

**Unconfirmed Minutes of the Governing Body Meetings in Common Held in Public
on Wednesday, 18th March 2020 at 2.15pm**

Venue: Heron House, Nuneaton

Dr Sarah Raistrick	Chair – CRCCG
Mr Adrian Stokes	Interim Accountable Officer
Mr Chris Lonsdale (via teleconference)	Interim Chief Finance Officer
Ms Jo Galloway	Chief Nurse and Deputy Accountable Officer
Dr Deepika Yadav	Rugby Locality Lead – CRCCG
Mr Chris Stainforth	Lay Member – Audit and Governance - CRCCG
Dr Imogen Staveley	Clinical Lead - WNCCG
Ms Sue Turner	Practice Network Lead: North Warwickshire – WNCCG
Mr Graham Nuttall	Lay Member - Primary Care – WNCCG
Dr Arshad Khan	Clinical Lead – WNCCG (until 14:59)
Dr Jonathan Timperley (via teleconference)	Secondary Care Doctor – WNCCG/CRCCG
Dr Inayat Ullah (via teleconference)	Practice Network Lead: Nuneaton & Bedworth Network - WNCCG (until 14:56)
Apologies:	
Dr Alistair Bryce	Clinical Lead - CRCCG
Ms Claire Forkes	Lay Member – Patient and Public Involvement – CRCCG
Dr Shade Agboola	Director of Public Health, Warwickshire
Mr David Allcock	Lay Member – Audit and Governance - WNCCG
Mr Ludlow Johnson	Lay Member - Patient and Public Involvement and Equality - CRCCG
Mr Mark Lawton	Clinical Lead - CRCCG
Ms Sharon Beamish	Chair – WNCCG
Mr Andrew Harkness	Chief Transformation Officer
In Attendance:	
Ms Jenni Northcote	Chief Strategy and Primary Care Officer
Mr Stan Orton	Public and Patient Group Representative
Steve Jarman-Davies	Director of Intelligence, Planning and Performance
Mrs Rose Uwins	Senior Communications & Engagement Manager
Ms Gemma Nistorica-David	New Lay Member for Patient and Public Engagement, starting April 2020
Mrs Anita Wilson	Associate Director of Governance and Corporate Affairs
Mrs Victoria Scholes	Governance and Corporate Affairs Officer (Minutes)

Item No:		Action
1. 1.1	<p><u>Standing Items:</u></p> <p>Welcome and Apologies</p> <p>Dr Raistrick welcomed Members of both NHS Coventry and Rugby CCG and NHS Warwickshire North CCG Governing Bodies and members of the public to the meetings in common.</p> <p>In the absence of Ms Beamish, Dr Staveley was in attendance as Deputy Chair for WNCCG.</p> <p>Dr Raistrick aimed to keep the meeting as brief as possible and items for noting would be assumed read. Members would have an opportunity to raise any pertinent questions but prolonged discussion would be saved for a few important agenda items.</p>	
1.2	<p><u>Declarations of Interest:</u></p> <p>Members were reminded of the need to declare their interest in any items requiring a decision and to remove themselves from such decision making.</p> <p>Dr Yadav declared that she had started in a new role as Director for Integration across University Hospitals Coventry and Warwickshire (UHCW) and the CCG.</p> <p>No other declarations of interest were made.</p>	
1.3	<p><u>Minutes of the Last Meeting: 22nd January 2020</u></p> <p>Members AGREED the minutes as a true and accurate record of the meeting.</p>	
1.4	<p><u>Matters Arising And Action Schedule:</u></p> <p><u>Matters Arising:</u></p> <p>There were no matters arising.</p> <p><u>Action Schedule:</u></p> <p>Members noted that Action 83, 85, 86, and 87 were complete. The remaining actions were in progress.</p>	
1.5	<p><u>Chair's Report:</u></p> <p>CRCCG Chair's Report</p> <p>Dr Raistrick highlighted the outcome of the Membership vote on the future of healthcare commissioning, which was for the CCG to merge with the two Warwickshire CCGs in the Health and Care Partnership (STP).</p> <p>Dr Raistrick thanked Ms Forkes for her service to the Governing Body in her Lay Member role and wished her well as she continues with her business ventures and family life.</p> <p>CRCCG Governing Body Members NOTED the report.</p> <p>WNCCG Chair's Report</p> <p>In the absence of Ms Beamish, Dr Raistrick confirmed that the WNCCG Chair's report also highlighted the outcome of the Membership vote. The report also announced that Ms Nistorica-David had been appointed as the new Lay member for Patient and Public Engagement to cover both Warwickshire North CCG and Coventry and Rugby CCG and should hopefully start in April 2020. Ms Nistorica-David was observing at the meeting.</p> <p>WNCCG Governing Body Members NOTED the report.</p>	

