EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP

Minutes of the Governing Body Meeting held on Tuesday 8 May 2018 at 9:30am At Blaby District Council, Council Offices, Desford Road, Narborough, Leicester, LE19 2EP

Present:

Dr Richard Palin	Chairman
Mr Clive Wood	Deputy Chair / Independent Lay Member
Mrs Karen English	Managing Director
Dr Andy Ker	Clinical Vice Chair
Mr Tim Sacks	Chief Operating Officer
Ms Donna Enoux	Chief Finance Officer
Mr Paul Gibara	Chief Commissioning and Performance Officer
Dr Graham Johnson	GP Locality Lead, Blaby and Lutterworth
Dr Nick Glover	GP Locality Lead, Blaby and Lutterworth
Dr Anuj Chahal	GP Locality Lead, Market Harborough
Dr Girish Purohit	GP Locality Lead, Melton, Rutland and Harborough
Dr Vivek Varakantam	GP Locality Lead, Oadby and Wigston
Mr Warwick Kendrick	Independent Lay Member
Mrs Tracy Burton	Interim Chief Nurse and Quality Officer

In Attendance:

Mrs Daljit K. Bains	Head of Corporate Governance and Legal Affairs
Mrs Emma Casteleijn	Head of Communications
Dr Tim Daniel	Public Health
Ms Sarah Iverson	Healthwatch Rutland
Mr Simon Pizzey	Head of Planning and Strategic Commissioning (until end of item B/18/81)
Ms Tamsin Hooton	Director of Urgent and Emergency Care (for items B/18/84 and B/18/5 only)
Mrs Claire Middlebrook	Corporate Affairs Support Officer (minutes)

Members of the public: 1 member of the public seated in the public gallery.

ITEM	DISCUSSION	LEAD RESPONSIBLE
B/18/67	**Welcome and Introductions** Dr Richard Palin welcomed members of the Governing Body and members of the public to the May 2018 meeting of the East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG) Governing Body.	
B/18/68	**Apologies for Absence:** Apologies for absence were received from: • Dr Tabitha Randell, Secondary Care Clinician • Mr Alan Smith, Independent Lay Member • Dr Hilary Fox, Senior Clinical Lead for Planned Care	

ITEM	DISCUSSION	LEAD RESPONSIBLE
B/18/69	**Notification of Any Other Business** The Chairman informed that he had received no items of additional business.	
B/18/70	**Declarations of Interest on Agenda Topics** All GP members declared an interest in items relating to primary care where a potential conflict may arise and also where there are any items concerning the Leicester, Leicestershire and Rutland Provider Arm where GP members' are minor shareholders. It was noted that no further action was required at this stage and that the Register of Interests is published on the CCG website. It was **RESOLVED** to: • **RECEIVE** and **NOTE** the declarations made.	
B/18/71	**Minutes of the Meeting Held on Tuesday 10 April 2018 (Paper A)** The minutes of the Governing Body meeting held on 10 April 2018 were accepted as an accurate record. It was **RESOLVED** to: • **APPROVE** the minutes of the meeting held on Tuesday 10 April 2018	
B/18/72	**Matters Arising: Update on Actions from the Meeting held on Tuesday 10 April 2018 (Paper B)** • **B/18/35 Locality Chairs Report: Oadby and Wigston locality –** Dr Vivek Varakantam confirmed that this related to the FIT Test, and was about how patients are managed and how to order and receive test results. Dr Purohit has checked and appropriate communications were issued, however, there is confusion on where this sits in the pathway and therefore a meeting is being held on 15 May 2018 to discuss this further. **Action ongoing.** • **B/18/57 Corporate Performance Assurance Report –** It was confirmed that this was about the need for an escalation plan from CCB. Mrs Karen English confirmed that there was a lot of discussion about this issue at the Commissioning Collaborative Board (CCB) meeting; including views on how LLR monitor performance of the University Hospitals of Leicester (UHL) contract. It was confirmed that UHL performance should be monitored by NHS England or NHS Improvement and therefore the action is closed. **Action Closed.**	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	It was **RESOLVED** to: • **RECEIVE** and **NOTE** the update on the actions.	
B/18/73	**To Receive Questions from the Public in relation to items on the agenda** Dr Palin invited questions from the member of public relating to items on the agenda. There were no questions raised on the agenda items. It was **RESOLVED** to: • **NOTE** that no questions were raised on agenda items from the public.	
B/18/74	**Chairman's Report (Paper C)** Dr Palin presented the report, which provided an overview and update on some of the key constitutional and strategic areas that affect the Governing Body, including meetings attend by Dr Palin since his last report in April 2018. Dr Palin informed that he attended the first CCB meeting held in public in 19 April 2018, where there was one member of the public in attendance. East Leicestershire and Rutland CCG (ELR CCG) continues to liaise with Leicester City CCG (LC CCG) and West Leicestershire CCG (WL CCG) on the proposal to move to a single Accountable Officer, which is currently out for engagement with member practices, staff and partner organisations. To date there has been a reasonable response from ELR CCG staff and there has been some response from GP practices. Dr Palin encouraged member practices who still wish to comment, but have missed the deadline, to contact him directly. The survey monkey has been extended and communication is due to be sent later today to explain the reasons for the extension. It was **RESOLVED** to: • **RECEIVE** the Chairman's Report	
B/18/75	**Accountable Officer's Corporate Report (Paper D)** Mrs Karen English highlighted some of the key activities the Executive Management Team (EMT) has been involved in since the last meeting of the Governing Body in April 2018.	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	Mrs English drew attention to the following key items: **New Interim Chief Nurse –** Mrs English welcomed Mrs Tracy Burton, Interim Chief Nurse and Quality Officer, to the Governing Body of the CCG. **Staff Development Session –** a half day staff development session was held on Friday 27 April, where staff revisited the vision and values and assessed the past 12 months and then looked at priorities for the next 12 months. **General Data Protection Regulations (GDPR)** – The new GDPR regulations come into force on 25 May and an overview of the changes were detailed in the report, Mrs English suggested that should Governing Body members have any specific questions on GDPR these should be directed to Mrs Daljit Bains who has been appointed as the Data Protection Officer for the CCG. **Information Governance Toolkit (IGT)** – it was noted that the CCG submitted the toolkit submission for 2017/18 and achieved 96% compliance across the standards. Attention was drawn to the new toolkit for 2018/19 called the Data Security and Protection Toolkit which will complement the new GDPR regulations. Further information was appended to the report. **Equality and Inclusion update** – it was noted that the national Equality, Diversity and Human Rights week takes place 15-19 May and communications regarding this will be sent out in due course. Governing Body members were informed that the Equality and Inclusion Annual Report is currently being compiled and requested that the Executive Management Team be delegated authority for its approval. **Integrated Point of Access (IPOA)** – This programme has recently been stopped, due to funding and technical difficulties. It is hoped that this will be reviewed again in 12 months' time, when it hoped that the technical difficulties will have been resolved. Mrs Bains highlighted that Governing Body have been asked to approve the delegation of the approval of the Equality and Inclusion Annual Report 2017/18 to the Executive Management Team. This was approved by the Governing Body members. It was **RESOLVED** to: • **RECEIVE** the Accountable Officer's Corporate Report. • **APPROVE** the delegation of the approval of the Equality and Inclusion Annual Report 2017/18 to the Executive Management Team.	

ITEM	DISCUSSION	LEAD RESPONSIBLE
B/18/76	**Finance Report: Month 12 update (Paper E)** Ms Donna Enoux took the paper as read and highlighted the following items from the report: At the end of month 12 ELR CCG had a surplus of £2.4m, against a target of £7.7m, which left a variance of £5.3m. This is due to releasing the headroom and Cat M being funded by NHS England. The Auditors are currently on site and a meeting is due to take place on 24 May to discuss their findings. The CCGs cash target was met and Better Payment Practice Code was at 99%. The CCG spent a capital allocation of £36k to update some of the IT infrastructure and the Commissioning Support Unit's (CSU) performance is good, with the CSU meeting their KPI targets. Appendices G1 and G2 show the high level financial plan. Dr Graham Johnson asked about the figures for the Alliance shown on appendix G2, which shown an increase of 20% and queried how the Alliance will deliver this, as they have not managed to achieve previous, lower, targets. Dr Johnson also asked for clarity around the figures for the Urgent Care Centres (UCC), as the budget shows £1.7m against a spend last year of £501k, which is a big variance. Ms Enoux concurred with Dr Johnson regarding the Alliance being able to achieve the new targets; however, the CCG was asked to model against these targets by NHS England with a reduced AQP budget. Ms Enoux confirmed that due to the concern over capacity a financial reserve has been set aside to potentially fund the gap; regular updates are being received to monitor the situation. The reasons the UCC variance looks large are due to recharges to other CCGs for their patients being seen at our UCCs. Ms Enoux also identified an error for £1m of expenditure that should have been allocated to UCCs but was shown against GP Co-commissioning in the spreadsheet. Dr Vivek Varakantam asked for clarity on the figures shown on page three, under 'in-year operational variances'. Dr Varakantam also queried why Scriptswitch and Arriva were included in appendix G2, as these companies are no longer used by ELR. Dr Varakantam noted that UHL have problems with delivering activity levels and asked how they would achieve an increase of 5%, when there is only a very small increase in funding in the plan. Ms Enoux confirmed that Arriva should now read Thames Ambulance Service Limited (TASL) and also suggested that the detail of the in-	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	year operational variances will be taken to Financial Turnaround Committee. Ms Enoux confirmed that UHL feel they can deliver the new target; however, reserves of £3.5m have been set aside for additional activity and £1.25m for RTT. Ms Enoux noted that the planning guidance stated that the March 19 figure for RTT waiting times had to be the same as the March 18 figure but NHS England has asked CCGs to plan for achievement of 92% RTT target by March 2019, hence the additional reserve. Mr Warwick Kendrick asked about the two categories of non-contracted activity and queried if the acute element is the Independent sector and non-acute is LPT. Ms Enoux confirmed that the non-acute is other non-acute providers, rather than LPT. Mr Paul Gibara would welcome a further discussion on these two lines outside of the meeting. It was **RESOLVED** to**:** • **RECEIVE** the finance report, month 12 update; and • **APPROVE** final budgets for 2018/19.	
B/18/77	**QIPP 2018/19 programme (Paper F)** Mr Gibara confirmed that this paper is brought to Governing Body for ratification following approval by Confidential Governing Body on 24 April 2018. There is currently a £19.6m challenge and this is covered by over 100 schemes, which are shown in full in the financial plan and follows planning guidance and the Sustainability and Transformation Partnership. All schemes are currently live and have had Quality Impact Assessment completed, apart from the Community Services Review. It was **RESOLVED** to: • **APPROVE** the QIPP 2018/19 programme.	
B/18/78	**Activity Plan 2018/19 (Paper G)** Mr Simon Pizzey confirmed that this paper is brought to Governing Body for ratification following approval by Confidential Governing Body on 24 April 2018. The Governing Body agreed to approve the Activity Plan for 2018/19. It was **RESOLVED** to: • **APPROVE** the Activity Plan 2018/19.	

ITEM	DISCUSSION	LEAD RESPONSIBLE
B/18/79	**Performance Trajectories 2018/19 (Paper H)** Mr Pizzey confirmed that this paper is also brought for ratification, following previous discussions. It was **RESOLVED** to: • **APPROVE** the Performance Trajectories 2018/19.	
B/18/80	**Operational Plan refresh 2018/19 (Paper I)** Mr Pizzey confirmed that NHS England required the CCG to submit a two year plan and at the end of 2017/18, ELR were allowed to refresh their plan. The activity and financial changes have already been approved and this iteration is brought for approval of the narrative plan, which now includes updates on progress to date and information on new ideas. A new forward chapter has been included which shows the CCG's achievements and templates for new QIPP schemes. The templates for the Acute and Community Hospital Reconfiguration have been removed. Ms Enoux queried the QIPP finances on page nine, as these appear incorrect. Mr Pizzey agreed to seek clarity on these prior to submission of the plan. Dr Varakantam asked about Governance structures on page 13, as there does not appear to be any clinical input included. Mr Pizzey thanked Dr Varakantam for his observation and will ensure that this information is included, prior to submission. Following a query by Mrs English, Mr Pizzey confirmed that the potential changes for the proposed single Accountable Officer are shown on page 53. Mr Gibara confirmed that the £166k against QIPP has been left the same in the plan, as overall the changes made this year are very light. Ms Sarah Iverson mentioned that Healthwatch are prepared to contribute more and would welcome a conversation with Mr Pizzey outside of the meeting. Dr Johnson commented that the performance assumptions are optimistic regarding RTT and A&E and feels that these are not realistic targets; Mrs English agreed with Dr Johnson. Mrs English also asked that potential redundancy costs should be included in the information on page 53. Mr Tim Sacks noted that following his recent time 'on-call' the A&E	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	figures for last weekend are at 95%, as a lot of patients were not really poorly and there were a lot of minor injuries. Mr Gibara noted that discussions have taken place with NHS England and NHS Improvement regarding the trajectory; however, UHL have a challenge to improve their performance figures. Ms Enoux asked that data for January to March is included in the table on page 25, prior to submission. Dr Palin summarised the discussions and noted the suggested changes; **Mr Pizzey was asked to recirculate the document to the members, once all the changes had been made, prior to re-submission.** It was **RESOLVED** to: • **APPROVE** the Operational Plan refresh 2018/19; **SUBJECT to** the amendments to be made, as discussed, prior to resubmission. *The member of the public left the meeting.*	**Simon Pizzey**
B/18/81	**Corporate Performance Assurance Report (Paper J)** Mr Gibara highlighted the following items from the report: Page 24 shows the top ten specialities for delays for patient treatment, noting how long patients have been delayed in receiving an appointment slot. The Provider Performance Assurance Group (PPAG) is kept updated on delays and are aware this is linked to RTT figures. There have been 35, 12 hour breeches, of which 12 were for ELR patients. Further feedback is needed to understand the details. A deep dive into EMAS has taken place and will be discussed under the agenda item CB18/84. Dr Purohit noted the figures on page 10 for cancelled operations and asked if there was a plan to address the backlog. Dr Varakantam reported that this is followed up through RTT figures and UHL are working through the backlog; although it will take them some time to catch up. Dr Purohit reported that UHL are reporting breeches in groups, rather than reporting as a Serious Incident (SI) and this is monitored through the Clinical Quality Review Group (CQRG). Mr Gibara confirmed that he was not aware of the breeches, as UHL are not reporting SIs as they well as they used to. Mrs English noted that this was reported last month and was raised at PPAG and via the LC Quality team; no response has been received as yet.	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	Mr Kendrick queried why UHL have changed their reporting of SI's. Dr Varakantam is unsure why the reporting has changed, however, believes that there was changes to the guidance. The learning from this will be feedback appropriately. The main reason for grouping the reports is due to the lack of beds being available. **Dr Palin suggested that further feedback is brought to the next Governing Body meeting, to include information on the grouping of incidents and SIs.** Dr Johnson noted the table on page 26 of the report and the fact that the best UHL were able to achieve in any category was 117 out of 147 Trusts. This is very worrying as it shows that UHL are not hitting their targets in any areas. The number of appointments for Ophthalmology is very low and this leads to Appointment Slot Issues (ASI) of less than 50%, as the speciality is only offering 266 appointments per month and 151 of these are not bookable. Dr Johnson is very concerned about this issue. Ms Iverson queried if there are never events taking place at UHL, if the CCG can do anything to investigate. Dr Varakantam confirmed that the CQRG meetings monitor the quality performance of UHL, including never events and ensure that appropriate challenges are made. There are processes in place to ensure learning is shared appropriately. It was **RESOLVED** to: • **RECEIVE** the Corporate Performance Assurance Report *Mr Pizzey left the meeting.*	**Tracy Burton**
B/18/82	**Summary Report from the Provider Performance Assurance Group meeting (April 2018) (Paper K)** Mr Kendrick took the paper as read; noting paragraph 34 in which PPAG members were not assured of the likely improvement of providers (UHL, LPT and EMAS). The different working methodologies between NHS England and NHS Improvement were noted as causing conflicts; alongside the differences of when sanctions are applied. *Mr Sacks left the meeting.* Dr Palin asked Mr Kendrick what PPAG members would like the Governing Body to do about their concerns. Mr Kendrick noted that this should be for Managing Directors to decide and confirmed that all three lay members agreed that it is a difficult situation to resolve. Mrs English confirmed that PPAG have had conversations about this	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	ongoing problem and are doing everything possible with the provider; however, no one is keen to apply financial sanctions to UHL, when they are in their current financial situation; as this will perpetuate the situation. NHS Improvement will allow some flexibility with providers and NHS England insists that the CCG does not set unrealistic targets and therefore the CCG is stuck between the two organisations. Dr Palin spoke about the upcoming restructure of NHS England and NHS Improvement and hopes that this will stop the confusion in the future. Dr Glover reported that in a locality setting, other practices would not tolerate the current poor performance of another practice in the same way. Mr Gibara shares the frustration of members and confirmed that he has already asked NHS England what can be done to improve quality and any contract sanctions that could be applied to UHL. Dr Varakantam also understands the frustration of members, however, noted that UHL are also in a difficult position, in that they have several organisations trying to tell them what to do and how they should improve. ELR need to ensure it commissions differently in future, to ensure that this situation cannot reoccur; the CCG needs to work with UHL to encourage them to improve. Dr Johnson noted the EMAS report which was presented to PPAG in February / March, which showed an improvement in category 2 and 3 calls. Dr Johnson suggested that the report was written in a very positive way and should be more realistic; alongside being honest and transparent as EMAS are missing all nationally set targets. Mr Kendrick summarised the frustration noting the concern about EMAS and UHL performance and the fact that CCGs are not able to take action and apply sanctions, such as in the case of EMAS the CCG has been informed that it cannot apply any contractual sanctions now until September 2018. Previously NHS England had stated that CCGs cannot apply sanctions until April 2018, this period has been extended. Therefore PPAG felt that the different working methodologies between the regulators (i.e. NHS England and NHS Improvement) and their interpretation on how the CCGs as commissioners should be commissioning services, was a concern to PPAG. In particular, how and when the commissioners should be applying sanctions where performance standards have not been achieved. PPAG members agreed that this matter be highlighted to the Governing Bodies so that an agreed way forward can be determined.	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	Dr Purohit suggested that the figures shown in the papers support the comments made and suggested that the table shown in the performance report should include a narrative of what NHS England / NHS Improvement have done about the situation and what assurance has been provided by UHL. This should also include information on what the CCG has done / is doing. Dr Johnson was surprised to note that NHS Improvement believe that the figures are a reality and that A&E will be able to consistently reach 95% by March 2019. Mr Gibara agreed that the CCG cannot manage UHL and acknowledged Dr Varakantam's comments about UHL's situation. A review of how we commission services, such as UHL and Ophthalmology would be a very substantial piece of work. **Dr Palin suggested he raised this at the next CCB meeting so that a joint discussion can take place, so that all three CCGs can escalate together and also seek assurance.** It was **RESOLVED** to: • **RECEIVE** the Summary Report from the Provider Performance Assurance Group meeting (April 2018)	**Dr Palin**
B/18/83	**Summary report from the Integrated Governance Committee meeting in May 2018 (Paper L)** Mr Kendrick took the paper as read and highlighted point six on the report; the GP SIP, which the Committee found to be very useful and have asked for this report to be presented to the Committee, on a quarterly basis. It was **RESOLVED** to: • **RECEIVE** the Summary report from the Integrated Governance Committee meeting in May 2018	
B/18/86	**Locality Chairs' Report: (Paper O)** **Rutland** Dr Palin attended this meeting and noted that the proposal for a single Accountable Officer was discussed, alongside noting that the new dashboard is working well. **North Blaby** Dr Andy Ker reported that there was one main topic of conversation and that was the proposal for a single Accountable Officer.	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	Syston, Long Clawson and Melton Dr Purohit confirmed that Dr Palin attended the meeting to discuss the move towards a single management team. There was apprehension in the room as it was felt that this move could be the beginning of a move towards a single CCG, which some membership felt would not be in the interests of the patients and practices of the SLAM sub-locality. The membership particularly focused on initiatives such as the GP SIP and the commissioning of Pharmacists in General Practice which could be at risk with the proposed move. The membership concluded by agreeing to feedback their concerns through the routes promulgated by the CCG. **Oadby and Wigston** Dr Varakantam confirmed that there was a lively debate about joint working and it was confirmed that a transformation bid has been submitted. **Harborough** Dr Anuj Chahal confirmed that a transformation bid had been agreed in principle (although two practices have not signed up). A further three practices have signed up to the Later Life Training (LLT). There was uncertainty over MSK patients not being seen by the MSK triage service and the implications this may have for GPs. **South Blaby and Lutterworth** Dr Glover confirmed that discussions took place on the proposal for a single Accountable Officer and concerns were raised for the future. Members felt that the CCG needs to focus on Quality as there is evidence that investment in primary care positively affects patients. The Locality Intelligence Packs were discussed and feedback given. Part of the meeting was taken up by a constructive discussion on the Integrated Locality Leadership Teams work, as cooperative working has positive outcomes for patients and good examples were given. **I**t was **RESOLVED** to: • **RECEIVE** the Locality Chairs' Report	
B/18/87	**Summary report from the Primary Care Commissioning Committee meeting and Terms of Reference (May 2018) (Paper P)** Mr Kendrick took the report as read; although noted that the Terms of Reference had been updated to include representation from Public	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	Health as an attendee at the meetings as it was felt that having a public health representative added value to these meetings. Dr Tim Daniel confirmed that he had agreed to be included within the terms of reference and it was noted that he currently attends the Committee meetings on behalf of the Health and Wellbeing Board member. It was **RESOLVED** to: • **RECEIVE** the Summary report from the Primary Care Commissioning Committee meeting; and • **APPROVE** the updated Terms of Reference for the Primary Care Commissioning Committee meeting.	
B/18/88	**Summary Report from the Commissioning Collaborative Board (Paper Q)** The paper was taken as read and no further comments were noted. It was **RESOLVED** to: • **RECEIVE** the Summary Report from the Commissioning Collaborative Board	
B/18/89	**Summary report from Financial Turnaround Committee (April 2018) (Paper R)** The paper was taken as read and no further comments were noted. It was **RESOLVED** to: • **RECEIVE** the Summary report from Financial Turnaround Committee (April 2018) *The meeting was adjourned at this time for a 15 minute break.* *Mr Sacks re-joined the meeting.*	
B/18/84	**Detailed report on East Midlands Ambulance Service (EMAS) performance (Paper M)** *Mrs Tamsin Hooton joined the meeting.* Mrs Hooton took the paper as read and highlighted the following items from the report: EMAS are not performing to national performance standards for response times and there are clear variations across LLR. For category 1 calls, LLR are better than the East Midlands; however, there are different response times within Leicester City.	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	Response times for category 2 calls are slightly better, at around 49/50 minutes, however, have worsened over the winter period and on peak activity days and on days when there have been handover delays at the Leicester Royal Infirmary (LRI). When the new A&E department was first opened, handover delays improved, however, they have now got worse again. It was noted that during April and May the handovers were much improved compared to other A&Es in the region. There is a lot of scrutiny from the public over quality concerns and the response times. The category 1 waiting times are concerning, one patient waited 138 minutes, when the standard is seven minutes. The quality team at WL CCG are working with Derby CCG, as they are the lead for the EMAS contract. There have been six serious incidents in LLR since February, however, none are within ELR, all will be reviewed, once EMAS have done their investigations, which is likely to be June / July. The CCGs need to understand the reason for the waiting time peaks and handover delays. EMAS have reported that they are not resourced adequately and this has been borne out by the research completed by Operational Research in Health (ORH). The contracting position is due to be confirmed on Friday and it is expected that further investment will be agreed. Ms Iverson noted the response times in Rutland, which are good, however, a lot of other targets are not being met. Mrs Hooton confirmed that EMAS will receive additional funding, however, less than EMAS requested for 2018/19; this will be dependent on EMAS meeting their County response times in 2018/19. Following a query from Dr Ker, Mrs Hooton clarified that County times, relate to LLR wide and there will be CCG level variations. Mrs Iverson noted that this will mean that EMAS have to meet LLR standards and therefore Leicester City will be different to LLR. Mrs Hooton confirmed that the resource for rural commissioners is being investigated, as this can have implications for these communities. Deloitte's are looking at the contract price, as this could lead to different prices in different geography's. Ms Iverson is concerned that this will not address the key issue, which is to commission the service differently. If EMAS manage to meet the new targets in LLR, this will not change the situation in Rutland and there will also be no incentive for improvement.	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	Mrs Hooton confirmed that conversations have taken place regarding the performance improvement required by EMAS in WL and ELR; however, the current economics do not work as the spread of resources in the geography of LLR do not currently work. A fixed contract price will also not solve the problem. Mr Clive Wood queried if the recent closure of ambulance stations has had a detrimental effect on response times. Further concern was raised over response times for patients in rural areas, as there is a risk that a patient may die, just because they live in the wrong part of ELR. Mrs Hooton reiterated that none of the SIs reported were in ELR and the new investment for EMAS is to enable them to recruit more crews and have them in the right locations. Although ambulance stations have been closed, is if often more appropriate to have ambulances on standby at key road junctions to enable them to respond more quickly. Dr Ker spoke about points 17 and 18 of the report and asked how EMAS are measuring the time spent with a patient. Following a recent personal experience when Dr Ker was called to see a patient and the potential delays this could cause. Mrs Hooton confirmed that this has been looked at as part of the ORH work and the 'at scene' times have increased since the recent change to the EMAS contract, however, EMAS have been told to do as much as they can to avoid admissions and therefore this will involve crews spending additional time with patients. Mr Kendrick spoke about the quality elements and a category 3 response time of 17 hours, which is unacceptable and asked how these times are monitored and reviewed. Mrs Hooton confirmed that this is monitored at Contract Review Meetings and noted that the exceptional long waits were during a period when EMAS were on the top level of capacity pressures. Dr Glover expressed concern over quality, particularly if category 2 patients have to wait up to 1hr 53m. This is not acceptable for these particular patients, as they could be stroke patients, as there is only a 3 - 4.5 hour window for them to receive appropriate treatment. If a patient has to wait up to two hours for an ambulance then this takes away a lot of the treatment window for these patients. Dr Glover does not know what the solution is, however, the impact on patients is great. Dr Johnson queried why EMAS were early adopters of the ARP, when they didn't appear to have consulted with staff to allow staffing changes to allow its introduction when the only benefit for patients appears to be for category 1T patients (the time taken for an ambulance that can transport a patient to hospital (rather than first	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	responder car) to attend the scene) as the CCG does not receive data on this cohort. Response times for all categories have significantly worsened and that they are now 2.5-3 times the national standard. Dr Johnson also expressed concern over the staffing levels, as recent figures have shown a drop in response times for all categories. Dr Purohit questioned the drop in response times in Rutland and asked about the cost benefit of having additional capacity within ELR. Mrs Hooton confirmed that CCG level trajectories will be set for 2018/19 and 2019/20 and these will focus on County and CCG performance. These will be set once Deloitte's have finished their analysis. Conversations regarding the capacity increase, including additional staffing have commenced and these need to be in place by December 2018. Dr Glover noted that the flaw in performance is discussed at checkpoint meetings; however, no action appears to be taken. Dr Varakantam expressed opinion that the CCG should avoid differential pricing as it would not be fair to have differing costs / performance targets depending on the geography of the patient. Dr Varakantam noted the figures relating to EMAS staff sickness ant study leave etc and asked why follow up figures had not been received. Mrs Hooton agreed with Dr Varakantam that the CCG should resist different pricing structures; however, it is unrealistic to expect CCG performance to increase to get CCG level delivery this year. Historically the pricing structure has benefited LLR. The abstraction rate for EMAS staff formed part of the ORH work and currently sits at 30%. A target has been set to reduce this to 28%, as part of the additional investment money. Dr Palin expressed concern over the levels of sickness, due to a recent experience at his practice when they struggled to cover a 15-20% reduction in staff due to sickness. It was **RESOLVED** to: • **RECEIVE** the detailed report on East Midlands Ambulance Service (EMAS) performance	
B/18/85	**Update on Thames Ambulance Service Ltd (TASL) (Paper N)** Mrs Hooton confirmed that following an in-depth discussion on TASL at CCB she was asked to attend Governing Body to provide an update on the current situation. There has been media and public interest regarding TASLs performance. The new Chief Executive of TASL has been invited to the next CCB meeting.	

ITEM	DISCUSSION	LEAD RESPONSIBLE
	The report summarises TASL's performance since October 2017 and follows dis-satisfaction with their performance in the first two months. Recovery action plans were put in place and the contract revised to reflect the changes needed. Three performance notices have been levied against TASL and their performance has been improving in recent weeks, against their KPIs. The performance still needs to improve further. TASL are doing better on discharge and renal patients, compared to Arriva; although there are still some patients who have to wait too long. Dr Johnson expressed concern about the improvement of TASL, as the figure only shows an improvement in two areas and Renal appear worse, rather than better. Mrs Hooton responded by confirming that the difference is due to TASL applying the eligibility threshold correctly. TASL were also not capturing all third party crews correctly and this has now been corrected. Renal staff have fed back that staff and patients are happier with the service from TASL, compared to Arriva. Ms Iverson noted confusion amongst the public regarding the eligibility criteria and noted a recent case of a 94 year old care home resident who was told they did not meet the criteria and should use a bus to get to their appointment. Mrs Iverson also noted that TASL do not appear to have clear procedures and processes in place regarding how they deal with complaints. Mrs Hooton responded to the question by confirming that there has been communication sent out about the eligibility criteria and this focussed on the challenge faced, however, staff were urged to use their discretion. Appropriate staff training was provided. TASL do not have a formal appeal process, due to the option to be flexible with the criteria. The voluntary sector will support patients if they experience problems; however, Mrs Hooton agreed this area could be confusing for patients. Ms Iverson noted Mrs Hooton comments, however, in the case highlighted, this meant that the GP had to get involved, which took up a lot of their time and TASL eventually collected the patient. Mrs Hooton confirmed that complaints is the area in which TASL need to improve the most and it is hoped that this will progress now that they have a new Chief Executive in place. It has been agreed that TASL will be allowed time to improve and will continue to be monitored closely over the next three months. Mr Wood suggested that following Ms Iverson's concerns, Mrs Hooton use the cases highlighted as case studies. **Mrs Hooton and Ms Iverson agreed to liaise outside of the meeting to review the case highlighted and note learning for TASL in relation to the**	**Tamsin Hooton / Sarah**

ITEM	DISCUSSION	LEAD RESPONSIBLE
	criteria. *[Post meeting note: it was noted that Ms Iverson had since left Healthwatch Rutland and therefore the issues raised at the Governing Body meeting by Ms Iverson were noted and action closed.]* Dr Palin thanked Mrs Hooton for the update and asked members to feedback any further comments through CCB. It was **RESOLVED** to: • **RECEIVE** the update on Thames Ambulance Service Ltd (TASL)	**Iverson**
B/18/90	**Date of next meeting** The next meeting of the Governing Body of the East Leicestershire and Rutland CCG Governing Body will be take place on **Tuesday 12 June 2018, in the Council Chambers, Blaby District Council Offices.**	
	The meeting concluded at 11.45am	