



right care
right place
right time
right outcome

MINUTES

MERTON CLINICAL COMMISSIONING GROUP

GOVERNING BODY PART 1

23rd March 2017
Time: 1.00pm – 3.40pm
120 The Broadway, Wimbledon SW19 1RH

In attendance:

Voting Members

CChi	Dr Carrie Chill	GP Member
PD	Peter Derrick	Lay Member: Audit and Finance /Vice Chair
CG	Clare Gummett	Lay Member: Patient & Public Engagement Lead
JH	Julie Hall	Nurse Member
TH	Dr Tim Hodgson	GP Member
CM	Chris Moreton	Chief Finance Officer (Interim)
AMo	Andrew Moore	Managing Director (Acting)
AM	Dr Andrew Murray	Clinical Chair
SP	Prof. Stephen Powis	Secondary Care Consultant
DZ	Dr Dagmar Zeuner	Director of Public Health, LBM

Non-Voting Members

AB	Amanda Bland	Director of Quality
CCI	Chris Clark	Director of Performance, Planning & Informatics (Interim)
JM	Dr M Jarzembowski	Chair, Local Medical Committee

Other Officers in Attendance

RB	Rebecca Blackburn	Partnership Manager (East Merton Locality) (items 6.2 & 6.3)
LL	Lucy Lewis	Partnership Manager West Merton Locality) (items 6.2 & 6.3)
MW	Michelle Wallington	Principal Assoc. Communications & Engagement - SECSU
DC	David Cotter	Associate Partner Corporate Affairs and Assurance - SECSU
TB	Terri Burns	Corporate Affairs SECSU
TF	Tony Foote	Note Taker - SECSU

Members of the Public in Attendance

David Ash	KOSHH
Sandra Ash	KOSHH
Graham Barker	Patient Engagement Group Member
Patrick Brown	
Jennifer O'Kelly	Boehringer Ingelheim (Pharmaceutical Rep.)

Apologies:

There were no apologies received.

No.	AGENDA ITEM	WHO
1.	Welcome and Introductions	
	Dr Andrew Murray (AM) welcomed all to the meeting.	
2.	Declarations of Interest	
	The Governing Body APPROVED the Register of Interests as a full and accurate record.	
3.	Minutes of Previous Meeting	
3.1	To approve the minutes of the meetings of the Merton Clinical Commissioning Group Governing Body of the 26th January 2017 and 23 rd February 2017.	
	<p>The following amendments to the minutes were requested:</p> <p><u>26th January 2017</u></p> <p><u>Attendance List</u></p> <p>Dr Tim Hodgson to be added as an attendee (and deleted as an apology). Karen Parsons to be deleted.</p> <p><u>Changes to Clinical Thresholds</u></p> <p>“JH said that she was assured by the process and SP agreed...”</p> <p>To be replaced by:</p> <p>“JH said that she was assured by the process as it was a national recognised one and SP...”</p> <p><u>The Wilson Health Centre List Dispersal – Support Payment</u></p> <p>“Furthermore, LW assured, all dispersed patients would be tracked to ensure none were left with a GP.”</p> <p>To be replaced by:</p> <p>“Furthermore, LW assured, all dispersed patients would be tracked to ensure none were left without a GP.”</p> <p><u>23rd February 2017</u></p> <p><u>Attendance List</u></p> <p>Dr Tim Hodgson to be added (and deleted as an apology). Karen Parsons to be deleted.</p> <p><u>Assurance Report and Scorecards: Month 7 2016/17</u></p> <p>“CChi replied that EStH’s improved performance was due to a high level of commitment throughout the Trust and talks were ongoing with other Trusts to see what could be learnt from this.”</p>	

