Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Performance and Delivery Report

Item 1

Governing Body Meeting

3 December 2020

Authors	Jane Howcroft, Programme and Performance Assurance Manager Rachel Clewes, Senior Programme and Performance Analyst
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Purpose of Paper

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 workforce; to brief Governing Body on the views and experiences of our staff; to provide statistics regarding COVID-19 and information about the current local situation; and to inform Governing Body of progress in plans to measure health inequalities.

Key Issues

Current state of play regarding performance data collection

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 now anticipated that the collection of these indicators will re-commence from April 2021 onwards. As soon as the data collection begins again, these indicators will again be included in this report.

Nationally collected and validated IAPT (Improving Access to Psychological Therapies) data is not yet published, therefore we are using the local data produced by Sheffield health and Social Care NHS FT.

What this month's Performance and Delivery Report will cover

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:

- 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.
- A description of the work we are undertaking to report on health inequalities.

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
- Progress in plans to measure health inequalities.

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.

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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.

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Performance and Delivery Report

Governing Body Meeting

3 December 2020

1. Introduction

This monthly report addresses key performance measures and delivery issues in our local health care system, and describes the mitigating action being taken to address any areas of shortfall. This narrative paper provides some context and background to the current performance challenges which are covered in detail in the accompanying dashboard, and in particular, outlines how the CCG is organising itself and working with partners to respond to the COVID-19 pandemic and its impacts on patients, citizens and health services.

2. The impact of COVID-19 on elective performance

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 incorporate physical distancing and infection control measures continues to impact on capacity, as does COVID-related staff absence.

The impact of COVID on the elective performance of our two local providers is illustrated by in the accompanying dashboard, both in regard to the 18 week "referral to treatment" standard and the standard which requires no breaches of a 52 week maximum wait. The detail in the dashboard describes the work that our local acute providers are undertaking to check monitor the clinical impact of longer waits on patients and to re-prioritise where needed, as well as other actions in order to try and manage this situation, such as a contractual agreement with a local independent sector provider to undertake some vascular work.

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.

3. Update on 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, and the IAPT waiting time standards

Performance against the four hour A&E standard continues to be at a higher level than in recent years, whist still not meeting the national standards, and varying greatly day to day. Patient numbers attending continue to be at significantly lower levels.

Cancer performance continues to be of concern. 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.

4. Supporting our CCG staff, their welfare and development

The majority of our staff are continuing to work from home; other staff with more patient facing roles are based at our headquarters as they support patients, practices and are homes. A number of our staff are now working on new projects to support the response to the second wave of COVID, the influenza vaccination programme and providing practical support to primary care.

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. To date the key themes from the feedback have been summarised by the Human Resources team, however from this point forward the Staff Forum members will take on this role and will link with Bronze Command / Deputy Directors to ensure a strong feedback loop.

The organisation continues to provide resources to support staff with maintaining their wellbeing, including an emphasis on managing stress and keeping physically active and connected to each other. The senior team have made themselves available through a series of "Director drop in" sessions and Lesley has been speaking personally to a number of staff, including those who are working from our headquarters, and those who have been identified as having conditions which place them at higher risk of complications of COVID, and who need to take extra care.

As in previous years, we have offered staff the influenza vaccine. This year we offered on-site vaccination sessions, as well as reimbursement for privately sourced vaccinations and vouchers for pharmacy delivered vaccination. Data is collated each Monday; on 23 November 2020 we had reached 65% uptake amongst staff. As we continue to collate information from staff who received their vaccination via their GP, we expect to see this rate increase, particularly since the announcement that all people aged 50 and over will be invited by their practice for a vaccine. We will provide a verbal update on the latest statistics at the meeting.

The CCG continues to offer a range of activities online to support staff, for example virtual stretch classes, physiotherapy advice and "take some time to think" sessions.

5. 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.

As levels of COVID-19 have continued to rise in Sheffield, this has had a significant impact on NHS services, both in primary and secondary care. In line with the national picture, high numbers of clinical and support staff are off work either because they are ill, or are required to self-isolate. Primary care has been working hard to deliver the influenza vaccine, and preparing to deliver the national COVID vaccination programme

in due course. We are working collaboratively to address normal winter pressures, for example, liaising closely with Sheffield City Council to enable smooth and timely discharge of patients from hospital, and to support Care Homes in managing in the challenging context of the pandemic. We are supporting the planned roll out of a number of national initiatives, including community based oxygen saturation monitoring.

The CCG has now re-instated a “Command” structure to reflect the national alert level regarding COVID. This way of working provides clarity around responsibility for decision making, enables us to maintain a real time overview of a rapidly changing situation, and helps us to manage multiple inter-connected work streams.

6. Health inequalities

The last section of the paper describes how the CCG is planning to improve the monitoring and reporting of health inequalities, as part of our response to eight High Impact Actions required in the COVID Phase 3 planning guidance. We know that we need to get better at joining up the information we have, and making the connections, as well as improving the completeness and accuracy of data collected. The intention is that health inequalities will be a regular section in this report, which may include a focussed “deep dive” into clinical topics. We would like Governing Body to help us shape the content and approach of this work.

7. Action / Recommendations for 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
- Our planned work on monitoring and reporting health inequalities

Paper prepared by: Jane Howcroft, Programme & Performance Assurance Manager
Rachel Clewes, Senior Programme and Performance Analyst

On behalf of Cath Tilney, Associate Director of Corporate Services

23 November 2020

Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Performance & Delivery Report 2020/21

for the December 2020 meeting of the Governing Body

Contents

1.1 NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q1 20/21**	CCG Latest monthly Position		CCG Performance against standard (latest 6 months)	Latest Provider Total Monthly Position			
							Sheffield Teaching Hospital	Sheffield Children's Hospital	Sheffield Health & Social Care	Yorkshire Ambulance Service
* Mental Health CPA 7 day follow-up & Cancelled Operations (28 days) trend lines are using latest quarterly (not monthly) data. ** All Quarterly data relates to Quarter 1 2020/21, except for IAPT where Q4 2019/20 is used and CPA where Q3 19/20 is used. This is the latest available.										
Referral To Treatment waiting times for non-urgent consultant-led treatment	All patients wait less than 18 weeks for treatment to start	92%		73.63%	Sep-20		74.34%	62.85%		
	No patients wait more than 52 weeks for treatment to start	0		226	Sep-20		168	232		
Diagnostic test waiting times	Patients wait 6 weeks or less from the date they were referred	99%		76.41%	Sep-20		76.84%	66.26%		
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	94.00%	85.10%	Oct-20		88.13%	96.41%		
	No patients wait more than 12 hours from decision to admit to admission	0		1	Oct-20		1	0		
Cancer Waits: From GP Referral to First Outpatient Appointment	2 week (14 day) wait from referral with suspicion of cancer	93%	96.71%	96.36%	Sep-20		97.07%	100.00%		
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	91.43%	90.40%	Sep-20		90.07%	-		
Cancer Waits: From Diagnosis to Treatment	1 month (31 day) wait from diagnosis with suspicion of cancer to first treatment	96%	95.02%	94.88%	Sep-20		92.92%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	99.57%	100.00%	Sep-20		97.40%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	96.39%	93.51%	Sep-20		96.40%	-		
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	80.81%	80.65%	Sep-20		78.31%	-		
Cancer Waits: From Referral to First Treatment	2 month (62 day) wait from urgent GP referral	85%	67.21%	60.75%	Sep-20		65.25%	-		
	2 month (62 day) wait from referral from an NHS screening service	90%	16.67%	100.00%	Sep-20		50.00%	-		
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient	(85% threshold)	74.58%	84.21%	Sep-20		71.43%	-		
Ambulance response times	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins		7 mins 24 secs	Aug-20					7 mins 24 secs
	Category 1 calls resulting in an emergency response arriving within 15 minutes (90th percentile response time)	15 mins		12 mins 44 secs	Aug-20					12 mins 44 secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		18 mins 29 secs	Aug-20					18 mins 29 secs
	Category 2 calls resulting in an emergency response arriving within 40 minutes (90th percentile response time)	40 Mins		38 mins 0 secs	Aug-20					38 mins 0 secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		94 mins 56 secs	Aug-20					94 mins 56 secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		162 mins 23 secs	Aug-20					162 mins 23 secs

1.1 NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q1 20/21**	CCG Latest monthly Position		CCG Performance against standard (latest 6 months)	Latest Provider Total Monthly Position			
							Sheffield Teaching Hospital	Sheffield Children's Hospital	Sheffield Health & Social Care	Yorkshire Ambulance Service
Ambulance handover / crew clear times	Ambulance Handover - reduction in the number of delays over 30 minutes in clinical handover of patients to A&E	Local Reduction		9.84%	Sep-20		7.45%	2.20%		9.84%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		1.85%	Sep-20		0.17%	0.00%		1.85%
	Crew Clear - reduction in the number of delays over 30 minutes from clinical handover of patients to A&E to vehicle being ready for next call	Local Reduction		7.34%	Sep-20		3.54%	5.49%		7.34%
	Crew Clear - reduction in the number of delays over 1 hour from clinical handover of patients to A&E to vehicle being ready for next call	Local Reduction		0.45%	Sep-20		0.267%	0.00%		0.45%
Mixed Sex Accommodation (MSA) breaches	Zero instances of mixed sex accommodation which are not in the overall best interest of the patient	0		0	Jan-20		0	0	0	
Cancelled Operations	Operations cancelled, on or after the day of admission, for non-clinical reasons to be offered another date within 28 days	Local Reduction	13			*	7	6		
	No urgent operation to be cancelled for a 2nd time or more	Local Reduction		0	Jan-20		0	0		
Mental Health	People under adult mental illness specialties on CPA (Care Plan Approach) to be followed up within 7 days of discharge	95%	95.65%			*			100.00%	

Mental Health / DTOC Measures Performance Dashboard

Early Intervention in Psychosis (EIP)	Proportion of EIP patients seen in 2 weeks	56%		75.00%	Aug-20			-	75.00%	
Improved Access to Psychological Therapies (IAPT)	Number of patients receiving IAPT as a proportion of estimated need	5.5% (Qtr target)	5.47%	1.67%	Mar-20				1.69%	
	Proportion of IAPT patients moving to recovery	50.00%	49.64%	46.67%	Mar-20				47.25%	
	Proportion of IAPT patients waiting 6 weeks or less from referral	75.00%	88.51%	88.78%	Mar-20				88.89%	
	Proportion of IAPT patients waiting 18 weeks or less from referral	95.00%	95.27%	100.00%	Mar-20				100.00%	
							CCG level data is derived from national reporting, which has not been published yet. This is locally reported Trust level data.			
Dementia Diagnosis	Estimated rate of prevalence of people aged over 65 diagnosed with dementia	71.5%		71.80%	Sep-20					
			Q3				No individual provider target for DTOC bed days			
Delayed Transfers of Care (DTOC)	Total number of delayed days (from acute and non-acute) when a patient is ready for discharge but is still occupying a bed	4,212 (Qtr target)	3,828	1,670	Jan-20		1,466		71	

1.2 NHS Constitution Measures Performance Dashboard: Actions

<table>
<tr><th>Area</th><th>Action being taken</th><th>Expected timeframe for improvement</th><th>Action requested of Governing Body</th></tr>
<tr><td colspan="4"></td></tr>
<tr><td>RTT & Diagnostics</td><td>Our providers are now looking to reinstate activity in line with Phase 3 Covid-19 Planning Guidance issued nationally; this is a phased approach, considering clinical prioritisation, longest waiters and reducing the backlog which was created during Covid-19 whilst managing new referrals; whilst continuing to manage the impact of the second wave of Covid-19.

For RTT, the specialities that were affected early on in the crisis are the ones that already had capacity issues. The ongoing constraints on bed capacity which are needed to ensure infection control will continue to adversely impact delivery of waiting time standards. All elective specialties are affected. Both STH and SCFT will be providing ongoing wait list analysis as part of resumed contracting functions.

For diagnostics, at STH the largest number of breaches of the waiting time standard were in MRI and Non-obstetric Ultrasound (a high proportion are related to musculo-skeletal conditions), at Sheffield Children's FT, the longer waits were for Audiological assessments.

Due to the timing of the report we are awaiting further detail from the Trust around specific October specialities and pressures.</td><td>In line with the Department of Health and Social Care "Phase 3" guidance, both acute Trusts are exploring how they can safely maximise the use of non face to face outpatient appointments and virtual consultations..</td><td>None</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td>RTT 52 week waits</td><td>In September, 226 Sheffield patients were waiting over 52 weeks for their surgery or procedure, this had increased from 178 in August. In order to comply with national guidance currently in place due to the COVID-19 pandemic, the CCG has not contacted these providers to determine reasons for the long waits.

79 of these Sheffield patients were waiting at Sheffield Children's NHS FT, 108 at Sheffield Teaching Hospitals NHS FT, and 39 at providers outside the city. We are aware that providers do look at their Patient Tracking Lists (PTL) in time bands, that clinicians are involved in this review, and that levels of clinical urgency are considered, as well as how long patients have been waiting, so as to mitigate the impact of long waits on patient outcomes.</td><td>We will continue to monitor the situation with regard to these patients, until we can confirm they have received their treatment.</td><td>None</td></tr>
<tr><td>RTT 52 week waits Sheffield Children's Hospital</td><td>The data in the dashboard shows September data (232 patients), however the latest data recently available for October shows that 323 patients were waiting over 52 weeks at SCFT - this is all patients, not just Sheffield residents. The specialty breakdown for these patients is in the table opposite. The Trust has a number of processes in place to manage clinical risk for these patients:
- All surgical patients have been prioritised using the RCS (Royal College of Surgeons) 1-4 scale - this priority score is included in the Patient Tracking List (PTL).
- Consultants are asked to review patients' RCS priority level monthly, the priority will be upgraded if necessary
- All 52 week waiters are reviewed weekly, at patient level, by the divisions and performance team. This is done in PTLs and designated long waiter review meetings.
- 52 week waiters are validated by the performance team to ensure high data quality and that all 52 week breaches are genuine. There is a focus on validating new 52 week breaches, and validating the breaches who had their RTT clock stopped in the previous week to ensure the clock stop and removal from PTL is correct.</td><td colspan="2"><table>
<tr><th>October 2020</th><th>52 week +</th></tr>
<tr><th>Specialty</th><th>breaches</th></tr>
<tr><td>Endocrinology</td><td>1</td></tr>
<tr><td>ENT</td><td>21</td></tr>
<tr><td>Gastroenterology</td><td>6</td></tr>
<tr><td>Neurosurgery</td><td>5</td></tr>
<tr><td>Oral & Maxillofacial Surgery</td><td>9</td></tr>
<tr><td>Ophthalmology</td><td>44</td></tr>
<tr><td>Orthoptic</td><td>4</td></tr>
<tr><td>Paediatric Dentistry</td><td>30</td></tr>
<tr><td>Paediatric Surgery</td><td>32</td></tr>
<tr><td>Paediatric Urology</td><td>20</td></tr>
<tr><td>Paediatrics</td><td>1</td></tr>
<tr><td>Plastic Surgery</td><td>65</td></tr>
<tr><td>Paediatric Surgical Unit</td><td>7</td></tr>
<tr><td>Refraction</td><td>2</td></tr>
<tr><td>Respiratory</td><td>2</td></tr>
<tr><td>Scoliosis</td><td>3</td></tr>
<tr><td>Sleep Clinic</td><td>3</td></tr>
<tr><td>Thornbury-Plastic Surgery</td><td>2</td></tr>
<tr><td>Trauma and Orthopaedics</td><td>66</td></tr>
<tr><td>Grand Total</td><td>323</td></tr>
</table></td></tr>
</table>

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
RTT 52 week waits Sheffield Teaching Hospital	The data in the dashboard shows September data (October has not yet been made available for STH). For September, 168 patients were waiting over 52 weeks at STH - this is not just Sheffield residents. STH are undertaking regular reviews with all services along with case notes reviews of their 52 week waiting patients to provides reassurance and this is in line with the case load management process. Governance in place to ensure appropriate visibility through, ADG, PCOG and TEG. The majority of 52 week waiters are in Vascular services where there were capacity issues before the pandemic. Vascular Radiology has been working through a series of clinics dedicated to long waiting patients. The purpose of these has been to check in with the patient and check if their symptoms or anything else which might affect their treatment has changed. With clinical input they have built a database for long waiting category 4 patients. Vascular surgery are working to expedite diagnostics which are currently creating some bottlenecks within the long waiter pathways. They have agreed and are in the process of signing a contract with Thornbury Hospital, which will allow them to transfer varicose vein patients to be both seen in outpatient clinics with imaging capacity and then to proceed to treatment where laser or sclerotherapy treatment is deemed to be appropriate. Almost 100 patients will be eligible for this investigation/treatment pathway and this will not only allow them to expedite plans for some of the longer waiting varicose vein patients but will also help to redistribute local capacity towards other areas of demand which will support the management of other long waiters.		
Cancer Waiting Times	In September, the CCG did not meet all the Cancer Waiting Times targets. The issues which have been previously reported were still affecting STH performance, with the added pressure of COVID-19. STH are currently keeping pace with the 2 week wait demand as the total patient tracking list remains stable. Performance will remain volatile and subject to adverse variance in response to the impact of COVID (both first and second wave). STH continue to communicate the key message that they remain open for business and encourage referrals where cancer is suspected. The 2 week wait performance remains strong despite breast 2 week wait and breast symptomatic not quite meeting the target. STH are able to offer appointments up to day 14 but doesn't offer the necessary choice/flexibility required for some patients. This maximal in-target date is driven by physical estate constraints, linked to radiology equipment and the necessary distancing and Infection & Prevention Control requirements of face to face clinics. Performance, especially GP 62 day, will continue to deteriorate whilst STH maintain a backlog of patients beyond day 62. Of note is the fact that overall backlog at STH has remained stable in the face of 'normal' 2week wait demand and yet the proportion of patients on pathways greater than 104 days continues to reduce. This points to increasingly equitable care and experience despite there being some delay to some pathways (we continue to prioritise based on clinical risk stratification).	Changes to service delivery, with some reduced capacity, is expected to continue to impact on delivery of Cancer waiting time targets in future months. STH continues to prioritise cancer services and other urgent care needs during this phase of the COVID-19 response.	To note the continued work undertaken locally and across the Cancer Alliance to address immediate capacity and performance issues, and to note the impact of COVID-19 on delivery of the standards..

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
A & E Waits	Work continues across the city for the implementation of the NHS111 programme, city wide work plans are ongoing between Sheffield CCG and partner organisations partners in implementing the national requirements of NHS111 First to be up and running by Dec 1st 2020. City wide Directory of Services review is ongoing to update the Urgent & Emergency Care Provider Sheffield to ensure best use of available capacity is made by 111 and patients are not directed unnecessarily to A&E, this is a large but essential piece of work which involves our providers and commissioning team. Work is ongoing to ensure the Single Point of Access pathway is understood and used by Emergency Care Practitioners and paramedic crews, supporting with non- elective admission to secondary care & accessing alternative pathways for patients and utilising services we have in and around the city. Sheffield CCG are linking in with YAS to identify areas where referrals to alternative services have been problematic for crews and identify potential solutions to support consistent use and the patient journey. Work continues to build knowledge of the full range of urgent care services across the city. Social Change are currently developing an updated set of assets that reflect the current situation, once these are received a CCG communications plan will be developed around the urgent care winter messaging.	STH have been managing the Clinical Decision Unit (CDU) differently, which has had a positive impact on 4 hour performance and flow with non-admitted patients going through CDU, thereby freeing up space elsewhere in the system.	To continue to endorse the CCG's ongoing monitoring of STHFT's progress towards achievement of the A&E standard and the delivery of any necessary mitigating actions, as previously agreed through the Contract Management Board.
12 hour waits to admission from decision to admit (Trolley Waits)	Unfortunately, a patient experienced what is known as a "trolley wait" in excess of 12 hours in October, which is a breach of the standards set out in the NHS Constitution. This means a patient waited more than 12 hours from a decision to admit to admission at STH. This does not necessarily mean that the patient was literally sitting on a trolley in A&E, but rather that they were being cared for in A&E in the temporary absence of the right onward accommodation being available. This can happen at times of very high pressure in the system, but is normally very unusual indeed in Sheffield. It can also happen when a patient has complex needs which require a specialist response, as was the case with this patient, who needed a type of inpatient mental health care which is commissioned by NHS England. It took some time for local services to arrange this onward care, due to the small size of this specialist service.	Ongoing monitoring.	None requested.
Ambulance handover / crew clear times	There have been some delayed ambulance handovers over 1 hour this month. Again this month STH have reported that this is down to patients arriving onsite via 999 ambulance with COVID-19 symptoms and requiring direct admission into the COVID-19 Cohort area and at the time of arrival there has been no capacity to transfer the patient and subsequently handover. There has been an increased demand on the Emergency Department which has seen an increase in acuity, number of lodged patients with a reduced flow out of the department to inpatient wards. Through the month of October and the start of November, STH have seen an increased number of wards closed due to COVID-19 therefore unable to accept admissions, impacting on patient flow and bed capacity. To support flow through secondary care there has been an increased focus on hospital discharges with a director on Multi-Disciplinary Team calls to provide a senior review and oversight. Staff absence has also been significant with STH seeing a 10% drop in workforce across the trust. Specific operational issues impacting on flow from the department, notably demand for COVID-10 admissions versus available beds, delays to test results linked to specific issues.	The CCG continues to facilitate meetings between STH & YAS to discuss measures to improve performance moving forward, particularly in view of the additional pressure of COVID-19	To continue to endorse the approach being taken by YAS to improve performance.

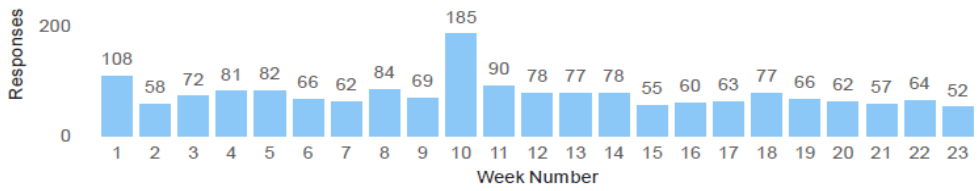
1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Mental Health / DTOC Measures Performance Dashboard: Actions			
Improved Access to Psychological Therapies (IAPT)	IAPT reporting was suspended by NHS England and NHS Improvement durung the first quarter of 2020/21, as part of the reduced reporting regime intended to free up services to respond to the pandemic. IThere continue to be issues around national data collection, therefore we are using data which has been locally reported by our provider SHSC (this means that it will include a small number of patients who receive a service in Sheffield but are not resident in the city). Numbers of people attending IAPT groups and 1:1 sessions reduced significantly in the lockdown period, not least because the usual bases for many of the sessions were general practices, which were not open for patients except in exceptional circumstances. A number of services are now avialable in a virtual environment for people to access. National predictions are a significant increase in demand for IAPT services as a proportion of the local population not having previously experienced anxiety and depression are expected to need this support post Covid. The number of referrals locally is increasing and plans are in place to accelerate this and offset the impact of a temporarily centralised service. Although NHS England have restored the collection of data on national standards it has been made clear from the National IAPT team that they are not enforcing performance management of these standards. Recovery rates in Sheffield continue to improve. However, Moving to Recovery rates are expected to be lower as some people dropped out of treatment due to Covid. As we are in a pandemic it is normal for the general public to experience impact on sleep, worry, a lack of interest and pleasure in doing things therefore it is not appropriate to expect the same recovery rate pre-Covid as these are the questions asked in the outcome measures that calculate recovery rates. There will be a continued data reporting issue for the Sheffield IAPT Service where the figures sent locally are not aligned with the national reports. SHSC IT department were unable to merge the data from the two previously used patient information systems, and the service are therefore only able to report from the "iaptus" system for the national data collection. Monitoring is still being done locally on the IAPT service.	Not known	Governing Body is asked to continue to receive these updated position statements, until this standard is delivered consistently.

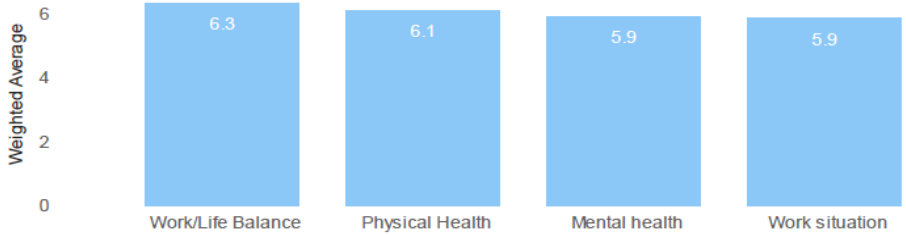
2.1 Sheffield CCG HealthCheck Report: weekly staff temperature check

Sheffield CCG Staff Temperature Check Week 23 w/c 19/10/2020 If you need information on previous weeks or further analysis then please contact the Information Team.

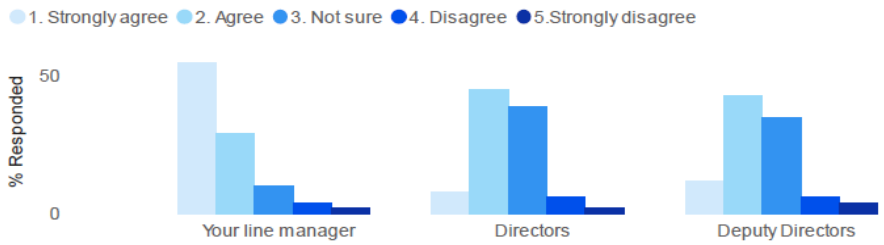
Number of responses



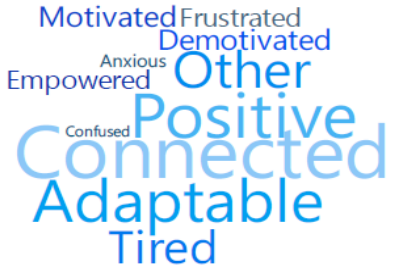
On a scale of 1 to 10 how do you feel?



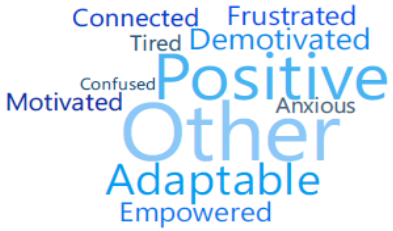
Do you feel supported by:



How do you feel about online meetings?



How do you feel about not returning to 722 before December?



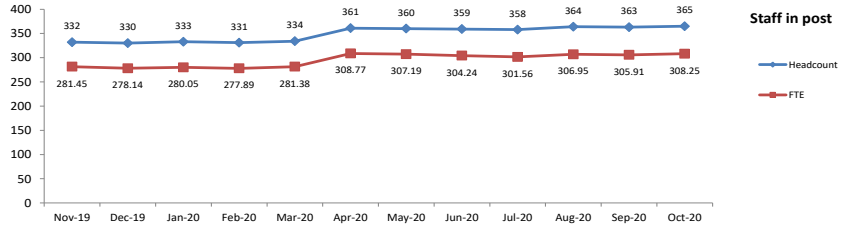
How do you feel about your workload?

How do you feel about communication with staff?

2.2 NHS Sheffield CCG HealthCheck Report: Human Resources Indicators as at 31 October 2020

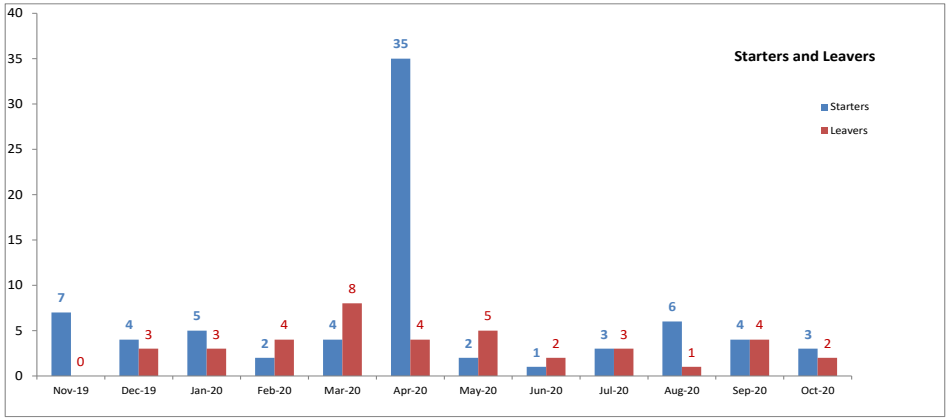
Staff in Post

The organisation's headcount and full time equivalent (FTE) for 1 November 2019 – 31 October 2020 is shown below:



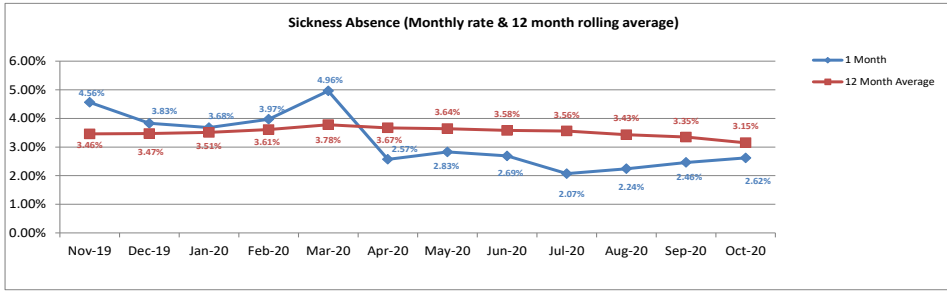
Starters and Leavers

The graph below shows starters and leavers from 1 September 2019 – 31 August 2020. The high number of new starters in April 2020 is due to the TUPE transfer of 35 staff from Embed.



Sickness Absence

Although the CCG's sickness absence rate has risen slightly, it has remained below the organisational target of 3% for the seventh consecutive month.



Mandatory and Statutory Training

Training	Compliance Rate
Fraud Awareness	88%
Bullying and Harassment Prevention*	71%
Risk Awareness*	51%
Conflicts of Interest	87%
Equality and Diversity	92%
Fire Safety	82%
Health and Safety	90%
Infection Prevention and Control	90%
Data Security	89%
Moving and Handling	88%
Prevent	96%
Safeguarding Adults	91%
Safeguarding Children	93%

* Classroom based training - not currently available via e-learning.

2.3 Sheffield CCG Health Check Report: Staff Feedback

This will be the third and final report compiled to reflect the results from the set of questions introduced on 14 September. The following results capture staff feedback from the fortnight ending 23 October and represent 116 responses (31.7% of staff), assuming that staff have only completed the survey once during that period.

How would you rate your physical health, mental health, work/life balance, work life balance?

Staff rated their health, wellbeing and work life situation as follows:
Physical health 6.16 / 10
Mental health 5.79 / 10
Work/life balance 6.36 / 10
Work situation 5.96 / 10
The average responses to these questions show a reduction of between 0.5 and 1 point from the previous fortnight.

What has been the highlight of your week and why?

Staff continue to feel positive about their achievements at work and have enjoyed the Black History Month. However, there is a downward trend showing an increase in the number of staff who are unable to highlight something positive, from 6 (wk 20 & 21) to 18 (wk 22 & 23).

What can you and the CCG do to support and maintain a healthy workforce over the autumn and winter months?

Themes included:
• Continuing to work flexibly and go for walks during the day, try to have breaks between meetings
• The importance of communication from the organisation and between individual staff, ensuring that we stay connected with each other
• Recognition that people should take responsibility for their own mental and physical health, but that signposting to resources and support is helpful.

How do you feel about online meetings?

Feedback continues to be positive but staff have also raised concerns about the high volume of meetings and that some are not being chaired well.

How do you feel about your workload?

Responses to this question were more negative than in previous weeks with “tired” (36.08%), “anxious” (27.84%) and “frustrated” (26.8%) the top three responses.
Common themes include improving workload prioritisation, feeling overwhelmed and frustration at vacancy management and delays in recruitment.

How do you feel about communication with staff?

Staff continue to feel “connected” and “positive” (both 43.43%). There were also positive comments about communication from Lesley, Terry and Brian.
However there are some comments about staff feeling marginalised due to poor communication from leaders and managers. Some respondents are also struggling with feeling able to spontaneously contact colleagues.

Do you feel supported by Directors, Deputy Directors and Your Line Manager?

59.1% of respondents felt supported by Directors, 58.55% felt supported by Deputy Directors and 81.42% felt supported by their line manager, a slight decrease in all areas in comparison to the last report.
However, there remain inconsistencies across the organisation. It is important that staff are reminded of the ways in which they can get involved, for example via Staff Forum and the COVID Learning Group, in order to influence and explore new ways of working with senior colleagues across and within the organisation going forwards.

Next steps

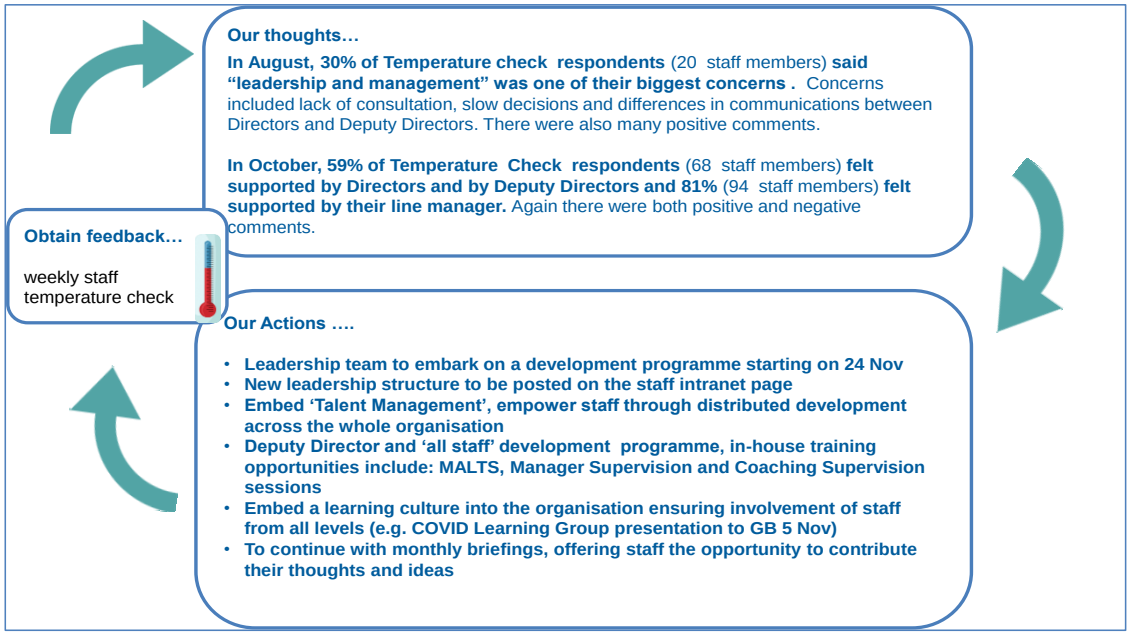
In order to encourage more staff to provide valuable feedback via the staff temperature check, the Staff Forum agreed to revamp the survey and focus on three key questions along with one additional question to encourage feedback on a topical monthly theme. This will be operational from 26 October and staff will be asked to complete it on a monthly basis.

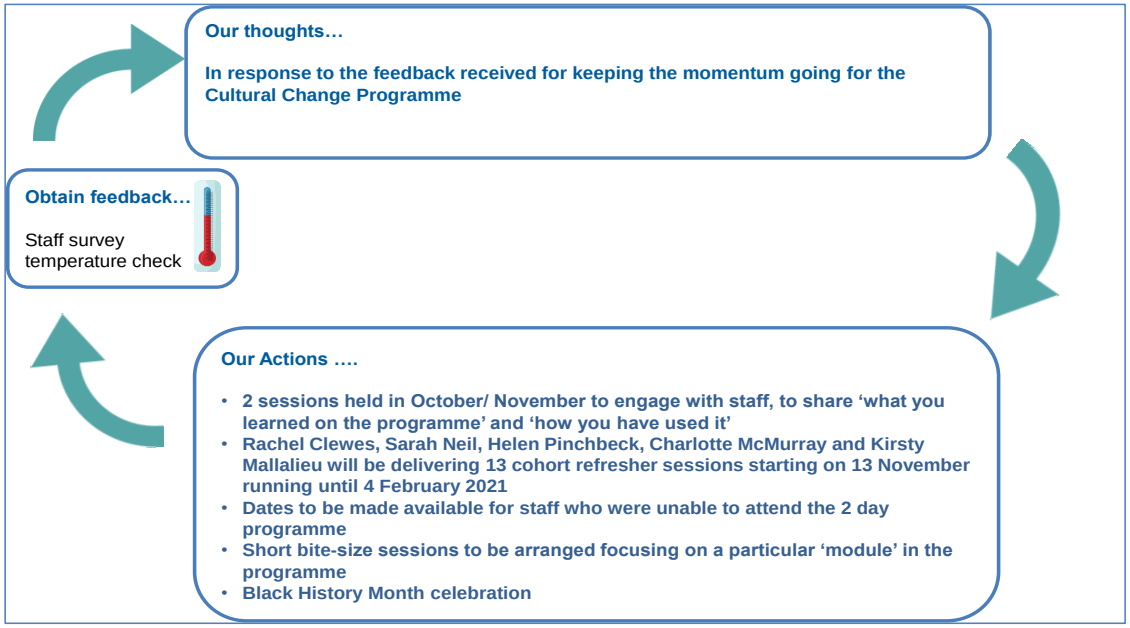
2.3 Sheffield CCG Health Check Report: Staff Feedback

Our thoughts, our actions

A feedback loop called 'Our Thoughts Our Actions' has been created to record the action taken in response to feedback. This have been completed for the following themes: 'Concern about returning to 722', 'Taking breaks', 'Concerns about workload.' There has also been a Frequently Asked Questions document produced for staff. These documents are available to view internally at https://www.intranet.sheffieldccg.nhs.uk/our-thoughts-our-actions.htm.

The feedback loop has received a positive response from the staff. The primary recommendation of the Covid Learning Group at this stage is that the feedback loop should be further strengthened and that leaders at all levels of the organisation should be empowered to act on feedback.

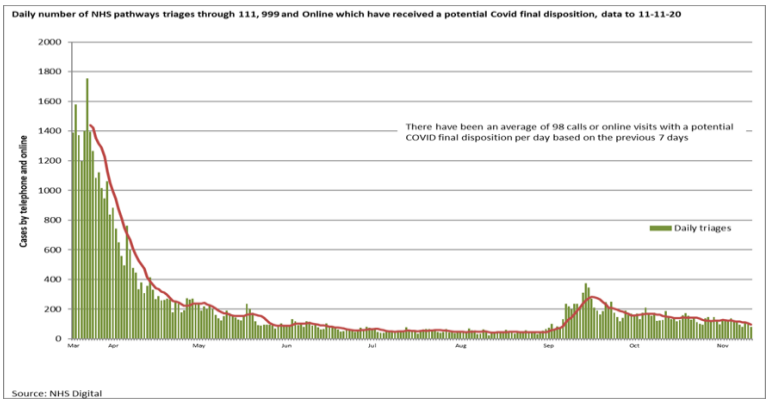




3.1 Sheffield Covid-19 update - Key Messages 11 November 2020

Covid-19 NHS pathways

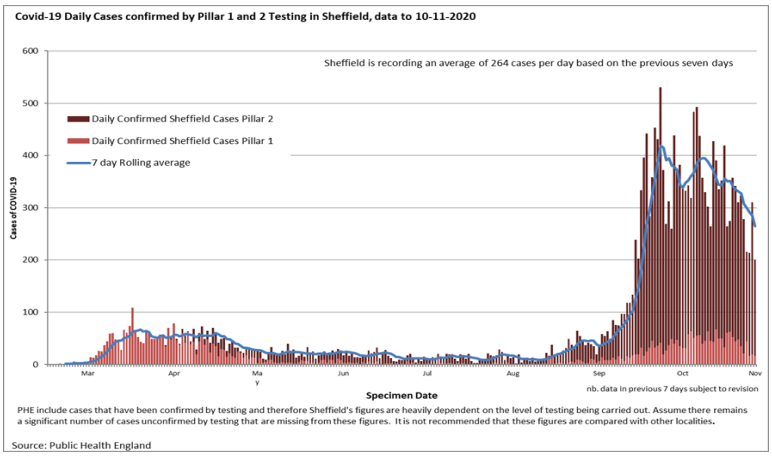
• As of 11th November there have been 50,185 calls or online visits to 111 which have resulted in a potential Covid-19 final disposition** at an average of 98 per day in the last seven days.



Testing

•As of 10th November the cumulative number of confirmed* cases of Covid-19 in Sheffield via Pillar 1 and Pillar 2 tests (as recorded by Public Health England) was 21452. Sheffield is recording an average of 264 positive cases a day, based on the previous 7 days.

• The overall number of positive tests reflects both the incidence of infection and the testing rate. The most recent 7-day rate has decreased over previous weeks.

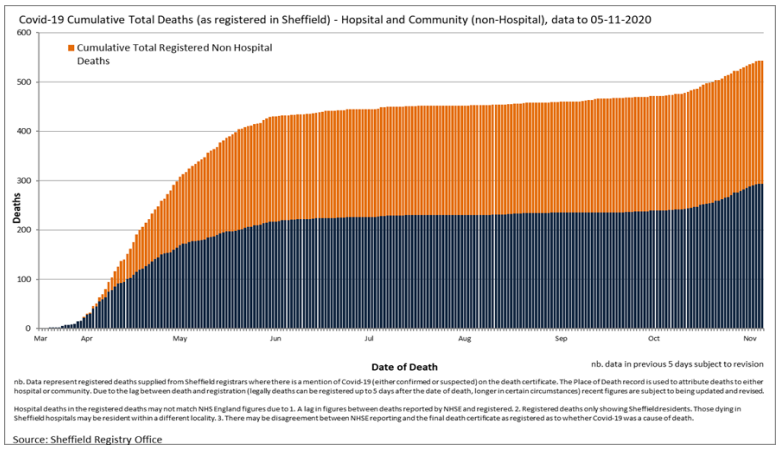


Hospitalisations

• As of 11 November, there are 138 confirmed Covid-19 patients in Sheffield Teaching Hospitals NHS Foundation Trust receiving oxygen/ventilation support. There have been 194 hospitalisations for Covid-19 in the past 7 days – which represents an increase over the previous week;

Deaths

• As 5th November there have been 543 deaths registered in Sheffield with a mention of Covid-19 on the death certificate.**** 294 of these were in hospital and 249 were outside hospital. Based on registered deaths Sheffield is recording an average of 2 deaths a day based on the previous seven days. Community deaths represent 45.9% of the total Covid-19 deaths currently registered in Sheffield, with 228 (92%) of those deaths occurring in Care Homes



Sources:

https://coronavirus.data.gov.uk/
https://digital.nhs.uk/data-and-information/publications/statistical/mi-potential-covid-19-symptoms-reported-through-nhs-pathways-and-111-online/latest
NHS Test and Trace web-based tool (formerly known as CTAS)
https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/
Sheffield registry office
Primary Care Mortality Database (PCMD)

4.1 Health inequalities in Sheffield

As Governing Body members will be aware from previous discussions and briefings from Sheffield's Director of Public Health, Greg Fell, significant health inequalities still exist in Sheffield. Ineqaulities exist both in terms of life expectancy and quality of life, with a higher number of people living with multiple long term conditions in more deprived areas, and greater impacts of some diseases on certain ethnic groups. These inequalities have both become more visible and have been exacerbated during the Covid-19 pandemic. Colleagues at the CCG are currently looking at where we have gaps in information, and where we can improve the accuracy and completeness of data. We are also considering using the information we can access to help us make connections across the bigger picture of what is happening in Sheffield with regard to issues such as poverty, housing and employment, as well as drilling down to clinical data such as looking at prescribing patterns, and where we can scope for improvement in how people's conditions can be managed better (eg optimising the blood sugar control of people with Diabetes). This combination of city wide, "big picture" data and more detailed clinical data is at the heart of Population Health Management which is increasingly the direction we want to be moving in, so as to address inequalities more effectively than we have been able to before.

As part of the national Phase 3 implementation the guidance included a requirement for the NHS to put eight "High Impact Actions" into practice, in order to tackle the health inequalities which have been both exposed by, and worsened by, COVID-19 and the response to it. These are the High Impact Actions:

1. Protect the most vulnerable
2. Restore NHS services inclusively
3. Digitally enabled pathways that are inclusive
4. Accelerate preventative programmes
5. Support people with mental health problems
6. Named executive board member and boards to publish a five-year action plan
7. **Ensure complete datasets**
8. Collaborate on planning and engage with communities

Sheffield has responded by scoping out a plan, which begins with measuring the current baseline, what the city collects in terms of equality data and its quality to enable us to plan next steps required to address each of the High Impact Actions. The CCG recognise that Inequality needs to be embedded in everything we and all our partners do within the commissioning cycle.

The CCG Information Team is currently producing a health inequalities traffic light summary of all key service level data sets e.g. A&E, Primary Care, GP Collaborative. They are checking for inclusion and completeness/quality of the fields that are required as part of the CCG's Quality & Equality Impact Assessments (QEIA) process. This will give the CCG the opportunity to understand the health inequalities data currently available, the quality and the gaps. We will then be able to use the information to focus our efforts on improving data completeness and quality where it will most beneficial. This is one of the key building blocks to enabling high quality intelligence on inequalities, one of the planned themes within the CCGs emerging Digital Strategy (to be discussed with Governing Body in February 2021). Discussions have also begun with Mark Tuckett (ACP Director) to enable joining up with Sheffield City Council information leads and considering a consistent approach to understanding both health and social care data.

The plan is to share the developing health inequalities traffic light summary with Governing Body via this report.