

**Minutes of the Provider Performance Assurance Group (PPAG) held on Thursday  
 31 May 2018 at Leicester City CCG, Conference Room, 8<sup>th</sup> Floor, St John's House, 30 East  
 Street, Leicester, LE1 6NB**

**PRESENT**

Mr Ray Harding	Independent Lay Member, West Leicestershire CCG (Chair)
Mr Warwick Kendrick	Independent Lay Member, East Leicestershire & Rutland CCG
Ms Daxa Patel,	Independent Lay Member, Leicester City CCG
Dr Chris Trzcinski	Deputy Chair, West Leicestershire and Rutland CCG
Ms Chris West	Director of Nursing & Quality, Leicester City CCG
Mr Paul Gibara	Chief Commissioning and Performance Officer, East Leicestershire and Rutland CCG
Mrs Karen English	Managing Director, East Leicestershire and Rutland CCG
Dr Avi Prasad	Deputy Clinical Chair, Leicester City CCG
Dr Graham Johnson	GP Locality Lead, East Leicestershire and Rutland CCG
Mrs Caroline Trevithick	Chief Nurse and Quality Lead, West Leicestershire CCG
Ms Sarah Prema	Director of Strategy and Implementation, Leicester City CCG

**IN ATTENDANCE**

Ms Sarah Shuttlewood	Associate Director for Contracts and Provider Management, Leicester City CCG <b>(item PPAG/18/63, PPAG/18/64 and PPAG/18/65)</b>
Ms Jo Clinton	Head of Contracts and Provider Performance, West Leicestershire CCG <b>(item PPAG/18/62)</b> – Presenting the non-acute contracts report on behalf of Tamsin Hooton
Ms Fay Bayliss	Deputy Director of Nursing & Quality, Leicester City CCG <b>(Shadowing Chris West)</b>
Mrs Jayshree Raval	Commissioning Collaborative Support Officer, East Leicestershire and Rutland CCG (Minutes)

<b>ITEM</b>		<b>LEAD RESPONSIBLE</b>
<b>PPAG/18/57</b>	<b>Apologies received:</b> <ul style="list-style-type: none"> <li>- Ms Sue Lock, Managing Director, Leicester City CCG</li> <li>- Ms Donna Enoux, Chief Finance Officer, East Leicestershire and Rutland CCG</li> <li>- Dr Anne Scott, Interim Chief Nurse and Quality Officer, East Leicestershire and Rutland CCG</li> <li>- Ms Noelle Rolston, Senior Contracts and Performance Manager, East Leicestershire and Rutland CCG</li> <li>- Ms Tamsin Hooton, Director for Urgent and Emergency Care, West Leicestershire CCG</li> <li>- Mr Toby Sanders, Managing Director, West Leicestershire CCG</li> <li>- Mr Spencer Gay Chief Finance Officer, West Leicestershire CCG</li> <li>- Mrs Michelle Iliffe, Director of Finance, Leicester City CCG</li> </ul>	

	<ul style="list-style-type: none"> <li>- Mrs Daljit Kaur Bains, Head of Corporate Governance and Legal Affairs, East Leicestershire &amp; Rutland CCG</li> <li>- Mr Ket Chudasama, Director of Performance and Corporate Affairs, West Leicestershire CCG,</li> <li>- Ms Tracy Burton, Interim Chief Nurse and Quality Officer, East Leicestershire and Rutland</li> </ul>	
<p><b>PPAG/18/58</b></p>	<p><b>Declarations of Interest on Agenda Topic</b></p> <p>All GP members declared an interest in any items relating to primary care where a potential conflict may arise. There were no specific conflicts declared in relation to items on the agenda.</p> <p>Mr Harding declared a potential conflict of interest stating that he has recently joined the North West Anglia NHS Foundation Trust in the capacity as the Non-Executive Director. He informed PPAG that if there are any discussions in the future in regards to North West Anglia NHS Foundation Trust then he will recuse himself from the meeting. Mr Harding's declaration was noted with no further actions to be taken.</p>	
<p><b>PPAG/18/59</b></p>	<p>To <b>APPROVE</b> Minutes of the Provider Performance Assurance Group held on 26 April 2018 (<b>Paper A</b>)</p> <p>The minutes of the Provider Performance Assurance Group meeting held on 26 April 2018 were accepted as a true record of the meeting subject to the following minor amendment:</p> <p>Page 4, second paragraph which starts as "Dr Johnson stated the service receives high convulsion rates....." to read as Dr Johnson stated the service receives high level of referrals....."</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the minutes of the PPAG meeting.</li> </ul>	
<p><b>PPAG/18/60</b></p>	<p>To <b>RECEIVE</b> Matters Arising: Actions from the Provider Performance Assurance Group held on 26 April 2018 (<b>Paper B</b>)</p> <p>The matters arising following the meeting on 26 April 2018 were received, with the following updates noted:</p> <p><b>PPAG/18/05: Cancelled Cancer Operations, root cause analysis</b> – Ms Shuttlewood informed that the findings of the review relating to the cancer cancellations have been concluded however a report is yet to be signed off. Ms Shuttlewood provided some headlines from the findings but noted that a full summary will be included in June's PPAG report. <b>Action ongoing.</b></p> <p><b>PPAG/18/17: Detailed Report from East Leicestershire and Rutland CCG:</b> GP Governing Body members to be approached to assist with capturing and monitoring the relevant data from their practices over a period of time. It was highlighted that the action related to IAPT service in regards to the disconnect noted between the number of referrals going into the service and the availability of the appointments. Ms Shuttlewood agreed to take the action forward with the team and report back. <b>Action ongoing.</b></p> <p><b>PPAG/18/48: Child and Adolescent Mental Health Service (CAMHS):</b> Under the demand and capacity review discussions Ms</p>	

	<p>Egan- Morris was requested to liaise with LPT and provide timelines in regards to the completion of the work. Ms Shuttlewood informed that discussions are underway with the LPT's contract lead and further update would be available for the next PPAG meeting in June 2018.  <b>Action ongoing.</b></p> <p><b>PPAG/18/46: Exception report from East Leicestershire and Rutland CCG:</b> The action was that the PPAG chairs to discuss LPT's overall performance at their respective Audit Committees. The three Chairs of the Audit Committees to then write a collective letter to LPT's Audit Committee Chair highlighting the concerns addressed by the PPAG members. Mr Harding, Mr Kendrick and Ms Patel confirmed that discussions have taken place at their respective Audit Committees and the Audit Committee Chairs are happy to write to the LPT Audit Committee. Further update to be provided at the June 2018 PPAG meeting. Mr Kendrick will write to the chair of LPT's Audit Committee on behalf of the three CCG's Audit Committees.  <b>Action ongoing.</b></p> <p>It was <b>RESOLVED</b> to:      - <b>RECEIVE</b> the matters arising and note the progress to date.</p>	
<p><b>PPAG/18/61</b></p>	<p>To <b>RECEIVE</b> a Detailed presentation on East Midlands Ambulance Service (EMAS) (<b>Paper C</b>)</p> <p>Ms Jo Clinton presented the deep-dive presentation on EMAS with a focus on:</p> <ul style="list-style-type: none"> <li>- Ambulance Response Programme (ARP)</li> <li>- Handovers at Leicester Royal Infirmary (LRI)</li> </ul> <p>Ms Clinton highlighted that EMAS is currently not achieving the ARP standards and following this year's contract negotiations a performance trajectory will be applied for EMAS to achieve ARP by April 2019. In addition it was reported that in order to meet ARP standards EMAS would require additional funding from the commissioners. In terms of the performances against the four categories, the report indicated that in April 2018 a 16% reduction in calls to EMAS was noted, across all four Categories. Furthermore there was improvement in the performance against the four Categories at regional and local level; however EMAS only achieved the standard for Category 4 for Leicester Leicestershire and Rutland (LLR) in April 2018.</p> <p><b>Handovers:</b> Ms Clinton informed that EMAS's performance had improved significantly between May 2017 and September 2017 at Leicester Royal Infirmary (LRI) however performance has declined since then. It was noted that performance was slightly better than 2016/17 where 15minute handover improved from 34% to 41% and average handover time reduced from 29 minutes to 22 minutes. The report detailed some of the key actions put in place by the A&amp;E Delivery Board (AEDB) to assist with handover times.</p> <p>In addition PPAG were informed of some of the future improvements that EMAS will be implementing in order to improve the current performance standards:</p> <ul style="list-style-type: none"> <li>- Implementation of the new rotas which will be in place by the</li> </ul>	

end of April 2018;

- Introduction of the new urgent care tier which commenced the in April 2018.
- Changes to the fleet mix which will be complete by the end of April 2018

Ms Clinton stated that due to continued poor performance, a deep dive took place with EMAS in April 2018, chaired by the Regional Director for NHS England. The meeting set out the expectation of EMAS and commissioners to support an improvement in delivery of performance across all standards. The main areas of focus were:

- The impact of handover delays;
- Sufficient capacity to deliver improved performance;
- Demand management.

Under Contract Negotiations for 2018/19, it was noted that performance will be monitored against quarterly trajectories delivered and payment will be made when all standards have been met by category. There was incredulity expressed at the nature of payment incentives, which did not seem proportionate. **Ms Clinton informed that trajectories to be shared with PPAG at the June meeting.**

Ms Clinton

Furthermore Ms Clinton highlighted that communication will be sent to all acute chief executives from NHS England (NHSE) and NHS Improvement (NHSI) setting out the expectation that acute trusts should accept handover of patients from the ambulance service within 15 minutes of arrival. She noted that a draft handover protocol has been developed following the Risk Summit. EMAS have been asked to review the protocol and amend as necessary with an expectation that this would be introduced by EMAS.

**Quality:** Ms Clinton alluded to the six live Serious Incidents (SIs) from which 5 have been themed as delayed response and 1 as Quality of Care. She informed that a deep dive has been requested by CCGs' commissioners into SIs which the coordinating commissioner is facilitating.

Ms Clinton stated that EMAS have been instructed by the regulators to put mechanisms in place to cease cohorting patients and to provide leadership and support for crews to leave after a certain length of time, in order to reduce the clinical risk for those patients in the community waiting for a response. It has been indicated that this would be a cultural shift for the ambulance staff and EMAS will have to work with the Acute trusts to achieve this. Ms Clinton informed that this will be supported by a joint communication from NHSE and NHSI with implementation of the protocols being overseen by both regulatory bodies. Some of the PPAG members expressed concerns in respect of ambulance crews to leave patients after certain length of time. Ms Clinton explained that patients would be left in a safe environment with the acute staff and in any case the protocol is yet to be agreed.

Under workforce, Ms Clinton highlighted that in February 2018 the total absences increased to 32.55% compared to a 28% target. Sickness remains higher than the 5% target although some

improvement to the sickness position has been noted for the month of March 2018. The division continues to proactively manage absences, with any trends being identified and managed with HR support.

**Finance:** Ms Clinton informed that additional investment is required to meet the ARP standards for 2018/19 and as a result the CCGs will be impacted with further cost pressure. Ms Prema queried what the additional funding would be utilised against. Ms Clinton explained that it would be utilised for recruiting of more staff and other areas where funding is required.

In respect of the 50/50 risk share under handovers, Ms Patel asked what thresholds had been agreed under the risk sharing agreement. Ms Clinton informed that the thresholds are yet to be worked up.

Mr Gibara queried if the commissioners have oversight in respect of staff capacity in EMAS. Ms Clinton stated that the contract team have requested information in respect of the staffing gaps and what mitigating plans have been and will be put in place to manage the vacancies.

Mr Kendrick queried if EMAS have fully implemented the improvements highlighted in the presentation. Ms Clinton informed although the process has commenced, full implementation in those areas is yet to be completed.

Dr Johnson expressed concerns in regards to the following areas:

- Will the extra funding improve EMAS's performance
- EMAS will still be paid if they have not met all the trajectories.
- EMAS have not achieved against the four categories
- Patients to be left in safe environment at UHL however the process is yet to be confirmed.
- The commissioners are not sighted on the protocol.

Mrs Trevithick informed that the matter requires escalation to NHSE and suggested to discuss the matter at the next LLR Assurance Check point meeting with NHSE in July 2018. There were some further discussions in regards to handover processes.

PPAG members raised a number of concerns in relation to EMAS stating that:

- The commissioners have been influenced by NHS England and NHS Improvement in accepting the trajectories set by ORH Ltd within a timeline of 7 days to reach an agreement.
- Trajectories have been prepared however have not been shared with the commissioners. There is request for additional funding mainly for recruiting further staff into EMAS.
- It has been agreed that if EMAS do not meet the trajectories and believe that handover delays have impacted then ORH Ltd will be asked to re-model the handover baseline again.

PPAG members agreed to escalate the issue with EMAS to the Governing Bodies highlighting the fact that the decision to agree to a method of commissioning the service with EMAS have been taken away from the CCGs by the regulators (i.e. NHS England and NHS Improvement).

	<p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>- <b>RECEIVE</b> the report and note progress to date.</li> </ul>	
<p><b>PPAG/18/62</b></p>	<p>To <b>RECEIVE</b> Exception report from West Leicestershire CCG hosted contract team (<b>Paper D</b>)</p> <p>The exception report for WL CCG was provided to PPAG members with assurance in relation to the contracts that are managed by WL CCG hosted contract team. The report was taken as read.</p> <p>Ms Clinton highlighted that Thames Ambulance Service Limited (TASL) has performed well against the Time on Vehicle Key Indicators (KPIs) and achieved the targets for all but one KPI. It was reported that TASL did not meet the targets for Arrival Time KPIs; however there was further improvement noted in outpatients arriving within 60minute of the appointment time. Ms Clinton added that commissioners are monitoring TASL's performance against the Improvement Trajectories, and although there has been continued improvement, however declined for many of the KPIs in March 2018.</p> <p>She reported that in March 2018 a 6% increase was noted in respect of discharge patients collected from LRI. The service reached the 90% threshold within the 151-180 mins time-band. In relation to discharge patients, it is noted that TASL are performing significantly better for LRI.</p> <p><b>NHS 111: Derbyshire Health United (DHU):</b> Ms Clinton informed that the total activity has increased in March 2018, particularly from the Health Care Professional (HCP) Line; activity was 47% greater than plan and previous year. It was noted that Clinical Navigation Hub (CNH) activity is considerably over DHU's planned levels, and there will be cost pressure going forward in 2018/19.</p> <p>Ms Prema queried the target achievement on page 25 of the report which highlighted that DHU did not achieve the 95% target from September 2017 onwards. Ms Clinton explained that this was due of rebasing of the activities; however the matter is being reviewed. Ms Prema asked if the trajectory had been set. Ms Clinton stated that the trajectories will be set once the investment has been finalised. <b>Further update will be provided at the next meeting.</b></p> <p>Dr Johnson expressed concern in respect of the information provided on page 26 of the report which indicated that the commissioners' data for February and March 2018 per CCG highlighted that Leicester City CCG had the highest proportion of calls in those months. His concern was does the information indicate that there is an issue in regards to patients having difficulties in accessing GP practices. Dr Prasad explained the reason behind the high proportion of calls highlighted in the report for Leicester City CCG. He stated that in Leicester City the set –up for accessing GP practices is via NHS 111 hence the increase number of calls. <b>Mr Harding requested further information on NHS 111 to be provided at the next meeting.</b></p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>- <b>RECEIVE</b> the report and note progress to date.</li> </ul>	<p style="text-align: right;"><b>Ms Clinton</b></p> <p style="text-align: right;"><b>Ms Clinton</b></p>

	<p>Ms Clinton left the meeting.</p>	
<p><b>PPAG/18/63</b></p>	<p>To <b>RECEIVE</b> exception report from Leicester CCG hosted contracts team – UHL and Alliance (<b>Paper E</b>)</p> <p>The exception report for LC CCG was provided to PPAG members with assurance in relation to the contracts that are managed by LC CCG hosted contract team. The report was taken as read.</p> <p>Ms Shuttlewood highlighted that a full CQC inspection report was issued in March 2018; rating UHL as “Requires Improvement” overall. The Trust has developed an action plan to address the areas that require improvement and shared this with CCG and it will be monitored by the Clinical Quality Review Group (CQRG).</p> <p>Under 12 hour trolley breaches Ms Shuttlewood reported that no further breaches had been reported since April 2018. It was noted that reporting requirements are being reviewed and the CCG, NHS England and the Trust are exploring existing processes and planning next steps together. A quality assurance visit is planned to review current patients experiencing delays. Furthermore a retrospective review is also being undertaken for those patients who experienced a long stay; to gain assurances that they received good quality of care and no harm as a result of operational delays had occurred.</p> <p>Ms Patel requested that it would be useful to have further information on the 35 trolley breaches that were highlighted at the last meeting in respect of the reasons behind the breaches. <b>Ms Shuttlewood agreed to provide further detail on the matter in the next report.</b></p> <p>Under Finance, Ms Shuttlewood highlighted that negotiations are underway with UHL for a year end settlement. <b>A full year end statement will be available at the next meeting.</b></p> <p><b>Paper Switch Programme:</b> Ms Shuttlewood explained that this is an existing concept to support patient choice. It is part of the 2018/19 NHS Standard Contract which mandates that from the 1 October 2018 all referrals into secondary care from primary care for first consultant led clinics are to be sent electronically via e-referral system. NHS Digital have provided all NHS Hospital Trusts with dedicated support to achieve this including supporting documentation which includes a recommended step wise approach and project plan. Ms Shuttlewood highlighted that the current position for referrals being sent into UHL and the Community Hospitals from primary care has continued to show an increase via e-referral system. Dr Johnson and Mr Gibara queried what will happen if there are no appointments available and where those referrals would sit. Ms Shuttlewood informed that this area is being reviewed to mitigate any issues that may arise going forward. Ms Shuttlewood agreed to <b>circulate a summary on the work carried out on this subject matter prior to the next PPAG meeting.</b></p> <p>Ms West added in respect of the communication method that is currently in place which indicates that GPs are receiving the same</p>	<p style="text-align: center;"><b>Ms Shuttlewood</b></p> <p style="text-align: center;"><b>Ms Shuttlewood</b></p> <p style="text-align: center;"><b>Ms Shuttlewood</b></p>

	<p>communication a number of times when the paper referral is rejected. This is due to different IT systems which are in place. She explained that the systems are under review to consolidate them to make them more succinct.</p> <p><b>A&amp;E 4 hour:</b> Ms Shuttlewood informed that although there has been a month on month upturn in performance, ED 4 hour performance continues to be significantly below the expected performance trajectory. This is due to increased acuity of patients during winter months. It was reported that progress continues with embedding new processes, however there are still ongoing issues with improving the pathways. Actions are being implemented to enhance discharges out of the Trust.</p> <p>Under the peer benchmarking information on pages 8 and 9 of the report, Mr Kendrick expressed concern in respect of UHL's performance, which indicated number of patients not treated within 28 days of the last elective cancellation. Ms Shuttlewood explained that delays are noted in patients not rebooked within 28 days of the cancellation and the matter is being discussed at the technical meeting to resolve the situation. Despite some promising signs, UHL's general performance remains abysmal.</p> <p>Ms West emphasised on the current work which is being undertaken in UHL in a number of key areas to monitor and support the delivery of these services. Ms West requested that a deep dive report on the work undertaken is allowed to be presented at the next PPAG. She stated that the work will identify the positive move towards actions that are being taken to improve performance.</p> <p>Mr Kendrick pointed to the information provided on page 34 of the report which stated that the percentage of cancelled operations at UHL has not changed since March 2018, while the number of patients not offered another date within 28 days has increased. Looking at this information Mr Kendrick requested a deep dive in cancelled operations to take place and detailed report to be presented at the next PPAG meeting.</p> <p>Mr Harding summarised that the discussions undertaken indicates that despite some positives noted, UHL's performance across the range of services remains sub-standard. <b>It was therefore agreed that a detailed review will be presented at next PPAG on Quality and Cancelled Operations at UHL.</b></p> <p>Dr Johnson shared a positive note in respect of the sepsis audit. He highlighted that despite the department being extremely busy, the audit indicated that all markers for sepsis pathway had been followed and patients received the appropriate treatments. He added that there are some system issues which are impacting on UHL's performance; however dedication towards improving the performance is noted.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the report and note progress to date.</li> </ul>	<p><b>Ms West</b></p>
<p><b>PPAG/18/64</b></p>	<p>To <b>RECEIVE</b> an exception report from Leicester City CCG hosted contracts team – Out of County Acute Providers (<b>Paper F</b>)</p>	

	<p>The exception report for LC CCG was provided to PPAG members with assurance in relation to the contracts that are managed by LC CCG hosted contract team. The report was taken as read and for information.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the report for information</li> </ul>	
<p><b>PPAG/18/65</b></p>	<p>To <b>RECEIVE</b> an exception report from East Leicestershire and Rutland CCG hosted contracts team (<b>Paper G</b>)</p> <p>The exception report for ELR CCG was provided to PPAG members with assurance in relation to the contracts that are managed by ELR CCG hosted contract team. The report was taken as read.</p> <p>Under <b>Improving Access to Psychological Therapies (IAPT) Service</b>; Ms Shuttlewood highlighted that for County contract a number of actions have been identified which are positively affecting the delivery of the service and the number of people accessing the service has improved in March and April 2018. As for City, the performance is improving and progress is being monitored.</p> <p>It was reported that LLR CCG's access rates remain unstable. The rates for both of the County CCGs have substantially increased in April 2018 due to targeted work to increase access and reduce the waiting list. In addition the waiting times for both of the County CCGs will remain poor over the next few months due to the retrospective calculation of the 6 week waiting time target. Ms Shuttlewood highlighted that actions are being taken to resolve some of these issues.</p> <p>On a positive note Ms Shuttlewood informed that the redesign of community services programme have commenced which will support the provision of services in a more productive way.</p> <p>Mrs Trevithick informed that Transforming Care Plan (TCP) has made progress in relation to the inpatient trajectory for patients with Learning Disabilities (LD) and Autism, however there has been a slight increase over the past month. The TCP still remains in Amber escalation until the inpatient figures meet the NHS England inpatient trajectory.</p> <p>Under <b>Child and Adolescent Mental Health Service (CAMHS)</b> Ms Patel queried the decline in the waiting times. Ms Shuttlewood explained that some improvement is noted under the Paediatric Medical 18 week Referral to Treatment (RTT) however decline is noted in other areas which are being monitored closely.</p> <p>Dr Johnson highlighted that medical staffing poses a significant concern, with a continued lack of middle grade doctors in the CAMHS and Adult Mental Health services, with a 50% vacancy rate. The Trust explained that recruitment of CAMHS consultants is a national issue, with continued scrutiny from NHS Improvement around reduction of locum usage. International recruitment is also being currently looked into by the Trust as a remedial action, as there is insufficient medical</p>	

	<p>staff to train and develop to consultant level. The situation puts great stress and concern on the middle grade doctors</p> <p>Dr Prasad reiterated on the shortages of the medical staffing as a whole however also highlighted the impact on those middle grade doctors who are delivering the service. In addition Dr Prasad asked what mechanisms are in place to ensure patients waiting on the waiting list do not come to any harm due to the prolonged waits. Ms West explained that a red, amber, green system has been used to monitor and regularly review patients on the waiting list to ensure the health of these patients has not deteriorated.</p> <p>Under the Voluntary Sector Organisations Mr Harding requested a <b>schedule for the grants to be presented at the next meeting.</b></p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the report and note progress to date.</li> </ul>	<p><b>Ms Shuttlewood</b></p>
<p><b>PPAG/18/66</b></p>	<p>To <b>RECEIVE</b> an exception report from East Leicestershire and Rutland CCG on PHBs and PUPoC (<b>Paper H</b>)</p> <p>The exception report from ELR CCG on PHBs and PUPoC was provided to PPAG members with assurance in relation to the contracts that are managed by ELR CCG hosted contract team.</p> <p>Mr Gibara highlighted that joint work with Midlands and Lancashire Commissioning Support Unit (MLCSU) is currently underway to review and update the current specification for End to End Personalised Commissioning Service. It has been agreed that this process will be implemented in two phases :</p> <ul style="list-style-type: none"> <li>• Phase 1 - to commence by July 2018, where MLCSU will undertake all assessments in acute hospitals.</li> <li>• Phase 2 – to review the Discharge to Assess (D2A) Pathway.</li> </ul> <p>Under CHC Quality Premium Mr Gibara reported that the CCGs did not meet the 28days target for April 2018. MLCSU have been asked to submit their revised Improvement Plans. In addition; for the commissioners to fully understand issues, MLCSU have been asked to submit numbers of backlogs inclusive of any ongoing disputes in the last three months.</p> <p>Furthermore, it was noted that all 3 CCGs are currently ahead of plan for the 2020 national target for Personal Health Budgets (PHBs), with further expansion planned for 2018/19. It was highlighted that a national mandate is on the horizon which stipulates that PHBs to become a default offer for individuals eligible for CHC. The team will be working with the commissioning nurses to ensure they are fully supported in the delivery of this mandate.</p> <p>In addition Mr Gibara informed that following a full review of the legacy care packages, it has come to light that there are a number of patients on the list classed as receiving joint funded care packages. It is however noted that for majority of those patients there is no evidence that they are eligible for joint funded care. The matter is being</p>	

	<p>reviewed and discussions are underway with the appropriate colleagues.</p> <p>Under 3.1 Continuing Care for Children and Young People, Ms Prema commented that LLR are high in numbers on care packages in comparison with the peer organisations. Mr Gibara explained the reasons behind the high numbers and added that this is under review with support from Ms West.</p> <p>Ms Enoux queried the average PHB packages and the spend for each of the CCGs and stated that she would be happy to review them in order to get a better understanding.</p> <p>Mr Kendrick commented on bullet number “e under 3.4.1” in the report which stated that “there is a pension increase to 2% as from April 2018. This increase will be required legally for individuals that are employing PA’s”. He queried if the growth on PHBs for each year will increase and how this will be forecasted. Mr Gibara and Ms Enoux explained how the growth would be forecasted year on to ensure the increase in pensions is covered.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the report and note progress to date.</li> </ul>	
<p><b>PPAG/18/67</b></p>	<p>To <b>RECEIVE</b> items for escalation to the CCG Governing Bodies</p> <p>The following items were agreed to be escalated or noted to the Governing Body of each CCG.</p> <ul style="list-style-type: none"> <li>- CAMHS update</li> <li>- IAPT performance</li> <li>- Personalised Commissioning update</li> <li>- Update on UHL performance</li> <li>- EMAS performance</li> <li>- TASL: Update on TASL’s progress</li> </ul> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>- <b>AGREE</b> the items proposed for escalation to each CCG Governing Body.</li> </ul>	
<p><b>PPAG/18/68</b></p>	<p>To <b>AGREE</b> Detailed Review Topic for the next PPAG meeting</p> <p>It was agreed that detailed reports on the following services to be presented at the June 2018 PPAG meeting:</p> <ul style="list-style-type: none"> <li>- UHL – Quality Performance</li> <li>- UHL- Cancelled Operations</li> </ul>	
<p><b>PPAG/18/69</b></p>	<p>To <b>RECEIVE</b> for Information Assurance Report from the Provider Performance Assurance Group (PPAG) – April 2018 (<b>Paper I</b>)</p> <p>The PPAG Summary report for April 2018 was shared for information purposes.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>- <b>RECEIVE</b> the report.</li> </ul>	
<p><b>PPAG/18/70</b></p>	<p>To <b>RECEIVE Any other Business</b></p> <p>There were no further items of business to discuss.</p> <p>Meeting concluded at 12.20pm</p>	

**Date of the next meeting:**

Thursday 28 June 2018, Leicester City CCG, Conference Room, 8<sup>th</sup> Floor, St Johns House, 30 East Street, Leicester, LE1 6NB.

**Note:** West Leicestershire CCG to Chair the meetings from May – August 2018 inclusive.

APPROVED