

**Unconfirmed Minutes of the Governing Body Meetings in Common Held in Public
on Wednesday 12th September 2018 at 2.45pm**

Venue: Ellen Terry Suite, Council House, Earl Street, Coventry

Present:	
Dr Sarah Raistrick	Chair - CRCCG
Dr Deryth Stevens	Chair - WNCCG
Ms Andrea Green	Chief Officer
Ms Sue Turner	Practice Network Lead: North Warwickshire - WNCCG
Mr Derek Pickard	Lay Member – Patient and Public Involvement - WNCCG
Dr Peter O'Brien	Clinical Locality Lead, Inspires - CRCCG
Dr Steve Allen	Clinical Director
Dr Prashant Kokodkar	Secondary Care Specialist Consultant - CRCCG
Mrs Clare Hollingworth	Chief Finance Officer
Ms Jo Galloway	Chief Nurse
Ms Liz Gaulton	Director of Public Health, Coventry - CRCCG
Dr Chris Pycok	Secondary Care Doctor - WNCCG
Ms Rachel Robinson	Consultant in Public Health Medicine – WNCCG
Mr Chris Stainforth	Lay Member – Audit and Governance - CRCCG
Mr David Allcock	Lay Member for Audit and Governance - WNCCG
Mr Graham Nuttall	Lay Member - Primary Care - WNCCG
Apologies:	
Dr John Linnane	Director of Public Health, Warwickshire
Dr Deepika Yadav	Rugby Locality Lead - CRCCG
Dr Arshad Khan	Clinical Lead - WNCCG
Dr Godwin Igodo	Clinical Lead - WNCCG
Mr Ludlow Johnson	Lay Member for Patient and Public Involvement and Equality - CRCCG
Ms Claire Forkes	Lay Member – Patient and Public Involvement - CRCCG
Dr Inayat Ullah	Practice Network Lead: Nuneaton and Bedworth - WNCCG
Dr Imogen Staveley	Clinical Lead - WNCCG
In Attendance:	
Mr Chris Jarvis	Inferim Deputy Director of Corporate Affairs
Mrs Tricia Lowe	Senior Independent Advisor for Patient Engagement - WNCCG
Mr Steven Jarman-Davies	Director of Acute Contracting and Performance
Ms Jenni Northcote	Chief Strategy and Primary Care Officer
Mrs Julie Seaborne	Corporate Governance Officer
Mrs Laura Whiteley	Corporate Governance Manager

Item No:		Action
1. 1.1	<p><u>Standing Items:</u></p> <p>Welcome and Apologies</p> <p>Dr Raistrick welcomed Members of both NHS Coventry and Rugby CCG (CRCCG) and NHS Warwickshire North (WNCCG) Governing Bodies and public attendees to the meetings in common. Apologies were noted as indicated above.</p>	
1.2	<p><u>Declarations of Interest:</u></p> <p>Members noted the Declarations of Interest in Enclosure A and were reminded of the need to declare their interest in any items requiring a decision and to remove themselves from such decision making.</p> <p>No additional declarations of interest were made.</p>	
1.3	<p><u>Minutes of the Last Meeting:12th July 2018</u></p> <p>The minutes of the meeting held on 12th July 2018 were approved as a correct record of the meeting.</p>	
1.4	<p><u>Matters Arising And Action Schedule:</u></p> <p>Matters Arising: There were no matters arising from the 12th July 2018 meeting.</p> <p>Action Schedule: CRCCG/WNCCG Action Ref 54: Local Maternity System Transformation Plan Performance Report: <i>Ms Green suggested that a performance report was presented to the Governing Body meeting every 6 months, with the next report scheduled for the September 2018 meeting. Report to the September 2018 Governing Body meeting to contain a specific update on workforce.</i> It was agreed that this item would be carried forward to the November 2018 Governing Body update for an update.</p>	
1.5	<p><u>Chair's Report:</u></p> <p>(A) Coventry and Rugby CCG:</p> <p>Dr Raistrick presented her Chair's report which included the following key points:</p> <ul style="list-style-type: none"> • The NHS Coventry and Rugby CCG's Annual General Meeting had been held in Rugby in July 2018. This had been a positive event with a large attendance and engagement from a wide section of the public and stakeholders giving an opportunity for the CCG to share its annual report alongside showcasing some highlights of work the CCG had undertaken. • There had been a meeting of the Joint Place Forum in July 2018, which had seen the coming together of Coventry and Warwickshire Health and Wellbeing Boards. Dr Raistrick said that this had been a very positive step in positioning health and social care, along with community stakeholders in this statutory committee which was in a strong position to shape and influence the wider determinants of health and wellbeing across our STP footprint. • Working closer together was also on the agenda at the CCG's Governing Body Development Session in August 2018 as it looked at what the future 	

Item No:		Action
	<p>commissioning landscape holds and how it made informed decisions about future ways of working that would best serve its local population.</p> <ul style="list-style-type: none"> • The next cycle of commissioning intentions was under review and population, stakeholder and membership opinion had been sought to help shape and prioritise plans to address inequalities in health and strive to provide safe, quality, exceptional care in a changing and challenging political and financial landscape. Dr Raistrick thanked all the teams involved in formulating and delivering this. • Recent media and charity reports had highlighted the rise in self harm and suicide attempts among young people nationally. Locally the CCG was experiencing the real challenge of this problem and was working hard to address both the immediate needs it created with its providers of children’s mental health services. The CCG was collaborating with the Council in seeking to understand and help resolve some of the wider determinants that were responsible for the escalation in self harming behaviour and mental “unwellness” among some of the younger members of the community. This continued to be a priority in terms of safe delivery of service but also in investigating the wider issues the problem raises for families and society. • Dr Raistrick confirmed that she had added endorsement to the West Midland’s Naloxone Ambition Document that was being spearheaded by West Midland’s Police and supported by Public Health, Council’s emergency services, voluntary sector and health across the CCG area. This had the intention to aim to be a “leading region for the training, distribution and appropriate use of the life-saving medication naloxone”. <p>NHS Coventry and Rugby CCG Governing Body RESOLVED to NOTE the NHS Coventry and Rugby Chair’s report.</p> <p>(B) Warwickshire North CCG:</p> <p>Dr Stevens presented her Chair’s Report and noted the following key points within it:</p> <ul style="list-style-type: none"> • The CCG was now moving forward on GP clusters and practices were laying down the foundations of closer working, both with other local practices and with community teams. This should lead to benefits both to patients and the practices. • In respect of GP Extended Access the CCG had now introduced an initial offer and plan to roll this out to other sites in the near future. It had been reported that it was going well to date. • For delegation of GP services, the Primary Care Committee continued to meet regularly and the delegation process has gone smoothly to date. <p>The Governing Body RESOLVED to NOTE the NHS Warwickshire North CCG’s Chair’s report.</p>	
1.6	<p><u>Chief Officer’s Report</u></p> <p>Ms Green presented her Chief Officer’s Report and confirmed that the purpose of her report was to provide members of the Governing Bodies with information on key activities undertaken by the Chief Officer since the last Governing Body meeting in common in July 2018, and any pertinent issues not covered elsewhere on the</p>	

Item No:		Action
	<p>agenda.</p> <p>Ms Green highlighted the following from her report:</p> <p>Strategic Commissioning Joint Committee The 3 CCGs established a Strategic Commissioning Joint Committee (SCJC) in July 2017, with the aim of creating a governance mechanism to support joint commissioning decisions relating to Coventry and Warwickshire as a whole. As part of evolution towards an Integrated Care System and agreed ambition for the development of a single strategic commissioning function by April 2019, the committee wished to amend the Terms of Reference for the SCJC. Attached with Ms Green's report were these Terms of Reference which had track changes for review and decision by each Governing Body.</p> <p>Place Forum, Alliance Concordat, updated Health and Care Design & Four "Places" agreed The Coventry and Warwickshire Place Forum met on the 16th July 2018, and agreed a revised Health Alliance Concordat and a proposition from the system executives, that the future Integrated Care System would have four Places which would create Integrated Care Partnerships. The four Places were Coventry, Rugby Warwickshire North and South Warwickshire.</p> <p>Stroke Improvement Programme – West Midlands Clinical Senate review 25th July 2018 Programme leads had participated in a next stage NHSE Assurance Panel on 25th May 2018 and the Panel had been impressed by the progress that the programme had made since the strategic sense check in May 2017. They assessed that the Programme had partially met the requirements but further work and evidence was required on each prior to being ready for consultation. Work had progressed on the actions required by the West Midlands Clinical Senate and they had confirmed they were assured that the recommendations had been actioned, and that improvements had already been made in the Sentinel Stroke National Audit data and Speech and Language therapy.</p> <p>Ms Green confirmed that there would be some public and patient events in each area at the end of September 2018 to share the recent work which had been focusing on some very detailed rehabilitation workforce modelling. This had been in response to the 2017 engagement with the public, whereby people wanted to feel confident that the workforce would be in place before making changes to any hospital services.</p> <p>CCG Stars As part of our celebrations of the NHS 70th year, Ms Green reported that the CCGs had developed a programme for staff to nominate "CCG Stars" where they felt members of staff were actively demonstrating the new CCG values, core NHS values and going the extra mile as part of their daily jobs. Ms Green said that she has had the pleasure of making 7 awards so far, and would be making another 2 shortly. Governing Body Members could find more details of the awards on the intranet and staff newsletter.</p> <p>NHS Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members RESOLVED to:</p> <ul style="list-style-type: none"> - NOTE the Chief Officer's Report and to APPROVE the changes made to the revised Terms of Reference for the Strategic Commissioning Joint Committee 	

Item No:		Action
2. 2.1	<p><u>Strategy and Planning:</u></p> <p><u>Public Health Report</u></p> <p>Coventry and Rugby</p> <p>Ms Gaulton reported that the Coventry Public Health team had launched a newly developed 0-19 family health and lifestyle service (bringing together health visiting, school nursing, family nurse partnership, lifestyles services and specialist infant feeding/BME services) which had gone live on 1st September 2018.</p> <p>The team had also recently launched an integrated healthy lifestyle service – Healthy Lifestyle Service Coventry. The service would support people with a variety of lifestyle behaviour changes including stopping smoking, becoming more active, becoming a healthy weight and reducing alcohol consumption. Dr O'Brien suggested that information on this be placed on the GP's Gateway website to inform GPs.</p> <p>The Public Health team had organised events around Suicide Prevention Day which had been held on 11th September 2018 and had included work with Coventry and Warwickshire Partnership Trust.</p> <p>Warwickshire</p> <p>Ms Robinson gave an update on the work of the Warwickshire Public Health team.</p> <p>The Warwickshire North Health and Wellbeing Partnership and the Rugby Health and Wellbeing Partnership had both extended the remit and membership of their groups to include Providers. They are both formally the local integrated care partnership for their respective areas. The Rugby Partnership was focusing on businesses and wellness at work, health in independent housing and frailty. The Warwickshire North group had also been looking at work in respect of the regeneration of Nuneaton in terms of housing. An update report for the Warwickshire North and Wellbeing Partnership would be taken to the Warwickshire Health and Wellbeing Board on 18th September 2018.</p> <p>An update on the Joint Strategic Needs Assessment (JSNA) would also be taken to the Warwickshire Health and Wellbeing Board on 18th September 2018 to provide progress with the JSNA work programme, including the place-based needs assessments themselves but also other supporting areas of work.</p> <p>Warwickshire County Council, as a member of the county's Housing and Health Board, was set to hold a conference on 27th September 2018 specifically to explore and address the issues that contribute to homelessness in the county. The event, the first conference of its kind in Warwickshire, would bring together stakeholders, including Warwick District Council, who were helping to develop a countywide strategy to reduce homelessness.</p> <p>Ms Robinson reminded members of the Governing Body of the Warm and Well in Warwickshire campaign. The team had been working to reduce the risk that cold weather posed to health in particular to vulnerable people and campaigns continued to ensure eligible persons receive their flu jabs, and long term interventions, such as financial support and guidance around insulating houses and switching energy suppliers. The campaign offers advice on remaining healthy in cold weather. The Stay Well website https://www.nhs.uk/staywell/ provides more information and a freephone helpline, run by Act On Energy, is currently available in Warwickshire to help vulnerable and older people keep warm and well in winter. Advisors are available from Monday to Friday from 9.00am – 5.00pm to ensure people receive help and advice this winter.</p>	

Item No:		Action
	<p>Ms Robinson said that she would bring information back to the next meeting within the public health report, an update in respect of Making Every Contact Count (MECC) which was an initiative that offered brief intervention training to frontline staff within health and social care services. The aim of the training programme was to help encourage staff to have a brief conversation with patients and members of the public about healthy lifestyles. This training was being given to reception staff across Warwickshire North on the 19th September to promote signposting in primary care.</p> <p>The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies NOTED the report.</p>	
2.2	<p><u>Commissioning Intentions</u></p> <p>Ms Northcote presented the Commissioning Intentions report and noted the following key points:</p> <ul style="list-style-type: none"> • All CCGs were required to develop and publish commissioning intentions on an annual basis • Commissioning Intentions represent the CCGs “Commitments to Health” • The 2019/20 commissioning Intentions had been developed in the context of: <ul style="list-style-type: none"> – Local population health needs as defined by the Coventry and Warwickshire Joint Strategic Needs Assessments (JSNAs) – National Health deliverables for 2019/20, focusing on areas of key performance challenges for the CCGs. • The Commissioning Intentions also set out the strategic direction for the CCG within the context of the local System identifying opportunities to develop system level commissioning as well as keeping a focus on local commissioning priorities. • At a strategic level the commissioning intentions set out plans to develop strategic commissioning across Coventry and Warwickshire and how the CCGs would support providers to find new ways of working with each other. • The commissioning intentions had been informed by a detailed stocktake to identify progress to date and proposed next steps. The detailed commissioning plan had been taken through the CCGs governance structure and discussed during Governing Body Development sessions; and would be available once commissioning intentions had been approved. • The draft commissioning intentions reflect key deliverables against six work programme areas for 2019/20 have been identified and summarised in the commissioning intentions report. • The CCG had engaged with a wide range of groups and forums including: <ul style="list-style-type: none"> – CCG Clinical Executive Groups – CCG Governing Body and member practices – Local Health and Wellbeing Boards – HealthWatch – CCG Annual General Meetings. <p>Governing Body Members RESOLVED to</p> <ol style="list-style-type: none"> 1. Note the process undertaken to develop the Warwickshire North CCG and Coventry and Rugby CCG refreshed commissioning intentions for 2019/20; 2. Endorse the commissioning intentions. 3. Agree the process for final approval for the ‘public facing’ commissioning intentions documents. 	

Item No:		Action
2.3	<p><u>Communications and Engagement Report</u></p> <p>Ms Northcote presented the Communications and Engagement report to provide an overview of communications and engagement activity undertaken during July – August 2018. Ms Northcote confirmed that NHS Coventry and Rugby CCG and NHS Warwickshire North CCG continued to undertake a full range of communications and engagement activity during the reporting period. The report outlined how both CCGs had met their statutory obligations for communications, engagement and involvement in this reporting period</p> <p>The Governing Bodies RESOLVED to NOTE the report, which was provided for assurance and information.</p>	
3. 3.1	<p><u>Quality, Safety and Performance:</u></p> <p><u>Patient Story – Living with Prostate Problems</u></p> <p>Ms Galloway welcomed Mr Ravinder Singh Kundra to the meeting who had attended to present his patient story about living with prostate problems to members.</p> <p>Mr Jarman-Davies gave some background to prostate cancer and reported that it was estimated 1 in 2 of people would be affected by a urology condition in their lifetime with diseases and cancers of the kidneys, bladder, prostate and the male reproductive system becoming more prevalent and affecting the lives of millions of men, women and children in the UK. In the UK about one in eight men will get prostate cancer at some point in their lives; men over 50, men with a family history of prostate cancer and black men are more at risk of getting prostate cancer.</p> <p>Mr Singh Kundra gave his presentation about his experiences of living with prostate cancer and Dr Raistrick thanked him for his very informative talk and for sharing his story with members of the Governing Body.</p>	
3.2	<p><u>Integrated Safety, Quality and Performance Report</u></p> <p><u>Performance</u></p> <p>Mr Jarman-Davies presented the performance section of the report and confirmed that:</p> <p><u>Referral to Treatment Times (RTT)</u></p> <p>85.9% of Coventry and Rugby CCG patients had been waiting less than 18 weeks from their GP referral date to be seen or treated by a hospital specialist against a target of 92%. The figure for WNCCG was 83.5%.</p> <p>There were 28 Coventry and Rugby CCG patients waiting over 52 weeks. 21 were waiting at University Hospitals Coventry and Warwickshire Trust (UHCW), one at Royal Free London NHS Foundation Trust (General Surgery), four at the Royal Orthopaedic Hospital NHS Trust (Specialist Orthopaedic), one at Oxford University Hospitals NHS Trust (Orthopaedic) and one at the London North West University Healthcare Trust (ENT). There was one Warwickshire North CCG over 52 week breach, who was waiting at UHCW.</p> <p>Both CCGs had achieved the waiting times target with 99.6% of CRCCG and 99.4% of Warwickshire North CCG patients receiving diagnostic tests within 6 weeks of referral.</p> <p><u>A & E 4 hour waits</u></p> <p>A & E 4 hour waits performance was 89.3% at UHCW, remaining below the 95% target, but a significant improvement on the April position. George Eliot Hospital</p>	

Item No:		Action
	<p>(GEH) also underachieved, with 91.6% of patients seen within 4 hours.</p> <p>Cancer waiting times Coventry and Rugby CCG had underachieved in quarter 1 against the cancer two week wait for outpatient appointment for patients referred urgently with breast symptoms at 83.5%. Warwickshire North CCG had underachieved against the 62 day wait target for screening at 85.7%. Other targets had been achieved. Two patients at UHCW had waited more than 104 days from referral to treatment. There were no 104 day breaches at GEH.</p> <p>Mixed Sex Accommodation There were no Mixed Sex Accommodation breaches for Coventry and Rugby CCG or for Warwickshire North CCG patients.</p> <p>Cancelled Operations There were 39 patients in quarter one who had operations cancelled at UHCW, on or after the day of admission for non-clinical reasons and had not offered another binding date within 28 days, a reduction on the quarter 4 position. Five cancellations at GEH had not offered another binding date within 28 days.</p> <p>Dementia Diagnosis Both CCGs continued to underachieve against the 67% dementia diagnosis target, with 59.2% of the estimated dementia cases diagnosed for Coventry and Rugby CCG and 59.0% for Warwickshire North CCG.</p> <p>Early Intervention in Psychosis (EIP) Coventry and Rugby CCG underachieved at 25% and WNCCG marginally underachieved at 50% against the 53% EIP target.</p> <p>IAPT Coventry and Rugby CCG underachieved against the 2018/19 19% annual IAPT access target in April at 18.1%. However this was an improvement on the Q4 position at 15.7%. Warwickshire North CCG had also underachieved at 17%. The IAPT recovery rate targets had been met in April 2018 by both CCGs.</p> <p>Safety and Quality Ms Galloway presented the Safety and Quality section of the report to provide assurance to the Governing Body of the performance of services commissioned by Coventry and Warwickshire and Warwickshire North CCGs for the month of June 2018 (unless otherwise specified). The report also provided an update on quality concerns within commissioned services that are either being investigated or are being monitored against improvement plans.</p> <p>Key points within the report were:</p> <p>University Hospitals Coventry and Warwickshire (UHCW) There were three areas on Level 2 and four areas on Level 3 of the CCG Quality Assurance Framework:</p> <ul style="list-style-type: none"> • Level 2 – A CQC inspection had taken place from 23 April to 1 June 2018 and the overall CQC rating of the Trust had been ‘required improvement’. The trust was developing an action plan in response to this and the report would be discussed at the next CCGs’ Clinical Quality Review Meeting. • Level 2 – There had been a risk relating to Dermatology and delays for first clinic appointments; it had been positive to note that waiting times had now significantly improved and the target had been met for June 2018. • Level 2 – The midwife to birth ratios had been reported as 1:34 for June 2018. The Trust had made some positive progress with recruitment and the 	

Item No:		Action
	<p>ratio would be monitored as part of the midwifery dashboard at CQRM.</p> <ul style="list-style-type: none"> • Level 3 – The CCG continued to monitor implications associated with delays in urgent clinic letters that should be sent within 7 days. • Level 3 – The CCG had formally raised concerns with the Trust in relation to its internal management systems used to manage patient follow up appointments. The CCG was utilising formal contractual mechanisms to gain assurance and confirmation of the management plan to resolve this issue. • Level 3 – The Trust was not currently meeting the 4 hour Accident and Emergency target. Following a request from the CCG, the Trust had presented a review of serious incidents to CQRM. No themes or trends were identified and a follow up quality assurance visit will be undertaken. Urgent and emergency services at University Hospital continued to be rated as requires improvement by CQC. • Level 3 (system-wide issue) – The Trust had been experiencing increased risk and capacity issues on Ward 14 due to issues relating to children and young people in crisis being cared for on the paediatric ward. A multi-agency group is working to develop alternative solutions to alleviate system pressures on Ward 14. A business case for a CAMHS tier 3.5 service had been developed. <p>Coventry and Warwickshire Partnership Trust (CWPT) There were four areas on Level 2 of the CCG Quality Assurance Framework:</p> <ul style="list-style-type: none"> • Level 2 - The Trust had reported that there was an eleven month waiting time for the Adult ASD diagnosis service. The Trust had been undertaking work to review patient pathways, referrals and eligibility criteria. The CCG had been working with the Trust to re-scope the pathway and activity in order to manage demand. • Level 2 – Following the June 2017 inspection, the CQC rated the Trust as ‘required improvement’. The Trust had an action plan in place which was monitored at CQRM. CQC would be undertaking a well led inspection between 2 and 4 October 2018. • Level 2 - The Care Quality Commission (CQC) inspection identified long waiting times for access to child and adolescent mental health services (CAMHS). The CCG had issued a contract performance notice and also conducted follow up quality assurance visit in July 2018. The visit provided assurance that processes were in place to support patients in crisis, the waiting list was better managed and the wait to follow up for core interventions is reducing. • Level 2 - In response to a serious incident, the Trust had developed an action plan and initiated a review of wound care across Integrated Community Services. CWPT provided an update at the July 2018 CQRM. <p>George Eliot Hospital (GEH) There were three areas on level 2 of the CCG Quality Assurance Framework:</p> <ul style="list-style-type: none"> • Level 2 – Following the October 2017 inspection, the CQC rated the Trust as ‘required improvement’. A Quality Oversight and Assurance Group had been set up to provide assurance to system stakeholders that associated clinical and quality risks had been appropriately assessed and addressed. • Level 2 – End of life care had been rated as inadequate by CQC in January 2018 and there had been recruitment challenges experienced within this service. The Trust had been successful in its recruitment of an End of Life Consultant and a Lead Nurse and both were expected to be in post within the next couple of months. Recruitment of a second End of Life Consultant was underway. • Level 2 –The Trust did not achieve the required 85% compliance of the total workforce to complete Workshop to Raise Awareness of Prevent (WRAP) 	

Item No:		Action
	<p>training by March 2018. The Trust had a plan and trajectory in place which set out to achieve compliance by the end of September 2018.</p> <p>Cygnnet, Coventry A CQC re-inspection at Cygnnet had taken place in June 2018 and CQC had rated the service as overall good.</p> <p>The Pears, RNIB The Pears was a care and education facility for children and adolescents with complex health needs, provided by the Royal National Institute for the Blind. The Pears was rated as Inadequate following a review from OFSTED. The CCG was working with stakeholders to provide support to the provider.</p> <p>NHS Coventry and Rugby CCG and NHS Warwickshire North CCG Governing Body members RESOLVED to NOTE the report.</p>	
4.	<p><u>Financial Performance</u></p> <p>4.1 <u>Finance and Contract Reports Month 4:</u></p> <p>Mrs Hollingworth presented the Finance and Contract Reports for Month 4 for both CCGs to advise Members of the financial position of the CCGs up to 31st July 2018 (Month 4 – 2018/19) and also to advise of any other financial issues likely to impact in the current financial year.</p> <p>Mrs Hollingworth said that there were financial health warnings for both CCGs and the CCGs' Finance and Performance Committees were overseeing risk mitigation plans for each CCG.</p> <p>Mrs Hollingworth advised that whilst both CCGs were reporting an 'on Plan' position at Month 4, each faced an increasing risk profile. Mrs Hollingworth advised that given the risks to the planned position she would give a fuller commentary than usual.</p> <p>Acute Care - an over-spend of £5.9m was forecast for CRCCG, partly linked to the non-achievement of QIPP which in turn was driven by a significant increase in GP referrals. There has also been a significant increase in the cost of emergency care without any increase in activity volumes. The reported forecast position assumed the CCG would benefit from a significant value of contract challenge. For WNCCG, an over-performance of £2.7m was forecast, again principally resulting from a failure to achieve planned QIPP savings. However, for George Eliot Hospital a significant under-performance on Electives was masking a significant over-performance on Emergency Care where activity was 6% above Plan.</p> <p>Prescribing – CRCCG was forecasting a £1.5m over-spend driven by £0.5m NCSO issue and a £0.8m cost pressure in relation to Category M prices. The slower than anticipated roll-out of the repeat prescribing order line (POD) was also contributing. WNCCG was facing the same cost pressures (£0.8m in total) but these were offset by the impact of POD appears to be positively impacting on prescribing volumes, resulting in a forecast over-spend of just £150k.</p> <p>Continuing Healthcare/Section 117 – both CCGs were forecasting over-spend against these budgets, £900k for CRCCG and £500k for WNCCG. Both CCGs were failing to contain growth and recruitment issues were meaning that less reviews were being undertaken than planned. Both of these issues contribute to the reported under-achievement against associated QIPP targets.</p> <p>QIPP - both CCGs were forecasting circa 88% delivery against recurrent QIPP</p>	

Item No:		Action
	<p>schemes, increasing to 96% delivery overall when non-recurrent flexibilities were applied. The report identified additional QIPP delivery risk of £2.2m for CRCCG and £1.1m for WNCCG. Mrs Hollingworth advised that these risks were likely to be brought into the reported position for Month 5.</p> <p>Mrs Hollingworth concluded that both CCG finance plans were still achievable but only if adequate risk mitigations were identified and implemented in the second half of the year. The CCGs Finance and Performance Committees would continued to be fully briefed on the level of risks and the action being taken to address. Mrs Hollingworth advised that she was expecting NHSE to ask for sight of the CCGs' mitigation plans. The next few months would be crucial and Mrs Hollingworth said that she would have a better assessment in November 2018 of each CCG's ability to deliver its agreed Plan.</p> <p>Dr Raistrick thanked Mrs Hollingworth and her team for their hard work and acknowledged that this was a difficult situation.</p> <p>Given the seriousness of the financial situation, it was agreed to move the Finance item higher up the Governing Body agenda going forward.</p> <p>NHS Coventry and Rugby Governing Body members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the overall position for Month 4 but with an increasing risk profile • NOTE the areas being escalated to the Governing Body. • NOTE that a Financial Recovery Plan has been requested and will be reviewed by the Finance & Performance Committee in September. <p>Warwickshire North Governing Body Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE that an overall balanced position is reported for Month 4 but with an increasing risk profile • NOTE the areas being escalated to the Governing Body. • NOTE that a Financial Recovery Plan has been requested and will be reviewed by the Finance & Performance Committee in September. 	
4.2	<p><u>Procurement Update Report</u></p> <p>Mrs Hollingworth presented the Procurement Report which detailed the status of the procurement pipeline of each CCG.</p> <p>Coventry and Rugby CCG and Warwickshire North Governing Body members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE and be ASSURED as to the progress of the current procurements • NOTE the procurement pipeline and the decisions that will be required over the next few months 	
7.	<p><u>Committee Reports for Information:</u></p> <p>Committees in Common Reports</p> <p>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members NOTED the following Committee reports:</p> <ul style="list-style-type: none"> • Commissioning, Finance and Performance Committees in Common: 28 June and 26th July 2018 • Clinical Quality and Governance Committee in Common: 28th June 2018 	

Item No:		Action
8.	<u>Questions From Visitors:</u>	
8.1	There were no questions from visitors.	
9.	<u>Any Other Business:</u>	
	None declared.	
10.	<u>Date of the Next Meeting Held in Public:</u>	
	Date: 8 th November 2018 Venue: Heron House, Nuneaton Time: 2.45pm – 4pm	

Signature:

(Chair CRCCG)

Date:

Signature:

(Chair WNCCG)

Date:

DRAFT