



Merton

Clinical Commissioning Group

Report to the Merton Clinical Commissioning Group Governing Body

Date of Meeting: 25th September 2014

Agenda No: 9.2

Attachment: 16

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(s) of Meeting
Finance Committee	17.06.14; 22.07.14
Clinical Quality Committee	11.07.14; 08.08.14
Audit and Governance Committee	28.05.14

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

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



Merton

Clinical Commissioning Group

Merton Clinical Commissioning Group

Finance Committee

17th June 2014

Meeting Room 6.1, 120 the Broadway, Wimbledon SW19

Chair: Peter Derrick

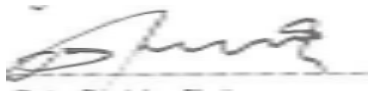
Members	Peter Derrick (PD)	Lay Member (Chair)
	Cynthia Cardozo (CC)	MCCG Chief Finance Officer
	Eleanor Brown (EB)	Chief Officer
	Adam Doyle (AD)	Director of Commissioning & Planning
	Andrew Murray (AM)	Governing Body GP Member
	Carrie Chill (Chi)	Governing Body GP Member
Attendees	Yvonne Hylton (YH)	Committee Secretary – SLCSU

1.	<p><u>Welcome, introductions and apologies</u> The Chair welcomed all in attendance to the meeting. Apologies were noted for Howard Freeman, Sion Gibby, Faiza Waheed</p>	
2	<p><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.</p>	
3.	<p><u>Minutes of meeting held on 19th May 2014</u> The minutes were approved as an accurate record of the meeting.</p> <p>Action Log & matters arising not on the agenda</p> <p><u>Investment Scoring Process</u> The request for an investment scoring process was made to provide a consistent scoring process for all investment decision making in the CCG. In response to a question from PD, it was confirmed that Finance Committee will review the process followed for prioritising investment bids.</p> <p><u>Improving the quality of care for older people (£5 per head)</u> EMT have assessed all funding applications and these have been broken down into three categories:-</p> <ol style="list-style-type: none"> 1. Very good 2. Good 3. Needs support <p>Applications in category 3 are receiving support from the CCG with a view to helping Practices access funds.</p> <p>Performance monitoring will be in the form of quarterly reporting, with 6 monthly visits to Practices.</p>	

4	Standing Items	
4.1	<p><u>Finance Report Month 2</u> At Month 2 Merton CCG is reporting year to date on plan and is forecasting achievement of year-end surplus.</p> <p>Acute commissioning is forecast to break-even. However data is not robust at Month 2 and acute trends are only likely to become apparent after 3 months data is available.</p> <p>Non acute commissioning, prescribing, primary care and running costs are all forecast to break-even as at Month 2.</p> <p>QIPP is reporting a year-to-date over-achievement of £0.1m and is forecasting a £0.1m over-achievement at year-end.</p> <p>The Better Practice Payment Policy is above target for both the number and value of invoices paid in the month.</p> <p><u>Key Risks</u> NHS Property services billing has not been resolved for 2013/14 and could be a risk for 2014/15. Information is due this week, which is expected to confirm charges based on actual. For 2014/15 the CCG will need to check that property costs are correctly assigned to Merton CCG and Sutton CCG.</p> <p>There are two risks relating to the Nelson Local Care Centre:-</p> <ol style="list-style-type: none"> 1. There is a risk that the space allocated for Community Pharmacy will not be occupied when the building is operational in April 2015, creating a cost pressure for the CCG. The issue to be resolved relates to consultation with Practices. Sion Gibby is meeting with the Local Medical Council (LMC) to understand the issues; 2. There is a risk of a unitary charge of 3 months for the CCG following handover of the building in January 2015 as Providers not being fully operational until April 2015. CC is meeting with the Community Health Partnership to resolve the matter. <p><u>Recommendation</u> The Finance Committee is asked to approve the Month 2 Finance Report. Approved</p>	
4.2	<p><u>QIPP delivery against plan</u> AD provided an update to the Committee on QIPP delivery against plan.</p> <p>Merton CCG's QIPP plan for 2014/15 consists of five main programmes based around</p> <ul style="list-style-type: none"> • Acute portfolio • Placements • Urgent and Intermediate Care • Planned Care • Prescribing <p>The acute portfolio, placements and prescribing schemes are all on track with plan.</p>	

	<p><u>Urgent and Intermediate Care Programme</u> This programme is on track to deliver savings of £620k in 2014/15. This is a two year programme split into two phases to change urgent care service delivery and care for complex, often older and frail residents of Merton and forms part of the delivery of the Merton Better Care Fund.</p> <p><u>Planned Care Programme</u> This programme is currently projecting a shortfall of £85k against the original planned savings of £368k.</p> <p>This programme relates to services to be provided in the community however due to the procurement process currently taking place for the Nelson the tender for planned care in the community could not proceed.</p> <p>Work is underway to identify schemes to mitigate the shortfall, for example Health Coaching for COPD.</p> <p><u>Risks</u> Medicines Management Optimisation Scheme has a risk relating to the non-availability of trained staff within the team to deliver the savings. AD has requested a plan to mitigate the risk.</p> <p><u>Summary</u> The Committee were given assurance that QIPP for 2014/15 is robust, with full clinical engagement, management support including weekly reporting to Director of Commissioning and Planning.</p> <p><u>Comments</u> PD referred to inconsistencies in QIPP and Finance reports and asked that this be rectified in future reporting to the Committee. A summary of the QIPP position was also requested. CC/AD to action.</p> <p><u>Recommendation</u> The Committee were asked to receive and note the report. Noted</p>	CC/ AD
4.3	<p><u>Tender Waivers</u> There were no tender waivers to report this month.</p>	
4.3	<p><u>Business Cases</u> There were no new business cases to report this month.</p>	
5	For discussion	
5.1	<p><u>Accommodation Update</u> CC provided a verbal update on CCG accommodation to the Committee.</p> <p>A review by EMT has found that 45 desks are required. This is an increase from the existing 32 desks.</p> <p>CC is meeting with NHS Property Services to discuss options within the agreed £25 per head budget for 2014/15.</p> <p>A brief update on space utilisation in Merton was provided, stating that at</p>	

	<p>present '120' is fully occupied and void spaces relate to the Wilson and Clinics.</p> <p><u>Comments</u> PD asked that an update is brought back to the next meeting of the Committee including accommodation options for the CCG and an overview of space utilisation in Merton. CC to action.</p>	CC
6	To receive and note	
6.1	<p><u>Better Healthcare Closer to Home Programme Board Minutes – 22.5.14</u> The minutes were presented to provide assurance of the areas of activity and decision making undertaken by the BHCH PB.</p> <p>Work is progressing on Mitcham Business Case with a first meeting scheduled for 20th June. To resolve property issues NHS Property Services have been invited to a future meeting of the BHCH PB.</p> <p><u>Recommendation</u> The Committee is asked to note the minutes. Noted</p>	
7	Any Other Business	
7.1	Date of Next Meeting: - 22 nd July 2014	



Peter Derrick – Chair

Date: 22.07.14



Merton

Clinical Commissioning Group

Merton Clinical Commissioning Group

Finance Committee

22nd July 2014

Meeting Room 6.1, 120 the Broadway, Wimbledon SW19

Chair: Peter Derrick

Members	Peter Derrick (PD)	Lay Member (Chair)
	Cynthia Cardozo (CC)	MCCG Chief Finance Officer
	Howard Freeman (HF)	CCG Clinical Chair
	Eleanor Brown (EB)	Chief Officer
	Andrew Murray (AM)	Governing Body GP Member (until 2.30pm)
Attendees	Carrie Chill (CCh)	Governing Body GP Member (from 2.30pm)
	Faiza Waheed (FW)	Head of Finance and Business
	Yvonne Hylton (YH)	Committee Secretary – SLCSU

1.	<u>Welcome, introductions and apologies</u> The Chair welcomed all in attendance to the meeting. Apologies were noted for Adam Doyle and Sion Gibby	
2	<u>Declarations of Interest</u> The Finance Committee Register of Declared Interests was agreed as an accurate record. No additional interests were declared in relation to items on the agenda.	
3.	<u>Minutes of meeting held on 17th June 2014</u> Page 1 “£5 per head” to be amended to “ <i>Improving the quality of care for older people - £5 per head investment</i> ” With the above amendment the minutes were approved as an accurate record of the meeting. <u>Action Log</u> The action log was noted and will be re-circulated to the Committee.	
4	<u>Standing Items</u>	
4.1	<u>Finance Report Month 3</u> CC advised that financial plans for all CCGs have not been approved by NHSE due to a shortfall in the drawdown position. At Month 3 a year to date and full year actual performance to target is reported. A non recurrent allocation of £550k for GP IT has been received in Month 3.	

Acute commissioning is forecast to break-even. Year to date under spends are reported at St. George's and Epsom and St Helier NHS trust, however, data is not robust at this time of year and it is expected that the trend will not continue, hence a break-even position is reported.

Non-acute commissioning is forecast to over spend by £0.2m owing to increased activity on mental health placements which is offset by a forecast under spend on mental health enquiries of £0.1m. It is important to note that the mental health over spend is owing to additional placements made in the first quarter of the year, the QIPP scheme on mental health placements is still achieving as placements have been stepped down and costs have been renegotiated at a better rate.

QIPP is reporting over achievement of £0.1m and forecast full year over achievement of £0.1m.

The Better Practice Payment Policy is above target for both the number and value of invoices paid in the month.

NHSE have informed MCCG of additional non recurrent urgent care funding of £1.1m for 2014/15. The funding has been allocated to CCGs on a fair shares basis and will be made available to local service providers upon successful assurance of plans. The funding is to be shared amongst local systems through the System Resilience Groups (SRGs), previously Urgent Care Groups. CC advised that there is robust guidance on how funds may be used with the focus on supporting community services, primary care and mental health.

In addition, funding has also been allocated to support additional elective activity to improve performance of referral to treatment (RTT) standards, with a focus on patients waiting 16 weeks. The notional allocation for Merton CCG would be £1m, however, at this time is it not clear how funding will be distributed.

NHS Property Services have notified the CCG of 2014/15 charges as follows: £306k for occupancy (running cost) and £203k for void charges (non running cost). Further information has been requested as the basis of charging is unclear. The charges are based on the position at March 2014 and will be charged for Q1 and Q2. The charge from Q3 onwards will reflect actual costs in the year.

The SLCSU have proposed to unsmooth their SLA with CCGs from 1st October 2014. This will impact on smaller CCGs with a negative impact of £256k from 2015/16 for MCCG to be offset by a 15% discount offered in 2015/16 resulting in an overall contract value reduction of £115k. The impact in 2014/15 will be a cost pressure on running costs of £11k as the smoothing impact is offset by a 5% discount. The unsmoothing has been agreed by the Chief Officers in South West London, however, negotiations are underway with SLCSU and when concluded will be reported back to Finance Committee. EB requested a paper on running costs to be submitted to the Executive Management Team for consideration by the end of August.

Risks

The risks remain the same as in Month 3:-

	<ul style="list-style-type: none"> - NHS Property Services estimated risk of £0.1m from 2013/14 not being recovered; - Nelson Local Care Centre risk estimated at £0.2m related to potential unoccupied space related to community pharmacy and early completion of the building. <p>The 0.5% contingency fund has been used to mitigate both risks.</p> <p><u>Recommendation</u> The Finance Committee is asked to approve the Month 3 report.</p> <p>Approved</p>	
4.2	<p><u>QIPP activity against plan</u> MCCG QIPP plan for 2014/15 consists of 5 main programmes each of which has a number of work streams and projects as described in the paper.</p> <p>The acute portfolio and mental health contracts are on track to deliver the planned savings in 2014/15.</p> <p>The urgent and intermediate care programme is above target for 2014/15.</p> <p>For the planned care schemes, revised savings are currently planned to address a shortfall of £183k against the original savings target.</p> <p>The medicines optimisation QIPP scheme is currently delivering savings of £542k which are above the planned level of £455k (net). However, recruitment difficulties currently present a moderate risk to delivery of the overall scheme, which will be reviewed when more data is available in September.</p> <p>For the mental health placements QIPP scheme the submission to NHS England showed forecast savings of £300k, however, the planned gross savings of £400k are still feasible based on the most recent data.</p> <p>The remainder of the planned savings related to the Placements QIPP relate to continuing healthcare placements. These savings are on track for delivery and are not reported within this report.</p> <p><u>For note:-</u> Health Coaching. An Investment of £100k to deliver health coaching to patients with COPD was agreed by the Clinical Reference Group and was supported at the GPs Forum.</p> <p>Diabetic Eye Screening Programme. MCCG has agreed to fund a pilot Surveillance Clinic service with Sutton and Merton Community Services. The programme enables specific groups of patients to be monitored in surveillance clinics in the community rather than attend hospital.</p> <p>CCh asked for assurance that a clinical risk assessment would be undertaken and CC confirmed that it would.</p> <p><u>Recommendation</u> The Finance Committee were asked to receive and note the report.</p>	

	Noted	
4.3	<p><u>Tender Waivers</u> CC advised that a Tender Waiver under £100k has been approved by CC/EB in line with agreed governance arrangements. The Tender Waiver was in relation to HESL Training to fund IAPT training delivered by SWL & St George's Mental Health Trust.</p> <p><u>Recommendation</u> To note agreement of the Tender Waiver.</p> <p>Noted</p>	
4.3	<p><u>Business Cases</u> There were no new business cases to report this month.</p>	
5	For discussion	
5.1	<p><u>MCCG Accommodation Update</u> CC provided a verbal update.</p> <p>CC has met with NHS Property Services to clarify the void space position for 2015/16.</p> <p>Mike Parker, (NHS Prop Co) the Lead for Merton, has stated that the aim is to return one entire floor back to the Landlord. PD asked that the reverse premium position is checked to ensure that no additional costs are incurred.</p> <p>CC said that SWL Commissioning Collaborative Group is moving to 120 from Wimbledon Bridge House. It is proposed that a joint accommodation appraisal is undertaken for both MCCG and SWLCC.</p> <p>Options for accommodation were discussed, including location and office specification. The Committee then agreed a commercial search (approx. £15k) be commissioned to search for Grade 'A' accommodation in Wimbledon recognising the excellent transport links offered.</p> <p><u>Next Steps</u> PD requested a Management Cost Option Proposal paper informed by market intelligence together with a definitive position on void charges be brought back to the Finance Committee in September. CC to action.</p> <p><u>Recommendation</u> The Committee was asked to discuss the options and agree the office specification standards and next steps.</p> <p>The Committee agreed the next steps as described above, noting that a proposal paper will be brought to the Committee for approval in September.</p>	CC
6	To receive and note	
6.1	<p><u>BHCH</u> The July BHCH Programme Board met immediately before Finance Committee.</p> <p>PD provided a verbal update on Nelson Local Care Centre and the Business Case for a Local Care Centre in Mitcham.</p>	

	It was noted that the approved minutes will be brought to Finance Committee in September. <u>Recommendation</u> To receive and note the update from the July meeting of the BHCH Programme Board. Noted	
7	Any Other Business	
7.1	There was no further business. The date of the next meeting:- Thursday 23 rd October 2014, Meeting Room 5.1, 120 The Broadway	

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Peter Derrick – Chair, MCCG Finance Committee

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Date:



Merton

Clinical Commissioning Group

Merton Clinical Commissioning Group

Clinical Quality Committee

Minutes from the meeting held on Friday 11 July 2014

Meeting Room 6.1, 120 the Broadway, Wimbledon SW19 1RH

Present

Clare Gummett (CG)	Lay Member Patient & Public Involvement (Chair)
Mary Clarke (MC)	Independent Nurse Member
Sion Gibby (SG)	Raynes Park Locality Lead (from 12.30)
Lynn Street (LS)	Director of Quality
Adam Doyle (AD)	Director of Commissioning & Planning
Eleanor Brown (EB)	Chief Officer
Louise Morgan (LM)	Corporate Affairs Manager (SLCSU)
Tim Hodgson (TH)	West Merton Locality Lead
Yvonne Hylton (YH)	Committee Secretary – Minute Taker (SLCSU)

Observer

Di Caulfield-Stoker (DC-S)	Registered Nurse (WCCG)
Sandra Iskander (SI)	Director Corporate Affairs, Performance & Quality (WCCG)

Apologies

Kay Eilbert (KE)	Director of Public Health
Karen Worthington (KW)	East Merton Locality Lead
Stephen Powis (SP)	Secondary Care Consultant

1.	Welcome and introductions (CG)	
1.1	<p>The Chair welcomed Di Caulfield Stoker (DC-S) (Registered Nurse) and Sandra Iskander (SI) (Director of Corporate Affairs, Performance and Quality) from Wandsworth CCG to observe the meeting. WCCG were invited as part of the informal arrangement between the SWL DoQ to learn from other CCGs Quality meetings and share good practice. CG and MC had previously attended the Quality meeting at WCCG and were due to attend Sutton's on 17th July.</p> <p>CG then informed the Committee that Item 3.1 reflecting back on the Committee's first year had been postponed. It was subsequently agreed to hold an Away Day on 15th August.</p>	
1.2	<p><u>Declarations of Interest</u></p> <p>The Committee were asked to declare interests over those held on the CCG register of interests.</p> <p>No additional interests were declared in relation to the items on the agenda.</p>	
2.	For Approval	
2.1	<p><u>Draft Minutes of the meeting held on Friday 13th June 2014</u></p> <p>The minutes were approved with the following amendments:-</p>	

	<ul style="list-style-type: none"> - Page 3 Para 4 "...committee to be amended to commitment) - Page 6 Under Pressure Ulcers "across all Trusts" to be added <p><u>Action Log and matters arising not on the agenda.</u> The action log was reviewed and updated and will be re-circulated to the Committee.</p>	
2.2	<p><u>Safeguarding Adults Through Commissioning Policy (LS)</u> LS introduced this item.</p> <p>MCCG uses Pan London Safeguarding Policies. The Safeguarding Adults Through Commissioning Policy as presented supplements these policies and describes specific roles and responsibilities within Merton.</p> <p>LS advised that prior to presentation to Governing Body, FGM (Female Genital Mutilation) will be added to the Policy.</p> <p>The Committee were asked to comment and highlight any other areas specific for Merton to be included.</p> <p><u>Comments</u> MC asked if a further review of the policy would be necessary following the publication of the Government's response to the Health & Social Care Act expected in the Autumn. EB responded that a CCG review at GB level would take place and be reported back to the MCQC and other sub-committees as appropriate.</p> <p>In response to a request for feedback on the appointment to the Safeguarding Adult Post, EB advised that the recruitment did not take place. A review is currently being undertaken and will be discussed at EMT in August. The outcome from the discussion will be fed back to the MCQC for information.</p> <p><u>Recommendation</u> The Committee were asked to agree the policy prior to formal approval by the Governing Body.</p> <p>The Committee agreed the recommendation with the inclusion of FGM.</p>	
3	Key Areas of Focus	
3.1	<p><u>SWL Quality Accounts</u> Links to the SWL Quality Accounts for the main CCG providers were circulated to the Committee prior to the meeting for review and to inform discussion.</p> <p>LS informed the Committee that a summary paper for SWL&StG Mental Health Trust is being developed and will be shared when available.</p> <p><u>Comments</u> LS commented that responsibility for monitoring the Quality Accounts is held by the CQRGs, Chaired by the Host Commissioner and a process to assure Associate Commissioners, such as MCCG will need to be developed, both in terms of evidence to demonstrate achievement of priorities for 2014 and to ensure that matters raised by the MCQC are discussed.</p> <p>It was agreed that LS would write to the CQRGs to request details on the</p>	LS

	<p>monitoring process to provide assurance to Associate Commissioners, such as Merton CCG.</p> <p>AD commented that in 2015 MCCG will have an earlier opportunity to input and influence the quality accounts ensuring that matters of most concern, for example A&E performance, are factored in.</p> <p><u>Recommendation</u> The Committee was asked to review the report and raise any matters of concern for escalation to the Trust via the CQRGs and to discuss monitoring during the year.</p> <p>The Committee discussed the monitoring process noting that confirmation will be requested from the CQRGs.</p>	
4	For discussion	
4.1	<p><u>Quality & Performance Report</u> At Month 1, the CCG is rated Amber/Green for Constitutional pledges. Improving Health of our local population is also rated Amber/Green. The main area of concern is the Cancer first treatment 62 days target and the Friends and Family Test.</p> <p>Key sections for note and areas of concern</p> <p>Constitutional Pledges</p> <ul style="list-style-type: none"> • RTT- admitted patients is rated Amber in April with a performance of 89.7% against a target of 90%. Although the three main providers met their targets this month, South West London and St. Georges reported that their underperforming 18 week RTT was due to long waits in the boroughs' CAMHs services. The situation continues to be investigated on a patient by patient basis by the new Team Manager, with support from the local performance Team and Trust's Performance / RTT lead. • Cancer first treatment 62 days, screening referral is rated Red at 80.7% against a target of 90% in April. This refers to 5 breaches out of 26 patients. Although St. George's achieved its April target, 2 of these breaches occurred at St. George's, 2 breaches occurred between Epsom & St. Helier and the Royal Marsden Hospital, and the final breach occurred between St. George's and the Royal Marsden Hospital. . A series of actions have been agreed between the Transforming Cancer Services Team (TCST) and the Royal Marsden Hospital to improve performance. <p>Improving Health Outcomes.</p> <ul style="list-style-type: none"> • Avoidable Emergency Admissions activity was above trajectory at the end of 2013/14, with three out of the four indicators rated red; however, activity in April is below trajectory for all four indicators, and is therefore rated Green. • COPD referrals to pulmonary rehabilitation (Local Priority) - reporting against this indicator is a challenge for April as it relies on data from HSCIC (Health and Social Care Information Centre) which is currently unavailable. The performance team are in the process of setting up an alternative data flow to capture this information in a timely manner. In development • IAPT Local Priority: Increasing the number of people from BME groups accessing Psychological Therapies for April the performance team have used Using Open Exeter data for IAPT indicators, this is until a more 	

frequent (monthly) information flow with South West London and St. George's is set up.

- Increasing the proportion of people diagnosed with Dementia: reporting against this indicator is a challenge for April as it relies on data from HSCIC (Health and Social Care Information Centre) which is currently unavailable. The performance team are in the process of setting up an alternative data flow to capture this information in a timely manner. In development
- Friends and Family Test: St Georges' Trust was rated Green for April, and both Epsom and Helier and The Royal Marsden are rated Amber. The overall combined rating for April is therefore Amber. Please note that this month the CCG is monitoring the Inpatient results only, as combined figures are no longer published in 14/15, as it is not part of the CQUIN for this year.

Comments

It was agreed that going forward at least 4 months data is reported to highlight trends and emerging themes.

EB referred to the "Red" rated End of Life indicator for "patients offered a record on CMC". LS said that some homes are doing very well with staff fully engaged, however more work is needed to improve performance across all nursing homes and actions plans have been developed to help achieve this.

AD commented that SGH A&E had failed the target in April. However, it should be noted that the target is measured on completed weeks and has negatively impacted on Trust performance this month. There are a number of pressures faced by Trust which are being worked through with CCGs, for example a review of rotas to ensure alignment with demand.

RTT - 62 day cancer target was not met in April, with performance at 80.8%, which translates as 5 breaches out of 26 patients. EB advised that following discussion at the Clinical Reference Group action plans with timelines were agreed for all 19 standards. TH added that the Trust have introduced a new tracking procedure.

MCCG Complaints and PALS reports were discussed. There were 4 complaints reported in May, 2 of which related directly to the MCCG commissioning decisions. The remaining 2 related to staff attitude at a GP Practice and Treatment at SGH.

There were 11 PALS queries 4 of which related directly to MCCG.

Comments

In response to comments on the lack of detail in reporting. EB gave assurance that all Complaints received by MCCG are reviewed by LS and signed-off by EB as Chief Officer.

AD added that due to the low numbers received by the CCG it was not possible to identify themes and trends.

In future a process to provide Commissioners with an overview of reporting across the Sector will need to be developed, which will identify any emerging themes and trends as they develop.

	<p><u>CQRG Feedback – June 2014</u></p> <p><u>SGH</u></p> <p>Three significant events were discussed at the CQRG relating to Radiology reporting versus action delays; Safeguarding and Cardiology. Further details are contained within the Quality & Performance Report.</p> <p>RTT - 2 week cancer referrals and 62 day cancer waits were discussed. A new tracking procedure was introduced in January 2014 and resulted in the targets being achieved in Q4. TH said that the effective tracking is dependent on robust administration and to strengthen the team the Trust has agreed funding for an Office Manager.</p> <p>Quality Board Report was discussed. Pressure ulcers continue to be the top concern. A new Tissue Viability Nurse has been appointed and a review of gradings has been undertaken. Due to the improved grading accuracy, numbers have increased overall, but a reduction has been seen in Grade 2s.</p> <p><u>ESH</u></p> <p>There are significant problems with ambulatory handovers, which is being worked through by SCCG as host commissioner.</p> <p>RTT - Trauma Orthopedics. There are significant delays reported. Extra funding has been agreed to improve performance.</p> <p>MC commented on the 3 Category 3 Pressure Ulcers reported in April against a year-end target of no more than 16. It was agreed that this would be checked before the next report.</p> <p><u>SMCS</u></p> <p>Breastfeeding take-up figures continue to be low. Work is underway to improve the take-up figures, however it is noted that this is a complex area involving a multiple of agencies. A meeting has been arranged with all agencies attending including SMCS, in September arranged by Public Health Sutton.</p> <p>HPV Immunisation report. The issue relates to parents at two schools who have refused consent. Public Health is taking this matter forward.</p> <p>Pressure Ulcers are still increasing. LS advised that there is lots of work taking place including an NHSE deep-dive and visits to other Trusts to inform learning and best practice.</p> <p>School Nursing. Work is underway to improve communication between school nursing teams and GPs and safeguarding children. Andrew Murray is leading this work.</p> <p><u>SWLStG</u></p> <p>MC advised that Medicines Optimisation Presentation had been received by the Joint Sutton and Merton Medicines Management Committee who asked for a link between Pharmacy Technicians and the Trust's Chief Pharmacist.</p>	MT
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	<p><u>Kingston Hospital</u></p> <p>Discharge Letters. A CQUIN has been agreed for letters to GPs to be received within 10 working days. It is expected that this will reduce to 5 days next year.</p> <p>AD highlighted significant concerns regarding A&E and RTT Cancer targets.</p> <p>A&E failed the target in Q4 due to winter backlog continuing into April.</p> <p>Early indicators are that the RTT targets will not achieve in Q1.</p> <p><u>111 Service</u> The service continues to perform well.</p> <p><u>Out of Hours Service</u> This is a SWL contract. A performance notice was issued to Care UK and monitoring is via the SLCSU. Early indicators are that performance has improved and is expected to be on target by the end of July.</p> <p><u>Continuing Healthcare</u> Reporting is available quarterly and will be reported to the Committee in August.</p> <p><u>Recommendation</u> The MCQC is requested to agree the report.</p> <p>The Committee agreed the report.</p>	
4.2	<p><u>Safeguarding Adults at Risk Report (LS)</u> LS introduced the report which provided an overview of safeguarding activity in Merton in Q4.</p> <p>LS said that the impact of the House of Lords report on the Mental Capacity Act (MCA) and the supreme court judgment have implications for both adults at risk and those working to protect them. It is anticipated that there will be a significant increase in Deprivation of Liberty Safeguard (DoLS) applications.</p> <p>In April and May 2014, 33 requests have been made, of which 15 have been authorised, compared to 2013/14 where there was a total of 27 requests of which 16 were authorised.</p> <p>LS referred the Committee to Table 1 which provides an overview of safeguarding compiled by the London Borough of Merton. Between April 2013 and March 2014 there were a total of 611 alerts, an increase of 43% on the previous year's figures.</p> <p>Table 2 shows the outcome of the alerts.</p> <p><u>Comments</u></p> <p>In response to a question from CG on the timeframe for substantiating/investigating 'open alerts'.</p> <p>EB said that the time frame in which 'Open' alerts are substantiated and/or investigated is regulated and described within the pan London policy 'Protecting adults at risk: London multi-agency policy and procedures to safeguarding adults</p>	

	<p>from abuse</p> <p>MC referred to the number of DoLs which are not authorised. LS said that training is provided by the Mental Health Trust (SWLStG) which is working hard to increase the number of assessors.</p> <p><u>Recommendation</u> The Committee were asked to receive and note the report.</p> <p>Noted</p>	
4.3	<p><u>Infection Prevention and Control Quarterly Report Q1</u> (Penny Spence, SLCSU) The Chaired welcomed PS to the meeting.</p> <p>The report outlines the Infection Prevention and Control quality assurance for the period up to 30th June 2014 for MCCG.</p> <p>There are 6 Clostridium difficile cases assigned to MCCG against a trajectory of 25 for 2014/15.</p> <p>NHSE has published new Clostridium Difficile infection objectives and guidance for acute trust and CCG for the 2014/15. These objectives reflect a need for organisations with higher rates of infections to do more than those organisations with lower rates.</p> <p>There are no cases of MRSA assigned to MCCG up to 30.6.14.</p> <p>PS advised that the patient profile has changed with a large number of MRSA cases presenting to A&E aged over 75, with co-morbidities who have chosen not to involve healthcare professionals. PS said that work is underway including the Consultant Microbiologist attending a Learning Event to discuss HCAs with Primary Care and the London Borough of Merton working to address issues with catheters.</p> <p><u>Capbanpenemase-producing Enterobacteriaceae briefing</u> A briefing has been circulated to Director of Quality on the actions required by Acute Trusts and CCGs and was brought to the Committee for information.</p> <p><u>Recommendation</u> The Committee were asked to note the IPCC report.</p> <p>Noted</p>	
5	For discussion	
5.1	<p><u>SWL CQUINs performance overview for 2013/14 and agreed indicators for 2014/15</u> This item was deferred to the August meeting due to late notification that the SLCSU were unable to attend to present this item.</p> <p>SLCSU to confirm attendance for August. (subsequent to the meeting this was received)</p>	

6	For Note	
6.1	<u>MMC Approved Minutes and Feedback from the last meeting</u> (MC) The Committee received and noted the approved minutes of the April meeting and feedback from the meeting held in June.	
6.2	<u>Committee Workplan and draft agenda for the next meeting</u> The paper was received and noted by the Committee.	
7	Any Other Business	
7.1	<u>Date of Next meeting:</u> - Friday 8 th August 2014	
7.2	<u>MCQC Awayday</u> An Awayday on Friday 15 th August is agreed with the focus on learning from Year 1 and moving forward to Year 2.	

Agreed as an accurate account of the meeting held on 11th July 2014

.....
Clare Gummett, Chair of the Clinical Quality Committee

.....
Date



Merton

Clinical Commissioning Group

Merton Clinical Commissioning Group

Clinical Quality Committee

Minutes from the meeting held on Friday 8th August 2014

Meeting Room 6.1, 120 the Broadway, Wimbledon SW19 1RH

Present

Clare Gummett (CG)	Lay Member Patient & Public Involvement (Chair)
Mary Clarke (MC)	Independent Nurse Member
Sion Gibby (SG)	Raynes Park Locality Lead (from 12.30)
Lynn Street (LS)	Director of Quality
Adam Doyle (AD)	Director of Commissioning & Planning
Eleanor Brown (EB)	Chief Officer
Tim Hodgson (TH)	West Merton Locality Lead
Karen Worthington (KW)	East Merton Locality Lead
Kay Eilbert (KE)	Director of Public Health (from 1.15pm)
Yvonne Hylton (YH)	Committee Secretary – Minute Taker (SLCSU)

Apologies

Stephen Powis (SP) Secondary Care Consultant

1.	Welcome and introductions (CG)	
1.1	The Chair welcomed all in attendance to the meeting.	
1.2	<p><u>Declarations of Interest</u></p> <p>The Chair requested the Committee members to declare if their entry upon the Register of Declared Interests was not a full, accurate and current statement of any interests held.</p> <p>No such declarations were made.</p> <p>It was agreed to add Cynthia Cardozo, Chief Finance Officer to the Clinical Quality Committee Register.</p>	
2.	For Approval	
2.1	<p><u>Draft Minutes of the meeting held on Friday 17th July 2014</u></p> <p>The minutes were approved with the following amendments made.</p> <p>Page 2 Item 3.1</p> <ul style="list-style-type: none"> - Para 2 “SGH” to be amended to “SWL & St. George’s Mental Health Trust”. - Para 3 after “....monitoring” to be added “...monitoring the Quality Accounts <p>Page 7 Item 4.2</p> <ul style="list-style-type: none"> - 2nd sentence to be amended to read “EB said that the time frame in which ‘Open’ alerts are substantiated and/or investigated is regulated and described within the pan London policy ‘Protecting adults at risk: London multi-agency policy and procedures to safeguarding adults from abuse.” 	

	<p><u>Action Log and matters arising not on the agenda.</u> The action log was reviewed and updated and will be re-circulated to the Committee.</p>	
3	Key areas of focus	
3.1	<p><u>Safety Thermometer Overview (LS)</u> The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care.</p> <p>LS reported back from a recent workshop the overriding message that the tool could be used to provide commissioners with additional assurance on a number of quality areas including falls and pressure ulcers.</p> <p>LS 'flagged' the findings at the SMCS CQRG and will work with them to agree how performance data is reported to the MCQC in a meaningful way by highlighting trends and evidencing progress.</p> <p>Concern around presentation of data which varies from Trust to Trust was raised. LS said that it is important to note that the tool is just one part of the overall assurance process and as more data is reported it will become more valuable in providing assurance to Commissioners.</p>	
3.2	<p><u>SWL CQUINs</u> The Chair welcomed Diane Kelly (DK), Senior Contracts Manager Merton MDT, SLCSU to the meeting to provide the Committee with an overview 2013/14 CQUIN performance and 2014/15 agreed indicators for the following hospital Trusts:-</p> <ul style="list-style-type: none"> - St George's (SGH) - Epsom and St Helier (ESH) - Kingston Foundation Trust (KHFT) <p>All CQUIN payments have been finalised for quarter 4 (2013/14).</p> <p>For 2014/15 negotiations have concluded with a suite of national and local indicators agreed as part of the acute contract requirements.</p> <p>(1) <u>CQUIN performance Q4 – 2013/14</u></p> <p><u>SGH</u> As part of a year-end agreement SGH were awarded a nominated percentage achievement of 95% which equated to a payment of £9.5m against actual achievement of £78% (£6.2m). EB advised that the decision to agree a year-end settlement had been made in conjunction with the Host Commissioner (Wandsworth CCG) and was for 2013/14 only adding CQUIN payments will be made based on actual performance in 2014/15.</p> <p>CQUIN goals which were rated 'Red' were discussed. DK said that in the main issues related to poor internal reporting and recruitment which have now been resolved. The Trust is forecasting achievement of the goals for 2014/15 with quarterly performance management meetings taking place with the CSU to evidence progress.</p> <p><u>ESH</u> The Trust achieved 87.5% equating to a CQUIN payment of £2,676,271. The</p>	

	<p>Trust failed two targets relating to discharge summaries for Inpatients and A&E patients.</p> <p><u>KHFT</u> The Trust achieved 90.7% equating to a CQUIN payment of £3.5m against a target of £3.8m. The Trust failed three targets, NHS Safety Thermometer, VTE and London Cancer Programme.</p> <p><u>Comments</u> EB said that Trusts will be required to achieve the London Quality Standards as part of the SWL 5 year plan and asked how performance will be reported from the CQRGs to MCQC. In response it was agreed that LS would write to the CQRGs to outline the CCGs expectations to inform the MCQC to feedback to the Locality Leads, recognising that CQUINs are a clinically owned target.</p> <p>(2) <u>2014/15 Indicators</u></p> <p><u>SGH</u> CQUINs goals to the value of £7m to be agreed. DK advised that all National indicators and almost all Local Indicators have been agreed. The exception is Maternity, where the Trust has requested an increase in Consultant hours to 168 in Q4. This has not been agreed and discussions are ongoing to resolve the matter.</p> <p>DK informed the Committee that Q1 reporting due on 7th August was not received and payment has not been made. The CSU will raise the delay in reporting with the Trust at the next performance meeting in September.</p> <p><u>ESH</u> CQUINs to the value of £2.3m have been agreed. Q1 reporting is due on 15th August.</p> <p><u>KHFT</u> CQUINs to the value of £4m have been agreed. Q1 reporting date is not yet agreed.</p> <p><u>Comments</u> LS referred to the FFT indicator and asked that the measure for A&E is checked. DK to action and feedback to LS.</p> <p>SG asked how performance is monitored when it ceases to be a CQUIN. DK said that it reverts to a KPI and is monitored through contract monitoring. The CSU are currently looking to consolidate performance reporting in a way that is both manageable and meaningful and welcomed feedback from the CCG on what and how performance data is reported. In response LS said that for Merton, as an Associated Commissioner, a broader overview of all Trust performance is required rather than detailed data.</p> <p>MC asked if Community Service CQUINs had been agreed. AD confirmed that they had and would be brought to the MCQC for information. LS to take forward.</p> <p><u>Recommendation</u> The Committee reviewed and discussed the report, noting that for 2014/15 consistent performance reporting would be presented.</p>	<p>LS</p> <p>DK</p> <p>LS</p>
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4	For discussion	
4.1	<p>MCCG Quality & Performance Report – Month 2 (including CQRG feedback) At Month 2, the CCG is rated Amber/Green for Constitutional pledges. Improving Health of our local population is also rated Amber/Green. The main area of concern is the Cancer first treatment 62 days target and London Ambulance Category A performance.</p> <p>Key sections for particular note and areas of concern</p> <p>1.1 Constitutional Pledges</p> <ul style="list-style-type: none"> • C-Difficile: Merton CCG is over its trajectory with 6 cases year to date, of which, five were in May. Specimen timeframes indicate that these will be CCG cases and therefore community acquired. • Accident & Emergency Waiting Times – 4 hour target: <i>St George's Healthcare</i> failed the A & E target in May with performance of 94.95%, however the Trust reached the target in June with 95.25%. Q1 performance was 94.89% and as a result of <i>St George's</i> failure to achieve their Q1 trajectory, a Contract Query was issued. Performance is being closely monitored and Merton specific approach agreed at a monthly Merton Acute Monitoring meeting chaired by the Director of Commissioning and planning. • Cancer <ul style="list-style-type: none"> ○ 2WW Breast Standard: 7 breaches out of 71 patients, i.e.90.1% and the threshold is 93% ○ 62 Day Standard: 4 breaches out of 17 patients, i.e.76.5% and the threshold is 85% ○ 31 day subsequent – radiotherapy: 2 breaches out of 25 patients, i.e.92.0% and the threshold is 94% <p>All providers have been asked to complete a self-assessment of Cancer 62 weeks performance. All breaches should be reported to Clinical Quality Reference Groups to ensure clinical oversight.</p> • Ambulance response times <ul style="list-style-type: none"> ○ LAS Cat A performance remains a serious concern with YTD (66.5%) and the latest weekly performance (56.9%) continuing below target (75% within 8 minutes). ○ Actions arising from the extraordinary meeting of the LAS Strategic Contracting Board held on the 30th June are being worked through. ○ Following a recent letter regarding resilience funding to support Ambulance Services Brent CCG, as lead commissioner, has written to System Resilience Groups (SRG) suggesting suitable areas for consideration in their local resilience funding applications to NHS England. <p>2.1 Improving Health Outcomes.</p> <ul style="list-style-type: none"> • Avoidable Emergency Admissions: All the emergency admissions indicators are reporting as Green in Month 2, however, there is a known data issue with <i>St. Georges</i> activity and therefore there is a possibility that this is not a true picture of emergency admissions performance. • Increasing the proportion of people that enter IAPT treatment against the level of need in the general population: May activity has not 	

reached the monthly target, taking the YTD activity to slightly below trajectory.

- **Increasing the number of patients from BME groups using Psychological Therapies:** May activity remains above target and YTD the trust is on trajectory to achieve this local priority.

Comments

EB informed the Committee of an error in IAPT performance reported in the media which had reported a joint Sutton and Merton position. The error has now been rectified.

Provider Assurance

Feedback from the Locality Leads was presented as follows:-

SGH

The CQRG watched the story of a patient whose details had been lost and died while waiting for heart surgery, as told by his two stepdaughters. It was noted that a similar SI had taken place recently in which a patient had died. A deep dive of the processes and management of cardiology waiting lists is taking place and will be reported back to the CQRG in August.

CQRG Terms of Reference to be finalised at the August meeting.

CQC Inspection report. Overall the Trust was rated good, though two issues of non-compliance were identified and an action plan has been developed in response.

Items in August to be discussed include cancer performance data and pressure ulcer reports including NICE guidance.

ESH

Following a Stroke Unit Assessment the Trust were rated 'Compliant'.

Papers to be reported to the August CQRG include Induction rates, Duty of Candour, Readmission audit and Pressure Ulcers

There were 3 Trust apportioned cases of MRSA in May bringing the year-to-date position to 5

GP quality alerts. Katherine Townsend who manages quality alerts at ESH has offered to visit all localities to publicise and encourage Practices to report. Medicine had the largest number with the main category being communication. The Junior doctor's forum is now involved in this work. The consultants have asked how the process could work in reverse. Following discussion it was agreed that any issues raised by Consultants should be discussed at the CQRG with the 3 GP members to take back to Practices to share learning.

SMCS

MSK: There is a significant backlog and whilst this is being cleared the service is not able to achieve the contract KPI. The improvement trajectory is being monitored by commissioners and the Provider has committed to achieving the target from October. The Trust has requested additional funding which has been agreed by EMT.

	<p><u>SWLStG.</u> Care Quality Commission final report is now published on the Trust web-site.</p> <p>There have been 3 serious incidents reported in June. All have been reported on Steis and investigations are on-going.</p> <p><u>Kingston Hospital</u> CQUIN 'national' target for VTE is under target. This is due to under-reporting and the Trust is forecasting the target will be back on track by the end of August.</p> <p><u>111Service Contract</u> Two performance notices have been issued to the service provider, following which some improvement had been made with an expectation that the contract will be performing in line with contract by end of August.</p> <p><u>Out of Hours Contract</u> Performance is in line with Contract.</p> <p><u>Comments</u> EB commented on the number of pressure ulcers reported and the need for benchmarking data for commissioners to have a full understanding of the position. LS said that she has spoken with SMCS about the need for consistent reporting and will follow up with the SWL Quality Surveillance Group. LS to take forward.</p> <p>EB referred to the recent serious incident involving a stolen van, advising that a patient help-line had been posted to the CCG website to support those affected.</p> <p><u>Recommendation</u> The MCQC was asked to approve the Quality & Performance Report. Approved</p>	LS
4.2	<p><u>Continuing Healthcare Quarterly Report</u> The Chair welcomed Munya Nhamo (MN), Senior Commissioning Manager Continuing Care, South London Commissioning Support Unit (SLCSU).</p> <p>MN introduced the Q1 report to provide an update on activity and quality monitoring on all Nursing Homes in Merton.</p> <p>The report indicated that continuing healthcare activity in Merton is on the increase. It is also evident that there are a number of nursing homes with Safeguarding issues. The SLCSU has put in place actions to support early identification of quality issues, including notification to relevant agencies.</p> <p>Jane Pettifer (Head of Continuing Care) is working closely with LS in developing the NHSE Quality Assurance Framework and a meeting to understand the role of MCCG in providing the required assurance to NHSE is arranged in September.</p> <p>NM talked through the report and highlighted the key points for note, in particular where quality concerns had been raised and the actions put in place by the SLCSU to mitigate the risks.</p> <p>Following full discussion, it was agreed that for future reporting a breakdown for each home where a quality concern is raised together with a timed action plan.</p>	

	<p>AD to discuss and agree future reporting requirements with MN outside the meeting.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> • CCG to consider and support the development of a local Shared Intelligence Group • CCG to grant permission for data sharing to key teams that can support the AQP data validation <p>Following brief discussion the recommendations were not approved at this time and will be raised with JP outside the meeting.</p>	
4.3	<p><u>Safeguarding Children Q1 Report</u></p> <p>The Chair welcomed Sadie Daley (Designated Nurse Safeguarding Children) and Lorraine Beckford (Child Death Co-ordinator) to the meeting.</p> <p>SD introduced the Quarter 1 Safeguarding Children Report which summarises the activities for 2013/14. The report also provides assurance to the MCQC that safeguarding arrangements are robust across commissioned services and provides information on safeguarding arrangements across the local health economy. Where there are identified gaps or areas that need strengthening, the levels of risk to the CCG and how to mitigate these have been addressed. MCCG currently has a challenge with obtaining accurate recording of safeguarding children training of their staff since migration to a new recording system in the SLCSU. MCCG are working closely SLCSU training team to meet the 80% target.</p> <p>Priorities for 2014/15 were outlined within the paper on page 9.</p> <p><u>Comments</u></p> <p>In response to a question from MC, SD confirmed that all CCG staff and Contractors are required to complete Safeguarding Children Training.</p> <p>SD advised that the MCCG's Safeguarding Children Declaration was updated in August and has been reviewed and agreed by the Safeguarding Executive Leads and now requires sign-off by the MCQC so it can be uploaded to the CCG website. LS to bring back to the Committee</p> <p><u>Recommendation</u></p> <p>To review and discuss the Q1 report.</p> <p>Noted</p> <p>In closing SD advised that this was her final meeting of the MCQC before taking up a new role at Bromley CCG.</p> <p>The Chair, on behalf of the MCQC thanked Sadie for hard work and wished her well in her new role.</p> <p>SD and LB left the meeting.</p>	LS
5	To receive and note only	
5.1	<p><u>Croydon Maternity Survey update (LS)</u></p> <p>LS had contacted the Trust to request assurance that the action plan is complete. No response had been received at the time of the meeting. LS to follow up with</p>	LS

	the Trust.	
5.2	<u>Annual Planner and Draft Agenda for the next meeting</u> The annual work plan and draft agenda for September were noted by the Committee.	
6	Any Other Business	
6.1	Date of Next Meetings <u>Friday 15th August 2014.</u> A meeting to 'reflect back on Year 1' and look forward to 'Year 2' Feedback from the meeting will be presented to the Committee in September. <u>Friday 12th September 2014</u> Provider Focus: Andrew Dean, Director of Nursing from SWL&StG Mental Health Trust	



Merton

Clinical Commissioning Group

**Merton Clinical Commissioning Group
Audit and Governance Committee**

Wednesday, 28th May 2014

1.15 – 2.15pm

Meeting Rm 6.1, 6th Floor, 120 The Broadway,
Wimbledon, London SW19 1RH

Present:-

Members

PD	Peter Derrick (PD)	MCCG Lay Member (Chair)
CG	Clare Gummatt (CG)	MCCG Lay Member
MC	Mary Clarke (MC)	MCCG Independent Nurse Member
SP	Prof. Stephen Powis (SP)	MCCG Secondary Care Consultant Member

In attendance

EB	Eleanor Brown	Chief Officer
HF	Dr Howard Freeman	CCG Chair
CC	Cynthia Cardozo	Chief Finance Officer
LM	Louise Morgan	SLCSU
KJ	Kam Johal	London Audit Consortium
NA	Nick Atkinson	Internal Auditor – Baker Tilly
SE	Sue Exton	External Auditor – Grant Thornton
SI	Sarah Ironmonger	External Auditor – Grant Thornton
MCS	Martin Campbell-Smith	Financial Controller - SLSCU
JK	Jenny Kay	Director of Quality (outgoing)
LS	Lynn Street	Director of Quality (incoming)
FW	Faiza Waheed	Head of Finance and Business - SLCSU
TF	Tony Foote	Board Secretary - SLSCU

1.	<u>Introduction and Apologies</u> Peter Derrick (PD) welcomed all to the meeting. No apologies for absence had been received.	
2.	<u>Declaration of Interest</u> No interests relevant to the agenda were declared.	
3.	<u>Minutes of previous meeting – 19th March 2014</u> The minutes were approved as a full and accurate record of the meeting.	

4.	<u>Matters Arising - Action Log of 19.03.14</u>	
	<p>The Committee noted the progress made on the various actions and noted the following.</p> <p>7.1 KPMG Progress Report on Internal Audit (Commissioning Support Unit)</p> <p>A copy of this report would be attached to the minutes of the meeting when circulated.</p>	
5.	<u>For Approval</u>	
5.1	<p>Merton CCG Annual Report Inc. Merton CCG Accounts 2013/14 External Audit Update and opinion on Annual Accounts</p>	
	<p>Cynthia Cardozo (CC) introduced this item and explained that there were still some minor amendments and additions to the Annual Report before its formal submission date of 6th June 2014.</p> <p>The Annual Report includes:</p> <ul style="list-style-type: none"> • A members' statement • An introduction by the Chair and Chief Officer • An account of the developments and achievements of the CCG over the year • The annual accounts • The annual governance statement <p>The draft report was circulated to Member practices and Governing Body members and changes made in light of comments received. The members agreed the members' statement.</p> <p>The draft accounts, consistency declaration and letter of representation were attached for consideration and approval to go then to the Governing Body prior to submission of the final accounts on the 6th June 2014.</p> <p>Clare Gummatt (CG) asked about the statement in the Report (pg. 9) of the CCG's belief that patients are best placed to judge whether a proposed change will bring improvement and that, if not convinced, the CCG will not make that change. CG enquired how many patients would have to express concerns for the CCG to change its plans. The Committee acknowledged that this statement should be reviewed.</p> <p>Nick Atkinson (NA) pointed out that, on pg. 84, the term "Accounting Officer" should be amended to "Accountable Officer." CC agreed to this. NA also confirmed, in relation to the table on pg. 84, that the Commissioning Support Unit contract was now finalised.</p> <p>With regard to the Annual Accounts, CC informed the Committee that there were minor alterations to the paper presented but that they did not affect the "bottom line": that the CCG's total comprehensive net expenditure for the year' of £204,906k, resulting in a surplus of £2,080k against its allocated revenue resource limit.</p>	CC

There followed a general discussion about the issue of CCG responsibility for outstanding claims for Continuing Care payments relating to 2011/12 but made during 2012/13: pre CCG and during the final year of Sutton and Merton Primary Care Trust (PCT).

The new provision for continuing care relates to 2011/12 claims that had not been included in the PCT's provision for the financial year 2012/13. Hence, these did not form part of the provision transferred to NHS England. The basis of the new continuing care provision is thirty six claims at an estimated cost of £800 per week with an assumption that 35% of claims submitted will be successful. It is further assumed that 15% of claims will be settled within one year and the remaining claims in more than one but less than five years.

Under the Accounts Direction issued by NHS England on 12th February 2014, NHSE is responsible for accounting for liabilities relating to periods of care before the establishment of CCGs. However, the legal liability remains with the CCG. The total value of legacy NHS continuing care provisions accounted for by NHSE on behalf of the CCG at 31st March 2014 is £2,174,857.

PD asked whether some of the claims were not received after the 31st March 2013 and so not-attributable to NHSE's calculated sum of £2.1 (approx.). Dr Howard Freeman (HF) explained that the relevant cut-off date for making claims was 31st March 2013 and that the Legacy Team was responsible for dealing with all outstanding claims up to that date. The CCG was responsible for claims after that. PD then asked what the purpose of the propose provision of £3.19m was; CC explained that this was to meet the cost of any claims made after 31st March 2013.

PD proposed that the provision should be made but that it would not be material to the Accounts. This was agreed by the Committee.

In more general terms, PD stated that he was satisfied with the accounts. Mary Clarke (MC) asked how Merton CCG's performance compared with the other South West London CCGs. CC confirmed that across South West London there had been a generally good performance: all, except Croydon CCG, had achieved at least a one percent surplus.

Sue Exton (SE) (Grant Thornton) then presented the external auditor's opinion on the Annual Accounts. She explained that there was still some work to be completed (see "The Audit Findings Report") before the deadline for submission but felt that she would be able to issue an "unqualified opinion" on the Annual Accounts.

The Merton Clinical Commissioning Group Audit and Governance Committee:

- (i) Approved and recommended to the Governing Body the draft Annual Report
- (ii) Considered and recommended approval of draft Annual Accounts for 2013/14, noting the adjustments required in the attached paper
- (iii) Agreed the letter of representation
- (iv) Agreed the consistency declaration

5.2	Freedom of Information Policy	
<p>CC presented this item and firstly thanked Louise Morgan (LM) (SWL Commissioning Support Unit) for her work on this Policy.</p> <p>CC explained that the Policy sets out the principles by which the CCG will ensure compliance with the Freedom of Information Act 2000 and had already been reviewed and approved by the CCG's Executive Team. CC then invited questions from the Committee.</p> <p>EB requested that Section 8 (pg. 17) be amended from:</p> <p>"This Policy will be distributed to by the staff bulletin and placed on the intranet";</p> <p>To:</p> <p>"This Policy will be distributed by team briefings and placed on the intranet." LM</p> <p>CG felt that the role of the CCG in the FOI process was not made clear in the Policy. SP stated it should be clear in the policy whether the relevant Director signs off on the initial response or the final letter that is sent. LM stated that she would consider including information about the CCG's role in ensuring the appropriate process is in place. LM</p> <p>MC suggested that Point 4.10 (pg. 11) be amended from:</p> <p>"The 20 days are considered to start the day after the CCG (not FOI Office) receives a request";</p> <p>To:</p> <p>"The 20 days are considered to start the day after the CCG or FOI Office receives a request". LM</p> <p>The Merton Clinical Commissioning Group Audit and Governance Committee: agreed the Freedom of Information Policy.</p>		
5.3	Conflicts of Interest Policy	
<p>Jenny Kay (JK) presented this item and stated that it sets out how the CCG will manage conflicts of interest arising from the operation of the business of the organisation. This policy is in line with the NHS Merton CCG Constitution and local and national guidance.</p> <p>Kam Johal (KJ) (London Audit Consortium) said that a paragraph regarding the Fraud and Anti-Bribery Policy would be included. Eleanor Brown (EB) raised the issue of achieving a quorum in instances where GP members may have to declare an interest – 8.9, pg. 8.9. LM said she would check the CCG's Constitution regarding this matter. KJ</p> <p>The Merton Clinical Commissioning Group Audit and Governance Committee agreed the Conflicts of Interest Policy.</p>		

5.4	2014-15 Board Assurance Framework	
<p>Jenny Kay (JK) presented this item and, again, thanked LM for her efforts.</p> <p>JK explained that, following the Governing Body seminar in February 2014, the CCG leadership team has further refined the CCG objectives for 2014/15 to support the achievement of the annual plan.</p> <p>Correspondingly, the Assurance Framework has been refreshed to ensure it focuses on supporting the CCG to achieve the following key deliverables:</p> <ul style="list-style-type: none"> • Strategic objectives for 2014/15 • CCG mission, ethos and values • Merton CCG 2-year operating plan • Merton CCG 5-year strategic plan <p>JK then invited questions and comments from the Committee.</p> <p>PD felt that this latest version represented a further improvement but that the descriptions of specific risks were still too high level.</p> <p>EB questioned a number of the deadlines for achieving the Corporate Objectives; suggesting that some were unrealistic.</p> <p><u>Objective 1</u> – to deliver the quality strategy: specifically, the risk relating to the achievement of the London Quality Standards – current deadline March 2015.</p> <p><u>Objective 2</u> – to deliver the two year operating plan: specifically; if the corporate delivery structure is not well planned and implemented, then staff will be unclear of their key deliverables resulting in the two year operating plan not being delivered – current deadline June 2014.</p> <p><u>Objective 3</u> - to ensure MCCG is compliant with statutory (and non-statutory) duties and obligations; specifically;</p> <p>If the CCG fails to establish an effective system of internal control, it may performance poorly which may compromise the CCG's probity and success.</p> <p>And;</p> <p>If the CCG fails to establish business continuity and emergency planning arrangements for a major incident or breakdown of a service within providers, disruption to services may be caused and the CCG will not be able to meet its statutory duties.</p> <p>LM said she would review these deadlines.</p> <p>MC expressed a concern at the number of abbreviations used in the Policy. LM assured her that a glossary would be included. MC also noted some objectives had nothing under 'further actions required' and said if this is the case i.e. that no further actions are required then it should be stated as opposed to leaving it blank to avoid confusion.</p> <p>PD commented that he would like to see healthy living and prevention</p>		LM

	mentioned explicitly in the high level objectives. CC felt that these were implicit with a number of the objectives.	
	NA commented that SLCSU should feed into the risk management process.	
	The Merton Clinical Commissioning Group Audit and Governance Committee agreed the Governing Body Assurance Framework 2014/15.	
6.	<u>Auditors' Reports</u>	
6.1	KPMG Progress Report on Internal Audit (Commissioning Support Unit)	
	There was no KPMG report to the meeting but a copy of the KPMG Progress Report on Internal Audit (Commissioning Support Unit) will be circulated with the meeting's minutes.	
6.2	Internal Audit Update (Baker Tilly)	
	<p>Nick Atkinson (NA) began by presenting the Draft Internal Audit Strategy for 2014/15.</p> <p>The following amendment to the Strategy was requested.</p> <p>Collaborative Working – bring forward the proposed timing from 2016/17 to Quarter 1 of 2015/16.</p> <p>The Merton Clinical Commissioning Group Audit and Governance Committee agreed the Internal Audit Strategy for 2014/15.</p> <p>NA then introduced the Internal Audit Annual Report and stated that his overall opinion of the CCG's position was amber/green. This, NA added, was better than many CCGs have achieved. The report showed only one area rated amber/red – QIPP – but this was improving.</p> <p>NA added that the final report and action plan would be presented to the next meeting of the Committee.</p> <p>The Merton Clinical Commissioning Group Audit and Governance Committee noted the Internal Audit Annual Report.</p>	<p>NA</p> <p>NA</p>
6.3	Counter Fraud Update	
	<p>Kam Johal (KJ) presented the Counter Fraud Progress Report (May 2014) and began by highlighting the work being done on training and education in anti-fraud matters. It was hoped to present to the Merton CCG Governing Body at its seminar in 26th June 2014.</p> <p>A fraud awareness survey had also been issued to all staff to measure the level of awareness across the CCG. The feedback from this will be brought to the next meeting of the Committee.</p> <p>At the request of CC, a piece of work on the recruitment of Interims directly employed by the CCG has been conducted. This identified there was limited processes in place in majority of the CCG's in South London when recruiting</p>	KJ

	<p>interims directly and that could pose a threat to the organisation in terms of non-performance, negligence and reputational damage. A further update of this matter will be provided at a future Audit and Governance Committee.</p> <p>KJ then informed the Committee of the sole investigation currently ongoing at Merton CCG. This involved an allegation of prescription fraud. However, no fraud had been established but a payment of £733.72 has been reclaimed from the pharmacy in question.</p> <p>MC asked about the relationship between the Counter Fraud Service and NHS England, with particular regard to the commissioning of primary care. KJ responded that she had been in contact with NHSE about this matter and a protocol, was currently being drafted.</p>	
7.	<u>Any Other Business</u>	
	There was no further business to discuss.	
8.	<u>Future Meeting Dates</u> To be confirmed.	

Agreed as an accurate account of the meeting held on the 28th May 2014.

Mr Peter Derrick - Chairman

Date: