Coventry and Rugby
Clinical Commissioning Group

MINUTES OF COVENTRY AND RUGBY CLINICAL COMMISSIONING GROUP GOVERNING BODY MEETING HELD IN PUBLIC ON 11th MARCH 2015, AT BENN HALL RUGBY

426
PRESENT:

Mr Peter Maddock (Chair), Dr Jeff Cotterill, Mrs Jacqueline Barnes, Dr Jerry Horn, Mrs Juliet Hancox, Mrs Clare Hollingworth, Mr Charles Holmes, Dr Peter O'Brien, Dr Prashant Kakodkar, Dr John Linnane, Dr Jane Moore, Mrs Pamela Sampson.

427
IN ATTENDANCE:

Mrs Rebecca Blyth, Mr Nigel Hart, Mrs Julie Seaborne (minute taker).

428
APOLOGIES:

Dr Adrian Canale-Parola, Dr Steven Allen

429
DECLARATIONS OF INTEREST:

Dr Horn and Dr O'Brien expressed an interest on the 2015/16 Budget Approval item relating to the £5 head funding.

430
MINUTES OF THE PREVIOUS MEETING – 19th JANUARY 2015:

The minutes of the meeting held on 19th January 2015 were approved as a correct record.

431
MATTERS ARISING:

Item 409 CHC INTEREST RATE CHANGE (page 17)
In respect of continuing healthcare claims, Mrs Hollingworth reminded members that at the last meeting they had resolved to approve the adoption of the annual Average Retail Price Index as the basis of interest rate calculations. Mrs Hollingworth advised that NHS England had now issued draft guidance which also recommended use of the RPI; no change to the previous CCG decision was required unless the final version of the NHSE guidance was to change.

Item 404 LAY MEMBERS REPORTS (page 14)
Mrs Sampson said that in respect of the concerns raised by the Rugby Patient Panel Group about ambulance waiting times, a representative from the West Midlands Ambulance Service would be attending the next Panel Group meeting to discuss their concerns.

432
ACTION SCHEDULE:

There were no actions from the previous minutes held on 19th January 2015.

433
CHAIRMAN'S REPORT:

Mr Maddock confirmed that he had no issues to report for the Chairman's report.

434
CHIEF OPERATING OFFICER'S REPORT:

Mrs Hancox provided an update for the Governing Body on items of particular interest or importance and drew attention to the following items in her report:

<u>System Resilience Group (SRG)</u>
Mrs Hancox confirmed that the key focus since her last report for the SRG had been on maintaining flow through the hospital. The key driver of the local emergency care problems was an inability to generate flow through hospital because of poor discharge performance, associated with;

- Increase in number of patients presenting who were over 65 with more than one health condition.
- High level of formal delayed transfers of care (DTOC).
- Capacity in community and social care appeared not to be available to meet demand.
- Discharged patients were more complex and required more support both in terms of the amount of support required, and for longer periods of time to reach optimum levels of independence causing high level of delays in the community.

A fortnightly meeting of the partner agencies' Senior Officers had continued to operate to help resolve these issues and monitor the agreed recovery plan to meet the urgent care performance targets. The plan continued to be implemented by the Urgent Care Working Group and monitored by the SRG. Additional capacity was still in place to help manage the surges and pressures in the system.

Additional grant funding for social care (£325k for Coventry and £94k for Rugby) had been made available from NHS England to be utilised by the end of March 2015. Expenditure plans to relieve pressure within the system had been agreed and implemented.

<u>Health and Wellbeing Boards</u>
Mrs Hancox confirmed that both the Coventry and the Warwickshire Health and Wellbeing Boards had met since the last meeting.

The Coventry Health and Wellbeing Board had held an event in February 2015 to formally launch the Coventry Better Care programme (the new name for the Coventry Better Care Fund work). At the subsequent Coventry Health and Wellbeing Board the developing community asset strategy was reviewed, the local drug strategy was approved and there was discussion about, and sign up to, the Coventry Crisis Care Concordat.

The Warwickshire Health and Well Being Board had met to approve an updated Joint Needs Assessment for 2015. Other items considered by the Board included a Warwickshire data sharing protocol, an update from the Priorities Families programme, and an update on progress with the Better Care Fund.

Emergency Preparedness, Resilience and Response Policy

Mrs Hancox reported that progress was on-going with the three Arden CCGs to address local training requirements and a joint policy had been developed. The policy outlined how the CCGs would meet the duties set out in associated statutory guidelines. The policy was reviewed through the Clinical Quality and Governance Committee in January 2015 and the Governing Body was asked to ratify the policy at this meeting.

Coventry and Rugby Stroke Programme

Mrs Hancox reported that the Coventry and Rugby Stroke programme had been focusing on both the risk reduction of people suffering a stroke and how outcomes were improved for those who have had a stroke. In particular Mrs Hancox noted that work had been currently undertaken in respect of reducing the risk of stroke, with a particular focus on the detection and treatment of Atrial Fibrillation (AF). A task and finish group had recently convened with representatives from primary and secondary care, medicines management and public health. This group was considering Coventry and Rugby's detection rates of AF, which were lower than the national prevalence rate, how this may be addressed and modelling the potential onward impact that this may have on services that support and treat individuals who have been diagnosed as suffering from AF. The successful implementation of community rehabilitation services for stroke patients was also noted.

Albert Street Medical Practice, Rugby and its branch surgery in Brownsover

Mrs Hancox confirmed that a decision by NHS England had been made for the current GP contract for Albert Street Practice in Rugby and its branch surgery in Brownsover to come to end on 17th April 2015. As a result of this NHS England had appointed an interim GP provider to act as a caretaker to ensure that an uninterrupted service would be provided for patients. Alternative premises had been secured a short distance away from Albert Street Medical Practice. The CCG was working closely with NHS England to ensure that patients were able to continue to access local GP services.

Members RESOLVED to note the Chief Operating Officer's Report and agreed to ratify the EPRR Policy for use in the event of a major incident.

435
NURSING REPORT:

Mrs Barnes updated the Governing Body members on relevant topics relating to Professional Nursing and actions being taken to improve patient experience, quality of care and outcome.

1. Nursing and Midwifery Council (NMC) Code of Conduct

Mrs Barnes reported that as part of their registration all nurses were expected to work in accordance with the Nursing and Midwifery Council (NMC) 'Code of Conduct'. This code described the professional standards of practice and behaviour for nurses and midwives. The code had recently been updated in response to the Francis report, which detailed the findings of the public inquiry into Mid Staffordshire Foundation Trust and to reflect changes in contemporary professional nursing and midwifery practice. This revised code would come into effect on March 31st 2015 and included new requirements on:

- Fundamentals of care
- The duty of candour
- Raising concerns
- Delegation and accountability
- The professional duty to take action in an emergency
- Social media use

2. Transforming Care

Mrs Barnes confirmed that the 'Transforming Care' agenda continued to be a high priority for the local Health and Social Care economy as well as at a ministerial level.

