

## Report to the NHS Somerset Clinical Commissioning Group on 30 July 2020

<b>Title: Minutes of the Part A NHS Somerset Clinical Commissioning Group Governing Body Meeting held on 18 June 2020</b>	<b>Enclosure B</b>
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Version Number / Status:	N/A
Executive Lead	James Rimmer, Chief Executive
Clinical Lead:	Dr Ed Ford, Chairman
Author:	Kathy Palfrey, Executive Assistant to the Governing Body

### Summary and Purpose of Paper

The Minutes are a record of the meeting held on 18 June 2020. They are presented to the NHS Somerset CCG Governing Body, and also published in the public domain through the NHS Somerset CCG website, to provide clarity and transparency about the discussions and decisions made, and to ensure the principles of good governance are upheld.

### Recommendations and next steps

The NHS Somerset Governing Body is asked to **Approve** the Minutes of the meeting held on 18 June 2020 to confirm that the Chairman may sign them as a true and correct record.

### Impact Assessments – key issues identified

<b>Equality</b>	N/A			
<b>Quality</b>	N/A			
<b>Privacy</b>	N/A			
<b>Engagement</b>	There is lay representation on the Governing Body. The Minutes are published on the NHS Somerset CCG website at: <a href="https://www.somersetccg.nhs.uk/publications/governing-body-papers/">https://www.somersetccg.nhs.uk/publications/governing-body-papers/</a>			
<b>Financial / Resource</b>	N/A			
<b>Governance or Legal</b>	The Minutes are the formal record of the meeting held on 18 June 2020.			
<b>Risk Description</b>	N/A			
<b>Risk Rating</b>	Consequence	Likelihood	RAG Rating	GBAF Ref
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Minutes of the Part A Meeting of the **NHS Somerset Clinical Commissioning Group Governing Body** held on **Thursday, 18 June 2020** via **MS Teams (Virtual Meeting)**

Present:	Dr Ed Ford	CCG Chair, GP Partner, Irnham Lodge Surgery, Vice Chair, Health and Wellbeing Board
	Basil Fozard	Non-Executive Director, Secondary Care Doctor
	Dr Jayne Chidgey-Clark	Non-Executive Director, Registered Nurse
	Sandra Corry	Director of Quality and Nursing
	Lou Evans	Non-Executive Director CCG Vice Chair and Chair of Audit Committee (Lay Member)
	Trudi Grant	Director of Public Health, Somerset County Council (from item SCCG 042/2020)
	Wendy Grey	Non-Executive Director, Member Practice Representative
	David Heath	Non-Executive Director, Patient and Public Engagement (Lay Member)
	Alison Henly	Director of Finance, Performance and Contracting
	Trudi Mann	Non-Executive Director, Member Practice Representative
	Grahame Paine	Non-Executive Director (Finance and Performance)
	James Rimmer	Chief Executive
In Attendance:	Jacqui Damant	Associate Director of Finance
	Maria Heard	Senior Responsible Officer Covid-19, and Programme Director, Fit For My Future
	Marianne King	Associate Director of Human Resources and Organisational Development (from item SCCG 042/2020)
	Jackson Murray	External Auditor, Grant Thornton
	Lisa Pyrke	Interim Communications Manager
	Sandra Wilson	Observer Lay Member, Chair of Chairs of the Somerset Patient Participation Groups (PPGs)
Secretariat:	Kathy Palfrey	Executive Assistant to the Governing Body
Apologies:	Judith Goodchild	Chair, Healthwatch (Observer)
	Dr Alex Murray	Lead Clinician for Medical/Primary Care input to Covid-19, and Clinical Director, Fit For My Future

## **SCCG 032/2020 INTRODUCTION**

Dr Ed Ford, Chairman, welcomed everyone to the NHS Somerset Clinical Commissioning Group Governing Body meeting – the first we have held in public, albeit virtually, since January.

A particular welcome was extended to Jackson Murray of Grant Thornton, who would be presenting the External Audit Findings Report, and also to Jacqui Damant, who was in attendance for item to hear the discussion about the Annual Report and Accounts (SCCG 040/2020) refers.

Dr Ford advised that Marianne King would be joining the meeting later to present the item on the Gender Pay Gap (SCCG 042/2020 refers)

Dr Ford reminded Governing Body members that the Part A meeting was being recorded for later upload to the website.

Governing Body members introduced themselves.

## **SCCG 033/2020 PUBLIC QUESTIONS**

As we work through the Covid19 period, members of the public are invited to submit their questions in advance to the Governing Body meeting via our newly-launched website and guidance for how to do this is provided at the following link:

<https://www.somersetccg.nhs.uk/publications/governing-body-papers/>

Note: All Public Questions are minuted anonymously unless the person raising the question has provided specific consent for their name to be published.

No public questions were received for this meeting.

## **SCCG 034/2020 APOLOGIES FOR ABSENCE**

Apologies for absence had been received from Judith Goodchild. Trudi Grant, Director of Public Health, would join the meeting as soon as possible.

## **SCCG 035/2020 REGISTER OF MEMBERS' INTERESTS**

The Governing Body received and noted the Register of Members' Interests, which was a reflection of the electronic database as at 9 June 2020.

Dr Jayne Chidgey-Clark reported a change to her Interests as follows:

“Spouse is Associate Director for Alamac providing consultancy support to NHS UHBW Trust”.

Dr Chidgey-Clark confirmed that the electronic database has been updated with her newly declared interest.

The Chairman reminded Governing Body members that they should update the electronic database within 28 days of an Interest becoming known (or relinquished), or reconfirm their Interests on the database if they have not done so within the past four months. Governing Body members should also update the Gifts and Hospitality database.

**SCCG 036/2020**

**DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA**

Under the CCG’s arrangements for managing conflicts of interest, any member making a declaration of interest may be able to take part in the discussion of the particular agenda item concerned, where appropriate, but is excluded from the decision-making and voting process if a vote is required. In these circumstances, there must be confirmation that the meeting remains quorate in order for voting to proceed. If a conflict of interest is declared by the Chairman, the agenda item in question would be chaired by Lou Evans, Vice Chairman, or – in his absence – another Non-Executive Director.

There were no declarations of Interest relating to items on the agenda. The quoracy of the meeting was confirmed.

**SCCG 037/2020**

**MINUTES OF THE PART A MEETING HELD ON 30 JANUARY 2020**

The Meeting received the Minutes of the Part A meeting held on 30 January 2020. By a virtual show of hands, the Minutes were approved for signature by the Chairman as a true and correct record.

**SCCG 038/2020**

**MATTERS ARISING AND ACTION SCHEDULE**

Dr Ed Ford drew the Meeting’s attention to Action 761, which related to a question raised by David Heath around presentation of the AGM Minutes to the Governing Body:

This has been reviewed by Dr Ed Ford and James Rimmer and it is proposed that the draft AGM minutes are *endorsed* in a Governing Body meeting by members whilst the event is still fairly recent so that they can be published in good time. The draft minutes will then be available to the public and formally signed off as *approved* (or amended) at the following year’s AGM. This enables timely review and publication whilst ensuring the appropriate meeting formally adopts and approves the minutes.

By a virtual show of hands, the Governing Body approved the proposal as outlined.

James Rimmer drew attention to action 746, risk 203, relating to delayed discharges: the risk originally presented as High but the advent of Covid19 has reduced the risk significantly, to a rating of 6. This means that the risk is no longer on the Corporate Risk Register and the action can be closed.

James Rimmer confirmed that the action schedule will be updated for the next meeting, on 30 July 2020.

## **SCCG 039/2020**

### **CHIEF EXECUTIVE'S REPORT AND LATEST NEWS**

The Meeting received the Chief Executive's Report. James Rimmer re-iterated that the last face-to-face meeting in public of the Governing Body took place in January 2020, and we were due to meet again in March and May. Covid19, and the associated Government guidance, meant that all meetings in public were stood down. The CCG took legal advice and for the foreseeable future our meetings in public will be held on a virtual basis. Papers will be published on the website and we are open to public questions.

At the time of our meeting in January, the Coronavirus (Covid19) pandemic had not been declared. Since then a huge amount of work has taken place nationally and also locally across the CCG, the whole Somerset system, including social health and care, and all key workers.

The pandemic was declared as a Level 4 (Major) Incident and in response the CCG set up an Incident Room operating 7 days per week. Planned care was stood down wherever possible by the end of March, in line with the guidance. Guidance was also received around CCG governance, for example, complaints, PALS etc, and the major impact of the pandemic was acknowledged.

As a result, some of the CCG Executive Director roles have changed: the Incident Room was initially set up by Sandra Corry, Director of Quality and Nursing, and responsibility has now transferred to Maria Heard, who is the Senior Responsible Officer for Covid19, as well as Programme Director for Fit For My Future (FFMF). Dr Alex Murray, in addition to her role as FFMF Clinical Director, has taken on a broader Clinical Director's role as the lead clinician for medical and primary care input to Covid19.

Towards the end of April 2020, the system moved to Phase 2, which runs to the end of July, and began planning for Phase 3, which will run August 2020 to the end of the financial year (31 March 2021). This activity is being led by Alison Henly.

We have worked with colleagues across the region to set up the Nightingale Hospital in Bristol. Although the hospital is not currently

being used, it does mean that we are prepared in the event of a future Covid19 surge or Winter 'flu pressures.

Of particular importance has been the recent Covid19 outbreak at Weston General Hospital, which meant that the hospital had to be closed to new admissions, outpatients, diagnostics and A&E. We have worked closely with colleagues in North Somerset and as of today, 18 June 2020, the outbreak has been successfully managed and the hospital has re-opened. Our thanks are expressed to our colleagues at Weston and BNSSG.

We are fortunate that, largely due to the County's rurality, the pandemic in Somerset has been very low. However, approximately 4% of the population has been impacted, with more than 100 deaths in hospitals, care homes and in the wider population. The Somerset health and care system has worked very hard on its two main priorities, ie. to keep patients safe and to protect the health and wellbeing of our staff.

We remain at a National Level 4 critical incident but want to continue to provide the core services for our population.

PPE (Personal Protective Equipment) is being well managed at present but remains a risk. There is also a risk around care homes, although outbreaks in Somerset care homes have been low. Testing for staff and patients has been introduced.

James Rimmer highlighted the letter from Simon Stephens which asks us to think about the upcoming 72<sup>nd</sup> birthday of the NHS at the beginning of July. In recent times the NHS has received a huge amount of support from the public and Sir Simon has written a joint letter with the Archbishop of Canterbury, Justin Welby, suggesting that we consider:

- how we mourn those we have lost
- how we can thank key people, not just the NHS, but partners in social care, community colleagues, care homes, suppliers and all key workers
- how we can commit to a better future, particularly in the light of the recent BLM (Black Lives Matter) protests: we must rebuild and provide a better NHS for all of our patients and our staff

We are working through these points via the staff forum and the CCG's Diversity Group.

Action 769: Working with the Staff Forum, arrangements for the NHS 72<sup>nd</sup> birthday celebrations to be determined (James Rimmer/Marianne King/Lisa Pyrke)

Referring to partnership working, James Rimmer stated that – without their outstanding work – we could not have successfully managed the Covid19 response. There is much to build on and we will do so through the ICS (Integrated Care System) Shadow Board, which is the successor to the STP (Sustainable Transformation Partnership).

We had previously hoped to be authorised as an ICS in September 2020 but this could be deferred due to Covid19. We have nevertheless moved to working as a shadow ICS and will almost certainly be judged on how we have jointly acted throughout the Covid19 period; therefore, authorisation as an ICS in September 2020 remains a possibility.

James Rimmer expressed his thanks to all colleagues across the system and confirmed that the Governing Body has been kept informed through its Part B (private) meetings.

Dr Jayne Chidgey-Clark paid tribute to the Executive team and all CCG staff for their response to the pandemic. Dr Chidgey-Clark commented that staff have been extremely flexible and that every individual has played their own part and contributed to the success of the bigger team.

Sandra Corry expressed her thanks to colleagues at the Local Authority and to other system partners, all of whom have worked fantastically. Thanks were also expressed to the CCG Non-Executive Directors for their support to the Executives and their teams, which is greatly appreciated.

Dr Ed Ford echoed his thanks to all partners, commenting on the quality of the collaborative work that is taking place and expressing his hope that this will continue.

**SCCG 040/2020**

## **ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020**

The Meeting received the Annual Report and Accounts for the year ended 31 March 2020, comprising the following:

- Report from the Director of Finance
- Annual Report for 2019/20 (includes annual performance report; Head of Internal Audit, Auditor opinion; full Accounts; Going Concern; Remuneration report and the Governance statement)
- External Audit Findings Report
- Letter of Representation – to be signed today by the Chief Executive and Director of Finance Performance and Contracting

Alison Henly provided a verbal report, from which it was noted that:

### **Director of Finance Report**

- the Director of Finance report provides a summary of the financial information included within the detailed Accounts with some further narrative explanation. This is the only time in the financial year that the information is presented in a 'full accounts' format
- the main change to the accounts is due to the increase in expenditure during 2019/20, with full delegation of primary care services moving into the CCG financial position from 1 April 2019 and this is reflected within the financial statements.
- the summary message is that the CCG delivered a deterioration of £13.1m from its planned position. This was previously reported to the Governing Body, and as a result, the CCG was not eligible for the final two quarters' commissioner sustainability funding: this resulted in an overall total deficit of £16.025m
- at the year-end, the CCG held a cash balance of approximately £69,000, representing 0.008% of the revenue resource limit which was well within the year-end cash tolerance level of 1.25%
- in line with the Better Payment Practice Code, the CCG aims to pay at least 95% of all invoices within 30 days of invoice receipt. During both 2018/19 and 2019/20 the CCG considerably exceeded this target, with almost 100% of all invoices paid within 30 days (Table 6 of the report refers)

## **Annual Report**

- the first section of the report highlights the key performance achievements during 2019/20 for each of the CCG's key workstreams
- the Annual Report also includes the CCG's Going Concern assessment, starting at page 52. This is the basis on which the Accounts are prepared and confirms the consideration undertaken to conclude that the CCG is a going concern and will continue in operation on the same basis for the foreseeable future. This has been reviewed by the Audit Committee, which has agreed with the assessment
- the Annual Report sets out the Governance Statement for 2019/20 (page 70 onward refers). This includes details of the principles on which the CCG acts and the committee structure which supports the CCG and Governing Body in undertaking its duties
- this section includes the Head of Internal Audit Opinion (page 96 refers). The overall assessment for 2019/20 is Moderate in respect of the system of internal control that has been designed to meet the CCG's objectives and that the controls are being

applied consistently. This is the second highest assurance rating that can be given and a summary of the audits undertaken in-year is included

- the Audit Committee reviewed and approved the full annual report from our internal auditors at its meeting on 17 June 2020, which included the Head of Internal Audit opinion
- the remuneration statement is also included and has been audited as part of the annual accounts' process

### **External Audit Findings Report**

Jackson Murray outlined the findings of the External Auditors' report. It was noted that the Annual Report and Accounts were presented to the Audit Committee on Wednesday, 17 June 2020.

Mr Murray commented that the impact of Covid19 on the CCG, the auditing process, and not least, the wider population, has been a learning experience. Thanks were expressed to the Finance Team for their collective working with the Auditors during this period. Key headlines of the External Audit Findings Report (page 3 and 4 refer included:

- Financial Statements: No adjustments have been identified to-date that affect the CCG's reported retained deficit position. Very few amendments to the financial statement were required so there is assurance around the quality of the draft accounts. The audit work is substantially complete: sign-off of the Letter of Representation is required, together with finalisation of the national submission process, due on 25 June 2020
  - the external auditors intend to issue an unqualified opinion for the year ending 31 March 2020. No issues or material problems have been identified
  - the auditors are required to submit a separate regularity opinion. A qualified regularity opinion has been proposed for 2019/20, due to a breach of the revenue resource limits, where CCG expenditure was higher
- Value For Money (VFM): The CCG's financial performance, where the CCG delivered a deficit, impacts on the VFM conclusion. The Auditors have therefore proposed an "Except For" qualified VFM conclusion. This states that in all areas, "except for sustainable resource deployment", the Auditors are satisfied that the CCG has proper VFM arrangements in place
- Informed Decision-making: in previous years, the Auditors' opinion has been qualified and in 2018/19 there was an "Except for" qualified conclusion. For this year, 2019/20, the Auditors are not qualifying their opinion

- due to the deficit budget position, as part of their statutory duties the Auditors are required to submit a referral to the Secretary of State and this was issued in April 2020
- Going Concern: the CCG's Going Concern Assessment is reviewed annually by the Auditors. Because of Covid19, the management team have updated their assessment. A very good paper was produced and no issues were identified in respect of the use of the going concern assumptions for the financial statements
- Appendix A of the Auditors' Report includes a small number of recommendations, together with the management response
- very few audit adjustments were required this year, but those that were are detailed in Appendix C of the Auditors' Report
- the proposed audit opinion will be issued next week, in line with the national timetable, and the proposed wording is included at Appendix B of the report

### **Letter of Representation**

Alison Henly advised that the Letter of Representation is required to be signed by herself and James Rimmer on behalf of the Governing Body, subject to the Governing Body's approval of the financial accounts. The Letter includes a number of statements as final confirmation that the information provided is a true and fair view of the CCG's position.

Alison Henly expressed her thanks for the good work done by Jacqui Damant and her team in being able to work remotely and produce the report and accounts two days in advance of the deadline. Alison Henly asked that her thanks be conveyed to the finance team. Thanks were also expressed to the Internal and External Auditors.

On behalf of the Governing Body, Dr Ed Ford congratulated the teams for the work that had been done under very difficult times and circumstances.

Lou Evans confirmed that a very detailed discussion was held at the recent Audit Committee meeting, the Minutes for which will be forwarded to Governing Body members for review. Lou Evans expressed his thanks to the internal and external auditors, the counter fraud team and CCG finance staff, all of whom had worked swiftly to bring the Report to the meeting today, under virtual circumstances, which should not be under-estimated. Lou Evans felt that much of the learning can be embedded in how we operate in the future.

Regarding the VFM and Going Concern, Lou Evans advised that we

have kept within the National Audit Office guidelines. The guidelines for 2020/21 are under consultation and it is hoped that the CCG and the system position can be adequately reflected separately in the statements.

Lou Evans confirmed that the financial accounts had been approved by the Audit Committee and were brought to the Governing Body today for final approval.

David Heath expressed his thanks to Lou Evans for the good level of assurance provided to the Governing Body around the accounts, and felt that the presentation of the report was a remarkable achievement in the present circumstances.

David Heath commented on a minor issue relating to a slight time confusion in the report, where it was not always clear if the narrative was looking to the future or in retrospect. He asked if it would be possible to 'tidy up' the report at this stage or, if not, accept that it will spill over into the coming year.

James Rimmer felt that consistency is key. Much work has gone into the production of the accounts and report but there is an issue of tense and where the cut-off date is. This will be taken back to the teams to correct but the issue does not give reason to delay Governing Body sign-off. David Heath agreed that consistency throughout would be helpful, and that the substance of the report could be approved.

Dr Jayne Chidgey-Clark expressed her thanks to Alison Henly, the finance team and the internal and external auditors. In her capacity as Vice Audit Chair, Dr Chidgey-Clark endorsed the comments made by Lou Evans and provided further assurance to the Governing Body that the annual report and accounts had been considered robustly and in detail at the Audit Committee meeting on 17 June 2020. Dr Chidgey-Clark confirmed that she felt very comfortable in supporting the declarations. Dr Jayne Chidgey-Clark asked that page 67 be amended to correct the spelling of her name, and also to include her as a member of the Audit Committee.

Alison Henly confirmed that the Annual Report is as at 31 March 2020. However, following submission of the first draft, CCGs were asked to include a separate section on Covid19, which does slightly confuse the time narrative. Alison Henly confirmed that the amendments requested by David Heath and Dr Jayne Chidgey-Clark would be made. Basil Fozard requested that he be recorded as a member of the Primary Care Commissioning Committee, on page 67, and this was also agreed.

Dr Ed Ford advised that, in accordance with the guidance, each member of the Governing Body is required to formally state the following declarations in relation to the Annual Report and Final Accounts:

**Declaration 1:**

*As far as I am aware, as an individual member of the Membership and Governing Body, there is no relevant audit information of which the Clinical Commissioning Group's auditors are unaware.*

**Declaration 2:**

*As an individual member of the Membership and Governing Body, I have taken all the steps that I ought to have taken in order to make myself aware of any relevant audit information, and to establish that the Clinical Commissioning Group's auditors are aware of that information.*

By a virtual show of hands, each Member of the Governing Body confirmed their agreement to each of the two declarations as stated.

Dr Ed Ford confirmed that the tense and minor amendments as requested by Dr Jayne Chidgey-Clark and Basil Fozard would be incorporated – Action 770: Alison Henly.

By a show of hands, the Governing Body approved the Annual Report and Financial Accounts 2019/20.

**SCCG 041/2020****TERMS OF REFERENCE FOR THE ICS SHADOW BOARD**

The meeting received the Terms of Reference for the ICS Shadow Board. James Rimmer provided a verbal report and it was noted that:

- the ICS [Shadow] Board is intended to ensure that the Somerset system is working smoothly county-wide. It does not undermine the responsibilities of individual Boards, Governing Bodies, the Cabinet etc.
- the Terms of Reference have been taken through the ICS Shadow Board and this is a very positive step for how we move forward. The ToRs are brought to the CCG Governing Body for endorsement
- the ICS [Shadow] Board, and the proposed ToRs, are concerned with how the strategic commissioners, acute hospitals, health and social care, and care providers, can collectively 'pull together' as a system for the good of the people of Somerset, whilst maintaining the autonomy of the individual organisations

Dr Jayne Chidgey-Clark expressed her thanks to the author of the paper, which was very clear and very articulate that the ICS Board was in the spirit of collaborative working. Dr Chidgey-Clark expressed her content to endorse the Terms of Reference.

Basil Fozard asked if there is the right of degree of representation in relation to primary care:

Dr Ed Ford responded that primary care is very well represented on two counts: firstly, in its membership role of the CCG as a commissioner of secondary care and other services; and secondly, as a service provider.

Lou Evans commended the thrust of the paper and the excellence of the way the system has pulled together during the ongoing pandemic. He felt that a good discussion with other Non-Executive Directors would be helpful (and this was previously planned) but, in the light of investigation of similar situations across the country, cautioned that the Terms of Reference should be constantly reviewed and certainly annually:

Dr Ed Ford commented that the planned Non-Executive Director (NED) discussion related to the role for the NED on the ICS. There has been a focus on collaborative working throughout the duration of the pandemic and we must ensure this is reflected through the ICS shadow Board statement. Dr Ford agreed that the ToRs should be kept under constant review as it may be necessary to change the remit of the ICS Board in the future.

By a virtual show of hands, the Governing Body endorsed the Terms of Reference for the ICS Shadow Board.

## **SCCG 042/2020**

### **GENDER PAY GAP**

The Meeting received a paper outlining the results of NHS Somerset CCG's gender pay gap for March 2019, which was originally due for publication on the national web portal and Somerset CCG website on 31 March 2020.

Due to Covid19 the publication of the Gender Pay Gap for 2019/20 was suspended nationally. However, Somerset CCG had already collated the data and information and was therefore able to present this information to the Governing Body. The paper includes the proposed action plan, which will be overseen by the Equality and Diversity Steering Group, chaired by Wendy Grey.

Marianne King provided a verbal report and it was noted that:

- the gender pay gap is the difference in the average hourly wage of all men and women across the workforce:
  - if women do a greater proportion of the less well paid jobs in the organisation, the gender pay gap is usually bigger
- all employers within the public sector that have a workforce of 250 or more staff must normally publish their data by 31 March

each year. Due to Covid19, that requirement has been relaxed for this year, but we wanted the Governing Body to have sight of our gender pay gap information

- all organisations have a moral and ethical right to contribute to reducing the gender pay gap and to create a more equal foundation for earnings for men and women
- the NHS has a highly female dominated workforce, due to the type of occupations involved
- nationally the NHS workforce comprises 77% women and 23% men. In Somerset CCG, 81% of the workforce is female
- the table shown for Role Banding and Gender shows that males are under-represented in the lower bands (Bands 4-6) but over-represented in the higher bands, ie. a higher percentage of men are paid at higher bands and a higher percentage of females are paid at lower bands
- there is evidence to show that we have a lot of clinical male leads that are paid at higher bands
- to address the gender pay gap, we have started a journey over the past 18 months to establish and encourage inclusion and diversity
- as part of action plan, we need to focus on mid level and mid management level training and development, and in particular, on how we see our middle managers progressing into Executive Director roles through the leadership opportunities we provide: we want to encourage our female workforce members into more senior roles by providing those opportunities for them:
  - we have an apprenticeship levy that can be used to support this and we have seen a number of commissioning-specific opportunities become available over the past few months
- we will continue to implement recruitment processes and training for all of our recruitment managers to ensure there is true awareness of unconscious bias. We will also ensure that the new appraisal process is fully embedded, with two-way discussion around development and training
- the Somerset CCG statistics are not a surprise: we compare similarly to a number of organisations, although the national data is not complete due to the relaxation of the requirement to publish that data. However, nationally, many women have caring and parental responsibilities and a further action for the CCG is to ensure that all our policies provide equal rights to all of our workforce

Dr Ed Ford invited Wendy Grey to speak about the paper in her capacity as Chair of the Equality and Diversity Steering Group. Wendy Grey reported that:

- the Steering Group, in conjunction with Sophie Wainwright (HR), has looked at the Action Plan and would like to include the following suggestions:
  - to take-up the opportunities offered by the national support programmes for mid and higher level female leaders eg. the King's Fund Athena Programme and the NHS Employees Health and Care Women's Leadership Network
  - to encourage diversity of membership on the ICS Shadow Board (discussed at SCCG 041/2020)
- there is still some way to go to reducing inequalities across the system and in encouraging less of a gender pay gap, but we have the right plan to get started

Basil Fozard felt reassured by the level of detail provided in the report but challenged the statement that men are over-represented in Band 8 and upwards. He felt that the issue was around Very Senior Managers (VSM) and Non-Executive Directors (NEDs) and that the figures/statements quoted were incorrect. In terms of moving from Band 8A through to 8D and medical, Basil Fozard stated that the opportunities are in favour of the female workforce.

Marianne King responded that the data was collected last year and at the time was accurate – our full complement of NEDs was not achieved until May 2019 and this has impacted the figures. Also, anyone with a level of clinical aspect as part of their role will appear in the medical part of the statistics. Marianne King advised that the data was double-checked and has been confirmed as correct as at the time the figures were collected.

Trudi Mann agreed with Basil Fozard, that the statement that men in Bands 8 and upwards was incorrect, and that in fact, they are under-represented in those bands. Women appear to have the majority share in both the and lower bands. Setting the NEDs issue aside in terms of numbers, it is only in the NEDs and VSM categories that men have the higher percentage of representation.

Basil Fozard agreed and stated that it would be incorrect to say anything about male representation, other than in the NED and VSM category, on the basis of the figures in the table. Both Basil Fozard and Trudi Mann felt that the statement(s) should be corrected.

Marianne King agreed to revisit the figures and provide further clarification but advised there is very strict criteria and complexity about how the gender pay gap information is applied and how the figures are calculated. Marianne King offered an offline discussion

with Basil Fozard and Trudi Mann to clarify the position.

David Heath commented that the statistics are being used in the right way, ie. as a diagnostic tool to identify the trends and if there are conscious or unconscious obstacles in the pattern of deployment and remuneration across the organisation. David Heath felt that the right approach has been adopted.

Wendy Grey confirmed that discussion had been held at the Equality and Diversity Steering Group and it is clear that Somerset CCG employs a higher proportion of women than men but that proportionality does not extend to the higher bands.

Dr Jayne Chidgey-Clark supported the work being undertaken and stated her endorsement of the action plan. As the CCG is one of Somerset's employers, Dr Chidgey-Clark felt this to be very important and expressed her thanks to the HR team, Wendy Grey and Marianne King.

By a virtual show of hands, the Governing Body endorsed the action plan and the publication of the figures on the website, subject to additional narrative by way of clarification.

Action 771: Provide the detail of the national support programmes for mid and higher level female leaders to Marianne King (Wendy Grey)

Action 772: Gender pay gap action plan and report, with additional clarifying narrative, to be uploaded to the website (Marianne King)

## **SCCG 043/2020 RISK UPDATE REPORT**

The Meeting received the Risk Update Report, together with a verbal report from James Rimmer. It was noted that:

- the report provides an update to the Governing Body about corporate risks that are new, escalated, de-escalated or closed in the Corporate Risk Register
- Incident Control Centre (COVID19) risks are being reviewed by the risk manager and Incident Control Centre on a daily/weekly basis. A risk management group has been set up and during the Covid19 period, bi-monthly reviews of all risks are taking place
- the risk rating for risk 202, CCG 2020/21 Budgets, has reduced from 20 to 16 and will be updated as the forward plan is refined
- the risk rating for risk 386, COVID19 Personal Protection Equipment (PPE) supply, has increased from 15 to 16, with an increased likelihood from 3 to 4. The risk is being well managed

- the risk rating for risk 255, SWASFT Category 1 and Category 2 performance, has remained static at 15, although the Ambulance Trust has performed very well during this period. There was an initial huge demand on the ambulance and NHS 111 services but this has reduced and is now starting to return to normal
- providers are now at Operational Escalation Level (OPEL) 1 or 2 and they are working well with the ambulance service
- key directorate risks were summarised in the paper and are being managed

Lou Evans expressed surprise at the risk reduction relating to the 2020/21 budgets and asked for clarification:

James Rimmer responded that we have a good understanding for Quarter 1 but will need to re-assess the risk as we move into Quarter 2. At present there is no certainty either way but we will continue to review and reflect this in the full quarterly risk register as we move forward.

By a virtual show of hands, the Governing Body approved the additions and amendments as outlined in the Risk Register Update report.

**SCCG 044/2020 ANY OTHER BUSINESS**

**Primary Care Commissioning Committee**

David Heath reported that the Primary Care Commissioning Committee had held its first virtual meeting in public on 10 June 2020. The meeting was recorded and will be uploaded to the website. There was nothing to report that has not appeared elsewhere in the Governing Body’s agenda for today.

**SCCG 045/2020 DATE OF NEXT MEETING**

The Chairman brought the Part A Meeting to a close and advised that the Governing Body would now move into its private session. This session will not be recorded for the website, due to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

The next meeting of the Governing Body will be held on 30 July 2020 at 9.30 via MS Teams. Papers will be published in advance on our website and members of the public are invited to submit their questions to Kathy Palfrey by midday on Wednesday, 29 July.

CHAIRMAN ..... DATE .....

**ACTIONS ARISING FROM THE PART A SCCG GOVERNING BODY MEETING  
HELD ON 18 JUNE 2020**

*Text in green was added arising from discussion at the Virtual meeting of the Governing Body on 18 June 2020 and through subsequent updates from Directors. Items marked Complete, Closed or subsumed into Business as Usual will be deleted from future schedules*

