

Report to the NHS Somerset Clinical Commissioning Group on 30 June 2022

Title: Minutes of the Part A NHS Somerset Clinical Commissioning Group Governing Body Meetings held on 26 May and 16 June 2022	Enclosure 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 meetings held on 26 May and 16 June 2022. 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 26 May 2022 to confirm that the Chairman may sign them as a true and correct record.

Note the Minutes of the Meeting held on 16 June 2022, which were approved by the Chair and Chief Executive on 21 June 2022 and have now been provided to our External Auditors.

Impact Assessments – key issues identified

Equality	N/A			
Quality	N/A			
Privacy	N/A			
Safeguarding	N/A			
Engagement	There is lay representation on the Governing Body. The Minutes are published on the NHS Somerset CCG website at: https://www.somersetccg.nhs.uk/publications/governing-body-papers/			
Financial / Resource	N/A			
Sustainability	N/A			
Governance or Legal	The Minutes are the formal record of the meetings held on 26 May and 16 June 2022.			
Risk Description	N/A			
Risk Rating	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, 26 May 2022** via **MS Teams (Virtual Meeting)**

Present:	Dr Ed Ford	CCG Chair, GP Partner, Irnham Lodge Surgery, Vice Chair, Health and Wellbeing Board
	Lou Evans	Non-Executive Director CCG Vice Chair and Chair of Audit Committee (Lay Member) – from item SCCG 049/2022
	Kathy French Trudi Grant	Acting Director of Quality and Nursing Director of Public Health, Somerset County Council
	David Heath	Non-Executive Director, Patient and Public Engagement (Lay Member)
	Maria Heard Alison Henly	Programme Director, Fit For My Future Director of Finance, Performance, Contracting and Digital
	Trudi Mann	Non-Executive Director, Member Practice Representative
	Grahame Paine	Non-Executive Director (Finance and Performance) (Lay Member)
	James Rimmer Alison Rowswell Dr Helen Thomas	Accountable Officer and Chief Executive Acting Director of Commissioning Non-Executive Director, Member Practice Representative
In Attendance:	Sarah Ashe Judith Goodchild Paul von der Heyde Jonathan Higman Sandra Wilson	Designated Nurse, CLA and Care Leavers Chair, Healthwatch (Observer) ICB Chair Designate ICB Chief Executive Designate Observer Lay Member, Chair of Chairs of the Somerset Patient Participation Groups (PPGs)
Secretariat:	Kathy Palfrey	Executive Assistant to the Governing Body
Apologies:	Basil Fozard Wendy Grey	Non-Executive Director, Secondary Care Doctor Non-Executive Director, Member Practice Representative

SCCG 039/2022 WELCOME

Dr Ed Ford, Chair, welcomed everyone to the NHS Somerset Clinical Commissioning Group Governing Body meeting.

SCCG 040/2021 PUBLIC QUESTIONS

Members of the public are invited to submit their questions in advance to the Governing Body meeting via our 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.

SCCG 042/2022 APOLOGIES FOR ABSENCE

Apologies for absence were received from Basil Fozard and Wendy Grey.

SCCG 043/2022 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 18 May 2022.

Alison Henly declared her Interest as designate ICB Chief Financial Officer and Director of Performance.

Action 826: Register of Interests to be updated (Alison Henly)

SCCG 044/2022 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 the 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 045/2022 MINUTES OF THE PART A MEETING HELD ON 31 MARCH 2022

The Meeting received the Minutes of the Part A meeting held on 31 March 2022. By a virtual show of hands, the Minutes were approved for signature by the Chairman as a true and correct record.

SCCG 045/2022 MATTERS ARISING AND ACTION SCHEDULE

There were no matters arising. The action schedule was noted.

SCCG 046/2022 CHAIRMAN'S REPORT

The Meeting received and noted the Chairman's Report, which included the Communication and Engagement Report for the period 1 March to 30 April 2022, including the various meetings attended by Dr Ford during this time.

The Governing Body noted the Chairman's report.

SCCG 047/2022 CHIEF EXECUTIVE'S REPORT AND LATEST NEWS

The Meeting received and noted the Chief Executive's Report, together with a verbal report from James Rimmer, who highlighted the following:

- the Covid-19 pandemic remains ongoing. NHSEI has downgraded from a Level 4 incident (national command and control) to a level 3 (regional leadership) with a focus on recovery.
- Operational Pressures Escalation Level (OPEL): Since 24 January to-date, Somerset has been at OPEL 4, including the out of hours service, which is the highest level of pressure on the system. Focus remains on No Criteria to Reside (formerly known as medically fit) patients, who could be moved to more appropriate settings. We are planning ahead for the Jubilee weekend, noting that this coincides with half-term and corresponding parental annual leave, and we believe we have robust rotas across all parts of the system
- transition from CCG to Integrated Care Board (ICB): The 2022 Health and Care Act has now received Royal Assent and we are working to achieve transition on 1 July 2022
- Fuller Stocktake Report: Dr Claire Fuller, Chief Executive designate of Surrey Heartlands ICB will today publish her report of how primary care can be taken forward, noting the various challenges from a public perspective around continuity of care and GP access. The report will be taken forward by ICB colleagues to continue to support primary care in Somerset

Grahame Paine commented that the national press had reported that the leader of an ambulance service had declared a particular issue for his region. Grahame Paine asked about the ambulance OPEL situation in Somerset and if there is a contingency coping mechanism:

James Rimmer responded that the south west ambulance service is similarly challenged and is Somerset's highest risk. The data for response times is reviewed every day, and although not fully satisfactory is currently significantly better than it has been. In terms of hours lost due to handover times, we are seeing these in tens of hours, compared to other regions across the country where they are seeing hundreds of hours lost. All parts of the Somerset system are working to alleviate the risk.

David Heath noted the Somerset geography, where travel times between A&E units are the longest of any region, and felt this should continue to be raised nationally as the differences, although marked, are not recognised. David Heath further noted that the response time should in fact be doubled, ie. ambulance to patient then ambulance to A&E unit. James Rimmer confirmed that the teams also review the in-county data, eg. for West Somerset and Mendip, and how the response times compare to Yeovil and Taunton. We are also reviewing the data jointly across the seven south west CCGs to ensure sufficient ambulance crew but it is a national challenge.

Dr Ed Ford commented on concerns raised by regional colleagues and

GPs about setting expectations for primary care, and felt the Fuller Stocktake report may cause additional negative issues around primary care practice and increase the sense of dissatisfaction in patients and staff. James Rimmer responded that the ICB Board would be inheriting the Fuller Stocktake Report, which is designed to be a framework for delivery rather than setting standards, and encouraged ICB colleagues to take the report forward. Paul von der Heyde confirmed that the ICB would be engaged with the report, which is likely to focus on the whole of primary care, not just GPs.

Action 827: ICB response to the Fuller Stocktake report to be brought to a future ICB meeting – date to be confirmed (Jonathan Higman/Paul von der Heyde)

SCCG 048/2022 COVID-19 UPDATE: PUBLIC HEALTH POSITION AND VACCINATION PROGRAMME + MONKEY POX UPDATE

James Rimmer and Trudi Grant provided a verbal report and it was noted that:

- it is difficult to fully understand the current Covid-19 position, given that the formal response and general testing has been stood down; however, cases are still being seen
- infection prevention and control behaviours need to be maintained
- the data we do have shows a definite downward trend, and the warmer weather – and people being able to meet outdoors – will help
- the Covid-19 vaccination service remains open, including the Evergreen offer, 1st, 2nd, 3rd doses etc. The Joint Committee for Vaccination and Immunisation (JCVI) has issued Autumn guidance, including a further boost for people over 65 years; the house-bound; front-line health and care staff; and those at risk. It is anticipated that in due course the JCVI guidance will be turned into government policy or operational guidance
- there is an international outbreak of Monkey Pox, with 77 cases being seen in the UK at present, although none in the south west
- the larger proportion of people who have contracted the Monkey Pox virus are people who have identified as being gay, bisexual or as men who have sex with other men
- we are encouraging people to present to SWISH (Somerset-Wide Integrated Sexual Health Services) if they experience any kind of previously unknown rash, lesion or fever: people will need to telephone in advance
- the UK Health Security agency has set up contact tracing services and more cases are likely to be found
- the virus is very different to Covid and will likely **not** result in another pandemic; rather, the Monkey Pox virus is nowhere near the same scale as Covid-19, and we anticipate it will be overcome very quickly

David Heath queried the ONS (Office for National Statistics) data and asked if there is a confidence factor in the results, given they appear to be based on a relatively small sample size and self-reporting: Trudi Grant responded that the ONS is very scientific about how they collate their information, which is through a robust means of data collection and analysis.

Dr Ed Ford asked if Somerset is seeing 'vaccination apathy': Trudi Grant responded that the childhood Covid vaccination programme is of concern, as there has been a slight dip in the uptake (although not as much as in other areas) but we need to continue to work with the population to encourage understanding that the childhood Covid vaccination programme is different to the normal childhood vaccination programme, and we should try and separate the two.

Referring to Monkey Pox, Dr Ed Ford noted that no advice has yet been issued to Primary Care, and – given the measures required around IPC – Practices may not have appropriate measures in place.

The Meeting noted the update on Covid-19, the vaccination programme, and Monkey Pox.

SCCG 049/2022 OCKENDEN REPORT

The Meeting received an update relating to the publication of the final Ockenden [maternity services] report. Kathy French and Sarah Marks provided a verbal report and it was noted that:

- Part 1 of the Ockenden Report was published in December 2020; the final report (Part 2) was published on 30 March 2022
- the report is far-reaching, and aligns to eg. mid-Staffordshire, and Morecambe Bay (2012)
- the East Kent report is anticipated within the next few months
- the report looks back over more than 20 years and takes into account the experience of more than 1,500 families: the impact of unexpected deaths and severe complications cannot be underestimated
- the size and scale of the report is unprecedented in NHS history, and provides a once-in-a-generation opportunity to fully understand how NHS maternity services are delivered. The report found that:
 - * in 498 cases of still birth, 1 in 4 expectant people had reported major concerns in the quality of maternity care
 - * serious incidents and reports were not properly investigated
 - * expectant people were frequently not referred to or discussed with the wider multi-disciplinary team
 - * there were repeated failures to escalate in both ante and post natal situations

- * there had been many instances of failure to follow clinical guidelines and to work collaboratively across disciplines
 - * there had been a lack of action by senior clinicians, a lack of compassion by staff, significant training gaps, and failures in governance and leadership, eg. Trust Boards had not been sighted on the issues and there was no oversight or full understanding of these and other concerns
 - * staff who should have been afforded the Freedom To Speak Up had not done so, due to fear emanating from a 'Them and Us' culture
- the Ockenden Report identifies 15 areas for consideration by all Trusts, and will affect maternity services across the whole of England
 - there is a need for significant investment in the maternity workforce, including recruitment, training and the provision of midwife continuity
- *Action
- the report advocates a Director of Maternity for each organisation, and the future ICB should take account of this in its leadership structure. Although Somerset CCG has a strong governance structure with robust reporting, the ICB will need to positively consider this Ockenden recommendation
 - Sarah Marks and Emma Savage are currently visiting the various maternity units, raising questions with staff around the Ockenden Report: they are working hard to maintain staff morale, but there is a significant issue around vacancies in the workforce, and therefore, continuity of carer. We are also waiting for the East Kent report as further action may be required
 - we are working closely with SFT and YDH, noting that the proposed merger may produce its own risks around the merging of two different cultures and micro-cultures
 - although no specific concerns have been raised around Somerset maternity services, it is certain that maternity care requires greater focus in order to provide the necessary assurance
 - Kathy French has met with Hayley Peters, Chief Nurse, who has confirmed a 20% focus on the Ockenden Report. The work and strong focus must be maintained

Dr Ed Ford commented that, following the Mid Staffs Review, particular emphasis had been placed on Freedom to Speak Up but that a culture of fear still remains and this must be addressed. Dr Ford suggested that the relationship between midwives and obstetricians must be improved as part of the process of merging YDH and SFT, and to use this as an opportunity to improve services. Kathy French agreed that this would be picked up, to gain assurance about the ongoing promotion of good relationships across and within all maternity services.

Grahame Paine felt reassured by the work that has been progressed to-

date and that this must be continued. In response to a question from Grahame Paine, Sarah Marks advised that Somerset's birthrate was just under 4,500 across both Trusts during the past year. Grahame Paine asked what is being done to reassure expectant mothers:

Kathy French responded that we work closely with the Maternity Voices Partnership, and will gain assurance about the source of the feedback, particularly for services outside of the Acute Trusts, which historically has been very difficult to obtain.

Judith Goodchild advised that there is concern about health visitors in the community, which had transferred from SFT to Public Health, and that vulnerable mothers in particular did not feel they were receiving sufficient support.

Trudi Grant thanked Judith Goodchild for her comments and suggested that the system relooks at the engagement with health visiting services, to be sure that these are not the only services supporting parents, and that they are working together with all of the available resource, including the voluntary sector.

Action 829: Review engagement with health visiting services, taking account of all available resources, eg. voluntary sector (Kathy French/Shelagh Meldrum)

David Heath noted that the discussion relate solely to SFT and YDH and does not address patients in Somerset whose services are not provided by those Trusts. He felt there should be some reference to those who are served by, eg. Bath and Wiltshire. Dr Ed Ford and James Rimmer felt that David Heath had raised a very important point, and there is a need to look beyond Somerset, ie. at RUH Bath, Bristol, Weston, BANES and in the local and wider community services. We need that information to be able to benchmark Somerset maternity services across the south west.

Kathy French confirmed that Somerset attends the regional maternity services meetings, including with the regional Chief Maternity Nurse, and is sighted on reports from other organisations, but that the information from those meetings and reports would be added into our report.

Action 830: Information about neighbouring maternity services to be included into Somerset's maternity reports (Kathy French/Shelagh Meldrum))

The Governing Body noted the Ockenden Report.

SCCG 050/2022 CHILDREN LOOKED AFTER ANNUAL REPORT 2020/21

The Meeting received the Children Looked After and Care Leavers Annual Report for 2020/21. It was noted that:

- the report covers the period when the Covid-19 pandemic was at its height: CLA services were affected, but then positively, by the Coronavirus Act 2020 which enabled us to deliver healthcare assessments in a more blended way, including via non face-to-face appointments

- medical assessments were initially paused but Somerset was one of the first systems in the south west to stand these back up, in September 2020, as we believe the initial assessment is the best start to understand the health needs of a looked after child
- although difficult to implement some of the improvements at first, additional CCG investment was obtained, and the integrated performance dashboard, with its improved ability to capture data, has been very significant in helping to inform the various CLA development workstreams
- an updated inter-collegiate report was published in December 2020: this provides better clarity about roles and responsibilities, competencies, training and guidance, and helped to inform the development of the named Doctor role, who was introduced in 2021/22. SFT were very responsive to the document and how the post was developed, and this is paying dividends across the system
- although the report is slightly late, due to the pandemic, it is encouraging to note that the objectives for the past year, as set out in the report, have been met
- we are now in the third year of a CLA and Care Leavers transformation programme: there is more work to do, but the CCG has doubled the number of dedicated CLA and clinical staff, and this will triple in 2022/23
- during 2020/21, 100% of initial health assessments were offered within the 28 day statutory timeframe, and 86% of children attended

Responding to Dr Ford, Sarah Ashe advised that almost 50% of CLA are currently placed out-of-county, and encouraging other providers to carry out the assessments is sometimes difficult. However, Somerset has a very robust escalation process and when necessary, we use the overarching Safeguarding Children statute. We also work tirelessly to repatriate children. The majority of our out-of-county children are placed in the south west, but we do have one child who is currently placed in Bedfordshire. When required, we will send our staff out-of-county to complete health assessments, providing they can travel and return in one day.

By a virtual show of hands, the Governing Body approved the Children Looked After Annual Report for 2020/21.

SCCG 051/2022 COMPLAINTS ANNUAL REPORT 2021/22

The Meeting received the Complaints Annual Report for 2021/22. Kathy French provided a verbal report and it was noted that in the period 1 April 2021 to 31 March 2022:

- 56 formal complaints were received by Somerset CCG, 44 of which were closed by the year-end
- key areas of complaint:

- * access to medication or medical devices
 - * dissatisfaction with the NHS Continuing Healthcare (CHC) process
 - * dissatisfaction with acute inpatient admission/treatment
 - * delays and dissatisfaction with the urgent care services
- six complaints were upheld; 14 were partially upheld
 - examples of CCG learning included:
 - * the need for people to feel heard, so that we can improve our practices eg. within the Home Oxygen service; personal wheelchair budgets; end of life care in the community; treatment escalation plans; assessing capacity under the Mental Capacity Act

David Heath asked if all open complaints will be resolved by 30 June 2022, and sought assurance that the CCG continues to provide advice to complainants about how they can best approach their complaints to the CCG and to the ICB successor organisation:

Kathy French advised that we are working hard to close the open complaints but this can sometimes be complex. There will be no change in the complaints' process between the CCG and the ICB, and the current CCG Complaints Manager will continue to do this role in the ICB, so the risk of 'losing' a complaint(s) is not anticipated.

James Rimmer further clarified that the successor body has a duty to inherit outstanding complaints, and they will be included in the Due Diligence process.

Alison Henly confirmed that as part of good governance, the CCG will be producing a handover document, so that anything not completed by the CCG by 30 June will be included on that document for handover to the ICB.

Lou Evans asked if the Governing Body would be indemnified against any actions arising from the CCG work outstanding, and requested that this be reviewed by the HR team: James Rimmer responded that the detail of the handover would be picked up as part of Due Diligence.

By a virtual show of hands, the Governing Body endorsed the Complaints Annual Report for 2021/22.