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1.6	<p><u>Accountable Officer's Report</u></p> <p>Mr Stokes reported that a letter had been shared with the CCGs from Sir Simon Stevens, Chief Executive Officer of the NHS, outlining the next steps on the NHS response to COVID-19 following the declaration of a Level 4 National Incident. The next steps included freeing-up the maximum possible inpatient and critical care capacity, postponing all non-urgent elective operations and utilising NHS staff to support clinical practice.</p> <p>Mr Stokes explained that the CCGs needed to support NHS staff through this period. He also explained that the expectations on the CCG as a healthcare organisation were greater than non-healthcare organisations. The system would need to stress test the operational readiness for a large number of patients going into critical care and scope private sector capacity. The NHS would need to change the way it does business in order to facilitate the response, for example, Care Quality Commission (CQC) visits had been cancelled and cost saving would be a reduced priority in the first quarter of the new financial year.</p> <p>Mr Stokes highlighted that the Governing Body meeting marked the end of the Stroke Business Case. He explained the importance of Governing Body Members providing full scrutiny of the report as it was the last opportunity for challenge. Mr Stokes reported that the CCGs had received a petition from Keep Our NHS Public in regards to the model and the consultation.</p> <p>The Governing Bodies NOTED the report.</p>	
2.0 2.1	<p><u>Strategy and Planning:</u></p> <p>Public Health Update</p> <p>Dr Raistrick presented the report in the absence of a Public Health representative. In relation to the Year of Wellbeing, she suggested that the Governing Bodies agree the following:</p> <ul style="list-style-type: none"> • To thank the staff who have been actively involved in the project; • To ensure that the CCG Staff Forum and the Wellbeing Warriors are utilised to ensure that actions that were beneficial for CCG staff are not stopped; and • To be assured by her representation on the Health and Wellbeing Board, alongside Mr Stokes. <p>The Governing Bodies:</p> <ul style="list-style-type: none"> • NOTED the outputs and evaluation headlines from the Year of Wellbeing; and • CONSIDERED the legacy recommendations from the final report of the Year of Wellbeing; and • AGREED the actions to maintain activity as outlined above. 	
2.2	<p>CCGs' Merger Programme Update</p> <p>Mr Stokes presented the report, explaining that he was seeking agreement of the approach outlined.</p> <p>Governing Body members NOTED the progress to date and AGREED the approach.</p>	
2.3	<p>Decision Making Business Case - Improving Stroke Outcomes</p> <p>Dr Raistrick explained that the Stroke Business Case was a key item for the Governing Bodies to scrutinise.</p> <p>Mr Stokes formally noted that the CCGs had received a petition from Keep Our NHS Public. He read the petition to Members as follows:</p> <p><i>We the undersigned protest at the cuts planned in stroke care in Coventry and Warwickshire.</i></p> <p><i>There will be a net loss of 30 acute stroke beds by closure of existing facilities in Nuneaton and Warwick. The transfer of all emergency care to University Hospitals Coventry and</i></p>	

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	<p><i>Warwickshire at Walsgrave will put further pressure on an already overstretched hospital. Additional ambulance travel times bringing patients from Warwickshire to Coventry, could put lives at risk.</i></p> <p><i>We are also concerned to learn that 70% of Coventry Stroke patients will be discharged to at home care when community health and social care services are already overstretched and under-funded.</i></p> <p><i>Travel times will be increased for families visiting those Coventry patients relocated to facilities in Leamington or Nuneaton.</i></p> <p><i>We demand a full and proper public consultation and a stroke service designed around the needs of patients and communities not financial targets.</i></p> <p>Mr Stokes confirmed that a proper consultation had been undertaken, the business case represented a £3m investment and a clinical senate had designed the model.</p> <p>In relation to the process followed, Mr Stokes highlighted the following:</p> <ul style="list-style-type: none"> • 9 engagement events had been held with fairly good attendance from a wide range of people, including a significant number of people who had suffered from a stroke themselves. • 4 Health and Overview Scrutiny Committees had taken place, the outcomes of which were very positive. • A panel reviewed all evidence from the consultation events and the engagement opportunities. The panel determined that there had been fair representation. <p>In relation to the balance of opinions, Mr Stokes explained that the issues mainly related to travel, parking and ambulance travel times. The business case explained the actions being taken to mitigate these. Mr Stokes reported that the evidence demonstrated that the model saves lives and improves quality of life for patients.</p> <p>In relation to the clinical closing argument, Mr Stokes explained that the model had been clinically designed and the CCGs had responded exactly as requested by the clinical group. The business case represented a £3m investment for the three CCGs and was an investment in quality for patients.</p> <p>Mr Stokes confirmed that the business case had been through a significant amount of scrutiny from NHS England/Improvement and that he believed additional benefits would accrue over and above those identified in the Business Case, particularly in relation to ongoing care costs in social care. He also felt it needed to be weighed against the cost of not progressing given the length of time and consultation that had happened to date. He was confident this represented good value for money.</p> <p>Dr Staveley confirmed that she supported the business case. She highlighted that it referred to primary prevention through management of atrial fibrillation, but did not include monitoring of hypertension or lipid management. Mr Stokes agreed that the system should do everything possible in terms of prevention. Dr Raistrick agreed that primary prevention should play a key role.</p> <p>Dr Staveley thought that the Implementation Team should include a primary care element.</p> <p>Dr Yadav asked whether the general rehabilitation beds at Hospital St Cross could be used for stroke rehabilitation. Mrs Uwins confirmed that the beds were now part of a wider general rehabilitation ward and that there were not enough patients to safely sustain a third bedded rehabilitation ward.</p> <p>Ms Galloway confirmed that she was supportive of the business case and thought that it was a very clinically effective model for patients. She noted the issues that had been raised in relation to the consultation, confirming that the CCGs should ensure that all issues were monitored through the overall governance of the process. She thought that the CCGs' message to the public should be that we have listened, we are acting and we are going to continue to monitor.</p>	

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	<p>Dr Ullah asked about the bedded rehabilitation ward at George Eliot Hospital (GEH). Mr Stokes confirmed that the acute stroke unit at GEH would cease providing acute stroke care, with the ward being repurposed to provide Bedded Stroke Rehabilitation.</p> <p>Dr Staveley highlighted that the outcome measures were process orientated. She hoped that workforce measures such as staff satisfaction were also going to be used.</p> <p>Dr Staveley asked how the community rehabilitation would join up with Out of Hours to provide a complementary service. Mr Stokes confirmed that an Operational Director had oversight of both services and the CCGs would ensure that this was fed into the steering group that would continue to meet.</p> <p>Mr Stainforth through that the CCGs' response to the petition should be sympathetic but strong due to the strength of evidence behind the model.</p> <p>Dr Raistrick shared the following from Ms Beamish: 'Whilst in support of the business case, I would welcome comments on the level of financial risk to the funding with the CCGs' financial outlook in future years.' Mr Stokes confirmed that the business case had been through a significant amount of scrutiny from NHS England/Improvement and that the benefits of the investments far exceed the cost. There were also additional benefits such as closer working with the local government.</p> <p>Ms Northcote highlighted that it was important to recognise that good practice had been followed in relation to the consultation process and this should be robustly outlined in the response to the petition.</p> <p>Dr Raistrick shared the following question from Ms Beamish: 'Has the business case met the NHS Five Tests for Change?' Ms Northcote confirmed yes.</p> <p>Members considered each recommendation outlined in the report, highlighting the following:</p> <ul style="list-style-type: none"> • Recommendation 3- Members noted that there may be a delay due to the response to COVID-19, however, the recommendation to start as soon as possible was appropriate. • Recommendation 5- This should be expanded to include earlier comments regarding primary care input. <p>Dr Raistrick confirmed that Governing Body Members had taken due consideration of all work and the consultation process. Following scrutiny of the Decision Making Business Case, Members approved the recommendations within the report.</p> <p>Mr Stokes wanted to thank everyone who had been involved in the business case. Members noted the leadership of the CCGs' previous Accountable Officer, Ms Andrea Green, and acknowledged Mr Lonsdale's hard work.</p> <p>Ms Galloway acknowledged that this was a great decision for the CCGs' local patients.</p> <p>The Governing Bodies:</p> <ul style="list-style-type: none"> • CONSIDERED the recommendations detailed in the Decision Making Business Case; and • APPROVED the CCGs to proceed to implementation of the future pathway and clinical model for stroke services. 	
2.4	<p>Annual Operating Plan</p> <p>Dr Raistrick explained that the plans outlined in the report may change due to the current circumstances.</p> <p>Mr Stokes explained that further information would be presented to the Finance and Performance Committee.</p> <p>Governing Body Members:</p> <ul style="list-style-type: none"> • NOTED the activity planning template submission was made on the 5th March 2020; and • NOTED the requirement for annual contracts to be agreed and signed by 27th March 2020. 	

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2.5	<p>Development of the CCGs 2020-2021 Corporate Objectives</p> <p>Mrs Wilson presented the final revised 2020-2021 annual corporate objectives for NHS Coventry and Rugby and NHS Warwickshire North for approval. Future reports to Governing Body and Committees would be aligned against the objectives, in addition to the Assurance Framework and the Corporate Risk Register.</p> <p>Governing Body Members APPROVED the corporate objectives for the year 2020-21.</p>	
3.1	<p>Quality:</p> <p>Reports from Clinical Quality and Governance Committees in Common: 23rd January and 27th February 2020</p> <p>Governing Body Members NOTED the reports.</p>	
3.2	<p>Quality Report</p> <p>Ms Galloway presented the report, confirming that no new concerns had been added to the Quality Assurance Framework (QAF) in relation to GEH, UHCW and Coventry and Warwickshire Partnership Trust (CWPT).</p> <p>The report was based on the information presented to the Clinical Quality and Governance Committee in January 2020, with the next Committee meeting taking place on the 26th March. The Committee meeting dates were being reviewed to ensure that the Governing Bodies receive the most up to date information.</p> <p>Ms Galloway reported that UHCW had received an overall rating of 'Good' from CQC. She noted that congratulations should be fed back to the Trust.</p> <p>Ms Galloway highlighted that Cygnet Coventry had been issued a section 31 notice from CQC. The CCGs were working closely with CQC regarding this and regular risk meetings were taking place.</p> <p>Two additional concerns added to the QAF with regard to St Matthew's and St Andrews, both were independent mental health care providers based within Northamptonshire:</p> <ul style="list-style-type: none"> • CQC had placed a restriction on admissions to St Matthew's mental health facility in response to reported safeguarding concerns. The CCGs and CWPT initiated an immediate response and have completed reviews of patients that CWPT and the CCGs have placed at the facility. • St Andrews Healthcare Adolescents Service has received an overall rating of 'Inadequate' from CQC. The CCGs were ensuring that reviews of all patients placed within St Andrews were taking place. <p>Ms Galloway reported that all GP practices within the CCG areas had been rated overall as either 'Good' or 'Outstanding'.</p> <p>Mr Stokes highlighted that the report focused on providers and explained that the CCGs were looking to strengthen the reporting of quality from an internal perspective.</p> <p>Members of BOTH Governing Bodies NOTED the contents of the report.</p>	
	<p><i>Dr Ullah left the teleconference at 14:56.</i></p>	
3.3	<p>Warwickshire Safeguarding Children and Adults Board Annual Report and Strategic Priorities for 2019-2021</p> <p>Ms Galloway presented the report, confirming that it had previously been received by the Clinical Quality and Governance Committee.</p> <p>Dr Raistrick explained that she had received the following question from Ms Beamish: 'What</p>	

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	<p>assurance had the Safeguarding Children and Adults Board had received on the proposed criteria for Safeguarding Adults Reviews (SARs) referrals to ensure that vulnerable people were not excluded?' Ms Galloway explained that a multiagency team and Committee review the referrals with wider engagement from the safeguarding community. She offered assurance that SARs were monitored and there were mechanisms in place to raise awareness.</p> <p>The Governing Bodies were ASSURED of the Annual report and Strategy 2019 – 2021.</p>	
3.4	<p>Coventry Safeguarding Children’s Board Annual Report 2018/2019</p> <p>Ms Galloway presented the report, confirming that it had previously been received by the Clinical Quality and Governance Committee.</p> <p>The Governing Bodies RECEIVED the Coventry Safeguarding Children’s Board Annual Report 2018/19 were ASSURED.</p>	
4.	<p><u>Finance and Performance:</u></p>	
4.1	<p>Reports from Finance and Performance Committees in Common: 9th January and 6th February 2020</p> <p>Governing Body Members NOTED the reports.</p>	
	<p><i>Dr Khan left the meeting at 14:59.</i></p>	
4.2	<p>Finance and Performance Committee Annual Report</p> <p>The Governing Bodies RECEIVED the report and were ASSURED that the Finance and Performance Committees in Common were satisfied that they have adequately discharged their remit in the year to 31 March 2020.</p>	
4.3	<p>Finance and Contract Reports: Month 10</p> <p>Mr Stokes reported that a final position had been agreed with UHCW and the CCGs were hoping to imminently agree a position with GEH.</p> <p>Mr Stokes explained that the new operating principles in relation to COVID-19 would be presented to the next Finance and Performance Committee.</p> <p>CRCCG Governing Body Members NOTED that the CCG had improved its forecast by £2.9m to £5m in-year surplus;</p> <p>WNCCG Governing Body Members NOTED that the CCGs position had deteriorated to a £14.1m in-year deficit</p> <p>Members of BOTH CCGs REQUIRED assurance from the Committee on the work programme to be undertaken to ensure delivery:</p> <ul style="list-style-type: none"> • Ms Northcote and Mr Harkness to support work on mitigation and planning at place during the first quarter of 21/22 • Chief of Transformation as part of planning for 21/22 QIPP to ensure opportunities for early delivery are taken • Chief of Transformation to ensure that transformation opportunities to be sought throughout the financial year • Execs to focus on early mitigations during Q1 before performance is known • Internal efficiency opportunities around Prescribing and Packages of care to be optimised with support from Mr Soden and Mr Dhanani. • Contract forecasts are finalised and reported to committee on. 	

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4.4	<p>Financial Plans and High Level Budgets</p> <p>The update from Mr Stokes was outlined as above.</p>	
4.5	<p>Performance Report</p> <p>Dr Raistrick highlighted that some performance measures outlined in the report would now be viewed differently in the current circumstances.</p> <p>Mr Stainforth highlighted that the contract performance notice for Looked After Children Health Assessments had an expected recovery date of December 2019. He requested assurance that this would be followed up. Ms Galloway confirmed that she would ensure information was presented to the next Clinical Quality and Governance Committee.</p> <p>Ms Galloway reported that Transforming Care would continue to be a priority for the CCGs. To date the CCGs were not achieving the trajectory for this year and were not expecting to achieve this, however, Ms Galloway offered assurance that there was a lot of focus on Transforming Care. Modelling had been undertaken and the CCGs expected to achieve the trajectory by the end of Quarter 2 2020/21.</p> <p>The Governing Bodies SCRUTINISED and were ASSURED of the contents of the report.</p>	JG
4.6	<p>QIPP 2020/21 Report</p> <p>Mr Stokes explained that QIPP work would be redirected in relation to the response for COVID-19.</p> <p>In the context of Mr Stokes' explanation above, Governing Body Members:</p> <ul style="list-style-type: none"> • NOTED the contents of the QIPP report; • NOTED the approach being taken to develop and deliver QIPP proposals for 2020/21; and • NOTED the progress made to-date towards the overall QIPP requirement for 2020/21. 	
5.	<p><u>Assurance and Governance:</u></p> <p>5.1 Report from Audit Committees in Common: 30th January 2020</p> <p>Mr Stainforth explained that an action in relation to the GP IT stock control system had been outstanding for some time. Mrs Wilson explained that she had reported to the January 2020 Audit Committee meeting that assurance had been received from the GP IT lead that the action had been completed and would be formally closed off at the April meeting.</p> <p>Governing Body Members NOTED the report.</p>	
5.2	<p>Information Governance Toolkit</p> <p>Mrs Wilson explained that the report provided assurance on the plans and processes in place to support the CCGs' submission of the Information Governance Toolkit. NHS Digital were relaxing the submission date, however, the CCGs were still planning on submitting on the 31st March 2020.</p> <p>The Governing Bodies:</p> <ul style="list-style-type: none"> • RECEIVED the report and note for assurance; and • DELEGATED AUTHORITY to Senior Information Risk Owner (Associate Director of Governance and Corporate Affairs) to submit the completed Data Security and Protection Toolkit on 31 March 2020 as recommended by the Clinical Quality and Governance Committees in Common. 	

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5.3	<p>Modern Slavery Statement</p> <p>Mrs Wilson explained that the CCGs were required to prepare a statement in response to the Modern Slavery Act. The statements had been agreed by the Clinical Quality and Governance Committees.</p> <p>The Governing Bodies APPROVED their statements for adoption, signing by the Accountable Officer and publication on respective CCG websites.</p>	
5.4	<p>Timetable for Annual Report Production and Publication</p> <p>Dr Raistrick highlighted that the report was requesting a decision as the CCGs' constitution states that the Governing Bodies need to approve the CCGs' Annual Report and Accounts.</p> <p>Mrs Wilson explained that the report had previously been received by the Audit Committee. The deadline for submission of the Annual Report was currently the 28th May 2020.</p> <p>Dr Staveley thought that the response to COVID-19 should take priority over the submission deadline. Mr Stokes explained that discussions were ongoing regarding whether the year end could be delayed.</p> <p>Dr Raistrick suggested that the Governing Bodies approve the dates, noting that they were likely to change.</p> <p>Mrs Wilson confirmed that any changes to the timetable would be reported to the Audit Committee.</p> <p>The Governing Bodies:</p> <ul style="list-style-type: none"> • APPROVED the Timetable for production of the Annual Report and Accounts 2019 – 2020; and • APPROVED the recommendation to delegate to the Audit Committee, at its meeting on the 27 May 2020, the authority to make and approve any final amendments to the CCGs Annual Report and Accounts 2019-2020. 	
6.	<p><u>Primary Care</u></p> <p>6.1 Reports from Primary Care Commissioning Committee:</p> <p>Dr Yadav asked whether which providers had won the Alternative Provider Medical Services (APMS) contract had been made public. Ms Northcote confirmed that she would look into this.</p> <p>Members NOTED the reports.</p>	JN
7.	<p><u>Policies for Decision:</u></p> <p>7.1 Whistleblowing Policy</p> <p>The Governing Bodies APPROVED the policy for adoption and publication on CCG websites.</p>	
7.2	<p>Freedom of Information Policy</p> <p>The Governing Bodies APPROVED the policy for adoption.</p>	
8.	<p><u>For Information</u></p> <p>8.1 Communications and Engagement Report</p> <p>Ms Northcote presented the report, highlighting that the CCGs had received public interest regarding the estates programme. An estates stakeholder briefing had been instigated.</p>	

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	<p>Mr Stokes highlighted that a question regarding the Weddington site had been received from a member of the public in advance of the Governing Body meeting. Dr Raistrick confirmed that a written response to the question would be prepared and would be shared with Governing Body Members if requested.</p> <p>Governing Body Members NOTED the report.</p>	
9.	<p><u>Questions From Visitors:</u></p> <p>In addition to the question outline above, Dr Raistrick confirmed that the same member of the public had asked for an update on COVID-19 testing in Warwickshire. A written response would be provided.</p> <p>Dr Raistrick added that a question had been received regarding whether the CCG would be putting arrangements in place to let the public know the proportion of COVID-19 patients receiving intensive care at GEH. She confirmed that a written response would be provided, however, the level of detail shared would need to protect patient confidentiality.</p>	
10.	<p><u>Any Other Business</u></p> <p>Mr Nuttall highlighted that the work of the Governing Bodies and the information they receive may need to change to enable the CCGs to respond to COVID-19.</p> <p>The meeting was closed at 15:17.</p>	
11.	<p><u>Date of the Next Meeting Held in Public:</u> Date: 20th May 2020 Venue: Parkside House, Coventry Time: 2:15pm to 5:00pm</p>	

Signature:

(Chair CRCCG)

Date:

Signature:

(Chair WNCCG)

Date: