

Meeting: Governing Body (Virtual Meeting)			
Meeting Date	26 May 2021	Action	Approve
Item No.	3	Confidential	No
Title	Minutes of the Last Meeting and Action Log		
Presented By	Dr Jeff Schryer, CCG Chair		
Author	Emma Kennett, Head of Corporate Affairs and Governance		
Clinical Lead	-		

Executive Summary
<p>The minutes of the Public meeting held on 24 March 2021 are presented as an accurate reflection of the previous meetings of the Governing Body reflecting the discussion, decision and actions agreed.</p> <p>Updates against the actions have been provided for information.</p>
Recommendations
<p>It is recommended that the Governing Body:</p> <ul style="list-style-type: none"> • Approve the minutes of the Public meeting held on the 24 March 2021 as an accurate record; and • Note the updates provided against the actions

Links to CCG Strategic Objectives	
SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.	<input checked="" type="checkbox"/>
SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.	<input checked="" type="checkbox"/>
SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.	<input checked="" type="checkbox"/>
SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF N/A	

Implications						
Are there any quality, safeguarding or	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

patient experience implications?						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		

Title	Minutes of the Governing Body Virtual Meeting in Public held on the 24 March 2021		
Author	Emma Kennett, Head of Corporate Affairs and Governance		
Version	0.1		
Target Audience	Governing Body Members		
Date Created	March 2021		
Date of Issue	March 2021		
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Description	Minutes of the Governing Body Virtual Meeting in Public held on 24 March 2021		
Document History:			
Date	Version	Author	Notes
	0.1	Emma Kennett	Forwarded to the CCG Chair for review
Approved:			
Signature:			
		 Dr Jeff Schryer, CCG Chair

Governing Body

Virtual Meeting

MINUTES OF VIRTUAL MEETING VIA MICROSOFT TEAMS

Governing Body – 24 March 2021, 3.00pm

Chair – Dr Jeff Schryer, CCG Chair

ATTENDANCE

Members	
Dr Jeff Schryer	CCG Chair (Chair)
Mrs Fiona Boyd	Registered Lay Nurse of the Governing Body
Mr Peter Bury	Lay Member
Dr Daniel Cooke	Clinical Director
Dr Cathy Fines	Clinical Director
Mr Howard Hughes	Clinical Director
Mr Geoff Little	Chief Officer
Mr David McCann	Lay Member for Patient and Public Involvement
Mr Peter Thompson	Secondary Care Clinician
Mr Chris Wild	Lay Member – Finance
Others in attendance	
Mr Simon O'Hare	Deputy Chief Finance Officer (attending on behalf of Ms P Crawford)
Ms Zabina Rahman	Senior Project Manager Primary Care Digital and IT (For Agenda Item Number 8)
Dr Sanjay Kotegaonkar	Clinical Lead (For Agenda Item Number 8)
Mr Ian Mello	Director of Secondary Care Commissioning
Mrs Emma Kennett	Head of Corporate Affairs and Governance
Public Members/Observers	
Ms Ruth Passman	Healthwatch Chair

MEETING NARRATIVE & OUTCOMES

1	Welcome, Apologies And Quoracy
1.1	Dr Schryer welcomed those present and noted that apologies for absence had been received from: <ul style="list-style-type: none">• Will Blandamer, Executive Director of Strategic Commissioning• Catherine Jackson, Director of Nursing & Quality Improvement• Dr Rak Thaker, Clinical Director
1.2	Dr Schryer advised that the quoracy requirements had been satisfied in accordance with the CCG's Constitution. The meeting was therefore declared quorate.
2	Declarations Of Interest
2.1	Dr Schryer reminded Governing Body members of their obligation to declare any

	interest they may have on any issues arising from agenda items which might conflict with the business of NHS Bury Clinical Commissioning Group.		
2.2	Declarations made by members of the Governing Body are listed in the CCG's Register of Interests which is presented under this agenda and also available from the CCG's Corporate Office or via the CCG website here .		
2.3	<p>a) Declarations of interest from today's meeting</p> There were no declarations of interest for today's meeting raised.		
2.4	<p>b) Declarations of Interest from the previous meeting</p> There were no declarations of interest from the previous meeting raised.		
ID	Type	The Governing Body:	Owner
D/03/01	Decision	Noted the published register of interests.	