SCCG 052/2022 INTEGRATED BOARD ASSURANCE REPORT 1 APRIL 2021 TO 31 MARCH 2022

The Meeting received and discussed the Quality, Safety and Performance Exceptions Report (Integrated Board Assurance Report) for the period 1 April 2021 to 31 March 2022. Kathy French, Alison Henly and Alison Rowsell provided a verbal report and it was noted that:

- between February and March 2022, there appears to have been a significant dip in the percentage of CHC fast track referrals ratified

within 24 hours: this is due to changes in the new reporting requirements, eg. if a referral is received on a Saturday, the deadline will already be missed if it is not dealt with until the following Monday

- * we are looking at how a stamp can be applied to an individual's care track, to note that referrals received at the weekend will not be ratified until the Monday
- * however, even if the fast track process is waiting to be ratified, appropriate care will be arranged in the community so there is no lack of continuity
- a common theme throughout the report continues to be the significant demand for all urgent care services across Somerset
- for Primary Care, the overall number of patient appointments has increased throughout February and March, even though Practices continue to struggle with operational pressures
 - * approximately 50% of GP practices reported OPEL 3 (Operational Pressures Escalation Levels), where demand/staff absence is sufficiently high that daily workload cannot be managed even with available additional resources; the practice can cope short term but is likely to utilise other services more than usual
 - * 54% of the appointments were face to face
 - * no Somerset GP practices have been rated inadequate by CQC, and our quality colleagues continue to work with practices to provide support in preparing for CQC assessments
 - * the Medicines Optimisation Team quality improvement project has significantly improved the prescribing rates – one of the best rates in the country - for more potent statins, helping to improve outcomes for patients with cardiovascular disease
- the Integrated Urgent Care service has seen a significant increase in demand, and this has impacted on the performance indicators
 - * in March the average speed for the 111 service to answer a call further declined to 368 seconds (from 288 seconds in January) which still compares favourably to the England average of 396 seconds
 - * the number of calls abandoned increased to 20.2% (from 17.6% in January). The England average is 15.75%
- the demand for ambulance services across the south west mirrors the national situation
 - * South Western Ambulance Service Foundation Trust has seen the highest levels of demand ever experienced. Nevertheless, Somerset has still achieved the lowest number, and time lost, of handover delays across the region, with the ambulance trust and our emergency departments continuing to work together to focus on this area

- * the report shows the performance impact on the SWAST service, where the category 1 and 2 standards continue to be challenged. Focused work continues with the ambulance trust to provide support and seek alternative options for managing demand, including investment in additional vehicles
- the number of people attending A&E services increased in March, with both Trusts in Somerset continuing to have a strong level of performance compared to the national average
- the increase in A&E activity is also reflected in the number of emergency admissions, although lower overall than in 2019/20. However, the increased need is being seen in longer stay admissions (65.8% of all admissions are non-zero) due to the complexity of health needs being presented. This is resulting in pressures on internal bed availability and is consistent with a slowing rate of discharge for medically fit patients and the higher number of No Criteria to Reside patients
- elective referrals have continued to restore during 2021/22, with 14,243 referrals being received in the cumulative period April-March 2021/22, equating to 92.4% of the demand seen in April-March 2019/20
 - * in March, 51,273 patients were on an incomplete pathway awaiting definitive treatment. This represents an increase of 9,728 patients since March 2021 and is attributed both to the increase in referral demand and to a lower level than expected of clock stops in the autumn/winter period
 - * the number of people who have waited for treatment for longer than 52 weeks has continued to reduce. This reducing position is also reflected in the total number of patients waiting in excess of 78 weeks, and 45 fewer patients are now waiting more than 104 weeks compared to the number in February
 - * the report shows the significant number of positive actions which are being taken to improve the position for cancer service performance
- Improving Access to Psychological Therapy (IAPT) services continue to exceed (55.9%) the national (50%) and local recovery rate performance targets, and Somerset is one of the top performing systems nationally. The change in service model to supporting people predominately through telephone, video and webinar interventions has succeeded in maintaining service delivery. Face to face appointments are still available by exception, and where clinically appropriate, in line with national guidelines. The service continues to grow
- as described at SCCG 049/2022 (above), the second part of the Ockenden report was published on 30 March 2022
 - * the report contains a further 15 essential actions for Trusts to review and an action plan for compliance where needed

- * both Trusts are developing action plans and compliance is monitored by the LMNS (Local Maternity and Neonatal System)
- * the CCG Quality and Safety team and NHSEI provide oversight for assurance of the submitted evidence and compliance with the recommendations. Early feedback from NHSEI is positive.
- * the Kirkup (East Kent) report is expected during the autumn
- Somerset was formally in OPEL 4 from 24 January 2022 and emerged on 25 April. Although challenges continue, fewer escalation beds are being utilised and we are seeing fewer numbers of Covid positive patients in our hospitals and care home settings
- daily escalation calls continue and an Operational Oversight Group meets on a weekly basis to review the system position and plans to improve against the No Criteria to Reside (NC2R) trajectory, to enable flow and discharges. The NC2R trajectory had been showing an improving picture but has recently increased
- primary care was also in OPEL 4, reducing to OPEL 3, so has seen a slight de-escalation of pressure, albeit continuing challenge
- 111 performance has remained challenged, underpinned by an increase in demand, which is mirrored nationally. PPG has struggled with staff absence due to Covid, which has impacted on their performance. They are planning an expansion of their Bristol office, have opened a satellite call centre in Worcester, and are doing a lot of recruitment work
- Devon Doctors are also recruiting for their rota fill. Their performance in April and May remains consistent for people receiving either a face-to-face consultation in a Treatment Centre or at their home residence
- SWAST performance for Category 1 and 2 calls remains challenging. However, there has been improvement when comparing May and March performance
 - * ambulance handovers have increased since March but are beginning to stabilise: Somerset still has the lowest number of handovers in the south west region
 - * we are maximising every opportunity to avoid patients attending ED. We also have onsite Hospital Ambulance and Liaison Officers (HALO) to support the ambulance interface, co-ordinating and expediting handovers
 - * a range of actions is in place with SWAST to develop care bundles for improvement. To-date, we have identified stroke and STEMI (ST segment elevation myocardial infarction) in areas with significant travel time to definitive care, and to the minor injury care pathway

- * working with SWAST, we are reviewing ambulance conveyance to MIUs, and looking at future Urgent Treatment Centres
 - * together, we are developing our Somerset Falls service and access to Same Day Emergency Care
 - * a regional SWAST workshop is planned, to look at key admission avoidance schemes. We will get a baseline of what is working well and understand where some of the demand can be mitigated
 - * Somerset has a range of admission avoidance schemes, including the GP 999 Car, ED/999 clinical validation through our CAS (clinical assessment service), two-hour crisis response, and falls response service
 - * a deep dive is scheduled around ambulance performance, response times and call answering at the next Finance and Performance Committee on 28 June
- A&E four-hour performance has been impacted by increased demand and compounded by handover and discharge delays
 - whilst emergency demand reduced by 14%, Length of Stay (LOS) increased by approximately 0.5 days, resulting in occupancy of greater than 95% for both acute hospitals, and a reliance on escalation bed capacity. The LOS has been underpinned by increased patient acuity, NC2R and elective patients staying in hospital for longer following their procedures
 - for the extended Jubilee bank holiday weekend, an assurance document has been produced, signed off by ICS Chief Executives on Friday, 13 May. A touchpoint meeting was held with NHS England on Wednesday, 25 May, who noted it was a strong plan. An area of focus will be the 111 clinical rota-fill and this work is being progressed, taking the learning from the Easter bank holiday
- * capacity, and discharge and flow, plans are strong. The main concern identified by system partners was regarding the ability to discharge patients into Care/Residential settings and plans are being worked on to address this issue
 - * a comprehensive Communications Plan is in place over the bank holiday to help address expected pressures, including:
 - a press release, focusing on prevention: asking people to use NHS services wisely, and to prepare for the bank holiday
 - planned, targeted social media messaging – including to residents and tourists visiting Somerset – and paid-for social media advertising to ensure we reach a wide audience
 - ongoing community pharmacy campaign
 - sharing of social media messages from key partners including SWASFT, NHSEI SW and NHS national

- key messages include:
 - health and care in Somerset remains under intense pressure. If you need us, the NHS is here for you this bank holiday, but help us to help you
 - help us to help you by accessing services wisely this bank holiday weekend – choose well. Understand what services are open and when to access them: if you don't know where to go, use NHS 111 First
 - prepare for the upcoming bank holiday weekend and plan ahead – order your prescriptions in advance, have a well stocked medicine cabinet
 - pharmacy opening hours and community pharmacy promotion
 - use online apps: NHS app, Handiapp
 - if you are visiting Somerset, contact your own GP surgery or use their online service

Grahame Paine acknowledged the comprehensive report but noted that, regrettably, A&E performance remains at a lower level than desired. Grahame Paine felt that the system must now be approaching a point where attendances are similar to those experienced pre-Covid, and – despite the understood requirement to wear masks etc, and staff sickness – asked why A&E performance remains difficult:

Alison Rowswell responded that the ongoing infection prevention and control restrictions, high patient acuity, reduced hospital flow etc all have an impact at the 'front door'. We are trying to use appropriate messaging, for example, directing people to MIUs rather than A&E, and this needs to be maximised. That said, MIUs have sometimes also had to close early due to staffing pressures, and further, that people understand that if they present to an A&E, which operates 24/7, they will be seen. Despite pleas from A&E to people to present elsewhere, people are reluctant to do so.

Acknowledging Alison Rowswell's response, Grahame Paine asked, when will A&E performance start to improve? Lou Evans agreed that A&E should be, at the very least, a short-term top priority, given its risk rating of 20 on the risk register. In the past few years, Lou Evans noted the increased investment in A&E via the joint commissioning arrangements, and suggested that the Trusts should continue to be robustly challenged on this. Lou Evans further requested that a short-term, task and finish group, be appointed, to deal with issues in the ambulance service and A&E.

Dr Ed Ford queried that, as we move into the recovery phase, the number of referrals – other than those for cancer – do not appear to meet the anticipated surge, and asked if a further surge into secondary care was being anticipated:

Responding, Alison Henly advised that forward modelling is taking place to look at the various recovery actions: schemes have been put in place

to address the current backlog (of which, more than 92% referrals were pre-pandemic) but we are also looking at A&E, and patient discharges – ie. front and back door, to address the current NC2R. Modelling continues.

SCCG 053/2022 2021 NHS STAFF SURVEY AND RECOMMENDATIONS

The Meeting received the report and recommendations arising from the 2021 NHS Staff Survey. James Rimmer provided a verbal report and it was noted that:

- 81% of staff responded to the survey, compared to a benchmark average across all CCGs of 78%
- compared to other organisations in the benchmarked sector, Somerset CCG was above average in eight key themes and average for one theme. This year, there were no themes for which Somerset CCG scored below average. Despite the Covid-19 pandemic continuing to challenge our NHS workforce, the majority of responses report an overall positive view of colleague experience:
 - * 85% of staff would feel secure about raising concerns about unsafe clinical practice
 - * 80% staff are confident that the CCG would address their concern
 - * 90% of staff have had an appraisal
 - * 71% staff feel enthusiastic about their job
 - * 77% of staff feel their organisation takes positive action on health and wellbeing
- areas for improvement include:
 - * Multi-Team Working: 51% of staff felt that teams within the CCG work well together to achieve their objectives
 - * Bullying, Harassment & Discrimination: seven respondents reported experiencing gender-based discrimination in the last 12 months (NB. This may include staff that have experienced discrimination whilst employed at a different organisation in the last 12 months).
 - * Workload and Work-Related Stress: 77% of staff work unpaid hours which are over and above contracted hours
 - * Retention: 20% of staff will probably look for a job at a new organisation in the next 12 months
 - * Effectiveness of appraisals: 26% of staff say their appraisal did not help them improve how they do their job
- recommendations arising from the 2021 Staff Survey:
 - * supporting a zero-bullying culture: All staff to have mandatory

training around Bullying, Harassment and Discrimination. This is in addition to the existing mandatory training module, 'Equality, Diversity and Human Rights' that is undertaken annually

- * build in content around zero-bullying culture into regular communications with staff and ensure this is enshrined as a key focus of communication planning. This could include anonymous anecdotal content
- * staff could benefit from greater awareness of the independent contacts (separate to their individual team members) available to them in the first instance to raise issues informally and seek initial advice, eg. a regular reminder of who their Freedom to Speak Out Guardian(s) is/are, their Union Representatives, Network Leads (EDI and Inclusion Leads) and how to contact them
- * where staff are concerned that reporting concerning behaviours or treatment could negatively impact their place in an individual team, a virtual version of an 'Anonymous Reporting Box' could be introduced
- reducing work-related stress
 - * building in dedicated well-being time can support staff to manage stress levels throughout the working day and beyond. A solution could be an organisation-wide 'Survive and Thrive' hour where colleagues have one hour a day, from 1pm until 2pm, during which internal meetings are discouraged and staff are actively encouraged to spend this time in a way that benefits each individual
 - * to reduce workload pressures as a cause of work related stress, proactive action around workforce planning and vacancies would reduce impact on existing staff when other staff are progressing or leaving the CCG
- supporting hybrid working and collaboration (two recommendations)
- improving staff retention
 - * greater accessibility and opportunity for learning and development would encourage staff who want to progress in their careers to remain with the CCG
 - * create more opportunities to celebrate and acknowledge staff and ensure that this is a value and behaviour which is seen at both an organisational level through to 1:1s with Line Management
- improving effectiveness of appraisals
 - * review of the appraisal process, with particular attention to frequency of reviewal meetings, to include engagement from all staff could ensure that appraisals and developmental reviews are more beneficial to all colleagues

- * line management may benefit from training on how to give effective appraisals to ensure high quality support and coaching for all staff when receiving an appraisal or developmental review

James Rimmer expressed his thanks to colleagues for completing the survey, and confirmed that the CCG is not complacent when it comes to valuing its workforce.

Dr Ed Ford and Trudi Mann confirmed the importance of valuing the workforce, and asked if the ICB would commit to taking forward the recommendations:

In his capacity as ICB Chief Executive Designate, Jonathan Higman confirmed the absolute commitment of the ICB in picking up the recommendations, and that the next phase of the ICB development journey would build on the High Performing Organisation (HPO) work previously done, of which the staff survey is just one element.

Action 831: ICB to take forward the recommendations from the Staff Survey (Jonathan Higman/Paul von der Heyde)

By a virtual show of hands, the Governing Body approved the recommendations arising from the Staff Survey 2021 and noted the commitment of the ICB to carry this work forward.

SCCG 054/2022 ANY OTHER BUSINESS

There was no further business.

SCCG 055/2022 DATE OF NEXT MEETING

An Extraordinary Meeting of the Governing Body has been arranged on 16 June 2022 at 11.00 am (one hour) via MS Teams to consider and approve the Annual Report and Accounts. Papers will be published in advance on our website and members of the public are invited to submit their questions to kathy.palfrey@nhs.net by midday on Tuesday, 14 June 2022

The final meeting of the Governing Body, incorporating a short Annual General Meeting, will be held on Thursday, 30 June 2022, starting at 9.30 am at Taunton Racecourse. Papers will be published in advance on our website and members of the public are invited to submit their questions to kathy.palfrey@nhs.net by midday on Tuesday, 28 June 2022.

The Chairman brought the Part A Meeting to a close and advised that the Governing Body would now move into closed session. Part B meetings are held in private due to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

CHAIRMAN DATE

Minutes of the Extraordinary Meeting of the **NHS Somerset Clinical Commissioning Group Governing Body** held on **Thursday, 16 June 2022** via **MS Teams (Virtual Meeting)**

Present:	Dr Ed Ford	CCG Chair, GP Partner, Irnham Lodge Surgery, Vice Chair, Health and Wellbeing Board
	Lou Evans	Non-Executive Director CCG Vice Chair and Chair of Audit Committee (Lay Member)
	Trudi Grant	Director of Public Health, Somerset County Council
	Maria Heard Alison Henly	Programme Director, Fit For My Future Director of Finance, Performance, Contracting and Digital
	Trudi Mann	Non-Executive Director, Member Practice Representative
	Grahame Paine	Non-Executive Director (Finance and Performance)
	James Rimmer Alison Rowswell	Chief Executive and System Lead Acting Director of Operations and Commissioning
In Attendance:	Christopher Foster Judith Goodchild Jackson Murray Paul von der Heyde Sandra Wilson	ICB Non-Executive Director Designate Chair, Healthwatch (Observer) External Auditor, Grant Thornton ICB Chair Designate Observer Lay Member, Chair of Chairs of the Somerset Patient Participation Groups (PPGs)
Secretariat:	Kathy Palfrey	Executive Assistant to the Governing Body
Apologies:	Basil Fozard	Non-Executive Director, Secondary Care Doctor
	Kathy French Wendy Grey	Deputy Director of Quality and Nursing Non-Executive Director, Member Practice Representative
	David Heath	Non-Executive Director, Patient and Public Engagement (Lay Member)
	Dr Helen Thomas	Non-Executive Director, Member Practice Representative

SCCG 056/2022 WELCOME AND PUBLIC QUESTIONS

Dr Ed Ford welcomed everyone to the Extraordinary Governing Body meeting, which had been convened to sign off the Annual Report and Accounts for 2021/22. A particular welcome was extended to Jackson Murray of Grant Thornton, the CCG's External Auditors.

SCCG 057/2022 APOLOGIES FOR ABSENCE

Apologies for absence were noted from Basil Fozard, Kathy French, Wendy Grey, David Heath and Dr Helen Thomas.

SCCG 058/2022 REGISTER OF MEMBERS' INTERESTS

The Meeting received the Register of Members' Interests, which reflected the electronic database as at 10 June 2022.

Governing Body members were reminded that they should update the electronic database within 28 days of an Interest becoming known or relinquished, and to reconfirm their Interests on the database if they had not done so within the past three months. The database for the Gifts and Hospitality Register should also be updated if appropriate.

SCCG 059/2022 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

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

SCCG 060/2022 ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

The Meeting received the Annual Report and Accounts for the year ended 31 March 2022, comprising the following:

- Report from the Director of Finance, Performance, Contracting and Digital
- Annual Report and Accounts for 2021/22
- External Audit Findings Report
- Letter of Representation – to be signed today by the Chief Executive and Director of Finance Performance and Contracting

Director of Finance, Performance, Contracting and Digital Report

Alison Henly provided a high-level analysis of the key statements included within the CCG's annual accounts for 2021/22, including a high-level summary for each of the primary statements, and highlighted various areas within the notes which support the accounts:

- the CCG has remained within its revenue resource limit during 2021/22 and delivered a break-even position
- the CCG met the requirement to not exceed a year end cash balance of 1.25% of its March drawdown and held £46,000 representing 0.004%
- several notes are included in respect of employee information (benefits, numbers, and sickness), which have been reviewed and a variance analysis has been undertaken between the 2020/21 information published and 2021/22 information produced
- the CCG has remained within the £11.09 million funding allocated to support the running costs of the organisation
- the CCG achieved 100% compliance against the Better Payment Practice Guide for both volume of invoices and amount paid, which is a great achievement not only for the Finance team but across the whole CCG ensuring invoices were paid as soon as they came in, supporting the Somerset economy
- a number of reports in respect of remuneration are included within the Annual Report and the basis used to prepare these was shared with the Audit Committee
- the Going Concern Assessment and month 12 agreement of balances exercise reports were reviewed by the Audit Committee on 14 June 2022. The information concluded that the CCG is a going concern
- Service Auditor Reports: the Audit Committee also reviewed the Service Auditor reports for the CSU, NHS Digital, NHS Shared Business Services, NHS Business Services Authority, Capital Primary Care Support England. No areas of concern were highlighted
- Internal Auditors' Report: again, this was reviewed by the Audit Committee, and the rating of Moderate Assurance was noted. The rating means that a sound system of internal control had been designed to meet the CCG's objectives, and that controls are being consistently applied

External Auditors' Report

Jackson Murray presented the External Auditors' Report. It was noted that:

- the report reflected the unprecedented year with different funding arrangements and accounting methodology, resulting in further requests for additional information and evidence than in previous years

- in line with all CCGs' annual accounts for 2021/22, a paragraph had been included in the draft audit opinion entitled "Emphasis of Matter – Demise of the Organisation" which states that "In forming our opinion on the financial statements, which is not modified, we draw attention to note 21 to the financial statements which indicates that under the Health and Care Act 2022 we are expecting the commissioning functions of NHS Somerset CCG to transfer to NHS Somerset Integrated Care Board on 1 July 2022."
 - the Government's original intention was to approve a statutory instrument under the new Health and Care Act, which would confirm the establishment of ICBs from 1 July 2022. The statutory instrument is expected but has not yet been issued; and, unfortunately, NHSE/I are unable to confirm when it will be issued. If the statutory instrument is not issued by Friday, 17 June 2022, a small adjustment to the words within the financial statement will be required saying "an intention to come into existence from 1 July 2022".
- the key message was that the proposed audit opinion will be unmodified, and the audit has not changed the financial position reported via the draft accounts received at the end of April 2022. All areas where work was outstanding have now been closed and no issues have been identified as a result of journal testing
- through the audit process, assurance has been received that the income and expenditure included in the financial statements have been applied in line with for the purposes intended by Parliament
- as the Value For Money work remains in progress, External Audit is not able to issue the final Auditor's Annual Report. The final Annual Report will be formally reported to the ICB Audit Committee at its meeting on 6 July 2022
 - significant risk areas have been tested as part of this process; where testing has been completed, no issues of have been identified
 - low priority risks and recommendations discussed at the Audit Committee meeting, as presented at Appendices A, B and C (starting at page 19 of the Audit Findings report), included:
 - * Appendix A: five members of the CCG's finance staff have "User Set Up" rights within the Oracle finance system: no issues were found but it is recommended that the access rights are reviewed to ensure they are either appropriate or revoked

- * Appendix B: in 2020/21, the External Auditors had recommended removal of notes and accounting policies that are immaterial; the CCG had decided to retain this information, in the spirit of transparency
 - * Appendix C: there were no adjusted mis-statements, ie. the numbers have not changed since the draft accounts presented in April 2022. All suggested amendments had been processed. Unadjusted mis-statements included:
 - an £800,000 prescribing over-accrual
 - a redundancy provision of £320,000
 - a £3 million overpayment to Somerset County Council in respect of domiciliary care under a section 256 agreement

→ referring to Appendix C, the external auditors were content that the three mis-statements as described (above) were immaterial to the final accounts for 2021/22
- the final audit opinion would normally result in the issue of an audit certificate but due to the delay in reporting the Value For Money work in line with the revised timeline from the National Audit Office, this certificate cannot be issued to conclude the 2021/22 audit until this work is completed
 - the report confirms there are no significant facts that impact on Grant Thornton's independence as auditors that they wish to draw to the CCG's attention. The External Auditor wished it to be noted that Grant Thornton is also the External Auditor for Somerset County Council, and three of the districts within Somerset: Somerset West and Taunton, South Somerset, and Sedgemoor
 - the report details the final fees charged for the audit and provision of non-audit services which are in line with those set out in the audit planning work

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.

Dr Ed Ford invited the Governing Body to comment and/or raise any questions:

James Rimmer confirmed that the full, audited Annual Report and Accounts would be signed-off as one composite document in accordance with legislation, ie, to include individually:

- as the Accountable Officer, James Rimmer would sign:
 - Performance report
 - Introduction
 - Self-certification by the Accountable Officer
 - Accountability Report
 - Statement of Accountable Officer's Responsibilities
 - Review of the effectiveness of governance, risk management and internal control
 - Annual accounts
 - Financial statements

- James Rimmer and Alison Henly (Director of Finance, Performance, Contracting and Digital) would sign:
 - the Consistency Report
 - the Letter of Representation

- the Chairman, Dr Ed Ford would sign:
 - the Minutes of today's Governing Body Meeting

James Rimmer further commented that – inevitably – there is a focus on the financial aspects. It should not be forgotten, however, that the first 217 of 243 pages relate to the CCG's annual report, and thanks were expressed to Tracey Tilsley and team for their work in drawing this together. James Rimmer also expressed his thanks to the auditors, both internal and external, for the work that has been required to bring the CCG to this point, given the anticipated demise of the organisation from midnight on 1 July 2022.

Grahame Paine agreed, and expressed his thanks to James Rimmer, Alison Henly and the CCG Executive Directors. Grahame Paine stated that he was pleasantly surprised to read, in the report, about the “phenomenal” work that is being undertaken around people, of which – even as a CCG Non-Executive Director - he was previously unaware, and encouraged the ICB to read the report and ensure they are fully up-to-speed (and kept up-to-speed) to enable this excellent work to be carried forward.

In turn, James Rimmer thanked Grahame Paine for his comment, and confirmed that a Plain English summary of the report would be produced in due course.

Dr Ed Ford echoed Grahame Paine's comments, thanking all Governing Body members for their contribution over the past nine years, and stating that they leave the CCG in a good position for the ICB to take forward.

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 Somerset CCG 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 Somerset CCG 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 Somerset CCG Governing Body confirmed their agreement to each of the two declarations as stated.

By a show of hands, the Somerset CCG Governing Body approved the Annual Report and Financial Accounts for 2021/22.

SCCG 061/2022 ANY OTHER BUSINESS

There were no further items of business.

SCCG 062/2022 DATE OF NEXT MEETING

The final Meeting of the CCG Governing Body will be held on Thursday, 30 June 2022 at 10.00 am at Taunton Racecourse. The meeting will be followed by a short Annual General Meeting, from 12.30 to 1.30 pm. Members of the public are invited to attend either or both meetings by registering in advance with kathy.palfrey@nhs.net

Dr Ed Ford
Chairman, Somerset CCG

16 June 2022

**ACTIONS ARISING FROM THE PART A SCCG GOVERNING BODY MEETING
HELD ON 26 MAY 2022**

Text in green was added arising from discussion at the Virtual meeting of the Governing Body on 26 May 2022 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
Actions Arising from Meeting held on 26 May 2022			
831	ICB to take forward the recommendations from the Staff Survey	Jonathan Higman/ Paul von der Heyde	
830	Information about neighbouring maternity services to be included into Somerset's maternity reports	Kathy French/ Shelagh Meldrum	
829	Review engagement with health visiting services, taking account of all available resources, eg. voluntary sector	Kathy French/ Shelagh Meldrum	
828	ICB to take account of the recommendations of the Ockenden Report	Jonathan Higman/ Paul von der Heyde	
827	ICB response to the Fuller Stocktake report to be brought to a future ICB meeting – date to be confirmed	Jonathan Higman/ Paul von der Heyde	
826	Register of Interests to be updated	Alison Henly	Complete
Actions Arising from Meeting held on 31 March 2022			
825	Risk Register: Risk 428 to be refreshed to reflect 'living with Covid'	Kathy French	
824	Risk Register: Mental Health team to review the wording relating to risk 409 and amend if appropriate	Alison Rowswell	
821	Modern Day Slavery and Human Trafficking Statement to be raised with the LMC, so that a reminder can be sent to Practices about their obligations in this regard	Dr Ed Ford/ James Rimmer	Complete

820	Action Plan for Becca's Story to be amended to include a general population comms around the importance of a Health and Welfare LPA	Kathy French	
819	Updated Green Plan, including interim targets, to be brought back to the CCG Governing Body and/or ICB Board	Alison Henly	Ongoing – system workshop has taken place to develop the action plan to support the delivery of the Green Plan
818	Interim targets to be incorporated into the Green Plan	Alison Henly	Ongoing – being developed as part of the action plan
817	David Heath's comments relating to the Green Plan to be referred to the Sustainability Steering Group	Alison Henly	Addressed as part of developing action plan – complete
816	Publicity relating to appointment booking for 4th vaccination to be increased	Sara Bonfanti	
Actions Arising from Meeting held on 27 January 2022			
814	FFMF Update to be shared with the YDH Board of Governors	Maria Heard	
813	DPH Annual Report: Discuss with Trudi Grant the utilisation of funds to support health inequalities, including, eg. Using the voice of CYP around obesity and infection control	Alison Henly	Funding considered as part of business planning process for 2022/23 to make sure it is underpinning all the plans – complete
812	DPH Annual Report: Process for the continuation of online access for CYP, and maintenance-/ upgrades etc, to be confirmed	Trudi Grant	
811	DPH Annual Report: Comments made by a young person relating to suicide to be reviewed and a response made offline	Trudi Grant	
Actions Arising from Meeting held on 25 November 2021			
810	Specific action plans to address risks scoring 25 to be circulated separately to the Governing Body	Alison Rowswell	Meeting held w/c 24 January 2022 – info will be circulated
809	EPRR: Self-assessment to include the process for how the system will move from being a Category 2 to Category 1 responder	Alison Rowswell	Ongoing. Will be considered at a future development session.

Actions Arising from Meeting held on 23 September 2021			
807	Cancer waiting times, diagnostics, demand and capacity etc to be discussed with Basil Fozard	Alison Rowswell	Ongoing
804	Update to be brought to a future GB meeting following early roll-out of the initial Oliver McGowan training sessions in October and the stakeholder event in December	Kathy French/ Eelke Zoestbergen	For GB meeting January 2022 – deferred to date TBC

22 June 2022