WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP

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West Leicestershire Clinical Commissioning Group
Minutes of the Board Meeting
Tuesday 13 October 2015 at 14.00 pm
WLCCG Headquarters, Woodgate, Loughborough, Leicestershire LE11 2TZ

Present:

Professor Mayur Lakhani	Chair (Chair)
Dr Chris Trzcinski	Deputy Chair
Mr Steve Churton	Lay Member and Vice Chairman
Mr Evan Rees	Lay Member
Mr Ray Harding	Lay Member
Dr Mike McHugh	Consultant in Public Health
Dr Darren Jackson	Locality Lead, Hinckley and Bosworth
Dr Chris Barlow	Locality Lead, South Charnwood
Dr Nick Willmott	Locality Lead, Hinckley and Bosworth
Dr Nick Pulman	Locality Lead, North West Leicestershire
Dr Peter Cannon	Locality Lead, North Charnwood
Dr Kathy Teahon	Secondary Care Specialist
Dr Geoff Hanlon	Locality Lead, North Charnwood
Dr Y B Shah	Locality Lead, South Charnwood
Mr Spencer Gay	Chief Finance Officer
Mrs Angela Bright	Chief Operating Officer
Mr Ket Chudasama	Assistant Director Corporate Affairs

In Attendance:

Mrs Pat Ford	Deputy Chief Nurse
Mr Geoff Stokes	Interim Head of Corporate Governance
Mrs Michele Morton	Senior Committee Clerk (minutes)

Action

WL/15/229 Welcome and Apologies for Absence

Professor Lakhani welcomed all to the meeting. Apologies for absence were received from Dr Hepplewhite, Mr Sanders and Mrs Trevithick.

Professor Lakhani confirmed the Board meeting was quorate with 14 voting members present.

WL/15/230 Declarations of Interest on Agenda Topics

As practices that sat within the Hinckley and Bosworth area, Drs Willmott and Jackson declared an interest in **WL/15/241 – Case for Change – Planned and Urgent Care in Hinckley and Bosworth.**

Drs Shah and Barlow declared an interest in **WL/15/243 CQC Inspections at WLCCG Practices,** as the two practices concerned sat within the South Charnwood Locality

WL/15/231 To receive questions from the public in relation to items on the agenda

No questions from the public were received.

WL/15/232 Minutes of the meeting held on 08 September 2015

The minutes of the meeting held on 08 September 2015 were approved and accepted as an accurate record.

WL/15/233 Actions Arising from the meeting held on 08 September 2015

Members noted that all actions were either completed, or ongoing, and an updated action sheet would be appended to the minutes.

WL/15/234 Chairman's Announcements and Report

Professor Lakhani made the following announcements:

- The CCG Annual General Meeting held on 30th September 2015 had been hugely successful, with over 100 attendees. The clinical leads in particular were thanked for their role at the meeting and for fielding a range of questions. The group work had been well organised and thanks were also extended to the public and the staff who had organised and attended the event.
- The CCG checkpoint meeting had taken place with NHSE, combined as quarters 1 and 2. Positive feedback had been received from NHSE and areas of discussion had included A&E, cancer 62 day waits, progress with dementia and issues around the GP workforce.
- A Board to Board meeting had been held with the three CCGs, UHL and LPT which proved very successful. He, together with Mr Sanders, Mr Rees and Dr Trzcinski had attended and a series of discussions had been held on how the organisations worked together.
- A meeting had been held with LPT on workforce issues and plans around data quality and quality issues in mental health. Dr Cannon added he had received some material that related to the retention of staff in the East Midlands which might be beneficial for Board distribution. It included advice on how to make organisations more attractive for graduates and how to develop an occupational health approach around workforce. Following discussion the key points were noted:
  - Some people preferred a more supportive model of being employed by primary care rather than a wider organisation, for example, community nursing staff.
  - Conversations were being held with practice managers around the issue of the ageing practice nurse population.
  - There should be an opportunity for CCGs to offer supportive mechanisms for junior doctors, particularly in respect of changing work patterns in the acute sector, which had an impact on general practitioners.

It was RESOLVED:

- To **RECEIVE** the above update.

WL/15/235 Managing Director's Communication

Paper B, presented by Mrs Bright, summarised the latest CCG news, developments, upcoming events, national guidance and policy updates. She made the following further comments:

- The CCG still had not received the Annual Assurance letter for 2014/15, which indicated the level of assurance awarded to the CCG from NHSE. Once received this would be shared with Board members and placed on the CCG website.
- Many Board members would remember a previous patient representative on the

Board, Mrs Bev Gillman. Mrs Gillman had been the main carer for her husband who had recently passed away. A condolence card had been sent from the CCG and she wished to pass on her thanks to everyone for this.

Mr Harding requested an update on the management of change process. Mr Chudasama reported that the changes were still in the implementation phase. Discussions with staff at risk were currently being held and arrangements finalised. Posts were being recruited to internally and externally which included collaborative posts across the three CCGs. It was expected to be January /February 2016 when arrangements were finally settled. The Area Team had requested a breakdown of staff in the lead commissioning areas and this was in the process of being produced. **KC**

It was RESOLVED:

- To **RECEIVE** the update from the Managing Director.

WL/15/236 Board Assurance Framework

Mr Chudasama presented paper C which had been reviewed and updated to show the latest position as at 30 September 2015. He introduced Mr Geoff Stokes, Interim Head of Corporate Governance who was joining the CCG for a couple of months. Mr Stokes was experienced in risk management and would be standardising the CCG risk registers and progressing the concentric diagram. For the November meeting one or two risk areas from the BAF would be identified for in-depth discussion.

Dr Jackson commented that the matrix appeared to be the same as the previous month, whereas an updated concentric diagram would show more movement.

The risk areas for in-depth discussion would be chosen at CMT and principles used for identification would be to use the ones the CCG was furthest away from resolving. Mr Churton added it was more important to have a good conversation about one risk than a briefer conversation over two.

In respect of the risk around the East Midlands ambulance handover delays. Mrs Bright reported a multi-agency meeting had recently taken place where an improvement programme had been agreed with parties working together, supported by Unipart. Work was expected to be around process mapping and pathway improvement. An eight week programme had been designed which would be reviewed after four weeks and an update on progress was expected at the next urgent care board meeting.

It was agreed cancer waits and the BCT consultation timetable should be added to the 5x5 matrix. **KC**

It was RESOLVED:

- To **APPROVE** the latest iteration of the 2015/16 Board Assurance Framework.
- To **DISCUSS** if any further actions were required to address the risks.

WL/15/237 Conflicts of Interest (CoI) Update

Mr Chudasama presented paper D and explained at the September Board meeting updated governance documents were received in relation to the new CoI management arrangements. Legal opinion on the documents had been received which confirmed a consistent approach and a table had been used to reflect the minor changes made from the version presented in September.

One suggestion for change from the legal team had been to formally refer to the Board as the Governing Body, however the decision had been made to keep the term 'Board'.

Following the October Board meeting the documents would be sent to NHSE.

It was RESOLVED:

- To **APPROVE** the recommended changes to the updated governance documents following receipt of legal advice.

WL/15/238 WLCCG Board Sub-Group Terms of Reference

Mr Chudasama presented paper E, reviewed terms of reference for the:

- Audit Committee
- Quality and Performance Sub-Group
- Finance
- Planning and Delivery
- Primary Care Commissioning Committee

The changes were mainly in respect of adding sections that related to the management of conflicts of interest, which included the role of the CoI Screening Panel and the Procurement and Investment Committee in relation to the sub groups.

Mr Chudasama said a number of concerns had been raised about the lack of a strategic forum. Within this context the Board were holding an Away Day in November where discussions were expected to be held on changes to the functions of the existing set of sub-groups. Any changes would be brought formally back to the Board for approval.

The Remuneration Committee would review their terms of reference at its next meeting. Mr Harding added that the new CoI arrangements had remedied a previous problem experienced by the Remuneration Committee in respect of decision making.

Dr Pulman questioned the line in the PCCC terms of reference which stated the committee 'approves practice mergers'. He felt this should read 'made decisions on practice mergers', however Mrs Bright confirmed the wording had been taken from the National Scheme of Delegation.

It was RESOLVED:
To **APPROVE** the terms of reference for the:

- Audit Committee
- Quality and Performance Sub-Group
- Finance Sub-Group
- Planning and Delivery Sub-Group
- Primary Care Commissioning Committee

WL/15/239 Emergency Preparedness Resilience Response Core Standards (EPRRCS)

Mrs Bright presented paper F which set out the current CCG assessments and identified the actions required to achieve compliance with the EPRRCS. The actions would be reviewed and acted upon on a system basis, to ensure resilience of response and uniformity of approach. CCGs were required to review their EPRRCS preparedness and compliance against the EPRRCS standards on an

annual basis.

In respect of providing assurance Mr Sanders reported that he played an active role in this and the production of an action plan, together with working on a range of different documents and policies with the other CCGs.

Dr Jackson referred to the lack of feedback to the Board and sought reassurance the CCG was in a state of preparedness. Mr Chudasama explained information would have been received by the Board sub-groups which would provide a certain level of assurance. He added instances such as the evacuation of Loughborough town centre would be discussed in a multi-agency forum.

Mrs Bright said lessons learned from table top exercises was good experience and the CCG needed to improve in feeding back the results from these to Board members. In addition to this the CCG now had responsibility for GP contracts and part of their contractual requirements was to have business continuity plans. Identifying any training requirements around business continuity through GP practice appraisals would be a positive thing to do. The CQC would monitor business continuity plans in GP practices but would not identify any necessary training plans. To include business continuity as part of PLT sessions would also be useful, particularly in the event of a flu pandemic. Dr Pulman also felt it would be helpful to raise awareness at locality level.

Professor Lakhani asked what kind of situations the CCG might face and Mr Chudasama replied it could range from a general surge in activity, through to a national disaster. The CCG would have a role, together with partner organisations in co-ordinating a response.

Mr Gay informed the Board the EPRRCS was not a new responsibility and the CCG could only improve its state of readiness. The action plan was submitted regularly to NHSE who then advised on the evidence provided. Mr Chudasama agreed to update the Board when feedback from NHSE was received. **KC**

It was RESOLVED by consensus to:

- **RECEIVE** the contents of the report.
- **AGREED** the self-assessment against the core standards.
- **APPROVED** the actions within the plan.

WL/15/240 Better Care Together

Mrs Bright reported the BCT team had been unable to provide an update report as they had been concentrating on the pre-consultation business case. A verbal update was given as follows:

- A pre-consultation business case had been received at the confidential Board session and an equality impact assessment had been undertaken around the changes that might occur, which would be further refined.
- It would be important to gain patient and public involvement in the pre-consultation business phase and two sessions were planned with the PPI assurance group in November.
- Full consultation was expected to commence at the end of November/beginning of December 2015 and two staff summits would also be held to raise awareness of BCT, with all staff in relevant organisations.

It was RESOLVED by consensus to:

- **RECEIVE** the update on Better Care Together.

WL/15/241 Case for Change: Planned and Urgent Care in Hinckley and Bosworth

Dr Willmott and Mr Gay presented paper H, an outline of a review of provision of health services in Hinckley & Bosworth in order to address the changing health needs of the population, and to find a solution to the growing financial burden of maintaining existing buildings in the town. Extensive patient engagement had taken place over a period of 18 months (April 2014 – October 215) to elicit the views of the local population, using the methodology of Experience-Led Commission. Key points to note:

- Patient engagement work had led to ten key principles to guide the work in Hinckley and these were listed in the report.
- The insights from the patient engagement programme had been considered alongside data analysis, financial sustainability and the direction of local and national strategies.
- As a result, there was clear strategic direction for planned care, community based health and social and urgent care.
- A key area of the business case covered feedback from the public, carers and stakeholders which included over two thousand people as part of the experience led commissioning business programme.
- Services in Hinckley General were in urgent need of upgrading, notably endoscopy services. All of the options resulted in the removal of activity in Hinckley and District General Hospital so that site would no longer be required.
- No discussion had taken place on the most appropriate site for Xray services, however from a planned care perspective these would need to be near outpatients. Dr Trzcinski added that this required distinct clarification.

Mr Gay reported essentially the changes were around planned care services. Options were outlined on page 22 of the report where 11 scenarios were presented at the outset. Financial and non-financial appraisals were undertaken and the combined scores were taken to a public engagement event. From that discussion three options emerged and all three options included the closure of Hinckley and District General Hospital. Further work was required on the financial viability of the options and estate exploration.

Mrs Bright referred to the Hinckley Health Centre (HHC) site attached to Hinckley Hospital and was interested that whilst the rest of the site was not considered viable to upgrade, the HHC was worth refurbishing. Mr Gay replied HHC was much newer than the hospital and due to its size was worth retaining.

A brief discussion took place on whether the questions being asked of the public were appropriate. Members noted that this was discussed at a recent meeting where some transport issues were raised. There was however general recognition people would need to travel if they required major services out of the Hinckley area. The questions had been formulated from the views expressed as part of the initial public engagement exercise.

In terms of next steps Mr Gay said a preferred option should be formulated in order to allow the development of a clear business case for consideration by the CCG.

Dr Pulman left the meeting.

It was RESOLVED, by consensus to:

- **RECEIVE** the Case for Change for Community Health Services in Hinckley & Bosworth.
- **APPROVE** the questions for consultation as part of the Better Care Together consultation.

WL/15/242 Report from Quality and Performance Sub Group 2015

Mr Rees presented paper I which identified the key quality and patient safety concerns from the WLCCG Quality and Performance Sub-Group meeting held in September 2015, relating to contract performance. The following key points were noted:

C-Diff monitoring – Members noted that following a steady decline in the overall position, there was now a slight increase in the number of C-Diff cases. The increase constituted very small numbers and the figures reflected a national trend. The difficulty was also noted of determining any significant results from just one quarter figures. Mrs Ford added C-Diff had been taken through to a PLT session and she confirmed to Dr Jackson that the results of a recent CCG audit would be provided by the Head of Prescribing.

It was RESOLVED:

- To **RECEIVE** the contents of the report

WL/15/243 CQC Inspections of WLCCG Practices:

- **Barrow Health Centre**
- **Birstall Medical Practice**

Mrs Bright presented papers J and Ji. Barrow Health Centre and Birstall Medical Practice had undergone a CQC inspection on 24th June and 21st & 29th May respectively. Subsequently a number of warning notices were issued to the practices pertaining to Regulation 12 (Safe Care and Treatment) and Regulation 17 (Good Governance) and the final inspection reports had been published.

Both practices were rated inadequate in 4 out of 5 categories considered. The CQC also looked at population groups and both practices were deemed inadequate in all population groups. The contract team had been working hard with the practices to support them in terms of the development of action plans. An oversight group had also been established that would monitor the practices against the action plans. The practices were given six months in which to address the concerns prior to a further inspection by the CQC.

The PCCC was heavily involved in the work required post the CQC inspections and had detailed understanding of the issues raised, together with an ongoing monitoring role.

Dr Willmott asked if any specific feedback was available to other practices, particularly those who had not received a CQC inspection visit. Mrs Bright replied a lessons learnt report had been received at Locality meetings and relevant information should be reiterated as part of practice appraisals.

Mr Churton asked what the patient responses had been following publication of the reports. Mrs Bright replied both practices had worked actively with their PPI groups who had also been involved in the action plans. Both positive and negative comments had been posted on social media and the practice websites. As part of ongoing monitoring arrangements the CCG would be monitoring the number of patients who moved practices but did not move house, as this was a quality marker of patient satisfaction. In terms of media interest Mrs Bright reported an interview had taken place with Radio Leicester and an article had appeared in the Leicester Mercury.

Mrs Ford informed the Board the key area to focus on was the lack of clinical

governance. She agreed there was an urgent need for improved clinical leadership of both medical and nursing staff, an increased oversight of administrative staff, education training, clinical supervision and learning lessons from incidents.

Professor Lakhani asked if there had been any progress with the primary care dashboard and Mrs Bright replied an initial version had been produced and reviewed and was being taken through the PCCC.

Professor Lakhani stated one of the benefits of co-commissioning was that the CCG was in a position to identify situations early and to offer more help to practices requiring extra support or intervention.

It was RESOLVED by consensus to:

- .**RECEIVE** the contents of the reports.

WL/15/244 Assurance Report from Provider Performance Assurance Group (PPAG) Meeting – 24th September 2015

Mr Harding presented paper K which provided the Board with a summary of the assurance received at the PPAG, from the Contract Squares in relation to performance across the collaborative contracts, and the respective providers' performance.

Mr Harding reported the major issue at present was clarification around the role of the PPAG. A recent workshop had been held which had a focus on process and streamlining the work of the group and the view was held that the main purpose of the PPAG was for assurance and not performance management. However, PPAG reported regularly that the Contract Squares were doing everything possible to manage the contracts, yet the major providers continued to miss targets.

PPAG escalated and recognised that action needed to be taken, but their role was such that they were unable to problem solve; a role perhaps more fitting for the CCB. Board members felt it might therefore be more appropriate for the Board to receive a CCB report which could then link to the CCG BAF and major risk areas.

Mr Harding felt there was implicit acceptance by CCGs by knowing in advance that major targets would not be achieved and he asked what the Board's view was on this. Mr Rees supported Mr Harding's concerns and said the Q&P often dealt with similar situations such as the EMAS risk. **TS**

A discussion took place on the EMAS target and the respective responsibilities between the PPAG and CCB.

Mr Gay proposed that the urgent care team consider the most appropriate way forward for handling of non-achievement of targets, which would then fit with the planning process for next year. EMAS would also be integrated into a part of the Vanguard Programme. **TS/AB**

Dr Hanlon said more radical ideas should be introduced for an EMAS resolution. He also referred to the acute pressure faced by EMAS and he felt one way to alleviate the situation was to deliver high quality primary care, particularly OOH services, so that patients requested ambulances less often.

Mrs Bright suggested the PPAG terms of reference be brought to the November Board for discussion. **KC**

Further points of note:

- Cancer performance remained a concern, with all the major targets currently being missed.
- The implementation of the recommendations following a data quality audit review on LPT's data was due for completion at the end of September 2015, but as yet was only 30% complete. In the meantime unreliable data was being used to make decisions within CCGs.

It was RESOLVED by consensus:

- To **RECEIVE** the assurance report from PPAG.

WL/15/245 Finance Report – Month 05

Mr Gay presented paper L which summarised the financial performance of the CCG for the five month period ending 31st August 2015. Key points of note:

- The Forecast outturn for 2015/16 was an overall surplus of £5.05 million. This included an overspend of £778,000 against in year allocations, funded from utilisation of brought forward surplus from previous years.
- CHC was forecast to underspend by £1.2 million.
- Prescribing was showing a forecast overspend of £2.2 million, the increase in the second half of 2014/15 being used to forecast the year's result.
- The finance sub-group had scrutinised some activity variances at it's October meeting and it had been agreed to produce an action plan on how to bring the outpatient referrals back to plan in order to avoid a financial pressure.
- An early draft of next years financial plan had been produced and savings of almost £9 million would need to be found. At present only £4 million savings had been identified and therefore considerable work would be required before the end of March 2016. A Board Development Session on 20th October would discuss planning in a wider sense, where hopefully some significant initiatives for next year would be identified.

Mr Churton asked what was driving the outturn on the prescribing overspend. Mr Gay replied intensive discussions on this had taken place at the finance sub group, where it had been agreed not to focus on the potential overspend but to concentrate more on what was within the control of the CCG. Some drug prices were normally reduced in October, however this had not happened so far this year. A number of initiatives had also been introduced around the management of patients within primary care.

Professor Lakhani referred to recent media reports of increases in NHS allocations and Mr Gay replied the CCG had factored in a 2% growth into the financial plan.

It was RESOLVED by consensus:

- To **RECEIVE** the Financial Performance Report for August 2015.

WL/15/246 Areas of Focus for Future Board Meetings

Professor Lakhani advised that any suggested areas of focus for future Board meetings should be directed to Mr Chudasama, with a draft iteration of the agenda for the next meeting to be circulated to members to review.

It was RESOLVED:

- To **RECEIVE** the above information.

WL/15/247 Minutes of the Audit Committee held on 27 May 2015

Members received for information the minutes of the Audit Committee held on 27 May 2015.

WL/15/248 Minutes of the Planning and Delivery Sub Group held on 25 August 2015

Members received for information the minutes of the Planning Delivery Sub Group held on 25 August 2015.

WL/15/249 Minutes of the Quality and Performance Sub Group held on 18 August 2015

Members received for information the minutes of the Quality and Performance Sub Group held on 18 August 2015.

WL/15/250 Minutes of the Finance sub group held on 1 September 2015

Members received for information the minutes of the Finance sub group held on 1 September 2015.

WL/15/251 Date and Time of Next Meeting

The next meeting of the West Leicestershire Clinical Commissioning Group will be held on Tuesday 10 November 2015, 2.00 pm at WLCCG Headquarters, Woodgate, Loughborough, Leicestershire LE11 2TZ.