Minutes of the Provider Performance Assurance Group (PPAG) held on Thursday 22 February 2018 at Leicester City CCG, Conference Room, 8th Floor, St John's House, 30 East Street, Leicester, LE1 6NB

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PRESENT

Mr Warwick Kendrick	Independent Lay Member, East Leicestershire & Rutland CCG (Chair)
Ms Daxa Patel	Independent Lay Member, Leicester City CCG
Mr Ray Harding	Independent Lay Member, West Leicestershire CCG
Dr Anne Scott	Deputy Chief Nurse, East Leicestershire and Rutland CCG
Dr Graham Johnson	GP Locality Lead, East Leicestershire and Rutland CCG
Mrs Michelle Iliffe	Director of Finance, Leicester City CCG
Mr Ket Chudasama	Associate Director, Corporate Affairs, West Leicestershire CCG
Dr Chris Trzcinski	Deputy Chair, West Leicestershire and Rutland CCG
Ms Sue Lock	Managing Director, Leicester City CCG
Ms Chris West	Director of Nursing & Quality, Leicester City CCG

IN ATTENDANCE

Mrs Daljit Bains	Head of Corporate Governance and Legal Affairs, East Leicestershire & Rutland CCG
Ms Sarah Shuttlewood	Associate Director for Contracts and Provider Management, Leicester City CCG (item PPAG/18/04)
Mr Jim Bosworth	Associate Director for Contracting, East Leicestershire & Rutland CCG (item PPAG/18/06)
Mrs Lisa Welbourn	Senior Contracts and Provider Performance Manager, East Leicestershire and Rutland CCG (item PPAG/18/18)
Ms Jo Clinton	Senior Contracts and Performance Manager, West Leicestershire CCG (item PPAG/18/20)
Ms Noelle Rolston	Senior Contracts and Performance Manager, East Leicestershire and Rutland CCG (item PPAG/18/19)
Mrs Claire Middlebrook	Corporate Affairs Support Officer, East Leicestershire and Rutland CCG (Minutes)

ITEM		LEAD RESPONSIBLE
PPAG/18/13	**Apologies received:** • Mrs Karen English, Managing Director, East Leicestershire and Rutland CCG • Ms Donna Enoux, Chief Finance Officer, East Leicestershire and Rutland CCG • Mr Paul Gibara, Chief Commissioning and Performance Officer, East Leicestershire and Rutland CCG • Mrs Carmel O'Brien, Chief Nurse and Quality Officer, East Leicestershire and Rutland CCG • Mrs Caroline Trevithick, Chief Nurse and Quality Lead, West Leicestershire CCG • Mr Toby Sanders, Managing Director, West Leicestershire CCG	
PPAG/18/14	**Declarations of Interest on Agenda Topic** 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.	
PPAG/18/15	**To APPROVE Minutes of the Provider Performance Assurance Group held on 25 January 2018 (Paper A)** The minutes of the Provider Performance Assurance Group meeting held on 25 January 2018 were accepted as a true record of the meeting. It was **RESOLVED** to: • **APPROVE** the minutes of the PPAG meeting.	
PPAG/18/16	**To RECEIVE Matters Arising: Actions from the Provider Performance Assurance Group held on 25 January 2018 (Paper B)** The matters arising following the meeting on 25 January 2018 were received, with the following updates noted: **PPAG/17/92: ED Staffing review** – Ms Chris West reported that the Care Quality Commission (CQC) have reviewed the situation, through a robust review and Ms West has met with the Chief Nurse at UHL and the situation is under control at present. **Action closed.** *Mrs Iliffe joined the meeting.* **PPAG/17/129: Alliance Community Paediatrics Service** – A review has taken place, however, this item has been deferred until Commissioning Collaborative Board (CCB) in March and therefore a update will be provided at PPAG meting in April 2018. **Action ongoing.** **PPAG/17/130: Exception report for ELR CCG, Community Nursing Service** – it was noted that the item will be covered by the deep dive presentation on the agenda. **Action Closed.** **PPAG/18/04: West Leicestershire exception report, type 3 activity breakdown** – Ms Sarah Shuttlewood apologised for not providing the requested breakdown and will ensure that it is included in the main report for future meetings from March 2018. **Action ongoing.** Dr Graham Johnson noted that on NHS England's website, they have published UHL A&E performance separately so that type 1, 2 and 3 activity is clear and therefore showing transparency. Ms Shuttlewood confirmed that as part of the performance management of UHL type 1 and 2 were looked into and there is progression to a more transparent reporting of data. **PPAG/18/05: Cancelled Cancer Operations, root cause analysis** – Ms Shuttlewood confirmed that there were 32	

	cancelled operations and all have received treatment now; in addition daily updates are received in relation to on the day cancelled operations. This is sent to the CCG GP cancer leads and CCG Chairs. All cases are tracked and Mr John Adler (CEO, University Hospitals of Leicester NHS Trust (UHL)) signs off all cancellations. A meeting has been arranged for early March 2018 to review the root causes analysis undertaken, this will be included in the next report to PPAG. **Action ongoing.** Ms Patel noted that the decision relating to cancelled cancer operations was "clinically led" and questioned if this was defined as being in the patients' best interest or due to a lack of available beds. It was felt that the term used was misleading as the reason for the cancelled operations was due to pressures within the hospital, therefore this needs to be made clearer. PPAG agreed that this phrase can be misleading and therefore more appropriate words would be used in future. Ms Shuttlewood informed that a risk assessment had taken place of each patient, by a senior clinician before the Managing Director and Chief Nurse, to ensure that cancelling would be in the patients' best interest; by ensuring there was a suitable bed in place. Mr Ket Chudasama noted that there was clinical involvement in supporting the decision to cancel. **PPAG/18/05: Cancelled Cancer Operations, list of type of operations cancelled** – Ms Shuttlewood apologised that this information was not in the main report and it was confirmed that PPAG would like to see the reason for the cancellation and the type of operation that was cancelled captured within the report. Ms Shuttlewood confirmed that the type of cancellation was for complex operations and this information has been shared with the CCG cancer leads. Information to be contained within the report going forward. **Action ongoing.** It was **RESOLVED** to: • **RECEIVE** the matters arising and note the progress to date.	
PPAG/18/17	**To RECEIVE Detailed report from East Leicestershire and Rutland CCG hosted contracts team (Paper C)** A detailed report for East Leicestershire and Rutland Leicester City CCG (ELR CCG) was provided to PPAG members with assurance in relation to the contracts that are managed by ELR CCG. The main focus of the meeting was a deep dive presentation into the Community Health Services for Adults. Dr Anne Scott presented the paper and provided a detailed review of the following items: • The aim of the paper was to provide the current context of	

community health services, an update on delivery and quality and safety concerns.

- There are three services specifications across LLR, covering the following services:
  - Intensive Community Support (ICS)
  - Community Nursing
  - Therapy (Occupational and Physiotherapy, Speech and Language (SALT)
  - Nutrition and Dietetics
  - Phlebotomy
  - Continence and Stoma Care
  - Falls Prevention
  - Single Point of Access (SPA)
  - Podiatry

- ICS – there is currently no agreed price for beds due to the historic different commissioning arrangements

  Ms Daxa Patel queried the number of allocated beds commissioned by the CCG. Dr Johnson reported that there is anecdotal evidence that the 13 currently commissioned beds are showing as available on the system; however, when GPs call to refer into the beds, are told that there is no capacity. Dr Scott noted that the CCGs are trying to understand this data.

  Mr Bosworth felt that the issue may be a ratio of where a nurse is located, compared to where the patient is in the patch. PPAG members noted that it is the beds that the CCGs are commissioning and that the provider is responsible for adequately staffing the beds.

  Mrs Michelle Iliffe queried the utilisation and asked for clarity on which patients were using the beds, e.g. if Leicester City CCG (LC CCG) is paying for beds, are all these beds occupied by LC CCG patients. It was suggested it would be useful to understand who is using the beds and which CCG is the responsible commissioner. The Contracts Team advised that this level of data is being discussed further with LPT. Mr Bosworth added that in the report to PPAG the trend shows a varying degree of utilisation; although a slow gradual increase is noted. **Mr Bosworth to ask LPT for data regarding responsible commissioner in respect of patients occupying the beds.** It was also suggested that the **GP Governing Body members be approached to assist with capturing and monitoring the relevant data from their practices over a period of time.**

  Jim Bosworth

  Jim Bosworth / Anne Scott

  Mr Chudasama asked if there was concern over the appropriateness of the usage of the beds; this is raised

following recent on-call telephone calls, which generally related to moving patients or appropriateness of patients.

Dr Chris Trzcinski noted that a recent audit of patients has shown that appropriately 15% could have been looked after by district nurses' if they had had the capacity. Dr Johnson reported that this could be core district nurse work. Recent conversations have taken place with UHL, regarding getting UHL clinicians to buy-in to ICS as there is a historical resistance to using this service. This is thought to be as a result of lack of knowledge and worry about capacity. One of the actions taken to rectify this was to raise awareness at UHL so that when they are stepping patients down from UHL they do so into the appropriate service.

- Community Nursing – Ms Patel noted the challenge of information sharing between staff; due to an issue in Leicester City in the past, which turned into a coroners case, due to lack of information being shared. Dr Scott informed that the challenge of information sharing between members of staff was highlighted, and themes arising from serious incidents show that agency nurses not being able to access electronic systems in some cases. ELR CCG Patient Safety Team is working closely with LPT on these themes and this is an area which is being monitored closely through the Clinical Quality Review Group (CQRG) to ensure improvements are reported.

Lisa Welbourn joined the meeting.

Following a query it was confirmed that all community nurses have laptops / I-pads, however, agency nurses are not issued with this equipment and therefore they are not able to access electronic systems.

- Patient safety – the high use of agency nurses was noted, alongside the National Carter Staffing Review.

It was noted that there is a lot of concern over INR for housebound patients, GPs in Leicester City have reported that in some instances an urgent request for a test is being treated as a routine appointment. However, it was noted that this did not correlate with information received through the complaints process: there were very few complaints reported in respect of this. It was suggested that the reason for the lack of reporting is thought to be the length of time that this takes a GP to report.

In addition, the poor attendance at MDT meetings was noted; Dr Johnson reported that LPT have installed business Skype and therefore are piloting telephone MDT meetings.

	The main problem is with county patients, where this is not an option. Dr Johnson noted that the single point of access (SPA) is not working well and there are three different processes that can take place to try and access the system. A discussion took place on the possible solutions and how PPAG could move this forward. **It was decided that GPs on the governing bodies, would be asked to log the number of complaints they would have submitted in a two week period in relation to INR tests for housebound patients and SPA. Dr Scott would assist with coordinating this**. The review would help to ascertain the scale of the problem, even if specifics are not noted at this time. Ms Sue Lock spoke about community equipment prescribing by District Nurses, as this is not covered by the formulary. The team are intercepting prescriptions and LPT are looking to train staff better, as they should be following the formulary. This will be picked up outside of the meeting. *Ms Noelle Rolston joined the meeting.* Ms Patel asked for clarity on data quality and how assured we are that staff who are working individually are up to the required standard. Ms Welbourn reported that LPT waiting time data has been reported as correct and the team continue to challenge data quality. Mr Bosworth noted significant pressure raised at technical meetings and there is a formal data breach in place at present; which can prove counter-productive. A second possible data breech was discussed this morning. • CHS pressure ulcers – this is being discussed at CQRG on how the CCGs can be assured and also looking at training on how to prevent pressure ulcers. It was positive to note that the training programme provided by LPT does now look at staging levels so assurance being seen regarding preventative measures. • Other Community services – it was noted that the majority of community services are not meeting their 95% target for care pathway completion; MSK is at 44%; Podiatry at 46% and Community therapy at 42%. A small number of complaints regarding SPA have been reported, mainly in relation to Phlebotomy and podiatry. • CHS concerns – ineffective working due to staffing levels was noted alongside actions issues by the CQC and areas for improvement identified.	**Anne Scott**

	• CHS Complaints – noted that there was an increase in complaints in quarter 2, however, no trends have been identified. • Overall assurance actions – spelling error noted that 'advising' should read 'advertising' in first bullet point. Mr Kendrick thanked Dr Scott for her presentation and noted the data quality concerns raised and other concerns raised by PPAG members during the presentation. Mr Harding noted that PPAG should take the view that the majority of areas are not performing and this is not good news for LLR. Mr Kendrick will ensure all concerns raised are captured within the summary report to the Governing Bodies. PPAG members noted that the nursing and quality, and contract teams are on top of the issues highlighted through the regular meetings with service provider, however as it was noted that LPT was not performing across a number of services. **It was therefore agreed that a further deep dive should be carried out in six months' time to provide an update on progress.** *Ms Jo Clinton joined the meeting.* Dr Trzcinski noted that CHS is in the same position as GP practices, in that they need to make a 4% cost saving and therefore the main way to do this is by cutting staff. Mr Harding queried why there is currently a recruitment campaign for more nurses, when they are cutting staff. It was confirmed this was to try and cut the number of agency nurses and ensure more permanent recruitment. Dr Scott noted that very similar conversations have taken place at CQRG meetings; apart from discussing the equipment situation. It was **RESOLVED** to: • **RECEIVE** the report and note progress to date; and • **RECEIVE** a further update in 6 months' time.	**Anne Scott**
PPAG/18/18	**To RECEIVE exception report from East Leicestershire and Rutland CCG hosted contracts team (Paper D)** 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. Mr Bosworth highlighted the following:	

IAPT – in relation to the County contract a number of actions have been identified which are positively affecting the delivery of the service. City performance was noted to be improving and progress continues to be monitored. Mr Harding asked for clarity with regards to IAPT, as the figures do not appear to be showing an improvement. Mr Bosworth noted that Leicester City CCG figures are slightly better and West Leicestershire CCG figures are disappointing; there was a seasonal dip over Christmas. The figures should be understood better following a meeting taking place tomorrow. It was noted that in January the service recruited seven new members of staff.

Seven additional staff were recruited in January and therefore the service should start to improve. The group therapy offer has been expanded and this is making a different to waiting times. The electronic offering has also been enhanced from January onwards and this means that there are now three different interactions available.

TCP – is still struggling to meet the national trajectory and is under scrutiny from NHS England. A meeting it taking place tomorrow to discuss the ongoing problems.

Ms Patel asked about the adult crisis team only taking face to face referrals. Dr Johnson noted that concerns about this service were reported at the Mental Health Forum in December 2017 and a discussion took place; which included staff from the crisis team. The clinical director is aware of the problems and there are three main issues:

1. Waiting times to speak to someone on the phone
2. Face to face appointments, prior to referrals, however, triage is done on the phone
3. Only GPs can refer, (not ANPs etc); although at A&E ANPs can refer

There was no definitive answer and it was reported that the current problems were due to the recent change in system. Dr Johnson feels that if an ANP were allowed to refer, there would be no additional work required. A further meeting has been arranged to discuss this in more detail. Furthermore, it was noted that the service provider believes there are a number of inappropriate referrals made, some of which has been disputed by the commissioners. PPAG members agreed that this was a significant risk to patients who needed access to the service under, what was compared to be, an emergency situation for patients suffering with mental health conditions. A further meeting has been arranged to discuss this in more detail. Work is also underway to develop a PRISM form which will look to improving the referral process so that any inappropriate referrals made will be reduced. The concerns noted about the

	mechanism for referrals and staff attitude will be raised at the CPM meeting. Dr Johnson noted the criteria for referring to crisis as the quality of information is not always appropriate and that supportive discharge does not appear to be taking place, as the team do not have the capacity to do this. Mr Bosworth reported that the team do have current vacancies and recruitment issues and are currently two thirds smaller than the national average team size. Ms Patel stated that the problem is exacerbated by the current system problems and staffing issues. Mr Bosworth reported that there is a five year transformation programme and LPT are currently at the end of year one and the level of investment in the service is being looked at; although it does not appear that the plan is moving forward and there is not much confidence that the team will get the support they need to improve the service. Dr Trzcinski confirmed that the Director of Finance is aware of the QIPP pressures and there are currently no out of county mental health patients. A confirm and challenge took place yesterday. There is a national directive that there are no out of county beds from 2020. Dr Johnson reported that there is a national policy to improve the physical health of patients with mental health conditions' although the current crisis team is not effective due to staffing and management issues. Mr Bosworth highlighted that GPs have been flexible in trying to find a solution to this problem and the CPM is being used as a formal point of escalation of problems, concerns are being raised in a constructive way in order to help the situation move forward. Mr Harding asked for clarity in relation to the CAMHS service, especially in relation to red rated areas and Risk Assessments. Dr Scott noted a deep dive has been requested due to noted gaps in care plans. Dr Johnson reported that current data is improving and evidence is showing that we are providing a better service for patients, there is some residual concern on how patients who are awaiting assessments are tracked. The CQC have reassessed the service and have rated it as 'requires improvement' which is better than the previous rating. Mr Kendrick noted that all issues identified in the previous CQC inspection look like they are being addressed. Dr Johnson reported that following the recent visit to CAMHS by the CQC it has been confirmed that improvements had been seen in the work carried out on waiting list management. The CQC has changed rating from 'inadequate' to 'requires improvement'. It	

	was noted that data is becoming more reliable in this area and the service is tracking patients through the service (i.e. through their internal waiting lists) better than it has previously. Dr Johnson highlighted that the residual risk remains in respect of monitoring patients waiting to access the service and long waits remains an issue for these patients. It was **RESOLVED** to: • **RECEIVE** the report and note progress to date.. *Mr Bosworth, Ms Welbourn and Dr Johnson left the meeting. It was noted that the meeting was no longer quorate.*	
PPAG/18/19	**To RECEIVE an exception report from East Leicestershire and Rutland CCG on PHBs and PUPoC (Paper E)** 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. Ms Rolston highlighted that the full end to end process will be in place by end May 2018 once further work required to transfer UHL activity to Midlands and Lancashire Commissioning Support Unit (ML CSU) has been completed. It was noted that staff do not need to be TUPE to MLCSU, and they are recruiting additional staff where required. A temporary member of staff has been put in place to back-fill promotions. A number of functions, including training and assessments are being embedded in the CHC process through UHL. The legacy reviews are progressing well and Care Home Select will have completed these by end March 2018, although these are not reducing packages of care, but are looking at eligibility. Data issues continue to be a problem in relation to the funded care report and quality premium. The new system that Broadcare are using is thought to be better and should provide more accurate information. Help to live at home – there are issues about accessing packages of care; MLCSU are organising domiciliary care packages using AQP providers. Deloitte have written a report on the NHS England strategic improvement programme for CHC showing all activity and expenditure for all CCGs. Deloitte have clustered CCGs according to demography and geography etc; therefore East Leicestershire and Rutland and West Leicester CCGs are in one cluster and Leicester City CCG in a different cluster. A more detailed reported will be presented to the next PPAG meeting. Following a query from Mr Kendrick, it was confirmed that once	

	the legacy reviews are complete, letters will be sent to ineligible patients following the review. It was **RESOLVED** to: • **RECEIVE** the report and note progress to date.	
PPAG/18/20	**To RECEIVE exception report from West Leicestershire CCG hosted contracts team (Paper F)** *Ms Shuttlewood left the meeting.* Ms Clinton presented the report and highlighted the following items: **East Midlands Ambulance Service (EMAS) -** there is a slight improvement in the EMAS Category 1, 3, and 4 figures; this is following the introduction of a dedicated GP to look at urgent cases, allowing paramedics to deal with emergency calls. Prolonged waits is a national issue and following a recent risk summit with East of England CCG, a new protocol was issued and mandated to the East of England CCG. Ms Tamsin Hooton will discuss this at the next A&E Delivery Board. Following the capacity review there is a potential risk of approximately £30m, the full results will not be presented by ORH until march 2018. PPAG members noted that in December 2017 the coordinating commissioner had identified concerns relating to a number of prolonged waits. The Coordinating Commissioner has received a response from EMAS and although notes that there are some external factors that may be impacting on prolonged waits, for instance handover delays and increase in referrals from NHS 111 to 999 services, there is further review and analysis taking place to better understand the performance. *Ms Shuttlewood re-joined the meeting.* LLR may find themselves in the same position as East of England CCG if improvements are not made. Mr Harding asked if LLR can influence the commissioner in any way and Ms Shuttlewood confirmed that difficult conversations were taking place with UHL. *Dr Scott left the meeting.* **Non-emergency patient transport service (NEPTS) – Thames Ambulance Service Limited (TASL) -** Ms Shuttlewood confirmed that TASL are meeting all bar two of their KPIs, according to the most recent report. This is marked	

	improvement, particularly in relation to arrival times. However, it was noted that call centre activity is still significantly below the key performance indicator level but some improvements are noted in this area. For instance, In December 2017 an increase in the number of calls answered within 60 seconds was noted, and a slight reduction in the number of abandoned calls was seen. PPAG were informed that contract leads are now receiving daily call data from TASL to monitor performance. PPAG welcomed assurances received in relation to the recruitment of a Chief Executive and vacancies within the management structure were also being filled. It was noted that improvements need to be made in terms of a better relationship between TASL and UHL, it was noted that UHL representatives has recently not attended their joint meetings with TASL and the CCGs. *Dr Scott re-joined the meeting.* Previously PPAG had been informed that there was a pensions liability following transfer of staff from Arriva to TASL. However, the issue was clarified; it was noted that the new Fair Deal Policy that was introduced by HM Treasury set out how pensions issues would be dealt with when staff are compulsorily transferred from the public sector to independent providers delivering public services as was in the case of staff Tupe'd from Arriva to TASL. The issue arises as staff have been given the right to return into the NHS Pension and this liability had not been accounted for, it is anticipated that the shortfall is £800k, although this may reduce to £500k. **Derbyshire Health United, NHS 111** - there has been a significant increase in 111 activity nationally, with LLR increasing by 3%. DHU were offered a 1% increase in their rebase of activity, however, this has not yet been accepted. Urgent Care centres have seen high levels of activity, which has impacted on performance. The DHU contract is using approximately 42% agency staff and this equate to £2m. There is confusion over data relating to the night nursing service; DHU is showing a 6% reduction in activity and are looking to reduce this further in year two. LPT reported 999 calls, whereas DHU reported only 400; it is thought that LPT may have included other calls, which should have been excluded from the data. Ms Patel reported that EMAS are lobbying the government for more funding. Dr Trzcinski noted that a lot of GPs try to avoid	

	calling ambulances, due to the poor service and often encourage patient to make their own way to A&E, if safe to do so; this would reduce the number of ambulance calls made. It was **RESOLVED** to: • **RECEIVE** the report and note progress to date. *Ms Clinton left the meeting.*	
PPAG/18/21	**To RECEIVE exception report from Leicester City CCG hosted contract team – UHL and Alliance (Paper G)** Ms Shuttlewood took the paper as read and highlighted the following items. In relation to **radiology reporting**, Ms Shuttlwood informed that quality and performance improvements have been made in this area following issue of a contract performance notice and the original backlog of unreported films has been cleared. New key performance indicators are being negotiated as part of the Quality Schedule for 2018/19 in order to gain assurance that continued and sustained quality improvements are made. All areas of performance have dropped in the last two months and this has resulted in increased scrutiny from the regulators. RTT have dropped by 2% from December and the financial impact has been noted; all services will have to work together to try and recover this situation. An update on the breast imaging service will be brought to the next PPAG meeting. This is a two year service and therefore there is limited opportunity to re-negotiate. PPAG are fully aware of the situation. **A&E 4 hour:** performance in December 2017 was 79.5% and year to date was 80.3% which is significantly below the required standard of 95% and a reduction on the improved performance seen in August - October 2017. PPAG noted that the A&E Delivery Board continues to focus on implementing the recovery plan. **Finance** – there have been changes to the IR and this has resulted in increased pressure, as we try to unpick 2017/18, which has knock-on implications for 2018/19. There is a national initiative to resolve this issue. There is a national change to the coding system for Sepsis; although no steer on how we are to resolve this by 2018/19, which is worrying. Mr Kendrick highlighted the issue on page 27, whereby seven patients have been cancelled more than once and asked for	

	clarity as to what was happening. Ms Shuttlewood confirmed that this situation is being monitored at RTT meetings and will be added to the report on page 31 to monitor trends, if a patient is cancelled due to the lack of a HDU / ICU bed; although unless the situation improves quickly the patient may get cancelled again. Ms Patel queried the quality element in relation to the coroner's case; which is a system issue due to A&E being too busy. UHL are under scrutiny and we assurance that UHL are dealing with their system issues. Ms West confirmed that a visit to UHL was planned in the near future (with Mrs Trevithick). Dr Scott noted that patient safety are discussing all Serious Incidents and are working with UHL to improve their systems and processes. It was **RESOLVED** to: • **RECEIVE** the report and note progress to date.	
PPAG/18/22	**To RECEIVE exception report form Leicester City CCG hosted contract team – Out of County Acute providers (Paper H)** Mrs Shuttlewood informed that the performance report and noted 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: • **A&E 4 hour and ambulance handover delays:** the majority of out of county providers are not meeting the standard and there are various action plans in place with some providers receiving contract performance notices (University Hospitals Coventry and Warwickshire Trust (UHCW), and North West Anglia NHS Foundation Trust). 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 and are also missing other cancer standards. Themes highlighted included delays to diagnostic tests, patient choice, increases in demand and lack of capacity. Actions were being taken by each Trust to remedy the issues. • **52 week breaches and 18 weeks RTT:** implementation of new Patient Administration Systems has caused errors in patient pathways at George Elliot, UHCW has a lack of capacity to meet the demand and Kettering General Hospital and United Lincolnshire Hospitals NHS Trust (ULHT) are experiencing serious data quality issues, alongside capacity and demand mismatch.	

	It was **RESOLVED** to: • **RECEIVE** the report and note progress to date.	
PPAG/18/23	**To AGREE items for escalation to the CCG Governing Bodies** Following discussions at the meeting, Mr Kendrick agreed to agree areas for or note for the summary report to the Governing Bodies outside of the meeting. It was **RESOLVED** to: • **AGREE** the items proposed for escalation to each CCG Governing Body.	
PPAG/18/24	**To AGREE Detailed Review Topic for the next PPAG meeting** It was agreed that detailed reports will be agreed by Mr Kendrick, with Mr Harding and Ms Patel, for the PPAG meeting in February 2018.	
PPAG/18/25	**To RECEIVE for Information Assurance Report from the Provider Performance Assurance Group (PPAG) – January 2018 (Paper I)** The PPAG Summary report for January 2018 was shared for information purposes. It was **RESOLVED** to: • **RECEIVE** the report.	
PPAG/18/26	**To RECEIVE Any other Business** There were no further items of business to discuss. Meeting concluded at 12.40pm	

Date of the next meeting:
Thursday 29 March 2018, Leicester City CCG, Conference Room, 8th Floor, St Johns House, 30 East Street, Leicester, LE1 6NB. **It was noted that this meeting is in the Easter holidays and therefore may need moving to ensure Quoracy.**

Note: East Leicestershire and Rutland CCG to Chair the meetings from January - April 2018 inclusive.