

**Unconfirmed Minutes of the Governing Body Meetings in Common Held in Public
on Wednesday, 20th November at 2.15pm**

Venue: Hunter House, Nuneaton

Dr Sarah Raistrick	Chair – CRCCG
Mr Adrian Stokes	Interim Accountable Officer
Mr Chris Lonsdale	Interim Chief Finance Officer
Ms Sue Turner	Practice Network Lead: North Warwickshire – WNCCG
Ms Jo Galloway	Chief Nurse
Dr Jonathan Timperley	Secondary Care Doctor – WNCCG
Mr Chris Stainforth	Lay Member – Audit and Governance - CRCCG/WNCCG
Dr Arshad Khan	Clinical Lead – WNCCG (left meeting at 2.58pm)
Dr Deepika Yadav	Rugby Locality Lead – CRCCG
Ms Sharon Beamish	Lay Member – Patient and Public Involvement - WNCCG
Mr Ludlow Johnson	Lay Member for Patient and Public Involvement and Equality - CRCCG
Ms Liz Gaulton	Director of Public Health, Coventry City Council
Dr Helen King	Director of Public Health, Warwickshire County Council
Dr Mark Lawton	Clinical Lead – CRCCG (left meeting at 2.53pm)
Dr Alistair Bryce	Clinical Lead - CRCCG
Mr Graham Nuttall	Lay Member - Primary Care – WNCCG
Ms Claire Forkes	Lay Member – Patient and Public Involvement - CRCCG
Dr Imogen Staveley	Clinical Lead, WNCCG
Dr Inayat Ullah	Clinical Lead – WNCCG (left at 3.22pm)
Apologies:	
Mr David Allcock	Chair – WNCCG
Dr Steve Allen	Clinical Director - CRCCG
Dr Godwin Igodo	Clinical Lead – WNCCG
In Attendance:	
Mr Stan Orton	Public and Patient Group Representative
Mr Andrew Harkness	Chief Transformation Officer
Ms Jenny Northcote	Chief Strategy and Primary Care Officer
Mrs Anita Wilson	Associate Director of Governance and Corporate Affairs
Mrs Julie Seaborne	Governance Officer (Minutes)

Item No:		Action
1.	Standing Items:	
1.1	Welcome and Apologies 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. Mr Allcock had forwarded his apologies for this meeting and Dr Raistrick asked Mr	

Item No:		Action
	Graham Nuttall to cover the Chair role for this meeting for Warwickshire North CCG to which he agreed.	
1.2	<p><u>Declarations of Interest:</u> Members were reminded of the need to declare their interest in any items requiring a decision and to remove themselves from such decision making. There were no declarations of interest declared.</p>	
1.3	<p><u>Minutes of the Last Meeting: 26th September 2019</u></p> <p>For the minutes of the last meeting held on 26th September, Dr Lawton drew attention to his role as Clinical Lead in the attendance section of the minutes which was written as 'WNCCG' when his remit is for CRCCG. Otherwise the minutes of the meeting held on 26th September 2019 were approved as a correct record of the meeting.</p>	
1.4	<p><u>Matters Arising And Action Schedule:</u></p> <p><u>Matters Arising:</u> There were no matters arising.</p> <p><u>Action Schedule:</u> <i>Action CRCCG 80: Finance and Contract Reports: Month 2: To ensure a robust audit trail, Mr Stainforth asked if the CRCCG Governing Body could have sight of the NHSI&E response in respect of access to any cumulative surplus in excess of the required 1.0% that CRCCG would have back. Mrs Hollingworth said that she would share the letter once received.</i> Mr Lonsdale confirmed that although the CCG had chased this response on a number of occasions, he felt it unlikely that it would be received at this stage. Mr Stainforth added that the CCG had made their position very clear and that there was documented evidence of this.</p> <p><i>Action CRCCG/WNCCG 81: Update on the future of Healthcare commissioning: Dr Staveley asked if the Governing Body Members could have sight of communications which were planned to out to the Local Medical Committees and the Members so that they could feed into them. Mrs McLean agreed to arrange this.</i> Dr Staveley confirmed this had been actioned.</p>	
1.5	<p><u>Chair's Report:</u></p> <p>CRCCG Chair's Report Dr Raistrick presented her Chair's report and highlighted the following key points within it:</p> <p>There had been a meeting of the GP Board where Clinical Directors from secondary care at University Hospitals Coventry and Warwickshire Trust (UHCW) had been invited. Dr Raistrick was pleased that it had been a positive meeting where current work in respect of primary care had been shared.</p> <p>Dr Raistrick encouraged all those eligible to have their flu vaccination to have this and take advice on self-management of simple ailments from NHS choices and where appropriate their local community pharmacy.</p> <p>WRCCG Chair's Report In Mr Allcock's absence, Dr Raistrick presented the WNCCG Chair's report.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Members:</p> <ul style="list-style-type: none"> • NOTED their CCG Chair reports respectively. 	
1.6	<p><u>Accountable Officer's Report</u> Mr Stokes presented his Accountable Officer's report which drew attention to what he believed were the key priorities and current issues for the CCGs for the next six months and also a range of current issues he felt the Governing Body should be aware of. These were:</p>	

Item No:		Action
	<ul style="list-style-type: none"> • Financial recovery – Mr Lonsdale would expand on this later in the Finance section of this meeting. • Stroke Consultation - Mr Stokes said that unfortunately due to Purdah (during an General Election campaign there were restrictions in place for CCGs), the stroke consultation was required to be extended with a provisional end date of 2nd February (a two week extension). • Work around the joining up at Place – the development of strong relationships and trust between organisations along with a more joined up governance approach with organisations. • Future of Health commissioning – in terms of a timeframe for the Members vote. • Key Performance issues – the CCG getting a stronger handle on a few key performance issues that were strategically important and critical to the reputation of the CCGs • Internal Governance and Decision Making –Looking at the CCGs decision making processes, what goes to each committee and the setting up of an Executive Meeting to ensure what reaches Governing Body and its sub committees. • Governing Body posts (Warwickshire North) – Mr Stokes was delighted to inform the Governing Body that Mrs Sharon Beamish had been recruited as Chair and Dr Imogen Staveley as Deputy Chair as from 1st December 2019. Mr Stokes thanked David Allcock as current Interim Chair who had steered the Governing Body well over a challenging period. Mr Stokes was pleased that Mr Allcock would continue as a member of the Governing Body as Chair of its Audit and Governance Committee. <p>Mr Stokes expressed his personal thank you to all those who were involved in arranging a day to raise awareness and share the prevention message about Diabetes in the run up to 'World Diabetes Day 2019' on 14th November at a local temple. He gave feedback back that this was an excellent day, well attended, well organised and would like to extend the thank you of the Governing Body formally to all those who gave up their time and a Sunday to promote a great message around prevention.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Members:</p> <ul style="list-style-type: none"> • NOTED the Accountable Officer's report 	
2.0	<p><u>Strategy and Planning:</u></p> <p>2.1 <u>Director of Public Health Annual Report Coventry</u></p> <p>Ms Gaulton presented the Public Health Annual Report for Coventry which was a statutory requirement to provide an update on the health and wellbeing of the local population. This year's report focussed on health inequalities and Ms Gaulton confirmed that Coventry had been a Marmot city since 2013 (deprived cities work together to reduce health inequalities Ms Gaulton said that working on keeping people healthier longer was key in improving the health of the population of Coventry. The report made a number of recommendations.</p> <p>Ms Gaulton reminded members that Coventry would be the City of Culture in 2021 and one of the specific aims was to use programmes and events to address issues such as social isolation and mental wellbeing within communities. There was also work taking place in terms of skills, employment and for a good start in life (which would in turn be of benefit to their health) and also work around physical activity.</p> <p>Mr Stainforth asked if there was a key metric used to measure the life expectancy gap in Coventry to consider if the work being done has made an improvement. Ms Gaulton said that the 10 year statistic was calculated in terms of obtaining death data from the Office of National Statistics and this is carried out on a three year average. She said that nationally life expectancy had plateaued in some areas of the country and this was similar in Coventry. The healthy life expectancy metric was more complex because it takes life expectancy and other data and calculates a synthetic estimate of the average resident within the city. Ms Gaulton said that Coventry was improving its healthy life expectancy.</p>	

Item No:		Action
	<p>In response from a question from Dr Yadav about communication of the information within this report to primary care. Ms Gaulton said that the report would be uploaded to the CCG website and there was consideration being given to forward copies to each GP practice. There was a six minute video which had been made about the report which Ms Gaulton recommended. Dr Yadav suggested this video could be shown in GP waiting rooms. Dr Raistrick asked for this to be an action and for this to be taken through the Primary Care Development Network Group.</p> <p>Ms Gaulton also mentioned Coventry residents would receive a Christmas waste collection timetable notice which on the back would have a number of services they could contact such as domestic abuse, drug and alcohol and debt.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • NOTED the content and recommendations of the 2019 DPH Annual Report; • NOTED the key achievements on last years DPH Annual Report; • SUPPORTED the dissemination of the report; and • ENDORSED the actions proposed. 	<p>Liz Gaulton/ Jenni Northcote</p>
<p>2.2</p>	<p><u>Director of Public Health Annual Report Warwickshire</u></p> <p>Dr King presented the Public Health Annual Report for Warwickshire and reported that the focus was on working for wellbeing. The report also provided an update about good progress from last year's report which had been about the impact of social media on people.</p> <p>Dr King said that whilst there had been some improvements, which included teenage conception rates on the health of the local population, several health challenges continued to be faced which included self-harm and admissions for alcohol related issues.</p> <p>In respect of workplace wellbeing, Dr King said that her team had been exploring the impact of the workplace on health because evidence showed the strong relationship between a person's work and their wellbeing. There was information detailed within the report about what employers could do and links to local and national initiatives. One of the key recommendations was for workplaces to work towards a workplace wellbeing strategy and for employees to contribute. Dr King was pleased that the CCGs staff had a workplace wellbeing programme in place (Thrive at Work) as part of the Year of Wellbeing. Dr King said that key recommendations were detailed within the report .</p> <p>Mr Stokes said that he was also pleased that the CCG's Thrive at Work programme was very successful internally and the CCG could perhaps look at how to take this forward externally.</p> <p>Dr King informed members that her team was currently renewing the Health and Wellbeing Strategy for Warwickshire and so would be aligning it as much as possible with colleagues in Coventry to ensure a system wide approach.</p> <p>Mrs Beamish asked about the suicides rates for young people detailed within the report and if from a CCG point of view in respect of working with partners. Dr King felt there was still more to do in terms of raising awareness of the issue and how to talk with young people in particular early intervention. She confirmed that there had been engagement with multi-agency partnerships and work was taking place with the elected Members in terms of how to make an impact.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • NOTED the content and recommendations of the 2019 DPH Annual Report; • NOTED the key achievements on last year's DPH Annual Report; • SUPPORTED the dissemination of the report; and • ENDORSED the actions proposed. <p>Dr Raistrick noted that this was Dr King's last Governing Body meeting as she would no longer be acting in the role of Acting Director of Public Health. She thanked Dr King for her contribution.</p>	

Item No:		Action
2.3	<p><u>Coventry Health and Well-being Strategy 2019-23</u></p> <p>Ms Gaulton introduced the new Health and Wellbeing Strategy for Coventry which she explained was a fresh approach to work on health and wellbeing across the city. The strategy had been endorsed by the Health and Wellbeing Board and it set out how health and wellbeing needs of local residents would be addressed as identified in the Joint Strategic Needs Assessment (JSNA). Ms Gaulton described there the 4 components as to how health and wellbeing was looked at across the system:</p> <ul style="list-style-type: none"> • The wider determinants of health – embedding the Marmot City approach by working in partnership across different services and organisations to tackle health inequalities through addressing the social determinants of health • Our Health behaviours and lifestyles – aligning and coordinating prevention programmes across the system to maximise impact and tackle barriers to healthy lifestyle, including around mental wellbeing, diet, exercise, smoking and drugs and alcohol • The places and communities we live in and with – working together in our places and with our communities to mobilise solutions for improved health and wellbeing, informed by our understanding of local needs • An integrated health and care system – health and social care commissioners and providers working together in a joined-up way to commission and deliver seamless local services in Coventry <p>Ms Gaulton emphasised that any health condition could be mapped on these 4 elements.</p> <p>A number of short term priorities had been identified where with the aim of making a tangible difference in the next 12-18 months by working together in partnership. The short term priorities were:</p> <ul style="list-style-type: none"> • Loneliness and social isolation • Young people’s mental health and well-being • Working differently with our communities <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • APPROVED the Coventry Health and Wellbeing Strategy. 	
2.4	<p><u>Coventry and Warwickshire “Keep Antibiotics Working” Strategy 2019 – 2022</u></p> <p>Ms Galloway presented the Coventry and Warwickshire-wide Antimicrobial Resistance (AMR) Strategy which had been developed with the ultimate aim of ‘keeping antibiotics working’. This was being led by CCG Infection Control Leads, supported by Public Health, Pharmacy, Microbiology, Infection Control and Infectious Disease teams, as well as Coventry University and Public Health England (PHE).</p> <p>There was an initial UK Five Year AMR Strategy (2013 to 2018) and earlier this year a new national 5 year action plan was published for 2019 – 2024. The national focus on this issue related to the fact that there were “few public health issues of greater importance than AMR in terms of its impact on society”.</p> <p>The paper had been previously considered and endorsed by the CCG’s Clinical Quality and Governance Committees in Common on 24th October 2019</p> <p>Mr Stokes asked about tracking progress on this going forward and Ms Galloway said that the Clinical Quality and Governance Committees would do this.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <p>APPROVED the Coventry and Warwickshire “Keep Antibiotics Working” Strategy 2019 – 2022.</p>	

Item No:		Action
2.5	<p><u>Research and Development Strategy 2019/21</u></p> <p>Mrs Galloway presented this report and confirmed that it had been endorsed by the CCG's Clinical Quality and Governance Committees. The strategy sets out how the CCG would contribute to its duty to improve and care</p> <p>The purpose of the Research and Development Strategy was to outline how Coventry and Rugby CCG and Warwickshire North CCG would promote research activity in order to contribute to the achievement of its duty to improve health care for our patient population. It also demonstrates the CCGs commitment to promote research, service evaluation and innovation in order to address the healthcare priorities of the population in Coventry, Rugby and Warwickshire North to ensure commissioning decisions are based on best available evidence.</p> <p>Dr Staveley asked if the CCG GP Champions had fed into the strategy and Ms Galloway confirmed that the GP Champions for each CCG had been involved and would continue to be going forward.</p> <p>Dr Staveley asked that as the clinical lead for this work was not a member of the Governing Body how the CCG linked in with the clinical lead to ensure they have as big an impact as possible in that area. Ms Galloway said that there was some new work being done locally about looking to make the best utilisation of the clinical leads across the two CCGs and ensure there was the correct governance in place. Ms Galloway said that she would link in with Dr Staveley in respect of it.</p> <p>Mr Lonsdale said that 'roles and responsibilities' within the report should include a finance role in respect of sign off the grants in terms of value for money. He asked for this to be included although confirmed this would not affect the overall ratification of the strategy today. Ms Galloway agreed to add this.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • RATIFIED the Research and Development Strategy. 	
	Dr Lawton left the meeting at this point (2.53pm)	
3 3.1	<p><u>Quality, Safety and Performance</u></p> <p><u>Reports from Clinical Quality and Governance Committees in Common:</u></p> <p>Mr Johnson reported that there had been a themed discussion on Risk Management and Assurance Processes for the July 2019 meeting of the Clinical Quality and Governance Committee and the Committee was assured of the system and process for the management of risk but had requested risk owners to focus on ensuring risks were reviewed in a timely manner.</p> <p>The report from the August Committee meeting asked for the quality issues in relation to Cygnet, Coventry, and the actions in place to address these to be brought to the attention of Governing Body Members.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • NOTED the Clinical Quality and Governance Committee Report 	
3.2	<p><u>Quality Report</u></p> <p>Mrs Galloway presented an update on quality concerns within commissioned services that were on escalation. She confirmed that the CCG's Clinical Quality and Governance Committees received reports on the quality and safety of commissioned services. Reports were based on a wide range of data and soft intelligence, including contractual quality</p>	

Item No:		Action
	<p>indicators, patient experience reports and learning and the impact on practice. This included acute and community services; small providers, both NHS and independent; nursing homes; residential homes; and primary care. The committees also received updates on safeguarding, infection prevention and control and Transforming Care. Mrs Galloway confirmed that rather than going into detail of discussions which had taken place at those Committee meetings, this report highlighted the level three issues which the Committees had asked to be brought to the Governing Body's attention.</p> <p>Mrs Galloway stated that since the last report there were no additional concerns added to the Quality Assurance Framework and there were no reported concerns at level three and there are five areas of concern at level two.</p> <p>For George Eliot Hospital NHS Trust since the previous report, Mrs Galloway reported that there were two additional concerns added to the Quality Assurance Framework (Clostridium Difficile Infection and Safeguarding – Medical) and one concern has been de-escalated (serious incidents- falls). There was one concern at level three; Mortality. There were seven areas of concern at level two.</p> <p>Mrs Galloway said that for University Hospitals Coventry and Warwickshire NHS Trust (UHCW) since the previous report there had been one additional concern added to the Quality Assurance Framework (Clostridium Difficile Infection) and two concerns had been de-escalated (Children and Young People in Crisis and Partial Booking System – Ophthalmology). There was one concern at level three; Emergency Department and five concerns at level two.</p> <p>Mrs Galloway informed members that the Clinical Quality and Governance Committee held in October has representation from University Hospitals Coventry and Warwickshire Trust's Chief Medical Officer who had provided assurance that the Trust was taken the action it needed to in relation to their mortality outlier status. Ms Galloway was pleased to report that there had been some improvement in relation to this.</p> <p>Mrs Galloway reported that in relation to Cygnet Coventry, it had received a Care Quality Commission Section 31 conditions of registration and it was reported at level three on the Quality Assurance Framework. There were a number of issues identified in relation to this which looked at some of the observations of the patients and staffing levels. In relation to the Section 31 conditions notice there were some admissions restrictions which had been put in place and also it had been mandated that Dunsmore Ward (psychiatric intensive care unit) was closed. Work had taken place collaboratively with all partners and other commissioners who had placed patients there and the unit had closed. There was an action plan which was being monitored and regular meetings were taking place with the provider to monitor the progress in relation to this.</p> <p>Mr Stokes asked Mr Johnson about one of the issues of reporting through Datix and asked if the Clinical Quality and Governance Committee could look and ensure this was a smooth process. Mr Johnson said that this had been raised by the Committee and there were actions to address this.</p> <p>Mr Nuttall asked if the CCGs had any patients at Cygnet and Ms Galloway said that there was a small number but not on the intensive care unit.</p> <p>Dr Staveley asked how the Care Quality Commission Section 31 conditions came about in respect of Cygnet and was this from a routine inspection. Ms Galloway said her understanding was that it was in response to some concerns had been raised from information sharing across the surveillance groups.</p> <p>Dr Raistrick asked about the 'Safeguarding (Medical)' new item for George Eliot Hospital and asked if the Clinical Quality and Governance Committee had received assurance that this was in hand. Ms Galloway confirmed that there was work taking place with the Trust and mitigating actions were in place and regular reports were being given to the Committee.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • NOTED the contents of the report; and 	

Item No:		Action
	<ul style="list-style-type: none"> NOTED the CQC Section 31 Notification for Cygnet Coventry and the actions and monitoring mechanisms in place to mitigate the risk. 	
	Dr Khan left the meeting at this point (2.58pm)	
3.2	<p><u>Coventry Safeguarding Adults Board Annual Report 2018/19</u></p> <p>Mrs Galloway presented this report which was a statutory requirement as per the Care Act (2014). The report set out achievements against its objectives; describes the implementation of the strategic plan by partners; and details the findings of safeguarding adults reviews and resultant actions. It looked at the four Coventry Safeguarding Adult Board priorities for 2018/19 and sets out the achievements of the Board in relation to that. Mrs Galloway explained that she sat on this Board and the CCG was represented in all of the sub-groups. In terms of achievements the CCG had delivered a Domestic Abuse Programme, training to all GP Practice in relation to self-neglect and worked with Coventry City Council to commission a hoarding service called 'Enabling Spaces', a Community Interest Company to work directly with individuals who are affected by hoarding disorder. A further contribution from the CCG was work that is co-ordinated into the Learning Disabilities Mortality Review (LeDeR) programme and the annual LeDeR report will be brought to the Governing Body meeting in January 2019.</p> <p>Dr Yadav asked for some bullet points in particular around the hoarding disorder service so that a message could be given out to the wider community from primary care. Ms Galloway said that there was a regular communication which came out from the Board and she would meet with Dr Yadav to discuss this. Dr Raistrick there was a fortnightly bulletin sent out to GP practices and some of these services could be flagged.</p> <p>Dr Bryce mentioned the Domestic Abuse: Commissioning of the Identification and Referral to Improve Safety (IRIS) Programme and if it was a one off commissioned service. Ms Galloway said there had been some additional funding so that it could be rolled out to all practices.</p> <p>Coventry and Rugby CCG Governing Body Members:</p> <ul style="list-style-type: none"> NOTED the Coventry Safeguarding Adults Board Annual Report 2018/19 	
4. 4.1	<p><u>Assurance and Governance</u></p> <p><u>Reports from Audit Committees in Common: 30th July and 3rd October 2019</u></p> <p>Mr Stainforth provided members with an update on the meetings of the Audit Committee held on 30th July and 31st October 2019. Work had included reviewing the Internal Audit's work plan. Internal Audit had reviewed CCG's work around the Quality Innovation Productivity and Prevention (QIPP) programme to increase their level of assurance, the Committee had asked for additional work to be done in respect of CCG processes as this was a significant risk for the CCGs.</p> <p>In response to staff structural changes in the CCG, a report had been taken to the Committee in respect of a review of financial delegation and revisions to authorised limited. The Committees scrutinised the report and recommended it to the Governing Body.</p> <p>The Committee had received an Internal Audit Review Report about Conflicts of Interest and although overall this report provided moderate assurance for the CCGs, the current training levels are not as good as they could be. Mr Stainforth asked for Governing Body members to ensure they were up to date for this training.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> NOTED the Reports from Audit Committees in Common: 30th July and 3rd October 2019 	

Item No:		Action
4.2	<p><u>Assurance Framework</u></p> <p>Mr Harkness gave an update to members on the Assurance Framework in respect of the Q2 2019-20 position with regards 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. Mr Harkness confirmed that this paper had been recommended to the Governing Body by the CCG's Audit Committee.</p> <p>Mr Harkness briefed members that in this quarter the risks had been reviewed and here had been significant changes in respect of the following risks:</p> <ul style="list-style-type: none"> • Coventry and Rugby CCG/Warwickshire North CCG - Failure to deliver the required NHS Constitution standard target of 4 hours wait in ED for our population – the risk for this had been reduced and the paper articulated the reasons for this. • Coventry and Rugby CCG - The CCG fails to deliver the financial plan and control total - the risk for this had been increased and the paper articulated the reasons for this. <p>Mr Harkness advised that there was a lead for each of these risks who oversee and support management of the risk.</p> <p>Mr Stainforth reminded members that there had been a Governing Body development session to look more closely at the CCG's Assurance Framework and to gain a deeper level of understanding around the different levels of assurance and where these come from (such as Internal Audit for example). He said that a series of external as well as internal assurances are sought as part of the CCG processes and the Audit Committee would be happy to be involved in a review of the process.</p> <p>Mr Stokes agreed and suggested that the use of contract notices for providers be an issue which was reflected on now that that the CCG had moved on in terms of working more closely with providers. He said that he was aware that there was some considerable work the Executive Team were doing in respect of the risks. He suggested taking the Quarter 2 risks through the Audit Committee a second time to consider and it would be beneficial to do before Quarter 3.</p> <p>Dr Raistrick asked about the A&E rating which had improved. Mr Harkness said the rationale for this was that it was unlikely that the CCG would achieve the national target and therefore there had been negotiation with NHS England (the regulator) about what was realistic to be achieved in-year (by March 2020) in terms of performance. For Coventry and Rugby CCG this was to deliver 90% or higher and for Warwickshire North CCG it was 80% or higher. On the basis of what the CCGs were hoping to achieve against those targets based on current performance, the risk had been reduced for both CCGs, with an acknowledgement that it was unlikely the CCGs would achieve the national targets.</p> <p>Dr Raistrick said that with that understanding she would find it difficult to articulate as a patient and to the public that the A&E risk held a lower risk when the CCGs were unlikely to meet the national target. She said that taking this into account she did not feel it was appropriate for the risk to be lowered. She suggested it was kept at the national target on the risk register with an articulation that the CCG had lower local targets and good progress was being made towards those.</p> <p>Mr Johnson reminded members that this meeting said that this was in the public domain so that patients could see the reasoning for the reduction in risk score.</p> <p>Dr Staveley asked if in this case, the lowered risk should go back to Quarter 1 or perhaps the original description of the risk should be amended. She said also that she would not want to lose what the CCG was trying to do because the risk was reduced. Mrs Wilson said that in Quarter 1 that would have been the risk at that point but the risk may have changed and this would then need to be re-articulated. Therefore those controls which have been put in place to mitigate that new articulated risk would be slightly different.</p>	CS

Item No:		Action
	<p>Mr Stokes said that the Governing Body had the option of keeping the risk level at the lower score if they felt it was more appropriate.</p> <p>Mrs Beamish said that articulating the risk impacted on the local population and while it was noted there were quality implications and that the CCG's Quality and Governance Committee were receiving reports to understand the waiting times which are getting longer and accessing doctor/nursing assessments it having a detrimental impact on the outcome or experiences for those patients.</p> <p>Mrs Galloway suggested that this issue be taken away for the detail to be considered and a proposal brought back to the Governing Body. She said that the CCG's Clinical Quality and Governance Committee was undertaking inter-quality assurance visits in the next two weeks in partnership with NHS Improvement and this would give an additional level of assurance.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • RECEIVED the Assurance Framework NOTING the updates and determine whether they are; • Were ASSURED that adequate actions are being taken by the Executives to mitigate the risks and that the assurances provided are satisfactory but noted that there was further work to be taken in response to the risk rating for AF1 	AH
4.3	<p><u>Equality, Diversity and Inclusion Update</u></p> <p>Mrs Wilson updated the Governing Body on the status of Coventry and Rugby CCG's and Warwickshire North CCG's Equality and Diversity activities to assure members that the CCGs were meeting their Equality and Diversity obligations. She confirmed that the CCG had submitted its Workforce Race Equality Standard to NHS England the CCG was currently reviewing its action plan and this would be taken through the CCG's Clinical Quality and Governance Committee and published on the CCG websites. Mrs Wilson reported that the CCG staff survey was now 'live' and included a number of questions in respect of equality and diversity and the responses to these would support the action plan going forward.</p> <p>One of the CCG's immediate priorities was that the CCG was working towards reviewing its Equality and Human Rights Strategy and this included a refresh of the CCG's Equality and Diversity system (EDS2) which was the way the CCG could provide evidence that the CCG was making progress towards that Strategy. Mrs Wilson reminded members of the CCG's rainbow badges for the CCG's LGBT+ staff and after conversations with two of the CCG's main local providers they had adopted this also. To take forward this work the CCG LGBT+ staff group have now developed an equality and diversity network which was a forum where more of this type of work could be progressed. Mrs Wilson said the work of the CCG LGBT+ staff group was very positive and it was an 'arm' of the CCG Wellbeing Warriors and Staff Forum.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • Were ASSURED of the CCG work in respect of Equality, Diversity and Inclusion 	
	Dr Ullah left the meeting at this point (3.22pm)	
4.4	<p><u>Gender Pay Gap Report</u></p> <p>Mrs Wilson presented this report which provided Gender Pay information for Coventry and Rugby Clinical Commissioning Group for the year ending 31 March 2019 for Governing Body approval. The report fulfilled the CCG's Gender Pay Gap reporting obligations under the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 for the year ending 31 March 2019 for organisations employing over 250 staff. Mrs Wilson highlighted the following key points within the report:</p> <ul style="list-style-type: none"> • The CCG has an employee base that was predominantly female; 78% of the employees of the CCG as at 31 March 2019 were female. Males were on average paid £18.27 more than the females. The median difference in value would be less at £13.56. The average pay gap in hourly rate was therefore 46.33% (median 44.89%). 	

Item No:		Action
	<ul style="list-style-type: none"> The gender pay gap is caused by their being a greater number of females than males in the lower Agenda for Change bands rather than their being a lack of female employees in senior bands. <p>Mrs Wilson confirmed that the following actions were in place to address the findings and these were that the CCG would:</p> <ul style="list-style-type: none"> Check for any gender bias in its recruitment information and appointment processes and look to remedy this as relevant to promote a workforce representative of the population we serve; Check for any gender bias in the uptake of its training offers and other development processes and look to remedy this as relevant; Monitor the application of other policies and procedures, such as flexible working; Check for any indicators from staff surveys and or exit interviews that might increase the understanding of the situation. <p>Ms Forkes asked about the timescales for these actions and Mrs Wilson said that these were ongoing and in particular in terms of policies and procedures. She said going forward a process had been arranged where gender pay gap information would be taken to the CCG's Clinical Quality and Governance Committee quarterly as part of the workforce and equality report.</p> <p>In response to a question from Mr Johnson about some data within the report being identifiable due to insufficient numbers in the pay banding grades, Mrs Wilson said that she would review the report to ensure that this was taken into account in terms of redacting the data or using appropriate wording.</p> <p>Ms Galloway asked if there should be mention within the report that there was one management team across two CCGs and Mrs Wilson said that she would include this.</p> <p>Mrs Beamish said that she understood there was no Pay Gap report for Warwickshire North CCG because it employed less than the threshold of 250 employees, but asked if there was still consideration given for that CCG in terms of assurance. Mrs Wilson confirmed that data was also considered for Warwickshire North CCG but there was no requirement for a report to be published because there was to do so and that due to the small number of staff, the numbers could appear misinterpreted.</p> <p>Mrs Beamish also asked about the non-appointment of the Equality, Diversity and Inclusion Manager across Coventry and Rugby, Warwickshire North and Warwickshire South CCGs and if there was a potential risk. Mrs Wilson said there was a risk which had been recorded on her local risk register and was to be added to the CCG's Corporate Risk Register in respect of completing the Equality Diversity System (EDS 2). She said options were being explored and a decision would be made about a way forward.</p> <p>Coventry and Rugby CCG Governing Body members:</p> <ul style="list-style-type: none"> APPROVED the report for publication. 	
5	<p><u>Financial Performance</u></p> <p>5.1. <u>Reports from Finance and Performance Committees in Common: 5th September, 3rd October and 7th November 2019</u></p> <p>Mr Nuttall updated members on the work of the CCG's Finance and Performance Committee at its last 3 meetings. He said that Coventry and Rugby CCG was still on plan but with a number of risks and a growing underlying deficit. Warwickshire North CCG had a growing underlying deficit as a net risk position which had also grown prior to the recovery plan. He said that the recovery plan was being overseen by the Committee and although it had made progress, it had not met the original planned timescale.</p>	

Item No:		Action
	<p>Mr Nuttall confirmed that a report has been received from NHS England following the deep dive they undertook and it would be shared with the Committee at their December 2019 meeting. There was a level of concern on progress for Out of Hospital and there was a recovery plan which was to be agreed. The Better Care plans had been signed off. Transforming care was of particular concern and an additional report had been requested and there would be some external support for this.</p> <p>In respect of performance the areas for concern which were A&E 4 hour wait; 62 day cancer target (for WNCCG and in particular George Eliot Hospital); Transforming Care; Out of Area Placements for Mental Health and Referral to Treatment Times.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • NOTED the Reports from Finance and Performance Committees in Common: 5th September, 3rd October and 7th November 2019 	
5.2	<p><u>Finance and Contract Report: Month 6</u></p> <p>a) Coventry and Rugby CCG</p> <p>b) Warwickshire North CCG</p> <p>Mr Lonsdale presented this report for both CCGs and confirmed that it was almost certain that Warwickshire North CCG would reach a deficit position. This risk had been increased because the CCG had been negotiating what the deficit position would be with NHS England. Coventry and Rugby CCG was not at risk in this same way and although there were risks, the risk assessment was quite different. Coventry and Rugby CCG was seeing acute under performance partly due to acute providers under-performing and Warwickshire North was seeing acute over-performance.</p> <p>For prescribing, the national profile had been published detailing what the forecast position should be. That and alongside category M drugs was leading to prescribing over performance for both CCGs.</p> <p>Warwickshire North required a recovery plan which was being considered by the Director team prior to be taken to the December 2019 Finance and Performance Committee. Although Coventry and Rugby CCG did not require a recovery plan, it was still being considered for both CCGs as a joint process. Recovery actions would be different for each CCG. The NHS England deep dive has now been received in draft and there were some lessons learnt for the CCG which would also be taken to the Finance and Performance Committee. The Month 7 position had been finalised and this would also be taken to the Finance and Performance Committee. Mr Lonsdale said that the recovery plan would be key as far as working out and providing a proposal to the Governing Body about what would be a targetable deficit position for Warwickshire North CCG. This would then require to be discussed with the System Transformation Programme and NHS England. Mr Lonsdale said that he has a meeting in early December with his team and NHS England in terms of further assurances around progress.</p> <p>Mrs Beamish asked if the Directors had what all they required in order to be able to take the recovery plan to the next Finance and Performance Committee. Ms Galloway confirmed that the Directors were focused on this and understood that this was a priority to deliver. Mr Stokes added that the last meeting was very well attended and a series of actions agreed. Mr Stokes said that he and Mr Lonsdale had had a call with the Regional Director of Finance and Mr Lonsdale presented the structure and process which was being followed in order to achieve the recovery plan which had been well received. Mr Stainforth said that there had also been good attendance at the Financial Recovery Group and each of the individuals there were working on their actions. Mr Stokes reported that a George Eliot Hospital representative had been invited to sit on that group and in turn CCG representatives were sitting on their similar groups.</p>	

Item No:		Action
	<p>Coventry and Rugby CCG Governing Body Members:</p> <ul style="list-style-type: none"> • NOTED that the CCG continues to report delivery of its agreed control total. • NOTED that a number of risks will need pro-active management throughout the year to secure this forecast position. • NOTED that Finance and Performance Committee escalated the deteriorating underlying deficit as an issue to be highlighted to the Governing Body. <p>Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • NOTED that the CCG is reporting a net risk position of £16.8m for the year which is mitigated by £1.4m of contingency resulting in a risk adjusted forecast position of £15.4m deficit. • NOTED the meeting to be held with NHS England/Improvement. • NOTE that the Chief Finance Officer will proceed with the process of agreeing a deficit position with NHS England/Improvement.. • NOTE the escalation to the Governing Body of the financial position and the impact on the underlying deficit position. 	
5.3	<p><u>Performance Report</u></p> <p>Mr Harkness presented this report to the Governing Body to provide assurance of the performance of services commissioned by Coventry and Rugby CCG and Warwickshire North CCG. He outlined that there had been discussions focused around five specific areas which were:</p> <ul style="list-style-type: none"> • Continued non delivery of the A&E 95% 4 hour target at both University Hospital Coventry and Warwickshire (UHCW) and George Eliot Hospital (GEH); • Non delivery of the 62 day – referral to treatment standard by Warwickshire North CCG and GEH; • Progress in relation to reduction in patients under the Transforming Care programme; • Plans to reduce the number of Out of Area Mental health Placements; and • Referral to Treatment (RTT) position especially the growth in the total number of patients waiting. <p>Mr Harkness said that the report went into detail of the actions taken or planned to take to improve those areas. He said that prior to deciding on these actions historical trends and current performance had been considered.</p> <p>Mr Stokes said that for clarification on the issue of the 52 week wait which the CCGs were performing well on, the challenge is that the CCG continue to perform well.</p> <p>Ms Galloway said that the challenge for transforming care currently is in relation to the CCG adult numbers and it was performing well for children across Coventry and Warwickshire.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • NOTED the contents of the attached report, and give feedback as to whether they would look to seek for greater assurance on any of the performance issues facing the two CCGs, noting that F&P have already requested a more detailed report on Transforming Care is to be taken through the next F&P Committee. 	
6.	<p><u>Primary Care</u></p> <p>6.1 <u>Reports from Primary Care Commissioning Committee:</u></p> <p>a) <i>Coventry and Rugby CCG</i></p> <p>Mr Johnson presented the Coventry and Rugby CCG and confirmed that it was for noting by the Governing Body.</p>	

Item No:		Action
	<p>b) <i>Warwickshire North CCG</i></p> <p>Mr Nuttall drew members attention to the following within the report:</p> <ul style="list-style-type: none"> - Estates 106 applications status report – the CCG was ensuring it was being kept up to date on this. - Enhanced Service Review - there would be an Extra-ordinary Joint PCC to consider recommendation from negotiations taking place tomorrow <p>Mr Orton asked about the 106 applications and said that the issue of Weddington had been raised a number of times at the Patient Forum meetings by Weddington representatives. They understood that the finances were there but there was no detail of when it would be released. Mr Nuttall confirmed due to Purdah there were restrictions in place on what the CCG could discuss. He could confirm that the process for having a new surgery in Weddington had a timeframe for completion in 2021 and he was assured as a Committee it was moving as fast as it could to deliver this , in addition the Committee was assured that there was capacity in the surrounding current practices.</p>	
7.	<p><u>Policies for Decision</u></p> <p><u>Flash (Freestyle Libre®) Glucose Monitoring Clinical Commissioning Policy</u></p> <p>Dr Yadav presented this policy which was recommended to the Governing Body by the CCG’s Finance and Performance Committee and confirmed that this was an update of the current policy and was in response to NHS England releasing new national funding arrangements and guidance for Flash Glucose monitoring. This Commissioning Policy outlined the patient eligibility criteria for funding of Flash Glucose monitoring for people with Type 1 diabetes.</p> <ul style="list-style-type: none"> • APPROVED the Flash (Freestyle Libre®) Glucose Monitoring Clinical Commissioning Policy 	
8.	<p><u>For Information</u></p> <p><u>Communications and Engagement Report</u></p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members:</p> <ul style="list-style-type: none"> • NOTED the Communications and Engagement report. 	
9.	<p><u>Questions From Visitors:</u></p> <p><u>Question 1:</u></p> <p>A Weddington Councillor said that he had been involved in the development of Weddington since 2011 when the land was agreed and that the land would be available in January 2020. He said that there could have been design work carried out in the last 6 months but this did not happen. He was told that the CCG would do its business case in June 2019 and although he had been chasing he has received little feedback. He felt that there should be a timetable and a definite date for completion. He had a concern that the GPs practices in Nuneaton were busy and would soon have winter pressures and a new surgery was therefore needed. He was told recently there was consideration to have the development on different land but this would mean £1m being ‘thrown away’. The Section 31 money said ‘Church Lane’. He asked the CCG to commit today to moving forward at speed.</p> <p><u>Response</u></p> <p>Dr Raistrick thanked the Councillor for bringing this question to the Governing Body today. Mr Stokes offered to meet with the Councillor and Ms Northcote to discuss this and update him. Mr Allcock said that he was assured that the Primary Care Committee had been keeping up to date by Ms Northcote and she had assured him that she and Ms Uwins had been in communication with the Councillor. He said that because the business case was being formulated there was a refreshed options appraisal being taken as part of the due diligence which is expected but this is not affecting the timeframe.</p> <p>Dr Raistrick said that the CCG was committed to finding good primary care services for people</p>	

Item No:		Action
	<p>moving into Weddington and the CCG would work with the councillor to look at the trajectory of this.</p> <p>The Councillor also said that he was glad that there had been a discussion in the Governing Body about A&E waits in respect of the de-escalated as a risk because what matters was that the problem was solved and not that the goalposts were changed. He was very concerned about the Level 3 at UHCW before the winter pressures and hoped that the CCG could gain assurance from the provider. Ms Galloway said that this was an area which was at Level 3 on the CCGs Quality Assurance Framework ,updates and assurances are reported to the CCG's Clinical Quality and Governance Committee meetings. There are also regular quality meetings with the Trust.</p> <p>Question 2: A member of the public asked a question about an item being missed (Learning Disability and Mortality Review) and Dr Raistrick explained that there had been a revised agenda with that item being removed due to the political sensitivities during Purdah.</p> <p><u>Response</u> Ms Galloway said that this was the first annual report of the learning disability and mortality review and it would be brought to the Governing Body in January 2020.</p> <p>Question 3: A member of the public said that he was a mental health service user and thanked Dr Staveley for the work she had done with mental illness during November 2019. He asked about mental health in primary care and asked if there could there be a mental health walk in unit within surgeries in Bedworth, Nuneaton and Atherstone. He said that this would take the workload of GPs and patients could perhaps see a mental health nurse or staff from the community mental health team.</p> <p><u>Response</u> Dr Staveley said that clinical leads meetings had recently started taking place in Warwickshire North where they discussed ideas and she would bring up this suggestion at the next meeting which was being held tomorrow. She would also take it to the next Clinical Executive meeting where it could be discussed. Dr Staveley asked the members of the public to leave their contact details so that feedback could be given.</p> <p>Question 4: A North Warwickshire Borough Councillor said that the stroke meetings had now been postponed until January 2020 but she could not trace a date for a meeting in the rural area of North Warwickshire and asked if this could be re-instated.</p> <p><u>Response</u> Mr Stokes said that unfortunately the CCG was not able to announce new dates while it was in Purdah.</p> <p>The member of the public said that dates were being circulated at a GP meeting yesterday evening.</p> <p>Ms Uwins said that the dates in January had not been changed and that there were six new dates but as Mr Stokes has said the CCG could not publish these new dates.</p>	
10.	<p><u>Any Other Business</u></p> <p>Mr Orton said that the Patient Forum had received correspondence confirming that NHS 111 was being reassigned to West Midlands Ambulance Service (WMAS). He asked if the CCG could give assurance that the service was not going to be diminished and there would be the same standard from WMAS. Mr Stokes said that a lot of work had gone into this change of provider and there were regular catch up meetings with WMAS in order to gain assurance. Mr Stokes hoped that the link between 111 and 999 would be strengthened so that there was a better response and he confirmed he would keep the Governing Body updated.</p>	

Item No:		Action
11.	<p><u>Date of the Next Meeting Held in Public:</u> Date: Wednesday, 22nd January 2020 Venue: Parkside House, Quinton Road, Coventry Time: 2.15pm – 4pm</p>	

Signature:

(Chair CRCCG)

Date:

Signature:

(Chair WNCCG)

Date:

DRAFT