

Governing Body (PUBLIC)
28 November 2019
10:00 am – 12 noon
Hebburn Central, Hebburn

Present:

Dr Matthew Walmsley	Chair, STCCG	MW
Matt Brown	Director of Operations, STCCG	MB
Dr Tarquin Cross	Secondary Care Consultant, STCCG	TC
Paul Cuskin	Lay Member, STCCG	PC
Dr David Hambleton	Chief Executive, STCCG	DH
Pat Harle	Lay Member, STCCG	PH
Kate Hudson	Chief Finance Officer, STCCG	KHu
Paul Morgan	Lay Member, STCCG	PM
Jeanette Scott	Director of Nursing, Quality & Safety, STCCG	JS
Dr Vis-Nathan	GP Governing Body Member, STCCG	VN

In Attendance:

Shelby Davison	Graduate Management Trainee	SD
Keith Haynes	Governance Lead	KHa
Helen Ruffell	Operations Manager, STCCG	HR
Andy Sutton	Governance Officer, STCCG	AS

Apologies

Tom Hall	Director of Public Health, STC	TH
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2019/75 **Welcome and Introductions**
Members were welcomed and introductions made.

2019/76 **Apologies for Absence**
Apologies were received as noted above.

PURDAH

The Chair advised that as a consequence of the upcoming 12 December 2019 General Election, the CCG, as a public body was in a period of Purdah, the principles of which required it to be seen to act with political impartiality, not use any resources for party political purposes, and not act in any way to originate public controversy.

2019/77 **Declarations of Interest**
Pat Harle advised the governing body of her position as a lay member of the governing body of Sunderland CCG and as the CCG appointed member on the STSFT Council of Governors.

2019/78 **Draft Minutes from the Meeting of 26 September 2019** (Enclosure 1)
Resolved:
That the minutes of the 26 September 2019 be approved, subject to the amendment of:

i) **Declarations of Interest**

Pat Harle - to refer to Pat as the CCG appointed member of the STSFT Council of Governors.

ii) **Minute 2019/53: Key Assurance and Risk Report – Care Homes**

First sentence to read: 'The Chair of QPSC and ~~staff from~~ the Joint Commissioning Unit

2019/79

Matters Arising

There were no matters arising other than those that were the subject of substantive report elsewhere on the agenda.

2019/80

Question Time

A number of questions were raised from members of the public:

i) **Minor Injuries**

Q: Where is the orthopaedic service based for residents of South Tyneside?

A: Related services are provided at South Tyneside District Hospital's fracture clinic.

ii) **Sunderland Royal Hospital**

Q: At what time in the evening do attendances at South Tyneside District Hospital's emergency department cease?

A: The children's emergency department at South Tyneside District Hospital closes at 10pm each night and reopen each following morning at 8am. Overnight emergency care for children is provided at the Paediatric Emergency Department at Sunderland Royal Hospital.

2019/81

Chief Executive's Information (Verbal)

The CCG's Chief Executive made a verbal report on issues relating to the operation of the CCG. A number of issues were reported:

i) **Court Hearings**

• **Path to Excellence**

The High Court had, on 19 November 2019, heard an appeal from the Save South Tyneside Hospital Campaign Group against the earlier Judicial Review decision to dismiss its case against the joint decision of South Tyneside CCG and Sunderland CCG to proceed with a reconfiguration of acute clinical services (Stroke; Maternity; Paediatrics) across both localities as part of the Path to Excellence. It was anticipated that a judgement would be handed down early in 2020.

• **Avastin®**

In November 2019 the High Court had heard an appeal from Bayer and Novartis, the leading market providers of Ranibizumab (Lucentis®) and aflibercept (Eylea®), against the earlier decision to dismiss their appeal against the decision of the Northern CCGs to promote Avastin® as a more cost-effective medicine within the CNE region for the treatment of patients newly diagnosed with neovascular (wet) age-related macular degeneration (wAMD). A judgement was anticipated early in 2020.

ii) **CCG Conference**

The CCG had in November 2019 hosted a well-attended national London-based conference, which had expounded the use of the Canterbury principles of joint organisational working.

iii) **The Kings Fund**

The CCG's Chief Executive had been a guest speaker at the Kings Fund annual conference on the theme of alliancing, reflecting the increasing recognition that STCCG was receiving for collaborative working relationship with local partners, including STSFT, South Tyneside Council and partner organisations from the voluntary sector.

ACTION

AS. Arrangements are to be made for a future governing body development session on the theme of DH's Kings Fund presentation.

iv) **Winter Pressure**

Day-to-day pressure had begun to be evident through increased demand on services in the first phase of winter 2019/20, including early outbreaks of Influenza and Norovirus.

Resolved:

That the Chief Executive's information report be noted.

At this stage Dr Tarquin Cross joined the meeting.

QUALITY

2019/82

Key Assurance and Risk Report from Quality and Patient Safety Committee (QPSC) (Enclosure 2)

The Governing Body received the regular bi-monthly key assurance report that highlighted, by exception, assurances and mitigating factors that had been considered at the 06.11.2019 QPSC meeting. The report served to assure members that risks and concerns had been identified and continued to be effectively managed. Attention was drawn to multiple issues, including:

- **Meditech**
STSFT's introduction of the Meditech system had resulted in primary care communications-related incidents, changes to discharge correspondence and concerns over accessibility by external teams e.g. psychiatry liaisons. Related meetings had been held between the CCG, STSFT and primary care to explore the impact.
- **Serious Incidents (SI) Annual Report 2018/19**
The total number of SIs reported was 966, of which 45 (5%) related to South Tyneside CCG patients. It was not clear over which area this number of incidents had occurred. The most frequently reported types of SIs were Slips/Trips/Falls, Self-Harm and Pressure Ulcers. 12 Never Events had been reported, four each by GHFT, CHSFT and CDDFT. STSFT reported 26 SIs, 96% of which involved STCCG patients, with pressure ulcers being the most frequently reported SI type. CHS reported 42 SIs, 69% of which involved Sunderland CCG patients, the most frequent types of SIs being Slips/Trips/Falls. Analysis of the lessons learned identified from all organisations showed that there were 245 actions that address Internal Communication issues, 121 involving Assessment of Care Needs and 104 that addressed Adherence to Trust Guidelines.
- **Safeguard Incident Risk Management System (SIRMS) Q2 2019/20**

STCCG was, in Q2 the highest reporter of incidents regionally per 1,000 list size, with member practices reporting 141 incidents in July to September 2019. The most frequent types of practice incidents related to clinical documentation, medication and information governance. A working group had been established to look at how the CCG and member practices are able to better use and apply learning from SIRMS.

- Safeguarding Children and Adults
The 'Designated Nurse for Children Looked After' (CLA) had left the CCG in November, with interim arrangements now in place and working well.

In addition to this report, a verbal update was given regarding concerns about care at Deneside Court.

In discussion a number of issues were raised:

- Deneside Court
The current situation at Deneside Court (parent organisation Careline Lifestyles) had been the subject of lengthy discussion at QPSC. Steps were being taken at both a local and regional level with a view to regaining assurance through a return to the provision and delivery of high quality and safe services to residents.

- Serious Incidents
Clarification was sought on the precise number of South Tyneside patients who had been the subject of SI reports.

ACTION

JS is to provide detailed information on the number of South Tyneside patients who had been the subject of SI reports to the next meeting.

- Mental Health-related Sis
It was acknowledged that within South Tyneside the primary care sector and all schools had access to good mental health support services, with South Tyneside developments in this area now receiving national and international recognition.

- Meditech
It was anticipated that any initial adverse impact on the primary care sector would be resolved through a programme of staff training. Specific impacts on the antenatal service were being addressed as a priority.

ACTION

JS is to continue to monitor any residual issues concerning the introduction of the Meditech system, seek STSFT's involvement in a process to identify any mutual learning and report feedback to the next meeting.

Resolved

That the Key Assurance and Risk Report be noted.

2019/83

Safeguarding Annual Report (Enclosure 3)

The Governing Body received the 2018/19 Annual Safeguarding Report, which had been considered by QPSC at its meeting of 06.11.2019. The report, which summarised both safeguarding children and adults related work carried out in support of the Safeguarding Children Board, the Safeguarding Adult Board and

the Community Safety Partnership Board, providing assurance that the CCG was compliant with essential statutory obligations.

Attention was drawn to:

- i) The significant contribution of the safeguarding team to the work of the safeguarding boards from the Director of Nursing, Quality and Safety, Head of Safeguarding, the Designated Nurse safeguarding adults and Designated Nurse LAC, supported by the Named GPs and the Designated Doctor for Safeguarding;
- ii) The increased scope of work undertaken by the safeguarding team, which had included preparations for new statutory tripartite safeguarding arrangements (CCG/Local Authority/Police); the Mental Capacity Act and Deprivation of Liberty Safeguards related issues and Child Death Reviews (CDR).
- iii) Key priorities for 2019/2020.

The work of the safeguarding team notwithstanding, it was acknowledged that major challenges lay ahead, as evidenced by the reference within the report of the decline of South Tyneside from 52nd most deprived in 2010 to 32nd most deprived in 2015 in the national Index of Deprivation.

Resolved

That the Safeguarding Annual Report be noted.

PERFORMANCE

2019/84

Performance Report (Enclosure 4)

Members received the regular report that summarises the performance of the CCG against NHS Constitution Indicators, CCG Outcome Indicators and the CCG Quality Premium. The report provided threshold, actual and year-to-date performance with trend lines based on the last 4 available data points. In addition, risks to year end performance were RAG-rated with comments where an indicator is red. In reporting, attention was drawn to a number of issues:

- i) **Staffing**
STSFT had experienced delays in awarding honorary contracts for Secondary Care Coaching, with a resultant negative affect on the Trusts ability to deliver projects. Work was continuing with the provider to identify solutions, including GP Practice drop-ins and the development of a HealthPathways page.
- ii) **Referral to Treatment** (RTT)
RTT remained ahead of the 92% national threshold for patients waiting for initial treatment on incomplete pathways within 18 week.
- iii) **Emergency Department** (ED)
STSFT had missed the 95% threshold for patients spending 4 hours or less in A&E (or minor injury), with performance having continued to deteriorate (as was the case regionally and nationally). In mitigation, a range of measures had been taken: the A&E Delivery Board had implemented a related investment plan; the Urgent Treatment Centre was on schedule with support from Vocare; and STSFT had an overarching action plan in place.

iv) Mental Health (MH)

Performance against MH indicators had remained strong in all 8 related indicators.

In discussion a number of issues were raised:

- The inability of STSFT to manage the award of honorary contracts for Secondary Care Coaching, an issue that had first been raised over a year ago, remained a source of great frustration. Discussions had now been escalated to a senior level with a view to a quick resolution.
- South Tyneside's management of mental health issues is an example of good practice, learning from which should be shared with other disciplines.

ACTION

JG - That the report on the Learning Disabilities Transformation Plan that is to be submitted to a forthcoming meeting of the governing body incorporate wider learning from the approach taken that can be applied to other areas of CCG business.

Resolved

That the performance report be noted.

FINANCE

2019/85

Financial Monitor (Enclosure 5)

Members received a forecast of the CCG's financial position in the 7-month period to 31.10.2019, which provided assurance that key financial performance targets for the year ahead would be met.

The CCG's notified revenue resource limit for 2019/20 was £300,090k, of which £291,557k was recurrent and £8,533k non-recurrent. NHSE Business Rules required the CCG to remain within its running cost allocation and to achieve a breakeven position in year or better for 2019/20.

It was noted that the CCG had received the return of additional surplus achieved in 2018/19 and was able to draw down historic surplus to the same value. This funding is non-recurrent and must be used in 2019/20. While a proportion of the drawdown had been committed in support of the local health economy, the remainder had been the subject of expressions of interest from the alliancing group and allocated to a range of projects.

Resolved

That the financial monitoring report be noted.

COMMISSIONING BUSINESS

2019/86

Annual Review: Financial Scheme of Delegation (Enclosure 6)

Members considered the CCG's revised Scheme of Delegation, which following review had led to changes of a minor and clarificatory nature. The scheme incorporated officers from the CCG and those working on its behalf at North of England Commissioning Support Service (NECS), the Joint Commissioning Unit (JCU), NHS England (NHSE) and South Tyneside Council.

Resolved:

That the revised CCG Scheme of Delegation be approved.

COMMISSIONING BUSINESS

2019/87

Emergency Preparedness, Resilience and Response Assurance (EPRR) Assurance 2019/20 (Enclosure 7)

The Governing Body received a report on the CCG's EPRR Assurance for 2019/20, which had been approved at its meeting of 26.09.2019 and which was 100% compliant with all core NHSI standards. Subsequently, an NHSI moderation session for CCGs had resulted in an action log that was to be used to refine and strengthen submissions across the wider system.

Resolved:

That the update on Emergency Preparedness, Resilience and Response Assurance (EPRR) Assurance for 2019/20 be noted.

PARTNERSHIPS

2019/88

Public Health Report & Health and Wellbeing Board - Update (Enclosure 8)

The Governing Body received a report on the 13.11.2019 meeting of the Health and Wellbeing Board (HWB), which includes an update from South Tyneside Council's Public Health team.

Attention was drawn to a number of issues:

- HWB had focused on an update from the Health Protection and Emergency Preparedness Resilience and Response Group, which provided assurance on local matters relating to health protection and emergency preparedness.
- The second dose of Measles, Mumps and Rubella (MMR) at age 5 had fallen below the 95% benchmark in Q1 2019/20. This was not uncommon and there was no reason to assume the formation of a trend.
- Respiratory Infections
While respiratory infections were largely attributed to seasonal influenza and although in the summer there had been low related activity in primary care (and moderate to high in secondary care), there had continued to be a number of outbreaks in care homes, with no clear anti-viral pathways in place. In response to the national Flu Immunisation programme, local immunisation uptake remains low in some risk groups and 2-3 year olds for South Tyneside.
- Winter Plan/System Resilience
The local A & E Delivery Board was overseeing winter planning and system resilience, with an attendant 'Outbreak Management Policy' underpinning a shared response.

In discussion it was noted that the flu vaccination rate within South Tyneside was good and that efforts were to be redoubled to further increase the uptake rate in vulnerable groups.

Resolved:

That the Public Health Report and the Health and Wellbeing Board update be noted.

Governance

2019/89

Governing Body Assurance Framework (Enclosure 9)

Members considered the Governing Body Assurance Framework 2019/20, which had been updated at its half-way point using the Safeguard Incident and Risk Management System to ensure alignment with the risk register and to reflect the CCG's updated strategic objectives and commissioning intentions.

The Framework has been reviewed and updated at a November 2019 workshop, with each risk, control and assurance being updated where necessary.

Attention was drawn to risk-scoring, with a number of amendments being made:

- Strategic Risk 1990, Framework Sub-Objective 1.4 '*Enabling people to stay in their own homes and communities*'. The initial risk score had been increased to 16 (from 12) and the residual score to 12 (from 8).
- Strategic Risk 1912, Framework Sub-Objective 1.3 '*Enabling people to receive timely, safe and appropriate care*'. The initial risk score had been increases to 16 (from 12) and the residual score to 12 (from 8);
- Strategic Risk 1909, Framework Sub-Objective 2.3 '*Making the Best Use of Resources (Commissioner)*'. The initial risk had been increased to 16 (from 12) with the residual risk remaining at 8.

Resolved

That the half-way point review of the Governing Body Assurance Framework be noted.

2019/90

Standards of Business Conduct and Declarations of Interests Policy

(Enclosure 10)

Members considered the revised CCG Standards of Business Conduct and Declarations of Interest policy, the previous iteration of which had been approved by the governing body at its meeting of 28.09.2017.

It was noted that no substantive amendments had been made.

Resolved

That the revised Standards of Business Conduct and Declarations of Interest policy be approved.

SUB-COMMITTEE MINUTES

2019/91

Executive Committee: 24.07.2019; 22.08.2019 (Enclosure 11)

2019/92

Quality and Patient Safety Committee: 04.09.2019 (Enclosure 12)

2019/93 **Patient Reference Group: 01.08.2019** (Enclosure 13)

2019/94 **Council of Practices: 20.09.2019** (Enclosure 14)

MINUTES FOR INFORMATION

2019/95 **PCCC: 25.07.2019** (Enclosure 15)

2019/96 **Northern CCGs Joint Committee: 05.09.2019** (Enclosure 16)

OTHER BUSINESS

2019/97 **Cycle of Business 2019/20** (Enclosure 17)

RESOLVED:

That the 2019/20 Governing Body Cycle of Business be noted.

2019/98 **Any Other Business**

- **Palmers Community Hospital**

It was reported that incidents that may take place at Palmers Community Hospital, Jarrow, would be coordinated and reported back through a combination of SIRMS, QRG and QPSC.

2019/99 **Question Time** (Verbal)

A number of questions were raised:

i) Agenda Navigation

Q: Can improvements be made that would allow members of the public to follow agenda papers for the governing body?

A: Improvements would be made to agenda paper numeration and in the use of acronyms.

ii) Palliative Care

Q: Has a resolution yet been reached for the future of palliative care services in South Tyneside?

A: The CCG was observing Purdah reporting restrictions. Further consideration of future palliative care services had been deferred to the 23.01.2020 meeting.

iii) Performance Report

Q: Within the performance report reference is made to an Urgent Treatment Centre hub. Where is this located?

A: This is the Urgent Care Hub at South Tyneside District Hospital.

iv) Health Service Privatisation

Q: Is the use of Vocare an example of NHS privatisation?

A: Vocare has been engaged by the Trust for many years. Further discussion was terminated due to Purdah reporting restrictions.

Andy Sutton
Governance Officer
South Tyneside CCG
29.11.2019