

Performance and Delivery Report

Governing Body Meeting

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6 August 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</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 has been affected. The Department for Health and Social Care (DHSC) and NHS England / Improvement issued guidance which required the NHS to work in very different ways, in order to meet the challenges of the pandemic.</p> <p>Some of our local services have been temporarily suspended, whilst many more continue to be delivered, but in different ways. The CCG is keen to reinforce the national message that the NHS remains open and available for those who need it.</p> <p>We have now entered the next phase of responding to the pandemic, which includes some services coming back on line, and planning for how services can be delivered in the future whilst physical distancing measures will need to remain in place.</p> <p>The CCG is now reviewing the commissioning priorities for the year that we agreed in March, in response to the impact of COVID-19. The CCG is currently reviewing our plan to check what we still need to do, what we do differently and what's new. Whatever else emerges, we know that we will need to focus on three big things:</p> <ol style="list-style-type: none"> 1. Tackling inequalities and the differential impact of COVID-19 on certain communities 2. Improving mental health. 3. Restarting planned care, within COVID secure environments. <p><u>What this month's Performance and Delivery Dashboard will cover</u></p> <p>This month's performance report has changed to include more indicators than in the last few months. The inclusion of additional indicators in this month's report is a reflection of how the NHS is slowly returning to delivery of full services. However, the collection of data</p>	

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 be included in this report.

The name of our report has also changed, to reflect the fact that quality issues are now discussed in a separate report, and this report now includes new information:

- 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, and the key messages for staff and Sheffield citizens.

It is expected that the 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 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 we expect that the need to conform to national guidance to minimise viral transmission will have an ongoing effect on provider capacity.

Mental health services

In order to respond to the pandemic, the Sheffield Improved Access to Psychological Therapies (IAPT) service has developed a number of online groups, including a four week "Coping with COVID" course, which has had good uptake. Public Health England has launched a digital training module, aimed at all frontline and essential workers and volunteers. The course aims to increase awareness and confidence to provide psychosocial support to people affected by COVID-19.

Other developments in mental health include further work on our joint project with SCHSC and SCT, primary care and the voluntary sector to improve our eating disorder services and create a new "all age" pathway. Our new project manager recently joined the CCG to take this work forward to practical implementation.

Together with our partners across the city, we are undertaking a Rapid Impact Assessment exercise to look at how COVID-19 has affected people's mental health in Sheffield, including looking at whether people who already had known problems have experienced deterioration, and also how the pandemic has affected people in their use of services. Emerging information from other places in the UK is suggesting that people are experiencing new mental health problems but may have delayed seeking help because of anxiety about using health services.

Supporting our staff, their welfare and development

Governing Body members will recall that we presented the final report on the CCG

Improvement Plan at our public meeting in June. The completion of our objectives in the Improvement Plan is, however, not the end of the work we are doing to support our staff, particularly during such challenging times. We have committed to being a caring and compassionate employer, to value diversity, and to maximise the potential of all our staff.

As COVID-19 is still in circulation in the UK we continue to ask our staff to work at home. Line managers have held one to one meetings with staff to discuss how they are finding working at home. These interviews have provided an opportunity for staff to talk about the impact on their mental wellbeing, any musculo-skeletal issues, and how they are coping with balancing work with caring responsibilities.

The CCG is supporting staff with technological solutions to enable them to work at home, and line managers are helping individuals to devise strategies to make the experience positive as well as productive. Teams are staying in touch via videoconferencing and adapting to a different way of collaborating on projects, as well as maintaining morale.

We have asked staff for their views on the current situation, and how the CCG is supporting them – you can see this in the sections of the report headed 2.1 “Temperature check” and 2.3 “Staff feedback”.

Commissioning to address inequalities

We are listening to the views of our staff, and local people, as we seek to find more ways to tackle health inequalities through our commissioning; particularly inequalities that affect people from Black and Ethnic Minority (BAME) backgrounds. The report published by Public Health England on the impact of COVID-19 on BAME communities contains recommendations which we are now considering how we can put into action locally. Our staff have set up a Black Lives Matter forum and the first virtual discussion group took place on 15 July, and another is scheduled for August.

We are planning to form an equality group with representatives from across the organisation with an internal focus on our staff, and an external focus on our citizens. This group will generate ideas and hold a mirror up to the organisation on the decisions we make on ethnicity as well as other areas of inequality. This work will be carried out alongside our usual engagement work with local people and communities.

COVID-19 in Sheffield

Section 3 of the report provides an overview of the current state of play with regard to COVID-19, using information which was available at 15 July 2020. Sheffield’s Director of Public Health, Greg Fell, spoke to our staff via videoconference on 24 June. He made the following key points:

- The number of cases and deaths in the city continue to fall and it’s now clear we are coming to the end of the first wave. COVID-19 is still however circulating.
- Of the tests being carried out, very few are positive (around 4%). On the other hand, significant numbers of people aren’t being tested as they have mild symptoms. Greg’s key message: was however mild your symptoms – get tested.
- The symptoms to watch out for are: a high temperature –you feel hot to touch on your chest or back; a new, continuous cough; or a loss or change to your sense of smell or taste.
- The main ways to keep yourself safe remain to wash your hands frequently and to

keep two metres apart from people outside your household, whenever you can.

- As lockdown is gradually relaxed, we will see numbers of cases go up. In Sheffield now we have clusters and small outbreaks. In common with all Local Authorities, Sheffield City Council has prepared a local outbreak plan.

There is also a section outlining what the specific activities that have taken place by CCG staff and partners in response to COVID-19 to help the people of Sheffield stay safe and well in the section “3.2 Sheffield CCG – Covid-19 response”.

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?

1. To improve patient experience and access to care
2. 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.
- 2.1 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
- Primary Care escalation meetings (supporting Primary Care Framework)
- Quality Assurance Committee minutes
- Commissioning for Quality Strategy
- Safeguarding and Serious Incident reports
- CQC inspection review of providers and provider action plans
- Clinical Audit reports

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 quality and performance standards and describes work being taken forward to address any shortcomings in CCG core business.
<i>Have you involved patients, carers and the public in the preparation of the report?</i>
This paper reports on the achievement of quality and 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 August 2020 meeting
of the Governing Body

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- 3.1 Sheffield Covid-19 update
- 3.2 Sheffield CCG Covid-19 response

1.1 NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q4 19/20*	CCG Latest monthly Position		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 4 2019/20, except for A&E where Q1 2020/21 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%		76.69%	May-20	76.01%	68.42%		
	No patients wait more than 52 weeks for treatment to start	0		21	May-20	8	33		
Diagnostic test waiting times	Patients wait 6 weeks or less from the date they were referred	99%		46.24%	May-20	37.02%	52.98%		
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	94.00%	94.85%	Jun-20	94.27%	96.72%		
	No patients wait more than 12 hours from decision to admit to admission	0		0	Jun-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%	94.96%	98.98%	May-20	99.04%	100.00%		
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	90.82%	97.50%	May-20	97.53%	-		
Cancer Waits: From Diagnosis to Treatment (YTD)	1 month (31 day) wait from diagnosis with suspicion of cancer to first treatment	96%	97.87%	92.31%	May-20	93.07%	-		
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	99.17%	93.10%	May-20	92.55%	-		
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	92.65%	93.02%	May-20	89.17%	-		
Cancer Waits: From Referral to First Treatment (YTD)	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	93.67%	84.21%	May-20	89.19%	-		
	2 month (62 day) wait from urgent GP referral	85%	78.37%	77.27%	May-20	64.42%	-		
	2 month (62 day) wait from referral from an NHS screening service	90%	90.00%	50.00%	May-20	50.00%	-		
Ambulance response times	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient	(85% threshold)	84.06%	53.33%	May-20	49.15%	-		
	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins		7 mins 11 secs	May-20				7 mins 11 secs
	Category 1 calls resulting in an emergency response arriving within 15 minutes (90th percentile response time)	15 mins		12 mins 17 secs	May-20				
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		12 mins 23 secs	May-20				12 mins 23 secs

1.1 NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q4 19/20*	CCG Latest monthly Position		Latest Provider Total Monthly Position			
						Sheffield Teaching Hospital	Sheffield Children's Hospital	Sheffield Health & Social Care	Yorkshire Ambulance Service
Ambulance response times	Category 2 calls resulting in an emergency response arriving within 40 minutes (90th percentile response time)	40 Mins		22 mins 35 secs	May-20				
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		45 mins 53 secs	May-20				45 mins 53 secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		96 mins 45 secs	May-20				96 mins 45 secs
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		5.86%	May-20	3.92%	9.38%		5.86%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		0.46%	May-20	0.25%	0.00%		0.46%
	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		9.65%	May-20	5.45%	0.00%		9.65%
	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		0.57%	May-20	0.35%	0.00%		0.57%

1.1 NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q4 19/20*	CCG Latest monthly Position	Latest Provider Total Monthly Position				
					Sheffield Teaching Hospital	Sheffield Children's Hospital	Sheffield Health & Social Care	Yorkshire Ambulance Service	
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	
Q3									
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		
Q3									
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%					86.96%	

Mental Health / DTOC Measures Performance Dashboard

Early Intervention in Psychosis (EIP)	Proportion of EIP patients seen in 2 weeks	56%		64.00%	Mar-20		-	65.00%	
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%		73.50%	May-20				
Q3									
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	
						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	<p>In May, 21 Sheffield patients were waiting over 52 weeks for their surgery or procedure. 10 of these were waiting at Sheffield Children's NHSFT and 6 at Sheffield Teaching Hospitals NHSFT all in 'Other' specialties. The other patients were at Manchester University NHSFT, Guy's & St Thomas' NHSFT and Hampshire Hospitals NHSFT.</p> <p>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.</p>	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, 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 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 specialties that were effected early on in the crisis are the ones that already had capacity issues, but the longer the pandemic goes on the harder it will be to meet the performance targets. STH have started providing the CCG with waiting list analysis. All elective specialties 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>Furthermore, SCFT will look analyse the impact of non-face to face appointments to understand if there is any learning which can be used post COVID-19.</p>	None
Cancer Waiting Times - 62 day waits	<p>In April, 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 impact on delivery of Cancer waiting time targets in future months. STH continues to have command and control structures in place as is proper in a pandemic, and is working closely with the Cancer Alliance to ensure that cancer management processes are robust, and reflect national guidance for this time. The Trust 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 year to date is currently 93.59%. Demand has dropped very significantly over the quarter (by approximately 50%) compared with previous years. This period coincides with the COVID-19 pandemic, but the reasons for greatly reduced attendances are not yet fully understood. If in the coming weeks and months, activity returns to the higher levels seen historically, social	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

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Ambulance Response Times (ARP)	<p>A number of the ARP performance measures were not achieved in April as the impact of COVID-19 was felt. A full review of the performance metrics for Ambulance Response Times will be completed and appropriate recovery plans and trajectories agreed as part of YAS's overarching COVID-19 recovery plan.</p> <p>It is anticipated that the system will return to pre- COVID-19 levels of activity over the coming months, as a result of gradual relaxation of social distancing rules – leading to higher demand and increased conveyance rates. YAS has begun a formal Recovery Programme to review learning and service developments from the COVID-19 Response –particularly service developments and other factors which contributed to the increase in 'Hear & Treat' and 'See & Treat ' responses seen in March and April. This programme will be aligned with recovery plans being developed by sub-regional commissioners and external system partners.</p>	Progress continues to be closely monitored.	None this month.
Ambulance handover / crew clear times	<p>For the last month the ambulance handovers have seen good levels of performance. From mid-March, 999 demand fell sharply (from approx. 15,300 responses per week to approx. 13,400 responses per week) reflecting the implementation of social distancing measures by government. A 12.7% drop in responses and increased YAS Hear & Treat and See & Treat rates has seen a 30% reduction in conveyance to ED during the early stages of the COVID-19 response.</p> <p>YAS continues to be a critical partner in Sheffield CCG's response to the current Covid-19 pandemic. Escalating to REAP Level 4, (Resource Escalation Action Plan, which indicates Extreme pressure) has enabled YAS to restructure its workforce with Clinical staff moved to frontline roles to support service provision across all three business critical service lines, 999, Integrated Urgent Care (111) and Patient Transport Service.</p>	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 May. Three out of 23 service users did not receive follow up following their discharge . When these patients were reviewed however, it came to light that they had not been discharged to their usual home, but rather one service user was discharged to a Residential Care Home, whilst the other two were discharged to out of city hospitals. This means that they were continuing to receive care in another setting, and therefore the 7 day follow up standard did not apply. Once this data anomaly has been taken into account, SHSC in fact delivered the seven day target to 100% of relevant service users.</p> <p>SHSC are reporting that they are using a Red / Amber / Green risk rating approach to follow up with patients. They have moved to offering follow up predominantly online, however there is still potential to see some patients face to face when the "Attend Anywhere" on line offer is unsuitable.</p>	Ongoing	To continue to receive monitoring reports on this national standard.

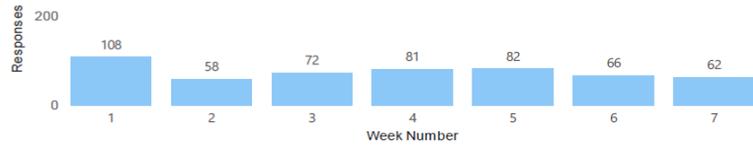
1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Mental Health / DTOC Measures Performance Dashboard: Actions			
<p>Early Intervention in Psychosis (EIP)</p>	<p>As previously reported, prior to COVID-19, the EIP service was achieving its overall targets consistently. The service was however unable to deliver services to people with a presentation of At Risk Mental State, (ARMS), and its workforce profile did not reflect national best practice. Neither of these elements were possible within the investment envelope available. NHS Improvement have indicated that Sheffield needs to invest £1million more in order to meet national accreditation standards. Against this recommendation, SHSC have requested £424,000, which the CCG had agreed to, prior to COVID-19. SHSC are in the process of recruitment to extend the service for the ARMS pathway.</p> <p>During the COVID pandemic lockdown, presentation of people with symptoms of concern has been late, in line with other national under reporting of health issues, and so therefore, when people have been identified to the EIP team, they have presented with high degrees of clinical acuity.</p> <p>We have continued to work with SHSC and SCT on the EIP recovery plan which was submitted to NHS Improvement, and this is monitored by the Mental Health Commissioning Team (MHCT).</p> <p>We will start to report on the SCT offer for 14-16 year olds alongside the SHSC EIP service, and have commenced work on an all age pathway approach, and commencement of conducting the National Clinical Audit of Psychosis (NCAP) 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
<p>Improved Access to Psychological Therapies (IAPT) Access & Recovery</p>	<p>The SHSC IAPT service continues to comfortably achieve the six and eighteen week waiting time targets.</p> <p>IAPT reporting was suspended by NHSEngland 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.</p> <p>Numbers of people attending at IAPT groups and 1:1 sessions reduced in the period leading up to lockdown, due to raised anxiety, and this continued during lockdown. It is therefore expected that achievement of the access targets for IAPT will have been severely compromised during the pandemic, despite some services being offered remotely via teleconferencing.</p> <p>There was further impact on IAPT services due to some staff being moved to support crisis pathways and inpatient services, due to COVID related sickness absence. The Trust was obliged to maintain these critical functions, in line with national guidance. IAPT staff were beginning to be released back to the IAPT service in June.</p> <p>The national lead for MH, Claire Murdoch has written a letter to outline the expectations through the recovery and restoration phase, from each of the Mental Health programmes, flagging that most assurance activities and data collections will recommence from Quarter Two. 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 IAPT services for people living with Long Term Conditions.</p>	<p>It had been anticipated that the access target would be achieved during Quarter 4 of 2019/20 / Quarter 1 20/21, but the national COVID-19 situation is now expected to negatively impact on this, as people avoid non urgent health care appointments.</p>	<p>Governing Body is asked to continue to receive these updated position statements, until this standard is delivered consistently.</p>

2.1 Sheffield CCG HealthCheck Report: weekly staff temperature check

Sheffield CCG Staff Temperature Check Week 7 w/c 29/06/2020

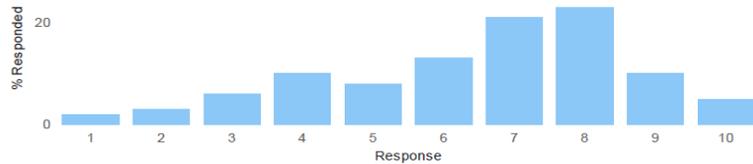
Number of responses



What are we currently enjoying?

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

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



What are our concerns?

My workload
 Returning to work at 722 Leadership and management
 My role and how this is changing may change
 Balancing work with my personal circumstances e.g family childcare
 The future of the CCG The command structure
 The risk of contracting Covid 19
 My home desk set up is causing musculoskeletal problems
 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 44
 Demotivated 27
 Connected 24

What do we need help with?

Be kind
 Faster decision making Ensure all staff feel valued
 Establish priorities Additional capacity
 Better or continued communication
 Effective leadership Keep us informed
 Provide mobile phones

What are you enjoying about work at the moment?

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

What are your biggest concerns at work at the moment?

My role and how this is changing /may change	The command structure
The future of the CCG	IT access and/or equipment
Balancing work with my personal circumstances (e.g. family/childcare)	The risk of contracting Covid-19
Returning to work at 722	My home desk set up is causing musculoskeletal problems
My workload	My team and/or colleagues
Leadership and management	

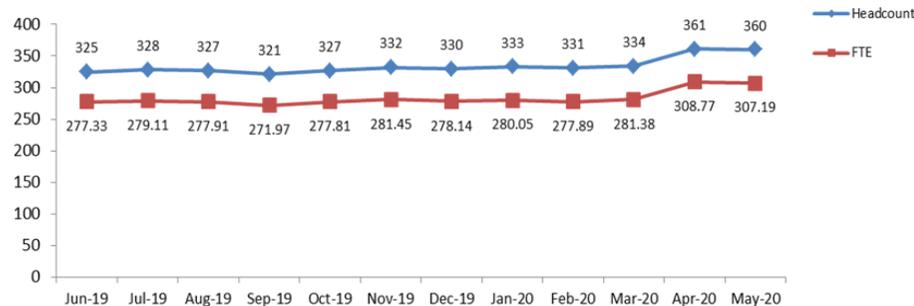
What do we need to help with? (Free text responses)

Better or continued communication	Laptops	Share future plans
Transparency around command structures	Less emails	Stay connected
Continue home working	Make a statement regarding Summer holidays childcare	Acceptance some things can't be done at home
Equipment for home working	More integration of work	Access to files and folders
Road map for return to 722	More specifics and direction	Clear expectations
Greater emphasis on working together	More time	Continued flexibility
Regular 1 2 1s	New protocols for flexible home working	Continued support
Office chair	Team shadowing process for leaders to learn from each other	When return to office team in on same day
Share priorities	Understanding of multiple demands on time	
Sufficient time to complete tasks	Useful work to contribute to	

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

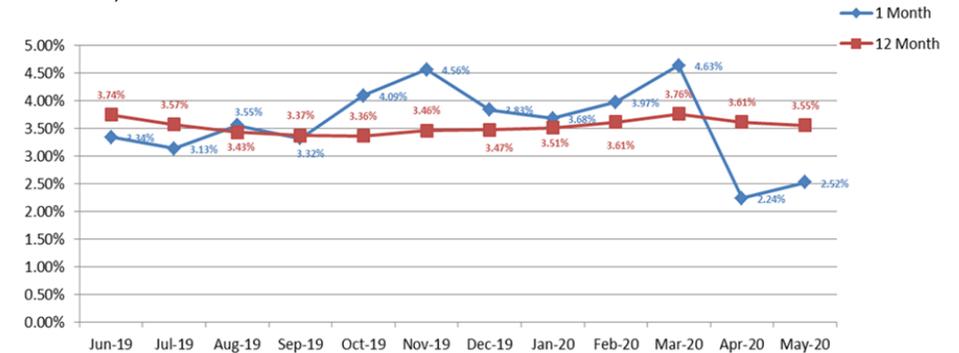
Headcount

The organisation's headcount for 1 June 2019 – 31 May 2020 is shown below:



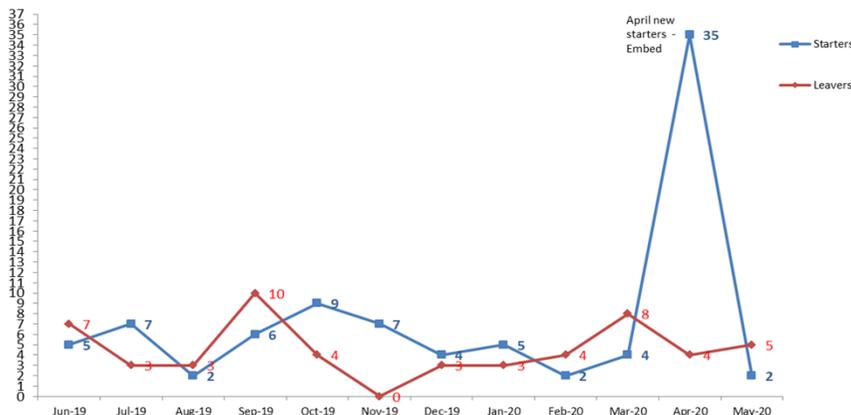
Sickness Absence

The monthly sickness absence rate for April 2020 fell to 2.24%, the lowest monthly rate since November 2015. This suggests that working from home is having a positive impact on absence, that absence is not being recorded on ESR, or a combination of the two.



Starters and Leavers

The high number of new starters in April 2020 is due to the TUPE transfer of 35 staff:



Mandatory and Statutory Training

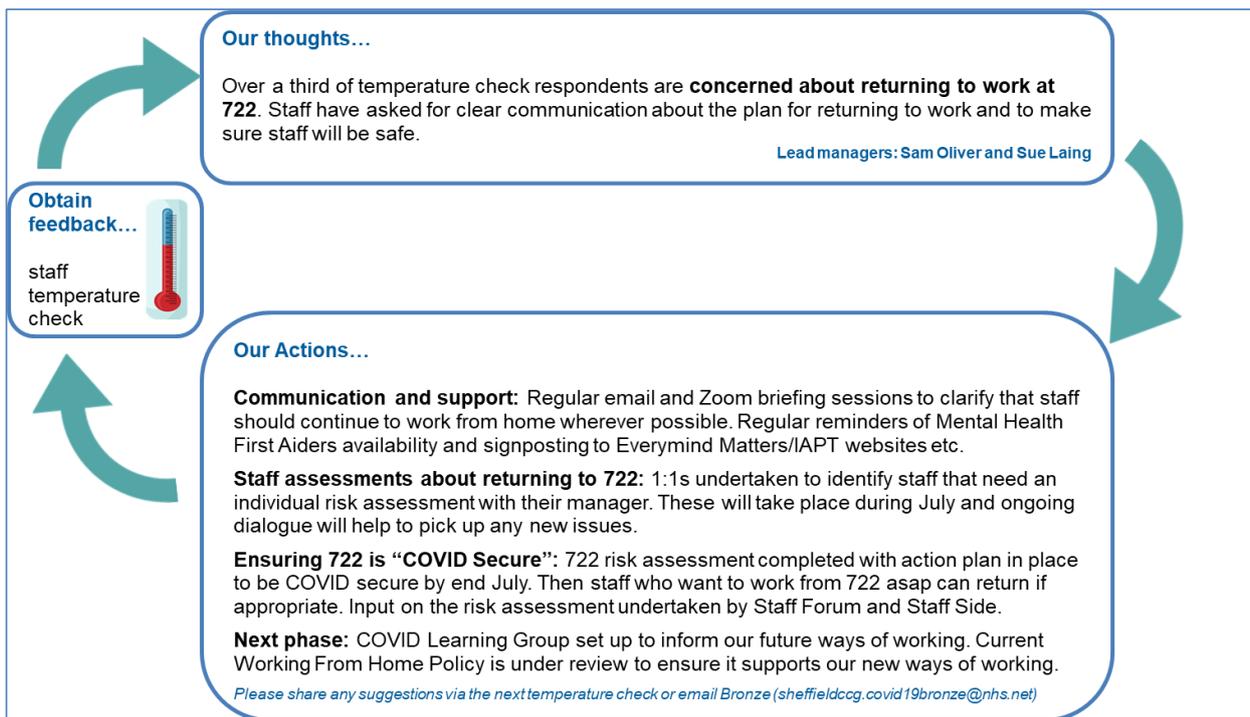
Training	Compliance Rate
Fraud Awareness	89%
Bullying and Harassment Prevention*	68%
Risk Awareness*	61%
Conflicts of Interest	79%
Equality and Diversity	94%
Fire Safety	85%
Health and Safety	92%
Infection Prevention and Control	92%
Data Security	94%
Moving and Handling	88%
Prevent	96%
Safeguarding Adults	92%
Safeguarding Children	93%

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

2.3 Sheffield CCG HealthCheck Report: Staff Feedback

The Covid Learning Group has begun a process of identifying the key emerging themes and will work with Bronze Command to share with all staff the actions that we are all taking. This could potentially range from sharing examples of how individuals or certain teams are dealing with issues to more CCG wide initiatives. The aim is to give all staff the opportunity to contribute to the ideas for actions that can be taken. For example, positives that are developing from how we are working now that we want to keep or create, like Microsoft Team meetings meaning less travel for people to other NHS organisations.

The themes which are emerging from the fortnightly Staff "Temperature Check" are now being considered by senior managers, and how the organisation is responding is being fed back to staff. The first theme which has been considered is "How staff feel about returning to work at 722".



The COVID Learning Group has established a new feedback mechanism for staff: "Communicating Our Veritable Insights Differently" (COVID). Staff are being asked to share their experiences of living, working and coping through COVID-19, including what has been good, what could have been better, how have things changed over time, what have you learned? How can staff experiences be used to influence the future? These will be collected through a variety of different means, including anonymously.

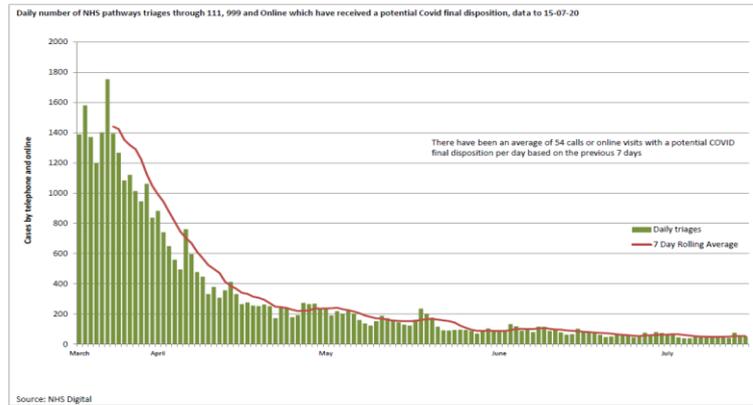
All the usual support mechanisms have been in place for staff through out COVID, for example, regular one to one meetings with line managers, Mental Health First Aider, Manager Supervision sessions, and coaching. Some new initiatives have also begun, for example "Coffee Roulette", where staff members sign up to have a "virtual cuppa" with someone they don't normally work with, or may never have previously met. This fosters new relationships, potentially helpful work contacts and a sense of connection.

3.1 Sheffield Covid-19 update - Key Messages 15 July 2020

Covid-19 NHS pathways

- As of 15th July there have been 36,549 calls or online visits to 111 which have resulted in a potential Covid-19 final disposition at an average of 54 per day in the last seven days.

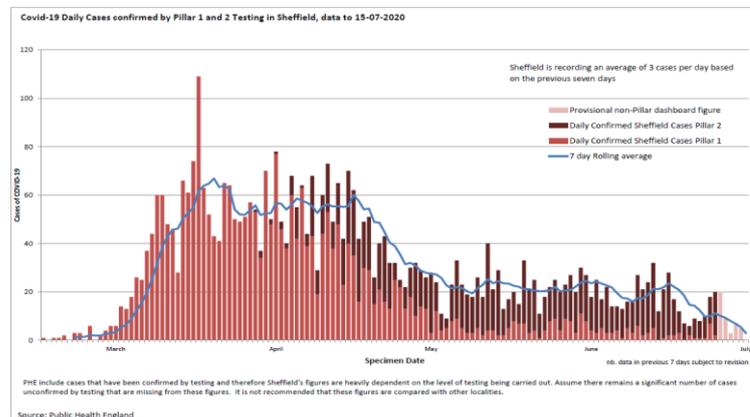
Sheffield Covid Tracker 16/07/2020



Testing

- As of 15th July 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 4055. Sheffield is recording an average of 3 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;
- As of 14th July there have been a total of 855 laboratory confirmed cases of COVID-19 reported to NHS Test and Trace. Sheffield is recording an average of 11 cases a day reported to the track and trace system based on the previous seven days.

Sheffield Covid Tracker 16/07/2020



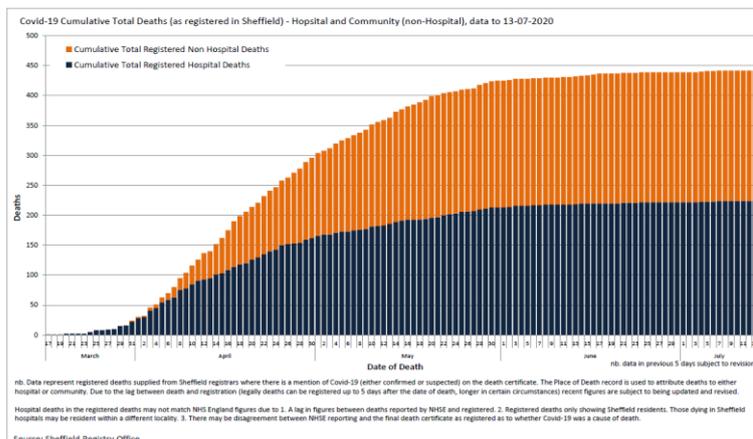
Hospitalisations

- As of 12th July 2020 there were 12 confirmed Covid-19 patients in Sheffield Teaching Hospitals NHS Foundation Trust receiving oxygen/ventilation support. Hospitalisations for Covid-19 are reducing which means although a level of demand remains, bed capacity is sufficient.

Deaths

- As of 13th July there have been 442 deaths registered in Sheffield with a mention of Covid-19 on the death certificate. 224 of these were in hospital and 218 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 49.3% of the total Covid-19 deaths currently registered in Sheffield, with 208 (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. 88.5% of people dying from Covid-19 were aged 70 or over;

Sheffield Covid Tracker 16/07/2020



Sources: Sheffield Covid Tracker 16/07/2020

- <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)

- In the most recent full week of registrations (week beginning 6th July) Sheffield recorded -14.1% (0.9 times) more deaths from all causes (including Covid-19) in 2020 compared to the same week in 2019.

3.2 Sheffield CCG COVID-19 response

NHS Sheffield Clinical Commissioning Group (CCG) marked the 72nd anniversary of the NHS by thanking staff from across Sheffield for their hard work during the COVID-19 pandemic.

This infographic provides a snapshot of work undertaken by the CCG's own staff and in our practices.

COVID Community Insight Log:

The CCG's engagement and patient experience teams have been asking local communities how they have been coping during the COVID-19 pandemic and subsequent restrictions and changes to services. This information provides a rich source of insight which should help guide and focus our commissioning. The information has been broken down by protected characteristic, so that we can understand how our communities are being affected in different ways. The log is updated each week, and all CCG staff have been asked to look at it regularly in order to inform their work.

Sources of information have come from direct contact from members of the public, from voluntary sector organisations, patient representation organisations such as Healthwatch, the CCG complaints team, meetings with general practices and insights obtained by our partner organisations such as Sheffield City Council. More information on the insights work is included in Communications. A very wide range of issues have been raised many of which are compounded by poverty, for example, problems accessing food. There have been several instances of people being confused about whether they can access services such as patient transport and routine treatments in primary care, and high levels of anxiety about the implications of COVID-19 for people receiving ongoing treatment for Cancer. We have heard about the significant impact of lockdown for carers, particularly those who care for people with dementia, in a time when usual support services in the community have been stood down. Voluntary sector organisations working with Sheffield's BAME communities have alerted us to increased levels of serious mental ill health.

We have learned that some patients have welcomed telephone consultations in primary care, and have found them very effective; we have also been made aware that for some people this is not a viable option; alternative arrangements will need to be put in place. Other themes include digital exclusion, issues around accessing interpretation services, and We are grateful to every person and organisation who has taken the time to share their experiences and views, and we are actively working to address them as much as we can.

Our response to Covid-19 so far

Last updated 18 June 2020

NHS
Sheffield
Clinical Commissioning Group

