NHS
Derby and Derbyshire
Clinical Commissioning Group

Derby and Derbyshire CCG Governing Body Meeting in Public
Held on
5th November 2020 via Microsoft Teams

CONFIRMED

Present:

Dr Avi Bhatia	AB	Clinical Chair
Dr Penny Blackwell	PB	Governing Body GP (part meeting)
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 (part meeting)
Jill Dentith	JD	Lay Member for Governance
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
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
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
Dr Buk Dhadda	BD	Governing Body GP

In attendance:

Dawn Litchfield	DL	Executive Assistant to the Governing Body / Minute Taker
Suzanne Pickering	SP	Head of Governance
Andy Kemp	AK	Head of Communications

Item No.	Item	Action
GBP/2021 086	**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/ 087	**Questions from members of the public** AB advised that no questions were received from members of the public.	

GBP/2021/088	**Declarations of Interest** AB reminded committee members and visiting delegates of their obligation to declare any interests that they may have on any issues arising at Committee meetings which might conflict with the business of the CCG. Declarations declared by members of the Governing Body are listed in the CCG's Register of Interests and included with the meeting papers. The Register is also available either via the Executive Assistant to the Governing Body or the CCG website at the following link: www.derbyandderbyshireccg.nhs.uk. No further declarations of interest were made and no changes were requested to the Register of Interests.	
GBP/2021/089	**Chair's Report** AB provided a written report, a copy of which was circulated with the papers; the report was taken as read. The report particularly focused on the second wave of COVID-19 and its resultant impact. **The Governing Body NOTED the contents of the report**	
GBP/2021/090	**Chief Officer's Report** Dr Chris Clayton (CC) provided a written report, a copy of which was circulated with the papers. The paper was taken as read and the following points of note were made: The report was issued to the Governing Body ahead of the significant changes which occurred last weekend in terms of national lockdown and the announcement from Sir Simon Stevens that there would be a change in the NHS emergency response to Business Continuity Level 4. The context of the report however is still valid in terms of the increasing challenges in the system with regard to escalating numbers of positive COVID-19 infections across Derbyshire and the managing of other pressures, which the Governing Body is well versed upon, including urgent care, winter pressures and the flu season, whilst managing and balancing primary, elective, cancer and routine care. In terms of additions to the report, the NHS has now nationally moved to the Level 4 command and control mechanism; it was, until today, under Level 3 regional control. The Governance Committee has approved a process for moving between the different escalation levels. The Senior Leadership Team (SLT) is keeping up-to-date with the emergency response levels and reflecting on the basis for changes as required; the Governing Body will be alerted to any such changes accordingly. The CCG continues to work as a member of the Joined Up Care Derbyshire (JUCD) health and social care system; it continues to support the System Escalation Call (SEC) 3 times per week. One important development has been the setting up of a new group, the Strategic Operational Resilience Group (SORG) which is led by service providers at a senior level with representatives from all system partners to ensure there is a full understanding and involvement from all parts of the health	

	and social care system. The group meets twice weekly to identity solutions and to escalate areas of concern to the SEC. It enables decisions to be taken quickly in situations where speed of response is of the essence. The Derbyshire Dialogue virtual engagement sessions have included a focus on mental health and primary care services; they have demonstrated the important engagement work being undertaken across the system. A session on urgent and emergency care is scheduled for today. A 90 minute coronavirus test was launched at the end of October and is being piloted in hospitals, care homes, schools and universities in COVID-19 hotspots across England. Of particular note is the rapid COVID-19 testing pilot of all inhabitants of the City of Liverpool. Andrew Middleton (AM) enquired what the impact of the second wave of COVID-19 would be on the progressive recovery and restoration of services. CC advised that the CCG continues to manage the balance between urgent care, the winter response and planned care, including cancer and mental health services. It is doing the best it can to deliver care in the most safe and effective manner in all of these areas; however there are operational challenges in the system relating to workforce and capacity, particularly in intensive care. Jill Dentith (JD) asked if there was anything that the Governing Body needed to approve in order for the CCG to move between the different levels of Business Continuity, advising that an Extra-Ordinary meeting could be called if required. CC is working on the assumption that the mechanisms for moving between the different levels have now been developed and agreed. Helen Dillistone (HD) confirmed that this was the case and that learning had been taken from the process undertaken in March. HD provided assurance that work had been carried out to establish the needs of each Directorate, with Business Impact Assessments completed and all potential risks considered. It is however more complex this time as certain areas cannot be stood down; there is a need to get the balance right. Professor Ian Shaw (IS) expressed concern that the lockdown could create a mental health backlog, and demand could well increase, if the recovery levels cannot be maintained. He was pleased to note that mental health is a CCG priority. CC confirmed that the Mental Health Delivery Board will be critical in helping to manage this over the coming weeks. **The Governing Body NOTED the contents of the report**	
GBP/2021/091	**Corporate Committees' Updated Terms of Reference** HD presented the updated Terms of Reference (TOR) for the following CCC Corporate Committees, copies of which were provided for consideration and approval. All amendments were highlighted in red. • Audit Committee • Clinical & Lay Commissioning Committee (CLCC) • Engagement Committee • Finance Committee	

	• Governance Committee • Quality & Performance Committee CLCC - Dr Greg Strachan (GS) queried the quoracy arrangements for the CLCC and enquired how many GP members were required to be present in order to ensure quoracy. The number of GP members has been reduced to make it easier to achieve quoracy; however, it needs to be made clear that a minimum of 3 GPs need to be present for quoracy purposes. Finance Committee - JD requested that the delegated limits of the Executive Team be included in the section on investment or disinvestment decisions in order to ensure due process is followed. The TOR of the Primary Care Commissioning Committee will be presented at the December meeting. **The Governing Body APPROVED the Corporate Committees' Terms of Reference**	**HD/SP** **HD/SP**
GBP/2021/092	**NHS People Plan – Commitment to flexibility** HD advised that the Governing Body received details of the nationally mandated programme for all NHS employers outlined in the 'We are the NHS: People Plan for 2020/21' at its meeting in September. The Plan sets out ambitions to give people greater choice over their working patterns, help them achieve a better work-life balance, and help the NHS to remain an employer of choice. To support this ambition, the Plan encourages employers to increase uptake of flexible working, which in turn, will help to create more inclusive, diverse, and productive workplaces that suit both the needs of the NHS and individuals. A key action of the Plan is for Governing Body level support to be obtained to develop a culture supportive of flexible working. This builds upon the work already undertaken across the CCG on staff wellbeing. The paper sets out the CCG's commitment as detailed in the Plan. HD explained that flexible working can mean different things to different people, including different working patterns and ways of fulfilling roles and responsibilities from different locations, including virtually. The benefits from working in this manner have demonstrated improvements in work-life balance and health and wellbeing, reducing sickness levels and providing job satisfaction. The CCG is already undertaking work on flexible working but it does not currently explicitly reference it in job adverts in order to encourage individuals to apply and increase the talent pool from which to appoint; it is however working towards this by supporting recruiting managers in taking this forward. It is proposed that the CCG introduce a more open, flexible working policy that staff are able to access should they wish to be considered for flexible working. Conversations will also be held as part of the staff appraisal process. Line managers will receive training to help them understand what is meant by flexible working and ensure that the needs of the organisation, as well as those of the individual, are met. The SLT is supporting the culture of a proactive and open dialogue. AM welcomed the statement of inclusiveness, and enquired how this	

	related to the policies for reasonable adjustments being made for people with disabilities. He also enquired if, as yet, there had been time to evaluate the impact of virtual working. He was pleased to note that training will be provided for line manages as he recognised that not everyone embraces inclusiveness in the same way. HD confirmed that by law the CCG is required to make reasonable adjustments for people who have particular needs in order to undertake their job; the CCG takes this seriously as an organisation. As part of this work the CCG has worked with staff that have disabilities to understand how their needs can be better met; this is a small part of the wider programme. Virtual working has been analysed through the undertaking of surveys whilst staff have been working remotely; these surveys have demonstrated that wellbeing is improving, which provides a helpful measure and baseline. The CCG's sickness levels are currently running at the lowest levels ever seen. Ian Gibbard (IG) supported this initiative of flexibility being offered to staff and enquired if there was any feedback from Primary Care colleagues on how this has worked for them. Dr Steve Lloyd (SL) responded that there are 2 aspects to this: the first is from a patient facing operational level, with a significant amount of consultations being undertaken via video or telephone, or face-to-face within practices if required; this was implemented at pace at the start of the pandemic and has worked well. The second element is the different way of working between the CCG's Primary Care and Medicines Management teams with practices, and interaction with PCNs, particularly the Clinical Directors, which has enabled timely and effective decisions to be made to help plan accordingly. GS reiterated the fact that practices are open, not closed, for people that need to be seen. Although it has been possible to access computer systems from home, there has been no workable solution to the transfer of telephone calls from practices. HD agreed to take this back to the IT team. Dr Emma Pizzey (EP) raised the point that, although sickness levels are at their lowest, sometimes staff that are working from home may feel under pressure to work when they would not ordinarily have felt well enough to go into work; staff may consider that they are not poorly enough to prevent them working from home. Pressure should not be put on people to work if they are not fit to do so and may need to recover from illnesses. HD agreed that this is a point which the CCG should bear in mind. A question is included in the staff survey to this effect each year and it will be interesting to see if this has increased. **The Governing Body RECEIVED ASSURANCE that the actions identified in this report fulfil the requirements of employers contained in The NHS People Plan in relation to developing a culture supportive of flexible working**	**HD**
GBP/2021/093	**NHS Midlands Charter** AB explained that the COVID-19 pandemic has meant significant disruption to postgraduate medical education and training. Working in new ways has meant some have faced unplanned changes to their rotas and rotations, making it difficult to acquire new competencies and maintain existing ones. Patient care and training is also being provided in new ways, often in virtual environments. Education and training must be under-pinned by robust educational and clinical supervision and increased	

	wellbeing support. The NHS Midlands Charter outlines the commitment to prioritise the resetting and restoration of postgraduate medical education and training impacted during the COVID-19 pandemic. The Charter was presented to the Governing Body for discussion. AB advised that there are many examples of rotations not occurring which have had an impact on the trainees in terms of experience gained. Some trainees were left in busy jobs for a considerable period during this stressful time. There have also been consequences from the pandemic on examinations to qualify; these were moved to remote and audio formats rather than written which has added to the stress. A full effort will be made across all stakeholders going forward to try to maintain other aspects of learning and development as best able. Rotation changes now continue to occur and assessments are continuing. Dr Merryl Watkins (MW) expressed concern that some trainees have missed valuable rotations and asked if they would have the opportunity to undertake these essential missed modules. AB advised that there was no guaranteed that they would be able to, although there was a proviso that trainees could be given some time in clinics in order to gain experience. Martin Whittle (MWh) enquired how the figures compared to other areas. A few years ago there was a lot of evidence to suggest that a huge proportion of trainees settled in the area where they finished their training; however this may mean that trainees may drift away from the East Midlands area. AB agreed to find out this information. EP considered the Charter to be biased towards hospital trainees, with little to support GP trainees, therefore was not a balanced paper. Dr Bruce Braithwaite (BB) highlighted the fact that the independent sector is not being used as a training area which could provide invaluable experience to surgical trainees. This is a missed opportunity to provide training. SL supported the broad ambitions in the charter, however confirmed that the major impact is on undergraduates; this has been a difficult time for them but they have adapted well to this virtual way of working. IS raised concern over the ability of trainees to work on the less complex cases if they are undertaken in the private sector, whilst the complex cases remain within the NHS; if full engagement is not made with the private sector this will compromise their training. CC reminded that a previous Governing Body meeting addressed development and training for the future workforce, with the Local Workforce Action Board in attendance. On reflection, if COVID-19 has taught us anything, it is the importance of people in the NHS. Developing the ongoing needs of the workforce is critical. Some important comments have been made around what this paper feels like and the areas that could be improved. As a system there probably needs to be a strategic lens to make it more prominent than it has previously been. **The Governing Body DISCUSSED the NHS Midlands Charter**	**AB**

GBP/2021/094	**Finance Report – Month 6**
	
	Richard Chapman (RCp) presented the Month 6 Finance Report. The following points of note were made:
	
	• The report describes the position up to month 6.
	• The year to date financial position is a £7.811m overspent for the period April to September 2020. £7.037m of the year to date overspend relates to September's COVID-19 expenditure and the balance of £0.774m relates to other cost and budget pressures which are not reported as COVID-19 expenditure.
	• Under the temporary financial regime COVID-19 and top-up allocations are received a month in arrears therefore September's COVID-19 reported costs, and other cost pressures, will be funded in October, subject to NHSE/I approval.
	• The CCG has modelled expenditure for the full financial year to 31st March 2021, based on the now confirmed scenario that NHS block contract arrangements will remain in place until 31st March 2021.
	• In September the CCG received further guidance to confirm the financial arrangements from October 2020 to March 2021. The priority is accelerating activity for non-COVID-19 areas in line with the Phase 3 goals, alongside continuing readiness for winter and a potential increase in COVID-19 cases. Confirmation has been received on the funding envelope for each system for the period October 2020 to March 2021. The funding available comprises of:
	
	  • CCG allocations and, at system level, top-up funding to bring the system back to a breakeven position, using an updated version of the methodology applied in the month 1-6 financial framework.
	  • Additional growth funding based on 2020-21 anticipated CCG growth allocation rates
	  • Additional non-recurrent funding for the additional costs of COVID-19, to be distributed on a fair share basis.
	
	• The total system allocation for months 7 to 12 has been shared; the CCG is working with system partners to agree how to apply the resources and how the gap will be risk shared and mitigated.
	• The paper describes the situation regarding the overspend risk to the Continuing Health Care (CHC) expenditure and the measures being taken to mitigate the risks.
	
	The Governing Body NOTED:
	
	• **There is a temporary financial regime in place for the period 1st April to 30th September 2020**
	• **At month 6, the year to date overspend is £7.811m**
	• **Amendments are expected to the allocations that have been received**
	• **Plans have been produced for the full year position**	

GBP/2021/095	**Finance Committee Assurance Report – October 2020** AM provided a verbal update following the Finance Committee meeting held on 21st October 2020. The following points of note were made:	

	• AM is assured that the Finance Team is on top of all developments as they change and that they are well apprised of the situation. • As well as making sure that the right accounting procedures and financial projections of expenditure are undertaken, the CCG must not lose sight of the underlying situation of the system spending more than its available resources. System efficiency and transformation is paramount, at the same time as supporting the pandemic financially. • The CHC situation is challenging; the CHC team is constantly liaising with the Finance Team to address this matter. • The System Finance Oversight Group is the best way to secure efficiencies for fixed resources; another meeting was held last night, where there was widespread agreement in principle to this and the CFOs were pressed for an action plan. There is also commitment from the Joined Up Care Board which will be confirmed at an event on 14th December; all members are urged to attend this event, as this will be a major step forward in the system space. **The Governing Body NOTED the contents of the report for assurance purposes**	
GBP/2021/096	**Engagement Committee Assurance Report – October 2020** Martin Whittle (MWh) provided a verbal update following the Engagement Committee meeting held on 21st October 2020. The following points of note were made: • The Winter Plan and an Urgent Care Review presentation were received by the Committee on how the risks are being managed. This included details of the national campaigns including 111 First. • An update was received on learning from the Insight platform, looking at experiences throughout the pandemic. More responses were received from women than men. There is still a fear of contracting COVID-19 which is affecting service use. Ways to increase response rates were discussed. • A presentation was received on the Ageing Well programme, and the engagement process on which it was based, which the Committee supported. **The Governing Body NOTED the content of the report for assurance purposes**	
GBP/2021/097	**Primary Care Commissioning Committee Assurance Report – October 2020** IS provided an update on the discussions held at the Primary Care Commissioning Committee meeting held on 28th October 2020. The report was taken as read and the following points of note were made: • There were no items of decision in the public section. • Discussions were held to provide assurance around the Pilsley branch closure by Staffa Health. **The Governing Body NOTED the content of the report for assurance purposes**	

GBP/2021/098	**Quality and Performance Committee Assurance Report – October 2020** AM provided an update on the discussions held at the Quality and Performance Committee meeting held on 29th October 2020. The report was taken as read and the following point of note was made: • The information provided on the Chesterfield Royal Hospital Foundation Trust (CRHFT) hyper acute stroke unit does not do justice to the extensive amount of work being undertaken by the CCG and CRHFT. **The Governing Body NOTED the key performance and quality highlights and the actions taken to mitigate the risks**	
GBP/2021/099	**CCG Risk Register** HD presented this report advising that it highlights the areas of organisational risk that are recorded in the CCG's Corporate Risk Register as at 31st October 2020. It is a live management document which enables the organisation to understand its comprehensive risk profile, and provides an awareness of the wider risk environment. All risks are allocated to a Corporate Committee which reviews new and existing risks on a monthly basis and agrees the removal of fully mitigated risks. HD advised that the only risk that has changed this month is 'Risk 30 - There is an ever present risk of fraud and cybercrime; the likelihood of which may increase during the COVID emergency response period.' It was suggested that this risk should be increased due to formal support for Microsoft Office 2010 ending in October; however, it is envisaged that anti-ransomware software will help to mitigate the risks whilst Microsoft Office 2010 is removed and replaced by Microsoft Office 365. A working group has been established to analyse the complexities of this issue which are being actively managed. It was recommended that the risk be increased from a moderate score of 4 to a high score of 12. Two new risks were approved by the CLCC on 8th October 2020. **Risk 21**: Risk of the CCG not being able to enforce a standard rate of care meaning costs may increase significantly as the CLCC have supported the decision to directly award a 12 month contract to the existing Any Qualified Provider Continuing Health Care Homes Framework from 1st August 2020. This risk is rated at a very high score of 16. **Risk 31**: Risk that proposed changes to the referral systems for Procedures of Limited Clinical Value and Clinical Assessment Services will increase activity and widening of health inequalities. This risk is rated at a high score of 9. **The Governing Body RECEIVED:** • **The Risk Register Report** • **Appendix 1 as a reflection of the risks facing the organisation as at 31st October 2020**	

	• **Appendix 2 which summarises the movement of all risks in October 2020** • **APPROVED the increase in risk score of risk 30** • **APPROVED the two new risks 21 and 31, both being the responsibility of the CLCC**	
GBP/2021/100	**Governing Body Assurance Framework (GBAF) - Quarter 2** HD presented the GBAF Quarter 2 advising that the GBAF provides a structure and process that enables the organisation to focus on the strategic and principal risks that might compromise the CCG in achieving its corporate objectives. It also maps out both the key controls that should be in place to manage those objectives and associated strategic risks, and confirms that the Governing Body has sufficient assurance about the effectiveness of the controls. Each risk has been allocated to an Executive Director and one of the CCG's Corporate Committees for review and oversight on a monthly basis. The Governing Body is requested to agree the Quarter 2 position. HD confirmed that some of the risk profiles are strategic and more work to understand the mitigations and controls that could be implemented to reduce the risk ratings will be undertaken in Quarters 3 and 4. IG supported the intention to review these significant elements before the CCG gets too far into the second half of the year, and suggested that it would be useful to get public health's input into this. JD stated that there needs to be an increased emphasis on the GBAF by the Governing Body, not just a passive oversight on where the CCG is, as this will have an impact on the Head of Internal Audit Opinion. A further report will be brought back in February following consideration by the Corporate Committees in January. **The Governing Body AGREED the 2020/21 Quarter 2 (July to September) Governing Body Assurance Framework.**	**HD**
GBP/2021/101	**Commissioning Intentions – 2020/21** Zara Jones (ZJ) presented the Commissioning Intentions for 2020/21. AM considered this to be a major document which related to different ways of working and collaboration, particularly with JUCD and the System Finance Oversight Group. It will be endorsed in December as a statement of a new future for system wide healthcare planning and commissioning. CC considered this to be a really significant shift, which was positively received by Providers as a good platform to work from. He thanked ZJ and colleagues for undertaking this work, which is a much streamlined document compared to previous submissions. GS enquired what the figure currently was for 'same day emergency care', as a minimum of 30% has been stipulated in the report. ZJ agreed to provide these figures to GS outside of the meeting. **The Governing Body:**	**ZJ**

	• **Formally NOTED the communication issued to providers on 30th September regarding commissioning intentions for 2021/22** • **NOTED awaited planning guidance for 2021/22 and that further updates on this will be provided in due course**	
GBP/2021/102	**Ratified Minutes of DDCCG's Corporate Committees:** • Engagement Committee – 16.9.2020 • Primary Care Commissioning Committee – 23.9.2020 • Quality and Performance Committee – 24.9.2020 **The Governing Body RECEIVED and NOTED these minutes**	
GBP/2021/103	**South Yorkshire and Bassetlaw Integrated Care System CEO Report – October 2020** **The Governing Body RECEIVED and NOTED this report**	
GBP/2021/104	**Minutes of the Governing Body meeting held on 1st October 2020** **The minutes of the above meeting were agreed as a true and accurate record.**	
GBP/2021/105	**Matters Arising / Action Log** There were no outstanding actions on the action log.	
GBP/2021/106	**Forward Planner** **The Governing Body NOTED the Planner for information**	
GBP/2021/107	**Any Other Business** None raised.	

DATE AND TIME OF NEXT MEETING

Thursday 3rd December 2020 – 9.30am to 11.15am via Microsoft Teams

Signed by: ……Dr Avi Bhatia……. Dated: ……3.12.2020……
(Chair)