

Minutes of the NHS Rotherham Clinical Commissioning Group

Virtual Public Governing Body Meeting

Wednesday, 5 August 2020 at 1.00pm

Quorum

Governing Body has 13 voting members including 1 Lay member and 1 GP Members Committee Member or nominated representative, the Accountable officer or nominated representative and the Chief Financial Officer or nominated representative.

Quorum is 7 members

Present:

Dr R Cullen	GP & Chair, RCCG
Mr C Edwards	Chief Officer, RCCG
Mrs W Allott	Chief Finance Officer, RCCG
Mrs C Hall	Deputy Chief Nurse, RCCG
Mr J Barber	Lay Member, RCCG -Vice Chair
Dr J Page	Lead GP, Finance and Governance, RCCG
Dr G Avery	GPMC Representative, RCCG
Dr R D'Costa	Secondary Care Doctor, RCCG
Dr S MacKeown	GPMC Representative, RCCG
Dr D Clitherow	Independent GP
Mrs D Twell	Lay Member, RCCG
Mrs J Wheatley	Lay Member, RCCG

In Attendance:

Ms Lindsey Hill	Minute Taker, RCCG
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Participating Observers:

Mrs Jenny Lingrell	Joint Assistant Director Commissioning, Performance & Inclusion, RMBC/RCCG
Mr Garry Parvin	Joint Head of Learning Disability, Autism and Transitions Commissioning, RMBC/RCCG
Mrs Jacqui Tuffnell	Head of Commissioning, RCCG
Mr Stuart Lakin	Head of Medicines Management, RCCG
Mr Andrew Clayton	Head of Digital, RCCG

Mrs W Lawrence	Head of IT, RCCG
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Apologies

Mr I Atkinson	Deputy Chief Officer, RCCG
Mrs R Nutbrown	Assistant Chief Officer, RCCG
Mrs S Cassin	Chief Nurse, RCCG
Councillor D Roche	Chair of Health & Wellbeing Board, RMBC
Dr N Leigh-Hunt	Public Health, RMBC

123/20	Quorum
	The Chair confirmed the meeting as quorate.
124/20	Declarations of Conflicts of Interest and Pecuniary or non-Pecuniary Interest
	<p>The Chair reminded members of their obligations to declare any interest they may have on any issues arising at meetings which might conflict with the business of the NHS Rotherham Clinical Commissioning Group (RCCG).</p> <p>Declarations declared by members are listed in the CCG's register of interests. The register is available on the CCG website at the following link: http://www.rotherhamccg.nhs.uk/about-us/declaration-of-business-interests_2.htm</p>
	None declarations registered.
125/20	Patient & Public Questions
	No patient and public questions have been received.
126/20	Minutes of the Virtual Public Governing Body Meeting dated 1 July 2020
	The minutes of the Public Governing Body meeting dated 1 July 2020 were agreed as a true and accurate record.
127/20	Governing Body Action Log - For Information
	There are no outstanding Action Log items noted.
128/20	Chief Officers Report
	Mr Edwards explained that members have received a copy of the NHS England Phase Three letter, but the item has been deferred to the September Chief Officers Report for completeness, due the date of publication.

	<p>Mr Edwards will give a high level summary of the letter content at the end of today's report and continued to highlight the following:-</p> <p>NHS Letter to Chairs and CEOs re Risk Assessment - (appendix 1) a letter received from NHSE/I relating to risk assessments for at-risk staff groups. The RCCG has completed one to ones with all staff, with particular focus on BAME staff to ensure their risk assessments are appropriate. The risk assessments addressed concerns relating to the transition to return to work from Oak House, and the outcomes have been fed into our developing action plan to re-occupy Oak House, when it is appropriate to do so.</p> <p>Mental Health Investment Standard Review (MHIS) 2018/2019 - (appendix 2) A letter was received in July from the NHS Chief Financial Officer, with the results of the independent review of our performance against the standard. The letter confirms our achievement of the standard and expresses thanks for the work, we as a CCG, has put in to meet the standard.</p> <p>AGM Feedback - The CCG's 2019/2020 AGM was held digitally during July 2020. Video presentations from the chair, accountable officer and chief finance officer were pre-recorded and posted for viewing by the public on the website and YouTube channel at the beginning of July. Any questions submitted by the public on the content of the presentations were answered, along with a review of quality by the chief nurse, in a live streamed CCG Strategic Clinical Executive meeting on Wednesday 15th July 2020.</p> <p>The link to the videos is provided in the report.</p> <p>Communications Update - The CCG continues to work with health and care partners and the local media to communicate key messages regarding COVID-19, including accessing health services, advice on national guidelines and a local push to increase the number of people tested in Rotherham. Dr Cullen was interviewed live on BBC Radio Sheffield's Toby Foster Breakfast show as part of this activity, particularly in relation to local COVID-19 testing arrangements.</p>
	<p>STRATEGIC UPDATES</p>
<p>129/20</p>	<p>National Guidance for NHS Update</p>
	<p>Phase Three Planning - from 1 August 2020, NHS Emergency Planning has moved from Level Four to Level Three as the number of COVID-19 infection rates have reduced from a peak of 19,000 to per day to 900 per day nationally. The CCG have moved from the NHSE/I Command and Control phase to an Incident Response Phase operating on an organisational level, however, Level 4 would be reinstated immediately if required.</p> <p>The key points in the letter are:-</p> <ul style="list-style-type: none"> • acceleration to near normal services before winter across hospitals, the community , primary care and mental health services • prioritisation of winter planning and an enhanced influenza vaccination programme as this will now include people over 50 year old and year seven secondary school pupils, which is a rise from 80,000 to 140,000

	<p>vaccinations.</p> <ul style="list-style-type: none"> To lock-in of beneficial changes around supporting staff and continued work on health inequalities. <p>In relation to getting services back to near normal, the key priorities will be to restore full operation of cancer services, recover as much elective capacity as possible before winter, restore delivery of primary and community care, resume continuing health care assessments and the expanding and improving of learning disability and autism services.</p> <p>Dr Avery questioned information suggesting that the CCG had applied for £400,000 extra funding to assist the CCG influenza vaccination programme, which had been declined.</p> <p>Mr Edwards responded that there is no related information contained in the national letter. Mr Edwards informed members that an additional National Flu letter will be an agenda item for the September Governing Body meeting.</p> <p>Action: National Flu letter agenda item for the September Governing Body meeting.</p> <p>The next steps include a South Yorkshire and Bassetlaw System Plan by 1 September, to cover all of these areas and details of how Phase Three will be implemented. This will be an agenda item for the September Governing Body meeting.</p> <p>Action: South Yorkshire and Bassetlaw System Plan to include local Phase Three implementation for September Governing Body.</p>
	<p>Governing Body noted the information.</p>
<p>130/20</p>	<p>Proposal to Redesign the Neurodevelopment Diagnostic and Support Pathway for Children and Young People</p>
	<p>Mrs Lingrell, Joint Assistant Director Commissioning, Performance & Inclusion, RMBC/RCCG, joined the meeting to update members on the Neurodevelopmental Diagnosis and Support Pathway for Children and Young People proposal.</p> <p>Key principles and actions identified since members were sighted on the proposal in July are:-</p> <ul style="list-style-type: none"> a shift in focus away from the emphasis on clinical diagnosis by ensuring that the whole system works together to meet the needs of children with neurodevelopmental difference as it presents. A digital offer should remain part of the pathway to increase choice and add capacity. The outcomes from the Healios pilot have been positive and it is proposed that the CCG commission this service directly for a further year. <p>Mrs Lingrell added that on 17 July 2020, the Engagement and</p>

	<p>Communications Sub Group agreed that it effectively communicates the new pathway, offering increased understanding of neurodevelopmental difference. How we respond in Rotherham will be critical in terms implementation of these proposals.</p> <p>The Equality Impact Assessment has been rewritten to reflect greater understanding of demand. RDaSH have confirmed that they have a research assistant who is focussed specifically on the impact of neurodevelopment of children from a BAME background, to ensure that this knowledge and understanding can be linked in.</p> <p>There is a Data sharing Agreement in place that enables RDaSH to share information with the local authority to allow cross-matching of information and greater understanding of the current waiting list, to enable us to put appropriate strategies in place in response.</p> <p>Mrs Twell offered her thanks to all partners for their contribution and consideration of patients, family and carer focus in the development of this proposal.</p>
	<p>Governing Body members:</p> <ul style="list-style-type: none"> • Noted the updated position statement on the current waiting list and the impact of the pilot to offer an online pathway via Healios; • Approved the proposal to re-design the pathway to reduce demand and ensure that the needs of children who present with neuro-developmental difference are met, regardless of whether they have a diagnosis of autism; • Approved the proposals for recurrent and non-recurrent funding for the re-design of the Children and Young People’s Neurodevelopment Pathway. .
131/20	All Age Autism Strategy and Implementation Plan 2020-23
	<p>Mr Garry Parvin, Joint Head of Learning Disability, Autism and Transitions Commissioning, RMBC/RCCG, joined the meeting to present the Rotherham’s All Age Autism Strategy and Implementation Plan 2020 -2023 for comment and approval.</p> <p>Rotherham’s All Age Autism Strategy and Implementation Plan (Appendix 2) is a culmination of three year’s work involving clinical education and care partners, co-produced by autistic people, parents and carers, to improve access to mental health support including suicide, housing options and promote awareness and understanding of autism in Rotherham across the NHS, the local authority, the Police services and the general public.</p> <p>The Strategy and Implementation Plan was approved by Rotherham Borough Council (RMBC) cabinet in June and further support is requested from RCCG to adopt the strategy.</p> <p>The All Age Strategy ensures that the five key areas identified are delivered:-</p>

	<ul style="list-style-type: none"> • all Rotherham autistic children and young people are healthy and safe from harm • all Rotherham autistic children and young people start school and are ready to learn for life • all Rotherham autistic children and young people are provided with the same opportunities to thrive into adulthood • all autistic adults living in Rotherham will receive the right support when needed. • Autistic adults living in Rotherham are better supported as they grow old <p>The strategy seeks to improve access to mental health support including suicide prevention, to improve housing options, and promote awareness and understanding of autism in Rotherham.</p> <p>Dr Cullen congratulated Mr Parvin on the development of the plan.</p>
	<p>Governing Body members:</p> <ul style="list-style-type: none"> • Noted the content of the report • Approved the proposed Rotherham All Age Autism Strategy and Implementation Plan. • Noted that the plan will be reviewed in 2022.
	<p>PATIENT SAFETY AND QUALITY ASSURANCE</p>
132/20	<p>Patient Safety and Quality Assurance Report/Primary Care Workstream Monitoring</p>
	<p>Mrs Catherine Hall, Deputy Chief Nurse, RCCG joined the meeting to update members on current patient safety and quality assurance information, highlighting the following:</p> <ul style="list-style-type: none"> • Infection Prevention and Control continues to see strong working relationships with local authorities, providers and care homes and schools, and continued Rotherham Foundation Trust (TRFT) delivery of infection control training for the use of PPE and swabbing guidance. There has been a decrease in reported C.dif cases at TRFT but Community C.dif numbers have increased. E Coli numbers at both TRFT and in the Community continue to decrease. Planning support for 'returning to Oak house' from an Infection prevention/control perspective is taking place, based on current guidance. • Serious Incidents (SI) data has been a challenge to capture for quality and patient experience but has utilised innovative ways to continue to work with providers. The data remains in line with NHSE/I expectations as cases have to be reported. Timescales have changed with the exception of SI's regarding safeguarding children. SI Committees continue to meet virtually with actions taken where learning can be implemented.

- Safeguarding guidance, advice and training has been available during the pandemic, and technology continues to look at new ways of working. Relationships with the local authority, South Yorkshire Police, the CCG and providers in the health economy have continued to improve, with professional challenge working particularly well.

The ICON programme has been commissioned by NHSE/I for the whole of the north region to reduce Abusive Head Trauma (known colloquially as Shaken Baby Syndrome).

Plans continue to accelerate near to normal services for safeguarding children and adults relating to Children Subject to a Plan and Adults at Risk. We have prepared very carefully for an expected increase in demand in light of the national summit held by Boris Johnson on hidden harm.

Plans are in place to look at adult medicals for people who hope to foster, adopt or for special guardianship orders. Rotherham has taken a robust stance on utilisation of a self-assessment form.

Completion of medical assessments for applicants are usually completed by the applicants GP and the Medical Advisor, but due to demands created by COVID-19 it was agreed nationally, that a self-declaration would suffice. In Rotherham this information is triangulated and verified by the Deputy Designated Nurse at the CCG. This will revert back to GP's on 1 September 2020. Risk assessment will take place to ensure that this is achieved safely.

Health assessments have been completed in a timely manner and shared with the local authority and Medical Advisor to aid decision making. Sixty health assessments have been completed so far.

- Delayed Transfer of Care (DTC) for Adult Mental Health weekly meetings continue. There are three Winterbourne patients who have remained in their placements with no concerns.
- Adult Continuing Healthcare sees continued close working with TRFT with a small designated team of CCG nurses to support the discharge team to ensure safe, efficient and timely discharge of patients. On 1 September, the reset/restore process will repatriate the CCG nurses back to the CCG.
- TRFT had an unannounced CQC inspection in July, focussing on safeguarding, paediatrics and maternity services. Following the inspection, a detailed action plan was submitted to the CQC based on verbal feedback received and to give assurance that changes will be implemented as quickly as possible.
- Looked After Children has seen 90% of Initial Health Assessments (IHA) completed within the statutory 20 working day timeframe up to May 2020. During the month, twenty IHA's required completion, of which eighteen were within timescale. Both patients who received assessment outside

	<p>the 20-day timeframe were due to patient choice. Assessments are currently being undertaken virtually rather than face to face.</p> <ul style="list-style-type: none"> • Care and Treatment Reviews continue to take place virtually and this model works well for the client group. It is hoped to implement a hybrid model going forward as it is working exceptionally well. • Learning Disability Mortality Reviews (LeDeR) have resumed. NHSE/I have set an exacting target to be completed by December 2020. Additional resources are now in place into enable target completion. During March to June, there have been five adult death notifications, one of which was COVID-19 positive case, two were COVID-19 negative, one due to a stroke with the fifth reported as cause of death unknown.
	Governing Body members noted the content and information shared in the reports.
133/20	Patient Engagement and Experience Report
	<p>Mrs Twell gave an overview of the patient engagement and experience report.</p> <p>During the last few months, the Patient and Public Engagement Manager, Helen Wyatt, has held virtual Public and Patient Participation Group (PPPG) meetings to capture public and patient concerns. As previously reported, there is frustration and confusion generally due to the amount of information available. Mrs Twell also noted that carers have felt that they have felt that they are 'out of circulation' during the pandemic, which has been reflected nationally and will require investigation.</p> <p>Close working with Healthwatch has reported concerns about cancer investigations and treatments and the uncertainty in the resuming of services, in addition to the Ethnic Minority Association concerns for BAME groups, which has now been included in an action plan in order to increase support for all communities going forward.</p> <p>The Friends and Family Test continues to be suspended until further notice with no information being released. Most people now use social media to raise concerns, and the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) has been utilised to find out what is happening across South Yorkshire.</p> <p>On 17 June 2020, there was a Patient and Public Group (PPG) Zoom meeting and there are plans to expand this to hold the September quarterly meeting in this format. Officers are invited to attend to address patient and public concerns and questions.</p> <p>Action: Mr Edwards confirmed that a senior officer will be available and details will be confirmed.</p> <p>Mrs Hall shared concerns relating to carers feeling forgotten adding that there are also children who are carers, picked up in the summit by Boris</p>

	<p>Johnson around hidden harm and that they should be given greater consideration.</p> <p>Mrs Wheatley asked Mrs Twell for clarity about the CCG Action Plan and the impact on BAME.</p> <p>Mrs Twell responded that the action plan is in response to the Rotherham Ethnic Minority Alliance (REMA) partner group information which helped to inform the CCG action plan.</p>
	Governing Body members noted the content and information shared in the report.
	PERFORMANCE REPORTS
134/20	Finance and Contracting Report
	<p>Mrs Allott shared the report to provide an update to members on the financial performance position as at 30 June 2020, also referred to as month three, which represents the month three and four temporary financial regime put in place as part of the national emergency response to COVID-19.</p> <p>As noted in the July meeting, this regime involved replacing the CCG's previously notified allocation with a new 'nationally assessed allocation'; calculated and broadly based on total expenditure as at month eleven 2019-20.</p> <p>The Operating Cost Statement at Section 5 provides the CCG view of actual performance, against the nationally assessed allocation.</p> <p>In summary:</p> <ol style="list-style-type: none"> 1. Cash is being managed and payments being processed, in line with the requirements of the temporary financial regime (within seven days rather than thirty). 2. Performance reports a year to date net overspend of £1.23m, of which £1.16m is due to COVID-19 related expenditure and £73k to other net variances across the portfolio. In line with guidance the CCG expected to receive a retrospective allocation to cover this overspend, which has since been confirmed and received. This retrospectively brings us back into a breakeven position for month three. 3. For month four (the Forecast Outturn (FCOT) period under the temporary financial regime) we are projecting an overspend of £2.8m; with £1.9m being due to COVID-19 related expenditure. £1.12m of this forecast remains subject to change, pending clarification of items currently being provided for within the centrally held budgets reporting

	<p>line.</p> <p>There is more detailed narrative to support each area of the significant parts of the Operating Cost Statement within the main body of the report.</p> <p>At the time of writing the report, we were awaiting guidance on the regime likely to be in place beyond month four. A Phase Three letter has since been received indicating that the current financial arrangements will continue for months five and six. Further updates will be reported to members in due course.</p> <p>Dr Cullen thanked the finance team on behalf of members for all of their efforts during these challenging times.</p>
	<p>Governing Body members noted the current position and the additional commentary to support the operating cost statement.</p>
<p>135/20</p>	<p>Delivery Dashboard</p>
	<p>Mrs Jacqui Tuffnell, Head of Commissioning, RCCG, joined the meeting to share the report for information reflecting a steady position overall but noted that reporting has paused due to the current pandemic</p> <p>Mrs Tuffnell went on to highlight following:</p> <p><u>Accident and Emergency (A&E)</u> - the National pilot continues, and positive performance is reported as attendances are lower than usual but are slowly rising but indicating improvement against the pilot standards..</p> <p><u>Delayed Transfer of Care (DTOC)</u> - national reporting was paused due to the pandemic, but local information reports new COVID-19 arrangements have helped to retain a low number of delays. A small number of issues have arisen relating to re-ablement but partners have worked together to resolve these.</p> <p><u>Improving Access to Psychological Therapies (IAPT)</u> - referrals are improving and performance is improving..</p> <p><u>18 week wait</u> - a deterioration in eighteen week waits is expected as a significant number of patients have passed the pathway during the peak of the pandemic, so as they are treated, the numbers will temporarily look worse, which will also be the case for cancer patients.</p> <p>There is a significant increase in numbers now going through the eighteen week pathway for elective and day cases. More theatre capacity has come online over the last few weeks as staff were deployed to support COVID-19 and are have returned to their substantive roles , trauma and orthopaedics are operational as of this week, with ophthalmology and additional theatre capacity from 14 August 2020.</p> <p>The new trajectory will provide more visibility and transparency on the number of people waiting on the 18 week pathway.</p> <p><u>Diagnostics</u> - are showing improvement, over half of the back-logged cases are now cleared, and there is now additional MRI/CT scan capacity.</p> <p><u>Cancer</u> - all patients have now had consultant/clinical review and continue to</p>

	<p>be under consultant/clinical review, to ensure that they are on either an alternative pathway awaiting a substantive pathway or they have actually moved onto the pathway. Over 70% of patients who are over 104 days now have a date either for diagnostics or for treatment to commence.</p> <p>The main issue for diagnostics is for the CT scan with contrast, as it is a long process taking approximately one hour.</p> <p>Phase Three - a different performance regime is expected with local performance meetings to ensure we are on plan for recovery arrangements through Contract Quality or Clinical Referral Management Committee, brought together by Contract Performance meetings.</p> <p>Dr Clitherow commented that the number of patients presenting with cancer/cancer like symptoms is lower than average, and is likely to result in late presentations..</p> <p>Dr Page added that the current number is 70% of the normal rate for two week wait referrals.</p>
	<p>Governing Body members noted the information.</p>
136/20	Medicines Management Annual Report 2019-20
	<p>Mrs Allott introduced the paper to highlight areas of good performance during 2019-20, whilst awaiting Mr Lakin joining the meeting due to running ahead of schedule.</p> <p>Overall cost growth continues to be low in comparison to previous years, largely due to the Medicines Management Team (MMT). Cost effective alternative medicines and QIPP schemes, third party ordering, innovative MMT projects including a Waste Campaign and work done by the Care Homes Team have all contributed to improved performance.</p> <p>Stuart Lakin, Head of Medicines Management, RCCG, joined the meeting to give further insight.</p> <p>Mr Lakin informed members that the increased care home staff subset are 'way ahead of the curve' and the work has been well received by care homes, practices and particularly, by Boots the Chemist as there is evidence on care home management in South Yorkshire, measured by the amount of returned pharmacy waste.</p> <p>The MMT currently manage eighteen care homes and are looking to increase to all of the thirty major care homes by the end of the year. The number of home care professionals has increased to enable the national agenda to be delivered quickly.</p> <p>Mr Lakin added that management of nutrition with dieticians has been managed since 2006 and incontinence and stoma's since 2009/10. Mr Lakin has been asked to participate in national working parties and has also had requests from other CCG's in relation to the success of this work.</p> <p>The MMT continued with its medicines waste and self-care campaign and in 2019/20, and the waste campaign was run across the South Yorkshire & Bassetlaw ICS foot print.</p> <p>Dr Avery commented that Rotherham the item growth on page five is good</p>

compared to other areas, but are the actual number of items high but less than other areas?

Mr Lakin responded that there has been a lot of work on the self-care agenda with good patient participation response during a recent ICS audit, with 90% participation for Rotherham. Rotherham is still a high output area for analgesics, antibiotics and antidepressants.

Dr Avery commented on the drop in prescribed COVID antibiotics and the impact of virtual consultation/prescribing expectations, in addition to mental health IAPT virtual services possibly having a temporary impact.

Mr Lakin stated that relating to COVID, the MMT have been promoting a self-care agenda for drugs not to routinely prescribed, however, over two/three months, it has been difficult to manage as paracetamol has not been widely available in some chemists (but would have been available on prescription). This challenge will be readdressed going forward.

Dr Avery added that overall, Rotherham had a prescribing overspend of 1.9% which is still good in comparison to other areas, but due to GP practice budget cuts, most practices remain overspent.

Mr Lakin commented that Rotherham has the second smallest overspend in Yorkshire, adding that the forecast growth predicted was as accurate as possible. In comparison to previous years, it has been more difficult for practices to receive rewards related to the prescribing incentive scheme.

Dr Avery queried the availability of QIPP audit schemes for practices, in order for them to be able to work towards budgets going forward.

Mr Lakin responded that practice budgets have not yet been set but there are various QIPPS and incentives planned for 2020/21 which will be available slightly later than usual but will be realistic in order to reach targets.

Dr Avery also commented that Care Home Local Enhanced Service Specification/Direct Enhanced Service Specifications have been received which include prescribing support from MMT and is a very positive step towards meeting targets.

Dr D'Costa shared a view on cost of medicines and outcomes. During locality work in his area, secondary care support was put in place for GP practices to manage diabetes, and there was a noticed increase in spending, due to drug use in line with NICE guidance (GLP1 at that time). This identified an unmet need in the community on using prescribing medications appropriately.

Whilst it might appear that prescribing costs are low, Dr D'Costa asked if drugs are being used appropriately in line with NICE guidance, asking if drugs being stopped to reduce wastage.

Mr Lakin stated that diabetes in Rotherham is the highest area of challenge having the highest prescribing cost per patient in Yorkshire and cost growth due to the launch of new medications. The MMT are working with the primary care team to look at how diabetes is managed.

Rotherham has 16,000 diabetic patients and a variation in medication is evident between practices. The MMT are working with the primary care team

	<p>to look at how the Diabetes Support Nurse (DSN) service is utilised, and also to look at the high level of insulin/medicine waste prescribed in Rotherham.</p> <p>A Standard Operating Procedure (SOP) is being put together to look at dosage and more effective prescription use. There is also work taking place to identify patients in need of urgent review or follow up to the DSN service.</p> <p>Members thanked the MMT for all of their contributions and efforts over the last year.</p>
	Governing Body members noted the information.
	POLICIES AND TERMS OF REFERENCE
137/20	Equality and Diversity Terms of Reference
	<p>Mrs Twell shared the updated paper as part of the annual review, highlighting that previously, up to four members of the contracting team would attend the meeting. This has now been amended to one member representing the contracting team on a regular basis, with the option of extra representation and attendance as required.</p> <p>The paper is supported by the Operational Executive Team and AQuA.</p> <p>Mr Barber added that all policies and terms of reference noted on this agenda have had AQuA oversight and support.</p>
	Governing Body members ratified the Equality and Diversity Steering Group Terms of Reference.
138/20	Counter Fraud, Bribery and Corruption Policy
	<p>Mrs Allott apologised to members explaining that the policy has been detached from the cover paper, but assured members that only minor wording changes as detailed in the header sheet, have been made.</p> <p>The policy includes details of the new role of Fraud Champion, which has been taken on by Ruth Nutbrown, Assistant Chief Officer. This role does not investigate fraud, it is to help promote awareness of fraud, bribery and corruption within the NHS.</p> <ul style="list-style-type: none"> • No material changes have been required to the content of the policy. • Minor changes to wording have been made in some places (and these are listed below);- <p>Section 2 ,Page 3: Words added</p> <p>“This policy is mandatory and applies to all staff whether permanent or temporary and whether employed directly or indirectly within any part of the CCG. For the avoidance of doubt this includes anybody employed via an agency, all bank staff, honorary staff, externally appointed consultants, self-employed contractors and those employed on fixed term contracts”.</p>

	<p>Section 3.6, Page 5: Wording changed from ‘direct reports’</p> <p>“CCG managers are responsible for ensuring that policies, procedures and processes within their local area are adhered to and kept under constant review. It is the responsibility of managers to ensure that staff are aware of fraud, bribery and corruption..... “</p> <p>Section 3.9. This is a new section added to cover the role of Fraud Champion.</p> <ul style="list-style-type: none"> • Where there are references or hyperlinks to content held on the CCG’s intranet; that content has either been or is currently in the process of being updated. <p>Dr Cullen suggested that sight of the policy is required in order to ratify the amended policy.</p> <p>Action: Mrs Allott to circulate the updated policy after the meeting, followed by a September agenda item for full ratification.</p>
	<p>Governing Body are asked to note the amendments and support the proposed changes to the policy, noting the next scheduled review date of April 2022.</p> <p>Governing Body members support the proposed changes in the policy in principle but require sight of the policy on order to ratify the changes.</p>
139/20	Data Protection/Access to Health Records Policy
	<p>Mrs Allott offered to present the paper to members, whilst awaiting Mr Clayton joining the meeting as the schedule is running ahead of timing.</p> <p>Mrs Allot stated that the policy includes minor changes as set out in the cover sheet, which includes strengthening of the rationale in cases where we would with-hold information for Subject Access Requests. Details on who would be involved in the decision making process is noted.</p> <p>Mr Clayton joined the meeting to give further updates to members on minor word changes made to the Data Protection Policy and Access to Health Records Policy in line with good practice.</p> <p>Mr Clayton highlighted changes to the Subject Access Requests 9.2 Withholding Data section, adding that the changes to the policy are supported by the Information Governance Group and AQuA.</p>
	<p>Governing Body members ratified the changes to the amended Data Protection Policy and Access to Health Records Policy.</p>
140/20	Records Management Policy
	<p>Mr Clayton shared the paper to update members on minor changes made to the reviewed and updated Records Management Policy. .</p>

	Governing Body members ratified the changes to the amended Records Management Policy.
141/20	Internet Acceptable Use Policy
	Mr Clayton shared the paper to update members on minor changes made to the reviewed Internet Acceptable Use policy.
	Governing Body members ratified the changes to the amended Internet Acceptable Use Policy.
	MINUTES FROM OTHER MEETINGS
142/20	Primary Care Committee Minutes 13 May & 10 June 2020 - for information
	Mrs Wheatley shared the minutes for information, adding that the Primary Care Annual Report was noted by members in July. Meeting minutes for 18 July 2020 are not yet available but Mrs Wheatley wished to note the Primary Care Work Programme and the positive and fabulous progress made in light of COVID-19. Well done to all.
	Governing Body members noted minutes.
143/20	GP Members Committee (GPMC)
	Dr Avery was invited to give a verbal update on the recent GPMC meeting. Dr Avery informed members that finance, autism services, and communication with TRFT relating to prescriptions, test results and resuming of services have been discussed.
	FOR INFORMATION ONLY
144/20	Future Agenda Items
	Phase Three letter National Flu letter South Yorkshire and Bassetlaw System Plan on Phase Three
145/20	Urgent Other Business
	No items identified.
146/20	Urgent Issues and Appropriate Escalation
	No items identified.
147/20	Risks Raised
	No items identified. .

148/20	Any Other Business
	No items identified.
149/20	Date and time of Next Meeting
	The next Public Governing Body Meeting will take place at 1.00 pm on Wednesday 2 September 2020.

DRAFT