Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Performance and Delivery Report

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Governing Body Meeting

1 July 2021

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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 an update on the progress of the vaccination programme. This month we have also included a deep dive into the Special Educational Needs and Disability (SEND) programme.

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 still no data for Mixed Sex Accommodation breaches, cancelled elective and urgent operations and DTOC (Delayed Transfers of Care). This pause has continued throughout Quarter 1 2021/22. 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 continuing to use 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
- A snapshot of the situation with regard to COVID-19 in the city
- A progress update on evaluating inequality and the associated data quality/completeness.
- A deep dive into the Special Educational Needs and Disability (SEND) programme.

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 and the vaccination programme
- Progress on evaluating inequality and the associated data quality/completeness.
- Progress on the Special Educational Needs and Disability (SEND) programme

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
- Be a caring employer that values diversity and maximises the potential of our people

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 health inequalities.

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 also includes 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 and Delivery Report

Governing Body Meeting

1 July 2021

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

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" (RTT) standard and the standard which requires no breaches of a 52 week maximum wait.

The latest data is for April 2021 and in this month there has been an improvement in both the RTT standard and the diagnostic waits standard. The number of Sheffield patients waiting over 52 weeks for their elective treatment journey to start decreased this month for the first time since the pandemic started. At the end of April, 1,057 Sheffield patients were waiting over 52 weeks for their elective treatment journey to start. Before the pandemic there were no patients waiting over 52 weeks. Both local Trusts have a number of processes in place to manage clinical risk for these patients, so as to mitigate the impact of long waits on patient outcomes. It is worth noting the 52 week waits for STH are lower when compared to other similar and local trusts. We now have information on the split of patients over 52 weeks and how long they are waiting. The tables below provide the wait time breakdown and analysis by NHS Trust for the latest 52 week waits.

Table 1: Sheffield patients waiting over 52 weeks as at April 2021

Length of time patient waiting	Number of patients
52-64 weeks	601
65-77 weeks	345
78-90 weeks	92
91-103 weeks	17
104+ weeks	2
Total – 52+ week waits	**1057**

Table 2: Sheffield over 52 week waits compared to other similar/local hospitals

	2020/21												
SYB	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Barnsley Hospital NHSFT	6	10	20		58	91	184	254	344	436	490	451	365
Chesterfield Royal Hospital NHSFT	4	17	53	117	212	308	438	594	797	1202	1475	1471	1276
Doncaster And Bassetlaw Teaching Hospitals NHSFT	10	27	77	157	278	345	393	631	986	1635	2272	2399	1941
Sheffield Children's NHSFT	7	33	83	135	190	232	323	354	457	577	721	793	720
Sheffield Teaching Hospitals NHSFT	1	8	30	62	112	168	218	303	386	674	958	1096	1010
The Rotherham NHSFT	2	1	8	46	113	207	307	445	610	720	764	559	404

	2020/21												
Other Local / Similar Providers	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Hull University Teaching Hospitals NHST	364	909	1886	3307	4397	5799	6818	8021	9355	10873	12084	11990	10703
Leeds Teaching Hospitals NHST	151	346	624	971	1297	1606	1909	2257	2666	3522	4463	4711	4080
Manchester University NHSFT	369	1042	1957	3241	4257	4839	5933	7082	8420	10573	12967	13777	16791
Nottingham University Hospitals NHST	15	61	138	272	404	552	804	1219	1722	2512	3479	3984	3769
The Newcastle Upon Tyne Hospitals NHSFT	72	188	354	730	1041	1426	2045	2680	3420	4846	6223	6795	6404
University Hospitals Of Derby And Burton NHSFT	138	298	580	1011	1667	2367	2968	3751	4706	6629	8767	9728	8586

In May Sheffield CCG contributed to the South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) plan submission to meet the Elective Recovery Fund thresholds. A higher volume of outpatient activity than the threshold is planned both across the ICS and at both our Sheffield acute providers. We plan to reduce 52 weeks and eliminate them by 31st March 2022. This plan is however based on a number of assumptions, for example: COVID hospitalisation remains at current low levels; urgent referral and overall GP referrals return to pre COVID levels this year; that sufficient aligned IS capacity is available, and we can mitigate all risks.

Patient Initiated Follow-ups (PIFU) have been identified as one of three areas prioritised by SYB ICS members (in conjunction with Advice & Guidance and Virtual Appointments / Clinics).

SYB will run a system wide Patient Tracking List (PTL) in order to focus on recovery plans for the longest wait specialities, and to eradicate 52 week waits by 31/03/22. Addressing inequalities and communicating with patients to provide advice and reassurance are core elements of the PTL approach.

SYB ICS have also been successful in becoming an Accelerator System, which would necessitate a return to 100% activity by 31st July 2021 and sustaining this thereafter to reach 120% at some point during the financial year. The aim of being an Accelerator System is to recover the backlog of patients waiting for elective surgery to pre-COVID levels. The focus will initially be on orthopaedics and children's elective

surgery, both of which are existing priority areas for us. Our approach to system PTLs and capacity planning, via the Elective Activity Co-ordination Hub (EACH), would be an essential component of us attaining these Accelerator System goals.

3. Update on other key performance issues

The impact of capacity constraints also continues to be seen in Cancer services, with breaches of the national waiting time standards. During late March / April and into May there were high volumes of patients with breast symptoms which was primarily driven by a national press story at the end of March. Performance is however gradually improving and there are a number of standards now meeting the national target.

There have been increased attendances at STH's A&E department, which have led to delayed ambulance handover times and increased lengths of wait in A&E. Unfortunately, one patient experienced an A&E wait of more than 12 hours from a decision to admit to admission at STH. This can happen at times of very high pressure in the system or when a patient has complex needs which require a specialist response (as was the case with this patient, who needed specialist inpatient mental health care). Full timelines and root cause analysis are being reviewed between STH and SHSC to identify learning linked into wider system discussions. Ambulance response times remain below targets, in part this is linked to the delayed handovers as this results in reduced vehicle availability. More positively, more patients are being treated by ambulance staff "at the scene" or appropriately referred to other services, rather than being transported to hospital.

4. COVID-19 and the vaccination programme update

Section 3 of the report provides an overview of the current state of play with regard to COVID-19, using the latest validated information. Hospital admissions, critical care bed usage and deaths continue to decrease, but there are still cases of community transmission. Social distancing, hand hygiene and mask use still continue to be important in stopping the spread of the virus.

We started the vaccination rollout in December, vaccinating those most at risk from COVID first As at 7 June, 66% of Sheffield adults had been vaccinated. Within this, 80% of people aged over 50 had been fully vaccinated. Work is ongoing to target delivery in communities where the uptake was noticeably different to the overall position.

Sheffield has the highest percent vaccine uptake, for first and second doses, out of the top 8 core cities in England. This is fantastic and is testament to the hard work of everyone involved.

Sheffield CCG have invested £235,000 into 26 local voluntary and community organisations working to reduce vaccine hesitancy and physical, cultural, and

emotional barriers to encourage people to take up the COVID vaccine offer. Each organisation has co-produced a plan based on their extensive knowledge of working within their communities. Activity has included one to one conversations, hosting targeted vaccine sessions, translating information, booking appointments, addressing accessibility issues, and providing transport.

