

**Unconfirmed Minutes of the Governing Body Meetings in Common Held in Public  
on Wednesday, 22<sup>nd</sup> January at 11.15pm**

**Venue: Parkside House, Coventry**

Dr Sarah Raistrick	Chair – CRCCG
Ms Sharon Beamish	Chair – WNCCG
Mr Adrian Stokes	Interim Accountable Officer
Mr Chris Lonsdale	Interim Chief Finance Officer
Ms Jo Galloway	Chief Nurse and Deputy Accountable Officer
Dr Alistair Bryce	Clinical Lead - CRCCG
Dr Deepika Yadav	Rugby Locality Lead – CRCCG
Ms Claire Forkes	Lay Member – Patient and Public Involvement – CRCCG (until 11.58am)
Mr Chris Stainforth	Lay Member – Audit and Governance - CRCCG
Mr Ludlow Johnson	Lay Member - Patient and Public Involvement and Equality - CRCCG
Dr Imogen Staveley	Clinical Lead - WNCCG
Ms Sue Turner	Practice Network Lead: North Warwickshire – WNCCG
Mr Graham Nuttall	Lay Member - Primary Care – WNCCG
Mr David Allcock	Lay Member – Audit and Governance - WNCCG
Ms Liz Gaulton	Director of Public Health, Coventry City Council
<b>Apologies:</b>	
Dr Jonathan Timperley	Secondary Care Doctor – WNCCG/CRCCG
Dr Shade Agboola	Director of Public Health, Warwickshire
Liann Brookes-Smith	Public Health, Warwickshire
Ms Jenni Northcote	Chief Strategy and Primary Care Officer
<b>In Attendance:</b>	
Mr Stan Orton	Public and Patient Group Representative (from 11.46am)
Mr Andrew Harkness	Chief Transformation Officer
Mrs Rose Uwins	Senior Communications & Engagement Manager (Deputising for Ms Jenni Northcote)
Mrs Anita Wilson	Associate Director of Governance and Corporate Affairs
Mrs Victoria Scholes	Governance and Corporate Affairs Officer (Minutes)

Item No:		Action
1.	<b><u>Standing Items:</u></b>	
1.1	<b>Welcome and Apologies</b>  Dr Raistrick welcomed Members of both NHS Coventry and Rugby CCG and NHS Warwickshire North CCG Governing Bodies and members of the public to the meetings in common.	

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1.2	<p><b><u>Declarations of Interest:</u></b> Members were reminded of the need to declare their interest in any items requiring a decision and to remove themselves from such decision making. There were no declarations of interest declared.</p>	
1.3	<p><b><u>Minutes of the Last Meeting: 20<sup>th</sup> November 2019</u></b></p> <p>The following amendments to the minutes were requested:</p> <ul style="list-style-type: none"> <li>• Venue to be amended to Heron House; and</li> <li>• Page 10, first sentence to be amended to 'Mr Stokes said that the Governing Body had the option of keeping the risk level at the higher score if they felt it was more appropriate.'</li> </ul> <p>Members <b>AGREED</b> the minutes as a true and accurate record of the meeting subject to the amendments listed above.</p>	
1.4	<p><b><u>Matters Arising And Action Schedule:</u></b></p> <p><u>Matters Arising:</u></p> <p>There were no matters arising.</p> <p><u>Action Schedule:</u></p> <p>Members noted that Action 84 was complete. The remaining actions were as follows:</p> <p><b>Action 82 – Director of Public Health Annual Report Coventry:</b> <i>There was a 6 minute video which had been made about the report which Ms Gaulton recommended in terms of learning at primary care network meetings and wider teams etc. 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.</i></p> <p><b>Update 22/01/20</b> – Ms Gaulton confirmed that she had sent the video to Ms Northcote and was awaiting her views on whether this was suitable to share. <u>To remain on the Action Schedule.</u></p> <p><b>Action 83 – Assurance Framework:</b> <i>Mr Stokes suggested that the use of contract notices for providers be an issue which was reflected on now that that the CCG had now 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.</i></p> <p><b>Update 22/01/20</b> – Mrs Wilson confirmed that the Assurance Framework was scheduled for the January 2020 Audit Committee meeting. <u>To remain on the Action Schedule.</u></p>	
1.5	<p><b><u>Chair's Report:</u></b></p> <p><b>CRCCG Chair's Report</b></p> <p>Dr Raistrick expressed thanks to Dr Steve Allen who had resigned from his Clinical Director role at CRCCG. She explained that the CCG would miss his leadership and wished him well.</p> <p>CRCCG Governing Body Members <b>NOTED</b> the report.</p> <p><b>WNCCG Chair's Report</b></p> <p>WNCCG Governing Body Members <b>NOTED</b> the report.</p>	

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1.6	<p><b><u>Accountable Officer's Report</u></b></p> <p>Mr Stokes presented the report, highlighting the following:</p> <ul style="list-style-type: none"> <li>• <b>Financial Recovery</b> – The financial position had not deteriorated despite a rise in prescribing. Further work was needed on the Financial Recovery Plan.</li> <li>• <b>Stroke Consultation</b> - The consultation was progressing well and was due to finish on the 2<sup>nd</sup> February 2020. A recommendation would be presented to the March 2020 Governing Body meeting. Mr Stokes expressed thanks to all involved in the consultation process.</li> <li>• <b>Future Commissioning Structures</b> - The vote was scheduled to start on 27th January 2020 for a two week period. The Governing Body had explained benefits of the decision and responded well to the questions from both the Local Medical Committee and GP Members. The outcome will be available in early February.</li> <li>• <b>Complaints</b> – Mr Stokes had recommended a deep dive into the Continuing Healthcare process due to some common complaint themes. This would be undertaken through the Clinical Quality and Governance Committee.</li> </ul> <p>The Governing Bodies <b>NOTED</b> the report.</p>	
2.0  2.1	<p><b><u>Strategy and Planning:</u></b></p> <p><b>Public Health Update</b></p> <p>Ms Gaulton presented the Suicide Prevention section of the report on behalf of her Warwickshire Public Health colleagues. She explained that Coventry and Warwickshire had been a national outlier in terms of suicide mortality rates, particularly among middle aged men, however the latest published figures (for 2016-18) put local rates in line with the national average. A range of NHS England funded prevention activities were ongoing and the report detailed the impact.</p> <p>Mr Stokes asked whether a flux in the number each year was expected due to the relatively small numbers. Ms Gaulton confirmed yes, but highlighted that the Warwickshire figures had been consistently higher than the national rate.</p> <p>Ms Beamish thought it was positive that the interventions were being evaluated.</p> <p><b>Suicide Prevention Recommendations:</b> Governing Body Members <b>NOTED</b> progress made in relation to suicide prevention.</p> <p><b>Director of Public Health Report 2019:</b> Governing Body Members <b>NOTED</b> the content and recommendations of the 2019 Director of Public Health Annual Report.</p>	
2.2	<p><b>Primary Care Strategy</b></p> <p>Mrs Uwins presented the Strategy on behalf of Ms Northcote. She explained that it had been presented to the November 2019 Governing Body meeting and had since been published on the CCG websites. The Strategy had been through engagement procedures and the Local Medical Committee had given positive feedback. Full assurance had also been received from NHS England. The Strategy would be delivered through the Primary Care Commissioning Committees.</p> <p>Governing Body Members:</p> <ul style="list-style-type: none"> <li>• Were <b>ASSURED that</b> the strategy had been developed through appropriate engagement and it had been fully assured against the national criteria by NHS England / Improvement and recommended by the Primary Care Commissioning Committee(s) for publication; and</li> <li>• <b>NOTED</b> that the Primary Care Strategy was now live on the websites for both Clinical Commissioning Groups.</li> </ul>	

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3	<p><b><u>Quality</u></b></p> <p><b><u>3.1 Reports from Clinical Quality and Governance Committees in Common:</u></b></p> <p>Mr Johnson presented the reports, confirming that the Committee meeting on the 2<sup>nd</sup> October 2019 was themed on mortality at George Eliot Hospital. The Committee had received a presentation on mortality from the Medical Director and Head of Patient Safety and Mortality. An action plan was presented by the Trust and the Committee had asked for further assurance to be provided to the April meeting on delivery of the actions.</p> <p>Mr Johnson highlighted that a key issue from the 24<sup>th</sup> October 2019 meeting was the update and assurance provided on Cygnet Hospital following an inadequate CQC rating and a Section 31 notice. Ms Galloway confirmed that this would be addressed within the Quality Report.</p> <p>Governing Body Members <b>NOTED</b> the reports.</p>	
3.2	<p><b><u>Quality Report</u></b></p> <p>Ms Galloway presented the report, explaining that it highlighted changes to levels of escalation on the CCGs' Quality Assurance Framework since the last Governing Body meeting. She reported the following:</p> <ul style="list-style-type: none"> <li>• <b>Coventry and Warwickshire Partnership Trust</b> - There was one area of concern at level three and five areas of concern at level two. Two additional concerns have been added; Tissue Viability at level three and Substantive versus temporary nursing staff at level two. Safe Staffing has been deescalated.</li> </ul> <p>Dr Staveley asked whether the Trust had met the safe staffing rates through the use of temporary staff, and if so whether there were processes in place to induct the staff. Ms Galloway confirmed that the CCG was closely monitoring safe staffing through the Clinical Quality Review Meeting. One measure the Trust had taken to reduce the risk was block and long term booking of temporary staff.</p> <ul style="list-style-type: none"> <li>• <b>George Eliot Hospital</b> - There was one area of concern at level three and six areas of concern at level two. The Care Quality Commission (CQC) had undertaken a visit to the Emergency Department and subsequently issued a section 29A warning notice. This had been added to the Quality Assurance Framework at level three. The Trust had developed a response and an action plan was in place. The Chief Operating Officer, Medical Director and Director of Nursing had presented the action plan to the CCG at a Clinical Quality Review Meeting. Further discussions would be held at the Clinical Quality and Governance Committee. Mortality and PREVENT and Workshop to Raise Awareness of Prevent (WRAP) Training had been de-escalated.</li> </ul> <p>Dr Staveley asked what a section 29A warning notice was. Ms Galloway confirmed that it was a warning that the CQC had identified issues that the Trust was required to respond to. Dr Staveley asked whether this should be escalated to a level four on the Quality Assurance Framework, Ms Galloway confirmed that this would be discussed at the Clinical Quality and Governance Committee meeting.</p> <p>Mr Stokes asked whether Ms Galloway was satisfied that the Trust's action plan to address the issues in relation to the section 29A warning notice was robust. Ms Galloway confirmed that she felt assured that the team was corporately addressing the issues, the voice of the three key directors at the Clinical Quality Review meeting was positive and they were working collectively with joint ownership of the issues.</p> <ul style="list-style-type: none"> <li>• <b>University Hospitals Coventry and Warwickshire</b> - There were no areas of concern at level three and five concerns at level two. The Emergency Department had been de-escalated following the CCG's winter assurance visit; and Maternity has been de-escalated following improved performance and assurance provided from a quality assurance visit.</li> <li>• <b>Primary Care and Care Homes</b> – Updates were as highlighted in the Quality Report for</li> </ul>	

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	<p>noting.</p> <ul style="list-style-type: none"> <li>• <b>Cygnets Coventry</b> - CQC issued a Section 31 notice to Cygnets Coventry. The CCG continues to monitor the provider closely through meetings and routine monitoring of the action plan.</li> </ul> <p>Ms Turner had recently attended a stakeholder meeting on Child and Adolescent Mental Health Service (CAMHS) waiting times. She reported that the waiting times for the Autistic Spectrum Disorder (ASD) service were very concerning and suggested that the CCGs may need to review this. Ms Galloway confirmed that a system strategy for ASD was currently in development and that ASD was included in the NHS Long Term Plan. Dr Staveley highlighted that this had been an issue for a long period of time and suggested that the Clinical Quality and Governance Committee may want to focus on this.</p> <p>Dr Raistrick summarised that Members were requesting further assurance on ASD waiting times and the de-escalation of the Emergency Department at University Hospitals Coventry and Warwickshire.</p> <p>Members of <b>BOTH</b> Governing Bodies:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the contents of the report; and</li> <li>• <b>NOTED</b> the CQC Section 29A warning notice to George Eliot Hospital and the actions and monitoring mechanisms in place to mitigate the risk.</li> </ul>	<b>JG</b>
3.3	<p><b><u>Learning Disabilities Mortality Review Programme (LeDeR) – Annual Report</u></b></p> <p>Ms Galloway presented the first annual report of the Coventry and Warwickshire Learning Disabilities Mortality Review (LeDeR) Programme. The report presented information about the deaths of people with a learning disability aged 4 years and over notified to the LeDeR programme from its commencement on 1st October 2017 to 31st March 2019. The NHS Long Term plan included a commitment to reducing the premature mortality of people with a learning disability and CCGs were accountable for the completion of reviews and the development and implementation of actions to address the themes and recommendations arising from reviews.</p> <p>72 deaths were notified to the programme across Coventry and Warwickshire. 47.2% of the deaths were reported to CRCCG and 20.8% to WNCCG.</p> <p>The local LeDeR Steering Group reviews the learning and recommendations. A Coventry and Warwickshire Reducing Health Inequalities for People with Learning Disabilities Steering Group was also in place. Progress on the action plan would be monitored through the Clinical Quality and Governance Committee.</p> <p>Ms Beamish asked whether there was an understanding of why the CCGs were outliers for deaths related to carcinoma. Ms Galloway confirmed that this needed to be more fully understood.</p> <p>Mr Stainforth highlighted the Health Inequalities Priorities for Action on page 8 of the report and asked whether there was further detail. Ms Galloway confirmed that further detail would be reported via the Clinical Quality and Governance Committee.</p> <p>Dr Raistrick asked whether service users were involved in the steering groups. Ms Galloway reported that although they were not directly represented in the group, service users had a voice in terms of strategy development.</p> <p>Dr Raistrick was interested in the value of the health checks to patients who had received them.</p> <p>Governing Body Members <b>NOTED</b> the Learning Disabilities Mortality Review Programme (LeDeR) - Annual Report for Coventry and Warwickshire.</p>	<b>JG</b>
	<i>Mr Orton arrived at the meeting.</i>	

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4.  4.1	<p><b><u>Finance and Performance</u></b></p> <p><b><u>Reports from Finance and Performance Committees in Common: 5 December 2019</u></b></p> <p>Mr Nuttall, Chair of the Finance and Performance Committee presented the report, confirming the following:</p> <ul style="list-style-type: none"> <li>• Concerns were expressed on the level of growth in Continuing Healthcare (CHC) and Section 117 spend and the level of monthly variation on the reported position, following which Members agreed that a deep dive of the CHC Budget and review of the S117 budget would be undertaken for both CCGs;</li> <li>• For WNCCG a number of concerns were raised in relation to the overall net risk position and the fact that the Financial Recovery Plan had yet to be completed;</li> <li>• QIPP performance, Acute performance, packages of care and the underlying position required specific escalation to the Governing Body; and</li> <li>• The Chief Finance Officer had commenced the process of agreeing a deficit position with NHS England/Improvement.</li> </ul> <p>Governing Body Members <b>NOTED</b> the reports.</p>	
4.2	<p><b><u>Finance and Contract Reports: Month 8</u></b></p> <p>Mr Lonsdale presented the reports, explaining that he would compare and contrast between the two CCGs.</p> <ul style="list-style-type: none"> <li>• He reported that the WNCCG position had acute over performance and CRCCG under performance. CRCCG had been able to take a more prudent approach on run rate within the forecast.</li> <li>• Both CCGs had prescribing over performance. The main issues were Category M and NCSO (No Cheaper Stock Obtainable) drugs which were outside of the CCGs' control. The QIPP process for items within the CCGs' control has been relatively successful for both CCGs. and the position had started to stabilize.</li> <li>• The Continuing Healthcare (CHC)/S117 budget was forecast to underperform for both CCGs.</li> <li>• Overall the CRCCG financial position was showing a level of under performance, however, this was not assumed to be a trend. The WNCCG position had over performance and was forecasting further over performance.</li> <li>• This was leading to a differential approach on QIPP assessment.</li> </ul> <p>Although CRCCG did not require a formal financial recovery plan, the same actions were being taken due to the underlying position, the forecast trajectory and the system position. Difficult decisions were being reviewed in order to maintain the position.</p> <p>Mr Lonsdale directed Members to the Monthly Expenditure Run Rate for CRCCG detailed on page 3, explaining there was a £10m over performance year to date for WNCCG, leading to the risk adjusted position of £15m. CRCCG was on plan. Most of the recovery actions for WNCCG were during the last quarter.</p> <p>The Acute and Non-Acute contracting teams were working to secure contract values for low level contracts out of county and in county, University Hospitals Coventry and Warwickshire, George Eliot Hospital and Coventry and Warwickshire Partnership Trust. The CCGs were also working with South Warwickshire Foundation Trust to secure an Acute position.</p> <p><i>Ms Forkes left the meeting.</i></p> <p>Mr Allcock asked whether the CCGs were making progress to understand the over performance for Queen's Hospital Burton (University Hospitals of Derby and Burton). Mr Lonsdale explained that this some of this related to non-elective levels at George Eliot Hospital having an impact on Elective activity levels. A programme was in place to focus on non-elective performance that would impact next year and conversations were also ongoing with GP colleagues in relation to referrals. The CCGs were discussing the year end position and the position for next year with University Hospitals of Derby and Burton.</p>	

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	<p>CRCCG Members:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> that the CCG continued to report delivery of its agreed control total;</li> <li>• <b>NOTED</b> that a number of risks would need pro-active management throughout the year to secure this forecast position; and</li> <li>• <b>NOTED</b> that the Finance and Performance Committee escalated the deteriorating underlying deficit as an issue to be highlighted to the Governing Body.</li> </ul> <p>WNCCG Members:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> that the CCG was reporting a net risk position of £17.3m for the year, mitigation of £2.3m including £1.4m of contingency results in a risk adjusted position of £15m;</li> <li>• <b>NOTED</b> that formal feedback had been received from the deep dive process with NHSE/I;</li> <li>• <b>NOTED</b> that the Chief Finance Officer had commenced the process of agreeing a deficit position with NHSE/I; and</li> <li>• <b>NOTED</b> the escalation to the Governing Body of the financial position and the impact on the underlying deficit position.</li> </ul>	
4.3	<p><b><u>Performance Report</u></b></p> <p>Mr Harkness presented the report, confirming that it had been presented to the January Finance and Performance Committee meeting and the key issues had been discussed. Committee Members had also discussed whether the report provided the information in a format required to gain assurance that current performance and actions were understood. The Committee acknowledged that the report had improved but there was further work to be done to provide clarity on the actions.</p> <p>Mr Harkness confirmed that the report to the Governing Body focused on the exceptions rather than all performance measures that the Finance and Performance Committee had sight of.</p> <p>Mr Harkness directed Members to the summary of under-performing areas on page one of the report. He highlighted that it included the improvement required by each CCG to meet the targets.</p> <p>There had been some improvement for both CCGs in relation to Improving Access to Psychological Therapy (IAPT). WNCCG were achieving the national target and were amongst the top 25%.</p> <p>There had been a negative drop in dementia diagnosis rates.</p> <p>In relation to A&amp;E performance, WNCCG activity was seeing a greater number of attendances but admissions were remaining static, whereas for CRCCG the number of attendances was static but the admissions were higher.</p> <p>Mr Allcock highlighted the lack of a dedicated acute service pathway for patients with Personality Disorders and asked whether the modelling of activity for this could be moved forward. Mr Harkness confirmed that this could be reviewed outside of the meeting.</p> <p>Mr Stokes asked whether the CCGs had governance systems in place to be assured that all of the required actions were progressing. Mr Harkness confirmed that the Finance and Performance Committee Members had commented that there had been notable improvement on the clarity of actions but there was further work to do. It was a priority to make this clear for the Committee and the Governing Body.</p> <p>Mr Stokes explained that he had seen more detailed actions plans for Transforming Care than those captured in the report.</p> <p>Ms Beamish highlighted the performance against the A&amp;E 4 hour wait and 18 week Referral to Treatment targets and asked how this was being addressed by the system. Mr Harkness explained that WNCCG and George Eliot Hospital had a Joint Transformation Programme and a joint post across the organisations. The program was reviewing the actions to be taken internally by the Trust and also the community services needed to ensure patients are seen in</p>	AH

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	<p>the right place by the right person.</p> <p>Dr Staveley asked whether there was clinical leadership within the Joint Transformation Programme. Mr Stokes explained that the program was operational management, however, there was clinical input within specific projects. Mr Harkness explained that the Joint Transformation Board reported into a Place Executive Board which had a wider membership. Ms Beamish asked for the CCGs to take the opportunity to review the clinical input into the system discussion.</p> <p>Governing Body Members were <b>ASSURED</b> of the contents of the report.</p>	<b>AH</b>
<p><b>5.</b></p> <p><b>5.1</b></p>	<p><b><u>Primary Care</u></b></p> <p><b><u>Reports from Primary Care Commissioning Committee:</u></b></p> <p>Mr Nuttall and Mr Johnson confirmed that there were no additional points to highlight from the report.</p> <p>Members <b>NOTED</b> the reports.</p>	
<p><b>6.</b></p> <p><b>6.1</b></p>	<p><b><u>For Information</u></b></p> <p><b><u>Communications and Engagement Report</u></b></p> <p>Mrs Uwins presented the report. She highlighted that the CCGs had held two large scale events in Coventry to mark 'World Diabetes Day 2019' as part of plans to raise awareness. The events were very successful as almost 600 people were engaged with and over 200 took part in the health screening test. The events enabled the CCGs to reach out to communities that they had not previously reached before and make positive interventions for them. Dr Raistrick agreed that the events were examples of positive engagement and she had asked that the CCGs work with Public Health colleagues to engage with other faith based communities.</p> <p>Dr Staveley asked whether cancer prevention information could also be shared. Mrs Uwins confirmed that the team had an information pack that was used at every event and would be happy to share any other information as requested.</p> <p>Governing Body Members <b>NOTED</b> the report.</p>	
<p><b>7.</b></p>	<p><b><u>Questions From Visitors:</u></b></p> <p><b>Question 1:</b></p> <p>Keith Kondakor, a Warwickshire County Councillor for Weddington, explained that he had raised the development of a GP surgery in Weddington at the previous Governing Body meeting. He said that the land to be used was agreed 8 years ago. He visited the site 2 years ago when it was supposed to be 2 years away from being complete. Since then the local planner had added to the number of houses planned for the area and he had been told that the project was suspended. He explained that the GP surgery was desperately needed and that it was cheaper to provide GP capacity than for patients to attend A&amp;E.</p> <p>The Councillor explained that he had met with Mr Stokes and Ms Northcote, however, the outcome was unsatisfactory as a plan was still not in place to deliver the GP surgery. He asked whether a plan could be put in place within the next 4 weeks to ensure that the GP surgery will be in place by July 2021.</p> <p><b>Response:</b></p> <p>Dr Raistrick acknowledged that the Councillor was very passionate about the issue. She asked that questions were reserved to items featured on the meeting agenda and explained that there were other appropriate forums to raise the issue. Dr Raistrick explained that the Governing Body were also unable to agree to the 4 week timescale that had been requested.</p>	

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	<p>Mr Stokes explained that there were two options in relation to GP provision in Weddington which needed to be analysed. The expected timeframe for this was May 2020 and Mr Stokes had previously agreed to meet with the Councillor to discuss progress during April.</p> <p><b>Question 2:</b></p> <p>The visitor asked about CRCCG's plans to implement the new mental health framework for adults.</p> <p><b>Response:</b></p> <p>Ms Galloway confirmed that she would provide her contact details to the visitor in order to share information.</p>	
8.	<p><b><u>Any Other Business</u></b></p> <p>None declared.</p> <p>The meeting was closed at 12.21pm.</p>	
9.	<p><b><u>Date of the Next Meeting Held in Public:</u></b>  <b>Date:</b>  <b>Venue:</b>  <b>Time:</b></p>	

Signature:

(Chair CRCCG)

Date:

Signature:

(Chair WNCCG)

Date:

DRAFT