

**Derby and Derbyshire CCG Governing Body Meeting in Public**  
**Held on**  
**4<sup>th</sup> November 2021 via Microsoft Teams**

**CONFIRMED**

**Present:**

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
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 / Vice Chair (Meeting Chair)

**Apologies:**

Dr Avi Bhatia	AB	Clinical Chair
Dr Robyn Dewis	RD	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
Andy Harrison	AH	SRO, Acute Care Capital Programme, DHcFT

Item No.	Item	Action
<b>GBP/2122/168</b>	<b>Welcome, Apologies &amp; Quoracy</b>  Martin Whittle (MWh) welcomed members to the meeting.  Apologies were received and noted as above.  It was confirmed that the meeting was quorate.	
<b>GBP/2122/169</b>	<b>Questions received from members of the public</b>  No questions were received from members of the public.	

<p><b>GBP/2122/170</b></p>	<p><b>Declarations of Interest</b></p> <p>MWh reminded Committee members and visiting delegates of their obligation to declare any interests that they may have on any issues arising at Committee meetings which might conflict with the business of the CCG.</p> <p>Declarations declared by members of the Governing Body are listed in the CCG’s Register of Interests and included with the meeting papers. The Register is also available either via the Executive Assistant to the Governing Body or the CCG website at the following link: <a href="http://www.derbyandderbyshireCCG.NHS.uk">www.derbyandderbyshireCCG.NHS.uk</a></p> <p><u>Item GBP/2122/187 – Any Other Business – Business as Usual – Capital Finance Plan</u> – All GB GPs declared an interest in this item which related to General Practice funding. The item has previously been considered by the Finance Committee and it was confirmed that GPs were not part of the discussion. All GB GPs left the meeting prior consideration of this item.</p> <p>No further declarations of interest were made, and no changes were requested to the Register of Interests.</p>	
<p><b>GBP/2122/171</b></p>	<p><b>Chair’s Report – October 2021</b></p> <p>MWh presented Dr Avi Bhatia's (AB) report, a copy of which was circulated with the meeting papers; the report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> <li>• The work being undertaken by the NHS to improve climate change was highlighted.</li> <li>• The clinical trial of blood tests in relation to the diagnosis of cancer will be very helpful and it is good that the Derbyshire population will be participating in it.</li> <li>• The violence and aggression towards our Emergency Department and Primary Care colleagues needs to be minimised; it is very sad that this is even happening at all.</li> </ul> <p>The following questions were raised in relation to the report:</p> <ul style="list-style-type: none"> <li>• It was enquired how well sighted the CCG is on the base data that enables progress on the Green agenda to be charted, and when the Green Plan, currently in development, will be made available to Governing Body members. Helen Dillistone (HD) responded that the CCG has been working on the Plan however the regional level data which demonstrates where the region sits against the rest of county, in terms of carbon emission outputs, has only recently been received. The 1990 NHS data was compared to the current data and has shown a significant reduction, which is pleasing. Specific interim targets have been set to help reach net zero by 2030 and 2045 for the remaining targets. CCG staff received a presentation recently highlighting some of the biggest contributing factors in the NHS, including anaesthetic gases and inhalers. A workstream and ICS Green Delivery Group has been established, comprising acute and community Chief Pharmacists and Medicines Leads, to take this issue forward. Other areas of priority include NHS estates, waste management and fleet. There is a good understanding of what the main contributors are.</li> </ul>	

	<p>Benchmarking data demonstrates the current position and the target that needs to be reached, both at an individual organisation level and collectively across the ICS. Each organisation is required to have its own Strategy and Plan by the new year. A Board Level Executive Lead is required to champion the green agenda. This will be overseen by the ICS and best practice shared; an ICS Green Plan is required by March 2022.</p> <ul style="list-style-type: none"> <li>It was enquired how practices are being supported regarding physical infrastructures to help keep their staff safe from violence and aggression. Dr Steve Lloyd (SL) advised that the CCG, LMC and GP Taskforce are working together to support practices and a resource pack issued to provide links to wider training and support. It is hoped to expand premises funding to help improve security arrangements. SL meets with MPs regularly to flag up concerns. There is a need to inform and educate patients on this particularly challenging and vexing issue.</li> </ul> <p><b>The Governing Body NOTED the contents of the report provided</b></p>	
<p><b>GBP/2122/172</b></p>	<p><b>Chief Executive Officer's Report – October 2021</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>A series of interviews were undertaken recently by Radio Derby, speaking to all Derbyshire System CEOs about the health challenges currently being faced across the System, and how best to support people through the winter period. The importance of the vaccination programme was highlighted, and people were encouraged to take up the offer of a COVID-19 vaccine and booster, and the flu vaccination, as soon as possible.</li> <li>The public were encouraged to use the NHS 111 On-Line service to access healthcare information and advice.</li> <li>The Integrated Care System (ICS) will come into being from 1<sup>st</sup> April 2022. The CCG is currently supporting the set up and development of the Derbyshire ICS, in conjunction with the wider System partnership. The new Integrated Care Board (ICB) will come into being and the CCG will cease to operate. Continued engagement with patients and System partners is being undertaken to ensure that their voices are heard on the priorities going forward. Our Glossop CCG colleagues will be joining the Derbyshire ICS from April 2022.</li> <li>On behalf of CC, HD thanked all health and social care staff for their continued support and the work they are undertaking at this difficult time.</li> </ul> <p>MWh advised that the recent Derbyshire Dialogue engagement event was very interesting and was well received by all who participated. Many members of the public joined the session to contribute to the discussions and share their knowledge.</p> <p>The following questions were raised:</p> <ul style="list-style-type: none"> <li>The Foundation Trusts all have a membership and elected Governors which is a good route towards engaging with a broad spectrum of the population; it was asked whether it would be possible for the ICS to have a membership to generate more widespread interest. MWh</li> </ul>	

	<p>agreed that working more with FT Governors would be a great opportunity to bolster engagement overall and requires further consideration. HD advised that some of the Trusts' Governors are on the Engagement Committee therefore providing links into the Trusts. Use of the Trusts' membership and Governors would help to create better public partnerships across the health and social care networks.</p> <ul style="list-style-type: none"> <li>• The exhaustion of NHS staff through working long hours and extra shifts was highlighted; there is a need to be conscious of this fact when planning for the winter. Positive, supportive messages need to be conveyed to staff, giving praise for the work being done to counteract the negativity being portrayed within the press.</li> </ul> <p><b>The Governing Body NOTED the contents of the report provided</b></p>	
<p><b>GBP/2122/173</b></p>	<p><b>DHcFT Acute Mental Health Dormitory Eradication</b></p> <p>Zara Jones (ZJ) presented the Outline Business Cases (OBCs) relating to the refurbishment of the Radbourne Acute Mental Health Unit in Derby, the provision of a new male Psychiatric Intensive Care Unit (PICU) and the new female acute plus inpatient services in Derby. This links to the previous discussions on the strategic importance of dormitory eradication. The OBCs have already been approved for the two 54-bedded units in the north and south of the county and ZJ was pleased to inform that a national process has approved an £80m award to build those facilities.</p> <p>ZJ confirmed that scrutiny has been undertaken on the capital and revenue requirements: the OBCs were taken through the System Finance and Estates Committee (SFEC) to ensure that they fit with the System's Capital Prioritisation Plan. The Mental Health Delivery Board (MHDB), which is the key System Group overseeing the developments, is taking ownership of the revenue implications, recognising that the revenue costs attributed to this spend would result in revenue not necessarily being available for other initiatives. The System's Oversight and Scrutiny Committees are sighted on the developments, as is the CCG's Engagement Committee and CLCC.</p> <p>Andy Harrison (AH) provided a presentation, a copy of which was circulated to members post meeting, outlining the OBCs for the eradication of dormitories and development of local facilities to reduce out of area placements. When the Full Business Cases (FBC) are submitted for final national approval next year, there will be a need to demonstrate that progress has been made on local developments.</p> <p>ZJ added that the most cost-effective solutions have been developed in order to meet the strategic commissioning intentions for inclusion in local capital plans.</p> <p>The following questions were raised:</p> <ul style="list-style-type: none"> <li>• This initiative has been long awaited; AH was thanked for all the work he has put into this project.</li> <li>• It was enquired how the 14 bed PICU facility has been modelled and whether it would be adequate to prevent patients from being sent out of area, as far as possible. AH confirmed that the numbers of patients requiring PICU over the last 3 years in Derbyshire have been analysed, taking into account potential growth and using national statistical modelling; it was demonstrated that 14 beds will be capable of dealing with the forward projection over the next 3 years. These findings will be</li> </ul>	

confirmed as the FBC is developed, in line with future demand using CCG and national data.

- CC stated that the acknowledgment of the MHDB of the revenue consequences is an important strategic shift for the System. The need to invest, from a revenue basis, in a specialised end of care pathway was also recognised.
- CC took an action from the SFEC meeting to gauge the assurance of the CLCC on the two out of area female PICU patients who may still need to be cared for outside of Derbyshire, and the model intended around that. Dr Ruth Cooper (RC) challenged this at the CLCC meeting and was informed that this was the most cost-efficient solution. ZJ confirmed that, from a clinical perspective, in some circumstances, out of area placements are deemed to be the most appropriate solution if it is not possible to meet patients' needs in-county; it was noted that this is the right approach for these two particular individuals. It was also noted that appropriate governance processes are in place and were utilised effectively by the CLCC, with robust discussions being held; assurance was taken from this process.
- The Commissioning for Individuals Panel often struggles to find suitable in-county provision for specialist patients. The proposed facilities continue the trend to develop more home-grown capacity to support patients. The Panel will be delighted at the prospect of having packages available for patients in-county, for which there are good assurance mechanisms and scrutiny in place. Should the market develop and an upward trend for highly complex cases emerge, assurance was provided at the SFEC that the architectural design of the facilities would allow expandability in the future.
- It was acknowledged that the workforce development is ongoing alongside the build and a watch needs to be kept of numbers to ensure that there will be enough staff to run the new facilities.
- Confirmation of the arrangements for de-canting patients during the refurbishment period was requested, particularly regarding the continuity of service provision. AH advised that the refurbishments will commence early in the next financial year and outlined the three-phase process which will maintain the same number of beds over the refurbishment process, thus having a minimal impact on service provision.
- From a quality and patient safety perspective, this is a much-needed development for Derbyshire.

#### **The Governing Body:**

- **NOTED the Outline Business Cases relating to the refurbishment of the Radbourne Acute MH Unit in Derby, the provision of a new male Psychiatric Intensive Care Unit and new female acute plus inpatient services, both to be provided on the Kingsway Hospital campus in Derby**
- **REVIEWED the recommendations from the CLCC**
- **NOTED the approval provided from the JUCD System Finance and Estates Committee**
- **CONFIRMED support for the progress of the Outline Business Cases**
- **APPROVED content of proposed letters of support**
- **NOTED that the final OBC relating to the proposed relocation of the older people's mental health wards in North Derbyshire will be reviewed at future CCG Committees and Governing Body**

**GBP/2122/  
174**

## **Winter Plan Update**

ZJ provided an overview of the Winter Plan which included:

- The operational priorities for the NHS to deliver over the next six months – as per those set out recently by NHS England
- The key challenges that the NHS in Derby and Derbyshire face this Winter
- The headline messages in relation to delivery against the operational priorities set by NHS England – reflecting the current status of planning works across the Derby and Derbyshire NHS
- The work that continues to be done to prepare the NHS for Winter.

A presentation was provided, a copy of which was circulated with the meeting papers, outlining the 2021/22 priorities and operational planning for October 2021 to March 2022.

Every winter is difficult, but this winter seems to be the most challenging one to date. Although there has been a change in the COVID-19 position, it has not provided enough headroom going into winter due to a challenging summer and autumn period. The pressures are being felt across the whole System, from General practice, to community, acute or mental health service providers and the current performance issues are adding to the pressures.

All System partners have contributed to the development of the Urgent and Emergency Care Plan which was broadened out to look at non-emergency care and the pathways aspects. The Plan is currently being finalised in preparation for submission to NHSEI by 16<sup>th</sup> November 2021.

The following questions were raised:

- Concern was expressed how effective the Winter Plan will be if it is reliant upon staff, most of whom are already stretched to the limit and do not have the capacity to work more sessions; this together with increased sickness levels due to COVID-19, the viruses around at this time of the year, and stress and burnout, will have a profound effect on the delivery of the Plan. ZJ agreed that this was a real challenge. The Winter Plan includes workforce initiatives including wellbeing offers and support. All providers are working to fill the recruitment gaps whilst preventing moving the problem elsewhere. There is a need to support staff and manage expectations, filling shifts through overtime within reasonable parameters. The Plan is probably unbalanced however it includes an honest appraisal of the challenges for which there is not necessarily an easy solution.
- It needs to be ensured that there is a read across from the Winter Plan to the Primary Care Plan confirming continuity between the two, complimenting rather than causing problems for each other.
- Capacity to deliver was also discussed by the PCCC, particularly around DHU colleagues picking up the front-line work which is dependent upon the availability of staff. There is a need to ensure a focus on getting the resources in the right place. Volunteers also have an important role to play; it was asked if anything could be done to create a volunteer cohort to support the Plan. ZJ confirmed that volunteering options are being considered as part of the long-term workforce planning led by the workforce leads.

	<ul style="list-style-type: none"> <li>The workforce is recognised as one of the key risks and mitigations have been implemented as far as possible. It has been agreed that the Winter Plan will be held by the Strategic Operational Review Group (SORG); a process has been established to escalate any matter that SORG considers necessary, due to operational pressures, to a multi-agency panel for a robust EQIA process and advice on any potential risks.</li> <li>It was recognised that there are no easy solutions to this problem; it was requested that the Governing Body holds a deep dive on the workforce challenges.</li> <li>This is one of the most comprehensive Winter Plans ever seen. The Governing Body could gain assurance that it has been through the appropriate CCG Corporate and System Committees where all quality and safety aspects have been considered. However, there is still work to be done and the situation will be kept under review over the next few months.</li> </ul> <p><b>The Governing Body NOTED the progress of the NHS' preparations for winter across Derby and Derbyshire</b></p>	HD
GBP/2122/175	<p><b>Finance Report – Month 6</b></p> <p>Richard Chapman (RCp) provided an update on the financial position as at Month 6 (H1). The following points of note were made:</p> <ul style="list-style-type: none"> <li>All targets have been met.</li> <li>There is a £696k surplus for H1 after accounting for a £2.8m COVID reimbursement for Quarter 2 and a £676k pay award for two non-NHS providers whose staff are on Agenda for Change (A4C) contracts.</li> <li>A chart was presented demonstrating a straight-line extrapolation of current expenditure run rates against forecast outturn. There are forecast reductions in expenditure run rates between the year-to-date position and the year-end, the largest being in acute services; the System will receive a reduced COVID top up allocation in H2 and will therefore be paying less out to providers hence the run rate reduction. Some non-recurrent allocations received in H1 have not yet been confirmed in H2 therefore cannot form part of the forecast outturn.</li> <li>The System received £8.5m elective recovery funding in H1, which was paid to acute providers however this is not included in the H2 returns. This is partially offset by an increased flow of funding for the A4C pay awards and an increased forecast in independent sector activity.</li> <li>Planning for H2 continues in preparation for submission of the Plan on 16<sup>th</sup> November however the numbers are likely to change before submission.</li> <li>Specific risks include a deterioration in the primary care prescribing position driven by an increase in the numbers of prescriptions issued. A deep dive is to be undertaken to look at the root cause of the activity patterns, with a possible hypothesis that the growth is being driven by increased hospital discharges.</li> <li>There was a £5m System surplus for H1 driven by improvements to plan for UHDBFT, and a reported underspend for the CCG of £696k. The retrospective allocations received for Quarter 1 spend on the hospital discharge programme were £2.7m, and a further £2.8m is expected for months 4-6, which has already been accounted for.</li> <li>Elective Recovery Funding of £702k has been reimbursed to the CCG for April to September 2021.</li> </ul>	

	<p>It was noted that the PCCC held a detailed conversation on the prescribing concerns. It was good to receive RCp's feedback on how the CCG is focusing on this, as it is something that may throw the finances off course.</p> <p><b>The Governing Body NOTED the following:</b></p> <ul style="list-style-type: none"> <li>• <b>Allocations have been received for H1 at £1.036bn</b></li> <li>• <b>The H1 reported underspend at month 6 is £0.696m</b></li> <li>• <b>Retrospective allocations received for Quarter 1 COVID spend on the Hospital Discharge Programme were £2.697m further expected funding is £2.801m relating to month 4 to 6</b></li> <li>• <b>The Elective Recovery Fund has been reimbursed £0.702m for April to September</b></li> </ul>	
<p><b>GBP/2122/176</b></p>	<p><b>Finance Committee Assurance Report – October 2021</b></p> <p>Andrew Middleton (AM) provided a verbal update following the Finance Committee meeting held on 28<sup>th</sup> October 2021. The following points of note were made:</p> <ul style="list-style-type: none"> <li>• The Committee undertook deep dives into CHC and Section 117 funding; good challenges were made by Committee members with good responses received from the presenting teams. It was acknowledged that a deeper understanding of the subjects had been gained due to deep dives. A primary care prescribing deep dive is planned for next month. The purpose of deep dives is to recognise and understand trends that may not have been anticipated and implement necessary actions.</li> <li>• Challenged by the CEO to forge a pathway towards closer financial arrangements across the System, a proposal was put forward to merge the CCG's Finance Committee with SFEC, which was endorsed. The CCG's Finance Committee will join the SFEC meeting to discharge its normal duties in the presence of SFEC members from January 2022 and members are invited to remain for the System element of the meeting to contribute to common issues. This will also provide the System with a better understanding of CCG issues.</li> <li>• The underlying deficit position has not gone away; work is ongoing to address this deficit through the PMO; PMO feedback will be a standing item on the new merged Committee's agenda.</li> </ul> <p>It was queried how much longer the COVID money will be provided for and how much this is in the minds of the Finance Team. RCp advised that the COVID allocation has been reduced for H2. In H1 £65.3m was received by the System; in H2 this falls to £56.8m which is still a significant contribution therefore it is still very much in the minds of finance.</p> <p><b>The Governing Body NOTED the verbal update provided for assurance purposes</b></p>	
<p><b>GBP/2122/177</b></p>	<p><b>Clinical and Lay Commissioning Committee (CLCC) Assurance Report – October 2021</b></p> <p>Dr Ruth Cooper (RC) provided an update following the CLCC meeting held on 14<sup>th</sup> October 2021. The report was taken as read and the outcomes of discussions were noted. The following points of note were made:</p>	



	<ul style="list-style-type: none"> <li>• The Committee noted and was assured by the CYPMH Transformation Plan and agreed to its onward transmission to Governing Body.</li> <li>• The Committee unanimously supported the taking forward of the PICU Outline Business Case to the Governing Body.</li> <li>• The following policies / position statements were ratified by the Committee: <ul style="list-style-type: none"> <li>• Treatment of Congenital Pigmented Lesions on the face</li> <li>• Removal of Benign Skin Lesions Policy – minor amendment</li> <li>• Surgical Removal of Lipoma/Lipomata Policy – minor amendment</li> <li>• Surgical Removal of Epidermoid and Pilar Cyst Policy – minor amendment</li> </ul> </li> </ul> <p><b>The Governing Body NOTED the paper for assurance purposes and RATIFIED the decisions made by the CLCC</b></p>	
<p><b>GBP/2122/178</b></p>	<p><b>Primary Care Commissioning Committee (PCCC) Assurance Report – October 2021</b></p> <p>Simon McCandlish (SM) provided a verbal update following the PCCC meeting held on 27<sup>th</sup> October 2021. The following points of note were made:</p> <ul style="list-style-type: none"> <li>• Several projects from the Primary Care Estates Steering Group were approved.</li> <li>• An application to vary the GMS contract was approved.</li> <li>• The collaborative approach to the Government's Access to Primary Care was commended by the Committee, along with the associated pressures that the Primary Care Team had to work under to meet the deadline.</li> <li>• The Month 6 Finance report was approved.</li> </ul> <p><b>The Governing Body NOTED the verbal update provided for assurance purposes</b></p>	
<p><b>GBP/2122/179</b></p>	<p><b>Quality and Performance Committee (Q&amp;PC) Assurance Report – October 2021</b></p> <p>Dr Buk Dhatta (BD) provided an update following the Q&amp;PC meeting held on 28<sup>th</sup> October 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> <li>• There are early signs of improvement in performance in breast services following a reorganisation in the breast pathway across Derbyshire, although close monitoring continues to be undertaken.</li> <li>• The delays in ambulance response times were discussed by the Committee and assurance was received on the quality and patient safety processes implemented.</li> <li>• The Committee approved the reduction of Risk 38 relating to the CHC backlog, and the closure of Risk 14 relating to the non-compliance of completion of Initial Health Assessments.</li> <li>• A paper was requested for the next Committee meeting on the need to identify patient safety specialists as part of the NHS patient safety strategy for the standard NHS contract for 2021/22. A recommendation will be made to the Governing Body next month.</li> </ul> <p><b>The Governing Body NOTED the paper for assurance purposes</b></p>	

<p><b>GBP/2122/180</b></p>	<p><b>CCG Risk Register – October 2021</b></p> <p>HD advised that this report highlights areas of organisational risk recorded in DDCCG’s Corporate Risk Register as at 31<sup>st</sup> October 2021. All risks in the Register are allocated to one of the CCG’s Corporate Committees which reviews them on a monthly basis. The following request was made:</p> <ul style="list-style-type: none"> <li>• Risk 14, relating to the ongoing compliance of non-completion of Initial Health Assessments, has been on the Risk Register all year, however following a discussion held at the Derby and Derbyshire Safeguarding Committee, it was considered that this risk had been appropriately managed, with mitigations implemented and could therefore be removed from the Register.</li> </ul> <p><b>The Governing Body RECEIVED and NOTED:</b></p> <ul style="list-style-type: none"> <li>• <b>The Risk Register Report</b></li> <li>• <b>Appendix 1 as a reflection of the risks facing the organisation as at 31<sup>st</sup> October 2021</b></li> <li>• <b>Appendix 2 which summarises the movement of all risks in October 2021</b></li> <li>• <b>The decrease in risk score for risk 38 relating to the risk of quality of care being impacted by patients not receiving a care needs review in a timely way as a result of the COVID pandemic</b></li> <li>• <b>The decrease in risk score for risk 40 relating to contract extensions</b></li> </ul> <p><b>And APPROVED the closure of risk 14 relating to on-going non-compliance of completion of initial health assessments (IHAs)</b></p>	
<p><b>GBP/2122/181</b></p>	<p><b>Children and Young People Mental Health Transformation Plan</b></p> <p>ZJ presented the Plan for completeness following presentation at last month's confidential session. It has now been published on websites.</p> <p><b>The Governing Body NOTED that the CYPMH Transformation Plan is based on the previously agreed Futures in Mind and the CYP Crisis plans and to note for information that:</b></p> <ul style="list-style-type: none"> <li>• <b>Our Derbyshire ICS Children and Young People Mental Health Transformation plan has been published, as required by NHSEI</b></li> <li>• <b>A draft of the CYPMH Transformation plan was submitted to NHSEI and feedback received which has been incorporated into the final version</b></li> <li>• <b>The draft plan has been circulated widely for system engagement, contributions and debate</b></li> <li>• <b>Associated financial investments have previously been agreed</b></li> </ul>	
<p><b>GBP/2122/182</b></p>	<p><b>Ratified Minutes of DDCCG’s Corporate Committees:</b></p> <ul style="list-style-type: none"> <li>• Primary Care Commissioning Committee – 22.9.2021</li> <li>• Quality and Performance Committee – 30.9.2021</li> </ul> <p><b>The Governing Body RECEIVED and NOTED these minutes</b></p>	

GBP/2122/ 183	<p><b>South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) CEO Report – October 2021 / ICS Development Update</b></p> <p><b>The Governing Body RECEIVED and NOTED these reports</b></p>	
GBP/2122/ 184	<p><b>Minutes of the Governing Body meeting in public held on 7<sup>th</sup> October 2021</b></p> <p><b>The minutes of the above meeting were agreed as a true and accurate reflection of the discussions held</b></p>	
GBP/2122/ 185	<p><b>Matters Arising / Action Log</b></p> <p><u>Action Log – October 2021</u> – No outstanding items</p>	
GBP/2122/ 186	<p><b>Forward Planner</b></p> <p>A deep dive session on workforce planning is to be scheduled following consideration at the Governance Committee as to what it should include.</p> <p><b>The Governing Body NOTED the Planner for information</b></p>	
GBP/2122/ 187	<p><b>Any Other Business</b></p> <ul style="list-style-type: none"> <li>• <b><u>Business As Usual Capital Finance Plan</u></b></li> </ul> <p>All GPs declared an interest in this item and left the meeting at this point</p> <p>RCp advised that the Finance Committee considered the Business-As-Usual (BAU) Capital Finance Plan at its meeting on 28<sup>th</sup> October 2021 and recommended that the Governing Body:</p> <ol style="list-style-type: none"> <li>1. <b>RATIFIED</b> the planned use of a £2.11m (BAU) capital allocation that NHSEI has made available for the CCG to use for GPIT, corporate IT and GP premises.</li> <li>2. <b>NOTED</b> the Finance Committee's ratification of the urgent approval of spend against the draft Capital Plan by the Chief Finance Officer and Medical Director, and the methodology in seeking approval in the absence of the Accountable Officer.</li> </ol> <p><b>The Governing Body APPROVED the recommendations made by the Finance Committee as above</b></p>	
<p><b>DATE AND TIME OF NEXT MEETING</b> – Thursday 2<sup>nd</sup> December 2021 – 9.30am to 11am via Microsoft Teams</p>		

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

Dated: .....2.12.2021.....