

# HSI22/025

## GOVERNING BODY

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| <b>Title of paper</b>                | Minutes of last Governing Body meeting |                        |              |
| <b>Agenda item</b>                   | 12                                     | <b>Date of meeting</b> | 6 April 2022 |
| <b>Director lead</b>                 | Margaret Scott, Chair                  |                        |              |
| <b>Clinical lead (if applicable)</b> | Dr Nicola Decker, Clinical Lead        |                        |              |
| <b>Author</b>                        | Jack Zabiela, Governance Manager       |                        |              |

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|----------------|-----------------|-------------------------------------|
| <b>Purpose</b> | For decision    | <input checked="" type="checkbox"/> |
|                | To ratify       | <input type="checkbox"/>            |
|                | To discuss      | <input type="checkbox"/>            |
|                | To note/receive | <input type="checkbox"/>            |

| Executive Summary  |   |
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| 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 2nd February 2022. |   |
| <b>Recommendations</b>   | <b>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.</b> |
| <b>Publication</b>   | Include on public website ✓   |

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

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| 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   |

**DRAFT**

**GOVERNING BODY**

**Minutes of the meeting of the Governing Body held at 15:15 on Wednesday 2 February 2022 via Zoom**

**Present**

|                     |   |
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| Margaret Scott      | Independent Chair                                   |
| Julie Dawes         | Chief Nursing Officer                               |
| Nicola Decker       | Clinical Leader ( <i>part meeting</i> )             |
| Simon Garlick       | Non-Executive Director (Governance)                 |
| 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                               |
| Matt Stevens        | Non-Executive Director (Primary Care Commissioning) |
| Sarah Young         | Clinical Director, Southampton                      |

**In attendance**

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| Simon Bryant   | Director of Public Health, Hampshire County Council ( <i>part meeting</i> ) |
| Ian Corless    | Head of Business Services   |
| Steve Cummins  | Governance Manager  |
| Tessa Harvey   | Executive Director of Performance   |
| Fiona Howarth  | Chief of Staff  |
| Helen Ives     | Executive Director of Workforce   |
| Lena Samuels   | Chair Designate, Hampshire and Isle of Wight Integrated Care System         |
| Jackie Zabiela | Governance Manager (minutes)  |

**Apologies**

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| Judy Gillow | Non-Executive Director (Patient and Public Involvement) |
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| <b>1</b> | <b>Welcome and Introductions</b>   |
| 1.1      | The Chair welcomed everyone present to the sixth 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 particularly warm welcome was extended to Simon Bryant, Director of Public Health, Hampshire County Council, and Lena Samuels, Chair Designate of Hampshire and Isle of Wight (HIOW) Integrated Care System (ICS), 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.   |
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| <b>2.</b> | <b>Declarations of Interest (<i>Paper HSI22/001</i>)</b>   |
| 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       | <b>AGREED</b><br><b>The Governing Body accepted the Register of Board Members' Interests.</b>  |
| <b>3</b>  | <b>Chief Executive's Report (<i>Verbal</i>)</b>  |
| 3.1       | <p>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:</p> <ul style="list-style-type: none"> <li>• As predicted winter had been challenging for all NHS services. Positive news was that Omicron had not been as demanding on services as first feared and whilst some of the capacity planning during December had not been needed, it remained a demanding winter. In addition on the horizon was the possibility of an increase in flu and as such both the flu vaccination as well as the COVID-19 vaccination programmes had been vital.</li> <li>• All the services across HIOW had been doing an amazing job. People not only dealing with what was coming through the door but also undertaking a lot of transformation. The Chief Executive had visited the Queen Alexandra Hospital (QA) earlier that day and spent some time with front line teams. She was impressed with the amount of transformation they had achieved that really benefited patients, and she had spoken to some inspiring staff who despite the pressures were still innovating. NHS staff had been through so much over the last two years but morale was really good and people remained motivated to make a difference. She went on to express thanks on behalf of the Governing Body to everyone. Thanks were also expressed to CCG staff, many of whom had been re-deployed to support vaccination centres in December.</li> <li>• HIOW had been able to maintain the elective programme, balancing urgent and elective care needs. This added to pressures however doors were open and organisations were working well together.</li> <li>• It had been anticipated that CCGs would cease to exist at the end of March 2022 once legislation came forward to establish Integrated Care Boards (ICBs). However on 24 December 2021 it had been announced that this had been delayed / changed to the 30 June 2022 whilst the legislation continued to make its way through Parliament.</li> </ul> |
| 3.2       | <b>AGREED</b><br><b>The Governing Body received the Chief Executive's Report (February 2022).</b>  |
| <b>4.</b> | <b>COVID-19 Incident Status Report – Managing a safe winter (<i>Paper HSI22/002</i>)</b>   |
| 4.1       | The Executive Director of Performance presented key highlights from the COVID-19 Incident Status Report. In addition she reported that the NHS moved into Level 4 Incident Response mid-December and the ICS responded by reinstating the rhythm intensity required to manage the incident; this position would be maintained until it was possible to move down to Level 3.   |

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| <p>4.2</p> <p>4.3</p> <p>4.4</p> <p>4.5</p> <p>4.6</p> | <p>Planning for the latest wave of COVID-19 had been difficult as it was not fully understood how the Omicron variant would present itself and so a great deal of planning went into preparing significant capacity. COVID-19 case rates per 100,000 population across our four local authorities averaged 460 at the start of November, and reached an average of 1280 in early January. It seemed that HIOW had seen the peak in hospital rates, however some further increases to COVID-19 numbers were now being seen; this would continue to be monitored.</p> <p>The Chief Nursing Officer reported that whilst the vast majority of care had been safe, there had been some patients who had come to harm due to the impact of operational pressures. There had been some incidents which had been discussed in depth at the Quality, Performance, Finance and Workforce Committee (QPFW) in relation to patients waiting at home for ambulances as vehicles had been unable to leave hospital Emergency Departments due to handover delays. This had led to a thematic review being undertaken both for South Central Ambulance Service and South East Coast Ambulance Service and some joint learning identified.</p> <p>There was a harm review programme for any long waiters in the elective pathway who had come to harm and a thematic review undertaken which had been reviewed at QPFW and remained closely monitored. There was also a group of P2 Cardiology patients in Southampton who have had an extended wait, with a thematic review undertaken of the harm to those patients.</p> <p>Hospitals were experiencing a large number of outbreaks. Omicron was particularly infectious and the impact of that was being seen on patients and in relation to operational difficulties e.g. patients who may be negative for COVID-19 on arrival and then become positive a few days later, resulting in the remaining beds in a ward becoming contacts and then making those beds unusable for the next 10 days. This was being managed well and a detailed paper had been reviewed at QPFW.</p> <p>The Secondary Care Clinician (Non-Executive Director), Chair of QPFW expressed congratulations to staff and clinicians for the way that they had managed the demand. Whilst Omicron did not seem to have had the effect on people's health as first anticipated, hospital beds were under significant pressure as was secondary care. It was important that the public realised the impact on staff who were already tired and on the waiting lists, and that they understood how incredibly difficult the situation was.</p> |
| <p>4.9</p>   | <p><b>AGREED</b></p> <p><b>The Governing Body noted the COVID-19 Incident Status Report and the issues raised.</b></p>   |
| <p>5.</p>  | <p><b>Performance Report including reducing waiting times for patients (<i>Paper HSI22/003</i>)</b></p>  |
| <p>5.1</p>   | <p>The Executive Director of Performance introduced the performance report, advising that the detail had been discussed at the QPFW. In addition to the detail provided within the report, she advised that:</p> <ul style="list-style-type: none"> <li>• A detailed improvement plan was in place with system partners in and around QA to try and reduce ambulance handover delays, with harm review work being undertaken in order to inform that improvement and learning work. Whilst there had been an improvement over 30 days and 60 days, HIOW were a national and regional outlier.</li> </ul>   |

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|     | <ul style="list-style-type: none"> <li>• There was a focus on people that had been waiting more than 104 weeks, with approximately 147 patients who did not have a confirmed date for treatment ahead of the 31 March 2022 target. The CCG was working closely with colleagues at University Hospital Southampton NHS Foundation Trust where these patients had predominantly been waiting and plans were in place, such as the use of the independent sector and working with other trusts. There had been a small reduction in people who had waited more than 52 weeks but this was expected to stabilise rather than reduce and a small increase had been seen recently in overall rates as would be expected given the current pressures.</li> <li>• With regard to Mental Health Standards, improvements were being made in the Children and Young People's Eating Disorder wait times; there had been an increase in the number of staff coming into post which had seen an increase in activity and a reduction in total wait time, however HIOW is still not meeting the standards. Some of the staff who would normally be supporting children in receipt of Tier 4 care were supporting them in the community as Tier 4 care was full at the moment, which is a further stretch on the routine care.</li> </ul>   |
| 5.2 | <p>The following points were raised during discussion:</p> <ul style="list-style-type: none"> <li>• The importance of maintaining communications with patients to help them understand where they might be on a waiting list and how that might impact on their care. Each of the trusts were in communication with those patients they were booking in, with discussion as to where their care has had to be moved to and the delay in recent times due to COVID-19 pressures. Those conversations were ongoing, with active discussion with many of the patients who had been waiting more than 104 weeks about the possibility they could be transferred to another provider to receive their care as quickly as possible. Various mechanisms were also being looked at to help patients understand where they are / how long they might be waiting.</li> <li>• Whilst it was good to see that progress was being made in some areas, overall performance was extremely difficult for young people and it was queried how HIOW Child and Adolescent Mental Health Services compared nationally and was progress being made against that to provide some context. <b>ACTION: The Director of Performance to feedback outside the meeting how HIOW CAMHS services benchmarked nationally.</b></li> <li>• Given Emergency Department (ED) activity continued to rise, it was questioned if there was any data with regard to inappropriate attendances / what initiatives could be undertaken to improve that position. In response it was advised that admission avoidance pathways were in place across HIOW, and there was a significant amount of work being undertaken to try to improve the intermediate care offer, ensuring connections with NHS 111 services, clinical assessment service provision and increasingly directly into same day emergency care offers into each of the acute trusts, connected back into general practice. As an example, there were often around 30 admission avoided patients in the Portsmouth and South East Hampshire area per day. Work was ongoing with South Central Ambulance Service around ensuring they do as much 'hear and treat', 'see and treat' and the use of all the avoidance pathways as possible. Work being led by Derek Sandeman, Secondary Care Consultant called Lightfoot was focusing on cohorts of our population where it might be possible to prevent admission / longer stays. Data suggested that each trust was increasing in its effectiveness to try and help patients access care in other settings, but this was likely to be an area of focus which would continue for some time.</li> </ul> |

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|            | <ul style="list-style-type: none"> <li>• It was queried if more could be done to consider the impact of COVID-19 on health and how that data was used to plan ahead as it was clear there was health deterioration, particularly in certain populations. Related to this, had any work been done on inequality and the different demographics of people waiting longer to gain a greater understanding around this in order to continue to improve population outcomes. In response it was advised that this was an active area of discussion that the elective team had been trying to do some analysis around. It was not always that straight forward to do because of the current inability to link the data sources up systematically across the system. This would improve incrementally over the coming months through the planning rounds working with trusts and Public Health colleagues to understand more about the data and see how the system could work together to use it. A piece of work had also commenced through the Quality Cell to try and understand if there were any health inequalities when looking at patients who no longer met the criteria to reside (medically fit for discharge) to understand the equalities impacts, however this was in the very early stages.</li> <li>• It was observed that there was a strong relationship between attendances at ED and patients' ability to get appointments at GPs / access data. It was queried if there was any data around access, particularly in light of the Winter Access Funding that had recently been allocated to general practice. In response it was advised that the limited data available would suggest that it was hard to obtain definitive data markers and get it to a robust level of quality that people would recognise as reflecting the situation in the system.</li> <li>• It was clarified that HIOW had been using the independent sector to support NHS elective care for some time, certainly since pre-pandemic. They had been extremely helpful however there was a challenge in that the care the local independent sector organisations could provide did not always meet the needs of our patients. This was why HIOW were looking further afield to London, Surrey and Berkshire to see if they could provide any support for the cohort of patients who had been waiting more than 104 weeks for treatment.</li> </ul> |
| <b>5.3</b> | <p><b>AGREED</b></p> <p><b>The Governing Body noted the performance report and the issues raised.</b></p>   |
|            | <p><i>The Clinical Leader left the meeting.</i></p>   |
| <b>6</b>   | <p><b>Hampshire and Isle of Wight (HIOW) Covid-19 Vaccination Programme (Paper HSI22/004</b></p>  |
| 6.1        | <p>The Executive Director of Workforce (also Executive Lead for the Vaccine Programme) introduced a paper which gave an overview of the HIOW COVID-19 Vaccination Programme and provided a current view of key areas of focus, uptake across the population and risks. The programme had been really successful and thanks were expressed to the CCGs partners, volunteers and members of staff in primary care, hospitals, community and mental health trusts, with over 1.1m doses having been administered.</p>  |
| 6.2        | <p>What had made the programme so successful was the deep partnerships with all the partners across public health, local authorities, large employers in the region etc. It had been possible to reach a large number of people who lived or came into HIOW through a very flexible delivery model, such as large vaccination centres, GP practices, pharmacies and a range of others within NHS buildings, as well as going out to a wider variety of locations, for example churches, temples, high streets, education centres etc. The team had worked hard on vaccine inequalities and knew the populations with the lowest levels of uptake, such as those with social deprivation</p>   |

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|            | and some protected characteristics such as younger people in Black, Asian and Minority Ethnic groups which were being targeted to try and provide the vaccine in a way that worked for them.  |
| 6.3        | Data for flu vaccination uptake was also monitored through the COVID-19 vaccination programme with advice from Public Health colleagues as to where to focus efforts; there were no issues of concern in terms of numbers to be reported.   |
| 6.4        | In terms of planning for the future, systems had been asked to prepare for a number of scenarios however to date there had been no guidance from the Joint Committee for Vaccinations as to next steps. Outbreak rates continued to be monitored, with the current focus on mandated activity i.e. the second dose to 12 to 15 year olds, providing an offer to every school in HIOW and also to vulnerable children aged 5 and above, offering a range of vaccine access for those children ensuring they were in a place where they could be well supported by their parents, guardians or carers, that being either primary care or hospital hubs.   |
| <b>6.5</b> | <b>AGREED</b><br><b>The Governing Body received the update on the COVID-19 Vaccination Programme in Hampshire and the Isle of Wight and noted the risks and actions in place.</b>   |
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| <b>7</b>   | <b>Workforce (Paper HSI22/005)</b>  |
| 7.1        | <p>The Executive Director of Workforce introduced the Workforce Report and drew attention to the following:</p> <ul style="list-style-type: none"> <li>• Over the past few weeks there had been an intensive focus on Vaccination as a Condition of Employment (VCOD) mandate that individuals undertaking Care Quality Commission regulated activities in England must be fully vaccinated against COVID-19 no later than 1 April 2022. However, a briefing had been received from the Secretary of State earlier in the week which instructed not to proceed with any dismissals / notice of dismissals as the legislation would be reviewed and sent out to consultation again. Work was therefore in train to communicate with employees what this meant for them, and with partners to ensure that everyone was being kept informed. A toolkit had been launched on the CCG website which provided access to a range of materials from partners across HIOW both to support individuals to take up the vaccine but also to inform them what the change in legislation meant for them; this would continue to be updated.</li> <li>• A positive result of this was that this reduced the workforce risk, as well as day by day reporting regarding the number of staff that could potentially be lost from the health care sector / that had not been vaccinated. However, work would continue to try and reach the approximately 1% of healthcare staff that had not yet received their first and second doses of vaccine.</li> <li>• As reported earlier, staff absence rates continued to rise. There was a supportive health and wellbeing programme in place across HIOW to support people through these very difficult times in terms of balancing their health and wellbeing with the large volume of work they were undertaking. The team were very proud of the programme and had received good feedback on it.</li> <li>• Equality, diversity and inclusion work continued to develop around the workforce. The Turning the Tide Oversight Board was in place and the CCG continued to work with partners to ensure a culture of inclusion and belonging in all of our employers across HIOW. In relation to this, the annual internal</li> </ul> |

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|     | <p>report on Equality, Diversity and Inclusion which satisfied the CCG's public sector Equality Duty had been provided for reading / noting.</p> <ul style="list-style-type: none"> <li>• The Chief Finance Officer added that he worked closely with the Director of Workforce on the Equality, Diversity and Inclusion (EDI) arena, both from a system perspective in terms of the ICS but also from the CCG perspective as chair of the Equality, Diversity and Inclusion Steering Board. The internal report detailed some of the trends and diversification around the CCG's workforce. It was recognised that there was more that could and should be done, which the recommendations within the report set out.</li> <li>• The Non-Executive Director (Governance) pointed out that the Terms of Reference for the Audit and Risk Committee included reference to EDI and as such would aim to undertake more work to provide more assurance to the Governing Body. Further consideration could then be given once the ICB is established as to whether a broader oversight was needed.</li> <li>• The Chief Executive reassured the Governing Body that the focus on EDI was at the top of the agenda for the ICB and ICS. The HIOW People Board was relevant to this and there were a variety of places where issues could be reviewed and discussed. EDI would remain front and centre as we move from the CCG to the ICB and would be featured much more in our work.</li> <li>• It was acknowledged that given the recent intensive period of work around vaccine delivery and the current winter pressures, it had not been possible to have the usual level of internal scrutiny and discussion around the report, however the intention was do that moving forward. The HIOW People Board had agreed that the triangulation of information within the report with other organisations in HIOW would be an area for immediate focus; any themes and learning identified would be fed back into the CCG.</li> <li>• It was raised that one of the issues facing both the CCG and the new ICS was the recruitment of different types of post into the system and queried if continued funding would be available over an extended period so that applicants would know they had job stability and opportunities for progression. In response it was advised that the risk regarding sustainability of some of the new roles had been discussed at QPFW, including the need to ensure that roles were fit for purpose. Intensive work was taking place through the forthcoming planning round to match investment with activity and performance that would provide opportunities to look at more schemes around workforce to ensure sustainability longer term.</li> <li>• With regard to Additional Roles Reimbursement Scheme roles in Primary Care services, funding was available and Primary Care Networks were working to ensure the funding was fully utilised to bring more multi-disciplinary roles into primary care. Where this had been taken up and implemented successfully a real impact could be seen on sustainability and resilience. This was a model to learn from that could inform more schemes across our services. The Chief Finance Officer added that as the system moved forward as an ICB more funding allocation would come down to HIOW for prioritisation around where and what workforce was needed.</li> </ul> |
| 7.2 | <p><b>AGREED</b></p> <p><b>The Governing Body:</b></p> <ul style="list-style-type: none"> <li>• <b>Received the report and noted the risks and actions in place for system workforce</b></li> <li>• <b>Noted the Annual Equality and Diversity Report for 2021.</b></li> </ul>   |
|     | <p><i>The Director of Public Health left the meeting.</i></p>  |

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| <b>8</b>   | <b>Finance (Paper HSI22/006)</b>   |
| 8.1        | The Chief Finance Officer introduced the finance report and highlighted that the financial position of the CCG had greatly improved since H2 / the half year position. The CCG forecast had been revised from a £3.2m deficit to breakeven for the remainder of this financial year through the expected receipt of some additional non-recurrent monies. At the point of submitting the H2 plan it had not been confirmed that this funding would be available, hence the need to submit a deficit plan and work towards that assumption.   |
| 8.2        | As the result of some additional funding and the ability to deliver additional efficiencies, it had been possible to bring all the organisations in HIOW back to a break-even position. This was risk adjusted to deal with Omicron and the surge in activity, so the additional pressures currently being faced had been taken into account. The next stage was to understand how the resources and workforce needed to continue into next year as the Operating Plan for 2022/23 started to be designed.   |
| <b>8.3</b> | <b>AGREED</b><br><b>The Governing Body received the finance report and noted the financial position for the ICS and CCG and the change in financial forecast to one of break even.</b>   |
| <b>9</b>   | <b>Hampshire and Isle of Wight Integrated Care System Development (Paper HSI22/007)</b>  |
| 9.1        | The Governing Body received a paper which provided a brief update on progress with the development of the HIOW Integrated Care System (ICS).   |
| 9.2        | The Chair introduced Lena Samuels, Chair Designate of HIOW ICB who referenced the earlier update provided by the Chief Executive on the short delay for the establishment of ICBs from 1 April to 1 July 2022. HIOW were still working to the 1 April deadline and were beginning to develop the infrastructure for the ICB and the Integrated Care Partnership (ICP) along with the governance arrangements to ensure its smooth operation. A process was underway to appoint the Non-Executive Directors with the aim of completion before the end of March.   |
| 9.3        | Thanks were expressed to colleagues who had presented to the meeting and who had been working incredibly hard to move the system forward, particularly the vaccination effort which had demonstrated that new way of working and how the system could be really flexible in standing up services and getting out to communities; that would be the underpinning / driving force moving forward. Work would continue on the infrastructure and completing all the steps needed to achieve the agenda, as well as the broader work with wider stakeholders to ensure that all were engaged. Thanks were also expressed to the Governing Body and colleagues for keeping things going in the interim. |
| 9.4        | The Chief Executive acknowledged that change was always difficult, particularly for the people going through that change process. All CCG staff would be TUPE'd to the new organisation and were well prepared having been on a journey for several years, working in different, more collaborative ways and also having been through a merger the previous year. Whilst there was more work to be done the talent was around the table to get through that phase together.  |

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| 9.5  | <p><b>AGREED</b></p> <p><b>The Governing Body received the update report and noted the revised target date for the establishment of Integrated Care Systems as statutory bodies.</b></p>  |
| 10   | <p><b>Committees of the Governing Body (<i>Paper HSI22/008</i>)</b></p>   |
| 10.1 | <p>The Governing Body received the approved minutes and summary reports from the following meetings:</p> <ul style="list-style-type: none"> <li>• Audit and Risk Committee held on 26 January 2022, chaired by Simon Garlick, Non-Executive Director (Governance). Quality, Performance, Finance and Workforce Committee held on 26 January 2022, chaired by Edward Palfrey, Secondary Care Clinician (Non-Executive)</li> </ul>  |
| 10.2 | <p><u>Audit and Risk Committee</u></p> <ul style="list-style-type: none"> <li>• The Non-Executive Director (Governance) reported that now the establishment of the ICB had been pushed back, this meant that there would be a 12 month set of accounts for the current CCG, and then a further 3 month set of accounts for the CCG from 1 April to 30 June 2022, and then 9 months for the ICB. The 3 month CCG accounts and the ICB accounts would be audited at the same time in the summer of 2023. Thanks were expressed to the CCG Finance team who would have to produce 3 sets of accounts in that period, which was a significant ask.</li> <li>• In addition, the Internal Audit Programme has had to be paused in that it was not quite as broad as it would normally be given the other priorities that the Executive Team were focussed on. The programme had concentrated on the Head of Internal Opinion which would determine if the CCG had good governance systems in place and would not be detracted as all of the essential work would have been done and ensure we have all the necessary assurance to sign off the accounts.</li> </ul>   |
| 10.3 | <p><u>Quality, Performance, Finance and Workforce Committee</u></p> <ul style="list-style-type: none"> <li>• The Secondary Care Clinician (Non-Executive) reported that most of the key issues raised at the QPFW meeting had been covered during earlier discussions. However, the issue of care hotel provision and hotel provision for asylum seekers had been raised in terms of the extra clinical workload this entailed, as well as safeguarding element. The Chief Nursing Officer reported that there were 6 asylum and 4 bridging Afghan refugee hotels across HIOW. Safeguarding arrangements were overseen by the local authorities and their Designated Safeguarding professionals were accountable for oversight, however the CCG's safeguarding leads were also providing support.</li> <li>• In terms of medical support to hotels, there were different models in place in each area which was working well and many of those arrangements involved teams being on site in the hotels to provide support. Some of the key issues that had been identified were as follows: <ul style="list-style-type: none"> <li>○ Unaccompanied minors i.e. under 16s who had come in without adults and particularly the safeguarding arrangements around that.</li> <li>○ At times there have been placement of females and families into male facilities so there had been some issues to address.</li> <li>○ Some people who were unscreened, particularly for TB and COVID-19, for which NHS teams had gone in to provide support.</li> <li>○ Issues around domestic abuse and ensuring the right support was available.</li> </ul> </li> </ul> |

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|             | <ul style="list-style-type: none"> <li>○ Things like play areas for children in those facilities and making sure there were adequate facilities there.</li> <li>• The only issue which had been escalated as an area of concern was a potential new hotel in Portsmouth with regard to the additional burden on that system which was already under significant pressure.</li> <li>• The Secondary Care Clinician (Non-Executive) again expressed thanks to all the staff involved, particularly given that there was often not much notice of these things occurring and the response had been very fast and very good.</li> </ul> |
| <b>10.4</b> | <b>AGREED</b><br><br><b>The Governing Body received the approved minutes and summary reports from the following meetings:</b> <ul style="list-style-type: none"> <li>• <b>Audit and Risk Committee held on 26 January 2022</b></li> <li>• <b>Quality, Performance, Finance and Workforce Committee held on 26 January 2022.</b></li> </ul>  |
| <b>11</b>   | <b>Minutes of Last Meeting (<i>Paper HSI22/009</i>)</b>   |
| 11.1        | The Governing Body received the draft minutes of the meeting held on 8 December 2021.   |
| 11.2        | <b>AGREED</b><br><br><b>The Governing Body approved the minutes of the Governing Body meeting held on 8 December 2021.</b>  |
| <b>12</b>   | <b>Any Other Business</b>   |
| 12.1        | No additional items of business were raised.  |
| 12.2        | The Chair referenced that there was a strong desire to hold a Governing Body meeting in person if at all possible, however given that the CCG was still operating under NHS infection prevention and control measures it would take some time to coordinate this. She went on to thank attendees for their contributions as well as those that had been observing proceedings.  |
| <b>13</b>   | <b>Date of next meeting</b>   |
| 13.1        | The next meeting of the Governing Body to be held in public was scheduled to take place on 2 March 2022.  |

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

**Signed by**

**Chair:** .....

**Date:** .....