

# HSI21/046

## GOVERNING BODY

<b>Title of paper</b>	<b>Reports from Committees of the Governing Body</b>		
<b>Agenda item</b>	<b>11</b>	<b>Date of meeting</b>	8 September 2021
<b>Director leads</b>	Simon Garlick, Non Executive Director (Governance) – Chair, Audit Committee Matt Stevens, Non Executive Director (Primary Care Commissioning) – Chair, Primary Care Commissioning Committee Edward Palfrey, Non Executive Director (Secondary Care Specialist) – Chair, Quality, Performance and Finance Committee		
<b>Clinical lead (if applicable)</b>	Nicola Decker, CCG Clinical Leader		
<b>Author</b>	Ian Corless, Board Secretary, supported by Governance Managers (Steve Cummins, Terry Renshaw and Helen Goff)		

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

<b>Executive Summary</b>
<p>Since the last meeting in public of the Governing Body in June, 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"> <li>• Audit and Risk Committee – held on 14<sup>th</sup> July and 1<sup>st</sup> September 2021, chaired by Simon Garlick</li> <li>• Primary Care Commissioning Committee – held on 21<sup>st</sup> July 2021, chaired by Matt Stevens</li> <li>• Quality, Performance and Finance Committee – held on 21<sup>st</sup> July 2021, chaired by Edward Palfrey</li> </ul> <p>A summary report is appended from each of the Committees, highlighting to the Governing Body the key issues and subjects discussed. A verbal update will be provided for the Audit and Risk Committee held on 1st September 2021.</p> <p>Issues reviewed at Committees which are currently commercial in confidence will be presented within confidential session and within a separate paper.</p>

<b>Recommendations</b>	<p><b>The Governing Body is asked to receive and review the summary reports from the following meetings:</b></p> <ul style="list-style-type: none"> <li>• <b>Audit and Risk Committee held on 14th July and 1st September 2021</b></li> <li>• <b>Primary Care Commissioning Committee held on 21st July 2021</b></li> <li>• <b>Quality, Performance and Finance Committee held on 21st July 2021</b></li> </ul>
<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	No 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 14th July and 1st September 2021 Primary Care Commissioning Committee held on 21st July 2021 Quality, Performance and Finance Committee held on 21st July 2021

Audit and Risk Committee Summary	
1.	<b>Date of Meeting</b> : 14 July 2021
2.	<b>Overview of business including key issues for Governing Body:</b>
	<p>1. <b>Financial Planning</b> – The Committee received a brief update on current status with regard to NHS financial planning guidance. Particular attention was drawn to the change in threshold for the second quarter for the additional tariff above 2019/20 baseline had increased from 85% to 95%, with would equate to a reduction of £15m to £20m of expected income for Hampshire and Isle of Wight Integrated Care System (ICS).</p> <p>There was also the potential that the ICS would be required to achieve a 3% efficiency in the second half of the year (i.e. 1.5% annually). The impact of the Hampshire Council Council consultation on the Public Health budget would also need to be factored in. Work was ongoing across the ICS to determine which priorities required focus to get through the pandemic / winter and which things may need to be slowed down.</p>
	<p>2. <b>Internal Audit: Internal Audit Annual Plan</b> – The Committee received the updated internal audit annual plan. The Audit and Risk Committee agreed that a proposed audit on Patient and Public Involvement was undertaken during quarter 4 as this would be useful for the ICS to be aware of the current status and any gaps in order to fulfil its role / obligations in relation to Patient and Public Involvement when it became a statutory body in April 2022.</p> <p>The Committee also supported an in depth review of cyber security to be undertaken across the CCG end September / early October 2021, particularly in light of some of the findings within the West Hampshire CCG Cyber Security Health Check Review Report, with the scope of the audit to include primary care vulnerabilities as part of GP IT issues.</p> <p>It was highlighted that the approach to Quality, Innovation, Productivity and Prevention (QIPP) and Cost Improvement Plans (CIPs) had changed predominantly as a result of COVID-19 and the intention was that savings would be embedded in service transformation. The Committee therefore discussed the importance of ensuring greater visibility at the Governing Body to see if transformation programmes were delivering at the expected place, acknowledging that some of this was at Place level, to ensure strategic overview.</p> <p>An update was also provided on plans in place to reduce corporate costs, with Finance and HR leads meeting with each of the directors to review their staff and budgets and agree a savings programme. The Chair confirmed that he felt reassured in light of the update provided on the actions being undertaken and requested that a paper was provided either to the Quality, Performance or Audit &amp; Risk Committee on the corporate budget position.</p>

