

**Unconfirmed Minutes of the Governing Body Meetings in Common Held in Public  
on Wednesday, 20<sup>th</sup> May 2020 at 2.15pm held by Microsoft Teams**

Dr Sarah Raistrick	Chair – CRCCG
Mr Adrian Stokes	Interim Accountable Officer
Mr Chris Lonsdale	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
Dr Jonathan Timperley	Secondary Care Doctor – WNCCG/CRCCG
Dr Inayat Ullah	Practice Network Lead: Nuneaton & Bedworth Network - WNCCG
Dr Alistair Bryce	Clinical Lead - CRCCG
Ms Sharon Beamish	Chair – WNCCG
Dr Godwin Igodo	Clinical Lead – WNCCG
Ms Gemma Nistorica-David	New Lay Member for Patient and Public Engagement, starting April 2020
Mr David Allcock	Lay Member – Audit and Governance - WNCCG
Mr Ludlow Johnson	Lay Member - Patient and Public Involvement and Equality - CRCCG
<b>In Attendance:</b>	
Mr Andrew Harkness	Chief Transformation Officer
Mrs Anita Wilson	Associate Director of Governance and Corporate Affairs
Ms Jenni Northcote	Chief Strategy and Primary Care Officer
Mr Stan Orton	Public and Patient Group Representative
Mrs Rose Uwins	Senior Communications & Engagement Manager
Liann Brook-Smith	Associate Director of Public Health – (Representing Liz Gaulton, Director of Public)
Mrs Julie Seaborne	Governance and Corporate Affairs Officer (Minutes)

Item No:		Action
<b>1.</b>	<b><u>Standing Items:</u></b>	
<b>1.1</b>	<b>Welcome and Apologies</b>  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 which was held virtually by Microsoft Teams due to the COVID-19 pandemic.	
<b>1.2</b>	<b><u>Declarations of Interest:</u></b>  Members were reminded of the need to declare their interest in any items requiring a decision and to remove themselves from such decision making. No declarations of interest were made.	
<b>1.3</b>	<b><u>Minutes of the Last Meeting: 18<sup>th</sup> March 2020</u></b>  In respect of the minutes of the meeting held on 18 <sup>th</sup> March 2020, Dr Raistrick referred to the mention of 'current circumstances' within the minutes and asked in respect of good governance going forward this be explained as the COVID-19 pandemic.	

Item No:		Action
	Members <b>AGREED</b> the minutes as a true and accurate record of the meeting.	
1.4	<p><b><u>Matters Arising And Action Schedule:</u></b></p> <p><u>Matters Arising:</u></p> <p>There were no matters arising.</p> <p><u>Action Schedule:</u></p> <p>Three items were noted as complete and there was one action in progress:</p> <p>Ref 88 '<i>Clinical leadership within the Joint Transformation Programme: Ms Beamish asked for the CCGs to review the clinical input into the system discussion</i>'. The last update was dated 05/03/20: <i>A review of plans and governance is currently being undertaken. Ensuring appropriate clinical leadership and input will be central to discussions and decisions to support effective transformation in the future.</i></p> <p>Mr Harkness said that he would update this action on the action schedule.</p>	
1.5	<p><b><u>Joint CCG Chair's Report:</u></b></p> <p>Ms Beamish advised Members of activity since the March 2020 Governing Body meeting. Ms Beamish said that the arrival of COVID-19 had made a significant impact on the working arrangements for staff and the Governing Bodies and she and Dr Raistrick would like to thank everyone for the tremendous response and flexibility shown within a fast moving timeframe, which had been impressive. She said that in terms of new ways of working, much had been positive and this will be built on going forward.</p> <p>Ms Beamish said that as Members would be aware from the media that A&amp;E attendances showed a significant reduction and most noticeable was the reduction of children presenting at A&amp;E and adults with conditions such as coronary heart disease and stroke. This reflected a national trend and the CCG had organised communication campaigns to inform the general public that the NHS was still accessible for urgent treatment and care for non COVID-19 conditions. At the appropriate time, Ms Beamish confirmed that the CCG's Clinical Quality and Governance Committees in Common would review what happened, the benefits identified from the new ways of working and potential risks to provide assurance to the Governing Bodies that lessons had been learnt and reflected in local policies and practice.</p> <p>For Warwickshire North CCG Ms Beamish thanked Dr Imogen Staveley, Deputy Chair, WNCCG for her clinical leadership role working alongside the Coventry CCG Chair and GP representatives from South Warwickshire, and to all the CCG GP clinical leads who in various forms had led on Hot Hub set-up and integration work with secondary care and communication with the public and primary care colleagues.</p> <p>In terms of Recruitment and Retention Ms Beamish said that she was pleased to confirm that the CCGs had been able to maintain a level of consistency in the Governing Bodies' membership and executive leadership. Adrian Stokes, Interim Accountable Officer's current contract had been extended until March 2021 or until the appointment of a substantive Accountable Officer (if that were to be sooner), and Sue Turner, Elected Practice Network Lead would also remain a Governing Body member (Warwickshire North) until March 2021. The CCG was currently out to advert for a new GP Clinical Lead (for Coventry and Rugby).</p> <p>Following the mandate from Practice Members to progress a programme of work to merge the three CCGs across Coventry &amp; Warwickshire the next step was to progress the recruitment of a single Accountable Officer for all three CCGs to lead the CCGs through the transitional period into the authorisation of a new single CCG. This process had been delayed due to COVID-19 pandemic but the CCGs were now in a position to be able to communicate the process and timeline for this appointment to its Practice Members shortly.</p> <p>Dr Raistrick noted that it was Mr Johnson's last Governing Body meeting as he comes to the</p>	

Item No:		Action
	<p>end of his Lay Member for Public and Patient Involvement term at the end of June 2020. She thanked Mr Johnson for his valued contribution as a Governing Body Member which had been much appreciated. Ms Beamish welcomed Gemma Nistorica-David who was taking on this role to her first Governing Body meeting.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members NOTED the Joint Chair's report.</p>	
1.6	<p><b><u>Accountable Officer's Report</u></b> Mr Stokes presented his Accountable Officer's Report and drew attention to the following highlights.</p> <p>Mr Stokes confirmed that the CCG was continuing to play a crucial role in the NHS response to COVID-19 and his report drew attention to the key responsibilities that were key at each level of the system. The CCG had now moved into the second phase of the response to COVID-19 which was nationally described as 'Restart, Recover and Reset' and Mr Stokes said that this would continue to be challenging. There was work taking place for the CCG in respect of resetting working arrangements in light of ongoing social distancing, embedding positive process changes, restarting critical CCG services and safe withdrawal of some mutual aid and most importantly facilitating the CCG role in supporting its Places.</p> <p>Mr Stokes confirmed that the CCG's Executive team had been reviewing its approach to risk management for a number of months and would use Reset to fast track some of those developments. He confirmed that risk management would continue to be high on the CCG agenda and be the focus to drive the agenda for the organisation. Therefore he encouraged Members to continue to ask challenging questions for this important work.</p> <p>Mr Stokes assured Members that the CCG had been in constant discussion with NHS England/Improvement and it was still the intention to fully proceed for a merger from 1<sup>st</sup> April 2021.</p> <p>Mr Stokes finished his report by saying thank you to all staff and all Governing Body Members for all that had been achieved, the support given, the services maintained and the way the CCGs had adapted as an organisation which had been very impressive. He said that he would like to find a moment, once a level of normal returns, to mark these achievements formally as a way of recognising what people had done. Mr Stokes encouraged Members to be involved in that process, whatever that may be at a later date.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members <b>NOTED</b> the Accountable Officer's Report.</p>	
2.0	<p><b><u>Strategy and Planning:</u></b></p>	
2.1	<p><b><u>Public Health Update</u></b></p> <p>Liann Brook-Smith (Associate Director of Public Health) was representing Ms Gaulton (Director of Public Health) at this meeting. Ms Brook-Smith confirmed that there was no verbal update at this meeting but the Public Health Team were continuing to work on their response to COVID-19 and she he confirmed that she would be happy to pick up any queries from Members outside this meeting.</p>	
3.	<p><b><u>Quality:</u></b></p>	
3.1	<p><b><u>Reports from Clinical Quality and Governance Committees in Common: 26<sup>th</sup> March 2020 and 23<sup>rd</sup> April 2020</u></b></p> <p>Mr Johnson confirmed that there were no issues to be reported to the Governing Body from the Clinical Quality and Governance Committee meetings held in March and April 2020.</p>	
3.2	<p><b><u>Clinical Quality and Governance Committee Annual Report 2019/20</u></b></p> <p>Mr Johnson explained that this Annual Report covered the period prior to COVID-19. He said that a comprehensive amount of work had taken place by the committee and he could confirm that there had been satisfaction at the performance of the committee for the year 2019/20.</p>	

Item No:		Action
	<p>Dr Staveley asked how the particular themes which the committee focussed on were chosen. Mr Johnson said that these are influenced by the agenda items. Ms Beamish added that COVID-19 risks had been added to the agenda for the Committee going forward. Ms Galloway also responded to Dr Staveley's query and confirmed that the particular themes also related to the CCG's Quality Assurance Framework which sets out at various levels what actions the Committee should take. This maybe for example inviting a provider to a meeting to provide assurance about a particular issue.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the Reports from the Clinical Quality and Governance Committees in Common and also the Clinical Quality and Governance Annual Report 21019/20.</li> </ul>	
3.3	<p><b>Quality Report</b></p> <p>Ms Galloway presented some of the highlights from her Quality Report which provided information and assurance regarding quality issues that were on the CCG Quality Assurance Framework (QAF). She confirmed that the next Clinical Governance and Quality Committee would be held on 28<sup>th</sup> May 2020 and therefore the data being reported to Members today had been presented to that Committee in March 2020.</p> <p>For Coventry and Warwickshire Partnership Trust (CWPT) since the last report no additional concerns had been added to the QAF. There was one area of concern at level three which was in respect of tissue viability and a serious incident at the Trust. An action plan had been put in place in response to the learning and the CCG was continuing to monitor the delivery of the actions and would do a follow up assurance visit. There were five areas of concern at level two.</p> <p>For George Eliot Hospital NHS Trust (GEH) since the previous report, no additional concerns have been added to the QAF. There was one area of concern at level three which related to ED and the CQC 29a notification. There was an action plan in place and monitoring continued. There were six areas of concern at level two.</p> <p>For University Hospitals Coventry and Warwickshire NHS Trust (UHCW), since the previous report, there was one risk which had been de-escalated to level two on the QAF relating to Children and Young People in Crisis. There had been some challenges at the end of November 2019 and also March 2020 but currently there had been more assurance about a better position and ongoing work and monitoring. Therefore there were no areas of concern at level three on the QAF and there are six concerns at level two.</p> <p>In terms of other providers there were two which were at Level 3.</p> <p><i>Cygnets – CQC Section 31 conditions of registration</i> - following an inspection in July 2019, the CQC had issued a Section 31 notice to Cygnets Coventry. The CCGs chair monthly formal clinical quality risk summit meetings with Cygnets as geographical host CCG. The CCGs also hold informal progress meetings to ensure that actions are being completed in between formal meetings.</p> <p><i>St Matthew's Healthcare – Restriction on admissions:</i> the CQC had placed a restriction on admissions to St Matthew's mental health facility (Northamptonshire), in response to reported safeguarding concerns. Coventry and Warwickshire CCGs and CWPT had initiated an immediate response and have completed reviews of patients that CWPT and the CCGs have placed there.</p> <p>In respect of Primary Care, CCG had suspended all routine inspections due to COVID-19. There were no current concerns of note and all Practices were currently rated by CQC as overall good.</p> <p>The CCG had been working closely with its system partners linking in to care homes to support them. There were a number of actions in place across the system. This included support from the CCGs for 7 day 8am to 8pm infection and prevention control support. In response to COVID-19 a quality hub had been set up for CCG assurance which included daily 'huddles'. The Quality Surveillance Group for the local health system was now meeting monthly.</p> <p>Dr Ullah asked in respect of the Level 3 concerns for GEH and A&amp;E, how assured was the</p>	

Item No:		Action
	<p>CCG that progress was being made. Ms Galloway confirmed that good progress had been made as well as work around sustainability. Monitoring was also taking place by CQC as well as the CCG.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members <b>NOTED</b> the Quality Report.</p>	
3.4	<p><b><u>Child Death Overview Panel (CDOP) Annual Report 2018/19</u></b></p> <p>Ms Galloway presented this report which outlined the analysis of cases and the main conclusions derived from panels held in Warwickshire, Solihull and Coventry during the period from 1 April 2018 to 31 March 2019. It provided a summary of the learning themes that emerged from reviews, and resultant actions taken for the purpose of reducing avoidable child death.</p> <p>Ms Galloway explained that there were multiagency panels and core competency professionals that assess the information supplied to provide a complete picture of the child's death and living circumstances for all child deaths prior to their 18<sup>th</sup> birthday within the locality.</p> <p>The report outlined that during this reporting year there were a total of 13 panels held and 55 cases reviewed. 48% of all deaths reviewed during 2018-19 occurred in under one year olds with 27% occurring in the neonatal period (&lt;28 days old).</p> <p>Ms Galloway reported that the main learning from this reporting year had been:</p> <ul style="list-style-type: none"> <li>• In infant deaths, maternal smoking, BMI of over 30 and domestic violence were the most frequently noted as modifiable factors.</li> <li>• In older children, factors relating to early identification of sepsis and agency response to road traffic deaths were identified as the main modifiable factors.</li> </ul> <p>Actions taken included:</p> <ul style="list-style-type: none"> <li>• Antenatal providers were contacted and given feedback and advice about smoking cessation and the identification and questioning relating to domestic violence.</li> <li>• Identified learning was used to reinforce the current guidelines for sepsis recognition and treatment, and contributed to developments in the new Sudden Unexpected Deaths in Infants and Children under18 (SUDC) protocol.</li> </ul> <p>Ms Galloway said that there had been some changes to CDOP and how it was managed with a designated doctor for child death being recruited to for the footprint of Coventry, Solihull and Warwickshire.</p> <p>Dr Staveley asked what action had been taken in relation to the modifiable factor mentioned within the report relating to obesity. She suggested there could be championing for healthy eating which perhaps doctors could do at post-natal checks. Ms Galloway said that she would take this back and discuss it with the designated doctor to establish what action was being in relation to this.</p> <p>Dr Raistrick asked if this report had been to the Health and Wellbeing Boards and Ms Galloway said it had been to the Safeguarding Board and she would check in terms of dissemination to Health and wellbeing Board.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the Child Death Overview Panel Annual Report - Coventry, Warwickshire and Solihull, 2018-2019</li> </ul>	<p>JG</p> <p>JG</p>

Item No:		Action
4.	<p><b><u>Finance and Performance:</u></b></p> <p><b>4.1 <u>Reports from Finance and Performance Committees in Common: 5<sup>th</sup> March, 9<sup>th</sup> April and 7<sup>th</sup> May 2020</u></b></p> <p>Mr Nuttall presented the reports to Members and asked them to note the key issues in the report raised by the Finance and Performance Committee members.</p> <p>Governing Body Members <b>NOTED</b> the reports.</p>	
4.2	<p><b><u>Finance Reports: Month 12</u></b></p> <p>Mr Lonsdale presented the Month 12 Finance Reports which he confirmed was the year-end pre-audit position for both CCGs. The position was subject to audit and it was anticipated that the Auditors would attend the CCGs Audit Committee on 27<sup>th</sup> May 2020 to present their report. He confirmed that he was not expecting any issues of concern being reported at this stage. He said that the signing off process had taken some time due to COVID-19.</p> <p><i>a) Coventry and Rugby CCG</i></p> <p>Coventry and Rugby CCG had ended the year on a £0.1m in-year surplus and therefore achieved its statutory duties to break-even but had not achieved the control total. The reason for not achieving the control total had been agreement to support to UHCW due to pressures relating to emergency and other areas within the Trust. Mr Lonsdale reported that the CCG did not receive £0.9m of ICES Cap to Rev.</p> <p>The report outlined key indicators of what had been achieved and Mr Lonsdale was pleased to say that the CCG had achieved the Mental Health investment standard (normally audited later in the year).</p> <p>Mr Lonsdale drew attention to the forecast position and said that a more detailed breakdown had been presented to the CCGs Finance and Performance Committee which outlined how the forecast position had changed during the year. He said that Coventry and Rugby had started with a known budget issue of £6.4m shortfall. There were performance issues across the first half of the year which raised that shortfall to £11m in total which had mitigations of recovery and contingency to bring it to a breakeven position. In the second half of the year the CCG had seen an additional £6.6m of recovery actions which he was pleased to report was an achievement given Part Year Effects and was a team effort throughout the CCG which he very much appreciated.</p> <p>Mr Lonsdale confirmed that both UHCW and GEH had written to the CCG to thank them for their support and joint working which had brought in extra funding to the system. Mr Allcock asked Mr Lonsdale if there had been any issues in respect of this support addressed by the auditors and Mr Allcock confirmed that it had the full support of the Audit Committee and the Governing Body to do this. Mr Lonsdale said that no issues had been raised to date and he did not anticipate any.</p> <p>Coventry and Rugby CCG Governing Body Members:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the Finance Report for Month 12</li> </ul> <p><i>b) Warwickshire North CCG</i></p> <p>Mr Lonsdale confirmed that Warwickshire North CCG had ended the financial year on a £17.9m deficit which included an additional £4m support for George Eliot Hospital. The CCG did not receive £1.1m of ICES Cap to Rev which would have meant an improvement to the financial position.</p> <p>In terms of the indicators the CCG had not met its statutory duties to break even in the financial year but it had met its mental health investment target subject to audit. The report also included</p>	

Item No:		Action
	<p>a breakdown of the financial year. The first half year saw £11.1m of budget issues taking into account the adjustments for the continuing packages of healthcare. There were £5.6m performance issues with mitigations of £2.7m which took the first half of the years to £14m deficit forecast. The second half of the year had seen performance issues and there had been an additional £0.6m of performance which was an achievement. A further £1.8m of recovery actions had also achieved. Mr Lonsdale said that this was positive for a CCG of its size and he again thanked teams for their hard work.</p> <p>Mr Lonsdale confirmed that these positions were prior to COVID-19.</p> <p>Mr Allcock thanked Mr Lonsdale and the finance and contracting teams for their hard work in a financially challenging year.</p> <p>Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the Finance Report for Month 12</li> </ul>	
4.3	<p><b><u>Performance Report</u></b></p> <p>Mr Harkness presented this paper to provide assurance to the Governing Body of the performance of services commissioned by Coventry and Rugby and Warwickshire North CCGs. Mr Harkness confirmed that he was feeding back on the performance paper which was presented to the CCGs Finance and Performance Committee in May 2020. The period being reported on was up to March 2020 and therefore most of the information was prior to COVID-19.</p> <p>The report focused on the following areas, and gave a summary of the actions being taken to address delivery:</p> <ul style="list-style-type: none"> <li>• A&amp;E 4 hours</li> <li>• Cancer 62 day waits</li> <li>• Out of Area Mental Health Placements</li> <li>• Transforming Care</li> </ul> <p>Other areas are covered where there are ongoing issues .These include the following:</p> <ul style="list-style-type: none"> <li>• Referral to Treatment (RTT) 18 weeks</li> <li>• Dementia Diagnosis</li> <li>• Improving Access to Psychological Therapies (IAPT) Access</li> </ul> <p>Mr Harkness explained that the report covered areas where the CCG 'exception' report which were the areas where the performance was not as good as the CCG would like it to be and it addressed what the CCG is doing to improve this. He said that there are many other areas where the CCGs were doing well which were not included in this report.</p> <p>Mr Harkness reported that Delays Transfers to Care (DTC) at GEH was achieving against the national target of 3.5%. For CRCCG there were improvements in diagnosis of dementia rates and also IAPT access. For Warwickshire North CCG there were improvements in both A&amp;E 4 hour waits and IAPT access.</p> <p>In respect of COVID-19 there were a number of areas of concern which had been impacted on due to service provision such as cancer and these had been detailed in the report. Mr Harkness explained that there was work starting to take place on restarting services. This included advise and support for members of the public on the Health and Social Care Partnership website to support patients to find out where they can go to access services. The main message was that patients were still encouraged to contact their GP if they had any serious health concerns.</p> <p>For NHSE Children Transforming care, the CCG was currently meeting its trajectory for NHS children's services.</p>	

Item No:		Action
	<p>For Referral to Treatment times there were less referrals to hospitals for planned care due to COVID-19 however this was a risk of a backlog once services were implemented again. This issue was being considered within the CCG's restoration plans.</p> <p>Mental health was being considered going forward in respect of COVID-19 and there was work taking place to try and assess what the needs were going forward. This included supporting staff's mental health and wellbeing.</p> <p>COVID-19 has seen an impact on A&amp;E services as a huge reduction in demand. This was being considered by the Trust and the CCG going forward as an opportunity review what had previously done and how the Trust may best move forward.</p> <p>Mr Harkness noted that there was a risk to those with long term conditions due to COVID-19 and restoration work was taking place on this but it was difficult to assess the scale of the impact of this.</p> <p>Mr Harkness closed by saying that the CCG would continue to work on restoration plans across the system throughout 2020/21 and be the basis of the CCG plans working in partnership with providers, at Place and system level. The CCG was trying to get back to normality as best it could acknowledging that there could be further demand from COVID-19 which it would need to react to.</p> <p>Dr Raistrick said that she understood that the report did not include the most recent data, but she had noted the high volume of urology breaches and could Mr Harkness provide assurance on measures in place. Mr Harkness said that some of the explanations in respect of coding were not always as clear as could be but he could confirm that there were mechanisms in place to actively chase up any issues to obtain greater clarity and detail. He assured Members that where there were issues of concern actions were taken to follow up.</p> <p>Mr Allcock said that the CCGs was encouraging patients to see their GP when they were concerned but was the CCGs assured that GPs were able to refer to patients to providers in a timely way. Mr Harkness said that the CCG would continue to monitor this through its normal routes such as activity for two week waits. He said that unfortunately published data does have a timeline of 6-8 weeks but that the CCGs works closely with providers to look at 'unvalidated' data in terms of the activity. Mr Harkness said that the CCGs were aware that referrals were lower than they should have been and suggested this could be reported on at the next CCGs Finance and Performance Committee. Dr Raistrick said that from a primary care risk point of view, GPs were continuing to make referrals as they always would have done and hospital consultants were then making their assessments (sometimes by virtual appointments) before the patients attend for their procedure. Dr Staveley said that she has been working with the Coventry Medical Director and Ms Northcote to consider the restoration phase in respect of patients being brought along with the COVID-19 journey. There was work taking place with gynaecology and the learning would then be shared with other departments. Dr Raistrick said that the work to look at the reduction in referrals in considering if this had resulted in harm would be very complex.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the Performance Report and were <b>ASSURED</b> that there were plans and actions in place.</li> </ul>	
5.	<b><u>Assurance and Governance</u></b>	
5.1	<p><b>Report from Audit Committees in Common: 2<sup>nd</sup> April 2020</b></p> <p>Mr Stainforth presented this report and confirmed that the final accounts would be presented to the Audit Committee on 27<sup>th</sup> May 2020. He said that there had been changes in procurement due to COVID-19 and the Audit Committee could consider those changes going forward.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the Report from Audit Committees in Common for 2<sup>nd</sup> April 2020</li> </ul>	

Item No:		Action
5.2	<p><b>Governing Body Annual Report 2019/20</b></p> <p>Ms Beamish presented this report and confirmed the purpose was to provide the Governing Body with assurance and confirmed that it had adequately discharged its remit as a Governing Body. She confirmed that work around risk had improved during the year and that the information received at Governing Body had also improved.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the Governing Body Annual Report 2019/20</li> </ul>	
5.3  5.1	<p><b>Assurance and Governance:</b></p> <p><b>Assurance Framework</b></p> <p>Mr Harkness presented this report and confirmed it outlined the Q4 2019-20 position with regard to managing risks to the CCGs achieving its principle strategic objectives. The Assurance Framework detailed the key risks to achieving the strategic priorities of the organisations along with current risk ratings and mitigating actions in place.</p> <p>Mr Harkness highlighted the following key points from the report:</p> <p>'Failure to deliver the NHS Constitutional target for referral to treatment time (92% of patients waiting on an incomplete pathway less than 18 weeks)' has been increased from 16 to 25 for both CCGs. Mr Harkness explained that this was due to the impact of COVID-19 on the CCGs ability to achieve their referral to treatment standards (people waiting less than 18 weeks for treatment).</p> <p>'Failure to deliver the financial plan and control total' had been decreased from 20 to 16 for Coventry and Rugby CCG and increased from 12 to 16 for Warwickshire North CCG.</p> <p>There was one new risk for both CCGs which was 'Risk to quality and safety of patient care due to COVID-19' and was rated at 25. Mr Harkness explained that 25 was the highest risk.</p> <p>Mr Harkness said that the CCG reported on risks higher than 16+ and as at Q4 there were 5 of these risks which were common to both CCGs. Each risk had been assigned ownership to an Executive, mitigating actions identified and risk scored and then been subject to review by the Directors. The Assurance Framework for 2020-21 had been refreshed and aligned with the new organisational objectives. Mr Harkness reported that he was asked by the CCG's Finance and Performance Committee to review the risks and alignments for the Board Assurance Framework. The Committee was highly assured that the systems and processes which have been put in place during the year have made a significant difference in terms of how the CCGs identify, monitor and manage its risks. They were also assured that moving forwards the CCG had a clear plan which will help drive forward the importance and prominence of risks across all of the Governing Body Sub-Committees to ensure that Members are aware of what the key risks are for the CCG and have clear mitigations and plans in place. The Auditors have given the Board Assurance Framework for 2019/20 a 'significant assurance'.</p> <p>Mrs Wilson added that the paper which was presented to the CCGs Finance and Performance Committee in terms of processes, improvements and the plan going forward in respect of risk management was very important. She informed members that they would receive the Assurance Framework for 2020/21 with aligned to the refreshed objectives at the next Governing Body meeting in July 2020.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVED</b> the Assurance Framework <b>NOTING</b> the updates and determine whether they are;</li> <li>• <b>ASSURED</b> that adequate actions are being taken by the Executives to mitigate the risks and that the assurances provided are satisfactory.</li> </ul>	
6.	<b>Primary Care</b>	

Item No:		Action
6.1	<p><b><u>Reports from Primary Care Commissioning Committee:</u></b></p> <p><b>a) Coventry and Rugby CCG</b> Mr Ludlow presented this report to Members and had nothing further to add.</p> <p>Coventry and Rugby CCG Governing Body Members:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the Coventry and Rugby CCG Primary Care Commissioning Committee Report.</li> </ul> <p><b>(b) Warwickshire North CCG</b> Mr Nuttall presented this report to Members and had nothing further to add.</p> <p>Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the Coventry and Rugby CCG Primary Care Commissioning Committee Report.</li> </ul>	
6.2	<p><b><u>CRCCG Annual Report of Primary Care Commissioning Committee 2019/20</u></b> Mr Ludlow presented this report which listed the achievements for the Coventry and Rugby CCG Primary Care Commissioning Committee during the year and he confirmed that the committee had adequately discharged its remit.</p> <p>Coventry and Rugby CCG Governing Body Members:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the Coventry and Rugby CCG Primary Care Commissioning Committee Report.</li> </ul>	
6.3	<p><b><u>WNCCG Annual Report of Primary Care Commissioning Committee 2019/20</u></b> Mr Nuttall presented this report and thanked the Committee for the support they gave in particular the work which had begun to take place around risk with the support of Mr Harkness. Dr Raistick noted Dr Khan's 100% attendance at the meetings.</p> <p>Coventry and Rugby CCG Governing Body Members:</p> <p>a) <b>NOTED</b> the Coventry and Rugby CCG Primary Care Commissioning Committee Report.</p> <p>Ms Northcote said that she had received an early indication that the CCGs would receive full assurance for the third time running on its internal audit for both CCGs. She thanked the primary care team and the committee for their support.</p>	
7.  7.1	<p><b><u>Policies for Decision:</u></b></p> <p><b><u>Commissioning Policies</u></b> Dr Raistrick presented commissioning policies which were presented to obtain approval from for <b>seven</b> existing policies to be renewed and <b>one</b> policy to be withdrawn.</p> <p>The existing Policies due for renewal were: Cataract Surgery, Complementary and Alternative Therapies, Hallux Valgus, Male circumcision, Treatments for Hyperhidrosis, Complex and Specialised Obesity surgery, Endoscopic Thoracic Sympathectomy, Carotid surgery.</p> <p>Dr Raistrick confirmed that the policies had been reviewed by the Coventry and Warwickshire Policy Development Group with input from Public Health, with the following outcomes:</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> <li>• <b>RATIFIED</b> the policies relating to Cataract Surgery, Complementary and Alternative Therapies, Hallux Valgus, Male circumcision, Treatments for Hyperhidrosis, Complex and Specialised Obesity surgery, Endoscopic Thoracic Sympathectomy and withdraw</li> </ul>	

Item No:		Action
	the Carotid surgery policy as recommended by the Clinical Quality and Governance Committees in Common	
8.  8.1	<p><b><u>For Information</u></b></p> <p><b><u>Communications and Engagement Report</u></b></p> <p>Ms Northcote presented this report which provided an overview of communications and engagement activity undertaken during March – May 2020. She confirmed that the communications team had been working very hard across the system to ensure that the CCG was keeping in touch with its vulnerable groups during COVID-19. As the CCG was now in its restoration phase, the team was working to help reassure the public that the NHS was ‘open for business’ and that services were being provided. Ms Northcote praised the communications teams for the excellent work they had done in respect of level of briefings and communications that they have provided. They have also kept links with organisations such as Healthwatch which would be important for the restoration work going forward.</p> <p>Mrs Wilson said that Members will likely have seen media reports about how COVID-19 was affecting the BAME communities. The CCGs had considered how to keep its own staff safe and had issued a risk assessment/guided questionnaire to line managers for them to have conversations with their team members who are BAME or who factor in to the vulnerable groups. This would help identify work related risk for those members of staff and help the CCG to understand concerns, queries and anxieties which staff are having around the impact of COVID-19 for themselves and their families. Mrs Wilson gave particular thanks to Mr Johnson because the CCGs had earlier today hosted a webinar about the COVID-19 impact on BAME communities. This had received very positive feedback. Mrs Wilson confirmed the inclusion agenda was not new to the CCGs but had given them another opportunity to look at their objectives and strategy and how to embed inclusion and equality in all they do to try to reduce health inequalities. Therefore the CCGs were looking at reviewing its plans and information. Mrs Wilson reported that the Workforce Race Equality and Workforce Disability Data collection was being started back up after being suspended due to COVID-19. Mrs Wilson confirmed that she would keep the Governing Body updated and assured on this work.</p> <p>Dr Raistrick said that in respect of communication messages, some of these had been shared messages with external partners. She said that the newsletters which were being sent to staff were very helpful in terms of information but also moral boosting and had been very well received.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> <li>Governing Body Members <b>NOTED</b> the report.</li> </ul>	
9.	<p><b><u>Questions From Visitors:</u></b> No questions from visitors</p>	
10.	<p><b><u>Any Other Business</u></b> Mr Ludlow said that he had enjoyed working with the CCGs during the last 3 years and that it was a good organisation to work for.</p>	
11.	<p><b><u>Date of the Next Meeting Held in Public:</u></b> <b>Date:</b> 8<sup>th</sup> July 2020 <b>Time:</b> 2:15pm to 5:00pm</p>	

Signature:

(Chair CRCCG)

Date:

Signature:

(Chair WNCCG)

Date: