NHS
Derby and Derbyshire
Clinical Commissioning Group

Derby and Derbyshire CCG Governing Body Meeting in Public
Held on
14th January 2021 via Microsoft Teams

CONFIRMED

Present:

Dr Avi Bhatia	AB	Clinical Chair
Dr Bruce Braithwaite	BB	Secondary Care Consultant
Richard Chapman	RCp	Chief Finance Officer
Dr Chris Clayton	CC	Chief Executive Officer (part meeting)
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
Dr Steven Lloyd	SL	Medical Director (part meeting)
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
Brigid Stacey	BS	Chief Nursing Officer
Dr Greg Strachan	GS	Governing Body GP
Dr Merryl Watkins	MW	Governing Body GP
Martin Whittle	MWh	Lay Member for Patient and Public Involvement

Apologies:

Dr Penny Blackwell	PB	Governing Body GP
Dr Robyn Dewis	RD	Director of Public Health - Derby City Council
Suzanne Pickering	SP	Head of Governance
Dean Wallace	DW	Director of Public Health - Derbyshire County Council

In attendance:

Dawn Litchfield	DL	Executive Assistant to the Governing Body / Minute Taker
Sean Thornton	ST	Assistant Director of Communications and Engagement
Chrissy Tucker	CT	Director of Corporate Strategy

Item No.	Item	Action
GBP/2021/132	**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/2021/133	**Questions from members of the public** The following question has been received from a member of the public: Derby City Council (for example) are able to provide a live-link access to	

	Council Meetings...given the CCG's commitment to holding "meetings in public" - why can't the CCG demonstrate the same level of transparency e.g. by offering a link via MS Teams. The CCG already does this for other more participative meetings - why not allow the public to observe the Board at work, by this mechanism. **Response provided**: The CCG has been reviewing its approach to holding Governing Body meetings in public throughout the pandemic. Since the start of the pandemic, we have made changes to the way we have delivered the meetings and adjusted the process to facilitate questions. We are resolving some issues with regard to live streaming of our meetings and from March it is our intention to live stream all our Governing Body meetings in public until we are able to meet face to face once again. We will also continue to make recordings of the meetings available for anyone who is not able to attend in person.	
GBP/2021/134	**Declarations of Interest** 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. 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. Item 143 – Clinical and Lay Commissioning Committee Assurance Report – Dr Ruth Cooper (RC), Governing Body GP, declared an indirect interest in this item due to the work she has undertaken with Ashgate Hospice. As the discussions were held at the CLCC meeting, where conflicts of interest were managed appropriately, and no decisions were being made today, it was agreed that RC would be able to present this item. No further declarations of interest were made and no changes were requested to the Register of Interests.	
GBP/2021/135	**Chair's Report** AB provided a written report, a copy of which was circulated with the papers; the report was taken as read. AB gave huge thanks to everyone in the System for the speed with which they have organised and started to deliver the vaccination programme and continue to do so despite obvious challenges. **The Governing Body NOTED the contents of the report**	

GBP/2021/136	**Chief Officer's Report** Dr Chris Clayton (CC) provided a written report, a copy of which was circulated with the papers. The paper was taken as read. In CC's absence Helen Dillistone (HD) presented the report and the following points of note were made: • Everyone is very aware of the new strain of the virus and higher numbers of confirmed COVID-19 cases. • Since Christmas Eve there has been a 67% increase in confirmed cases, which have occupied a quarter of available beds; cases are continuing to rise which is adding pressure to the acute hospitals and community. • The Derbyshire System is working hard and closely together to understand what is needed for every part of the System. The main priority is the safety of patients. It is important that all patients have access to services; a clear message was given that the NHS is here for all patients who need care and support and that patients should not delay in getting in touch if they need to • It was emphasised that everyone plays a vital part in this and has a responsibility as a citizen to follow the Government guidance of social distancing, wearing a mask and practicing good hand hygiene. • Another key message was the promotion of using the right services; 111First should be the first point of contact for any concerns and should be used wherever possible. • The vaccination programme was launched on 8th December 2020 with our 2 acute trusts setting up their Hospital Hubs almost overnight. This was followed by the first 4 of our Primary Care Networks (PCNs) going live from 18th December. Working together in their PCNs, practices have innovated and collaborated to find the best solutions for patients ensuring that all vaccination sites meet the stringent national requirements that are so important for patient safety. • The focus throughout the rollout to date has been on patients aged 80+, care home patients and the most vulnerable health and care home staff, as the first priority groups to receive the vaccination. The programme is now well underway. • There has been extensive media coverage which has helped to convey the vital messages about the importance of being vaccinated. The CCG has received many questions from MPs and service users in relation to the vaccination programme. The Communications Team is working on producing regular bulletins to provide updates and to get the messages out widely. The following points of note / questions were raised in response to the report: • The advice not to hold back if you have any medical problems was reiterated; this is important. • There have been examples of patients being discharged too quickly from hospitals and being readmitted. It was asked how this is being monitored. Brigid Stacey (BS) responded that any such issues would be picked up as serious incidents and recorded; there have not been any increases recorded of this type during the pandemic. • There are examples of some people, who have already received 2 vaccinations, being called up by the Hubs for a 3rd which suggests that	

	the formation of the Hubs is working across, rather than with, healthcare systems. It was asked if anything was known about this. Dr Steve Lloyd (SL) responded that he has not heard of any calls for 3rd vaccinations, however the booking system is immature and PCN Hubs are working on a separate booking system to the mass vaccination centres; eventually the systems will be interlinked and a robust system implemented to track and appoint. Going forward people will automatically be given an appointment for a 2nd vaccination when they receive their first. The 2nd vaccination has now been pushed back to 12 weeks going forward on the advice of the Chief Medical Officer. • An observation was made that many initiatives have come to fruition through the working together of System partners throughout the pandemic. HD responded that this has had the added benefit of nurturing the relationships between all System partners. • It was enquired what the situation is with regard to the vaccinating of care home staff and residents. BS advised that care homes are working closely with Local Authorities and the CCG. Any homes with COVID-19 outbreaks are being closely monitored. The vaccination of care home staff and patients needs to be completed by 24th January, and this is on track to be delivered. BS feels more comfortable now with what is happening in care homes than ever before. Dr Ruth Cooper (RC) concurred with this, advising that relationships with care homes have never been so good; they are eager and willing to work with and support GPs. • It was asked if there is any evidence of people refusing invitations for vaccinations. HD advised that the uptake for the vaccine has been good; the publicity campaign is helping to encourage people to come forward once invited. • A comment was made that the volunteering process appeared to be clunky and was causing widespread problems; it was enquired what changes were planned to resolve this. There is an Engagement Committee next week, which would present a good opportunity to inform people about what is happening. HD recognised that this is a nationally driven, complex programme and the CCG is doing everything possible locally, with its System partners, to make it as smooth as possible. The CCG has been supporting organisations with the recruitment programme and implementing safety measures. • If the elderly population are not able to travel to Hubs, it was asked how joined up the System is to offer them more local appointments. It was also queried what was happening to any leftover vaccines at the end of the sessions. SL advised that appointments are being worked through sequentially by cohorts. The aim is to have 1 Hub per PCN, with lists generated through practices within the Hubs. Hospital Hubs are vaccinating health care and care home workers and any over 80s on their books who are fit enough to receive the vaccine. Patients will have the ability to book into Primary Care Hubs by invite only. PCNs will be able to plan appointment lists in order to fill them up. If any vaccines are left at the end of the clinic, they will be given to practice or clinic staff. • Thanks was given to all Primary Care colleagues, nurses, pharmacists, and community and General Practice teams who have given up their own time to get this up and running; they are doing a sterling job. In Erewash 2500 vaccines have been administered so far, with 5000 more planned for next week. • The NHS has begun releasing detailed statistics on the uptake of vaccinations, and it is pleasing to see that the Midlands has vaccinated	

	more people than any other English region. • There appears to be a myth circulating on social media around the Pfizer-Biotech vaccination affecting fertility, hence some young people are declining the vaccination for that reason. Initially a message was given out that pregnancy should be avoided for 12 weeks however this message has now been withdrawn. There is a need to address this and offer reassurance by sharing this false hypothesis and counteracting it. • It was asked if, in the next 6 weeks or so, there would be a lack of people on whom to carry out incidental vaccinations, and whether there was a waiting list of people to call up. SL has already escalated this through the regional calls. There will be an ability to flexibly dip into lower cohorts. The NHS is operating under strict national guidance which the CCG needs to adhere to. This will continually be escalated to Region to allow flexibility at a local level and minimise wastage. AB advised that the national ethos is to get everyone vaccinated with a single vaccine within the set parameters going forward; this message has been well received and will help avoid wastage. • SL advised that the current priority for the Astra Zeneca vaccine is care home residents; the ambition is to cover all care homes in the ICS footprint within the next 10 days. As the Astra Zeneca vaccine becomes more available it is planned for use in PCN healthcare settings and General Practices. Conversations are to be held to ascertain what plans there are to use it outside of Hubs; this will provide flexibility for a wider geographical area and obtain more coverage. **The Governing Body NOTED the contents of the report**	
GBP/2021/137	**Remuneration Committee – Updated Terms of Reference** HD presented the updated Terms of Reference of the Remuneration Committee which were accepted by the Governing Body. **The Governing Body APPROVED the updated Terms of Reference of the Remuneration Committee**	
GBP/2021/138	**CCG Constitution** HD advised that this is a continuation of the conversation held at the last meeting which will allow the CCG to operate at Business Continuity Level 4. The quoracy arrangements of the Governing Body and Corporate Committees have been reviewed to enable Committees to continue to work effectively and also to free up time to allow members to achieve other priorities. The Governing Body delegated responsibility to the Governance Committee to work this through on its behalf and the paper provided details of the discussions and conclusions. It is a pressurised System in which the CCG is working and whilst this is currently manageable, further changes may be required in order to allow the Committees to continue to function going forward. The Standing Financial Instructions – Financial Limits for Delegated Authority required formal Governing Body approval. During Wave 1 of the pandemic, measures were implemented to allow decisions around financial limits to continue to be made.	

	Jill Dentith (JD) confirmed that the recommendations were supported by the Governance Committee and that this will continue be a regular item on the agenda in order to keep it under review and ensure that they are fit for purpose and follow legal requirements. It was requested that should the need arise to make any further amendments to the Constitution or Standing Financial Instructions the Governing Body be notified as good governance practice. HD confirmed that the ET will have responsibility for deciding when to make any further amendments however ultimate approval would be required by the Governing Body. **The Governing Body:** • **NOTED the revised quoracy arrangements for the Governing Body and Corporate Committees as a result of working at Business Continuity Level 4** • **NOTED that as the system pressures increase and CCG reviews its priorities, further change may be needed to the frequency of Committees, and the way in which the Governing Body operates** • **APPROVED the amendments made to Appendix 4 – Standing Financial Instructions – Financial Limits for Delegated Authority, as part of their annual review** • **NOTED the review of the CCG Financial Governance arrangements that has been undertaken as a result of returning to Business Continuity Level 4 and APPROVED these proposals, allowing the Executive Team to recommend the reintroduction of any of these measures to the Governing Body should the need arise due to increased staff absence**	
GBP/2021/139	**Derbyshire Shared Care Records Update** Richard Chapman (RCp) provided an update on the accelerated procurement process for a Derbyshire Shared Care Record (DSCR) and Analytics Platform (AP). The JUCD System is about to commit to a "Proof of Concept" (POC) with its preferred supplier, which has the potential to be extended to a strategic partnership lasting for up to 10 years. The implementation of the DSCR, after the POC period, will require the commitment of substantial System resource. The POC will inform a later full Business Case which will contain a cost benefit analysis to describe the commercial and economic case for the investment in more detail. Following the circulation of the papers, subsequent questions were raised by Andrew Middleton (AM), which RCp answered as per below: 1. Presumably there has been close liaison with the other holders of information on population/patient information - Yes. The working group which wrote the specification and assessed the scoring included representatives from all stakeholders in the health economy including local authorities and primary care, clinical and information personnel. 2. How will this DSCR support a Population Health Management approach more effectively - The aggregated data will give a much more comprehensive coverage of the activity within the system and	

	therefore a much fuller dataset to inform a single system intelligence function than we have ever had previously. 3. Governance arrangements and holding to account - given that large Care record contracts do not have a stellar history - The contract will be held by CRH on behalf of the system. The initial stage is a 6 month POC and there are numerous break clauses thereafter. 4. As it is led by an acute trust, is there sufficient involvement of primary, community and LA colleagues in the design and monitoring. - As above, yes. LA and Primary Care representatives were fully engaged in the design and will continue to be engaged in the monitoring as part of the system governance as we move to ICS. The operational delivery group ToRs are attached. You will see it also includes EMAS, subject matter expert non-Exec representation, and is Chaired and Vice-Chaired by non-Execs from acute and community health respectively. 5. Has any other ICS area been there and done it prior to us - lessons? - Yes. The system deliberately set out to seek providers which have done the same elsewhere, with evidence of such being a highly weighted criterion in the technical evaluation. 6. KPIs and arrangements for remedies and contract variations should things not go to plan (again I am nervous because of the history of such projects) - Not fully sighted on contractual terms other than the break clauses, but have asked the question and hope to have an answer before the next meeting. AM thanked RCp for his responses and took assurance from this complex exercise. It was asked if the Finance Committee needed to undertake a deep dive into this area. The following discussion ensued: • It was queried if this was a bolt on to current IT systems or whether it would mean changing existing GP systems. RCp confirmed that it will be compatible with all current operating systems. • Reassurance was gained from the fact that it will be an effective system, with all relevant parties being able to see what they need. There have been examples recently whereby care plans for complex frail elderly patients could not be seen by other professionals; if people are spending time and money doing this it needs to be assured that it will be effective for all. RCp explained that the purpose of the 6 month POC was to iron out any difficulties; if any issues arise there will then be time to fix them. It is expected that all necessary parties will be able to fully see the notes. • It was asked if time and money is spent implementing this, whether it will delay moving towards completely shared records. RCp has not personally undertaken the technical evaluation but will obtain a response on progress made to having sight of full patient records. • There is excitement about having a joint record. In the past a lot of money has been spent on this and nothing has happened; assurance was requested that this is not heading in the same direction. Some reservations were made as to whether it was fit for purpose, however technology has now moved on. RCp agreed to look into this. Examples of any Primary Care scenarios were requested for the operating group to consider, via email directly to RCp who will feedback appropriately. • This is a massive procurement exercise across a number of	**RCp** **All**

	organisations; it needs to be ensured that due procurement processes and governance arrangements have taken place in order to underpin the contract and ensure it is robust across the System. RCp confirmed that the procurement exercise was undertaken by CRHFT, which engaged the London Procurement Partnership. The process was very tight in terms of legal compliance and availability of information to the right people in order to avoid any future challenges. It was robustly managed within a rapid timescale. • It was asked what sort of system this is, whether it was about data collection or population health; it would be a shame if it was thought to be a joint record and this is not the situation. • RCp agreed to provide feedback and answers to the questions raised at the February meeting following the signing of the contract in mid-January. **The Governing Body NOTED the:** • **Requirement to implement a Derbyshire Shared Care Record (DSCR) across the Joined Up Care Derbyshire (JUCD) footprint** • **Accelerated procurement process which has been undertaken** • **Contractual terms of offer** • **Outcome of the procurement process and contracting arrangements and funding**	**RCp**
GBP/2021/140	**Collaborative Commissioning Development** CC advised that this is a conversation that the CCG has been involved in for some time now with its Local Authority partners and NHSEI. Previous papers have set out the work locally with Nottinghamshire/Lincolnshire on the added value of collaboration; this is the next stage of these thoughts. The ICS paper issued in November cemented the importance of this work; ICSs will be well placed to think about how to do strategic and collaborative commissioning rapidly at scale. The paper sets out reasons to do this and the steps to be taken pragmatically in terms of the different integrated commissioning tiers. Milestones have been defined to take this forward both on a local level and a wider scale across the East and West Midlands to manage provider collaboratives and strategic commissioning. Zara Jones (ZJ) advised that a smaller group, which includes Lincolnshire, Nottinghamshire and Derbyshire, was implemented to help consider key pathways and opportunities on which to work together and progress with NHSEI, focusing on East Midlands aspects. A Joint Advisory Group has been established, the first meeting of which is tomorrow, to go through what the scope of the work will be over the next few months. The Group will be time-limited, with the overall purpose of advising its member organisations on the operational and governance requirements. A full perspective of key areas will be led by members of the ET. Assurance was provided that there was good support for this programme. The Governing Body was requested to recognise the establishment of the joint working groups and the nominated representatives. The following questions were raised / points of note made: • Members were pleased to see more details around provider collaboratives.	

	• A nervousness was expressed that provider collaboratives, unless there is an accountability and holding to account, will be seen by Acute Trusts as the hospital setting being the only place for patients to go; it was asked how it will be ensured that provider collaboratives do not get in the way of moving care closer to the patient. CC confirmed that the relationship between provider collaboratives has been carefully set out. The challenges around working in a System are being discussed to better understand them; a programme of work is being undertaken through JUCD to think about what this means. ZJ commented that if there is nervousness around change, the flip side of this is an opportunity to aspire to make progress on areas that the CCG has been trying to achieve in for many years. • In line with the direction of travel in the Long Term Plan, in terms of functional shadow arrangements from April 2021, it was enquired whether accountability was shifting in the System, or if it was just a modelling exercise and not happening for 15 months. Given that this is a complex piece of work on delegated commissioning, it was asked if there was a plan that underpins the timescales or aspirational data to put a plan against. CC's view is that the System is in a transition period; the assumption is that there will be a statutory legislative timetable for transition into an ICS, providing a position which will need to be navigated to in terms of actual statutory accountability. All organisations will remain where they are currently legislated and will be shadowing into a new state. The legislation proposed also mentioned changes to NHSEI, including bringing into the ICS some of NHSEI's commissioning functions. This is all congruent with the direction of travel. • In relation to governance mechanism in transition, it was enquired how arrangements will be developed to underpin governance safely and securely. There would be no decision making capacity in the groups but items brought back to individual organisations for collective responses. Care needs to be taken so as not to over complicate matters; the consideration of committees in common/joint committees should be considered for the effective transaction of business. End mapping of governance underpinning was requested to ensure a smooth transition. • John McDonald has invited expressions of interest from Governing Body Lay Members and Provider organisations Non-Executive Directors to join shadow working groups; this will provide an opportunity to assist in a seamless transfer to System working. It was recommended that all colleagues should put themselves forward as far as capacity and experience allows. AB has a meeting with the System Chairs later today around the transition period and how to manage it. Input from experienced CCG Lay Members would be useful going forward to hand over safely and ensure that the end result is fit for purpose within the ICS. • A transition roadmap was requested. Due to the COVID pandemic and the vaccination programme this has been waylaid; Governing Body help with this will be invaluable. CC concluded that this is the right direction of travel and sets out the next phase of work; further updates will be provided in due course. **The Governing Body:**	**ZJ** **ZJ**

	• **NOTED the regional vision and proposals** • **APPROVED the establishment of working groups and agree nominated representatives** • **NOTED the challenging timescales for delivery**	
GBP/2021/141	**Finance Report – Month 8** Richard Chapman (RCp) presented the Month 8 Finance Report. The following points of note were made: • There is a Year to Date (YTD) deficit of £2.496m. • The cumulative COVID allocation stands at £33.32m, with a top-up allocation of £6.386m, retrospectively reduced to £3.3m; this relates to a £3.3m accrual for Additional Roles Reimbursement. • The CCG has a deficit of £3.3m for the first half of year and £1.648m for the second half of the year: a full year deficit of £4.984m. • The M7 deficit of £16.24m for the second half of the year was reduced to £1.69m at M8 due to retention of accruals not now being required, the retention of block contracts and the CHC assessment process; this has resulted in just under a £10m improvement in forecast outturn. • There has been a £1.9m adverse movement in the Community sector, due to the unsustainability of some voluntary sector providers, in particular hospices; this has been incorporated into the financial position. **The Governing Body NOTED the following:** • **The financial arrangements for H2, October 2020 to March 2021** • **The reported YTD deficit is £2.496m** • **Allocations of £9.709m for COVID costs M7 & M8 are expected in M9** • **The cumulative COVID allocation stands at £33.32m** • **The cumulative top-up allocation stands at £6.386m** • **These figures relate to the period H1. They include a retrospective reduction to the H1 top-up allocation for £3.3m** • **A full year expenditure deficit of £4.984m is forecast, comprised of a H1 deficit of £3.3m and a H2 deficit of £1.984m**	
GBP/2021/142	**Finance Committee Assurance Report – December 2020** AM provided a verbal update following the Finance Committee meeting held on 17th December 2020. The following points of note were made: • AM's role is to provide assurance on the financial position. He confirmed that RCp and his team have demonstrated a good understanding and have a dynamic grip on the daily/weekly changing situation. • The Finance Committee is very knowledgeable on how well the System is working together within the financial envelope; this is good preparation for the future. • DDCCG is continuing to pay 99%+ of all its suppliers by the invoice due date. • A System Finance Committee has already been established as an	

	endorsement to effective System working. This is a useful precursor for a whole System approach in all other specialities. • A recent Internal Audit report on leger control and leger reporting has received significant assurance. **The Governing Body NOTED the verbal update for assurance purposes**	
GBP/2021/143	**Clinical and Lay Commissioning Committee (CLCC) Assurance Report – December 2020** RC declared an indirect interest in this item relating to the work she has been undertaking with Ashgate Hospice. Dr Ruth Cooper (RC) provided an update following the CLCC meeting held on 10th December 2020. The report was taken as read and the following point of note was made: • Risk 31 – there is a risk that proposed changes to the referral systems for PLCV and CAS will increase activity and widening of health inequalities – was recommended for closure. It was agreed to pause the project and close and remove the risk from the CLCC risk register. **The Governing Body NOTED the contents of the report for assurance purposes**	
GBP/2021/144	**Primary Care Commissioning Committee (PCCC) Assurance Report– December 2020** Professor Ian Shaw (IS) provided a verbal update following the PCCC meeting held on 16th December 2020. The following points of note were made: • The finance and risk positions were considered at the meeting • Discussion ensued on improving the situation at Thomas's Road Surgery **The Governing Body NOTED the verbal update for assurance purposes**	
GBP/2021/145	**Quality and Performance Committee (Q&PC) Assurance Report – December 2020** Dr Buk Dhadda (BD) provided an update following the Q&PC meeting held on 18th December 2020. The report was taken as read and the following points of note were made: • The CHC team is on target to achieve its trajectory for the review of hospital patients funded between 19th March and 30th August 2020; BD paid tribute to the excellent work of the Team. • The review of the Learning Disabilities Deaths Report has now been completed, or in the process of being completed, in Derbyshire; learning will be shared with Providers.	

	The Quality Team recently lost a valued member of staff, Georgina Greensmith, to COVID-19; the Q&PC acknowledged the excellent work that Georgina had done with care homes. An update was requested on the situation regarding the ambulance position in Derbyshire. BD responded that the situation can change rapidly, however the Q&PC is keeping a close eye on it; a detailed report is scrutinised at each meeting. ZJ confirmed that the ambulance service is currently under extreme pressure, as are all parts of the System. A Strategic Delivery Board meeting was held between EMAS and Commissioners across the region yesterday which considered the current performance position. There are stresses around handovers to hospital staff in acute trusts; given the pressure that staff are under, practical measures to improve the situation are being considered. EMAS is treating more patients at the scene or via telephone to reduce hospital activity levels, and maintaining some innovative means of doing things. There is a lot of positive work going on with the ambulance trust. The Governing Body passed on its condolences to Georgina Greensmith's family and friends. **The Governing Body NOTED the key performance and quality highlights and the actions taken to mitigate the risks**	
GBP/2021/146	**CCG Risk Register – December 2020** This report is presented to the Governing Body to highlight the areas of organisational risk that are recorded in the DDCCG Corporate Risk Register as at 31st December 2020. HD requested approval to close risk 31 (as described in Item 143) and remove it from the risk register; this request was agreed. **The Governing Body RECEIVED and NOTED:** • **the Risk Register Report** • **Appendix 1 as a reflection of the risks facing the organisation as at 31st December 2020** • **Appendix 2 which summarises the movement of all risks in December 2020 and** • **APPROVED the closure of risk 31**	
GBP/2021/147	**Flu Monitoring Tool** HD presented this report for assurance purposes, demonstrating the CCGs participation in the national flu programme for 2020/21. Each year the CCG supports staff to be vaccinated against flu, however in light of the COVID-19 pandemic, it was essential that as many staff as possible took advantage of the opportunity this year. The CCG adopted the best practice guidance issued last August and aimed for 80% of its employees to be vaccinated - a 30% increase from 2019/20. It was confirmed that 72% of staff received the flu vaccine, which is a significant improvement in last year's 50%. NHSEI has confirmed that DDCCG is the highest performing CCG across	

	the whole of the Midlands in relation to staff vaccinated. Across all cohorts, the total is 59%. It would be good if more staff could still be vaccinated. It was enquired if these totals included Governing Body members. HD agreed to ascertain this information. **The Governing Body RECEIVED ASSURANCE on the implementation of the national flu immunisation programme for 2020 to 2021 with regard to CCG staff**	**HD**
GBP/2021/148	**Operational Priorities for winter and 2021/22** ZJ presented a copy of a letter received from NHSEI prior to Christmas. This is a statement of operational priorities going forward which is intended to provide help over the next few months by: • ensuring there is a collective view of the critical actions for the remainder of this financial year; and • signalling the areas that are already known to be important in 2021/22. The normal scheme of planning is to receive guidance setting out the key requirements and priorities to formulate a plan for next year; however this was unfortunately delayed due to the pandemic. The national team is reviewing when this will be published. ZJ outlined the key priority areas within the letter for the year remaining and a high level set of priorities for the year ahead. Collectively, across the system, there is a need for a comprehensive view to be taken against these priorities and coordinate them through a planning forum in order to ensure that everyone is aware of the situation. This will also provide assurance for the Executive Team leading on key areas within the System As and when further guidance is made available this will be presented to the Governing Body. Productive conversations are being held to outline the development of a System plan regardless of the national requirements; a local plan will also be required for next year. BS provided an update on the maternity capacity / services work, particularly the report into the Shrewsbury and Telford Hospital Trust, which outlined a number of concerns and measures to be implemented. Assurance was provided that the full report was considered at the Q&PC. **The Governing Body NOTED the contents of the letter**	
GBP/2021/149	**Ratified Minutes of DDCCG's Corporate Committees:** • Primary Care Commissioning Committee – 25.11.2020 • Quality and Performance Committee – 26.11.2020 **The Governing Body RECEIVED and NOTED these minutes**	
GBP/2021/150	**South Yorkshire and Bassetlaw Integrated Care System CEO Report – December 2020** **The Governing Body RECEIVED and NOTED this report**	

GBP/2021/151	**Minutes of the Governing Body meeting in public held on 3rd December 2020** **The minutes of this meeting were agreed as a true and accurate record.**	
GBP/2021/152	**Matters Arising / Action Log** Item GBP/2020/21/114 - It was asked if seeing patients with low level mental health concerns was an inappropriate use of GP time and if there is another more appropriate service for first level mental health needs. AB confirmed that other avenues for low level concerns are available; patients do have direct access to CBT through IAPT and Talking Mental Health. This is an ongoing challenge, with GPs seeing a heightened number of patients with mental health problems; a further update will be provided at the next meeting.	**SL**
GBP/2021/153	**Forward Planner** **The Governing Body NOTED the Planner for information**	
GBP/2021/154	**Any Other Business**	

DATE AND TIME OF NEXT MEETING

Thursday 4th February 2021 – 9.30am to 11am via Microsoft Teams

Signed by: ……. Dated: ……
(Chair)