NHS
Merton
Clinical Commissioning Group

Report to the Merton Clinical Commissioning Group Governing Body

Date of Meeting: 23rd January 2014

Agenda No: 8.1 **Attachment:** 20

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

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

Summary:	**Date of Meeting**	**Att. No**
Merton Clinical Quality Committee	08.11.13	20
Finance Committee	22.10.13; 19.11.13	20
Audit and Governance Committee	16.09.13	20

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

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

NHS
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Merton Clinical Commissioning Group

Clinical Quality Committee

Minutes from the meeting held on

Friday 8th November 2013

6.1, 120 The Broadway, Wimbledon, London SW19 1RH

Present

Clare Gummett (CG)	GB Lay Member PPI (Chair)
Mary Clarke (MC)	Independent Nurse Member
Jenny Kay (JK)	Director of Quality
Sion Gibby (SG)	Raynes Park Locality Lead
Tim Hodgson (TH)	West Merton Locality Lead
Kay Eilbert (KE)	Director of Public Health
Adam Doyle (AD)	Director of Commissioning & Planning

In Attendance

Professor Alison Robertson (AR)	St. George's NHS Trust - Chief Nurse and Director of Operations (Item 3.1)
Cynthia Cardozo (CC)	Chief Finance Officer
Murrae Tolson (MT)	Head of Health Systems Performance and Business
Jane Pettifer (JP)	Continuing Care Manager (Item 5.4)
Sadie Daley (SD)	Designate Nurse Safeguarding Children (Item 5.2)
Ita Johnstone (IJ)	QIPP Manager (Item 6.2)
Yvonne Hylton (YH)	SLCSU – Committee Secretary – Minute taker

1.	**Welcome** (CG)	
1.1	CG welcomed all in attendance to the meeting. Apologies Eleanor Brown, Karen Worthington and Dave Curtis. JK asked that it be noted that apologies had been received from Dave Curtis from HealthWatch following the sudden death of Chris Frost, Chief Executive of MSVC who passed away on Thursday 7th November. The Committee extended their sympathies to her family and colleagues. Declarations of Interest A register of interests is held by the Commissioning Support Unit and available by request. No additional declarations were received in relation to the agenda items.	

2	**For approval**	
2.1	Draft Minutes of the meeting held on 11th October 2013 The minutes were approved with the following amendment:- Page 3 Item 4.1 under SMCS to be amended from "*AD said that the CQRGs will be streamlined….." to "AD said that the SMCS CQRG will be streamlined…."* Action Log The action log was discussed and updated and will be re-circulated with the minutes Matters Arising MC referred to an outstanding action regarding learning from Post Infection Reviews and said she would speak to KE, who was involved in a disputed MRSA case and feedback the learning to a meeting of the MCQC.	MC
3	Provider Focus	
3.1	St George's Healthcare NHS Trust The Chair welcomed Alison Robertson (AR) Chief Nurse and Director of Operations to the meeting to present the Trust's Quality Strategy. AR advised that the strategy had been refreshed and now provides a 10 year vision with a focus on quality to drive through continued improvement. The strategy is underpinned by 3 supporting domains, patient safety, patient experience and patient outcomes and monitored by the Quality & Risk Committee a sub-committee of the Trust Board. The Committee were informed that overall the Trust has a very good record of patient outcomes and a clear vision for patient safety; however are aware that more work is needed to improve the patient experience. AR commented on the two Care Quality Commission (CQC) Inspection visits and a summary briefing of the August visit was provided to the meeting. AR said that following the January visit the Trust were very disappointed and worked hard to improve on the areas of non-compliance. The second inspection in August, which was more akin to the new style inspections, and carried out over 3 days, was more positive. The final report showed that out of the 8 standards checked the Trust had 3 minor areas of non-compliance, staffing in one area, monitoring of the drug fridge temperatures and documentation process. An action plan was being developed to be submitted to the CQC by their deadline of 6th November. The Trust is in Wave 2 of the new style CQC inspections with a visit taking place between January and March 2014. The Trust Development Agency (TDA) have helped the Trust to prepare for	

	the visit and indicated that based on a good report would recommend the Trust as ready for Foundation Trust status to Monitor as part of the FT application process. Questions: - MC asked what actions were in place to improve staffing levels. - AR said that this was a known risk and a robust action plan, including daily monitoring and RAG rating of all wards, for each shift was in place. Where wards were rated Red actions would be taken, and if the rating remained Red an alert was declared. AR agreed to share the September Board report with the CCG. (*Subsequent to the meeting the report was received and circulated to the Committee*.) - In response to a question in relation to the London Quality Standards. AR said that the Trust, led by the Medical Director had sent a letter of support for 7 days working and winter funding was being used to enable weekend working. - The Committee questioned the significant rise in Complaints during August. AR said that August had been a very busy month and the increased activity may explain some of the problems patients had experienced. The complaints are being investigated and have been fed back to the Divisions. The next iteration of the complaints report will be reviewed at the Quality & Risk Committee. - MC asked about the feedback from staff and general staff engagement at the Trust. AR referred to 'Listening to Action'. The key question asked of staff is "what stops you doing a good job?" and feedback had been listened to and quick wins acted upon, for example a pool car at St Mary's Hospital, however the Trust accepted that more detailed work was still needed and this was being progressed. - AD asked about the AR's role and governance arrangements. AR said that her role had changed following the appointment of the new Chief Executive. Her role was not to manage the divisions but to have an overview of Quality and support them in delivering good quality. Overall AR said that there was a good support structure in place and agreed to share the Organisation Chart with the MCQC. - MC sought assurance around the Trust's actions in response to the CQC and the commitment for continuous improvement. AR responded that the aim was that the actions when implemented would become business as usual for the Trust. In concluding discussion the Chair thanked AR for attending the meeting and providing the opportunity for open discussion. AR left the meeting.	AR AR

3.2	<u>End of Life Care</u> The Chair welcomed Carrie Chill (CC) to the meeting. CC introduced and talked through a presentation describing the End of Life Care (EOLC) strategy in Merton and Sutton. The strategy had been written by the Sutton and Merton PCT in 2007 and revised in 2011. Following the demise of PCTs both Merton and Sutton CCG had actively taken the decision not to split resources. The overall aim of the EOLC strategy is to help patients achieve their preferred place of care and death by having a Co-ordinate my care (CMC) plan in place. CMCs allow the patient the option to share information across all health providers, including London Ambulance and Out of Hours providers enabling patient wishes to be met. Figures to support CMC show that between 2004 and 2009 the number of home deaths increased from 12.3% to 16%. Following a change which allowed care homes to be recorded as usual place of residency numbers increased to 36% in 2012. CC said that of the total number of patients with a care plan, 47% have cancer with 53% suffering from other conditions. CC referred to new services commissioned, which included the service at St Raphael's which had been extended from last few days to the last few weeks of life. In addition the EOLC team would be reconfigured to work with GPs, nursing homes and community staff to raise overall awareness of EOLC and the need for planning as well as training to improve the communication of CMCs. Decommissioned services were noted and CC referred to the Liverpool Care Pathway, which had not been used by Community Services since April 2013. De-commissioning of Bereavement support was discussed and the Committee were concerned that no service was available in Merton. The exception was for the death of a child where a spot purchase from SGH would be made to support the family. CC said that the service had been decommissioned because it was not delivering; however the EOLC strategy will be revisited next year and this issue would feed into the CCG's commissioning intention discussions. <u>Questions</u> MC asked about issues implementing CMC. CC said that in an acute setting this can usually be in place within hours, with the exception being weekends which is being discussed. TH said that Practices see good standards of care. MC asked about feedback from carers, accepting that this needs to be timely about their experiences. CC said that this has been wanted for some time and discussed.	

	AD referred to the disaggregation of St Raphael's Hospice, which is a Charity organisation and St Anthony's Hospital and the likely increase in costs, whilst recognising that the service provided is of a very high quality. The Chair thanked CC for an informative and helpful discussion. CC left the meeting.	
3.3	<u>Out of Hours/111 position update</u> AD updated the Committee on the Out of Hours and 111 service contracts which re due to go live on Tuesday 12th November. AD tabled two papers detailing the assurance work undertaken as part of the mobilisation process and monitoring arrangements for the first 3 months of the contract to ensure Commissioners were able to manage the contract efficiently. Going forward it was proposed to set up a Clinical Quality Review Group to provide assurance of quality to the MCQC and this was supported by the MCQC. AD agreed to share the CQRG Terms of Reference when available with the Committee. It was agreed that visits to the call centre would be set up for Committee Members. In addition contract performance will be reported through the MCCG Quality & Performance Report. <u>Questions</u> MC asked for assurance in the event both Southall and Ipswich call centres could not answer calls. AD said that this had been discussed with Harmoni and calls would transfer to a wider network of call centres. SG added that there is a well-established triage system in place within Harmoni. MC asked if the Daily Situation Reporting included weekend and bank holidays and AD confirmed that it did. Communication to key stakeholders, Primary Care and public and patients was briefly discussed. AD said that communication had been sent to the Membership and further communication to Acute Trusts and GPs would follow, adding that for the 111 service there should be no visible change to users.	AD AD
4	Standing Items	
4.1	<u>Quality and Performance Report</u> (MT) The Quality and Performance Report presents performance of the key performance indicators demonstrating progress towards the five domains outlined in *Everyone Counts*. At Month 5, the CCG is rated Green for Constitutional pledges and Amber/Red for Improving Health of our local population. Achievement of local priorities remains a high risk; however action plans are in place to address the areas of concern as follows:- Slide 7 - Improving health outcomes for local people, is rated Amber/Red due to:-	

	a. Poor performance of proxy measures for Preventing people from dying prematurely b. Late commencement of reporting of COPD local priority data c. Immunisations local priority not showing improvement over two quarters. Feedback from the Clinical Quality reference groups has been incorporated into the report to facilitate quality assurance of providers. Going forward it was agreed to prioritise attendance at CCGs and with cover provided when Locality Leads are unable to attend. Sutton and Merton Community Services Quality Dashboard has been shared with the CCG, however is not yet fit for use. It is anticipated that Quality dashboards for South West London and St. Georges will be available for the December report. <u>Comments</u> KE questioned the terminology used in the report referencing Public Health Indicators. It was agreed that Screening programmes should be classified as proxy measures for Preventing people from dying prematurely as they were not Public Health indicators, but the responsibility of NHS England <u>CQRG Review</u> <u>SGH</u> (AD) A&E 'Red' Rating is performance monitored via the CSU and Urgent Care Board. The CCGs A&E performance is dependent on SGH, however Merton CCG performance cannot be distinguished from overall SGH performance. <u>ESH</u> (JK) SCCG Director of Quality has set up a separate Serious Incidents Review group set up. First meeting held in September to review maternity SIs. <u>SMCS (AD)</u> Service development discussion to be separated from CQRG with separate SD Group meeting set up. <u>SWLSTG</u> (JK) Care Quality Commission has lifted all minor concerns regarding SWLSTG. The final report has been published on the web-site and circulated to CQRG members. AD made reference to IAPT open access service and issues around data collection due to self-referral nature of the service, adding that it will be picked up as part of the re-procurement process next year. TH and SG said that GPs and patients were satisfied with the service. <u>Kingston</u> (SG) Action plan to address Care Quality Commissions is awaited. SG to attend 'Walk-around'	

	SLCSU Integrated Serious Incident and Complaints Report for Merton CCG – Quarter 2 The Committee noted the report. In response to questions regarding how CCG has oversight of all Serious Incidents involving Merton patients, JK said that she was in discussion with the CSU to agree changes. SWLSTG Serious Incident Report The Committee noted the report.	
4.2	Care Quality Commission 'hospital intelligent monitoring' reports (JK) JK introduced the item advising that the new CQC 'risk' reports replace the previous Quality & Risk Profiles. The CQC will use intelligent monitoring of more than 150 different indicators to direct resource to where they are most needed. NHS trusts are groups into six bands with band 1 being the highest risk and band 6 the lowest. Locally our provider Trusts all fall into Band 6 with the exception of Croydon which is in Band 1. Going forward the intelligent reports will feed into CQC inspections. MC comments that some Trusts were concerned that the data was out of date.	
4.3	Visit to Kingston Hospital (JK) The Committee noted the report.	
5	**Review and Discussion**	
5.1	Communication and Engagement Strategy The Strategy builds on the original Patient Engagement and Communication Strategy and is based on feedback from the Governing Body Members' and experiences during the first six months. It also draws on feedback from the Engage Merton Event and other stakeholders. JK tabled the Work plan which will be agreed by the Executive Management Team and approved by the Governing Body in January 2014. Next Step JK to circulate the Action plan for comment to feed into discussion at EMT on 14.11.13.	JK/All
5.2	Sutton Hospital AD introduced the item to inform the Committee that ESH are looking to remodel services delivered on the Sutton Hospital site. The Committee were asked to review and note the report including the impact for Merton and recommendations detailed on Page 2 of the report. AD said that the Trust had completed an Equality Impact	

