Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Performance and Delivery Report

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Governing Body papers

2 September 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.

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 the first half of 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 including the vaccination programme
- An assessment of data quality linked to inequality measures

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
- A position statement regarding the assessment of data quality linked to inequalities

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

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

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

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NHS Sheffield Clinical Commissioning Group

Performance and Delivery Report

Governing Body Meeting

September 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 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 regarding 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 June 2021 which saw a further improvement in both RTT standards whereas the diagnostic wait standard has dropped slightly again this month. The number of Sheffield patients waiting over 52 weeks for their elective treatment journey has decreased again this month from a high in March 2021. At the end of June, 810 Sheffield patients were waiting over 52 weeks for their elective treatment journey to start. Table 1 provides more detail on length of waiting time (Table 1). Before the pandemic there were no patients waiting over 52 weeks.

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

Length of time patients waiting	Number of patients
52-64 weeks	222
65-77 weeks	426
78-90 weeks	130
91-103 weeks	28
104+ weeks	4
Total - 52+ week waits	**810**

The long 52 week wait position continues to be impacted by staff isolation and sickness as well reduced theatre and bed capacity due to COVID-19.There are plans in place to improve the situation; the number of Covid patients has decreased, including the number of patients in critical care and the focus now is on restoring elective capacity.

Theatre capacity increased in early May and STH are working to increase to this capacity further in September 2021 subject to staffing constraints. It should be noted that because of Infection Prevention and Control measures lists are now less efficient with fewer cases per list. The Trust is an accelerator site therefore working towards 100% of 2019/20 levels of activity.

Both local Trusts have several processes in place to manage clinical risk for these patients, to mitigate the impact of long waits on patient outcomes. It is worth noting the 52 week waits for Sheffield hospitals still remain lower when compared to other similar and local trusts (Table 2).

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

SYB	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Barnsley Hospital Nhs Foundation Trust	20		58	91	184	254	344	436	490	451	365	250	182
Chesterfield Royal Hospital Nhs Foundation Trust	53	117	212	308	438	594	797	1202	1475	1471	1276	1178	1089
Doncaster And Bassetlaw Teaching Hospitals Nhs Foundation Trust	77	157	278	345	393	631	986	1635	2272	2399	1941	1440	1210
Sheffield Children's Nhs Foundation Trust	83	135	190	232	323	354	457	577	721	793	720	659	593
Sheffield Teaching Hospitals Nhs Foundation Trust	30	62	112	168	218	303	386	674	958	1096	1010	866	793
The Rotherham Nhs Foundation Trust	8	46	113	207	307	445	610	720	764	559	404	332	259
Other Local / Similar Providers													
Hull University Teaching Hospitals Nhs Trust	1886	3307	4397	5799	6818	8021	9355	10873	12084	11990	10703	9206	8008
Leeds Teaching Hospitals Nhs Trust	624	971	1297	1606	1909	2257	2666	3522	4463	4711	4080	3535	3080
Manchester University Nhs Foundation Trust	1957	3241	4257	4839	5933	7082	8420	10573	12967	13777	16791	15622	14560
Nottingham University Hospitals Nhs Trust	138	272	404	552	804	1219	1722	2512	3479	3984	3769	3413	3195
The Newcastle Upon Tyne Hospitals Nhs Foundation Trust	354	730	1041	1426	2045	2680	3420	4846	6223	6795	6404	5511	4966
UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRU	580	1011	1667	2367	2968	3751	4706	6629	8767	9728	8586	7542	6765

Patient Initiated Follow-ups (PIFU) have been identified as one of three areas prioritised by the South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) members (in conjunction with Advice & Guidance and Virtual Appointments / Clinics). SYB ICS will run a system wide Patient Tracking List (PTL) to focus on recovery plans for the longest wait specialities eradicating 52 week waits by 31/03/22. Addressing inequalities and communicating with patients to provide advice and reassurance continue to be the core elements of the PTL approach.

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. In recent months high volumes of patients with breast symptoms which has primarily been driven by a national press story at the end of March 2021.

There continues to be increased attendances at STH's A&E department, with demand exceeding available capacity for both COVID and non-COVID admissions plus walk in patients. This has led to delayed ambulance handover times and increased lengths of wait in A&E. Staffing remains a key area of risk, further impacting on flow through the department and the organisation.

Unfortunately, two patients 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 these patients, 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 regarding 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 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 16th August, 78% of Sheffield adults have received one vaccine and 65% both. Within this, over 90% of people aged over 50 had been fully vaccinated. Work is ongoing to target delivery in communities where the uptake is noticeably different to the overall position.

Sheffield still 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 conversation, hosting targeted vaccine sessions, translating information, booking appointments, addressing accessibility issues, and providing transport. A total of 159,798 contacts have been made with the public in terms of engagement around vaccine uptake (including written information, social media and direct engagement). The organisations have been providing insight and feedback on a fortnightly basis which has helped to guide the vaccine roll out and communications. The engagement project runs until the end of August.

In addition to being able to book via primary care networks and the national booking service patients can now access vaccination by walking in at Darnall Health Care and the Longley Lane Centre (which has replaced the Arena when it closed last month). STH also partnered with Sheffield City Council between 10-15 August to offer walk in sessions at Burngreave Vestry Hall.

The CCG is working with local partners and St John's Ambulance to plan second dose clinics in early September, one in Tinsley and one for refugees and people seeking asylum, and exploring the feasibility of sessions for vulnerable women, delivered with local voluntary sector organisations.

NHS Sheffield continues with our awareness raising campaign around the benefits of getting the vaccination. In August 2021 we publicised local rapper *Sliime's* single *"Allow It"* which addresses some of the myths and encourages people to take up the vaccine.

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

We continue to seek staff feedback via the monthly staff temperature check. This survey is an opportunity for staff to share what is working well and if they have any concerns or suggestions. It is used to help the senior management team and HR understand how staff are feeling, what is working well, what the challenges are and what could be done to support staff during these unusual times we are all facing. Staff Forum also play an active role in analysing the results and communicating with deputy directors about potential actions.

Both the June and July temperature check results highlighted that although there are many staff who are thriving with the current working arrangements, there are some staff who are struggling. There has been a small increase in the proportion of staff who are struggling with their mental health (scoring 4 or below on temperature check) and in some cases this is being impacted by work related issues, for example workload and concern about returning to 722.

The CCG continues to ensure that there is a range of support and signposting in place for staff linked to these issues and information about mental health and maintaining wellbeing is available on the intranet.

On 18th August the Deputy Directors, joined by Terry Hudsen, met to discuss staff feedback. During the session the group considered suggested actions linked to this issue by various groups within the organisation, spent time reviewing a relevant Mind resource document about 'How to take stock of mental health in your workplace' and considered other potential approaches. This work has been summarised and is to also be considered by the CCG Wellbeing Group. The proposed next steps will then be shared with staff.

Although 722 has been available to anyone finding it difficult to work from home and has been utilised by a small number of staff, returning to the office continues to be one of the areas of anxiety that is being shared in the temperature check. We have a Home Working

policy and a ‘Return to 722 Pack’ in place, which provide us with a framework to trial out new ways of working over this transition period. One of the benefits of office working is the ability to bring staff together socially to interact and be creative together. With this in mind we have set up the ‘722 Hub’ and are learning how to use our newly purchased meeting ‘owl’ to have productive hybrid meetings (i.e. meetings with people in both the 722 Hub and at home). The key message remains that this is a gradual process, involving the input of all our staff.

Staff Briefings have continued to be delivered by Zoom. 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 continues to be a key topic during fortnightly staff briefings, and the Weekly Round Up email, where developments and information is shared when available

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 work the Intelligence Team are doing to assess data quality and completeness linked to the protected characteristics of the Equalities Act 2010 in our local services.

7. Action / Recommendations for Governing Body

The Governing Body is asked to discuss and note:

- Sheffield performance on delivery of the NHS Constitution Rights and Pledges
- Key issues relating to the CCG workforce and their views and experiences
- A position statement regarding COVID-19 and the vaccination programme
- A position statement regarding the assessment of data quality linked to inequalities

Paper prepared by: Lucy Barker, Performance Assurance Manager

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Performance

On behalf of: Cath Tilney, Associate Director of Corporate Services

XX August 2021

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NHS Sheffield Clinical Commissioning Group

Performance & Delivery Report

2021/22

for the September 2021 papers
for the Governing Body

Contents

1.1 NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q1 22/22**	CCG Latest monthly Position		CCG Performance against standard (latest 6 months)*	Latest Provider Total Monthly Position			
							Sheffield Teaching Hospital	Sheffield Children's Hospital	Sheffield Health & Social Care	Yorkshire Ambulance Service
* Mental Health CPA 7 day follow-up & Cancelled Operations (28 days) trend lines are using latest quarterly (not monthly) data.										
** All Quarterly data relates to Quarter 1 2021/22, except IAPT where Q4 2019/20 is used and CPA where Q3 19/20 is used and A&E where Q1 21/22 is used. This										
Referral To Treatment waiting times for non-urgent consultant-led treatment	All patients wait less than 18 weeks for treatment to start	92%		82.82%	Jun-21		82.95%	74.04%		
	No patients wait more than 52 weeks for treatment to start	0		810	Jun-21		793	593		
Diagnostic test waiting times	Patients wait 6 weeks or less from the date they were referred	99%		84.38%	Jun-21		85.84%	67.65%		
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	82.12%	76.48%	Jul-21		69.76%	96.34%		
	No patients wait more than 12 hours from decision to admit to admission	0		2	Jul-21		2	0		
Cancer Waits: From GP Referral to First Outpatient Appointment	2 week (14 day) wait from referral with suspicion of cancer	93%	80.59%	81.48%	Jun-21		82.02%	100.00%		
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	16.22%	3.77%	Jun-21		2.69%	-		
Cancer Waits: From Diagnosis to Treatment	1 month (31 day) wait from diagnosis with suspicion of cancer to first treatment	96%	92.27%	92.86%	Jun-21		93.05%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	99.20%	98.73%	Jun-21		99.12%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	99.51%	100.00%	Jun-21		97.89%	-		
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	87.93%	85.42%	Jun-21		84.68%	100.00%		
Cancer Waits: From Referral to First Treatment	2 month (62 day) wait from urgent GP referral	85%	64.88%	68.21%	Jun-21		65.19%	-		
	2 month (62 day) wait from referral from an NHS screening service	90%	82.46%	88.89%	Jun-21		80.85%	-		
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient	(85% threshold)	91.18%	95.65%	Jun-21		81.55%	-		
Ambulance response times	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins		8 mins 31 secs	Jun-21					8 mins 31 secs
	Category 1 calls resulting in an emergency response arriving within 15 minutes (90th percentile response time)	15 mins		14 mins 24 secs	Jun-21					14 mins 24 secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		30 mins 04 secs	Jun-21					30 mins 04 secs
	Category 2 calls resulting in an emergency response arriving within 40 minutes (90th percentile response time)	40 Mins		64 mins 34 secs	Jun-21					64 mins 34 secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		217 mins 30 secs	Jun-21					217 mins 30 secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		336 mins 12 secs	Jun-21					336 mins 12 secs