3 Minutes of the last Meetings and Action Log			
3.1	<p>a) Minutes</p> The minutes of the Governing Body meeting held on 27 January 2021 were considered and agreed as a correct record.		
3.2	<p>b) Action Log</p> The Action log was discussed and the following updates were provided: - <ul style="list-style-type: none"> A/11/01 - To link in with Healthwatch in order to ensure the Patient Voice is captured as part of any discussions in relation to the North Manchester General Hospital Transformation. It was noted that this meeting had taken place therefore this action could be closed. 		
ID	Type	The Governing Body:	Owner
D/03/02	Decision	Approved the minutes of the meeting held on the 27 January 2021.	

4 Chief Officer and Chair Update			
4.1	<p>Mr Little provided a verbal update on the latest CCG and Council developments. It was reported that:-</p> <ul style="list-style-type: none"> The Covid-19 case rate was currently on the increase locally and there was a need to remain vigilant as lock down restrictions are eased despite more people being vaccinated and other variants being identified. In terms of the Vaccination programme, the next few weeks would see the 50+ cohort continue to be offered the vaccination in addition to a focus on second doses. The potential supply restrictions nationally would mean a decreased focus on first vaccinations for the month of April. The Operational and Financial Planning Guidance was due to be issued tomorrow which would include an additional £8 Billion for the NHS for the first 6 months of the financial year. The guidance would focus on reducing inequalities, supporting staff and reducing the backlog of elective admissions. A report had been submitted to the last Council Cabinet meeting in relation to the Radcliffe SRF developments and a further discussion in relation to the Health and Wellbeing aspects of the development were scheduled to take place at the Strategic Commissioning Board (SCB) in April 2021. 		

4.2	<ul style="list-style-type: none"> A paper had been circulated to Governing Body members ahead of today's meeting to provide an update in relation to the latest Integrated Care discussions taking place at Greater Manchester level in terms of future ambition and next steps. Further updates would continue to be provided to the Governing Body and CCG staff over the coming months as this work progresses. <p>Dr Schryer commented that in terms of workforce support, there was strong national support for this as part of the Operational and Financial Planning Guidance. It was suggested that an item of the Wellbeing and Support Offer for the CCG and providers be submitted to a future Governing Body meeting.</p>		
ID	Type	The Governing Body:	Owner
D/03/03	Decision	Noted the update.	
A/03/01	Action	Item on the Wellbeing and Support Offer for the CCG and Providers to be submitted to a future Governing Body meeting.	Mr Blandamer

5	Public Questions in relation to the agenda		
5.1	There were no questions received.		
ID	Type	The Governing Body:	Owner
D/03/04	Decision	Noted the information.	

6.	Annual Equality Report
6.1	Mr Little submitted the latest Annual Equality Report to the Governing Body.
6.2	<p>It was reported that the CCG had a legal obligation under the Public Sector Equality Duty to publish information on an annual basis that shows how it is meeting the legal obligations to: -</p> <ul style="list-style-type: none"> Eliminate unlawful discrimination, harassment and victimisation; Advance equality of opportunity between different groups; and Foster good relations between different groups.
6.3	It was highlighted that the Annual Equality Publication reflected the period from 1 st September 2019 to 31 st December 2020 which included information on the CCG's workforce demographics and provides an overview of the processes and actions that have been delivered in year in relation to the equality agenda.
6.4	<p>This publication includes three appendices:</p> <ul style="list-style-type: none"> Appendix A (1 and 2) – Workforce Reports; Appendix B – Patient Services Demographic Profile Report – linked to Section 12 of the publication; Appendix C : Inclusion Implementation Plan.
6.5	The report reflected that whilst some progress has been made, there was much more to do. The Quality and Performance Committee considered the report at its meeting on 11 th March 2021 and recognised the level and amount of work that

	needed to be carried out to ensure the recommendations of the Independent Review were embedded within routine practice, but also noted the interdependencies with the appointment timeframes of the strategic leadership and operational delivery roles and progressing this work at pace.		
6.6	The Quality and Performance Committee had previously supported the submission of this report to the Governing Body for approval and formal publication.		
6.7	Mr Little thanked Mrs Featherstone for all of her hard work in the production of this report.		
	Type	The Governing Body:	Owner
D/03/05	Decision	Noted and approved the Annual Equality Publication; and	
D/03/06	Decision	Supported formal publication on the website by 30 March 2021 as required by the Public Sector Equality Duty.	
A/03/02	Action	Report to be published on the website by 30 March 2021 as required by the Public Sector Equality Duty.	Mrs Featherstone

7.	Corporate Plan Refresh
7.1	Mr Little presented a report in relation to the Corporate Plan Refresh.
7.2	It was reported that in autumn 2020, Bury Council and NHS Bury Clinical Commissioning Group (CCG) agreed a joint Corporate Plan for 2021-22 which set out the strategy for the partnership and delivery plans for the first year of the plan. Since then much has changed, including the ongoing impact of the emergency response and recovery planning for the Covid pandemic; the progression of budget planning for both organisations and the agreement of the Bury Let's do it! Strategy.
7.3	<p>It was highlighted that the Corporate Plan was a key delivery vehicle to realising the Let's do it! vision and the 2021 refresh of the Corporate Plan reflects the local priorities through clear deliverables and measurable outcomes by:</p> <ul style="list-style-type: none"> • translating the strategic context for the Council and CCG, in particular Let's do it!, into operational delivery plans for 2021-22; • providing a framework for the planning of "business as usual" activity within Council departments and the CCG, which is described in the separate departmental business plans; and • setting the direction for the performance management of every manager and employee within the combined workforce.
7.4	The refresh continued to place the local response to the Covid-19 pandemic at its core, alongside the commitment to ensure that all our activities are inclusive of our diverse communities through the approved Inclusion Strategy.
7.5	The Corporate Plan remained ambitious and will demand tough decision-making, routine monitoring and constructive challenge so that we hold ourselves and each

	other to account in order that outcomes and experience is improved for our communities, citizens and patients.		
ID	Type	The Governing Body:	Owner
D/03/07	Decision	Noted that the refreshed Corporate Plan has been presented and approved by the Council on 17 th March 2021;	
D/03/08	Decision	Approved the refreshed Corporate Plan on behalf of the CCG	

8.	GP System of Choice
8.1	<i>Dr Kotegaonkar and Ms Zahman were in attendance for this item.</i>
8.2	Dr Kotegaonkar presented a report in relation to the GP Foundation Clinical System.
8.3	It was reported that as part of an NHS Digital mandated requirement to move to the GP IT Futures contract, Bury CCG have had to re-tender its GP foundation clinical system.
8.4	It was highlighted that Covid-19 had put a spotlight on the importance of a resilient, stable, and secure general practice digital infrastructure to provide continuous service to patients. It was reported that procuring a solution on the GP IT Futures framework which meets Bury ambitions would reduce workforce burden as well as support the adoption of forward thinking, patient empowering, seamless front door to discharge pathways which improve patient outcomes.
8.5	It was reported that GMSS and Bury CCG had co-produced an evaluation process with key stakeholders to identify which of the three accredited foundation clinical systems to recommend for local procurement. The scoring showed EMIS was the preferred supplier. The key differentiator in support of EMIS was that it was interoperable with Docman, an important third party supplier in Bury as it allows documents to be transferred from health care providers and incorporated into GP records with minimum effort on the GP practices part. Procuring a foundation system which is not interoperable with Docman would be a regression in terms of Burys digital maturity and place significant additional admin burden on to each practice.
8.6	It was highlighted that a more detailed version of this options paper was presented to Bury Digital Board in February 2021 where it was supported for progression through governance channels. It was also presented to the Finance, Contracting and Procurement Committee in February 2021 who confirmed that they supported the recommendation progressing to Governing body for approval based on the financial investment and financial aspect only which is required to implement the clinical system. The paper was also presented to the Primary Care Commissioning Committee in February 2021 who supported the commissioning of EMIS and recommended the paper for approval at Governing Body. Due to the commercially sensitive nature of this procurement this paper contains only the salient points to allow this Board to make an informed decision.
8.7	Mr Little commended Dr Kotegaonkar, Ms Zahman and Mrs Waterhouse for all their hard work in leading on this complex piece of work. Dr Schryer concurred that this was excellent work which has required a significant amount of engagement and

8.8	welcomed the project moving into the implementation phase.		
	Mr McCann referred to the previous conversations that had taken place at the Finance, Contracting & Procurement Committee and assurances sought to ensure there is no inequality of providers. Mr McCann also commented that it may be beneficial for a report to be produced in relation to any lessons learnt associated with this process for submission via the governance structure in 6 to 12 months time.		
ID	Type	The Governing Body:	Owner
D/03/09	Decision	Approved the migration to the EMIS foundation clinical systems across all Bury CCG GP Practices.	

