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MERTON CLINICAL COMMISSIONING GROUP
GOVERNING BODY

Date of Meeting: 26th January 2017

Agenda No: 9.1 **Attachment:** 11

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: 02.11.16; 07.12.16. 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 Commissioning Group

CLINICAL QUALITY COMMITTEE
MINUTES

Wednesday 2nd November 2016

Meeting Room 6.2, 6th floor, 120 The Broadway, Wimbledon

Attendees:	Clare Gummett (CG)	Governing Body Lay Member for Patient and Public Engagement - **Chair**
	David Parry (DP)	Head of Quality
	Dr Tim Hodgson (TH)	Locality Lead for West Merton
	Dr Karen Worthington (KW)	Locality Lead for East Merton
	Dr Anjan Ghosh (AG)	Public Health Consultant, LBM
	Julie Hall (JHa)	Governing Body Nurse Member
	Liam Williams (LW)	Director of Commissioning Operations
	Chris Clark (CCl)	Director of Performance, Planning and Informatics
	Ian Horrigan (IH)	Performance Manager
	Catrina Charlton (CCha)	Senior Commissioning Manager (Item 4.3)
	James Holden (JH)	Senior Commissioning Manager, (Item 4.5)
	Sharron Bawden (SB)	Senior Commissioning Manager (Item 4.7)
	Jane Byworth (JB)	Commissioning Manager, MCCG (Item 4.7)
	Rebecca Blackburn (RB)	Partnership Manager, East Locality (Item 4.8)
	Yvonne Hylton (YH)	Committee Secretary (Minute Taker)
Apologies	Lynn Street (LS)	Director of Quality and Governance
	Prof. Stephen Powis (SP)	Governing Body Secondary Care Consultant

Item	Agenda Item	Action
1.	**Welcome and Apologies for Absence**	
	The Chair welcomed all present to the meeting. Apologies for absence are noted above.	
2.	**Declarations of Interest**	
	The register was approved as a full and accurate record of declared interests. No additional interests were declared in relation to items on the agenda.	
3.1	**Minutes of previous meetings**	
	With a minor amendment the Minutes of the meeting held on 5 October 2016 were 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	Quality Update DP provided a verbal update as follows:-	

SGH

- CQC Inspection report was published on 1 November 2016 and the Quality Summit was held on 2 November attended by the Chief Officer and Director of Quality & Governance for MCCG.
- SGH received an overall rating of inadequate with a recommendation that the Trust is put into special measures.
- Key issues related to estates with some areas rated as in a 'state of disrepair', in particular 16 out of 51 operating theatres require a complete refurbishment
- 53% of medical staff working with children had not completed Level 3 safeguarding training
- The Trust received commendations for Maternity, Renal Services and caring staff

Comments

KW referred to SGH Safeguarding Training and asked why this was not reported in the quarterly reports to the Committee. DP said that this related to the data issues experienced at the Trust and had been raised with the Chief Nurse and challenged at the CQRG.

The Committee asked for an update to come back to the next meeting on the actions taken by the CCG. DP to feedback to KR (Designated Nurse for Safeguarding Children). DP

The Chief Nurse at SGH was due to present to the MCQC today but the visit was postponed due to the CQC Quality Summit. The visit has since been re-arranged and will now take place on 1 February 2017.

In preparation for the visit an announced visit was made to the Trust by DP and CG and feedback from the visit was presented to the meeting.

The visit was to 3 sites, A&E, Moorfield's Eye Hospital and a cancer ward.

DP said that on arrival at A&E there were very long waits as patients were triaged. The visit took place at the busiest time Monday at 11am which compared to a visit to Kingston Hospital at the same time which was very quiet.

There was a new pathology laboratory in A&E enabling test results within 30 minutes and GP were present in the Unit.

DP and CG were very impressed with all the high quality staff they met in the Unit working to care for patients in a very challenging environment.

DP said that Moorfield's eye hospital outpatients was also very busy and the working conditions were very poor.

In summary DP and CG said that they were extremely impressed with the staff and feedback from the matrons and managers was that they welcomed the visit as an opportunity for Commissioners to see first-hand services being delivered.

SWLSTG

- Neuro CAMHS service continue to experience quality concerns with patients waiting excessive times for assessment

	• Psychiatric Decision Unit is on track to open on 18 November 2016. • The Trust is reporting overspends for agency nurses and looking to encourage staff to join the bank system • Ward 2 external audit outcome was a limited level of assurance, concerns re staff not completing admission check list management team looking at this • The trust is expecting to become smoke free by middle to end of 2017. <u>Comments</u> CG asked if there was evidence from other Mental Health Trusts of the psychological effects on patients of a smoke free environment and in response KW said that whilst she recognised the challenges, the health related benefits were clearly evidenced and it is important that all patients are treated the same. <u>Recommendation</u> The MCQC NOTED the update.	
4.2	<u>Quality & Performance Report Month 5</u> CCl introduced the Month 5 report. The report provided an update on August 2016 performance on achievement against national and local performance and quality standards. Where issues are highlighted an exception report has been provided and more recent performance information is included where it is available. The report includes the Amber Alerts Q2 performance and a verbal update on the Cancer Strategy was provided. Key Points for note:- **Better care** - Good performance: • Ambulance waits - Red 1 8 Minute response times – the London Ambulance Service did not achieve the 75% target across London. However, local performance was once again significantly above target, with 85.0% or category (red 1) patients reached in under 8 minutes. • Improving access to psychological therapies met the 50% target for the recovery rate. - Challenged performance: • Percentage of patients admitted, transferred or discharged from A&E within 4 hours • The Referral to Treatment (18 week wait) was not met in August **Better health**: - Good performance • People with long term condition feeling support to manage their condition(s) • Antimicrobial resistance: appropriate prescribing of antibiotics in primary care - Challenged performance: • Utilisation of the NHS e-referral service to enable	

	choice at first routine elective referral **Risks** - Cancers diagnosed at an early stage <u>SGH RTT recovery plan</u> NHS Improvement (NHSI) is working with the Trust on the RTT recovery plan. NHSE have asked CCGs to divert referrals to other Providers to support the Trust, subject to patient choice. To avoid putting unsustainable pressure on ESH and KHFT, CCGs are to consider contracts with Independent Sector Providers with capacity to deliver RTT targets and Quality Standards. The message has been discussed at the Locality meetings and is to be cascaded to all GPs. The message is aimed to improve the experience and outcomes for patients with quicker access to treatment. A toolkit for use by GPs and Practice Managers will be available providing details of the services, working times and waits to allow patients to make an informed choice. LW said that patient experience of SGH is different to the CQC's and patients are loyal to the Trust with A&E seeing 500 patients a day, making it the highest A&E performer in London. The Committee received a short update on the focus of Commissioners work with the Trust to improve bed flows for both planned and unplanned care in conjunction with supporting the Trust winter planning in particular around escalation beds. CG said that the MCQC would want assurance that beds are available if needed. LW responded that the present system is unsustainable and there needs to be real Out of Hospital services available in the Community. <u>Action</u> CCl agreed to bring an update on Winter Planning to the next meeting. <u>IAPT</u> CG said that she was very concerned with the continued poor performance. CCl said that a Performance Notice has been issued to the Provider and CCGs will consider other Providers to support Addaction to ensure people are able to access the service. Feedback from GPs is very poor and TH said that he would welcome other Providers supporting Addaction. <u>Cancer Strategy</u> IH talked through the key points of the 'Achieving World Class Cancer Outcomes' strategy. The strategy is based on a STP model with SWLSTP (including MCCG) forming part of the London Cancer Alliance. IH said that the Committee will continue to receive performance reporting at a local level.	CCl

	The actions for the SWL and locally will be the same. The strategy focus is around Prevention, with screening service data to be published, Early Diagnosis with an expectation that patients will receive a definitive diagnosis within 28 days and a strong focus on the experience for patients. <u>Amber Alerts Q2 Report</u> The report was appended to the main report and was received and noted by the Committee. <u>Community Services</u> CG reiterated her concerns that performance reporting did not give assurance to the Committee. CCl said that remedial action plan aimed to improve performance is in place and it is expected that performance reporting will improve for next month. <u>Recommendation</u> The MCQC APPROVED the report	
4.3	<u>Vision Services Update 2016</u> Catrina Charlton (CCha) Senior Commissioning Manager joined the meeting to provide a summary of the low vision community services commissioned by MCCG specifically:- - Merton Low Vision Service (LVS) - Diabetic Eye Screening Programme (DESP) Surveillance Service for patients with diabetes who show a low risk positive result during their DESP screening. The Low Vision Service assesses patients with low vision in the Community including domiciliary visits. Currently the patient attends the optometrist for a low vision assessment and patient is supplied with the low vision aids best suited to their needs at no cost. There is approximately 1 clinic per month plus domiciliary visits. A low vision service is also provided in Secondary Care and, on behalf of the CCG, the CSU have been asked to review the service including cost analysis to inform future commissioning intentions. Utilisation of the service has improved but is still underused seeing 78 people in 2015/16. The service was reviewed by the Evaluation of Commissioned Services Group who agreed in principle to continue the contract subject to the outcome of the CSU review. <u>Diabetic Eye Screening Service.</u> No contract currently exists for this service, which was originally run as a pilot in 2015/16 in conjunction with Sutton CCG. The service for both Merton CCG and Sutton CCG patients is sited at Morden Road clinic. The service runs two days a week, with a Saturday clinic once a month. The service reported that in 2015/16 there were 556 attendances at the service by Merton CCG patients. Of these, 442 appointments would otherwise have been funded by Merton CCG at secondary care tariff (£163). The service will be reviewed by the Evaluation of Commissioned Services	

	Group and if continued a formal contract will be drawn up. <u>Recommendation</u> The MCQC NOTED the report CCha left the meeting.	
4.4	<u>Equality and Diversity Q2 Report</u> Since the last update in May, the CCG has concluded engagements to assess Equality Delivery System (EDS2) Goal 3 and Outcome 4.3, which relate to staff experiences of working at the CCG. Commissioning managers have also finalised and started delivering on the EDS2 Action Plans for EDS2 Goals 1 and 2 (which focussed on: Translation and Interpretation Services at GP Surgeries and Complex Depression and Anxiety Services). The complete EDS2 Report and Action Plan will be presented to the Quality Committee in January 2017. Its findings will inform the Equality Objectives for 2017-21. The CCG's Workforce Race Equality Standard Report (WRES) and Action Plan for 2016-17 have also been reviewed by the Equality and Diversity Group. The WRES Action Plan will form part of the EDS2 Action Plan for 2016-17. The CCG's Public Sector Equality Duty Report for 2016 is currently being prepared and a draft will be presented to the Quality Committee in December 2016. The staff workshop held on 6 October, attended by 13 members of staff across all teams highlighted two priorities:- - Training and development opportunity for staff - Staff experiences of harassment and bullying arising from the Staff Survey. The Staff Survey was discussed at the Equality and Diversity Group meeting, attended by JH and CG, which recognised that more work is needed to identify the themes of bullying and harassment. LS to provide an update on how this is being taken forward to the next meeting. <u>Recommendation</u> The MCQC NOTED the report	LS
4.5	<u>Merton Continuing Healthcare Operational Policy and CHC Performance Update</u> The CHC Operational Policy was approved by the EMT and will be presented to the Audit and Governance Committee for formal sign-off in November. The Merton policy localises the National Framework responsibilities for Community Services, CCG, Local Authority and Secondary Care. The Committee referred to Section 16 Choice and asked if there was flexibility within the Policy. JH said that the policy does allow some flexibility for EOLC to support patients in their own home, for example with night sitting, however long term flexibility is not sustainable.	

	KW said that all aspects of application of the policy, including the impact on the family need to be understood. JH said that all cases are considered at Panel. JH then updated the meeting on CHC performance advising that the service provided by the Clinical Nurses is good. Data Quality risks are continuing and when resolved will inform the true financial position. JH said that the focus of Complaints has now moved from Communication in response to improved clinical engagement with the families towards the decision making and patient care. <u>Recommendation</u> The MCQC NOTED the Merton CHC Operational Policy and update on performance. JH left the meeting	
4.6	<u>Infection Prevent and Control Q2</u> Due to the absence of the IPCC Lead this item was deferred to the December meeting.	
4.7	<u>SWL Integrated urgent care (111/OOH) Vocare – mobilisation update</u> The Chair welcomed Sharron Bawden (SECSU) and Jane Byworth to the meeting. The service is provided by South London Doctors Urgent Care which is collaboration between Vocare and Seldoc. Services went Live on 28 September 2016:- - NHS111 across 6 SWL CCGs - GP OOH based and home visits covering 7 locations The CQC monitors 8 elements with the exception of 'Appointments can be made to in-house General Practice' 7 of the 8 elements were achieved. National guidance changes to the IUC goals, namely inclusion of access to GPs 24/7 resulted in a decision to go live with an enhanced 111 and GPOOH model and work towards the full IUC model. The Committee requested further information on the safeguarding issues and how these have been resolved. SB/JB agreed to circulate information to LW/LS to share with the Committee after the meeting. Since Go Live there continues to be an increase in calls and challenges in recruitment. Commissioners are working with the Provider to ensure that the correct number of call handlers and clinical advisors are in at the right time. The Chair welcomed the update on mobilisation and asked for a further update on service performance to come back to the Committee in	SB/JB

	February. Recommendation The MCQC NOTED the update SB/JB left the meeting.	SB/JB
4.8	Primary Care Q2 Report and Primary Care Dashboard The Chair welcomed Rebecca Blackburn to present this item. The Dashboard covers a range of 'indicators' which would more widely reflect general practice quality performance, including; • Quality & Outcomes Framework, • Key Targets (Immunisations and Vaccinations), • Workforce ratio's, and • Acute referral and non-elective admissions activity. The Dashboard presents the latest available quality information. It also aims to present information over time to show movement and progress with performance. Work is continuing to reduce variation and continually improve performance across Merton's GP provider network. Going forward the aim is for a more user friendly Dashboard focusing on specific areas to improve GP understanding of the tool. Comments TH said that there continues to be a lack of data and this needs to be followed up with Practices. CG stated that there is lots of information and it would be helpful for the Committee to have 3 key areas of focus. CCl said that Primary Care as a service commissioned by the CCG must be treated as other Providers with investments based on KPI evidence. KW said that the CCG has agreed to invest in the Federation to support Primary Care development and as Members as well as Providers it is important that the Dashboard is transparent to support the transformation of Primary Care to ensure that patients receive the care they need in the most appropriate and effective setting. TH said that we need to focus on exception at practice level but also recognise system change. Recommendation The MCQC NOTED the update. RB left the meeting	
5	**For Note only**	
5.1	Approved Minutes The Primary Care Operational Group approved minutes from the meeting held on 19.9.16 were noted by the Committee.	
5.2	Workplan The workplan was noted and will be updated as follows:-	

	- Infection Prevention and Control – deferred to December 2016 - SGH Provider Visit – February 2017 - Integrated Urgent Care Update – February 2017 LW said that he would discuss the MCQC work plan outside the meeting with LS.	
5.3	<u>Feedback to Governing Body</u> - SGH - Staff Survey - IAPT	
5.4	<u>Date of Next Meeting</u> Wednesday 7th December 2016 10am to 12.30 Key Focus: Central London Community Healthcare (CLCH)	

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CLINICAL QUALITY COMMITTEE
MINUTES

Wednesday 7th December 2016

Meeting Room 6.2, 6th floor, 120 The Broadway, Wimbledon

Attendees	Clare Gummett (CG)	Governing Body Lay Member for Patient and Public Engagement - **Chair**
	Amanda Bland (AB)	Interim Deputy Director of Quality
	Chris Clark (CCl)	Director of Performance, Planning and Informatics
	Julie Hall (JHa)	Governing Body Nurse Member (dialled in)
	Dr Tim Hodgson (TH)	Locality Lead for West Merton
	Ian Horrigan (IH)	Performance Manager
	David Parry (DP)	Head of Quality
	Prof. Stephen Powis (SP)	Governing Body Secondary Care Consultant
	Lynn Street (LS)	Director of Quality and Governance
	Dr Karen Worthington (KW)	Locality Lead for East Merton
In attendance	Terri Burns (TB)	SECSU (minutes and 4.3)
	Bryony Neame (BN)	SECSU (4.5)
Apologies	James Holden (JH)	Commissioning and Service Improvement Manager
	Liam Williams (LM)	Director of Commissioning and Planning

Item	Agenda Item	Action
1.	**Welcome and Apologies for Absence**	
	The Chair welcomed all present to the meeting. Apologies for absence were noted.	
2.	**Declarations of Interest**	
	The register was approved as a full and accurate record of declared interests. No additional interests were declared in relation to items on the agenda. JHa noted that their contract with The Venn Group ended on 16th October 2016. The register would be updated to reflect this.	YH
3.1	**Minutes of previous meetings**	
	The Minutes of the meeting held on 2nd November 2016 were approved as an accurate record.	
3.2	**Action Log and Matters arising**	
	The action log was noted. CC noted that providers had been contacted regarding paediatric surgery	

	over the winter period and meetings were due to be held to discuss the issue with them.	
4	**For Approval/Discussion**	
4.1	Director of Quality Update LS reported that the Safeguarding Children figures quoted in the CQC report were not recognised by the CCG. LS was assured that compliance was at 96.6%, assurance for which had also been given to the Safeguarding Children's Board. The figure quoted by the CQC had also been challenged through CQRG. AB was introduced the committee as the interim Deputy Director of Quality who would be doing handover work two days a week before taking up the post full time when LS left the CCG at the end of December. It was noted that better processes were now in place for carrying out quality impact assessments on project work. A 30 day consultation had also begun regarding sharing of safeguarding nursing resources with Wandsworth. The proposed revised model has a designated nurse for children, a designated nurse for Children Looked After and a designated post for adult safeguarding across Merton and Wandsworth. The resource for Merton remains the same as the current model. There would be no staff at risk as a result of proposed changes. There would be no impact on the role of designated doctor. Sutton Public Health had given notice to separate the current Child Death Overview Panel process which includes the joint single point of contact role across the two boroughs. There is a potential risk to Merton as it is unclear what future arrangements will look like. Merton would be liaising with other SWL public health and CCG colleagues to find a resolution.	LS/AB
4.2	Quality & Performance Report Month 6 (including cancer, urgent care and mental health) CC reported that areas of good and challenged performance had remained consistent. Overall the CCG was doing well and meeting targets. The 62 day cancer wait figures were a good overall indicator. Two week wait times may be a risk for the next year due to access to diagnostics. Ways to address this were being considered. A&E targets continued to be missed, however it was noted that SWL had some of the best achievement rates. The teams that dealt with the Croydon tram incident were praised for their work. The meeting noted that winter pressures were likely to have an impact on achievement of targets. Winter planning was in place. KW stated that she had been asked by St George's A&E whether there were any issues in Merton that they should be aware of as an unusually high number of working age adults had attended in one day. CC agreed to follow up with the department. CC reported that the CCG was a poor outlier for falls of over 65 year olds. This was surprising as the provider was award winning. This was being reviewed to find out if it was a service issue or a social care issue. KW noted that around 40% of falls involved patients with visual impairments. CG noted the drop in IAPT recovery rates and expressed concern at this.	CCl

	CC stated that the whole service was being looked at, in partnership with the provider. This was partly due to lower rates of service access. Clinical leads were also sceptical of the term 'recovery' when considering IAPT, as the conditions being treated could often last for years or even a lifetime. The committee agreed to include an IAPT patient story on the March 2017 Governing Body agenda. IH reported that there would be a £25k penalty for children waiting more than 26 weeks for service access. A plan had been put in place to address the issues identified and was being enacted. LS asked why the report did not include a CQRG update for all providers. IH noted that these had not been received from the quality team. LS stated that this should be escalated to Director level if not received. These will be provided by the quality team going forward.	YH
4.3	Quality Risk Register TB reported that the safeguarding adults risk had been split into two, in the same way as the safeguarding children risk had been. There was now one covering internal CCG safeguarding requirements and another covering commissioned service requirements. These risks will be the subject of the 'deep dive' when the risk register is next considered along with any new risks. The committee noted the register.	TB
4.4	Complaints and PALS Q2 Report LS reported that complaints were managed by SECSU. The format had been changed for quarters one and two. Direct and provider complaints were included in the reported figures. CHC remained a prevalent theme, however there had been a shift from complaints about the services itself to those about dissatisfaction with responses. The committee noted that the relatively low number of complaints was a positive indicator. It was also noted that the CCG requested copies of responses to both provider and primary care complaints, however they were not always provided by the primary care sector. TH asked how the CCG compared against other CCGs. LS noted that the CCG had not previously been an outlier. The committee requested that benchmarking data is included in the annual report. LS agreed to ask the CSU to include this.	LS
4.5	Infection Prevention and Control Q2 Report (deferred from November) BN presented the report on behalf of Sheila Loveridge. BN reported that St George's had agreed to fund 10 new naso endoscopes, however this was less than the 20 recommended by the infection control team.. There was also ongoing debate as to whether paediatric scopes would be included. It was noted that Merton were performing well on ACHI. Incidences of whooping cough were increasing and there was a need to raise GP awareness of this and other diseases potentially being brought back into the country. TH noted that GPs had noticed a significant increase in cases of measles. Over half of new cases were in young adults who had been born outside of England. Flu vaccination uptake had been low.	

	BN agreed to follow up on a CDI update from Epsom St Helier.	BN/SL
4.6	Continuing Health Care update DP reported that there continued to be challenges with operational delivery. However the service was now fully staffed. Weekly panels were held, the quality of which was good. The data did, however, highlight some problems, but it was noted that no service users were having discharges delayed due to the quality of the service and the correct decisions were being made. The issues presented seemed to be related to process. It would take a year for all patients to progress through the panel stage, so issues would continue to be seen until this process had been completed. The CCG was considering appointing a dedicated social worker. The local authority had a bank of social workers, however funding was required. The decision made would have to take into account that the increased need was being driven by the CCG. DP noted that the fast track process was now on track. It was still a significant risk area that would need ongoing detailed scrutiny. The changes being made to safeguarding arrangements may also create unintended consequences, however most other areas were performing well.	
5	**Key Focus – Central London Community Healthcare (CLCH) POSTPONED**	
6	**For information only**	
6.1	Primary Care Operational Group approved minutes The minutes of the Primary Care Operational Group were noted.	
6.2	Medicines Management Approved minutes The minutes of the Medicines Management committee were noted.	
6.3	Work plan 2016/17 The Work plan for 2016/17 was noted. CG stated that it would need to be rolled over to 2017/18 and that this would be presented at the next Clinical Quality committee in January 2017.	YH
6.4	<u>Date of Next Meeting</u> Wednesday 4th January 2017	