	Assessment and agreed to share with the MCQC.	AD
5.3	Safeguarding Children (Sadie Daley) a) Serious Case Review (SCR) Sign-Off and Assurance process flowcharts MCCG lead the health component of serious case reviews (SCRs); MCCG-led individual management reviews (IMRs) and serious incidents (SIs). To ensure MCCG staff and external organisations are aware and understand the assurance and sign-off processes, a briefing outlining went to the Governing Body. Subsequently, a request was made for flowcharts to accompany the briefing. The flowcharts one each for sign-off and assurance were attached for review and approval by the Committee. Comments MC asked that the flowcharts be updated to reflect that the Safeguarding Executive Group, as a sub-group of the MCQC, review the full report for assurance and a summary report is presented to the Governing Body for approval. b) Child A Updated Combined Health SCR Action Plan (Nov 2013) SD introduced the item. MCCG is tasked with overseeing and seeking assurance that all actions have been completed and lessons learnt disseminated and sustained. SD drew the Committee's attention to an outstanding action for SMCS (Action 18) relating to communication between Heath Visitor teams and GPs which remains inconsistent. It was agreed that AD would draft a letter to SMCS, on behalf of the Committee outlining the expectations in relation to SCR actions. c) Sharing Agreements (MASH ISAs) and other data sharing agreements It was agreed to circulate NHSE's letter to GPs to sign-up to Information Governance data sharing agreement with the minutes for CLLs attention. SD left the meeting	SD AD YH
5.4	Continuing Healthcare Quarter 2 Report (Jane Pettifer) A report on Quality Assurance for Contract Beds in Care Homes in Merton was tabled. The block contracts expire in May 2014 the residents will remain in the placement and will revert to a spot placement under the Any Qualified Provider (AQP) framework. The AQP framework went live in October 2013. If a person requires a level of care above the specification then an agreed hourly rate for additional care is applied.	

	The AQP will be open again in February 2014 and those homes in Merton that have not previously applied will be contacted and encouraged to apply. Safeguarding Investigations JP alerted the Committee to 3 Safeguarding Investigations detailed in the report. - Fieldway Nursing Home (London Borough of Merton) One referral which was managed internally and did not require a strategy meeting - Carshalton Nursing Home (London Borough of Sutton) - There is an on-going safeguarding investigation led by the London Borough of Merton and supported by the Continuing Healthcare team. An embargo on new placements is in place whilst the investigation continues. - Cheam Cottage Nursing Home (London Borough of Sutton) There is an on-going investigation led by London Borough of Sutton and an embargo on new placements whilst the investigation continues. Comments AD said that there needs to be a clear management process for Merton residents during safeguarding investigations. JK has proposed a Joint Quality Board with London Borough of Merton, and is in discussions with the Local Authority regarding this currently. Quality performance to be reported in the CCG Quality & Performance Report informed by CHC data, including Serious Incidents, Complaints and Grade 2 Pressure Ulcers JP said that work is progressing to strengthen the CHC team structure and improve governance processes. JP agreed to share the structure chart with the Committee.	JK JP
6	**To Note**	
6.1	Medicines Management Committee The Committee noted the approved minutes of the Joint MMC meeting held on 2 August 2013 and the feedback summary from the meeting held on 18 October 2013 and the following points were noted:- - Merton OOH formulary to be brought to the MCQC in January 2014 - Request for administrative support to be taken forward by JK.	Fwd Plan JK
6.2	Equality Impact Assessment (EIA) and Quality Impact Assessment (QIA) of QIPP Schemes (Ita Johnston) Merton CCG QIPP programme comprises of number schemes and	

	aims to deliver a total of £7.5m efficiency saving. Following an overview of quality in QIPP to this committee in August, this report aims to update the committee on progress made since August:- • The 2102/13 QIPP planning process did not include formal evaluation of Quality & Equality. • During May-June Quality & Equality impact assessments were developed. • From June-September training & staff engagement occurred to support the implementation. • As part of QIPP 2014/15 planning, Quality & Equality Impact Assessment form a fundamental part of the project development and completion of these aspects are a requirement for projects to pass the initial gateway review. Two examples of QIPP schemes assessed were presented and noted by the Committee. JK advised that Wasia Shahain, Equality & Diversity Manager is supporting the Commissioners to complete assessment of existing schemes focussing on those continuing into 2014/15. Going forward all new QIPP schemes will be EIA and QIA assessed. <u>Comments</u> CG asked that for 2014/15 QIAs should include patients and public involvement. Cynthia Cardozo ((CC) recognising the Committee's wish for QIA and EIA of all schemes, asked if the Committee would want to be involved in the QIPP approval process. In response the Committee suggested that a sub-committee of the Committee review QIPP schemes which relate to service changes and provide assurance to the Committee.	
6.3	<u>Meeting Planning</u> The Committee noted the Agenda for the 6th December meeting. It was agreed to add to the forward plan:- - Quarterly Surveillance Group approved minutes (JK) - Quarterly Service Re-design (AD)	
7	**Any Other Business**	
7.1	The next meeting will take place on Friday, 6th December 2013, 12.00 – 2.15 in Meeting Room 6.1, 120 The Broadway	

Agreed as an accurate account of the meeting held on Friday 8th November 2013

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Clare Gummett – Chair

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Date:

NHS
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Merton Clinical Commissioning Group

Finance Committee

Tuesday, 22nd October 2013

10.30 – 11.30

Meeting Room 6.2, 120 The Broadway, Wimbledon SW19

Present:

Members	Peter Derrick (PD)	Lay Member (Chair)
	Clare Gummett (CG)	Lay Member – PPI Lead
	Dr Andrew Murray (AM)	Governing Body GP Member
	Cynthia Cardozo (CC)	Incoming MCCG Chief Finance Officer
	Dr Howard Freeman (HF)	Clinical Chair
	Eleanor Brown (EB)	Chief Officer
In attendance	Adam Doyle (AD)	Director of Commissioning & Planning
	Carmel Harrington (CH)	Head of Acute Commissioning – SLCSU
	Yvonne Hylton (YH)	Committee Secretary – SLCSU
	Faiza Waheed (FW)	Head of Finance and Business - SLCSU

1.	Welcome, introductions and apologies The Chair opened the meeting and welcomed Carmel Harrington to her first Merton Finance Committee. Apologies for the meeting were received from Sion Gibby.	
2	Declarations of Interest A register of interests for the Committee members is held by SLCSU and available upon request. No additional interests were declared in relation to items on the agenda.	
3.	Minutes of meeting held on 19th September 2013 The minutes were agreed as an accurate record of the meeting. Action Log/Matters arising not on the agenda - CCG Access to Patient Identifiable Data (PID)	

	Carmel Harrington (CH) informed the Committee the 'workaround' whereby a small number of SLCSU staff had been seconded to the Health and Social Care Information Centre (HSCIC) has been extended until April 2014. HF referred to clinical audits and suggested a way forward. Following discussion and CH advising that SLCSU had been clear that GP access to PID must benefit the patient directly, HF agreed to discuss with David Stone, SLCSU Information Governance Lead, to clarify the position regarding clinical access to data, adding that it is imperative that the CCG has access to the data for the CCG to be able to carry out its work. AM added that the risk stratification work currently taking place in Practices is reliant on accurate acute data to ensure that high risk patients are not missed.	HF
4	<u>Standing Items</u>	
4.1	<u>Finance Report – Month 6 – up to 30.9.13</u> CC presented the Month 6 Finance Report and talked through the Executive Summary detailed on Page 2. At Month 6 the CCG are reporting on plan and forecasting to meet its planned surplus of £2.1m at financial year-end. However, this is only achieved by including all the CCG reserves and a return of the £1m contribution from the SWL risk pool, which has yet to be agreed. Three further adjustments have been made to CCG baseline allocation in Month 6:- 1. Specialised Commissioning reduction of £3.2m. The CCG have assumed a full year favourable adjustment of £1.7m leaving a shortfall of £1.5m. This is based on current work being undertaken by the London technical group which has been set up to review Specialised Commissioning adjustments across London. To date NHSE have accepted to fund growth of £20m. Merton CCG's share of the remaining £20m gap is £1.7m. 2. GP Led Health Centre additional resource of £0.8m. This is against a contract of £1m resulting in a £0.2m gap. AD advised that the CCG are in discussion with NHSE noting that the contract has not been novated to the CCG. AD informed the committee that NHSE had been informed at the assurance meeting that the over spend on this element of the contract will be their risk. 3. £12k reduction to the surplus brought forward from last year, which is based on actual year-end accounts. All Acute contracts are continuing to over-perform. CC said that although some improvement was seen in August the CCG are taking a prudent approach in light of winter pressures and forecasting the same year-end outturn as at Month 5 of £5.1m over-performance. QIPP. The CCG are reporting a year to date under achievement of £1m and forecast year-end £0.8m below target. This is due to a delay in the start of one of the largest schemes, "prevention of admissions" which commenced on the 1st October and is now beginning to deliver savings.	

	The key risks for the CCG are:- - All reserves used at Month 6 - £1.7m positive adjustment for Specialised Commissioning not agreed - £1m risk pool adjustment is not agreed by the SWL Finance Review Group (FRG). EB said that no decisions had been made to date and the FRG are expected to make a decision in December taking into consideration all other pressures i.e. Winter pressures. - Delivery of QIPP schemes during the second half of the year to achieve the anticipated savings. <u>Comments</u> In regard to specialised commissioning, HF said that a meeting is taking place next week to agree the final adjustment. In attendance will be Neil Ferrelly (CFO of Richmond and Kingston, who is leading for the CCGs) and David Slegg. PD asked on what basis the adjustments of £3.2m and £1.7m had been made. CC said that discrepancies and over-performance NHSE are seeing resulted in the £3.2m adjustment. HF added that no growth had been factored into the Service Level Agreements (SLAs) but NHSE have now accepted to fund £20m. From the remaining gap £1.7m is Merton's share. In addition, the position is being balanced at a London level at the moment whereas CCGs want to balance at a CCG level. CC asked the Committee to note that Sutton CCG and Merton CCG are being looked at together and she is meeting with Sutton CCG to discuss tomorrow (23.10.13). PD questioned how the risk pool with £8m across 6 CCGs will cover the specialised commissioning gap; and whilst accepting the financial position had concerns around the £1m adjustment. CC referred to Appendix 2 (page 18) and questioned the high variance against row 7 (South London & Maudsley Trust) and row 18 (Care UK Cumberland £1,613k). AD said that both are managed under Mental Health and these variances relate to high costs for individual patients. FW also explained that it was a presentation error and that the variance on row 18 needed to be looked at with the positive variance on row 21 where the budget for these costs was stated. CG asked for clarification of the under-performance of Interpreting Services (page 21) and AD advised that GPs are using different interpreting services. <u>Update from NHSE Assurance Meeting</u> CC updated the Committee on the assurance meeting with NHSE held immediately before this meeting and tabled the discussion paper. Actions to address financial performance were outlined in the paper and talked through the actions in place to improve financial performance. 1. Refining contract performance (Page 3) Data analysis of A&E attendance during GP hours at SGH – review to be completed by 8th November.	

