Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Performance and Delivery Report

Governing Body papers

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4 November 2021

Authors	Lucy Barker, Performance Assurance Manager Tracey Standerline, Deputy Director of Information and Performance
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 an update on the progress of the vaccination programme.

Key Issues

Current state of play regarding performance data collection

It should be noted that the collection of data for a number of performance indicators is still paused due to COVID. This means there is still no data for Mixed Sex Accommodation breaches, cancelled elective and urgent operations and DTOC (Delayed Transfers of Care). When the data collection begins again, these indicators will again be included in this report.

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

What this month's Performance and Delivery Report will cover

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

- Indicators relating to the CCG workforce
- Information regarding our staff's experiences and views
- A snapshot of the situation with regard to COVID-19 in the city including the vaccination programme
- Progress on the Seasonal Influenza Programme
- Update on the System Oversight Framework for 2021/22 and beyond.

Is your report for Approval / Consideration / Noting

Consideration and noting

Recommendations / Action Required by Governing Body

The Governing Body is asked to discuss and note:

- Sheffield performance on delivery of the NHS Constitution Rights and Pledges
- Key issues relating to the CCG workforce and their views and experiences
- A position statement regarding COVID-19 and the vaccination programme plus the Seasonal Influenza Programme Update.
- A position statement on the System Oversight Framework.

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

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

- Reduce the impact of health inequalities on peoples' health and wellbeing through working with Sheffield City Council and partners
- Lead the improvement of quality of care and standards
- Be a caring employer that values diversity and maximises the potential of our people

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

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

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

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

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

Not applicable at this time.

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

Not completed; the attached report is a position statement on performance standards and describes work being taken forward to address health inequalities.

Have you involved patients, carers and the public in the preparation of the report?
This paper reports on the achievement of performance measures of our providers, including contractual and national Constitutional requirements. Reporting is based on nationally agreed data sets and standards. This report also includes sections relating to the CCG's workforce, information regarding the impact of COVID-19 in the city, and how the CCG has been responding.

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NHS Sheffield Clinical Commissioning Group

Performance and Delivery Report

Governing Body Meeting

4 November 2021

1. Introduction

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

2. The impact of COVID-19 on elective performance

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

The latest data is for September 2021 for SCCG which saw RTT performance decline further, from 80.2% to 78.39%. The backlog waiting list size for 18+ waiters has increased following the summer months for Sheffield CCG patients. At the end of September 2021 the number of patients waiting over 18 weeks increased from 9173 to 10228, which is a much larger increase than the previous month's, when we have seen reductions in list sizes for several consecutives months.

The RTT performance remains the lowest in ENT, T&O and General Surgery. The longest waiting patients are now being prioritised alongside those with high harm scores, whilst this will help decrease the number of long waiting patients it will likely have little impact on overall 18-week performance at this stage.

Diagnostic performance has seen an incline in performance form last month (August 2021 - 78.50%) to September 2021 figure of 82.3%. The diagnostic tests with the most patients waiting are non-obstetric ultrasound with 567 waiting (waiting list more than doubled since July 2021 - 210 figure), gastroscopy and CT seeing similar figures and trends. Peripheral neurophysiology has reduced list sizes from 233 in August 2021 to zero in September 2021. MRI has also seen a noticeable reduction in month.

The number of Sheffield patients waiting over 52 weeks for their elective treatment journey has continued to decrease in September 2021 compared to the high in March 2021. At the end of September, 715 Sheffield patients were waiting over 52 weeks for their elective treatment journey to start, compared to an August figure of 731, and a March figure of 1148. Table 1 provides more detail on length of waiting time. It should be noted

that before the pandemic there were no patients waiting over 52 weeks for Sheffield patients.

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

Length of time patients waiting	Number of patients
52-64 weeks	349
65-77 weeks	105
78-90 weeks	204
91-103 weeks	50
104+ weeks	7

The long 52 week wait position continues to be impacted by staff isolation and sickness as well reduced theatre and bed capacity due to COVID-19. There are plans in place to improve the situation. Both local Trusts have several processes in place to manage clinical risk for these patients, to mitigate the impact of long waits on patient outcomes.

3. Update on other key performance issues

A&E 4-hour wait performance has seen a gradual improvement over the months of quarter 2 at 81.66% in September 2021 (from 76.48% in July 2021). However, during September there were five people that waited over 12 hours in A&E at Sheffield Teaching Hospital Foundation Trust (STHFT), all of which had additional factors impacting on the waiting time linked to specific need for specialist mental health care. Full timelines and root cause analysis have taken place and following a recent local NHSE mental health summit, there is now an agreed process for STHFT to follow in relation to supporting the escalation of patients awaiting a mental health admission. Work is ongoing based on the learning between STHFT and Sheffield Health and Social Care Trust (SHSCT) which should hopefully soon provide further support to on call colleagues regarding the process for both STHFT teams and the SHSCT teams in such circumstances.

STHFT's A&E Department remain under significant pressure with demands exceeding available capacity, pressure for both COVID & non-COVID admissions and walk in patients. Workforce remains a key area of risk further impacting on flow through the department and the organisation. The clinical decisions unit is well utilised throughout the day and additional COVID capacity reopened in the A&E department to support safe patient assessment. There is a trust wide bed plan utilising all available staffed surge capacity. The Trust have been unable to open any further capacity due to available staffing. The Trust continue to liaise with Yorkshire Ambulance Service (YAS) due to impact of delayed ambulance handovers.

STHFT have seen an increase in activity and apparent level of patient acuity. To support with the COVID response and bed space within ED the team moved ambulatory acutely unwell patients into the minors' area of the department whilst majors ran at capacity. A piece of work has commenced between commissioners and the Business Intelligence Team to explore and understand the apparent increase in acuity across the whole system. Significant work continues within STHFT and with system partners to maintain patient flow, however the situation is compounded by reduced bed capacity due to ward closures and staff sickness absence (both due to COVID) to date STHFT have reported four closed beds due to infection, with one intermediate care home reporting seven

closed beds due to a COVID outbreak. There have been no notifications of COVID outbreaks received from Sheffield's residential or nursing homes.

The Operational Lead for the Care Group and Matrons continue to liaise with YAS Clinical Supervisors to co-ordinate crews for patients arriving at A&E and being transported out of A&E. Command structures initiated to respond to increased operational demands linked to COVID combined with other non-elective pressures. The overall situation remains challenging. Ambulance response times remain below targets, in part this is linked to the delayed handovers as this results in reduced vehicle availability. More positively, more patients are being treated by ambulance staff "at the scene" or appropriately referred to other services, rather than being transported to hospital.

YAS continue to receive increased demand on their 999 and 111 service lines along with other areas in healthcare provision. YAS are continuing to monitor some of the impact of increased demand by reviewing excessive response to Category 1 and 2 999 calls to identify where potential harm has taken place. Part of this work has identified that a cohort of patients that are being affected are elderly patients who have fallen. Whilst in general these patients aren't part of the C1 or C2 cohort, the excessive demand from that cohort puts pressure on the responses to other ambulance categories.

There were a number of significant delays during the last month in Sheffield and wider South Yorkshire. STHFT and YAS are working closely together to mitigate these issues.

Cancer standards have seen some improvement across the 2 week urgent referral, 2 week breast symptoms, 62 day standard, 62 day screening during August 2021. However, all cancer standards are still not being met, apart from 31 day subsequent treatment for drug and radiotherapy, which have met national standards continuously over the past 12 months.

From quarter 3 21/22 there will be a new national performance standard for Cancer Faster Diagnosis, which is that 75% of patients who are referred for suspected cancer have a timely diagnosis. This measure has been added to the report from this month with data as at August 2021. Data had been captured since April 2021, when SCCG were at 61.18% and latest performance is at 68.76%. Although an improvement can be seen over the last 5 months its does not compare favourably to the national average of 74.3%.

4. COVID-19 and the vaccination programme update

Hospital admissions, critical care bed usage and deaths continue to decrease, but there are still cases of community transmission. Social distancing, hand hygiene and mask use continue to be important in stopping the spread of the virus.

The COVID-10 vaccination rollout commenced in December 2020, vaccinating those most at risk from COVID first. As at 17th October 2021, 74.8% of Sheffield over 12 year olds (note last report was over 16 year olds) have received one vaccine and 68.6% both. Within this, over 90% of people aged over 50 had been fully vaccinated. Work is ongoing to target delivery in communities where the uptake is noticeably different to the overall position.

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

Sheffield CCG have invested £235,000 into 26 local voluntary and community organisations working to reduce vaccine hesitancy and physical, cultural and emotional barriers to encourage people to take up the COVID vaccine offer. Each organisation has co-produced a plan based on their extensive knowledge of working within their communities. Activity has included one to one conversations, hosting targeted vaccine sessions, translating information, booking appointments, addressing accessibility issues, and providing transport. The organisations have been providing insight and feedback on a fortnightly basis which has helped to guide the vaccine roll out and communications. The engagement project ran until the end of August and is currently being evaluated.

In addition to being able to book via primary care networks and the national booking service patients can now access vaccination by walking in several sites, a list of these sites is maintained nationally and can be accessed by searching for “grab a jab” on the internet.

Work is being undertaken across Sheffield to offer vaccination to all people aged 12 years and over. Schools are scheduled for a vaccination visit, most before half term. A third of vaccinations are being offered to those who are immunosuppressed as there is an increased likelihood that they may not have had an adequate immune response to the first 2 doses. Vaccinations are also being offered to all people six months after their second dose to ensure adequate protection.

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

5. Seasonal Influenza Programme Update

There is national concern that the UK will experience higher levels of seasonal flu and that it will occur earlier in the season than usual. This is anticipated due to the low levels of flu circulating last year, social distancing, mask wearing thus creating less overall exposure and natural immunity. All vaccinators are being encouraged to vaccinate against flu as quickly as possible to avoid high numbers of infections. Where possible the flu vaccine can be co-administered with the covid booster vaccination. Eligibility has been extended to all children up to 15 years old and everyone over 50 years old.

Those practices that have vaccines available have begun vaccinating for both flu and covid. However, many practices are receiving their first vaccination delivering week commencing 18th October 2021.

For the first time GP practices can vaccinate all residents and all care home staff. Weekly returns to NHSE/I detailing resident and care home staff will be completed.

The programme for school age children has commenced and is being delivered by Intrahealth. The organisation will also deliver ‘mob up’ community clinics where needed to assist with capacity.

Housebound patients have historically been one of the most difficult cohorts to vaccinate. All practices were asked whether support was required with their housebound population. A plan has been put into place to use STHFT capacity to cover 50% of practices

housebound list. Alternatives are being explored to support the remainder as workforce across the city remains an issue.

Additional work is being undertaken to vaccinate patients with a learning disability, rough sleepers and those with substance misuse issues.

Flu vaccinations will be made available for CCG staff via a variety of options.

The table below shows the minimum levels to achieve the different ambitions reflect what is regarded as achievable.

Eligible Groups	Uptake Ambition
Routine programme for those at risk from flu	
Aged 65 and over	At least 85%
Aged under 65 'at risk' including pregnancy women	At least 75% *in all clinical risk groups*
Aged 50-64 years	At least 75%
Children's programme	
Preschool children aged 2 and 3 years old	At least 70% with most practices aiming to achieve higher
School-aged children	At least 70% to be attained across all eligible school years
Reducing levels of inequality	
All ages	No group or community should have a vaccine uptake that is more than 5% lower than the national average.
Health and social care workers	
Frontline health care workers	100% offer with an 85% ambition
Frontline social care workers	100% offer with an 85% ambition

It should be noted that there remains a risk around Flu Vaccination due to insufficient vaccine in primary care. This is due to orders being reduced by manufacturers, increased cohorts after ordering deadlines passed and potential increased uptake. There is some national stock being held but it is unclear of the level available to practices at this stage. There is also a link related to the workforce capacity to deliver vaccinations to housebound, particularly with the covid booster which requires a 20 minute post vaccine observation period.

6. Supporting our CCG staff, their welfare and development

We continue to seek staff feedback via the monthly staff temperature check. This survey is an opportunity for staff to share what is working well and if they have any concerns or suggestions. It is used to help the senior management team and HR understand how staff are feeling, what is working well, what the challenges are and what could be done to support staff during these unusual times we are all facing. Staff Forum also play an active role in analysing the results and communicating with deputy directors about potential actions. Due to a technical issue, the results have not been available for analysis for the latest month. This is currently being rectified and will be included in the next report.

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

722 remains available to anyone finding it difficult to work from home and has been utilised by a small number of staff, many of which are 'hybrid working'. The Meeting Owl has proved its success for joining together those staff in the office and those working at home. The Home Working policy and a 'Return to 722 Pack' in place continues to provide us with a framework to trial out new ways of working over this transition period and until the CCG feels confident that office working is safe.

Staff Briefings have continued to be delivered virtually. The CCG recognises the importance of ensuring that its staff are fully aware of changes and developments and that support is in place during this process. The preparation for our migration to the ICS continues to be a key topic during fortnightly staff briefings, and the Weekly Round Up email, where developments and information is shared when available. In additional ICS 'Drop In' sessions have been arranged providing staff with the opportunity to ask questions and share concerns.

7. System Oversight Framework for 2021/22 and beyond

In June 2021 NHSE/I published the System Oversight Framework (SOF). This new framework will be used by NHSE / NHSI regional teams to guide oversight of ICSs at system, place, and organisational levels in 2021-22. It replaces the previous "special measures" regimes which are currently in place for Trusts and CCGs.

Colleagues have carried out an exercise to determine what metrics in the new framework are readily available, establishing the status of each indicator and where potentially there may be gaps regarding recently released data. Once this exercise has been completed it will be shared for wider discussion.

8. Action / Recommendations for Governing Body

The Governing Body is asked to discuss and note:

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- Key issues relating to the CCG workforce and their views and experiences
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- A position statement on the System Oversight Framework.

Paper prepared by: Lucy Barker, Performance Assurance Manager
Tracey Standerline, Deputy Director of Information and Performance
On behalf of: Cath Tilney, Associate Director of Corporate Services
Date: 26 October 2021

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NHS Sheffield Clinical Commissioning Group

Performance & Delivery Report 2021/22

for the November 2021 papers
for the Governing Body

Contents

1.1 NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly	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
							*RTT and Diagnostic as at August at time of publishing			
Referral To Treatment waiting times for non-urgent consultant-led treatment	All patients wait less than 18 weeks for treatment to start	92%		78.39%	Sep-21		79.67%	73.06%		
	No patients wait more than 52 weeks for treatment to start	0		715	Sep-21		785	496		
Diagnostic test waiting times	Patients wait 6 weeks or less from the date they were referred	99%		82.27%	Sep-21		80.18%	63.77%		
			Q2 21/22							
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	79.25%	81.66%	Sep-21		78.02%	91.79%		
	No patients wait more than 12 hours from decision to admit to admission	0		5	Sep-21		5	0		
			Q1 21/22							
Cancer Waits: From GP Referral to First Outpatient Appointment	2 week (14 day) wait from referral with suspicion of cancer	93%	80.59%	80.91%	Aug-21		81.23%	100%		
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	16.22%	75.96%	Aug-21		77.78%	-		
Cancer Waits: From Diagnosis to Treatment	1 month (31 day) wait from diagnosis with suspicion of cancer to first treatment	96%	92.27%	88.61%	Aug-21		93.05%	100%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	99.20%	100%	Aug-21		99.12%	100%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	99.51%	94.44%	Aug-21		97.89%	-		
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	87.93%	69.05%	Aug-21		84.68%	100%		
Cancer Waits: From Referral to First Treatment	2 month (62 day) wait from urgent GP referral	85%	64.88%	68.66%	Aug-21		65.19%	-		
	2 month (62 day) wait from referral from an NHS screening service	90%	82.46%	69.57%	Aug-21		80.85%	-		
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient	(85% threshold)	91.18%	80.00%	Aug-21		81.55%	-		
Cancer Waits - Faster Diagnosis Standard	28 Day Faster Diagnosis Standard (from Q3 2021/22)	75%	63.06%	69.04%	Aug-21		68.76%	100.00%		

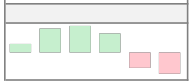
Produced by
Information and Intelligence Team, NHS Sheffield CCG

1.1 NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly	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 response times	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins		9mins 44secs	Aug-21					9mins 44secs
	Category 1 calls resulting in an emergency response arriving within 15 minutes (90th percentile response time)	15 mins		16mins 47secs	Aug-21					16mins 47secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		37mins 56secs	Aug-21					37mins 56secs
	Category 2 calls resulting in an emergency response arriving within 40 minutes (90th percentile response time)	40 Mins		1hrs21mins3secs	Aug-21					1hrs21mins3secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		4hrs50mins53secs	Aug-21					4hrs50mins53secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		6hrs41mins7secs	Aug-21					6hrs41mins7secs
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		26.00%	Sep-21		38.55%	11.49%		26.00%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		9.59%	Sep-21		12.36%	1.15%		9.59%
	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		9.97%	Sep-21		4.65%	2.30%		9.97%
	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		0.63%	Sep-21		0.56%	0.00%		0.63%
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%		Sep-21	*			100%	

