

Meeting: Governing Body (Virtual Meeting)			
Meeting Date	22 July 2020	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 June 2020 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 June 2020 as an accurate record; and • Note the updates provided against the actions

Links to CCG Strategic Objectives	
<p>SO1 People and Place To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life</p>	☒
<p>SO2 Inclusive Growth To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value</p>	☒
<p>SO3 Budget To deliver a balanced budget</p>	☒
<p>SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.</p>	☒
<p>Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:</p>	
<p>GBAF N/A</p>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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"/>
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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) held on the 24 June 2020		
Author	Emma Kennett, Head of Corporate Affairs and Governance		
Version	0.1		
Target Audience	Public Members/Governing Body Members		
Date Created	June 2020		
Date of Issue	June 2020		
To be Agreed	22 July 2020		
Document Status (Draft/Final)	Draft		
Description	Minutes of the Governing Body meeting in Public 24 June 2020		
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 June 2020, 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
Ms Catherine Jackson	Director of Nursing & Quality Improvement
Mr Geoff Little	Chief Officer
Mr David McCann	Lay Member for Patient and Public Involvement (for part)
Ms Margaret O'Dwyer	Director of Commissioning and Business Delivery
Mr Chris Wild	Lay Member – Finance
Mr Mike Woodhead	Joint Chief Finance Officer
Others in attendance	
Ms Lesley Jones	Director of Public Health
Ms Lynne Ridsdale	Deputy Chief Executive, Bury Council (For Agenda Item Number 8)
Mrs Emma Kennett	Head of Corporate Affairs and Governance – Minutes
Public Members/Observers	
Ms Barbara Barlow	Healthwatch Chair

MEETING NARRATIVE & OUTCOMES

1	Welcome, Apologies And Quoracy
1.1	Dr Schryer welcomed those present to the meeting and noted that apologies for absence had been received from: - <ul style="list-style-type: none">• Mr Peter Thompson, Secondary Care Clinician• Mrs Julie Gonda, Director of Community Commissioning (DASS)
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	<ul style="list-style-type: none"> Declarations of interest from today's meeting <p>Ms O'Dwyer and Mrs Jackson declared interests in relation to Agenda Item Number 7 – CCG Constitution Changes in light of the proposals within the report impacting on their current roles with the CCG.</p>		
2.4	The Chair agreed that Ms O'Dwyer and Mrs Jackson could remain present for this item however dependant on the discussion may be required to leave the meeting.		
2.5	<ul style="list-style-type: none"> Declarations of Interest from the previous meeting <p>There were no declarations of interest from the previous meeting raised.</p>		
ID	Type	The Governing Body:	Owner
D/06/01	Decision	Noted the published register of interests.	

3 Minutes of the last Meetings and Action Log

3.1	<ul style="list-style-type: none"> Minutes <p>The minutes of the Governing Body meeting held on 27 May 2020 were considered and agreed as a correct record.</p>		
3.2	<ul style="list-style-type: none"> Action Log <p>The Action log was discussed and the following updates were provided: -</p> <ul style="list-style-type: none"> A/05/01 - A further discussion in relation to how Children's health and social care services should link in with the Health and Care Recovery Plans to be discussed further via the Borough Wide Covid-19 Group. Mr Hughes commented that discussions had been ongoing in relation to this matter and children's would be appropriately covered as part of the Health and Care Recovery plans. Mr Little agreed to bring back a report to the Governing Body in relation to the Recovery Plans in July 2020. 		
ID	Type	The Governing Body:	Owner
D/06/02	Decision	Approved the minutes of the meeting held on the 27 May 2020.	
D/06/01	Action	Health and Care Recovery Plans to be submitted to the July Governing Body meeting.	Mr Hughes/Mr Little

4. CCG Chair and Chief Officer Update

4.1	<p>a) Covid-19</p> <p>Mr Little provided a verbal update and presentation on the latest Covid-19 developments in terms of response, recovery and the action being taken in relation to the Local Outbreak plan. It was reported that:-</p> <ul style="list-style-type: none"> There had not been any new cases of Covid-19 in the borough over the last 6 days. There had been 815 cases in Bury to date. An early warning system and outbreak plan was being developed to monitor 		
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and track any new cases at an early stage. The outbreak plan was being submitted to the Council's Emergency Powers Group on the 29th June 2020 and would be published on both the CCG and Council websites thereafter. It was noted that as lockdown was lifted there was an increased risk of a second wave therefore a local outbreak plan would be a key element of containing the number of cases. Communications and consistent messaging at a local level would be paramount to ensure that the borough 'stays safe'.

- Bury remained the second worst borough in Greater Manchester for deaths per 1,000 population.
- The hospitality sector was due to open on the 4th July 2020 and work was ongoing to ensure that these businesses are able to follow safe practices as part of this reopening.
- Work was also being undertaken with BAME communities and faith groups, and schools to ensure they were as safe as possible.
- Council Services would not return until they were safe to do so which also links to the work of the Community Hubs. It was noted that a borough wide recovery plan for the next year was being worked linked to the recession in order to support businesses in relation to jobs and welfare support. Work was also ongoing to bring children and adult social care back in a safe way.
- In terms of the Health and Care Recovery Plan, there were 7 key elements being focused on across the CCG and Council.
- In relation to the National NHS Position, although the government had reduced its escalation level from 4 to 3 the NHS emergency remained at level 4 (i.e. national command and control).
- Capacity Planning exercises were being conducted with a view to re-starting planned activity and other non Covid activity in July 2020.
- Waiting list demand was a concern and plans were being drawn up to create 'pooled' waiting lists at system (GM) level.
- In relation to the Cancer 62 days target, numbers not meeting this standard had doubled nationally but tripled in the North West.
- Dental and optometry were re-opening slowly bearing in mind IPC regulations.
- In terms of finance, the NHS were seeking national funding to expand intensive care and acute capacity. The Treasury were concerned about public finances and negotiations regarding the NHS were on-going, though it was likely that further funding would be made available for Covid activity.

ID	Type	The Governing Body:	Owner
D/06/03	Decision	Noted the Covid-19 update.	

5 Questions from Public Members in relation to the agenda

5.1 It was noted that no questions had been received from members of the Public.

ID	Type	The Governing Body:	Owner
D/06/04	Decision	Noted that there were no questions	

6. Audit

6.1 **Audit Committee Chair's Update**
Mr Wild presented the Audit Committee Chair's report which summarised the main discussion points from the meeting held on the 5th June 2020.

6.2	The paper provided an outline of the matters discussed, assurances sought and decisions ratified at the Audit Committee meeting. The report aimed to provide information and assurance to the Governing Body that a robust, effective governance system is in place and that the Committee is discharging its responsibilities.
6.3	Mr Wild referred to Section 12.2 of the report and commented that an unqualified opinion would be issued on the CCG's arrangements to secure economy, efficiency and effectiveness in its use of resources except for the ability of the CCG to set a sustainable operational budget within its allocation which would result in a referral to the Secretary of State in this regard. It was noted that the Governing Body had been previously sighted on this position and likely implications.
6.4	<ul style="list-style-type: none"> • 2019/20 Annual Accounts and Letter of Representation Members received the 2019/20 Annual Accounts and Letter of Representation that had been reviewed by the Audit Committee and recommended to the Governing Body for approval.
6.5	<ul style="list-style-type: none"> • 2019/20 Annual Governance Statement and Annual Report Mr Little presented the draft Annual Report including the Annual Governance Statement which had been recommended to the Governing Body by the Audit Committee. The key achievements and challenges faced during the 2019/20 year were described which illustrated a significant year of changes in terms of the development of the One Commissioning Organisation (OCO).
6.6	Mr Little commended Mrs Featherstone for all her hard work in the development of the 2019/20 Annual report which had been undertaken in addition to supporting the Covid-19 response. Dr Schryer also paid tribute to Mrs Featherstone and her team for this hard work.

ID	Type	The Governing Body:	Owner
D/06/05	Decision	Received the Audit Committee Chair's report;	
D/06/06	Decision	Considered the Annual report and Accounts as presented;	
D/06/07	Decision	Noted the recommendation of the Audit Committee;	
D/06/08	Decision	Approved the Annual Report and Accounts for 2019/20 for submission to NHS England;	
D/06/09	Decision	Noted the requirement to present the Annual Report and Accounts in a public meeting prior to 30 September 2020.	

7.	CCG Constitution Changes
7.1	<i>Ms O'Dwyer and Mrs Jackson declared interests in relation to this agenda item in light of the proposals within the report impacting on their current roles with the CCG.</i>
7.2	<i>The Chair agreed that Ms O'Dwyer and Mrs Jackson could remain present for this item however dependant on the discussion may be required to leave the meeting.</i>
7.3	<i>Mrs Jackson left the meeting at this point.</i>

7.4	Mr Little submitted a report in relation to the proposed changes to the CCG Constitution.
7.5	It was reported that NHS Bury CCG had reviewed and refreshed its Constitution in July 2019, taking account of the revised model constitution, NHS England guidance and subsequent changes in the health and care landscape, both regionally and locally. Following review through due governance processes, the CCG membership approved the amended Constitution for approval by NHS England, which was confirmed on 3 rd October 2019.
7.6	It was highlighted that since the formal ratification, a number of further changes have been progressed locally, specifically in relation to the joint leadership and single structure across the Bury Partnership of the CCG and Council. These changes required amendment to the Constitution, its appendices and supporting Governance Framework.
7.7	<p>Mr Little summarised the proposed changes to the Constitution which included: -</p> <ul style="list-style-type: none"> • Changes to the composition of the Governing Body, including voting membership and colleagues in attendance; • Changes to the Terms of Reference of the Primary Care Commissioning Committee, specifically the membership of the committee, which has previously been notified and supported by the Governing Body. It should be noted that this was awaiting approval from the CCG Membership; • Changes to the Terms of Reference of the Strategic Commissioning Board, specifically membership and quoracy, which was supported by the Strategic Commissioning Board at its meeting in June 2020; • Amendments to the Standing Orders to include the appointment processes for the Executive Director of Strategic Commissioning; • Updates to the Standing Financial Instructions, including delegated limits.
7.8	It was highlighted that additionally, the Scheme of Reservation and Delegation had been updated to reflect the changes within the organisational structure due to dis-establishment and creation of new senior leadership roles.
7.9	<p>The Governing Body was reminded that as set out at Clause 1.4.2 of the Constitution, the Accountable Officer can propose amendments to the Constitution which can be considered and approved by the Governing Body, unless:</p> <ul style="list-style-type: none"> • Changes are thought to have a material impact; or • Changes are proposed to the reserved powers of the Members; or • At least half of all Governing Body members formally request that the amendments be put before the Membership for approval.
7.10	It was considered that the changes set out did not have a material impact nor was there any proposed changed to reserved powers to the CCG Membership. It was therefore appropriate for the Governing Body to consider and approve the proposed changes, and consider the implementation date proposed of 1 st July 2020, unless at least half of all Governing Body members formally request that the amendments be put before the Membership for approval. There was no requirement to seek formal approval from NHS England, however details of the changes approved will be notified accordingly.
7.11	Mr Little referred specifically to the proposed changes to the voting rights of Governing

	<p>Body members which had been reviewed in the context of the OCO Management restructure which would include the Executive Director of Strategic Commissioning becoming a voting member of the Governing Body with the Director of Nursing, Quality & Improvement, Director of Secondary Care Commissioning and the Director of Community Commissioning being invited to attend Governing Body meetings. Mr Little provided the rationale for this proposal in terms of maintaining an appropriate balance of Clinicians and Non-Executive Directors versus Executive roles on the Governing Body.</p>
7.12	<p>It was emphasised that despite the proposal meaning that the Director of Nursing, Quality & Improvement would no longer have voting rights on the Governing Body this would not decrease the Governing Body's focus on the safeguarding agenda.</p>
7.13	<p>Dr Fines enquired as to where the previous discussions had taken place around the voting rights associated with the Director of Nursing, Quality & Improvement role. Mr Little reported that this element had been raised as part of the OCO Formal Consultation process whereby the plans to include the Executive Director of Strategic Commissioning as a voting member were outlined. Mr Little highlighted that the focus given to quality and safeguarding at Governing Body meetings was the main consideration going forward and the Director of Nursing, Quality & Improvement would still be invited to attend meetings. It was reported that the Governing Body should be striving to make decisions by consensus therefore voting on items should not be viewed as the norm.</p>
7.14	<p>Ms O'Dwyer acknowledged that she was conflicted for the part of this item that related to the Director of Commissioning & Business Delivery however raised a question in relation to the voting status associated with the Director of Nursing, Quality & Improvement role and particular reservations about the Quality and Safeguarding message within the CCG when taking into account the importance of CQC Inspections etc. Mr Little highlighted that all Directors were invited to attend Governing Body meetings as part of the new Constitution membership proposals and there was no desire to imbalance the clinical and lay majority on the Governing Body. Ms O'Dwyer commented that it was her understanding that only CCG employees or those in joint roles could have voting rights on the Governing Body therefore there was unlikely to be further roles in addition to the Director of Nursing, Quality & Improvement role that may be eligible to vote from a governance perspective.</p>
7.15	<p>Mr McCann emphasised the importance for having an independent voice on the Governing Body which was important from an overall CCG and safeguarding/quality perspective. Mr Bury commented that the most important element about the Governing Body meetings was expertise, input and having a voice. Mr Wild reported that it was important to have independence and have the ability to comment on a subject and shape the debate.</p>
7.16	<p>A general discussion took place regarding the votes rights associated with the Director of Nursing, Quality & Improvement role.</p>
7.17	<p>Governing Body members supported the proposed Constitution Changes. Ms O'Dwyer commented that she would respect the overall Governing Body views on this paper however wanted it to be documented that she had reservations about the Director of Nursing, Quality & Improvement role no longer having voting rights on the Governing Body in terms of the impact this could have on the Quality and Safeguarding agenda going forward.</p>

ID	Type	The Governing Body:	Owner
D/06/10	Decision	Approved the changes to the CCG Constitution and agreed the effective date of implementation as proposed.	

8.	Equalities Strategy and Update
8.1	<i>Mrs Ridsdale was in attendance to present this item.</i>
8.2	It was reported that NHS Bury CCG, like all NHS organisations, had a legal obligation to ensure that through all its activities it eliminated discrimination, promoted equality of opportunity and fostered good relationships between different groups.
8.3	It was highlighted that the Public Sector Equality Duty (PSED) required that the CCG took account of the needs of disadvantaged individuals, both as employers and in the development, commissioning and delivery of public services. Through the effective consideration of hidden discrimination and systematic barriers, which lead to unmet need and disadvantages, the CCG could drive improvement through more efficient and effective public services, improved health outcomes, reduced health inequalities and lower social costs of inequality.
8.4	It was noted that NHS Bury CCG currently commissioned Greater Manchester Shared Service (GMSS) to provide Equality, Diversity and Human Rights (EDHR) support. This enabled the CCG to deliver against core statutory requirements, including ensuring there is an up-to-date Equality Strategy in place, supported by Equality Objectives and an Equality, Diversity and Inclusion Action Plan, completion of the annual Workforce Race Equality Standard submission, provision of Equality Impact Assessment training, production of the Annual Public Sector Equality Publication and facilitation of the Equality Delivery System. The resource available through the commissioned arrangement was limited, and whilst the CCG satisfied the statutory requirements placed upon it and has made genuine progress year-on-year, there was always more that could be done to ensure Equality and Diversity is truly embedded through routine day-to-day practice. With an ambition to do more, a risk was placed on the CCG risk register in June 2019 which reflected the need to consider the current EDHR offer and associated resource requirements to deliver the agenda differently in order that further progress could be made.
8.5	It was reported that whilst equality remained core to all CCG activity, the Covid-19 pandemic, and the more recent worldwide #BlackLivesMatter campaign, have brought a renewed focus to this agenda. Nationally, the NHS had committed its support and has made available tools, including risk assessments that must be undertaken to protect and support all staff, but particularly BAME colleagues, given the evidence of disproportionate mortality and morbidity amongst this community from Covid-19. There had also been an announcement that NHS England and the NHS Confederation would create the NHS Race and Health Observatory, which is a new Centre, which will investigate the impact of race and ethnicity on people's health. In terms of next steps, there was also a need to take forward the good work undertaken in Primary Care as part of the Covid-19 response.
8.6	It was highlighted that this report was presented to the Council Cabinet on 10 th June 2020 and set out some next steps, including the roll-out of agreed risk assessment tools to all staff, commissioned services and volunteers and the commission of an independent partner to undertake an equalities audit across both the Council and CCG, with reference to the relevant Equality Frameworks, in order to develop an

overarching Equality Strategy and Outcomes Framework.

- 8.7 It was reported that the CCG had commenced a review of its Equality Strategy and objectives, which required refresh, and had put arrangements in place to engage with stakeholders through the One Community website, in readiness for approval through the Quality and Performance Committee, however this has been paused due to Covid-19. This work would remain paused in light of the current proposal, subject to approval, and the commissioned support through the CCG arrangement with GMSS will be utilised to support this wider work on behalf of the CCG.
- 8.8 This independent review would assess the foundations and good practice already in place, and through engaging with our population (patients and citizens), communities and staff as key stakeholders, through a range of available and accessible channels, will help shape the future work programme aligned to Bury 2030 Strategy to address inequalities and create greater equality through all our activities and decisions. The commissioned work would be overseen through the Corporate Core with a direct reporting line to the Strategic Commissioning Board.
- 8.9 In terms of the proposed further action, it was recommended that the workforce risk assessment tools be further developed and, subject to consultation with staff groups and the Trade Union side, were:
- proactively completed for every employee who wishes to engage and has been identified as potentially vulnerable, including older people and those from a BAME background or who have households / family members from BAME background;
 - recommended to our commissioned providers;
 - recommended to the network of circa 700 volunteers who are supporting the Community Hubs.
- 8.10 It was highlighted that the risk assessment approach was intended to support managers to have sensitive and comprehensive conversations with their BAME staff. It was noted that managers should identify any existing underlying health conditions that may increase the risks for individuals in undertaking their frontline roles, in any capacity. Most importantly, the conversations should also, on an ongoing basis, consider the feelings of BAME colleagues, particularly regarding both their physical safety, their psychological safety, and their mental health. The objective of the risk assessment process was to seek to reduce, avoid or eliminate risks identified
- 8.11 Dr Schryer commented that this work was timely and welcomed within Bury.
- 8.12 Mr McCann enquired about the process for identifying higher risk groups within the CCG. Mrs Ridsdale reported that there was a plan to communicate with both staff and managers and there would be a need for staff to self-identify. A risk stratification process to identify who was in scope of this would be undertaken.
- 8.13 Mrs Jackson referred to the use of Personal Identifiable Data (PID) as part of this process. Mrs Ridsdale reported that managers would be required to maintain an audit trail in terms any information used as part of this process including supporting rationale and any action taken.
- 8.14 Dr Schryer enquired about the timescales for the supporting implementation plan being made available to support the Equality Strategy. Mrs Ridsdale reported that the plan should be available for September 2020 once the outcome of the review is

	known. It was noted that this plan would need to be overseen by the Strategic Commissioning Board (SCB)
8.15	Mr Bury enquired about employer representatives and the associated engagement process. Mrs Ridsdale commented that there was a need to engage all staff groups as key stakeholders as part of this process.
8.16	Ms O'Dwyer supported this strategy and commented that the strategy needed to link in with the CCG's commissioning arrangements. Mrs O'Dwyer enquired whether there were any costs associated with the piece of work that was being commissioned as this was not referenced within the report. Mrs Ridsdale reported that final figure was not yet available however anticipated that this would be in the region of £25k and be appropriately split with the Council.

ID	Type	The Governing Body:	Owner
D/06/11	Decision	Noted the current commitment to equality including the approach to staff risk assessments, which will expand at pace.	
D/06/12	Decision	Noted the outcome from the discussion of this paper at Council Cabinet on 10 th June 2020;	
D/06/13	Decision	Supported the proposed approach to the Equality Strategy work, including the joint commission of an independent partner to undertake an equalities audit; and	
D/06/14	Decision	Noted that the programme of work will be overseen through the Corporate Core with a direct reporting line to the Strategic Commissioning Board.	

9.	Closing Matters		
9.1	Dr Schryer thanked members for their contributions and summarised the main discussion points.		
9.2	Dr Schryer commented that it was the last Governing Body meeting for Ms O'Dwyer prior to her leaving the CCG and thanked her for all her hard work in the NHS over the years and wished her well for the future.		
ID	Type	The Governing Body:	Owner
D/06/15	Decision	Noted the information	

Next Meeting	Wednesday, 22 July 2020, 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/06/01	Health and Care Recovery Plans to be submitted to the July Governing Body meeting.	Mr Hughes/Mr Little		July 2020	<p>A Governing Body Development Session has been scheduled to take place on the 22nd July 2020 following the Formal Governing Body meeting.</p> <p>A further discussion will also take place at the Strategic Commissioning Board on the 3rd August 2020.</p>