

A meeting of the **OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING)** will be held in **CIVIC SUITE 0.1A, PATHFINDER HOUSE, ST MARY'S STREET, HUNTINGDON, PE29 3TN** on **TUESDAY, 2 SEPTEMBER 2014** at **7:00 PM** and you are requested to attend for the transaction of the following business:-

**Contact
(01480)**

APOLOGIES

1. MINUTES (Pages 1 - 6)

To approve as a correct record the Minutes of the meeting of the Panel held on 8th July 2014.

**Dr A Roberts
388015**

2 Minutes.

2. MEMBERS' INTERESTS

To receive from Members declarations as to disclosable pecuniary and other interests in relation to any Agenda item.

2 Minutes.

3. NOTICE OF KEY EXECUTIVE DECISIONS (Pages 7 - 12)

A copy of the current Notice of Key Executive Decisions, which was published on 7th August 2014, is attached. Members are invited to note the decisions and to comment as appropriate on any items contained therein.

**Mrs H Taylor
388008**

5 Minutes.

4. CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP: PERFORMANCE REPORT (Pages 13 - 80)

To receive a report from the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) on the performance of the CCG including an overview of the year to date.

Mr R Murphy, Interim Local Chief Officer (Huntingdonshire System) will be in attendance for this item.

30 Minutes.

5. SHAPE YOUR PLACE: ANNUAL REPORT (Pages 81 - 86)

To receive a report from the Healthy Communities Manager reviewing the progress of 'Shape Your Place' after its second year of operation.

**D Smith
388377**

20 Minutes.

6. CORPORATE PLAN 2014-16: PERFORMANCE MONITORING
(Pages 87 - 96)

To receive a report from the Corporate Office containing details of the Council's performance against its priority objectives.

H Thackray
388035

20 Minutes.

7. CAMBRIDGESHIRE HEALTH COMMITTEE (Pages 97 - 110)

To receive an update from Councillor R C Carter on the outcome of recent meetings of the Cambridgeshire Health Committee.

An update on the Older People's Programme also is attached.

5 Minutes.

8. WORK PLAN (Pages 111 - 112)

To consider a report by the Scrutiny and Review Manager on the work programmes of the Economic and Environmental Well-Being Overview and Scrutiny Panels.

A Roberts
388015

10 Minutes.

9. OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) - PROGRESS (Pages 113 - 120)

To consider a report by the Scrutiny and Review Manager on the Panel's programme of studies.

A Roberts
388015

15 Minutes.

10. SCRUTINY (Pages 121 - 128)

To scrutinise decisions as set out in the Decision Digest and to raise any other matters for scrutiny that fall within the remit of the Panel.

5 Minutes.

Dated this 21 day of August 2014



Head of Paid Service

Notes

1. Disclosable Pecuniary Interests

- (1) *Members are required to declare any disclosable pecuniary interests and unless you have obtained dispensation, cannot discuss or vote on the matter at the meeting and must also leave the room whilst the matter is being debated or voted on.*

(2) A Member has a disclosable pecuniary interest if it -

- (a) relates to you, or
- (b) is an interest of -

- (i) your spouse or civil partner; or
- (ii) a person with whom you are living as husband and wife; or
- (iii) a person with whom you are living as if you were civil partners

and you are aware that the other person has the interest.

(3) Disclosable pecuniary interests includes -

- (a) any employment or profession carried out for profit or gain;
- (b) any financial benefit received by the Member in respect of expenses incurred carrying out his or her duties as a Member (except from the Council);
- (c) any current contracts with the Council;
- (d) any beneficial interest in land/property within the Council's area;
- (e) any licence for a month or longer to occupy land in the Council's area;
- (f) any tenancy where the Council is landlord and the Member (or person in (2)(b) above) has a beneficial interest; or
- (g) a beneficial interest (above the specified level) in the shares of any body which has a place of business or land in the Council's area.

Non-Statutory Disclosable Interests

(4) If a Member has a non-statutory disclosable interest then you are required to declare that interest, but may remain to discuss and vote providing you do not breach the overall Nolan principles.

(5) A Member has a non-statutory disclosable interest where -

- (a) a decision in relation to the business being considered might reasonably be regarded as affecting the well-being or financial standing of you or a member of your family or a person with whom you have a close association to a greater extent than it would affect the majority of the council tax payers, rate payers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the authority's administrative area, or
- (b) it relates to or is likely to affect a disclosable pecuniary interest, but in respect of a member of your family (other than specified in (2)(b) above) or a person with whom you have a close association, or
- (c) it relates to or is likely to affect any body –
 - (i) exercising functions of a public nature; or
 - (ii) directed to charitable purposes; or
 - (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a Member or in a position of control or management.

and that interest is not a disclosable pecuniary interest.

2. Filming, Photography and Recording at Council Meetings

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be filmed. The Chairman of the meeting will facilitate this preference by ensuring that any such request not to be recorded is respected.

Please contact Democratic Services Team, Tel No: (01480) 388015 / email: Anthony.Roberts@huntingdonshire.gov.uk if you have a general query on any Agenda Item, wish to tender your apologies for absence from the meeting, or would like information on any decision taken by the Panel.

Specific enquiries with regard to items on the Agenda should be directed towards the Contact Officer.

Members of the public are welcome to attend this meeting as observers except during consideration of confidential or exempt items of business.

Agenda and enclosures can be viewed on the District Council's website –
www.huntingdonshire.gov.uk (*under Councils and Democracy*).

If you would like a translation of Agenda/Minutes/Reports or would like a large text version or an audio version please contact the Democratic Services Manager and we will try to accommodate your needs.

Emergency Procedure

In the event of the fire alarm being sounded and on the instruction of the Meeting Administrator, all attendees are requested to vacate the building via the closest emergency exit.

Agenda Item 1

HUNTINGDONSHIRE DISTRICT COUNCIL

MINUTES of the meeting of the OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) held in Civic Suite 0.1A, Pathfinder House, St Mary's Street, Huntingdon, PE29 3TN on Tuesday, 8 July 2014.

PRESENT: Councillor S J Criswell – Chairman.
Councillors R Fuller, A J Hardy,
Mrs P A Jordan, P Kadewere,
Mrs R E Mathews and Mrs D C Reynolds.

APOLOGIES: Apologies for absence from the meeting were submitted on behalf of Councillors K M Baker, R C Carter, R S Farrer, M Francis and S M Van De Kerkhove.

19. MINUTES

The Minutes of the meeting of the Panel held on 10th June 2014 were approved as a correct record and signed by the Chairman.

20. MEMBERS' INTERESTS

Councillor S J Criswell declared a non-disclosable pecuniary interest in respect of Minute No's 14/22, 23 and 25 by virtue of his Membership of Cambridgeshire County Council.

Councillors Mrs P A Jordan and Mrs D C Reynolds declared non-disclosable pecuniary interests in respect of Minute No. 14/24 by virtue of their employment in the NHS.

21. NOTICE OF KEY EXECUTIVE DECISIONS

The Panel considered and noted the current Notice of Key Executive Decisions (a copy of which is appended in the Minute Book) which had been prepared by the Executive Leader of the Council for the period 1st July to 31st January 2015.

22. SPORT AND ACTIVE LIFESTYLES TEAM ANNUAL REPORT 2013/14

With the aid of a report by the Sport and Active Lifestyles Manager (a copy of which is appended in the Minute Book) the Panel gave consideration to the Sport and Active Lifestyles Team's (SALT) performance, work programmes and highlights during 2013/14. In introducing the report, the Sport and Active Lifestyles Manager drew Members' attention to the latest position with regard to public health funding and Lottery grant which would end in March 2015 and November 2016 respectively.

The Panel discussed the costs of physical inactivity in Huntingdonshire, which was reported as amounting to £2.5 million in 2011/12. Attempts were being made to impress this message on a

number of health professionals, in particular the Cambridgeshire and Peterborough Clinical Commissioning Group, with a view to securing future funding. It was, however, proving difficult to attract external funding owing to the financial constraints placed upon these organisations.

The Panel acknowledged the benefits that the Team's work programmes brought to local communities, the extent of the publicity work undertaken and the increasing levels of demand from service users. A discussion then took place on the Healthy Walks programme and the option to transfer this service to local communities. There was a concern that services would not be sustained by communities in the future and there were a number of health and safety considerations that might deter volunteers from accepting responsibility for the management of the scheme. Nevertheless, the point was made that an exit strategy from the programme should be devised in the event that funding for Healthy Walks was not forthcoming in the future.

RESOLVED

that the contents of the report now submitted be noted.

23. CAMBRIDGESHIRE HOME IMPROVEMENT AGENCY SHARED SERVICE REVIEW AND DISABLED FACILITIES GRANT BUDGET

Consideration was given to a report by the Housing Strategy Manager (a copy of which is appended in the Minute Book) on the outcome of a review of the Cambridgeshire Home Improvement Agency (HIA) shared service following two years of operation. The report also referred to the impact on the service of the Better Care Fund and the ongoing demand for Disabled Facilities Grants (DFG).

The Housing Strategy Manager reminded Members of the background to the current arrangements. The HIA was the Council's first shared service. While some problems had been experienced in the first year of operation, the service was now operating as intended and had met each of its three key objectives; namely to deliver cost savings for both District and County Commissioners, to improve operational resilience and opportunities for cross boundary working and to provide a platform for improved performance and efficiency over time.

Members' attention was drawn to the terms of the Government's Better Care Fund (BCF), which was a pooled fund for Health and Adult Social Care. The Government's contribution to Disabled Facilities Grant (DFG) capital funding would also be transferred into the BCF and for the time being would be ring fenced for DFG expenditure.

Referring to the opportunity that existed to broaden the shared service, Members challenged the risks associated with the development of a County-wide shared service if all Cambridgeshire authorities did not sign up to the proposals. Particular reference was made to the potential withdrawal of revenue funding from the County Council and its impact upon Huntingdonshire.

Members noted that waiting times for Occupational Therapy (OT)

assessments to be completed for Priority 1 and Priority 2 cases had reduced. Priority 3 cases remained a concern with individuals waiting as long as 25 weeks in some cases. However, where necessary, these cases were provided with interim aids to enable them to cope during this period. The possible introduction of a "fast track" grant system for smaller works was being considered. This would improve the figures as smaller adaptations could be undertaken outside of the DFG process thereby eliminating the need for an OT assessment.

The Panel supported the Housing Strategy Manager's intention to produce a report on the lessons learnt from the establishment of the Cambridgeshire HIA shared service. This would inform future shared service proposals.

Finally, Members discussed the tender process for appointing contractors to undertake HIA works. It was suggested that ways of allowing smaller local firms to compete for such works should be investigated as it could reduce costs and enable more clients to benefit from the DFG budget. Whereupon, it was

RESOLVED

that the Cabinet be recommended to

- (a) grant permission for Officers to work up an Outline Business Case for the expansion to a County-wide service, with final agreement being subject to a Detailed Business Case to go before Members at a later date;
- (b) endorse the extension of the current Shared Service Agreement by a further 12 months to 31st March 2016; and
- (c) request a further report be brought to Members after three years of the Cambridgeshire Home Improvement Agency operation.

24. CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST: PERSONALITY DISORDER COMMUNITY SERVICE / COMPLEX CASES SERVICE, INCLUDING LIFEWORKS CONSULTATION

Pursuant to Minute No. 14/11, the Panel was acquainted with details of the current consultation being undertaken by Cambridgeshire and Peterborough NHS Foundation Trust on the Personality Disorder Community Service/Complex Cases Service, including Lifeworks. The consultation sought service users' views on the future of community personality disorder services across the Cambridgeshire and Peterborough area.

Having noted that the consultation period would end on 14th July 2014, the Panel agreed to submit a response to the consultation. While the Panel welcomed the proposals to strengthen the personality disorder service across the County, in particular those affecting Huntingdonshire, comment was made that if community support within discharge planning was to be recovery focused as stated and

also to facilitate social inclusion, there would be a need for service providers to be fully integrated with local partners and networks. This would enable and encourage referrals to be made to community groups and activities to be undertaken based on the knowledge of what was available and appropriate.

The consultation document stated that service users in Huntingdon, Peterborough and Fenland would now have access to specialist personality disorder services where no specialist services currently existed. However, it was not clear where and therefore how accessible this would be. Clarification was therefore sought on where such services currently existed together with details of what was being proposed within Huntingdonshire in the future. Similarly, clarification was sought on what was meant by the statement that "Huntingdon has limited access to the Cambridge service".

RESOLVED

that a response to the consultation being undertaken by Cambridgeshire and Peterborough NHS Foundation Trust on the Personality Disorder Community Service/Complex Cases Service, including Lifeworks be submitted on behalf of the Panel on the basis of the comments outlined above.

25. CAMBRIDGESHIRE HEALTH COMMITTEE

The Panel received and noted the Minutes of the meetings of the Cambridgeshire Health Committee held on 29th May and 19th June 2014 (copies of which are appended in the Minute Book).

26. WORK PLAN STUDIES

The Panel received and noted a report by the Head of Legal and Democratic Services (a copy of which is appended in the Minute Book) which contained details of studies being undertaken by the Overview and Scrutiny Panels for Economic Well-Being and Environmental Well-Being.

27. OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) - PROGRESS

The Panel received and noted a report by the Head of Legal and Democratic Services (a copy of which is appended in the Minute Book) which contained details of actions taken in response to recent discussions and decisions. In noting that representatives of Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) would be in attendance at the Panel's September 2014 meeting, the Chairman requested that information on the CCG's performance was circulated with the Agenda for the next meeting. Councillor Mrs D C Reynolds then drew attention to reduced levels of funding from the CCG to GP practices and the impact this would have upon their financial viability. It was agreed that the matter would be raised at the September meeting.

In noting that it would be timely to arrange a meeting of the Elderly Patient Care Working Group after the Panel's September 2014 meeting, the Chairman requested Officers to contact the Patient

Advice and Liaison Service (PALS) to establish what feedback it had received from patients in respect of elderly patient care at Hinchingsbrooke Hospital.

Pursuant to Minute No.14/17, it was reported that the Police and Crime Commissioner's Office had declined an invitation to attend a future Panel meeting.

28. SCRUTINY

The 146th Edition of the Digest of Decisions was received and noted.

29. MISS H ALI

In noting that Miss H Ali would be leaving the District Council later that month, the Panel expressed its gratitude for the support and assistance she had provided and extended their best wishes to her in her future career with Ofsted.

Chairman

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NOTICE OF EXECUTIVE KEY DECISIONS INCLUDING THOSE TO BE CONSIDERED IN PRIVATE

Prepared by
Date of Publication:
For Period:

Councillor J D Ablewhite
7 August 2014
1 September 2014 to 31 January 2015

Membership of the Cabinet is as follows:-

Councillor J D Ablewhite	- Leader of the Council, with responsibility for Strategic Economic Development & Partnerships	3 Pettis Road St. Ives Huntingdon PE27 6SR Tel: 01480 466941 E-mail: Jason.Ablewhite@huntingdonshire.gov.uk
Councillor B S Chapman	- Executive Councillor for Customer Services	6 Kipling Place St. Neots Huntingdon PE19 7RG Tel: 01480 212540 E-mail: Barry.Chapman@huntingdonshire.gov.uk
Councillor D B Dew	- Executive Councillor for Strategic Planning & Housing	4 Weir Road Hemingford Grey Huntingdon PE28 9EH Tel: 01480 469814 E-mail: Douglas.Dew@huntingdonshire.gov.uk
Councillor J A Gray	- Executive Councillor for Resources	Vine Cottage 2 Station Road Catworth PE28 OPE Tel: 01480 861941 E-mail: Jonathan.Gray@huntingdonshire.gov.uk
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<p>Councillor D M Tysoe</p> <p>- Executive Councillor for Operations & Environment</p>	<p>Grove Cottage Maltings Lane Ellington Huntingdon PE28 0AA</p> <p>Tel: 01480 388310 E-mail: Darren.Tysoe@huntingdonshire.gov.uk</p>

Notice is hereby given of:

- Key decisions that will be taken by the Cabinet (or other decision maker)
- Confidential or exempt executive decisions that will be taken in a meeting from which the public will be excluded (for whole or part).

A notice/agenda together with reports and supporting documents for each meeting will be published at least five working days before the date of the meeting. In order to enquire about the availability of documents and subject to any restrictions on their disclosure, copies may be requested by contacting Mrs Helen Taylor, Senior Democratic Services Officer on 01480 388008 or E-mail Helen.Taylor@huntingdonshire.gov.uk.

Agendas may be accessed electronically at www.huntingdonshire.gov.uk.

Formal notice is hereby given under The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 that, where indicated part of the meetings listed in this notice will be held in private because the agenda and reports for the meeting will contain confidential or exempt information under Part 1 of Schedule 12A to the Local Government (Access to Information) Act 1985 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it. See the relevant paragraphs below.

Any person who wishes to make representations to the decision maker about a decision which is to be made or wishes to object to an item being considered in private may do so by emailing Legal&DemServDemocratic@huntingdonshire.gov.uk or by writing to the Senior Democratic Services Officer. If representations are received at least eight working days before the date of the meeting, they will be published with the agenda together with a statement of the District Council's response. Any representations received after this time will be verbally reported and considered at the meeting.

Paragraphs of Part 1 of Schedule 12A to the Local Government (Access to Information) Act 1985 (as amended) (Reason for the report to be considered in private)

1. Information relating to any individual
2. Information which is likely to reveal the identity of an individual
3. Information relating to the Financial and Business Affairs of any particular person (including the Authority holding that information)
4. Information relating to any consultations or negotiations or contemplated consultations or negotiations in connection with any labour relations that are arising between the Authority or a Minister of the Crown and employees of or office holders under the Authority
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings
6. Information which reveals that the Authority proposes:-
 - (a) To give under any announcement a notice under or by virtue of which requirements are imposed on a person; or
 - (b) To make an Order or Direction under any enactment
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

Colin Meadowcroft
Head of Legal and Democratic Services

Huntingdonshire District Council
Pathfinder House
St Mary's Street
Huntingdon PE29 3TN.

Notes:- (i) Additions changes from the previous Forward Plan are annotated ***
(ii) Part II confidential items which will be considered in private are annotated ## and shown in italic.

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Reasons for the report to be considered in private.	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Sale of Land, St. Mary's Street###***	Cabinet	11 Sep 2014		Chris Allen, Project and Assets Manager Tel No 01480 388380 or email Chris.Allen@huntingdonshire.gov.uk		J A Gray	Economic Well-Being
Green House Project - Sale of Houses***	Cabinet	11 Sep 2014		Chris Jablonski, Environment Team Leader Tel No. 01480 388368 or email Chris.Jablonski@huntingdonshire.gov.uk		D M Tysoe	Environmental Well-Being
Rebate for Clothing & Shoe Bank Collections***	Cabinet	23 Oct 2014		Mr Eric Kendall, Head of Operations Tel No. 01480 388635 or email Eric.Kendall@huntingdonshire.gov.uk		D M Tysoe	Environmental Well-Being
Building Control/IT and Legal Business Cases for Sharing***	Cabinet	23 Oct 2014		Mrs Joanne Lancaster, Managing Director Tel No. 01480 388001 or email Joanne.Lancaster@huntingdonshire.gov.uk		J D Ablewhite	Environmental Well-Being and Economic Well-Being

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Reasons for the report to be considered in private	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Shared Service Update - Building Control***	Cabinet	23 Oct 2014		Mr Andy Moffat, Head of Development Tel No. 01480 388400 or email Andy.Moffat@huntingdonshire.gov.uk		D B Dew	Environmental Well-Being
Huntingdon West Masterplan	Cabinet	23 Oct 2014	Following consultation. Preferred option.	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk		D B Dew	Environmental Well-Being
Carbon Management Plan	Cabinet	23 Oct 2014		Chris Jablonski, Environment Team Leader Tel No. 01480 388368 or email Chris.Jablonski@huntingdonshire.gov.uk		D M Tysoe	Environmental Well-Being
Huntingdonshire Infrastructure Business Plan	Cabinet	23 Oct 2014		Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk		D B Dew	Environmental Well-Being
CPE - Civil Parking Enforcements	Cabinet	20 Nov 2014		Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk		D B Dew	Environmental Well-Being
Local Plan to 2036 - Proposed Submission	Cabinet	20 Nov 2014	Submission - Draft Local Plan	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk		D B Dew	Environmental Well-Being

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Reasons for the report to be considered in private	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Approval of Council Tax Base***	COMT (Chief Officers Management Team)	1 Dec 2014		Mr I Sims, Local Taxation Manager, Local Taxation Manager Tel No. 01480 388138 or email lan.Sims@huntingdonsshire.gov.uk		B S Chapman	Economic Well-Being
Council Tax Support Scheme***	Cabinet	11 Dec 2014		A Burns, Benefits Manager, Benefits Manager Tel No. 01480 388122 or email amanda.burns@huntingdonsshire.gov.uk		B S Chapman	Social Well-Being
Draft Budget & MTP	Cabinet	11 Dec 2014		Mr Clive Mason, Head of Resources Tel No. 01480 388157 or email Clive.Mason@huntingdonsshire.gov.uk		J A Gray	Economic Well-Being

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2014/15 Integrated Delivery Report

July 29 2014



Cambridgeshire and Peterborough
Clinical Commissioning Group

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Executive summary

Comments |

The CCG Assurance Framework has been published by NHS England (Dec 2013 final version). The CCG has aligned its reporting to the methodology and thresholds included within the CCG assurance framework and the integrated report has been updated to reflect this.

The balanced scorecard is required to be published by each CCG and the latest one is provided below:

Cambridgeshire and Peterborough CCG Balanced scorecard	
Are local people getting good quality care?	Amber green
Are patient rights under the NHS Constitution being promoted?	Amber red
Are health outcomes for local people improving?	Amber red
Are CCGs commissioning services within their financial allocations?	Amber red
Are conditions of CCG authorisation being addressed and removed?	Yes

- For the good quality care domain, the CCG self assessment remains at amber green.
- For the NHS Constitution domain, the CCG self assessment is amber red, as A&E and Ambulance performance are below the required standard.
- For the health outcomes domain, the CCG self assessment is amber red due to the number of C Difficile and MRSA cases.
- For the Finance domain, the CCG self assessment is amber red. This is due to monitoring being in the early stages. Risk areas will be QIPP delivery and activity levels

LCG Overview

Comments |

Outlined below is a summary of the key areas of concern/underperformance that the CCG would want LCG Boards to discuss. More detailed information is available throughout the report. * These areas are not covered within this report but further details can be found in the latest Quality Report to the Patient Safety and Quality Committee.

CATCH and Cam Health

CUHFT	CPFT	Papworth
<ol style="list-style-type: none"> 1. RTT 2. A&E 3. Cancer 4. HCAI 5. Friends & Family Contract Queries 	<ol style="list-style-type: none"> 1. IAPT 2. RTT 3. CQC Status 4. Pressure on community teams* 5. Safeguarding Adults* 6. Cost Improvement Plan* 7. PREVENT training* 	<ol style="list-style-type: none"> 1. RTT 2. Cancer 3. Contract Queries

HCP and Hunts Health

HHCT
<ol style="list-style-type: none"> 1. Cancer 2. Contract Queries 3. Medical Workforce* 4. Adult safeguarding* 5. Mandatory Training*

Isle of Ely and Wisbech

CCS	QEH
<ol style="list-style-type: none"> 1. CQC Status 2. Contract Queries 3. Mandatory Training* 	<ol style="list-style-type: none"> 1. RTT 2. A&E 3. HCAI / IP&C 4. CQC Status 5. Friends & Family Contract Queries

Borderline and Peterborough

PSHFT
<ol style="list-style-type: none"> 1. RTT 2. A&E 3. CQC Status 4. Friends and Family Contract Queries 5. Mandatory training* 6. Appraisals* 7. Appraisals*

Section one

GOOD QUALITY CARE

Domain scorecard

CCG assurance framework - updated 08/07/14

Indicators	CJHFT	HHT	PSHFT	Papworth	CCS	CPFT	QEKL
Providers (where CCG commissioning constitutes more than 5% of the providers income)	Y	Y	Y	Y	Y	Y	Y
The Percentage of provider income for CCG	29	76	56	12	48	49	16
What type of service is commissioned from this provider?	Acute	Acute	Acute	Acute	Community Mental Health	Acute	Acute
Has local provider been subject to enforcement action by the CQC?	N	N	N	N	N	N	Y
Has local provider been flagged as a "quality compliance risk" by Monitor and / or are requirements in place around breaches of provider licence conditions?	Y		Y	N		N	Y
Has local provider been subject to enforcement action by the NHS TDA based on quality risk?							
Does feedback from patients and the public, including from the Friends and Family Test, other surveys, and complaints indicate any causes for concern? (May)	N	N	N	N	N	N	Y
Has the provider been identified as a 'negative outlier' on SHMI or HSMR	N	N	N	N	N	N	N
Do provider level indicators from the National Quality Dashboard show that MRSA cases are above zero? (June)	N	N	N	N	N	N	N
Do provider level indicators from the National Quality Dashboard show that the provider has reported more C difficile cases than trajectory? (June)	Y	N	N	N	N	N	Y
Do provider level indicators from the National Quality Dashboard show that MSA breaches are above zero? (May)	N	N	N	N	N	N	N
Does provider currently have unclosed Serious Incidents (SIs)? (June)	N	N	Y	N	Y	Y	N/A
Has the provider experienced any never events during the last quarter? (Apr - Jun 2014)	Y	N	Y	N	N	N	N
CGG	3	0	3	0	1	1	4

N
N
N
N
N

N

N
●

Score: out of **19%**

Key

Green | All No responses

Amber / green | One or more Yes responses but action plan in place to successfully mitigate patient risk

Amber / red | One or more Yes responses but action plan not in place, does not successfully mitigate patient risk

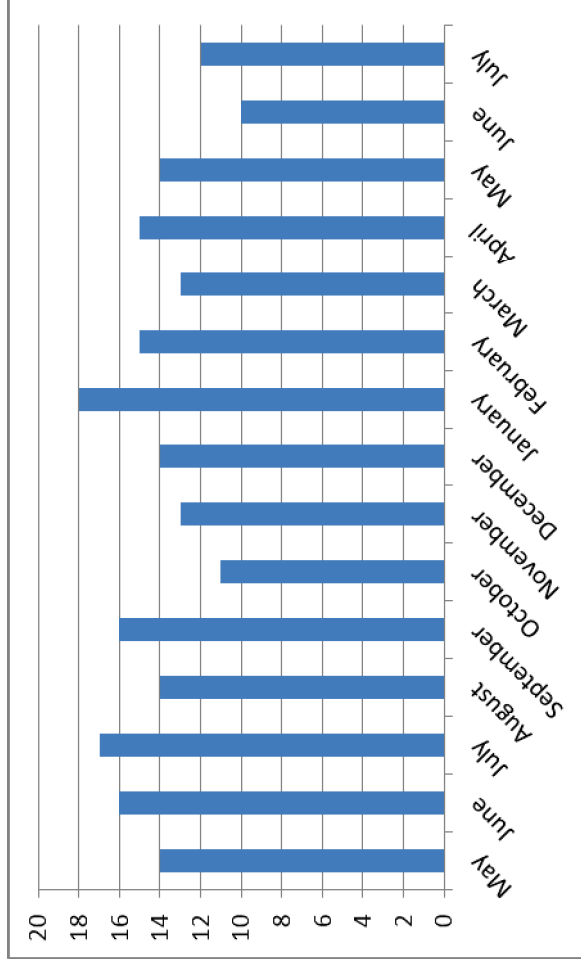
Red | Enforcement action in place and CCG not engaged in proportionate action planning to address patient risk

* Emergency Preparedness Resilience and Response

CCG self assessment of Amber/Green

Domain scorecard

Fig 1. CCG Assurance Framework Performance Year to Date



Comments |

12 areas out of 63 have been flagged as Yes by the CCG, which is an increase of 2 from the previous month. The differences from last month are as follows:

- CDiff – HHCT removed as they were within target for June (decrease of 1) but PSHFT added as they exceeded the monthly target (increase of 1)
- Mixed Sex Accommodation – QEH removed as they had no breaches in May (decrease of 1)
- Serious Incidents – PSHFT added as they had some unclosed Serious Incidents at the end of June (increase of 1)
- Never Events – CUHFT had a Never Event in April and in May and PSHFT also had a Never Event in May (increase of 2)

Provider Overview

Quality and Patient Safety Provider Summary



Cambridgeshire and Peterborough
Clinical Commissioning Group

Safety | MRSA – June YTD
 Safety | C Diff – June YTD
 Safety | Never Events – June
 Experience | Friends & Family: A&E – May
 Experience | Friends & Family: Inpatient – May

CUHFT	PSHFT	HHCT	CCS	CPFT	QEH	Papworth
0/0	0/0	0/0	-	-	-	0/0
12/42	5/31	3/7	0/2	0/0	9/14	1/4
0	0	0	0	0	0	0
59.9	52.9	71.8	-	-	53.1	-
53.3	76.5	76.7	93.9	-	61.8	82.8

Comments |

Provisional data shows that there were two cases of MRSA in June, both community onset, one being reported from CUHFT laboratory and the second from HHCT (via CUHFT laboratory). Further details on page 24.