Additional walk in capacity has recently been provided by pop up clinics at the Crucible, and also from Sheffield Teaching Hospitals at the Octagon and Primary Care Sheffield at Darnall.

The CCG and Sheffield City Council have funded and developed a marketing campaign to target people aged 18-35, encouraging them to have the vaccine when offered. The campaign will include adverts on Hallam FM, on-street advertising in Sheffield, social media advertising and advertising through social media influencers and adverts in locations across the city.

5. 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 care homes. We have just reviewed our working arrangements and plan to continue with the majority of our staff working from home until social distancing is removed and we are advised that we should no longer work from home.

When all COVID-19 restrictions have been lifted the CCG is taking a supportive approach of allowing a 3 month period for staff to re-adjust back to working in the office, trialling blended working so they can make an informed decision about how they want to work in the future on an individual, team and organisational basis.

Regular staff briefings continue to be delivered via Zoom and these are well attended; they are also recorded so that staff can access them when it is convenient for them.

We continue to seek 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” and “Staff Feedback” sections of the report. The organisation continues to provide resources to support staff with maintaining their wellbeing, including an emphasis on managing stress, taking care of our mental wellbeing, and keeping physically active and connected to each other.

The CCG recognises the importance of ensuring that its staff are fully aware of changes and developments and that support is in place during this process. The preparation for our migration to the ICS remains a key topic during fortnightly staff briefings, and the Weekly Round Up email, where developments and information is shared when available. ICS migration and change management will also be supported by Deputy Directors via the fortnightly meeting. In additional ICS ‘Drop In’ sessions

have been arranged providing staff with the opportunity to ask questions and share concerns.

6. Health inequalities

The last section of the paper provides an update on the evaluation of inequalities and the work the Intelligence Team are doing to assess data quality/completeness on the protected characteristics of the Equalities Act 2010 in our local services.

7. Deep Dive into the Special Educational Needs and Disability (SEND) programme

SEND is part of a legal framework which is jointly inspected between Ofsted & CQC. The last local formal inspection was in November 2018 and we are expecting re-inspection imminently. As a result of the last inspection, we were required to produce a Written Statement Of Action (WSOA) to areas of significant weakness. The deep dive presentation describes the good progress that has been made and recognises that there is still a lot of work to do. The lead commissioning manager for this area will present the slides at the meeting and will also consider with Governing Body members how best to ensure continued Governing Body oversight.

8. 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 and the vaccination programme
- Progress on evaluating inequality and the associated data quality/completeness
- Progress on the Special Educational Needs and Disability (SEND) programme

Paper prepared by: Rachel Clewes, Senior Programme and Performance Analyst
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On behalf of: Cath Tilney, Associate Director of Corporate Services

16 June 2021

Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Performance & Delivery Report

2021/22

for the July 2021 meeting
of the Governing Body

Contents

1.1 NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q4 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 4 2020/21, except 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%		79.77%	Apr-21		80.95%	68.82%		
	No patients wait more than 52 weeks for treatment to start	0		1057	Apr-21		1010	720		
Diagnostic test waiting times	Patients wait 6 weeks or less from the date they were referred	99%		86.42%	Apr-21		87.90%	66.53%		
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	85.42%	82.10%	May-21		76.74%	97.62%		
	No patients wait more than 12 hours from decision to admit to admission	0		1	May-21		1	0		
Cancer Waits: From GP Referral to First Outpatient Appointment	2 week (14 day) wait from referral with suspicion of cancer	93%	94.44%	79.81%	Apr-21		79.88%	100.00%		
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	88.89%	41.50%	Apr-21		41.33%	-		
Cancer Waits: From Diagnosis to Treatment	1 month (31 day) wait from diagnosis with suspicion of cancer to first treatment	96%	96.10%	91.53%	Apr-21		92.58%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	99.31%	98.97%	Apr-21		98.73%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	97.55%	98.18%	Apr-21		96.82%	-		
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	88.55%	88.57%	Apr-21		83.52%	100.00%		
Cancer Waits: From Referral to First Treatment	2 month (62 day) wait from urgent GP referral	85%	65.74%	63.30%	Apr-21		60.79%	-		
	2 month (62 day) wait from referral from an NHS screening service	90%	67.39%	82.61%	Apr-21		76.92%	-		
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient	(85% threshold)	86.89%	82.35%	Apr-21		75.36%	-		
Ambulance response times	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins		7 mins 20 secs	Mar-21					7 mins 20 secs
	Category 1 calls resulting in an emergency response arriving within 15 minutes (90th percentile response time)	15 mins		12 mins 34 secs	Mar-21					12 mins 34 secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		21 mins 19 secs	Mar-21					21 mins 19 secs
	Category 2 calls resulting in an emergency response arriving within 40 minutes (90th percentile response time)	40 Mins		44 mins 26 secs	Mar-21					44 mins 26 secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		144 mins 57 secs	Mar-21					144 mins 57 secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		249 mins 13 secs	Mar-21					249 mins 13 secs

1.1 NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q4 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		14.07%	May-21		28.60%	3.79%		14.07%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		3.45%	May-21		8.04%	0.76%		3.45%
	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		10.70%	May-21		4.77%	3.79%		10.70%
	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		0.59%	May-21		0.389%	0.00%		0.59%
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	60%		59.00%	Apr-21			-	60.00%	
Improved Access to Psychological Therapies (IAPT)	Number of patients receiving IAPT as a proportion of estimated need	6.25% (Qtr target)	5.47%	1.67%	Mar-20		CCG level data is derived from national reporting, which has not been published yet. This is locally reported Trust level data for May 2021		1.88%	
	Proportion of IAPT patients moving to recovery	50.00%	49.64%	46.67%	Mar-20				47.34%	
	Proportion of IAPT patients waiting 6 weeks or less from referral	75.00%	88.51%	88.78%	Mar-20				96.41%	
	Proportion of IAPT patients waiting 18 weeks or less from referral	95.00%	95.27%	100.00%	Mar-20				99.70%	
Dementia Diagnosis	Estimated rate of prevalence of people aged over 65 diagnosed with dementia	71.5%		70.40%	Apr-21					
			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

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
RTT & Diagnostics	Our providers are working to recover elective activity considering what measures they can put in place, including use of the Independent Sector, to deliver the levels of activity required in the national Planning Guidance. This involves taking a phased approach, considering clinical prioritisation, and treating those people who have been waiting the longest to reduce backlogs which have been created during the pandemic, as well as managing new referrals. Capacity continues to be constrained by the physical distancing and infection control measures which need to be in place to deliver services safely in the context of COVID -19. Both RTT and diagnostics performance has improved this month. 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. In line with the 2021-22 Planning Guidance, both acute Trusts are exploring how they can safely maximise the use of non-face to face outpatient appointments and virtual consultations, as well as understanding how outpatient activity may be reduced where there is low clinical value, in order to allow for capacity to be redeployed elsewhere, this includes increasing mobilisation of Advice and Guidance and Patient Initiated Follow-up. Planning Guidance from NHS England has asked Trusts to initially focus on whole pathway transformations and improve performance in three specialities, cardiac, MSK and eye care.	Operational guidance from NHS England has asked Trusts to protect capacity for the highest priority patients in greatest clinical need, as well as being mindful of addressing health inequalities/ The CCG has been working with our provider Trusts to submit plans to both achieve this requirement clear the backlog of long waiters. These plans will reflect that SYB has recently been approved as an Accelerator Site.	None
RTT 52 week waits - CCG information	In April, 1057 Sheffield patients were waiting over 52 weeks for their surgery or procedure, this had decreased from 1146 in March. In order to comply with national guidance currently in place due to the COVID-19 pandemic, the CCG has not contacted providers to determine reasons for the long waits. 247 of these Sheffield patients were waiting at Sheffield Children's NHS FT, 666 at Sheffield Teaching Hospitals NHS FT and 144 at providers outside the city. We are aware that providers are reviewing their Patient Tracking Lists (PTL) in time bands and 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.	We will continue to monitor the situation with regard to patients experiencing these long waits, until we can confirm they have received their treatment. The plans to clear the backlog of long waiters are referenced above.	None
RTT 52 week waits Sheffield Children's NHS FT	The data in the dashboard for Sheffield Children's NHS FT (SCFT) shows April data (720 patients), were waiting over 52 weeks at SCFT - this accounts for all their patients, not just Sheffield residents. The Trust has a number of processes in place to manage clinical risk for these patients, described below: - 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.		

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 NHS FT	The data in the dashboard shows April data (May data has not yet been made available for STH). For April, 1010 patients were waiting over 52 weeks at STH - this is not just Sheffield residents. The long wait position continues as theatre and bed capacity has been restricted due to COVID-19 but there are plans in place to improve the situation. The number of Covid patients has significantly decreased, including the number of patients in critical care and the focus now is on restoring elective capacity. Theatre capacity will increased to 320 lists per week from the 3 May and will further increase to 350 lists per week from September which represents about 94% of 2019/20 capacity. However, it should be noted that because of Infection prevention and control measures lists are now less efficient with fewer cases per list. The Trust will be working towards the national target of delivering 85% of 2019/20 elective activity (by value) by July 2021.		
Cancer Waiting Times	Several of the Cancer Waiting Times targets were not met at CCG level in April 2021. The 2 week wait (2WW) and breast symptomatic positions were adversely impacted by extraordinary, unexpected demand in late March. The most common reasons for breaches to the standards remain: reduced numbers of outpatient clinic slots and diagnostic capacity due to infection control measures, combined with patient choice as well as a national focus on priority 1 and 2 patients without the opportunity to undertake priority 3 work (which adversely affects tumour sites such as lower risk urology and thyroid pathways). The STH Cancer Patient Treatment List (PTL) volume remains stable. The total long-waiting position continues to improve with significant work underway to address backlogs and recover to a pre-pandemic position. The 2WW access target and breast symptomatic will fail in May owing to high-volumes of breast referrals driven by a national press story at the end of March. Additionally, the dermatology pathway has experienced capacity issues resulting in further breaches against this standard. GP 62 Day target performance will likely fall again as patients are treated from the backlog. STH remains under the national average and below the Shelford average (a measure used to group certain areas that are similar) for this measure thanks this is due in part to the delayed transfer of care and reduced onward referrals from neighbouring SYB providers. Appropriate clinically led risk stratification has resulted in the delay to those pathways where patients are least at risk.	The COVID pandemic is expected to continue to impact on cancer pathways for the next few months as numbers of people admitted to hospital reduce and services can stabilise.	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.
12 hour waits to admission from decision to admit (Trolley Waits)	Unfortunately, one patient experienced what is known as a “trolley wait” in excess of 12 hours in May. 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 an acute setting, in the temporary absence of the right onward accommodation being available. This can happen at times of very high pressure in the system, or when a patient has complex needs which require a specialist response (as was the case with these patients, who needed specialist inpatient mental health care). It took some time for local services to arrange this onward care for these patients, due to the small size of this specialist service. As part of the NHSE mental Health summit STH now have a process which they follow in relation to supporting the escalation of patients awaiting a mental health admission, 1. The patient flow matrons will be liaising with Emergency Department around any patients awaiting a mental health review to ensure they have early notice of patients likely requiring admission to a mental health bed. 2. Following on from the meeting between the system Chief Executive Officers, Chief Operating Officers and NHS it has been agreed that a specific escalation process should be followed. Work is ongoing based on the learning between STH and SHSCT which should hopefully soon provide further support to on call colleagues of what should be being done both STH teams and the SHSCT teams in such circumstances.	Pressures on specialist mental health inpatient services continue, for both adults and young people, and this situation is being monitored during the weekly system calls between CCGs, providers and NHS England.	None

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
A & E Waits	STHFT's A&E Department has seen a very challenging operational position, with above predicted number of arrivals in the department. There were surges in attendances throughout the month resulting in overcrowding in the department. The consequence of these surges in attendances were delayed ambulance handovers, extended clinician assessment times and increased demand on flow to assessment units. The A&E's Clinical Decision Unit (CDU) and Same Day Emergency Care (SDEC) have been well used throughout the day to support flow throughout the department. STH have seen an apparent increase in activity and level of patient acuity. To support with the COVID response and bed space within the ED the team moved ambulatory acutely unwell patients into the minors area of the department whilst majors ran at capacity. Contributing to this shift in activity and acuity the reduction in major trauma and knife crime fell during COVID, STH ED have noted that there has been an apparent increase in major trauma over the last month. The Sheffield Minor Injuries Unit (MIU) based at the Royal Hallamshire Hospital reopened on 7th June after the decision to temporarily close the MIU was taken in April 2020 to allow clinical staff at the unit to provide additional support as part of the COVID-19 response. The Walk In Centre have seen under-utilised capacity resulting from lower activity levels in Mar 21 compared to pre Covid. As a result, there have been discussions around increasing utilisation by reviewing the way appointments are booked for the WiC and accesses through system changes at YAS. Funding has been allocated for additional GP shifts at the GP Collaborative for a 12 week period during peak times and to provide resource to pilot a GP Capacity Co-ordinator. Initial data and feedback suggests that this is having a significant impact both in ensuring that patients are seen more quickly, better utilisation of capacity across the system (particularly in the WIC) and also reducing requirements for additional workforce at times of high demand. Further funding for Quarter 2 has been allocated for this to continue. Overall call volumes to the 999 service remain at lower levels than seen pre-Covid and increasing numbers of patients are benefitting from being successfully treated at the scene or referral onto other services leading to reduction in the number of patients requiring transportation to hospital. 111 call volumes in Sheffield have remained broadly in line with that been seen over the last 12 months, with the exception of Winter pressures with similar rates of patients advised to attend A&E. Primary Care Hub Capacity is flexed to meet additional demand at times of system pressure and spare capacity remains consistently available. The Urgent Care campaign continues on social media, with the messaging that was agreed by all partners and promoted the use of the WIC, pharmacies and 111 with the strapline 'Stop.Think.Plan B. Not A&E. Although the paid for advertising has now stopped, the communications team continue to use materials from the campaign to post organic content on the CCG's social media accounts. During May 2021 we contacted the community organisations that were originally commissioned to undertake engagement work to reach those hard to reach groups that had been identified through the Urgent Care Review. This work was postponed in March 2020 and the organisations have been working with the CCG on the COVID response. We requested information about their current capacity and willingness to revisit this piece of work. Feedback from the organisations was positive, and we hope to start the engagement work in September 2021.	STH, NHS111 and YAS continue to work together in the context of the pandemic to ensure that appropriate emergency services are available for patients in a timely fashion, within all the operational constraints faced by the system because of COVID-19. The CCG continues to provide information for the public about the range of services on offer to them.	To continue to endorse the CCG's work with the public to support them making the right healthcare choices to ensure their safety, as well as making sure they get the right treatment in the most appropriate place.

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	There were a number of significant delays during the last month in Sheffield and wider South Yorkshire. STH and YAS are working closely together to mitigate issues, however the pressures resulting from COVID-19 continue to be seen. YAS & STH are in discussions around allocating YAS operational support based in A&E to support with facilitating handovers. Significant work continues within STH and with system partners to maintain patient flow, however the situation is compounded by reduced bed capacity due to ward closures and staff sickness absence (both due to COVID). In May& June 2021 there have been a significant number of beds reopen and to date STH have zero beds closed due to infection. The Operational Lead for the Care Group and Matrons continue to liaise with YAS Clinical Supervisors to coordinate crews for patients arriving at A&E and being transported out of A&E. Command structures initiated to respond to increased operational demands linked to COVID combined with other non-elective pressures. The overall situation remains challenging.	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 be aware of ongoing pressures and to continue to endorse the approach being taken by YAS to improve performance.
Ambulance Response Times (ARP)	A number of the ARP performance measures were not achieved in February and March, as the impact of COVID-19 continued to be 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. High job cycle times continue to impact on resource availability which in turn influence response performance, this is consistence across the last 2 months. The Integrated Transport pilot has been underway within YAS for some time. It has taken time for YAS to identify the patient cohort, and the flows for operations, reporting and contracting. The change is largely behind the scenes - to test an approach that should increase efficiency and improve response times for patients. As part of the pilot arrangements, YAS is bringing Patient Transport Service (PTS) and A&E dispatchers working alongside each other to make the best use of available crew capacity from both services. Effectively it just means that where it is safe and clinically appropriate YAS may dispatch one of our A&E Low Acuity Tier (LAT) crews to a PTS job if that crew is closer/available, and vice versa. YAS have completed and shared with commissioners an internal audit of Category 1 and 2 calls where the response times have fallen outside of agreed targets, this has provided some valuable information that links in with national ambulance work-streams. Patient Transport Services training has recommenced after being stopped during COVID for operational reasons, it is expected that there will be a gradual improvement of this target with both classroom an online training schedules being facilitated. COVID vaccination schedules are being monitored across the service lines and are achieving good results, along with a Lateral Flow Testing schedule for all frontline public facing staff. There is an audit trail which shows staff adherence to the testing schedule, providing assurance that YAS are working to minimise the COVID Risk to their patients.	Progress continues to be closely monitored.	None this month.

Mental Health Measures Performance Dashboard: Actions

Early Intervention in Psychosis (EIP)	For the first time in over 3 years, the target for numbers of EIP patients seen in 2 weeks hasn't been met at a CCG level for April. The Trust has a recovery plan in place for this service covering a number of different actions including workforce issues. More detail on this will be available next month.	Ongoing	None requested

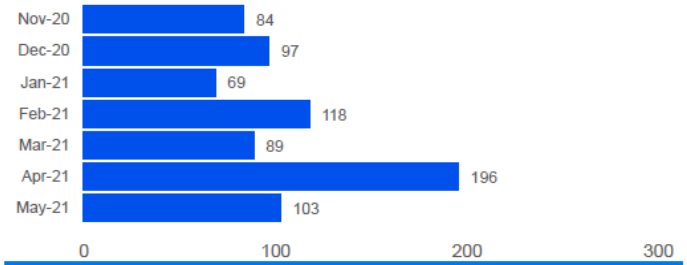
1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Improved Access to Psychological Therapies (IAPT)	IAPT reporting was suspended by NHS England and NHS Improvement during the first quarter of 2020/21, as part of the reduced reporting regime intended to free up services to respond to the pandemic. There 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). COVID has had a significant impact on IAPT services nationally and in Sheffield. Our IAPT service has had to move from GP practice co-location to a centralised model whilst the pandemic continues. National predictions are for a significant increase in demand for IAPT services as a proportion of the local population. The number of referrals locally is increasing and plans are in place to accelerate delivery of the service and offset the impact of a temporarily centralised service. The number of people entering treatment is rising each month in line with increased demand and outreach work. Waiting times – Both the 6 and 18 week targets continue to be exceeded in May 2021.	Ongoing	Governing Body is asked to continue to receive these updated position statements, until this standard is delivered consistently.
IAPT Moving to Recovery	Although NHS England have restored the collection of data around national standards, it has been made clear from the National IAPT team that they are not enforcing performance management of these standards at the present time. The IAPT recovery rate was expected to be lower, as some people have dropped out of treatment due to COVID. The rate of people 'moving to recovery', although achieved in April 2021, was slightly under target in May 2021. The service is continuing to undertake an intensive piece of work to ensure that patients have the best opportunity to reach recovery and is one of the key service objectives during 21/22.	Although NHS England have restored national standards it has been made clear from the National IAPT team that they are not enforcing performance management of these standards.	Governing Body is asked to continue to receive these updated position statements, until this standard is delivered consistently.
Dementia Diagnosis	Our local Dementia Diagnosis target has not been achieved; however we have slightly improved performance since last month and we are exceeding the national target and South Yorkshire & Bassetlaw (SYB) benchmark. As at 30th April 2021, 70.4% of people aged 65+ who are estimated to have dementia in Sheffield were diagnosed - this equates to 4,446 people against an estimated 6,313). This is against the national target of 66.7% and local target of 71.5%. Nationally it has been acknowledged that diagnosis rates for 2020/21 has been impacted by the pandemic. It is not possible to quantify the full impact at this time, however the pandemic and capacity in primary care is likely to be a contributing factor to the drop in 2020 rates. Due to our good performance prior to COVID, our current diagnosis rate (although decreased) is still above the national average (61.7%) and SYB average (68.3%). As part of the cross-organisational Sheffield Dementia Strategy, we have continued to raise awareness about the importance of dementia diagnosis (improving quality/quantity of diagnosis is one of the 13 Commitments within the strategy) and dementia care during the pandemic. For example, the Primary Care and Acute Trust dementia diagnosis protocol/guidance was updated last year and has been widely promoted. The dementia online session/instructional video on dementia diagnosis, as part of our “dementia lunchtime learning” programme for health and social care staff took place on 18 March and is available as a recording for staff. Feedback on the session was very positive, with the majority of participants stating that they were more confident in supporting diagnosis after the session. Feedback was also sought about challenges in diagnosis, which will help inform future work. Comments included “Getting the individual willing to have an initial screening at the GP”, “Timescales and uncertainty whilst waiting” and “Long wait for memory clinic”.	We will continue to monitor the situation with regard to these patients, until we can confirm the Dementia Diagnosis rates are higher.	None requested.

