Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Performance and Delivery Report

Item 1

Governing Body meeting

4 February 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 information about the current local situation; and to inform Governing Body of progress in plans to measure and provide assurance in relation to the progress in reducing health inequalities.

Key Issues

Current state of play regarding performance data collection

It should be noted that the collection of data for a number of performance indicators is still paused due to COVID. This means there is no data yet for Mixed Sex Accommodation breaches, cancelled elective and urgent operations and DTOC (Delayed Transfers of Care). It is now anticipated that the collection of these indicators will re-commence from April 2021 onwards. As soon as the data collection begins again, these indicators will again be included in this report.

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

What this month's Performance and Delivery Report will cover

The dashboard contains the latest data that we have and an explanation of any areas where performance is off track. As well as information relating to our providers, the Performance and Delivery report also includes:

- Indicators relating to the CCG workforce;
- Information regarding our staff's experiences and views, particularly in response to the need to work in such significantly different ways due to COVID-19;
- A snapshot of the situation with regard to COVID-19 in the city.
- A progress update on the work we are undertaking to report on health inequalities.

Is your report for Approval / Consideration / Noting

Consideration

Recommendations / Action Required by Governing Body

The Governing Body is asked to discuss and note:

- Sheffield performance on delivery of the NHS Constitution Rights and Pledges
- Key issues relating to the CCG workforce and their views and experiences
- A position statement regarding COVID-19

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

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

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

This paper also addresses this Principal Risks in our Governing Body Assurance Framework:

2.2: There is a risk that system wide or specific provider capacity problems emerge in secondary and/or primary care to prevent delivery of statutory requirements of the NHS Constitution and requirements of the NHS Long Term Plan and 2020/2021 operational plan expectations.

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Description of Assurances for Governing Body (NB not all of these are available at the present time, due to changed working arrangements in response to COVID-19)

- Performance and Delivery Report to Governing Body
- A&E Delivery Board Minutes
- Operational Resilience Group
- PMO assurance documentation and delivery plans
- Contracting Monitoring Board minutes
- Human Resources indicators, including results of ongoing and informal staff surveys

Are there any Resource Implications (including Financial, Staffing etc)?

Not applicable at this time.

Have you carried out an Equality Impact Assessment and is it attached?

Not completed; the attached report is a position statement on performance standards and describes work being taken forward to address 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 now includes new sections relating to the CCG's workforce, information regarding the impact of COVID-19 in the city, and how the CCG has been responding.

Performance and Delivery Report

Governing Body meeting

4 February 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" standard and the standard which requires no breaches of a 52 week maximum wait. The narrative in the dashboard describes the tremendous efforts that our local acute providers are undertaking to clear the backlog of planned activity which is leading to long waits. We have started to see some evidence that this was having a positive impact on reducing diagnostic wait and 18 week referral to treatment breaches, as well as some of the caner waiting time standards (see the trend line in the dashboard). The CCG is however aware that there has been a recent sharp increase in emergency admissions of patients with COVID and we expect that this unavoidably have an adverse impact on elective performance once again.

Both our local acute Trusts are using non face to face alternatives for outpatient appointments (both first and follow-up), where this is clinically appropriate and safe.

3. Update on other key performance issues

The pressures across the system adversely impacted on ambulance response times in December, with increasing demand to intensive care and general medical beds due to significantly higher numbers of people becoming seriously ill with COVID-19.

The dashboard also reflects the impact of the pandemic on other service areas, for example, IAPT service in the mental health sector; dementia diagnosis in primary care; and national cancer waiting time standards,

4. Supporting our CCG staff, their welfare and development

The majority of our staff are continuing to work from home; other staff with more patient facing roles are based at our headquarters as they support patients, practices and care homes.

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.

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. During January, a number of our staff ran short sessions via Zoom for their colleagues under the banner of “Beat The January Blues”, sharing their learning on topics such as tackling negative thinking patterns, tackling unhelpful habits and replacing them with more healthy ones, and

As in previous years, we have offered staff the influenza vaccine. This year we offered on-site vaccination sessions, as well as reimbursement for privately sourced vaccinations and vouchers for pharmacy delivered vaccination.

5. COVID-19 in Sheffield and beyond

Section 3 of the report provides an overview of the current state of play with regard to COVID-19, using the latest validated information.

The health and social care system in Sheffield has been under significant pressure for the last three months, in common with the rest of the United Kingdom, with increasing numbers of COVID positive inpatients. NHS Sheffield has been working with the other CCGs and the Trusts in South Yorkshire and Bassetlaw (SYB), alongside NHS England, to monitor the pressures and to provide mutual aid across geographical boundaries for example on critical care, care homes, and expediting discharges. There are twice weekly system calls to collectively oversee and manage issues across the SYB patch, including increasing pressures on mental health services, which arise from increased demand, staff sickness, and the need to temporarily close some wards to contain infection outbreaks.

A number of our staff have been working hard to support the community roll out of the COVID vaccination programme. This complex programme has been implemented at speed thanks to excellent team work from CCG staff and practices. The South Yorkshire and Bassetlaw Integrated Care System are forecasting to that we are collectively on target to have vaccinated the top four priority groups (estimated to be over 280,000 people) by mid-February.
NHS Sheffield CCG is about to embark on conducting telephone interviews with people who have received the vaccine, to find out about their experience and to capture any learning for the ongoing delivery of the programme.

6. Health inequalities

The last section of the paper describes how the CCG Performance Assurance Team is in the process of linking with the CCG Communications and Engagement Team to work out how best to use this section of the report to highlight the work of the CCG linked to health inequalities.

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

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

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

20 January 2021

Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Performance & Delivery Report 2020/21

for the February 2021 meeting of the Governing Body

Contents

1.1 NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q1 20/21**	CCG Latest monthly Position		CCG Performance against standard (latest 6 months)*	Latest Provider Total Monthly Position			
							Sheffield Teaching Hospital	Sheffield Children's Hospital	Sheffield Health & Social Care	Yorkshire Ambulance Service
* Mental Health CPA 7 day follow-up & Cancelled Operations (28 days) trend lines are using latest quarterly (not monthly) data. ** All Quarterly data relates to Quarter 1 2020/21, except for A&E 4 hour waits where Q3 20/21, IAPT where Q4 2019/20 is used and CPA where Q3 19/20 is used.										
Referral To Treatment waiting times for non-urgent consultant-led treatment	All patients wait less than 18 weeks for treatment to start	92%		79.39%	Nov-20		81.19%	68.39%		
	No patients wait more than 52 weeks for treatment to start	0		383	Nov-20		303	354		
Diagnostic test waiting times	Patients wait 6 weeks or less from the date they were referred	99%		76.85%	Nov-20		78.15%	74.70%		
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	84.45%	83.41%	Dec-20		79.17%	98.02%		
	No patients wait more than 12 hours from decision to admit to admission	0		1	Dec-20		1	0		
Cancer Waits: From GP Referral to First Outpatient Appointment	2 week (14 day) wait from referral with suspicion of cancer	93%	96.71%	95.11%	Nov-20		95.42%	100.00%		
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	91.43%	93.14%	Nov-20		93.55%	-		
Cancer Waits: From Diagnosis to Treatment	1 month (31 day) wait from diagnosis with suspicion of cancer to first treatment	96%	95.02%	96.60%	Nov-20		95.39%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	99.57%	100.00%	Nov-20		99.53%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	96.39%	94.64%	Nov-20		94.86%	-		
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	80.81%	93.33%	Nov-20		95.12%	-		
Cancer Waits: From Referral to First Treatment	2 month (62 day) wait from urgent GP referral	85%	67.21%	64.10%	Nov-20		61.00%	-		
	2 month (62 day) wait from referral from an NHS screening service	90%	16.67%	100.00%	Nov-20		100.00%	-		
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient	(85% threshold)	74.58%	84.62%	Nov-20		78.82%	-		
Ambulance response times	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins		7 mins 46 secs	Sep-20					7 mins 46 secs
	Category 1 calls resulting in an emergency response arriving within 15 minutes (90th percentile response time)	15 mins		13 mins 22 secs	Sep-20					13 mins 22 secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		22 mins 42 secs	Sep-20					22 mins 42 secs
	Category 2 calls resulting in an emergency response arriving within 40 minutes (90th percentile response time)	40 Mins		47 mins 27 secs	Sep-20					47 mins 27 secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		142 mins 07 secs	Sep-20					142 mins 07 secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		182 mins 41 secs	Sep-20					182 mins 41 secs

1.1 NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q1 20/21**	CCG Latest monthly Position		CCG Performance against standard (latest 6 months)*	Latest Provider Total Monthly Position			
							Sheffield Teaching Hospital	Sheffield Children's Hospital	Sheffield Health & Social Care	Yorkshire Ambulance Service
Ambulance handover / crew clear times	Ambulance Handover - reduction in the number of delays over 30 minutes in clinical handover of patients to A&E	Local Reduction		14.98%	Nov-20		13.76%	0.00%		14.98%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		3.98%	Nov-20		3.36%	0.00%		3.98%
	Crew Clear - reduction in the number of delays over 30 minutes from clinical handover of patients to A&E to vehicle being ready for next call	Local Reduction		8.09%	Nov-20		3.81%	3.45%		8.09%
	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		0.44%	Nov-20		0.275%	0.00%		0.44%
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%			*			94.44%	

Mental Health / DTOC Measures Performance Dashboard

Early Intervention in Psychosis (EIP)	Proportion of EIP patients seen in 2 weeks	60%		72.00%	Nov-20			-	72.00%	
Improved Access to Psychological Therapies (IAPT)	Number of patients receiving IAPT as a proportion of estimated need	5.5% (Qtr target)	5.47%	1.67%	Mar-20		CCG level data is derived from national reporting, which has not been published yet. This is locally reported Trust level data for December 2020		1.52%	
	Proportion of IAPT patients moving to recovery	50.00%	49.64%	46.67%	Mar-20				43.27%	
	Proportion of IAPT patients waiting 6 weeks or less from referral	75.00%	88.51%	88.78%	Mar-20				92.84%	
	Proportion of IAPT patients waiting 18 weeks or less from referral	95.00%	95.27%	100.00%	Mar-20				99.07%	
Dementia Diagnosis	Estimated rate of prevalence of people aged over 65 diagnosed with dementia	71.5%		71.20%	Nov-20					
			Q3				No individual provider target for DTOC bed days			
Delayed Transfers of Care (DTOC)	Total number of delayed days (from acute and non-acute) when a patient is ready for discharge but is still occupying a bed	4,212 (Qtr target)	3,828	1,670	Jan-20		1,466		71	

1.2 NHS Constitution Measures Performance Dashboard: Actions

<table>
<tr><th>Area</th><th>Action being taken</th><th>Expected timeframe for improvement</th><th>Action requested of Governing Body</th></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td>RTT & Diagnostics</td><td>Our providers are working to reinstate elective activity in line with the Phase 3 Covid-19 Planning Guidance issued nationally; this is a phased approach, considering clinical prioritisation, longest waiters and reducing the backlog 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; in addition, the Trust has been impacted by the increase in COVID positive patients and staff sickness.

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

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

Due to the timing of the report we are awaiting further detail from the Trust around specific October specialities and pressures.</td><td>In line with the Department of Health and Social Care "Phase 3" guidance, both acute Trusts are exploring how they can safely maximise the use of non face to face outpatient appointments and virtual consultations.

New operational guidance from NHS England has asked Trusts to protect capacity for the highest priority patients in greatest clinical need, and to protect endocscopy capacity for cancer diagnostics.</td><td>None</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td>RTT 52 week waits - CCG information</td><td>In November, 383 Sheffield patients were waiting over 52 weeks for their surgery or procedure, this had increased from 291 in October. In order to comply with national guidance currently in place due to the COVID-19 pandemic, the CCG has not contacted these providers to determine reasons for the long waits.

110 of these Sheffield patients were waiting at Sheffield Children's NHS FT, 199 at Sheffield Teaching Hospitals NHS FT, and 74 at providers outside the city. We are aware that providers do look at 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.</td><td>We will continue to monitor the situation with regard to these patients, until we can confirm they have received their treatment.</td><td>None</td></tr>
<tr><td>RTT 52 week waits Sheffield Children's NHS FT</td><td>The data in the dashboard for SCH shows November data (354 patients), however the latest data recently available for December shows that 458 patients were waiting over 52 weeks at SCFT - this is all their patients, not just Sheffield residents. The specialty breakdown for these patients is in the table opposite. The Trust has a number of processes in place to manage clinical risk for these patients:

- All surgical patients have been prioritised using the RCS (Royal College of Surgeons) 1-4 scale - this priority score is included in the Patient Tracking List (PTL).
- Consultants are asked to review patients' RCS priority level monthly, the priority will be upgraded if necessary
- All 52 week waiters are reviewed weekly, at patient level, by the divisions and performance team. This is done in PTLs and designated long waiter review meetings.
- 52 week waiters are validated by the performance team to ensure high data quality and that all 52 week breaches are genuine. There is a focus on validating new 52 week breaches, and validating the breaches who had their RTT clock stopped in the previous week to ensure the clock stop and removal from PTL is correct.</td><td><table><tr><th>December 2020 Specialty</th><th>52 week + breaches</th></tr><tr><td>Clinical Genetics</td><td>1</td></tr><tr><td>Endocrinology</td><td>1</td></tr><tr><td>ENT (Ear, Nose & Throat)</td><td>52</td></tr><tr><td>Exodontia</td><td>21</td></tr><tr><td>Gastroenterology</td><td>8</td></tr><tr><td>Neurosurgery</td><td>5</td></tr><tr><td>Oral & Maxillofacial Surgery</td><td>27</td></tr><tr><td>Ophthalmology</td><td>50</td></tr><tr><td>Orthoptic</td><td>5</td></tr><tr><td>Paediatric Dentistry</td><td>48</td></tr><tr><td>Paediatric Neurology</td><td>3</td></tr><tr><td>Paediatric Surgery</td><td>38</td></tr><tr><td>Paediatric Urology</td><td>17</td></tr><tr><td>Paediatrics</td><td>1</td></tr><tr><td>Plastic Surgery</td><td>58</td></tr><tr><td>Paediatric Surgical Unit</td><td>6</td></tr><tr><td>Refraction</td><td>2</td></tr><tr><td>Respiratory</td><td>1</td></tr><tr><td>Scoliosis</td><td>6</td></tr><tr><td>Sleep Clinic</td><td>4</td></tr><tr><td>Thornbury-Plastic Surgery</td><td>1</td></tr><tr><td>Trauma and Orthopaedics</td><td>103</td></tr><tr><td>Grand Total</td><td>458</td></tr></table></td><td></td></tr>
<tr><td>RTT 52 week waits Sheffield Teaching Hospital NHS FT</td><td>The data in the dashboard shows November data (December has not yet been made available for STH). For November, 303 patients were waiting over 52 weeks at STH - this is not just Sheffield residents.

