

Meeting: Governing Body (Virtual Meeting)			
Meeting Date	23 February 2022	Action	Approve
Item No.	3	Confidential	No
Title	Minutes of the Last Meeting and Action Log		
Presented By	Dr Cathy Fines, CCG Chair		
Author	Emma Kennett, Head of Corporate Affairs and Governance		
Clinical Lead	-		

Executive Summary
<p>The minutes of the Public meeting held on 26 January 2022 are presented as an accurate reflection of the previous meeting 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 26 January 2022 as an accurate record; • 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"/>

Implications						
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		
Author	Emma Kennett, Head of Corporate Affairs & Governance		
Version	v0.1		
Target Audience	Members of the Governing Body		
Date Created	26 January 2022		
Date of Issue	January 2022		
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Description	Minutes of the Governing Body – 26 January 2022		
Document History:			
Date	Version	Author	Notes
Approved:			
Signature:		Approved.	
	 Dr Cathy Fines, Chair	

Governing Body Committee

MINUTES OF MEETING

Governing Body – 26 January 2022, 15:00 – 16:30

Chair – Dr Cathy Fines

ATTENDANCE

Members	
Dr Cathy Fines	Chair
Mr Will Blandamer	Executive Director of Strategic Commissioning
Mrs Fiona Boyd	Registered Lay Nurse of the Governing Body
Mr Peter Bury	Lay Member
Mr Simon O'Hare	Deputy Director of Finance (deputising for Mrs Sam Evans, Executive Director of Finance)
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	
Ms Lesley Jones	Director of Public Health, Bury Council
Mrs Emma Kennett	Head of Corporate Affairs & Governance
Ms Catherine Jackson	Director of Nursing and Quality Improvement
Mrs Clare Postlethwaite	Associate Director of Finance
Mrs Rachele Schofield	Senior Commissioning Manager, Primary Care (for item 8)

MEETING NARRATIVE & OUTCOMES

1	Welcome, Apologies and Quoracy
1.1	The Chair welcomed those present and noted that apologies for absence had been received from: <ul style="list-style-type: none">Mrs Sam Evans, Executive Director of Finance
1.2	The meeting was declared quorate and commenced.

2	Declarations Of Interest
2.1	The Chair 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.
2.3	Declarations of interest from today's meeting There were no declarations of interest from today's meeting raised.

2.4	Declarations of Interest from the previous meeting		
	There were no declarations of interest from the previous meeting raised.		
ID	Type	The Governing Body:	Owner
D/01/01	Decision	Noted the published register of interests.	

3	Minutes Of The Last Meeting And Action Log		
3.1	Minutes The minutes of the last meeting held on 22 December 2021 were considered and agreed as a correct record.		
3.2	There were no open actions.		
ID	Type	The Governing Body:	Owner
D/01/02	Decision	Approved the minutes of the meeting held on 22 December 2021 as a true and correct record and noted the update in regard to the actions as detailed.	

4	Chief Officer and Chair Update		
4.1	<p>Mr Little and Dr Fines gave an update on the latest CCG developments. It was reported that: -</p> <ul style="list-style-type: none"> • Frontline staff had been under immense pressure as a result of Covid-19 and winter pressures. Staff were commended for all their efforts in this regard. • The Command and Control Structure had been in place over the Christmas and New Year period in order to manage these pressures. Tribute was paid to Mr Blandamer and his team for all their efforts in this regard. • The Covid-19 Booster vaccination programme was continuing to be delivered within the locality and capacity had been expanded with a number of Community Pharmacies now offering the vaccine. It was noted that Bury was one of the best performing localities in relation to the roll out of this programme. • Significant work was being undertaken in relation to hospital discharges and hospital capacity. • Ms Lesley Jones, Director of Public Health had been recognised for her outstanding contribution to the Vaccination Programme and has been given a special award by the Mayor of Bury. • The ICS establishment had been delayed until the 1st July 2022 and the implications of this delay were being worked through across the CCG. 		
ID	Type	The Governing Body:	Owner
D/01/03	Decision	Noted the verbal update.	

