



Merton

Clinical Commissioning Group

Report to the Merton Clinical Commissioning Group Governing Body

Date of Meeting: 31st July 2014

Agenda No: 8.1

Attachment: 11

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	Att. No
Finance Committee	19.05.14	
Clinical Quality Committee	09.05.14; 13.06.14	
Audit and Governance Committee	19.03.14	

Recommendation:

That the Governing Body is asked to note the attached Minutes.

Date, author details:

As per details on each attachment.



Merton

Clinical Commissioning Group

**Merton Clinical Commissioning Group
Finance Committee**

19th May 2014

Meeting Room 6.2, 120 the Broadway, Wimbledon SW19

Chair: Peter Derrick

Members	Peter Derrick (PD) Cynthia Cardozo (CC) Dr Howard Freeman (HF) Eleanor Brown (EB) Adam Doyle (AD) Andrew Murray (AM)	Lay Member (Chair) MCCG Chief Finance Officer Clinical Chair Chief Officer Director of Commissioning & Planning Governing Body GP Member
Attendees	Yvonne Hylton (YH)	Committee Secretary – SLCSU

1.	<u>Welcome, introductions and apologies</u> The Chair welcomed all in attendance to the meeting. Apologies were noted for Carrie Chill, Sion Gibby, Faiza Waheed	
2.	<u>Declarations of Interest</u> A register of interests for the Committee members is held by SLCSU and available upon request. No additional interests were declared in relation to items on the agenda.	
3.	<u>Minutes of meeting held on 19th March 2014</u> The minutes were approved with a minor amendment:- Page 3 2 nd paragraph "Practice Forum's" revised to "Practice Leads Forum". <u>Matters arising not on the agenda:-</u> <ul style="list-style-type: none"> <u>IVF Funding</u> In response to a request from the Committee for clarification of funding to ESH by SMPCT in terms of clearance of the waiting list and funding of 1 cycle with age restrictions and a proposed CCG way forward, AD provided the following update. Based on legal advice received, a MCCG IVF service will be commissioned commencing on 17th June 2014. The service will allow for 1 cycle of IVF to women aged between 25-42 years and will be openly communicated to all GP Practices in Merton. AD added that the waiting list at ESH had been managed and there was no backlog for Merton. AD said that the CCG were not fully complying with NICE guidelines however the decision by the CCG to offer 1 cycle was taken in line with the overall CCG budget setting process and financial position at this time and would be reviewed again in 6 months. 	

	<p>Further to discussion regarding communication to Practices it was agreed that it will be in the form of a letter from the Chief Officer to GPs with more general CCG communication/posters sent to Practices.</p>	
4	For Approval	
4.1	<p><u>Terms of Reference – full year review (CC)</u> The ToR was brought to the meeting for annual review as part of the agreed governance process.</p> <p>The Committee were asked to review and approve the following changes:-</p> <ul style="list-style-type: none"> - To approve tender waivers greater than £100,000 or seek tenders from firms not on approved lists and ensure these are reported to the Audit and Governance Committee; - Tender waivers below £100,000 to be approved by the CO and CFO and reported to the Audit and Governance Committee - Review the work undertaken by the BHCH PB and ensure decisions provide value for money for patients - Remove the “Lay Member” from the Membership <p><u>Comments</u> CC advised the change to membership was due to workload pressures.</p> <p>In response to a question from AM regarding the process for overseeing the BHCH Programme Board work and decision making, it was noted that by receiving the minutes of the BHCH PB the Committee would be updated on the areas of responsibility held by the Programme Board and provide assurance of the decision making.</p> <p><u>Recommendation</u> The Committee was asked to approve the revised ToR, noting that they will be presented to the Governing Body at the next available meeting for formal approval.</p> <p>Agreed</p>	
4.2	<p><u>2014-15 Budgets</u> CC introduced this item and provided the following update as detailed on Page 2 of the Report.</p> <ul style="list-style-type: none"> - Merton CCG plan to deliver a surplus 1% of £2,163k in 2014/15 - Acute budgets – the starting point for the 2014/15 acute budgets was Month 8 acute outturn including growth. Contracts have now been agreed with the majority of acute providers and the budgets on slide 5 and 12 reflect the agreed contract values. • Non acute budgets – Contracts have been agreed and the budgets reflect the contract values agreed. • QIPP – The net QIPP target for 2014/15 is £6,558k which is 3% of the revenue resource limit. • A contingency of 0.5% and a non recurrent fund of 1.5% will be maintained in 2014/15. 	

<ul style="list-style-type: none"> • Risks and mitigations: <ul style="list-style-type: none"> ○ The main risk for MCCG is maintaining spend within planned levels in particular spend on acute activity. The planned QIPP schemes from 2014/15 onwards have a focus on transformational service redesign and pathway changes. Acute contracts for 2014/15 have been based on last years outturn including growth and a CCG SLA reserve of £1.2m is maintained. ○ Under delivery of QIPP schemes – Robust monitoring and reporting arrangements have been established. All schemes have detailed project plans with realistic savings targets which are measurable. Processes are in place to identify other schemes in year to offset any slippage on existing schemes. ○ NHS Property Services billing is a risk, this has not been resolved and could be a risk going forwards. ○ The contingency fund and SWL risk pool are maintained to mitigate against any unforeseen risks. <p><u>Comments</u></p> <p>Overseas Visitors. All CCGs are to be top sliced. CC said that clarification of how this be applied to MCCG, who do not host a Provider is awaited;</p> <p>GP IT revenue allocation has been confirmed by NHSE as £549k non-recurrent.</p> <p>CC said that the specialised commissioning adjustment £720k is the final adjustment received by the CCG in January 2014.</p> <p>Acute budgets will be updated for Governing Body to reflect SGH NETA agreement and IVF funding, to be commissioned by 3 Providers.</p> <p>£5 per head budget. CC advised that £500k has been invested in Better Care Fund schemes designed to help GPs support patients over 75 years at home. The remaining £500k of the £1m budget is available for Practices to bid against.</p> <p>In response to a question on the approval process, EB that that Executive Management Team will be responsible for reviewing and approving bids received. Where it is not possible to approve an application for funding, support will be offered to help the Practice access funding, for example working with another Practice.</p> <p>AM welcomed the offer of support and asked that communication to Practices clearly explains the CCGs position in terms of funding and the process for Practices to access funds. To support the process EB asked that an Investment Scoring Process is developed. CC to action.</p> <p>SWL Risk Pool – NHSE are leading discussions on funding from CCGs and final amounts are yet to be confirmed.</p> <p>PD on behalf of the Committee thanked CC for a very well written report.</p> <p><u>Recommendation</u></p> <p>The Committee is requested to approve the 2014-15 detailed budgets for presentation to the Governing Body for formal approval.</p>	<p>CC</p>
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	<p>The Committee approved the report with changes made for reporting to the Governing Body on 29.5.14.</p>	
4.3	<p><u>Nelson Local Care Centre Financial/Contractual Model (CC)</u> A paper to update the Committee on the procurement process and proposed Financial/Contractual Model was brought to the Committee for approval.</p> <p>CC said the four bidders had been short-listed and would proceed to the next stage.</p> <p>Clinical specifications have been agreed (slide 3 and 4)</p> <p>Operating days and times are Monday to Friday 8am to 8pm and Saturdays 8am to 1pm.</p> <p>Finance Committee are asked to agree the proposed Financial/Contractual Model as presented on Slide 10 prior to publication of Invitation to Tender documentation on 21.5.14.</p> <p><u>Comments</u> EB asked if the Clinical Specifications i.e. waiting times for appointments were in line with London Quality Standards. CC confirmed that they were.</p> <p>HF commented on weekend hours 8am to 1pm. AD said that the plan was to deliver a diagnostics service to start and as services are developed to expand the weekend hours.</p> <p>PD asked how the CCG views can be included. CC said that the CCG would work closely with the successful provider with a progress review after 6 months.</p> <p>Financial options (slide 6) were discussed with a recommendation that Finance Committee support a PbR tariff with local variations with a minimum income guarantee of £3m for Year 1. The minimum income will be paid irrespective of volumes in Year 1 and reviewed and adjusted for Year 2.</p> <p>Local variations will be developed by Providers as part of the ITT process and must be able to demonstrate efficiencies and quality care for patients.</p> <p>CC stated that the minimum income financial model was based on CCG assumptions, one clinic session per week for each speciality, an admin team of 3 plus overheads.</p> <p><u>Recommendation</u></p> <p>The Committee was asked to approve the proposed financial/contractual model detailed below:-</p> <ul style="list-style-type: none"> - Cost and Volume contract, with minimum income guarantee of £3m - Price to be based on national tariff, provider's MFF and a local variation (percentage reduction) to give value for money based on new ways of working that reduce costs e.g. consultant follow-ups by telephone appointment 	

