

HSI22/040

GOVERNING BODY

Title of paper	Reports from Committees of the Governing Body		
Agenda item	14	Date of meeting	4 May 2022
Director leads	Simon Garlick, Non Executive Director for Governance – Chair, Audit and Risk Committee Edward Palfrey, Non Executive Director (Secondary Care Specialist) – Chair, Quality, Performance and Finance Committee		
Clinical lead (if applicable)	Nicola Decker, CCG Clinical Leader		
Author	Stephen Cummins, Governance Manager Helen Goff, Governance and Committee Support Officer		

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

Executive Summary	
<p>Since the last meeting in public of the Governing Body in November, the following Committees of the Governing Body have met in line with the approved Terms of Reference/CCG Constitution:</p> <ul style="list-style-type: none"> Audit and Risk Committee held on 27 April 2022, chaired by Simon Garlick Quality, Performance, Finance and Workforce Committee held on 27 April 2022, chaired by Ed Palfrey <p>A summary report is appended from each of the Committees, highlighting to the Governing Body the key issues and subjects discussed.</p>	
Recommendations	<p>The Governing Body is asked to receive and review the summary reports from the following meetings:</p> <ul style="list-style-type: none"> Audit and Risk Committee held on 27 April 2022 Quality, Performance, Finance and Workforce Committee held on 27 April 2022
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	There are no financial implications arising from this paper.
Legal implications	There are no legal implications arising from this paper.
Principal risk(s) relating to this paper	There are no new risks arising from this paper.
Key committees / groups where evidence supporting this paper has been considered.	Audit and Risk Committee held on 27 April 2022 Quality, Performance, Finance and Workforce Committee held on 27 April 2022

Audit and Risk Committee Summary	
1.	Date of Meeting: 27 th April 2022
2.	<p>Overview of business including key issues for Governing Body:</p> <p>Safe Transfer – closedown arrangements - The committee received a paper which set out arrangements by which the committee will consider the transition and closedown arrangements of the Quality, Performance, Finance and Workforce Committee, the Primary Care Commissioning Committee and the Remuneration Committee.</p> <p>The Committee were assured that committee structures for the ICB will be determined by the 25th May. This will ensure that any risks, issues or concerns are directed to the appropriate ICB committee.</p> <p>The checkpoint on the 25th May will allow the Chief Executive, as ICB Designate Chief Executive, to provide written assurance to NHSE/I, that due diligence processes have been completed to allow a safe transfer from the Clinical Commissioning Group to the new Integrated Care Board.</p> <p>Each committee will be asked to receive and review</p> <ul style="list-style-type: none"> • A committee closedown report • Review the Committee work plan and agree that work will be transferred to the Integrated Care Board pending agreement of the Terms of Reference of any new committee • Identify and consider any risks, issues or areas of concern that arise during discussions at closedown meetings • Confirm that risks, issues or areas of concern and any new actions identified during discussions are to be transferred to the Integrated Care Board pending agreement of the Terms of Reference of any new committee going forward. <p>The Audit and Risk Committee will then receive a completed closedown checklist from each committee alongside a summary of discussions held at the closedown meeting. These checklists should include key points, summarising arrangements in place to provide adequate assurance to the Audit and Risk Committee and, in turn, the Chief Executive.</p> <p>The committee noted that a number of NEDs have been appointed to ICB with the aim being for them to start on 1st June, so as well as a written governance handover, there will be time for human contact and person to person handover.</p>
	<p>Cyber Security - The committee received a summary report of actions taken since the last Audit and Risk Committee on 23rd March 2022 including:</p> <ul style="list-style-type: none"> • An initial meeting undertaken with Internal Audit to set the scope of the Cyber Security Audit being undertaken in April/May 2022. • Initial meeting with the learning and development team to review approach for training/awareness of cyber security to all CCG staff. • First Cyber Security Working Group arranged for 29th April 2022. • Work to ensure laptop security software with regards to removable media.

	<p>The committee highlighted the need for a comprehensive training and communications plan to be delivered to all staff and associated organisations (the latter to include communications with, GP practices and Trusts, if appropriate).</p>
	<p>Audit Committee Self-Assessment - The committee received a paper setting out responses to the Audit and Risk Committee Self-Assessment checklist for 2022.</p> <p>In relation to the Audit and Risk Committee's 'Must do' issues listed on the Self-Assessment checklist, all three respondents indicated that 'Yes', these issues were addressed.</p> <p>There were a number of comments in response to the checklist, most notably highlighting that it would be beneficial for the ICB audit committee:</p> <ul style="list-style-type: none"> • to routinely review the work plan for the committee, • for members, particularly those new to the Committee, to be provided with training, and • to have in place an 'assurance map' to identify the various assurances the committee receives, and which are relevant to it and which are the responsibility of other committees. <p>The Committee requested that business awareness sessions should be provided for all ICB, NEDs to help them gain a full understanding of the ICB's business and the role of its committees.</p>
	<p>Counter Fraud and Security</p> <ol style="list-style-type: none"> i. Fraud Bribery and Corruption Progress Report – The committee received a paper which outlined the key fraud, bribery and corruption work undertaken for NHS Hampshire. Southampton & Isle of Wight Clinical Commissioning Group (the CCG) for the period 11 March 2022 to 12 April 2022. ii. Fraud Risk Assessment – The committee received a report, which highlights the highest scoring risks identified following an assessment of 124 separate risk areas which are referred to as the NHS Counter Fraud Authority (NHSCFA) 'Fraud Risk Descriptors'. iii. 2022 – 2023 Workplan – The committee received a paper which set out the key work streams to be undertaken to tackle fraud, bribery and corruption in 2022 - 2023 for NHS Hampshire Southampton & Isle of Wight Clinical Commissioning Group (the CCG). It also considers the fraud, bribery and corruption risks associated with organisational change in respect of the CCG transitioning to an Integrated Care Board (ICB).
	<p>Internal Audit</p> <ol style="list-style-type: none"> i. Update on the Implementation of Recommendations – The committee received a paper which provided an update in relation to progress being made in implementing recommendations arising from Internal Audit reviews. <p>A total of 51 recommendations were brought forward from the legacy CCGs which were considered relevant for follow up by Internal Audit. All of these recommendations have now been fully implemented/closed.</p> <p>The committee noted there were a total of 23 recommendations from recently issued reports which were being verified by Internal Audit and 9 which are not</p>

	<p>yet due for implementation. There are no priority one/urgent recommendations.</p> <p>ii. Progress report against the 2021/22 Annual Internal Audit Plans – The committee received a report, which provided an update on the progress since the last meeting and brought to the attention of the committee any significant Internal Audit and related issues which may have an impact on the CCG.</p> <p>The committee noted The following final reports have been issued:</p> <ul style="list-style-type: none"> • Assurance Framework & Risk Management – Reasonable Assurance • NHS Mandated Conflicts of Interest – Substantial Assurance • Freedom to Speak-Up Guardian – Substantial Assurance • CHC – Adults – Reasonable Assurance • Prescribing Costs – Advisory Review <p>Draft Internal Audit Strategy and Annual Plan for 2022/23 – The committee received a paper which set out a working draft of the internal audit plan for 2022/23 for comment.</p> <p>The committee highlighted that it would be helpful to draw forward reviews on efficiency savings and the board assurance framework</p>
	<p>Finance Update – 22/23 position – The committee received a paper which set out the financial plan position across the system, which represented a deficit across both provider and commissioner totalling £105.6m, in light of challenges including inflationary pressures based on increased costs of living and energy.</p> <p>The Committee further noted the impact of ongoing Covid services, though acknowledged the receipt of new Infection, Prevention and Control guidance looking at reducing spacing between patients and testing on staff, to free up further capacity.</p>
	<p>Annual Report and Accounts Draft Submission – The committee received a verbal update on the work which had taken place on the preparation and submission of the Draft Annual Report and Accounts, highlighting that the CCG had reported a surplus of £26,000 for year end, with other statutory targets, including the Better Payment Practice Target, achieved.</p> <p>The committee noted one adjustment which would be required to reconcile the ledger to the accounts owing to a late transaction.</p>
3.	<p>Any Other Business</p> <p>The Committee noted a number of items in the reading room including:</p> <ul style="list-style-type: none"> • Fraud Awareness Survey - Results 2022 <p>The Committee ratified the recommendations of the Policy Sub-Group, which had reviewed and approved the following policies:</p> <ul style="list-style-type: none"> • Mental Capacity Act Policy • Smart Speakers Guidance • IT Backup Operations and Business Continuity Policy • IT Change Management Policy
4.	<p>Items to escalate to Board</p> <p>No items were identified for escalation to the Governing Body.</p>

5.	Key reference documents: <ul style="list-style-type: none"><li data-bbox="325 259 1294 324">• Draft Minutes of meeting held on 27th April 2022 will be published once approved by the committee.
6.	Date of Next Meeting - 25th May 2022

Quality Performance, Finance and Workforce Committee 27 April 2022

(a)	Quality and Performance
	<p>The significant Children and Adolescent Mental Health Services (CAMHS) pressures continue. There are ten children awaiting Tier 4 beds who are currently in acute hospitals / community. CAMHS recruitment challenges also continue. Wait time targets are not being met. High levels of demand continue for Urgent and Elective Care with 18 recent serious incidents being reported. Assurance was provided that South Central Ambulance Service (SCAS) are conducting a harm review. Demand has improved slightly over the last few days. The Critical Incidents declared by PHU / SCAS have been stepped down. Portsmouth and South East Hampshire will continue to operate in a Critical Incident Framework until after the bank holiday. The SCAS Resource Escalation Action Plan status has been lowered to reflect improvements in performance. HHFT are still experiencing challenges relating to Emergency Department performance. The Elective waiting list is increasing and the 6 week wait position deteriorating. Diagnostic performance targets are not being met which is impacting patients, including delays in dementia diagnosis. More work will be needed to meet the levels of activity in the Operating Plan. UHS continue to be an outlier relating to length of stay. Assurance was provided that work is taking place to ensure alignment across the system with the updated national COVID-19 IPC guidance. SHFT Community Mental Health teams in the South West have advised that they will be carrying a 58% vacancy rate by May / June with little response to adverts. This will impact assessment times. To mitigate the issue, the most complex cases are being risk assessed and work is taking place with NHS Professionals. Assurance was provided that SHFT has an intensive support plan, and that the CCG are conducting an assurance visit to understand the quality impact. SHFT are an outlier nationally relating to vacancy rates however, there is a plan to secure 129 international recruits (includes 117 registered nurses). Since February 2022, UHS have reported four serious incidents plus a Never Event from September 2021 (now downgraded). It is too early to know whether there is a particular issue at UHS however assurance was provided that the situation is being monitored. The Quality Board escalated that Maternity Services are under significant pressure. The Asylum Hotel planned for Southampton (500 – 800 beds) is of concern. This could be a pre-pandemic model with the length of stay for patients being 3-4 weeks. This poses a significant risk to Primary Care, wrap around services and workforce. Options are being looked into relating to how these services can be supported.</p>
(b)	Operating Plan 2022/23
	<p>The plan is to deliver 110% of 2019/20 activity. The associated financial risk is that this will only deliver 100% of 2019/20 value weighted activity. There is an 85% cap being applied to the value of Outpatient Follow Up activity and the predicted number of appointments necessary to clear the backlog exceeds this benchmark. Assurance was provided that work will take place with relevant colleagues to reduce the number of outpatient follow up appointments. More work is needed to increase diagnostic activity. The plan is to meet activity requirements relating to 52+ and 78+ week waits. The operational planning forecasts a total workforce growth of 1.61% by March 2023. The substantive workforce is expected to grow by 5.06% however, this is an optimistic prediction. There is an ambition to reduce bank /agency usage by 482 wte. The large, planned growth for IOW and SCAS will need to be closely monitored. Work continues relating to recruitment of hard to fill roles. The Committee were updated on the extraordinarily difficult NHS financial position. COVID funding has significantly reduced, and the NHS is required to return to business as usual. There are also additional inflationary pressures, and it is recognised nationally that support is required. The financial plan across the system represents a deficit across provider / commissioner of £105.6m (approx. £20m is associated with the CCG). This is a significant improvement on the draft financial plan submission however there is still a significant issue with significant risk. Mitigations to support reducing the deficit and managing the risks include elective pathway and non-elective growth containment, COVID cost reduction and a cost improvement programme (CIP) / efficiency review.</p>

(c)	System Assurance quarterly update
	<p>HIOW ICS remains in segmentation rating 3. The segmentation rating for the IOW Trust has moved from 4 to 3 as a result of demonstratable improvements in service quality. Work is underway to replicate the contract Situation Report for contracts not managed by the CSU (Phase 2 IOW and Phase 3 contracts held / managed by other local teams). Q3 Tripartite Provider Assurance Meetings have been undertaken with all 7 NHS Trusts. Regulatory undertakings remain in place for 3 of 7 HIOW providers, i.e., IOW NHS Trust (finance), PHU (Urgent and Elective Care pathways) and SHFT (Pascoe Report and CQC inspection findings). Local Delivery System assurance sessions were held with the four systems. The HIOW ICS Transformation Programme Board continues to meet monthly to support oversight of programme delivery. The Clinical Leadership workstream, is currently considering options regarding the oversight and assurance of clinical networks within HIOW. Relating to the System Oversight Framework (SOF) Dashboard, work continues with a view to developing a singular view of Long Term Plan, annual planning and System Oversight Framework (SOF) Metrics. As an interim measure, a Local Delivery System level SOF Proxy Information Pack to support assurance and oversight across four quadrants of performance, quality, finance, and workforce has been developed.</p>
(d)	Finance
	<p>Subject to audit, the CCG has delivered a small surplus of £26k for the year. The CCG submitted its annual accounts on 26 April 2022. Final accounts will be submitted on 22 June.</p>
(e)	Workforce
	<p>Staff absence rates are a significant concern and has impacted on the delivery of services. Assurance was provided that the turnover rate is being closely monitored. There has been a spike in the retirement rate. The number of people seeking support from Occupational Health has significantly increased.</p>
(f)	HIOW ICS response to regional Call to Action - CAMHS T4 surge in demand
	<p>There has been a 295% increase in referrals to Children and Young People inpatient services since the start of the pandemic. At the start of this work, over 70 children were waiting for inpatient admission in the SE region (10 for HIOW). Assurance was provided that a harm review is being undertaken. A call-to-action letter has been issued by the Regional Director (South East) NHSE calling for a collective and co-ordinated approach across NHSE/I, Provider Collaborative Leads and ICS Leads. 4 key actions are being undertaken as an ICS:</p> <ul style="list-style-type: none"> • The development of a virtual ward offer between the provider collaborative, acute hospitals, the core CAMHS Tier 3 services and supported by primary care colleagues. £152k has been allocated for the virtual ward model (for 1 year) • The development of feeding and eating teams to support acute hospitals / community colleagues. This will reduce cost in the system • Embedding of crisis response services across the Tier 3 offer (community) • The development of a framework with defines clear responsibility of who is the lead agent for looking after the child and providing a solution along with a defined escalation route. <p>The total number of children waiting across the region has decreased (although still 10 for HIOW). This is due to additional surge capacity being implemented as part of the provider collaborative and additional beds have been added into the system. Closer to Home Teams have also expanded their capacity. Other beds are however now coming out of the system.</p>
(g)	Items for escalation
	<p>It was agreed that the following would be escalated to the Governing Body:</p> <ul style="list-style-type: none"> • The issues relating to CAMHS, i.e., the number of children awaiting Tier 4 beds and CAMHS recruitment challenges • The discharge challenges at UHS • The 58% vacancy rate for Southern Health Community Mental Health teams in the South West (Waterford House and Anchor House) • UHS Maternity Services incidents

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| | <ul style="list-style-type: none">• The Asylum Hotel planned for Southampton and the impact this will have on Primary Care Services, wrap around services and workforce |
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