

CCG Board

Date of meeting		28 May 2020	
Agenda item	4	Paper No	WHCCG20/023

Chief Operating Officer's Report (May 2020)

Key issues	<p>This paper provides 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. The focus has been primarily on the response to the COVID-19 pandemic, with this paper highlighting:</p> <ul style="list-style-type: none"> • National guidance • Business continuity • Restoration and recovery • Integrated Care System and New Ways of Working
Strategic objectives / perspectives	<p>This paper addresses the following CCG strategic objectives:</p> <ul style="list-style-type: none"> • Ensure system financial sustainability • Ensure safe and sustainable high quality services • Work in partnership to commission health and social care collaboratively • Establish local delivery systems
Actions requested / recommendation	<p>The West Hampshire Clinical Commissioning Group Board is asked to:</p> <ul style="list-style-type: none"> • Receive the Chief Operating Officer's Report (May 2020). • Ratify the West Hampshire CCG Board and Sub-Committee Meetings Continuity Plan (April 2020)
Principal risk(s) relating to this paper	<p>This briefing brings together a number of strategic issues relevant to the wider health sector which impact on the work of the CCG.</p>
Other committees / groups where evidence supporting this paper has been considered	<p>Executive Team West Hampshire CCG Board</p>

Financial and resource implications / impact	There are no financial and resource implications arising from this paper.
Legal implications / impact	There are no legal implications arising from this paper.
Privacy impact assessment required?	No
Public / stakeholder involvement – activity taken or planned	Public involvement is embedded as part of all ongoing commissioning and service reviews.
Equality and diversity – implications / impact	The commissioning team regularly analyses data and patient feedback to identify any potential issues impacting on equality and diversity such as access to services.
Report author	Mike Fulford, Chief Operating Officer
Sponsoring director	Mike Fulford, Chief Operating Officer
Date of paper	25 May 2020

CHIEF OPERATING OFFICER'S REPORT (MAY 2020)

National Guidance

Normally all Board members would receive copies of the National Briefings digest prepared by the governance team. However, due to COVID-19 a significant amount of communications has been received. This is tracked through the Incident Control Centre and directed to the most appropriate workstream.

All the guidance is available on the government website www.gov.uk and specific NHS England guidance at <https://www.england.nhs.uk/coronavirus/>

Regular briefings have taken place with Board members at CCG level and across the wider health system throughout the pandemic and key documents are circulated in a timely fashion.

Business Continuity

The CCG activated its Business Continuity Plan in the middle of March when the CCG offices closed. I am pleased to report that the digital infrastructure has held up extremely well and the wider use of new technologies has ensured remote working across teams and organisation has been enabled and has been a success.

Some of our staff were redeployed to support directly the COVID-19 response at the Incident Control Centre, with many picking up very different roles to their normal jobs, and this has hugely contributed to the Hampshire and Isle of Wight response to the pandemic. We should be very proud of our staff and their commitment and creativity in response to the challenges faced in a multitude of settings – whether in infection prevention and control, the roll-out of new technologies, ensuring primary care resilience, the expansion of critical care capacity, the sourcing and distribution of PPE, and so much more.

We agreed to cancel the March 2020 board meeting to held in public and, as reported at the Board Briefing and Finance and Performance Committee held on 26 March 2020, also agreed that the CCG's usual governance processes would not be in place temporarily whilst the CCG focuses on the response to the COVID-19 pandemic. Discussions followed with Committee Chairs as to what business needs to be undertaken / processed at each committee that will not impinge on the system response.

In April it was agreed that future committee business will be processed virtually and will focus on immediacy of any governance processes / decisions and that whilst we want to assure the Board and manage risks effectively, our aim is to reduce as much workload as possible during this exceptional time. Clinicians and officers would be stood down from attending wherever possible so that they could concentrate on COVID-19 response and recovery requirements.

The attached paper **West Hampshire CCG Board and Committee Continuity Plan 2020/21** was circulated to all Board members on 24 April outlines further detail around the management of the CCG's governance processes ('lean' committees) during the next two to three months although this will be subject to review and amendment on an iterative basis.

The Board is asked to ratify the approval of this document, as part of our continuing audit trail of operations and decisions during this pandemic. Any significant changes will be presented to a future meeting of the Board. A progress update is provided in Paper WHCCG20/024 on this agenda

I would like to express my thanks to our lay members who have worked with Sarah, Executive Directors and the governance team to pull this plan together, and helped to implement it in an inclusive, transparent and pragmatic manner.

Following the Prime Minister's recent announcement regarding the easing of lockdown and the ability to return to places of work, as practicable, we have confirmed to our staff we would wish them to continue to work in line with their existing working arrangements for the foreseeable future. A cross-function and cross-CCG task and finish group has been established to look at how we can support our staff by completing workplace assessments to ensure their working environment is safe and sustainable. This includes a review of the COVID-19 Secure Office Working Practices for any future requirements for some staff to be operating from our offices.

Restoration and Recovery

As a CCG we are looking at the implications of COVID-19 on the CCG operations, we are also working with health and care partners on the wider implications through to the Hampshire and Isle of Wight (HIOW) Local Resilience Forum (LRF) recovery programme.

The recovery programme is wide ranging covering all aspect of public life including business, transport, education and health. It is therefore a complex process involving multi agency co-operation as many areas of recovery have overlapping programmes. The aim will be to support all aspects to return to the "new normal".

The recovery programme will cover the short, medium and long term and will likely take a number of years to fully return services and communities to the new normal. For health recovery this is currently focused on the short term restoration of critical and deferrable services. The programme is set up within the LRF Recovery Co-ordinating group with a Health sub-group bringing together the key Health work streams. It however must be noted that the restoration work is dependent on the ongoing capacity and resource requirements to support the COVID-19 response and so the two programmes have a number of interdependencies.

A more detailed update on restoration recovery will be brought to a future Board and each sub-committee will undertake their own assurance as part of this.

Integrated Care System and New Ways of Working

Earlier this year Maggie Maclsaac, our Chief Executive, wrote to all governing bodies with an ambition statement, describing the collective vision for the future of CCGs and how this fits in with the emerging Integrated Care System for Hampshire and the Isle of Wight. The NHS Long Term Plan is clear that Integrated Care Systems will be established across England by September 2020, paving the way for NHS providers, commissioners and local authorities to work in partnership to provide better, more joined up care for local communities.

In March there was a process to appoint a Chief Executive for the Hampshire and Isle of Wight Integrated Care System (ICS) and earlier this month it was confirmed that that Maggie Maclsaac has been appointed into the role and this took effect from 1 April.

Maggie's appointment does not change her leadership of the CCGs. She remains our Chief Executive and will continue to lead our organisations as we continue on our course to come together as one commissioning organisation. The ICS role is additional and complementary to the work we are doing as a system to ensure we work both at local level and at scale across Hampshire and the Isle of Wight.

Our clear focus currently is on the Hampshire and Isle of Wight response to COVID-19. At the heart of Integrated Care Systems is an ethos of partnership working, for the benefit of patients and local communities and this is exactly what has characterised our response to the pandemic. It has been a privilege to witness our partners across all public services come together, united in our collective aim to protect and care for our communities at this time of crisis. The ICS will continue to take shape over the coming months and we are confident that this experience will see us emerge with stronger relationships at all levels.

The work to bring the CCGs together will also continue and a key part of this will be thinking through how we build on the many positive examples of how our teams across the CCGs and the STP have been working together in recent weeks. Our experiences so far tell us that our strong local relationships and deep rooted sense of place and community have helped us. So whilst we will be one, we will be firmly founded in each place.

We will continue to keep you updated on any developments. In the meantime thank you for all you are doing to support our colleagues and partners at this pivotal time.

Mike Fulford, Chief Operating Officer
25 May 2020

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West Hampshire CCG Board and Sub-Committee Meetings Continuity Plan – 24 April 2020

As reported at the West Hampshire CCG Finance and Performance Committee of 26 March 2020, the CCG's usual governance processes will not be in place over the next few months whilst the CCG focuses on the response to the COVID-19 pandemic. It was agreed that discussion would therefore take place with committee Chairs as to what business needs to be undertaken / processed at each committee that will not impinge on this.

It was agreed that future committee business will be processed virtually and will focus on immediacy of any governance processes / decisions and that whilst we want to assure the Board and manage risks effectively, our aim is to reduce as much workload as possible during this exceptional time. Clinicians and officers would be stood down from attending wherever possible so that they could concentrate on COVID-19 response and recovery requirements.

This paper outlines further detail around the management of the CCG's governance processes during the next three months although this will be subject to review and amendment on an iterative basis – it is very much a 'live' document.

The following principles have been agreed in relation to meetings and decision-making:

- The response to the Coronavirus outbreak is the main focus of our attention and resources, while ensuring the safe and effective running of the CCG
- Until further notice all of our Board meetings and sub-committees will take place virtually
- No Board meetings will take place in public until further notice although consideration will be given in due course as to how we continue to engage the public in a meaningful way using technology, with lessons learned from current working.
- Committee meetings will be streamlined to enable agile working whilst maintaining key elements, with significant risks being escalated / reported to the Audit Committee in the first instance and then onward to the Board
- The standing financial instructions remain in place. No changes to West Hampshire CCG's scheme of delegation have been required to date. Where decisions have required tender waivers, the outcomes will be reported to the Audit Committee, as is regular practice.
- It is recognised that decisions must be taken quickly and sometimes outside of the usual process at this time. Any decisions that would normally be taken by the CCG Board or a sub-committee may be taken virtually in order to expedite the process. This will include circulation of the relevant paper(s) outlining the decision to be made and a strict, sometimes short, deadline for responses via e-mail

- Decisions may be taken by Chair's action where a virtual ratification would not be feasible and there is a minimal time constraint
- Any decisions which are time critical and cannot be reached in either of the aforementioned ways will be logged and the consolidated decision logs will be presented to the Audit Committee, Finance and Performance Committee, Primary Care Commissioning Committee and Clinical Governance Committee as necessary
- The Chief Executive and Chief Operating Officer/Chief Finance Officer will continue to be able to take decisions in line with the CCG Standing Financial Instructions (SFIs).
- The lean committees will continue to monitor and receive any changes in the declarations of members' interests, and manage these in accordance with CCG policy.
- The working principle of the lean committees is that they will operate with a very limited agenda and only the urgent or important issues should be considered. All other COVID-19 specific risks are recognised and are being reviewed through the Incident Control Centre.

COVID-19 Response Management

The immediate response to COVID-19 related activities will be managed through the pan-Hampshire and Isle of Wight Incident Control Centre.

There are five main work-streams managed across the Hampshire and Isle of Wight footprint:

Prevent spread of infection

Strategic Leads: Simon Bryant, Hampshire County Council, Director of Public Health, and Southampton City Council/Portsmouth City Councils Directors of Public Health.

Maintain critical services

Strategic Leads: Maggie MacIsaac, NHS and Steve Apter, Hampshire Fire and Rescue Service.

Protect the most vulnerable

Strategic Lead: Graham Allen, Hampshire County Council.

Maintain public confidence and order

Strategic Leads: Dave Powell and Scott Chilton, Hampshire Constabulary.

Restore and recover to new normal

Strategic Lead: David Williams, Portsmouth City Council.

The full structure chart for the COVID-19 response and the accompanying work-streams and task groups is located at Appendix A of this paper.

Lean Committee Structure Outlines

To supplement the initial principles which were agreed by the Finance and Performance Committee on 26 March, the following has been agreed by Lay Chairs and Executive Director Leads:

Length of meetings

Virtual meetings run very differently to those which take place in person, so consideration should be given to limiting meeting running times to 60 minutes as a maximum duration.

Agendas

To facilitate clear and efficient decision making agendas should be limited to only those items needing decision, strategic lead or formal assurance. Conflicts of interest should still be considered and should remain on all agendas.

Membership

Given that many of our clinicians are needed on the frontline and have been redeployed from their current roles membership of lean Committees has been revised accordingly.

Risk management

Risks related to COVID-19 are being considered by the pan-Hampshire and Isle of Wight Incident Control Centre.

Each Committee will receive updated risk registers/reports as they would do under normal business, however focus will be on high/priority risks e.g. escalation / updates on high risks. Any new risks identified through discussion will be added to risk registers / Board Assurance Framework as required.

Board Assurance Framework

Outputs / risks of all lean committee will be escalated to Audit Committee for oversight / consideration for onward escalation to the Board, as part of an updated version of the BAF will be produced for scrutiny.

Moving to future ways of working

Consideration will be given to how we move from current light governance arrangements into any future way of working.

Review

It is important to recognise that there is a need to test these arrangements to ensure proportionality and that there is no duplication. These 'lean' governance arrangements will be reviewed on an iterative basis over a period of three months.

Board / Committee Specific Arrangements

CCG Board

Upcoming meeting dates: 7 May 2020 – joint briefing with Hampshire and Isle of Wight Partnership of CCGs and Southampton City CCG
28 May 2020 – to be confirmed
25 June 2020 – to be confirmed

Meetings held in public to be stood down until further notice

The intention is that on a monthly basis there will either be a briefing that incorporates Board members (either West Hampshire CCG only or jointly with the Hampshire and Isle of Wight Partnership of CCGs and Southampton City CCG). There would be a time limited Part 2 West Hampshire CCG Confidential meeting when required e.g. formal sign off of large business cases or if a previously unidentified issue should arise that requires a formal response.

Membership and quoracy: It is proposed to keep the membership of the Board as described at present, noting that clinicians and executive directors may not be able to attend or may wish to send deputies during this time

Arrangements will be made to ensure a quorum of members is present, in the event that a formal decision is required of the Board

Terms of reference: It is not proposed to amend the terms of reference, as set out in the CCG Constitution.

Primary Care Commissioning Committee

Upcoming meeting dates: 30 April 2020 – 9.00am to 10.00am
25 June 2020 – 9.00am to 10.00am (tbc)

Membership and quoracy:

- Lay Member: New Technologies (Chair)
- Director of Commissioning: South West – Primary Care Executive Director Lead
- Chief Operating Officer / Chief Finance Officer
- Clinical Chairman
- Either Clinical Director Primary Care or Medical Director (attendance dependent on availability / pressures) – Clinical Leadership
- Director of Quality and Nursing or deputy – Quality
- Additional lay member

- Power to invite others e.g. directors to attend when it believes this would provide relevant and necessary expertise and experience that otherwise would not be available

If required a deputy chair is to be chosen from the remaining committee members, ideally the Lay Member Strategy & Finance / another lay member in the first instance.

Quoracy: Each meeting shall be quorate provided there are not less than five voting members present, with lay, clinical and executive representation.

Terms of reference:

Rather than amending the terms of reference, an overarching statement will be added to reflect that during the period of managing the COVID-19 crisis, the Committee will have a reduced membership (as detailed above) with a focus on the following:

- COVID-19 response
- Operational Issues – assurance, focus on WHCCG core operational issues
- Time Critical issues – as they arise
- Quality – with a link to assurance around COVID-19
- Exception reporting
- Key primary care risks

Additional statements to be included around the:

- Need for flexibility / agility to respond to escalating priority areas / stand down business as it becomes a lesser priority
- Ability to respond if an urgent issue should arise and to invoke the delegated decision making authority taking account of the need to evidence / record decisions taken.

Clinical Governance Committee

Upcoming meeting dates:

7 May 2020 – 9.15am – 10.15am
 1 June 2020 – 2.30pm – 3.30pm (Hold – to be confirmed if required on 7 May)
 2 July 2020 – morning, times to be confirmed

Membership and quoracy:

- Lay Member: Quality & Patient Involvement (Chair)
- Director of Quality & Nursing (Deputy Director of Quality & Nursing in their absence)
- Chief Operating Officer
- Clinical Chairman
- Another GP (if capacity to attend)

- Additional lay member (normal attendees welcome to attend)
- Power to invite others e.g. directors / quality managers to attend when it believes this would provide relevant and necessary expertise and experience that otherwise would not be available
- Patient representative stood down from attending given the Committee will have an 'emergency' focus.

If required a deputy chair is to be chosen from the remaining committee members, ideally another lay member in the first instance.

Quoracy Amended: each meeting shall be quorate provided there are four of the above members present (previously five voting members), two of which should be lay members and one GP (rather than two).

Terms of reference:

Rather than amending the terms of reference, an overarching statement will be added to reflect that during the period of managing the COVID-19 crisis, the Committee will have a reduced membership (as detailed above) with a focus on the following:

- Covid-19 Update / Status Report – primarily on an exception basis to complement supplement the wider Board Briefing, in terms of exceptions re:
 - o Staffing
 - o PPE / Infection Prevention & Control
 - o Safeguarding
 - o Capacity being opened up across the system, not just in terms of ventilators but also significant risks around people being discharged into hotels (e.g. no call bells)
 - o Mortality
 - o Nursing and residential care homes / domiciliary care
- Linked to above, capacity in acute hospitals to manage COVID and their other priorities, also care in the community in whatever setting to ensure people are being cared for appropriately after discharge
- Wider workforce – e.g. currently high than normal sickness absence rates
- Any escalation of existing high risk issues relating to corporate risk register and quality risk registers e.g.
 - o CAMHS
 - o UHSFT 2 Week Cancer Referrals
 - o Millbrook Wheelchair Services
 - o Safeguarding

- Any exceptions e.g. Mental Health bed provision, upward trend in the number of suicides, issues relating to learning disability services (could be verbal update)
- Any developing themes / trends identified e.g. through serious incidents, LeDeR process.

Additional statements to be included around the:

- Need for flexibility / agility to respond to escalating priority areas / stand down business as it becomes a lesser priority
- Ability to respond if an urgent issue should arise and to invoke the delegated decision making authority taking account of the need to evidence / record decisions taken.

Finance and Performance Committee

Upcoming meeting dates: 30 April 2020 – 10.15am to 11.15am
28 May 2020 – 9.00am to 10.00am (tbc)
25 June 2020 – 10.15am to 11.15am (tbc)

Membership and quoracy:

- Lay Member: Strategy & Finance (Chair)
- Another lay member
- Chief Operating Officer / Chief Finance Officer
- Clinical Chairman
- Secondary Care Consultant (to be invited; can send apologies if unable to attend)
- Deputy Chief Finance Officer, Financial Accounting & Reporting or Deputy Chief Finance Officer, Contracting
- Power to invite others e.g. directors to attend when it believes this would provide relevant and necessary expertise and experience that otherwise would not be available

If required a deputy chair is to be chosen from the remaining committee members, ideally another lay member in the first instance.

Quoracy Amended: Minimum of 4 (x1 Finance, x1 Clinical and x2 lay members)

Terms of reference: Rather than amending the terms of reference, an overarching statement will be added to reflect that during the period of managing the COVID-19 crisis, the Committee will have a reduced membership (as detailed above) with a focus on the following:

- The review and oversight of any COVID-19 related expenditure.

- Performance – Oversight of performance (where we still have sight of metrics) with a view to informing the recovery phase of our work.
- Oversee the development of the Finance Plan and estimates.
- Undertake scrutiny of monthly, quarterly and year to date financial information, including performance against the cost improvement programme, to include updates on development and implementation of QIPP plans (slimmed down).
- Scrutiny of the financial forward projections (slimmed down).
- Scrutiny of the financial forward projections (slimmed down).
- Key Corporate Risks and Board Assurance Framework. Any additional risks identified will be added to the risk register and managed through existing mechanisms, although these will be slimmed down.
- Clinical service procurement (take by exception any issues from the Procurement Group).

Additional statements to be included around the:

- Need for flexibility / agility to respond to escalating priority areas / stand down business as it becomes a lesser priority
- Ability to respond if an urgent issue should arise and to invoke the delegated decision making authority taking account of the need to evidence / record decisions taken.

Audit Committee

Upcoming meeting dates: 28 May 2020 – review of risks from lean committees (tbc)
22 June 2020 – formal meeting to review and approve the audited financial statements and annual report 2019/20

Membership and quoracy: Full membership i.e.

- Lay Member: Governance (Chair)
- All Lay Members of the Board

Attendees

- Chief Finance Officer
- Deputy Chief Finance Officer, Financial Accounting & Reporting or Deputy Chief Finance Officer, Contracting
- Appropriate external and internal auditors as required
- Accountable Officer as required
- Power to invite others e.g. directors to attend when it believes this would provide relevant and necessary expertise and experience that otherwise would not be available

If required a deputy chair is to be chosen from the remaining committee members, ideally another lay member in the first instance.

Quoracy: Each meeting shall be quorate when there are two lay members present (as in current Terms of Reference)

Terms of reference:

Rather than amending the terms of reference, an overarching statement will be added to reflect that during the period of managing the COVID-19 crisis, the Committee will have a reduced membership (as detailed above) with a focus on the following:

- Issues relating to COVID-19 response for example recording / monitoring expenditure.
- To provide oversight, review and scrutiny of aspects of corporate, clinical and information governance associated, particularly, with internal control procedures.
- To review and approve Annual Accounts / Annual Report on behalf of the Board.
- Maintaining a fraud prevention environment / satisfy itself that there are adequate arrangements in place for counter fraud, bribery and corruption that meet the NHS Counter Fraud Authority's standards, particularly in light of the risks in relation to COVID-19.
- Ensure the effective management, accountability, resources, improvements and compliance in all aspects of information, including increased cyber security threat in relation to COVID-19.
- To formally review the 'lean' approaches to CCG Committee functions to confirm we are satisfied with the approach, to be reviewed again in 3 months.
- To review outputs / minutes from other Board sub-committees and report/escalate matters to the Board if required.
- To continue oversight of conflicts of interest.
- To review the effectiveness of arrangements in place for allowing staff to raise concerns (in confidence).
- To have the decision making authority to fulfil any statutory responsibilities as required during this period.

Additional statements to be included around the:

- Need for flexibility / agility to respond to escalating priority areas / stand down business as it becomes a lesser priority
- Ability to respond if an urgent issue should arise and to invoke the delegated decision making authority taking account of the need to evidence / record decisions taken.

Remuneration Committee

From March 2020, meetings are held in common with the Remuneration Committee of Southampton City CCG and the Remuneration Committees in Common of the Hampshire and Isle of Wight Partnership of CCGs. Two meetings were held prior to the development of this continuity plan. As the Remuneration Committee is a statutory requirement of all CCGs, future meetings will be held in common.

Upcoming meeting dates: Late June – to be confirmed

Membership and quoracy: Full membership (West Hampshire CCG) i.e.

- Lay Member: Digital Technologies (Chair)
- All Lay Members of the Board
- Clinical Chairman
- Locality Clinical Director, West New Forest

Quorum: Three members - no change

Terms of reference: To be harmonised / streamlined with the terms of reference of the Remuneration Committee of Southampton City CCG and the Remuneration Committees in Common of the Hampshire and Isle of Wight Partnership of CCGs

Clinical Cabinet

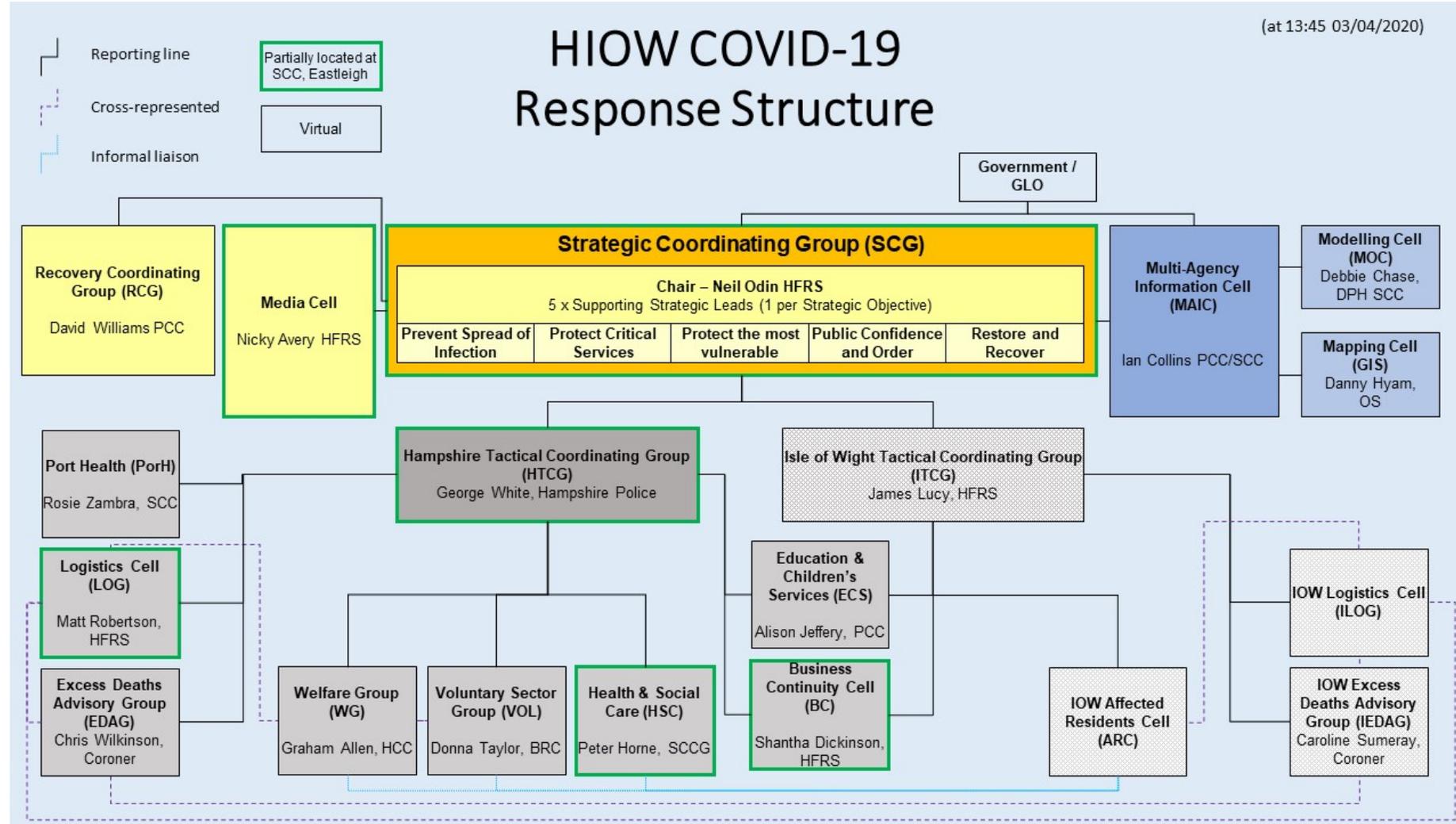
Upcoming meeting dates: To be confirmed. Given the agreement to free up clinical directors to concentrate on COVID-19 response and recovery requirements, the April and May Clinical Cabinet meetings were cancelled.

Decisions may be taken by Chair's action where a virtual ratification would not be feasible and there is a minimal time constraint (for example, Hampshire Priorities Committee Recommendations)

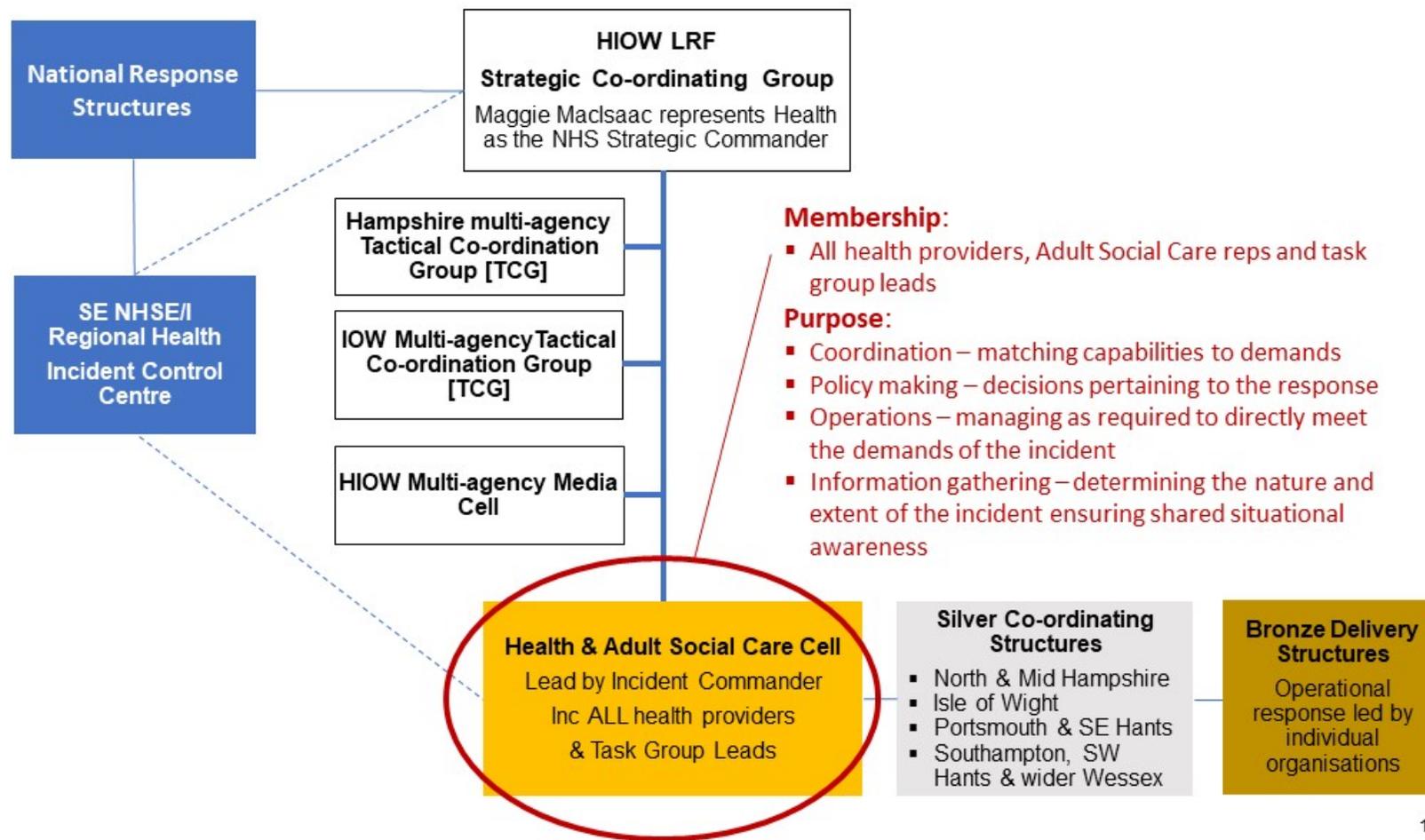
Appendix A

(at 13:45 03/04/2020)

HIOW COVID-19 Response Structure



The Health and Adult Social Care Cell ensures that HIOW health and care provision is optimised to address the COVID 19 threat



Nine tasks groups have been established by the Health and Social Care Cell

Task Group	Remit	Lead(s)
1 Acute bed capacity	Free up the maximum possible inpatient bed capacity and co-ordinate the deployment of capacity in independent hospitals.	Andrew Bishop & Jane Hayward
2 General Practice	Ensure that primary medical care services are prepared	Barbara Rushton & Rachael King
3 Welfare	Ensure the delivery of services to meet the health needs of vulnerable people across Hampshire and Isle of Wight	HCC/Jenny Erwin
4 Supplies	Ensure resilience for sufficient medical supplies including PPE, oxygen, consumables & equipment for Hampshire & Isle of Wight	David Strivens
5 Communications	Ensure effective health and social care communications	Emma McKinney
6 Workforce	Ensure staff availability is maximised in Hampshire & Isle of Wight	Sandra Grant/ Fiona White
7 111 & ambulance	Ensure delivery of 111 and ambulance services in Hampshire & Isle of Wight	Mark Ainsworth/ Paul Jeffries
8 Digital	Use digital solutions to reduce exposure to infection risk, maintain access for all and provide timely data to support decision making	Lisa Franklin
9 Medicines Management	Ensure resilience for medications across Hampshire & Isle of Wight	Neil Hardy