

**Minutes of the Provider Performance Assurance Group (PPAG) held on Thursday
 27 September 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 Ray Harding	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
Ms Sue Lock	Managing Director, Leicester City 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/18/94)
Ms Sarah Shuttlewood	Associate Director for Contracts and Provider Management, Leicester City CCG (item PPAG/18/92, PPAG/18/93 and PPAG/18/94)
Ms Jo Clinton	Head of Contracts and Provider Performance, West Leicestershire CCG (PPAG/18/91)
Ms Noelle Rolston	Senior Contracts and Performance Manager, East Leicestershire and Rutland CCG (PPAG/18/95)
Ms Wendy Pinson	Head of Quality Contracts, West Leicestershire CCG (shadowing Mrs Trevithick)
Mrs Daljit Kaur Bains	Head of Corporate Governance and Legal Affairs, East Leicestershire and Rutland CCG
Mrs Jayshree Raval	Commissioning Collaborative Support Officer, East Leicestershire and Rutland CCG (Minutes)

ITEM		LEAD RESPONSIBLE
PPAG/18/87	Apologies received: - Mr Warwick Kendrick, Independent Lay Member, East Leicestershire & Rutland CCG - 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 - Mr Warwick Kendrick, Independent Lay Member, East Leicestershire and Rutland CCG - Ms Tamsin Hooton, Director Lead for Community Services Redesign Programme 	
<p>PPAG/18/88</p>	<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> <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 reclus himself from the meeting. Mr Harding's declaration was noted with no further actions to be taken.</p>	
<p>PPAG/18/89</p>	<p>To APPROVE Minutes of the Provider Performance Assurance Group held on 30 August 2018 (Paper A)</p> <p>The minutes of the Provider Performance Assurance Group meeting held on 30 August 2018 were accepted as a true record of the meeting.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> - APPROVE the minutes of the PPAG meeting. 	
<p>PPAG/18/90</p>	<p>To RECEIVE Matters Arising: Actions from the Provider Performance Assurance Group held on 30 August 2018 (Paper B)</p> <p>The matters arising following the meeting on 30 August 2018 were received, with the following updates noted:</p> <p>PPAG/18/62: Exception report from West Leicestershire CCG (DHU): The action related to DHU trajectories. It was confirmed that the PPAG report for September 2018 contains the information on DHU's trajectories. Action closed.</p> <p>PPAG/18/76: Cancelled Operations (Desktop exercise): It was confirmed the desktop exercise on cancelled operations is underway and update will be provided at the November 2018 PPAG. Action ongoing.</p> <p>PPAG/18/81: Deep-dive reports for TASL and EMAS: The action was for detailed reports to be presented at the September 2018 PPAG on TASL and EMAS however as information was not available, the contract leads requested the reports to be deferred. It was noted that detailed reports will be made available for the October 2018 PPAG. Action closed.</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/18/91</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>East Midlands Ambulance Service (EMAS). Ms Clinton informed that under the Ambulance Response Programme (ARP), the performance for Leicester, Leicestershire and Rutland (LLR) had improved for Categories 1, 2 and 3 however deteriorated for Category 4. Furthermore EMAS only achieved two of the monthly improvement trajectory targets.</p> <p>Ms Clinton highlighted that activity has continued to fall since March 2018 but it is consistent with the pre-winter activity levels. Leicester City CCG continues to receive the largest proportion of activity, followed by West Leicestershire CCG (34%). It was highlighted that 79% of cases continue to be received from NHS111, with a further 21% received via the Healthcare Professional (HCP) line. It was noted that HCP calls across Leicester, Leicestershire and Rutland (LLR) was high up on the list of issues, whereas this was not the case for other commissioners.</p> <p>Ms Clinton highlighted that handovers at the University Hospitals of Leicester (UHL) for the month of August 2018 was 2.5% higher than in August 2017. In addition performance in August 2018 was 0.9% worse than August 2017 last year. Ms Clinton stated that due to continued poor performance a number of deep dive meetings have taken place and work is currently underway in respect of reviewing UHL's handover process against other hospitals. Furthermore Ms Clinton informed that in order to progress the work stream on demand management, a workshop was scheduled to take place during August 2018, with representatives from commissioners and EMAS to discuss the initiatives and pathways currently in place within each county. Also looking at any challenges experienced when accessing those initiatives and pathways, and what initiatives or pathways can be applied across the region both before and after winter.</p> <p>Ms Clinton stated that based on Q2 performance evidence, EMAS is predicted to achieve only two out of the six LLR performance trajectories. However due to an increased delay in handovers, the Commissioners will be paying against all of the 6 LLR performance trajectories. Ms Clinton stated that further information will be made available on the handover deep-dive exercise at the October 2018 PPAG.</p> <p>Furthermore Ms Clinton highlighted workforce to be as an issue for EMAS across LLR but it is not the case across other areas served by EMAS. It appeared that LLR is an outlier and therefore the contracts team are exploring the reasons for this. Ms Clinton informed that the Quality Assurance Group (QAG) have raised concerns relating to the</p>	<p>Ms Clinton/Mr Ryan</p>
--------------------------	---	----------------------------------

overall patient experience. QAG also highlighted themes identifying a sense that collectively there are issues in regards to the Health Advisor (HA) workforce and errors are being repeated, especially those related to basic knowledge and actions as these staff may not have been in post for long. Ms Clinton stated that it is however noted that the level of complaints, incidents and SIs is low and EMAS are triangulating the information to ascertain some intelligence to maintain quality and safety.

Dr Pullman commented on the HCP policy with EMAS stating that there is a possibility why LLR are the outliers as he assumed that GP calls were put at the end of the list. Ms Clinton stated that it is not evident that this is the case however informed that the protocols are being revised.

Under handover delays Mr Gibara informed that at a recent meeting with the General Manager of EMAS, it was highlighted that they have introduced a traffic light system. Ms Clinton and Mrs Trevithick stated that this system was previously used outside of the Emergency Department (ED) however it is not in action anymore. Mrs Trevithick added that the recent Quality visit did not indicate that traffic light system had been introduced. **Ms Clinton stated that she would look into the matter.**

Dr Johnson stated that it is of great worry that UHL are not accepting ambulances after certain numbers as they are unable to cope with the pressure due to staffing issues. He informed that the report indicates an increase in handover delays during summer months. He expressed concerns in respect of how UHL will cope with the pressures during winter months if they have are unable to cope with the pressures during the summer months.

Under the Care Quality Commission (CQC) risk register information, Ms Patel queried that the report indicates that EMAS 'requires improvement' for safety. She asked PPAG would like assurances that as commissioners are the leads satisfied by the actions put in place. Ms Clinton explained that the delivery of Quality Improvement Plan (QIP) is monitored at both Regional and County levels and assured PPAG that there is improvement noted, however further work is being carried out prior to the CQC revisit when it is agreed.

Thames Ambulance Service Limited (TASL), Ms Clinton stated that performance has declined across many of the Key Performance Indicators (KPIs) however improvement is being noticed under the call centre performance. She added that one of the areas impacting the performance is due to a significant increase seen in the number of aborted discharge journeys. For example, transport not arriving, or arriving late resulting in missed appointments, impact on Delayed Transfers of Care (DTCOC), missed care packages and readmissions. Ms Clinton stated that actions have been taken; such as:

- Regular interface meetings with UHL and Leicestershire

**Ms Clinton/Mr
Ryan**

- Partnership Trust (LPT) are taking place;
- Development of the recovery action plan (RAP) is underway;
- Regular contract meetings take place;
- Monitoring and analysing of daily activity data takes place;
- LLR call centre have established process for outpatients and discharges;
- Reduction in re-beds and patients missing appointments is being noted as part of the RAP;
- Dedicated team of drivers have been established for renal patients;
- Recruitment of drivers is ongoing;
- Impact on DTOC has reduced.

Under Quality, Ms Clinton reported that the contracts team remain unassured of the required quality reporting criteria and therefore it was agreed to escalate the contract performance notice to an exception report. Furthermore a comprehensive organisational action plan has been devised by the commissioners and TASL which encompasses actions required. Monthly meetings are also taking place to monitor progress against this action plan.

Dr Johnson queried the 13% unplanned activity figure stating that if there was 13% unplanned activity then the planned activity should be at 0%, however the report highlights an overspent on activities. In addition the report does not highlight what mechanisms are in place to receive the funding for the unused activity plan. Ms Clinton explained how the activities are worked up under planned and unplanned activities.

NHS 111 Derbyshire Health United: Ms Clinton informed that the provider is reporting significant increase in activity which is impacting upon the KPI's and patient experience. To address this actions are put in place by:

- Re-basing of the activity levels as part of year 2's contract negotiations;
- Review performance KPI's where they are no longer driving service performance;
- Lead commissioners reviewing staff modelling;
- Recovery action plan submitted but not accepted by commissioners as not SMART.

Ms Patel queried the urgent calls triaging via Clinical Navigation Hub (CNH), stating that the provider has not been meeting the target of 95% for a while. She asked the contract lead when is the provider likely to achieve the targeted performance of 95%. Ms Clinton explained that CHN's performance is monitored regularly and currently there is no indication that they will not meet the target. Ms Clinton explained that if performance continues to drift away then an action plan will be put in place. She added that although the provider is under massive pressure they are maintaining good outcomes.

PPAG requested further information on the 20% of patients who are not triaged within 60minutes as the report did not provide details around this element. **PPAG would like to see what processes are in**

Ms Clinton/Mr Ryan

	<p>place for those patients who are not triaged within 60minutes.</p> <p>Dr Johnson quoted the paragraph on page 28 of the report, which stated that “<i>DHU111 are under increasing pressure with staffing levels and call volumes. To enable staff to be available to take calls they have changed some practice in terms of call auditing which means DHU are non-compliant with the NHS Pathways license requirements which enables them to safely operate. Providers described this position as a temporary reduction in the agreement but concerns were that this had been undertaken without commissioner knowledge or consent. The issue was discussed at length at QAG with the recommendation that retrospective audits are completed to ensure compliance with the licence. This was escalated to the subsequent Contract Management Board and will be reviewed at the September QAG</i>”. Dr Johnson stated that it is evident that due to the pressure the provider is unable to carry out the required number of audits and therefore they are non-compliant. He suggested that it would be useful to look at what mandatory audits should be undertaken and have further information will be made available at the next meeting on the subject matter.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> - RECEIVE the report and note progress to date. <p>Ms Clinton left the meeting.</p>	<p>Ms Clinton/Mr Ryan</p>
<p>PPAG/18/92</p>	<p>To RECEIVE an exception report from Leicester City CCG hosted contracts team – UHL and Alliance (Paper D)</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. Ms Shuttlewood highlighted the key issues:</p> <p>Under Quality she informed that a full Care Quality Commission (CQC) inspection report was published in March 2018; rating UHL as “Requires Improvement” overall. The Trust has developed an action plan to address the areas that require improvement which are monitored by the Clinical Quality Review Group (CQRG). A re-inspection took place in June 2018 for which the Trust is awaiting formal feedback.</p> <p>Fractured Neck of Femur: Ms Shuttlewood reported that the Contract Performance Notice (CPN) for fractured neck of femur is still open. It relates to UHL’s performance “within the time to theatre” key performance indicator (KPI). She noted that UHL are unable to demonstrate sustained improvements in performance, therefore the CPN remains open. An action plan has been put in place and improvements are being noted. Furthermore, a harm review template has been drafted by UHL and a meeting is being co-ordinated by CCG to further understand the outcomes for patients and level of harm sustained as a result of UHL not meeting the 36 hour time to surgery KPI.</p>	

	<p>Ms Patel queried how long the CPN would remain open. Ms Shuttlewood explained that it is subjective as it is based on the improvements highlighted by the provider. She added that if no delivery is noted then an escalation report is produced.</p> <p>Ms Bayliss added that at the recent Clinical Management Group (CMG) task and finish group issue around the spinal surgeries during weekend was raised. Part of the issue is also due to lack of clinical engagement. She added that a deep-dive will commence in this speciality in October 2018, and an outcome report will be presented at the November 2018 PPAG meeting.</p> <p>Cancer standards: Ms Shuttlewood informed that this was the first time that the cancer two week wait standard had not been achieved. PPAG were however assured that the standard is likely to recover. She stated the reasons being were a high number of referrals received which impacted on the achievement of the two week wait standard. The 31 day surgery standard and 62 day standard had also not been achieved in July 2018.</p> <p>PPAG members expressed concerns as number of patients waiting 62 days in July 2018 / August 2018 was greater than the numbers that were waiting in February 2018. Ms Shuttlewood explained that actions are being taken to remedy performance. A Cancer Recovery Action Plan (RAP) is in place and is monitored via the Cancer RTT Board. The main factor impacting on backlog and 62 day performance continues to be emergency pressures and ITU capacity constraints.</p> <p>PPAG were assured that all cancer patients continue to be monitored until they have been treated, In addition the CCG receive position status on these patients on a daily basis. Furthermore Ms Shuttlewood informed that the new Chief Operating Officer at UHL is leading on the Cancer Taskforce and recovery plans. She is working with the key stakeholders in reviewing the pathways and arefreshed recovery action plan has been made available to the commissioners.</p> <p>A&E Performance: Ms Shuttlewood informed that there are delays in timely access and progress through the Emergency Department (ED) and inpatient beds impacting on the achievement of ambulance handovers, 4 hour target and timely discharges. Ms Shuttlewood stated that a recovery action plan (RAP) has been put in place which is approved by NHS England following regular escalation meetings and is monitored and updated fortnightly at the A&E Delivery Board (AEDB).</p> <p>Mrs Trevithick informed that there are a lot of challenges and issues around cultural changes. There was some debate around how can the provider be supported as mainly there seemed to be internal issues. PPAG members noted that currently there is disconnect between the groups monitoring UHL's progress. They were of a view that it is vital that there is link between the A&E Delivery Board (AEDB), the Cancer/RTT Board, contract team and the practical work around the transferring care as currently there is a disconnect between these groups. Ms Lock added that NHS Improvement are working closely with the provider through the escalation process, however as stated</p>	<p>Ms Bayliss</p>
--	--	--------------------------

earlier there are mainly internal issues which limits the CCGs as commissioners in supporting them further. She assured PPAG members that having said that, the contract leads are supporting the provider in every way that they can.

Under **Referral to Treatment (RTT)**, Ms Shuttlewood informed that there is a risk that the CCGs will fail to meet the core standards 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. In addition the contracts team are monitoring the RTT position at specialty level on a weekly basis.

PPAG members requested that the October 2018, PPAG report to contain more information around specific issues.

Ms
Shuttlewood

Dr Johnson expressed concerns in regards to Cancer performance and asked how the new Chief Operating Officer would be able to turn the performance around in a short period of time. Dr Johnson went on to provide some examples from the report which illustrated the performance to be poor even in the quieter months and stated that he does not envisage seeing vast improvement in coming months. Ms Lock reiterated that as commissioners the contract team are supporting the provider in every possible way however some of the issues are outside the commissioners remit.

PPAG members felt that there was a lack of progress on the provider's part and some debate took place in respect of looking at alternate providers. It was however acknowledged that this would be a huge piece of work to scope the exercise however this is something that could be considered. Ms Patel asked how well informed are the Trust board members. Ms Lock informed that the Trust board members are well informed and that they have similar concerns in regards to the internal processes and discussions are underway. Mr Harding reiterated on the board to board session that took place last year where it was evident that the UHL Board members were aware of the situation and did seem to be on board in resolving the situation at the time.

Dr Pullman stated that some of the issues can possibly be resolved easily, for example the ED performance, by visiting regularly and talking to the staff to understand the issues. Ms Lock stated that when the second part of the ED floor opened the quality team visited and visits are made routinely. PPAG members expressed concerns in regards to how can the issues be resolved, what other mechanisms can be put in place. Most importantly to understand what the fundamental issues are and bring out the practicalities to resolve them.

Furthermore under **Never Events**, PPAG were informed that the Trust are engaging with the CCG and progressing with a number of improvements which are closely monitored by the Quality Contracts Team and Clinical Quality Review Group (CQRG). A Never Event Action Plan is in place. Ms Bayliss added that Ms West recently met with NHS England and NHS Improvement in regards to the number of serious incidents (Sis). She noted that a panel will be set up to review

	<p>the Sis to bring in an independent perspective. 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.</p> <p>It was RESOLVED to: - RECEIVE the report for information.</p>	<p>Ms West</p>
<p>PPAG/18/93</p>	<p>To RECEIVE an exception report from Leicester City CCG hosted contracts team – Out of County Providers (Paper E)</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: - RECEIVE the report for information.</p>	
<p>PPAG/18/94</p>	<p>To RECEIVE an exception report from East Leicestershire and Rutland CCG hosted contracts team (Paper F)</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.</p> <p>Ms Shuttlewood highlighted that following the Care Quality Commission (CQC) report, Leicestershire Partnership Trust (LPT) have put action plan in place which is in progress. The Clinical Quality Review Group (CQRG) continues to monitor compliance against the action plan.</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</p>	

	<p>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 Lock queried that if the referral rates are going down the service should have capacity to see more patients. Dr Johnson reiterated from the previous meeting that historically there has been issue in regards to resources in the IAPT service. In addition there are some further issues which are impacting on the service such as:</p> <ul style="list-style-type: none"> - There is slow traction between the services in terms of delivery; - There are issues in regards to group working sessions; - IT online service resources. <p>Dr Johnson explained about the new pathway which is being rolled out where more group therapy will be made available. This will assist in determining patients that would need to be taken through to the second and third stage process. There was a general view to ensure that more effort is out in promoting IAPT within Primary Care to help address the issue around the access rates. In addition also looking at improving the self-referral service.</p> <p>Furthermore Ms Shuttlewood reported that there remain overall staffing concerns with vacancies across all services. She noted that triangulation of staffing data and patient outcomes especially for Adult Mental Health is reported monthly at the Clinical Quality Review Groups (CQRG). 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>Ms Burton highlighted that a number of falls and medication errors have been reported and as a result, the Trust have commenced a deep dive into medication errors. The outcome of the deep-dive will be shared with commissioners for further information.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> - RECEIVE the report and note progress to date. 	
<p>PPAG/18/95</p>	<p>To RECEIVE an exception report from East Leicestershire and Rutland CCG on PHBs and PUPoC (Paper G)</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 review of the Discharge to Assess (D2A) Pathway will be taken over by ML CSU from 1 October 2018.</p> <p>Under CHC Quality Premium Mr Gibara reported that the eligibility</p>	

	<p>decisions are made within 28 days from receipt of Checklist. The report highlighted the progress made in meeting with the quality premium target. It was noted that the team are currently prioritising UHL referrals within 48 hours, which increased in July 2018, and has the potential to impact on their ability to meet this target for other DST referrals. Furthermore It was reported that the performance for August 2018 demonstrated that the LLR CCG's achieved the 80% QP performance target. 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>A query was raised in regards to the large number of contracts and how they were managed. Ms Rolston explained that the process for monitoring of these contracts.</p> <p>Furthermore, on a positive note, Ms Rolston informed that NHS England have acknowledged the CCGs' work in ensuring a more robust CHC process and have requested that they would like to carry out a peer review in the next few months, as a case study for other CCGs.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> - RECEIVE the report and note progress to date. <p>Ms Rolston left the meeting.</p>	
<p>PPAG/18/96</p>	<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 - Update on UHL performance (Cancer, RTT, A&E and Neck of Femur) - IAPT performance - LPT Staffing - 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. 	
<p>PPAG/18/97</p>	<p>To AGREE Detailed Review Topic for the next PPAG meeting</p> <p>There was a general concern relating to staffing which was raised in the majority of the reports presented at the meeting. PPAG members felt that the workforce concerns raised could potentially result in a performance risk and thus resulting in the provider not achieving the relevant national standard(s). In preparation for the October 2018 meeting, PPAG members advised that they would like the contracts teams to work together to produce a report on workforce concerns across the various providers, including implications and actions being undertaken to support in addressing the issues.</p>	

PPAG/18/98	<p>To RECEIVE for Information Assurance Report from the Provider Performance Assurance Group (PPAG) – August 2018 (Paper H)</p> <p>The PPAG Summary report for August 2018 was shared for information purposes.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> - RECEIVE the report. 	
PPAG/18/99	<p>To RECEIVE Any other Business</p> <p>Ms Patel informed that this would be Mr Harding’s last PPAG meeting she would like to take this opportunity to thank him on behalf of all of the PPAG members for his contribution over the years and to wish him all the best for the future.</p> <p>Meeting concluded at 11:56am</p>	
<p>Date of the next meeting:</p> <p>Thursday 25 October 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>		

APPROVED