The provisional position for the number of C difficile cases in June is outlined above. Further details are provided in the HCAI section of this report.

There were no Never Events in June.

Friends and Family data for May is shown above. Contract and quality leads continue to have discussions with Providers with regard to actions they are undertaking to improve performance. The results of the Friends and Family Test for maternity services can be found on provider pages.

The test score for A&E across England was 54 for May. PSHFT and QEH were below this figure. CUHFT and QEH scored less than the Inpatient test score across England (including Independent Sector Providers) which was 74 for May.

Serious Incidents and Never Events

Organisation	SIs reported during June 2014 (including Never events)	Never events reported during June 2014	Final Investigation reports received during June 2014	SIs closed during June 2014	Open SIs as at 30 th June 2014	SIs Overdue closure within timescales excluding 'Stop the Clock'
C&P CCG	3	0	0	0	5	1
CCS	17	0	15	11	42	2
CPFT	13	0	2	5	29	3
CUHFT	9	0	3	3	22	0
EAASST	1	0	1	0	4#	NA#
HHCT	1	0	0	2	2	0
HUC/111	0	0	0	0	0	0
MIU	0	0	0	0	0	0
Papworth	2	0	3	1	1	0
PSHFT	10	0	5	1	23	2
QEH	2	0	1	1	5*	NA*
UCC	1	0	0	0	1	0
Total	59	0	30	24	134	8

Managed by Suffolk CCG

*Managed by West Norfolk CCG

Comments |

There were no Never Events in June.

The number of Serious Incidents (SIs) reported during June 2014 are outlined above.

Source: NRLS reporting



Section two

NHS CONSTITUTION

Overall delivery | NHS Constitution

Comments |

This report will focus on those areas still experiencing difficulties as follows:

- RTT - At an aggregated level, the CCG is meeting all national operating standards for May (92.14% admitted pathways, 97.35% non-admitted pathways and 97.17% incomplete pathways), however there are still some trusts not meeting the standard at speciality level. There was one 52 week breach in ENT at CUHFT.
- Diagnostics – The CCG met the national standard in May with 0.66% of patients waiting 6 weeks + for key diagnostic tests. All of our providers also met the standard for May. The CCG also met the standard for June.
- The CCG failed to meet the A&E standard for the month of June (89.88%). CUHFT, PSHFT and QEH also failed to meet the standard for June (87.82%, 86.26% and 88.89%) however, HHCT met the standard (95.67%).
- Cancer - The CCG met all cancer standards in May. All providers met the cancer standards for May-14 apart from CUHFT, HHCT and Papworth. CUHFT failed the 62 day wait to first definitive treatment standard (83.08%). HHCT failed the 62 day wait following screening referral standard (80%). Papworth failed the 31 day wait to first definitive treatment standard (81.25%) and the 62 day wait to first definitive treatment standard (66.67%). Provider level information is available in the provider performance section.
- Ambulance performance remains challenged and for the month of June, Red1, Red 2 and Category A19 minute performance were below standard.
- There were no Mixed Sex Accommodation breaches across the CCG in May or June.
- Urgent Operations Cancelled – May data shows 1 urgent operation was cancelled at CUHFT, 2 were cancelled at Papworth and 2 were cancelled at QEH. There were no urgent operations cancelled at HHCT or PSHFT.

A detailed breakdown by individual indicator is included in the following sections.

NHS Constitution scorecard



Referral to treatment access times	Threshold	Lower Threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period	Delivered YTD	Below Lower Threshold
Admitted patients	90.0%	85.0%	92.14%	91.32%	91.73%	↑	May-14	Yes	Yes	No
Non-admitted patients	95.0%	90.0%	97.55%	97.47%	97.41%	↓	May-14	Yes	Yes	No
Incomplete pathways	92.0%	87.0%	97.17%	97.07%	97.17%	↑	May-14	Yes	Yes	No
Over 52 week waits - Incomplete Pathway	0	10	1	0		↓	May-14	No	No	No
								75%	75%	

Diagnostic waits	Threshold	Lower Threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period	Delivered YTD	Below Lower Threshold
No patient should wait > 6 weeks	99.0%	87.0%	99.30%	99.34%	99.30%	↓	Jun-14	Yes	Yes	No
								100%	100%	

A&E waits	Threshold	Lower Threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period	Delivered YTD	Below Lower Threshold
Patients spending four hours or less in all CCG	95.0%	90.0%	89.88%	89.85%	91.11%	↑	Jun-14	No	No	
Patients spending four hours or less in all CUHFT	95.0%	90.0%	87.82%	89.32%	89.44%	↓	Jun-14	No	No	
Patients spending four hours or less in all Hinchingsbrooke	95.0%	90.0%	95.67%	96.06%	96.05%	↓	Jun-14	Yes	Yes	No
Patients spending four hours or less in all PSHFT	95.0%	90.0%	86.26%	82.13%	87.03%	↑	Jun-14	No	No	
Patients spending four hours or less in all QEH	95.0%	90.0%	88.89%	93.78%	91.52%	↓	Jun-14	No	No	
Over 12 hr trolley waits	0	0	0	0	0	↔	Jun-14	Yes	Yes	
								33%	33%	

Key

↑

↓

↔

Improved performance as compared to prior period

Deteriorated performance as compared to prior period

No Change

NHS Constitution scorecard – pg.2



Cancer waits	Threshold	Lower Threshold	Current Period		YTD Actual	Movement	Period	Delivered Current Period		Below Lower Threshold
			Current Period	Prior Period				Delivered YTD	Period	
2 week wait for urgent cancer referrals	95.0%	88.0%	96.02%		96.59%	↓	May-14	Yes	Yes	No
2 week wait for breast symptom referrals	95.0%	88.0%	95.82%		96.94%	↓	May-14	Yes	Yes	No
31 day wait to first definitive treatment for all cancers	96.0%	91.0%	97.80%		97.79%	↑	May-14	Yes	Yes	No
31 day wait for subsequent surgery	94.0%	89.0%	98.39%		93.75%	↑	May-14	Yes	No	No
31 day wait for subsequent drug	98.0%	93.0%	100.00%		100.00%	↔	May-14	Yes	Yes	No
31 day wait for subsequent radiotherapy	94.0%	89.0%	100.00%		100.00%	↔	May-14	Yes	Yes	No
62 day wait to first definitive treatment for all cancers	85.0%	80.0%	88.39%		87.61%	↑	May-14	Yes	Yes	No
62 day wait following screening referral	90.0%	85.0%	91.67%		96.36%	↓	May-14	Yes	Yes	No
62 day wait following consultant upgrade	None	None	66.67%		82.35%	↓	May-14			

100%

88%

Category A ambulance	Threshold	Lower Threshold	Current Period		YTD Actual	Movement	Period	Delivered Current Period		Below Lower Threshold
			Current Period	Prior Period				Delivered YTD	Period	
Cat A calls response arriving within 8 minutes - Red 1	75.0%	70.0%	65.65%	66.32%	67.01%	↓	Jun-14	No	No	Check
Cat A calls response arriving within 8 minutes - Red 2	75.0%	70.0%	60.51%	60.99%	60.96%	↓	Jun-14	No	No	Check
Cat A calls ambulance arriving within 19 mins	95.0%	90.0%	90.33%	90.11%	90.47%	↑	Jun-14	No	No	No
Ambulance Handover - Arrival to Handover within 15 mins	85.0%	None	57.4%	58.4%	58.0%	↓	Jun-14	No	No	
Ambulance Handover - Arrival to clear within 30 mins	85.0%	None	43.8%	45.1%	44.4%	↓	Jun-14	No	No	
Ambulance Handover - Arrival to clear more than 60 mins	0.0%	None	4.1%	3.9%	4.1%	↓	Jun-14	No	No	

Mixed sex accommodation	Threshold	Lower Threshold	Current Period		YTD Actual	Movement	Period	Delivered Current Period		Below Lower Threshold
			Current Period	Prior Period				Delivered YTD	Period	
Mixed Sex Accommodation Breaches	0	10	0	0	2	↔	Jun-14	Yes	No	No

100%

0%

Key

- ↑ Improved performance as compared to prior period
- ↓ Deteriorated performance as compared to prior period
- ↔ No Change

NHS Constitution scorecard – pg.3

Cancelled operations	Lower Threshold	Current Period		YTD Actual	Movement	Period	Delivered Current Period		Below Lower Threshold
		Current Period	Prior Period				Delivered YTD	Threshold	
Urgent Operations cancelled	None	1		1	↓	May-14			
Urgent Operations cancelled	None	0		0	↔	May-14			
Urgent Operations cancelled	None	2		5	↑	May-14			
Urgent Operations cancelled	None	0		0	↔	May-14			
Urgent Operations cancelled	None	2		2	↓	May-14			

Care Programme Approach	Lower Threshold	Current Period		YTD Actual	Movement	Period	Delivered Current Period		Below Lower Threshold
		Current Period	Prior Period				Delivered YTD	Threshold	
% of people on CPA followed up within 7 days of discharge	95.0%	96.5%		96.1%	↑	May-14	Yes	Yes	No

Key

- Green | No indicators rated red
- Amber green | No indicators rated red but future concerns
- Amber red | one indicator rated red
- Red | Two or more indicators rated red



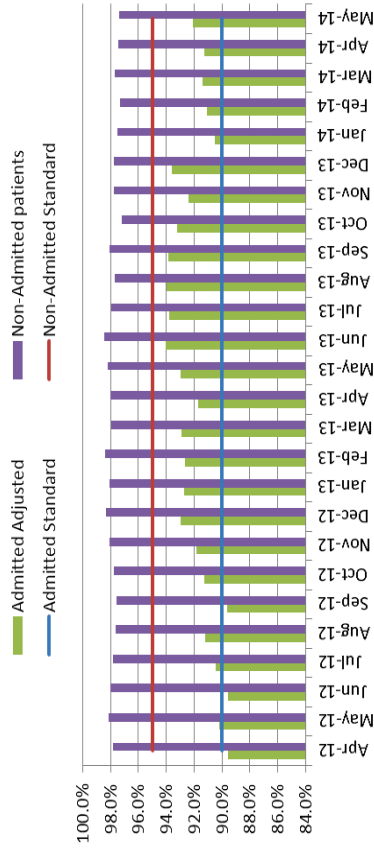
Comments |

The following areas will be covered in more detail using Exception Reports (ER):

1. RTT - pg. 15
2. Diagnostics - pg. 16
3. Accident and Emergency - pg. 17
4. Cancer Waits - pg.18
5. Ambulance - pg. 19

ER 1 | Referral to treatment

Fig 1. CCG wide RTT performance over time



Comments |

At an aggregated level, the CCG is meeting all national operating standards for May (92.14% admitted pathways, 97.35% non-admitted pathways and 97.17% incomplete pathways), as shown in figure 1.

There was one 52 week breach in ENT at CUHFT.

Provider level information is available in the provider performance section.

The CCG continues to review processes to ensure that we monitor, with Providers their PTL and review all patients who have been waiting 26 weeks or more to ensure proactive management.

Figure 3 shows the speciality level split which indicates that at CCG level, General Surgery (88.6%), Neurosurgery (89.6%) and Trauma and Orthopaedics (86.4%) are not meeting the national admitted pathway standard.

Gastroenterology (94.9%) and Neurology (94.9%) are not meeting the national non-admitted pathway standard and Oral Surgery (80%) is not meeting the incomplete standard.

All of the above are being managed via contractual meetings. Root causes and actions are included in the provider section of the report.

Fig 2 CCG over 52 week waits reported by providers

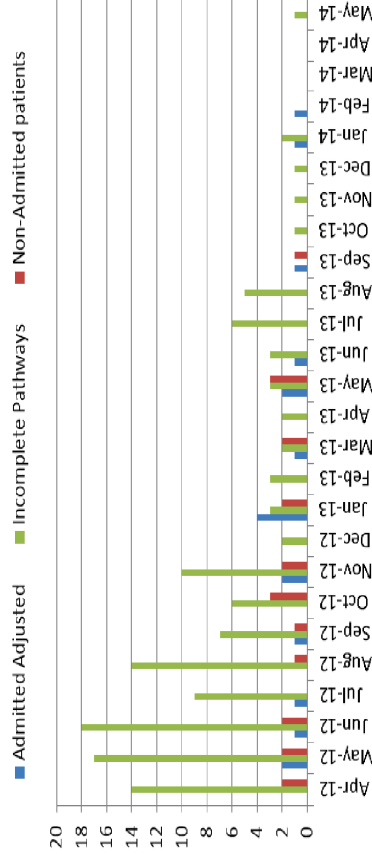


Fig 3. CCG speciality level breakdown

Number of specialties **Not** meeting national standard

	% 18 wk RTT
Admitted	3
Non Admitted	2
Incomplete	1

ER 2 | Diagnostic tests

Fig 1. Table to show breakdown of CCG breaches in May 2014 by provider and speciality

	Barts	CUHFT	HHCT	InHealth	KCH	KGH	Papworth	PSHFT	QEH	UCL	TOTAL
Audiology Assessments				33							33
Computed Tomography	1	2									3
Cystoscopy		2							1		3
Dexa Scan		1									1
Echocardiography						1					1
Gastroscopy					1					2	3
Magnetic Resonance Imaging (MRI)		17						2			19
Non Obstetric Ultrasound						1		1			2
Urodynamics			1								1
TOTAL	1	22	1	33	1	1	1	3	1	2	66

*** CCG Patients treated at alternative providers: Barts Health NHS Trust, In Health Group, Kettering General Hospital, Kings College Hospital NHS Foundation Trust and University College London Hospitals NHS Foundation Trust.**

Comments |

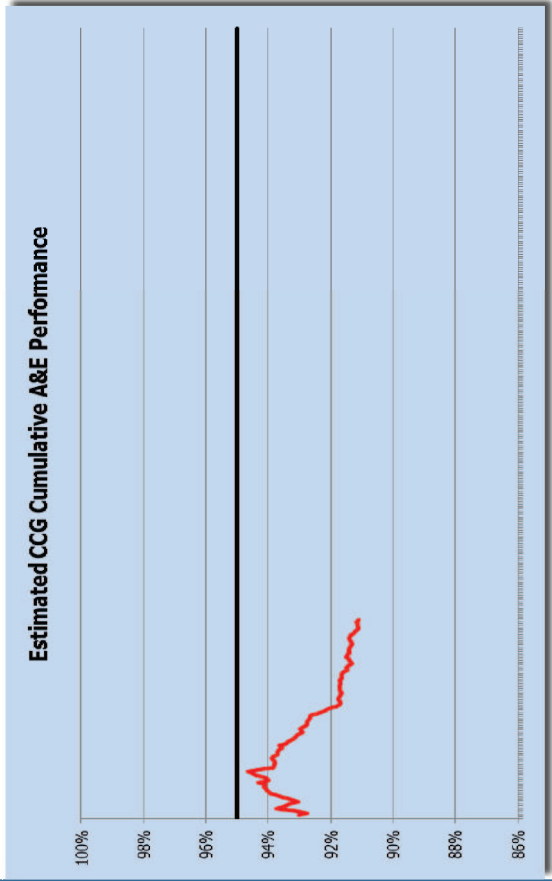
The CCG met the national standard in May with 0.66% of patients waiting 6 weeks + for key diagnostic tests.

Across the CCG there were 66 patients waiting more than 6 weeks in May as outlined in Figure 1.

The standard was also met for June across the CCG with 0.7% of patients waiting over 6 weeks.

ER 3 | Accident & emergency

Fig 1. CCG wide A&E performance over 2014/15



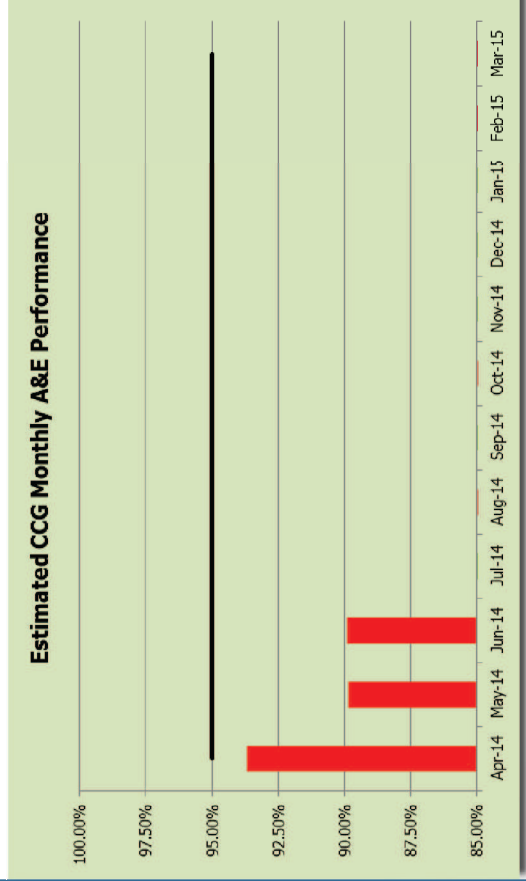
Comments |

The CCG failed to meet the A&E standard for June (89.88%). CUHFT, PSHFT and QEH also failed to meet the standard for June (87.82%, 86.26% and 88.89%), however, HHCT met the standard (95.67%).

Performance is monitored through the local system urgent care boards which centre around providers. For each provider, A&E remains a key service performance element in the contract and as such contract queries are raised for under performance and remedial action plans submitted to commissioners to address under performance.

Provider level information is available in the provider performance section.

Fig. 2 CCG monthly performance in 2014/15



ER 4 | Cancer waits

Comments |

The CCG met all cancer standards in May. All providers met the cancer standards for May-14 apart from CUHFT, HHCT and Papworth. CUHFT failed the 62 day wait to first definitive treatment standard (83.08%). HHCT failed the 62 day wait following screening referral standard (81.25%) and the 62 day wait to first definitive treatment standard (80%). Papworth failed the 31 day wait to first definitive treatment standard (66.67%). Provider level information is available in the provider performance section.

Fig 1. 62 day wait to first definitive treatment

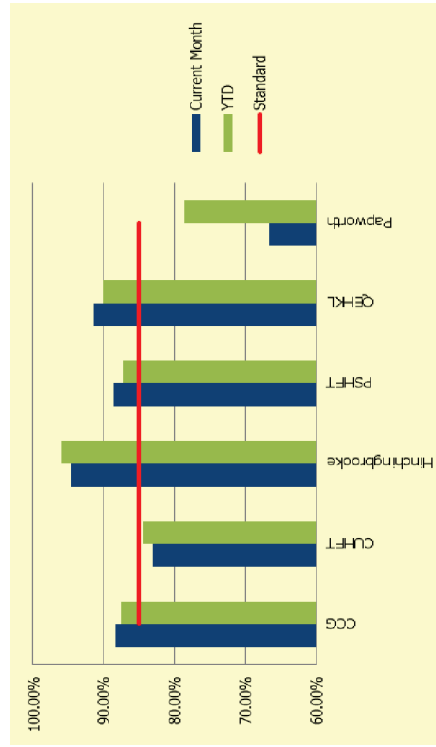


Fig 2. 62 day wait following screening referral

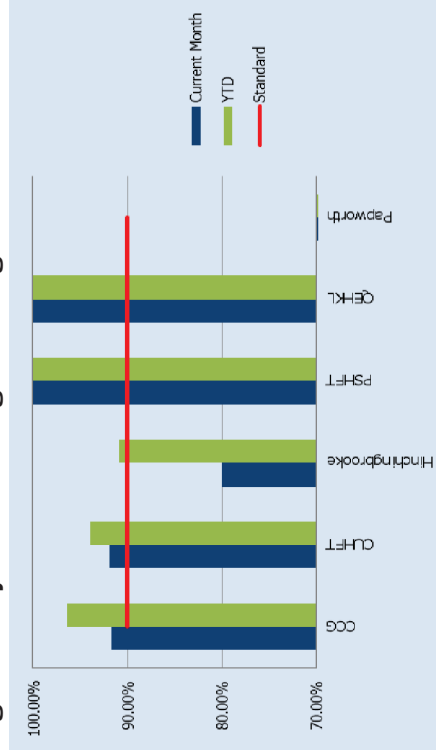
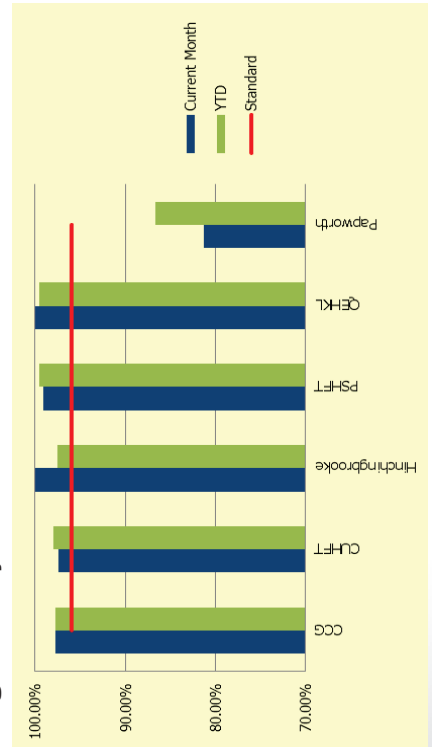


Fig 3. 31 day wait to first definitive treatment



ER 5 | Ambulance performance

Fig 1. Cat A calls response arriving within 8 minutes - Red 1 - E EAST

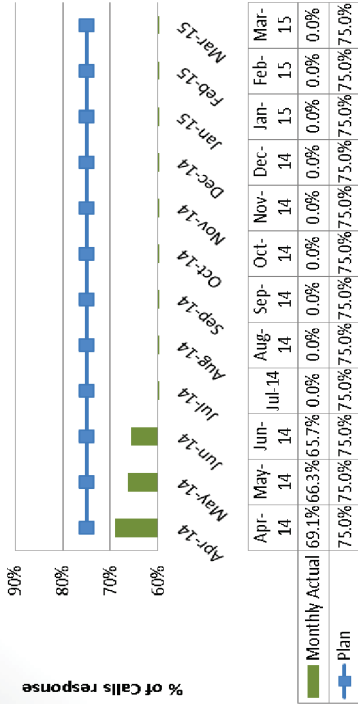


Fig 2. Cat A calls response arriving within 8 minutes - Red 2 - E EAST

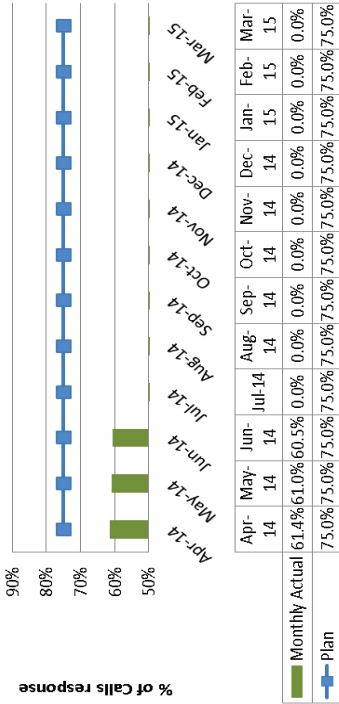
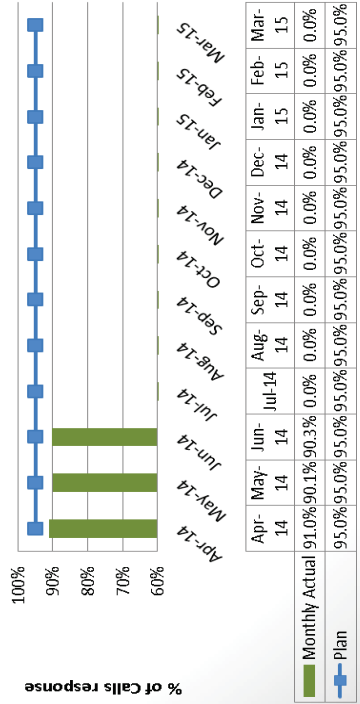


Fig 3. Cat A calls response arriving within 19 minutes - E EAST



Comments |

For the month of June, performance was as follows:

- Red 1 (8 minute) performance was below the 75% standard at 65.65%.
- Red 2 (8 minute) performance was below the 75% standard at 60.51%.
- Category A19 minute performance was below the 95% standard at 90.33%.

Historically to date, the service has not delivered against the Red 1, Red 2 and A19 response targets within Cambridgeshire & Peterborough. Performance in the first quarter of 2014/15 was as follows:

	Target	Q1
Red 1 (8 minute)	75%	63.58%
Red 2 (8 minute)	75%	61.91%
A19 (19 minutes)	95%	89.62%

On 2 July 2014, the regional consortium led by the Suffolk CCG, agreed to invest a non-recurrent sum of £9.469m in the 2014/15 contract year. NHS Cambridgeshire & Peterborough CCG's share of this investment amounts to £1.207m (13.41% of total).

A RAP has been agreed in line with this investment so as to improve response times, tail breaches and UHP delivery, 30% of which is due on delivery of key milestones. The CCG is still finalising set up of full internal reporting.

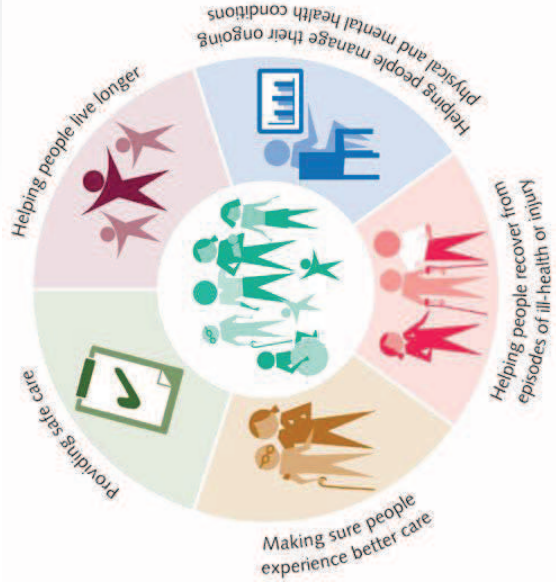
Forecast trajectory included in action plan – 30% of funding is payable only on achievement of this trajectory.

	Target	Q2	Q3	Q4
Red 1 (8 minutes)	75% (national)	63.7%	80.8%	82.6%
Red 2 (8 minutes)	75% (national)	61.2%	74.7%	76.5%
Red A19 (19 minutes)	95% (national)	89.5%	92.9%	94.3%
Green 1 (20 minute)	75% (local)	74.7%	94.5%	96.9%
Green 2 (30 minutes)	75% (local)	82.2%	95.7%	98.1%
Green 3 (50 minutes)	75% (local)	94.2%	95.5%	98.4%
Green 4 (90 minutes)	75% (local)	95.9%	90.1%	94.8%

Activity & Finance

The actual demand for the service has exceeded contracted activity by 10.5% in the contract year to date as follows. We are currently undertaking a joint activity review with EEAST so as to understand the drivers of this increase and take appropriate action if necessary.

	2014/15 Actual	2014/15 Baseline	Variance
Hear and treat	1,299	1,428	(129)
See and treat	9,319	7,754	1,565
See, treat and convey	16,498	15,368	1,130
TOTAL ACTIVITY	27,116	24,550	2,566



Section three

THE MANDATE

Overall delivery | The Mandate 2014/15



Comments |

The objectives in the Mandate for 2014/15 focus on those areas identified as being of greatest importance to people. They include transforming how well the NHS performs by:

1. Preventing people from dying prematurely
2. Enhancing the quality of life for those with long term conditions
3. Helping people to recover from episodes of ill health or following injury
4. Ensuring people have a positive experience of care
5. Treating and Caring for People in a safe environment and protecting them from avoidable harm

These areas correspond to the five parts of the NHS Outcomes Framework (previously know as “Domains” for 2013/14) which will be used to measure progress and will be the areas that we are reporting against in 2014/15.

The Mandate scorecard – pg. 1



Enhancing quality of life for people with LTC		Threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period	Delivered YTD
Unplanned hospitalisation for chronic ambulatory care sensitive conditions		Reduce	45.5	49.3	94.7	↑	May-14	Yes	
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s		Reduce	21.8	15.7	37.4	↓	May-14	No	
Emergency admissions composite measure		274.5	138.5	Red	277.2		May-14	Yes	No
Recovery following talking therapies for people of all ages.		50.0%	44.0%	52.0%	48.0%	↓	May-14	No	No



Helping people to recover from episodes of ill health		Threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period	Delivered YTD
Emergency Readmission within 30 days of discharge		Not Available	10.9%	10.4%	10.6%	↓	May-14	Yes	Yes
Emergency admissions for acute conditions that should not usually require admission		Reduce	80.1	83.1	163.2	↑	May-14	Yes	
Emergency admissions for children with lower respiratory tract infections		Reduce	7.6	16.2	23.8	↑	May-14	Yes	
Stroke patients admitted to stroke unit within 4 hours of arrival to hospital		100.0%	60.9%	58.5%	59.7%	↑	May-14	No	No
Patients receiving thrombolysis following an acute stroke			8.4%	20.6%	14.5%	↓	May-14	Yes	Yes
Stroke patients discharge with joint health and social care plan		90.0%	100.0%	100.0%	100.0%	↔	May-14	Yes	Yes
Stroke patients who receive a follow-up assessment between 4-8 months after initial admis:			0.0%	0.0%	0.0%	↔	May-14	Yes	Yes
Stroke patients who spend 90% or more of their stay on an acute stroke unit		80.0%	81.4%	70.1%	75.8%	↑	May-14	Yes	No



Safe environment		Threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period	Delivered YTD
Incidence of healthcare infection MRSA		0	2	0	2	↓	Jun-14	No	No
Incidence of healthcare infection C difficile		162	13	15	46	↑	Jun-14	Yes	No



The Mandate scorecard – pg. 2



Others	Threshold	Current Period	Prior Period	YTD Actual	Movement	Period	Delivered Current Period	Delivered YTD
% of NHS 111 Calls answered within 60 seconds	95.0%	98.5%	97.7%	97.9%	↑	Jun-14	Yes	Yes

Others	Delivered
Is the CCG Progressing as expected against the IAPT trajectory submitted during the planning round	Yes
Is the CCG on track to be able to deliver the mandate commitment that by 2015 everyone with a longterm condition who wants one should have a personalised care plan?	Yes
Are the CCG's plans on track to meet the statutory duty to deliver personal health budgets to people who received NHS Continuing Healthcare from April 2014?	Yes

Comments |

The following areas will be covered in more detail, using exception reporting (ER):

6. MRSA and Clostridium Difficile Infections
7. IAPT

Updates on the FFT results are covered in the provider performance sections of this report.

With regard to Emergency Admissions, LCGs continue to engage with Practices to ensure they are managing patients through disease registers, prescribing reminders, medication reviews etc. in order to reduce admissions. Actual patient numbers are very small.



Fig 1. CCG wide C diff by month (up to end of June)

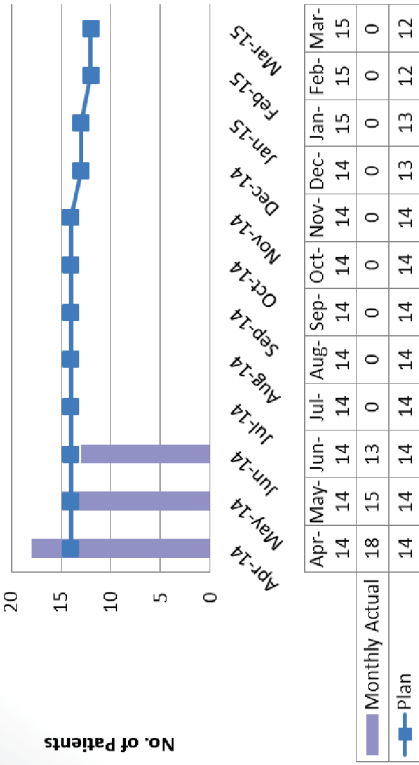


Fig. 2 CCG wide MRSA by month (up to end of June)

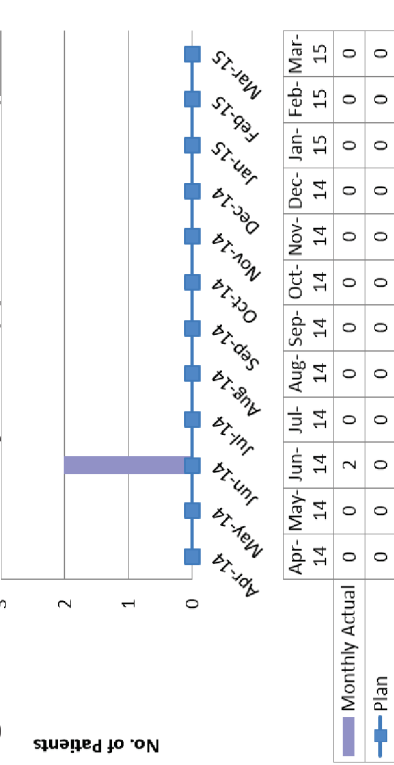


Fig. 3 Trust June C Diff data

Trust	14/15 Annual Trajectory	Provisional June data	June Target
CCS	2	0	0.17
CUHFT	42	5	3
HHCT	7	0	0
Papworth	4	0	0
PSHFT	31	2	3
QEH	14	3	1

Comments |

MRSA

There were no MRSA cases in May.

Provisional data shows that 2 cases of MRSA Bacteraemia have been reported for June 2014. The first was on admission to West Suffolk hospital where the patient died and was recorded on Part 1b of death certificate. A RCA review meeting was held at the GP practice on 25 June where it was established that all care had been given appropriately and is well documented. No learning outcomes were identified.

The second was on admission to PCH. A RCA investigation is underway and the review meeting was held at the GP Practice on 11 July. Preliminary investigations show extensive involvement from CCS services and the Trust is fully engaged in the RCA process. This case has been assigned to the CCG. No care delivery problems were identified and there was good shared care between the community and primary care services. The patient was not always conforming to the treatment plan and advice which exacerbated the existing risk factors.

Clostridium Difficile

In May the total number of CCG cases was 15 against a monthly ceiling of 14.

9 community onset cases have been reported, 2 from PCH lab, 7 cases from the CUHFT lab which include 4 for HHCT. 4 cases were GP specimens and 5 were taken on admission to acute trusts. RCA investigations are underway to determine any themes or gaps in practice.

At provider level, provisional data for June shows that there were 5 cases at CUHFT, 2 cases at PSHFT and 4 cases at QEH.

Further information is available in the provider performance section.

ER 7 | IAPT

Comments | CCG Performance for 2014/15 is outlined in the table below:

KPI	Target	Performance	Reason for Poor performance	How target will be delivered
% of patients who have entered treatment for Psychological Therapy	60%	Apr-14 - 41% May-14 - 87%	The target was met in May. Following a service review of the opt-in process (i.e. ensuring a more robust approach to engaging service users in services) and an administrative process change to capture the initial ARC screening as part of the reported patient referral pathway on PCMIS (as discussed at CCG reporting and DMT meetings); KPI4 demonstrated the anticipated positive effect. Given the retrospective nature of the KPI4 calculation, full embedding will be monitored	
% of patients who have completed therapy and are moving to recovery	50%	Apr-14 - 52% May-14 - 44%	Mays performance is in line with the national average but below the national target of 50%. This was anticipated as a consequence of changing the data capturing of ARC screenings, and within the normal range of recovery rate fluctuation.	This is being monitored within the monthly performance meetings with CPFT to identify how this issue can be resolved.



Section six

QUALITY PREMIUM

Quality Premium scorecard

Quality Premium scorecard

National Measure	Weighting	Value	Frequency	Threshold	Baseline	Latest data	Period	Pass / Fail	Funding calculation
Potential years of life lost from causes amenable to healthcare	15.00%	668,473.50	Annual	1703					£0.00
Improving access to Psychological Therapies	15.00%	668,473.50	Monthly	15%					£0.00
Emergency admissions composite measure	25.00%	1,114,122.50	Monthly	Reduction or 0% change	275	277	May-14	Fail	£0.00
Friends and family roll out plan	15.00%	668,473.50	Monthly	Improvement	Part of Local Providers Contracts		May-14	Pass	£668,473.50
Friends and family improvement - IP - CCG	-	-	Monthly	Improvement	74	73.8	May-14	Fail	£0.00
Friends and family improvement - A&E - CCG	-	-	Monthly	Improvement	60	59.6	May-14	Fail	£0.00
Medication Related Patient Safety incidents	15.00%	668,473.50	Monthly	Increased level of Reporting					£0.00
Local Measure	Weighting	Value	Frequency	Threshold	Baseline	Latest data	Period	Pass / Fail	Funding calculation
Physical health checks for people with severe mental illness under	15.00%	668,473.50		50.3%					
Total Value		4,456,490.00							£668,473.50

Pre conditions

Financial breakeven or better
Significant quality failure

NHS Constitution measures	Threshold	Basis	Organisation	Latest data	Adjustment to funding	Adjustment	Period	Pass / Fail	Funding calculation
Incomplete RTT pathways	92%	Annual	CCG	97.2%	25%	£167,118.38	May-14	Pass	£0.00
A&E waits	95%	Annual	CCG mapped	91.1%	25%	£167,118.38	Jun-14	Fail	-£167,118.38
Two Weeks cancer waits	93%	Annual	CCG	97.1%	25%	£167,118.38	Apr-14	Pass	£0.00
Cat A Red 1 calls	75%	Annual	EEAST	66.32%	25%	£167,118.38	May-14	Fail	-£167,118.38
Adjusted total									£334,236.75



Quality Premium scorecard

Comments |

The 'quality premium' is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

The quality premium paid to CCGs in 2015/16 – to reflect the quality of the health services commissioned by them in 2014/15 – will be based on six measures that cover a combination of national and local priorities. These are:

- reducing potential years of lives lost through causes considered amenable to healthcare and addressing locally agreed priorities for reducing premature mortality (15% of quality premium);
- improving access to psychological therapies (15% of quality premium);
- reducing avoidable emergency admissions (25% of quality premium);
- addressing issues identified in the 2013/14 Friends and Family Test (FFT), supporting roll out of FFT in 2014/15 and showing improvement in a locally selected patient experience indicator (15% of quality premium);
- improving the reporting of medication-related safety incidents based on a locally selected measure (15% of quality premium);
- a further local measure that should be based on local priorities such as those identified in joint health and wellbeing strategies (15% of quality premium). It has been agreed that for 2014/15 the local measure for C&P CCG will be the number of physical health checks in people with severe mental illness.

A CCG will not receive a quality premium if it:

- a) is not considered to have operated in a manner that is consistent with Managing Public Money¹ during 2014/15; or
- b) incurs an unplanned deficit during 2014/15, or requires unplanned financial support to avoid being in this position; or
- c) incurs a qualified audit report in respect of 2014/15.

NHS England also reserves the right not to make any payment where there is a serious quality failure during 2014/15.

The total quality premium payment for a CCG will be reduced if its providers do not meet the NHS Constitution rights or pledges for patients in relation to (a) maximum 18-week waits from referral to treatment, (b) maximum four-hour waits in A&E departments, (c) maximum 14-day wait from a urgent GP referral for suspected cancer, and (d) maximum 8-minute responses for Category A red 1 ambulance calls.

The maximum quality premium payment for a CCG will be expressed as £5 per head of population, calculated using the same methodology as for CCG running costs. (This is in addition to a CCG's main financial allocation for 2014/15 and in addition to its running costs allowance.)

The C&P CCG population is 891,298 and based on these calculations, the CCG would have an opportunity to achieve a maximum quality premium payment of **£4,456,490** in 2015/16 if each of the 6 measures above are fully achieved and assuming the pre-payment criterion is fully achieved. This is shown as the first figure in the total value row on the table on the previous page.

Section seven

PROVIDER PROFILES

CUHFT | 1 of 2

Referral to treatment access times	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Admitted patients	90%	92.81%	93.22%	↓	93.01%	May-14	Yes	Yes
No. of failing specialties	0	2	2	↔	4	May-14	No	No
No. of failing specialties	95%	97.91%	97.21%	↑	97.56%	May-14	Yes	Yes
No. of failing specialties	0	1	4	↑	5	May-14	No	No
Incomplete pathways	92%	97.97%	97.84%	↑	97.97%	May-14	Yes	Yes
No. of failing specialties	0	0	0	↔	0	May-14	Yes	Yes
Over 52 week waits	0	0	1	↑	0	May-14	Yes	Yes
Over 40 week waits	0	5	3	↓	5	May-14	Yes	Yes
Diagnostic waits								
No patient should wait > 6 weeks	99%	99.20%	99.30%	↓		Period	Delivered Current Period	Delivered YTD
						May-14	Yes	Yes
A&E waits								
Within four hours	95%	87.82%	89.32%	↓	89.44%	Period	Delivered Current Period	Delivered YTD
12 hour trolley breaches	0	0	0	↔	0	Jun-14	No	No
Ambulance Handover - Arrival to clear - 60 mins	0%	2.6%	2.7%	↑	2.9%	Jun-14	Yes	Yes
						Jun-14	No	No
2 Week Cancer waits								
2 week wait for urgent cancer referrals	93%	95.41%	97.11%	↓	96.24%	Period	Delivered Current Period	Delivered YTD
2 week wait for breast symptom referrals	93%	96.11%	97.17%	↓	96.68%	May-14	Yes	Yes
						May-14	Yes	Yes
31 day Cancer waits								
31 day wait to first definitive treatment for all	96%	97.38%	98.39%	↓	97.92%	Period	Delivered Current Period	Delivered YTD
31 day wait for subsequent surgery	94%	95.35%	90.79%	↑	93.21%	May-14	Yes	No
31 day wait for subsequent drug	98%	100.00%	100.00%	↔	100.00%	May-14	Yes	Yes
31 day wait for subsequent radiotherapy	94%	99.53%	99.07%	↑	99.30%	May-14	Yes	Yes
62 day Cancer waits								
62 day wait to first definitive treatment for all	85%	83.08%	85.38%	↓	84.40%	Period	Delivered Current Period	Delivered YTD
62 day wait following screening referral	90%	91.89%	95.65%	↓	93.98%	May-14	No	No
62 day wait following consultant upgrade	None	53.85%	100.00%	↓	76.92%	May-14	Yes	Yes
Mixed sex accommodation								
Number of reported breaches	0	0	0	↔		Period	Delivered Current Period	Delivered YTD
						Jun-14	Yes	Yes
Cancelled operations								
Urgent Operations cancelled	Not Available	1	0	↓	1	Period	Delivered Current Period	Delivered YTD
						May-14	Yes	Yes
Emergency Readmissions								
Emergency Readmission within 30 days of discharge - (Crude Age Rate) - Not Available	Threshold Not Available	7.0%	6.5%	↓	6.8%	Period	Delivered Current Period	Delivered YTD
						May-14	Yes	Yes
Maternity								
C-Section Rates	Threshold 25%	26.8%	31.5%	↑	29.1%	Period	Delivered Current Period	Delivered YTD
						May-14	No	No
Stroke								
Stroke patients who spend 90% or more of their stay on an acute stroke unit	Threshold 80%	84.0%	76.2%	↑	80.1%	Period	Delivered Current Period	Delivered YTD
						May-14	Yes	Yes

CUHFT | 2 of 2

Quality indicators

Mortality information	National Mean	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
SHMI	1	0.87			Year to Sep-13	Yes	Yes
Patient safety	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
MRSA cases	0	0	0	↔	Jun-14	Yes	Yes
C Diff cases	42	5	4	↓	Jun-14	No	No
Never Events	0	0	1	↑	Jun-14	Yes	No
Sis reported within timescale	90%	67.0%	78.0%	↓	Jun-14	No	No
Harm free care	95%	95.0%	97.9%	↓	Jun-14	No	Yes
Pressure Ulcer Prevalence		1.9	1.6	↓	Jun-14		
CQC status	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Major concerns	0	0	0	↔	Jun-14	Yes	Yes
Moderate concerns	0	0	0	↔	Jun-14	Yes	Yes
Minor concerns	0	0	0	↔	Jun-14	Yes	Yes
Patient Experience	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Friends and family test Inpatient	75	53.3	50.3	↑	May-14	No	No
Friends and family test A&E		59.9	60.8	↓	May-14		
Friends and family test Antenatal	75	65.0	77.6	↓	May-14	No	No
Friends and family test Birth	75	76.5	89.0	↓	May-14	Yes	Yes
Friends and family test Post natal	75	49.3	46.8	↑	May-14	No	No
Friends and family test Community Provision	75	64.3	25.0	↑	May-14	No	No

Comments |

Based on the provider profiles created, the following exception reports will be provided:

1. RTT
2. A&E
3. Cancer
4. Maternity
5. HCAI
6. Friends and Family test
7. Contract Queries

Fig 1. CUHFT specialities below operating standards in May

	Number of specialities Not meeting national standard	% 18 wk RTT
Admitted	2	
Non Admitted	1	
Incomplete	0	

Comments |

Provisional data for May shows that at an aggregated level, CUHFT is meeting all national operating standards (admitted pathways – 92.8%, non-admitted pathways – 97.9% and incomplete pathways – 98%).

Following a month with high elective cancellations due to bed pressures (119), the total number of admitted treatments in the month was the lowest for 5 months, and 5% down on the average monthly treatments in 2013/14. The non-admitted and still waiting targets were achieved. At speciality level the admitted standards were achieved in all bar Orthopaedics (84.2%) and Dermatology (69.4%). Orthopaedics also failed to meet the non-admitted standard for May (92.8%). This represents the best speciality performance since October 2013, which was the last month where less than 3 specialities underachieved. Dermatology continue to forecast to recover the standard from June.

The total backlog (admitted and non-admitted) ended the month of May at 568, which was an improvement on the end April position of 648. Within the month CUHFT saw a reduction in the non-admitted backlog, but this has begun to rise again to mid-June and validation is being focused on the “Other “ specialities. Admitted backlog has begun to rise from mid-May, with elective cancellations impacting particularly the Orthopaedic position, but has stabilised through June to date.

Nationally, performance against RTT has been deteriorating, and although admitted performance at national level did recover to 90% in April, NHS England want to see an improvement in RTT performance throughout Quarter 3. To this end, on 20th June CUHFT learnt that central funding was being allocated to Area Teams to support recovery of RTT standards at Trust aggregate by September 2014. Funding allocations have been based on the proportion of over 16 week waiters. The East Anglia Area Team has been allocated £6.9 million for CCGs and a further £2 million for Specialised Commissioning.

Trusts were required to submit bids outlining additional activity that will improve RTT performance by 30th June. This will then be assured by CCGs, followed by the Area Team by 7th July. It is expected that penalties associated with RTT, will be suspended during July & August whilst recovery actions are underway.

CUHFT’s main area of sustained underperformance is Orthopaedics, and having issued a contract query in relation to this on 16th June, the CCG expects their recovery plans to major on the orthopaedic speciality position. CUHFT are however also including proposals for plans to improve sustainability in other services with over 16 week waits.

Actions for Orthopaedics:

- Proposal for 50 patients per month to be undertaken at Hinchingbrooke hospital by the Cambridge orthopaedic consultants limited liability partnership.
- 15 cases per month to be sourced from the local independent sector to provide capacity for longest waiting patients unwilling to transfer to another consultant.
- Weekend operating (bed capacity allowing) to provide additional capacity for those patients unable / unwilling to transfer from Addenbrookes.
- Reduction in 1st outpatient appointment waits to 5 weeks with additional weekend clinics.
- Reduction in wait for MRI to 2 weeks on the orthopaedic pathway with additional capacity provided by an increase in outsourced mobile MRI capacity.

ER CUHFT 2 | A&E

Comments |

CUHFT failed to meet the 95% target in June, achieving 87.82%.

The high emergency demand seen over the past 2 months continued into May, where CUHFT saw over 9,500 attendances to the Emergency Department (ED) which is the highest monthly volume recorded. Performance deteriorated further under these pressures and four hour performance was down to 89.3% in May. CUHFT are still processing more patients within 4 hours through the ED than they were throughout last autumn and winter. Comparing to April and May 2013, they are treating 4.7% more patients within four hours, but the overall growth in attendances is 9.8%. The conversion rate to admissions in April and May remains at 33%, which was the average seen across 2013/14. To month 2, admissions are up 8.1% on 2013, and May itself was 11.8% higher than last year. As 12.9% of the growth in attendances to month 2 has been within the majors acuity group, the growth in admissions is to be expected.

CUHFT are under a contract performance notice from the Clinical Commissioning Group (CCG) for four hour performance, and have agreed a recovery plan that requires the Trust to achieve 91% in July, and to regain 95% from August 2014. Their recovery action plan forms part of the overall System action plan. Key elements are outlined below.

CUHFT raised a contract query against the CCG for the increase in non-elective activity above plan. The CCG have identified a number of areas for further investigation and will be taking forward an option appraisal for agreement at the Urgent Care network on 18th July.

Actions:

- Medical Processing Power - On 11th June the CUHFT Board agreed a net investment of £125k in 2014/15. Recruitment underway.
- Improving Bed Capacity – there are projects underway both Trust Wide and at Divisional level. Highlights include:
 - Frailty Assessment Unit (FAU) expanded from 10 to 26 beds on 16 June 2014 to reduce LoS and in the Emergency Department.
 - Specialist Advice for the Frail Elderly Team (SAFE) from September 2014 to ensure all patients over the age of 75 admitted as an emergency have a specialised DME input by day 1 of the stay 7 days a week, to help reduce length of stay – most being seen whilst still in the Emergency Department.
 - Proactive Pre-Operative Assessment for frail (POPS) starting September 2014 to improve outcomes for frail elderly people under-going planned surgery and reduce length of stay.

Fig 1. CUHFT Daily A&E Attendings up to 6th July 2014

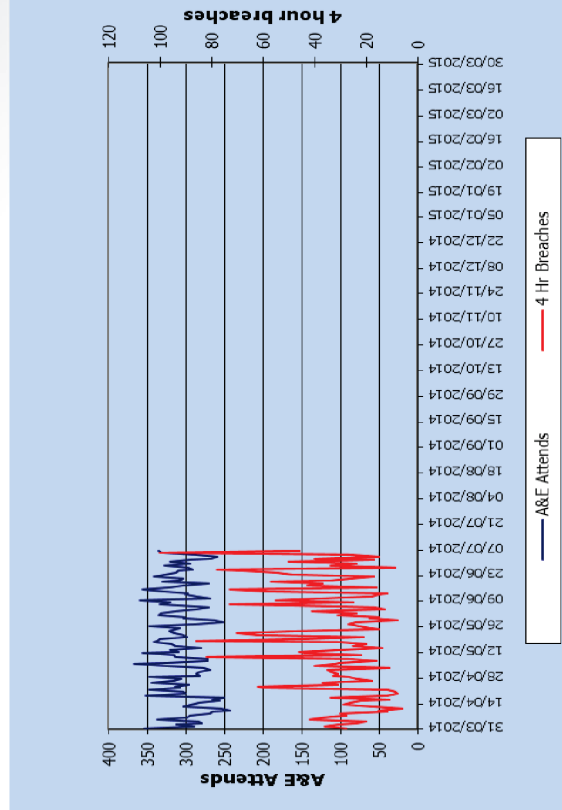
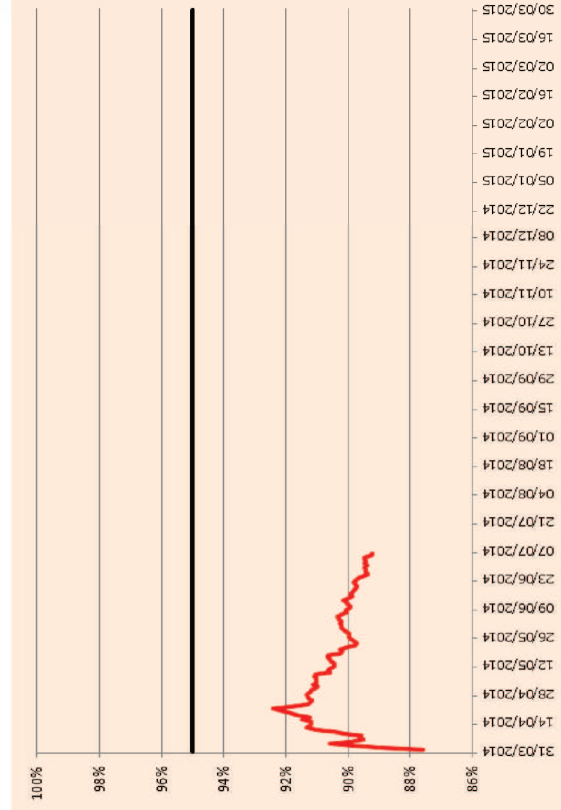


Fig 2. Cumulative A&E performance at CUHFT in 2014/15



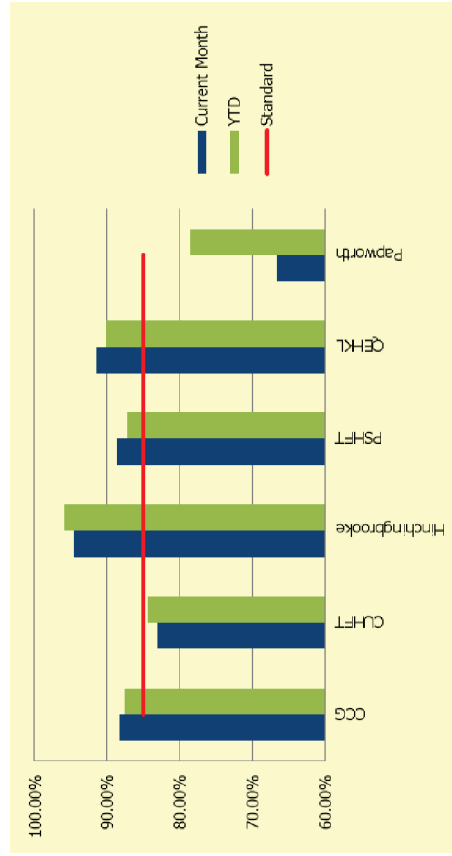
ER CUHFT 3 | Cancer



Comments |

62 day wait to first definitive treatment for all CUHFT failed the above standard in May (83.08%) however, the Trust delivered with reallocations. Breaches were mainly caused by late referrals.

Fig 1. 62 day wait to first definitive treatment for all



ER CUHFT 4 | Maternity

Comments |

Following the CUHFT Maternity Review in October 2013, an action plan was put in place and this is currently being reviewed. An update of action taken to date was presented at the June 2014 Clinical Quality Review (CQR).

There are no midwifery vacancies at the moment as CUHFT is filled to establishment. Two additional band 7s have been appointed which allows 24/7 cover. CUHFT is also looking at an additional 10 band 3 wte workers, some of which will be in the community and some in the post natal ward.

CUHFT has audited one to one care in labour, asking midwives if they feel they gave one to one care in established labour. Responses show this is the case about 90% of the time.

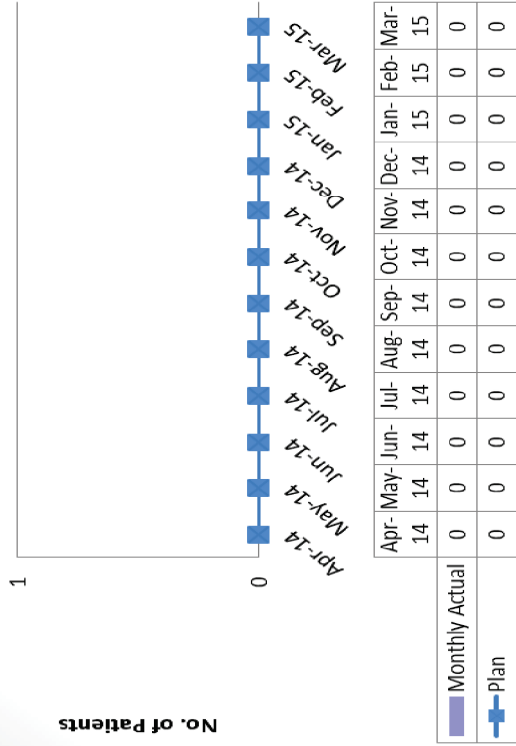
Ipads have been introduced into all clinical areas to collect Friends and Family data. There has been good anecdotal feedback although the Friends and Family maternity scores have dropped.

A Maternity Dashboard is in place and thresholds are to be developed for this. This highlights that both elective and emergency caesarean rates are high and CUHFT are reviewing this and will provide an update at the next quarterly CQR.

Following a letter from the Supervisors of Midwives Group, CUHFT have put in place an action plan to look at how to support midwives in their roles.



Fig 1. CUHFT MRSA cases (up to end of June)



Comments |

MRSA

There were no MRSA cases in May or June.

Clostridium Difficile

Four inpatients developed a C. difficile infection during May. All have been reviewed at scrutiny panel and 2 cases have been accepted as non-sanctioned. Of the remaining 2, one was a delay in isolation caused by delays in cleaning and one was due to hand hygiene scores of 90% in April and 93% in May, below the 95% standard required.

All seven outstanding appeals from 2013-14 have been reviewed. Three out of the seven were accepted. This outcome avoids any financial penalty for the organisation.

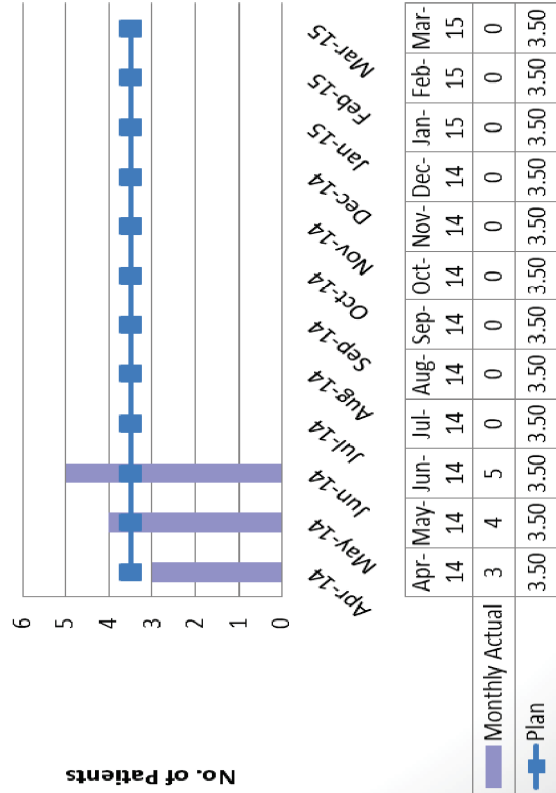
A new methodology for the appeals process has been agreed which is simpler and more timely. The 3 cases from April have been reviewed, one is confirmed as non-trajectory (new terminology for successful appeal), two were unsuccessful because of delays in sending the specimens and a delay in isolation.

Specific points to note are:

- A quarterly surgery-wide antibiotic audit of 86 antibiotic prescriptions involving 74 patients on 7 surgical wards demonstrated that 89% of prescriptions adhered to trust antibiotic guidelines. 90% of prescriptions recorded the indication for antibiotic use but documentation of stop/review dates was patchy across most wards (mean 68%, range 50-95%). Use of the intravenous route was appropriate in only 62% of antibiotic prescriptions. 53% of the prescriptions did not require a change. This will be addressed through local control of infection committees and the divisional performance meetings.
- Prompt isolation continues to be a challenge. Given the increasing number of criteria mandating isolation and the need for available rooms further work by E&F is being undertaken to explore the options for achieving this.
- The compliance of the C. difficile care record in May was 95%, improvement is required in the actual completion of the record.

For June, 5 cases have been reported, 2 of which have been reviewed to date with one accepted as a non-sanctioned case.

Fig 2. CUHFT C Diff cases (up to end of June)



ER CUHFT 6 | Friends and Family

Fig 1. Friends and Family Net Promoter (Inpatients) - CUHFT

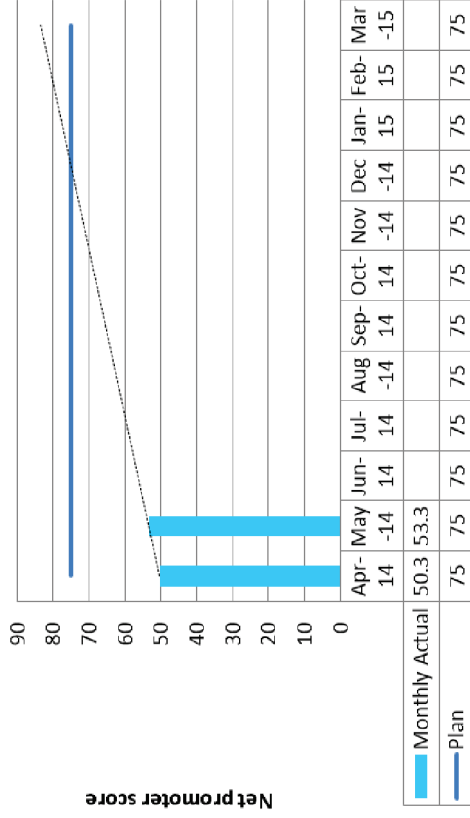
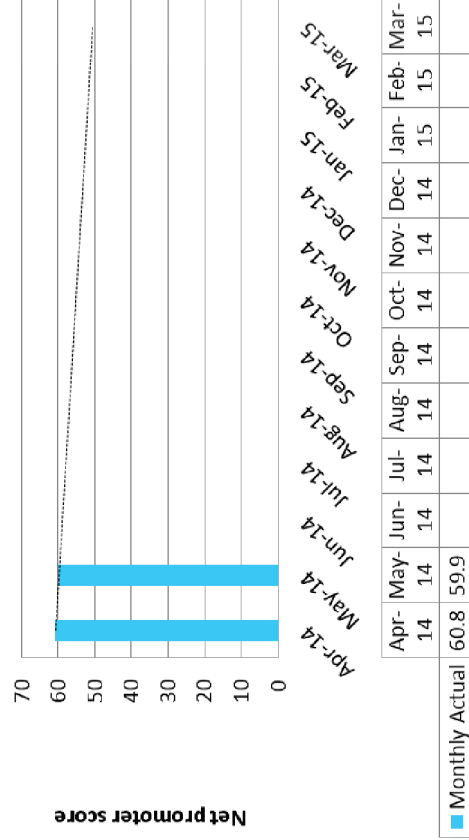


Fig 2. Friends and Family Net Promoter (A&E) - CUHFT



Comments |

CUHFT's inpatients F&F score remains a cause for concern.

CUHFT continues to take forward actions to improve discharge.

Results of the Friends and Family Test for maternity services are outlined below.

Question	Score	Test Score across England
Antenatal	65	67
Birth	76.5	77
Post natal	49.3	65
Post natal community provision	64.3	77

ER CUHFT 7 | Contract Queries

Comments |

Contract Queries in line with General Condition 9

- RTT – Contract query issued. Bid for RTT funding will support delivery. Recovery trajectory September 2014.
- A&E – Contract query issued. RAP has been agreed. Daily escalation calls in place. Recovery of 95% standard by September 2014. Aim to achieve 91% milestone by July 2014

PSHFT | 1 of 2

Referral to treatment access times	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Admitted patients	90%	88.40%	83.01%	↑	85.71%	May-14	No	No
No. of failing specialties	0	4	6	↑	10	May-14	No	No
Non admitted specialties	95%	96.24%	96.51%	↓	96.37%	May-14	Yes	Yes
No. of failing specialties	0	5	5	↔	10	May-14	No	No
Incomplete pathways	92%	97.33%	96.94%	↑	97.33%	May-14	Yes	Yes
No. of failing specialties	0	1	0	↓	1	May-14	No	No
Over 52 week waits	0	0	0	↔	0	May-14	Yes	Yes
Over 40 week waits	0	1	1	↔	1	May-14	Yes	Yes
<u>Diagnostic waits</u>	Threshold	Current Period	Prior Period	Movement		Period	Delivered Current Period	Delivered YTD
No patient should wait > 6 weeks	99%	99.90%	99.90%	↔		May-14	Yes	Yes
A&E waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Within four hours	95%	86.26%	82.13%	↑	87.03%	Jun-14	No	No
12 hour trolley breaches	0	0	0	↔	0	Jun-14	Yes	Yes
Ambulance Handover - Arrival to clear - 60 mins	0%	3.7%	2.6%	↓	2.6%	Jun-14	No	No
2 Week Cancer waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
2 week wait for urgent cancer referrals	93%	94.29%	96.46%	↓	95.36%	May-14	Yes	Yes
2 week wait for breast symptom referrals	93%	95.92%	98.67%	↓	97.58%	May-14	Yes	Yes
31 day Cancer waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
31 day wait to first definitive treatment for all	96%	99.10%	100.00%	↓	99.51%	May-14	Yes	Yes
31 day wait for subsequent surgery	94%	100.00%	100.00%	↔	100.00%	May-14	Yes	Yes
31 day wait for subsequent drug	98%	100.00%	100.00%	↔	100.00%	May-14	Yes	Yes
31 day wait for subsequent radiotherapy	94%	100.00%	100.00%	↔	100.00%	May-14	Yes	Yes
62 day Cancer waits	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
62 day wait to first definitive treatment for all	85%	88.67%	85.60%	↑	87.27%	May-14	Yes	Yes
62 day wait following screening referral	90%	100.00%	100.00%	↔	100.00%	May-14	Yes	Yes
62 day wait following consultant upgrade	None	87.50%	100.00%	↓	93.33%	May-14		
Mixed sex accommodation	Threshold	Current Period	Prior Period	Movement		Period	Delivered Current Period	Delivered YTD
Number of reported breaches	0	0	0	↔		Jun-14	Yes	Yes
Cancelled operations	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Urgent Operations cancelled	Not Available	0	0	↔	0	May-14		
Emergency Readmissions	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Emergency Readmission within 30 days of discharge - (Crude Age Rates) - CCG	Not Available	17.9%	19.0%	↑	18.4%	May-14		
Maternity	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
C-Section Rates	Not Available	26.4%	27.5%	↑	27.0%	May-14		
Stroke	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Stroke patients who spend 90% or more of their stay on an acute stroke unit	80%	80.0%	62.5%	↑	71.3%	May-14	Yes	No

PSHFT | 2 of 2

Quality indicators

Mortality information		National Mean	Current Period	Prior Period	Movement	Period	Delivered	Delivered YTD
SHMI		1	1.01			Year to Sep-13	No	No
Patient safety		Threshold	Current Period	Prior Period	Movement	Period	Delivered	Delivered YTD
MRSA cases		0	0	0	↔	Jun-14	Yes	Yes
C Diff cases		31	2	3	↑	Jun-14	Yes	Yes
Never Events		0	0	1	↑	Jun-14	Yes	No
Sis reported within timescale		90%	70.0%	86.0%	↓	Jun-14	No	No
Harm free care		95%	92.9%	93.5%	↓	Jun-14	No	No
Pressure Ulcer Prevalence			4.4	4.1	↓	Jun-14		
CQC status		Threshold	Current Period	Prior Period	Movement	Period	Delivered	Delivered YTD
Major concerns		0	as of non-com)	0	↓	Jun-14	No	Yes
Moderate concerns		0	as of non-com)	0	↓	Jun-14	No	No
Minor concerns		0	as of non-com)	0	↓	Jun-14	No	No
Patient Experience		Threshold	Current Period	Prior Period	Movement	Period	Delivered	Delivered YTD
Friends and family test Inpatient		75	76.5	77.6	↓	May-14	Yes	Yes
Friends and family test A&E			52.9	55.4	↓	May-14		
Friends and family test Antenatal		75	67.9	55.9	↑	May-14	No	No
Friends and family test Birth		75	79.5	75.7	↑	May-14	Yes	Yes
Friends and family test Post natal		75	73.5	64.0	↑	May-14	No	No
Friends and family test Community Provision		75	57.1	74.2	↓	May-14	No	No

Comments |

Based on the provider profiles created, the following exception reports will be provided:

1. RTT
2. A&E
3. CQC Status
4. Friends and Family
5. Contract Queries

Fig 1. PSHFT specialities below operating standards in May

	% 18 wk RTT
Admitted	4
Non Admitted	5
Incomplete	1

Comments |

Provisional data shows that the 18 week admitted RTT standard has not been met for May (88.4%) however non-admitted (96.2%) and incomplete (97.3%) standards were met. The specialities that were non-compliant in May are:

Admitted
 General Surgery (81.7%), Trauma and Orthopaedics (78.8%), ENT (63.7%) and Ophthalmology (82.8%)

Non-Admitted
 ENT(92.7%), Gastroenterology (89.6%), T&O (89.2%), Neurology (78.8%) and Cardiology (91%)

Incomplete
 Neurology (91.1%)

The Trust has a new focus on the 18 week Referral to Treatment standard. This includes a rigorous approach to reviewing bed capacity, pre- assessment, day case rates, theatre utilisation and conversion rates. We hope to develop a stretch trajectory by the end of June.

Improvement actions under way include:

- **ENT:** Many of the problems have arisen from sub-standard booking arrangements. New working methods and culture in ENT are being implemented from June onwards. Other specialities have helped fill the administrative capacity gap and new arrangements are bedding in. This is likely to lead to better performance by the end of September;
- **Neurology:** A neurology consultants has been recruited to start work on the 4th August – the speciality is assessing how many extra patients can be seen;
- **Orthopaedics:** Joint working with commissioners on improving timelines, for example, for the MATs triage service which affects Orthopaedic performance
- **General Surgery:** A senior nurse/practitioner role in increasing Outpatient capacity.
- A greater focus on pathway management (all specialities)
- A renewed focus on ensuring that clinician's time is best utilised (all specialities)

Both main commissioners (C&P CCG & S.Lincs CCG) have initiated formal contract escalation for this indicator. A Remedial Action Plan has been agreed that focusses on reducing the 'backlog' (patients not yet treated waiting >18-weeks) to a sustainable level by the end of September. From end of September, any month failing the 90% Admitted RTT standard will incur a penalty under the terms of the RAP of up to 2% of monthly sums payable (£260k pcm) unless NE demand exceeds 5% Activity Review Thresholds. 3-months consecutive delivery of the Admitted RTT standard will close the RAP

Whilst the RAP has been agreed to deliver compliance across all specialities by the end of September, non-delivery of the Trust Performance of 90% admitted RTT during July will automatically result in failing Q2 monitor standard [any months failure results in automatic failure for the whole quarter].

The backlog reduction plan has delivered ahead of trajectory which means with a concentrated effort during June to reduce backlog further PSHFT should be able to ensure compliance in July. Target backlog of 165 , currently 201. The Trust is therefore scoping the availability of outsourcing during June and maximising throughput during July to ensure all theatre schedule are booked as 18 week compliant.

ER PSHFT 2 | A&E

Comments |

PHSFT failed to meet the standard in June at 86.26%.

The COO and Deputy COO have led the development of a 60 day recovery plan which has been adopted by the urgent care board. The plan embraces the recommendations made within the ECIST report.

The headline actions of the recovery plan are focused on three key themes.

- Zero Tolerance of minor breaches – analysis suggests a 10% improvement can be gained by separating the major and minor flows within the department. Resourcing each work stream independently so that minors staff are not pulled into majors during peaks times of emergency admissions
- Creating Flow within the trust – reducing length of stay – from average of 4 midnights to 2 midnights . Focusing on delivering treatment plans on time. Eliminating delays in processing tests, reviews, assessments and discharge requirements
- Aligning demand and capacity profiles across the day by focusing on moving discharges earlier in the day. The targets set within the plan are 40% of patients to be discharged by 1pm and a total of 80% of all discharges to be completed by 4pm. PSHFT has also agreed a tolerance level of <20 for DTOCs with the CCG and partner agencies and an escalation process between directors when DTOCs exceed the agreed tolerance

The 60 day plan has been submitted to commissioners as the Trusts remedial action plan following a contract query issued during the month. The trajectory has been agreed.

Fig 1. PSHFT Daily A&E Attends up to 6th July 2014

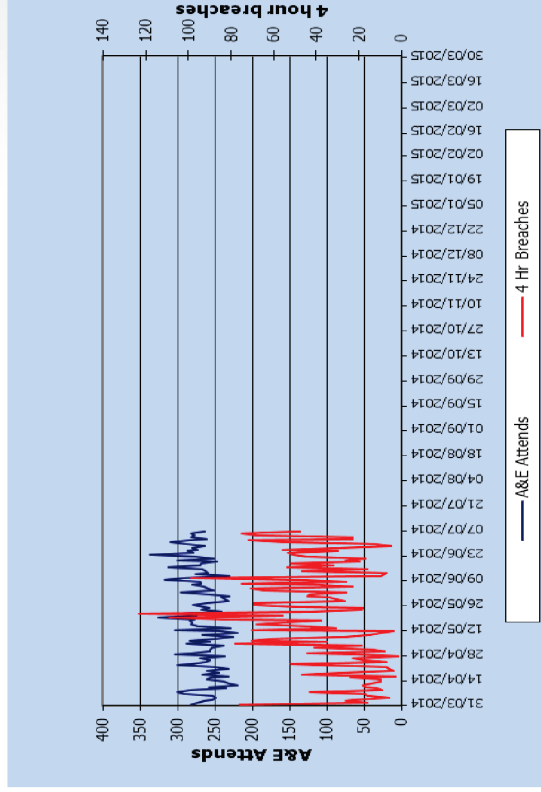
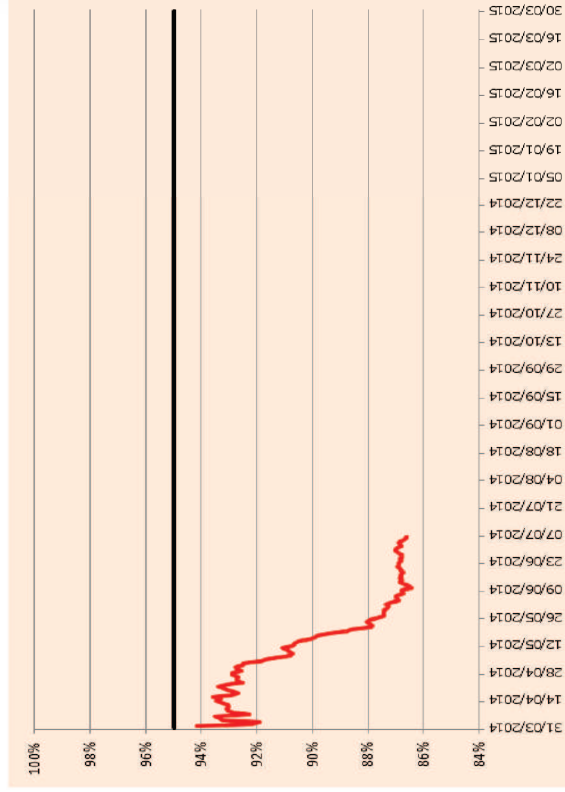


Fig 2. Cumulative A&E performance at PSHFT in 2014/15



ER PSHFT 3 | CQC Status

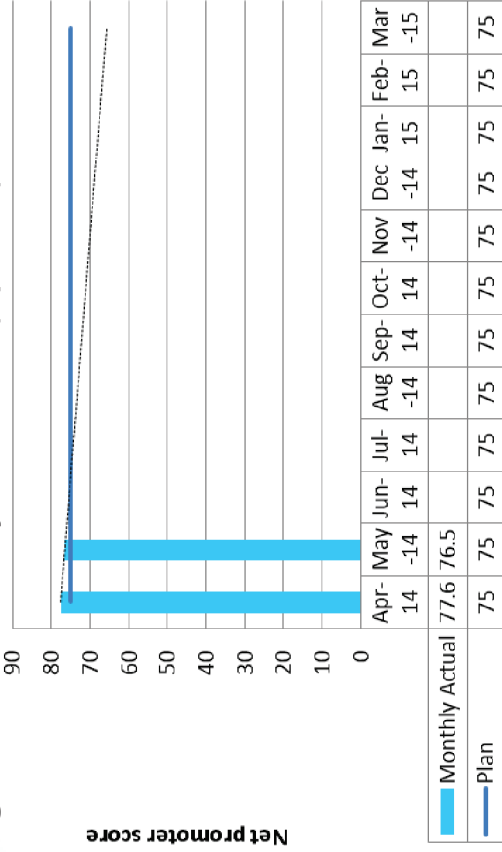
Comments |

The CQC made announced visits to PSHFT in March 2014, and carried out an inspection under the new CQC inspection regime. The CQC gave Good ratings to Surgery, Intensive/critical care, Maternity and family planning, Children's care, End of life care and Outpatients in PCH. Accident and Emergency, and Medical care were rated as Requires Improvement. For S&RH, Accident and Emergency, Medical care, Surgery, and Outpatients were rated as Good. Look at the five areas of CQC focus, Safe, Effective and Well led were rated as Requires improvement.

Overall summary	Requires Improvement	Accident and emergency	Requires Improvement
Safe	Requires Improvement	Medical care (incl. older people's care)	Requires Improvement
Effective	Requires Improvement	Surgery	Good
Caring	Good	Intensive/critical care	Good
Responsive	Requires Improvement	Maternity & family planning	Good
Well Led	Good		

ER PSHFT 4 | Friends and Family

Fig 1. Friends and Family Net Promoter (Inpatients) - PSHFT

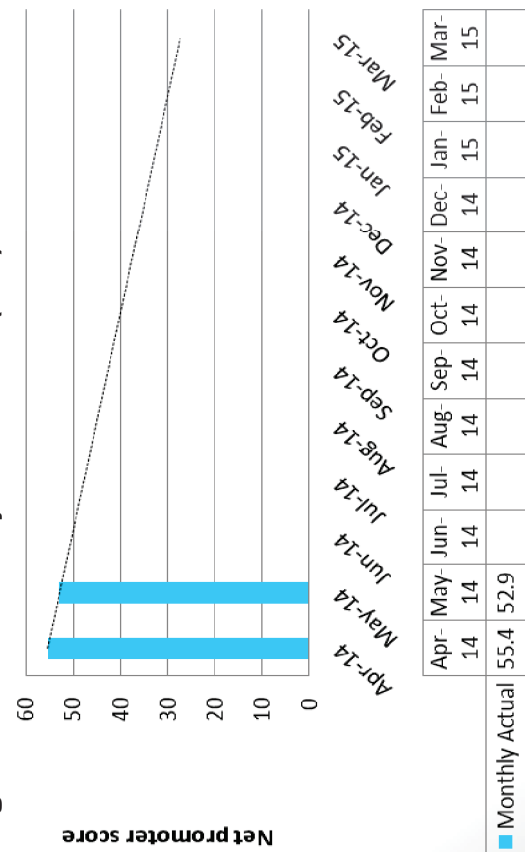


Comments |

The response rate for May for PSHFT's Accident and Emergency services was 12.3% of the footfall (compared to 13.4% for April and a target of 20%). The number of returns from the Minor Injuries Unit decreased and the telephone calls made within 48 hours of the patients' visits also decreased in number. The volunteers continue to assist with this but have limited time in the area. The possibility of texting patients is being considered. The combined Net Promoter Score for PCH ED and Stamford Minor Injuries Unit was 51.59. Continued focus and drive for improvement is required in this area.

Overall PSHFT's footfall score for the in-patient wards was 38.3% (compared to 33.1% last month and a target of 30% for this quarter).

Fig 2. Friends and Family Net Promoter (A&E) - PSHFT



Results of the Friends and Family Test for maternity services are outlined below.

Question	Score	Test Score across England
Antenatal	67.9	67
Birth	79.5	77
Post natal	73.5	65
Post natal community provision	57.1	77

ER PSHFT 5 | Contract Queries

Comments |

Contract Queries in line with General Condition 9

- RTT - PSHFT failed the aggregate admitted standard for the first time in May 2013. Contract Query issued 11.07.13. Speciality level trajectories are reviewed monthly and a contract query was raised for individual speciality level. An RTT action plan was received and agreed. A further contract query was raised on 04.03.14 as PSHFT failed aggregate performance in January. PSHFT continue to manage RTT in weekly meetings and are appointing a director to each speciality level to manage performance of RTT. PSHFT have undertaken an internal review. A further meeting was held on 09.04.14 where a RAP was received for admitted RTT. Exception reports have been provided by speciality. For non-admitted, the CCG has issued a new Contract Query Notice under the 14/15 contract based on April performance.
- A&E – Contract query issued 19.04.13. PSHFT failed to achieve the target in October so 2% was withheld on 01.11.13. Achieved 95.2% in November so 2% repaid to PSHFT in December. Achieved 95.8% in December, but did not achieve 95% in January. February or March so 2% withheld as per the RAP. The RAP in 13/14 set out how we agreed to deal with the financial consequences and the end of the year to avoid ambiguity both with regard to retaining monies and the contractual process. In it the RAP states “Any funds that remain WITHHELD at the end of the contract term (31 March 2014) will be permanently RETAINED and the RAP closed. (GC9.27/9.23)” This means the existing RAP closed with the end of the contract. A new CQN was issued (dated 09.05.14) for the performance in April.
- Choose and Book – Contract Query Notice issued on 9.5.14 as it was noted that 3 services have been published on Choose and Book but as indirectly bookable services where other local Trusts have these services published as directly bookable. These were 2WW Lung, 2WW Haematologia and 2WW upper GI. An excusing notice from PSHFT for 2WW lung and Upper GI has not been accepted. PSHFT contend pathways more suited to indirect booking. Ongoing contractual discussions between PSHFT and LCG to agree way forward. 2 WW Haematologia will be published as directly bookable service from August 2014.
- RTT – Non admitted – issued on 18.6.14 based on failure to meet 95% target for 4 specialities at April (T&O, Gastroenterology, Cardiology and Neurology). ENT failed non-admitted target in May, concerns with General Surgery and Urology also. Meeting to agree RAP 9.7.14. Amnesty in July and August as part of system wide RTT operational resilience work. Expectation that RAP will deliver 95% non-admitted target from September 2014, apart from Urology which has October delivery date.

Hinchingsbrooke 1 of 2

<u>Referral to treatment access times</u>	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Admitted patients	90%	94.97%	94.91%	↑	94.94%	May-14	Yes	Yes
No. of failing specialities	0	0	0	↔	0	May-14	Yes	Yes
Non admitted specialities	95%	98.64%	99.61%	↓	99.13%	May-14	Yes	Yes
No. of failing specialities	0	0	0	↔	0	May-14	Yes	Yes
Incomplete pathways	92%	94.89%	95.22%	↓	94.89%	May-14	Yes	Yes
No. of failing specialities	0	0	0	↔	0	May-14	Yes	Yes
Over 52 week waits	0	0	0	↔	0	May-14	Yes	Yes
Over 40 week waits	0	2	1	↓	2	May-14		
<u>Diagnostic waits</u>								
No patient should wait > 6 weeks	99%	99.90%	100.00%	↓		Period	Delivered Current Period	Delivered YTD
May-14						May-14	Yes	Yes
<u>A&E waits</u>								
Within four hours	95%	95.67%	96.06%	↓	96.05%	Period	Delivered Current Period	Delivered YTD
12 hour trolley breaches	0	0	0	↔	0	Jun-14	Yes	Yes
Ambulance Handover - Arrival to clear - 60 mins	0%	1.4%	2.0%	↑	1.7%	Jun-14	No	No
<u>2 Week Cancer waits</u>								
2 week wait for urgent cancer referrals	93%	98.72%	98.35%	↑	98.53%	Period	Delivered Current Period	Delivered YTD
2 week wait for breast symptom referrals	93%	97.14%	98.78%	↓	97.86%	May-14	Yes	Yes
May-14						May-14	Yes	Yes
<u>31 day Cancer waits</u>								
31 day wait to first definitive treatment for all	96%	100.00%	95.74%	↑	97.50%	Period	Delivered Current Period	Delivered YTD
31 day wait for subsequent surgery	94%	100.00%	100.00%	↔	100.00%	May-14	Yes	Yes
31 day wait for subsequent drug	98%	100.00%	100.00%	↔	100.00%	May-14	Yes	Yes
31 day wait for subsequent radiotherapy	94%	100.00%	-	↓	100.00%	May-14	Yes	Yes
<u>62 day Cancer waits</u>								
62 day wait to first definitive treatment for all	85%	94.64%	97.01%	↓	95.93%	Period	Delivered Current Period	Delivered YTD
62 day wait following screening referral	90%	80.00%	100.00%	↓	90.91%	May-14	Yes	Yes
62 day wait following consultant upgrade	None	-	-	↔	-	May-14	No	Yes
<u>Mixed sex accommodation</u>								
Number of reported breaches	0	0	0	↔		Period	Delivered Current Period	Delivered YTD
Jun-14						Jun-14	Yes	Yes
<u>Cancelled operations</u>								
Urgent Operations cancelled	Not Available	0	0	↔	0	Period	Delivered Current Period	Delivered YTD
May-14						May-14		
<u>Emergency Readmissions</u>								
Emergency Readmission within 30 days of discharge - (Crude A&E)	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
	Not Available	15.4%	13.9%	↓	14.6%	May-14		
<u>Maternity</u>								
C-Section Rates	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
	20%	20.5%	27.6%	↑	24.0%	May-14	Yes	No

Hinchingsbrooke 2 of 2

Quality indicators

Mortality information	National Mean	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
SHMI	1	0.99			Year to Sep-13	Yes	Yes
Patient safety	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
MRSA cases	0	0	0	↔	Jun-14	Yes	Yes
C Diff cases	7	0	0	↔	Jun-14	Yes	No
Never Events	0	0	0	↔	Jun-14	Yes	Yes
Slis reported within timescale	90%	100.0%	N/A	↓	Jun-14	Yes	Yes
Harm free care	95%	92.8%	92.6%	↑	Jun-14	No	No
Pressure Ulcer Prevalence		4.8	3.4	↓	Jun-14		
CQC status	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Major concerns	0	0	0	↔	Jun-14	Yes	Yes
Moderate concerns	0	0	0	↔	Jun-14	Yes	Yes
Minor concerns	0	0	0	↔	Jun-14	Yes	Yes
Patient Experience	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Friends and family test Inpatient	75	76.7	85.6	↓	May-14	Yes	Yes
Friends and family test A&E		71.8	77.6	↓	May-14		
Friends and family test Antenatal	75	75.9	77.2	↓	May-14	Yes	Yes
Friends and family test Birth	75	74.5	91.9	↓	May-14	No	Yes
Friends and family test Post natal	75	80.3	78.8	↑	May-14	Yes	Yes
Friends and family test Community Provision	75	94.1	93.8	↑	May-14	Yes	Yes

Comments |

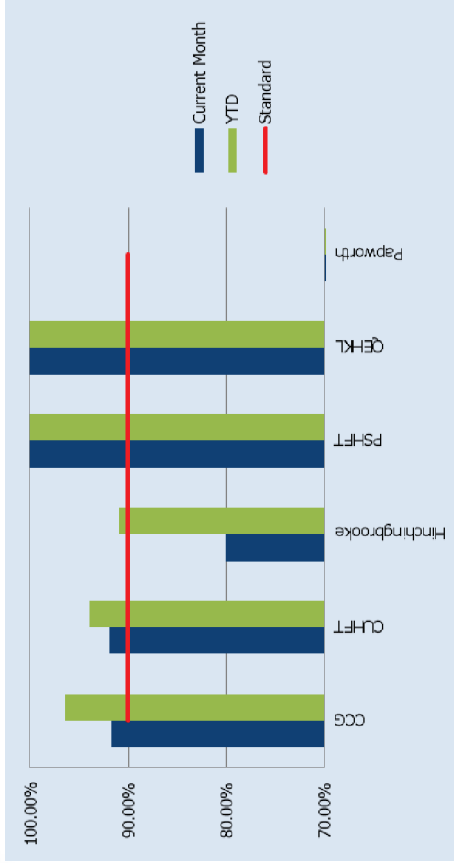
Based on the provider profiles created, the following exception reports will be provided:

1. Cancer
2. Contract Queries

ER HHCT 1 | Cancer



Fig 1. 62 day wait following screening referral



Comments |

62 day wait following screening referral
 HHCT failed the 62 day wait following screening referral standard in May (80%).

2.5 patients were seen and there were 0.5 breaches as follows:

The patient initially chose to have their investigations at Peterborough, but then changed their mind. There was a 20 day delay for CT colonography and many investigations needed.

A meeting has been planned for 16th July with the CEO, Radiology Management and Cancer Management.

ER HHCT 2 | Contract Queries

Comments |

Contract Queries in line with General Condition 9

- Choose and Book – Contract Query issued 29.05.13. First exception notice issued on 13.12.13. Second exception notice issued on 13.01.14. Penalties are now part of the contractual dispute process for 13/14 with the Trust. This Contract Query is now closed for 13/14 as resolved as part of dispute process. The Trust were still failing in April at 0.10 and at the end of May reported at 0.06. ASI penalties have been applied using 14/15 rates for April and May now the contract is signed and incorporated in month1 financial reconciliation.
- Mandatory staff training – Contract query raised 08.08.13 regarding low % of Trust staff who had received mandatory training. RAP received 22.08.13 and agreed. Following CQR meeting 27.03.14, the Trust reported that Equality and Diversity training is at 64% as at 28.02.14. All other areas are reported at over 80% with Information Governance at 90%. There are some outstanding actions on the Compliance Action Plan. This is RAG rated amber for March. Discussed at SQEG 29.05.14 CQ remains open until Trust hits 90% currently at 84%. Joint action plan in place, HHCT were committed to full compliance by the end of March. However, Trust advised that they can't be fully compliant now until end of Quarter 2 (September) 2014. If the Trust do not achieve this by the end of Quarter 2 then the CCG will withhold 2% of CV.
- Anti-coagulation service – Contract Query issued 12.03.14. Excusing Notice received from HHCT on 19.03.14. The CCG have not accepted this as at 01.04.14 and have asked HHCT to meet to agree a service specification and that the Trust cease invoicing practices with immediate effect. Hunts LCG Manager leading on a wider review and meeting being scheduled with relevant stakeholders and will take place on 09.07.14. Check with LCGs if invoicing has ceased, service specification agreed to be reviewed in year. LCGs confirm invoicing has ceased, CQ closed 10.06.14.
- Mixed Sex Accommodation – Contract Query issued 21.03.14. The Trust sent Excusing Notice 28.03.14. The CCG responded to the Trust on 03.04.14 stating that the Excusing Notice was not accepted. The Trust were advised that they would be penalised and the CCG requested a meeting with the Trust to understand the learning from the RCA and agree any actions required. A meeting took place on the 09.06.14. CCG assured that actions taken to prevent breaches in future as per meeting on 09.06.14. CQ closed 10.06.14.
- Pre-Op Blood tests colonoscopy – Requests being received for patients to attend HHCT for blood tests. CQ raised 15.05.14. HHCT have advised on 21.05.14 that pathway has not changed and patients can have blood tests in primary care. Issue is still outstanding as primary care have issues with funding this. To be discussed further within primary care and with Trust. At the SPRG Meeting held on 26.06.14 the Trust have been asked to discuss with clinicians that the pre op blood test be part of the pre op assessment at the Trust.
- Electronic Discharge Summaries (EDS) - CQ raised 20.05.14 as Practices are still receiving hard copies, duplicates and incomplete EDS. Response received from Trust on 21.05.14 and this was discussed further at SPRG on 29.05.14. Trust state that this should now be rectified and practices to raise issues with IT lead directly. As at end June 2014 issues still remain, GP lead advised that there have been 3 duplicates and 25 paper only documents, the majority of which came from Ophthalmology, Orthopaedics and Gastroenterology GP lead to send examples of duplicates/paper only documents to Trust to look into. At the SPRG Meeting held on 26.06.14 the Trust advised that they will send April/May EDS compliance data to the CCG by 04.07.14.

Referral to treatment access times	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Non admitted specialties	95%	98.79%	98.86%	↓	98.82%	May-14	Yes	Yes
No. of failing specialties	0	0	0	↔	0	May-14	Yes	Yes
Incomplete pathways	92%	98.69%	98.93%	↓	98.69%	May-14	Yes	Yes
No. of failing specialties	0	0	0	↔	0	May-14	Yes	Yes
Over 52 week waits	0	0	0	↔	0	May-14	Yes	Yes
Over 40 week waits		1	0	↓	1	May-14		
Diagnostic waits								
No patient should wait > 6 weeks	99%	100.00%	100.00%	↔		Period	Delivered Current Period	Delivered YTD
						May-14	Yes	Yes
Mixed sex accommodation								
Number of reported breaches	0	0	0	↔		Period	Delivered Current Period	Delivered YTD
						Jun-14	Yes	Yes
Cancelled operations								
Urgent Operations cancelled	Not Available	0	0	↔	0	Period	Delivered Current Period	Delivered YTD
						May-14		

Quality indicators

	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Patient safety							
MRSA cases	0	0	0	↔	May-14	Yes	Yes
C-Diff cases	2	0	0	↔	May-14	Yes	Yes
Never Events	0	0	0	↔	Jun-14	Yes	Yes
Sis reported within timescale	90%	100.0%	96.0%	↑	Jun-14	Yes	Yes
Harm free care	95%	92.1%	92.3%	↓	Jun-14	No	No
Pressure Ulcer Prevalence		5.4	4.6	↓	Jun-14		
CQC status							
Major concerns	0	0	0	↔	Period	Delivered Current Period	Delivered YTD
Moderate concerns	0	1	1	↔	Jun-14	No	No
Minor concerns	0	2	2	↔	Jun-14	No	No
Patient Experience							
Friends and family test Inpatient	75	Not Available	93.9	↑	Period	Delivered Current Period	Delivered YTD
					Jun-14	Yes	Yes

Comments |

Based on the provider profiles created, the following exception reports will be provided:

1. CQC Concerns
2. Contract Queries

ER CCS 1 | CQC Status

Comments |

CCS has one moderate concern and two minor CQC concerns.

There is a moderate concern relating to district nurse staffing (outcome 13: Staffing) and a minor concern relating to CCS governance (outcome 16: Assessing and monitoring the quality of services).

For the paediatrics Holly ward at Hinchingsbrooke Hospital, there is a minor concern for outcome 13: Staffing.

Outcome	Level of concern
13: Staffing	Moderate – Headquarters, Minor – Holly ward
16: Assessing and monitoring the quality of service provision	Minor – Headquarters

The CQC report from the May 2013 inspection is due to be published at the end of July. CCS has feedback formally to the CCG about the visit.

ER CCS 2 | Contract Queries

Comments |

Contract Queries in line with General Condition 9

- District Nursing – Contract Query issued 15.07.13. CCS sent CCG submission stating they are non-compliant with regulation 22. CQC report published w/c 03.03.14. CQC identified 2 areas of non-compliance; moderate concern in relation to staffing levels, minor concern with CCS's ability to assess & monitor quality of service. CCS have written to the CCG flagging that CCS are funded for community nursing 17% lower than national average. Meeting took place 06.03.14 and was also discussed at SQPRE on 13.03.14 and 10.04.14. Funding for this service was agreed through the contract negotiations and the contract is now signed. This service is another that is constantly being reviewed as the CCG are well aware that there are pressure issues on this service. The CCG took account of the benchmarking information when agreeing that we would focus the use of the growth funding allocated in the contract negotiation to CCS almost exclusively on District Nursing. A CQ for the Cambridge system was sent on 27th May – contract meetings for each of the four health systems are being arranged to discuss the DN Service. 08.07.14 update: All contract meetings have now been held and a paper is being written for discussion at CMET. A separate contract meeting was held to address the Contract Query raised for the Cambridge system of the District Nursing service, CCS presented a RAP, the CCG acknowledged that the level of staff vacancies was low; but CCS were able to give assurance that they were doing everything appropriate to support recruitment and that they would be routinely reporting on staffing numbers monthly. It was therefore agreed that this CQ would be closed and this closure letter was sent to CCS on 30th June 2014.
- Mandatory Training - CCS has failed to meet the target on staff mandatory training. Whilst CCS has already drawn up a plan that they are working to, it is agreed that a CQ is to be issued. CQ issued 20th May – CCS has responded and sent in a RAP. A CQ meeting to discuss this will be held at the beginning of the CQR meeting on 12th June. 08.07.14 update: At the CQ meeting held on 12th June both CCS and the CCG agreed a trajectory plan with achievement of 95% by the end of September. It was further agreed that CCS would supply an amended RAP by 20 June. CCS sent this and the CCG accepted the RAP. Progress will continue to be monitored through future CQR meetings.

Activity Query Notices in line with Service Condition 29

- Paediatric OT: Exception report triggered by 98.10% performance within 18 weeks in October. A CQUIN is in place for 2014/15 which it is hoped will help alleviate pressure on the triage aspect of this service. Performance in April dropped further to 81.4%. This service is on a list to be reviewed by CCS/CCG. This will also be discussed at CQR and SQPRE on 12th July 2014. 08.07.14 update: The SQPRE meeting for July has been postponed, this will now be discussed in August.
- MRSA Testing: Exception report triggered by 98% performance. This relates to one patient where the swabs were taken and sent off to Peterborough City Hospital, however, the results were returned much later than normal. Discussions held with the lab at Peterborough City Hospital on the importance of returning results quickly.
- Parkinson: Exception report triggered by 80.20% performance within 18 weeks in May. There was one genuine breach in May. This patient was seen on 9th June. The service is currently stretched due to three vacancies in this team, we do anticipate a number of breaches over the next few months until the service is back up to full-establishment and new staff have undergone an induction period. The service has recruited and all staff will be in post by end September 2014.

Referral to treatment access times		Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Non admitted specialties	95%	29.03%	40.43%	↓	34.73%	May-14	No	No	
No. of failing specialties	0	1	1	↔	2	May-14	No	No	
Incomplete pathways	92%	65.46%	65.57%	↓	65.46%	May-14	No	No	
No. of failing specialties	0	1	1	↔	2	May-14	No	No	
Over 52 week waits	0	0	0	↔	0	May-14	Yes	Yes	
Over 40 week waits	0	0	0	↔	0	May-14			

Mixed sex accommodation		Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Number of reported breaches	0	0	0	↔		Jun-14	Yes	Yes	

IAPT		Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
People who entered treatment for Psychological Therapy	60%	87.0%	41.0%	↑	64.0%	May-14	Yes	Yes	
People who completed treatment and are moving to recovery	50%	44.0%	52.0%	↓	48.0%	May-14	No	No	

Quality indicators

Patient safety	Threshold	Current Period		Prior Period		Movement	Period	Delivered Current Period	Delivered YTD
		Current Period	Prior Period	Current Period	Prior Period				
Never Events	0	0	0	0	↔	Jun-14	Yes	Yes	
SIs reported within timescale	90%	92.0%	88.0%	↑		Jun-14	Yes	Yes	
Harm free care	95%	100.0%	100.0%	↔		Jun-14	Yes	Yes	

CQC status	Threshold	Current Period		Prior Period		Movement	Period	Delivered Current Period	Delivered YTD
		Current Period	Prior Period	Current Period	Prior Period				
Major concerns	0	0	0	0	↔	Jun-14	Yes	Yes	
Moderate concerns	0	0	0	0	↔	Jun-14	Yes	No	
Minor concerns	0	1	1	1	↔	Jun-14	No	No	

Comments |

Based on the provider profiles created and additional information, the following exception reports will be provided:

1. RTT
2. CQC Status

Please note, an update on IAPT is provided earlier in the report.

ER CPFT 1 | RTT

Fig 1. CPFT specialities below operating standards in May

Number of specialities **Not** meeting national standard

	% 18 wk RTT
Non Admitted	1
Incomplete	1

Comments |

CPFT failed to deliver the non-admitted and incomplete standards in May with regard to the consultant led children's element of the contract (29.03% and 65.46% respectively).

The current situation refers almost exclusively to the Children's Health Services delivered in Peterborough. The CAMHs service is hitting the target.

The CCG has already agreed a Remedial Action Plan with CPFT to restore performance to meeting the 90% within 18 weeks target by the end of September. As a result of successfully obtaining some additional funding through the Area Team the revised plan is to get to this position by the end of August or shortly afterwards.

ER CPFT 2 | CQC Status

Comments |

The CQC visited Fulbourn Hospital in September 2013, focusing on Mulberry 3 and Springbank wards. A minor concern was reported for outcome 7: Safeguarding people who use services from abuse. CPFT has completed the action plan to address the CQC concern.

Outcome

7: Safeguarding people who use services from abuse.

Level of Concern

Minor – Fulbourn Hospital

Papworth | 1 of 2

Referral to treatment access times	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Admitted patients	90%	91.32%	91.89%	↓	91.60%	May-14	Yes	Yes
No. of failing specialties	0	1	1	↔	2	May-14	No	No
Non admitted specialties	95%	99.38%	99.41%	↓	99.39%	May-14	Yes	Yes
No. of failing specialties	0	0	0	↔	0	May-14	Yes	Yes
Incomplete pathways	92%	92.15%	92.96%	↓	92.15%	May-14	Yes	Yes
No. of failing specialties	0	1	1	↔	1	May-14	No	No
Over 52 week waits	0	0	1	↑	0	May-14	Yes	Yes
Over 40 week waits		6	3	↓	6	May-14		
Diagnostic waits								
No patient should wait > 6 weeks	99%	99.60%	99.40%	↑		Period	Delivered Current Period	Delivered YTD
						May-14	Yes	Yes
31 day Cancer waits								
31 day wait to first definitive treatment for all	96%	81.25%	92.86%	↓	86.67%	Period	Delivered Current Period	Delivered YTD
31 day wait for subsequent surgery	94%	100.00%	80.00%	↑	90.91%	May-14	No	No
						May-14	Yes	No
62 day Cancer waits								
62 day wait to first definitive treatment for all	85%	66.67%	87.50%	↓	78.57%	Period	Delivered Current Period	Delivered YTD
						May-14	No	No
Mixed sex accommodation								
Number of reported breaches	0	0	0	↔		Period	Delivered Current Period	Delivered YTD
						Jun-14	Yes	Yes
Cancelled operations								
Urgent Operations cancelled	Not Available	2	3	↑	5	Period	Delivered Current Period	Delivered YTD
						May-14		
Emergency Readmissions								
Emergency Readmission within 30 days of discharge - (Crude A)	Not Available	2.6%	2.8%	↑	2.7%	Period	Delivered Current Period	Delivered YTD
						May-14		

Papworth | 2 of 2

Quality indicators

Patient safety	Threshold	Current Period		Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
		Current Period	Prior Period					
MRSA cases	0	0	0	0	↔	Jun-14	Yes	Yes
C Diff cases	4	0	1	1	↑	Jun-14	Yes	No
Never Events	0	0	0	0	↔	Jun-14	Yes	Yes
SI's reported within timescale	90%	100.0%	100.0%	100.0%	↔	Jun-14	Yes	Yes
Harm free care	95%	99.5%	96.6%	96.6%	↑	Jun-14	Yes	Yes
Pressure Ulcer Prevalence		0.5	2.5	2.5	↑	Jun-14		

CQC status	Threshold	Current Period		Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
		Current Period	Prior Period					
Major concerns	0	0	0	0	↔	Jun-14	Yes	Yes
Moderate concerns	0	0	0	0	↔	Jun-14	Yes	Yes
Minor concerns	0	0	0	0	↔	Jun-14	Yes	Yes

Patient Experience	Threshold	Current Period		Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
		Current Period	Prior Period					
Friends and family test inpatient	75	82.8	78.1	78.1	↑	May-14	Yes	Yes

Comments |

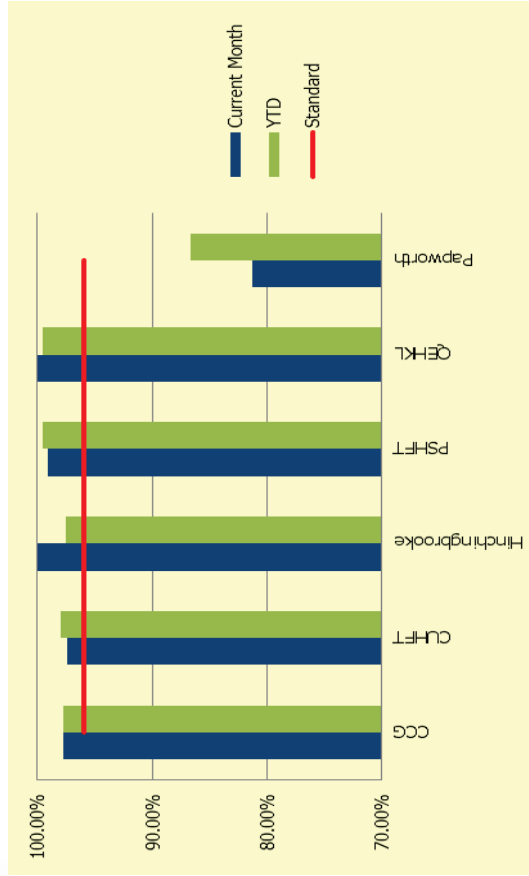
Based on the provider profiles created, the following exception reports will be provided:

1. Cancer
2. Contract Queries

ER Papworth 1 | Cancer



Fig 1. 31 day wait to first definitive treatment



Comments |

31 day wait to first definitive treatment
Papworth failed the 31 day wait to first definitive treatment standard (81.25%) in May.

Out of a total of 16 patients treated, there were 3 breaches as follows:

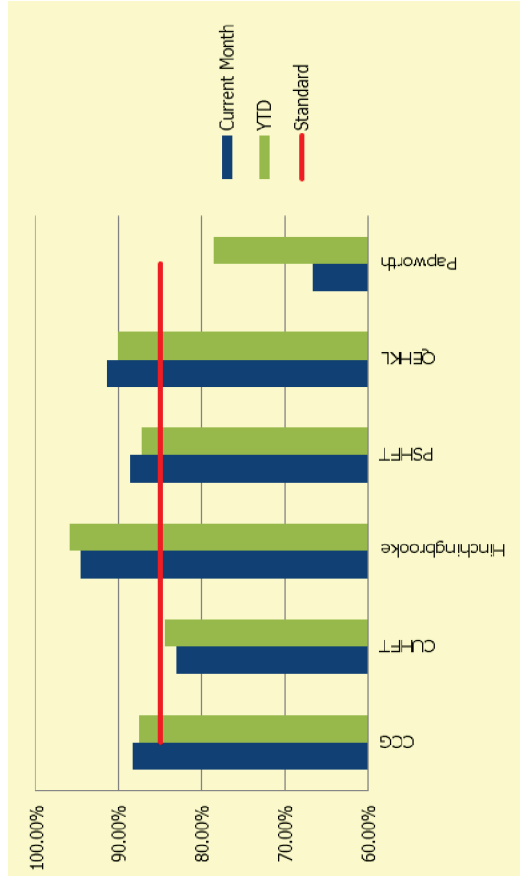
- 1 x lack of surgical capacity to book in time.
- 2 x planned in time but cancelled due to equipment or more urgent case.

62 day wait to first definitive treatment
Papworth also failed the 62 day wait to first definitive treatment standard (66.67%) in May.

Out of a total of 3 patients treated, there was 1 breach broken down as follows:

- Cancelled on the day of surgery due to no cameras available (also 31 day breach)
- Patient had surgery cancelled due to PE, then took time to consider whether to pursue RT or surgery.

Fig 2. 62 day wait to first definitive treatment



ER Papworth 3 | Contract Queries

Comments |

Contract Queries in line with General Condition 9

- None raised to date

Activity Query Notices in line with Service Condition 29

- None raised to date

QEH | 1 of 2

Referral to treatment access times	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Admitted patients	90%	83.83%	85.23%	↓	84.53%	May-14	No	No
No. of failing specialties	0	7	7	↔	14	May-14	No	No
Non admitted specialties	95%	97.10%	97.67%	↓	97.38%	May-14	Yes	Yes
No. of failing specialties	0	3	1	↓	4	May-14	No	No
Incomplete pathways	92%	97.35%	97.79%	↓	97.35%	May-14	Yes	Yes
No. of failing specialties	0	1	1	↔	1	May-14	No	No
Over 52 week waits	0	0	0	↔	0	May-14	Yes	Yes
Over 40 week waits	0	1	1	↔	1	May-14	Yes	Yes
Diagnostic waits	99%	99.20%	98.40%	↑		Period	Delivered Current Period	Delivered YTD
No patient should wait > 6 weeks						May-14	Yes	Yes
A&E waits	95%	88.89%	93.78%	↓	91.52%	Period	Delivered Current Period	Delivered YTD
Within four hours						Jun-14	No	No
12 hour trolley breaches	0	0	0	↔	0	Jun-14	Yes	Yes
Ambulance Handover - Arrival to clear - 60 mins	0%	6.9%	3.0%	↓	4.3%	Jun-14	No	No
2 Week Cancer waits	93%	96.74%	97.40%	↓	97.09%	Period	Delivered Current Period	Delivered YTD
2 week wait for urgent cancer referrals						May-14	Yes	Yes
2 week wait for breast symptom referrals	93%	94.19%	96.85%	↓	95.77%	May-14	Yes	Yes
31 day Cancer waits	96%	100.00%	99.06%	↑	99.49%	Period	Delivered Current Period	Delivered YTD
31 day wait to first definitive treatment for all						May-14	Yes	Yes
31 day wait for subsequent surgery	94%	100.00%	100.00%	↔	100.00%	May-14	Yes	Yes
31 day wait for subsequent drug	98%	100.00%	100.00%	↔	100.00%	May-14	Yes	Yes
31 day wait for subsequent radiotherapy	94%	-	-	↓	-	May-14	Yes	Yes
62 day Cancer waits	85%	91.49%	88.98%	↑	90.09%	Period	Delivered Current Period	Delivered YTD
62 day wait to first definitive treatment for all						May-14	Yes	Yes
62 day wait following screening referral	90%	100.00%	100.00%	↔	100.00%	May-14	Yes	Yes
Mixed sex accommodation	0	2	0	↓		Period	Delivered Current Period	Delivered YTD
Number of reported breaches						Jun-14	No	No
Cancelled operations	Not Available	2	0	↓	2	Period	Delivered Current Period	Delivered YTD
Urgent Operations cancelled						May-14		
Emergency Readmissions	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
Emergency Readmission within 30 days of discharge - (Crude At	Not Available	26.3%	21.8%	↑	24.1%	May-14		
Maternity	Threshold	Current Period	Prior Period	Movement	YTD	Period	Delivered Current Period	Delivered YTD
C-Section Rates	22%	24.5%	16.7%	↓	20.6%	May-14	No	Yes

QEH | 2 of 2

Quality indicators

Mortality information	National Mean	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
SHMI	1	1.01			Year to Sep-13	No	No
Patient safety	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
MRSA cases	0	0	0	↔	Jun-14	Yes	Yes
C Diff cases	14	4	3	↓	Jun-14	No	No
Never Events	0	0	0	↔	Jun-14	Yes	Yes
Slis reported within timescale	90%	50.0%	0.0%	↑	Jun-14	No	No
Actions from Patient safety alerts completed to timescale	100%	NA			Apr-14	Yes	Yes
Harm free care	95%	94.5%	94.1%	↑	Jun-14	No	No
Pressure Ulcer Prevalence		4.3	7.1	↑	Jun-14		
CQC status	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Major concerns	0	5	5	↔	Jun-14	No	No
Moderate concerns	0	3	3	↔	Jun-14	No	No
Minor concerns	0	4	4	↔	Jun-14	No	No
Patient Experience	Threshold	Current Period	Prior Period	Movement	Period	Delivered Current Period	Delivered YTD
Friends and family test Inpatient	75	61.8	64.1	↓	May-14	No	No
Friends and family test A&E		53.1	45.6	↑	May-14		
Friends and family test Antenatal	75	62.9	62.5	↑	May-14	No	No
Friends and family test Birth	75	69.4	50.0	↑	May-14	No	No
Friends and family test Post natal	75	64.7	51.9	↑	May-14	No	No
Friends and family test Community Provision	75	66.7	47.4	↑	May-14	No	No

Comments |

Based on the provider profiles created, the following exception reports will be provided:

1. RTT
2. A&E
3. HCAI
4. CQC Status
5. Friends and Family
6. Contract Queries

Fig 1. QEH specialities below operating standards in May

	% 18 wk RTT
Admitted	7
Non-admitted	3
Incomplete	1

Comments |

The Trust aggregate position for non-admitted and incomplete RTT standards was achieved in May (97.1% non-admitted, 97.35% incomplete), however the Trust did not meet the admitted standard (83.83%).

The following specialities failed in May:

Admitted

ENT (82.5%), General Surgery (66.2%), Gynaecology (83.8%), Other (78.6%), Plastic Surgery (71.4%), T&O (71.5%) and Urology (72.2%)

Non-Admitted

Geriatric Medicine (94.1%), Neurology (94.7%), Other (90.6%)

Incomplete

Cardiothoracic surgery (66.7%)

A contract query was issued and QEH responded on 9th May with a RAP that the CCG did not accept and this was escalated by West Norfolk CCG as a result. A new RAP had been prepared but this has been superseded by the RTT plan produced in order to obtain additional funds through the Area Team to deliver the standards more rapidly. A bid for funds has been successfully submitted to the Area Team with additional work funded in July, August and September in order to meet the standards for all specialities except General Surgery and T&O by the end of September. Further discussions are being held about the use of alternative providers to address the remaining backlog. Progress on this will be monitored weekly by West Norfolk CCG as the co-ordinating commissioner. Fines have been levied for April and May.

ER QEH 2 | A&E

Comments |

QEH failed to meet the 95% target in Quarter 1, achieving 91.6%. June also failed at 88.89% and performance up until 20th July has been 89%.

A contract query was originally issued on the basis of the Trusts failure to achieve 95% in April. QEH issued a contract query to the commissioners on the basis of a rise in A&E attendances, averaging 14% for C&P CCG in April and May (but only 5% for West Norfolk CCG in the same period).

Following a contract management meeting on the 10th July a joint investigation is being held to examine the A&E attendances and this will report back to the Urgent Care Board.

Addressing the 4 hour breach target forms a key part of the Operational Resilience Plan being drawn up by West Norfolk CCG which our CCG is contributing to.

Fig 1. QEH Daily A&E Attends up to 6th July 2014

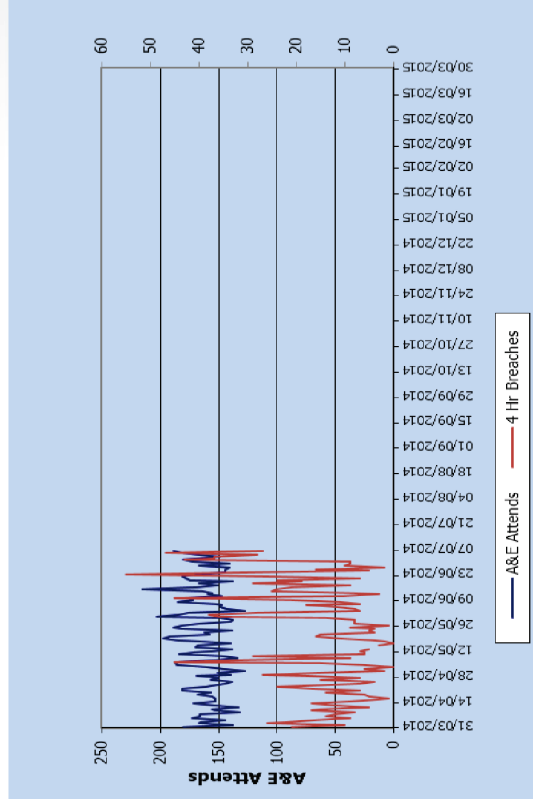


Fig 2. Cumulative A&E performance at QEH in 2014/15

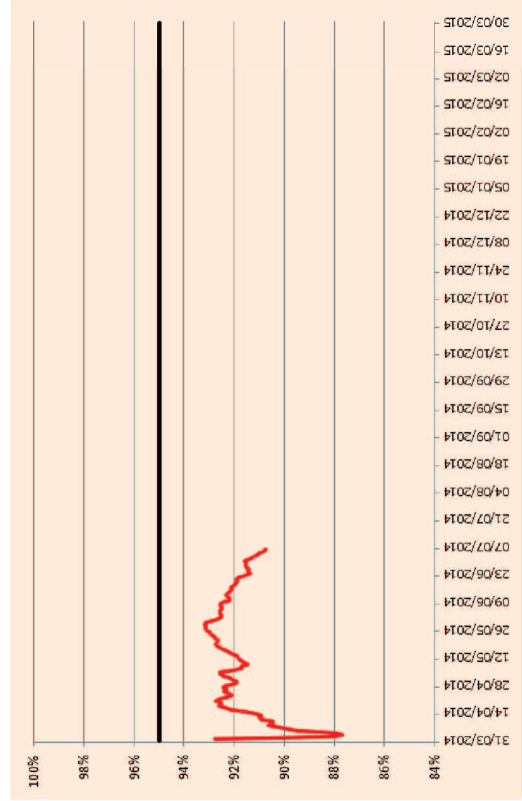




Fig 1. QEH MRSA cases (up to end of June)

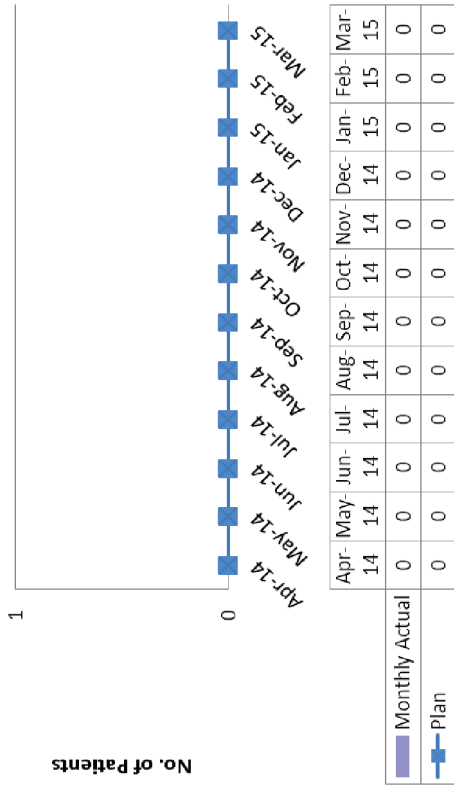
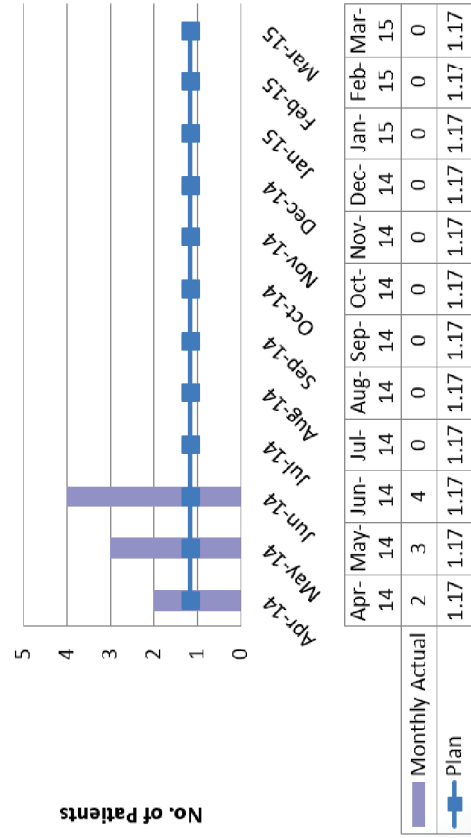


Fig 2. QEH C Diff cases (up to end of June)



Comments |

MRSA
QEH had no cases of MRSA in May.

C Diff
3 C Difficile cases were reported in May.

Provisional data shows that a further 4 cases were reported for June.

C Difficile at QEHKL continues to be closely monitored as the Trust has exceeded 50% of the annual trajectory and is at significant risk of breaching the year end trajectory of 14.

ER QEH 4 | CQC Status

Comments |

The CQC carried out an inspection at QEHKL in May 2013 and raised significant concerns. A Rapid Responsive Review team, which included the CQC and NHS England, carried a series of further inspections in August 2013. The final inspection report showed further concerns.

QEHKL currently has 5 major concerns for outcomes 2: Consent to care and treatment, 7: Safeguarding, 13: Staffing, 14: Supporting workers and 16: Assessing and monitoring the quality of service provision. The CQC served warning notices for the last four of these outcomes.

There are 3 moderate concerns, for outcome 5: Meeting nutritional needs, 6: Cooperating with other providers and 21: Records, and 4 minor concerns, for outcomes 1: Respecting and involving people who use services, 4: Care and welfare of people who use services, 9: Management of medicines and 17: Complaints.

The CQC started an inspection at QEHKL on 1 July 2014.

Outcome	Level of concern
2: Consent to care and treatment	Major Warning Notice Warning Notice Warning Notice Warning Notice
7: Safeguarding people who use services from abuse	
13: Staffing	
14: Supporting workers	
16: Assessing and monitoring the quality of service provision	Moderate
5: Meeting nutritional needs	
6: Cooperating with other providers	
21: Records	Minor
1: Respecting and involving people who use services	
4: Care and welfare of people who use services	
9: Management of medicines	
17: Complaints	

QEHKL is making good progress against the action plan addressing the areas of concern, and the CQC is assured regarding the level of improvement to date.

ER QEH 5 | Friends and Family

Fig 1. Friends and Family Net Promoter (Inpatients) - QEH

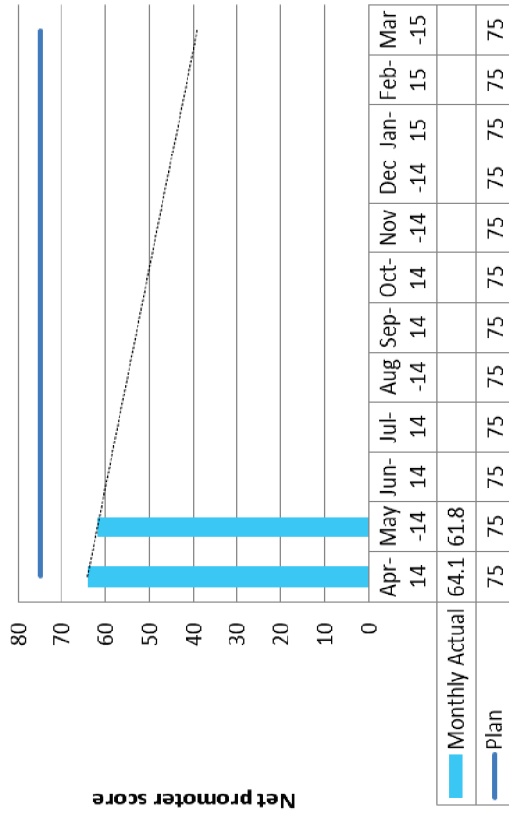
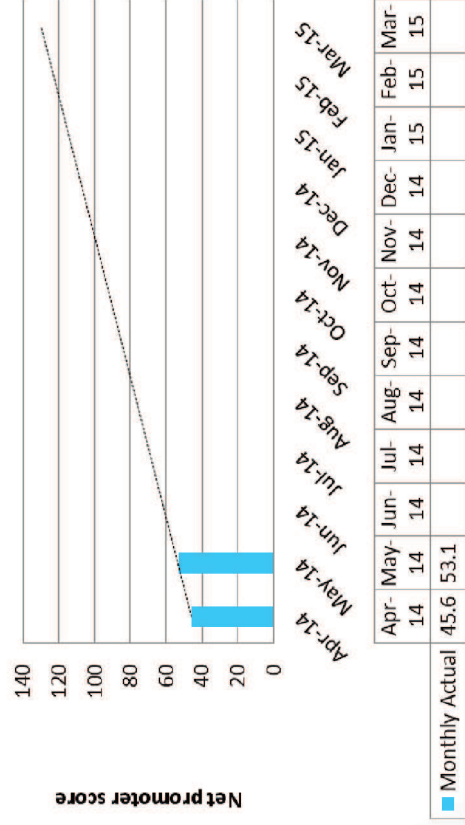


Fig 2. Friends and Family Net Promoter (A&E) - QEH



Comments |

The FFT inpatient score has fallen to 62 in May 2014. The A&E score has improved, although the response rate in this area is falling.

The Trust is increasing the focus on the FFT at both departmental and clinical level.

Results of the Friends and Family Test for maternity services are outlined below.

Question	Score	Test Score across England
Antenatal	62.9	67
Birth	69.4	77
Post natal	64.7	65
Post natal community provision	66.7	77

ER QEH 6 | Contract Queries

Comments |

Contract Queries in line with General Condition 9

- RTT 18 weeks– Latest contract query issued on 8 July. Superseded temporarily by preparation of Plan to address all outstanding issues on 18 weeks by end of September. Funding for additional work in July, August, and September associate with delivery of this plan agreed by Area Team. Weekly PTL monitoring to be undertaken by West Norfolk CCG. Alternative provider being sought for some of the General Surgery and T&O backlog.
- A&E 4 hour breach– A contract query was originally issued on 22 May on the basis of the Trusts failure to achieve 95% in April. QEH issued a contract query to the commissioners on 19 June on the basis of a rise in A&E attendances, averaging 14% for our CCG in April and May (but only 5% for West Norfolk CCG in the same period). Following a contract management meeting on the 10th July a joint investigation is being held to examine the A&E attendances and this will report back to the Urgent Care Board. Addressing the 4 hour breach target forms a key part of the Operational Resilience Plan being drawn up by West Norfolk CCG which our CCG is contributing to.
- Cancer 62 day wait – Contract query issued on 19 May following breaches of standard in Q4 of 2013/14 (78.8% against target of 85%). RAP produced by QEH on 11 July at Contract Management meeting. CCG reviewing RAP by 22 July to respond to QEH.
- Mixed Sex Accommodation – QEH to share revised policy and RAP by CQRM on 13 August for consideration by commissioners.
- Home Birth – Originally raised in 2013/14 following temporary cessation of service by QEH. QEH served notice on service on 28 March. Commissioners and QEH discussing next steps.
- Stroke / TIA – Contract query issued on 13 June. Contract management meeting held on 10 July. QEH to produce RAP for “Stay on Stroke Unit” and report to confirm no negative impact on patients as result of TIA data issues reported.
- CDIFF – Contract query issued on 9 April following QEH annual total of 39 (threshold of 19). RAP produced by QEH being further reviewed and Commissioners to indicate detail required by 25 July.
- Diagnostic 6 week wait – Contract query issued 9 July following breach of standard in May (98.4% against target of 99%). Contract management meeting held on 10 July. QEH to produce formal response following meeting indicating actions that have been taken.

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Public
Key Decision - No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: Report on the ShapeYourPlace Huntingdonshire web site annual update (1 April 2013 – 31 March 2014)

Meeting/Date: COMT 18 August 2014
Overview & Scrutiny (Social Wellbeing) 2 September 2014

Executive Portfolio: Councillor T Sanderson

Report by: Head of Community

Ward(s) affected: All Wards

Executive Summary:

Members of the Overview & Scrutiny (Social Wellbeing) Panel at the meeting held on the 3rd September 2013 considered a report of the performance of the 'Shape Your Place Huntingdonshire' website for the period 1st July 2012 to 30th June 2013. In considering the report, Members requested that Officers report annually on the performance of the 'Shape Your Place Huntingdonshire' site.

Recommendation(s):

- Members acknowledge the continued value for money that the ShapeYourPlace Huntingdonshire system provides and endorses the Huntingdonshire District Council's continued subscription to this system.
- Members consider the further amalgamation of the ShapeYourPlace Huntingdonshire sites from the existing 6 sites, to 4 sites – Huntingdon, St Ives, St Neots, and Rural Huntingdonshire.

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1. Background

- 1.1. Members of the Overview & Scrutiny Social Wellbeing Panel at the meeting held on the 3 September 2013, requested officers report on the annual performance of the ShapeYourPlace Huntingdonshire web site.

2. Introduction

- 2.1. ShapeYourPlace Huntingdonshire went live in July 2012 with 7 sites across the District:

- Huntingdon;
- North Huntingdonshire;
- Ramsey;
- Sawtry;
- St Ives;
- St Neots; and
- West Huntingdonshire.

- 2.2. The vision for ShapeYourPlace Huntingdonshire is to provide an online engagement tool acting as a one-stop access point for public services thus complementing other engagement tools used by the authority. It is a platform for open and democratic conversations which local people can influence and it operates 365 days of the year.

- 2.3. Residents do not have to know who can resolve their issues; ShapeYourPlace directs issues to the right organisation. Partners in Huntingdonshire, in addition to the District Council, who are committed to responding within the agreed time limits, are:

- Cambridgeshire Fire and Rescue Service;
- Cambridgeshire Constabulary; and
- Cambridgeshire County Council.

- 2.4. Many other organisations respond to residents' queries through ShapeYourPlace e.g.

- Town & Parish Councils;
- Anglian Water Authority;
- Stagecoach; and the
- Environment Agency.

- 2.5. Following a review of the service take up of the ShapeYourPlace Huntingdonshire undertaken during 2013-14, from the 1st April 2014 the West Huntingdon site has been amalgamated with the Sawtry site.

3. Methodology

- 3.1. ShapeYourPlace has 3 parts:

- Issues raised by residents are sent to the relevant partners for a response on the site within 10 working days with County and District Councilors and Town/Parish Clerks alerted when an issue affects their patch so they can join in the discussion if they want;
- Comments on issues and blog posts; and

- Blog posts by residents and partners raising ideas, publicising events, highlighting community consultations and mounting campaigns.
- 3.2. All posts are moderated before publication to ensure they do not breach the Terms of Use.

4. **Performance Data**

4.1. Performance information from the ShapeYourPlace Huntingdonshire system is provided by Cambridgeshire County Council as the system managers.

4.2. Visitors

4.2.1. 25682 different people visited the ShapeYourPlace Huntingdonshire sites compared to 15707 in the previous year an increase of 63%. Each person is counted once, no matter how many times they visit the site. Huntingdonshire has a population of 171000 this represents an increase from approximately 9% to 15% of the resident population.

4.3. Visits

4.3.1. 48661 visits were made to the ShapeYourPlace Huntingdonshire sites compared to 33930 in the previous year an increase of 43%. Visits are the number of times an individual person visits the sites so one unique visitor will make any number of visits.

4.4. Issues raised

4.4.1. 163 issues were raised on the ShapeYourPlace Huntingdonshire website during the period 1st April 2013 to 31st March 2014, as summarised in the table below, this is an increase on the 127 issues raised in the previous 12 months.

Month	Huntingdon	North Hunts	Ramsey	Sawtry	St Ives	St Neots	West Hunts
April 13	6	1	1	0	3	1	0
May 13	4	2	0	0	3	1	0
June 13	7	0	0	1	7	2	0
July 13	6	0	1	3	1	0	0
August 13	7	0	1	1	3	2	0
September 13	3	0	2	0	4	0	0
October 13	9	4	0	0	4	4	1
November 13	6	7	1	1	1	3	0
December 13	2	0	1	1	9	2	0
January 14	5	1	1	1	4	2	1
February 14	6	1	0	0	0	4	0
March 14	3	1	0	0	2	3	0
Total	64	17	8	8	41	24	2

4.4.2. The main issues raised by residents during the year, were clustered around, planning, parking, and the maintenance of verges, hedges etc. Huntingdonshire District Council is required to respond to all messages left within 10 working days.

5. Value for Money and Finance

5.1. Data published by the Society of Information Technology Management (SOCITM) demonstrates the significant savings that can be obtained by encouraging channel shift for Council transactions, as below:

Engagement Channel	Average cost per transaction
Face to face	£14
Telephone (direct to Council)	£5
Telephone (through call centre)	£4
Interactive voice response (IVR)	20p
Self Service	20p
Web	17p

5.2. Considering the 163 issues that were raised during 2013-14 the cost of providing a face to face transaction for this service would have been £2282, compared with the cost of £27.71 for providing the interaction via the ShapeYourPlace Huntingdonshire website, representing a saving of £2254.29 in transaction costs.

5.3. The ShapeYourPlace Huntingdonshire website provides a 24 hour access point for customers to log requests with Huntingdonshire District Council, the cost of this provision is difficult to estimate but have clear links with the Huntingdonshire District Council Corporate Plan 2014-2016 through the strategic themes of 'working with our communities' and 'ensuring we are a customer focused and service led Council'

5.4. The cost of providing the ShapeYourPlace Huntingdonshire system during 2013-14 was £3500, made up of annual costs of £500 per site. For 2014-15, with the amalgamation of West Huntingdonshire and Sawtry sites the cost reduces to £3000 per annum.

5.5. The cost of providing the ShapeYourPlace Huntingdonshire system could be further reduced by amalgamating the North Huntingdon, Ramsey & Sawtry sites. This would leave the system with four ShapeYourPlace sites – Huntingdon, St Ives, St Neots, and Rural Huntingdonshire. This amalgamation would not impact on the effectiveness of the sites, but would provide budget savings of £1000 per annum at the current subscription rates.

6. Other ShapeYourPlace sites

6.1. In addition to the 7 ShapeYourPlace Huntingdonshire sites that existed in 2013-14, reducing to 6 sites from 1st April 2014, there are:

- 4 Fenland sites that went live in October 2010 and May 2011
- 5 East Cambridgeshire sites that went live in April 2012
- Cambridge City site that went live June 2013
- South Cambridgeshire site that went live June 2013

6.2. Cambridgeshire County Council, Cambridgeshire Constabulary, and Cambridgeshire Fire and Rescue Service being an integral part of the all County sites.

CONTACT OFFICER

Name: Dan Smith – Community Manager
Tel No. 01480 388377

Public
Key Decision - No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: CORPORATE PLAN - PERORMANCE REPORT

Meeting/Date: SOCIAL WELL-BEING 2nd SEPTEMBER 2014
ECONOMIC WELL-BEING 4TH SEPTEMBER 2014
ENVIRONMENTAL WELL-BEING 9TH SEPTEMBER 2014
CABINET 11th SEPTEMBER

Executive Portfolio: Cllr JASON ABLEWHITE AND RELEVANT EXECUTIVE COUNCILLORS

Report by: POLICY AND PERFORMANCE MANAGER

Ward(s) affected: All

Executive Summary:

The purpose of this report is to brief Members on progress against the key activities identified in the Council's Corporate Plan for 2014/15 for period 1st April to 30th June 2014

Each of the Corporate Plan's strategic themes have been allocated to an Overview and Scrutiny Panel, as follows:

Social Well Being –	Working with our Communities
Economic Well – Being –	A strong local economy and Ensuring we are a customer focused and service lead council
Environmental Well- Being -	Enable sustainable growth

Recommendation(s):

Members are recommended to consider progress made against key activities and performance data in the corporate plan

Members are asked to approve the change in Performance Indicator as stated in 3.4.

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1. PURPOSE

- 1.1 The purpose of this report is to present to Members performance management information on the Council's Corporate Plan for 2014/15

2. BACKGROUND

- 2.1 The Council's Corporate Plan was adopted by Council in April 2014. This is a two year plan and outlines its own priorities and its role in supporting the shared ambition for Huntingdonshire. The plan sets out what the Council aims to achieve in addition to our core statutory services.

3. PERFORMANCE MANAGEMENT

- 3.1 Members of the Overview & Scrutiny Panels have an important role in the Council's Performance Management Framework and the process of regular review of performance data has been established. It is intended that Members should concentrate their monitoring on the strategic themes and associated objectives to enable them to adopt a strategic overview while building confidence that the Council's priorities are being achieved
- 3.2 Progress against Corporate Plan objectives is reported to Chief Officers Management Team quarterly on a service by service basis. A progress report from each Division includes performance data in the form of a narrative of achievement against each Key Action in the Corporate Plan and progress for each Performance Indicator those services contribute towards.
- 3.3 Overview and Scrutiny Panels will receive the appropriate quarterly performance reports, ordered by strategic theme. These will include performance data in the form of a narrative of achievement against each Key Action in the Corporate Plan and progress for each relevant Performance Indicator within each theme.
- 3.3 Cabinet will receive a quarterly performance report for each of the Corporate Plan strategic themes including all performance indicator data.
- 3.4 It has been advised that a Performance Indicator in the Corporate Plan cannot be measured sufficiently enough, as the work is not undertaken by HDC staff, but by the shared HIA service and as such an alternative Performance Indicator has been suggested. It is asked that the measure of "time taken from first visit to completion of work on Disabled Facilities Grant (DFG) with a value of over £1,000 (weeks)" is replaced by "average time (in weeks) between date of referral to practical completion for minor jobs up to £10,000".

BACKGROUND INFORMATION

Performance Management reports

The Council's Corporate Plan

CONTACT OFFICER

Howard Thackray, Corporate Policy & Performance Manager

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STRATEGIC THEME - WORKING WITH OUR COMMUNITIES

Period April to June 2014

Key to status

J	Progress is on track	K	Progress is within acceptable variance	L	Progress is behind schedule	?	Awaiting progress update	n/a	Not applicable to state progress
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Summary of progress for Key Actions

J	Progress is on track	K	Progress is within acceptable variance	L	Progress is behind schedule	?	Awaiting progress update	n/a	Not applicable to state progress
	8		4		1				

Target dates do not necessarily reflect the final completion date. The date given may reflect the next milestone to be reached.

Summary of progress for Corporate Indicators

J	Progress is on track	K	Progress is within acceptable variance	L	Progress is behind schedule	?	Awaiting progress update	n/a	Not applicable to state progress
	4						1		

WE WANT TO: Create safer, stronger and more resilient communities

Status	Key Actions for 2014/15	Target date	Portfolio Holder	Head of Service	Progress - April to June 2014
J	Manage the implementation of the joint CCTV service with Cambridge City	June 2014	Cllr Howe	Eric Kendall	Legal agreement signed by both Councils, new service started 2/6/14. Work to new network on track to meet the target date for a joint CCTV control room on the 1 st July 2014.
L	Increase the use of fixed penalty notices (FPN) for littering	March 2015	Cllr Tysoe	Eric Kendall	No litter FPNs served as yet. Discussions with Enforcement Officers as they have concerns in respect of doing this work.
J	Manage the Community Chest to pump prime projects to build and support	Decisions made July	Cllr Sanderson	Jayne Wisely	Community development:- 2014/15 allocation meeting scheduled for 30 June all organisations awarded funds for

	community development.	2014			projects must deliver the projects within 12 months of award. Details available end of July.
J	Deliver diversionary activities for young people	Monitoring reports complete Mid Oct 14	Cllr Howe (for commercial activities)	Jayne Wisely	Community development: Sports and Active Lifestyles Team:- <ul style="list-style-type: none"> Deliver 28 free activity roadshows for age groups 5 to 11 years between 24 July and 2 September. Details available end of September. Street Sports activities for age groups 13 to 19 years 3 evenings per week (term time only). Details available every 3 months.
K	Review our current partnership commitments to deliver value for money and alignment with corporate priorities	March 2015	Cllr Ablewhite	Adrian Dobbyne	A project brief setting out the scope and outcomes for this project will be prepared by Quarter 2.

WE WANT TO: Improve health and well-being

Status	Key Actions for 2014/15	Target date	Portfolio Holder	Head of Service	Progress - April to June 2014
J	Investigate the business case for incentivising the private rented sector to take housing needs clients.	Ongoing	Cllr Dew	Andy Moffat	It is unlikely that given the current buoyancy of the private rented sector and lack of tenancies available within Local Housing Allowance rates that the Council would be able to offer sufficient levels of incentives to encourage landlords to work with the Council. Where opportunities do exist the Rent Deposit/Rent In Advance scheme or Town Hall Lettings Agency are used as incentives.
J	Review the current arrangements for commissioning temporary accommodation	Ongoing	Cllr Dew	Andy Moffat	The Council is working on a project with one of its housing association partners to provide an additional 17 units of accommodation (across two schemes) that will reduce the need to use B&B as first stage temporary accommodation. It is hoped that this project will deliver in the autumn 2014.
J	Support healthy lifestyle through the	Ongoing	Cllr Dew	Andy Moffat	Development Management:

	provision of open space on new developments				Open space is being negotiated where relevant in line with the Local Plan policy.
J	Carry out a review of the Disabled Facilities Grants (DFG) programme	July 2014	Cllr Dew	Andy Moffat	Housing Strategy: Report prepared on the shared Home Improvement Agency service after 2 years of operation, for O&S on 8 th July and Cabinet on 17 th July. Part of this review included the future requirement for DFG funding.
J	Enable a new extra care scheme to be built to meet needs in St Ives and in Ramsey		Cllr Dew	Andy Moffat	Housing Strategy: St Ives: Langley Court has been decanted of residents. Luminus are in the process of negotiating the contract for the new build. The planning application is nearing determination. The loan awaits the council's specialist consultant's support and these two issues affecting the critical path of the project plan should be resolved over the next few months. Ramsey: County Council have reiterated revenue support for this project. A site has been identified and the building is being designed taking comments from planning officers, housing health and social care officers into account. A capital bid and a planning application are likely to follow in Autumn 2014 for start on site in 2015 and completion in 2016/17.
K	Reduce fuel poverty and improve health by maximising the number of residents taking up the grant funded 'Action on Energy' scheme	March 2015	Cllr Tysoe	Eric Kendall	Target - 400 Home Energy assessments undertaken in homes in Huntingdonshire by 31 st March 2015. Progress – Action on Energy scheme now fully operational, 78 Home Energy undertaken in Huntingdonshire Homes during the first quarter. Confident that target of 400 assessments will be reached.

WE WANT TO: Empower local communities

Status	Key Actions for 2014/15	Target date	Cabinet Member	Lead Officer	Progress - April to June 2014
K	Support community planning including working with parishes to complete parish plans		Cllr Ablewhite	Jayne Wisely	Initial meeting with group of Parish Council taken place, focus of next Parish Council localism event co-sponsored by HDC now happened.
K	Review control and management of Council assets	January 2015	Cllr Gray	Jayne Wisely	Property & Estate Management: - an ongoing process with two main priorities – 1) establishes a reliable / efficient asset database, which can provide accessible information to multi-disciplinary teams and assist good asset management. 2) Review current practice and develop 5yr planned maintenance schemes for the estates – to reduce the total cost of repairs and maintenance.

Corporate Performance and Contextual Indicators

Key to status

J	Progress is on track	K	Progress is within acceptable variance	L	Progress is behind schedule	?	Awaiting progress update	n/a	Not applicable to state progress
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Performance Indicator	Full Year 2013/14 Performance	Quarter 1 2013/14 Performance	Quarter 1 2014/15 Target	Quarter 1 2014/15 Performance	Quarter 1 2014/15 Status	Annual 2014/15 Target	Forecast Outturn 2014/15 Performance	Predicted Outturn 2014/15 Status
Number of missed bins per 100,000 households Aim to minimise	48.5	?	50	50	J	48	N/A	N/A
Comments: <i>Switch to CRM from HEAT, data collection methods are currently being reviewed.</i>								
Percentage of household waste recycled or composted Aim to maximise	57.45%	59.98%	60%	61.39%	J	57.8%		
Comments: <i>Only includes April & May as Junes figures not yet available</i>								
% of food establishments in the district that are broadly compliant with food hygiene law Aim to maximise	94.94%	93.76%	85%	95.29%	J	N/A	N/A	N/A
Comments:								
Number of Disabled Facilities Grants (DFG) completed Aim to maximise	238	27	29	29	J	N/A	N/A	N/A
Comments: <i>Q1 completions are always low following the peak in Q4 of the preceding year. A vacancy within the HIA's surveying team may impact on this PI. This is being raised with the HIA shared service and their resources are being redeployed to help manage workloads.</i>								

Time taken from first visit to completion of work on Disabled Facilities Grants (DFG) with a value over £1,000 (weeks)

?

?

Aim to minimise

Comments: To minimise is difficult to complete. HDC staff do not undertake this work and so we do not routinely measure this PI as it relates to the performance of the shared HIA service. An alternative PI measure has been proposed and is included in the covering report for approval.

HEALTH COMMITTEE: MINUTES:

Date: Thursday 10th July 2014

Time: 2.00 p.m. to 5.00 p.m.

Present: Councillors Bourke, P Brown, Dent, Frost, Giles, Jenkins, Nethsingha, Orgee, Sales, Schumann, Scutt, Smith and Wisson

Councillor Carter, Huntingdonshire District Council
Councillor Ellington, South Cambridgeshire District Council

Apologies: Councillors Clapp and Rylance
Councillor Roberts, Cambridge City Council

24. DECLARATIONS OF INTEREST

There were no declarations of interest.

25. MINUTES 19TH JUNE 2014

It was resolved to approve the minutes

26. PETITIONS

No petitions were received

27. HEALTHCARE PUBLIC HEALTH ADVICE SERVICE TO CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP (CCG): 2013/14 ANNUAL REPORT AND 2014/15 MEMORANDUM OF UNDERSTANDING

Officers introduced the Healthcare Public Health Advisory Service (HPHAS) annual report and Memorandum of Understanding. The HPHAS is a mandated statutory public health service to be provided by upper tier local authorities. Its role is to provide an advisory service to the CCG, with decision-making responsibility remaining with the CCG. Staff time put into the service follows the benchmark in national Department of Health guidance, and consists of the equivalent of two full time public health consultant posts: plus supporting analytical and research officer time.

In response to member questions, officers explained that discussions were being held with the CCG about a process for dealing with a situation where the benchmarked capacity could be insufficient to respond to the level of demand for advice from the CCG.

Members suggested that Section 8 of the Memorandum of Understanding on dispute resolution should include a statement that all avenues for reaching a resolution would be explored before going to independent mediation. Members requested that future reports on this topic include a list of acronyms.

It was resolved:

- a) To note the 2013/14 annual report of the Cambridgeshire County Council (CCC) Local Authority Healthcare Public Health Advice Service to the CCG
- b) To approve the 2014/15 memorandum of understanding between CCC and the CCG.

28. SMOKING CESSATION SERVICES: EFFICACY AND COST EFFECTIVENESS

The report which was submitted in response to a request by the Committee, provided an overview of the smoking cessation service, evidence of its impact and cost-effectiveness, and how it was responding to the challenges it faced in reducing smoking prevalence, including in the North of the County.

The following points were made in discussion:

- Estimated smoking prevalence figures were taken from the integrated household survey, and were based on a sample of the general population across a district. They therefore did not identify any differences between localities or population groupings within a district. The high prevalence in Fenland was linked to the social and economic profile of the population. It was noted that the estimated smoking prevalence figures for Fenland had a very wide confidence range – between 23.4% and 35.7% of the population, and the lower limit of the confidence range was still above the national average.
- Members commented that a higher proportion of the funding for smoking cessation than at present should be invested in Fenland, in line with the higher smoking prevalence. Officers noted that smoking cessation services provided by GPs in Fenland, and core services such as training were not fully reflected in the breakdown of funding for the different districts. More investment in smoking cessation in Fenland was planned, which included a wide range of interventions, some of which were starting in 2014/15. The need to address the wider environmental factors associated with smoking, such as lower education and lower income and rural isolation, and to work with communities, was recognised.
- There was a high prevalence of smoking among migrant workers, and the public health team were working with Fenland District Council and the Rosmini Centre to reach this grouping.
- The cost-per-quit figures use a national benchmark, which excludes the cost of pharmacotherapy. Officers were reviewing their analysis of the costs of the service.
- Cambridgeshire's smoking cessation performance was comparable to that of other local authority areas with a similar profile.
- The point at which councils would know that they had succeeded in reducing smoking prevalence as far as they could had not yet been identified.
- Members commented that the prevalence of smoking outside Hinchingsbrooke Hospital was detrimental to the campaign to stop people smoking. Officers noted that the public health team were discussing with the hospital how it could develop its

policy on smoking on the site. It was suggested that members raise this issue when they had a liaison meeting with Hinchingsbrooke.

- The availability of e-cigarettes had reduced the number of people using the Camquit service. Officers explained that there was as yet no firm evidence as to the safety of e-cigarettes, the extent to which they helped people give up smoking, or whether they led people to start smoking. This was currently being researched nationally.

Members requested more information on the impact of the reduction in the numbers using smoking cessation services on the cost-per-quit figures, for Cambridgeshire and nationally. Specifically members asked that officers provide cost-per-quitter figures for previous years to make meaningful comparison possible.

It was noted that the financial impact of smoking on the wider economy was far greater than the cost of providing the smoking cessation service.

- As 90% of smokers start before the age of 19, prevention work among young people was key. The public health team had some school-based programmes, including Kick Ash, and smoking was also covered in the Personal, Social and Health Education (PSHE) programme in schools. There was a need to create an environment of understanding of the dangers of smoking, including among young people.

It was resolved to note the report.

29. CONSULTATION ON THE INTRODUCTION OF REGULATIONS FOR STANDARDISED PACKAGING OF TOBACCO PRODUCTS

Officers presented the draft Council response to a national Department of Health consultation on the introduction of regulations for standardised packaging of tobacco products. The proposals, which are based on evidence, aimed to reduce the likelihood of young people taking up smoking, which is highly addictive, by making packs less attractive to children.

The standardised packs would be olive green and of a standard size, with health messages prominently displayed, and the brand name shown in a pre-designed format.

The regulations would also apply to imported tobacco products sold in the UK

Members commented that:

- The response should state more clearly the range of disadvantaged groups that were particularly vulnerable to smoking initiation, such as children and young people, including young women, some people with disabilities and people with mental health issues.
- It was suggested that e-cigarettes should be included in the plain packaging initiative, as there was a genuine issue around the normalisation of smoking.

It was resolved:

To approve the response to the consultation, with the inclusion of the following:

- A more comprehensive list of the disadvantaged groups who are particularly vulnerable to smoking initiation
- A suggestion that the Government consider standardised packaging for e-cigarettes.

30. FINANCE AND PERFORMANCE REPORT – MAY 2014

The report set out the latest finance and performance information for public health for the 2014/15 financial year up to the end of May 2014.

Officers noted that the figures for the overall position showed a negative variance in expenditure under some budget headings. This reflected the fact that some invoices from the 2013/14 financial year had not yet been received. The position would be clearer by the time of the next report.

It was resolved to note the report.

31. FINANCE AND PERFORMANCE REPORT – OUTTURN 2013/14

The report set out the final outturn finance and performance information for public health for 2013-14. While performance had been on or above target in some areas, such as the provision of Long Acting Reversible Contraception (LARC), and the health trainer service, performance in relation to health checks and smoking cessation were areas of concern. The end of year underspend of £749k in the Public Health directorate was the result of underperformance in these two areas, recruitment delays, and provision for financial risks that had not materialised. There were also underspends in the public health grant allocations to other directorates. All the underspends would be carried forward to 2014/15 within the relevant services.

Members asked whether the targets should be reduced, or replaced by a combination of lower targets and stretch targets, in view of the fact that performance was below target in a number of areas. It was also noted that targets generally became more difficult to meet over time. Officers responded that they did not wish to reduce the targets for health checks or for smoking cessation, as performance had been better in the past. The impact of e-cigarettes on uptake of the smoking cessation service might however need to be taken into account when setting targets in future.

It was resolved to note the report.

32. SERVICE COMMITTEE REVIEW OF THE BUSINESS PLAN

The report provided an overview of the context and process for the 2015-16 Business plan for public health, which included savings that had been identified in relation to GP Health Inequalities, Community Sexual Health, Public Health Intelligence external costs, and Weight management services.

The procurement of the weight management services would be reported to the September Committee meeting.

The Chairman commented that there had been a suggestion from Cambridgeshire Community Services NHS Trust that the procurement of the weight management service be delayed pending the outcome of the Clinical Commissioning Group's procurement of older people's healthcare services. Officers explained that the service, which was currently delivered by a number of agencies, was not primarily for older people, but would cover children and adults of all ages. The intention was to provide a community based service, and equalise provision across the county.

It was resolved that:

Officers work with members of the Health Committee to develop more detailed proposals for presenting to the Health Committee on 11th September and 16th October 2014.

33. CORPORATE RISK REGISTER: UPDATE

The report set out the Council's risk management policy and procedure, and the public Health Directorate Corporate Risk Register. Officers explained that the risks, their probability and impact, and actions to mitigate these, were identified through consideration of the evidence and reviewed quarterly by the public health management team.

Members commented that the scores for Risk 1 "Failure to reduce health inequalities, particularly in the north of the County" appeared too low in view of the fact that health inequalities within the county remained high.

It was resolved that:

Officers review the risk score in relation to failure to reduce health inequalities, particularly in the north of the County.

34. DEVELOPMENT OF SHARED PUBLIC HEALTH PRIORITIES

The report summarised the process for developing shared priority outcomes for public health in a strategic way across the work of the Council, to inform business planning for 2015/16. While the Health Committee has delegated responsibility for public health, much of the delivery sits with other Council committees. Examples include the role of Economy, Transport and Environment in promoting walking and cycling, or the work of the Learning Directorate.

The Health Committee had previously identified public mental health, the public health impact of transport and access, and addressing health inequalities as important areas, and this would be fed into the discussion with other directorates.

Members commented that:

- There should be clear links to the above priorities in the business plan, and it should be clear how they relate to future reports to the Committee on specific issues such as smoking cessation

- The cost-effectiveness of specific public health proposals should be made clear in the business plan.

Officers noted that although levels of physical activity were low in Fenland, much of the Council's infrastructure spend on encouraging walking and cycling was in Cambridge and the south of the County.

It was resolved to:

- Endorse the proposed approach to development of shared priority outcomes for public health
- Request that a report with more detailed proposals was brought to Health Committee on 11th September 2014.

35. COMMISSIONING OF OLDER PEOPLE'S HEALTHCARE AND ADULTS COMMUNITY SERVICES: OUTCOME OF CONSULTATION

The following officers attended for this item:

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
 Jessica Bawden, Director of Corporate Affairs
 Matthew Smith, Programme Lead, Older People
 Dr Arnold Fertig, Clinical Lead, Older People
 Susan Last, Assistant Director Public Engagement

The main purpose of the CCG's consultation was to test out the outline proposals from the bidders for the service, who could amend their proposals in the light of the consultation response. There were now three shortlisted bidders, who had received previous interim consultation feedback reports, and were due to submit their final proposals by the end of July. These would be evaluated during August.

Officers summarised the themes, issues and recommendations arising from the consultation, which were set out in the CCG report. They highlighted that mental health had come through as a strong theme. Bidders were also being asked to take into account the recommendations from the 2013 review of delayed discharge and discharge planning undertaken by the previous Adults Wellbeing and Health Overview and Scrutiny Committee (AWHOSC).

The CCG proposed that further work was carried out with the Committee's Commissioning of Older People's Healthcare Working Group to enable them to verify that bidders had taken the consultation responses into account. The CCG found the involvement of the working group very helpful in testing their processes.

Councillors expressed concern about the late circulation of the large volume of papers, which meant that not all Committee members had time to read the content. In future they would like to receive written feedback from working groups to which specific functions had been delegated. The Chairman offered to hold an additional meeting of the Committee to discuss the reports if members considered it appropriate.

The Chairman reported that the working group had met and looked at the CCG's draft response in detail. The working group felt that the CCG's recommendations had taken account of the AWHOSC consultation response, which had included the main recommendations from the delayed discharge review. In particular, the CCG recommendations included:

- a request that the bidders take into account the previous committee's member-led review on delayed discharge.
- a 24/7 single point of access, which was popular with the public
- a stronger commitment on mental health, which was a major area of concern for the public and the Committee
- a recognition of the need to avoid a predatory or loss leader bid, and to rigorously test the realism of any bids, as requested by the committee
- a recognition of the importance of the contract being as transparent as possible, with a recommendation that performance information is made publicly available.
- a response to public concerns about data protection
- a recognition of the need to ensure that there was adequate capability within the CCG to interpret and make use of complex clinical and patient flow data to manage the contract effectively.

The CCG had also responded to the working group's request for a spreadsheet which would put on the record what changes had taken place as a result of the consultation.

The following points were made in discussion

- Members suggested that all bidders be asked if they were willing to submit to public processes such as Freedom of Information requests and the Ombudsman, as private sector organisations were not required to do so.
- There was a process of escalation included in the contract if there was a performance issue, with a sequence ranging from a warning through to termination of the contract. The CCG considered that the contract management process was robust.

A proportion of the payment under the contract was linked to achievement of the outcomes.

- Members commented that the CCG had taken into account their concerns about sustainability in relation to finances and delivery.
- Officers and representatives of both the County and District Councils were involved in the procurement process through the programme board, and were included in a wider stakeholder grouping.

Members requested a seminar on the procurement of older people's services, which would be open to all members.

It was resolved that:

The Health Committee Commissioning of Older People's Healthcare working group:

- work with the CCG to ensure that the bidders have taken the former Adults Wellbeing and Health Overview and Scrutiny Committee and public consultation responses into account
- make a written report of its findings to the Committee on 11th September.

36. LOCAL HEALTH ECONOMY – 5 YEAR STRATEGIC PLAN

Dr Fiona Head, Consultant in Public Health, Cambridgeshire and Peterborough CCG attended for this item.

The report summarised the main issues contained in the Cambridgeshire and Peterborough health system blueprint which had been submitted to NHS England and the process for developing the 5 year strategic plan for the local health economy. The Health and Wellbeing Board was currently involved in the process, and the Committee might consider it as a scrutiny item once the strategic plan had been further developed.

Members commented that future reports should include a glossary.

It was resolved to note the report

37. LIFEWORKS AND COMMUNITY PERSONALITY DISORDER SERVICE CONSULTATION

a) Proposals and update

Neil Winstone, Divisional Nurse Lead, Community Division, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) introduced the report, which updated members on the consultation that CPFT was undertaking on proposals for the Personality Disorder Services provided by CPFT, which ran between 4th June and 14th July 2014.

Agreement had been reached with the protesters at the Lifeworks premises in Tenison Road, Cambridge and the sit-in had ended on 7th July. The agreement consisted of two parts: provision of the Lifeworks service in Cambridge for a period of 5 years, and that service users, CPFT and others would develop a joint proposal for future funding to take to commissioners. There was a detailed project plan, and a stakeholder event in early August was being considered.

In response to member concerns about whether it was intended to extend the Lifeworks programme throughout the county in the long-term, Mr Winstone clarified that although the agreement only affected Cambridge, it was hoped that the joint proposal would extend the most valuable aspects of Lifeworks. CPFT wanted a more equitable service across Cambridgeshire and Peterborough.

With reference to paragraph 3.1 of the report, the Chairman clarified that the agreement to continue the provision of the Lifeworks service in Cambridge would not involve additional resourcing from the CCG, . CPFT and the CCG had both provided the

Chairman with emails confirming that this was the case. A bid for additional funds would be made if it was decided to try to provide a more comprehensive Lifeworks-type service county wide.

b) Health Committee Working Group Report

The working group had met with Neil Winstone and Pam Peters, Consultant, Personality Disorder Service to discuss issues and questions arising from the proposals. It was awaiting a written reply from CPFT to a number of outstanding questions before it submitted its consultation response. These included

- The clinical evidence base for providing users with a 12-week preparatory Mentalisation Based Therapy (MBT) treatment, when 70% of them will not receive the full 18-month MBT programme, and greater clarity about what these users would receive instead
- A clear illustration of the referral and treatment pathway, including timescales
- A clear account of what support was available to those discharged from the service

Mr Winstone agreed to extend the consultation deadline to enable the working group to respond when it had received CPFT's reply to its questions.

The working group would circulate its response to the Committee.

It was resolved to note the reports

38. IMPLEMENTATION OF PROPOSALS FOR LIVER METASTASES SURGERY: WORKING GROUP

The Committee was asked to nominate up to three members to a joint working group with Norfolk and Suffolk County Councils to follow up issues arising from NHS England's changes to the provision of surgery for liver metastases. This followed a local resolution meeting which had taken place on 2nd April 2014 between the former Joint Health Overview and Scrutiny Committee which had examined the proposals and NHS England.

It was resolved to:

Nominate Councillors Ashcroft, Dent and Jenkins to a joint working group with Norfolk and Suffolk County Councils to examine issues arising from NHS England's changes to the provision of surgery for liver metastases.

39. HEALTH COMMITTEE AGENDA PLAN AND WORK PROGRAMME

The report brought together member suggestions from discussion at previous Committee meetings, Spokes meetings, and the training seminar on 19th June. It included suggested Committee priorities and approach, and proposed liaison arrangements with NHS bodies.

Members commented that:

- The information request on mental health provision for people in prison should include a request for clarification on the respective responsibilities of the agencies concerned
- The suicide prevention strategy should include provision for people who attempt suicide; this can have a particular impact on women.
- Local members should be invited on visits to NHS organisations
- Planning and public health was an important issue, particularly in the current environment of growth. This included ensuring that GP surgery provision was addressed in new developments
- Working groups should feed back to the Committee systematically and in writing

It was suggested that the agenda plan include scrutiny of CPFT's performance and forward plan after the mental health working group had met with the CCG and CPFT.

It was resolved to:

- a) Agree the Health Committee priorities and approach and the arrangements for liaison with NHS organisations
- b) Request officers to bring delivery dates for the health inequalities elements of the Committee priorities to the Committee meeting on 11th September
- c) Add planning and public health to the list of Committee priorities
- d) Agree the forward agenda plan with the addition of the following items to the agenda for 11th September: Development of Shared Public Health priorities; Outcome of Lifeworks and Community Personality Disorder Service consultation; Commissioning of Older People's Healthcare and Adult Community Services; and the role of the Health Committee in relation to the transfer of responsibility for commissioning the health visitor service.
- e) Establish a working group to examine and comment on emerging mental health plans and strategies, including the CCG overall mental health strategy, the public mental health strategy, and the suicide prevention strategy, consisting of Councillors Bourke, P. Brown, Orgee, Sales, Scutt, Smith and South Cambridgeshire District Councillor Ellington
- f) Establish a working group to promote closer working between the Health Committee, Economy and Environment Committee, and Highways and Community Infrastructure Committee, consisting of Councillors Bourke, P Brown, Frost, Giles, Jenkins, Orgee, Nethsingha, Schumann and Wisson.
- g) Establish a working group to liaise with Cambridgeshire and Peterborough CCG consisting of Councillors Bourke, Orgee, Schumann, South Cambridgeshire District Councillor Ellington and Huntingdonshire District Councillor Carter.
- h) Arrange for the working groups to report back to the Committee in a systematic way.

40. HEALTH AND WELLBEING BOARD FORWARD AGENDA

It was resolved to note the report.

Chairman

July 2014
Issue 8



NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Older People's Programme - Update 8

Foreword

July 2014 is a month of milestones for the Older People's Programme. At the beginning of July we published the results of the Proposals to Improve Older People's Healthcare and Adult Community Services public consultation. At the end of July, shortlisted bidders in the procurement process are expected to submit their detailed proposals (full solutions) for delivering integrated older people's healthcare and adult community health services.

Both are the culmination of months of work and input from a very large number of people, including the many residents who gave up their time to give us their views on the CCG's vision and initial proposals for improving healthcare that the shortlisted bidders in the procurement put forward. This feedback will not only help the bidders improve the proposals they have put forward, but will aid the CCG in buying high quality services designed around the needs of our patients.

Views expressed during the consultation show strong support for the reasons for change and the CCG's vision for delivering more joined-up older people's healthcare and adult community services. However some concerns were raised and a number of recommendations have been made for the bidders to take into account as they put together their full solutions. You can read more on pages two and three.

I would like to take this opportunity to thank all the people and organisations who took the time to respond to the consultation. I would also like to thank colleagues from our Local Commissioning Groups (LCGs) and partner organisations for their work over the last few months on the Outcomes Framework, the dialogue with bidders and, in anticipation, the work they will do evaluating the bids once the final proposals have been submitted.

Dr Arnold Fertig

CCG Older People's Programme Clinical Lead

Continued overleaf...

July 2014
Issue 8



NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Strong support for joined-up healthcare

Strong support for the reasons for change and the CCG vision to deliver more joined-up older people's healthcare and adult community services was received through the public consultation.

Nearly 3,000 views and opinions were received between 17 March and 16 June 2014.

- 80% of respondents to the questionnaire said they were supportive of the reasons for change
- 87% supported the CCG's vision for improved community and out of hospital services
- 88% agreed the CCG's vision will be successful in achieving the goal that more patients are supported to remain independent.

The full report is available on the Proposals to Improve Older People's Healthcare and Adult Community Services public consultation page found on www.cambridgeshireandpeterboroughccg.nhs.uk (<http://www.cambridgeshireandpeterboroughccg.nhs.uk/have-your-say/older-people-and-adult-community-services.htm>)

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Proposals to improve older people's healthcare and adult community services

Consultation document

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) is the organisation responsible for planning, organising and purchasing NHS-funded hospital and community healthcare for residents.

We want to improve older people's healthcare and adult community services for residents across Cambridgeshire, Peterborough and those parts of Northamptonshire and Hertfordshire included in the CCG's catchment area.

We would like your feedback on the initial proposals a number of organisations have put forward on how services could be delivered differently to achieve the improvements we are looking for.

The public consultation runs from
9am 17 March 2014 to 5pm 16 June 2014

Start date moved to ensure patient safety

Concerns were raised during the consultation that turnaround timescales were too tight between the appointment of the preferred bidder (the decision on preferred bidder is expected to be made in September) and the start of the contract.

The CCG's Governing Body has agreed to change the service start date from January 2015 to April 2015 to ensure patient safety during the transition.

To help a smooth transition, a Transition Steering Group with the CCG's current community provider, Cambridgeshire Community Services (CCS) NHS Trust, has been set up.

CCS staff teams and union representatives also met with bidders in June enabling CCS staff to ask the shortlisted bidders about their proposals and give their feedback on the proposals.

For more information on Cambridgeshire and Peterborough CCG's Older People's Programme, please visit www.cambridgeshireandpeterboroughccg.nhs.uk/pages/older-peoples-programme

July 2014
Issue 8



NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Public consultation: Key messages from public feedback

The CCG has asked shortlisted bidders to respond to the key messages local people fed back through the consultation by giving further details in their more detailed and final proposals (full solutions), to be submitted at the end of July, on how they will:

- take into account local needs, particularly:
 - ◆ differences in population between Peterborough and Cambridgeshire
 - ◆ delivery of services in more rural areas such as Fenland
 - ◆ service provision on the borders of the CCG's catchment area (Royston in Hertfordshire and Oundle and Wansford in Northamptonshire)
- work with GPs
- work with local authorities to deliver joined-up working between health and social care
- ensure telephone callers to a 24/7 single point of access service will get through quickly and get a 'rapid and effective' response
- work with the existing 111 service, other telephone access and the ambulance service
- make sure mental health professionals are involved, including when patients needing these services are in hospital
- store data securely in a single electronic record system and ensure it is used properly (information governance)
- work with voluntary organisations
- focus on preventative care, particularly addressing problems of social isolation that older people can experience
- improve access to specialist nurses and 24-hour support for patients at the end of their life, and their carers.

Specific details of the recommendations made can be found on the Proposals to Improve Older People's Healthcare and Adult Community Services public consultation page on the CCG's website www.cambridgeshireandpeterboroughccg.nhs.uk in the attachments Agenda Item 02.1 Response to Consultation Cover and Agenda Item 02.1 – End of consultation report. (See page two for web link)

Continued overleaf...

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NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Public consultation:

Concerns on types of provider

Concerns were raised during the consultation about the implications, particularly on staff, of possibly commissioning a non-NHS provider.

In response, the shortlisted bidders have been asked to set out in detail in their full solutions how they will:

- increase staff satisfaction
- recruit and retain staff
- build on current levels of training
- prepare new staff for their roles
- develop the organisation as a whole
- engage with staff.

The CCG will ensure that:

- the service specification is robust
- processes for holding the Lead Provider (the consortium/organisation awarded the contract) to account are clearly defined
- performance information is publically available
- the Lead Provider supplies information to partner organisations.

What happens next?

Bidders for the contract are expected to submit their detailed proposals (full solutions) for improving services at the end of July.

There are now three shortlisted bidders:

- Care for Life (Care UK with Lincolnshire Community Health Services NHS Trust, and Norfolk Community Health & Care NHS Trust)
- Uniting Care Partnership (Cambridgeshire and Peterborough NHS Foundation Trust with Cambridge University Hospitals NHS Foundation Trust)
- Virgin Care Ltd.

Accord Health (Interserve with Provide, formerly Central Essex Community Services, and North Essex Partnership Foundation Trust as Mental Health Lead) withdrew from the procurement process in June.

Once the detailed proposals have been received, they will be evaluated by a large team of evaluators including clinicians from all the LCGs, patients, carers, CCG representatives and experts on a range of subjects including work force, estates and IT.

A decision on a preferred bidder is expected to be made in September.

For more information on Cambridgeshire and Peterborough CCG's Older People's Programme, visit
www.cambridgeshireandpeterboroughccg.nhs.uk/pages/older-peoples-programme

CURRENT ACTIVITIES

STUDY	OBJECTIVES	PANEL	STATUS	TYPE
Great Fen	To monitor the developments in respect of the Great Fen.	Environmental Well-Being	The Project Collaboration Agreement has been renewed for a further 5 year period. Site visit to be arranged with an invitation being extended to the Economic well-Being Panel.	Whole Panel.
Flood Prevention within the District	To investigate flood prevention arrangements in the District and the impact of flooding on associated local policy developments.	Environmental Well-Being	Representatives from the Environment Agency delivered a presentation on flood risk management within Huntingdonshire. A scoping report was considered by the Panel in April 2014 and a Working Group was appointed. The Chief Executive and Clerk to the Middle Level Commissioners delivered a presentation to the Panel's June 2014 meeting to outline their role with flood alleviation in the District.	Whole Panel.
Our Role in Supporting the Prosperity and Vitality of the Market Towns.	To be determined at the November meeting following a presentation by an expert witness.	Economic Well-Being	Following a debate at the Council meeting in April, Mr W Grimsey has been invited to address the September meeting Panel on his vision for the future of the High Street. The content of the presentation will then be used to develop and scope a study in this subject. All	Whole Panel

			Members of the Council will be invited to attend.	
Waste Collection Policies	To assist the Head of Operations and Executive Member for Operations & Environment with reviewing waste collection policies in relation to the collection points for wheeled bins/sacks and remote properties (farms and lodges).	Environmental Well-Being	First meeting of Working Group held on 24 th June 2014. Further meeting to be held in two months' time to consider the outcome of the survey work being undertaken by the Operations Division on affected properties and various other matters.	Working Group
Litter Policies and Practices (to include graffiti removal)	To be determined following receipt of scoping information.	Environmental Well-Being	Head of Operations to address Panel on the Council's litter policies and practices – to include graffiti removal. Report anticipated at October 2014 meeting.	Whole Panel
Project Management Arrangements	To be determined.	Economic Well-Being	Briefing on work of the Corporate Project Management Board to be provided to September meeting. Post project reviews of Huntingdon Multi-Storey Car Park and St Ivo One Leisure to be submitted to October meeting.	Whole Panel

Panel Date	Decision	Action	Response	Date for Future Action
<p>5/04/11/ 2/10/12/ 5/03/13/ 1/04/14</p>	<p><u>Hinchingbrooke Hospital</u></p> <p>(a) Management of the Hospital</p> <p>With effect from 1st February 2012, Circle took over the management of Hinchingbrooke Hospital and representatives of Circle and the Hospital have since attended the Panel's meeting on an annual basis. Agreed to come back in a year's time to provide a further update.</p>		<p>Invite all O&S Members and Ruth Rogers, Chair of Healthwatch Cambridgeshire when discussion on Hinchingbrooke Hospital takes place.</p>	<p>7/04/15</p>
<p>6/11/12</p> <p>4/12/12</p> <p>4/2/14</p>	<p>(b) Hinchingbrooke Hospital Joint Working Group</p> <p>A meeting between relevant County Members and the Panel was held on 5th November 2012 to share information and issues relating to services at Hinchingbrooke Hospital.</p> <p>A Joint Working Group with the County Council's Cambridgeshire Adults Wellbeing and Health Overview and Scrutiny Committee was established comprising Councillors S J Criswell and P Kadewere. The Working Group will receive regular updates on the Hospital.</p> <p>Concerns raised by the Panel over staff morale and management of complaints by the Hospital. These matters will be raised at the next meeting.</p>	<p>Working Group met on 23rd January 2014.</p>		

Panel Date	Decision	Action	Response	Date for Future Action
<p>4/12/12 & 5/02/13 & 02/07/13 4/02/14</p> <p>8/07/14</p>	<p>(c) Financial and Operational Performance</p> <p>Presentation received from Mr R Murphy and Mr K Poyntz, representatives of Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) on the financial and operational performance of the Hospital. Agreed at the February 2014 meeting that some focus should be placed upon monitoring CCG's performance.</p> <p>Attention drawn to funding levels for GPs and the impact this was having on surgeries. Agreed to raise the matter with the CCG in September 2014.</p>	<p>Reports to be presented to the Panel every six months.</p> <p>CCG informed of the Panel's concerns.</p>	<p>Next update to be delivered in September 2014. Mr R Murphy has confirmed his attendance. This item appears elsewhere on the Agenda.</p> <p>Advised that the core contract for GPs was held by NHS England and that the matter would be best discussed with the organisation. CCG are aware of the pressures primary care services are under.</p>	<p>2/09/14</p>
<p>4/12/12 & 4/03/14</p> <p>10/06/14</p>	<p><u>Delivery of Advisory Services Within the District</u></p> <p>New voluntary sector funding arrangements came into effect on 1st April 2013. Voluntary Sector Working Group, comprising Councillors R C Carter and Mrs P A Jordan to meet with the voluntary organisations to review the grant agreements established under the new arrangements.</p> <p>Annual performance report presented. Councillors P Kadewere and Mrs R E Mathews also appointed to the Working Group.</p>			

Panel Date	Decision	Action	Response	Date for Future Action
4/06/14	<p><u>Corporate Plan</u></p> <p>Councillors S J Criswell and R C Carter appointed to the Corporate Plan Working Group.</p>		First performance report expected September 2014. This item appears elsewhere on the Agenda.	2/09/14
12/06/12 / 4/06/13	<p><u>Equality Framework for Local Government – Peer Assessment</u></p> <p>Noted the accreditation achieved by the Council as an “Achieving” authority under the Equality Framework for Local Government. Councillors Mrs P A Jordan and P Kadewere were appointed on to a Working Group to review the action plan arising from the assessment.</p>	Meetings of the Working Group held on 29th August 2012 and 23rd January 2013.	Annual Equality Progress Report presented to Panel in February. The Working Group will continue to meet to monitor progress against the Action Plan on an ad hoc basis.	
10/06/14	Councillor A J Hardy appointed to the Working Group.			
7/06/11	<p><u>Housing Benefit Changes and the Potential Impact on Huntingdonshire</u></p> <p>Requested a background report to be provided on the emerging issue of homelessness arising as a result of changes to the Housing Benefit system.</p>		Members of the Economic Well-Being Panel will be invited to attend for this item. Next report expected December 2014.	2/12/14
8/10/13	Reports to be considered by Panel on a six monthly basis.			

Panel Date	Decision	Action	Response	Date for Future Action
<p>10/06/14</p> <p>8/07/14</p>	<p>Criswell, Mrs P A Jordan and P Kadewere to undertake a review of elderly patient care at Hinchingsbrooke Hospital. The study will be undertaken in conjunction with the Hospital.</p> <p>Councillor Mrs R E Mathews appointed to the Working Group.</p> <p>Next meeting of the Working Group to be held after the Panel's September 2014 meeting to discuss the general care and support provided to elderly patients. Requested Officers to seek feedback from Healthwatch Cambridgeshire and Hinchingsbrooke Patient Advice and Liaison Service (PALS) on any comments which have been received.</p>	<p>18th July and 11th November 2013 and 24th February 2014.</p> <p>Request submitted to Healthwatch Cambridgeshire and PALS – awaiting responses.</p>		
<p>10/06/14</p>	<p><u>Procurement of Older Peoples Programme</u></p> <p>Panel endorsed a response to the Clinical Commissioning Group's consultation on proposals to improve older peoples healthcare and adult community services. Panel to continue to monitor the procurement as matters develop.</p>	<p>Advised by the CCG that the Panel will receive an individual response back to the comments made on the consultation – response awaited.</p>		<p>TBC</p>
	<p><u>Registered Social Landlords</u></p>			

Panel Date	Decision	Action	Response	Date for Future Action
4/03/14	Agreed to pursue a study into Registered Providers with a view to establishing common policies/procedures. Councillors R Fuller, P Kadewere and S M Van De Kerkhove were appointed onto a Working Group for this purpose. Former Panel Member Councillor I C Curtis has expressed his wish to continue to be party to the Working Group's investigations.	First meeting held on 22nd July 2014 to scope out the Working Group's investigations.	Terms of Reference agreed and further actions identified.	
4/03/14 / 10/06/14	<u>Cambridgeshire Police and Crime Panel</u> Panel requested sight of the Annual Police and Crime Plan for submission at a future meeting. Panel requested that the Minutes of the Police and Crime Panel be circulated around for information.	Invitation extended to Commissioner's Office for a representative to attend a future meeting.	Invitation declined. Commissioner offered to meet with Members individually to discuss specific issues. Chairman has asked Councillor Ablewhite, as the Council's representatives on the Police and Crime Panel, to ensure a robust approach to the concerns raised by the Panel.	
	<u>Notice of Key Executive Decisions</u> Nothing has been requested at present.			
03/04/11/	<u>Huntingdonshire Strategic Partnership (HSP)</u> Huntingdonshire Community Safety Partnership Annual review of the work of the Partnership		Next review expected September	2/09/14

Panel Date	Decision	Action	Response	Date for Future Action
6/11/12 / 3/09/13	undertaken. Members have expressed satisfaction that appropriate accountability and reporting mechanisms are in place.		2014. A fundamental review of the service is currently being undertaken, looking at its cost to the Council and potential future relationships with other authorities. This item appears elsewhere on the Agenda.	
05/10/10	<p>Children and Young People</p> <p>Details of the thematic group's outcomes and objectives have been received together with the latest report of the group, outlining its terms of reference, membership and current matters being discussed.</p>	Invitation extended to the Lead Officer of the thematic group – attendance to be confirmed.	Item due for consideration at the Panel's October/November 2014 meeting.	7/10/14 or 4/11/14
7/02/12 / 3/09/13	<p>Health and Well-Being</p> <p>Background information received on the thematic group's outcomes, terms of reference, membership and Action Plan.</p>		Next review expected October 2014.	7/10/14

ACTION LOG
(Requests for information/other actions other than those covered within the Progress Report)

<u>Date of Request</u>	<u>Description</u>	<u>Response</u>

Panel Date	Decision	Action	Response	Date for Future Action
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	None identified at present.			
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Decision Digest

Edition 147

Monthly summary of the decisions taken at meetings of the Council, Cabinet, Overview & Scrutiny and other Panels for the period 1st to 31st July 2014.

RECRUITMENT AND SELECTION POLICY

The Employment Panel has reviewed and endorsed the contents of a new Recruitment and Selection Policy for the organisation. The Policy has been developed to give managers greater flexibility to manage recruitment and selection in a way that meets their service needs and does not constrain managers with a one size fits all approach. The Policy will be supplemented by a Recruitment Toolkit which will provide a practical guide to support managers in recruitment activities.

WORKFORCE DEVELOPMENT STRATEGY

The Employment Panel has endorsed a suggested approach to development of a Workforce Development Strategy for the District Council and a detailed project plan for its preparation. The Strategy will set out how managing and developing the workforce can achieve corporate objectives and ambitions and help to drive forward the authority's strategic aims and business plan.

Work on the strategy should commence in September 2014 and the views of the Staff Council will be requested as part of the focus group arrangements. The Panel has asked for an update on progress to their November meeting.

WORKFORCE REPORT (QUARTER 4)

The Employment Panel has received the quarterly report on Human Resource matters impacting on the performance of the organisation during the period 1st January to 31st March 2014.

The Panel noted that the average days sickness per FTE had reduced again in the last quarter to 7.6 days per annum and that this was now lower than the CIPD Public Sector Average and the EELGA Authority Average. HR Advisors will continue to work closely with Managers to identify and tackle emerging issues particularly in services where there were high levels of absence.

LGSS PERFORMANCE

The Employment Panel has considered the performance of LGSS Human Resources, Payroll and Organisational Workforce Development Services across the key service measures agreed under the current contract during the period 1st January to 31st March 2014 and over the course of the year.

Members noted that the majority of service standards either had been delivered or exceeded in 2014, which is particularly pleasing given that the last quarter had been a challenging time for

human resources and payroll services given the pay review process.

To assist the Panel in monitoring performance levels and to create a balanced and impartial report, feedback from the LGSS Contract Manager and the views of District Council staff on each of these services areas also was provided.

In general terms, Members welcomed the introduction of a new feedback form to enable District Council officers to formally submit their issues with the service to the appropriate LGSS Managers and receive a direct response. Work is also underway to improve the quality of the quarterly performance reports. The Panel will continue to monitor the service issues raised by staff at their future meetings.

EMPLOYEE HANDBOOK

At the request of the Corporate Governance Panel, the Employment Panel has reviewed the content of a proposed Employee Handbook for the District Council. The Handbook had been designed to replace and strengthen the existing Employees' Code of Conduct. It is the intention that the Handbook will continue to evolve and will be more readily accessible to staff in its new format. With its change in nature it is no longer necessary to include the document in the constitution. As a result the Corporate Governance Panel has recommended to Council that the handbook be removed.

POOL CAR REVIEW

The outcome of a review of the Council's policy of providing pool vehicles for use by District Council employees has been noted by the Employment Panel.

Running costs should be fully met from charges made to service users. At current usage levels, for the number of

vehicles provided, the Panel noted that it was financially worthwhile for the Council to continue to run the pool vehicle scheme.

USE OF CONSULTANTS, HIRED AND TEMPORARY STAFF

The Employment Panel has been provided with details of the Council's expenditure on consultants, hired and temporary staff during the period 2013/14, in comparison with the previous year.

The Panel has welcomed the preparation of a guide for managers on the use of consultancy, hired and temporary staff which will assist Managers to identify and use the correct type of additional support. The Panel has approved the guidance for issue to all Managers.

PENSIONS POLICY AND LOCAL DISCRETIONS

The Employment Panel has considered the content of a revised Pensions Policy and Local Discretions Policy for the Authority. It has been necessary to review the Policies following changes to the Local Government Pension Scheme in 2014 and it is proposed to review the Policy and the local discretions on an annual basis as part of the budget preparation process so that the most affordable policy is approved prior to the new financial year.

As the Local Government Pension Scheme required formal approval of the Council's Local Discretions Policy, the Panel has recommended that the draft Pension Policy and local discretions be approved by the Council.

SPORT AND ACTIVE LIFESTYLES TEAM ANNUAL REPORT 2013/14

The Overview and Scrutiny Panel (Social Well-Being) has received details

of the performance, work programmes and highlights of the Sport and Active Lifestyles Team (SALT) during 2013/14.

Matters discussed include the position with external funding; namely public health and Lottery Grant, the cost of physical inactivity in Huntingdonshire, the difficulties in attracting external funding, the future viability of the Healthy Walks programme and the option to transfer this service to local communities.

CAMBRIDGESHIRE HOME IMPROVEMENT AGENCY SHARED SERVICE REVIEW AND DISABLED FACILITIES GRANT BUDGET

The outcome of a review of the Cambridgeshire Home Improvement Agency (HIA) shared service was reported to both the Cabinet and Overview and Scrutiny Panel (Social Well-Being). The service has completed its second year of operation. Members also received an update on the impact of the Better Care Fund and the ongoing demand for Disabled Facilities Grants (DFGs).

The HIA has achieved its three key objectives and is now in a position to extend its service to the other Cambridgeshire authorities. Concerns do exist over the risks associated with the development, in particular the County Council's position, as they may wish to withdraw revenue funding if not all authorities sign up to the proposals.

Other matters discussed include an update on the latest position with Occupational Therapy waiting times, the possible introduction of a "fast track" grant system for smaller adaptations and the need to test the market to identify whether smaller local firms are able to compete for HIA works.

A report on lessons learnt from the HIA service is being produced by the Housing Strategy Manager. This was welcomed

by the Panel as it will inform the Council of matters to be aware of as future shared service proposals emerge.

Subsequently, the Cabinet has supported the development of an outline business case for an expansion of the service to include other districts with Cambridgeshire and has agreed that the current three year service agreement be extended to allow this to be explored further.

CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST: PERSONALITY DISORDER COMMUNITY SERVICE / COMPLEX CASES SERVICE, INCLUDING LIFEWORKS CONSULTATION

The Overview and Scrutiny Panel (Social Well-Being) has agreed to submit a response to Cambridgeshire and Peterborough NHS Foundation Trust's Consultation on Personality Disorder Community Service / Complex Cases Service, including Lifeworks. The Panel is supportive of the proposals but has commented on the need to ensure that service providers are fully integrated with local partners and networks in order to support community discharge planning and to facilitate social inclusion. Clarification is also sought on the provision of existing personality disorder services and the specific proposals for Huntingdonshire.

CAMBRIDGESHIRE LONG TERM TRANSPORT STRATEGY & LOCAL TRANSPORT PLAN 3 REFRESH

Both the Cabinet and Overview and Scrutiny Panel (Environmental Well-Being) have endorsed the Cambridgeshire Long Term Transport Strategy and the refresh of Local Transport Plan 3 on the grounds that they are essential to the delivery of the growth agenda.

The Strategy represents a radical change in approach to achieving transport based solutions across the Cambridgeshire area, which the Panel has been advised has political support. Improvements to the A428 are assumed at this stage and the position will be confirmed when the Highways Agency releases its "Route Based Strategy" in March 2015. A new rail station at Alconbury Weald has been welcomed by the Panel.

The Panel has discussed the risks associated with the Strategy and its underlying links with the planning process.

The Cabinet was of the view that reference should be made to the required improvements to the A1, particularly at the Buckden roundabout and the need to improve accessibility to Cambridge. Mention also was made of the need to improve the two track section surrounding the Welwyn Viaduct given its impact on the local rail network. These views will be relayed to the County Council.

DRAFT HUNTINGDON & GODMANCHESTER MARKET TOWN TRANSPORT STRATEGY

Along with the Overview and Scrutiny Panel (Environmental Well-Being), the Cabinet has expressed support for the new Market Town Transport Strategy (MTTS) for Huntingdon and Godmanchester. The Strategy contains up to date detailed projects that will enable funding opportunities from a number of sources, including Section 106 and Community Infrastructure Levy funding to be taken advantage of.

The Panel welcomes the key proposals outlined in the MTTS and acknowledges that difficult decisions will need to be taken because the challenges identified cannot be avoided. Solutions will have to be found whether or not they are the

preferred option. However the Cabinet has suggested that greater emphasis be placed on the need of the motorist given the rural nature of the district and to traffic calming measures.

A TREE STRATEGY FOR HUNTINGDONSHIRE

The Overview and Scrutiny Panel (Environmental Well-Being) has endorsed the contents of the draft document 'A Tree Strategy for Huntingdonshire'. The Panel's Tree Strategy Working Group has been involved in its development. The Strategy is intended for use as an electronic resource for interested stakeholders.

An issue has been identified relating to ownership of trees. An attempt will be made to map the Council's tree stock on a computerised tree management system. The Panel recommends that a mechanism is introduced to identify responsibility for trees, which are perceived to be in public ownership.

Other matters discussed include the importance of the Local Tree Warden Co ordinators, the need to maintain the level of resources required to deliver the Strategy and a suggestion to explore the commercial opportunities that the Strategy presents.

Subsequently, the Cabinet has approved the Strategy and has requested that the document be made available electronically and its content promoted with Parish Councils.

SHARED SERVICES BUILDING CONTROL

The Overview and Scrutiny Panel (Environmental Well-Being) has supported the proposals for the Council to explore all four options for developing Building Control shared services. The Panel has been assured

that staff had been made aware of the proposals and that career and development opportunities will emerge. The Panel does not wish local knowledge and expertise to be lost. To prevent this from happening, it is likely that local teams will be established within the shared service.

There is a need to develop the business case for shared service as soon as possible as the Building Control Service is in direct competition with the private sector. The Panel encouraged the Cabinet to give priority to completing the investigations into Options C and D as a matter of urgency.

In considering the Panel's views the Cabinet has endorsed the development of the business case and authorised the Head of Development to work with interested local authorities to develop a proposal for a wider building control cluster. The cluster would operate within a regional network supported by South Norfolk District Council. Officers will be working with South Norfolk and other interested authorities to develop a proposal for an Eastern Region Approved Inspector Company.

SHARED SERVICES

The Overview and Scrutiny Panel (Economic Well-Being) has endorsed a proposal to enter into a formal strategic shared services partnership with South Cambridgeshire District Council. As part of the proposal, the Council will also continue to work with Cambridge City Council and other appropriate partners where the opportunity exists to pursue a shared commitment to the delivery of other services.

Having welcomed the establishment of a shared services partnership, the Panel has sought clarification and asked questions on a range of matters, which were responded to by the Executive Leader and the Managing Director and

have informed the Cabinet deliberations on this matter. There will be an opportunity for further involvement as the partnership develops.

Members have been assured that the development of a shared services approach has no bearing on the sovereignty of services which will remain under the control of the District Council. Continuing with the current approach is no longer viable and is considered to be riskier than the proposed arrangements.

Subsequently, the Cabinet has agreed to form a shared services partnership with South Cambridgeshire District Council, whilst continuing to work with other councils including Cambridge City on services where there is a business case and a shared commitment to work together. Approval has also been given to the establishment of a joint informal steering group to oversee progress of the project. Legal, ICT and Building Control have been identified as potential services and a fund of £50,000 has been approved from the Transformation Budgets for project management costs.

LOVES FARM COMMUNITY BUILDING – COMMITMENT TO CONTRACT

An update on the latest position with the development of the joint community building and pre-school playgroup in Loves Farm, St Neots has been considered by the Overview & Scrutiny Panel (Economic Well-Being).

In reviewing progress of the development of this facility, the Panel has discussed a range of issues including the ownership arrangements for the building, the procurement process, procedures by which a tender is awarded and the arrangements for completion of the external works.

Subsequently the Panel has endorsed terms for the continuation of the project.

Having regard to the views of the Panel the Cabinet has authorised the Head of Resources, after consultation with the relevant Portfolio Holder, to enter into a contract with the County Council for the construction phase of a scheme to provide a community building at Loves Farm. Although fully supportive of the scheme, concerns were raised that the final tender figure may be higher than budgeted. The Cabinet has confirmed that no additional funding would be made available.

BUDGET MONITORING 2014 (REVENUE AND CAPITAL)

Both the Cabinet and Overview & Scrutiny Panel (Economic Well-Being) has reviewed the emerging variations to the approved 2014/15 revenue and capital budgets.

Having discussed an overspend of £0.050m on the Huntingdon Multi-Storey Car Park and noted that this was the subject of a separate review, the Panel has requested that the outcome should be presented to a future meeting.

RISK MANAGEMENT STRATEGY

The Overview & Scrutiny Panel (Economic Well-Being) has considered the outcome of the annual review of the Council's Risk Management Strategy. The Panel has discussed the way in which financial risks are monitored and controlled, the number of risks within each risk category and the nine risks which had been categorised as the most serious. The Panel has also discussed the Panel's corporate approach to risk.

Having been informed that the Corporate Governance Panel reviews the Authority's 'total risk' every six months, it was agreed that the Panel Chairman would speak to the Chairman of the

Corporate Governance Panel to determine whether there was a role for the Economic Well-Being Panel to further review this area without duplicating the work which has already been undertaken.

In recognition of the financial pressures facing the Authority, the need to be innovative, explore alternative methods of service delivery and also reduce the Council's reliance on Government Grant, the Panel is content to support the risk appetite levels within the Strategy.

2013/14 TREASURY MANAGEMENT ANNUAL REPORT

In accordance with the requirements of the CIPFA Code of Best Practice and the Council's Treasury Management Strategy, the Cabinet has reviewed and noted the Council's treasury management performance for the year ending 31 March 2014.

REPRESENTATIONS ON ORGANISATIONS

The Cabinet has appointed representatives to serve on a variety of organisations for the ensuing year. The Corporate Team Manager, after consultation with the Deputy Executive Leader, has been authorised to make any changes to the schedule that may arise throughout the year.

REVIEW OF RISK MANAGEMENT STRATEGY

The Cabinet has expressed its satisfaction with the conclusion of the annual review of the Risk Management Strategy and has been assured that the authority has robust risk management policies in place which are performing efficiently and support the Council's annual governance and statutory reporting processes.

MEMBERS' ALLOWANCE SCHEME – VARIATION TO SUPPORT GUIDELINES

Following the Cabinet's decision regarding the future of Members IT, the Corporate Governance Panel has endorsed an amendment to paragraph 10 of the Members Allowances Scheme and minor changes to the Members' IT and Telephone Support Guidelines to reflect the move to electronic delivery of agenda for Council meetings. The changes were subsequently approved by the Council.

IMPLEMENTATION OF AGREED AUDIT ACTIONS

The Corporate Governance Panel has received reassurances from the Managing Director that a culture of compliance was being promoted throughout the authority. Members were informed that the implementation of agreed audit recommendations will be routinely overseen by Management Team.

INTERNAL AUDIT & RISK MANAGER'S JOB DESCRIPTION

Under the requirements of the Public Sector Internal Audit Standards, the Panel was provided with a copy of the job description and grade of the post of the Internal Audit & Risk Manager.

RIPA INSPECTION

The outcome of an inspection by the Office of Surveillance Commissioner was reported to the Corporate Governance Panel. The inspection was undertaken in June and endorses the favourable conclusions of the 2011 report that the Council's use of the Regulation of Investigatory Powers Act is of a satisfactory level.

FRAUD WORKING GROUP

Councillors M G Baker, E R Butler, K J Churchill, G J Harlock and P G Mitchell have been appointed by the Corporate Governance Panel to the Fraud Working Group.

PREPARING THE ANNUAL GOVERNANCE STATEMENT

In reviewing the action taken to reassess the Code of Corporate Governance, the Corporate Governance Panel has concluded that the following issues be recorded in the Plan as significant:

- to develop the themes and aims in the Corporate Plan through service plans and performance measures;
- to review partnership working including benefits/outcomes and the contribution partnerships make to the Corporate Plan;
- to publicise the vision statement and strategic themes and outcomes; and
- continued compliance with the Code of Procurement.

INTERNAL AUDIT SERVICE – INTERNAL AUDIT PLAN

The content of an Internal Audit and Assurance Plan has been approved by the Corporate Governance Panel. The Plan sets out key features of the internal audit plan process for the period 1st April 2014 to 31st March 2015.

REVIEW OF THE EFFECTIVENESS OF THE LICENSING AND PROTECTION PANEL/COMMITTEE.

The Corporate Governance Panel has noted the outcome of a review of the effectiveness of the Licensing Panel/Committee which had been undertaken at the request of the Panel by three

members of the Licensing Committee. The Panel has agreed to look at the effectiveness of the S106 Agreement Advisory Group as their next task.

TRAINING OF PANEL MEMBERS

Suggestions for training for Members of the Corporate Governance Panel based on the anticipated work programme over the ensuing year have been noted. A formal training day is to be held in September for all Members involved in the Audit Process across Cambridgeshire.

DEVELOPMENT MANAGEMENT SERVICE – STAFF MATTERS

An update on the current position with regard to the appointment of new staff and the impact of these and the existing extended delegation on the delivery of the Development Management Service has been presented to the Development Management Panel. The Panel noted that three Team Leaders had now been appointed, that two temporary posts of Assistant Development Management Officer would be advertised and that it had been decided to hold vacant for the time being the post of Planning Service Manager (Development Management) formerly held by the Head of Development. Arrangements had been put in place over the period of the vacancies which had involved a temporary variation to the Panels' scheme of delegation. This had enabled Development Management Officers to determine certain types of applications within prescribed criteria. Some 130 applications had been determined during this time without any subsequent concerns. As this arrangement had proved successful and as it is the intention to review the Panel's scheme of delegation at the end of the year, the Panel agreed to extend the temporary scheme for a further period to 31st December 2014.

DEVELOPMENT APPLICATIONS

The Panel determined eight applications and deferred one other for further information at its July meeting. Amongst these were two outline applications for major mixed development at RAF Brampton and on the site of Phase 2 of the Loves Farm Eastern Extension development in St Neots. Both applications are subject to a detailed Section 106 Agreement, the principles of which have been endorsed by the Panel for further negotiation by the Head of Development.