

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

**CONFIRMED**

**Present:**

Dr Avi Bhatia	AB	Clinical Chair
Dr Bruce Braithwaite	BB	Secondary Care Consultant
Richard Chapman	RCp	Chief Finance Officer
Dr Chris Clayton	CC	Chief Executive Officer
Dr Ruth Cooper	RC	Governing Body GP
Jill Dentith	JD	Lay Member for Governance
Dr Buk Dhadda	BD	Governing Body GP
Helen Dillistone	HD	Executive Director of Corporate Strategy and Delivery
Ian Gibbard	IG	Lay Member for Audit
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
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 Penny Blackwell	PB	Governing Body GP
Brigid Stacey	BS	Chief Nursing Officer
Dr Robyn Dewis	RD	Director of Public Health - Derby City Council

**In attendance:**

Helen Hipkiss	HH	Director of Quality
Dawn Litchfield	DL	Executive Assistant to the Governing Body/Minute Taker
Suzanne Pickering	SP	Head of Governance

Item No.	Item	Action
<b>GBP/2122/026</b>	<b>Welcome, Apologies &amp; Quoracy</b>  Dr Avi Bhatia (AB) welcomed members to the meeting.  Apologies were received as above.  It was confirmed that the meeting was quorate.	
<b>GBP/2122/027</b>	<b>Questions received from members of the public</b>  The following questions were received from members of the public:	

## Questions from Markus James

1. You refer to “system financial pressures” and “system financial position” on page 23 of the board papers in the Joined up Care Derbyshire board update. Can you clarify exactly what constitutes the “system”? The JUCD website speaks of 12 partners but seems to list only 11.

Response: The partners are listed below and do total 11 as you reference in your question. Thank you for raising this issue and we will ensure that the way they are presented on websites and in any documentation is addressed.

Partners in Joined Up Care Derbyshire are:

### **Organisations that commission health services:**

NHS Derby and Derbyshire Clinical Commissioning Group

### **Organisations that provide healthcare services:**

Chesterfield Royal Hospital

Derbyshire Community Health Services

Derbyshire GP Alliance

Derbyshire GP Alliance & GP Task Force

Derbyshire Healthcare

DHU Health Care

University Hospitals of Derby and Burton

East Midlands Ambulance Service

### **Organisations that provide public services and social care:**

Derby City Council

Derbyshire County Council

2. Page 69 of the board papers summarises the financial gap of £53.3m. Where will the axe fall to meet this shortfall?

Response: The paper on planning and budget setting is really to inform GB of the latest guidance and approach that the CCG and other system partners are taking as a collaborative to manage the system finances. The paper outlines the progress made so far in bridging the recurrent financial gap for the system but there is still further work to do in understanding the cost drivers behind this and any potential slippage in investments to reduce this further. The plan already contains a 3% efficiency requirement for the system to manage and deliver which will be done through productivity efficiencies and transformation schemes. In addition, discussions are already taking place with regional colleagues to agree a multi-year recovery plan to manage any residual gap.

3. Page 66 speaks of a 0.28% efficiency and Page 69 of a 3% additional efficiency. Please explain the difference between the two.

Response: The 0.28% efficiency has already been applied to the system allocation for H1 and will be managed through the budgets of each organisation to ensure delivery. The system is planning for a break-even delivery for H1

The 3% efficiency target is a national expectation and has been applied to the overall expenditure plan with delivery expected from Q2 onwards. Schemes have not yet been identified but they will be delivered through productivity efficiencies and transformation schemes on both a recurrent and non-recurrent basis.

#### Questions from Liz James

4. Page 263 of the board papers has a summary of the discussion of the results of the 2020 staff survey. The discussion at the meeting and the summary in the minutes seem to seek to minimise the feedback given by Black, Asian Minority Ethnic (BAME) staff and explain their reporting of a worsened situation as resulting from outside factors (the pandemic and Black Lives Matter).

You speak of trying to understand what is “driving this”. The reasons for people reporting now may be interesting but what is more important is what the CCG will do to address the inequalities and discrimination that have now been brought to its attention. What steps will you be taking?

