

**Derby and Derbyshire CCG Governing Body Meeting in Public**  
**Held on**  
**1<sup>st</sup> July 2021 via Microsoft Teams**

**CONFIRMED**

**Present:**

Dr Avi Bhatia	AB	Clinical Chair
Dr Penny Blackwell	PB	Governing Body GP
Richard Chapman	RCp	Chief Finance Officer
Dr Chris Clayton	CC	Chief Executive Officer
Dr Ruth Cooper	RC	Governing Body GP
Jill Dentith	JD	Lay Member for Governance
Dr Robyn Dewis	RD	Director of Public Health - Derby City Council
Dr Buk Dhadda	BD	Governing Body GP
Ian Gibbard	IG	Lay Member for Audit
Zara Jones	ZJ	Executive Director of Commissioning Operations
Dr Steven Lloyd	SL	Medical Director
Simon McCandlish	SM	Lay Member for Patient and Public Involvement
Andrew Middleton	AM	Lay Member for Finance
Dr Emma Pizey	EP	Governing Body GP
Professor Ian Shaw	IS	Lay Member for Primary Care Commissioning
Brigid Stacey	BS	Chief Nursing Officer
Dr Greg Strachan	GS	Governing Body GP
Dr Merryl Watkins	MW	Governing Body GP

**Apologies:**

Dr Bruce Braithwaite	BB	Secondary Care Consultant
Helen Dillistone	HD	Executive Director of Corporate Strategy and Delivery
Dean Wallace	DW	Director of Public Health - Derbyshire County Council
Martin Whittle	MWh	Lay Member for Patient and Public Involvement

**In attendance:**

Dawn Litchfield	DL	Executive Assistant to the Governing Body/Minute Taker
Suzanne Pickering	SP	Head of Governance
Chrissy Tucker	CT	Director of Corporate Delivery
Andy Harrison	AH	SRO, Acute Care Capital Programme (DHcFT) - part meeting

Item No.	Item	Action
<b>GBP/2122/076</b>	<b>Welcome, Apologies &amp; Quoracy</b>  Dr Avi Bhatia (AB) welcomed members to the meeting.  Apologies were received as above.  It was confirmed that the meeting was quorate.	
<b>GBP/2122/077</b>	<b>Questions received from members of the public</b>  No questions were received from members of the public this month.	

<p><b>GBP/2122/078</b></p>	<p><b>Declarations of Interest</b></p> <p>AB reminded Committee members and visiting delegates of their obligation to declare any interests that they may have on any issues arising at Committee meetings which might conflict with the business of the CCG.</p> <p>Declarations declared by members of the Governing Body are listed in the CCG's Register of Interests and included with the meeting papers. The Register is also available either via the Executive Assistant to the Governing Body or the CCG website at the following link: <a href="http://www.derbyandderbyshireCCG.NHS.uk">www.derbyandderbyshireCCG.NHS.uk</a></p> <p>No further declarations of interest were made and no changes were requested to the Register of Interests.</p>	
<p><b>GBP/2122/079</b></p>	<p><b>Chair's Report – June 2021</b></p> <p>AB provided a written report, a copy of which was circulated with the meeting papers; the report was taken as read and the following questions were raised:</p> <ul style="list-style-type: none"> <li>• The abuse being received by General Practice staff is completely unacceptable; it was asked if there is anything further that the Communications Team could do to help to highlight and prevent this. AB confirmed that the Communications Team is fully aware of the issue; it is hoped that by including it in today's report people will become more cognisant of the situation faced by General Practice staff. Clarity is required around acceptable behaviours on a national basis. There is a zero tolerance against the abuse of all NHS staff. It was suggested that the national Communications Team could pick this issue up.</li> <li>• The work being undertaken by General Practices on the vaccination programme was highlighted. Practice Teams have spent what amounts to hundreds of hours booking patients into the vaccination centres and following them up. The public needs to be made aware of the pathway in place behind the scenes which enables patients to be safely vaccinated. This work is being undertaken in addition to a 10% increase in activity levels. Staff have done a fantastic job coping with the pandemic whilst also doing their day-to-day activities and running the programme smoothly. It is about understanding on all sides.</li> </ul> <p><b>The Governing Body NOTED the contents of the report provided</b></p>	<p><b>CT</b></p>
<p><b>GBP/2122/080</b></p>	<p><b>Chief Executive Officer's Report – June 2021</b></p> <p>Dr Chris Clayton (CC) provided a written report, a copy of which was circulated with the meeting papers. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> <li>• The report also highlights General Practice abuse and the efforts made locally to diffuse tensions. The current challenges across the whole NHS health and care sector are well understood and continue to be worked through.</li> <li>• This report was written over a week ago, and there have been many new developments over the past few days.</li> </ul>	

