

EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP

Minutes of the Governing Body Meeting held on Tuesday 9 October 2018 at 2:00pm In Framland Committee Room, County Hall, Leicester LE3 8TB

Present:

Dr Richard Palin	Chairman
Mr Clive Wood	Deputy Chair and 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
Mr Paul Gibara	Chief Commissioning and Performance Officer
Mrs Tracy Burton	Interim Chief Nurse and Quality Officer
Dr Girish Purohit	GP Locality Lead, Melton, Rutland and Harborough
Dr Vivek Varakantam	GP Locality Lead, Oadby and Wigston
Dr Graham Johnson	GP Locality Lead, Blaby and Lutterworth
Mr Warwick Kendrick	Independent Lay Member
Dr Tabitha Randell	Secondary Care Clinician

In Attendance:

Mrs Daljit K. Bains	Head of Corporate Governance and Legal Affairs
Mrs Emma Casteleijn	Head of Communications and Public Affairs
Dr Hilary Fox	Senior Clinical Lead for Planned Care
Dr Janet Underwood	Healthwatch Rutland
Ms Janet Soo-Chung	Turnaround Director
Mrs Mandeep Thandi	Corporate Affairs Project Officer (minutes)

Members of the public: Two members of the public were seated in the public gallery.

ITEM	DISCUSSION	LEAD RESPONSIBLE
B/18/173	<p>Welcome and Introductions</p> <p>Dr Richard Palin welcomed members of the Governing Body and members of the public to the Governing Body meeting.</p>	
B/18/174	<p>Apologies for Absences</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Mr Alan Smith, Independent Lay Member • Dr Nick Glover, GP Locality Lead, Blaby and Lutterworth • Dr Tim Daniel, Public Health Consultant • Dr Anuj Chahal 	
B/18/175	<p>Notification of Any Other Business</p> <p>The Chairman informed that there is an additional item of business for the Governing Body to receive and it relates to the consolidation of</p>	

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	level 3 ICU and dependent service moves within Leicester's Hospitals. A copy of the report would be tabled later in the meeting. Furthermore, Dr Palin informed that this also formally responds to the question raised by Dr Janet Underwood at the previous meeting.	
B/18/176	<p>Declarations of Interest on Agenda Topics</p> <p>There were no declarations of interest raised.</p>	
B/18/177	<p>Minutes of the meeting held on 11 September 2018</p> <p>The following amendments were noted for the minutes of the Governing Body meeting held on 11 September 2018:</p> <ul style="list-style-type: none"> • Page 6, Workforce Race Equality Standard (WRES) – Dr Underwood elaborated on the point raised at the last meeting and suggested that it may be helpful to capture the ethnicity of the people doing the bullying as well as staff being bullied, as this may support with resolving any issues. Mrs English stated this was noted for consideration. • Page 1, list of attendees - <i>'Mrs Elaine Egan-Morriss'</i> to be amended to read, <i>'Mrs Elaine Egan-Morris.'</i> • Page 2, item B/18/155 Annual General Meeting, first paragraph – Ms Donna Enoux suggested that a sentence be inserted to state that the presentation also covered the statutory financial information and the full presentation will be published on the CCG website. • Page 9, item B/18/164 Finance Report: Month 4 update, fifth paragraph – Ms Enoux advised that the statement <i>'there are no plans to allocate additional monies for TASL,'</i> is not accurate and the sentence should be amended to state, "Ms Enoux stated that this was unquantified at present, although the team are monitoring the situation closely in conjunction with NHS England." • Page 9, item B/18/164 Finance Report: Month 4 update, sixth paragraph - it was noted that "March 2017" should read "March 2018", and Ms Enoux requested that the second half of the sentence be deleted, "...however we cannot achieve this, whilst meeting the requirements of NHS England" as not sure what this means. • Page 9, item B/18/164 Finance Report: Month 4 update, third paragraph – Ms Enoux advised that "month four total" should read, "month four <i>outturn</i>". In addition the second 	

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	<p>sentence should read, “The main areas to note are: QIPP slippage; 2017/18 year-end accruals; specialist commissioning discrepancies; disputes relating to Kettering General Hospital; and continuing healthcare invoices.”</p> <ul style="list-style-type: none"> • Page 10, item B/18/165 Corporate Performance Assurance Report, third paragraph – Mr Paul Gibara stated the sentence relating to IAPT should state, “IAPT figures in month one were reported to be 21%, which is unlikely to be sustained” as they do not have the final figures at present. • Page 10, item B/18/165 Corporate Performance Assurance Report – Dr Vivek Varakantam advised that the third sentence should read, “It is hoped that the introduction of the FIT test (Bowel Cancer Screening Test) will aid these backlogs, however UHL does not have the capacity and therefore are struggling.” • Page 11, item B/18/165 Corporate Performance Assurance Report - Dr Varakantam asked for the figure in the sentence to be amended as it should state “3%” and not “0.03%”. • Page 13, item B/18/168 Extended Primary Care Procurement – it was noted that within the following sentence the word “not” needed to be inserted, “Mr Sacks continued and informed that level three tariff is <i>not</i> applicable to the Oadby Urgent Care Centre....” <p>Governing Body members agreed with the amendments proposed.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the meeting held on Tuesday 11 September 2018 subject to the amendments made. 	
B/18/178	<p>Matters Arising: Update on actions from the meeting held on 11 September 2018 (Paper B)</p> <p>The action log (Paper C) was received and the following updates noted:</p> <ul style="list-style-type: none"> • B/18/148 Locality Chairs’ Report; Clarity to be given to practices on the 4% reduction in funding – Mr Tim Sacks confirmed that work is in progress at present and a full update will be provided at the Governing Body meeting in November. • B/18/162 Accountable Officer’s Corporate Report; Clarity to be provided on the dates of the Recruitment and Selection 	

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	<p>training – The dates are in place between October and December 2018 and an email will be circulated confirming the dates. It was noted the action is in progress and can be closed.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE and NOTE the update on the actions. 	
B/18/179	<p>To receive questions from the Public in relation to items on the agenda only</p> <p>Dr Palin invited questions from the members of the public relating to items on the agenda. There were no questions raised on agenda items.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE that no questions were raised on agenda items from the public. 	
B/18/180	<p>Chair’s Report (Paper C)</p> <p>The report was taken as read. Dr Palin discussed the recent Chair elections and highlighted that his tenure will come to an end in the next few weeks. Dr Palin stated that he has enjoyed working with all Governing Body members and he wished them all well in their future.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report and NOTE the update. 	
B/18/181	<p>Accountable Officer’s Corporate Report (Paper D)</p> <p>Mrs Karen English highlighted the report includes the self assessment against the EPRR demonstrating compliance with the standards which is due to be submitted to NHS England; updated CCG Business Continuity Policy and Plan; and the LLR CCGs’ Emergency Preparedness, Resilience and Response (EPRR) Policy.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report. • APPROVE the Business Continuity Policy and Plan as at Appendix 1. • APPROVE the EPRR Policy as at Appendix 2. 	

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	<ul style="list-style-type: none"> • APPROVE the CCG self-assessment against the EPRR core standards ahead of this being submitted to NHS England 	
B/18/182	<p>Summary report from the Financial Turnaround Committee (September 2018) (Paper E)</p> <p>Dr Johnson presented the paper and highlighted that at the last Financial Turnaround Committee (FTC) meeting the Finance Report and the risks involved in the Quality Innovation Productivity and Prevention (QIPP) work was discussed in detail.</p> <p>There were concerns raised in relation to the Project Management Office (PMO) version of the QIPP plan as there were varying levels of risk being reported by the PMO and Senior Responsible Officer (SRO). Dr Johnson assured the Governing Body members that there will be a review of the figures.</p> <p>A review of the Prescribing QIPP schemes has been carried out. Dr Johnson declared there has been difficulty to receive data for all schemes; however a more accurate picture will be available in the next two to three months.</p> <p>Dr Johnson provided an overview of the discussion regarding the GP prescribing Saving and Investment Plan (SIP). It was noted that the FTC supported the payment to three practices who had spent 105% of their budgets. Mr Tim Sacks acknowledged that the level of information issued by the Prescribing team has not been acceptable and apologised to the Governing Body and FTC for omission of appropriate information. Mr Sacks informed that he was working with the prescribing team to ensure this does not happen again.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the Summary report from the Financial Turnaround Committee (September 2018) 	
B/18/184	<p>Corporate Performance Assurance Report (Paper G)</p> <p><i>Ms Enoux left the meeting.</i></p> <p>Mr Gibara highlighted the following key items from the report:</p> <ul style="list-style-type: none"> • There are twelve areas within the CCG Improvement and Assessment Framework currently in red status. There continues to be challenges in the performance standards for cancer. 	

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	<ul style="list-style-type: none"> Mr Gibara and Dr Johnson recently met with East Midlands Ambulance Services (EMAS); and they were assured that they have a full understanding of the current issues such as ambulance response times. <p>Dr Andy Ker highlighted performance details on page 7 in relation to the percentage of NHS CHC assessments taking place in acute hospital settings. Mr Gibara noted that changes have been made and that underperformance should improve.</p> <p>Mr Kendrick expressed his concern in respect of the cancer 62 day wait standard from the day of referral to treatment. Mr Kendrick highlighted that there needs to be a reduction in waiting time. Dr Vivek Varakantam informed the Governing Body members that the new Chief Operating Officer at University Hospitals of Leicester NHS Trust (UHL) is putting an emphasis on improving the forecast delivery against the cancer standards.</p> <p><i>Ms Enoux re-joined the meeting.</i></p> <p>Dr Johnson highlighted a concern since UHL implemented the paper switch off project. Dr Johnson queried how are other referrals are being received by UHL if the current ESR rate is 75%. Mr Gibara declared that they will need to confirm the cut-off date and an update will be included within the next performance report.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> RECEIVE the Corporate Performance Assurance Report. 	<p>Paul Gibara</p>
B/18/183	<p>Finance Report: Month 5 update (Paper F)</p> <p>Ms Enoux presented Paper F and highlighted the year to date position reported at month 5 is an over spend of £181k. There has been over delivery of the QIPP programme against the forecast delivery plan of £19.6m.</p> <p>Ms Enoux drew the Governing Body members' attention to the risks table on page two of the report. The PMO assessed QIPP risk is one of the key current principal financial risks at £3.95 million. There is a further £6 million of additional risks; this includes over delivery within the acute sector and potential remaining pressures from 2017/18 accrual settlements.</p> <p>Ms Enoux detailed that she will present the risks at an escalation meeting with NHS England and that there is likely to be an emphasis on the QIPP programme.</p>	

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	<p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE for information the contents of the report and the appendices attached. • NOTE the year to date overspend and forecast breakeven position reported at month 5 along with the risks currently being assessed to the delivery of the breakeven control total. 	
B/18/185	<p>Summary report from the Provider Performance Assurance Group meeting (September 2018) (Paper H)</p> <p>Mr Kendrick drew the Governing Body's attention to paragraph 26, informing that the Provider Performance Assurance Group (PPAG) members raised a general concern in relation to workforce across the providers, which could potentially result in a performance risk and thus resulting in the provider not achieving the relevant national standard(s). It was noted that PPAG would be receiving a detailed report from the contracting teams covering workforce concerns across each of the providers and actions being taken.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the Summary report from the Provider Performance Assurance Group meeting (September 2018). 	
B/18/186	<p>Locality Chairs' Report: (Paper I)</p> <ul style="list-style-type: none"> • Oadby and Wigston <p>Dr Varakantam highlighted the following for Oadby and Wigston:</p> <p>Joint working - Dr Varakantam indicated that he is attempting to carry out more joint work with practices in Oadby and Wigston. There will be a focus on two projects: Physiotherapy and Extended Triage Projects.</p> <p>Public Health Data - In a recent presentation on public health data analysis carried out by members of the Public Health team it was noted that there was a vast difference in life expectancy. Dr Varakantam reported that he was shocked that in Wigston; males die 13.5 years earlier than women in Oadby. This is the fourth widest discrepancy in the county. A report detailing the methods to address the issues in varying life expectancies will be presented to Primary Care Commissioning Committee (PCCC) .</p> <p>Over the Counter Medicines and Medicines Management Update The Prescribing team updated the locality on the over the counter initiative. Following a constructive and positive debate, the locality felt</p>	

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	<p>a more focused report would be helpful.</p> <ul style="list-style-type: none"> • Melton, Rutland and Harborough <p>The report was taken as read and noted. Dr Purohit raised a point about attendance at the locality meetings by the Executive Management Team members. He stated that he valued their attendance, however with six localities now it is going to be a little difficult for them to attend all these meetings and asked that this be considered.</p> <p>Dr Fox informed that for Rutland locality it was noted that in relation to IAPT assessments are being done in a reasonable time however patients are then waiting 11 – 12 weeks for treatment</p> <ul style="list-style-type: none"> • Blaby and Lutterworth <p>Transformation planning – Dr Johnson highlighted that many actions had been signed off. GP TeamNet is being purchased through the Federation; allowing practices to share policies and procedures. The acute access model had been agreed at the previous meeting and the Adult Nurse Practitioner (ANP) for the Blaby district has been recruited and will start in October. Both Lutterworth and Countesthorpe practices have identified a potential candidate and Dr Johnson indicated that he will be meeting them this week to discuss their roles in more detail.</p> <p>Over the Counter medication changes – Dr Johnson reported that he was disappointed that the wording was not very direct within the National Guidance for over the counter medication changes. The campaign will be implemented initially over five practices within the locality and a joint approach will be reinforced.</p> <p>Mr Sacks advised that NHS England carried out a detailed consultation in relation to over the counter medication changes, and any queries in relation to the campaign need to be managed by the CCG.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the Locality Chairs' Report. 	
B/18/187	<p>Summary report from the Integrated Governance Committee meeting (October 2018) (Paper J)</p> <p>Dr Randell indicated there are three main areas to report:</p> <ul style="list-style-type: none"> • Feedback from EMAS - Following a meeting with the General 	

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	<p>Manager from EMAS regarding delays in their service and potential clinical harm, they assured the CCG that they are trying to improve performance by resolving their internal process issues.</p> <ul style="list-style-type: none"> - Pharmaceutical Rebates - There were three rebates schemes agreed: Pramipexole (Pipexus) E45; Sitagliptin (Renew) <p>There was a recommendation to review and update the Policy for managing rebates and to also monitor finances.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the Summary report from the Integrated Governance Committee meeting in September 2018. 	
B/18/188	<p>Summary report from the Primary Care Commissioning Committee meeting (October 2018) (Paper K)</p> <p>Mr Wood reported that Mr Alan Smith chaired this meeting in his absence. The report was taken as read and no questions or queries were raised.</p> <p>Dr Johnson made an observation about the No Cheaper Stock Obtainable (NCSO) drugs which has been an issue again this year, and is a national issue. The resulting overspend has an impact of the CCG's prescribing budget.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the Summary report from the Primary Care Commissioning Committee meeting (October 2018). 	
B/18/189	<p>System Leaders' Team meeting (July 2018)</p> <p>Mrs Karen English reported that she did not have any specific items to highlight from this meeting.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report. 	
B/18/191	<p>Any other business</p> <p>Consolidation of level 3 Intensive Care Unit (ICU) and dependent service moves within Leicester's Hospitals</p> <p>The report was tabled.</p>	

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	<p>Mrs English reported that she received the business case from UHL originally in 2014/15 to consolidate level 3 Intensive Care ICU services. These are currently provided at three acute sites in Leicester, on the Leicester Royal Infirmary (LRI) and Glenfield facilities. In 2017, additional funding was made available and this made it possible for the plan and necessary building works to commence.</p> <p>During the latter part of Summer 2018, a group of local campaigners and patients questioned the Health Overview and Scrutiny Committee (HOSC) as to why no formal consultation took place. They argued that the removal of level 3 ICU services from the General Hospital effectively pre-judges future planned consultation of the wider reconfiguration of Leicester's acute hospital estate. This matter was discussed at two Joint (Leicester, Leicestershire and Rutland) HOSC meetings in September 2018. Mrs English concluded that at present the CCGs' are still considering their decision. Mrs English will bring a paper to the Governing Body once she has a further update.</p> <p>Dr Randell queried how long a consultation would take. Mrs English confirmed there are significant risks involved if they go to a consultation and the main major risk is losing capital.</p> <p>Dr Johnson questioned whether NHS England had queried if public consultation had taken place as part of the bidding for funds proposal. Mrs English explained the difficulty is largely due to the fact the proposal has been ongoing since 2014 and since then the planning process has changed. At the time, NHS England was satisfied that the required consultation was undertaken.</p> <p>Dr Janet Underwood advised that if the matter crosses boundaries it must go to the Joint Health Overview Scrutiny Committee. Dr Underwood recommended that it is clarified whether NHS England are commissioners of specialist services, such as renal transplant.</p> <p>Mr Wood noted that although he welcomed the update, the paper has only been brought to the Governing Body's attention today as an Any other Business (AOB) item. Mrs English stated that the paper for this item could not have been sent sooner, due to the meeting only taking place last week on Friday 5 October 2018. Mrs English reported that she decided to bring the summary to the Public Governing Body meeting due to the local publicity on the matter and she is expecting an update from Mr Paul Watson in the next few days. Mrs English to provide a further update at the Governing Body meeting in November in relation to the consolidation of level 3 Intensive Care Unit (ICU) and dependent service moves within Leicester's Hospitals.</p> <p>It was RESOLVED to:</p>	<p>Mrs Karen English</p>

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	<ul style="list-style-type: none"> • RECEIVE the report. <p>Chair Elections</p> <p>Dr Ker acknowledged Dr Palin's statement made earlier in the meeting, noting the outcome of the election, and praised him for his roles in the CCG over the last seven years. The Governing Body members all thanked Dr Palin for his work.</p>	
B/18/190	<p>Date of next meeting</p> <p>The next meeting of the Governing Body of the East Leicestershire and Rutland CCG Governing Body will be take place on Tuesday 13 November 2018, Council Chamber, County Hall, Glenfield, Leicester, LE3 8TB.</p>	
	<p>The meeting concluded at 2:59pm.</p>	