

**Minutes of the Provider Performance Assurance Group (PPAG) held on Thursday  
 30 May 2019 at Leicester City CCG, Conference Room, 8<sup>th</sup> Floor, St John's House, 25 East  
 Street, Leicester, LE1 6NB**

**PRESENT**

Mr Warwick Kendrick	Independent Lay Member, East Leicestershire and Rutland CCG (Chair)
Ms Daxa Patel	Independent Lay Member, Leicester City
Dr Nick Pulman	Deputy Chair, West Leicestershire and Rutland CCG
Dr Avi Prasad	Deputy Clinical Chair, Leicester City CCG
Ms Amanda Bland	Interim Deputy Chief Nurse and Quality Officer, East Leicestershire and Rutland
Dr Graham Johnson	GP Locality Lead, East Leicestershire and Rutland CCG
Mr Paul Gibara	Chief Commissioning and Performance Officer, East Leicestershire and Rutland CCG (Deputising for Ms Enoux)
Mrs Michelle Iliffe	Director of Finance, Leicester City CCG
Ms Carole Ribbins	Interim Chief Nurse, West Leicestershire CCG

**IN ATTENDANCE**

Ms Sarah Shuttlewood	Associate Director for Contracts and Provider Management, Leicester City CCG ( <b>PPAG/19/46, PPAG/19/47, PPAG/19/48 and PPAG/19/49</b> )
Ms Jo Clinton	Head of Contracts and Provider Performance, West Leicestershire CCG ( <b>PPAG/19/50</b> )
Ms Noelle Rolston	Head of Personalised Commissioning, East Leicestershire and Rutland CCG ( <b>PPAG/19/51</b> )
Ms Nicola Smith	Lead Nurse, Quality and Contracts, East Leicestershire and Rutland CCG
Mr Mark Whitmore	Senior Commissioning Manager MH & LD, Commissioning
Mrs Jayshree Raval	Commissioning Collaborative Support Officer, East Leicestershire and Rutland CCG (Minutes)

ITEM		LEAD RESPONSIBLE
<b>PPAG/19/42</b>	<p><b>Apologies received:</b></p> <ul style="list-style-type: none"> <li>- Mrs Sarah Warmington, Associate Director of Commissioning MH/LD, East Leicestershire and Rutland</li> <li>- Ms Sue Lock, Managing Director, Leicester City CCG</li> <li>- Mrs Karen English, Managing Director, East Leicestershire and Rutland CCG</li> <li>- Ms Tracy Burton, Interim Chief Nurse and Quality Officer, East Leicestershire and Rutland</li> <li>- Donna Enoux, Chief Operating Officer, East Leicestershire and Rutland CCG</li> <li>- Mrs Caroline Trevithick, Interim Managing Director, West Leicestershire CCG</li> <li>- Mr Ket Chudasama, Director of Performance and Corporate</li> </ul>	

	<p>Affairs, West Leicestershire CCG</p> <ul style="list-style-type: none"> <li>- Ms Noelle Rolston, Lead Nurse, Quality and Contracts, East Leicestershire and Rutland CCG</li> <li>- Ms Wendy Kerr, Independent Lay Member, West Leicestershire CCG</li> </ul>	
<p><b>PPAG/19/43</b></p>	<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>	
<p><b>PPAG/19/44</b></p>	<p>To <b>APPROVE</b> Minutes of the Provider Performance Assurance Group held on 25 April 2019 (<b>Paper A</b>)</p> <p>The minutes of the Provider Performance Assurance Group meeting held on 25 April 2019 were accepted as a true record of the meeting subject to a minor amendment on page 10 of the minutes.</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 subject to minor amendment</li> </ul>	
<p><b>PPAG/19/45</b></p>	<p>To <b>RECEIVE</b> Matters Arising: Actions from the Provider Performance Assurance Group held on 25 April 2019 (<b>Paper B</b>)</p> <p>The matters arising following the meeting on 25 April 2019 were received, with the following updates noted:</p> <p><b>PPAG/18/120: UHL performance report:</b> The action was for Ms Shuttlewood to provide information on how well co-ordinated are the operating theatres and how well the time is managed in the public sector as well as the private sectors. Ms Shuttlewood explained that it is not possible to do a comparison between the independent providers and UHL. She however informed that the hospital productivity data model can provide some information which will be included in the June 2019 PPAG report. <b>Action ongoing.</b></p> <p><b>PPAG/18/126: UHL performance report:</b> The action was for Ms Shuttlewood to undertake a more detailed review around UHL performance with support from CCG's clinicians. Ms Shuttlewood updated that information is being collated together in regards to reconvening the contracts Square meetings. Information will be shared in due course. <b>Action ongoing.</b></p> <p><b>PPAG/19/06: UHL and to arrange Board to Board:</b> Ms Shuttlewood confirmed that a date for the Board to Board meeting has now been agreed. The meeting will take place on Tuesday 18 June 2019. <b>Action closed.</b></p> <p><b>PPAG/19/19: UHL, discharge summaries and clinic letters:</b> The issue around the late discharge summaries and clinic letters sent to GPs to be reviewed as part of the contractual route to resolve some of the unintended consequences and risks that could be encountered by the patients due to GPs receiving late discharge summaries. Ms Shuttlewood stated that these issues will be discussed as part of the</p>	

	<p>technical meetings going forward from June 2019. <b>Action closed.</b></p> <p><b>PPAG/19/21: MAAD Event:</b> PPAG requested to see the actual numbers under each of those areas in the next report. Ms Clinton stated that the information is still being collated and will provide update at the next meeting. <b>Action ongoing.</b></p> <p>Second action was to circulate the dates for the MAAD Event: Ms Clinton informed that Mr Webster is leading on this work and further update will be provided. <b>Action ongoing.</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/19/46</b></p>	<p>To <b>RECEIVE</b> a Deep-Dive Report on Leicestershire Partnership Trust (LPT) (<b>Paper C</b>)</p> <p>Ms Shuttlewood presented the detailed report on Leicestershire Partnership Trust (LPT) following the Care Quality Commission (CQC) visit</p> <p>Ms Shuttlewood explained that following a CQC inspection, a report was published in February 2019 with an overall rating of 'requires improvement'. There were six requirements and three enforcement actions issued, with the enforcement actions to be completed by 27 May 2018. The domain ratings were:</p> <ul style="list-style-type: none"> <li>• Safe: <i>requires improvement</i></li> <li>• Effective: <i>requires improvement</i></li> <li>• Caring: <i>Good</i></li> <li>• Responsive: <i>requires improvement</i></li> <li>• Well-led: <i>inadequate</i></li> </ul> <p>Ms Shuttlewood stated that a trust wide action plan has been produced and shared with commissioners. LPT is taking a 3 stage approach to manage and address the required improvement actions:</p> <ul style="list-style-type: none"> <li>• Phase 1: Immediate actions to be implemented.</li> <li>• Phase 2: Quality Improvements.</li> <li>• Phase3: Embedding and sustaining.</li> </ul> <p>Ms Patel queried if an Oversight Group was in place. Ms Bland explained that a Quality Risk Review meeting was to be arranged by NHS England, as an overarching group however this has been delayed. Therefore an oversight group has now been established by the commissioners with invitation extended to the CQC, NHS England, NHS Improvement and LPT. These meetings take place on a monthly basis. PPAG members noted that the work was commissioner driven. Ms Bland informed that although the oversight group meeting is currently taking place on a monthly basis, it may stop once the Risk Review meeting take place. There was some debate in regards to less drive and engagement seen from the provider towards improving the services. Ms Bland assured PPAG that NHS Improvement have placed a Turnaround Director in LPT to review the system as whole. Furthermore she explained that the provider is under scrutiny at Regional Surveillance Group. Ms Bland also explained that if CQC were overly concerned about the services within the provider than a Risk Summit would have been called by NHS England, however this action has not been taken. Lastly Ms Bland stated that a tight scrutiny</p>	

	<p>is being maintained by the Commissioners Quality team led by their Chief Nurse on the CQC action plan.</p> <p>Mr Whitmore informed that LPT have short and medium term action plans in place which are being monitored through the Trust Executive Panel. In addition weekly internal review of the action plans takes place at directorate level. NHS Improvement is also supporting LPT with improving governance systems.</p> <p>Dr Pulman expressed disappointment in regards to the provider not having engaged with the Transferring Care Safely group from the offset, as issues highlighted by the CQC would have been addressed through this group and supported in resolving them. PPAG members expressed concerns under well-led category, highlighted in the CQC report as 'inadequate' stating that the provider had not addressed a number of high level concerns from previous inspections. The report highlighted that there were significant issues with trust level governance, oversight of environments, failure to address the key issues and lack of pace with delivering the essential improvement. This was taken as cause for concern. Ms Bland reiterated on some of the actions that are being taken to address these issues.</p> <p>PPAG members felt that there was lack of leadership in supporting the action plans and sustaining improvement. Ms Shuttlewood informed that the newly established Executive team are on board and fully aware of the concerns. Furthermore it was highlighted that as commissioners, the CCGs are supporting LPT's action plan development, with support to key quality improvement initiatives. Lastly the remit of the oversight group is to review and challenge discussions against the CQC improvement plans.</p> <p>PPAG members highlighted that they did not feel assured with the provider's performance however acknowledged the support that was being provided by the commissioners in taking the action plan forward. Based on the discussions and the presentation, PPAG requested a further deep-dive report to be presented in three months' time however progress update to be presented at each month until then.</p> <p>It was <b>RESOLVED</b> to:      - <b>RECEIVE</b> the deep-dive report on LPT.</p>	<p><b>Ms Shuttlewood</b></p>
<p><b>PPAG/19/47</b></p>	<p>To <b>RECEIVE</b> an exception report from East Leicestershire and Rutland CCG hosted contracts team (<b>Paper D</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 and for information.</p> <p>Under Improving Access to Psychological Therapies (IAPT) Service, Ms Shuttlewood informed that for County contract a number of actions have been identified which are positively affecting the delivery of the service for the county service. However City service did not achieve the trajectory for Quarter 4. Furthermore moving to recovery has been affected by the final patients completing the interim pathway in addition to a number of patients self-discharging from digital therapies</p>	

	<p>without a second measure being recorded. It was noted that work is underway with the current provider to improve performance.</p> <p>It was <b>RESOLVED</b> to:          - <b>RECEIVE</b> the report</p>	
<p><b>PPAG/19/48</b></p>	<p>To <b>RECEIVE</b> an exception report from Leicester City CCG hosted contracts team – UHL and Alliance (<b>Paper E</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 and for information.</p> <p>Ms Shuttlewood informed that at the end March 2019 there were no 52 week breaches, however cancellations due to capacity pressures remain a risk to achieve the forecast. Furthermore the number of patients waiting over 40 weeks has significantly increased this year compared to last year. A daily escalation of patients at risk is followed and a daily TCI list for any long waiting patients over 48 weeks is sent to the operational command distribution list with escalation to the Chief Operating Officer (COO) as required. Ms Shuttlewood informed that a piece of work is in progress looking at the non-elective pathways and other flows and discharge systems. Furthermore such areas will be discussed at the Board to Board meeting in June 2019.</p> <p>Ms Rolston joined the meeting.</p> <p>Mr Kendrick and Dr Johnson queried staffing issues stating that the report suggests that UHL is reporting 684WTE Registered Nurses vacancies with a nurse bank fill rate of 59% which is below the average for registered nurse care hours per patient day. Firstly it was noted that the number of vacancies had increased and secondly queried if only 59% of posts are filled with agency staff what actions are being put in place for safe service. Ms Ribbins informed that 6% of workforce demand has increased however risks are mitigated on a daily basis through safe staffing meetings and the Trust is working with NHS Improvement on a retention programme. There was some discussion under agency staff and the impact on tax changes due to staff doing additional shifts. Ms Shuttlewood informed that this would be raised with the providers at the next meeting.</p> <p>Under Cancer 62day wait; Dr Johnson commented that the numbers have increased since December 2016. Ms Shuttlewood explained that the increase is due to more people going through the pathway however it is disproportionate on capacity. She stated that this is under-review however the pathway continues to be monitored and managed with support from the UHL clinicians. Mr Gibara added that he sits on the Cancer Board and has noted improvement in some areas taking place.</p> <p>Dr Pulman stated that the percentage of cancelled operations at UHL has increased from February 2019 where another appointment is not</p>	

	<p>being offered within 28 days. Ms Shuttlewood informed that a recovery plan has been developed by UHL following the 'deep dive' work undertaken to understand the drivers for the failure to rebook patients and number of cancellations. Cancelled operations performance is also part of local CQUIN in 2018/19 which is being reported through the Care Quality Review Group (CQRG). PPAG members stated that there should be some arrangements in place which can be enacted once a patient appointment is cancelled a couple times where an appointment is then offered with another provider.</p> <p>PPAG members reiterated on the importance of getting the Board to Board agenda organised in order to have discussions with the provider on a number of issues highlighted and work through them in order to improve the service and patient care.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>- <b>RECEIVE</b> an update</li> </ul>	
<p><b>PPAG/19/49</b></p>	<p>To <b>RECEIVE</b> an exception report from Leicester City CCG hosted contracts team – Out of County Providers (<b>Paper F</b>)</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 report was taken as read and for information.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>- <b>RECEIVE</b> the report for information.</li> </ul> <p>Ms Shuttlewood left the meeting</p>	
<p><b>PPAG/19/50</b></p>	<p>To <b>RECEIVE</b> an exception report from West Leicestershire CCG hosted contracts team (<b>Paper G</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 and for information.</p> <p><b>East Midlands Ambulance Service (EMAS):</b> Under the Ambulance Response Performance (ARP) standard Ms Clinton informed that the ARP Performance have improved in April 2019 for LLR for Category 1 (both standards), Category 2 (both standards) and Category 4, however declined for Category 3. She stated that EMAS missed the Category 1 Mean standard for LLR by just one second. Furthermore it was explained that this was EMAS' best performance since the introduction of the ARP standards. Dr Johnson stated that he recognises the improvement however felt that EMAS was performing significantly under target for Category 3 and 4. Ms Clinton informed that EMAS had introduced 'Releasing Time to Care', which they believe has impacted upon their improved performance status as it has meant that vehicle's are ready for staff when they come on shift and that staff can start on time.</p>	

Ms Clinton informed that handover remains a concern. The average handover time across the three hospital sites increased to 21 minutes 30 seconds with Leicester Royal Infirmary (LRI) with the highest number of handovers in the region. A 5% increase for post-handover lost hours were noted in April 2019, with LRI again holding the highest number of post-handover lost hours in the region. EMAS lost an average of 42 hours per day in April 2019 for the overall turnaround time >15mins. There was a brief discussion in respect of UHL's internal processes which are impacting not only on EMAS handovers but also on Thames Ambulance Service Limited (TASL)'s effectiveness on discharges.

Ms Clinton went on to explain that at the end of 2018/19 the LLR division of EMAS ended the with 417 Whole Time Equivalent (WTE) employed front-line staff. The requirement for the division was 483 WTE. She stated that the gap was being closed using Private Ambulance Services (PAS). Their intention is to close this gap by October 2019 with EMAS employed staff which should impact upon their non-conveyance rate. Lastly PPAG were informed that EMAS have had a recent CQC inspection and waiting on the report.

For TASL Ms Clinton, reported that performance against KPI's have been fairly static. The main discussion was upon the newly established Transport Improvement Group and how there will be a focus on improving discharges from UHL which will enable TASL to deliver the service more efficiently. Ms Patel commented on the discharge issues that are being encountered by TASL and suggested that during the Board to Board meeting with UHL this matter to be highlighted. Ms Clinton stated that although it is early days in regards to the work undertaken by the Transport Improvement Group, the direction of travel indicates a positive way forward. This is because UHL are engaged and recognise that internal processes require some change to enable smooth discharge flows throughout the day. She highlighted that this is a key action from the Integrated Urgent and Emergency care group which reports into the A+E Delivery Board (AEDB). Ms Clinton also stated that she has started attending the escalation meetings which provides further level of scrutiny from a commissioner's perspective.

Lastly Ms Clinton highlighted that Derbyshire Health United (DHU) have received their CQC reports for the following services: Acute Home Visiting Service, Loughborough Urgent Care Centre and Clinical Navigation Hub which demonstrates overall rating of 'Good'.

It was **RESOLVED** to:

- **RECEIVE** an update.

Ms Clinton left the meeting.

<p><b>PPAG/19/51</b></p>	<p>To <b>RECEIVE</b> an exception report from East Leicestershire and Rutland CCG on PHBs and PUPoC (<b>Paper H</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>Ms Rolston informed that the performance for the LLR CCGs' CHC Quality Premium (QP) for April 2019 demonstrated compliance with both measures and an improvement from March 2019.</p> <p>Mr Gibara stated that the Joint Funding Panels have now been concluded and are progressing through to the next agreed steps. He stated that all future joint funded cases will be reviewed with funding agreed via the existing process.</p> <p>Lastly Mr Gibara informed that Midlands and Lancashire (MLCSU) have identified a shortfall of resource required to deliver the end to end service as per the required specification. This resource is required primarily to undertake reviews and there is a risk that the service will not be able to meet the requirements of the National Framework. The CSU have updated a demand and capacity review to demonstrate current gaps. This was reviewed at the CCGs Joint Management Team and has agreed to a re-based contract value.</p> <p>PPAG members thanked Ms Rolston and Mr Gibara for a positive report.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>- <b>RECEIVE</b> the report.</li> </ul> <p>Ms Rolston left the meeting.</p>	
<p><b>PPAG/19/52</b></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>- LPT/ staffing issues/CQC report findings</li> <li>- EMAS and TASL performance</li> <li>- UHL performance/Board to Board meeting</li> <li>- Personalised Commissioning 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>	
<p><b>PPAG/19/53</b></p>	<p>To <b>AGREE</b> Detailed Review Topic for the next PPAG meeting</p> <p>PPAG Chairs advised that they will discuss outside of the meeting in respect of under which service/s they would like to receive a detailed report at the June meeting.</p>	
<p><b>PPAG/19/54</b></p>	<p>To <b>RECEIVE</b> for Information Assurance Report from the Provider Performance Assurance Group (PPAG) – April 2019 (<b>Paper I</b>)</p> <p>The PPAG Summary report for April 2019 was shared for information</p>	

	<p>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/19/55</b>	<p><b>To RECEIVE Any other Business</b></p> <p>The chair did not receive notification of any other business.</p> <p>Meeting concluded at 12:17pm</p>	
<p><b>Date of the next meeting:</b></p> <p>Thursday 27 June 2019, Leicester City CCG, Conference Room, 8<sup>th</sup> Floor, St Johns House, 30 East Street, Leicester, LE1 6NB.</p> <p><b>Note:</b> West Leicestershire and Rutland CCG to Chair the meetings from May – August 2019 inclusive.</p>		

APPROVED