Produced by
Information and Intelligence Team, NHS Sheffield CCG

1.1 NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q1 22/22**	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		23.24%	Jul-21		56.04%	4.76%		23.24%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		7.99%	Jul-21		22.99%	0.00%		7.99%
	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		9.59%	Jul-21		4.19%	2.86%		9.59%
	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		0.60%	Jul-21		0.219%	0.00%		0.60%
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%		62.00%	Jun-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 June 2021		1.67%	
	Proportion of IAPT patients moving to recovery	50.00%	49.64%	46.67%	Mar-20				50.65%	
	Proportion of IAPT patients waiting 6 weeks or less from referral	75.00%	88.51%	88.78%	Mar-20				97.46%	
	Proportion of IAPT patients waiting 18 weeks or less from referral	95.00%	95.27%	100.00%	Mar-20				99.55%	
Dementia Diagnosis	Estimated rate of prevalence of people aged over 65 diagnosed with dementia	71.5%		70.40%	Jun-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	

Produced by
Information and Intelligence Team, NHS Sheffield CCG

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 June, 810 Sheffield patients were waiting over 52 weeks for their surgery or procedure, this had decreased from 890 in May. 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. 195 of these Sheffield patients were waiting at Sheffield Children's NHS FT, 517 at Sheffield Teaching Hospitals NHS FT and 98 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 the numbers waiting over 52 weeks has reduced in the last month, in June there were 593 patients compared to 662 in May. Provisonal July data shows 542 patients were waiting over 52 weeks at SCFT, a decrease of 51. This is due to fewer patients reaching 52 weeks, and more patients being seen. In July 116 patients who were waiting over 52 weeks were treated or discharged (66 of these were admitted for treatment). All elective patients waiting >90 weeks for treatment are now being offered procedure dates, regardless of RAG harm rating (how all patients on surgical waiting lists are being managed to understand the clinical harm which might occur should they continue to wait), to address long waits. Accelerator funding continues to be utilised to support waiting list reductions but high staff absences continue to provide significant challenge. The Trust continues to have 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	For June, 793 patients were waiting over 52 weeks at STH (this is down from 867 in May) - 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 increased to 320 lists per week from the 3 May and STH are working to increase to 360 lists in September subject to staffing constraints. It should be noted that because of Infection prevention and control measures lists are now less efficient with fewer cases per list. The Trust continue to work 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 June 2021. The 2 week wait (2WW) and breast symptomatic positions continue to be adversely impacted by the extraordinary, unexpected demand in late March. The most common reasons for breaches to the standards remain: reduced numbers of outpatient clinic slots, theatres access 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 is now reducing. 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 continue to fail into June due to the knock-on impact of the earlier extraordinary demand in late March. 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, two patients experienced what is known as a “trolley wait” in excess of 12 hours in June. 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). There were a number of additional factors in relation to these 2 patients, 1. Decline of onward referral of home treatment, which then required a further bed search. 2. Possible direct referral for an Approved Mental Health Professional Assessment and bed capacity locally and nationally impacted on length of stay. 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. 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 & remains under significant pressure, with above predicted number of arrivals in the department with demand exceeding available capacity for both COVID and non-COVID admissions and walk in patients. Staffing remains a key area of risk, further impacting on flow through the department and the organisation. The departments Clinical Decision Unit & SDEC (same day emergency care) has been well utilised and additional COVID capacity reopened in the A&E department to support safe patient assessment. The Trust-wide Bed Escalation Plan has been initiated , utilising all available staffed surge capacity & full command and control. This has triggered further actions to respond to significant risks that the Trust are experiencing. STH continues with ongoing system work to support timely discharge & continues to escalate issues to SHSC relating to Mental Health delays & liaison with YAS due to impact of ambulance handovers. 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. The Walk In Centre have seen an increase in utilisation of both walk in patients and those directly booked in via NHS 111 discussions continue around increasing utilisation by reviewing the way appointments are booked for the WiC and accesses through system changes at YAS, working alongside the NECs DoS team. 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. Reflecting on the great results that this campaign has garnered over the past five months, discussions are currently taking place with system partners to consider funding the campaign over the summer and into the winter to support pressures and winter resilience.	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	As stated above 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- still relevant for this month. 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 and reported outbreaks of D&V), to date STH have reported 26 closed beds due to infection, with 2 care home and 1 supported living unit confirming outbreaks. 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 have been consistantly not achieved, as the impact of COVID-19 continues 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.

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Mental Health Measures Performance Dashboard: Actions			
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', has remained above target since May. 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. The detailed recovery plan to improve to improve service recovery continues to be implemented: • All staff are working on individual recovery rate development plans in line management and clinical supervision which is being reviewed. Clinical leads are tasked with identifying any CPD needed for anyone identified in recovery rate development plans. • Review calls offered to anyone who attends a course and benefitted from the course but not moved in to recovery to identify if any other intervention is required. We have noticed an impact from increased DNA of these appointments. We have set up a weekly course steering group to assess the impact of this and have also reviewed capacity to provide more review calls to ensure a short waiting time to access one in case this has impacted on DNA rate. • Established a monthly recovery rates performance meeting with managers only to explore contributing factors recovery and look at support needed. This meeting is also opportunity to share across teams learning around achieving service recovery rates. Highlights and achievements from services in recent months are worth noting and highlighted below: •Service wide interactive event via Teams (over 100 attended) on engaging people on what a post COVID IAPT model could like from April 2022. •Service wide engagement event on developing positive practice in improving equity of outcomes for people from BAME communities.	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.

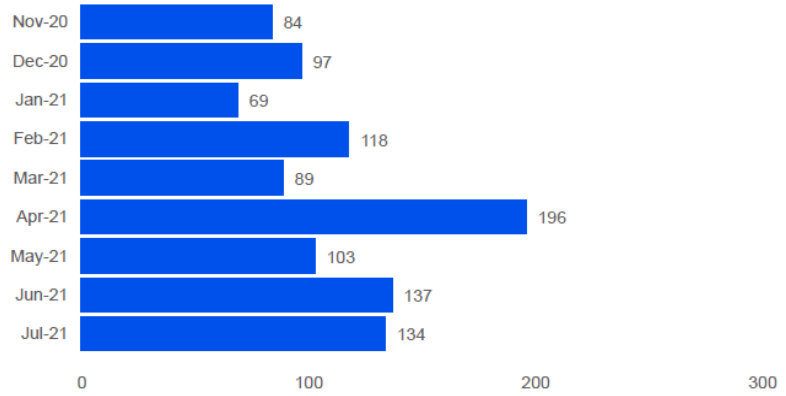
1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Dementia Diagnosis	Our local Dementia Diagnosis target has not been achieved; however we are exceeding the national target and South Yorkshire & Bassetlaw (SYB) benchmark. As at 30th June 2021, 70.4% of people aged 65+ who are estimated to have dementia in Sheffield were diagnosed - this equates to 4,459 people against an estimated 6,334). This is slightly higher than last month, at 70.2%%. This is against the national target of 66.7% and local target of 71.5%. Nationally it has been acknowledged that diagnosis rates has been impacted by the pandemic. Due to our good performance prior to COVID, our current diagnosis rate (although decreased) is still above the national average (61.8%) and SYB average (68.5%). However, like other areas we have seen a decline in performance since the pandemic; with some improvement (broadly maintained) this since February 2021. 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 post-diagnostic 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 in March 2021 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”. As at end of April 2021, the average waiting time from referral to assessment with Memory Service was 18.4 weeks, with 414 people waiting at month end. CCGs have been allocated some non-recurrent dementia diagnosis recovery funding from NHSE from June 2021 (until March 2022). The funding is intended to enhance the support of people waiting for an assessment and post diagnosis. Investments are being rapidly finalised. Plans will include additional capacity within the Memory Service and will build on the existing VCSE services (funded through the SCC and CCG joint dementia commissioning plan) which support people within their local community. Plans will respond to local feedback from the recent survey, and from the Experiences of dementia by ethnic groups under-represented in Sheffield services project.	We will continue to monitor the situation with regard to these patients, until we can confirm the Dementia Diagnosis rates are higher.	None requested.

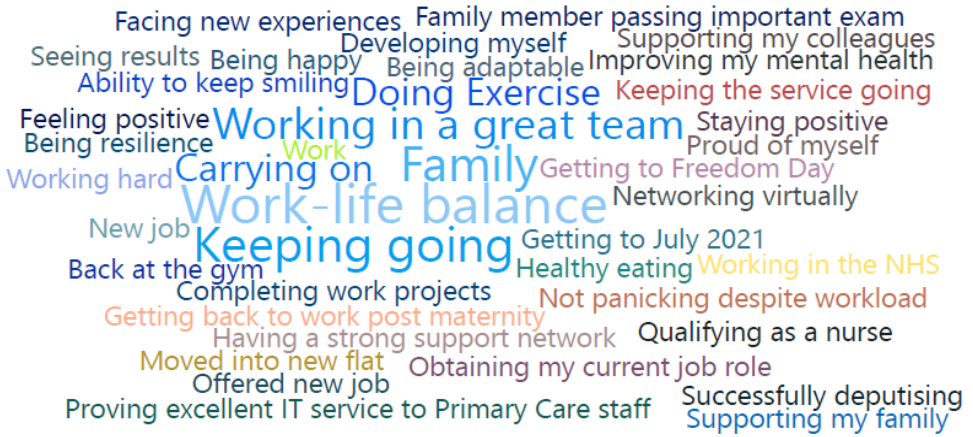
2.1 Sheffield CCG HealthCheck Report: Monthly staff temperature check

Sheffield CCG Staff Temperature Check Jul-21

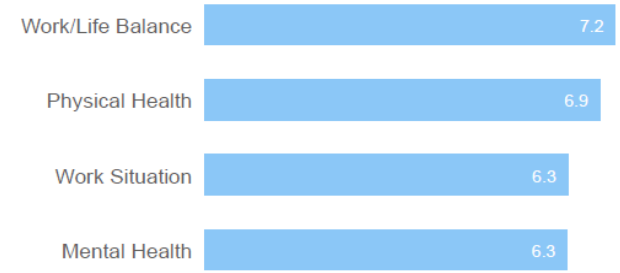
Number of responses



What is going well?

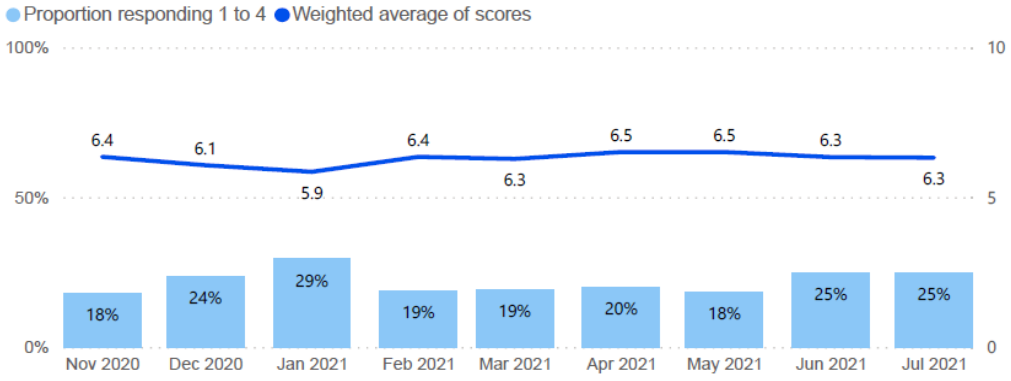


On a scale of 1 to 10 how do you feel? (weighted average)



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

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

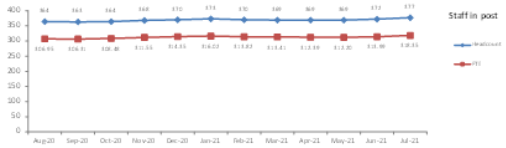


2.2 NHS Sheffield CCG HealthCheck Report: Human Resources Indicators as at 30 July 2021

NHS Sheffield CCG HR Data as at 31-Jul-2021

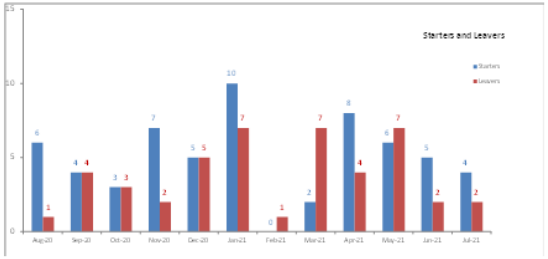
Staff in Post

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



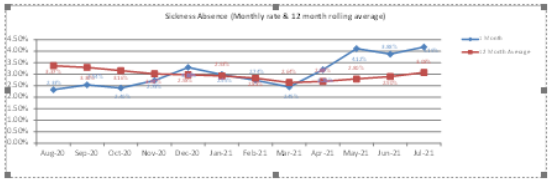
Starters and Leavers

The graph below shows starters and leavers from 1 August 2020 – 31 July 2021:



Sickness Absence

The monthly sickness absence rate for July was 4.19%, the highest sickness absence rate since March 2020. This was due to a small number of long term sickness cases which are being individually managed, the majority of which are due to anxiety, depression and stress, both personal and work-related. Short term absence has also begun to increase, with 19 instances of short term sickness absence in July in comparison to 16 absences in June and 8 in May 2021.



Mandatory and Statutory Training

Directly Employed Stat/Mand completed	
Fraud	89%
Bullying and Harassment*	84%
Risk*	76%
Conflicts of Interest Module 1	85%
Equality and Diversity	94%
Fire Safety	87%
Health and Safety	92%
Data Security	96%
Infection Prevention and Control	90%
Moving and Handling	87%
Prevent	96%
Safeguarding Adults	90%
Safeguarding Children	91%

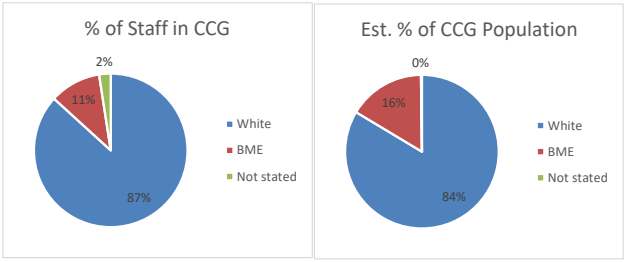
Compliance rates for all statutory and mandatory training have decreased in comparison to June 2021. Monthly compliance reports are provided to Deputy Directors.

Staff Ethnicity in Sheffield CCG

The current ethnic breakdown for Sheffield CCG staff

Ethnic Group	% of staff in CCG	Estimated % of CCG population**
White	86.8%	83.6%
BME	10.8%	16.2%
Not stated	2.4%	0.2%

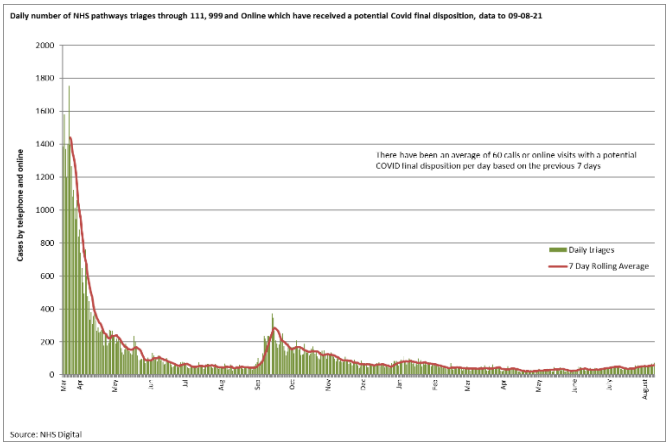
** Source - Joint Strategic Needs Assessment, 2011 Census



3.1 Sheffield Covid-19 update - Key Messages 7th August 2021

Covid-19 NHS pathways

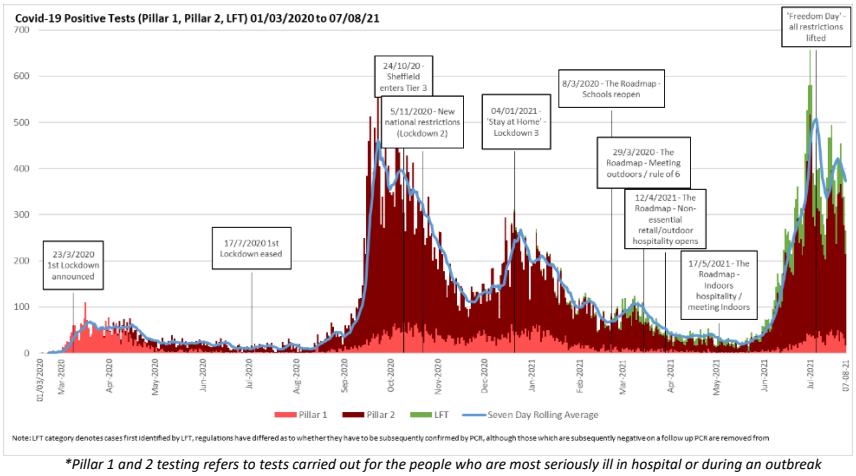
• As of 31st July there have been 62,997 calls or online visits to 111 which have resulted in a potential Covid-19 final disposition.



Testing

• As of 7th August, the cumulative number of confirmed cases of Covid-19 in Sheffield was 60,210 (Pillar 1 and 2).

• The overall proportion of people testing positive in Sheffield has increased to 15.5%.
• The most recent 7-day rate in positive cases has decreased slightly.
• Rates in over 60 year olds are lower and relatively static with highest rates among 12-24 year olds.
• Over 95% of community transmission remains associated with adults in private residential settings. The most frequent common exposure events were schools, hospitality and entertainment and leisure.



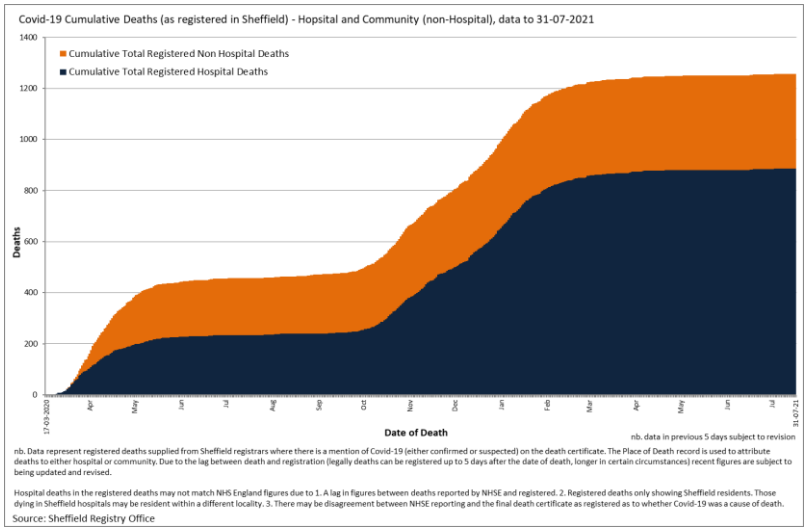
**Pillar 1 and 2 testing refers to tests carried out for the people who are most seriously ill in hospital or during an outbreak (Pillar 1) and on the wider population (Pillar 2). These two Pillars account for 80% of testing. Pillar 3 relates to antibody testing of peole who have had the virus, and Pillar 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 31st July, there are 38 confirmed Covid-19 patients in Sheffield Teaching Hospitals NHS Foundation Trust receiving oxygen/ventilation support. This is slightly higher than the previous week. There have been 83 hospitalizations for Covid-19 in the past 7 days, which represents a decrease. Overall, there are 75 patients in hospital who have Covid-19 which represents approximately 20% bed occupancy.

Deaths

• As of 31st July there have been 1257 deaths registered in Sheffield with a mention of Covid-19 on the death certificate.
• Of those deaths, 886 of these were in hospital and 371 were outside hospital.
• Community deaths represent 29.5% of the total Covid-19 deaths currently registered in Sheffield, with 312 (84%) of those deaths occurring in Care Homes.
• The number of deaths is lower than expected for this time of year.



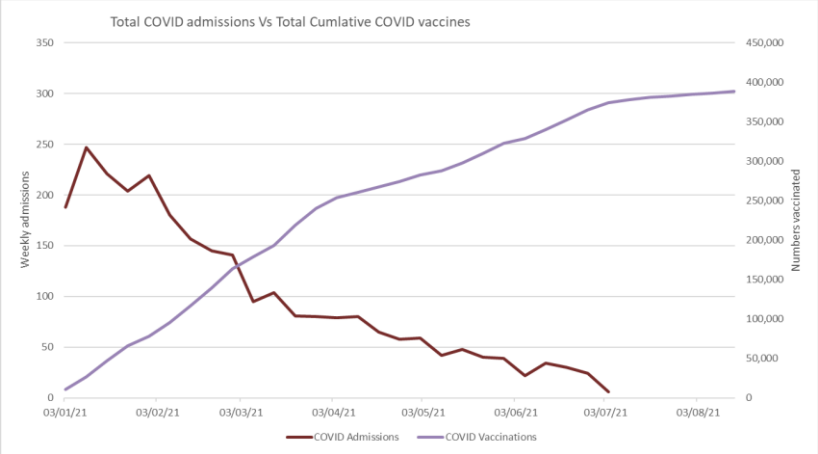
Sources:

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 7th August 2021

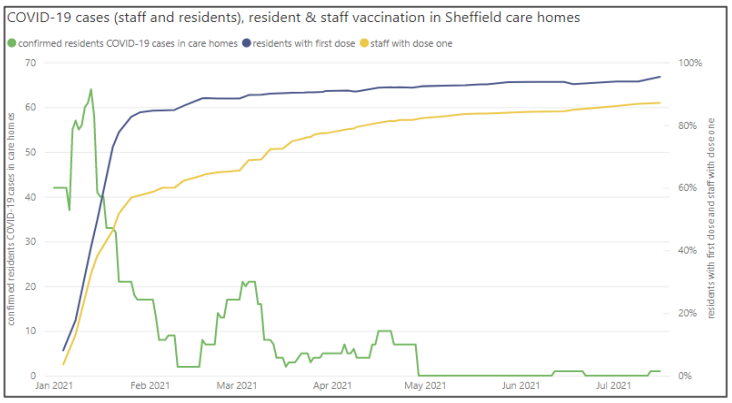
Covid Vaccinations

• As at 16th August, 92.3% of people aged 50 and over have received their first dose.
• 90.7% of people aged 50 and over have received both first and second doses.
• 65.8% of people aged under 50 have received their first dose.
• 47.7% of people aged under 50 have received both first and second doses.



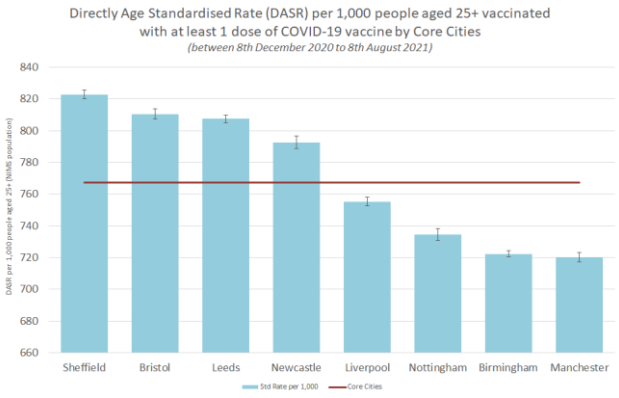
Covid Vaccinations in Care Homes

• 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%.

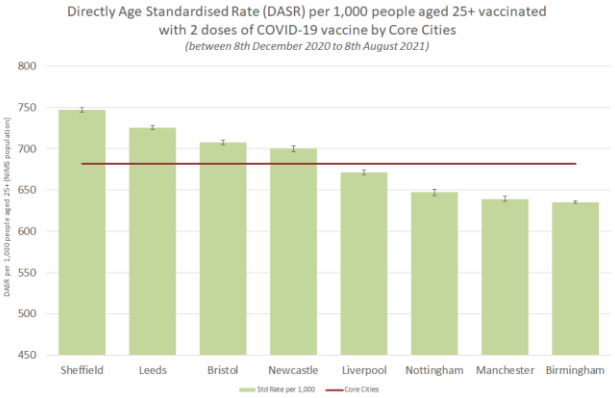


Core Cities Vaccination rates

• Directly Age Standardised Rate (DASR) per 1,000 people aged 25+ vaccinated with at least 1 dose of COVID-19 vaccine by Core Cities.
• Sheffield has the highest of all the core cities at 818 people vaccinated with at least one dose per 1000 people (aged 25+).



• Directly Age Standardised Rate (DASR) per 1,000 people aged 25+ vaccinated with 2 doses of COVID-19 vaccine by Core Cities.
• Sheffield has the highest of all core cities for 2 doses of the vaccination nearly 750 people per 1000 people (aged 25+).



4.1 Health inequalities in Sheffield

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.

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.

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

		STHFT (total Trust)										SCH (total Trust)						
		A&E (SUS)	Inpatients (SUS)	Outpatients (SUS)	Contract Monitoring Dataset (PLCM)	Inpatient Waiting List (LDS)	Outpatient Queue (LDS)	Outpatient Referral (LDS)	Delivery* (LDS)	Devices (PLCM)	Drugs (PLCM)	A&E (SUS)	Inpatients (SUS)	Outpatients (SUS)	Contract Monitoring Dataset (PLCM)	Inpatient Waiting List (LDS)	Outpatient Queue (LDS)	Outpatient Referral (LDS)
Protected Group1	Sex	100%	100%	100%	100%	100%	100%	100%	100%	99%	96%	100%	100%	100%	96%	100%	100%	100%
	Ethnicity	100%	100%	100%	100%		100%	100%	94%			100%	100%	100%	94%		100%	100%
	Age	100%	100%	100%	100%	100%	100%	100%	100%	99%	82%	100%	100%	100%	95%	100%	100%	100%
	Deprivation (postcode)	100%	100%	100%	5%	99%	99%	100%	100%	0%	0%	100%	100%	100%	95%	99%	99%	100%
	Disability/ additional needs3																	
	Maternity/Pregnancy																	
	Sexual Orientation																	
	Gender Reassignment																	
	Faith																	
	Marriage / Civil Partnership	0%	0%	0%								0%	100%	0%				
	Asylum Seeker / Refugees																	
	Digitally Excluded																	
	Homeless																	
	Carers4																	
	Rurally Isolated (postcode)	100%	100%	100%	5%	99%	99%	100%	100%	0%	0%	100%	100%	100%	95%	99%	99%	100%
Other	NHS Number	100%	100%	100%	99%	100%	99%	98%	99%	99%	96%	100%	100%	100%	95%	99%	92%	87%
	Registered GP Practice	100%	100%	100%	100%	100%	100%	100%	98%	99%	100%	100%	100%	100%	96%	100%	100%	100%

		Primary Care		SHSC	Other			
		GP Out of Hours (LDS)	GP Patient Survey (NDS)	Mental Health Services** (MHSDS)	Deaths (NDS)	YAS 111 (TBC)	YAS 999 (TBC)	YAS PTS (TBC)
Protected Group1	Sex	100%	100%	100%	100%	100%	98%	100%
	Ethnicity	75%	100%	80%				
	Age	100%	100%	100%	100%	100%	100%	100%
	Deprivation (postcode)	100%	100%	99%	100%	100%	97%	100%
	Disability/ additional needs3							
	Maternity/Pregnancy							
	Sexual Orientation		95%					
	Gender Reassignment							
	Faith		97%	0%				
	Marriage / Civil Partnership	30%		73%	0%			
	Asylum Seeker / Refugees							
	Digitally Excluded							
	Homeless							
	Carers4							
	Rurally Isolated (postcode)	100%	100%	99%	100%	100%	97%	100%
Other	NHS Number	98%			99%	93%	100%	100%
	Registered GP Practice	99%	100%		96%	97%	100%	100%

Key

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

Notes

1 Protected Groups based on the Sheffield CCG Quality & Equality Impact Assessment (QEIA) 2020

2 Datasets to be investigated: Cancer Waiting Times; Diagnostics; Referral to Treatment Times; eReferrals; Maternity

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 Se: Self contained dataset and as such has it's own ID that are not NHS Number and not linkable

LDS: Local Data Set

NDS: National Data Set