NHS
Merton
Clinical Commissioning Group

Report to the Merton Clinical Commissioning Group Governing Body

Date of Meeting: 29th January 2015

Agenda No: 8.1 **Attachment:** 18

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	23.10.14; 17.11.14
Clinical Quality Committee	07.11.14; 17.12.14
Audit & Governance Committee	28.05.14; 15.09.14
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

23 October 2014
Meeting Room 6.1, 120 the Broadway, Wimbledon SW19

Chair: Peter Derrick

Members	Peter Derrick (PD)	Lay Member (Chair)
	Cynthia Cardozo (CC)	MCCG Chief Finance Officer
	Dr. Howard Freeman (HF)	CCG Clinical Chair
	Eleanor Brown (EB)	Chief Officer
	Dr. Carrie Chill (CCh)	GP Governing Body Member
Attendees	Faiza Waheed (FW)	Head of Finance and Business
	Neil McDowell (NM)	Asst. Director of Finance (SWLCSU)
	Yvonne Hylton (YH)	Committee Secretary (SWLCSU)

1.	Welcome, introductions and apologies The Chair welcomed all in attendance to the meeting. Apologies were noted for Dr Andrew Murray, Adam Doyle and Dr Sion Gibby	
2	Declarations of Interest The Finance Committee agreed the Register of Interests as an accurate record of declared 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 15.9.14 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:- BHCH Nelson Health Centre PD said that the period in which unsuccessful bidders could appeal the decision had expired and confirmed that St George's Hospital NHS Trust had been awarded the contract to provide specialist consultation and diagnostic services at the Nelson Health Centre. EB on behalf of the CCG congratulated everyone involved in the procurement process.	
3.2.1	SWL Risk Share Arrangements	
	The response to the comments and suggested changes to the SWL FRG ToR was discussed at the FRG meeting held on 18.9.14. The Finance Committee has asked that the FRG consider the following changes:- 1. Under stage 5 the first priority should be any CCG in deficit, not just Croydon CCG as it is feasible that in the future other CCGs could be in deficit. 2. The ToR to state how the money of approved bids is allocated from the pool against each CCGs contribution. The Finance Committee had concerns that Croydon CCG could be the only CCG putting in bids which are approved and they get back the whole of the contribution they put in the pool.	

	The FRG response was reported in the minutes of the FRG meeting and are summarised below:- 1. The particular stage 5 first priority refers to Croydon CCG specifically as only Croydon CCG has a planned deficit in 2014/15. The priority is specific to planned deficits to comply with NHS business rules. The ToR has a requirement for annual review and this will take place in late 2014/15 to inform the changes for 2015/16. 2. CCG bids are drawn against their own0.5% contribution in the first instance and only against other CCG contributions if their own contribution is exhausted. If Croydon CCG received approved bids equal to or greater than its contribution, no further funding would be received under stage 5 first priority as there would be no balance to return. If agreed bids were above an individual CCG's initial 0.5% contribution that CCG would pay back the monies over three years, such that all contributions and drawings were in balance over the 5 year period starting 2013/14. <u>Comments</u> The Finance Committee accepted the FRG response and asked to provide clarify the ToR are updated to reflect the minutes. CC to feedback to FRG.	CC
3.3	<u>MCCG Accommodation</u> At the Finance Committee in December 2013, it was agreed that Merton CCG would continue to look for property in the Wimbledon area on the proviso that void costs for the current site would not be charged to Merton CCG. To date NHS Property Services have not clarified if void costs will continue to be charged to CCGs in 2015-16. NHS Property Services have indicated that void costs could be prevented if a whole floor is vacated. Due to this Merton CCG is working with SWL Commissioning Collaborative to find alternative accommodation. A paper detailing current properties available in the Wimbledon area was brought to the Committee for consideration. The current cost for 120 The Broadway is £58.56 per square foot (covers rent, rates and service charges). The next step is to view the properties and ensure they meet the requirements of Merton CCG and SWL Collaborative. The cost of relocation for Merton CCG is estimated at £600k. Merton CCG would need to produce a Business Case to NHS England on the relocation for approval. It should be noted that NHS England will not support a relocation business case where void costs are increased across the health economy. <u>Comments</u> CC advised that if the 5th floor was vacated the SE CSU have indicated an interest in more desks. PD asked if there were any void spaces in 120 The Broadway at the current time. CC confirmed that there were not. The Committee noted that cost of the accommodation at 120 The Broadway was in line and slightly below the market rate of similar properties in	

	Wimbledon. In response to a question on tenure, CC advised that the agreement had a break-out clause in 2019. PD asked how frequently the rent for 120 is reviewed. CC to investigate. <u>Recommendation</u> The Finance Committee was asked to review the properties and decide if the CCG should continue to pursue alternative accommodation for 2015-16. In the absence of a compelling reason to move and the costs associated with relocating the CCG, it was **agreed** not to pursue alternative accommodation for 2015-16 and the position is reviewed again in 12 months.	CC
3.4	<u>Community Services Procurement Options Appraisal</u> CC introduced this item in the absence of Adam Doyle. The Royal Marsden NHS Foundation Trust is the current provider of community services to the boroughs of Merton and Sutton. The contract was originally entered into by Sutton and Merton Primary Care Trust in April 2011 for a contract term of three years with an option to extend for a further two years. The option to extend by two years has been exercised and the contract will now expire at the end of March 2016. A full competitive procurement will need to be undertaken in order to identify and appoint a preferred partner for the provision of community services post March 2016. A workshop was held on 14th April 2014 attended by the (MCCG, LB Merton, SCCG and LB Sutton) which explored the possibility of splitting the contract between Merton and Sutton to support integration and joint working with the relevant Local Authorities. Subsequent to the meeting all associate commissioners confirmed that this was the preferred option. The Project Board recommend that a restricted procurement process is undertaken and that the Governing Body give early consideration to internal governance arrangements to ensure that the contract is awarded in October 2015. The Committee were advised that Sutton CCG is proceeding with a single stage open process and has set a target date of July 2015 to award a contract, three months ahead of Merton CCG, which could potentially become complex in terms of managing the existing contractual arrangements. The recommendation is that the CCG commissions a Lead Provider model where the commissioner manages a single contract with one provider. The model relies on strong leadership and co-operation from key sub-providers, but makes good use of commissioning capacity with only one contract to award and manage. In terms of the number of contracts to be awarded. The recommendation is that two contracts are awarded. A single contract to deliver all community services in Merton with the exception of MSK and outpatient physiotherapy services. These will be tendered separately via a concurrent procurement process. The reason is that there is no evidence that general community services providers can provide expert input and support to these services. However, it is feasible that both contracts could be provided to the same Provider. The recommendation is that the CCG offers a five year contract with the option to extend for a further two years. The reason for this is that it would provide	

	more confidence for the commissioners and the preferred Provider to manage any national and or local service improvement programmes which may take 12-18 months to implement. Comments PD referred to the separate contracts for Community Services and MSK. In response CC said that an acute MSK service 'fits' well with the Nelson Care Centre with a triage service by the existing providers. CCh commented that this may not fit so well with the type of services which will be required for the older people's pathway and HF added that how services will be provided both to older people and children with learning disabilities needs to be understood in terms of any separate contract arrangements. HF asked about governance arrangements. CC said that the Project Board would report in the Finance Committee and approved minutes of the meeting will be brought to the meeting. The Committee asked for assurance as to the viability of the contract size in terms of attracting bidders. CC agreed to check this and report back. The Committee then discussed a "shared vision" which goes beyond clinical services and demonstrates how community services will be aligned to other health services in Merton including BHCH and the Out of Hospital programme and factoring in NHSE's 5 year strategy demonstrating the difference between the new contract and the existing contract. The intention is to test the "shared vision" with the Membership and Community Services Providers to provide the opportunity for 'innovative' service specifications which can be tested against the vision. Timetable - Pre-procurement engagement workshops – 4.12.14 and 4.12.14; - Membership Event – 15.12.14 - Governing Body Seminar – 18.12.14 - Governing Body final approval (January or March 2015) Recommendation The Finance Committee is asked to approve: - a restricted procedure to form the procurement route; - a lead provider contract model; - two contracts – one for community services and one for MSK - a contract length of five years with an option to extend for a further two years. The Finance Committee **approved** the recommendation with the addition of a 'shared vision' built into the process.	CC
4	**Standing Items**	
4.1	Finance Report Month 6 FW introduced this item. At Month 6 MCCG is reporting year to date and full year actual performance to target. A non recurrent deduction from the resource allocation of £200k has been	

made in Month 6 for charge exempt overseas visitors.

The non recurrent allocation of £63k received last month for referral to treatment (RTT) funding was for Royal Marsden community services for additional activity in the musculoskeletal service, the activity targets have been achieved by the trust and a non recurrent contract variation agreed to transfer the funding to them.

Acute Commissioning is under performing by £0.2m year to date, forecast to increase to an over spend of £0.8m by year end.

SGH is forecast to over perform by £0.4m, this relates to seasonality and non delivery of the planned care QIPP schemes. The accuracy of data from St George's is still a challenge. The reported position also includes risk assessed challenges of £202k above planned challenges.

KHFT is reporting £0.2m over performance mainly due to maternity and outpatients.

Kings Healthcare Trust is reporting £0.2m over performance due to critical care and electives.

ESH are reporting an under performance of £0.3m primarily due to elective activity.

Non acute commissioning is forecast to over spend by £0.4m this has worsened from last months reported position as the costs associated with some new services which started in year such as the Complex Depression and Anxiety Service (CDAS) and Health Coaching have now been reflected in the forecast outturn.

Primary care is forecast to over spend by £500k, this mostly due to a £300k over spend on the Care of Older People local enhanced service and a £100k over spend on the Out of Hours service partly due SCCG charges for Merton patients attending SELDOC.

QIPP, year to date over achievement of £400k and full year over achievements of £100k is forecast.

Investments - £4m of investments (Better Care Fund, QIPP and Other) have been made this financial year. As at Month 6, slippage of £1.7m is forecast, this is reflected in the financial position.

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

<u>Risks and Mitigations</u>

Worst case acute risk relates to the risk of potential over performance in acute over and above the position reported and the reserves available.
Community SLAs – Risk relates to dispute over locality team funding for community services.

Nelson Local Care Centre risk related to the potential unoccupied space related to community pharmacy and early completion of the building.

The 0.5% contingency fund, remaining SLA reserve and other non recurrent measures such as the SWL risk pool will be used to mitigate likely risks. The

	remaining SLA reserve has been reduced by £137k to the reported forecast position as it relates to 13/14 under accruals. The exercise on establishing the exact amount of under accrual is still being completed and will be finalised for Month 7. Recommendation The Finance Committee is asked to approve the Finance Report. **Approved**	
4.2	QIPP Report 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. Overall, the programme is forecast to deliver combined savings of £6,659k, £101k above plan. • The acute portfolio scheme is on plan to deliver savings of £4,196k. The mental health contracts scheme is similar 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 outlined in the paper. 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 currently above target and is expected to deliver savings of £657k in 2014/15. • As previously advised, the planned care programme has undergone significant revision as many of the original planned care schemes cannot be implemented as planned. The planned care programme is therefore currently forecast to deliver £169k savings in 2014/15, a shortfall of £198k against the original planned savings of £367k. This does not, however, include savings from a new pilot Health Coaching scheme to support patients living with COPD (and potentially other long term conditions) which has been approved by the QIPP Delivery Group. Although net savings are anticipated from this the savings are not currently quantified on the QIPP Financial Dashboard as work is on going to ensure that savings are identified correctly. This is due to the fact that savings are expected to be achieved through reduction in unplanned admissions, and as such savings are captured within the Urgent and Intermediate Care programme of work it is expected that this scheme will contribute to the savings reported there and will not be reported under the Planned Care programme. This will also mitigate the risk of 'double-counting' savings. • The medicines optimisation QIPP scheme is currently showing a year to date over achievement of £16k. The full year forecast is £516k, which is £61k above the net planned savings of £455k. The over achievement is mostly attributable to slippage on project costs (staffing). Staffing vacancies contribute to the volatility of the savings for this scheme. Recommendation The Finance Committee is asked to note the QIPP report.	

	Noted	
4.3a	Tender Waiver – Performance and procurement support from Kent and Medway Commissioning Support Unit – To Note The Merton IAPT Service has been extended a number of times and needs to go through re-tendering process. The current service has therefore been extended to allow for a full procurement. The service also faces performance issues against the nationally mandated higher access and recovery targets. In order to avoid the risk of any legal procurement challenges and failure to meet the national access and recovery targets, the Kent and Medway Commissioning Support Unit was identified at a suitable organisation to support the CCG. Kent and Medway Commissioning Support Unit have significant expertise in IAPT services as well as in procurement and have recently supported a number of CCGs in Kent and Medway. The cost to the CCG is £41,217. Recommendation The Finance Committee is asked to note the Tender Waiver (under £100k) **Noted**	
4.3b	Tender Waiver - Synapsis Healthcare Consulting Limited This is a tender waiver for project management support for the procurement of the Merton community services contract, 1 October 2014 to 31 October 2015, at a total cost of £138,650 (for the Project Director and Project Manager). Synapsis Healthcare Consulting Limited currently manages the CCG's Better Healthcare Closer to Home programme and the proposal is to extend this support to the procurement of the community services contract. This proposal offers the significant advantage of utilising the existing experience of delivering major projects related to community services within the CCG. The Project Director is highly experienced in delivering procurements and understands the issues to be addressed. The Project Director also already has good working relationships with the relevant Clinical Directors, members of EMT and wider CCG team who will be closely involved in delivering this project. Recommendation The Finance Committee is asked to approve the Tender Waiver for project management support at a total cost of £138,650. The Committee **approved** the tender waiver noting that Finance and Administrative support will be funded separately by MCCG.	
4.4	Business Cases There were no new business cases to report this month.	
5	**To note**	
5.1	Better Healthcare Closer to Home Programme Board Approved Minutes The Finance Committee **noted** the approved minutes of the meeting held on 29.9.14.	
6	**Any Other Business**	
6.1	Community Services Procurement Programme Board	

	The Chair asked that minutes of this meeting are reported to the Finance Committee. YH to add to the forward plan.	YH
6.1	Date of Next meeting: Monday 17th November, 12.30-1.30pm, Meeting Room 5.1, 120 The Broadway, Wimbledon, SW19 1RH	

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Peter Derrick – Chair, MCCG Finance Committee

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Date:

NHS
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Merton Clinical Commissioning Group
Finance Committee

Monday 17th November 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
	Adam Doyle (AD)	Director of Commissioning & Planning
Attendees	Sion Gibby (SG)	Raynes Park Locality Lead
	Harshal Shah (HS)	Head of Acute Finance – WCCG & MCCG (SECSU)
	Yvonne Hylton (YH)	Committee Secretary (SECSU)

1.	Welcome, introductions and apologies The Chair welcomed all in attendance to the meeting. Apologies were noted for Dr Carrie Chill, Neil McDowell and Faiza Waheed	
2	Declarations of Interest The Finance Committee agreed the Register of Interests was an accurate record of all declared 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 23.10.14 Page 1 Item 3.2 Final sentence to be added to read "*EB on behalf of the CCG congratulated everyone involved in the procurement process*." Page 3 penultimate paragraph "*move confidence*" to be amended to "*more confidence*" Page 4 Item 4.1 Para 2 At *Month 6 MCCG is report year to data* to be amended to "*At Month 6 MCCG is reporting year to date".* The minutes were approved with the above amendments.	
3.2	Action log and matters arising The account log was updated and will be re-circulated to the Committee. There were no matters arising not on the agenda.	
4	**Standing Items**	
4.1	Finance Report Month 7 CC introduced this item and highlighted the key points for note. At Month 7 MCCG is reporting a year to date and full year actual performance to plan. A non recurrent allocation of £1,137k for winter resilience funding has been received in Month 7. Funds received by MCCG will be spread across Sutton	

	and Wandsworth primary care via the CCGs based on agreed services. Acute commissioning is under performing by £0.4m year to date, forecast to increase to an over spend of £1m by year end. St George's NHS Trust is forecast to over perform by £0.4m. CC reported the issue of data robustness at SGH continues. At M7 £0.5m KPIs have been agreed which are not reflected in SLAM. A contract performance notice has been issued by the SECSU for data to be corrected. Reported under-performance (£0.4m) is offset by non-elective and changes to the maternity case mix. An audit of maternity was carried out led by the CSU, which found that data coding is correct. In response to a question from PD, HS (CSU) said that the Audit was carried out by Clinicians and Commissioning Managers and he is confident that the findings are correct. A break even position is forecast for Kingston Hospital NHS Foundation Trust and Epsom & St Helier NHS trust are reporting under performance of £0.4m primarily in elective activity and critical care. Non-acute commission is reporting a minor over spend of £25k, however there are significant adverse variances on mental health services due to investment in new services and increased activity in continuing care which are offset by slippage in investment schemes within community services. Primary Care is forecast to over spend by £0.4m, this is mostly due to the £0.3m overspend on the Care of the Older people local enhanced services and £0.1m overspend on Out of Hours. Investments - £4m of investments (Better Care Fund, QIPP and Other) have been made this financial year. As at Month 7, slippage of £2.1m is forecast, this is reflected in the financial position. The Better Practice Payment Policy is above target for both the number and value of invoices paid in the month. QIPP – Year to date over achievement of £13k and full year over achievement of £60k is forecast. The forecast over spends are being offset by under spends on investments and release of CCG reserves. <u>Key Risks at M7</u> • Acute over performance above the reported position and available reserves; • Nelson Heath Care Centre potential unoccupied space related to community pharmacy and early completion of the building; • Priory Group Specialised budget transfer – owing to only part year information available at the time of the baseline review process last year there is a risk that a further IAT might be necessary. A maximum risk of £75k is reported. The matter is currently with the technical group for ratification. The 0.5% contingency fund, remaining SLA reserve and other non recurrent measures such as the SWL risk pool will be used to mitigate likely risks. <u>Comments</u> HF referred to the slippage in investments. CC said that slippages relating to	

	agreed investment plans have been offset by new investments which are due to commence later in the year. Continuing Care over-performance is due to an accrued estimate of block bed charges from Sutton CCG. A review is taking place, commencing with a MDT meeting with Continuing Care to validate costs. PD asked how systems resilience funding is reflected in the budget. CC said MCCG sits in two systems resilience groups, WCCG and SCCG, hence the funding has been passed on to WCCG and SCCG to pay providers for schemes on behalf of Merton. Resilience funding for Primary care will be paid directly to Practices via the CCG. AD said that attendance by Merton patients at A&E is low compared to other CCGs. Overall A&E attendance is 'flat' with over performance due to the acuity. To inform contract setting for 2015/16 a review of all clinical pathways will take place to ensure the volumes and tariffs are correct. LAS have requested additional winter resilience of £2.5m across SWL to fund schemes to address staffing capacity issues in London. The proposal is for an agreed bid from the SWL Risk Pool to be shared across all CCGs on a population basis, equating to a cost of £327k for MCCG. EB advised that the final decision to support LAS will be made by the Chief Officers and reported back to NHSE who commission LAS. MCCG are supportive of the approach based on the schemes focused to retain qualified staff in London. SG asked if the impact of the 111 service had increased pressure on LAS services, EB said there was no data evidence, adding that the Chief Officers Group had asked for local data to understand performance. AM asked if the issues relating to transfers had been resolved. AD said no, but some improvement has been seen. The Finance Committee **approved** the Month 7 Finance Report	
4.2	<u>QIPP Delivery 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 £6,619k, £61k above plan. The acute portfolio scheme is on plan to deliver savings of £4,196k. The mental health contracts scheme is similar 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 outlined in the relevant section below; 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 currently above target and is expected to deliver savings of £647k in 2014/15. As previously advised, the planned care programme has undergone significant revision following South East Commissioning Support Unit advice against attempting to procure additional services in Merton (even on a pilot basis) 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, many of the original planned care schemes cannot be implemented as planned; some have been revised or ceased, and additional schemes have been developed. The planned care programme is therefore currently forecast to deliver £166k savings in 2014/15, a shortfall of £201k against the original planned savings of £367k. This does not, however, include savings from a new pilot Health Coaching scheme to support patients living with COPD (and potentially other long term conditions) is currently being rolled out to practices. Although net savings are anticipated from this the savings are not currently quantified on the QIPP Financial Dashboard as work is ongoing to ensure that savings are identified correctly. This is due to the fact that savings are expected to be achieved through reduction in unplanned admissions, and as such savings are captured within the Urgent and Intermediate Care programme of work it is expected that this scheme will contribute to the savings reported there and will not be reported under the Planned Care programme. This will also mitigate the risk of 'double-counting' savings. The medicines optimisation QIPP scheme is currently showing a year to date under achievement of £27k. The full year forecast is £489k, which is £34k above the net planned savings of £455k. The over achievement is mostly attributable to slippage on project costs (staffing). Staffing vacancies contribute to the volatility of the savings for this scheme. The Committee **noted** the QIPP report.	
4.3	<u>Tender Waiver</u> There were no tender waivers to be reported this month	
4.4	<u>Business Cases</u> There were no new business cases to report this month	
5	**To note**	
5.1	<u>Better Healthcare Closer to Home Programme Board Approved Minutes</u> There were no minutes to be reported this month. The minutes of the meeting held on 24.11.14 will be presented to the next meeting.	
5.2	<u>Community Services Project Board Approved Minutes</u> The minutes of the meeting held on 15.10.14 were received by the Committee. PD invited AD to provide an update on progress on the 'vision' discussed at the last meeting of the Finance Committee. AD said that the vision was in development. Meetings and events were planned during November including a market warming event on 27th November to share the vision, strategy and outcomes for community services with community service providers.	

	In addition 1-1 meetings will be held with providers to discuss in more detail how services may be delivered, for example to ensure 7 day working and increased working hours in some services which will feed into the service specifications. Public Engagement Events are planned for 2nd and 4th December. The Membership Event on 15th December will receive a 3 year vision to describe clearly how services are currently delivered and the vision for the future. At this time SCCG timetable remains an issue, although they have revised their timeframe it is not in line with MCCG. The Finance Committee noted the minutes and update provided and that full minutes of the meeting held in November would be presented to the December meeting of the Finance Committee.	
6	**Any Other Business**	
6.1	Date of Next meeting: Thursday 11th December 2014, 2-3pm, Meeting Room 5.1, 120 The Broadway, Wimbledon SW19	

Approved as an accurate record of the meeting held on 17.11.14

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Peter Derrick – Chair, MCCG Finance Committee

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Date:

NHS
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Merton Clinical Commissioning Group

Clinical Quality Committee

Minutes from the meeting held on Friday 7th November 2014

Meeting Room 6.2, 120 the Broadway, Wimbledon SW19 1RH

Present

Mary Clarke	Independent Nurse Member (Chair)
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 (From Item 3.1)
Prof. Stephen Powis (SP)	Secondary Care Consultant
Jennie Hall (JH)	Chief Nurse and Director of Infection Prevention and Control, St. George's Hospital NHS Trust (Item 3.1)
Murrae Tolson (MT)	Head of Systems Performance (Item 4.1)
Yvonne Hylton (YH)	Committee Secretary – Minute Taker (SLCSU)

Apologies

Clare Gummett (CG)	Lay Member, Patient and Public Involvement
Eleanor Brown (EB)	Chief Officer
Dr Kay Eilbert (KE)	Director of Public Health
Dr Karen Worthington (KE)	East Merton Locality Lead

1.	**Welcome and introductions** (CG)	
1.1	The Chair welcomed all present to the meeting, advising that until the arrival of TH the meeting would not be quorate. The Chair then advised the Committee of the following changes to the agenda:- - Item 4.2 NHS Continuing Healthcare Report is deferred to 17.12.14. The report was received late and will be reviewed in terms of presentation and content by AD/LS with any changes fed back to Jane Pettifer prior to the presentation to the Committee. - Item 4.3.2 Safeguarding Children Report. LS advised that a verbal update will be provided to the meeting today with the report deferred to 17.12.14 pending the arrival of the new Safeguarding Children Designated Nurse (Catherine Honnah).	
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 TH and SG declared an interest in Item 5.1.	
2.	**For Approval**	
2.1	Draft Minutes of the meeting held on 10.10.14 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.	
3	**Key areas of focus**	
	St. George's Hospital NHS Trust CCG Provider briefing AD/LS provided an overview of SGH performance from a CCG perspective to inform discussion with the Trust.	

TH arrived

SGH Presentation

The Chair welcomed Jennie Hall, Chief Nurse and Director of Infection, Prevention and Control to the meeting.