- When the report was written the 'Vaccination Super Weekend' was about to commence; this was a great success across Derbyshire, which continues to remain on track with its vaccination programme. The vaccination of the younger adult population is now a key priority.
- The Integrated Care System (ICS) design framework has now been published by NHSEI; this Framework seeks to join up health and care services and embed lessons learned from the pandemic. The views of the new Secretary of State for Health are awaited, as is his ongoing response to the pandemic and agreement to the ICS in statute.
- Section 2 of the report provided examples of the meetings attended by the CEO on behalf of the CCG, ICS and the System as a whole.
- Section 3 of the report outlined the national developments, programmes and initiatives recently launched.
- Section 4 of the report described local developments. Of note was the public engagement event undertaken last week; Joined Up Care Derbyshire (JUCD) hosted a 'Derbyshire Dialogue' session which provided an opportunity for the public to find out more about plans for the future of health and care services in Derby and Derbyshire. CC thanked CCG Colleagues for the significant contribution they made to arranging this event. The Long Covid Clinic and capital developments at CRHFT were also highlighted.

The following questions were raised:

- To this point the development of the ICS Design Framework has largely been autonomous in local areas, which have been encouraged to get on with it. It was enquired if the ICS Framework is helpful or whether it is something that will limit what is already being done. CC responded that the Design Framework is the view of NHSEI ahead of the parliamentary review of the bill, which was meant to be this week but has now been delayed to allow the new Secretary of State time to review it prior to publication. There are some important principles in the Framework, many of which will continue as a direction of travel with or without statute; JUCD has now been running for many years with the aim of improving local health outcomes; the work to integrate care and improve outcomes needs to continue as planned. There are implications for the CCG mentioned in the Framework; the creation of the ICS body itself is subject to parliamentary approval.
- Should the Secretary of State postpone the bill, it was thought that the drive towards better integration should not be postponed as measures have already been implemented to collaborate as a System in many areas. The Framework emphasises permissiveness and local flexibility, therefore if anything can be done to improve outcomes and benefit patients, that does not breach the running cost envelope, they need to be continued with or without statute.
- It was noted that emergency department activity is increasing whilst calls to 111 are down by 20%; it was asked if anyone has looked at the reasoning behind this, and whether anything could be done by the Communications Team to rejuvenate 111. CC advised that some elements of 111 activity have increased, therefore caution is needed when interpreting this data, particularly over last 18 months. It is important to note that there has been an increase in 111 activity during daytime opening hours with a shift away from General Practice. Both 111 and 999 are receiving significant amounts of calls; call handling has been busier than normally expected in June. This data needs to be

	<p>brought together and no conclusions drawn until the total collective is available. Zara Jones (ZJ) confirmed that at the start of the pandemic there was a spike in calls to 111 linked to COVID-19 symptoms, with a further spike in September due to concerns of parents with children returning to school. Discussions have been held with EMAS on 111 and 999 activity and this is being carefully watched. The urgent care pathway is currently very busy with pressure in the System. Emergency departments are seeing less patients than before the pandemic but more than this time last year.</p> <p><b>The Governing Body NOTED the contents of the report provided</b></p>	
<p><b>GBP/2122/081</b></p>	<p><b>DHcFT Dormitory Eradication Capital project outline business case</b></p> <p>Andy Harrison (AH) attended for this item</p> <p>ZJ advised that this report presents two Outline Business Cases (OBC) for the development of two 54 bedded adult acute mental health units by Derbyshire Healthcare NHS Foundation Trust (DHcFT). One located in the North of the County in the grounds of the Chesterfield Royal Hospital site in close proximity to the current Hartington Unit. The second will be in the grounds of the DHcFT Kingsway site in Derby. The Governing Body is requested to approve the content of the two letters of support to be sent to NHSEI for this Programme.</p> <p>There is a national and regulatory requirement to eliminate dormitory accommodation; DHcFT is currently an outlier in terms of this type of accommodation. The eradication of dormitories from the DHcFT estate is also a formal regulatory action by the Care Quality Commission (CQC). This is a 'must do' requirement which has a clear overall fit with the System Plan in terms of mental health improvement and delivery of the Long Term Plan. £80m funding for these developments has been secured, subject to approval of both the OBCs and Final Business Cases (FBC), from a NHSEI central funding allocation for Mental Health Dormitory Eradication. The funding conditions will require separate OBCs and FBCs for each scheme as any individual scheme over £50m requires Treasury approval.</p> <p>The timelines for the Programme are challenging, with a hard stop date of the 31<sup>st</sup> March 2024. There has been a full oversight into this Programme from a commissioning perspective including the Clinical and Lay Commissioning Committee, Quality and Performance Committee, Derbyshire Engagement Committee and the Mental Health Delivery Board which all supported the proposals. The proposals were reviewed at the JUCD Board on the 17<sup>th</sup> June 2021, where it was agreed to provide support for progression to the NHSEI gateway process.</p> <p>There are major benefits through developing the case based on quality of care and patient experience. The challenging position with out of area placements and the Derbyshire Psychiatric Intensive Care Unit (PICU) will also benefit as part of wider piece of work to be developed over the summer and presented separately to the Governing Body at the appropriate time. The new Mental Health Act legislative reforms put emphasis on purposeful safe admissions for therapeutic reasons to improve patient experience. The safety of patients in mental health services is a crucial concern. The NHS Long Term Plan committed to a new Mental Health Safety Improvement</p>	

Programme (MHSIP) which aims to tackle priority mental health safety issues:

- Improving sexual safety
- Reducing restrictive practices and violence for all our people
- Reducing suicide and deliberate self-harm

The demand and capacity modelling assumptions have been carefully considered; however, there is more work to do before the FBC stage. Assurance was provided that the assumptions are reasonable based on historical activity and transformational admission avoidance schemes.

It was noted that, although the £80m capital build requirement will be provided centrally by NHSEI, there will be additional net revenue consequences of £5.4m per annum, relating to capital charges and premises costs. This will need to be funded through the Mental Health Minimum Investment Standard (MHMIS), leaving limited funding to support other mental health and learning disability Long Term Plan requirements and growth/cost pressures. This is fully known and owned through the System; however, the impact will not be seen until 2024/25 by which point it is anticipated that the Long Term Plan and transformation programme will be achieved, making services more efficient.

Andy Harrison (AH) provided a presentation, a copy of which was circulated with the meeting papers. It was noted that the preferred option is for a new 54 bedded development on both the CRHFT Hartington Unit and Kingsway sites, and a refurbishment of the Radbourne Unit on the Royal Derby Hospital site.

Engagement has been undertaken with the mental health service user forum from the outset; the Programme has been shaped by people with lived experience of mental health services. Stakeholder and public engagement is planned for July/August. The Chairs of the Derbyshire County and Derby City Overview and Scrutiny Committees have been briefed and are supportive. The Equality Impact Assessments have been completed and affordability assessments were provided for information. The impact summary concluded that the proposed developments offer the best design solution for a modern mental health facility for working age adults and best value for money for the local health economy.

The following questions were raised:

- It was enquired what the usual length of stay is in the dormitories. AH confirmed that it is currently 34 days but is being reduced to 32 days, to bring it in line with the national average.
- It was queried if any of the support mechanisms found in the dormitory environment might get fractured when patients decant into single units. AH considered that it will be seen as a positive move that patients will have single rooms rather than being part of a 4 or 5 bedded ward with people they do not actually know.
- As Co-Chair of the Commissioning for Individuals panel, Andrew Middleton (AM) sees this as good news. There has been frustration at not having facilities to offer to patients in the past, particularly with concerns about the quality of accommodation offered by some private providers. The sooner this Programme is implemented the better from

	<p>a patient experience perspective as it will create much needed capacity which will serve the local population for a long time to come.</p> <ul style="list-style-type: none"> <li>• The proposals are also being discussed by the System Finance and Estates Committee this afternoon.</li> <li>• It was enquired where the additional staff will be sourced from. AH confirmed that the Trust is looking at staffing levels and has introduced talent pipelines. Some Health Care Assistants have demonstrated their ability to become registered nurses and have commenced training; this training will deliver a cohort of registered nurses in 2 years' time which will provide a lead in time ready for when the new facilities become available. Additional staff will be recruited through the recruitment programme currently in place. The staffing situation is being closely monitored and any risks managed accordingly</li> <li>• It was asked if the capital costs were to overrun, how this will be mitigated against, and if there are any contingency funds available. AH confirmed that the programme aligns with the 6 pre-approved principal NHS contractors and that a maximum price will be identified prior to completion of the FBC; should the costs overshoot, this will be at the contractor's own risk.</li> </ul> <p><b>The Governing Body:</b></p> <ul style="list-style-type: none"> <li>• <b>NOTED the executive summary of the Outline Business Cases (OBC) relating to the provision of new acute mental health inpatient wards for a) Derby North and b) Derby South</b></li> <li>• <b>REVIEWED the recommendations from the CCG sub committees of the Board</b></li> <li>• <b>NOTED approval provided from JUCD Board</b></li> <li>• <b>CONFIRMED support for the progress of the Business Cases through the HM Treasury Gateway</b></li> <li>• <b>APPROVED the content of proposed draft letters of support</b></li> <li>• <b>NOTED that the OBC relating to the proposed PICU build will be reviewed at future CCG Committees and Governing Body</b></li> </ul>	
<p><b>GBP/2021/082</b></p>	<p><b>Finance Report – Month 2</b></p> <p>Richard Chapman (RCp) provided an update on the financial position as at Month 2. The following points of note were made:</p> <ul style="list-style-type: none"> <li>• All statutory targets have been met.</li> <li>• There is currently a £41k overspend but an increased budget is expected to ensure compliance.</li> <li>• There is a Year To Date (YTD) underspend of £487k. This position includes a £2.277m YTD and £6.550m Full year Outturn relating to COVID expenditure for the Hospital Discharge Programme expected to be reclaimed. It also includes an estimated amount of £0.478m YTD for the Elective Recovery Fund which is also expected to be reimbursed however this has not currently been validated.</li> <li>• In order to balance the Month 2 position, the CCG has committed £0.905m of the H1 £4.2m contingency, of which £0.478m has been phased into the YTD.</li> <li>• A breakeven position is expected both YTD and year-end outturn.</li> <li>• Mitigations have been made to reduce the Continuing Health Care (CHC) pressures which have arisen due to an increased number of fast-track referrals and subsequent expenditure. Brigid Stacey (BS)</li> </ul>	

	<p>explained that the way in which the appropriateness of referrals are assessed is to measure how many people are still alive after 3 months following referral; the point of fast-track referrals is to provide people with comfort in the last days of their lives. It was noted that the appropriateness levels have dropped from 75% to 35%. Action has been implemented and weekly meetings between the Quality, Finance and Business Intelligence teams have been reinstated. A response is now starting to be seen which BS is confident will bring it the position in line with expected activity. It was considered that this situation has resulted from the suspension of the framework during the COVID-19 pandemic which has produced poor practice which is now being addressed.</p> <ul style="list-style-type: none"> <li>• The JUCD YTD and forecast position was provided by organisation; this has been balanced for first 6 months of this financial year.</li> </ul> <p><b>The Governing Body NOTED:</b></p> <ul style="list-style-type: none"> <li>• <b>Allocations have been received for H1 at £1.014bn</b></li> <li>• <b>The YTD reported underspend at Month 2 is £0.478m</b></li> <li>• <b>Retrospective allocations expected for COVID-19 spend on the Hospital Discharge Programme is £2.777m</b></li> <li>• <b>The Elective Recovery Fund has a YTD estimated £0.478m and H1 forecast of £1.87m which is expected to be reimbursed.</b></li> <li>• <b>H1 is forecast to conclude with a £1.87m underspend</b></li> </ul>	
<p><b>GBP/2122/083</b></p>	<p><b>Finance Committee Assurance Report – June 2021</b></p> <p>Andrew Middleton (AM) provided a verbal update following the Finance Committee meeting held on 24<sup>th</sup> June 2021. The following points of note were made:</p> <ul style="list-style-type: none"> <li>• The spike in CHC referrals received much attention; as well as assurance on the figures, what was doubly assuring was the skill and team expertise that already created being rejuvenated and starting to make an impact. This is a good example of creating a lasting structure which is called into play should there be a problem to solve.</li> <li>• Although it is good news on the balancing of H1, it would be remiss not to remind of the underlying efficiency gap. It was confirmed that a System Director of Efficiency has now been appointed which will help the System to develop its efficiency programme to achieve sustainability. The pandemic has helped to accelerate the effectiveness and positiveness of System collaboration. NHSEI has been fully appraised of the System challenge and a 3-year strategy has been agreed. RCp confirmed that a trajectory is currently being worked through. It is calculated that over a 3 year period there will be a need to exceed national efficiency targets by 1.5% per annum in order to bring it back in line. This is being worked through on a System basis.</li> </ul> <p>The following question was raised:</p> <ul style="list-style-type: none"> <li>• It was queried if there are any examples of hospitals previously having to make an additional efficiency saving of 1.5%. RCp stated that hospitals do have to make efficiency savings, however he is unsure if they have had to make 1.5% over the national efficiency requirements before. The focus is on the System position based on the resources</li> </ul>	

	<p>available and expenditure; now is the opportunity to deliver initiatives that have never been delivered before through the NHS.</p> <p><b>The Governing Body NOTED the verbal update provided for assurance purposes</b></p>	
<b>GBP/2122/084</b>	<p><b>Clinical and Lay Commissioning Committee (CLCC) Assurance Report – June 2021</b></p> <p>Dr Ruth Cooper (RC) provided an update following the CLCC meeting held on 10<sup>th</sup> June 2021. The report was taken as read and the following point of note was made:</p> <ul style="list-style-type: none"> <li>• Acupuncture – a decision was taken to not routinely commission acupuncture in Derbyshire for pain management, although the clinicians in attendance at the meeting expressed disappointment at this decision as they felt that good outcomes have been seen through the use of this intervention. Although the evidence does not support the use of acupuncture generally, clinicians highlighted the challenges of treating people with pain. There needs to be a wider review of Pain Management Services in both the North and South of the County. The Commissioning Team agreed to take comments back to the Delivery Board.</li> </ul> <p><b>The Governing Body NOTED the contents of the report provided for assurance purposes</b></p>	
<b>GBP/2122/085</b>	<p><b>Derbyshire Engagement Committee Assurance Report – June 2021</b></p> <p>Simon McCandlish (SM) provided an update following the Engagement Committee meeting held on 15<sup>th</sup> June 2021. The report was taken as read and the following points of note were made:</p> <p>The JUCD Communications and Engagement Strategy was approved by the JUCD Board in May. A plan is now in development to take forward the actions from the Strategy, the draft of which was shared with the Committee for assurance; it will return to a future Committee for review. Copies of the strategy are available upon request.</p> <ul style="list-style-type: none"> <li>• The Derbyshire Dialogue event was well attended. This led to a discussion of the need for all colleagues to have an appropriate forum to keep abreast of the ICS developments.</li> <li>• 'Britain Thinks' has been appointed to undertake independent research with patients who have accessed primary and emergency care, to understand their experiences and service choices, along with discussing similar perceptions with patients who have not recently accessed care to enable comparisons to be made. This work will be undertaken in July and will support both the ongoing GP access and winter communications and engagement planning and campaigns.</li> </ul> <p>The following questions were raised:</p> <ul style="list-style-type: none"> <li>• The Overview and Scrutiny Committees (OSC) have changed membership due to recent elections; it was asked if an invitation has been extended to the new members to provide them with a better understanding of some of the current pertinent issues in order to enhance their knowledge. SM confirmed that an engagement session is planned for 7<sup>th</sup> July which will provide information on the overall ICS</li> </ul>	



	<p>strategy; other sessions are also planned. A meetings' programme will be available shortly and will be included in next month's assurance report for information.</p> <ul style="list-style-type: none"> <li>• The achievement of 325 people attending the Derbyshire Dialogue is phenomenal and is all thanks to Microsoft Teams (MST) which addresses this specific demographic. It was asked if thought is being given to addressing other demographics that may not be receptive to this approach. There is opportunity to build on this success.</li> <li>• CC commented that engagement on the scale of the Derbyshire Dialogue would not have been possible prior to the use of MST. Although this may not be the right platform for everybody, he assured that colleagues are thinking about the different platforms available. There has been a significant amount of learning from the COVID vaccination programme and CC is confident that MST has added another string to the engagement bow.</li> <li>• On the statutory side, the CCG remains in a transition period. The Engagement Committee has worked hard to understand the statutory duties of the CCG and ICS. A session with Local Authority Leaders and Lead Officers is scheduled shortly to discuss what the formal move into an ICS will mean. CC will continue to attend both the City and County OSC meetings as required.</li> </ul> <p><b>The Governing Body NOTED the contents of the report provided for assurance purposes</b></p>	
<p><b>GBP/2122/086</b></p>	<p><b>Primary Care Commissioning Committee (PCCC) Assurance Report – June 2021</b></p> <p>Simon McCandlish (SM) provided a verbal update following the PCCC meeting in public held on 23<sup>rd</sup> June 2021. The following points of note were made:</p> <ul style="list-style-type: none"> <li>• The actions from the Restoration and Recovery Plan have either now been completed and closed or implemented as business as usual.</li> <li>• A paper was received on cyber resilience and the proposed changes. General Practice is to become part of the new system in terms of trialling the new software. It was suggested that this paper be circulated to Governing Body GPs in order to ensure Primary Care engagement.</li> <li>• Risk 30, relating to the risk of fraud and cybercrime, assigned to the PCCC, was reduced from a 12 to a 9 due to the progress made.</li> </ul> <p><b>The Governing Body NOTED the verbal update provided for assurance purposes</b></p>	
<p><b>GBP/2122/087</b></p>	<p><b>Quality and Performance Committee (Q&amp;PC) Assurance Report – June 2021</b></p> <p>Dr Buk Dhadda (BD) provided an update following the Q&amp;PC meeting held on 24<sup>th</sup> June 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> <li>• A deep dive will be undertaken into cancer performance at both Acute Trusts at the next Q&amp;PC meeting with representatives attending from both UHDBFT and CRHFT to present their plans to restore cancer performance to pre-pandemic levels.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Risk 24, relating to patients deferring seeking medical advice for non-covid reasons has been decreased in score</li> <li>• Risk 38, relating to Continuing Health Care (CHC) services, has been added as a new risk.</li> </ul> <p><b>The Governing Body NOTED the key performance and quality highlights and the actions taken to mitigate the risks</b></p>	
<p><b>GBP/2122/088</b></p>	<p><b>Governing Body Assurance Report – Quarter 1 2021-22</b></p> <p>Chrissy Tucker (CT) presented the Governing Body Assurance Framework for Quarter 1 2021/22 for agreement of the strategic risks included therein. The strategic objectives, which were agreed by the Governing Body in May, were detailed in the paper provided. The majority of the 2020/21 strategic risks remain for 2021/22, however three new strategic risks were identified as follows:</p> <p><u>Strategic Risk 6:</u> The CCG does not achieve the national requirements for the Covid-19 Vaccination Programme and have robust operational models in place for the continuous sustainable delivery of the Vaccination Programme. The responsible Committee is the Quality and Performance Committee.</p> <p><u>Strategic Risk 7:</u> CCG staff retention and morale during the transition will be adversely impacted due to uncertainty of process and implications of the transfer to the ICS, despite the NHSEI continuity of employment promise. The responsible Committee is the Governance Committee.</p> <p><u>Strategic Risk 8:</u> If the CCG is not ready to transfer its functions or has failed to comprehensively and legally closedown the organisation, or if the System is not ready to receive the functions of the CCG, the ICS operating model cannot be fully established. The responsible Committee is the Governance Committee.</p> <p>The responsible Corporate Committees have scrutinised and approved their respective GBAF Strategic Risks at the Committee meetings held during April to June 2021.</p> <p><b>The Governing Body AGREED the 2021/22 Quarter 1 (April to June 2021) Governing Body Assurance Framework</b></p>	
<p><b>GBP/2122/089</b></p>	<p><b>CCG Risk Register – June 2021</b></p> <p>This report highlights areas of organisational risk recorded in DDCCG’s Corporate Risk Register as at 30<sup>th</sup> June 2021. All risks in the Risk Register are allocated to one of the CCG’s Corporate Committees which reviews them on a monthly basis. CT advised that since the last meeting there has been a decrease in score for two of the risks and a new risk has been added relating to CHC services, as detailed below. Risk 29 has been closed as assurance was provided that mitigations are in place and regular meetings are being held with NECS.</p> <p><b>The Governing Body RECEIVED and NOTED:</b></p> <ul style="list-style-type: none"> <li>• <b>The Risk Register Report</b></li> </ul>	

	<ul style="list-style-type: none"> <li>• <b>Appendix 1 as a reflection of the risks facing the organisation as at 30<sup>th</sup> June 2021</b></li> <li>• <b>Appendix 2 which summarises the movement of all risks in June 2021</b></li> <li>• <b>The decrease in score for two risks:</b> <ul style="list-style-type: none"> <li>○ <b><u>Risk 24</u> relating to patients deferring seeking medical advice</b></li> <li>○ <b><u>Risk 30</u> relating to the risk of fraud and cybercrime.</b></li> </ul> </li> <li>• <b>The new risk 38 relating to Individual Patient Activity /Continuing Health Care (CHC) services.</b></li> </ul> <p><b>And APPROVED the closure of risk 29 relating to current contract management arrangements.</b></p>	
<b>GBP/2122/090</b>	<p><b>Ratified Minutes of DDCCG's Corporate Committees:</b></p> <ul style="list-style-type: none"> <li>• Engagement Committee – 18.5.2021</li> <li>• Primary Care Commissioning Committee – 26.5.2021</li> <li>• Quality and Performance Committee – 27.5.2021</li> </ul> <p><b>The Governing Body RECEIVED and NOTED these minutes</b></p>	
<b>GBP/2122/091</b>	<p><b>South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) CEO Report – June 2021</b></p> <p>CC is responding to Sir Andrew Cash's letter following the discussion at the May Governing Body meeting and the JUCD Board in relation to the health and care developments in SYB and the work currently being undertaken to address the requirements of the ICS transition. A copy of the response will be circulated to the Governing Body members.</p> <p><b>The Governing Body RECEIVED and NOTED the report</b></p>	<b>CC</b>
<b>GBP/2122/092</b>	<p><b>Minutes of the Governing Body meeting in public held on 3<sup>rd</sup> June 2021</b></p> <p><b>The minutes of the above meeting were agreed as a true and accurate reflection of the discussions held</b></p>	
<b>GBP/2122/093</b>	<p><b>Matters Arising / Action Log</b></p> <p><u>GBP/2122/031 - Engagement with Lay Members</u> – This is well underway through the establishment of the System Transition Assurance Sub-Committee's work. It was agreed that this action should be closed as it is a specific part of transition assurance role to bring expertise and engagement into that Committee. Item Closed.</p> <p><u>GBP/2122/034 – Response to South Yorkshire and Bassetlaw (SYB) ICS Development Update</u> – discussed earlier in the meeting. Item Closed.</p>	
<b>GBP/2122/094</b>	<p><b>Forward Planner</b></p> <p><b>The Governing Body NOTED the Planner for information purposes</b></p>	

<b>GBP/2122/095</b>	<b>Any Other Business</b>  None raised	
<b>DATE AND TIME OF NEXT MEETING</b> - Thursday 5 <sup>th</sup> August 2021 – 9.30am to 11.15am via Microsoft Teams		

Signed by: .....Dr Avi Bhatia..... Dated: .....5.8.2021.....  
(Chair)