

HSI22/041

GOVERNING BODY

Title of paper	Minutes of last Governing Body meeting		
Agenda item	15	Date of meeting	4 May 2022
Director lead	Margaret Scott, Chair		
Clinical lead (if applicable)	Dr Nicola Decker, Clinical Lead		
Author	Jack Zabiela, Governance Manager		

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

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 6 th April 2022.	
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

DRAFT

GOVERNING BODY

**Minutes of the meeting of the Governing Body held at 14:00 on Wednesday 6 April
2022 via Zoom**

Present

Margaret Scott	Independent Chair
Nicola Decker	Clinical Leader
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
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

Margaret Beattie	Associate Director Maternity and Early Years (Item 6)
Simon Bryant	Director of Public Health, Hampshire County Council
Joanna Clifford	Acting Deputy Director of Nursing: South West (Item 6)
Ian Corless	Head of Business Services
Tessa Harvey	Executive Director of Performance
Fiona Howarth	Chief of Staff
Jackie Zabiela	Governance Manager (minutes)

Apologies

Julie Dawes	Chief Nursing Officer
Judy Gillow	Non-Executive Director (Patient and Public Involvement)
Helen Ives	Executive Director of Workforce
Maggie Maclsaac	Chief Executive

Some of the agenda items were combined given the meeting had been shortened due to operational pressures, however the minutes have been set out in accordance with the agenda for ease of reference.

1	Welcome and Introductions
1.1	The Chair welcomed everyone present to the seventh 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.
1.2	The Chair explained that due to the intense pressure that was currently being experienced in the local system, it had been decided that directors would be stood down from attending the meeting in order to focus on the response and the meeting shortened to focus on the key issues that the Governing Body needed to be aware of.

	It was the intention that postponed items would be reviewed at the next meeting in May.
2	Declarations of Interest (Paper HSI22/014)
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 HSI22/015)
3.1	The Chief Executive's Report which included updates on issues relevant to the CCG and the wider health and care system was not discussed due to time constraints.
3.2	AGREED: The Governing Body noted the Chief Executive's report as read.
4	COVID-19 Incident Status Report – Managing a safe winter (Paper HSI22/016)
6	Integrated Quality and Performance Report (Paper HSI22/018) Performance Report (Paper HSI22/019)
4.1	The Executive Director of Performance advised that her focus would be on the key elements from the above reports relating to the operational pressures currently being experienced; the following points were highlighted: Operational Pressures <ul style="list-style-type: none"> • The health system was under significant pressure; as of that afternoon Portsmouth Hospitals University NHS Foundation Trust (PHU) and South Central Ambulance Service (SCAS) were both operating in critical incident mode and colleagues in other trusts across the Integrated Care System (ICS) were working at escalated levels in the way in which they were delivering care, but not quite at that critical incident threshold. • Significant levels of COVID-19 were being experienced; Hampshire and Isle of Wight (HIOW) were tracking above the modelled curve and expected to reach the peak around Easter. This was coupled with staff sickness levels which were back to what they were in January whilst also managing planned leave absence across the Easter period, which was critical for supporting staff wellbeing across all organisations. In addition there was the need to balance Infection Prevention and Control (IPC) guidelines to try and keep staff and patients safe. • As previously reported to the Governing Body, the significant handover delays experienced in Portsmouth had continued; there were delays across other trusts but not to the same level / frequency. There was a system improvement plan in place, however with the degree of pressure being seen the impact of those changes was hard to demonstrate. Teams continued to work on the plan

in order to achieve a sustainable change when coming out of this heightened phase of COVID-19.

- The issues around delays had impacted on the length of time for ambulances to respond to Category 1 calls, which were outside of the expected performance standards. This was part of the reason why SCAS had called a critical incident and linked to all the work being undertaken across the system to try and re-balance risks. All elements of provision were under strain, with pressures across the whole pathway i.e. primary care, mental health, community, acute services. People were working extraordinarily hard to try and bring pressures down / balance risks.
- The system pressures had also had an impact on elective service provision. The number of 104-week waiters had been brought down to about five patients by the end of the year and there was a focus on P1 and P2 patients whilst also working hard to address the long waiters, however the challenge should not be underestimated. The number of cancelled operations had increased over the last few weeks with a number of same day cancellations, which was a reflection of the pressure on the non-elective pathways.

4.2 Whilst the two reports had not been discussed in depth at this meeting, the Chair gave her reassurance that performance data was reviewed monthly by the members of the Governing Body and in greater detail at the Quality, Performance, Finance and Workforce Committee, so Governing Body members had already had sight of and had an opportunity to scrutinise the data and how issues were being dealt with.

Quality

4.3 The chair introduced Joanna Clifford, Acting Deputy Director of Nursing (DDoN): South West who was deputising for the Chief Nursing Officer. The DDoN assured the Governing Body that the CCG IPC specialists and quality leads continued to support nursing and care homes with outbreak management and how best to care / take in residents.

4.4 She added that the Part 2 Ockenden Report which was published on 30 March 2022 made sobering reading and introduced Margaret Beattie, Associate Director Maternity and Early Years who provided an update on progress regarding the Stage 1 report and actions to be undertaken in response to the Stage 2 report. The following summarises the key points raised:

Ockenden Report: Part 1

- There were seven key emerging and essential actions identified from the Part 1 report. Evidence was submitted in December 2021 and HIOW achieved a high level of compliance / progress. Formal assessment was submitted to HIOW trust boards in March 2022.
- To conclude Part 1 there would be a series of peer review visits across the South East Region led by the NHS England (NHSE) Regional team; HIOW would be undertaken in June – August 2022. There would be membership from the Regional NHSE clinical quality teams, local Maternity and Neo-Natal Board members and representatives from Maternity Voices Partnerships. This would be an appreciative enquiry approach and the team would talk to staff regarding areas that had been identified as ‘good’ and as ‘needs improvement’.

Ockenden Report: Part 2

- The reported requested urgent action was taken around 15 immediate and essential actions and robust plans developed to address these. There were

	<p>four key headings: safe staffing, well trained workforce, learning from incidents, and listening to families.</p> <ul style="list-style-type: none"> • Teams across HIOW had been working on many aspects of these essential items over the last 12 months and had made significant progress, whilst continuing to do more. Maternity teams would await future additional recommendations from the Regional and National teams late summer. <p>4.5 The following points were subsequently raised:</p> <ul style="list-style-type: none"> • In terms of oversight, it was clarified that following publication of the Part 1 report supervised governance arrangements were put in place that linked to the ICS peri-natal quality surveillance framework where trusts reviewed their assurance, which fed into a formal Governance Board led by local maternity and neo-natal services, then on up to the HIOW Quality Board and then directly into the ICS. • It was observed that one of the key aspects was about the concerns of patients not being listened to and it was queried if there was assurance that maternity providers listened to patients and took action accordingly. In response it was advised that families were central to the Serious Incident review process which was led by hospital Safety Investigation Boards (SIBs), and there was collaboration across each of the SIBs. Families were also involved as part of the Duty of Candour process. Over the last two years Maternity Voices Partnerships had been funded across providers which were the eyes and ears of local families. They were members of the SIBs and part of the programme membership. Working with trust partners a lot of feedback was also received from people using maternity services. In summary, there was feedback from the public, workstream leads, Maternity Voices Partnerships and as part of quality oversight of investigations, which included questions from Maternity Voices as part of those reviews. • It was observed that from reading the report, it was evident how important it was to identify and take forward any learning from mistakes. A plea was expressed to ensure whole system learning as often learning from incidents could become limited within specific services / departments. Many of the lessons identified in the Ockenden Report were relevant to other parts of the health system / specialities and it was therefore important to ensure that any learning was shared across services / the wider system. • The Clinical Leader reflected that, when looking back over time, it was clear how circumstances were influenced by what was perceived to be a culture of doing things a certain way. Consideration therefore needed to be around how to step back and ask ourselves if we were being questioning enough, as well as the agility to respond quickly to any issues so that together improvements could be made. It may therefore be helpful to consider establishing a forum across the ICS where this could be better achieved.
4.6	<p>AGREED</p> <p>The Governing Body received the COVID-19 Incident Status Report, the Integrated Quality and Performance Report and the Performance Report and noted the key issues raised.</p>
5	<p>Hampshire and Isle of Wight COVID-19 Vaccination Programme (<i>Paper HSI22/017</i>)</p>
5.1	<p>The Hampshire and Isle of Wight COVID-19 Vaccination Programme update report was not discussed due to time constraints.</p>

5.2	<p>AGREED:</p> <p>The Governing Body noted the Hampshire and Isle of Wight COVID-19 Vaccination Programme report as read.</p>
7	<p>Workforce (Paper HSI22/020)</p>
7.1	<p>The Workforce Report which was intended to provide a year-end overview of workforce programmes, achievements, key risks, issues and mitigations, together with a forward view of priority workforce programmes to be established was not discussed due to time constraints.</p>
7.2	<p>AGREED:</p> <p>The Governing Body noted the Workforce report as read.</p>
8	<p>Finance (Paper HSI22/021)</p>
8.1	<p>The Chief Finance Officer referred to the earlier point about the importance of sharing and ensuring that when things are difficult, there was reflection and that this was done well. The system is preparing for and responding to multiple competing pulls and challenges e.g., COVID-19 pressures, the requirement to undertake more activity, required investment in terms of the recommendations of the Ockenden report, safe staffing levels in acutes, community and primary care. Pressure was building and it is vital that commissioners and provider continue to work together to solve things together and avoid dispute or blame; this needed to be recognised as a Governing Body.</p>
8.2	<p>The following points were highlighted:</p> <ul style="list-style-type: none"> • Both the CCG and providers across HIOW were close to achieving a break-even position for 2021/22. Work would commence through the Audit and Risk Committee to close the year end position and report back to the Governing Body. • Financial planning for 2022/23 was in train. There was a clear expectation within NHS planning assumptions to remove the significant level of COVID-19 investment that had been received over the last two years. The funding which the NHS was receiving this year was slightly lower than last year and was in effect 'flat cash'; the ICS / organisations therefore needed to aim to break even whilst managing all the pressures. • Draft plans for the ICS / CCG had been submitted which currently showed a £166m deficit for HIOW, although there was an expectation that this figure would improve as draft plans were worked through alongside performance, clinical and workforce colleagues. • Whilst this was a large deficit figure, it could be broken down into some key constituent components <ul style="list-style-type: none"> ○ Approximately £60m of system pressure was as a result of world events/ inflation e.g. the increases in the cost of living / Retail Price Index above what would normally be expected has increased prices / energy costs etc well in excess of the original NHS funding envelope. ○ The requirement to remove a significant amount of COVID-19 related costs, which was difficult given the severe operational pressures being experienced. A phased reduction needed to be worked through with

	<p>providers across the system e.g. high agency costs, which equated to around £40 - 50m of the high deficit for the next year. The triggers needed to be identified for when organisations could take steps to take costs out reflective of the risks and pressures being experienced.</p> <ul style="list-style-type: none"> ○ The combined additional levels of investment/ workforce that providers/ organisations were currently stating they needed in order to meet the requirements of the NHS Long Term Plan. • All of the above factors meant that a prioritisation mechanism needed to be put in place across the system to aid careful decisions of the choices that could be made in order to bring the figures down to a level that was manageable. • There would be some cost/ expenditure pressures that HIOW would not be able to manage as a system without some external help, particularly in relation to the increases in costs that were being experienced.
8.3	<p>The following points were subsequently raised:</p> <ul style="list-style-type: none"> • The Non-Executive Director: Governance stated that whilst he appreciated that there needed to be a focus on the immediate requirements for the NHS, he queried if there were any indications of the long-term picture emerging. In response the Chief Finance Officer advised that it was his intention to build the longer-term strategy for the Integrated Care Board (ICB) which needed to be in place by Quarter 1 of this financial year; he was currently unable to advise what the scale of the challenge would be due to all the current factors/ economic pressures which would eventually materialise into public sector finances/ funding for the NHS. • The Secondary Care Clinician (Non-Executive) added that there had been a tough two years in the NHS which was likely to get worse . The reason that the health service managed so well was the people that worked for it due to the culture. It was therefore beholden on the CCG and then the ICS to keep that culture going despite all the problems that would arise as, without that workforce, the health system would be in a sorry state. Alongside that was the need to communicate with the public so they knew exactly what was happening over the next six months, which would be vital.
8.4	<p>AGREED</p> <p>The Governing Body received the finance report and:</p> <ul style="list-style-type: none"> • Noted the financial position year to date for the ICS and CCG and the financial forecast to break even. • Noted progress towards developing the financial plan for 2022/23.
9	<p>Hampshire and Isle of Wight Integrated Care System Development (<i>Paper HSI22/022</i>)</p>
9.1	<p>The Governing Body received a paper which provided an update on progress with the development of the HIOW Integrated Care System (ICS), as well as on the process of the safe transfer of functions and responsibilities from the two Clinical Commissioning Groups (NHS Hampshire, Southampton & Isle of Wight CCG and NHS Portsmouth CCG) to the new statutory body, the Hampshire and Isle of Wight Integrated Care Board, which would be known as NHS Hampshire & Isle of Wight.</p>
9.2	<p>The paper was not discussed in detail due to time constraints, however the Chair advised that there was a Safe Transfer Project Board which met on a monthly basis together with colleagues from Portsmouth CCG which was being professionally managed. She added that as long as the legislation proceeded through Parliament,</p>

	she did not envisage any problems with HLOW not being ready for establishment as a formal Integrated Care System on 1 July 2022.
9.3	AGREED The Governing Body noted the update report on the Hampshire and Isle of Wight Integrated Care System Development as read.
10	Governing Body Assurance Framework (<i>Paper HSI22/023</i>)
10.1	The Chief Finance Officer introduced the Governing Body Assurance Framework (GBAF), which provided the Governing Body with an opportunity to review the risks which could prevent the organisation from achieving its strategic objectives.
10.2	The Non-Executive Director (Governance) reported that the GBAF had been considered at the Audit and Risk Committee at its last meeting of 23 March 2022. It was acknowledged that the number of COVID-19 priorities were not as refined as he would have liked, however he had requested that the GBAF was updated over the next three months to reflect the true position. This action had been recorded and the updated GBAF would come forward as soon as possible once system pressures had reduced and directors were able to address it. The Chief Finance Officer would maintain oversight on this as the lead executive.
10.3	AGREED The Governing Body noted the strategic risks as outlined in the Governing Body Assurance Framework
11	Committees of the Governing Body (<i>Paper HSI22/024</i>)
11.1	The Governing Body received the approved minutes and summary reports from the following meetings: <ul style="list-style-type: none"> • Audit and Risk Committee held on 23 March 2022, chaired by Simon Garlick, Non-Executive Director (Governance). • Primary Care Commissioning Committee held on 16 March 2022, chaired by Matt Stevens, Non-Executive Director (Primary Care Commissioning) • Quality, Performance, Finance and Workforce Committee held on 23 February and 23 March 2022, chaired by Edward Palfrey, Secondary Care Clinician (Non-Executive)
11.2	AGREED The Governing Body noted the approved minutes and summary reports from the following meetings as read: <ul style="list-style-type: none"> • Audit and Risk Committee held on 23 March 2022 • Primary Care Commissioning Committee held on 16 March 2022 • Quality, Performance, Finance and Workforce Committee held on 23 February and 23 March 2022.
12	Minutes of Last Meeting (<i>Paper HSI22/025</i>)
12.1	The Governing Body received the draft minutes of the meeting held on 2 February 2022; these were not formally approved due to time constraints.

12.2	AGREED The Governing Body noted the minutes of the Governing Body meeting held on 2 February 2022 as read.
13	Any Other Business
13.1	No additional items of business were raised.
13.2	The Chair drew the meeting to a close and thanked colleagues across the NHS who were working hard under extremely difficult circumstances.
14	Date of next meeting
14.1	The next meeting of the Governing Body to be held in public was scheduled to take place on 4 May 2022.

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

Signed by

Chair:

Date: