NHS
Merton
Clinical Commissioning Group

Report to the Merton Clinical Commissioning Group Governing Body

Date of Meeting: 26th March 2015

Agenda No: 8.1 **Attachment:** 19

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

Rationale: To update the CCG Governing Body on the areas of responsibility covered by the following Committees.	
Summary:	**Date of Meeting**
Finance Committee	11.12.14; 28.01.15
Clinical Quality Committee	16.01.15; 13.02.15
Recommendation: That the Governing Body is asked to note the attached Minutes.	
Date, author details: As per details on each attachment.	

NHS
Merton
Clinical Commissioning Group

Merton Clinical Commissioning Group
Finance Committee

Thursday 11th December 2014
Meeting Room 5.1, 120 the Broadway, Wimbledon SW19

Chair: Peter Derrick

Members	Peter Derrick (PD)	Lay Member (Chair)
	Cynthia Cardozo (CC)	MCCG Chief Finance Officer
	Dr. Howard Freeman (HF)	CCG Clinical Chair
	Eleanor Brown (EB)	Chief Officer
	Dr Andrew Murray (AM)	GP Governing Body Member
	Dr Carrie Chill (CCh)	GP Governing Body Member
	Adam Doyle (AD)	Director of Commissioning & Planning
Attendees	Sion Gibby (SG)	Raynes Park Locality Lead
	Faiza Waheed (FW)	Head of Finance and Business
	Sue Howson (SH)	Project Director, Better Healthcare Closer to Home (Item 3.4)
	Yvonne Hylton (YH)	Committee Secretary (SECSU)

1.	Welcome, introductions and apologies The Chair welcomed all in attendance to the meeting. Apologies were noted for Neil McDowell.	
2	Declarations of Interest The Finance Committee approved the Register of Interests. No further interests were declared in relation to the items on the agenda.	
3	For approval	
3.1	To approve the minutes of the meeting held on 17.11.14 The minutes were approved without amendment.	
3.2	Action log and matters arising The account log was updated and will be re-circulated to the Committee. SWL Risk Share Arrangements 2014/15 The ToR have been agreed by other CCG Finance Committees and it is not practical to amend the ToR for 2014/15. The compromise is that an early draft of the 2015/16 ToR will be shared with the FRG on 27.11.14 and reflect the changes requested by MCCG and reported in the minutes of the FRG meeting held on 18.9.14.	
3.3	Financial Planning for 2015/16 CC introduced this item. The CCG submitted a five year financial plan to NHSE in April 2014 which contained a detailed two year financial plan covering 2014-15 and 2015-16 and high level plans for the remaining three years. The two year detailed plans were based on the two year allocated received in December 2013. This forms the start of the draft financial plan for 2015-16. The draft plan is a work in progress and is subject to changes as budget holder's work through their budgets for 2015-16. The draft plan is based on the latest known position on 2014-15, assumptions on 2015-16 national tariff and recent national guidance. Detailed planning guidance will be issued by NHSE on 23 December 2014.	

In 2014-15, MCCG plans to deliver a surplus of £2.2m with a QIPP programme of £6.5m. The plan also includes 0.5% contingency reserves (£1m) and 1.5% non-recurrent reserves (£3.1m).

On 3rd December 2014 the Chancellor of the Exchequer, in his autumn statement announced additional funding of £1.98bn to the NHS over the next 5 years. A breakdown of the allocation is detailed on Page 3 of the paper. This should result in Merton receiving approximately £3.6m additional funding.

Business rules remain the same as those assumed in the five year financial plan:-

- Surplus 1% = £2.3m
- Contingency reserve 0.5% = £1.1m
- Non recurrent reserve – 1% = £2.2m

The CCG has put aside a CCG reserve of £1m to account for any acute service developments or cost pressures that may be identified during 2015-16 negotiations.

Monitor issued a consultation document on 26th November for the 2015/16 tariff. The deadline for responses is 24th December.

Monitor has proposed efficiencies of 3.8% offset by inflationary rises and costs pressures of 1.93% giving an overall tariff deflator of 1.87%.

The changes being consulted on are:-

- Non Elective Threshold Adjustment (NETA) to be increased from 30% to 50%;
- Updated list of high cost drugs and devices reimbursed from outside national prices
- Removing transitional national variations in place for, maternity pathway payments; unbundled diagnostics in outpatients and chemotherapy delivery and external beam radiotherapy

CC said the proposed change to NETA is a potential risk for the CCG. In 2013 it was agreed to use 2008 as the baseline for SGH in SWL.

CCGs have been asked to submit their preferred model for Primary Care Co-Commissioning. The SWL Chief Officers and Chairs group will discuss options and agree a response for London.

NHSE issued their Commissioning Intentions for Specialised Commissioning Services on 30th September. These include proposals for GP referred neurology outpatients and wheelchair services to transfer to CCGs from 1.4.14. CC said that this transfer is expected to be cost neutral. In addition renal dialysis and bariatric surgery are also proposed to transfer. CC said that the two later services are being consulted on with a deadline for responses 9.1.15. At present work is taking place to understand the impact for the CCG as services are transferred.

The draft plan assumes the same level of gross QIPP as the original five year plan £6.4m. Schemes have been identified for £3.8m leaving a gap of £2.6m. AD said that schemes have been developed to cover the gap, however where investment is required these will be subject to the investment scoring process taking place on 17.12.14.

Cost pressures of £3.6m are included in the plan. Work is underway with the

budget holders to identify and validate cost pressures. AD said that it is expected that this will change over the coming months.

£3.9m is identified for new investment, although this could change depending on contract negotiations, cost pressures and QIPP schemes identified. CC reiterated that an Investment Scoring Event is taking place on 17.12.14. The scoring panel comprises of Executive Management Team, Clinical Reference Group, Health Watch and the Chair of the Health & Wellbeing Board. Prioritised bids will then be scrutinised and approved by EMT in January 2015 and communicated to bidders. Bids above £250k will require a business case to be approved by EMT, Finance Committee and Governing Body

A draft timetable has been issued and will be confirmed when final planning guidance is issued on 23rd December 2014.

Investments and QIPP to be approved by EMT	14.1.15
National contract stocktake	20.2.15
Submission of full draft plans to NHSE	27.2.15
CCG Governing Body to approve final plans for submission to NHSE	26.3.15
Full Plans to be submitted to NHSE	10.4.15

Questions

PD commented that the acute forecast for 2015/16 being at the same level as 2014/15 was a risk. AD said that this was a risk but correct in terms of financial planning.

PD then referred to 4.2.3 and asked if the £3.6m additional funding was included in the draft plan. CC said no it was additional funding and MCCGs allocation would be confirmed on the 23rd December 2014.

In response to a question on the different budgetary options available for primary care co-commissioning, EB said that for next year risk will remain with NHSE, however, future reporting arrangements must be agreed.

PD asked about the QIPP £2.6m gap. AD said that schemes have been developed in excess of £2.6m and those requiring investment are subject to the scoring process. AD added that it is anticipated that when the Nelson Health Centre opens in April 2015 and activity increases further savings will be realised due to a reduced tariff agreed.

In response to a question of 'must do' cost pressures reported on Page 6. CC responded that these are either schemes that improve quality or schemes already committed to. Some of the cost pressures are still being validated, such as RiO where the costs are being investigated as CCGs cannot fund capital.

HF commented that the paper did not include a section on risk. He also raised a concern regarding Local Authority cuts and the subsequent impact and possible cost pressures on our services. CC said that social care services for the most vulnerable were included in the Merton Better Care Fund, and discussions were taking place with the Local Authority including a proposed Executive to Executive in early January to understand the full impact of the proposed changes in 2015/16.

EB added that she has raised with the Chief Officers the need for a SWL review to understand the overall impact of Local Authority cuts across SWL.

EB stated that the draft financial plan excluded the quality premium.

