

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



**PRESENT**

Mr Warwick Kendrick	Independent Lay Member, East Leicestershire & Rutland CCG (Chair)
Mr Ray Harding	Independent Lay Member, West Leicestershire CCG
Mrs Caroline Trevithick	Chief Nurse and Quality Lead, 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
Mr Paul Gibara	Chief Commissioning and Performance Officer, East Leicestershire and Rutland CCG
Mr Spencer Gay	Chief Finance Officer, West Leicestershire CCG
Dr Avi Prasad	Deputy Clinical Chair, Leicester City CCG

**IN ATTENDANCE**

Ms Sarah Shuttlewood	Associate Director for Contracts and Provider Management, Leicester City CCG <b>(item PPAG/18/32 and PPAG/18/33)</b>
Mr Jim Bosworth	Associate Director for Contracting, East Leicestershire & Rutland CCG <b>(item PPAG/18/34)</b>
Ms Carrie Harris	Senior Contracts and Provider Performance Manager, East Leicestershire and Rutland CCG <b>(item PPAG/18/34)</b>
Ms Jo Clinton	Head of Contracts and Provider Performance , West Leicestershire CCG <b>(item PPAG/18/31)</b>
Mrs Jayshree Raval	Commissioning Collaborative Support Officer, East Leicestershire and Rutland CCG (Minutes)

ITEM		LEAD RESPONSIBLE
PPAG/18/27	<p><b>Apologies received:</b></p> <ul style="list-style-type: none"> <li>- Mrs Karen English, Managing Director, East Leicestershire and Rutland CCG</li> <li>- Ms Donna Enoux, Chief Finance Officer, East Leicestershire and Rutland CCG</li> <li>- Dr Anne Scott, Interim Chief Nurse and Quality Officer, East Leicestershire and Rutland CCG</li> <li>- Dr Graham Johnson, GP Locality Lead, East Leicestershire and Rutland CCG</li> <li>- Mrs Michelle Iliffe, Director of Finance, Leicester City CCG</li> <li>- Mr Ket Chudasama, Director of Performance and Corporate Affairs, West Leicestershire CCG</li> <li>- Mrs Daljit Bains, Head of Corporate Governance and Legal Affairs, East Leicestershire &amp; Rutland CCG</li> </ul>	

	<ul style="list-style-type: none"> <li>- Ms Noelle Rolston, Senior Contracts and Performance Manager, East Leicestershire and Rutland CCG</li> <li>- Ms Tamsin Hooton, Director for Urgent..... West Leicestershire CCG</li> <li>- Mr Toby Sanders, Managing Director, West Leicestershire CCG</li> <li>- Ms Daxa Patel, Independent Lay Member, Leicester City CCG</li> </ul>	
<b>PPAG/18/28</b>	<p><b>Declarations of Interest on Agenda Topic</b></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>	
<b>PPAG/18/29</b>	<p>To <b>APPROVE</b> Minutes of the Provider Performance Assurance Group held on 22 February 2018 (<b>Paper A</b>)</p> <p>Mr Kendrick highlighted that the meeting was not quorate and therefore PPAG shall not be able to conduct its business in accordance with the Terms of Reference.</p> <p>With that the minutes of the Provider Performance Assurance Group meeting held on 22 February 2018 were not approved.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>- <b>APPROVE</b> the minutes of the PPAG meeting held on 22 February 2018 at the April 2018 meeting.</li> </ul>	
<b>PPAG/18/30</b>	<p>To <b>RECEIVE</b> Matters Arising: Actions from the Provider Performance Assurance Group held on 22 February 2018 (<b>Paper B</b>)</p> <p>The matters arising following the meeting on 22 February 2018 were received, with the following updates noted:</p> <p><b>PPAG/17/129: Alliance Community Paediatrics Service:</b> Ms Shuttlewood informed that the report on Alliance Community Paediatrics Service will be presented at the Commissioning Collaborative Board (CCB) in April 2018 and thereafter an update will be provided at the May 2018 PPAG meeting. <b>Action ongoing.</b></p> <p><b>PPAG/18/05: Cancelled Cancer Operations, root cause analysis</b> – Ms Shuttlewood informed that a meeting has been arranged in March 2018 to review the root cause analysis which was undertaken and outcome of the analysis will be reported in the April 2018 PPAG report. <b>Action closed.</b></p> <p><b>PPAG/18/05: Cancelled Cancer Operations, list of type of operations cancelled</b> – Ms Shuttlewood confirmed that the information was part of the PPAG report <b>Action closed.</b></p>	

	<p><b>PPAG/18/17: Detailed Report from East Leicestershire and Rutland CCG:</b> Mr Bosworth was to provide update on the following you actions:</p> <ul style="list-style-type: none"> <li>- To ask LPT for data regarding responsible commissioner in respect of patients occupying the beds.</li> <li>-</li> </ul> <p><b>Post note:</b> Mr Bosworth informed that the data regarding responsible commissioner in respect of patients occupying the beds had been provided in the March 2018 PPAG report. <b>Action closed.</b></p> <ul style="list-style-type: none"> <li>- In addition GP Governing Body members be approached to assist with capturing and monitoring the relevant data from their practices over a period of time.</li> </ul> <p>It was noted that this action was being looked into. <b>Action ongoing.</b></p> <p><b>PPAG/18/17: INR for housebound patients:</b> Dr Scott confirmed that an audit into SPA had commenced which was led by the Patient Safety Lead. Audit is now complete and it highlighted that only one concern was received which did not reflect the level of concern noted. Dr Scott informed that she had raised further concerns at Clinical Quality Review Group (CQRG) and have commissioned a deep dive into the service which will be co-produced by Quality Contract Lead and LPT. The results from the deep-dive will be presented at CQRG and thereafter to PPAG in July 2018. Currently the Terms of Reference are being developed. <b>Action ongoing.</b></p> <p><b>PPAG/18/17: Deep Dive into LPT:</b> a deep dive should be carried out in six months' time to provide an update on progress. Action noted and further deep dive on LPT will be requested by PPAG nearer to the time. <b>Action closed.</b></p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>- <b>RECEIVE</b> the matters arising and note the progress to date.</li> </ul>	
<p><b>PPAG/18/31</b></p>	<p>To <b>RECEIVE</b> Exception report from West Leicestershire CCG hosted contracts team (<b>Paper C</b>)</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.</p> <p><b>East Midlands Ambulance Service (EMAS):</b> Ms Clinton highlighted that performance against all four categories remains challenging, although improvement for Cat 1 and Cat 1T has</p>	

been noted for Leicester, Leicestershire and Rutland (LLR). She stated that performances against other categories have however declined. It was reported that performance is currently being monitored and further work is underway in regards to extracting performance data at CCG level. In addition PPAG were informed that commissioners are waiting for the final report on the Demand and Capacity review carried out by ORH Ltd. The review is modelled against the regional performance and current funding levels and a reduction in activity as well as revised abstraction rates.

Under **Handovers**, Ms Clinton reported that the number of handovers within 15 minutes fell by 8%. An increase in lost hours in pre-handovers has also been noted. It was highlighted that delayed handovers in February 2018 were 9% higher than in February 2017.

**Quality:** Mrs Trevithick added that 6 Serious Incidents (SIs) have been reported in January 2018, of which 5 SIs were categorised as Delayed Responses and one was categorised as Care Management Concern. She stated that the Si's are reviewed by LLR SI group and are also scrutinised at EMAS regional SI Peer Review meetings which is attended by LLR Head of Patient Safety

Under the statutory and mandatory training section in the report for EMAS, Mr Kendrick queried if the training is intended for completion by all 101 outstanding staff by the end of the financial year and would 100% be achieved by the end of the year. Secondly he asked as commissioners do the contract lead envisage seeing improvement in EMAS's performance following completion of the training. Ms Clinton replied that it may not be possible for all outstanding staff to complete the training by the end of the year and stated that the contract lead feel that some improvement in the performance will be seen once the training has been completed by all the staff.

Mr Gibara added that EMAS have stated that there is a gap in staffing resources which is impacting on the service's performance and have indicated the number of staff required in total. His query was that due to the CCGs' current financial positions what would be the potential impact if staffing level was not agreed. Ms Clinton explained that the matter is under review to get a better understanding of the situation in order to resolve the staffing matter.

In addition Mr Gibara queried the double running costs for NHS

111 and Clinical Navigation Hub which is commissioned via Derbyshire Health United (DHU). Ms Clinton stated that although the provider is same there is no double running of the costs as both NHS 111 and CNH are specific services.

PPAG members stated that EMAS have been consistently underperforming and have not achieved the required KPIs. In addition it is highly unlikely that improvement in performance will be seen due to issues with staffing capacity.

**Non-emergency patient transport service (NEPTS) – Thames Ambulance Service Limited (TASL)** - Ms Clinton confirmed that improvement is being noted in TASL's performance. In addition TASL is performing well against almost every Key Performance Indicators (KPIs) for this month.

Furthermore improvements have been noted for the collection of Leicester Royal Infirmary (LRI) discharge patients. In January 2018 an increase in LRI discharge activity was noted. Despite the increase in activity improvement was noted in TASL's performance. In addition an improvement has also been seen in the number of patients arriving on time for their appointment.

Ms Clinton informed that bookings had seemed to increase by fraction in January 2018 and an increase in patient journeys completed was also noted in the same month. She informed that the percentage of aborts remained at same, however the percentage of cancellations falls overall by 3%. TASL have started to send booking confirmation text messages to patients 24hrs before the journey and it is hoped that this will further increase completed journeys and reduce aborts.

PPAG were informed that TASL has also devised a mobile application for patients to track their vehicles using their mobile phone, and is currently piloting the application with renal patients.

**Quality:** Mrs Trevithick highlighted that although improvements are being noted in TASL's performance, there is still a concern about lack of reporting against the quality schedule. She alluded that no quality reports have been received to date in line with the quality schedule. As a result of this a Contract Performance Notice (CPN) has been issued in January 2018. A meeting has taken place with TASL and a more comprehensive organisational action plan has been produced to encompass the actions required.

Following the last PPAG meeting in February 2018, assurance had been requested by PPAG members in relation to recruitment of a Chief Executive Officer and other vacancies in TASL. Ms Clinton confirmed that a new Chief Executive Officer

has now been appointed and commenced the post on 5 March 2018. Furthermore TASL are also interviewing for the Chief Operating Officer post.

**Derbyshire Health United, NHS 111:** Ms Clinton explained that NHS111 is continuing to exceed the monthly contracted activity, and there has been a continuous increase in the number of calls received by the service since August 2017. Ms Clinton added that activity in January 2018 was 50% over the planned contracted baseline however despite an increase in activity it was noted that the number of calls answered within the agreed KPI had been met, and the number of abandoned calls decreased by a fraction of the percentage.

Ms Clinton reported that due to the increase in activities, an impact is being viewed on the KPIs and on patient experience. In regards to this the contracts leads are reviewing the activity levels and are rebasing as part of the contract negotiations. Furthermore the lead commissioners are currently reviewing the staffing model. In addition Ms Clinton stated that the Next Steps in the Five Year Forward View requires all NHS 111 services to have an online service in place by December 2018. NHS England has asked the CCGs to offer NHS 111 Online in their areas on an accelerated timeframe by July 2018.

Dr Trzcinski highlighted the recent experiences encountered by practices where NHS111 have asked patients to call Primary Care services and this is putting added pressure on the practices. Ms Clinton stated that she was not aware of this and will liaise with the contract team to look into the matter to understand why NHS111 are asking patients to contact Primary Care services.

**Clinical Navigation Hub (CNH):** Ms Clinton informed that similar picture was seen in CNH in regards to increased activities in January 2018 and due to the high demand, there was a slight reduction in the number of calls answered and an increase in abandoned calls were noted.

**Quality:** It was noted that CNH currently reported in line with the quality schedule and monthly reports are received regularly. Ms Clinton informed that reporting against the schedule is closely monitored however there are some outstanding concerns which are being addressed through additional contact meetings.

**Night Nursing Service (NNS):** Ms Clinton briefed PPAG that the activity for NNS is below plan which is monitored continuously on a monthly basis. In addition monthly contract meetings are underway with the service to address quality and

	<p>performance issues.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>- <b>RECEIVE</b> the report and note progress to date.</li> </ul>	
<p><b>PPAG/18/32</b></p>	<p>To <b>RECEIVE</b> exception report from Leicester City CCG hosted contracts team – UHL and Alliance (<b>Paper D</b>)</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.</p> <p><b>Care Quality Commission (CQC) report:</b> Ms Shuttlewood highlighted that UHL have been rated as “Requires Improvement” overall. The Trust were rated “Good” in the domains of effective and caring which is an improvement in the “effective” domain and remains the same for the others.</p> <p><b>Emergency Department (ED):</b> Ms Shuttlewood stated that there are delays in timely access and progress through the ED and inpatient beds impacting on the achievement of ambulance handovers, 4 hour target and timely discharges. In addition there is potential further impact on cancelled operation rates.</p> <p>Under <b>A&amp;E 4 hour</b> Ms Shuttlewood informed that performance in January 2018 was 75% which is significantly below the required standard of 95%. The A &amp; E Delivery Board (AEBD) continues to focus on implementing the recovery plan as set out.</p> <p>Furthermore Ms Shuttlewood reported on <b>Cancer standards</b> that UHL did not deliver the 31 day, 31 day subsequent surgery or 62 day standards in January 2018. She stated that actions to remedy performance are underway with UHL.</p> <p><b>Referral to Treatment (RTT):</b> Ms Shuttlewood highlighted that there is a risk that the RTT core standards will not be met as there are a number specialities with performance concerns; however performance is monitored regularly via various forums.</p> <p>Mr Gibara suggested starting a constructive conversation with UHL in regards to reviewing ways of reducing the non-elective. Ms Shuttlewood informed that a meeting has been arranged for 13 April 2018 which is led by NHS Improvement and some of the issues highlighted will form part of the discussions at the meeting.</p> <p>Mr Gibara felt that there were issues with UHL’s internal processes which is impacting on the overall performance for the Trust. Ms West provided feedback on a recent CQC visit to the ED which concluded that the issue was more about the flow in the system. She stated that the visit highlighted that there was</p>	

	<p>an organised process in place and patients were safe and followed through the process. Ms West highlighted that dedication was noted in staff working in the ED; however some concerns were noted around long working shifts.</p> <p>Mr Kendrick queried if there was an increase in the sickness and absence levels as the report did not provide the information. <b>Ms Shuttlewood agreed to include the details in the April PPAG report.</b></p> <p>Ms Shuttlewood added that the elective pause and high levels of patients with cancelled operations have been the principle factor in the RTT performance and the increase in backlog. Discussions are on-going to agree a system wide response as UHL have limited physical and clinical capacity. As a result the performance may not recover in an appropriate timeframe without utilising external capacity via the independent sector. Mr Kendrick queried the length of time it would take to clear the backlog. Ms Shuttlewood informed that she was unable to provide timeline however she assured PPAG that patients who are on the long waiters list are reviewed regularly to identify any clinical impact.</p> <p>There was some further discussion in regards to looking at alternative ways to reduce the backlogs. Ms Shuttlewood informed that UHL are reviewing and working on a model to resolve the backlog issues.</p> <p>Mr Gibara queried on the status of the Sepsis pathway. Ms Shuttlewood stated that UHL submitted the data for Q3 as part of the CQUIN, however further information is required to contextualise this.. She noted that UHL have been requested to re-submit the data. In the meantime an exception report has been shared by UHL and the contract leads are working with the Trust to understand the barriers. Further discussions took place about reviewing the pathway to understand the mechanisms with regards to patient flow through the pathway and to include clinical expertise during the review of the pathway.</p> <p>Mr Bosworth joined the meeting.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>- <b>RECEIVE</b> the report and note progress to date.</li> </ul>	<p><b>Ms Shuttlewood</b></p>
<p><b>PPAG/18/33</b></p>	<p>To <b>RECEIVE</b> exception report from Leicester City CCG hosted contracts team – Out of County Acute Providers (<b>Paper E</b>)</p> <p>Ms Shuttlewood presented the 2017/18 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. Ms Shuttlewood highlighted the</p>	

	<p>following areas to note:</p> <p><b>A&amp;E 4 hour and ambulance handover delays:</b> the majority of out of county providers are not meeting the standard and there are various action plans in place with some providers having been served with contract performance notices (CPNs). The underperformance is attributed to high demand and staff vacancies in the majority of areas.</p> <p><b>Cancer standards:</b> the majority of providers did not meet the 62 day standard this month and are also missing other cancer standards. Actions were being taken by each Trust to remedy the issues.</p> <p><b>52 week breaches and 18 weeks RTT:</b> the elective pause has impacted on achieving the 18 weeks standard and there is a risk that there will be an increase in the number of 52 week breaches at some providers. There have also been increases in cancelled operations. Many providers are looking to provide additional sessions or outsource capacity to achieve the standard.</p> <p><b>Quality:</b> it was noted that Kettering General Hospital had been rated inadequate by the Care Quality Commission (CQC).</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>- <b>RECEIVE</b> the report and note progress to date</li> </ul>	
PPAG/18/34	<p>To <b>RECEIVE</b> exception report from East Leicestershire and Rutland CCG hosted contracts team (<b>Paper F</b>)</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. Mr Bosworth highlighted the following:</p> <p><b>Improving Access to Psychological Therapies (IAPT):</b> 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.</p> <p><b>Transforming Care Partnership (TCP):</b> it was noted that trajectory was improving and in addition remedial actions have been identified by TCP Executives.</p> <p><b>Leicestershire Partnership Trust (LPT):</b> it was highlighted that LPT CQC action plan is in progress and continues to be monitored via the Clinical Quality Review Group (CQRG). Mr Bosworth informed that the contract leads support the assurance measures of CQC quality improvement work, and with that a commissioner quality visit is scheduled to take place for Quarter</p>	

	<p>4 following CQC re-inspection.</p> <p>Mr Bosworth added that staffing remains a concern across all services, with vacancies across the services. In addition staffing gaps also identified in medical staffing.</p> <p>Lastly Mr Bosworth highlighted that contracts negotiations are underway for 2018/19.</p> <p>Ms Carrie Harris joined the meeting.</p> <p>In response to a query from Mrs Trevithick on the Mental Health Crisis team and waiting times, Mr Bosworth responded that some progress has been noted in the referral process. He added that there are discussions to conduct a pilot in regards to referral methods. Dr Prasad explained the piloting process in detail, however expressed some concerns in regards to the current systems and processes.</p> <p>Mr Bosworth explained that contract teams are looking at short, medium and long term solutions. It is envisaged that for short term solution to get referrals through the PRISM, however further discussions need to take place on the matter. Medium term solution would be through the transformation of services and longer term solution would be around looking at the right size of the service in order to fulfill the service specification.</p> <p>Mr Bosworth and Ms Harris left the meeting.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>- <b>RECEIVE</b> the report and note progress to date.</li> </ul>	
<p><b>PPAG/18/35</b></p>	<p>To <b>RECEIVE</b> an exception report from East Leicestershire and Rutland CCG on PHBs and PUPoC (<b>Paper G</b>)</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>Mr Gibara highlighted that Midlands and Lancashire Commissioning Support Unit (ML CSU) have not been able to institute the end to end pathway; however work has started to operationalise the process. CHC team is progressing with the legacy reviews and is expected to complete all reviews by 31 March 2018.</p> <p>Under new referrals, Mr Gibara highlighted that a full manual count of all patients with outcomes in January 2018 were undertaken with further checks regarding the accuracy of the 28 day compliance made. It was identified that there was a lower achievement at 76%, which indicated that the previous inaccuracies were due to reporting from the Broadcare system.</p>	

	<p>He stated that the system has now been updated and a new report correlates with the manual count. In addition discussions have taken place with UHL to ensure that all individuals on the “Discharge to Assess” pathway are also completed within 28 days where a CHC checklist has been used.</p> <p>Under appeals process Mr Gibara highlighted that ML CSU have identified that the correct local resolution process for appeals had not been followed correctly prior to cases referred for an independent review. ML CSU has put in additional capacity to clinically review and triage the cases to ensure that the local resolution process is followed. It was noted that the CCGs would add this as a financial, clinical and organisational risk to their respective risk registers.</p> <p>Mr Gibara informed that there are issues with Fast Track Packages of Care (PoC). He noted that the main delays sit with Help To Live At Home (HTLAH) as they are unable to source a PoC in the timeframe. In order to reduce delays it has now been agreed that MLCSU Personalised Commissioning Team will source all Fast Tracks PoC for the next 3 months.</p> <p>Under section 1.1.6 which is appeals, retrospectives and disputes, Mr Kendrick questioned when would the 19 cases indicated on the backlog list would be resolved. Mr Gibara was unable to provide a response and agreed to look into the matter and <b>provide update on the timeline at the next meeting.</b></p> <p>Mrs Trevithick suggested that it would be useful to see information on patients who are assessed out of hospital to be part of the report going forward. <b>Mr Gibara agreed to include the information going forward.</b></p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>- <b>RECEIVE</b> the report and note progress to date.</li> </ul>	<p><b>Mr Gibara</b></p> <p><b>Mr Gibara</b></p>
<p>PPAG/18/36</p>	<p>To <b>RECEIVE</b> 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"> <li>- EMAS performance</li> <li>- TASL: Update on TASL’s progress</li> <li>- UHL: Cancer and RTT standards</li> <li>- A&amp;E performance</li> <li>- Update on IAPT</li> <li>- Community staffing issues</li> <li>- Personalised Commissioning Service update</li> </ul> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>- <b>AGREE</b> the items proposed for escalation to each CCG Governing Body.</li> </ul>	

<b>PPAG/18/37</b>	<p>To <b>AGREE</b> Detailed Review Topic for the next PPAG meeting</p> <p>It was agreed that detailed reports on the following services to be presented at the April 2018 PPAG meeting:  <b>Leicestershire Partnership Trust</b></p> <ul style="list-style-type: none"> <li>- Children’s Services (CAMHS and Children’s Crisis)</li> <li>- Adult Crisis Service</li> </ul>	
<b>PPAG/18/38</b>	<p>To <b>RECEIVE</b> for Information Assurance Report from the Provider Performance Assurance Group (PPAG) – February 2018 (<b>Paper H</b>)</p> <p>The PPAG Summary report for February 2018 was shared for information purposes.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>- <b>RECEIVE</b> the report.</li> </ul>	
<b>PPAG/18/39</b>	<p><b>To RECEIVE Any other Business</b></p> <p>There were no further items of business to discuss.</p> <p>Meeting concluded at 12.40pm</p>	
<p><b>Date of the next meeting:</b></p> <p>Thursday 26 April 2018, Leicester City CCG, Conference Room, 8<sup>th</sup> Floor, St Johns House, 30 East Street, Leicester, LE1 6NB.</p> <p><b>Note:</b> East Leicestershire and Rutland CCG to Chair the meetings from January - April 2018 inclusive.</p>		

APPROVED