Derby and Derbyshire CCG Governing Body meeting in public
Held on
5th December 2019

CONFIRMED

Present:

Dr Avi Bhatia AB Chair
Dr Penny Blackwell PB Governing Body GP
Dr Bruce Braithwaite BB Secondary Care Consultant
Richard Chapman RCh Chief Finance Officer
Dr Chris Clayton CC Chief Executive Officer
Dr Ruth Cooper RC Governing Body GP
Jill Dentith JD Lay Member for Governance
Dr Buk Dhadda BD Governing Body GP
Helen Dillistone HD Executive Director of Corporate Strategy and Delivery
Ian Gibbard IG Lay Member for Audit
Sandy Hogg SH Executive Turnaround Director
Zara Jones ZJ Executive Director of Commissioning Operations
Dr Steven Lloyd SL Medical Director
Andrew Middleton AM Lay Member for Finance
Laura Moore LM Deputy Chief Nurse (for Brigid Stacey)
Gill Orwin GO Lay Member for Patient and Public Involvement
Dr Emma Pizzey EP Governing Body GP
Professor Ian Shaw IS Lay Member for Primary Care Commissioning
Dr Greg Strachan GS Governing Body GP
Martin Whittle MWh Lay Member for Patient and Public Involvement

Apologies

Brigid Stacey BS Chief Nursing Officer
Dr Merryl Watkins MWa Governing Body GP
Dean Wallace DW Director of Public Health, Derbyshire County Council
Dr Cate Edwynn CE Director of Public Health – Derby City Council

In attendance:

Leni Robson LR Office Manager/ Minute Taker
Suzanne Pickering SP Head of Governance

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<tr>
<th>Item No.</th>
<th>Item</th>
<th>Action</th>
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<tr>
<td>GBP/1920/161</td>
<td>Welcome, Apologies &amp; Quoracy</td>
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<td>Apologies were received from Brigid Stacey, Dr Meryl Watkins and Dean Wallace. Laura Moore was welcomed in Brigid Stacey's absence.</td>
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<td>Dr Avi Bhatia welcomed those round the table and introductions were made for the benefit of the public. Quoracy was confirmed.</td>
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<tr>
<td>GBP/1920/162</td>
<td>Declarations of Interest</td>
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<td>AB reminded committee members of their obligation to declare any interests they may have on any issues arising from committee meetings which might conflict with the business of the governing bodies. Any declarations made by the members of the governing bodies are listed in the individual CCG’s Register of Interests.</td>
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<td>There were no changes requested to the Register of Interest and no further declarations of interest were reported.</td>
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<tr>
<th>GBP/1920/163</th>
<th>Questions from members of the public</th>
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<td>No questions were received from the public for this meeting.</td>
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<tr>
<th>GBP/1920/164</th>
<th>Chair’s Report</th>
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<td>AB presented the report of the Chair. He took the opportunity to update the Governing Body on the progress being made through the Place Board. AB provided an update on a second meeting that had taken place between himself, Dr Chris Clayton (CC), the Clinical Leads and the Primary Care Network (PCN) Medical Directors. There is an ongoing dialogue to develop a two-way conversation between the Clinical Commissioning Group (CCG) and the PCN. Both meetings had been positive with a robust discussion, and the intent and progression for the PCNs was clear. This dialogue will continue at the GP Leadership meetings on a monthly basis. AB and CC have both said they will meet with the PCNs at their behest as and when needed.</td>
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<td>The Governing Body RECEIVED and NOTED the report of the Chair.</td>
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<th>GBP/1920/165</th>
<th>Chief Executive Officer’s Report</th>
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<td>CC presented the report of the Chief Executive. He took the opportunity to remind the Governing Body of the strict rules of Purdah that are in place at this time.</td>
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<td>CC drew the Governing Body’s attention to section 2 which listed the meetings attended by the Chief Executive over the last few months. There has been a shift in direction for the organisation in terms of the work it is currently involved in. A different approach has been taken this year. An example of this is that CC is now formally invited to the EMAS Trust Board. This is an important shift since the new contract negotiation.</td>
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<td>Winter and Urgent Care plans are escalating, including conversations with national leaders regarding Derbyshire and this area of work remains a priority for the Executive team.</td>
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<td>The list of meetings also shows the move towards the working with wider partners and increasing connections with these. Work is ongoing to develop the Integrated Care Partnerships and CC concurred with the report of the Chair that this is gaining momentum.</td>
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<td>CC has also been working with Staffordshire, gathering information with regards to the Staffordshire way of working.</td>
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Values and Behaviours have been launched with staff and CC reiterated the importance of this.