Response: The CCG has shared the results of the 2020 staff survey with both the staff Diversity and Inclusion Network and the members of the Organisational Effectiveness and Improvement Group (staff forum). Following feedback from these groups and an analysis of the NHS Workforce Race Equality Standard (WRES) data, the CCG has committed to the following actions to address inequalities and discrimination and foster a culture of inclusion and belonging:

- The CCG to be a [model employer](#)
- CCG to become a ‘culturally intelligent’ organisation. To support this we will participate in an expert-led system-wide cultural intelligence (CQ) programme.
- Executive Directors to own the representation Agenda, as part of the culture changes in the CCG/ICS, with improvement in BAME representation (and other under- represented groups) as part of objectives and appraisal.
- Staff networks prominent in contributing to and informing decision-making processes.
- Training for managers on Equality, Diversity & Inclusion (including good practice to ensure fair and inclusive practices are used) - *review of existing training in the Joined Up Care Derbyshire system.*
- Overhaul the recruitment and selection procedures, including implementing diverse recruitment panels (gender & ethnicity) – *complete.*
- Via the annual review conversations and 1 to 1’s, support and encourage BME staff to access the NHS Leadership academy (e.g. Stepping Up, Ready Now, Nye Bevan, Elizabeth Garrett Anderson).
- Advertise acting up and development opportunities internally to all staff.
- Roll out the reverse mentoring programme to all line managers within the CCG.
- Add an organisational pledge/statement around diversity & inclusion to attract a diverse workforce – *complete*

- CCG to promote a culture of civility & respect in line with the NHS People Plan, including a refresh of the Dignity at Work Policy. This will include briefings for managers and staff.

5. Page 155 (Quality and Performance Committee Assurance Report) refers to the Learning Disabilities Mortality Review report. How many people with a learning disability have died from Covid-19 in Derbyshire? Are people with a learning disability statistically over-represented in the number of deaths?

Response: Through the LeDeR (mortality review) programme in Derbyshire we have received 21 notifications where the reason for death (as per the death certificate) was Covid-19. Please note that notifications to the LeDeR programme are not mandatory so we cannot guarantee that the number received are all LD deaths for Derbyshire.

The following is not included in the LeDeR Annual report, however:

- According to Public Health Derbyshire there were 2222 deaths in Derbyshire up to 16<sup>th</sup> April 2021 where Covid-19 was reported on the death certificate.
- Therefore, based on the LeDeR notifications the LD deaths were 0.95% of this figure.
- Based on a Derbyshire population of 802,700 ([Derbyshire Observatory – Population and Households](#)) and we have around 5750 people on LD registers, LD population in Derbyshire is therefore approx. 0.72% of the Derbyshire population.
- This therefore shows that LD deaths were slightly higher in the LD population

### **Questions not related to 6.5.2021 Agenda**

#### **Questions from Keith Venables**

6. 56 London GP practices are now owned by a USA Insurance company. Can you tell me which are the next 3 Primary Care Practices whose contracts are up for renewal at this CCG and who chairs the relevant committee that will make the decision?
7. Can you promise that no new contracts will be given to non-NHS companies?

Response: There are no APMS contracts this year and there is one APMS practice in 22/23 whose contract will expire in October 2022. Primary Care Commissioning Committee is the delegated committee from NHS England and Improvement with responsibility for the GP contracts.

The CCG will follow the national guidance and procurement advice so we are unable to guarantee that no new contracts will be given to non-NHS companies. In addition, GP practices are independent businesses and therefore whilst they provide NHS services they are not NHS organisations.

Responses to these questions will be provided within 7 working days and included in the minutes for completeness.