	<p>To be replaced by:</p> <p>““CChi replied that EStH’s improved performance was due to a number of factors: with specific regard to A&E, the use of senior level staff carrying out triaging was viewed as vital. In more general terms, the high level of commitment throughout the Trust was noted and talks were ongoing with other Trusts to see what could be learnt from this.”</p> <p>With the incorporation of the above amendments the Governing Body APPROVED the minutes of the meetings of 26th January 2017 and 23rd February 2017 as full and accurate records.</p>	TF
4.	Matters Arising and Action Log	
4.1	<p>Actions arising from meeting of the Merton Clinical Commissioning Group Governing Body meetings of the 26th January 2017 and 23rd February 2017.</p>	
	<p>It was noted that action 3.1 was covered by an item later in the agenda.</p> <p>A verbal update was received on the following action:</p> <p><u>6.1 Devolution for London – Memorandum of Understanding</u> AM reported that the MoU had been signed off locally but final authorisation at a central level had been put on hold. Peter Derrick (PD) asked why this was and AM replied that no official reason had yet been provided.</p> <p>The Governing Body NOTED the Action Log.</p>	
5.	Chair’s Update and Chief Officer’s Report	
5.1	Chair’s Update	
	<p>AM highlighted the following areas in the Update:</p> <p><u>SWL Alliance and LDU developments</u> Sarah Blow was now in post as the SWL Accountable Officer and was also acting as Merton’s Accountable Officer.</p> <p>James Blythe had been appointed as Managing Director for the Merton and Wandsworth Local Delivery Unit. He was currently Director of Commissioning and Strategy for Surrey Downs CCG and had previously worked at Brighton & Sussex University Hospitals Trust, NHS Surrey, the Department of Health and PWC. James was due to start his new role on 3 May.</p> <p><u>Sustainable Transformation Programme</u> In addition to the contents of the update, AM informed the Governing Body that St George’s Hospital had now been placed in financial special measures and this would mean a significantly greater level of scrutiny.</p> <p><u>East Merton Model of Health and Well-Being</u> AM explained that the CCG was working closely with Public Health and thanked Dr Dagmar Zeuner (DZ) on the Public Health Annual Report (2016-17) – <i>“Tackling Childhood Obesity Together”</i> which had been made available to all Governing Body members.</p> <p><u>Governing Body</u> AM informed the meeting that <u>Dr Carrie Chill (CChi)</u>’s term of office as a</p>	

	<p>Governing Body member was coming to an end on the 31st March 2017. He thanked Carrie for her long history of serving the cause of healthcare in Merton.</p> <p>SP said he welcomed the intention to meet with the NHSE Improvement Director for St George's Special Measures, adding that the role of St George's was very important and the CCG needed to be involved.</p> <p>CG asked what issues had been raised by staff at the recent Wandsworth and Merton CCGs event. AM explained that this had been chiefly a "get to know you" event but there had been some concerns raised: job security, geographical base and how duplication of work could be avoided. AM added that a report of the event had been produced by the facilitators and he would share this with Governing Body members.</p> <p>The Governing Body NOTED the Chair's Update.</p>	AM
5.2	Managing Director's Report	
	<p>Andrew Moore (AMo) highlighted the following areas:</p> <p><u>The Merton and Wandsworth LDU</u> In addition to the senior appointments mention in the Chair's Update, AMo added the following:</p> <p>Neil McDowell will be Chief Finance Officer for M&W LDU and was already working between the two CCGs.</p> <p>Julie Hesketh will be the Director of Quality and Governance for M&W LDU, commencing on the 1st April.</p> <p>Chris Clarke (CCI) will continue as Director of Performance but has given notice that he will leave M&W LDU in May. The search for his replacement is underway.</p> <p>The Director of Commissioning Post is also vacant and the process to locate a suitable candidate is underway.</p> <p><u>Renewing our focus on our staff</u> AMo stated that the CCG had taken part in a staff survey in March 2016 and this had raised a number of issues, including a small, but significant number of respondents saying that they were aware of bullying incidents in the workplace. The CCG had taken action to better understand the survey results, taking advice from our HR services provider and putting a number of improved processes in place.</p> <p>AMo said that he had had some informal discussions with staff and the general message was that things had improved. Clare Gummatt (CG) had agreed to help with this and act as an independent person for staff to go to if necessary. CG added that this issue would be followed up by the Clinical Quality Committee.</p> <p>The Governing Body NOTED the Chief Officer's Report.</p>	
6.	Strategy	
6.1	South West London Governance Arrangements	
	AM presented this item and explained that what was presented to the	

