Hampshire, Southampton and Isle of Wight
Clinical Commissioning Group

HSI22/009

GOVERNING BODY

Title of paper	**Minutes of last Governing Body meeting**		
Agenda item	**11**	**Date of meeting**	2 February 2022
Director lead	Margaret Scott, Chair		
Clinical lead (if applicable)	Dr Nicola Decker, Clinical Lead		
Author	Jack Zabiela, Governance Manager		

Purpose	For decision	☒
	To ratify	☐
	To discuss	☐
	To note/receive	☐

Executive Summary	
This paper sets out the minutes and actions arising from the last meeting of the Governing Body of NHS Hampshire, Southampton and Isle of Wight CCG held on 8 December 2021.	
Recommendations	**The Governing Body is asked to consider whether the minutes and actions of the meeting reflect an accurate record and, if so, to approve them, noting any updates.**
Publication	**Include on public website** ✓

Please provide details on the impact of following aspects	
Equality and quality impact assessment	This paper does not request decisions that impact on equality and diversity.
Patient and stakeholder engagement	Not applicable

Financial and resource implications / impact	Not applicable
Legal implications	There are no legal implications arising from this paper.
Principal risk(s) relating to this paper	Not applicable
Key committees / groups where evidence supporting this paper has been considered.	Not applicable

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DRAFT

GOVERNING BODY

Minutes of the meeting of the Governing Body held at 14:00 on Wednesday 8 December 2021 via Zoom

Present

Margaret Scott	Independent Chair
Nicola Decker	Clinical Leader
Simon Garlick	Non-Executive Director (Governance)
Judy Gillow	Non-Executive Director (Patient and Public Involvement)
Karl Graham	Clinical Director, South West Hampshire
Zaid Hirmiz	Clinical Director, South East Hampshire
Charlotte Hutchings	Clinical Director, North and Mid Hampshire
Michele Legg	Clinical Director, Isle of Wight
Maggie MacIsaac	Chief Executive
Ed Palfrey	Secondary Care Clinician (Non-Executive)
Roshan Patel	Chief Finance Officer
Matthew Richardson	Deputy Director of Nursing (Southampton): *representing Julie Dawes, Chief Nursing Officer)*
Matt Stevens	Non-Executive Director (Primary Care Commissioning)
Sarah Young	Clinical Director, Southampton

In attendance

Debbie Chase	Director of Public Health, Southampton City Council
Steve Cummins	Governance Manager
Paul Gray	Executive Director of Strategy
Ros Hartley	Director of Partnerships (agenda item 5)
Tessa Harvey	Executive Director of Performance
Fiona Howarth	Chief of Staff
Helen Ives	Executive Director of Workforce *(part meeting)*
Matt Nisbet	COVID-19 Vaccination Programme Clinical Lead (agenda item 8)
Michael Ridgwell	Director of Delivery (agenda item 9)
Lena Samuels	Chair, Hampshire and Isle of Wight Integrated Care System
Karen West	Allied Health Professional; Long-Covid Service (South East) (agenda item 6)
Jackie Zabiela	Governance Manager (minutes)

Apologies

Simon Bryant	Director of Public Health, Hampshire County Council
Julie Dawes	Chief Nursing Officer
Derek Sandeman	Medical Director

1	**Welcome and Introductions**
1.1	The Chair welcomed everyone present to the fifth meeting in public of the Hampshire, Southampton and Isle of Wight CCG Governing Body, including members of the public viewing the proceedings, which were being streamed live. A link to a video of the meeting would be published on the CCG website following the meeting.

	Apologies for absence were noted.
1.2	A formal response to one query raised at the meeting of 28 April 2021 had not been concluded, pending dialogue with the requestor.
2.	**Declarations of Interest *(Paper HSI21/080)***
2.1	The Register of Board Members Interests was received and noted.
2.2	No interests were declared where there may be a potential or perceived conflict of interest in relation to any of the business items on the agenda.
2.3	**AGREED** **The Governing Body accepted the Register of Board Members' Interests.**
3	**Chief Executive's Report *(Paper HSI21/081)***
3.1	On behalf of the Governing Body the Chair expressed congratulations to the Chief Executive on her appointment as Chief Executive Designate of the Hampshire and Isle of Wight (HIOW) Integrated Care Board (ICB) which was expected to be established from April 2022.
3.2	The Chief Executive provided a verbal update on a number of issues / key priorities relevant to the CCG and the wider health and care system as follows: • Ensuring a safe **winter** was a top priority. In common with health and care systems across the country, it was anticipated that due to a combination of factors including COVID-19 and the new variant, winter this year would be one of the most challenging. • The continued roll out of the **COVID-19 vaccination programme**. Roll out of the COVID-19 booster vaccination also continued at pace. Following the recent Government announcement about the extension of the programme in response to the Omicron variant, teams were working hard to extend the roll out to all eligible groups and ensure there was capacity to deliver the vaccinations across HIOW. • The CCG had issued a call to action asking staff to volunteer to support the increased roll out, as many had done last year. Clinical leads / GPs who worked in lead roles within the CCG had been asked to deploy some of their sessions as the limiting factor was trained vaccinators, rather than supplies. Other organisations such as police and fire services were also providing support in order to ensure the vaccine was rolled out as rapidly as possible. • It was acknowledged that it could be quite frustrating for members of the public to understand where they could go for their vaccination / how they would be contacted and that it was important for the CCG to listen to what people were saying and respond. The CCG would be issuing communications later that week to provide more details. Whilst it was possible to book on-line through the national booking system if eligible, the system would not provide information on what extra capacity would be available in the near future or what capacity was being provided through Primary Care Networks (PCNs) / when their GP would be likely to call. • Continued focus on **elective care and reducing waiting times** for patients and the need to ensure that services continued to pick up the pace, particularly with regard to the small numbers of patients who had been

	waiting in excess of a year, with hospitals across the geography working together to get people through as quickly as possible. • Looking after our **workforce** to ensure that they were able to focus on the priorities. As well as continuing to encourage people to come and work in the NHS, the wellbeing of staff was crucial, including ensuring they felt valued and had the resources they needed to do the job. • Continuing with the development and establishment of the **Hampshire and Isle of Wight Integrated Care Board (ICB)** as part of the **Integrated Care System (ICS)** work, whilst being careful to balance who did what and using skills and talents in a very differentiated way to achieve agreed objectives.
3.3	**AGREED** **The Governing Body noted the Chief Executive's Report (December 2021).**
4.	**Development of the Integrated Care System *(Paper HSI21/082)***
4.1	The Director of Strategy and Transformation presented an update report on the development of the Hampshire and Isle of Wight (HIOW) Integrated Care System (ICS).
4.2	Lena Samuels, Chair Designate for the ICB added that work was ongoing to design the ICB / Integrated Care Partnership (ICP) infrastructure and governance arrangements, working in conjunction with a number of stakeholders including local authorities. Support was being provided by the Good Governance Institute to provide an element of oversight and to challenge our own thinking on what needed to be delivered in line with the NHS Long Term Plan and the anticipated change in legislation. Lay members present at the meeting would soon be receiving details on how to apply for some of the ICB Non-Executive Director roles; this was a nationally led process.
4.3	The following comments and queries were raised during discussion: • Strong local relationships would be needed at Place / local partnership level and were fundamental to building a successful ICB / ICS that would tackle inequalities, understand the needs of the population and work to address them. A position statement was therefore requested for the next meeting on each area's development / progress. **ACTION: The Director of Strategy and Transformation to provide an update to the next meeting on each local area / system's progress / development.** • There had been constructive conversations across all the HIOW geographies and the ICS would continue to evolve; there had been a good track record with regard to joint working / posts and this would continue. In addition the established working patterns around acute hospitals were very powerful and there would be a need to work in different ways across geographies. Consequently there needed to be clarity, with resources and people assigned to the right things in order to both avoid duplication and ensure there were no gaps. There was a need to work differently, from the historic contractual basis to a more integrated planning approach. CCG staff would be TUPE'd across to the new organisation The initial report from the Good Governance Institute should be available week commencing 13 December and would be considered as part of the overall ICB / ICP design. From there overall recommendations would be considered to agree which aspects should be taken forward and by when.

	• It was queried if there were any indications / amendments to legislation which would require a change to the primary care working model, particularly with regard to GPs. The way that practices worked together had changed significantly, particularly through the COVID-19 pandemic / vaccination programme and continued to evolve. Acute providers were working together in what was beginning to look like a provider collaborative and Southern Health NHS Foundation Trust (SHFT) and Solent NHS Trust were working more closely together with regard to mental health services. It was envisaged that practices / PCNs in HIOW would lead on taking forward how practices would work together in future, ensuring resilience and support across practices; the Clinical Leader and Clinical Directors were already considering what that might look like / what practices themselves might want to do. • Nationally Amanda Pritchard, Chief Executive Officer, NHS England (NHSE), had asked Dr Claire Fuller, Surrey Heartlands CCG / ICS to undertake a review of primary care in terms of how it worked and what it might look like, which HIOW ICS would feed into. Engagement sessions would be arranged with PCNs in each of the 42 ICS' across the country e.g. there were examples where primary care had come together to form a 'pseudo' organisation in order to share resources around workforce planning etc, whilst the practices themselves remained separate. • It was pointed out that there needed to be a recognition that it would take a number of years before HIOW became a fully functioning ICS. 1 April 2022 should therefore be considered as one more step in the ongoing work to join up and improve care in HIOW, working more and more in collaboration. There was a white paper on Adult Social Care which would change the way that local authorities (LAs) would work, with consideration being given to how LAs would work over the geography to join up where it made sense to ensure strong local arrangements i.e. the world around the CCG / ICS would also continue to evolve. • Organisations would need work closely together, including with Public Health on the prevention agenda to change how resources were used in order to improve services. The Director of Strategy and Transformation would be presenting the strategy in the new year detailing how the system would work together, to include the Joint Strategic Needs Assessment, how money should be spent and drawing out what would need to be done together to make changes, working across the ICB, ICP and across all the local Places. • The Clinical Leader observed that primary care was adapting for two reasons 1) being primary care resilience, and 2) as they had seen that patients needed them to adapt, with collaborative models emerging. The change required should not be underestimated given the long-standing model of GP practices being small businesses. Practices would need to be supported and provided with resources to make that change. Over the next three months there would be a formal period of engagement at every level to ensure that the primary care voice was strongly represented, with emphasis on primary and community care throughout the ICS, bringing in the views of local people as well as organisations such as the local British Medical Association etc.
4.4	**AGREED** **The Governing Body noted the progress of the Hampshire and Isle of Wight Integrated Care System Establishment Programme.**

5.	**Public Health Consultation Outcome *(Paper HSI21/083)***
5.1	The Director of Partnerships presented a paper which provided an update on the outcomes of Hampshire County Council's *Serving Hampshire – Balancing the Budget* consultation in relation to its Transformation to 2021 Programme, which had originally set a savings target of £6,802m.
5.2	In summary, following feedback from the consultation the recommendations from the working group significantly reduced the level of savings to be made, but also recognised the requirement to transform the existing services to improve outcomes for the Hampshire population. A saving of **£236,000** arising from the items that were part of the consultation (£3.05m) had been identified, and both Hampshire County Council and the CCG were committed to reviewing these services collectively this financial year and to work on integrated proposals through 2021/22.
5.3	A newly constructed Public Health Board had been created with membership that included Public Health, the wider council and Health (both HIOW and Frimley ICS'). This Board would report to the Integrated Commissioning Board with links to the Integrated Care System (ICS) Prevention and Equalities Board and the Hampshire Health & Wellbeing Board.
5.4	The following points were raised during discussion: • It was confirmed that the savings had been agreed by the Hampshire Health and Adult's Social Care Select Committee and the HCC Cabinet. • The Director of Public Health (Southampton) commented that the outcome was important from two perspectives 1) the importance and power of the consultation process from agencies, residents and all the work that had been undertaken to take this forward and, 2) highlighted the recognition from the system (local authorities, health services and other agencies) of the importance of preventative work, keeping people healthy or if they were in ill health to help them stay as healthy as possible for as long as possible. She was therefore pleased that HIOW would continue to work in this way to make prevention a top priority, working across HIOW but also in Places, linking with colleagues in Housing, Education etc so that everything we did was more up-stream and supported people at an earlier stage. • The importance of the creation of the Hampshire Public Health Board was emphasised, with recognition that there would also be links into Southampton and Portsmouth. This was a fantastic opportunity to combine resources and put in place preventative programmes as one of the HIOW ICS priorities. There was commitment of system chiefs across the system to find a way moving into next year to make good on promises regarding investment into more preventative services.
5.5	The Chair expressed thanks on behalf of the Governing Body for the good outcome in relation to the work that had been undertaken.
5.6	**AGREED** **The Governing Body noted the outcome of Hampshire County Council's consultation on Public Health and the ambition to work closer with Public Health on shared outcomes through the newly formed Public Health Board.**

6.	**Patient Story *(Paper HSI21/084)***
6.1	The Clinical Director, South East Hampshire reported that during 2021 NHS England / Improvement (NHSE/I) had introduced a five point plan to support people with Long-COVID, one aspect of which was to establish a post-COVID service in England. HIOW ICS had worked with local providers to establish the service for people with a combination of symptoms lasting more than 12 weeks for those that had suspected or confirmed Long-COVID. A common referral framework and referral pathway across HIOW had been agreed across providers and primary care teams. The service went live early in January 2021, starting with 2.2 wte staff; there were now 20wte staff who provided the service, supported by 0.4 wte consultant cover and a GP.
6.2	Karen West, Lead Allied Health Professional (AHP), Long-COVID (South East Hampshire) gave a presentation outlining Roger's Story, a patient who had been supported through the service. This was supported by a video by Roger, sharing his story. The following comments / queries were subsequently raised: • To date over 100 people had been seen by the South East team with 200 remaining on the waiting list; a large number of referrals had been received as soon as the service opened. • Office for National Statistics (ONS) data for the last week of October 2021 indicated that there were 800k people across the country with symptoms which had lasted more than 4 weeks, however the majority of these would be resolved by 12 weeks. • The service had been commissioned in accordance with NICE guidelines on the basis of symptoms lasting more than 12 weeks, with around 10% of patients experiencing Long-COVID. Individuals experiencing symptoms longer than this should go to their GP for assessment to exclude any other conditions as well as ensure they were safe to be seen by the service, which was run by AHPs who were not qualified to undertake the necessary checks to eliminate other conditions that might respond to alternative treatment. • It was noted that the model of data / graphs availability on a smart phone could be used to support other long term conditions in the future e.g. diabetes management. It was also suggested that there may be some aspects of learning from acute hospital colleagues around Patient Reported Outcome Measures who had been using that methodology for a number of years in a number of specialities. • Given that there was a waiting list developing, a quality improvement project was about to start with some of the longer waiters (around 50) who would not receive support for a month or so to get them onto the App to obtain some baseline data and to signpost to relevant materials / self-help advice before they got to the clinic. Initial baseline scores and then scores at the initial appointment would be studied in order to guide the way forward. • The service was first commissioned by South East Hampshire CCG for all the areas in Hampshire and Isle of Wight covered by Southern Health NHS Foundation Trust, Solent NHS Trust and Isle of Wight Trust. Everyone who came into the Long-COVID service was able to access the service provided they had a smartphone / tablet, Wi-Fi connection and the skills to access the service. Individuals who did not have the equipment or skills to use the App were managed differently e.g. assessments completed by phone, resources sent by email or through the post etc. • To date no-one with a visual impairment had been referred into the service, however if there were then the service would be managed / adapted as appropriate. Very few people had been referred from BAME (Black, Asian and

	minority ethnic) groups so work would commence to start looking at groups which had not presented themselves with problems, including individuals that were homeless, living in prisons, in the care home sector etc. • GPs were seeing more people requesting help / more people were aware of the service, so recruitment remained ongoing to help support people. • It was advised that the language and libraries of information were quite simple and provided in bite sized chunks as many people experienced mental capacity / attention impairment due to their fatigue, so resources had been designed so as not to exclude anyone on the basis of intellect. To date no-one had accessed the service who had been unable to read, however the approach would be adapted to work with individuals on a case by case basis. • It was highlighted that the population in Southampton was different to other areas in Hampshire in that there were a high number of households that did not have any English speakers, and it was queried if there were any other language options. This had been recognised but currently remained work in progress.
6.3	The Chair requested that thanks on behalf of the Governing Body were passed on to Roger for taking the time to produce the video.
6.4	**AGREED** **The Governing Body noted the patient story on the Long-COVID service.**
7.	**Integrated Quality, Performance, Finance, and Workforce Report *(Paper HSI21/085)***
7.1	Following local area scrutiny, key risks and issues requiring escalation to the Quality, Performance, Finance and Workforce Committee (QPFW) were agreed and summary reports, including deep dive slides on key areas, were provided to the QPFW. The last QPFW took place on 24 November 2021 where it was agreed that a number of key issues including urgent care, workforce resilience and capacity pressures (now, and forward looking) and aggression towards NHS staff should be escalated to the Governing Body; as outlined in the paper provided and presented by the Executive Director of Performance.
7.2	The Deputy Director of Nursing added that an increased demand on workforce was also being seen by Social Care, with the same types of pressures in home care / care homes, which then impacted on NHS services.
7.3	The Chief Finance Officer presented an update on the finance position and highlighted that HIOW ICS was one of a few systems that had submitted a second half deficit plan. For H1 (first half of the year) both the ICS system and CCG achieved a breakeven position, however in H2 the financial plan demonstrated a £50m deficit, of which £5.5m related to Hampshire, Southampton and Isle of Wight CCG. As outlined in the paper provided, the expectation was that there would be additional discharge support funding of around £4m that had not been accounted for in the plan submission, with the expectation that the remaining £1.5m could be found through local teams for which Managing Directors were already working with finance colleagues to identify opportunities.
7.4	For 2022/23 the NHS was being asked to reduce spend to pre-COVID levels. Planning guidance and allocations were expected later in December, however teams had already begun to work through the key messages received so far from National

