



right care
right place
right time
right outcome

MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 27th July 2017

Agenda No: 7.1

Attachment: 6

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: 03.05.17; 07.06.17. 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	



right care
right place
right time
right outcome

Merton Clinical Commissioning Group Clinical Quality Committee

Minutes of the
Wednesday 3rd May 2017
10.00am – 12:30am
Rm. 6.2, 120 the Broadway, Wimbledon, SW19 1RH

Chair: Clare Gummatt, GB Lay Member PPE

Members:

Clare Gummatt (CG)	Governing Body Lead for Patient & Public Engagement
Julie Hall (JHa)	Governing Body Nurse Member
Dr Tim Hodgson (TH)	Clinical Locality Lead (West Merton)
Dr Karen Worthington (KW)	Clinical Locality Lead (East Merton)
Amanda Bland (AB)	Deputy Director of Quality
John Atherton (JA)	Director of Performance
Anthony Farnsworth (AF)	Director of Commissioning (Interim)

In Attendance:

Patrice Beveney (PB)	Senior Mental Health Commissioning Manager
Catrina Charlton (CCh)	Senior Commissioning Manager
Shweta Singh (SS)	Clinical Director for Cancer and Urgent Care
Abbas Mirza (AM)	Patient Engagement Lead
Liz Royle (LR)	Head of Safeguarding and Designated Nurse for Safeguarding Children
Eileen Bryant (EB)	Deputy Director of Quality (WCCG)
Annette Bunka (ABu)	Senior Commissioning Manager
Wagner Law (WL)	Senior Commissioning Manager (CHC)
Sheila Loveridge (SL)	IPPC Lead, NELCSU
Yvonne Hylton (YH)	Committee Secretary Minutes

Apologies:

Julie Hesketh (JHe)	Director of Quality and Governance
Prof. Stephen Powis (SP)	Secondary Care Consultant (for part of the meeting)
Anjan Ghosh (AG)	Public Health Consultant

ITEM	AGENDA ITEM	WHO
1.	Welcome and Apologies for Absence	
	The Chair welcomed all present to the meeting in particular Anthony Farnsworth and John Atherton who were attending their first meeting of the Clinical Quality Committee. Apologies received are noted above.	
2.	Register of Interests	
	The Register was approved as an accurate record. No further interests were declared in relation to items on the agenda.	

3.	Minutes and Action log from previous meeting	
3.1	The minutes of meeting held in 4 th April were approved without amendment.	
3.2	The action log was reviewed and updated and will be re-circulated to the Committee.	
4.	Approval/Information	
4.1	<p><u>Quality Directorate Update</u> AB provided a verbal update as follows:-</p> <p>The new LDU came into being on 1st April 2017. The senior leadership is now in place. Julie Hesketh commenced in post on 1st April 2017 as Director of Quality and Governance for the Merton and Wandsworth Local Delivery Unit and the Quality teams from Merton and Wandsworth CCGs are starting to work together to create synergy.</p> <p>David Parry – Safeguarding Adults Lead retired on 22nd April 2017. Recruitment for the Safeguarding Adults Lead is in progress with the appointee due to commence in post at the End of June 2017. An interim Safeguarding Adults lead has started working- Pat Hobson</p> <p>05 April 2017 - ESHT - a number of cases of diarrhoea and vomiting were detected on Buckley ward in 3 different bays including a single room. A total of 6 patients were affected. The ward was closed to admissions and transfers. This included transfers to nursing home and other residential care homes plus intermediate care. Staff were reminded of infection control points.</p> <p>24 April 2017 – SGH - IPC bay Closure 24/04/2017 on Cheselden ward. Bay closed for CPE contact. Screening due on the 24th and 26th (and one patient on 29th)</p> <p>Bloodstream Infections Quality Premium 2017-19 Part a) (i and ii) reducing Gram Negative Bloodstream Infections (GNBSI) across the whole health economy. The Quality Premium 2017/18-19/20 aims to achieve a 50% reduction in GNBSIs by 2020/21. This includes a 10% reduction in Escherichia coli (E.coli) bloodstream infections (BSI) within this performance year.</p> <p>More than £1.5 million is to be invested into Kingston Hospital's A&E, expanding its emergency care facilities with a new dedicated urgent care centre and expansion of the Majors and Resus facilities that look after the most seriously unwell patients.</p> <p>Across London, some patients are experiencing lengthy delays in accessing mental health inpatient services. In response NHS England has engaged with key stakeholders to develop 'the Compact' minimum expectations to manage access to mental health inpatient care.</p> <p>SWLSG has opened two 'crisis' cafes in Wimbledon and Tooting to support adults experiencing mental health issues.</p> <p>There followed questions and comments from the Committee</p> <p>TH and KW commented that the 'crisis cafes' have not been publicised to GP Practices in Merton and AB agreed to raise this with the Trust at the CQRG meeting later in the day.</p>	AB

	<p>TH referred to Quality Alerts process and negative feedback from GPs in Merton and asked if the Wandsworth model could be adopted now that the LDU is in place. AB said that the Alliance is working on a SWL model however she will check with JHe what could be provided in the short-term. .</p> <p>CG reiterated her request for a written Quality Directorate report for future meetings. AB agreed to feedback the request to JHe.</p> <p>The MCQC NOTED the update.</p>	<p>AB</p> <p>AB</p>
4.2	<p><u>Expert Patient Programme (EPP) Q3 Report</u> From 1 October 2016 Merton transferred the management of this function to Wandsworth CCG. The commitment is to provide a minimum of 2 EPP courses by the end of the financial year (2016-17) with an increase in courses over the next two years. In Q3 one EPP course was delivered with Wandsworth Community Empowerment Network (WCEN) and offered to participants of the Shree Ganapathy community. In March a second course was due to take place however this was postponed. As a result the target for 2 courses in 2016-17 was not met and an additional course has been added for 2017/18.</p> <p>The overall consensus of the Committee was that the report needed to be improved and for future reporting should include volumes, values and recruitment. AB to feedback to the team.</p> <p>The MCQC NOTED the report.</p>	<p>AB</p>
4.3	<p><u>Quality and Performance Report Month 11</u> JA presented the Month 11 report advising that a review of the report will be undertaken to ensure it provides the right level of quality assurance to the MCQC.</p> <p>JA highlighted the key areas of concern as follows:</p> <ul style="list-style-type: none"> - LAS waiting times in Merton have been achieved however London-wide performance remains below targets; - Dementia diagnosis rates continue to exceed the target; - A&E waiting time target was achieved at ESH but was not met by any other Provider in SWL; - SGH have not met the cancer 2 week wait target - IAPT recovery rates dropped below target in February but this has improved in March reporting 51.1% against the 50% target; - E-referrals in Merton are below the national average at 14.1%. This will be a key focus for next year. - SGH RTT backlog validation is on-going. Initial output from the reviews is that 10% of patients require further healthcare. - Cancer waiting times are being discussed at a SWL level to agree the actions required to improve performance across the whole system - A review of CLCH KPIs is being undertaken to understand their effectiveness in support of the direction of travel to provide more services in the community. <p>There followed questions and comments</p> <p>TH said that at the locality meeting GPs had asked for more information on the services failing the 2 week target to influence referral patterns. JA</p>	<p>JA</p>

	<p>agreed to scope at a Trust and specialist level the information which could be provided to GPs.</p> <p>In response to a concern on the performance of children's service with children therapies and CAMHS targets not met the Chair asked for a key focus on Children services with the clinical lead Dr Saed Chaudhary in attendance.</p> <p>The Quality and Performance report was APPROVED</p>	YH
4.4	<p><u>Equality and Diversity Q4 Report</u> CG introduced the Q4 report which had been discussed at the Equality and Diversity Group meeting.</p> <p>The Equality Delivery Scheme (EDS2) has been published and a summary uploaded to the CCG website. In response to the issues raised an action plan is being developed which will be monitored by the the Equality and Diversity Group.</p> <p>The MCQC APPROVED the report</p>	
4.5	<p><u>Safeguarding Team update</u> Eileen Bryant (EB) the Interim Deputy Director of Quality at WCCG provided a verbal update on the LDU Safeguarding Team. Vacancies to the Looked After Children Nurse and Adult Safeguarding Lead are being covered by Interim staff until the newly appointed substantive staff take up their roles in June and July. The team in place from July will consist of:-</p> <ul style="list-style-type: none"> - Head of Safeguarding/Designated Nurse for Safeguarding Children - Looked After Children Nurse - Adult Safeguarding Lead <p>EB said that the resource across both CCGs had not reduced but would be working differently.</p> <p>KW commented that the interim arrangements for the LAC was on a 3 day a week basis, and EB said that the post holder is very experienced and part of her role will be to establish the level of need prior to a formal review which will take place from July.</p> <p>CG said that the MCQC need assurance that the service is resourced effectively to keep children safe and EB agreed to bring back a written report to a MCQC to provide assurance.</p> <p>In response to a question from KW, EB advised that separate reports will be provided for each CCG to give assurance that statutory obligations are being met.</p> <p>The Committee NOTED the update</p>	EB
4.6	<p><u>Serious Case Review – Child B</u> The Head of Safeguarding and Designated Nurse for Safeguarding Children presented the Serious Case Review report which has now been published and includes the views and opinions of Child B.</p> <p>Health overview recommendations related to:-</p> <ul style="list-style-type: none"> - Escalation process to be in place where there is a difference of 	

	<p>professional opinions on the level of risk/decisions made;</p> <ul style="list-style-type: none"> - Health agencies to have a system for identifying young carers including placing alerts on records - Improved responsiveness to disclosures of self-harm - All agencies to be aware of CAMHS and other 3rd sector provider pathways <p>In response to the recommendations a GP forum to share the learning from the cases of Child B and Child C will take place in Merton and all Providers will be required to provide assurance to the CCG that the learning from the SCR has been embedded.</p> <p>TH referred to the system for identifying young carers and said that whilst he recognised that opportunities were missed it would be difficult to put a systematic process in place particularly where attendance is sporadic. JHa said that it would be useful where there are concerns if an alert could remain on the GP system even when a child is no longer the subject of a protection plan.</p> <p>LR said that incidents had happened before the one which led to the SCR and Child B had said that she recognised when her mother was becoming unwell but if asked would say that everything was fine; and what is needed is for professionals to gain the trust of the young person to have in place a safety plan to protect them, particularly where there is a strong family bond as in this case.</p> <p>JA commented on the discharge from acute despite objections and the need for a more robust step down process.</p> <p>The Chair thanked LR for presenting the highlights from the SCR. LR and EB then left the meeting.</p>	
4.7	<p><u>Continuing Healthcare Update</u></p> <p>Annette Bunka joined the meeting and introduced Wagner Law who replaces James Holden as the Commissioning Lead for CHC.</p> <p>The key risks to the services are keeping up with reviews and meeting the revised trajectory due to sickness and resignations within the team and social work input which is leading to delays in completing reviews and assessments. JHa said that social work delays have been reported for over a year and in response ABu said that the CCG is in discussion with the Local Authority to agree a recommendation to fund a dedicated social worker through the BCF fund.</p> <p>EMT has agreed further funding to secure a dedicated clinical resource to support the long term sustainability of the Panel Meetings and for NELCSU to manage the 6 PUPOC appeals following completion of the assessments in March.</p> <p>To improve performance reporting the CCG is working with CLCH to integrate CHC into contractual management process.</p> <p>The Chair requested that bi-monthly updates are continued to provide quality assurance to the Committee.</p> <p>The Committee NOTED the update and to provide quality assurance asked for the bi-monthly updates to continue.</p> <p>ABu and WL left the meeting</p>	

4.8	<p><u>IAPT Monthly Update</u></p> <p>Patrice Beveney presented the bi-monthly update to the Committee including the overall year-end performance for 2016/17 with 3 of the 4 KPIs achieved. Waiting times and recovery targets were achieved however the target for the number of people entering the service was not achieved. PB said that a revised action plan has been agreed with the Provider to achieve the target in Q4 2017/18 and he is confident that this target can be met.</p> <p>CG said that she was encouraged by the trajectory for Q4 but was still concerned that not enough was being done to support people to engage with the service.</p> <p>KW asked if patients who are telephone triaged to self-management are counted towards the target and PB said the target is for 2 clinical contacts and a referral to self-management would not be counted. JHa asked if the number of patients who are telephone triaged was captured as this would be useful in understanding the attrition rates. PB said that he would check this.</p> <p>The Chair asked for bi-monthly progress reports against the trajectory to be reported to the meeting.</p> <p>The MCQC NOTED the update and PB left the meeting.</p>	
4.9	<p><u>Primary Care Q4 Report including Ravensbury Park Practice CQC rating</u></p> <p>The Chair welcomed Rebecca Blackburn from the CCG Primary Care Team and Nora Simon from the NHSE Primary Care Team to the meeting.</p> <p>RB presented the highlights from the Q4 report as follows:-</p> <ul style="list-style-type: none"> - Rowans Park Surgery ratification process will enable healthcare services to be provided at the site from June 2017; - Wilson GP Health Centre is now formally closed. Practice mail was re-directed for a period of 2 weeks post closure and will now be sent to PCSE medical team for action over the next 30 days. CCG and NHSE are working with the CSU to establish the next steps. KW gave assurance that the mail had reduced much quicker than had been expected. - The Extended Access GP Hub in East Merton went live on 1 April and the Hub in West Merton will Go Live by the end of May. - Provider Development Programme funds have been offered to Merton to support GP Practices make real and sustainable changes. To date 6 Practices have signed up. - Integration of Medical Assistants into GP Practices is being worked through <p>CG raised Infection Prevention and Control Assurance in Primary Care which had been raised as a gap to the Committee. Sheila Loveridge (IPCC Lead) then joined the meeting and said that there is no capacity to undertake root cause analysis and learning in Primary Care and additional funding needs to be identified for this to take place. CG said that Primary Care quality assurance is part of the MCQC's remit and asked how this will be reported to the Committee. AB agreed to discuss this with the DoQ.</p> <p>RB left the meeting.</p> <p>Nora Simon provided a verbal update on the support and actions being taken in response to Ravensbury Park GP Practice being placed in special measures following a CQC inspection in January 2017.</p>	AB

	<p>Key issue relates to Clinical Leadership in the absence of the Clinical Lead.</p> <p>NS briefly talked through the actions being taken and KW said that she has visited the Trust and gave assurance that some of the immediate risks have now been resolved and the action plan is now focussing on the longer term risks. CLCH have placed a Health Visitor in the Practice to ensure that the safeguarding actions are up to date.</p> <p>CG thanked NS for attending the meeting and asked for a progress report on delivery against the action plan for the July meeting. NS to action.</p>	NS
4.10	<p><u>Infection Prevention and Control Q4 report</u> Sheila Loveridge (IPCC Lead) presented the key areas for note by the Committee:-</p> <ul style="list-style-type: none"> - MRSA – MCCG has a year to date total of 2 cases; - C.Difficile – MCC is reporting 30 lapses in case which is within target; - Public Health England Quality Premium for 2017/18-19/29 aims to achieve a 50% reduction in bloodstream infections by 2020/21. SL has discussed with the Quality Leads in Acute and CCGs a recommendation to undertake a gap analysis; - An outbreak of measles and hepatitis A has been reported in London <p>The report was NOTED by the Committee SL left the meeting</p>	
5	Key Focus	
5.1	<p><u>Cancer Strategy update for Merton</u> The Chair welcomed Shweta Singh (Macmillan GP and Cancer Services Clinical Lead) and Catrina Charlton (Senior Commissioning Manager) to the meeting.</p> <p>In 2017 MCCG successfully bid for funding for Macmillan Cancer Support with additional funding from the London Borough of Merton for a Macmillan GP to improve the uptake of cancer screening in Merton and improve the quality of care for cancer patients in primary care.</p> <p>Currently there are 3 national screening programmes, breast, cervical and bowel. Screening rates in Merton are below the national target. SS said that increasing the take-up of screening of all programmes is the key focus as it is known that patients who present as an emergency have the lowest survival rates.</p> <p>Cancer treatment for patients in Merton is delivered by the 5 local providers none of which are commissioned by MCCG. SS said that she is meeting with the Clinical Cancer Lead at WCCG and CCh advised that she is attending meetings, for example the ESH Cancer Strategy Board.</p> <p>SGH has not met the 2 week cancer target primarily due to pressures in dermatology. SS said that a key issue is the lack of specialists in this area and work is taking place at a system wide well with the aim to reduce pressure across the whole system to support SGH achieve the target. SGH is also failing to meet the 2 week target for gynaecology and breast referrals.</p> <p>JHa asked about 100 days breaches and SS responded that these are managed in house with providers expected to complete a comprehensive root cause analysis and consultants review the level of harms both physical</p>	

	<p>and mental health. In response to concerns at a regional level with the volume of 100 day breaches NHSE has asked that CCGs get assurance on those waiting more than 100 days as a quality indicator through the CQRG process.</p> <p>In response to a question on what can be done to increase screening rates KW suggested Practice logos on letters and asked if as part of the PMS review a KPI bowel screen would be useful. SS said that this would be supported and there is scope at a SWL-wide level.</p> <p>CG thanked SS and CChi for attending the meeting and the opportunity for an open discussion.</p> <p>SS/CCh left the meeting</p>	
5.2	<p><u>MCCG Annual Report and 360 degree survey</u> Abbas Mirza, MCCG Engagement Lead joined the meeting for this item. The Chair apologised that due to the time constraints there would not be time to discuss the 360 degree survey and asked that this is deferred to the next meeting.</p> <p>The Annual Report had been reviewed by the Committee. From a quality perspective the Committee agreed the report for presentation to the Audit and Governance Committee and Governing Body for formal approval.</p>	
6	Any Other Business	
6.1	<p><u>Approved Minutes</u> The MCQC NOTED the minutes of the Primary Care Operational Group meetings held on 21.2.17 and 14.3.17.</p>	
6.2	<p><u>Date of Next Meeting:-</u> Wednesday 7th June 2017 Key focus: SGH</p>	



right care
right place
right time
right outcome

**MERTON CLINICAL COMMISSIONING GROUP
CLINICAL QUALITY COMMITTEE**

**Minutes of the meeting of Wednesday, 7th June 2017
10.00am – 1.00pm
Rm. 6.2, 120 the Broadway, Wimbledon, SW19 1RH**

Chair: Clare Gummatt, GB Lay Member PPE

Members:

Amanda Bland (ABI)	Deputy Director of Quality
Clare Gummatt (CG)	Governing Body Lead for Patient & Public Engagement
Julie Hall (JHa)	Nurse Member, Governing Body
Dr Tim Hodgson (TH)	Clinical Locality Lead (West Merton)
Lee Lewis (LLe)	Performance Reporting Lead
Dr Karen Worthington (KW)	Clinical Locality Lead (East Merton)

In Attendance:

Paul Linehan (PL)	Head of Governance (St George's) Item 4.2 only
Chux Ebenezer (CE)	Risk and Assurance Manager (NEL CSU) Item 5.3 only
Eileen Bryant (EB)	Deputy Director of Quality (WCCG) Item 5.3 only
Jane Byworth (JBy)	Commissioning Manager Integrated Urgent Care Item 5.3 only
Tony Foote (TF)	Note Taker

Apologies:

Julie Hesketh (JHe)	Director of Quality and Governance
Prof. Stephen Powis (SP)	Secondary Care Consultant
Anthony Farnsworth (AF)	Director of Commissioning (Interim)
Anjan Ghosh (AG)	Public Health Consultant
John Atherton (JA)	Director of Performance

ITEM	AGENDA ITEM	WHO
1.	Welcome and Apologies for Absence	
	The Chair welcomed all present to the meeting and noted the apologies received.	
2.	Register of Interests	
	The Register was approved as an accurate record. No further interests were declared in relation to items on the agenda.	
3.	Minutes and Action log from previous meeting	
3.1	With the amendment of minor typographical errors, the minutes of meeting held on the 3 May 2017 were approved as a full and accurate record of the meeting.	
3.2	A verbal update on the following action was received. 4.1 Quality Directorate update (concerns about the handling of Quality Alerts in Merton)	

	<p>ABI confirmed that work on establishing a SWL-wide model for alerts was ongoing. TH asked about a Quality Alerts report for GPs, and when this would be available. ABI said that she would ask the Commissioning Support Unit for a progress update.</p> <p>The action log was reviewed and updated and would be re-circulated to the Committee.</p>	ABI
4.	Key Focus – St George’s	
4.1	<p><u>Commissioners’ perspective of SG H performance</u></p> <p>Following a discussion, the Committee identified the following areas as being of concern.</p> <ul style="list-style-type: none"> • Estates • A&E 4 hour wait • Cancer • Clinical Harm Review 	
4.2	<p><u>SGH Quality Assurance Presentation</u></p> <p>Paul Linehan (Head of Governance - St George’s) attended for this item.</p> <p>He stated that in August 2016 the Trust was served a warning notice under Section 29A of the Health and Social Care Act 2008. This followed CQC inspections in June 2016 resulting in a view that the quality of healthcare provided required significant improvements. The key areas of concerns were identified as:</p> <ul style="list-style-type: none"> • Unsafe and unfit premises where healthcare is provided and staff are accommodated • Lack of formal mental capacity assessments and best interest decision making • Governance arrangements not effective in identifying and mitigating significant risks to patients • Data used in reporting and managing patients not robust or valid • Governance underpinning the effective integration of End of Life Care (EoLC) • Arrangements for ensuring directors are fit and proper were lacking <p>In response to these concerns the Trust identified twenty one actions to be taken to provide safe care for patients in an environment which supported this for both staff and patients, and that meets with the standards expected by the CQC.</p> <p>PL commented that the CQC’s findings shocked Trust staff, although many of the concerns rang true. An action plan had been established and was presented to the Committee today. There had recently been a re-inspection by the CQC but its outcome was not yet formally available.</p> <p>There followed a discussion based upon the Trust’s action plan, including progress made on individual actions (numbered as per the paper).</p> <p>1. <u>Maintenance and refurbishment of Operating Theatres</u></p> <p>There were a total of sixteen theatres requiring full or partial refurbishment. Theatres 5&6 have been completed and two further theatres are due to commence in June 2017. The timescale for full refurbishment is 3-4 years. In the meantime significant maintenance and surveillance was in place to maintain patient safety and respond quickly to any risks that may emerge. This had been RAG rated amber as significant work and investment is</p>	

required over a number of years to deliver the theatre refurbishment plan.

CG asked whether there was sufficient funding for this work and PL responded that there was “on the whole” and this was provided by NHSE. TH enquired about other estates issues. PL explained that work was needed on wards too, particularly fire doors and issues of privacy and dignity and there would be a rolling programme of works to address these. TH then asked why Trust management had been shocked by the CQC’s findings and should they not already know about these. He added that with the Trust already being in “turn around” and under great scrutiny he would have thought these problems would have come to light earlier. PL acknowledged this although he had worked in other Trusts faced with far greater issues which management had also been unaware of. He added that there was often a stage of “shock and grief” in such situations and these had to be overcome. He was confident that the Trust had been able to do this.

9. Water Safety Management – Legionella Contamination

CG noted the actions already taken in the area and that there was evidence to show an increase in patient safety. PL acknowledged this and that patients were now safer in the Trust than in most hospitals and hotels. However, constant monitoring of water safety was ongoing.

KW asked whether these measures, and all others in the action plan, were fully embedded in the Trust’s way of working, and not simply in place because of the current scrutiny. PL responded that all actions were part of a bigger system and, with particular regard to the water safety measures, for these to be overturned would need the approval of the Trust’s Governing Body.

11. MCA Policy requires updating & 13. Recording of MCA and Best Interest Decisions

PL confirmed that there was particular concern at the lack of engagement with patients. TH asked whether MCAs were now part of staff induction and PL confirmed that it was.

JHa referred to the new legislation introduced in March 2017, and that the general principles remained unchanged. There was a need for these principles to be embedded as part of a whole systems approach. PL acknowledged this and that there was some confusion regarding MCAs on general wards. Work was ongoing to address this.

14. Fragmentation of Hospital and Community End of Life Care Teams

PL stated that a major reorganisation was underway in all aspects of this area. It was intended that the change-over to a new community provider in October 2017 would be seamless. TH highlighted a concern that patients were arriving at care homes without sufficient information for staff to work with.

17. RTT Waiting List Management

The Committee was already aware of this as being a very significant challenge.

PL stated that a lot of work was on-going to identify patients that had come to harm due to the delay caused by the backlog. So far, three such patients had come to light. KW commented that three seemed a very small number and how higher could this be expected to rise. PL replied that in a similar case he had been involved in at different Trust, the review of a backlog of 6000 patients found only one patient found to have come to serious harm.

	<p>CG asked how far work had progressed and PL estimated that 30% of the backlog had been reviewed so far. JHa asked who was carrying out this review and PL confirmed that it was the responsibility of GPs and other specialist clinicians. Should possible harm be identified it would be investigated further as a Serious Incident.</p> <p>The discussion then turned to the QIPP approach the Trust was taking and PL stated that the main objective was to drive up quality and patient safety. He added that Trust staff was very engaged in achieving this and he was “cautiously optimistic” about real change being made. JHa asked whether there were any capacity issues. PL said there were not at present, but possible factors such as winter pressure may impact upon this.</p> <p>CG thanked PL for his attendance and very helpful contribution. TH added that he had recently attended the Trust as a patient and had had an extremely good experience of staff at all stages of his treatment.</p>	
5.	Business	
5.1	<p><u>Quality Directorate Update</u> In a verbal report. ABI highlighted the following areas:</p> <p><u>Quality Accounts</u> She had reviewed the Quality Accounts (QAs) for all of these providers and comments had been sent back to providers. For South West London and St Georg’s Mental Health Trust and CLCH a full QA checklist was undertaken and fed back.</p> <p>A Merton CCG commissioners’ statement on behalf of the five SWL CCGs was drafted and sent to SWLSG for inclusion in their QA</p> <p>Two points were sent to Central London CCG requesting inclusion in the commissioners’ statement for CLCH – these related to CHC and to waiting times in adults’ and children’s services.</p> <p>QAs will be published at the end of June.</p> <p><u>Safeguarding</u> A draft of the “Child C” QA Framework for the CCG had been sent to the Local Authority. Final approval would be sought at the next meeting of the CCG Safeguarding Executive Group (21/06/17).</p> <p><u>Care Homes</u> On the 16th May 2017 the London Borough of Bromley suspended new placements to Bromley Park Nursing Home, pending the conclusion of current investigations into the safe management of care in the home.</p> <p><u>Planned Care</u> With regard to KPI CM15a (<i>90% target for Routines (adult) assessed within 20 working days</i>). This was the subject of a Review Meeting on 5th May 2017 and revisions to the plan were requested. These were received on 19th May 2017.</p> <p><u>Serious Incident</u> An SI had been declared in relation to new-born bloodspot screening for a number of babies who had moved to Merton from abroad. Their records were not passed from the Child Health Information Services (CHIS), hosted by Royal Marsden, to CLCH prior to the introduction of the new CHIS hub. The investigation was being managed by CLCH with QA, NHSE and Public Health. The CCG has been briefed on this. The process is being well managed – an incident meeting is taking place on 8th June 2017.</p>	

