CONFIRMED MINUTES

Present:
Dr Boleslaw Posmyk (C) Chair of HaST Governing Body
Andrea Jones Chair of Dton Governing Body
John Flook Lay Member Governance
Angela Galloway Secondary Care Clinician
Dr David Hodges Governing Body GP Member
Diane Murphy Director of Nursing and Quality
Graeme Niven Chief Finance Officer
Dr Charles Stanley Secondary Care Doctor
Hilary Thompson Lay Member Patient and Public Involvement
Michelle Thompson Lay Member Patient and Public Involvement
Ali Wilson Chief Officer

In attendance:
Andrew Carter Corporate Governance and Risk Manager
Karen Hawkins Director of Commissioning and Transformation
Trina Holcroft Designated Nurse Safeguarding Children and LAC
Judith McGuinness Senior Communication Officer, NECS
Lisa Tempest Director of Performance, Planning and Assurance
Barbara Potter Head of Quality and Safeguarding
Rachael White Committee Secretary

Members of Public in Attendance:
Peter Bainbridge
Darren Bennett
Margaret Docherty
Jonathan Erskine

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<tr>
<th>Action</th>
<th>GB/17/1.1</th>
<th>Apologies for absence:</th>
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<tr>
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<td>Apologies for absence were received from:</td>
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<td></td>
<td>Dr Richard Harker, Dr Saleem Hassan, Andie Mackay, Dr Salvi Patel.</td>
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<th>Action</th>
<th>GB/17/1.2</th>
<th>Declaration of Interests</th>
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<td>No additional declarations were made.</td>
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Pre–critique
The Chair welcomed the members of the public to the meeting and advised that this was the first joint meeting between the Clinical Commissioning Groups (CCG) since the joint management team became operational.

It was anticipated that there maybe be lessons learnt in the arrangement of the meeting and it had been noted by group that the acoustics in the room were not ideal.

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<tr>
<th>GB/17/1.3.1</th>
<th>Minutes of Previous Meetings:</th>
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<tr>
<td>GB/17/1.3.2</td>
<td>The minutes of the NHS Hartlepool and Stockton-on-Tees CCG held on 29th November 2016 were agreed as an accurate record subject to minor amendments.</td>
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<tr>
<td>GB/17/1.3.2</td>
<td>The minutes of the NHS Darlington CCG held on 6th December 2016 were agreed as an accurate record subject to minor amendments.</td>
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<tr>
<th>GB/17/1.4</th>
<th>Matters Arising and Action Log</th>
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<tr>
<td>1.4.1</td>
<td>GB/28/16 – Patient Story - Mr Carter advised that Mrs Leonard, NTHFT Quality Nurse was picking up the issues raised in the story. Mr Carter added that the patient story will be passed on to the CCG Quality Team and Commissioning Team to ensure any issues are addressed. Andrew Carter confirmed that the information had been passed on however no update had been received on how the issues were being addressed. Andrew to follow up to gain a response.</td>
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<td>1.4.2</td>
<td>DCCG1 – Safeguarding and Looked After Children Annual Report 2014/15 - Governing Body expressed concern at the poor achievement of initial health assessments timescales, recognising that this is a multi-agency issue which needs to be addressed by all concerned. AJ agreed that a letter be sent to the Safeguarding Board on behalf of the Governing Body to formally record the concerns raised. Diane Murphy advised that initial health assessment performance was now to be included in the quality reports presented to the Committee. The Governing Body agreed to close the action on this basis.</td>
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<tr>
<td>1.4.3</td>
<td>DCCG2 – Engagement Plan Update – A written report to be brought to a future Governing Body meeting. Ali Wilson and Andrew Carter advised that the Engagement Plan was being reviewed with the final version expected for submission in March. The Governing Body agreed to close the action on this basis.</td>
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<td>1.4.4</td>
<td>DCCG3 – Engagement Plan Update – KH and MB to meet to discuss how the engagement plan will link with the planning round 2017/19. Discussion had taken place with Mary Bewley and work was being</td>
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1.4.5 undertaken to bring the engagement plans for both organisations together. 

