Boards/Governing Bodies Meeting in Common

Date of meeting		**4 February 2021**	
Agenda Item	**3**	**Paper No**	**EM20**

Minutes of Previous Meeting

Key issues / summary of paper	This paper sets out the minutes from previous meetings of the Boards, as set out below *West Hampshire CCG* Board meeting held on 24 September 2020 (part I) All minutes of meetings of the Partnership Board have been approved in other meetings/fora.
Actions requested / Recommendation	**The West Hampshire Clinical Commissioning Group Board is asked to approve the minutes Part I meeting held on 24 September 2020.**
Principal risk(s) relating to this paper	Not applicable
Other committees / groups where evidence supporting this paper has been considered.	Not applicable
Financial and resource implications / impact	Not applicable
Legal implications / impact	There are no legal implications arising from this paper.
Public involvement – activity taken or planned	None
Equality and Diversity – implications / impact	This paper does not request decisions that impact equality and diversity.
Report Author(s)	Terry Renshaw, Governance Manager, West Hampshire CCG
Sponsoring Director(s)	Sarah Schofield, Clinical Chairman, West Hampshire CCG
Date of paper	29 January 2021

NHS
West Hampshire
Clinical Commissioning Group

Minutes

Board

Minutes of the NHS West Hampshire Clinical Commissioning Group Board held on Thursday 24 September 2020 via video conference.

Present:	Sarah Schofield	Clinical Chairman (Chair)
	Charles Besley	Locality Clinical Director / Board GP
	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
	Rory Honney	Locality Clinical Director / Board GP
	Johnny Lyon-Maris	Locality Clinical Director / Board GP
	Lorne McEwan	Locality Clinical Director / Board GP (part meeting)
	Ellen McNicholas	Director of Quality and Nursing
	Alison Rogers	Lay Member, Strategy and Finance
	Jim Smallwood	Secondary Care Consultant
	Stuart Ward	Locality Clinical Director / Board GP
In attendance:	Ian Corless	Board Secretary/Head of Business Services
	Jenny Erwin	Director of Mental Health Transformation and Delivery
	Ruth Colburn-Jackson	Managing Director: North and Mid Hampshire (part meeting)
	Rachael King	Director of Commissioning, South West
	Terry Renshaw	Governance Manager
	Jackie Zabiela	Governance Manager
Apologies for absence:	Maggie MacIsaac	Accountable Officer
	Caroline Ward	Lay Member, New Technologies

1. <u>Chairman's Welcome</u>

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.

2. Improving Health Services for the People of West Hampshire *(Presentation)*

2.1 Sarah Schofield explained that whilst there were no members of the public present due

to COVID-19 and social distancing, the aim of this session was to fulfil the legal requirement to publish the CCG's annual and finance reports for the 2019/20 financial year and present them to the Board; this is in line with the approach being taken with other CCGs across Hampshire and Isle of Wight (HIOW).

Finance Report 2019/20

2.2 Mike Fulford gave a presentation on the overall financial position at the end of 2019/20 and highlighted the following:

- There was a total spend of approximately £829m, with around 50% spent on acute provision. This is broadly in line with spend in previous years. The CCG marginally increased spend proportionately on mental health and general practice; this is not reflected in the overall split of spend but in each of the areas the CCG is spending more than in our general allocation. As we move into future configuration the key focus will be on how we materially shift spend from acute providers into other sectors of expenditure. The CCG's financial position is that our auditors gave an unqualified opinion on our financial statements.
- We started the year with a savings challenge of £29.6m, which was considered high risk, and also a net unmitigated risk of £14.7m. At the end of the year we overspent by £13.6m and as a result of this overspend our auditors issued a qualified regulatory opinion – the CCG did not receive any additional support funding from NHS England (NHSE).
- The CCG delivered other requirements within the capital resource limit and the cash resource limit. Just over 1.3% of budget was spent on running costs which is significantly lower than previous years in line with overall trends.
- 2020/21 has been significantly impacted by COVID-19 and a temporary financial regime has been put in place by NHSE as previously reported.

Annual Report 2019/20

2.3 Sarah Schofield stated that when reading the 2019/20 Annual Report the significant amount of work that the CCG does was evident; every team has contributed a huge amount of work for our population and she therefore expressed her thanks to everyone working within the CCG. She drew attention to the following:

- Two national awards were highlighted:
    - Restore 2 – national Parliamentary Award for Excellence in Primary Care and the HSJ Value Award (care home physical deterioration tool)
    - WISDOM (West Hampshire Improving Shared Diabetes Outcome Measures – BMJ Awards 2020 Clinical Leadership category, working in partnership with Southern Health NHS Foundation Trust.
- Sarah highlighted that another key piece of work led by the CCG safeguarding team is ICON regarding shaken babies and added that there are numerous other pieces of work that have been shared with others.
- A number of innovative services have been developed, including
    - primary care mental health services
    - mental health expansion of crisis care
    - integrated intermediate care
    - digital technology - COVID-19 has been a great example of how rapidly it is possible to move from a traditional focus to a digital focus, demonstrating the importance of digital technology in local healthcare
    - frailty, which has been a topic for several years and will continue to feature in years to come
    - integrated urgent and emergency care
    - improving our estate, for example Hythe and Dibden War Memorial Hospital, Ashurst Hospital, Milford on Sea War Memorial Hospital,

Andover Health Centre and primary care.

- Looking ahead, there are three big areas of work to be taken forward i.e. the formal establishment of the HIOW Integrated Care System, which is a national priority; the ongoing CCG reform work, and the Modernising Our Hospitals and Health Services in North and Mid Hampshire programme.

2.4 Simon Garlick requested that the Board records his thanks to Andrew Short, Deputy Chief Finance Officer (Financial Accounting and Reporting) and the finance team for pulling together the 2019/20 Finance Report. The auditors commented favourably on how sound the CCG's systems of internal control are and in terms of the Audit Committee the approval of the Financial Accounts and Annual Report went smoothly. Sarah requested that thanks on behalf of the Board are fed back to teams.

2.5 AGREED:

The Board received the presentation of West Hampshire CCG's 2019/20 Finance Report and 2019/20 Annual Report.

3. Declaration of Board Members' Interests *(Paper WHCCG20/049)*

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

3.2 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.

3.3 AGREED

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

4. Minutes of the Previous Meeting held on 23 July 2020 *(Paper WHCCG20/050)*

4.1 Sarah Schofield asked Board members to confirm the minutes of the Board meeting held in public on 23 July 2020 as a correct record of proceedings. She explained that she had received no amendments in advance of the meeting.

4.2 AGREED

The Board approved the minutes of the Board meeting held on 23 July 2020 and commended them for signature by the Chair of the meeting.

Matters Arising

4.3 There were no Matters Arising.

5. Chief Operating Officer's Report (September 2020) *(Paper WHCCG20/051)*

5.1 Mike Fulford 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 in July 2020. It was reported that the focus has been primarily on the response to the COVID-19 pandemic, with the paper highlighting:

- Current status of the pandemic
- Restoration and recovery of health services

- CCG reform in Hampshire and Isle of Wight
- Hampshire and Isle of Wight Integrated Care System
- Developments in a number of our local providers.

5.2 Attention was drawn to the current status of the COVID-19 pandemic impact locally as well as the NHS services restoration and recovery plans, noting that this is a very fluid situation which is being monitored at HIOW level. Since the report was written there are further discussions ongoing at Local Resilience Forum level across HIOW about the response to the recent changes in COVID-19 presentation; it was clarified that this does not mean any change to the local or national level of escalation with requirements for preparedness at this point in time

5.3 AGREED

The Board received and noted the Chief Operating Officer's Report (September 2020)

6. <u>Reports from Committees of the NHS West Hampshire CCG Board (August – September 2020)</u> *(Paper WHCCG20/052)*

6.1 The Board received a report from each of the Board Sub-Committees; the following points were highlighted by Committee Chairs / lead directors:

6.2 <u>Audit Committee</u>**:** Simon Garlick reported that there had been discussion at the last meeting as to whether it would be beneficial to undertake an audit regarding the CCG's approach to risk pre-COVID and where we are now, which has led to a discussion being scheduled for the October Board seminar regarding the current position and the risks and mitigating actions.

6.3 <u>Clinical Cabinet</u>**:** No items of exception were raised.

6.4 <u>Clinical Governance Committee</u>**:** The following matters were highlighted to the Board:

- Hampshire Hospitals NHS Foundation Trust Never Events and assurance regarding actions / how the CCG is working with the trust
- It was reported that the issue around communications to patients experiencing long waits had been raised at the HIOW Access to NHS Services Restoration Group as requested by the Committee. The Planned Care and the Primary Care Restoration and Recovery programmes are working together to develop a standardised letter which is currently in draft and under review by GPs, with the aim that each trust will have a dedicated contact line for people to contact. This should be complete by the end of the week
- Positive news around the new Shared Learning newsletter which demonstrates how the CCG innovates and facilitates the learning of lessons; this has been shared widely including with NHSE Region who gave very positive feedback.

6.5 <u>Finance and Performance Committee</u>**:** No items of exception were raised.

6.6 <u>Primary Care Commissioning Committee</u>**:** No items of exception were raised

6.7 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**

7. <u>Finance Report (September 2020)</u> *(Paper WHCCG20/053)*

7.1 Mike Fulford reported that in response to COVID-19, a temporary financial regime has been put in place by NHSE to cover the period 1 April 2020 to 30 September 2020. As a result NHSE has given CCGs non-recurrent allocations for the first six months of the financial year to reflect expected monthly expenditure. Under the terms of the new regime the CCG can expect to receive a retrospective non-recurrent allocation for *reasonable variances* between actual expenditure and the expected monthly expenditure. It should be noted that there is no funding in CCG baselines for any additional costs related to COVID-19.

7.2 Additional non-recurrent allocations have now been received for all Business as Usual pressures to the end of month 4 of **£6.6m** and all COVID-19 costs incurred to the end of month 4 of **£20.9m.**

7.3 The financial performance position to the end of August 2020 is **£8.2m** adverse of the plan set by NHSE, before an outstanding reimbursement from NHSE for COVID-19 expenditure of **£6.2m**. Once this additional allocation is received the CCG will have a year-to-date business as usual overspend of **£2.0m**. The key drivers for this overspend position were detailed in the report provided. The CCG is expecting NHSE to issue an additional **£8.2m** non-recurrent allocation in order that the CCG can report a break-even year-to-date position for the first five months of the financial year.

7.4 **£27.1m** COVID-19 related expenditure is comprised of a number of categories as detailed within the report, with the majority relating to the hospital discharge programme. The CCG has been selected as one of seven nationally selected CCGs to work with Deloittes on behalf of NHSE on an external audit / review of months 1 and 2 COVID-19 reimbursement. Sarah Schofield declared an interest in that her brother works for Deloittes, although he is not involved in this project.

7.5 Clarification was sought in relation to the national drive to get back to pre-COVID levels of performance given the aim had been to reduce A&E attendances etc and drive activity back to community and primary care services. In response it was advised that providers are endeavouring to re-establish services in line with previous numbers, whilst also reinstating those services using all of the innovation that has been applied as part of the COVID-19 response i.e. not replicating like for like. For examples, outpatients would be about how to increase non face-to-face appointments, putting innovation in place and improving on demand management to also clear the significant level of backlog in patients waiting for appointments etc.

7.6 Charles Besley reported that he is involved in the 'Think 111 First' project which should have an impact on A&E attendances i.e. roughly 20% of people where retrospective audit determined may not need A&E services and could be dealt with in another way. It was reported that planned care is one of the key areas where we have restoration and recovery plans, such as cancer and diagnostic activity so that those with the highest clinical need get the treatment they need. To do this we are embedding all the transformational change that was put in place during COVID-19 and have accelerated some of the change that we have wanted to do for some time. Critical for this is the resilience of primary care e.g. providing support into winter as well as how we develop community services and as such we need to look across the system and not just A&E.

7.7 It is not clear at this stage if restoration and recovery will be impacted by a second wave of COVID-19. Locally there has not been a huge increase as yet and HIOW is one of the areas of least increase in cases nationally. Mitigating plans are being worked on regarding how we will continue to maintain planned care activity through any increase in activity and pressures through winter and is evolving into a range of different options regarding maintaining 'COVID-lite' / 'cold' sites and cohorting patients who potentially have COVID and those not. There are a range of actions that can be taken, however if there is a significant increase in patients in intensive care this will call on anesthetist supply. As these are in short supply this would impact on capacity to deliver planned care at the current levels.

7.8 Jenny Erwin pointed out that the major incident framework is still in place, adding that the Local Resilience Forum is stepping up pace with a Tactical Command Group meeting taking place to review objectives and the HIOW tactical response. There are significant actions that can be put in place regarding any increase in hospitals etc and strong collaboration with the Local Authority. We have really good data regarding what is happening in the community and will have enough time to consider how this will impact on the health system together with how it will be managed and is well connected with the restoration and recovery regime.

7.9 We are in quite a different position than six months ago; we have a more secure Personal Protective Equipment (PPE) environment and the supply chain has increased from 1% to circa 70% of PPE being supplied and produced from the UK rather than overseas sources and so we are in a much better position to respond to any increase. However there may be some impact depending on how severe any second wave would be. This is constantly being monitored with a number of early warning signs, with plans to respond as appropriate.

7.10 AGREED:

The Board received and reviewed the update on the CCG's financial position as at 31 August 2020 (end of month 5).

8. Performance Report (September 2020) *(Paper WHCCG20/054)*

8.1 Mike Fulford introduced a report which shows the overall performance for West Hampshire CCG and its main NHS providers in relation to restoration of services following the first COVID-19 wave, current recovery status and gap analysis, and statutory returns and assurance.

8.2 Mike highlighted that there remain challenging performance issues with substantial and increasing challenges with regard to unscheduled care both in hospital and out of hospital, increases in primary care presentations which are significant, and we are also starting to see increased pressure in ED performance with an increase in the numbers of attendance. As mentioned previously, Think 111 First will be rolled out through the winter which hopefully will help however we are already at levels pre-COVID / seen last year and we are also seeing pressures on staffing, particularly in one or two providers, an increase in ambulance delays and an uptick from low levels of delayed transfers / patients waiting in hospital, although not currently at previous levels. The number of long waiters has increased substantially across HIOW, with approximately 6.5k people waiting over 52 weeks for physical care and also long waits in a range of other services such as mental health for adults, Child and Adolescent Mental Services and autism assessments.

8.3 The following points were raised during a period of discussion:

- The report does not reflect general practice issues i.e. GPs have lost significant capacity due to COVID-19 infection prevention and control arrangements. They are also starting to see patients with COVID-like symptoms so there are further requirements regarding PPE as well as triaging on the phone. Primary care is therefore at around 80% of previous capacity and as such we need to be mindful of this when talking about projects such as Think 111 First and moving patients around the system. GPs are also seeing some supply-led demand such as e-consult which is starting to drive people to GPs when previously they would have used other providers, such as pharmacists.
- Given that 90% of all NHS contacts are primary care, GP resilience is critical going into winter. Additional funded capacity has been provided and work is ongoing with Primary Care Network leads and clinical directors to commission that capacity to support primary care resilience, particularly with things like the mass flu vaccination campaign.
- Given the comments raised, it was requested that future performance reports include more on primary care.
  ACTION: Rachael King to follow up
- It was observed that the importance of self-care had been a high priority during the first wave, however it now seems that the emphasis is on contacting someone rather than self-care. Awareness needs to be raised that self-care needs to be part of the system.

Ruth Colburn-Jackson and Lorne McEwan joined the meeting.

- <u>Emergency Department (ED) performance</u>

  The report details actions being undertaken to improve at both Hampshire Hospitals NHS Foundation Trust (HHFT) and University Hospital Southampton NHS Foundation Trust (UHSFT). Further assurance was requested around culture in the HHFT ED and how they will cope with demand give some of their issues seem harder to resolve and their deterioration is more significant.

  In response it was advised that we have seen significant challenge within HHFT, predominantly at Basingstoke and North Hampshire Hospital (BNHH). ED performance is the top area of concern for the North and Mid Hampshire Integrated Care Partnership, which is not assured at present that HHFT has a robust plan that will adequately see them through the winter. Work is therefore ongoing to support the trust to develop a plan to ensure it is more resilient to cope with flu, the usual increase in respiratory issues presenting in winter and COVID. It was queried if the difference in ED performance across the two sites was because they operate with two different cultures, or if staff mix / cover both sites and have a shared culture. It was clarified that the main driver for differences in ED performance across the two HHFT sites is that there are a number of medical and nursing staffing issues at BNHH, as well as an increase in the number of patients with over 7 and 21 day length of stays. It was reported that the NHSE / Improvement response has shifted to a more supportive place working alongside the trust to find creative ways for sharing responsibilities and resolving issues. The HHFT executive team leading on urgent care is working with organisations such as Portsmouth Hospitals University NHS Trust to share good practice and look at rota sharing, however she pointed out that there is a limit to how much can be improved.

  Ellen McNicholas reminded the Board that Joanna Clifford, Head of Quality, Patient Experience and Complaints had undertaken a cultural survey in the RHCH and BNHH EDs last year which may be helpful to review.

- <u>Child and Adolescent Mental Health Services (CAMHS)</u>

  Jenny Erwin reported that responsibility for CAMHS had now transferred across

to her and as such is now embedded in the wider mental health programme. A constructive meeting had taken place with lay members to discuss what has been done to date, what can be capitalised on and what the next steps are in terms of accelerating the trajectory of improvement and by when, to focus on the prevention agenda and where CAMHS sits as part of a programme for the wider child health agenda as opposed to mental health wellbeing and making sure that the secondary care intervention delivered through CAMHS is more firmly part of the child health pathway. From a governance perspective the CAMHS Transformation Board will be re-purposed and linked with the Mental Health Programme Board. In terms of older children the aim will be to drive the integration agenda for 0 – 25 years so as not to focus on CAMHS vs adults, including what happens with young people 16+ regarding the psychosis pathway.

Mike Fulford added that there had been a sense check of the current position, rationalising what has been done in the past and the actions that had been agreed by previous committees (Finance and Performance Committee / Clinical Governance Committee). There had only been a few outstanding actions which were reviewed to consider if they are the right ones and to consider how we re-frame what we need to do to achieve improvements to the quality and accessibility of the service and move to looking at outcomes. This will continue to be raised at an Integrated Care Service (ICS) level to ensure increased focus on the patients waiting over 52 weeks for mental health issues (as well as for physical issues).

Jenny added that the national CAMHS team have done some good work to develop an evidence base of efficacy of treatments and how services can be effectively provided that can be applied nationally / locally that will help us truly understand demand and capacity e.g. the efficacy of digital appointments vs face to face appointments and what this means for demand and capacity, which will help with decision making and driving something new.

8.4 AGREED:

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

9. Hampshire and Isle of Wight Digital Primary Care Roadmap *(Paper WHCCG20/055)*

9.1 Mike Fulford reported that the Hampshire and Isle of Wight (HIOW) Digital Primary Care Roadmap is designed to provide a practical means of describing how and when digital initiatives, programmes and projects will be delivered to support the development of primary care across HIOW. The roadmap takes into account national directives as well as local needs and priorities and will remain flexible to change, providing a truly tailored digital journey for our system. The paper is presented as a strategy for primary care digitisation and requires formal sign off by each CCG allowing publication of the document amongst member practices and the general public; it has already been considered by the Hampshire and Isle of Wight Partnership of CCGs, Southampton City CCG and Portsmouth CCG as well as some other HIOW key committees.

9.2 The strategy had also been taken to the ICS Strategic Digital Group the day before, which will take oversight as we move forward. One of the points that had been made was to ensure that the requirements for connections with other parties as well as with primary care are reflected; this will be brought out more in the next iteration.

9.3 Mike commended to the Board the huge amount of work that Claire Parker, Head of Digital has done on the whole systems' behalf and asked the Board to formally note his

thanks to her for this work which sets out a good way forward and will be subject to review and augmentation as we progress with the substantial work programme moving forward.

9.4 Karl Graham added that this is an exciting, hugely ambitious programme which will need commitment from all organisations to deliver as it will require some investment and will be critical as we move into the 21st century. Both he and Rachael King reiterated their thanks to Claire who has done an amazing job during COVID-19 which has fundamentally changed the way that general practice is delivered. The Roadmap has been really well received by the Regional team, and has been developed in conjunction with the HIOW Primary Care Restoration and Recovery programme. This needs to continue and the governance structure outlined in the Roadmap needs to be amended to reflect the Primary Care Restoration and Recovery structure to maintain that strong link.

9.5 It was observed that the strategy continues to reference the use of EMIS and the TPP SystmOne with roughly a 50/50 split in practices using these systems. It was therefore queried if there should be a vision to work towards a single system which has been of benefit in those areas of the country which have moved to do that. In addition it was queried if there should be more detail around the collaborative working elements and again a vision around future interoperability with our community and acute providers. This will be discussed further outside the meeting.

9.6 With regard to resourcing and support, Mike reported that he has just approved three digital posts to support Claire and her team, utilising Digital First national funding.

9.7 AGREED:

The Board approved the Hampshire and Isle of Wight Digital Primary Care Roadmap.

10. Board Assurance Framework (September 2020) *(Paper WHCCG20/056)*

10.1 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*. The BAF is based on the Strategic Objectives of the CCG and incorporates the COVID related risks previously submitted to the Board in July.

10.2 The Corporate Risk Register, BAF and risk appetite statement are in the process of being reviewed. Due to the sequencing of meetings and regional/national submission deadlines during September 2020 in relation to the HIOW Restoration and Recovery Plan (Phase 3 response to the COVID-19 pandemic), it is expected that this work will be completed by mid-October 2020. It is recommended that further engagement and discussion with the Board members in relation to the BAF and risk appetite statement takes place during the October 2020 Board Briefing. There are no material changes to the risks as previously submitted.

10.3 Simon Garlick commented that there seem to be some mixed messages. The performance report highlights concerns with diagnostics and how these are fundamental to restoring services, but also that HIOW are better than average when compared to others nationally. He therefore requested clarification and queried if this needs to be escalated to the BAF. In response Mike noted that we may still have issues around

areas of concern and want to improve performance, whilst also performing better than others. The Performance Report had tried to put this in context; there has been some substantial improvements in performance for a number of diagnostic areas, however there remain issues regarding endoscopy, with further details provided in the Part 2 Restoration and Recovery report. He will therefore look to enhancing this in future reports and consider amending reporting regarding diagnostics on the BAF.
ACTION: Mike Fulford

10.4 With regard to the review of the Risk Appetite that will be undertaken next month, it was queried if our partner CCGs would be reviewing theirs and if we should have a joint Risk Appetite. In response it was advised that this will be part of discussions in October and is part of a wider question about what we do as a stand-alone Board and what is paused whilst we wait for the new governance framework as part of CCG reform in HIOW.

10.5 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.**
- **Noted that further engagement and discussion with the Board in relation to the BAF and risk appetite statement will take place during the October 2020 Board briefing.**

11. Other CCG Corporate Governance Matters *(Paper WHCCG20/057)*

11.1 It was reported that this month's update on corporate governance matters relates to the approval of the following new / re-written policies:

- Organisational Change Policy (HR007)
- Home Working Policy (HR008)
- Personal Health Budgets Policy (CLIN/014/V1.01)

11.2 The Personal Health Budgets Policy has been through both the West Hampshire CCG Finance and Performance Committee and the Clinical Governance Committee, whilst the Home Working and Organisational Change policies have been through our partner CCG governance arrangements as well as the WHCCG Policy Sub Group at which both Mike Fulford and Sarah Schofield were in attendance.

11.3 AGREED

The Board ratified the approval of the following:

- **Organisational Change Policy (HR007)**
- **Home Working Policy (HR008)**
- **Personal Health Budgets Policy (CLIN/014/V1.01)**

12. Any Other Business

12.1 No items of Any Other Business were raised.

13. Date of Next Meeting

13.1 The next Board meeting is currently scheduled to take place on **Thursday 22 October 2020** (to be confirmed closer to the time).

Signed as a true record

Name: **Title:**

Signature: **Date**

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