	<p><u>Learning Difficulty - Learning from Deaths</u> Wandsworth CCG held a meeting on 31st to begin discussions about the governance arrangements across Wandsworth health economy. The actions agreed were:</p> <ul style="list-style-type: none"> • Agreed one process across CCG and LA • Reviewed sample process/flow chart. An updated version to include will be circulated. • Notification to NHS England in addition to notifying on LeDeR Bristol register. • Generic email to be used for local notification in addition to LeDeR register. • Storage of death list when notified. LD Mortality review section to be split into Wandsworth and Merton, then each one split into Adults and children. • Publicity – As this involves family and friends being notified it was acknowledged that there is a need for effective communications with the public. Check to be made if NHSE will be producing and leaflets for communications nationally. • LD Sub-committee to be set up to oversee process. Those present will be members but wider membership required. Sample TOR was reviewed with the following actions: <ul style="list-style-type: none"> - GP involvement – this is key as they each have practice based LD register, which could help support reporting. Check with NHSE if any communication out to GPs is planned. - A copy of the sample TOR to be circulated to the group - Check to be made if LD GP and Psychiatrist will be part of the group. - Children’s involvement - Include CDOP rep in membership. <p>The Committee noted the Quality Directorate Update.</p>	
5.2	<p><u>Quality and Performance Report Month 12</u> LLe presented this item and highlighted the following areas:</p> <p>Good Performance</p> <ul style="list-style-type: none"> • Ambulance Waits: local performance at 97.2% (national target – 75%) • Estimated diagnosis rate for people with dementia: MCCG performance 73.8% (national target – 67%) • Delayed transfers of care: good performance levels which remained below the London average <p>Challenged Performance</p> <ul style="list-style-type: none"> • A&E 4 hour target: performance was 88.2% (national target – 95%). This target has not been achieved since August 2015 • 4 out of 10 cancer indicators: failed to meet target in March • IAPT – target rate for recovery exceeded in month 12 but April figures show a dropping below target. TH asked how many referrals had been received and at what stage where patients dropping out. LLe said that he had met with the IAPT providers who said that they would review data available and report back in July. <p>JHa asked about the low rate of people with a LD receiving an annual health check from their GP. TH and KW pointed out that this was not a contractual obligation and that most GPs knew their LD patients well so were unlikely to not monitor their health carefully. Nevertheless, LLe said he would look into</p>	<p>LLe</p> <p>LLe</p>

	<p>this.</p> <p>JHa also enquired about the failure to meet the Diagnostic – 6 week wait target, and whether this service could be provided in the community. TH said this was not currently the case. CG suggested that this may be an issue for the Commissioning Team to consider and LLe said he would feed this back to the Team</p> <p>LLe then informed the Committee that the format of the report was being reviewed and he would be grateful for any suggestions the Committee may have about this. The general view was that the report was already very useful but KW suggested that primary care be covered on the same basis as all other service areas.</p> <p>The Committee approved the Quality and Performance Report Month 12.</p>	<p>LLe</p>
<p>5.3</p>	<p><u>Quality Risk Register & focus on Adult Safeguarding Risks</u></p> <p>Chux Ebenezer (Risk and Assurance Manager - NEL CSU) joined the meeting for this item and explained that the paper presented the CCG's quality risks. The Committee was asked to note the following safeguarding adults risks:</p> <p><u>791</u> - If the CCG fails to establish appropriate systems and processes for ensuring CCG compliance with safeguarding adults statutory duties, adults at risk will be at risk of harm</p> <p><u>1040</u> - If the CCG fails to establish appropriate systems and processes for assuring compliance of commissioned services with safeguarding adult statutory duties, adults at risk will be at risk of harm</p> <p>JHa commented that risk 791 had been discussed by the Governing Body and there would be a review of the service in December 2017.</p> <p>CG said there was a need to discuss safeguarding and risk outside of the meeting and then bring the results of this back to the Quality Committee. CG also voiced her concern that the 2016/17 objectives and risks were still being used and that these required updating as a matter of urgency.</p> <p>The Committee noted the Quality Risk Register.</p>	
<p>5.4</p>	<p><u>Safeguarding Children Assurance Report</u></p> <p>Eileen Bryant (Deputy Director of Quality (WCCG) joined the meeting for this item and explained that new shared arrangements for the Safeguarding Designated Nursing Team had been in place since February 2017 to cover both Merton and Wandsworth CCGs. The paper now presented provided an overview of the child safeguarding resources in place for Merton CCG and provided assurance that the resources in place were currently adequate in ensuring that the CCG meets its statutory and regulatory responsibilities in relation to child safeguarding.</p> <p>EB then explained in further detail the new arrangements.</p> <p>They combine the Wandsworth and Merton safeguarding nursing teams into one integrated team covering the two CCG areas. The new structure consisted of:</p> <ul style="list-style-type: none"> • Head of Safeguarding / Designated Nurse Safeguarding Children (1wte) • Designated Nurse Looked After Children- LAC (1wte) • Designated Adult Safeguarding Professional (1wte) 	

Summary of resources

- Total resource across the 2 CCGs prior to the new structure – 3.5wte.
- Total resource in new structure across the 2 CCGs – 3wte

There is 0.5wte reduction in the adult safeguarding resource within the new structure. However WCCG has commissioned a care home support team made up of specialist roles as well as two care home liaison nurses. This team provides additional resource for the adult safeguarding role in addressing identified adult safeguarding issues and supporting care homes with implementation of quality improvement plans to maintain and ensure the safety of residents. The Team is managed by EB.

A risk associated with the implementation and transition into the new safeguarding structures had been submitted and recorded on the corporate risk register. It relates to the following areas:

Vacancies within the new team

Designated LAC role is new, so vacant at start of new structures. The designated safeguarding adult lead retired in April 2017 leaving the post vacant.

Controls in place

Interim cover was in place for both roles until they were recruited to; both posts have been successfully recruited to with start dates at the end of June and beginning of July 2017 respectively; the current work load of the team was being monitored to ensure that any capacity issues were escalated.

Concerns about capacity of the team to cover 2 boroughs

The RCPCH (2014) guidance as related to child population size and staffing recommends 1 wte Designated nurse to a population of 70,000 children. The combined child population of the two boroughs is approximately 110,000 children; both designated posts for children and LAC cover a population that exceeds this guidance.

Controls in place

There had been no reduction in the child safeguarding resource that was in place prior to the new arrangements; the LDU has maintained the same resource. The likely impact of this is therefore not yet known; there is 0.4wte resource from the Deputy Director of Quality post which supports the team, this post attends all children and adult safeguarding partnership board meetings for both boroughs therefore providing additional cover. The assurance role of the designates is supported by the various CQRGs via the Deputy Director of Quality who feeds any safeguarding concerns into the meetings and provides feedback to them without a requirement for them to attend. The CCG will monitor this and consider additional resources as required.

With regard to assurance and governance arrangements for safeguarding, there were two safeguarding adult and children assurance frameworks for CCGs to consider adopting across the LDUs: NWL SHOF (Safeguarding Health Outcome Framework) and the Sutton Assurance Framework. The WCCG and MCCG safeguarding committees would review and agree the preferred assurance framework to be used across the LDU.

There was also a need to review the governance structures and processes within both WCCG and MCCG to align the committees with a view to having one integrated safeguarding committee. There would however be separate reporting to each of the CCG Boards relating to their respective boroughs,

	<p>as they still retain statutory responsibilities for safeguarding within their health economies.</p> <p>In conclusion EB highlighted the safeguarding priorities for the next three to six months:</p> <ul style="list-style-type: none"> • Review governance and committee structures for safeguarding across the two CCGs to ensure assurance is provided to each governing body relating to their area. • Develop a work plan to identify and monitor the new shared safeguarding arrangements across the two CCGs, including alignment of the safeguarding policies, Procedures and training arrangements. Formal review of the arrangements to be undertaken in 5-6 months, by end of the year, to include allocation of resources proportionate to child population per CCG area. • Review the NWL SHOF and Sutton Assurance Framework to agree preferred model for implementation across WCCG/MCCG LDU. The governance for this would be through the Safeguarding Committees and Clinical Quality Committees. • Continue to work with our statutory partners to ensure robust systems are in place to identify, manage and monitor safeguarding concerns in order to maintain the welfare of children and young people within the health economy. <p>KW was concerned that the arrangements needed to take into account the case mix for Merton and Wandsworth and could the Committee tell whether the sharing might compromise the service provided to Merton patients. ABI added that the number of children with protection plans did not correlate with the stated number of safeguarding nurses.</p> <p>EB responded that this was why the review was so important and CG commented that she hoped the review would bring the assurance the Committee wanted.</p> <p>The Committee noted the Safeguarding Children Assurance Report.</p>	
5.5	<p><u>IPSOS Moro 360 degree feedback, comments and resulting actions</u></p> <p>ABI presented this item and explained that the CCG stakeholder survey was commissioned by NHSE. Its aim was to support NHSE in its performance review of CCGs and requests views of CCGs from Member Practices; Health and Wellbeing Boards; Local Healthwatch; NHS Providers; other CCGs.</p> <p>With regard to response rates to the survey, Merton CCG's performance – as compared with the other SWL CCGs - was generally in the middle range.</p> <p>The key headlines from the survey for Merton was staff turnover and failing to fully engage with seldom heard groups. An action plan, being led by the Primary Care Team, would be developed to address these issues.</p> <p>CG welcomed the survey but was puzzled why the action plan was being led to the Primary Care Team. ABI explained that engagement (in Wandsworth) came within Andy McMylor's (Director for Primary Care) team. CG remained surprised by this and asked ABI to speak to Michelle Wallington (Merton Communications Lead) and report back to the Quality Committee.</p> <p>The Committee noted the IPSOS Moro 360 degree feedback, comments and resulting actions.</p>	ABI

