices themselves are comfortable with the arrangements they have in place.</p>	<p>WT</p> <p>WT</p> <p>WT/Sadie Daley</p> <p>EH SG/TH/KW</p>
3.3	<p><u>Primary Care Dashboard – feedback from Clinical Leads</u></p> <p>SG/TH advised that discussions were taking place with Practices to agree future reporting requirements including a review of software options.</p> <p>EB commented that the Primary Care Support Team had now been</p>	



	<p>recruited to and would be able to support Practices alongside the Locality Leads, including some training for Practices with a view to a PC Dashboard being in place and accessible to all by the end of Quarter 1.</p> <p>A timeframe for review of the Dashboard at the June meeting; with the first Report presented to the Committee in July was agreed. WT/EB to discuss further outside the meeting.</p> <p>In response to a request for training for the Committee and the Board EB suggested a ½ day session through the CCG OD provided by PWC. EB/MC to explore and feedback to the Committee.</p>	<p>WT/EB</p> <p>MC/EB</p>
4	<p><u>Serious Incident Policy and Procedures</u> (EH)</p> <p>EH introduced and provided an overview of the management of Serious Incidents, which from April 2013 will be provided by the CSU and invited comments from the Committee. The following comments were received and responses noted:-</p> <ul style="list-style-type: none"> <li>- 7.5 Submission of Final Report – EH clarified that 60 working days (Grade 2) relates to “Never Events”</li> <li>- 8.12 CCG sought clarification of the reporting arrangements where the CCG is not the host commissioner but the incident relates to a CCG resident. EH responded that there were ongoing discussions regarding the role of the host commissioner and guidance is expected in March. EH advised that she is meeting with Director of Quality for Sutton CCG (Mary Hopper) and will feedback relevant details following the meeting.</li> <li>- Page 34 –ToR and membership of the Serious Incident Assurance and Review Group (SIARG) was noted. In response to a question from SG regarding the resource implications regarding the GP Lead member, EB advised that the role is currently being debated.</li> <li>- Page 35 – The MCQC noted and agreed the reporting arrangement. A SI Report will be presented to the Committee each month with a quarterly review of the action plan including implementation and lessons learnt.</li> </ul>	
5.	<p><u>Integrated Quality Report</u> (WT)</p> <p>WT introduced some examples of quality reporting for review by Committee to agree the reporting format for the CCG.</p> <p>WT said that all reports had positives, however based on the ability to provide comprehensive and overall assurance, with all Providers included in one report, the NELC was recommended as the preferred format for Merton with the addition of Finance.</p> <p>Following review and discussion the Committee agreed the recommendation for reporting to the MCQC. However, it was agreed that a summary of the key points would be presentation to the CCG Board and shared with other key stakeholders for example the CCG membership and Health &amp; Wellbeing Boards.</p> <p>The Committee agreed that a report covering the period January – March 2013 be prepared for review by the Committee in April. WT/EB to take forward with the Director of Quality.</p>	<p>WT/EB/ Dir of Q</p>



	Going forward the Committee agreed monthly reporting for review by the Committee and MCCG Public Board meeting.	
6.	<p><u>Review of Breast Feeding Support Services (EB)</u> The paper was brought to the meeting to raise awareness. EB advised that the figures for Merton had dropped recently and SG commented that having several different processes in place across Providers was creating confusion amongst GP Practices.</p> <p>Following discussion it was agreed that WT would contact the SWL Maternity Network to take forward, including following up with the Director of Public Health as part of the work plan.</p> <p>The Committee requested an update in 3 months.</p>	<p>WT</p> <p>Fwd Plan</p>
7.	<u>Implications of the Francis Report (WT)</u>	
	WT provided a brief update following the publication of the Francis report last week, advising that a presentation had been made to the MCCG staff at the Team brief on 11 <sup>th</sup> February. The report included a large number of recommendations for Commissioners with decisions regarding implementation by the CCG to be agreed.	
	EB said it was important for all staff to understand the implications of the report and proposed that Patient Safety form the basis for the MCCG Team Building day on 5 <sup>th</sup> March.	
	The Committee suggested that a letter be sent from the CCG Chair to the NHS CB welcoming the Francis Report is reported to the CCG Public Board in March.	
	<p><u>Actions</u></p> <ul style="list-style-type: none"> <li>- 30 minutes to be allocated to review and discuss implementation of the recommendations at the March meeting.</li> <li>- Chair's Letter welcoming the Report to the March Board.</li> </ul>	<p>Fwd Plan/WT</p> <p>EB/WT</p>
9.	<u>Board Assurance Framework</u>	
9.1	<p>The Committee agreed to review the CCG Risk Register to ensure all risks are captured including quality issues at the next meeting.</p> <p>Frequency of monthly review of the Risk Register was agreed by the Committee.</p>	Fwd Plan
10.	<p><u>MCQC Forward Agenda Plan</u> The Plan was brought to the meeting to note and agree frequency of reporting arrangements going forward.</p> <p>The Committee agreed to allocate 30 minute at future meeting to discuss key issues including the allocating champions to drive matters forward where appropriate.</p>	
	<b>For Information</b>	
11.	<p><u>Equality Objectives (WT)</u> WT advised that Wasia Shahain (SL CSU Equality Lead) and Geoff Hollier had reviewed all evidence received and a short list of the equality objectives would be presented to MCQC in March prior to publication by 6<sup>th</sup> April 2013.</p>	Fwd Plan
12.	<p><u>Establishment of Quality Surveillance Groups</u> A paper was brought to the meeting for information.</p> <p>In London there will be 3 Local Quality Surveillance Groups based on</p>	