Over recent months three papers had been published by NHS England and the Department of Health regarding Transforming care which highlighted the successes and failures of the Transforming Care agenda. The papers identified the barriers to achieving the discharge of patients and set out objectives that would ensure future progress. Mrs Barnes reassured members that the CCG, together with Council partners, were committed to delivering the outcomes of the Transforming Care Agenda and were engaged in a number of activities to ensure that the CCG met its obligations and responsibilities. Details of patients on the CCG transforming care register are disclosed in the private CCG Governing Body meeting.

3. Patient Experience

Mrs Barnes reported that the past quarter had seen focused activity targeted at planning the years activity for Patient, Public and Carer conferences across Coventry and Rugby. The Communications and Involvement Team had worked closely with Patient representatives and Practice Managers on the work stream " High Quality Patient Reference Groups". This involved developing branding, tools and techniques, and films to engage with seldom heard groups. The newly developed materials would enhance a sense of identity and relevance to patients and link with the CCG.

4. Quality of Commissioned Services

Workforce

Mrs Barnes reported that nationally there was recognition that nurse supply and demand issues were proving increasingly challenging for many NHS organisations and that NHS England was exploring ways to improve the recruitment and retention of the nursing workforce including encouraging registered nurses back to work Locally, UHCW had introduced a number of initiatives to enhance their recruitment processes and reduce agency use.

University Hospitals Coventry and Warwickshire (UHCW)

Mrs Barnes confirmed that the trust had improved performance across their stroke pathway ensuring that patients on the stroke ward were provided with the appropriate therapy to maximise their recovery. The trust continued to achieve good performance across all of their cancer pathways. Safeguarding training remained a high priority for the Trust and uptake of training continued to

make steady progress. Mrs Barnes noted that the trust had exceeded the target for children's level 3 and has almost achieved levels 1 and 2 for both children's and adults.

Mrs Barnes confirmed that the Care Quality Commission was currently at UHCW completing a 3 day visit at UHCW.

Mrs Barnes noted that although the quality of the services at the trust was positively rated by the Friends and Family Test (FFT), the number of patients responding to the questions had fallen in both A&E and in-patients. The trust was implementing a number of initiatives to encourage feedback from patients.

Coventry & Warwickshire Partnership Trust (CWPT)

For Children's and Adolescents Mental Health Service CAMHS) Mrs Barnes noted that the trust had recruited a number of new staff to CAMHS as part of the initiative to improve the waits for follow up treatment.

Mrs Barnes noted that CWPT had undertaken considerable work to improve their staff training records and was now providing accurate monthly reports, which demonstrated consistent progress in uptake of safeguarding training across all specialities. The trust had exceeded their target for training in level 1 children and adults and anticipated achieving the other targets by end of March 2015.

The trust was working in close collaboration with UHCW and the local authority to implement a programme across the local health and social care economy to prevent community acquired pressure ulcers.

5. Care Homes

Mrs Barnes said that steps had been taken in care homes to protect residents and staff from infection represent an important element in the quality of care, particularly as some infections had the capacity to spread very rapidly particularly in environments where people share living and eating accommodation. The CCG required assurance that the care was provided in a clean and safe environment and that staff were knowledgeable in preventing, identifying and managing infections and outbreaks. A recent audit demonstrated considerable variation across care homes in adherence to good infection control and prevention practice. This was not

only a risk to the quality and safety of care but also had an impact on avoidable admissions, due to poor early identification of infections such as norovirus and a lack of confidence by care home staff to effectively manage these conditions within the home. To address these issues the CCG has employed a specialist infection control and prevention (ICP) nurse for two years to help address the variation in quality. This service commenced in April 2014.

6. Safeguarding Vulnerable Adults, Children and Young People.

Mrs Barnes confirmed that an additional Safeguarding Vulnerable Adults nurse had joined the CCG's safeguarding team and a named General Practitioner had been recently recruited. Both posts would further strengthen safeguarding expertise across Coventry and Rugby.

An essential aspect of the CCGs Safeguarding work was training of the CCG staff in the following areas:-

Prevent

Prevent was part of the UK Counter Terrorism Strategy preventing people from becoming involved in terrorism or supporting terrorism. Mrs Barnes confirmed that 90% of CCG staff had been trained.

Child Protection Training

The Electronic Staff Record system (ESR) report showed that 96% of CCG staff had completed Child Protection training within 2014/2015. A tailored training programme specifically for Board Members was being developed which would be delivered in April 2015.

Safeguarding Adults Training

The Electronic Staff Record System report showed that 93% of CCG staff had completed Safeguarding Adults training within 2014/2015.

Named GP child protection: Dr James Burden would join the CCG in May 2015 as named GP for safeguarding children and adults to fulfil the statutory role on a sessional basis (4.2 sessions per week). This was funded jointly between NHS England and the CCG.

In addition from 2015, NHS England had delegated the provision of safeguarding training for primary care staff to the CCG. A full training needs analysis was being undertaken to inform the detailed training programme

which was to be delivered in as part of the GP Protected Learning Time (PLT) programme and practice nurse training programme.

7. HCAI/Infection Control

Norovirus

Mrs Barnes noted that although Public Health England anticipated that Norovirus cases would increase during 2014/15, this had not been the case locally, particularly in care homes. This may in part be due to the effective management of outbreaks in care homes in Coventry which had been supported by clinical staff in the CCG.

8. NHS Continuing Healthcare (CHC)

Mrs Barnes explained that NHS continuing healthcare was a generic term for long-term health and social care for adults aged 18 or over with a variety of diagnosis including end of life. Patients must meet the NHS CHC eligibility criteria in order for health needs to be met. The framework indicated that all new referrals should be completed within 28 days of the referral and this function was provided to Coventry and Rugby CCG by NHS Arden and Greater East Midlands Commissioning Support Unit (AGCSU). In response to a number of complaints about the delays in the assessment process and an escalation meeting AGCSU completed a data cleanse during December 2014. Analysis of this cleanse revealed a larger backlog of community CHC eligibility decisions and 12 month reviews that the CCG had been made aware of. As a consequence a service improvement notice had been issued by the CCG to AGCSU and the following actions taken:

- Service improvement actions plan in place and monitored at weekly meetings between the CCG and AGCSU and agree mitigation of associated risks of not delivering the plan.
- Weekly reports to the CCG on assessments completed against the trajectory aiming to complete all new assessments by the end of March 2015.
- Regular reporting on progress the CCG Performance Committee and Clinical Quality and Governance Committee.

Dr Kakodkar asked about learning from the Friends and Family test in connection with the low uptake. Mrs Barnes said that friends and family was just one of several activities in respect of patient experience and work took place in combining and learning from all of the feedback

which was received.

Mrs Hancox drew attention to the work which had been taking place in respect of pressure ulcers and trends. Mrs Barnes said that work was ongoing to reduce the prevalence of pressure ulcers to improve understanding of the reasons patients were developing pressure ulcers and to identify opportunities to make improvements. Part of the work programme involved raising awareness and understanding across primary care and within care homes on prevention and management of pressure ulcers. Mr Hart talked about the React to Red skin campaign which was the latest pressure ulcer prevention campaign. Mrs Barnes said that the first phase was targeting UHCW, the second phase was nursing homes and the third was outside of the hospital environment. Mrs Barnes said that she would report back more fully about this work programme for pressure ulcers at the next meeting.

Mr Holmes asked if there was any correlation in terms of those recovering from hip and knee replacement and pressure ulcers because his understanding was that patients were recommended to sleep on their back. Mrs Barnes would find out about this.

Dr Cotterill talked about a personal hospital experience in respect of nutrition. He had recently had a family member who was in an acute ward not in the local area and had noticed that the dietary requirements provided were not suitable for those with an acute condition and therefore food was wasted. Mrs Barnes agreed to discuss this with Dr Cotterill outside the meeting in terms of learning going forward.

Governing Body members RESOLVED to note the Nursing Report.

436
HR REPORT

Mrs Blyth provided the Governing Body with information relating to Human Resources issues and statistics within the CCG. She noted that a monthly HR Report was provided to the CCG for both the Senior Management Team and the Clinical Quality and Governance Committee.

<u>Staff in Post</u>
The actual Full Time Equivalent (FTE) and Headcount figures had risen gradually throughout 2014/15. The increase in actual FTE had been acknowledged by the CCG's Finance and Arden CSU HR services, and the funded Establishment was therefore increased in October

2014 from 91.36FTE to 113.07FTE. This should ensure more robust establishment control in the future.

Mrs Blyth provided members with information relating to Human Resource issues and statistics within the CCG.

Mrs Blyth drew attention to the following key points:

Staff in Post
During 2013/14 the actually Full Time Equivalent (FTE) and headcount figures had risen gradually throughout 2014/15. It was noted that fluctuations between FTE and Headcount had been affected by overall changes in contracted hours within the CCG

Turnover
During the period 1st August to 31st December 2014, there had been an average of 1 leaver per month exactly.

Absence
Work had been undertaken since April 2014 to address sickness absence rates, and it had been gradually possible to reduce the number of long term absence cases (staff who were off for over 4 weeks). Significantly, the total number of sick days recorded across the CCG had fallen. 25 managers had attended training on the new CCG Sickness Absence Management Policy between July and October 2014, undertaken by the HR Advisor.

Employee Relations
There had been one significant ER related case (disciplinary) formally recorded for the CCG within the reporting period.

HR Policy Reviews
The following policies had been ratified by the CCG Governing Body and were implemented between August and December 2014:-

- Adoption Leave
- Maternity Leave
- Paternity Leave
- Career Breaks
- Parental Leave
- Special Leave

A further 5 policies had been drafted and were ready for review by the Governing Body, with a further 13 to be drafted and reviewed over the coming months.

Recruitment

From 1st April 2014 to 31st December 2014 there had been 15 posts advertised for the CCG.

Training

During the period to December 2014, IT related issues linked to the online ESR based training systems continued to affect the recording of Statutory and Mandatory training outcomes, and therefore their completion rates. Although Arden CSU HR were able to report accurate figures for statutory and mandatory training, there were technical problems affecting the compliance matrix impacting on the system's ability to show accurate dates of course completion. The HR service had tested a fix within Arden itself which worked, and this was being applied within Coventry and Rugby CCG. Face to face training was arranged as an alternative with some statutory and mandatory courses in order to ensure compliance in key areas by 31st March 2015.

Other Issues

- During the reporting period, the CCG Remuneration Committee reviewed the salaries of members of the Governing Body.
- Settlement Agreement resolution – following further discussion and negotiation with a member of staff, the CCG resolved an outstanding and complex long term absence issue, in line with organisational and legal process. As a consequence, the successful management of this case resulted in potential savings to the CCG.
- The HR policies on the CCG Intranet had been reviewed.

Governing Body members RESOLVED to note the HR Report.

437
FINANCE REPORT:

Mrs Hollingworth advised members of the financial position of the CCG up to the 31st January 2015 (Month 10 – 2014/15) and advised of any other financial issues likely to impact in the current financial year.

Mrs Hollingworth confirmed that the financial position had not changed considerably since her last report. It had been positive that there had been an agreed end of year contract settlement with UHCW and this significantly removed the risk of further movement in anticipated

before year-end. Mrs Hollingworth advised that there were still a number of charges to be finalised, such as those from NHS Property Services and the SLA value with Arden Commissioning Support.

Mrs Hollingworth noted that whilst there was always the risk of unanticipated cost pressures emerging in the final few weeks of the financial year, she felt relatively confident that that the CCG would now deliver it's statutory financial duties for the year.

The QIPP Programme for the current financial year still had a number of red rated schemes which continued to impact on overall achievability. This year's under-achievement of QIPP added to the financial pressures next year. Mrs Hollingworth acknowledged that remaining QIPP savings largely required a multi-agency approach but stressed that it was important that the good work put in to develop joint plans and build relationships this year was converted into tangible deliverables for 2015/16.

Dr Horn asked if there had been a considerable saving in the end of year settlement with UHCW and Mrs Hollingworth advised that a number of significant financial risks had been managed via the process although these would require a recurrent solution to be agreed in 15/16. In response to a question, Mrs Hollingworth noted that both nationally and locally it was recognised that 'payments by results' was no longer beneficial and that going forward a new reimbursement model was required.

Dr Kakodkar asked about how the CCG could improve QIPP delivery. Mrs Hollingworth commented that the current year had been a challenge due to operational pressures and that the national focus on the delivery of short term targets had caused distraction. Mrs Hollingworth said that for some programmes it would take 2 – 3 years of building before they delivered to maximum potential. Mrs Hancox said that the CCG continued to look at lessons learnt to see what worked and what did not. The CCG had strengthened its PMO arrangements and had established a Transformation Programme Board which completed 'deep dive' sessions to investigate why schemes were not making savings. Mrs Hancox said that there had been an impact on this year's programme due to CWPT having a major restructuring process and UHCW's focus on A&E pressures.

Mr Maddock thanked Mrs Hollingworth and her team for the hard work carried out in respect of the CCG's financial

position. He said that the financial forecast was favourable and it should be noted that some organisations were in a much worse position.

Mrs Hollingworth confirmed that she would provide a further updates via the Performance Committee as the Governing Body was not due to meet again until May 2015, after the draft 2014/15 accounts would have been submitted.

Members RESOLVED to:

- To note the reported financial position which shows a £5.16 m surplus at month 10 of the financial year compared to a plan of £4.52m.
- To note that whilst the CCG currently anticipates being able to achieve its statutory financial duties in 2014/15 and delivery of the revised control total surplus set by NHS England, there do remain a number of risks that could impact in the final weeks of the year.

438
2015/16 BUDGET APPROVAL:

Mrs Hollingworth presented this report to seek approval for the opening revenue budget for 2015/16, to summarise planned QIPP cost reductions and to highlight the key financial risks for 2015/16 and beyond.

Mrs Hollingworth noted that the majority of the Governing Body members were also members of the CCG's Performance Committee and that she had outlined the budget in detail at the meeting of that Committee on 2nd March 2015.

Mrs Hollingworth confirmed that the NHS as whole was further behind with contract setting than in previous years. This was due to delays from NHS England and Monitor (the independent regulator of NHS foundation trusts) in respect of the National Tariff setting for 2015/16.

There had been two options where NHS providers had to decide whether to opt for an enhanced version of the originally proposed 2015/16 tariff (ETO), or continue on current prices for 2014/15 - the default tariff rollover (DTR). All four local NHS Trusts had decided to move to the ETO arrangement. The immediate financial impact of the ETO was estimated to be in the region of £1.2m which was reflected in the budget report presented by Mrs Hollingworth and therefore increased the QIPP challenge.

Mrs Hollingworth identified the key risks and challenges going into 2015/16 as volume related expenditure being higher than Plan, final settlement of Provider contracts exceeding the sums budgeted and failure to deliver QIPP cost and activity reductions. These risks and challenges meant there was a level of uncertainty going into 2015/16 but Mrs Hollingworth advised that the proposed opening budget was based upon a realistic assessment of the level of activity that needed to be commissioned and an average QIPP target. Accordingly she suggested that whilst not without challenge, the proposed budget was one that the CCG could deliver.

The CCG plan currently included investment funds of £2.26m being the £5 per head to commission additional services to support GPs in the care of the over 75s, contributed £2.0m to the Better Care Fund for Enabling projects and set aside a further £0.4m for other pump-priming schemes.

Further work was required to ensure the CCG could satisfy the Parity of Esteem requirements in terms of increased spend. The funding set aside with Non-Acute for developments agreed in 2015/6 (Child and Mental Health Services, Autistic Spectrum Disorder, Maternal Mental Health), for growth in individual packages and to secure new access targets was expected to contribute a significant proportion but may still fall some way short.

In relation to the £5 per head funding, a set of prioritised proposals had been agreed and were being worked up in detail. The one proposal was at approval stage was the city-wide roll-out of GP Enhanced Support to Care Homes incentive scheme for an initial 12 month period. This followed a successful pilot scheme in 2014/15 involving a small number of homes. The Governing Body was asked to support the release of £550k non-recurrent funding to enable this scheme to be extended to all care homes from 1st April 2015. The Transformation Programme Board had reviewed and supported the business case.

Mrs Hollingworth said that she asked Members to approve the opening budget for 2015/16 recognsing that a further refresh would be required in May 2015 once contract settlements had been finalised. At this stage, the Governing Body should expect Management to have produced more robust QIPP plans to provide assurance that savings could be delivered and implemented.

Mrs Hancox drew attention to the CCG's running costs

and Mrs Hollingworth advised that the proposed budget was within the target allocation for the CCG. Mrs Hollingworth noted that there was some risk in relation to property recharges which might be subject to further revision and also advised that the value of the SLA with Arden Gem commissioning support had still to be finalised.

Members RESOLVED to:

- Approve the opening 2015/16 Revenue Budget as presented with the following caveats:
  - Recognising a further refresh in May will be required to reflect final contract settlements.
  - Requiring the May budget refresh to include a greater level of assurance around QIPP delivery at the next meeting.
- Note the position with regards to Capital funding for 2015/16
- Release funding of up to £550k to enable the GP Enhanced Support to Care Homes incentive scheme to be rolled-out across Coventry & Rugby following the successful 2014/15 pilot in ten homes.

439
OPERATING PLAN:

Mrs Hancox confirmed that in respect of the CCG's Operating Plan 2014/15 – 2015/16 she was awaiting comments back from NHS England in respect the draft operating plan and how the CCG would fulfil its requirements and performance targets. It was hoped that an update could be provided to the May 2015 Governing Body meeting and earlier if possible to the CCG's Performance Committee.

440
SECTION 75 BUDGET ARRANGMENTS:

Mrs Hollingworth sought approval for the CCG to enter into Section 75 Partnership Agreements, including the establishment of pooled budgets, with both Coventry City Council and Warwickshire County Council in relation to the respective Better Care programmes, as required by NHS England.

The £3.8billion Better Care Fund was part of the Government's drive to integrate health and social care and was described as a "single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and Local Authorities". To ensure integration was delivered, the Better Care Fund required a pooling of resources delivered through a Section 75 agreement. This was a partnership agreement whereby NHS organisations and local authorities contribute an agreed

level of resource into a single pot (the pooled budget) that was then used to drive the integration and improvement of existing services.

Mrs Hollingworth reported that the full S75 agreements had not yet been finalised to bring to the Governing Body hence she was using a paper prepared by Coventry City Council as an update and the basis for approval.

Coventry was required to have a minimum pooled budget of £24m. Following extensive work with the Coventry and Rugby Clinical Commissioning Group to identify key areas of work, as well as other shared priorities, resources to the value of £52m were identified to be pooled as part of Coventry's plan. The agreed CCG contribution was £34.2m. The fund was comprised of a number of existing funding streams with relevant regulations and legislation continuing to govern how they were spent.

The pooled budget would be managed in accordance with the partnership agreement and any future financial implications would be reported through the existing financial reporting arrangements within each organisation.

In terms of governance the Better Care Programme Board which had membership from senior leaders (Coventry City Council, CCG, UHCW and CWPT) would provide the operational oversight for delivery of the programme. The Joint Adult Commissioning Board would be responsible for ensuring Better Care Coventry was delivered and the pooled budget was managed in line with the partnership agreement. The Health and Well-Being Board would hold the Joint Adult Commissioning Board to account for the delivery of Better Care Coventry and provide strategic direction. As from 1st April 2015, when the pooled budget was introduced, it was proposed that there was further reporting to Health and Social Care Scrutiny Board 5.

Although the pooled budget was created from allocations from the CCG and the Council, the arrangements do not constitute a delegation of statutory responsibilities and these were retained by the CCG and the Council. Any future financial implications would be reported through each organisation's existing financial reporting arrangements. For the CCG there would be quarterly reports to its Performance Committee.

Details of the Warwickshire BCF arrangements were still

being finalised but would broadly mirror those for Coventry

Members RESOLVED to:

- Approve entering into a Partnership Agreement with Coventry City Council for Better Care Coventry
- Approve entering into a Partnership Agreement with Warwickshire County Council for Better Together
- Approve that the respective Council is the host for the pooled budget
- Delegate authority jointly to the Executive Team and the Lay Member for Governance to finalise the agreement with each Council
- Approve the proposed governance arrangements for the monitoring of the agreement and the pooled budget

441 CORPORATE PERFORMANCE DASHBOARDS:

Mrs Hancox presented this item in respect of the Performance of the services commissioned by the Coventry and Rugby CCG for its population was monitored against the following sets of key performance indicators (KPIs).

- CCG Outcomes Indicator Set
- NHS Constitution Rights and Pledges
- Quality Premium Indicators
- Operational Plan Metrics

Section 1 summarised the remedial action plans that are in place to improve performance in those areas with a red rating.

Section 2 benchmarked the CCG's performance against others across the country and covered the following areas:

- Monthly performance against RTT targets by specialty
- Cancer Waiting Times benchmarked against the England average.
- UHCW year-on-year activity growth benchmarked against England average

Section 3 analysed the trends in secondary care demand and covered the following areas:

- A & E attendances and 4 hour waits performance
- Emergency Admissions
- Delayed Transfers of Care
- GP-initiated new outpatient attendance rates by locality

Appendix 1 provided details of the CCG's year-to date performance against its KPIs.

For Referral to Treatment the CCG under-achieved in December 2014 against the admitted category for the fourth consecutive month, with 81.9% of patients treated in 18 weeks, compared with a national figure of 89.0%. Section 2a of the report identified the underachieving specialties

The CCG achieved against the national cancer waits targets for the third successive quarter against a backdrop of significant underperformance across England as a whole.

In respect of A & E 4 hour waits**,** 84.4% of patients were seen within 4 hours in January 2015. This compared with a national figure of 92.3% at the end of January 2015.

Delayed Transfers of Care reached 100 a week in January 2015 but there had been a decline in recent weeks at UHCW. CWPT figures were within target levels.

For Stroke Care performance against the 24 hour assessment target for TIA (Transient Ischaemic Attack) patients showed significant improvement in November 2014. However performance against both stroke targets continued to fluctuate around the required level.

At 49.7% the percentage of patients diagnosed with dementia remained significantly below the national target of 67%.

For Improving Access to Psychological Therapies (IAPT) the CCG had underperformed for three quarters in a row against the access target but continued to achieve against the patient recovery target.

The Governing Body noted that there were remedial action plans in place for the highlighted performance areas.

Mrs Hancox reported that there continued to be challenges for bed availability and there were plans to improve waiting times for planned operations to free up hospital beds. Mrs Hancox noted that this was also a

complex picture nationally. Mrs Hollingworth said that there was concentration on long wait patients but there was a tide of increasing demand which was challenging going forward.

Dr Horn noted the positive improvement in cancer waits and Dr Cotterill said that this had been down to a lot of hard work and due to UHCW being a large teaching hospital.

Mrs Hancox noted the establishment a hospital frail elderly pathway which was due to 'go live' locally in the next couple of months. This was an integrated pathway of care for older people using contractual levers and incentives across providers to support frail older people to live independently and to help them understand their long-term conditions in order for them to manage them effectively. Best practice elsewhere showed that the frail elderly were less likely to reach crisis, require urgent care support and experience harm.

In respect the underperformance of IAPT Mrs Sampson said that she had received feedback that people from ethnic minorities do not access these services in Rugby because of interpretation barriers. Mrs Hollingworth agreed to follow this up

442
LAY MEMBERS REPORTS:

Mr Holmes and Mr Maddock confirmed they had no Lay Member update to report at this meeting.

Mrs Sampson confirmed that the community forums were taking place in Rugby and feedback had been positive with a good level of satisfaction in respect of healthcare. There continued to be a concern about GP provision in Rugby as the population increased.

Governing Body members RESOLVED to note the Lay Members Report.

443
LOCALITY LEADS UPDATE:

Dr O'Brien said that he noted for the Inspires Locality there was a changing landscape in terms of a 5 year plan for GP practices to come together to commission healthcare services on behalf of their patients (GP Alliance). He noted that if there was funding for this from the Prime Minister's Challenge Fund then this would infringe on the work of the Locality Groups in terms of engagement with practices and new opportunities and would depend on the Alliance's plans.

Dr Cotterill said that Rugby Localilty had been

formalising a work plan in terms of its core business and engagement with practices and patners in social care and the voluntary sector. There was work to support practices nurses in terms of revalidation. Dr Cotterill reported that Dr Lucy Foster had resigned from her post as Rugby Clinical Lead for Community Services and acknowledged her contribution noting that her work would be missed.

Dr Horn said that the Godiva Locality had had no Locality Manager for the last 6 months. There were concerns within the locality about practice nurse and practice manager succession. This was also a national workforce issue.

Governing Body Members RESOLVED to note the Locality Leads Update Report.

444
COVENTRY DIRECTOR OF PUBLIC HEALTH REPORT:

Dr Moore presented the Coventry Director of Public Health Report which focussed on some of Coventry Public Health Department's major programmes.

Key points noted were:

The Coventry Health and Wellbeing Board had endorsed the City's Active Citizens, Strong Communities Strategy which set out how partners across the city could work more effectively with local communities to shape services and to deliver more for themselves. This included supporting communities to run more services for themselves, using on-line platforms and social media to improve engagement with local people, and involving local people in co-designing services. The programme was under pinned by a community grants scheme which aimed to build capacity and capability in communities and would be subject to external evaluation. A local practitioners' network had been established across a wide range of agencies to develop staff skills in how to work more effectively with local communities. The team was also supporting significant formal consultations including the Budget consultation and consultations on changes to a range of council services.

In December 2014, the Director of Public Health published her Annual Report, *Primary Care at the heart of our health*. The recommendations in the report were aimed at celebrating the progress and achievements of primary care in Coventry, as well as looking to potential future developments to ensure that primary care could

adapt to the challenges of the future. Following the development and publication of the 2014 Annual Report, the Primary Care Quality Group had worked together to implement the recommendations from the report and to develop a vision of primary care in Coventry to ensure the model of care was fit for the future.

Public health had continued to work with GPs and communities to continue to promote healthy lifestyles, through the delivery of services such as health checks and stop smoking, and had developed an online directory to provide an overview of community initiatives and lifestyle services within Coventry, which could be used by GPs to refer people to an appropriate service easily and effectively, and could enable people to support themselves outside of the practice setting. The lifestyle directory was finalised in February 2015. Hard copies were being distributed to practices and the directory was also available on line.

The recent Marmot Steering Group updates and meetings had demonstrated good progress on a range of indicators from different partners across the city. The CCG had continued to contribute to the Marmot agenda and had demonstrated good progress on its Marmot indicators.

The issue of Female Genital Mutilation (FGM) in Coventry was raised by Councillor Gingell at Council in December 2013 where a motion to condemn the practice was supported. As a result Public Health established a FGM Task & Finish Group. In addition, an 'Ending FGM in Coventry' Conference was held on 13 November, which over 300 people attended. Public Health were currently planning to hold another conference in November 2015 to enable staff to attend further workshops.

Public Health were currently undertaking a commissioning exercise to provide a service which would further improve awareness of FGM and provide training to professionals. Public Health had also designed a 'pledge' to end FGM that would enable all agencies across Coventry to commit to working towards ending FGM and protect local women and girls from harm. The Council was organising a launch of the Ending FGM in Coventry.

It was noted that alcohol related hospital admissions

remained a concern for Coventry and Rugby CCG and for Public Health.

As a Marmot city, work to reduce health inequalities was also relevant for work on alcohol, as those in deprived areas drink most problematically and typically experience the most negative consequences (housing problems, poor health, etc.)

The Recovery Compass, the young person's drug and alcohol service, co-located with social care/early intervention teams in the summer and had seen a significant increase in referrals as a result which was positive.

Public Health had worked with the Police, Probation, Coventry and Rugby Clinical Commissioning Group, Youth Offending Service, service users and many others agencies to develop a joint drug strategy.
The two-year strategy commits partners to taking a holistic approach when dealing with drug use and drug users.

In respect of early years over the past year considerable progress had been made in developing and delivering the new model of working for the integrated teams. The integrated model was being evaluated to measure our success in improving outcomes for children. The evaluation would generate process learning regarding the project, identifying lessons learnt and resulting actions, in order to inform future project activity and roll-out.

A programme had been set up to help Coventry become an Age Friendly City. This opportunity would see Public Health working with a wide range of people across the City to create a plan to make the City of Coventry a place where older people could remain healthy, independent and happy, long into their old age. The focus of the programme was to achieve whole system, sustainable change.

A new Smokefree strategy for the city was being finalised and would outline the key priorities to tackle tobacco use between 2015-2020. The strategy stated an ambition of working towards a smoking prevalence of 14% by 2020 and less than 5% by 2035. CWPT had expressed an interest in becoming smoke free.

Work around TB was ongoing and Public Health

England had set a target to eradicate the prevalence of TB by 2020.

Coventry's teenage pregnancy rates had not changed but there had been a major drop in the West Midlands overall.

Dr Moore reported that Dr Ruth Tennant, Deputy Director Public Health in Coventry had been appointed to Director of Public Health in Leicester. Congratulations were expressed for Dr Tennant and it was noted that she would be a considerable loss to Coventry.

In relation to the concerns over hospital admissions due to alcohol Dr O'Brien asked about additional funding for staff working with alcohol abuse. Mrs Hollingworth agreed to discuss this at a future Performance Committee.

Governing Body members RESOLVED to note the Coventry Director of Public Health Report.

445
WARWICKSHIRE DIRECTOR OF PUBLIC HEALTH REPORT:

Dr Linnane confirmed that 11th March 2015 was National No Smoking. MPs had voted in favour of introducing standardised packaging for cigarettes in the UK which meant that from 2016 every packet would look the same except for the make and brand name, with graphic photos accompanying health warnings if the House of Lords also approved the move. South Warwickshire Foundation Trust went smoke free from 1st January 2015. George Eliot Hospital and CWPT also had plans to become smoke free.

Dr Linnane said Warwickshire's Joint Strategic Needs Assessment (JSNA) was approved and endorsed by the Warwickshire Health and Wellbeing Board on 21st January 2015 and that he would welcome the opportunity to talk to Governing Members about it. This was agreed for the next meeting on 13th May 2015. The purpose of Warwickshire's JSNA Review is to establish a shared, evidence-based consensus on the key local priorities across health and social care.

The Something's Not Right campaign was a partnership between Warwickshire Police, Warwickshire County Council and other key organisations aimed at helping to families, friends and the public identify the signs a young person may be being abused and report it.

As part of Warwickshire County Council's Respect Yourself campaign A 'Yes/No' Game had been launched on line with a website for the game and where young people were asked to create short films about healthy and respectful relationships. The game had currently received 4000 views.

As part of the implementation of the Warwickshire Public Mental Health and Wellbeing Strategy nationally accredited GP-lead suicide prevention training was being offered to all Warwickshire GPs. There was good evidence that targeted suicide prevention training for GPs helped to reduce suicides. Locum backfill would be refunded for all Warwickshire GPs who attended.

Members RESOLVED to note the Warwickshire Public Health Report.

446
SEROUS INCIDENT MANAGEMENT POLICY:

Mrs Barnes provided members with the revised Serious Incident reporting and management policy and procedure which had been reviewed and updated to:

- reflect changes in the allocation of patient safety roles and responsibilities between Coventry and Rugby CCG and Arden and GEM Commissioning Support Unit (CSU). A number of processes previously managed by the CSU Senior Lead for Patient Safety are now being managed in house following the appointment of the CRCCG Lead Nurse for Patient Safety and Experience.
- Clarify the management arrangement for healthcare acquired infection and child death incidents.

At the request of the Clinical Quality and Governance Committee in January 2015, consultation had now been carried out within the CCG Nursing, Quality and Patient Safety team and the Commissioning Support Unit Patient Safety Team, and the document revised in accordance with their feedback.

The policy was based on current best practice and reflected the commissioner responsibilities as outlined in the NHS England Serious Incident Framework issued in March 2013. However, NHS England was currently developing a revised framework for the management of serious incident and it was anticipated that this policy

would need to be updated again when the revised framework was published. It was not yet confirmed when the revised framework would be made public however it was not likely to be before May 2015.

The Governing Body RESOLVED to note and approve the Serious Incident Management Policy.

447
WORKING WITH THE COMMERCIAL SECTOR POLICY:

Mrs Hancox presented the commercial sector policy, which predominately related to the pharmaceutical industry. The policy had been revised to take account for the latest national guidance and NHS environment.

The policy had been taken to the Clinical leadership Teams of each Locality for feedback and amended accordingly. The policy had been agreed by the Clinical Quality and Governance Committee and was presented to the Governing Body for approval as the CCG policy on working with the commercial sector.

Key points noted were that:

- The policy covered sponsorship of meetings and larger scale commercial sector, mainly pharmaceutical industry, project funding
- The policy set out what was and was not acceptable practice in relation to CCG activities but also recommended adoption by independent contractors as best practice
- In particular the reporting of sponsorship arrangements in line with the policy should be encouraged/mandated as appropriate to ensure appropriate oversight was in place

Governing Body Members RESOLVED to ratify the working with the Commercial Sector policy for use.

448
CORPORATE POLICIES:

<u>Conflicts of Interest Policy</u>
Mrs Blyth advised members of the changes made to the CCG's Conflicts of Interest Policy in line with recent statutory guidance.

Key points noted were that:

- Further statutory guidance on managing conflicts of interest for CCGs was issued by NHS England on 19th December 2014

- The guidance supported the new primary care co-commissioning options and CCGs had to demonstrate that they had taken it in to account when submitting their application, and were required regardless of the decision made by the CCG in relation to co-commissioning
- The main changes were designed to strengthen the declaration, recording and management of conflicts of interest and there were new sections on the appointment of Governing Body or Committee members, decision making in relation to primary medical care and establishing a register of procurement decisions.

Members of the Governing Body RESOLVED to approve and ratify the revised Conflicts of Interest Policy.

Counter Fraud and Bribery Policy

Mrs Blyth also sought approval for the revised Counter Fraud and Bribery Policy, which had been revised to ensure compliance with current guidance and legislation.

- The policy was revised with assistance from the NHS Local Counter Fraud Specialist
- A paragraph had been included that confirmed that the policy applied to everyone 'associated' with the CCG rather than just employees; mindful that the CCG had a fair few people (e.g. GPs) who were not directly employees in the conventional sense, but who were key players in the CCG's work.
- A paragraph had also been added which made it clear that there was a 'corporate offence' of failing to prevent the bribery of others, where the bribe was intended to bring a benefit to the body concerned. The body corporate was liable unless it had adequate procedures in place, based on its particular circumstances – that was to say that the statement confirmed that no one linked to the CCG could bribe others.
- A paragraph had been included which offered an opportunity for informal advice/discussions regarding concerns, rather than a more formal reporting of a known or likely fraudulent act.

Governing Body members RESOLVED to note and approve the Counter Fraud and Bribery Policy.

Hospitality and Gifts Policy

Mrs Blyth also provided members with the revised Hospitality and Gifts policy which had been reviewed with assistance from colleagues in Internal Audit and reviewed by the CCG's Audit Committee. The policy had been reviewed and revised to provide staff with a more robust and clear definition of limits above which senior authorisation was needed for their Hospitality register. The policy had been revised to ensure that the latest guidance and legislation were accurately reflected. It was noted that the policy had been reviewed in depth at the CCG's Audit Committee on 16th February 2015.

Governing Body members RESOLVED to approve the Hospitality and Gifts Policy.

449
HR POLICIES:

Mrs Blyth updated members on statutory changes to maternity, paternity, adoption leave policies and pay. She reported that maternity, paternity and adoption policies must be updated to reflect statutory changes to Adoption Leave, Statutory Adoption Pay, Shared Parental Leave (SPL) and Statutory Shared Parental Pay (ShPP). A paper had been discussed and approved at the CCG's Clinical Quality and Governance Committee outlining changes to Adoption Leave and included an appendix to be added into the maternity, paternity and adoption leave policies.

Governing Body Members RESOLVED to approve the additions to the maternity, paternity and adoption leave policies.

Mrs Blyth also updated members on the new CCG policies:

- Recruitment and Selection Policy
- Travel and Claims Policy
- Further Education and Continuing Professional Development Policy

All three policies had been adapted from standard NHS Business Service Authority policies, reviewed by HR and approved by the Staff Representative Forum.

The principles of the policies all remained the same and provided guidance to managers and employees on following the correct procedures.

Members RESOLVED to approve the new policies:

- Recruitment and Selection Policy
- Travel and Claims Policy
- Further Education and Continuing Professional Development Policy

450
TOCILIZUMAB POLICY APPROVAL:

Dr O'Brien presented the Tocilizumab Policy for members approval which had been recommended by the CCG's Clinical Development Group meeting in November 2014. The National Institute for Healthcare Excellence (NICE) had given good evidence for its use in the treatment pathway for Rheumatoid Arthritis as an alternative to options already available to patients who have intolerance to methotrexate. This evidence was support by local clinicians.

Governing Body members RESOLVED to approve the Tocilizumab Policy to offer subcutaneous tocilizumab monotherapy in the treatment pathway for Rheumatoid Arthritis, as an alternative to options already available to patients who have intolerance to methotrexate.

Mrs Blyth provided the Governing Body with the Assurance Framework 2014/15 (previously known as the Board Assurance Framework) for review and discussion.

451
ASSURANCE FRAMEWORK:

The Assurance Framework was an important document for providing assurance that the CCG was sighted on the risks of its key objectives and had a robust system of internal control. The Assurance Framework was supported by the Corporate Risk Register which identified more detailed risks associated with the aims and objectives of all aspects of business. The Assurance Framework had been revised and updated to reflect activity over the period December 2014 – February 2015 with contribution from the relevant members of the senior management team.
The Assurance Framework had been linked to the Corporate Objectives.

Currently 7 of the 18 risks were rated as red or 'high' risk.

1 risk had been raised to red or 'high' risk:

- Page 13 - Externally commissioned support services were fit for purpose and provided value for money. Although this risk was lowered for

the last iteration of the Assurance Framework, concerns relating to the backlog of CHC reviews which present a reputational and financial risk to the CCG had prompted the risk rating being raised to a red or 'high' risk

1 risk had been downgraded to an amber or 'medium' risks during the specified period:

- Page 15 – Effective working with partners to ensure cohesive pathways of care were commissioned. The risk was lowered as there were a number of key arrangements in place to mitigate the risk

The Assurance Framework was a living document. Risk ratings would be reviewed quarterly. It was anticipated that further mitigations/controls would be implemented as the year progressed.

Members of the Governing Body RESOLVED to approve the Assurance Framework for 2014/15 as a 'live' document which would be updated and brought back on a regular basis.

452
RISK REGISTER:

Mrs Blyth presented to the Governing Body the Corporate Risk Register for the CCG covering updates for January - February 2015. All changes and additions to the Risk Register were highlighted in blue for ease of identification.

There were currently 18 risks noted on the Register of which 9 were red.

1 risk had been removed during the period specified:

- Co-commissioning – Following a series of votes from GP Members, the CCG is working toward the 'greater involvement' model for co-commissioning.

3 risks had been downgraded during the specified period:

- Tissue Viability Service - a gap had been identified in the contract regarding Tissue Viability (TV) input into Nursing Homes in Warwickshire. A review had taken place and commissioning of the service is in place.

- Inaccurate recording of Statutory and mandatory training records – The information recorded on the system was accurate and reflected in the HR report. The issue was now that staff accessing their records were not given the correct dates for refresher training. This was being addressed through the ACS dealings with McKesson.
- Access to the CWPT Crisis Team through a single point of access – The crisis line had now been established

3 risks had been upgraded during the specified period:

- Financial balance – this risk had been raised to red (16) from amber (12) because although a number of remedial actions were being implemented these were likely to only have a modest impact in the current financial year
- CAHMS – Performance notice had been issued to the service and the CCG was still awaiting assurance on the level of risk to users and the mitigation they had in place and the CCG was also still awaiting a trajectory to address the backlog.
- Implementation of personal health budgets (non CHC) - The CCG did not yet have the governance processes in place to support the introduction of Personal Health Budgets for non CHC clients as would be required by 1st April 2015.

4 new risks had been added during the period specified.

- Backlog of CHC referrals – There was a back log (dating back to Jan 14) of nearly 200 new referrals awaiting assessment for CHC eligibility. The national standard for completing assessments was with 28 days of receipt of referral.
- Upper GI patient pathway - GP members had flagged the Upper GI Pathway as an area of risk. Pathway was not being correctly followed by UHCW due to lack of capacity. This may risk certain patients not receiving adequate investigation/treatment. This had been investigated with UHCW who had confirmed that there was a lack of capacity for certain Upper GI investigations.

- Rugby based GP Practice - A breakdown in relationship between partners at the Practice risks additional pressure on other practices who may have to absorb patient lists. The risk was downgraded to amber (12) at the recent CQG meeting as caretaking arrangements were now in place and new premises were being sourced
- ACS performance relating to CHC issues - At the Governing Body meeting held 19 January 2015 concerns were raised regarding the issues with both the backlog of NHS CHC referrals and the response times to complaints about the service. It was agreed that this separate risk should be added to the Risk Register as the risks to the reputation of the CCG were considered to be a major concern.

Governing Body members RESOLVED to note the Risk Register.

453 REGISTER OF SEALINGS:

Mrs Blyth advised the Governing Body that no documents had been signed under seal for the CCG for the period 1 January - 28 February 2015.

Governing Body members RESOLVED to note the Register of Sealings Report.

454 CLINICAL QUALITY AND GOVERNANCE COMMITTEE MINUTES:

Members RESOLVED to note the minutes of the Clinical Quality and Governance Committee held on 17th December 2014 and 28th January 2015.

455 CLINICAL DEVELOPMENT GROUP MINUTES:

Members RESOLVED to note the minutes of the Clinical Development Group meeting held on 27th January 2015.

456 PERFORMANCE COMMITTEE MINUTES:

Members RESOLVED to note the minutes of the Performance meeting held on 24th November 2-14 and 15th December 2014.

457 AUDIT COMMITTEE MINUTES:

Members RESOLVED to note the minutes of the Audit Committee held on 16th December 2014.

458 COVENTRY HEALTH AND WELLBEING BOARD MINUTES:

Members RESOLVED to note the minutes of the Coventry Health and Wellbeing Board held 10th November 2014.

459
WARWICKSHIRE HEALTH AND WELLBEING BOARD MINUTES:

Members RESOLVED to note the minutes of the Warwickshire Health and Wellbeing Board held on 21st January 2015.

460
INSPIRES CLT MINUTES:

Members RESOLVED to note the minutes of the Inspires Clinical Leads Team meeting held on 22nd January 2015.

461
GODIVA CLT MINUTES:

Members RESOLVED to note the minutes of the Godiva CLT minutes held on 20th January 2015.

462
TRANSFORMATION PROGRAMME BOARD MINUTES:

Members RESOLVED to note the minutes of the Transformation Board meeting held on 3rd December 2015.

463
QUESTIONS OR COMMENTS FROM MEMBERS OF THE PUBLIC:

There were no questions from members of the public.

464
KEY MESSAGES FOR STAFF:

- <u>Budget for 2015/16</u>

The CCG was currently in the last few weeks of the current financial year and appeared to be on course to deliver a balanced budget. Governing Body recognised what an achievement that was and wanted to thank all staff for their contributions in delivering this achievement in the face of many and varied challenges.

- <u>Infection control success</u>

Although Public Health England anticipated that norovirus cases (particularly in care homes) would increase over winter, this had not proved to be the case in Coventry and Rugby unlike elsewhere in the country. The Governing Body heard that this may in part be due to the effective management of outbreaks in care homes thanks to a joint initiative between the CCG, the CSU and Coventry City Council.

- Continuing health care challenge

In response to a number of complaints about delays in the assessment process, an escalation meeting with Arden and Greater East Midlands Commissioning Unit had seen data cleanse completed. This process revealed a much larger backlog of community CHC eligibility decisions and 12 month reviews than the CCG had been made aware of. As a consequence a service improvement notice had been issued by the CCG to Arden and Greater East Midlands Commissioning Unit and a number of remedial actions had been put in place in an attempt to resolve this unacceptable position.

- New Nursing Code of Practice

From the end of March 2015, all nurses in Coventry and Rugby would be expected to work in accordance with the Nursing and Midwifery Council's new Code of Conduct. The code set out the professional standards of practice and behaviour for nurses and midwives and covers four key areas – prioritise people, practise effectively, preserve safety and promote professionalism and trust.

465
ANY OTHER BUSINESS:

There was no other business.

466
DATE OF NEXT MEETING:

Wednesday, 13th May 2015 at Christchurch House, Greyfriars Lane, Coventry