

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP



**Minutes of the Public Board Meeting
Tuesday 11 December 2018 at 13.30 – 14.00
WLCCG Headquarters, Woodgate, Loughborough, Leicestershire LE11 2TZ**

Present:

Professor Mayur Lakhani	Chair
Ms Caroline Trevithick	Interim Accountable Officer
Mr Steve Churton	Deputy Chair Lay Member
Ms Gillian Adams	Lay Member
Mrs Wendy Kerr	Lay Member
Mr Ket Chudasama	Director of Performance and Corporate Affairs
Mr Spencer Gay	Chief Finance Officer
Dr Mike McHugh	Public Health Consultant
Dr Nick Pulman	Clinical Vice Chair
Dr James Ogle	Locality Lead, Hinckley & Bosworth
Ms Tamsin Hooton	Director of Urgent Care
Dr Nil Sanganee	Locality Lead, North West Leicestershire
Dr Ash Kothari	Locality Lead, Hinckley and Bosworth
Dr Rowan Sil	Locality Lead, North West Leicestershire
Mr Ian Potter	Director of Primary Care
Mrs Carole Ribbins	Interim Chief Nurse and Quality Lead

In Attendance:

Mr David Rowson	Communications Lead, MLCSU
Mrs Michele Morton	Senior Committee Clerk (minutes)

WL/18/220 Welcome and Apologies for Absence

Professor Lakhani welcomed all to the September meeting of WLCCG Board. Apologies for absence were received from Dr Abdulmajid and Dr Hanlon. A welcome was extended to Mrs Carole Ribbins, the new Interim Chief Nurse and Quality Lead, taking on Ms Trevithick's role whilst she acted as the Interim Accountable Officer.

The Chair noted that the meeting was quorate with 12 voting members. No members of the public were present.

WL/18/221 Report from Conflicts of Interest Screening Panel held on 7 and 10 December 2018

Mr Churton gave a verbal update on the above that included:

- **WL/18/224 – Next Steps to Greater Collaborative Working in LLR -**

Following discussions at the Joint Executive Steering Group (JESG) on 4th December, it was proposed that all three LLR CCG GBs adopt the same approach to managing conflicts of interest and that they were 'noted' for all GB members.

The JESG agreed that as the board paper referenced the 20% running costs reductions to be achieved by 20/21; that effectively meant all members of the

Action

GB were conflicted as the future direction of travel could equally have an impact upon the number of GPs or ILMs on the GB as it did for executives in the future.

As the paper's recommendations referred explicitly to the AO role, it had been proposed that the AO or interim AO abstain from voting if voting was required.

- **WL/18/225 – CCB Summary Report for November** – declaration only for All Board GPs

It was RESOLVED to:

- **APPROVE** the update from the Conflict of Interest Screening Panel and recommendations for how the conflicts of interest identified should be managed.

WL/18/222 To receive questions from the public in relation to items on the agenda

No questions from the public had been received.

WL/18/223 Minutes of the meeting held on 27 November 2018

The minutes of the meeting held on 27 November 2018 were approved as a correct record, with the exception that Dr Shah's name was added to the apologies.

It was RESOLVED to:

- **APPROVE** the minutes of the meeting held on 27 November 2018.

WL/18/224 Matters Arising from the meetings held on 27 November 2018 and action log

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

It was RESOLVED to:

- **RECEIVE** The Action Log

WL/18/225 Next Steps to Greater Collaborative Working in LLR

All Board members declared an interest in WL/18/225.

Professor Lakhani presented paper C and reported that the paper built on previous discussions between the CCGs in Leicester, Leicestershire and Rutland (LLR) about enhancing collaborative commissioning arrangements and on the formal proposal considered by the Board in June 2018 to appoint a single Accountable Officer and shared senior management team. He added it examined how commissioning had and would continue to change over the next two years and assessed whether existing commissioning arrangements in LLR were fit for purpose in the light of what had to be achieved.

In respect of any future governance arrangements Mr Chudasama asked if the JESG was clear about how they would gain expert advice and whether that would be external or internal, taking into account any potential conflicts of interest. Professor Lakhani replied that NHS England had offered a project manager to help produce a transition plan and the governance issue would be a large part of that.

The JESG was already in receipt of expert HR advice.

Mr Chudasama asked for further clarification on how discussions would progress with the three governing bodies or whether further time was required to work through potential timelines. Ms Trevithick replied that subject to the outcome of the three Board discussions, CCGs should be asking for a plan and a request for a joint CCG session in early January 2019, as conversations across the three boards would be critical to success.

Dr Pulman said as CCGs worked in a more integrated way it would be vital to develop processes that made working more efficient. He added it was important not to make assumptions on what would be delegated. He felt the next steps would provide more detail and it would be important that all Board members helped the JESG to understand how people were feeling. The process would be difficult to negotiate but easier to understand if the Board offered clarity in terms of an appetite for delegation, for example to CCB, ICS and localities. An appropriate governance structure would ensure that everyone was content with the establishment of any new arrangements.

Dr Sanganee asked if any progress had been made with the proposal for an LLR Clinical Advisory Group. Professor Lakhani replied there was currently a number of clinical groups in existence which would need to continue, though might not require as full a membership, but a Clinical Advisory Group could provide advice on common matters. Dr Sanganee said a joint board event would be an appropriate place for further discussion and he felt the advisory group should be established as soon as possible.

ML

Mr Gay supported the paper and noted it had included feedback on all previous comments received over the past 12-18 months, and the report demonstrated how difficult and complex the management of change was likely to be. He felt the pace should quicken if the paper was approved and suggested a management team was formed to drive forward the work required and to engage with boards to ensure the necessary progress. People should also generally play a larger part in taking forward arrangements. Professor Lakhani agreed with Mr Gay's comments and added that once approved considerable talent and energy would be unleashed.

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Ms Adams agreed that the pace of change should quicken and lack of pace had been a frustration of the JESG. She added a period of meaningful consultation would be entered into with the current AOs and that would cause some delay.

It was RESOLVED TO:

- **RESTATE APPROVAL** for the proposal to appoint one Accountable Officer and a single senior management team across the three CCGs in Leicester, Leicestershire and Rutland.
- **APPROVE** the proposal to require the JESG to develop a robust process for the appointment of the Accountable Officer and the senior management team across LLR, ensuring that: -
 - conflicts of interest were appropriately managed
 - there was a consistent approach to managing the implications for staff whilst ensuring that the process was in line with each CCG's management of change policy
- **APPROVE** the proposal to delegate authority to the CCG's Clinical Chair to sign off the arrangements for the appointments process referenced above, after seeking the recommendation of the Remuneration Committee in accordance with the CCG's constitutional requirement.

- **APPROVE** the proposal to charge the Joint Executive Steering Group (JESG) with overseeing the development of revised governance arrangements. The JESG must ensure that Governing Body members were engaged in the process to design the governance, through Board to Board sessions for example, prior to recommendations being formally presented back to Governing Bodies for approval.
- **NOTE** the importance of a fit for purpose organisational development programme and approve the proposal to require JESG to put this in place and produce reports as required on progress back to the Governing Body.
- **NOTE** the commitment to undertake a thorough consideration of the potential advantages and disadvantages of a full legal merger, with that work commencing in early 2019 and resulting in an options appraisal to boards in mid-2019.

WL/18/226 CCB Summary Report, November 2018

All GPs declared an interest in WL/18/226. Paper D, the CCB summary report for November 2018 was received for information.

WL/18/227 PPAG Summary Report, November 2018

Paper E, the PPAG Summary Report for November 2018 was received for information.

WL/18/228 Minutes of the Collaborative Commissioning Board meeting held on 18th October 2018

Paper F, the minutes of the Collaborative Commissioning Board meeting held on 18th October 2018 were received for information.

WL/18/229 Minutes of the PPAG meeting held on 25 October 2018

Paper W, the minutes of the PPAG meeting held on 25 October 2018 were received for information.

WL/18/230 Minutes of the Quality and Performance Committee meeting held on 16 October 2018

Paper H, the minutes of the Quality and Performance Committee held on 16 October 2018 were received for information.

WL/18/231 Minutes of the Audit Committee meeting held on 25 September 2018

Paper I, the minutes of the Audit Committee meeting held on 25 September 2018 were received for information.

WL/18/232 Any Other Business

No other business.

WL/18/233 Date of Next Meeting

The next meeting of the West Leicestershire Clinical Commissioning Group would be held on Tuesday 8 January 2019, 14.00, at WLCCG Headquarters, Woodgate, Loughborough, Leicestershire LE11 2TZ.