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MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 24th November 2016

Agenda No: 7.1

Attachment: 08

Title of Document: Approved Minutes of the Clinical Quality Committee	Purpose of Report: For Note/Discussion
Date, author details: As per details on each attachment.	
Executive Summary: The minutes of the following meetings are attached: 15.09.16; 05.10.16. This item will also include a verbal summary from the Committee Chair regarding key issues, risks and mitigations.	
Key sections for particular note (paragraph/page), areas of concern etc: Whole document	
Recommendation(s): For Note & Discussion	
Committees which have previously discussed/agreed the report: N/A	
Financial Implications: N/A	
Implications for CCG Governing Body: N/A	
How has the Patient voice been considered in development of this paper: N/A	
Other Implications: N/A	
Equality Assessment: N/A	
Information Privacy Issues: N/A	
Communication Plan: All formal committee minutes are posted on the CCG's website as part of the Governing Body papers	



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CLINICAL QUALITY COMMITTEE MINUTES

Thursday 15 September 2016

Meeting Room 6.1, 120 The Broadway, Wimbledon

Attendees:

Clare Gummett (CG) – Governing Body Lay Member for patients and public engagement
Dr Anjan Ghosh (AG) - Public Health Consultant
Julie Hall (JHa) – Governing Body Nurse Member
David Parry (DP) - Head of Quality
Lynn Street (LS) - Director of Quality and Governance

In Attendance:

Ian Horrigan (IH) - Performance Manager
Angela O'Connor (AO'C) – Performance Manager SECSU
Prof. Stephen Powis (SP) - Secondary Care Consultant
Jane Byworth (JB) – Commissioning Manager Non-Acute Services
Patrice Beveney (PB) – Senior Mental Health Commissioning Manager
Karen Parsons – Deputy Director of Commissioning Operations
James Holden (JH) - Commissioning Manager
Aniko Szucs (AS) – Senior Commissioning Manager
Yvonne Hylton (YH) – Minutes

Apologies:

Chris Clark (CCI) – Deputy Director of Performance and Informatics
Dr Karen Worthington (KW) - Locality Lead for East Merton
Dr Tim Hodgson (TH) - Locality Lead for West Merton

Item	Agenda Item	Action
1.	Welcome and Apologies for Absence	
	CG welcomed all to the meeting and noted the apologies received.	
2.	Declarations of Interest	
	JHa declared an interest that she would be starting a new role on the 24 th October 2016 as The Designated Adult Safeguarding Nurse for Hillingdon CCG. With inclusion of the above interest the register was approved as an accurate record.	
3.1	Minutes of previous meetings	
	The minutes of the meeting held on 12 August 2016 were approved as an accurate record.	
3.2	Action Log and Matters arising	
	The action log was reviewed and updated as follows:- <u>Item 5.2 Quality and Performance - RTT at SGH</u>	

	<p>SP said that he would be happy to share the lessons learned from previous experience. SPs contact details have been shared with the Trust and contact made.</p> <p><u>Item 8.1 Patient Representative Member</u> LS and CG to look at a process for Patient Representatives to attend meeting of the Committee.</p> <p><u>Item 5.4 Risk 954</u> In light of the actions taken by the CCG, CG has asked if the risk rating could be lowered. It was subsequently agreed that the risk be removed and re-worded. LS said she would discuss with Internal Audit how risks are managed within the organisation going forward.</p> <p>There were no matters arising not on the agenda.</p>	
4	For Approval/Discussion	
4.1	<p><u>Quality Update</u> LS provided a verbal update on activity during the last month:</p> <p>Agreement has been reached with Wandsworth CCG that they will manage the Wandsworth Expert Patient Programme from 1 October. The Wandsworth model is focused on self-management and a number of conferences are arranged starting with 5 October.</p> <p>Continuing Healthcare Previously Unassessed Periods of Care (PUPoC) is on track for the original cohort of patients to be completed by the 30 September. A further cohort of 12 patients has since been identified and a deadline of 31 December has been agreed with NHSE.</p> <p>LS attended the SWL DoQ meeting. NHSE presented a Quality and Risk Profile tool which has been piloted to standardise the approach to assessing quality in providers.</p> <p>EPRR self-assessment has been submitted to NHSE as part of the annual assurance process. There was one area rated 'Amber' which relates to staff training.</p> <p>Evaluation of Commissioned Services work is on-going.</p> <p>Safeguarding Annual Reports to be signed off by GB on 29th September.</p> <p>Statutory Obligations Report is on the agenda. Subject to approval the report will be presented to the GB on 29th September.</p>	
4.2	<p>a. <u>Quality and Performance Report Month 3</u> IH presented the Month 3 report.</p> <p>The Month 3 Quality & Performance Report provides a June 2016 update to the Committee on CCG achievement against national and local performance and quality standards. Where issues are highlighted and an exception report has been provided, more recent performance information has also been included where it is available.</p> <p>The report covers the main performance and quality priorities: Better Health and Better Care informed by nationally defined objectives for commissioners in the NHS Constitution and CCG Improvement and Assessment Framework 2016-17.</p>	

	<p>Exception reporting as well as key quality metrics such as provider quality of service, serious incident and amber alerts reporting is also included highlighting actions being taken to address any performance issues with progress to date.</p> <p>Key points for note:-</p> <p>The 92.0% target for patients waiting 18 weeks or less from referral to hospital treatment that was achieved for May 2016 has continued to be achieved in June, with performance at 92.9%. However, this is the first month where St Georges is not formally reporting waiting time performance.</p> <p>SP asked if the CCG were confident of the waiting times reported at SGH. IH responded that Trust data is received by the CCG, but not reported nationally, however the CCG will not be fully assured until the system failures at the Trust are resolved.</p> <p>A&E waits target 95% was not achieved by ESH, SGH or Kingston however some improvement was seen at ESH reporting 94.6%.</p> <p>Cancer Waits 31 day standard at SGH has improved but is still below target. This was due to 2 breaches out of 48 pathways due to capacity issues.</p> <p>100 day waits for cancer treatment. 2 patients breached the target in June due to capacity issues which led to delays in diagnosis and analysis of test results. Both breaches were considered avoidable.</p> <p>The outcome of a report in Cancer Waiting times is awaited.</p> <p>LS said that all Root Cause Analysis are reported to the CQRG and the Trust has committed to providing more robust feedback to demonstrate harms.</p> <p>LS said that it is a requirement for all 100 days breaches to be reported to the Governing Body through the Quality Report.</p> <p>SP said that it is important that staff undertaking RCAs have been trained to ensure that RCAs are of good quality, timely and demonstrate learning.</p> <p>LS said that she would share the 100 day breach RCA with the Committee when available.</p> <p>IH said the clinical areas and scoring process for the CCG Assurance Framework have now been released and agreed to bring a short paper on this back to the Committee in October. IH to action.</p> <p>AO'C talked through the Serious Incident reporting. 12 new SIs have been reported at SWLSTG. AO'C said that whilst reporting has improved there is more work to do. LS said that NHSE has asked the CCG at the last assurance meeting how the CCG is assured.</p> <p>Amber Alerts. 37 were reported in June the majority of which related to SGH.</p> <p><u>Recommendation</u> The MCQC APPROVED the report.</p>	<p>LS</p> <p>IH</p>
	<p>b. <u>Urgent Care Thematic Review</u> The Chair invited Jane Byworth to present this item.</p>	

A summary of performance relating to 111 services, Out of Hours services and the Wilson Walk-in Centre was presented to the meeting.

111 Service Update

This service continues to be provided by Care UK, but as of 28 September 2016 Vocare will be the main provider of this service across SWL. A desk top exercise in preparation for Go Live has taken place and went well.

JB highlighted a staffing concern with rotas only 50% complete and incentives offered to agency staff to ensure the rota can meet demand.

DP said that this was a risk particularly in the approach to Winter.

CG said that she did not feel that this gave the CCG assurance that the system was working for people in Merton.

KP asked if there was a contingency plan and JB said that Vocare has a full establishment in the North of England which could provide cover if needed.

JB then highlighted an issue which the CCG has been made aware of. Vocare are to mobilise another service the week after Merton and had not informed the CCG. JB said that a daily telephone call is taking place to check rotas.

OOH Service

The Out of Hours (OOH) service is similarly provided by Care UK and it works alongside 111 to deliver primary care services, outside of normal surgery hours, to the population of Merton CCG.

There has been good overall performance for Merton patients.

Home visit performance shows that the target for urgent patients (to be visited within 2 hours) was achieved in April and May 2016, but has since declined due to the start of school holidays and Eid at the beginning of July.

Responses to the patient satisfaction (friends and family) survey were largely positive.

Wilson Walk-in Centre

The Wilson Walk in Centre in Mitcham provides access to treatment for all non-emergency cases to local residents and the visiting population with the aim to prevent an unnecessarily visit to Accident & Emergency Department.

There were 7,427 cases in Q1 2015/16, an increase of 12.0% on the same period in 2014/15. Looking at where patients live, and splitting the data between "Merton" and "Other", we can see that there was an increase in the proportion of 'Other'. This has reduced slightly in Q1 2016/17 however the proportion remains high for these patients.

Comments and Questions

CG asked if all attendances at the Walk-in-Centre both Merton and Other were paid for by Merton CCG. JB said yes and then re-charged back to the appropriate CCG.

	<p>In response to a question on the patients attending the walk-in-centre, JB said that it was primarily people not registered with a Merton GP.</p> <p>The Chair thanked JB for presenting to the meeting.</p> <p><u>Recommendation</u> The MCQC NOTED the thematic review.</p> <p>JB left the meeting.</p>	
	<p>c. <u>Mental Health Thematic Review</u> The Chair welcomed Patrice Beveney to the meeting.</p> <p>MCCG revised primary mental health care provision in the borough in 2015. One new service, Complex Depression and Anxiety Service (CDAS) became operational in January 2015, and a new IAPT provider was selected through an open tender and commenced on 1 October 2015.</p> <p>Both of these new services represent a significantly improved service offer for the local population, although further improvement from both services is required.</p> <p>Both services are under used and have ground to make up to deliver key performance and qualitative requirements.</p> <p>There are remedial processes and action plans in place with both services, which are being monitored by commissioners through their respective contracts.</p> <p>IAPT Since May 2016 the service has met the national waiting times target and this is expected to continue.</p> <p>The key focus now is on achieving the recovery rate target, however there are very low numbers of patients entering the system and the reason for this needs to be understood.</p> <p>KP said that PB is working closely with the Provider and there has been lots of communication and engagement with GPs to understand why people are not referring in to the service.</p> <p>CG welcomed this but said that she was concerned that the service was not being provided at the time of day and in venues most accessible to the needs of patients, particularly those in work, and so was not assured that all patients in need of this service were being targeted.</p> <p>AG asked why 'no data' was available CM14 'percentage of BME patients referred' IH said that the data was captured but due to technical issues the CCG was not able to access the data. On behalf of the CCG, the CSU are working to resolve this issue.</p> <p>Complex Depression and Anxiety Service (CDAS) The Merton CDAS is provided by SWLSTG and is intended to strengthen primary care services and to meet the needs of people who may fall into the gap between primary care and secondary mental health services.</p> <p>PB said that whilst the feedback from those using the service is very good the KPIs have not been met.</p>	

	<p>The key issue is that the staff establishment has never been fully recruited to. A Service Development Improvement Plan is now in place with the Trust to increase staffing levels with the aim that improved performance is seen.</p> <p>CG thanked PB for presenting to the meeting.</p> <p><u>Recommendation</u> The MCQC NOTED the thematic review</p> <p>PB left the meeting</p>	
4.3	<p><u>Sexual Health and Termination of Pregnancy Services</u> The Chair welcomed Aniko Szucs to the meeting.</p> <p>AS presented a paper describing the 2015/16 activities and service provision in relation to termination of pregnancy, HIV respite and assisted conception services.</p> <p>NHS termination services are currently commissioned from St George's Healthcare NHS (SGH) Trust (2 clinics per week), British Pregnancy Advisory Service (7 day/week service) and Marie Stopes International (MSI) (6 day/week service).</p> <p>Marie Stopes International (MSI) opened an Early Medical Unit (EMU) in Wimbledon in June 2016 for women requiring access to a medical termination under 9 weeks of gestation. Other than this, there are no other services located in Merton and most women requiring a termination are accessing services in Streatham, Brixton or at SGH in Tooting.</p> <p>MSI has informed MCCG of a partial service suspension following a CQC visit. The reason for the partial suspension was that they did not have 90% level 3 safeguarding training compliance and that their anaesthetic policy were not signed off by their medical board at the time of the CQC visit. They are working closely with NHSE and the CQC to resolve the issues with an expectation that services will be resumed in October.</p> <p><u>HIV respite service</u> Throughout 2014/15 there was no HIV respite activity, therefore MCCG terminated the contract with Mildmay. Merton patients can still be referred for HIV respite funded by MCCG on a case by case basis.</p> <p>CG asked if patients are aware of this service given that there has been no activity. AS said that each patient will have a specialist nurse who is aware of the service.</p> <p><u>Assisted Conception Services</u> MCCG currently funds only one cycle of IVF for those who meet the eligibility criteria which is below NICE guidance.</p> <p>There was one complaint investigated by MCCG related to a provide not following the policy and as a result a couple received an invoice for cryopreservation of embryos unexpectedly. Measures have been put in place to avoid further incidents of this nature.</p> <p>The Chair thanked AS for presenting to the meeting.</p> <p><u>Recommendation</u> The MCQC NOTED the report.</p> <p>AS left the meeting.</p>	
4.4	<p><u>MCCG Statutory Obligations Report 2015-16</u> The Chair welcomed Michele Wallington to present the report.</p>	

	<p>This report demonstrates how Merton Clinical Commissioning Group (CCG) has involved patients, members of the public, local communities, carers, local groups and organisations in shaping health services in the borough between 1 April 2015 and the 31 March 2016.</p> <p>The report details how Merton CCG has fulfilled its statutory obligation to involve patients and the public in commissioning activity to include both individual and collective duties.</p> <p>The report is required to follow a NHS template and to be submitted to NHS England by 31 October 2016 and published on Merton CCG website on or by that date.</p> <p><u>Comments</u></p> <p>MW referred to the Healthwatch suggestions and said that subject to resource these would be added to the work plan for next year.</p> <p>The Committee suggested a presentational change for the report to be left hand justified.</p> <p>CG said that the report was very good but that the work with ethnic minority groups needs to be reflected in the future.</p> <p>MW said that it is important that going forward all regular PPE and engagement activity undertaken by the CCG on a regular basis is included in the report</p> <p><u>Recommendation</u></p> <p>The MCQC APPROVED the report and recommended formal approval by the GB on 29 September.</p> <p>MW left the meeting.</p>	
4.5	<p><u>Complaints and PALS Q1 Report</u></p> <p>LS presented the Q1 report.</p> <p>CG referred to Page 14 and the comment that the “<i>CCG will be monitoring the MSK service provided to Merton patients to ensure these are of the highest standards</i>” which needs to explained.</p> <p>LS agreed to feed this back and said that following review at EMT it was agreed that the report must be reformatted to include themes and clearly describe the issues and action taken to resolve the complaint. The new reporting format will be in place from Q2.</p> <p><u>Recommendation</u></p> <p>The MCQC APPROVED the report.</p>	
4.6	<p><u>Safeguarding Adults Q1 Report</u></p> <p>DP introduced the report.</p> <p>In Q1 there were 107 safeguarding adults alerts of which 15 remain open.</p> <p>There were 59 Deprivation of Liberty applications the majority of which related to mental health issues (121).</p> <p>JHa commented that the number of applications was low and LS said benchmarking Merton data against a similar CCG would be useful.</p>	

	<p>MCCG self-assessment audit was presented to the Merton Safeguarding Adults Board's away day on 24th May and was well received.</p> <p>In Q1 48 MCCG staff received training including substantive and interim staff. It continues to be difficult to roll out training to all staff, due to the high turnover of interim staff recently joining the CCG.</p> <p>DP has maintained close links with NHSE dedicated Prevent team and represented the CCG at the Merton based Prevent/Channel panel on 13th April where it was reported that there were four Merton cases being monitored by the Metropolitan police.</p> <p>Further Prevent awareness training for MCCG staff in partnership with MCCG's Children's safeguarding lead is being planned and is expected to take place in November 2016.</p> <p><u>Comments</u></p> <p>JHa commented on the low number of DoLS applications report. DP responded that all safeguarding alerts are sent to the LBM and gave assurance that all staff had received training however there was a concern that issues were not being reported. LS said that Merton data benchmarked against a similar Borough would be useful.</p> <p><u>Recommendation</u></p> <p>The MCQC APPROVED the report and recommended formal approval by the Governing Body.</p>	
4.7	<p><u>Safeguarding Children Q1 Report (2016/17)</u></p> <p>Liz Royle presented the report advising that the actions for Q1 have been completed with the exception of the appointment to the Named GP role.</p> <p>Actions for Q2 are being progressed and are almost complete.</p> <p>SP asked about the Named GP role, LS said that discussions are taking place including incorporating roles for safeguarding into the Clinical Director roles to cover some statutory duties with support provided by the CCG.</p> <p>A Safeguarding Children in Merton Policy is being finalised.</p> <p>Serious Case Review for Child B will be published and a Child Learning Improvement Review is taking place. A briefing will be provided to Primary Care when complete.</p> <p>Children Looked After Initial Health Assessments are of most concern. IHA are provided by ESH and CLCH and work is taking place to increase take-up including helpful Children and Young People understand the benefits to them.</p> <p><u>Recommendation</u></p> <p>The MCQC APPROVED the report and recommended formal approval by the Governing Body.</p> <p>LR left the meeting.</p>	
4.8	<p><u>Community Services post 90 day mobilisation report</u></p> <p>KP presented this report.</p> <p>Upon service transfer on 1st April 2016, services continued largely seamlessly for both CLCH and Connect services. Feedback from stakeholders was requested both at go live and post mobilisation. Very</p>	

	<p>little negative feedback has been reported. When discussed at CRG, clinicians remarked how smoothly the transition had taken place. Some issues were identified and these are detailed further in the report.</p> <p>Eight key lessons learned area have been identified:-</p> <ul style="list-style-type: none"> • Project/ Programme Management • Leadership • Workforce • IM&T, Estates and Equipment • Communications • Disaggregation/ out-going provider • Contract • Business Intelligence <p>Actions will now be put in place including a review of the CCG procurement policy and strengthening of the Programme Management Office.</p> <p>CG said that she was impressed with the feedback provided to the Committee.</p> <p><u>Recommendation</u> The MCQC NOTED the report</p>	
4.9	<p><u>Continuing Healthcare Report</u> JH presented the CHC report.</p> <p>It has become apparent that CLCH do not have the capacity to deliver some of the key transformational pieces that we need due to position of the service upon transfer. We have considered the support required and have recruited on an interim basis to ensure the effective implementation of the new Operating Model and Process.</p> <p>Previously Unassessed Periods of Care delivery remains a large risk to the CCG. NELCSU, were sub contracted by the SECSU to deliver all cohorts of PUPoC and are committed to completing all Cohort A assessments by 30 September 2016. A further Cohort (C) now identified will be completed by end of December 2016. This has been agreed with NHSE.</p> <p>Recruitment to permanent posts remains one of the largest risks to service delivery. CLCH has been actively recruiting throughout the last 4 months but have been unable to find the right calibre of staff to fill the two 8A senior nurse roles and has agency covering one of the band 6 roles.</p> <p>CG said that she was very concerned that there was support for people going through the CHC process and found to no longer qualify.</p> <p>DP said that the CHC panel has made a vast difference as in the past assessments has been very poor and it is important that people are correctly assessed.</p> <p>LS said that now the Policy and Process is agreed it is important that we get this right and it is embedded into the organisation.</p> <p><u>Recommendation</u> The MCQC NOTED the report</p>	
4.10	<p><u>Local Quality Indicator and CQUIN outcomes from 2015-16 and incentives agreed for 2016/17</u></p>	

	<p><u>Community Services (CLCH)</u></p> <p>KP requested that the LQIs for Community Services be deferred to the October meeting. The Chair agreed the request.</p> <p><u>SWLSTG CQUIN report</u></p> <p>Patrice Beveney re-joined the meeting to present the report.</p> <p>Of seven schemes agreed with SWLSTG in the contract in 2015/2016, six were fully met; one was partially met. PB talked through each scheme as described within the paper.</p> <p>For 2016/2017 there are five schemes, two national, concerned with staff welfare and the physical health of patients respectively. The other three are concerned with the development of new urgent care pathway services for mental health service users.</p> <p>CG asked if the Mental Health Forum were aware of the incentives and PB confirmed that they were.</p> <p><u>Recommendation</u> The MCQC NOTED the update.</p>	
8	Any Other Business	
8.1	<p><u>Work Plan</u> The MCQC noted the work plan for 2017/18.</p>	
8.2	<p><u>Feedback to Governing Body</u></p> <ul style="list-style-type: none"> - QIPP report from August meeting - Kingston Hospital presentation - 100 day breach at SGH - IAPT performance - Thematic reviews - Continuing Health Care - 111 service performance 	
8.3	<p><u>Date of Next Meeting</u> Wednesday 5th October 2016, 10am to 12.30pm, MR 6.2, 120 the Broadway, Wimbledon</p> <p>Key Focus: SWLSTG</p>	



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CLINICAL QUALITY COMMITTEE MINUTES

Wednesday 5 October 2016

Meeting Room 6.1, 120 The Broadway, Wimbledon

Attendees:

Clare Gummatt (CG) – Governing Body Lay Member for patients and public engagement
David Parry (DP) - Head of Quality
Lynn Street (LS) - Director of Quality and Governance
Dr Tim Hodgson (TH) - Locality Lead for West Merton

In Attendance:

Ian Horrigan (IH) - Performance Manager
Angela O'Connor (AO'C) – Performance Manager SECSU
Prof. Stephen Powis (SP) - Secondary Care Consultant
Jane Byworth (JB) – Commissioning Manager Non-Acute Services
Patrice Beveney (PB) – Senior Mental Health Commissioning Manager
Liam Williams (LW) – Director of Commissioning Operations
Chris Clark (CCI) – Deputy Director of Performance and Informatics
Yvonne Hylton (YH) – Minutes

Apologies:

Dr Anjan Ghosh (AG) - Public Health Consultant
Julie Hall (JHa) – Governing Body Nurse Member
Dr Karen Worthington (KW) - Locality Lead for East Merton

Item	Agenda Item	Action
1.	Welcome and Apologies for Absence	
	The Chair welcomed all present to the meeting advising that as the meeting was not quorate the decisions made by the Committee would be ratified at the next meeting on 2 November.	
2.	Declarations of Interest	
	Liam Williams and Chris Clark to be added to the Register. With the above noted the register was agreed as an accurate record.	
3.1	Minutes of previous meetings	
	The minutes of the meeting held on 15 September was approved as an accurate record.	
3.2	Action Log and Matters arising	
	The action log was updated and will be re-circulated to the meeting.	
4	For Approval/Discussion	

4.1	<p><u>Quality Update</u></p> <p>LS provided a verbal update and the following points were noted:-</p> <ul style="list-style-type: none"> - Patients and Public Involvement Report has been approved by the Governing Body - SGH CQC inspection report is expected to be issued in the next 2 weeks. - SWLSTG CQRG processes have improved. A revised workplan has been agreed, papers are being received and circulated a week before the meeting and a commissioner pre meeting conference call established. The DoQ attended the AGM positive feedback had been received from the CQC return inspection; - DP/CG have made an announced visit to SWLSTG on 4 October - EDS Workshop is taking place on 6 October which draws on E&D data and themes from the staff survey - Emergency Planning self-assessment has been submitted. The CCG has self-assessed as having substantial assurance. 	
4.2	<p>a. <u>Quality and Performance Report Month 4</u></p> <p>CCI asked that the Cancer thematic review is deferred to the November meeting and this was agreed by the Committee.</p> <p>CCI then explained the governance arrangements for quality reporting advising that the full report will be reviewed by EMT and MCQC and a summary report presented to the Governing Body.</p> <p><u>Month 4</u></p> <p>The Month 4 report provides an update on performance in July 2016 against national and local performance and quality standards. Where there are issues an exception report is provided and a verbal update on more recent performance is provided where available.</p> <p>Key points:-</p> <p>For the 3rd month in a row, the 92% target for patients waiting 18 weeks or less was achieved reporting 92.4% in July. As previously noted, St Georges is no longer formally reporting waiting time performance as of month 3 (June 2016).</p> <p>CCI stated that a shift in referrals from SGH to ESH is seen and the CCG will want assurance that ESH has capacity to manage the increased activity.</p> <p>TH asked about utilisation of the Nelson and said that it is not an option on Choose and Book. CCI responded that from April 2017 all referrals will be electronic, and the aim is to support SGH by increasing referrals to the Nelson starting with services which are most challenged. TH said that the message to Primary Care needs to be re-phased with the emphasis on the improved patient experience and outcomes as patients are able to access treatment faster.</p> <p>London Ambulance Service performance is under performing across London but is good in Merton reporting 88.6% of Cat. A call responded to within 8 mins.</p> <p>A&E 4 hour waits are continuing to underperform at all 3 acute Trusts in July.</p>	

	<p>IAPT access is not achieved. CG said that she was concerned that the access times were not appropriate for working people. CCI said that he would check and include in next month's report. A performance notice has been issued in light of poor performance and a meeting to agree an action plan will take place. If this cannot be agreed contractual levers will be applied. TH said that given that new service has been operational since April performance is very poor and asked that it is noted that whilst patients self-refer the majority are given the information by their GPs. CG reiterated the need to understand the reason access is so poor.</p> <p><u>CCG Improvement and Assessment Framework for 2016/17</u> IH advised that it was agreed nationally that an initial baseline rating for six clinical priority areas, cancer, dementia, diabetes, and Learning disabilities, maternity and mental health would be published. The rating has been derived from the indicators in the new framework looking at CCGs' current baseline performance using the most recent data available as at the end of June 2016. The baseline rating provides a starting point for future assessments. IH said that methodology concerns have been fed back to NHSE, and CCI said that this was welcomed as an opportunity to discuss recognising that the framework is new and will be further developed.</p> <p>CG expressed concern that Community Service performance reporting was poor and did not give assurance that patients are receiving the care they require. CCI responded that a performance notice has been issued and a remedial action plan agreed which will be monitored through the Contract Review Group. LS advised that performance has been discussed at the CQRG and quality concerns escalated to the Contract Review Group.</p> <p><u>Recommendation</u> The Members present APPROVED the Quality and Performance Report.</p>	
4.3	<p><u>Quality Risk Register</u></p> <p>Risk 1038 has been added to the register. This replaces risk 954, which the Clinical Quality Committee previously agreed was no longer relevant and should be removed. The committee should consider whether risk 1038 should be added to the Governing Body Assurance Framework, as risk 954 was previously included on it.</p> <p>Risk 1012 has been divided into two risks and is now encompassed by risks 1012 and 1037. This is to reflect the safeguarding risk both internally within the CCG and in relation to commissioned service providers.</p> <p>The Committee were satisfied that the two risks fully reflected the safeguarding risks and asked that Risk 791 (S/G Adults) is divided and brought back as the area of focus to the next meeting. LS asked that DP works with TB to update the risk register.</p> <p><u>Recommendation</u> The Members present APPROVED the Quality Risk Register</p>	DP/TB
4.4	<p><u>Staff Survey</u></p> <p>LS provided a verbal update to the Committee advising that the staff survey was a repeat of last year's questions which were developed locally by staff with support from the CSU.</p> <p>The outcome from the survey highlighted themes that related primarily to</p>	

	<p>an increase in bullying and the impact of a number of interim staff within the CCG over the previous year..</p> <p>LS advised that at the EDS workshop on 6 October the findings will be considered and reported back to the next E&D meeting which reports to the Quality Committee</p> <p><u>Recommendation</u> The update was NOTED by the Committee.</p>	
4.5	<p><u>Acute Trust CQUINs and Community Services Local Quality Incentives outcomes 2015/16 and proposed schemes for 2016/17</u></p> <p>The Chair welcomed David Boothroyd to present the reports.</p> <p><u>Acute</u> DB presented the report to outline the CQUIN achievement at St Georges, Epsom and St Helier and Kingston Hospitals for 2015/16 as well as the CQUINs agreed at these Trusts for 2016/17. National and Local CQUINs were agreed and Providers were only paid where these were achieved.</p> <p>DB talked through SGH outcome from last year and advised that all but 2 of the proposed CQUINs for 2016/17 have been agreed.</p> <p>CG questioned why negotiations are continuing in-year and if there are any quality risks.</p> <p>DB said that there are no quality concerns and he will raise with the Trust the concern that negotiations are not yet concluded.</p> <p>CCI said that for 2017/18 CQUINs will be agreed at an STP level with little room for flexibility and the expectation would that these are agreed early.</p> <p><u>Community Services</u> In 2015/16 the contract with Sutton & Merton Community Services (SMCS) run by Royal Marsden Hospital (RMH) did not have CQUINs. Local quality incentive schemes (LQIS) were developed and included within the contract.</p> <p>The aim was to reduce inappropriate non-elective admissions, improve care of patients with specific conditions – venous ulcers and to initiate a wellness programme for people with long term conditions.</p> <p>At the end of Q4 of 2015-16, RMH have been able to provide sufficient evidence to demonstrate achievement of two elements of the LQIS. If evidence is not provided payment will not be made.</p> <p>For 2016/17 the contract with CLCH does not have a CQUIN; however a local incentive scheme has been created. The principle regarding this incentive is for the Provider to support the achievement of the CCG's QIPP Scheme for Complex Adults, for those aged 50. Payment of the full incentive of 2% of contract value (£327,109) is based on 525 fewer non elective admissions (compared to the 2016/17 plan).</p> <p>The Chair thanked David for presenting to the Committee.</p> <p>DB left the meeting.</p>	

	<p><u>Recommendation</u> The report was NOTED by the Committee</p>	
4.6	<p><u>Safeguarding Adults Annual Report 2015-16</u></p> <p>DP introduced the report.</p> <p>Local Authorities have the lead role in co-ordinating work to safeguard adults and are responsible for establishing local Safeguarding Adults Partnership Boards. With the implementation of the Care Act (2014) on 1 April 2015, the CCG also has a statutory responsibility in respect of safeguarding adults. As part of these changes, safeguarding adult boards are now on the same statutory footing as safeguarding children boards.</p> <p>MCCG has made good progress in formalising safeguarding adult arrangements in Merton.</p> <p>DP advised that the Merton Safeguarding Adults Policy has been agreed and will be cascaded to Primary Care.</p> <p>Recruitment for an Independent Chair is underway with interviews due to take place in November.</p> <p>Safeguarding Training performance due to high staff turnover is expected to improve.</p> <p><u>Recommendation</u> The members present APPROVED the report</p>	
4.7	<p><u>Safeguarding Children Annual Report 2015-16</u></p> <p>Liz Royle presented the report.</p> <p>The annual report 2015/16 demonstrates how the Governing Body of Merton Clinical Commissioning Group (MCCG), in discharging its functions as a commissioner of healthcare services in 2015/16, has been assured that the arrangements to safeguard children and young people have been effective, compassionate and most importantly listened to and engaged children and young people.</p> <p>In addition, the annual report provides assurance that the MCCG has in 2015/16 achieved compliance with the duties and responsibilities as outlined by existing legislation, guidance and frameworks.</p> <p>Merton CCG in 2015/16 has made significant improvements to the reporting and assurance framework in place for safeguarding children and children looked after (CLA). This has been achieved by working in partnership with health providers and the Merton Safeguarding Children Board (MSCB).</p> <p>Actions for the CCG in 2015/16 detailed below are on track:-</p> <ul style="list-style-type: none"> - To host 3 GP safeguard training events 2016/17 - Named GP function arrangements to established - Supervision arrangements to be put in place for safeguarding leads within the CCG - Development of complaints leaflet which is child / young people friendly - Further development of initiatives by the CCG to listen and engage with children and young people 	

	<p>- Completion of Reviews (Child B and Child C) and dissemination of findings and learning.</p> <p>TH asked about the support for care leavers and LR said that the Local Authority has done a lot of work with children and young people to understand their needs and experience of the service.</p> <p><u>Recommendation</u> The members present APPROVED the report</p>	
4.8	<p><u>MCCG Safeguarding Children Policy</u></p> <p>Merton CCG as a commissioner of health services has a duty to safeguard and promote the welfare of children and young people. This duty applies to both internal functioning and arrangements in the CCG and those services that are commissioned by the CCG.</p> <p>This policy sets out the legal and statutory requirements as relates to safeguarding children and how Merton CCG complies and meets these duties and responsibilities.</p> <p>This policy makes clear both the collective and individual expectations for Merton CCG employees including volunteers to adhere to safeguarding legislation, statutory guidance, professional codes of conduct and Merton CCG human resources and recruitment policies. This Policy should be read in conjunction with the London Child Protection Procedures and Practice Guidance (updated 31 March 2016).</p> <p><u>Recommendation</u> The policy was APPROVED by the members present</p>	
4.9	<p><u>Independent Inquiry into Child Sexual Abuse</u></p> <p>The Independent Inquiry into Child Sexual Abuse, (IICSA) has been set up to investigate whether public bodies and other non-state institutions have taken seriously their duty of care to protect children from sexual abuse in England and Wales.</p> <p>This report proposed actions for Merton CCG to take in response to the IICSA in regard to internal functioning of the CCG and in commissioned services are as follows:-</p> <ul style="list-style-type: none"> - The Merton CQC receives this paper and is fully sighted to the function and scope of the IICSA - Review of the CCG arrangements in regard to the areas identified is undertaken and reported to the Governing Body in Q2 2016/17 - The Governing Body is sighted and updated as to outcome and learning from the NHSE Deep Dive 2015 - CCG provides both commissioner services and GP practices with a briefing on the IICSA. (completed Q1 2016/17) <p><u>Recommendation</u> The proposed actions were AGREED by the members present</p>	
4.10	<p><u>Practice Variation Update</u></p>	

	<p>TH provided a short update advising that feedback to the Governing Body is that a reduction in GP referrals is now seen.</p> <p>CCI said that this demonstrated the effectiveness of having a GP Engagement Team.</p> <p>CG asked if RMC is still on track given the reduction in referrals now seen. TH responded that it will be required for the short terms and help to manage demand however in the longer term it may not be required.</p> <p>TH said that further visits are due to take place in November and further work is required but this is a good start.</p> <p><u>Recommendation</u> The Committee NOTED the update</p>	
4.11	<p><u>Continuing Healthcare Update</u></p> <p>JH provided a verbal update to the meeting advising that the review of 'fast track' applications is on-going and will be reported back to the MCQC when complete.</p> <p>The CHC Operational Policy has been signed off by the EMT and will be shared at the next meeting of the MCQC.</p> <p><u>Recommendation</u> The Committee NOTED the update</p>	
5	Key Focus South West London and St. George's Mental Health Trust	
5.1	<p><u>SWLSTG performance from a CCG perspective</u></p> <p>LS provided an overview of performance from a CCG perspective advising that the appointment of the new Director of Nursing and Quality Standards has been positive both in terms of improving CQRG processes and in openness and transparency and willingness to share information with the CCG.</p>	
5.2	<p><u>SWLSTG Quality Presentation</u></p> <p>The Chair welcomed Vanessa Ford (VF), Director of Nursing and Quality Standards and Julie Moore (JM) Integrated Service Director for Merton to the meeting.</p> <p>Vanessa opened the presentation by outlining 3 key achievement in Merton :-</p> <ul style="list-style-type: none"> - Establishment of the Memory Assessment Clinic in April 2016 which is based at the Nelson; - Commissioning of ASD/ADHD clinic in September 2016 - Establishment of Street Triage Service in July 2016 <p>The CCG rated the Trust as good in 7 out of 10 core services. In Merton a 'Must Do' is aimed to ensure that patients accessing all community mental health services have a good experience.</p> <p>In terms of Complaints, 14 were received which related to services in Merton with 122 compliments received. TH asked if the Trust actively seeks positive feedback. VF said that real time feedback is captured in a number of ways to inform the Trust of patient experience, both positive and negative.</p>	

	<p>6 Serious Incidents were reported in the first half of the year 4 of which related to suspected suicides and 2 unexpected deaths all of which have been investigated with no trend identified.</p> <p>In terms of the areas of most concern VF said that community mental health services for adults and recruitment and retention of staff as well as maintaining and developing services in an ever decreasing financial envelope are the areas of most concern.</p> <p>DP provided feedback on an announced visit with CG to the Assessment and Recovery teams located at the Wilson. DP said that they were very impressed with the team leaders and their staff; adding that the impact of VF was commended by the staff.</p> <p><u>Questions</u></p> <p>The Committee asked for a Trust view on face down restraint. VF responded that previously there was zero tolerance however the Trust have revised that position to encourage open reporting of incidents. If it is used it is as a last resort and appropriate.</p> <p>CLL asked how the Trust is preparing for electronic referrals and VF said that this was on track.</p> <p>In response to questions on CDAS waiting times, the Trust is working with the CCG Commissioner for Mental Health on improving management arrangements and caseloads.</p> <p>The Committee briefly discussed crisis beds, psychiatric assessments in A&E and referrals to the home treatment team with the aim that access to the beds is appropriate.</p> <p>In response to positive feedback from the CQC and the expectation that there will be a re-rating to 'Good' VF said that evidence from 'outstanding' organisations is that the Trust should focus on 2 to 3 key things, for example the acute care pathway and community modernisation, and have a clear quality improvement agenda and support staff to do the right thing and not get drawn into what is happening elsewhere.</p> <p>The Chair thanked Vanessa and Julie for presenting to the meeting.</p> <p>VJ and JM left the meeting</p>	
8	For Information only	
8.1	<p><u>Work Plan</u> The MCQC noted the work plan for 2017/18.</p>	
8.2	<p><u>Feedback to Governing Body</u></p> <ul style="list-style-type: none"> - SWLSTG - Quality and Performance reporting - Risk Register 	
8.3	<p><u>Date of next meeting</u> Wednesday 2nd November 2016</p>	