

Derby and Derbyshire CCG Governing Body Meeting in Public
Held on
5th May 2022 via Microsoft Teams

CONFIRMED

Present:

Richard Chapman	RC	Chief Finance Officer
Dr Chris Clayton	CC	Chief Executive Officer / CEO Designate, Derby and Derbyshire ICB
Jill Dentith	JD	Lay Member for Governance
Helen Dillistone	HD	Executive Director of Corporate Strategy and Delivery
Dr Buk Dhadha	BD	Governing Body GP
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
Professor Ian Shaw	IS	Lay Member for Primary Care Commissioning
Brigid Stacey	BS	Chief Nursing Officer
Dr Greg Strachan	GS	Governing Body GP
Dean Wallace	DW	Director of Public Health – Derbyshire County Council
Martin Whittle	MWh	Lay Member for Patient and Public Involvement / Vice Chair – Meeting Chair

Apologies:

Dr Avi Bhatia	AB	Clinical Chair
Dr Penny Blackwell	PB	Governing Body GP
Dr Bruce Braithwaite	BB	Secondary Care Consultant
Julian Corner	JC	ICB Non-Executive Member – Strategy Planning and Commissioning and Patient Partnership
Dr Robyn Dewis	RD	Director of Public Health – Derby City Council
Ian Gibbard	IG	Lay Member for Audit
Sue Sunderland	SS	ICB Non-Executive Member – Audit and Governance
Dr Merryl Watkins	MW	Governing Body GP

In attendance:

Margaret Gildea	MG	ICB Non-Executive Member – People and Culture
Dawn Litchfield	DL	Executive Assistant to the Governing Body / Minute Taker
John MacDonald	JM	Chair Designate, Derby and Derbyshire ICB
Suzanne Pickering	SP	Head of Governance
Richard Wright	RW	ICB Non-Executive Member – Finance and Estates

Item No.	Item	Action
GBP/2223/023	Welcome, Apologies & Quoracy Martin Whittle (MWh) welcomed members to the meeting. Apologies were noted as above. It was confirmed that the meeting was quorate.	

GBP/2223/024	Questions received from members of the public No questions were received from members of the public.	
GBP/2223/025	Declarations of Interest 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. 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 <u>GBP/2223/028 – CCG Staff Survey Results – 2021/22</u> – All CCG staff declared a conflict on interest in this item as they each responded to the staff survey. As this is not a decision item it was agreed that the CCG staff would remain in the room. No further declarations of interest were made, and no changes were requested to the Register of Interests.	
GBP/2223/026	Chair's Report – April 2022 MWh presented the Chair's report on behalf of Dr Avi Bhatia, a copy of which was circulated with the meeting papers; the report was taken as read and the following questions were raised: <ul style="list-style-type: none"> • Population Health Management (PHM) will reveal many interesting things. It was asked what the guiding principles will be in addressing health inequalities and identifying conditions and concerns which may not have previously been quantifiable that will present affordability and feasibility challenges (AM). Dr Chris Clayton (CC) responded that PHM is fundamental to the forward look of the Integrated Care System (ICS). Assurance was given that there will be System architecture around PHM; the Integrated Care Board (ICB) / Integrated Care Partnership (ICP) structure has already been set out. The strategic intent function is represented in the architecture to support the ICB and ICP; it has collective executive leadership which is starting to set out the future direction for the System, with thoughts emerging on the strategic intent required across the System. The ICB will have a sub-committee specifically focused on strategic commissioning and strategic population health focus. The ICP will be influenced by this strategic intent function, created in partnership with Local Authorities. CC is confident that the required governance around PHM has been applied to the new structures; he is also confident that there has been a cultural shift across the System, in appreciating that prevention and upstream activities are as important as treatments. <p>The budget includes a hypothecated £3.7m for health inequalities; AM enquired whether the architectural structure has discussed how this budget will be used. CC advised that developing the health inequalities strategy has two broader components, one which is NHS led and one which is wider determinants led, fitting in with the ICP; these will be the influencing factors around the spend. Spend on wider determinants is</p>	

