

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING**

11th June 2019

Title of the report:	Assurance Report from the Provider Performance Assurance Group (PPAG) –May 2019
Section:	Board Pack for Information
Report by:	Jayshree Raval Commissioning Collaborative Support Officer ELR CCG
Presented by:	Caroline Trevithick, Interim Accountable Officer

Report supports the following West Leicestershire CCG's goal(s):			
Improve health outcomes	✓	Improve the quality of health-care services	✓
Use our resources wisely			

Equality Act 2010 – positive general duties:
<ol style="list-style-type: none"> 1. The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics. 2. The CCG will work with providers, service users and communities of interest to ensure any issues relating to equality of service within this report are identified and addressed.

Additional Paper details:	
Please state relevant Constitution provision	Governing Body functions: <ul style="list-style-type: none"> • Section 5.2.4: Act with a view to securing continuing improvement to the quality of services • Section 6.5.1(f): Monitoring Performance Against Plan
Please state relevant Scheme of Reservation and Delegation provision (SORD)	N/A
Please state relevant Financial Scheme of Delegation provision	N/A
Please state reason why this paper is being presented to the WLCCG Board	<i>To update the Board on provider performance & areas of concern</i>
Discussed by	<i>Provider Performance Assurance Group</i>
Alignment with other strategies	<i>2017/2019 Operational Plan</i>
Environmental Implications	None identified
Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	N/A

EXECUTIVE SUMMARY:

This report is from the Provider Performance Assurance Group (PPAG); a meeting held in common of the 3 Leicester, Leicestershire and Rutland CCGs. This report provides the Governing Body with assurance about the arrangements in place to collaboratively monitor the contract arrangements and performance of our key providers.

RECOMMENDATION:

The West Leicestershire Clinical Commissioning Group Board is requested to:

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

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP

BOARD MEETING

11th June 2019

Assurance Report from the Provider Performance Assurance Group (PPAG) –May 2019

Introduction

1. The purpose of this report is for Provider Performance Assurance Group (PPAG) to provide the Governing Body with a summary of the assurance received from the Contract Leads in relation to performance across the collaborative contracts, and the respective providers' performance.
2. In addition, the report provides a summary of the items for escalation from PPAG during May 2019 for consideration by the Governing Body, and to ensure that the Governing Body is alerted to emerging risks or issues.
3. PPAG is a meeting held in common consisting of members from across each of the 3 Leicester, Leicestershire and Rutland CCGs. PPAG's role is to:
 - Receive assurance and hold to account the Contract Leads;
 - Advise, make suggestions and recommend actions on provider performance as appropriate; and
 - Provide onward assurance to the respective Governing Bodies.

Provider review and areas of concern

4. At the meeting in May 2019, PPAG received a report from each of the Contract Leads from across the 3 CCGs with the main focus on the Leicestershire Partnership Trust (LPT) following the Care Quality Commission (CQC) visit.
5. This report provides an overview and update on key areas of discussion and highlights issues for escalation from PPAG to the Governing Body.

Leicestershire Partnership Trust (LPT)

6. Following a CQC inspection, a report was published in February 2019 with an overall rating of 'requires improvement'. There were six requirements and three enforcement actions issued, with the enforcement actions to be completed by 27 May 2018. The domain ratings were:
 - Safe: *requires improvement*
 - Effective: *requires improvement*
 - Caring: *Good*
 - Responsive: *requires improvement*
 - Well-led: *inadequate*
7. It was reported that a trust wide action plan has been produced and shared with commissioners. LPT is taking a 3 stage approach to manage and address the required improvement actions:
 - Phase 1: Immediate actions to be implemented.
 - Phase 2: Quality Improvements.
 - Phase 3: Embedding and sustaining
8. Under well-led, the CQC report highlighted as 'inadequate' as it was found that the provider had not addressed a number of high level concerns from previous

inspections. There were significant issues with trust level governance, oversight of environments, failure to address the key issues and lack of pace with delivering the essential improvement.

9. It was noted that an oversight group has been established by the commissioners with invitation extended to the CQC, NHS England, NHS Improvement and LPT. PPAG noted that the work was commissioner driven with monthly meetings. PPAG felt that there was less drive and engagement from the provider and expressed concerns in regards to the lack of traction.
10. Furthermore, PPAG expressed their disappointment in respect of provider not engaging with the Transferring Care Safely group, as issues highlighted by the CQC would have generally come through this group for discussion. Had LPT engaged with the group from the beginning they would have been supported in resolving some of the issues.
11. PPAG noted that LPT have short and medium term action plans in place which are being monitored through the Trust Executive Panel. Furthermore weekly internal review of the action plans take place at directorate level. NHS Improvement is supporting LPT with improving governance systems.
12. As commissioners, the CCGs are supporting LPT's action plan development, with support to key quality improvement initiatives. Providing advice on LPT's action plan monitoring panels. In addition establishment of the oversight group to review and challenge discussions against the CQC improvement plans.

Improving Access to Psychological Therapies (IAPT) Service (Nottinghamshire Healthcare NHS Foundation Trust)

13. It was reported that for County contract a number of actions have been identified which are positively affecting the delivery of the service for the county service. However City service did not achieve the trajectory for Quarter 4. Furthermore moving to recovery has been affected by the final patients completing the interim pathway in addition to a number of patients self-discharging from digital therapies without a second measure being recorded.

Exception Report from Leicester City CCG: (Acute Contract)

University Hospitals of Leicester (UHL) and LLR Alliance

14. **52 weeks breaches:** It was reported that at the end March 2019 there were no 52 week breaches, however cancellations due to capacity pressures remain a risk to achieve the forecast. Furthermore the number of patients waiting over 40 weeks has significantly increased this year compared to last year. A daily escalation of patients at risk is followed and a daily TCI list for any long waiting patients over 48 weeks is sent to the operational command distribution list with escalation to the Chief Operating Officer (COO) as required.
15. **Staffing and Governance:** PPAG noted that UHL is reporting 684WTE Registered Nurses vacancies with a nurse bank fill rate of 59% which is below the average for registered nurse care hours per patient day. It was reported that risks are mitigated on a daily basis through safe staffing meetings and the Trust is working with NHS Improvement on a retention programme.

16. **Cancelled Operations:** It was highlighted that the percentage of cancelled operations at UHL has slightly increased from February 2019. A recovery plan has been developed by UHL following the 'deep dive' work undertaken to understand the drivers for the failure to rebook patients and number of cancellations. Cancelled operations performance is also part of local CQUIN in 2018/19 which is being reported through the Care Quality Review Group (CQRG).

Exception Report from West Leicestershire CCG: (Non-Acute Contract)

East Midlands Ambulance Service (EMAS)

17. **Ambulance Response Performance (ARP) standard:** PPAG noted that the ARP Performance improved in April 2019 for LLR for Category 1 (both standards), Category 2 (both standards) and Category 4, but declined for Category 3. EMAS missed the Category 1 Mean standard for LLR by just one second. This is EMAS's best performance since the introduction of the ARP standards. It was reported that EMAS had introduced 'Releasing Time to Care', which they believe has impacted upon their improved performance status as it has meant that vehicles are ready for staff when they come on shift and that staff can start on time.
18. **Handovers:** It was reported that handover remains a concern. The average handover time across the three hospital sites increased to 21 minutes 30 seconds with Leicester Royal Infirmary (LRI) with the highest number of handovers in the region. A 5% increase for post-handover lost hours were noted in April 2019, with LRI again holding the highest number of post-handover lost hours in the region. EMAS lost an average of 42 hours per day in April 2019 for the overall turnaround time >15mins.
19. PPAG noted that at the end of 2018/19 the LLR division of EMAS ended the year with 417 Whole Time Equivalent (WTE) employed front-line staff. The requirement for the division was 483 WTE. It was noted that the gap was being closed using Private Ambulance services (PAS). Their intention is to close this gap by October 2019 with EMAS employed staff which should impact upon their non-conveyance rate.
20. **Non-emergency patient transport service (NEPTS) Thames Ambulance Service Limited (TASL):** It was reported that performance against KPI's have been fairly static. The main discussion was upon the newly established Transport improvement group and how there will be a focus on improving discharges from UHL which will enable TASL to deliver the service more efficiently. Noted early days but positive that UHL are engaged and recognise that internal processes need to change to enable smoother discharge flow throughout the day. This is a key action from the Integrated Urgent and Emergency care group which reports into the A+E Delivery Board.

Personalised Commissioning including Continuing Health Care (CHC)

21. **CHC Quality Premium (QP):** It was reported that the performance for the LLR CCGs for April 2019 demonstrated compliance with both measures and an improvement from March 2019.
22. **Joint Funded Reviews:** It was highlighted that the Joint Funding Panels have now been concluded and progressed through to the next agreed steps. All future joint funded cases will be reviewed with funding agreed via the existing process.
23. **Personalised Commissioning Contract:** It was reported that Midlands and Lancashire (MLCSU) have identified a shortfall of resource required to deliver the end to end service as per the required specification. This resource is required primarily to undertake reviews and there is a risk that the service will not be able to meet the requirements of the National Framework. The CSU have updated a demand and

capacity review to demonstrate current gaps. This was reviewed at the CCGs Joint Management Team and has agreed to a re- based contract value.

RECOMMENDATION:

The West Leicestershire Clinical Commissioning Group Board is requested to:

- **RECEIVE** the assurance report from the Provider Performance Assurance Group.