

Derby and Derbyshire CCG Governing Body Meeting in Public
Held on
2nd July 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
Sandy Hogg	SH	Executive Turnaround Director
Zara Jones	ZJ	Executive Director of Commissioning Operations
Dr Steven Lloyd	SL	Medical Director
Simon McCandlish	SM	Lay Member for Patient and Public Involvement
Andrew Middleton	AM	Lay Member for Finance
Dr Emma Pizzey	EP	Governing Body GP
Brigid Stacey	BS	Chief Nursing Officer
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 Robyn Dewis	RD	Acting Director of Public Health - Derby City Council
Professor Ian Shaw	IS	Lay Member for Primary Care Commissioning

In attendance:

Dawn Litchfield	DL	Executive Assistant to the Governing Body / Minute Taker
Suzanne Pickering	SP	Head of Governance
Sean Thornton	ST	Head of Communications and Engagement

Item No.	Item	Action
GBP/2021/001	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/2021/002	Questions from members of the public AB advised that the following two questions pertaining to today's agenda have been received from members of the public and confirmed that the	

responses would be included in the minutes and provided directly to the individuals who raised them.

Question 1 - I would like to ask a question about the provision and support of people suffering from Post-COVID syndrome. I have been suffering now for 3 months with ongoing COVID-19 symptoms – cough, tight chest, aching body, fatigue and exhaustion. Only in the last week have I become aware of support groups on Facebook from thousands of people suffering from similar symptoms. Please could this be discussed at the meeting with decisions to be taken on how to raise awareness of this condition and support people suffering from this condition? It is estimated that 1 in 10 people who have had COVID are suffering from ongoing post-COVID symptoms. See BBC News – Calls for post-COVID Syndrome to be recognised - June 19 2020.

Response - Thank you for your question and we are sorry to hear that you are continuing to experience ongoing COVID-19 symptoms. To reassure you there is a tremendous amount of research work going on at a national and local level to understand all aspects of COVID-19 and in particular why it impacts differently upon people, why mortality rates vary and also the kind of after-care we need to provide for people in recovery. These issues also form the basis of regular meetings between the CCG, our acute hospital partners, other NHS service providers and health and care partners across the system. One of our most urgent challenges is to understand why we see such large variations and these in part explain why we attribute the term “Novel” to Coronavirus; COVID-19 is a new coronavirus.

We have been and continue to work with our partners following the announcement on Sunday 5 July from NHS England regarding the new ‘Your COVID Recovery’ service to provide a range of after-care which is tailored to suit the individual needs of patients. For example some people require support for the symptoms you are experiencing whilst others require support for cardiac related issues, neurological, renal, neuromuscular, psychological, mental health as well as with broader social support needs and other issues.

As we continue to shape this provision and work with patients on their longer term support we will be making decisions about how and where we will provide this type of care. We will then be bringing recommendations back to our Governing Body for them to make decisions on how we commission services that best reflect the needs of our patients.

We hope that this explains the very significant amount of work in progress and should you feel that you require further support please do not hesitate to contact us again at ddccg.enquiries@nhs.net

Question 2

1. Is the CCG aware of the number of people in the region with ongoing Coronavirus symptoms months after initial symptoms appear? I have been suffering now for 3 months with a cough, tight chest, achy body, low energy and fatigue. Some people are suffering from chronic fatigue, having to spend much of the day in bed.
2. What could the CCG do to help recognise and make people aware of Post –COVID Syndrome?