<p><b>GBP/2122/028</b></p>	<p><b>Declarations of Interest</b></p> <p>AB reminded Committee members and visiting delegates of their obligation to declare any interests that they may have on any issues arising at Committee meetings which might conflict with the business of the CCG.</p> <p>Declarations declared by members of the Governing Body are listed in the CCG's Register of Interests and included with the meeting papers. The Register is also available either via the Executive Assistant to the Governing Body or the CCG website at the following link: <a href="http://www.derbyandderbyshireCCG.NHS.uk">www.derbyandderbyshireCCG.NHS.uk</a></p> <p>Dr Ruth Cooper (RC), Governing Body GP, has made an addition to the register since the last meeting as she has set up a Limited Company providing medical services to Staffa Health and South Hardwick PCN, which includes the role of clinical lead for the Enhanced Health in Care Homes project. This interest was duly noted and will be declared as appropriate going forward when the agenda relates to either of these areas.</p> <p>No further declarations of interest were made and no changes were requested to the Register of Interests.</p>	
<p><b>GBP/2122/029</b></p>	<p><b>Chair's Report</b></p> <p>AB provided a written report, a copy of which was circulated with the meeting papers; the report was taken as read.</p> <p><b>The Governing Body NOTED the contents of the report provided</b></p>	
<p><b>GBP/2122/030</b></p>	<p><b>Chief Executive Officer's Report</b></p> <p>Dr Chris Clayton (CC) provided a written 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>• Progress continues to be made on the vaccination programme, with Derbyshire performing extremely well.</li> <li>• A visit was made in April to the Derby Arena Local Vaccination Service site by Sir Simon Stevens, Chief Executive of the NHS. Sir Simon was keen to see the Derbyshire model, which is a good example of collaborative working, and the busiest site of that scale in the country during early April.</li> <li>• Last month saw progression to the next stage of the journey towards becoming a Derbyshire Integrated Care System (ICS), with clear priorities and actions emerging for the CCG and the System over the coming weeks and months.</li> <li>• An increasing range of System communication channels have been developed over recent months; the pandemic has helped the System think differently and innovatively in terms of reaching its audiences.</li> <li>• There continues to be an increased uptake for the expanding programme of virtual sessions covering a wide range of current issues; a recent Derbyshire Dialogue session on the vaccination programme was well attended.</li> <li>• Section 2 provided an overview of the activities engaged in by CC, in his dual role as CCG CEO and Executive Lead for Joined Up Care</li> </ul>	

Derbyshire (JUCD), bringing the organisations together and supporting the System partnership model.

- Whilst there is still a lot to do on the COVID response, the System is working hard on the recovery and restoration of non-COVID services in order to reduce waiting lists.
- Section 3 highlighted national developments, research and reports. Of note is the Joint Committee on Vaccination and Immunisation advice for pregnant women to obtain COVID vaccinations, and the appointment of 10,000 Healthcare Support Workers in the first 3 months of this year which will provide much needed assistance to both staff and patients. Advice on how to stop the spread of the pandemic was also highlighted, requesting that people continue to remain vigilant at all times.
- Section 4 contained details of local developments including the use of the 111 service for worsening vaccine side-effects in order to ease pressure on GPs. Pop up clinics have been extremely successful in helping to vaccinate hard to reach groups.

The following questions were raised:

- Governing Body members were keen to thank the volunteers and staff working at the vaccination centres; everyone is tired, but they keep going, as there is lots more still to do.
- The stress felt by the medical workforce, and the effect on their mental health, is causing some staff to seek alternative employment; as there is still a lot to deal with including the vaccination programme, the recovery and meeting the backlog of demand, it was enquired if there is anything practical the CCG could do to help with staff retention. CC responded that there will be multiple different challenges ahead; a balance is needed between available resources and the human element. Demands will be coming from new health needs caused by the pandemic and the System's backlog, which the Governing Body and the System are well sighted on; this will continue be the context of much discussion over the next few months.

Helen Dillistone (HD) added that staff support and wellbeing around resilience is essential to the Operating Plan set out for this year and beyond; the Plan includes a section on staff wellbeing. HD was pleased to announce that £600k support has been provided to the System for the development of its staff; this will be worked through with HR Directors on how it could be best used to support staff. Zara Jones (ZJ) confirmed that a Hub has been established to support staff, to receive the funding and take it forward.

- With the social care reforms shelved and Sir Simon Stevens standing down, it was asked what the likely impact will be on the ICS and the timeline. CC advised that this reform has been discussed previously but was not taken forward. Both Local Authorities remain important contributors to and a valuable part of the Derbyshire ICS. Derbyshire is well placed from a health and social care perspective in terms of how it operates and continues to do so through the health and social care partnerships. The challenge to social care itself remains the same in terms of increasing demand and available resources; the System will come together to support this, however the long-term questions on the social care reform remain unanswered.

	<ul style="list-style-type: none"> <li>It was queried when information on the waiting lists for operations would be made available. CC confirmed that information on the 52 week wait position and the overall waiting list figures is already available. Work is ongoing on the recovery trajectories and is included in the Quality and Performance Report and Operating Plan for visibility.</li> </ul> <p><b>The Governing Body NOTED the contents of the report provided</b></p>	
<p><b>GBP/2122/031</b></p>	<p><b>Joined Up Care Derbyshire Board Update – April 2021</b></p> <p>CC provided a written 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 Derbyshire System continues in its development to become an ICS, moving through the transition towards becoming a statutory organisation in April 2022.</li> <li>The Board welcomed Cllr Carol Hart and Cllr Roy Webb as representatives of the aligned Derby and Derbyshire Health and Wellbeing Boards, to reflect the further collaboration on agendas between those Boards and the ICS.</li> <li>Work continues in earnest on the pillars of development: the outline of strategic intent, Provider collaboration at scale and Place, and the JUCD role as an anchor institution.</li> <li>The Foundation Trust Governors have a very important role in holding Boards to account. The Derbyshire System recognises that the skills and knowledge of Governors could support the development of the transformation programme, especially at Place level. Discussions will continue with Governors to ensure that their assurance role is not compromised, and that they are supported appropriately to become involved in future discussions.</li> </ul> <p>The following questions were raised:</p> <ul style="list-style-type: none"> <li>It was queried if the statutory obligation of the ICS to engage with both the public and its members through appropriate mechanisms will be a similar model to that used by the CCG with its member practices; it was asked how the Trusts' Governors would fit into this. Martin Whittle (MWh) confirmed that there will be similarities in the way that engagement is done, but the end point will be different as to why we are engaging and what we are engaging for. Trust Governors are the representatives of members of the public using the Trusts, whilst the CCG's membership is formed of General Practices. MWh recently attended a Derbyshire Healthcare Foundation Trust Governors' meeting to gauge thoughts; this was a helpful meeting, which highlighted the different ways in which governors could be utilised to benefit the local population. Although the methodology will be the same, there are different audiences and drivers as the statutory responsibilities will be different. This is work in progress.</li> <li>It was considered to be a good move to consult with the Trusts' Governors and would be prudent for JUCD to also engage with the CCG's Lay Members, who have a similar purpose as advocate champions for the population. CC argued that Lay Members are more akin to Non-Executive Directors than Governors, which differ in purpose. Consideration will be given to the engagement of all Lay</li> </ul>	

	<p>Members / Non-executive Directors across the system. CC agreed to pick this up.</p> <p><b>The Governing Body NOTED the contents of the report provided</b></p>	<b>CC</b>
<b>GBP/2122/032</b>	<p><b>DDCCG Corporate Committees' Updated Terms of Reference</b></p> <p>Helen Dillistone (HD) presented the updated Terms of Reference of the CCG's Corporate Committees, which are considered on a six-month basis to ensure their continued relevance in terms of function and membership.</p> <p>Each Committee has reviewed its respective Terms of Reference and will do so again in the autumn of 2021, which will be timely in the ICS transition process. No material changes were made, only points of clarity addressed.</p> <p>It was noted that the Terms of Reference for the Remuneration Committee were updated and approved by the Governing Body in January 2021 therefore were not included in the papers today.</p> <p><b>The Governing Body APPROVED the Terms of References of all the Corporate Committees, with the exception of the Primary Care Commissioning Committee which will be presented at the next meeting</b></p>	
<b>GBP/2122/033</b>	<p><b>Financial Plan 2021/22</b></p> <p>Richard Chapman (RCp) provided an update on the changes to the financial planning assumptions made to date by the CCG and Joined Up Care Derbyshire partners in preparation for the final System Financial Plan being submitted to NHSEI today. The paper explained to the Governing Body how the CCG and JUCD System partners have identified an efficiency gap, and outlined the proposed management of the risks with suggested mitigations; it also demonstrated how the CCG is progressing the planning and budget setting for the overall System position. A presentation was given by RCp summarising the latest planning information and figures.</p> <p>The following points of note were made:</p> <ul style="list-style-type: none"> <li>• Expenditure for the CCG's own staff is less than 1% of total resource budget.</li> <li>• The 0.5% contact uplift included in contracts is the growth built into the NHS planning guidance for this year.</li> </ul> <p><b>The Governing Body NOTED the progress to date on producing a Joined Up Care Derbyshire Financial Plan for 2021/22</b></p>	
<b>GBP/2122/034</b>	<p><b>South Yorkshire and Bassetlaw (SYB) ICS Development Update</b></p> <p>A copy of a letter from Sir Andrew Cash was provided for discussion in relation to the health and care developments in SYB and the work currently being undertaken to address the requirements of the ICS transition.</p> <p>CC advised that DDCCG inherited formal membership of the SYB Joint CCGs Committee from North Derbyshire and Hardwick CCGs. CC has attended these meetings regularly due to DDCCG's connectivity with CRHFT patient flows and to learn from other Systems. His view is that when</p>	

DDCCG moves into an ICS, its membership of the Joint Committee will come to a natural end. DDCCG is not a formal member of SYB ICS. A dialogue will be entered into between the 2 ICS's in relation to future requirements for alignment and governance arrangements.

The following points of note were made:

- Due to the population flow it is pertinent to have a continuing dialogue into Sheffield regarding acute specialisms. Erewash also needs to maintain links with the Nottingham System. The information provided by SYB ICS's design group was commended; a lot of development work has been undertaken and it was asked if learning could be taken from their experiences and governance structures in relation of Places. CC concurred with the Place concept, and although the 2 ICSs have different operating models, and cross multiple Local Authority boundaries, there is mutual learning to be had. DDCCG also has much to offer to SYB ICS. In his response CC will suggest that the 2 ICSs continue to work together for developmental purposes.
- Derbyshire's Cancer Alliance Network was originally part of the South Yorkshire Cancer Alliance Network however, concern was raised that it now operates within the East Midlands region; it needs to be ensured that both interfaces, and that of the Continuing Care Network, are managed appropriately. The CCG has now formally moved into the East Midlands Cancer Alliance Network. It was confirmed that there continues to be links into other groups given the patient flows and geography of Derbyshire.
- It was enquired if Teaching Trusts could share the benefit of their knowledge with the Derbyshire Trusts. CC advised that this is the foundation on which the provider collaborative programme was formed within the East Midlands; it will see collaboratives develop around acute hospital services to broaden the conversations and give further thought to specialised commissioning. The East Midlands ICS Commissioning Board met for the first time last month.
- When responding to the Greater Manchester reconfiguration, it was helpful for North Derbyshire CCG to have a formal understanding of patient flows through its associate membership status. It was queried whether something of this nature is needed to provide an understanding should any formal changes be made to the configuration of health services which may affect the Derbyshire population. CC will highlight in his response that continuing cooperation will be required.
- It was requested that patient flows be kept in mind and that the good working relationship with Kingsmill Hospital maintained in order to prevent the patients on the boundaries from becoming disadvantaged. It was suggested that this may become a Place responsibility. The links with Nottingham are also important and need to be given thought.

CC agreed to take this to the next JUCD Board on 20<sup>th</sup> May for further consideration and respond on behalf of both organisations. A copy of the response will be shared with Governing Body members.

CC

**The Governing Body:**

1. **NOTED the progress made on the SYB ICS development work across all of the work streams**
2. **COMMENTED on the outputs of the SYB ICS design group by, specifically the:**

	<p>a. <b>Health and Care Compact</b>  b. <b>Health and Care Partnership Terms of Reference</b>  c. <b>Place Development Matrix</b></p> <p>3. <b>PROVIDED COMMENTS for the SYB ICS on the above</b></p>	
<p><b>GBP/2021/035</b></p>	<p><b>Finance Report – Month 12</b></p> <p>RCp provided an update on the Month 12 financial position. The following points of note were made:</p> <ul style="list-style-type: none"> <li>• The CCG has underspent against its running cost allocation by 4%; the running costs were delivered well within the allocation.</li> <li>• The Better Payment Practice Code is designed to ensure that there are no delays in payments made by the CCG to their suppliers, thus helping to support the economy. The target is to ensure that 95% of valid invoices are paid by the due date; DDCCG has exceeded this target this year, by paying over 99% of invoices by the due date.</li> <li>• The CCG has delivered a year end surplus of £298k which forms part of the Derbyshire System surplus of £359k.</li> <li>• This has been an unusual year in that movement was seen between the Month 11 predicted year end position and final year end outturn. This was due to payments made to Providers to cover in year service pressures.</li> </ul> <p><b>The Governing Body NOTED:</b></p> <ul style="list-style-type: none"> <li>• <b>The financial arrangements for H2, October 2020 to March 2021</b></li> <li>• <b>A full year underspend of £0.298m has been delivered</b></li> <li>• <b>Cumulative allocations of £51.930m have been reimbursed for Covid-19 costs and Acute Independent Sector (IS), this includes a late NHSEI reduction of a net £0.077m relating to a reduction in costs in month 12 in comparison to the month 11 forecast</b></li> <li>• <b>The top-up allocation stands at £6.865m</b></li> </ul>	
<p><b>GBP/2122/036</b></p>	<p><b>Finance Committee Assurance Report – April 2021</b></p> <p>Andrew Middleton (AM) provided a verbal update following the Finance Committee meeting held on 29<sup>th</sup> April 2021. The following points of note were made:</p> <ul style="list-style-type: none"> <li>• The achievement of the Better Payment Practice Code target is a tribute to the Finance Team which owns this as important part of its duty, taking pride in it.</li> <li>• Assurance was provided that the Team submitted the accounts in accordance with the required deadlines.</li> <li>• The Finance Officers declared an unprecedented level of collaboration on System finance matters, which bodes well for the ICS.</li> <li>• The 2021/22 financial year will present another highly dynamic situation; the Team will continue to provide assurance to the Governing Body at the most pertinent times.</li> <li>• Despite financial balance not being anticipated in 2021/22, organisations will have to be cognisant as there remains a sizeable System gap to address through transformation.</li> <li>• Relationship building is the pre cursor to transformation programmes; in that respect, the System Finance and Estates Committee is</li> </ul>	

	<p>broadening the role of the future financial management regime. Assurance was provided that the Deputy CFOs and specialist estates' officers are advantaged by clearly understanding the position.</p> <ul style="list-style-type: none"> <li>• A copy of the notes on the 360 Assurance webinar were circulated to the Governing Body for information in advance of the meeting.</li> </ul> <p><b>The Governing Body NOTED the verbal update provided for assurance purposes</b></p>	
<b>GBP/2122/037</b>	<p><b>Audit Committee Assurance Report – April 2021</b></p> <p>Ian Gibbard (IG) provided an update following the Audit Committee meeting held on 28<sup>th</sup> April 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> <li>• The April meeting was held to review the draft submission of the CCG's Annual Report and Accounts to NHSEI; they were recognised by the Auditors as being well prepared and presented.</li> <li>• The May meeting will receive the Report and Account's findings and subsequently sign them off on behalf of the Governing Body. All Governing Body members are welcome to attend the meeting on 25<sup>th</sup> May.</li> </ul> <p><b>The Governing Body NOTED the contents of the report provided for assurance purposes</b></p>	
<b>GBP/2122/038</b>	<p><b>Clinical and Lay Commissioning Committee (CLCC) Assurance Report – April 2021</b></p> <p>Dr Ruth Cooper (RC) provided an update following the CLCC meeting held on 8<sup>th</sup> April 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> <li>• The CLCC reviewed and agreed its Terms of Reference.</li> <li>• The CLCC virtually ratified the Non-Standard MRD Scan Policy.</li> <li>• The CLCC virtually noted that CPAG have reviewed the Individual Funding Request (IFR) cases submitted and Interventional Procedures Guidance (IPGs), Medtech Innovation Briefings (MIBs), Medical Technology Guidance (MTGs) and Diagnostic Technologies Guidance (DGs) for February 2021 and were assured that no areas for service developments were identified.</li> <li>• The CLCC virtually noted the following for information purposes: <ul style="list-style-type: none"> <li>• Medtech Funding Mandate Policy 2021/22</li> <li>• Evidence-based Interventions List 2 Guidance</li> <li>• Clinical Policies Specification</li> <li>• Orthotics Mobilisation Position Statement</li> <li>• Clinical Policies Specification</li> <li>• CPAG Policy Specification</li> <li>• CPAG Bulletin – February</li> </ul> </li> <li>• The CLCC received and noted the updated Emerging Risk Tracker.</li> </ul> <p><b>The Governing Body NOTED the contents of the report provided for assurance purposes</b></p>	

<p><b>GBP/2122/039</b></p>	<p><b>Primary Care Commissioning Committee (PCCC) Assurance Report – April 2021</b></p> <p>Professor Ian Shaw (IS) provided a verbal update following the PCCC meeting in public held on 28<sup>th</sup> April 2021. The meeting mainly consisted of discussion of the standing agenda items.</p> <p><b>The Governing Body NOTED the verbal update provided for assurance purposes</b></p>	
<p><b>GBP/2122/040</b></p>	<p><b>Quality and Performance Committee (Q&amp;PC) Assurance Report – April 2021</b></p> <p>Dr Buk Dhadda (BD) provided an update following the Q&amp;PC meeting held on 29<sup>th</sup> April 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> <li>• The Committee noted the good performance in relation to cancer targets and reassured the Governing Body that the CCG compared favourably with national performance data during the second wave of the pandemic.</li> <li>• A deep dive is underway on patient referrals and waiting times; there are a high number of patients still waiting to receive initial appointments. The Committee is fully sighted on all aspects of the waiting lists.</li> </ul> <p><b>The Governing Body NOTED the key performance and quality highlights and the actions taken to mitigate the risks</b></p>	
<p><b>GBP/2122/041</b></p>	<p><b>CCG Risk Register – April 2021</b></p> <p>This report highlights areas of organisational risk recorded in DDCCG's Corporate Risk Register as at 30<sup>th</sup> April 2021. All risks in the Risk Register are allocated to one of the CCG's Corporate Committees which reviews them on a monthly basis. No material changes have been made to the risk scores since the last meeting however one risk has been decreased, as detailed below.</p> <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 30<sup>th</sup> April 2021</b></li> <li>• <b>Appendix 2 which summarises the movement of all risks in April 2021; and</b></li> <li>• <b>The decrease in score for one risk:</b> <ul style="list-style-type: none"> <li>• <b>Risk 6 relating to the demand for Psychiatric Intensive Care Unit beds (PICU)</b></li> </ul> </li> </ul>	
<p><b>GBP/2122/042</b></p>	<p><b>Joined Up Care Derbyshire Board – Ratified Minutes – March 2021</b></p> <p><b>The Governing Body RECEIVED and NOTED the minutes</b></p>	

<b>GBP/2122/ 043</b>	<b>Ratified Minutes of DDCCG's Corporate Committees:</b> <ul style="list-style-type: none"> <li>• Audit Committee – 18.3.2021</li> <li>• Primary Care Commissioning Committee – 24.3.2021</li> <li>• Quality and Performance Committee – 25.3.2021</li> </ul> <b>The Governing Body RECEIVED and NOTED these minutes</b>	
<b>GBP/2122/ 044</b>	<b>South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) CEO Report – April 2021</b> <p><b>The Governing Body RECEIVED and NOTED the report</b></p>	
<b>GBP/2122/ 045</b>	<b>Minutes of the Governing Body meeting in public held on 1<sup>st</sup> April 2021</b> <p>The minutes of the above meeting were agreed as a true and accurate record</p>	
<b>GBP/2122/ 046</b>	<b>Matters Arising / Action Log</b> <p>There were no outstanding action items for consideration at this meeting.</p>	
<b>GBP/2122/ 047</b>	<b>Forward Planner</b> <p><b>The Governing Body NOTED the Planner for information</b></p>	
<b>GBP/2122/ 048</b>	<b>Any Other Business</b> <p>None raised.</p>	
<b>DATE AND TIME OF NEXT MEETING - Thursday 3<sup>rd</sup> June 2021 – 9.30am to 11.15am via Microsoft Teams</b>		

Signed by: .....Dr Avi Bhatia..... Dated: ...3.6.2021.....  
(Chair)