9.	Finance
9.1	<ul style="list-style-type: none"> • Finance Committee Chair's Report <p>Mr Wild provided a verbal update on the latest discussions that had taken place at the Finance, Contracting & Procurement Committee meeting held on the 18th March 2021.</p>
9.2	<ul style="list-style-type: none"> • Financial Plan 2021/22 Update <p>Mr O'Hare provided an update on the 2021/22 Financial Plan. It was reported that: -</p> <ul style="list-style-type: none"> • 2020/21 has been the most challenging year in the history of the NHS. • Our response to COVID 19 is testament to the commitment and resilience of our highly valued NHS workforce. • Innovations in care and treatment have been impressive. • The impact of COVID 19 was immense and has resulted in: - <ul style="list-style-type: none"> - Delays in diagnostic, cancer and elective treatments; - Significant backlog in diagnostic and elective waits; - Long term care requirements of COVID patients ; - Significant impact on mental health in the population; - Impact on health and wellbeing of staff. • The COVID 19 vaccination programme is the largest in NHS history. • In terms of planning for 2021/22, there was a need to: - <ul style="list-style-type: none"> - Recover non-COVID-19 services and aim for top quartile performance in productivity on high-volume clinical pathways: ophthalmology, cardiac services and MSK/orthopaedics. - Hold Urgent Care activity at current levels through delivery of Urgent Emergency Care priorities and the continued and growing impact of the Transformation Fund Schemes. - Strengthen delivery of local People Plans, including growing the workforce; designing new ways of working and delivering care. - Address the health inequalities that COVID-19 has exposed. Systems will be expected to make and audit progress against the eight urgent actions set out on 31 July. • Continue the planned expansion in mental health services through delivery of the Mental Health Investment Standard together with the additional funding provided in the Spending Review. • Prioritise investment in primary and community care, to deal with the likely increase in care required for people with ongoing health conditions. • The CCG starting position for 2021/22 was existing c£20m gap. • CCG & Council propose to fund HDP for two months at reduced level.

	<ul style="list-style-type: none"> CCG propose to fund CMS & Swabbing for three months. Monthly Finance Report 		
9.3	Mr O'Hare submitted the Month 11 Finance Report to the Governing Body.		
9.4	It was highlighted that as has been reported in previous months, in response to the COVID-19 pandemic a national top down command and control framework was put in place by NHSE / I for the period from 1 st April to 30 th September 2020. For the first half year, the CCG received a baseline allocation based on expenditure to February 2020 uplifted for inflation and growth. In addition to this, based upon expenditure to Month 6, the CCG received a retrospective allocation of £7.1m to contribute to COVID related and business as usual expenditure and £8.2m (with £4.1m shown to Month 6) planned non recurrent surplus draw down. This has enabled the CCG to report a balanced position for the first 6 months of 2020/21.		
9.5	For the second half of 2020/21 (1 st October 2020 to 31 st March 2021) the CCG must manage day to day expenditure within its notified allocation. The CCG notified baseline allocation for Months 7 to 12 is £168.8m with additional allocations received to Month 11 of £8.3m. This brings the total CCG allocation for the year to £359.3m. This allocation includes £3.2m of retrospective allocations to fund the Hospital Discharge Programme costs.		
9.6	Operational guidance issued in January 2021 confirmed that the planning and contracting round for 2021/22 will not take place before the end of the year and that the current financial block contracts will be rolled over for Quarter 1 of 2021/22. The total NHS funding for Quarter 1 has not yet been confirmed and is still subject to discussion with government.		
9.7	It was noted that as at Month 11, the CCG was reporting a year to date underspend of £0.6m and forecast outturn after receipt of anticipated allocations of our GM control total, a £410k surplus. The underspend was primarily as a result of receiving the HDP allocation for the year, removing overspends within the system and some small prior year benefits across the services.		
9.8	The CCG is forecast to achieve its Mental Health Investment Scheme target spend of £34.1m and remain within a running cost target of £4.1m.		
9.9	It was reported that the CCG had delivered on the Better Payment Practice Code with 99% of supplier invoices paid within target. The CCG had also delivered its cash balance target to have no more than 1.25% of its maximum monthly cash drawdown remaining at the end of the month.		
ID	Type	The Governing Body:	Owner
D/03/10	Decision	Noted the Finance Committee Chair's report.	
D/03/11	Decision	Approved the continuation of the HDP programme as set out (see slide 9).	
D/03/12	Decision	Approved this indicative financial plan and key assumptions.	
D/03/13	Decision	Approved that CCG budgets are to be based on the assumptions as set out.	

D/03/14	Decision	Gave delegated authority to the Chief Financial Officer to update budget setting as necessary based upon regional and national guidance.	
D/03/15	Decision	Noted the financial position and current forecast, after receipt of anticipated allocations, of breakeven.	
D/03/16	Decision	Noted the forecast QIPP delivery position at Month 11.	
D/03/17	Decision	Noted the risk to delivery of a breakeven position for 2020/21.	

10.	Quality & Performance
10.1	<p>a) Quality and Performance Committee Chair's Report</p> <p>Mr Bury presented the Quality and Performance Chair's report which summarised the main discussions from the meeting held on the 10th March 2021. It was reported that: -</p> <ul style="list-style-type: none"> • The Performance report submitted to the Quality and Performance Committee presented the CCG's performance position for December 2020. Discussions took place with regard to an Elective Care workshop and dual piece of work that was taking place with NCA colleagues. The Committee was informed that this was an exciting piece of work prioritising the recovery position and waiting management as well as focusing on pathways and inequality. The Committee was advised that integrated working would also be taking place with the voluntary sector, public health and housing too. The Quality and Performance Committee welcomed this piece of work, an update of which would be presented at their May Committee meeting. • The Quality and Performance Committee considered the Annual Equality Report which reflected the period from 1st September 2019 to 31st December 2020 and included information on the CCG's workforce demographics. The plan also provided an overview of the processes and actions that had been delivered in the year in relation to the equality agenda. This report was recommended to the Governing Body for approval as described at Agenda Item Number 6. • The Quality and Performance Committee had reviewed the deep dive report surrounding the Equality and Diversity Offer risk. They recognised that this risk may now link into the wider work and approach being taken in relation to Equality and Diversity. In order to ensure effective monitoring continued to take place they requested that a roadmap be issued to them which outlined the timeline and handover of this risk and what would be required from the Quality and Performance Committee in terms of monitoring in the meantime. It was noted that Mr Mello was attending the Bury Inclusion Group on the 25th March 2021 and would provide a further update on this matter to the Quality and Performance Committee in April 2021. <p>b) Quality Report</p> <p>Members received copies of the latest Quality Report. The Quality Dashboard provided an overview of: -</p>
10.2	

10.3	<ul style="list-style-type: none"> • Provider updates; • General practice; • CHC/Independent Sector/Social Care; • Key achievements and improvements. <p>Ms Boyd referred to the impact of the transaction of PAHT to NCA in terms of what risk mitigation arrangements were in place to ensure there was no loss of critical functions whilst also taking into consideration the current transition arrangements within CCGs. As part of these considerations, there was a need to ensure there was no adverse impact on waiting list management with some of these issues also described as part of the Performance Report. Dr Schryer commented that this was a valid point and there may be an opportunity for Ms Boyd to input into this work going forward as part of the transition work.</p>		
10.4	<p>c) Performance Report</p> <p>Mr Mello was in attendance to present the latest Performance Report to the Governing Body.</p>		
10.5	<p>The purpose of this report was to provide a summary position on the CCG's performance against the national performance indicators set out in the NHS Constitution, as monitored by NHS England.</p>		
10.6	<p>The report presented the CCG's performance position for December 2020 and outlined any proposed changes to performance at a national level. In light of the current Coronavirus pandemic (COVID-19), the report also included reference to the impact of this on activity and performance levels, where this is known.</p>		
10.7	<p>It was noted that of the indicators presented in the dashboard at Appendix A, the most recently published data showed achievement against eleven out of a total of thirty eight performance measures with data collection and publication currently suspended for six measures.</p>		
10.8	<p>Ms Boyd enquired whether the CCG could be assured that there was no clinical harm as a result of long waiters given the 1037 Bury patients currently included as part of this cohort and enquired where this feedback would be received/reviewed within the organisation. Mr Mello commented that this should form part of the Clinical Incident reporting process however agreed to have a further discussion with Ms Jackson outside of the meeting and would send a note to the Governing Body ahead of the next meeting to clarify the latest position in this regard.</p>		
ID	Type	The Governing Body:	Owner
D/03/18	Decision	Noted the Quality and Performance Committee Chair's Report.	
D/03/19	Decision	Noted the Quality Report.	
D/03/20	Decision	Received the performance update, noting the areas of challenge and action being taken.	
A/03/03	Action	An email note to be sent to the Governing Body in relation to the watchful waiting of long waiters and the assurances/latest position in this regard.	Mr Mello/Mrs Jackson

11.	
	<p>a) Audit Committee Chair's Report</p>
11.1	Mr Wild submitted the latest Audit Committee Chair's report from the meeting held on the 5 th March 2021.
	<p>b) GBAF</p>
11.2	Mr Wild submitted the latest Governing Body Assurance Framework (GBAF) to the Governing Body.
11.3	It was reported that since the last presentation of the report to the Governing Body in January 2021 two new risks have been developed and formally included on the GBAF with their next review scheduled in March 2021.
11.4	<p>A review of all 10 risks has been undertaken and the current risk profile of these is summarised as:</p> <ul style="list-style-type: none"> • 2 new risks: <ul style="list-style-type: none"> - Risk of dis-integration of OCO financial management; - Creation of GM ICS (Integrated Care System); • 4 remain at a significant level of current risk (level 15 or above) to delivery of the CCG's Strategic Objectives; • 6 remain at a high level of current risk (level 8-12) to delivery of the CCG's Strategic Objectives.
11.5	Additionally, the Strategic Objectives included within the GBAF have been updated to reflect those included and approved through the Corporate Plan by the Governing Body in November 2020. Each risk has been mapped against these objectives, and the Governing Body is invited to reflect on the appropriateness of this and also consider any new principal risks that should be captured through this governance and assurance process.
11.6	With the refresh of the Corporate Plan for 2021, and in the context of the approved Let's do it! Strategy for Bury, these objectives will be further refreshed for 2021-22.
11.7	<p>The GBAF report presents a range of qualitative and quantitative information to support the Audit Committee in its considerations: -</p> <ul style="list-style-type: none"> • Appendix 1 : Summary Dashboard reflecting Quarter on Quarter changes; • Appendix 2 : Detailed Governing Body Assurance Framework; • Appendix 3 : Detailed narrative and supporting rationale for GBAF position.
	<p>c) Corporate Risk Register</p>
11.8	Mr Wild submitted the latest Corporate Risk Register to the Governing Body.
11.9	It was reported that in line with the Risk Management Strategy, the Audit Committee was required to retain oversight of any risks with a net risk score of 15 and above. These risks are classified as significant were they to materialise and therefore the Committee's review of these ensures that they have received independent scrutiny.
11.10	There are currently 3 risks included on the Corporate Risk Register (operational risks) at a level 15 or above, excluding those reported through the GBAF (strategic

	risks) as listed: <ul style="list-style-type: none"> Autistic Spectrum Conditions Assessment – Neurodevelopmental assessments; PCFT - Mixed Sex Accommodation (SSA breaches); and Datix: Resource requirements to maximise optimisation. 		
ID	Type	The Governing Body:	Owner
D/03/21	Decision	Noted the Audit Committee Chair’s Report;	
D/03/22	Decision	Received the Governing Body Assurance Framework presented;	
D/03/23	Decision	Noted the alignment of principal risks against the refreshed Strategic Objectives;	
D/03/24	Decision	Considered any new principal risks that should be included on the GBAF; and	
D/03/25	Decision	Received the Corporate Risk Register.	
12.			
12.1	<ul style="list-style-type: none"> Primary Care Commissioning Committee Update Mr Bury provided a verbal update on the Primary Care Commissioning Committee that had taken place earlier today (24 th March 2021).		
ID	Type	The Governing Body:	Owner
D/03/26	Decision	Noted the update.	

13. Closing Matters			
13.1	It was noted that in terms of the next Governing Body meeting date, there may need to be some flexibility dependant on the timetable for the Annual Accounts and this would become clearer over the coming weeks.		
ID	Type	The Governing Body:	Owner
D/03/27	Decision	Noted the information.	

Next Meeting	26 May 2021, 3.00pm via Microsoft Teams
Enquiries	Emma Kennett, Head of Corporate Affairs and Governance. Emma.kennett@nhs.net

Governing Body Action Log

Status Rating



- In Progress



- Completed



- Not Yet Due



- Overdue

Title	Action	Lead	Status	Due Date	Update
A/03/01	Item on the Wellbeing and Support Offer for the CCG and Providers to be submitted to a future Governing Body meeting.	Mr Blandamer		May 2021	Update included on agenda.
A/03/02	Report to be published on the website by 30 March 2021 as required by the Public Sector Equality Duty.	Mrs Featherstone		March 2021	Uploaded
A/03/03	An email note to be sent to the Governing Body in relation to the watchful waiting of long waiters and the assurances/latest position in this regard.	Mr Mello/Mrs Jackson		April 2021	Email sent to Governing Body members to confirm latest position