

## EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP

### Minutes of the Governing Body Meeting held on Tuesday 10 July 2018 at 12.40pm In Sparkenhoe Committee Room, County Hall, Leicester LE3 8TB

**Present:**

Dr Richard Palin	Chairman
Mr Clive Wood	Deputy Chair / Independent Lay Member
Mrs Karen English	Managing Director
Dr Andy Ker	Clinical Vice Chair
Mr Tim Sacks	Chief Operating Officer
Ms Donna Enoux	Chief Finance Officer
Dr Graham Johnson	GP Locality Lead, Blaby and Lutterworth
Dr Nick Glover	GP Locality Lead, Blaby and Lutterworth
Dr Vivek Varakantam	GP Locality Lead, Oadby and Wigston
Dr Anuj Chahal	GP Locality Lead, Market Harborough
Mr Warwick Kendrick	Independent Lay Member
Mrs Tracy Burton	Interim Chief Nurse and Quality Officer
Dr Tabitha Randell	Secondary Care Clinician
Mr Paul Gibara	Chief Commissioning and Performance Officer
Dr Tim Daniel	Public Health Consultant

**In Attendance:**

Mrs Daljit K. Bains	Head of Corporate Governance and Legal Affairs
Mrs Emma Casteleijn	Head of Communications
Dr Hilary Fox	Senior Clinical Lead for Planned Care
Dr Janet Underwood	Healthwatch Rutland
Ms Nicky Topham	Reconfiguration Programme Director UHL (for Item B/18/121 only)
Mr Nigel Bond	Head of Capital Projects, UHL (for Item B/18/121 only)
Dr Chris Allsager	Consultant Anaesthetist, UHL (for Item B/18/121 only)
Mr Paul Traynor	Chief Financial Officer, UHL (for Item B/18/121 only)
Mr Tim Pearce	Major Projects Finance Lead, UHL (for Item B/18/121 only)
Mrs Claire Middlebrook	Corporate Affairs Support Officer (minutes)

**Members of the public:** 2 members of the public seated in the public gallery.

ITEM	DISCUSSION	LEAD RESPONSIBLE
<b>B/18/112</b>	<p><b>Welcome and Introductions</b></p> <p>Dr Richard Palin welcomed members of the Governing Body and members of the public to the July 2018 meeting of the East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG) Governing Body.</p> <p>All members in attendance introduced themselves, including members of the UHL team in attendance for item B/18/121.</p>	
<b>B/18/113</b>	<b>Apologies for Absence:</b>	

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	<p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Mr Alan Smith, Independent Lay Member</li> <li>• Dr Girish Purohit, GP Locality Lead, Melton, Rutland and Harborough</li> </ul>	
<b>B/18/114</b>	<p><b>Notification of Any Other Business</b></p> <p>The Chairman informed that he had received no items of additional business.</p>	
<b>B/18/115</b>	<p><b>Declarations of Interest on Agenda Topics</b></p> <p>All GP members declared an interest in items relating to primary care where a potential conflict may arise and also where there are any items concerning the Leicester, Leicestershire and Rutland Provider Arm where GP members' are minor shareholders. It was noted that no further action was required at this stage and that the Register of Interests is published on the CCG website.</p> <p>Dr Ker declared that Dr Janet Underwood is a patient at his practice; as this does not directly affect any decisions to be taken, no further action is required for this declaration.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> and <b>NOTE</b> the declarations made.</li> </ul>	
<b>B/18/121</b>	<p><b>Full Business Case for the Relocation of Level 3 ICU and associated service off the LGH site (Paper E)</b></p> <p>It was confirmed that this full business case is being brought to Governing Body today, following approval of the outline business case in November 2017; which was also approved by NHS Improvement and the Department of Health (DoH).</p> <p>The full business case is similar to the outline case; the DoH had asked for additional information on the savings, however, have now approved the case. The table on page 35 gives the details on the savings, which most relate to theatre productivity.</p> <p>Additional work has taken place on the design elements, which is currently out to tender with procurement partners and the plan is due to commence in October 2018, if approval is given.</p> <p>Dr Underwood raised queries, on behalf of Healthwatch and noted the lack of public engagement and concerns over the clinical aspects, specifically:</p>	

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	<ol style="list-style-type: none"> <li>1. The Health Overview and Scrutiny Committee (HOSC) approved the urgent outline business case in 2015; without a full consultation and concerns were raised at the time about the lack of consultation. There has been substantial change in the past three years and it is clear that NHS England insist that commissioners clearly consult on geographical changes in a service</li> <li>2. Concerns have been raised over moving the renal transplant service, as these patients require level 3 ICU care. The renal transplant is currently linked to a ward at Leicester General Hospital (LGH) and there is concern that the level of clinical risk would be very high, if these services were on different sites</li> <li>3. Further concerns were raised over Urology patients needing to be moved from Glenfield Hospital (GH) to LGH</li> </ol> <p>Dr Chris Allsager confirmed that the outline business case was presented and approved at the November 2017 meeting of the HOSC; the clinicians present were happy with the business case and did not raise any concerns. Although the full business case has only recently been made public, the outline business case has been available since that time and the full business case has slightly more detail included.</p> <p>Dr Allsager confirmed that some of the reason for the delay was due to staffing amongst the consultants, as there were four vacancies out of a team of nine. Since this time planning has taken place to ensure that the service is sustainable; alongside rationalising ICU services to ensure they are suitable for the future.</p> <p>Mrs Emma Casteleijn was asked to comment on the communications for the consultation aspect. Mrs Casteleijn understands that the plans were based on addressing a clinical safety issue and that in those circumstances, legislation allows for plans to proceed without consultation. Mrs Casteleijn further noted that UHL has confirmed that this had been discussed with the Leicestershire HOSC at the time and again more recently with Rutland HOSC. UHL have confirmed support from both committees.</p> <p>Mr Pearce noted that the scheme has received a capital allocation of £31m, which is 10% of the national funding available and the scheme has to go ahead at this time.</p> <p>Dr Allsager confirmed that the consultants and other clinical staff already work cross-site and therefore there are plans to ensure that suitable staffing is in place, at whichever site they are needed and therefore there is no additional clinical risk.</p> <p>The longer term plan is that Nephrology wards will be built at GH, to reduce the need for cross site patient transfers.</p>	

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	<p>Ms Nicky Topham confirmed that the team are fully engaged on how they want to manage patients in the future and the plan is to move all renal patients into the space vacated by the Congenital Heart Centre, until the new areas are ready and then within the next three years renal transplant will move over to the GH site, once the new wards are ready. This will ensure that the two services will be in close proximity to each other.</p> <p>Dr Underwood queried if contingency plans are in place for covering patient movements and nursing care. Ms Topham stated that all staff will be moved to accommodate where patients are located.</p> <p>Dr Johnson noted that this scheme had received 10% of the national capital funding and that £366.7m is required to complete the move to two sites; which includes a reduction in maintenance costs and asked if the team were confident that the additional funding will be allocated. Mr Pearce confirmed that the £30.8m is an interim scheme and part of the larger £366.7m scheme to reconfigure all renal services onto the two sites. The large scheme is one of seven reconfiguration schemes being considered for funding by the government and is the highest priority scheme in the region. The government usually approve one or two schemes each year; there may be a need for some private funding. The full bid for this scheme is due to be submitted on Monday.</p> <p>Dr Varakantam asked about capacity during the moves. Dr Allsager confirmed that there would be some reduction in capacity during the move stages, however, plans are in place to utilise beds in other areas; and consideration has been given for the need for appropriate staffing.</p> <p>Dr Varakantam queried the impact on services, in particular cancer services. Dr Allsager confirmed that the impact on services has been considered and should be low, particularly for cancer, as this is currently on a different site.</p> <p>Mr Warwick Kendrick noted the milestone activity schedule on page 201 and asked if due diligence had been carried out on all contractors (in light of the recent issues with Carillion). Mr Pearce noted that the recent problems with Carillion have affected some capital schemes, however, does not affect this scheme. Mr Nigel Bond reported that to date, the contractors being used are of a lower level provider and the focus has been on ensuring that the right contractors are in place for any smaller parts of the larger scheme. The only slight concern was raised against Interserve, however, they were not appointed as a contractor for this scheme.</p> <p>Dr Tabitha Randell asked if ICU was being moved from the LGH site,</p>	

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	<p>what plans are in place for maternity patients who need a higher level of care. Dr Allsager confirmed that LGH already has a slightly lower level of dependency beds available on site, with staff available 9am-5pm. Cover is provided by HDU overnight and there is appropriate skill set available from staff on site 24/7. A support service is available; alongside a level three retrieval team, if a patient needs to be transferred between sites. This is done via EMAS, using the ECMO team.</p> <p>Dr Palin thanked members for their comments and noted the potential effects on patients and the mitigations in place to minimise disruption.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the Full Business Case for the Relocation of Level 3 ICU and associated service off the LGH site</li> </ul> <p><i>Ms Topham, Mr Bond, Dr Allsager, Mr Paul Traynor and Mr Pearce left the meeting.</i></p>	
B/18/116	<p><b>Minutes of the Meeting Held on Tuesday 12 June 2018 (Paper A)</b></p> <p>The following amendments were noted for the minutes of the Governing Body meeting held on 12 June 2018:</p> <ul style="list-style-type: none"> <li>• <b>Page 5, Finance report, paragraph two</b> – Ms Donna Enoux asked for this paragraph to be reviewed as this was not correct and would assist with the review to ensure accuracy. Governing Body members agreed to this.</li> <li>• <b>Page 6, second paragraph</b> – Ms Enoux asked that the wording in the first paragraph be amended to read <i>'Auditors regarding the unqualified opinion on value for money'</i>.</li> <li>• <b>Page 8, fourth paragraph</b> – Dr Hilary Fox asked that the wording in the second sentence be amended to read <i>'this service is only available for patients who require specialist end of life care.'</i></li> </ul> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the minutes of the meeting held on Tuesday 12 June 2018 <b>SUBJECT</b> to the amendments made.</li> </ul>	
B/18/117	<p><b>Matters Arising: Update on Actions from the Meeting held on Tuesday 12 June 2018 (Paper B)</b></p> <ul style="list-style-type: none"> <li>• <b>B/18/109 Summary report from Primary Care Commissioning Committee, financial approval by PCCC</b> – Dr Nick Glover reported that the action does not reflect the paper that was brought to the meeting. Ms Enoux acknowledged the comments</li> </ul>	

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	<p>and noted that the paper was brought late to PCCC and asked that any comments are forwarded to her and Mrs Daljit Bains for inclusion in the update paper to be presented at the August PCCC meeting. <b>Action closed.</b></p> <ul style="list-style-type: none"> <li>• <b>B/18/101 Corporate Performance Assurance report –concerns over cancelled operations</b> – Dr Vivek Varakantam confirmed that this was discussed at the UHL contract meeting as a quality issue and a task and finish group is being convened to look at this in more detail and to allow for discussion with the Medical Director at UHL.</li> </ul> <p><i>Mrs Casteleijn left the meeting.</i></p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> and <b>NOTE</b> the update on the actions.</li> </ul>	
B/18/118	<p><b>To Receive Questions from the Public in relation to items on the agenda</b></p> <p>Dr Palin welcomed the members of the public and invited questions from the members of public relating to items on the agenda. There were no questions raised on the agenda items.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> that no questions were raised on agenda items from the public.</li> </ul>	
B/18/119	<p><b>Chairman’s Report (Paper C)</b></p> <p>Dr Palin presented the report, which provided an overview and update on some of the key constitutional and strategic areas that affect the Governing Body, including meetings attend by Dr Palin since his last report in June 2018. Dr Palin highlighted the following items:</p> <ul style="list-style-type: none"> <li>• Congratulations were noted for Dr Girish Purohit at his appointment of Clinical Lead for Dementia with the East Midlands Mental Health Clinical Network (EMMHCN).</li> <li>• ELR CCG staff were involved in the NHS 70<sup>th</sup> birthday celebrations; Mrs Karen English and two other colleagues represented ELR at the national celebration at Westminster Abbey. Dr Palin attended the local celebrations at Devonshire Place, where he took part in a panel of senior representatives from NHS organisations, taking questions from members of the public.</li> </ul>	

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	<p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the Chairman's Report</li> </ul>	
<b>B/18/120</b>	<p><b>Accountable Officer's Corporate Report (Paper D)</b></p> <p>Mrs English drew attention to the following key items from the report:</p> <ul style="list-style-type: none"> <li>• Following the introduction of the General Data Protection Regulations (GDPR) and the Data Protection Act 2018 coming into force in May 2018, work has taken place to raise awareness; including the national 'your data matters' campaign. Locally the CCG is reviewing its policies to ensure that we are compliant.</li> <li>• Public views are being sought on proposals to improve Urgent Care services in the community; details are available on the CCG website and the engagement closes on 24 July.</li> <li>• The results of the 360<sup>o</sup> stakeholder survey have been received; 33 stakeholders completed the survey, which is a rate of 65%.</li> <li>• A national NHS recruitment campaign has been launched; it aims to recruit more staff to the NHS, encourage leavers to return and improve the retention of existing staff.</li> </ul> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the Accountable Officer's Corporate Report.</li> </ul>	
<b>B/18/122</b>	<p><b>Finance Report: Month 2 update (Paper F)</b></p> <p>Ms Donna Enoux took the paper as read and highlighted the following items from the report:</p> <p>There is still not much data available for month two and point three in the report highlights the risks currently being faced by ELR. At month two there is £10.4m of QIPP risk plus £0.8m of co-commissioning cost pressure; £0.6 of running cost expenditure control; £3m of potential pressures from 2017/18 and the EMAS contractual pressure of £0.5m. The EMAS contract has now been signed.</p> <p>ELR CCG has an activity reserve of £4.8m, with a £2m contingency; adding up all the reserves equates to £7m, against a risk of £15m and therefore we are reliant on existing QPP schemes delivering or new schemes being developed.</p> <p>Dr Underwood queried the figures for the CHC draft plan for 2017/18, which were £18.2m and for 2018/19 it is £18.1m, which is a reduction</p>	

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	<p>of £78k. The workload for CHC is increasing however, the budget has been reduced. Ms Enoux confirmed that the net budget for CHC has been reduced from 2017/18 to 2018/19 and has been set using a forecast as a starting point. The budget has been uplifted by 9% in line with historic growth spends and then reduced down based on QIPP schemes. ELR CCG was an outlier in the CHC spend, however, work has taken place to ensure that only appropriate packages were being put in place. Mr Gibara confirmed that good housekeeping practices had been put in place to ensure that only appropriate patients were being counted, in line with the national framework etc.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the finance report, month 2 update</li> </ul>	
B/18/123	<p><b>Corporate Performance Assurance Report (Paper G)</b></p> <p>Mr Gibara reported that there was no Provider Performance Assurance Group meeting this month, due to attendees working on the QIPP programme.</p> <p>The report is taken as read; although concerns have been noted around the cancer 2ww targets not being met. Dr Varakantam confirmed that weekly telephone calls are taking place to monitor performance; this involves senior level staff. There is currently a backlog of 125 patients, which is very high; half of these are in Urology and demand in this area is increasing. The increase is from 200 to 600 patients in the past few months. Some of the problems relate to process issues and difficulty in recruiting consultants; alongside theatre capacity issues. Actions are taking place, but more impact is required to improve the situation.</p> <p>Mr Gibara confirmed that for April / May the CCG is over trajectory for UHL and this is being monitored through the Accident and Emergency Delivery Board. A new Chief Operating Officer (Rebecca Brown) has recently been appointed and is trying to make improvements.</p> <p>RTT and IAPT are still concerning and actions are ongoing to ensure improvements are made.</p> <p>The rules around Quality Premiums have been revised and to date reporting for 2018/19 is at an early stage. Achievement will be determined on 2018/19 outturns and March 2019 positions.</p> <p>Dr Glover noted the summer spike in skin cancer cases in 2ww, however, stated that this spike should be planned for in advance. Dr Varakantam noted that the current spike started in January and the</p>	

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	<p>conversion rate has remained the same and therefore referrals are appropriate.</p> <p>Dr Johnson spoke about the figures shown in Appendix B; the local trajectory; the figures for the Urgent Care Centre (UCC) mean that the overall percentage is 85% for June; however, this is only at this level, because of the better figures for the UCC. Dr Johnson felt that the main performance report should focus on A&amp;E figures only, or LLR wide figures. Mr Gibara reported that there was a period of 3-4 weeks where UHL did meet their A&amp;E figures, however Mr Gibara will check the figures.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the Corporate Performance Assurance Report</li> </ul>	
B/18/124	<p><b>Summary report from the Integrated Governance Committee meeting in July 2018 (Paper H)</b></p> <p>Dr Randell took the paper as read and highlighted the following two items:</p> <ul style="list-style-type: none"> <li>• <b>Falls Project Investment</b> – approval of an extension to the funding was agreed, in order to allow for data to be received for a full year. There were some queries around the data, which Ms Enoux is looking into.</li> <li>• <b>Integrated lifestyle service provision</b> - the committee supported the proposed new model for an integrated lifestyle service in Leicestershire; the question of where savings might be spend / reinvested was raised.</li> </ul> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the Summary report from the Integrated Governance Committee meeting in June 2018</li> </ul>	
B/18/125	<p><b>Locality Chairs' Report: (Paper I)</b></p> <p><b>Oadby and Wigston</b></p> <p>Dr Varakantam noted the following items from the report:</p> <ul style="list-style-type: none"> <li>• Option to move to a single Accountable Officer - the outcome of the decision on the move to a single Accountable Officer was noted and queries raised on next steps</li> <li>• INR yellow books – a discussion took place on this issue and whether an alternative could be found.</li> <li>• Joint working - discussions took place around proposed Project Initiation Documents and all agreed that a lot of good ideas had been put forward</li> </ul>	

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	<p><b>Harborough</b> Dr Anuj Chahal noted the following items from the report:</p> <ul style="list-style-type: none"> <li>• MH Crisis Team – discussions took place on the progress in relation to referral pathways</li> <li>• Extended Primary Care – members felt that opportunities had been lost with this idea, in relation to not being able to choose their clinician.</li> <li>• Transformation bids – the option to replicate GPTeamNet was highlighted</li> </ul> <p>Dr Johnson noted that the Crisis Team issue has been highlighted at Clinical Quality Reference Group meetings and reported that the team is currently under-resourced. There is an ongoing clinical argument about discharging patients from the Bradgate Unit. The length of time taken for calls to be answered was also highlighted as an issue and the need for a face to face referral to be made. It has to be a GP who calls the crisis team to refer a patient, rather than another member of practice staff. Discussions have taken place at clinical forums; however, LPT are not willing to change the referral system. A pilot has been run whereby GPs can complete an on-line form, via PRISM and this has stopped the lengthy telephone call waits. Dr Johnson hopes that if the pilot proves successful then LPT will re-consider their referral criteria; although progress is slow.</p> <p><b>Rutland</b> Dr Hilary Fox noted the following items from the report:</p> <ul style="list-style-type: none"> <li>• A transformation bid had been placed for a technology project</li> <li>• Rutland County Council are moving their Integration Executive meeting to a more health focussed forum</li> <li>• Concern was raised over the paper switch off for planned care referrals</li> <li>• Members raised concern of over the prescribing incentive scheme and the reporting requirements as they found this very onerous; although practices felt that the Eclipse software was a useful tool for improving quality and safety</li> </ul> <p>Mr Sacks clarified that the report is required bi-monthly and it is anticipated that the practice Pharmacist would complete the report; the purpose of the report is to understand the impact the Pharmacists are having in relation to the investment.</p> <p>Dr Glover noted that he had recently met with his practice Pharmacist and Mrs Shazia Patel from the CCG and agreed on how to share learning and improve the locality packs to share good practice.</p> <p><b>South Blaby and Lutterworth</b> Dr Glover noted the following items from the report:</p>	

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	<ul style="list-style-type: none"> <li>• Discussions took place on the proposed four workstreams</li> <li>• A constructive discussion took place on Advice and Guidance with Allister Grant, Clinical Director for the Alliance</li> <li>• Patient Safety report – it was noted that there are varying levels of reporting from practices</li> <li>• The lack of progress with the second blood collections was highlighted as a concern by practices</li> </ul> <p>Dr Glover noted a piece of good news, in providing an example of the Children’s and Adolescent Mental Health eating disorder service. Upon referral the patient was seen within 48 hours and then admitted through the Paediatric department, with Physiological support. The parent offered thanks for the coordinated approach to the patients care.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the Locality Chairs’ Report</li> </ul>	
B/18/126	<p><b>Update on Leicester, Leicestershire and Rutland Sustainability and Transformation Partnership (STP) (Paper J)</b></p> <p>Mrs English confirmed that this is the paper that arrived during last months’ meeting and Mrs English will also share an additional paper that she has received, with the members. Members are invited to provide their feedback through Mrs English.</p> <p>Dr Ker noted the priorities highlighted and was pleased to see general practice included.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the Update on Leicester, Leicestershire and Rutland Sustainability and Transformation Partnership</li> </ul>	
B/18/127	<p><b>Quarterly Integrated Patient Experience Report – Quarter 4 (2017/18) and quarter 1 (2018/19 (Paper K)</b></p> <p>Mrs Burton presented the report and highlighted the following:</p> <p>The number of complaints managed is slightly less than in the previous year and the number of enquiries is slowly increasing.</p> <p>Dr Johnson noted the listening booth locations were very few and limited, and suggested a bigger variety of sites be visited. Mrs Burton is not aware of the planned schedule of sites to be visited, however, will take the suggestion back to the team.</p>	

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	<p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the Quarterly Integrated Patient Experience Report</li> </ul>	
B/18/128	<p><b>Summary Report from the Commissioning Collaborative Board (June 2018) (Paper L)</b></p> <p>Dr Palin took the report as read and noted that there was a lot of discussion regarding the second blood collection as the clinical case is clear. UHL have been asked to extend the current pilot. A lot of additional questions were raised.</p> <p>Dr Glover is keen that this service is expanded and noted his thanks to Mrs Tracey Knight and colleague who have recently picked up this issue; all were disappointed with the decision.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the Summary Report from the Commissioning Collaborative Board</li> </ul>	
B/18/129	<p><b>Summary report from the Primary Care Commissioning Committee (July 2018) (paper M)</b></p> <p>Mr Wood took the paper as read and noted that the paper relating to the financial delegation was received late and therefore not discussed in full; comments on this paper should be given to Ms Enoux in advance of the next meeting, where it will be discussed in full.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the Summary report from the Primary Care Commissioning Committee.</li> </ul>	
B/18/130	<p><b>Minutes from the System Leaders' Meeting (May 2018) (paper N)</b></p> <p>Mrs English took the paper as read; as most items have been noted in other papers on the agenda.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the minutes from the System Leaders' Meeting (May 2018).</li> </ul>	
B/18/131	<p><b>Date of next meeting</b></p> <p>The next meeting of the Governing Body of the East Leicestershire and Rutland CCG Governing Body will be take place on <b>Tuesday 14 August 2018, in the Council Chambers, County Hall, Glenfield, Leicester, LE3 8TB.</b></p>	
	<p><b>The meeting concluded at 2.05pm</b></p>	