	AM asked if the over 75s funding was recurrent. CC confirmed it was, however, the criteria upon which funding is released might change next year. <u>Recommendation</u> The report provides a snapshot of the current 2015-16 draft financial plan. Further reports will be presented to the Executive Management Team and Finance Committee as contract negotiations develop and both investments and QIPP savings are identified, with the aim of final sign off on detailed budgets in March. The Committee **approved** the draft plan noting it is a work in progress.	
3.4	<u>The Mitcham Local Care Centre Economic Case</u> The Chair welcomed Sue Howson (SH), Project Director for Merton Better Healthcare Close to Home Programme to the meeting. Following approval of the strategic outline case for a new healthcare facility in East Merton a shortlist of site options were appraised to identify the preferred option for a Mitcham Site. Four sites were identified Birches Close, Raleigh Gardens, Sibthorpe Road and Wilson Hospital. Assessment criteria and weightings were agreed by the Project Board. Two criteria were considered to be key in evaluating site options:- - The ability to support the model of care, in particular ensure that all services can be delivered from the site; - Accessibility. The prevalence of deprivation in East Merton means that public transport access will play a key role in improving access from the most deprived areas. The Assessment Criteria was listed on Page 24. Recognising the public interest in a Mitcham Site a formal Public Engagement Event was included as part of the qualitative option appraisal process. The event took place on 2nd October 2014 following which a survey was placed on the CCG website inviting the public to register their votes. At the same time the Project Board assessed the criteria. Recognising the expertise of additional knowledge of the Project Board a weighting of 60% Project Board and 40% Public was agreed. The Do Nothing/Minimum options were not included in the Qualitative assessment. Results of the Project Board and Public Assessments found the Wilson Hospital Site to be the preferred site with Birches Close second. The preference for the Wilson site reflected the larger site which could accommodate the Mental Health Hub. AD said that as well as improving access to mental health services in East Merton it was also in line with national policy to provide mental health services alongside acute and community healthcare services. SH talked through the financial analysis of the four options. The options have been defined to make comparison fair and equitable and costs included in the appraisal are reported on Page 7. The financial appraisal indicates that the Sibthorpe Road option to be the most expensive site to develop.	

	SH said that comparing the options to identify the preferred option is not straightforward. Whereas costs can be calculated in the same way and revenues from financial benefits can offset costs, qualitative benefits analysis does not result in a numerical measure to compare with financial analysis. To overcome this difficulty it was agreed to turn the qualitative assessment into a numerical score, the combined weighted score from the qualitative assessment is taken to represent the number of cost benefit points awarded to each option which can be compared to the financial assessment to identify the preferred site. Using this approach the Wilson Hospital site is the most economical site to develop and the preferred option having a benefit point 20% less than the next best option Birches Close. <u>Comments</u> HF referred to access and asked if discussions had taken place with Transport for London to improve public transport to the preferred site and whether costs were included in the economic case. SH said no discussion had taken place to date. SH commented that the re-routing of the S1 bus route had significantly improved access to the site. However, following further discussion and acknowledging the need to improve access both for patients accessing mental health services from across London and improving access from the most deprived areas, SH agreed to speak to TFL and stated that any potential costs would be included in the economic case. PD asked for an update on the MRI scanner reported on Page 12. AD said that this was under review. AM added that SGH had expressed interest in MRI at the Nelson site to support capacity issues. AD said that this would need to be discussed and agreed with Commissioners. EB referred to the formal Public Engagement Event and asked about communication to stakeholders. AD said that the final decision to approve the site will be taken by the Governing Body and prior to this a communication will be issued to stakeholders. In response to a brief discussion on the disposal of sites, SH said that this had been taken into consideration and was factored into the economic case. HF commented on the need for caution where capital receipts underpin the economic case. PD asked CC to check that the London Health Commission's recommendations on surplus sites do not have a negative impact on the project. PD thanked SH and her team for their hard work in developing the economic case for a healthcare facility in Merton. <u>Recommendation</u> The Committee were asked to approve the Wilson site as the preferred option for the development of the Mitcham Health Care Scheme	CC

	The Finance Committee **approved** the recommendation noting that the final decision will be taken by the Governing Body.	
3.5	Risk Pool Update The Financial Review Group (FRG) has approved the following recommendations for utilisation of the South West London Risk Pool of £8.1m: 1. Financial support to the London Ambulance Service of £2.5m 2. Funding correction for the Priory (provider of specialised forensic services) of £0.3m 3. Refund Croydon, Sutton and Kingston CCGs the remaining balances of their contributions to the fund of £2.7m in total 4. Endorsement of the following three options for distribution of the remainder of the funds of £2.6m : a) Advance contribution to the 0.3% London Healthcare Commission Transformation Fund b) Create investment pool for SWL Collaborative Initiatives c) Return contributions back to CCGs (Merton, Wandsworth and Richmond CCGs) to be managed locally Recommendations 3 and 4 above are proposed to be taken for Month 9 reporting in early January EB stated that the proposal to create an investment pool to support SWL collaborative initiatives is approved in principle funded by Richmond, Merton and Wandsworth CCGs; in the event that it is not progressed the funds will be returned to the CCGs. Recommendation The Finance Committee is asked to approve recommendations for Month 9 reporting. The Committee **approved** the recommendations.	
4	Standing Items	
4.1	Finance and QIPP Report Month 8 CC provided a verbal update advising that a full written report for Month 9 will be presented to the Committee in January 2014. CC reported that as at Month 8 MCCG is forecasting a year-to-date and full year performance to plan. Acute performance. A significant shift has been seen at SGH with £400k year to date over performance reported at Month 8, a shift of £800k from Month 7. The CSU are challenging the position to understand the over-performance focussing on maternity coding reporting £250k and senior health £300k. A joint WCCG/MCCG meeting is planned with SGH to agree a fixed year-end position. QIPP is reporting to plan at Month 8. Recommendation The Committee is asked to **note** the update. **Noted**	
4.2	Tender Waiver There were no tender waivers to be reported this month	

4.3	Business Cases There were no new business cases to report this month	
5	To note	
5.1	Community Services Project Board Approved Minutes The minutes of the meeting held on 5th November 2014 were presented to the Committee to note. AM referred the Committee to Page 3 and the EMT and Project Board Governance arrangements. AD said that this was noted and will be resolved and reported back to the Project Board meeting.	
6	Any Other Business	
6.1	Date of Next meeting: Wednesday 28th January 2015, 120 The Broadway, Wimbledon SW19	

The Minutes are an accurate record of the meeting held on 11th December 2014

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Peter Derrick – Chair, MCCG Finance Committee

……..
Date:

NHS
Merton
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Merton Clinical Commissioning Group
Finance Committee
Wednesday 28th January 2015
Meeting Room 5.1, 120 the Broadway, Wimbledon SW19

Chair: Peter Derrick

Members	Peter Derrick (PD)	Lay Member (Chair)
	Cynthia Cardozo (CC)	MCCG Chief Finance Officer
	Dr. Howard Freeman (HF)	CCG Clinical Chair
	Eleanor Brown (EB)	Chief Officer
	Dr Andrew Murray (AM)	GP Governing Body Member
	Dr Carrie Chill (CCh)	GP Governing Body Member
	Adam Doyle (AD)	Director of Commissioning & Planning
Attendees	Sion Gibby (SG)	Raynes Park Locality Lead
	Faiza Waheed (FW)	Head of Finance and Business
	Yvonne Hylton (YH)	Committee Secretary (SECSU)
	Neil McDowell (NMcD)	Assistant Director of Finance (SECSU)

1.	Welcome, introductions and apologies The Chair welcomed all in attendance to the meeting.	
2	Declarations of Interest The Finance Committee approved the Register of Interests. No further interests were declared in relation to the items on the agenda.	
3	**For approval**	
3.1	To approve the minutes of the meeting held on 11.12.14 The minutes were approved without amendment.	
3.2	Action log and matters arising The account log was updated and will be re-circulated to the Committee. Matters arising:- The Mitcham Local Care Centre Economic Case NHSE have confirmed we cannot assume receipt of the income from the disposal of surplus sites will be returned to the CCG. The impact of this will be included in the outline business case.	
4	**For discussion**	
4.1	2015-16 Financial Allocations: Merton CCG In December 2013 Merton was given an allocation of £218.5m, for 2015-16, an increase of 4.49% (£9.4m) from 2014-15. Merton was below distance from target (dft) by 6.67%. This allocation is for programme costs only, it also excludes c/fwd surplus and better care funding. The allocation announcement on 22nd December 2014 gives Merton a revised allocation of £226m, a further increase of 3.41% (£7.4m). This includes £1.1m of winter resilience funding received in-year in 2014-15. The aim is that all CCGs are below 5% distance from target by 2016/17. With the increased allocation of £16.8m means Merton is now 4.77% distance from target. Notional allocations have been published for Primary Care and Specialised	

	Commissioning. Primary Care GP Services £26.6m (excludes revalidation costs) Primary Care other costs £17.7m (Ophthalmology, dentistry and pharmacy) Specialised Commissioning £56.5m HF asked the basis for the notional allocations. CC said they were based on expenditure and subject to change. EB referred to Primary Care and said that a formula for the future was being discussed advising that the Joint Committee were very cautious but the decision to accept full delegation would need to be made in the next six months. <u>Recommendation</u> The Finance Committee is asked to note the Merton allocation will be used to draft the Financial Plan for 2015-16. **Noted**	
4.2	<u>High Level Financial Planning 2015/16 and investment results</u> In April 2014 the CCG submitted a five year financial plan to NHS England, which contained a detailed 2 year financial plan covering 2014-15 and 2015-16 and high level plans for the remaining three years. The 2 year detailed plans were based on the two year allocations received in December 2013. The draft plan is work in progress which has been submitted to NHSE on 13th January 2015 and is subject to changes as budgets and QIPP plans are finalised. <u>High level overview of 2015/16 Draft Financial Plan</u> MCCG has a total resource allocation of £226m which includes the £19.8m additional allocation and how this has been applied (slide 2) The 1% surplus had increased by £200k to £2.3m The plan assumes a £6.4m QIPP programme is delivered. A workshop is arranged in February to address an identified £1.7m shortfall. £2.1m full year effect is allocated for schemes which were approved in 2014-15 £3.5m is allocated to Better Care Fund investments (slide 4). £1.1m systems resilience funding was received in 2014-15. Schemes which are expected to continue will be re-assessed in Q1 2015-16. £4.6m has been allocated to reserves and contingency to support the 2014-15 position. £2.7m cost pressures have been identified and are being validated with Commissioning Managers. A further Non Recurrent Funds of £2.4m (slide7) is planned to support the 2014-15 outturn position and to enable CCGs to create funds outside of the SWL Risk Pool. £3.3m approximately is available for Investments.	

	Comments PD asked if the £6.4m QIPP was net of investment. CC said no it was gross adding that BCF investments have been crossed check with QIPP and part-year effects are included in the £6.4m. PD referred to Slide 3 and Slide 7 and asked what the increase in the non-recurrent reserve from £1.9m to £2.4m related to. CC to action HF referred to Slide 7 additional non-recurrent reserves and asked for clarification of the governance around the London Wide Transformation Fund, especially with regards to use of programme costs for enabler programmes. He would like to understand how spend would be tracked for Merton. EB said that the ToR and governance arrangement have been developed for London wide transformation and reviewed by the London Chief Officers Group. Changes have been requested and final drafts will be presented to the Governing body for approval on 28.3.15. HF asked for assurance that funds allocated to Merton can be used to support London wide transformation and also that programme costs are not used to support running costs. CC to action. Investment Process and Scoring An investment scoring workshop took place on 17th December 2015. It is recommended that the top 11 schemes excluding End of Life Care are approved. This totals to £2.2m. End of Life care scheme can utilise the BCF pool and is therefore approved. Proactive detection of atrial fibrillation; CRG agreed further work-up was required. In addition the QIPP target needs to be delivered and it is therefore recommended that the 2 Prescribing schemes are approved totalling £300k. There is £500k of 2013/14 Quality Premium available to spend on non-recurrent schemes which are not in the plan. CRG agreed that this money will be used for the prioritised schemes that have non-recurrent costs. This will leave a further £1.3m to approve once the plan has been approved in March 2015. Comments EB said that she believed MCCG were the only CCG to have undertaken an Investment Scoring Process and feedback from the attendees, Clinical Reference Group, EMT, the Chair of the Heath & Wellbeing Board and HealthWatch was that the workshop was appreciated. Recommendation The Finance Committee is asked to approve the draft Financial Plan noting that it will be further developed as Commissioning Intentions progress and further QIPP schemes and Investments are identified. **Approved**	CC CC
5	**Standing Items**	
5.1	Finance Report Month 9 FW introduced this item. For the nine months to 31st December, NHS Merton CCG is reporting a year to date surplus to plan. The full year position is an improvement of £0.5m from plan, resulting in a reported surplus of £2,667k. This improvement of £0.5m is	

	the unused legacy continuing healthcare contributions from the risk pool which has been returned to the CCG on the condition that an improvement in the financial forecast equivalent to the returned amount will be reported in Month 9. Acute commissioning is forecast to over spend by £1.6m. £0.5m of this over performance is reported at St Georges NHS Trust and is primarily being seen in outpatients and emergency activity. Epsom & St Helier NHS Trust are reporting full year under performance of £0.4m primarily in elective activity and critical care. Kingston Hospital NHS Foundation Trust is forecast to over perform by £0.3m mostly owing to over performance in critical care and maternity. Over spends are being reported on non-acute commissioning mostly owing to an increase in continuing care spend. Primary care is over spending owing to an over spend on prescribing caused by an increase in Category M prices and flu jabs. Corporate costs are over spending owing to reflecting some key risks related to the Nelson Health Centre and running to programme costs reclassifications in the position. The forecast overspends are being offset by under spends on investments, release of CCG SLA reserve, partial release of contingency fund and return of Merton's remaining contribution from the South West London (SWL) risk pool contribution. A year to date over achievement of £0.2m and full year over achievement of £16k is reported on QIPP. <u>Comments</u> NMcD advised that an a contract query has been issued to SGH. The CSU are investigating inappropriate admissions at ESH in response to very high number of 1-2 day stays are reported. PD referred to slide 6 and questioned the Nelson Unitary charge (£297k) and Nelson revenue spend (£855k) and asked that a proposal paper is presented to the next meeting of the Finance Committee in line with good governance arrangements. CC to action PD asked if projected surplus above target could be carried forward. CC said not automatically a business case would need to be developed. NMcD updated the meeting on acute year-end settlements. Discussions with ESH are taking place led by SCCG supported by the CSU to reach an agreement which will be applied across all CCGs. SGH is difficult. No response has been received from the Trust and this has now been escalated. It is anticipated that agreement with ESH will be reached, SGH is the key risk. <u>Recommendation</u> The Finance Committee is asked to approve the Finance Report **Approved**	CC
5.2	<u>SECSU Continuing Healthcare Report</u> Continuing healthcare is forecasting to overspend this year by £518k. To understand the position MCCG requested a detailed report on the performance and processes from the SECSU. The report was inconclusive and a meeting will be arranged with the SECSU to discuss further.	