	Non-elective analysis by HRG and diagnosis of General Medicines at SGH and Orthopaedics at ESH to be completed by 1st November. A review of Referral to Treatment (RTT) at SGH with a view to 'slowing down' the pathway to support winter pressures. In response to a question from CG, HF explained that RTT at SGH is around 7 weeks against a national target of 18 weeks, in addition, SGH are asking for 40 beds for winter. The aim will be to adjust RTT on a clinically appropriate basis to support winter pressures. CH advised that any RTT adjustments would need to be agreed with the host Trust and AD advised that meetings had been agreed with Wandsworth CCG. It was discussed that it would be in the best interests of the CCG to agree year-end financial positions with the main Providers as soon as possible. Analysis of challenges was outlined on Page 5. The CCG are looking at the 'most likely scenario' of £2m. CC explained that £600k relating to maternity is due to pathway changes earlier in the year. In relation to SGH where a "ceiling and floor" agreement is in place the figures are based on the "floor target" as at end of September. 2. Referral Management (Page 5) CC talked through the process and timeline with outpatient analysis issued to Practices by 25th October and practice meetings held in the first two weeks of November. Discussions and peer review of proposals will then be reviewed at Locality Meetings with agreed action plans fed back to Executive Management Team by the end of November and implemented during December. In response to the timetable AM said that it would be challenging for practice meetings to be arranged within 2 weeks and GPs would need to be very clear on the expected outcomes. 3. On-going review of QIPP (Page 6) CC & AD are reviewing all QIPP schemes and the background process in particular inclusion of GP engagement. 4. Practice Based Budgets (PBB) (Page 7) PBBs are being created to engage GPs. PBBs will be monitored at Locality meetings and reviewed by Executive Management Team on a regular basis. Overall EB/HF said that the assurance meeting had been positive, NHSE had recognised the work undertaken by the CCG between M4 and M5 and were assured that the CCG understand the issues and the actions in place.	
4.2	<u>QIPP Report</u> CC introduced this item. At Month 6 the CCG are reporting a year to date adverse variance of £1m	

	against a year to date plan of £3.6m. The full year forecast is under achievement of £0.8m against a full year plan of £7.5m. Improvements were seen in Month 6 due to over performance in the UCC at St Helier plan with GPs now recruited. In addition the Local Authority have agreed to fund the over-spend relating to the Integrated Community Equipment Services (ICES). AD informed the Committee Prevention of Admissions Team (CPAT) are now in place. Since October there has been 40 referrals preventing 22 admissions, 15 of which are Merton. In response to a question from AM, AD confirmed that Out of Hours Provider could refer into the service. PD asked what actions were in place to ensure the QIPP schemes for 2014/15 were robust and able to deliver. AD advised that work is already progressing. Commissioning Managers are meeting this week to review schemes and are working with GPs via the Clinical Review Group to develop project management schemes which going forward will be a regular agenda item on CRG and reviewed regularly at EMT.	
4.3	<u>Acute Activity Summary Report – Month 5</u> CH tabled the Acute Activity Summary Report. The report is based on SUS data and compares trends in activity over a period of time. It was noted that the report does not reflect contract or performance against plan. CH talked through the report and in summary:- - Outpatient 1st attendance YTD position shows an increase of 1.1% compared to the same period last year. SGH remain over in M5 by 1.9% whilst ESH have seen a reduction of 4%. There continues to be significant over-performance at Kingston of 15%. - A&E attendance is down by nearly 10% compared to last year with significant reduction in activity seen at SGH of 17%. ESH are down by 2%. - Outpatient overall YTD activity is up 3.9%. SGH is up 4.7%, Kingston 15% and significant increased across other Providers. Activity at ESH remains flat at 0.2%. - Elective admissions are up 1.8%. ESH have reduced by 4.5% and SGH are relatively flat at 1.6%. There continues to be large increases at Kingston 19%, Imperial 49% and Guy's and St Thomas 13%. - Emergency are up by 5%. SGH is up by 12.3% while ESH are down by 4.5%. Most other providers have seen a reduction in activity. Recognising that this was the first time the Committee had seen the report, EB advised that work is now underway led by AD/CC who are working with the Commissioning Team and GP leads to understand how going forward this report feeds into the overall CCG finance and performance reporting.	
4.4	<u>Legacy balances update</u>	

	FW introduced the report to provide an update on the legacy balances summarising the background, the current known position and the on-going processes and timeline. The assets and liabilities to be transferred to the receiving organisations have not been confirmed as yet, it is anticipated balances will be notified by November 2013. The Committee noted the report.	
5.	<u>Any Other Business</u> <u>GP Member</u> PD asked that Carrie Chill as the 2nd GP Governing Body Member be invited to attend the Committee as per the Terms of Reference. <u>Date of Next Meeting</u> Tuesday, 19th November 2013, 3.30-4.30 in Meeting Room 6.2, 120 The Broadway.	Tony Foote

Agreed as an accurate account of the meeting held on 22 October 2013

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Peter Derrick – Chair

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Date

NHS
Merton
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Merton Clinical Commissioning Group

Finance Committee

Tuesday 19th November 2013

Meeting Room 5.1, 120 The Broadway, Wimbledon SW19

Present:		
Members	Peter Derrick (PD)	Lay Member (Chair)
	Dr Andrew Murray (AM)	Governing Body GP Member
	Cynthia Cardozo (CC)	MCCG Chief Finance Officer
	Dr Howard Freeman (HF)	Clinical Chair
	Eleanor Brown (EB)	Chief Officer
	Carrie Chill (CC)	Governing Body GP Member
In attendance	Adam Doyle (AD)	Director of Commissioning & Planning
	Sion Gibby (SG)	Raynes Park Locality Lead
	Neil McDowell (NM)	Asst. Director of Acute Commissioning – SLCSU
	Yvonne Hylton (YH)	Committee Secretary – SLCSU
	Faiza Waheed (FW)	Head of Finance and Business - SLCSU

1.	<u>Welcome, introductions and apologies</u> The Chair opened the meeting and welcomed Carrie Chill to her first Merton Finance Committee. Apologies for the meeting were received from Clare Gummett.	
2	<u>Declarations of Interest</u> A register of interests for the Committee members is held by SLCSU and available upon request. No additional interests were declared in relation to items on the agenda.	
3.	<u>Minutes of meeting held on 22 October 2013</u> The minutes were agreed as an accurate record of the meeting with the following amendment: Under Item 4.2 Community Mental Health Team to be reworded to	