5	Public Question in relation to the agenda		
5.1	No public questions had been received or submitted for discussion or review ahead of the meeting.		

6 ICS			
			<ul style="list-style-type: none"> • ICS / Closedown Updates
6.1			Mr Blandamer and Mrs Postlethwaite presented an update report in relation to the ICS / Closedown.
6.2			It was reported that the closedown of the CCG and transition to new Integrated Care organisational arrangements were originally planned for 1 st April 2022. In December 2021, notification was received that these timescales were to be delayed by three months with a transition date of 1 st July 2022 now anticipated.
6.3			The report outlined work to date in relation to CCG closedown and also outlined the anticipated risks of the three-month delay along with how these risks would be mitigated.
6.4			Dr Fines enquired in relation to the 'target date' of the 1st July 2022 and whether this was likely to be delayed any further. Mr Little commented that the CCG's work in relation to the Closedown would continue in line with the current target date to ensure that the organisation was prepared and should any further delays occur this would be built into the process accordingly.
6.5			Mr Little commented that retaining staff and skills would be key for the CCG as part of the transition to the ICS and the associated uncertainty that organisational change can bring.
ID	Type	The Governing Body:	Owner
D/01/04	Decision	Noted the contents of the report and in particular note work progressed to date relating to CCG closedown.	
D/01/05	Decision	Noted the attempts being made locally to mitigate the impact of the three-month ICB transition delay.	

7 EPRR Core Standards			
7.1			Mr Little submitted a report in relation to the NHS England Emergency Preparedness, Resilience and Response (EPRR) Core Standards.
7.2			It was reported that the NHS England Core Standards for EPRR were the minimum standards that commissioners and providers of NHS funded services must meet in relation to their emergency preparedness responsibilities.
7.3			The paper provided the Governing Body with an update on the 2021/22 EPRR Core Standards assurance process and the outcome of Bury CCG's, the Northern Care Alliance (Pennine Acute) and Pennine Care Foundation Trust self-assessment against the applicable 2021-22 standards.
7.4			It was highlighted that the Resilience Team had undertaken self-assessment on behalf of Bury CCG. The outcome of Bury's self-assessment was a declaration of 'full' compliance, meaning the organisation was 100% compliant with all the Core Standards. In 2021/22, a small number of standards have been removed to accommodate this year's assurance process.
7.5			In terms of local providers, the Northern Care Alliance Core Standard self-assessment this year was full compliance. The self-assessment against this year's deep-dive standards relating to Oxygen Supply highlighted some partial compliance. Pennine

Care Foundation Trust's self-assessment this year was substantial compliance. There were 4 standards rated as 'partially compliant', as detailed at 3.6 of the report.

ID	Type	The Governing Body:	Owner
D/01/06	Decision	Approved the 2021/22 EPRR Core Standards assurance rating for Bury CCG.	
D/01/07	Decision	Noted the 2021/22 EPRR Core Standards assurance rating for the Northern Care Alliance (Pennine Acute) and Pennine Care Foundation Trust.	

8	Winter Access Fund Deployment
8.1	Mr Blandamer presented a report in relation to the Winter Access Fund Deployment. Mrs Schofield, Senior Commissioning Manager – Primary Care was in attendance for this item.
8.2	It was highlighted that the report provided an overview of the Winter Access Fund (WAF) and progress towards Bury's utilisation of this funding with the aim of increasing the resilience of general practice whilst also increasing the number of urgent face to face appointment available for patients by 31 March 2022.
8.3	It was reported that on the 14 th October 2021, NHS England published its proposal to support General Practice and improve access for patients. The paper set out steps to increase and optimise capacity, address variation, encourage good practice and improve communication with the public, including tackling abuse and violence against NHS staff.
8.4	To do this, a £250m national WAF has been made available and Bury Clinical Commissioning Group (CCG) has been allocated a proportionate amount of this fund totaling £876, 385 to spend between now and 31 st March 2022.
8.5	It was noted that there was a set of conditions around the use of the WAF which addressed variation, increasing access and represented value for money. The funding could be spent on increasing capacity for same day appointments at practice or Primary Care Network (PCN) level, face to face and/or expanding the same day urgent care capacity including urgent treatment centres, hubs or 111.
8.6	In terms of the Bury Winter Access Fund Proposal, the WAF contained several deliverables against which CCG's could create corresponding programmes of work and, considering the tight timeframe for submissions, the CCG, the GP Federation (the GP Fed) and the Local Medical Committee (LMC) worked together to determine that the likely mode of delivery, and evidenced increase in access, was through our existing Extended Working Hours (EWH) service and the practices themselves. Several assumptions were then made and funding requests mapped accordingly to the relevant deliverables.
8.7	Dr Fines commented that despite Primary Care having access to this winter funding, there were workforce challenges which would make this difficult in some areas.
8.8	Mrs Schofield informed members that the current scheme ended on the 31 st March 2022 despite requests for an extension being made.