	<p>often more cost effective compared to more technical NHS interventions. Whilst this is an important start, it is not an insignificant amount for some of the initiatives that could be done; the further upstream the benefits, the less the cost will be compared to care treatments in the NHS.</p> <p>CC added that the ICB will need to have a strategic view for 2022/23 and 2023/24 to set its budgets around resource allocation for health inequalities.</p> <ul style="list-style-type: none"> • GS was pleased that thought is being given to the cheap, easy wins that can be made before someone becomes unwell and he asked whether the PHM architecture included Dean Wallace's paper, previously presented to the Governing Body, outlining how cost-effective interventions across the life course could be implemented e.g., pre-school children learning how to brush their teeth, and preventing falls for the elderly. CC agreed that it is a fundamental guiding principle about interventions across the life course; as the CCG has done, and the ICB will need to do, there is a need to fully understand what can be done differently at each stage of life, as per the Health and Wellbeing Board Strategies. GS looks forward to this moving from a strategic intent to being acted upon. CC considered that this work forms part of, and is an important element of, a cultural shift in mindset. <p>The Governing Body NOTED the content of the report provided</p>	
<p>GBP/2223/027</p>	<p>Chief Executive Officer's Report – April 2022</p> <p>CC presented a 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"> • There are currently three guiding priorities: <ul style="list-style-type: none"> • Priority one is managing the current operational System pressures, particularly in the urgent and emergency care System, as we emerge from the Easter and May bank holidays and go into another one in June; within these pressures is the management of the COVID-19 position. • Priority two is the work in parallel on the broader areas of health and care need, particularly reducing waiting times and the backlog, whilst also managing planned care for routine operations within the finite resources available. The urgent and emergency care System remains very busy, and beds are required to support this; this presents a further challenge with beds not being available for routine operations. • Priority three relates to the transition of the System in line with proposed Government legislation. Royal Assent has now been given to the Health and Care Bill; provision and preparation is being made to enact this through the ICB from 1st July 2022. • The ICP has met again and is in phase one of its work to understand the core roles required to create the Integrated Care Strategy. It is working through its relationship with existing the Health and Wellbeing Boards (H&WBs). • Section 2 outlines the activities undertaken by CC on behalf of the Governing Body and System during the previous month. 	

	<ul style="list-style-type: none"> • Section 3 described national developments, research, and reports – links were provided to the local government and providers responses to the Integration White Paper. Updates were provided on disease treatment and diagnoses, and around virtual wards. • Section 4 provided details of local initiatives. Section 4.1 updated on the support given by Local Authorities and Primary Care services to Ukrainian refugees. Section 4.2 outlined the campaign to 'think NHS111 first' and Section 4.3 described the positive conversations held with partners in Glossop and Greater Manchester in order to streamline the transition; CC is supportive of the work being done from a CCG and broader ICS perspective. <p>The Governing Body NOTED the content of the report provided</p>	
<p>GBP/2223/028</p>	<p>CCG Staff Survey Results 2021/22</p> <p>All CCG staff declared a conflict of interest in this item</p> <p>Helen Dillistone (HD) presented the results of the 2021/22 staff survey, reporting that the response rate has improved from 83% last year to 87% this year; this is above the comparative average of 79% for similar organisations.</p> <p>The survey is based around the People Promise which is made up of the following seven elements:</p> <ul style="list-style-type: none"> • We are compassionate and inclusive • We are recognised and rewarded • We each a voice that counts • We are safe and healthy • We are always learning • We work flexibly • We are a team <p>These are the areas which staff considered to mean the most to them in their work and experience in the workplace; the results of the survey will be measured against these seven elements going forward. This year however it is only possible to undertake comparisons between two themes, namely staff engagement and morale, the scores for which have remained the same as the previous year, 7 / 10 and 6.4 / 10 respectively.</p> <p>A summary of the survey results was provided for information. A bar chart highlighted how DDCCG compared with other participating organisations. The trend demonstrates that DDCCG sits mid pack for all areas.</p> <p>The full management report was provided for information, broken down by directorate. The following headlines were noted:</p> <ul style="list-style-type: none"> • Of the questions that can be historically compared to the 2020 survey results, 50 areas had no significant difference, 2 areas were significantly better whilst 3 areas were worse. • When compared with the average, the CCG was significantly better in 20 questions, significantly worse in 4, with no significant difference in 67. • The CCG has done a lot of work around equality, diversion and inclusion and an active Diversity and Inclusion Network (DIN) has been developed to put forward the views of the CCG's diverse workforce. It will be useful, as a baseline and to help think through developments moving into the 	

ICB, to hear the experiences of these diverse staff. Comparison data was provided for the results of white staff and the diverse staff groups which was split into 3 sections – staff identified as Black, Asian, Minority and Ethnic (BAME), Lesbian, Gay, Bisexual and Transgender (LGBT) and those having a disability. These staff groups reported having had a less positive experience than others. The results for staff with disabilities are significantly worse in 57 areas; the experiences of BAME staff are significantly better in 29 areas and significantly worse in 23 areas, and the experiences of colleagues who identify as LGBT are significantly worse in 71 areas, and significantly better in 9 areas.

- The data has now been shared with the Senior Team and staff; directorates are working through the feedback with support from the HR and Organisational Development (OD) Teams and an OD plan is being compiled. The DIN has discussed improvement strategies and actions to be taken collectively going forward; actions will be incorporated into the CCG's People Plan, for transfer into the ICB. These actions include:
 - Needing to further develop the work to support the equality, diversity and inclusion agenda, particularly ensuring that there is a fair and inclusive recruitment training package including unconscious bias e-learning and a review of the Recruitment and Selection Policy to establish best practice across the System.
 - Promoting culture of civility and respect, in line with the NHS People Plan, to include a refresh of the current Dignity at Work Policy.
 - Continuing the concept of the 'Big Conversation' with staff to include specific focus groups on themed areas.
 - Once the ICB structures are clearer, focusing on achieving consistency for staff across the organisation, including workload and resourcing.
 - Developing a culture of organisational learning with appropriate strategies to improve the lowest People Promise area - 'we are always learning' (rated at 5.7).

The following questions were raised:

- This is a clear, positive presentation in terms of the numbers of overall responses; however, it was disappointing to note the minority response rate. The proposals through the actions are positive. It was enquired how minority colleagues could be helped to work through the issues. The report will be re-presented to the Governance Committee in June for a further conversation. It was also asked how this would link into the ICB; there will be a need to record this in the handover database (JD).
- Some of the themes coming out of the survey were around people not feeling empowered to speak up; the Freedom to Speak Up Guardian and Ambassadors have a role to play in this. The Ambassadors could link into the DIN to support and widen the group going forward. There is a need to ensure that the actions are undertaken and that the momentum is continued, keeping the guardianship front and centre ensuring that people are aware of its existence (JD). HD took these comments on board. It will be crucial to take this into the ICB; conversations have already been held with the ICBs Chief People Officer (CPO) on how to shape this going forward across the wider System. A theme has arisen around how to 'network the Networks' across the System to implement learning and best practice; the CCG has a small but active DIN and over the last few months it has become involved in the discussions and more embedded into the organisation.

	<ul style="list-style-type: none"> • It was enquired what percentage of staff are working remotely, in the office and hybrid working (BD). HD advised that most staff are still working remotely. Conversations have been held on how to move the organisation into a different working environment over the next few weeks. A small cohort of staff has been supported to work in the offices since the start of the pandemic; more staff are now returning to the offices, with Scarsdale being the most popular site as it has single offices with windows that can open. Measures are being implemented to bring staff back to both sites; guidance has been received from NHSEI in relation to this. BD will be interested to see what impact this has on the results of the staff survey; there is sense of remote working fatigue amongst staff. • There have been similar conversations in previous years around the survey results for the minority groups; it is unclear from the data whether there have been any improvements in the results to lessen the difference between the white staff group and the BAME and LBGT groups as a result of the measures implemented (EP). HD responded that it would be possible to provide this data with the information available for the last 3 years where the questions were the same. This report only highlights areas of significant change. EP added that should it not have improved, it needs to be established why, and if it has been influenced by working from home. It was requested that this data be presented to the Governance Committee in June. • It was noted that 96% of appraisals have been carried out, up from 84% last year. However, when reading behind the results there are some intriguing points for example 'the organisation offers challenging work'; both this year and last year a quarter of staff did not think this, which suggests team leadership may be an issue. It was asked whether this links with remote working as performance management and support is more difficult in a remote context; as hybrid working will be part of the future, this needs to be better understood. HD responded that whilst the appraisal rate has improved, it should be 100%. There is room for improvement across the organisation and the individual team data highlights where the hot spots are. <p>The Governing Body NOTED the results from the 2021/22 NHS Derby and Derbyshire CCG Staff Survey</p>	HD
GBP/2223/029	<p>Derbyshire Maternity Transformation Programme Summary of the Ockenden 'One Year On' submission and the Final Ockenden Report, April 2022</p> <p>Brigid Stacey (BS) advised that maternity services have received much attention since the publication of the Ockenden Report into an investigation into maternity services at Shrewsbury and Telford Hospital; this commenced in 2017, with an interim report published in December 2020 highlighting 7 Immediate and Essential Actions (IEAs) for all organisations to deliver. The final report was published in March 2022 and highlighted 60 local actions for the Trust, including 15 IEAs for all organisations to consider. In terms of assurance, this report has been through the CCG's Q&PC, the System Quality Group (SQG) and it will also be going to the System Q&PC shortly.</p> <p>The report demonstrates the progress made by the two Derbyshire Acute Trusts against the initial IEAs and has been signed off by both Trust Boards in public. It has been signed off by the LMNS Board. The report was submitted to the National Team on 14th April.</p>	