	<p>Governing Body today was a refresh of the Sustainable Transformation Programme (STP) governance arrangements. He added that there were no significant changes but highlighted the role of Local Transformation Boards (LTB) in the organisational chart included. AM explained that the aim of the arrangements was to move the focus from governance to delivery.</p> <p>There followed questions and comments from the Governing Body.</p> <p>Julie Hall (JH) noted the number of acronyms used in the document and that a key to these would be useful. AM acknowledged this and that the need to be clear in all communications should be paramount.</p> <p>Peter Derrick (PD) stated the he saw this document as signalling the demise of the South East London Commissioning Collaborative (SWLCC). He welcomed this and said that the SWLCC had had three major flaws: a complicated governance structure; an onus on strategy/analysis rather than delivery; a lack of practical progress on the re-configuration of services. With regard to the STP, PD said that he welcomed the focus on delivery but felt that the governance structure remained overly elaborate and that the LTBs needed to have the freedom to tackle the big, challenging problems faced. AM acknowledged PD's comments but felt that going forward there would be less focus on the re-configuration of services than on the best use of services for the local population.</p> <p>DZ asked about the role of the LTBs. AM replied that this would be challenging and highlighted the issue of patients residing outside of Merton, but registered with Merton GP Practices, adding that James Blythe was already looking into this matter. CChi commented on the importance of clinical representation on the LTBs and AM replied that all had such representation to varying levels. PD asked for further details of financial assurance to which AM replied that Sarah Blow was focussing on this and the intention was to appoint a Chief Finance Officer for the Alliance.</p> <p>The Governing Body APPROVED IN PRINCIPLE the South West London Governance Arrangements.</p>	
6.2	Primary Care Strategy Update	
	<p>Rebecca Blackburn (RB) and Lucy Lewis (LL) joined the meeting for this and the following item.</p> <p>AM noted that this paper had been considered thoroughly at the Primary Care Commissioning Committee meeting immediately preceding the Governing Body meeting. CG felt this was an excellent strategy and now wanted to see it put into action. AM agreed with this and thanked RB, LL and Dr Karen Worthington for their hard work on this. Dr Tim Hodgson (TH) commented that work had already begun on the implementation of the Strategy and this was going well.</p> <p>The Governing Body NOTED the Primary Care Strategy Update.</p>	
6.3	GP Access Hubs	
	<p>RB provided a brief summary of all access initiatives currently underway:</p> <p><u>Local Incentive Schemes</u> Practices have been invited to apply for funding with schemes for increasing core surgery hours. There has been a very good response to this with all but on</p>	

