

# HSI22/051

## GOVERNING BODY

<b>Title of paper</b>	Minutes of last Governing Body meeting		
<b>Agenda item</b>	04	<b>Date of meeting</b>	22 June 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		

<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"/>

<b>Executive Summary</b>	
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 4 <sup>th</sup> May 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 ✓

<b>Please provide details on the impact of following aspects</b>	
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 4 May 2022  
via Zoom**

### Present

Margaret Scott	Independent Chair
Julie Dawes	Chief Nursing Officer
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
Michele Legg	Clinical Director, Isle of Wight
Maggie Maclsaac	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

Simon Bryant	Director of Public Health, Hampshire County Council ( <i>part meeting</i> )
Debbie Chase	Director of Public Health, Southampton City Council
Ian Corless	Head of Business Services
Steve Cummins	Governance Manager ( <i>item 10</i> )
Tessa Harvey	Executive Director of Performance
Fiona Howarth	Chief of Staff
Helen Ives	Executive Director of Workforce
Gemma Limburn	Associate Director of People ( <i>item 9</i> )
Lena Samuels	Chair Designate: Hampshire and Isle of Wight Integrated Care System
Andy Wood	Director of Strategic Finance and sustainability lead ( <i>item 11</i> )
Jackie Zabiela	Governance Manager (minutes)

### Apologies

Nicola Decker	Clinical Leader
Charlotte Hutchings	Clinical Director, North and Mid Hampshire

<b>1</b>	<b>Welcome and Introductions</b>
1.1	The Chair welcomed everyone present to the eighth 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.
<b>2</b>	<b>Declarations of Interest (<i>Paper HSI22/026</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> <b>The Governing Body accepted the Register of Board Members' Interests.</b>
<b>3</b>	<b>Chief Executive's Report (<i>Paper HSI22/027</i>)</b>
3.1	<p>The Chief Executive's Report provided updates on issues relevant to the CCG and the wider health and care system as detailed below.</p> <ul style="list-style-type: none"> <li>• The impact of COVID-19 / Omicron was still being felt by the NHS, which continued with the vaccination programme whilst at the same time undertaking recovery work. There was a great deal of focus on workforce; with the strain of the past few years being seen in many teams.</li> <li>• Extra funding that had been provided for COVID-19 cost pressures would soon cease and the NHS needed to return to managing resources as before. There were some challenges around this; essentially organisations across the system would need to work together to undertake the strategic / transformation work along with integration in local teams to achieve this.</li> <li>• The Health and Care Bill had been through the legislative process and received Royal Assent on 28 April. The Hampshire and Isle of Wight (HIOW) Integrated Care System (ICS) and formation of the Integrated Care Board (ICB) was on track for 1 July 2022. This will entail the dissolution of both Hampshire, Southampton and Isle of Wight CCG and Portsmouth CCG along with the safe transfer of staff and services. The development of the ICS / ICB would continue post 1 July with a programme of development through the rest of 2022/23 and on into the following year; more detail would be provided at the next meeting.</li> <li>• Progress was being made on the Hampshire Together: Modernising our Hospital and Health Services (MOHHS) programme. The Regional Clinical Senate had been invited to comment on plans; further detail would be provided at future meetings.</li> <li>• Amanda Pritchard, NHS England (NHSE) Chief Executive had visited the Community Diagnostic Centre in Lymington and reviewed facilities at Tatchbury Mount (Southern Health NHS Foundation Trust). She had also spent time with system leads to discuss some of the challenges and successes in the HIOW system, as well as how NHSE could provide support. This had been a productive conversation and she had seen some fantastic services and colleagues who were full of hope, energy and optimism for what needed to be achieved. Moving forward it would be important to recognise successful local schemes so that they could be scaled up and the benefit seen across the system.</li> </ul>
3.2	It was queried if there had been any indication of the capital allocation for the MOHHS programme. The Chief Finance Officer responded that the allocated resource was clear (amongst other national schemes), however it was important to be aware that it would not be possible to get all the funding that we would like. Partners including community and primary care would need to work together as a system in this part of the geography to put in place services that were sustainable and working well, rather than focussing on the new building and the current distribution of services.
3.3	There had been no notification that the Government / Department of Health had changed their plans to build new hospitals across the country, nor around funding for

	the build at Hampshire Hospitals NHS Foundation Trust (HHFT), although it should be expected that there will be requirements to ensure that designs met the transformation changes and were affordable from both the capital and revenue perspectives.
3.4	<b>AGREED:</b> <b>The Governing Body noted the Chief Executive's report.</b>
<b>4</b>	<b>COVID-19 Incident Status Report (Paper HSI22/028)</b>
4.1	<p>The Executive Director of Performance presented a paper which provided a summary of the current COVID-19 position, including patients in hospital beds and Critical Care Units, alongside a COVID vaccination update. The following points were raised during discussion:</p> <ul style="list-style-type: none"> <li>• GPs had received feedback from patients and relatives regarding ability to access hospital sites to visit relatives as some providers had limited access, and it was queried if this would soon improve. In response it was advised that trusts had been following national guidance, balanced with the number of outbreaks within hospitals i.e. part of the outbreak management process (for both COVID-19 and Noro-virus) was to restrict visiting. However, all trusts had 'compassionate visiting' arrangements in place, for example if a patient were at the end of life / in special circumstances. All trusts in HIOW were now in the process of reviewing the position with a view to lifting visiting restrictions.</li> <li>• In terms of the long term strategy for COVID management, planning was in progress nationally with NHSE. It was likely there would be another 12 months of a separate COVID vaccination programme, with the anticipation that it would be possible to have a dual COVID/flu vaccine after that. Planning relied on modelling scenarios where there may be another variant of concern and looking at different frequency of vaccinations.</li> <li>• Public Health were working to understand how the virus was mutating around the world / in the UK to determine how the vaccine programme would follow; this was still in early stages and was unclear how it would play out. It could be seasonal like flu, or might be different throughout the year depending on how it presented.</li> <li>• Concern was expressed regarding the impact of the autumn booster programme and GP / primary care ability to deliver. It was advised that each of the systems across HIOW had a vaccination plan, led predominantly by the system primary care leads. At an overarching level, the Executive Director for Workforce led the COVID vaccination programme for the ICS which worked across the systems to ensure there was adequate resilience within the plans, which had all been scrutinised through the Vaccination Steering Group.</li> </ul>
4.2	<b>AGREED</b> <b>The Governing Body received the COVID-19 Incident Status Report and noted the key issues raised.</b>
<b>5</b>	<b>Integrated Quality and Performance Report (Paper HSI22/029)</b>
5.1	The Executive Director of Performance presented the Integrated Quality and Performance report. The following points were raised in addition to the detail within the report:

- There had been an improvement in ambulance handover delays, particularly in Portsmouth, although the significant delays in the earlier part of the reporting period had led to Portsmouth Hospitals University NHS Trust (PHU) and South Central Ambulance Service (SCAS) declaring critical incidents. Some of the actions that had been put in place would take some time to come to fruition, such as increasing the number of call handlers, however organisations were working collaboratively and some improvements had been seen.
- The system had managed to reduce the number of elective patients that had been waiting over 104 days down to five by the end of March 2022. However this had increased to 63 in April and work was ongoing to bring this number down. Trusts were working to manage the numbers of patients who had been waiting 52 weeks which had stabilised, however overall increases in wait lists were being seen.

5.2 The Chief Nursing Officer reported the following:

- The impact of some of the pressures had started to be seen in a number of ways, for example there had been a number of COVID outbreaks in PHU and HHFT that added to pressures where beds could not be used. The numbers had since reduced with only one or two open outbreaks, with good learning identified. The pressures being felt by SCAS when they declared the critical incident had also had an impact on the home birth service in that it was not possible to have a home birth due to the potential need to call an ambulance should an emergency arise. Staff sickness had also impacted.
- A Regional call had just taken place with NHSE with regard to Child and Adolescent Mental Health Services (CAMHS). A deep dive had recently been discussed at the Quality, Performance, Finance and Workforce (QPFW) Committee and as well as the system group chaired by the Non-Executive Director: Patient and Public Involvement. CAMHS was an area that had been escalated as, whilst there were more Tier 4 beds coming on line, the children still at home or on paediatric wards, although small in number, were highly complex people who needed great deal of time and energy to care for, and for which organisations were carrying a high risk.
- The Care Quality Commission had recently undertaken a review of the urgent and emergency care pathway at PHU. There were a lot of positives identified in the initial feedback, however there were also areas that required review.
- NHSE had asked trusts to reflect on the second part of the Ockenden Report into maternity services, as the Kent report was due to be published in September and the national approach was to take them together. Visits would be undertaken by the national team in the South East during June to August to review compliance with the actions identified in the first Ockenden report.
- Safeguarding concerns had been identified in relation to Ukrainian residents where some of the placements were starting to break down, similarly with some of the refugee and asylum hotels which had increased demand on primary care and safeguarding services.
- Whilst in critical incident, the system had tried to balance risks and had encouraged families to take their relatives home with any gaps in care bridged e.g. domiciliary care. Safeguarding concerns were now starting to be seen where families had not been able to cope, despite their best intentions.

5.3 The following issues were subsequently raised:

- It was noted that there was a dramatic difference in figures for 2 week wait breast performance for February 2022, with two trusts having achieved above 90% and the other two less than 50%, and it was queried whether GPs should consider referring patients to providers who could treat them more rapidly if

	<p>they had capacity. The Executive Director of Performance responded that, as detailed with the report, University Hospital Southampton NHS Foundation Trust (UHSFT) had been waiting for two consultants to take up post in February, which should result in improvement in performance from March onwards. However, the situation at HHFT was less clear; this would be followed up outside the meeting and a full response on the current position provided to QPFW and the Governing Body at the next meetings.</p> <ul style="list-style-type: none"> <li>The Non-Executive Director: Patient and Public Involvement stated that she supported the Chief Nursing Officer in again escalating CAMHS to the Region. This had been a high level, red risk for the past year and related to a significant part of the community that needed support. She queried what action was being taken to support the children waiting to be seen under the urgent category for the eating disorder service, and whether an increase in crisis presentation was being seen in Emergency Departments (ED) whilst children were waiting for the support they needed. In response it was advised that an increased presentation of children in EDs was being seen and transferring in for inpatient care. In particular for Specialised Commissioned Tier 4 beds a harm review process would be undertaken, also taking into account the wider harm, for example when children were on a paediatric ward, what was the impact on other children and their families. The review would include children waiting at home and the impact on their family and education etc. There were also mechanisms in place to check on those that were waiting and literature shared regarding how to provide support and identify any deterioration etc.</li> </ul>
<b>5.4</b>	<b>AGREED</b>
	<b>The Governing Body received the Integrated Quality and Performance Report and noted the key issues raised.</b>
<b>6</b>	<b>Finance and Operational Planning</b>
6.1	<u>2021/22 Financial Performance (Paper HSI22/030)</u>
6.1.1	The Chief Finance Officer presented the 2021/22 Financial Performance Report, reporting that the CCG had delivered a small £26k surplus against a budget of just over £3.2 billion (0.8% of overall turnover). The draft set of accounts had been completed and were now subject to audit. The final accounts would be presented at the Annual General Meeting in the next few months.
6.1.2	The Chair expressed congratulations on behalf of the Governing Body to everyone in the CCG and in particular to the finance team for all their efforts enabling the CCG to achieve the target.
<b>6.1.3</b>	<b>AGREED:</b>
	<b>The Governing Body noted the financial performance for year to date (to 31 March 2022).</b>
6.2	<u>Hampshire and Isle of Wight Integrated Care System Operational Plan 2022/23 (Paper HSI22/031)</u>
6.2.1	The Executive Director of Performance presented a paper which summarised information from Trusts for activity, performance, finance and workforce, which enabled the submission of template and narrative submissions for the HIOW ICS to NHSE and NHS Improvement on Thursday 28 April 2022 in line with the national

timetable. The following points were highlighted in addition to the detail provided within the paper:

- All elective plans were challenging and relied on unwinding COVID-19 effects and delivering high activity which would require significant transformation across all trusts.
- Non-elective activity had increased above what would normally expect to forecast, which was likely to be a reflection of people's experience over the last couple of years.
- The intention was to reduce the use of bank and agency staff by 482 wte; the Executive Director of Workforce and the team were undertaking work to track delivery of the reduction, manage any unintended consequences and work closely with trusts on workforce forecasts to ensure that the anticipated workforce growth assumptions were correct.
- The report also included a summary of the performance metrics that H10W ICS were expected to delivery, with four identified that would not be met in year, for example children waiting less than 18 weeks for a wheelchair. This had been discussed in depth at the QPFW Committee.
- It was recommended that the Governing Body accepted the plan, which should be seen as a plan to be exceeded in all areas. Work would continue to try and bring down the financial deficit, as well as continue with transformation to increase activity. This would lead to an increase in the cost weighted activity target and work towards the intention to try to get back to the transformative position the system was in prior to COVID to manage activity growth down.
- Controls would be put in place through the year to ensure that the ICS met the transformation timescales and to closely monitor the plan due to the risks to delivery. More planning work would be undertaken throughout May and June to ensure that plans were concrete in order to focus on delivery moving forward, building on current work.

6.2.2 The following points were raised during discussion:

- Given that the plan had been submitted to NHSE on 28 April and had only just been submitted to Governing Body for approval, it was queried what would happen if NHSE raised any queries. It was advised that the Executive Director of Performance had already met with regional colleagues earlier in the week to review the plan and any areas of escalation, for example outpatient follow-up. NHSE had been satisfied that the ICS was undertaking further work to improve the metrics. There was also discussion around the financial position both nationally and regionally and all understood that the plan / submission was at a point in time and that the system would continue to work to drive the projected deficit down throughout the year.
- Region were pleased regarding the non-elective programme and the intention to move to a point of trying to suppress growth / set plans for winter etc. They were complimentary about the work that had been undertaken around workforce and felt that the growth assumptions were reasonable and agreed with any variations that the ICS had identified.
- It was observed that one of the key areas of expenditure was Continuing Healthcare (CHC) and the higher costs incurred due to the current increase in inflation, and it was queried if this would be taken into account in the financial allocation. It was advised that a core component of the current system deficit was what was deemed 'excess inflation'; which was over and above the normal, expected level that the NHS nationally had provided for / sought from the Treasury. The question being asked nationally was could the scale be quantified and could it be brought down. At this stage it was not known if this

6.2.3	<p>would be funded or if the excess inflation would be allowed for; it had been recognised as a pressure that was contributing to NHS financial plan deficits.</p> <ul style="list-style-type: none"> <li>• Clarification was sought as to when it was expected that the Mental Health Individual Placement and Support Service would be commissioned given that access was one of the performance targets that the ICS would not meet. The intention was that this would be commissioned in year / end of Quarter 3. It was not expected to meet the standard as the service would only be operating in Quarter 4.</li> <li>• The Non-Executive Director: Governance reported that NHSE had made it clear to Audit Committee chairs that the key priority was to ensure that the money was sorted in year and that elective services were restored. He therefore queried if the capacity was available to do the longer term, strategic planning. The Chief Executive Officer commented that this question often arose when considering how do deal with all the priorities when coming out of the COVID pandemic. It was therefore important to ensure there was clarity on all the things that had to be done, e.g. reduction in waiting times, stabilising unscheduled care, look after the workforce and stabilise the financial position. Strategy, transformation, and changing the way that people worked was the real solution, so it was about achieving balance. Some significant changes were needed to make services sustainable, however the ICS should not have people who were responding to incidents / operational issues whilst also having to do the transformation work. All staff needed to be used in a different way, being clear and realistic about objectives.</li> <li>• It was also observed that the impact of COVID had negatively impacted on population health, so in addition it was about taking a population health approach and turning this around.</li> </ul> <p>The Chair drew the discussion to a close, adding that she was pleased to see that review and monitoring was part of the process as this would become the Operating Plan for the HIOW ICB moving forward.</p>
6.2.4	<p><b>AGREED:</b></p> <p><b>The Governing Body approved the Operating Plan 2022/23 and associated actions set out in the paper to implement transformation plans and to address the financial deficit.</b></p>
6.3	<p><u>Financial Plan 2022/23 (Paper HSI22/032)</u></p>
6.3.1	<p>The Chief Finance Officer presented a report on the Financial Plan for 2022/23 which described the financial budgets for the current CCG that would then become the ICB budget from 1 July 2022. As with the ICS, he highlighted that there was more to be done over the next few months to deliver an improved financial year end position.</p>
6.3.2	<p>When looking at the overall budget for the ICS the system was effectively operating with a 'flat cash' budget, however within that the additional pressures of growth and demand as well as inflation had to be managed, alongside how changes and investments were made. In order to manage this, organisations across the ICS had reasonable / slightly challenging cost improvement programmes to manage the financial envelope and work within our means, whilst also being innovative and transformational to make services effective for the future otherwise deficits would continue year on year.</p>
6.3.3	<p>At present the CCG / ICB contribution to the system deficit was £19.2m. The position was expected to improve over the next few weeks as part of the system engagement</p>

	<p>work. Of this, at least £10m was due to the impact of excess inflation, such as prices through prescribing and CHC, which was difficult to resolve. Around £9m related to continuing growth, for example CHC, investment in ambulance services and mental health to meet some of the Mental Health Investment Standards, however this needed to be thoroughly reviewed to ensure value for money and that outcomes were delivered.</p>
6.3.4	<p>The CCG / ICB had a savings programme of £37.5m. The paper provided identified some key areas of focus, such as medicines optimisation, CHC, corporate costs and local contracts and a through review had been developed of where those opportunities could crystallise. At present there was confidence that £12m of the efficiency programme could be delivered. Around £18m had plans that needed more work to get them formally in place, with the intention being to provide a paper to QPFW to detail how this could be achieved. There then remained around £7m of risk that needed further work / identification. There may be some non-recurrent means and some slippage in spend / recruitment that would allow mitigation of some of that risk.</p>
6.3.5	<p>The Operating Plan had been developed in conjunction with all the constituent parts / organisations of the NHS and where possible involving local authority partners etc so that all had a consistent view of finances, quality and performance. The need then was to ensure that all decisions that were made had a shared understanding of the outcome / reasons for making those changes. The shared, in depth understanding of everything that sat underneath the overarching plan was probably not quite there yet, hence the need for improvements to be made over the next few weeks.</p>
6.3.6	<p><b>AGREED:</b> <b>The Governing Body approved and ratified the Financial Plans for 2022/23.</b></p>
<b>7</b>	<b>Workforce (Paper HSI22/033)</b>
7.1	<p>The Governing Body received an update report on the current workforce position. The Executive Director of Workforce reported that the Chair had asked her to provide an update on the partnership work / innovations being undertaken across the ICS; key points highlighted were as follows:</p> <ul style="list-style-type: none"> <li>• The prediction from the Health Foundation is that workforce would need go grow by 40% by 2030, which was double the growth seen in Hampshire over the last few years.</li> <li>• HIOW ICS had one of the most successful nursing recruitment programmes in England. The plan was to recruit over 1,100 international nurses (including midwives and mental health nurses) as a collective across HIOW, working together as a team to share learning / try different initiatives.</li> <li>• The programme had been expanded to include Allied Health Professionals (AHPs) with 16 having recently been secured through international routes.</li> <li>• There had been a focus on mental health where there was a significant workforce demand, looking at programmes that helped registered general nurses retrain in mental health, as well as looking at international recruitment. Some of the internationally recruited nurses were mental health nurses in their country of origin but were not licenced to work in that way in the UK; they had expressed an interest to retrain as a Registered Mental Health Nurse, which also supported the system Equality, Diversity and Inclusion objectives.</li> <li>• A Primary Care Fellowship programme was in place to support. HIOW had 28 GP Fellows, as well as 25 GP Nurse Fellows with a well-established mentorship programme, working in close partnership with Health Education</li> </ul>

	<p>England. There were 20 primary care education environment leads in place to improve the learning environment within primary care.</p> <ul style="list-style-type: none"> <li>• A Learner Journey Programme had commenced in Portsmouth working with the Solent Local Enterprise Partnership (LEP) and a primary school which involved using NHS expertise to teach part of the curriculum in the school and by doing so try and attract more people into the NHS. This had proven to be fruitful and the aim now was to expand up into the north of Hampshire, linking with a school in Alton that had committed some physical space to do some of the work and with the M3 LEP to try and partner and secure funding.</li> <li>• With regard to workforce transformation, there was effective partnership with NHS Professionals in HIOW who had supported with over 1,000 people into the vaccination programme. The unregistered vaccination role was a good example of transformation into the workforce. In total over 5,000 people were working on the vaccination programme and over half of those were volunteers, which gave an enhanced view of how the NHS could work with volunteers and the third sector etc to deliver effective services.</li> <li>• Investment into different professions continued, including holding workforce events for AHPs and working with NHSE on recruitment events in Southampton and Portsmouth intended to boost the Healthcare Support Worker (HCSW) community. Trusts were also working to offer continued workforce development for HCSWs up into other NHS professions.</li> </ul>
7.2	<p>It was raised that there had been reports in the media about there being a ‘timebomb’ in terms of GPs, with many over 50 / nearing retirement and it was queried if this were true of HIOW. In response it was advised that there was a risk in HIOW, although it was quite difficult to collect accurate data as GPs had their own information systems; one of the challenges was how to work with GP practices to collect that data in a respectful way.</p>
7.3	<p>When looking at the whole workforce however, of greatest concern was the significant proportion of facilities and estates staff that were nearing retirement; health services relied on this infrastructure to keep services running safely. Often the focus tended to be on nurses, medics and other professions, however the need was to look at the multi-disciplinary workforce and ensure focus / investment into parts of the workforce that historically did not have that level of analysis, working together with partner organisations.</p>
7.4	<p><b>AGREED:</b> <b>The Governing Body received the Workforce Report and noted the risks and actions in place.</b></p>
	<p><i>Simon Bryant, Director of Public Hampshire County Council left the meeting</i></p>
8	<p><b>Hampshire and Isle of Wight Integrated Care System Development (Paper HSI22/0234)</b></p>
8.1	<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 CCGs (NHS Hampshire, Southampton &amp; Isle of Wight CCG and NHS Portsmouth CCG) to the new statutory body, the HIOW ICB, which would be known as NHS Hampshire &amp; Isle of Wight.</p>

8.2	It was reported that progress was going well; CCG functions / staff would transfer into the ICB, with the journey towards greater integration / joint working progressing moving forward. Updates on progress would continue to be reported through the ICB Governing Body from July 2022.
8.3	<b>AGREED</b> <b>The Governing Body noted the briefing on ICS development progress ahead of 1 July 2022.</b>
<b>9</b>	<b>Staff Survey Results and Next Steps (Paper HSI22/035)</b>
9.1	The Governing Body received a paper intended to provide assurance on the pro-active engagement with staff through the national staff survey.
9.2	Results have been shared with staff and more a more detailed breakdown provided to the Executive Team. Further detailed analysis was being undertaken with teams looking at any areas of concern / good practice that could be shared to develop action plans. This included review of elements relating to equality and diversity and dealing with any areas of concern.
9.3	There were no particular areas that flagged as a concern on initial review of the results, although there were areas for continued improvement. The CCG / ICB would continue to obtain staff feedback through the regular use of surveys which would be monitored as the organisation continued to change.
9.4	<b>AGREED</b> <b>The Governing Body:</b> <ul style="list-style-type: none"> <li>• <b>Noted the 2021/22 Staff Survey Results</b></li> <li>• <b>Supported implementation of next steps as outlined in the paper.</b></li> </ul>
<b>10</b>	<b>Freedom to Speak Up (Paper HSI22/036)</b>
10.1	The Chair expressed thanks on behalf of the Governing Body to Steve Cummins, Governance Manager who had been appointed as the Freedom to Speak Up Guardian, as well as to the Non-Executive Director: Patient and Public Involvement who had helped the CCG in understanding what was needed to be effective. The Chief Nursing Officer added that Steve was doing a great job trying to promote the role; a small number of concerns had been raised through that route to date, although she felt that there may be more concerns than had so far surfaced.
10.2	Steve was currently filling the role of Guardian for primary care in the absence of a formal structure and would monitor the numbers of contacts that were received, which at the moment were very small; should they increase the position would be reviewed.
10.3	<b>AGREED</b> <b>The Governing Body noted the assurance on the development of a healthy and effective Freedom to Speak up culture in line with current best practice.</b>

<b>11</b>	<b>Green Plan (Paper HSI22/037)</b>
11.1	<p>The Governing Body received a draft proposed ICS Green Plan which was intended to begin the journey that the NHS in HIOW needed to make to support delivery of the Greener NHS commitments. The following comments were raised:</p> <ul style="list-style-type: none"> <li>• The plan did not detail the investment needed to deliver some of the agenda.</li> <li>• The use of S106 Local Investment Level.</li> <li>• No reference to shared ownership / delivery of space. It was recognised that this was important. There were a number of CCG bases across HIOW with various forms of lease arrangements. This would be a major part of future transformation and should be part of the green agenda. It was also important in terms of how staff were encouraged to come back into offices, and the way they worked together with colleagues, particularly on complex problems. This would take some time to put in place in light of lease arrangements etc and linked with the estates plan, culture and the Green agenda.</li> <li>• It was highlighted that this was a real opportunity to make Green sustainability part of work going forward. On average there was over £100m capital investment each year; part of this was sustainable construction and developing Green infrastructure. In addition there was a great deal of spend on medicines, so consideration needed to be given to how to prescribe Green choices that were safer..</li> </ul>
11.2	Thanks were expressed to Andy Wood, ICS Director of Strategic Finance (sustainability lead) and his team on behalf of the Governing Body.
<b>11.3</b>	<b>AGREED</b> <b>The Governing Body noted the ICS Green Plan in advance of further consideration by the Integrated Care Board.</b>
<b>12</b>	<b>COVID-19 Public Inquiry Briefing (Paper HSI22/038)</b>
12.1	The Governing Body received a report which provided a high level overview of work underway in response to the UK-wide statutory public inquiry into the COVID-19 pandemic. No comments or queries were raised.
<b>12.2</b>	<b>AGREED</b> <b>The Governing Body noted COVID-19 Public Inquiry briefing report.</b>
<b>13</b>	<b>Emergency Planning Resilience and Response Annual Report 2021/22 (Paper HSI22/039)</b>
13.1	The Governing Body received the Emergency Planning Resilience and Response (EPRR) Annual Report 2021/22. No comments or queries were raised.
13.2	The Chair expressed thanks on behalf of the Governing Body for all the work that the EPRR team had undertaken.
<b>13.3</b>	<b>AGREED</b> <b>The Governing Body noted the Emergency Planning Resilience and Response Annual Report 2021/22</b>

<b>14</b>	<b>Committees of the Governing Body (Paper HSI22/040)</b>
14.1	The Governing Body received the approved minutes and summary reports from the following meetings: <ul style="list-style-type: none"> <li>• Audit and Risk Committee held on 27 April 2022, chaired by Simon Garlick, Non-Executive Director (Governance).</li> <li>• Quality, Performance, Finance and Workforce Committee held on 27 April 2022 chaired by Edward Palfrey, Secondary Care Clinician (Non-Executive)</li> </ul>
<b>14.2</b>	<b>AGREED</b> <b>The Governing Body noted 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 27 April 2022</b></li> <li>• <b>Quality, Performance, Finance and Workforce Committee held on 27 April 2022.</b></li> </ul>
<b>15</b>	<b>Minutes of Last Meeting (Paper HSI22/041)</b>
15.1	The Governing Body received the draft minutes of the meeting held on 6 April 2022. It was noted that the minutes of the 2 February 2022 had not been formally agreed at the last meeting; no comments had been received in relation to the content.
15.2	<b>AGREED</b> <b>The Governing Body approved the minutes of the Governing Body meetings held on 2 February and 6 April 2022.</b>
<b>16</b>	<b>Any Other Business</b>
16.1	No additional items of business were raised.
16.2	The Chair drew the meeting to a close.
<b>17</b>	<b>Date of next meeting</b>
17.1	The next meeting of the Governing Body to be held in public was scheduled to take place on 22 June 2022.

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

**Signed by**

**Chair:** .....

**Date:** .....