

## Minutes

### Buckinghamshire/Oxfordshire/Berkshire West (BOB) CCGs Governing Bodies Meetings (in public) Thursday 9 September 2021 (13:30 – 15:30) Microsoft Teams

<b>Members (BOB CCGs)</b>			
<b>Name</b>	<b>Role and Organisation</b>		<b>Attendance</b>
Dr James Kent	Chief (Accountable) Officer	<b>JK</b>	Present
<b>Others: (Standing Invitees or In attendance)</b>			
Lynn Casey-Sturt	Board Secretary, Berkshire West CCG (notes)	<b>LCS</b>	Present
Amy Hutchings	FOI and Governance Officer, Berkshire West CCG	<b>AH</b>	Present
Phil Orwin	Interim Director of Performance	<b>PO</b>	Present
Matthew Tait	Deputy ICS lead, Dir of CCG Transformation (Interim)	<b>MT</b>	Present

<b>Buckinghamshire CCG – All voting</b>			
<b>Name</b>	<b>Role and Organisation</b>		<b>Attendance</b>
Dr Raj Bajwa	GP Clinical Chair (Chair)	<b>RB</b>	Present
Wendy Bower	Lay Member, Patient and Public Engagement	<b>WB</b>	Present
Tony Dixon	Lay Member / Chair of Finance Committee	<b>TD</b>	Present
Kate Holmes	Interim Chief Finance Officer	<b>KH</b>	Present
Robert Majilton	Deputy Chief Officer	<b>RM</b>	Present
Crystal Oldman	Registered Nurse	<b>CO</b>	Present
Robert Parkes	Lay Vice Chair / Chair of Audit Committee	<b>RP</b>	Apologies
Dr Daljit Sahota	Clinical Director, Urgent and Emergency Care	<b>DS</b>	Present
Dr Rashmi Sawhney	Clinical Director, Health Inequality/PC Networks	<b>RS</b>	Present
Dr Karen West	Clinical Director, Quality, and Integration	<b>KW</b>	Present
Dr Robin Woolfson	Secondary Care Specialist Doctor	<b>RW</b>	Present

<b>Oxfordshire CCG – voting</b>			
<b>Name</b>	<b>Role and Organisation</b>		<b>Attendance</b>
Dr Ed Capo-Bianco	Urgent Care Portfolio Clinical Director	<b>EC</b>	Apologies
Wendy Bower	Lay Member, Patient and Public Engagement	<b>WB</b>	Present
Julia Boyce	Assistant Director of Finance	<b>JB</b>	Present
Dr David Chapman	Clinical Chair/Mental Health Portfolio Clinical Director	<b>DC</b>	Present
Dr Sam Hart	North Network Clinical Director	<b>SHa</b>	Present
Dr Shelley Hayles	Planned Care Portfolio Clinical Director	<b>SH</b>	Present
Gareth Kenworthy	Director of Finance	<b>GK</b>	Apologies
Robert Parkes	Lay Vice Chair / Chair of Audit Committee	<b>RP</b>	Apologies
Dr Meenu Paul	Clinical Lead, Mental Health/Learning Disability	<b>MP</b>	Apologies
Dr Guy Rooney	Specialist Medical Adviser	<b>GR</b>	Present
Duncan Smith	Lay Member	<b>DS</b>	Present
Dr Andy Valentine	Oxford City Network Clinical Director	<b>AV</b>	Present
Sula Wiltshire	Board Nurse	<b>SW</b>	Present

Oxfordshire CCG – non-voting			
Name	Role and Organisation		Attendance
Ansaf Azhar	Director of Public Health, Oxfordshire County Council	AA	Present
Stephen Chandler	Director of Adult Social Care, Oxfordshire County Council	SC	Present
Jo Cogswell	Director of Transformation	JC	Present
Heidi Devenish	Practice Manager Representative	HD	Present
Diane Hedges	Deputy Chief Executive	DH	Present
Catherine Mountford	Director of Governance	CM	Present

Berkshire West – voting			
Name	Role and Organisation		Attendance
Dr Abid Irfan	CCG Chair and GP Clinical Lead (Newbury & District	AI	Apologies
Wendy Bower	Lay Member, PPE	WB	Present
Geoffrey Braham	Lay Member, Governance	GB	Present
Saby Chetcuti	Lay Member, Governance	SCh	Present
Edward Haxton	(Acting) Chief Financial Officer	EH	Present
Dr Debbie Milligan (OBE)	GP Locality Lead (Wokingham)	DM	Apologies
Dr Kajal Patel	GP Locality Lead (Reading)	KP	Apologies
Dr Raju Reddy	Secondary Care Consultant	RR	Present
Debbie Simmons	Nurse Director	DS	Present

Berkshire West – non-voting			
Name	Role and Organisation		Attendance
Katie Summers	Director of Operations (Wokingham)	KS	Apologies
Maureen McCartney	Director of Operations (Reading)	MM	Present
Shairoz Claridge	Director of Operations (Newbury & District)	SC	Present
Niki Cartwright	Director of Joint Commissioning	NC	Apologies
VACANT	Director of Strategy		n/a

Standing Agenda Items		Actions
1	<p><b>Welcome and introductions</b> David Chapman, convenor, welcomed all members to the Governing Bodies meetings in common (in public).</p> <p>It is to be noted that for the purposes of any business being transacted at this meeting, where a decision is required, BW CCG is not quorate.</p>	
2.	<p><b>Apologies for Absence</b> As noted above.</p>	
3	<p><b>Declaration of Interest</b> DC reminded Governing Body members of their obligation to declare any interest they may have on any issue arising at Governing Body (GB) meetings that might conflict with the business of the CCGs. None Received.</p>	

	<p><b>Declaration of Gifts &amp; Hospitality</b> DC reminded Governing Body members of their obligation to declare any offer of gifts and hospitality whether accepted or declined and the reason for accepting or declining such offers. None declared.</p> <p>Members were requested to note any declarations or changes of interests in the MS Teams 'chat box' or before presenting an agenda item, so that these can be managed/recorded and appropriate action taken if required.</p>	
4	<p><b>Minutes of the meetings (June 2021)</b> The draft minutes of the meetings held in June 2021 were agreed.</p>	
5	<p><b>Action Log</b> Members reviewed the Action and Decision Logs for Buckinghamshire and Oxfordshire CCGs in turn.</p> <ul style="list-style-type: none"> <li>• Buckinghamshire CCG: Updated</li> <li>• Oxfordshire CCG: Updated</li> <li>• Berkshire West CCG had no outstanding actions to report on.</li> </ul>	
6	<p><b>Questions submitted by the public in advance</b> Four questions had been submitted in advance of this meeting for answer.</p> <p>For the benefit of all participants, the respondents read through the Q&amp;As, providing clarification on the answers provided.</p> <p>All questions submitted will be responded to via email following this meeting, and all Q&amp;As will be published on the CCG websites.</p>	
7	<p><b>Questions from the floor</b> Questions were received from members of the public relating to:</p> <ul style="list-style-type: none"> <li>• Item 15: PPI/Communications update</li> <li>• Item 6: Integrated Quality and Performance Report</li> </ul> <p>So that a more detailed and considered response can be provided, these questions have been taken away for answering, and will be published alongside the minutes.</p>	
8	<p><b>Accountable Officer and Directors Report</b> The Accountable Officer, James Kent, provided members with an update on key areas of note, highlighting the following:</p> <p><b>Vaccination Programme</b></p> <ul style="list-style-type: none"> <li>• Across Buckinghamshire, Oxfordshire, and Berkshire West (BOB) close to 2.4m vaccines have been delivered and all national targets met.</li> <li>• Mass Vaccination Centres are currently vaccinating 16–17-year-olds, achieving 52% (over 20,000 vaccinations) against the national target of 39,000 to be vaccinated.</li> <li>• Phase 3 (COVID booster programme) planning is well underway. 44 Primary Care networks have signed up.</li> <li>• Subject to national decision, plans are being developed to deliver vaccines to 12–15-year-olds.</li> </ul>	

Members were advised that 6M adults nationally have yet to be vaccinated. In response to a question in this regard, the figures for BOB were provided:

Across JCVI cohorts 1-9 BOB has achieved in excess of a 92% take up. From an eligible population of c830k c62k are not vaccinated. In the younger cohorts - which we continue to vaccinate the take up drops to:

- 82% 40–49-year-olds
- 73% 30–39-year-olds
- 68% 18–29-year-olds
- 54% 16–17-year-olds (Still very much in progress)

#### **COVID Incident Update**

- COVID cases in all age groups have increased across the south-east region. Regional data shows that 88 patients are in our Acute hospitals, 13 patients in intensive care across BOB.
- BOB has seen continued significant urgent and emergency care (UEC) pressures and increased demand across the system.
- Beckton Dickenson Blood Tubes Supply Disruption: This has had an impact across primary and secondary care. Updated guidance was issued on 27 August 2021, requesting priority for essential cases only.
- The Medicines and Healthcare products Regulatory Agency (MHRA) has now approved Ronapreve as the first monoclonal antibody combination product initiated for use in the prevention and treatment of acute COVID-19 infection for the UK.

In response to concerns raised around the infection rates in children, members were advised that this is being looked at as part of the surge planning; looking at support and how we can extend the paediatric capacity as we move into winter.

#### **System Priorities**

- The Chief Executives have agreed that the top three priorities for system working are: Planned Care, UEC and Children and Adolescent Mental Health Services (CAMHS).
- Planned Care: This will be led by the Chief Executive of Royal Berkshire Hospital NHS Foundation Trust.
- UEC: Given at Place delivery, it has been agreed to align the scope of the UEC Boards and work towards common outcomes and metrics, but the operational model and pathways would be the responsibility of the UEC Boards.
- CAMHS: The Chief Executives of the two mental health trusts are identifying the most challenged services; organising around how to redesign clinical pathways, skill mix or staffing that will make the most difference.

So that GB members can remain updated on progress, JK advised that once Leadership Teams have been established, future system working reports will be taken to System Leader Groups as well as at Governing Bodies.

#### **Health Inequalities: Tobacco Dependence Treatment allocations**

- £459k is available to the ICS for treatment under the NHS Prevention Programme via the System Development Fund. Based on the number of smokers, the following has been made available at place: Berkshire West (£134k); Oxfordshire (£190k); Buckinghamshire (£133k).

### **Planning and Hospital Discharge Planning**

- The planning guidance for H2 (second half of a fiscal year (October – March)) has not yet been issued. Therefore, a number of discussions have been held surrounding the risks (care home fragility, hospital capacity and poorer outcomes) of not proceeding with the hospital discharge model from 1 October 2021.

### **CCG Governing Body Membership Changes**

#### Oxfordshire CCG

- Dr David Chapman has been elected Clinical Chair for Oxfordshire CCG
- Following Dr Chapman's election, Dr Meenu Paul will provide additional clinical leadership to the mental health, learning disability and autism portfolio.
- Roger Dickinson has resigned as Lay Member for Governance. Robert Parkes, Buckinghamshire CCG, will cover this role for Oxfordshire during this Transitional period, and has been appointed a member of Oxfordshire CCG Governing Body and Audit, Remuneration and Finance Committees.

#### Berkshire West CCG

- BW CCGs Chief Finance Officer, Rebecca Clegg, has taken up a secondment with Berkshire Healthcare NHS Trust.
- Edward Haxton, has been appointed (Acting) Chief Finance Officer
- Senior Information Risk Owner (SIRO) duties have been taken on by Robert Majilton, Deputy Accountable Officer, Buckinghamshire CCG
- Catherine Mountford, Director of Governance, Oxfordshire CCG has taken on the duties of the Accountable Emergency Officer (AEO) and responsibility for the Governance Team.

### **CCGs Ways of Working**

- Return to Office Working: Offices have been set up for staff who want to return to office working in line with covid guidelines.
- Staff Survey: Results from the BOB staff survey were taken for preview at the Staff Briefing and Staff Partnership Forum in Common. The Senior Management Team (SMT) are to pick up any actions arising from review, with their teams.
- Place Based SMT (Senior Management Team) Meetings: A new set of SMT meetings have been established across the CCGs, to compliment the weekly staff briefings.

### **Quality**

- To run alongside each of the three Place Based Quality Committees', a BOB System Quality Group has now been established. This is clear escalation from Place to System and System to Region.

### **Buckinghamshire CCG Update**

- Performance remains challenging in a number of areas as highlighted in the Quality and Performance report, with increased oversight and focus on (Emergency Department, Long Waits, Diagnostic and Cancer).
- Hampden Fields development: Following a planning decision by Buckinghamshire Council, a local action group has submitted an application for Judicial Review on the Hampden fields development. The CCG has responded to the initial requests and continues to work with the local

	<p>practices in Aylesbury as part of the Primary Care Estates work on future capacity linked to planning growth.</p> <p><b>Oxfordshire CCG Update</b></p> <ul style="list-style-type: none"> <li>Specialities in Oxford University Hospitals NHS Foundation Trust (OUH) remain closed whilst most route referral specialities have now re-opened. Ear, Nose and Throat, Oral and maxillofacial surgery and cataracts remain closed to routine GP referrals.</li> <li>Community Strategy: An engagement event is due to take place during September on the principles to be used to determine how services are delivered in the community.</li> </ul> <p>It was noted that although specialities in Oxfordshire are closed, alternative arrangements have been put in place. Currently, there is no answer on when they are likely to re-open.</p> <p><b>Berkshire West CCG Update</b></p> <ul style="list-style-type: none"> <li>The absence of a clear deputy AO is being mitigated through developing proposals to support a more integrated leadership model for UEC and Katie Summers acting as the consistent link across the three Health and Well Being and integration boards.</li> </ul> <p>Members <b>noted</b> the Accountable Officer and Directors Report and <b>ratified</b> the changes in Governing Body membership/responsibilities highlighted in paragraphs 16-19</p>	
9	<p><b>Risk Management and Assurance</b></p> <p>The CCGs Governing Bodies have overall responsibility and accountability for the management of risk associated with the CCGs' activities. They discharge this responsibility through regular review of the Governing Body Assurance Framework and related reports as set out in the CCG's Risk Management Framework and Strategy.</p> <p>Catherine Mountford, the Director of Governance, presented for review the separate Risk Reports from the three BOB CCGs (Buckinghamshire, Oxfordshire, and Berkshire West). Plans are in place to develop a single risk management framework, and this in turn will evoke single reporting. The framework will be developed through GB workshops with oversight by our Audit Committees.</p> <p>Comments arising from review and discussion are as follows:</p> <p><u>Buckinghamshire CCG</u>: Reviewed without comment.</p> <p><u>Oxfordshire CCG</u>: Risk AF34 (Impact of non-delivery of Phase 3 recovery trajectory). There is a risk that OCCG will not meet the NHS Phase 3 recovery trajectories. <b>Action CM</b>: It was recommended that this risk should be reviewed and re-assessed so as to align with the current situation.</p> <p><u>Berkshire West CCG</u>: Reviewed without comment.</p> <p>Members <b>noted</b> the risks reports and highlighted escalations as described.</p>	<p><b>Action: CM</b></p>

<p>10</p>	<p><b>Integrated Quality and Performance Report – M3</b> Debbie Simmons, Nurse Director and Phil Orwin, Interim Director of Performance provided for review the new Integrated Quality and Performance Report.</p> <p>The report represents the continued development of quality and performance reporting across the three Clinical Commissioning Groups within the BOB Integrated Care System. Key elements of the report include:</p> <ul style="list-style-type: none"> <li>• Delivery of a number of constitutional targets remains difficult given the impact of the pandemic.</li> <li>• Waiting lists will take a significant time to reduce due to the increased backlog resulting from the first and second wave where Elective capacity was substantially reduced.</li> <li>• The volume of Elective activity has increased significantly across the BOB ICS as the number of COVID related hospital admissions reduce.</li> <li>• Vaccination rollout continues with good coverage across priority groups.</li> <li>• Cancer 2 week wait referral numbers have returned to pre-covid levels, with 21% more referrals in June 2021 when compared to June 2019.</li> </ul> <p>Key areas of note are summarised as follows:</p> <p><b>Quality</b></p> <ul style="list-style-type: none"> <li>• Clostridium difficile (C.dif): Local health economies focussed on reducing infection levels, in line with new guidance released on 12 July 2021 on minimising infections.</li> <li>• <u>Royal Berkshire NHS Foundation Trust (RBFT)</u> reporting: <ul style="list-style-type: none"> <li>• Zero Hospital onset 8-14 days COVID-19 positive patients and zero Hospital onset over 14 days positive patients reported in June 2021.</li> <li>• The Trust received 31 formal complaints. Analysis has shown that these are in the following areas: administration (73), clinical treatment (30) and communication (96). 88% of complaints closed in June were responded to within 25 days.</li> <li>• A detailed review of the trusts position has been undertaken highlighting areas of concern (capacity in emergency pathways; patient safety management; flagging of clinical concern). An action plan has been developed and is being monitored.</li> <li>• Maternity services had 414 deliveries and 418 births in June with 4% being homebirths. The service was suspended on one occasion due to staff sickness.</li> </ul> </li> <li>• <u>South Central Ambulance Service NHS Foundation Trust (SCAS)</u> reporting: <ul style="list-style-type: none"> <li>• Significant pressures reported within both 999 and 111 affecting call answer time for May, calls received were 54,654 and 124,726 respectively.</li> <li>• Demands on services is causing handover delays and long waits. The Structured Judgement Review (SJR) process has been put in place and a patient safety dashboard has been created to review trigger points, identifying cases for review.</li> </ul> </li> <li>• <u>Buckinghamshire Healthcare NHS Trust (BHT)</u> reporting: <ul style="list-style-type: none"> <li>• Cancer Pathways: Overseen by the Buckinghamshire Cancer Assurance Group, a review of the Vague Symptoms Pathway is being carried out.</li> <li>• A Quality Improvement Plan is being developed to improve activities around ED performance. Plans are also being developed for Surgery, Cancer and</li> </ul> </li> </ul>	
-----------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Diagnostics to support sustainable improvements in 52 and 104 week waits, diagnostics and cancer performance.

- Oxfordshire reporting:
  - C.difficile and MRSAB: The target thresholds of 83 and 107 OUH and OCCG are being challenged with concerns fed back to NHS England.
  - Harm Reviews: All providers across BOB have systems in place to assess whether harm has resulted from excess waiting times.
  - Patient Safety: OUH declared a Never Event for maternity in April. A Serious Incident Investigation has now been completed, with actions in place to mitigate risk of recurrence.

Safeguarding activity across BOB continues to be extremely high, with all parts of the system reporting an increase in need.

- Maternity update: Maternity services (locally and nationally) are significantly under pressure, seeing a higher impact of the pandemic due to a low uptake of the Covid-19 vaccine. Currently around 50% of pregnant woman have been vaccinated, and a campaign is underway to increase the uptake. All Trusts are seeing an increase in Covid-19 mums, which is having an impact on infection control and staffing levels.

#### **Performance**

- Constitutional Standards:
  - CCGs and providers have produced refreshed trajectories against NHS Planning guidance. The requirement is that due to progress made to date, Q2 plans have been increased to 95% of the same period in 2019. Data shows that we are on track to achieve this.
  - Private Sector: 100% of the private sector is being utilised to support our position.
  - Diagnostics: Access to diagnostic services across the system is being prioritised in line with the national surgical prioritisation guidance, as with all elective procedures. All providers are experiencing high staff vacancy rates, especially radiographers, which is a limiting factor for activity recovery.
  - Diagnostic Hubs: An in-year business case for the development of three Community Diagnostics hubs (CDHs) has been submitted to NHSEI for consideration.
  - Cancer Waiting Times (two week waits): The demand and provision of Cancer services continues to recover following the three waves of the Covid-19 pandemic. Previous concerns regarding Lung and urology show improvement, with above baseline positions for RBFT and BHT and OUH. Skin pathway continues to indicate a variable trend, with the most recent data achieving above the baseline.
  - 62 day waits: Reporting 76.2% for June against the standard target of 85%; although beginning to see an incremental move to where want to be.
  - Primary Care: General Practice continues to deliver at pre-pandemic levels of performance at BOB and across the three places. Preparations are ongoing for the autumn flu and Covid-19 vaccination booster programmes.
  - Urgent and Emergency Care: A reported July performance of between 74.4% to 78.5% across all providers, against the standard of 95%.
  - Mental Health (IAPT): The three CCGs did not achieve the access standard for 2021/22. The three CCGs achieved the three other standards moving to recovery, 6 week wait and 18 week wait.

	<ul style="list-style-type: none"> <li>• Dementia: There was a significant reduction in the diagnosis rate in 2020/2021 compared to previous years across the three CCGs. This was due to the closure / pause of the memory clinics and a reduction in the number of patients seen in GP practices as a result of the pandemic. The three CCGs plan to recover performance by the end of Quarter 2 in 2022/2023.</li> <li>• CAMHS: The three CCGs have achieved the access standard for 2021/2022. Waiting times to access interventions and support is an area of concern and is closely monitored and has been identified as a service priority across the ICS.</li> </ul> <p>Members <b>noted</b> the current performance against constitutional standards and the additional statistics (Recovery, Incident and Quality) appended to the report</p>	
11	<p><b>Finance Report M4</b></p> <p>Provided for review are the BOB (Buckinghamshire, Oxfordshire, and Berkshire West CCGs financial reports as at M4 (July 2021). This includes H1 reporting (m1-6) only. The CCGs will be moving forward with H2 (m7-12) from next week.</p> <p>The highlighted key points arising from the financial reports are summarised below, and in turn:</p> <p><u>Buckinghamshire CCG (Kate Holmes):</u></p> <ul style="list-style-type: none"> <li>• H1 (April – September 2021) Finance Regime is in place with a current allocation of £447.4m</li> <li>• Plans submitted for H1 of 2021/22 forecasts that the CCG will break even against its in-year allocations</li> <li>• The in-year BAU deficit of YTD £(133)k and FOT of £(405)k relates to increased activity by independent providers.</li> <li>• To date Elective Recovery funding (ERF) for M1 and M2 has been received of £411k</li> <li>• Funding for Hospital Discharge Programme (HDP) and Vaccination charges covering M1 to M3 of £2,955k was received in M4. M4 HDP spend of £1,086k is expected to be funded in future allocations</li> <li>• In H1 the CCG received an allocation to cover COVID costs of £3.6m</li> <li>• Risks identified in prescribing of £1.5m and NHS 111 First of £0.5m</li> <li>• All risks will crystallise, but the CCG is able to mitigate.</li> </ul> <p><u>Oxfordshire CCG (Julia Boyce):</u></p> <ul style="list-style-type: none"> <li>• H1 (April – September 2021) Finance Regime is in place with a current allocation of £624m</li> <li>• Plans submitted for H1 of 2021/22 forecasts that the CCG will break even against its in-year allocations</li> <li>• The position at M4 is a YTD breakeven position and a forecast breakeven position at the end of M6</li> <li>• The CCG received additional funding of £254k for HDP costs to M3 and is expected to receive another £403k to the end of H1 (M6)</li> <li>• It is also expected to receive £50k for the Vaccine Programme</li> <li>• The Covid allocation from the ICS to OCCG amounts to £3.2m</li> <li>• There is a risk that the CHC overspend could deteriorate further from the £3m overspend for H1</li> <li>• The pressure in the Delegated Co-Commissioning budget is being managed by non-recurrent means in H1.</li> </ul>	

	<p><u>Berkshire West CCG (Edward Haxton):</u></p> <ul style="list-style-type: none"> <li>Plans submitted for H1 of 2021/22 forecasts that the CCG will break even against its in-year allocations</li> <li>The position at M4 is a YTD breakeven position and a forecast breakeven position at the end of M6</li> <li>M4 YTD costs of £3.0m have been incurred for HDP.</li> <li>Initial indications are that BOB will be able to operate within its indicative allocation, and consequently BW CCG should be able to access funding for its forecast H1 costs of £5.5m.</li> <li>Additional allocations will also be retrospectively distributed for other COVID costs outside of envelope and for Elective activity commissioned from the independent sector in excess of planning assumptions (through the ERF fund). At M4 additional income totalled £0.5m</li> </ul> <p>Members <b>discussed</b> the financial position and <b>noted</b> the details reported.</p>	
12	<p><b>ICS Development</b></p> <p>The Deputy ICS Lead, Matthew Tait, directed members through the ICS Development paper. This updates on the overall ICS programme structure and outlines key issues and progress made to date regarding governance considerations, placed based decision making and readiness to operate requirements.</p> <p>Members <b>noted</b> and were <b>assured</b> of the details reported.</p>	
13	<p><b>Corporate Governance Report</b></p> <p>The report provides an update on governance matters across the three CCGs.</p> <p><u>Aligned</u> reports on:</p> <ul style="list-style-type: none"> <li>Conflicts of Interest (including Gifts &amp; Hospitality)</li> <li>Statutory and Mandatory Training</li> <li>Data Security and Protection Toolkit (DSPT)</li> </ul> <p><u>Separate</u> reports from the three CCGs on:</p> <ul style="list-style-type: none"> <li>Single Tender Waivers 2021/22 (BCCG)</li> <li>Freedom of Information; New Records Management Code of Practice; Accountable Officer Conclusion of Redundancy (BWCCG)</li> <li>Use of the Seal and Single Tender Waivers (OCCG)</li> </ul> <p>Members <b>noted</b> the Corporate Governance Report update.</p>	
14	<p><b>Terms of Reference</b></p> <p><u>Audit Committees in Common</u></p> <p>The CCGs are required, in accordance with their Constitutions, to have an Audit Committee. Governing Body members are being asked to approve the Audit Committees in Common Terms of Reference (ToR), modelled on the three CCG's current ToR.</p> <p>The Governing Body <b>Approved</b> the Audit Committee ToR</p> <p><u>Primary Care Commissioning Committees in Common</u></p> <p>The CCGs are required under the delegation of primary medical care agreement from NHSE to have a Primary Care Commissioning Committee. Governing Body</p>	

	<p>members are being asked to approve the Primary Care Commissioning Committees Terms of Reference as recommended by the three CCGs Primary Care Commissioning Committees.</p> <p>It was noted that the ToR presented are for an interim period (until April 2022). It was also noted that the Director of Nursing had been unintentionally omitted from the membership. <b>Action:</b> JC to amend the ToR.</p> <p>The Governing Body <b>Approved</b> Primary Care Commissioning Committees in Common ToR, subject to the inclusion of the Nurse Director</p>	<b>Action: JC</b>
<b>For Information</b>		
15	<p><b>PPI/Communications update</b></p> <p>It was noted that the Berkshire West CCGs Lay Member for PPI, Wendy Bower, has been appointed as the PPI Lay Member for all three CCGs.</p> <p>Members <b>noted</b> the PPI/Communications activity update.</p>	
16	<p><b>Committee Reports and Minutes</b></p> <ul style="list-style-type: none"> <li>• BW PCCC (Operational Group) Chairs Report: 4 August 2021</li> <li>• BOB PCCCs in Common: 13 July 2021</li> </ul> <p>Members <b>noted</b> the Committee reports and minutes without comment.</p>	
17	<p><b>BW CCGs: Locality/Primary Care Update</b></p> <p>Members <b>noted</b> the Locality/Primary Care update without comment.</p>	
	<p><b>Any Other Business</b> None.</p>	
	<p><b>Date of Next Meeting:</b> 14 December 2021 (in public)</p>	
	<p><b>Meeting ended at:</b> 3.22 pm</p>	