STH continue to have robust governance in place to manage patients waiting for treatment. The numbers of 52 weeks waiters is increasing. There have been capacity challenges due to the second wave of COVID that the Trust has experienced.

STH are working with directorates on plans to deliver their activity and also maintaining regular clinical contact with patients to ensure that they remain safe.</td><td></td><td></td></tr>
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1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Cancer Waiting Times	In November, the CCG did not meet all the Cancer Waiting Times targets. The 2 week wait target continues to be met and remains well above Shelford and national averages. Breast symptomatic 2 week wait performance met the target but continues to experience challenges due to physical constraints related to social distancing in the department. The STH Cancer Patient Treatment List (PTL) volume remains stable at approximately 1100 pathways more than pre-COVID. The 104 day and 62 day backlogs continue to fall and are currently proportionally similar to pre-COVID levels at 4% and 15% of the total PTL respectively. GP 62 Day target performance continued to fall as patients are treated from the backlog. STH remains under the national average and below the Shelford average thanks in part to the delayed transfer of care from SYB providers. Appropriate risk stratification has resulted in the delay to those pathways where patients are least at risk however, 31 day performance reflects treatments according to clinical priority.	STH continue to see the impact of COVID on the cancer pathways both from the appropriate use of risk stratification to patient related delays / choice. Increasingly in this second wave STH have seen patients delayed following positive COVID tests.	To note the continued work undertaken locally and across the Cancer Alliance to address immediate capacity and performance issues, and to note the impact of COVID-19 on delivery of the standards..
A & E Waits	The Emergency Department Digital Integration (EDDI) is now live, with a successful implementation date of 22nd December 2020. The product has enabled emergency department slot booking from 111 telephone and online services and meets the national requirements of the NHS111 First programme. Work is underway to further develop and roll out the NHS Service Finder, which gives health and care professionals a fast way to access accurate, real-time information to help signpost patients to available services by using the information stored on the Directory of Service. This information includes non-public telephone numbers and instructions about who is eligible for services and how to refer a patient. Staff can access it from any device with an internet connection, using an up-to-date browser. The Service Finder supports the efforts and discussions currently focusing on ensuring that all local alternative services to A&E are profiled on NHS Service Finder and routinely used where clinically appropriate. Work has commenced to profile Older People Liaison Psychiatry on the Directory of Service enabling those who are in need of crisis care can receive specialist care & treatment closer to home and without the need to attend secondary care. The social media campaign was relaunched to improve the knowledge of the full range of urgent care services across the city. It aims to target people in identified demographics that don't necessarily follow the CCG's social media channels.	STH have been managing the Clinical Decision Unit (CDU) differently, which has had a positive impact on 4 hour performance and flow with non-admitted patients going through CDU, thereby freeing up space elsewhere in the system.	To continue to endorse the CCG's ongoing monitoring of STHFT's progress towards achievement of the A&E standard and the delivery of any necessary mitigating actions, as previously agreed through the Contract Management Board.
Ambulance Response Times (ARP)	A number of the ARP performance measures were not achieved in November 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. The Integrated Transport pilot is the output of the total transport work stream that has been underway within YAS for some. 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 we 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. Activity and performance will continue to be counted and measured in the same way regardless of which type of YAS crew provides the journey. If a job is booked with PTS it will continue to be counted as PTS activity and PTS performance information will be recorded, even if the job is carried out by a YAS A&E crew. Likewise A&E activity will still be recorded against the A&E contract & performance standards if the job is dispatched to one of our PTS vehicles.	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
12 hour waits to admission from decision to admit (Trolley Waits)	Unfortunately, a patient experienced what is known as a "trolley wait" in excess of 12 hours in December, which is a breach of the standards set out in the NHS Constitution. This means a patient waited more than 12 hours from a decision to admit to admission at STH. This does not necessarily mean that the patient was literally sitting on a trolley in A&E, but rather that they were being cared for in 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, but is normally very unusual indeed in Sheffield. The patient was a young person who needed specialist mental health treatment in a "Tier Four" inpatient setting. There are very few of these beds, which are commissioned on behalf of CCGs by the specialist team at NHS England As this type of bed was temporarily unavailable, they were cared for at STH All providers worked collaboratively to support this patient during this period and the wait for the NHSE bed was escalated to Senior Regional NHSE leadership	Pressures on specialist mental health inpatient services continue, for both adults and young people, and this situation is being monitored during the twice weekly system calls between CCGs, providers and NHS England.	None
Ambulance handover / crew clear times	There have been a number of significant delays during the last month in Sheffield and wider South Yorkshire. STH and YAS continue to closely together to mitigate issues however the pressures resulting from COVID-19 continue to be seen. Significant work continues within STH and with system partners to address these issues and maintain patient flow but the situation is compounded by reduced bed capacity due to wards closed and staff absences (both due to COVID). Operational Lead for the Care Group and Matrons continue to liaise with YAS Clinical Supervisors to coordinate crews for patients arriving to ED and being transported out of ED. 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 continue to endorse the approach being taken by YAS to improve performance.
Mental Health CPA 7 day follow up	The original data reported indicated that SHSC did not deliver the 7 day follow up target in December - achieving 94.44% against the target of 95%. This figure relates to 1 out of 18 service users discharged not receiving a follow up within 7 days. On review, this patient should not have been counted in the figures - this patient was discharged from an acute ward to an out of area Psychiatric Intensive Care Unit placement. Therefore for December it is considered that this target was met. CPA Overall performance to meet the 95% target continues to be a challenge particularly following the impact of the restrictions on the community teams as a result of COVID 19.	We will continue to manage performance in Contract Management Group.	To continue to receive monitoring reports on this national standard.