	<p>3. What support is there or can be offered to people with post-COVID syndrome - both physical and emotional?</p> <p>4. It is believed that 1 in 10 people who suffer from COVID-19 have ongoing symptoms?</p> <p>5. Could Derbyshire CCG take the lead in recognising this condition, offer support and look into treatment options?</p> <p>Response - Thank you for your question and we are sorry to hear that you are continuing to experience ongoing COVID-19 symptoms. To reassure you there is a tremendous amount of research work going on at a national and local level to understand all aspects of COVID-19 and in particular why it impacts differently upon people, why mortality rates vary and also the kind of after-care we need to provide for people in recovery. These issues also form the basis of regular meetings between the CCG, our acute hospital partners, other NHS service providers and health and care partners across the system. One of our most urgent challenges is to understand why we see such large variations and these in part explain why we attribute the term “Novel” to Coronavirus; COVID-19 is a new coronavirus.</p> <p>There is intensive work going on to understand the range of ongoing symptoms in post COVID patients to support their recovery. Through this we are able to help others recognise the symptoms and actions they need to take. Ultimately this is helping to inform us on key issues such as the number of people who continue to experience symptoms, the duration that this is likely to continue for and other important points. We are still relatively early in the journey for post COVID patients with this being a new virus but work continues at pace and most importantly we are providing treatment and support for those who continue with symptoms.</p> <p>We have been and continue to work with our partners following the announcement on Sunday 5 July from NHS England regarding the new ‘Your COVID Recovery’ service to provide a range of after-care which is tailored to suit the individual needs of patients. For example some people require support for the symptoms you are experiencing whilst others require support for cardiac related issues, neurological, renal, neuromuscular, psychological, mental health as well as with broader social support needs and other issues. The Derbyshire health and care system is working closely together in all aspects of the response to the pandemic and we also work with other areas locally and nationally to ensure that intelligence is shared.</p> <p>We hope that this explains the very significant amount of work in progress and should you feel that you require further support please do not hesitate to contact us again at ddccg.enquiries@nhs.net.</p> <p>The Governing Body NOTED the questions raised by members of the public</p>	
<p>GBP/2021/003</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>No further declarations of interest were made and no changes were requested to the Register of Interests.</p>	
<p>GBP/2021/004</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. The following points of note were made:</p> <ul style="list-style-type: none"> • This is the first meeting in public since the onset of the COVID-19 pandemic; however the Governing Body has held weekly confidential sessions during April and May, and fortnightly sessions in June. • AB regrets the loss of life due to COVID-19 and the suffering of people and their loved ones; he formally recorded the condolences of the CCG for those who continue to mourn. • The questions received from members of the public were very pertinent to the agenda and the long term suffering from COVID-19. • AB recorded his thanks to everyone involved in the response to the pandemic, not just the NHS staff but all other organisations and key workers. • The CCG is moving forward now with the Restoration and Recovery of services. • Dr Emma Pizzey (EP) requested that the sentence included in AB's report: '<i>We are also seeing an increase in primary care appointments, routine treatments and access to accident and emergency services</i>' be amended to clarify that it is the demand which is increasing rather than the availability of services, as these have been operational throughout the pandemic and were not turned off. This was duly noted. • AB invited Dr Steve Lloyd (SL) to provide a response on the post-COVID-19 syndrome aspects of care, as per the questions received from members of the public. <p>SL advised that there have recently been some publications of significant note on this subject. Particularly pertinent to the questions is an advisory paper from NHS England around the aftercare needs of inpatients with COVID-19 and looking at the consequences of the more severe end of the infection. There is a need to be aware that this is a totally new virus and triangulating this against previous influenza viruses is the wrong thing to do. Emerging evidence recognises the immediate needs of post-COVID-19 patients as being mainly respiratory, and any mental health issues arising, as some patients may have also been through a difficult time in intensive care settings. In the long term the outcomes are being based on previous experiences from the Severe Acute Respiratory Syndrome (SARS) outbreak. There is a need to look at the after effects of COVID-19 through the lens of what the disease has done to the patients themselves, the interventions necessary and the subsequent consequences. The need for post-intensive care syndrome follow ups</p>	

	<p>is recognised, however the longer term evidence is still emerging; the CCG is keeping track of the evidence. The Governing Body will be updated as this emerges.</p> <p>Andrew Middleton (AM) enquired if any GPs have had patients presenting with post-COVID 19 symptoms and asked how they are treating them. EP confirmed that she has seen a few patients but it is difficult to know how to treat them at this point, other than treating them for post viral fatigue generally.</p> <p>Dr Ruth Cooper (RC) asked if it is the intention of the CCG to share the data received as it is difficult to know how to support patients with chronic fatigue. RC also asked who will make the decisions on which services to commission in support of these patients, and who will approve the capacity and pathways required, and also what is happening in the system regarding this. CC advised that this is a new virus, which is still being learnt from in relation to the ongoing requirements for care needs and approaches to be taken. The system has come together to review the response to the COVID pandemic; part of this process includes a robust planning and co-ordination cell, which will help during the Restoration and Recovery process. Any new services will link into existing services. CC requested feedback from multi sources to allow this planning to take place and to scope out what new services need to be implemented.</p> <p>EP recognised that these discussions have mainly centred on patients that have been treated in Intensive Care Units with severe forms of the virus; however people that have had relatively mild forms of COVID-19, not requiring hospital intervention, are still experiencing some after-effects which also need to be taken into account when planning ongoing services. SL advised that there is a requirement to triangulate intelligence from all sources and not just focus on the severe end of the infection. The advice published was for inpatients however they were only a small percentage of the overall total of the people that have had the virus.</p> <p>AB summarised the need to look at the whole outturn of COVID-19, not just hospitalised patients. There is a requirement to look at the need in terms of all commissioning decisions going forward alongside everything else that the CCG does.</p> <p>The Governing Body RECEIVED and NOTED the contents of the report</p>	
<p>GBP/2021/005</p>	<p>Chief Executive Officer's Report</p> <p>Dr Chris Clayton (CC) provided a written report, a copy of which was circulated with the papers. CC thanked all members of the CCG for everything they have done, and gave particular thanks to his Executive Team. The following points of note were made:</p> <ul style="list-style-type: none"> • CC is proud of the work done by the CCG to support the work of the Derbyshire Joined Up Care System response to COVID-19. Although the CCG is now in a different phase, staff are still working hard. • In March, when lockdown occurred, the question arose as to how the CCG continued to operate as an organisation in a different way; 	

Microsoft Teams played a big part in this. The majority of staff were quickly moved to work virtually and, where there was a requirement for a physical presence, this was managed in safe way.

- The Joined Up Care Derbyshire system has come together well during this period and the Chief Executives wrote to all staff to thank them. It has been warming to see colleagues coming together from all parts of the system in response to the challenge. This was evident in the early days with Personal Protective Equipment and the mutual support through organisations out with the NHS.
- CC advised that in a major incident both the Local Resilience Forum and the Strategic Coordinating Group step up; this has been the pattern of business for several months and now includes discussions on the recovery element of care and service provision.
- A list of themes of meetings attended by CC was provided for information; this demonstrates a flavour of the CCG collaborating, coordinating and facilitating meetings between partner organisations.
- The CCG has embraced the use of virtual technology to bring its staff together during the pandemic, and plans to continue to use this method of communication to help with ongoing engagement.
- CC thanked colleagues for supporting the testing agenda across the two Derbyshire sites which were originally only for staff testing but are now open to the general public through the central booking system.
- The local activities undertaken by the CCG demonstrate the communications campaigns embarked upon in order to keep everyone connected.
- There has been an opportunity for local citizens to become involved in research campaigns on both mental health and diabetes.
- System leaders are reviewing and renewing their response to the Black, Asian and Minority Ethnic (BAME) group challenges, and equality and diversity as a whole, to ensure all staff and patient communities are heard and supported. The CCG is activity taking part in this and CC thanked staff for their input.
- CC formally thanked Sandy Hogg for the work she has done as Executive Director of Turnaround for the CCG and in the system over the last 2 years. Sandy will be officially leaving the CCG on 31st July 2020.

AM enquired, if there should be a second wave in COVID-19 infections, whether the system is well prepared for specific positive actions and to increase the protection for the BAME group which is disproportionately vulnerable to this virus. CC responded that the health inequalities impact of COVID-19 is something that the system is well aware of and concerned about nationally. The CCG is playing a local part in terms of reducing the impacts of the virus and continues to work on the health inequalities agenda. Prior to the COVID pandemic the Governing Body was involved in work to prioritise health inequalities, supported by Public Health.

With regard to the supporting of BAME colleagues, the CCG is working collectively with the system to tackle this. From an NHS perspective there is a clear requirement to identify and manage risks for colleagues from a BAME background. Collectively the system is looking at workforce challenges and ways of working for the whole system, which is wider than the NHS. Regular updates are provided at the System Escalation Call meetings.

	<p>Whilst there is no specific intelligence of a second wave occurring, the CCG is well minded to lookout and monitor the position and ensure, if and when one does occur, that the NHS is prepared to support the care requirements needed. Dean Wallace (DW) is leading the Public Health response, together with Dr Robyn Dewis (RD), across the system and the CCG is fully connected with this. The Health Protection Board is analysing the trends in data in order to coordinate a whole system response. The situation in Leicester is being watched carefully and the Governing Body will be advised if any actions need to be taken in Derbyshire. DW reported that his peers in Leicester have requested data to support Local Outbreak Plans which Local Authorities are required to implement; this has resulted in an improvement in the provision of post code level data nationally. Public Health is in a better position to be able to understand the situation across Derby and Derbyshire now. There will be significant learning for Derbyshire, and health and care systems nationally, all of which are monitoring developments and gathering new intelligence on a daily basis.</p> <p>Jill Dentith (JD) thanked CC and AB for their helpful reports which provide a flavour of the system work undertaken over the past few months. As this is the first meeting in public, it presents a positive picture, demonstrating the amount of work undertaken to reach the current position. It would be useful to see what challenges the CCG will be facing next and what provision will be implemented for these. JD would also like to thank Sandy Hogg for doing a fantastic job and said how good it was to work with her.</p> <p>The Governing Body RECEIVED and NOTED the report</p>	
<p>GBP/2021/006</p>	<p>Our Big Conversation</p> <p>Helen Dillistone (HD) presented a piece of work which set out how the CCG intends to implement a new model of staff engagement, called ‘Our Big Conversation’ through which conversations will take place on a range of issues that affect the work of the CCG. There is a plan in place to ensure that the strategy will be implemented effectively and also impact positively across the organisation and externally. The overarching aim is “To have conversations on the issues that matter to all of us in our CCG; issues that affect the way we work and work we do, so that we can make the CCG the best place for staff and for everyone to feel engaged and empowered in improving our lives, our work and the lives of those we serve.”</p> <p>One of the key features of the strategy is that the issues which form the topics for ‘Our Big Conversation’ are derived from both the CCG senior leadership and also from its staff. In this way the conversations will link to issues that are key to the success of the CCG and also those that resonate with “what matters most” to staff.</p> <p>Throughout the pandemic, and particularly at the weekly all-staff briefings, colleagues have engaged on some fundamentally important issues including inequalities and black lives matter but also on strategic and operational issues. The level of dialogue and constructive input has been tremendous and the feedback from colleagues regarding ‘Our Big Conversation’ has been very positive, indicating that now would be a good time to launch it.</p> <p>The launch and delivery plan articulates the approach to ensure that ‘Our</p>	

	<p>Big Conversation’ becomes quickly embedded as “the way we do things around here.” Critical success factors include a consistent approach across the management structure to encourage colleagues to engage and allow them time to effectively do so. A comprehensive methodology around agreeing topics and tracking progress and a continual and transparent feedback loop, which ensures that colleagues have regular updates on progress, are also vital. The plan will be launched on 6th July 2020.</p> <p>Normally the results of the staff survey would be presented to the Governing Body. Last year was a particularly difficult year with the restructuring of the new organisation following a long period of uncertainty. Work has been undertaken to develop a new culture, however from recent surveys it is apparent that some staff still feel unsure about what they are doing. The CCG wants to build on this feedback and incorporate it into this work.</p> <p>JD considered it to be a fantastic piece of work which links positively with the information known from the staff survey. In terms of next week’s launch, JD asked if the timing was right, as the CCG is still at Business Continuity Level 3. HD confirmed that this initiative has already been discussed with staff at the weekly meetings and the Executive Team does not want to lose the momentum already built up. It will be undertaken as a voluntary exercise, not mandatory for staff.</p> <p>It was requested that ‘up-mentoring’ be amended to ‘co-mentoring’.</p> <p>Dr Greg Strachan (GS) confirmed that this will be discussed further at next week’s Governance Committee.</p> <p>Martin Whittle (MWh) queried how the topics for discussion will be agreed. HD advised that there will be 4 topics per month for discussion, 2 to be decided by staff and 2 by the Executive Team. There would be resource implications of managing additional conversations; however a number of topics may be related therefore could benefit from being combined.</p> <p>CC supported this work but stated that there is a subtle balance between creating a framework for a conversation and not providing too much of a framework to become an approach. He would like to create a culture where talking about challenging issues is normal thus preventing things becoming bigger issues.</p> <p>The Governing Body RECEIVED this report and NOTED the items as detailed</p>	
<p>GBP/2021/007</p>	<p>Finance Report – Month 2</p> <p>Richard Chapman (RCp) presented a paper which defined the implementation of a temporary financial regime from 1st April to 31st July 2020. He advised that future arrangements are under development.</p> <p>The position reported by the CCG at the end of May is an overspend of £10.549m. The forecast position for the 4 months between April to July 2020 is a £13.497m overspend. It is anticipated that further allocations will be received by the CCG in recognition of material expenditure contained within the month 2 position, which is not yet funded. These allocations</p>	

	<p>include:</p> <ul style="list-style-type: none"> • £9.046m of costs identified as having been incurred necessarily and exclusively for the purpose of servicing the current emergency. • £0.618m of costs relating to the new GP contract, which is nationally negotiated and a pressure to all CCGs. • £1.151m of costs in prescribing in March which were over and above the normal level of expenditure and which it is thought were COVID related. <p>NHS England / Improvement (NHSEI) recognised that the current 4 month allocations were calculated hurriedly and may be incomplete. The CCG has identified 2 areas in which it believes errors were made, and has notified NHSEI accordingly. These are:</p> <ul style="list-style-type: none"> • Running cost allocations were based on a 20% reduction in the previous year's outturn when they should have been based on the previous year's allocation. Since the CCG had already prepared for the anticipated reduction in allocation, its outturn was lower than the previous year's allocation; the error has reduced the 2020/21 allocation by 11.8% from where it should be. • The calculation appears not to have adjusted for the fact that £7.7m of QIPP delivered in the last financial year was identified as non-recurrent. <p>If the anticipated allocations are received and corrections made in full, this will result in a £2.337m underspend year to date and a forecast underspend of £2.047m.</p> <p>The Governing Body NOTED the following:</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 2 the year to date overspend is £10.549m • The forecast position for the four months of April to July 2020 is an overspend of £13.497m • Amendments are expected to the allocations that have been received. These amendments will enable the CCG to achieve its financial duties • Assumptions-based expenditure scenario models have been developed for the full year position 	
<p>GBP/2021/008</p>	<p>Audit Committee Assurance Report</p> <p>Ian Gibbard (IG) provided an update on the discussions held at the March, April and May 2020 Audit Committee meetings, which continued to function throughout the pandemic in order to fulfil its statutory duties. The following points of note were made:</p> <ul style="list-style-type: none"> • DDCCG's first Annual Report and Accounts have now been completed and everything went smoothly, thanks to the work RCp / HD and their teams. The quality and timeliness of the work produced was exemplary. • The Committee approved the report at its May meeting, with delegated authority from the Governing Body, and an unqualified Head of Internal Audit Opinion was received at that point in time. The report has now been submitted to NHS England and will be published on the CCG's 	

	<p>website next week.</p> <ul style="list-style-type: none"> • The Committee reviewed a number of reports produced by Internal Audit; no control weaknesses were identified in any of these reports. • The Head of Internal Audit Opinion offered significant assurance based on the work of the teams during 2019/20. • As a result of the COVID-19 pandemic the CCG does not as yet have a firm Audit Plan for 2020/21; this will be progressed during the year. <p>The Governing Body NOTED the contents of this report for assurance purposes</p>	
GBP/2021/009	<p>Finance Committee Assurance Report</p> <p>Andrew Middleton (AM) provided a verbal update following the Finance Committee meeting held on 25th June 2020. The following points of note were made:</p> <ul style="list-style-type: none"> • The Committee was assured, as far as possible, in this difficult and uncertain temporary financial regime in which it finds itself operating, that the CCG is in a sound position. • This is not a normal year and it is estimated that the non-normal situation could continue for the whole financial year, however there is no certainty of this. • Saving lives has been the main priority. The CCG is now however moving to a Restoration and Recovery phase, preparing to position itself for new normal financial arrangements in 2021/22. • There is a need to retain best practices and the CCG is encouraging this appetite with partner organisations. • The Finance Team has a good grip on all financial transactions, which are somewhat uncertain as they include claims for the extra costs of COVID-19. • The CCG continues to see 99.5 to 100% of invoices paid on time which is important for the local economy. <p>The Governing Body NOTED the contents of this update for assurance purposes</p>	
GBP/2021/010	<p>Governance Committee Assurance Report</p> <p>JD provided an update on the discussions undertaken at the Governance Committee meeting held on 12th March 2020. The following policies and reports were noted and approved:</p> <ul style="list-style-type: none"> • Mobile Phone Policy • Complaints Handling Policy • Organisational Efficiency Project Initiation Documents • The Organisational Effectiveness and Improvement Action Plan and Highlight Report • The Equality Delivery System 2 and Objectives Report <p>On 17th March 2020 an urgent virtual Governance Committee meeting was conducted due to the escalating position of COVID-19, and the urgent requirement to review and approve the revised Business Continuity Plan and Escalation levels in relation COVID-19. The Business Continuity Plan had been updated following the Government's latest guidance on the COVID-19 situation.</p>	

	<p>The Committee approved in principle the:</p> <ul style="list-style-type: none"> • Revised Business Continuity Plan Escalation Levels table • Revised Business Continuity Plan with the action to embed Revised Escalation Levels, as approved above, and further action to identify clearly in the plan COVID-19 email, incident room and telephone numbers. <p>The Governance Committee also noted and gained assurance from the updated Business Impact Assessment paper.</p> <p>JD thanked her colleagues for giving up their time at short notice to approve the recommendations and undertake due process.</p> <p>The Governing Body NOTED the contents of this report for assurance purposes</p>	
<p>GBP/2021/011</p>	<p>Quality and Performance Committee Assurance Report – March 2020</p> <p>Dr Buk Dhadda (BD) provided an update on the discussions held at the Quality and Performance Committee meeting held on 25th June 2020. As this was the first Quality and Performance Committee meeting for 3 months it was split into 3 stages:</p> <ul style="list-style-type: none"> • Stage 1 – The end of year position which involved the sign off of the Integrated Report from March and a discussion around the future reporting using Statistical Process Control. This included issues that were being worked through prior to the COVID-19 pandemic’ although the effects of the pandemic were becoming evident at that point in time in relation to the Constitutional performance targets. • Stage 2 – COVID-19 Pandemic response and assurance – the discussions centred around key areas of performance and the effects of COVID-19 on these, with details provided of the assurances that have been obtained from Providers throughout this period. BD recorded his thanks to Brigid Stacey (BS) and Zara Jones (ZJ) and their teams for the excellent work undertaken during lockdown; the amount of data accessible was significant and reassuring. • Stage 3 - Restoration and Recovery – the Committee focused its discussions on the key priority areas moving forward and how it will work as a Committee to focus on these. It was agreed that a sub-group of the Committee will meet between now and the next meeting to continue these discussions in more detail. Future priorities need to move forward in order to build upon good opportunities to review the quality and performance processes. <p>AB appreciated the agility of the Committee to adapt to the times.</p> <p>The Governing Body NOTED the key performance and quality highlights and the actions taken to mitigate the risks</p>	

<p>GBP/2021/012</p>	<p>Governing Body Assurance Framework – Quarter 4 – 2019/20</p> <p>HD advised that the Governing Body Assurance Framework (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>Following approval at the June 2019 Governing Body meeting of the Strategic Objectives and Risks, the full GBAF Quarter 1 was presented to the Governing Body for assurance at the July 2019 meeting, Quarter 2 in November 2019 and Quarter 3 in February 2020. The Quarter 4 GBAF was presented to the Governing Body today for completeness.</p> <p>It has formulated a large part of the CCG's Governance Statement and Head Of Internal Audit Opinion; a significant assurance rating was gained by the CCG last year. Further discussions are being undertaken to develop the 2020/21 GBAF.</p> <p>The Governing Body RECEIVED and GAINED ASSURANCE from the Quarter 4 Governing Body Assurance Framework</p>	
<p>GBP/2021/013</p>	<p>Decisions made by the Governing Body during April/May/June 2020 for ratification</p> <p>HD presented a report, for completeness and assurance, detailing the decisions taken by the Governing Body whilst operating at Business Continuity Level 4; this report has been published on the CCG's website.</p> <p>JD requested that the amendments made to CCG's Constitution, which were the right way forward at that time, now be reviewed in light of the current requirements. HD confirmed that a paper will be presented at the August meeting detailing all necessary amendments to the Constitution.</p> <p>The Governing Body RATIFIED the public decisions made at the confidential meetings held during April, May and June 2020</p>	
<p>GBP/2021/014</p>	<p>Learning from Deaths review of people with a learning disability (LeDeR) Programme Annual Report 2019/20</p> <p>Brigid Stacey (BS) presented the first annual report of LeDeR Programme which has already been taken through the Quality and Performance Committee. The LeDeR Programme is led by the University of Bristol and follows on from the Confidential Enquiry into Premature Deaths of people with LD (CIPOLD), the findings of which demonstrated that on average someone with a Learning Disability lives 20 years less than someone without. The report is the first annual report for Derbyshire and uses data collated from 1st April 2019 to 31st March 2020. The purpose of the report is to share the findings and the learning with those involved in the LeDeR programme and those working with individuals with learning disabilities.</p> <p>There has been a tremendous turnaround in the LeDeR programme in Derbyshire in the past year in relation to the completion of reviews. At the</p>	

	<p>end of March 2019 there were 50 unassigned reviews, with the oldest unallocated review dating back to 29th November 2017; only 27 reviews in total had been completed since the programme began in April 2017. However, one year later, at the end of March 2020, all of the outstanding reviews have been assigned to a reviewer and since the programme began 119 reviews have been completed; last year 92 reviews were completed. The main reason for this turnaround was due to additional resources being implemented by the CCG in order to complete reviews and support the programme.</p> <p>The themes for Derbyshire were collected as part of the review process and provided for information. The actions currently being taken to improve the situation, together with recommendations, were provided for assurance purposes.</p> <p>BD supported this exceptional piece of work, which will be shared with Providers to help improve care quality. This is a great news story, which the CCG played a key part in; BD thanked all those involved.</p> <p>AM considered this to be a positive and extremely pleasing part of the Quality and Performance Committee which is down to great leadership at all levels. There is a need for it to be established as business as usual.</p> <p>Dr Ruth Cooper (RC) requested that this report be shared with primary and social care colleagues.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • REVIEWED and DISCUSSED the first LeDeR Programme Annual Report - April 2019 to March 2020 for assurance purposes. • NOTED the findings from reviews and took assurance from the actions taken to date. 	
<p>GBP/2021/015</p>	<p>Ratified Minutes of DDCCG's Corporate Committees:</p> <ul style="list-style-type: none"> • Audit Committee – 19th March / 29th April 2020 • Engagement Committee – 19th February 2020 • Governance Committee – 23rd January 2020 • Primary Care Commissioning Committee – 26th February / 25th March 2020 • Quality and Performance Committee – 27th February / 26th March 2020 <p>The Governing Body RECEIVED and NOTED these minutes</p>	
<p>GBP/2021/016</p>	<p>Minutes of the Governing Body meeting held on 5th March 2020</p> <p>The minutes of the above meeting were agreed as a true and accurate record.</p>	
<p>GBP/2021/017</p>	<p>Matters Arising / Action Log</p> <p>The action log will be updated and amended accordingly.</p>	