	<p>the Commissioning Boards</p> <p>MCCG representation at the meetings was agreed with the Director of Quality as the Lead and Chief Officer as the deputy.</p> <p>The first meeting is expected in March and a verbal update from the meeting will be provided to the Committee at the next meeting.</p>	Fwd Plan
13.	<p><u>CQRG Minutes</u> The CQRG minutes were noted.</p> <p>TH asked to be added to the SGH CQRG circulation. YH to feedback to Michelle Rahman.</p> <p>Going forward WT will discuss with the ACU future reporting requirements to include a highlight of key issues for discussion at the meeting and inclusion in the Quality report to the Board.</p>	YH
14.	<p><u>Any Other Business</u> The Committee requested sight of the Quality handover from the Cluster. EB agreed to liaise with the Cluster Quality Lead and bring back to the next meeting.</p>	Fwd Plan EB
	<p>Feedback from the SWL Quality Event, attended by WT/MC to be added to the March agenda.</p>	WT/MC
15	<p><u>Date of Next Meeting</u> Tuesday 12<sup>th</sup> March 2013, 12.00 – 2.00, Meeting Room 3, Wimbledon Bridge House, Wimbledon.</p> <p>Future Meetings dates to be circulated following the meeting.</p>	YH



NHS South West London  
Merton Clinical Commissioning Group

## Approved

### Merton Clinical Commissioning Group Finance Committee

Minutes from the meeting held on Thursday 24<sup>th</sup> January 2013  
10.30 – 11.30  
Chief Officer's Office, 3<sup>rd</sup> Floor, Wimbledon Bridge House

#### Present:

Members	Peter Derrick (PD)	Lay Member ( <b>Chair</b> )
	Eleanor Brown (EB)	Chief Officer
	Karen McKinley (KMck)	Chief Finance Officer
	Paul Alford (PA)	Governing Body GP Member
In attendance	Sion Gibby (SG)	Raynes Park Locality Lead
	Yvonne Hylton (YH)	SL CSU – Minute Taker

1	<u>Apologies</u> Apologies were received from Clare Gummett, Dr Howard Freeman, Dr Geoff Hollier	
2.	<u>Declaration of Interest</u>	
2.1	No declarations of interest were received in relation to the agenda items.	
3.	<u>Draft Minutes of the meeting held on 5<sup>th</sup> December 2012</u> The minutes were approved without amendment	
4.	<u>Action Log from 5<sup>th</sup> December 2012</u> The action log was noted and will be re-circulated with the minutes.	
5.	<u>Draft Terms of Reference</u>	
5.1	The draft Terms of Reference (ToR) were <b>approved</b> by the Committee.  The MCCG Constitution will be amended to reflect the approved ToR.	KMck
5.	<u>Month 9 Finance Position (KMck)</u>	
5.1	KMck introduced the Month 9 Financial Position and outlined the key points for the Committee to note.  The PCT is reporting to achieve its control total surplus at Month 9. The position factors in agreed positions which have been reached with the CCG's two main providers, Epsom and St Helier and St George's. The PCT has also received additional funding to support the Continuing Care retrospective claims.  The Committee noted the position shows the PCT has a Capital under-spend in regard to the sale of the Nelson Car Park, which has been reported to London every month, and a Cash surplus resulting from the sale of Orchard Hill.  Key risks for the PCT and MCCG continues to be the Acute sector. With regard to Acute, the Committee noted that as agreements have only been reached with the two main providers, any overspend by the other Providers will result in a shift in the financial position.  In response to a question regarding statutory responsibilities of NHS	

	<p>SM and the CCG, KMck confirmed the PCT will retain statutory responsibility until 31 March 2013. However, from 1 April 2013 the CCGs are required to demonstrate that they have credible plans in place</p> <p>The QIPP report shows a year-end forecast shortfall of £1.5M against plan with QIPP expected to deliver £17.6M. KMck reiterated her concerns with a caution that savings generated had been largely due to back office reductions, the sale of property and successful challenges by the Acute Commissioning Unit. From 1 April 2013 these efficiency savings would not be available to CCGs as efficiency savings had largely been exhausted in regard to back office reductions and Acute Challenges and property transferring to Prop Co, highlighted the importance in having robust deliverable demand management schemes in place by 2013/14.</p> <p>In response to a comment by PA that it appeared that the focus of challenges had been weighted in favour of ESH, and for Merton the principle risk is at St Georges. KMck clarified that all challenges made by the ACU on behalf of the PCT had been made based on all Provider contractual discrepancies but going forward the focus for Merton would shift to St Georges.</p> <p>The Committee <b>noted</b> the report.</p>	
6.	<p><u>Draft 2013/14 Medium Term Financial Plan (MTFS)</u> (KMck)</p> <p>The report was presented to the Committee to note the high level revenue budget.</p> <p>The budget reflects the current understanding of the financial position, existing commitments and identified prioritised investment. It also reflects the impact of the financial requirements place on it by the Operating Framework.</p> <p>KMck introduced and talked through a slide pack detailing the CCG 2013/14 Budget Planning highlighting key points for the Committee to note:-</p> <p><u>London Planning Assumptions</u></p> <ul style="list-style-type: none"> <li>- Standard assumptions applied</li> <li>- Non-recurrent investment reserve will be held by the NHS Commissioning Board for CCGs to bid against</li> </ul> <p><u>Local Planning Assumptions</u></p> <ul style="list-style-type: none"> <li>- Prescribing inflation assumed at 5%. Historically prescribing has managed on a 2% uplift delivering a 3% efficiency saving through QIPP which will be applied in 2013/14;</li> <li>- Continuing Care. Additional funds have been invested for demand growth. The service as in previous years is able to manage on the existing resources. This will result in the growth resource used against QIPP.</li> </ul> <p><u>2013/14 Budget Planning</u></p> <ul style="list-style-type: none"> <li>- KMck presented and talked through a Waterfall diagram to provide the Committee with an overview of the CCG budget for 2013/14 and mitigating actions to address the £8M gap.</li> <li>- Recurring budget - £208.3M is Merton CCG's share of the PCT disaggregated budget</li> <li>- Recurring costs £216.7M. The Committee noted the costs were higher than the budget received leaving the CCG with an</li> </ul>	

	<p>£8M gap. KMcK advised the Committee that the cost figure is based on the 2012/13 outturn with all over-spend factored into the baseline position.</p> <ul style="list-style-type: none"> <li>- £4.6M equates to growth applied at 2.3%</li> <li>- Net deflator of £237k will be set against recurring costs</li> <li>- 1% surplus – £1,594 is the CCGs share of the PCT brought forward which equates to 0.7%. The CCG will need to top up to 1%</li> <li>- Demographic increase £4.6M relates to Acute and Non-Acute demographic growth. The PCT had set aside 2% plus reserves.</li> <li>- Other Budget adjustments set aside for items such as 111.</li> <li>- Non Elective Threshold Adjustment. Emergency funding set aside. Issue for 2013/14 is an increase for the PCT to 3.7M in addition to previous provision of £1.1M.</li> <li>- £8M Gap for 2013/14</li> <li>- 2013/14 QIPP Plan was presented for review. KMcK advised the Committee that at the QIPP meeting held on 23 January, Finance, Clinical and Commissioning Leads had signed up the plan, thereby reducing the Gap to £3M.</li> <li>- Comments relating to GP referrals to speciality services which are available in Primary Care were discussed including communication with GPs. SG said that this was a work in progress but said issues with how information is coded makes identifying patients difficult and time consuming. The need to discuss with the Acute Providers to reduce the number of patients being referred needs to be worked through to ensure that all schemes are implemented in March in order to deliver full year effects.</li> </ul> <p>In summarising PD said that it was a good report. However, he would like to see future reports focusing less on the narrative including financials and including risks and the approach being taken.</p> <p><u>Action</u></p> <ul style="list-style-type: none"> <li>- Update on £2M QIPP Gap and Contract Negotiations to the meeting on 21<sup>st</sup> February</li> <li>- Update on Better Services Better Value (BSBV) and Better Healthcare Closer to Home (BHCH) to the meeting on 21<sup>st</sup> February</li> <li>- Page 5 – KMcK to reword paragraph 12 – Revenue Outlook</li> <li>- Until 31 March 2013 all reports presented to the Governing Body would be in draft format.</li> </ul>	<p>KMcK</p> <p>KMcK</p> <p>KMcK</p>
7.	<p><u>Draft CCG Internal Audit Paper</u> PD to review and feedback comments to KMcK for review by the Committee on 21<sup>st</sup> February.</p>	PD/KMcK
8.	<p><u>Government Banking Service (GBS) Banking arrangements for Merton CCG</u> GBS bank accounts are in the process of being set up on behalf of CCGs by SBS and the South London CSU.</p> <p>The Committee were requested to approve the set up of the account and Karen McKinley, Chief Finance Officer as the authorised signatory for Merton CCG until 1 April 2013 when the arrangements will be reviewed following the demise to the PCT. The Committee noted and <b>approved</b> the recommendation.</p>	