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MERTON CLINICAL COMMISSIONING GROUP
GOVERNING BODY

Date of Meeting: 29th September 2016

Agenda No: 6.1 **Attachment:** 06

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: 06.07.16; 12.08.16. This item will also include a verbal summary from the Committee Chair regarding key issues, risks and mitigations.	
Key sections for particular note (paragraph/page), areas of concern etc: Whole document	
Recommendation(s): For Note & Discussion	
Committees which have previously discussed/agreed the report: N/A	
Financial Implications: N/A	
Implications for CCG Governing Body: N/A	
How has the Patient voice been considered in development of this paper: N/A	
Other Implications: N/A	
Equality Assessment: N/A	
Information Privacy Issues: N/A	
Communication Plan: All formal committee minutes are posted on the CCG's website as part of the Governing Body papers	

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CLINICAL QUALITY COMMITTEE
MINUTES

Wednesday 6th July 2016

Meeting Room 6.2, 120 The Broadway, Wimbledon

Attendees:
Clare Gummett (CG) Lay Member for patients and public engagement
Dr Karen Worthington (KW) Locality Lead for East Merton
David Parry (DP) Head of Quality
Dr Tim Hodgson (TH) Locality Lead for West Merton

In Attendance:
Prof. Stephen Powis (SP), Secondary Care Consultant
Sue Holland (SHo) Senior Complaints Manager (SECSU) (Item 5.9)
Ian Horrigan (IH) Performance Manager
Angela O'Connor (AO'C) SECSU
Liz Royle (LR), Designated Nurse for Safeguarding Children and LAC (Item 5.3)
Hannah Pearson (HP) (Item 5.7)
Dr Carrie Chill (CChi) (Item 5.7)
James Holden (JH), Commissioning Manager (Item 5.6)
Paritosh Desai (PD) Deputy Director of Commissioning (part of the meeting)
Yvonne Hylton (YH) Committee Secretary, SECSU

Apologies:
Lynn Street (LS) Director of Quality and Governance
Dr Anjan Ghosh (AG) Public Health Consultant
Sue Hillyard (SH) Director of Commissioning
Chris Clark (CCl) Head of Performance

Item	Agenda Item	Action
1.	Welcome and Apologies for Absence	
	The Chair welcomed all present to the meeting advising that due to the absence of an Executive Member the meeting was not quorate. Agenda items approved by the Committee will be shared with the Executive Members for approval and ratification at the meeting. Apologies for absence are noted above.	
2.	Declarations of Interest	
2.1	The Committee **approved** the Register as an accurate record noting that the register for 2016/17 is being updated.	
3.	Minutes of previous meetings	
3.1	The minutes of the meeting held on 15 June were approved as an accurate record.	
3.2	Action Log and Matters arising	

	The MCQC reviewed the log and noted that all actions were completed.	
4.	**For approval/discussion/Information**	
4.1	Quality Directorate Update DP provided a verbal update on Care Quality Commission (CQC) Inspection reviews at SGH and SWLSTG. SGH Prior to publication the Trust has shared the report with the CCG for review by EMT and MCQC. DP provided an overview of the key findings from the review and the areas for improvement. Wandsworth CCG as the host commissioner is leading the work with SGH. AO'C provided an update on internal serious incident processes and the actions and aims in place to improve reporting. SWLSTG MCCG is the host commissioner for mental health services provided by South West London and St George's Mental Health NHS Trust (SWLStG). The CQC inspected this core service from 14-18 March 2016 as part of their on-going comprehensive mental health inspection programme, and published their report on 16 June 2016. The CQC gave the Trust an overall rating of 'Requires Improvement.' EMT reviewed the report on 5 July. AO'C said that a new Director of Nursing and Deputy Director of Nursing are now in post and some improvements have been made. Overall the Trust has made some progress and all actions from the previous CQC visit are closed. The areas for development in this report are new. AO'C said that she has met with the new DoN and the Trust is aware of the need to have an overall trust-wide focus going forward. **Prof. Stephen Powis joined the meeting** DP and AO'C are attending the SWLSTG CQRG meeting today and the action plan will be reviewed. DP said that along with other Trusts recruitment and retention of staff is challenging. At today's CQRG, HR have been invited to present their recruitment process designed to reduce the time taking to recruit staff whilst maintaining safety. CG thanked DP for the update. The Committee **NOTED** the quality update.	
4.2	Quality & Performance Report Month 1 Ian Horrigan (IH) presented this item and outlined the highlights. IAPT exception report The report was not received in time for the report this month. IH gave a verbal update and noted that the reduction in recovery rates, now below 50%, is being investigated by the provider. The outcome of the investigation will be reported back to the Committee.	