Produced by
Information and Intelligence Team, NHS Sheffield CCG

1.1 NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly		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 / DTOC Measures Performance Dashboard											
Early Intervention in Psychosis (EIP)	Proportion of EIP patients seen in 2 weeks	60%			66.67%	Aug-21			-	70.00%	
Improved Access to Psychological Therapies (IAPT)	Number of patients receiving IAPT as a proportion of estimated need	6.25% (Qtr target)	5.47%		1.67%	Sep-21		CCG level data is derived from national reporting, which has not been published yet. This is locally reported Trust level data for June 2021		1.84%	
	Proportion of IAPT patients moving to recovery	50.00%	49.64%		46.67%	Sep-21				48.78%	
	Proportion of IAPT patients waiting 6 weeks or less from referral	75.00%	88.51%		88.78%	Sep-21				96.74%	
	Proportion of IAPT patients waiting 18 weeks or less from referral	95.00%	95.27%		100.00%	Sep-21				100%	
Dementia Diagnosis	Estimated rate of prevalence of people aged over 65 diagnosed with dementia	71.5%			70.40%	Aug-21					
			Q3					No individual provider target for DTOC bed days			
Delayed Transfers of Care (DTOC)	Total number of delayed days (from acute and non-acute) when a patient is ready for discharge but is still occupying a bed	4,212 (Qtr target)	3,828		1,670	Jan-20		1,466		71	

Produced by
Information and Intelligence Team, NHS Sheffield CCG

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
RTT & Diagnostics	Our providers continue working to recover elective activity considering what measures they can put in place, including use of the Independent Sector, to deliver the levels of activity required in the national Planning Guidance. This involves taking a phased approach, considering clinical prioritisation, and treating those people who have been waiting the longest to reduce backlogs which have been created during the pandemic, as well as managing new referrals. Capacity continues to be constrained by the physical distancing and infection control measures which need to be in place to deliver services safely in the context of COVID -19. RTT saw a decline in perforamnce in September, but Diagnostics as seen an improvement in month. The ongoing constraints on bed capacity which are needed to ensure infection control will continue to adversely impact delivery of waiting time standards. All elective specialties are affected. Both STH and SCFT will be providing ongoing wait list analysis as part of resumed contracting functions. In line with the 2021-22 Planning Guidance, both acute Trusts are exploring how they can safely maximise the use of non-face to face outpatient appointments and virtual consultations, as well as understanding how outpatient activity may be reduced where there is low clinical value, in order to allow for capacity to be redeployed elsewhere, this includes increasing mobilisation of Advice and Guidance and Patient Initiated Follow-up. Planning Guidance from NHS England has asked Trusts to initially focus on whole pathway transformations and improve performance in three specialities, cardiac, MSK and eye care.	Operational guidance from NHS England has asked Trusts to protect capacity for the highest priority patients in greatest clinical need, as well as being mindful of addressing health inequalities/ The CCG has been working with our provider Trusts to submit plans to both achieve this requirement clear the backlog of long waiters. These plans will reflect that SYB has recently been approved as an Accelerator Site.	None
RTT 52 week waits - CCG information	In September, 715 Sheffield patients were waiting over 52 weeks for their surgery or procedure, this has decreased from 731 in August. There are currently 7 patients waiting over 104 day. These seven patients are not at STH, 2 are SCH, 2 at Chesterfield Royal Hospital, 1 waiting with Hull University Hospitals, 1 at Univesity Hospitals of Leicester NHS Trust and 1 at UNIVERSITY Hospitals Birmingham NHS FT. In order to comply with national guidance currently in place due to the COVID-19 pandemic, the CCG has not contacted providers to determine reasons for the long waits.	We will continue to monitor the situation with regard to patients experiencing these long waits, until we can confirm they have received their treatment. The plans to clear the backlog of long waiters are referenced above.	None

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
RTT 52 week waits Sheffield Children's NHS FT	The data in the dashboard for Sheffield Children's NHS FT (SCFT) shows the numbers waiting over 52 weeks has reduced in the last month, in August there were 496 patients compared to 593 in July. There are 13 patients waiting 104 days plus, 5 of which are Sheffield CCG patients. Provisonal figurs sent direct from SCH show a reduction in September by 69 patients. RTT performance has reduced from 73% at the end of August to 69.91% at the end of September. The number of patients waiting over 18 weeks has increased by 332 which is greater than the 66 increase seen last month. The number waiting under 18 weeks has decreased by 436. Which is a change to the pattern we'd seen over the previous months, where the number of patients waiting under 18 wait had had a greater increase. The total waiting list size has stabilised as at the end of September the number of patients waiting for first treatment decreased from 11548 to 11444. RTT performance remains lowest in the Surgical Division. This is a result of clinically prioritising patients and focussing on treating patients with red and amber harm scores, some of which may not have been long waiting patients. The longest waiting patients are now being prioritised alongside those with high harm scores, whilst this will help decrease the number of long waiting patients but as predicted it is having little impact on overall 18 week performance at this stage. There were 427 patients waiting over 52 weeks at the end of September, a decrease of 69 compared to August. In September 143 patients who were waiting over 52 weeks were treated or discharged (100 of these were admitted for treatment). 44 52 week breaches were in the Medicine Care Group and the rest were in Surgery Care Group. Diagnostic performance has increased from 63.82% in August to 66.59% in September, although this is still lower than the 68.2% at the end of July. The number of patients waiting over 6 weeks for a diagnostic test has decreased by 11. The number of patients waiting for a MRI has dropped from 20 to 9. Urodynamics - pressures & flows saw the biggest increase from 13 to 32 between July and August but has stabilised now and just increased by one to 33 in September). . The diagnostic tests with the most patients waiting are non-obstetric ultrasounds and Endoscopies.		
RTT 52 week waits Sheffield Teaching Hospital NHS FT	For August, 785 patients were waiting over 52 weeks at STH - this is not just Sheffield CCG patients. The long wait position continues as theatre and bed capacity has been restricted due to COVID-19 but there are plans in place to improve the situation. September figures for STH are not available to the CCG until later in the month. We know that there were 497 CCG patients waiting over 52 weeks in September, an increase of 11 in month. The number of Covid patients has significantly decreased, including the number of patients in critical care and the focus now is on restoring elective capacity. . The Trust continue to work towards the national target of delivering 85% of 2019/20 elective activity.		

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 August 2021. The 2 week wait (2WW) and breast symptomatic positions continue to be adversely impacted by the extraordinary, unexpected demand in late March. The most common reasons for breaches to the standards remain: reduced numbers of outpatient clinic slots, theatres access and diagnostic capacity due to infection control measures, combined with patient choice as well as a national focus on priority 1 and 2 patients without the opportunity to undertake priority 3 work (which adversely affects tumour sites such as lower risk urology and thyroid pathways). The STH Cancer Patient Treatment List (PTL) volume is now reducing. The total long-waiting position continues to improve with significant work underway to address backlogs and recover to a pre-pandemic position. The 2WW access target and breast symptomatic will continue to fail into June due to the knock-on impact of the earlier extraordinary demand in late March. GP 62 Day target performance will likely fall again as patients are treated from the backlog. STH remains under the national average and below the Shelford average (a measure used to group certain areas that are similar) for this measure thanks this is due in part to the delayed transfer of care and reduced onward referrals from neighbouring SYB providers. Appropriate clinically led risk stratification has resulted in the delay to those pathways where patients are least at risk.	The COVID pandemic is expected to continue to impact on cancer pathways for the next few months as numbers of people admitted to hospital reduce and services can stabilise.	To note the continued work undertaken locally and across the Cancer Alliance to address immediate capacity and performance issues, and to note the impact of COVID-19 on delivery of the standards.
12 hour waits to admission from decision to admit (Trolley Waits)	Unfortunately, five patients experienced what is known as a “trolley wait” in excess of 12 hours in August. This means a patient waited more than 12 hours from a decision to admit to admission at STH. This does not necessarily mean that the patient was literally sitting on a trolley in A&E, but rather that they were being cared for in an acute setting, in the temporary absence of the right onward accommodation being available. This can happen at times of very high pressure in the system, or when a patient has complex needs which require a specialist response (as was the case with these patients, who needed specialist inpatient mental health care). There were a number of additional factors in relation to these 5 patients, 1. Access of transport to other sites 2. Onward admission issues/delays regarding MH referrals As part of a local NHSE mental Health summit STH now have a process which they follow in relation to supporting the escalation of patients awaiting a mental health admission. Work is ongoing based on the learning between STH and SHSCT which should hopefully soon provide further support to on call colleagues of what should be being done both STH teams and the SHSCT teams in such circumstances.	Pressures on specialist mental health inpatient services continue, for both adults and young people, and this situation is being monitored during the weekly system calls between CCGs, providers and NHS England.	None

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
A & E Waits	STHFT's A&E Department remain under significant pressure with demands exceeding available capacity, pressure for both COVID & non-COVID admissions and walk in patients. Workforce remains a key area of risk further impacting on flow through the department and the organisation. The clinical decisions unit is well utilised throughout the day and additional COVID capacity reopened in the A&E dept. to support safe patient assessment. There is a trust wide bed plan utilising all available staffed surge capacity. The trust have been unable to open any further capacity due to available staffing. Full command and control has been instigated to respond to significant risks that the Trust is experiencing, including ongoing system work to support timely discharge and escalation to MH Trust to support response around MH delays. STH have seen an apparent increase in activity and level of patient acuity. To support with the COVID response and bed space within the ED the team moved ambulatory acutely unwell patients into the minors area of the department whilst majors ran at capacity. SCH ED 4 hour performance has reduced, falling from 96.48% to 91.79% which is below the National Standard of 95%, and the number of breaches increased substantially to 451. No ambulance handovers took longer than 30 minutes. There was a higher than average number of attendances on several occasions and an uneven distribution of attendances with many concentrated into the same period. This coupled with COVID related staffing shortages, both in ED and the rest of the Trust, resulted in the higher number of breaches (as patient flow was compromised). Action has already been taken by the Trust in response to this situation. Locum shifts over the weekend have been approved to increase senior decision makers in the department during periods of likely peak. There are plans to augment ENPs within the department and to enhance NHS P to encourage better fill for bank shifts. Work is being done with the Communication Team to share information about the pressures that ED are facing with the public and ensure messaging is joined up with the ICS. A request has gone in to the GP collaborative to increase GP streaming specifically shifts on Sunday/Monday, as these are known to be more likely to attract high primary care attendances. YAS continue to receive increased demand on their 999 and 111 service lines along with other areas in healthcare provision. YAS are continuing to monitor some of the impact of increased demand by reviewing excessive response to Category 1 and 2 999 calls to identify where potential harm has taken place. Part of this work has identified that a cohort of patients that are being affected are elderly patients who have fallen. Whilst in general these patients aren't part of the C1 or C2 cohort, the excessive demand from that cohort puts pressure on the responses to other ambulance categories. The Urgent Care campaign continues on social media, with messaging that was agreed by all partners and promoted the use of the WIC, community pharmacies and 111 with the strapline 'Stop.Think.Plan B. Not A&E'. The CCG have once again commissioned Social Change to restart the paid for campaign into winter to support system pressure and winter resilience. Sheffield CCG's comms team are also in the process of pulling together the systems comms plan for 2021/22. The extended hours pharmacy contract with Wicker Pharmacy has been extended for 2 years (to March 2024). In September integrated urgent emergency care team and STH's ED undertook a conveyance audit- the findings are to be released 21.10.2021 which will inform a whole programme of work supporting the urgent care system.	STH, NHS111 and YAS continue to work together in the context of the pandemic to ensure that appropriate emergency services are available for patients in a timely fashion, within all the operational constraints faced by the system because of COVID-19. The CCG continues to provide information for the public about the range of services on offer to them.	To continue to endorse the CCG's work with the public to support them making the right healthcare choices to ensure their safety, as well as making sure they get the right treatment in the most appropriate place.

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Ambulance handover / crew clear times	There were a number of significant delays during the last month in Sheffield and wider South Yorkshire. STH and YAS are working closely together to mitigate issues. Significant work continues within STH and with system partners to maintain patient flow, however the situation is compounded by reduced bed capacity due to ward closures and staff sickness absence (both due to COVID) to date STH have reported 4 closed beds due to infection, with one intermediate care home reporting 7 closed beds due to a COVID outbreak & no notifications of any outbreaks received in Sheffield's residential or nursing homes. The Operational Lead for the Care Group and Matrons continue to liaise with YAS Clinical Supervisors to coordinate crews for patients arriving at A&E and being transported out of A&E. Command structures initiated to respond to increased operational demands linked to COVID combined with other non-elective pressures. The overall situation remains challenging.	The CCG continues to facilitate meetings between STH & YAS to discuss measures to improve performance moving forward, particularly in view of the additional pressure of COVID-19.	To be aware of ongoing pressures and to continue to endorse the approach being taken by YAS to improve performance.
Ambulance Response Times (ARP)	A number of the ARP performance measures have been consistantly not achieved, as the impact of COVID-19 continues to be felt. A full review of the performance metrics for Ambulance Response Times will be completed and appropriate recovery plans and trajectories agreed as part of YAS's overarching COVID-19 recovery plan. High job cycle times continue to impact on resource availability which in turn influence response performance, this is consistence across the last 2 months. The Integrated Transport pilot has been underway within YAS for some time. It has taken time for YAS to identify the patient cohort, and the flows for operations, reporting and contracting. The change is largely behind the scenes - to test an approach that should increase efficiency and improve response times for patients. As part of the pilot arrangements, YAS is bringing Patient Transport Service (PTS) and A&E dispatchers working alongside each other to make the best use of available crew capacity from both services. Effectively it just means that where it is safe and clinically appropriate YAS may dispatch one of our A&E Low Acuity Tier (LAT) crews to a PTS job if that crew is closer/available, and vice versa. YAS have completed and shared with commissioners an internal audit of Category 1 and 2 calls where the response times have fallen outside of agreed targets, this has provided some valuable information that links in with national ambulance work-streams. Patient Transport Services training has recommenced after being stopped during COVID for operational reasons, it is expected that there will be a gradual improvement of this target with both classroom an online training schedules being facilitated.	Progress continues to be closely monitored.	None this month.

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Mental Health Measures Performance Dashboard: Actions			
Improved Access to Psychological Therapies (IAPT)	IAPT reporting was suspended by NHS England and NHS Improvement during the first quarter of 2020/21, as part of the reduced reporting regime intended to free up services to respond to the pandemic. There continue to be issues around national data collection, therefore we are using data which has been locally reported by our provider SHSC (this means that it will include a small number of patients who receive a service in Sheffield but are not resident in the city). Access - COVID has had a significant impact on IAPT services nationally and in Sheffield. Our IAPT service has had to move from GP practice co-location to a centralised model whilst the pandemic continues. National predictions are for a significant increase in demand for IAPT services as a proportion of the local population. The number of referrals locally is increasing and plans are in place to accelerate delivery of the service and offset the impact of a temporarily centralised service. Referrals are expected to dip in summer months in line with seasonal trends as people go on holiday or spend time with children and families over the school holiday period. Waiting Times Continues to exceed service waiting time target, with 100% of services users seen within 18 weeks of referral in September 2021. Other Highlights/Achievements/Concerns •Recruitment for service expansion •Rapid access in to the service •Service Promotion: collaboration with Hallam FM for promotional campaign over 12 week period •Website development: working to update the technical capability and accessibility of the website and modernise the brand •Team Manager recruitment difficulties: opened the essential criteria to include an NHS management qualification and move clinical qualification in IAPT to desirable	Ongoing	Governing Body is asked to continue to receive these updated position statements, until this standard is delivered consistently.
IAPT Moving to Recovery	Although NHS England have restored the collection of data around national standards, it has been made clear from the National IAPT team that they are not enforcing performance management of these standards at the present time. The IAPT recovery rate was expected to be lower, as some people have dropped out of treatment due to COVID. The rate of people 'moving to recovery', has remained above target since May. The service is continuing to undertake an intensive piece of work to ensure that patients have the best opportunity to reach recovery and is one of the key service objectives during 21/22. Recovery rates are expected to fluctuate over Autumn and Winter. There is a comprehensive plan on improving recovery rates in place. There are multiple counsellors engaging in training at the moment as mandated by NHS England which has seen a fluctuation in recovery rates however this is showing signs of stabilising. Plans in place to improve recovery rates in courses are coming to fruition	Although NHS England have restored national standards it has been made clear from the National IAPT team that they are not enforcing performance management of these standards.	Governing Body is asked to continue to receive these updated position statements, until this standard is delivered consistently.

1.2 NHS Constitution Measures Performance Dashboard: Actions

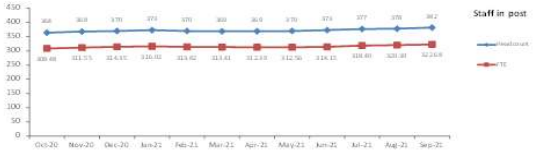
Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Dementia Diagnosis	Our local Dementia Diagnosis target has not been achieved; however we are exceeding the national target and South Yorkshire & Bassetlaw (SYB) benchmark. As at August 2021, 70.4% of people aged 65+ who are estimated to have dementia in Sheffield were diagnosed - this equates to 4,459 people against an estimated 6,334). This is slightly lower than the previous July figure of 71%. This is against the national target of 66.7% and local target of 71.5%. Nationally it has been acknowledged that diagnosis rates has been impacted by the pandemic. Due to our good performance prior to COVID, our current diagnosis rate (although decreased) is still above the national average (61.8%) and SYB average (68.5%). However, like other areas we have seen a decline in performance since the pandemic; with some improvement (broadly maintained) this since February 2021. As part of the cross-organisational Sheffield Dementia Strategy, we have continued to raise awareness about the importance of dementia diagnosis (improving quality/quantity of diagnosis is one of the 13 Commitments within the strategy) and post-diagnostic dementia care during the pandemic. For example, the Primary Care and Acute Trust dementia diagnosis protocol/guidance was updated last year and has been widely promoted. The dementia online session/instructional video on dementia diagnosis, as part of our “dementia lunchtime learning” programme for health and social care staff took place in March 2021 and is available as a recording for staff. Feedback on the session was very positive, with the majority of participants stating that they were more confident in supporting diagnosis after the session. Feedback was also sought about challenges in diagnosis, which will help inform future work. Comments included “Getting the individual willing to have an initial screening at the GP”, “Timescales and uncertainty whilst waiting” and “Long wait for memory clinic”. As at end of April 2021, the average waiting time from referral to assessment with Memory Service was 18.4 weeks, with 414 people waiting at month end. CCGs have been allocated some non-recurrent dementia diagnosis recovery funding from NHSE from June 2021 (until March 2022). The funding is intended to enhance the support of people waiting for an assessment and post diagnosis. Investments are being rapidly finalised. Plans will include additional capacity within the Memory Service and will build on the existing VCSE services (funded through the SCC and CCG joint dementia commissioning plan) which support people within their local community. Plans will respond to local feedback from the recent survey, and from the Experiences of dementia by ethnic groups under-represented in Sheffield services project.	We will continue to monitor the situation with regard to these patients, until we can confirm the Dementia Diagnosis rates are higher.	None requested.

2.2 NHS Sheffield CCG HealthCheck Report: Human Resources Indicators

NHS Sheffield CCG HR Data as at 30 September 2021

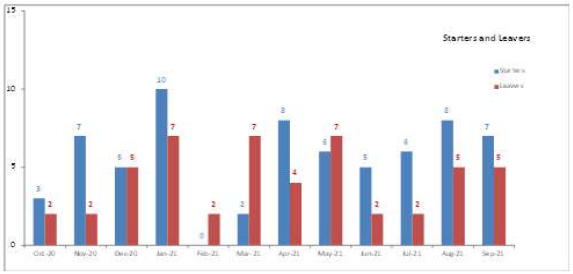
Staff in Post

The organisation's headcount and full time equivalent (FTE) for 1 October 2020 – 30 September 2021 is shown below:



Starters and Leavers

The graph below shows starters and leavers from 1 October 2020 – 30 September 2021:



Sickness Absence

The monthly sickness absence rate for September was 3.99%. Although this is over 1% lower than the previous month, it remains above the organisational target of 3%. As in previous months, the majority of absence is long term sickness, with most cases due to anxiety, stress and/or depression, both personal and work-related. Cases are managed on an individual basis to support employees to return to work.

Mandatory and Statutory Training

Compliance rates are above 80% in all areas. The organisational target for all mandatory and statutory training is 100%. Monthly compliance reports are provided to Deputy Directors.

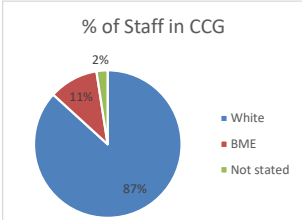
Directly Employed Stat./Mand completed	
Fraud	90%
Prevent	96%
Risk	80%
Bullying and Harassment	81%
Managing Conflicts of Interest Module 1	84%
Data Security	94%
Equality and Diversity	94%
Fire Safety	88%
Health and Safety	91%
Infection Prevention and Control	91%
Moving and Handling	88%
Safeguarding Adults	90%
Safeguarding Children	91%

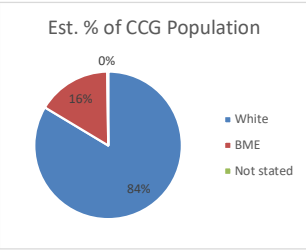
Staff Ethnicity in Sheffield CCG

The current ethnic breakdown for Sheffield CCG staff

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

** Source - Joint Strategic Needs Assessment, 2011 Census

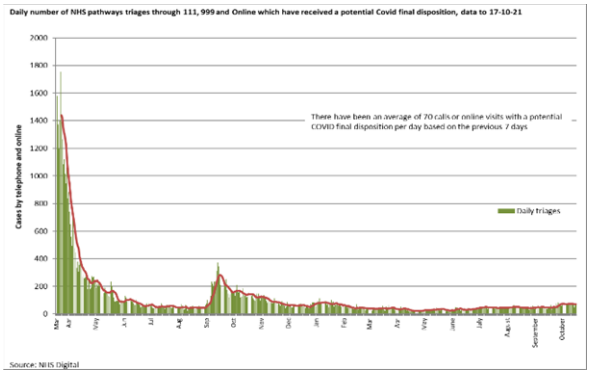




3.1 Sheffield Covid-19 update - Key Messages October 2021

Covid-19 NHS pathways

• As of Sunday 17th October there have been 66,681 calls or online visits to 111 which have resulted in a potential Covid-19 final disposition at an average of 70 per day in the last seven days. 111 surveillance has now been stepped down by the LA due to testing being more readily available. Therefore this may not be included in next



Testing

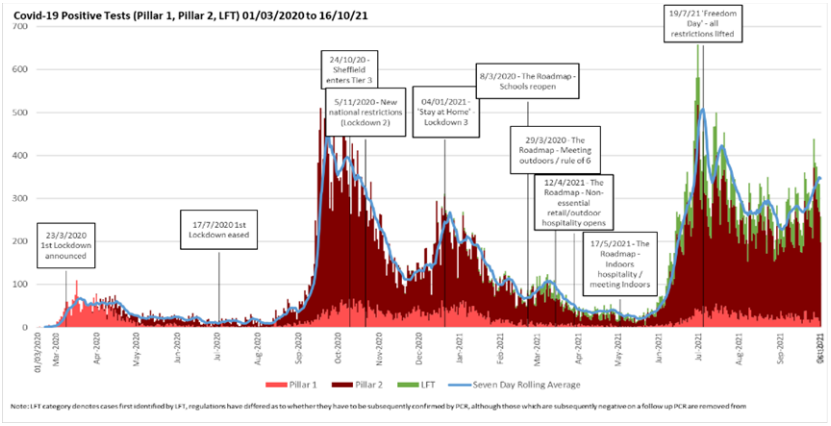
• As at 14th September 2021, Sheffield had recorded 72,205 positive tests (Pillars 1 and 2).

• The proportion of people testing positive reduced to 9.5%.

• The latest all-age 7-day rate in cases increased over the previous week, associated with high case rate in 5-17 year olds.

• The most frequent common exposure events were: educational settings <12 years; educational settings 12-17 years; and educational settings 18+.

• Over 95% of community transmission remains associated with adults in private residential settings.



**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

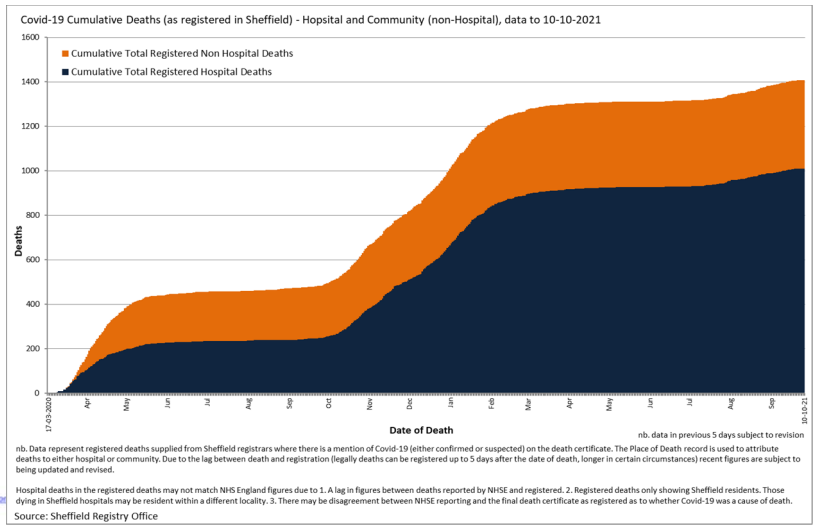
• Currently there are 41 confirmed Covid-19 patients in Sheffield Teaching Hospitals NHS Foundation Trust receiving oxygen/ventilation support. There have been 50 hospitalizations for Covid-19 in the past 7 days. Both indicators represent a small decrease. Bed occupancy remains flat.

Deaths

• As of Sunday 10th October there have been 1408 deaths registered in Sheffield with a mention of Covid-19 on the death certificate.

• 1010 of these were in hospital and 398 were outside hospital. Based on registered deaths, Sheffield is recording an average of 0 deaths a day based on the previous seven days.

• Community deaths represent 28.3% of the total Covid-19 deaths currently



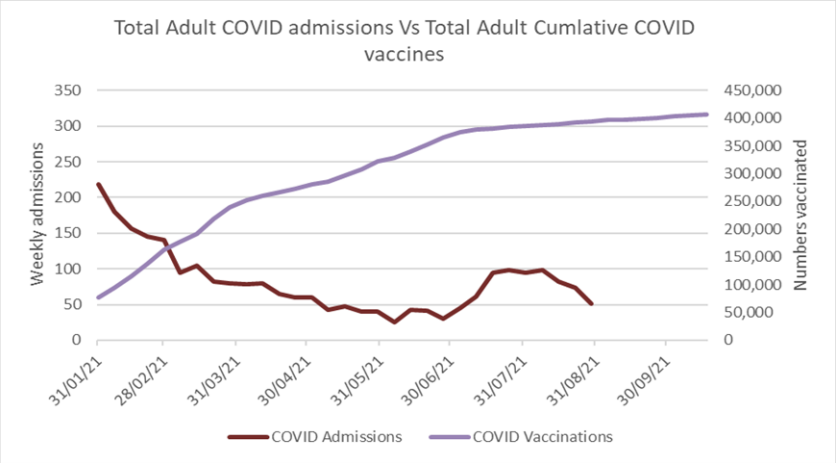
Sources:

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

3.1 Sheffield Covid-19 update - Key Messages October 2021

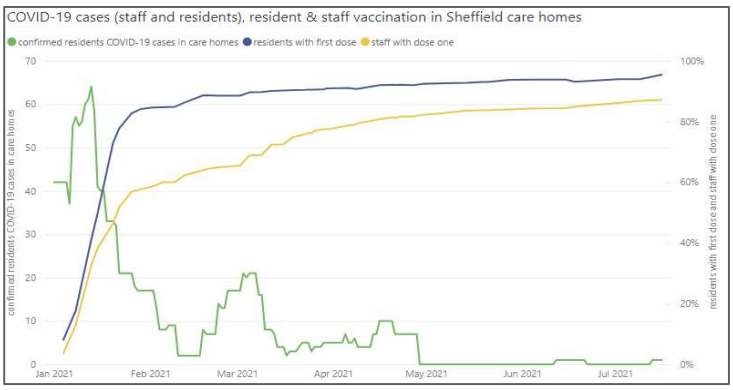
Covid Vaccinations

• Between 8th December 2020 to 8th October 2021, the total number of Sheffield people (12+) vaccinated with first dose was 396,464 (78.28%) and 367,537 with second dose (72.57%).



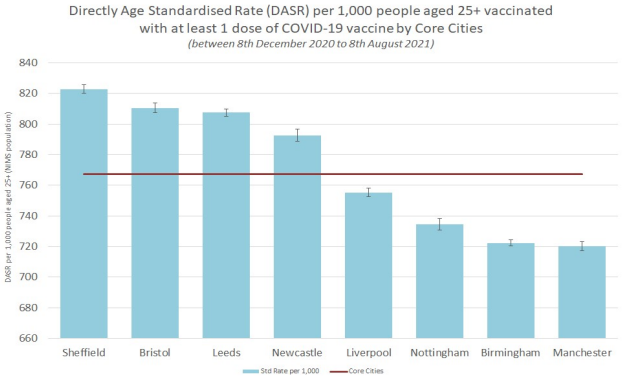
Covid Vaccinations in Care Homes

• Over 90% of people living in care homes in Sheffield have received their first vaccination.
• The number of staff working in care homes who have received their first vaccination is over 80%.
• The overall vacancy rate within care homes increased slightly to 16.4%. The majority of care home residents being discharged from hospital return to their usual place of residence.



Core Cities Vaccination rates

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



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