	An in-depth review led by CC/LS and AD is taking place to highlight issues and agree a way forward to enable the service to meet KPIs. CC said that the matter has been escalated to SECSU by all SWL CFOs and Directors of Commissioning (DoC) through a joint letter on behalf of all SWL CCGs. <u>Recommendation</u> The Finance Committee is asked to **note** the report and plans to agree a way forward. **Noted**	
5.3	<u>QIPP Report</u> Merton CCG's QIPP plan for 2014/15 consists of five main programmes based around: • Acute portfolio (including mental health contracts) • Urgent and Intermediate Care • Planned Care • Medicines Optimisation (Prescribing) • Placements Each of these programmes has a number of associated work streams and projects. A full description of each of the programmes is set out in the paper. Overall, the programme is forecast to deliver combined savings of £6,543k, £15k below plan. The acute portfolio scheme is on plan to deliver savings of £4,309k which is £113k above plan due to overachievement on the acute challenges scheme. The mental health contracts scheme is on track and is forecast to deliver savings of £523k. The mental health component of the placements QIPP scheme is forecast to achieve savings of £425k, which is £25k above plan. There are a number of risks to the delivery of a net saving; this scheme is based on effective management of placements, but the risk of additional placements being required (whether new or step down from tier 4 provision) cannot be mitigated. The remainder of the placements savings relate to continuing healthcare placements and are on track to deliver £173k. The urgent and intermediate care programme is now slightly below target and is expected to deliver savings of £555k which is £65k below plan in 2014/15.This is due to delays in getting an interim HARI service operational (including the appointment of an interface geriatrician), delays in securing sufficient additional intermediate care beds. The planned care programme has undergone significant revision following South East Commissioning Support Unit advice against attempting to procure additional services in Merton which may be considered 'competitive' to the Nelson LCC during the Nelson LCC procurement process, and also advice regarding re-procurement of services currently delivered by the existing community services provider (Sutton and Merton Community Services). As a result, it has not been possible to implement many of the original planned care schemes and they have been revised or ceased. The additional schemes developed have had limited impact to date and the planned care programme is therefore currently forecast to deliver £112k savings in 2014/15, a shortfall of £255k against the original planned savings of £367k. The medicines optimisation QIPP scheme is currently showing a year to date	

	under achievement of £19k. The full year forecast is £446k, which is £9k below the net planned savings of £455k. The underachievement is attributable to staffing; intermittent vacancies contribute to the volatility of the savings. Recommendation The Finance Committee is asked to approve the QIPP report **Approved**	
5.4	Business Case - Tier 3 Weight Management AD introduced this item Clinical Commissioning Groups are responsible for commissioning Tier 3, clinician-led specialist multidisciplinary teams for weight management. Currently Merton CCG does not commission a multidisciplinary Tier 3 weight management service. Tier 3 specialist weight management services are expected to be provided within primary/community care through a multi-disciplinary team to provide an intensive level of input to patients. The Tier 3 specialist weight management programme Merton CCG intends to commission will consist of high quality interventions to support patients in behaviour change to reduce weight as well as supporting patient's pre and post bariatric surgery. A Tier 3 service specification has been finalised based on NICE guidelines and models used across the UK. The service specification has been approved by Dr Vasa Gnanapragasam, Early Detection and Management Clinical Director. Based on models used by CCGs across the UK the cost of the Tier 3 specialist weight management service will be £303K per year equating to £909K over three years. The Tier 3 specialist weight management service will be procured alongside London Borough of Merton's procurement of Tier 2 and Children's Weight Management Services. Comments CCh supported the introduction of the Tier 3 service. Recommendation: The Finance Committee is asked to approve investment of a Tier 3 specialist weight management service **Approved**	
5.5	Tender Waivers There were no tender waivers to be reported this month	
6	**To note**	
6.1	Community Services Project Board Approved Minutes The minutes of the meeting held on 5th November 2014 were **noted** by the Finance Committee.	
7	**Any Other Business**	
7.1	Date of Next meeting: Thursday 26th February 2015, 12.45-1.45pm, Vestry Hall, Mitcham	

The Minutes are an accurate record of the meeting held on 28th January 2015

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Peter Derrick – Chair, MCCG Finance Committee

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Date:

NHS
Merton
Clinical Commissioning Group

Merton Clinical Commissioning Group

Clinical Quality Committee

Minutes from the meeting held on Wednesday 16th January 2015

Meeting Room 6.3, 120 the Broadway, Wimbledon SW19 1RH

Members

Clare Gummett (CG)	Lay Member Patient and Public Involvement (Chair)
Mary Clarke (MC)	Independent Nurse Member (Items 1-5)
Dr Sion Gibby (SG)	Raynes Park Locality Lead
Lynn Street (LS)	Director of Quality
Adam Doyle (AD)	Director of Commissioning & Planning
Dr Tim Hodgson (TH)	West Merton Locality Lead
Dr Karen Worthington (KW)	East Merton Locality Lead

In attendance

Eleanor Brown (EB)	Chief Officer
Cynthia Cardozo (CC)	Chief Finance Officer
Prof. Stephen Powis (SP)	Secondary Care Consultant (for part of the meeting)
Sally Thompson (ST)	Interim Head of Quality
Murrae Tolson (MT)	Head of Systems & Performance (Item 5.1)
Iynkaran Perambalam (IP)	Systems and Performance Analyst (Item 5.1)
Pippa Hart (PH)	Director of Nursing and Infection Control – ESH (Item 4.1)
Dr James Marsh (JM)	Medical Director – ESH (Item 4.1)
Terri Burns (TB)	Corporate Affairs Manager (SECSU) (Item 5.2)
Penny Spence (PS)	Infection Prevention and Control Specialist (SECSU) (Item 5.3)
Hannah Pearson (HP)	Commissioning Manager (Item 5.4.1)
Annette Bunka (AB)	Senior Commissioning Manager (Item 5.4.2)
Yvonne Hylton (YH)	Committee Secretary – Minute Taker (SECSU)

Apologies

Kay Eilbert (KE)	Director of Public Health

1.	**Welcome and introductions** (CG)	
1.1	The Chair welcomed everyone present to the meeting. LS introduced Sally Thompson, Interim Head of Quality. Sally will have responsibility for the operational aspect of Safeguarding Adults and will support Clinical Directors in their assurance roles at the CQRGs.	
1.2	Declarations of Interest 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. The Register was confirmed as an accurate record of interests held by the Committee Members	
2.	**For Approval**	
2.1	Draft Minutes of the meeting held on 17.12.14 The minutes were approved without amendment. Action Log and matters arising not on the agenda. The action log was discussed and updated and will be re-circulated to the Committee. - NHS Continuing Care Due to an administrative oversight the report had not been circulated with the meeting papers.	

	The report was subsequently tabled and AD provided a short verbal update to inform the Committee of the key issues and concerns, particularly the significant over-activity in the service and the need to understand the financial impact on the CCG. SECSU are reviewing the service and will report back recommendations for consideration by the CCG at the end of February. CC/LS and AD are working together to agree the way forward to ensure quality and financial assurance with assessments made on time and annual reviews to enable invoices to be validated. AD said that a meeting with the CHC Lead and Deputy to discuss the service heard that there was a widespread lack of corporate support. The CHC Lead (Jane Pettifer) has resigned and cover arrangements are being worked through. MC commented on the lack of corporate support and asked how this could be avoided in future. AD said that he would feedback the concerns to the CSU and staffing levels would be included as part of the recommendations for consideration by the CCG. The Chair agreed to defer the item to the next meeting for full review and discussion.	AD
3	**Director of Quality Report – January 2015**	
3.1	LS presented the Quality Report to update the Committee on activity undertaken with the Quality Directorate over the previous month. **Head of Quality** The interim Head of Quality, Sally Thomson, joined the Quality Directorate this month and will provide operational support to safeguarding adults and work with the Clinical Directors in their quality assurance roles at the CQRGS. **Safeguarding Adults** Priorities for January include the refresh of the Safeguarding Adults at Risk Tool. Safeguarding adults at risk is the subject of internal audit for this month. Internal Auditors have agreed that this will be an advisory audit involving comparing CCGs to ensure all areas are covered. **PREVENT** The role of organisations in respect of PREVENT has been reviewed. Merton is currently a non priority area, but all areas are under review and this may change. All areas have been asked to report quarterly. All Trusts and CCGs need to have a PREVENT lead and are responsible for rolling out training to staff. This is a requirement in the NHS standard contract under safeguarding. For the majority of staff this can be included within safeguarding training at induction. Going forward consideration needs to be given as to how to build PREVENT assurance into the annual assurance process. **Safeguarding Children** Maria Ellery and Jo Norman, independent consultants for safeguarding children, have been commissioned to cover the Designated Nurse safeguarding role, which includes looked after children responsibilities, for the next year. Key priority areas of work include the preparation for the imminent CQC inspection, to respond to the externally commissioned Looked After Children's service; to establish regular meetings and supervision of all safeguarding lead professions and to ensure that CCG staff are of aware of and compliant with mandatory safeguarding training.	

Child Sexual Exploitation:
Professor Alexis Jay's report into the sexual exploitation of children in Rotherham highlighted a catalogue of abuse and abject failings across agencies.

The Designated safeguarding children nurse attended a Merton Safeguarding Children's Board challenge and MCCG have submitted an action plan to the board detailing how we will strengthen assurance for health providers in Merton.

Safeguarding incident – Baby PP:
Baby PP is a five week old child seen in November 2014 on two occasions at St Georges Hospital. The incident has now been raised as a safeguarding alert by the Trust. Merton CCG will attend a meeting chaired by the chair of MSCB on 20 January 2015 to consider whether a Learning & Improvement Review into the multi-agency assessment of Child PP is required. It is not thought, at this stage that the case requires a Serious Case Review; however, that decision will be made at the meeting.

MC asked if there had been GP involvement and the reason for the delay in reporting on Steis. LS responded that there had been GP involvement and all mother and baby checks would be included in the learning review. In relation to reporting, LS said that the Trust had wrongly misinterpreted the guidance and this will be followed up as part of the learning review.

NHS 111
The performance of the 111 service has remained under constant review over the Christmas and New Year period. Performance was poor over the 4 day Bank Holiday and post-Christmas weekend period. South London performance was impacted upon by poor performance in other UK regions NHSE were assured that South London CCGs were doing all that could be expected to drive improvement and performance.

Quality Surveillance Group
The Director of Quality attended the meeting on 7 January 2015.

The focus of the meeting was largely based on discussions regarding quality assurance during the recent extreme pressures being experienced in provider A&E departments.

Jane Clegg, Director of Nursing for South London reported that the Accountability Framework for Safeguarding Adults and Children will be out for a six week consultation very shortly.

CCG/CSU Patient Safety Leads Meeting
The Director of Quality attended the meeting on 9 January 2015.

The group have recommended the wording in respect of Duty of Candour in the NHS Standard Contract (currently in draft) is changed. Confirmation is awaited from the TDA and DH to make this a national standard.

The revised Serious Incident policy and framework is on track to be published in February 2015 at the same time as the revised Never Event framework.

An eForm has been developed in collaboration with GPs, to encourage GP Patient Safety Incident Reporting to the NRLS (National Reporting and Learning System). This is not intended for serious incidents but is to encourage GPs to report safety incidents.

A Patient Safety Action Day for Primary Care is planned for 26 February 2015 to raise awareness of patient safety in primary care. Awaiting communications for this.

NHSE are looking for pilot practices to trial the eForm.

	Emergency Preparedness, Resilience and Response (EPRR) Assurance The Director of Quality attended the South London Local Health Resilience Partnership on 12 January 2015 to present the self assessment action plan. MCCG was assessed as having 'substantial' assurance and this will be confirmed shortly. **Communications and Engagement Strategy** Communications and engagement activities have been combined into one strategy to create a coordinated plan for the future. A Merton CCG stakeholder mapping group met in December 2014 to identify key stakeholder and available channels to communicate and engage with them, as well as identifying any gaps. The outcome from this session formed the basis for the draft strategy. We are now gathering views on the strategy from the governing body, CCG staff, and from key stakeholders. The strategy and Communications and Engagement Protocol, outlining staff roles and responsibilities and the processes around communications and engagement activity was presented to EMT on 14.1.15. The Chair thanked LS for the update.	
4	**Key Focus**	
4.1	<u>Epsom & St Helier NHS Trust</u> <u>CCG Briefing</u> AD/LS provided an overview of ESH performance from a CCG perspective to inform discussion. AD said that all services commissioned are delivered well and there are no operational issues for the CCG. Where concerns have been raised in the past the Trust has been very open and responsive. SG added that from a GP perspective the Trust deliver quality care and is approachable. In addition NHS Choices is very positive. <u>Epsom & St Helier Trust</u> The Chair welcomed Pippa Hart (Director of Nursing) and Dr James Marsh (Medical Director) for the second year to the Clinical Quality Committee. PN started her presentation with a patient story to illustrate the importance of the Doctor/Patient relationship and how differing view points can negatively affect a patient. The story explained how the Trust went on to resolve the complaint including discussions with the Doctor on how clinical practices had impacted on the patient and how the situation could have been better managed. Quality Assurance reporting to the Trust Board and back to Clinical Directorates was demonstrated by a Trust Board and Sub-Committee structure chart, and examples of reports regularly presented and patient stories, videos and visits. The top 3 risks to the Trust in terms of quality were presented as follows:- 1. <u>Reducing avoidable harms/Safety Thermometer</u> Falls are the highest reported incident at ESH. The Trust has undertaken a lot of work in this area including introducing wet rooms to reduce the high number of falls which were reported in Showers. Category 3 pressure ulcers (SIs) have significantly reduced. There has been a lot of work with Community Services to help identify pressure ulcers in the Community and the Trust is robustly challenged and scrutinised by the CQRG.	

PN referred to the Safety Thermometer Q3 analysis explaining that the number of 'old' harms relates to 'before hospital' whilst the number of 'new' harms relate to 'at hospital' and shows ESH are reporting below the national average.

Venous Thromboembolism (VTE) risk assessments have been consistently above the 95% target. However this recently fell below target due to the operational pressures mainly due to the significant increase in A&E activity which has affected all acute trusts across the Country.

2. Managing the acutely ill patient

PN said that this is the highest concern for the Trust with policy documents showing how important observations are for the most acutely ill patient and how patients in this category can deteriorate very quickly.

The Trust has provided IPADs and IPODs in all medical wards to support nurses and clinicians by prompting nurses when observations are due and when to escalate.

There are robust handovers between clinical and on call teams to identify both to out of hours providers and junior doctors patients which are of the greatest concern.

Simulation training is to be incorporated into end of life care training and a key component of the 'sign up to safety' bid is to increase simulation training and to support falls management.

3. Maintaining effective clinical staffing 24/7

A number of staff processes are in place including e-rostering for all nurses and midwives. PN advised that this is very challenging during December due to an outbreak of flu affecting both staff and then patients and resulted in staff being moved very quickly to areas escalated to mitigate risks and maintain safe staffing levels.

There is a detailed plan for recruitment to meet the London Quality Standards (LQS). ESH are not compliant in 38 standards. A recent peer review and gap analysis showed that an additional £10.7m investment was required for the Trust to fully meet the LQS. Recruitment will focus on the emergency department and maternity, which have been identified as the areas with the highest need.

External assurance staff engagement.
There has been lots of work to engage with all staff including Consultant and junior doctors to raise awareness of issues and encourage reporting of all incidents with the aim for a culture where if a problem is seen it is reported.

In general JM said that feedback from staff is positive that their own departments manage incidents reports and they get feedback, however there is less confidence across the wider Trust. Electronic reporting has partly mitigated this by making sure that risks are reported back but there is more work to do.

Comments

Sally Thomson (ST) welcomed the patient story as an example of how the Trust manages complaints but asked how the Trust is assured that actions and learning is embedded. PN said that that this is through action plans and whether there is a re-occurrence of the incident.

JM added the formation of the Trust Quality Directorate has enabled incidents and risks and complaints to be triangulated which has helped identify evolving themes and trends which can be reported back to the Clinical Directorates. The Trust acknowledges that more work needs to be done to ensure that learning from Complaints is shared. PN said that each Clinical Directorate has its own quality structure and there is not one overall Quality Action Plan.

	MC asked how the announcement of Staffing Ratios would impact on the Trusts Integrated Business Plan and achievement of the LQS. JM said that it is acknowledged that priorities may need to change to manage changing demands, for instance the recent over-activity in A&E required more staff in the emergency department. . PM, JM and MC left the meeting.	
5	**Standing Items**	
5.1	Quality Report – Month 7 MT introduced Iynkaran Perambalam, MCCG Systems Analyst to the meeting advising that Iynkaran would be working with her on producing the Quality Report. The Quality and Performance Report presents performance of the key performance indicators demonstrating progress towards the five domains outlined in *Everyone Counts*. At Month 7, the CCG is rated Red for Constitutional pledges. The main area of concern is London Ambulance Service performance. Improving Health of our local population is rated Red. The main areas of concern are IAPT access and emergency admissions. Actions are in place to address areas of concern for Constitutional pledges and are being monitored via the Performance management group. Areas for concern for Improving the Health of our local population have been escalated to clinical directors and commissioning managers. LAS performance is likely to remain an issue due to long term recruitment issues. A clinical safety review has been conducted and the report has been requested from the lead commissioner. Points of note A&E waiting times. SGH are proposing to increase capacity over the next few months opening 20 escalation beds off-site (16 in Merton at the Nelson Health Centre and 4 in Sutton at St Helier Hospital). Increasing the proportion of people diagnosed with dementia is substantially below target and although improving month on month will not meet the 67% target this year. The CCG has discussed investment for a project manager to support Practices achieve the target next year. IAPT is reporting year to date below target. The CCG have provided additional investment to the service and the Trust have completed recruitment of a Clinical Lead for Mental Health who is now in place. The Clinical Lead has contacted low performing Practices to support them by identifying and resolving issues to enable referrals to be made. Performance monitoring is weekly and week 1 is very positive. Reducing avoidable admissions is above trajectory and this has been escalated to the Clinical Lead and Commissioning Managers. Provider Assurance Verbal feedback from SGH, ESH and Kingston Hospital CQRG meetings was provided. CG referred to SMCS quality dashboard reporting, in particular staff compliance with safeguarding training. LS responded that this has been robustly challenged at the CQRG and the CCG have asked for clear KPIs to be agreed. In addition a process for non-contractual performance to be reported back to the MCQC needs to be agreed. LS added that at the CQRG meeting in January, SMCS provided some benchmarking which showed that SMCS compared well to other community service providers. CG asked if an action plan was in place, LS confirmed that there was which is monitored through the CQRG. Recommendation The MCQC is asked to approve the Quality Report.	

	Approved MT, IP left the meeting	
5.2	Quality Risk Register LS introduced Teri Burns, Corporate Affairs Manager to the meeting. The MCQC were asked to note that no risks have been escalated to the Board Assurance Framework or de-escalated from the Board Assurance Framework. The following risks have been removed from the register and are covered under the risks noted in brackets:- • 464 - If quality measurements do not consider both hard and soft data then sufficient assurance of quality in provider services cannot be evidenced **(955)** • 553 - If capacity issues within the safeguarding team are not addressed, this will impact on the CCGs ability to meet its statutory requirements **(882)** The MCQC discussed the report and LS advised that there are individual risk registers in place for Finance and Quality which feed into the full Risk Register and Board Assurance Framework. Following full review the following actions were agreed:- - Minor amendments to risk and action owners; - Risk 553 to be re-visited; - Risk 457 – wording under Actions to be completed "*Communication and engagement plan that proactively publicises and ensures……."* Recommendation The MCQC is asked to approve the Quality Risk Register With the inclusion of the action above the Register was **approved**	LS/TB
5.3	Infection Prevention and Control Report Penny Spence introduced the report Year to date 21 Clostridium difficile cases have been assigned to Merton CCG against a trajectory of 25 for 2014/15. There have been no cases of MRSA bacteraemia in Q3. Trust Development Agency visited ESH on 21.10.14 with good feedback received. A visit to SGH is scheduled for 9th January 2014. During December 2014 SGH had an outbreak of Influenza A which resulted in some blocked beds, increasing pressure on the system. Influenza A in other SWL trusts was managed appropriately. Next steps- Infection Prevention and Control training for Merton CCG in early 2015 SECSU to secure interim arrangements to cover the role following the departure of the current post holders. LS on behalf of the MCQC thanked PS for her support to Committee and wished her well in her new role. Recommendation The MCQC is asked to note the report. **Noted**	

5.4 5.4.1	Intermediate Service Contracts Carers Support in Merton Hannah Pearson (Commissioning Manager) presented a paper describing carers support services provided by organisations with which MCCG holds contracts. - Carers Support Merton - The Alzheimer's Society - St Raphael's Hospice – Hospice @ Home - Marie Curie Night Sitting Service. In future the CCG will work to ensure that support for carers is a priority and incorporated into all areas of work. Work will also continue with current care service providers, Local Authority and member practices to enhance the quality of services offered to patients and carers, understand local implications and improve identification of carers so that they have access to the services. The Chair thanked Hannah for an excellent report and welcomed the work to identify carers, particularly as they do not always recognise this role in themselves and are not aware of the support available to them. KW said that support offered is good, for example the dementia hub for those able to access the service, however there is a patient gap for those at a later stage of the disease or housebound who are unable to attend the dementia hub. Recommendation The MCQC is asked to note the report **Noted**	
5.4.2	Intermediate Care Beds Proposal The Chair welcomed Annette Bunka (Senior Commissioning Manager) to the meeting. AB presented and talked through the report describing the current model for intermediate care beds commissioned across Sutton and Merton CCGs with the focus on supported discharges. . From the work undertaken to date, changes to the current model are required which ideally would be delivered in a purpose built unit in the community, with the services commissioned from one lead provider. Funding has been agreed from the Better Care Fund to commission a further 8 beds for Merton. The CCG are in the process of finalising arrangements regarding bringing on this additional capacity. In response to a question from CG on the location for the 8 beds. AB said this would be in Mitcham, subject to the home's suitability to deliver the high levels of care required to reduce unavoidable admissions to hospital. Recommendation The MCQC is asked to note the report **Noted**	
5.5	Safeguarding Children Q2 Report LS said that due to the reporting timetable the Q2 report would be presented today with the Q3 report to be brought to the meeting in February. The report detailed safeguarding activity for the CCG and provider organisations covering the period July to September 2014. A review of the Looked After Children (LAC) provision was undertaken by an independent external reviewer, the first draft was received in September 2014, providing information to improve and develop the service. In September Interim arrangements were put in place to	

	cover the Designated Nurse Safeguarding role including LAC. An internal review took place in October identifying a number of concerns as detailed on Page 1 of the report. The Safeguarding Children Dashboard has been developed to collect information from key providers within Merton. Q1 data collection was not fully comprehensive and work continues with the Quality Assurance sub group and local authority to ensure the process is improved to provide an accurate view of quality to provide assurance to the Committee. Recommendation The MCQC is asked to note the report. **Noted**	
6	**For review/discussion**	
6.1	CSU Response to 62 day waits CC introduced the report to explain the circumstances by which Merton CCG reported its performance against the 62-day GP urgent referral to treatment standard as 'green' through 2013/14 (i.e. at or above 85%), based on performance data supplied by South London CSU (as it was then), and subsequently performance was stated as below the 85% standard for the year as whole by NHS England for the purpose of the Quality Premium calculations. The CCG thereby did not receive £225k of quality premium funds. The CCG has highlighted that during 2013/14 the Governing Body, and the public, were informed that the standard was being met and has requested a formal investigation into how this has happened and assurance that checks are in place to ensure that performance/activity is correctly reported. The report and action plan was reviewed and noted by the MCQC. Comments KW for a breakdown to show how many days were breached (i.e. 63 days or 100 days) to understand the full position. LS/ST to action. Recommendation The MCQC is asked to note the report. **Noted**	LS/ST
7	**For Note**	
7.1	Workplan and draft agenda for February 2015 The MCQC noted the work plan and draft agenda for the next meeting.	
7.2	Date of next meeting Friday 13th February 2015 Key focus: Continuing Health Care	

The minutes are approved as an accurate record of the meeting held on 16th January 2015

…… Clare Gummett (Chair)

…… Date

NHS
Merton
Clinical Commissioning Group

Merton Clinical Commissioning Group

Clinical Quality Committee

Minutes from the meeting held on Wednesday 13th February 2015

Meeting Room 6.3, 120 the Broadway, Wimbledon SW19 1RH

Members

Clare Gummett (CG)	Lay Member Patient and Public Involvement (Chair)
Mary Clarke (MC)	Independent Nurse Member
Dr Sion Gibby (SG)	Raynes Park Locality Lead
Lynn Street (LS)	Director of Quality
Adam Doyle (AD)	Director of Commissioning & Planning
Dr Tim Hodgson (TH)	West Merton Locality Lead
Dr Karen Worthington (KW)	East Merton Locality Lead
Kay Eilbert (KE)	Director of Public Health

In attendance

Eleanor Brown (EB)	Chief Officer
Sally Thompson (ST)	Interim Head of Quality
Iynkaran Perambalam (IP)	Systems and Performance Analyst (Item 5.1)
Sedina Agama (SA)	Chief Pharmacists and Medicines Optimisation Lead (Item
Yvonne Hylton (YH)	Committee Secretary – Minute Taker (SECSU)

Apologies

Murrae Tolson (MT)	Head of Performance and Systems
Cynthia Cardozo (CC)	Chief Finance Officer

1.	**Welcome and introductions** (CG)	
1.1	The Chair welcomed everyone present to the meeting.	
1.2	Declarations of Interest 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. The Register was **confirmed** as an accurate record of interests held by the Committee Members	
2.	**For Approval**	
2.1	Draft Minutes of the meeting held on 16th January 2015 The minutes were approved without amendment. Action Log and matters arising not on the agenda. The action log was discussed and updated and will be re-circulated to the Committee. Matters arising:- London Ambulance Services – Clinical Safety Review LS introduced this item stating that whilst the review of was useful in providing a level of assurance that the impact of the delays on patients was reviewed it did not provide all the answers for Commissioners, for example that whilst the target for responses within 8 minutes was not achieved the majority was responded to within 10 minutes. However, the MCQC felt that the report was not adequate or at the right level to be presented to the MCQC and as a result of this, AD said that the SWL Directors of Commissioning had separately reviewed LAS performance and the impact on patients across all 6 CCGs and he agreed that this report, already shared with Chief Officers, could be forwarded to MCQC to provide some further assurance.	AD

	Comments MC said that although London specific problems are understood, it would be useful to see a comparison of LAS performance with other UK Cities. MC then said that the plan for overseas recruitment was on trajectory however, there had been no evidence that performance had improved. AD said that overseas recruitment had enabled the service to stabilise, but cautioned that there was no quick fix and it would take time for the increase staffing to be reflected in transformation. EB added that the timeframe for improvement was also questioned by the Chief Officers and LAS had said that they expected it would take 3 months for overseas staff to become fully familiar with working in London. The Chief Officers had also asked about training and LAS had given assurance that overseas training was to a very high standard.	
3	**Director of Quality Report – February 2015**	
3.1	LS presented the Quality Report to update the Committee on activity undertaken with the Quality Directorate over the previous month. Baby PP Baby PP is a five week old Merton child seen in November 2014 on two occasions at a south London Hospital. On the second visit the child was found to have multiple fractures of different ages of the ribs and right leg. Following a meeting on 20 January 2015 chaired by the chair of Merton Safeguarding Childrens Board it was agreed the criteria for a Serious Case Review under the terms of Chapter 4 Working Together 2013 have not been met. On review of the case it was identified that there is learning for more than one partner agency and it was agreed that there should be a multi-agency review to identify and share learning. The CCG are monitoring the progress of the Serious Incident review which will then feed into the multi-agency review anticipated to take place mid March. Baby V We have received a request to participate in a Serious Case Review (SCR) being led by Croydon SCB. The SCR concerns a 6 week old child with a Child Protection Plan. He lived with his mother and two half siblings (aged 13 and 14) in Croydon. His father lives in Enfield. The family had been moved recently to temporary accommodation in Wandsworth. The mother is known to have problems associated with alcohol. The London Ambulance Service was called by the parents, and attended father's address where child was found. He was not breathing and was judged to have been dead for some considerable time. Both parents admitted that they had been drinking heavily. Both parents have been remanded into custody, charged with Child Neglect. The mother and children were registered with a Merton GP. A named Doctor has been commissioned to undertake the review. NHS 111 The performance of the 111 service remained under constant review over the Christmas and New Year period. Performance was poor over the 4 day Bank Holiday and post-Christmas weekend period. South London performance was impacted upon by poor performance in other UK regions. NHS England were assured that South London CCGs were doing all that could be expected to drive improvement and performance. A review meeting was held on 10 February 2015 with the contract lead to understand the impact on the service and patient experience and identify any learning for the future. Communications and Engagement Team	

	Changes within the team, agreed by EMT in December, are being implemented with an increase in the Head of Communications and Engagement resource. This post has been appointed to for an interim period whilst substantive recruitment takes place. The interim post holder is Helen Eldridge and replaces Sarah Campion. Will Flower has also joined the team on the same basis to support communications and engagement activity. Communications and Engagement Strategy Communications and engagement activities are complementary and need to work in parallel so the Communications and Engagement Strategies have been combined into one strategy to create a coordinated plan for the future. The strategy and a Communications and Engagement Protocol, outlining staff roles and responsibilities and the processes around communications and engagement activity, have been presented to EMT and the Clinical Reference Group. They have now been shared with staff prior to wider stakeholder engagement and Governing Body approval. Duty to Involve Report This report is part of our statutory obligation to demonstrate how we have engaged with patients and the public, and how their views have influenced and shaped commissioning of services. The CCG received feedback from NHS England. The report was given an Amber rating. Overall the feedback was positive and cited some good examples of patient and public engagement. Very few CCGs achieved a Green status. It was considered that Section 4 of the report, related to the individual duty, could be strengthened with evidence linking engagement activity to actions being taken. The report could also have been strengthened with more emphasis on how the CCG holds providers to account. The section on Future Plans needs to be in the form of an action plan that details the activity for the coming year. NHS England is in the process of developing a thematic report highlighted good examples across CCGs. There will be a deep dive in the coming months through the assurance process when we will be asked to demonstrate how we hold providers to account, and how people have made a difference, for example, through procurement. The report for 2014/15 is due by the end of September 2015 Individual Funding Request (IFR) Following a complex IFR case last year, and a complaint raised by the family, we commissioned an independent facilitator to undertake a Round Table review to identify opportunities for learning. The review took place on Thursday 12 February 2015. Stakeholders included NHSE London, NHS Midlands and East, Merton CCG communications and SW London IFR team. A draft report is expected within the next two weeks, identifying learning and recommendations. Children Looked After (CLA) Action Plan A working group has been established to oversee the implementation of the action plan addressing the recommendations from the independent review of the CLA service. The group, chaired by the Director of Quality, has been meeting weekly to finalise the action plan and review progress against the recommendations. The plan and terms of reference (ToR) for the group were approved by EMT on 11 February 2015.	Fwd Plan

	The action plan will be presented to the EMT and MCQC monthly. <u>Safeguarding Executive Leadership Training Programme</u> The Director of Quality attended a two day Safeguarding Executive Leadership Training Programme. The aim of the course was to provide delegates with the knowledge to ensure they have effective arrangements in place to safeguard children and adults. The learning has influenced the development of the CLA action plan and a decision to commission an independent assessment of the CCG assurance process in respect of readiness for CQC inspection. LS advised that the 360º stakeholder survey is now due. A list of stakeholders has been agreed and they have 10 days to opt-in to participate following which a survey will be sent to them. <u>Comments</u> CG welcomed the increased staffing and new members to the Communications and Engagement team. KE stated that Public Health had not been involved in the IFR round table review. EB said that this case had been specific to responsibilities held by the CCG and Specialised Commissioning. A full report will be sent to EB and LS and a summary report will be shared including lessons learned. LS to share report. MC asked about the governance arrangements for LAC reporting to EMT and asked how the Safeguarding Executive Group fits in. LS said that the role of the SEG will be re-visited and reporting to EMT reflects that issues are multi-faceted and enables Commissioning, Quality and Financial issues to be understood. MC said that she accepted this, but asked that a route for reporting to SEG is considered. <u>Recommendation</u> The MCQC is asked to note the report. **Noted**	Fwd Plan LS
4	**Standing Items**	
4.1	<u>Quality Report Month 8</u> IP introduced and talked through the Quality and Performance Report for Month 8. The Quality and Performance Report presents performance of the key performance indicators demonstrating progress towards the five domains outlined in *Everyone Counts*. At Month 7, the CCG is rated Red for Constitutional pledges. The main area of concern is London Ambulance Service performance. Improving Health of our local population is rated Red. The main area of concern is IAPT access and emergency admissions. Actions are in place to address areas of concern for constitutional pledges and are monitored through the Performance management group. Areas of concern for Improving the health of our local population have been escalated to clinical directors and commissioning managers. The following points were noted:- MCCG failed the 18 weeks admitted target with performance of 84.9% and non-admitted with performance of 93.4%. The main driver is under-performance at ESH and SGH. SGH failed the A&E target in November with performance of 92% against a target of 95%. MCCG failed to meet the subsequent treatment 31 day surgery with performance of 83.3% against a threshold of 94%. This was due to 1 breach for 6 patient pathways (6 breaches in total) and was attributed to delays as patient diagnosis was not thought to be cancer.	

	RTT 52 week non-admitted patient. There was one breach in November due to a patient choice. Improving Health Outcomes Dementia diagnosis. Performance is improving although it is unlikely to be sufficient to achieve the target of 67% by the end of this financial year. For 2015/16 the Primary Care Team will visit all Practices to support achievement of the target stating with Practices identified with the greatest gap. It is expected the target for IAPT will be achieved in Q4. AD said that communication will be sent to all Practices to encourage referrals to maintain performance. Reducing Avoidable Admissions underperformance has been escalated to the Clinical Leads and Commissioning Managers. Comments CG expressed concern that the report overall showed a lot of blank spaces where data was not provided. Whilst recognising this is a "work in progress" we had been receiving considerably more data up until recently and she wanted to be assured that the data we now requested would be regularly available very soon. Item 3.1.1. MC asked why SGH were rated 'Red' for the late return of NHS Patient Safety Alerts. LS/ST agreed to check this and report back. ESH rated 'Red' for open and honest reporting was questioned. LS said that the Trust had put in place a significant number of actions to improving reporting and asked how often the data is refreshed. MT to check and report back to the MCQC. Item 3.1.3 MC stated again her concern at the lack of data reported. AD said that he would ask MT to work with Cynthia Cardozo to develop a process for quality report for all services commissioned by the CCG to be reported to the MCQC. AD to discuss with MT and CC. Recommendation The MCQC is asked to approve the Quality Report **Approved**	LS/ST MT AD
4.2	Safeguarding Children Annual Report 2013/14 LS introduced the 2013/14 Annual Report extended to December 2014. LS said that the report would be updated to reflect comments received at EMT on 12th February prior to approval by the Governing Body in March. LS asked the Committee for comments on the themes from SCRs and IMRs reported on Page 14 of the report in terms of format and to consider a generic overview of themes rather than themes and learning from individual cases. Following discussion and to safeguard patient identity balanced with openness and transparency the Committee **supported** a generic overview of themes and lessons learned including the number of incidents over the period. Comments MC referred to the fact that the report was extended to December 2014 and asked that future reports follow the annual reporting cycle. In response to how the CCG is assured of Safeguarding Training in Primary Care, the Committee heard that this will be informed by CQC Inspections and form part of the work on transforming primary care.	

	Recommendation The MCQC is asked to note the report which will be updated prior to Governing Body. **Noted**	
5	**For Review/Discussion**	
5.1	Medicines Management in Care Homes in Merton Sedina Agama (SA) introduced this item to update the Committee on progress made in medicines modernisation in care homes. Care home medication reviews re-commenced in September 2014. Two pharmacists are working with three care homes in Merton. The results of the pilot work from 2013/14 was shared with the Care Home Forum in September together with other information to raise awareness of the resources available to support care homes in the application of policies relating to medicines. Due to staffing issues the care homes workstream is currently below the forecasted savings target. SA said that the plan is to recruit a permanent Care Home Pharmacist to work and support Care Homes on a full time basis. In August 2014 a dietician joined and has been carrying out reviews on Oral Nutritional Supplement (ONS) prescribing to ensure that they are used effectively. To date 172 patients in 4 Care Homes have been reviewed of which 30 patients on ONS needed intervention and 35 prescriptions have been changed. In total savings of £21,759.88 (FYE) and £5,855.05 (PYE) have been made. There is on-going liaison with Community dieticians following reviews to ensure information is records on the patient's GP record. Comments TH asked for the timeframe for the remaining Care Homes to be visited. SA said the team will be guided by Practices with the priority for homes with the highest ONS spend. SG questioned the recruitment challenges and in response SA said that it is the specialist skills needed to make the necessary changes that is in shortage. TH asked if internal training had been considered and SA said that it was an option. The Chair congratulated SA and her team for their work in this area and the GPs added that Practices very much appreciated the work undertaken by the team. Recommendation The MCQC is asked to note the progress made. **Noted**	
6	**For Note**	
6.1	Medicines Management Committee The approved minutes of the meeting held in October 2014 and feedback from the meeting held in January 2015 was reported to the meeting for information. SA briefly talked through the decisions made as reported in the paper. Recommendation The MCQC is asked to note the report. **Noted**	
6.2	Workplan LS advised that work is in hand to revise the work plan looking across the CCGs as a whole including EMT and GB to ensure the plan is aligned to the reporting cycle and supports good governance. Amendments to the draft Agenda for March were agreed as follows:- - Provider briefing to be a written document circulated with the meeting papers;	

	- Adult Safeguarding Q3 report was deferred from February to March due to late receipt of December data. Recommendation The MCQC is asked to note the paper **Noted**	
7	**Key Focus – NHS Continuing Healthcare**	
7.1	Patient Story The Chair welcomed S to the meeting to share his experience of Continuing Care from his perspective as a Carer. S told the story of his friend J an older gentleman who received an Alzheimer diagnosis shortly after his 60th birthday. Five years ago J came to live with S and his partner and during this time his condition has deteriorated rapidly and he now requires 24 hour care. S spoke about the difficulties he had experienced in navigating the service as a professional man with experience of healthcare and asked how this must be for others. LS thanked S on behalf of the Committee for sharing his experience and his offer to be a critical friend for Merton as part of the service review which is now taking place. TH said that as a GP he has faced similar situations both now and in the past and recognises the need for improvement in both the timeliness and the manner in which assessments are carried out. EB said that she was saddened that the service had not met the needs of S, his partner or J and said that the CCG is committed to improving the continuing healthcare service to ensure that everyone receives the appropriate support at the right time. S then left the meeting. Following a short discussion the MCQC agreed to a fuller discussion and de-brief at the next meeting.	
7.2	Continuing Care Report AD introduced this item. The SECSU were requested to carry out a review of CHC in response to CCGs concerns that KPIs were not achieved and the need to understand the financial impact of the significant over activity in the service. The report highlighted Workforce as an area for improvement to enable a quality and cost effective service to be delivered. However, despite significant additional funding the SECSU were unable to recruit staff with the correct skills. AD said that three options were considered:- - Modernise with SECSU - Test the Market - To deliver the service in-house However, given the increase in numbers expected there are concerns that an in-house service would not be able to deliver a sustainable quality service in the future; and the time it would take to test the market; working with the SECSU to modernise the service is the preferred option. A Task and Finish Transformation Group for Continuing Care has been agreed which will	

	work across all 3 Directorates to ensure a quality service with the right workforce and skills to achieve KPIs in a cost effective and professional manner is delivered. AD said that a Project Manager to Lead the work will be in place from March and a robust action plan once developed will be presented for review to EMT and MCQC each month. Recommendation The MCQC is asked to note the update and the work taking place. Noted	
8	**Any Other Business**	
	There was no further business for discussion. Date of Next Meeting: - Friday 13th March, 12-2.30pm Key Focus – Kingston NHS Foundation Trust	

The minutes are approved as an accurate record of the meeting held on 13th February 2015

…… Clare Gummett (Chair)

…… Date