1.2 NHS Constitution Measures Performance Dashboard: Actions

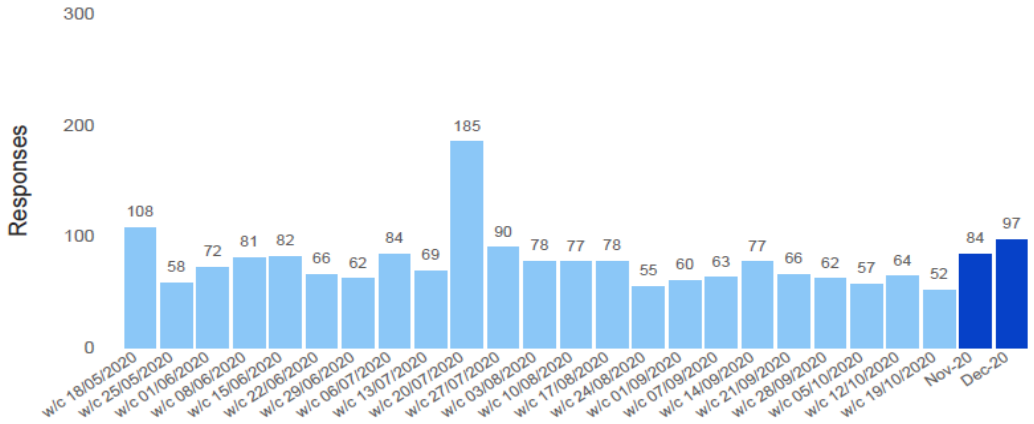
Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Mental Health / DTOC Measures Performance Dashboard: Actions			
Improved Access to Psychological Therapies (IAPT)	IAPT reporting was suspended by NHS England and NHS Improvement during the first quarter of 2020/21, 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). For reasons previously outlined in reports COVID has had a significant impact on IAPT services nationally and in Sheffield as our IAPT service 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 due to people not having previously experienced anxiety and depression are expected to need this support post COVID. The number of referrals locally is increasing and plans are in place to accelerate this and offset the impact of a temporarily centralised service. Access Moving to Recovery rates are expected to be lower as some people drop out of treatment due to Covid. As we are in a pandemic, it is normal for the people to experience impact on sleep, worry, a lack of interest and pleasure in doing things therefore it is not appropriate to expect the same recovery rate pre-Covid (as these are the questions asked in the outcome measures that calculate recovery rates).	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	For the first time, the Dementia Diagnosis plan has not been achieved, (71.2% of people in Sheffield were diagnosed against the plan of 71.5%). Nationally it has been acknowledged that diagnosis rates for 2020/21 have been impacted by COVID19. It is not possible to quantify the full impact at this time, however the pandemic is likely to be a contributing factor to the drop in 2020 rates. Due to our pre-Covid good performance, our current diagnosis rate (although decreased) is still about the national average (62.4%) and ICS average (68.8%). 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 has recently been updated and has been widely promoted. We are also planning a dementia online session/instructional video on dementia diagnosis, as part of our “dementia lunchtime learning” programme for health and social care staff.	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: weekly staff temperature check

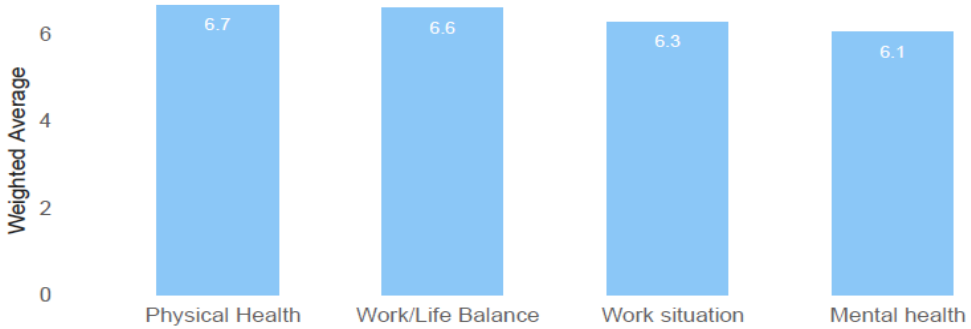
Sheffield CCG Staff Temperature Check December 2020

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

Number of responses

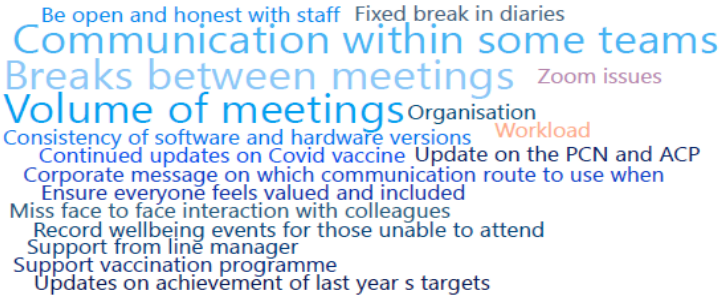


On a scale of 1 to 10 how do you feel?



What is going well?

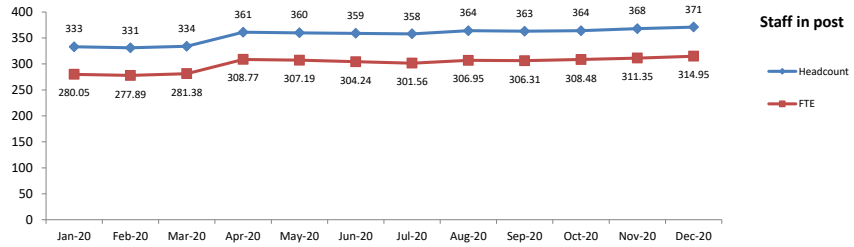
What could be better?



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

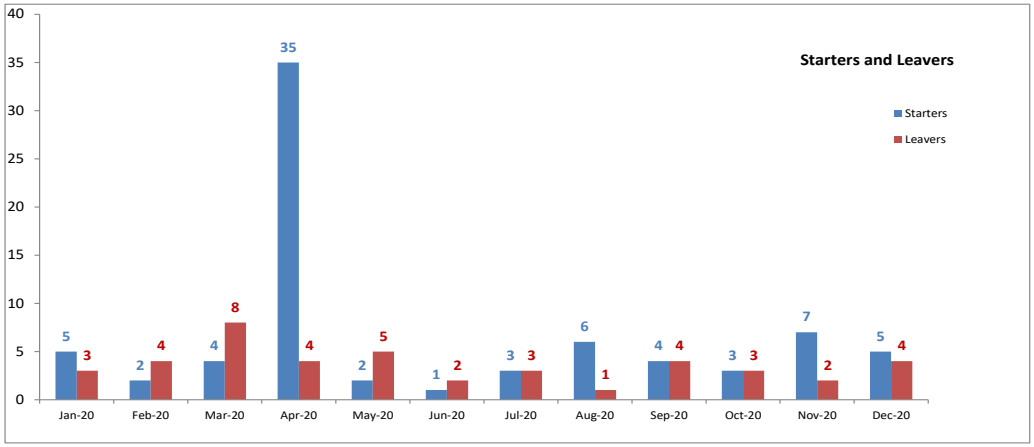
Staff in Post

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



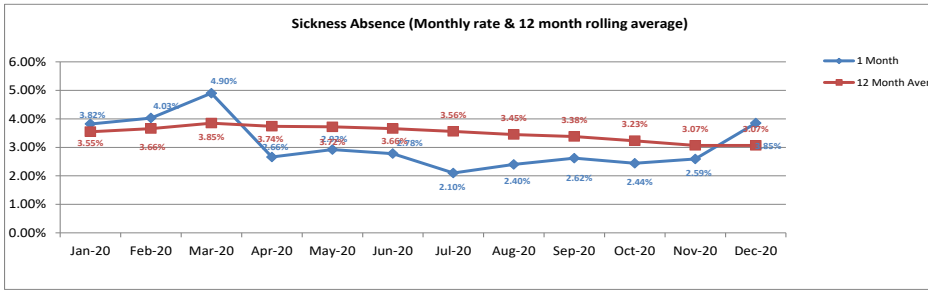
Starters and Leavers

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



Sickness Absence

In December the CCG's monthly sickness absence rate rose to 3.85%,. This is the first time to has been above the organisational target of 3% since March 2020 and is due to an increase in long term absence. Cases are managed on an individual basis.



Mandatory and Statutory Training

Training	Compliance Rate
Fraud Awareness	85%
Bullying and Harassment Prevention*	77%
Risk Awareness*	53%
Conflicts of Interest	81%
Equality and Diversity	88%
Fire Safety	75%
Health and Safety	88%
Infection Prevention and Control	66%
Data Security	88%
Moving and Handling	86%
Prevent	96%
Safeguarding Adults	90%
Safeguarding Children	91%

* Has recently become e-learning – previously classroom based training

2.3 Sheffield CCG Health Check Report: Staff Feedback

This is the second report compiled on the results from the amended set of questions and reflects feedback received during December 2020. The survey will continue to run for one calendar month and results reported monthly. For this month we have only asked the 3 set questions, no optional 4th question. The results represent feedback from 97 responses (26% of staff), assuming that staff have only completed the survey once.

Question 1:
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 6.69 / 10
Mental health 6.07 / 10
Work/life balance 6.6 / 10
Work situation 6.3 / 10

Following an increase in the weighted average for mental health in November, for December we are reporting a decrease from 6.35 to 6.07. Weighted averages for work/life balance and work situation remain similar. Physical health has seen a slight increase from 6.5 to 6.69.

Question 2:
Please give us your feedback on what is going well and what could be better. If you have any suggestions about what we should stop, start or continue doing at the CCG please include these.

Going well: similar to last month - working from home; IT; communication and staff briefings; autonomy and freedom are valued and staff feel supported.
Could be better: high workload: working additional hours: secondments from already stretched teams.

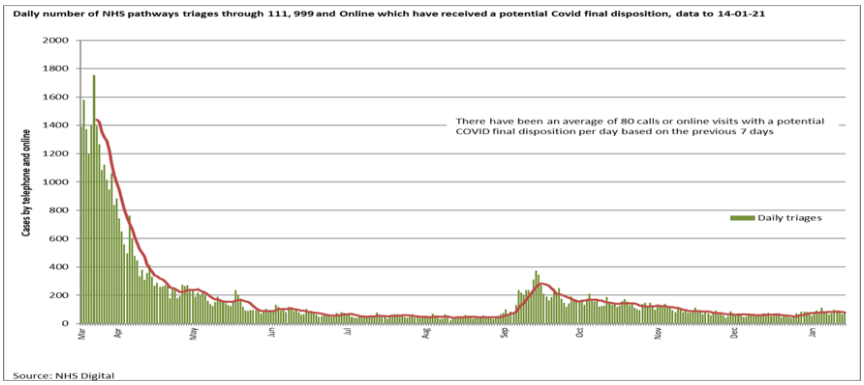
Question 3:
Please tell us if you'd like to ask a question or raise anything for the next fortnightly Staff Brief.

Questions relate to changes to the CCG/ ICS; how we ensure bullying doesn't return to the CCG; outcome of bullying investigations; membership of command structure and provider attendance; thank you to Brian, Lesley and Terry.

3.1 Sheffield Covid-19 update - Key Messages 18 January 2021

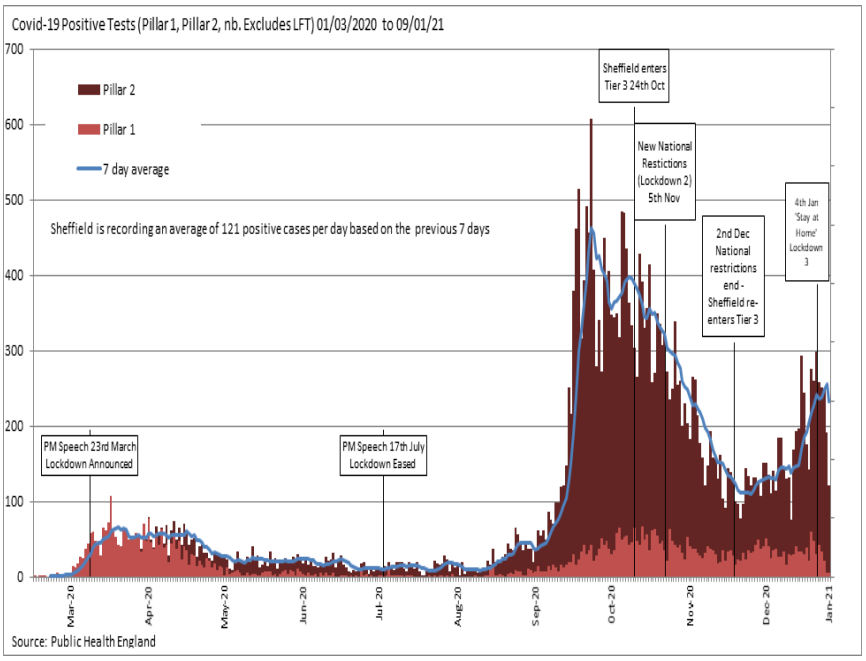
Covid-19 NHS pathways

• As of January 10th 2021 there have been 54,361 calls or online visits to 111 which have resulted in a potential Covid-19 final disposition. This is an average of 82 per day in the last seven days.



Testing

•As of 11th January the cumulative number of confirmed cases of Covid-19 in Sheffield via Pillar 1 and Pillar 2 tests (as recorded by Public Health England) was 32,360. Sheffield is recording an average of 121 positive cases a day, based on the previous 7 days. **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 thw 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.**



• Following a period of sustained reduction, the overall proportion of people testing positive in Sheffield has continued to increase and is currently 13%.

• The most recent 7-day rate in all age positive cases has increased over the previous week. The majority of community transmission remains associated with adults in private residential settings and household mixing. Rates are highest in working-age adults.

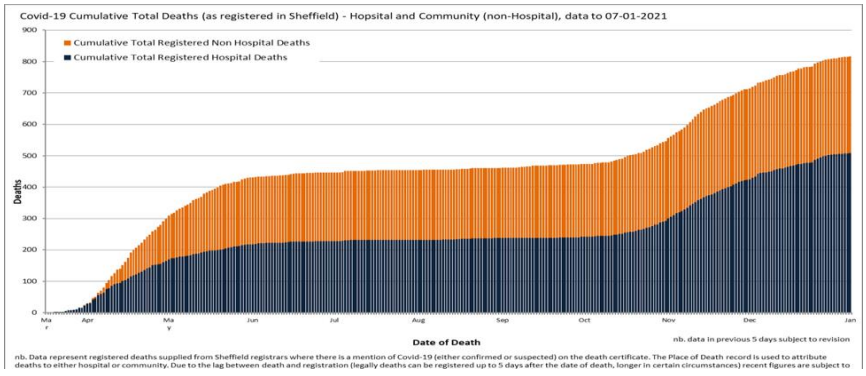
Hospitalisations

• As of 11 January, were 115 confirmed Covid-19 patients in Sheffield Teaching Hospitals NHSFT receiving oxygen/ventilation support. There have been 165 hospitalizations for Covid-19 in the past 7 days, which represents an increase over previous weeks.

Deaths

• As of Thursday 7th January there have been 816 deaths registered in Sheffield with a mention of Covid-19 on the death certificate. 508 of these were in hospital and 308 were outside hospital.

• Based on registered deaths, Sheffield is recording an average of 1 death a day based on the previous seven days. Community deaths represent 37.7% of the total Covid-19 deaths currently registered in Sheffield, with 275 (89%) of those deaths occurring in Care Homes



- Deaths from all causes peaked during April 2020. The number of deaths remained higher than average for this time of year.

being updated and revised.

Hospital deaths in the registered deaths may not match NHS England figures due to 1. A lag in figures between deaths reported by NHSE and registered. 2. Registered deaths only showing Sheffield residents. Those dying in Sheffield hospitals may be resident within a different locality. 3. There may be disagreement between NHSE reporting and the final death certificate as registered as to whether Covid-19 was a cause of death.

Source: Sheffield Registry Office

Sources:

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

4.1 Health inequalities in Sheffield

As Governing Body members will be aware from previous discussions and briefings from Sheffield's Director of Public Health, Greg Fell, significant health inequalities still exist in Sheffield. 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.

As previously shared with Governing Body, colleagues at the CCG are currently looking at where we have gaps in information, and where we can improve the accuracy and completeness of data. We are also considering using the information we can access to help us make connections across the bigger picture of what is happening in Sheffield with regard to issues such as poverty, housing and employment, as well as drilling down to clinical data such as looking at prescribing patterns, and where we can scope for improvement in how people's conditions can be managed better (eg optimising the blood sugar control of people with Diabetes). This combination of city wide, "big picture" data and more detailed clinical data is at the heart of Population Health Management which is increasingly the direction of travel, to address inequalities more effectively than we have been able to before.

Last month we shared an example of the work that is underway to ensure that there is a shared understanding of the completeness and data quality of our key datasets in relation to information about protected groups. Progression on this work will be shared with Governing Body on a regular basis.

This section of the report is also an opportunity to provide assurance to Governing Body members regarding the progress that is being made linked to the health inequalities agenda. We are in the process of linking with the CCG Engagement Team to work out how best to use this report to highlight the work of the team linked to health inequalities