

**NHS Darlington Clinical Commissioning Group,
NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group
and NHS South Tees Clinical Commissioning Group**

Governing Body In-Common

**Wednesday 22nd May 2019, 2:30pm
In the Boardroom, STCCG Offices, 14 Trinity Mews, NOHV, TS3 6AL**

AGENDA

Time	Item No.	Item	Attached or Verbal	Presented By	Page No
2:30	1.0	Welcome, Introductions and Apologies for absence:	Verbal	All	
2:31	2.0	Declaration of Interests: <ul style="list-style-type: none"> Darlington CCG HaST CCG South Tees CCG 	Attached	All	4 8 11
2:33	3.0	Minutes of the previous Darlington and HaST CCG Governing Bodies In-Common meeting held on 26 th March 2019	Attached	Chair	13
		Minutes of the previous South Tees CCG Governing Bodies In-Common meeting held on 27 th March 2019	Attached	Chair	25
2:36	4.0	Matters Arising and Action Log	Attached	Chair	48
For Information					
2:40	5.0	Darlington and HaST CCGs Chair's Report	Verbal	Chairs	
2:45		South Tees CCG Chairs Report	Verbal		
2:50	6.0	Chief Clinical Officer's Report	Attached	Nicola Bailey	50
3:00	7.0	Locality Reports: <ul style="list-style-type: none"> Darlington 	Verbal	Dr Richard Harker	
3:05		<ul style="list-style-type: none"> Hartlepool and Stockton-on-Tees 	Verbal	Dr Saleem Hassan	
3:15		<ul style="list-style-type: none"> South Tees Council of Members Report 	Attached	Dr Mike Milner, Dr Vaishali Nanda, Dr Ali Tahmassebi	67
For Discussion					
3:20	8.0	Patient and Public Involvement Reports including Patient Stories <ul style="list-style-type: none"> Darlington 	Verbal	Michelle Thompson	
3:25		<ul style="list-style-type: none"> Hartlepool and Stockton-on-Tees 	Verbal	Steve Rose	
3:30		<ul style="list-style-type: none"> South Tees 	Verbal	Caroline Gitsham	
3:35	9.0	Performance report	Attached	Craig Blair	71

3:45	Break				
3:50	10.0	Governance and Assurance Report (inc. Governing Body Assurance Frameworks)	Attached	Jacqui Keane	82
4:00	11.0	Quality and Safeguarding Reports	Attached	Jean Golightly/ Gill Findlay	96
For Decision					
4:10	12.0	CCG Annual Reports <ul style="list-style-type: none"> Darlington CCG HaST CCG STees CCG 	Attached	Julie Bailey/ Nicola Bailey	
4:25	13.0	CCG Annual Accounts 2018/19 <ul style="list-style-type: none"> Darlington CCG HaST CCG STees CCG 	<i>To Follow</i>	Graeme Niven	
4:45	14.0	Audit & Assurance Committee Annual Report 2018/19 <ul style="list-style-type: none"> Darlington CCG HaST CCG STees CCG 	Attached	John Flook/ Karen Dales	117
4:50	15.0	Primary Care Commissioning Committee Annual Report 2018/19 <ul style="list-style-type: none"> Darlington CCG HaST CCG 	Attached	Andie Mackay	131
Items to note/ Any Other Business					
4:55	16.0	In-Common CCG Meeting Confirmed Minutes:		Chair	
	16.1	Primary Care Commissioning Committee In-Common held on 12 th February 2019	Attached		137
	16.2	Audit and Risk Committee held on 5 th March 2019	Attached		141
	16.3	Quality, Performance and Finance Committee In-Common held on: 5 th March 2019	Attached		150
	16.4	3 rd April 2019	Attached		162
5:00	Date and Time of Next Meeting: Wednesday 28th August 2019, In the Boardroom, STCCG Offices, 14 Trinity Mews, NOHV, TS3 6AL				

Contact for the meeting:

Sarah Cook-Smith, Corporate Secretary

Tel: 01642 745956 or email: stccg.corpgov@nhs.net

Quorum:

HaST CCG Governing Body Quorum

Meetings of the Governing Body will be quorate only when a minimum of half of all members are present (balanced up to the nearest figure where this is not a whole number), including at least three GPs and, the Accountable Officer or, Chief Financial Officer and a lay member.

Darlington CCG Governing Body Quorum

No business shall be transacted at the meeting unless at least one-third of the whole number of Governing Body members (including the chair or one clinical member, the accountable officer or chief finance officer and one of

STees Darlington CCG Governing Body Quorum

General Quoracy:

One third of all members should be present, including at least 3 GP's (including Dr Janet Walker – CCG Chair; and the Accountable Officer (Dr Neil O'Brien), Chief Officer or Chief Finance Officer.

Alternative Quoracy (if GP's Conflicted):

50% of remaining members, including 1 Lay Member, 1 clinician (Secondary Care Doctor or Exec Nurse); and the Accountable Officer, Chief Officer or Chief Finance Officer.

A recording will be made of this meeting to assist with the preparation of the minutes. This recording will be made on an encrypted device owned by the CCG and will be held securely for a maximum of three weeks before being deleted

Darlington CCG DoI

CCG	NAME (forename)	NAME (Surname)	Position within, or relationship with, the CCG	Type of Interest	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest). See attached guidance.	Date of interest from	DATE DECLARED	DATE UPDATED	ACTIONS TAKEN TO MITIGATE RISK	Member/In Attendance of a committee
Darlington CCG	Nicola	Bailey	Chief Officer	Financial Interest Personal Interest	Chief Officer for Darlington CCG, South Tees CCG and Hartlepool & Stockton-on-Tees CCG (Lead role), North Durham CCG and Durham Dales, Easington and Sedgefield CCGP Daughter is an Assistant Directorate Manager for medicine and urgent care at Newcastle hospitals	01/10/2018	02/04/2019	02/04/2019	Declare as required	Governing Body PCCC Audit & Assurance QPF & FSC Council of Members Members Assembly
Darlington CCG	John	Flook	Lay Member Governance	Financial Interest Financial Interest	Senior Non Executive of NHS Professionals Ltd Lay member Governance Darlington CCG	01/04/2016	12/12/2018	20/12/2018	Declare as required	Audit & Assurance Committee Governing Body Members Assembly Remuneration Committee
Darlington CCG	Richard	Harker	GP - Quality Lead	Financial Interest Non-Financial/Professional Indirect	Partner at Whinfield Medical Practice GMC Performance assessments Team Leader GMC medico-legal reports Daughter works for NEAS (111)	1985 1997	08/01/2019	06/02/2019	Declaration to be made in relation to primary care involvement - To be excluded from decisions relating to primary care where direct conflict	Audit & Assurance Committee Governing Body DCCG PCCC QPF Committee Members Assembly
Darlington CCG	Karen	Hawkins	Director of Commissioning and Transformation	Joint CCG Team	HaST CCG	03/04/2017	10/12/2018	20/12/2018	No action required	QPF Committee Governing Body PCCC Members Assembly
Darlington CCG	Andie	Mackay	Lay Member	Non-Financial Professional Interest Indirect Interest	Officer for Stockton-on-Tees Borough Council. Construction and Facility Services Manager Spouse is currently working as a Contractor to GlaxoSmithKline (GSK) Pharmaceutical Company – Barnard Castle. (From 25th February 2019)	Ongoing 25/02/19 for 10 months	20/02/2019	20/02/2019	Declaration to be made in relation to Stockton Borough Council involvement - To be excluded from decisions relating to primary care where direct conflict	Audit & Assurance Committee Governing Body DCCG PCCC HaST PCCC QPF Committee
Darlington CCG	Diane	Murphy	Director of Nursing and Quality (Darlington CCG)	Non-Financial Professional Interest Financial	Supporter/fundraiser for St Teresa's hospice Darlington Member of Durham Constabulary and Police and Crime Commissioner Audit committee	April 2017 April 2018	20/02/2019	20/02/2019	Declare interest in event of decision relating to St Teresa's Declare interest in event of decisions relating to the constabulary or PCVC.	Governing Body PCCC QPF Committee

Darlington CCG	James	Nevison	Partner-Denmark Street Surgery Chair-Darlington Members Assembly NonExecutive Director Member-Darlington CCG Governing Body	Financial Interest Financial Interest	Partner at Denmark Street Surgery Partner-Denmark Medical LLP- Interest in Community Pharmacy business	01/02/2006 2014	11/01/2019	14/02/2019	Any interests to be declared when applicable	Governing Body Members Assembly
Darlington CCG	Graeme	Niven	Chief Finance Officer	Non-Financial Professional Interest Joint CCG Team Financial Interest	Community Ventures (LIFT) Company - no payment received and represents the NHS HaST CCG Interim CFO at South Tees CCG	Jan-17	18/12/2018	20/12/2018	No action required	Governing Body HaST PCCC QPF Committee Audit & Assurance Committee
Darlington CCG	Neil	O'Brien	Chief Clinical Officer / Accountable Officer	Financial Interest Financial Interest Financial Interest Indirect Interest Indirect Interest	Accountable Officer for Darlington CCG, South Tees CCG, Hartlepool & Stockton-on-Tees CCG, North Durham CCG and Durham Dales, Easington and Sedgfield CCGGP Partner at Cestria Health Centre, Chester-le Street Cestria provides intermediate level service in ear, nose and throat, dermatology and minor surgery and palpations. Cestria is a member of Chester-le-Street Health Ltd (GP Federation) Wife works at County Durham and Darlington NHS Foundation Trust (CDDFT)	01/10/2018 13/06/2016	02/04/2019	02/04/2019	Declare as required Will not be involved in any decisions relating to the Practice. Will not be involved in any decisions relating to the Practice. Will not be involved in any decisions relating to the Practice. Declare as required	Governing Body PCCC Audit & Assurance Committee QPF & FSC Council of Members Members Assembly
Darlington CCG	Boleslaw	Posmyk	Chair, D'ton CCG	Financial Interest Financial Interest Financial Interest Indirect Interest	Partner Havelock Grange practice Part ownership of Brierton Health Centre via partnership in practice Share of partnership shareholding in HASH Gp federation Daughter in Law works in podiatry at NTHFT	1986 2000 2017 2018	27/12/2018	06/02/2019	Declaration to be made in relation to primary care involvement - To be excluded from decisions relating to primary care where direct conflict	Governing Body Remuneration Committee Council of Members Darlington Members Assembly
Darlington CCG	Michelle	Thompson	Lay Member for Public and Patient Involvement	Financial Interest Non-Financial Professional Interest	Chief Executive at Healthwatch Darlington and Healthwatch North Yorkshire	Jan-16	02/04/2019	02/04/2019	Declaration to be made in relation to Healthwatch - To be excluded from decisions relating to healthwatch where direct conflict	Audit & Assurance Committee Governing Body DCCG PCCC QPF Committee Remuneration Committee

Darlington CCG	Derek	Cruikshank	Secondary Care Doctor/ STEES CCG Lay Member	Non Financial Professional Interest	Secondary Care Doctor of Sunderland CCG Financial Interest - Secondary Care Doctor Sunderland CCG (interest ongoing) Professional Interest - North of England Clinical Senate Council (interest interest).		23/03/2019	10/04/2019	Interests declared at all meetings.	Governing Body PCCC
Darlington CCG	Mike	Brierley	Director	Nil	Nil	Nil	08/12/2017	25/04/2019	No action required	Executive Committee Governing Body PCCC QPF Committee
Darlington CCG	Michael	Houghton	Director	Nil	Nil	Nil	06/11/2017	25/04/2019	No action required	Executive Committee Governing Body PCCC QPF Committee
Darlington CCG	Stewart	Findlay	Chief Clinical Officer for DDES CCG Chief Officer - Durham, Darlington and Tees CCGs	Financial Interest Financial Interest Non-Financial Professional Interest Indirect Interest	Employed as Chief Officer, Durham, Darlington and Tees CCGs Part owner of Bishops Gate Medical Centre, Bishop Auckland Co Chair of the Shadow Customer Owned Board of NECS Daughter works for North Durham CCG	01/10/2018 1992 March 2017 15/01/2018	25/04/2019	25/04/2019	The person declaring the financial interest will not take part in any decision making relating to that area of financial interest is being discussed. They will be asked to leave any meeting where that area is being discussed.	Council of Members Governing Body PCCC Executive Committee
Darlington CCG	Mark	Pickering	Chief Finance Officer for Durham Dales, Easington and Sedgfield CCG and Darlington CCG	Indirect Interest Non Financial Personal Interest	Wife is a director at Tees, Esk and Wear Valleys NHS Foundation Trust, a current and potential future provider of mental health services. Mark is a public member of County Durham and Darlington NHS Foundation Trust (CDDFT)	01/04/2019 01/04/2019	25/04/2019	30/04/2019	Will not be involved in decision making for Mental Health Investments or procurements. Can receive papers where appropriate. Should be noted but does not impact decision making	Council of Members Governing Body PCCC Executive Committee QPF Audit & Assurance
Darlington CCG	Alex	Sinclair	Director	Indirect	Indirect: Late uncle's ex-wife works in Medicines Optimisation at NECS.	21/09/2015	21/09/2015	25/04/2019	Declare as required	Governing Body Executive Committee QPF

Darlington CCG	Gillian	Findley	Director of Nursing	Indirect Interest Financial Interest	Director of Husbands environmental consultancy firm called Magnitas Director of Nursing for North Durham CCG	05/07/1905	01/03/2019	30/04/2019	Any conflict of interest declared in relation to an indirect interest will be considered on a case by case basis depending on the discussions taking place at the time. The person declaring the financial interest will not take part in any decision making relating to that area of financial interest is being discussed. They will be asked to leave any meeting where that area is being discussed.	Council of Members Governing Body PCCC Executive Committee QPF
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HaST CCG DoI

CCG	NAME (forename)	NAME (Surname)	Position within, or relationship with, the CCG	Type of Interest	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest). See attached guidance.	Date of interest from	DATE DECLARED	DATE UPDATED	ACTIONS TAKEN TO MITIGATE RISK	Member/In Attendance of a committee
HaST CCG	Nicola	Bailey	Chief Officer	Financial Interest Personal Interest	Chief Officer for Darlington CCG, South Tees CCG and Hartlepool & Stockton-on-Tees CCG (Lead role), North Durham CCG and Durham Dales, Easington and Sedgfield CCGP Daughter is an Assistant Directorate Manager for medicine and urgent care at Newcastle hospitals	01/10/2018	02/04/2019	02/04/2019	Declare as required	Governing Body PCCC Audit & Assurance QPF & FSC Council of Members Members Assembly
HaST CCG	John	Flook	Lay Member Governance	Financial Interest Financial Interest	Senior Non Executive of NHS Professionals Ltd Lay member Governance HaST CCG	01/04/2016	12/12/2018	20/12/2018	Declare as required	Audit & Assurance Committee Governing Body Members Assembly Remuneration Committee
HaST CCG	Karen	Hawkins	Director of Commissioning and Transformation	Joint CCG Team	Darlington CCG	03/04/2017	10/12/2018	20/12/2018	No action required	QPF Committee Governing Body PCCC Members Assembly
HaST CCG	Andie	Mackay	Lay Member	Non-Financial Professional Interest Indirect Interest	Officer for Stockton-on-Tees Borough Council. Construction and Facility Services Manager Spouse is currently working as a Contractor to GlaxoSmithKline (GSK) Pharmaceutical Company – Barnard Castle. (From 25th February 2019)	Ongoing 25/02/19 for 10 months	20/02/2019	20/02/2019	Declaration to be made in relation to Stockton Borough Council involvement - To be excluded from decisions relating to primary care where direct conflict	Audit & Assurance Committee Governing Body DCCG PCCC HaST PCCC QPF Committee
HaST CCG	Graeme	Niven	Chief Finance Officer	Non-Financial Professional Interest Joint CCG Team Financial Interest	Community Ventures (LIFT) Company - no payment received and represents the NHS Darlington CCG Interim CFO at South Tees CCG	 Jan-17 March-18	18/12/2018	20/12/2018	No action required	Governing Body HaST Remuneration Committee QPF Committee Audit & Assurance Committee PCCC

HaST CCG	Neil	O'Brien	Chief Clinical Officer / Accountable Officer	Financial Interest	Accountable Officer for Darlington CCG, South Tees CCG, Hartlepool & Stockton-on-Tees CCG, North Durham CCG and Durham Dales, Easington and Sedgfield CCGP	01/10/2018	02/04/2019	02/04/2019	Declare as required	Governing Body PCCC Audit & Assurance Committee QPF & FSC Council of Members Members Assembly
				Financial Interest	Partner at Cestria Health Centre, Chester-le Street				Will not be involved in any decisions relating to the Practice.	
				Financial Interest	Cestria provides intermediate level service in ear, nose and throat, dermatology and minor surgery and palpations.	13/06/2016			Will not be involved in any decisions relating to the Practice.	
				Indirect Interest	Cestria is a member of Chester-le-Street Health Ltd (GP Federation)				Will not be involved in any decisions relating to the Practice.	
				Indirect Interest	Wife works at County Durham and Darlington NHS Foundation Trust (CDDFT)				Declare as required	
HaST CCG	Boleslaw	Posmyk	Chair, HaST CCG	Financial Interest	Partner Havelock Grange practice	1986	27/12/2018	06/02/2019	Declaration to be made in relation to primary care involvement - To be excluded from decisions relating to primary care where direct conflict	Governing Body Remuneration Committee Council of Members Darlington Members Assembly
				Financial Interest	Part ownership of Brierton Health Centre via partnership in practice	2000				
				Financial Interest	Share of partnership shareholding in HASH Gp federation	2017				
				Indirect Interest	Daughter in Law works in podiatry at NTHFT	2018				
HaST CCG	Derek	Cruikshank	Secondary Care Doctor/ STEES CCG Lay Member	Non Financial Professional Interest	Secondary Care Doctor of Sunderland CCG Financial Interest - Secondary Care Doctor Sunderland CCG (interest ongoing) Professional Interest - North of England Clinical Senate Council (interest interest).		23/03/2019	10/04/2019	Interests declared at all meetings.	Governing Body PCCC
HaST CCG	Mike	Brierley	Director	Nil	Nil	Nil	08/12/2017	25/04/2019	No action required	Executive Committee Governing Body PCCC QPF Committee
HaST CCG	Michael	Houghton	Director	Nil	Nil	Nil	06/11/2017	25/04/2019	No action required	Executive Committee Governing Body PCCC QPF Committee

HaST CCG	Stewart	Findlay	Chief Clinical Officer for DDES CCG Chief Officer - Durham, Darlington and Tees CCGs	Financial Interest Financial Interest Non-Financial Professional Interest Indirect Interest	Employed as Chief Officer, Durham, Darlington and Tees CCGs Part owner of Bishops Gate Medical Centre, Bishop Auckland Co Chair of the Shadow Customer Owned Board of NECS Daughter works for North Durham CCG	01/10/2018 1992 March 2017 15/01/2018	25/04/2019	25/04/2019	The person declaring the financial interest will not take part in any decision making relating to that area of financial interest is being discussed. They will be asked to leave any meeting where that area is being discussed.	Council of Members Governing Body PCCC Executive Committee
HaST CCG	Diane	Murphy	Director of Nursing and Quality (Darlington CCG)	Non-Financial Professional Interest Financial	Supporter/fundraiser for St Teresa's hospice Darlington Member of Durham Constabulary and Police and Crime Commissioner Audit committee	April 2017 April 2018	20/02/2019	20/02/2019	Declare interest in event of decision relating to St Teresa's Declare interest in event of decisions relating to the constabulary or PCVC.	Governing Body PCCC QPF Committee
HaST CCG	Alex	Sinclair	Director	Indirect	Indirect: Late uncle's ex-wife works in Medicines Optimisation at NECS.	21/09/2015	21/09/2015	25/04/2019	Declare as required	Governing Body Executive Committee QPF

South Tees CCG Declaration of Interest Register

										None			
Name	Title	Name of Organisation & Nature of Business	Position Held/Nature of Interest * ALL MEMBER PRACTICES ARE MEMBERS OF THE ELM FEDERATION **	Personal Interest	Type of Interest				Date Declared	Date Updated			
					Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest						
Nicola Bailey	Chief Officer	South Tees Clinical Commissioning Group, Hartlepool & Stockton-on-Tees (HAST) Clinical Commissioning Group, Darlington Clinical Commissioning Group, North Durham Clinical Commissioning Group, Durham Dales, Easington & Sedgefield Clinical Commissioning Group.	* Chief Officer for Darlington CCG, South Tees CCG and Hartlepool & Stockton-on-Tees CCG (financial interest). Will declare as required. * Chief Officer for North Durham CCG and Durham Dales, Easington & Sedgefield (DDES) CCG (financial interest). Will declare as required. * Daughter is an Assistant Directorate Manager for medicine and urgent care at Newcastle hospitals.	Nil	Yes			Yes	10.10.18	21.03.19			
Derek Cruickshank	Secondary Care Doctor	Governing Body Lay Member	Secondary Care Doctor of Sunderland CCG	Financial Interest - Secondary Care Doctor Sunderland CCG (interest ongoing) Professional Interest - North of England Clinical Senate Council (interest interest).	Yes				23.03.18	19.12.18			
Karen Dales	Lay Member	Hartlepool College of Further Education	Assistant Principal	Colleague Mr S Fallowfield (Internal Audit) is Governor & Chair of Hartlepool College Audit Committee	yes			Yes	23.9.2015	05.09.18			
Caroline Gitsham	Governing Body Lay member	* Sole owner of Caroline L Gitsham Consulting Ltd * Trustee on the Board for <i>Humankind</i> , an organisation which works with clients effected by drug and alcohol issues	* Owner of Caroline L Gitsham Consulting Ltd. * Trustee on the Board for <i>Humankind</i>	none		Yes			10.03.2017	26.09.18			
Jean Golightly	Executive Nurse (job share between South Tees Clinical Commissioning Group and Hartlepool and Stockton Clinical Commissioning Group	South Tees Clinical Commissioning Group and Hartlepool and Stockton-on-Tees CCG	Governor for Middlesbrough College (non-financial). Honourary lecturer at M'Boro College. Non-financial remunerated post.	Nil		Yes		Yes	27.09.2017	05.09.2018			
Dr Mike Milner	Urgent Care Lead and Governing Body GP	South Tees Clinical Commissioning Group, Primecare Out of Hours GP Service and Huntcliff Surgery	GP Partner: Huntcliff Surgery Work as an out of hours GP for Primecare in Whitby. Interest withdrawn 12/4/17 - was employed by Northern Doctors Out of Hours Service and South Tees Acute Trust as neurology clinical assessor	Personal interest declared but not published	Yes			Yes	04.12.2013	25.09.18			
Dr Vaishali Nanda	Governing Body GP	South Tees Clinical Commissioning Group	Nil	Husband owns Nanda Medical Services for private orthopaedic work and is also a Consultant in orthopaedics at North Tees Hospital Foundation Trust				Yes	16.01.2014 and 02.04.2014	26.09.18			
		Sessional work for STAR Scheme	GP		Yes				06.07.2016	26.09.18			
		ELM Alliance - ends 31st December 2018	Quality Advisor	STAR Service		Yes				26.09.18			
		The Discovery Practice	GP	Practice is part of ELM Federation	Yes				06.07.2016	26.09.18			
Graeme Niven	Interim Chief Finance Officer	South Tees Clinical Commissioning Group	Financial: CFO for Darlington CCG & Hartlepool & Stockton-on-Tees CCG. Non-Financial - Community Ventures. Ltd (Lift) - no payments received, represents NHS (from January 2017 - onwards). No payments received - represents NHS.	Nil	Yes	Yes			01.04.18	10.12.18			

South Tees CCG Declaration of Interest Register

Name	Title	Name of Organisation & Nature of Business	Position Held/Nature of Interest * ALL MEMBER PRACTICES ARE MEMBERS OF THE ELM FEDERATION **	Personal Interest	Type of Interest				Date Declared	Date Updated
					Non-Financial Interest	Professional Interest	Non-Financial Personal Interest	Indirect Interest		
Neil O'Brien	Chief Clinical Officer/Accountable Officer	South Tees Clinical Commissioning Group, Hartlepool & Stockton-on-Tees (HAST) Clinical Commissioning Group, Darlington Clinical Commissioning Group, North Durham Clinical Commissioning Group, Durham Dales, Easington & Sedgefield Clinical Commissioning Group.	* GP Partner at Cestria Health Centre, Chester-le-Street (financial interest). Will not be involved in any decisions relating to the Practice. * Cestria provides intermediate level service in ear, nose and throat, dermatology and minor surgery and palpitations (financial interest). Will not be involved in any decisions relating to the Practice. * Cestria is a member of Chester-le-Street Health Ltd (GP Federation) (indirect interest). Will not be involved in any decisions relating to the Practice. * Wife works at County Durham and Darlington NHS Foundation Trust (CDDFT) (indirect interest). Will declare as required. * Accountable Officer for Darlington CCG, South Tees CCG and HAST CCG (financial interest). Will declare as required. * Accountable Officer for North Durham CCG and Durham Dales, Easington & Sedgefield CCG (financial interest). Will declare as required.	Nil	Yes			Yes	10.10.18	18.10.18
Dr Ali Tahmassebi	Governing Body GP	South Tees Clinical Commissioning Group			Yes				25.03.2015	25.09.18
		Bentley Medical Practice Ltd	Registered Manager	Practice is a member of the ELM Federation	Yes				25.03.2015	25.09.18
		Slaters Bridge	Director		Yes				25.03.2015	25.09.18
Dr Janet Walker	CCG Chair and Eston Locality Lead	South Tees Clinical Commissioning Group	Nil	Nil					06.12.2013	08.10.18
	GP Partner	Manor House Surgery	GP Partner	Practice is member of the ELM Federation	Yes				06.07.2016	08.10.18
Andie Mackay	Governing Body Lay Member	Officer for Stockton-on-Tees Borough Council. Construction and Facility Services Manager	Officer for Stockton-on-Tees Borough Council. Construction and Facility Services Manager Spouse is currently working as a Contractor to GlaxoSmithKline (GSK) Pharmaceutical Company – Barnard Castle. (From 25th February 2019)			Yes		Yes		

None

**NHS Darlington Clinical Commissioning Group
and
NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group
Governing Bodies Public Meeting In-Common**

**Tuesday 26th March 2019 at 2pm
In The Wilson Centre, Long Newton, TS21 1DD**

UNCONFIRMED MINUTES

Present

Darlington CCG

Dr Boleslaw Posmyk (Chair)	Chair of Darlington CCG
Mrs Nicola Bailey	Chief Officer
Dr Neil O'Brien	Chief Clinical Officer
Mr Graeme Niven	Chief Finance Officer
Mrs Diane Murphy	Director of Nursing and Quality
Dr Angela Galloway	Secondary Care Doctor
Dr Richard Harker	Clinical Quality and Locality Lead
Mr Andie Mackay	Lay Member Finance
Mr John Flook	Lay Member Audit
Mrs Michelle Thompson	Lay Member Patient & Public Involvement
Dr James Nevison	GP Member

Hartlepool and Stockton-on-Tees CCG

Dr Boleslaw Posmyk (Chair)	Chair of Hartlepool and Stockton-On-Tees CCG
Mrs Nicola Bailey	Chief Officer
Dr Neil O'Brien	Chief Clinical Officer
Mr Graeme Niven	Chief Finance Officer
Dr Saleem Hassan	Locality Lead – Stockton
Dr Nick Timlin	Locality Lead – Hartlepool
Dr Judith Donkin	GP Member (Stockton)
Dr Adam Din	GP Member (Hartlepool)
Mr Andie Mackay	Lay Member Finance
Mr John Flook	Lay Member Audit
Dr Charles Stanley	Secondary Care Doctor
Mr Steve Rose	Lay Member Patient & Public Involvement

The meeting was quorate for both CCGs

Directors In Attendance

Ms Lisa Tempest	Director of Planning, Performance & Assurance (Darlington & HaST CCG)
Karen Hawkins	Director of Commissioning and Transformation (Darlington & HaST CCG)

In Attendance

Mrs Jacqui Keane	Head of Governance (DCCG & HaST CCG)
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Members Of The Public in Attendance

Susan Hall

Takeda UK Ltd

Stephanie Adams

Scope Ophthalmic

Bill Burns

Community Health Ambassador

GB/19/108 Apologies for Absence

- 108.1 Apologies for absence were received from Mrs Nicola Bailey, Chief Officer, Ms Jean Golightly, Director of Nursing and Quality, Mrs Miriam Davidson, Darlington Director of Public Health, and Mrs Katie Needham, Acting Director of Stockton Public Health
- 108.2 The Chair welcomed members of the public and Mr Steve Rose, the new Hartlepool and Stockton Patient and Public Involvement Lay Member.

GB/19/109 Declaration of Interest

- 109.1 The Chair reminded Governing Body members of their obligation to declare any interest they may have on any issues arising at Governing Body meetings which might conflict with the business of then CCG's.
- 109.2 Declarations made by members of the Governing Body are listed in the CCG's Register of Interests. The Register is available either via the Committee Secretary to the Governing Body or the CCG's website

There were no further Declarations of interest from today's meeting

GB/19/110 Pre-critique

- 110.1 The Chair welcomed the members of the public to the meeting. The Chair requested that Committee members respect each other's opinions, challenge without being personal, and to direct all questions and comments through the Chair. The Chair commented that the meeting should endeavor to keep to time.

GB/19/111 Unconfirmed minutes of the meeting held on Tuesday 29th January 2019

- 111.1 The Governing Bodies reviewed the unconfirmed minutes of the meeting held on Tuesday 29th January 2019 and made the following amendment:
- 111.2 Section 89.2 – Line 5 to read *'a local plan later this year. NHSE have given HWE funding to provide extra capacity'*
- 111.3 Section 93.4.1 – to be changed to read *'Mr Mackay asked if there was confidence that there was enough resource to get the work done. Mrs Keane advised that a Working Group had been established, which incorporated CSU staff (including medicines optimisation, provider management and governance) as well as a Local Authority representative and CCG governance leads. The Working Group was Chaired by Gill Findley who is the nominated senior responsible director for the 5 CCGs. The workload would be kept under review and enhanced if necessary.'*

ACTION: GB/19/111.3 Mrs Cook-Smith

- 111.4 The Chair suggested that in relation to the patient story that was shared, this would be useful to be taken to a GB development or Coffee session to reflect on and discuss learning. Mrs Thompson commented that this would be nice and would demonstrate reflection of the issue. Mrs Cook-Smith was asked to add this to the next GBs Development session agenda.

ACTION: GB/19/111.4 Mrs Cook-Smith

Subject to amendments the Governing Bodies AGREED the minutes of the meeting held on Tuesday 29th January 2019 as a true record.

GB/19/112 Matters Arising and Action Log

- 112.1 The Governing Body reviewed the action log and approved the following action for closure:
- GB/18/64
 - GB/18/69.10
 - GB/19/82.3
 - GB/19/84
 - GB/19/89

GB/19/113 Chairs Report

- 113.1 The Chair advised that the major item is that DCCG and HaST CCG are progressing in conversations to establish a primary care networks covering suitable community settings.
- 113.2 The Chair informed the GBs that the CCGs are in the process of appointing Lay Members to work across the CCGs footprint. The Chair announced that this GB meeting was the last meeting for Dr Charles Stanley, and Dr Angela Galloway as their posts have finished their term. The Chair thanked the Secondary Care Doctors for their support and challenge through the development of the CCGs, and thanked them for their significant contribution over the years.
- 113.3 The GBs were informed the Member Practices continue with engagement and HaST CCG Council of Members meetings are now held as part of the GP time out sessions and are well attended.

The Governing Bodies NOTED the Chairs report.

GB/19/114 Chief Clinical Officers Report

- 114.1 Dr O'Brien took the GBs through the report. It was highlighted that areas of good practice were recently highlighted following completion of the Hartlepool SEND revisit on 23rd January 2019.
- 114.2 It was noted that the CCG has developed a local scheme to support practices who can confirm their Primary Care Network configuration by 31st March 2019 and are looking at how to get these identified.
- 114.3 In relation to E-Consultations the GBs were advised that online consultations have now been live across multiple practices in the HaST area for a number of months and are a growing success.

- 114.4 Dr O'Brien explained that there has been lots of work for the planning of ICPs and submission of plans are due in on 8th April to go into a whole system ICS Programme. The Southern ICP is part of that approach and plan of how to get the best outcome for patients and get the best care from the workforce that we have. It was highlighted that consultation may be required for some recommended changes.
- 114.5 The future governance of the CCGs was discussed, Dr O'Brien briefed the GBs that work is now complete at senior management and directors level.

14:19pm – Mr Burns joined the meeting

From April 2019, the three Tees Vale CCGs will be holding more meetings in-common; including Governing Body meetings, Executive Committees, Primary Care Commissioning Committees, Quality, Performance and Finance Committees and Audit & Assurance Committees. These in-common arrangements will allow for greater opportunities for shared learning and peer review and challenge as well as the clear efficiencies to be gained from minimising duplication of effort on areas of common interest.

- 114.5.1 Dr Galloway asked about the future of the Secondary Care Doctors. Dr O'Brien advised that the CCGs have been looking for an in-common arrangement across the 3 and advised that Dr Derek Cruikshank will be the Secondary Care Doctor for HaST, Darlington and South Tees CCGs. The Chair offered to send an update to GB members.

ACTION: GB/19/114.5 Dr Posmyk

The Governing Bodies NOTED the Chief Clinical Officers Report

GB/19/115 Locality Reports:

- 115.1 Darlington – Dr Harker reassured that all the practices are committed to working together in the Primary Care Network (PCN), Dr Harker added that the PLT learning session is topical and is devoted to gender issues.
- 115.2 Hartlepool - Dr Timlin advised that Practices in Hartlepool are working together across 3 PCNs. Practice visits have found common areas of discussion such as immunisations and smear attendance uptake. Dr Timlin commented that it was good to see more promotion material for these areas including radio advertisements to dispel misinformation. Hartlepool practices have been looking at different areas of prescribing, and pushing e-consultations.
- 115.2.1 The Chair commented that e-consults are part of new GP contract. Dr O'Brien advised e-consults will be part of the GP contract and are to be implemented by 2020/21. Mr Flook asked how awareness is raised for practices who aren't yet offering e-consultations. Dr O'Brien advised practices have to report how this is being delivered. Mrs Hawkins advised there has been really good engagement across the areas.
- 115.3 Stockton-On-Tees – Dr Hassan advised that in relation to primary care it looks like there are going to be 4 PCNs varying in size across Stockton. Dr Hassan informed the GBs that he had attended a national event in London and the model in relation to PCNs which was really very helpful, well attended, and had speakers from other parts of the country who have been followed prior to the model being rolled out. Outcomes

show reduced A&E admissions and attendance at A&E etc. Learning will be shared with colleagues.

- 115.3.1 Dr Hassan informed the GBs that there are currently a few GP vacancies in the Stockton area but some practices are looking to employ other healthcare professionals to deliver some services. Mrs Hawkins gave assurance in relation to GP vacancies, and advised that there are currently no vacancies in Darlington and only 2 across the HaST CCG area. There was acknowledgement that practices have different workforce models as not all services have to be delivered by GPs.

The Governing Bodies NOTED the Locality updates.

GB/19/116 Patient and Public Involvement Report

116.1 Darlington

Mrs Thompson outlined that the last Tea and Tell meeting was very successful, the Community Champions spoke to lots of families visiting the museum. The NHS Looking After Your Child's Health App cards were really popular with parents and a patient story about breast cancer services was really positive. Mrs Thompson took the GBs through other topics discussed at the last Community Council meeting which included GP online consultations, Stroke engagement, and the NHS Diabetes Prevention Programme and Diabetes Prevention Week.

- 116.2 Lay Member and Non- Executive Network – A network is being established which will put together plans to come together as a group to understand a changing landscape, making key links with networks including Healthwatch and other patient groups and organisations.

- 116.3 NHS Integration and Governance - Mrs Thompson explained that at the meeting on 6th March there were multiple speakers, Mrs Thompson briefed the GBs on the areas covered including a legal update from Robert McGough, an ICS Governance discussion led by Alan Foster and Jon Rush, Amanda Hume spoke about building sustainability through collaboration and the benefits of scale. Dr Mike McKean spoke about the Great North Children's Hospital, Joe McDonald spoke about the Great North Care Record.

- 116.4 Healthwatch Darlington (HWD) - Mrs Thompson told the GBs that HWD are finalizing a Hospital Discharge report due to be published in April. HWE engagement with the 13 Healthwatch across the region has revealed a number of popular themes. After discussions with the ICS Head of Communications and Engagement it was agreed that all Healthwatch themes would be helpful across the region to help inform ICS priority areas.

- 116.5 Mrs Thompson highlighted a few issues from the 'word on the street' which were transport to hospital for the deaf community for specialist appointments, teachers frustrated with lack of bereavement services for young people, and issues with Dentists – people worried about privatisation and also BUPA and the Dental Community Service not speaking to each other properly resulting in people waiting for months for a referral for a pre- assessment appointment.

- 116.6 **Hartlepool and Stockton-On-Tees**
Mr Rose highlighted that he is conflicted in relation to the CHA's as Mr Rose is the Chief Executive of Catalyst who are commissioned to deliver the CHA service. Mr Rose added that the CHA's are very active and involved in community issues. An audit is currently being completed and will be made available to the CCGs on completion.
- 116.7 The GBs were informed that the CCG had put the HaST area forward to NHSE to be part of a pilot area who practice patient engagement. Mr Rose confirmed that HaST is now recognised as being one of the nine areas.
- 116.8 Mr Rose explained that at a recent event an artist has captured CHA feedback, Mr Rose circulated a picture of the art and advised this will be passed to the Committee Secretary to share with the GBs. Mr Rose added that the CHAs have also made a video which can be shared.

ACTION: GB/19/118 Mr Rose and Mrs Cook-Smith

The Governing Bodies NOTED the information provided.

14:46pm ~ Comfort Break – Meeting resumed at 14:55pm

GB/19/117 Performance Report

- 117.1 The GBs were provided with a report of the CCG's performance in respect of NHS Constitutional Standards and the Quality Premium using the most up to date performance information for each indicator.
- 117.2 **Cancer targets**
Ms Tempest advised that the Cancer 2 Week Waits have dipped for DCCG This has been looked into and the understanding is that this is partly due to the demise in the service from Sunderland, in addition there have been difficulties in recruitment but a locum has been secured from the beginning of March. In relation to the 62 day waits, there is a positive improvement for both CCG's. Ms Tempest advised that a meeting has been arranged for 16th April to include GPs and consultants, CCGs and cancer specialists. Cancer pathways are to be reviewed and passed around for comment prior to the meeting. This will continue to be monitored through the CCGs Quality, Performance and Finance (QPF) committee.
- 117.3 The Chair asked in relation to ambulance handovers, is there a level of discrepancy between ambulance and hospital figures. Ms Tempest explained that there has been significant discrepancy with NTHFT but unfortunately when it was demonstrated that NEAS was incorrect NEAS were unable to provide contrary details. Ms Tempest gave assurance that this is monitored through the A&E Delivery board.
- 117.4 Dr Nevison queried in relation to ophthalmology and referrals, will this have an impact on budgets etc. Ms Tempest advised performance slipped in September and the service continue to try and recruit and are doing training with nurse specialists. Dr Nevison added that feedback is that the service seems not to be optimally organized. Ms Tempest offered to feed this back. Mrs Murphy commented that feedback has been the same through the Quality team and this is monitored through the quality review group, the service has had some changes in management and additional resource has been brought in.

The Governing Bodies NOTED the Performance Report

GB/19/118 Finance Reports

- 118.1 Darlington CCG
Mr Niven advised that the CCG are on track to deliver an in-year breakeven position. It was reported that there has been an increase in prescribing due to prescribed item cost increases out of prescribers control and NHSE have contributed towards this cost. There are continued pressures within continuing healthcare and mental health relating to s117 packages of care and 1 high cost case but the forecast position has not changed.
- 118.2 The Chair queried the reserves budget. Mr Niven gave a brief of the position and outlined that the detail was provided on page 5 of the report.
- 118.3 HaST CCG
Mr Niven confirmed that the current position shows a forecast breakeven in-year position and the CCG will meet the control target using around 600k of reserves. The Chair asked in relation to South Tees spend, Mr Niven advised this was part of the year end agreement with STHFT. The Chair asked if the financial summary and risk column was accurate to be showing all 0's, Mr Niven confirmed this was correct as the CCG is expected to deliver so no risk is attached.

The Governing Bodies NOTED the Finance Report

GB/19/119 Quality and Safeguarding Reports

- 119.1 Mrs Murphy presented the reports providing a brief overview.
- 119.2 County Durham and Darlington Foundation Trust (CDDFT)
Mrs Murphy outlined that the Trust has recalled a number of dermatology patients under the care of an Advanced Nurse Practitioner (ANP) following the identification of a missed diagnosis. Mr Flook queried the numbers involved, Mrs Murphy advised the number of patients is minimal.
- 119.3 North Tees and Hartlepool NHS Foundation Trust (NTHFT)
It was reported that the Trust have had 29 cases of C Diff. in 18/19 so far, against an objective of 12. The Trust are continuing to work through the Trust wide C.difficile implementation plan. Mrs Murphy added that mortality is improving, as well as Safeguarding Training and is under significant scrutiny.
- 119.4 South Tees NHS Foundation Trust (STHFT)
There has been a never event reported in February 19 which is under full investigation, the Trust also had a further CQC inspection but the report is not available yet. There is a new process for improving the quality of maternity services and this is a Health care safety investigation branch, under the heading of 'Every baby counts' each will be referred to the branch for investigation. This Links into the serious incident process.
- 119.5 Tees Esk and Wear Valleys Foundation Trust (TEWV)
Mrs Murphy explained that there is a review of the Trusts serious incidents of which multiple people are involved including CCG representation. The Trust commissioned the review for external assurance, the report is awaited.
- 119.6 Hartlepool and Stockton-on-Tees CCG

The CCG has had 2 SEND inspections which are complete.

- 119.7 **Darlington CCG**
The CCG have not yet had a SEND inspection. The CCG have had concerns in relation to Safeguarding adults at West Park hospital in terms of their timeliness of reporting incidents and provision of information, this will be picked up with TEWV and reported through the Clinical Review Group (CRG). Mr Flook asked what level is this raised with at TEWV, Mrs Murphy advised this will be raised with their Director of Nursing. Adding that TEWV have got much better with their training and patients accessing medication
- 119.8 **North East Ambulance Service (NEAS)**
There has been an increase in complaints (52) in December, which is the highest for 11 months, this is being followed up by the CQRG. The Chair queried NEAS's level of safeguarding training, Mrs Murphy advised there has been significant improvement and senior staffs have been recruited to provide safeguarding training. Mr Rose commented that he has been the Vice Chair of a Children Safeguarding Board and Boards are amalgamating, Mr Rose added that the CCG staff have been involved in the performance management and have been at the heart supporting the changes and implementation. Mr Rose thanked and congratulated the CCG staff.
- 119.9 Mr Stanley queried the CAMHS incident, Mrs Murphy advised that this was in a service that the CCG do not commission and the review was covered by NHSE. Mrs Murphy advised that the report is not available yet to CCG. NHSE advised they have had a rigorous review process and oversight of the process.

The Governing Bodies NOTED the Quality and Safeguarding Reports

GB/19/120 Modern Slavery Act Statement

- 120.1 Mrs Murphy informed the GBs that Darlington Clinical Commissioning Group and Hartlepool and Stockton-on-Tees Clinical Commissioning Group are committed to preventing slavery and human trafficking practices including servitude and forced or compulsory labour and exploitation. To ensure there is no modern slavery or human trafficking in any part of our business activity, our commitment to prevent slavery and human trafficking will ensure an overall approach will be governed by compliance with legislative and regulatory requirements and the maintenance and development of best practice in the fields of contracting and employment.

The Governing Bodies APPROVED the Modern Slavery Act Statement

GB/19/121 Financial Plans 2019/2020

- 121.1 Mr Niven presented the Financial Plans and distributed handouts of the Plans Presentation. Mr Niven took the GBs through the detail of each slide outlining any changes since the plans were shared prior to the GB meeting.
- 121.2 The GBs were informed that Primary Care allocation has reduced, the impact for DCCG is 143k which means the plan for the 2.5% reserve cannot now be met. Dr O'Brien added that practices will get a significant saving not having to pay for indemnity.

- 121.3 Mr Niven briefed the GBs on further allocations including Mental Health resources which have been ring fenced. The Community services now has a block contract which has minimal risk attached. CHC is a risk area and growth has been built in using trends data, as well as a built in risk reserve to offset risk of QIPP delivery. In relation to Primary care prescribing, national growth has been added with an efficiency programme identified, with a 400k reserve built in.
- 121.4 The Chair asked for assurance for projections of levels of growth, Mr Niven advised we use trend data, etc, and can only look back but things change, the current plan can only be based on intelligence that is known now.
- 121.5 The GBs were informed that HaST CCG has an agreed financial envelope, agreed risk share agreement, and circa £6m risk to contribute to a £12m gap. It is hoped that the agreement is approved at the NTHFT Board meeting today. Mr Flook asked what risk there was that the Trust cannot deliver their £6m, Mr Niven advised that there was a suggested 12m gap from previous data so agreed £6m risk share. It was noted that the CCG and the Trust are working together to take costs out of the system. Together we are further trying to explore corporate services, estates, and other themes to come up with a programme and system to take out the costs.
- 121.6 Mr Niven added that the Mental Health (MH) target was to grow by 7%, the MH group have been asked to explore where else this can be invested. CHC have a risk of £1.9m efficiency identified.

15:41 Dr Stanley left the meeting

- 121.7 Mr Mackay asked if the QIPP is pipelined or already identified, Mr Niven advised the QIPP is planned and looking at more in the pipeline.

The Governing Bodies NOTED the Financial Plans

GB/19/122 Special Education Needs & Disabilities (SEND) Strategy

- 122.1 Mrs Murphy outlined that the Strategy document was developed by the Local Authority in isolation and was released on 25th February 2019 and has been discussed, considered and approved at Darlington Borough Council full Cabinet meeting on 5th February 2019.

15:45pm Mr Mackay left the meeting

- 122.2 It was explained to the GBs that for the avoidance of doubt the CCG is required only to provide approval for the Strategy and its content and not to provide validation or ratification of the Local Authority work on the ranges or the associated funding bands/allocations. The CCG has had no involvement with the development of implementation of these.

15:46pm Mr Mackay and Dr Stanley rejoined the meeting

- 122.3 Mr Flook asked if the CCG should of been involved in the development of the strategy, Mrs Murphy commented yes but there was a missed opportunity in terms of its development. Mrs Hawkins added that there have been Gaps but there is a joint commissioned service being developed for a combined approach and share things at the earliest opportunity moving forward.

- 122.4 Mr Flook asked if there was anything that should be added. Mrs Hawkins commented that the strategy could be strengthened from a health perspective going forward.

The Governing Bodies APPROVED the commitment and support for the Darlington SEND Strategy.

GB/19/123 Governance and Assurance Report

- 123.1 Mrs Keane took the GBs through the report outlining that HaST CCG have had 2 risks closed Ref:1577 - *“Financial and reputational risks in relation to the primary care commissioning agenda as the CCG is now fully delegated.”* And Rf:1824 - *As a result of workforce pressures, primary care is unable to maintain the quality of services delivered.”* DCCG has also had 2 risks closed, Ref: 1745 - *“As a result of workforce pressures, primary care is unable to maintain the quality of services delivered.”* and REF:1822 - *Financial and reputational risks in relation to the primary care commissioning agenda as the CCG is now fully delegated.”*
- 123.2 Mrs Keane highlighted that there were 3 sets of Terms of Reference attached as part of the Governance and Assurance Report that the GBs were asked to approve. Mrs Keane outlined changes to the ToR's. GBs were informed that work is underway to review Directors' roles and this may result in changes in titles and portfolios. Members are also asked to consider and approve the principle that the Terms of Reference can be amended by the Chief Officer to reflect these changes.

15:55pm ~ Mrs Hawkins left the meeting

- 123.3 It was reported that work on the annual report is progressing and the team are working closely with the Communications team, as well as collaborative work with other CCGs to keep reports closely aligned.
- 123.4 The Chair asked in relation to the risk register, are we taking appropriate precautions for Brexit. Mrs Keane advised yes.

15:56pm ~ Mrs Hawkins rejoined the meeting and Dr Donkin left the meeting

The Governing Bodies APPROVED the Audit & Assurance Terms of Reference, Quality, Performance and Finance Terms of Reference, and the Primary Care Commissioning Committee Terms of Reference.

The Governing Bodies APPROVED the principle that the Terms of Reference can be amended by the Chief Officer to reflect changes reflecting the pending changes to Directors roles and titles.

GB/19/124 Committee Annual Cycle of Business

- 124.1 Mrs Keane explained that the aim of the business cycle is to ensure key CCG business and the reports associated with that are taken through the CCG's governance processes at the most appropriate time. The GBs Business Cycle sits alongside 3 Committees cycle of business.

15:58pm ~ Dr Donkin rejoined the meeting

- 124.2 Mr Flook highlighted that the dates in the cycle of business do not correlate with diary dates received. Mr Flook and Mrs Keane agreed to review the dates outside of the meeting.

ACTION: GB/19/124 Mr Flook & Mrs Keane

16:00pm ~ Mr Burns left the meeting

The Governing Bodies APPROVED the Committee Annual Cycle of Business

GB/19/125 Value Based Clinical Commissioning Policy (VBCCP)

- 125.1 Ms Tempest advised that the purpose of the attached policy is to seek approval from the GBs to allow the regional policy to be formally ratified for implementation in line with the agreed regional time lines. The regional VBCC Policy has been through a round of engagement with various stakeholders with the purpose of updating the policy ready for implementation from 1 April 2019. The Regional Steering Group has reviewed and taken on board the feedback, and has concluded the updates to be made to the policy. The policy incorporates all of these revisions and is now subject to formal ratification through each individual CCG's relevant decision making routes.
- 125.2 The GBs were informed that following ratification of the policy document, implementation with providers will be from 1 April 2019.

16:00pm Mr Burns re-joined the meeting

- 125.3 Ms Tempest explained that overall updates to the April 2019 version of the policy have been kept to a minimum. The main driver of any change has been the national consultation on Evidence Based Interventions (EBI) that took place at the back end of 2018. Of the 17 national EBI policies which were consulted on, only 2 were not already incorporated in the CNE policy document (Adult Snoring Surgery, and Shoulder Decompression), therefore these are the only additions to local policies from the national consultation.
- 125.4 Dr Nevison asked if there were any changes required for the CaSPER. Ms Tempest advised that it may need to be reviewed. Dr O'Brien commented that the review of the policy was ICS led and there was effective engagement with primary care and clinical involvement with the development of the policies.

The Governing Bodies APPROVED the Value Based Clinical Commissioning Policy

GB/19/126 Confirmed Committee Minutes:

The Governing Body **NOTED** the following minutes:

- 126.1 DCCG Primary Care Commissioning Committee IN PUBLIC held on 11th December 2018
- 126.2 HaST CCG Primary Care Commissioning Committee IN PUBLIC held on 11th December 2018.
- 126.3 Primary Care Commissioning Committee In Common held on 11th December 2018
- 126.4 Audit and Risk Committee meeting held on 4th December 2018

- 126.5 Quality, Performance and Finance Committee In Common held on 8th January 2019.
- 126.6 Quality, Performance and Finance Committee In Common held on 5th February 2019.
- 126.7 Northern CCG Joint Committee Minutes of the meeting held on 10th January 2019.
- 126.8 Hartlepool Health and Wellbeing Board meeting held on 10th December 2018
- 126.9 Stockton Health and Wellbeing Board meeting held on 19th December 2018.
- 126.10 Stockton Health and Wellbeing Board meeting held on 30th January 2019

GB/19/127 Post-critique

- 127.1 The Meeting had finished in good time and the GBs had been held to account. There were no questions from the public. The Chair thanked members and attendees for their attendance.
- 127.2 The Chair presented Dr Stanley and Dr Galloway with gifts and cards from the CCG and GB Members.

Date and Time of Next Meeting

The next in public meeting is scheduled to take place on Wednesday 22nd May 2019, 3pm, at North Ormesby Health Village.es. TS21 1DD

Meeting closed at 16:07pm

Signed: Date:

Dr Boleslaw Posmyk
Chair of the Governing Bodies

Common Abbreviations

ACP -	Accountable Care Partnership
CDDFT –	County Durham and Darlington Foundation Trust
DCCG –	Darlington Clinical Commissioning Group
GBs –	Governing Bodies
GP –	General Practitioner
HaST –	Hartlepool and Stockton-On-Tees Clinical Commissioning Group
HWD -	Healthwatch Darlington
HWH -	Healthwatch Hartlepool
HWS -	Healthwatch Stockton
ICS -	Integrated Care System
NEAS –	North East Ambulance Service
NECS –	North East Commissioning Support
NTHFT –	North Tees and Hartlepool Foundation Trust
SEND -	Special Educational Needs or Disability
STCCG -	South Tees Clinical Commissioning Group
STHFT –	South Tees Hospital Foundation Trust
TEWV -	Tees Esk and Wear Valley Foundation Trust

South Tees CCG Governing Body Meeting held in public

Held on Wednesday 27th March 2019 10am – 12pm

In the Boardroom, North Ormesby Health Village

Present:

Dr Janet Walker ~ CCG Clinical Chair – Governing Body Meeting Chair

Mr Derek Cruickshank ~ Governing Body Lay Member

Mrs Karen Dales ~ Governing Body Lay Member

Mrs Caroline Gitsham ~ Governing Body Lay Member

Mr Gary Groom ~ Governing Body Lay Member

Dr Neil O'Brien ~ Chief Clinical Officer

Dr Mike Milner ~ Governing Body GP Member

Mr Graeme Niven ~ Chief Finance Officer

Dr Ali Tahmassebi ~ Governing Body GP Member

Dr Vaishali Nanda ~ Governing Body GP Member

In Attendance:

Mr Craig Blair ~ Director of Strategic Planning & Performance

Mr Edward Kunonga ~ Director of Public Health, *Public Health South Tees (item 4.1 only)*

Ms. Lynne Pearson ~ Corporate Secretary

Mrs Alex Sinclair ~ Director of Programmes & Primary Care Development

Mrs Barbara Potter ~ Head of Quality & Adult Safeguarding (*attended in the absence of Ms. Jean Golightly*)

Members of the Public in Attendance:

Ms. Susan Hall ~ Regional Account Director, *Takeda UK Ltd*

GB/195/18 Welcome and Apologies:

Dr Janet Walker, as Chair of the meeting, introduced herself and welcomed Governing Body members and those in attendance to the meeting.

It was confirmed that apologies for absence had been received from Ms. Jean Golightly (Director of Quality & Safeguarding, *STCCG*), Mrs Nicola Bailey (Chief Officer, *STCCG*) and Mrs Jacqui Keane (Head of Governance, *STCCG*),

The meeting was confirmed as quorate.

GB/196/18 Declarations of Interest & Gifts and Hospitality:

Dr Walker reminded all members of the Governing Body of their responsibility to declare any conflicts of interest in relation to items on the agenda and in addition to those circulated in the meeting papers:

Mrs Gitsham confirmed that she had completed the relevant documentation in relation to her additional Declaration of Interest in light of her role as a Trustee on the Board for *Humankind*.

No further declarations of interest were raised by members of the Governing Body.

The meeting was confirmed as quorate.

GB/197/18 Unconfirmed Minutes of the Previous Meeting held on 30th January 2019:

The minutes of the previous Governing Body meeting held on 30th January 2019 were accepted as a true and accurate record.

GB/198/18 Matters Arising & Action Log

Matters Arising:

Dr Walker welcomed any matters arising from the minutes of the previous Governing Body meeting held on 30th January 2019, providing members with the opportunity to raise any matters arising or provide any updates in relation to the actions identified:

Governing Body members confirmed that there were no further matters arising from the previous Governing Body meeting held on 30th January 2019

Action Log:

Dr Walker led the Governing Body through a review of the action log from the previous meeting held on 30th January 2019:

GB/181/18: Clinical Council Report ~

It was suggested that the CCG could include any Webex or dial-in details within the email circulation of papers to the CCOM. Any presentations due to be provided to members during the meeting could also be circulated to those members who had indicated their plans to dial-in to the meeting.

Following the January 2019 Governing Body meeting, Dr Walker had subsequently advised that this action was currently in progress and would be implemented as part of the CCOM meetings for 2019/20:

Dr Walker advised that ongoing discussions were continuing to be held in regards to improving the accessibility of the Clinical Council of Members (CCOM) meetings for member Practices; and that it had also subsequently been agreed that the CCOM meetings would now coincide with the CCG's GP Time Out Education Sessions. In addition, the CCOM meetings will now also be linked into the CCG's new GP Local Incentive Scheme (LIS)/Primary Care Scheme going forward, which includes a financial penalty should practices not attend 4 out of 6 meetings.

Dr Walker also advised that the Chair of the CCOM, Dr Tony Chahal, had communicated out to all CCOM representatives, emphasising the importance of attending the CCOM meetings. It was advised that no Webex or other technological facilities had been set up as yet for the CCOM meetings, as there had been no requests received from Practices for this to be incorporated into the CCOM meeting process.

The Governing Body agreed that this action was now complete and could therefore be marked as such on the Governing Body's Action Log.

GB/182/18: Patient Story ~

Members of the Governing Body confirmed that they were in agreement that the CCOM should be provided with an update and further information on the work undertaken within Practices to support patients with Learning Disabilities. Following the January 2019 Governing Body meeting, Dr Walker had subsequently advised that this action was currently in progress and would be implemented as part of the information circulated to CCOM members and provided within the next CCOM meeting due to take place in May 2019.

Dr Walker confirmed that information regarding the work undertaken by Practices to support patients with Learning Disabilities would be circulated to members within the Pre-Reading Brief ahead of the next CCOM meeting due to take place in May 2019. The Governing Body agreed that this action was now complete and could therefore be marked as such on the Governing Body's Action Log.

Matters Arising:

Dr Walker welcomed any further matters arising from members of the Governing Body in addition to the items already included on the agenda:

No further matters arising were raised by members of the Governing Body.

GB/199/18 Chair, Chief Clinical Officer & Chief Officers' Report:

Dr O'Brien presented the Chair, Chief Clinical Officer and Chief Officer's Report to the Governing Body, with the recommendation that members should note and receive the report and the update provided. To supplement the areas covered in the Report, Dr O'Brien highlighted the following areas of note to members of the Governing Body and summarised the business transacted by the CCG since the previous Governing Body meeting which took place in January 2019:

European Union (EU) Operational Readiness Guidance:

Dr O'Brien advised that the European Union (EU) Operational Readiness Guidance, issued by the Department of Health & Social Care, would continue to be updated as per the developments from the UK Government and Parliament to ensure that the health and care system in England takes the appropriate steps towards preparing for a 'no deal' EU exit scenario. Dr O'Brien confirmed that the Governing Body could also be assured that there were mechanisms and plans in place to mitigate against the areas of risk which may arise as a result of a 'no deal' EU exit. All five of the southern collaborative CCGs (Darlington CCG, Durham Dales, Easington & Sedgefield CCG, Hartlepool & Stockton-on-Tees CCG, North Durham CCG and South Tees CCG) were continuing to work with Local Authority partners and other stakeholders to identify areas of risk and to put plans and mitigations in place. In addition, all of the CCGs had recently discussed their plans with NHS England to provide assurances on the progress made; and for the five collaborative CCGs positive feedback has been received from NHS England about the existing plans.

Future Governance Arrangements:

It was noted that Governing Body members had continued to be informed about the ongoing work towards further developing the joint working arrangements across the five CCGs in the southern collaborative, as well as the more local collaborative arrangements between South Tees CCG, Darlington CCG and Hartlepool & Stockton-on-Tees (HAST) CCG.

It was noted that from April 2019, South Tees CCG, Darlington CCG and HAST CCG would be holding more meetings 'In Common'; including Governing Body meetings, Executive Committees, Primary Care Commissioning Committees, Quality, Performance & Finance (QPF) Committees and Audit & Assurance Committees. These 'In Common' arrangements would allow for greater opportunities for shared learning and peer review and challenge as well as the clear efficiencies to be gained from minimising duplication of effort on areas of common interest.

The work towards further developing the joint working arrangements across the five CCGs has also been progressing in regards to the alignment of Directors and their associated portfolios being confirmed to the wider CCG team. It was also noted that the alignment of CCG Directors and portfolios had not required a formal consultation; as the Directors across the five collaborative CCGs had worked very flexibly to allow for the alignment of work and portfolios to be achieved as easily as possible.

Dr O'Brien advised that the reconfiguration of the Director's portfolios would help to strengthen several of the CCG's priority areas, including primary care and children's commissioning. In addition, it was noted that it had subsequently been agreed that Directors from the five CCG collaborative could also provide cross-cover for each other in regards to attendance at the Governing Body and associated corporate Committee meetings held 'In Common', and a Memorandum of Understanding (MOU) would shortly be agreed to confirm these cross-cover arrangements.

Dr Walker confirmed that an email communication had been circulated to CCG staff to advise of the new director portfolio arrangements; and Dr Walker advised that the Governing Body Lay Members across all five of the collaborative CCGs would also now receive this communication – and any further communications circulated to CCG staff.

Integrated Care Partnership (ICP) Plan:

Dr O'Brien advised that the CCG was continuing to develop the activity and financial plans for submission to NHS England in line with the planning timetable. Final submissions will be made on 4th April 2019 for the CCG's financial plans and 11th April 2019 for the CCG's activity plans. Local narratives were also being developed for each CCG, which would be shared with key stakeholders. The Local CCG plans are also being incorporated into the Integrated Care Partnership (ICP) plan for Darlington, Tees and Hambleton, Richmondshire & Whitby (HRW) CCG's footprint which is informing the development of the Integrated Care System plan for the North East and North Cumbria.

Update of Local Primary Care Networks (PCNs):

Dr O'Brien explained that the CCG's Governing Body GPs were currently working within each of the Localities to ensure that there was a good level of coverage in terms of patient population size and geographies across the CCGs for the Primary Care Network (PCN) configurations.

Following the publication of the NHS Long Term Plan (LTP) and the GP Contract Framework document the CCG has developed a Scheme to support Practices who can confirm their Primary Care Networks configuration by 31st March 2019. Dr O'Brien advised that the scheme had therefore provided an incentive for the CCG's GP Practices to confirm their intentions by the end of March 2019 in regards to joining a Primary Care Network.. The requirement for Practices to confirm their intentions to the CCG in relation to their PCN configuration by 31st March 2019 is ahead of the national timeline, but it is hoped that this will ensure that the national deadline for confirmation of the CCG's PCN configuration will be met sufficiently ahead of time.

It was noted that PCNs were intended to dissolve the historic divide between primary care and community health services. The PCN is a foundation of all Integrated Care Systems (ICS); and every ICS will have a critical role in ensuring that PCNs work in an integrated way with other community staff.

The minimum size for a PCN is coverage of a 30,000 population size and it is likely that the only permissible exception to the 30,000 rule would be a low population density across a large rural and remote area. It will be acceptable for a PCN to have a patient population of over 50,000.

A GP Education Time Out was dedicated to network development 14th February 2019. The event was supported by the National Association of Primary Care (NAPC).

Dr O'Brien advised that the CCG's implementation of the GP Primary Care Scheme/Local Incentive Scheme (LIS) had been a contentious issue within primary care. However, the CCG had communicated and engaged extensively with Practices in relation to this.

The CCG is therefore hopeful that the majority of practices would agree to sign up to the GP LIS. In addition, Dr O'Brien confirmed that the CCG was also currently working on contingency plans for those Practices who may choose not to sign up to the GP LIS; and this will ensure that services would continue to be provided for the patient population of these Practices.

STCCG Lay Member Departure:

Dr Walker advised members that this was the last meeting for one of the CCG's Governing Body Lay Members, Mr Gary Groom, and thanked Mr Groom for his hard work and involvement in the Governing Body over the last two years. Dr Walker also explained that Mr Groom's departure from the CCG's Governing Body was to facilitate the new requirements for the consolidation of Lay Members across the Tees CCGs (Darlington CCG, HAST CCG and South Tees CCG) as part of the new collaborative working arrangements.

No further queries or comments were raised by members of the Governing Body in relation to the Chair, Chief Clinical Officer and Chief Officer's Report.

The Governing Body **NOTED** and **RECEIVED** the Chair, Chief Clinical Officer and Chief Officer's Report.

GB/200/18 Clinical Council Report:

Dr Walker introduced the Clinical Council Reports to the Governing Body, with the recommendation that members should note the discussions which took place at the Clinical Council of Members (CCOM) and Locality Meeting held on 28th February 2019. Dr Tahmassebi then presented the report and highlighted the key areas of note and the discussions raised at the CCOM meeting held on 28th February 2019; and also advised of the updates and supporting information received by the CCOM at this meeting:

Dr Tahmassebi advised that there had been a number of important areas for members to discuss and approve at the February 2019 CCOM meeting, including the termination of the GP Five Year Forward View LIS and the introduction of the new GP Primary Care Local Incentive Scheme (LIS) – during which a thorough discussion was held between the CCG and the CCOM Practice representatives in attendance. Dr Tahmassebi explained that Practices were keen to understand how the GP LIS would link into - and what effect the scheme would have - on the CCG's current financial position.

In addition, Dr Nanda advised that it was felt by the CCOM that going forward the agendas from the CCOM meetings should be included within the CCOM Report to the Governing Body. It was noted that the CCG had pledged that, as part of the GP LIS, Practices must now attend four out of six of the CCOM meetings held per year. Furthermore, four of the six CCOM meetings would also now coincide with and be held on the same date as the GP Time Out Education events.

Dr Tahmassebi advised that the CCOM had also received updates on other important areas for the CCG, such as collaborative working arrangements across the five CCGs, the Integrated Care Partnership (ICP), the Integrated Care System (ICS) and the Southern Clinical Strategy.

Dr Tahmassebi welcomed any further comments or queries from members of the Governing Body in relation to the Clinical Council Report:

Mr Groom highlighted that although the levels of attendance at the CCOM meetings had not always been as high as it could be this had now improved due to the hard work undertaken in regards to effective engagement with the GPs and Practice Managers; and Mr Groom

thanked the Governing Body for ensuring that the hard work of ensuring that effective Practice and GP engagement had been undertaken.

Dr Walker advised that the CCG would need to navigate between the potential difficulties and challenges arising from the implementation of the GP LIS and Primary Care Networks.

No further comments or queries were raised by members of the Governing Body in relation to the Clinical Council Report.

The Governing Body **NOTED** the Clinical Council of Members Report, including the supplementary information provided in regards to the Clinical Council of Members meeting held on 28th February 2019.

GB/201/18 Patient Story:

Dr Walker presented the Patient Story to the Governing Body, with the recommendation that members should note the information provided in relation to improving patient experience following transfer of care from a nursing home to home after a long period of inpatient rehabilitation.

Dr Walker made an anonymised reference to a patient, which highlighted that there were occasions whereby the work of the health and social care system had not improved the patient experience in terms of quality and outcomes. The case outlined by Dr Walker made reference to the fact that often small changes or improvements could significantly impact a patient's experience more positively.

This case highlighted that improvements could be made to the integration of transfers of care from one health or social care setting to another. The patient felt that, upon being discharged from a nursing home, after a long period of in-patient treatment and rehabilitation, following a stroke, to home the system was fractured and did not help to facilitate their adaption to a new way of life once back in their own home. The patient had stated that they had subsequently felt abandoned by the healthcare system; and that services within the system were not joined up – including the lack of effective communication between these services. This patient experience also highlighted the issues experienced by their partner as their carer due to issues around communication and the assumptions that were made..

Both the patient and their partner/carers had confirmed that they were aware of the austerity issues within the health care system overall, but had advised that they were concerned in regards to the approach taken by health care services towards explaining to patients what was not available to be provided to them. The patient and their partner/carers also expressed concern in regards to the service's expectations of the patient/family's prior knowledge, to the extent that some key information was not explained to the patient or carer as there was an assumption that they would 'already know'.

Dr Walker advised that this case highlighted that the overall quality of care received by patients is the most important element of health care provision and should remain the key focus of any work undertaken across the health care system, particularly during times of transition and/or austerity for services. The responsibility of patient care in this case was a shared responsibility between the GP Practice, the Continuing Healthcare (CHC) team, care home intermediate care services commissioned by the local authority. In addition, Dr Walker explained that the patient and their partner/carers had also highlighted that there were practical things which could make a difficult phase of adjustment and transition for a patient following their discharge to their own home much easier - such as the introduction of a tick list for patients and/or carers to follow to ensure that they have all of the correct medication, equipment and provisions, in addition to also being allocated an individual to take responsibility for co-ordinating the patient's care. The patient and their partner/carers in this

case had expressed frustrations to Dr Walker in relation to the number of telephone calls which were required to ascertain what medications, equipment and provisions would be needed to ensure that the patient's care could continue as required.

Dr Walker explained that the patient and their partner/carer had been very keen for the CCG to take on board the experiences and frustrations they had expressed and to give particular consideration to the suggestions of simple and practical steps which could be introduced to ensure that the patient's package of care for their transition back into their own home was much smoother; and this should be of particular consideration for the healthcare system.

Dr O'Brien queried what processes were currently in place for packages of care for patients who are transitioning back to their own home. Dr Walker advised that the CCG would need to work with partner agencies to review processes currently in place to consider any additions or adaptations which may be required to ensure that a much better quality of care and handover is experienced by patients upon a discharge to their own home. It was suggested that the Primary Care Networks could perhaps play a role in this area of work going forward once they are in place..

Mr Blair confirmed that he would pick up the concerns raised within this patient story with Mr Patrick Rice and Mr Eric Scollay in relation to the commissioning of nursing home care services and intermediate care and what provisions could be put in place to make transitions smoother.

ACTION: Mr Blair

Dr Tahmassebi advised that this patient story had highlighted that the current direction of travel towards intermediate care needed to ensure that consideration was given as to how to ensure that a seamless and effective service is provided once a patient has been discharged from an intermediate care setting and back to their own home. Furthermore, Dr Tahmassebi advised that he had also received similar patient stories which had highlighted the disjointed nature of these services and that a more fully integrated service provided in collaboration with the CCG's Local Authorities (Middlesbrough Borough Council and Redcar & Cleveland Borough Council) was required if this was to be improved. Dr Tahmassebi suggested that it would be helpful for the Governing Body to emphasise the requirements for full integration between services in order to improve patient care.

Mrs Gitsham queried whether the CCG could implement the inclusion of these requirements for intermediate care provision within commissioning standards. Dr Walker advised Mrs Gitsham that the CCG was currently in the process of addressing this, as it would ensure that the CCG would become aware when these issues were occurring within intermediate care services; and could then consider the ways of working that are put in place as part of the commissioning standards for the CCG's services to prevent similar issues from occurring.

Mr Blair suggested this was perhaps something which could be implemented as part of the CCG's work with the Local Authorities - such as an agreement to and sign off of a Memorandum of Understanding in relation to this.

Mr Cruickshank suggested that perhaps a formal response could be sent to the patient and their partner/carer, to confirm that the Governing Body had received their concerns and had held a thorough discussion as to the actions which could be taken to address these concerns and prevent a similar circumstance from happening again to other patients. Dr Walker agreed with Mr Cruickshank's suggestion and confirmed that she would formally respond to the patient and their partner/carer via letter; and Dr Walker also advised that the patient and their partner/carer had stated that they were keen to see the minutes from this meeting.

ACTION: Dr Walker

Dr Tahmasssebi highlighted the issues and concerns which had previously been raised at the Governing Body in regards to patients with dual diagnosis and how this can often negatively affect their access to Mental Health; and Mr Blair advised that the CCG had formally responded to these concerns and had stated that the issues experienced by these patients with dual diagnosis in accessing Mental Health services would be addressed, but he was aware that some of these issues were still persisting.

Dr Milner suggested that Integrated Care Partnership (ICP) should ensure that packages of care for Stroke patients was high on the agenda; particularly in light of the issues which had resulted from the lack of neuro-radiologists currently in post at STHFT.

No further comments or queries were raised by members of the Governing Body in relation to the discussion of the Patient Story agenda item.

The Governing Body **NOTED** the Patient Story agenda item and the concerns raised by patient and carer who had shared their story.

GB/202/18 Governing Body Annual Cycle of Business 2019/20:

Dr Walker presented the proposed Annual Cycle of Business for the Governing Body during the 2019/20 financial year. Dr Walker advised that members of the Governing Body were recommended to receive the Annual Cycle of Business 2019/20 for the Governing Bodies/Joint Committee of the Southern Collaborative of CCGs for discussion, noting that the Annual Cycle of Business was also subject to amendments following discussion at the Joint Committee meeting which was held on 21st March 2019. In addition, it was advised that members of the Governing Body were also recommended to consider any missing items of business which should be included on the cycle, or items which were currently scheduled to be discussed at the Joint Committee meetings.

Dr Walker explained that the aim of the Annual Cycle of Business was to ensure that the key business and reports associated with that were taken through the CCG's governance processes at the most appropriate time. Furthermore, the Annual Cycle of Business has also been developed alongside the business cycle of the Joint Committee of the Southern Collaborative of CCGs; and therefore the key areas of business and reports for the Southern Collaborative CCGs are reflected within the Governing Body's Annual Cycle of Business.

Dr Walker advised that the Governing Body's Annual Cycle of Business was a 'live' document, which would be subject to change and dependent on the requirements which may arise from the significant changes currently ongoing across the Southern Collaborative CCGs. In addition, Dr Walker also advised that the Southern Collaborative CCGs would need to be mindful to respond to the needs of their Governing Bodies and how to monitor the effectiveness of the Annual Cycle of Business..

Dr Walker welcomed any further comments or queries from members of the Governing Body in relation to the Governing Body's Annual Cycle of Business 2019/20:

Mr Blair advised that further discussions had been held to clarify the meeting dates for the November 2019 and March 2020 meeting dates; and although this was not a significant change to the document, relevant members of the Governing Body would be communicated with as necessary in regards to confirming the Governing Body meetings dates for 2019/20. Dr Walker agreed and acknowledged that the number of meeting dates and diary invitations recently circulated out to Governing Body members could result in members requiring further clarification - and this would be provided as and when necessary.

Mr Cruickshank commented that the decision to hold the collective meeting Southern Collaborative CCGs was very welcome and would hopefully prevent some of the current duplication occurring across the Southern Collaborative CCG area. Mr Cruickshank also advised, however, that the Governing Body meeting dates for 2019/20 had resulted in some clashes for him; and requested that any additional clashes or issues for other members of the Governing Body were considered ahead of any further diary dates being agreed and circulated out to members.

Mrs Dales advised that the CCG would need to ensure that during a period of such significant changes and transition the current process of reporting any issues to the Governing Body by exception did not lead to any areas of importance, which would be key for the Governing Body to be sighted on, being missed. Dr Walker agreed and advised Mrs Dales that discussions had been held at the most recent meeting of the Joint Committee of the Southern Collaborative CCGs, to consider and review how best to ensure that the monitoring requirements for the monthly Quality, Performance & Finance – QPF Committee (previously known as the Finance, Quality and Performance – FQP Committee for South Tees CCG) could be completed under the new reporting requirements for the CCG Governing Body and corporate Committee meetings. Mrs Dales also advised that, as Chair of the Audit Committee she felt it was necessary to ensure that the CCG's Audit & Assurance Committee continued to be well sighted on all of the key areas of reporting and monitoring, particularly in light of the fact that as Chair of the Audit & Assurance Committee Mrs Dales could not attend the QPF Committee.

No further comments or queries were raised by members of the Governing Body in relation to the Governing Bodies and Joint Committee of the Southern Collaborative of CCGs' Annual Cycle of Business for 2019/20.

The Governing Body **RECEIVED** and **NOTED** the Annual Cycle of Business 2019/20 for the Governing Bodies/Joint Committee of the Southern Collaborative of CCGs.

The Governing Body **CONSIDERED** any missing items to be included, or items currently scheduled to be discussed at the Governing Body meetings, that could instead be discussed at the Joint Committee of the Southern Collaborative of CCGs. No items were raised.

GB/203/18 Modern Slavery & Human Trafficking Statement:

Mrs Potter presented the Modern Slavery & Human Trafficking Statement to the Governing Body, with the recommendation that members should approve the statement:

Mrs Potter confirmed that the Modern Slavery & Human Trafficking Statement was a statutory requirement for the CCG; and described the organisation's commitment to ensuring that there was no modern slavery or human trafficking in any part of their business activity. The statement is made in pursuant to section 54(1) of the Modern Slavery Act 2015 and ensures that there is both a health response and an emergency response from the CCG in place in relation to modern slavery and human trafficking, along with a response from local partners across the Middlesbrough and Redcar & Cleveland areas.

Mrs Potter advised that the statement would also be included on the South Tees CCG website once approval was confirmed by the Governing Body.

ACTION: Mrs Potter

The Governing Body **APPROVED** the CCG's Modern Slavery and Human Trafficking Statement.

GB/204/18 Revised Quality, Performance & Finance (QPF) Committee Terms of Reference:

Dr Walker introduced the revised terms of reference for the CCG's Quality, Performance & Finance (QPF) Committee (previously known as the Finance, Quality & Performance – FQP Committee within South Tees CCG) to the Governing Body, with the recommendation that members should consider and approve the proposed changes to revised terms of reference for the QPF Committee:

Dr Walker advised that that revised terms of reference reflected that the Committee would now be known as the 'Quality, Performance & Finance' – QPF Committee, in order to ensure alignment of the Committee's requirements across the Southern Collaborative CCGs. In addition, Dr Walker advised that Hambleton, Richmondshire & Whitby (HRW) CCG would now be invited to attend the South Tees QPF Committee as attendees only, rather than full Committee members. These changes arose as a result of a review of the previously formalised arrangement for HRW CCG's involvement and inclusion in the South Tees CCG QPF Committee quoracy, due to availability constraints and the subsequent impact on the quoracy of the meetings – both of which were further discussed and considered by the respective Chief Finance Officers from South Tees CCG and HRW CCG. The revised terms of reference for the QPF Committee therefore outlines this revised arrangement, with related HRW CCG references also removed.

As Chair of the QPF Committee, Mr Cruickshank confirmed his agreement with the revisions made to the terms of reference for the Committee – including the changes made in relation to colleagues from HRW CCG. In addition, Mr Cruickshank advised that Mrs Jacqui Keane, as the CCG's Head of Governance, had aligned the terms of reference with the terms of reference for the QPF Committees of the Southern Collaborative CCGs. The alignment with the QPF Committees of the Southern Collaborative CCGs, and particularly those of Darlington CCG and HAST CCG, also included reverting back to the original title of the Committee, so that it would now be known as the Quality, Performance & Finance (QPF) Committee.

The receipt of the Contract Management Board meeting minutes was also removed from the QPF Committee's revised terms of reference, as a result of revised contract management arrangements. Mr Blair confirmed that discussions had been held with the Contract Management Boards, to confirm these revised contract management arrangements. Mr Blair also advised that it was important for the Governing Body to note that membership of the QPF Committee outlined in the Committee's terms of reference may subsequently require minor amendments to be incorporated following the recent confirmation of the portfolios and areas of work for the CCG's Directors – which also impacts on the Committee meetings which the Directors would be required to attend. Members of the Governing Body reiterated their previous agreement to delegate the inclusion of these minor amendments re. Director attendance at the Committee into the terms of reference as and when necessary.

In terms of quoracy for the QPF Committee 'In Common' meetings which will be held with the three Tees CCGs (Darlington CCG, HAST CCG and South Tees CCG), both Dr O'Brien and Mr Blair advised that the quoracy for each of the three CCGs would still stand for the meeting, whilst the 'In Common' element of the Committee would ensure that each of the three meetings takes place at the same time. Mr Blair advised that the MoU agreement, which had recently been agreed between CCG Directors across the Southern Collaborative CCGs, work help towards streamlining the management and Director attendance and input into the Committee much more effectively.

No further comments or queries were raised by members of the Governing Body in relation to the revised terms of reference for the QPF Committee.

The Governing Body **CONSIDERED** and **APPROVED** the proposed changes and revisions to the CCG's Quality, Performance & Finance (QPF) Committee.

GB/205/18 Draft Value Based Clinical Commissioning Policy:

Dr Walker presented the Value Based Clinical Commissioning (VBCC) Policy to the Governing Body, with the recommendation that members should acknowledge the ongoing regional work in relation to Value Based Clinical Commissioning, in addition to formally approving the updated regional Policy in order to allow implementation with providers from 1st April 2019. Members of the Governing Body were also recommended to note that once the V6.2 of the Policy was fully ratified this would become Version 7.0 of the VBCC Policy:

Dr Walker advised that the purpose of the draft VBCC Policy was to seek approval from the Governing Bodies to allow the regional policy to be formally ratified for implementation in line with the agreed regional time lines. The regional VBCC Policy had been through a round of engagement with various stakeholders with the purpose of updating the Policy ready for implementation from 1st April 2019. The Regional Steering Group had reviewed and taken on board any feedback, and had concluded the updates to be made to the Policy. The Policy circulated to the Governing Body had therefore incorporated all of these revisions and was now subject to formal ratification through each individual CCG's relevant decision-making routes.

Mr Blair confirmed to the Governing Body that the VBCC Policy currently sat alongside the CCG's process for demand management with provider Trusts, such as Rapid Specialist Opinion (RSO) and ticket approval for GP referrals.

Dr O'Brien advised that there were currently some concerns regionally as to how the VBCC Policy was managed; and Dr O'Brien therefore clarified that the current VBCC Policy and the associated business rules would still stand until the revised version was approved and ratified. In addition, Dr O'Brien advised that the associated business rules would also be reviewed to ensure that these were being fairly applied; and to consider whether adequate clinical input had been incorporated within the VBCC Policy in light of the fact that the levels of provider trust clinical attendance at the VBCC Regional Steering Group was currently poor. Dr O'Brien explained that membership of this Group had now been pulled together to undertake these reviews and it was estimated that the Group would have information available to report out on at the end of quarter 1 of the 2019/20 financial year.

Mr Cruickshank queried whether there was mechanism available for any new clinical evidence which may come to light to be incorporated promptly into the VBCC Policy; and Dr Walker advised that the Regional VBCC Steering Group had the scope to allow for any additional clinical evidence which comes to light to trigger a review of the VBCC Policy. In addition, Dr Walker advised the Governing Body there was also a recognition from the Regional VBCC Steering Group that undertaking reviews of the Policy every six months would likely present challenges, so there would subsequently be a move towards annual reviews rather than six monthly – with the caveat that if any significant clinical evidence was to come to light this would also trigger a review of the Policy.

Dr O'Brien emphasised the importance of each of the collaborative CCGs collectively enforcing the penalties if the requirements set out within the VBCC Policy were not adhered to. In addition, Dr O'Brien advised that the whole of Cumbria and the North East would need to follow the same VBCC Policy in order to ensure that there was fair and proportionate services and access available across the area. This is particularly important in light of contentious issues such as the number of IVF cycles being offered to patients.

It was confirmed that the updated version of the VBCC Policy would be uploaded and available on the CCG's website – and this would allow GPs to also access the Policy as and when necessary via the GP electronic portal.

The Governing Body **NOTED** the ongoing regional work currently taking place in relation to Value Based Clinical Commissioning (VBCC).

The Governing Body formally **APPROVED** the updated regional VBCC Policy, in order to allow implementation with providers from 1st April 2019.

The Governing Body **NOTED** that once the draft VBCC Policy (v6.2) was fully ratified this would become Version 7.0 of the VBCC Policy.

GB/206/18 Finance, Quality & Performance (FQP) Committee Update:

Finance Report:

Mr Niven presented the Finance Report for month 11 of the 2018/2019 financial year (eleven months ended 28th February 2019), with the recommendation that members should consider the reported financial performance, note the financial forecast for 2018/19 as at 28th February 2019 and note the reported financial risks and mitigating actions being taken to ensure delivery of the CCG's statutory financial duties.

Mr Niven confirmed that the CCG still remained on track to hit the financial control total and to report a break-even position. There were potential risks to the CCG's financial position, including growth in Mental Health, Continuing Healthcare (CHC) and prescribing costs. However, Mr Niven confirmed that the CHC position offered an improving picture, but levels of prescribing cost growth had worsened due to price rises. Mr Niven explained that NHS England had recognised the pressure on CCGs in regards to the growth in prescribing costs; and had therefore provided CCG with a contribution towards mitigating this. Additionally, the CCG also still had some reserves in place to manage the growth in prescribing costs. Therefore, the recent financial reporting information available suggests that the CCG can still manage both the CHC and prescribing risks. Mr Niven confirmed that, overall, the CCG had managed to stabilise a deteriorating financial position. Mr Cruickshank acknowledged that this was a collective achievement for the CCG and thanked Mr Niven and the CCG's Finance Team for achieving this position. Mr Niven thanked all of the CCG's Directors and the team for their hard work towards achieving this position.

Mrs Gitsham advised that the recent changes made to the format of the Finance Report to the Governing Body were very positive and had made the Report much more readable and accessible overall.

No further comments or queries were raised by members of the Governing Body in relation to the Finance Report.

The Governing Body **CONSIDERED** the reported financial position and performance for the CCG.

The Governing Body **NOTED** the financial forecast for 2018/19 as at 28th February 2019.

The Governing Body **NOTED** the reported financial risks and mitigating actions being taken to ensure delivery of the CCG's statutory financial duties.

Quality & Safeguarding Report:

In the absence of Ms. Jean Golightly (Director of Quality & Safeguarding), Mrs Potter presented the Quality & Safeguarding Report to the Governing Body, with the recommendation that members should receive and note the report for information and

discussion purposes. The report presented a reflection of the cumulative position for the three Tees Valley CCGs (Darlington CCG, HAST CCG and South Tees CCG). Mrs Potter subsequently advised the key areas of note for the Governing Body in relation to both South Tees CCG and South Tees Hospitals Foundation Trust (STHFT), as follows:

Healthcare Acquired Infections (HCAI):

Mrs Potter confirmed that the Healthcare Acquired Infections (HCAI) position for STHFT was currently steady and that the CDI performance target should be met by the Trust next year (2019/2020). In addition, it was noted that the actions put in place to maintain and improve the current HCAI position for the Trust included Mrs Potter, as the CCG's Head of Quality & Adult Safeguarding, attending the root-cause analysis meetings for all Trust attributed C.Difficile cases. The learning so far obtained from this had led to a pilot ward testing out a new diarrhoea assessment tool to ensure that specimens are taken and sent to laboratories appropriately. The expected outcomes and timeframes from these actions includes the Clinical Quality Review Group (CQRG) monitoring the progress on the CCG's Infection, Prevention & Control (IPC) improvement plan delivery.

Mrs Potter explained that a new C.Dif trajectory would shortly be released for 2019/20; and advised that this would also be presented to the next CCG Quality, Performance & Finance (QPF) Committee meeting to ensure that members were well sighted on this trajectory.

Safeguarding Children Training Compliance:

Mrs Potter advised that STHFT was currently in the process of introducing a mandatory induction and probationary programme which would support newly appointed staff at the Trust to attend the relevant level of training within the first three months of their appointment into post.

It was also noted that the Director of Nursing and Quality and the Designated Nurse for Safeguarding Children had continued to address the issue of levels of compliance from the Trust in relation to staff completion of safeguarding children training on a number of occasions including:

- During 1:1 meetings with the named nurse for the Trust responsible for training.
- At the Trust's Strategic Safeguarding Group.
- At the Trust's Quality Assurance Committee.
- Requesting a detailed action plan from STHFT which should outline how the Trust plans to achieve the required compliance level.

The CCG's safeguarding professionals will continue to monitor the Trust's compliance and ensure that the new initiatives were having a positive impact for the Trust to achieve the required level of staff safeguarding training.

Never Events:

Mrs Potter confirmed to the Governing Body that two 'Never Events' had now taken place at STHFT – one of which was reported by the Trust in January 2019 in relation to a retained surgical swab. Mrs Potter advised that the Trust had confirmed the occurrence of this Never Event to the Care Quality Commission (CQC), NHS England and the CCG. It was noted that this incident would be managed by the serious incident process; in addition to monitoring by the CCG via the CQRG meetings.

Lampard Recommendations (*Savile Report*):

Mrs Potter confirmed that the Lampard Recommendations (resulting from the *Savile Report*) had been presented to the CCG's QPF Committee meeting and, additionally, the CCG had also sought assurance that the following recommendations had been responded to and were embedded in practice within STHFT:

- Security and access arrangements, including celebrity and VIP access.

- The role and management of volunteers.
- Raising complaints and concerns (by staff and patients).

The Lampard Recommendations will also be discussed further at the next CQRG meeting.

Safeguarding Adults:

Mrs Potter advised that the CCG had been undertaking significant work in collaboration with STHFT to improve the figures for PREVENT training compliance to 85% - although there was currently an improvement towards this. In order to achieve this target, the CCG has implemented the following:

- Time out session held for GPs in Middlesbrough and Redcar & Cleveland with a significant focus on PREVENT training and knowledge. This included a presentation from an innovative speaker from Middlesbrough Borough Council; and the overall evaluations received following this GP Time Out session had been very positive.

Mrs Potter confirmed that NHS England was aware that the CCG may not achieve the required compliance target for safeguarding adults.

Safeguarding Adults & Children: Domestic Homicide Review:

Mrs Potter explained that the court case in relation to a domestic homicide review which occurred in the Hartlepool area in August 2018 had now been completed; and the perpetrator was convicted of murder - and the accomplice convicted of manslaughter.

Dr Walker advised the Governing Body that learning had been noted from the work of the domestic homicide reports; and Mrs Potter agreed and confirmed that domestic homicide was an issue which directly linked into the commissioning of services for substance and alcohol misuse and domestic abuse. The CCG would therefore ensure that it continued to directly link in with partner agencies with regard to the commissioning of services related to these areas.

Mrs Potter welcomed any further comments or queries from members of the Governing Body in regards to the Quality & Safeguarding Report:

In response to a query from Dr Walker in relation to STHFT's compliance with safeguarding children training; Mrs Potter advised that there still remained some issues in regards to ensuring that the constant level of new starters at the Trust would continue to complete the mandatory safeguarding children training, relevant for their job role and level, as part of the Trust's new starter induction requirements. Dr Milner queried whether the safeguarding children training would transfer across when staff changed job roles within the Trust; and Mrs Potter advised that the CCG's Quality & Safeguarding team were currently reviewing this.

Following a query raised by Dr Walker, Mrs Potter confirmed that the serious incident which took place at Tees Esk & Wear Valley (TEWV) Foundation Trust, reported recently in the local media had occurred within specialised commissioning.

Dr Milner highlighted the improved staff sickness absence rates for the North East Ambulance Service (NEAS); and queried what the current levels of staff sickness absence rates were for STHFT. Mrs Potter advised that STHFT's current level of sickness absence had been deteriorating and a thorough discussion of this had therefore been held at the previous CQRG meeting, which was also attended by Ms. Gill Hunt - and actions subsequently implemented - which it was hoped would improve the current high levels of staff sickness absence at the Trust.

Dr Walker noted that the NEAS complaints work had been commenced in regards to non-conveyancing; and the CCG will await the outcome report for this.

Mrs Gitsham commented that the revised format of the Quality & Safeguarding Report was very helpful easy to read.

No further comments or queries were raised by members of the Governing Body in regards to the Quality & Safeguarding Report.

The Governing Body **RECEIVED** and **NOTED** the Quality & Safeguarding Report.

Performance Report:

Mr Blair presented the Performance Report to the Governing Body, with the recommendation that members should note the current forecast performance position in relation to the NHS Constitutional standards and key performance metrics for 2018/19; in addition to also noting the mitigating actions in train and planned to address any performance concerns; and the strategic implications and opportunities of the forecast position for the CCG and provider organisations. The report provides the Governing Body with a summary of the performance position for the period of April 2018 to December 2018, including high level details of the mitigating actions planned and being taken by both the CCG and providers. It will be used to inform future commissioning intent and contract actions/negotiations:

Mr Blair advised that compliance against the 18 weeks Referral to Treatment (RTT) performance target was currently problematic for both the CCG and South Tees Hospitals Foundation Trust (STHFT), as the year to date performance for both the CCG and the Trust was likely to come in under the 92% performance target. Mr Blair confirmed that STHFT currently had action plans in place to mitigate this current level of performance, including action plans for weekend working and additional working.

Mr Blair confirmed that STHFT's performance against diagnostic waiting time targets had improved in January 2019 and soft intelligence obtained by the CCG had also demonstrated an improvement for February 2019. This improved performance from the Trust is attributable to Head and Neck specialists now being able to take up additional sessions to help clear the current backlog of diagnostic waits.

Mr Blair confirmed that ambulance performance from the North East Ambulance Service (NEAS) was currently looking positive, although the provider still remained behind on percentiles work has also now been undertaken to facilitate the re-allocation of resources for South Tees, with six additional vehicles now in place for NEAS as of April 2019; in addition to a new double-crew ambulance to help to address response times for the provider in the east Cleveland area. Mr Blair emphasised that it was imperative for the CCG to work with providers to ensure that the flow through to A&E departments was minimised as much as possible.

Mr Cruickshank queried what the CCG's plan would be to deliver the requested waiting times performance - as per the NHS Long Term Plan. Mr Blair advised Mr Cruickshank that the NHS Long Term Plan required that the provider's total waiting list for March 2019 needed to be the same level as at March 2018; and Mr Blair confirmed that this was unlikely to be achieved as the providers were likely to be marginally over the March 2018 waiting list level due the recent movement of work within County Durham & Darlington Foundation Trust (CDFFT). Mr Blair advised, however, that NHS England would not accept this as a mitigation, as the Trust were aware of this work prior to this and the Trust should have ensured that this had been planned for. However, there is a plan in place to address each of the Trust's waiting lists during the 2019/20 financial year. In addition, Mr Blair confirmed that, overall, the Trust now had around 4,000 less patient on their waiting lists compared with the waiting list number of summer 2018.

Following a query from Dr O'Brien, Mr Blair confirmed that the CCG had not been eligible to receive the Quality Premium funding from NHS England due to the organisation currently being in special measures.

Dr Nanda noted that the Trust's cancer performance appeared to be better than the national average performance; and advised that she had recently met with representatives from *Macmillan* to discuss concerns in relation to head and neck referrals from GPs, and it would therefore be useful to know the date of the referrals to further inform this data. Mr Blair advised Dr Nanda that a pathway specific cancer performance metric was now in place at STHFT and, in addition, the Trust now also had a 'Cancer Wall' process which identified each patient's pathway and any breaches or anomalies. Mr Blair confirmed that the full numbers and data were also reported into the CCG's QPF Committee.

Furthermore, it was confirmed that urgent GP referrals were outlined within the appendix to the report; and this demonstrates that there were currently seven breaches, as of December 2018, which has brought the numbers down.

Dr O'Brien queried whether the 52 week wait breach for a Paediatric Urology patient had now been resolved; and Mr Blair confirmed that this breach had now been resolved and the patient had subsequently received the required treatment. It was noted that this breach had been reported in December 2018 for a Paediatric Urology patient. It was envisaged that the operation for this patient would take place in the RVI during December 2018 and would therefore be completed in sufficient time to ensure that no breach had occurred. This did not happen and a notification was received that the patient had received treatment on 16th January 2019; and this meant that an over 52 week breach was reportable for the month of December 2018. STHFT had therefore subsequently undertaken a full investigation into this and lessons have been learned.

No further comments or queries were raised by members of the Governing Body in relation to the Performance Report.

The Governing Body **NOTED** the Performance Report, including the current forecast position in relation to the NHS Constitutional standards and key performance metrics for 2018/19, the mitigating actions in train and planned to address performance concerns and the strategic implications and opportunities of the forecast position for the CCG and provider organisations.

GB/207/18 Assurance Framework:

Mr Blair presented the Assurance Framework to the Governing Body, with the recommendation that members should note and consider the Assurance Framework, identifying any areas they feel need to be considered further. As previously agreed by the Governing Body, the Assurance Framework continues to include only those risks which are deemed to be a risk to the delivery of the CCG's corporate objectives and are graded at 12 or above. Mr Blair confirmed that the Assurance Framework had been fully reviewed and all risks were continuing to be progressed by the Risk Owners and actions and controls continued to be in place. The Governing Body's attention was therefore drawn to the following key changes made to the Assurance Framework since the previous Governing Body meeting in January 2019:

The inclusion of a new risk relating to the potential risk of a no-deal EU exit had now been included on the Assurance Framework. This risk had been developed following discussions with the five CCG collaborative and also took into account the Department of Health & Social Care, NHS England and NHS Improvement operational guidance on the United Kingdom's

exit from the European Union. The same risk has also been included in each of the five collaborative CCGs' Risk Registers.

Directors with responsibility for primary care have been asked to work across the CCG collaborative to consider the changing NHS landscapes in relation to Primary Care Networks and how the Primary Care Strategy needs to develop to meet future needs, opportunities and challenges.

Risk 2105 has been on the Risk Register since the inception of the CCG, but in order to ensure consistency across the collaborative its rating had increased which now resulted in inclusion on the Assurance Framework. The increase in rating was in recognition of some of the current challenging discussions and the changes being made to facilitate collaborative working across the five CCGs, in addition to the work also being undertaken by Sir Ian Carruthers. Ongoing discussions are therefore taking place with Directors across the five CCGs to ensure that their portfolios are aligned and to ensure that issues arising from the NHS Long Term Plan and from primary care were picked up and addressed.

No further comments or queries were raised by members of the Governing Body in relation to the Assurance Framework.

The Governing Body **NOTED** and **CONSIDERED** the Assurance Framework, including consideration of any areas which they felt needed to be considered further.

GB/208/18 Financial Plan 2019/20:

Mr Niven presented the CCG's Financial Plan for 2019/20 to the Governing Body ahead of the finalisation of the CCG's the main provider contracts on 29th March. Members of the Governing Body were recommended to receive and note the CCG's Financial Plan for 2019/20 – and to raise any comments, queries or points of discussion as required:

Mr Niven summarised the CCG's allocations for 2019/20, and advised that the allocations received by the CCG had subsequently been adjusted and the allocation would now be circa £400k.

A plan was also now also in place with Specialised Commissioning to manage the current risks in relation to this service.

Mr Niven advised that there had been a shift in resource back to NHS England for the delegation to the CCG for the commissioning of Primary Care. This will include a removal of the payments for indemnity, which has now been top-sliced by £1.3 million, as the CCG would initially have had money available from Primary Care if it was not for this budget requirement.

Mr Niven explained that members of the Governing Body were recommended to note that the Financial Plan 2019/20 incorporated the reduced efficiency requirements from the last financial year (2018/19). The efficiency requirements for 2018/19 had been £19 million, compared to the £14 million efficiency requirement for 2019/20. The Financial Plan 2019/20 is therefore based on a built up position, tariff requirements for the independent sector, the current growth identified within the CCG's prescribing spend, an increase in the number of packages for the Continuing Healthcare (CHC) service, investments into the contracts for the North East Ambulance Services (NEAS), and the requirement for the CCG to meet the Mental Health and investment standard.

Mr Niven explained that there was currently an efficiency gap in relation to acute care services, but confirmed that the CCG had now agreed with STHFT, as the acute Trust provider, to split this risk by £3 million each way. In addition, Mr Niven advised that a number

of workstreams had been established to facilitate the CCG closing the current efficiency gap, but if the efficiency gap could not be closed by the end of the 2019/20 financial year the risk share could be split with STHFT.

Mr Edward Kunonga entered the meeting – 11.25am

Mr Niven confirmed that the Accountable Care Partnership (ACP) would be required to address any efficiency gaps and manage the risk in relation to Mental Health services; and the Governing Body should note this as a risk in terms of the CCG's reliance on the ACP to manage the efficiency risk.

It was advised that the current level of demand for the CHC service outlined within the CCG's Financial Plan for 2019/20 was based on current trends. Mr Niven advised, however, that this demand was reducing due to the work undertaken to address the performance and delivery of the CHC service during the current financial year (2018/19). It was confirmed, however, that the efficiency requirements for the CHC continued to remain a significant challenge.

In terms of the CCG's prescribing spend, Mr Niven advised that there had currently been a growth in this area but there was a stretched target in place for prescribing and that the CCG still remained a high spend organisation for prescribing. Mr Niven explained that work had therefore been undertaken by the CCG to incorporate prescribing targets within the new GP Local Incentive Scheme (LIS).

Mr Niven confirmed that each of the areas outlined above to mitigate and address the CCG's efficiency requirements should all protect the CCG's contingency costs.

It was confirmed that NHS England had advised the CCG that an efficiency gap of £1 million was allowable for 2019/20; and the CCG would still be eligible to receive commissioner sustainability funding even with a £1 million efficiency gap remaining.

Following a query raised by Mr Cruickshank in relation to the CCG's running cost savings, Mr Niven advised that by the end of 2019/20 the CCG was required to have achieved a 20% budget reduction; and inroads have already been made towards achieving this reduction during 2018/19 financial year and this had already delivered efficiencies. Mr Niven confirmed that the requirements for running cost reductions had therefore been built in to the plan and recognised.

Following a queries raised by Mr Groom and Dr Milner in relation to prescribing costs; Mr Niven explained that the CCG had planned for growth to occur in relation to new drugs – and this had been incorporated into the Financial Plan 2019/20. Following a query from Dr Thamassebi, Mr Niven also advised the Governing Body that practices would receive funding from their participation in the Primary Care Networks, as PMS monies are included within delegated commissioning for Primary Care.

Mr Niven advised that the risks from the Financial Plan would have mitigations in place – particularly if growth is higher than planned or the QIPP targets are not delivered. Following a query from Mr Groom, Mr Niven advised that the CCG had built in the existing risks for the current prescribing costs and growth. The collaborative CCGs were also working together across the system to ascertain how best to share the current efficiency risks for all areas – and this includes the utilisation of the ACP Board to mitigate the risk related to Mental Health services.

It was noted that the Financial Plan also incorporated the budgets allocated to the CCG Directors.

Mrs Dales requested clarification in regards to the CCG's efficiency plan and how this related to the Aligned Incentive Contract which had been put in place with STHT; and queried whether there were plans to put similar contracts in place with the CCG's other provider organisations. Mr Niven advised Mrs Dales that contracts may subsequently be developed with the independent sector; and explained that if activity could be reduced by the CCG then it should not be an unreasonable ask for provider organisations to reduce the cost of activity.

Dr Tahmassebi commented that was likely to prove much more challenging for the 2019/20 year due to the implementation of changes across the healthcare system.

Dr Tahmassebi also queried whether the CCG was continuing to explore the different models for the provision of the Continuing Healthcare (CHC) service. Mr Niven advised that this work was still ongoing; and Dr O'Brien advised that the CCG's focus for the next financial year would need to be on medicines management and achieving a reduction in prescribing costs and activity. Mrs Sinclair advised that a variable element of the GP LIS was an improvement target for Practices to achieve – and a reduction in prescribing activity and cost forms part of this improvement target. Dr Walker added that prescribing locality meetings are also part of the LIS to ensure that practice lead prescribers are aware of any changes being made to drug usage.

Following a query from Dr Cruickshank, Dr O'Brien advised that part of the Southern ICP work would be to bring together the prescribing leads from each organisation and for a review of how to best remove or reduce additional costs from prescribing –as it has been identified that there is potential to achieve this without affecting patients.

The Governing Body **NOTED, CONSIDERED** and **DISCUSSED** the CCG Financial Plan for 2019/20.

GB/209/18 Director of Public Health Annual Report (Middlesbrough Borough Council & Redcar & Cleveland Borough Council):

Mr Kunonga presented the Director of Public Health (DPH) Annual Report for both of the CCG's Local Authorities – Middlesbrough Borough Council and Redcar & Cleveland Borough Council. The Directors of Public Health have a statutory requirement to provide an annual report on the health of their population. The 2018 DPH annual report is a joint report for Redcar & Cleveland and Middlesbrough following the establishment of the joint public health service and the Live Well South Tees (Joint Health & Wellbeing Board). The report also provides an outline of the progress made to the date on the implementation for the recommendations from the Director of Public Health's Report 2017 for Redcar & Cleveland and Middlesbrough Borough Councils:

Mr Kunonga outlined the key areas of note from the Annual Report to members of the Governing Body as follows:

Mr Kunonga advised that the Local Authorities *Dementia Friendly* approach had attracted a significant amount of positive attention – and the aim of this approach was to ensure that carers and patients with Dementia were helped and supported towards living as much of a normal a life as possible and many organisations across the local area have now signed up to the *Dementia Friendly* approach.

In addition, Mr Kunonga also advised that praise had been received by the Local Authorities in relation to the work undertaken by both organisations towards improving the uptake of cervical screening.

Mr Kunonga advised the Governing Body, however, that the Local Authorities had continued to experience and face significant challenges in regards to the health and life expectancy of

the South Tees area. There is a pattern of decline in both the length of life and healthy life expectancy (the number of disease-free years) which directly correlates with those who reside in deprived areas and/or experience deprivation. Furthermore, the Local Authorities have faced challenges in addressing the health outcomes for the South Tees area due to the number of delayed presentations and late admissions seen across the area and how this directly affected the whole health and social care system. It was noted that the DPH Report makes recommendations to the Governing Body; and advises that members of the Governing Body should receive the DPH Report 2018 for information; and also consider how the CCG could best support the implementation of the recommendations from the DPH Annual report. The recommendations, when implemented, would contribute to achieving Middlesbrough Borough Council's Strategic Plan 2018-2022, Redcar & Cleveland Borough Council's Plan and the South Tees CCG Operational Plan.

Mr Kunonga therefore suggested that it would perhaps be helpful to consider combining the Local Authorities' work to address health outcomes with prevention work, as this would hopefully help to ensure that people across the area live longer and healthier lives – in addition to also increasing the number of years of disease-free life.

Mr Kunonga highlighted that this was important for the CCG to consider in light of significant changes for the public health service and the current implementation of these changes into the transformation phase.

It was noted that the DPH Report also makes reference to the Health & Wellbeing Board and the work which could be implemented and progressed via this forum – such as working together and in collaboration with the CCG to tackle poverty. Mr Kunonga also advised that work was required to improve the visibility of conditions which are not a killer but do have an impact on quality of life – such as muscular-skeletal (MSK) – as these conditions do have a significant impact on quality of life. Improvements for quality of life also need to be considered for Mental Health conditions such as depression. Furthermore, an emerging pattern of death caused by the combining drugs (including prescribed drugs) and alcohol has been identified; and Mr Kunonga advised that consideration would also need to be given to how this could be addressed by the Local Authorities and the CCG.

Mr Kunonga confirmed that it had been positive to see that suicide rates across the South Tees area had been gradually reducing, but the number of suicides which still occur was also continuing to have a big impact on life expectancy. Road traffic accident deaths were also reducing and this was very positive to see.

Mr Kunonga advised that it would be important to ensure that the Health & Wellbeing Board would continue to strike a balance between both physical health and wellbeing and mental health. In addition, Mr Kunonga highlighted the imminent introduction of the arrangements for the Integrated Care Partnership (ICP); and suggested that it would therefore also be important for the Health & Wellbeing Board to be well sighted and linked in to the implementation of these arrangements – as would ensuring that the issues raised and addressed by the ICP were considered for the whole patient population across the local area.

Dr Nanda suggested that a direct link was needed from the Health & Wellbeing Board through to the Governing Body and/or other organisational Boards, to ensure that all members were kept informed and were well sighted on the key issues being addressed by the Local Authorities and how this could be incorporated into the work of the ICP. Dr Nanda agreed that it was very positive to see the reduction in suicide deaths across the area and highlighted that it would be helpful for GP Practices/Primary Care needs to be stitched in to the good work being implemented by both Local Authorities; and suggested that this could be done via the work of the Primary Care Networks. Dr Nanda advised that this would

ensure that the work of the Local Authorities was well aligned with Primary Care and that the PCNs would be well sighted on this work. Mr Kunonga agreed that a recommendation from the Local Authorities to the CCG was to ensure that the CCG's emerging Primary Care Networks should be well sighted, aware and linked into the work of the Local Authorities. Dr Walker agreed that this would be important to ensure a link between the Primary Care Networks and both Local Authorities; and advised that this could be facilitated by the CCG.

Mr Cruickshank highlighted that the life expectancy figures for the South Tees area included within the DPH Report were worrying; and Mr Cruickshank also expressed concern that the significant efforts from health and social services were not producing improvements and this suggested that there is an area of work which would be pivotal to improvements but has previously not been identified. Mr Cruickshank suggested that it may be helpful for the CCG to consider the potential contribution of unemployment to low life expectancy. Mr Kunonga agreed; and advised that there was significant evidence which had identified what was vital to ensuring a good level of health and wellbeing – and this included housing and regular employment. Mr Kunonga also advised that addressing the contributing factors to low levels of life expectancy across the area would need to be successful; particularly as low life expectancy and healthy life expectancy does significantly impact other areas across the health and social agenda.

Dr Tahmassebi suggested that perhaps the Primary Care Networks should begin by considering how to influence and address public health issues.

Mrs Gitsham agreed; and advised that it would be very helpful for the CCG's Primary Care Networks, once implemented, to identify opportunities to address some of the public health issues and that the CCG should also consider if there were any other ways to influence and improve these figures for life expectancy and other health and wellbeing factors – particularly as the current levels for these indicators are currently very stark. Mrs Gitsham commented that it was important for the CCG to keep in mind potential areas for innovation, especially during austerity. Mrs Gitsham highlighted, , that it was very reassuring and positive to see that some indicators such as cervical screening uptake as heading in the right direction.

Following a query from Dr Milner, Mr Kunonga advised he could provide the current figures and information for the South Tees area in relation to cervical cancer, particularly in light of the fact that the national average for cervical screening uptake had recently been reducing. Dr Walker advised, however, that it was important to note that the local uptake for cervical screening was actually lower in some areas of the South Tees patch than national average screening uptake.

It was noted that raising awareness of the importance of cervical screening had recently been implemented by both Local Authorities - including ensuring that advertisements and awareness raising materials are available in places where women were more likely to would go, in addition to also ensuring that these information materials were also available within extended hours and sexual health services.

No further comments or queries were raised by the Governing Body in relation to the Director of Public Health Annual Report 2018:

The Governing Body **RECEIVED** and **NOTED** the Director of Public Health Report for 2018.

The Governing Body **CONSIDERED** how the CCG could support the implementation of the recommendations from the Director of Public Health Report 2018.

GB/210/18 Schedule of Governing Bodies 'In Common' Meeting Dates 2019/20:

Dr Walker presented the Governing Bodies' 'In Common' meeting dates for the 2019/20 financial year, with the recommendation that members should note and approve the schedule of meeting dates for the Tees Governing Bodies 'In Common' meetings for 2019/20:

Dr Walker confirmed that much of the discussion had already been touched on under members' consideration of the Governing Body's Annual Cycle of Business 2019/20 earlier in the meeting (see agenda item 2.1 – GB/202/18).

Members of the Governing Body advised that they had nothing further to add in regards to the Schedule of Meeting Dates 2019/20 for the Tees Governing Bodies In Common meeting – and confirmed that they were happy to approve the schedule of meeting dates.

The Governing Body **NOTED** and **APPROVED** the schedule of dates for the Tees Governing Bodies meetings due to be held during the 2019/2020 financial year.

GB/211/18 Confirmed Minutes: STCCG Primary Care Commissioning Committee Meeting – 19th December 2018:

No additional comments or queries were raised in regards to the confirmed minutes of the CCG's Primary Care Commissioning Committee (public) meeting held on 19th December 2018.

The Governing Body **NOTED** for information the confirmed minutes of the CCG's Primary Care Commissioning Committee meeting held on 19th December 2018.

GB/212/18 Confirmed Minutes: STCCG Audit Committee Meeting – 5th December 2018:

No additional comments or queries were raised in regards to the confirmed minutes of the CCG's Audit Committee meeting held on 5th December 2018.

The Governing Body **NOTED** for information the confirmed minutes of the CCG's Audit Committee meeting held on 5th December 2018.

GB/213/18 Northern CCG Joint Committee Meeting Confirmed Minutes – 10th January 2019:

No additional comments or queries were raised in regards to the confirmed minutes of the Northern CCG Joint Committee meeting held on 10th January 2019.

The Governing Body **NOTED** for information the confirmed minutes of the Northern CCG Joint Committee meeting held on 10th January 2019.

GB/214/18 Joint Health & Wellbeing Board Confirmed Minutes – 25th October 2018:

No additional comments or queries were raised in regards to the confirmed minutes of the Joint Health & Wellbeing Board meeting held on 25th October 2018.

The Governing Body **NOTED** for information the confirmed minutes of the Joint Health & Wellbeing Board meeting held on 25th October 2018.

GB/215/18 STCCG Governance & Risk Committee Confirmed Minutes – 14th November 2018:

No additional comments or queries were raised in regards to the confirmed minutes of the CCG's Governance & Risk Committee meeting held on 14th November 2018.

The Governing Body **NOTED** for information the confirmed minutes of the CCG's Governance & Risk Committee meeting held on 14th November 2018.

GB/216/18 Any Other Business:

Dr Walker welcomed any further items of business from members of the Governing Body:

No further items of business were raised by members of the Governing Body.

GB/217/18 Post Meeting Critique:

Dr Walker welcomed any comments or suggestions from members in regards to the post-meeting critique:

No comments or suggestions were raised by members of the Governing Body in regards to the post-meeting critique.

Date of next meeting: The next meeting of the Governing Body was scheduled for **Wednesday 22nd May, 3pm – 5pm**

There being no further items of business the meeting closed at 12.04pm

Tees Governing Body In-Common Action Log

Action number	CCG	Date of meeting	Subject	Action	Responsible officer	Due date	Comments	Date reviewed	Status
GB/19/111.3	DCCG & HaST CCG	26/03/2019	Unconfirmed minutes of the meeting held on Tuesday 29th January 2019	<p>111.1 The Governing Bodies reviewed the unconfirmed minutes of the meeting held on Tuesday 29th January 2019 and made the following amendment:</p> <p>111.2 Section 89.2 – Line 5 to read 'a local plan later this year. NHSE have given HWE funding to provide extra capacity'</p> <p>111.3 Section 93.4.1 – to be changed to read 'Mr Mackay asked if there was confidence that there was enough resource to get the work done. Mrs Keane advised that a Working Group had been established, which incorporated CSU staff (including medicines optimisation, provider management and governance) as well as a Local Authority representative and CCG governance leads. The Working Group was Chaired by Gill Findley who is the nominated senior responsible director for the 5 CCGs. The workload would be kept under review and enhanced if necessary'</p>	Sarah Cook-Smith	22/05/2019	<p>Mrs Cook-Smith liaised with Mrs Keane and Mr Macay to make the required amendments.</p> <p>Mrs Cook-Smith made the necessary changes to the minutes and saved appropriately</p>		Complete
GB/19/111.4	DCCG & HaST CCG	26/03/2019	Unconfirmed minutes of the meeting held on Tuesday 29th January 2019	The Chair suggested that in relation to the patient story that was shared, this would be useful to be taken to a GB development or Coffee session to reflect on and discuss learning. Mrs Thompson commented that this would be nice and would demonstrate reflection of the issue. Mrs Cook-Smith was asked to add this to the next GBs Development session agenda.	Sarah Cook-Smith	22/05/2019	Mrs Cook-Smith has added the patient story to the 25th June GB Development Session agenda		Complete
GB/19/114.5	DCCG & HaST CCG	26/03/2019	Chief Clinical Officers Report	Dr Galloway asked about the future of the Secondary Care Doctors. Dr O'Brien advised that the CCGs have been looking for an in-common arrangement across the 3 and advised that Dr Derek Cruikshank will be the Secondary Care Doctor for HaST, Darlington and South Tees CCGs. The Chair offered to send an update to GB members.	Boleslaw Posmyk	22/05/2019	Dr Posmyk provided an update to GB Members at the GB Development session on 23rd April 2019		Complete
GB/19/118	DCCG & HaST CCG	26/03/2019	Patient and Public Involvement Report	Mr Rose explained that at a recent event an artist has captured CHA feedback, Mr Rose circulated a picture of the art and advised this will be passed to the Committee Secretary to share with the GBs. Mr Rose added that the CHAs have also made a video which can be shared.	Steve Rose and Sarah Cook-Smith	22/05/2019	Mrs Cook-Smith circulated the artwork to GB members on 25th April 2019		Complete
GB/19/124	DCCG & HaST CCG	26/03/2019	Committee Annual Cycle of Business	Mr Flook highlighted that the dates in the cycle of business do not correlate with diary dates received. Mr Flook and Mrs Keane agreed to review the dates outside of the meeting.	John Flook and Jacqui Keane	22/05/2019	Mrs Keane confirmed that the dates were reviewed and Mr Flook has been updated with any meeting date changes.		Complete
GB/201/18	South Tees CCG	27/03/2019	Patient Story	Mr Blair confirmed that he would pick up the concerns raised within this patient story with Mr Patrick Rice and Mr Eric Scollay in relation to the commissioning of nursing home care services and intermediate care and what provisions could be put in place to make transitions smoother.	Craig Blair	22/05/2019	15/05/2019 Mr Blair confirmed the action was closed and complete.		Complete

GB/201/19	South Tees CCG	27/03/2019	Patient Story	Mr Cruickshank suggested that perhaps a formal response could be sent to the patient and their partner/carer, to confirm that the Governing Body had received their concerns and had held a thorough discussion as to the actions which could be taken to address these concerns and prevent a similar circumstance from happening again to other patients. Dr Walker agreed with Mr Cruickshank's suggestion and confirmed that she would formally respond to the patient and their partner/carer via letter; and Dr Walker also advised that the patient and their partner/carer had stated that they were keen to see the minutes from this meeting.	Janet Walker	22/05/2019			Open
GB/203/18	South Tees CCG	27/03/2019	Modern Slavery & Human Trafficking Statement	Mrs Potter advised that the statement would also be included on the South Tees CCG website once approval was confirmed by the Governing Body.	Barbara Potter	22/05/2019	15/05/2019 Mr Keane confirmed with Mrs Potter that the statement is available on the website.		Complete

Agenda Item No: 6.0
Date of Meeting: 22 May 2019

Governing Body In-Common

Purpose of Paper	For Discussion						
Which CCG is this report applicable too? Please (✓) as relevant	All	D'ton	DDES	HaST	North Durham	S Tees	HRW CCG
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Title	Chief Officers' Report						
Responsible Director / Sponsor	Dr Neil O'Brien, Chief Clinical Officer Mrs Nicola Bailey, Chief Officer						
Author of the Report	Mrs Kate Sutherland, Head of Corporate Services						
Name of the person presenting at the meeting:	Mrs Nicola Bailey, Chief Officer						
Date of the report:	May 2019						
Report Status	Official						
Is this report confidential?	No						
Recommendation(s)	The Governing Bodies are asked to RECEIVE the report.						
Summary	The report provides an update on local operational priorities, governance issues and key national developments since the March meeting of the Governing Bodies.						
Declarations of interest and how they have been/will be managed	There are no conflicts of interest relevant to this report.						

Consultation Route <i>Please detail any consultation and other approval routes</i>	<u>Meeting</u>	<u>Date</u>	<u>Outcome</u>
	Not Applicable		
Does this need to be reported to another Committee?	Not Applicable		
Strategic Aims	Does this report support the achievement of relevant CCG Strategic Aims?		YES
Financial Implications	There are no financial implications		
Legal Implications	There are no legal implications		
Assurance Framework/Risk Register Implications	No		
Details of Patient and Public Involvement and/or Implications	Not applicable to this specific report.		
Has an Equality Impact Analysis been completed?	Not applicable to this specific report.		
Attachments	Chief Officers' Report Appendix – Director Portfolio summary		

NHS Darlington CCG, NHS Hartlepool and Stockton-on-Tees CCG
and NHS South Tees CCG
Chief Officers' Report – May 2019

Introduction

This report provides an update on key operational issues and national policy developments since the previous meeting of the Governing Bodies.

1.0. Local Developments

1.1. Director portfolios

The combined management structure has been in place since the beginning of April and is settling in well, with all Directors working with their teams to establish priorities and work plans and ensure that the good work we have already undertaken continues at pace. A copy of the Directors' portfolios is attached.

1.2 Medical Director Role across Tees Valley CCGs

We are pleased to announce the appointment of Dr Janet Walker into the role of Medical Director for NHS Darlington CCG, NHS Hartlepool and Stockton-on-Tees CCG and NHS South Tees CCG.

Dr Walker has been a Teesside GP working in Eston since 1998 and has been an Executive GP with the South Tees CCG since authorisation in 2013 then becoming Chair of South Tees CCG in 2014. We are developing a transitional programme to ensure that the South Tees CCG is able to fulfil its statutory duties through an interim Chair arrangement.

As Medical Director, Dr Walker will provide professional clinical advice and clinical leadership to the Governing Bodies contributing to the decision making processes, strategic vision and direction of the CCGs. This is a new role at Governing Body and Executive level to help ensure we develop and sustain strong clinical leadership throughout every layer of the organisation. A significant part of the role will be to support the development of primary care and to lead the clinical contribution to service transformation and delivery.

1.3 SEND inspection Stockton

The final report of the Ofsted and CQC SEND inspection of Stockton locality has now been received and published on the Ofsted website. The inspection identified many positive areas of work including *“frontline staff work hard, individually and in their teams, to make a difference to children and young people with SEND and their families. Many were praised highly by parents. However, families have contrasting experiences of the local area's arrangements for identifying, assessing and meeting the needs of children and young people with SEND. Of note, however, is that there has been a renewed focus on improving the local area's SEND arrangements more recently. Leaders are determined to ensure that*

the reforms now make a positive difference to the lives of children and young people and their families. They are more ambitious and believe in 'getting it right'."

The report also identified a number of areas for improvement cumulating in a requirement to produce and submit a written statement of action to Ofsted that explains how the local area will tackle the following areas of significant weakness:

- Co-production, engagement and communication with parents are underdeveloped
- the quality of EHC assessments and plans is too variable
- strategic joint commissioning, in a way that demonstrably improves EHC provision and outcomes for children, young people and families, is not fully embedded
- local area leaders have not developed an effective approach to measuring and evaluating EHC outcomes for children and young people.

A collaboration of LA and CCG colleagues will be taking this improvement work forward

1.4 HaST CCG Showcase Event

National leads from NHS England (NHSE) visited Hartlepool Hospital to meet with the Hartlepool and Stockton-on-Tees Clinical Commissioning Group and Partners on Tuesday 12th March 2019. The event presented the CCG with a great opportunity to showcase the excellent collaboration and partnership working that exists across the Hartlepool and Stockton on Tees area to improve the delivery of health and care services for older people living in long term care. Representatives from Hartlepool and Stockton Clinical Commissioning Group, North Tees and Hartlepool NHS Trust, Stockton on Tees Borough Council, Hartlepool Borough Council and Tees, Esk and Wear Valley Mental Health Trust participated in providing NHSE with an overview of the benefits experienced from working collaboratively across a number of areas of work including:

- Community Matrons and the Trusted Assessor process
- Integrated Single Point of Access (iSPA)
- Integrated Discharge Team #Home Safer Sooner
- North Tees Training and Education Alliance Team and Digital interventions
- The Capacity Tracker – Live Care Home Bed State Portal
- Red Bag Scheme.

NHSE delegates were able to hear first-hand the challenges faced across organisations to deliver services to meet the growing needs of the population and how, through closer working with primary care, acute trusts, local authorities, public health and community groups, they were able to achieve success.

1.5 Update on local Primary Care Networks

Following the communication to Practices about the CCG local incentive scheme [50p per head of population non-recurrent] Networks have submitted their indicative Network proposals to the CCG for consideration.

The CCGs are now considering these applications in line with the national deadline and requirements and is meeting with Clinical Directors of the proposed Networks, supported by the Local Medical Committee in order to seek assurances on the applications received.

No networks will be formally approved until after they have been presented to an extra ordinary Primary Care Committee to be held on 22nd May 2019. Where Networks cannot be agreed, NHS England and the GPC will be engaged with to support in mediation.

The CCG will be focusing its efforts on ensuring the national timescales are met so that NHS England can be informed of applications by 31st May 2019, to ensure 100% patient

population coverage and working with Networks to understand what support they require going forward.

1.6 Update on the implementation of FIT Testing for symptomatic patients within Primary Care

The South Collaborative CCGs and Hambleton, Richmondshire & Whitby CCG have been working towards the introduction of FIT testing to rule out bowel cancer for those patients who have vague symptoms but might not require an urgent two-week referral.

The aim of the project is to introduce the FIT test in primary care, which will either provide a positive or negative result. A negative result could potentially avoid an invasive colonoscopy for the patient and also reduce the number of unnecessary colonoscopies carried out. A positive result will initiate an appointment within 2 weeks.

The project team have worked closely with the Pathology teams across the area to agree transport of the tests, testing and recording of the results.

Various other CCGs across the region and further afield have either rolled out the project or are in the process of implementation. The project team have worked with these CCGs to develop a pathway that would be best for our local patients, GPs and Trusts. Most organisations are still at the early stages of implementation but initial data and the national modelling tool provided by NHS England indicate the potential for substantial reduction in colonoscopies which makes more effective use of resources and is better for patients..

A full suite of education materials for primary care will be provided during May 2019 with a go live date of the 1st June 2019 for full implementation. During the months of June and July 2019 there is a full programme of face to face education sessions being provided.

1.7 Using technology to improve GP services

Darlington

Following the addition of another practice offering online consultations in April, 8 of the 11 practices in Darlington now provide the service. Since going live in September 2018, as of April 2019 a total of 7,985 unique visits to online consultation website pages have been made with 2,719 online consultations submitted. An additional 605 patients have accepted self-help support and 272 pharmacy diverts have been made.

Practices and patients continue to report positive feedback through meetings, comments submitted via the online consultation system and initial findings from a 6 month point evaluation survey that was circulated to staff and patients at participating practices.

The next steps for practices that are not currently providing online consultations are to invite consideration through testimonials, peer experience and clinical engagement.

MJOG (Memory Jogger), the two way SMS service described above is now implemented in all practices across Darlington, barring 2 practices. The 2 practices are awaiting installation and training to be undertaken. The reporting module is also live and will help inform the CCG and practices about the usage and benefits realisation of using MJOG.

Hartlepool and Stockton-on-Tees

Online consultations have now been live across 17 of 33 practices in Hartlepool and Stockton for a number of months. As at April 2019 a total of 9,170 unique visits to online consultation website pages have been made with 4,544 online consultations submitted. An additional 597 patients have accepted self-help support and 202 pharmacy diverts have been made.

HaST and Darlington CCGs hosted a lunch and learn event in April 2019 which brought together all practices and the Federation to share best practice and present the findings of

the patient and staff survey. The CCGs are hoping this will help encourage additional practices to trial the consultation type.

Finally the CCGs, along with other CCGs in the North East as part of the North East Online Consultation Collaborative have been successfully shortlisted for a HSJ award for the procurement of the system. The award ceremony will be held on 24th May 2019 in Manchester.

South Tees

South Tees CCG's approach has focussed on the use of the Smart phone Apps via MJOG (Memory Jogger). The system is a fully automated text and email messaging service designed to reduce the number of times appointments are wasted through 'no-shows'. It will also help to increase the uptake of clinics such as flu vaccinations by allowing a fast and easy stream of communication between the Practices and patients.

In addition, two GP Practices are implementing eConsultations; one Practice went live in April 2019 and the other Practice in May.

1.8 GP resilience funding- new consultation types

The CCGs have received GP resilience funding to support the investigation of additional new consultation types [£10,000]. This funding will go towards supporting the ongoing development and sustainability of Primary Care and in particular consideration of a trial of video consultations. The CCGs will be working with practices to develop the work plan for this trial.

1.9 South Tees Extended and out of hours services

The Governing Body are aware of the previous concerns relating to the extended and out of hours services provided by the ELM GP Federation. We are pleased to report that during March 2019 the Care Quality Commission undertook a follow-up inspection of the services and all four hubs were rated as follows:

Safe	Good
Well led	Good
Caring	Good
Effective	Good
Responsive	Good

Feedback from the ELM management team indicates that there were no actions to take in any area of the business, CQC verbal feedback was all positive and the CQC were overwhelmed with the improvements and professionalism of the service and its teams.

Whilst the CCG has yet to receive a formal copy of the report from the visit, the initial feedback and suggested ratings demonstrate the significant improvements that have been made over the past 18 months. This is testament to the work of both ELM and the CCG officers who have provided advice, support and scrutiny throughout the recovery period.

1.10 Darlington Healthy New Towns Legacy and continuation of New Model of Care Work Stream

As one of 10 Healthy New Town (HNT) sites Darlington has benefited from being able to access advice, guidance and support nationally to enable them to be in a position to test

new ways of working. This work will now support Darlington to rapidly evolve toward Primary Care Networks.

The HNT programme ended formally on 31st March 2019 but it is imperative that the work and principles are not lost. The programme has allowed cross organisational conversations to flourish and it is important that this open, honest, transparent and system style of working is not lost.

A legacy event was held on 22nd March 2019 and provided an opportunity for the new models of care work stream [NMoC] in Darlington to demonstrate:

- How the thinking has developed
- How Darlington is now well placed in respect of the NHS Long Term Plan i.e. what we're trying to do is entirely in keeping with the recommendations and requirement in that strategy
- The current thinking re Primary Care Networks – and wider with community; social care and mental health
- Celebrate successes
- Next steps and how the work will continue after HNT ends.

Going forward the work under the NMoC work stream will continue to be discussed and driven forward through the Primary Care Working Group [PCWG], the NMoC operational delivery group and the Darlington Integration Board. To ensure connectivity to wider enablers a digital and estates bi monthly update will be tabled at the NMoC operational delivery group.

1.11 Healthwatch Stockton Care Home Enter and View Investigation

Healthwatch Stockton conducted visits to a number of Care Homes across Stockton-on-Tees in order to capture the patient/customer experience and make recommendations where there are areas for improvement or to capture best practice which can then be shared. 28 care homes were visited as part of this piece of work and a response received from 123 relatives/friends, 174 staff members and they also spoke with 148 residents. Generally, across the care homes visited there were high levels of satisfaction expressed by both residents themselves and by their relatives and friends with regard to the standards of care being provided, with some local recommendations for improvements. The full report is available here: http://www.healthwatchstocktonontees.co.uk/sites/default/files/care_home_report_final_3.pdf

1.12 Healthwatch Stockton John's Campaign

John's Campaign was founded in November 2014, with the aim of encouraging Trusts to make a commitment to enable family and carers of patients living with dementia to remain with them in the hospital outside of visiting hours to support with care needs. It had been identified that the University Hospital of North Tees was not signed up to John's campaign and a visit took place with recommendations made to the Trust; a follow up visit conducted in January 2019 and it was evident that the University Hospital of North Tees has actioned all of Healthwatch's recommendations regarding John's Campaign. The Trust has recruited and trained over 170 staff to become Dementia Champions with further training for additional staff planned in the future. A number of actions have been taken and processes implemented to ensure that patients with dementia and their families / carers have a good experience and their needs are met during their stay. The full report is available

here: <http://www.healthwatchstocktonontees.co.uk/sites/default/files/johnscampaignfollowup - final.pdf>

1.13 CCGs as effective local partners – 360 Stakeholder Survey

Clinical Commissioning Groups need to have strong relationships with a range of health and care partners in order to be successful commissioners within the local system. The annual CCG 360° stakeholder survey allows stakeholders to provide feedback on working relationships with CCGs enabling the organisations to continually develop as effective partners.

Feedback was received in April 2019 from 80 respondents across Darlington, Hartlepool, Stockton-on-Tees, Middlesbrough and Redcar and Cleveland. The majority of partners rated their relationship with the CCGs as fairly good or very good; felt that the CCGs were focussed on improving the quality of local health services; and many tended to agree or strongly agreed that CCGs considered benefits to the whole system when making decisions. In addition, there was strong support from partners that Hartlepool and Stockton-on-Tees and Darlington CCGs were improving health outcomes for local people and reducing health inequalities.

Areas where partners felt the CCG relationships could be strengthened were in relation to partner and public engagement in commissioning and decommissioning decisions, and the impact of CCG decisions on the wider system. GP practices indicated across all three organisations that they felt that they had lost some regular contact and connection with the CCG in recent years, and some partners stated that they would like to be involved at an earlier stage in understanding CCG priorities, plans and decisions.

The detailed report will be summarised and actions agreed to strengthen relationships based on partner feedback.

1.14 EU Exit

As previously reported, the CCGs have been working closely with Local Authorities and Practices to ensure that plans are in place in the event of a no-deal exit from the European Union. Although the Government has now agreed a further extension of the Article 50 period to 31 October 2019, the Department of Health and Social Care and NHS England are continuing to work closely with partners to ensure that the system is prepared for such an eventuality. Gill Findlay, Director of Nursing, continues to be the senior responsible officer for co-ordinating the CCGs' preparations and will ensure that the Governing Bodies are kept informed of our responsibilities and key actions. Further detail on national developments is provided below.

2.0. National Developments

2.1. EU Exit update

The Secretary of State for Health and Social Care has written to staff across the NHS to provide an update on the ongoing preparations for leaving the European Union (EU). This letter includes an update on: protecting the rights of EU health and social care staff, EU Settlement Scheme, recognition of professional qualifications and medicines and prescribing. NHS England and NHS Improvement have published updated information on

planning for continuity of supply of medicines in the case of a 'no deal' EU Exit. This information also includes supporting Q&As which may be helpful in any discussion with patients about their medicines and medical products. The nhs.uk website has also been updated with some patient-facing information on medicines supply.

The Department of Health and Social Care (DHSC) has written to trust and CCGs to provide more information on how updates to the Charging Regulations will affect how they recover costs from overseas visitors and migrants, if the UK leaves the EU without a deal, or without agreements on healthcare in place. The changes that have been made, which will apply in England only, relate only to the UK's departure from the EU. The DHSC has not altered any rules relating to visitors or migrants from outside the EU, nor extended charging into services that are not currently chargeable, such as accident and emergency.

2.2. Digital Nurse Network

A new Digital Nurse Network has been launched by NHS England's Primary Care Digital Transformation team to build a national community of nurses who want to learn more about digital, with the aim of improving patient care. The network is open to anyone in the nursing profession and will offer training, briefings and webinars as well as the opportunity for nurses to learn more about digital programmes and national initiatives across the NHS. There will also be opportunities to share knowledge and discuss ideas and issues. You can find out more about the Digital Nurse Network by emailing england.digitalnursenetwork@nhs.net.

2.3. New podcast focusing on primary care networks

NHS England and NHS Improvement have launched a new monthly podcast focusing on primary care networks, as part of the ongoing work to share learning and support the development of primary care networks across the country. The first episode, hosted by Dr William Owen, Clinical Fellow at NHS England, features an interview with Dr Charlotte Canniff the Clinical Chair of North West Surrey CCG and clinical lead for primary care transformation within the Surrey Heartlands ICS. Listen to the podcast on the NHS England website.

2.4. Digital tool to help reduce avoidable lengthy stays in hospital

People who need a care home placement will be supported to get out of hospital sooner, thanks to new technology being rolled out to care homes, councils and hospitals across the country by NHS England as part of its Long Term Plan for the health service. The new web-based tool allows health and social care staff to see how many vacancies there are in local care homes and will save hours of time phoning around to check availability and help people to get the right care or return home as quickly as possible – with the exception of London, which uses its own capacity tool.

2.5. Are you ready for the NHS App?

Help us ensure GP practices across England are prepared for the NHS App. Many practices are already connected but all practices will be connected to the app by 1 July 2019. Guidance for CCGs and practices has been developed alongside a series of webinars that will help practices to brief their staff, prepare their systems, and tell their

patients about the NHS App once they are connected. CCG communications teams have been sent a communications pack to help CCGs tell practices about the app and how they can make the most of it. Please help spread the word and ensure practices are ready and can support patients.



Dr Neil O'Brien, Chief Clinical Officer
Mrs Nicola Bailey, Chief Officer




May 2019




Appendix 1- Director Portfolios



Director Portfolios



We have provided a short explanation below of how the Directors priorities over coming months:



Chief Finance Officers (CFO) CFO's are currently working together to enable most efficient use of our time across the 5 CCGs. We have all taken specific subject matter lead areas, in addition to our CFO lead roles for each CCG.		
	Graeme Niven	<p>The teams key priorities include the further development of the financial recovery plans for South Tees and HAST CCGs. South Tees CCG achieved financial control and work now continues to get South Tees out of special measures.</p> <p>At scale the work continues to address the ICP system financial plan to deliver £124m efficiency target and the finance team working across the 5 CCGs will pick up contracting and performance work and establish a lead for mental health. This will be shared once confirmed.</p>
	Mark Pickering	<p>The team are working to understanding each CCGs financial position, the lead areas for Mark and his team includes estates, primary care and prescribing.</p> <p>Work continues to understand the estate across the patch and Mark is working alongside Graeme Earl, and by a project support officer post.</p> <p>Other priorities focus on maintaining the financial position of DDES and Darlington CCGs, whilst supporting the financial sustainability of the wider financial position of the local system as a whole. This will require working with fellow CFOs, Finance Directors and many key staff across a range of organisations in the North East.</p>


	Richard Henderson	<p>Richard and his team are working to key priorities including the CDDFT contract, CHC and running costs. Alongside this work is also currently ongoing around financial governance arrangements across the 5 CCGs, to make them consistent where possible.</p> <p>Richards lead CFO role continues to be with North Durham CCG and current priorities include sign-off of the 18/19 Annual Accounts (which are currently being audited) and maintaining the financial position of the CCG going forward, whilst also supporting the financial sustainability of the wider financial position of the local system. This in particular includes working with our main provider in Durham, CDDFT, to support delivery of their efficiency plans.</p>
	Simon Gregory	<p>Simon continues to work across the Southern ICP in a Finance role.</p>
<i>Directors of Nursing and Quality</i>		
	Jean Golightly	<p>The team will continue to hold the Nursing, Quality and Safeguarding portfolio for the 2 CCGs and 4 co-terminus LA localities of Tees, whilst Jean will also be taking on the lead for the Independent Care Sector (Care Homes), Serious Incidents, and Cancer performance related impacts upon patient safety and experience, across the 5 CCGs.</p> <p>Continuing to work with a diversity of NHS and non NHS providers, this will include developing the existing rigorous monitoring, surveillance, governance and assurance of all quality and safeguarding related areas, into a more ICP collaborative approach, whilst working on the joint challenge of our system financial recovery. This will also support the further integration of the “Think Family” (the wider context of safeguarding) approach across the localities.</p> <p>Urgent short term priorities include completing the unprecedented numbers of Domestic Homicide, and Safeguarding Adult Reviews currently underway across Tees.</p>

	Gill Findley	<p>Gill and the team work to deliver the Q in QIPP – all aspects of quality fall into this definition, including safeguarding, infection prevention and control and clinical governance.</p> <p>The team work with all our providers to ensure that they meet their statutory requirements and that we are assured that their services are of a suitable quality. We work with regulators and other statutory partners on a regular basis and multi-agency working is essential to our work.</p> <p>In the new arrangements Gill takes the lead for CDDFT, TEWV, NEAS and local providers. Gill leads for the quality aspects of primary care, and learning disabilities including LEDER (learning from death reviews) as well as safeguarding</p>
	Diane Murphy	<p>Diane and the team work across Continuing Health Care contributing to national and regional service improvement, partnership working with the Mental Health and Learning Disability partnership and Local Authorities.</p> <p>The team continue to ensuring a high quality patient focused service that meets required performance objectives alongside delivering a range of QIPP projects to support quality improvement and financial efficiency. The works cuts across adult and Children's continuing care and also includes section 117, joint funded packages of care and Funded Nursing care.</p> <p>The teams key priorities are reviewing existing packages of 1:1 care, reviewing governance and pathways for S117 packages, developing new commissioning model to support 1:1 step up and step down, building alliances with partners including Local authorities to improve the CHC offer and implementing a performance dashboard and reporting for CHC assurance</p>
Directors of Commissioning Strategy and Delivery		
	Michael Houghton	<p>As the new locality lead for HAST and Darlington patches Michael has undertaken handover and introductory meetings with Alex Sinclair and Karen Hawkins.</p> <p>The team priorities are to establish a presence and develop relationships with NHS and Local Authority colleagues and other partners in the locality. The team are working closely with the locality team and maintaining a focus on current delivery plans and priorities to support delivery of the financial plan. As part of the collaborative arrangements across the 5 CCGs Michael and the team are leading on breast diagnostics/symptomatic services and cancer strategy, rheumatology service redesign, vascular service</p>

		redesign, age related audiology re-procurement, ARU and AF pathways. Michael will also be a member of the Hartlepool and Stockton-on-Tees Local A & E Delivery Board.
	Sarah Burns	<p>The team's short term priorities include further work on the joint financial recovery plan with CDDFT with particular focus on the outpatient's transformation programme and the non-elective programme. Ensuring that the new joint PMO and programme management arrangements are working effectively and the £34m financial gap is closed as far as possible</p> <p>Priorities for the community work include ensuring that the transformation initiatives progress in line with planned timescales, particularly for crisis response. Alongside implementation of initiatives linked to additional community services funding and ensuring the entirety of the community services budget is invested in service delivery year.</p> <p>The team continue to support the development of a strategic integration commissioning function for Durham and work across the central ICP and we have identified the impact of service changes in Sunderland/South Tyneside on Durham patients. Alongside the supporting the development of a five year plan for the central ICP</p> <p>The team are leading a major service change to ensure completion of business cases for service changes for stroke rehabilitation, Rehabilitation wards at Bishop Auckland Hospital and development of services in the Consett area relating to the possible building changes at Shotley Bridge Hospital. Implement the outcome of the public consultation in extended primary care access in the DDES area. Transition of staff into new portfolios is ongoing and staff are working flexibly in line with priorities.</p>
	Mike Brierley	<p>The key priority work areas identified through the MH\LD Partnership include CAMHS, Urgent Care (Crisis, Liaison, In-patient services), Learning Disabilities –Case Management.</p> <p>Staff are working as one team across the 5 CCGs alongside staff from TEWV and through the new performance regime agreed through the partnership, commissioning staff will join the internal TEWV directorate performance huddles held with heads of service.</p> <p>Work continues around engagement, planning and joint working with all Local Authorities and at-scale ICS work underway through the Mental Health and Learning Disability regional work streams.</p>

	Joseph Chandy	<p>As Director of Primary Care across Durham and Tees Valley CCGs Joseph works with his counterpart Karen Hawkins on the key priorities which include developing a common work plan – identifying areas across the 5 that require a lead approach, supporting the development of the Primary Care Network (PCN) and providing support to Clinical Directors whilst enhancing practice engagement.</p> <p>Predominantly Joseph's Team is the main contact for practices in the County Durham cluster. Work is split across Primary Care commissioning, Primary Care development, integration and support functions. The Teams current priorities include:</p> <ul style="list-style-type: none"> • Primary Care Network development • Developing a frailty pathway including promoting a system wide approach to EHCPs • Primary Care resilience including developing training practices and international recruitment • Developing a social prescriber link worker framework • 5 year forward view – remaining phase of implementation including second phase of care navigation • Implementing the plan on Primary Care Digital Transformation <p>Working with Medical Director to develop an early warning system for practice issues around quality or resilience</p>
	Karen Hawkins	<p>Karen and the team are working across HAST/Darlington/South Tees in the lead role for Primary care including primary care delegated functions and commissioning/transformation of primary care.</p> <p>Transition and handover of portfolio areas in HAST/Darlington now completed and new Director leads assumed lead areas and staff.</p> <p>The team have held a primary care team meeting across the three CCGs on the 17th April which was an opportunity to get to know one another, understand where we are and where we are going and it gave individuals the opportunity to shape future direction together.</p> <p>The key priorities are to developing a common work plan – identifying areas across the 5 that require a lead approach; support the development of the Primary Care Network (PCN) and providing support to Clinical Directors whilst enhancing practice engagement.</p>

	Alex Sinclair	<p>Alex and the team are working on the children and young people's (CYP) agenda across the 5 CCGs. The team's priorities are to develop relationships with the FTs, TEWV and the local authorities.</p> <p>The team will be having its first team meeting on 22nd May, where team members will have the opportunity to meet each other and discuss ways to deliver priorities in each of the local authority areas, whilst also ensuring we maximise the opportunity to work collectively across the 5 CCGs where this makes sense to do so.</p> <p>Some key priorities over the next few months include the ICP work on paediatrics and maternity; taking forward the actions associated with the SEND agenda in each local authority area (sharing the learning across the patch), reviewing joint commissioning arrangements in each local authority area, linking in with Mike (Brierley) and his team and the mental health and LD partnership in relation to delivery of CAMHs and autism pathways; and assessing the work being undertaken in relation to the acute CYP pathways in each locality. Working closely with the team, we will develop a 5CCG CYP work-plan over the next few months, encompassing the key priorities for each of the locality areas plus 5 CCG priorities to support efficient delivery of the CYP agenda across the patch.</p>
	Craig Blair	<p>Craig is the South Tees locality lead and will continue to develop integrated working with partners across the South of Tees.</p> <p>Transition and handover of portfolio areas in Mental Health/LD, QIPP PMO and Governance are now completed and new Director leads have assumed lead areas and staff.</p> <p>In support of progressing the portfolio a series of Team meetings have taken place during April to support Team Members during the transitional arrangements. The focus of the teams will be to ensure we continue to engage and work together including any 'new' team members, collectively shaping future direction of the team and portfolio area, maintaining a focus on the Acute and Community QIPP and awareness of Right-Care opportunities and compliance with reporting requirements.</p> <p>Our priorities over the coming weeks/months include an increased focus on priority areas of the Planned and Unplanned Care groups, identifying and allocating resources to ensure a balanced portfolio across the team and in line with the work-plan, identifying opportunities for further collaboration and integration with STHFT, and other Partners, to progress delivery of key priorities and enhancing clinical engagement in the work-plan and with key stakeholders</p>

	Ali Wilson	<p>Ali has been retained part time as Director of Strategic Development (Transition) to continue to support the Chief Officers with specific projects and is also supporting the team working across corporate services. The full team met for the first team meeting on 2nd May.</p> <p>The meeting was positive and gave an opportunity for staff to understand the new team arrangements, ask questions and to meet each other face to face. The team's key priorities will be to continue to implement streamlined governance process across the 5 CCGs, further identify opportunities to work collaboratively and to ensure staff across all 5 CCGs are supported through OD, Better Health at Work and appropriate and clear communications.</p>
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Darlington Clinical Commissioning Group
 Durham Dales, Easington and Sedgefield Clinical Commissioning Group
 Hartlepool and Stockton-on-Tees Clinical Commissioning Group
 North Durham Clinical Commissioning Group
 South Tees Clinical Commissioning Group

Agenda Item No: 7.0

Date of Meeting: Wednesday 22nd May

Governing Body In-Common

Purpose of Paper	For Discussion						
Which CCG is this report applicable too? Please (✓) as relevant	All	D'ton	DDES	HaST	North Durham	S Tees	HRW CCG
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Title	Clinical Council Reports						
Responsible Director / Sponsor	Dr Janet Walker, GP Governing Body Member (Eston) Dr Ali Tahmassebi, GP Governing Body Member (Langbaugh) Dr Vaishali Nanda, GP Governing Body Member (Middlesbrough)						
Author of the Report	Dr Janet Walker, GP Governing Body Member & CCG Chair						
Name of the person presenting at the meeting:	Dr Janet Walker, GP Governing Body Member & CCG Chair Dr Ali Tahmassebi, GP Governing Body Member Dr Vaishali Nanda, GP Governing Body Member						
Date of the Report:	May 2019						
Report Status	Official						
Is this report confidential?	No						
Recommendation(s)	The Governing Body is asked to note the discussions that have taken place at the Clinical Council of Members and locality meetings.						
Summary	The report presents an overview of the May 2019 meeting of the Clinical Council of Members.						
Declarations of interest and how they have been/will be managed	No conflicts of interest identified.						
Consultation Route <i>Please detail any</i>	<u>Meeting</u>			<u>Date</u>		<u>Outcome</u>	

<i>consultation and other approval routes</i>	N/A	N/A	N/A
Does this need to be reported to another Committee?	Not applicable		
Strategic Aims	Does this report support the achievement of relevant CCG Strategic Aims?		YES
Financial Implications	No implications		
Legal Implications	<p>The report supports delivery of the following Constitutional responsibilities:</p> <ul style="list-style-type: none"> • The NHS aspires to the highest standards of excellence and professionalism. • The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources. • The NHS is accountable to the public, communities and patients that it serves. 		
Assurance Framework/Risk Register Implications	<p>The plan will support delivery of strategic objectives, particularly Aim 4, Objective 17 'To ensure our health professionals and member practices are involved in planning care and provide a sound evidence base for service change'. There are no additional risks identified as a result of this paper.</p>		
Details of Patient and Public Involvement and/or Implications	<p>There has not been any patient or public involvement in the completion of this report.</p>		
Has an Equality Impact Analysis been completed?	<p>No; this paper summarises discussions at a range of meeting and does not in itself make any recommendations for action requiring equality impact analysis.</p>		
Attachments	<ul style="list-style-type: none"> • Clinical Council Report – May 2019 		

Clinical Council of Members Report

Purpose of the report

To share with the Governing Body the discussions which have taken place within the CCGs Clinical council of members on 2nd May 2019

Background

This is an effective exchange of clinical opinion and enables important discussions to take place at the same time, with opportunity for council members to explore any differing perspectives. These meetings take place at least six times per year.

Summary of matters discussed at the Clinical Council of Members (CCoM)

Since the last meeting of the Governing Body the following discussions have taken place

CCG Update

Dr Janet Walker presented a general CCG update on the following:

- TEWV new electronic referral forms and advice and guidance
- Positive stories from practice
- Vocational training – call for more practices to be involved
- Next steps for dermatology/ plastic surgery rationalisation
- Paediatric Admission telephone triage
- Medical Director Role Appointed

Approval of minutes from 28th February 2019

Collaborative and Partnership Working

Craig Blair gave an update on the changes that have been happening across the 5 CCGs. Craig explained that a strong focus remains on 'place based' working and local relationships and an acknowledgement that the CCGs remain statutory bodies in their own right.

Craig Blair then shared details of the changes to Director portfolios.

Primary Care Update

Karen Hawkins introduced herself in her new role as Director of Primary Care.

Karen shared the Primary Care Team structure explaining that there is no change in personnel and work is being done to bring the teams together to improve communications and drive efficiencies.

Karen explained that the team's next steps would be to align the team portfolios, engage with practices and practice managers to ensure improved communication and identify how practices wish to be engaged – as commissioners and as providers. Karen summarised the work done to date on the Local incentive scheme and the Primary Care Networks.

Whole System Medicines focus

Al Monk presented the medicines management update and summarised the position of the CCG following last financial years QIPP programmes, taking questions through the presentation. Al demonstrated how the work ongoing in practices is helping to reduce the prescribing spend.

AI summarised the work that would be undertaken over 2019/20 including “drugs not to be routinely prescribed in primary care”, reviewing high cost “specials” prescribing & Red drugs, ad hoc medication reviews and safety issues that need addressing in practice with a quality focus through the year. In the last quarter there will be a focus on diabetes including further work around self-monitoring of blood glucose and freestyle Libre reviews.

AI summarised the prescribing elements of the GP LIS including the Gateway.

AI described one of the at scale work projects: the stoma supply project. The medicines team are working with the community stoma team to take all stoma prescribing out of primary care. The stoma service will have stoma prescribing clerks within the team. Patients will get expert ostomist review which will improve patient experience and generate potentially substantial QIPP savings.

AI Monk shared details that the 5 CCGs across the southern collaborative are undertaking a **Repeat Prescription Ordering System Review**

Some practices are already doing this and Kings Medical, North Ormesby, have had a 10% reduction in the number of repeat prescription templates ordered. Patient feedback at Kings had been very positive after extensive patient engagement. The feedback from Hillside, Skelton, had been more mixed, but GPs remained dedicated to the programme and patients responded more favourably after clinician had explained rationale behind ‘cessation of managed repeats’ to reduce waste.

Practices will receive further information about the progression of the scheme and patient engagement materials.

Meeting Attendance:

Attendance figures for the most recent CCOM meetings are outlined in the table below:

	GP attendances	Practice Manager attendances	Combined attendance figure
June 2018	17 (43%)	3 (7%)	20 (50%)
August 2018	10	13	23 (57.5%)
September 2018	17	6	23 (57.5%)
November 2018	16 (42%)	8 (21%)	24 (63%)
February 2019	23 (62%)	20 (54%)	43 (58.9%)
May 2019	28 (77%)	10 (27%)	38 (52.7%)

Dr Janet Walker
Chair
Eston Locality Lead

Dr Ali Tahmassebi
Governing Body GP
Langbaourgh Locality Lead

Dr Vaishali Nanda
Governing Body GP
Middlesbrough Locality Lead



Darlington Clinical Commissioning Group
 Durham Dales, Easington and Sedgfield Clinical Commissioning Group
 Hartlepool and Stockton-on-Tees Clinical Commissioning Group
 North Durham Clinical Commissioning Group
 South Tees Clinical Commissioning Group

Agenda Item No: 9.0

Date of Meeting: Wednesday, 22nd May 2019

Governing Body In-Common

Purpose of Paper	For information						
Which CCG is this report applicable too? Please (✓) as relevant	All	D'ton	DDES	HaST	North Durham	S Tees	HRW CCG
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Title	Performance Report - Darlington CCG, Hartlepool and Stockton-On-Tees CCG, and South Tees CCG						
Responsible Director / Sponsor	Craig Blair, Director of Commissioning Strategy and Delivery						
Author of the Report	Julie Humphries, Provider Management Lead, NECS Eve Harrison, Senior Commissioning Support Officer, NECS						
Name of the person presenting at the meeting:	Craig Blair, Director of Commissioning Strategy and Delivery						
Date of the report:	May 2019						
Report Status	Official						
Is this report confidential?	No						
Recommendation(s)	The Governing Bodies are asked to note the report which gives assurance and identifies any risks and issues to the CCGs for all commissioned services.						
Summary	<p>The summary section of the report highlights the key issue to note including;</p> <p>South Tees CCG Performance</p> <ul style="list-style-type: none"> Referral to Treatment <p>Hartlepool and Stockton on Tees CCG Performance</p> <ul style="list-style-type: none"> Cancer 62 day <p>Darlington CCG Performance</p>						

	<ul style="list-style-type: none"> • Cancer 2 week wait • Cancer 62 day 		
Declarations of interest and how they have been/will be managed	No conflicts of interest to note.		
Consultation Route <i>Please detail any consultation and other approval routes</i>	<u>Meeting</u>	<u>Date</u>	<u>Outcome</u>
	QPF Committee	1 st May 2019	Report was provided for information. Further adjustments to the report have been requested and are being progressed.
Does this need to be reported to another Committee?	No		
Strategic Aims	Does this report support the achievement of relevant CCG Strategic Aims?		YES
Financial Implications	A separate financial report is presented to the Governing Body.		
Legal Implications	The NHS constitution is incorporated throughout the report and is at the core of services commissioned and therefore reported within this report.		
Assurance Framework/Risk Register Implications	Risk to the CCG quality premiums and assurance frameworks as a result of some of the associated performance issues. Consideration will be given as to whether these need to be included on CCGs' Risk Registers.		
Details of Patient and Public Involvement and/or Implications	Not Applicable		
Has an Equality Impact Analysis been completed?	No – the report is fully inclusive of all services commissioned by the CCGs.		
Attachments	Appendix One: HaST, Darlington and South Tees CCG Performance Summary 2018-19		

Darlington CCG, Hartlepool and Stockton-On-Tees CCG and South Tees CCG Performance Report May 2019

1. Introduction & Background

This report identifies summary positions for the key areas of current performance for South Tees Clinical Commissioning Group (CCG); Darlington CCG and Hartlepool and Stockton-on-Tees CCG from April 2018 to February 2019, including a forecast outturn position. The report is intended to inform the Governing Bodies of the current pressures in underperforming areas and includes some detail on the mitigation that has been agreed and implemented through the various Contract and Management forums (including the Performance Clinic, Planned and Unplanned Care System Groups, Performance Clinic and Contract Review Meetings and the Local A&E Delivery Boards).

2. Constitutional Standards Forecast Outturn – CCGs

This section of the Performance Report includes details of those constitutional standards that are not currently being delivered by the CCGs. Given this non-compliance, it also includes a forecast position which has been derived using the remedial actions that are in place or planned for the near future. A full breakdown of all constitutional standards is included at appendix one.

All standards are reported at CCG level using the latest available published data, for this iteration of the report the latest available year to date position relates to February 2019.

CCG	Constitutional Standard	Metric	Current YTD Performance	Forecast Position
STCCG	RTT Incomplete Pathways within 18 wks	92%	90.4%	Fail
STCCG	>52 week waits	0	1	Fail
STCCG	Mixed Sex Accommodation	0	1	Fail
STCCG	MRSA	0	4	Fail
STCCG	CDiff	82YTD	82	At risk

CCG	Constitutional Standard	Metric	Current YTD Performance	Forecast Position
HASTCCG	>52 week waits	0	1	Fail
HASTCCG	MRSA	0	2	Fail
HASTCCG	CDiff	68YTD	98	Fail
HASTCCG	Cancer 62 day	85%	81.1%	Fail

CCG	Constitutional Standard	Metric	Current YTD Performance	Forecast Position
DTONCCG	Mixed Sex Accommodation	0	1	Fail
DTONCCG	CDiff	15YTD	12	At risk
DTONCCG	Cancer 2ww	93%	92.0%	Fail
DTONCCG	Cancer 62 day	85%	77.6%	Fail

3. Constitutional Standards Forecast Outturn – Providers

Below is a breakdown of provider performance against key constitutional standards whereby current performance is below the national target. A full breakdown of all constitutional standards at provider level is detailed in appendix one. All data is based on the latest available published year to date position (February 2019) with the exception of Accident & Emergency 4hour waits and Ambulance Handovers (March 2019).

Provider	Constitutional Standard	Metric	Current YTD Performance	Forecast Position
STHFT	18 Weeks RTT – Incomplete	92%	88.8%	Fail
STHFT	>52 week waits	0	1	Fail
STHFT	MRSA	0	1	Fail
STHFT	Ambulance Handover –30-60 mins	0	1188	Fail
SHTFT	Ambulance Handover – >60mins	0	112	Fail
STHFT	Cancer 62 days	85%	83.3%	Fail
STHFT	Cancer 62 days screening	90%	86.4%	Fail

Provider	Constitutional Standard	Metric	Current YTD Performance	Forecast Position
NTHFT	>52 week waits	0	1	Fail
NTHFT	Ambulance Handover –30-60 mins	0	720	Fail
NTHFT	Ambulance Handover – >60mins	0	37	Fail
NTHFT	Cancer 62 days	85%	84.5%	At risk

Provider	Constitutional Standard	Metric	Current YTD Performance	Forecast Position
CDDFT	18 Weeks RTT – Incomplete	92%	91.7%	At risk
CDDFT	>52 week waits	0	1	Fail
CDDFT	A&E – 4 Hour Target	95%	89.6%	Fail
CDDFT	Ambulance Handover –30-60 mins	0	3316	Fail
CDDFT	Ambulance Handover – >60mins	0	735	Fail
CDDFT	MSA	0	32	Fail
CDDFT	MRSA	0	2	Fail
CDDFT	Cancelled Op	0	8	Fail
CDDFT	Cancer 2ww Breast	93%	91.2%	At risk
CDDFT	Cancer 62 Day Screening	90%	83.9%	Fail

Provider	Constitutional Standard	Metric	Current Performance	YTD	Forecast Position
NEAS	Category 2 Mean	18min	00:21:20		At risk
NEAS	Category 2 90 th centile	40min	00:44:57		At risk
NEAS	Category 3 90 th centile	2 hours	02:54:26		At risk

CCG Performance - NHS Constitutional Standards

On a year to date basis Darlington, Hartlepool and Stockton-On-Tees and South Tees CCGs are currently achieving all constitutional standards with the exception of those detailed below:

Referral to Treatment (RTT) waiting times:

Darlington CCG performance in February 2019 was 91.27%. This is slightly below the 92% target. The indicator was not achieved predominantly due to Ophthalmology breaches at County Durham and Darlington NHS Foundation Trust (CDDFT) and BMI Woodlands. BMI Woodlands has seen an increase in Ophthalmology referrals and is struggling to achieve the target for this speciality. An additional Ophthalmologist has been recruited to address these issues. Detail is provided below in the provider performance section regarding the issues with CDDFT RTT.

South Tees CCG performance in February 2019 was 89.6%. Performance was low across a number of specialities; the specialities with the lowest compliance were Trauma & Orthopaedics (T&O), Gynaecology and Ophthalmology. Ophthalmology is mainly due to performance at CDDFT, South Tees Hospitals NHS Foundation Trust (STHFT) and BMI Woodlands. T&O is due to issues with performance at CDDFT and STHFT which is 57.1% and 43.2% respectively. Gynaecology is mainly due to performance at STHFT, which is at 61.4%. Further detail regarding the reason for low performance and actions taken are detailed on the STHFT, CDDFT and BMI Woodlands exception reports.

Percentage of patients seen within 2 weeks of an urgent GP referral for suspected cancer:

Darlington CCG year to date (YTD) performance at 92.96% is below 93% target. February performance was 87.16%, due to 38 breaches. Non-compliant specialities were Breast, Lower GI, Sarcoma, Upper GI and Urology and 17 of these breaches related to patient choice and Outpatient capacity. The CCG has been working with both the main provider and Primary Care to report 2 week wait performance at practice level. This highlights local variations, promotes clinical discussion and sharing of best practice with regards patients making an informed choice. As part of Northern Cancer Alliance (NCA) transformation funding, Cancer Awareness Training has been taking place in Primary Care to improve patient awareness of the importance of early presentation with symptoms. Further investigations will take place with the provider in relation to outpatient capacity delays.

Percentage of patients seen within 2 weeks of an urgent referral for breast symptoms:

Darlington CCG is below the 93% target YTD at 87.69%. February performance is below target at 66.67%; this is a decrease on the previous month and is a deteriorating position. Work is ongoing jointly across the Trusts, NCA and CCGs to review and implement changes to the breast symptomatic pathway. This involves progressing at an Integrated Care Partnership (ICP) level the recommendations made by the NCA to change ways of working to offer more consolidated support across the diagnostic element of the pathway to address ongoing radiology staffing pressures. Plans are being developed and it is hoped that a solution will be in place by April 2020. Work will be undertaken within the review to see if there is a connection between breast service capacity and the above breaches.

South Tees CCG performance in February 19 was 89.7%. However, YTD performance is at 95.4% and the target has been consistently achieved each quarter throughout 2018/19. See provider performance

Percentage of patients treated within 62 days of an urgent GP referral for suspected cancer:

All CCG's were non-compliant for this standard in February 2019; this has been a focus in performance meetings with local Trusts. A particular issue for HAST and Darlington CCGs continues to be Tertiary referrals. For Darlington the issue was most prevalent in Urology with referrals going from CDDFT to STHFT however the Darlington Memorial Hospital (DMH) service has now transferred to STHFT so this pathway should be improved.

Darlington CCG performance has not achieved the 85% target for five consecutive months and the year to date performance is now 76.6%. February performance is 64.7% with Six breaches, in Lower Gastro-Intestinal (GI) and Lung. Four of the Six breaches were due to complex diagnostic pathways and the remaining Two were due to provider initiated delay to diagnostic test or treatment planning.

HAST CCG achieved the target in January where the target was met 85.9%. However, performance has dipped again in February at 81.3% with 9 breaches. Non-compliant specialties were Gynae, Head & Neck, Lower GI and Urology. YTD performance is 81.1%.

STHFT and NTHFT are meeting together at the Cancer Strategy meeting to discuss current cases and also to jointly review previous tertiary referral breaches. To support the improvement work, both Foundation Trusts have also been asked to complete a baseline assessment to understand the level that national best practice in managing cancer waiting times has been implemented and embedded.

South Tees CCG did not achieve the 85% target in February for the second time in 2018/19, performance was 74.6%. However, YTD performance is still above target at 87.4%.

Other Cancer waits:

There are small number breaches in other cancer waiting time standards across all CCGs; however, due to the low numbers there are no specific actions however it is expected that the improvement actions relating to patient tracking will have a positive impact.

Provider Performance – NHS Constitutional Standards

On a year to date basis main Contracted Providers (NTHFT, CDDFT, STHFT and North East Ambulance Service) are currently achieving all constitutional standards with the exception of those detailed below:

RTT:

STHFT performance in February was 88.8% against the 92% target. This indicator has not been achieved since November 2017. There are a number of joint demand management and service delivery initiatives that are being implemented which will have a positive impact on RTT compliance. An action plan has been developed as part of the work stream for RTT validation including clinical review of all patients on the outpatient waiting list (OPWL) waiting over 18 weeks, reviewing incomplete pathways waiting over 40 weeks. There is also a focus to reduce the longest waiting patients by prospective pooling and re-directing patients to consultants with shorter lists (where clinically appropriate). The Trust does not expect to be complaint until March, 2019. From week commencing 6th March – individual specialty performance review meetings have been scheduled to discuss their current compliance and to target specific patients for action.

CDDFT is also below the RTT standard in February 2019 at 90.04% and for the sixth consecutive month, this now means the Trust are no longer achieving YTD (91.7%). This is due to capacity issues in Dermatology and Ophthalmology. The Trust has added additional clinical sessions to help manage the back-log for both Dermatology and Ophthalmology. Dermatology services are under review via the 100 day program. For Ophthalmology, the Foundation Trust (FT) is currently seeking additional capacity from the Independent Sector (IS) and 18 week support team for cataract procedures. New consultants and specialty doctors that are now in post have required a longer induction as they were non NHS, therefore the department remains reliant upon locum staff until induction is completed. CDDFT is also training Nurse Specialists to perform procedures such as eye injections.

A&E:

CDDFT performance of 90.6% for March 2019 continues to be below the national 95% target. There are some specific actions being taken to improve performance and patient flow ahead of winter that include:

- more intelligent capacity planning - matching nurse shifts to times of peak demand
- refining streaming into major and minor to reduce streaming specialty lines
- Hourly Board Rounds (5 minute escalation opportunity)
- Social Worker in the emergency department (ED)
- increased GP consultations

- Discharging patients to Discharge Lounge straight from ED

The FT is significantly focusing efforts on bed occupancy reduction programme and non-elective programme to help improve ED performance. Local Accident and Emergency Delivery Board (LADB) Easter and May Bank Holiday resilience plans have also been developed to manage potential surge in activity over the holiday periods.

Ambulance Response:

Due to NEAS installing a major system update to ensure their systems remain resilient and to enable improvements to operational efficiency and patient experience, data feeds and performance reporting has been disrupted from 2nd April 2019, therefore no additional performance data has been received since the last report. Work is on-going to reinstate reporting as soon as possible.

Ambulance Handovers:

The discrepancies in reported delays by Trusts against those reported by NEAS are not yet resolved although the Urgent and Emergency Care (UEC) network has devised a validation process which will be implemented in the coming months. Actions to improve performance include the implementation of the NEAS regional Standard Operating Procedure and escalation protocols, development of new ambulance handover bays at CDDFT and weekly WebEx calls with NEAS. These actions should support both improved reporting and also a more streamlined process that will reduce handover delays. A regional 'Operational Handover' task and finish group has also been established, that is made up of NEAS, CCG and Acute colleagues and will work with Emergency Care Intensive Support Team (ECIST) to review the handover process.

% of patients treated within 31 days of a cancer diagnosis:

STHFT performance in February 2019 was slightly below the 96% target at 95.3%. YTD performance is above target at 96.2%. There were 12 breaches (6 Head & Neck, 5 Urology, and 1 Skin) predominately due to theatre capacity or complex pathways. The majority of these patients will have also been 62 day first breaches. The Weekly Cancer Performance Wall is continuing, to promote good engagement between specialties to mitigate breaches where possible.

% of patients treated within 62 days of an urgent GP referral for suspected cancer:

STHFT performance YTD is 83.3% against the 85% target. Performance in February was 76.9%. There were 35 breaches in February across a number of specialties, including Urology, Upper GI and Head/Neck. Breaches were due to complex pathways, medical reasons and slow pathways. The Trusts Weekly Cancer Performance Wall is continuing; promoting good engagement between specialties to mitigate breaches where possible. A Cancer Delivery Group has been established. This is an internal operational group that will focus on the improvement of cancer related operational activity and therefore by default the 62 day target. Priority work streams have been agreed for improvement over the next 12 months. These are Lung, Gynaecology, Head and Neck and Urology.

NTHFT performance was 78.9% in February; the YTD position is slightly below target at 84.5%. There were 10 breaches in February, across the following specialities; Lung – 2, Gynae – 1, Lower GI – 3 and Urology – 4. Each tumour group has specific action plans in place to improve overall waiting time. Within Gynae, patients are being encouraged to undergo hysteroscopy in an outpatient setting rather than under a general anaesthetic as this is causing an increase in waiting time by needing to arrange a theatre slot. With the prostate pathway many breaches are due to patient choice to assess their treatment options.

CDDFT performance in February was 76.5%. This is the first time the Trust has not achieved the indicator in 2018/19. The Trust report the main reason for breaches is health care provider initiated delays along with winter pressures including diagnostic waits for Positron Emission Tomography (PET) scans and long waiters coming through in February. Two new permanent cancer navigators are now in post to join the one remaining member of staff. Cancer Alliance funding has been utilised to hold additional diagnostic sessions. Performance YTD is still above target at 87%

% of patients treated within 62 days of an urgent GP referral from an NHS Cancer Screening Service:

STHFT performance in February 2019 was 66.7% (0.5 breaches), with a YTD position of 86.4% against the 90% target.

CDDFT achieved the indicator in February, but YTD is still under the target at 83.9%.

Due to the small number of screening treatments, this is a target which is always at risk of being non-compliant.

Other Cancer waits:

There are small number breaches in other cancer waiting time standards across all CCGs; however, due to the low numbers there are no specific actions however it is expected that the improvement actions relating to patient tracking will have a positive impact.

Mental Health Performance

Increasing Access to Psychological Therapies (IAPT) - Proportion of people that enter treatment against the level of need in the general population:

Darlington CCG performance in February 2019 was 14.36%. Since the removal of counselling data from monthly IAPT submissions in 2017/18, the access target has remained on the whole below target. During February there was a decline in the CCG's conversion rate due to 'Assessment & Treatment' waiting times remaining longer than the service would expect, owing to reduced capacity at the front end of the service following staff leaving. This has been further exacerbated by an increase in first appointment 'did not attend' (DNA) rates (symptomatic of longer wait times) which have averaged 13.4% for the CCG since the introduction of the '1-DNA' policy for the front end but rose to 18.4% in February. These factors combined have made

achieving the access target during February more challenging. Work is ongoing to reduce A&T wait times during March, including an initiative whereby focus will be given to assessments, bringing appointments forward where possible. This will affect capacity to provide treatment appointments, but steps are being taken to minimise the impact on recovery. The service has advertised a number of trainee posts including high intensity trainees to backfill vacancies.

In response to the performance concerns highlighted above the CCG is progressing the identification and implementation of mitigating actions via the:

- Performance Clinic and Planned Care System Group with escalation to the Aligned Incentive Contract Partnership Board (previously Contract Management Board) as necessary – for South Tees Hospitals NHS Foundation Trust.
- Performance Clinic with escalation to the Contract Management Board as necessary – for North Tees & Hartlepool NHS Foundation Trust.
- Performance Group with escalation to the Contract Management Board as necessary - for Tees, Esk and Wear Valleys NHS Foundation Trust.

Progress updates will be provided to relevant CCG Committees.

4. Conclusion

The Governing Bodies are asked to note:

- The current forecast performance position in relation to the NHS Constitutional standards and key performance metrics for 2018/19.
- The mitigating actions in train and planned to address performance concerns.































































































Authors: Eve Harrison, Senior Commissioning Support Officer
Julie Humphries, Provider Management Lead

Sponsor: Craig Blair, Director of Commissioning Strategy and Delivery

Date: May 2019

Appendix 1

HaST, Darlington & S Tees CCG - Performance Summary 2018-19

	Latest Reporting Data Period	Operational Standard	National Average	Darlington CCG		HaST CCG		South Tees CCG		CDDFT		STHFT		NTHFT		NEAS	
Referral to treatment access times																	
% patients waiting for initial treatment on incomplete pathways within 18 weeks	Feb-19	92.0%	86.9%		91.3%		93.2%		89.6%		90.4%		88.8%		94.5%		
Number patients waiting more than 52 weeks for treatment		0			0		0		0		0		0		0		
Diagnostic waits																	
% patients waiting less than 6 weeks for the 15 diagnostics tests (including audiology)	Feb-19	1.00%	2.31%		0.36%		0.46%		0.83%		0.00%		0.92%		0.17%		
A&E waits																	
% patients spending 4 hrs. or less in A&E or minor injury unit	YTD Mar-19	95.0%	88.0%								89.6%		95.2%		97.2%		
Handover between ambulance and A&E over 30 minutes		0									3316		1188		720		1380
Handover between ambulance and A&E over 60 minutes		0									735		112		37		205
Trolley waits in A&E not longer than 12 hours		0									0		0		0		
Ambulance response times																	
C1 Mean (Target 7 Mins)	YTD Mar-19	100%			00:05:35		00:05:40		00:06:04							00:06:11	
C1 90th Centile (Target 15 Mins)		100%			00:10:28		00:09:24		00:10:24							00:10:33	
C2 Mean (Target 18 Mins)		100%			00:23:08		00:20:10		00:21:09							00:21:20	
C2 90th Centile (Target 40 Mins)		100%			00:50:30		00:42:24		00:46:11							00:44:55	
C3 90th Centile (Target 2 hrs)		100%			02:38:50		03:00:35		03:00:30							02:54:26	
C4 90th Centile (Target 3hr hrs)		100%			02:29:52		03:00:15		03:31:01							02:52:44	
Number of crew clear delays over 30 mins		0														3302	
Number of crew clear delays over 60 mins		0														111	
Mixed Sex accommodation																	
Mixed Sex accommodation - number of unjustified breaches	YTD Feb-19	0			1		0		1		32		0		0		
HCAI																	
Incidence of MRSA	YTD Feb-19	0			0		2		4		2		1		0		
Incidence of C Diff (Darl-16, HaST-71, S Tees-90) (Trusts CDDFT-18, NTHFT-12, STHFT-54)		various for CCG			12		98		82		18		40		29		
Cancelled Operations																	
All patients who have operations cancelled to be offered another binding date within 28 days	YTD Feb-19	0									8		0		1		
Mental Health																	
% people followed up within 7 days of discharge from psychiatric in patient care	YTD Feb-19	95.0%			98.6%		97.3%		97.5%								
Cancer																	
% of patients seen within 2 weeks of an urgent GP referral for suspected cancer	YTD Feb-19	93.0%	92.0%		92.0%		93.8%		95.3%		93.3%		94.6%		94.1%		
% of patients seen within 2 weeks of an urgent referral for breast symptoms		93.0%	86.60%		87.7%		96.8%		95.4%		91.2%		95.7%		96.4%		
% of patients treated within 31 days of a cancer diagnosis		96.0%	96.8%		96.4%		97.1%		97.3%		99.0%		96.2%		99.4%		
% of patients receiving subsequent treatment for cancer within 31 days - drugs		98.0%	99.4%		97.3%		99.6%		99.3%		98.9%		98.6%		100.0%		
% of patients receiving subsequent treatment for cancer within 31 days - surgery		94.0%	93.3%		96.2%		91.9%		98.8%		97.9%		96.9%		99.4%		
% of patients receiving subsequent treatment for cancer within 31 days - radiotherapy		94.0%	97.1%		94.2%		95.9%		95.9%				96.1%				
% of patients treated within 62 days of an urgent GP referral for suspected cancer		85.0%	79.0%		77.6%		81.1%		87.4%		87.0%		83.3%		84.5%		
% of patients treated within 62 days of an urgent GP referral from an NHS Cancer Screening Service		90.0%	88.0%		88.9%		94.5%		94.4%		83.9%		86.4%		96.0%		
% of patients treated for cancer within 62 days of consultant decision to upgrade status			N/A	85.1%		100.0%		82.2%		90.3%		84.6%		89.1%		90.3%	

Agenda Item No:10

Date of Meeting: 22 May 2019

Governing Body In-Common

Purpose of Paper	For Discussion						
Which CCG is this report applicable too? Please (✓) as relevant	All	D'ton	DDES	HaST	North Durham	S Tees	HRW CCG
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Title	Governance and Assurance Report						
Responsible Director / Sponsor	Ms Ali Wilson, Director of Strategic Development						
Author of the Report	Mrs Jacqui Keane, Head of Governance Mrs Kate Sutherland, Head of Corporate Services						
Name of the person presenting at the meeting:	Mrs Jacqui Keane, Head of Governance Mrs Kate Sutherland, Head of Corporate Services						
Date of the report:	May 2019						
Report Status	Official						
Is this report confidential?	No						
Recommendation(s)	The Governing Bodies are asked to: <ul style="list-style-type: none"> - Note the changes to the reviewed Assurance Frameworks Note the other updates contained within the report						
Summary	The attached report brings together a number of governance-related issues for consideration and/or approval by the Governing Bodies.						
Declarations of interest	There are no declarations of interest in relation to this report.						

and how they have been/will be managed			
Consultation Route <i>Please detail any consultation and other approval routes</i>	<u>Meeting</u>	<u>Date</u>	<u>Outcome</u>
	Not Applicable		
Does this need to be reported to another Committee?	Not Applicable		
Strategic Aims	Does this report support the achievement of relevant CCG Strategic Aims?		YES
Financial Implications	There are no financial implications		
Legal Implications	There are no legal implications, however, some of the elements covered in this report form part of the CCG's statutory duties and functions.		
Assurance Framework/Risk Register Implications	This report directly relates to the risk register and assurance framework.		
Details of Patient and Public Involvement and/or Implications	Not applicable to this specific report.		
Has an Equality Impact Analysis been completed?	Not applicable to this specific report.		
Attachments	NHS Darlington CCG, NHS Hartlepool and Stockton-on-Tees CCG Governance Assurance Report. Appendix 1 – Darlington CCG Assurance Framework Appendix 2 – HaST CCG Assurance Framework Appendix 3 – South Tees Assurance Framework		

NHS Darlington CCG, NHS Hartlepool & Stockton-on-Tees CCG and
NHS South Tees CCG

Governance and Assurance Report – May 2019

1. Purpose

- 1.1. This report provides assurance to the Governing Bodies on the delivery of key governance processes.

2. Governing Body Assurance Frameworks

- 2.1. The Head of Corporate Services has worked with Risk Owners to update the Assurance Frameworks for the three CCGs.
- 2.2. Assurances have been received regarding the level of work undertaken with Risk Owners to ensure the risks are being managed appropriately and consistently across Darlington, Hartlepool and Stockton-on Tees (HaST) and South Tees CCGs.
- 2.3. The Assurance Frameworks for each organisation are appended and, as agreed by the Governing Bodies, these include the detailed risks that are graded at 15 or above for HaST and Darlington CCGs and 12 and above for South Tees CCG. These will continue to be monitored and managed through the Executive Committees and Audit & Assurance Committees.
- 2.4. Work is underway to align the full corporate risk registers across the Tees CCGs, with a full review planned in June/July 2019.
- 2.5. Further work is underway to align the approach to the Governing Body Assurance Frameworks across the Tees Valley CCGs and Durham CCGs.

3. Collaborative Working update

- 3.1. The Governance Leads have worked together across the five CCG collaborative to agree the Committee meeting schedule. The Tees Valley Committee meetings are all now held in-common as from 1st April 2019 reducing the volume of meetings and duplication of business. The Head of Corporate Services is responsible for overseeing the Committee functions across the Tees Valley and is working closely with the Committee Secretaries so the administration runs smoothly.
- 3.2. Work is continuing with Directors to ensure that there is appropriate representation at Committees.
- 3.3. The Governance Leads across the collaborative CCGs have also reviewed their roles and agreed on lead arrangements for areas that can be done once across the patch.

- 3.4. A Corporate Services Team event was held in May 2019, which was composed of Governance Leads and Administrators across the collaborative and led by Ali Wilson, Director of Strategic Development. The group met to strengthen collaborative working and work towards providing a single seamless corporate affairs function across the five CCGs.

4. Policy Framework

- 4.1. Following an update in the last Governance and Assurance Report, draft policies are now being reviewed initially by the Combined Working Group prior to submission to the Combined Management Group where Accountable Officer delegated powers can be used for approval. This has replaced the existing arrangements in the CCGs. The following policies have been approved through this process and saved on the Shared Drive and CCG intranet and internet:

- Complaints Policy
- Incident Reporting Policy.

5. Constitution and Standing Financial Instructions

- 5.1 NHS England has now provided some minor comments on the CCGs' draft revised Constitutions. The Head of Governance is liaising with NHS England to finalise these so that the Constitution previously reviewed by the Governing Body can become operational.
- 5.2 Richard Henderson, Chief Finance Officer, for North Durham CCG is undertaking a review of the Standing Financial Instructions for the five collaborative CCGs with the aim of achieving a more aligned process.

6. Internal Audits

- 6.1. AuditOne the Internal Auditors of the CCGs have undertaken and issued a number of governance related audit reports. These are listed below and where applicable the assurance rating of which they were assigned.

Darlington CCG

Governance and Risk Management Audit – Substantial Assurance Rating

DSP Toolkit – Assurance rating not assigned but no issues identified

Conflicts of Interest – Report pending at the time of writing

HaST CCG

Governance and Risk Management Audit – Substantial Assurance

DSP Toolkit – Assurance rating not assigned but no issues identified

Conflicts of Interest – Report pending at the time of writing

South Tees CCG

Governance and Risk Management Audit – Substantial Assurance

DSP Toolkit – Assurance rating not assigned but no issues identified

Conflicts of Interest – Substantial Assurance Rating.

7. Data Security and Protection (DSP) Toolkit Update

- 7.1. The Governance Leads worked with the NECS Information Governance team to finalise the DSP Toolkit which was submitted on the 28th March 2019 for each of the CCGs. The CCGs responded positively to all mandatory requirements and also made good progress towards achievement of the non-mandatory requirements. Governance leads will continue to work with the North of England Commissioning Support Unit to further develop the CCGs' compliance with the new Toolkit and to align processes across the five CCGs.
- 7.2. 100% of the mandatory Data Security Awareness Training compliance was achieved for Darlington CCG, HaST CCG and South Tees CCG.

8. Mandatory Training

- 8.1. All staff and Governing Body Members are required to annually complete the Data Security Awareness training and Managing Conflicts of Interest training which has been refreshed from 1st April 2019. The modules required for the Managing Conflicts of Interest training depends on individual roles and the Head of Corporate Services will send a reminder to individual staff members.

Kate Sutherland, Head of Corporate Services

May 2019

Appendix One - Darlington CCG Assurance Framework

DCCG Risks of achieving this domain	Control - Overarching controls that support the achievement of the Objectives	Overarching assurances that support the achievement of corporate objectives - separate from risk records	GAPS in Controls	Gaps in Assurance	Current Risk Rating
CCG Assurance and Assessment Framework 18/19					
DCCG Objective 3 - Financial Management - Delivery of financial balance including the 1% surplus, value for money and efficiencies to enable the CCG to reinvest to deliver our strategic plans					
<p><i>Risk 1840</i> – Increase in cost of individual packages of care under Responsible Commissioner Guidance.</p> <p>A number of patients with high cost care packages have been registered with a Darlington GP practice potentially causing a significant cost pressure to the CCG under Responsible Commissioner Guidance.</p>	<p>Practices have been asked to stop registering new out of area patients placed in Darlington facilities with immediate effect. CCG to discuss arrangement with care providers</p> <p>CCG approached NHSE to request clarity as it has been suggested that there is some flexibility in the responsible commissioner guidance however this seems unlikely and CFO given mandate to negotiate with CCGs to achieve resolution of cases which have been challenged.</p>	<p>Monitoring via the Finance Sub-Committee and QPF Committee</p>	<p>None</p>	<p>Currently unknown as to whether there is any flexibility in the guidance</p>	16

Appendix Two - Hartlepool and Stockton-on-Tees Assurance Framework

	HAST CCG Risks of achieving this domain	Control - Overarching controls that support the achievement of the Objectives	Overarching assurances that support the achievement of corporate objectives - separate from risk records	GAPS in Controls	Gaps in Assurances	Current Risk Rating
CCG Assurance and Assessment Framework 18/19						
HAST CCG Objective 3 Delivery of financial balance including the 1% surplus and delivery of value for money savings to enable the CCG to reinvest to deliver our strategic plans.						
1.1	Risk 282 – If the CCG is unable to deliver its QIPP agenda, there is a risk of non-delivery of the financial position including the 1% surplus business rules.	Financial plan for 2018/19 in place Financial Recovery Plan and monitoring regime in place Bi-monthly monitoring of the financial position at Governing Body Monthly monitoring of the financial position at the QPF Committee and Finance sub-committee NECS provision of financial management to the CCG and Business Intelligence Services Ongoing monitoring of QIPP position and overall financial position on a monthly basis Monitored at monthly PMO meeting Contingency reserve in place QIPP pipeline schemes in place Monthly financial monitoring with NHSE Revised Financial Governance Arrangements in place to ensure a higher level of accountability is in place for delivery of QIPP and monthly reporting of QIPP performance. GP Variation process	Financial plan agreed by Governing Body Internal and External Audit Reports Finance Sub-Committee and QPF to monitor financial performance Assurance reports and regular monitoring of QIPP schemes Monthly NHSE Assurance framework to hold CCG to account ISFE and non-ISFE Reports Balanced Scorecard in place SLA in place with NECS and monthly CRM meetings held to review KPIs in place Financial Control Environment Quarterly Report	None	None	16

Appendix Three

GOVERNING BODY ASSURANCE FRAMEWORK (V41) – May 2019

The nature of healthcare naturally exposes the CCG to a number of risks. The Governing Body has considered the nature and extent of the significant risks it is willing to take in achieving the CCG's objectives. It has been agreed that risks rated at level 12 and above would be included within the Assurance Framework. These key risks, their level and mitigating actions and assurances are summarised in the tables below.

Best possible health benefit for every pound we spend		
1977 – Delivery of financial recovery plan		
Residual risk	Risk description	Mitigation
25 Extreme Risk C5xL5 = 25	If the CCG is unable to deliver its overall financial recovery plan, there is a risk that it will fail to meet its business rules. Initial risk Rating C5 x L5 = 25 Lead Chief Finance Officer Actions Required/ongoing Confirmation that all previously identified actions have been completed.	Controls Detailed financial and operational plan in place Reporting to Governing Body and FQP Committee NECS provision of financial services to the CCG. Additional finance support provided to the CCG via collaborative working with HaST/Darlington CCGs. Peer reviews of Financial Recovery Plan with other CCGs. Ongoing monitoring of QiPP position and overall financial position on a monthly basis in line with national requirements. PMO in place. Robust dual risk assessment process carried out, which includes mitigations.. Review of FQP Committee to ensure stronger focus on finance. Involvement of additional finance scrutiny at FQP Committee via attendance from HRW CCG. Aligned Incentive Contract Action Plan agreed with HRW CCG and STHFT Monthly South Tees system recovery meeting re aligned incentive contract. GB Development Sessions reconfirming GB responsibilities to facilitate Governing Body challenge of progress and reporting. Breakdown of CCG managed CHC cases and potential costs/staging. Breakdown of S75 shared funding with LA Internal Assurance Governing Body approvals PMO reporting into FQP Committee External Assurance Internal and external audit Monthly NHSE Assurance Framework to hold CCG to account ISFE and non-ISFE reports Deloitte and PwC scrutiny and reporting Monthly System Executive Monthly Director of Finance meetings
CHANGES FROM PREVIOUS MEETING: Risk reviewed by Chief Finance Officer – May 2019. No changes required.		

Best possible health benefit for every pound we spend.

1878 – Risk of non-delivery of QIPP schemes with potential impact of CCG being unable to achieve financial business rules.

Residual risk	Description	Mitigation
25 C5 x L5	Risk of non-delivery of QIPP schemes with potential impact of CCG being unable to achieve financial business rules.	Controls Robust dual risk assessment process carried out and identification of mitigations.. Review of FQP Committee to ensure stronger focus on finance. Breakdown of CCG managed CHC cases and potential costs/staging. Breakdown of S75 shared funding with LA
	Initial risk rating C5 x L 4 = 20	Additional finance staff resource identified and in place. Increased collaborative working with other CCGs to increase capacity, challenge and scrutiny.
	Lead Chief Finance Officer	Financial Recovery Plan Reports provided to FQP Committee and Governing Body Aligned Incentive Contract Action Plan agreed with HRW CCG and STHFT Monthly South Tees system recovery meeting re aligned incentive contract. GB Development Sessions reconfirming GB responsibilities to facilitate Governing Body challenge of progress and reporting. Peer reviews of Financial Recovery Plan with other CCGs. HRW CCG involvement in FQP Committee to ensure additional scrutiny.
	Actions Required/ongoing Confirmation that all previously identified actions have been completed.	Internal Assurance PMO Reporting into FQP Committee Monitoring of progress of individual schemes. Monthly financial returns. External Assurance NHS England scrutiny PwC QIPP Review undertaken Deloitte review undertaken ISFE and Non-ISFE reporting Audit One audits carried out on Financial Management and Performance Reporting ('Substantial' assurance) Audit One audits carried out on Financial Planning and Budget Setting ('good' assurance) Gaps None identified, although schemes are regularly monitored to assess progress and these are managed as part of the overall programme management of the QIPP schemes.

CHANGES FROM PREVIOUS MEETING:

Risk reviewed by Chief Finance Officer – May 2019. No changes required.

Improving outcomes through the development and implementation of Primary Care Strategy

1576 – Shortages of primary care workforce could result in difficulties in stabilising and strengthening general practice.

Residual risk	Description	Mitigation
16 C4xL4	<p>Inability to deliver CCG Primary Care Strategy due to shortages in primary care workforce. This could result in difficulties in stabilising and strengthening general practice.</p> <p>Initial risk rating C3xL4 = 12</p> <p>Lead Director of Commissioning Strategy and Development (primary care lead)</p> <p>Actions Required/ongoing</p> <p>A significant number of actions are underway as part of the regional recruitment process.</p> <p>Primary Care Directors to review Primary Care Strategy on a collaborative basis in light of changing primary care landscape.</p>	<p>Controls</p> <p>Primary Care Local Incentive Scheme supports workforce initiatives in Practices. Reviewed annually.</p> <p>Community Education Provider Network (CEPN), working in partnership with primary care, Foundation Trusts and LMC to support ongoing training and development of the primary and community care workforce, including non-clinical staff. Moving to a 5-CCG collaborative approach to strengthen arrangements.</p> <p>Upskilling of workforce to ensure effective and efficient working including new ways of working and sharing of good practice.</p> <p>Practice Engagement Support Officers in place to support Practices.</p> <p>Heat map developed which allows early identification of pressure areas requiring escalation and/or intervention.</p> <p>Federation-working approach to support joint working across practices eg. STAR service and Practice based pharmacies).</p> <p>Involvement with Health Education North East.</p> <p>Involvement in bi-monthly Regional Primary Care Leads meeting.</p> <p>Education offered from CCG to support retention (includes nursing).</p> <p>Change of approach and relaunch of GP Career Start scheme (scheme closes on 31 March 2019 – one appointment made to-date)</p> <p>Assurances</p> <p>Monthly reviews at Leadership Group.</p> <p>Escalation to Primary Care Commissioning Committee or Executive Group as required.</p> <p>NHSE reporting as part of national GP recruitment programme.</p> <p>Gaps</p> <p>Lack of formal local plan for recruitment and retention of Practice nursing staff (national issue), however, the CCG has controls in place to support Practices.</p>

CHANGES FROM PREVIOUS MEETING:

This risk is in the process of being handed over from the previous risk owner (Director of Programmes and Primary Care Development – Ales Sinclair) to the new risk owner (Director of Commissioning Strategy and Development – Karen Hawkins).

Access to sustainable, safe services

771 – Inability to recruit Designated Doctor for Looked After Children and is, therefore, outside of statutory guidance.

Residual risk	Description	Mitigation
<p>15 C3xL5</p>	<p>CCG does not currently have a Designated Doctor for Looked After Children and is, therefore, outside of statutory guidance. The lack of this role results in a lack of strategic clinical leadership.</p> <p>Initial risk rating C3xL4 = 12</p> <p>Lead Executive Nurse</p> <p>Actions Required/ongoing</p> <p>Interviews have been held – potential appointment made. Awaiting HR checks.</p>	<p>Controls</p> <p>CCG continuing to discharge all related responsibilities relating to safeguarding and looked after children (LAC). Regular meetings of the Children’s Safeguarding team ensures constancy of communication and transfer of information. Executive Nurse updates to Executive Group meetings to ensure awareness for GP Locality leads and other Executive GPs. Monthly FQP meetings receive detailed narrative reports on safeguarding and LAC issues. Dedicated Designated Nurse role for safeguarding and LAC for the South Tees area who ensures oversight of processes and identification and management of risks. Designated Nurse for Safeguarding Children and LAC continues to attend South Tees NHS FT Child and Adult Safeguarding Steering Group for early identification and appropriate challenge should performance concerns arise. Primary care safeguarding training. Lunch and learn sessions held for CCG staff re safeguarding. Delivery of peer development programme to South Tees GPs. Continued representation on the LSCBs – attendance by the Executive Nurse for the CCG who is supported by the Designated Nurse to ensure good communications, oversight and peer review. Designated Doctor for Children’s Safeguarding in place from November 2017 Child Death Overview doctor identified and in place.</p> <p>Internal Assurance</p> <p>Annual Safeguarding Report. Regular reports and monitoring by FQP Committee, Governing Body and Executive Group.</p> <p>Gaps</p> <p>Quality assurance of initial health assessments not taking place.</p> <p>Gap in strategic clinical leadership for LAC (due to inability to set strategic medical agenda with designated doctor and Trust).</p>

CHANGES FROM PREVIOUS MEETING:

Subject to satisfactory HR checks, a successful appointment has been made.

Best possible health benefit for every pound we spend

1043 – Impact on quality of, and access to, services and any potential impact on wider health economy due to system-wide financial pressures.

Residual risk	Risk description	Mitigation
16 Extreme Risk C4xL4 = 16	Impact on quality of, and access to, services and any potential impact on wider health economy as local NHS organisations tackle financial challenges.	Controls
	Initial risk Rating C4xL3 = 12	Quality impact assessment of schemes as part of CCG's QiPP programme. Ongoing quality assurance process in place (Star Chamber) Close liaison between Executive nurse and Directors of Nursing. Integration Group and other system-wide stakeholder groups. Contract management Close liaison between Directors and Chief Officers across the system Finance Activity Review Group Contract Activity Review Group Contract management via Contract Management Board and Clinical Quality Review Group STP Finance Director meetings in place Collaborative Working Group across 'south' CCGs STP processes progressing system-wide financial pressures Actions in place as part of Operational Plan and Financial Recovery Plan with integral quality requirements.
	Lead: Executive Nurse	Internal Assurance FQP reporting Governing Body reporting
	Actions Required/ongoing Actions ongoing.	External Assurance NHSE scrutiny NHSI scrutiny

CHANGES FROM PREVIOUS MEETING:

A detailed review of the risk will be undertaken during June/July.

To demonstrate a measurable improvement in the quality and safety of the services that we commission and the experiences of those who use them.

1997 – Non-compliance with antibiotic prescribing controls and routine infection prevention and control principles.

Residual risk	Risk description	Mitigation
C4xL3 = 12	Non-compliance with antibiotic prescribing controls and routine infection prevention and control principles may lead to antimicrobial resistance and negative impact upon quality of care and system resilience.	<p>Controls</p> <ul style="list-style-type: none"> -MRSA action plan updated by the Provider and monitored and challenged as required. -Programme of announced and unannounced commissioner assurance visits has been strengthened to ensure more frequent and targeted visits based on intelligence-led approach; helping to triangulate discussions and assurances that have been provided by the Trust with demonstrated practises on wards. Action plans are agreed and monitored. - Head of Quality and Adult Safeguarding attends the Trust's Infection Control Committee. - Head of Quality and Adult Safeguarding attends each Root Cause Analysis meeting for every c.diff occurrence in the Trust. - BCF funded Infection Control Nurse to work in Care Homes (funded until end March 2020). - Regular meetings with Trust's lead for infection control. - Established Teeswide HCAI Collaborative incorporating STHFT, NTHFT, NEAS, TEWV, Local Authorities and Hambleton, Richmondshire and Whitby CCG. <p>Internal Assurance</p> <p>Reporting via Executive Group, FQP Committee and Governing Body Regular Contract Review meetings with providers.</p> <p>External Assurance</p> <p>Care Quality Commission Reports NHS Improvement and NHS England Progress of evidence against action plans is rigorously challenged.</p>
	<p>Initial risk Rating C4xL4 = 16</p> <p>Lead Executive Nurse</p> <p>Actions Required/ongoing All controls are ongoing.</p>	

CHANGES FROM PREVIOUS MEETING:

A full review of the risk will take place in June/July 2019.

Evidence based decision making

1041 – Risk of legal challenge to commissioning decisions with potential financial and reputational risk.

Residual risk	Risk description	Mitigation
C3xL4 = 12	There is a potential risk of legal challenge to commissioning decisions made by the CCG. Potential financial and reputational risk associated with potential legal challenge from a range of stakeholders.	Controls <ul style="list-style-type: none"> - Communications and Engagement Strategy and Procurement Strategy identify CCG's obligations. - Governing Body/committee reports on PPI involvement. - Public and Patient Advisory Group - Robust approach to involvement and engagement of the public and stakeholders prior to key decisions being made. - Executive level involvement in STP and collaborative working. - Terms of Reference agreed across all involved CCGs for STP/Joint Committee and CNE CCG Joint Committee; unanimous decisions required. - Programme of communications and engagement activity considered regularly. - Independent consideration/production of consultation reports for large scale projects. - Mid-point review of engagement/consultations carried out to assess compliance and appropriateness of approach. - Consultation reports discussed publicly in Governing Body meetings and published on website.
	Initial risk Rating C4xL3 = 12	
	Lead Chief Officer	
	Actions Required/ongoing All controls are ongoing.	Assurances <ul style="list-style-type: none"> - Reports of public engagement and consideration of outcomes. - Formal public consultations undertaken as appropriate - Detailed Communications and Engagement work plan discussed regularly within CCG. - Communications professionals involvement in Executive - Views of PPAG gained on key issues. - Consultation Institute feedback on consultation process has endorsed the CCG's approach to-date as good practice. - GB representative on Joint Committees. - External validation from independent companies on appropriateness of approach.

CHANGES FROM PREVIOUS MEETING:

Will be subject to review in June/July 2019.

Agenda Item No: 11.0

Date of Meeting: Wednesday 22nd May 19

Governing Body In-Common

Purpose of Paper	For Discussion and For information						
Which CCG is this report applicable too? Please (✓) as relevant	All	D'ton	DDES	HaST	North Durham	S Tees	HRW CCG
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Title	Quality and Safeguarding Report						
Responsible Director / Sponsor	Jean Golightly – Director of Nursing and Quality South Tees & HaST CCG						
Author of the Report	Claire Richardson – Clinical Quality Manager NECS						
Name of the person presenting at the meeting:	Jean Golightly, Director of Nursing and Quality South Tees & HaST CCG						
Date of the report:	May 2019						
Report Status	<ul style="list-style-type: none"> Official 						
Is this report confidential?	No						
Recommendation(s)	The Governing Body is asked to: <ul style="list-style-type: none"> consider the content of the report for discussion 						
Summary	<p><i>The report provides the Governing Body with a Quality update. It covers the key services commissioned by the CCG.</i></p> <p>Provider Summary</p> <p>County Durham and Darlington Foundation Trust (CDDFT)</p> <ul style="list-style-type: none"> CDDFT has reported a never event. <p>South Tees Hospitals Foundation Trust (STHFT)</p> <ul style="list-style-type: none"> Concerns remain about the low level of incident reporting by the Trust. 						

	<p>North East Ambulance Service (NEAS)</p> <ul style="list-style-type: none"> At the end of the year NEAS achieved very well against the target for PREVENT training. <p>Tees Esk and Wear Valleys NHS Trust (TEWV)</p> <ul style="list-style-type: none"> The independent review of Serious Incident RCAs has now been completed. This is currently being considered by the CCGs. <p>Safeguarding Summary</p> <p>Children</p> <ul style="list-style-type: none"> Darlington CCG has produced a draft Local Safeguarding Arrangements Plan 2019-20 which has been discussed at the DSCB on 2 April 2019. This draft proposal outlines the Darlington Safeguarding Partners response to establishing the local safeguarding arrangements. It has been agreed that the new partnership arrangements will cover Children and Adult Safeguarding arrangements. <p>Learning Disabilities</p> <ul style="list-style-type: none"> South Tees CCG there is currently 9 individuals under Specialised Commissioning who are detained under Section 37/41 Mental Health Act. This may have an impact (dependant on case law) to their discharge. There has also been an increase of individuals stepping down from Specialised Commissioning Inpatient beds to CCG Locked Rehabilitation beds. 		
Declarations of interest and how they have been/will be managed	N/A		
Consultation Route <i>Please detail any consultation and other approval routes</i>	<u>Meeting</u>	<u>Date</u>	<u>Outcome</u>
	N/A		
Does this need to be reported to another Committee?	No		
Strategic Aims	Does this report support the achievement of relevant CCG Strategic Aims?		YES
Financial Implications	N/A		
Legal Implications	N/A		
Assurance Framework/Risk Register Implications	None		
Details of Patient and	N/A		

Public Involvement and/or Implications	
Has an Equality Impact Analysis been completed?	N/A
Attachments	Joint Tees Valley CCGs Governing Body Quality Assurance Report May 2019

Joint Tees Valley CCGs Governing Body Quality Assurance Report May 2019

County Durham and Darlington NHS Foundation Trust (CDDFT)

Issue	Action	Expected Outcomes and Timeframe
<p>Serious Incidents (SIs): CDDFT reported 9 SIs in March 2019:</p> <p>2 Slips/Trips/Falls 3 Pressure Ulcer (PU) Incidents 1 Diagnostic Issues 1 Maternity Incident (maternity incidents reported to HSIB). 2 Treatment Delay</p> <p>Never event reported during April involving a surgical/invasive procedure, (wrong implant surgery). Patient died post surgery.</p>	<p>SIs continue to be managed by the CCGs following the Serious Incident Framework. Falls and PU incidents are regular themes on the QRG agenda.</p> <p>Incident managed via serious incident process.</p>	<p>Issues discussed at monthly case review with the Provider with final review/closure take place via the SI Panel</p> <p>72 hour report received. Awaiting full root cause analysis from Trust (due 16/7/19).</p>
<p>Ophthalmology: The Trust have reported an SI within Ophthalmology for a treatment delay which has resulted in the patient having significant visual loss.</p>	<p>The SI will be investigated in line with the standard practice, however the Trust have been asked to provide a full update in relation to Ophthalmology service issues including any actions that have been taken as a result of the NHS Digital guidance on Elective Care High Impact Interventions.</p>	<p>To be determined following discussion at QRG at the end of April 2019.</p>

North Tees and Hartlepool NHS Foundation Trust (NTHFT)

Issue	Action	Expected Outcomes & Timeframe
<p>HCAI: C.difficile infection (CDI): Final position for 2018-19 = 31/12 This was an 11% reduction (35 cases) from 2017/18.</p> <p>MRSA: There were no MRSA blood stream infections reported in 2018/19.</p>	<p>A new overarching HCAI action plan has been in place since 1 April 2019 which included key CDI reduction actions.</p> <p>Tees Valley Trusts and CCGs are working collaboratively on the HCAI agenda to ensure joint learning for improvement.</p> <p>The Trust are presenting their work within care homes and on built wards related to the reduction in UTIs at the regional HCAI event on 25 April 2019.</p>	<p>The revised objective for 2019/20 is 56, an increase that reflects the new reporting criteria. Cases will continue to be monitored through the CDI panels and at the infection control committee.</p>
<p>Falls Strategy</p>	<p>Introduction of a revised Trust Falls strategy with a plan for the next 3 years. Aims and objectives are: prevention - to reduce the risk of falling both in primary and secondary care; reduce harm from falls, ensure effective treatment is in place.</p> <p>There are improvement outcomes for both in and out patients.</p> <p>The Trust audited 205 inpatients in 2017 and the key themes found were around the lying and standing blood pressure completion and assessment of cognition issues which the Trust recognised as areas to improve on. There is now an enhanced care co-ordinator post in place to manage the highest risk patients and action key points such as the environment; moving and handling; priorities around admission; falls while waiting for a DST and ensure there are good governance arrangements around the investigation of falls.</p> <p>The Trust are looking at ways to alert staff to patients who are at risk of falling and one way is for at risk patients to wear yellow anti-slip socks. The yellow socks identify a patient who needs to be returned to a place of safety. This will be rolled out in April 2019. The yellow socks will not replace slippers if these are available.</p>	<p>Collaborative improvement and assurance mechanisms are in place to monitor effectiveness, supported by the SI process.</p>

North Tees and Hartlepool NHS Foundation Trust (NTHFT)

Issue	Action	Expected Outcomes & Timeframe
Quality of Discharge Letters	<p>Retrospective review of a small sample of discharge letters identified the following issues:</p> <ul style="list-style-type: none">Discharge medicationsConsistency of information provided <p>Examination of the systems used to create this correspondence has identified areas for improvement around the default settings, and these have been modified.</p> <p>Further work has been undertaken to ensure new doctors are trained in the completion of discharge summaries, and must be authorised and approved by a senior clinician. Consultant names and telephone numbers are always available on the letters if additional contact is necessary.</p>	<p>Continue to be monitored through SIRMS, and Trust feedback.</p>
Workforce Report	<p>The Trust has increased the number of completed appraisals. Compliance with statutory mandatory training has also increased including over the winter period. Training is completed via ESR and the Trust is currently the third highest users of this system within the region. Training has now been condensed into a 10 month period rather than the usual 12 and this was felt to work well.</p>	<p>Continue to monitor through CQRG.</p>

South Tees NHS Foundation Trust (STHFT)

Issue	Action	Expected outcomes and timeframe
<p>ICAI: Methicillin resistant staphylococcus aureus (MRSA) - a total of 1 case during 18/19.</p> <p>C.difficile infection (CDI):</p> <p>Final position for 2018-19 = 41/54 cases</p>	<p>The CCG Head of Quality and Adult Safeguarding attends the root cause analysis meetings for all Trust attributed C.difficile cases.</p> <p>Decontamination improvement Planned programme of review audits to determine compliance with revised processes.</p> <p>Hand Hygiene awareness day 15 April 2019.</p>	<p>CQRG will monitor progress on the IPC improvement plan .</p>
<p>Commissioner Assured Visit: Redcar Community Hospital (Stroke Rehabilitation) .</p>	<p>The Quality team undertook a Commissioner Assurance Visit to the stroke rehabilitation unit on 27th March 2019 with positive outcomes. This included patient feedback about the care that they were receiving.</p> <p>A report is currently being produced to be shared with the Trust.</p>	<p>Once the report has been shared with the Trust, an action plan will requested for any areas identified that require improvement.</p> <p>Actions to be monitored by CQRG.</p>
<p>Serious Incidents:</p>	<p>The CCG has developed a working group involving all major providers to review and share learning from common themes relating to pressure ulcer and slips/trips/falls serious incidents. The first meeting was held on 25/3/19 and the (tissue viability strategy 2018/20) was shared by the Trust.</p> <p>The Trust are currently carrying out a ‘deep dive’ into pressure ulcers and the findings will be presented at the next Quality assurance committee.</p>	<p>Incidents will be managed via the serious incident process.</p>

South Tees NHS Foundation Trust (STHFT)

Issue	Action	Expected outcomes and timeframe
Serious Incidents: 1. Concerns remain about the low level of incident reporting by the Trust. 2. Incidents reported: <ul style="list-style-type: none"> a. patient death following surgery for an elective procedure. b. Maternity / Obstetric incident and also reported to Healthcare Safety Investigation Branch (HSIB) under the Each Baby Counts criteria. 	<ul style="list-style-type: none"> a. Also reported to the corner b. Independent investigation will commence. 	Incidents to be monitored via serious incident process.
Initial Health Assessment (IHA) performance: 1. Compliance for Initial Health Assessments remains low. 2. The Trust provides detailed Exception Reports for each Local Authority which has highlighted that the issues relate to: <ul style="list-style-type: none"> • Delay in receiving notification from LA services of a child becoming looked after • Delay in receiving the signed consent to have the assessment undertaken • Appointments being cancelled • Increase in the number of children becoming LAC and then also requests for Assessments • Trust capacity issues creating challenges appointing the Assessments. 	The Designated Nurse for Safeguarding and Looked After Children and the Trust Assistant Director of Nursing (Safeguarding) have met with the Heads of Service for Looked After Children from both Southern LAs to escalate concerns. <ul style="list-style-type: none"> 1. Late notifications are now being escalated to the Designated Nurse and the Local Authority on a daily basis. 2. The Trust are reviewing their internal processes for appointment allocation and the production of the Health Plan following the assessment to ensure that internal processes are supporting the overall timeframe for this compliance requirement 3. The Director of Nursing and Clinical Quality has notified the Director of Children's Service for each Local Authority 	The Designated Nurse for Safeguarding and Looked After Children and the Trust Assistant Director of Nursing (Safeguarding) continue to meet monthly to progress improvements.

Mental Health Services

Issue	Action	Expected Outcomes & Timeframe
Serious Incident Root Cause Analysis Review: An independent review of RCAs has now been completed. This is currently being considered by the CCGs.	Currently under review by Commissioners to understand what the next steps/actions are. The report confirms that the Trust are not consistently identifying lessons learnt.	Outcomes and timeframes to be determined.
Learning from Deaths: TEWVFT have published annual results from Learning from Deaths 2018/19. 2,308 TEWV patients died; this comprised the following number of deaths which occurred in each quarter of that reporting period: <ul style="list-style-type: none"> • 652 in the first quarter • 578 in the second quarter • 593 in the third quarter • 485 in the fourth quarter 	<p>Root or contributory findings from serious incident reviews undertaken in 2018/19 have highlighted the following areas for learning and improvement:</p> <ul style="list-style-type: none"> • Risk Assessment • Adherence to procedure/policy/pathway • Family Involvement • Access to services/referral processes • Communication and information sharing • Record keeping 	'Learning from Deaths 2018/19' has been outlined in the 2018/19 Quality Account for TEWVFT. The Quality Account has been received and a joint statement will be provided on behalf of all commissioning CCGs in May. This will be shared with relevant committees for sign off.
Staff Survey: The staff survey results for 2018 were published in March 2019. The response rate for Trust was showing as reducing from 52% in 2017 to 30% in 2018, the lowest within the peer group.	<p>Within the latest Staff survey, TEWVFT saw a significant change in score for 10 elements compared to the 2017 results, 7 improvements and 3 reductions. Among the improvements were:</p> <ul style="list-style-type: none"> • % of staff recommending the trust as a place to work or receive treatment, • Recognition and value of staff by managers and the organisation, • Quality of appraisals • % of staff satisfied with the opportunities for flexible working patterns <p>The areas shown to have reduced were;</p> <ul style="list-style-type: none"> • % of staff agreeing that their role makes a difference to patients / service users • % of staff/colleagues reporting most recent experience of violence • % of staff reporting errors, near misses or incidents witnessed in the last month 	<p>Staff Survey response and relevant actions will be presented at QRG.</p> <p>Staff Survey results are contained in the CI data pack embedded into dashboards at beginning of this report.</p>

Provider: North East Ambulance Service (NEAS)

Issue	Action	Expected Outcomes and Timeframe
<p>Central Alert System: The Trust are showing as being an outlier against the CAS for Resources to support safer care for patients at risk of autonomic dysreflexia. The completion deadline date is 25 January 2019 and the current Trust status is listed as assessing relevance</p>	<p>Assurances will be sought as to the current position against this CAS via the Quality Review Group</p>	<p>Outcomes and timeframes to be determined following discussion at Quality Review Group in mid-April 2019</p>
<p>Lord Carter Review (September 2018). The report reviews the unwarranted variation in the delivery of Ambulance services and includes nine recommendations which aim to improve patient care, efficiency and support for frontline staff. The report concludes that if more patients are treated at the scene by paramedics or better assessed over the telephone, avoidance for the need for an ambulance or unnecessary pressure on emergency departments.</p>	<p>The review indicated that NEAS was an efficient Ambulance Service, however a number of recommendations were made which the Trust acknowledge. 48 recommendations were made in total, 30 are on track for deliver including areas such as HR, utilisation of estates and violence and aggression; 4 are complete such as fuel efficiency and emergency preparedness; 10 areas are under scope such as workforce plan and efficiency measures; 4 are deemed as at risk and reflect the whole system: Mental Health, Directory of Services OS, HEE and fleet metrics.</p>	<p>The Trust have a number of actions plans in place within the organisation which covers the recommendations listed in the review. The Trust are convening a meeting with commissioners to discuss this in more detail. It is expected this meeting will take place in late April early May 2019</p>
<p>PREVENT Training Compliance</p>	<p>At the end of the year NEAS achieved very well against the target for PREVENT training with compliance of:</p> <p>91.2 % WRAP</p> <p>96.1% BPAT</p>	<p>No further on going action.</p>

Safeguarding Children Training (Level 3)

Designated Nurse Safeguarding Children raised the safeguarding children training with the Trust. Compliance at Level 3 foundation and updates have decreased over the past 3 months.

	Nov 18	Dec 18	Jan 19	Feb 19
Level 1	91%	91%	93%	94%
Level 2	84%	85%	85%	86%
Level 3 Foundation	96%	95%	94%	89%
Level 3 update	94%	91%	89%	82%

The Trust explained there had been an error with a cohort of staff where instead of only the paediatric physiotherapist’s training needs analysis being changed to do level 3, all of the physiotherapists training needs analysis were changed which caused the compliance to appear to be decreased. The Trust advised there should be an increase in compliance in the following months and they also have an action plan for all of the levels of safeguarding training which was shared following the virtual December CQRG meeting. This will be monitored at CQRG.

Safeguarding Adults

A combined Domestic Homicide Review / Mental Health Homicide Review is in progress following the murder of a woman in Hartlepool by her ex-partner.

Safeguarding Adults

Local Safeguarding Adults Partnership Board – next meeting to be held on 30 April 2019

LeDeR cases - 1 underway – collecting information

No current Safeguarding Adult Reviews identified during this period.

Care Homes of Concern

There are no care homes currently at Executive Strategy

Independent Hospital

Newbus Grange, Independent Hospital for Complex Needs (Learning Disability and Autism). Ongoing police investigation regarding abuse by staff member - awaiting outcome of charging decision from CPS. Local Authority safeguarding process ongoing.
CCG Adult Safeguarding Team undertaking a Safeguarding Assurance Visit - 12 April 2019

Darlington Local Safeguarding Partnership (Protecting Children and Adults)

A draft Local Safeguarding Arrangements Plan 2019-20 has been discussed at the DSCB on 2 April 2019. This draft proposal outlines the Darlington Safeguarding Partners response to establishing the local safeguarding arrangements. It has been agreed that the new partnership arrangements will cover Children and Adult Safeguarding arrangements.

The three lead safeguarding partners are as follows:

- a) Durham Constabulary : nominated officer – Detective Chief Superintendent Adrian Green
- b) Darlington Borough Council : nominated officer – Suzanne Joyner, Director of Children and Adult Services
- c) Darlington Clinical Commissioning Group: nominated officer – Nicola Bailey Chief Officer
- d) The Board will also have an Independent Scrutineer and Ann Baxter has recently been appointed.

The draft plan is to be finalised and submitted to the Secretary of State no later than the 29 June and implementation by 29 September 2019.

Looked After Children

17 (100%) of children in Q3 were seen for an IHA within 20 working days of coming into care.

Serious Case Reviews/Learning Reviews

SCR Child C -Child C was a 17 year old diabetic child who died on her first night of being in looked after care. Publication Final report shared with Coroner & published following Inquest ? June 2019

LLR Child D – was a 14 year old boy, paraplegic as a consequence of a RTA as a younger child. died as a result of a perforated bowel following self – evacuation. Final report to be amended and approved by the DSCB. Primary care have already extrapolated the learning and actions and has moved forward with these.

SCR Child F – is a three year old child who ingested tramadol. Hair strand testing further revealed exposure to amphetamines and cocaine over a period of months. Now designated as SCR and author identified with author briefing and practitioner event to be planned.

SCR Child G -Seven year old child died as a result of a house fire. Concerns around neglect – Was not brought, home conditions and lack of supervision. Author to be commissioned.

Care Homes of Concern

Extensive work is in place to support improvement in those Nursing/Residential Homes with quality concerns, Serious Concerns Protocol (SCP) in place or with admission embargo. This is being undertaken in partnership with the regulators and Health and Social Care partners.

The CCG and Local Authority continue to undertake joint monitoring visits for the homes that remain subject to SCP.

Safeguarding: South Tees CCG Children

South Tees Multi-Agency Children's Hub (MACH)

The South Tees Multi-Agency Children's Hub (MACH) Project Board continue to meet with additional design workshops taking place to plan the operational aspects of implementation.

A secondment opportunity for the Hub Manager has arisen due to the unsuccessful recruitment process to the substantive post. The appointed practitioner will commence this role as soon as possible.

The implementation date for the Hub to be operational will be the 27th of May

South Tees Safeguarding Children Partnership

The Strategic Group continues to meet to progress the way the 3 Safeguarding Partners will work together following publication of the revised Statutory guidance Working Together 2018. The 3 Safeguarding Partners comprise senior representatives from:

- Cleveland Police
- Children's Social Care
 - Middlesbrough
 - Redcar and Cleveland
- South Tees CCG

The new arrangements should be published by the partnership by the 29th of June 2019

Looked After Children

Designated Doctor for Looked After Children

The recruitment process continues whilst the final stages are completed for the successful applicant. The vacancy will remain on the risk register until the post holder commences employment.

Learning Disabilities Transformation: South Tees CCG

NHS South Tees (ST) CCG covers the Middlesbrough, Redcar and Cleveland borough localities. In comparison to neighbouring areas across the North East and Cumbria region, the CCG has previously had the highest CNE cohort of individuals falling under the NHS England Transforming Care Agenda. This is due to the co-location of TEWV learning disability services within the locality.

Specialised Commissioning Patient (Children and adult) Update

As at March 2019, there are currently 16 adults and 1 young person from ST CCG in NHS England Specialised Commissioning in-patient beds.

Collaborative working between ST CCG and CNE NHS England Resettlement Hub teams has facilitated the transitional pathway of discharge for patients. 1 Young Person is remaining in an NHSE Specialised Commissioning bed and transition continues. The Young Person has formally been discharged as of the 31st March 2019, although an admission from another young person occurred and an inpatient CETR has supported a short admission and the individual is currently on an extended Section 17 Leave and due to be discharged in by the end of April 2019.

Joint collaborative working ensures smooth working practices including the escalation of individual situations, where necessary, to optimise their experience and minimise the time spent in hospital.

There are currently 9 individuals under Specialised Commissioning who are detained under Section 37/41 Mental Health Act. This may have an impact (dependant on case law) to their discharge.

There has also been an increase of individuals stepping down from Specialised Commissioning Inpatient beds to CCG Locked Rehabilitation beds.

CCG Patient Update

As at March 2019, there are currently 13 individuals within CCG bed provision.

Overview:-

- 4 Transfers (Step-down) from Specialised Commissioning. 3 individuals within Sections 37/41 and 1 individual with a Section 3 – a positive move for the patient in terms of progress
- 1 Recall individual from Community (Section 37/41)
- 4 current patients on Sections 37/41 (requires MOJ support for discharge)
- 1 Section 47/49
- 2 individuals are approaching discharge with a transition plan in place to progress to a April/ May 2019 discharge.

Hartlepool and Stockton CCG

As at 22nd March there are:

4 patients within Hartlepool and Stockton on Tees CCG directly commissioned adult inpatient beds (subject to Assuring Transformation Reporting) .

1 of these is a patient who is on leave and in the process of being discharged.

1 of the remaining 3 patients is subject to restrictions under S37 of the MHA.

Discharge plans are in progress for all 3 remaining HAST patients.

There are 11 patients within NHSE Specialised Commissioning Secure settings

Darlington CCG

As at 22nd March there are:

5 patients with Darlington CCG directly commissioned adult inpatient beds (subject to assuring transformation reporting).

4 patients are in transition to a planned discharge community based package of care and support.

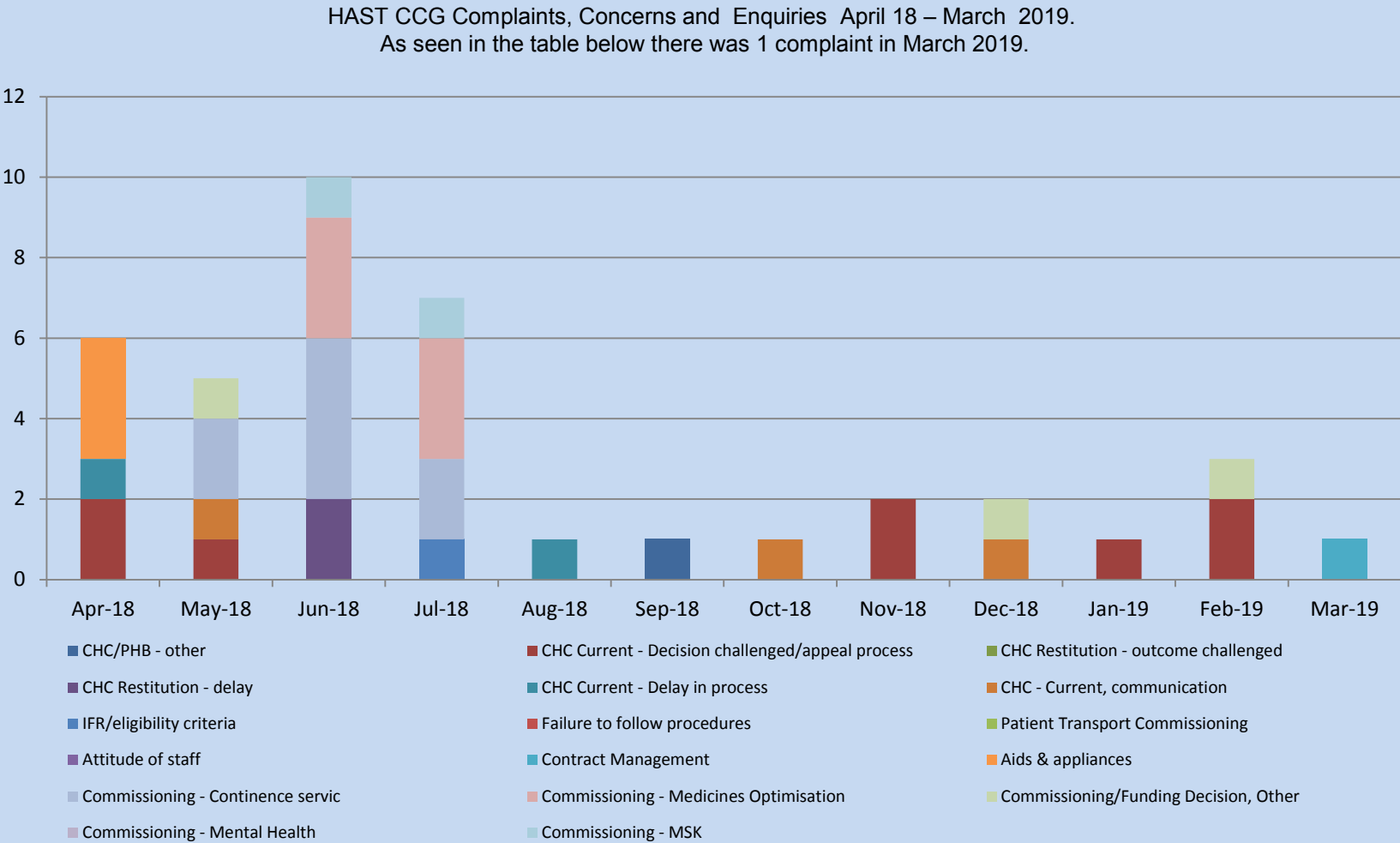
1 patient is subject to provider procurement within the Local Authority to secure a suitable support provider.

There are 2 patients within specialised commissioning secure settings.

All patients are subject to close monitoring with regard to their planned discharge pathways. Further work is being undertaken across the region with regard to those patients subject to restrictions under ministry of justice and the implications in relation to ability to discharge.

Indicator
HaST CCG Formal Complaints

CCG

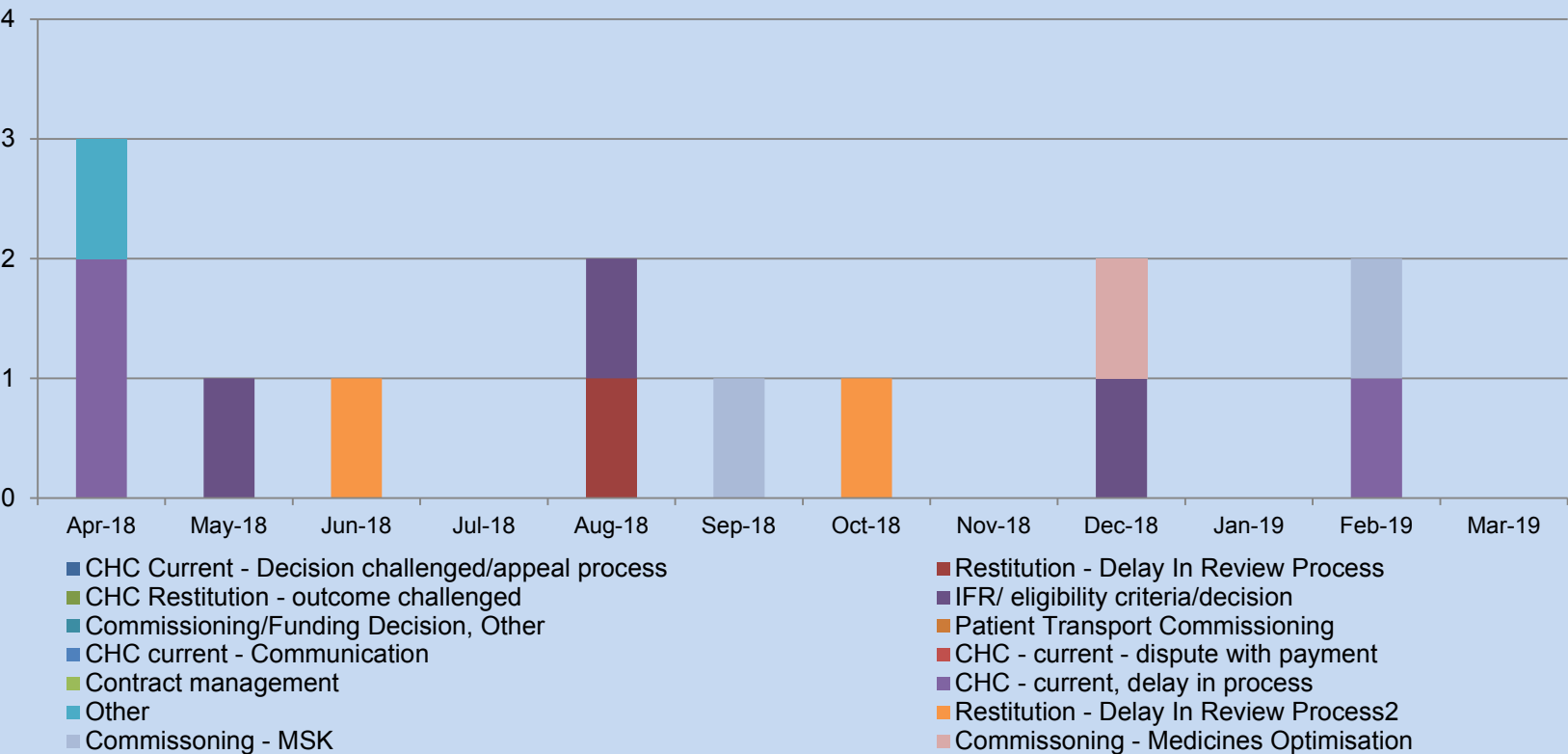


HAST CCG Complaints, Concerns and Enquiries April 2018 – March 2019.
Data Source: NECS Clinical Quality/Complaints team April 2019.

Indicator
Darlington CCG Formal Complaints

CCG

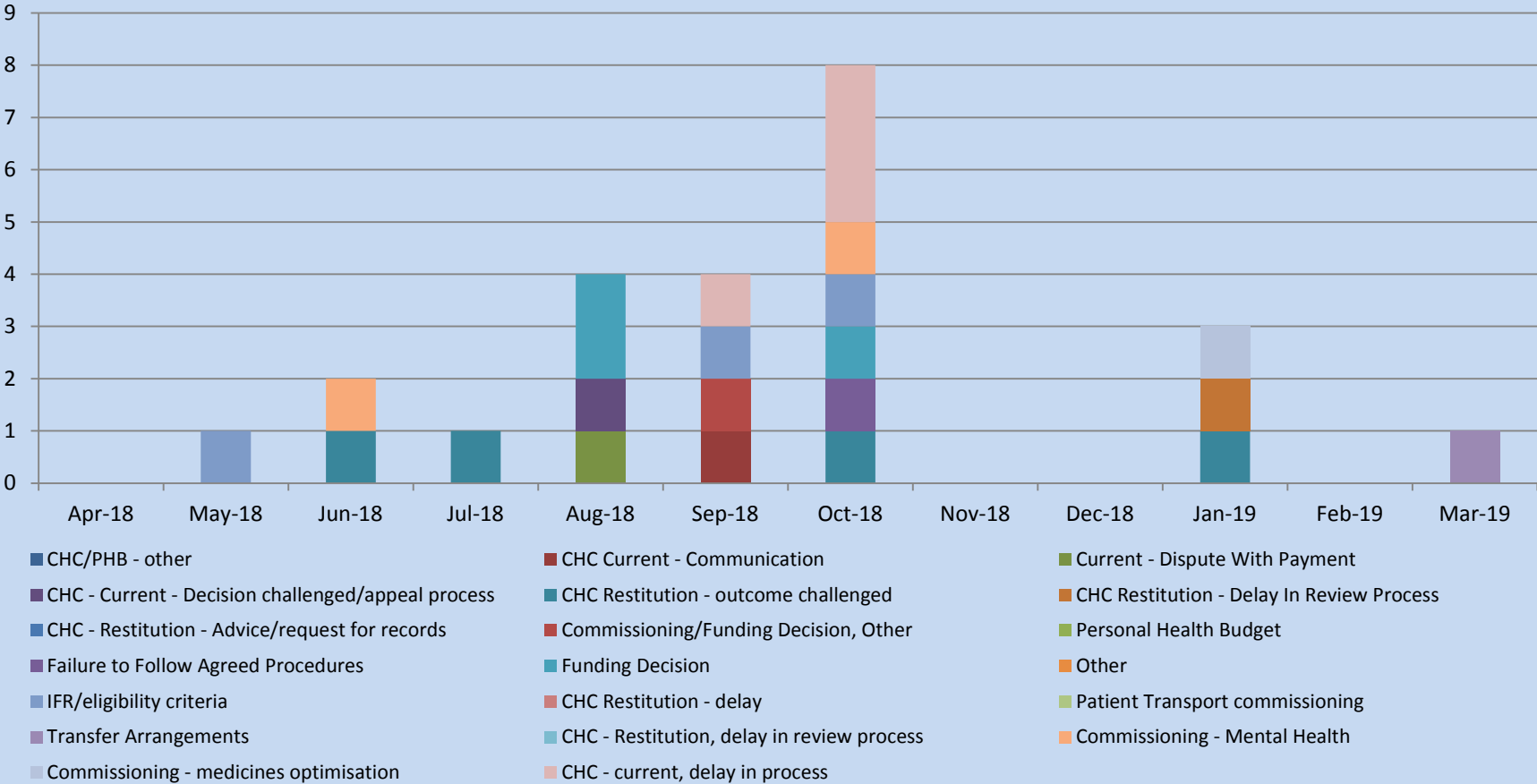
The following table demonstrates the number of CCG complaints (complaints and concerns/enquiries) from April 2018 to March 2019. As seen in the table below there were 0 complaints in March 2019.



Indicator
South Tees CCG Formal Complaints

CCG

The following table demonstrates the number of CCG complaints (complaints and concerns/enquiries) from April 2018 to March 2019.
As seen in the table below there was 1 complaint in March 2019.



South CCG Complaints, Concerns and Enquiries April 18 – March 2019.
Data Source: NECS Clinical Quality/Complaints team April 2019.



Darlington Clinical Commissioning Group
 Durham Dales, Easington and Sedgfield Clinical Commissioning Group
 Hartlepool and Stockton-on-Tees Clinical Commissioning Group
 North Durham Clinical Commissioning Group
 South Tees Clinical Commissioning Group

Agenda Item No: 14.0
Date of Meeting: 22nd May 2019

Governing Body In-Common

Purpose of Paper	For Discussion						
Which CCG is this report applicable too? Please (✓) as relevant	All	D'ton	DDES	HaST	North Durham	S Tees	HRW CCG
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Title	Audit Committee Annual Report 2018/19						
Responsible Director / Sponsor	Jacqui Keane, Head of Governance						
Author of the Report	Kate Sutherland, Head of Corporate Services						
Name of the person presenting at the meeting:	<ul style="list-style-type: none"> John Flook, Chair of Audit & Assurance Committee Darlington CCG & HaST CCG Karen Dales, Chair of Audit & Assurance Committee South Tees CCG 						
Date of the report:	March 2019						
Report Status	Official						
Is this report confidential?	No						
Recommendation(s)	The Governing Bodies are asked to receive the Annual Audit Committee annual report.						
Summary	The annual reports of the Audit & Risk Committee highlight the work completed during the 2018/19 financial year, providing assurance to the Governing Bodies on the work the Committees have undertaken in line with their duties outlined in its Terms of Reference.						
Declarations of interest and how they have been/will be managed	None identified						
Consultation Route <i>Please detail any consultation and other approval routes</i>	Meeting			Date		Outcome	
	Reviewed and approved by Committee Chairs and Head of Governance.			N/A		N/A	
	Reviewed and			April 2019		Approved	

	approved by Audit and Assurance Committee		
Does this need to be reported to another Committee?	N/A		
Strategic Aims	Does this report support the achievement of relevant CCG Strategic Aims?	YES	
Financial Implications	Not required		
Legal Implications	Not required		
Assurance Framework/Risk Register Implications	The Annual Report provides assurance to the Governing Body from the work the Committee has undertaken in line with the duties set out in its Terms of Reference. The very nature of this being the annual report on the work of the Audit & Risk Committee means it provides support to the assurance framework and risk register		
Details of Patient and Public Involvement and/or Implications	Not required		
Has an Equality Impact Analysis been completed?	Not required		
Attachments	Audit & Risk Committee Annual Report 2018/19 Darlington CCG Audit & Risk Committee Annual Report 2018/19 HaST CCG Audit & Risk Committee Annual Report 2018/19 South Tees CCG		

NHS Darlington Clinical Commissioning Group

Audit and Risk Committee In-Common - Annual Report 2018/19

Introduction

The purpose of this report is to formally report on the work of the Audit & Risk Committee who meet in-common and provide assurance to the Governing Body. The Committee is established in accordance with the CCGs' Constitution and is accountable to the Governing Body.

Audit and Risk Committee

The Audit & Risk Committee is established in accordance with legislation and operates in accordance with the CCGs' Constitution and Schemes of Reservation and Delegation from the Governing Body with approved Terms of Reference.

Membership

The Committee is made up of three lay members and another member of the Governing Body.

The lay member on the Governing Body, with a lead role in overseeing key elements of audit, risk and governance, Chairs the Committee.

The Committee also has the following in attendance as required:

- CCG Chief Finance Officer
- Internal and External Audit representatives
- Chief Officer/Chief Clinical Officer
- Other nominated officers may be invited to attend, particularly when the committee is discussing areas of risk or operation that are the responsibility of the nominated officer.
- The Chair of the Governing Body may also be invited to attend one meeting each year in order to form a view on, and understanding of, the committee's operations.

The Committee has met on 5 occasions formally in the period 2018/19.

The work programme of the Committee is guided by an annual cycle of business programme agreed annually by the Committee. The programme enables the Committee to carry out its key objectives necessary to support its assurances and in a timely manner.

The principal purpose of the Committee is to critically review the CCG's financial reporting and internal control principles and ensure an appropriate relationship with both internal and external auditors is maintained. In addition the Committee is driven by the priorities identified by the Clinical Commissioning Groups and the associated risks.

Principal Review Areas – All Committees

This annual report is divided into five sections reflecting the five key duties of the Committee as set out in their respective terms of reference.

1. Governance, risk management and internal control

- The Committee reviewed relevant disclosure statements, in particular the Annual Governance Statement together with the Head of Internal Audit Opinion, External Audit Opinion and other appropriate external independent assurances, and considered that the Annual Governance Statement was consistent with the Committees' view on the CCGs system of internal control. Accordingly the Committee supported the Governing Body's approval of the Annual Governance Statement for 2017/18. The 2018/19 Annual Governance Statement will be reviewed at the May 2019 Committee meeting.
- The Committee worked through the year to seek assurances for the annual reporting processes for 2018/19.
- The Committee regularly reviewed each CCG's Assurance Framework and believed that it was fit for purpose.
- The Committee has reviewed the completeness of the risk management system. This included a regular oversight of the organisation's risk management arrangements and its risk registers.
- The Committee also received regular Governance Assurance Reports from North of England Commissioning Support Unit (NECS) colleagues.

2. Internal Audit

Throughout the year the Committee has worked effectively with internal audit to review and strengthen the CCG's internal controls and in particular have:

- Reviewed and approved the internal audit operational plan and detailed programme of work. Internal Audit are standing attendees of the Committee and the Committee considers their reports, agree their programmes and consider their effectiveness.
- Regular updates on the Audit Committee Handbook were received and the revised Audit Committee Handbook was circulated to members.
- Internal Audit delivered the fraud protection programmes. The Committee considered the reports, agreed the programmes and consider the effectiveness. In this period there were no major incidents which required additional investigation.
- Considered the findings of Internal Audit and sought assurance that management had responded in an appropriate way and that any significant control weaknesses had been acted on by the CCGs.
- Received and followed up any recommendations made by Internal Audit to ensure that the CCGs strengthen internal controls.

3. External Audit:

- The Committee reviewed and agreed the External Audit annual plan
- The Committee reviewed and commented on the reports prepared by External Audit
- The Committee received the External Audit Annual Report and also the External Audit letter.

External Audit are standing attendees of the Committee. The Committee review their work and findings, follow up their management requests, and agree their fee.

Both internal and external auditors have the opportunity to meet with the Committee before each meeting without management being present.

4. Management:

Whilst the Committee meets formally five times a year the Chair also holds regular informal meetings with the Chief Finance Officer (CFO) where appropriate.

5. Financial Reporting:

The Committee regularly receives reports from the Chief Finance Officer highlighting losses and special payments and also reviewed the annual financial statements for 2017/18 before submission to the Governing Body and considered them to be accurate.

Self-Assessment of Effectiveness

The Committee undertakes a self-assessment effectiveness review each year and the findings are discussed within the meeting.

Conclusion

We trust the Governing Body will accept that this report demonstrates that the work we have carried out over the course of 2018/19 and that the Committee has complied with their terms of reference.

Mr John Flook

Chair of Audit and Risk Committee, March 2019

NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group

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Mr John Flook

Chair of Audit and Risk Committee, March 2019

Audit Committee – Annual Report 2018/19

Karen Dales, Audit Committee Chair

This report to the Governing Body covers the year to 1st April 2018 – 31st March 2019 and is submitted as a requirement under the terms of reference of the Audit Committee.

The principal purpose of the report is to give the Governing Body assurance as to the work carried out to support the Annual Governance Statement given by the Accountable Officer on its behalf.

Audit Committee

The Audit Committee is established under Governing Body delegation with approved terms of reference that are aligned with the NHS Audit Committee Handbook, published by the HFMA and Department of Health. The Committee consists of two Lay Members and has met on five occasions formally in the period 2018/19, and has discharged its responsibilities for scrutinising the risks and controls which affect all aspects of the CCG's business.

The work programme of the Audit Committee is guided by a cycle of business agreed annually by the committee. The programme enables the Audit Committee to carry out its key objectives of ensuring that adequate assurances are provided to the CCG and that these assurances have been subject to challenge. This, in turn, provides the assurances required for the Annual Governance Statement.

All members of the Audit Committee were provided with a copy of the 2018 publication of the NHS Audit Committee Handbook.

Principal Review Areas

This annual report is divided into five sections reflecting the five key duties of the Committee as set out in the terms of reference.

1. Governance, risk management and internal control

[The Committee has reviewed relevant disclosure statements, in particular the Annual Governance Statement together with the Head of Internal Audit Opinion, external audit opinion and other appropriate external independent assurances and considered that the Annual Governance Statement was consistent with the Committee's view on the CCG's system of internal control. Accordingly we supported the Governing Body's approval of the Annual Governance Statement for 2018/19.]

The Committee reviewed the Assurance Framework and believe that it was fit for purpose and has reviewed evidence to support this. The Framework is in line with Department of Health expectations and has been reviewed by internal and external audit to give additional assurance for our opinion.

The Head of Governance has provided regular updates to the Committee on the Governance & Risk Committee's role in reviewing the entire Risk Register.

Regular reports have continued to be received on the CCG's compliance with the Statutory Guidance on the Management of Conflicts of Interest. As Audit Chair I have continued to undertake the role of Conflicts of Interest Guardian and Freedom to Speak Up Guardian (for conflict of interest issues).

A significant in-year focus had been to be satisfied that the CCG had robust plans and actions in place to continually monitor the progress towards financial recovery and had processes in place to highlight areas of increasing risk. One particular area that the Committee has sought and received detailed assurances was the progress being made by the Continuing Healthcare team to address concerns raised by Audit One and Deloitte during the year on CHC finance and clinical processes and controls.

2. Internal audit

Throughout the year the Committee has worked effectively with internal audit to review and strengthen the CCG's internal controls and in particular has:

- Reviewed and approved the internal audit strategy, operational plan and detailed programme of work. The formal meetings always include at least one member of the Internal Audit team. The Committee considers their reports, agrees their programmes and considers their effectiveness.
- Considered the findings of internal audit and sought assurance that management had responded in an appropriate way and that the Head of Internal Audit Opinion and Annual Governance Statement reflected any significant control weaknesses and that these had been acted upon appropriately.
- Received and followed up any recommendations made by Internal Audit to ensure that the CCG strengthens its internal controls.
- Considered the fraud protection programme reports in order to be aware of any issues requiring further action. In this connection there were no major incidents which required additional investigation. The CCG has worked with Internal Audit on the development of a Counter Fraud action plan to further strengthen the CCG's arrangements.

3. External audit:

External Audit representatives are standing attendees of the Committee. We review their work and findings, follow up their management requests, and agree their fee proposals. They keep us informed in respect of Department of Health requirements.

With regard to the work of external audit, the Committee has:

- reviewed and agreed external audit's annual plan;
- reviewed and commented on the reports prepared by external audit;
- received the External Audit annual report and the External Audit letter;
- reviewed the External Audit Independence Report and satisfied itself as to their independence and objectivity.

The Audit Committee again met with the auditors (both Internal & External) on at least one occasion without management present. Following examples of best practice the committee also meets with the auditors immediately prior to each of the formal meetings without a management presence.

4. Management:

Whilst the Committee meets formally five times a year there are also opportunities for informal meetings with the Chief Finance Officer (CFO). These are mainly educational and may contain briefings on the monthly accounts including comparatives to budget, outlining future budget plans, risk management, and consideration of areas requiring further in-depth discussion at the Committee. The Audit Committee greatly values the opportunity for these discussions, which also give the CFO an informal setting to highlight issues and concerns. We are able as a result to give the Governing Body assurances of independent scrutiny of items submitted to it.

As a public body, ensuring best value for money is important to the organisation and recognises the importance of outside monitoring. We take our responsibilities seriously and are involved in scrutiny of both the external auditors report and in helping the CFO formulate his plan and budgets. The time allocated to these meetings permits a greater degree of scrutiny and understanding than is possible at a full meeting of the Governing Body and has helped Inform the reporting of progress to make this more readily accessible.

5. Financial Reporting:

The CFO continues to co-operate and share information in order that the Committee is able to understand and appropriately challenge the financial statements.

[The Committee reviewed the annual financial statement for 2018/19 prior to submission to the Governing Body and considered them to be accurate.

6. Other matters worthy of note

In addition to reviewing in detail the Annual Accounts in order to give assurance to the Governing Body, we also reviewed the Annual Accounts process in detail. Linked to this we reviewed the CCG's Annual Report.

7. Self Assessment of Effectiveness

A post-critique is included as a standard agenda item so that members can reflect on the effectiveness of the meetings. No areas of significant concern have been raised during the year. In addition, a self-assessment of effectiveness is to be carried out during 2019/20.

8. Conclusion

We trust the Governing Body will accept that this report demonstrates that the work we have carried out is consistent with opinions on the Annual Governance Statement and that the Committee has complied with its terms of reference.

Finally I am pleased to record that members of the Audit Committee are grateful for the openness and commitments of all the management team.

Karen Dales

Audit Committee Chair



Darlington Clinical Commissioning Group
Durham Dales, Easington and Sedgefield Clinical Commissioning Group
Hartlepool and Stockton-on-Tees Clinical Commissioning Group
North Durham Clinical Commissioning Group
South Tees Clinical Commissioning Group

Agenda Item No: 15.0
Date of Meeting: 22 May 2019

Governing Body In-Common

Purpose of Paper	For information						
Which CCG is this report applicable too? Please (✓) as relevant	All	D'ton	DDES	HaST	North Durham	S Tees	HRW CCG
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title	Darlington CCG and HaST CCG Primary Care Commissioning Committee In-Common Annual Report 2018/19						
Responsible Director / Sponsor	Andie Mackay, Chair of Primary Care Commissioning Committee In-Common						
Author of the Report	Kate Sutherland, Head of Corporate Services						
Name of the person presenting at the meeting:	Andie Mackay, Chair of Primary Care Commissioning Committee In-Common						
Date of the report:	March 2019						
Report Status	Official						
Is this report confidential?	No						
Recommendation(s)	The Governing Bodies are asked to receive the annual report.						
Summary	The purpose of this report is to formally report on the work of the Primary Care Commissioning Committees.						
Declarations of interest and how they have been/will be managed	Not Applicable						
Consultation Route <i>Please detail any consultation and other approval routes</i>	Meeting		Date		Outcome		
	Primary care Commissioning Committee		April 2019		Approved		
Does this need to be reported to another Committee?	N/A						
Strategic Aims	Does this report support the achievement of relevant CCG Strategic Aims?						YES

Financial Implications	Not Applicable
Legal Implications	Not Applicable
Assurance Framework/Risk Register Implications	Not Applicable
Details of Patient and Public Involvement and/or Implications	Patient and Public Involvement Lay Representatives are members of the Primary Care Commissioning Committee.
Has an Equality Impact Analysis been completed?	Not Applicable
Attachments	HaST CCG and Darlington CCG Primary Care Commissioning Committee In-Common Annual Report 2018/19

NHS Darlington Clinical Commissioning Group and NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Primary Care Commissioning Committee In-Common

Annual Report 2018/19

Introduction

The purpose of this report is to formally report on the work of the Primary Care Commissioning Committees.

In November 2017, the Primary Care Commissioning Committees began holding their meetings in-common across Darlington, Hartlepool and Stockton-on-Tees. Although still separate Committees with separate Terms of Reference the meetings are held in-common. This has further strengthened the joint working arrangements and provided a broader view of issues on a wider population base whilst still maintaining local focus.

The Committees are established in accordance with the CCGs' Constitutions and are accountable to the Governing Bodies. The Committees are established under delegation from both Governing Bodies with approved Terms of Reference for each Committee. The key remit is to provide assurance to the Governing Bodies that commissioned services are being delivered in a high quality and safe manner.

The Darlington CCG Primary Care Commissioning Committee membership consists of:

- Lay-member - Finance [Chair]
- Lay-member - PPI [Vice Chair]
- Secondary Care Doctor from the Governing Body
- Chief Officer
- Chief Clinical Officer
- Chief Finance Officer
- Director of Nursing and Quality
- Director of Commissioning & Transformation.

The following non-voting attendees are invited to attend meetings of the Committee:

- (a) One GP from the Governing Body
- (b) One local authority representative from Darlington Health and Wellbeing Board;
- (c) One representative from Healthwatch Darlington;
- (d) Local Medical Committee representative;
- (e) The Director of Public Health (DBC)
- (f) One representative from NHS England.

The Hartlepool and Stockton-on-Tees CCG Primary Care Commissioning Committee membership consists of:

- Lay member PPI [Chair]
- Lay member Finance [Vice-Chair]
- Secondary Care Doctor from the Governing Body
- Chief Officer
- Chief Clinical Officer
- Chief Finance Officer
- Director of Nursing and Quality
- Director of Commissioning & Transformation.

The following non-voting attendees are invited to attend meetings of the Committee:

- (a) GP Locality Lead – Stockton
- (b) GP Locality Lead – Hartlepool
- (c) Local authority representative from Hartlepool Health and Wellbeing Board;
- (d) Local authority representative from Stockton-on-Tees Health and Wellbeing Board;
- (e) One representative from Hartlepool Healthwatch;
- (f) One representative from Stockton-on-Tees Healthwatch;
- (g) One representative from Cleveland Local Medical Committee
- (h) One representative from NHS England.

The Committee has met in-common on 10 occasions formally in the period 2018/19 with 6 of these meetings held in public.

The work programme of the Committees is guided by an annual cycle of business programme agreed annually by the Committees. The programme enables the Committees to carry out their key objectives necessary to support its assurances and in a timely manner.

Principal Review Areas

The bulk of the Committee's work reflected the routine consideration of monthly reports which consider the following issues:

- Service Reviews, Procurements, Dispersals, Consultation/Engagement
- Enhanced Services and CQRS (The local schemes do not come through these Committees)
- Primary Care Assurance Framework
- Premises Development
- PMS Reviews
- Practice Closures
- Pharmacy Applications
- Contract Changes
- GP Retention Scheme
- Primary Care Finance Updates
- GP International Recruitment
- Governance arrangements.

Terms of Reference

The Primary Care Commissioning Committee's Terms of Reference were reviewed in December 2018 and these are made available on the CCGs website.

The Committee undertakes its role by receiving and questioning papers and presentations; discussion of key issues; seeking of assurance; making suggestions,

decisions and recommendations where appropriate; and drawing significant issues to the attention of the Governing Body.

Conclusion

The Primary Care Commissioning Committees continue to provide an important role in the governance of the CCGs and has a key role to play in ensuring continued good performance within Primary Care.

Andie Mackay

PCCC Chair

March 2019

Confirmed Minutes of the NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group and NHS Darlington Clinical Commissioning Group Primary Care Commissioning Committees In-common

In Public

**Held on Tuesday 12th February 2019
In the Boardroom, Billingham Health Centre**

Present – Hartlepool & Stockton-on-Tees CCG

Mr Andie Mackay (Chair)	Lay Member
Dr Neil O'Brien	Chief Clinical Officer
Mr Graeme Niven	Chief Finance Officer
Ms Jean Golightly	Director of Nursing and Quality
Mrs Karen Hawkins	Director of Commissioning and Transformation

The meeting was quorate

Present – Darlington CCG

Mr Andie Mackay (Chair)	Lay Member
Dr Neil O'Brien	Chief Clinical Officer
Mr Graeme Niven	Chief Finance Officer
Mrs Diane Murphy	Director of Nursing and Quality
Mrs Karen Hawkins	Director of Commissioning and Transformation

The meeting was quorate

In Attendance

Mrs Sue Greaves	Head of Strategy & Commissioning (Primary Care) – HaST CCG and Darlington CCG
Ms Kelly Wilson	NHSE Representative
Mrs Janice Foster	Cleveland LMC Chief Executive
Ms Hannah Herron	Finance Manager – NHSE
Mrs Sarah Cook-Smith	Committee Secretary (Note taker)

PC/19/01 Apologies for Absence

Mrs Michelle Thompson	Lay-member - PPI (Vice Chair)
Mrs Nicola Bailey	Chief Officer
Charles Stanley	Secondary Care Doctor (HaST CCG)
Dr Angela Galloway	Secondary Care Doctor (Darlington CCG)
Dr Saleem Hassan	Locality Lead – Stockton (HaST CCG)
Dr Nick Timlin	Locality Lead – Hartlepool (HaST CCG)
Dr Richard Harker	GP from the Governing Body (Darlington CCG)
Cllr. Jim Beall	Chair of Stockton Health and Wellbeing Board – SBC Representative
Cllr. Christopher Akers	Chair of Hartlepool Health and Wellbeing Board – HBC

Belcher	Representative
Mrs Margaret Wrenn	Hartlepool Healthwatch Representative
Mrs Anne Sykes	Stockton Healthwatch Representative

PC/19/02 Declaration of Interest

- 2.1 There were no declarations made at this point. Members were requested to inform the Chair if any become apparent throughout the duration of the meeting.

PC/19/03 Pre-critique of the meeting

- 3.1 The Chair asked that the meeting be conducted with courtesy and respect for other people's point of view and any questions be directed through the Chair.

PC/19/04 Unconfirmed minutes of the NHS Hartlepool and Stockton-on-Tees CCG and Darlington CCG Primary Care Commissioning Committees In-Common (Public) meeting held on Tuesday 11th December 2018.

- 4.1 The minutes were APPROVED as an accurate record.

PC/19/05 Action Log

- 5.1 Mrs Greaves advised that Ms Raynard has reported that at the time of asking GPs to participate in the scheme the criteria was not to share the information with the CCGs so approval is required from GPs involved in the scheme. Mrs Greaves advised this was the update for actions PC/5/18, PC/6/18, and PC/7/18.

PC/19/06 Pharmacy Applications Summary Report

- 6.1 Mrs Greaves outlined that on the on 8th May 2018 the PCC agreed to receive a 6 monthly report for information, to summarise the pharmacy applications received by the CCGs. Pharmacy applications are sent to the CCG by NHSE as an 'interested party', along with others such as the Local Pharmaceutical Committee (LPC), the Health and Wellbeing Board and Healthwatch.
- 6.2 Pharmacy applications could be for a change in location, an addition of a pharmacy to the area, a change in ownership or change in hours of operation. The interested parties are invited to make written representations on the applications. Any representations submitted are shared with the other interested parties and the applicant, and may be shared under the Freedom of Information Act as requested. A decision or outcome letter from NHSE is then usually received.
- 6.3 Mrs Greaves advised that since the last update to Committees in May 2018, the CCG has received communications regarding the following
- Bestway National Chemist Ltd – 'No significant change relocation' from 99a York Road, Hartlepool to 107 York Road, which was approved by NHSE and came into effect 25th June 2018
 - Gorgemead Ltd – 'No significant change relocation' from 55 High Street, Yarm to Yarm Medical Centre which was approved by NHSE and came into effect 29th October 2018
 - ME Cronin Ltd – 'Offering unforeseen benefits' (new inclusion in the pharmaceutical list for the area) to 51 Westbury St, Thornaby, which was rejected by NHSE

- Alrahi & Singh Ltd – ‘change of ownership’ from Amor Healthcare Ltd to Alrahi & Singh Ltd for both Healthways Chemist in Hartlepool and Eaglescliffe Pharmacy, which has been granted by NHSE.

The CCG had no concerns regarding any of the requests and as such did not submit any written representations.

- 6.4 The Chair asked if there were any implications for the CCG, Mrs Hawkins confirmed that the report was for information only and to provide any local intelligence.

The Primary Care Committees NOTED the Pharmacy Applications Summary Report

PC/19/07 Committee Meeting Dates

- 7.1 Dr O’Brien explained that the Committee meeting dates are still under review as part of a collaborative meeting schedule across the 5 CCGs where Committees are being reviewed to become Committees in Common where possible. Meeting dates would be circulated to Committees for approval as soon as the schedule is complete.

The Primary Care Committees NOTED the Committee Meeting Dates update

PC/19/08 Primary Care Finance Update

- 8.1 Ms Herron presented the Primary Care Finance Update using Month 9 financial data.
- 8.2 HaST CCG
The CCG is currently showing a £433k surplus due to the release of prior year accruals of £249k not spent on premises and enhanced services and surplus GMS of £108k
- 8.3 Ms Herron outlined that the 1% risk relating to sickness and maternity payments is still there and to date there are no increases. Mrs Hawkins confirmed that it was agreed at Executive meeting and Audit Committee that any surplus would be used for HaST CCGs deteriorating financial position at month 9 if this is not played out.
- 8.4 Darlington CCG
The CCG is currently showing a breakeven position with £72k of reserves to cover any contingency that may be needed.
- 8.5 General update
Dr O’Brien asked about future planning. Ms Herron advised planning has started and submissions were expected today. Small bits of information are coming from Primary care around what may be coming, including starter allocations for delegated commissioning as there is a significant increase on expected forecast with heavy hitting costs expected. Mrs Hawkins commented that further information and planning requirements are expected at the end of February but planning on 100% coverage going forward. Discussion followed around £1.50 per head, Dr O’Brien asked what practice participation funds are, Ms Herron explained that these are unknown at the moment. Mrs Foster understood that this was made up of staffing costs and social prescribing. Dr O’Brien commented on the allocations, costings and uncertainty, Ms Herron advised these are still to be clarified.
- 8.6 Discussion followed with regards to the detail required to move forward. Mrs Foster suggested/offered for a joint message to be circulated to practices to update them on

the current position. Mr Niven advised this message was given at Council of Members/Timeout session on 6th February 2019.

- 8.7 The Chair summarised the discussion outlining that the CCGs are comfortable with what was expected to come but as yet there is no plan or steer.

The Primary Care Committees NOTED the Primary Care Finance Updates.

PC/19/09 Any other Business

- 9.1 No further business was discussed.

Signed: Date:

Mr Andie Mackay
Chair of the Darlington Primary Care Commissioning Committee

Signed: Date:

Mr Andie Mackay
Vice Chair of the Hartlepool and Stockton-on-Tees Primary Care Commissioning Committee

**Confirmed Minutes of the NHS Darlington Clinical Commissioning Group, and NHS
Hartlepool & Stockton-on-Tees Clinical Commissioning Group
Audit and Risk Committee In-Common**

**Held on Tuesday 5th March 2019 at 2pm
In the Board Room, Billingham Health Centre, TS23 2LA**

Darlington CCG

Present

Mr John Flook	Lay Member (Audit) (Chair)
Dr Richard Harker	GP Quality Lead
Mr Andie Mackay	Lay Member Finance

The meeting was quorate

Hartlepool and Stockton-on-Tees CCG

Present

Mr John Flook	Lay Member (Audit) (Chair)
Mr Steve Rose	Lay Member PPI
Mr Andie Mackay	Lay Member Finance

The meeting was quorate

In Attendance

Mrs Sharon Fatkin	Audit Manager, AuditOne (Internal Audit)
Mrs Nicola Wright	Executive Director, Ernst & Young
Mr Mark Outterside	Manager, Ernst & Young
Mr Martyn Tait	Counter Fraud Specialist, AuditOne
Mrs Kate Sutherland	Corporate Governance and Risk Officer (Minute Taker)
Mrs Anthea Thompson	Senior Finance Manager, NECS
Mrs Liane Cotterill	Senior Governance Manager, NECS
Mrs Alison Emslie	ICT Compliance Manager

AR/18/58 Welcome, Introductions, and Apologies for Absence

Apologies were received from Dr Adam Din GP Member (HaST CCG), Mr Graeme Niven Chief Finance Officer (HaST and Darlington CCGs), Mrs Michelle Thompson Lay Member PPI (Darlington CCG), Mrs Jacqui Keane Head of Governance (HaST and Darlington CCGs).

AR/18/59 Declarations of Interest

59.1 The Chair reminded the Committee attendees of their obligation to declare any interest they may have on any issues arising at Audit and Risk Committee meetings which might conflict with the business of the CCG's.

- 59.2 Declarations made by members of the Committee are listed in the CCG's Register of Interests. The Register is available within the meeting papers or either via the committee secretary to the governing body or the CCG's website.

AR/18/60 Pre-Critique of the Audit and Risk Committee

- 60.1 The Chair asked attendees to be respectful and courteous of each other and their views. The Chair requested that all questions be directed through the Chair.

AR/18/61 Minutes of the Previous Audit and Risk Committee Meeting held on Tuesday 4th December 2018

- 61.2 The minutes of the Audit and Risk Committees held on Tuesday 4th December 2018 were accepted as a true record with the following amendment:

Page 3, point 52.1.2 change to internal audit of NHSE.

AR/18/62 Matters Arising and Action Log

- 62.1 The Committees approved the closure of completed action AR/18/48 as the minutes were ratified for quoracy purposes and AR/18/52 as the CHC item was added to the agenda and the report was circulated with the papers.

- 62.3 Mr Tait highlighted that the Darlington Counter Fraud Inspection is deferred and an update has not yet been received from the NHS Counter Fraud Authority.

AR/18/63 Audit One Internal Audit Progress Report

Darlington CCG

- 63.1 Mrs Fatkin presented the report and provided an update on progress against the agreed internal audit plan, highlighting there are no changes to the plan since the inclusion of the Primary Care Commissioning audit. Mrs Fatkin advised that the CCG has been given substantial assurance for the Financial Planning and Budget Setting audit with one low level recommendation. To date internal audit had not identified any issues that may adversely affect the annual Head of Internal Audit Opinion which is currently being prepared.

- 63.2 The Committee was informed that there is one overdue recommendation in relation to the signing of the Section 256 agreement by both parties. Mrs Thompson confirmed that there is still work ongoing with Section 256. Mr Flook advised he will contact Mr Graeme Niven to discuss this longstanding recommendation with a view to completion.

Action: AR/18/63 Mr John Flook

- 63.3 Mrs Fatkin highlighted that the fieldwork is complete for the Conflicts of Interest Audit and Governance and Risk Audit for both CCGs and draft reports will be issued in due course.

HaST CCG

- 63.4 Mrs Fatkin presented the report and provided an update on progress against the agreed audit plan. There are no changes to the plan since the inclusion of the Primary Care Commissioning audit. Mrs Fatkin advised that the CCG has been given substantial assurance for the Financial Planning and Budget Setting audit with

one low level recommendation. To date internal audit had not identified any issues that may adversely affect the annual Head of Internal Audit Opinion which is currently being prepared.

- 63.5 Mrs Fatkin highlighted there are no overdue recommendations for HaST CCG.
- 63.6 Mrs Cotterill queried whether the audits underway in relation to the Data Security and Protection Toolkit would receive an assurance rating. Mrs Fatkin confirmed that they would not as they are undertaken at a point in time whilst evidence is still being uploaded to the Toolkits.
- 63.7 Mrs Fatkin updated the Committees on progress with the Draft Internal Audit Plan for 2019/20. A joint planning meeting across the five CCGs has taken place with the Chief Finance Officers (CFOs) and, each of the CFO's are reviewing at the Executive Committees for comment with the formal plan scheduled for the April Audit & Risk Committee.

The Audit and Risk Committee RECEIVED and NOTED the Audit One Internal Audit Progress Report.

AR/18/64 Ernst and Young External Audit Progress Report

- 64.1 Mrs Wright provided a verbal update on Ernst and Young audit progress and introduced her colleague Mr Mark Outterside as the audit manager who is working across the 5 CCGs.
- 64.2 Mrs Wright advised the External Audit Plan was presented at the December Audit & Risk Committee and to date there has been no change.
- 64.3 Members were advised that in relation to both CCGs, the focus has been on preparing for year end, in particular the comprehensive remuneration report. Transactional testing has also taken place to minimise the work in May with no significant issues arising.

The Audit and Risk Committee RECEIVED and NOTED the External Audit Progress Update.

AR/18/65 Cyber Security Assurance Framework

- 65.1 Mrs Emslie attended the Committee to present the Cyber Security Assurance Item. Mrs Emslie advised that in March 2018 an in depth presentation was delivered to the Committee on Cyber Security. The framework is based on the National Audit Office Guidance and 10 Steps to Cyber Security.
- 65.2 Mrs Emslie discussed the Framework and gave assurance that controls are in place, highlighting where areas have not yet achieved a Green RAG status these have appropriate action plans in place. The Amber RAG areas were discussed as follows:
1. Care Cert Alerts. Mrs Emslie advised that for phones older than an iPhone 5 they are not able to have the latest software update applied and therefore could be used as a method to transfer an infection onto the network. There is a risk of reputational damage as the CCG will be non-compliant to NHSD CareCERT alerts. A discussion took place on the level of risk this presents to the CCG.

Mrs Sutherland is to establish how real this risk is, how many phones are affected and add to the risk register if appropriate.

Action: AR/18/65 Mrs Kate Sutherland

2. Management of Access. Mrs Emslie advised that new software has been purchased which will have an Active Directory management module. However there is no way of monitoring if someone has appropriate access to folder.

The Chair thanked Mrs Emslie for her attendance at the meeting and the update provided.

The Audit and Risk Committee NOTED the update on the Cyber Security Assurance Framework.

AR/18/66 Audit One Strategic and Annual Internal Audit Plan

- 66.1 This item has been deferred to the April Audit & Risk Committee.

AR/18/67 Chief Finance Officers Report

- 67.1 **Darlington CCG**
Mrs Thompson presented the Chief Finance Officer Report on behalf of Mr Graeme Niven. Mrs Thompson advised that as at 31st January 2019 there had been no special payments made by Darlington CCG. The Committee were advised that the aged debtors profile has slightly increased, with one debtor overdue more than six months and the CCG are now taking legal action. An update was provided on the Aged Creditor profile as at 31st January 2019 with a full breakdown of creditors circulated within the report.
- 67.2 Mr Flook noted that the cost of any legal action would be monitored and the action discontinued if the costs became disproportionate to the outstanding debt.
- 67.3 **HAST CCG**
Mrs Thompson advised that as at 31st January 2019 there had been no special payments made by HaST CCG and that the aged debtors profile has increased since the last report as at 31st October 2018. One debtor, North Tees and Hartlepool NHSFT has been overdue for more than six months and the CCG are pursuing this with the Trust.
- 67.4 An update was provided on the Aged Creditor profile as at 31st January 2019. This shows an increase, however in respect of the amounts owed over 60 days old £0.6m is owed by South Tees Foundation Trust, which has subsequently been paid in February 2019. Also the NTHFT invoice is being processed through the system.
- 67.5. Mr Flook asked if the £56,302.42 to recover in relation to Mariposa Care Ltd. was in relation to patients. Mrs Thompson confirmed this is likely to be the case but she did not have the detail.

The Audit and Risk Committee RECEIVED and NOTED the Chief Finance Officers Report.

AR/18/68 Senior Information Risk Owner (SIRO) Reports

- 68.1 Mrs Cotterill presented the reports on behalf of Mr Graeme Niven the SIRO for both Hartlepool and Stockton-on-Tees CCG and Darlington CCG. Mrs Cotterill advised that these are annual reports, one for each CCG and for assurance purposes the NECS SIRO report was appended. There is a requirement that these are produced as evidence for the Data Security and Protection Toolkits, however it was noted that the figures included were at a point in time.
- 68.2 The Information Governance Framework covers the way in which the NHS handles information including, employee, patient and business critical information. The report outlines the responsibilities and key areas of IG documents such as the IG Strategy.
- 68.3 For 2018/19 there has been a focus on complying with the new General Data Protection Regulations which include a number of new areas. There are new legal requirements with both the Information Asset Register and Data Protection and Impact Assessments which are a legal requirement for the data processing of personal data.
- 68.4 In addition there is a new Data Security and Protection (DSP) Toolkit which has been streamlined and came into place in April 2018. This requires an annual return which both CCGs are progressing well with and both CCGs are currently at 90% completion of the mandatory assertions. The DSP Toolkit progress has also been audited and the CCGs are awaiting the reports.
- 68.5 Mrs Cotterill advised that NHS organisations are unable to achieve full compliance with Cyber Essentials accreditation, primarily because of the nationally procured systems such as Oracle and ESR. This has however been partially achieved. Mr Flook questioned if this was the system, or the organisation not using the most up-to-date software, the Committees were advised this was the system.
- 68.6 It was highlighted to the Committees that there have been no Serious Incidents Requiring Investigation (SIRIs) for either CCG. Information Governance incidents were included in the reports and these were in relation to the CCGs receiving inappropriate information. Mrs Cotterill confirmed that appropriate actions had taken place. Mrs Sutherland advised that in relation to the information received from Clifton Court GP Practice (3 incidents) this had been feedback to the Primary Care Locality Officer who has discussed with the Practice Manager.
- 68.7 There is now a requirement with Business Continuity Plans that a data security continuity exercise is undertaken. Mrs Cotterill advised that this happened in February 2019 and the CCGs are awaiting the full reports which will include an action plan to address any areas.
- 68.8 Mrs Cotterill highlighted a section in the reports which provides assurance on how the CCG has given due regard to the EU Exit Operational Readiness Guidance. The CCG has not identified any information flows of personal data outside the EU and therefore concluded that there are no additional safeguards required. Mr Rose commented that he deals with IG in another role and that restriction in the legislation around sharing information across sectors impacts on patients receiving care. Mrs Cotterill advised that where this relates to direct care there are no restrictions in the legislation. Mrs Cotterill confirmed she is happy to provide advice out with of the meeting on the problems Mr Rose has experienced.

The Audit and Risk Committee RECEIVED and NOTED the SIRO Reports for Hartlepool and Stockton-on-Tees CCG and Darlington CCG.

AR/18/69 Counter Fraud Progress Report

69.1 Mr Tait presented the Counter Fraud Progress Reports to the Committees covering the period November 2018 to February 2019, and advised the Committees that the team are progressing well with the Counter Fraud work plan for the year. Mr Tait also advised that meetings have been held with Mr Niven as Chief Finance Officer and Internal Audit to discuss the 2019/20 work plan.

69.2 Mr Tait advised that Counter Fraud newsletters have been provided to the CCG quarterly, including a payslip message in January 2019.

Darlington CCG

69.3 Mr Tait advised that the Proactive Reviews (Ceasing Care Home Products and services, Direct Access to Equipment, Ordering and Receipting of Goods and Section 12 MHA Assessments) have all been drafted. Comments have been received on the Section 12 MHA Report which will be reported at the next Audit and Risk Committee.

69.4 Mr Tait advised the Darlington CCG Counter Fraud Inspection has been deferred.

HaST CCG

69.5 Mr Tait advised that the Proactive Reviews (Ceasing Care Home Products and services, Direct access to Equipment, Ordering and Receipting of Goods and Section 12 MHA Assessments) have all been drafted and being quality checked.

69.6 One investigation is underway regarding an allegation of a patient who may be over ordering a prescribed nutrition product in order to sell them. Third party information has been received to progress with the enquiry.

The Audit and Risk Committees RECEIVED and NOTED the Counter Fraud Progress Reports.

AR/18/70 Risk Management Report (*including Risk Register and Assurance Framework*)

70.1 Mrs Sutherland presented to the Committees the Risk Management Reports, providing assurance that all risks have been reviewed with the Risk Owners and appropriate controls are in place.

HaST CCG

70.2 Mrs Sutherland advised that there are 18 risks on the Corporate Risk Register. Mrs Sutherland reported that risk 1577 and risk 1824 had been closed due to embedded delegated commissioning arrangements for Primary Care with further detail included in the report.

70.3 The Committee was advised that a new risk had been added to the risk register in relation to the potential Brexit impact on the supply of medicines and other goods.

70.4 The Committee were advised there is one risk on the CCG Assurance Framework with a residual risk rating of 16. This risk is in relation to the delivery of the QIPP agenda. Mrs Sutherland advised this risk has been reviewed by Mr Niven as Risk Owner and confirmed the controls and assurances remain appropriate. Mr Mackay

advised he was happy with this as Chair of the Quality Performance and Finance Committee.

Darlington CCG

70.5 Mrs Sutherland advised that there are 18 risks on the Corporate Risk Register. Mrs Sutherland reported that risk 1745 and risk 1822 had been closed due to embedded delegated commissioning arrangements for Primary Care with further detail included in the report.

70.3 The Committee was advised that a new risk had been added to the risk register in relation to the potential Brexit impact on the supply of medicines and other goods.

70.4 The Committee were advised there is one risk on the CCG Assurance Framework with a residual risk rating of 16. This risk is in relation to the increase in cost of individual packages of care under responsible Commissioning Guidance. Mr Harker advised that the Darlington Practices have stopped registering new out of area patients.

The Audit and Risk Committees NOTED and RECEIVED the Risk Management Reports noting the context and content of the full corporate risk registers.

The Audit and Risk Committees APPROVED the CCG Assurance Frameworks and recommended to the March Governing Body meeting.

AR/18/71 Committee Meeting Dates

71.1 Mrs Sutherland shared with the Committees the proposed Committee dates for 2019/20. Mrs Sutherland apologised in the delay in circulating this information and advised that there has been a piece of work across the collaborative to reduce duplication and avoid meeting clashes where possible. Mrs Sutherland advised as part of this piece of work the intention is for HaST, Darlington and South Tees Committee meetings to be held in-common with meeting invites to be circulated imminently.

71.2 Mr Flook advised he is unable to attend the proposed Committee dates for April and May 2019, due to prior commitments with NHS Professionals. Mrs Sutherland advised these are the dates where the Annual Report and Accounts will be reviewed and will discuss with Mr Flook alternative options outside of the meeting.

Action: AR/18/71 Mrs Sutherland/Mr Flook

The Audit and Risk Committees NOTED the proposed 2019/20 Committee dates.

AR/18/72 Committee Terms of Reference

72.1 Mrs Sutherland presented the reviewed Terms of Reference for the Audit and Risk Committee advising of the following amendments:

- Addition of Chief Clinical Officer replacing the previous Chief Officer.
- The Committee title is amended to Audit and Assurance to reflect other forms of assurance the Committee receives; not just risk.

Mr Flook requested that the term Accountable Officer be used as opposed to Chief Clinical Officer. Mrs Sutherland will amend.

Action: AR/18/72 Mrs Sutherland

The Audit and Risk Committees AGREED the Terms of Reference for Hartlepool and Stockton-on-Tees CCG and Darlington CCG and recommended to the Governing Bodies for approval.

AR/18/73 Committee Annual Cycle of Business

73.1 Mrs Sutherland discussed the proposed Annual Cycle of Business for 2019/20 with the Committees. Mrs Sutherland advised this is a live document and will be aligned with South Tees' Annual Cycle of Business as meetings will be held in-common going forward.

73.2 Mrs Wright requested the External Audit Plan be amended to December 2019.

Action: AR/18/73 Mrs Sutherland

73.3 Mrs Cotterill requested that the Annual Cycle of Business is shared with NECS when finalised as it is helpful to inform their workplan.

AR/18/74 CCG Governance Assurance Reports

74.1 Darlington CCG

Mrs Cotterill presented the Governance Assurance Report and advised the governance team continue to progress with the review of corporate policies, with all corporate policies/strategies are within their expiration date.

74.2 The Committee were informed that there were no non-clinical incidents reported or recorded on the Safeguard Incident and Risk Management System (SIRMS). Mrs Cotterill advised that the Incident Reporting Policy has been reviewed and circulated to the Combined Working Group for comment.

74.3 It was outlined that 100% of work station assessments are complete, and a 4 star rating has been achieved within the H&S audit (96% compliance). The Governance Manager and Governance Officer are currently progressing identified actions and will meet with CCG to discuss.

74.4 In relation to freedom of information requests (FOIs), 44 FOI requests were received and all were responded to within the 20 working day timeframe. No Subject Access Requests were received by the IG team, during quarter 3 of 2018/19.

74.5 Mrs Cotterill updated the Committee on progress with the Data Security and Protection toolkit advising the CCG was currently at 90% completion. Outstanding assertions were in relation to mandatory training compliance and IT evidence. Mr Flook questioned how often the IG Training was to be completed and Mrs Cotterill confirmed this was annual training.

74.6 Confidentiality Audits have been completed in the CCG with no major concerns. However a recommendation was that signage is placed in the reception area to advise that there is CCTV in operation.

Action: AR/18/55 Mrs Sutherland

HaST CCG

74.7 It was outlined that 100% of work station assessments are complete, and a 4 star rating has been achieved within the H&S audit (96% compliance). The Governance Manager and Governance Officer are currently progressing identified actions and will meet with CCG to discuss.

- 74.8 In relation to freedom of information requests (FOIs), 47 FOI requests were received and all were responded to within the 20 working day timeframe. No Subject Access Requests were received by the IG team, during quarter 3 of 2018/19.
- 74.9 Mrs Cotterill advised the Committee on the importance of completing IG Mandatory Training as it is a mandatory assertion in the Data Security and Protection Toolkit. Mrs Sutherland advised that the CCG is currently at 92% compliance and need to achieve 95% to meet the criteria. Mr Flook advised the Committee can be cited when contacting outstanding individuals.
- 74.10 Confidentiality Audits have been completed in the CCG with no major concerns. However a recommendation was that signage is placed in the reception area to advise that there is CCTV in operation.
- 74.11 Mrs Sutherland advised the Committees that the NECS Governance team have produced a new format for the regular Governance Assurance Reports. These will be presented as more of a performance overview and exception report going forward.

The Audit and Risk Committee NOTED the Governance Assurance Reports

AR/18/75 Continuing Healthcare (CHC) Update

- 75.1 At the request of the Audit and Risk Committee in December 2018 a paper was prepared in order to update the Committee on the completeness of data in the Broadcare system, which is the CHC database used to hold electronic records from which a financial baseline forecast is produced. The report highlighted the current issues experienced with the system and progress to date. The Committee acknowledged this was a helpful paper and deferred the discussion until the April meeting.

Action: AR/18/56 Mrs Cook-Smith

AR/18/76 Any other business

There were no items of any other business

AR/18/77 Post-Critique of the Audit and Risk Committee Meeting

The Chair thanked attendees for their discussion and input.

Meeting closed at 15.15pm.

Signature: Date:

Mr John Flook
Chair of Audit and Risk Committee, and Lay Member (Audit)

**Confirmed Minutes of the NHS Darlington Clinical Commissioning Group, and NHS Hartlepool
& Stockton-on-Tees Clinical Commissioning Group
Quality, Performance and Finance Committee (Incorporating Finance Sub Committee)
In-Common
Held on Tuesday, 5th March 2019 at 9am
In the Boardroom**

NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Members Present

Mr Andie Mackay (Chair)	Lay Member for Finance
Mrs Nicola Bailey	Chief Officer
Ms Jean Golightly	Director of Nursing and Quality
Dr Neil O'Brien	Chief Clinical Officer
Dr Saleem Hassan	GP Locality Lead – Stockton
Dr Nick Timlin	GP Locality Lead - Hartlepool

The meeting was not quorate

NHS Darlington Clinical Commissioning Group

Members Present

Mr Andie Mackay (Chair)	Lay Member for Finance
Mrs Nicola Bailey	Chief Officer
Ms Jean Golightly	Director of Nursing and Quality
Dr Neil O'Brien	Chief Clinical Officer
Dr Richard Harker	GP Locality Lead - Darlington

The meeting was not quorate

In Attendance

Mr Derek Murphy	Senior Finance Manager, NECS
Mr Martin Short	Head of Performance and Provider Management
Ms Lynne Walton	Deputy Chief Finance Officer
Ms Jane Smailes	Corporate Secretary, South Tees CCG

Mr Mackay as Chair noted that the meeting was not quorate for NHS Darlington CCG nor for NHS Hartlepool and Stockton-on-Tees CCG. However as there were no decisions to be made at this meeting Mr Mackay advised the meeting would continue.

QPF/181/18 Apologies for Absence

- 181.1 Apologies were received from Mr Graeme Niven, Ms Tracy Hickman, Mrs Diane Murphy, Mrs Michelle Thompson, Mrs Karen Hawkins, Ms Lisa Tempest.

QPF/182/18 Declarations of Interest

- 182.1 The Chair reminded the Committee attendees of their obligation to declare any interest they may have on any issues arising at the Quality, Performance and Finance Committee meetings, which might conflict with the business of the CCGs.
- 182.2 Declarations made by members of the Committees are listed in the CCG's Register of Interests. The Register is available either via the Committee secretary to the Governing Body or the CCG's website.
- 182.3 Dr Timlin advised that he had undertaken some of the research that was to be presented in Item 194 – Research and Evidence Report for Darlington CCG and Hartlepool and Stockton-on-Tees CCG. Mr Mackay, as Chair of the meeting, noted the declaration and it was agreed that as the paper was being provided for information Dr Timlin would remain in the meeting and take part in any discussions.

Dr Saleem Hassan entered the meeting

Pre-Critique of the Quality, Performance and Finance Committee In-Common

The Chair welcomed everyone to the meeting and requested all questions be directed through the Chair.

QPF/183/18 Draft Minutes of the Quality Performance and Finance Meeting (Incorporating Finance Sub Committee) held on Tuesday 5th February 2019

- 169.1 The draft minutes of the Darlington CCG and HaST CCG Quality Performance and Finance Meeting (Incorporating Financial Sub Committee In-Common) held on Tuesday, 5th February 2019 were **APPROVED** as an accurate record.

QPF/184/18 Matters arising and Action Log of The Finance Sub Committee In-Common

- 184.1 QPF/36/18 - Mr Short advised that whilst he believed Ms Tempest had spoken to the Chair of the LADB meeting he was unaware of the outcome of their discussions.
- 184.2 QPF/152.5/18 – Ms Bailey advised she had met with NHS England regarding CHC Work Plan discussions, which had included NECS work as well as internal CCGs' work. The Committee requested that Mrs Murphy brought the CHC Work Plan to the next Committee meeting. It was noted that this item needed to remain on the Action Log.

ACTION: QPF184.3/18 – Mrs Murphy

- 184.3 QPF/155.5/18 – The Committee was advised a meeting had been arranged for 16th April 2019 for clinical cancer leads to meet. It was noted that there had been some communication issues with the 6 patients which had led to the delays. Mr Mackay felt that the original action had been about having conversations with the leads rather than looking at a specific issue and he felt this action had drifted. Additionally Mr Mackay noted that the dated of 16th April was a long time since the issue had been raised at the January QPF Committee and, as there had been some urgency around this, he asked whether there was any way to expedite the meeting. Mr Short agreed to look for an

earlier date however he advised it had not been possible to find a suitable date for both North Tees and Hartlepool FT and South Tees FT to meet in March.

- 184.4 QPF/157/18 – Dr Timlin advised he had spoken to Ms Debra Giles to provide the Committee's feedback, noting there was one patient in Hartlepool prescribed Dipipanone, however the pharmacist had now been tasked to change the drug. It was agreed this item could be closed.
- 184.5 QPF/158/18 – The Committee noted the Schedule of Meetings for the coming financial year had been circulated and agreed this item could be closed.
- 184.6 QPF/162/18 – The Committee noted the 10 Year Forward Plan document had been circulated to members and agreed this item could be closed.
- 184.7 QPF/171.8/18 – The Committee noted that data in the reports received were fixed but reiterated that it would be helpful if additional narrative could be provided around finance data, even if the data had not been checked. Mr Murphy advised that the latest data was received approximately one week before the QPF Committee date and there was not enough time for the Quality Assurance checks to take place before the Committee meeting.
- 184.8 QPF/171.9/18 – The Committee was advised that there was an improving position for the 18 weeks list, particularly for Hartlepool and Stockton-on-Tees CCG. County Durham and Darlington FT is below where it had been in March. Mr Mackay noted the need to try and discuss the issue with the relevant clinical and strategic leads from the both lead providers.
- 184.9 The Committee asked that a system was agreed for chasing for updates on the Action Log, prior to the upcoming meeting and it was agreed that Ms Bailey will agree a system with Ms Smailes.
- ACTION: QPF/184.9/18 – Ms Bailey and Ms Smailes**
- 184.10 QPF/176.2/18 – The Committee was advised the amendments had been made to the Terms of Reference and it was agreed this item could be closed.

QPF/185/18 Operational Plan - Finance

- 185.1 Ms Walton advised the presentation was the same as the presentation at the Governing Body Development Session held 26th February and was a high level overview. Ms Walton advised that a revised version of the plans for both Darlington CCG and Hartlepool and Stockton-on-Tees CCG would need to be submitted to NHS England.
- 185.2 For Darlington CCG Ms Walton explained the underlying position was OK with 0.5% reserves contingency of £800k plus approximately £600k. Dr O'Brien queried whether the QIPP schemes had been fully identified and it was noted that most of the QIPP was wrapped up in the contract with North Tees and Hartlepool NHS FT (NTHFT). Ms Walton advised that the biggest risk for Darlington CCG was around Prescribing. Dr O'Brien noted it was possible that the CCG may need to revisit its QIPP target in light of the needs of the Southern ICP Collaborative.

- 185.3 Mr Mackay noted the £21m risk share highlighted in the presentation and queried what percentage of that was Darlington CCG's share. Ms Walton advised Darlington CCG had a 20% of the risk.
- 185.4 For Hartlepool and Stockton-on-Tees (HaST) CCG Ms Walton advised the underlying position was approximately £6m deficit and the CCG is looking to develop a risk sharing arrangement across the ICP in order to help close the gap. Ms Walton explained that meetings would be taking place this week with NTHFT to look to deliver a joint plan. Chief Finance Officers and Directors of Commissioning would be in attendance.
- 185.5 Ms Walton highlighted the QIPP target of £17m for HaST CCG, noting 70% of the target had been identified and the remaining 30% currently a risk share with NTHFT.
- 185.6 Ms Walton asked the Committee to note the CCG Core Allocations for both CCGs with an increase in 2019/20 for Darlington CCG at £7.6m and for HaST CCG at £21.9m. Ms Walton explained, however, that whilst Darlington CCG was 1.47% over distance from target HaST CCG was now further away at -2.24% from target, once required growth in mental health and primary care was taken into account.
- 185.7 Ms Walton explained that despite an allocation growth of £7.6m for Darlington CCG, there was a growth in costs of £10.3m after taking into account growth in activity; tariff and inflation costs and investments in ambulance, Mental Health and Primary Care services.
- 185.8 Ms Walton explained that for HaST CCG there was an allocation growth of £21.9m however there was allocation requirement of £27.9m after taking into account growth in activity; tariff and inflation costs and investments in ambulance, Mental Health and Primary Care services.
- 185.9 Ms Walton explained that the average growth across England was 5.65% however for Darlington CCG it was 5.05% and for HaST CCG it was 5.31%. The growth in Primary Care Delegated Budgets was also lower than the 6.59% average in England, with 5.65% for Darlington CCG and 5.92% for HaST CCG.
- 185.10 Ms Walton highlighted the efficiency requirements for Darlington CCG and HaST CCG and it was noted that CHC remained a concern for both CCGs.
- 185.11 Ms Walton confirmed that the CCGs are working with all local Foundation Trusts around risk share and the gap between commissioner affordability and FT sustainability. Additionally the CCGs are working with commissioners around risk share over a number of financial years to reach financial stability.
- 186.12 Dr O'Brien advised a meeting had taken place with Sir Ian Carruthers and the Southern ICP to discuss as a system the need to deliver a £46m as yet unidentified gap across the ICP. If this £46m is not found there was a chance that some of the ICP organisations will not hit their financial targets and therefore the Provider Sustainability Fund, which has a value of approximately £26m would not be available and would lead to a worsened financial position in 2019/20. Dr O'Brien explained that there were limited areas available where the £46m could be taken from and in the first instance organisations would be looking to look to make savings in non-patient facing services first. Dr O'Brien advised he had a meeting scheduled with the Medicines Optimisation leads later in the week to see if there was an opportunity to yield more savings from Prescribing.

- 185.13 Dr O'Brien said that the risk falls disproportionately within the different areas of the system and therefore commissioners and providers were having discussions to find a way so that every organisation hit its control target. It was noted there needed to be a focused effort on shared responsibility.
- 185.14 Following a query from Dr Timlin, Dr O'Brien confirmed that NEAS do not attend the ICP meetings but recognised that NEAS would be involved in some of the solutions to the £46m gap. Dr O'Brien advised that the final plans, including identification of the £46m savings, would need to be submitted to NHS England by 4th April.
- 185.15 Ms Bailey noted there had been an acknowledgement from the local Chief Finance Officers across commissioners and providers on Tees that there was a system problem that needed to be addressed.

The Quality, Performance and Finance Committee **NOTED** the Operational Plan – Finance update.

QPF/186/18 Operational Plan - Performance

- 186.1 Mr Short advised the presentation was the same presentation made to the Governing Body Development Session on 26th February.
- 186.2 Mr Short highlighted the levels of growth in Darlington CCG and explained that the second submission of the CCG plan had included QIPP schemes and demographic growth however County Durham and Darlington FT (CDDFT) had not include growth in their plan and therefore the two plans did not align. Mr Short confirmed the CCG and CDDFT were now working to closer align the plans prior to final submission on 4th April 2019.
- 186.3 Mr Short asked the Committee to note the Transformation schemes in the presentation and he confirmed that workbooks had been worked up for all the schemes including the mandated use of CASPER. Currently only 25% of referrals were going through CASPER with a rejection rate of 8%. Dr Harker advised that his practice had a 100% use of CASPER with a rejection rate of 5-6% however their referral rate was still increasing. The practice has asked for a visit to try to understand why the rate is continuing to increase. Dr Harker also advised that the best practice in Darlington for referral rates did not use CASPER, relying on comprehensive in-house peer review instead. Dr Harker recognised that CASPER was a useful tool however there were a number of issues that could affect a practice referral rate, including access issues.
- 186.4 There was a discussion around the information provided for annual practice visits, including CASPER and GVIS data. Dr Hassan explained however that the visits did not allow an in-depth analysis of the data nor access to all the clinicians at the practice in order to review and understand the issues. There was a discussion about the value of GVIS data that provided monthly trend information and the need for the data to be considered in context of wider issues. It was noted that a lot of data was available on the RADIR system and it was agreed that Mr Short would arrange for a member of the Business Information team to work with Dr Timlin to pull together a standard report for the practice visits.

ACTION: QPF/186.4/18 – Mr Short and Dr Timlin

- 186.5 Dr O'Brien advised that where a referral system has been introduced across a large population referral rates are reduced by 8-10% and even though the effect is only temporary the CCG needed a temporary solution for 2019/20. If there was a reduction of 10% it would be possible for the FT to close some clinics which would help the system make savings.
- 186.6 Mr Short advised that Efficiency Schemes had been identified around Electives and through Rightcare work opportunities had been identified in Non-Electives and A&E, including High Intensity Users.
- 186.7 Mr Short highlighted the levels of growth in HaST CCG and advised that the plan was out of alignment with North Tees and Hartlepool FT (NTHFT) plans. Although the plans had similar levels of growth NTHFT had not recognised QIPP within their plan, particularly around the Non-Elective PODS.
- 186.8 Mr Short explained that the efficiency schemes in HaST CCG were similar to those for Darlington CCG.
- 186.9 Mr Short advised that the CCG had plans in place to ensure it achieved it's constitutional standards and other performance indicators.

The Quality, Performance and Finance Committee **NOTED** the Operational Plan – Performance update.

QPF/187/18 Darlington CCG Finance Sub Committee Report

- 187.1 Ms Walton presented the Finance Sub Committee Report and advised the CCG was on track to deliver it's control surplus of £4.5m, and in-year break even position, providing that efficiency schemes deliver and contract performance is maintained in Mental Health, Continuing Healthcare and GP Prescribing. Ms Walton explained the CCG was forecasting an overspend of £1.5m, before the expected delivery of efficiency schemes or the utilisation of reserves. Additionally Ms Walton advised there had been a deterioration of £1m from the last finance committee report primarily due to year end acute agreements with South Tees Hospitals NHS FT and North Tees and Hartlepool NHS FT being reached.
- 187.2 Ms Walton explained that whilst the CCG was not relying on any further QIPP mitigations to deliver it's control surplus there had been a worsening of the Prescribing forecast of £160K. Ms Walton explained the CCG had enough reserves to offset this risk.

The Quality, Performance and Finance Committee **NOTED** the report.

QPF/188/18 Hartlepool and Stockton-on-Tees CCG Finance Sub Committee Report

- 188.1 Ms Walton presented the Finance Sub Committee Report and advised the CCG was on track to deliver it's control surplus of £11.3m and in-year break even position, providing that efficiency schemes deliver and contract performance is maintained in Continuing Healthcare and GP Prescribing. Ms Walton confirmed that the CCG had reached agreement of end of year deals with North Tees & Hartlepool NHS FT and South Tees NHS FT.

- 188.2 Ms Walton explained the CCG's position had improved since the last QPF Committee meeting by approximately £250K however the CCG still had a forecast overspend of £3.8m before the expected delivery of efficiency schemes or the utilisation of reserves.
- 188.3 Ms Walton advised that Prescribing position had deteriorated in month by approximately of £88k and further deteriorated by £400k however this is covered but utilisation of reserves.
- 188.4 Ms Walton explained the CCG was not relying on any further QIPP mitigations to deliver it's control surplus. However Ms Walton noted there had been a significant contribution from non-recurrent funding in 2018/19 that would need to be reflected in the starting position for 2019/20.

The Quality, Performance and Finance Committee **NOTED** the report.

QPF/189/18 Finance Sub Committee Efficiency Programme Update

- 189.1 Ms Walton noted the update had been sent separately to Committee members.
- 189.2 Ms Walton advised there had been no significant changes to the report though a key issue was the non-delivery of CHC schemes through the year however the CCG was not relying on delivery of these schemes in order to meet it's control surplus. Ms Walton explained that the work undertaken in 2018/19 would provide a good starting point for 2019/20.
- 189.3 Mr Mackay noted the start-up period for QIPP schemes and asked about the confidence levels that a full year's savings will materialise from the schemes. Mr Short advised that those schemes which started in 2018/19 would be able to show a full year effect for 2019/20 and this was reflected in the figures for the 2019/20 plan.

The Quality, Performance and Finance Committee **NOTED** the Efficiency Programme Update.

QPF/190/18 Darlington CCG and Hartlepool and Stockton-on-Tees CCG Quality Assurance Report

- 190.1 Ms Golightly presented the Quality Assurance Report and highlighted the following key areas of note:
- 190.2 Ms Golightly advised there had been three Mixed Sex Accommodation breaches in January 2019 at County Durham and Darlington Foundation Trust (CDDFT). The issue had been due to capacity issues where patients from ITU were fit to be discharged to Ward areas but no base ward beds were available. Ms Golightly advised the Trust were developing an ITU SOP and policy development to reaffirm adherence to the process.
- 190.3 Ms Golightly advised that CDDFT had recalled a number of Dermatology patients under the care of an Advance Nurse Practitioner following the identification of a missed diagnosis. Ms Golightly confirmed that CDDFT was working with commissioners on this issue.

- 190.4 Ms Golightly advised that CCG staff had recently met with Dr Tony Roberts (NEQOS) to understand the issues, alerts and performance around the Dr Foster Mortality outlier alert for sepsis and chronic renal failure.
- 190.5 Ms Golightly advised the CCG was seeking assurance from NTHFT that the Lampard Recommendations (Saville Investigation) had been responded to and were now embedded practice at the Trust. These include security and access arrangements of individuals including celebrity and VIP access; the role and management of volunteers and raising complains and concerns (by staff and patients).
- 190.6 Ms Golightly advised there had been another 'never event' at STHFT involving a retained swab, resulting in additional surgery for the patient for removal of the swab. The Committee was advised this was the 4th 'never event' since March 2018.
- 190.7 Ms Golightly advised the New Healthcare Safety Investigation Branch (HSIB) investigation process is being rolled out across the country, including Maternity units.
- 190.8 Ms Golightly advised that allegations had been made regarding the standards of care at West Lane Hospital (Westwood Unit), TEWV. The allegations relate to non-approved techniques for moving patients, with 20 staff suspended as a precautionary measure, and a full investigation underway. Ms Golightly confirmed that remedial work was ongoing at the unit however the issue keeps appearing in the media. Ms Golightly explained that TEWV were managing the investigation well and were keeping involved parties up to date with progress.
- 190.9 The Committee was advised that TEWV had held a Quality Account Priority Development Event in February 2019, inviting service users to review the progress and priorities for the year ahead.
- 190.10 Further to discussions at previous QPF Committee meetings Ms Golightly asked the Committee to note the progress made by NEAS following the Lord Carter Review (September 2018). The review indicated that NEAS was an efficient Ambulance Service. However, the Trust acknowledge a number of recommendations were made – there were 48 recommendations made in total. Of these 30 are on track for delivery including areas such as HR, utilisation of estates and violence and aggression; 4 are complete - fuel efficiency and emergency preparedness; 10 areas are being scoped including the workforce plan and efficiency measures; 4 are deemed as at risk and reflect the whole system: Mental Health, Directory of Services OS, HEE and fleet metrics.
- 190.11 Ms Golightly advised a Commissioner Assurance Visit had been carried out at Nuffield Health Tees Valley Hospital on 31st January 2019. Areas identified for improvement were: medication recording including adding the maximum dosage for PRN dosages and clear instructions for the timing of medications; Staff knowledge and awareness of Safeguarding policies and difficulty in accessing community equipment, in particular orthopaedic patients requiring raised toilet seats, bath boards etc. for NHS patients.
- 190.12 Ms Golightly advised that in Stockton a full Special Educational Needs and Disabilities (SEND) inspection was undertaken between 4th and 8th February 2019. Narrative feedback identified many positives although there are also areas requiring improvement. The draft report is expected within 28 days for factual accuracy and will then be published in 33 days.

- 190.13 Ms Golightly advised she had recently met with the new Chief Executive of Teesside Hospice, Mr David Smith, who had indicated he was keen to work with partners on the provision of services.

The Quality, Performance and Finance Committee **NOTED** the Quality Assurance Report.

QPF/191/18 Darlington CCG and Harlepool and Stockton-on-Tees CCG Performance Monitoring Report

- 191.1 Mr Short presented the Performance Monitoring Report and highlighted the following key areas of note:
- 191.2 Mr Short advised the RTT for Darlington CCG was now below 92% and had gone beyond the target figure. This was predominantly due to breaches in Ophthalmology at CDDFT. The Trust acknowledge the issue has been ongoing for a while and whilst they have recruited a new consultant they are still currently relying on locum cover. Mr Short explained that extended waiting times at CDDFT meant patients were going to other Trusts for treatment, including Sunderland which now has a waiting list. Dr Harker advised that two new consultants had been employed at CDDFT however as they were not from the UK they needed to complete induction training.
- 191.3 Mr Short explained that the other 'by exception' reported standards within the Performance Monitoring Report had been noted and discussed at previous QPF Committee meetings and remedial actions were in place.
- 191.4 Mr Short advised that contract updates had been added to this month's report for Darlington CCG. Mr Short explained the CCG had been unable to reach an agreement with Exclusive Care Group regarding the provision of Intermediate Care beds at Eastbourne Care Home for 2019/20. The initial proposals put forward by Exclusive Care Group did not represent good value for money for the CCG and Exclusive Care Group were unwilling to consider alternatives. Therefore the CCG has secured services with Ventress Care Home to accommodate the RIACT service and Ventress have started receiving Intermediate Care placements ahead of 1st April to ensure continuity of provision for patients.
- 191.5 Mr Short advised Darlington Borough Council have raised concerns about a change in practice with regards delivery of Equipment to Adults accessing Social Care. An increased number of items were being delivered direct to patients rather than the previous practice of being delivered to stock and subsequently issued by the prescriber. This caused concern that without OTs demonstrating equipment prior to use that incorrect installation/use may present a risk to patients. This has been discussed with the General Manager at Mediquip with a view to implementing an immediate action plan to address these concerns. Options now include items being marked as not for use until the Health professional has assessed the equipment or that the prescriber can specify the stores as the location of the equipment so the prescriber can subsequently issue the equipment to the patient. This has been discussed with the Director of Nursing and considered viable and safe practice going forward.
- 191.6 Mr Short explained practices had raised concerns that Psychology support was not available to Darlington CCG patients from In Health (pain management). Mr Short explained the provider had been experiencing some short term capacity issues and had been offering a reduced service at several locations including Darlington. However,

following discussions with the provider they are now providing appointments from a Darlington location. Dr Harker noted that the provider had been bouncing back referrals to practices as they could not provide the Psychology element.

- 191.7 Mr Short explained that following the procurement and mobilisation of the new Community services in Darlington a gap in service for Rheumatology Physio patients had been identified. The CCG has worked with CDDFT to provide an interim solution ensuring physio services continue to be provided for Rheumatology patients whilst the service provided by Connect can be expanded.

The Quality, Performance and Finance Committee **NOTED** the Performance Monitoring Report.

QPF/192/18 Annual Cycle of Business

- 192.1 Mr Mackay as Chair of the meeting noted the Annual Cycle of Business and asked if there were any observations or comments from the Committee, noting it had been circulated for information. There were no comments made regarding the Annual Cycle of Business.

The Quality, Performance and Finance Committee **NOTED** the Annual Cycle of Business.

QPF/193/18 Right Care (by Exception)

- 193.1 Mr Short advised that work was ongoing across the 5 CCGs around identified key areas. The work would be lead across the patch by an assigned lead from one of the CCGs on behalf of all the CCGs. Mr Short confirmed further schemes would be identified into 2019/20.

The Quality, Performance and Finance Committee **NOTED** the Right Care update.

QPF/194/18 Research and Evidence Report for Darlington CCG and Hartlepool and Stockton-on-Tees CCG

- 194.1 Dr Timlin presented the Research and Evidence Report and noted the report provided information and assurance on a number of areas including the promotion of research.
- 194.2 Dr Timlin highlighted the evaluation project of a Health Optimisation Policy, undertaken by Harrogate and Rural District CCG. The aim of the evaluation is to understand and evidence the impacts from this policy. The pathway applies if the patient has a BMI of 30 or above and/or they are an active smoker. They are offered a period of health optimisation for 6 months before referral for non-urgent, routine elective surgery. Dr Timlin noted it would be interesting to note the outcome of the evaluation.
- 194.3 Dr Timlin highlighted the evaluation project High Intensity Users (HIU) in County Durham, undertaken by Durham Dales, Easington and Sedgefield (DDES) CCG, and North Durham CCG. It was noted the evaluation should have been available in February 2019 and it was agreed that Ms Bailey would ask colleagues in DDES CCG and North Durham CCG for the report.

ACTION: QPF/194.3/Ms Nicola Bailey

- 194.4 Dr Timlin noted there had been 329 Research Capability Funding (RCF) qualifying patients recruited to research within HaST CCG which was an improvement over the previous quarter figures. Additionally he explained there were a number of practices in Hartlepool undertaking research on patient self-help CDs.
- 194.5 Dr Timlin highlighted to the Committee the research undertaken into the addition of Mirtazapine to SSRIs or SNRIs for treatment resistant depression in primary care. Dr Timlin noted that the outcome of the research did not find evidence of a clinically important benefit. Those who took Mirtazapine were more likely to experience adverse effects and to stop treatment. These findings challenged the growing practice of the addition of mirtazapine to SSRI or SNRI in this group of patients.

The Quality, Performance and Finance Committee **NOTED** the Research and Evidence Report.

QPF/195/18 Finance Risk Register

- 195.1 Ms Walton advised there were no further risks to be added to the Finance Risk Register.

The Quality, Performance and Finance Committee **NOTED** the update.

QPF/196/18 Any Other Business

- 196.1 Dr Harker advised of an issue regarding two week wait referrals for breast cancer in Darlington, with patients coming back to practice after two weeks advising they had not heard anything from CDDFT. Dr Harker explained that when he had rung CDDFT he had been advised there were 109 patients on the waiting list that were likely to breach the target. CDDFT had then provided a telephone number for him to call in order to make a complaint, however the telephone was not answered. Dr Harker noted that whilst the issue was being investigated by NECS, CDDFT had not informed anyone that they were experiencing difficulties in meeting the target. Had practices been made aware of the delays they could have directed patients elsewhere.
- 196.2 Mr Short commented that whilst CDDFT had been experiencing diagnostic delays they should have advised if they could not comply with the two week referrals.
- 196.3 Dr O'Brien explained that following discussions for a regional model for Breast Cancer services it was now likely there would be a short-term solution for the Southern Collaborative CCGs. A longer term regional diagnostic hub and spoke model would take 5/10 years to develop.

Post Meeting Critique

The Committee felt there had been a good discussion of the issues and that the meeting had addressed the issue of keeping the Action Log up to date for the meeting.

Date, Time and Venue of Next Meeting

The next meeting is scheduled to take place on Wednesday, 3rd April 2019 in the Boardroom at South Tees CCG offices, 14 Trinity Mews, North Ormesby Health Village, Middlesbrough, TS3 6AL. This will be the first meeting of the Tees QPF Committee In-Common.

Signed: **Date:**

Mr Andie Mackay (Chair)
Lay Member - Finance

**Confirmed Minutes of the NHS Darlington Clinical Commissioning Group, NHS
Hartlepool & Stockton-on-Tees Clinical Commissioning Group and NHS South
Tees Clinical Commissioning Group**

Quality, Performance and Finance Committee In-Common

**Held on Wednesday, 3rd April 2019
In the Boardroom at South Tees CCG Offices**

NHS Darlington Clinical Commissioning Group

Members Present

Mr Andie Mackay (Chair)	Lay Member for Finance
Mr Derek Cruickshank	Secondary Care Doctor
Ms Jean Golightly	Director of Nursing and Quality
Mr Graeme Niven	Chief Finance Officer
Dr Neil O'Brien	Chief Clinical Officer

The meeting was not quorate

NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Members Present

Mr Andie Mackay (Chair)	Lay Member for Finance
Mr Derek Cruickshank	Secondary Care Doctor
Ms Jean Golightly	Director of Nursing and Quality
Mr Graeme Niven	Chief Finance Officer
Dr Neil O'Brien	Chief Clinical Officer

The meeting was not quorate

NHS South Tees Clinical Commissioning Group

Members Present

Mr Andie Mackay (Chair)	Lay Member for Finance
Mr Derek Cruickshank	Secondary Care Doctor
Mr Craig Blair	Director of Commissioning Strategy and Delivery
Ms Jean Golightly	Director of Nursing and Quality
Dr Neil O'Brien	Chief Clinical Officer
Mr Graeme Niven	Chief Finance Officer
Dr Ali Tahmassebi	Governing Body GP
Dr Mike Milner	Governing Body GP
Dr Vailshali Nanda	Governing Body GP

The meeting was quorate

In Attendance

Mr Martin Short	Head of Performance and Provider Management
Mr Kenneth Readshaw	Lay Member – Hambleton, Richmondshire and Whitby CCG
Ms Jane Smailes	Corporate Secretary, South Tees CCG

Welcome, Introductions, and Apologies for Absence

Apologies were received from Dr Richard Harker, Dr Nick Timlin, Dr Saleem Hassan, Mrs Diane Murphy, Mrs Michelle Thompson, Mrs Karen Hawkins, Mr Michael Houghton, Ms Lynne Walton, Mr Jim Hayburn, Ms Tracey Hickman

The Chair noted that NHS Darlington CCG and NHS Hartlepool and Stockton-on-Tees CCG were not quorate. The Chair emphasised the need for the Committee to be quorate and that apologies for the Committee meeting needed to be submitted in a timely manner.

Following introductions the Chair welcomed everyone to the first meeting of the NHS Darlington CCG, NHS Hartlepool and Stockton-on-Tees CCG and NHS South Tees CCG Quality, Performance and Finance Committee in-common.

The Chair advised that Committee meetings previously held in-common for NHS Darlington CCG and NHS Hartlepool and Stockton-on-Tees CCG had been recorded to assist with the preparation of minutes. As there were no concerns raised by attendees the Chair confirmed an audio recording would be made of the meeting and held for three weeks before being deleted.

QPF/101/19 Declarations of Interest

- 101.1 The Chair reminded the Committee attendees of their obligation to declare any interest they may have on any issues arising at Quality, Performance and Finance Committee meetings which might conflict with the business of the CCG's.
- 101.2 Declarations made by members of the Committee are listed in the CCG's Register of Interests. The Register is available either via the committee secretary to the governing body or the CCG's website
- 101.3 Mr Niven noted that Ms Andrea Jones had been included on the Declarations of Interests for Darlington CCG however as she had left the organisation she should no longer appear on the Declaration for this Committee, though she should remain on the Register for 6 months after her leave date.

QPF/102/19 Pre-Critique of the Quality, Performance and Finance Committee

The Chair welcomed everyone to the meeting and requested all questions be directed through the Chair.

QPF/103/19 Unconfirmed Minutes

- 103.1 The unconfirmed minutes of the Darlington CCG and Hartlepool and Stockton-on-Tees CCG Quality, Performance and Finance Committee held on Tuesday, 5th March 2019 were **ACCEPTED** as an accurate record with the following amendments:-

QPF 190/18 Darlington CCG and Hartlepool and Stockton-on-Tees CCG Quality Assurance Report

Ms Golightly advised that in paragraph 190.2 the second sentence indicated that patients were not fit to be discharged from ITU when they were fit enough, the issue was around the availability of beds on the ward. Ms Golightly asked that the sentence be checked with Ms Murphy as it had been from a report from Ms Murphy. Ms Smailes to ask Ms Murphy to clarify.

ACTION: 103.1/19 Ms Smailes

- 103.1.1 In paragraph 190.3 there was a typographical error, “patient” should read as “patients”.
- 103.1.3 In paragraph 190.4 Ms Golightly advised that CCG staff had met with Dr Tony Roberts, not, as indicated in the minutes, staff from North Tees and South Tees Foundation Trusts.
- 103.1.4 In paragraph 190.10 there was a typographical error, “...Ms Golightly asked the Committee to note the progress made by TEWV following the Lord Carter Review...” should read as “...Ms Golightly asked the Committee to note the progress made by NEAS following the Lord Carter Review...”
- 103.2 The unconfirmed minutes of the South Tees CCG Finance, Quality and Performance Committee held on Wednesday 6th March 2019 were **ACCEPTED** as an accurate record with the following amendments:-
- 103.2.1 In the list of those In Attendance, Ms Lynne Walton’s title should be Deputy Chief Finance Officer.
- 103.2.2 FQP/030/19 - Ms Golightly advised that the second paragraph under Delayed Transfer of Care was not clear and agreed to provide a form of words to clarify the position.
- ACTION: QPF/103.2.2 Ms Golightly**
- 103.2.3 FQP/032/19 – Quality Assurance Report – Ms Golightly advised the third paragraph should read “*Staff from the CCG are meeting on 4th March 2019 to discuss the Dr Foster mortality outlier alert for sepsis and chronic renal failure, in relation to South Tees Hospital NHS Foundation Trust (STHFT) and North Tees and Hartlepool NHS Foundation Trust (NTHFT).*”

- 103.2.4 FQP/032/19 – Quality Assurance Report – Ms Golightly advised the reference to CAMHS services on page 26 should be Children and Adolescent Mental Health Services.
- 103.2.5 FQP/032/19 – Quality Assurance Report – Ms Golightly advised that in the third paragraph on page 26 should read *“It was noted that the Quality Assurance Report also included information which outlined what the recommendations from the Lord Carter Review undertaken in September 2018 for the North East ambulance Service (NEAS) and what these recommendations would mean for the commissioning of services.”*
- 103.2.6 FQP/03/19 – Quality Assurance Report – Ms Golightly advised that the second paragraph on page 27 should read, *“A Special Educational Needs and Disabilities (SEND) revisit inspection, for Hartlepool, was completed on 23rd January 2019.”*

QPF104/19 Matters Arising and Action Log

- 104.1 Darlington CCG and Hartlepool and Stockton-on-Tees CCG – QPF/36/18
- Mr Short advised the Chair of the LADB had been contacted. It is a similar model to South Tees with two meetings with different Terms of Reference. The financial recovery structure meeting to be agreed prior to change and with joint leadership from North Tees. The Committee agreed the item could be closed.
- 104.2 Darlington CCG and Hartlepool and Stockton-on-Tees CCG – QPF/152.5/18
- The Committee noted the new arrangement with Mrs Murphy having responsibility for CHC Management and Transformation. It was noted Mrs Murphy was working with CHC colleagues to agree a standard format for the CHC workplan. The Committee was advised Mrs Murphy would be attending the QPF meetings by invitation. Mr Mackay noted CHC was a key element to the effectiveness of the efficiency programmes. It was agreed Mrs Murphy would be invited to attend the next QPF meeting and circulate the work plan prior to the next meeting.
- Mr Mackay noted the CHC Work Plan was a key element in delivery of the efficiency programmes. The Committee needed to see and understand the Work Plan and be assured of the current progress. It was agreed that the Work Plan needed to be circulated prior to the Committee meeting and it was agreed Ms Murphy would be asked to attend the next meeting of the Quality, Performance and Finance (QPF) Committee and present the current CHC Work Plan.
- ACTION: QPF/104.2/19 Ms Smailes**
- 104.3 Darlington CCG and Hartlepool and Stockton-on-Tees CCG – QPF/155.4/18
- Mr Short advised the reason for the delays in agreeing a meeting date were due to annual leave at North Tees. The meeting is going ahead on 16/4/19 with a follow up meeting to go through the national benchmarking data. It was agreed to keep this action open and have feedback provided at the next meeting.

- 104.4 Darlington CCG and Hartlepool and Stockton-on-Tees CCG – QPF/171.8/18
- Mr Short advised the data provided to CDDFT was unvalidated and also a month behind. Mr Short confirmed he would be the CCG representative at the meeting and if anything was presented that could be useful to the CCG he would bring it to the next QPF meeting.
- 104.5 Darlington CCG and Hartlepool and Stockton-on-Tees CCG – QPF/171.9/18
- The Committee noted this was part of the Recovery Plan and therefore the action could be closed.
- 104.6 Darlington CCG and Hartlepool and Stockton-on-Tees CCG – QPF/175.10/18
- The Committee advised this action could be closed as it related to QPF/175.10 which had been closed.
- 104.7 Darlington CCG and Hartlepool and Stockton-on-Tees CCG – QPF/184.2/18
- The Committee agreed to keep this action open
- 104.8 Darlington CCG and Hartlepool and Stockton-on-Tees CCG – QPF/184.9/18
- The Committee was advised a meeting had been arranged for 4th April to discuss and agree common working practices across Darlington, Hartlepool and Stockton-on-Tees and South Tees CCGs. It was agreed this action could be closed.
- 104.9 Darlington CCG and Hartlepool and Stockton-on-Tees CCG – QPF/186.4/18
- Mr Short confirmed a meeting with the BI team had been arranged for Tuesday 9th April. It was agreed this action could be closed.
- 104.10 Darlington CCG and Hartlepool and Stockton-on-Tees CCG – QPF/194.3/18
- The Committee agreed to keep this action open.
- 104.11 There were no outstanding actions from the South Tees CCG Action Log. However Ms Golightly reiterated that Ms Murphy is working with CHC colleagues to create a standard monthly CHC report across the 5 CCGs that is expected to be ready from May 2019. It was noted that an action had already been agreed for Ms Murphy to be invited to the next QPF Committee meeting.

QPF/105/19 Finance Commissioning Report – Darlington CCG

- 105.1 Mr Niven advised the report highlighted the outturn position of Darlington CCG at Month 11. Mr Niven explained that the CCG was on track to deliver it's control surplus of £4.5m.
- 105.2 Mr Niven advised there had been some concern regarding Prescribing costs due to an increase in drug prices and short supply of certain drugs. However in Month 12 NHS England has provided further funding to CCGs to cover approximately half of the additional costs.
- 105.3 Mr Niven advised there had been no movement on CHC costs and the CCG still had £800K in reserves to mitigate any further risks in Month 12.
- 105.4 Mr Niven explained that the Month 12 position currently looked to be on track, subject to audit and finalising of the annual accounts.
- 105.5 Mr Niven highlighted the Acute Services – Point of Delivery Analysis of Activity slide to the Committee noting the adjustment from PbR to agreed contract value of £1.5m. Mr Niven explained that if the contract with County Durham and Darlington Foundation Trust (CDDFT) had been on a PbR basis the contract would have underperformed and on this basis CDDFT had the benefit from the block contract in 2018/19. Mr Niven explained this was being highlighted to demonstrate what can happen with a risk share arrangement.
- 105.6 Mr Niven noted that non-elective activity was increasing and this would need to be a focus for future efficiency programmes.
- 105.7 Following a query from Dr Milner, Mr Niven advised that Darlington CCG used the CASPeR referral management system for outpatient referrals and whilst the use of CASPeR looked to be more effective in reducing new outpatient referrals this was due to opportunity available to remove referrals in Darlington.
- 105.8 Mr Niven confirmed that draft final accounts were due by 21st April.

The Quality, Performance and Finance Committee **NOTED** the Finance Commissioning Report for Darlington CCG.

QPF/106/19 Finance Commissioning Report - Hartlepool and Stockton-on-Tees CCG

- 106.1 Mr Niven advised that Hartlepool and Stockton-on-Tees (HaST) CCG was on track to deliver it's control surplus of £11.3m.
- 106.2 Mr Niven explained that HaST CCG had shown the same negative movement for prescribing at Darlington CCG which had been offset by additional funding provided by NHS England.
- 106.3 Mr Niven highlighted a deterioration to the previously reported position for Acute services, specifically in relation to those providers that the CCG did not have an agreed year end deal with, ie Newcastle FT and the independent sector providers. There has been an increase activity probably due to efforts to reduce

waiting lists. Mr Niven explained the CCG has mitigations in place to cover the risk.

- 106.4 Mr Niven explained there had been no movement in relation to CHC.
- 106.5 Mr Niven highlighted the Acute Services – Point of Delivery slide to the Committee and noted the CCG had had a marginal rate contract with its main provider, NTHFT, where the CCG would pay 20% marginal rate above the agreed activity. Mr Niven advised that the CCG had benefitted by circa £11m on that contract basis. Mr Niven explained that this would influence the contract negotiations for the next year and any risk share arrangements.
- 106.6 Mr Niven explained the CCG was aware that there had been some up-coding in the figures from the provider and if the CCG had been on a PbR contract there would have been challenges in the region of £4-5m. Whilst the contract has been a good deal for the CCG Mr Niven acknowledged there was a deficit in the local system. The focus going forward would be to take costs out of the system and Mr Niven noted that non-elective activity was a significant driver for this activity. Mr Niven confirmed the CCG was working with the provider to reduce costs.
- 106.7 Following a query from Dr Tahmassebi, Mr Niven advised that most Darlington patients go to CDDFT and Hartlepool and Stockton patients go to NTHFT however patients from the South of Stockton usually go to South Tees FT (STHFT). Dr O'Brien noted that a lot of time had been taken in Darlington to develop the CASPeR system with local GPs. Dr O'Brien suggested that one of the reasons for the effectiveness of CASPeR in Darlington could be related to a sense of ownership of the system. HaST CCG had then adopted the CASPeR system.

The Quality, Performance and Finance Committee **NOTED** the Finance Commissioning Report for Hartlepool and Stockton-on-Tees CCG.

QPF/107/19 Finance Commissioning Report - South Tees CCG

- 107.1 Mr Niven advised that South Tees CCG was on track to deliver its £5m deficit control total, which would allow it to receive CSF funding to report a breakeven position.
- 107.2 Mr Niven noted that South Tees CCG had faced pressures on Prescribing with increased costs and shortage of some drugs. The CCG had had to find additional mitigations to cover the costs but had also received some funding from NHS England.
- 107.3 Mr Niven explained there had been a marginal impact on Acute spend due to the CCG's Aligned Incentive Contract (AIC) with STHFT.
- 107.4 Mr Niven highlighted an ongoing risk with a £4m overspend on CHC and the continued growth in demand.
- 107.5 Mr Niven highlighted the Acute Services – Point of Delivery Analysis slide and advised that whilst the CCG had an AIC with STHFT the data indicated that the CCG had benefitted by circa £6m by not being on a PbR contract. Mr Niven

explained that a significant proportion of the activity in STHFT had been driven by non-electives.

107.6 Mr Niven explained that for all three CCGs there was a need to focus on non-elective activity levels for the coming year.

107.7 Following a query from Mr Cruickshank, Mr Blair explained the CCG had previously undertaken a transformation programme to restructure GP access and reduce pressure on A&E, with the removal of 2 Walk-In Centres and introduction of 4 extend hours GP hubs. Mr Blair advised that in HaST CCG an Urgent Care Centre had been introduced at the front of North Tees Hospital, co-located with A&E.. In both scenarios there had been a growth in emergency admissions, which was similar to the national trend. The growth in A&E attendances had not been seen in South Tees until the last two years. Following the closure of the Walk-In Centres the CCG had expected and planned for some increase in A&E attendances but the increase in emergency admissions had not been expected.

107.8 There was a discussion about the factors that impact on the flow of patients within an acute hospital setting and how it could be perceived that emergency admissions could act as a release valve for A&E, thus supporting delivery of the A&E standards. It was highlighted that a different scenario existed at NTHFT as they had an MIU at the front of A&E which counted as A&E attendance and therefore supported delivery of the standards. Mr Blair explained that changes to ambulatory care counting and operational hours meant that patients were classified as emergency admissions and whilst that maybe the right pathway for some patients it seemed that ambulatory care was being used as a release valve to support delivery of the A&E standards. Mr Blair confirmed that work was being undertaken to address this issue through the Unplanned Care Group.

107.9 Dr Tahmassebi raised the issue of CHC Fast Track discharges from STHFT, noting that previously STHFT had agreed to work with the CCG and the CHC Team to reduce the number of inappropriate Fast Tracks. It was noted that Ms Murphy as lead for CHC would need to be part of the discussions and it was acknowledged that she will be invited to the next QPF Committee meeting. It was noted that Hambleton, Richmondshire and Whitby (HRW) CCG had been successful in reducing their numbers. However Ms Golightly noted that implementation of the education and training had not had the same efficiency outcome when it was scaled up to STHFT.

107.10 Dr O'Brien commented that there needed to be a joined up system plan to manage unplanned care across the patch that was owned by all the organisations within the system including providers and commissioners. Dr O'Brien suggested that there needed to be a focus on one or two initiatives, noting that national evidence stated that poor primary care access leads to more A&E activity.

107.11 Mr Cruickshank noted there was a difference in the behaviour of Primary Care doctors and hospital doctors in the same setting, with hospital doctors tending to be more risk adverse to patient care and undertaking a lot of tests and admitting a patient to avoid any risk. Ms Golightly commented that significant money had been invested to improve the consultant grade in A&E to make this less likely to happen. However Mr Cruickshank explained training for new consultants did not support this approach.

- 107.12 Dr Nanda observed that there was a need to be consistent advise from STHFT on internal pathways. Dr Nanda provided examples where she had been advised by STHFT to send patients to A&E, from where they will then be sent to the appropriate speciality.
- 107.13 Dr O'Brien noted that whilst there were a number of Unplanned Care Groups across the patch there needed to be a single approach through the ICP however the ICP was currently focused on the financial challenge of the system.

The Quality, Performance and Finance Committee **NOTED** the Finance Commissioning Report for South Tee CCG.

QPF/108/19 Efficiency Programme Update – Darlington CCG and Hartlepool and Stockton-on-Tees CCG

- 108.1 Mr Niven advised that the Efficiency Programme report would be incorporated into the Finance Commissioning Report going forward.

The Quality, Performance and Finance Committee **NOTED** the Efficiency Programme Update for Darlington CCG and Hartlepool and Stockton-on-Tees CCG.

QPF/109/19 Efficiency Programme Update – South Tees CCG

- 109.1 Mr Niven advised that the Efficiency Programme report would be incorporated into the Finance Commissioning Report going forward.

The Quality, Performance and Finance Committee **NOTED** the Efficiency Programme Update for South Tees CCG.

QPF/110/19 Performance Monitoring Report

- 110.01 Mr Blair advised that for this first in-common meeting for the three CCGs a single, combined and comprehensive pack had been put together for the Performance Monitoring Report. Mr Blair explained that the summary sheet provided an overview of the current key areas of note. Mr Blair explained that the performance was in line with previous reports presented to the QPF Committees. The summary report is based on exceptions only with reference to constitutional standards for CCGs and providers, along with a narrative outlining the ongoing work to address any issues.

- 110.02 Mr Blair asked the Committee to note those constitutional standards not currently being delivered by the three CCGs and highlighted the following:-

- CDiff standard across all three CCGs
- Mixed Sex Accommodation breaches for South Tees and Darlington CCGs
- Cancer 62 day for HaST and Darlington CCGs
- 52 week waits for South Tees and HaST CCGs

Mr Short explained that the 52 week wait breach for HaST CCG had been discussed at a previous QPF Committee in-common for Darlington and HaST

CCG. This was not a real breach as the patient had not been a HaST resident and therefore an appeal had been submitted. If the appeal was approved the data would be updated.

Mr Blair advised that the 52 week wait breach for South Tees concerned a patient whose treatment was undertaken at Newcastle due to the retirement of consultant at STHFT, however the transfer did not take place until the patient had breached the 52 week wait time.

110.03 Mr Blair noted that NTHFT had made good progress on their 18 weeks standard however CDDFT had a key pressure and were unlikely to achieve the target by year end.

110.4 Mr Blair advised that there was a zero tolerance on ambulance handovers and this remained a pressure for all three CCGs but particularly at CDDFT and their over 60 minutes waits. Dr Tahmassebi queried whether the delay in ambulance handovers was having an impact on the availability of ambulances across the wider patch ie into HaST and South Tees CCGs. Mr Short explained that there was ongoing work with NEAS to better understand the impact of this. There was a discussion regarding any possible impact that A&E performance was having on ambulance handovers and whether ambulance crews were waiting outside A&E. Mr Blair queried whether CDDFT could adopt the process from STHFT where one ambulance crew takes responsibility for a cohort of patients, thereby releasing other crews.

110.5 Dr O'Brien noted the need to fully understand what was happening in A&E Departments and there needed to be a system view. Dr O'Brien noted that whilst it was necessary to monitor the quality and performance there needed to be honesty so that providers and commissioners could work together to solve any issues.

The Quality, Performance and Finance Committee **NOTED** the Performance Monitoring Report.

QPF/111/19 Quality Assurance Report

111.1 Ms Golightly advised the Quality Assurance Report was a combined report for all three CCGs.

111.2 Ms Golightly explained that for CDDFT there had been no further Mixed Sex Accommodation breaches however the Quality team continues to address the issue and due to the numbers involved. Ms Golightly explained the breaches had been due to the numbers of patients who had needed to be in ITU.

111.3 Ms Golightly noted that NTHFT were underachieving against the national Falls Prevention Audit however there was some good work within the Trust based on Commissioner Assurance Visits. Ms Golightly explained the team was looking to revise the way it worked across the patch including falls associated incidents and the learning around these.

111.4 Ms Golightly explained there had been 6 “never events” reported in the current financial year. The most recent event occurred in March 2019, involving a patient requiring oxygen who was unintentionally connected to an air flowmeter. This is

the second similar gas related incident at STHFT and this issue is being picked up by the Quality Team.

- 111.5 Ms Golightly advised that STHFT had received a copy of the draft report following their CQC inspection and visit. The draft report is with the Trust for factual accuracy.
- 111.6 Ms Golightly highlighted the need for significant improvement in the Safeguarding Children Initial Health Assessment Compliance rates, explaining the Quality team was working with STHFT and Local Authority colleagues to ensure vulnerable children are seen within an appropriate and statutory timeframe.
- 111.7 Ms Golightly explained there were emerging safeguarding concerns at TEWV regarding West Park. The CCG is undertaking safeguarding work with TEWV to understand what has occurred and to gain assurance that actions are being undertaken to address concerns. Additionally concerns have been raised regarding the West Wood unit at West Lane in Middlesbrough and their HR department is progressing action on these.
- 111.8 Ms Golightly advised of an emerging concern at Newbus Grange, a Danshell / Cynet property, with serious safeguarding concerns relating to physical abuse.
- 111.9 Following a query from Mr Cruickshank, Ms Golightly advised on the process following CQC inspections and explained that STHFT would not be sharing the CQC report with the CCG, though it is shared with NHS England. The CCG would be informed of the outcome of the CQC inspection 24/48 hours before it was published.
- 111.10 Dr O'Brien raised an issue that had been discussed outside of this meeting regarding continuity of care in pregnancy. Dr O'Brien noted that the target from NHS England was 20% by the end of March 2019 and that the three local providers, CDDFT, NTHFT and STHFT were nearly at the target. Ms Golightly agreed to take this action have the numbers included in the next QPF report.

ACTION: QPF/111.10/19 Ms Golightly

- 111.11 Dr O'Brien explained he had been advised of an issue regarding two outstanding IRP challenges that were sitting with NECS and were older than 2 years. Dr O'Brien advised Ms Golightly that she would be receiving an email in relation to these delays. Ms Golightly agreed to take the action and forward to Ms Murphy as these relate to retrospective CHC claims.

ACTION: QPF/111.11/19 Ms Golightly

- 111.12 Dr Tahmassebi highlighted the need for this Committee to remain sighted on the quality aspects of care, not just performance and financial aspects. Ms Golightly confirmed that the Quality and Safeguarding team continued to be sighted on issues across the various providers and noted that they had previously been invited to attend STHFT Quality Assurance Committee meetings with HRW CCG. Whilst following a governance review the team would no longer be attending the meetings they would still get the papers. Additionally the remit of the Clinical Quality Review Group (CQRG) meetings would be reviewed with expected medical attendance from STHFT and invitations to GPs to attend also.

- 111.13 Dr O'Brien noted that the QPF Committee could have areas of "deep dive" reporting as and when necessary.

The Quality, Performance and Finance Committee **NOTED** the Quality Assurance Report.

QPF/112/19 Changes to CDiff Reporting in 2019/20

- 112.1 Ms Golightly explained the paper outlined some major changes in the reporting criteria in relation to the "time to onset" from April 2019 by NHS Improvement and Public Health England. The new criteria will mean more cases will be deemed Trust attributed, mainly due to the inclusion of community cases where there has been a history of recent hospital admission.
- 112.2 Ms Golightly explained that when viewing the detail in the paper the Committee needed to be mindful that each Trust received patients from a variety of CCGs. The Trusts will have more cases to review and will help inform a national and local system approach.

The Quality, Performance and Finance Committee **NOTED** the Changes to CDiff Reporting.

QPF/113/19 Rightcare by Exception

- 113.01 There were no issues advised.

Post Meeting Critique

The Committee felt there had been a good and strong discussion of the issues. The Committee noted that this was the first in-common meeting. The Committee noted there would be changes to the reporting to accommodate the new arrangements, noting the volume of information being provided. The Committee felt a more summary approach with reporting by exception and where necessary "deep dive" may be a good way forward though this would develop over the coming months.

Date, Time and Venue of Next Meeting

The next meeting is scheduled to take place on Wednesday, 1st May 2019 in the Boardroom at South Tees CCG offices, 14 Trinity Mews, North Ormesby Health Village, Middlesbrough, TS3 6AL.

Signed: **Date:**

Mr Andie Mackay (Chair)
Lay Member - Finance