

Performance and Delivery Report

Governing Body meeting

1 October 2020

Authors	Jane Howcroft, Programme and Performance Assurance Manager Rachel Clewes, Senior Programme and Performance Analyst
Sponsor Director	Cath Tilney, Associate Director of Corporate Services
Purpose of Paper	
<p>To update Governing Body on key performance measures regarding our providers in the context of the current COVID-19 pandemic; to provide information on our organisational performance with regard to our staff; to brief Governing Body on the views and experiences of our staff; and to provide statistics regarding COVID-19 and information about the current local situation.</p>	
Key Issues	
<p><u>Current state of play regarding performance data collection</u></p> <p>It should be noted that the collection of data for a number of performance indicators is still paused due to COVID. This means there is no data yet for Mixed Sex Accommodation breaches, cancelled elective and urgent operations and DTOC (Delayed Transfers of Care). It is anticipated that the collection of these indicators will re-commence and data will be published again from November onwards. As soon as the data collection begins again, these indicators will again be included in this report.</p> <p><u>What this month's Performance and Delivery Report will cover</u></p> <p>The dashboard contains the latest data that we have and an explanation of any areas where performance is off track. As well as information relating to our providers, the Performance and Delivery report also includes:</p> <ul style="list-style-type: none"> • Indicators relating to the CCG workforce; • Information regarding our staff's experiences and views, particularly in response to the need to work in such significantly different ways due to COVID-19; • A snapshot of the situation with regard to COVID-19 in the city. <p><u>The impact of COVID-19 on elective performance</u></p> <p>Our local provider Trusts reduced their elective capacity in April, in line with national guidance which requested hospitals to pause the bulk of elective treatment, in order to prioritise responding to the pandemic. As was expected, this had an adverse effect on the delivery of waiting time and diagnostic standards. Sheffield's usually high performance has inevitably dipped, and although services are now coming back on stream, the need to</p>	

incorporate physical distancing measures continues to impact on capacity.

An example of the impact of COVID on elective performance is that our two local providers currently have (in August), 147 Sheffield patients waiting over 52 weeks for their elective treatment journey to start. This is highly unusual, before the pandemic there were no patients waiting over 52 weeks. The Trusts have a number of processes in place to manage clinical risk for these patients so as to mitigate the impact of long waits on patient outcomes.

Both our local acute Trusts are using non face to face alternatives for outpatient appointments (both first and follow-up), where this is clinically appropriate and safe.

NHS England / NHS Improvement announced a new regional support programme on 18 September, designed to support Trusts and CCGs with the clinical review of patients waiting for elective treatment. This digital solution will record the priority status of each patient as well as assisting in decision making regarding what action should be taken for each patient, thereby supporting Trusts in managing the most clinically urgent patients first.

The priority is to clinically review all patients on an admitted patient care pathway by 23rd October 2020. Further guidance has been promised with regards to the requirements to clinically prioritise patients on waiting lists for diagnostics and outpatients appointments.

Implementing “Phase 3” of the NHS response to COVID-19

The Phase 3 implementation framework includes a number of targets which the NHS is expected to deliver, and new initiatives designed to mitigate the impacts of COVID and to reduce inequalities. We submitted our detailed plans regarding this to NHS England on 21 September and will be reporting on implementation over the coming months.

Other key performance issues

It is encouraging to see the continued improvements in the ambulance response times across all time bands, and to see sustained delivery of the Early Intervention in Psychosis standard, following significant investment in this service last year.

Cancer performance continues to be of concern, with four of the nine Constitutional standards being missed. Restrictions due to COVID continue to have an impact on service delivery and the service is under increased pressure due to backlogs of patients who are waiting to be seen, as well as catching up on routine screening. Patients are being proactively reviewed by multi-disciplinary teams to ensure that the most clinically urgent people can be seen.

Supporting our CCG staff, their welfare and development

As COVID-19 is still in circulation in the UK we continue to ask our staff to work at home and to monitor how this is impacting on their health and home lives, and to offer support. We have been seeking staff feedback on how they are coping with these unprecedented times, and how the CCG can support them more effectively. We are grateful to staff for sharing their concerns, views, and suggestions for improvement. This work is summarised in the “Staff Temperature Check” section of the report.

The Temperature Check now has some new questions, for example “What can the CCG do to support and maintain a healthy workforce as we move into the autumn and winter

months?” and “How do you feel about not coming into work at 722 before December?”

COVID-19 in Sheffield

Section 3 of the report provides an overview of the current state of play with regard to COVID-19, using the latest validated information. At the time of writing this report, England has just moved back to Level Four in terms of emergency preparedness and the NHS and public await the implications of this change. The CCG has stood down our internal Command structure for the time being, but continues to have an internal co-ordinating group. The group cascades guidance to colleagues from NHS England, deals with queries from members of the public, and monitors regional and sub regional data and trend information from the North East and Yorkshire Incident Co-ordination Centre. This enables us, together with public health colleagues in Sheffield City Council, to maintain an overview of the situation and we are ready to re-instate Command arrangements within in the CCG at short notice if they were needed. Given the recently announced increase to Level Four these arrangements are currently being reviewed.

Our infection prevention and control team continue to provide support and advice to colleagues in primary care and the care home sector.

The CCG continues to use social media to communicate messages to the public regarding social distancing, mask use and handwashing through our new #BacktoBasics campaign.

Is your report for Approval / Consideration / Noting

Consideration

Recommendations / Action Required by Governing Body

The Governing Body is asked to discuss and note:

- Sheffield performance on delivery of the NHS Constitution Rights and Pledges
- Key issues relating to the CCG workforce and their views and experiences
- A position statement regarding COVID-19

What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?

Which of the CCG’s Objectives does this paper support?

- Reduce the impact of health inequalities on peoples’ health and wellbeing through working with Sheffield City Council and partners
- Lead the improvement of quality of care and standards

This paper also addresses this Principal Risks in our Governing Body Assurance Framework:

2.2: There is a risk that system wide or specific provider capacity problems emerge in secondary and/or primary care to prevent delivery of statutory requirements of the NHS Constitution and requirements of the NHS Long Term Plan and 2020/2021 operational plan expectations.

Description of Assurances for Governing Body (NB not all of these are available at the present time, due to changed working arrangements in response to COVID-19)

- Performance and Delivery Report to Governing Body
- A&E Delivery Board Minutes
- Operational Resilience Group
- PMO assurance documentation and delivery plans
- Contracting Monitoring Board minutes
- Human Resources indicators, including results of ongoing and informal staff surveys

Are there any Resource Implications (including Financial, Staffing etc)?

Not applicable at this time.

Have you carried out an Equality Impact Assessment and is it attached?

Not completed; the attached report is a position statement on performance standards and describes work being taken forward to address any shortcomings in CCG core business.

Have you involved patients, carers and the public in the preparation of the report?

This paper reports on the achievement of performance measures of our providers, including contractual and national Constitutional requirements. Reporting is based on nationally agreed data sets and standards. This report now includes new sections relating to the CCG's workforce, information regarding the impact of COVID-19 in the city, and how the CCG has been responding.