UHDBFT is compliant in 4 of the 7 areas and partially compliant in 3 areas, with risk assessments in progress; overall compliance is 90%+. CRHFT is compliant in 1 area and partially compliant in the other 6. The LMNS raised concern around CRHFT around 'managing complex pregnancy' which only achieved 54% compliance. Assurance has been received from the Trust Board that this is an issue relating to tertiary centre networks and patient flows. Currently CRHFT uses Sheffield as its designated tertiary centre due to patient flows however their designated centre is Leicester.

The report highlights four key themes namely workforce, safer staffing, learning from incidents and listening to families. The SQG agreed that all organisations, whether they have maternity services or not, should review against these; a formal report will be presented to next month's SQG from each organisation.

Implementation of the new 15 IEAs is awaiting national guidance; it is anticipated that there will be a national portal for organisations to provide evidence. The SQG, through the LMNS Board, will continue to monitor progress and report to the Governing Body / ICB Board respectively.

The submission required a response to the Kirkup One Report into maternity services at Morecombe Bay, published in 2015, which included 44 recommendations. UHDBFT is fully compliant against the recommendations and CRHFT is partially compliant, with measures in place for all partially compliant areas. The LMNS has requested an action plan from CRHFT against full compliance by the end of July. The Kirkup Two Report is an investigation into maternity services at East Kent Hospital; it is due to be published in Autumn 2022; this may well present further recommendations.

The following questions were raised:

- It was enquired whether this was a self-assessment (JD). BS confirmed that it was however it was also ratified by the Regional Team using evidence through the national portal.
- It was asked whether national, as well as local, benchmarking will be undertaken, as there is a need for an awareness of this data (JD).
- The timescales for the delivery of the action plans were queried (JD); BS advised that the Kirkup action plan for CRHFT has requested full compliance against the recommendations by the end of July. Submission against the Ockenden recommendations was required by 14th April. Each Trust has an action plan for full compliance; however, this is a position statement against the 7 EIAs. National guidance is awaited on the further 15 EIAs as to how they will be monitored against. NHSEI will be publishing papers at its May Board to benchmark all providers against the 7 EIAs.
- It was enquired whether the 54% compliance of CRHFT on complex cases, was amber; it was asked how this works and what assurance can be given to women currently going through the System (JD). BS responded that compliance is either partial or compliant. CRHFT has a new Head of Midwifery and new Clinical Lead; there is ongoing work through the Trust and the LMNS. The Maternity Voices programme includes women that have recently given birth promoting services. Work is being undertaken to improve services around complex pregnancy.
- AM confirmed that the Q&PC had a strong focus on this last week, and were assured that this would transfer seamlessly to the System Q&PC through BS. There was also assurance on the multiple spotlights for this area which is receiving the attention it deserves.

	<ul style="list-style-type: none"> In was enquired how much more demanding the 15 EIAs from the Ockenden Report are, how achievable they are, and what it will take to achieve them (AM). BS advised that below each EIA there are 6 components, therefore there could over 40 areas to be addressed, all of which will be interrelated around culture and safe staffing. The National Team has invested into the Ockenden Report for the workforce however this will take a while to deliver. Some areas however are more achievable than others therefore all organisations can and should be delivering against them. There is no timeframe against the 15 EIAs yet as they were only published in March 2022. NHSEI is working with the DHSC to look at further investment to deliver the requirements before setting delivery timescales. Assuming there are not many midwives and health visitors waiting to apply for posts, it was enquired whether there is a need for a Business Case to take urgent action to ensure the workforce is in place to deliver the EIAs going forward. BS responded that part of the submission for the 7 EIAs, was compliance against workforce; there are plans to support both action plans which include investment in new entrants and existing staff. A career progression programme for midwifery support workers is being implemented. Bringing nurses into theatres, thus relieving midwives, is also being considered. A lot of work is being undertaken to remodel and invest in the workforce. <p>The Governing Body NOTED the Derbyshire Maternity Transformation Programme Summary of the Ockenden 'One Year On' submission and the Final Ockenden Report, April 2022 and NOTED the progress made on the seven EIAs</p>	
GBP/2223/030	<p>Finance Report – Month 12</p> <p>Richard Chapman (RC) provided an update on the financial position as at Month 12 (H2) of 2021/22. The following points of note were made:</p> <ul style="list-style-type: none"> All statutory duties have been met at M12. The CCG is reporting a year end underspend of £121k against an allocation of £2.114b. This position includes a net benefit of £44k from allocations received in late April without which the position would have been a surplus of £77k. The CCG underspent against its running costs allowance by £1.3m. The CCG delivered against all its better payment practice code targets. <p>The Governing Body NOTED the following:</p> <ul style="list-style-type: none"> Allocations have been received for the full year at £2.114bn The year-end reported underspend is £0.121m NHSE have advised an off-ledger adjustment of allocations netting to £0.44m COVID reduction of £0.01m to match the expenditure A reduction of Winter Access Funding of £0.375m to match a maximum spend £4.34m Additional Roles Reimbursement Scheme is due to receive £0.429m 	
GBP/2223/031	<p>Joint CCG Finance Committee / System Finance and Estates Committee (SFEC) Assurance Report – April 2022</p>	

	<p>Andrew Middleton (AM) provided a verbal update following the Joint CCG Finance / SFEC Committee meeting held on 28th April 2022. The following points of note were made:</p> <ul style="list-style-type: none"> • Balancing the financial year, with a small surplus, has been flagged up for some months now therefore the accuracy of the forecast was proven. • The amount of time spent at the meeting discussing the CCG's 2021/22 performance was minimal; however, there was much debate around the 2022/23 budget. • A further improvement in the national recognition of the excellence of the CCG's Finance Team, which in mid-2020 was deemed to be 82nd out of 139 CCGs; however, it is now the 3rd best. The Team is intent on retaining and improving this position. The Governing Body's thanks were passed on to the Finance Team for its hard work in achieving this. <p>The Governing Body NOTED the verbal update provided for assurance purposes</p>	
<p>GBP/2223/032</p>	<p>Audit Committee Assurance Report – April 2022</p> <p>Jill Dentith (JD) provided an update following the Audit Committee meeting held on 26th April 2022. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • The Draft Internal Audit Plan for the CCG's final 3 months was approved. • The Draft Annual Report and Accounts were received, and it was noted with satisfaction that the position is looking healthy. • The Committee's Terms of Reference (TOR) were reviewed for the CCG's final 3 months and were recommended to the Governing Body for approval. <p>The Governing Body NOTED the paper for assurance purposes and APPROVED the TOR up to 30th June 2022</p>	
<p>GBP/2223/033</p>	<p>Clinical and Lay Commissioning Committee (CLCC) Assurance Report – April 2022</p> <p>Professor Ian Shaw (IS) provided an update following the CLCC meeting held on 14th April 2022. The report was taken as read and the following point of note was made:</p> <ul style="list-style-type: none"> • The Committee's Terms of Reference (TOR) were reviewed for the CCG's final 3 months and were recommended to the Governing Body for approval. <p>The Governing Body NOTED the paper for assurance purposes and RATIFIED the decisions made by the CLCC and APPROVED the TOR up to 30th June 2022</p>	
<p>GBP/2223/034</p>	<p>Derbyshire Engagement Committee Assurance Report – April 2022</p> <p>Martin Whittle (MWh) provided an update following the Derbyshire Engagement Committee meeting held on 26th April 2022. The following points of note were made:</p>	

	<ul style="list-style-type: none"> • The recent meetings have been looking to the future. The Draft ICS Engagement Strategy was presented to the Committee and will evolve over time. It was supported by the Committee for submission to NHSEI. • The Engagement Model demonstrated how best practice can be put in place. This was supported as a way forward and training will be available in due course for teams wanting to be involved in engagement processes through the work of the ICS. • A report was received on the pre-engagement phase to inform the overall review of Urgent Treatment Centres (UTC); this will be used by the UTC Strategy Group to review models going forward. • The Committee's Terms of Reference (TOR) were reviewed for the CCG's final 3 months and were recommended to the Governing Body for approval. <p>The Governing Body NOTED the paper for assurance purposes and APPROVED the TOR up to 30th June 2022</p>	
<p>GBP/2223/035</p>	<p>Governance Committee Assurance Report – April 2022</p> <p>JD provided an update following the Governing Committee meeting held on 21st April 2022. The following points of note were made:</p> <ul style="list-style-type: none"> • The Committee's Terms of Reference (TOR) were reviewed for the CCG's final 3 months and were recommended to the Governing Body for approval. • A procurement paper was received, and the impact of the new Provider Selection Regime was discussed; the transparency of how this will work within the CCG was challenged. • The Diversity and Inclusion Network TOR were received and approved to ensure that it is connected into the governance architecture of the organisation. Discussions were held as to how it will transfer into the ICB ensuring continuity. • A conversation was held around the CCG's working arrangements and the Committee was required to advise on the next steps. The Committee recommended that hybrid working should continue, however where staff do return to the office they should wear masks in public areas, with adequate space provided between desks. <p>The following question was raised:</p> <ul style="list-style-type: none"> • It was enquired whether data is available on current office space usage and whether it was anticipated that the CCG may be able to dispose of some of its office space once hybrid working has been embedded (AM). JD responded that detailed information is made available on desk usage at the Governance Committee. Work has been undertaken with other organisations in relation to the sub-letting of space to maximise usage. HD added that data is available on staff numbers working in the offices; trends are developing and an increase in staff returning to the office is being seen. It is planned that all staff will have some presence on site for some part of the week, with a balance between home working and office working. Directorates are being tasked to work this through. The view is that the CCG and ICB will adopt a hybrid working model. <p>The Governance Committee received the guidance from NHSEI which currently requires non-clinical areas to have mitigations in place, including, where possible, spacing desks out and staff wearing masks</p>	

	<p>when moving around. Staff are not required to test to work on site. The answer is not yet known in relation to the sub-letting of the estate; there is a need to ensure that there are effective safe and efficient buildings going forward; a more strategic conversation is required with System partners around corporate estate moving into the ICB. For now, the sites will be Cardinal Square and Scarsdale for CCG staff.</p> <p>The Governing Body NOTED the paper for assurance purposes and APPROVED the TOR up to 30th June 2022</p>	
GBP/2223/036	<p>Primary Care Commissioning Committee (PCCC) Assurance Report – April 2022</p> <p>IS provided an update following the PCCC meeting held on 27th April 2022. The report was taken as read and the following points of note were raised:</p> <ul style="list-style-type: none"> • The Committee approved the merger of Golden Brook Practice and Park View Medical Centre in Erewash, which will take place from July, with the Park View site becoming a branch surgery. A full consultation has been undertaken with the public. • The Committee's Terms of Reference (TOR) were reviewed for the CCG's final 3 months and were recommended to the Governing Body for approval. <p>The Governing Body NOTED the paper for assurance purposes and APPROVED the TOR up to 30th June 2022</p>	
GBP/2223/037	<p>Quality and Performance Committee (Q&PC) Assurance Report – April 2022</p> <p>AM provided an update following the Q&PC meeting held on 28th April 2022. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • There has been an improved Sentinel Stroke National Audit Programme score, from a C to a B, in the stroke services provided at CRHFT. This is encouraging for the Task and Finish Group (led by Zara Jones (ZJ) which is looking at the long-term Business Case for Hyper Acute Stroke Services at CRHFT, due to be received in September. ZJ is working with partner providers on how to support CRHFT to bolster resilience. CCG and ICB colleagues will be updated in due course. • The Committee's Terms of Reference (TOR) were reviewed for the CCG's final 3 months and were recommended to the Governing Body for approval. <p>The Governing Body NOTED the paper for assurance purposes and APPROVED the TOR up to 30th June 2022</p>	
GBP/2223/038	<p>CCG Risk Register – April 2022</p> <p>HD presented a report detailing areas of organisational risk recorded in DDCCG's Corporate Risk Register as at 30th April 2022. All risks in the Register are allocated to one of the CCG's Corporate Committees which reviews them monthly to ascertain whether any amendments in risk score are required.</p> <p>The Governing Body RECEIVED and NOTED:</p>	

	<ul style="list-style-type: none"> • The Risk Register Report • Appendix 1 as a reflection of the risks facing the organisation as at 30th April 2022 • Appendix 2 which summarises the movement of all risks in April 2022 <p>The DECREASE in score for:</p> <ul style="list-style-type: none"> • Risk 09 relating to the threat of cyber-attack • Risk 17 relating to S117 package costs • Risk 42 relating to climate change <p>APPROVED the CLOSURE of the following risks assigned to the Q&PC:</p> <ul style="list-style-type: none"> • Risk 05 relating to excessive wait times for psychological therapies for adults and for children • Risk 06 relating to the demand for Psychiatric intensive Care Unit beds (PICU) • Risk 26 relating to new mental health issues and deterioration of existing mental health conditions during COVID • Risk 27 relating to the increase in the number of safeguarding referrals linked to self-neglect related to those who are not in touch with services <p>And APPROVED the inclusion of a new risk:</p> <ul style="list-style-type: none"> • Risk 46 relating to the risk of the population continuing to wait in excess of NHS constitutional standards for mental health services 	
<p>GBP/2223/039</p>	<p>2022/23 Operational Plan – final submission</p> <p>ZJ presented the 2022/23 Operation Plan for information. The following points of note were made:</p> <p><u>Elective position</u> – This continues to be a challenge. An improved position has been demonstrated between the draft submission on 17th March and the final submission at the end of April; however, it still falls short of the required standards, particularly around the level of activity to be delivered compared to pre-pandemic levels in 2019/20. There is continual work with System partners to improve the level of compliance and deliver as much elective activity as possible to reduce the backlog and improve waiting times.</p> <p><u>Planned Care / Cancer position</u> – These two positions are closely linked. As anticipated, a compliance plan has been implemented for the cancer pathways; these are challenging in terms of activity, the workforce position and how the next few months will unfold relating to operational pressures and COVID.</p> <p><u>Mental Health, Learning Disabilities and Autism</u> – An improved and compliant picture has been demonstrated across many of the metrics compared to the draft submission; however, the risks have been clearly articulated, particularly around the workforce for the mental health transformation work planned for the year ahead and beyond.</p>	

	<p><u>Community</u> – There is a link between community provision, the urgent care pathway and the need to rapidly improve against some areas, including the discharge flow out of the Acute Hospitals and the urgent community response target.</p> <p><u>Primary care</u> – The workforce issues, the activity and the overall management of demand for primary care has been discussed regularly by the Governing Body. All these risks and issues have been included within the plan; a compliant picture is being demonstrated against the metrics reported against for 2022-23.</p> <p>A clear link has been made between the 2022-23 Operational and Financial Plans, with the elective position key to enabling additional income to be attracted into the System should high levels of compliance be achieved.</p> <p>The Governing Body NOTED the final operational plan submitted to NHS England (NHSE) in March and NOTED the current gaps in compliance</p>	
<p>GBP/2223/040</p>	<p>2022/23 Financial Plan – final submission</p> <p>RC confirmed that the Plan has been through the CCG's governance process including extraordinary meetings of the CCG's Finance Committee and Governing Body. The following points of note were made:</p> <ul style="list-style-type: none"> • The plan was created under which a number of assumptions at the time the NHS settlement was agreed with the Government; these assumptions are inherent to understanding the risks included in the plan, they include a minimal level of COVID prevalence from 1st April 2022, inflation of 1.7% net and a 1.1% efficiency requirement. • There is a pre-mitigated deficit of £196.6m and a submitted planned deficit of £65.9, of which £41m is potentially allowable as it relates either to COVID costs or excess inflation above the 1.7% assumption, or because the EMAS deficit position is included in its entirety in JUCD's financial position although the majority of it is generated outside Derbyshire. • The Plan currently shows the CCG surplus as part of the System Plan; it is likely to be subject to realignment in order to optimise the cash position within the System. • The plan assumes delivery of the 3% efficiency plan; the overall efficiency plan remains in development. The Plan retains a deficit of circa £25m which will require resolution by agreement with regulatory bodies. The material, below the line, residual risks being pulled together by the System will need to be mitigated. The Plan utilises non recurrent measures in year to arrive at that position which does not address the underlying position for future years. • There is continual work to do throughout the year and going forward; this plan has been developed in unusual circumstances with some assumptions around national direction included. <p>The Governing Body NOTED:</p> <ul style="list-style-type: none"> • The submission of the CCG's financial plan as a constituent element of the JUCD financial plan for the 2022/23 financial year • The deterioration in the System and organisational position • The resultant JUCD unmitigated 'gap' of £196.6m • The draft mitigations schedule, which mitigates the System deficit to £65.9m 	

	<ul style="list-style-type: none"> • The assumptions made for the CCG plan 	
GBP/2223/041	<p>Ratified Minutes of DDCCG’s Corporate Committees:</p> <ul style="list-style-type: none"> • Audit Committee – 17.3.2022 • Governance Committee – 10.2.2022 • Derbyshire Engagement Committee – 15.3.2022 • Primary Care Commissioning Committee – 23.3.2022 • Quality and Performance Committee – 31.3.2022 <p>The Governing Body RECEIVED and NOTED these minutes</p>	
GBP/2223/042	<p>Minutes of the Governing Body meeting in public held on 7th April 2022</p> <p>The minutes of the above meeting were agreed as a true and accurate reflection of the discussions held</p>	
GBP/2223/043	<p>Matters Arising / Action Log</p> <p><u>Action Log – April 2022 – GBP/2122/264 - Finance Committee Assurance Report – February 2022</u> – Update on the work being undertaken by the Central Intelligence Agency and the Efficiencies Programme – CC advised that, during today's meeting, updates have been provided on PHM, Operational, Financing and Workforce planning for the ICB and the broader System. Significant work is being undertaken by Craig Cook and colleagues, who are heavily involved in creating the central intelligence function with Jim Austin. The strategic intention of this is that it will provide the information requirements needed across the System. Assurance was provided that this work is underway in partnership with Local Authority Public Health colleagues and the Regional Decision Support Unit.</p> <p>There is a big ask of the Financial Plan, one month of which has already gone; although the staff are in place and equipped a steer is required from the appropriate authority (JUCCD/ICB designate); if it is waited until the July ICB Board meeting to provide this steer, one third of the year will have gone and the task will become harder. It was enquired where we are with policy guidance and the direction of focus for translating the financial plan asks for efficiency gains into reality (AM). CC responded that it is correct to reference the 2022/23 financial challenge. The CCG has been well versed in financial recovery over previous years; it has gained experience in judging year one of a multi-year financial recovery plan. Year one (2022/23) is the first year of the Systems multi-year financial recovery plan which is currently being reviewed, formed and externalised with both System partners and NHSE. The question around the transformation programme for the System, supported by the intelligence work, needs to be taken in the context of a multi-year plan; schemes in transformation take longer to achieve, therefore a multi-year view will need to be taken, starting the programme, give it the support required and phase and understand what it will deliver. Some of the outputs of this will not be financial, for example productivity, efficiency and people benefits. The financial requirements for year one also need to be balanced and therefore the System will need to understand the transactional work to be done in year one and the more traditional methods to be employed to do that. There will be a need for an in year and forward year plan to reach target. Item completed</p>	

GBP/2223/044	Forward Planner The Governing Body NOTED the Planner for information	
GBP/2223/045	Any Other Business MWh thanked any members of the public who attended via the livestream and thanked the ICB Colleagues who attended.	
DATE AND TIME OF NEXT MEETING – Thursday 16th June 2022 at 9am via MST		

Signed by: Dated:
(Chair)