	and Regional teams to understand what this would mean for the ICB and ICS from April 2022 onwards.
7.5	In drawing the update to a close, the Chair assured members of the public observing proceedings that the Governing Body had sight of the QPFW minutes and received reports from the Committee Chair at every meeting.
7.6	**AGREED** **The Governing Body received the Integrated Quality, Performance, Finance and Workforce Report.**
	Workforce Update (November 2021) *(Paper HSI21/086)*
7.7	The Executive Director of Workforce presented a paper which provided a high level overview of workforce metrics across HIOW and drew attention to the summary page of the report. The following points were subsequently raised during discussion: • There had been about 8,000 expressions of interest in working / volunteering in HIOW in NHS / health services at the end of the first lockdown. Through working with NHS Professionals some of that interest had been converted to new employees within the workforce, although the conversion rate was quite low as things had changed through the pandemic / other industries had picked up. There was less of a swell of enthusiasm around the NHS that had impacted on people's preparedness to join. • In terms of a joint approach to communications around zero tolerance of violence and aggression towards staff, there was a pillar within the Health and Wellbeing programme on healthy working environments which included safe working. All organisations were doing their own thing, however the CCG Director of Communications and Engagement had been asked to make connections / help coordinate. • The Secondary Care Clinician (Non-Executive) highlighted that the Quality, Performance and Finance Committee had recently been expanded to include Workforce given this was so vital, not only in terms of recruitment but retention and looking after staff. Whilst it was understandable that people could sometimes be aggressive when unable to access services, the public needed to be provided with a far better understanding of the pressures that the NHS were under and which were likely to get worse. • All providers had signed up to a piece of work which had commenced (although likely to pause during winter) to consider what was meant by 'one workforce' and related to whether there was an understanding of our workforce with shared systems to better mobilise workforce where needed. A dedicated Workforce Partner for Primary Care was now in post who was just starting work with primary care to commence those conversations. • People First was a collective ambition for the system to put people first, both service users and workforce, in all our decision making / approaches in order to identify solutions in triangulation. • In terms of actions to support / increase the numbers of junior doctors in the workforce, work was ongoing to make closer links with Health Education England (HEE) colleagues through the Educational Collaborative. The merger of HEE with NHSE / I may be an opportunity to close some of the gaps around commissioning of education and support for the medical workforce; there was also a lot to be learnt from plans that had been put in place for the rest of the educational workforce e.g. nurses. Andy Whitfield (previously a CCG Clinical Director) had joined the workforce group to help strengthen that area of planning.

	• The intention was to hire a Director of Strategic Workforce Planning, build a business case to invest in the system and then identify priority areas that should be tackled differently; this was a strong plan which was moving at pace. Not all initiatives were dependent on this however, e.g. around 1,000 international nurses would be joining the system in the next few months. Bringing everything into one place would be critical moving forward.
7.8	**AGREED** **The Governing Body received and noted the risks and actions in place for System Workforce.**
8	**Hampshire and Isle of Wight (HIOW) Covid-19 Vaccination Programme *(Paper HSI21/087)***
8.1	The Governing Body received a paper which gave an overview of the HIOW COVID-19 Vaccination Programme, prepared on 26 November 2021, and provided a current view of key areas of focus, uptake across the population and risks.
8.2	Matt Nisbet, a GP in North Hampshire who had recently taken on the role of clinical lead for the COVID vaccination programme across HIOW reported the following: • 8 December was the one year anniversary since the first vaccine had been given in the UK outside clinical trials. Over the past year over 3.3m vaccines had been delivered across HIOW. • The frustrations and difficulties that people had experienced recently in booking appointments were acknowledged; some of this related to issues with the national booking system. Bookings could either be made through this or through local systems run by GPs / PCNs. The advantage of the national booking system was that it was easy to access and offered opportunities outside the local area if willing to travel. Despite the perception, a great deal was happening locally. The run rate over the last month or so was around 71k vaccines a week. In response to the Omicron variant and the Prime Minister's announcement regarding the expansion of the programme, 81k vaccines had been given the week before with the target over the coming weeks was to deliver 100k a week. • A number of novel approaches were being taken to deliver the expanded programme e.g. the Southampton University practice had recruited students as vaccinators who were expected to deliver an additional 3k over the weekend and the vaccine centre in Basingstoke was planning an additional 5k over four days. Another approach was the use of a mobile unit which had been first tried the weekend before; whilst there were some teething issues around 2k vaccines were delivered. The advantage of the mobile unit was that it could be moved to areas where there was the greatest need. • The vaccine programme was an example of true system working. The vaccine was being delivered by hospital hubs, 70% of vaccines in HIOW were delivered by GP led units and the remainder by community providers (SHFT and Solent). Work was also being undertaken with the local authorities in terms of the communications plan, as well as the police regarding the locations of the mobile unit. This was a blueprint that could inform the roll out of system working in other services.
8.3	The following points were subsequently raised: • It was clarified that foreign nationals at Southampton University were reached

	through the GP service that they were registered with in the UK; there were also other routes for them to be vaccinated. A protocol was in place so that anyone that did not have an NHS number could access the vaccine through the national booking system. • In terms of coordination with the flu vaccination programme, there was a mixture of delivery mechanisms. In some areas members of the public would be given both at the same time, but not in all. HIOW had linked the Public Health team responsible for flu vaccination with the COVID vaccination team. A report was received on a weekly basis on the numbers of both; flu vaccination was also considered as part of the inequalities work for COVID-19. Flu vaccine uptake was lower than for COVID-19 however assurance was provided that that the roll out of the flu vaccination was very well established within primary care and had not been impacted by the COVID-19 vaccine roll out. It was just that some areas chose to do both at the same time and others separately. This was the same for the school age roll out; it was a matter of what was most practical in that local area. • It was queried if there were any evidence that the additional communications / engagement encouraging the uptake of the vaccine by pregnant women was having the desired effect. It was advised that this was a complex picture; there was some good engagement underway, working very closely with maternity service providers, primary care and also into hospitals. This was discussed regularly at the Vaccine Equalities Group and the Programme Oversight Group. The CCG Chief Nursing Officer had been asked to join the efforts, working closely with Alison Smith, Managing Director (Isle of Wight) who was leading the programme for the ICS. The activities that were being undertaken in HIOW were being promoted at NHSE South East and at national level as being good things to do, however this was not yet translating into the uptake that would like to be seen. Whilst it would seem straight forward to ask mothers to have the vaccine at their ante-natal visits, there were some logistical issues involved e.g. moving vaccines around hospitals. Discussion was underway with NHSE Regional colleagues on the potential to trial this on Isle of Wight working with pharmacists to see if this could be delivered; if it worked then the model could be suggested for other trusts. • It was observed that this was a good example of system working, looking at inequalities and access. In rolling out the programme additional resources had to be put in where uptake was lower, however consideration also needed to be given to the tension with members of the public wanting extra resources where uptake was higher. Another dimension was about helping communities to understand what was being done / what they could expect; this remained a work in progress but was being led by the Director of Communications and Engagement. Work was being undertaken behind the scenes to ensure that the CCG was responsive to any contact from members of the public. • It was reflected that this programme was an example of the CCG's distributive leadership i.e. the Executive Director of Workforce had been asked to lead on delivery of the vaccine programme as the issue was more around shaping the workforce, allowing Jenny Erwin, Director of Mental Health, Transformation and Delivery to concentrate on mental health. At some point in the future it would be necessary to normalise the flu / COVID-19 vaccination service, with more work to be done strategically around ensuring that people who gave the vaccines were not being drawn away from other service aspects.
8.4	The Chair expressed thanks on behalf of the Governing Body to everyone who supported the vaccination programme, including volunteers.

8.5	**AGREED** **The Governing Body received the update on the COVID-19 Vaccination Programme in Hampshire and the Isle of Wight.**
9	**Winter Preparedness Update *(Paper HSI21/088)***
9.1	The Director of Delivery presented the latest version of the HIOW Surge Plan summary document, which outlined the ICS approach to winter surge planning. He highlighted that this was an iterative plan that was continually updated as system pressures changed, with a robust, single process for management or surge escalation, including escalation out of the system to NHSE Regional colleagues. There were a number of risks e.g. workforce numbers, staff resilience and managing burnout, as well as additional issues regarding how the CCG worked with providers to expand capacity in light of the demand from the population.
9.2	The following points were raised: • Whilst there was a section of the plan that related to the risk of deteriorating quality, this was not identified in the risk matrix as a risk / with mitigation. It was therefore queried if consideration was being given to including this in the winter plan e.g. to ensure links across the system regarding Serious Incidents (SIs) across pathways, how SIs were managed / mitigated. In response it was advised that it was about making sure there were appropriate links; there was already a comprehensive system regarding quality management. The winter plan was about building on what was already in place and making the links between the different pieces of work. Those links need to be outlined more clearly within the document, ensuring appropriate interface between the daily approach to surge management and established quality review processes. • Concern was expressed that to some extent the daily management of surge was still a 5 day a week process. It was therefore queried what mitigations were in place for weekends / extended bank holiday periods etc. It was advised that this was currently a live topic of conversation with work ongoing to expand / build weekend capacity / support the on-call process. Acute providers also undertook work throughout the week in preparation for weekends. • The Chief Executive added that the on-call process in each of the systems across HIOW was very robust and was led by the Executive Director of Performance who was bringing people into the process and into the day job over weekends. The on-call rota had been stress tested and back-up plans were in place in case of illness etc, whilst also providing individuals with the chance of rest over the Christmas and New Year period. • The Director of Performance added that there was an executive on-call rota over weekends with systems and providers becoming increasingly involved in agreeing weekend plans. The focus had just shifted to the few days before and after Christmas / the New Year to ensure appropriate plans were in place with back-up rotas and defined roles. It was also about recognising that people were being asked to work at weekends who also worked during the week, as well as ensuring a balance to give space to allow providers to get on with taking forward actions.
9.3	**AGREED** **The Governing Body received the update on Winter Preparedness and the winter surge plan for 2021/22.**

10	**Governing Body Assurance Framework *(Paper HSI/089)***
10.1	The Chief Finance Officer introduced the latest iteration of the Governing Body Assurance Framework (GBAF). The GBAF was a dynamic document and its development was an iterative process that would change as the position of the CCG changed and programmes of work progressed. It was highlighted that none of the risk scores against any of the risks had changed since last reported to the Governing Body on 3 November, although some of the detail may have changed. The following points were raised: • The Chair observed that with the exception of estates all the risks outlined within the GBAF had been discussed at the meeting, which was evidence that Governing Body agendas were constructed appropriately. • Given that the CCG and NHSE had agreed that digital was a priority for focus into the next quarter for the ICS, it was queried if this should be included as a formal risk with the mitigations that were in place outlined. In response it was advised that discussion was needed around the opportunities that digital could provide, particularly in terms of extra investment requirements as opposed to the risk of not undertaking digital work. The Executive Director for Performance had oversight of the digital programme and there was a HIOW ICS Digital Strategy Group in place that probed progress on the significant work programme which was ongoing. In addition the ICS had been successful in a number of bids for programmes of work to support both planned and urgent care pressures. The digital programme was a key component of the ICS establishment work. It was proposed that a deep dive was undertaken to explore this in more detail. **ACTION: The Chair to link with the Chief Executive to determine how best to take forward a proposed deep dive into the HIOW ICS digital programme, including the appropriate forum for it to report into.** • It was pointed out that some of the mitigation actions were longer term and it was suggested that it might be helpful for future reports to include an indicative date for when the target rating would be achieved. **ACTION: The Chief Finance Officer to consider including indicative dates on the GBAF for when target risk ratings were anticipated to be achieved**. • It was raised that thought needed to be given to how safeguarding was considered given this runs through everything we do. It was agreed that this should be discussed further outside the meeting, to include Elaine Budd, Non-Executive Advisor (South West Hampshire) who chaired the Safeguarding Committee and Julie Dawes, Chief Nursing Officer **ACTION: The Chair to link with the Non-Executive Advisor (South West) and the Chief Nursing Officer to consider reporting arrangements with regard to safeguarding.**
10.2	**AGREED** **The Governing Body:** • **Approved the strategic risks as part of the Governing Body Assurance Framework and that they were articulated accurately and the score reflected the severity and likelihood.** • **Note the controls, mitigations and actions in place.**

11	**CCG Policies *(Paper HSI21/090)***
11.1	The Governing Body received a paper which outlined progress on the development of the Policy Development and Review Programme including the establishment of a Policy Sub Group with oversight via the Audit and Risk Committee to bring together historic policies of predecessor CCGs that could be streamlined and then carried over to ICS. The Policy Sub Group had met once since the last update report was provided to the Governing Body on 3 November 2021 and approved the following documents for ratification / adoption: • Safeguarding Adult and Children's Policy: A Think Family Approach (SFGDG/001/V1.00) • Counter Fraud, Bribery & Corruption Policy (CORP/009/V1.00) • Pharmaceutical Rebate Policy (CORP/010/V1.00) • On-Call Policy (CORP/013/V1.00) • Electronic Communications Guidance (CORP/011/V1.00)
11.2	Work was in progress to consider how key Hampshire, Southampton and Isle of Wight CCG and Portsmouth CCG Policies could be brought into alignment in readiness for the Hampshire and Isle of Wight (HIOW) Integrated Care System (ICS) from April 2022. This would include conducting a risk assessment of policies in existence in both CCGs to consider those which needed to be prioritised for review.
11.3	No comments or queries were raised in respect of the paper.
11.4	**AGREED** **The Governing Body noted the progress to date of the Policy Sub Group and ratified the CCG policies listed above following review by the group.**
12	**Committees of the Governing Body *(Paper HSI21/091)***
12.1	The Governing Body received the approved minutes and summary reports from the following meetings: • Audit and Risk Committee held on 10 November 2021, chaired by Simon Garlick, Non-Executive Director (Governance) • Quality, Performance, Finance and Workforce Committee held on 24 November 2021, chaired by Edward Palfrey, Secondary Care Clinician (Non-Executive)
12.2	<u>Audit and Risk Committee</u> • The Non-Executive Director (Governance) and Chair of the Audit and Risk Committee reported that consideration was already being given to the end of the financial year and the transfer to the HIOW ICB. Contact had been made with Portsmouth CCG to ensure an orderly closedown across the ICS.
12.3	<u>Quality, Performance, Finance and Workforce Committee</u> • The Secondary Care Clinician (Non-Executive) and Chair of the Quality, Performance, Finance and Workforce Committee (QPFW) reported that there was an additional potential issue for the Governing Body to be aware of in terms of the speed of response in relation to asylum seekers and the services they needed (rather than the volume). A HIOW collaborative solution was in the process of being considered.

12.4	**AGREED** **The Governing Body received the approved minutes and summary reports from the following meetings:** • **Audit and Risk Committee held on 10 November 2021** • **Quality, Performance, Finance and Workforce Committee held on 24 November 2021.**
13	**Minutes of Last Meeting *(Paper HSI21/092)***
13.1	The Governing Body received the draft minutes of the meeting held on 3 November 2021.
13.2	**AGREED** **The Governing Body approved the minutes of the Governing Body meeting held on 3 November 2021.**
14	**Any Other Business**
14.1	No additional items of business were raised.
14.2	The Chair expressed thanks on behalf of the Governing Body to everyone for their continued hard work and commitment to the NHS and patients, with everyone going above and beyond during what was a difficult time.
15	**Date of next meeting**
15.1	The next meeting of the Governing Body to be held in public was scheduled to take place on 2 February 2022.
	POST MEETING NOTE: **QUESTION RAISED BY A MEMBER OF THE PUBLIC** It has been reported that many patients in Basingstoke struggled to access booster vaccines in the area - and were forced to travel 15+ miles away. This issue (which also relates to communication) has been occurring since October - yet no acknowledgement of these concerns were made publicly until after a campaign backed by hundreds in the community was launched - and until the government released plans to offer boosters to all over 18 by January. Right now, Hampshire has the highest rate of Covid infections in the UK. The media revealed that less than 50 per cent of 50+ have received their vaccine. These are linked to the issues residents have faced. There is little recognition of the patients and volunteer concerns and extremely little communication in trying to resolve this - despite the campaign reaching out several times. Solutions presented by the CCG are helpful but also present logistical challenges which could be avoided if the CCG spoke with us. The vaccination update paper released for this meeting uploaded on the 6th December contains no acknowledgement of these risks and the mitigations. **Why has this transparency**

	not been delivered to the board? And will this situation be reviewed to ensure this situation can be avoided in the future? Thank you. **RESPONSE** (also sent direct to the individual who raised the question) You raise important concerns on behalf of the Basingstoke community, and I would like to reassure you our CCG Board discussed these issues at their meeting on Wednesday. The CCG Board is provided with regular updates on the fast-moving vaccination programme at both their public and private meetings. I understand following your email Dr Matt Nisbet, our COVID-19 vaccination programme clinical lead, and Angela Murphy, our vaccination workforce lead, have spoken to you this week to discuss your concerns and ideas on how to improve our programme in Basingstoke. I hope this has helped improve communication and make progress, and has also provided a direct route of contact for you with the programme team. Our aim together is to ensure everyone who is eligible for a COVID-19 booster dose has access to one at the earliest opportunity and we appreciate your support. Our team at Jameson House is making extraordinary efforts to increase capacity and your ideas and contribution to that is much appreciated.

I confirm the minutes of the meeting were agreed as an accurate record

Signed by

Chair: …… **Date: ……**