

TRUST BOARD

| | |
|----------|---|
| Title: | Clinical Operational Boards - Key Issues & Escalation Points |
| Action: | FOR DECISION/DISCUSSION |
| Meeting: | 12 September 2018 |

Purpose:

This report contains a summary of the key issues discussed and escalation points for the Trust Board to either be informed about, or act upon based on the Clinical Operational Boards terms of reference.

The table in Annex A summarises the overall monthly contractual Key Performance Indicator (KPI) position as at the end of July 2018, by Commissioner, that are calculated and known monthly. Annex B is a summary of quarterly-reported iCaSH, School-aged Immunisations and Child Health indicators as at the end of Q1 2018/19.

Recommendation:

The Board is asked to discuss and note the content of this report. No action is required by the Trust Board.

| | Name | Title |
|--------------------|---|---|
| Authors: | Dr David Vickers Julia Sirett Taff Gidi | Medical Director Chief Nurse Assistant Director of Corporate Governance |
| Executive sponsor: | Matthew Winn | Chief Executive |

Trust Objectives

| Objective | How the report supports achievement of the Trust objectives: |
|--------------------------------------|---|
| Provide outstanding care | Each Clinical Operational Board considers the impact of quality effectiveness and patient feedback in the holistic analyses of performance. This report includes an update on the quality site visits from Luton Clinical Commissioning Group. |
| Collaborate with other organisations | The inter-relationships with a host of other NHS and local government organisations are key to the performance of every service line. |
| Be an excellent employer | The achievement of recruitment targets, training and appraisal rates and staff welfare are key discussion point in every Clinical Operational Board. The report includes an update on mandatory training rates and a thematic review of risks in Luton identified recruitment and retention as a key challenge. |
| Be a sustainable organisation | Report includes an update on the financial performance of different services. Report also includes an update on 2018/19 Cost Improvement Plans and agency usage. |

Trust risk register

Each Clinical Operations Board considers all unit risks rated 12 or above. Risks scoring 15 or higher are escalated to the Trust Board.

Legal and Regulatory requirements:

N/A

Previous Papers:

| Title: | Date Presented: |
|--|-----------------|
| Clinical Operational Boards - Key Issues & Escalation Points | July 2018 |

Equality and Diversity implications:

| Objective | How the report supports achievement of objectives: | | | | | | | |
|---|---|---|--|---|----------------------------------|---|---------------------------------|--|
| Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require. | Not covered in this feedback, but would be central to the efficient running of any service. | | | | | | | |
| To introduce people participation in our diversity and inclusion initiatives to capture the experience of hard to reach/seldom heard/varied community groups. | Not covered in this report | | | | | | | |
| To introduce wider diversity on recruitment selection panels. | Not covered in this report | | | | | | | |
| To deliver customised training and development for staff to further improve awareness of diversity and inclusion. | Not covered in this report | | | | | | | |
| Are any of the following protected characteristics impacted by items covered in the paper | | | | | | | | |
| Age <input type="checkbox"/> | Disability <input type="checkbox"/> | Gender Reassignment <input type="checkbox"/> | Marriage and Civil Partnership <input type="checkbox"/> | Pregnancy and Maternity <input type="checkbox"/> | Race <input type="checkbox"/> | Religion and Belief <input type="checkbox"/> | Sex <input type="checkbox"/> | Sexual Orientation <input type="checkbox"/> |

Children and Young People's Clinical Operational Board

Summary

The Staff Story was presented by Sarah Hughes (Matron for Acute Children's services) and described the introduction of two new initiatives from The Royal College of Paediatrics & Child Health and the institute of Health Improvement:

- Safety Huddles are held at a set time each day and involve all ward staff on duty briefly reviewing the clinical status of patients together in order to identify patients who are most unwell and those that require additional observation. This has had a positive impact for staff.
- Druggles are a weekly short meeting, again of all staff on duty to review medicines incidents and cascade relevant learning.

The impact of these initiatives will be monitored.

Assurance was given that Winter Preparedness plans have been developed across the directorate with no specific issues to escalate.

A significant improvement in appraisal rates was noted in 4 of the 6 service areas with Cambs Specialist and Universal services remaining below the 92% target.

Work continues to support staff and managers to ensure that all staff have the opportunity for an annual appraisal.

The Trust has agreed to continue to provide Acute Children's Service beyond the original notice period of 31st October 2018, with a proposal to now transfer to NWA on 31st March 2019. A CIP had been identified for £183 PYE (£440k FYE) linked to this transfer and therefore this will now need to be mitigated to avoid an adverse effect on the overall financial position of the Trust. Mitigation will include approaching commissioners for interim support funding and additional non-recurrent savings identified across the service and Trust.

Work continues to progress between Cambridgeshire and Peterborough Foundation Trust (CPFT) and the Trust. We have agreed with the Joint Commissioning Unit to focus on the Healthy Child Programme across Cambridge and Peterborough as this single approach dovetails with development work with Children's Centre providers.

There remain performance challenges in the HCP in Cambridgeshire and Norfolk outlined below. A number of mitigating actions continue including the implementation of Business Continuity Plans, agreed with commissioners.

Performance to date for the School Immunisation Team KPIs was noted as not yet met for year 9 HPV imms and collectively for the Suffolk based team. The final school year end position will be reported at the October Clinical Operations Board when catch up sessions have been completed.

Escalation Points

1. An improved position is reported from the Looked After (CLA) service in Cambridgeshire and the service is currently undergoing a process mapping exercise followed by service redesign to improve efficiency. More work is being undertaken on the integrity of the data.

| | | May-18 | Jun-18 |
|---|--|--------|-------------|
| IHA's due in MONTH completed within 20 days | % Cambs in area completed within 20 days | 70% | 71% |
| | % All Initial health assessments completed within 20 days for Cambs children placed In and Out of County | 38% | 62% |
| Initial Health Assessments completed in MONTH within Health 15 day target | % Cambs in area completed within 15 days | 64% | 71% |
| | % all Cambs children placed In and Out of County completed within 15 days | 36% | 76% |
| All Review Health Assessments | % All review health assessments completed within 15 days for Cambs children placed In County | 86% | Unavailable |

| | | |
|---|-----|-------------|
| % All review health assessments completed within 15 days for Cambs children placed in and out of County | 66% | Unavailable |
|---|-----|-------------|

2. Performance issues in the Healthy Child Programme in Cambridgeshire continue to remain on four of the mandated functions. Business continuity plans are in place to mitigate risks around staffing levels.

| May/June mandated contact data | Target | May without exceptions | May with exceptions | June without exceptions | June with exceptions |
|--------------------------------|--------|------------------------|---------------------|-------------------------|----------------------|
| Antenatal | 50% | 18 | 24 | 22 | 28 |
| 6-8 week | 90% | 87 | 87 | 81 | 81 |
| 1yr /12mths | 90% | 64 | 73 | 74 | 86 |
| 1yr /15mths | 95% | 84 | 94 | 85 | 94 |
| 2.5 yr | 90% | 66 | 80 | 58 | 69 |

A number of actions have been taken to improve this position:

- Teams have been supported to target antenatal visits
- 12 – 15 month and 2.5 yr checks have previously been undertaken in clinic settings with high DNA rates – now revised to home visits and rates expected to increase.

3. Performance in the Healthy Child Programme in Norfolk continues to improve with the exceptions noted below.

| May/June mandated contact data | Target | May without exceptions | May with exceptions | June without exceptions | June with exceptions |
|--------------------------------|--------|------------------------|---------------------|-------------------------|----------------------|
| Antenatal | 90% | 76% | 79% | 82% | |
| New birth | 90% | 85% | 87% | 82% | |
| 2 1/2 | 90% | 81% | 86% | 77% | |

New birth visits have not achieved the target for 3 consecutive months. Five out of the 6 localities continue with low staffing and short / long term sickness (reflective in QEWT scores). Recruitment of current student Specialist Community Public Health Nurses will positively impact the service in September.

Planned, continued development of the Just One Number service during 2018/19 will provide opportunity to explore new ways of delivering Universal mandated contacts with stakeholders and commissioners which will support improved performance and respond to need.

4. Acute Children’s Services financial performance has reached more than 10% overspend against year to date budget.

5. Quality Early Warning Trigger Tool (QEWT) scores 16 and above – QEWTs for Cambridge City and South Locality and the Cambridgeshire 5-19 pathway have scored between 16 - 24 for 2 consecutive months.

Mitigating actions include recruitment and retention issues are being addressed as a priority service redesign plan and staffing levels are being monitored by the senior leadership team on a weekly basis with staff requested to move to support localities where possible.

Breckland 0-19 scored 16 and Business Continuity plans are in place which are currently being reviewed with commissioners.

The Trust Board is not being asked for any action at this point on these escalation points.

Ambulatory Care Clinical Operational Board

| | | |
|---|--|---|
| <p style="text-align: center;">Summary</p> | <p>The Board received a presentation on research from Alex Theobald, Physiotherapist, and Paula Waddingham, outlining the benefits on research involvement to both the individual and the service.</p> <p>Overall the Division is 98% compliant with Mandatory Training and 91% with Appraisal. The Division collected Friends and Family feedback from 3469 patients during May and June with an average score of 97.8% recommendation.</p> <p>The Board noted the funding of extra capacity in the Peterborough Dental Access Centre until 31st March 2019.</p> <p>The Board noted the Dental service was rated as Good overall by CQC, with outstanding in the Caring Domain.</p> <p>The Board noted the successful bid for minor oral surgery services across Cambridgeshire, Peterborough, West Suffolk and West Norfolk.</p> <p>The roll-out of Express Test within iCaSH has now been completed, with plans to cease clinic attendance for asymptomatic patients over the next few months.</p> <p>The Board noted the fall in 18 week breaches in Dynamic Health, with the majority related to provision of diagnostic or injection services from our Acute provider partners.</p> <p>Agreement has been reached with Peterborough City Council regarding the iCaSH Peterborough's non-compliance with the 48 hour access and LARC key performance indicators which are as a direct result of a 25% increase in activity. It has been agreed to suspend these contractual KPIs because the service will not be able to achieve compliance given the over activity it's trying to manage. In addition the service will plan to reduce capacity by 25% in order to manage the activity within the contract.</p> | <p style="text-align: center;">I</p> |
| <p style="text-align: center;">Escalation Points</p> | <ol style="list-style-type: none"> 1. A further Never Event occurred during the period, relating to the wrong teeth being extracted from a child under general anaesthesia. The Board noted the commissioning of an external review of all Never Events in the Dental service by a retired Consultant in Dental Public Health by the end of September. 2. iCaSH Cambridgeshire continue to struggle to achieve the LARC within 5 days KPI, due to the reduced number of LARC trained staff and the increase in numbers attending iCaSH due to the lack of primary care trained staff. CCC, have commissioned a training programme with Navigate 2, in order to increase the numbers of primary care trained staff. It is anticipated that this approach will alleviate some of the pressure within iCaSH. A full action plan is in place with support from the Commissioner; however this remains an on-going challenge to achieve. 3. A second iCaSH Cambridgeshire KPI is anticipated to be red, relating to the number of outreach sessions which are undertaken by THT in areas of high deprivation. This KPI is currently under review with commissioner as part of the service reduction discussions. Therefore it is likely the target will be reduce due to the decrease in THT service provision. A THT action is in place and continues to be monitored via the contract and performance meeting. 4. iCaSH Bedfordshire continues to work hard, but remains static with performance indicators. The two 48 hour's targets remain non-compliant due to reduced appointment capacity, directly related to difficulties in recruitment. Detailed skill mixing plans have been agreed to mitigate. Commissioners are fully aware of our challenge and remain supportive with our current plan. | <p style="text-align: center;">I</p> <p style="text-align: center;">I</p> <p style="text-align: center;">I</p> <p style="text-align: center;">I</p> |
| <p>The Trust Board is not being asked for any action at this point on these escalation points.</p> | | |

Bedfordshire and Luton Adults and Children's Clinical Operational Board

The staff story was presented by Sarah Pickford who is our infant Feeding Lead in Bedfordshire who related the experience of herself and her team on joining CCS in April to the CQC 5 Key Lines of Enquiry that underpin 'Our Quality Way'. The services had been introduced to this at transfer and were very positive about how it can be used to help staff understand their role in delivering high quality care.

There were a number of aspects of the transfer that she particularly commended including the visits from CCS staff pre and post transfer and the engagement of key people and continued support from a number of Corporate support staff.

Sarah also highlighted an example of our responsiveness where our Communications team had solved a longstanding request immediately upon joining CCS and commented that our approach seems to be that of listening and responding in a timely way.

Luton

The Board were informed of a number of staff achievements including:

- Karen Pratchett – Youth Offending Nurse has won the Health award at a special ceremony celebrating 100 years of women getting the vote held by Bedfordshire Police & Crime Commissioners.
- The Integrated Discharge Team have been cited in the HSJ as an exemplar of good practice.
- Success at the Trust's Staff Awards ceremony on 5th July.

Overall the Luton Unit has sustained compliance with mandatory training by achieving 96.4% Plans are in place to address areas of non-compliance

New Harm Free Care reporting 94% in May and 97.5% in June.

Patient friends and family scores demonstrating high levels of satisfaction with scores being reported of 97% across all service lines.

Pressures within Community Paediatrics were again discussed in detail. The Board heard a summary of a system wide workshop led by our Service Redesign team that involved a variety of stakeholders looking at the ASD pathway. Commissioners took away a number of actions to progress. The current risk level is 15 with mitigation including clinical prioritisation of children with medication reviews. The QEWTT score was reported as 16 in June.

(post meeting note- this has reduced to 11 due to reduction in complaints over the summer holidays but is anticipated to increase when schools return).

Bedfordshire

Contract KPIs and targets remain under discussion. The new contract is outcome based and we will be working with commissioners to agree appropriate measures.

Performance in our Bedfordshire services was discussed especially the long standing challenges within the Speech and Language Therapy service. 18 week breaches continue and the situation has been compounded by recruitment difficulties. Mitigating actions include clinical prioritisation of dysphagia referrals.

Our Nutrition and Dietetic service contract with Herts Valley CCG was due to finish in October but agreement reached to continue until March 2019.

A workshop was scheduled for 30th July to commence work on the SystemOne unit for the Orthotic eye service which will reduce the previously reported risk that staff cannot access timely safeguarding information from other services.

Community Paediatrics report 4 x 18 week breaches with mitigation in place.

The Specialist School Nursing service has begun a withdrawal to the commissioned activity by Dec 2018. This particularly affects St John's Special School and our staff are working with them to ensure that they are able to fulfil their responsibilities from that point.

Summary

I

| Escalation Points | 1. Luton -Audiology – 6 week diagnostic breaches continue alongside challenges in accessing bank or agency staff. Introduction of the Enhances Support Worker role is expected to positively impact assessment delays and a joint post has been advertised with Bedfordshire Hospital. All other mitigation continues as previously reported. | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-----|-------------------|------------------|-------------------|-------|-----|---|-----|-----|-------|-------|---|----|------|-------|------|---|-----|-----|-------|-------|---|-----|-----|-------|-------|---|-----|-----|-------|-------|---|-----|-----|-------|
| | 2. Luton -BCG vaccinations – The backlog of children requiring immunisation with BCG has significantly reduced since the initial cohort of 4156 was identified in 2017. There remained 171 at the time of the report. Thanks to the team for their considerable efforts to get to this position | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3. Luton -Harm Free Care Indicator – reporting 92.5% against 96% target. Pressure ulcer group is reviewing all information relating to pressure ulcers and will report back in October Board | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4. Luton -CIP 2018/19 – current position on the plan was presented to the Board. Further work continues to identify schemes.to address the gap. Finance lead continues to work with Service Leads. | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5. Luton -Workforce metrics – sickness levels continue to be red rated. All cases being managed as appropriate and as previously reported levels continue to be lower than previous years. Stability level for Adults and Children Specialist services remain red rated. | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6. Luton -Performance – The Board requested a breakdown of information relating to performance indicators for the LAC service for the next report. | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7. Quality Early Warning Trigger Tool scores –Community Paediatrics team scored 16 mainly due to staff sickness and work pressures. The current risk score is 15. Multi agency work to address the demand for this service has been initiated with a workshop to review the ASD pathway described above. | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 8. Luton - Healthy Child Programme Performance – the Board were updated on the improved position since the last report with the % new birth visits in 14 days achieving 90.9% (target 90%). The 2-2.5yr review contact has been changed from clinic to a home based offering and it is expected that this indicator will improve for the next reporting period. | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th></th> <th>2017/18 baseline</th> <th>2018/19 threshold</th> <th>April</th> <th>May</th> </tr> </thead> <tbody> <tr> <td>Percentage of births that receive a face to face NBV within 14 days by a Health Visitor</td> <td style="text-align: center;">92%</td> <td style="text-align: center;">90%</td> <td style="text-align: center;">86.2%</td> <td style="text-align: center;">90.9%</td> </tr> <tr> <td>Percentage of face-to-face NBVs undertaken after 14 days, by a Health Visitor</td> <td style="text-align: center;">7%</td> <td style="text-align: center;"><10%</td> <td style="text-align: center;">12.2%</td> <td style="text-align: center;">7.9%</td> </tr> <tr> <td>Percentage of children who received a 12 month review, by the age of 12 months.</td> <td style="text-align: center;">78%</td> <td style="text-align: center;">90%</td> <td style="text-align: center;">81.6%</td> <td style="text-align: center;">78.0%</td> </tr> <tr> <td>Percentage of children who received a 12 month review, by the age of 15 months.</td> <td style="text-align: center;">87%</td> <td style="text-align: center;">90%</td> <td style="text-align: center;">88.1%</td> <td style="text-align: center;">89.0%</td> </tr> <tr> <td>Percentage of children who received a 2-2.5 year review, by the age of 2.5 years.</td> <td style="text-align: center;">78%</td> <td style="text-align: center;">90%</td> <td style="text-align: center;">78.5%</td> <td style="text-align: center;">78.9%</td> </tr> <tr> <td>Percentage of children who received a 2-2.5 year review using ASQ 3</td> <td style="text-align: center;">99%</td> <td style="text-align: center;">90%</td> <td style="text-align: center;">99.6%</td> <td style="text-align: center;">97.2%</td> </tr> </tbody> </table> | | | 2017/18 baseline | 2018/19 threshold | April | May | Percentage of births that receive a face to face NBV within 14 days by a Health Visitor | 92% | 90% | 86.2% | 90.9% | Percentage of face-to-face NBVs undertaken after 14 days, by a Health Visitor | 7% | <10% | 12.2% | 7.9% | Percentage of children who received a 12 month review, by the age of 12 months. | 78% | 90% | 81.6% | 78.0% | Percentage of children who received a 12 month review, by the age of 15 months. | 87% | 90% | 88.1% | 89.0% | Percentage of children who received a 2-2.5 year review, by the age of 2.5 years. | 78% | 90% | 78.5% | 78.9% | Percentage of children who received a 2-2.5 year review using ASQ 3 | 99% | 90% | 99.6% |
| | 2017/18 baseline | | 2018/19 threshold | April | May | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Percentage of births that receive a face to face NBV within 14 days by a Health Visitor | 92% | | 90% | 86.2% | 90.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Percentage of face-to-face NBVs undertaken after 14 days, by a Health Visitor | 7% | | <10% | 12.2% | 7.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Percentage of children who received a 12 month review, by the age of 12 months. | 78% | | 90% | 81.6% | 78.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Percentage of children who received a 12 month review, by the age of 15 months. | 87% | | 90% | 88.1% | 89.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Percentage of children who received a 2-2.5 year review, by the age of 2.5 years. | 78% | 90% | 78.5% | 78.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Percentage of children who received a 2-2.5 year review using ASQ 3 | 99% | 90% | 99.6% | 97.2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Luton - As previously reported, Community Paediatrics service is not meeting the threshold for the % of GP letters following 1st outpatient attendance being sent within 5 working days. The service is reporting a slightly improved position of achieving 68.4% against a threshold of 90% (previously achieved 66.7%). In addition, the service is not meeting the % of follow-up reports being sent within 6 weeks. The service is currently achieving 92. % against a threshold of 95%. The continued capacity pressures as detailed above are linked to the service not being able to meet these thresholds currently. | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 10.0 Risks Requiring Escalation | | |
|--|---|--------------|
| Risk No. | Description | Score |
| 2575 | Risk due to insufficient capacity within Luton Community Paediatric Service posing risk to patient safety and outcomes. | 15 |
| 2777 | There is a risk that 0-19 Single point of Access in Bedfordshire in its current form will impact negatively on 0-19 performance and the ability to achieve key performance indicators. | 16 |
| 2757 | There is a risk that as the Community Eye Service in Bedfordshire does not have access to S1 they are not aware of changes to children's contact details etc., level of safeguarding risk and family circumstances; this can potentially impact on their care and treatment | 16 |
| 2773 | There is a risk that the special schools nursing service (SSNS) in Bedfordshire will be unable to deliver the commissioned service due to reduced staffing | 15 |

The Trust Board is not being asked for any action at this point on these escalation points.

****Key for escalation points to the Trust Board: I - For Information; A - For Action***

Annex A - Summary of monthly-reported and tracked indicators

| Contract | Rating | 2017/18 | | | | | | | | | | | | 2018/19 | | | | 2018/19 year end forecast | Notes/Implications | |
|---|---------|---------|------|------|------|------|------|------|------|------|------|------|------|---------|------|------|------|---------------------------|--------------------|------|
| | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | | | |
| Cambridgeshire and Peterborough CCG | GREEN | 11 | 10 | 18 | 18 | 18 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | |
| | RED | 1 | 2 | 5 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | % GREEN | 92% | 83% | 78% | 78% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Cambridgeshire County Council (iCaSH only) | GREEN | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| | RED | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 0 |
| | % GREEN | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 80% | 80% | 80% | 80% | 80% | 80% | 100% |
| Cambridgeshire County Council Healthy Child Programme | GREEN | 8 | 8 | 8 | 5 | 6 | 5 | 8 | 9 | 9 | 9 | 7 | 7 | 5 | 3 | 4 | 3 | 5 | 5 | 5 |
| | RED | 4 | 4 | 4 | 7 | 6 | 7 | 4 | 3 | 3 | 3 | 5 | 5 | 6 | 8 | 7 | 8 | 6 | 6 | 6 |
| | % GREEN | 67% | 67% | 67% | 42% | 50% | 42% | 67% | 75% | 75% | 75% | 58% | 58% | 45% | 27% | 36% | 27% | 45% | 45% | 45% |
| Peterborough City Council (also included in quarterly results table) | GREEN | 16 | 16 | 17 | 15 | 15 | 14 | 17 | 18 | 16 | 16 | 16 | 16 | 16 | 15 | 15 | 15 | 15 | 15 | 15 |
| | RED | 3 | 3 | 2 | 4 | 4 | 5 | 4 | 3 | 5 | 5 | 5 | 5 | 6 | 2 | 2 | 2 | 2 | 2 | 2 |
| | % GREEN | 84% | 84% | 89% | 79% | 79% | 74% | 81% | 86% | 76% | 76% | 76% | 76% | 76% | 71% | 88% | 88% | 88% | 88% | 88% |
| NHS England (Community Dental Service) | GREEN | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| | RED | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | % GREEN | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Luton CCG | GREEN | 39 | 45 | 46 | 43 | 38 | 42 | 37 | 38 | 40 | 36 | 36 | 39 | 33 | 34 | 34 | 34 | 34 | 34 | 34 |
| | RED | 6 | 1 | 4 | 5 | 8 | 5 | 6 | 5 | 5 | 5 | 5 | 5 | 7 | 6 | 6 | 6 | 6 | 6 | 6 |
| | % GREEN | 87% | 98% | 92% | 90% | 83% | 89% | 86% | 88% | 89% | 88% | 88% | 89% | 83% | 85% | 85% | 85% | 85% | 85% | 85% |
| Suffolk County Council | GREEN | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| | RED | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | % GREEN | 100% | 100% | 75% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Norfolk County Council Health Child Programme | GREEN | 23 | 22 | 21 | 19 | 24 | 34 | 29 | 29 | 30 | 31 | 28 | 28 | 22 | 22 | 21 | 18 | 21 | 21 | 21 |
| | RED | 10 | 10 | 10 | 13 | 9 | 3 | 3 | 3 | 2 | 1 | 4 | 4 | 5 | 5 | 6 | 9 | 6 | 6 | 6 |
| | % GREEN | 70% | 69% | 68% | 59% | 73% | 92% | 91% | 91% | 94% | 97% | 88% | 88% | 81% | 81% | 78% | 67% | 78% | 78% | 78% |
| Bedford Borough Council (iCaSH) | GREEN | 19 | 19 | 21 | 21 | 21 | 23 | 23 | 24 | 24 | 22 | 23 | 23 | 24 | 25 | 23 | 24 | 24 | 24 | 24 |
| | RED | 7 | 7 | 5 | 5 | 5 | 4 | 4 | 3 | 3 | 5 | 4 | 4 | 5 | 4 | 3 | 2 | 2 | 2 | 2 |
| | % GREEN | 73% | 73% | 81% | 81% | 81% | 85% | 85% | 89% | 89% | 81% | 85% | 85% | 83% | 86% | 88% | 92% | 92% | 92% | 92% |
| TRUSTWIDE | GREEN | 121 | 125 | 135 | 129 | 129 | 142 | 135 | 138 | 139 | 134 | 132 | 135 | 124 | 125 | 122 | 120 | 123 | 123 | 123 |
| | RED | 27 | 23 | 27 | 32 | 26 | 17 | 17 | 14 | 15 | 16 | 18 | 18 | 23 | 22 | 18 | 20 | 16 | 16 | 16 |
| | % GREEN | 82% | 84% | 83% | 80% | 83% | 89% | 89% | 91% | 90% | 89% | 88% | 88% | 84% | 85% | 87% | 86% | 88% | 88% | 88% |

Annex B - Summary of quarterly-reported iCaSH, School-aged immunisations and Child Health indicators

Greyed-out indicators have had performance monitoring suspended and are provided for information only.

| Contract | Rating | 2017/18 | | | | 2018/19 | Notes/Implications |
|---|---------|---------|------|------|------|---------|---|
| | | Q1 | Q2 | Q3 | Q4 | Q1 | |
| Cambridgeshire County Council (iCaSH) | GREEN | 23 | 22 | 21 | 21 | 18 | |
| | RED | 0 | 1 | 2 | 2 | 4 | |
| | % GREEN | 100% | 96% | 91% | 91% | 82% | |
| Peterborough City Council (iCaSH, also reported monthly) | GREEN | 17 | 14 | 16 | 16 | 15 | Four previously-red indicators are now reported for information only to the commissioner. |
| | RED | 2 | 5 | 5 | 5 | 2 | |
| | % GREEN | 89% | 74% | 76% | 76% | 88% | |
| Suffolk County Council (iCaSH) | GREEN | 8 | 8 | 8 | 8 | 11 | 8 quarterly + 4 bi-annual indicators |
| | RED | 0 | 0 | 0 | 0 | | |
| | % GREEN | 100% | 100% | 100% | 100% | 100% | |
| Norfolk County Council (iCaSH) | GREEN | 17 | 17 | 17 | 19 | 17 | |
| | RED | 0 | 0 | 0 | 0 | 0 | |
| | % GREEN | 100% | 100% | 100% | 100% | 100% | |
| Norfolk County Council (HCP Family Nursing Partnership & population vaccination coverage) | GREEN | 4 | 4 | 5 | 5 | 5 | Quarterly data at May 2018 |
| | RED | 3 | 3 | 2 | 2 | 2 | |
| | % GREEN | 57% | 57% | 71% | 71% | 71% | |
| Bedford Borough Council (iCaSH) | GREEN | 0 | 1 | 0 | 0 | 0 | Monthly KPI's are being met, therefore the overall performance of the contract is above 90% |
| | RED | 3 | 2 | 3 | 3 | 3 | |
| | % GREEN | 0% | 33% | 0% | 0% | 0% | |
| Bedfordshire CCG (Bedford ambulatory services) | GREEN | 0 | 1 | 0 | 0 | 2 | |
| | RED | 3 | 2 | 3 | 3 | 6 | |
| | % GREEN | 0% | 33% | 0% | 0% | 25% | |
| NHS England (school-aged immunisation service) | GREEN | 10 | 10 | 9 | 9 | 8 | HPV year 9 dose 2 chasing target by end of school-year (Aug 31 2018) |
| | RED | 1 | 1 | 0 | 0 | 1 | |
| | % GREEN | 91% | 91% | 100% | 100% | 89% | |
| TRUSTWIDE | GREEN | 79 | 77 | 76 | 78 | 76 | |
| | RED | 12 | 14 | 15 | 15 | 18 | |
| | % GREEN | 87% | 85% | 84% | 84% | 81% | |