

Meeting: Governing Body (Virtual Meeting)			
Meeting Date	27 January 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 25 November 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 25 November 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"/>
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 25 November 2020		
Author	Emma Kennett, Head of Corporate Affairs and Governance		
Version	0.1		
Target Audience	Governing Body Members		
Date Created	November 2020		
Date of Issue	November 2020		
To be Agreed	27 January 2021		
Document Status (Draft/Final)	Draft		
Description	Minutes of the Governing Body Virtual Meeting in Public held on 25 November 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 – 25 November 2020, 3.00pm

Chair – Dr Jeff Schryer, CCG Chair

ATTENDANCE

Members	
Dr Jeff Schryer	CCG Chair (Chair)
Will Blandamer	Executive Director of Strategic Commissioning
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 David McCann	Lay Member for Patient and Public Involvement
Mr Peter Thompson	Secondary Care Clinician
Mr Chris Wild	Lay Member – Finance
Mr Mike Woodhead	Joint Chief Finance Officer
Others in attendance	
Ms Catherine Jackson	Director of Nursing & Quality Improvement
Mrs Lynne Ridsdale	Deputy Chief Executive, Bury Council (for items 7 and 8)
Ms Lesley Jones	Director of Public Health, Bury Council
Mrs Emma Kennett	Head of Corporate Affairs and Governance
Mrs Lisa Featherstone	Deputy Director of Governance and Assurance
Public Members/Observers	
Ms Ruth Passman	Healthwatch Chair
Mr Alan Norton	Healthwatch Director

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 Mr Little, Chief Officer.
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	a) Declarations of interest from today's meeting There were no declarations of interest for today's meeting raised.		
2.4	b) 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/11/01	Decision	Noted the published register of interests.	

3	Minutes of the last Meetings and Action Log		
3.1	a) Minutes The minutes of the Governing Body meeting held on 23 September 2020 were considered and agreed as a correct record.		
3.2	b) Action Log The Action log was discussed and there were no updates to provide.		
ID	Type	The Governing Body:	Owner
D/11/02	Decision	Approved the minutes of the meeting held on the 23 September 2020.	

4.	CCG Chair and Chief Officer Update		
4.1	<p>Mr Blandamer provided an update on the latest CCG and Council developments. It was reported that: -</p> <ul style="list-style-type: none"> • A significant amount of work was being undertaken as part of the Covid-19 response and recovery processes. The impact on provider performance/demand/capacity was described further as part of the Performance Report included on today's agenda. • The impact of Covid-19 on Mental Health, young people, safeguarding, school attendance should not be underestimated. • Positive steps were being made towards approval of a Covid-19 vaccine at national level. • Mass testing was being explored further at a local level. • Discussions were being undertaken at a Greater Manchester level in relation to future integrated care arrangements and what this may mean for localities going forward in terms of commissioning and provider collaboration. Guidance on these proposed future arrangements was anticipated in the near future with further discussion scheduled to take place at the Strategic Commission Board meeting on the 7th December 2020. The Chair commented that there had been a tremendous level of leadership exerted by Mr Little and Mr Blandamer as part of the Greater Manchester discussions. • There were significant financial challenges across both the CCG and Council which needed to be addressed moving into the next financial year. • There was a need to ensure that staff continued to be supported during these challenging times. It was noted that a 5 ways to Wellbeing initiative was being launched which aimed to ensure that staff were taking appropriate breaks from their work, undertaking exercise etc. 		

4.2	The Chair highlighted there was a need to ensure that any changes to future integrated care arrangements did not adversely impact on health inequalities at a local level and there was also a need to ensure that the locality were appropriately engaged		
4.3	Mr Hughes referred to the financial challenges across both the CCG and Council and commented that savings needed to be viewed in the context of the partnership and pooled budget arrangements. Mr Woodhead explained that the pooled budget included a risk and gain share agreement however the CCG and Council were still in the early stages of these arrangements and the impact of Covid-19 had also added additional pressures from a financial perspective. In terms of timescales, the Council and CCG were working to slightly different timescales in relation to the budget arrangements as there was still a need to follow the respective governance arrangements of both organisations with links in to the Strategic Commissioning Board around the pooled budget elements.		
	Type	The Governing Body:	Owner
D/11/03	Decision	Noted the update.	

5	Public Questions in relation to the agenda		
5.1	The Chair commented that Ms Passman and Mr Norton were in attendance for Healthwatch in a public/observer capacity. It was reported that Ms Passman had recently taken on the role of Chair at Healthwatch following the departure of Ms Barlow when her current term of office came to an end.		
5.2	Ms Passman introduced herself to the Governing Body and outlined her previous experience in relation to the Equality/Health inequalities in the NHS and commented that these were areas that Healthwatch would be keen to work on with the CCG.		
ID	Type	The Governing Body:	Owner
D/11/04	Decision	Noted the information.	

6.	Governance Arrangements to support a Pandemic		
6.1	Mr Blandamer presented a report in relation to the Governance Arrangements in the context of Covid 19 Command and Control. Mr. Blandamer thanked Mrs Featherstone and Mrs Rosenthal for their support in pulling this report together.		
6.2	It was highlighted that the Governing Body was responsible for the leadership and governance of the CCG. Notwithstanding the level and pace of change required, in the current emergency response to Covid19, the Governing Body must remain mindful of the statutory duties that apply, whilst balancing this with the need to support the strategic and operational response.		
6.3	The report outlined amendments to the current management arrangements in relation to the command and control responsibilities under the Civil Contingencies Act 2004, that have and will continue to be invoked to support and enable NHS Bury CCG, as a partner in the wider health and care system, to respond to the continued Covid19 Pandemic in a timely manner.		
6.4	Mr Hughes reminded members that Clinical Leaders meetings had resumed within the CCG which provided a useful mechanism for gaining clinical input as part of the		

ID	Type	The Governing Body:	Owner
		commissioning cycle.	
D/11/05	Decision	Approved the merger of the current Borough Gold and Bury Response (CCG and Council) Gold to establish a new Health and Care System Senior Leadership GOLD which will meet weekly to operate effectively as a health and care system GOLD meeting, including clinical, political and management leadership from the Council and CCG and includes provider reps from LCO and Pennine Acute Trust;	
D/11/06	Decision	Noted the remit of the Health and Care System Senior Leadership GOLD to take a broader look across the full 6-month recovery plan and associated funding, to control the virus, support the health and care system and mitigate harm with an emphasis on tackling inequalities;	
D/11/07	Decision	Noted the establishment of the Team Bury network as a continuation of the excellent work of the Borough GOLD meeting, chaired by the Director of Corporate Core services / Deputy Chief Executive (Council) which will have oversight of transformation aligned to Bury 2030;	
D/11/08	Decision	Noted the Health Protection Board will lead on controlling the virus;	
D/11/09	Decision	Note that local arrangements will recognise the GM governance including Combined Resilience Forum, Covid Strategic Co-Ordination Group and Covid Emergency Committee which operate at a regional level; and	
D/11/10	Decision	Note that Terms of Reference for each body in the Command and Control Framework will be established;	
D/11/11	Decision	The Health and Care System Senior Leadership GOLD will take operational decisions in the boundaries of officer delegations to enable the appropriate response to system need, in line with approved governance arrangements; and	
D/11/12	Decision	To note the requirement that all decisions taken under officer delegation remain in the public interest and must withstand reasonable challenge should this arise.	

7.	Corporate Plan
7.1	Mrs Ridsdale presented a report in relation to the Corporate Plan. It was reported that over recent months work had been underway to draft Bury 2030 Strategy which

	would drive and direct a common ambition, vision, delivery plan and improved outcomes for the Borough. A public consultation was currently underway.		
7.2	It was highlighted that the Corporate Plan, which was the first Corporate Plan for the CCG and Council under the single leadership and partnership structure, was a key delivery vehicle to realising the Bury 2030 vision and translated into tangible corporate and departmental plans and priorities for the 2030 Strategy with clear deliverables and measured outcomes for the initial two-year period.		
7.3	The plan had been drafted in the context of the current national Covid-19 pandemic and associated local response, with a specific strategic objective to ensure a sustained focus building further on the initial 10-point plan which was delivered pre-Wave 2, the Corporate Plan outlined core actions to enable and address recovery for the next 6 months. It is also informed by the recent Equalities Review and the need to strengthen inclusion throughout all our activities.		
7.4	As with the 2030 Strategy, the Corporate Plan also aligned to the Locality Plan and supports the delivery of the ambition to secure transformational improvement in population health so that residents are in control of their lives and enabled through a joined-up health and care system.		
7.5	The Corporate Plan was ambitious and, in defining a new way of working, it is exciting, but will also 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.		
7.6	Mr Hughes commented that it would be useful to be able to articulate what success looks like at the end of this plan linked to the ambition at the beginning of the plan. Mrs Ridsdale highlighted that improvements were needed in relation to the data sources in order to inform the plan and consequently achieve an accurate baseline position. The Chair emphasised the importance for adopting an outcomes based approach in this area and ensuring that any progress is visible. Mrs Ridsdale reported that regular updates would be provided via the appropriate reporting mechanisms within the CCG and Council.		
ID	Type	The Governing Body:	Owner
D/11/13	Decision	Noted that the Corporate Plan has been presented to the Council cabinet on 24 th November 2020 with a request to recommend to full Council;	
D/11/14	Decision	Approved the Corporate Plan on behalf of the CCG	

8.	Bury 2030
8.1	Mrs. Ridsdale presented a report in relation to the Bury 2030 Strategy.
8.2	It was reported that the Bury 2030 strategy was an agreed, long-term commitment to a common vision, delivery plan and outcome measures which operated across a whole place which would drive every partnership decision, including the use of resources. Such a strategy was developed and owned by the whole local partnership, with endorsement from the perspective of each individual partner.
8.3	The last Bury community strategy expired in 2018 and since this time the Council

	has been leading work with partners and residents to agree a new framework. It was highlighted that in order to be successful the strategy must be representative of the vision and views of all residents as well as public services.		
8.4	It was noted that the draft strategy was endorsed by the Council Cabinet on the 14 th October 2020 and was currently out to consultation until the 24 th December 2020. Further details in relation to the consultation and how to get involved were available at: - https://www.onecommunitybury.co.uk/bury-2030		
8.5	The Chair enquired how partners would be engaged and brought along on this journey. Mrs Ridsdale reported that there was a Team Bury Network in place where this strategy would be driven forward.		
ID	Type	The Governing Body:	Owner
D/11/15	Decision	Support and comment upon the Bury 2030 strategy from a CCG perspective in the context of the wider partnership arrangements.	
D/11/16	Decision	Note that a further report will be produced with the final draft strategy that has taken into account the results and feedback from the consultation.	
D/11/17	Decision	Note that the final approved strategy will be submitted to full Council for approval and through respective partners governance arrangements to ensure full adoption.	

9.	North Manchester General Hospital Transformation
9.1	Mr Blandamer submitted a report which outlined the CCG approach and methodology for producing a plan that would describe the range, type and scale of NHS services that are required to meet the needs of the Bury population as provided at North Manchester General Hospital.
9.2	It was reported that national monies of £3.7b were set aside by the Government to redevelop NHS hospitals and the North Manchester General Hospital site was included in the announcement at the Conservative Party Conference.
9.3	It was reported that a significant amount, circa 40%, of the CCG NHS commissioned activity is delivered from the North Manchester General Hospital site; and this was therefore a great opportunity to participate in the site modernisation and to ensure it continues to meet the needs of our patients in the future, along with providing a modern environment for health and care teams working from the site. It is also a component within the wider Manchester City Council regeneration strategy for north Manchester.
9.4	It was highlighted that the CCG/LCO were members on the Service Model Steering Group that would support the production of an outline business case for the site's development. The CCG, through the Director of Nursing and Quality Improvement had also been involved in the quality assurance of service model development. In addition, the site Medical Director, Dr Matt Makin, would be attending a future clinical webinar and Council Cabinet to initiate an ongoing clinical conversation focused on Bury.

9.5	In producing a Bury Locality Clinical, Activity and Finance Plan for the North Manchester General Hospital site, there was a need to ensure that this was underpinned by clinical and political leadership to be developed through a workshop approach during December 2020 and January 2021. Further engagement would also be facilitated across the locality partners and communities.
9.6	It was proposed that a time limited Task and Finish Group be created to undertake the main quantum of this planning work which will be led clinically by Dr Jeff Schryer and managerially by Ian Mello. Its membership will be OCO/LCO cross cutting consisting of colleagues from business intelligence, finance, quality and LCO, primary care, mental health, communications and social care colleagues. Dr Schryer will chair the group. Regular planned monthly updates will be provided to the CCG Governing Body and Strategic Commissioning Board as discussions progress. The Group will finish its work by the end of March 2021.
9.7	Mr. Woodhead highlighted that there was a need to understand any financial implications associated with any changes within this area.
9.8	The Chair enquired how the Patient Voice was being captured as part of these discussions in order to ensure that the people of Bury were able to have their say. Mr Blandamer agreed to link in with Healthwatch in order to involve people who are using services at North Manchester.
9.9	Mr Woodhead reported that there was information already available in relation to what services are being used across the North East Sector and would be happy to forward this to Mr Blandamer as required.

ID	Type	The Governing Body:	Owner
D/11/18	Decision	Noted the update.	
D/11/19	Decision	Recognised a future requirement to produce a letter of commissioner support.	
A/11/01	Action	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.	Mr Blandamer

10.	Emergency Preparedness, Resilience and Response (EPRR) Core Standards
10.1	Mr Blandamer submitted a report in relation to the Emergency Preparedness, Resilience and Response (EPRR) Core Standards assurance process for 2020/21.
10.2	It was reported that NHS England had an annual statutory requirement to formally assure its own and the NHS in England's readiness to respond to emergencies. To do this, NHS England and NHS Improvement ask commissioners and providers of NHS funded care to complete an annual EPRR assurance process.
10.3	This year the 2020/21 EPRR assurance process has been amended to focus on three areas: 1) progress made by organisations that were reported as partially or non-compliant in the 2019/20 process;

	2) the process of capturing and embedding the learning from the first wave of the Covid-19 pandemic; 3) inclusion of progress and learning in winter planning preparations.		
10.4	In addition, Clinical Commissioning Groups (CCGs) were asked to submit a statement of assurance to the relevant NHS England and NHS Improvement regional head of EPRR by 31 October 2020. This statement is expected to include: (1) the updated assurance position for the relevant commissioners and providers of NHS-funded care; (2) assurance that those organisations have undertaken a thorough and systematic review of first wave of the Covid-19; and (3) confirmation that key learning identified as part of the first wave review is actively informing wider winter preparedness activities for the local system.		
10.5	The Emergency Accountable Officer submitted the statutory statement to meet this timeframe and the full basis of the statement are included within this report.		
ID	Type	The Governing Body:	Owner
D/11/20	Decision	Noted the EPRR NHS Core Standards process;	
D/11/21	Decision	Noted the update for Bury CCG against the 2020/21 EPRR NHS Core Standards process; and	
D/11/22	Decision	Noted the core standards position/updates from of our main commissioned providers.	

11.	Finance
11.1	<p>a) Finance Committee Chair's Report</p> <p>Mr Wild provided an update from the Finance, Contracting & Procurement Committee held on the 19th November 2020. It was reported that: -</p> <ul style="list-style-type: none"> • A report had been considered in relation to the future arrangements for the provision of Community Health Care Services. The Committee had been asked to support a proposal to award a further interim contract for a period of 12 months from 1 July 2021, with a potential for a further 12 month extension, to agree that the interim contract should take the form of a direct award to the Northern Care Alliance in line with the current arrangements in place and to authorise for the publishing of a Contract Award Notice through OJEU to ensure lawful compliance in regard to market transparency. This report was being further considered at the Strategic Commissioning Board meeting on the 7th December 2020. • A Waiver request had been approved in respect of the Revised Adult Community Crisis Service. • An update was provided in respect of the GP IT Futures Programme and the Committee had approved the proposed delay to the completion of an options paper to February 2021. • A new proposed risk was shared with the Committee in relation to the mounting financial pressures faced by both partners in the OCO and the current separation of financial governance duties between organisations. Mr Little had requested that this risk be assigned to himself and that he would bring back a full report on how the risk is mitigated.

b) Month 7 Finance Report and Budget /Financial Plan

- 11.2 Mr Woodhead presented the latest Month 7 Financial report to the Governing Body. It was reported that 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 1st April to 30th September 2020. For this period 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 5, the CCG had received a retrospective allocation of £5.8 to contribute to Covid related and business as usual expenditure. This was to support the CCG in the national intention to achieve a balanced position for the first 6 months of 2020/21. Alongside this the £8.2m planned non recurrent surplus draw down has also been received.
- 11.3 For the second six months of 2020/21 (1st October 2020 to 31st March 2021), the CCG were required to manage day to day expenditure within a notified allocation of £168.8m. This allocation was based on CCG non-Covid related run rates for the first half of the year. In addition to this there are regional monies to fund the Hospital Discharge Programme (HDP) and independent sector elective activity. Calls upon this funding would be checked and assessed, as has been the case in months 1 - 6.
- 11.4 At month 7, the CCG was reporting a year-to-date overspend of £1.9m against an allocation of £204.4m. This overspend is split £1.8m Covid-19, including £1.2m outstanding retrospective funding allocation relating to month 6, £0.5m month 7 HDP plus £0.1m business as usual. As in previous months, it was expected that a retrospective allocation would be received by the CCG to ensure a breakeven position. To month 7, £8.4m of expenditure related to the Covid-19 pandemic.
- 11.5 It was highlighted the formal financial plan including the associated risks and assumptions had been submitted to NHS England.

ID	Type	The Governing Body:	Owner
D/11/23	Decision	Received the report for information.	
D/11/24	Decision	Noted the financial regimes in place for the first and second halves of 2020/21.	
D/11/25	Decision	Recommended for approval to the Governing Body the financial plan submitted for the period October to March.	
D/11/26	Decision	Noted the Covid related expenditure of £8.4m at month 7.	
D/11/27	Decision	Noted the month 7 overspend of £1.9m against notified allocation.	
D/11/28	Decision	Noted the expectation of retrospective allocations to enable the CCG to report a breakeven position to month 7.	
D/11/29	Decision	Noted the break-even forecast for the full year.	
D/11/30	Decision	Noted the risks to achieving break even.	

12.	Recovery and Transformation		
12.1	Mr Hughes provided an update on the Recovery and Transformation Programme and commented that the formality of the programme arrangements had been stood down to free up capacity for Covid response and recovery.		
ID	Type	The Governing Body:	Owner
D/11/31	Decision	Noted the update.	

13.	Quality and Performance		
13.1	<p>a) Quality and Performance Committee Chair's Report Mr Bury submitted the Quality and Performance Committee Chair's report which summarised the discussions and decisions made at the meeting on the 11th November 2020.</p>		
13.2	<p>b) Quality Report Mrs Jackson submitted the latest Quality Dashboard to the Governing Body. The report provided an overview of: -</p> <ul style="list-style-type: none"> • National Patient Safety update, • Psychological Therapy Services, • Provider updates, • General Practice update. 		
13.3	It was noted that a Quarter 3 assurance meeting had recently taken place with NHS England which had demonstrated that a significant proportion of this key work was still being undertaken despite responding to Covid. The Chair thanked Mrs Jackson and her team for this hard work.		
13.4	<p>c) Performance Report Mr Blandamer presented the latest Performance report to the Governing Body.</p>		
13.5	It was reported that overall this was quite a positive report however the CCG, alongside other CCGs in Greater Manchester, had challenges in achieving the national Constitutional Standards in a number of key areas. This report set out the current position against a number of the main CCG Performance Indicators along with an overview of the impact to these during the current response to the Covid-19 pandemic.		
13.6	Mr Thompson enquired about the performance figures for diagnosis of lung cancer in light of the lung cancer referral figures being 52% lower as highlighted at 3.17 of the report. A general discussion took place regarding these figures in the context of 2 week waits, referrals and diagnosis. Mr Blandamer agreed to link in with Dr Harris/Mrs Sawbridge to gain some further intelligence in relation to this particular area of performance		
	<p>d) Safeguarding Dashboard Mrs Jackson submitted the latest Safeguarding Dashboard to the Governing Body.</p>		

ID	Type	The Governing Body:	Owner
D/11/32	Decision	Noted the update provided for the Quality and	

		Performance Committee Chair's Report.	
D/11/33	Decision	Considered the Quality Dashboard report and provided feedback.	
D/11/34	Decision	Noted the focus areas raised in the Quality Dashboard report.	
D/11/35	Decision	Noted recommendations made in the Quality Dashboard report and action taken where required.	
D/11/36	Decision	Received this performance update, noting the areas of challenge and action being taken.	
D/11/37	Decision	Considered the safeguarding assurances and key pieces of work presented to the Quality and Performance Committee	
A/11/02	Action	Mr Blandamer agreed to link in with Dr Harris/Mrs Sawbridge to gain some further intelligence in relation to lung cancer performance in terms of referrals, diagnosis and 2 week cancer waits.	Mr Blandamer

14.	Committee Chair Reports		
14.1	a) Primary Care Commissioning Committee Mr Bury provided a verbal update on the key discussion items at the Primary Care Commissioning Committee held earlier in the day (25 th November 2020).		
14.2	It was reported that preparations were underway in primary care in advance of the Covid-19 vaccination being approved and rolled out. The Chair thanked practices for all their hard work in this regard.		
ID	Type	The Governing Body:	Owner
D/11/38	Decision	Noted the Primary Care Commissioning Committee update.	

15.	Closing Matters		
15.1	Dr Schryer thanked members for their contributions and summarised the main discussion points.		
15.2	Dr Schryer wished members Happy Christmas and New Year.		
ID	Type	The Governing Body:	Owner
D/11/39	Decision	Noted the information.	

Next Meeting	27 January 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/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.	Mr Blandamer		February 2021	A meeting with Healthwatch will be scheduled to take this forward.
A/11/02	Mr Blandamer agreed to link in with Dr Harris/Mrs Sawbridge to gain some further intelligence in relation to lung cancer performance in terms of referrals, diagnosis and 2 week cancer waits.	Mr Blandamer		January 2021	<p>The issue has been raised with Dr Harris, CCG Clinical Lead. The issue has also been raised with the Northern Care Alliance (NCA) Cancer Service Manager who has confirmed that the lung cancer diagnosis rate has also dropped off. This suggests that those patients are not currently getting into service via another route, eg A&E, so the concern remains that there's a cohort of suspected lung cancer patients not accessing services at the moment. NCA colleagues and the CCG will continue to review the data.</p> <p>Further data will be made available to the Governing Body via the Performance report at future meetings.</p>