	<p>Practice signed up.</p> <p><u>Locality Hubs</u> With the Wilson Walk-In Centre closing on the 31st March 2017, two new GP Hubs would be opening: for East Merton this would be on the Cricket Green site, and for West Merton at the Nelson Health Centre. The former was on line to “go live” on the 1st April 2017, the latter would not be opening on the 1st April but there would not be a significant delay.</p> <p><u>Access Policy Initiative</u> This would address more operational issues such as training for receptionists to ensure that access was optimised.</p> <p>Overall, RB explained that funding was provided by NHSE but that also that any savings from the closure of the Walk-In Centre would be reinvested appropriately.</p> <p>There followed questions and comments from the Governing Body.</p> <p>DZ noted that there had been some significant concerns expressed locally about the closure of the Walk-In Centre but that the opening of the Hubs was excellent, practical news and it was vital that this was communicated properly to local residents. RB acknowledged this and there was a communications strategy in place. Target groups had been identified and would be informed about their options following the Walk-In Centre closure. This would then be followed – in April – by further efforts at educating the local population about how the Hubs would work and how they could be used. DZ welcomed this but added that it would be helpful to have information provided before the end of March. RB replied that communications about the Hubs would be circulated next week. RB also added that information would be made available at the site of the Walk-In Centre providing appropriate re-directions.</p> <p>The Governing Body NOTED the GP Access Hubs paper.</p>	
6.4	Healthy London Update	
	<p>Chris Moreton (CM) presented this item and explained that the recommendation was for the Governing Body to approve proceeding with the proposed programme. He added that the funding requested was reduced for 2017/18.</p> <p>AM asked whether the CCG actually had any choice with this. CM replied that any concerns could be feedback but not continuing was not a viable option. DZ commented that she had already been involved in this programme and would recommend the Governing Body approve proceeding. CG asked for more detailed information about “Homeless Health” and AM said he would need to make further enquiries and report back on this.</p> <p>The Governing Body NOTED the Healthy London Update and APPROVED proceeding with the Programme.</p>	AM
7.	Finance	
7.1	Minutes of the Finance Committee: 11.01.17; 19.01.17 – inc. verbal summary from Committee Chair regarding key issues, risks and mitigations.	
	PD, as Chair of the Finance Committee, highlighted the following issues for the Finance Committee:	

	<ul style="list-style-type: none"> • Focus on achieving the control total (a £0.6m deficit) continued and, although challenging, this remained on track. • For 2017/18 no details on targets had yet been announced and so the CCG was proceeding on the assumption of a break even position. To achieve this, a £14m QIPP would be needed. This compared to a £7m QIPP for 2016.17 and would be extremely challenging. • There were concerns over the governance for Primary Care. The CCG's Executive Management Team was sighted on this issue and it required serious attention. <p>On this final point AM explained that it applied specifically to recent ETTF bids for capital funding and that, although these had not yet been formally approved, the concern was that they had not followed standard CCG processes. PD acknowledged this but that the more general issue was that Primary Care had to be fully integrated into existing governance arrangements.</p> <p>The Governing Body NOTED the Minutes of the Finance Committee.</p>	
7.2	Finance Report Month – 10	
	<p>CM presented this item and invited questions on the report.</p> <p>The Governing Body had no questions.</p> <p>The Governing Body APPROVED the Finance Report Month – 10.</p>	
7.3	Appointment of External Auditors	
	<p>CM explained that the contract for the CCG's external audit expired on 31st March 2017. A formal procurement has been undertaken for a new contract from April 2017. This was carried out jointly by the six SWL CCGs. After a tender and selection process, the contract was awarded to Grant Thornton LLP on 23 December 2016. The selection of Grant Thornton was unanimously agreed by the six CCGs.</p> <p>Accordingly, the CCG was required to put a public notice on its website as follows:</p> <p><i>“Following changes to the local external audit arrangements, detailed in the Local Accountability Act 2014, NHS Trusts and CCGs are required to procure and locally appoint their own auditors for 2017/18 and subsequent years. The CCG has recently awarded a five year contract for the provision of external audit to Grant Thornton LLP, commencing April 1, 2017. It should be noted that Grant Thornton LLP, will be responsible for the audit opinion in relation to the financial period closing March 31, 2017.</i></p> <p><i>The appointment has been made in line with the appropriate procurement requirements after competitive tendering. The appointment was ratified by the Governing Body at its meeting on 23 March 2017 on the basis of recommendations from the CCG's Audit and Governance Committee.</i></p> <p><i>The appointment has been made on the basis of the most economically advantageous tender.”</i></p> <p>The Governing Body RATIFIED the appointment of Grant Thornton LLP and APPROVED the public notice.</p>	

