

## CCG Board

<b>Date of meeting</b>		<b>23 July 2020</b>	
<b>Agenda Item</b>	<b>3</b>	<b>Paper No</b>	<b>WHCCG20/042</b>

### Draft Minutes of Last Meeting (28 May 2020)

<b>Key issues</b>	<p>The Draft Minutes of the meeting of the West Hampshire Clinical Commissioning Group Board of 28 May 2020 are attached for approval by the Board.</p> <p>Following the meeting the minutes will be made available to the public in accordance with Freedom of Information Act 2000 and the Code of Practice on Openness in the NHS.</p>
<b>Actions requested / Recommendation</b>	<p><b>The West Hampshire Clinical Commissioning Group Board is asked to</b></p> <ul style="list-style-type: none"> <li>• <b>Agree the minutes of the Board meeting held on 28 May 2020 and commend them for signature by the Chair of the meeting.</b></li> <li>• <b>Discuss any matters arising from the minutes that are not already covered on the Agenda.</b></li> </ul>
<b>Principal risk(s) relating to this paper</b>	There are no risks relating to this paper.
<b>Other committees / groups where evidence supporting this paper has been considered.</b>	Not applicable.
<b>Financial and resource implications / impact</b>	There are no financial implications arising from this paper.
<b>Legal implications / impact</b>	There are no legal implications arising from this paper.
<b>Public involvement – activity taken or planned</b>	Not applicable.

<b>Equality and Diversity – implications / impact</b>	This paper does not request decisions that impact on equality and diversity.
<b>Report Author</b>	Jackie Zabiela, Governance Manager Ian Corless, Board Secretary/Head of Business Services
<b>Sponsoring Director</b>	Sarah Schofield, Clinical Chairman
<b>Date of paper</b>	16 July 2020

# Minutes **DRAFT**

## Board

**Minutes of the NHS West Hampshire Clinical Commissioning Group Board held on Thursday 28 May 2020 via video conference.**

<b>Present:</b>	Sarah Schofield	Clinical Chairman (Chair)
	Mike Fulford	Chief Operating Officer and Chief Finance Officer
	Simon Garlick	Lay Member, Governance
	Judy Gillow	Lay Member, Quality and Patient Engagement
	Karl Graham	Locality Clinical Director / Board GP
	Adrian Higgins	Medical Director
	Johnny Lyon-Maris	Locality Clinical Director / Board GP
	Lorne McEwan	Locality Clinical Director / Board GP
	Ellen McNicholas	Director of Quality and Nursing (Board Nurse)
	Alison Rogers	Lay Member, Strategy and Finance
	Jim Smallwood	Secondary Care Consultant
	Caroline Ward	Lay Member, New Technologies
	Stuart Ward	Locality Clinical Director / Board GP
<b>In attendance:</b>	Ian Corless	Board Secretary/Head of Business Services
	Ruth Colburn-Jackson	Managing Director: North and Mid Hampshire
	Rachael King	Director of Commissioning, South West
	Terry Renshaw	Governance Manager
	Jackie Zabiela	Governance Manager
<b>Apologies for absence:</b>	Charles Besley	Locality Clinical Director / Board GP
	Jenny Erwin	Director of Mental Health Transformation and Delivery
	Rory Honney	Locality Clinical Director / Board GP
	Maggie Maclsaac	Accountable Officer
<b>Observing:</b>	Dominique Fiedler	Governance Assistant & Freedom of Information Administrator

### **1. Chairman's Welcome**

- 1.1 Sarah Schofield welcomed everyone present to the meeting of the NHS West Hampshire Clinical Commissioning Group (CCG) Board and noted the apologies for absence.
- 1.2 Sarah highlighted that whilst this meeting was not being held in public in light of COVID-19 and social distancing requirements, papers have been published on the CCG website. She also reminded the Board of the CCG's values, which are published on the front page of the agenda, minutes and cover sheet of each Board paper.
- 1.3 Sarah reported that on behalf of the Board she had written to all of the CCG's member practices to thank them for all the hard work they have done during the COVID-19

pandemic. She also acknowledged that CCG staff have been crucial to this and that all should be proud to have achieved such an incredible response to a difficult period in time.

## **2. Declaration of Board Members' Interests (Paper WHCCG20/021)**

2.1 The Register of Board Members Interests was received and noted.

2.2 Sarah Schofield asked the Board to review the agenda for the meeting and establish whether there were any business items where there may be potential or perceived conflicts of interest. No interests were updated or declared in relation to the agenda.

### **2.3 AGREED**

**The Board agreed to accept the Register of Board Members' Interests.**

## **3. Minutes of the Previous Meeting held on 30 January 2020 (Paper WHCCG20/022)**

3.1 Sarah Schofield asked Board members to confirm the minutes of the Board meeting held in public on 30 January 2020 as a correct record of proceedings. She explained that she had received no amendments in advance of the meeting.

### **3.2 AGREED**

**The Board approved the minutes of the Board meeting held on 30 January 2020 and commended them for signature by the Chair of the meeting.**

### ***Matters Arising***

3.3 Attention was drawn to paragraph 1.4 of the minutes in relation to funding announced by the Government in the autumn of 2019 as part of the health infrastructure plan intended to support 40 hospital building developments across the country. It was queried if the work around Hampshire Hospitals NHS Foundation Trust (HHFT) had been put on hold in light of COVID-19. It was advised that this is ongoing and that the intention is for regular briefings on progress to be provided to future meetings of both the West Hampshire and Hampshire CCG Partnership Boards, with potentially a joint meeting to take place within the next month or so with a presentation from the HHFT programme lead.

## **4. Chief Officer's Report (May 2020) (Paper WHCCG20/023)**

4.1 Mike Fulford introduced a report which provided a general update on key national developments and working with the wider health and social care system since the previous meeting of the Board held in public in January 2020. It was reported that the focus has been primarily on the response to the COVID-19 pandemic, with the paper highlighting:

- **National guidance:** significant amount of communications have been received from the government and NHS England which are tracked through the Incident Control Centre and directed to the most appropriate work stream
- **Business continuity:** the CCG's Business Continuity Plan was activated in the middle of March when CCG offices were closed and some staff redeployed to support the COVID-19 response. A West Hampshire CCG Board and Committee Continuity Plan 2020/21 has also been agreed around the management of the

CCG's governance processes during the next two to three months through a 'lean' process; this will be subject to review and amendment on an iterative basis.

- **Restoration and recovery:** the implications of COVID-19 on CCG operations and working with health and care partners on the wider implications through to the Hampshire and Isle of Wight Local Resilience Forum recovery programme.
- **Integrated Care System and New Ways of Working:** the appointment of Maggie Maclsaac as the Chief Executive for the Hampshire and Isle of Wight (HIOW) Integrated Care System (ICS), which is additional and complementary to the work being done as a system to ensure that CCGs work both at a local level and at scale across HIOW.

**4.2** Mike took the opportunity to express his thanks to staff from both the CCG and the wider system, including the support from lay advisers. He added that all the members of the Board have been really effective in trying to make a difference to the outcome of work and we would not have been able to achieve the work in primary care without our locality clinical directors supporting our Primary Care Network directors; it has been really good to see clinical leadership in action.

#### **4.3 AGREED**

##### **The Board:**

- **Received and noted the Chief Operating Officer's Report (May 2020)**
- **Ratified the approval of the West Hampshire CCG Board and Sub-Committee Meetings Continuity Plan (April 2020).**

#### **5. Reports from Committees of the NHS West Hampshire CCG Board (April – May 2020) (Paper WHCCG20/024)**

**5.1** The Board received a report from each of the Board Sub-Committees which summarised the operation of 'lean' arrangements by Committee outlining:

- If and when a Committee meeting has taken place.
- An overview of the business undertaken during the Committee meetings, including any decisions taken 'virtually'.
- A copy of the minutes of the meeting, approved by Chair's action.
- Key supporting papers
- The date of the next meeting.

The following points were highlighted by Committee Chairs / lead directors:

**5.2 Audit Committee:** Simon Garlick gave his assurance to the Board that the year-end (2019/20) final accounts process is proceeding well, adding that the internal audit plan for 2020/21 may be subject to change as the responses to the COVID-19 pandemic become known. The possibility of identifying common audit areas and joint audit reports with other HIOW CCGs will be explored, where practicable and there will be a discussion taking place on 2 June 2020 with other CCG lay members and Chief Operating Officers which will feature the future operation/commonality of Audit Committees. A number of audits are already done in conjunction with other CCGs and there will also be a discussion week commencing 1 June 2020 with the finance leads for each CCG to consider what else can be done within existing audit plans together rather than separately.

- 5.3 Clinical Cabinet:** Adrian Higgins advised that the Cabinet has not formally met since before COVID-19. There are plans for an abbreviated virtual meeting to take place in June that will focus on the clinical learning from the COVID-19 incident and to also review restoration and recovery plans for each of the systems being led by Ruth Colburn-Jackson and Rachael King. The paper provided to the Board also included details of a number of recommendations that have been managed virtually as well as the decisions made by the HIOW Priorities Committee recommendations, which had been provided for information.
- 5.4 Clinical Governance Committee:** Judy Gillow reflected that the first meeting of the Committee in the new 'lean' format appeared to go well, although she would be open to any feedback for improvements going forward. The Committee had focussed on quality and safety as well as COVID-19, but in addition had reflected on the Committee's assurance role on some of the issues that are starting to emerge, for example ophthalmology and cancer services. She added that it is important for the Board to recognise the work of the quality and safeguarding team led by Ellen McNicholas and Matthew Richardson. This includes the infection prevention and control team who have been providing cover for the whole HIOW system often working 7 days a week. This cannot be sustained and will be a resource issue should there be a second peak of COVID-19. Ellen McNicholas added that she cannot say how impressed she has been with the entire team as well as particular individuals such as Viv O'Connor, the Infection Prevention & Control lead who has worked tirelessly on this.
- 5.5 Finance and Performance Committee:** Alison Rogers observed that one of the things that has struck her during the 'lean' discussions is how much has been taken from the agenda and put on the central agenda in terms of finance, which provides a really broad oversight of the current position.
- 5.6 Primary Care Commissioning Committee:** Rachael King summarised that there has been a lot of focus in terms of the COVID-19 response and the HIOW operating model for primary care and how this had been implemented locally. Stuart Ward, Johnny Lyon-Maris and Sarah all expressed their thanks to Rachael, the wider team and their colleagues for their support and regular communications with GP practices, with reports that positive feedback has also been received from other GP colleagues.
- 5.7 Remuneration Committee:** The Remuneration report is currently subject to audit and will be published as part of the CCG's Annual Report and Accounts, following the completion of the audit and approval by the Audit Committee in June.
- 5.8** Mike commented that the Board needs to recognise all the fantastic work that all the teams have done. This has been a huge effort and all teams are working so hard to support all our partners and there has been an extraordinary response through all of the teams, which should be noted for the record. He added that the work by committee chairs and the relevant directors to get to the 'lean' way of working has been fantastic, adding his thanks to Ian Corless and the governance team for supporting that process. The communications team were also highlighted as having rapidly adapted the way they have worked, linking with both the wider system and in terms of providing support to look after staff.
- 5.9** Ian highlighted that the paper provided follows the 'lean' process that has been developed, including getting minutes approved earlier and providing references to key documents / papers that had been reviewed by each of the Committees. Given this is the first time this report has been presented, he requested feedback outside the meeting as to whether the format had been helpful, including any suggestions for improvement.

## 5.10 AGREED:

The Board received the report from the Board Sub-Committees, including the operation of 'lean' governance arrangements for the:

- **Audit Committee**
- **Clinical Cabinet**
- **Clinical Governance Committee**
- **Finance and Performance Committee**
- **Primary Care Commissioning Committee.**

### **STRATEGIC OBJECTIVES 1 AND 2:**

**Ensure safe and sustainable high quality services – to provide the best possible care for patients**

**Ensure system financial sustainability – to ensure compliance with business rules**

## 6. **Finance Report (May 2020) (Paper WHCCG20/025)**

### 6.1 Mike Fulford presented the Finance Report, which detailed the following:

- The financial performance position to the end of April 2020 shows a break-even position in both the year to date and forecast outturn.
- Year to date numbers include nationally calculated payments made to NHS providers, actual activity for Continuing Healthcare (CHC) and Funded Nursing Care (FNC) budgets, and actuals based upon current information on primary care and headquarters budgets.
- The CCG has incurred £3.1m of COVID-19 related expenditure in April which has been reclaimed in full from NHS England (NHSE). Additional allocation will be made to the CCG in month 2 to cover this, and any further COVID-19 expenditure incurred.
- Since month 1 reporting, and in response to COVID-19, a temporary financial regime has been put in place by NHSE to cover the period 1 April 2020 to 31 July 2020 (refer to paper for details).

### 6.2 The following comments and queries were raised during a period of discussion:

- Mike emphasised that we are in a very unique position with the financial arrangements evolving and changing on a fairly frequent basis. To date we have confirmation of four months of budget. It is felt that the intention from NHSE is that, subject to monthly review the CCG will be funded for all reasonable costs for a breakeven position, however this has yet to be confirmed. It is expected that there will be a tightening of controls going forward due to the financial impact of COVID-19 with tighter scrutiny of COVID expenditure, as well as community and CHC costs alike amongst others. At the moment the risk we would normally have in terms of financial risk and contract terms is unlikely to be material this year.
- It was suggested that it would be really useful to have sight of other CCG performance i.e. Hampshire CCG Partnership and Southampton City CCG to see how we compare. Mike clarified that the CCG has not overspent in the sense that it will all be refundable; the CCG is picking up costs from parts of other systems and we are not doing reallocation of spends. It was agreed that a summary of the position across the local CCGs would be provided for the Board.

#### **ACTION: Mike Fulford**

- Given that to some degree the management of risk in relation to finance is no longer an issue and we are moving out of the first wave of COVID-19 management, it was queried if this provides some capacity to further consider how to manage risks. Mike responded that there is a lot of transformation that will need to be developed, but instead of chasing some of the financial elements of transformation, teams have to manage emerging risks in relation to COVID and it

changes the lens of how we look at some of the transformation processes. Whilst some issues do still arise with some providers, to some degree the normal blockages have been alleviated.

- Given the refundable expenditure situation, clarification was sought as to how central government is ensuring that the public purse is managed properly during these extraordinary times. In response it was advised that there is quite a challenge from HM Treasury in terms of what is being spent by the NHS. Most of the Nightingale hospitals have currently been 'mothballed' so there is some quite considerable central expenditure being held; arrangements are in place with HM Treasury regarding releasing of funds. The CCG is undertaking our normal governance/control processes which is then subject to regional and then national review. When we go into preparations for Wave 2 this will be when there is reflection/evaluation of the effectiveness and outcomes to ensure they are value for money.

### 6.3 **AGREED:**

**The Board received:**

- **The update on the CCG's financial position as at 30 April (end of month 1, 2020)**
- **Details of the temporary financial regime which has been put in place by NHS England to cover the period 1 April to 31 July 2020.**

## 7. **Performance Report (May 2020 (Paper WHCCG20/026)**

7.1 Mike Fulford introduced a report which shows the overall performance for West Hampshire CCG and its main NHS providers. Operational day to day performance is currently being impacted by COVID-19. Specifically:

- There has been a change in patient demand, with fewer presentations at A&E and less non urgent ambulance calls. As a result of this we have seen improvements in A&E 4 hour waits and Ambulance response times.
- Despite cancellations in March being limited, there was a significant deterioration in referral to treatment and diagnostic waiting times, which will worsen further next month as the national requirement to stop all but absolutely critical surgery was implemented.
- Cancer performance is relatively static in this month's reporting.
- The recovery of activity levels in line with recovery plans – particularly the need for cancer referrals to reach historical levels – is absolutely critical, and next month's papers will focus on recovery plans from recovery work stream leads, and the plan to monitor performance recovery against these.

7.2 Key points to note were as follows:

#### **A&E 4 hour waits**

- University Hospital Southampton (UHS) NHS FT performance moved from 80.53% in March to 91.09% in April.
- Collectively, the south west system performance is at 93.65%.
- Hampshire Hospitals NHS FT (HHFT) performance moved from 77.06% in March to 90.89%.
- Number of ED attendances across both trusts reduced significantly in April.

#### **Ambulance response times**

- South Central Ambulance Service achieved all 6 response time standards in April.

### **Cancer waits**

- 4 of 9 cancer standards were achieved at CCG level in March, with mixed performance across the standards.
- 5 of 9 cancer standards were achieved at UHS, with improvement seen against the majority of standards in month.
- HHFT achieved all applicable national standards for the fifth consecutive month in March, with the exception of the 62 day referral to treatment measure which declined further to 76.51%.

### **Child and Adolescent Mental Health Service (CAMHS) Waiting Times**

- None of the contract performance standards were met in March, however improvement was seen across the majority of metrics. Children & Young People access waiting times exceeded the 34% standard cumulatively with 43.95%

### **Out of Area Placements**

- Further improvement seen in March with number of extra contractual referrals ECR-Acute occupied bed days reducing to 663 in March, exceeding the 757 plan.

**7.3** Mike reflected that a number of the movements in performance that would look positive in normal circumstances are now something which raises concern. When looking at individual performance at provider level there is a lot less 'red' than a few months ago, however we need to look at the performance metrics with caution. As well as keeping a note of the national performance focus will also need to be on looking at local indicators that will show if we are getting services back. The performance team are working with each of the work stream leads for restoration and recovery to identify the key indicators that we will need in order to monitor any improvement. There will therefore be additional metrics in future reports, for example looking at digital solutions in primary care which are now operating at levels we would not have considered previously, as well as activity levels on a daily and weekly basis on performance delivery.

**7.4** There are other areas which are standing out, for example Referral to Treatment is a significant pressure. The numbers of 26 and 52 week waiters are increasing so this will be a challenge, diagnostics have dropped sharply in the last few weeks and so this performance will be a key issue for restoration and recovery in the next few months, as well as mixed performance for cancer. There is a significant reduction in 2WW referrals, with data from two weeks ago showing this was down by around 60%. Performance reports will continue to be provided to the Board with other key metrics and indicators added that will provide a better / wider appraisal of some of the key performance issues that we are keen to review and obtain assurance on.

**7.5** Ellen McNicholas commented that the Board would be aware of how over the last few years the CCG has worked hard to improve CHC performance, particularly against national targets, and by April we were on trajectory to achieve the final target of assessment within 28 days. However, the government then made the decision to stop CHC assessment during the COVID-19 period (although people will still be funded) and at this stage it is unknown when this will be started again. When it does there will again be a significant backlog. We have the lessons and processes put in place previously which will help deliver improved performance, however she had raised this for the Board's awareness as this will be an issue when we get to that point.

**7.6** Johnny Lyon-Maris stated that we need to keep Child and Adolescent Mental Health services (CAMHS) high on the agenda. Nationally the anxiety of young people has generally reduced whilst they have been off school; this is likely to escalate significantly when they go back. Mike responded that this has been recognised, particularly as we

have not seen improvements in terms of the CAMHs waiting list. This is a key work programme for which he has requested an action plan within the next 10 days in order to see some solutions that will start to improve that performance; Alison Edgington, Lead Director for Children's Services will be attending a Board briefing session to present and talk through what this looks like.

## 7.7 AGREED

**The Board reviewed the performance report (May 2020) and considered the associated risks and mitigations.**

## **CCG DEVELOPMENT AND GOVERNANCE**

### **8. Board Assurance Framework (May 2020) (Paper WHCCG20/027)**

**8.1** Mike Fulford presented the Board Assurance Framework (BAF). The BAF is a high level, aggregated risk description of the risks that relate to the achievement of the CCG's strategic objectives. It is intended to provide assurance to the Board in relation to the management of risks that threaten the ability of the organisation to achieve these objectives. *It only includes very high and high risks which are currently above their target risk score.*

**8.2** The BAF is based on the Strategic Objectives of the CCG:

- Quality and Performance
  - Constitutional standards / performance and key performance indicators, Delayed Transfer of Care
  - Patient experience
  - Workforce
- Financial sustainability
- Working in partnership for optimum service delivery
- Developing Local Delivery Systems
- Developing CCG workforce
- Communications and Engagement.

**8.3** The Corporate Risk Group met on 12 May 2020 to review the implications of the COVID outbreak on the delivery of the Strategic Objectives and has created an additional list of risks. These were shared with lay members on 13 May 2020. At the Performance Issue and Risk Group meeting on 20 May 2020 it was agreed that these risks need to be fully worked up with owners, controls and action plans identified and reviewed and be incorporated in the next iteration of the BAF.

**8.4** Two new high risks have been added to the BAF since the January Board meeting:

- #697 COVID-19 Primary Care Access (12)
- #702 If the CCG does not deliver the planned 2020/21 position (12).

**8.5** There are four risks which have been downgraded and removed from the BAF:

- #694 Unlikely to invest to the level required to deliver Mental Health targets within the long term plan (10)
- #682 Capacity in the Safeguarding Adults Team (9)
- #646 Secure Care UK- secure transport provider undertaking robust risk assessments (6)
- #550 Delayed Procurement on children's therapies contracts (8).

**8.6** There are four risks which have been closed and removed from the BAF:

- #695 Primary Care IT Resilience (COVID-19) (12) – plans in place have reduced the risk
- #679 Potential Financial impact on CCG of setting a budget that is below the control total set for the CCG for the 20/21 budget by NHS England (16) – new contracting arrangements have been put in place for COVID until 31 October and no budgets have currently been set for CCGs
- #672 Hampshire Autism re-procurement (12) – procurement now completed
- #493 If the CCG does not deliver the planned 2019/20 position (16) – new risk raised for the current financial year.

**8.7** The following comments and queries were raised during a period of discussion:

- Restoration and recovery – there had been discussions during the earlier Board briefing session in relation to risks which had been identified for the CCG about the restoration work particularly with regard to capacity, a second surge, staffing, increase in referrals and quality and safety issues. It was questioned whether we should be quantifying the risks that will impact on our providers and on some of the work we are doing on the assurance framework as this could impact on achieving the CCGs objectives. It was agreed that an action would be taken to consider how a wider COVID response risk might be phrased and in particular how that is being mitigated through the various elements of the Health & Social Care Recovery Cell; it was acknowledged that this might be an overarching risk.

**ACTION: Mike Fulford**

- CAMHS – agreed that this risk should be reviewed to reflect the mitigation that is in place and in light of the action plan that Mike has requested to improve the waiting list.
- It was noted that the prevention side of things in relation to CAMHS does not seem to be mentioned and must be one of the most important aspects. It was highlighted that in relation to children and safeguarding in the wider context, the NSPCC have had a 90% increase in referrals and calls which demonstrates there is a significant issue, also recognising that we may be living with / managing COVID-19 for some time to come. Ellen McNicholas responded that with regard to the safeguarding risk, this is already included on the risk register, however it is not at a level which puts it on the BAF.
- In terms of CAMHS, Mike agreed that the prevention agenda is really significant and might be part of the mitigation that will be picked up through part of the work to review the CAMHS risk. Part of the mitigation will be the extensive increase in the use of some of the new technologies such as on line consultations. In terms of the potential risk to the CCG strategy, there are so many unknowns at the moment they may need to be captured as a single risk. The funding framework going forward is unclear although the overall strategy and the Long Term Plan will not have changed. Mike agreed to take an action to consider the longer term COVID risk sitting alongside the shorter term COVID risk mentioned earlier.

**ACTION: Mike Fulford**

- With regard to HHFT not meeting standards, Simon Garlick observed that this feels as though the position is pre the development of the Integrated Care Partnership (ICP) and the work that Ruth Colburn-Jackson and colleagues have done on the transformation plan in North and Mid Hampshire. He stated that this risk therefore needs to reflect the new world and that there are mitigations in place that are not detailed within the BAF. Mike responded that the Board needs to reflect that there will still be a very substantial financial risk post-COVID for the North and Mid Hampshire system, probably the largest within H10W that has emerged in the last 18 months. We need to keep this as a real issue, particularly as we look at affordability of any new hospital developments i.e. how does the affordability fit into the affordability around a system that already has a significant

financial gap. It was agreed that the work that Ruth and the team are doing needs to be reflected in the risk to show that the best we can is being done.

**ACTION: Mike Fulford / Ruth Colburn-Jackson**

## **8.8 AGREED**

### **The Board**

- Reviewed the Board Assurance Framework as presented and were assured that all reasonably practicable actions are being taken to control and mitigate the risks to delivery of the strategic objectives.

## **9. Other CCG Corporate Governance Matters (Paper WHCCG20/028)**

**9.1** It was reported that this month's update on corporate governance matters relates to:

- Policies and documentation that have been reviewed, amended and approved by the committees of the CCG Board
- The financial year-end arrangements 2019/20, including the process for approval of the Annual Report and Statutory Accounts.

## **9.2 AGREED**

### **The Board**

- Noted the policies and documentation that have been reviewed, amended and approved by the committees of the CCG Board
- Noted the update regarding the financial year-end arrangements 2019/20, including the process for the approval of the Annual Report and Statutory Accounts.

## **INFORMATION**

## **10. Committees of the NHS West Hampshire CCG Board (Paper WHCCG20/029)**

### **10.1 AGREED**

The Board received the approved minutes of:

- Audit Committee meeting held on 4 February 2020
- Clinical Governance Committee meetings held on 9 January and 5 March 2020
- Clinical Cabinet meetings held on 16 January and 13 February 2020
- Finance and Performance Committee meetings held on 19 December 2019, and 30 January, 27 February and 26 March 2020.
- Primary Care Commissioning Committee meetings held on 19 December 2019 and 27 February 2020

## **OTHER MATTERS TO NOTE**

## **11. Any Other Business**

**11.1** The following items of Any Other Business were raised:

## **Alison Roger's Tenure as Lay Member**

- 11.2** Sarah Schofield reported that Alison's tenure is due to run out in August and that she was delighted to report that the Board were supportive of her continuing in her role through until March 2021. She expressed her thanks to Alison for agreeing to stay on as we go through this time of transition.

## **Board Papers**

- 11.3** Simon Garlick commented on how much work must have gone into producing all the documents that had been provided for the meeting and the amount of work that has been put on officers in doing this. Ian Corless clarified that the documents provided were those that have been reviewed at each of the 'lean' committees and had been provided for openness and transparency and for reference for individuals that may not have attended the Committees should they wish to read them
- 11.4** Mike added that it is appreciated that there is concern, however all directors in their portfolios are doing the minimum that is needed to ensure we have a good framework behind everything that is going on around COVID. This will continue to be reviewed to ensure that nothing is produced that is not valid whilst keeping enough information in the right format to help to continue to manage business. Simon then went on to say that as lay member if things were to get busier he would be happy to see even shorter reports.
- 11.5** Sarah Schofield thanked those who had attended and declared the meeting closed.

## **12. Date of Next Meeting**

- 12.1** The next Board meeting is currently scheduled to take place on **Thursday 23 July 2020** (to be confirmed closer to the time).

**Signed as a true record**

**Name:**

**Title:**

**Signature:**

**Date**

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