

HSI21/047

GOVERNING BODY

Title of paper	Minutes of last Governing Body meeting		
Agenda item	12	Date of meeting	8 September 2021
Director lead	Margaret Scott, Chair		
Clinical lead (if applicable)	Dr Nicola Decker, Clinical Lead		
Author	Jackie 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 in public on 9 th June 2021	
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 9 June 2021
via Zoom**

Present

Margaret Scott	Independent Chair
Julie Dawes	Chief Nursing Officer
Nicola Decker	Clinical Leader
Simon Garlick	Non-Executive Director (Governance)
Judy Gillow	Non-Executive Director (Patient and Public Involvement)
Karl Graham	Clinical Director, South West 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

Inger Bird	Non-Executive Advisor, South East Hampshire
Elaine Budd	Non-Executive Advisor, South West Hampshire
Simon Bryant	Director of Public Health, Hampshire County Council
Norma Cadavieco	Senior Governance Manager
Jane Cole	Director of Finance
Ian Corless	Head of Business Services
Steve Cummins	Governance Manager
Jenny Erwin	COVID-19 Incident Commander / COVID Vaccination Programme Senior Responsible Officer
Paul Gray	Executive Director of Strategy
Tessa Harvey	Executive Director of Performance
Fiona Howarth	Chief of Staff
Helen Ives	Executive Director of Workforce
Emma McKinney	Director of Communications and Engagement
Michael Ridgwell	Director of Delivery
Richard Samuel	Director of Transition and Development
Lena Samuels	Chair, Hampshire and Isle of Wight Integrated Care System
Suki Sitaram	Non-Executive Advisor, Southampton
Sara Tiller	Managing Director, South Eastern Hampshire
Judy Venables	Non-Executive Advisor, North and Mid Hampshire
Jackie Zabiela	Governance Manager (minutes)

Apologies

Zaid Hirmiz	Clinical Director, South East Hampshire
Charlotte Hutchings	Clinical Director, North and Mid Hampshire
Maggie MacIsaac	Chief Executive
Derek Sandeman	Medical Director

1	Welcome and Introductions
1.1	The Chair welcomed everyone present to the second meeting in public of the Hampshire, Southampton and Isle of Wight CCG Governing Body, including members of the public viewing the proceedings, which were being streamed live. A link to a video of the meeting would be published on the CCG website following the meeting.
1.2	It was reported that no questions had been submitted from members of the public in advance of the meeting. The Chair took the opportunity to remind members of the public viewing proceedings that questions were most welcome and for future meetings to email the address on the website (hsiccg.communications@nhs.net) by noon on the day before the meeting with questions which would be addressed during proceedings.
1.3	A formal response to one query raised at the last meeting (pages 14/15 section 13.6 of the minutes of last meeting) had not been concluded, pending dialogue with the requestor. The response would be provided by the end of the month.
2.	Declarations of Interest (Paper HSI21/013)
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 HSI21/014)
3.1	<p>A recorded highlight report by the Chief Executive was presented, which brought together a number of strategic issues relevant to the wider health sector that impact on the work of the CCG:</p> <p><i>The Hampshire, Southampton and Isle of Wight system response to the COVID-19 pandemic, the implementation of the vaccination programme and recovery of services along with a focus on staff health and wellbeing</i></p> <ul style="list-style-type: none"> • The Chief Executive referenced a separate briefing on the agenda for the meeting (see agenda item 6) and highlighted that it was crucial that both the NHS and members of the public remained vigilant in order to continue to uphold the health and wellbeing of the entire population. The Hampshire and Isle of Wight Integrated Care System (HIOW ICS) had already delivered almost 1.9 million vaccine doses across 56 sites, 95% of individuals over the age of 40 had been vaccinated and the ICS was on track to deliver all first doses to all adults by the end of July. A key feature was working with communities, looking at demographics and responding to areas of need. The Chief Executive urged anyone who had been hesitant in having the vaccine the first time around to please come forward; there would be no issues in choosing to have the vaccine at a later date. • The Chief Executive extended her gratitude to colleagues in primary care who had been integral to the success of the system response, including managing multiple challenges in relation to access to and resilience of services.

	<p>Accelerator Systems Programme Funding</p> <ul style="list-style-type: none"> • Following a national competitive process, NHS England and NHS Improvement announced in May that Hampshire and Isle of Wight (HIOW) was among twelve ICS' that would receive extra funding as part of the Accelerator Systems Programme to tackle waiting lists and further reduce waiting times for planned care patients. The investment of an additional £10m would assist with local transformation plans. • Whilst HIOW had recovered elective activity very well, it was acknowledged that waiting lists had increased and the time people were waiting was unacceptable. <p>Completion of the shared CCG and ICS executive team</p> <ul style="list-style-type: none"> • The shared CCG and ICS executive team was now complete and the associated transition continued. • The Chief Executive commended the proposed organisational values (see agenda item 4) and noted how important it was to staff to have a clear focus. <p>Progress on developing the Hampshire and Isle of Wight Integrated Care System, pending the publication of guidance to develop the statutory organisation</p> <ul style="list-style-type: none"> • The Queen's Speech in May 2021 set out a bill to legislate for the government's proposals in its earlier white paper on health and social care reform, due for readings in Parliament in July. The HIOW ICS was working on what it would mean to be an ICS, which was a developmental move on from the recent merger of CCGs into the Hampshire, Southampton and Isle of Wight CCG. <p>Hampshire Together (Modernising Our Hospital and Health Services in north and mid Hampshire)</p> <ul style="list-style-type: none"> • A decision was made in May with national and regional NHS colleagues to undertake more detailed planning work before taking plans out to public consultation. <p>The development of the Hampshire and Isle of Wight Operating Plan and the CCG's objectives and priorities for 2021/22</p> <ul style="list-style-type: none"> • Attention was drawn to agenda item 5 and the CCG's key priorities. The Chief Executive stated that these were really important to the CCG as well as to patients and members of the public who had said that these were the things that they were most worried about.
3.2	Following the Chief Executive's video, the Chief Finance Officer added that whilst the CCG had been successful in being identified to receive the Accelerator funding, this had not yet been received. Work was ongoing with the national NHS team to finalise propositions and funding, to ensure that the plan to restore elective capacity for HIOW patients was sound and robust.
3.3	AGREED The Governing Body noted the Chief Executive's Report (June 2021).
4	Our Values – NHS Hampshire, Southampton and Isle of Wight CCG (Paper HSI21/015)
4.1	The Chief of Staff presented a paper which set out the final recommended organisational values for NHS Hampshire, Southampton and Isle of Wight CCG and summarised next steps. The revised values were proposed as:

	<ul style="list-style-type: none"> • People first • Honesty and integrity • Kindness and compassion • Fairness • Courage and innovation • Collaboration
4.2	<p>The following points were raised during discussion:</p> <ul style="list-style-type: none"> • It was confirmed that the intention was for visuals / values to be very visible, for example on all the CCG's paperwork, MS Teams backgrounds, ID badges etc so that they became embedded in all that the CCG did. • As part of development, the values of the CCG's strategic partner organisations were also reviewed. Although wording was slightly different the ethos was very similar, particularly for NHS organisations and as such there was alignment. • A great deal of thought had been given to whether it was worth developing a set of values which would then need to be reviewed in April 2022 given the transition into an ICS / new organisation. However, this was considered important as staff had told the Executive Team / Governing Body that these values were needed now. As the values became embedded, the way staff work together and live them, including with staff from other organisations, would be taken forward into the new organisation.
4.3	<p>AGREED</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted the process undertaken to define the CCG's organisational values • Approved the final set of organisational values and action statements • Endorsed the launch plan for the organisational values • Agreed to champion the new organisational values at every opportunity.
5	2021/22 – Our Objectives and Operating Plan (Paper HSI21/016)
5.1	<p>The Executive Director of Strategy introduced a paper which summarised key outputs, agreements and recommendations following discussions at the Governing Body in a development session held on 19 May 2021 and at the Quality, Performance and Finance Committee held on 26 May 2021, including:</p> <ul style="list-style-type: none"> • The four key priorities for improvements for people in Hampshire and Isle of Wight: <ul style="list-style-type: none"> ○ Reducing waiting times for planned treatment ○ Improving access to Child and Adolescent Mental Health Services ○ Improving access to and resilience of primary care ○ Agreeing targeted action to tackle inequalities in health outcomes across Hampshire and Isle of Wight • The development of CCG Objectives for 2021/2022 under five key themes: <ul style="list-style-type: none"> ○ Operational Service Delivery ○ Supporting People and Teams ○ Transforming Services ○ Strategic Planning and Engagement ○ Developing our Integrated Care System

	<ul style="list-style-type: none"> The development of the Hampshire and Isle of Wight Operating Plan, inclusively with all NHS organisations in the Integrated Care System (ICS) and with Local Government, and supporting Financial Plan
5.2	<p>It was reported that the CCG Objectives for 2021/22 were underpinned by local plans which would inform focus as a leadership team, all the teams within the CCG, staff personal objectives and discussions at Governing Body meetings. The intention was for a schedule of reports to be provided on each of the priorities so that over the months ahead more time would be spent on discussions and ensuring that the CCG was addressing each of the objectives.</p>
5.3	<p>The Chief Finance Officer reported that the CCG was required to have an Operating Plan for the first six months of the year responding to national priorities (as outlined in the paper) whilst the government waited to see what the response to the COVID-19 pandemic would be and what this would mean for the last 6 months of the year. All the priorities were underpinned by financial plans and trajectories and updates on performance against targets would be presented regularly as part of the CCG's assurance / committee structure.</p>
5.4	<p>The following points were raised during a period of discussion:</p> <ul style="list-style-type: none"> Given we were already two months into a six month operating plan, it was queried how the Governing Body could assure itself that the CCG was delivering on track. It was clarified that this was a core function of the Quality, Performance and Finance (QPF) Committee and then for QPF to escalate any areas of particular issue or risk to the Governing Body, noting that this would not need to wait until a formal Board meeting to escalate concerns. The Secondary Care Clinician (Non-Executive) confirmed that the QPF would do its utmost to ensure that targets were met. There had already been discussion and processes were in place. The QPF had expressed concern about the risks in supporting the health and wellbeing of staff, with secondary and primary care colleagues already under significant pressure, a workforce that was exhausted and still involved in vaccination programmes and the tension in also trying to meet elective targets etc. The Non-Executive Director for Governance suggested that it would be helpful for the next meeting of the Governing Body to have sight of the CCG / ICS 5 year plans to ensure they were in context, within timescales and particularly in relation to restoration of services. Resources i.e. funding, workforce and digital were regarded as equally important and should be referenced when considering priorities, particularly workforce which had been under a lot of pressure. Whilst he agreed that Child and Adolescent Mental Health services were a serious issue that needed to be resolved, the wider context of mental health in adults in the community was a broader issue. He requested that the next meeting received a report on CAMHS along with other areas of mental health services for consideration. The Chief Finance Officer was asked to respond to these requests for the next meeting. <p>ACTION: Chief Finance Officer [Post-meeting note - scheduled for October]</p> <ul style="list-style-type: none"> The Non-Executive Director for Patient and Public Involvement requested quarterly phased progress reports against the objectives so that the Governing Body could be assured that the right progress was being made at the right pace. The Clinical Leader asked that the CCG ensured it remained clinically led and recognised the clinical leaders as assets in terms of the delivery programme. Some of the issues were less measurable as they were about significant changes in culture and related to integration; the integration agenda therefore needed to be recognised and the CCG had a role in modelling this.

	<ul style="list-style-type: none"> • The Director of Public Health added that in terms of measuring, inequalities were key and consideration needed to be given to how this data was brought in so that a baseline could be demonstrated. He acknowledged that this would be difficult as COVID-19 has changed things so much. Inequalities runs through all the work streams and was not a standalone issue, for example how inequalities were embedded in planned care, and he offered his support to the CCG in developing these plans. • Concern was expressed that there did not seem to be enough reference to improving the resilience of primary care within the summary report provided; the Executive Director of Strategy responded that this was included within the detail which underpinned the objectives and was more around the wording of the summary. Resilience was critical to improve access and the experience that people had. There would be opportunities at future meetings of the Governing Body to look at primary care, in the same way that deep dives would be undertaken into COVID-19 and elective recovery. An objective was to refresh the CCG strategy for the longer term; the NHS Long Term Plan set out the plan however this was written before the pandemic. Now was therefore the right time to consider the CCG priorities for the medium and long term. • The Non-Executive Director for Primary Care Commissioning added that, as chair, he would be putting access and resilience at the top of the agenda for the Primary Care Commissioning Committee.
5.5	<p>AGREED</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Approved the NHS Hampshire, Southampton and Isle of Wight CCG Objectives for 2021/22 • Noted the completion of the Hampshire and Isle of Wight Integrated Care System Operating Plan for the first 6 months of 2021/22, noting that the specific details were reviewed by the Quality, Performance and Finance Committee on 26 May 2021.
6	<p>COVID Vaccination Programme Delivery Report (Paper HSI21/017)</p>
6.1	<p>The COVID-19 Incident Commander / COVID Vaccination Programme Senior Responsible Officer (SRO) introduced a paper which summarised delivery and performance of the COVID Vaccination Programme across Hampshire and Isle of Wight (HIOW). The following points were raised in addition to those outlined within the paper:</p> <ul style="list-style-type: none"> • As seen in the news, the Delta Variant was now the predominant variant that was present in most communities. The vaccine worked very well in relation to this variant and was the strongest protective factor in keeping from death, hospitalisation and Long-COVID. • By close of play that day, over two million vaccinations would have been delivered in HIOW; 70% of that came from primary care. Colleagues from Solent NHS Trust had stood up four vaccination centres in the core areas across the geography i.e. Isle of Wight, Southampton, Portsmouth and Basingstoke as it was recognised that the geography was very different and one centre across the ICS would not meet the needs of the population. There was also a significant proportion of the community pharmacy services supporting the service, which was good for the more rural geographies. • Attention was drawn to the first page of the report which celebrated some of the successes, not forgetting Local Resilience Forum Partners, such as the Local Authority, Fire and Police services, and members of the public willing to help

	<p>support the effort across the geography.</p> <ul style="list-style-type: none"> • One of the constraints going forward would be workforce, which was exhausted. A great deal needed to be done on recovery and there needed to be a balance between protecting the vaccination programme, especially in light of the Delta variant, and ensuring services were resourced / restored, particularly primary care. Work was underway to firm up what could be done to support primary care in the next phase, clarify what Primary Care Networks (PCN) would need in order to continue with the programme and build creative solutions for resilience. • The national programme was in Phase 2 i.e. adult population 18 – 49 years and was on track to offer a first dose to everyone over 18 by 31 July, acknowledging that the programme was dependent on vaccine supply. • There would be a Phase 3 which was being worked through with Regional and National Colleagues. There had been discussion regarding the use of the Pfizer-BioNTech vaccine for children over 12 years. It was not yet clear what this would look like, however there was an expectation that they would be vaccinated with two doses. Work was ongoing with Local Authority colleagues to consider how this would be delivered. • There would also be booster vaccinations for everyone in cohorts 1 – 9. This could mean that hospital hubs would be reinstated for the health and social care workforce, to include dentists, optometrists, home carers etc. • The CCG had been working closely with partners across HIOW to deliver a work programme in relation to hard to reach groups / communities and people with mental health and learning disabilities. This work would continue to ensure that nobody was left behind. • People in cohorts 1 to 9 who had been hesitant to have a vaccination were now doing so in light of the Delta variant; the programme therefore needed to respond to these as quickly as possible. It was anticipated that approximately 94% of people in at risk groups would have received their vaccine. • Vaccine delivery was tracked at every PCN / community level; there remained one or two hotspots, for example a large proportion of Cohort 6 in communities with high deprivation and in Southampton there was still a high number of younger people who had not been vaccinated. The programme was consequently focussing on Southampton in particular to ensure there was enough capacity for that population, providing additional support where needed.
6.2	<p>The following points were subsequently raised:</p> <ul style="list-style-type: none"> • The Chair formally registered on behalf of the Governing Body its thanks and recognition to colleagues everywhere, including primary care, for delivering such an enormous programme. • The Clinical Director: South West Hampshire stated that a number of PCNs had withdrawn / would be withdrawing from the programme as they could not be assured that they could deliver core functions as well as vaccinations in light of concerns regarding staff shortages. He queried if there were plans to address those staffing issues going forward before the winter / flu vaccination season. • In response it was advised that additional capacity had been provided in those areas where PCNs had already made a decision to opt out e.g. extra pharmacies, pop-up services provided by Solent NHS Trust and protection of some of the vaccination centre capacity for those populations. Action had also been undertaken to bolster the Workforce Bureau; two additional roles had been created, one of which linked to primary care working with PCNs so that their needs could be translated into the Workforce Bureau to bolster that support. • In terms of extracting learning, it was advised that there was a process / plan for evaluation which had just commenced, the brief for which would be circulated once finalised.

	<ul style="list-style-type: none"> With regard to local performance around care homes, data was available and was heavily mandated by Regional and National colleagues in terms of in-reach to care homes. There was assurance that 100% of residents in care homes across HIOW had been vaccinated. In terms of care home workforce, there were some pockets that would be targeted, working in conjunction with Local Authority colleagues.
6.3	AGREED
	The Governing Body received the COVID Vaccination Programme Delivery Report and noted the progress and success of the programme to date.
7	Waiting times for planned treatment for people in Hampshire and Isle of Wight (Paper HSI21/0018)
7.1	The Director of Transition and Development introduced a paper which set out the position with regard to the delivery of planned treatments for people in Hampshire and the Isle of Wight including the length of time patients were currently waiting for care.
7.2	<p>As referenced in the paper, what was clear had been the extraordinary effort undertaken across HIOW over the past year in seeking to sustain elective activity for the population, notwithstanding the very significant challenges in being able to do so i.e.</p> <ul style="list-style-type: none"> Responding immediately to the presentation and demand for COVID-19 and non-elective activity Responding to the vaccination programme that required re-deployment of staff Suppressing capacity in order to ensure effective infection prevention and control arrangements.
7.3	This meant a reduction in capacity across the past 12 months, which resulted in more people waiting over the national standard of 18 weeks for treatment. There were currently eight thousand people waiting more than a year which was clearly unacceptable for those patients, and presented a risk that the system was actively working to mitigate. HIOW was not an outlier across the country, and where people were waiting a long time that risk was mitigated by ensuring risk assessments and prioritisation arrangements. A stabilisation of waiting lists had been seen for both elective treatment and diagnostics, although the profile and shape of those waiting lists were likely to present a challenge moving forward into winter when it was likely that an increase in non-elective activity would be seen.
7.4	In order to accelerate access to elective care, the system was participating in a national programme, the Elective Recovery Fund, which sought to deliver increased capacity through investment in capacity, for example innovative use of workforce and digital solutions; more efficient use of facilities, and giving out more advice and guidance to more rapidly support individuals to access the right care. Participation in the national Accelerator Programme would provide an opportunity to increase activity to 110% of the activity achieved in the same month in 2019; discussions were in train to seek agreement around the business cases associated with that programme of work.
7.5	<p>The risks to the elective programme that the CCG Governing Body needed to be sighted on were outlined in the paper provided, but were summarised as:</p> <ul style="list-style-type: none"> Supporting members of the workforce To ensure sufficient capacity to meet non-elective demand, maintain the vaccination programme whilst concurrently increasing planned care capacity

	<ul style="list-style-type: none"> Ensuring access to elective care was cognisant of and focused on tackling inequalities.
7.6	The Governing Body were asked to note that more detailed propositions around the medium term plan would be provided over the course of the next month or so.
7.7	The Clinical Director: South West Hampshire queried what action was being taken in terms of communications to patients who were experiencing significant long waits, with patients often contacting GPs as they were not sure what was happening. In response it was advised that the system had worked very hard at the start of the pandemic when asked to stand down elective activity in response to COVID-19 that care was provided to individuals who were in the process of accessing elective care and that was driven predominantly through primary care and secondary care where people were on active waiting lists.
7.8	There were five key areas with most of the long waits and work was ongoing to communicate with individuals i.e. orthopaedics, urology, ENT, dermatology and maxillofacial / dentistry. The system was working as a community to consider how people were helped to understand the actions that were being taken to bring activity back on stream. Prior to the pandemic capacity for elective care was not in balance with demand and so it was also about helping people to understand that there were other routes to access optimal outcomes for patients, such as patient initiated follow-up where patients were empowered to determine whether they need a follow-up appointment on the basis of how they feel in themselves.
7.9	<p>AGREED</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> Noted the current position with regards to waiting times for planned treatment in Hampshire and the Isle of Wight. Noted the actions underway to increase capacity and so reduce the length of time patients were waiting for planned care diagnosis and treatment.
8	Summary Reports (Paper HSI21/019)
8.1	The Governing Body received summary reports from the following meetings: <ul style="list-style-type: none"> Audit and Risk Committee held on 12 May 2021 Primary Care Commissioning Committee held on 19 May 2021 Quality, Performance and Finance Committee held on 26 May 2021
8.2	The Chair thanked the Non-Executive Director chairs for being on these committees and commended the quality of the summary reports provided. The following additional points were raised by the individual chairs: <p>Audit and Risk Committee – held on 12 May 2021, chaired by the Non-Executive Director: Governance</p> <ul style="list-style-type: none"> Noted that key areas had already been discussed earlier in the meeting. <p>Primary Care Commissioning Committee – held on 19 May 2021, chaired by the Non-Executive Director: Primary Care Commissioning</p> <ul style="list-style-type: none"> As mentioned earlier in the meeting, access and resilience of primary care was being put to the front of the agenda for the committee.