Action No.	Action	Lead	Updates/Action Date
<b>Actions Arising from Meeting held on 18 June 2020</b>			
772	Gender pay gap action plan and report, with additional clarifying narrative, to be uploaded to the website	Marianne King	Discussion has been held between Basil Fozard, Jayne Chidgey-Clark and Marianne King. Report not yet uploaded to the website.
771	Provide the detail of the national support programmes for mid and higher level female leaders to Marianne King	Wendy Grey	
770	Annual Report and Accounts: Tidy-up tense and incorporate the minor amendments on page 67 in respect of Dr Jayne Chidgey-Clark and Basil Fozard	Alison Henly Tracey Tilsley	<b>Complete.</b> Submitted on 25 June 2020
769	Working with the Staff Forum, arrangements for the NHS 72 <sup>nd</sup> birthday to be determined	James Rimmer/ Marianne King/ Lisa Pyrke	NHS 72 <sup>nd</sup> birthday is 5 July 2020. <b>Closed</b>
<b>Actions Arising from Meeting held on 30 January 2020</b>			
768	Discuss the Somerset whistle-blowing approach with the HPO team	Marianne King	A scoping meeting has taken place. <b>Closed</b>
767	Staff Survey Action Plan: In advance of the next staff survey, prepare a "You Said, We Did" briefing paper	Marianne King	

766	Quality, Safety and Performance Report: Review non-compliance of antibiotic prophylaxis in surgery at YDH	Sandra Corry	The target is 90% in accordance with NICE and local antibiotic guidelines ie the target includes local formulary compliance. Escalated with TST (89.58%) and YDH (93.3%) Q3. Both trusts believed this was an artefact of small sample size. Further requests for the actual numbers was pursued. For YDH 1 out of 17 cases did not receive prophylaxis with no documented reason. No response received from TST (but Q3 data states audit in progress and incomplete. This because, of the 60 cases reviewed so far, only 21 were applicable to the measure). No Q4 data due to Covid. <b>Closed</b>
762	FFMF: Proposal to Engage on Neighbourhood and Community Settings of Care: Review the offer by NHS Wigan and Borough CCG and consider any learning	Dr Alex Murray Maria Heard Alison Rowswell	17/07/20: Discussion with multiple CCGs around engagement advice and learning from public engagement and consultation sought, and supported development of engagement approach for NCSOC. <b>Closed</b>
<b>Actions Arising from Meeting held on 28 November 2019</b>			
750	System Performance Group to undertake a deep dive of 40 week waiters	David Freeman	Long waiters have been added as a standing item to the system performance agenda. <b>Complete</b>
746	CRR report: Further detail to be provided to the GB around risk 203	James Rimmer	<b>Complete:</b> update was provided to the Governing Body on 18 June 2020

741	Procurement Decisions Register to be reviewed and an update provided to the GB on 30 January 2020	Alison Henly/ Peter Osborne/ Jacqui Damant	30 January 2020.  A review of the current procurement register and comparison with other CCGs and relevant guidance has suggested we need to expand the register to include a broader range of procurements than are currently published. The next steps are to review and develop the contracts database to enable the publication of all the contracts that are subject to formal competitive procurement in line with the CCG's Standing Financial Instructions. The work has commenced and the aim is to conclude the updating of the database and publish a revised Procurement Register by 31 March 2020 to coincide with the end of the current financial year. An update on the work will be provided to the next Audit Committee meeting on 26 February 2020.  22/7/20: Covid19 led to this action being stalled. Discussion took place with Tanya Whittle on 14 July 2020 to agree a way forward. It was agreed to set up a planning workshop in early September, following initial scoping work, with a view to taking this to the Audit Committee in September for support.
<b>Actions Arising from Meeting held on 25 July 2019</b>			
722	Defibrillator data information to be requested from SWAST	Alison Henly (Becky Keating)	3/9: Data information has been requested from SWAST.  23/6/20: Helen Weldon is progressing this action.
<b>Actions Arising from Meeting held on 23 May 2019</b>			
718	Investigate venues for the 2020/21 AGM and Healthy NHS Somerset event, taking account of a Children and Young People's Services theme, eg. At a college or academy	Tracey Tilsley/ Kathy Palfrey	Date set for 15 September 2020.  Will not be held in school/college/academy this year due to Covid19 limitations. <b>Closed</b>

<b>Actions Arising from Meeting held on 28 March 2019</b>			
706	CRR: Governing Body to be updated about risk reference N24, case management of CHC funded patients at home, and when a decision will be made.	Sandra Corry	20/7/20: Business cases have now been unsuccessful for 2 consecutive years. When presented in 2020, system discussions flagged that case management should be commissioned from existing provider services. This remains outstanding, leaving a clinical risk in the oversight and clinical management of CHC patients as currently both CHC team and Community nursing teams do not have sufficient capacity to undertake case management.
<b>Actions Arising from Meeting held on 31 January 2019</b>			
701	Ensure that child/young adult self-harm is included on the risk register	Andrew Keefe	12/11/19: This has been determined as a Mental Health Commissioning Team risk rather than Safeguarding 20/7/20: Sandra Corry to check with Andrew Keefe about inclusion on the risk register

22 July 2020