JH tabled the Quality Governance Framework and the Month 6 Quality Report presented to the Trust Board. JH talked through the quality report, advising that she has been in post for five months and the report continues to be revised. The report in its current format has been reported to the Board for the fourth month and the focus for further development will be the identification of quality performance trends.

JH referred the Committee to Page 3 of the report, which presents an overview of performance reported against the NHS Trust Development Agency domains and highlights the key areas of focus for the Trust at Month 6 (Never Events, Complaints, Staff Turnover and Vacancy Rates). The report also includes a 'Ward Heatmap' including sickness and vacancy data in the KPI framework, triangulating this information with patient feedback and other performance data to help identify any areas experiencing problems and where intervention may be required.

Identified Key Risks are:-

Complaints performance (BAF)
Infection Control Performance (BAF)
The profile regarding the failure to act on clinical test results arising from serious incidents.
Safeguarding Children Training compliance Profile

JH then talked through the quality report and invited questions and comments from the Committee.

Comments and Questions

AD referred to A&E performance and asked how the Board has oversight and a view from the Chief Nurse on what is driving performance.

JH said in terms of Board oversight this is on a daily basis and in terms of the drivers for over performance, acuity is a key factor. The Trust have a real desire to deliver in line with the trajectory and the additional capacity of a Clinical Site Manager and working with community and social services to allow effective discharge of patients will help to improve the position. In terms of acuity JH gave an example of an unwell patient with "suspect Ebola" and said that learning in terms of understanding the impact on the overall service will provide valuable learning. The patient was not diagnosed with Ebola, however the diagnosis process is 16-17 hours.

In response to a question on the patient's experience of A&E, JH referred to FFT results from July where the majority of comments related to staff attitude and lack of information rather than waiting times. In addition quality data does not evidence any safety issues relating to A&E waits.

SG referred to the Nelson contract awarded to SGH and asked what the Trust's hopes are for the development. JH said that the Board and staff are very pleased to have been awarded the contract. Discussions on how services will be delivered are currently taking place and the Clinical Model when developed will be presented to the Trust Board.

TH asked for an update on complaints management process and the move from a central team to individual Directorates and asked how this is progressing. JH said that resource has increased and the focus is now on monitoring the 25 day target. Training is also in

	place for staff so they are confident in dealing with complaints with some improvement now being seen. Regarding themes a high number of complaints relate to elective pathway across a range of areas for example discharge times, which links to the need for good communication and information given to patients to manage expectations. MC asked about the Trust's plans to improve recruitment and retention. JH acknowledged that although there are existing programmes the overall trend is moving in the wrong direction, particularly in terms of the turnover of staff. Along with other Acute Trusts, SGH is looking overseas as well as nationally to recruit staff. Internally work is taking place to retain students. Retention is higher amongst staff at Band 6/7 and work is taking place to refresh career pathways and training programmes to cover 12-18 months. In addition the Trust will continue to use Agency Staff although this is difficult with high pay rates dictated by the Market. Marketing is also useful for attracting staff, for example the current "24 hours in A&E" which features SGH, mindful that this A&E is only one part of the Trust. In terms of the culture at the Trust, JH said that exit interviews and staff surveys had reflected pressure from line managers and perceived bullying as a contributory factor. JH said that she was meeting with nurses to understand fully the underlying causes. MC asked about 'Listening to Action' and JH said that the Trust were in the second year and there were a number of learning events taking place including end of life care and a future event on complaints together with staff forums providing the opportunity for staff to voice their views and concerns. SP referred to the sepsis audit which was very poor and how the Trust plans to address this issue. JH said that the Programme Clinical Lead will coordinate this work, checking the latest data which will be reported back to the Patient Safety Committee. SP then asked about the three MRSA cases reported in September. JH responded that of the three cases, one related to a patient transferred from ESH who was MRSA colonised upon arrival, additional cases related to renal patients with complex medical needs. JH said that actions plans were in place for all reported cases and reported to Patient Safety Committee. LS referred to the recent RTT issue regarding patients not being seen in chronological order and asked what information people have and are their expectations being met. JH said that the cardiology is robustly monitored and the reported incident is now closed with no further incidents reported for cardiology. Where patient feedback is received relates mainly to elective pathways and outpatients. LS then said that there are a lot of action plans in place but how does the Trust aim to achieve sustainability. JH said that all action plans aim to achieve sustainability and there are a number of examples where this has been achieved for example mortality. In response to the question "what keeps you awake at night" JH said it was the unknown. SGH is a very busy Trust with a high volumes and complex cases SP said that A&E is very challenging for all Acute Trusts but felt that SGH's focus on safety was good, adding that nurse recruitment and the high costs for agency staff is an issue for all Acute Trust in London. In closing AD asked what as Commissioners we could do to help the Trust and in response JH maximising safety in winter as much as possible.	

	The Chair then thanked JH for presenting to the Committee. JH then left the meeting	
4	**Standing Items**	
4.1	<u>Quality Report Month 5</u> MT introduced this item. The report has been revised to provide a strategic overview of key areas of concern and where actions are in place these are described. The report is intended to inform the areas to be raised at the Clinical Quality Review Groups (CQRG) and fed back to the MCQC via CQRG summaries. At Month 5, the CCG is rated Red for constitution pledges. Improving Health of our local population is rated Amber/Green. The main areas of concern are London Ambulance Category A and access to IAPT. MT advised that additional systems resilience monies have been requested by LAS to improve recruitment and retention of staff in London. In response to a question on the patients experience of LAS, MT said that no issues relating to quality are reported, adding that although the Trust is not meeting the target of 8 minutes, 75% of calls are responded to in 11-12 minutes. <u>Comments</u> The Committee agreed a LAS deep dive as a future agenda item. This was supported by the Committee with MT to lead and inform YH date for the forward plan. In response to questions from MC on reporting of OoH, 111 and Continuing Care and Identification of quality trends, LS advised the aim is that the report will provide a broader view of trends, linking with the performance management meeting which will feed into the issues raised at CQRG and reported back to the MCQC. Comments and questions received by CG are noted below:- CG welcomed the new format for the Quality Report. CQRG feedback was not received from all Trusts, but where it was received it was much more informative. YH to recirculate the CQRG Template to CQRG attendees to be appended to the Quality Report. In reference to KHT Safe Staffing Levels reported at 101%. LS said that staffing levels were determined by patient needs and could be above recommended levels. In response to Provider Assurance. LS said that the report combines monthly and annual performance and reports the most current available data. Feedback from the Chief Officer was that she welcomed the revised format for the Quality Report with a clear focus on quality which provided assurance of the quality monitoring processes in place. EB then thanked all those involved producing the report. <u>Recommendation</u> The Quality Committee is requested to approve the report. Locality leads are requested to raise the areas of concern at Clinical Quality Reference Groups and feed these actions back to M. Tolson, Head of Health Systems and Performance The recommendation was **agreed** MT left the meeting	MT MT YH

4.2	Continuing Healthcare Q2 Report This item was deferred to the December meeting.		
4.3	Safeguarding		
	4.3.1	Safeguarding Adults Quarters 1&2 Report LS introduced the report to provide an overview of safeguarding activity within Merton for Quarters 1 and 2. LS highlighted the key points for note:- The Care Act (2014) makes adult safeguarding statutory from April 2015 including a duty to establish a Safeguarding Adults Board (SAB) to include Local Authority, CCGs and the Police, mirroring the arrangements in place for Safeguarding Children. LS advised that a workshop has been offered to review the legislation and understand the role and responsibilities for CCGs. Membership of the SAB was discussed and will include a Clinical Chair and representatives from the CCG GB. Safeguarding Activity in Merton Activity in Merton has seen a significant increase in the Deprivation of Liberty Safeguarding applications (DOLS) as a result of the Cheshire West Judgement. In the first five months for this year (April – August 2014) there have been 160 requests for DoLS authorisations, 147 of which were authorised. This compares to a total of 27 requests for DoLS, of which 16 were authorised, in 2013/14. The three main types of abuse are neglect, physical and then financial. In Merton these types of abuse are consistency higher than other categories year on year, but does change in order throughout the year. Where abuse takes place has also remained static. MC asked about recruitment to the Safeguarding Adult Post. LS said that she is looking at alternative types of support and working closely with Local Authority to agree the best way forward. Recommendation The Committee is asked to note the report. **Noted**	
	4.3.2	Safeguarding Children Quarter 2 Report including an update on FGM and assurance of processes in place by Provider Trusts LS provided a verbal update advising that the full report will be presented to the Committee in December. The new Designated Safeguarding Nurse will be in post from 17.11.14. The post is currently being covered by two interim staff reporting to LS. LS said that the Independent Report on Looked After Children is now available. LAC link closely with the Designated Safeguarding Nurse role who has responsibility to provide assurance that the CCG has robust LAC processes in place. It is proposed to extend the contracts of the interim staff currently in post to progress the actions and ensure MCCG meets the CQC standard. Recommendation The Committee was asked to note the verbal report. **Noted**	
5	**For discussion**		
5.1	Primary Care in Merton		

	SG and TH declared an interest in this item. AD introduced this item. Feedback from CQC Inspections of GP Practices which have taken place in Merton is positive with no concerns reported. In the future all Practices will be rated and given the opportunity to comment and challenge CQC reports. Transforming Primary Care in SWL London. AD tabled a draft paper describing the priorities and progress to date for review by the Committee. An expression of interest to co-commission with NHSE some responsibilities for Primary Care will commence in January 2015 allowing the CCG to demonstrate PC performance in Merton. It was recognised that performance measures must take into account Practice profiles which vary considerably across Merton. AD said that the Membership will complete a self-audit of the proposed Primary Care Standards providing an opportunity for dialogue and to inform primary care performance measures taking into consideration Practice Profiles. The Membership Event on 15th December 2014 will focus on the plans for co-commissioning primary care, including contract specification and federations. A review of MCCG Primary Care Support Team will be undertaken. MC asked if Nurse input into the Task & Finish Group had been considered. AD said that yes, LS will attend to provide nurse input. <u>Recommendation</u> The Committee is asked to note the update. **Noted**	
6	**For Note**	
6.1	<u>Medicines Management Committee approved minutes and feedback from the last meeting</u> MC introduced this item and highlighted the key points:- The appointment of Sedina Agama and Chief Pharmacist was welcomed. Flu vaccinations. There was a good discussion with Community Pharmacy and data is expected in January 2015. MMC Away Day to take place in December 2014 <u>Recommendation</u> The Committee noted the approved minutes and feedback from the last meeting of the MMC.	
7	**Any Other Business**	
7.1	Date of Next Meeting:- Wednesday 17th December, 2-4pm, 120 The Broadway	

Approved as an accurate record of the meeting held on 7th November 2014

…… Chair

NHS
Merton
Clinical Commissioning Group

…… Date

NHS
Merton
Clinical Commissioning Group

Merton Clinical Commissioning Group

Clinical Quality Committee

Minutes from the meeting held on Wednesday 17th December 2014

Meeting Room 6.2, 120 the Broadway, Wimbledon SW19 1RH

Members

Clare Gummett	Lay Member Patient and Public Involvement (Chair)
Mary Clarke	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 (part of the meeting)
Dr Kay Eilbert (KE)	Director of Public Health

In attendance

Dr Howard Freeman (HF)	MCCG Clinical Chair
Dr Carrie Chill (CCh)	Clinical Director for Older and Vulnerable Adults (Item 4.1)
Murrae Tolson (MT)	Head of Systems Performance (Item 5.1)
Cynthia Cardozo (CC)	Chief Finance Officer
Yvonne Hylton (YH)	Committee Secretary – Minute Taker (SLCSU)

Apologies

Eleanor Brown (EB)	Chief Officer
Dr Karen Worthington (KE)	East Merton Locality Lead
Prof. Stephen Powis (SP)	Secondary Care Consultant

1.	**Welcome and introductions** (CG)	
1.1	The Chair welcomed Dr Howard Freeman (HF), MCCG Clinical Chair to the meeting Following introductions, HF thanked the Chair and Members of the Committee for inviting him to observe a meeting of the MCQC.	
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 7.11.14 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 Healthcare report was removed from the agenda following deferment from the October meeting. AD advised that a report will be presented to EMT including reporting structure on 14th January 2015 and updated to MCQC in January. - Safeguarding Children Quarterly reporting. LS advised that the Safeguarding Children quarterly report will be presented to the Committee in January. Subject to the reporting timeframe a joint Q2/Q3 report will be presented, however if this is not possible, reports will be presented in January and February 2015. - Forward Plan to be updated to ensure reports are aligned to reporting timeframe going forward (Feb, May, August and November).	AD LS YH/LS

3	**Quality Report**	
3.1	LS introduced the first Quality Report to the Committee. <u>Round Table Review</u> This year the CCG have been supporting a family following an IFR application. The application was refused but highlighted complexities within the current NHS systems and how difficult it can be to navigate services for both professionals and patients. As a result a Round Table Review was commissioned by the CCG, attended by the CCG, IFR Team, NHS England London team and Midlands and East and the individual's consultant. This was raised by the DoQ at the most recent Quality Surveillance Group who agreed that it would be helpful to share the learning through this forum. The findings from the review will be reviewed by the QSG at its meeting in January 2015. <u>Support for the Quality Directorate</u> EMT have agreed additional support for the quality directorate to support some functions including adult safeguarding and developing links with the Local Authority and the CQC in respect of quality in care homes and to support the clinical leads in quality assurance at the CQRGs. <u>Case Panel Review Meeting</u> LS and EB attended a case panel review meeting concerning a child with mental health needs placed out of the borough in a residential school setting. The CCG provided a health overview report. Initial concerns are a lack of clarity of the Lead and CAMHS responsibilities for children placed out of borough. The report will be finalised and shared with the family. The outcomes from the report will be reported back to the MCQC when available. <u>Child Sexual Exploitation</u> The profile of this continues to be raised since the publication of the CSE in Rotherham. One of the Interim Designated Safeguarding Childrens Nurses attended the Merton Safeguarding Children's Board and the CCG have submitted an action plan to the Governing Body detailing how assurance will be strengthened for health providers in Merton. <u>Looked After Children</u> This year the CCG commissioned an independent review into the LAC service which reported recently. An action plan to address the recommendations was presented to EMT for approval and will be monitored via the MCQC. <u>Quality Surveillance Group Update</u> The meeting is Chaired by Matthew Trainer and gives the opportunity to raise quality issues that impact across the SWL health system. NHSE reported on the progress of their quality dashboard which pulls together a range of KPIs to inform discussions with host commissioners. Primary are and mental health dashboards are in development. There are no plans for community services dashboard at this time. In addition the SE CSU is developing a quality dashboard for primary care and mental care to provide more information to CCGs. NHSE are to pilot a new complaints system in the new year to provide thematic analysis to provide an overview of themes to inform CCGs. Friends and Family Testing reporting is now based on a % recommendation rather than using a net promoters score. Staff will be surveyed through the year to inform the staff score. Jane Fryer has agreed to review the reporting of Pressure Ulcers in South London to understand the key issues, for example where people are not known to health services until	

	they present with a pressure ulcer. EPRR Assurance Process Following the conclusion of the EPRR assurance review meetings MCCG submitted a completed action plan and statements of compliance to NHSE this week. MCCG are declaring an assurance level of substantial. At the December 2014 meeting of the London LHRP it was agreed that this report would openly share the RAG rated score outputs of the assurance process for all organisations between health partners. LS advised that all CCGs are being asked to advise if the sharing of information in this way would cause any problems to the CCG and asked for a view from the Committee. In terms of openness and transparency the Committee **agreed** the sharing of data. Winterbourne View In response to the Winterbourne review, 50% of people in an inpatient setting on April 1 need to be transferred to a community setting by 31 March 2015. Four people in Merton currently meet the criteria and are in the process of being re-assessed. AD advised that there is a national pressure on CCGs to ensure that all placements are appropriate. HF advised that following the closure of Orchard Hill, all Sutton and Merton residents were assessed. The results found that for some patients (7 or 8) it was not in their best interests to be re-housed; and HF said that MCCG would not support the transfer of patients unless it was in the best interest of the individual and the need to ensure that this vulnerable group of patients are protected. Duty to Involve Report LS advised that a rating of Amber has been received for the CCG's report. CCGs have been asked to undertake further work, including benchmarking and learning from other CCGs. Safeguarding Incident LS reported on a recent Incident, concerning a baby reported at SGH. This is currently being investigated, focussing on both the incident and the management process in terms of record keeping. The Chair welcomed the Quality Update as a regular agenda item providing additional assurance to the MCQC and asked if a written update could be provided for future meetings and this was agreed.	LS
	TH left the meeting.	
4	**Key Focus**	
4.1	End of Life Care Presentation The Chair welcomed Dr Carrie Chill (CCh) to the meeting to provide an overview of the End of Life Care (EOLC) service provided in Merton. CCh advised that a joint EOLC service is provided across Sutton and Merton at this time, however this may change depending on the outcome of the Community Services re-procurement currently underway. The aim of the EOLC service is to encourage the use of Coordinate My Care (CMC) across all providers including hospices, LAS, social care and the voluntary sector, where patients consent to sharing information. In Merton there are 1537 CMC records ranking the CCG the 4th highest in London. Of this	

	number 43% are cancer patients whilst 57% are for non-cancer conditions. However, the proportion of deaths at home in Merton has remained static for some time indicating that changes in Community Services is needed to increase the take up of CMC records. MCCG's main hospice provider is St Raphael's and there is a small contract with Trinity in Clapham offering some choice to patients. Training and Education is provided with the hospice delivering a 5 day RCN accredited End of Life Care training course for care home staff and the CMC who offer training to clinicians to help them identify who may benefit from a CMC record, in addition lunchtime sessions are held informally for GPs at St Raphael's. CCh advised that a bid has been submitted to HESL to provide communication training for residential nursing home staff and primary care staff and a public engagement event was held on 6th November to raise the profile of EOLC. In Merton EOLC nurses visit all nursing homes and at this time calls to LAS and conveyance rates from nursing homes to A&E are not increasing. Do Not Attempt Resuscitation is currently a very complex process due to all providers having different rules, work is currently taking place at a London level to introduce a single form for use by all Providers, thereby removing the requirement for patients to complete a new form each time their care setting changes. CCh advised that going forward proposals for future investment will include the expansion of the hospice@homeservice; community services to be commissioned to co-ordinate care in the last days of life and training for primary care and locality MDTs. In addition a bereavement service in Merton has been approved and will be piloted in 2015. <u>Comments</u> CG said that the EOLC service provided in Merton is excellent and asked about the impact following the sale of St Anthony's. CCh said that St Anthony and St Raphael's were already separated and the impact on the hospice has been limited. MC commented on the Joint EOLC service provided across Sutton and Merton and asked if this would change following the re-procurement of community services. CCh said that would depend if different providers were commissioned for Sutton and Merton. MC asked for the typical age range. CCh said that majority of patients are elderly, however there is some work taking place with Great Ormond Street. CG asked for an update on bereavement support in Merton. CCh said that the Pilot will test the response times in terms of providing an assessment and referral to organisations to provide the support the individual requires. HF welcomed the progress made in EOLC in Merton which is extremely good both for the individual and the healthcare professional caring for the patient. In concluding the Chair thanked CCh for an informative and interesting overview of EOLC in Merton. CCh left the meeting.	
5	**MCCG Quality Report**	
5.1	MT introduced the Month 6 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 6, 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 Amber/Green. The main area of concern is IAPT access. Actions are in place to address areas of concern for Constitutional pledges and Improving Health Outcomes and are being monitored via the Performance management group. However LAS performance is likely to remain an issue due to long term recruitment issues. Provider Assurance – SG presented a verbal update on from Kingston Hospital CQRG. In response to confusion on the process of reporting to and from the CQRGs, LS advised that Sally Thompson (ST) who will be joining the CCG in January will be supporting Locality Leads by developing a formal reporting process between the CQRG and MCQC. MC referred to the Quality Dashboard overview (3.1.3) and the lack of data reported against some indicators. LS said that in some cases there is no contractual requirement for data to be reported and it was agreed that MT/LS would meet to agree a process for how non-contractual quality data can be reported to the Committee going forward. <u>Recommendation</u> The Quality Committee is requested to approve the report. Locality leads are requested to raise provider specific the areas of concern at Clinical Quality Reference Groups and feed these actions back to M. Tolson, Head of Health Systems and Performance. **Approved**	MT/LS
4.2	<u>Equality & Diversity Q3 Update including Equality Delivery Scheme and Public Sector Equality Duty (PSED) Report.</u> LS introduced this item. The EDS report and improvement plan was revised following consultations with commissioning managers (for Goals 1 and 2), staff (for Goals 3 and outcome 4.3) and the leadership team (for Goal 4). The grade for Goal 4 (Outcomes 4.2 and 4.3) was determined following an external assessment by Sutton CCG in a reciprocal arrangement. Public Sector Equality Duty (PSED) Report: Section on workforce analysis (p22-24): the Clinical Quality Committee needs to discuss whether the information should be published or not as the Equality Act only requires organisations employing over 150 staff to publish workforce profile. The PSED is to be published on the CCG website by 31st January 2015. <u>Comments</u> LS referred to the PSED asked the Committee for a view on whether workforce analysis should be published. AD asked whether staff had been advised that the information provided could be published. HF said that all data collected is subject to FOI requests and was supportive of publication in terms of openness and transparency. MC commented that the data should be reviewed and if due to small numbers staff could be identified the data should not be published and a footnote to that effect added to the report.	

	LS advised that the next steps would be to circulate the report to the Equality & Diversity Group for comment prior final review and approval at EMT on 14.1.15. The report will then be formally approved by the Governing Body at its meeting on 29.1.15 to enable publication on the CCG web-site to meet the 31.1.15 deadline. CG referred to the peer review with Sutton CCG and asked how this will be taken forward. LS said that the findings will be reviewed and actions agreed by the Equality & Diversity Group and EMT as required. In concluding the Committee thanked Yasmin Mahmood, E&D Lead, for her hard work in developing a robust and open process for Merton CCG. <u>Recommendation</u> To comment on the EDS and PSED reports and identify any changes and amendments to be made. The Committee reviewed and discussed the report and no amendments were requested, noting that final decision on publication of workforce analysis will be made by EMT informed by comments from the MCQC noted above and feedback from the Equality & Diversity Group.	
4.3	<u>Risk Register (Quality)</u> LS introduced this report. A review of all quality risks has been undertaken with the Director of Quality. All risks have been linked with the relevant Corporate Objective(s). The following risks have been removed from the register, with the agreement of the Director of Quality: • 464 - If quality measurements do not consider both hard and soft data then sufficient assurance of quality in provider services cannot be evidenced • 553 - If capacity issues within the safeguarding team are not addressed, this will impact on the CCGs ability to meet its statutory requirements The following risks have been added to the register: • 955 - If providers are unable to achieve the London Quality Standards, the CCG cannot be confident of the quality of care Merton patients will receive wherever they access healthcare in London. • 954 - If there are gaps in assurance regarding quality performance and improvement of services then the CCG cannot be confident it is commissioning safe services which may limit the success of the quality strategy • 960 - If internal and external factors are not managed well, this may impact upon staff morale and staff retention at Merton CCG No risks have been escalated to the Board Assurance Framework. No risks have been de-escalated from the Board Assurance Framework. <u>Comments</u> MC asked for further details of risks removed from the Register with the agreement of the DoQ. LS said that these risks were incorporated in other risks and agreed to forward details to MCQC after the meeting. CG referred to Risk No. 510 and asked if it should include 'not meeting the health needs of population of Merton'. LS agreed that this would be added. The MCQC asked for a full review of the Risk Register with the CSU at its meeting on 16.1.15. Action: Terri Burns to be invited to attend the meeting.	LS LS YH

	Recommendation The Committee agreed a full review of the Quality Risk Register at the January meeting. It is recommended that the Clinical Quality Committee CONFIRM the following: • That the risks described represent the main strategic risks to the delivery of the CCG's Quality plans. • That the mitigating controls adequately increase the probability of the CCG delivering these plans Any gaps to mitigating controls or actions that would provide improved assurance of delivery to the EMT The recommendation was **agreed**.	
6	**For review/discussion**	
6.1	Clinical Chair CG invited HF to feedback his observation of the MCQC in terms of providing quality assurance to the Governing Body. HF commented that the reporting process and agenda were good, and at the start-up of the CCG the aim was to have a Quality Directorate and he was delighted that this was a success.	
7	**For Note**	
7.2	Learning & Improvement Reviews/Looked After Children An update was provided as part of the Director of Quality Update (Item 3.1).	
7.2	The Armed Services Covenant – Letter from Professor Briggs The letter was brought to the Committee for note. The guiding principle is to ensure all military personnel injured and affected as a result of their current and past service should receive timely, high quality and effective care from the NHS. CG asked how this will be taken forward with Providers and GP Practices HF said that NHSE understands the issue however there is less understanding across most other NHS organisations. SG proposed a prompt on Referral Forms. In concluding it was agreed that to raise awareness across all NHS organisation an NHSE position is needed to inform CCGs of their responsibilities.	
7.3	Annual Planner and Draft Agenda for the next meeting The annual planner and draft agenda were noted. CC requested an additional item for the January agenda "CSU response to 62 day waits" The agenda will be updated for re-circulation to the Committee.	
8	**Any Other Business**	
8.1	Letter from Ruth Williams – Director of Nursing (Wessex) In response to a letter received from the Commissioners of Vista Healthcare, LS provided assurance that a robust process was in place and if appropriate to MCCG an investigation would be carried out, however in this case an investigation was note required.	

8.2	Date of Next Meeting Friday 16th January 2015 Key focus: Epsom & St Helier NHS Trust	

The minutes are approved as an accurate record of the meeting held on 17th December 2014

…… Clare Gummett (Chair)

…… Date

NHS
Merton
Clinical Commissioning Group

Merton Clinical Commissioning Group
Audit and Governance Committee

Wednesday, 28th May 2014

1.15 – 2.15pm

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

Present:-
Members

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

In attendance

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

1.	Introduction and Apologies Peter Derrick (PD) welcomed all to the meeting. No apologies for absence had been received.	
2.	Declaration of Interest No interests relevant to the agenda were declared.	
3.	Minutes of previous meeting – 19th March 2014 The minutes were approved as a full and accurate record of the meeting.	
4.	Matters Arising - Action Log of 19.03.14	
	The Committee noted the progress made on the various actions and noted the following.	

	7.1 KPMG Progress Report on Internal Audit (Commissioning Support Unit) A copy of this report would be attached to the minutes of the meeting when circulated.	
5.	<u>For Approval</u>	
	5.1 Merton CCG Annual Report Inc. Merton CCG Accounts 2013/14 External Audit Update and opinion on Annual Accounts	
	Cynthia Cardozo (CC) introduced this item and explained that there were still some minor amendments and additions to the Annual Report before its formal submission date of 6th June 2014. The Annual Report includes: • A members' statement • An introduction by the Chair and Chief Officer • An account of the developments and achievements of the CCG over the year • The annual accounts • The annual governance statement The draft report was circulated to Member practices and Governing Body members and changes made in light of comments received. The members agreed the members' statement. The draft accounts, consistency declaration and letter of representation were attached for consideration and approval to go then to the Governing Body prior to submission of the final accounts on the 6th June 2014. Clare Gummett (CG) asked about the statement in the Report (pg. 9) of the CCG's belief that patients are best placed to judge whether a proposed change will bring improvement and that, if not convinced, the CCG will not make that change. CG enquired how many patients would have to express concerns for the CCG to change its plans. The Committee acknowledged that this statement should be reviewed. Nick Atkinson (NA) pointed out that, on pg. 84, the term "Accounting Officer" should be amended to "Accountable Officer." CC agreed to this. NA also confirmed, in relation to the table on pg. 84, that the Commissioning Support Unit contract was now finalised. With regard to the Annual Accounts, CC informed the Committee that there were minor alterations to the paper presented but that they did not affect the "bottom line": that the CCG's total comprehensive net expenditure for the year' of £204,906k, resulting in a surplus of £2,080k against its allocated revenue resource limit. There followed a general discussion about the issue of CCG responsibility for outstanding claims for Continuing Care payments relating to 2011/12 but made during 2012/13: pre CCG and during the final year of Sutton and Merton Primary Care Trust (PCT).	**CC**

	The new provision for continuing care relates to 2011/12 claims that had not been included in the PCT's provision for the financial year 2012/13. Hence, these did not form part of the provision transferred to NHS England. The basis of the new continuing care provision is thirty six claims at an estimated cost of £800 per week with an assumption that 35% of claims submitted will be successful. It is further assumed that 15% of claims will be settled within one year and the remaining claims in more than one but less than five years. Under the Accounts Direction issued by NHS England on 12th February 2014, NHSE is responsible for accounting for liabilities relating to periods of care before the establishment of CCGs. However, the legal liability remains with the CCG. The total value of legacy NHS continuing care provisions accounted for by NHSE on behalf of the CCG at 31st March 2014 is £2,174,857. PD asked whether some of the claims were not received after the 31st March 2013 and so not-attributable to NHSE's calculated sum of £2.1 (approx.). Dr Howard Freeman (HF) explained that the relevant cut-off date for making claims was 31st March 2013 and that the Legacy Team was responsible for dealing with all outstanding claims up to that date. The CCG was responsible for claims after that. PD then asked what the purpose of the propose provision of £3.19m was; CC explained that this was to meet the cost of any claims made after 31st March 2013. PD proposed that the provision should be made but that it would not be material to the Accounts. This was agreed by the Committee. In more general terms, PD stated that he was satisfied with the accounts. Mary Clarke (MC) asked how Merton CCG's performance compared with the other South West London CCGs. CC confirmed that across South West London there had been a generally good performance: all, except Croydon CCG, had achieved at least a one percent surplus. Sue Exton (SE) (Grant Thornton) then presented the external auditor's opinion on the Annual Accounts. She explained that there was still some work to be completed (see "The Audit Findings Report") before the deadline for submission but felt that she would be able to issue an "unqualified opinion" on the Annual Accounts. The Merton Clinical Commissioning Group Audit and Governance Committee: (i) Approved and recommended to the Governing Body the draft Annual Report (ii) Considered and recommended approval of draft Annual Accounts for 2013/14, noting the adjustments required in the attached paper (iii) Agreed the letter of representation (iv) Agreed the consistency declaration	
	5.2 Freedom of Information Policy	
	CC presented this item and firstly thanked Louise Morgan (LM) (SWL Commissioning Support Unit) for her work on this Policy.	

	CC explained that the Policy sets out the principles by which the CCG will ensure compliance with the Freedom of Information Act 2000 and had already been reviewed and approved by the CCG's Executive Team. CC then invited questions from the Committee. EB requested that Section 8 (pg. 17) be amended from: "This Policy will be distributed to by the staff bulletin and placed on the intranet"; To: "This Policy will be distributed by team briefings and placed on the intranet."		**LM**
	CG felt that the role of the CCG in the FOI process was not made clear in the Policy. SP stated it should be clear in the policy whether the relevant Director signs off on the initial response or the final letter that is sent. LM stated that she would consider including information about the CCG's role in ensuring the appropriate process is in place.		**LM**
	MC suggested that Point 4.10 (pg. 11) be amended from: "The 20 days are considered to start the day after the CCG (not FOI Office) receives a request"; To: "The 20 days are considered to start the day after the CCG or FOI Office receives a request". The Merton Clinical Commissioning Group Audit and Governance Committee: agreed the Freedom of Information Policy.		**LM**
	5.3	Conflicts of Interest Policy	
	Jenny Kay (JK) presented this item and stated that it sets out how the CCG will manage conflicts of interest arising from the operation of the business of the organisation. This policy is in line with the NHS Merton CCG Constitution and local and national guidance. Kam Johal (KJ) (London Audit Consortium) said that a paragraph regarding the Fraud and Anti-Bribery Policy would be included. Eleanor Brown (EB) raised the issue of achieving a quorum in instances where GP members may have to declare an interest – 8.9, pg. 8.9. LM said she would check the CCG's Constitution regarding this matter. The Merton Clinical Commissioning Group Audit and Governance Committee agreed the Conflicts of Interest Policy.		**KJ**
	5.4	2014-15 Board Assurance Framework	
	Jenny Kay (JK) presented this item and, again, thanked LM for her efforts.		

	JK explained that, following the Governing Body seminar in February 2014, the CCG leadership team has further refined the CCG objectives for 2014/15 to support the achievement of the annual plan. Correspondingly, the Assurance Framework has been refreshed to ensure it focuses on supporting the CCG to achieve the following key deliverables: • Strategic objectives for 2014/15 • CCG mission, ethos and values • Merton CCG 2-year operating plan • Merton CCG 5-year strategic plan JK then invited questions and comments from the Committee. PD felt that this latest version represented a further improvement but that the descriptions of specific risks were still too high level. EB questioned a number of the deadlines for achieving the Corporate Objectives; suggesting that some were unrealistic. <u>Objective 1</u> – to deliver the quality strategy: specifically, the risk relating to the achievement of the London Quality Standards – current deadline March 2015. <u>Objective 2</u> – to deliver the two year operating plan: specifically; if the corporate delivery structure is not well planned and implemented, then staff will be unclear of their key deliverables resulting in the two year operating plan not being delivered – current deadline June 2014. <u>Objective 3</u> - to ensure MCCG is compliant with statutory (and non-statutory) duties and obligations; specifically; If the CCG fails to establish an effective system of internal control, it may performance poorly which may compromise the CCG's probity and success. And; If the CCG fails to establish business continuity and emergency planning arrangements for a major incident or breakdown of a service within providers, disruption to services may be caused and the CCG will not be able to meet its statutory duties. LM said she would review these deadlines. MC expressed a concern at the number of abbreviations used in the Policy. LM assured her that a glossary would be included. MC also noted some objectives had nothing under 'further actions required' and said if this is the case i.e. that no further actions are required then it should be stated as opposed to leaving it blank to avoid confusion. PD commented that he would like to see healthy living and prevention mentioned explicitly in the high level objectives. CC felt that these were implicit with a number of the objectives.	**LM**

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

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

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

Mr Peter Derrick - Chairman

Date:

NHS
Merton
Clinical Commissioning Group

Merton Clinical Commissioning Group
Audit and Governance Committee

Monday, 15th September 2014

2.15pm

Room 5, 5th Floor, 120 The Broadway, Wimbledon, London SW19 1RH

AGENDA

Present:-
Members

PD	Peter Derrick (PD)	MCCG Lay Member (Chair)
MC	Mary Clarke (MC)	MCCG Independent Nurse Member

In attendance

HF	Dr Howard Freeman	CCG Chair
CC	Cynthia Cardozo	Chief Finance Officer
NA	Nick Atkinson	Internal Auditor – Baker Tilly
SL	Stacy Lang	Audit Executive – Grant Thornton
DF	David Foley	Counter-Fraud - Baker Tilly
LS	Lynn Street	Director of Quality (incoming)
FW	Faiza Waheed	Head of Finance and Business - SLCSU
TF	Tony Foote	Board Secretary - SLSCU

1.	<u>Introduction and Apologies</u> Peter Derrick (PD) welcomed all to the meeting. Apologies for absence were received from the following: Clare Gummett; Prof. Stephen Powis; Eleanor Brown; Sue Exton; Sarah Ironmonger; Mike Harling.	
2.	<u>Declaration of Interest</u> With regard to the current Register of Interests, Mary Clarke (MC) informed the meeting of a change to her declaration. That her role of Director (non-voting) with Croydon Health Services NHS Trust ceased on the 31st August 2014. The Committee noted this.	
3.	<u>Minutes of previous meeting – 28 May 2014</u> The minutes were approved as a full and accurate record of the meeting.	
4.	<u>Matters Arising -</u> Action Log of 19.03.14	
	The Committee noted the progress made on the various actions and received the following verbal updates:	

	Conflicts of Interest Policy Nick Atkinson (NA) stated that this was not yet complete but it would be presented to the Committee's next meeting. Counter Fraud Update Feedback from the fraud awareness survey was included in the update on the agenda.	**NA**
5.	For Approval	
	5.1 Claims Management Policy 5.2 Hospitality and Gifts Policy	
	Lynn Street (LS) presented both policies. The Claims Management Policy details the arrangements to be followed in the event of a claim against the CCG. These arrangements follow the guidelines of the NHS Litigation Authority and Civil Law Procedure Rules. The Hospitality and Gifts Policy provides guidance and advice to staff that, in the course of their day-to-day work or as a result of their employment either receive offers of gifts, hospitality, sponsorship, or provide gifts, hospitality or sponsorship to others in connection with Merton CCG. Both policies were based upon a standard template produced by the Commissioning Support Unit (CSU) and had already been reviewed by the CCG's Executive Management Team in June 2014. Claims Management Policy LS invited comments and question on this policy. MC noted a lack of consistency with the title of a specific role: Head of Corporate Affairs or Corporate Affairs Manager. MC requested that one title be used throughout the policy. This was agreed. MC noted that on page 12 (1.7.3) reference was made to the policy being equality impact assessed. MS welcomed this but would like to have seen the actual assessment document attached to the policy as an appendix. This was agreed. Dr Howard Freeman (HF) noted that on page 24 (Useful Contacts) the entry for Local Counter Fraud Specialist needed to be updated. Cynthia Cardozo (CC) queried whether "negligence" claims where relevant to the CCG as it contracted rather than employed staff in clinical roles. LS agreed to obtain definitive advice on this issue. With the inclusion of the requested amendments and clarification of "negligence" issue, the Audit and Governance Committee approved the Claims Management Policy.	**LS** **LS** **LS** **LS**

	Hospitality and Gifts Policy LS invited comments and question on this policy. MC raised issues similar to those for the Claims Policy: that the equality impact assessment document should be attached as an appendix; that there should be continuity with the job title Head of Corporate Affairs or Corporate Affairs Manager. Both were agreed. MC also requested that Appendix 1 (Working with Industry) be brought to the attention of Sedina Agama (Merton CCG's Chief Pharmacist and Associate Director. PD requested that the current Register of Hospitality and Gifts be presented to the next meeting of the Committee. With the inclusion of the requested amendments the Audit and Governance Committee approved the Hospitality and Gifts Policy.	**LS** **LS** **TF**
6.	For Review	
	6.1 Audit and Governance Committee Terms of Reference	
	The Committee reviewed the Terms of Reference and decided that no changes were required.	
	6.2 Sutton and Merton CCGs' Charitable Funds Committee - Update	
	The Committee noted the Charitable Funds Committee – Update and it was felt that this item would be more appropriate for the Governing Body agenda.	
7.	Auditors' Reports	
	7.1 Annual Audit Letter – Grant Thornton	
	Stacy Lang (SL) presented this item and explained that the Letter summarised the key findings from the external audit work carried out with the CGG in the year ending 31st March 20214. The more detailed findings of this work were presented, in the Annual Audit Report, to the Committee at its meeting on the 28th May 2014. The conclusions contained in the letter were as follows: Financial Statements – "an unqualified opinion". Regularity – "an unqualified opinion". Value for Money – "that there were no issues to report arising from our work assessing the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources. The Committee noted the Annual Audit Letter.	
	8.2 Internal Audit Update (Baker Tilly)	
	NA referred the Committee to the table on page 1 of the update, which showed progress made against the Internal Audit Plan, and also the table on page 4 showing that 19 of the 21 recommendations had been implemented.	

	The report of the audit of contract monitoring was discussed. CC acknowledged that both the CCG and the CSU were new organisations and needed to work together to improve their understanding and, from the 1st October 2014, the new national model contracts would be used. CC also noted the concern regarding key performance indicators and that good progress was being made to ensure these were qualitative as well as quantitative. PD enquired when the reports on the audits of the Board Assurance Framework; QIPP; Prescribing would be presented to the Committee. NA stated that these would come to the December 2014 meeting. The Committee noted the Internal Audit Update.	**NA**
	8.3 Counter Fraud Update	
	David Foley (DF) presented this item and assured the Committee that there was nothing significant to report. The survey into awareness levels of counter fraud issues of CCGs' staff had been carried out but the response rate had not been satisfactory. Accordingly, further work is being undertaken to improve this. DF assured the Committee that the CCG would be kept ware of any emerging trends in fraud and that, at present, there were no ongoing cases that affected the CCG. HF commented that it would be useful for the Committee to know how the CCG rated nationally with regard to risk and DF said he would provide information on this to the next meeting. HF then asked what issues of risk might be associated with co-commissioning and joint commissioning. NA replied that it may lead to potential conflicts of interest within CCGs and, in turn, make certain roles very difficult to fulfil. The Committee noted the Counter Fraud Update.	**DF**
7.	<u>Any Other Business</u>	
	There was no further business to discuss and the meeting closed at 2.50pm.	
8.	<u>Future Meeting Dates</u> 11th December 2014	

Agreed as an accurate account of the meeting held on the 15th September 2014.

Mr Peter Derrick - Chairman

Date:

NHS
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Clinical Commissioning Group