	Community Services Quality Indicators At month 1 a high number of quality indicators are reporting below target. CLCH have stated that this is due to data issues following the service transfer. CG said that the report is very concerning. Cancer – 62 day waits At month 1 MCCG is reporting 80% against a target of 85%. SP said that the overall CCG performance was lower than the individual scores of the key local providers, and asked that this is checked. TH said that performance of 'other' Trusts impacts on MCCG performance; it was agreed to ask the CSU for 'other providers' data, and to highlight which were impacting on the CCG position. Cancer targets which are of concern to MCCG , but not part of the CCG assessment framework, have been shown as risks to ensure the Committee has continued oversight of performance (Page 9) Acute Trust key performance indicators (KPIS) SWLSTG KPIs were not received in time for reporting this month and will be included in month 2. A&E 4 hour waits TH asked that identical data reported for SGH and ESH is checked. IH to check the data. Serious Incidents AO'C said that SGH/ESH issues relate to cases which have gone to inquest and are not reported until the outcome is known. An investigation into the process is underway, involving NHSE and the outcome will be reported back to the MCQC. Amber Alerts A total of 31 alerts were received in April 2016. Of the 31 6 were rated 'High' or 'Severe'. TH said that the medication alerts related to GP instructions not carried out by Community Nurses. To resolve the issue discussions with CLCH are on-going. In general KW said that to increase take-up of practices reporting amber alerts the process needs to be re-visited and GP expectations managed. The MCQC **APPROVED** the Month 1 report.	IH IH
4.2	Referral to Treatment thematic review A key measure of the 2016-17 CCG Improvement and Assessment Framework is for patients to be waiting 18 weeks or less from referral to hospital treatment for elective care under the Better Care domain. The measure sets a 92% target to achieve, and historically this target has been narrowly missed for Merton patients, with an average monthly achievement of 91.3% in 2015-16. The main driver for underperformance in Merton is a significant underperformance at St George's hospital, where around 56% of elective care for Merton patients is carried out.	

	The underlying causes of RTT underperformance are now well established and Merton is committed to turning this around in 2016-17 and beyond. The three areas of influence – Capacity Planning, Provider Productivity and Demand Management - have shaped a complex recovery strategy to bring the demand for planned care to a more sustainable level. A joint working relationship between neighbour CCGs, NHSE and NHSI will be the key success factor in delivering the shared ambition of supporting acute providers to deliver better performance and transforming planned care at a system level to manage growing demand in a sustainable way. TH said that there are around one million unclosed pathways at the Trust due in part to poor data quality. CG asked about referral options to other Trusts and if GPs were aware of the issues. TH said yes with a large number of patients re-referred where they have not been seen, and in addition as part of the practice variation visits practices are being informed of the issues and asked to consider options. In response to questions on how patients on the waiting list are supported, TH and KW said by GPs with some cases admitted as an emergency. The MCQC **NOTED** the thematic review of RTT	
5.3	<u>Safeguarding Children Q4 Report</u> The Chair welcomed Liz Royle, Designated Nurse for Safeguarding Children to the meeting. The Q4 report provides assurance to Merton Clinical Commissioning Group that as a commissioner of healthcare services, it has effective arrangements in place to safeguard children and young people. All actions identified in the Q3 2015/16 report have been achieved in Q4. An area of outstanding work is to appoint a named doctor however, as an interim arrangement the Designate Nurse has covered key functions of this role. Provider organisations have confirmed that both FGM and Prevent Duties are being met. MCCG requires provider organisations to submit information in regard to their safeguarding children arrangements and activity. SWLSTG Level 3 training is of most concern reporting 68% against a target of 90%. An action plan to improve performance is in place. The provider of community services in Merton changed from SMCS to CLCH on 01/04/16. Performance data relating the Q4 of the outgoing provider SMCS is not yet available. Wilson walk-in-centre (WIC) has reported training levels exceeding 80%. Level 1 and 3 compliance is reported at 90% and level 2 is 86%. Serious Case Reviews. Two incidents were recorded in Q4 and both related to St Georges Hospital University Trust. A serious case	

	review is in progress and due for completion September 2016. Looked After Children (LAC) Initial Health Assessment. IHA has to be carried out within 20 days of the child being looked after. In Q4 sixteen children required an IHA of which 2 remaining outstanding. The lack of improvement has been raised with Sutton CCG as the lead commissioner. The MCQC **APPROVED** the Q4 Safeguarding Children Report	
5.4	<u>Safeguarding Adults Q4 Report</u> DP presented this item the Q4 report. The report provided assurance that MCCG is meetings it statutory duties and requirements for safeguarding adults at risk by operating within the parameters of the Care Act 2014 and the Pan London Policy and Practice guidance 2015. The report describes the progress made in priority areas identified within the Safeguarding Adults Annual Report: In February the new Pan London Adult Safeguarding Policy and Procedure document was launched. The new policy supersedes the 2011 version, incorporates key aspects of the Care Act 2014 and aims to deliver continued consistency across London. A Merton Safeguarding Policy incorporate the pan-London policy has been developed. For the period 1 April 2015 to 31 March 2016 there were 607 safeguarding referrals made to LBM. This includes referrals from all sources, including health care providers within the Borough. A breakdown of Deprivation of Liberty applications (Page 4) shows that a high number of people had a mental health condition. MCCG self-assessment is complete and was signed off at the Safeguarding Adult Away Day in May 2016. Safeguarding adult concerns related to Intermediate Care Beds was noted. A new service has been commissioned with CLCH from 1 October 2016. CG asked for assurance that in the meantime patients are safe and this was provided. A safeguarding enquiry raised by a relative of a lady receiving end of life care commissioned by the CHC was reported. DP attended the multi-agency meetings to consider this case and an action plan for the two agencies involved has been implemented. NHSE Safeguarding Deep Dive found that of the 33 areas assessed 5 related to safeguarding adults. A workplan to address these issues is being developed. The MCQC APPROVED the Safeguarding Adult Q4 Report	
5.5	<u>MCCG Safeguarding Adults arrangements aligned to Pan-London Procedures and Policies</u> The MCCG report incorporates the pan-London procedures and policies. DP is working with the Primary Care team to develop a document for GPs.	

	The MCQC APPROVED the report 1	
5.6	Continuing Healthcare Update The Chair welcomed James Holden (JH) to the meeting. Transfer to CHC The CHC service successfully transferred to CLCH on Friday 1st July. There were 2 issues relating to IT and desk space both of which are now resolved. CHC Assessment Panel JH provided feedback following the first CHC panel meeting on 5 July. JH said that discussion at the meeting was difficult and explained the role of the panel is to provide a consistent approach and not to overturn decisions. JH said that this meeting considered just one case where the panel requested further information. CHC update Outstanding emails/invoices There is a large amount of information that needs to be transferred onto patient records that is currently sitting in a generic mailbox and a number of historic invoices that require attention due to outstanding queries. This work needs to be completed but CLCH lack the capacity to do so due to its current resource and background knowledge. The SECSU is best placed to continue this piece of work in July. The total cost for resolving this issue would be £9,766. Previously Un-assessed Periods of Care (PUPOC) Since the summer of 2015 NEL CSU was commissioned by SECSU to undertake PUPOC on behalf of the South West London CCGs. However, the handover of this service was poorly managed resulting in inconsistency and inaccuracy in numbers of patients. Since this original handover of patients, SECSU have identified a number of patients that were not included in the original caseload. This has resulted in a further group of patients that require a full assessment at a total cost of £40,200. JH said that the outstanding issues and PUPOC was discussed at EMT where it was agreed that the Chief Officer speak to the SECSU to reach agreement to resolve the issues. Next steps A fast track audit will be undertaken during the summer and the findings reported back to the MCQC in September. Future reporting to MCQC The Committee requested monthly updates to be continued. The MCQC NOTED the update.	
5.7	Hospice and End of Life Care The Chair welcomed Hannah Pearson and Dr Carrie Chill to present this item. This paper provides national and local contextual information sets out key information about the end of life care services that are	

	provided by organisations with which the CCG holds contracts, and outlines relevant next steps. Particular areas to note are: The importance of the CCG being aware of and responsive to the challenges faced by St Raphael's Hospice. For a short period the hospice was unable to accept new referrals, this is now resolved, however in response to the financial situation of a review of the services offered is taking place. The outcome could be that more services are moved to the Community. The need to gain assurance that CLCH is delivering end of life care according to the model and outcomes that have been commissioned. CChi said that the separation from St Anthony's Hospital has had a significant impact on St Raphael's which is finding it difficult to meet demand within current resources. As more patients are identified for EOLC there will be most pressure on the home care team and community palliative teams. In response to a question on the pressure on the 14 beds, HP said that there were no recent issues. The Committee discussed the service provided by Marie Curie. HP said that over recent monthly the hours of care have exceeded the contract and a meeting is planned with CLCH to discuss management of the contract whilst ensure visits are prioritised for those in most need. A meeting with Marie Curie, CLCH is planned for end of July. The Chair thanked HP and CChi for presenting to the meeting. The report was DISCUSSED and NOTED	
5.8	<u>Children's Services</u> In the absence of an Executive Lead it was agreed to defer this item to the August meeting.	
5.9	<u>PALS and Complaints Annual Report 2015/16</u> The Chair welcomed Sue Holland, SECSU to the meeting. SHo talked through the highlights of the report. - A total of 47 complaints and 81 PALS enquiries were received for MCCG from 1 April 2015 to 31 March 2016 - 69% of Complaints/PALS enquiries were completed within 25 days due to the complexity of the case and the need for several responses; - Key themes related to access and eligibility and communication - From 1 April new software is in place - SECSU are meeting with CLCH to establish a protocol to manage CHC complaints going forward. DP said that following review at EMT, AD had asked that the 'scenarios' are removed before presentation to Governing Body. CG thanked Sue for a very good report and welcomed the fact that	

	members of the team had become dementia friends. The MCQC APPROVED the report	
5.10	<u>QIPP quality outcomes 2015/16</u> PD introduced and talked through the quality outcomes report for 2015/16. The QIPP plan in 2015/16 consisted of three main programmes areas. - Medicines Management; - Mental Health; and - Planned and Community Care Services Following review of the report CG said that whilst the report described the actions there was no evidence of actual achievement and asked that the report is updated to provide assurance that QIPP was not detrimental to quality and evidences quality improvements. <u>Action</u> Revised report to come back to the meeting in August. The report was NOTED by the Committee.	
6	**For information only**	
6.1	<u>Work Plan</u> The work plan for 2016-17 was presented for note by the Committee. NOTED	
6.2	<u>Date of Next Meeting</u> Friday 12th August 2016 from 12.00 to 2.30. Key Focus: Kingston Hospital Foundation Trust A planned visit to the Trust by DP and CG will take place before the next meeting.	

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CLINICAL QUALITY COMMITTEE
MINUTES

Friday, 12th August 2016

Meeting Room 6.3, 120 The Broadway, Wimbledon

Attendees:
Clare Gummett (CG) – Governing Body Lay Member for patients and public engagement
Dr Anjan Ghosh (AG) - Public Health Consultant
Julie Hall (JHa) – Governing Body Nurse Member
Dr Doug Hing (DH) - Clinical Director for Urgent Care
David Parry (DP) - Head of Quality
Lynn Street (LS) - Director of Quality and Governance

In Attendance:
Chris Clark (CCl) - Head of Performance
Ian Horrigan (IH) - Performance Manager
Angela O'Connor (AO'C) – Performance Manager SECSU
Prof. Stephen Powis (SP) - Secondary Care Consultant
Zoli Zambo (ZZ) – QIPP Manager
Terri Burns (TB) – Corporate Affairs Officer SECSU (for item 5.4 only)
Sheila Loveridge (SL) - IPCC Lead SECSU (for item 5.7 only)
Tony Foote – Note taker SECSU

Apologies:
Sue Hillyard (SH) - Director of Commissioning Operations
Dr Karen Worthington (KW) - Locality Lead for East Merton
Dr Tim Hodgson (TH) - Locality Lead for West Merton
Karen Parsons – Deputy Director of Commissioning Operations
James Holden (JH) - Commissioning Manager

Item	Agenda Item	Action
1.	**Welcome and Apologies for Absence**	
	CG welcomed all to the meeting and noted the apologies received.	
2.	**Declarations of Interest**	
	The Committee **approved** the Register as an accurate record.	
3.	**Minutes of previous meetings**	
	The minutes of the meeting held on 6th July 2016 were **approved** as an accurate record.	
4.	**Matters Arising**	
4.1	<u>Action Log</u> The Committee reviewed the Action Log and noted that items were either completed or were for consideration later in the agenda.	
4.2	<u>QIPP Quality Outcomes</u> ZZ presented this item and explained that the report covered key QIPP	

	schemes that the CCG worked on from a quality perspective in three broad categories. Specifically: Medicines Management The established medicine management programme was expanded to cover patients in care homes and also to look at patients receiving nutritional supplements. This added a new dimension to the work with significant improvement for both these cohorts of patients. Additionally, it contributed to the achievement of the Quality Premium targets for antibiotics. Mental Health Significant improvements have been achieved for patients with mental health conditions. The introduction of a new step-down service, accepting male and female patients; the strengthening of governance for mental health placements and links fostered between key stakeholders. Planned and Community Care Services These services have been reviewed and a number of procurements undertaken to align population needs with services commissioned. Intermediate care bed capacity was increased to 24 beds to provide care closer to home for more patients. However, safeguarding issues temporarily reduced this capacity and monitoring of this remains on-going. Locality multidisciplinary teams were developed further and now included input form dementia and End of Life care nurses. Community Services were retendered and Central London Community Healthcare NHS Trust was awarded the main contract and mobilised services for the 1st April 2016 start date. Several services such as HARI and CPAT have been strengthened, offering quicker response times and increased medical input. MSK/physio services were redesigned but the tendering process slowed down the implementation of the new model of care. Connect Physical Health Ltd. was awarded the contract and will provide a fast single-point of access for patients. Nelson Health Centre was launched as a new community hub receiving excellent patient feedback since its opening in April 2015. However, despite efforts throughout the year, it is significantly underutilised due to various technical and operational issues. There followed question and comments from the Committee. LS said that it was very helpful to see all the current work summarised in one document. CG agreed, adding that although much work still remained to be done things were heading in the right direction. JHa asked what the reasons were for the underutilisation of the Nelson. ZZ responded that there were a number of factors: including difficulties with booking appointments, that St George's lacked the capacity to provide the full services it was contracted to, and that the CCG continued to work on addressing this. DH added that, at least in its early stages, patient choice also played a part with patients wishing to attend their "usual" clinic rather that a new building. The Clinical Quality Committee **noted** the QIPP Quality Outcomes.	
5.	**For Approval/Discussion/Information**	
5.1	Quality Update LS explained that the four main Trusts from which the CCG commissions services have already recently been the subject of Care Quality Commission inspection and she provided a verbal update on these:	

	Epsom & St Helier's The report of the inspection was published in May and the Trust's overall rating was "Requires Improvement". An action plan arising from the report is to go the Trust's Board and its implementation would be monitored by the Clinical Quality Committee. South West London & St George's Mental Health Trust The report of the inspection was published in June and the Trust's overall rating was "Requires Improvement". However, the Trust was viewed as being at the "top end" of this category and the CQC would be visiting again later in the year with the likelihood of the rating being changed to "Good". The Trust did not create a specific action plan but was embedding the report's recommendations in its way of working. Kingston Hospital The report of the inspection was published in July and the Trust's overall rating was "Requires Improvement". LS added that the Trust's Director of Nursing was presenting to the Committee later in the meeting and this would provide an opportunity to discuss the findings of the report. St George's Hospital The report of the inspection was not due until September. However, LS stated that the CCG had challenged the Trust regarding the Referral to Treatment (RTT) rates and if there was no improvement action would be taken via a contractual route. SP asked how many patients were thought to be affected by the RTT issues at St Georges. LS did not have a specific figure to hand, but SP commented that he had had experience of a similar matter that involved 10,000 patients and he would be happy to share the learning from this with the Trust The Clinical Quality Committee **noted** the Quality Update.	
5.2	Quality & Performance Report CCl informed the Committee that in addition to the main report there were also three appendices: 1. Amber Alerts Q1 Report 2. Primary Care Dashboard 3. Thematic Review- Maternity CCL then highlighted the key performance messages. Better Care Good Performance: - The 92% target for patients waiting 18 weeks or less from referral to hospital treatment was achieved for May 2016, with an overall performance of 92.2%. This was chiefly due to stronger performances by both St. Georges and Epsom & St Helier's. - Ambulances responding within 8 minutes to Red 1 calls was only achieved at a rate of 70.3% across London. However, for Merton the performance for May 2016 was 92.3% Challenged performance: - Cancers diagnosed at an early stage - People with an urgent GP Cancer referral receiving their first definitive treatment within 62 days - Improving access to psychological therapies recovery rate - Percentage of patients admitted, transferred or discharged from A&E within 4 hours Better health Good performance:	

	- People with long term conditions feeling supported to manage their condition(s) - Antimicrobial resistance: appropriate prescribing of antibiotics in primary care Challenged performance: - Utilisation of the NHS e-referral service to enable choice at first routine elective referral <u>Risks</u> - Cancer 2 Week Waits - Cancer Breast Symptoms 2 week waits - Subsequent treatment within 31 days: surgery - 62 days from screening referral to 1st treatment - RTT 52 week Waiters There followed comments and questions from the Committee. With regard to the delays in RTT at St George's, CG invited SP to share his experience of a similar issue with the Committee. SP stated that the initial validation was very lengthy and, overall, the process was likely to take at least a year to complete. The need for strong governance was great and the use of a central team to deal with all enquiries had been very successful. SP said he would be happy to share the "lessons learnt" that arose from this experience and CCl said that that would be very welcome. With regard to the exceptionally good LAS response rates in Merton, DH asked if there was any quantifiable reason for this. CCl was not aware of any but that NHSE was asking for information about this particular performance and the CCG would be sharing its information with them. The Clinical Quality Committee **approved** the Quality & Performance Report. <u>Appendix 1 - Amber Alerts Q1 Report</u> CCl highlighted that there had been 29 alerts raised by Practices in May, the largest single number of these (8) were by the Nelson Practice. Of the 29 alerts raised, 10 related to St George's. The Clinical Quality Committee **approved** the Amber Alerts Q1 Report. <u>Appendix 2 - Primary Care Dashboard</u> CCl explained that the major change in primary care was the delegation of responsibility for primary care from NHSE to CCGs. CG commented that she was content for the Primary Care Team to lead on this but expected regular progress reports to come to the Clinical Quality Committee and that Dr Karen Worthington could act as the "bridge" between the two. LS stated that the CCG now had a key role in improving quality in primary care but more work was needed on defining the specifics of this. The Clinical Quality Committee **approved** the Primary Care Dashboard. <u>Appendix 3 - Thematic Review- Maternity</u> The Committee noted that the author of the report had now left the CCG's employ but welcomed the helpful and informative report. CCl explained that, going forward, the intention was that the commissioner of children's services would be a joint post with the Local Authority. The Clinical Quality Committee **noted** the Thematic Review- Maternity.	**SP**
5.3	<u>Performance Delivery Group –Terms of Reference</u> CCl explained that the Performance Delivery Group (PDG) is a newly formed internal group that will meet monthly from July 2016. As an operational group, its purpose would be to monitor and manage the strategic and operational performance and quality objectives of the CCG.	

	AG enquired about Public Health input to the PDG and LS replied that this would depend upon the specific matter under consideration. It was agreed that CCl and AG would discuss this matter further outside of the meeting. DH asked a similar question, but about GP input. CCl said this had been considered and that there would be clinical input later in the process. CG noted that there appeared to still be some scope for further discussion on a number of aspects of the Terms of Reference and the **Clinical Quality Committee agreed that they should return to the Committee for approval once these had been resolved.**	**CCl/AG**
5.4	<u>Risk Register and Area of Focus</u> TB stated that no risks have been added to the register and that Risk 1033 has been removed as the CHC service has now been mobilised. Any remaining CHC risks would be reviewed and amalgamated to reflect the position of the service moving forwards. A "deep dive" had been carried out on Risk 954. Specifically: *"If there are gaps in assurance, due to data collection methodology, 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."* LS noted that, although there was no formal action plan in place, improvements had been made. CCl commented that it was now possible to identify problems sooner and that the Performance Delivery Group would also be of assistance with this. In light of this, CG asked whether 954's risk rating should be lowered. LS thought the actions taken would reduce the likelihood of recurrence but there was no general agreement on a change to the risk rating. CG requested that more thought be given to this issue and for a decision to be made at the next meeting. The Clinical Quality Committee **agreed**: • 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	CCl
5.5	<u>Equality and Diversity 2016/17 Q1 Update</u> LS reported that in Q1 the CCG held a public engagement event to assess two commissioning priorities for EDS2 Goals 1 and 2: Complex Depression and Anxiety Services, and Translation and Interpretation Services at GP surgeries. Additionally, data was being gathered for the CCG's internal Workforce Race Equality Standard report. This will be ready by September, after the CCG's staff survey results were available. Since the last update, over 40 staff benefited from training on Dignity at Work. Since the training efforts are underway to improve employee engagement and well-being through the staff forum, monthly team meetings and regular away days. The Clinical Quality Committee **approved** the Equality and Diversity 2016/17 Q1 Update.	
5.6	<u>Continuing Healthcare Update</u> LS explained that the transition of service has been successful and CLCH commenced delivering the Continuing Healthcare (CHC) service on 1 July.	

	A weekly panel process had commenced, chaired by the CCG with membership from the provider and social care. The panel has provided the CCG with greater scrutiny of continuing healthcare decisions and we have already have exercised our function to challenge reviews of individual's eligibility. At the monthly NHSE assurance meeting it was highlighted that PUPOC delivery remained a large risk to the CCG. NELCSU will deliver all cohorts of PUPOCs and are committed to completing all Cohort A assessments by 30th September. It is the CCG's understanding that the deadline would be extended to the end of December for Cohort C. CG asked what support would be in place for any individuals who were deemed to be no longer eligible for CHC. LS responded that there would be a robust transition process to social care for such individuals and discussions were ongoing to agree a timescale for this. The Clinical Quality Committee **noted** the Continuing Healthcare Update.	
5.7	<u>Infection Prevention and Control 2016/17 Q1Report</u> Sheila Loveridge (SL) joined the meeting for this item and summarised the main points of the report. • There had been 1 MRSA case provisionally assigned to Merton CCG in Q1. This was appealed by the SECSU Infection Control lead and was successfully reallocated to third party due to patient factors. The patient presented septic at A&E Kingston Hospital NHS Foundation Trust with no prior history of colonisation and no recent health care contact. • 4 cases of CDI had been assigned to Merton CCG in Q1. Merton CCG had 3 community apportioned and 1 Trust apportioned case YTD. There had been no lapses in care reported to date. • The new and approved heater coolers have been purchased and installed in St George's cardiac theatres. • There have been no further St George's associated cases of Legionnaires disease. Over 1000 filters have now been removed. • A repeat audit of the ENT Nasendoscope Unit Audit at St George's University Hospitals NHS Foundation Trust was undertaken by the SECSU lead on 5th June 2016. The outcome of this and resulting recommendations were contained within the report. • The St George's Infection Prevention and Control Team remained very short staffed and under a great deal of pressure. • St George's recently received a Care Quality Commission inspection. Initial feedback had not highlighted any infection control concerns although hand hygiene compliance remained an issue. • Kingston Hospital's Infection Prevention and Control Team have been functioning on 63% capacity since February. According, the majority of the Team's work has been reactive. • Kingston Hospital's Care Quality Commission inspection reported a number of significant concerns: poor hand hygiene, empty alcohol gel containers, poor audit results and lack of uptake of mandatory training. The report detailed the actions being taken by the Trust. • Epsom & St Helier's Infection Prevention and Control Team remained short staffed and without a lead. • Epsom & St Helier's Care Quality Commission inspection reported several infection control issues which needed improvement including hand hygiene, bare below the elbows compliance, cleaning, staff non-compliance and issues with poor fabric of buildings. LS commented that at the recent "Quality Summit" she had challenged the Trust to resolve the problem quickly. LS added that	

	there was some very good practice in parts of the Trust from which learning could be taken. • During Q1 there were three cases of Vancomycin (VRE) in Kingston Hospital's ITU, all from wound swab. A full investigation was carried out and recommendations made. • In April 2016 an in-patient at Kingston Hospital was found to have measles. There were 24 patient contacts, and those discharged received a letter regarding the contact. GP's were also informed by letter. New measles guidelines were produced and were now available on the Trust intranet. In summary, SL said she had concerns regarding all three acute Trusts regarding the lack of hand hygiene and staff engagement around infection control. Furthermore the Infection Prevention and Control teams in all three trusts were working short staffed and were under immense pressure to deliver the service to an adequate level. LS thanked SL for her hard work in this area, especially with St George's. SL then raised the issue of how infection control issues in primary care could best be monitored and that this required further thought and discussion. SL commented that she would be carrying out training with Practices and was happy to do more if this would be useful. The Clinical Quality Committee **approved** the Infection Prevention and Control 2016/17 Q1Report.	
5.8	<u>Children's Services</u> As the report's author had now left the CCG's employ, LS presented this item. Children's services were commissioned through a variety of Providers, including Epsom and St Helier Hospitals, St George's Hospital, Central London Community Healthcare NHS Trust (CLCH) and South West London St George's NHS Mental Health Trust. All were monitored in a number of ways: contract monitoring, performance management, clinical and quality review groups as well as partnership working to develop and monitor services across South West London and the Local Authority. The awarding of the community services contract to CLCH had provided an opportunity to develop new models of care, providing good outcomes and efficiencies and meeting the need of the local population. Access to CAMHs in Merton continued to improve following the implementation of the single point of access. There was concern on the waiting time of the neurodevelopmental service and this was being monitored. The CCG formally raised concerns on community paediatrics services provided by ESHT on the delivery of the designated roles within community paediatric contract. Improvements had been made by the Trust including additional clinics, data collection and reporting to reduce blockages and recruitment. Quarterly meetings were in place to monitor performance. CG noted that the 8 week wait for CAMHS was improving but felt that even 8 weeks was a very long time for a child or young person to wait. LS agreed but commented that it was important to ensure firstly that the 8 week target was being achieved consistently and only then to look to make further improvements. The Clinical Quality Committee **noted** Children's Services Report.	
6	**For Note Only**	

6.1	Work Plan The Clinical Quality Committee **noted** the Work Plan.	
6.2	Medicines Management Committee Approve Minutes (27.05.16) The Clinical Quality Committee **noted** the Medicines Management Committee minutes.	
7	**Key Focus – Kingston Hospital Foundation Trust (KHFT) Quality Assurance**	
7.1	KHFT performance from a CCG perspective LS informed the Committee that the recent Care Quality Committee investigation had found that the Trust "Requires Improvement" in A&E, medical care, older people's care and diabetic services. DH stated that he was aware that an amber alert had been raised regarding a discharge from the Trust that involved no information being sent to the patient's GP. Feedback on an unannounced visit to Kingston Hospital DP informed the Committee that he and CG visited Kingston Hospital on 11th July 2016, between 10.00am – 12.00noon. They were escorted by Sarah Gigg (SG) Deputy Nurse Director and visited A&E/ED, Older People's unit and midwifery In each department CG and DA met the clinical leads/Matron's who described their service and walked them through their ward/department. Due to the time restraints there was no time to interview service users or staff or access case files and policies. The Committee's Quality checking by professional's document was used as a reference, however as this was a walk about and not a quality check, large parts of the form were not applicable. DP then summarised the key observations from the visit. A&E/ED CG and DP were walked through an ambulant patient's journey, from the waiting area to minors/majors, paediatrics and resuscitation. The department was exceptionally quiet throughout. The Matron described the new minors' assessment and treatment service that assessed and treats patients with minor conditions in a section of the waiting area. This had had an impact on reducing the pressure on the minor services section and decreased the time patients spent in the department. Minors' was also supported by a 12hr daily GP service. They also observed the area dedicated for ambulance patients, where patients were triaged and treated or transferred as required. This area was predominantly nurse led although the Matron explained that doctors were now working in this area to enhance the decision making process for patients. The major area of A&E was very quiet. The paediatric area was cool, bright and colourful and staffed by its own specialist team, although all teams within the department would support each other at busy times. However, the Matron explained that the teams are continuing to struggle to meet A&E waiting time targets. Older People's Unit The Matron walked CG and DP through the wards and, on entering, it was clear that the service was busy and the nurses' station was well staffed. On entering Keate's Ward a patient could be heard calling out and this continued for a few minutes. The environment on Keate's ward made it	

	feel claustrophobic with trolleys and equipment in the corridors. Some equipment was labelled as "out of use" and waiting collection. The Matron showed CG and DP the gym area dedicated for stroke patients, although it was not being used at that time. The day/date board showed an incorrect date and CG and DP were told that the person who changes the date 'was not in today'. The room was cluttered with other staff having a meeting in the room. It did not give the impression that the space is conducive to a therapeutic, rehabilitative environment. On Kennet Ward CG and DP were shown a pharmacist reviewing patients' prescriptions electronically. They were also shown a short video of the new design for Derwent Ward and how the design would meet the needs of patients with memory loss issues. The plan was to upgrade the other wards in due course. <u>Midwifery</u> The Consultant Midwife conducted the tour of the department and explained the inpatient and community service. All areas observed appeared very quiet. The Consultant Midwife gave an account of the mother's journey through the department. CG and DP were also shown the designated room for mothers who experience the loss of their baby.	
7.2	<u>Duncan Burton, Director of Nursing and IPCC – KHFT</u> DB proved a presentation covering the following areas: • A breakdown of what areas the Trust's patients come from (Merton 5%) • The Quality Structure • Self-monitoring measures • CQC inspection and ratings (overall rating "Requires Improvement"). • The CQC' recommended actions • Recent highlights and achievements of the Trust • Good Performance in the Friends and Family Test • Workforce development • A&E, Cancer, RTT targets performance • Quality Priorities There followed questions and comments from the Committee. LS asked what the key factors were in the Trust's success in bringing about improvements. DB stated the following: • Overseas recruitment (from Europe and the Philippines) • Development of nurses (2 weeks induction, ongoing training) • Increase in Practice Development Nurse • Maintaining a forward momentum on quality improvements LS then enquired about infection control. DB acknowledged that there had been a problem with hand hygiene in A&E but that this had now been addressed. With regard to the CQC overall rating, LS asked whether any aspect of this had surprised the Trust. DB commented that most of the findings had been expected but the issue regarding medical devices was a surprise. In response to questions from JHa, DB confirmed that the Trust had both a policy for the use of restraint and a register of its use, and a rapid review process for pressure ulcers. He also acknowledged that, although there had been improvements in the A&E waiting times, there remained work to be done to achieve a sustained and consistent performance. Finally, CG asked what DB's main concern was going forward. He replied that a current lack of funding, and likely further cuts to come, was a	

	concern and their potential impact upon services. CG thanked DB for attending.	
8	**Any Other Business**	
8.1	<u>Patient Representative Member</u> CG explained that having patient representation on the Committee had been discussed before and was included in the Committee's terms of reference. She asked the members for their views on this matter. There was general agreement that a patient representative would be a welcome addition, although all also agreed that the appointment of the right person was crucial. The Clinical Quality Committee **agreed** that CG study the process for such an appointment and report back to the Committee.	**CG**
9	**Date of Next Meeting** 15th September 2016, 3-5.30pm, 120 the Broadway, Wimbledon	