

Matters Arising /Action Points from the July 2015 Merton CCG Governing Body meeting					MCCG GB Sept.15
Date	Item	Title and Action Required	Lead	Comments	Outcome
23.07.15	4.1	<u>NHSE and Local Merton CCG Balance Scorecard</u> CC to look into the possibility of giving greater detail – which types of cancer - regarding the cancer measures,	CC/ AD	AD had asked his team to provide greater detailed assurance regarding the cancer measures. A report on this will be presented to the September Governing Body meeting.	
23.07.15	6.1	<u>Board Assurance Framework</u> Risk 7.9.1 – a risk related to safeguarding children to be included.	LS	Complete. Risk added and reviewed at Merton Clinical Quality Committee on 11 September 2015.	Completed
23.07.15	6.3	<u>Procurement Strategy</u> Further work on formulating appropriate wording to stress the importance of quality in the procurement process. The Quality Strategy to be included in the list of Associated Policies and Procedures. The Governing Body's assurance role to be mentioned on pg. 7.	CC CC CC	All actions taken. Revised Procurement Strategy on intranet.	Completed
23.07.15	6.4	<u>CCG Policies</u> The Equality Impact Assessments should be included with the policies. LS to consult with HR to ascertain whether further changes to the redundancy section of the policy were required with regard to the new roles for NHSE.	LS LS	Copies of assessments requested from HR. To be included on the website. Policy wording links staff to the latest Agenda for Change Handbook which contains the most up to date information on redundancy.	Completed

23.07.15	7.1	<p><u>NHSE and Local Merton CCG Balance Scorecard</u> AD to clarify the target increase (15%) for the Quality Premium measure for the proportion of BME people entering IAPT treatment.</p> <p>LS to take forward a “deep dive” into the impact following the introduction of the Holistic Investigation and Rapid Investigation service at the Nelson Health Centre.</p>	<p>AD</p> <p>LS</p>	<p>Merton CCG exceeded the agreed target with 888 people from BME groups accessing IAPT against the local target of 684. The CCG achieved the target each month, however due to continued focus on delivering the IAPT access target, there was a further increase in the number of people from BME groups accessing IAPT.</p> <p>Deep Dive scheduled to review the first six months of service provision (April – September).</p>	
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