

**Minutes of the Governing Body Meeting in Public held on Tuesday 2 March 2021  
at 3.30 pm by Microsoft Teams**

Present:

**Voting Members**

Carol Anderson, Chief Nurse  
Dr Mark Brookes, GP Member  
Dr Jane Collyer, GP Member  
Sue Graham, Director of Performance & Contracts  
Dr Fiona Head, Acting Medical Director  
Laura Hill, CCG Lay Member  
Dr Gary Howsam, Clinical Chair  
Julian Huppert, CCG Lay Member  
Louis Kamfer, Chief Finance Officer  
Stephen Mitcham, CCG Lay Member  
Dr Sripat Pai, GP Member  
Nikki Pasek, CCG Lay Member  
Dr Katherine Rowe, Secondary Care Doctor  
Dr Adnan Tariq, CCG Lay Member  
Jan Thomas, Accountable Officer

**In Attendance**

Jessica Bawden, Director of Primary Care  
Sharon Fox, Director of Governance & CCG Secretary  
Laura Halstead, Head of Communications & Marketing  
Gemma Keats, Corporate Governance Administrator  
Rob Murphy, Programme Director  
Dr Jessica Randall-Carrick, Clinical Lead  
Jane Webster, Director of Commissioning  
Members of the Public

**GB20/438 Welcome and Introductions**

The Chair welcomed everyone to the meeting and introductions were made.

**Agenda Item 1 – Patient Focus**

**GB20/439 Patient Reference Group Overview Report**

The Governing Body received the Patient Reference Group (PRG) Overview Report. The paper linked to Corporate Objective 1, Ensure everyone has the opportunity to improve their health and wellbeing. The paper also linked to the following risks on the CCG Assurance Framework and Risk Register: CAF08, Risk to maintaining robust CCG Governance Arrangements (currently rated as 4 yellow). Nikki Pasek, Chair of the PRG presented the paper, taking it as read.

Nikki Pasek advised the Governing Body that the report covered several meetings. It was noted that the PRG had spent time looking at the Urgent and Emergency Care Collaborative, which worked together to ensure better outcomes for patients. The PRG had also learnt more about NHS 111. In terms of patient engagement going forward, Nikki Pasek advised that the PRG had

been discussing its development and that patient insight and patient intelligence helped to develop work across the system. In future, the PRG would focus on a three month cycle to get a better insight and as a starting point would focus on the recovery work of the CCG. The PRG had also received updates on the roll out of the mass vaccination programme where things were moving quickly and the PRG had asked Nikki Pasek to thank everyone involved in developing and rolling out the programme across Cambridgeshire and Peterborough.

The Chair thanked the PRG for its continued efforts throughout the Pandemic. He commented on the three month cycle and that he would like to capture this across the system. He said having the PRG involved from the start to co-produce things was a positive thing and asked Nikki Pasek to reflect his thanks back to the PRG Members.

The Governing Body **endorsed** the work of the Patient Reference Group. The Governing Body **noted** the approved minutes of the Patient Reference Group meetings held on 1 October 2020, 5 November 2020 and 7 January 2021.

## **Agenda Item 2 – General Issues**

### **GB20/440 Apologies for Absence**

Apologies for absence were received from Dr Liz Robin.

The Chair took the opportunity to formally thank Dr Liz Robin for her retirement.

### **GB20/441 Declarations of Interest**

The Chair advised that he had asked Julian Huppert, Deputy Chair to chair the agenda item on Extended Hours in line with the CCGs Conflicts of Interest Policy, due to being a partner in a GP Practice in Peterborough.

### **GB20/442 Notification of Any Other Business**

There was no notification of Any Other Business.

### **GB20/443 Minutes of the Last Meeting**

The minutes of the Governing Body Meeting in Public held on 5 November 2020 were **approved** as an accurate record.

### **GB20/444 Matters Arising – Action List**

The action list was updated and is appended to the minutes.

### **GB20/445 Accountable Officer's Report**

The Governing Body received the Accountable Officer's Report. This paper linked to all of the CCG's current Corporate Objective's. The paper also linked to the following risks on the CCG Assurance Framework & Risk Register: CAF01, Impact on the delivery of health services as a result of the COVID-19 Pandemic and further risk of a second wave of COVID-19 Pandemic occurring in the CCG area post relaxation of national lockdown measures (currently rated as 25 red); CAF 07, Risk to not achieving key performance targets due to

ongoing impact of COVID-19 Pandemic (currently rated as 16 red); CAF08, Risk to maintaining robust CCG Governance Arrangements (currently rated as 4 yellow); and CAF09, Failure to achieve the 2020/21 planned deficit and system control total agreed with NHS England / Improvement (currently rated as 20 red).

Jan Thomas presented the paper, taking it as read. There were some key points to highlight. Firstly, she advised that focus was on four specific activities on top of business as usual. The CCG was working hard on the response to the pandemic, continuing to co-ordinate the health response for Cambridgeshire and Peterborough. The Mass Vaccination Programme was being rolled out locally as well as working up Recovery Plans. On top of this, the NHS White Paper on Integrated Care Systems (ICS) talked about some of the potential legislative changes from 1 April 2022.

Jan Thomas reported that the focus on quality had been maintained throughout the Pandemic and she was pleased with the programme with the Care Quality Commission at the Queen Elizabeth Hospital, King's Lynn. It was noted that the CCG was focussing on maternity services following the publication of the Ockenden Report and the CCG was working with all maternity departments across the patch.

Turning to the COVID-19 response itself, the CCG was seeing just over 200 patients in our hospital beds and everyone continued to work hard to manage this. There had been a slight increase in activity now and hospitals were still having to create red and green areas for COVID-19 and non-COVID-19 patients.

Looking at the EU Exit transition, this had gone relatively smoothly with minimal disruption which had been a relief. The CCG was working towards becoming an Integrated Care System and a Transition Board was being set up to oversee this. It was noted that whilst this was a White Paper the CCG had to prepare for it. It was noted that the White Paper carried an employment guarantee within it for all staff below Executive level. In the last week, the CCG had appointed Kit Connick as its new Director of Strategy & Planning which was a system position and would lead the transition process to an ICS.

There were a number of operational issues outlined in the paper around the Urgent Treatment Centre and there was also a change in governance with the Director of Primary Care becoming a voting member of the Governing Body, subject to the approval of the CCG's request to vary the Constitution.

Reflecting on the last year, and the fact that we were in the middle of a pandemic with the largest vaccination programme and also joining up health and social care, Jan Thomas thanked everyone in health and social care across Cambridgeshire and Peterborough. She said it had been hard going and there was still a huge amount of work to be done but in these extraordinary times, she thanked staff for going above and beyond.

Stephen Mitcham referred to the restoration plans and that he had seen the figures around waiting lists. Jan Thomas said the work on recovery was restarting and the CCG had been lobbying locally and regionally. This had been recognised regionally and nationally and the objective to minimise harm to those people on waiting lists. The way people think had been reset over the

last year and as the system recovers, we would undertake work to look at the innovation needed to do the best with the assets it had and as quickly as possible. Work was also needed on how to work with our patient groups to give them more accountability. Dr Fiona Head advised that the system had already implemented digital and innovative things through the pandemic.

The Chair noted his thanks to everyone involved in the vaccination programme and the need to balance the positives with the negatives. He highlighted the extension of the tenure of two GP members of the Governing Body, Dr Jane Collyer and Dr Sripat Pai for six months.

The Governing Body **noted** the Accountable Officer's report. The Governing Body **endorsed** the work of the Chief Officer Team and the decisions made in the report. The Governing Body **ratified** the extension of the tenure of Dr Jane Collyer and Dr Sri Pai for a further six months, acknowledging that this will be reviewed as we learn more about the future Integrated Care System governance arrangements.

## **GB20/446 CCG Assurance Framework & Risk Register**

The Governing Body received the CCG Assurance Framework (CAF) and Risk Register. This paper linked to Corporate Objective 5, Deliver our statutory financial commitments as best as possible. The Paper also linked to the following risk on the CCG Assurance Framework and Risk Register: CAF 08, Risk to maintaining robust CCG Governance Arrangements (currently rated as 4 Yellow).

Sharon Fox took the paper as read, noting that CAF8 had reached its target score and therefore had been deescalated. This would be retained on the Governance Directorate's Risk Register where it would continue to be regularly reviewed and monitored and re-escalated back up to the CAF if considered necessary in line with our Risk Management Policy. It was also noted that it was proposed to de-escalate CAF 17, Failure to adequately prepare for the End of Transition (EU Exit) on 31.12.20 to the Governance Directorate's Risk Register. The End of Transition deadline has now passed and was no longer considered to be a major risk, although potential impacts continue to be monitored at the CCG's End of Transition Task and Finish Group.

Laura Hill commented on the COVID-19 risks and that some of these were directly caused by the pandemic and suggested having a COVID-19 identifier on how COVID-19 was impacting on the CCG. She also commented on representation and the ICS as well as the mass vaccination programme and whether this should be included on the CAF. Sharon Fox advised that the COVID-19 risks were currently under review. There was a mix of impacts around the whole of COVID-19 and quality. Dr Fiona Head said it was a helpful point on the impact of COVID-19 on the risk profile. She said through the year the system had gone through waves and local outbreaks may continue as they have done with seasonal flu for many years. She said getting into this habit of monitoring the impacts would be helpful. Dr Fiona Head said that COVID-19 had shone a spotlight on the health inequalities risks. Dr Fiona Head said the mass vaccination programme was later on the agenda but noted it was going well and the main organisational impact was on workforce. The Chair said he was pleased this had been mentioned and that this was a system level problem and was not just about the size of the workforce but was also about the

retention and resilience. He said as we move to recovery and restoration the asks of staff would continue and could increase. He welcomed the focus on workforce with the organisation and also system partners.

The Governing Body **discussed** the CAF highlighting any areas where further assurance is required on the actions in place to mitigate risks. The Governing Body **endorsed** the de-escalation of CAF 08 and CAF 17 from the CAF to the Governance Directorate and End of Transition Risk Registers where they would continue to be reviewed and monitored as appropriate. The Governing Body **endorsed** Version 5 of the CAF for 2020/21.

#### **GB20/447 Governing Body Decision Log**

The Governing Body received and **noted** the Decision Log to the end of December 2020. It was noted that the Governing Body had been meeting weekly throughout the Pandemic. The minutes for meetings after this had since been approved and those decisions would be added and the document republished on the CCG website.

#### **Agenda Item 3 - Strategy**

#### **GB20/448 Strategy & Planning Committee Overview Report**

The Governing Body received the Strategy & Planning Committee Overview Report. This paper linked to all the CCG Corporate Objectives. The Paper also linked to the following risk on the CCG Assurance Framework and Risk Register: CAF 08, Risk to maintaining robust CCG Governance Arrangements (currently rated as 4 Yellow).

Julian Huppert, Chair of the Committee presented the paper noting that pre-pandemic, the Committee had been doing some long term vision work which had been held back over the last year. The Committee was now focussed on the ICS and would form the Transition Board to oversee this. The Committee had been looking at the ICS application. There were also conversations around capital and how to get the balance between better services and the best out of buildings. The Committee received an update on the Prince of Wales hospital site in relation to this. The Committee also received a report from the System Wide Ethical Committee which reported to the Governing Body and the System Partnership Board. The Ethical Committee looked at questions on a wide range of issues and if anyone had any questions, Julian Huppert was happy to these to the Committee.

The Governing Body **noted** the update from the latest meetings of the Strategy & Planning Committee. The Governing Body **noted** the approved minutes of the Strategy & Planning Committee meeting held on 13 October 2020, 8 December 2020 and 19 January 2021.

#### **GB20/449 BMI Can Do It Update**

The Governing Body received an update on the BMI Can Do It Campaign. This paper linked to Corporate Objective 2, Deliver improvements that make best use of the public pound and save system 'cost', Corporate Objective 4, Deliver the prioritised performance standards and Corporate Objective 5, Deliver the 6 transformation programmes. The paper also linked to the following risks on the

CCG Assurance Framework and Risk Register: CAF02, Risk that the disease itself, the Covid-19 response across all sectors and the impact of Covid-19 on non-Covid-19 diseases widens health inequalities (currently rated as 20 Red), CAF10, The possible serious impact of any failure in quality, safety and patient experience in the services that the CCG commissions in acute care, community, integrated and mental health care (currently rated as 12 Amber), and CAF11, The possible serious impact of any failure in quality, safety and patient experience in the services that the CCG commissions in primary care (currently rated as 16 Red)

The Governing Body welcomed Rob Murphy and Dr Jessica Randall-Carrick to the meeting. They reminded the Governing Body that the campaign had been reported on previously in terms of supporting our population to lose weight and become more active. This had become more important with the latest wave of covid and people with diabetes/obesity. The website campaign had seen great engagement from people but this had been stepped down a bit due to the closure of gyms etc during the pandemic. There were plans to relaunch this once lockdown measures were lifted. There was work being done to focus on initiatives to improve diabetic health and there was also sign off on a very low-calorie diet based on a trial. This would be relaunched in Wisbech in April. It was noted that Tier 3 and 4 specialist weight services had been brought back into Cambridgeshire and Peterborough which was good news and would be relaunched by Cambridge University Hospitals NHS Foundation Trust.

Laura Halstead advised that the CCG had been sharing videos with the public through lockdown to promote things like yoga and other advice. Dr Jessica Randall-Carrick thanked the CCG for its support in this work with some of these conditions being directly attributable to covid.

The Chair thanked the Team for keeping this going and was pleased to hear it would pick up again soon. Julian Huppert agreed and said it was good that the CCG had invested in this as he would rather prevent people needing treatment. He said it was a real challenge to make sure this worked and commented on the numbers outlined that did not seem exciting. He asked about milestones and the need to get these right. Laura Halstead said this data was from December and further work would be done with a renewed push.

Dr Jessica Randall-Carrick commented on family support workers and that she expected this work to fly once children were back at school. Dr Jane Collyer commented that the provider had changed for the diabetes pathway and asked if patients would have to be re-referred if they didn't get caught by the new provider. There were also differences in uptake across GP practices. Dr Jessica Randall-Carrick said some of these clinics had been held virtually which had put some people off and they had asked to wait until clinics were face to face again. When looking at the variation across practices there would be a bigger push once mass vaccinations and COVID-19 calmed down. Dr Mark Brookes said this should be taken as an opportunity to think about the clinical outcomes. Dr Jessica Randall-Carrick said there was qualitative evidence that what mattered to a patient was a paragraph about how it made them feel. Rob Murphy said it would be good to bring this back in future, noting that the practices that have achieved more were the ones in the fens and most deprived areas.

Nikki Pasek asked if the project team was focussed on CCG or much wider and that it needed to be about system working. Laura Halstead said it was the CCG team working on it, but there was a wider working group with both the upper tier Local Authority representatives and the districts and how they can fit into plans.

Dr Fiona Head commented on the timeframes and that this was the biggest most modifiable factor in health with structures and outcomes that would begin to shift in the highest area of need first. She said this needed to be kept going year on year, changing the metrics as we progress.

Jan Thomas commented on the longer term and that this needed to be done linked with public health colleagues. She advised that Gillian Beasley, Chief Executive of Cambridgeshire County Council and Peterborough City Council was supportive of this programme. As this was embedded, it needed to link with the obesity strategy and public health. Jan Thomas thanked the team for keeping going over the last few months and encouraged them to take this forward as much as they can.

The Governing Body **acknowledged** the updates for the BMI Can Do It programme's key workstreams

#### **Agenda Item 4 – Operations**

##### **GB20/450 Integrated Performance Report**

The Governing Body received and **noted** the Integrated Performance Report.

##### **GB20/451 Integrated Performance & Assurance Committee Overview Report**

The Governing Body received the Integrated Performance & Assurance Committee Overview Report. This paper linked to all the CCG Corporate Objectives. The paper also linked to the following risks on the CCG Assurance Framework and Risk Register: CAF 08, Risk to maintaining robust CCG Governance Arrangements (currently rated as 4 Yellow); CAF 09, Failure to achieve the 2020/21 planned deficit and system control total agreed with NHS England / Improvement (currently rated as 20 Red); CAF 10, The possible serious impact of any failure in quality, safety and patient experience in the services that the CCG commissions in acute care, community, integrated and mental health care (currently rated as 20 Red); and CAF 11, The possible serious impact of any failure in quality, safety and patient experience in the services that the CCG commissions in primary care (currently rated as 20 Red).

Dr Jane Collyer, Chair of the Committee presented the report. She gave an update on the Cancer Alliance. The Committee had been pleased that Queen Elizabeth Hospital King's Lynn had been rated as good in a number of areas. On outpatient services, the Committee had noticed there were some variances in the specialities and asked for some further information on this. The Committee also flagged the primary care data in the IPR. There was some concern at the recent IPAC that primary care was providing less appointments and one of the challenges was that just one measure was used and did not reflect the significant change. Primary Care was very much open for business and all GPs were working really hard and the Committee thanked them for their efforts.

The Committee had received a draft paper on IVF, discussing the clinical aspects and the rationale for reinstating services and the financial implications. This would be reported to a future Governing Body meeting in public.

The Committee had received an update on Ardens, which was an IT platform that integrates with SystmOne and EMIS and provided a number of benefits. It also enabled document and template management to ensure all practices were using up to date templates and alleviate some pressures in the CCG, to provide further time to look at data.

The work around the Peterborough Urgent Treatment Centre had been deferred slightly due to Covid and there was a revised go live date of 30 June. The Committee had an update from the Joint Prescribing Group and Complex Cases Team, noting that some of the staff had been redeployed to the Mass Vaccinations programme. The Committee received proposed changes to the CAF and also received a report from the IMT Steering Group.

Louis Kamfer updated the Governing Body on the latest financial position which was off plan, and advised that the CCG was not doing recovery work as planned. It was important to note this and was the key reason for any upside. The CCG had not been able to make savings either due to the pandemic. Work was being done as a system to work through this and the underlying position. The CCG was commencing work on the 2021/22 plan and the 5 year trajectory and planning guidance was awaited.

Dr Adnan Tariq asked if there was any oversight on plans for outpatient activity to increase. Jan Thomas advised that the CCG was constantly checking back how we were and there was a need to ensure that although it was good that activity was decreasing, people needed to be confident to access services when they needed them. The Chair said he was keen to note the quantum of change and identifying harm and also identifying the areas that were not coming to harm. It was important to capture the learning. Dr Adnan Tariq asked if there were plans to step up outpatient activity. Jan Thomas said this was just starting but there was no plan yet. Sue Graham added that the CCG continued to embed the innovations, in terms of virtual outpatient activity which was at about 50% activity which she thought was positive. The Chair said it would be useful to have information on the levels of quantum in future.

The Governing Body **endorsed** the work of the Committee, **noted** the contents of the Overview Report and **noted** the approved minutes of the meetings held on 27 October 2020, 24 November 2020, 22 December 2020 and 26 January 2021. The Governing Body **endorsed** the recommendations of the Cambridgeshire and Peterborough Joint Prescribing Group, **ratified** the Information Governance Annual Report 2019/20 and **ratified** the CCG Records Management & Lifecycle Policy. The Governing Body **noted** the latest clinical policies and position statements approved by the Clinical Policies Forum and **ratified** the CCG Health and Safety Policy.

## **GB20/452      Extended Access - 12 Months Extension**

The Governing Body received a paper on the Extended Access 12 Month Contract Extension. This paper linked to all of the CG Corporate Objectives. The paper also linked to the following risks on the CCG Assurance Framework and Risk Register:

CAF01 Further impact on the delivery of health services as a result of a second wave of the Covid-19 Pandemic (currently rated as 25 Red), CAF02, Risk that the disease itself, the Covid-19 response across all sectors and the impact of Covid-19 on non-Covid-19 diseases widens health inequalities. (currently rated as 20 Red); CAF03, Risk that there will be outbreaks of Covid-19 both inside and outside the STP/CCG organisations which result in substantial impact either from patients needing hospital care or from disruption to services as a result of contact tracing and staff isolation (currently rated as 20 Red); CAF10, The possible serious impact of any failure in quality, safety and patient experience in the services that the CCG commissions in acute care, community, integrated and mental health care (currently rated as 20 Red); and CAF14, Failure to address patient flow in hospitals and meet the locally mandated length of stay targets (currently rated as 12 Amber).

Due to conflicts of interest in relation to GP members, the meeting was chaired by Julian Huppert, Deputy Chair for this item. He advised GP colleagues they could be involved in this conversation but could not be involved in any vote if this was required.

Jessica Bawden advised that this paper was about the CCG extended access service. There were four providers providing patients with additional appointments and around 91% of these were taken up. It was noted that NHSE/I issued guidance to move these contracts to Primary Care Networks (PCN) and had since been asked to be held with other providers until April 2022. There had been some interest from PCNs. The paper asked for an extension to current arrangements from October 2021 due to the pandemic and whilst PCNs were getting ready to take this on. Julian Huppert said the letter said the PCNs could not hold the contract for this. Jessica Bawden advised that there had to be a lead provider holding the contract within the PCN.

Dr Jane Collyer restated her Declaration of Interest as a GP and that she was employed by Granta who provided one of these services. She asked if all practices had been able to access these appointments and whether the PCNs gave patients the opportunity to be seen face to face in extended access. Jessica Bawden advised that this was the case for both.

The Chair highlighted that people needed to be given plenty of time to consider the options fully. He said at the moment, it seemed imminently sensible. Jessica Bawden suggested updating the IPAC in the Autumn. Julian Huppert agreed this would be sensible. The Chair asked about the funding allocation. Jessica Bawden said this was received after the event and so had been kept at the same level. Louis Kamfer advised that it was difficult to plan for this as it was likely that for the first quarter it would be included in our cost base. He said there was a risk to this but it was low at the moment. The Chair asked that a risk assessment was included in the Autumn update on those federations not holding these contracts any further.

The Governing Body **noted** the recommendation of 12-month contracts is made without the 2021-22 funding allocation confirmed by NHS England and NHS Improvement; **approved** a twelve-month extension of the Extended Access contract for Greater Peterborough Network, with the contract expiry date moving to 31 March 2022. The core requirements would be unchanged, with the contract funding based on the weighted populations attributed to the GP practices within the Peterborough and Wisbech areas. The contract would be

refreshed via contract variation when the 2021-22 funding allocation is confirmed by NHS England & NHS Improvement; **approved** a twelve-month extension of the Extended Access contract for Granta Medical Practices, with the contract expiry date moving to 31 March 2022. The core requirements would be unchanged, with the contract funding based on the weighted populations attributed to Granta Medical Practices. The contract would be refreshed via contract variation when the 2021-22 funding allocation is confirmed by NHS England & NHS Improvement; **approved** a twelve-month extension of the Extended Access contract for West Cambs GP Federation with the contract expiry date moving to 31 March 2022. The core requirements would be unchanged, with the contract funding based on the weighted populations attributed to the GP practices within Huntingdon and Fenland, excluding the practices aligned with St Neots PCN from 1 October 2021. The contract would be refreshed via contract variation when the 2021-22 funding allocation is confirmed by NHS England & NHS Improvement; **approved** a twelve-month extension of the Extended Access contract for the Cambridge GP Network with the contract expiry date moving to 31 March 2022. The core requirements would be unchanged, with the contract funding based on the weighted populations attributed to the GP practices within Cambridge and Ely excluding the one practice aligned with St Neots PCN from 1 October 2021. The contract would be refreshed via contract variation when the 2021-22 funding allocation is confirmed by NHS England & NHS Improvement; and **approved** the offer for a six-month contract to Lakeside Healthcare to deliver Extended Access on behalf of St Neots PCN from 1 October 2021, with the contract expiring 31 March 2022. The contract would be based on existing core requirements and funded based on the weighted populations of the GP practices within St Neots PCN.

### **GB20/453 Mass Vaccination Programme Update**

The Governing Body received a paper updating the on the Mass Vaccination Programme. This paper linked to all the CCG Corporate Objectives. The paper also linked to the following risks on the CCG assurance Framework and Risk Register: CAF 01, Further impact on the delivery of health services as a result of a second wave of the Covid-19 Pandemic (currently rated as 25 Red); and CAF 02, Risk that the disease itself, the Covid-19 response across all sectors and the impact of Covid-19 on non-Covid-19 diseases widens health inequalities (currently rated as 20 Red).

Dr Fiona Head presented the paper, noting that Sarah Learney was the Operational Director leading on this work. She commented on the amazing work through a collaborative system effort. The Programme saw the hospital hubs go live on 8 December, then the CCG and GPs pulled out all the stops to get older people to hospital hubs for their first vaccinations, working closely with CPFT to plot routes to vaccines. There was work with the Local Authority to look at hard to reach groups and vaccine hesitancy. Inequalities were being tackled in a combined joint way. CCS had stood up seven mass vaccination sites and staff had been retrained. There were volunteers across the system helping with shepherding people at vaccination sites. Over a quarter of a million people had been vaccinated across 35 sites. There was a long way to go but this was a fantastic start. Jessica Bawden said she was proud of the team she worked with for all of the hard work. Jan Thomas agreed and said it could not have been done without the medicines optimisation team, the GPs, volunteers and the local authority. It was a real example of pulling together. She said she

was cognisant of the link between vaccinations and health inequalities. There were also second vaccines to do now as well as the next cohorts. The Programme had been working really well and as an organisation, work was being done to put in place a resource team to give this what it needed to keep going forward. Jan Thomas said she had a lot of faith in the CCG structures and thanked everyone for everything they had done to get this work done.

Nikki Pasek commented on section 7 and that there had been lots of patient experience enquires but few complaints. She said this was testament to the way everything had been done and dealt with it. These were relatively low numbers for the huge work done in a short time.

The Chair echoed the comments made noting the 160 CCG staff currently redeployed. 150 of these deployments were to vaccination sites and this was phenomenal. He said this work had involved communities and volunteers, providing a level of protection to the most vulnerable, and people should be immensely proud of the General Practice signing up to these hours and hours of additional work and to the media getting out clear messages. The impact would not have been as great if it wasn't for the messages getting out far and wide. The Chair said importantly, we are only part way through the programme and whilst this Programme was ongoing, it was only one element and he highlighted that hands, face, space and lockdown restrictions still needed to be adhered to. He thanked the public for helping us to do our job to keep the population safe.

The Governing Body **noted** the Covid-19 Mass Vaccination Programme progress and achievements over the last three months.

## **Agenda Item 5 - Governance**

### **GB20/454 Primary Care Commissioning Committee Overview Report**

The Governing Body received the Primary Care Commissioning Committee Overview Report. This paper linked to all the CCG Corporate Objectives. The paper also linked to the following risks on the CCG Assurance Framework and Risk Register: CAF01, Impact on the delivery of health services as a result of the COVID-19 Pandemic and further risk of a second wave of COVID-19 Pandemic occurring in the CCG area post relaxation of national lockdown measures (currently rated as 25 Red); CAF08, Risk to maintaining robust CCG Governance Arrangements (currently rated as 4 Yellow); CAF11, The possible serious impact of any failure in quality, safety and patient experience in the services that the CCG commissions in primary care (currently rated as 20 Red); and CAF12, Risk that the business models for delivering primary care services become unsustainable (currently rated as 16 Red).

Nikki Pasek, Chair of the Committee took the paper as read, highlighting primary care finance and that the Committee heard about the current overspend of the Delegated Budget of £3m. It was noted that the CCG had agreed funding towards surge hubs to increase capacity in Primary Care. The Committee continued to keep quality high on the agenda with a detailed briefing at each meeting highlighting any emerging issues. The Committee was assured that the Quality Team worked alongside member practices. An update on PCN development was also received and Nikki Pasek thanked the Primary Care staff and the PCNs for their hard work during the pandemic.

The Committee also took the opportunity to review the CCG Assurance Framework and Risk register and there were two risks that the Committee would continue to monitor.

The Chair asked about surge centre numbers. Jessica Bawden advised that this had been very useful and had been used by lots of practices. A paper would come to the Chief Officer Team and the Governing Body in due course to provide the numbers. Dr Mark Brookes said there was not enough capacity in the surge hubs. He said with mass vaccinations and extended hours, the federations were increasingly becoming providers, and asked if quality issues would be covered by the Primary Care Commissioning Committee. Jessica Bawden advised that there were no quality concerns raised so far and if there were any, they would be picked up through the Integrated Performance and assurance Committee.

The Governing Body **endorsed** the work of the Primary Care Commissioning Committee. The Governing Body **noted** that the Primary Care Commissioning Committee would meet again in public using Microsoft Teams on 9 March 2021.

The Chair thanked all the Primary Care teams following the incredible pressures over the last 12 months and said General Practice had really risen to the challenge. This was testament to how they had been able to change their teams whilst ensuring business as usual was also maintained.

#### **GB20/455     Audit Committee Overview Report**

The Governing Body received the Audit Committee Overview Report. This report linked to Corporate Objective 5, Deliver our statutory financial commitments as best as possible. The paper also linked to the following risks on the CCG Assurance Framework and Risk Register: CAF8, Risk to maintaining robust CCG governance arrangements (currently rated as 4 Yellow).

Laura Hill, Chair of the Committee presented the report, noting that the latest internal audit activity and report on committee effectiveness was included. The Committee expected the results of five more internal audit reviews in March 2021. Looking at External Audit, there was focus on planning for the annual accounts process.

The Governing Body **noted** the overview report of the Audit Committee held on 19 January 2021. The Governing Body **noted** the approved minutes of the meeting held on 20 October 2020 attached as Appendix A.

#### **GB20/456     Remuneration & Terms of Service Committee Overview Report**

The Governing Body received the Remuneration & Terms of Service Committee Overview Report. This report linked to Corporate Objective 5, Deliver our statutory financial commitments as best as possible. The paper also linked to the following risks on the CCG Assurance Framework and Risk Register: CAF8, Risk to maintaining robust CCG governance arrangements (currently rated as 4 Yellow) and CAF9, Failure to achieve the expected 2020/21 planned deficit (currently rated as 20 Red).

Stephen Mitcham presented the paper, highlighting that the CCG continued with its plans to move to Gemini House in Ely and the transitional arrangements were being made. He commented on the wellbeing of staff across the CCG and the wider NHS and that discussions were being held to give this greater focus going forward. The Chair commented on the struggle people were having to maintain wellbeing and morale and that this would need an increased focus. He suggested an agenda item focussed on staff in future at the front of the Governing Body agenda.

The Governing Body is **endorsed** the work of the Remuneration and Terms of Service Committee. The Governing Body **noted** the overview of the meeting of the Committee meeting which met on 19 January 2021.

**GB20/457      Agenda Item 6 - Questions from the Public**

There were no questions from the public.

The Chair took the opportunity to thank Dr Liz Robin, Director of Public Health for her hard work over the years following the announcement of her retirement.

Val Moore, Healthwatch added in the Chat her thanks to everyone involved in the vaccination programme and COVID-19 response.

**GB20/458      Date of the next meeting**

The Chair confirmed the date of the next meeting as Tuesday 11 May 2021 at 3.30pm by Microsoft Teams.

Sharon Fox advised that an additional Governing Body meeting in public would be arranged towards the end of March 2021 and would be published on the CCG website.

***Gemma Keats***  
***Corporate Governance Administrator***  
***2 March 2021***