CC offered congratulations to University Hospitals of Derby and Burton who had achieved an outstanding CQC report. Formal congratulations will be sent to them.

Dr Greg Strachan (GS) queried what the Derby Renaissance Board was. CC explained that it was an important forum around wealth regeneration in terms of the city and focused on building alliances across the public and private sector. GS asked if there was a Chesterfield equivalent and CC confirmed that the equivalent was the Chesterfield Conference.

Andrew Middleton (AM) queried the remarks in section 3 around single use plastics and whether any focus has been given to this. CC informed the Governing Body that there was a working group within the CCG who are working on how the organisation could become greener and the plastic reduction scheme has been launched. He agreed this was an important issue and the Derbyshire Chief Executives Forum, have engaged the climate change agenda. Links are being formed with local authorities and partners about what the approach to Carbon reduction is. There will be the CCGs’ challenges, what can be influenced through commissioning and what can be done by the NHS. AM queried whether more meetings could take place via teleconference to reduce driving as the footprint becomes larger and CC agreed that this is an option to take forward.

The Governing Body RECEIVED and NOTED the report of the Chief Executive Officer

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**Strategic Objectives Development**

HD presented the paper for decision by the Governing Body. The paper is a continuation on the discussion that has been ongoing at Governing Body meetings over the last year. The Governing Body agreed the organisation’s strategic objectives and associated risks in June. During the summer months 360 Assurance took an initial view as to how this was developing and how the document was being utilised to assist the organisation. There were two parts to the review:

2. How the Governing Body Assurance Framework (GBAF) was being used and the description around the strategic objectives.

A report was brought to Governing Body in November with regards to embedding the work in response to the review. 360 Assurance recommended amendments to the language used in the objectives, namely the explicit articulation of measurement.

Two areas were recommended for amendment, with the word measurably being included in both:

1. To reduce our health inequalities and **measurably** improve the physical health, mental health and wellbeing of our population
2. To **measurably** reduce unwarranted variation in the quality of healthcare delivered across Derbyshire
It was believed that the other objectives were implicit.

**HD asked the Governing Body for feedback and approval on these amendments.**

Professor Ian Shaw (IS) stated that the placement of the word ‘measurably’ in objective 1 was reconsidered as there is a difficulty in achieving a reduction in health inequalities and improving physical health. You can improve physical health and increase inequalities depending on how different social groups engage. Placing ‘measurably’ in front of ‘improve physical health’ puts the emphasis on this. IS suggested that the word ‘measurably’ was placed in front of ‘reduce’ so the objective read ‘To measurably reduce our health inequalities and improve the physical health, mental health and wellbeing of our population’.

Jill Dentith (JD) broadly supported the proposal. She queried whether the risks needed amending in-year and the process involved in this. She acknowledged that the strategic risk associated to a strategic objective could change. If there is a recommendation to change a risk description it would be for the relevant committee to agree the change and then bring through to the Governing Body to approve. When the GBAF is reported in Quarter 3 all changes will be brought to Governing Body for formal approval and this will include any risk description changes.

Martin Whittle (MW) supported proposals going forward. He queried strategic objective 3. Which reads “To plan and commission quality healthcare that meets the needs of our population and improve its outcomes”. At the Engagement Committee concerns had been raised that the targets set may be too high. He asked if this feedback had been considered. HD proposed the addition of the word reasonably so the objective reads: “To plan and commission quality healthcare that reasonably meets the needs of our population and improve its outcomes”.

In terms of next steps, if Governing Body approves the changes at this meeting, then the Committees and lead directors will be asked for the measures. Some may be obvious, and there is a plethora of data already in place, but there may be others that need to be targeted. Not all objectives will be achieved immediately and the measures need to reflect this.

AM queried strategic objective 5. “Work in partnership with stakeholders and population” as it appeared incomplete and suggested adding ‘in order to measurably improve outcomes for patients’ to it to clarify the purpose.

Dr Bruce Braithwaite suggested “Work in partnership with stakeholders and population to achieve the above four objectives” as this is the ‘how’.

Richard Chapman (RCh) requested that points 1 and 2 could read “Measurably to reduce” as this was better grammar.

The following amendments were agreed:

1. Measurably to reduce our health inequalities and improve the physical health, mental health and wellbeing of our population.
2. Measurably to reduce unwarranted variation in the quality of healthcare delivered across Derbyshire.
3. To plan and commission quality healthcare that reasonably meets the needs of our population and improve its outcomes.
4. Work in partnership with stakeholders and population to achieve the above four objectives.

The Governing Body APPROVED the amendments to the Strategic Objectives.

GBP/1920/167 Future in Mind Plan

Zara Jones (ZJ) presented the paper with regards to Future in Mind Plan. The paper was taken as read with ZJ drawing the Governing Body’s attention to particular highlights. The plan has been published on the websites of Derby and Derbyshire CCG, Derby City Council and Derbyshire County Council. It is the 5th year of the national initiative for children and young people. The summary report covers the plethora of service initiatives including what is being done to improve the mental health of children and young people. The detail of the plan has been discussed at the Clinical and Lay Commissioning Committee (CLCC), as have the aspirations for the future. There have been improvements but there is still a long way to go. One of the key points is that there is a specific target of 34% to be reached in 20/21 regarding access. Discussion has taken place at CLCC as to what the aspirations should be and what it would take to achieve more than the national standard.

Whilst clearly there is a debate about access, there is also a significant focus on prevention so that less access is required and work is ongoing to achieve this, in particular around digital access and around schools and education. Trailblazer funding has been achieved for support in schools which is showing a positive response.

Governance is also covered in the plan and the importance of this has been agreed, therefore progress will be reported to the SEND Board and through the Joined Up Care Children’s workstream to ensure visibility of progress being made.

A financial commitment has been made annually and this has been met each year. Next year there is a plan for £4.3m of spend and a £400k uplift which comes as part of the investment standard.

AM agreed that this was a positive paper and urged everything to be done in partnership with the education system. He drew attention to the sentence that read ‘Our ambition is that by 2024 over half those who need a service will be able to access one’, and queried whether it should be 100%. ZJ stated that this builds on the conversation that took place at CLCC about the level of ambition. The report mirrors the national requirements and this needs to be explored further.

Dr Ruth Cooper (RC) reinforced the statement made by ZJ regarding the discussion at CLCC. There had been a robust challenge to the 39% and that this figure should not be the ambition.

Gill Orwin (GO) queried whether there is an area within the country who are achieving above and beyond with regards to mental health and if so
can a visit be arranged to review the methods used. GO also asked for
more information on Kooth as to whether this was just online or could the
service users speak to somebody. ZJ was only aware that it was a
messaging service but would confirm.

Dr Penny Blackwell (PB) echoed the aspirations already voiced around
the table and informed the Governing body that Kooth and Kwell had
been utilised by her practice as a resource. Kwell is for caregivers and
Kooth is for children and young people. She confirmed they could speak
to someone if required but in many instances the digital access is
preferred. The children and young people who have engaged with Kooth
and Kwell have been asked to complete short questionnaires to measure
the impact. It has been very successful.

Dr Emma Pizzey (EP) had missed the discussion at CLCC but
acknowledged that there was good work being completed, however the
information on the services was not circulated and schools are not
always aware. The message needs to be communicated. ZJ confirmed
that there had been communications but more will be actioned to ensure
that all relevant partners are aware of the available services.

RC confirmed that she was not aware of the services until she read the
paper and reiterated the need to circulate the message as soon as
possible and that the communications should be measured to ensure
effectiveness.

CC asked ZJ for the top 3 outcomes required. ZJ stated that in terms
of access there had been an improvement but more is still required. Equally
the pool of people requiring access has to be smaller and so there must
be an outcome about prevention and earlier intervention, which will lead
to less people requiring access to statutory services. With regards to Tier
4, again numbers have reduced, however work still needs to be done to
eliminate the Tier 4 level.

CC clarified that access has improved, and there has been a reduction in
Tier 4, and reducing the number of patients requiring the service.

IS asked to highlight in terms of the healthcare system the importance of
going upstream, not just for Mental Health but for organisational
sustainability within Primary Care. IS stated that statistics show an issue
for Primary Care as 40% of people within GP surgeries are there for
Mental Health issues, which increases to approximately 75% coming for
subsequent appointments about the same condition. If GPs are spending
a vast majority of their time on Mental Health issues there will be an
ongoing impact and if this is approached from upstream resources can
be released in Primary Care.

PB queried whether the Future in Mind programme is defined nationally.
Most teachers can identify a child at a young age who may have issues.
Whilst prevention is important, so is early recognition. There was a
targeted one-off initiative in Derby City which targeted preventing
escalation. ZJ stated that now that the plan is in the 5th year it is wrapped
up in the Mental Health implementation plan which is part of the NHS
Long Term Plan. There are national targets to meet but there are
opportunities to look at early recognition going forward.
AB will include the details regarding Koof and Kwell in his newsletter to GPs.

**ACTION: ZJ to ensure suitable communications around the services available. AB will include in the Chair’s newsletter to GPs.**

### GBP/1920/168

#### Finance and Savings Report – Month 7

RCh presented the Finance and Savings report. The position at the end of month 7 is that the CCG is reporting that it is currently on plan year-to-date forecast position and are on plan to achieve the £29m planned deficit before the Commissioner Sustainability Fund (CSF) is applied to the position.

The cash limit remains on plan from month 6.

£552k of the £8.1m mandated contingency has been applied to the forecast outturn position. This reflects an adjustment to the overseas visitors’ allocation which is due. The overall adjustment is about £1.5m, a reserve was in place of £1m so £0.5m has been met with the contingency in agreement with the Chief Executive.

The savings forecast outturn is now a £20m adverse variance against a 69.5m target. Forecast is to achieve £49m savings in the current financial year.

The underlying position is £49.4m exit rate against a £46.4m target.

The £20m savings under delivery forecast at the end of the year is a net position. Therefore, it is forecast that of the plans set in place these will under deliver by £29m. Some plans will over achieve and there are some new plans that will deliver and this will achieve approximately £9m. The two positions net off the £20m that is forecast.

The Finance Committee received a financial risk paper which was fully appraised and gave assurance that there is a high level of confidence the control total will be achieved.

Ian Gibbard (IG) queried the current position with the acute Trusts with regards to quality of data and to what extent is that seen as part of risk profile in relation to this paper.

RCh confirmed that in terms of the risk management profile he is in discussion with all four providers in terms of the year-end position. They are close to agreeing the position with Derbyshire Community Health Services (DCHS). Acute Trusts are more complicated as there is potential for agreement of the financial value with United Hospitals Derby Burton (UHDB) around the existing patterns and then for urgent care to escalate in winter.

ZJ confirmed that the data quality issues have improved at UHDB. An update had been provided to the Finance Committee with regards to a breach notice which had been issued in respect of the data issues. This had been closed as these had been resolved. There were other issues and the CCG is working closely with UHDB to resolve these.
As part of the close down position, work is ongoing to ensure clarity around the outstanding issues to ensure that next year there is not the same level of problems. ZJ acknowledges the issues of merging two data systems and assured the Governing Body that UHDB were aware of the impact on the wider system.

**The Governing Body RECEIVED and NOTED the Month 7 Finance and Savings report.**

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<td>AM talked through the Assurance report. The Finance Committee was assured that mitigations had been put in place to ensure that the control total would be met this year.</td>
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<td>AM provided an update on the second System Financial Oversight Group meeting. All had agreed that there was a need to work together to meet the challenges ahead across the system. There were concerns over engaging the clinicians who could action the savings which were noted.</td>
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<td>IS queried whether there is a need to have a ‘sense check’ to ensure that by having a smaller Executive/Management team it is not having a detrimental effect given there is an underspend on Organisational costs of 1m and if so when will that check take place.</td>
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<td>HD confirmed that additional savings had been saved through the organisational efficiency programme and these savings had been made predominantly across two areas; firstly, in estates and secondly related to staff in terms of additional savings, predominantly related to recruitment and the pacing that staff were recruited. Throughout November pay budgets and structures have been revisited for further testing and review.</td>
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<td>RCh stated that there will be a reduction in running cost budget which the CCG must be prepared for so work is ongoing to be prepared for this. He agreed that further work is required on how the systems resource is applied and every organisation in the system will go through this.</td>
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<td>IS referred to the statement over the reduction in running costs. The CCG was now the size of a Primary Care Trust (PCT). PCTs took a 40% cut in running costs to convert to CCGs and CCGs are now taking a 20% running cost reduction. HD clarified that the CCG is not taking 20% out of the base line; the reduction has already been made by merging the 4 CCGs.</td>
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<td>BB referred to AM’s comment with regards to clinicians. Dr Andrew Goddard, Chair of the Royal College of Physicians and Dr John Abercrombie, a senior member of the Royal College of Surgeons are both based in the East Midlands and suggested that meeting with them would have more traction then meeting with Medical Directors as they could have an influence on all members of their respective Colleges.</td>
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**ACTION:** AB will pick up with BB to take forward and facilitate a meeting
Dr Steve Lloyd (SL) agreed that this was a good approach to take and flagged to Governing Body the approach being taken through the systems space along with Dr Mangus Harrison, Medical Director at UHDB. They had embarked on system reviews. This does not undermine Clinicians but guides them in new ways of working in the community. He assured the Governing Body that the challenge from the Clinical Workforce is recognised and work is being done to shape the approach so it becomes a clinical pathway.

Sandy Hogg (SH) stated that she was unsure as to whether now was a good time to revisit the CCG’s structure. A number of the Executive team are having conversations on how to pool system resource to create system function. There is a risk that the right design could be in place but there would still be an issue to deliver as the architecture would not be in place.

JD noted the fantastic work that has been done, accepting the issue of recurrent versus non-recurrent. She stated that it would be beneficial for Governing Body to acknowledge the progress and the hard work of staff. This will assist in staff to think positively about moving forwards.

AM endorsed SH’s point and stated that it would be acceptable amongst the CFOs and that there must be economy where teams are duplicating work. He supported SH to work up proposals to put before CC to see what may be put forward as a concrete proposal.

CC assured the Governing Body that these were conversations that were ongoing with regards to the system and how staff are moved across. Examples have been seen today on how year-end will be closed more quickly to allow staff to focus on managing the risk as opposed to proportioning the risk.

The Governing Body RECEIVED and NOTED the report of the Finance Committee.


Dr Buk Dhadda (BD) talked through the report. At the last meeting, Maria Riley from Chesterfield Royal Hospital presented improving cancer targets assuring the Committee members that work is ongoing in collaboration with UHDB, to implement the 29 learning points from the visit to Frimley Park.

BD highlighted the CQC report into Cygnet Acer Clinic; the report has been published and is in the public domain. The Clinic has been inspected three times since 2015 and was rated good. The last inspection was October 2018. The CCG Quality team have been actively working with the provider in the last few months and have done good work in terms of providing a good service, CQC was asked to come and carry out a further inspection. The Unit was still rated inadequate and put into special measures. Work with the CCG Quality Team has continued and CQC recognised that a significant amount of improvement had been made. However, given the rating measures have been taken; the Unit has been closed to new admissions. The CCG Quality Team is visiting on a weekly basis and working very closely with CQC to ensure that the
action plans are being implemented.

Transforming Care Partnership (TCP). BD will bring back the Q2 update to the Governing Body as a singular item on the agenda so this can be discussed fully. There are multiple areas to be looked at and BD stressed the importance of the Governing Body understanding what is involved and what work is being done to take this forward. There are a number of statutory and national guidance awaited. This is a result of two Parliamentary committee meetings which both had similar findings around the detention of young people with learning difficulties and autism.

In terms of current guidance already in place, by the end of December 2019 in line with the NHS England and Improvement (NHSEI) oversight arrangements regarding Out of Area (OOA) placements, there must be a minimum of 6 weekly visits to children and young people in Tier 4 beds and 8 visits to adults in Tier 4 OOA beds. The team have commenced work and there are 14 adults in Tier 4 beds OOA and 4 children and young people in Tier 4 beds. There are 18 adults in secure beds. And independent clinician has been appointed to complete these visits and BD assured the Governing Body that the requirements will be met.

Another strand of the update was around the performance of Children and Young People in Tier 4 beds which is below trajectory. However there are other measurables that are being looked at, including adults in tier 4 beds and the long stay cohort. A number of which are in CCG beds. It was confirmed that this is on the risk register.

This is an STP level piece of work and NHSEI have requested a review. An action plan has been put in place as Issues remain around workforce.

**ACTION: Future Agenda item - TCP**

BD highlighted the positive points, including the NHSEI for Antimicrobial Prescribing reduction. Derbyshire are below the national trajectory for meeting this target.

There is one new risk to highlight which places a financial challenge. This is a new risk, Risk 39 in relation to Section 117 Aftercare costs. The Quality and Performance Committee will review this in more depth at the next meeting.

CC stated that the paper does not align with the key messages. Laura Moore (LM) reported that this is due to timing as the Quality and Performance Committee takes place the day before the papers are due and this will be rectified when organising dates for next year, however she will ensure that the papers are more aligned.

**ACTION: Align meetings so that papers are available and relevant to the Governing Body to enable them to have prior sight.**

The Governing Body RECEIVED and NOTED the report.
MW highlighted three points from the Engagement Committee:

1. Presentation on the ongoing Urgent Care work. The Committee was able to provide input and comment into this work.
2. Presentation - Repeat prescribing and Medicines Order Line was reviewed and the Committee were assured. There was an open invite to visit the Medicines Order Line (MOL) which several Committee members did.
3. The timings of this Committee are not aligned with the Governing Body so it was agreed that the Terms of Reference will be reviewed and from February there will be a paper that is better synchronised with the Governing Body.

The Governing Body RECEIVED and NOTED the report.

JD highlighted the following three points from the Committee.

1. **Emergency Planning Resilience and Response (EPPR)**
   The Committee was assured by reports not only in terms of the CCG’s position, but also in terms of the Derbyshire Providers’ position. The Committee are looking at how planning is put into action. Assurances and positive feedback were received from both the recent issues with the flooding in Derbyshire and following the Whaley Bridge Dam incident.

2. **HR Policies**
   The Governing Body noted that the Governance Committee approved the following policies:
   - Disclosure and Barring Policy;
   - Secondment Guidance and Procedure; and

3. **Internal Audit Report Governance and Risk Management**
   The Committee reviewed the Internal Audit Report for the CCG’s Governance and Risk Management. The report gave a significant assurance opinion for Risk Management; however the report detailed two recommendations which were rated medium, which resulted in a limited assurance opinion for Governance. This was raised at Audit Committee and challenge was given to Internal Audit colleagues. It was noted that the audit was completed at a time when the organisation was a newly merged CCG and that at that time the GBAF was being strengthened. The GBAF has been strengthened further to include the measurement of the CCG strategic objectives and being is developed within the constraints allowed.

   CC recognised that the report may have been at a point in time, however asked for confirmation that further independent analysis should be undertaken to ensure that the issues raised had been addressed.

   JD and HD confirmed that the Governance Committee had been disappointed with the report, and believed that there had been some
process irregularities in how the review was conducted. There was recognition that the review was completed too early in the year in terms of having measures of the strategic objectives in place.

360 Assurance will be asked to review the work completed. HD expressed confidence that the work is progressing.

AM reiterated challenges discussed at Audit Committee.

IG agreed that there are some indicators within the report that it was completed early. He supported CC’s suggestion that a further review with the Internal Auditors should take place and that they have made a commitment to complete a further review to ensure that this is followed through.

JD confirmed that the report had been reviewed by the Audit Committee and they stated that there would be a further review, which would be brought back to Audit Committee in January. This information is needed so that there can be confidence in the Head of Internal Audit Opinion at the end of the financial year.

AB stated that there needs to be triangulation so whilst there is every confidence that all is correct, this must be confirmed by a third party. He requested a timeline as to actions being taken and this will be reported in the Audit Committee Assurance Report.

The Governing Body RECEIVED and NOTED the report.

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<th>GBP/1920/173</th>
<th>Audit Committee Assurance Report – 21 November 2019</th>
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<td>IG asked the Governing Body to formally note the Internal Audit Report and their findings. Risk Management provided significant assurance which is an improvement on from the limited assurance provided when the CCGs were 4 separate entities. There was also an audit report on Contract Management which provided a limited assurance, which again could be due to the timing of the report. An improved audit report was expected.</td>
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<td>A positive report had been received from KPMG, external auditors which had been conducted on the 18/19 financial year and was incredibly useful.</td>
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<tr>
<th>GBP/1920/174</th>
<th>Primary Care Commissioning Committee Assurance Report – 27 November 2019</th>
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<td>IS highlighted one area from the report which was the cost pressure on Category M drugs. It appears that this is going to end the year going over in terms of both cost and prescribing. Overall however, the PCCC is set to come in within budget.</td>
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<td>The Governing Body RECEIVED and NOTED the report.</td>
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<tr>
<td>GBP/1920/175</td>
<td>Risk Register Report – November 2019</td>
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<td>HD presented the risk report for November.</td>
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<td>Two new risks have been identified since the last meeting. Both are rated as high with a score of 12:</td>
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<td>• Risk 39 with regards to Section 117 Aftercare Costs which was discussed in the Quality and Performance Committee.</td>
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<td>• Risk 40 has been assigned to Finance Committee and relates to data quality issues in UHDB.</td>
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<td>Two risks have been closed under section 4.4 as recommended through the committee reports.</td>
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<td>GS asked when the data issue would be resolved. ZJ confirmed that work is ongoing with regards to residual data issues. There have been ongoing issues with merging data. She would expect these to be resolved within the financial year.</td>
<td></td>
</tr>
<tr>
<td>CC clarified where the data is discussed. Finance Committee hold the risk but the data issues are discussed at Quality and Performance Committee and therefore he queried whether the risk should be that Committee’s responsibility.</td>
<td></td>
</tr>
<tr>
<td>ZJ confirmed that the financial risk and contractual obligations are discussed in Finance Committee and the activity position is discussed at the Quality and Performance Committee. The technical issues which are driving the incorrect data or poor data quality is also discussed. At Quality and Performance Committee whilst not looking at the technical detail, the activity profile in year is discussed where the data issues may drive a different trend to what the reality is.</td>
<td></td>
</tr>
<tr>
<td>CC requested that BD and AM work it through and decide whether the recommendation to Governing Body is correct and the risk is under the correct Committee.</td>
<td></td>
</tr>
<tr>
<td>GS stated that the issue around having an in-depth conversation at Quality and Performance Committee is that they are not assured that the data is correct.</td>
<td></td>
</tr>
<tr>
<td>BD fully took on board the challenge. Quality and Performance Committee have questioned the data due to the difference in figures from UHDB and Chesterfield Royal, but there is a need to have a clear line of sight in Governance to ensure that this is being properly reviewed.</td>
<td></td>
</tr>
<tr>
<td>JD asked for clarification around why, in a high-level risk report, i.e. anything rated 15 or above, the report also gives information on issues which are rated high.</td>
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</tr>
<tr>
<td>HD stated this was to ensure full sight reporting specifically on very high risks but will pick up outside the meeting with JD.</td>
<td></td>
</tr>
<tr>
<td><strong>Action: HD to discuss the risk report with JD</strong></td>
<td></td>
</tr>
<tr>
<td>CC stated that the recommendation to approve the new risk 40, could</td>
<td></td>
</tr>
</tbody>
</table>
not be agreed at this stage as there needs to be clarity over which committee is responsible for the management of the risk.

AB challenged CC as to whether the issue around Data is being picked up within the system and CC stated that he did not believe it was seen as a system problem. He will work with colleagues within the system to ensure that this is picked up and taken forward.

The Governing Body NOTED the report but did not agree with the risk reduction at this time.

<table>
<thead>
<tr>
<th>GBP/1920/176</th>
<th>Ratified Minutes of Corporate Committees:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Primary Care Commissioning Committee – 23 October 2019</td>
</tr>
<tr>
<td></td>
<td>• Quality and Performance Committee – 31 October 2019</td>
</tr>
</tbody>
</table>

The Governing Body RECEIVED and NOTED the minutes of the Corporate Committees

<table>
<thead>
<tr>
<th>GBP/1920/177</th>
<th>Minutes of Health and Wellbeing Board Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Derby City Council – 12 September 2019</td>
</tr>
</tbody>
</table>

The Governing Body RECEIVED and NOTED the minutes of the Health and Wellbeing Board Meetings

<table>
<thead>
<tr>
<th>GBP/1920/178</th>
<th>Minutes of the Governing Body meeting held on 7 November 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BD is listed as attending and as having given apologies. He will be removed from the attending list for this meeting.</td>
</tr>
<tr>
<td></td>
<td>With this amendment the minutes of 7th November 2019 were agreed as a true and accurate record</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GBP/1920/179</th>
<th>Matters Arising / Action Log</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The action log will be updated and amended accordingly.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GBP/1920/180</th>
<th>Forward Planner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The forward planner was accepted and agreed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GBP/1920/181</th>
<th>Any Other Business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>There was no other business.</td>
</tr>
</tbody>
</table>

**DATE AND TIME OF NEXT MEETING**

Thursday 9 January 2020 – 9.15am – Conference Room, Toll Bar House, Ilkeston, DE7 5FH

Signed by: ………………………………………………….  Dated: …………………
(Chair)