

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

PRESENT

Ms Daxa Patel	Independent Lay Members, Leicester City (Chair)
Mr Warwick Kendrick	Independent Lay Member, East Leicestershire and Rutland CCG
Ms Wendy Kerr	Independent Lay Member, West Leicestershire CCG
Dr Nick Pullman	Deputy Chair, West Leicestershire and Rutland CCG
Ms Fay Bayliss	Deputy Director of Nursing & Quality, Leicester City CCG (representing Ms Chris West)
Mrs Karen English	Managing Director, East Leicestershire and Rutland CCG
Ms Donna Enoux	Chief Finance Officer, East Leicestershire and Rutland CCG
Mrs Michelle Iliffe	Director of Finance, Leicester City CCG
Mr Paul Gibara	Chief Commissioning and Performance Officer, East Leicestershire and Rutland CCG
Dr Rajesh Kapur	Deputy Clinical Chair, Leicester City CCG (representing Dr Prasad)
Dr Graham Johnson	GP Locality Lead, East Leicestershire and Rutland CCG
Mrs Caroline Trevithick	Chief Nurse and Quality Lead, West Leicestershire CCG
Ms Tracy Burton	Interim Chief Nurse and Quality Officer, East Leicestershire and Rutland
Mr Ket Chudasama	Director of Performance and Corporate Affairs, West Leicestershire CCG
IN ATTENDANCE	
Mrs Sarah Warmington	Associate Director of Commissioning MH/LD, East Leicestershire and Rutland CCG (PPAG/18/110)
Ms Sarah Shuttlewood	Associate Director for Contracts and Provider Management, Leicester City CCG (item PPAG/18/107, 108, 109 and 110)
Mr Mike Ryan	Interim Head of Operational Resilience & Emergency, West Leicestershire CCG (PPAG/18/104,105 and 106)
Ms Jo Clinton	Head of Contracts and Provider Performance, West Leicestershire CCG (PPAG/18/104, 105 and 106)
Ms Nicola Smith	Lead Nurse, Quality and Contracts, East Leicestershire and Rutland CCG (shadowing Ms Tracy Burton)
Mr Stuart Houlihan	Quality Lead, West Leicestershire CCG (shadowing Caroline Trevithick)
Ms Noelle Rolston	Senior Contracts and Performance Manager, East Leicestershire and Rutland CCG (PPAG/18/111)
Mrs Jayshree Raval	Commissioning Collaborative Support Officer, East Leicestershire and Rutland CCG (Minutes)

ITEM		LEAD RESPONSIBLE
PPAG/18/100	Apologies received: - Mr Toby Sanders, Managing Director, West Leicestershire	

	<p>CCG</p> <ul style="list-style-type: none"> - Mr Spencer Gay Chief Finance Officer, West Leicestershire CCG - Ms Chris West, Director of Nursing & Quality, Leicester City CCG - Ms Sue Lock, Managing Director, Leicester City CCG 	
PPAG/18/101	<p>Declarations of Interest on Agenda Topic</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>	
PPAG/18/102	<p>To APPROVE Minutes of the Provider Performance Assurance Group held on 27 September 2018 (Paper A)</p> <p>The minutes of the Provider Performance Assurance Group meeting held on 27 September 2018 were accepted as a true record of the meeting subject to a minor amendment to be made on page 9.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> - APPROVE the minutes of the PPAG meeting. 	
PPAG/18/103	<p>To RECEIVE Matters Arising: Actions from the Provider Performance Assurance Group held on 27 September 2018 (Paper B)</p> <p>The matters arising following the meeting on 27 September 2018 were received, with the following updates noted:</p> <p>PPAG/18/76: Cancelled Operations (Desktop exercise): It was confirmed that the desktop exercise on cancelled operations is underway and update will be provided at the November 2018 PPAG. Action ongoing.</p> <p>PPAG/18/91: EMAS Handover: The action was for Ms Clinton to check if a traffic light system was being operated outside of the Emergency Department (ED). Ms Clinton informed that there is no traffic light system in place outside of ED, however requested Ms Bayliss to pick the matter up and confirm at the next meeting. Mr Gibara informed that he will highlight the matter with EMAS's general manager as it was his understanding that the traffic light system still operated. Action ongoing.</p> <p>PPAG/18/91: NHS 111 Derbyshire Health United: The action was to ensure that the DHU were conducting the mandatory audits to meet compliance and not just conducting retrospective ones. Ms Clinton informed that this has been reviewed and DHU are conducting the mandatory audits. Action closed.</p> <p>PPAG/18/92: UHL and Alliance (Spinal Surgery Issues): It was noted that a deep-dive will be taking place into this service to understand what the issues are. Outcome will be included in the November 2018 PPAG report. Action ongoing.</p> <p>PPAG/18/92: Referral to Treatment (RTT): The action was to provide information on some of the specific issues which are impacting on the RTT targets. Ms Shuttlewood informed that information will be provided in the November 2018 PPAG report. Action ongoing.</p>	

	<p>PPAG/18/92: Never Events: A Never Event Action Plan is in place. A panel will be set up to review the serious incidents. The panel will consist of members from NHS England and NHS Improvement. The work will commence from October 2018 and it is anticipated that the outcome of the panel will be collated in December 2018 with a view to bring a report to PPAG in January 2019. Action ongoing.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> - RECEIVE the matters arising and note the progress to date. 	
<p>PPAG/18/104</p>	<p>To RECEIVE an exception report from West Leicestershire CCG hosted contracts team (Paper C)</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 and for information.</p> <p>There were no questions on the exception report.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> - RECEIVE the report and note progress to date. 	
<p>PPAG/18/105</p>	<p>To RECEIVE Deep-Dive Presentation on Thames Ambulance Service Limited (TASL) (Paper D)</p> <p>Thames Ambulance Service Limited (TASL): Ms Clinton presented the deep-dive report.</p> <p>Discharge: She stated that there is significant increase in the number of aborted discharge journeys. She noted that there were 191 aborted discharge journeys from UHL in August 2018 from which majority of them could have been avoided. She highlighted that TASL has conducted a considerable amount of work to support discharges from the Leicester Royal Infirmary (LRI), however a decline has been noted in the recent months due to a reduction in the usage of third-party crews.</p> <p>Cancellation: Ms Clinton reported that during October 2017 and August 2018; there were approximately 22% of the journeys that had been cancelled due to various reasons and additional aborted journeys. Ms Patel asked what mitigating actions were being taken. Ms Clinton advised that the interface meetings are still in operation and both abort and cancellation data is shared with UHL as well as the UHL contracts team. An outstanding action is for UHL to employ a transport co-ordinator which will work closely with UHL and support earlier discharges to encourage better flow and management of transport. Furthermore Ms Shuttlewood informed that issues are being discussed at the contracts technical meetings however as the forum does not have the right membership, there is limitations to escalating issues.</p> <p>In addition it was noted that TASL's performance is dependent on other interdependences but separately a better performance may be seen. Ms Clinton stated that under discharge patients it is also seen that TASL are asked to pick the patients up at a very short notice which impacts their performance even further.</p>	

informed that although the number of calls increased in September 2018, there was a decrease in conveyance. Furthermore it was noted that although EMAS achieved the two trajectories, they are based on a small number of patients under Categories 1 and 2. Overall it was seen that EMAS is not meeting the trajectories.

Ms Clinton informed that a 2% increase in handovers at UHL was seen for the month of September 2018 compared to August 2018. The performance improved at LRI however LRI had the second-highest pre-handover lost hours in the region. It was noted that 85% of handovers to UHL were at LRI. It was noted that handover performance at LRI had improved significantly in May and June 2018 however it has deteriorated since then.

Ms Clinton informed that part of an ongoing review of winter pressures, a Demand Management meeting was held in August 2018 between the Commissioners and EMAS representatives to discuss current initiatives and pathways in place and share experiences and challenges to facilitate regional learning. She indicated that there was specific focus on care homes, mental health and better utilisation of current community services. Furthermore Ms Clinton stated that in Derbyshire it is noted that there is good working relationship between the Senior Leadership and Clinical Navigation and therefore have arranged to meet with Derbyshire colleagues to bring back some knowledge and learning in regards to their systems and processes in place.

Ms Trevithick stated that a prolonged wait audit for three counties has identified finding that are similar to previous Red 1 audits and there is no definitive link between Category 1 prolonged waits and clinical outcome. A number of actions have been recommended to focus on future Category 2 call review. Ms Trevithick stated that the Friends and Family Test (FFT) outcomes for July 2018 showed that regionally 81% of respondents to See and Treat FFT would be extremely likely to recommend EMAS to their friends and family.

Ms Clinton informed that workforce was an issue for EMAS across Leicester, Leicestershire and Rutland (LLR). It was highlighted that there was an overall vacancy of 17.5% which was a combination of sick leave and actual workforce vacancies. Furthermore Ms Clinton stated that EMAS have responded to the recommendations from the "Lord Carter" review via a presentation at the commissioner Partnership Board. Ms Clinton explained that the Lord Carter review identified unwarranted variation in the delivery of ambulance services, as well as the potential savings that could be made in efficiencies by 2020/21.

PPAG members highlighted that although EMAS have acknowledged the recommendations from Lord Carter review, there was no indicated timelines for implementing these recommendations. PPAG requested that an action plan to be devised to take the recommendations forward.

Dr Johnson stated that there is an increase in handover times at UHL,

	<p>staffing is 10% below the requirement with 7.5% sickness rate. His concern was how EMAS is going to get better anytime soon.</p> <p>Mr Kendrick queried how was the lead commissioners addressing to the Lord Carter review and what were the timelines. Ms Clinton informed that the lead commissioners are currently reviewing the recommendations from Lord Carter and an action plan will be devised. Ms Clinton stated that further information will be available at the next meeting on this subject matter.</p> <p>Under Quality Mrs Trevithick informed that a deep dive into 6 Serious Incidents (Sis) in LLR over the winter period was undertaken in September 2018, which identified some key themes to be addressed. In addition under the prolonged wait/delayed response, it was noted that a bi-annual call review deep- dive is underway of prolonged waits and further information will be available at the next meeting.</p> <p>Mr Kendrick queried as a result of prolonged waits if any harm was identified. Mrs Trevithick stated that regional commissioners are looking into the matter and in addition the commissioners are waiting on recommendations from NHS England as well. Update will be provided once further update is made available.</p> <p>It was RESOLVED to: - RECEIVE the deep-dive report.</p>	<p>Ms Clinton</p> <p>Ms Clinton</p>
<p>PPAG/18/107</p>	<p>To RECEIVE Deep-Dive Presentation on Leicester, Leicestershire and Rutland (LLR) (Paper F)</p> <p>Ms Shuttlewood presented the deep-dive presentation on LLR workforce, which highlighted that LLR providers currently have some workforce challenges that need to be addressed in order to be able to deliver an effective service across these areas. The deep dive considered staffing concern for the following providers:</p> <ul style="list-style-type: none"> • University Hospitals of Leicester (UHL): trained and untrained nursing workforce. Significant variation in vacancy rates between some of the Clinical Management Groups. • Leicestershire Partnership Trust (LPT): general issues around workforce gaps but specific concerns relating to the Child & Adolescent Mental Health Service (CAMHS) • East Midlands Ambulance Service (EMAS) • NHS 111 • Derbyshire Health United (DHU) <p>In main she highlighted the key points under UHL:</p> <p>Ms Shuttlewood stated that the latest UHL Care Quality Commission (CQC) report published in June 2018 rated the Trust as “requires improvement”. The rating under the ‘safe’ also stated “requires improvement” in relation to staffing. The main reason for this given by the CQC was that staff were not always supported to maintain and develop their professional skills.</p> <p>Furthermore the nursing and medical staffing remained a concern in some services. It was noted that there was reliance on bank and</p>	

	<p>agency staff and despite escalation measures, a number of shifts remained unfilled whereby some of the wards worked below planned figures. Ms Shuttlewood informed that workforce is the second principle risk on UHL's Board Assurance Framework (BAF).</p> <p>There was some debate in regards to the workforce issues across all providers and how can the commissioners look at having an integrated model. Ms Shuttlewood explained that further on in the presentation under the LLR Better Care Together (BCT/STP), there are proposals which highlight the growing need to move staff around the system to provide care in different settings. Furthermore the system must enable the movement of staff to be as efficient and effective as possible. Ms Shuttlewood stated that the proposal will look at roles and skill mix, joint working roles and working across organisations. There is a need for continuing development of the system, its leadership and culture to successfully deliver BCT/STP through closer working and service integration.</p> <p>Dr Johnson highlighted that it is evident that there is a minimum of 10% vacancies across all providers with some areas having as much as 30%. There are shortfalls in clinical staffing which have an impact on care delivery. Furthermore it was noted that shifts and rotas are filled by agency and bank staff however it is not always possible to do so which result in shifts working below plan.</p> <p>Following further debate on the workforce issue it became apparent that some staff were choosing to work via agency rather than being employed in substantive posts. This as a result impacts on recruitment and retention, quality and on the overall financial position due to high agency rates. PPAG members asked a question if as an LLR system an environment was being created where staff were choosing to work via agency and should further review be undertaken to identify the reasons.</p> <p>PPAG asked where these issues were being discussed. Ms Shuttlewood informed that these issues are discussed and overseen by the Clinical Quality Review Group (CQRG) for each of the contracts. This is the key forum where the implementation of agreed action plans are scrutinised. Some of the PPAG members also suggested that whilst workforce groups focus mainly on the big providers, it was equally important that it addressed any workforce issues within smaller providers.</p> <p>It was concluded that workforce issues are being reviewed and actions are being put in place to mitigate some of the risks, for example getting agency and bank staff. It is however evident that further work is required via the STP platform to explore innovative ways of working and having a more integrated workforce model in place across the providers.</p> <p>It was RESOLVED to: - RECEIVE the deep-dive report.</p>	
<p>PPAG/18/108</p>	<p>To RECEIVE an exception report from Leicester City CCG hosted contracts team – UHL and Alliance (Paper G)</p> <p>The exception report for LC CCG was provided to PPAG members</p>	

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. Ms Shuttlewood highlighted the key issues:

Referral to Treatment (RTT): It was noted that the elective pause in January 2018 has impacted on the RTT performance and that there is a risk that the CCGs will fail to meet the core 95% standard as there are a number specialities with performance concerns. A recovery plan has been put in place and a sub-group of the Cancer RTT Board has been formed to have an oversight on identifying whether actions are delivering and or whether further actions are required to recover RTT performance. Ms Shuttlewood informed that at the last PPAG meeting the members requested that the October 2018, PPAG report to contain more information around specific issues under the RTT section. She stated that the information requested had not been included in the report however will ensure that information in regards to **specific issues are highlighted in the November 2018 report.**

Ms Shuttlewood

Ms Shuttlewood informed that as part of the wider programme to secure Referral to Treatment (RTT) delivery against the 18week waiting time standard; NHS England have published guidance which sets out a checklist that commissioners can use with providers to ensure existing best practice is in place.

Ms Clinton left the meeting.

Mr Kendrick queried the waiting list highlighted under the Orthopaedics speciality. He asked what assurances are in place that patients are not waiting over 52weeks, especially for those complex patients. Ms Shuttlewood informed that the Clinical Management Group (CMG) monitors the list regularly and in addition the contract team have regular contact with UHL team and are managed pro-actively.

There was further discussion under the various specialities and the issues that are faced by them as part of the national targets. There was a view that it may be useful to get the level of information which will assist in setting next year's contract planning.

Under the A&E 4 hour performance, a slight improvement had been noted however PPAG members asked what mechanisms will be put in place to overcome winter pressures. Ms Shuttlewood explained that a refreshed winter capacity plan has been signed off by the AEDB, which will assist with the winter pressures; however Ms Shuttlewood expressed concerns that there are issues across the system.

Ms Rolston joined the meeting.

Dr Johnson queried the number of breaches under the admitted and non-admitted performance target. Mr Ryan informed that the operational team at UHL are looking into the matter to unpick and resolve the situation.

It was **RESOLVED** to:

- **RECEIVE** the report for information.

<p>PPAG/18/109</p>	<p>To RECEIVE an exception report from Leicester City CCG hosted contracts team – Out of County Providers (Paper H)</p> <p>Ms Shuttlewood presented the out of county and independent sector acute contracts in relation to quality, performance, activity and finance. She confirmed that much of the performance issues across out of county acute providers were similar to that of UHL. The following areas were of particular note:</p> <ul style="list-style-type: none"> - A&E 4 hour and ambulance handover delays: the majority of out of county providers are not meeting the standard and there are action plans in place with the providers receiving contract performance notices. The underperformance is attributed to high demand and staff vacancies in the majority of areas. - Cancer standards: the majority of providers did not meet the 62 day standard this month however the 2 week wait performance has improved. Themes are around delays to diagnostic tests, patient choice, increases in demand and lack of capacity. - 52 week breaches and 18 weeks RTT: the majority of out of county providers are not meeting the standard and several have 52 week breaches. Many providers are looking to provide additional sessions or outsource capacity to achieve the standard. <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> - RECEIVE the report for information. 	
<p>PPAG/18/110</p>	<p>To RECEIVE an exception report from East Leicestershire and Rutland CCG hosted contracts team (Paper I)</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 and for information. Ms Shuttlewood highlighted that:</p> <p>Under the Improving Access to Psychological Therapies (IAPT) Service, it was noted that 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, the performance is improving and progress is being monitored. Ms Shuttlewood informed that waiting time performance continues to achieve and recovery rate has improved, however the access rates have reduced due to a decrease in referrals. It was reported that the promotion of IAPT in Primary Care will help address this issue. Ms Shuttlewood added that NHS England continue to focus on IAPT performance and a number of escalation calls are taking place with the Commissioners to ensure key actions are progressing.</p> <p>Ms Shuttlewood informed that the LLR Transforming Care Partnership (TCP) continues to make progress in relation to the inpatient trajectory for patients with Learning Disabilities and/or Autism, however remained over trajectory at the end of August 2018. It was noted that the TCP will remain in Amber escalation until the inpatient figures</p>	

	<p>meet the NHS England inpatient trajectory.</p> <p>Furthermore it was informed that there remain overall staffing concerns with vacancies across all services. Triangulation of staffing data and patient outcomes especially for Adult Mental Health is reported monthly at the Clinical Quality Review Groups. The main concern identified within the contractual quality performance data for the Trust, relates to three key areas of poor performance: CAMHS, CRISIS Service and Staffing. In addition a quality visit was undertaken recently and as part of the review process, information is considered from a variety of sources to identify themes to assist in drawing up an action plan.</p> <p>Under Length of Stay (LoS) it was noted that although the target was achieved for August 2018, there has been a subsequent increase in the LoS, this in part is due to long stayers being discharged in month. However it was noted that these are a small numbers of patients placed out of area and performance can fluctuate. Dr Johnson added that the reason for this is because they are measured differently.</p> <p>It was RESOLVED to: - RECEIVE the report and note progress to date.</p>	
<p>PPAG/18/111</p>	<p>To RECEIVE an exception report from East Leicestershire and Rutland CCG on PHBs and PUPoC (Paper J)</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>Ms Rolston informed that all assessments in acute hospitals have been undertaken by Midlands and Lancashire Commissioning Support Unit (MLCSU) since July 2018. The Discharge to Assess process commenced in August 2018 and is progressing well.</p> <p>Under CHC Quality Premium (QP), it was reported that the performance for September 2018 demonstrated that the Leicester City and East Leicestershire and Rutland CCGs achieved the 80% QP performance target however West Leicestershire CCG were below the target. Furthermore it was informed that the eligibility decisions are made within 28 days from receipt of Checklist. It was noted that the remainder of the % was very much dependent on the appropriateness of the completion of the Decision Support Tool (DSTs) in the Acute setting and utilisation of the Discharge to Assess (D2A) pathway.</p> <p>Ms Rolston informed that a cohort of joint funded packages was identified as they had not been reviewed earlier. The CHS were commissioned to complete the reviews of all and have identified a number of patients who have been allocated health funding where there health needs have not been highlighted. Following this the CCG's personalised commissioning team undertook a programme of reviewing these cases within the joint funded review backlog cohort to</p>	

	<p>determine whether health funding was appropriate.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> - RECEIVE the report and note progress to date. 	
PPAG/18/112	<p>To RECEIVE 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"> - EMAS performance - Progress on TASL - Workforce issues across all providers - Update on UHL performance (Cancer, RTT, A&E) - IAPT performance - CAMHS - LPT - Personalised Commissioning update <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> - AGREE the items proposed for escalation to each CCG Governing Body. 	
PPAG/18/113	<p>To AGREE Detailed Review Topic for the next PPAG meeting</p> <p>In preparation for the November 2018 meeting, PPAG members advised that they would like a detailed report on UHL's overall performance.</p>	
PPAG/18/114	<p>To RECEIVE for Information Assurance Report from the Provider Performance Assurance Group (PPAG) – September 2018 (Paper K)</p> <p>The PPAG Summary report for September 2018 was shared for information purposes.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> - RECEIVE the report. 	
PPAG/18/115	<p>To RECEIVE Any other Business</p> <p>The chair was not notified of any other business</p> <p>Meeting concluded at 12:15pm</p>	
<p>Date of the next meeting:</p> <p>Thursday 29 November 2018, Leicester City CCG, Conference Room, 8th Floor, St Johns House, 30 East Street, Leicester, LE1 6NB.</p> <p>Note: Leicester City CCG to Chair the meetings from September – December 2018 inclusive.</p>		