

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP  
BOARD MEETING**

**11 December 2018**

<b>Title of the report:</b>	Assurance Report from the Provider Performance Assurance Group (PPAG) – November 2018
<b>Report by:</b>	Jayshree Raval Commissioning Collaborative Support Officer ELR CCG
<b>Presented by:</b>	C Trevithick, Interim Accountable Officer

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

<b>Equality Act 2010 – positive general duties:</b>
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.

<b>Additional Paper details:</b>	
Please state relevant Constitution provision	Governing Body functions: <ul style="list-style-type: none"> <li>Section 5.2.4: Act with a view to securing continuing improvement to the quality of services</li> <li>Section 6.6.1(f): Monitoring Performance Against Plan</li> </ul>
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	To update the Board on provider performance & areas of concern
Discussed by	Provider Performance Assurance Group in November 2018
Alignment with other strategies	2017/2019 Operational Plan
Environmental Implications	None identified.

Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	N/A
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**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 contracts 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

## GOVERNING BODY MEETING 11 December 2018

### Assurance Report from the Provider Performance Assurance Group (PPAG) – November 2018

#### 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 November 2018 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 November 2018, PPAG received a report from each of the Contract Leads from across the 3 CCGs. The detailed review on this occasion focused on:
  - The University Hospitals of Leicester's (UHL's) Contractual Performance.
5. This report provides an overview and update on key areas of discussion and highlights issues for escalation from PPAG to the Governing Body.

#### University Hospitals of Leicester NHS Trust (UHL) – Deep-dive report

6. It was reported that there are a number of longstanding performance issues at UHL affecting the expected standards for access and quality of care. The purpose of the deep-dive was to review the position and outline further actions that will support in improving the Trust's performance.
7. **62 day Cancer Target:** PPAG noted that there are 9 key nationally mandated Metrics. The report highlighted that out of 9 only two areas indicated meeting the performance targets. It was noted that a Contractual Performance Notice (CPN) was issued in 2014 which has been open since then due to non-delivery of 62 day waiting standard. PPAG members expressed concerns as it was noted that the

CPN has been ineffective as UHL have not improved on the target and have consistently remained under performed.

8. Furthermore under the 62 day breaches it was noted that there were 46 breaches in total in the August 2018 month, which were reasoned as external delays. However upon looking the breakdown it resulted that only 6 out of 46 breaches were external as either patient choice or patient unwell. The rest of the 40 breaches related to UHL's internal dynamics. PPAG stated that looking at UHL's performance it is evident that there is lack of traction and that more controls need to be put in place. It was reported that a revised recovery trajectories for 62 days have been agreed by UHL and NHS Improvement (NHS I) in August 2018. PPAG felt the trajectories agreed by NHS I and UHL are unrealistic.
9. PPAG expressed concerns on UHL's failure to deliver a service which as a result is impacting on patient care. As part of the discussion PPAG queried if there were any opportunities to explore some of the practical elements in the system that could be amended with clinical input to drive the change forward. Furthermore to explore what other alternate solutions could be put in place to support UHL's performance. The contract lead highlighted that further support could be provided by having better contractual oversight of the 62 day Recovery Action Plan (RAP) via the contractual technical and Contracts Performance Management (CPM). This would include approval process in the event of slippage on actions being delivered. From a commissioner's perspective it was highlighted that the commissioners need to develop a cancer strategy and enhance team resources.
10. **Referral To Treatment (RTT):** It was reported that 2018/19 planning guidance includes key metrics for RTT success which stipulates eliminating >52 weeks breaches and incomplete waiting list size to be no greater at 31 March 2019 than the baseline position at 31 March 2018. The RTT operational standard of 92% of incomplete pathways to be within 18 weeks is not contained within 2018/19 Planning Guidance, however still applies in the 2017/19 contract. NHS England (NHSE) expects achievement of the target from CCGs in planning submissions; where as NHSI have not expressed their expectations on achievement of this from UHL in their planning submission. Furthermore, under specialised commissioning it was highlighted that 7% of UHL waiting list is for NHSE commissioned activity, therefore it is possible for UHL to achieve waiting list size standard, whilst the LLR CCGs could fail this standard.
11. PPAG talked through looking at some alternate solutions similar to discussions on cancer performance. PPAG queried if there was any capacity and opportunity to divert some of the patient list onto the Alliance or Independent Sectors. It was highlighted that the option has been explored and capacity within Alliance is being utilised with no more capacity to divert further into the provider. It was however highlighted that the Referral Support Service (RSS) will be able to support in diverting some of the pressures from the acute sites through the transformation work. PPAG felt unassured that the Independent Sectors or the Alliance would have the expertise to receive patients with complex needs.
12. PPAG suggested to review what is the delivery at time, how many consultations are taking place as these would provide some clear understanding of the process. Furthermore PPAG requested information on tariff difference for face to face

consultation and Telephone contact. It was noted that this would provide a better understanding of what blockers are in the system which is preventing UHL from carrying out more telephone contacts.

13. **Cancelled Operations:** It was reported that cancelled operations performance is critical to efficiency, capacity and RTT outcomes, however it is not currently subject to a contractual performance notice with UHL. The 2018/19 contractual standard is for all cancelled operations to be rebooked within 28 days. It was noted that the 0.8% rate of cancelled operations against all elective operations is used as an operational measure. It was noted that the performance included an increase in admitted episodes from previous months, therefore the improved performance is not a result of fewer operations but it is about the types of operations and the time required for these operations. PPAG queried the types of operations taking place as it was noted that the smaller operations were not making any impact to the long waiting list.
14. PPAG queried how well co-ordinated are the operating theatres and how well is the time managed in the public sector as well as the private sectors. PPAG were interested in understanding if there was any difference in terms of the number of operations performed in the public and the private sector. Never the less under 52 weeks waits, it was reported that UHL's performance was benchmarked as the best performance in the country.
15. PPAG made a general observation and concluded that they were assured that the Contract Teams were doing all that they can in supporting the provider. However, despite all the efforts, support and innovative working methods, PPAG was not assured of the likely improvement in the performance of UHL. Furthermore the agreed trajectories between NHS I and UHL do not help with the situation and therefore it begs a question why NHS I have agreed to the trajectories which cannot be met.

### **Exception Report from West Leicestershire CCG: (Non- Acute Contracts)**

#### **East Midlands Ambulance Service (EMAS)**

16. It was reported that although the number of calls fell in September 2018; there was an increase in responses and conveyance. In October 2018, EMAS received 17,751 calls for LLR patients which is a 1% fall from September 2018 but 5% higher than October 2017 last year. It was noted that the demand was 4.2% above plan. This month there was a 2.7% drop in Hear & Treat, however a 0.2% increase in See & Treat. Plus a 2.4% increase in conveyances.
17. **Ambulance Response Performance (ARP):** It was reported that performance for LLR improved for Categories 2 and 3, but declined for Categories 1 and 3. Furthermore it was noted that EMAS achieved three out of six performance trajectories for Q3.
18. **Handovers:** It was reported that an 8% increase in handovers at UHL was seen for the month of October 2018 from September 2018. The majority of the increased activity was noted at the Leicester Royal Infirmary (LRI). It is noted that

the number of handovers at UHL this month were 6% higher than October 2017 last year; however performance was 6.5% better than last year.

19. A Serious Incident was reported under C2 call, where an ambulance had failed to reach a patient on time resulting in a fatality. This is currently under investigation.

### **Non-emergency patient transport service (NEPTS) – Thames Ambulance Service Limited (TASL)**

20. **Discharge:** PPAG noted that there was an improvement in aborted discharge journeys by 0.6% which is the lowest percentage of aborts since the start of the contract.
21. **Key Performance Indicators (KPIs):** PPAG noted TASL failed to achieve the targets and improvement trajectories for both KPIs over the first year. TASL is reporting a significant increase in activity which is impacting upon KPI's and patient experience. As a result the lead commissioners are reviewing the staffing modelling.
22. It was reported that there remains a level of concern in relation to TASL's long-term financial sustainability; and therefore an exception report has been issued in relation to finance. Furthermore PPAG remain unassured on TASL's performance.

### **Exception report from East Leicestershire and Rutland CCG:**

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

23. Similar to last month, for County contract a number of actions have been identified which have helped to focus the provider on the delivery of the LLR service. For City, they are not achieving the access targets. Discussions are underway with provider and review of their demand and capacity plan.

#### **Leicestershire Partnership NHS Trust (LPT)**

24. It was reported that there is a significant rise in Registered Nurses vacancies, with large number of staff leaving the Trust. Furthermore it was highlighted that high vacancy rates continue to be seen across all community nursing teams, with high use of bank and agency staff to cover vacancies. This is particular in the City teams as staff car parking, demographics and cultural issues poses challenges for staff working in the city. PPAG requested further information on what demographics and cultural issues were impacting on the service.

#### **Child & Adolescent Mental Health Service (CAMHS).**

25. It was reported that concerns remain on increasing waiting times for access to the service and requires risk management of waiting children. Discussions are underway with the service to review their current action plan to understand the situation and support in mitigating some of the issues. The report from the recent

CQC visit has been presented to the Clinical Quality Review Group (CQRG) and discussions are underway to amend the current contractual quality schedule to incorporate reports to show that care plans and risk assessments are completed and are of the required quality.

26. It was reported that the Leicestershire Partnership Trust (LPT) have put safety measures in place where clinical staff contact those patients who are on the waiting list to ensure their situations have not changed prior to being by the service.

### **Personalised Commissioning including Continuing Health Care (CHC)**

27. **CHC Quality Premium (QP):** It was reported that the performance for October 2018 demonstrated that the CCGs achieved the required QP performance target, where patients were discharged to the appropriate pathways from the acute hospital in a timely manner.

28. Midlands and Lancashire (MLCSU) have identified a backlog of overdue reviews which require further analysis to understand how overdue they are, priority of cases and a timeframe for completion. MLCSU have indicated potential additional funding to commence the backlog review.

### **RECOMMENDATIONS**

West Leicestershire CCG Governing Body is requested to:

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