	<p>- Weighting between Finance (30%) and Quality (70%).</p> <p>The Committee approved the proposed model noting publication of the ITT documentation on 21.5.14.</p> <p>EB left the meeting</p>	
5	Standing Items	
5.1	<p><u>Tender Waivers</u></p> <p>There were no tender waivers to report this month.</p>	
5.2	<p><u>Business Cases</u></p> <p>There were no new business cases to report this month.</p>	
6	To receive and note	
6.1	<p><u>QIPP progress against plan (AD)</u></p> <p>Merton CCG's QIPP plan for 2014/15 consists of five main programmes based around</p> <ul style="list-style-type: none"> • Acute portfolio • Placements • Urgent and Intermediate Care • Planned Care • Prescribing <p>The acute portfolio schemes are on plan to deliver and savings of £4,195K in 2014/15. The placements schemes are on track to deliver savings of £920K in 2014/15. The prescribing is also on track to deliver. As these are already savings that have been achieved, this paper summarises the transformative QIPP plans that require system change for delivery.</p> <p>The urgent and intermediate care programme is currently on track to deliver savings of £620k in 2014/15.</p> <p>The planned care programme is currently projecting a shortfall of £85k against the original planned, net saving of £368k (£677k gross).</p> <p>The £85k shortfall is primarily due to the impact of recent 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 procurement process. The advice received is that this would leave the CCG open to legal challenge by providers.</p> <p>The planned care programme has therefore been revised to take this advice into account, as the schemes to deliver the planned savings cannot be implemented. The revised savings are set out overleaf.</p>	

	MSK	Diabetes	Respirator y	Total	Original planned savings	Shortfall	
Net Saving :	£181.8k	£61.4k	£39.8k	£283k	£368k	£85k	
	Further QIPP projects are being explored to fill the projected shortfall of £85k.						
	AD suggested monthly reports to the finance committee on delivery of QIPP against plan. This was agreed.						AD
	In summary AD said that QIPP programme for 2014/15 was robust and this was supported by AM who added that Clinicians are in a much stronger place than in previous years, in terms of understanding.						
	<u>Recommendation</u> The Committee is asked to note the progress report.						
	Noted						
6.2	<u>Minutes of the Better Healthcare Closer to Home Programme Board</u> The Committee was asked to note the minutes of the BHCH Programme Board meeting held on 24 th March 2014.						
	Noted						
7	Any Other Business						
7.1	Date of Next Meeting: - Tuesday 17 th June 2014, 2-4pm, Meeting Room 6.3, 120 The Broadway, Wimbledon						

Agreed as an accurate account of the meeting held on 19.5.14

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Peter Derrick – Chair

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Date



Merton

Clinical Commissioning Group

**Merton Clinical Commissioning Group
Clinical Quality Committee**

Minutes from the meeting held on Friday 9th May 2014

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

Present

Clare Gummett (CG) Lay Member Patient & Public Involvement (**Chair**)
 Mary Clarke (MC) Independent Nurse Member
 Sion Gibby (SG) Raynes Park Locality Lead
 Tim Hodgson (TH) West Merton Locality Lead
 Jenny Kay (JK) Director of Quality
 Adam Doyle (AD) Director of Commissioning & Planning

In Attendance

Shelley Dolan (SD) Chief Nurse, RMH (Item 3.1)
 Catrina Charlton (CC) Senior Commissioning Manager (Item 3.2)
 Jane Pettifer (JP) Head of Continuing Care, SLCSU (Item 4.3)
 Sarah Field (SF) Primary Care Pharmacist (Item 4.4)
 Murrae Tolson (MT) Head of Health Systems Performance and Management
 Yvonne Hylton (YH) SLCSU Committee Secretary (Minute Taker)

1.	Welcome and introductions (CG)	
1.1	The Chair welcomed everyone to the meeting. <u>Apologies</u> Eleanor Brown, Karen Worthington, Kay Eilbert	
1.2	<u>Declarations of Interest</u> A register of interests is held for Committee Members by the SLCSU and is available on request. No additional declarations were made in relation to the items on the agenda.	
2.	For Approval	
2.1	<u>Draft Minutes of the meeting held on Friday 19th April 2014</u> The minutes were approved with no amendments. <u>Action Log and Matters arising:</u> The action log was reviewed and updated and will be re-circulated to the Committee.	
2.2	<u>Terms of Reference (Revised)</u> The Terms of Reference (ToR) were brought to the Committee to note the following changes:- <ul style="list-style-type: none"> - Membership of the Secondary Care Consultant - Removal of Patient Representative Member Advice was received from the CSU (David Cotter) stating that changes to the Membership would require amendment to the CCG Constitution, However, "Attendance" at the meeting would not. It was therefore agreed to ask the	

SD said that community acquired pressure ulcers have been included in the Trust Quality Account for 2014/15. The first time a community item has been included..

Friends and Family Testing is to be piloted in the Community.

Complaints. All complainants are offered a meeting with the Trust at an early stage. Meetings are offered in the home or at the Trust and SD said that she has met with many complainants and said they are a good opportunity for learning. All complaints received by the Trust are read by the Executives and/or CEO and themes identified are reported to the Board and CQRGs.

SD highlighted a number of initiatives introduced in Community Services, one example, T-Cards, had been very effective in reducing the number of avoidable missed appointments.

Recruitment of Community nurses is challenging, and there is a lot of work is underway to both improve both the recruitment and support provided to nurses new to the community with a Professor of Community Services who is based at Roehampton.

JK said that with SD's Leadership the CCG have seen positive changes in the service provided.

Comments and Questions

MC asked for an update on the Community Structure. SD said that there had been a number of new appointments with a new Director of Community Services and Assistant Chief Nurse now in place as well as more Band 7s.

Safeguarding Training. SD said that the low number attending relate to adult Nurses who have not completed Level 2 Safeguarding Children Training. All nurses have completed Level 1 and all children nurses have completed. Level 2. The issue is with adult nurses. A recommendation for face to face training has been requested and work is currently underway to employ a Trainer to provide training across all areas of Community Services including those based at 120 The Broadway and in Localities with the aim that all staff will be trained by the end of the year.

AD asked how the CCG could support community services. SD said that she welcomed the opportunity to attend meetings and talk to Commissioners and was confident that CCGs completely understood the challenges facing everyone as services transfer to the community.

CG referred to complaints and asked what type is most commonly received by Community Services. SD said that these varied and unfortunately a small number related to the behaviour of nurses, these are relatively few in number but challenging and SD always leads on these complaints. Others cover of range of issues from services such as podiatry and foot care in general which needs to be addressed, to not being able to contact a district nurse or the system, with a reducing number now for missed appointments which are now reducing following the implementation of the 'T' card system.

In relation to a spike in the number of pressure ulcers reported last year. SD said that this followed a particular assessment of all patients in the community who had been issued with an aid device, for example a bed, but were not on the

	<p>caseload. This was promoted by an incident with one patient, following which an assessment of 2000 patients was carried out and there was an increase in G1 and 2 pressure ulcers reported for that month. SD said that all of these patients are now regularly reviewed.</p> <p>SG commented on GP/Health Visitor engagement and said that it needed to be improved. SD accepted this and said that as primary care and community services are aligned she hopes to see an improvement as nurses become used to working in multi-disciplinary teams and GPs.</p> <p>The Chair thanked SD for her presentation and opportunity for open discussion during the meeting.</p> <p>SD left the meeting.</p>	
3.2	<p><u>Intermediate Services: End of Life Care/Hospice Services</u></p> <p>Catrina Charlton (CC), Senior Commissioning Manager attended the meeting to provide an update on the current Hospice/End of Life Care (EOLC) Services commissioned for adults by MCCG and an overview of areas for development and proposals for 2014/15.</p> <p>Data suggests that the quality of EOLC provided in Merton is of a relatively high standard, but there is still improvement to be made in certain areas.</p> <p>The CCG has provided direct funding for specific community EOLC services to support people to die in their home (including nursing homes) if that is their wish including:-</p> <ul style="list-style-type: none"> - Community EOLC nursing services, provided by SMCS to support nursing homes; - Hospice at home services provided by St Raphael's Hospice - Marie Curie night sitting services <p>MCCG directly funds two hospices, St Raphael's Hospice in Sutton (14 beds) and Trinity Hospice in Clapham (28 beds).</p> <p>In 2013/14 additional funding was provided to ESH and SGH to fast track EOLC patients to back to the Community and for 2014/15 this has been funded in the Contracts.</p> <p>Co-ordinate My Care Records in Sutton and Merton are the highest in London.</p> <p>ESH has recently agreed an EOLC CQUIN to have a system to identify patients with a CMC records in their Emergency Departments – believed to be the first acute trust to do so in the Country.</p> <p>Areas of development have been identified and these are included in the CCG plans for 2014/15 and include:-</p> <ul style="list-style-type: none"> - Ensure continuation of EOLC services delivered in Primary Care by developing an appropriate contracting mechanism; - Develop options to deliver Bereavement services in Merton - Implement a pilot Patient Transport Service for transferring patients between Home and Hospice - Ensure the CCG continue to have a robust EOLC strategy in place 	

	<p><u>Comments</u></p> <p>CG asked about the plans for a Merton Bereavement Service. CC said that one option being considered is a link to the existing IAPT service with additional sign-posting to other Voluntary Sector Organisation.</p> <p>Hospice Funding. CC said that MCCG funds 14 beds at St Raphael's and 28 beds at Trinity and also contribute to a London-wide fund.</p> <p>MC asked how Community Nurses are assessed in relation to EOLC. JK said that SMCS have been asked to provide update to date performance data to the next CQRG meeting to provide assurance.</p> <p>CC said that the plan was to refresh the existing EOLC Strategy. As there was significant consultation when first developed it is not envisaged that consultation will be required this time.</p> <p>The Chair thanked CC for attending the meeting.</p> <p>CC left the meeting.</p>	
4	Standing Items	
4.1	<p><u>Quality & Performance Report (M11) (MT)</u></p> <p>The Quality and Performance Report presents performance of the key performance indicators demonstrating progress towards the five domains outlined in Everyone Counts. At Month 11, the CCG is rated Green/Red for Constitutional pledges, a decline from Month 10 Amber/Green rating. Improving Health of our local population is rated Green/Amber, which is unchanged from Month 10. The main area of concern remains the immunisations local priority.</p> <p>Key sections for particular note (paragraph/page), areas of concern:</p> <p>Constitutional Pledges: A&E at SGH. St. Georges have failed the Q4 and year end A&E target. The CCG are now looking to clarify whether Merton CCG has achieved the target based on the Merton allocation of A&E attendees.</p> <p>Diagnostic test waiting times has a YTD Amber rating of 98.89% against a target of 99% due to issues in non-obstetric Ultrasound at Kingston hospital. A recovery plan is in place</p> <p>Cancer 62 treatment, GP referral is rated Red at 72.7% in February, however YTD this indicator is rated green at 85.7%. This relates to 6 breaches out of 22 patients. Epsom and St. Helier failed this standard in February and St. Georges were rated Amber. Both trusts have mitigating plans in place.</p> <p>Improving Health Outcomes: Avoidable Emergency Admissions activity remains above trajectory and three out of the four indicators are rated red YTD.</p> <p>COPD local priority is on track to reach the requisite ratio at year end. Reablement local priority: Data capture has been amended to better reflect the scope of the integrated work done jointly between the local authority and the CCG. This shows that the local priority ambition was achieved in January.</p> <p>Immunisations local priority remains at risk; however, the Immunisations Lead has done significant work with GP practices and the Community Providers to improve</p>	

	<p>the Quarter 4 position.</p> <p><u>Provider Assurance</u> Reports from the CQRGs meeting of the CCG's main providers were incorporated into the Quality & Performance report.</p> <p>An overview was presented and key points noted:-</p> <p><u>SGH – TH</u> Mortality Action Plan. PCI review completed and action plan developed. An action plan has been developed with progress to be reported back to the CQRG in November. There were no actions for commissioners and the review found the Trust to be safe. Consultant to Consultant pathway exclusions to be agreed with GPs. SGH Quality Report was presented to the meeting. CQRG expressed some concern that both Director of Nursing and Deputy Director of Nursing are both leaving the Trust shortly.</p> <p><u>ESH</u> MRSA off target. Very few serious incidents have been reported for Merton patients. Communication between GPs and Consultants need to be improved. Junior Doctors visit – HESL have raised some concerns which are being worked through</p> <p><u>SMCS</u> Received above.</p> <p><u>SWLSTG</u> CQRG Annual Report shows that whilst good progress has been made, there is more work to do.</p> <p><u>Kingston</u> Ongoing work to improve outpatient letters Complaints responses are off target. The target is 90% and the Trust is operating around 70%.</p> <p><u>Harmoni/111</u> There has been good performance across the SWL contracts for March in terms of meeting KPIs. The overall average has dropped due to performance issues over the weekends due to staffing and technical issues. Call volumes have increased and March had the highest call volumes since the service mobilised. Referrals to 999 decreased slightly for March. In response to a question regarding % of 111 calls despatched an ambulance – AD said that numbers were relatively low in line with contract expectations.</p> <p><u>Recommendation</u> The Committee is asked to note the report. Noted</p>	
4.2	<p><u>Looked After Children IHA (AD)</u> There has been a significant improvement in performance since 1.4.14. All children have been seen within the appropriate time frame. Since April there have been 13 new LAC in Merton. All have either had their IHA or it is booked within the 28 day time scale.</p>	

	<p>It is proposed to review the process in 6 months to ensure that the procedures are embedded in each organisation. This will also meet the timeframes within the CCG to review the approach to joint commissioning.</p> <p>It is proposed to report to the MCQC in June and July and then mainstream into the Children's and Maternity Delivery Group.</p> <p><u>Recommendation</u> The Committee is asked to note the report and future reporting arrangements.</p> <p>Noted</p>	
4.3	<p><u>Continuing Care Update</u> The Chair welcomed Jane Pettifer (Head of Continuing Care SLCSU) to the meeting.</p> <p>It was agreed that as AQP data was not available at the time of the meeting in May, it would be brought back to the meeting in June.</p> <p>JP provided a general update and the following points were noted:-</p> <ul style="list-style-type: none"> - 4 new nursing homes have been added to the AQP - Personal Healthcare Budgets can be requested from 1 April 2014. - There are no safeguarding incidents to be reported in Merton - There are 206 people in Merton in receipt of Fully Funded Healthcare, with 266 eligible for funded nursing care <p><u>Actions</u></p> <ul style="list-style-type: none"> - Written report back to MCQC in June 2014 - Report to include feedback from recent Stakeholder event to provide assurance and clarity of expectations required of CCGs by NHSE - Continuing Care Place holder to be completed – JP/MT to discuss <p><u>Recommendation</u> The Committee is asked to note the update and actions agreed.</p> <p>Noted</p>	JP JP/MT
4.4	<p><u>Medicines Management Committee Review of Care Homes</u> The Chair welcomed Sarah Field, Primary Care Pharmacist to the meeting. Jane Pettifer, Head of Continuing Care was present for this item.</p> <p>A pilot commenced in April 2013 to gain an understanding of the medicines management issues in care homes in Merton and to undertake medication reviews in care home patients. 3 pharmacists worked with 3 GP Practices in 5 care homes to ensure patients were prescribed appropriate medications in a safe and effective manner.</p> <p>Results:-</p> <ul style="list-style-type: none"> - At least 276 interventions made - £51,628 savings identified - £38,375 implemented - Feedback indicates that the medicines optimisation review conducted by the medicines management team was found to be useful <p>Next steps</p> <ul style="list-style-type: none"> - To continue care home work in 2014/15 involving more care homes and GP Practices - A Care Homes Pharmacist post to be funded for 2 years as a QIPP project 	

	<p>under the Better Care Fund to work as part of the Medicines Optimisation Team working within the out of hospital strategy. The work will inform which systems, processes and policies are currently in place and which homes need to be developed or reviewed. It will also improve the data capture to fully demonstrate the value of the service in an easy format.</p> <p><u>Comments</u> JK said that all care home information available to the CCG will be joined up to provide robust assurance of the quality of care provided.</p> <p>MC has asked Sedina Agama (Acting Chief Pharmacist) to formalise the process for escalating issues (not necessarily medicines) in care homes liaising with the continuing care lead.</p> <p>MC asked how about the process where cost savings/interventions were identified. SF said that the pharmacist's recommendations were discussed and agreed with the home staff and with the GP and recorded. Changes were then communicated to both the care home to ensure it was included in the patient's care plan.</p> <p>TH said that GPs welcomed the medicines management work.</p> <p>SG asked for assurance that interventions had considered quality and safety of the patients as well as cost savings. SF said that Appendix B of the report provided a breakdown of the governance issues.</p> <p>JK suggested going forward a process for sharing data across the CCG be developed.</p> <p>MC requested that going forward a quarterly report to update the committee be presented aligned with the Continuing Care Report. MC to discuss with the Medicines Management Team.</p> <p><u>Recommendation</u> The Committee was asked to note the report Noted</p>	MC
4.5	<p><u>Quarter 4 Safeguarding Childrens Report</u> JK presented the item. Quarter 4 data is not available at this time and will be covered in the next report.</p> <p>Progress made on agreement of indicators aligned to the Safeguarding Childrens Board and Governing Body.</p> <p>12 Child Deaths were reported in Merton between 1.4.13 to 31.3.14, this shows a significant decrease this year from 21 to 12.</p> <p><u>Comments</u> AD said that the wording on Page 4 under Item 5 should be amended from "In Q4 100% of IHAs were completed" to "In April 100% of IHAs were completed".</p> <p>MC referred to GB safeguarding children training level 2 and 3 questions regarding assurance plus one other come back to the Committee to be explored in July/August</p> <p>JK provided a verbal update on a recent child death in Merton.</p>	YH/fwd plan

5	For discussion	
5.1	<p><u>Clinical Quality Review of QIPP Schemes 2014/15</u> JK presented this item.</p> <p>The report was presented to provide the Committee with a progress update on the Quality Impact Assessments for the 2014/15 QIPP schemes.</p> <p>All QIAs are sign-off by the Director of Quality and to date all but two, MSK and Prescribing have been completed.</p> <p>Two examples of completed QIA were tabled at the meeting.</p> <p><u>Recommendation</u> The Committee were asked to note the report</p> <p>Noted</p>	
5.2	<p><u>Communications and Engagement Strategy</u> JK introduced the report to outline the significant engagement activity led by the CCG during its first year. It includes the draft Call to Action report and the draft 'Duty to Involve' report, as well as the quarterly update on the Communication and Engagement Strategy work plan.</p> <p>There is still much progress to be made, specifically with regards to tapping into the resource of the Member Practices' Patient Participation Groups via the Patient Reference Group to capture views.</p> <p>It was agreed that the Duty to Involve report would be presented to a future meeting of the Committee when approved by EMT.</p> <p><u>Recommendation</u> The committee are asked to review progress made and make suggestions for the future work plan.</p> <p>The Committee reviewed progress made and required developments.</p>	Fwd Plan
5.3	<p><u>Observer Feedback from WCCG Integrated Governance Committee</u> This item was deferred and will be discussed as part of the Year 1 review item on 13th June.</p>	
6	To receive and note	
6.1	<p><u>South West London and St. George's Mental Health Trust CQRG Report</u> The Committee noted the report. It was agreed to suggest to all CQRGs as good practice. JK to take forward</p>	
6.2	<p><u>SGH CQC Inspection, Quality Summit feedback and Inspection report</u> The CQC carried out one of their new style comprehensive inspections at SGH, reviewing a range of services, in February 2014. Generally this was a very good inspection - there was high praise from the inspectors at the quality summit for several areas of care which were described as 'outstanding' and overall a very good result. Where there were improvements required, these were described as 'minor' compliance issues. The Trust has a full action plan and this will be monitored through the CQRG. The outcome of the inspection is also important in terms of allowing SGH to progress through to Foundation Trust status.</p>	

	<u>Recommendation</u> The Committee is asked to note the report Noted	
6.3	<u>MMC approved minutes and feedback summary</u> The Minutes of the meeting held in February and a summary of the meeting held in April were presented to the Committee to provide assurance on the areas of responsibility held by the Committee and decision making process. <u>Recommendation</u> The committee is requested to note the minutes and feedback summary Noted	
6.4	<u>Committee Workplan and Draft Agenda for June</u> The draft agenda and work plan for 2014/15 was presented to the Committee for note. Noted	
7	Any other business	
7.1	<u>Date of Next meeting:</u> - Friday 13 th June 2014, 12.00-2.30pm, 120 The Broadway	

Merton Clinical Commissioning Group
Clinical Quality Committee
Minutes from the meeting held on Friday 13th June 2014
Meeting Room 6.2, 120 the Broadway, Wimbledon SW19 1RH
Present

Clare Gummatt (CG)	Lay Member Patient & Public Involvement (Chair)
Mary Clarke (MC)	Independent Nurse Member
Sion Gibby (SG)	Raynes Park Locality Lead
Lynn Street (LS)	Director of Quality
Adam Doyle (AD)	Director of Commissioning & Planning (from 12.45 pm)
Karen Worthington (KW)	East Merton Locality Lead

In Attendance

Eleanor Brown (EB)	Chief Officer
Jane Pettifer (JP)	Head of Continuing Care (SLCSU) (<i>Item 3.1</i>)
Jeremy Burden (JB)	Deputy Managing Director (SLCSU) (<i>Item 3.3</i>)
Sean Morgan (SM)	Customer Delivery Manager (SLCSU) (<i>Item 3.3</i>)
Wanda Palmer (SP)	Clinical Governance Lead (SLCSU) (<i>Item 4.1</i>)
Louise Morgan (LM)	Corporate Affairs Manager (SLCSU)
Murrae Tolson (MT)	Head of Health Systems Performance and Management
Yvonne Hylton (YH)	Committee Secretary – Minute Taker (SLCSU)
Wasia Shahain (WS)	Equality and Diversity (SLCSU) (<i>Item 4.4</i>)
Gemma Novis (GN)	Interim Equality & Diversity Lead (SLCSU) (<i>Item 4.4</i>)

1.	Welcome and introductions (CG)	
1.1	The Chair welcomed everyone to the meeting. <u>Apologies</u> Tim Hodgson, Stephen Powis and Kay Eilbert	
1.2	<u>Declarations of Interest</u> A register of interests is held for Committee Members by the SLCSU and is available on request. No further declarations were made in relation to the items on the agenda.	
2.	For Approval	
2.1	<u>Draft Minutes of the meeting held on Friday 9th May 2014</u> The minutes were approved with no amendments. <u>Action Log and matters arising not on the agenda.</u> The action log was reviewed and updated and will be re-circulated to the Committee. <u>Intermediate Services</u> A list of Intermediate Services contracts and reporting schedule was noted. The Committee suggested a pro-forma be developed covering contract value, activity levels and any issues to provide assurance to the Committee and inform future contract negotiations. LS to discuss format of reports with AD outside the	LS/AD

	meeting.	
3	Key Areas of Focus	
3.1	<p><i>Treating and Caring for people in a safe environment and protecting them from avoidable harm:-</i></p> <p>1. <u>Safe Staffing Assurance and governance process</u> In response to recommendations from the Francis Report, further guidance has been issued for Providers; including a requirement to publish nursing and midwifery staffing levels by ward and provide Board papers on twice yearly staffing reviews on Trust internets.</p> <p>LS presented a report in response to a SWL Safer Staffing event. All acute trusts are currently meeting the minimum safe staff levels (1:8), however there are a high number of vacancies. Recruitment is also a factor for Community Nursing with recruitment challenges compounded by a number of staff reaching retirement and in SMCS vacancies levels are above 20%.</p> <p><u>CCG approach for assurance</u> At present staffing levels are monitored through CQRGs and the approach was that this should continue, supported by a list of questions (contained within the report) for Providers to respond to and report back to the MCQC.</p> <p>For additional assurance the questions could form the basis for annual Provider focus sessions presented to the Committee.</p> <p><u>Comments</u> MC asked for clarification of how data uploaded to Unify is received and reviewed by the Trusts. Data will be available to the public on the NHS Choices website.</p> <p>LS supported the CQRG approach on a SWL basis, given that until the data process is fully embedded benchmarking will not be available.</p> <p>EB also supported a SWL approach with the agreement of host commissioners to share information with associate commissioners.</p> <p>As the host commissioner it was proposed to start with SMCS with questions, including how unify data is received and reviewed by the Trust is posed to the Provider and responses are shared with associate commissioners as a model of best practice.</p> <p>To progress, LS will contact all host commissioners to agree a shared process, including clarification of how data is received and reviewed within the Trust to provide assurance to the Board, CQC and comply with publication requirements.</p> <p>It was also agreed to use the questions as the theme for annual presentations from Providers.</p> <p>2. <u>Continuing Care: Update on Q4 and an update from Compassion in Practice in the NHS Continuing Healthcare Roadshow with NHSE</u> The Chair welcomed Jane Pettifer, Head of Continuing Care (SLCSU)</p> <p><u>Feedback from NHSE Roadshow</u> JP introduced a presentation from the NHSE Continuing Healthcare Roadshow to</p>	LS

	<p>inform the Committee of the Assurance Framework and the process for CCGs to provide assurance of local delivery to NHSE.</p> <p>The framework is based on 6Cs (care, compassion, competence, communication, courage and commitment) and linked to 6 action areas.</p> <p>JP briefly talked through some key actions: Area 1 to help people stay independent - although the majority of patients are not independent it is envisaged that maintaining independence may require more carers. Area 3 to deliver high quality performance measures - from 1 April the AQP quality monitoring framework will be rolled out to all nursing homes in Merton, not just those on AQP. Action 4 to build and strengthen leadership - recruitment is taking place to appoint highly qualified staff with some specialist experience for example in mental health adding value to the team.</p> <p><u>Comments</u> KW referred to feedback from patients in seeking quality assurance of the homes and asked if family members attended assessments. JP said that yes family or carers were invited to attend and all concerns, however minor, are investigated. In seeking assurance all homes have a nurse assessor assigned to them, who is very experienced and knows the home and able to pick up on any changes which might indicate a quality issue. In addition all homes are visited by the CQC.</p> <p>In response to a question about assurance of out of borough placements, JP said that the policy is due for approval next month and it was agreed that to discuss a process for assurance a meeting be convened with JP/MC/LS.</p> <p><u>Quarter 4 Report</u></p> <p>AQP assessment data for Q4 was presented for review and comment.</p> <p>Data is derived directly from nursing homes and reports cumulative activity for the 4 nursing homes in Merton currently on the AQP scheme. As already stated AQP reporting framework for Q1 will be rolled out to all nursing homes in Merton, not just those on AQP.</p> <p>JP provided a brief summary of each home.</p> <p>The Committee asked for future reporting to include a breakdown for each nursing home including number of residents and activity levels supported by narrative to alert the Committee to any issues or recurring themes.</p> <p>KW questioned the GP 6 monthly medication reviews data presented. JP agreed to check for accuracy and amend as necessary.</p> <p>The Chair thanked JP for presenting to the Committee.</p>	<p>LS</p> <p>JP</p>
3.2	<p><u>Reflection of Year 1 of the Committee - The Plan</u> CG informed the Committee that a survey will be sent to members and regular attendees to assess the effectiveness of the committee to inform discussion at the meeting in July.</p>	

3.3	<p><u>SLCSU Quality Offer</u></p> <p>The Chair welcomed Jeremy Burden (Deputy Managing Director) and Sean Morgan, (Head of Customer Delivery Team) to the meeting to discuss the quality offer from the SLCSU to Merton CCG.</p> <p>JB tabled and talked through a short presentation.</p> <p>In response to the challenges from CCGs on the existing quality offer, an internal review was undertaken by Jane Schofield with a recommendation that the quality offer is expanded to help CCGs achieve whole system changes.</p> <p>The existing quality offer focuses on acute providers and achievement of the care quality standards. However the new offer proposed will look to link all quality measures including public health, non-acute, patient experience and QIPP plans together to demonstrate population based outcomes, with an agreed defined list of quality measures included in all Providers contracts for 2015/16.</p> <p>To address the gap left when Public Health resource transferred to Local Authority, it is proposed to appoint a Credible Clinical Associate.</p> <p>LS asked how this would work for Associate Commissioners, such as Merton who do not host an acute trust.</p> <p>JB said that at present the technology is not available to bring all required information together and the offer is based on using existing resources and funding more effectively.</p> <p>SM added that in making the change, there will need to be discussions with other CCGs, for example in Wandsworth quality is not commissioned from the CSU and this would need to be worked through.</p> <p>EB said that as Merton is part of SWL Collaborative Commissioning a solution will need to be found.</p> <p>Discussions will continue between the CCG and CSU to progress and report back to the MCQC.</p> <p>The Chair thanked JB and SM for presenting to the Committee. JB and SM left the meeting.</p>	
4	Standing Items	
4.1	<p><u>Serious Incident Report</u></p> <p>The Chair welcomed Wanda Palmer, Clinical Governance Lead at SLCSU to the meeting to present the MCCG Serious Incident Report.</p> <p>In May 2014, two serious incidents were reported for SMCS for Category 3 pressure ulcers.</p> <p>In reviewing the report, MC questioned how communication and treatment and care were the root causes of incidents. These would more appropriately describe contributory factors.</p> <p>LS said that she was meeting with SMCS (Lynne Hopwood) to understand the</p>	LS

	<p>internal assurance process in closing investigations.</p> <p>It was noted further work is required for the report to include CCG assurance of SIs closed by the CSU and the gap in age and ethnicity reporting by Providers. The Chair thanked WP for attending the meeting. WP left the meeting.</p>	
4.2	<p><u>Quality & Performance Report</u></p> <p>At Month 12, the CCG is rated Amber/Red for Constitutional pledges, which shows no change from the Month 11 position. Improving Health of our local population is rated Green/Amber, which is also unchanged from Month 11. The main area of concern remains the immunisations local priority.</p> <p>A Quality Premium of £1m is subject to the CCG meeting all constitution pledges and improving the quality of health for local people. The CCG were allocated a MRSA case in October and one in November which reduces the QP by 12.5%.</p> <p>Key sections for particular note</p> <p>1.1 Constitutional Pledges</p> <ul style="list-style-type: none"> • Diagnostic test waiting times is rated Amber YTD with a performance of 98.91% against a target of 99%, although a recovery plan at Kingston Hospital has meant that an improvement has been made between months 11 and 12, the improvement was not significant enough to meet the target. • Cancer first treatment 62 days, screening referral is rated Red at 83.3% against a target of 90% in March. However YTD this indicator is rated Green at 94.3%. This refers to 1 breach out of 6 patients who was referred from St. George's to Kingston Hospital. Kingston is reviewing its capacity issues and will discuss this with the Trust at the relevant CQRG meeting. <p>2.1 Improving Health Outcomes.</p> <ul style="list-style-type: none"> • Avoidable Emergency Admissions activity for all four indicators decreased to below threshold during March; however three of the four indicators remain above trajectory YTD and are therefore rated Red. • COPD local priority has reached the requisite ratio at year end. Rated Green. • Reablement local priority: The local priority ambition was achieved in January, and has exceeded the target of YTD. Rated Green. • Immunisations local priority appears to have failed the local improvement target. However, the methodology to calculate percentage immunisation uptakes has historically applied the same cohort of eligible children across all groups of year 2 vaccinations. The data is currently being reviewed to discern the actual cohort of children eligible for each individual vaccination. It is expected that this exercise will allow us to see a more accurate picture of the CCG immunisations for each of the year 2 immunisations categories and may improve the position for the local priority <p><u>Comments</u></p> <p>MC referred to Immunisations and asked how this is being progressed, noting that although not a QP target for 2014/15 assurance of childhood immunisations is required.</p> <p>AD responded that this will be progressed through the Children and Maternity</p>	

	<p>Workshop led by the Primary Care Support Team in liaison with Public Health. In addition Immunisation is reported monthly to EMT with detailed reports 6 monthly.</p> <p><u>Provider Feedback – May 2014</u></p> <p><u>SGH</u></p> <ul style="list-style-type: none"> - Discharge Summaries to GPs has improved and the Trust are emphasizing the importance of good quality data to all Junior Doctors; - C.difficile – clarity that all SWL trusts are following the same process is being sought. - CQC Inspection. Overall good, with two compliance issues (medical records in outpatients and non-compliance with the Mental Health Capacity Act). - NICE quality standards for postnatal care have been met by the Trust - There was 1 Never Event reported in April. - LAS turnaround performance has seen a significant fall in performance due to the introduction of new reporting. - CQRG are to review the Annual Complaint Report, following presentation to the Trust Board. <p><u>SMCS</u></p> <ul style="list-style-type: none"> - HPV Vaccinations in schools to be improved. Public Health action. - Two Key Performance Indicator workshops are planned. - First Annual Report has been produced. <p><u>SWLSTG</u></p> <ul style="list-style-type: none"> - CQC Inspection Report has been received and will be shared with MCQC. <p><u>111 Service Contract</u> A performance notice has been issued to Harmoni. This is a SWL contract. Overall performance (not specific to Merton) has deteriorated. Harmoni re-branding to 'Care UK'</p> <p><u>Out of Hours Service Contract</u> Performance is good. 'Urgent Visits within 2 hours' is rated 'Red' – however, this is a direct consequence of the poor performance experienced in 111.</p> <p><u>Comments</u> MC proposed Pressure Ulcer Management as a future agenda item to understand the issues resulting in the persistent high number of Grade 3 and 4 reported across all Trusts.</p>	<p>KE</p> <p>LS</p> <p>Fwd Plan</p>
4.3	<p><u>Looked After Children – Initial Health Assessments</u> There has been a significant improvement in performance since 1 April 2014 with all children seen within the appropriate time frame.</p> <p>It is proposed to review this process in 6 months to ensure that the procedures are embedded within each organisation. This will also meet the timeframes within the CCG to review the approach to joint commissioning.</p> <p>From July reporting will be mainstreamed into the Children's and Maternity Delivery Group and reported to the Clinical Quality Committee through the Safeguarding Children quarterly reporting.</p>	
	MT left the meeting	

4.4	<p><u>Equality and Diversity Q1 Update</u> The Chair welcomed Gemma Novis (GN) (Interim Equality & Diversity Lead) to the meeting.</p> <p><u>Quarter 1 Report</u> GN presented a report highlighting progress regarding Equality and Diversity covering the period April to June 2014.</p> <p><u>Equality Delivery System – final draft for discussion</u> EDS 2 Grades for 2013-14 and Improvement Plans 2014-15 were presented to the Committee.</p> <p>Overall MCCG is graded for EDS2 as ‘Developing’ which means that the majority of people in 3-5 protected groups fared well across Goals 1-4.</p> <p>Improvement plans have been created in 3 commissioning areas, IAPT, CAMHS Tier 3 and Older Peoples community services.</p> <p>The Committee were asked to review and discuss the report and to recommend approval to the Governing Body in July.</p> <p>MC referred to EDS2 (Goals 1 & 2) to seek assurance from Commissioning Managers on commissioned areas and asked that a summary report is prepared by the Equality & Diversity Lead and reported to the Equality & Diversity Group to provide assurance to the MCQC in quarterly reporting. (Subsequent to the meeting Gemma discussed with Caroline Farrar and an approach to reporting was agreed).</p> <p>MC informed the Committee that a recommendation for Governing Body Training had been omitted from the report. EB asked in liaison with the Board Secretary consideration be given to utilising an existing GB Seminar.</p> <p><u>Next Steps</u> EDS Final report to be presented for approval to GB in July. LS to confirm.</p> <p>E&D Training Date for GB to be confirmed. EB proposed utilising existing seminar date liaising with Tony Foote (Board Secretary).</p> <p>The Chair thanked Gemma for attending the meeting. GN left the meeting.</p>	LS
4.5	<p><u>Quality Risk Register</u> As part of the annual planning process, the Governing Body Assurance Framework has been refreshed to ensure it focuses on supporting the CCG to achieve it key deliverables.</p> <p>In line with the corporate objectives, the quality directorate is developing its sub-objectives and once complete the risks to achieving these objectives will be reported to the Clinical Quality Committee as part of the existing risk reporting process.</p> <p>Following discussion at today’s meeting new quality risks have been identified and will be worked up with the Commissioning Lead in time for reporting to the Committee in September.</p>	

	<p>Identified quality risks:-</p> <ul style="list-style-type: none"> - Safe Staffing Levels - Continuing Care - Quality Offer for MCCG - Serious Incident report for Merton patients (outside SMCS) - Provider performance report (key risks to be identified with MT) <p>It was suggested that LM attend all MCQC meetings with a process developed to reflect all quality needs are reflected on the agenda.</p>	
5	For discussion	
5.1	<p><u>MCCG Policy Schedule and Process</u></p> <p>The policy schedule was presented to the Committee for review and discussion.</p> <p>It was clarified that all commissioning policies are to be approved by EMT prior to review by the designated Committee.</p> <p>EB asked that the original list of policies are revisited and there is a clear audit trail where it is deemed that policies do not need to transfer to the CCG.</p> <p>LS to progress with LM.</p>	LS/LM
6	To receive and note	
6.1	<p><u>Annual Planner and Draft Agenda for the next meeting</u></p> <p>The annual planner and agenda were presented for note by the Committee.</p>	
7	Any other business	
7.1	<u>Date of Next meeting:</u> - Friday 11 th July 2014	



Merton

Clinical Commissioning Group

**Merton Clinical Commissioning Group
Audit and Governance Committee**

PART 1

Wednesday, 19th March 2014

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
LC	Lorna Cunnew	London Audit Consortium
NA	Nick Atkinson	Internal Auditor – Baker Tilly
SE	Sue Exton	External Auditor – Grant Thornton
SI	Sarah Ironmonger	External Auditor – Grant Thornton
GM	Gary McLeod	KPMG
AF	Amy Ford	SLCSU
FW	Faiza Waheed	Head of Finance and Business - SLCSU
TF	Tony Foote	Board Secretary - SLSCU

1.	<u>Introduction and Apologies</u> PD welcomed all to the meeting, and noted apologies from Kam Johal (Lorna Cunnew was attending on her behalf).	
2.	<u>Declaration of Interest</u> No interests relevant to the agenda were declared.	
3.	<u>Minutes of previous meeting – 10th December 2013</u> The following amendments were requested: Pg. 1 “In attendance” “Nick Atkinson Internal Auditor – RSM Tenon”	

	<p>Be amended to:</p> <p>“Nick Atkinson Internal Auditor – Baker Tilly”</p> <p>Pg. 5 Financial Feeder Systems</p> <p>All references to “KMPG”</p> <p>Be amended to:</p> <p>“KPMG”</p> <p>With the inclusion of the above amendments, the minutes were approved as an accurate record of the meeting.</p>	
4.	<p><u>Matters Arising</u> - Action Log of 10.12.13</p>	
	<p>The Committee noted the progress made on the various actions.</p>	
5.	<p><u>For Approval</u></p>	
5.1	<p>Merton CCG Annual Reporting 2013/14</p>	
	<p>Cynthia Cardozo (CC) presented this item and explained that all CCGs are required to publish, as a single document, an Annual Report and Accounts. Such a document to consist of:</p> <ul style="list-style-type: none"> • Annual Report • Statements by the Accountable Officer • Annual Accounts including the Governance Statement (the latter is a new feature) <p>CC then explained the timetable for this:</p> <ul style="list-style-type: none"> • Full draft Annual Report and Accounts to be submitted to NHSE by 23rd April 2014 • Full audited and signed Annual Report and Accounts, as approved by the CCG’s Governing Body, to be submitted to NHSE by 6th June 2014. <p>The Merton CCG Audit and Governance Committee agreed the planning processes and governance arrangements established for the approval of the:</p> <ul style="list-style-type: none"> • Annual Accounts • Governance Statement • Annual Report <p>Additionally, it was agreed to convene an extraordinary Audit and Governance Committee meeting on 28th May 2014.</p>	
5.2	<p>Merton CCG Objective Setting and Board Assurance 2013/14 and 2014/15</p>	
	<p>CC presented this item and informed the Committee that the CCG’s Governing Body had held a seminar in February to set objectives and will</p>	

	<p>meet again in April to refine these further.</p> <p>Draft Strategic Objectives 2014/15</p> <ol style="list-style-type: none"> 1. Quality and Access Commission services which are safe and which improve the quality of care in services accessed by Merton residents. 2. Care “close to home” Commission and develop services out of hospital, which enable individuals to be care for “closer to home.” 3. Governance To ensure Merton CCG is complaint with statutory (and non-statutory) duties and obligations. 4. System Leadership To engage in the health and social care systems in Merton as a leader and partner, as appropriate. <p>Peter Derrick (PD) enquired whether these objectives were “instructed” by NHS England (NHSE). Louise Morgan (LM) replied that they were not but a CCG would be expected to have these or something similar. PD also noted that that the four objectives did not include one about promoting healthy living. CC suggested that objective 2 could address this but PD disagreed. Eleanor Brown (EB) felt that the promotion of health living could be construed to be a part of all the objectives but agreed that this was not explicit in any.</p> <p>Clare Gummatt (CG) referred to the “Next Steps” section of the paper and said she was delighted to see the inclusion of patient and public involvement here.</p> <p>With regard to the Board Assurance Framework (BAF), PD stated that it would need to be refreshes for 2014/15 as some of the current risks would no longer apply.</p> <p>Nick Atkinson (NA) noted the “Date to Achieve” column in the BAF and asked whether all the dates were achievable. CC responded that some were but some may not be. However, every effort would be made to get as close to achieving “tolerance” as possible. NA then asked whether some of the “tolerance” ratings may be too low. LM replied that such scores were greatly dependent upon the culture of an organisation and, as the CCG was still a relatively new organisation it could be viewed as more risk averse.</p> <p>PD felt that, in general, good progress had been made with the BAF but more work was required looking forward to 2014/15. LM agreed and that further work would be done at the Governing Body Seminar in April.</p> <p>The Merton CCG Audit and Governance Committee agreed the development of proposed corporate objectives for 2014/15 and plans to refresh the BAF and Risk Registers in line with the objective setting process.</p>	
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5.3	Information Governance Policies	
<p>The policies were presented by Amy Ford (AF) and, in addition to reviewing these, she requested that the Audit and Governance Committee delegate responsibility for approving the Information Governance Toolkit to the Information Governance Steering Group. AF added that, to achieve the second level of compliance, the Toolkit needed to be submitted by the 31st March 2014.</p> <p>HF commented that, whilst very keen to achieve the second level of compliance, he had concerns about the policies presented. Specifically, that some appeared to be simply PCT policies rebranded and not all relevant to the CCG. PD asked AF if this was so and she said it was not. It was decided to continue and review the policies individually.</p>		
5.3.1	Information Management Lifecycle Policy	
<p>CG noted the table titled Implementation, Dissemination and Training (pg. 15) and specifically the Audit and Governance Committee members receiving "IG online training." It was felt by the Committee that this was not realistic and that such training would be better provided via a seminar. HF commented that that this was one of the concerns he had had. It was agreed to amend this section.</p> <p>With the inclusion of the requested amendment, the Merton Audit and Governance Committee agreed the Information Management Lifecycle Policy.</p>		
5.3.2	Data Protection Policy	
<p>The following amendments were requested by the Committee:</p> <p>HF noted another reference to "IG online training" (pg. 9) and that this be amended as stated previously.</p> <p>EB proposed that the Caldicott Guardian should be designated and that an easy-to-follow flow chart of process and responsibilities would be helpful.</p> <p>With the inclusion of the requested amendments, the Merton Audit and Governance Committee agreed the Data Protection Policy.</p>		
5.3.3	Information Governance Policy	
<p>AF explained that this this was an overarching policy and should be read in conjunction with the others under consideration.</p> <p>HF noted another reference to "IG online training" (pg. 17) and that this be amended as stated previously.</p> <p>EB queried the approval (by the IG Steering Group) date of 8th March 2012. AF said she would check this and amend as appropriate.</p> <p>With the inclusion of the requested amendments, the Merton Audit and Governance Committee agreed the Information Governance Policy.</p>		

5.3.4	Information Security Policy	
	<p>The following amendments were requested by the Committee:</p> <p>HF noted another reference to “IG online training” (pg. 14) and that this be amended as stated previously.</p> <p>NA suggested that the start date for the policy, contained within the Control record, should be that of the start date of the CCG.</p> <p>Professor Stephen Powis (SP) suggested that the policy should include reference to mobile devices.</p> <p>That the date of review for the policy should be changed to September 2014.</p> <p>In addition to these specific amendments the following issues were discussed.</p> <p>That the issue of “cyber threat” should be addressed by the policy. AF replied that this was more of an information technology issue rather than information governance but she would feedback the Committee’s concerns.</p> <p>Mary Clarke (MC) asked about a process for embedding these policies into the CCG’s way of working. AF assured here that there was programme of training being organised and that this would extend to include commissioners too.</p> <p>With the inclusion of the requested amendments, the Merton Audit and Governance Committee agreed the Information Security Policy.</p>	AF
5.4	IT Equipment Propose Write-Off and Bad Debt Provision	
	<p>CC introduced this item and stated that two proposals have been submitted for approval:</p> <ul style="list-style-type: none"> • IT equipment write off • Bad debt provision <p><u>IT equipment write off</u> This relates to £46k of legacy assets</p> <p>Following the closure of Primary Care Trusts, a process was set in place to transfer balances to receiving organisations. As part of this process, £46,000 of IT Equipment was transferred to Merton CCG. However, following further enquiries, it has become apparent that the description on the asset register is poor and it has not been possible to specifically verify the items that make up the £46,000.</p> <p>Accordingly, it is proposed that the asset is written off and a loss recognised.</p> <p>CG expressed concern at what the public perception of the writing of a significant sum of money would be. PD sympathised with this but, in the circumstances, the Committee had no other option.</p>	

	<p>The Committee approved the proposal to write off £46,000 of IT equipment and that this be reported as a loss.</p> <p><u>Bad debt provision</u> This relates to a creation of a bad debt provision of £0.3m in relation to a dispute with the London Borough of Merton.</p> <p>CC explained that Merton CCG hosts the Sutton and Merton Community Services contract with the Royal Marsden NHS Foundation Trust. The hosting arrangements require Merton CCG to pay Royal Marsden invoices for the full agreed contract value and then recharge the associates to the contract, namely, London Borough of Merton (LBM), London Borough of Sutton and NHS England (NHSE). Currently, there is a dispute with the London Borough of Merton on the amount recharged for estates and flu jabs.</p> <p>The CCG has recharged LBM £365,000 for estates and £130,000 for flu jabs. However, LBM is only recognising a £188,000 charge for estates and claim that no charge is payable for flu jabs as this is the responsibility of NHSE. The CCG argue that the recharge is legitimate as the budget was transferred to LBM and for full cost recovery on the contract with the Royal Marsden the CCG need to recharge the amount paid to the Royal Marsden which is consequently also the amount transferred to LBM.</p> <p>As the CCG is currently in the process of determining the exact amounts transferred to LBM, it is proposed that a bad debt provision for £307k is created – this sum represents the total recharge for flu jabs (£130,000) and the sum put forward by LBM for Estates (£177,000 the amount outstanding and which is still being pursue).</p> <p>The Committee recommended that a provision should be maintained as well as working with the LA to resolve the issue.</p>	
6.	<u>For Note</u>	
6.1	Report on Tender Waivers	
	<p>CC presented this item and explained that three tender waivers had been received to date:</p> <ul style="list-style-type: none"> • Winter Campaign – approved by Chair’s Action on 24th December 2013 and considered by the Finance Committee on the 23rd January 2014. • QIPP Review – approved by the Finance Committee on the 19th March 2014. • Booking and Appointment Management System in the Nelson Local Care Centre – approved by the Finance Committee on the 19th March 2014. <p>The Merton Clinical Commissioning Group Audit and Governance Committee reviewed and noted the Report on Tender Waivers.</p>	
7.	<u>Auditors’ Reports</u>	
7.1	KPMG Progress Report on Internal Audit (Commissioning Support Unit)	
	Gary McLeod (GM) presented this report and referred the Committee to	

	<p>Appendices A & B: the key financial controls and recommendations respectively.</p> <p>He added that the testing undertaken has shown no significant issues and only four low level recommendations. There would be further testing carried out up until December 2014. An update report will be presented to the next meeting of the Governing Board and then to the Audit and Governance Committee</p> <p>NA commented that with other CCGs using NHSE auditors, the South London CCGs were getting a greater level of assurance via KPMG. He added that it would be very useful to have sight of any emerging major issues that KPMG may find to help with the Annual Governance Statement. GM agreed to let NA have sight of the updated report or, at least, an exception summary.</p> <p>NA then asked about the SBS system, with which the PCT had had direct contact. However, SBS now worked via the Commissioning Support Unit. Tony Foote (TF) was requested to seek clarification of how data relating to the SBS could be obtained from the CSU</p>	<p>GM</p> <p>TF</p>
7.2	Counter Fraud Update	
	<p>Lorna Cunnew (LC) presented this item and informed the Committee that the update consisted of the following:</p> <ul style="list-style-type: none"> • Draft Counter Fraud Work Plan 2014/15 • Fraud Risk Assessment • Anti-Bribery Risk Assessment Tool <p><u>Draft Counter Fraud Work Plan 2014/15</u></p> <p>LC explained that the plan proposes an estimate of 35 proactive LCFS days for the CCG. For the financial year 2013/14 the Audit Committee agreed a 55.5 day Counter Fraud work plan that included both proactive and reactive days. This was due to the CCG's being a newly established organisation where Counter Fraud arrangements had not been established within the CCG and nor had the NHS Counter Fraud Strategy been implemented.</p> <p>The format of the proposed work plan for the CCG has been developed in line with the Standards for Providers document. The Standards for Commissioners have not been released as of yet but indications are that these will be, if not identical, similar to those for Providers.</p> <p>To ensure continuity of the Counter Fraud provision to the CCG, Mike Harling will continue to undertake the fieldwork under the direction of Kam Johal until 30th September 2014. From 1st October 2014 Mike Harling will continue to deliver the service under the direction of Baker Tilly, the appointed Counter Fraud Providers for the CCG.</p> <p>CC asked how the 35 days would be divided between Counter Fraud and Baker Tilly. NA stated that discussions on this issue were ongoing.</p> <p>The Merton CCG Audit and Governance Committee approved the draft Counter Fraud Work Plan 2014/15.</p>	

	<p><u>Fraud Risk Assessment</u> LC presented the Fraud Risk Assessment methodology developed by Baker Tilly and as part of a collaborative working arrangement this has been conducted for all CCG's in South London. Its aim was to assist Merton CCG in identifying areas of risk within the organisation,</p> <p>During the course of the assessment, the LCFS identified a number of key areas which were believed to require more management control or a revision of the current policies and practices to ensure exposure to fraud and bribery related risks are minimised. The high priority areas include:</p> <ul style="list-style-type: none"> • The Bribery Act Strategy • Policy and procedures governing Gifts and Hospitality , Conflicts of Interest and Declarations of Interest, Financial policies and high risk Human Resources policies and the Standard Contract of Employment • Fraud and Bribery awareness sessions <p>CC raised a concern that many of the recommended actions had a completion date of 31st March 2014. She felt that there had not been sufficient discussions regarding this and that some recommendations may not be deliverable to the stated timetable.</p> <p>PD asked that the Action Plan containing the recommendations could be further clarified: stating whether actions related to the CCG or the CSU. LC agreed to do so.</p> <p><u>Anti-Bribery Risk Assessment Tool</u> The Merton CCG Audit and Governance Committee noted the Anti-Bribery Risk Assessment Tool.</p>	LC
7.3	Internal Audit Update (Baker Tilly)	
	<p>NA presented this item and informed the Committee that the update consisted of the following:</p> <ul style="list-style-type: none"> • NHS Update • Internal Audit Progress Report – March 2014 • Draft Internal Audit Strategy – 2014/15 • Draft Head of Internal Audit Opinion 2013/14 <p><u>NHS Update</u> The update was noted by the Committee.</p> <p><u>Internal Audit Progress Report – March 2014</u> NA summarised the outcomes of the four audit reports finalised since the last meeting.</p> <ul style="list-style-type: none"> • Board Assurance Framework (BAF) The review showed that a great deal of work has been completed on the BAF, and good progress made. The general framework and format appears robust and sufficient. However, a number of areas were identified, along with appropriate recommended actions, which the CCG may wish to consider addressing. 	

<ul style="list-style-type: none"> • QIPP NA noted the amber/red rating regarding this area but commented that this was not unusual amongst Baker Tilly's other clients. The real challenge of delivering the QIPP was acknowledged but also that clearer reports would be helpful. The Committee agreed that this was a critical area. Again, a number of areas were identified, along with appropriate recommended actions, which the CCG may wish to consider addressing. • Remuneration of Members This area was rated green with no issues of concern and no recommended actions. • Clinical Governance This area was rated amber/green with three areas identified, along with appropriate recommended actions, which the CCG may wish to consider addressing. <p>NA stated that, in general, the CCG was making good progress.</p> <p>The Internal Audit Progress Report was noted by the Committee.</p> <p><u>Draft Internal Audit Strategy – 2014/15</u> NA informed the Committee that, having been recently reappointed to provide the internal audit services for the next three years following a tender exercise, Baker Tilly had met with CC and drafted an outline internal audit plan for discussion, including the three year internal audit strategy.</p> <p>NA acknowledged that updating of the document was required, to take into account such new factors as the Better Care Fund and prescribing. MC noted that the Strategy made no reference to diversity, and CG commented that patient and public involvement was also absent.</p> <p>The Committee agreed that NA should discuss this document further with CC and EB and bring the revised version back to the May meeting of the Committee.</p> <p><u>Draft Head of Internal Audit Opinion 2013/14</u> NA explained that the purpose of his annual statement of opinion is to contribute to the assurances available to the Accounting Officer and the Governing Body which underpin the Governing Body's own assessment of the effectiveness of the organisation's system of internal control. This Opinion will, in turn, assist the Governing Body in the completion of its Annual Governance Statement.</p> <p>His draft opinion, based on work undertaken up to 6 March 2014, is as follows:</p> <p><i>“Based on the work undertaken in 2013/14, significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weaknesses have been identified.</i></p> <p><i>We have not issued any RED rated reports during the course of the year but</i></p>	
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	<p><i>did identify one report where we could only provide some assurance. That area pertained to QIPP/Cost Improvement Programmes.</i></p> <p><i>For QIPP/Cost Improvement Programmes we highlighted concerns with some projects that the estimated net savings are in place but there were no assumptions described in the Project Initiation Documents for how the clinical leads have arrived at the saving figures. The robustness of the monitoring processes also needed strengthening.</i></p> <p><i>An action plan has been agreed and we confirmed that the majority of recommendations have been implemented”</i></p> <p>PD welcomed this but remarked that the passage referring to the QIPP felt incomplete. NA agreed to redraft this.</p> <p>In general, NA stated the CCG had had a very good first year. He also apologised for a typographical error in the document: in “Roles and Responsibilities” (first sentence) “accounting” should read “accountable.”</p> <p>The Committee noted the draft Head of Internal Audit Opinion 2013/14.</p>	
7.4	External Audit Update	
	The Committee noted the External Audit Update	
8.	<u>Any Other Business</u>	
	There was no further business to discuss.	
9.	<u>Future Meeting Dates</u>	
	28 th May 2014	

Agreed as an accurate account of the meeting held on the 19th March 2014.

Mr Peter Derrick - Chairman

Date: