



**Merton**

***Clinical Commissioning Group***

**Report to the Merton  
Clinical Commissioning Group Governing Body**

**Date of Meeting:** 27<sup>th</sup> March 2014

**Agenda No:** 8.1

**Attachment:** 12

**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.

<b>Summary:</b>	<b>Date of Meeting</b>	<b>Att. No</b>
Merton Clinical Quality Committee	06.12.13; 17.01.14; 14.02.14	12
Finance Committee	10.12.13; 23.01.14; 18.02.14	12
Audit and Governance Committee	10.12.13	12

**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**

**Clinical Quality Committee**

**Minutes from the meeting held on Friday 6<sup>th</sup> December 2013**

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

Present

Clare Gummett (CG)	Lay Member Patient & Public Involvement ( <b>Chair</b> )
Mary Clarke (MC)	Independent Nurse Member
Jenny Kay (JK)	Director of Quality
Tim Hodgson (TH)	West Merton Locality Lead
Kay Eilbert (KE)	Director of Public Health
Karen Worthington (KW)	East Merton Locality Lead

In Attendance

Sadie Daley (SD)	Designated Nurse Safeguarding Children
Jonathan Brown (JB)	London Borough of Merton (Service Manager - Learning Disability, Complex Needs and Transition)
Dave Curtis (DC)	Merton HealthWatch
Yvonne Hylton (YH)	SL CSU Minute Taker

1.	<b>Welcome and introductions (CG)</b>	
1.1	The Chair welcomed everyone to the meeting. The Chair agreed a change to the order of the meeting to allow Item 5.1 to be moved to the beginning of the meeting. The minutes have been recorded in line with the Agenda. <u>Apologies</u> Sion Gibby, Eleanor Brown and Adam Doyle	
1.2	<u>Declarations of Interest (All)</u> No declarations were received in relations to the agenda items.	
2.	<b>For Approval</b>	
2.1	Draft minutes of the meeting held on 8.12.13 The minutes were approved with the following amendments:- - Page 1 Under Item 1.1 paragraph 3 a final sentence to be added to	

	<p>read <i>“The MCQC extended their sympathies to her family and colleagues”</i></p> <p>- Page 6 Under CQRG Review SGH A&amp;E to be reworded to</p> <p><i>“A&amp;E ‘Red’ Rating is performance monitored via the CSU and Urgent Care Board. The CCG’s A&amp;E performance is dependent on SGH; however Merton CCG performance cannot be distinguished from overall SGH performance.</i></p> <p>Action Log</p> <p>The action log was reviewed and updated and will be re-circulated to the Committee.</p>	
2.2	<p><u>Medicines Management Committee (MMC) Terms of Reference</u></p> <p>The Committee were asked to approve a change to the MMC Terms of Reference as follows:-</p> <p><i>“Lay Representative from Sutton and Merton Health Watch”</i> to be replaced with <i>“Lay Representative”</i>.</p> <p>MC advised that the change to the ToR had been discussed and agreed at the MMC on 17<sup>th</sup> October and subsequently agreed with the Director of Quality, MCQC Chair and HealthWatch Merton.</p> <p><u>Decision</u></p> <p>The Committee <b>approved</b> the revised MMC Terms of Reference.</p>	
3.	<b>Key Items for focus:-</b>	
3.1	<p><u>Overview of Learning Disabilities including Winterbourne View</u></p> <p>The Chair welcomed Jonathan Brown, Service Manager - Learning Disability, Complex Needs and Transition from London Borough of Merton to the meeting to provide the Committee with an overview of how the Council and CCG work together and how the Council has responded to the recommendations following the review into Winterbourne View.</p> <p>JB advised that the integrated health and social services team has been in place for 10 years and all staff have been formally employed by the Council from 2011.</p> <p>The integrated team are responsible for providing care to all Merton Residents with a Learning Disability from age 18 who stay within the team where their primary need is a learning disability, meaning that they are not transferred to other services for example the older people’s service.</p> <p>JB said that primary role of the team is to assess needs and put in place interventions.</p> <p>The team has links with all GP practices in Merton and with ESH and SGH through community nursing.</p> <p><u>Comments</u></p> <p>MT asked about the team’s caseload. JB said that there are currently 550 clients, some of who are placed out of the Borough, depending on their individual case needs.</p>	

<p>CG asked JB's view of the perception of a link between mental health and learning disability. JB said that they were entirely different, but that the way in which they are commissioned and some reporting in the media has given the impression of a link. Going forward the services need to be disentangled and this needs to be reflected in commissioning intentions.</p> <p><u>Winterbourne View</u></p> <p>A report presented to the Health &amp; Wellbeing Board was presented to update the Committee on the progress made in response to the action plan published in the wake of the findings of abuse within a registered hospital setting for people with learning disabilities.</p> <p>A requirement of the action plan was to assess all people with a learning disability currently living in a hospital setting.</p> <p>LB Merton has responsibility for the care management of 3 people with learning disabilities currently in a hospital setting based on their needs and very challenging behaviour.</p> <p>All 3 have been reviewed and 2 are considered appropriately accommodated at this moment, but they will be kept under review. The 3<sup>rd</sup> has been assessed inappropriately accommodated and the team are currently looking to move the client to a community setting, most likely a residential home. All meetings are held with the client and their family present.</p> <p><u>Comments</u></p> <p>JK said that the commissioning arrangements with LB Merton need to be put on a formal setting to have clarity around responsibility and funding arrangements. (Action AD)</p> <p>DC asked about access to advocacy service. JB responded that independent advocacy is provided through the voluntary sector.</p> <p>JK commented that there are very few Deprivation of Liberty orders issued in Merton.</p> <p>MC asked how the CCG has assurance of the measures in place to avoid a repeat of Winterbourne. JB advised reports are received by the Health &amp; Wellbeing Board who performance manage the service, adding that an updated report has been requested for the HWB meeting in January.</p> <p>JB commented on the CQC thematic review which looked at the transition of Young People with complex medical needs to the Adult service. The review had highlighted gaps and an action plan was developed which is being worked through by the Director of Commissioning and Planning and LBM to address gaps ensuring a seamless service for the young people.</p> <p>JK would ask AD to circulate the action plan from the thematic review to the Committee.</p> <p>In closing the item the Chair thanked JB for attending the meeting and providing an informative view of the integrated service provided in Merton and the update in response to Winterbourne View.</p> <p>JB left the meeting.</p>	<p>AD</p> <p>JK/AD</p>
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4	Standing Items	
4.1	<p><u>MCCG Integrated Quality &amp; Performance Report</u></p> <p>The Quality and Performance Report presents performance of the key performance indicators demonstrating progress towards the five domains outlined in <i>Everyone Counts</i>. At Month 6, the CCG is rated Green for Constitutional pledges and Green/Amber for Improving Health of our local population. Achievement of local priorities remains a risk; however data is now available for the COPD local priority and significant work has been undertaken on this and the immunisations priority to address the areas of concern.</p> <p><u>Comments</u> CG questioned 62 day standard breach analysis. MT to check.</p> <p>MH advised Immunisation data is encouraging for Quarter 2 and work is in place to optimise for Q3. KE discussed the difficulties in dealing with different datasets, ie local data suggests Merton is already achieving above 90%. JK/MT and KE to discuss outside the meeting.</p> <p>CCG level performance. SMCS and SWLSTG dashboards now included.</p> <p>111/Out of Hours Service performance meeting in December. Data will be available for the January report.</p> <p>Continuing Care indicators to be reported quarterly.</p> <p>CQRG summaries were talked through and noted by the Committee.</p> <p><u>Comments</u></p> <ul style="list-style-type: none"> <li>- SGH CQC visit to take place in 2014. This followed previous visits in January and August. A much improved position was found in August with 3 minor issues identified.</li> <li>- SGH - Mortality review of primary coronary angioplasty following out of hospital cardiac arrest – this review is underway as the Trust has been shown to be an outlier (albeit numbers are very small). A Report to be presented to the next CQRG meeting.</li> <li>- ESH - CG expressed concern that the dementia screening target had not been met. KW advised that this is a recording issue with a manual process in place which is very person dependent.</li> <li>- ESH - Sickness absence rates are above target.</li> <li>- SMCS improvement to CQRG meetings noted.</li> <li>- Community Prevention of Admissions Team data to be included in the January Quality &amp; Performance Report</li> </ul>	<p>MT</p> <p>JM/KE/MT</p>

	<ul style="list-style-type: none"> <li>- SWLSTG CQRG feedback was noted.</li> <li>- Kingston Hospital. HCAI increase continues. It was agreed to feedback SGH's approach (which results in fewer stool samples being tested) and going forward seek a consistent SWL approach to stool sampling and reporting. SG to feedback to CQRG and JK to feed back to the CSU infection control nurses.</li> </ul>	SG / JK
4.2	<p><u>MCCG Serious Incident Report – November</u></p> <p>MC referred to Page 4 of the report Provider performance reporting within 2 days which showed that the KPI had not been achieved in 10 cases. JK agreed to follow up with the Trust.</p> <p><u>MCCG PALS and Complaints Report</u></p> <p>Recognising the low number of complaints received more information was requested. JK agreed to feedback to the SLCSU.</p> <p><u>SWLSTG Serious Incident Report</u></p> <p>The Committee received and note the report.</p>	JK  JK
4.3	<p><u>Hospital Complaints</u></p> <p>JK to ask the CSU to provide a paper (based on information in CQRGs and Trust Board papers etc) to the Committee.</p>	JK
5	For review and discussion	
5.1	<p><u>Safeguarding Children (Sadie Daley)</u></p> <p><u>Safeguarding Children Annual Report 2012-13</u></p> <p>The report was brought to the Committee for approval prior to presentation to the Governing Body on 23 January 2014.</p> <p>The annual report provides an overview of the arrangements in place to safeguard and protects children and young people in Merton; and demonstrates how Merton CCG is fulfilling its statutory responsibilities.</p> <p>SD drew the Committee's attention to Page 10 which detailed the number of children on care protection plans and the correlation with areas of deprivation in the Borough. For GP surgeries with 10 or more children on plans, work will be focussed to ensure they receive support, supervision and training.</p> <p>The Committee noted that there were 18 plans under "Null" and SD agreed to check to see what this related to.</p> <p>The Committee were then referred to the themes continually repeated in both Serious Case Reviews and Individual Management Reviews (detailed on Page 17)</p> <p>SD highlighted to the Committee the themes repeated across SCRs and IMRs in particular around communication and information sharing across and the need to develop a way to support the front line in early identification of families at risk.</p> <p>Comments</p>	SD

	<p>MC referred to Page 2 and omission of Kingston. SD responded that the report is reflective and historically the PCT did not have a relationship with Kingston or Croydon. Going forward SD will need to work with the Designated Nurses at Kingston and Croydon to ensure intelligence is captured.</p> <p>Page 3: 2.1 “During 2012/13....” To be amended to “On 31 March 2013”</p> <p>Page 3: 3.1 final sentence add “the Governing Body’s responsibility to assure itself that safeguarding systems are in place”</p> <p>Page 4: 3.5 Safeguarding Section to be cross-referenced to Integrated Strategy &amp; Operating Plan 2013-15</p> <p>Page 4: 3.12 “Merton CCG continues to try” – remove the word “try”.</p> <p>Appendix 1 – remove “Vulnerable Adults” in title and amend structure chart to reflect accountability for Safeguarding Children to EB/JK and designated nurse safeguarding children.</p> <p><u>Recommendation</u></p> <p>The Committee approved the report for presentation to the Governing Body with the above amendments.</p> <p><u>Safeguarding Children Quarter 2 Report</u></p> <p>The SCR for Child A was signed off by the Governing Body in November 2013. There is one remaining outstanding action around communication between health visitors and GPs. KW commented that in October it has not been possible to carry out 8 week new baby checks as there was not a Health Visitor available to come to the baby clinic in October.</p> <p>In light of the above comments JK agreed to contact Shelley Dolan at RMH to highlight the issues and actions required.</p> <p><u>Section 11 Self-Assessment</u></p> <p>The self-assessment was noted by the Committee.</p>	JK
5.2	<p><u>Safeguarding Vulnerable Adults</u> (JK)</p> <p>JK introduced this item for review and discussion and the following points were noted:-</p> <p>Nursing and Residential Homes – JK has proposed a Joint Quality Board to oversee areas commissioned jointly with LB Merton.</p> <p>Deprivation of Liberty Standards. JK was concerned at the low number in Merton and suspected under use of the system. Action – JK to investigate the low numbers</p> <p>Adult Safeguarding Nurse recruitment. JK had drafted the job description and is in discussion with Community Services to agree hosting arrangements. It was hoped to be in a position to recruit to the post in the New Year.</p> <p>Voluntary services input into residential homes was discussed and DC is looking at Health Watch involvement.</p>	JK

5.3	<p><u>Risk Register</u></p> <p>The Quality risk register was presented to the Committee for review and comment and the following was noted:-</p> <ul style="list-style-type: none"> <li>- Board Assurance Framework to be reviewed at Audit and Governance Committee in December and Governing Body in January 2014.</li> <li>- Risk 800 to amended to reflect AD as Lead Director</li> <li>- Risk 802 Risk Owner to be amended from MT to Cynthia Cardozo</li> <li>- Page 3 reference to MCQC to be amended</li> </ul> <p>JK to liaise with Louise Morgan, Corporate Affairs Manager, SLCSU.</p>	JK
5.4	<p><u>Intermediate Services Plan</u></p> <p>MCQC receive regular updates regarding the services that sit within smaller contracts. The paper provides a proposed way of ensuring on a yearly basis the committee has oversight of all commissioned services and activity.</p> <p>The Committee agreed the proposal subject to:-</p> <ul style="list-style-type: none"> <li>- List of services under headings;</li> <li>- Alignment to other areas of work;</li> <li>- Check that all areas are covered</li> </ul> <p>JK agreed to feedback to AD.</p>	JK / AD
5.5	<p><u>CQRG Workshop</u></p> <p>The Committee received a detailed note from the SWL CQRG workshop, including action points and attendance list. The meeting was very helpful in identifying areas where CQRGs could share good practice, as well as areas for potential reduction of duplication etc.</p> <p>Also attached is a note for Merton CCG, following the workshop regarding the Sutton and Merton Community Services CQRG.</p> <p>The Committee noted the report.</p>	
<b>6</b>	<b>For Note</b>	
6.1	<p><u>Government's response to Francis Report</u></p> <p>The Government have responded to all 297 recommendations. Following review of the response an agreed Merton CCG response will be brought back to the Committee.</p>	JK
6.2	<p><u>Improving Access to Psychological Therapy (IAPT) Patient Survey Results</u></p> <p>South West London and St George's Mental Health Trust (SWLStG) is</p>	

	<p>the provider for (IAPT). The six month patient satisfaction and experience data was presented to the Committee for note.</p> <p><u>Comment</u></p> <p>CG was concerned at the high “drop out” rate. TH said that the time of the meetings was not always compatible with the working week and additionally it was recognised that some people prefer 1-1s rather than group sessions and this could account for some of those who do not continue to attend.</p> <p>CG suggested that issues over timing and delivery of this service be taken into account in future commissioning.</p> <p>Overall feedback of the IAPT service from the GPs is very positive.</p>	
<b>7</b>	<b>Any Other Business</b>	
7.1	<p><u>Patient Representative</u></p> <p>Dave Curtis, Merton HealthWatch Manager, attended the meeting to observe and comment on the role of a Patient Representative Member as per the MCQC Terms of Reference.</p> <p>It was recognised that any single representative would need to be supported to participate effectively in the meeting. While it is vital that the committee has a role in promoting patient involvement, it was felt this could be done in other ways. DC proposed that strengthening the existing Patient Representative Groups (PRGs) and allowing other groups to feed into the PRG would provide the widest possible view and highlight any emerging trends or issues to the Committee.</p> <p>This view was supported by the Committee and the following was agreed:-</p> <ul style="list-style-type: none"> <li>- The patient reference group (which will be set up in early 2014) will feed into the clinical quality committee</li> <li>- The committee front sheet will be amended to include a section on patient / public involvement</li> <li>- Terms of reference will be amended in April to reflect the above</li> </ul>	<p>Fwd Plan</p> <p>YH</p> <p>Fwd Plan</p>
7.2	<p><u>Date of Next Meeting</u></p> <p>Friday 17<sup>th</sup> January 2014 – 2-4pm, 120 The Broadway</p> <ul style="list-style-type: none"> <li>- The Chair asked CQRGs to ask Providers how they are recognising the NHS Change Day on 13<sup>th</sup> March 2014.</li> </ul>	<p>Locality Leads/JK</p>



Merton

## Clinical Commissioning Group

### Merton Clinical Commissioning Group

#### Clinical Quality Committee

Minutes from the meeting held on Friday 17<sup>th</sup> January 2014

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

#### Present

Clare Gummatt (CG)	Lay Member Patient & Public Involvement ( <b>Chair</b> )
Jenny Kay (JK)	Director of Quality
Tim Hodgson (TH)	West Merton Locality Lead
Sion Gibby (SG)	Raynes Park Locality Lead
Karen Worthington (KW)	East Merton Locality Lead
Kay Eilbert (KE)	Director of Public Health
Adam Doyle (AD)	Director of Commissioning & Planning
Stephen Powis (SP)	Secondary Care Consultant (on behalf of Mary Clarke)

#### In Attendance

Jane Clegg (JC)	Director of Nursing, NHS England – London
Lynne Jackson (LJ)	Primary Care Team
Eleanor Brown (EB)	Chief Officer
Cynthia Cardozo (CC)	Chief Finance Officer
Murrae Tolson (MT)	Head of Health Systems Performance and Management
Anna Wright (AW)	Health Systems Performance and Management
Louise Morgan (LM)	SWL CSU, Corporate Affairs Manager

1.	<b>Welcome and introductions (CG)</b>	
1.1	The Chair welcomed everyone to the meeting. <u>Apologies</u> Mary Clarke. The Chair advised that Mary has reviewed all papers and forwarded her comments which will be raised appropriately during the meeting.	
1.2	<u>Declarations of Interest (All)</u> SG, TH and KW declared an interest in Item 3.3 Local Enhanced Services In her absence MC asked that her interest is formally noted as Associate Non-Executive Director at Croydon (Item 6.7)	
2.	<b>For Approval</b>	
2.1	Draft Minutes of the meeting held on 6 <sup>th</sup> December 2013 The minutes were approved without amendment	
2.2	<u>Equality &amp; Diversity – Public Sector Equality Duty Report 2013</u> JK presented this item for review by the Committee prior to approval	

	<p>by the Governing Body on 23<sup>rd</sup> January 2014.</p> <p>Statutory responsibilities for Equality duties transferred to Merton CCG on 1 April 2013. This is the CCGs first annual equality report.</p> <p>An earlier draft of this report has been circulated to CQC members for comment, and this version of the report incorporates feedback from the MCCG Equality and Diversity group.</p> <p>EB commented that areas for development were not incorporated. JK said that for this year the CCG had prioritised three commissioning areas for development within the Equality Delivery System (within the document), Mental Health, Childrens Services and London Term Conditions.</p> <p><u>Recommendation</u></p> <p>The Merton Clinical Quality Committee was requested to:</p> <ol style="list-style-type: none"> <li>1. Approve the CCG's annual equality report, and recommend that the Governing Body formally endorse the annual report prior to the statutory publication deadline (31 January 2014).</li> <li>2. Note progress made by the CCG in supporting compliance with the Equality Act 2010 and implementation of the Equality Delivery System.</li> </ol> <p>The Committee <b>endorsed</b> the annual report and noted the progress made.</p>	
3.	<b>Key Items for focus:-</b>	
3.1	<p><u>Primary Care Commissioning in London</u></p> <p>The Chair welcomed Jane Clegg (JC), Director of Nursing from NHS England South to the meeting.</p> <p>JC tabled a presentation and opened by saying that she would provide a high-level overview of Primary Care Commissioning across London and would feedback any questions specific to Merton to Jane Fryer and David Sturgeon to respond directly to the CCG.</p> <p>From 2014 all GP performers, including Out of Hours are required to be registered with the Care Quality Commission (CQC). In London there are 1322 registered performers.</p> <p>NHSE South is responsible for the Performance Management of Primary Care. There are two separate areas of responsibility:-</p> <ul style="list-style-type: none"> <li>- Contractual which is managed by the Head of Primary Care</li> <li>- Individual Performers which is managed by the Medical Director of each area team.</li> </ul> <p>NHSE recognise the link between performance and the CCGs responsibility to improve quality in primary care and the need for both to have a good understanding of performance in order that improvements can be delivered. Jane Fryer and David Sturgeon will be meeting regularly with Merton CCG and able to discuss and flag any issues directly.</p> <p>JC talked through the data sources and processes used to inform NHSE's understanding of Performance. EB said that CCGs needed more information to understand "the systems and processes in place to understand how this works, for example around complaints and quality alerts. JC agreed to feedback to David Sturgeon and ask that he provides CCGs with the clarification requested.</p> <p>Overall London has good performance, particularly in South London, who have the highest number of performers and the lowest number of</p>	JC

<p>issues reported. There are no issues in Merton.</p> <p>GP appraisals are being managed by the local area teams. By 2016 all GP performers will have been revalidated.</p> <p>Serious Incident reporting in Primary Care is not a contractual requirement. However, it is considered good practice. Reporting of incidents by Primary Care is low and thought likely to be a result of under-reporting rather than no incidents.</p> <p>SG said that generally incidents reported to Practices are managed in-house unless escalated by the patient. In the event of a significant event a case review would take place.</p> <p>EB proposed this as a future agenda item, supported by Clinicians and Practice Managers who will have an overview of the systems used and action taken by practices. LJ added that discussion has already taken place in practices now that the air forms are no longer used.</p> <p>JC said that Complaints have been managed on the national system since April 2013 but this was not deemed a success. Complaints are now managed by NWL CSU and will be broken down into areas and themes.</p> <p>In the first 6 months there have been 1500 complaints reported. This figure is quite low but recognises that some complaints go straight to GP practices.</p> <p>The key risks following the structure change are:-</p> <ul style="list-style-type: none"> <li>- Loss of local knowledge and intelligence</li> <li>- Less opportunity for local intervention</li> <li>- Need for national systems to be implemented</li> <li>- Relationship building between NHSE and CCGs</li> </ul> <p>Jane Fryer and David Sturgeon are very keen to work with Merton.</p> <p><u>Comments and Questions</u></p> <p>CG asked how the CCG would receive Merton specific information from NHSE.</p> <p>JC said that Jane Fryer will be meeting regularly with the CCG and will raise any Merton specific issues at these meetings.</p> <p>SG asked if data around quality improvements and clinical outcomes was available in the public domain.</p> <p>JC advised that they were not at present.</p> <p>EB commented that in future commissioning of Primary Care may move towards CCGs from NHSE and the need to ensure that CCGs are sufficiently resourced to manage the system.</p> <p>CG asked how GP complaints and incidents will be reported to the CCG going forward.</p> <p>JC said that Jane Fryer will be able to share data and will speak to the CCG about any local issues.</p> <p>JK said that the processes in place had made it difficult for the CCG to be able to target areas for development and be assured of the services in place, for example if audited and hoped that the meetings with NHSE would help to address these concerns.</p> <p>JC to ensure that regular meetings take place between the CCG, Jane Fryer and David Sturgeon.</p>	<p>JK/LJ</p> <p>JC</p>
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	The Chair thanked Jane for presenting to the Committee. JC left the meeting.											
3.2	<p><u>Care Quality Commission (CQC) in Primary Care</u></p> <p>The Chair welcomed Robert Throw (RT) to the meeting to discuss the CQC's approach to Primary Care Inspections.</p> <p>The format will be the very similar to that taken for Acute Trusts and will focus on 5 main domains to ensure that Practices are:-</p> <ul style="list-style-type: none"> <li>- Safe</li> <li>- Effective</li> <li>- Caring</li> <li>- Responsive</li> <li>- Well-led</li> </ul> <p>In assessing the domains RT provided some examples:-</p> <table border="1"> <tr> <td>Safe</td> <td>Practice is clean, staff are appropriately training including safeguarding training, appropriate medicines management, incidents reported and learning</td> </tr> <tr> <td>Effective</td> <td>Diagnosis/treatment and timely referral to appropriate services, management of long term conditions</td> </tr> <tr> <td>Caring</td> <td>To ensure patients are treated respectfully and with dignity, attitude of practice staff</td> </tr> <tr> <td>Responsive</td> <td>How responsive the practice is to patient needs, appointments offered in the evening and weekends, and responsive to feedback from patients and patient groups</td> </tr> <tr> <td>Well-Led</td> <td>Training &amp; Supervision, good governance/decision making processes in place, relationship with other GPs and other local healthcare providers to ensure they are not working in isolation</td> </tr> </table> <p>In future, inspection teams will be comprised of CQC Inspector, GP, Nurse or Practice Manager, GP Registrar and Patient Representative, subject to availability. The aim is that GPs will provide extra rigour to the inspection as most CQC Inspectors are not clinically trained.</p> <p>RT said that Ratings are currently being piloted in the Acute Sector (Hospital Intelligent Reports) and will be developed for Primary Care.</p> <p>In summary RT said that the aim of the Inspections will not be on individual performance but the practice as a whole and performance against the 5 domains.</p> <p><u>Questions and Comments</u></p> <p>TH/SG expressed their concern that the introduction of Ratings risked de-stabilising the system given Patient's right to choose.</p> <p>RT said that where poor performance was identified, Practices would be supported to improve quality and raise standards, supported by local CCGs.</p> <p>SP that there was no evidence that Rating had influenced Patient's choice in Acute Trusts and asked if a Primary Care version of the Hospital Intelligence Reports is envisaged.</p>	Safe	Practice is clean, staff are appropriately training including safeguarding training, appropriate medicines management, incidents reported and learning	Effective	Diagnosis/treatment and timely referral to appropriate services, management of long term conditions	Caring	To ensure patients are treated respectfully and with dignity, attitude of practice staff	Responsive	How responsive the practice is to patient needs, appointments offered in the evening and weekends, and responsive to feedback from patients and patient groups	Well-Led	Training & Supervision, good governance/decision making processes in place, relationship with other GPs and other local healthcare providers to ensure they are not working in isolation	
Safe	Practice is clean, staff are appropriately training including safeguarding training, appropriate medicines management, incidents reported and learning											
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Well-Led	Training & Supervision, good governance/decision making processes in place, relationship with other GPs and other local healthcare providers to ensure they are not working in isolation											

	<p>RT said yes, however the data available will not be to the extent available in the Acute sector.</p> <p>SG asked how much preparation Inspectors have before a visit.</p> <p>RT said this varied across practices, and depended on information held by NHSE, in the public domains, for example patient surveys and some in-house information.</p> <p>CG asked how the CCG will receive feedback on local services and asked how Patients would be involved where the Practice does not have a Patient Participation Group (PPG).</p> <p>RT said that Healthwatch could be approached in the absence of a PPG for a patient perspective.</p> <p>The CCG will have access to local reports which are published on the CQC web-site usually within 4-6 weeks of a visit. In the event of an investigation the report will be published when the investigation has concluded. Alerts to inform the CCG when a report on a local provider is published can be set up on the web-site.</p> <p>The Chair thanked Robert for attending the meeting.</p> <p>RT left the meeting.</p>	
3.3	<p><u>Local Enhanced Services</u></p> <p>Lynne Jackson updated the Committee on the position in relation to Local Enhanced Services (LES) in Merton and the changes for LES commissioning arrangements 2014/15.</p> <p>From April 2014 CCGs are required to commission any community based service through a NHS standard contract.</p> <p>MCCG are now required to review all schemes and decide the delivery of these schemes by 31.3.14.</p> <p>Details of LESs currently provided by Merton Practices was listed in Attachment 1 of the paper.</p> <p>LJ advised that it is expected that LESs which were derived from National Enhanced Services (NESs) in 2013/14 will revert back to a NES and become the responsibility for NHSE. For Merton there are two schemes, anticoagulation monitoring and near patient testing.</p> <p>All other LES schemes were reviewed by the Primary Care Support team and Commissioning Managers.</p> <p>The review concluded with a recommendation that:-</p> <ul style="list-style-type: none"> <li>• Notice is served on all current LESs in line with contracts</li> <li>• The End of Life Care scheme to be commissioned as a Local Incentive Scheme</li> <li>• The anticoagulation monitoring and near patient testing LESs to revert to NESs and become the responsibility of NHSE.</li> <li>• Procurement process for Any Qualified Provider to deliver services to begin.</li> </ul> <p>At the request of EB it was agreed to defer to the Executive Management Team for further discussion and to agree a process for decision making and recommendation to be brought back to the MCQC, mindful of the 31.3.14 deadline.</p>	JK / LJ
4	<b>Standing Items</b>	

4.1	<p><u>Quality &amp; Performance Report (MT)</u></p> <p>MT introduced Anna Wright to the meeting. Anna had compiled much of the report this month and was invited to see how the aggregated data was used to inform the MCQC.</p> <p>The Quality and Performance Report presents performance of the key performance indicators demonstrating progress towards the five domains outlined in <i>Everyone Counts</i>. At Month 7, the CCG is rated Green/Amber for Constitutional pledges due to failure in Ambulance performance. Improving Health of our local population is rated Green/Amber due to 1. An incidence of MRSA allocated to the CCG and Immunisation local priority showing no improvement over 3 quarters.</p> <p>Key sections for note and areas of concerns are:-</p> <p>Page 3 – Constitutional pledges: Cancer 62 days GP referral has improved to a Green rating and YTD performance is now 85.2% against a target of 85%. Ambulance Category A 8 minute response is currently 73.9% against a target of 75%. Failure of this target at year end would detract 25% from the CCG Quality Premium award.</p> <p>Page 7 - Improving health outcomes for local people remains Green/Amber rating. An allocation of an incidence of MRSA to the CCG decreases the CCG Quality Premium award by 12.5%. Data for the COPD local priority shows that the CCG is progressing well towards the target of a 0.44 ratio of actual versus expected prevalence of COPD. October practice level data shows a ratio of 0.436 based on September population rates. Immunisations local priority still requires significant work to demonstrate progress in immunisation rates for the year 2 cohort.</p> <p>Page 10 &amp; 28 – Safeguarding training figures for St. Georges NHS Trust is still not available due to Wandsworth CCG not yet sharing this data with the CSU. Kingston Hospital Foundation trust has committed to providing safeguarding training data from January due to difficulties they were experiencing with data quality.</p> <p>Page 32-35 – Performance data regarding Harmoni 111 and Out-of-hours contract has been include in the month 7 report, however this relates to month 8 performance due to this service going live on the 12<sup>th</sup> of November.</p> <p>Pate 36 – Continuing Care performance data is currently presented to the quality committee on a quarterly basis. A request has been made to the CSU to present activity data for inclusion in the Quality and Performance report, but this data has not yet been made available.</p> <p><u>Comments and Questions</u></p> <p>EB asked how the difficulties regarding safeguarding data at Kingston Hospital are being addressed. In response MT said that the CSU are monitoring the Trust and explained that the issues relate to a backlog caused by unplanned staffing problems. The Trust expects to clear the backlog by February.</p> <p>A&amp;E performance. MT said that the new local pathway (CPAT) started in October 2013 and data is awaited, however early indicators are that the target will be in line with trajectory.</p> <p>Immunisation. The local priority is showing no improvement over 3 quarters. KE disputed the lack of progress, other data sets are showing an improvement, CG and MC have expressed concern and</p>	
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<p>asked what actions are in place to address this. It was agreed that a meeting attended by AD, CC, KE, MT and JK is convened outside this meeting and an update is reported back to the next meeting of the MCQC.</p> <p><u>SGH CQRG (TH)</u> A&amp;E wait times above target 62 waits above target due to late referrals Junior Drs survey – good response. Issues flagged re support and workload in some specialities relates “care at night”. The Director of Surgery investigated and reported back he is happy with the staffing and monitoring levels. Primary Coronary Intervention - (mortality had been noted as an outlier at a previous meeting). Review commissioned from the Mayo Clinic concluded that there are no issues for concern Friends &amp; Family test continues to be difficult in A&amp;E but all other areas are on track. Significant Events TH advised of a further event involving an RMH patient who died at SGH. The case of the patient with TB is on-going.</p> <p><u>Comments</u> SP commented on the high number of Pressure Ulcers reported at the Trust. JK said that the figures are high, and it is mandatory for all Grade 3 and 4 PUs to be reported as an SI. The availability of Safeguarding Training Data for SGH is due WCCG not forwarding data to the CSU. JK will discuss with Sadie Daley.</p> <p><u>ESH CQRG (KW)</u> A whooping cough case in a member of staff working with children has led to the Trust focussing on ensuring appropriate vaccinations for staff. Dementia screening and referrals. The process of uploading data is very person dependant; the Trust is currently looking at what others are doing to learn from. Maternity readmissions - 17 patients were readmitted in a 3 month period. Review of the notes indicates that 4 stayed for less than 4 hours and it was concluded they could have been managed in primary care. The Trust is seeking benchmarking data and will continue to monitor. 3 MRSA cases were reported in January.</p> <p><u>SMCS CQRG (JK)</u> CQRG meeting is improving. Physiotherapy service is improving. Breastfeeding support is being taken forward for SWL by Julia Groom Work is underway to reduce the number of KPIs to improve management Pressure ulcers are reported separately</p> <p><u>SWLSTG CQRG (JK)</u> Quality Account. The Trust wants to work with CCGs to agree what should be featured in their Quality Account. JK is leading for Merton. Whistleblowing alert made to the CQC has led to an investigation. The</p>	JK
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	<p>issue relates to allegations of abuse on Ward 2. The Committee has requested clarification of the type of Ward 2 and to be kept updated on the investigation. JK to take forward.</p> <p>IAPT issues are being discussed in meetings with the Trust led by AD.</p> <p><u>KHFT CQRG (SG)</u></p> <p>Delayed transfers at the Trust are significantly higher than other local acute Trusts. SG said that it was on the agenda for discussion at the next CQRG meeting.</p> <p>KHFT maternity unit is deemed to be the best in London by the National CQC Maternity survey, however there are still a high number of re-admissions compared with other trusts. Midwives are being trained to redirect calls via primary care.</p> <p><u>111/Out of Hours (AD)</u></p> <p>Both services performing well</p> <p>2 issues have been reported:-</p> <ul style="list-style-type: none"> <li>○ IT issue – now resolved</li> <li>○ Patient experience issue – relates to a request for a call back which was closed in error as 2 cases open at the same time. Work is on-going to avoid repeat occurrence</li> </ul> <p>Next step will be to market both services across the local community.</p>	JK
4.2	<p><u>Serious Incident Report Monthly Report</u></p> <p>For the month of December 2013 there was a total of 3 Serious Incidents (SI's) reported by The Royal Marsden NHS Foundation Trust all of which were community pressure ulcers.</p> <p>There have been no reported incidents for Merton CCG since September 2013.</p> <p>SLCSU have formerly handed over all Acute sector incidents for The Royal Marsden NHS Foundation Trust to NHSE on 02 December 2013 however, SLCSU will continue to provide Acute data in the monthly and quarterly reports.</p> <p>In response to EB's request for benchmarking data, JK said that the National Reporting and Learning System (NRLS) covers all Trusts and she will bring back a report to a future meeting to provide assurance.</p>	JK
4.3	<p><u>PALS and Complaints Report</u></p> <p>During December 2013 South London Commissioning Support Unit received a total of 7 complaints/PALS enquiries, 2 PALS and 5 complaints.</p> <p>There are currently a total of 9 cases open, all 9 are complaints. The remainder of the complaints received since 1 April 2013 have been dealt with and closed and all PALS enquiries have been resolved and closed.</p> <p>The most common theme for Complaints in December 2013 was "Assessment &amp; Eligibility". In the main this was for Individual Funding Requests for IVF.</p> <p>In future the CCG will receive an aggregated report from the CSU.</p> <p>AD referred to the 2 open legacy cases. JK said the CSU believe these were closed, however because they still appear as 'open' on the system, she has asked the CSU to check the files to ensure no</p>	

	outstanding action is required.	
<b>5</b>	<b>For review and discussion</b>	
5.1	<p><u>Infection Prevention and Control (JK)</u> The Quarterly report was presented to provide assurance to the CCG. To December 2013 Merton CCG has 2 MRSA cases. Post Infection Reviews have concluded that both were unavoidable.</p>	
5.2	<p><u>Quality Committee Annual Report (JK)</u> JK introduced the report. The report summaries the activity of the MCQC in 2013. Agenda for past and future items was attached, together with the Terms of Reference and an Attendance Log. Key areas of development in 2014 were also included. SG asked in terms of assurance how this is received for the private sector. AD said that it was important to note that the role of the CCG is to monitor NHS funded Contracts held with Providers, and that the CCG does not have access to Private Sector data where this is not commissioned by the NHS. Where patients may be referred from acute Trusts to the Private Sector for treatment, or where there are subcontracting arrangements from the acute Trusts (e.g. for waiting list initiatives) the Trust is responsible for assuring the quality of care provided.</p>	
5.3	<p><u>Response to Francis Report (JK)</u> The CCG's response to the Francis report was presented for review and comment. The Committee received and noted the report.</p>	
5.4	<p><u>Out of Hours and 111 Services Update (AD)</u> AD introduced an overview of performance of the OOH and 111 contracts for the first two months covering the period from 12 November to 5 January 2014, including Christmas and New Year. The Terms of Reference and Membership of the Clinical Governance Group and the Quality Assessment were attached. A visit to the Provider at Southall has been requested by CG and MC and is being arranged by James Corrigan.</p>	
<b>6</b>	<b>To receive and note</b>	
6.1	<p><u>Children with complex needs - transition services (AD)</u> Children's services throughout Merton were part of a CQC 'thematic' review, whereby care for young people with complex health needs who were in transition to adult services was reviewed by the CQC in October 2013. The findings from the report had been previously reported to the committee and were, in summary:-</p> <ul style="list-style-type: none"> <li>- Lack of a fully co-ordinated response between the local authority and health services;</li> <li>- No Lead Health professional allocated to these patients;</li> <li>- Historically commissioning of children's health services did not appear fully joined up</li> </ul>	

	<p>As a result of the finding all providers have been asked to provide a list of all children that are entering or going through the transition process. A cross check of list with Local Authority is taking place on 24<sup>th</sup> January.</p> <p>It is proposed to commission SMCS to lead on Transition for all health providers as it is unlikely that a child with complex health needs would not be known to that organisation. SMCS will be commissioned through a service level agreement which is expected to be completed by the end of the financial year.</p> <p>Until this time the CCG will hold accountability for ensuring the transition process is followed, which will include a monthly Executive Level Meeting.</p>	
6.2	<p><u>Policies for Approval by Governing Body</u></p> <p>The following policies have been circulated to the MCQC for comments. The comments have been incorporated into the final drafts which will be approved by the CCG GB on 23<sup>rd</sup> January.</p> <p>a. Serious Incident Management Policy  b. PALS and Complaints Policy and Procedures  c. Non-Clinical Incidents Policy  d. MCCG Safeguarding Children through Commissioning Policy</p>	
6.3	<p><u>SL CSU Individual Funding Request Investigation</u></p> <p>The report was received and noted by the Committee</p>	
6.4	<p><u>Quality Surveillance Minutes – 10.12.13</u></p> <p>The minutes were received and noted by the Committee</p>	
6.5	<p><u>Merton CCG OOH Formulary</u></p> <p>The paper was received and noted by the Committee</p>	
6.6	<p><u>Medicines Management Committee</u></p> <p>The Minutes of the meeting held on 18<sup>th</sup> October and feedback summary from 13<sup>th</sup> December were received and noted by the Committee</p>	
6.7	<p><u>CQC Report into Croydon University Hospital and action plan progress report</u></p> <p>The report was received and noted by the Committee</p>	
6.8	<p><u>MCQC Forward Plan and Agenda for next meeting</u></p> <p>Received and noted by the Committee</p>	
<b>7.</b>	<b>Any Other Business</b>	
	Date of Next Meeting: Friday 14 <sup>th</sup> February 2014, 2-4pm, Wimbledon	



**Merton**

**Clinical Commissioning Group**

**Merton Clinical Commissioning Group**

**Clinical Quality Committee**

**Minutes from the meeting held on Friday 14<sup>th</sup> February 2014**

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

Present

Clare Gummatt (CG)	Lay Member Patient & Public Involvement ( <b>Chair</b> )
Jenny Kay (JK)	Director of Quality
Tim Hodgson (TH)	West Merton Locality Lead
Sion Gibby (SG)	Raynes Park Locality Lead
Karen Worthington (KW)	East Merton Locality Lead
Kay Eilbert (KE)	Director of Public Health
Mary Clarke (MC)	Independent Nurse Member

In Attendance

Pippa Hart (PH)	Director of Nursing, Epsom & St Helier (Item 3.1)
Dr James Marsh (JM)	Joint Medical Director, Epsom & St Helier (Item 3.1)
Eleanor Brown (EB)	Chief Officer (from Item 3.2)
Murrae Tolson (MT)	Head of Health Systems Performance and Management
Fiona White (FW)	Primary Care Nurse Consultant
Jane Pettifer (JP)	SLCSU Continuing Care Manager

<b>1.</b>	<b>Welcome and introductions (CG)</b>	
1.1	The Chair welcomed everyone to the meeting.  <u>Apologies</u> Adam Doyle	
1.2	<u>Declarations of Interest</u>  A register of interests is held for Committee Members by the SLCSU and is available on request.  MC declared an interest as an Associate Non-Executive Director at Croydon	
<b>2.</b>	<b>For Approval</b>	
2.1	<u>Draft Minutes of the meeting held on Friday 17<sup>th</sup> January 2014.</u>  The minutes were approved with the following amendment:- Anna Davies to be amended to Anna Wright  <u>Action Log</u> The action log was reviewed and updated and will be re-circulated to the Committee.	

2.2	<p><u>Schedule of Policies</u></p> <p>A schedule of policies for approval by the Clinical Quality Committee was presented for review and approval.</p> <p>Following brief discussion the Committee asked that:-</p> <ul style="list-style-type: none"> <li>- Business Continuity Plan/Major Incident Plan be approved by the Executive Management Team;</li> <li>- Removal of the Medicines Management Guide to Prescribing – Non-Medical</li> <li>- A full schedule of CCG policies to be shared with the MCQC. JK to feedback to SLCSU.</li> </ul>	JK
3.	<b>Key Items for focus:-</b>	
3.1	<p><u>Provider Focus – Epsom &amp; St Helier NHS Trust</u></p> <p>The Chair welcomed, Pippa Hart (PH), Director of Nursing and Dr James Marsh (JM), Joint Medical Director to the meeting.</p> <p>PH and JM delivered a presentation to provide assurance of the quality and performance measures in place at the Trust and to provide an opportunity for questions and discussion.</p> <p>In response Francis report the Trust reviewed all 290 recommendations and identified 100, which as a Provider organisation they would action, which have been broken down into four areas:-</p> <ul style="list-style-type: none"> <li>- Risk and Quality</li> <li>- Complaints &amp; Patient Experience</li> <li>- Ward based care</li> <li>- People and organisational development</li> </ul> <p>Each area has a Steering Group, led by an Executive Director to ensure delivery.</p> <p>A number of staff listening events were held across the Trust and the views of over 700 staff were captured. The aim was to make it as simple as possible and staff were asked 3 questions:-</p> <ul style="list-style-type: none"> <li>- Would they recommend the Trust to friends and family?</li> <li>- If they had any quality concerns would they feel comfortable to raise them and that they would be dealt with?</li> <li>- What one thing could be done differently which would improve the quality of care?</li> <li>-</li> </ul> <p>The emerging themes included:-</p> <ul style="list-style-type: none"> <li>- Most staff would recommend their “own” service to family and friends, however this was slightly lower for the Trust overall;</li> <li>- In response to quality concerns, staff responded that they were confident that issues raised locally would be dealt with. However, there was less confidence that Trust wide concerns were responded to. In response the Trust have now introduced an electronic Datix system to triangulate issues, risks and complaints and all Managers have been asked to</li> </ul>	

	<p>acknowledge all incidents reported.</p> <ul style="list-style-type: none"> <li>- JM said that all complaints are published on the web-site.</li> <li>- Patient Experience has been given a higher priority at the Trust, and the Board are well-sighted on the patient experience, with reports which include the “patient story”. £0.5m has been invested by the Trust to bring together all areas of Quality which report to a single Executive Director.</li> </ul> <p>In response to ward care, a working group has been set up to support effective ward care and to turn the Trust values and vision into the day to day values of all staff and business as usual.</p> <p><u>Comments</u></p> <p>CG said that the actions taken in response to staff feedback were very positive, but asked if the Trust had time to deal with the increase number of incidents reported.</p> <p>PH responded that the number of incidents had not increased and that the change was that staff now had more contact with managers providing assurance that action had been taken into the incidents reported. PH added that following an unannounced visit by the CQC the number of staff recommending both their own service and the trust as a whole had improved and was significantly higher than would have been the case if the same question had been asked 8 months ago.</p> <p>MC asked if the actions from Francis had been incorporated with previous actions arising from CQC inspections. PH said that that Trust had no CQC recommendations; adding that each of the four workstreams focus on Francis and other areas of quality assurance. JM said that there was a degree of “common sense” attached to the recommendations and Francis had provided the catalyst to move the Trust from an “aspiring” to “must do” culture.</p> <p>MC asked about staff engagement and patient input in relation to the outsourcing of services. PH said that three Healthwatch events were planned for March to engage with the public in Sutton, Merton and Surrey.</p> <p>Mortality Rates at the Trust were reviewed and the Committee were informed that there was no difference between weekday and weekend admissions.</p> <p>MT asked about the availability of data to show the day of death, JM said that the data covered all areas including date of admission, death and surgery and all showed no difference.</p> <p>The Trust has a good overall response rate for Friends and Family test, but recognises that there is more work to be done, on some of the in-patient wards. All wards have posters and response rates and staff engagement in the test if good.</p> <p>JK asked for a view as to whether the threatened closure of A&amp;E had impacted on the response rates. PH said that this may have been the case 4-6 months ago, when BSBV was high profile, however the vast</p>	
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<p>majority of responses related to the quality of care provided and individual members of staff, so did not believe that this is a factor.</p> <p>JK/TH commented on the difficulty of other local Trusts in collecting responses. PH said that Executive Directors had started to open responses boxes with staff and this was really welcomed by all staff, particularly nursing staff and this had helped to improve staff engagement in the test. TH to feedback to SGH.</p> <p>JM talked through the Trust's balanced scorecard.</p> <p>Infection Control – C.difficile is on target for month 9 and is forecast to under-perform at year-end. PH said that NHSE have asked for all providers for clarification of their testing criteria, which varies considerably across Trusts.</p> <p>Pressure Ulcers are above target and action is being taken with Sutton CCG to investigate “community acquired” ulcers.</p> <p>Dementia screening is below target. JM said that work has been underway with the Clinical Team since December and in the last 5 weeks the position has improved to over 90%.</p> <p>Elective Discharge Summaries are below target at 88% against a target of 98%. JM said that the Trust recognised the importance in timely and effective EDS and were working hard to improve the situation.</p> <p>JM talked through ESH's compliance against the London Quality Standards (LQS) and the proposed actions to close identified gaps.</p> <p><u>Comments</u> SG asked if BSBV had impacted on Trust recruitment. JM said no, they were getting good fields for most consultant posts.</p> <p>Nursing Staff Ratios at the Trust were talked through.</p> <p><u>Comments</u></p> <p>MC asked about the number of agency staff at the Trust. PH said that in the main, most temporary staff is provided via the Bank, the vast majority of which is their own staff. However, over the Winter period some agency staff has been employed, however there is no evidence of poor quality and many have worked for the Trust for some time. All agency staff employed by the Trust is provided with clear guidance around Trust expectations which includes infection control.</p> <p>CG asked about the monitoring of dementia patients at meal times. PH said that the Trust has protected meal times and any ward failing to meet nutritional and hydration standards would be placed in special measures.</p> <p>The Chair thanked PH and JM for attending the meeting and providing an interesting and informative presentation.</p>	<p>TH (JK was unable to attend to attend)</p>
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	PH and JM left the meeting.	
3.2	<p><u>Quality Domain Preventing People Dying Prematurely – Immunisation</u> (Fiona White/Kay Eilbert)</p> <p>FW/KE presented a paper to provide an overview of Immunisation in Merton.</p> <p>From 1.4.13 the roles and responsibilities for Immunisation had been split across a number of different organisations including:-</p> <ul style="list-style-type: none"> <li>- NHSE</li> <li>- Public Health</li> <li>- CCGs</li> </ul> <p>JK commented that for Merton the responsibility had been enhanced as Immunisation had been chosen as one of the Quality Premium targets for 2013/14.</p> <p>MC asked for clarification of Health Visitors and School Nurses role in the Immunisation of the under 5s. KE said that NHSE have responsibility for School Nurses until October 2015, when it will transfer to Public Health. Work is currently underway to agree the Service Specification to ensure that the transferred service is equipped to encourage families to have their children immunised. FH talked through the Standard Operating Procedures.</p> <p><u>Comments</u> CG referred to missing immunisations and asked if there were plans to start chasing missing data. FW said that it is followed up with Practices and often relates to “ghost patient”.</p> <p>Following brief discussion on Q3 data and recognising the reduced resource following the move to NHSE, EB put forward a proposal for an Immunisation Nurse to work with Practices until the end of the Financial Year to improve the number of immunisations of children.</p> <p>The Committee <b>agreed</b> the proposal and it was agreed that FW would seek an agency nurse to support this work and produce a brief costed plan for increased resource until the end of the financial year, also with a view to the future.</p>	FW
3.3	<p><u>Maternity Survey Reports</u> (JK)</p> <p>JK presented the item.</p> <p>The report covers all women who gave birth in February 2013 and was published in December 2013. A summary of the results for Local Trusts was brought to the Committee for review and comments. Due to the records being one year out of data a caveat was placed on all data which showed that Kingston were the highest performer followed by ESH and SGH, with Croydon performance “poor”.</p> <p>JK said that an action plan in relation to Croydon will be presented to the next meeting of the Maternity Network Board.</p> <p><u>Comments</u> KW said that patients in East Merton who used Croydon did not</p>	

	appear to report any more problems than those from other Trusts. The Committee asked that the Croydon Action Plan be brought back to a future meeting of the MCQC for review. JK to action.	JK
<b>4</b>	<b>Standing Items</b>	
4.1	<p><u>Quality &amp; Performance Report - Month 8 (MT)</u></p> <p>The Quality and Performance Report presents performance of the key performance indicators demonstrating progress towards the five domains outlined in <i>Everyone Counts</i>. At Month 8, the CCG is rated Green/Amber for Constitutional pledges, unchanged from Month 7. Improving Health of our local population is rated Green/Amber, which is also unchanged from Month 7.</p> <p><u>Key areas of concern</u></p> <p>Constitutional pledges:</p> <ul style="list-style-type: none"> <li>- Cancer first treatment 62 days, screening referral has failed the target at 87.5% for the first time this year.</li> <li>- Ambulance Category A 8 minute response (Red 1 &amp; 2) continues to underperform, with Red 2 showing a YTD performance of 73.9% against a target of 75%.</li> </ul> <p>St. Georges failed the A&amp;E target in November and December. Improving health outcomes for local people is rated Green/Amber due to emergency admissions for acute conditions that should not usually require hospital admission rated Amber during November, but Red YTD. Of the 4 avoidable admissions indicators, this has the highest activity and therefore is likely to affect the composite avoidable admissions measure, which is a significant element of the Quality Premium.</p> <p>Immunisations local priority remains a concern due to not meeting the ambition over 3 quarters.</p> <p>Safeguarding training figures for St. Georges NHS Trust is still not available due to Wandsworth CCG not yet sharing this data with the CSU. This has been flagged to the Director of Quality. Kingston Hospital Foundation trust has committed to providing safeguarding training data from January due to difficulties they were experiencing with data quality.</p> <p>Continuing Care performance data is currently presented to the quality committee on a quarterly basis. A request has been made to the CSU to present activity data for inclusion in the Quality and Performance report, but this data has not yet been made available. In the meantime, data has been collated from a variety of sources into a comprehensive dashboard on nursing homes for the proposed joint quality board, and JK will brief the committee on this new development next month.</p> <p><u>Comments</u></p> <p>KE said that Smoking cessation data is not consistent with locality data and asked that all GPs and Pharmacies be encouraged to report to LiveWell.</p> <p>Complaints and PALS reported are those reported directly to the CCG. Future reporting will include all complaints reported by Merton residents for example those reported to Acute Trusts, GP Practices and other Independent Contractors with narrative to explain the figures. JK/MT to take forward with NHSE and CSU.</p>	JK/MT

CQRG Summary Reports

## SGH (TH)

- Friends and Family responses continues to be a challenge for the Trust and poor in comparison with ESH;
- Responses to complaint letters within deadline is down, and an action plan has been put in place to improve the position;
- 62 day cancer to first treatment is below target due to late referrals to the Trust. Adjustments are now in place to minimise the delays, starting with Urology service;
- Junior Drs survey had highlighted some concerns re support and workload in some specialities at night. The Director of Surgery had investigated and reported back he is happy with the staffing and monitoring levels in place at night, advising that specialist nurses are trained to a very high standard and there is no suggestion that the hospital is not safe at night.
- Following a significant event in 2010 involving a child with cancer who subsequently died, the CQRG received a talk from a paediatric consultant who talked about having all services in one place. The child in question had travelled to various sites for scans etc.  
EB commented that this supported the view to have specialist centres rather than smaller centres/services in each Trust.

## ESH (KW)

- Neck of Femur not operated on within 24 hours was discussed. CQRG have sought assurance that the delays were only seen on high volume days and not at times of normal demand.
- 2 MRSA cases reported in January are being investigated
- SI good progress has been made at the sub-committee meeting with good attendance and ToR agreed.

## SMCS (JK)

- SIs pressure ulcers have increased slightly. More training is taking place with staff.
- No other SIs have been reported this month
- Workforce metrics remains above target, however plans are in place to improve the position
- End of Life Care – good progress is being made. The team have now recruited their third staff member and are regularly delivering ward rounds and training in nursing homes.

Comments

CG asked about the action being taken in relation to incontinence pads for a child. JK said that the complaint relates to one family and has been highlighted to Shelley Dolan to action (RMH)

## SWLStG (JK)

- Care Quality Commission (CQC) visit to Tolworth was disappointing;
- CQC new style Chief Inspector visit will take place in March.
- 6 unexpected deaths over an 8 month period in Sutton relating to patients who had contact with the Drug and Alcohol Recovery Team is being investigated.
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	<p>Kingston (SG)</p> <ul style="list-style-type: none"> <li>- Choose &amp; Book referrals from Merton to the Trust is very low; SG to investigate.</li> <li>- 2 week referral numbers is double what they were last year, which is affecting routine outpatient appointments and causing longer waits.</li> <li>- C.difficile no further cases reported since November – count remains at 21</li> </ul> <p><u>Comments</u> In relation to SIs, EB said that benchmarking data was required to check how local Trusts compare with other Trusts across London. JK agreed to take this back to the CQRGs and CSU.</p> <p><u>Out of Hours Service</u> There is a Clinical Governance Meeting week commencing 24<sup>th</sup> February.</p>	JK
<b>5</b>	<b>For review and discussion</b>	
5.1	<p><u>Continuing Care Quarterly Report</u></p> <p>Jane Pettifer presented the quality dashboard and monitoring report for Quarter 2, collated by the AQP team covering Nursing Homes in Merton who have been commissioned to provide Continuing Care Placement for individuals in receipt of fully funded NHS Continuing Healthcare. The report provided a comparison of Merton homes with all other AQP homes in London.</p> <p>A questionnaire to capture the views from patients/relatives and advocates of the quality CHC care provided will be used to identify areas of improvement.</p> <p>A review of the Merton nursing homes was briefly discussed</p> <ul style="list-style-type: none"> <li>- Barons Lodge is a home specialising in mental health. Although it is not expected that Merton use this home, data will be collected as part of the overall review of all commissioned homes;</li> <li>- Eltandia Hall Care Centre is a residential/nursing home and also has young physically disabled patients. JP said that staffing numbers are below those expected by Merton CHC team;</li> <li>- Fieldway Home MC questioned the threshold for temporary staffing, in response to the 14% temporary staff reported. JP said this is taken into consideration alongside other quality indicators.</li> </ul> <p>JP said plans are in place for all homes to be visited to discuss the data findings.</p> <p>A report is being presented to the Joint Quality Board week commencing 24<sup>th</sup> January.</p> <p>JP said that as part of the CCG's statutory role to improve the quality of care of all Merton residents, a named person within the CCG is needed to act as a point of contact.</p>	

	<p>MC asked if the person must be a member of the Governing Body.</p> <p>JK said that she would speak with AD to identify a named person, and JB agreed to check the requirement for GB membership and feedback to AD.</p>	JK
<b>6</b>	<b>To note</b>	
6.1	<p><u>MCCG Clinical Quality Forward Plan/Draft Agenda for 14.3.14</u></p> <p>The forward plan and draft agenda were noted by the Committee.</p>	
<b>7.</b>	<b>Any Other Business</b>	
7.1	<p>a) <u>Quality Governance Internal Audit</u></p> <p>The draft report has been shared with the CCG. There 3 recommendations, 1 medium and 2 low risk, relating to future development of the quality strategy, out of date CQRG ToR and SI and Complaint reporting. Once finalised the report will be received by the Audit Committee in March and brought back to this Committee for information.</p> <p>b) SG advised that Federation of Practices application for funding has been successful.</p>	
7.2	Date of Next Meeting: Friday 14 <sup>th</sup> March 2014, 2-4pm, Wimbledon	