Unconfirmed Minutes of the Governing Body Meetings in Common Held in Public on Thursday 8th November 2018 at 2.45pm

Venue: Endeavour / Serendipity / Synergy Meeting Rooms, Heron House, Nuneaton

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
Ms Jo Galloway	Chief Nurse
Ms Liz Gaulton	Director of Public Health, Coventry City Council
Dr Chris Pycock	Secondary Care Doctor - 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
Dr Deepika Yadav	Rugby Locality Lead - CRCCG
Dr Arshad Khan	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
Apologies:	
Ms Rachel Robinson	Consultant in Public Health Medicine
Mrs Clare Hollingworth	Chief Finance Officer
Dr Inayat Ullah	Practice Network Lead: Nuneaton and Bedworth - WNCCG
Dr John Linnane	Director of Public Health, Warwickshire County Council
In Attendance:	
Mrs Anita Wilson	Associate Director of Governance and Corporate Affairs
Mrs Tricia Lowe	Senior Independent Advisor for Patient Engagement - WNCCG
Mr Steven Jarman-Davies	Director of Acute Contracting and Performance
Mr Chris Lonsdale	Director of Finance
Mrs Jo Dillon (from 15:55 until 16:05)	Deputy Director of Commissioning
Miss Victoria Watts	Governance Officer (Minutes)

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1.	**Standing Items:**	
1.1	**Welcome and Apologies** Dr Raistrick welcomed Members of both NHS Coventry and Rugby CCG (CRCCG) and NHS Warwickshire North CCG (WNCCG) Governing Bodies and public attendees to the meetings in common. Apologies were noted as indicated above.	
1.2	**Declarations of Interest:** Members were reminded of the need to declare their interest in any items requiring a decision and to remove themselves from such decision making. Dr Raistrick had declared at the Closed meeting that her former employer and mentor was bidding for a contract with the CCGs in relation to online consultations. No other declarations of interest were made.	
1.3	**Minutes of the Last Meeting: 12th September 2018** The minutes of the meeting held on 12th September 2018 were approved as a correct record of the meeting.	
1.4	**Matters Arising And Action Schedule:** **Matters Arising:** There were no matters arising from the 12th September 2018 meeting. **Action Schedule:** The action relating to the Local Maternity System Transformation Plan Performance Report had been marked as complete as it was due to be discussed at the meeting.	
1.5	**Chair's Report:** **(A) WNCCG:** Dr Steven's report included the following: • **Clinical Design Authority Clinical Strategy:** The Clinical Design Authority was in the final stages of drafting a clinical strategy for the Coventry and Warwickshire STP. • **Chair Advisory Group:** A meeting of the provider Chairs and the STP Chair was convened in September 2018. The group was tasked to promote closer working, better integration of services and a more strategic view of the evolution of the STP, Integrated Care Systems (ICS) and placed based teams. Funding was in place for the meeting to become ongoing. • **Warwickshire North Health and Wellbeing Partnership:** Dr Stevens felt that the Partnership was an exemplar of a placed based team, with the right people around the table able to influence the utilisation of resources to improve services, infrastructure and address the wider determinants of health such as housing, employment and leisure activities. • **NHS 70 Awards:** GP practices were encouraged to nominate a colleague or team member to become a CCG star to celebrate the NHS turning 70 this year. Four CCG stars were awarded to primary care staff. WNCCG Members **NOTED** the WNCCG Chair's report.	

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	(B) CRCCG: Dr Raistrick's report included the following: • **STP Mental Health and Well-being Day on World Mental Health Day:** Dr Raistrick attended and co-facilitated a session on dementia diagnosis. She was assured that the CCG was making progress in relation to diagnosis of dementia. • **Flu Vaccination:** Dr Raistrick commended primary care and community colleagues who were delivering the flu vaccination campaign. • **Rugby Primary Care Protected Learning Time (PLT):** Dr Raistrick felt that Rugby was working strongly with a place based approach in its Integrated Community Partnership. She felt that Dr Yadav had done a good job of organising an interesting update for Members at the PLT. Dr Raistrick added that CRCCG had also awarded CCG stars to primary care colleagues. CRCCG Members **NOTED** the CRCCG Chair's report.	
1.6	**<u>Chief Officer's Report</u>** Ms Green summarised the main points from her report as follows: • **Collaborative Commissioning Board updated terms of reference for decision:** Ms Green apologised that the updated terms of reference had not been included with the report as intended. Ms Green confirmed that these would be circulated to Members following the meeting. Ms Green reported that the Collaborative Commissioning Board had discussed the findings from the collaborative review by health and Local Authority (LA) commissioners of the block contract for Learning Difficulty services at the September 2018 meeting. • **Progress on developing our Coventry, Rugby and Warwickshire North Places and Strategic Commissioning:** The CCGs aimed to conclude the initial work and agree a way forward in January 2019. • **Stroke Improvement Programme:** Public and patient views had been utilised to shape the appraisal criteria for an option appraisal of bedded rehabilitation. Members of the public and clinicians weighted the options at the options appraisal on the 5th November 2018. • **Emergency Preparedness, Resilience and Response (EPRR) and readiness for Winter:** Ms Green confirmed that Mr Jarman-Davies was the lead for winter readiness across Coventry and Warwickshire. • **NHS Long Term Plan:** It was expected that the plan would be released in December 2018. • **CCG Staff:** Dr Stevens had announced her decision to resign from her position as Chair of WNCCG. The CCGs had appointed a new Chief Transformation Officer and a replacement Associate Director of Governance and Corporate Affairs. Members of **BOTH** Governing Bodies **NOTED** the report.	**AG**

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2.	**Financial Performance**	
2.1	**Finance and Contract Reports: Month 6** **CRCCG** Mr Lonsdale presented the report, confirming the following: • The CCG continued to report an overall balanced position for Month 6 in line with the Plan agreed with NHS England (NHSE). If achieved, this would maintain the required 1.0% cumulative surplus of £6.0m to be carried forward into 2019/20. Mr Lonsdale added that the position had been reported with a 'health warning' and the CCG had a Financial Recovery Plan in place. • There was significant over-performance across the Acute portfolio. The reported Acute forecast assumed that the CCG would benefit from £7.5m of successful contract challenges and additional Quality Innovation Productivity Prevention (QIPP) delivery of £1.4m. Mr Lonsdale explained that there was a risk in relation to this, however, the CCG was progressing contract challenges and QIPP delivery. • QIPP was forecasting 57% achievement before application of reserves and 95% in total. • 90% of 0.5% contingency has been utilised to secure the reported year end position, leaving only £0.3m remaining. • An under-spend of £1.0m against Running Costs was forecast. • The Finance and Performance (F&P) Committee in Common recommended that Acute contract over-performance and the QIPP risk, together with the resultant need for urgent remedial action, continued to be highlighted to the Governing Body. Mr Stainforth offered assurance that the F&P Committee in Common had reviewed the report in detail. In response to a query from Mr Stainforth regarding the under-spend on running costs, Mr Lonsdale explained that the under-spend was planned and some additional capacity had been agreed for QIPP programmes. CRCCG Members: • **NOTED** the overall position for Month 4; and • **NOTED** the areas escalated to the Governing Body. **WNCCG** Mr Lonsdale presented the report, confirming the following: • The CCG continued to report an overall £0.9m deficit position for Month 6 in line with the Plan agreed with NHSE. If achieved, the in-year deficit of £0.9m would be added to the brought forward figure to give a total cumulative deficit of £18.8m before Commissioner Sustainability Fund. Mr Lonsdale added that the position had been reported with a 'health warning' and the CCG had a Financial Recovery Plan in place. • Significant over-performance was forecast for the Acute portfolio, driven by QIPP under-achievement, over-activity at University Hospitals Coventry and Warwickshire (UHCW) and the Emergency Ambulance contract. • There was considerable year to date under-performance at George Eliot Hospital (GEH) in relation to Planned Care and Outpatients. However, the CCG had seen activity growth in other providers as patients chose to move to providers with shorter waiting times, and GEH was planning to add additional capacity for the second half of the year.	

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	• The reported Acute forecast (£3.6m over) assumed the CCG would benefit from £0.8m of successful contract challenges and increased QIPP delivery of £1m. CL explained that there was a risk in relation to this. • QIPP was forecasting 79% achievement (£2.2m under achievement) before application of reserves and 93% in total (£0.8m under achievement). • 90% of 0.5% contingency had been utilised to secure the reported year end position, leaving only £0.1m remaining. • There was a running cost under-spend year to date due slippage on vacant posts, however this was due to be utilised by the end of the year. • The F&P Committee in Common recommended that Acute contract over-performance and the QIPP risk, together with the resultant need for urgent remedial action, continued to be highlighted to the Governing Body. In response to a query from Mr Allcock regarding the forecast outturn position, Mr Lonsdale confirmed that this was a 'better case scenario' and had therefore been reported alongside a 'health warning.' Mr Lonsdale explained that assumptions had been made regarding the mitigating actions within the Financial Recovery Plan. In response to a query from Mr Allcock, Mr Lonsdale confirmed that there were not any issues within the balance sheet that may affect the outturn position. In response to a query from Mr Allcock, Mr Lonsdale reported that South Warwickshire Foundation Trust (SWFT) had paid the debt owed to the CCG. WNCCG Members: • **NOTED** the overall position for Month 4; and • **NOTED** the areas being escalated to the Governing Body.	
2.2	**<u>Procurement Report</u>** Mr Lonsdale presented the report. He directed CRCCG Members to the information in section 2.4 regarding the Audiology Contract extension. It had been recommended that current contract end dates were aligned with WNCCG and approval was therefore sought to extend the current CRCCG contracts to 31st March 2020. Mr Lonsdale directed Members of both CCGs to the information in section 2.8 regarding the GP On-line Consultation Programme contract award. In order to meet national timelines, the Governing Body was asked to delegate authority to the Accountable Officer to make the contract award decision. Ms Green confirmed that she was the Accountable Officer. In response to a query from Mr Stainforth regarding care homes procurement and the work overseen by the Adult Joint Commissioning Board, Ms Green explained that this was undertaken on a market management approach. Members of **BOTH** Governing Bodies: • **NOTED** and were **ASSURED** as to the progress of the current procurements; • **NOTED** the procurement pipeline and the decisions that were required over the next few months; and • **DELEGATED** authority to the Accountable Officer to make the contract award decision for the GP On-line Consultation Programme. **CRCCG** Members **NOTED** the extension of the three Audiology AQP contracts to 31st March 2020 in order to align with the WNCCG contract and hence facilitate a future collaborative re-procurement.	

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3.	**Strategy and Planning:**	
3.1	**Public Health Report** **Coventry** Ms Gaulton gave a presentation on the Director of Public Health Annual Report for Coventry, entitled 'Healthier for Longer: Ensuring healthier futures for our communities'. The report focussed on ageing in good health, influencers on healthy life expectancy, taking care of the body and mind, and services for the older population. Dr Allen highlighted that there had been a national issue in relation to access to vaccinations. Ms Gaulton highlighted the gap between screening uptake in Coventry and the figure for England. She felt that collective work was needed to improve the uptake. Dr Kokodkar highlighted that there were mixed messaged from academics regarding the benefits of screening programmes. In response to a query from Dr Kokodkar, Ms Gaulton explained that she had found screening programmes to be worthwhile and cost effective. She reported that Jane Fowles was working to address issues around screening and was keen for there to be a shared focus between organisations. Ms Gaulton explained that CCG colleagues were key to the achievement of the recommendations outlined in the report. An update would be provided to the CCG on progress against the recommendations. In response to a query from Mrs Lowe regarding the definition of good health and poor health in relation to life expectancy, Ms Gaulton explained that it was a statistical measure based on a number of factors. Dr Raistrick reported that she had seen the health inequalities across Coventry in her work as a GP. Ms Galloway highlighted the role of workplaces in promoting good health. Ms Gaulton confirmed that the Coventry and Warwickshire Year of Wellbeing would involve workplaces. Ms Turner highlighted that people with mental illnesses died on average 20 years earlier than their peers. She felt that attention was needed on their physical health. CRCCG Members: • **NOTED** the content and recommendations of the 2017/18 DPH Annual Report; • **SUPPORTED** the dissemination of the report via the CCG website • **ENDORSED** the actions proposed. **Warwickshire** Dr Raistrick explained that apologies had been received from Dr Linnane and Ms Robinson. She encouraged Members to read the report, but hoped that it would be presented at the next meeting in January 2019.	
3.2	**Communications and Engagement Report** Dr Raistrick explained that Ms Northcote was not present at the meeting and the report was assumed as read. Members of **BOTH** Governing Bodies **NOTED** the report, which was provided for assurance and information.	

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4.	**Quality, Safety and Performance:**	
4.1	**Integrated Safety, Quality and Performance Report** **Safety and Quality:** Ms Galloway presented the safety and quality section of the report, which provided a high level overview of changes from the previous report. She summarised the following: • Coventry and Warwickshire Partnership Trust (CWPT) had reported an eleven month waiting time for the Adult Autistic Spectrum Disorder (ASD) diagnosis service. The Trust was undertaking a review of patient pathways, referrals and eligibility criteria, and the CCG had requested a recovery trajectory. • In relation to the contract performance notice for Child and Adolescent Mental Health Services (CAMHS), the CCG had been assured that children and families were offered a range of alternative support options and were prioritised by clinical need. The CAMHS elements of the Care Quality Commission (CQC) action plan had been completed and a recovery trajectory was in place. • CWPT had reported a total vacancy rate of 12.1% at the September 2018 Clinical Quality Review Meeting (CQRM). The CCG received assurance that the Trust met safer staffing levels on wards through staff members completing additional shifts and use of bank staff. Continuity of care was supported where possible and the Trust was focussed on recruitment and retention. • A new competency framework for healthcare staff was introduced in August 2018 which specified that Level 3 adult safeguarding training was now a requirement. CWPT's current compliance was 67%. • CWPT was not completing health care assessments for looked after children in line with statutory timescales. The quality impact of this was that children may not receive the appropriate therapeutic services they require. The children were being triaged to undertake the reviews in clinical priority of order. • CWPT had experienced an increase in referrals to Speech and Language Therapy and Occupational Therapy since the publication of the Special Educational Needs and Disability Code of Practice. A business case had been submitted to the LA for additional staffing to meet the demand. • In relation to GEH, no additional concerns had been added to the quality assurance framework since the previous report. End of Life care had been de-escalated following the October 2018 CQRM and assurance being gained from the Trust. • A CCG visit to the GEH A&E in July 2018 provided assurance that the Trust had addressed the improvement actions highlighted during the CQC visit. Outcomes from CQC inspections were monitored through the CQRM and the Quality Oversight Group. • There had been a significant improvement in Prevent WRAP Training at GEH as the Trust was closer to achieving the 85% target of the total workforce to complete the training by March 2019. The CCG continued to monitor the Trust's improvement. • In relation to UHCW, four concerns had been added to the quality assurance framework, one concern had been de-escalated from level 3 to level 2, and two had been de-escalated from level 2 to level 1. • The CCG was monitoring the midwife to birth ratio at UHCW via the CQRM. The Trust had recruited staff to work towards a 1:30 ratio. • Gynaecology services had been escalated to level 2 of the quality assurance framework in September 2018 due to UHCW's under performance against standards. The Trust was	

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	providing additional weekend clinics and an action plan was in place. • Ophthalmology services had escalated to level 2 of the quality assurance framework due to concerns highlighted through a Root Cause Analysis (RCA) of a small number of incidents where patients did not receive follow up appointments. • Mortality at UHCW had escalated to level 3 of the quality assurance framework due to a higher than expected Summary Hospital–Level Mortality Indicator (SHMI) range. Ms Galloway reported that the Hospital Standardised Mortality Ratio (HMSR) was also above the expected rate. A multiagency Mortality Oversight Group was co-ordinating a case note review. Dr Kokodkar had recently joined the Mortality Oversight Group and thought that the UHCW HMSR was within the expected range. He also reported that analysis was ongoing regarding the SHMI as it was thought that the morbidity of patients had not been picked up. Ms Green highlighted the importance of accurate morbidity data due to the effect on public confidence in the Trust, and requested that an update was provided to the Clinical Quality and Governance (CQG) Committee once analysis had been completed. Ms Galloway confirmed that she would also clarify the HMSR data and provide a correction to Members if necessary. • UHCW was rated as requiring improvement overall following a CQC inspection from 23 April to 1 June 2018. The Trust was developing an action plan and the report was due to be discussed at the next CQRM. • Quality visits were undertaken to the UHCW Emergency Department and the Urgent Care Centre at St Cross Hospital in Rugby during October 2018. The findings were positive overall with minor recommendations made. No patient safety concerns were identified. • A commissioner and provider task and finish group continued to meet weekly in relation to the Children and Young People in Crisis system wide issue. A system population health planning workshop was due to review the CAMHS pathway on the 9th November 2018. Phase one of the CAMHS Tier Three Plus service was being implemented through the extension of the Acute Liaison Team to a seven-day service. • Cygnet had been rated good overall by CQC following an inspection during June 2018. • CQC inspections had identified three CRCCG GP practices that required improvement overall. All WNCCG GP practices had been rated good overall. • The Royal National Institute for the Blind (RNIB) registered care home The Pears had been voluntarily closed and all patients had been repatriated. **Performance:** Mr Jarman-Davies presented the performance section of the report. He summarised the following: • 85.6% of CRCCG 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 80.8%. • A&E 4 hour waits performance was 90.8% at UHCW, remaining below the 95% target. GEH also underachieved, with 90.3% of patients seen within 4 hours. • The majority of cancer waiting time targets had been met. CRCCG underachieved against the cancer two week wait for first outpatient attendance for patients referred by their GP and marginally underachieved against the cancer 62 day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient. WNCCG marginally underachieved against the cancer 62 day wait target from GP referral to treatment. Three patients at UHCW and two at GEH had waited more than 104 days from referral to treatment.	**JG**

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	• Both CCGs continued to underachieve against the 67% dementia diagnosis target. Plans were in place to increase performance by the end of the year. Dr O'Brien reported that he was not aware of information regarding dementia diagnosis being received by his practice. Ms Green confirmed that information had been circulated on the 22nd October 2018. Dr Raistrick welcomed ideas from Governing Body Members to improve dementia diagnosis rates. • GP referrals were 13.1% above plan for CRCCG and 7.5% above plan for WNCCG. There were early signs that referrals were beginning to reduce. Dr Stevens queried whether ambulance waiting times had been included within the report. SJD confirmed that an update would be included within the next report. Members of **BOTH** Governing Bodies **NOTED** the report.	**SJD**
4.2	**<u>Local Maternity System Transformation Plan Performance Report</u>** Mrs Dillon arrived at the meeting at 15:55. Mrs Dillon presented the report, confirming that it provided an update following the presentation of the Maternity Transformation Plan to the March 2018 Governing Body meeting. In 2016 NHSE published 'Better Births', the Five Year Forward View for Maternity Care, which detailed the national vision to transform maternity services. The national vision encompassed the following: • Safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred around their individual needs and circumstances; and • Where all staff are supported to deliver care which is women centred; working in high performing teams, in organisations which are well led, and in cultures which promote innovation, continuous learning, and which breakdown organisational and professional boundaries. Mrs Dillon explained that Local Maternity Systems (LMS) had the following two distinct purposes: • To develop and implement a local plan to transform maternity services as part of their local Sustainability and Transformation Partnership and, • To establish and operate shared clinical and operational governance to enable enhanced cross organisational working. The Coventry and Warwickshire LMS included WNCCG, CRCCG and South Warwickshire CCG (SWCCG), the three Acute providers, the two LAs, the NHSE Regional Office and Clinical Network, and service user representation. Mrs Dillon explained that Figure 1 summarised the vision, commitments, outcomes, key performance indicators (KPIs) and workstreams for the LMS. In relation to governance, the LMS improvements were being taken forward as part of the Maternity and Paediatric workstream of the Better Health, Better Care, Better Value (BCBHBV) programme. There was also internal governance within the programme. Mrs Dillon reported that NHSE had set a series of indicators against which the LMS had submitted performance trajectories, including still birth rates, neonatal death, maternal death, brain injury, continuity of care, personalised care and choice.	

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	Tables 2, 3 and 4 summarised the detailed project plan across each workstream. Mrs Dillon confirmed that each task and finish group had a risk register and risks scored greater than 12 were collated into a programme risk register overseen by the LMS board. Through Better Births, the LMS was required to provide local leadership in the direct involvement of women and their families in understanding local need and developing innovative solutions to meet those needs. The LMS Board were reviewing a number of models for a local Maternity Voices Partnership (MVP) with existing service user groups. Table 5 provided a high level timeline for the MVP to be in place by April 2019. In relation to the next steps, Mrs Dillon explained that the LMS would continue delivering the milestones as defined in the project plan throughout the remainder of 2018/19. Elements of the plan, such as continuity of care, would be further developed following evaluation of the pilot programmes in 2019/20. There was more work to do on development of the paediatrics work programme. Mrs Dillon reported that the key risks to achieving the improvements were: • Ensuring adequate engagement and co-production of any future proposed changes to deliver improved outcomes; • Sufficient workforce to deliver any proposed improvements; and • Cost pressures of improvements proposed. In response to a query from Mrs Lowe regarding breastfeeding, Mrs Dillon confirmed that promotion of breastfeeding was a key priority. It was agreed that a further update would be provided to the Governing Body during the middle of the next year. Mrs Dillon reported that the programme was monitored on a regular basis and the most recent submission had been rated Amber. The Coventry and Warwickshire LMS had been noted as an exemplar in safety collaboration and saving babies lives. Members of **BOTH** Governing Bodies **NOTED** the progress to date. Mrs Dillon left the meeting at 16:05.	**JD**
4.3	**Warwickshire Safeguarding Adults Board Annual Report 2017- 2018** Ms Galloway presented the Warwickshire report, confirming that it was a statutory requirement for an annual report to be published. The report had been signed off by the Safeguarding Adults Board and the CQG Committee. Members of **BOTH** Governing Bodies **NOTED** the report.	
4.4	**Coventry Safeguarding Adults Board Annual Report 2017- 2018** Ms Galloway confirmed that the Coventry report had also been signed off by the Safeguarding Adults Board and the CQG Committee. Members of **BOTH** Governing Bodies **NOTED** the report.	
5. **5.1**	**Assurance and Governance** **Governing Body Assurance Framework Quarter 2** Mrs Wilson presented the updated Governing Body Assurance Framework, explaining that the Framework was a tool that set out the key risks to the achievement of the CCG's strategic aims, along with the controls in place and assurances on their operation. The risks identified were common to both CCGs, however, each Governing Body remained responsible for its own risks.	

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	The Corporate Risk Register and the Assurance Framework were presented to the Audit Committee in Common during October 2018. Mrs Wilson felt that the Assurance Framework required a further review due to gaps in assurance. It was agreed that the Framework would be presented to the January 2019 Governing Body meeting. Dr Raistrick highlighted that this should be included early on the January 2018 meeting agenda to enable adequate review. Members of **BOTH** Governing Bodies agreed to defer the approval of the updated Assurance Framework for 2018/19 until the January 2019 Governing Body meeting.	**AW**
6. **6.1**	**Policies for Ratification** **Serious Incident Policy** Ms Galloway presented the updated Serious Incident Policy. The policy had been recommended to the Governing Bodies for ratification and adoption by the October 2018 CQG Committee in Common. Mrs Galloway explained that the Policy would be further reviewed in early 2019 following the publication of the revised National Serious Incident Framework. Members of **BOTH** Governing Bodies **APPROVED** the policy for adoption.	
6.2	**Data Protection and Confidentiality Policy** Mrs Wilson presented the updated Data Protection and Confidentiality Policy. The policy had been updated to ensure compliance with the General Data Protection Regulations (GDPR), Data Protection Act 2018 and Caldicott principles. Mrs Wilson confirmed that the amendments were not significant. The policy had been considered at the Information Governance Steering Group (IGSG) and the CQG Committee in Common. Members of **BOTH** Governing Bodies **APPROVED** the Data Protection and Confidentiality Policy for adoption.	
7.	**Committees in Common Reports** Members of **BOTH** Governing Bodies **NOTED** the following Committee reports: • Audit Committees in Common: 28th June 2018; • Clinical Quality and Governance Committees in Common: 22nd August 2018; • Commissioning, Finance and Performance Committees in Common: 23 August 2018 and 27 September 2018.	
8. **8.1**	**Committee Reports – CRCCG** **Primary Care Commissioning Committee Report – Quarter 1** CRCCG Members **NOTED** the report.	
9. **9.1**	**Committee Reports – WNCCG** **Primary Care Commissioning Committee Report – Quarter 1** WNCCG Members **NOTED** the report.	

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10.	**<u>Questions From Visitors</u>:**	
10.1	A visitor highlighted that a case had been in the media in which patients were not recalled following a cancer screening programme. She also highlighted that people may be less likely to check for lumps following cancer screening. Dr Stevens confirmed that patients attending screening were provided with an information leaflet and were told to contact their GP if they noticed any changes.	
10.2	A visitor asked whether an update was available on the strategy or plan for GP surgeries in Weddington. Ms Green confirmed that she would ask Ms Northcote to provide an update.	
11.	**<u>Any Other Business</u>** None declared. The meeting was closed at 16:13.	
	<u>Date of the Next Meeting Held in Public</u>: **Date:** Wednesday 9th January 2018. **Venue:** Committee Room 2, Coventry City Council **Time:** 2.45pm – 4 pm	

Signature: **(Chair CRCCG)** **Date:**

Signature: **(Chair WNCCG)** **Date:**