

# Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee Special Meeting

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**Wednesday 20 February 2013 at 10.00 am**

**To be held at the Town Hall, Pinstone Street, Sheffield, S1 2HH**

**The Press and Public are Welcome to Attend**

## **Membership**

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Councillor Mick Rooney (Chair), Sue Alston, Janet Bragg, Katie Condliffe, Roger Davison, Tony Downing, Adam Hurst, Cate McDonald, Pat Midgley, Jackie Satur, Diana Stimely, Garry Weatherall and Joyce Wright

## **Sheffield Local Involvement Network**

Anne Ashby, Helen Rowe and Alice Riddell (Observers)

## **Substitute Members**

In accordance with the Constitution, Substitute Members may be provided for the above Committee Members as and when required.

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## **PUBLIC ACCESS TO THE MEETING**

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The Healthier Communities and Adult Social Care Scrutiny Committee exercises an overview and scrutiny function in respect of the planning, policy development and monitoring of service performance and related issues together with other general issues relating to adult and community care services, within the Neighbourhoods area of Council activity and Adult Education services. It also scrutinises as appropriate the various local Health Services functions, with particular reference to those relating to the care of adults.

A copy of the agenda and reports is available on the Council's website at [www.sheffield.gov.uk](http://www.sheffield.gov.uk). You can also see the reports to be discussed at the meeting if you call at the First Point Reception, Town Hall, Pinstone Street entrance. The Reception is open between 9.00 am and 5.00 pm, Monday to Thursday and between 9.00 am and 4.45 pm. on Friday, or you can ring on telephone no. 2734552. You may not be allowed to see some reports because they contain confidential information. These items are usually marked \* on the agenda.

Members of the public have the right to ask questions or submit petitions to Scrutiny Committee meetings. Please see the Council's website or contact Democratic Services for further information.

Scrutiny Committee meetings are normally open to the public but sometimes the Committee may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last. If you would like to attend the meeting please report to the First Point Reception desk where you will be directed to the meeting room.

If you require any further information about this Scrutiny Committee, please contact Emily Standbrook-Shaw, Scrutiny Policy Officer on 0114 27 35065 or email [emily.standbrook-shaw@sheffield.gov.uk](mailto:emily.standbrook-shaw@sheffield.gov.uk).

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## **FACILITIES**

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There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms.

Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

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**HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE SCRUTINY AND  
POLICY DEVELOPMENT COMMITTEE AGENDA  
20 FEBRUARY 2013**

**Order of Business**

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- 1. Welcome and Housekeeping Arrangements**
- 2. Apologies for Absence**
- 3. Exclusion of Public and Press**  
To identify items where resolutions may be moved to exclude the press and public
- 4. Declarations of Interest**  
Members to declare any interests they have in the business to be considered at the meeting
- 5. Public Questions and Petitions**  
To receive any questions or petitions from members of the public
- 6. Sheffield Teaching Hospitals - Quality Report 2012/13 - Overview**  
Report of Dr. David Throssell, Medical Director, Sheffield Teaching Hospitals Foundation Trust
- 7. St. Luke's Hospice - Quality Accounts**  
Report of Mark Harrington, Risk Management Co-ordinator, St Luke's Hospice
- 8. Yorkshire Ambulance Service - Quality Accounts**  
Report of Hester Rowell, Head of Quality and Patient Experience, Yorkshire Ambulance Service
- 9. The Francis Inquiry - Headline Implications for Scrutiny**  
The Policy Officer (Scrutiny) to report
- 10. Work Programme and Forward Plan**  
Report of the Policy Officer (Scrutiny)
- 11. Date of Next Meeting**  
The next meeting of the Committee will be held on Wednesday 20 March 2013 at 10.00 am
- 12. Provision of Daily Living Equipment Costing Less Than £50**  
To consider the proposal to no longer provide and fit, free of charge, small items of daily living equipment costing less than £50, following the receipt of a public question at the Overview and Scrutiny Management Committee held on 13<sup>th</sup> February 2013.  
Eddie Sherwood to, Director of Care and Support, to report.

This item will be considered as an urgent item of business under Council Procedure Rule 26 of the Council's Constitution, on the recommendation of the Chair.

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## ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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New standards arrangements were introduced by the Localism Act 2011. The new regime made changes to the way that members' interests are registered and declared.

If you are present at a meeting of the Council, of its executive or any committee of the executive, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest** (DPI) relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.
- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period\* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

\*The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -
  - under which goods or services are to be provided or works are to be executed; and
  - which has not been fully discharged.
- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.
- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.
- Any tenancy where (to your knowledge) -
  - the landlord is your council or authority; and
  - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.
- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -
  - (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
  - (b) either
    - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
    - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

Under the Council's Code of Conduct, members must act in accordance with the Seven Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership), including the principle of honesty, which says that 'holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest'.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life.

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or
- it relates to or is likely to affect any of the interests that are defined as DPs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously, and has been published on the Council's website as a downloadable document at [-http://councillors.sheffield.gov.uk/councillors/register-of-councillors-interests](http://councillors.sheffield.gov.uk/councillors/register-of-councillors-interests)

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Standards Committee in relation to a request for dispensation.

Further advice can be obtained from Lynne Bird, Director of Legal Services on 0114 2734018 or email [lynne.bird@sheffield.gov.uk](mailto:lynne.bird@sheffield.gov.uk)

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## Report to the Scrutiny Committee 20 February 2013

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**Report of:** Dr David Throssell  
Medical Director  
Sheffield Teaching Hospitals Foundation Trust

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**Subject:** Quality Report 2012/13 - Overview

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**Author of Report:** Sandi Carman  
Head of Patient and Healthcare Governance  
[Sandi.carman@sth.nhs.uk](mailto:Sandi.carman@sth.nhs.uk)  
0114 22 66489

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### Summary:

Foundation Trusts are required to produce an Annual Quality Report, which sits alongside the Annual Report, specific reporting requirements are detailed in Monitors NHS Foundation Trust Annual Reporting Manual 2012/13.

The Report has two key aims; to report on the quality of services delivered by Sheffield Teaching Hospitals in the year 2012/2013 and to identify the Quality Improvement Priorities for 2013/14.

This update report is structured into the following sections

1. Introduction
2. Quality Improvement Priorities 2012/2013
3. Proposed Quality Improvement Priorities 2013/2014
4. Quality Report Production
5. Recommendation

This information is presented to the Scrutiny Committee to request their views and comments on the Quality Improvement Priorities for 2013/14.

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**Type of item:**

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	X
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	X
Other	X

**The Scrutiny Committee is being asked to:**

The Committee is asked to consider the proposals and provide views, comments and recommendations on the contents of this report and the proposed Quality Improvement Priorities for 2013/14.

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**Background Papers:**

[Draft: Monitor NHS Foundation Trust Annual Reporting Manual 2012/13](#)  
[DH: Changes to Quality Accounts reporting arrangements for 2012/13](#)  
[Quality Accounts a Guide for Overview and Scrutiny Committees](#)  
[National Clinical Audits for Inclusion in Quality Accounts](#)

**Category of Report:** OPEN

## **Quality Report 2012/13 - Overview**

### **1. Introduction**

NHS organisations have a duty to provide patients with a service that delivers high quality care for all. The Quality Report seeks to provide the Board of Directors and key stakeholders with assurance that clinical quality is being monitored and assessed and that actions are being put in place when required.

The Quality Report details performance in Sheffield Teaching Hospitals NHS Foundation Trust using a range of information such as performance indicators, CQC reports, patient surveys and complaints.

This report is presented to update the Scrutiny Committee on the production of the 2012/13 Quality Report, to provide feedback on the current progress with the 2013/14 improvement priorities and to seek views and comments on these priorities for next year.

### **2. Quality Improvement Priorities 2012/13**

Sheffield Teaching Hospitals identified the following priorities to progress during 2012/13

#### **1. Optimise Length of Stay**

Through a systematic process of review identify areas for appropriate improvement in length of stay across the organisation.

Establish improvement plans to achieve necessary reductions in length of stay compared to national benchmarks.

#### **2. Communicate Better - Discharge Forms for GPs**

Improve the quality of immediate discharge notes sent to GPs by auditing the content of letters within each Directorate against standards agreed with NHS Sheffield.

Deficiencies identified during this process will be addressed by action planning at Directorate and Trust level.

#### **3. Communicate Better – Obtaining feedback**

Making what we've got work well - to improve the response rate by 20% for frequent feedback forms and 50% for the comments cards. By promoting the processes and demonstrating effectiveness, for example through case studies and actively communicating feedback - 'you said - we did'.

#### **4. Review mortality at the weekend**

Review in detail the Trusts position with regards to Mortality at the weekend and identify any significant differences, review causes and implement improvements as required.

## **5. Promote a good experience for those with mental health problems or dementia**

Undertake environmental audits across all appropriate directorates and put in place improvement plans to address areas of concern. (Link to the Kings Fund Dementia work and the ward essential maintenance programme).

Progress on each of these measures will be presented to the Scrutiny Committee at the meeting of the 20 February 2013. It is important to note that full year end performance figures will not be available until mid April 2013; however an interim performance position will be presented from April 2012 – December 2013.

## **3. Quality Improvement Priorities 2013/14**

The identification of Quality Improvement Priorities has been undertaken using a collaborative approach with staff, Trust Governors and LINKs representatives.

Three priority areas have been identified.

### **1. Cancelled operations**

- a. Why are operations cancelled?

### **2. Pressure ulcers**

- a. Reducing the prevalence of all Grade 2, 3 & 4 pressure ulcers, citywide

### **3. Discharge information for patients**

- a. Improving the provision of discharge information for patients
- b. Enabling the patient and relatives/carers to understand what to look for once they have been discharged including who to contact if concerned.

Further information on these suggested priorities will be provided during the presentation on the 20 February 2013.

## **4. Quality Report Production**

The report will contain comprehensive information regarding a range of quality measures covering all aspects of the Trust; some of these are detailed in mandatory statements specified by Monitor. Others have been added at the request of external auditors and following feedback from LINKs representatives (e.g. complaints, patient and staff survey feedback).

The mandated reporting requirements should enable staff, patients and the Trust Commissioners to compare quality indicators across a number of provider organisations.

The full report is currently in draft format and will be reviewed by the Quality Report Steering Group and other key stakeholders including LINKs and NHS Sheffield.

A copy of the draft version will be provided to the Scrutiny Committee early April when the majority of the year end data will become available.

## **5. Recommendation**

The Committee is asked to provide views, comments and recommendations on the contents of this report and the proposed Quality Improvement Priorities for 2013/14.

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**Report to Healthier Communities and Adult  
Social Care Scrutiny & Policy Development  
Committee  
20<sup>th</sup> Feb 2013**

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**Report of:** St Luke's Hospice

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**Subject:** Quality Accounts

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**Author of Report:** Mark Harrington, Risk Management Co-ordinator.

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**Summary:**

The attached paper considers progress made on the 2012/2013 Quality Priorities, and considers what Quality Priorities should be included for 2013/14.

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**Type of item:** The report author should tick the appropriate box

Briefing paper for the Scrutiny Committee	<input checked="" type="checkbox"/>
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**The Scrutiny Committee is being asked to:**

Consider and comment on progress made on this year's quality indicators, and the issues for inclusion in next year's Quality Accounts.

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## St Luke's Hospice Quality Account – Mid Year Summary Update

### 1 Introduction

- 1.1 In 2012 St Luke's produced its first quality account outlining its priorities for the financial year of 2012/13.
- 1.2 The hospice welcomed the support and assistance of both its commissioners and Sheffield City Council – Healthier Communities and Adult Social Care Scrutiny Committee officers in finalising its report prior to submission to the Department of Health Quality Framework Programme.
- 1.3 This mid-year report seeks to provide information on progress against the identified priority action areas, any additional quality initiatives undertaken and outline provisional quality priorities for the next financial year.

### 2 2012 – 2013 Priorities

- 2.1 The six priorities identified within the quality account were –

- Progression of a £5.5 million development to bring our In Patient Unit up to highest standards and ensure its future – a part new build, part refurbishment project creating 14 single rooms and two multi bedded rooms, all with en-suite and family facilities. St Luke's In Patient capacity will remain at 20 beds once completed.
- Redevelopment of the Patients / Carer Handbook.
- Replace all MA16A syringe drivers as part of a city wide programme.
- Improve support and education to city nursing homes in relation to specialist palliative care.
- Review the current provision of Community Services.
- Improve learning and development opportunities for staff.

#### 2.2 In Patient Unit



- 2.2.1 Work on Phase 1 of the In Patient Unit development - the demolition of an existing building, construction and internal fitting of a new two storey building housing 11 single en suite rooms and associated clinical facilities - is progressing well, with the building scheduled to be occupied by patients on the 8<sup>th</sup> April 2013
- 2.2.2 Throughout the building works great efforts have been made to minimise the impact on the patients care and experience. To monitor this the Service User Coordinator has undertaken environmental satisfaction surveys, both before work commenced and during the project. These will continue until all work is completed.



2.2.3 Whirlow Hall Farm kindly provided room on its premises where a mock-up of one of the new en suite rooms was laid out. Patient and carer groups have attended and been heavily involved in determining the fixtures, fittings and layout.



- 2.2.4 Phase 2 of the scheme will commence shortly after and will fully redevelop and refurbish the current In Patient Unit, which will then be integrated with the new building. Completion of this work will form one of the hospice quality priorities for 2013 – 2014. It should be noted that the overall capacity for the In Patient Unit following the changes will remain unchanged at 20 beds.
- 2.2.5 The 'Room to Care' Appeal to fund the work is on target having currently raised £2.4 million. *It should be noted that St Luke's has to raise £4.5m annually to operate its services, as it receives only 30% funding from the NHS, and so our appeal is on top of that annual requirement.*
- 2.3 Patient Handbook**
- 2.3.1 The Patient Handbook has been fully redrafted and the hospice is currently awaiting a proof copy prior to printing. Irwin Mitchell has kindly sponsored and funded this project.
- 2.3.2 Once this handbook has been completed and rolled out work will start on a Carer Handbook.
- 2.4 Replacement of MA16A syringe drivers**
- 2.4.1 The city wide healthcare group has identified a preferred replacement which is fully compliant with the NPSA requirement. In its documentation the group stated that feedback from the hospice had been 'pivotal in making the decision'.
- 2.4.2 Purchase of the replacement and associated training are on-going over the next financial year, St Luke's will buy 30 pumps for use at the hospice at a cost of around £875 each to ensure that all MA16A pumps are taken out of service.
- 2.5 Improve support and education to city nursing homes in relation to specialist palliative care**
- 2.5.1 One person has been appointed to help provide support and education. Attempts to fill the second post have been unsuccessful so the decision has been taken to run the project with one post holder for two years rather than the original one year project.
- 2.5.2 Work has commenced with the NHS lead for nursing homes on further developing relationships.
- 2.6 Community Services**
- 2.6.1 In recognition of the focus of care closer to home and as good management practice in a developing health community the hospice is undertaking a strategic review of its services, visions and values. It is anticipated that this review will be completed by early summer 2013
- 2.7 Improve learning and development opportunities for staff**
- 2.7.1 The hospice has a dedicated Learning and Development Coordinator in post whose role focus is to restructure and implement a programme of specific and targeted training to build on generic mandatory and specific local inductions.
- 2.7.2 The revised 'Performance and Development Review' process – which is St Luke's employee development process - identifies further training and development needs and opportunities

### **3 Other Quality Initiatives In Use and Under Consideration**

3.1 A number of other quality initiatives to improve the patient experience have either been started alongside the above priorities or are under consideration for the next financial year.

3.2 The initiatives already underway include:-

- Use of the Patient safety Thermometer to increase episodes of harm free care
- Participation in Help the Hospice patient survey
- A research project on the benefits to patients and relatives of the oral history project
- Participation in an audit on end of life care
- Use of a clinical dashboard as a performance indicator
- Appointment of a Transfer of Care sister to improve the patient experience around discharge

3.3 The initiatives under consideration for priority next year include:-

- Bereavement Quality Markers
- Implementation of the Patient Led Assessment programme
- Development of a Carers handbook
- Development and use of an in house In Patient patients satisfaction survey tool
- Continuing work on community services
- Measurement against the national End of Life Quality Standards
- Full implementation of the peer review programme

Judith Park  
Deputy Chief Executive

1<sup>st</sup> February 2013



**Report to Healthier Communities and Adult  
Social Care Scrutiny & Policy Development  
Committee  
20<sup>th</sup> Feb 2013**

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**Report of:** Yorkshire Ambulance Service

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**Subject:** Quality Accounts

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**Author of Report:** Hester Rowell, Head of Quality and Patient Experience

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**Summary:**

The attached papers consider progress made on the 2012/2013 Quality Priorities, and considers what Quality Priorities should be included for 2013/14.

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**Type of item:** The report author should tick the appropriate box

Briefing paper for the Scrutiny Committee	<input checked="" type="checkbox"/>
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**The Scrutiny Committee is being asked to:**

Consider and comment on progress made on this year's quality indicators, and the issues for inclusion in next year's Quality Accounts.

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### **Priorities for Improvement 2012-13**

We have used the feedback from our stakeholder consultation and our priorities agreed with commissioners under the Commissioning for Quality and Innovation (CQUIN) scheme to suggest the following Priorities for Improvement for the year ahead.

#### **1. Ensure that the response from the ambulance service meets the needs of local populations**

- a. To maintain our response times to patients with life threatening conditions in line with the nationally agreed indicator to reach 75% of these patients within 8 minutes
- b. To maintain our response times to patients with life threatening conditions in line with the nationally agreed indicator to reach 95% of these patients within 19 minutes
- c. To show the national average for each
- d. To improve patient experience
- e. To continue to work with our healthcare partners in maintaining and improving existing and new patient pathways
- f. To further develop our Clinical Hub to provide more advice and guidance for ambulance clinicians.

#### **2. Recording Performance Against Ambulance Quality Indicators (AQI's)**

- a. To set up the systems that will enable us to report against the 11 new clinical outcome measures for 2011-12.
- b. Service experience (feedback from service-users)
- c. Outcome from ST-elevation myocardial infarction (STEMI)
- d. Outcome from cardiac arrest: return of spontaneous circulation
- e. Outcome from cardiac arrest: recovery to discharge from hospital
- f. Outcome following stroke for ambulance patients
- g. Proportion of calls closed with telephone advice or managed without transport to A&E
- h. Re-contact rate following discharge of care

- i. Call abandonment rate
- j. Time to answer calls
- k. Time to treatment by an ambulance-dispatched health professional
- l. Category A 8 minute response time

### **3 Improving Patient Transport Service (PTS) Performance**

- To measure our performance against quality targets and reduce waiting times for all patients.
- Map the timings of individual clinics and use this to plan return journeys that better match when patients are ready to be transferred
- Improve patient satisfaction for all patients using PTS by postal questionnaires, holding patient/carer and patient representative focus groups
- Target specific patient groups- renal, oncology, wheelchair users, and patients with learning disabilities
- To analyse and develop action plans from focus groups and continually monitor and manage changes
- To understand the different needs of specific patient groups and how they use our service, to refine and improve PTS.
- Deliver the CQUIN schemes agreed with the commissioning consortia.

### **4. Implementation of Clinical Leadership Framework**

- a. Embed the clinical leadership structure through clearly-defined job descriptions and role clarity.
- b. Increase the number of clinical leaders who have received clinical leadership training and development.
- c. Deliver bespoke clinical leadership and clinical assessment skills' training
- d. Evaluate the impact of implementing the Clinical Leadership Framework.

### **5. Implementation of the National Trauma Strategy**

- a. To implement a Major Trauma Triage Tool to enable major trauma to be identified.



- b. Introduce systems which ensure patients suffering major trauma are conveyed to MTC's ( bypassing other acute centres).
- c. Provide an Enhanced Care Team- this means there will be a team of specialists, including trauma- trained paramedics and doctors, in the emergency operations centres ( EOCs) who will coordinate a network wide trauma response ( subject to commissioner agreement).
- d. Support the EOC with an experienced paramedic presence 24 hours a day, seven days a week.
- e. Enhance trauma training to include interventions which clinicians can deliver to patients who suffer major trauma.
- f. Evaluate the impact of the trauma plan.

## **6. Improve the Experience and Outcomes for Patients in Rural and Remote Areas**

- a. Review the current model of care delivery in rural and remote areas.
- b. Make recommendations for future service delivery to meet the needs of patients in rural and remote areas.
- c. Development of flexible response models to meet the needs of patients residing in rural locations to promote equity with urban locations.
- d. The clinical AQI's and stakeholder feedback will be used to monitor the quality of the service within rural areas.
- e. Patient satisfaction surveys will take place specifically for patients in rural areas.

## **7. Improve the Quality of Care and Support for people with Dementia**

- a. Launch a YAS Dementia Awareness campaign for Dementia Awareness Week (w/c 20 May 2012).
- b. Develop a Dementia Awareness Guide for all staff.
- c. Produce a modular Dementia Awareness course on the Trust's virtual learning environment (VLE) to be accessible to all staff
- d. Incorporate Dementia Awareness training into all new operational basic training courses

- e. Recruit 'Dementia Care' champions to raise awareness of dementia care within the Trust
- f. Incorporate Dementia Awareness into statutory and mandatory training for all staff by April 2013

#### **8. Develop a Safety Thermometer Tool Relevant to the Ambulance Service**

- a. Understand contributors and levels of harm within an ambulance service.
- b. Develop a tool which will enable potential harm to be identified
- c. Undertake specific activity to reduce levels of harm
- d. Ensure learning is shared across the organisation to ensure best practice is embedded

#### **9. Raising Public Awareness to Support Appropriate Use of Ambulance Services**

- a. Analyse any existing public awareness campaigns
- b. Identify target audiences for each audience group
- c. Develop educational tools and resources
- d. Utilise a variety of methods to engage with the public and communicate our key messages

**1. Ensure that the response from the ambulance service meets the needs of local populations**

YAS Red 8 minute performance (year to date): 75.55%

Performance has exceeded the 75% target each month in 2012-13 up to except December 2012 and January 2013 when the service was affected by the severe weather experienced by the region.

Red 19 minute performance (year to date): 95.75%

Performance has exceeded the 95% target each month in 2012-13. This key safety measure was maintained for both December 2012 and January 2013.

Referral pathways continue to be reviewed, revised and developed. New or revised pathways introduced in 2012-13 include: Mental Health, Alcohol, COPD, Falls, End of Life, Stroke and Cardiac.

The YAS Clinical Hub, situated in the Emergency Operations Centre, acts as a single point of advice for ambulance clinicians to access information about current referral pathways.

**2. Recording Performance Against Ambulance Quality Indicators (AQIs)**

Systems have been established to allow measurement of YAS performance against all AQIs. They continue to be monitored and reported to local management teams. The Clinical Managers are now leading work which aims to improve the AQIs and sharing learning across the wider organisation.

**3. Improving Patient Transport Service (PTS) Performance**

During 2012 we launched our PTS transformation programme to identify ways in which we can improve services for patients based on patient, commissioner and staff feedback. A detailed piece of diagnostic work has been carried out in Qst Yorkshire and we have already identified specific improvements which can be made to our planning and on day management of patient journeys which will decrease waiting times for patients. These changes have been piloted in South Yorkshire and have been shown to have a benefit.

All PTS Commissioning for Quality and Innovation (CQUIN) targets for Q1 and Q2 have been met. For West Yorkshire, the CQUIN scheme includes measures to reduce aborted journeys and to learn from patient experience through surveying and focus groups. This feedback will be used within the service to make sure that we are prioritising the improvements in those areas where patients will benefit most.

Whilst we have improved our aborted journey performance there is still further work needed in this area. We need help and support from patients, nursing homes, hospitals etc. to cancel transport when it is no longer required or informing us of changes which may impact on the type of transport booked. For example, if a patients needs change and they need a stretcher as opposed to a wheelchair, this can have a significant impact on the type of transport provided, without knowledge of this prior to the journey it is extremely difficult to

accommodate this and journeys may be cancelled on the day of transport which we are working hard to avoid.

A major trust wide review of all PTS services across the region is being undertaken. This programme will bring together the different elements which are needed to continue to improve service quality and operational efficiency for the future and will build on the work done to date to improve services within locality areas.

#### **4. Implementation of the National Trauma Strategy**

Work complete in 2012-13 includes:

- Introduction of a trauma triage tool
- A paramedic is now present in the emergency operations centre 24/7 to coordinate the response to major trauma
- All patients identified with major trauma will be taken to a major trauma centre – those within 45 minutes travelling time will be taken direct
- Enhanced care teams are available 24/7 to provide care to patients with major trauma
- A structured pre-alert system is in place to be given as early as possible to the receiving hospital and a structured handover on arrival
- Over 90% of all clinicians trained in new equipment and techniques for major trauma.

#### **5. Implementation of Clinical Leadership Framework**

The YAS Clinical Leadership Framework provides the organisation with the structure through which appointed clinical leaders will drive forward the changes and service improvements required within YAS, to improve the health outcomes and the quality of care for our patients. The main aims within the framework are to:

- provide support mechanisms to all staff
- promote a clear line of responsibility and accountability
- provide consistent and effective education and training

Recruitment for five Clinical Development Managers (CDMs) is complete and the successful applicants have started in post.

The Clinical Supervisor (CS) roles are now active in all business units, and recruitment is underway to fill the final vacancies. Induction and training is ongoing for the new starters.

The newly developed Clinical Competency Portfolio has been printed and is currently being distributed. This will be completed by practitioners following assessment by their Clinical Supervisor on an agreed set of skills and competencies. It also details an escalation plan when practitioners fall below the expected standard.

The bespoke clinical leadership module co-designed with Bradford University continues to be delivered. A further two modules have been commissioned to ensure that all newly appointed CDMs and CSs have a place.

## **6. Improve the Experience and Outcomes for Patients in Rural and Remote Areas**

Four areas have been defined as 'rural' for the purposes of this work: North Yorkshire, East Riding of Yorkshire, Wakefield and Calderdale.

Performance against AQIs in these areas is being monitored against non-rural areas and actions being built into operational improvement plans to improve performance. These include: introduction of new stand-by points, new static defibrillator sites, CPD events for staff and piloting the development of the community paramedic model.

An initial patient experience survey was carried out in June 2012. Results showed a high overall level of patient satisfaction (98.8% rated the overall service as good or excellent).

## **7. Improve the Quality of Care and Support for people with Dementia**

Dementia awareness work completed to date includes:

- Production of a dementia-awareness booklet for staff (now ready for print)
- Development of dementia-awareness course on YAS virtual learning environment (launched as part of Dementia Week in May 2012)
- Dementia-awareness CPD events
- Introduction of dementia-awareness training into A&E and PTS training. PTS staff have received pre- and post-training questionnaires to monitor learning outcomes.

## **8. Develop a Safety Thermometer Tool Relevant to the Ambulance Service**

The approach to developing a safety thermometer for the ambulance service has been to initially understand the areas of care delivery where harm can and does occur. In order to achieve this, the incident reporting and complaints system has been analysed to review the number of incidents where harm has occurred to patients whilst in receipt of care from YAS clinicians.

The two most frequent sources of patient harm were:

- a patient has a slip, trip or fall whilst in ambulance care
- a patient comes into contact with sharp object ie traps body part on stretcher, wheelchair, vehicle parts etc.

This was more frequent on PTS than A&E.

Work was then completed to understand the critical points on the patient journey which contributed to the harm occurring.

The next steps are to design intervention, based on the findings above, to reduce the frequency of harm occurring.

## **9. Raising Public Awareness to Support Appropriate Use of Ambulance Services**

The aim of this work is to raise public awareness to support demand management and attempt to change the expectations and perceptions of the ambulance service.

The YAS Corporate Communications team has run public awareness campaigns (based around media relations) tailored to specific hot-spot periods during the year: eg Jubilee holiday, summer weekends, Easter, Bonfire Night etc.

A region-wide campaign is being developed in line with the NHS Choose Well campaign to raise general awareness of when to call 999 and what to expect from the ambulance service.

School and community visits, carried out by the YAS Community and Commercial Education Team, are used as opportunities to promote information about 'What happens when you call 999 for ambulance assistance'.

The population of West Yorkshire (particularly in metropolitan and deprived areas) have been identified as the most heavy users of urgent care services and the people who tend to call 999 more frequently. Campaigns specifically targeted at West Yorkshire are being rolled out in Q3 and Q4.



## Results of YAS Stakeholder Consultation on Quality Accounts

### INDICATORS OF QUALITY PERFORMANCE 2012-13

People were asked to score proposed indicators to indicate the ones they felt were most important for inclusion in the Quality Accounts. The top ten are shown below and will all be included in this year's accounts.

Ranking	Indicator
1	The number of serious incidents occurring in the Trust
=2	The number of adverse incidents relating to drug errors
=2	Number of investigations following a serious incident that identified inadequate clinical assessment as a root cause
4	The number of adverse incidents occurring in the Trust
5	The number of adverse incidents relating to the standard of clinical care
=6	The number of complaints, concerns, comments and compliments received from the public about our services
=6	The number of referrals our staff made to specialist services for protecting vulnerable adults
8	The proportion of patients who were attended by ambulance staff but who were referred to specialist care pathways instead of being transported to hospital
9	The results of our NHS staff survey relating to reporting of errors, near misses and incidents
10	Results of hand hygiene, vehicle cleanliness and premises audits

## **PRIORITIES FOR IMPROVEMENT 2013-14**

The DH guidelines for Quality Accounts acknowledge that priorities should closely mirror the CQUIN priorities agreed with commissioners. The discussions between YAS and our commissioners for the A&E and PTS contracts are currently in the early stages. The subjects of the proposed priorities below are therefore not yet fully defined and are subject to change in line with the completion of the CQUIN discussions.

### **Priority 1: improve the experience and outcomes for patients in rural and remote areas**

Exact priority to be developed through CQUIN discussions. This will build on the work achieved through the 2012-13 CQUIN target (which was also a priority for improvement in last year's Quality Accounts).

### **Priority 2: working with care homes**

Exact priority to be developed through CQUIN discussions.

### **Priority 3: achieve a reduction in the harm to patients through the implementation of a safety thermometer tool**

Exact priority to be developed through CQUIN discussions. This will build on the work achieved through the 2012-13 CQUIN target (which was also a priority for improvement in last year's Quality Accounts).

### **Priority 4: public education**

Exact priority to be developed through CQUIN discussions. This will build on the work achieved through the 2012-13 CQUIN target (which was also a priority for improvement in last year's Quality Accounts). The Quality Account priority should take into account the stakeholder feedback about the importance of promoting appropriate use of the ambulance service and reducing time spent responding to inappropriate calls.

### **Priority 5: emergency care plans**

Exact priority to be developed through CQUIN discussions. This will build on the work achieved through the 2012-13 CQUIN target (which was also a priority for improvement in last year's Quality Accounts).

### **Priority 6: PTS improvement**

Exact priority to be developed through CQUIN discussions. It is anticipated that the two key areas will be operational service improvement (eg reduced waiting times) and improving patient safety through development of a PTS safety thermometer tool.

### **Priority 7: patient experience**

To develop the Friends and Family Test or an alternative method to capture real time patient feedback.





**Report to the Healthier Communities &  
Adult Social Care Scrutiny and Policy  
Development Committee  
20<sup>th</sup> February 2013**

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**Report of:** **Emily Standbrook-Shaw**  
**Policy Officer (Scrutiny)**  
emily.standbrook-shaw@sheffield .gov.uk; 0114 27  
35065

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**Date:** 20<sup>th</sup> February 2013

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**Subject:** **Work Programme and Cabinet Forward Plan**

The Committee's draft work programme is attached for consideration.

The Committee is asked to identify any further issues for inclusion in the work programme as agenda items, or in depth task and finish reviews.

To ensure that information coming to the Committee meets requirements, Members are requested to identify any specific approaches, lines of enquiry, witnesses etc that would assist the scrutiny process for items on the work programme.

The latest version of the Cabinet Forward Plan is also attached. Consideration of issues at an early stage in the development process gives scrutiny an opportunity to make recommendations to decision makers and maximises scrutiny's influence. The Committee is therefore requested to identify any issues from the Forward Plan for inclusion on a future agenda.

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**Recommendations:**

That the Committee:

- Considers the work programme and Cabinet Forward Plan
- Identifies further issues for inclusion on the work programme

## Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Draft Work Programme

Last updated 11<sup>th</sup> February 2013

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What	Why	How	When
Quality Accounts	<i>To consider and comment on the annual quality accounts of NHS providers in the City, as required by the Department of Health</i>	Discussions with Trusts	Spring 2013 (STH – Feb; YAS – Feb; SHSCFT – March; SCH – April)
Protocol for the Scrutiny of Health in Sheffield	<i>To refresh the protocol for the Scrutiny of health in Sheffield to reflect the changes to health and wellbeing structures in Sheffield brought about by the Health and Social Care Act 2012.</i>	Report	20 <sup>th</sup> March 2013
Birch Avenue and Woodland View	<i>To consider the feedback from the site visits to The two Care Homes.</i>	Report	20 <sup>th</sup> March 2013
Self Directed Support	<i>To consider progress made in rolling out personalised budgets</i>	Report	April 2013
Local Account	<i>Committee to have early input into the elements that make up the Local Account</i>	Report	Summer 2013
Adults with Congenital Heart Disease	<i>A review is taking place of services for Adults with Congenital Heart Disease – similar to the Children’s review that took place last year.</i>	The Committee has the option to carry out this work as part of a Yorkshire and Humber Joint Scrutiny Exercise	Late 2013.
Anti Social Behaviour Review	<i>With a particular focus on impact of</i>	TBD	TBD

	<i>anti social behaviour for people with learning disabilities.</i>		
Sheffield Food Plan	<i>To scrutinise progress of the Sheffield Food Plan</i>	TBD	TBD
Child and Adolescent Mental Health Services	<i>To agree a terms of reference for a scrutiny task and finish exercise into waiting times for Tier 3 CAMHS</i>	Working Group	Ongoing
Nutrition and Hydration in Hospitals	<i>To consider support given to patients to eat and drink in hospitals, and to consider quality of food in hospitals</i>	Working Group	Ongoing
Paediatric Cardiac Surgery	<i>To scrutinise outcomes for children in Yorkshire and the Humber following the decision to reconfigure children's heart surgery centres.</i>	Through the Yorkshire and Humber Joint Scrutiny Committee.	Ongoing

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# SHEFFIELD CITY COUNCIL

## CABINET DECISIONS AND KEY INDIVIDUAL CABINET MEMBERS AND EXECUTIVE DIRECTOR DECISIONS

### Forward Plan of Executive Decisions 1 February to 31 May 2013.

#### NOTE:

1. This schedule provides amongst other decisions, details of those Key Executive Decisions to be taken by the Cabinet , Individual Cabinet Members or Executive Directors in 28 days and beyond as required by Section 9 of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

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The membership of decision makers are as follows:

- **Cabinet** - Councillors Julie Dore (Chair), Harry Harpham (Deputy Chair), Isobel Bowler, Leigh Bramall, Jackie Drayton, Mazher Iqbal, Mary Lea, Bryan Lodge and Jack Scott)
- Where **Individual Cabinet Members** or **Executive Directors** take Key Executive Decisions their names and designation will be shown in the Plan.

3. Access to Documents - Details of reports and any other documents will, subject to any prohibition or restriction, be available from the date upon which the agendas for the Cabinet and Cabinet Highways Committee and Individual Cabinet Member and Executive Director reports are published and accessible via the Council's web-site at [www.sheffield.gov.uk](http://www.sheffield.gov.uk) or can be collected at the Town Hall at the following address:-

Democratic Services, Town Hall, Sheffield, S1 2HH

4. Where it is intended to hold a meeting, or part of a meeting, in private a notice will be published at least 28 days prior to the meeting in accordance with Regulation 5 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

Date decision is expected to be taken and who will take the decision?	Description of decision (NOTE: This includes details of those items or parts of those items which will be considered in private and the reasons why their consideration will be in private) K = Key Decision P = Statutory Plan - part of budget and policy framework	Cabinet Member and relevant Scrutiny Policy and Development Committee	What documents will be considered by the decision maker?	Date agenda documents available	Who can I contact about this issue and request documents, subject to availability?

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13 Feb 2013 Cabinet	Sheffield Regional City Region Regional Growth Fund Round 3 - Unlocking Business Investment (K)	Cabinet Member for Business, Skills and Development (Councillor Leigh Bramall)  Economic and Environmental Wellbeing Scrutiny Committee	Report of the Executive Director, Place.	5/2/13	Resources Kevin Bennett Tel: 0114 2232416 kevin.bennett@sheffield.gov.uk
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Date decision is expected to be taken and who will take the decision?	Description of decision (NOTE: This includes details of those items or parts of those items which will be considered in private and the reasons why their consideration will be in private) K = Key Decision P = Statutory Plan - part of budget and policy framework	Cabinet Member and relevant Scrutiny Policy and Development Committee	What documents will be considered by the decision maker?	Date agenda documents available	Who can I contact about this issue and request documents, subject to availability?
13 Feb 2013 Cabinet	Revenue Budget 2013-14 (NOTE: This item will be submitted for approval by the City Council at its meeting on 1st March, 2013)	Cabinet Member for Finance and Resources (Councillor Bryan Lodge)  Overview and Scrutiny Management Committee	Report of the Executive Director, Resources	5/2/13	Resources Allan Rainford Tel: 0114 2752596 allan.rainford@sheffield.gov.uk
13 Feb 2013 Cabinet	Housing Strategy 2013 -23	Cabinet Member for Homes and Neighbourhoods (Councillor Harry Harpham)  Safer and Stronger Communities Scrutiny Committee	Report of the Executive Director, Place.	5/2/13	Place Georgina Parkin Tel: 2736915 georgina.parkin@sheffield.gov.uk

Date decision is expected to be taken and who will take the decision?	Description of decision (NOTE: This includes details of those items or parts of those items which will be considered in private and the reasons why their consideration will be in private) K = Key Decision P = Statutory Plan - part of budget and policy framework	Cabinet Member and relevant Scrutiny Policy and Development Committee	What documents will be considered by the decision maker?	Date agenda documents available	Who can I contact about this issue and request documents, subject to availability?
13 Feb 2013 Cabinet	Revenue Budget and Capital Programme Monitoring 2012/13 (Month 8) (K)	Cabinet Member for Finance and Resources (Councillor Bryan Lodge)  Overview and Scrutiny Management Committee	Report of the Executive Director, Resources.	5/2/13	Resources Allan Rainford Tel: 0114 2752596 allan.rainford@sheffield.gov.uk
27 Feb 2013 Cabinet	Sheffield Development Framework:City Policies and Sites document and Proposals map - the Pre - submission version. (NOTE: This report will be submitted to the City Council on 3rd April, 2013) (K)	Cabinet Member for Business, Skills and Development (Councillor Leigh Bramall)  Economic and Environmental Wellbeing Scrutiny Committee	Report of the Executive Director, Place and other appropriate documents	19/2/13	Place Peter Rainford Tel: 0114 2735897 peter.rainford@sheffield.gov



Date decision is expected to be taken and who will take the decision?	Description of decision (NOTE: This includes details of those items or parts of those items which will be considered in private and the reasons why their consideration will be in private) K = Key Decision P = Statutory Plan - part of budget and policy framework	Cabinet Member and relevant Scrutiny Policy and Development Committee	What documents will be considered by the decision maker?	Date agenda documents available	Who can I contact about this issue and request documents, subject to availability?
27 Feb 2013 Cabinet	Vocational Skills Provision 2014 - 16 (K)	Cabinet Member for Children, Young People and Families (Councillor Jackie Drayton)  Children, Young People and Family Support Scrutiny Committee	Report of the Executive Director, Children, Young People and Families	19/2/13	Children, Young People and Families Claire Slack Tel: 0114 2296140 claire.slack@sheffield.gov.uk
27 Feb 2013 Cabinet	Disposal of Land at Richmond Park Drive (NOTE: This item will be considered in private. A notice has been placed on the Council's website and is also available at the Town Hall describing the reasons for this.	Cabinet Member for Health, Care and Independent Living (Councillor Mary Lea)  Safer and Stronger Communities Scrutiny Committee	Report of the Executive Director, Communities.	19/2/2013	Communities Dave Mason Tel: 0114 2734617 dave.mason@sheffield.gov.uk

Date decision is expected to be taken and who will take the decision?	Description of decision (NOTE: This includes details of those items or parts of those items which will be considered in private and the reasons why their consideration will be in private) K = Key Decision P = Statutory Plan - part of budget and policy framework	Cabinet Member and relevant Scrutiny Policy and Development Committee	What documents will be considered by the decision maker?	Date agenda documents available	Who can I contact about this issue and request documents, subject to availability?
27 Feb 2013 Cabinet	Disposal of Land at Sevenairs Road, Beighton	Cabinet Member for Health, Care and Independent Living (Councillor Mary Lea)  Safer and Stronger Communities Scrutiny Committee	Report of the Executive Director, Communities.	19/2/13	Communities Dave Mason Tel: 0114 2734617 dave.mason@sheffield.gov.uk
27 Feb 2013 Cabinet	Voluntary Sector Grant Aid Investment in 2013/14 (K)	Cabinet Member for Communities & Inclusion (Councillor Mazher Iqbal)  Safer and Stronger Communities Scrutiny Committee	Report of the Chief Executive.	19/2/13	Deputy Chief Executives Anne Giller Tel: 0114 2735126 anne.giller@sheffield.gov.uk

Date decision is expected to be taken and who will take the decision?	Description of decision (NOTE: This includes details of those items or parts of those items which will be considered in private and the reasons why their consideration will be in private) K = Key Decision P = Statutory Plan - part of budget and policy framework	Cabinet Member and relevant Scrutiny Policy and Development Committee	What documents will be considered by the decision maker?	Date agenda documents available	Who can I contact about this issue and request documents, subject to availability?
1 Mar 2013 Leader of the Council	Waste Collection and Charges from Charities and Non-Domestic/Non-Commercial establishments in Sheffield (K)	Leader of the Council (Councillor Julie Dore)  Economic and Environmental Wellbeing Scrutiny Committee	Report of the Executive Director, Place.	21/3/13	Place Gillian Charters Tel: 0114 2037528 gillian.charters@sheffield.gov.uk
20 Mar 2013 Cabinet	Site of the Former Norton Aerodrome, Lightwood (K)	Cabinet Member for Finance and Resources (Councillor Bryan Lodge)  Economic and Environmental Wellbeing Scrutiny Committee	Report of the Executive Director, Resources.	12/3/13	Place Dave Wood Tel: 0114 2734095 dave.wood@sheffield.gov.uk

Date decision is expected to be taken and who will take the decision?	Description of decision (NOTE: This includes details of those items or parts of those items which will be considered in private and the reasons why their consideration will be in private) K = Key Decision P = Statutory Plan - part of budget and policy framework	Cabinet Member and relevant Scrutiny Policy and Development Committee	What documents will be considered by the decision maker?	Date agenda documents available	Who can I contact about this issue and request documents, subject to availability?
20 Mar 2013 Cabinet	The Future of Stocksbridge Leisure Centre (K)	Cabinet Member for Culture, Sport and Leisure (Councillor Isobel Bowler)  Economic and Environmental Wellbeing Scrutiny Committee	Report of the Executive Director, Place.	12/3/13	Place David MacPherson Tel: 0114 2053149 david.macpherson@sheffield.gov.uk
20 Mar 2013 Cabinet	Rural Broadband: Connecting Sheffield's Rural Communities (K)	Cabinet Member for Finance and Resources (Councillor Bryan Lodge)  Overview and Scrutiny Management Committee	Report of the Chief Executive.	12/3/13	Deputy Chief Executives Laurie Brennan Tel: 0114 2734755 laurie.brennan@sheffield.gov.uk

Date decision is expected to be taken and who will take the decision?	Description of decision (NOTE: This includes details of those items or parts of those items which will be considered in private and the reasons why their consideration will be in private) K = Key Decision P = Statutory Plan - part of budget and policy framework	Cabinet Member and relevant Scrutiny Policy and Development Committee	What documents will be considered by the decision maker?	Date agenda documents available	Who can I contact about this issue and request documents, subject to availability?
20 Mar 2013 Cabinet	Modernisation of Planning and Highways Committees (Note: It is proposed that this item will be considered by the City Council meeting on 3rd April, 2013)	Cabinet Member for Business, Skills and Development (Councillor Leigh Bramall)  Economic and Environmental Wellbeing Scrutiny Committee	Report of the Executive Director, Place	12/3/13	Place Graham Withers Tel: 0114 2037642 Graham.Withers@sheffield.gov.uk
20 Mar 2013 Cabinet	Allocations Policy (K)	Cabinet Member for Homes and Neighbourhoods (Councillor Harry Harpham)  Safer and Stronger Communities Scrutiny Committee	Report of the Executive Director, Communities.	12/3/13	Communities Sharon Schonborn Tel: 0114 2037613 sharon.schonborn@sheffield.gov.uk

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20 Mar 2013 Cabinet	The Future Delivery of Housing Repairs and Maintenance (K)	Cabinet Member for Homes and Neighbourhoods (Councillor Harry Harpham)  Safer and Stronger Communities Scrutiny Committee	Report of the Executive Director, Communities.	12/3/13	Place Jed Turner Tel: 27 34066 jed.turner@sheffield.gov.uk
20 Mar 2013 Cabinet	Revenue Budget and Capital Programme Monitoring 2012 - 13 (Month 9) (K)	Cabinet Member for Finance and Resources (Councillor Bryan Lodge)  Overview and Scrutiny Management Committee	Report of the Executive Director, Resources.	12/3/13	Resources Allan Rainford Tel: 0114 2752596 allan.rainford@sheffield.gov.uk

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10 Apr 2013 Cabinet	Procurement Contract for the Corporate Statutory Servicing and Repairs Contract (K)	Cabinet Member for Finance and Resources (Councillor Bryan Lodge)  Overview and Scrutiny Management Committee	Report of the Executive Director, Resources.	2/4/2013	Resources Jed Turner Tel: 27 34066 jed.turner@sheffield.gov.uk
10 Apr 2013 Cabinet	Revenue Budget and Capital Programme Monitoring 2012/13 (Month 10) (K)	Cabinet Member for Finance and Resources (Councillor Bryan Lodge)  Overview and Scrutiny Management Committee	Report of the Executive Director, Resources.	2/4/13	Resources Allan Rainford Tel: 0114 2752596 allan.rainford@sheffield.gov.uk

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22 May 2013 Cabinet	Revenue Budget and Capital Programme Monitoring 2012/13 (Month 11) (K)	Cabinet Member for Finance and Resources (Councillor Bryan Lodge)  Overview and Scrutiny Management Committee	Report of the Executive Director, Resources.	14/5/13	Resources Allan Rainford Tel: 0114 2752596 allan.rainford@sheffield.gov.uk

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**A key decision\*** is one that is either part of the budgetary/policy framework, sets or shapes a major strategy, results in income or expenditure of £500,000+, is a matter of major public concern or controversial by reason of representations made or likely affects two or more wards. The full definition of a key decision can be found in Part 2, Article 14 of the Council's Constitution which can be viewed on the Council's Website [www.sheffield.gov.uk](http://www.sheffield.gov.uk). Requests for copies or extracts from any of the publicly available documents or other documents relevant to the key decisions, or for details of the consultation process and how to make representations, can be made by ringing the contact officer or via the Committee Secretariat, Legal and Governance, Town Hall, Sheffield S1 2HH email to: [committee@sheffield.gov.uk](mailto:committee@sheffield.gov.uk)