	<p>3. <b>Update on the Implementation of Internal Audit Recommendations from audits undertaken within predecessor CCGs</b> - The Committee received a report, which provided an update in relation to the work underway to follow up and update the recommendations portal for all recommendations from predecessor CCGs.</p>
	<p>4. <b>Internal Audit Progress Report</b> – The Committee received a report, which provided an update in relation to the internal audit plan.</p>
	<p>5. <b>Internal Audit Report: West Hampshire – Cyber Security Health Check Review</b> – The Committee received the Cyber Security Health Check Review in relation to West Hampshire CCG. Findings will be used to inform the Hampshire, Southampton and Isle of Wight CCG Cyber Security Audit.</p>
	<p>6. <b>External Audit Progress Report</b> – The Committee received a verbal update on the external audit progress, advising that in light of the COVID-19 pandemic, the National Audit Office had decoupled the Value for Money element from the work on the financial statement. Work was underway with a view to bringing the auditors annual review in draft format for comment by the Audit and Risk Committee at the next meeting on 1 September with the intention of publishing the report after the meeting so that the CCG could publish the last set of CCG legacy documents before the 20 September deadline.</p>
	<p>7. <b>Counter Fraud Bribery and Corruption Progress Report</b> – The Committee received the progress report, which outlined the key fraud, bribery and corruption work undertaken for NHS Hampshire, Southampton &amp; Isle Of Wight Clinical Commissioning Group for the period 31 May 2021 to 5 July 2021 covering:</p> <ul style="list-style-type: none"> <li>• Governance</li> <li>• Awareness</li> <li>• Prevention and Detection</li> <li>• Investigations and Loss</li> <li>• Work Plan Tracker</li> </ul>
	<p>8. <b>Governing Body Assurance Framework (GBAF)</b> - The Committee received an update on progress with the risk management programme, including the development of the Governing Body Assurance Framework and the proposed strategic risks, which would form the basis of the CCG GBAC. Whilst Primary Care Resilience was a thread within all the strategic risks, it had been agreed that this would become a separate / additional Strategic Risk. The Audit and Risk Committee agreed the following Strategic Risks:</p> <ul style="list-style-type: none"> <li>• COVID-19 Restoration and Recovery</li> <li>• Quality of Care</li> <li>• Financial Performance</li> <li>• System Reform and New Ways of Working</li> <li>• Staff Development and Workforce</li> <li>• Planning for the future</li> <li>• Estates</li> <li>• Cyber Security</li> <li>• Primary Care Resilience</li> </ul>
	<p>9. <b>Data Protection Officer (DPO) Update</b> – The Committee received a report which provided an update on the main areas managed by the DPO, including:</p> <ul style="list-style-type: none"> <li>• CCG reform and information governance support</li> <li>• Roles and responsibilities</li> </ul>

	<ul style="list-style-type: none"> <li>• Data Security and Protection Toolkit</li> <li>• Data security training</li> <li>• Information governance breaches</li> <li>• Policies and processes.</li> </ul> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• Supported the target data for completion of mandatory Data Security Training by the end of Quarter 2 for all staff</li> <li>• Recommended the following policies for ratification by the Governing Body: <ul style="list-style-type: none"> <li>○ Information Governance Management Framework</li> <li>○ Individual Rights Policy</li> <li>○ Individual Rights Standard Operating Procedure</li> <li>○ Fair Processing Notice</li> </ul> </li> </ul>																					
	<p><b>10. Information Governance Annual Report</b> – The Committee received the 2020/21 Information Governance Annual Report for the CCGs previously in the Hampshire and Isle of Wight Partnership of CCGs, Southampton City CCG and West Hampshire CCG for the reporting year 2020 – 2021. The following table details the current stage and levels achieved by each of the CCGs; Isle of Wight CCG was unable to achieve Standards Exceeded as their IT service provider do not hold Cyber Essentials Plus accreditation.</p> <table border="1" data-bbox="261 943 1399 1301"> <thead> <tr> <th>CCG</th> <th>Stage</th> <th>Self-assessed Grade</th> </tr> </thead> <tbody> <tr> <td>North Hampshire</td> <td>Published</td> <td>Standards Exceeded</td> </tr> <tr> <td>Isle of Wight</td> <td>Published</td> <td>Standards Met</td> </tr> <tr> <td>South Eastern</td> <td>Published</td> <td>Standards Exceeded</td> </tr> <tr> <td>Fareham and Gosport</td> <td>Published</td> <td>Standards Exceeded</td> </tr> <tr> <td>West Hampshire</td> <td>Published</td> <td>Standards Exceeded</td> </tr> <tr> <td>Southampton</td> <td>Published</td> <td>Standards Exceeded</td> </tr> </tbody> </table>	CCG	Stage	Self-assessed Grade	North Hampshire	Published	Standards Exceeded	Isle of Wight	Published	Standards Met	South Eastern	Published	Standards Exceeded	Fareham and Gosport	Published	Standards Exceeded	West Hampshire	Published	Standards Exceeded	Southampton	Published	Standards Exceeded
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	<p><b>11. Single Tender Waivers</b> – The Committee received an updated Single Tender Waivers Log which was broken down into three sections:</p> <ul style="list-style-type: none"> <li>• Direct Awards (the majority)</li> <li>• Direct Awards via an approved Framework (with confirmed Direct Award facility)</li> <li>• Decision Log re: Waivers where a future decision was required upon contract expiry i.e. an ongoing recurrent need</li> </ul> <p>It was agreed that the log would be further amended to record a rationale against each Single Tender Waiver.</p>																					
3.	<p><b>Items to escalate to Board</b></p> <p>There were no items were identified for escalation to the Governing Body.</p>																					
4.	<p><b>Key reference documents:</b></p> <ul style="list-style-type: none"> <li>• Draft Minutes of meeting held on 14 July 2021 will be published once approved by the committee</li> </ul>																					
5.	<p><b>Date of Next Meeting - 1 September 2021</b></p>																					

Primary Care Commissioning Committee	
1.	<b>Date of Meeting</b> : 21 July 2021
2.	<b>Overview of business including key issues for governing body:</b>
	<p>1. <b>HIOW Primary Care Work Programme 2021-22 Update</b> – Received a paper that provided a briefing to the Committee on actions that have been taken to date on the primary care work programme. There followed a discussion around primary care resilience, the recently published General Practice Patient Survey, capacity and access to primary care, taking forward learning and new ways of working. The work programme is to feature as a regular agenda item going forward recognising that this is work in progress.</p>
	<p>2. <b>COVID-19 Vaccination Programme Update</b> - Received a presentation that provided the Committee with an update on the progress made on the Covid-19 vaccination programme. Members agreed that this is a highly successful programme across HIOW and the presentation highlighted where we have got to so far and the next steps. There was discussion around the successful collaborative working, the need for specific interventions/engagement conversations with the bespoke number of people we still need to reach out to and the role of the Long-Covid service.</p> <p>A big thank you was extended to Dr Barbara Rushton, the primary care teams and public health colleagues for all their hard work and achievements to date.</p>
	<p>3. <b>Primary Care Prescribing Report</b> – Received a report that summarises the work of the medicines optimisation teams within the CCG, including their response to the COVID-19 pandemic. The report also highlighted the key medicines optimisation priorities and actions being taken to address these. Prescribing data from the NHS Business Services Authority (BSA) are available to April 2021. The paper covered:</p> <ul style="list-style-type: none"> <li>• Financial performance including cost-orientated interventions and prescribing rebates</li> <li>• Medicines optimisation response to COVID-19</li> <li>• Antimicrobial stewardship</li> <li>• Medicines quality, safety and controlled drugs stewardship</li> <li>• Digital initiatives in medicines optimisation</li> <li>• The proposal to create a Hampshire and Isle of Wight (HIOW) Prescribing Committee and align existing medicines formularies</li> <li>• The development of an Integrated Care System (ICS) integrated pharmacy and medicines optimisation plan (IPMO).</li> </ul> <p>There was discussion around the supply and potential demand for antibiotics this winter and the impact of relaxing social distancing rules and the wearing of face masks on increasing respiratory infection rates.</p>
	<p>4. <b>Primary Care Finance Report</b> – Received a report that summarised the month 3 finance position. It was noted that the CCG is not reporting any significant year to date or forecast variances, given that it is early in the financial year and at this stage everything in Primary Care is predominantly on plan.</p>

	<p>5. <b>Clinical Waste Contract</b> - Received a paper that describes the background to the existing clinical waste collection in general practice which has been commissioned by legacy organisations for many years. This has led to a mixture of arrangements across England. Currently the contract for clinical waste collection for all general practices in Hampshire and Isle of Wight Integrated Care System is held by NHS England and the costs recharged to the statutory organisations. Across England, there is a programme of work to understand the issues, support and ensuring formalised arrangements for the provision of clinical waste collections are in place. The national programme includes community pharmacy though this paper relates only to general practice. This paper describes the options for the continuation of this service.</p> <p>Following review of the context, current position, procurement position, options appraisals and recommendations the Committee supported Recommendation 2 – formalise existing contracts for 12 months and for Hampshire Southampton and Isle of Wight CCG to be part of the national procurement. Noting that the Local Primary Care Operational Groups have all supported this recommendation as have Portsmouth CCG.</p>
3.	<p><b>Key reference documents:</b></p> <ul style="list-style-type: none"> <li>• Minutes of meeting held on 21 July 2021</li> </ul> <p>21 July 2021 meeting papers are accessible on the CCG website.</p>
4.	<p><b>Date of Next Meeting</b> - 22 September 2021</p>

Quality Performance and Finance Committee 21 July 2021	
<b>1.</b>	<b>Overview of business including key issues for Governing Body</b>
<b>(a)</b>	<b>Quality Report</b>
	<p>The current quality and safety risks, system issues and system themes were noted. There is an increase in the number of COVID+ patients accessing care/coming into hospital and a significant increase in people accessing services/coming through ED. There are ambulance handover delays at PHU. Assurance was provided that work is taking place to mitigate these risks. No serious incidents have been reported in the last month. More HHFT unvalidated lost to follow up patients have been identified since last month and are being worked through. It was noted that relating to the lost to follow up patients, some harm has been identified however, for the majority there is no harm/minimal harm. It was noted that patients are waiting longer for planned procedures but assurance was provided that a process is in place to monitor harm. It was noted that a report is expected from CQC imminently relating to COVID deaths in nursing homes. Relating to SHFT, it was noted that the CCG have received the Pascoe report for factual accuracy. A meeting is taking place with region to discuss actions required. Assurance was provided that a 10 point action plan is in place relating to the backlog of assessments for Looked After Children.</p>
<b>(b)</b>	<b>Performance</b>
	<p>It was noted that Cancer performance remains strong and that there is a focus on reducing waiting times in the prostate/head and neck pathways. Elective Recovery activity remains above regional/national averages. Targets (including accelerator target) are being achieved. It was noted that the number of patients waiting over 52 weeks continues to drop but is slowing. The total waiting list size is however climbing by approx. 2000 patients a month and is likely to grow further. The Committee noted the decline in Urgent Care performance and that activity levels have been higher than average. Assurance was provided that all systems are implementing performance improvement plans and that a short term policy for managing flow of ambulances during periods of pressure has been agreed. Work is taking place to bring together colleagues from across the system to discuss the Urgent Care pressures.</p> <p>It was reported last month that there are four main areas where the ICS has significant mental health performance challenges. The Committee noted that a set of trajectories for 2021/22 have been submitted to NHSE which will not quite meet the ambition set by the Long Term Plan. The main issues for this are workforce and COVID surge/demand/unexpected activity. Assurance was provided that relating to IAPT access rates, investment is sufficient to meet need. Recruitment needs to take place and workforce needs to be embedded in the service. A training/development programme is in place. Relating to Dementia Diagnosis, a Task and Finish group has been implemented which will feed into the Mental Health Programme Board. The Group will identify and deliver a number of key actions to improve on performance against the Dementia Diagnosis target. Staffing capacity and COVID have impacted the service. Relating to children and young people accessing mental health services/eating disorders, it was noted that the demand expected as a result of COVID has now materialised. Referrals are high and demand needs are not expected to be met in year however, assurance was provided that ongoing investment is significant. Work is taking place relating to the crisis component of the children and young people's intervention service to establish how the core providers across the system can help/support. It was noted that current performance for SMI health checks is significantly below target (target 65% and current performance around 20%). The trajectory for 2021/22 is to increase performance to 45% (national average) however it was noted that this is likely to be a challenge.</p>
<b>(c)</b>	<b>Finance</b>
	<p>It was noted that for H1, the CCG is forecasting to meet the £2.9m surplus. This is reliant on the anticipated allocations for the Hospital Discharge Programme, Elective Recovery Fund</p>

	and achieving the £12.9m target for efficiencies. It was noted that relating to SDF funding, there is still work to do to ensure the money is devolved to the right areas. For H2, a financial settlement is expected September/October 2021. Following this plans will be developed. The Committee noted that efficiencies of 3% are likely.
<b>(d)</b>	<b>Urgent and Emergency Care / Winter Resilience</b>
	The Committee noted the four stages of the HLOW system approach to winter and surge planning. Assurance was provided that a baselining exercise has taken place against the Key Lines of Enquiry. It was acknowledged that the impact to flow in the system should the community discharge funding settlement be less than expected will need to be understood.
<b>(e)</b>	<b>PHU Emergency Department Redevelopment</b>
	The Committee noted the PHU Emergency Department Outline Business Case (OBC) update. For due diligence purposes, PHU required a letter of support from their two lead commissioners. The Committee agreed the draft letter.
<b>(f)</b>	<b>Procurement Forward Planner</b>
	The schedule of procurements requiring action was noted. The Committee approved the establishment of the Procurement Group sub-committee and reviewed/agreed the Terms of Reference.
<b>(g)</b>	<b>Community Wellbeing Service Review</b>
	The Committee approved the recommendation to direct award a new contract to Solent Medical Services for a period of 12 months with the option to extend for a further 12 months.
<b>(h)</b>	<b>ENT Community Service – Procurement Approach</b>
	The Committee approved the recommended option of a direct award with PIN for 24 months to the current provider (InHealth Group Ltd) who have been working with other local providers to deliver non-complex medical ENT/Audiology services to NHS patients in Southampton. This has worked well and has helped to reduce demand on secondary care. The recommendation was judged most likely to maintain short term stability, ensure the best possible outcomes/experience for patients and will have no negative impact on the wider system. It will allow time to develop a future model that will meet population needs.
<b>(i)</b>	<b>Online and Video Consultations in Primary Care</b>
	The Committee approved the recommendation to direct award to the incumbent suppliers (eConsult and AccuRx) to extend the current arrangements for a period of six months. This will allow time to undertake a review of the services involving GP/digital leads to establish the way forward. Concerns were raised regarding the likely mixed opinions/requirements regarding the solution going forward. Assurance was provided that six-months should be feasible for the procurement exercise.
<b>(j)</b>	<b>Children and Young People’s Counselling Service</b>
	<ul style="list-style-type: none"> <li>The Committee noted the context for the proposed review of community counselling services and the opportunity to align commissioning cycles for similar services across the new CCG/ICS footprint</li> <li>The Committee approved a review of children and young people’s community counselling services, and associated services, ahead of a procurement to be undertaken in 2022/23 ahead of a new service starting 1 April 2023</li> <li>The Committee approved the extension of funding for existing mental health community Counselling services into 2022/23</li> <li>The Committee requested the Director of Mental Health Transformation and Delivery to instruct South East England Procurement Services (SoEPS) and CSU to work with commissioners to directly award community counselling services to existing Hampshire and Isle of Wight providers of these services from 1 April 2022 to 31 March 2023</li> </ul>
<b>(k)</b>	<b>Items for escalation</b>
	A reminder of the workforce and primary care resilience issues, the requirement to look at whole system issues and the need to move forward and have contracts across the whole CCG / ICS.
<b>2.</b>	<b>Date of Next Meeting – 22 September 2021</b>