DCCG4 – Planning Round 2017/19 - *A further report to be brought to Governing Body in early 2017.* Ali Wilson advised that feedback was expected from NHS England in March. A report would be submitted to Committee once available.

| GB/17/1.5 | **Chair's Report**  
|-----------|---------------------------------------------------|
| 1.5.1 | The Governing Body were provided with an update on progress and events since the last meeting by Dr Posmyk.  
| 1.5.2 | The Chairs of both Hartlepool and Stockton-on-Tees and South Tees CCGs had been invited to attend the Local Medical Committee at the end of February to discuss the 5 year forward view. Further discussions would also take place in regards to Practices being the holder of patient information and some of the information governance aspects surrounding this.  
| 1.5.3 | The Chair had attended the Community Champion Awards and also continued to represent the CCG at various engagement events such as the Sustainability and Transformational Plan and maternity services.  
| | The Governing Body acknowledged the great contribution made to the CCG, the education of GP services and the development of the local GP Federation but Dr Chris Ditchburn who had sadly passed away. |

| GB/17/1.6 | **Chief Officer's Report**  
|-----------|---------------------------------------------------|
| 1.6.1 | The Governing Body reviewed the report provided by Ali Wilson which provided an update on operational priorities, challenges and key national policy developments since the last Governing Body meeting.  
| 1.6.2 | *Joint Working Arrangements:*  
| | As of January 2017, the joint working arrangements between the CCGs became operational. The Governing Body was assured that the team was progressing well with all of the Senior Team now in place with a number of strategic leads. There were still some roles that had not been appointed into with a number of staff working across two roles in order to ensure that all risks were managed efficiently. The opportunity to thank all staff for their help and patience but also to apologies for the interim arrangements which were taking longer than anticipated e.g. finalised committee arrangements and aligning reports while keeping a locality focus.  
| | A team away day had been held in January to bring the teams of both offices together and to discussion the learning and ambitions of the organisations. This was felt to be a positive session and continuous updates would be provided as work progressed. |
Query was raised as to whether the CCGs would be looking at joint accommodation and if so what timescale would be agreed. Ali advised that this had been discussed briefly as working in one location would be beneficial for staff. However there were several aspects that were to be taken into account and discussed further such as current lease agreements and location. It was asked that if members had any suggestions on locations, they contact the senior team.

**Sustainability and Transformational Plan (STP):**

As previously reported, the Better Health Programme (BHP) arrangements were transitioning into the STP programme. Throughout February, Phase 5 of the public engagement events had been scheduled and the BHP team would be seeking patient views on maternity and children’s services. In addition, smaller targeted focus groups would be held along with 1:1 conversations with a minimum of 1,000 people.

The CCG had been invited to attend a Darlington Borough Council Enquiry Meeting to discuss the STP alongside other organisations such as the Ambulance Service and Foundation Trusts. The health services were looking to coordinate their response to try and be clear as to what work had been undertaken.

**Integrated Urgent Care:**

Both organisations were currently in the process of reviewing and/or procuring its urgent care services. There were struggles nationally in terms of managing performance and activity especially during the winter period.

At this moment in time it was too early to provide a detailed response in regards to the Darlington Urgent Care Centre move as data was still awaited.

Hartlepool and Stockton-on-Tees CCG had recently re-procured the service and the contract had been awarded to North Tees and Hartlepool Foundation Trust (NTHFT) and the Hartlepool and Stockton Healthcare Federation. This was scheduled to go live on the 1st April 2017.

**Assisted Reproduction Unit:**

Following NTHFT advising that they could no longer deliver a safe and clinically effective assisted reproduction service (IVF, IUI) at University Hospital of Hartlepool, Hartlepool and Stockton-on-Tees CCG, along with Durham Dales, Easington and Sedgefield CCG, Darlington CCG and South Tees CCG undertook a formal public consultation between 31st May and 15th July 2016.

Unfortunately, due to a limited response from the provider market and the bids received not meeting the required quality standards, the CCG
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<td>1.6.11</td>
<td>had not been successful in securing a provider that could offer both licensed and unlicensed fertility services at Hartlepool. Hartlepool Borough Council had requested attendance from the CCG at a meeting of the Audit and Governance Committee on 8th February 2017 to discuss the issues surrounding the Assisted Reproduction Service.</td>
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<td>1.6.12</td>
<td>Integrated Personal Commissioning (IPC): The Stockton-On-Tees IPC site had been approached by NESTA (Health Innovations Lab), a voluntary organisation which helps people and organisations bring their ideas to life. NESTA had been commissioned through NHS England to work with two IPC sites over the next six months. They were to undertake a 100 day challenge, where they would work very intensively with the Stockton site on frontline workforce development. Progress reports were to be provided at certain points throughout the challenge which would be feedback to the Governing Body. The Governing Body took the opportunity to recognise the work undertaken by Sam Harrison from the Communications Team at NECS on behalf of the CCG who had sadly passed away. The Governing Body noted the information provided.</td>
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<td>GB/17/1.7</td>
<td>Locality Reports: <strong>Darlington</strong> - Ali Wilson provided an update on Jenny Steel’s behalf. Primary Healthcare Darlington was now running GP access clinics 7 days a week. The service was reliant on a small number of GPs who provided the service over a certain number of hours throughout the week. Three groups of practices were working together to establish the Community Hubs. There were some anxieties regarding the process however further work was to be undertaken to establish clear roles, responsibilities and efficiencies. Each group was leading on an individual piece of work i.e. the Estates, Technology and Transformation Fund bids, Healthy New Towns project and care navigators. The enhanced health in care homes framework had been published in September and a care home collaborative meeting had been established to focus on the implementation of the guidance. <strong>Hartlepool</strong> The Governing Body were advised that there were issues in regards to staff retention and it could be difficult to predict the movement of staff across the area. Work was progressing with the Practice hubs and GP training scheme was felt to be a great opportunity for GP trainer development and</td>
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there had been good uptake from the Practices.

The majority of Practices were overspending and deep dive audits in areas such as referrals for patients with chest pains were to take place to establish whether there were any areas for improvement in the process.

Healthwatch Hartlepool had recently presented a paper to the Health and Wellbeing Board which included patient stories on how they had dealt with their diagnosis of dementia and how their services had helped them. Dr Hodges he would include this in his column to raise awareness of the services available.

There was a significant amount of good work being undertaken in regards to COPD in Hartlepool and it was suggested that it be shared with Darlington. Andrea Jones encouraged cross working and the sharing of lessons learnt helping drive efficiency and success across the localities.

The Governing Body noted the information provided.

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**GB/17/1.8**

**DCCG Patient and Public Involvement Report**

Michelle Thompson provided the Governing Body with an update for Darlington CCG.

1.8.1.1 It had been 1 year since the review of Community Council and a development session had been held with the Community Champions to discuss what they felt was working well and what wasn’t working as well as it could. An update was provided in regards to the new joint management structure and they expressed an interest in knowing the Directors roles and responsibilities and how they linked into the new governance arrangements.

1.8.1.3 The Community Champions also suggested that they be involved in project work with the CCG in areas such as the ambulance service and high impact users. Since the review, it was felt that there was no longer a link with the Patient Participation Groups and the Community Council had felt that once the Community Hubs were operational, a Community Champion could be linked to each one. A plan was being developed to move forward with their suggestions and the timescales for information to be shared with the group.

1.8.1.4 The main issue for patients of Darlington currently was the potential changes to services at Darlington Memorial Hospital and the impact on the community. There was frustration at the lack of information being provided to the wider public as most only hear of changes through social media.

1.8.1.5 **Patient Story**

Michelle had been made aware of a patient who after being
misdiagnosed several times by their GP, a dietician and a consultant was found to have a tumour the size of a grapefruit in their abdomen. The patient was currently waiting to find out whether the tumour was terminal and felt very let down by the system. The patient and their spouse felt that the misdiagnosis had put the patient’s life at risk and an official complaint had been made. Diane Murphy confirmed that the CCG monitored complaints very closely and assured that the situation would be investigated thoroughly.

1.8.1.6 Following a discussion with a patient who had been advised that their GP was changing practice and they could not change with them, it was queried as to what the process would be in this situation. Karen Hawkins advised that in times of pressure, Practices could decline an application to join their practice especially if the patient was already registered to another practice in the area. The Governing Body felt that communications needed to be improved between Practices and patients when explaining process. Michelle to send the details to Karen to take forward.

1.8.1.7 In regards to Healthwatch Darlington, Michelle advised the Governing Body that the funding from Darlington Borough Council (DBC) had been cut by 53% due to the significant budget cuts undertaken. Unfortunately this would mean potential loss of staff and a reduction in the amount of support and services Healthwatch was able to provide. Concern had been escalated to Healthwatch England as it was uncertain as to whether the organisation would be able to deliver their agreed specification. Ali Wilson confirmed that the CCG had made comment in regards to these cuts in discussions with (DBC) on review of their plans and Karen Hawkins had met with members of Healthwatch Darlington to assure them that the CCG would work in partnership with them and provide support if possible.

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<th>GB/17/1.8.2</th>
<th>HaST CCG Patient and Public Involvement Report</th>
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<td><strong>1.8.2.1</strong></td>
<td>The Evening Gazette Community Champions Awards took place on Thursday 8th December. The CCG had joined with South Tees CCG in sponsoring the event and Hilary alongside a GP representative from South Tees CCG presented the award to the Champion Carer.</td>
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<td><strong>1.8.2.2</strong></td>
<td>The Community Health Ambassadors (CHA) Peer Support Group on 26th January discussed feedback from “Discharge to Assess” with representatives from both local authorities. The group looked at how the CHA project might be developed surrounding “theme-based” engagement, raising awareness of particular issues related to the CHA’s areas of interest. It was suggested that this could link with Health Campaigns throughout the year.</td>
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<td><strong>1.8.2.3</strong></td>
<td>Louise Wallace, Director of Public Health was due to leave Hartlepool</td>
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<td>1.8.2.4</td>
<td>Borough Council at the beginning of March 2017. In the latest edition of the Public Health Newsletter, she thanked those at Hartlepool Borough Council and in partner organisations for all of the support she had received in her role.</td>
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<td>1.8.2.5</td>
<td>Healthwatch Stockton had a series of work programme ranging from youth engagement to working with people in poverty and their care packages. A GP Practice Enter and View visit was scheduled for the end of February and was welcomed by the Practice Manager. A number of complaints had been received in regards to there not being a male doctor in the Practice and this would be discussed at the visit.</td>
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<td>1.8.2.6</td>
<td>Healthwatch Hartlepool had received confirmation that the proposed joint initiative with York University and HBC would be going ahead in the summer. Healthwatch would be working with a group of young people attending a residential training event at York University looking at effective research. Subsequently the group would undertake a piece of research which would look at identifying the health and care priorities of young people in Hartlepool.</td>
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<td>1.8.2.7</td>
<td>The next Primary Care Commissioning Committee was scheduled for the 14th February. The group had agreed that focus was required on the timeliness of actions after decision at the meeting. There had still been no representation offered from Healthwatch Hartlepool.</td>
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<td>1.8.2.8</td>
<td>Hilary advised that Cleveland’s Police and Crime Commissioner had backed a national campaign to end charges for domestic violence victims to access legal aid. Currently, victims were required to provide legal evidence that they have experienced domestic abuse and this was often in the form of a letter from the GP. Some GPs were charging up to £75 to provide this information and it had been asked as to whether the CCG could support the campaign. The Governing Body advised that this was outside of the contractual arrangements with the GP Practices and it was the responsibility of the individual GP practice to review their process.</td>
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**Patient Story**

Hilary had spoken to a patient who was partially sighted and had reviewed a letter from North Tees Hospital Foundation Trust offering him support however he was unable to read it. He approached Healthwatch who helped him coordinate his response and the best method of contact going forward with the Hospital. The patient advised that he was very happy with both the help from Healthwatch and the support he was receiving from North Tees as a result.

| GB/17/2.1 GB/17/2.1.1 | Darlington CCG Financial Report

Graeme Niven advised that the report provided an update on the financial performance of NHS Darlington CCG for the nine months to 31st December 2016 as well as the expected outturn position for the |
2.1.1.1 2016/17 financial year. The current position showed a total year to date underspend of £1,330k on a funding allocation of £164,161k. However the CCG had a risk of £600k Acute non-delivery of QIPP, £200k prescribing non-delivery of QIPP and a risk of breaching the CCGs running costs total linked to the restructure costs.

2.1.1.2 In regards to mental health budgets, there were a number of packages of care that were increasing and it had been requested that any cases where the care was being provided by Northumberland, Tyne and Wear Foundation Trust (NTWFT) be moved back to Tees Esk and Wear Valley Foundation Trust under the agreed block contract. This would reduce the pressure against the NTWFT contract which was overspent by £100k.

2.1.1.3 There were significant challenges across the financial budget and concerns had been escalated to NHS England to make them aware of the risk facing the CCG. In terms of the national situation, Darlington were better placed than other CCGs who had already stated that they would not deliver the required surplus set out by NHS England.

2.1.1.4 A full day session had been scheduled with the wider team to discuss any schemes that could have an impact before the end of March and what could be started to impact throughout the next financial year. Prescribing was often an area where changes could be implemented and the efficiencies shown quickly and areas had been already been identified.

2.1.4 As part of contract negotiations the need for QIPP and the process followed had been strengthened to ensure more successful outcomes in 2017/18. Lisa Tempest advised that a Programme Management Group was being established across Darlington and Durham to help look at reviewing costs and to work together to review the costs in the system. Under the new joint management structure, the teams were looking to share lessons learnt and best practice in order to ensure a consistent approach across the localities.

GB/17/2.1.2 Performance Report
Lisa Tempest provided an overview of the report which detailed the CCGs performance against its constitutional indicators and the performance of key providers against their targets/thresholds. Any issues were highlighted as exception reports within the document.

2.1.2.1 In regards to the target for % patients seen within 2 weeks of an urgent GP referral for suspected cancer, County Durham and Darlington (CDDFT) had failed the target for 3 consecutive months from August to October. They achieved the target in November however the year to date target was still below the threshold.

2.1.2.3 The breast service in Sunderland had been reinstated and CDDFT were starting to see a reduction in activity. There had been pressure
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<th>GB/17/2.1.3</th>
<th>Quality Report</th>
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<td>The Governing Body took the opportunity to congratulate Diane Murphy her appointment as the Director of Nursing and Quality for Darlington CCG.</td>
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| 2.1.3.1 | Diane advised that work was being undertaken to bring the quality reports for both organisations together with a draft document already in place. The team would then liaise with Lisa Tempest to streamline to the performance aspects of the report in order to avoid duplication. |

| 2.1.3.2 | Two formal complaints had been received in regards to Continuing Healthcare and the process that had been undertaken. These had been taken forward by the Complaints Team and apologies had been sent to the families who were not happy with the service that had been provided. |

| 2.1.3.3 | CDDFT had now reported 7 Never Events. The action plan had been submitted to the Care Quality Commission in November and the situation was being monitored through the Quality Review Group (QRG). NHS Improvement was scheduled to visit the Trust to help understand what the common factors were between the cases and how to move forward. |

| 2.1.3.4 | The QRG in December received an action plan for Acute Oncology Service and Carcinoma of unknown Primary (CUP) following a peer review. There were several areas of concern for both areas e.g. the time to review patients, fast track referral process, and no formal CUP service in place. The action plan was being monitored by the QRG. |
2.1.3.5 There was currently one care home in Local authority escalation. A joint visit had been undertaken by the Local Authority, CCG Chief Nurse and Designated Adult Safeguarding Nurse which showed improvements and gave assurance of safety of residents. The home had since been subject to a CQC visit of which the report was still awaited.

2.1.3.6 Initial Health Assessments for Looked After Children were to be undertaken within 20 days of the child becoming looked after. There were some issues across Darlington and Durham due to an increase in numbers which had caused significant pressure in being able to complete the assessments on time. A significant amount of additional consultant appointments had been put in place by CDDFT and this was having a positive impact. The Designated Nurse for Looked After Children had been working with the Trust to improve the process. Currently 83% of children received their assessment on time which was mainly due to the timeliness of the information being received by CDDFT work was being undertaken to ensure the appropriate level of consent and information is obtained by those professionals at the start of the process.

GB/17/2.1.4 Governance and Assurance Report
Andrew Carter advised that Darlington had not previously had a regular report and that this would now be a standing agenda item going forward for both CCGs. The aim was to combine the reports going forward to avoid duplication which included the organisations risk registers.

2.1.4.1 Darlington currently had 4 risks classed as high of which all had been discussed during the finance and performance reports.

2.1.4.2 It had been agreed that the CCGs corporate policies would now be reviewed by the Formal Executive and then ratified by the Governing Body. Due to the number of documents that would need to be sent through, it was proposed that this be actioned via email with a summary of any changes that had been made.

2.1.4.3 Work was progressing on the Information Governance Toolkit and the Governing Body would be asked to formally agree the CCG’s level of compliance before submission by the Chief Finance Officer as Senior Information Risk Owner before the deadline date of 31st March 2017.
The Governing Body noted the contents of the reports.

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<th>GB/17/2.2</th>
<th>HaST CCG Financial Report</th>
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<td>GB/17/2.2.1</td>
<td>Graeme Niven advised that the current forecast position showed the organisation to be on track to achieve its key financial targets, but only due to the use of a significant amount of available CCG reserves including significant non recurrent reserves to offset over spends, as risks had materialised.</td>
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<td>2.2.1.1</td>
<td>There was significant over performance in terms of non-elective admissions however this was included as part of the Better Care Fund so funding could be used from the risk pool to mitigate the risk to the CCG.</td>
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<td>2.2.1.2</td>
<td>Continuing Healthcare was also overspent with 28% growth on the previous year opposed to the 15% predicted growth. A joint piece of work had been undertaken to review the overall process however no areas of spends that could be reduced had been identified. It was felt that the changes to Deprivation of Liberty Safeguards may have had an impact. This was a similar situation for other CCGs across the North East. Darlington was currently underspending so comparison work was to be undertaken to understand why there was such a significant difference. Individual CCGs were flagging the situation to NHS England and it was discussed at the regional Chief Finance Officers monthly meeting. Graeme advised he would look at how the CCGs could raise this more formally across the area.</td>
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<td>GB/17/2.2.1</td>
<td>Lisa Tempest reported that compliance against the Referral to Treatment with 18 weeks target remained above trajectory for STHFT however the Trust had reported a 52week wait breach and the CCG would now fail the overall target.</td>
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<td>2.2.2.1</td>
<td>For the first time in almost a year the CCG had underperformed on the diagnostics target. This was mainly due to pressure in the echocardiography department and was thought to be due to low staffing levels. The CCG had been given assurance that actions had been put in place to resolve in time for the next report.</td>
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<td>GB/17/2.2.2</td>
<td>Performance report</td>
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<td>2.2.2.2</td>
<td>NTHFT had failed to achieve the quarter 3 performance target for delayed transfers of care to be maintained at a minimum level in Hartlepool. It was thought that patients were being brought to the hospital from out of area which was increasing the level of pressure on the departments. This was to be reviewed with further work to be undertaken to establish exactly what the cause was.</td>
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<td>2.2.2.3</td>
<td>NTHFT continued to perform well in terms of ambulance handovers and there was very rarely a delay over 60minutes. However the</td>
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| GB/17/2.2.3 | **Quality Report**  
Barbara Potter presented the report on behalf of Jean Golightly, Director of Nursing and Quality. The following updates were provided for the main providers:  
**North Tees and Hartlepool NHS Foundation Trust (NTHFT)**  
- Health Care Acquired Infections:  
  - Exceeded the Clostridium Difficile annual trajectory  
  - MRSA reported 1 trust attributable case  
- The independent, external Maternity Services review has been completed and the report was still awaited  
- Mortality metrics continue to improve  
**South Tees Hospitals NHS Foundation Trust (STHFT)**  
- Trust rated GOOD in all 5 domains of care, and GOOD overall in published results of CQC follow up inspection.  
- 5 published Trust attributable MRSA cases with another two that had been reported since the issue of the document  
**Tees Esk and Wear Valley NHS Foundation Trust (TEWV)**  
- Serious incident national reporting framework timescales remains a challenge for the Trust with non-compliance continuing  
- Unannounced CQC inspection of Adult and Older Persons Mental Health Services  
**North East Ambulance Service (NEAS)**  

response times for NEAS were in a similar position to Darlington. It was queried as to whether there was any evidence of professionals request urgent responses when not necessary. Diane Murphy advised that these situations were regularly discussed at the QRG and it was found that generally if a GP had called for an ambulance and 4 hours later the patient/family has called again to say they are still waiting, the GP may escalate the call in order to gain a response. It was a symptom of the failing of the system in its current state. This was all linked with the staff shortages but also the handover delays experience in the hospitals. Ali Wilson advised that in the transformational work NEAS was undertaking they were reviewing how they use ambulance crews and there overall pathways for patients. They were currently waiting for new paramedics who were progressing through their training. The CCG were working with them to help review processes and put actions in place to resolve issues. Work was also being undertaken by the emergency vanguard system in order to try and prevent people calling for an ambulance if not necessary. This situation was a national priority and the North East were one of the best performers in the country. Assurance could be given to the Governing Body that work was being undertaken to improve the situation however as it was system wide it would take time to implement change.  

2.2.2.4
Trust rated GOOD in all 5 domains of care, and GOOD overall in published results of CQC follow up inspection.

Ofsted and the CQC joint inspection of Special Educational Needs and Disabilities (SEND) for Children and Young People had taken place in Hartlepool. The draft narrative inspection had been received for accuracy checks.

Audit One had issued the draft safeguarding report which had two recommendations.

**GB/17/2.2.4 Governance and Assurance Report**

Andrew Carter advised that the current risk register had one high risk: Risk 1032 - *Failure to commission the appropriate number of high quality nursing care beds in all residential settings where the CCG is the responsible commissioner.*

Since the last Governing Body meeting, Risk 1448 - *Deprivation of Liberty Processes are not put in place in relation to Continuing Healthcare Cases* had been reclassified and was no longer ranked as a high risk. This was due to the approval of the Mental Capacity Act and Deprivation of Liberty Policy by the Governance and Risk Committee on 5th December.

Eight corporate policies were approved by the Governance, Audit and Risk Committee at meeting on 5th December and were outlined in the paper.

As discussed for the Information Governance Toolkit for Darlington, work was progressing to and the Governing Body were required to formally agree the CCG’s level of compliance before submission on the 31st March.

In regards to Information Governance training, the online training had been decommissioned however there was a paper questionnaire that could be completed instead.

The Governing Body noted the information provided.

**GB/17/3.1 HaST CCG Communication and Engagement Strategy**

The Governing Body reviewed the strategy which was designed to support and enable the organisation to reach its objectives and vision. It set out the CCG’s approach to communication and engagement, both within the CCG and externally with stakeholders.

Judith McGuinness advised that as well as the strategy the Communications Team also maintained a status report which was a live working document that was sent to Andrew Carter as Communications Lead for the CCG. This outlined all of the communications and engagement work for the CCG and the project
3.1.2 Following queries as to how information was circulated and made available, Andrew Carter suggested that a similar tool be used to the Annual Report condensed version. This could include links to other strategies and could be made available to the public and stakeholders.

The members of the Hartlepool and Stockton-on-Tees Governing Body approved the strategy.

### GB/17/4.1 Local Safeguarding Children's Boards Annual Reports:

The Governing Body reviewed the summary reports of the Hartlepool and Stockton Local Safeguarding Children Boards (LSCB) which outlined the work undertaken in 2015/16.

4.1.1 The LSCB evaluated the effectiveness of services being provided to children and families by the local authorities. They reviewed how partners were fulfilling their statutory obligations to safeguard children; quality assured practice and measured effectiveness of training.

4.1.2 Both Boards had been developing of a Tees performance management framework to produce a common data set across the Tees area with Hartlepool taking the lead. This would identify what was working, highlight areas of concern, consider themes and trends and improve outcomes for children.

4.1.3 There was continued focus on tackling children missing from home and child sexual exploitation through the Vulnerable Exploited Missing and Trafficked strategic and practitioner groups-this has included the roll out of the Tees wide “In the wrong hands campaign”

4.1.4 The Stockton and Hartlepool Children’s hub (based in Hartlepool) had been launched which was a multi-agency team combining police, children’s social care and health to enable efficient and effective decision making to safeguard children.

4.1.5 A significant amount of work was being undertaken across the Tees area as well as thorough training needs analysis to align programmes and condense the information so the information was more specific to the individual's needs.

The Governing Body noted the information provided.
Andrew Carter advised the Governing Body that a full review had been undertaken for each Constitution in light of the new governance arrangements and the changes to conflict of interest guidance released in 2016. A full list of amendments had been provided within the paperwork for the meeting.

4.2.1 **Darlington CCG**
Other than the governance arrangements the main change was in relation to who approved the constitution. It was suggested that this approval was undertaken by the Member Assembly as they were responsible for holding the Governing Body to account in its decisions for Darlington. This was currently the arrangement for Hartlepool and Stockton-on-Tees CCG.

4.2.2 The members of the Darlington CCG Governing Body approved the changes and made recommendation to Members Assembly that they approve going forward.

4.2.3 **Hartlepool and Stockton-on-Tees CCG**
Other than governance arrangements, the main change was the addition of a 3rd lay member which increased the Governing Body membership number to 12.

4.2.4 The members of the Hartlepool and Stockton-on-Tees CCG Governing Body accepted the changes and recommended that they be approved by the Council of Members.

**Confirmed Committee Minutes:**
The Governing Body noted the following minutes:

- **GB/17/5.1.1** Darlington CCG Governance and Risk Committee, 13th September 2016
- **GB/17/5.1.2** Hartlepool Borough Council Health and Wellbeing Board meeting held on 17th October 2016
- **GB/17/5.1.3** Hartlepool Borough Council Health and Wellbeing Board meeting held on 5th December 2016
- **GB/17/5.1.4** Stockton-On-Tees Borough Council Health and Wellbeing Board meeting held on 26th October 2016
- **GB/17/5.1.5** Stockton-On-Tees Borough Council Health and Wellbeing Board meeting held on 30th November 2016

**Questions and Comments from Members of the Public**
Members of the public thanked the Governing Body for the information provided and advised that the level of discussion had been beneficial.

**Post-critique**
| 7.1 | The Chair summarised the meeting and it was agreed that it had been a success despite there being a few aspects that were to be amended going forward. Going forward it had been asked that where possible, reports be consolidated in order to avoid duplication and the length of the meeting. It was also stressed that the minutes needed to be clear as to the decisions made for each organisation. |
| 7.2 | **Date and time next meeting**
Tuesday 28th March 2017, 2pm, in the Community Safety Centre, Park Place, Darlington DL1 5LR. |

Signed……………………

Chair……………………

Date……………………