8.	Commissioning	
8.1	Update on Effective Commissioning Initiative	
	<p>AMo explained that this issue had been discussed very thoroughly at previous Governing Body meetings and this was now a general update and a request for a decision on specific matters.</p> <p>There had already been a significant amount of public engagement and the paper presented a list of such activities during January – March. It was recognised that ensuring a clear message to the public was of vital importance and, in addition to events, a thousand copies of a guide had been printed.</p> <p>AMo stated that ECI had also been discussed at a recent Health Overview and Scrutiny Committee (HOSC) meeting. The HOSC’s role was to monitor processes but can do more if not assured of this. After a very thorough debate the HOSC was assured that the CCG was undertaking a sufficiently satisfactory engagement programme to not require a full overall consultation programme. However, any decision regarding IVF treatment would require a full consultation programme.</p> <p>AMo then turned to the specific issues requiring a Governing Body decision:</p> <ol style="list-style-type: none"> 1. Change the access criteria for IVF/ ICSI treatment to a significantly tighter threshold. 2. Cease the prescription of Gluten Free products. 3. Adopt guidance to reduce the prescriptions of medicines available ‘over the counter’ for short-term conditions. 4. Support guidance on smoking and BMI <p>1. AMo said that the decision required was not to agree a change of access criteria for IVF but to proceed to a full consultation programme regarding this. He added that Croydon CCG had already ceased funding IVF and Richmond CCG had almost finished its consultation programme.</p> <p>PD asked if the pause in the funding of IVF agreed at the Governing Body meeting on the 26th January 2017 would remain in place during a consultation programme. AMo explained that the pause had not yet come into effect pending agreement of communications. SP and CCHi noted concerns regarding the pause in respect of also going to consultation. AMo stated that there was a precedent for this.</p> <p>CG asked about the nature of the feedback from pre-engagement activities. AMo explained that it was a very controversial issue and opinion had been evenly divided.</p> <p>DZ raised two issues: the risk of patients living outside Merton registering with Merton GPs to access IVF and that there should be an arrangement across South West London to address this; the need to recognise the impact on equality of restricting IVF - that the more affluent could still obtain this privately. AM acknowledged the risk of “outside” patients registering with a Merton GP but that a South West London arrangement was not likely in the immediate future. TH asked what Wandsworth CCG’s position on IVF was and AM explained that as Wandsworth were not as far into the process as Merton this was still unknown.</p> <p>DZ asked what the cost of consultation was likely to be, and would it cover</p>	

the cost of continuing to provide IVF. AMo stated the costs so far had been low as no external providers had been involved. Going forward with a full consultation would be more expensive although probably less than £20,000 in total. The cost of funding IVF in 2016/17 was £700,000. SP asked AMo to confirm that the HOSC had advised on full consultation for IVF: AMo confirmed this was so.

TH thought it impossible to calculate in terms of cost the impact upon couples unable to have a child without IVF. Furthermore, the knowledge of not being able to have children could have other health effects such as an impact on mental health. AMo commented that a full consultation programme would explore issues such as this. DZ emphasised the important of being open and honest during consultation particularly about the cost to other services if funding for IVF was maintained.

AM thanked all for their contribution and acknowledged that this was a very difficult and sensitive issue. He then asked for a vote, the outcome of which was as follows:

- Those in favour of proceeding with a full consultation programme to explore changing the access criteria for IVF services, and then taking a decision informed by this: **9 votes**
- Those **not** in favour of proceeding with a full consultation programme to explore changing the access criteria for IVF services and, therefore, leaving the CCG's current IVF policy unchanged: **1 vote**

Accordingly, the Governing Body **APPROVED** proceeding with a full consultation programme to explore changing the access criteria for IVF services, and then taking a decision informed by this.

Following the completing of the discussion on IVF services SP had to leave the meeting due to another commitment.

2. AMo explained that the HOSC had advised that the CCG could proceed to cease the prescribing of gluten free products, adding that all other South West London CCG's had already done so. AM asked about the pre-engagement on this issue and AMo said that it had been robust and well attended by Coeliac Groups who appeared to be very well mobilised.

CChi said that the CCG's Clinical Reference Group had reviewed this issue but did not think there had yet been a full clinical discussion of it. AMo responded that there was work carried out last year looking at a number of areas and that the prescribing of gluten free products was included. AM acknowledged this but was unsure whether all Merton GPs had fully "grappled" with this matter yet. AMo said that he had presented this matter to two Practice meetings so GPs should not be unaware of it.

TH commented that gluten free products were now widely available without a prescription and so, as long as safeguards were in place to protect vulnerable patients and GPs retained some flexibility of clinical judgement, he would support the recommendation. AM said that there were such safeguards in place and asked what the next steps would be. AMo explained that, if approved, the matter would go through a Medicines Management process. AM felt it would be very useful to have a clearer picture of this process, and CChi also asked for clarity of what support GPs would get when having to explain a change to patients.

Again, AM thanked Governing Body members for their views and asked for

	<p>a vote, the outcome of which was as follows:</p> <ul style="list-style-type: none"> - Those in favour of ceasing the prescribing of gluten free products: 9 votes - Those not in favour of ceasing the prescribing of gluten free products: 0 votes <p>Accordingly, the Governing Body APPROVED ceasing the prescribing of gluten free products.</p> <p>3. AMo explained to the Governing Body that this issue for consideration was whether the CCG should adopt guidance to reduce the prescribing of medicines for short term conditions that were available “over the counter”.</p> <p>Dr Marek Jarzembowski (MJ) acknowledged this issue but stressed that there was a need for very clear guidance and support for GPs when dealing with patients. AM emphasised that the aim was not to prevent GPs from prescribing “over the counter” when this was considered appropriate. He also recognised the need to educate patients about this matter. TH agreed with this and also that there should be investment in community pharmacies, especially in more deprived areas.</p> <p>There was then a question from the public gallery.</p> <p><u>Question</u> What was the difference between this issue and the decision already taken by the Governing Body to cease the prescribing of gluten free products.</p> <p>AM responded that the difference that “over the counter” medicines were for minor ailments and gluten free products for an existing, life-long condition. AMo added that gluten free products were not a treatment.</p> <p>AM asked for a vote, the outcome of which was as follows:</p> <ul style="list-style-type: none"> - Those in favour of adopting guidance to reduce the prescriptions of medicines available ‘over the counter’ for short-term conditions: 9 votes - Those not in favour of adopting guidance to reduce the prescriptions of medicines available ‘over the counter’ for short-term conditions: 0 votes <p>Accordingly, the Governing Body APPROVED the adoption of guidance to reduce the prescriptions of medicines available ‘over the counter’ for short-term conditions.</p> <p>4. AMo explained that the Governing Body had already decided to support guidance on smoking and BMI for patients requiring surgery. He added that there was no need for formal consultation.</p> <p>The Governing Body WELCOMED this confirmation.</p>	
9.	Quality and Performance	
9.1	Minutes of Clinical Quality Committee:02.11.16; 07.12.16; 04.01.17; 01.02.17 – inc. verbal summary from Committee Chair regarding key issues, risks and mitigations	
	CG, as Chair of the Clinical Quality Committee, stated that there were both positive and areas of concern arising from the Committee’s considerations.	

Positive:

- South West London and St George's Mental Health Trust recently had its Care Quality Commission rating raised to "good".
- The London Ambulance Service was achieving well in Merton.
- Accident & Emergency Service: despite not achieving the target 4 hour wait, the Clinical Quality Committee was assured that those needing to be seen within the 4 hours are being seen. South West London performance had remained resilient compared with the rest of London and the wider region. The Committee did have concerns over Kingston Hospital's lower achievement levels, and understand there is an action plan being developed.

Areas of concern:

- Cancer waits: 62 day waits – 6 out of 29 patients breached, only two of these were due to for complex diagnostic reasons. The Committee also remained concerned at the low response rates to Bowel Cancer screening and has invited the Clinical lead for Cancer to its May meeting, along with the CCG Commissioning Manager.
- The CCG was currently an outlier for patients admitted due to a falls injury. This was discussed with the Community Services provider and the CCG is currently investigating if the higher reported rate of falls is due to more diligent reporting by our providers or a failure of the falls assessment service.
- St George's: the Committee has ongoing concerns and had sight of the updated action plan devised following the recent CQC visit. There has been slippage in delivering some actions which was attributed to leadership changes, which had been considerable. Whilst the Committee was given assurance that the most urgent actions had been completed it was noted that some quite simple, quick wins – such as fire wardens - at the time of the report - remained outstanding. The Committee requested that a letter be sent from Merton CCG to St George's to express our concern. CH said that she understood AMo was drafting this
- Continuing Health Care: the Committee continued to keep this under close review and concerns. The outstanding risks were:
 - 44 new assessments were generated due to reviewing patients who qualified for funded nursing care. A resource had not been identified to complete these new assessments.
 - Social work input continued to delay the completion of CHC assessments, causing the CCG to miss its 28 day target and assessments become out of date. CG understood that a letter had been written to the Health and Wellbeing Board to express the Committee's concerns.
- MIAPT: whilst the overall performance was good, with a high recovery rate and waiting times within the required limits, this was against a low number of people entering treatment. A detailed communications plan had been jointly developed between the CCG's and Addaction communications teams which will be implemented.

	<ul style="list-style-type: none"> • Safeguarding: the CCGs Safeguarding team appointments were progressing with an interim Looked After Children’s nurse in post for 3 days a week. Substantive appointment of a LAC nurse and Head of Quality was due to take place on the 10th March. There remained some concern about whether there was sufficient staff within the safeguarding team. The CCG’s Head of Quality and her equivalent in Wandsworth were working on this. <p>AM commented that a letter had been sent to St George’s requesting sight of its Cost Improvement Plans.</p> <p>The Governing Body NOTED the Minutes of the Clinical Quality Committee.</p>	
9.2	Equality Delivery System Report 2016-17 Action Plan	
	<p>Amanda Bland (AB) explained that the Equality Delivery System (EDS2) was a performance assessment tool introduced by NHS England to assess the progress of equality and diversity within NHS organisations annually, through a review of evidence and stakeholder consultations. The report, and its improvement plan, now presented was based on evidence gathered against the 18 outcomes of the EDS2 grouped under four goals through consultations with a range of stakeholders.</p> <ul style="list-style-type: none"> • Goals 1 and 2 related to better health outcomes and improved patient access • Goal 3 related to: a representative and supported workforce • Goal 4 related to Inclusive Leadership. <p>Overall the CCG was graded as follows:</p> <ul style="list-style-type: none"> • Goal 1 Achieving • Goal 2 Developing/Achieving • Goals 3 and 4 Developing <p>It was of particular concern for the CCG to note that for “Training and development opportunities are taken up and positively evaluated by staff” and “When at work staff are free from abuse, harassment, bullying and violence from any source” there had been a deterioration from “Achieving” in 2014 to “Undeveloped” in 2016. The CCG took part in a staff survey in March 2016 which raised a number of issues, including a small, but significant number of respondents saying that they were aware of bullying incidents in the workplace and concerns around the availability of training.</p> <p>The report presented provided the opportunity to discuss the results again, review the actions put in place and to further reinforce the message that bullying and harassment were unacceptable. A task and finish group has been established to specifically expedite improvements in this area. Actions in the EDS2 Goals 1-4 Improvement Plans 2016-17 aimed to address these goals and outcomes have been expedited. The Improvement Plan would be monitored by the Equality and Diversity Steering that would, in turn, report into the Clinical Quality Committee.</p> <p>AB added that there would be a further survey in March/April 2017 and it was hoped that this would show an improvement in this area.</p> <p>AM commented that it was important that, with all the forthcoming changes, the importance of the Action Plan remained in focus.</p>	

	The Governing Body APPROVED the Equality Delivery System Report 2016-17 Action Plan.	
9.3	CCG Governing Body Assurance Report & Scorecards: Month 9 2016/17	
	<p>Chris Clark (CCI) introduced this item and began by paying tribute to the London Ambulance Service for its work during yesterday's terrorist attack in London. The Governing Body supported this comment. He then confirmed that the Report had already been considered by the Executive Management Team and, with specific regard to St George's, he stated that the changes in leadership were beginning to show real signs of improvement and he was confident that this would continue. CCI then invited questions and comments from the Governing Body.</p> <p>TH asked if, after the CCG's successful efforts in reducing inappropriate GP referrals, were there any plans to tackle the issue of consultant to consultant referrals. CCI acknowledged this and that work was ongoing with Trusts to investigative new patient pathways.</p> <p>AM asked about the review into actual patient harm following the recent issue of medical records at St George's. CCI replied that initial results showed two cases of severe harm caused. AB added that the Trust had robust processes now in place but noted that one of the "severe harm" cases had resulted in a patient's death. CCI said that the CCG would continue working closely with the Trust and monitor this issue.</p> <p>The Governing Body APPROVED the Assurance Report & Scorecards: Month 9 2016/17.</p>	
10.	Governance	
10.1	Minutes of Audit and Governance Committee: 22.09.17 – inc. verbal summary from Committee Chair regarding key issues, risks and mitigations	
	<p>PD, as Chair of the Audit and Governance Committee, stated that the Committee had met last week but it's minutes were not yet ready for Governing Body consideration. However, at its meeting on the 22nd September 2016 the following issues had been dealt with:</p> <ul style="list-style-type: none"> • The Internal Audit Plan had been agreed. • Conflicts of Interest would be a significant matter for consideration in 2017/18. • The recommendations following the reviews of governance and financial governance needed to be closed off. Work had already begun on this and he thanked David Cotter for his work on this. • The Board Assurance Framework would be reviewed for 2017/18 but to ensure this was meaningful the Committee needed sight of the CCG's 2017/18 objectives. • The draft External Audit Pinion had now been received; it was "Adequate" which was a pleasing outcome. <p>The Governing Body NOTED the Minutes of the Audit and Governance Committee.</p>	

10.2	Board Assurance Framework	
	<p>AMo presented this item and stated that the BAF had already been considered by several other committees. There were changes to this latest revision:</p> <ul style="list-style-type: none"> • Risk 1032, relating to primary care has been removed from the Governing Body Assurance Framework. It has been replaced with risk 1042 as a more accurate representation of the primary care risk currently facing the CCG. • Risk 1012 has been reduced from an amber rating to a green. This risk will continue to be kept under review and may be recommended for removal from the Framework if it remains at the target rating <p>The Governing Body REVIEWED the Board Assurance Framework and CONFIRMED:</p> <ul style="list-style-type: none"> • That the risks described represent the main strategic risks to the delivery of the CCG's plans. • That the mitigating controls adequately increase the probability of the CCG delivering its plans • Any gaps to mitigating controls or actions that would provide improved assurance of delivery to the Executive Management Team. 	
11.	Any Other Business	
	<p>There was no additional business to discuss but AM invited questions from the public gallery.</p> <p><u>Question</u> During the update on the Effective Commissioning Initiative, specifically in the discussion about public engagement, it appeared that the views of pressure groups should be dismissed. The questioner felt that it was such groups that should be listened to as they had real, specific experiences of services.</p> <p>AM apologised if this was how the discussion had appeared and that this was certainly not intentional. It was the content of feedback given, not its source, that was important and all feedback was given equal weight.</p> <p>The questioner then asked whether instant baby food would be an item that the CCG was considering discouraging the prescribing of. AM replied that the CCG was not currently considering this but was aware that it was being discussed at a London level.</p>	
13.	Meeting Close	
	Part 1 of the Governing Body meeting closed at 3.40pm.	
14.	Date of Next Meeting	
	25 th May 2017 - 1.00- 4.00pm 120 The Broadway, Wimbledon SW19	

Signed as a full and true record of Part 1 of the Merton Clinical Commissioning Group
Governing Body Meeting on the 23rd March 2017.

Andrew Murray - Clinic Chair

Date