	"*Community Prevention of Admissions Team (CPAT)"* <u>Action Log/Matters arising not on the agenda</u> - <u>CCG Access to Patient Identifiable Data</u> (PID) NM informed the Committee that the CSU 'workaround' previously extended until April 2014 has now been extended for a further 12 months, during which time it is expected that there will be some relaxation of the access compliance arrangements for CSUs. In the meantime the CSU is working hard to progress matters. PD requested that an update is brought back to the next meeting in December.	NM
4	**Standing Items**	
4.1	<u>Finance Report Month 7 (CC)</u> CC presented the Month 7 Finance Report and talked through the Executive Summary detailed on Page 2 and the following points were noted:- At Month 7 the CCG is reporting achievement of plan and is forecasting to meet its planned surplus of £2.1m at financial year end. The Committee were asked to note the assumptions and key risks to achievement of the position as follows:- - Specialised Commissioning positive re-adjustment of £1.6m has not been agreed. A decision is expected on 20.11.13 and will be reflected in Month 8 reporting. - A refund of 1% Risk Reserve from the SWL Risk Pool has not been agreed. The SWL Finance Review Group (FRG) is considering all CCG requests at the same time bids will be received by the FRG in the second week of December with a decision expected in mid January 2014. - Sutton CCG's request for £1m of funding. This item is on the Agenda for discussion under Item 5.1. <u>Acute Commissioning</u> Acute Commissioning is forecast to over-perform by £5.6m for the full year. This is an increase of £400k from Month 6 mainly due to changes in the risk assessment of challenges at St George's and Epsom and St Helier NHS Trusts following quarter one review. On St George's performance NM said that even though a successful challenge was reported on critical care this was offset by an unsuccessful challenge on renal.. In summary NM said that performance had improved in Month 5 and 6 but early indicators were not so positive for October. The committee discussed the downward trend on A&E activity and the upward trend on non elective activity. It was stated that a high conversion rate was being seen and more activity with shorter lengths of stay in particular in the 2-3 day bracket. Reasons for this are being looked into to better understand activity drivers. NM explained that a performance	

	notice has been issued to ESH on their SLAM reports. The Committee noted that all challenges at ESH have been agreed for Quarter 1 apart from Maternity. <u>Non-Acute Commissioning</u> Forecast to under perform by £400k at year end. CC said this is a significant shift from Month 6 position resulting from a deep dive review of all non-acute commissioning. Key areas for note are:- - Norfolk Lodge £300k cost pressure due to QIPP programme not starting this year; - Continuing Care data issues. A meeting has been arranged with SLCSU (Jane Pettifer) to understand the issues and validate accuracy of reporting; - Prescribing budget is forecast to over-spend by £300k at year end, Chief Pharmacist's view is that the data as at Month 5 is not indicative of full year performance; - 111/Out of Hours minor over-spends reported due to low levels of activity and procurement of step in provision from 12 November; - Better Practice Payment Policy –The CCG are on target for volume of invoices paid but below target for value of invoices paid. - The cash balance at month-end position is positive at 3.8% against a target of 5% with the trend expected to continue. <u>Comments</u> SG asked if the CCG had agreed a year end position at SGH, in the event, for example of a flu epidemic resulting in a very high level of admissions. AD responded until data recording with regards to specialised commissioning had been resolved it was not likely, however, he was confident that an agreement with the Trust could be reached, albeit not quickly. PD asked if agreements would also be reached with ESH and Kingston; and CM/NM said that yes discussions would be progressed once the data recording issues are resolved. EB said in response to SG's reference to a Flu epidemic it was important for all GP Practices to be aware of CCG schemes to have assurance of CCG actions taken to mitigate winter pressures.	
4.2	**Quality, Innovation, Productivity and Prevention (QIPP) Report Month 7** The year to date (YTD) position shows £700k under-performance against a YTD plan of £4.2m. New schemes starting in the latter part of the year will help ensure that the under achievement does not increase further. The current forecast at year end is an under achievement of the QIPP net target by £1.3m, which is 17% below plan, a worsening position from month 6 by £0.5m.	

	The worsening position in month 7 was mainly due to the termination of the Urgent Care at Home Service (UCAH) contract; delay in Prevention of Admissions (POA) project and reduced savings in the Effective Commissioning Initiatives. AD informed the Committee that the CCG are working with SMCS to deliver the UCAH service by utilising CPAT capacity. SMCS have been asked to come back with an action plan next month. AD expects that the service could be implemented quickly with savings evidenced by year end. In response to a comment from HF regarding the reduction in projected savings for ECIs and the need to ensure that providers are meeting the criteria, AD advised that an audit of every ECI is underway.	
4.3	**Acute Activity Summary Report (NM)** NM tabled and talked through the Acute Activity Summary Report and the following was noted:- - 1st attendance referrals are up by 2.8% with a 7.8% increase from Month 5 to Month 6; - A&E Activity at SGH is down by 5.5%. The increase at ESH relates to a change in recording; - Emergency admissions have increased at SGH by 5.4%. - Elective is 'flat' across all Providers - Delivery Admissions reduction of 1.6% is not reflected in the maternity contracts with challenges across all Providers underway. <u>Comments</u> AD said that SGH's decrease in A&E and increase in short stay admissions is not reflected across other CCGS, including Wandsworth. Going forward the MCCG need to learn from other CCGs and ensure the learning is incorporated into CPAT's work as part of the CCG's assurance in managing winter pressures. CC asked if the Committee wished to receive this report going forward, noting that it does not reflect contract challenges or KPIs. The Committee recommended that going forward the report should be received by the Executive Management Team.	
5.	**For Approval**	
5.1	**Sutton and Merton budget apportionment** CC introduced the paper. Following the dissolution of PCTs on 31.3.13, the Sutton and Merton PCT budgets were apportioned on a fair shares basis to the CCGs with Merton receiving 50.27% and Sutton 49.73%. NHS Sutton CCG have requested a payment of £922k relating to budgets apportioned on a fair shares methodology on the basis that Sutton as the host commissioner of The Royal Marsden	

	Hospital (RMH), have historically had to top-up the overseas visitors allocation from the PCT budget and the Community Learning Disabilities Team services. The Committee were requested to review Sutton CCG's report attached as Appendix A and to:- a. Recommend action on Sutton CCG's funding request of £922k; b. Recommend the best course of action on current issues with Sutton CCG detailed in paragraph 4 of the paper; c. Recommend a way forward for future requests for funding and basis of charging/re-charging between the CCGs. <u>NHS Sutton CCG request for funding</u> To understand the breakdown and impact on both CCGs, PD asked FW to talk through the fair shares versus activity level apportionment. FW advised that Table 1 is a high level activity breakdown of all SMPCT budgets based on 2011/12 and 2012/13 activity levels where available. FW explained that a complete data set of activity split between the two boroughs is not available and that this is only a high level estimation. Table 2 takes the opening CCG budgets, based on the recurrent 2012/13 baseline, and activity levels based on percentages from Table 1 and appears to show that both CCGs have been funded fairly using the fair shares approach. The Committee discussed Sutton CCG's requests for funding and the following was noted and agreed:- <u>Overseas Visitors</u> Sutton CCG has requested a refund of £319k. CC advised that the service is funded by the Department of Health (DoH) and historically short falls in allocation have been funded by PCTs. SMPCTs final budget had allocated £654k for the shortfall. Sutton CCG's have requested the Merton CCG fair share apportionment of £319k. Following discussion the Committee declined Sutton CCG's request on the basis that it is an allocation issue to be resolved between Sutton CCG and the Department of Health/NHSE. <u>Community Learning Disabilities Team</u> Sutton CCG's have requested funding of £603k based on fair shares of the costs charged by the London Borough of Sutton (LBS), primarily forthe community learning disabilities team. Following discussion, the Committee asked for further information to understand the work carried out by the community team (hosted by LBS). Information on a break-down of costs and who the team cares for was requested. <u>Other Issues for discussion with Sutton CCG</u> (Para 4)	

	Contract Variation with SWLSTG (Norfolk Lodge decommissioning). Following the recent decision not to close Norfolk Lodge, Sutton CCG, who do not use Norfolk Lodge, has refused to accept the contract amendment to add back their share of the £344k cost pressure Following discussion and given that Sutton CCG do not use Norfolk Lodge the Committee accepted the contract amendment of £344k. Epsom & St Helier Paediatric Contract The service is commissioned as a block contract and the budgets between the CCGs were split on a fair shares basis. The provider has invoiced based on indicative activity levels and NHS Sutton has requested charging to be invoiced on a fair shares basis. It was agreed that as this is a block contract and accurate split of activity levels is not available it is okay for the provider to invoice on a fair shares basis. HF commented that a review of the Community Paediatrics contract should be carried out; AD advised that this will be picked up as part of a full review of the total ESH contract. Continuing Care Block Contract The Committee noted that Sutton CCG has re-charged Merton CCG on a fair shares basis on all the block bed agreements in Sutton. The SLCSU Continuing Care Lead (Jane Pettifer) has said that this does not reflect actual activity levels. Following discussion and noting the need for the contract to reflect the healthcare needs of Merton residents, the CCG recommended a fair share split of costs where there are block contracts in place and activity level information is not available and an activity level split of costs where contracts are based on cost and volume and/or activity information is available. Hexagon This is part of the Community Mental Health Contract. Sutton CCG has charged Merton CCG for Merton placements at Hexagon based on actual activity. The Committee recommended the disaggregation of activity. Action CC to formally respond to NHS Sutton CCG's, Chief Finance Officer.	CC
6	**Any Other Business**	
6.1	**SLCSU Letter re GP IT Capital Update for Merton** The letter was brought to the Committee for note. The notional allocation from NHSE for Merton CCG is £288k for ICT capital projects. Projected spend for this financial year is £680k resulting in a shortfall of £392k. Total spend to October 2013 is	

	£130k. The Primary Care team are meeting with SLCSU to agree prioritisation of projects.	
6.2	**Date of Next Meeting** Tuesday 10th December 2013, 2-3pm, 120 The Broadway, Wimbledon Due to the meeting being early in December the Finance Report will not be available for review and the following agenda items have been agreed:- - Medium Term Financial Strategy (MTFS) - Accommodation & Estates Update - Finance Performance and QIPP Update	

Agreed as an accurate account of the meeting held on 22 October 2013

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Peter Derrick – Chair

…….
Date

NHS
Merton
Clinical Commissioning Group

Merton Clinical Commissioning Group
Audit and Governance Committee

Monday, 16th September 2013

3.15 – 4.15

Meeting Rm 6.3, 12-0 The Broadway, Wimbledon,
London SW19 1RH

Present:- Members	Peter Derrick (PD)	MCCG Lay Member (**Chair**)
	Clare Gummett (CG)	MCCG Lay Member
	Mary Clarke (MC)	MCCG Independent Nurse Member
	Prof. Stephen Powis (SP)	MCCG Secondary Care Consultant Member
In attendance	Cynthia Cardozo (CC)	MCCG Chief Finance Officer
	Rebecca Chappell (RC)	Counter Fraud Team - SLCSU
	Nick Atkinson (NA)	Internal Auditor – RSM Tenon
	Sue Exton (SE)	External Auditor – Grant Thornton
	Sarah Ironmonger (SI)	External Auditor – Grant Thornton
	Tony Foote	Board Secretary - SLSCU

1.	<u>Introduction and Apologies</u> PD welcomed all to the meeting. Apologies for absence had been received from Eleanor Brown (MCCG Chief Officer) and Dr Howard Freeman (MCCG Chair).	
2.	<u>Declaration of Interest</u> No interests relevant to the agenda were declared.	
3.	<u>Minutes of previous meeting - 18th June 2013</u> The minutes of the above meeting were approved as an accurate record.	
4.	<u>Matters Arising -</u> Action Log of 18.06.13 The Committee noted the progress made on the various actions.	

	6.1.2 EB to indentify Local Counter Fraud Specialist Summary Jenny Kay had been identified for this role.	
5.	For Approval	
	5.1 Merton CCG (i) Financial Policies (ii) Scheme of Reservation and Delegation	
	(i) Financial Policies Cynthia Cardozo (CC) explained that a full list of all financial policies was contained at 2.2. of the document. Also, that most of the guidance in the policies were relatively old from Department of Health but remained current until replaced. Nick Atkinson (NA) said he had a few very minor suggested amendments, and that he would let CC have these outside of the meeting. The Chair agreed to this. **NA** Mary Clarke (MC) enquired about section 3.5 *Contractors and their employees*: did this include staff of the Commissioning Support Unit (CSU)~~?~~ CC confirmed that it did not and the CSU would have its own internal policies. MC was concerned that the policies lacked any specific relation to the CCG's Governing Body. CC replied that this was not necessary as anything significant decision would always require the consent of the Governing Body, and that the Schemes of Delegation contained details of the Governing Body's remit. (ii) Scheme of Reservation and Delegation The Committee noted the following changes: • For a contract to require a process of competitive tendering it must be of a value on £50,000 or more (previously £20,000) • Delegation of authority to CSU for continuing care invoices up to a value of £24,999. • Limit for CSU to approve non-contracted activity invoice increased from £1,000 to £5,000 MC asked whether these changes were consistent with practice throughout the NHS. CC stated that they were but would be happy to check. NA also said that he would see what standard practice was elsewhere. **CC & NA** The Committee agree ~~-~~they would be happy to approve the Financial Policies and the Scheme of Reservation and Delegation once the	

	minor amendments had been made.		
6.	<u>For Review</u>		
	6.1	Risk Register	
	CC introduced this item although, she informed the Committee, Jenny Kay was the CCG lead for the Risk Register. The Register had already been reviewed by the Clinical Quality Committee and the Board Assurance Framework, which the risk register feed into was intended for the November meeting of the Governing Body. The Chair commented that the previous version had differentiated between the strategic risks of the Board Assurance Framework (BAF) and the operation ones of the Register, but this current version did not and lacked clarity. Stephen Powis (SP) suggested that each version of the Register should include the date a risk was originally added and a general summary stating where risk scores had changed and why. SP also suggested that risks from the risk register with a scoring of 15 or more is too low for the BAF and 20 or higher is more appropriate. Mary Clarke (MC) said that the Clinical Quality Committee had requested that clinical quality risks be shown separately. They had also felt that there was still work to be done on the Register, including a review of the rating system used. SP suggested that the Register include the matrix by which ratings were calculated. Clare Gummett (CG) felt that the Register did not contain all the risks facing the CCG. The Chair expressed concern at the lack of progress with the Register, and felt that the current version represented a step backwards compared to previous. CC assured the Committee that work would continue, taking into account the concerns raised. There was then a more general discussion about the Risk Register and the following points were agreed: • That the Audit Committee should consider the BAF at every meeting. • That the Audit Committee should consider the Risk Register twice a year. • That the Audit Committee should only review specific operational risks if they were considered extreme.		

	6.2	Audit and Governance Committee Terms of Reference	
	CC explained that as the CCG was a new organisation, it was good practice for its committees to review their Terms of Reference after the first six months. It was agreed that 6.6.1 of the Terms of Reference be deleted. NA suggested that review of Tender Waivers, debt write-off and special payments/losses should be within the Committee's remit and would let CC have an example of this. The Committee agree they would be happy to approve the Terms of Reference once the minor amendments had been made. The Chair also requested that the Terms of Reference be reviewed again in March 2014.		**NA** **CC**
	6.3	Merton CCG's actions in response to the recommendations of the Joint Health Overview and Scrutiny Committee Report on NHS Croydon Finances	
	CC presented this item and explained that much of the work on the recommendation remained ongoing. CG enquired about recommendation 9.8.a – monitoring the number of interim employees – and that the assurance process for this was a report to the Remuneration Committee. The Committee agreed that this was not appropriate and should be deleted from the document.		**CC**
7.	<u>Auditors' Reports</u>		
7.1	<u>Counter Fraud Update</u>		
	7.1.1	Local Counter Fraud Specialist Summary Report	
	Rebecca Chappell (RC) presented this item and highlighted the following: • Work was ongoing, with Local Authorities, on policies that would document lines of responsibility. • RC would be meeting shortly with Jenny Kay, who had been identified as the CCG's Senior Bribery Compliance officer. • Work was ongoing to provide staff training in counter- fraud and anti-bribery. RC added that, at the previous meeting of the Committee, she had offered to clarify the CCG's responsibilities with regard to prescribing		

	fraud. She was now able to confirm that there was no expectation that the CCG would investigate fraud committed by a community pharmacist (or any primary care contractor). MC felt that the concerns expressed in appendix three of the Summary – that of recruiting temporary consultants that are not appropriately qualified – should be included on the CCG's Risk Register.		
	7.1.2	Fraud Newsletter	
	This item was noted by the Committee.		
7.2	<u>Internal Audit Update</u>		
	7.2.1	Progress Report	
	NA presented this item and informed the Committee that RSM Tenon had recently been acquired by Baker Tilly. The Risk Management division would become a full service line within Baker Tilly with all staff transferring. NA assured the Committee that this change would not impact on the delivery of the service and that he would continue as Head of Internal Audit. PD expressed some concern that a number of the assignments in the Internal Audit Plan were not due to commence until late in the year. NA explained that this was due to the nature of those assignments and an earlier audit would not be appropriate.		
7.3	<u>External Audit Update</u>		
	7.3.1	Verbal Report	
	Sue Exton (SE) presented this item and explained to the Committee that the appointment of Grant Thornton as the CCG's external auditors had not yet been formally confirmed. When this was confirmed the CCG would receive formal notification. SE added that she and Sarah Ironmonger (SI) were looking forward to becoming the CCG's external auditors, a role they filled also for Sutton CCG and, formerly, the Sutton and Merton PCT. The Chair welcomed SE and SI and asked whether they would be bringing the external audit plan to the December meeting of the Committee. SE stated that she hoped this would be possible.		

7.	Any Other Business	
	The Chair informed the meeting that the full members of the Committee wished to discuss the issue of future provision of audit services for the CCG. Accordingly, he requested RC, NA, SE and SI to leave the meeting and thanked them for their participation. Those requested duly left the meeting. CC explained that the current contract with RSM Tenon (for internal audit services) expired on 31st March 2014. This was the same for all CCGs as the initial contract was limited to twelve months. Accordingly, the CCG now needed to go out to competitive tender for internal audit services. It was suggested that counter fraud services could also be included in this process and the Chair said he was happy to do so. CC added that the current fraud services contract did not expire until 30th September 2014. CC informed the Committee that there were two frameworks from which they could choose to take the process forward. There was also need to give thought to the possibility of working with other CCGs and potential economies of scale. The Committee felt strongly that it required more information. Ideally a paper showing the options available; the advantages and disadvantages of these; what other CCGs were doing, timescales and the recommendations of the Chief Finance Officer. CC said she would produce an appropriate paper to share with the members. The Committee also decided to "meet" online to review the paper produced by CC and agree next steps.	**CC** **All**
8.	Future Meeting Dates 10th December 2013	

Agreed as an accurate account of the meeting held on the 16th September 2013.

Mr Peter Derrick - Chairman

Date: