

Derby and Derbyshire CCG Governing Body Meeting in Public
Held on
3rd September 2020 via Microsoft Teams

CONFIRMED

Present:

Dr Avi Bhatia	AB	Clinical Chair
Dr Penny Blackwell	PB	Governing Body GP
Dr Bruce Braithwaite	BB	Secondary Care Consultant
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 Buk Dhadda	BD	Governing Body GP
Helen Dillistone	HD	Executive Director of Corporate Strategy and Delivery
Ian Gibbard	IG	Lay Member for Audit
Zara Jones	ZJ	Executive Director of Commissioning Operations
Simon McCandlish	SM	Lay Member for Patient and Public Involvement
Andrew Middleton	AM	Lay Member for Finance
Dr Emma Pizzey	EP	Governing Body GP
Professor Ian Shaw	IS	Lay Member for Primary Care Commissioning
Dr Greg Strachan	GS	Governing Body GP
Dean Wallace	DW	Director of Public Health - Derbyshire County Council
Dr Merryl Watkins	MW	Governing Body GP
Martin Whittle	MWh	Lay Member for Patient and Public Involvement

Apologies:

Dr Steven Lloyd	SL	Medical Director
Dr Robyn Dewis	RD	Acting Director of Public Health - Derby City Council
Brigid Stacey	BS	Chief Nursing Officer

In attendance:

Dawn Litchfield	DL	Executive Assistant to the Governing Body / Minute Taker
Laura Moore	LM	Deputy Chief Nurse
Clive Newman	CN	Director of GP Development
Suzanne Pickering	SP	Head of Governance
Sean Thornton	ST	Assistant Director of Communications and Engagement

Item No.	Item	Action
GBP/2021/041	Welcome, Apologies & Quoracy Dr Avi Bhatia (AB) welcomed members to the meeting. Apologies were received as above. It was confirmed that the meeting was quorate.	
GBP/2021/042	Questions from members of the public AB advised that no questions were received from members of the public.	

<p>GBP/2021/043</p>	<p>Declarations of Interest</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: www.derbyandderbyshireccg.nhs.uk.</p> <p><u>Item 047 – Constitution Changes</u> – Zara Jones (ZJ) and Helen Dillistone (HD) declared a professional interest in this item. It was agreed that they would remain in the meeting and not take part in the conversation. The item will be presented by Dr Chris Clayton (CC).</p> <p>No further declarations of interest were made and no changes were requested to the Register of Interests.</p>	
<p>GBP/2021/044</p>	<p>Chair's Report</p> <p>AB provided a written report, a copy of which was circulated with the papers; the report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • All General Practices across Derbyshire are now open and dealing with patients both remotely and face to face as required. • The recovery and restoration continues and many services are now returning to near pre-COVID levels of activity. • The CCG is in the process of launching the 'Derbyshire Dialogue' project which will share information and views about how services have been delivered during the pandemic; this will enable conversations between service users and those delivering and commissioning services, and presents an opportunity for members of the public to share their experiences. • The pandemic has provided the health and care system with invaluable insights into how services could be delivered differently in future; it is important that these advantages are maintained and built upon. <p>Andrew Middleton (AM) queried what is being done to publicise the use of alternative urgent care facilities in order to prevent the level of A&E activity returning to pre-COVID levels. AB confirmed that CC would address this issue in his report.</p> <p>The Governing Body NOTED the contents of the report</p>	
<p>GBP/2021/045</p>	<p>Chief Executive Officer's Report</p> <p>CC provided a written report, a copy of which was circulated with the papers; the following points of note were made:</p> <ul style="list-style-type: none"> • The CCG is now in Level 3 Escalation therefore today is a near normal Governing Body meeting. 	

- In Derbyshire to date there have been 675 deaths from COVID-19; each one represents a personal tragedy for the loved ones they left behind.
- Although the number of cases has now reduced significantly, it is important to remain vigilant, keeping a watchful eye out for any resurgence of the disease, with Public Health managing any localised outbreaks on an individual basis; the work undertaken as a health and care system has been exemplary.
- The local outbreak response is a good example of the collaborative working of the local health and care system; this spirit of collaboration continues as organisations work together to restore and recover health and care services.
- In terms of restoration, the system has performed well overall restoring time dependent services, although there are still some areas of concern which continue to be looked at.
- Work is underway to ensure that the right activity takes place in the right place, with A&E, Urgent Care Centres and MIUs being used in the right way. The situation is being carefully monitored with the CCG's Communications Team supporting promotion.
- 'NHS 111 First' is a national pilot promoting the use of 111 in the first instance, unless it is a '999' situation. This approach is starting to see significant results. The CCG is working with DHU to implement it in Derbyshire during October and a Governing Body update will be provided in due course. This promotes the concept of care being provided in the right place, at the right time, in the right setting.
- Cancer referrals are now improving to pre-COVID levels and the time taken from referral to treatment of confirmed cases has demonstrated a marked improvement; work is ongoing to monitor and improve these important measures further.
- Waiting lists for patients waiting over 52 weeks for treatment are being closely monitored in order to reduce them to pre-COVID levels as quickly as possible.
- The CCG will be enacting its winter and flu plans shortly; these will be especially significant this year as it must prepare the system for a number of scenarios, including a second wave of COVID-19.
- The CCG has implemented a programme of internal engagement with its staff, described as "Our Big Conversation." The first topic of 'Inclusion and Diversity' was held during July and feedback will be provided later in the meeting. The second topic is on 'new ways of working' and will incorporate experiences of virtual working over recent months. Feedback will be provided to the Governing Body in due course.
- Although the specific meetings attended by CC were not listed in Section 2, the themes of the meetings attended were provided for information. Predominately these comprised of system conversations and managing the system response, working with NHSE/I, Local Authorities and the Local Resilience Forum. These themes are likely to continue with additional partnership working as broader system working is embraced going forward.
- Section 3 – Provides information on national developments, research and reports national updates for completeness.
- Section 4 – Includes local news updates for Derbyshire. CC particularly thanked Dr Merriman for her work promoting the cancer care messages.

Martin Whittle (MWh) stated that a third of the population of England are

within 1 hour of the Peak District; he enquired if there is evidence to suggest that this will influence the infection rate in Derbyshire going forward and asked what could be done to ameliorate this. Dean Wallace (DW) advised that this was raised at the Local Outbreak Engagement Board where it was confirmed that there is no evidence as yet of increased infection rates; on the whole Derbyshire is lower than the England average. Should any issues arise, work will be done to shut down areas accordingly; this will however have a knock-on effect on the tourism economy. The lifting of measures, including the opening of schools, presents more risks of the virus being spread therefore there is a need to be vigilant and enforce prevention measures including face coverings and hand hygiene until such time as a vaccine is available.

Professor Ian Shaw (IS) advised that population movement is one of the risks during a pandemic; large movements of people are expected shortly with universities reopening. The public were assured that a large amount of Public Health planning has gone into this process, as well as outbreak response. DW confirmed that work has been undertaken regionally across the East Midlands by all health, social care and Public Health organisations, both preventative and preparation for potential outbreaks. DW is happy to work with the CCG to implement stronger messages.

Dr Buk Dhadda (BD) recommended caution when looking at the A&E figures; although they are now demonstrating an increase, the acuity of patients presenting is high, with over 50% of patients being classed as 'major'; this suggests that the right people are attending for the right reasons. This is being closely monitored through the Quality and Performance Committee. AM agreed this was an important point but requested that the reasons for attendance be analysed; Sean Thornton (ST) confirmed that a survey is to be undertaken on the reasons for presentation at A&E.

Ian Gibbard (IG) advised that over 1 million people have given up smoking since the start of the pandemic. Reducing health inequalities is one the CCG's priorities; IG asked if there is more that could be done in terms of promotion and asked what could be done to measure it in order to provide evidence to demonstrate success.

CC acknowledged that, whilst the pandemic is a significant event with tragic consequences, some positive changes have occurred which will be taken forward and learnt from. The Governing Body has discussed behaviour risks in detail before, not only smoking but alcohol, diet, exercise and obesity, all of which remain key strategic challenges for the health and social care system as a whole. There is a need to refocus to undertake whatever possible locally in order to take this forward.

AM commented that other areas with particular respiratory and cardiovascular problems have agreed to transfer resources for additional posts to Primary Care Networks (PCNs).

The Governing Body NOTED the contents of the report

<p>GBP/2021/046</p>	<p>DDCCG Annual Report and Accounts 2019/20</p>	
<p>CC introduced this item, formally noting his thanks to all colleagues who have worked on the Annual Report and Accounts; a link was provided in the meeting papers to allow access to the papers.</p>		
<p>This documents offer a significant look back at 2019/20 and what this will mean going forward for 2020/21. COVID-19 is not detailed greatly due to its timing; it was not until mid-March that the CCG received instructions to implement safety measures. Key points of note include:</p>		
<ul style="list-style-type: none"> • 2019/20 was a challenging year; it was the first year as a newly merged, single CCG for Derbyshire, which was a significant move in terms of the creation and running of a new CCG. The way the report reads is testament to how well this was done. • Although there were significant operational and financial challenges, the CCG met the challenge set out by NHSE to deliver sustainability funding into Derbyshire. • The CCG continued to support the development of the STP and Joined Up Care Derbyshire approach and continued to make significant influences in key areas including the Integrated Care System (ICS) and supporting the development of Places and PCNs. • The CCG upped its game in terms of the engagement challenge; it was a successful year for both the Engagement Committee and Citizen's Panel. • GP membership engagement is important to the CCG, both during the pandemic and going forward; the transition from 4 CCGs into 1 has worked well, however there is still work to be done. The role of the CCG with its membership is different to the work with PCNs and GP provider development. • Next steps will include the CCG having to make some difficult decisions, thinking about potential efficiencies, ensuring value for money for all spends, and supporting change in the system. • No significant internal control weaknesses were identified by Internal or External Auditors within the Governance Statement, with significant assurance being provided by the Head of Internal Audit Opinion. • The CCG did not work in isolation; during 2019/20 it worked more collaboratively as a whole system with partner organisations. 2019/20 was a catalyst for 2020/21, which will be an important year. 		
<p>Richard Chapman (RCp) provided an overview of the Annual Accounts for 2019/20. The following points of note were made:</p>		
<ul style="list-style-type: none"> • DDCCG was allocated £1.678bn of which £1.655bn was for the health service programme budget. • £23.4m was allocated to the CCG allowance for running costs, of which £17.1m was spent; this equates to 1% of the total budget. • External Audit Opinion demonstrates that the accounts were a true review of the CCG's affairs and that they were properly prepared in accordance with the required guidelines. • Net operating expenditure for the financial year was £1.678bn; however transfers by absorption from the 4 predecessor CCGs of £90.7m resulted in a total net recognised expenditure of £1.769bn for the financial year. • DDCCG had non-recurrent assets of £442k for IT equipment. • Changes in taxpayers' equity for 2019/20 equate to a £90.7k loss as a 		

	<p>result of inheriting the 4 previous CCG's liabilities.</p> <ul style="list-style-type: none"> • Cash flow demonstrated a £117k cash balance as at 31st March 2020. <p>MWh confirmed that the Engagement Committee has operated well as a system committee. There was a move to suggest having separate agendas however this was not agreed and it continues to work as one committee. The message given out to public is that this is genuinely seen as a health service for the population. The Foundation Trust Governors are committed to system working; building this in to the development of the ICS would be helpful.</p> <p>AM confirmed that the System Finance Oversight Group is scheduled for tomorrow with a push being made to work hard on launching system working. It was positive to note that the Trust Governors are committed to working in this way.</p> <p>AB considered this to be a positive report, moving from 4 CCGs into 1 and also moving from office to home working so quickly during the pandemic. He thanked colleagues for producing this report.</p> <p>The Governing Body RECEIVED NHS DDCCG's Annual Report and Accounts 2019/20 for information and assurance</p>	
<p>GBP/2021/047</p>	<p>Constitution Changes</p> <p>CC presented this item, noting the professional conflict of interests of HD and ZJ.</p> <p>Further to discussions held at the last meeting on the amendments to the Constitution, in light of the Turnaround Director leaving the organisation and the post no longer being part of the CCG's establishment, a recommendation was made that the membership and quoracy of the Governing Body be reviewed whilst continuing to maintain a balance of Lay Member and Clinical majority. A Lay Member and Clinical majority when making a decision would result in the total number of Lay Members and Clinicians together being greater than the total number of CCG Officers/Executives.</p> <p>A proposal was made to bring into the voting position the Executive Director for Commissioning Operations and the Executive Director for Corporate Strategy and Delivery. In terms of quoracy it was agreed that the quoracy arrangements would remain unchanged with other Executive Directors not forming part of the quoracy arrangements, as set out in Option 1. In order to ensure quoracy going forward rigorous and robust attendance is required by all members.</p> <p>It was noted that deputies attending meetings on behalf of the Executive Directors already forms part of the Constitution; this remains unchanged.</p> <p>Jill Dentith (JD) thanked CC for presenting this item concisely and Suzanne Pickering (SP) for developing the proposals. This issue was discussed at the Governance Committee by its Lay Members, bearing in mind any potential conflicts of interest of members; the Committee Lay Members recommended that the Governing Body supported the proposal put forward.</p>	

	<p>The Governing Body:</p> <ul style="list-style-type: none"> • AGREED the inclusion of the Executive Director of Commissioning and Executive Director of Corporate Strategy and Delivery as voting members of the Governing Body. • AGREED for the Governing Body quoracy to remain as Option1. 	
<p>GBP/2021/048</p>	<p>NHS People Plan</p> <p>HD presented a summary of the NHS People Plan with the key actions identified. Many organisations have already started to think about its key features in order to create inclusivity and a strong sense of belonging for their staff. Although this Plan features in this financial year, it is the intention that it will be a 10 year Plan to strive for change.</p> <p>All NHS employers are obligated to have their own People Plan in response to the national Plan. The final date for submission for the Derbyshire System Plan is 30th September 2020. The response will be shared with the People and Cultural Board, of which HD is a member. Each area of the Plan sets out actions for employers, national bodies and systems; a summary of the RAG rated actions for DDCCG was provided for information, particularly noting the priority areas for implementation. These areas include ensuring all staff, but particularly those that are vulnerable, have risk assessments, have ongoing health and wellbeing conversations to help decrease work related stress, are mindful of the hours worked and promote flexible working, and understand the new ways of working and being supportive of these.</p> <p>HD provided an overview of the report giving the high level themes for information.</p> <p>AM was impressed with the importance attached to this plan and was pleased that HD is leading on this for DDCCG in the system space. There will be a lot more interest in working for NHS; this is a major recruitment opportunity to find potential employees for the NHS and care system.</p> <p>AM also enquired if the CCG had enough resources to cover everything required of this plan. With reference to Governing Body members working flexibly, he requested if they are not currently doing this they need to be told how to do it.</p> <p>AM gave an example of Afro-Caribbean apprentices being specifically recruited to the accountancy and legal professions with permission from the Equalities Act and asked if this is something that the CCG should be considering to increase BAME staff numbers. HD confirmed that the CCG already has some apprenticeships which it will continue to support. In order to ensure that it provides opportunities for a diverse range of applicants it needs to be seen as an attractive employer that is companionate and has its staff at its heart. More than before the NHS is a people service. All leaders need to take responsibility for this agenda for which there is wide interest and involvement. HD confirmed that there does not appear to be a capacity issue at the moment. There is a lot of support for the flexible working approach from which there are huge benefits including increased productivity, efficiency and work/life balance which the CCG does not want to lose going forward.</p>	

	<p>Dr Merryl Watkins (MW) considered this to be a good report but questioned the amount of opportunity for staff to be physically active, with some NHS staff being healthy whilst others are not exercising at all; there is a need to promote healthy opportunities and she was disappointed that this had not already been started. HD advised that pre-COVID the CCG had active social groups which encouraged lunchtime walking, teams were supported to take breaks when possible and Occupational Health teams undertook staff health checks. This is a good point to encourage whilst staff are working flexibly and have fallen into different habits. It was considered that staff should be encouraged to set prompts to take regular breaks away from their workstations.</p> <p>JD reflected that this is a comprehensive and helpful report but the CCG needs to be mindful to cross reference it with the outcomes from 'Our Big Conversation' and staff surveys from this year and last year.</p> <p>With regard to ensuring Governing Body members give flexible working their focus and support, JD queried how this could be evidenced.</p> <p>AM questioned which committee will monitor the progress of the Plan; HD confirmed that Governance Committee would oversee the Organisational Development aspects and the Governing Body would be provided with evidence as to how the Plan is being supported across the organisation.</p> <p>The Governing Body RECEIVED ASSURANCE that the programme of actions as identified in this report fulfils the requirements of employers contained in The NHS People Plan.</p> <p>The Governing Body RECEIVED ASSURANCE that the CCG is a committed partner to the JUCD (Joined Up Care Derbyshire) system response to The NHS People Plan.</p>	
<p>GBP/2021/049</p>	<p>Feedback from Our Big Conversation – Inclusion and Diversity</p> <p>HD informed that the proposal of 'Our Big Conversation' was driven by how the CCG is currently working and wanting to understand what is important to its staff. In July it was launched as a brand for the organisation and endorsed by the Governing Body as a way of engaging with staff on a number of topics. The first topic of conversation was raised to help create an inclusive and diverse organisation and explore staff experiences to share with each other. This coincided with the Black Lives Matter movement and ran for 1 month, through many different engagement methods. Feedback was provided to staff via the weekly Team Talk, which over 300 staff dialled into. The comments have been kept true to what was actually said. HD provided an overview of the themes received.</p> <p>It was asked how teams could be supported to understand awareness of protected characteristics; these are not just limited to BAME staff, but should include different socio-economic backgrounds. Some protected characteristics are not particularly obvious, for example some staff feel to be unfairly judged if they do not have children.</p> <p>The staff training and education module on equality and inclusion within ESR is considered to be a 'tick box' exercise, and the value of this was questioned. Reverse mentoring has become a positive programme of</p>	

	<p>work with many staff signed up to talk to people about their experiences in order to better help thinking and leadership going forward. Positive feedback was received including a good gender mix at senior levels within the CCG, the sociable, approachableness of the organisation and the fact that it is committed to mental health.</p> <p>Recommendations have made following on from the report. The forum continues to work through the action plan, which has been presented to the Senior Leadership Team.</p> <p>AM commented that the Birmingham Trusts had no BAME members in their Executive Teams; he enquired what the percentage would look like for Derbyshire. HD advised that the population of Derby City is culturally higher with 17% of the population being of BAME origin; this is less in Derbyshire County. The CCG needs to ensure that when recruiting to posts there is a diverse representation on all panels. There is a commitment by the CCG to recruit to the broadest community possible.</p> <p>The Governing Body was impressed how quickly the ‘Big Conversation’ had been turned around from an idea into a report. HD agreed with this and advised that much of the work was done by the Communications Team which had analysed the work and pulled it together.</p> <p>The Governing Body RECEIVED the outcome of our first Big Conversation and confirmed agreement to the actions as set out in the action plan.</p> <p>The Governing Body NOTED the inter-relationship between the action plan and The NHS People Plan (covered under a separate agenda item at this meeting).</p>	
<p>GBP/2021/050</p>	<p>Finance Report – Month 4</p> <p>Richard Chapman (RCp) presented the Month 4 Finance Report. The following points of note were made:</p> <ul style="list-style-type: none"> • There is a temporary financial regime in place for the period 1st April to 31st July 2020. • At Month 4 the year to date overspend is £6.418m, this includes £6.3m for the servicing of COVID-19 requirements; the CCG has since received funding for this to enable it to breakeven for the 4 month period. Under normal circumstances this funding would be traceable to its net purpose however this is not the case as the funding received is not related to individual areas. • Technically the CCG is overspent on running costs as an error was made in their calculation; • Some expected amendments to the allocations have still not been received. • Month 5 reporting guidance is now available. • In this uncertain environment risk management is being undertaken on all expenditure. Forecast assumptions are being worked through thoroughly and measures implemented to mitigate any perceived issues. • Going forward a whole system income and expenditure position will be established in order to better manage risk. • Scenario models have been produced for the full year position 	

	<p>Dr Greg Strachan (GS) queried the credit against One Health Group. RCp advised that One Health Group was paid a fixed monthly amount for months 1 to 4. The intention was for this to be reconciled against activity later in the year however this will not now be possible following notification that NHSE/I have purchased independent sector capacity for the full 12 months meaning the Provider can no longer catch the activity up in the latter part of the year. A credit is being sought from One Health for payments made to them over and above the actual activity carried out and they will revert to a PbR contract for the remainder of the year; they will only be paid for the value of activity provided.</p> <p>The Governing Body NOTED the Finance Report</p>	
<p>GBP/2021/051</p>	<p>Finance Committee Assurance Report – August 2020</p> <p>Andrew Middleton (AM) provided a verbal update following the Finance Committee meeting held on 27th August 2020. The following points of note were made:</p> <ul style="list-style-type: none"> • He confirmed that RCp was accurate despite the uncertainty of the details currently available. • The Finance Team is adept at understanding the knowns and unknowns and uncertainties and lack of information; it is poised to respond once it receives any further information. • The importance of making the System Finance Oversight Group work cannot be overestimated. It is important in terms of incentives and penalties to get back to a system based business; this is the way forward for the future. • Concern was expressed that the system entered the year with a deficiency of £190m; this has not gone away but the focus has understandably been on other matters. AM asked what has happened to the underlying efficiency scenario. There are concerns as to whether Acute providers will be able to make efficiencies due to having to operate the restrictive COVID-19 hygiene requirements. The approach to addressing this challenge will be different going forward, with organisations encouraged to enter into the system dialogue; hopefully the system will be less about transactional changes and more about a transformational dialogue at a system level to help intrinsically redesign pathways. <p>The Governing Body NOTED the contents of this update for assurance purposes</p>	
<p>GBP/2021/052</p>	<p>Engagement Committee Assurance Report – July 2020</p> <p>Martin Whittle (MWh) presented the Engagement Committee Assurance Report for the meeting held on 29th July 2020. It was noted that the August Engagement Committee meeting was cancelled. The following points of note were made:</p> <ul style="list-style-type: none"> • The Committee received papers on the ‘new normal’ going forward. • The Committee was updated on the processes being followed to assure service changes occurring during the pandemic are effective and to inform the potential ability for them to be retained or restored to their previous state. It was helpful to understand this process in order to inform future consultation models. 	

	<ul style="list-style-type: none"> Assurance was provided through legal advice on the types of engagement and consultation used during the COVID pandemic with normal consultation processes not being possible. The advice confirmed that it was possible to successfully engage and consult during this period, with due regard for any adaptations that might be required in order to fulfil the responsibilities of the CCG and system. <p>The Governing Body NOTED the contents of this report for assurance purposes</p>	
GBP/2021/053	<p>Primary Care Commissioning Committee Assurance Report – August 2020</p> <p>Professor Ian Shaw (IS) provided an update on the discussions held at the Primary Care Commissioning Committee meeting held on 26th August 2020. The following points of note were made:</p> <ul style="list-style-type: none"> The Finance Report presented to the Committee demonstrated a deficit as the COVID-19 response funding is still awaited; once received this will significantly alleviate the situation. <p>The Governing Body NOTED the contents of this report for assurance purposes</p>	
GBP/2021/054	<p>Quality and Performance Committee Assurance Report – August 2020</p> <p>AM provided an update on the discussions held at the Quality and Performance Committee meeting held on 27th August 2020. The following points of note were made:</p> <ul style="list-style-type: none"> AM was impressed by the reporting and level of understanding that the responsible officers have on areas of work under the Quality and Performance agenda. These are very challenging times but there is a great team in place to cope with this challenge. <p>The Governing Body NOTED the key performance and quality highlights and the actions taken to mitigate the risks</p>	
GBP/2021/055	<p>Governing Body Assurance Framework (GBAF) – Quarter 1 – 2020/21</p> <p>HD advised that the GBAF provides a structure and process that enables the organisation to focus on any strategic/principal risks that might compromise the CCG in achieving its strategic objectives. It also maps out both the key controls in place to manage the objectives and associated strategic risks, and helps to provide the Governing Body with sufficient assurance on the effectiveness of the controls.</p> <p>HD sought agreement for the GBAF 2020/21, a working draft of which was presented to the Governing Body last month, in order to ensure that it had oversight of the development of the report. Further work has been undertaken on the report and the CCG’s Corporate Committees have held discussions into its development.</p>	

	<p>Five strategic risks were agreed by the Governing Body at the previous meeting, with Executive Leads allocated to each one. The working up of the details around the risk score was agreed by the responsible Committee. Formal approval and agreement was requested of this report which will be implemented for the remainder of the year.</p> <p>BD requested that Committees consider the section ‘what success would look like and how this would be managed’ and fully complete it for each strategic risk.</p> <p>The Governing Body AGREED the 2020/21 Quarter 1 (April to June) Governing Body Assurance Framework.</p>	
GBP/2021/056	<p>Integrated CCG Corporate and COVID-19 Risk Register Integration Report</p> <p>HD presented this report which describes the process used to develop and amalgamate the Corporate and COVID-19 Risk Registers in order to provide an Integrated Risk Report to be worked through by the CCG’s Corporate Committees. One new risk was proposed:</p> <p><u>Risk 29</u> - There is a risk of significant reputational damage to the CCG where contracts have been in place and the current contract management arrangements do not provide assurance that Providers are compliant with the Data Security and Protection Toolkit. This risk has been scored at a very high 20 (probability 5 x impact 4).</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • RECEIVED the integrated CCG operational and COVID-19 Risk Register. • APPROVED the closure of risks 8, 13, 15, 18, 24, 36, 38, 41, 43, 45, COVID 03 and COVID 13 as agreed at the CCG’s Corporate Committees. • APPROVED the new risk 29. 	
GBP/2021/057	<p>Ratified Minutes of DDCCG’s Corporate Committees:</p> <ul style="list-style-type: none"> • Primary Care Commissioning Committee – 22nd July 2020 • Quality and Performance Committee – 30th July 2020 <p>The Governing Body RECEIVED and NOTED these minutes</p>	
GBP/2021/058	<p>South Yorkshire and Bassetlaw Integrated Care System JCCCG minutes and meeting papers</p> <p>The Governing Body RECEIVED and NOTED these papers</p>	
GBP/2021/059	<p>Minutes of the Governing Body meeting held on 6th August 2020</p> <p>The minutes of the above meeting were agreed as a true and accurate record.</p>	

GBP/2021/ 060	Matters Arising / Action Log The action log will be updated and amended accordingly.	
GBP/2021/ 061	Forward Planner The Governing Body NOTED the Planner for information.	
GBP/2021/ 062	Any Other Business None raised.	
DATE AND TIME OF NEXT MEETING Thursday 1 st October 2020 – 9.30am to 11.15am via Microsoft Teams		

Signed by:Dr A Bhatia..... Dated:1.10.2020.....
(Chair)