

Performance and Delivery Report

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Governing Body meeting

3 September 2020

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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>Introduction and context: restoring services</u></p> <p>The COVID-19 pandemic has presented an immense challenge to health and social care in the UK, and every part of the system continues to be affected.</p> <p>Some of our local services were temporarily suspended, whilst many more continued to be delivered, but in different ways. The NHS is now gearing up to respond to the requirements set out by the Department of Health and Social Care, issued on 7 August 2020: “Implementing Phase 3 of the NHS Response to the COVID-10 Pandemic”, which includes guidance to support planning for the remainder of the year, including activity levels.</p> <p>The clear steer is for the NHS to redouble its efforts to care and treat patients who do not have COVID-19, whilst also managing COVID-19 patients. We now have a window of opportunity to return to as near normal as possible before winter arrives, along with the system pressures it presents.</p> <p>The national expectation of the NHS is to restore cancer, elective and primary care services and activity to pre-pandemic levels. This is an ambitious plan and will be challenging to deliver, due to the numbers of people waiting for treatment, the need for social distancing, and heightened infection control.</p> <p>The Phase 3 letter can be read online here.</p> <p><u>Implementing “Phase 3” of the NHS response to COVID-19</u></p> <p>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. This report will be used to provide assurance on key elements of our Phase 3 response, for example:</p>	

- New monitoring of service use and outcomes among people from the most deprived neighbourhoods and from Black and Asian communities, which will come into place in October 2020;
- Digitally enabled pathways which will help the service to review who is using new primary, outpatient and mental health pathways, by 31 March 2021;
- More robust data collection to demonstrate how we are supporting people with mental ill health, by 31 December 2020;
- Review and ensure the completeness of patient ethnicity data by 31 December 2020;
- Increased flu vaccination, particularly for the most vulnerable and deprived people in our city;
- Much greater emphasis on prevention and condition management in primary care for example around obesity, hypertension, smoking, and alcohol misuse;
- Annual Health Checks for people with a learning disability;
- Improving access to IAPT through increasing capacity;
- Moving to patient initiated follow up appointments as part of more personalised care.

The DHSC planning guidance letter calls for restoration of services in a way that supports those in the greatest need. We welcome this focus on health inequalities, as it chimes with our vision and commissioning intentions.

There's also a focus on resetting the NHS, doing things differently such as keeping what worked in phases one and two, and prioritising work in partnerships at place and working as a system at an ICS level.

The CCG is required to submit information to NHS England regarding our plans for the remainder of the year by 21 September. This submission will need to cover activity, performance and primary care workforce intentions. This work will be led by the Director of Commissioning, and the Performance Assurance and Programme Management Office teams will support monitoring and reporting of implementation.

This process is designed to help commissioners and providers plan in detail how they will deliver the level of activity needed to meet NHS Constitutional standards and to restore activity to pre COVID levels as far as safely possible.

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. It should be noted that the collection of data for a number of performance indicators is still paused, so we do not have data yet for Mixed Sex Accommodation breaches, cancelled elective and urgent operations and DTOC (Delayed Transfers of Care). As soon as the data collection begins again, these indicators will again be included in this report.

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.

It is expected that this report will continue to develop, and the team who produce it are currently considering a range of topics which could be added in the future, including primary care indicators and themed “deep dive” reports which look at a health issue, how it affects our local population, and how local services are responding.

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 measures continues to impact on capacity.

An example of the impact of COVID on elective performance is that our two local providers currently have 44 Sheffield patients waiting over 52 weeks for their elective treatment journey to start. This is highly unusual, as we normally have zero 52+ week waiters.

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.

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. Teams are staying in touch via videoconferencing and adapting to a different way of collaborating on projects, as well as maintaining morale.

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.

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. Nationally, England remains at Level Three in terms of emergency preparedness, and whilst we have stood down our internal Command structure for the time being, we continue to receive 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.

In August, the City Council announced the city’s local Outbreak Control Plan, which is designed to help prevent outbreaks of COVID-19 wherever possible, and the steps we may need to take to manage them if an outbreak occurs.

Our Medical Director, Dr Zak McMurray, sits on the Outbreak Control Board, which is chaired by Councillor Julie Dore. The role of this Board is to consider how Sheffield will

respond to new or changing Government guidance and how this will be done at a local level to control transmission rates and control future outbreaks.

The CCG's role is around supporting GP practices to be COVID secure, for example, we have recently purchased Perspex screens to keep staff and patients safe in receptions, and webcams and headsets for staff to help with social distancing.

We are also maintaining communications and engagement with the public and GPs on how to keep themselves and others safe, to avoid transmission and outbreaks.

The majority of our staff who were temporarily redeployed to other roles to support the city wide COVID response have now returned to their substantive roles, however, many of our staff are working on different priorities or new projects in order to respond to the ongoing impact of the pandemic.

Flu vaccination

Along with place partners, the CCG is busy planning for winter. Flu planning is a big priority for the government and us. We cannot predict how prevalent COVID will be in the colder months or how it will mix with and affect the flu. It is the government's strategy to vaccinate as many people as possible to protect NHS capacity in the winter months and safeguard population health.

This year, over-50s, people shielding and those who live with them, and children in their first year of secondary school have been added to the list of people eligible for the vaccination. This is on top of the usual over 65s and those in at risk groups, and health and care staff.

It is expected that there will be a phased implementation of the flu programme – the first phase would be existing groups, plus the new year 7 pupils, and the household contacts of those on the NHS shielded patient list.

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?

- To improve patient experience and access to care
- To improve the quality and equality of healthcare in Sheffield

Specifically, the risks:

1.2 System wide or specific provider capacity problems emerge in secondary and / or primary care to prevent delivery of statutory requirements of the NHS Constitution.

- Providers delivering poor quality care and not meeting quality targets particularly in a period of system wide organisational changes.

Description of Assurances for Governing Body

- 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.

Performance & Delivery Report 2020/21

for the September 2020 meeting
of the Governing Body

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3. Covid-19 update for Sheffield

- 3.1 Sheffield Covid-19 update

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	
** All Quarterly data relates to Quarter 1 2020/21, except for IAPT where Q4 2019/20 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%		66.47%	Jun-20		65.83%	58.53%		
	No patients wait more than 52 weeks for treatment to start	0		55	Jun-20		30	83		
Diagnostic test waiting times	Patients wait 6 weeks or less from the date they were referred	99%		51.35%	Jun-20		51.80%	58.81%		
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	94.00%	91.77%	Jul-20		90.01%	98.87%		
	No patients wait more than 12 hours from decision to admit to admission	0		0	Jul-20		0	0		
Cancer Waits: From GP Referral to First Outpatient Appointment (YTD)	2 week (14 day) wait from referral with suspicion of cancer	93%	96.35%	95.48%	Jun-20		95.82%	-		
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	97.30%	99.02%	Jun-20		99.08%	-		
Cancer Waits: From Diagnosis to Treatment (YTD)	1 month (31 day) wait from diagnosis with suspicion of cancer to first treatment	96%	94.73%	96.13%	Jun-20		94.87%	-		
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	96.90%	97.14%	Jun-20		96.80%	-		
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	89.36%	83.72%	Jun-20		84.29%	-		
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	89.62%	93.75%	Jun-20		89.06%	-		
Cancer Waits: From Referral to First Treatment (YTD)	2 month (62 day) wait from urgent GP referral	85%	76.19%	76.19%	Jun-20		71.51%	-		
	2 month (62 day) wait from referral from an NHS screening service	90%	64.29%	66.67%	Jun-20		66.67%	-		
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient	(85% threshold)	71.43%	78.95%	Jun-20		77.97%	-		
Ambulance response times	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins		6 mins 59 secs	Jun-20					6 mins 59 secs
	Category 1 calls resulting in an emergency response arriving within 15 minutes (90th percentile response time)	15 mins		12 mins 13 secs	Jun-20					12 mins 13 secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		13 mins 32 secs	Jun-20					13 mins 32 secs
	Category 2 calls resulting in an emergency response arriving within 40 minutes (90th percentile response time)	40 Mins		25 mins 24 secs	Jun-20					25 mins 24 secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		56 mins 19 secs	Jun-20					56 mins 19 secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		105 mins 04 secs	Jun-20					105 mins 04 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		6.64%	Jun-20		4.12%	5.71%		6.64%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		0.92%	Jun-20		0.10%	0.00%		0.92%
	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		8.47%	Jun-20		3.71%	0.00%		8.47%
	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		0.51%	Jun-20		0.17%	0.00%		0.51%
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	Q3	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%	Q3	95.65%					93.33%	

Mental Health / DTOC Measures Performance Dashboard

Early Intervention in Psychosis (EIP)	Proportion of EIP patients seen in 2 weeks	56%		64.00%	May-20			-	67.00%	
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%	
Dementia Diagnosis	Estimated rate of prevalence of people aged over 65 diagnosed with dementia	71.5%		72.70%	Jun-20					
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)	Q3	3,828	1,670	Jan-20		1,466		71
							No individual provider target for DTOC bed days			

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	In June, 55 Sheffield patients were waiting over 52 weeks for their surgery or procedure. 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. 32 of these patients were waiting at Sheffield Children's NHS FT, 12 at Sheffield Teaching Hospitals NHS FT, and 7 at providers outside the city.	We will continue to monitor the situation with regard to these patients, until we can confirm they have received their treatment.	None
RTT & Diagnostics	<p>During May and June, Sheffield Teaching Hospitals NHS FT (STH) and Sheffield Children's NHS FT (SCT) continued to carry out only urgent diagnostics and elective procedures, as per national COVID-19 guidance. Contracting arrangements with our providers are currently led by NHS England during this phase of the COVID-19 response; the CCG's normal performance management and contract monitoring are not happening in the usual way.</p> <p>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. STH have started providing the CCG with waiting list analysis. All elective specialities are affected.</p> <p>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 SCT the longer waits were for Audiological assessments</p>	<p>SCFT are working closely to monitor the impact of COVID-19 on wait lists and whilst referrals have slowed down at present, they understand they are likely to increase again in the future, creating an additional pressure.</p> <p>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..</p>	None
Cancer Waiting Times - 62 day waits	<p>In June, 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. The following arrangements remain in place:</p> <ul style="list-style-type: none"> • Oversight of all patients on an open cancer pathway continues through the weekly Corporate Cancer patient tracking list (PTL). The PTL involves review of all pathways with challenge and actions as necessary to ensure that patients are continuing to progress along their diagnostic and / or treatment pathways. • All patients on cancer pathways are being managed in line with national best practice clinical guidance concerning the prioritisation of care within the COVID-19 related resource limitations of the current system. Each patient has been risk assessed using national guidance and prioritised accordingly. For some patients, such as those with suspected or known low-grade prostate disease, the period of clinically acceptable delay may be many months. • Whilst 62 day and 104 day backlogs have grown significantly we are confident that, as a result of risk stratification, patients are being treated and managed appropriately, based on robust clinical criteria. • Regular reviews, either by appointment (face-to-face or non face-to-face) or by MDT review of results/healthcare records, is ensuring that risk stratification is agile and if necessary upgraded to ensure that the clinical priority reflects the 'live' state for patients. • In addition to the existing review process, STH are working with SYB Cancer Alliance to implement a shared 104 day pathway which looks to reduce the potential risk of clinical harm in longer pathways. 	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..
A & E Waits	Cumulative performance for A&E waiting times across both Trusts (year to date) is currently 89.28% (a decrease from 93.59% noted in the last report). As previously reported, A&E demand has seen a marked reduction over the last few months (by approximately 50%) compared with previous years. However, activity is now returning to historic levels and this, coupled with social distancing requirements, is impacting on performance. STH have made a number of operational changes which have had a positive impact on performance and flow of patients through the department and into the hospital; however as numbers of attendees rise it will be difficult to maintain the improved delivery of the four hour wait. Mitigating this potential issue will be key to ensuring operational resilience into the winter. Plans will be further developed over the coming weeks to support the hospital and the wider system as we move towards winter.	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.

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Ambulance handover / crew clear times	Sheffield CCG continues to work with YAS and SYB ICS to support ongoing reset and recovery planning, as well as national priorities including the implementation of 111 First, Patient Transport Service (PTS) regional coordination and PTS capacity development.	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 of monitoring ambulance handover performance, the monitoring of any necessary mitigating actions through monthly Contract Management Group.
Mental Health CPA 7 day follow up	<p>The original data reported indicated that SHSC did not deliver the 7 day follow up target in June - achieving 93.33% against the target of 95%. This equated to two out of 30 service users who did not receive follow up after their discharge . When these patients were reviewed however, it became clear that one service user was discharged to an out of city Psychiatric Intensive Care Unit and therefore had been incorrectly recorded as a breach. This means that they were continuing to receive care in another setting, and therefore the 7 day follow up standard did not apply. The second service user was discharged at the beginning of June and did not receive contact within the 7 day timeframe - therefore this is counted as a breach. Once this data anomaly has been taken into account, SHSC delivered the seven day target to 97% for June.</p> <p>The service have moved to offering follow up appointments predominantly online, however there is now increased potential to see more patients face to face or through the "Attend Anywhere" on line offer.</p>	Ongoing	To continue to receive monitoring reports on this national standard.

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			
Early Intervention in Psychosis (EIP)	<p>The service is still meeting the national target, although referrals slightly reduced during the peak of Covid-19. SHSC are in the process of recruitment to extend the service for the At Risk Mental State (ARMS) pathway. During the Covid-19 lockdown, people who had concerning symptoms were tending to present to services later, in line with other national under reporting of health issues. This has meant that when people have been identified to the EIP team, they have presented with high degrees of clinical acuity.</p> <p>The CCG has held a joint workshop with SHSC, Sheffield Children's NHS Trust (SCT) and NHS England to look at the 14-16 year old pathway for young people presenting with psychosis. We have started work on an all age pathway approach, and the National Clinical Audit of Psychosis (NCAP) is under way, carried out by the SCT service. Commissioners have brought together the two provider teams to increase collaboration and streamline service delivery across the pathway, and are working with NHS England expertise to remodel the service delivery.</p>	Ongoing	None requested
Improved Access to Psychological Therapies (IAPT) Access & Recovery	<p>IAPT reporting was suspended by NHS England and NHS Improvement for the first quarter of 2020/21, as part of the reduced reporting regime intended to free up services to respond to the pandemic. 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. As could be expected, achievement of the access targets for IAPT was therefore severely compromised during the pandemic. This is despite some services being offered remotely via teleconferencing, and a specific "Coping with Covid" on line offer.</p> <p>IAPT staff were moved to support crisis pathways and inpatient services, due to COVID related sickness absence, in line with other NHS directives to maintain these critical functions, in line with national guidance. IAPT staff are now beginning to be moved back into the service. For IAPT specific priorities there will be focus on workforce (trainee targets) to prepare for an increase in demand and the development and assurance of</p>	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

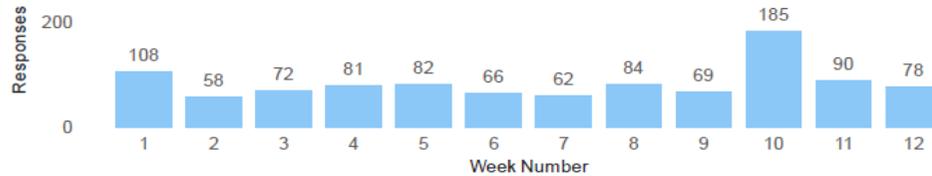
Sheffield CCG Staff Temperature Check

Week 12 w/c 03/08/2020

If you need information on previous weeks or further analysis then please contact the Information Team.



Number of responses



What are we currently enjoying?

Working from home
 Not commuting into work
 Flexibility
 New challenges
 New ways of working
 Contributing and making a difference
 Feeling connected with colleagues
 Achieving a better work life balance
 Colleagues managers being supportive
 Learning new skills

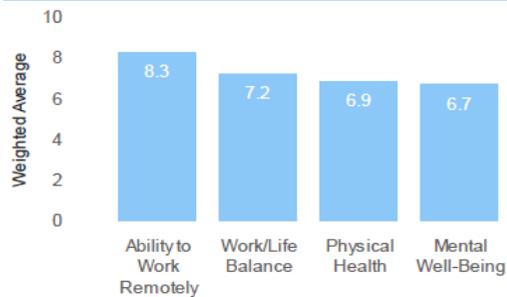
On a scale of 1 to 10 how do you feel about work? (1 terrible; 10 fantastic)



What are our concerns?

The future of the CCG
 My role and how this is changing may change
 Returning to work at 722
 Leadership and management
 My home desk set up is causing musculoskeletal problems
 My workload
 My team and or colleagues
 The command structure
 The risk of contracting Covid 19
 IT access and or equipment

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



What 3 words best describe how you feel about work? (% responded)

Adaptable 24
 Frustrated 24
 Valued 24

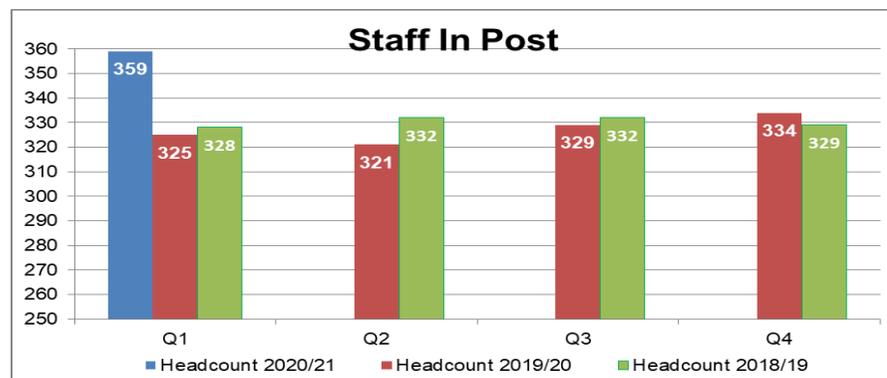
What do we need help with?

Technology
 Sufficient time to complete tasks
 Understanding of home situation and different working patterns
 Better or continued communication
 Clarity of direction
 Move forward with Improvement Plan
 Equipment for home working
 Road map for return to 722
 Continue home working
 Nothing
 Just fine
 More transparency

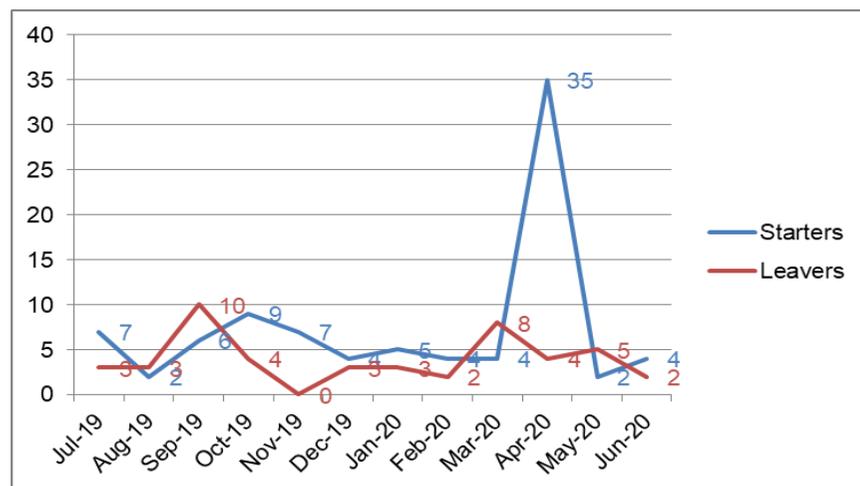
2.2 NHS Sheffield CCG HealthCheck Report: Human Resources Indicators as at 30 June 2020

Staff in Post

The organisation's headcount for 1 July 2019 – 30 June 2020 is shown below:

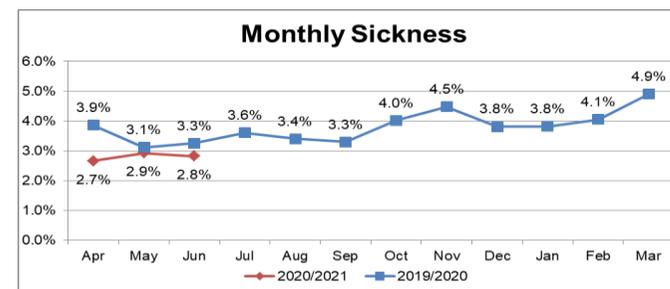


Starters and Leavers



Sickness Absence

In March 2020 the monthly sickness absence rate was 4.9%, the highest monthly absence rate since August 2018. However, in April this fell to below 3% for the first time in two years. The rate remained low throughout Quarter 1 due to a significant reduction in short term absence.



Mandatory and Statutory Training

Training	Compliance Rate
Fraud Awareness	91%
Bullying and Harassment Prevention*	68%
Risk Awareness*	58%
Conflicts of Interest	82%
Equality and Diversity	94%
Fire Safety	84%
Health and Safety	91%
Infection Prevention and Control	91%
Data Security	93%
Moving and Handling	88%
Prevent	96%
Safeguarding Adults	93%
Safeguarding Children	93%

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

2.3 Sheffield CCG HealthCheck Report: Staff Feedback

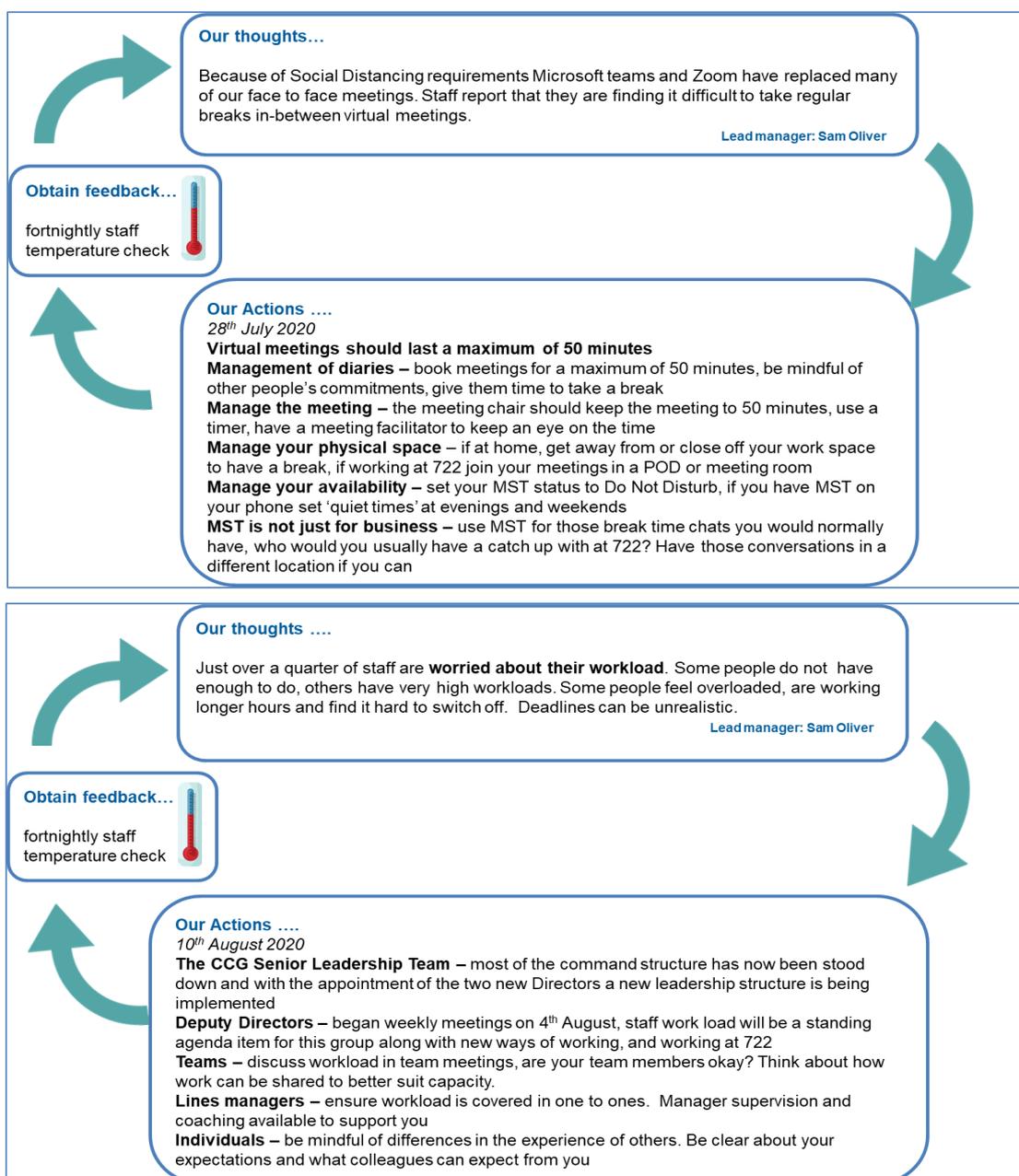
Staff feedback is gathered via the temperature check survey which staff are encouraged to complete regularly, and through the work of the Covid Learning Group which is collating staff stories about their experiences. The temperature check began on the 18th May. The response rate is relatively low, although it increased to approximately 40% of staff in weeks 10-11. The key themes emerging are,

- **Impact of working remotely:** There has been feedback regarding the benefits of working from home, with 'not commuting into work', 'working from home', 'flexibility' and 'achieving a better work/life balance' consistently cited as things that people are enjoying about work (43%-70%) A smaller proportion of staff have found working from home difficult. In weeks 10-11 26% cited 'balancing work with my personal circumstances (e.g. family/childcare)' as a concern, and 19% cited MSK problems.
- **The future:** 'My role and how this is changing/may change', 'returning to work at 722', and 'the future of the CCG' have consistently been the top three concerns identified by staff.
- **Workload** has increasingly been cited as a concern, rising from 10% in week 1 of the temperature check, to 22% in weeks 6-7, to 30% in weeks 10-11. The majority of feedback relates to increased workload with concerns about unrealistic deadlines and pressure from managers. Some feedback also relates to staff feeling under-utilised. Feedback through staff stories from staff who were redeployed has been positive.
- **Leadership and management** has been consistently cited as a concern although this had steadily decreased, from 22% in week 5 to 15% in weeks 10-11. Concerns relate to visibility and accessibility of leaders/senior managers, a lack of understanding of what is being done at a senior level, a lack of direction and/or decision making, unequal treatment, not understanding workloads/demands.
- **The command structure** has consistently been cited as a concern for around 20%, reducing to 14% in weeks 10- 11. Concerns relate to lack of clarity about the remit and functioning of the command structure and poor communication. Conversely, there has been some feedback through staff stories regarding the command structure working well, with staff appreciating quick decision making and working at pace.
- **Connection:** At the beginning of lockdown feedback indicated that staff felt connected and were able to communicate well with colleagues. Feedback indicates that staff are starting to feel less connected. People are missing seeing colleagues in real life, and the opportunities for ad hoc interactions that come from working physically in the same place.
- **Staff working at 722** have not found it easy to attend staff briefings – better engagement is needed with this group.

2.3 Sheffield CCG HealthCheck Report: Staff Feedback

A feedback loop called 'Our Thoughts Our Actions' has been created to record the action taken in response to feedback. 'Our Thoughts Our Actions' have been completed for the following themes: 'Concern about returning to 722', 'Taking breaks', 'Concerns about workload.' The documents are available to view internally at <https://www.intranet.sheffieldccg.nhs.uk/our-thoughts-our-actions.htm>.

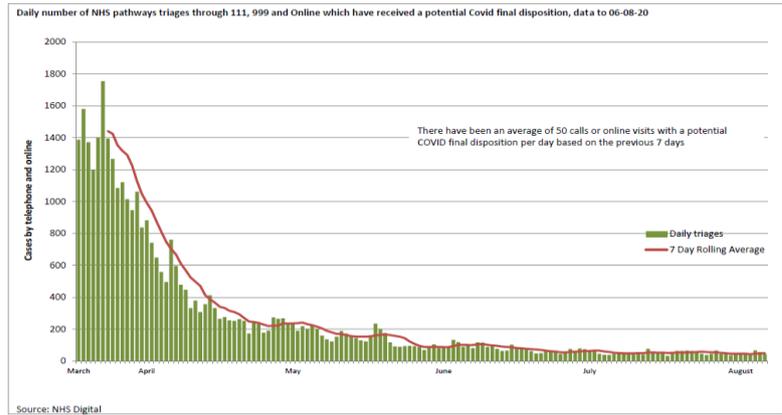
This feedback loop has received a positive response from the staff. The results of the staff temperature check are analysed fortnightly and reports are available internally at <https://www.intranet.sheffieldccg.nhs.uk/staff-temperature-check-survey.htm> Staff stories are available at <https://www.intranet.sheffieldccg.nhs.uk/COVID-our-stories-and-learning.htm> Governing Body members are encouraged to read the reports and stories, which include recommendations from staff for future working. 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 6 August 2020

Covid-19 NHS pathways

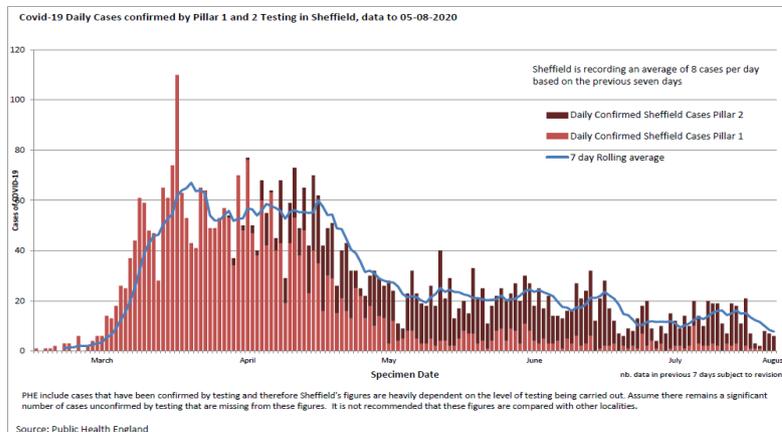
- As of 6 August there have been 37,686 calls or online visits to 111 which have resulted in a potential Covid-19 final disposition at an average of 50 per day in the last 7 days.



Source: NHS Digital
As of Thursday 6th August there have been 37,686 calls or online visits to 111 which have resulted in a potential Covid-19 final disposition** at an average of 50 per day in the last seven days.

Testing

- As of 5 August, 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 4,338. Sheffield is recording an average of 8 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 increased over previous weeks.



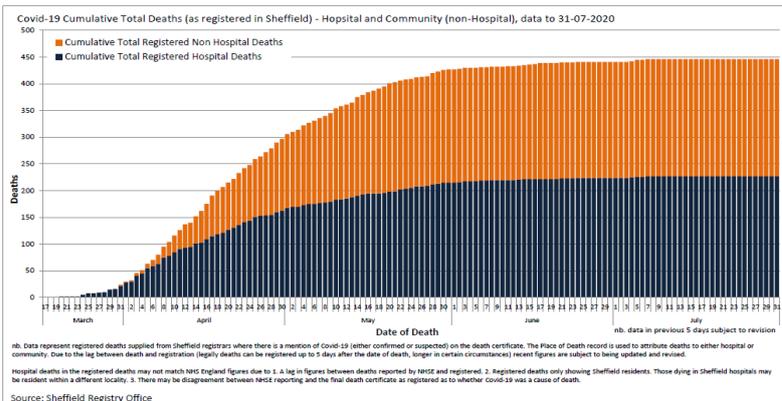
Source: Public Health England
As of Wednesday 5th August the cumulative number of confirmed* cases of Covid-19 in Sheffield via Pillar 1 and Pillar 2 tests (as recorded by Public Health England) was 4338. Sheffield is recording an average of 8 positive cases a day, based on the previous 7 days.

Hospitalisations

- As of 3rd August 2020 there were 5 confirmed Covid-19 patients in Sheffield Teaching Hospitals NHS Foundation Trust receiving oxygen/ventilation support. Hospitalisations for Covid-19 are now very low which means work to increase other hospital activity has begun.

Deaths

- As of 31st July there have been 446 deaths registered in Sheffield with a mention of Covid-19 on the death certificate. 227 of these were in hospital and 219 were outside hospital. Based on registered deaths Sheffield is recording an average of 0 deaths a day based on the previous seven days. Community deaths represent 49.1% of the total Covid-19 deaths currently registered in Sheffield, with 209 (95%) of those deaths occurring in Care Homes.
- Approximately 95% of people dying from Covid-19 had at least one underlying condition. The main underlying conditions include: Ischaemic Heart Disease; Dementia and Alzheimer’s Disease; Chronic Lower Respiratory Diseases; Influenza and Pneumonia; and Diabetes. 89% of people dying from Covid-19 were aged 70 or over.
- There have been no deaths from Covid-19 registered in Sheffield since 8th July 2020 (although it should be noted that figures can be subject to revision).



Source: Sheffield Registry Office
As of Friday 31st July there have been 446 deaths registered in Sheffield with a mention of Covid-19 on the death certificate.**** 227 of these were in hospital and 219 were outside hospital. Based on registered deaths Sheffield is recording an average of 0 deaths a day based on the previous seven days. Community deaths represent 49.1% of the total Covid-19 deaths currently registered in Sheffield, with 209 (95%) of those deaths occurring in Care Homes

Sources:
<https://coronavirus.data.gov.uk/>
<https://digital.nhs.uk/data-and-information/publications/statistical/ni-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)