	<ul style="list-style-type: none"> To establish local Primary Care Operational Groups, including leads and members, with a meeting arranged week commencing 14 June 2021 to discuss and review local issues. <p>Quality, Performance and Finance Committee – held on 26 May 2021, chaired by the Secondary Care Clinician (Non-Executive Director)</p> <ul style="list-style-type: none"> Going forward the committee had felt that it was an evolution now that CCGs had merged into one large organisation, with half an eye on transformation as we move into an Integrated Care System. It would be important to ensure that the relation of quality on one hand and that of finance and performance on the other was not lost. <ul style="list-style-type: none"> Quality - it was felt that a strategic approach was needed to communicate with the public in terms of exactly how the CCG was performing. Performance – the treatment of patients with Severe Mental Illness who should have a regular health review, which had been difficult to perform during COVID-19, with a drive to ensure that every contact that people have with the NHS counts to ensure that things were done quickly and in a coordinated way. Finance – a 6 month programme was being worked through with no issues of significant concern, however the committee was worried about what the second half of the year would bring.
8.3	<p>AGREED</p> <p>The Governing Body received the summary reports from the following meetings:</p> <ul style="list-style-type: none"> Audit and Risk Committee held on 12 May 2021 Primary Care Commissioning Committee held on 19 May 2021 Quality, Performance and Finance Committee held on 26 May 2021.
9	Annual Reports (Paper HSI21/020)
9.1	The Chief Finance Officer reported that he was pleased to be able to bring near final Annual Reports and Accounts for 2020/21 for the six predecessor CCGs before they merged. They were now in the final approval process and the Governing Body were asked to formally sign-off the accounts and reports so that plans could be made to submit to NHS England and to make them publically available at the beginning of July.
9.2	The Audit and Risk Committee met with the external auditors on Monday 7 June 2021 to discuss final adjustments and queries. There was nothing material / of significance raised in relation to the accounts, which were deemed to represent a true and fair view of the CCG financial outturns. All CCGs ended the financial year with a very small surplus, although it was acknowledged that it had been a very unusual year in terms of managing financial flows as a result of COVID-19.
9.3	The CCG's auditors were working with the National Audit Office on a review of the entirety of the last financial year in relation to COVID-19 expenditure, with the aim of making sure that all NHS organisations had followed due process. It had not yet been determined what this would mean for the CCG, or whether or not there would need to be an exception report as a result of the NHS working in these extreme circumstances. This would not affect the annual accounts, however a formal disclaimer may need to be added. The deadline for the CCG's external auditors, Grant Thornton to provide a Value For Money Assessment of the CCG's accounts was September 2021.

9.4	The Non-Executive Director: Governance observed that this emphasised how good the whole end of year process had been; the internal auditors had substantial assurance with regard to the CCG's financial systems, Governing Body members recognised the financial accounts, and the external auditors had said there were good, clean opinions / reports. This demonstrated that the CCG had a good team of finance colleagues who had done an excellent job when under extreme pressure.
9.5	The Chair expressed her thanks to everyone involved for the enormous amount of work that had been achieved within tight timescales.
9.6	AGREED The Governing Body approved the 2020/21 Annual Reports of the CCG's predecessor organisation.
10.	Minutes of Last Meeting (<i>Paper HSI21/021</i>)
10.1	The Governing Body received the draft minutes of the meeting held on 28 April 2021.
10.2	As mentioned at the start of the meeting, the Chair reiterated that a formal response to a query raised at the last meeting had not been concluded, pending dialogue with the requestor; the response would be provided by the end of the month. She added that questions from the public were very welcome and information was available on the CCG website on how to make contact.
10.3	AGREED The Governing Body approved the minutes of the Governing Body meeting held on 28 April 2021.
11	Any Other Business
11.1	No additional items of business were raised.
12	Date of next meeting
12.1	The next meeting of the Governing Body to be held in public was scheduled to take place on 8 September 2021.

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

Signed by

Chair:

Date: