Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

# Performance and Delivery Report

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## Governing Body meeting

## 4 March 2021

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| **Sponsor Director** | Cath Tilney, Associate Director of Corporate Services |

**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 still no data 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
- 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 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. |

NHS Sheffield Clinical Commissioning Group

# Performance and Delivery Report

## Governing Body meeting

## 4 March 2021

## 1. Introduction

This monthly report addresses key performance measures and delivery issues in our local health care system, and describes the mitigating action being taken to address any areas of shortfall. This narrative paper provides some context and background to the current performance challenges which are covered in detail in the accompanying dashboard, and in particular, outlines how the CCG is organising itself and working with partners to respond to the COVID-19 pandemic and its impacts on patients, citizens and health services.

## 2. The impact of COVID-19 on elective performance

The impact of COVID on the elective performance of our two local providers is illustrated by in the accompanying dashboard, both in regard to the 18 week "referral to treatment" (RTT) standard and the standard which requires no breaches of a 52 week maximum wait.

The latest data is for December 2020. At this time, 482 Sheffield patients were waiting over 52 weeks for their elective treatment journey to start. Before the pandemic there were no patients waiting over 52 weeks. The Trusts have a number of processes in place to manage clinical risk for these patients, so as to mitigate the impact of long waits on patient outcomes. It is worth noting the 52 week waits for STH are lower when compared to other similar and local trusts. See the table below for analysis for the latest 52 week waits up to December.

| | 2019/20 | | | | | | | 2020/21 | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SYB | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 |
| Barnsley Hospital NHSFT | 4 | 2 | | | | | 3 | 6 | 10 | 20 | | 58 | 91 | 184 | 254 | 344 |
| Chesterfield Royal Hospital NHSFT | | | | | | | | 4 | 17 | 53 | 117 | 212 | 308 | 438 | 594 | 797 |
| Doncaster And Bassetlaw Teaching Hospitals NHSFT | | 1 | 1 | 1 | 1 | 1 | 1 | 10 | 27 | 77 | 157 | 278 | 345 | 393 | 631 | 986 |
| Sheffield Children's NHSFT | 1 | | | | 1 | | 2 | 7 | 33 | 83 | 135 | 190 | 232 | 323 | 354 | 457 |
| Sheffield Teaching Hospitals NHSFT | | | | | | | | 1 | 8 | 30 | 62 | 112 | 168 | 218 | 303 | 386 |
| The Rotherham NHSFT | | | | | | | 1 | 2 | 1 | 8 | 46 | 113 | 207 | 307 | 445 | 610 |

| | 2019/20 | | | | | | | 2020/21 | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Other Local / Similar Providers | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 |
| Hull University Teaching Hospitals NHST | | | 1 | | 1 | | 86 | 364 | 909 | 1886 | 3307 | 4397 | 5799 | 6818 | 8021 | 9355 |
| Leeds Teaching Hospitals NHST | 73 | 67 | 63 | 52 | 57 | 52 | 51 | 151 | 346 | 624 | 971 | 1297 | 1606 | 1909 | 2257 | 2666 |
| Manchester University NHSFT | | | | | 1 | 2 | 44 | 369 | 1042 | 1957 | 3241 | 4257 | 4839 | 5933 | 7082 | 8420 |
| Nottingham University Hospitals NHST | | 2 | | | | | | 15 | 61 | 138 | 272 | 404 | 552 | 804 | 1219 | 1722 |
| The Newcastle Upon Tyne Hospitals NHSFT | | | 4 | 4 | 13 | 18 | 20 | 72 | 188 | 354 | 730 | 1041 | 1426 | 2045 | 2680 | 3420 |
| University Hospitals Of Derby And Burton NHSFT | | | | | | | 45 | 138 | 298 | 580 | 1011 | 1667 | 2367 | 2968 | 3751 | 4706 |

The narrative in the dashboard describes the proactive work 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 cancer 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, including high numbers of patients

requiring critical care. In some cases this has meant that theatre staff have been redeployed into critical care. We expect that this will unavoidably have an adverse impact on elective performance until the numbers of seriously ill COVID patients significantly reduces.
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.

NHS Sheffield is working with the other CCGs and provider Trusts in the South Yorkshire and Bassetlaw Integrated care System, to collectively monitor and manage the pressures across the system, with the support our local NHS England locality team. Twice weekly conference calls have enabled mutual aid across the patch, with a particular emphasis recently on addressing the needs of patients in mental health crisis.

## 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.

Our Chair and Accountable Officer have been using these meetings as an opportunity to brief staff regarding the ongoing conversations about the NHS white paper and the journey of integrating care in neighbourhoods, places and across the system that we have been on in Sheffield for many years. The CCG has made a commitment to embark on a collaborative approach to the transition with our staff. The aim is to co-create the future with our staff underpinned by the national commitment to minimising uncertainty, offering stability while the transition takes place and a commitment of employment into the future.

All teams are currently logging their functions, purpose of the functions and the current relationship maturity across South Yorkshire and Bassetlaw. The aim of this project is to ensure this information informs the future plans and that we do not accidentally miss any of our key functions in the process.

During February we have also been celebrating LGBTQ+ History Month at the CCG, sharing learning and resources, including for example a learning lunch to learn about issues facing people who are transgender, patient and staff stories plus ‘Movers & shakers’ - historical LGBTQ+ figures.

## 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.

Although there has been a reduction, rates of community transmissions of COVID-19 and admissions to hospital remain high, with significant pressure in critical care. The highest rates of transmission are in the working age population. The number of deaths remains higher than average for this time of year.

A number of our staff are working to support the community roll out of the COVID vaccination programme to the first eligible cohorts of patients. This has required significant work behind the scenes, and the excellent team work from CCG staff, Primary Care Networks and practice staff deserves to be acknowledged, as well as the contribution of local people who have volunteered their time eg to clear snow from pathways and carparks.

The CCG has been working with leaders of local communities and local people to continue to reinforce the “Hands. Face. Space” message, and to listen to and hopefully dispel, fears and concerns about the vaccine.

**6. Health inequalities**

The last section of the paper provides an update on the activities of the CCG’s engagement team around the vaccine and how they are working to ensure that all sectors of our local population have the opportunity to have the vaccine. It also provides an update on the work the Intelligence Team are doing to assess data quality on 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 CCG work on inequalities

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

On behalf of Cath Tilney, Associate Director of Corporate Services

24 February 2021

Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

# Performance & Delivery Report 2020/21

for the March 2021 meeting of the Governing Body

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   - 4.1 Health Inequalities in Sheffield

## 1.1 NHS Constitution Measures Performance Dashboard

| Performance Indicator | | Target | CCG Quarterly Q3 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.<br>** All Quarterly data relates to Quarter 3 2020/21, except IAPT where Q4 2019/20 is used and CPA where Q3 19/20 is used. This is the latest available. | | | | | | | | | | |
| Referral To Treatment waiting times for non-urgent consultant-led treatment | All patients wait less than 18 weeks for treatment to start | 92% | | 79.35% | Dec-20 | | 81.45% | 68.19% | | |
| | No patients wait more than 52 weeks for treatment to start | 0 | | 482 | Dec-20 | | 386 | 457 | | |
| Diagnostic test waiting times | Patients wait 6 weeks or less from the date they were referred | 99% | | 75.05% | Dec-20 | | 76.59% | 72.08% | | |
| A&E Waits | Patients are admitted, transferred or discharged within 4 hours of arrival at A&E | 95% | 84.45% | 85.92% | Jan-20 | | 83.15% | 98.18% | | |
| | No patients wait more than 12 hours from decision to admit to admission | 0 | | 0 | Jan-20 | | 0 | 0 | | |
| Cancer Waits: From GP Referral to First Outpatient Appointment | 2 week (14 day) wait from referral with suspicion of cancer | 93% | 95.53% | 94.17% | Nov-20 | | 94.39% | 100.00% | | |
| | 2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected) | 93% | 92.17% | 94.82% | Nov-20 | | 94.76% | - | | |
| Cancer Waits: From Diagnosis to Treatment | 1 month (31 day) wait from diagnosis with suspicion of cancer to first treatment | 96% | 95.62% | 95.45% | Nov-20 | | 95.59% | 100.00% | | |
| | 1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen | 98% | 99.15% | 98.67% | Nov-20 | | 99.49% | 100.00% | | |
| | 1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy | 94% | 96.36% | 97.92% | Nov-20 | | 99.21% | - | | |
| | 1 month (31 day) wait for second/subsequent treatment, where treatment is surgery | 94% | 89.36% | 82.86% | Nov-20 | | 88.17% | - | | |
| Cancer Waits: From Referral to First Treatment | 2 month (62 day) wait from urgent GP referral | 85% | 62.13% | 65.67% | Nov-20 | | 59.64% | - | | |
| | 2 month (62 day) wait from referral from an NHS screening service | 90% | 70.00% | 70.00% | Nov-20 | | 72.73% | - | | |
| | 2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient | (85% threshold) | 74.63% | 85.71% | Nov-20 | | 86.75% | - | | |
| Ambulance response times | Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time) | 7 mins | | 8 mins 14 secs | Nov-20 | | | | | 8 mins 14 secs |
| | Category 1 calls resulting in an emergency response arriving within 15 minutes (90th percentile response time) | 15 mins | | 14 mins 08 secs | Nov-20 | | | | | 14 mins 08 secs |
| | Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time) | 18 mins | | 24 mins 36 secs | Nov-20 | | | | | 24 mins 36 secs |
| | Category 2 calls resulting in an emergency response arriving within 40 minutes (90th percentile response time) | 40 Mins | | 52 mins 02 secs | Nov-20 | | | | | 52 mins 02 secs |
| | Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time) | 120 mins | | 155 mins 25 secs | Nov-20 | | | | | 155 mins 25 secs |
| | Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time) | 180 mins | | 203 mins 35 secs | Nov-20 | | | | | 203 mins 35 secs |

## 1.1 NHS Constitution Measures Performance Dashboard

| Performance Indicator | | Target | CCG Quarterly Q3 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 | | 12.83% | Dec-20 |  | 17.39% | 6.82% | | 12.83% |
| | Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E | Local Reduction | | 3.15% | Dec-20 |  | 3.43% | 0.00% | | 3.15% |
| | 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 | | 9.09% | Dec-20 |  | 3.88% | 9.09% | | 9.09% |
| | 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 | | 0.42% | Dec-20 |  | 0.069% | 4.55% | | 0.42% |
| 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% | | | * | | | 95.24% | |

## Mental Health / DTOC Measures Performance Dashboard

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Early Intervention in Psychosis (EIP) | Proportion of EIP patients seen in 2 weeks | 60% | | 72.00% | Dec-20 |  | | - | 71.00% | |
| 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 January 2021 | | 1.63% | |
| | Proportion of IAPT patients moving to recovery | 50.00% | 49.64% | 46.67% | Mar-20 |  | | | 46.97% | |
| | Proportion of IAPT patients waiting 6 weeks or less from referral | 75.00% | 88.51% | 88.78% | Mar-20 |  | | | 95.77% | |
| | Proportion of IAPT patients waiting 18 weeks or less from referral | 95.00% | 95.27% | 100.00% | Mar-20 |  | | | 99.37% | |
| Dementia Diagnosis | Estimated rate of prevalence of people aged over 65 diagnosed with dementia | 71.5% | | 70.80% | Dec-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 colspan="4"></td></tr>
<tr><td>RTT & Diagnostics</td><td>Our providers are working to reinstate elective activity in line with the national Phase 3 Covid-19 Planning Guidance. This involves taking a phased approach, considering clinical prioritisation, longest waiters and reducing the 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; in addition, the Trust has been impacted by the increase in COVID positive patients and staff sickness.<br><br>For the Referral To Treatment standard (RTT), the specialities that were affected early on in the crisis are the ones which 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.<br><br>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 NHS FT, the longer waits were for Audiological assessments.</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.<br><br>New operational guidance from NHS England has asked Trusts to protect capacity for the highest priority patients in greatest clinical need, and to protect endoscopy capacity for cancer diagnostics.</td><td>None</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td>RTT 52 week waits - CCG information</td><td>In December, 482 Sheffield patients were waiting over 52 weeks for their surgery or procedure, this had increased from 383 in November. 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.<br><br>139 of these Sheffield patients were waiting at Sheffield Children's NHS FT, 258 at Sheffield Teaching Hospitals NHS FT, and 85 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 Sheffield Children's NHS FT (SCFT) shows December data (457 patients), however the latest data recently available for December shows that 577 patients were waiting over 52 weeks at SCFT - this accounts for 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, described below:<br><br>- 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).<br>- Consultants are asked to review patients' RCS priority level monthly, the priority will be upgraded if necessary<br>- 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.<br>- 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>January 2021<br>Specialty</th><th>52 week +<br>breaches</th></tr><tr><td>Endocrinology</td><td>1</td></tr><tr><td>ENT (Ear, Nose & Throat)</td><td>81</td></tr><tr><td>Exodontia</td><td>28</td></tr><tr><td>Gastroenterology</td><td>17</td></tr><tr><td>Neurosurgery</td><td>8</td></tr><tr><td>Oral & Maxillofacial Surgery</td><td>27</td></tr><tr><td>Ophthalmology</td><td>66</td></tr><tr><td>Orthoptic</td><td>5</td></tr><tr><td>Paediatric Dentistry</td><td>48</td></tr><tr><td>Paediatric Surgery</td><td>52</td></tr><tr><td>Paediatric Urology</td><td>20</td></tr><tr><td>Paediatrics</td><td>1</td></tr><tr><td>Plastic Surgery</td><td>59</td></tr><tr><td>Paediatric Surgical Unit</td><td>5</td></tr><tr><td>Refraction</td><td>10</td></tr><tr><td>Respiratory</td><td>4</td></tr><tr><td>Scoliosis</td><td>8</td></tr><tr><td>Sleep Clinic</td><td>9</td></tr><tr><td>Trauma and Orthopaedics</td><td>128</td></tr><tr><td>Grand Total</td><td>577</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 December data (January data has not yet been made available for STH). For December, 386 patients were waiting over 52 weeks at STH - this is not just Sheffield residents.<br><br>STH continue to have robust governance in place to manage patients waiting for treatment. The numbers of 52 weeks waiters is unfortunately increasing. There have been capacity challenges due to the second wave of COVID that the Trust has experienced (see the section on cancer below for more detail on cancelled surgery).<br><br>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>
</table>

## 1.2 NHS Constitution Measures Performance Dashboard: Actions

| Area | Action being taken | Expected timeframe for improvement | Action requested of Governing Body |
|---|---|---|---|
| | | | |
| Cancer Waiting Times | Several of the Cancer Waiting Times targets were not met at CCG level in December 2020. The most common reasons for breaches to the standards remain: increased numbers of referrals, reduced numbers of outpatient clinic slots and diagnostic capacity due to infection control measures, combined with patient choice.<br><br>Another important issue has been the high numbers of patients seriously ill with COVID -19, which has led to pressure on critical care across the country. In common with many other Trusts, STH NHS FT has increased critical care capacity to treat both local patients, and to accept patients from out of area, in line with the national directive. This has resulted in the redeployment of some theatre staff and physical space to create more intensive care capacity. Cancer related operations are treated as high priority and protected as much as possible, however lack of critical care capacity can sometimes lead to unavoidable delays during the current pandemic situation. | 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 stablise. | 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 well embedded and continues to enable emergency department slot booking from 111 telephone and online services and meets the national requirements of the NHS111 First programme.<br>During the months of the first peak of the coronavirus pandemic the number of people attending Emergency Departments (EDs) reduced dramatically, particularly those seeking help for minor illnesses. However, since May 2020 the number of people visiting EDs has been rising. At the same time, due to social distancing and infection prevention and control precautions, the space in EDs has reduced.<br><br>We must now guide the public in making the right healthcare choices to ensure their safety, as well as making sure they get the right treatment in the most appropriate place. NHS 111 will make it easier and safer for patients to get the right advice or treatment when they urgently need it and increasingly, they will be able to book direct appointments/time slots into a service that is right for them.<br><br>Work continues 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.<br>The Service Finder helps to ensure that all local alternative services to A&E are profiled on NHS Service Finder and can be routinely used where clinically appropriate. As part of the improving knowledge focus work that was undertaken in Sheffield (2019-2020), questionnaires were distributed to operational colleagues and the feedback highlighted that there was some work needed to improve staff knowledge of the pathways and services across the city that can support with admission avoidance. The main areas where operational staff highlighted inconsistencies are as follows: these are now a priority for profiling on the Service Finder:<br>• Clear pathways for urgent physical care and mental health problems, urgent problems for children, adolescent mental health, emergency contraception, dentistry, PEARS (now MECS- Minor eye care).<br>• Messaging around routes of entry by conditions, changes in any pathways, opening hours.<br><br>Urgent Unplanned Primary Care: Towards the end of 2020 a working group was developed to bring together the urgent unplanned primary care system across the city. This working group has significantly supported the development system working, with providers pulling together shared processes and plans offering continuity and consistency. As part of the group providers, commissioners and NECS Directory of Services team have spent a significant amount of time reviewing access and direct booking into our urgent unplanned primary care services across the city. Directory of Service profiles for our OOH's GP services and Walk in Centre have undergone a full review with a degree of confirm and challenge. This has opened up further accessibility to our urgent unplanned primary care services, therefore bringing care closer to home and supporting secondary care. | 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.<br><br>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 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 | A number of the ARP performance measures were not achieved in November as the impact of COVID-19 continued to be felt. A full review of | 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 |
|---|---|---|---|
| Times (ARP) | 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.<br>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.<br><br>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. | | |
| | | | |
| 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.<br><br>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 / 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).<br><br>For reasons previously outlined in reports 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 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 delivery of the service and offset the impact of a temporarily centralised service.<br><br>Access - The number of people entering treatment is rising each month in line with increased demand and outreach work.<br><br>Waiting times – Both the 6 and 18 week targets continue to be exceeded. | 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. | 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

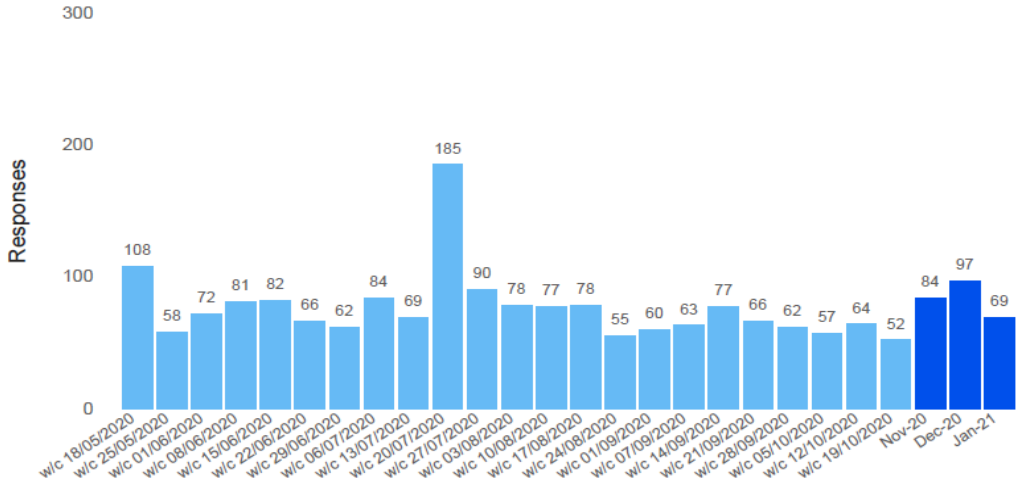
| Area | Action being taken | Expected timeframe for improvement | Action requested of Governing Body |
|---|---|---|---|
| IAPT Moving to Recovery | While expected to be lower as some people drop out of treatment due to COVID, the rate of people 'moving to recovery' increased in December 2020. As we are in a pandemic, it is normal for 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 as pre-COVID (as these are the questions asked in the outcome measures that calculate recovery rates). SHSC have undertaken some work to understand the moving to recovery rates calculation further.<br><br>The service is undertaking a number of actions to ensure that patients have the best opportunity to reach recovery, for example:<br>- Revised administrative processes to offer follow up reviews to people who drop out of courses, to ascertain the most appropriate interventions for them.<br>- Weekly meetings with group facilitators across the service to monitor and review completion of outcome measures.<br>- Implementation of a new slide in each course to emphasise the value of outcome measures and attending all sessions.<br>- Using the text message reminders to include request to complete outcome measures during each course. | 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 | 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%).<br><br>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. The dementia online session/instructional video on dementia diagnosis, as part of our “dementia lunchtime learning” programme for health and social care staff has now been scheduled for 18 March. | 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

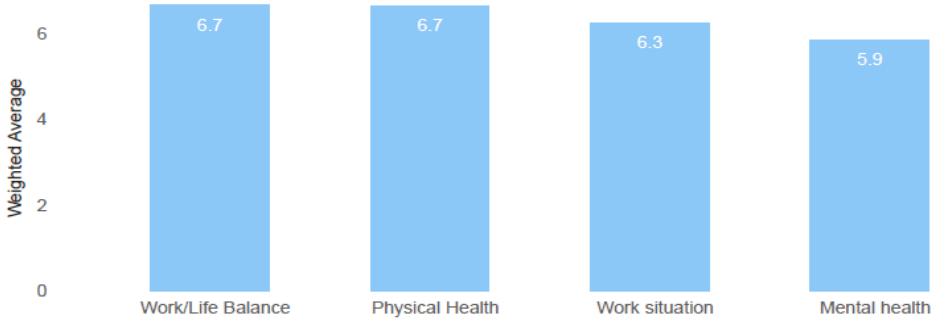
**Sheffield CCG Staff Temperature Check** January 2021

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?

Good support Staff briefing
Good communication
Working from home
Going well Virtual meetings
Support from senior team

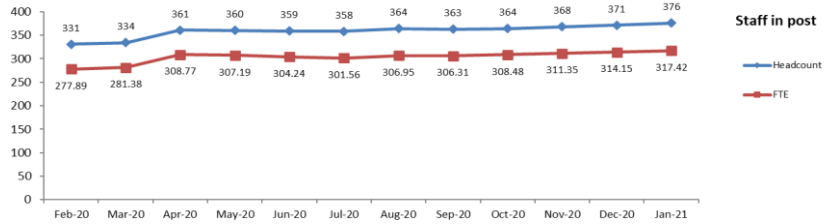
## What could be better?

Look at culture within Directorates
Levels of expectations
Distractions at home
Consider how to tackle or prevent bullying in virtual culture
Allow staff to keep working from home long term
Discussions regarding work loads
Ensure staff encouraged to access non work support
Pandemic fatigue
Professional and friendly communication
Reinstate command and control
Separate this question into 2 questions

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

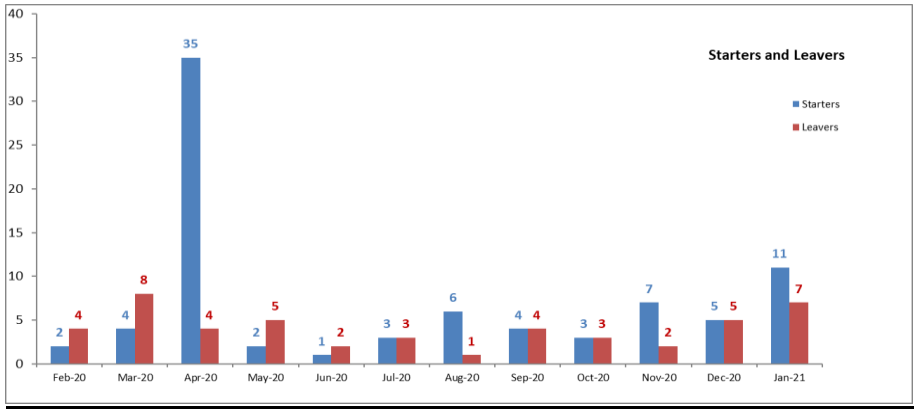
## Staff in Post

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



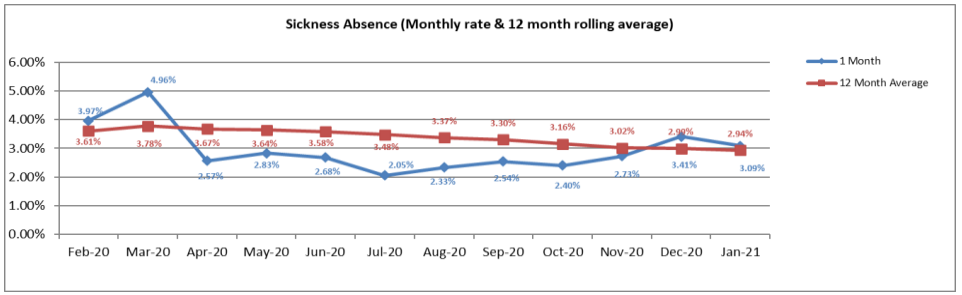

## Starters and Leavers

The graph below shows starters and leavers from for 1 February 2020 – 31 January 2021. The high number of new starters in April 2020 is due to the TUPE transfer of 35 staff from Embed.




## Sickness Absence

The monthly sickness absence rate for January was 3.09%, a slight decrease in comparison to December. This does not include staff absence for Covid-19 related reasons. The absence rate for Covid-19 related reasons for the 12 month period to 31 January 2021 was 0.16%.




## Mandatory and Statutory Training

| Training | Compliance Rate |
|---|---|
| Fraud Awareness | 86% |
| Bullying and Harassment Prevention | 81% |
| Risk Awareness | 62% |
| Conflicts of Interest | 80% |
| Equality and Diversity | 89% |
| Fire Safety | 77% |
| Health and Safety | 88% |
| Infection Prevention and Control | 87% |
| Data Security | 69% |
| Moving and Handling | 86% |
| Prevent | 94% |
| Safeguarding Adults | 89% |
| Safeguarding Children | 91% |

## 2.3 Sheffield CCG Health Check Report: Staff Feedback

This is the third report compiled on the results from the amended set of questions and reflects feedback received during January 2021. 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 69 responses (19% 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 6.65 / 10 (Dec 6.69)
Mental health 5.86 / 10 (Dec 6.07)
Work/life balance 6.7 / 10 (Dec 6.6)
Work situation 6.26 / 10 (Dec 6.3)

The weighted average for mental health has deteriorated for a second month running and more significantly than the modest changes in the other three areas. Staff Forum has proposed that a 4th question is added to the March survey to reflect this and request comments in order to develop an understanding of the underlying reasons.

**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; communication and staff briefings; flexibility and freedom are valued and staff feel supported.

**Could be better:** high workload remains the most common issue. There were comments this month on the CCG's culture - questioning whether much had changed and suggesting that it is still “bad” in pockets. And, asking what the CCG is doing to address bullying in a “virtual culture".

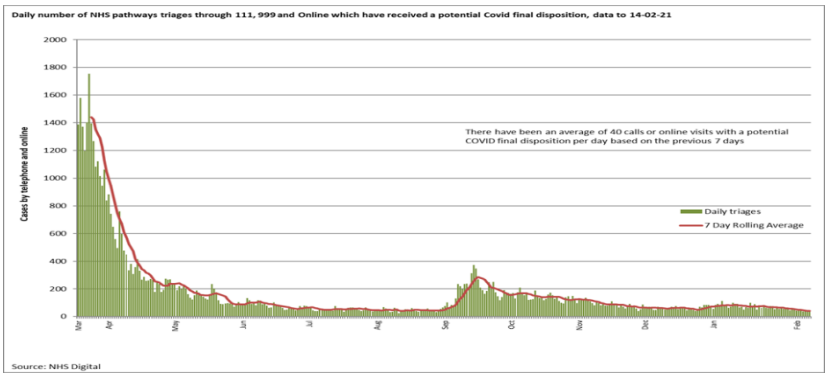
**Question 3:**
**Please tell us if you’d like to ask a question or raise anything for the next fortnightly Staff Brief.**

There were comparatively few questions this month - just 6. They included questions about clarity around Director/Senior Manager structure and how ICS posts are funded and whether ICS staff can be “pulled back to support the covid response”? Akin to this was a question (worry) about staff being re-deployed to front-line roles. There were also questions about what is expected of staff trying to balance work with having young children at home; returning to 722 and requests for updates about the future following closure of the NHSE&I consultation and from Greg Fell.

# 3.1 Sheffield Covid-19 update - Key Messages 15 February 2021

### Covid-19 NHS pathways

• As of February 14 2021 there have been 56,517 calls or online visits to 111 which have resulted in a potential Covid-19 final disposition.
This is an average of 40 per day in the last seven days.



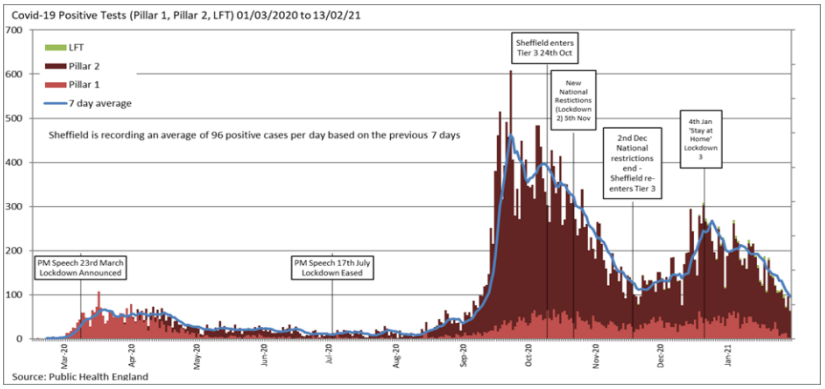

### Testing

• As of 13 February, the cumulative number of confirmed cases of Covid-19 in Sheffield was 38,040 (Pillar 1 and 2*).
Sheffield is recording an average of 96 positive cases a day, based on the previous 7 days.

• The overall proportion of people testing positive in Sheffield has reduced further to 7%

• The most recent 7-day rate in all age positive cases continues to reduce but remains at a high level. Rates remain highest in working age adults and much lower in 0-15 year olds.

• Almost 90% of community transmission remains associated with adults in private residential settings. The most frequent common exposure events include workplaces, shopping and healthcare.




**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

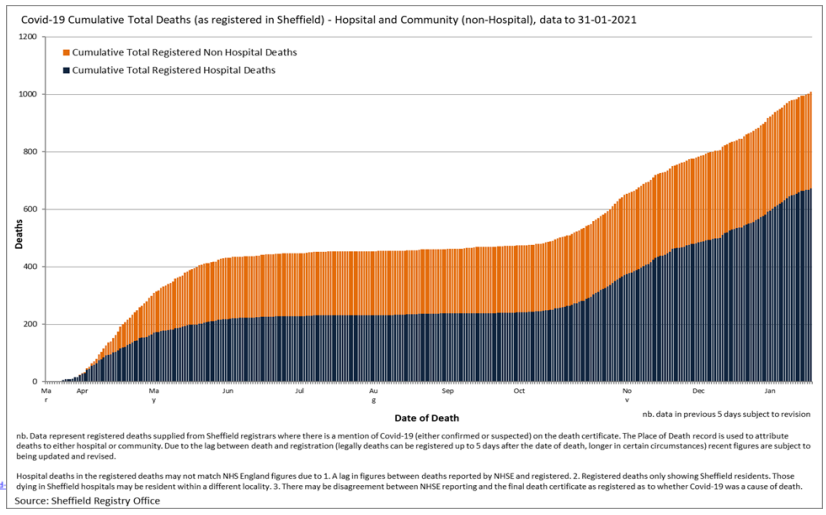
• As of 15 February, there were 100 confirmed Covid-19 patients in Sheffield Teaching Hospitals NHSFT receiving oxygen/ventilation support. There have been 106 hospitalizations for Covid-19 in the past 7 days. Both indicators represent a reduction over the previous week.

### Deaths

• As of 31 January, there have been 1009 deaths registered in Sheffield with a mention of Covid-19 on the death certificate. 672 of these were in hospital and 337 were outside hospital.

• Based on registered deaths, Sheffield is recording an average of 4 deaths a day based on the previous seven days.
Community deaths represent 33.4% of the total Covid-19 deaths currently registered in Sheffield, with 295 (88%) of those deaths occurring in Care Homes.

• The number of deaths remains higher than average 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-
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. This section provides a description of the CCG's current projects which aim to help tackle inequalities and also provides an update on the work to evaluate data completness and quality in this area.

**Covid vaccine community engagement grant**

Over £150,000 has been allocated to a community grants fund for local organisations to design and deliver activities and interventions that will:

• Engage people in ways that suit them, sharing key messages to build confidence in the vaccine, overcoming barriers and mistrust, and to encourage uptake of the vaccine.

• Gain insights on reasons for vaccine hesitancy, and barriers faced to accessing the vaccine, to shape our wider communications.

Based on the NHS England and Improvement's Equality and Health Inequalities Impact Assessment, and other local and national data, the grants are being targeted at organisations that work with communities that are known to be hesitant about, or could face significant barriers to accessing, the Covid vaccine. These groups include:

- African and Caribbean Diaspora communities
- Asian communities
- Polish community
- Gypsy, Roma and travellers communities
- Vulnerable migrants
- People experiencing homelessness
- Those of an Islamic and Jewish faith
- People with learning disabilities
- People with physical and sensory disabilities
- People living with Serious Mental Illness

This activity will give those communities at most risk of the Covid virus access to good quality, trusted, and culturally sensitive information about the Covid vaccine, raising the voice of marginalised communities about the barriers they face in accessing vaccination programmes, whilst also providing extra funding to community organisations supporting communities who face significant health inequalities.

**Covid Community meetings**

The Communications and Engagement team have been identifying and attending local community meetings to gather local insight into what communities are saying about the Covid vaccine and roll-out programme. Clinical representatives from the CCG have also attended these meetings to provide clear and accurate information to members of the community and their representatives. These meetings have included:

- Darnall Covid Confidence (Darnall Wellbeing)
- BAME vaccination conference
- BAME Public health community group (Faithstar)
- Sharrow Covid Confidence (Sharrow Community Forum)
- Covid Vaccine Q&A session (Shipshape and Heeley Trust)
- Sheffield Community Contact Tracers training session

We will continue to attend community meetings, choosing representatives that reflect the communities present at the meeting.

**Infrastructure support for BAME community groups**

In January, we awarded grant funding to Faithstar to fund a bid writer to apply for funds on behalf of the Black And Minority Ethnic (BAME) community. The grant aims to provide an expert bid writing service for Sheffield based BAME groups, writing PQQs for a pre-agreed list of 20 community groups, thereby increasing the number of successful bids and helping to develop infrastructure and resilience over the longer-term.

# 4.1 Health inequalities in Sheffield

**Data and Information**

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.

**Assessment of Data Quality linked to Protected Group Measures**
Apr 2020 to Dec 2020

| | | STHFT (total Trust) | | | SCH (total Trust) | | | BTH (total Trust) | | | Sheffield PCS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | A&E | Inpatients | Outpatients | A&E | Inpatients | Outpatients | A&E | Inpatients | Outpatients | GP Out of Hours |
| Protected Group[1] | Sex | | | | | | | | | | |
| | Ethnicity | 98% | 96% | 95% | 100% | 100% | 100% | 99% | 100% | 99% | |
| | Age | | | | | | | | | | |
| | Deprivation (postcode) | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | |
| | Disability/ additional needs[3] | | | | | | | | | | |
| | Maternity/Pregnancy | | | | | | | | | | |
| | Sexual Orientation | | | | | | | | | | |
| | Gender Reassignment | | | | | | | | | | |
| | Faith | | | | | | | | | | |
| | Marriage / Civil Partnership | | | | | | | | | | |
| | Asylum Seeker / Refugees | | | | | | | | | | |
| | Digitally Excluded | | | | | | | | | | |
| | Homeless | | | | | | | | | | |
| | Carers[4] | | | | | | | | | | |
| | Rurally Isolated (postcode) | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | |
| Other | NHS Number | 99% | 100% | 100% | 100% | 100% | 100% | 99% | 100% | 100% | |
| | Registered GP Practice | 100% | 100% | 100% | 100% | 100% | 100% | 99% | 100% | 100% | |

Key

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

Notes

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

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

3 Disability Field — Available by proxy using diagnosis fields

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