NHS
Derby and Derbyshire
Clinical Commissioning Group

Derby and Derbyshire CCG Governing Body Meeting in Public
Held on
2nd December 2021 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 (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 / Vice Chair

Apologies:

Dr Robyn Dewis	RD	Director of Public Health - Derby City Council
Dean Wallace	DW	Director of Public Health - Derbyshire County Council

In attendance:

Dawn Litchfield	DL	Executive Assistant to the Governing Body/Minute Taker
Fran Palmer	FP	Corporate Governance Manager
Sean Thornton	ST	Deputy Director Communications and Engagement

Item No.	Item	Action
GBP/2122/188	**Welcome, Apologies & Quoracy** Dr Avi Bhatia (AB) welcomed members to the meeting. Apologies were received and noted as above. It was confirmed that the meeting was quorate.	
GBP/2122/189	**Questions received from members of the public** No questions were received from members of the public.	

GBP/2122/190	**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 No further declarations of interest were made, and no changes were requested to the Register of Interests.	
GBP/2122/191	**Chair's Report – November 2021** AB presented a report, a copy of which was circulated with the meeting papers; the report was taken as read and the following point of note was made: • The importance of the continuation of clinical leadership in the decision-making process was reiterated. The following question was raised in relation to the report: • It was queried how the new joint CCG Governing Body / Integrated Care Board (ICB) meetings would work next year. AB confirmed that it is hoped to hold some joined up Governing Body meetings with the shadow ICB from January 2022, however this is dependent upon the construction of the ICB. There are already some joint System Committees in situ, with more scheduled to take place in January. Thoughts will be welcomed on the development processes and practicalities of this later in the meeting. **The Governing Body NOTED the content of the report provided**	
GBP/2122/192	**Chief Executive Officer's Report – November 2021** Helen Dillistone (HD) presented Dr Chris Clayton's (CC) 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: • November has been a busy month with a theme of bringing the Integrated Care System (ICS) together and moving the CCG's functions into the ICB. • The Health and Care Bill is currently passing through the parliamentary process, and the changes will become law from April 2022. The changes will underpin Derbyshire's journey and will help continue the direction of travel already being taken. • November has seen much engagement within the wider System around the proposed changes and structures, ensuring that a broad partnership approach is taken, and voices are heard to help shape and influence the process. An engagement session was held on 5th November, cumulating in a proposal being submitted to NHSE on 15th November setting out initial thoughts around ICB membership and the formation of the ICB. Work is also taking place around the Integrated Care Partnership (ICP), which will be an important part of the infrastructure in the ICS.	

	• CC recently briefed CCG staff on the key developments, providing assurance on the forthcoming changes. • The System pressures currently being experienced form part of the many challenges being faced. • There is huge appreciation for the ongoing work across the System. The following statement was made: • A recent Audit Committee webinar advised that the ICB commencement date of 1st April 2022 would not be delayed. As the majority of ICB Chairs and CEOs are now in place, it would be damaging to have a delay in proceedings now. **The Governing Body NOTED the content of the report provided**	
GBP/2122/193	**Joined Up Care Derbyshire (JUCD) Board Update – November 2021** CC presented an update on the discussions held at the JUCD Board in November, a copy of which was circulated with the meeting papers. The report was taken as read and the following points of note were made: • An important patient story was provided with clear learning for the whole System, signifying the complexity and interfaces between different parts of the System whilst also demonstrating how things have been worked through to break down barriers to solve complex issues. • The System activity and performance was highlighted. • Planning is being undertaken for the challenges ahead over the weeks to capture the various operational priority areas. • Developments of the ICB and ICP and the transition from CCG to ICB will be discussed later in the meeting, including the shadowing process to be undertaken. • The ICS's naming convention has now been formalised, retaining the Derby and Derbyshire nomenclature. • Consideration is being given to clinical and professional leadership across the System and how to embed it into all aspects of care. • Conversations were held around people and culture and digital development. The following concern was raised: • The patient story illustrated the frustration of the Commissioning for Individuals Panel in its wish to make provision for patients within the Derbyshire boundary, as it does not always have the capacity to do this; this is illustrative of a major market development need in the mental health space, particularly with increasing numbers of cases of this type. It is concerning that patients often need to be sent outside of Derbyshire, for which the same quality oversight may not be provided. CC noted these views and shared the support for the Mental Health Delivery Board to continue to work on this. **The Governing Body NOTED the contents of the report provided**	
GBP/2122/194	**Remuneration Committee Updated Terms of Reference – November 2021** HD presented the updated Terms of Reference of the Renumeration Committee which have been reviewed to include the additional responsibility	

	of the Committee to oversee the transition of the Committee and its assurance functions to the ICB, in line with all other Committees. As a statutory Committee of the ICB, a formal process to transfer the roles and responsibilities will be required. The amendment has been virtually approved by Remuneration Committee members. Martin Whittle (MWh), Chair of DDCCG's Remuneration Committee, added that an Advisory System Remuneration Committee has been meeting, which does not have a statutory footing; therefore John MacDonald, the ICS Chair Designate, was keen to anchor it formally in a statutory organisation. Although DDCCG's Remuneration Committee cannot take decisions on behalf of other organisations, it will be able to oversee the work of the new ICB Remuneration Committee. **The Governing Body APPROVED the Remuneration Committee's Updated Terms of Reference.**	
GBP/2122/195	**Closedown of the CCG's Governing Body and Committees and transition to the shadow ICB arrangements** HD gave a presentation on the proposed arrangements, for the close down of the CCG's Governing Body and Corporate Committees and the shadowing arrangements, a copy of which was circulated with the meeting papers. The plethora of technical guidance received has helped to work through the due diligence processes and a checklist will go to the Audit Committee in February 2022 to cover the statutory element of the transition. It was recognised that the Governing Body has matured over the years since its inception and has valuable learning and experience to share with the ICB. It is hoped that there will be an opportunity for the CCG and shadow ICB to work more formally together during the latter stages of the transition. The following proposals were made for joint working and shared learning: • A formal meeting in common of the CCG Governing Body and shadow ICB is to be established in January, February and March 2022. • The establishment of joint development sessions between Governing Body members and new ICB Board members to discuss and agree the content of a formal handover and to enable themed development discussions; topics for discussion at these development sessions were suggested. • The methodology for the transfer of the existing Corporate Committees' responsibilities into the new environment was outlined. • Each CCG and System Committee will be requested to prepare a joint report from its clinical lead, executive lead and lay member(s) as part of the formal handover to the ICB, to include successes and learning points, along with previous self-assessments or audit reports. • Any open risks, actions and agenda items for follow-up between closing the CCG Committees and opening the shadow ICB Committees will need to be well documented for receipt at the first meetings to formally receive and note in April. • The Corporate Team will develop a schedule of the key tasks of each Committee for closedown and transfer. • The practicalities of establishing the joint meetings in Quarter 4 will be worked through by the Corporate Team. The following questions were raised in response to the presentation:	

	• It was enquired how the Governing Body Assurance Framework (GBAF) and the Risk Register will be linked; although this refers to what the CCG has been doing, and not the ICB, it is important that the issues and assurances identified provide a framework for the new organisation. Whilst some Committees fit naturally into the new structure, others are split across a few areas, in particular the Governance Committee which will link into the Audit and Governance Committee and People and Culture Committee in the new arrangements. More work may be required to think things through in this case to prevent anything being lost in transition. HD advised that the GBAF is the architecture being recommended to develop the ICB Board Assurance Framework (BAF). There will be legacy detail in the GBAF that will need to feature in the ICB's BAF. The Board is encouraged by the CCG to have time to develop this by the end of Quarter 1 in 202223 to set the strategic objectives and risks to flow through the System architecture. The CCG is cautious not to impose this on the ICB Board but would highly recommend it. A process is being undertaken to ensure that nothing is lost, and all functions are received appropriately. The proposal for the System Committees is being re-looked at and tested as it does not need to be finally agreed until the new year. • Standard templates for the Committees to provide the right information were requested, particularly around risk register ownership and transferring risks over to the next financial year; it is important that the ICB is sighted on any mitigations. HD confirmed a pack of information will be produced in a standard format for Committees to work to. The Committees will be formally written to setting out the timetable, requesting they undertake this work during Quarter 4. • It would be helpful for each Committee's annual report to be included. HD agreed that this will form part of the work. CC recorded his thanks to Governing Body members for the way in which they are tackling this change, one which they are affected by. They have behaved pragmatically, thoughtfully, and constructively on how to make this happen in a streamline manner, keeping it safe and legal; colleagues have embraced the transition and handover very well. The Corporate Team will start working through the practicalities of the proposals regarding the convening of joint meetings. **The Governing Body NOTED and DISCUSSED the proposal for the closure of the CCG Governing Body and its Committees and the arrangements for transition to the shadow ICB**	
GBP/2122/196	**H2 Operational Planning Update** Zara Jones (ZJ) provided an update on the H2 Operational Plan, which is broader than just the Winter Plan. Many of the risks and challenges have been discussed by the Governing Body previously. It is a realistic picture of the significant challenges that the System is collectively facing which will continue over the winter period. The Plan demonstrates how best the System can comply with the different elements set out by NHSEI for H2. There are some areas which it will be possible to achieve and accelerate, however there are some areas that fall short of national expectations around compliance. The System is doing everything possible to achieve in these areas however, due to the gaps in the Plan, it is important to implement quality monitoring processes to assist with the making of challenging decisions in order to meet the need and demand across the health and care	

	System. There will be constraints around workforce capacity which may require decisions to be made to balance everything out, therefore the quality assessments will need to be robust to monitor impact; this is a key pillar of the Plan itself. Elective Care - A challenging position is presented; there is a growing waiting list position with a number of people waiting a long period of time for treatment. Inroads are being made to deliver activity in a timely manner, however clinical prioritisation decisions are having to be made regarding greatest clinical need and treating in priority order; it is anticipated that these waits will continue over the winter period and beyond. Cancer – This is an important area in which good progress is being made. The Plan sets out a challenging position, particularly for the over 62 day waits. A new standard for faster diagnosis has been implemented and overall, it is centred around the clinical prioritisation of patients. Primary Care – These challenges are well known and have been discussed by the Governing Body frequently in the past. Robust plans have been developed to demonstrate levels of compliance, how winter will be managed, and the challenges addressed around recruitment and demand. It is a challenging position and the ability to deliver the plans is in question as we go through the winter period. Urgent care including community provision and responding to crisis and urgent care needs – The Derbyshire System is struggling with some key priority areas, particularly ambulance handovers, with patients waiting for long periods of time in Emergency Departments. There are plans in place to alleviate pressures wherever possible, however these plans rely on the whole System working together to improve patient flow. Getting people out of hospital is challenging due to social care issues and workforce constraints. Good plans are in place to manage the risks and provide quality assurance. The Plan was submitted to NHSEI on 8th November; the CCG worked closely with the System to ensure this happened and the JUCD Board was appraised of the position. Feedback on the Plan is expected; it is a live document which will continue to be updated to manage the risks in real time. It is presented to the Governing Body for assurance, highlighting the risks and challenges. It will support the System architecture, particularly the Delivery Boards which will help work through the System challenges to provide the best possible care for patients over the winter period. Brigid Stacey (BS) highlighted the quality impact of the Plan. A robust System Quality Review Panel has been implemented which will consider any quality impacts of stopping services. The Panel will look at the risks and mitigations of anything referred to it and feedback to the System on the level of risk that implementing these decisions will cause; the System will then be able to decide what level of risk they are happy to accept. This process was reported to Region, which was very impressed with it, and are planning to implement it across the Region as a good example of managing risks. There is an extraordinary meeting of the System Quality Assurance Committee on 17th December to look at the Winter Plan and the end-to-end risks. From a quality and safety perspective the System will be well assured both on the Plan and any emerging risks. The following questions were raised:	

	• This is a well worked up Plan with the quality aspects being suitably covered under the circumstances. It was enquired if there is a sense emerging of the impact on inequalities on the waiting times. There does not appear to be a lack of pressure in the private system, and the danger is that a two-tier system is emerging, which would undermine the ethos of the NHS. It was asked how well sighted the System is on the inequalities. ZJ responded that an understanding of inequalities is still emerging; targeted pieces of work have been undertaken, particularly from a mental health perspective and the impact seen because of the pandemic. Available data is helping to drive decision making and strategic priorities. There is a new initiative to tackle inequalities through the development of a Health Inequalities Plan. Although things are in train, the priorities are not yet fully understood; this will be done quickly once the information is collated and worked through. There are requirements for planned care to record stats to help understand the inequalities position. The Planned Care Delivery Board is analysing this data and making decisions accordingly. • A lot of work has gone on behind this Plan to reach this position; in terms of assurance, there is a section on the coversheet regarding involving patients, public and key stakeholders, which says 'N/A' however this is not the case, and it was assured that this work has been undertaken. ZJ responded that the coversheet relates to the submission of the Plan to NHSEI. The communications and engagement team are constantly engaging with patients and sending messages on the reality of winter, what to expect and working together. • Regarding MSK, and the treatments undertaken at the independent hospitals i.e., Barlborough Treatment Centre and Nuffield Health a comment was made that this treatment favours those people in the higher socio-economic group who are more likely to fit the strict criteria; it was agreed that this will perpetuate inequities, and work is being undertaken to look at the nationally set criteria. **The Governing Body NOTED the summary content of the H2 plan submission which was submitted to NHSEI on 18th November**	
GBP/2122/197	**Finance Report – Month 7** Richard Chapman (RCp) provided an update on the financial position as at Month 7 (H2). The following points of note were made: • It has not been possible to report against the year-to-date budget, as it was not confirmed in time to be put into the ledger at the time of reporting; therefore Month 7 expenditure was reported against normalised Month 6 expenditure. • A £13.9m reduction in month on month run rate expenditure has been seen. £8m of this reduction relates to programme spend changes, and the remaining £5.9m is in reserves, specific allocations and investments which includes the release of a £3.9m contingency not required in H1, and as previously agreed by the Governing Body, has been committed to balance the H2 System Plan. • The annual run rate extrapolates the year-to-date expenditure rate to year end and is the difference between that and the annual forecast outturn; the run rate is materially impacted by not expecting any elective recovery funding in H2 and the reductions to COVID funding not being available to pass on to providers in the System. • A differential between indicative planning allocations and confirmed allocations was highlighted.	

	The Governing Body NOTED the following: • **Allocations have been received for the full year at £2.074bn** • **In line with NHSE/I guidance, planning for H2 had not been completed for month 7 reporting. As a result, the finance report has been compiled comparing actual monthly expenditure in month 7 with month 6 and overall expenditure against the H2 allocation allowance** • **Retrospective allocations received for H1 Covid spend on the Hospital Discharge Programme were £5.498m; further funding is expected of £0.625m relating to month 7** • **The Elective Recovery Fund has been reimbursed at £0.702m for April to September**	
GBP/2122/198	**Finance Committee Assurance Report – November 2021** Andrew Middleton (AM) provided a verbal update following the Finance Committee meeting held on 25th November 2021. The following points of note were made: • The CCG has moved firmly into maintaining a balanced position for the current year, to ensure it is well positioned to hand over to the ICB from April 2022. The System Finance and Estates Committee (SFEC) will meet as a joint Committee with the CCG's Finance Committee from January 2022 onwards. It has been demonstrated through SFEC that System working is a much better place to be. • The Committee will be pursuing deep dives on the Better Care Fund and the Personal Health Budgets approach strategy. • Restoration of the productivity plan is well established in the System space and was explored by SFEC. • The CCG's running costs are under 1% of its total budget which needs to be acknowledged, as vacancies are being covered by existing staff, with no let up to ensure that the System is prepared for the future. • The Financial Control Team achieved the Better Payment Practice code in October, reaching 100% for first time in some time. • This is a preparatory position, moving at pace, to ensure the System is able to carry it on from April 2022. **The Governing Body NOTED the verbal update provided for assurance purposes**	
GBP/2122/199	**Audit Committee Assurance Report – November 2021** Ian Gibbard (IG) provided an update following the Audit Committee meeting held on 18th November 2021. The report was taken as read and the following points of note were made: • Changes have been made to the Internal Audit Plan; System pressures have required them to refocus some planned assignments to ensure a good focus on the transition work, whilst deferring other things; this was considered to be a sensible and rational approach going forward. • Full assurance was received on an audit of Primary Care Medical Services, particularly the financial aspects of it, which is testament to the work of the Primary Care Team and the functions of the PCCC being discharged effectively.	

	The Governing Body NOTED the update provided for assurance purposes	
GBP/2122/200	**Clinical and Lay Commissioning Committee (CLCC) Assurance Report – November 2021** Dr Ruth Cooper (RC) provided an update following the CLCC meeting held on 11th November 2021. The report was taken as read and the outcomes of discussions were noted. The following point of note was made: • The Committee endorsed the proof of concept to work with the voluntary sector and social enterprises going forward, specifically for autism, however it could be applied to other areas. The concept was to have a lead provider to work directly with the ICB in future and with providers in the community to co-design services. The advantages of this are that lead providers are familiar with all services in the community, particularly the smaller ones, who often provide significant support and are cost effective, but do not have the infrastructure to be able to put forward bids and therefore could be lost to the System. This is a good opportunity to monitor quality more effectively, and therefore received significant support from the Committee. **The Governing Body NOTED the paper for assurance purposes and RATIFIED the decisions made by the CLCC**	
GBP/2122/201	**Derbyshire Engagement Committee Assurance Report – November 2021** Martin Whittle (MWh) provided an update following the Derbyshire Engagement Committee meeting held on 16th November 2021. The report was taken as read and the following points of note were made: • The Committee has started to look at items of engagement which have taken place since the COVID pandemic, for example, the older people mental health consultation for which updates had been received on potential changes for the wards at LRCH; although this is still proposed it is now also being looked at in Chesterfield and Walton to provide more modern accommodation that does not have shared facilities. There was assurance around the consultation plan received; the consultation will be run between December and February and the Committee will receive feedback thereafter. • A change is proposed for some services provided out of Newholme Hospital. The Committee supported the planned engagements with the wider participation groups and General Practice Managers where patient services will move. **The Governing Body NOTED the update provided for assurance purposes**	
GBP/2122/202	**Governance Committee Assurance Report – November 2021** Jill Dentith (JD) provided an update following the Governance Committee meeting held on 11th November 2021. The report was taken as read and the following points of note were made: • The following policies were approved:	

	• Raising Concerns at Work (Whistleblowing) Policy • Incident Reporting Policy • Incident Management Plan • Violence Prevention and Reduction Standards Strategy and Policy • The management of the transition of CCG policies to ICB policies was discussed, to ensure the new organisation is able to pick them up where necessary and have the opportunity to comment on their development. • It was noted that there has been a slight change to the Business Continuity approach taken by NHSEI, resulting in a few standards declaring Substantial Assurance rather than Full Assurance; the Committee was happy that the work being undertaken is appropriate and there are no risks around it. • The following Information Governance policies were approved: • IG01 – Information Governance (IG) Policy • IG02 – Network Internet and Email Acceptable Use Policy • IG03 – Records Management Policy • Information Governance Strategy • Following a discussion at last months' Governing Body on workforce at a strategic System level, the Governance Committee was requested to have a further conversation. A detailed discussion was held and, although HR and people and culture are part of the Governance Committee's remit, the wider System work around workforce fits better in the System space. It was proposed that this be picked up from January onwards as part of the transitional integrated working arrangements. **The Governing Body NOTED the update provided for assurance purposes**	
GBP/2122/203	**Primary Care Commissioning Committee (PCCC) Assurance Report – November 2021** Professor Ian Shaw (IS) provided a verbal update following the PCCC meeting held on 24th November 2021. The following point of note was made: • A concern was raised for both the CCG and ICB around the capacity of the Primary Care Team in meeting its high standards and requirements in the face of an increasing workload, particularly with the pharmacy and optometry responsibilities being phased in over the next two years without any additional resources. AB queried if the Transition Assurance Committee is sighted on this; HD confirmed that this is a risk and is part of the overarching plan being worked through. **The Governing Body NOTED the verbal update provided for assurance purposes**	
GBP/2122/204	**Quality and Performance Committee (Q&PC) Assurance Report – November 2021** Dr Buk Dhadda (BD) provided an update following the Q&PC meeting held on 25th November 2021. The report was taken as read and the following points of note were made:	

	• Challenges are being faced around the 62-day cancer target; the Q&PC is sighted on this and will be relooking at the pathway in greater detail. A significant increase in cancer referrals has been seen by providers, although the conversion rate remains the same it results in a higher number for cancer diagnoses which puts more pressure on an already strained System. • An update was received on EMAS, including the issues around pre / post-handover delays, patient demand and acuity. The A&E Delivery Board is sighted on this and has put a commitment in place that no handovers will take over 60 minutes. EMAS's Quality Assurance Group reviews patient safety and local reviews are undertaken at CCG level. NHSEI has acknowledged the additional pressures facing ambulance services across England and £55m of national funding has been provided, of which Derbyshire will receive a share, to improve performance trajectories. • The Committee received the annual safeguarding reports for both children and adults which provided assurance that the CCG is meeting its statutory commitments around safeguarding. Thanks were placed on record to both safeguarding teams for the excellent work they have done which is apparent in the reports, despite the rising demand and challenges around the pandemic. The Teams also continue to undertake safeguarding training for health care professionals. The following questions were rasied in relation to the report: • The report raises an issue around maternity staff and midwives, which links with the Governance Committee discussions on workforce, on how the CCG and System can ensure sufficient capacity to deliver the set targets. It was queried what assurance there is that maternity services are being managed appropriately within the resources. BD confirmed that the Committee has looked at this and it was discussed at a System level where assurance was provided around maternity provision for the CCG's population. BS added that this is a national problem. The home birth services at UHDBFT were suspended in the summer due to staff pressures and will be reviewed on 17th January 2022. As a result of this, a quality review of maternity services was undertaken in September and October which provided assurance that there are no safety concerns. There is a quality and safety forum for maternity services. • It was queried whether the Committee has had the opportunity to look at balancing capacity across the System in responding to waiting time targets, particularly regarding diagnostics where there are huge variations in waiting times between CRHFT and UHDBFT. For example, the MRI wait at CRHFT is zero, whilst at UHDBFT it is significant. It was asked whether patients are being triaged between centres on this basis based on the criticality of their condition. It was asked if this also applies in other areas. BD responded that this was mentioned at Q&PC. Patient demographics are different between UHDBFT and CRHFT; UHDBFT is more specialised and has a greater demand on its diagnostic services. As well as the issues of staffing, COVID safety has reduced the capacity to carry out the numbers of investigations undertaken pre-pandemic; UHDBFT has implemented measures to increase its MRI scanning capacity. The reporting of test results also puts strain on the department. It is a complex pathway, which will continue to be monitored. In relation to waiting list backlogs, there is a clinical risk stratification process in place, working to a national protocol, to ensure that patients needing to be seen earlier are prioritised. The waiting times are expected to increase due to the referrals coming in.	

	• ZJ added that comparisons are always being made between providers and the possibility of sharing workforce or moving patients between sights, although fraught with logistical challenges, is being looking into. Discussions have been held on having a shared waiting list position; however, it is not sure how much could be done over the winter period given the constraints; when the challenges settle, it may be possible to implement new models of working. • Primary Care providers need to ensure that their referrals are appropriate and decide if non-cancer referrals into imaging are necessary. A video has recently been shared, produced by CRHFT and UHDBFT, to help people understand the waiting times in diagnostics, explaining that the Teams are still working hard and trying to get the waiting lists down and asking for people to be supportive of this. • IT systems are difficult to access between CRHFT and UHBDFT, which causes problems if patients have images or tests at one hospital and are treated at the other. It is frustrating that the IT systems are preventing the use of resources in a joined-up manner – If this could be resolved it would make a big difference. • There is also an issue with eRS allowing consultants to triage referrals; one of the barriers is that eRS does not speak to the hospital computer system. • Understanding between Trusts is increasing, and mutual respect is developing as they work collaboratively together. **The Governing Body NOTED the paper for assurance purposes**	
GBP/2122/205	**CCG Risk Register – November 2021** HD advised that this report highlights areas of organisational risk recorded in DDCCG's Corporate Risk Register as at 30th November 2021. All risks in the Register are allocated to one of the CCG's Corporate Committees which reviews them on a monthly basis. No changes were made to the risk scores this month. During Quarter 4, a formal process of review will be undertaken to reach a year-end position and consider any risks that will need to be transferred into the ICB. **The Governing Body RECEIVED and NOTED:** • **The Risk Register Report** • **Appendix 1 as a reflection of the risks facing the organisation as at 30th November 2021** • **Appendix 2 which summarises the movement of all risks in November**	
GBP/2122/206	**Joined Up Care Derbyshire Board – ratified minutes – 16.9.2021** **The Governing Body RECEIVED and NOTED these minutes**	
GBP/2122/207	**Ratified Minutes of DDCCG's Corporate Committees:** • Audit Committee – 16.9.2021 • Derbyshire Engagement Committee – 21.9.2021 • Governance Committee – 23.9.2021 • Primary Care Commissioning Committee – 27.10.2021 • Quality and Performance Committee – 28.10.2021	

	The Governing Body RECEIVED and NOTED these minutes	
GBP/2122/ 208	**South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) CEO Report – November 2021** CC announced that Gavin Boyle, the CEO of UHDBFT, has been appointed as the CEO Designate of SYB ICS. The Governing Body congratulated Gavin in this new venture and wished him well. **The Governing Body RECEIVED and NOTED this report**	
GBP/2122/ 209	**Safeguarding Children, Looked After Children, Named GP for Children's Safeguarding and Adult Safeguarding Reports – 2020-21** **The Governing Body NOTED and ENDORSED the content of the reports and the objectives set for 2021/2022**	
GBP/2122/ 210	**Minutes of the Governing Body meeting in public held on 4th November 2021** **The minutes of the above meeting were agreed as a true and accurate reflection of the discussions held**	
GBP/2122/ 211	**Matters Arising / Action Log** Action Log – November 2021 – No outstanding items	
GBP/2122/ 212	**Forward Planner** **The Governing Body NOTED the Planner for information**	
GBP/2122/ 213	**Any Other Business** None raised	
DATE AND TIME OF NEXT MEETING – 13th January 2022 at 9.30am via MST		

Signed by: ……Dr Avi Bhatia ……. Dated: ……13.1.2022……
(Chair)