

**Unconfirmed Minutes of the Governing Body Meetings in Common Held in Public  
on Wednesday, 10<sup>th</sup> January 2018, 1.30pm**

**Venue: Committee Room 2, Coventry City Council House, Earl Street, Coventry**

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| <b>Present:</b>         |  |
| Dr Adrian Canale-Parola | Chair - CRCCG  |
| Dr Deryth Stevens       | Chair - WNCCG  |
| Ms Andrea Green         | Chief Officer  |
| Dr Inayat Ullah         | Practice Network Lead: Nuneaton and Bedworth - WNCCG                         |
| Dr Chris Pycock         | Secondary Care Doctor - WNCCG  |
| Mr Peter Maddock        | Lay Member for Governance - CRCCG  |
| Mr Ludlow Johnson       | Lay Member for Patient and Public Involvement and Equality - CRCCG           |
| Ms Sue Turner           | Practice Network Lead: North Warwickshire - WNCCG                            |
| Dr Deepika Yadav        | Rugby Locality Lead - CRCCG  |
| Mr Graham Nuttall       | Lay Member - Primary Care - WNCCG  |
| Mr Derek Pickard        | Lay Member – Patient and Public Involvement - WNCCG                          |
| Mr David Allcock        | Lay Member for Audit and Governance - WNCCG                                  |
| Dr Peter O'Brien        | Clinical Locality Lead, Inspires - CRCCG                                     |
| Dr Sarah Raistrick      | Clinical Locality Lead (Godiva) - CRCCG                                      |
| Dr Steve Allen          | Clinical Director from 2.30pm (at Item 3)                                    |
| Mrs Clare Hollingworth  | Chief Finance Officer  |
| Ms Jo Galloway          | Chief Nurse  |
|                         |  |
| <b>Apologies:</b>       |  |
| Dr Prashant Kokodkar    | Secondary Care Specialist Consultant - CRCCG                                 |
| Dr John Linnane         | Director of Public Health, Warwickshire                                      |
| Ms Liz Gaulton          | Director of Public Health, Coventry - CRCCG                                  |
| Dr Godwin Igodo         | Clinical Lead - WNCCG  |
| Dr Arshad Khan          | Clinical Lead - WNCCG  |
| Rachel Robinson         | Consultant in Public Health Medicine – WNCCG                                 |
|                         |  |
| <b>In Attendance:</b>   |  |
| Mrs Maria Maltby        | Deputy Director of Corporate Affairs   |
| Julie Seaborne          | Governance Officer   |
|                         |  |
| <b>Visitors:</b>        |  |
| Mr Jamie Soden          | Deputy Director of Nursing, Coventry and Rugby CCG (Patient Story Item only) |

| Item No: |   | Action |
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| 1.       | <p><b><u>Standing Items:</u></b></p> <p><b>1.1 Welcome and Apologies</b><br/>Dr Stevens welcomed members of both NHS Coventry and Rugby CCG and NHS Warwickshire North Governing Bodies and public attendees to the meetings in common. Apologies were noted as indicated above.</p>  |        |
| 1.2      | <p><b><u>Declarations of Interest:</u></b></p> <p>Members were reminded of the need to declare their interest in any items requiring a decision and to remove themselves from such decision making.</p> <p>Dr Stevens said that she noted there would be a conflict of interest for Warwickshire North Member GPs in terms of ambulatory ECG monitoring for practices detailed in the Procurement Report.</p>   |        |
| 1.3      | <p><b><u>Minutes of the Last Meeting: 9<sup>th</sup> November 2017</u></b></p> <p><u>Integrated Safety, Quality and Performance Report</u> (page 7)<br/>Ms Galloways said that the second paragraph should read "Ms Galloway explained that CWPT had been issued a Section 29A HSCA warning notice in relation to <b>older people's services</b>".</p> <p>With the above amendment the minutes of the meeting held on 9<sup>th</sup> November 2017 were then approved as a true and accurate record of the meeting.</p>   |        |
| 1.4      | <p><b><u>Matters Arising And Action Schedule:</u></b></p> <p><b>Matters Arising</b></p> <p>There were no Matters Arising from the minutes of the Coventry and Rugby CCG Governing Body and Warwickshire North CCG meetings held in common 9<sup>th</sup> November 2017.</p> <p><b>Warwickshire North CCG</b><br/><b>Item 34 – Patient Group Forum: Provide an update on STP and MSK work to a future Patient Group Forum</b><br/>This had been completed and could be removed from the tracker.</p> <p><b>Warwickshire North CCG</b><br/><b>Item 35 – Blood Tests</b><br/>Dr Stevens apologised that this had not been actioned because she was still awaiting a response from the contracting team to clarify what the issue in terms of patients attending out-patients appointments getting their bloods taken on the day of their appointment rather than having to come back. Dr Stevens confirmed she will update on this at the next meeting.</p>  |        |
| 1.5      | <p><b><u>Chair's Report:</u></b></p> <p><b>(A) Coventry and Rugby CCG:</b></p> <p>Dr Canale-Parola presented the NHS Coventry and Rugby CCG Chair's Report and said he was delighted to inform members that Ms Green had been appointed to the substantive post of Accountable Officer/Chief Executive Offer for both Coventry and Rugby CCG and Warwickshire North CCGs. Dr Canale-Parola confirmed that his extended term of office as CCG Chair would end on 31 March 2018 and the CCG was currently in the process of seeking a replacement and the Governing Body would be kept updated.</p> <p>Dr Canale-Parola said that a further successful joint Health Wellbeing Board development session had been held in mid-December 2017. In terms of going forward for 2018 it would be the local "Year of Wellbeing", and there would be an agreement to utilise this to develop a common narrative, and to use it as a catalyst for the concept of place, and place-based commissioning.</p> <p>Dr Canale-Parola said that he was delighted to report that a letter had been received to NHS</p> |        |

| Item No:  |  | Action |
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|           | <p>Coventry and Rugby CCG from Alison Tonge at NHS England (NHSE) confirming that the CCG had been removed from legal directions.</p> <p>Coventry and Rugby CCG Governing Body Members NOTED the Chair's report.</p> <p><b>(B) Warwickshire North CCG:</b></p> <p>Dr Stevens' presented the Warwickshire North CCG Chair's report and said that her term of Chair was also due to end at the end of March 2018 and that she had put herself forward to be considered for a further term. The recruitment process was ongoing and Governing Body members would be kept updated.</p> <p>Dr Stevens confirmed that there had been some work undertaken with member practices in terms of improving members engagement meetings. To that end there had been a workshop to gather the members' views and these were currently being collated to ensure a more relevant agenda for members and practices.</p> <p>Warwickshire North CCG Governing Body Members NOTED the Chair's report.</p>   |        |
| 1.6       | <p><b><u>Chief Officer's Report</u></b></p> <p>Ms Green presented the Chief Officers Report and reiterated the assurances on how the CCGs were managing services over winter. There had been some challenges which had also been experienced nationally. Extra capacity had been put in place and there had been very robust management processes on a daily basis to understand what each part of the system was experiencing in terms of care. GPs also had kept the CCGs briefed in terms of primary care.</p> <p>Ms Green drew attention to the update within her report on the Strategic Commissioning activities.</p> <p>Ms Green also noted that Debbie Pook, the Chief Operating Officer had been seconded to support George Eliot Hospital from 1 January 2018 as the Trust Chief Operating Officer for six months whilst the Trust had a senior resource gap. During this period Jo Galloway would work as Emergency Accountable Officer; Sue Davies was leading on Winter activity; the Chief Officer would take the lead on Conflicts of Interest.</p> <p>Ms Green advised the Governing Bodies of a national press article that referred to pharmaceutical sponsorship for GP educational events (PLT) received by a number of CCGs. Ms Green advised that there had been a breach by both CCGs failing to historically report sponsorship received. Ms Green assured the Governing Bodies that this had been rectified immediately and all information was on the CCG websites.</p> <p>The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies <b>NOTED</b> the report.</p> |        |
| 2.<br>2.1 | <p><b><u>Strategy and Planning:</u></b></p> <p><b><u>Public Health Updates</u></b></p> <p>Dr Stevens said that unfortunately there were no Public Health colleagues available at this meeting to present the public health reports but she noted the issues around winter pressures particularly in terms of flu.</p> <p>Dr Stevens said that the flu vaccination figures were improving but not as quickly as the Governing Bodies would like and suggested working with public health colleagues next year to see how this could be improved. Ms Green advised that local providers were diligent at ensuring staff were vaccinated however suggested this be raised with Local Authority and Social Care colleagues in terms of staff uptake.</p> <p>Warwickshire North CCG Governing Body Members <b>NOTED</b> the Warwickshire Public Health written update report.</p>   | JG     |

| Item No:      |   | Action |
|---------------|---|--------|
| 2.2           | <p><b><u>Communications and Engagement Report</u></b><br/>           Dr Stevens said that the written report was self-explanatory and provided an overview of communications and engagement activity undertaken during November and December 2017.</p> <p>Ms Green highlighted the End of Life campaign within the report and noted that Phase 1 of the End of Life campaign had been launched in January 2018. The phase included signposting materials for carers and would be distributed to frontline staff through existing channels. Initial feedback for this service had been very positive, including feedback from GPs and a patient's family. Dr Stevens said that had been aware of a family who had used this services and it had made a good difference to them at a difficult time. Ms Green confirmed that currently this was a Warwickshire North CCG service.</p> <p>The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies <b>NOTED</b> the report which was provided for assurance and information.</p>   |        |
| 3.<br><br>3.1 | <p><b><u>Quality, Safety and Performance:</u></b></p> <p><b><u>Patient Story</u></b><br/>           Mr Jamie Soden presented a patient story. Unfortunately due to IT technical issues Mr Soden was unable to show his presentation or the video link but confirmed he would circulate this to members. The patient story focused on an 11 year old child and his experience with the Child and Mental Health Services (CAMHS). The school had identified that the child had some challenges and referred him to CAHMS. After assessment by a psychiatrist and psychologist it then appeared that the child had 'fallen off the radar' with the CAHMS service and the parents proactively had to contact the service themselves. Following that contact the child had been seen very quickly by the CAHMS service and a further assessment carried out with the diagnosis of ADHD. From this point the family felt that they had good support from CAHMS in terms of how to support their son. Mr Soden said that this had been very practical and uncomplicated work which CAHMS carried out (4 weeks with the child and 4 weeks with the parents) and was very helpful to the family in terms of networking with other parents and children who also had ADHD. The family made the decision not to go down a medication route for their child. A key issue the family identified as helpful was having CAHMS staff available to talk to them when they needed advice. In terms of what could have been done better the family talked about having a timeline for their appointments for assessments so that they knew where they were on the waiting list. Generally the family had felt their experience of CAMHS had been a positive experience. Mr Maddock talked about how it was important for action to be taken following patients stories. Mr Soden confirmed that he would be feeding this patient story experience back to CAHMS. He would also report back to the Clinical Quality and Governance Committee.</p> <p><b><u>Integrated Safety, Quality and Performance Report</u></b></p> <p><b><u>Safety and Quality</u></b><br/>           Ms Galloway presented the Safety and Quality section of the report, highlighting the items on escalation and the updates from the Quality and Governance Committees. The report provided assurance to the Governing Body of the performance of services commissioned by Coventry and Warwickshire and Warwickshire North CCGs. The report provided an update on quality concerns within commissioned services that were either being investigated or were being monitored against improvement plans.</p> <p><b><u>University Hospitals Coventry and Warwickshire (UHCW)</u></b><br/>           For UHCW Ms Galloway said that there had been one area on Level 2 and one area on Level 3 of the CCG Clinical Governance Framework:</p> <p>Level 2 - The target to send clinic letters within 10 days remained below the improvement trajectory. The CCG had been receiving monthly position reports. No patient harm had been identified.</p> <p>Level 3 – There was a risk relating to Dermatology and delays in first clinic appointments. This had been included on the CCG Corporate Risk Register. An urgent response and detailed assurance had been requested.</p> | JS     |

| Item No: |   | Action    |
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|          | <p><u>Coventry and Warwickshire Partnership Trust (CWPT)</u><br/>For CWPT Ms Galloway reported that there was one area on Level 2 and one area on Level 3 of the CCG Clinical Governance Framework.</p> <p>Level 2 – The Care Quality Commission (CQC) inspection found long waiting times for access to child and adolescent mental health services (CAMHS). The CCG had issued a contract performance notice. The CCG Quality team would undertake a site visit in January 2018.</p> <p>Level 3 – Following the June 17 inspection, the CQC issued the Trust with a Section 29A warning notice in relation to older people’s services. The Trust had taken immediate actions and the CCG had undertaken site visits to seek assurance of these actions. The full CQC action plan would be presented at the January Clinical Quality Review meeting.</p> <p><u>George Eliot Hospital (GEH)</u><br/>For GEH Ms Galloway reported that the following areas had been included on level 2 of the CCG Clinical Governance Framework.</p> <p>Level 2 - Workforce, safer staffing and vacancies. Monthly reports regarding nurse safer staffing levels were received at Clinical Quality Review Meetings (CQRM). Additional assurance was being sought at the December CQRM regarding the wider workforce and vacancies as a whole, with a particular focus on fragile services.</p> <p>Level 2 - Sickness absence rates. Assurance was being sought at the December CQRM regarding the breakdown of sickness absence across staff groups.</p> <p>Level 2 - Never Events. Assurance was being sought at the December CQRM regarding lessons learned and actions initiated in response to recent never events.</p> <p>Ms Galloway confirmed that an update regarding the Flu vaccination programme had been provided to the CRCCG Clinical Quality and Governance Committee. The Committee had noted an increased uptake in the vaccination by CCG staff and had been assured by the high percentage of residents in care homes that had received vaccinations (100% of residents in Rugby and 97% of residents in Coventry homes).</p> <p>Ms Green asked in respect of the Level 3 UHCW risk relating to Dermatology and delays in first clinic appointments, which CCG patients did this affect. Ms Galloway said that it was more of an issue for Warwickshire North CCG patients as there were different systems in place for each CCG. There were also delays for Coventry and Rugby CCG patients but the systems and processes in place were different. Dr Stevens said the differences in these systems were being addressed.</p> <p>Dr Canale-Parola asked about acute provider safeguarding training which was highlighted as red in respect of targets. Ms Galloway said that there had been some technical and also a high turnover of staff. CQG had also highlighted this issue. Ms Green asked if this issue could be taken to the CCG’s Clinical Quality and Safety Committee as a specific item and Ms Galloway would pick this up.</p> <p><b><u>Performance</u></b></p> <p>Mr Jarman-Davies presented the Performance Report and noted the following key points:</p> <p><u>Referral to Treatment Times</u><br/>85.0% of CRCCG patients had been waiting less than 18 weeks from their GP referral date to be seen or treated by a hospital specialist in October 2017 against a target of 92%. There were 18 Coventry and Rugby CCG patients waiting over 52 weeks of whom 17 were waiting at UHCW.</p> <p>84.8% of Warwickshire North CCG patients had been waiting less than 18 weeks in October 2017. There were 9 Warwickshire North CCG patients waiting over 52 weeks, all of whom were waiting at UHCW.</p> <p>Coventry and Rugby CCG and Warwickshire North CCG met the diagnostic waits targets in</p> | <p>JG</p> |

| Item No: |   | Action |
|----------|---|--------|
|          | <p>October.</p> <p><u>A &amp; E 4 hour waits</u><br/>A &amp; E 4 hour waits performance at UHCW had been 85.5% in October 2017, below the 95% target.</p> <p>Performance at George Eliot Hospital (GEH) had also below target at 89.7% in October 2017.</p> <p><u>Cancer waiting times</u><br/>In October 2017 Coventry and Rugby CCG achieved against the Cancer waits targets in October 2017 and had also met the targets year-to date. There were 4 patients at UHCW who had exceeded 104 days in their cancer pathway in October 2017. These cases were being reviewed through the CCG's Clinical Quality Review Meeting with the trust.</p> <p>In October 2017 Warwickshire North CCG underachieved against the 62 days referral to first definitive treatment target with performance at 81.8% against a target of 85%. Performance against the 31 day diagnosis to treatment target was marginally below the 96% threshold at 95.7%.</p> <p>George Eliot Hospital had reported one patient who had exceeded 104 days in their cancer pathway in October 2017. Other Cancer waits targets were met in October 2017</p> <p><u>Mixed Sex Accommodation</u><br/>There were 5 Mixed Sex Accommodation breach in October 2017 at UHCW. The trust had confirmed that these were due to an unavoidable set of circumstances and did not anticipate that there will be repeat breaches. There were no Mixed Sex Accommodation breaches for Warwickshire North CCG patients in October 2017.</p> <p><u>Cancelled Operations</u><br/>There were 39 patients in quarter one who had operations cancelled at UHCW, on or after the day of admission for non-clinical reasons and weren't offered another binding date within 28 days. This was an improvement against the quarter 1 position. There had been no cancelled operations breaches at GEH.</p> <p><u>Dementia Diagnosis</u><br/>Coventry and Rugby CCG continued to underachieve against the 67% dementia diagnosis target. In October 2017, 59.4% of the estimated number of patients with dementia had been diagnosed. Warwickshire North CCG also continued to underachieve. The figure for October 2017 was 60.7%.</p> <p><u>Early Intervention in Psychosis (EIP)</u><br/>Coventry and Rugby CCG and Warwickshire North CCG achieved against the EIP target in October 2017 and both have achieved against the year to date measure.</p> <p><u>Improving Access to Psychological Therapies (IAPT)</u><br/>Coventry and Rugby CCG underachieved against the IAPT access target at 13.4% in September against a target of 15% but achieved against the IAPT recovery target. Warwickshire North CCG achieved against both access and recovery rate targets.</p> <p>The Coventry and Rugby CCG and Warwickshire North CCG Governing Bodies <b>NOTED</b> the report.</p> |        |
| 4.       | <p><b><u>Financial Performance</u></b></p> <p>4.1 <b><u>Finance and Contract Report:</u></b></p> <p>Mrs Hollingworth provided an update to the Governing Body of the CCG's financial and contractual position as at the end of Month 8. Both CCGs were reporting an overall balanced position for Month 8 in line with the agreed financial plan. Mrs Hollingworth said that whilst she could report that both CCG were delivering their control total the reported position was the best case scenario and was a tenuous position.</p>   |        |

| Item No: |  | Action |
|----------|--|--------|
|          | <p>Ms Green confirmed that there would be discussion at the next Governing Body Development session.</p> <p><b><u>Coventry and Rugby CCG: Month 8</u></b></p> <p>The CCG reported an overall balanced position for Month 8 in line with the agreed financial plan. The key points to note were:</p> <ul style="list-style-type: none"> <li>• At Month 8 the CCG was forecasting an in-year surplus of £1.1m against its notified allocation which was in accordance with its NHS England agreed plan and the budget setting. This was then increased by the brought forward surplus of £3.35m carried forward from 2016/17 to reach a cumulative surplus of £4.45m.</li> <li>• The overall year to date cumulative position is £3.0m surplus which is in line with the planned surplus target as at Month 8.</li> <li>• Underlying over performance on Acute contracts was forecast at £7.4m. This was offset with under-performance elsewhere, use of flexibilities, general reserves and the full application of the CCG's 0.5% general contingency.</li> <li>• The CCG had now received approval from NHSE to in-house the CHC team and continued to work to address data quality issues and to independently validate package costs where possible.</li> <li>• At this stage it was assumed that QIPP will achieve 98% delivery. The high percentage achievement had only been secured through the application of non-recurrent flexibilities. The reported position masks a £4.7m forecast under-delivery against recurrent schemes. Further, the reported recurrent level of QIPP delivery needed to be considered in the context of the in-year budgetary overspends.</li> <li>• Running Cost Allowance (RCA) was showing a £1.4m underspend at month 8, mainly due to part year vacant posts and slippage in recruitment. The position also benefited from £0.4m of non-recurrent prior year flexibility. The £1.9m forecast underspend reflects the need to mitigate the overspend on the Commissioning portfolio.</li> <li>• The reported underlying deficit within 17/18 is £4.5m which is unchanged from Month 7.</li> <li>• Finance and Performance Committee have requested that the Acute Contracts and recurrent QIPP delivery positions should be highlighted to the Governing Body as well as the need to use Reserves to offset as this impacted on the CCG's underlying position.</li> </ul> <p><b><u>Finance and Contract Report: Warwickshire North CCG: Month 8</u></b></p> <p>Mrs Hollingworth provided an update to the Governing Body of the CCG's financial and contractual position as at the end of Month 8. The CCG was reporting an overall balanced position for month 8 in line with the agreed financial plan. The key points to note were:</p> <ul style="list-style-type: none"> <li>• At month 8 the CCG was forecasting an in-year deficit of £4.3m against its notified allocation which was in accordance the 2017/18 Plan agreed with NHS England. This was then increased by the brought forward combined deficit of £14.2m carried forward from 2016/17 to reach a cumulative deficit of £18.5m.</li> <li>• The overall year to date position was in line with the planned cumulative deficit of £12.1m that the CCG was being measured against.</li> <li>• QIPP achievement was forecast at 62%. This was below the 75% threshold deemed acceptable by NHSE. There is significant in-year slippage against all recurrent QIPP programmes (£5.3m forecast); this was partially offset by an over-delivery against Other/Cost Avoidance schemes ie. the application of non-recurrent flexibilities. Uncommitted Reserves had been utilised as further mitigation against the QIPP under-achievement; this removed the ability to manage any further risks that might materialise.</li> </ul> |        |

| Item No: |   | Action |
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|          | <ul style="list-style-type: none"> <li>• The recurrent underlying deficit is assessed at £6.8m; the NHSE expectation being that WNCCG will exit 2018/19 in recurrent balance.</li> <li>• The Commissioning, Finance and Performance Committee had requested that the Acute Contracts and QIPP positions should be highlighted to the Governing Body, as well as the need to use reserves and other non-recurrent flexibilities to offset. The underlying financial position remained a significant concern on this basis</li> </ul> <p>The Governing Body noted for both CCGs that :</p> <ul style="list-style-type: none"> <li>• Data for Month 8 suggested a sustained deterioration in the CCGs financial position, both in-year and recurrent. Acute, CHC/S117 and Prescribing expenditure all remained well above budgeted levels.</li> <li>• Whilst at Month 8, the CCGs continued to report sufficient mitigations were available to offset potential risks, there remains a distinct possibility that the CCG may need to formally report a net risk position to NHSE next month. The worst case was that a significant proportion of risks materialise and the CCGs had to report that it was no longer able to deliver its agreed 17/18 plan. This would result in the CCGs being placed into financial escalation with the Regional team.</li> <li>• As the year progressed, the CCGs ability to contain costs in-year diminishes; the focus of the Executive Team continued to be on containing those costs within its direct control: CHC, S117 and Prescribing. The PMO was monitoring progress against agreed corrective actions and updates the Commissioning, Finance and Performance Committee monthly.</li> </ul> <p>The Coventry and Rugby CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the position for Month 8; and</li> <li>• <b>NOTED</b> the risk to the position from Acute contract performance and QIPP under delivery.</li> </ul> <p>The Warwickshire North CCG Governing Body :</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the position for Month 8; and</li> <li>• <b>NOTED</b> the risk to the position from contract performance and QIPP under delivery.</li> </ul> |        |
| 4.2      | <p><b><u>Procurement Update Report</u></b></p> <p>Mrs Hollingworth provided an overview of the procurement work programme and a progress update for each of the individual projects. Conflict of interest was noted for this item for Warwickshire North Member GPs in terms of Ambulatory ECG monitoring for practices.</p> <p>Both Governing Bodies <b>NOTED</b> the progress of the current procurements and the procurement pipeline and the decisions that will be required over the next few months.</p> <p>Three items requiring decision for the respective Governing Bodies were follows:</p> <p><b>Coventry Beds and Mattress Service - Award stage (Coventry Rugby CCG only)</b></p> <p>The current contract for Community Beds and Mattresses for Coventry was due to expire on 31st March 2018 and options for re-procurement had been explored. The procurement advice received was that the CCG had the option to direct award to one of the suppliers, subject to being able to justify why they were the only supplier able to meet the commissioner's requirements), or to run a mini competition. The incumbent provider was one of the suppliers on the Framework Agreement and in consideration of the length of contract award, limiting disruption to patients and prescribers, and the potential for complex equipment swap out arrangements associated with a new provider, it was considered they represented the most viable option. On this basis and taking into account other information presented, the CCG's Finance and Performance Committee agreed to recommend that the Governing Body approve the direct award a contract term of 3 years (with option to extend for one year) to align with the end of the Warwickshire Equipment Service contract.</p>   |        |

| Item No:             |   | Action |
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|                      | <p>Coventry and Rugby CCG Governing Body Members <b>APPROVED</b> the direct award of a three year contract (with option to extend for a further twelve months) to ArjoHuntleigh for the provision of a community beds and mattresses service.</p> <p><b>Ambulatory ECG Monitoring - Pre Procurement (Warwickshire North CCG only)</b><br/>In support of its work programme in relation to Atrial Fibrillation and Stroke Prevention, the CCG wished to pilot a primary care-led ambulatory ECG service. Having considered available options, the project team recommended that the CCG commission this from local GP practices rather than undertake an open procurement. This approach was acceptable given that it was a pilot scheme and the expected value of the contract(s). A short duration contract would be offered, thereby aligning with arrangements in neighbouring CCGs and providing the opportunity for a more formal, possibly collaborative, procurement in the future if this was deemed desirable.</p> <p>Warwickshire North CCG Governing Body Members <b>APPROVED</b> commissioning ambulatory ECG monitoring from Member Practices/the local GP Federation for a pilot period of eighteen months.</p> <p><b>Pain Management services – Pre Procurement (Coventry and Rugby CCG)</b><br/>The CCG's current contract for Pain Management services was due to expire on 30th June 2018 and work had commenced to enable a decision as to whether to re-procure and if so, via which route. The Clinical Executive Group would be involved in the review of the service specification. In order to align with the STP Musculo-skeletal work programme, it was possible that a direct award of short duration contract may be recommended. A request was made to delegate the direct award to the Finance and Performance Committee</p> <p>Coventry and Rugby CCG Governing Body Members <b>APPROVED</b> delegation to the Finance and Performance Committee for the decision of a direct award for a short duration if required in respect of the Pain Management services.</p> |        |
| <p>5.</p> <p>5.1</p> | <p><b><u>Assurance and Governance:</u></b></p> <p><b><u>Assurance Framework</u></b><br/>Mrs Maltby presented the updated Assurance Framework at quarter 3. The Governing Body noted that the Assurance Framework was presented to the meeting on a quarterly basis.</p> <p>Mr Maddock noted that Ms Pook's name was detailed as the owner for the Organisational Development risk. Ms Green advised that this risk would be owned by herself and Jo Galloway during Ms Pook's secondment period.</p> <p>Governing Body Members <b>NOTED</b> the Assurance Framework.</p>  |        |
| <p>6</p>             | <p><b><u>Audit Committee Annual Report to Governing Body</u></b><br/>Mr Maddock presented this report which outlined the work of the Coventry and Rugby CCG Audit Committee for the year 2016/17.</p> <p>Mr Maddock notes the following key points:</p> <ul style="list-style-type: none"> <li>• The Audit Committee was required to report annually on its work in relation to its terms of reference and highlight any significant issues. This report was prepared by the CCG's former Deputy Director of Corporate Affairs in consultation with the Committee Chair.</li> <li>• The report outlined the business conducted by the Audit Committee from 1 April 2016 to 31 March 2017.</li> </ul> <p>Coventry and Rugby CCG Members <b>NOTED</b> the Annual Report of the Audit Committee 2016/17.</p>   |        |

| Item No: |  | Action |
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| 6.       | <p><b><u>Committee Reports for Information:</u></b></p> <p><b>6.1 Coventry and Rugby CCG</b><br/>Coventry and Rugby CCG Governing Body Members <b>NOTED</b> the following Committee reports:</p> <ul style="list-style-type: none"> <li>a) Clinical Quality and Governance Committee – 25<sup>th</sup> October and 22<sup>nd</sup> November 2017</li> <li>b) Audit Committee – 12<sup>th</sup> September 2017</li> <li>c) Finance and Performance Committee – 25<sup>th</sup> September, 23<sup>rd</sup> October and 27<sup>th</sup> November 2017</li> </ul> <p><b>Warwickshire North CCG</b><br/>Warwickshire North CCG Governing Body Members <b>NOTED</b> the following Committee reports:</p> <ul style="list-style-type: none"> <li>d) Audit Committee – 30<sup>th</sup> November 2017</li> <li>e) Commissioning Finance and Performance Committee – 26<sup>th</sup> October and 30<sup>th</sup> November 2017</li> <li>f) Clinical Quality, Safety and Governance Committee – 26<sup>th</sup> October and 23<sup>rd</sup> November 2017</li> </ul> <p><b>Other</b><br/>Coventry and Rugby CCG and Warwickshire North CCG Governing Body Members <b>NOTED</b> the following minutes:</p> <ul style="list-style-type: none"> <li>g) Health and Wellbeing Board – Warwickshire 6<sup>th</sup> September 2017</li> <li>h) Health and Wellbeing Board – Coventry 16<sup>th</sup> October 2017</li> </ul>   |        |
| 7.       | <p><b><u>Questions From Visitors:</u></b></p> <p>Mr Orton raised some issues relating to the audiology service being ad hoc and Ms Hollingworth agreed to raise this with the contract management team and discuss directly with Mr Orton.</p> <p>Mr Orton advised that there was still an issue about patient forums not being informed of progress for the STP. Ms Green said that STP was an agenda item on the People's Commission Group in Warwickshire North and that some of the patient group forum members were attending that meeting. If these matters did not get picked up at that meeting she would address it further.</p> <p>Dr Stevens acknowledged that there had been communication issues for the STP since the outset and with the new appointment of a Communications Officer she hoped that this would improve.</p> <p>Ms Kondakor from the Nuneaton and District Green Party noted that in the Quality Report in respect of dementia diagnosis both CCGs continued to underachieve against the target. She asked what was being done to improve this and could it make a difference. Dr O'Brien advised of a new initiative for GPs going into care homes to help improve diagnosis.</p> <p>Ms Kondakor had noted that there was a discrepancy in the Care Homes Report where the text did not match the table.</p> <p>Ms Kondakor made a general comment that when she attended a recent George Eliot Hospital Board meeting there was much duplication between that organisation and the work of the CCGs. Ms Green agreed and advised that the development of integrated care systems should be an opportunity to work smarter across the system.</p> <p>Ms Kondakor reiterated Mr Orton's comment relating to a lack of knowledge/communication about the STP. Ms Green suggested that Ms Kondakor attend the Peoples Commission meeting and advised that Ms Kondakor's contribution at the meeting would be valued.</p> | CH     |
| 8.       | <p><b><u>Any Other Business:</u></b></p> <p>There was no additional business to discuss.</p>   |        |

| Item No: |  | Action |
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| 9.       | <p><b><u>Date of the Next Meeting Held in Public:</u></b></p> <p><b>Date:</b> 8<sup>th</sup> March 2018<br/> <b>Venue:</b> Heron House, Nuneaton<br/> <b>Time:</b> 1.30 pm – 3pm</p> |        |

Signature:

(Chair CRCCG)

Date:

Signature:

(Chair WNCCG)

Date:

DRAFT

DRAFT