ID	Type	The Governing Body:	Owner
D/01/08	Decision	Noted the overview of the Winter Access Fund.	
D/01/09	Decision	Noted / Approved the request for additional support to implement the safety and security support project for the general practice.	

9	Audit
	<ul style="list-style-type: none"> • Audit Committee Chair's Report
9.1	Mr Wild presented the latest Audit Committee Chair's report to the Governing Body that provided an update of the Audit Committee meeting held on the 3 rd December 2021.
9.2	This paper provided an outline of the matters discussed, assurances sought and decisions ratified at the last Audit Committee meeting. This report aimed to provide information and assurance to the Governing Body that a robust, effective governance system was in place and that the Committee was discharging its responsibilities.
9.3	It was reported that the Committee had welcomed the update that was provided in respect of the CCG Closedown process.
	<ul style="list-style-type: none"> • Governing Body Assurance Framework (GBAF)
9.4	Mr O'Hare presented the latest Governing Body Assurance Framework (GBAF) to the Governing Body.
9.5	It was reported that the Governing Body Assurance Framework (GBAF) advised on the current levels of risk and continued actions to enable the delivery of the Strategic Objectives for 2021/22. This report represented the position as at October 2021.
9.6	It was noted that since last presentation of the GBAF to the Audit Committee in September 2021, a review of all 7 risks have been undertaken and the current risk profile of these was summarised as: <ul style="list-style-type: none"> • 2 remained at a significant level of current risk (level 15 or above) to delivery of the CCG's Strategic Objectives; • 4 remained at a high level of current risk (level 8-12) to delivery of the CCG's Strategic Objectives: and • 1 had reduced to target level and was recommended for closure.
	<ul style="list-style-type: none"> • Corporate Risk Register
9.7	Mr O'Hare submitted the latest Corporate Risk Register report to the Governing Body.
9.8	It was noted 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 were classified as significant were they to materialise and therefore the Committee's review of these ensured they had received independent scrutiny.
9.9	There are currently 3 risks included on the Corporate Risk Register (operational risks) at a level 15 or above, excluding those reported through the Governing Body Assurance Framework (strategic risks), which are: <ul style="list-style-type: none"> • Autistic Spectrum Conditions Assessment – Neurodevelopmental assessments;

		<ul style="list-style-type: none"> Control of Patient Information (COPI) Regulations – Compliance; and Datix: Resource requirements to maximise optimisation. 	
ID	Type	The Governing Body:	Owner
D/01/10	Decision	Received the update of the Audit Committee meeting held on the 3 December 2021.	
D/01/11	Decision	Reviewed the Governing Body Assurance Framework (GBAF).	
D/01/12	Decision	Considered any new principal risks that should be included on the GBAF.	
D/01/13	Decision	Reviewed the Corporate Risk Register.	

10	Finance		
10.1	<ul style="list-style-type: none"> Finance, Contracting & Procurement Committee Chair's Report 	It was noted that the update would be captured as part of the Monthly Finance being presented by Mr O'Hare.	
10.2	<ul style="list-style-type: none"> Monthly Finance Report 	Mr O'Hare presented the Month 9 CCG Finance Report to the Governing Body.	
10.3		It was stated that at month 9, the CCG was reporting a year to date and forecast outturn breakeven position post anticipated recoverable cost reimbursements. Pre reimbursement the CCG is forecasting a £3m deficit position, made up of a £3.8m overspend in CHC, £0.6m in community services offset by costs recoverable under the HDP of £2.4m, underspends of £0.5m Acute, £0.1m each in primary care and mental health and £0.6m in other.	
10.4		In H1 the CCG identified QIPP schemes totalling £1.1m (0.6% of allocation) against the overall QIPP requirement of £2.1m. Non-recurrent mitigations were identified to address both the shortfall in the initial plan and the non-achievement of £0.48m QIPP in CHC and individual placements, allowing the delivery of a break-even position. The QIPP plan for H2 is £2.7m made up of £0.9m CHC and individual placements, community £1.6m and prescribing £0.2m and these are high risk, low risk and medium risk respectively. To month 9, QIPP targets have been achieved. All schemes were anticipated to deliver to plan for the remainder of the year.	
10.5		It was reported that draft guidance had been received for 2022/23 and this was viewed with cautious optimism as it included growth for the GM Integrated Care System (ICS) and is based upon locality H2 budgets being grossed up for a full year (exclusive at this stage of additional support received). However due to the delay in the start of the ICS to 1 st July 2022, this guidance was draft and subject to change and therefore until allocations and the allocation of this to localities is finalised, it was not possible to confirm what locality budgets and therefore pressures there were for 2022/23. A briefing note on the guidance was attached at appendix 1 of the report.	
ID	Type	The Governing Body:	Owner
D/01/14	Decision	Noted the Month 9 forecast finance position of breakeven.	
D/01/15	Decision	Noted the delivery of financial performance targets for the year.	

D/01/16	Decision	Noted the draft 2022/23 guidance had been issued and the briefing note detailing the impact of this locally.	
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11		Quality & Performance	
		<ul style="list-style-type: none"> Quality & Performance Committee Chair's Report 	
11.1		Mr Bury presented a report to update on key information submitted and recommendations made at the Quality and Performance Committee meeting held on 12 th January 2022.	
11.2		It was noted that the Quality and Performance Committee had received brief learning summaries from four LeDeR reviews completed for Bury people. They were advised that in the current transition period, CCGs in Greater Manchester had been asked to continue with existing, local LeDeR quality assurance and governance arrangements. The Committee was given a detailed account of the processes that are in place with regard to the LeDeR reviews, providing the Committee members with assurance. A discussion took place in regard to where ownership should sit around embedding of the actions following the reviews.	
11.3		The Committee considered the best approach to mitigate any risks and agreed that this potentially identified a gap and as such this should be added to the risk register. It was recognised at the Committee meeting that by inclusion on the risk register, this would enable any risk to be appropriately captured, monitored, updated and progressed accordingly, with reports being submitted to the Quality and Performance Committee.	
11.4		Mrs Boyd commented that the new ICS structures should assist with the embedding of these actions in the future.	
		<ul style="list-style-type: none"> Quality Report 	
11.5		Mrs Jackson presented the latest Quality report to the Governing Body. The Quality Dashboard provides an overview of: - <ul style="list-style-type: none"> Provider Updates CHC/complex care update Independent/Small value contracts Covid19 Key actions/learning/successes Coroners Pathway 	
11.6		It was noted that an amendment was required to the CQC rating included in the report for The Uplands Medical Practice which should read 'requires improvement'.	
11.7		Mrs Boyd referred to the impact that treatment delays were having on patients and how these were being recorded. Mrs Jackson referred to the new Serious Incident Framework System and how this would capture information from practices. Mr Blandamer reported that discussions had been taking place at the Quality and Performance Committee in relation to the use of Datix within this area. Dr Fines commented that there were a number of different programmes and initiatives underway within this area including the 'waiting well' scheme.	
		<ul style="list-style-type: none"> Performance Report 	
11.8		Mr Blandamer presented the latest Performance Report to the Governing Body.	

11.9	It was reported that for the CCG to commission an effective and sustainable health care service it needed robust systems which enabled performance monitoring of both the CCG and the services it commissions.
11.10	The report included the CCG's performance position primarily for October 2021 with more recent data referenced where available. The report also includes relevant updates in relation to the COVID-19 pandemic.
11.11	The dashboard presented at Appendix A showed the most recently published data along with those measures for which data collection was currently suspended.
11.12	In terms of elective care, the inaugural meeting of Bury's Elective and Cancer Care Recovery and Reform Programme Board would take place in February 2022 following recent approval to proceed by the Integrated Delivery Collaborative (IDC) Board. It was noted that the Board would oversee a single integrated plan across the locality, ensuring delivery of elective care changes whilst monitoring progress in cancer care for which there is oversight by Greater Manchester Cancer.
11.13	The CCG continued to work with system-wide partners to progress the development and implementation of a transformation plan for elective care. The initial focus had been on orthopaedics with a view to expansion to other specialties, for example urology for which a Bury pathway is to be developed. This complements the NCA-led transformation work which has a programme split into Being Well, Deciding Well and Recovering Well.
11.14	Dr Fines enquired about the suspected cancer (2WW) referrals remaining higher than in the pre-pandemic period and the reasons for this despite the number of patients seen in a first outpatient appointment being below the planned level and which included provision to address the 2020-21 shortfall. Mr Blandamer agreed to bring some more information back to the Governing Body on this issue.
11.15	<ul style="list-style-type: none"> • Safeguarding Dashboard Quarter 3 2021-0222 <p>Dr Fines presented the latest Quarter 3 Safeguarding Dashboard which provided an update on the following:-</p> <ul style="list-style-type: none"> • Serious Case Reviews/Serious Adult Reviews and Domestic Homicide Reviews • Complex Safeguarding Multi Agency Arrangements • MAPP (Multi Agency Public Protection Arrangements) • Assurance Activity • System Concerns • Training
11.16	Dr Fines drew members attention to unprecedented activity within this area including the number of domestic homicide reviews. A general discussion took place regarding the current pressures being experienced by the Bury Integrated Safeguarding Partnership.
11.17	Mrs Jackson informed members that Mrs C Holder, Designated Nurse Adult Safeguarding would be retiring next month after a long and successful NHS career. Mrs Jackson wished Ms Holder well for the future. It was noted that a replacement for Ms Holder had been recruited.

ID	Type	The Governing Body:	Owner
D/01/17	Decision	Considered the Quality Report.	
D/01/18	Decision	Noted the focused areas raised in the Quality Report.	
D/01/19	Decision	Noted the recommendations made in the Quality Report and actions required.	
D/01/20	Decision	Noted the update provided by the Quality and Performance Committee Chair's Report.	
D/01/21	Decision	Received the Quarter 3 Dashboard.	
A/01/01	Action	Further information/details on the increase in suspected cancer (2WW) referrals to be included as part of future Performance Report	Mr Blandamer

Information			
12.1	SCB Minutes Members received copies of the SCB Minutes from the meeting held on the 1 st November for information.		
ID	Type	The Governing Body:	Owner
D/01/21	Decision	Received the minutes of the Strategic Commissioning Board Meeting held on the 1 November 2021.	

13	AOB and Closing Matters
13.1	There were no other matters of business reported that had not been covered elsewhere in the agenda and the meeting was closed.

Next Meeting	23 February 2022 at 3.25 p.m. on Microsoft Teams
Enquiries	Emma Kennett, Head of Corporate Affairs and Governance. Emma.kennett@nhs.net

Governing Body Action Log – January 2022 Update

Status Rating  - In Progress  - Completed  - Not Yet Due  - Overdue

Title	Action	Lead	Status	Due Date	Update
A/01/01	Further information/details on the increase in suspected cancer (2WW) referrals to be included as part of future Performance Report	Mr Blandamer		March 2022	