2.1 Sheffield CCG HealthCheck Report: Monthly staff temperature check

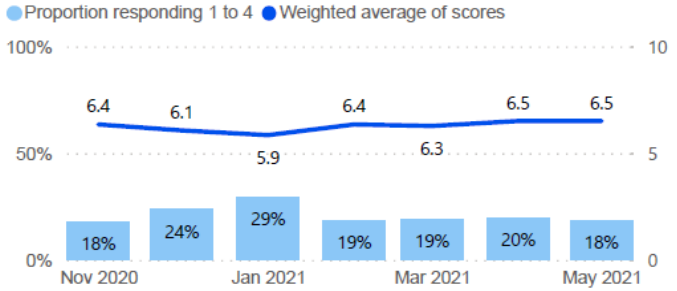
Sheffield CCG Staff Temperature Check May-21

Number of responses

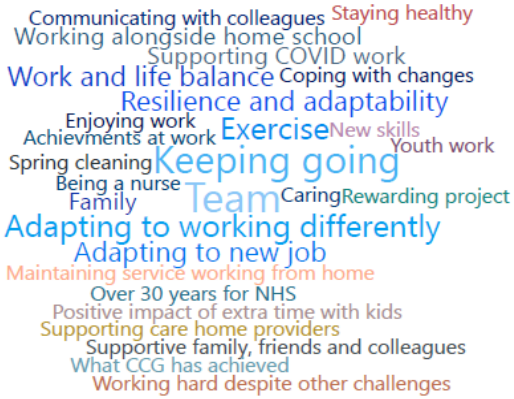


On a scale of 1 to 10 how do you feel? (weighted average)

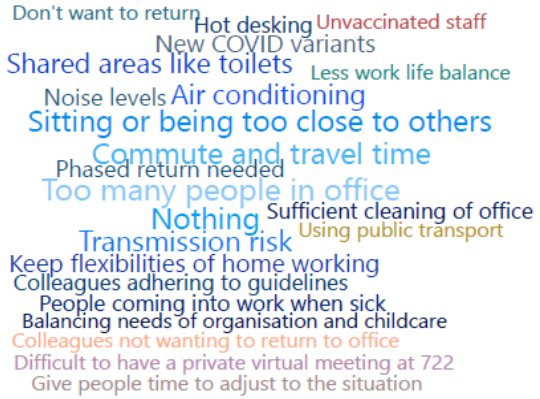
Mental Health - How do you feel on a scale of 1 to 10? (1 lowest, 10 highest)



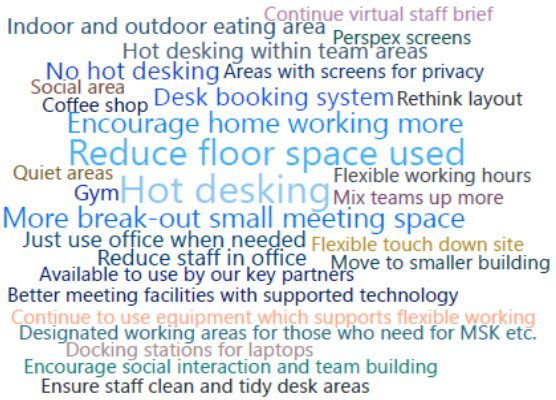
What are you proud of?



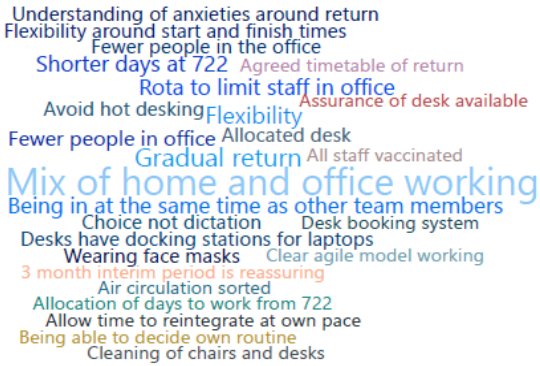
Concerns about return to 722



Ideas for using 722 differently



Help transition - currently working from home

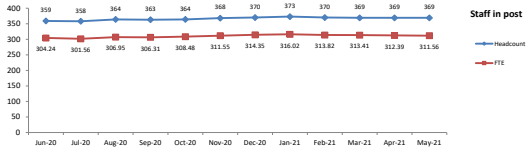


If you need further analysis then please contact the Information Team.

2.2 NHS Sheffield CCG HealthCheck Report: Human Resources Indicators as at 31 May 2021

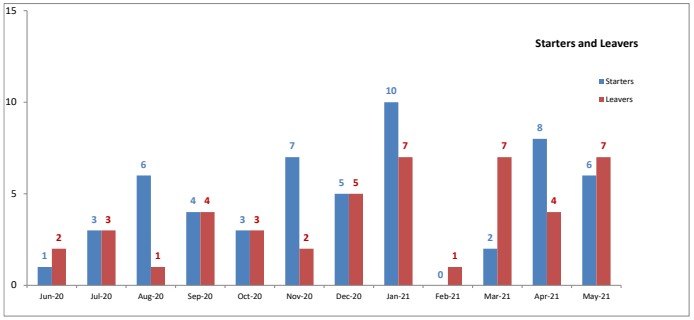
Staff in Post

The organisation's headcount and full time equivalent (FTE) for 1 June 2020 – 31 May 2021 is shown below:



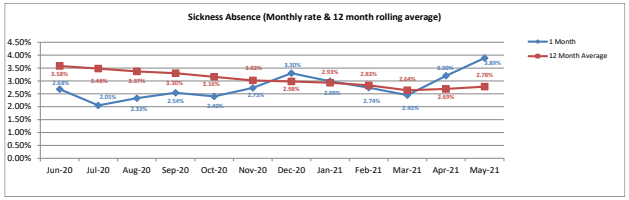
Starters and Leavers

The graph below shows starters and leavers from 1 June 2020 – 31 May 2021:



Sickness Absence

The monthly sickness absence rate for May was 3.89%, the highest monthly sickness absence rate since March 2020. This was due to a small number of long term cases. Short term sickness cases have remained low since the majority of staff began to work from home in March 2020.



Mandatory and Statutory Training

Directly Employed Stat/Mand completed	
Fraud Awareness	85%
Bullying and Harassment Prevention	84%
Risk Awareness	75%
Conflicts of Interest Module 1	85%
Equality and Diversity	92%
Fire Safety	85%
Health and Safety	90%
Data Security	92%
Infection Prevention and Control	91%
Moving and Handling	89%
Prevent	95%
Safeguarding Adults	89%
Safeguarding Children	90%

Staff Ethnicity in Sheffield CCG

The current ethnic breakdown for Sheffield CCG staff

Ethnic Group	%
A White - British	84.1%
B White - Irish	1.4%
C White - Any other White background	1.4%
D Mixed - White & Black Caribbean	0.8%
E Mixed - White & Black African	0.3%
F Mixed - White & Asian	0.8%
G Mixed - Any other mixed background	0.8%
H Asian or Asian British - Indian	0.5%
J Asian or Asian British - Pakistani	3.5%
K Asian or Asian British - Bangladeshi	0.3%
M Black or Black British - Caribbean	0.8%
N Black or Black British - African	2.2%
R Chinese	0.3%
S Any Other Ethnic Group	0.3%
SE Other Specified	0.3%
Unspecified	0.8%
Z Not Stated	1.6%
Grand Total	100.0%

2.3 Sheffield CCG Health Check Report: Staff Feedback

The staff temperature check has now been running for over a year. The survey will continue to run on a monthly basis. In May 2021 we asked staff 7 questions. 103 people responded. This represents 27% of staff, assuming that respondents only completed the survey once.

Question 1:
What are you proud of? (Work life or personal life)

There were many uplifting responses to this question, such as "I am proud of the fantastic team spirit in my team and the way we support each other." It is clear from the comments that as an organisation and as individuals we have lots to be proud of. There were repeated themes about resilience and adaptability; exercise; family, work-life balance and home schooling; keeping going; teamwork. About half of respondents skipped this question. This could indicate that people struggled to think of things that they were proud of, or that the question did not resonate with them.

Question 2:
How would you rate your physical health, mental health, work/life balance, work situation?

Staff rated their health, wellbeing and work life situation as follows:
Physical health 6.9 / 10 (Apr 6.8)
Mental health 6.5 / 10 (Apr 6.5)
Work/life balance 7.4 / 10 (Apr 7.2)
Work situation 6.8 / 10 (Apr 6.7)

Over the past year the average response to these questions has been fairly consistent. There was a slight dip over the winter months but for mental health, physical health and work/life balance the score is very slightly higher in May 2021 than it was in June 2020. 41 people added comments. 6 were positive, 3 were a mixture of positive and negative, and 32 were negative.
Positive themes related to work life balance and enjoying working from home.
Negative themes related to: high / unmanageable workload; concerns about returning to 722; poor culture at team level, including staff feeling that they had been treated unfairly or discriminated against; physical health issues; mental health suffering due to prolonged lockdown/working from home.

18% of respondents rated their mental health as between 0 and 4. Throughout the past year, about a fifth of respondents have been rating their mental health as between 0 and 4.

Question 3:
Thinking about when 722 can open more widely, do you have any concerns? (Please note that if social distancing restrictions are still in place, then current working arrangements will continue.)

The themes of responses were broadly similar to those received during April. The main areas of concern were commuting, using public transport, transmission risks, anxiety about overcrowding at 722; air conditioning and ventilation. There were fewer concerns around the ability to continue home working, perhaps due to the launch of the home working policy.

Question 4:
If you have been working from 722, what might make the transition to having an increased number of staff in the office easier for you?

Only a small number of comments were received in this section, including staggering staff in the office to avoid congestion, and ensuring that staff coming back understand the arrangements currently in place.

Question 5:
If you have been working from home, what might make your return to 722 easier?

Themes included: enabling continued home/flexible working; being assured of having a desk/monitor/ docking station available; suggestions about how we could reduce numbers of staff mixing; having a gradual return or build-up of office days. There were a small number of comments relating to staff wearing face masks and temperatures being checked, alongside regular cleaning procedures.

2.3 Sheffield CCG Health Check Report: Staff Feedback

Question 6:
Thinking into the future, do you have any ideas about how you would like the CCG to use the building differently compared to pre-COVID times?

There were a number of suggestions to reduce the amount of office space that we need if fewer people are coming in to the office, and to use that space differently. Respondents felt strongly about using the building for connection with colleagues from their own team and others.

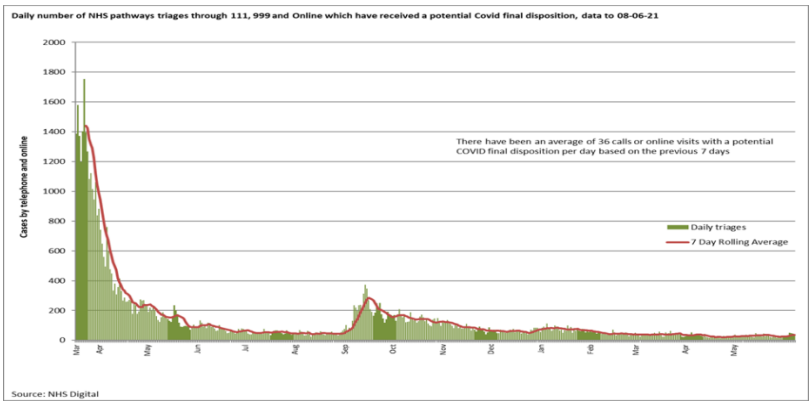
Question 7:
Please tell us if you'd like to ask a question or raise anything for the next fortnightly Staff Brief.

There were 9 questions raised this month, primarily regarding the future of the ICS and returning to 722.

3.1 Sheffield Covid-19 update - Key Messages 8 June 2021

Covid-19 NHS pathways

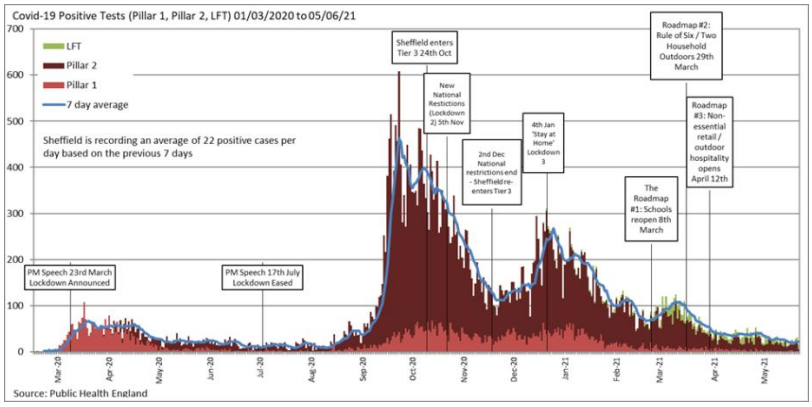
• As of 8th June there have been 60,396 calls or online visits to 111 which have resulted in a potential Covid-19 final disposition.
This is an average of 36 per day in the last seven days.



Testing

• As of 31 May, the cumulative number of confirmed cases of Covid-19 in Sheffield was 44,811 (Pillar 1 and 2).
Sheffield is recording an average of 22 positive cases a day, based on the previous 7 days.

• The overall proportion of people testing positive in Sheffield has increased slightly to 1.4%.
• The most recent 7-day rate in all age positive cases is flattening out, linked to continued low rate in over 60s, flattening out in over 25s and a small increase in under 25s.
• Over 95% of community transmission remains associated with adults in private residential settings. The most frequent common exposure events continue to be schools, shopping and workplaces.



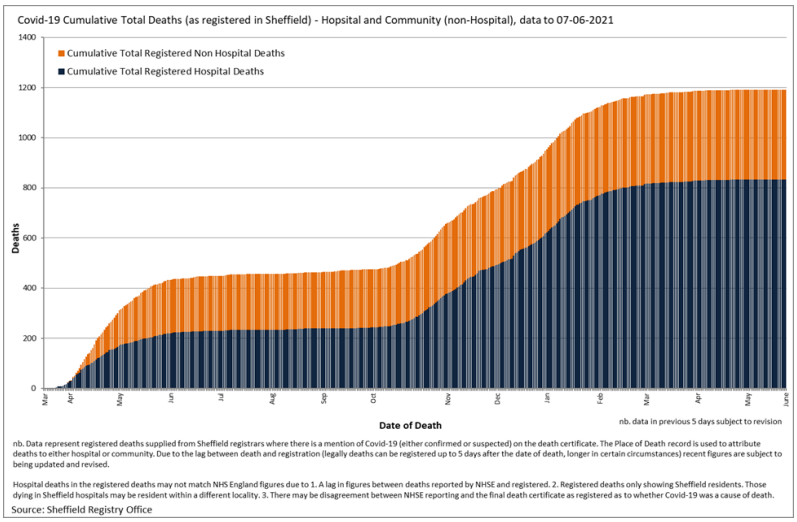
**Pillar 1 and 2 testing refers to tests carried out for the people who are most seriously ill in hospital or during an outbreak (Pillar 1) and on the wider population (Pillar 2). These two Pillars account for 80% of testing. Pillar 3 relates to antibody testing of peole who have had the virus, and Pillar 4 is used in population prevalence research studies.*
The positive case record now includes LFTs – lateral flow tests (also referred to as lateral flow devices). The government decided to remove the requirement to get a confirmatory PCR test in the event of a LFT producing a positive result so we've included them as a separate category. Numbers are tiny (see tiny green dots on the end of the red) and are mostly those groups offered LFT testing – care workers, NHS staff, school staff, some from the University.

Hospitalisations

• As of 7 June, there were fewer than 5 confirmed Covid-19 patients in Sheffield Teaching Hospitals NHSFT receiving oxygen/ventilation support. There have been 7 hospitalizations for Covid-19 in the past 7 days. Both indicators remain unchanged over the previous week.

Deaths

• As at 7th June 2021, the number of Covid-19 related deaths registered in Sheffield was 1,191, of which 833 occurred in hospital and 358 in the community (the majority of which were in care homes).
• Based on registered deaths Sheffield is recording an average of 0 deaths a day based on the previous seven days.
Community deaths represent 30.1% of the total Covid-19 deaths currently registered in Sheffield, with 303 (85%) of those deaths occurring in Care Homes
• The number of deaths is broadly as expected for this time of year.



Sources:

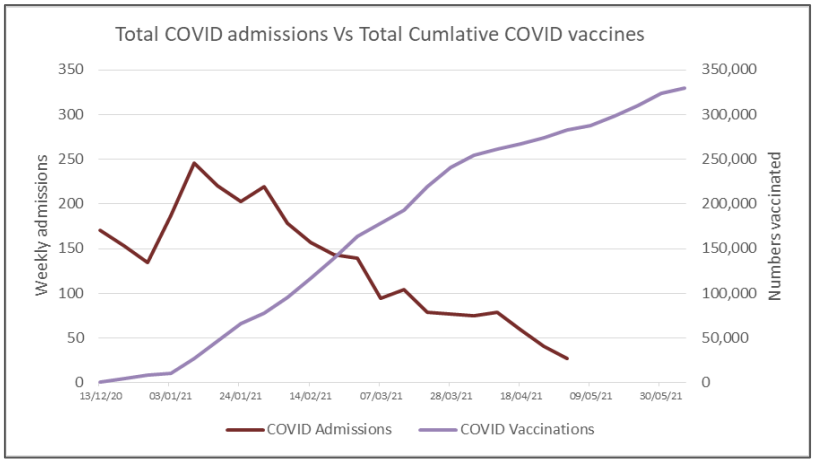
https://coronavirus.data.gov.uk/
https://digital.nhs.uk/data-and-information/publications/statistical/mi-potential-covid-19-symptoms-reported-through-nhs-pathways-and-111-online/latest
NHS Test and Trace web-based tool (formerly known as CTAS)
https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/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

3.1 Sheffield Covid-19 update - Key Messages 8 June 2021

Covid Vaccinations

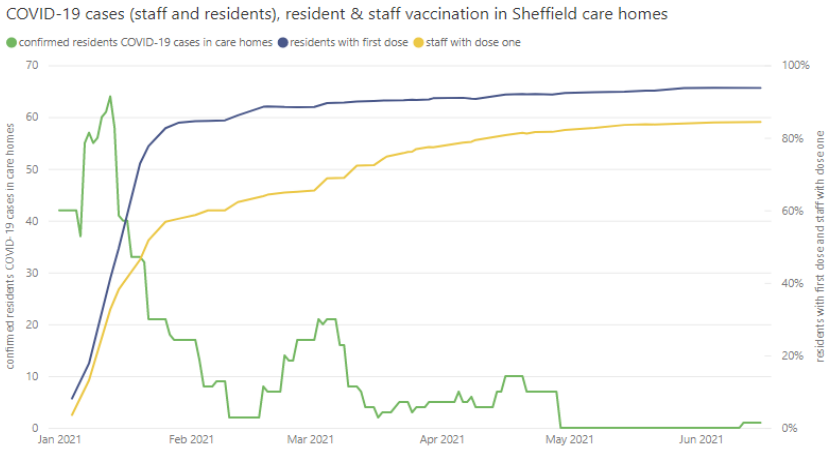
• As at 7 June, 91.6% of people aged 50 and over have received their first dose.
• 80.0% of people aged 50 and over have received both first and second doses.

• 48.1% of people aged under 50 have received their first dose.
• 19.6% of people aged under 50 have received both first and second doses.



Covid Vaccinations in Care Homes

• Over 90% of people living in care homes in Sheffield have received their first vaccination.
• The number of staff working in care homes who have received their first vaccination is over 80%.



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. Inequalities 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 looking at where we have gaps in information, and where we can improve the accuracy and completeness of data. We plan to use the information where possible 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 of travel, to address inequalities more effectively than we have been able to before.

This section provides an update on some of the work linked to evaluation of inequalitues and the data completness/quality.

Sheffield Outcomes Framework

The Sheffield Outcomes Framework that underpinned the Sheffield Joint Commissioning Plan with Sheffield City Council is currently in development incorporating full engagement with voluntary and community groups to get their feedback. This will incoporate population health management data to support the measurement of inequality outcomes. In future the Performance and Delivery report will be used to share this data as part of the development of the framework.

Rapid Due Diligence process to create a PHM (Population Health Management) tool within the ICS

The system wide support and endorsement to tackle health inequalities (HIs) and develop a population heath driven system within South Yorkshire and Bassetlaw (SYB) continues. To ensure an equitable approach different products are being piloted over a three month period by different CCGs. This will enable a fair and consistent evaluation of tools that are available within the market. The data pack produced for the Heeley Plus Primary Care Network (PCN) is also being used as a potential end product for evaluation purposes. Sheffield CCG is also currently exploring the piloting of a tool offered free of charge for three months by Midlands and Lancashire CSU as part of this process

COVID19 Vaccination Data

There has been significant work taking place to understand the relationship between the uptake of COVID-19 vaccinations and different demographics across Sheffield. Although this has proved challenging due to the accuracy of equality data collected on primary care systems, progress is being made and commissioners are increasingly able to identify which demographics and areas have a lower uptake, which will provide opportunity for further engagement campaigns. The methodology learned through this process can be applied to seasonal flu vaccination for 2021/2022.

4.1 Health inequalities in Sheffield

Data Quality and Completness

The table below provides information on the completeness and data quality of additional key datasets in relation to information about protected groups. It is planned that the remaining data sets will be reported on in September.

Assessment of Data Quality linked to Protected Group Measures
Apr 2020 to Apr 2021

		STHFT (total Trust)				SCH (total Trust)			BTH (total Trust)			Primary Care		SHSC	Other
		A&E	Inpatients	Outpatients	Delivery*	A&E	Inpatients	Outpatients	A&E	Inpatients	Outpatients	GP Out of Hours	GP Patient Survey	Mental Health Service Dataset**	Deaths
Protected Group[1]	Sex	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Ethnicity	98%	96%	95%	94%	100%	100%	100%	100%	100%	93%	75%	100%	80%	
	Age	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Deprivation (postcode)	100%	100%	100%	100%	100%	100%	100%	100%	95%	100%	100%		99%	100%
	Disability/ additional needs[3]														
	Maternity/Pregnancy														
	Sexual Orientation												95%		
	Gender Reassignment														
	Faith												97%	0%	
	Marriage / Civil Partnership	0%	0%	0%		0%	100%	0%	0%	97%	0%	30%		73%	0%
	Asylum Seeker / Refugees														
	Digitally Excluded														
	Homeless														
	Carers[4]														
	Rurally Isolated (postcode)	100%	100%	100%	100%	100%	100%	100%	100%	95%	100%	100%		99%	100%
Other	NHS Number	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%	98%			100%
	Registered GP Practice	100%	100%	100%	97%	100%	100%	100%	100%	100%	100%	99%	100%		97%

Key

Available	% complete/valid
Partially available	(national data quality report SUS+)
Not available	
TBC if available	

Notes

1 ₃ Sheffield CCG Quality & Equality Impact Assessment (QEIA) 2020

2 Datasets to be included:
- Patient Level Contract Monitoring (STH; SCH; BHT)
- Contracting Drugs and Devices (STH; SCH; BHT)
- Yorkshire Ambulance Service (111; 999; PTS)
- A&E Daily Siteps (STH; SCH)
- Cancer Waiting Times
- Diagnostics Waiting Times
- Inpatient Waiting List
- Outpatient Queue
- Outpatient Referrals
- eReferrals
- Referral to Trreatment Times
- Maternity
- Others to follow

3 Disability Field — Available by proxy using diagnosis fields

4 Carers Field — Carer Support Indicator - this only shows whether or not carer support was available

* Delivery
- Ethinicity - this is via proxy of the mothers ethnicity
- Deprivation - this is via proxy of postcode and in this case GP Practice Postcode
- Rurally Isolated - this is via proxy of postcode and in this case GP Practice Postcode

** Mental Health Service Dataset — This is a self contained dataset and as such has it's own ID that are not NHS Number and not linkable

Working with you to make Sheffield
HEALTHIER

NHS
Sheffield
Clinical Commissioning Group

SEND Programme Deep Dive
CCG Governing Body
1st July 2021

Sapphire Johnson, Head of Commissioning –
Children, Young People & Maternity Portfolio

SEND Inspection Framework

- Special Educational Needs and Disabilities (SEND) part of a legal framework. Jointly inspected between Ofsted & CQC.
- Inspections cover (taken from inspection handbook):
  - the effectiveness of the local area in identifying children and young people who have special educational needs and/or disabilities
  - the effectiveness of the local area in assessing and meeting the needs of children and young people who have special educational needs and/or disabilities
  - the effectiveness of the local area in improving outcomes for children and young people who have special educational needs and/or disabilities.

And since the pandemic, will also consider to what extent the local area has:

- understood the experience and needs of children and young people with SEND, and their families, during the pandemic
- involved children and young people with SEND and their families in co-producing decisions about how best to support them
- worked collaboratively to prioritise, adapt and provide the services and support that children and young people with SEND and their families need.

Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Sheffield's Local Area Inspection

- Formal inspection in November 2018. Expecting re-inspection imminently.
- As a result of last inspection, required to produce a Written Statement Of Action (WSOA) to address following areas of significant weakness:

1. The lack of a co-produced, coherent vision and **strategy for SEND** in Sheffield
2. **Communication**, clarity and consistency in the relationship between the local area leaders, parents, carers, children and young people
3. **Poor strategic oversight of SEND arrangements by the CCG**, which results in unacceptable waiting times for access to specialist equipment and appropriate pre- and post-diagnosis support and children and young people's needs not being met
4. **Weaknesses in commissioning arrangements** to remove variability and improve consistency in meeting the education, health and care needs of children and young people aged zero to 25 with SEND
5. The **quality and timeliness of EHC plans**
6. **Inconsistencies in identifying, assessing and meeting the needs** of children and young people with SEND in **mainstream primary and secondary schools**
7. Weaknesses in securing effective **multi-agency transition** arrangements for children and young people with SEND.

WSOA 3 – CCG Oversight

- Poor strategic oversight of arrangements for identifying, assessing and meeting the health needs of children and young people (CYP) with SEND.
- No effective oversight of the health input and provision specified in EHC Plans.
- Waiting times for children and young people who require more specialist assessment for a wheelchair are immensely long. The CCG's understanding of the paucity of this provision and the impact it has on CYP is weak.
- Long waits to have needs assessed and met by some services – e.g. CAMHS and the neurodisability team.
- At a senior level, the CCG does not have a thorough understanding of what is working well and what needs to improve.*
- There have been gaps in strategic leadership of SEND in the CCG.

**Do Governing Body feel appropriately sighted on SEND / EHCP performance and how can we best keep you informed in future?*

WSOA 4 – Commissioning Arrangements

- Joint commissioning arrangements are underdeveloped and not informed by a full understanding of children and young people's needs.
- Joint commissioning arrangements have not secured effective social care input to assessing children and young people's needs. Leaders are not tackling this quickly enough.
- Demand for specialist places is acute and has led to pressure in mainstream and special schools, and for families when a placement does not meet their child's needs – [*more specialist places available but demand still not fully met]*
- Currently [at time of 2018 inspection], more than 40 children and young people with an EHC plan are not achieving as they should because they do not have a place in school. *[This number has now reduced to 16]*
- The commissioning of health services for those with SEND aged zero to 25 is not well established and lacks specificity. *[Many services now specified but some still to complete]*
- Those who make decisions about how funding is spent do not use the information they have to prioritise the things that will make the biggest difference.
- Leaders are not able to measure or accurately evaluate the impact of their work on the experience of children, young people and families or the outcomes they achieve. *[We would like to do more to be able to evidence this]*

Summary

- Made good progress so far, hampered to some extent by the pandemic, but still more work to do.
- Gathering more evidence to demonstrate impact and improved outcomes.
- We wanted to understand root causes and have time to plan sustainable solutions that would be fit for the future, rather than a quick fix.
- Have laid the groundwork for this and put in place the foundations. We are now building on that with further projects and business cases to develop our vision.