

HSI21/073

GOVERNING BODY

Title of paper	Minutes of last Governing Body meeting		
Agenda item	13	Date of meeting	3 November 2021
Director lead	Margaret Scott, Chair		
Clinical lead (if applicable)	Dr Nicola Decker, Clinical Lead		
Author	Steve Cummins, Governance Manager		

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

Executive Summary	
This paper sets out the minutes and actions arising from the last meeting of the Governing Body of NHS Hampshire, Southampton and Isle of Wight CCG held on 8 September 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 8
September 2021 via Zoom**

Present

Margaret Scott	Independent Chair
Jo Clifford	Acting Deputy Director of Quality and Nursing - South West Hampshire (representing Julie Dawes)
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
Zaid Hirmiz	Clinical Director, South East Hampshire
Charlotte Hutchings	Clinical Director, North and Mid Hampshire
Michele Legg	Clinical Director, Isle of Wight
Maggie MacIsaac	Chief Executive
Ed Palfrey	Secondary Care Clinician (Non-Executive)
Roshan Patel	Chief Finance Officer
Derek Sandeman	Medical Director
Matt Stevens	Non-Executive Director (Primary Care Commissioning)
Sarah Young	Clinical Director, Southampton

In attendance

Inger Bird	Non-Executive Advisor, South East Hampshire
Simon Bryant	Director of Public Health, Hampshire County Council
Debbie Chase	Director of Public Health, Southampton City Council
Ian Corless	Head of Business Services
Steve Cummins	Governance Manager (minutes)
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
Lena Samuels	Chair, Hampshire and Isle of Wight Integrated Care System
Suki Sitaram	Non-Executive Advisor, Southampton
Sara Tiller	Managing Director, South Eastern Hampshire

Apologies

Julie Dawes	Chief Nursing Officer
Paul Gray	Executive Director of Strategy

1	Welcome and Introductions
1.1	The Chair welcomed everyone present to the third 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	A formal response to one query raised at the meeting of 28 April 2021 had not been concluded, pending dialogue with the requestor.
2.	Declarations of Interest (<i>Paper HSI21/037</i>)
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	Improving health services for people of Hampshire, Southampton and Isle of Wight (<i>paper HS12/038</i>)
3.1	The CCG's Chief Executive and Clinical Leader presented: <ul style="list-style-type: none"> • A summary of the key achievements from each of the predecessor CCGs in improving health services for the people of Hampshire, Southampton and Isle of Wight as set out in their Annual Reports • A financial overview of the CCGs and commissioning expenditure, as set out in the Annual Reports and Accounts • A look forward to the future, including the development of the Hampshire and Isle of Wight Integrated Care System.
3.2	This was supported by a video presentation which included patient, clinical and staff voices.
3.3	The Chief Executive reported that since the last meeting of the Governing Body held in public on 9 June 2021, at which the predecessor CCGs' Annual Reports and Accounts 2020/21 were approved, the External Auditors had completed their value for money opinion and prepared their Annual Report. The CCG was required to publish their Annual Report and Accounts in full on the public website in line with NHS England guidance and hold a meeting in public before the end of September 2021 at which they were presented. However, it was not possible to complete these tasks until the Auditors had submitted these reports. The CCG's Audit and Risk Committee met on the 1 September 2021 and received the Auditor's draft Annual Report including value for money opinion, which covered all CCGs. The Auditors found no evidence or indication of potential significant weakness regarding the CCGs' arrangements for improving economy, efficiency and effectiveness.
3.4	Four improvement recommendations had been identified, which, if implemented, should improve the arrangements in place at the CCG, though none arise as a result of identifying significant weaknesses in the CCG's arrangements. The recommendations as outlined in the paper provided were agreed and discussed at the CCG's Audit Committee on 1 September 2021
3.5	The Chief Executive noted her thanks to all involved in the work of the CCG over the last year, while the Clinical Leader highlighted the work of Primary Care Networks in delivering Covid-19 vaccines.

<p>3.6</p> <p>3.7</p> <p>3.8</p> <p>3.9</p> <p>3.10</p>	<p>The Clinical Directors provided a highlight update from across the CCG footprint, including:</p> <ul style="list-style-type: none"> • The establishment of a network of 450 Community Champions within Southampton City acting as trusted messengers • Investment into mental health services through community mental health transformation projects and recruitment of new mental health workers • Roll out of primary care mental health services to manage increased demand, a comprehensive eating disorder service and expansion of iTalk talking therapy services • Establishment of Covid-Oximetry at Home services, using digital resources and implementing a new long-Covid service • Use of 111 First to direct patients to the right service at the right time • Investment of £3.5 million in a scheme to transform the decommissioned Victoria Cottage Hospital into the new Emsworth Medical Practice in Hampshire which opened in late July <p>The Chief Finance Officer introduced a financial breakdown of the budget and spending of the CCGs during 2020/21, which showed each CCG reporting a small in-year surplus of £190,000 across a combined budget of £2.8 billion.</p> <p>The Governing Body noted that all six predecessor CCGs had received a strong Audit opinion of how financial governance had been managed.</p> <p>The Chief Executive highlighted the Covid-19 vaccination programme and the work with partners both locally and at scale to tackle inequalities and deliver a life-saving programme, as an example of the collaborative way the CCG would work in the future.</p> <p>The Chair thanked all partners who had been involved in the work of the CCG and in the creation of the Annual reports.</p>
<p>3.11</p>	<p>AGREED</p> <p>The Governing Body received the Annual Report 2020/21 for each of the predecessor CCGs, the Auditor’s Annual Report 2020/21 and noted their publication on the CCG’s website.</p>
<p>4</p>	<p>Chief Executive’s Report (Paper HSI/21/039)</p>
<p>4.1</p>	<p>The Chief Executive provided a verbal highlight 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"> • Gratitude was extended 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. • The CCG was ready, if required to extend the vaccination programme to 12 to 15 year olds, and were currently vaccinating 16 and 17 year olds alongside re-visiting earlier cohorts to reach anyone who may not have had a vaccination previously • Preparations were also in place to deliver the flu vaccination

2020/21 Year End Assurance Meeting with NHS England and NHS Improvement

- A letter had been received which commended the CCG on what had been achieved in the operational response to the pandemic, within the context and added complexity of the CCG merger and EU Exit. It highlighted the key priorities around workforce, mental health and clinical engagement as the CCG planned to deliver national and local standards in 2021/22. This complemented and reinforced the achievements set out in each of the predecessor CCGs annual reports (reference agenda item 3).

System Performance

- Progress on building on successes during the first half of the year and on prioritising the areas requiring improvement in system performance.
- Hampshire and Isle of Wight recovery of elective and planned care remained significantly above regional and national averages but the urgent care performance (both emergency department and ambulance handovers) had deteriorated, with increased demand for all services. Mental health performance was very challenging with recovery plans developed and submitted to NHS England.
- Governing Body members were advised that a mid-year review of all the CCG's objectives and priorities (approved earlier in the year) was underway, to be shared the following month, so that attention was focused on the right areas in the second half of the year, including the roll out of winter vaccines, access to dentistry and primary care resilience.

Health and Social Care Levy

- The Governing Body noted an update following the Prime Ministers announcement of plans to substantially increase funding for health and social care over the next three years, to be funded by a new tax, the Health and Social Care Levy. The Chief Executive advised that this funding would enable the CCG to continue to respond to the demands on the health services alongside community and social care, and to deal with the elective care backlog.

Progress on developing the Hampshire and Isle of Wight Integrated Care System

- Since the last meeting held in public the Health and Care Bill was published and was being progressed through Parliament. It was debated at second reading on 14 July 2021 and had been sent to a Public Bill Committee which would scrutinise the Bill line by line and was expected to report to the House of Commons by Tuesday 2 November 2021. A range of guidance had been published in August and a dedicated programme was in place with Portsmouth CCG to manage the process of transition to a new statutory organisation from April 2022, in conjunction with our NHS providers and local authorities. This would enable the CCG to develop the legal and operationally critical elements required for our 'Readiness to Operate', including the establishment of the Integrated Care Board and the Integrated Care Partnership. The Governing Body would be updated on a regular basis.
- The ICS Chair appointment had been led nationally and Lena Samuels had been appointed to and would continue this key role for the Hampshire and Isle of Wight System. The NHS England and NHS Improvement Regional director had highlighted the progress the system had made over the last few years, and particularly of the collaborative spirit shown through the pandemic.

4.2	The Chair highlighted a question received from a member of the public: <i>'Is the new ICS simply another reorganisation (I have seen a few) or does it represent a real cultural shift in thinking and if so what are the long term markers of success?'</i>
4.3	The Chief Executive advised that though the statutory duties and staff needed to transfer there was a need to learn from the past, carrying forward good practice and continuing the commitment to work locally and in an integrated way with NHS and local authority partners, listening to the communities across the CCG area.
4.4	The Chair of the Hampshire and Isle of Wight Integrated Care System reiterated that the aim was to develop a new culture of integrated care, to treat residents as whole people, delivering value for money and influencing key factors of health and well-being.
4.5	The Non-Executive Director (Governance) and Chair of the Audit Committee highlighted that teams across the CCG had done a fantastic job and queried the support in place to keep staff healthy in the face of unprecedented demand.
4.6	The Chief Executive confirmed there were a number of mechanisms in place, with improved communication, organisational and line management support and the provision of wellbeing and counselling support.
4.7	The Governing Body noted that returning to the office was also a change which needed to be managed carefully with greater emphasis on 'people first'.
4.8	AGREED The Governing Body noted the Chief Executive's Report (September 2021).
5	Quality, Performance and Finance Report (<i>Paper HSI21/040</i>)
5.1	The Chief Finance Officer introduced the papers, highlighting that updates on workforce and people would be included and developed as part of this suite of papers.
5.2	The Secondary Care Clinician (Non-Executive) reported that since the last meeting of the Governing Body was held in public, the CCG's Quality, Performance and Finance Committee had met on two occasions - on 23 June and 21 July 2021 - and summary reports had been shared with members, pending the approval of minutes of the meetings. A number of key issues were escalated to the Governing Body from these meetings, including: <ul style="list-style-type: none"> • The increasing referral rates and the impact this would have on waiting lists • The impact of workforce and primary care resilience issues on the Hampshire and Isle of Wight system's capacity to improve performance • The Hampshire and Isle of Wight system approach to winter and surge planning • The response of the CCG to Hampshire County Council's Budget Consultations, and the importance of working collectively with the Council to modernise and improve services.
5.3	The Governing Body and the Quality, Performance and Finance Committee did not meet during August and so the paper provided highlighted progress in key areas made during the summer holiday period, pending a more detailed review at the

	Committee at the next meeting on 22 September 2021. The following points were highlighted:
5.4	<p><u>Quality</u></p> <p>The Acting Deputy Director of Quality and Nursing highlighted:</p> <ul style="list-style-type: none"> • The constitutional standard which required 95% of patients to be seen in the Emergency Department within 4 hours is not being met across the CCG, as a result, regular quality reviews were carried out to consider patient safety and experience. Reviews carried out included: <ul style="list-style-type: none"> ○ Provider compliance with patient safety checklist which assists in early recognition of any deterioration ○ Serious and local incidents themes • The response rate of patient feedback from the Emergency Department had declined though work was underway to address this with learning shared across the system. • To date, the detailed reviews had not highlighted any serious concerns in relation to quality, though these would continue and any issues would be escalated. • A process had been developed across Hampshire, Southampton and the Isle of Wight to consider harm to patients who have been waiting on the Referral to Treatment pathway. All harm detected was shared with the CCG to identify share any learning opportunities and share best practice to inform clinical prioritisation. • Work was underway with one provider on a trauma orthopaedics pathway to improve the experience of patients waiting for treatment, learning from which would be shared with other providers. • A number of young people were waiting for assessment and treatment on the Children and Adolescent Mental Health Services (CAMHS) pathway. Quality mitigations included all cases being regularly reviewed and the opportunity for parents and carers to escalate any concerns to a single point of access to enable a review. • 100 additional positions were being recruited, with the aim of developing new services and improving access over the next two years. These actions ensured young people were appropriately and safely triaged and that mitigations were in place against the risks identified.
5.5	<p><u>Performance</u></p> <p>The Executive Director of Performance introduced the update, which highlighted:</p> <ul style="list-style-type: none"> • The high levels of activity in urgent care through June, July and August were continuing, with higher than planned activity through the 111 system, resulting in a higher levels of call abandonment. Actions were in place to increase levels of resource. • Trusts had been challenged on Emergency Department performance and the impact of staff being notified through the Track and Trace system. • There were significant ambulance handover delays though all local systems had plans in place, not just focused on Emergency Department delays but the whole pathway • Increasing numbers of patients with Covid, highlighting the importance of continuing with the Covid-19 vaccinations • Ongoing challenges with increases in length of stay in hospital and complex discharges which were not keeping pace with admissions, potentially as a result of staff in community and care home settings being diverted. • Planned care pathways with all Trusts aiming to deliver 110% of activity,

	<p>which had been challenged during July and August due to leave and staff needing to isolate. While the waiting list continued to grow overall, the growth in numbers of patients waiting over 52 weeks had been reduced. Targeted work was underway to reduce the number of patients waiting over 104 days though patient choice was a factor with some patients choosing not to attend.</p> <ul style="list-style-type: none"> • Cancer performance remained strong, though had been challenged through August as part of a nation picture. • Accelerator funding received had helped Trusts fund additional activity both through their own staff and in-sourcing support including additional initiatives including elective activity 'Super Saturdays' focused on target areas including urology.
5.6	The Non-Executive Director (Primary Care Commissioning) queried the impact of call abandonment in the 111 service, which it was confirmed was due to a lack of capacity, with the volume of calls well above what had been expected. Work was underway to provide additional investment, though acknowledging the difficulties with recruitment.
5.7	In response to a query on the possibility of tracking how many abandoned calls resulted in an Emergency Department attendance, the Executive Director of Performance noted that it was not possible to track those who abandon 111 calls and determine accurately if they were the same individuals who then attended a Primary Care Setting or Emergency Department. The Governing Body noted however, that work was underway on the relationship between 111, the clinical assessment services, practices and the Emergency Department to understand the patient experience and pathway.
5.8	The Clinical Director for Southampton highlighted the language used within details on cancer performance slide, noting that patients with long waits may not recognise the reference to an area of strong performance, and the need to consider performance in the context of work underway with the Wessex Cancer Alliance.
5.9	AGREED The Governing Body received the Quality, Performance and Finance Report (period ending 31 August 2021)
6	Governing Body Assurance Framework (Paper HSI21/041)
6.1	The Chief Finance Officer highlighted that the Governing Body Assurance Framework (GBAF) provided the CCG Governing Body with an opportunity to review the risks which could prevent the organisation from achieving its strategic objectives. Following agreement of the strategic risks by the Audit & Risk Committee, the CCG's GBAF had been developed with engagement from the CCG Executive Team to identify mitigations in place, actions required, sources of assurance, risks scores and any associated issues that may have an impact on the identified risk. During this process, several risks were added to the GBAF and others were updated to reflect the current position and focus of the area of work. Each Executive risk lead had reviewed and updated their risks. The current risks as presented within the GBAF were summarised within the paper provided.
6.2	The CCG Executive Team had reviewed the GBAF at its weekly meeting and agreed that the risks as set out were reflective of the current position of the CCG. The GBAF was then presented to the Audit & Risk Committee on 1st September. The report was

	<p>well received by the Committee and members supported presentation to Governing Body. The Committee highlighted a number of areas for consideration as highlighted within the report. This feedback would be considered by the CCG Executive Team during the next review and incorporated within the next report of the GBAF. The GBAF was a dynamic document and its development was an iterative process that would change as the position of the CCG changed and programmes of work progressed. Further work would be completed to link operational risks recorded within the CCG's operational risk registers to the relevant GBAF risks and to use these linkages to review and moderate risk scores on the GBAF.</p>
6.3	<p>The Chief Finance Officer highlighted the need to fine tune risk scores, consider mitigations and review any adjustments to scoring that could be made as a result. The Governing Body acknowledged the intention that the Board Assurance Framework would form part of regular reporting and help provide focus during the transition to become an Integrated Care System.</p>
6.4	<p>The Non-Executive Director for Governance and Chair of the Audit Committee confirmed the positive discussions at the Audit and Risk Committee, noting his thanks for the work that had gone in to preparing the framework. He also queried the need for an additional, separate risk addressing the unprecedented demand faced by the CCG rather than individual risks focusing on elements of demand.</p>
6.5	<p>AGREED</p> <p>The Governing Body approved the strategic risks as part of the Governing Body Assurance Framework, to assure that all reasonably practicable actions were being taken to control and mitigate the risks to delivery of the CCG's objectives.</p>
7	<p>Priorities Committee Statements (Paper HSI21/042)</p>
7.1	<p>The Chief Medical Officer presented a paper, which outlined three recent policy update recommendations made by the eight CCGs across Southampton, Hampshire and Isle of Wight and Portsmouth (SHIP8) Priorities Committee and subsequently reviewed by the ICS Clinical Executive Group on 14 July 2021. Taking full regard of the National Evidence Based Interventions (EB12) Guidelines, the Clinical Executive Group supported the following recommendations:</p> <ul style="list-style-type: none"> • Policy 26: Treatment of Hydrocele Version 2 (2021) • Policy 50: Primary joint replacement for hip and knee osteoarthritis (2019) (Version 2) • Policy 67: Shoulder Radiology: Scans for Shoulder Pain and Guided Injections (2021)
7.2	<p>The Governing Body noted its thanks to the former Clinical Chair of South East Hampshire for his work leading the Southampton, Hampshire and Isle of Wight and Portsmouth (SHIP8) Priorities Committee. It was noted that a review was currently underway looking at the Committees function, representation and structure with a particular focus on patient engagement and to consider the committee's role within the wider governance structure.</p>
7.3	<p>The Chief Medical Officer highlighted Policy 50: Primary joint replacement for hip and knee osteoarthritis (2019) (Version 2), noting that the existing British Orthopaedic Association recommendation that surgery should not be limited on the basis of weight was considered out of date. Orthopaedic surgeons supported the approach proposed</p>

	by the CCG to advise and support patients with a Body Mass Index over 35 to lose weight. However a mechanism was in place to support patients who could not lose weight to undergo surgery.
7.4	The Non-Executive Director (Patient and Public Involvement) acknowledged that patient involvement was key and offered support on work related to a patient engagement strategy.
7.5	The Chair noted the suggestion on how to manage delegation to the ICS Clinical Executive Group and asked the Governance Team to consider how this could be managed in future.
7.6	<p>AGREED</p> <p>The Governing Body approved the statements as outlined below:</p> <ul style="list-style-type: none"> • Policy 26: Treatment of Hydrocele Version 2 (2021) • Polity 50: Primary joint replacement for hip and knee osteoarthritis (2019) (Version 2) • Policy 67: Shoulder Radiology: Scans for Shoulder Pain and Guided Injections (2021)
8	CCG Policies (Paper HSI21/043)
8.1	The Chief of Staff introduced a paper, which outlined progress on the development of a Policy Development and Review Programme, including the establishment of a Policy Sub Group with oversight via the Audit and Risk committee.
8.2	The Governing Body queried the timeline for the ongoing review of policies, acknowledging that a number of policies were showing as overdue. The Chief of Staff provided assurance that a programme was in place to ensure the policies reviewed were still relevant.
8.3	<p>AGREED</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted progress with the policy development and review programme • Noted approval of the Terms of Reference for the Policy Sub Group and progress to date. • Ratified approval of the following policies following review by the Group and recommendation by the Audit & Risk Committee: <ul style="list-style-type: none"> ○ Business Continuity Policy (CORP/006/V1.0) ○ Fair Processing Notice (IG/001/V1.3) ○ Information Governance Management Framework and Strategy (IG/002/V1.3) ○ Individual Rights Policy (IG/0033/V1.2) ○ Individual Rights Requests: Standard Operating Procedure (IG/004/V1.2) ○ Information Governance Staff Handbook (IG/005/V1.1) ○ Confidentiality and Safe Haven Policy (IG/006/V1.1) ○ Information Governance Policy (IG/007/V1.2) ○ Information Governance Incident Management Framework and Reporting Procedure (IG/008/V1.1) ○ Bribery Statement (CORP/005/V1.0) for final approval and signature by the Chief Executive Officer prior to publication on the CCG website

	<ul style="list-style-type: none"> ○ Updated Policies and Procedural Documents: Development and Management Policy (CORP/002/V1.2)
9	Equality Delivery System and Equality Objectives (Paper HSI21/044)
9.1	The Chief of Staff introduced a paper which addressed the requirement for the Hampshire, Southampton and Isle of Wight CCG to comply with the public sector equality duty, specifically to <i>'Prepare and publish one or more objectives which they feel they should achieve in order to meet any of the three aims of the general equality duty.'</i> There were six proposed quality objectives for 2021/22 as outlined in the paper, which the Governing Body was asked to consider and approve. These had been discussed and amended by the CCG Equality, Diversity and Inclusion Steering Group in May and June 2021 and approved by the Portsmouth CCG Clinical Executive in July 2021.
9.2	The Chair acknowledged the work carried out and highlighted the need to ensure that the proposed objectives could also be adopted by the ICS.
9.3	The Governing Body acknowledged the key work undertaken and noted a commitment from the Chief of Staff to bring an update on progress regularly over the next six months.
9.4	The Chief Finance Officer highlighted the need to be clear on the values on the Leadership Team on Equality and Diversity to be clear on the meaning of the work to ensure it did not feel remote or simply target driven.
9.5	<p>AGREED</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Agreed the proposed approach to comply with the Public Sector Equality Duty • Approved the proposed equality objectives for the remainder of 2021/22 • Approved a review to develop equality objectives to be in place from April 2022
10	Standing Financial Instructions (Paper HSI21/045)
10.1	The Chief Finance Officer reported that at its meeting in common on 16 March 2021 the Audit and Risk Committee approved the initial Standing Financial Instructions (SFIs) and Delegated Financial Authority for Hampshire, Southampton and Isle of Wight CCG. At the time it was noted that this item would return to future Audit and Risk Committee meetings as the CCG governance and SFIs developed.
10.2	<p>An update to Delegated Financial Authority limits was agreed by the Audit and Risk Committee at its meeting on 12 May 2021 and subsequently, as a result of Executive review in light of developing governance, a number of additional amendments were presented to the Audit Committee at its meeting on 1 September. These amendments provided additional resilience in times of absence and other work pressures in order to avoid placing over-reliance on key individuals in the finance team:</p> <ul style="list-style-type: none"> • For commitment of non-healthcare contracts and expenditure an additional category for the Director of Finance had been added with limits between

	<p>£50,001 to £150,000.</p> <ul style="list-style-type: none"> • For commitment of non-healthcare contracts and expenditure the Chief Finance Officer limits had been amended from £50,000 to £250,000 to £150,001 to £250,000. • For approval of invoices where agreed contracts exist an additional category for Assistant / Associate Director of Finance had been added with approval limits of not more than £1,000,000
10.3	Formal tendering procedures were occasionally waived under exceptional circumstances. The Governing Body was asked to consider changes to Paragraph 29.2 to clarify that occasionally a waiver may be agreed at committee level.
10.4	AGREED
	The Governing Body approved the changes to the delegated Financial Authority limits as part of the Standing Financial Instructions of the CCG following the review and recommendation of the Audit and Risk Committee.
11	Committees of the Governing Body (Paper HSI21/046)
11.1	<p>The Governing Body received the approved minutes and summary reports from the following meetings:</p> <ul style="list-style-type: none"> • Audit and Risk Committee meetings held on 14 July and 1 September 2021, chaired by Simon Garlick • Primary Care Commissioning Committee held on 21 July 2021, chaired by Matt Stevens • Quality, Performance and Finance Committee held on 21 July 2021, chaired by Edward Palfrey
11.2	<p><u>Audit and Risk Committee</u></p> <ul style="list-style-type: none"> • The Non-Executive Director for Governance and Chair of the Audit Committee introduced the paper, noting it was a good reflection of the work that had been achieved and highlighted: <ul style="list-style-type: none"> ○ The work carried out on the Governing Body Assurance Framework, and ○ The need to develop medium and long-term financial strategy, once guidance is received from NHS England.
11.3	<p><u>Primary Care Commissioning Committee</u></p> <ul style="list-style-type: none"> • The Non-Executive Director (Primary Care Commissioning) and Chair of the Primary Care Commissioning Committee highlighted the Primary Care Work Programme, in particular the information received about access to GP's and Primary Care Networks providing GP Services which the Committee noted needed support to ensure they can provide maximum access for patients.
11.4	<p><u>Quality, Performance and Finance Committee</u></p> <ul style="list-style-type: none"> • The Secondary Care Clinician and Chair of the Quality, Performance and Finance Committee highlighted: <ul style="list-style-type: none"> ○ Ongoing workforce issues, in terms of both the current workforce and workforce required for the future ○ The important relationships and culture change that the response to the Covid-19 pandemic has brought out at the CCG, noting the achievements of all staff.

11.5	AGREED The Governing Body received the approved minutes and summary reports from the following meetings: <ul style="list-style-type: none"> • Audit and Risk Committee meetings held on 14 July and 1 September 2021 • Primary Care Commissioning Committee held on 21 July 2021 • Quality, Performance and Finance Committee held on 21 July 2021
12	Minutes of Last Meeting (<i>Paper HSI21/047</i>)
12.1	The Governing Body received the draft minutes of the meeting held on 9 June 2021
12.2	AGREED The Governing Body approved the minutes of the Governing Body meeting held on 9 June 2021.
13	Any Other Business
13.1	No additional items of business were raised.
14	Date of next meeting
14.1	The next meeting of the Governing Body to be held in public was scheduled to take place on 3 November 2021.

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

Signed by

Chair:

Date: