Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Performance and Delivery Report

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Governing Body

August 2021

Authors	Rachel Clewes, Senior Programme and Performance Analyst 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). This pause has continued throughout Quarter 1 2021/22. As soon as the data collection begins again, these indicators will again be included in this report.

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

What this month's Performance and Delivery Report will cover

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

- Indicators relating to the CCG workforce
- Information regarding our staff's experiences and views
- A snapshot of the situation with regard to COVID-19 in the city

Is your report for Approval / Consideration / Noting

Consideration

Recommendations / Action Required by Governing Body

The Governing Body is asked to discuss and note:

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

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

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

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

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

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

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

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

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

Not applicable at this time.

Have you carried out an Equality Impact Assessment and is it attached?
Not completed; the attached report is a position statement on performance standards and describes work being taken forward to address health inequalities.
Have you involved patients, carers and the public in the preparation of the report?
This paper reports on the achievement of performance measures of our providers, including contractual and national Constitutional requirements. Reporting is based on nationally agreed data sets and standards. This report also includes sections relating to the CCG's workforce, information regarding the impact of COVID-19 in the city, and how the CCG has been responding.

Performance and Delivery Report

Governing Body

August 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 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 May 2021 and in this month there has been a further improvement in both the RTT standards – the diagnostic wait standard has dropped slightly this month. The number of Sheffield patients waiting over 52 weeks for their elective treatment journey has decreased this month from a high in March 2021. At the end of May, 890 Sheffield patients were waiting over 52 weeks for their elective treatment journey to start. We now have information on the split of these patients by how long they are waiting (Table 1). Before the pandemic there were no patients waiting over 52 weeks.

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

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

Length of time patients waiting	Number of patients
52-64 weeks	348
65-77 weeks	411
78-90 weeks	106
91-103 weeks	23
104+ weeks	2
Total - 52+ week waits	**890**

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

	2020/21												
SYB	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Barnsley Hospital NHSFT	10	20		58	91	184	254	344	436	490	451	365	250
Chesterfield Royal Hospital NHSFT	17	53	117	212	308	438	594	797	1202	1475	1471	1276	1178
Doncaster And Bassetlaw Teaching Hospitals NHSFT	27	77	157	278	345	393	631	986	1635	2272	2399	1941	1440
Sheffield Children's NHSFT	33	83	135	190	232	323	354	457	577	721	793	720	659
Sheffield Teaching Hospitals NHSFT	8	30	62	112	168	218	303	386	674	958	1096	1010	890
The Rotherham NHSFT	1	8	46	113	207	307	445	610	720	764	559	404	332

	2020/21												
Other Local / Similar Providers	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Hull University Teaching Hospitals NHST	909	1886	3307	4397	5799	6818	8021	9355	10873	12084	11990	10703	9206
Leeds Teaching Hospitals NHST	346	624	971	1297	1606	1909	2257	2666	3522	4463	4711	4080	3535
Manchester University NHSFT	1042	1957	3241	4257	4839	5933	7082	8420	10573	12967	13777	16791	15622
Nottingham University Hospitals NHST	61	138	272	404	552	804	1219	1722	2512	3479	3984	3769	3413
The Newcastle Upon Tyne Hospitals NHSFT	188	354	730	1041	1426	2045	2680	3420	4846	6223	6795	6404	5511
University Hospitals Of Derby And Burton NHSFT	298	580	1011	1667	2367	2968	3751	4706	6629	8767	9728	8586	7542

The system continues to work collaboratively to address this backlog via the Elective Recovery Programme. This involves challenging targets to reduce and eliminate 52 weeks by 31st March 2022 across the ICS and at both our Sheffield acute providers.

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

3. Update on other key performance issues

The impact of capacity constraints also continues to be seen in Cancer services, with breaches of the national waiting time standards. During late March / April and into May 2021 there were high volumes of patients with breast symptoms which was primarily driven by a national press story at the end of March 2021.

There continues to be increased attendances at STH's A&E department, which have led to delayed ambulance handover times and increased lengths of wait in A&E. Unfortunately, three patients experienced an A&E wait of more than 12 hours from a decision to admit to admission at STH. This can happen at times of very high pressure in the system or when a patient has complex needs which require a specialist

response (as was the case with these patients, who needed specialist inpatient mental health care). Full timelines and root cause analysis are being reviewed between STH and SHSC to identify learning linked into wider system discussions. Ambulance response times remain below targets, in part this is linked to the delayed handovers as this results in reduced vehicle availability. More positively, more patients are being treated by ambulance staff “at the scene” or appropriately referred to other services, rather than being transported to hospital.

For mental health the Access Waiting Time standard of 60% was met consistently during 2020/21 Quarter 4: Jan 2021 – 77%, Feb 2021 – 70%, March 2021 – 72% but then started to prove challenging for the 16 to 18 year age range through gaps in senior medic provision, due to sickness absence. The Access Waiting Time has been on the service’s radar and was highlighted as a concern on the latest Recovery Plan.

During April 2021 the most significant factor was the lack of medics in the team during that period combined with a slightly higher than normal rate of referrals. Due to the diagnostic uncertainty around psychosis, referrals are often triaged in close liaison with medics, which proved difficult around this time. Senior medics are also required to triage referrals for under 18’s and there is a plan in place to ensure there is consultant oversight for this age range at all times.

Since March 2021 the service has been reviewing their triage criteria. From previous benchmarking reports it was noted that Sheffield is an outlier in terms numbers of assessments versus numbers taken onto caseload, possibly due to historically having a very low threshold for accepting referrals. Triage criteria have now been tightened with caution and in line with national guidance, and this does seem to have helped the service to focus resources more effectively.

4. COVID-19 and the vaccination programme update

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

We started the vaccination rollout in December, vaccinating those most at risk from COVID first. As at 8th July, 75% of Sheffield adults received one vaccine and 55% 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 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. A total of 130,142 contacts have been made with the public in terms of engagement around vaccine uptake (including written information, social media and direct engagement)

In addition to being able to book via primary care networks and the national booking service patients can now access vaccination by walking in at Darnall Health Care, the Octagon and the Arena (soon to move to Longley Lane Sheffield). Walk in sessions have also been delivered at both local football clubs. The CCG has been working in partnership with St John's Ambulance and local practices to run four additional sessions across the city in June and July, aiming to reach people who had not yet come forward for their vaccination. These sessions were delivered in strategically chosen locations where we can reach people in their community setting. Two of the sessions were run with churches and received great support from their members; one of these sessions was delivered for people who are seeking asylum with support from City of Sanctuary and ASSIST. We are now considering the feasibility of running more small, local "pop up" sessions aimed at communities where uptake remains lower.

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

5. Supporting our CCG staff, their welfare and development

The national removal of restrictions on 19 July 2021 enabled the CCG to consider how we could use our headquarters a bit more. We now have the processes in place (particularly the infection control measures) to start increasing numbers and trialling the new more flexible ways of working.

The national message is to take things gradually and, given the Covid infection rate remains high, we have clarified with staff that we will start off during the initial few weeks with just the staff that are really keen to return because they are finding it difficult working at home. After this we plan to enable small team groups to meet up in the headquarters and trial 'hybrid' meeting with some staff in the office and some working from home.

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

The CCG is taking a supportive approach of allowing a period for staff to re-adjust back to working in the office, trialling blended working so they can make an informed decision about how they want to work in the future on an individual, team and organisational basis. This period will last until the end of December 2021 and it is recognised that this may need to be extended.

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

We continue to seek staff feedback on how they are coping with these unprecedented times, and how the CCG can support them more effectively. We are grateful to staff for sharing their concerns, views, and suggestions for improvement. This work is summarised in the "Staff Temperature Check" and "Staff Feedback" sections of the report. The organisation continues to provide resources to support staff with maintaining their wellbeing, including an emphasis on managing stress, taking care of our mental wellbeing, and keeping physically active and connected to each other.

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

6. Action / Recommendations for Governing Body

The Governing Body is asked to discuss and note:

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

Paper prepared by: Rachel Clewes, Senior Programme and Performance Analyst
Tracey Standerline, Deputy Director of Information and Performance

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

28 July 2021

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NHS Sheffield Clinical Commissioning Group

Performance & Delivery Report 2021/22

for the August 2021 papers
for the Governing Body

Contents

1.1 NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q4 20/21**	CCG Latest monthly Position		CCG Performance against standard (latest 6 months)*	Latest Provider Total Monthly Position			
							Sheffield Teaching Hospital	Sheffield Children's Hospital	Sheffield Health & Social Care	Yorkshire Ambulance Service
* Mental Health CPA 7 day follow-up & Cancelled Operations (28 days) trend lines are using latest quarterly (not monthly) data.										
** All Quarterly data relates to Quarter 4 2020/21, except IAPT where Q4 2019/20 is used and CPA where Q3 19/20 is used and A&E where Q1 21/22 is used. This										
Referral To Treatment waiting times for non-urgent consultant-led treatment	All patients wait less than 18 weeks for treatment to start	92%		81.99%	May-21		82.29%	73.53%		
	No patients wait more than 52 weeks for treatment to start	0		890	May-21		867	661		
Diagnostic test waiting times	Patients wait 6 weeks or less from the date they were referred	99%		85.77%	May-21		86.94%	74.60%		
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	82.12%	81.93%	Jun-21		76.15%	96.93%		
	No patients wait more than 12 hours from decision to admit to admission	0		3	Jun-21		3	0		
Cancer Waits: From GP Referral to First Outpatient Appointment	2 week (14 day) wait from referral with suspicion of cancer	93%	94.44%	80.44%	May-21		80.50%	100.00%		
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	88.89%	9.70%	May-21		8.89%	-		
Cancer Waits: From Diagnosis to Treatment	1 month (31 day) wait from diagnosis with suspicion of cancer to first treatment	96%	96.10%	92.27%	May-21		92.68%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	99.31%	100.00%	May-21		98.60%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	97.55%	100.00%	May-21		98.02%	-		
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	88.55%	90.91%	May-21		84.78%	100.00%		
Cancer Waits: From Referral to First Treatment	2 month (62 day) wait from urgent GP referral	85%	65.74%	61.95%	May-21		55.25%	-		
	2 month (62 day) wait from referral from an NHS screening service	90%	67.39%	75.00%	May-21		68.42%	-		
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient	(85% threshold)	86.89%	92.86%	May-21		88.78%	-		
Ambulance response times	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins		7 mins 32 secs	Apr-21					7 mins 32 secs
	Category 1 calls resulting in an emergency response arriving within 15 minutes (90th percentile response time)	15 mins		12 mins 51 secs	Apr-21					12 mins 51 secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		21 mins 13 secs	Apr-21					21 mins 13 secs
	Category 2 calls resulting in an emergency response arriving within 40 minutes (90th percentile response time)	40 Mins		44 mins 09 secs	Apr-21					44 mins 09 secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		132 mins 41 secs	Apr-21					132 mins 41 secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		263 mins 13 secs	Apr-21					263 mins 13 secs

1.1 NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q4 20/21**	CCG Latest monthly Position		CCG Performance against standard (latest 6 months)*	Latest Provider Total Monthly Position			
							Sheffield Teaching Hospital	Sheffield Children's Hospital	Sheffield Health & Social Care	Yorkshire Ambulance Service
Ambulance handover / crew clear times	Ambulance Handover - reduction in the number of delays over 30 minutes in clinical handover of patients to A&E	Local Reduction		16.33%	Jun-21		36.28%	6.06%		16.33%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		4.17%	Jun-21		11.65%	0.76%		4.17%
	Crew Clear - reduction in the number of delays over 30 minutes from clinical handover of patients to A&E to vehicle being ready for next call	Local Reduction		10.33%	Jun-21		5.12%	6.06%		10.33%
	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		0.48%	Jun-21		0.327%	0.76%		0.48%
Mixed Sex Accommodation (MSA) breaches	Zero instances of mixed sex accommodation which are not in the overall best interest of the patient	0		0	Jan-20		0	0	0	
Cancelled Operations	Operations cancelled, on or after the day of admission, for non-clinical reasons to be offered another date within 28 days	Local Reduction	13			*	7	6		
	No urgent operation to be cancelled for a 2nd time or more	Local Reduction		0	Jan-20		0	0		
Mental Health	People under adult mental illness specialties on CPA (Care Plan Approach) to be followed up within 7 days of discharge	95%	95.65%			*			100.00%	

Mental Health / DTOC Measures Performance Dashboard

Early Intervention in Psychosis (EIP)	Proportion of EIP patients seen in 2 weeks	60%		64.00%	May-21			-	60.00%	
Improved Access to Psychological Therapies (IAPT)	Number of patients receiving IAPT as a proportion of estimated need	6.25% (Qtr target)	5.47%	1.67%	Mar-20		CCG level data is derived from national reporting, which has not been published yet. This is locally reported Trust level data for June 2021		2.03%	
	Proportion of IAPT patients moving to recovery	50.00%	49.64%	46.67%	Mar-20				50.00%	
	Proportion of IAPT patients waiting 6 weeks or less from referral	75.00%	88.51%	88.78%	Mar-20				97.04%	
	Proportion of IAPT patients waiting 18 weeks or less from referral	95.00%	95.27%	100.00%	Mar-20				99.38%	
Dementia Diagnosis	Estimated rate of prevalence of people aged over 65 diagnosed with dementia	71.5%		70.20%	May-21					
			Q3				No individual provider target for DTOC bed days			
Delayed Transfers of Care (DTOC)	Total number of delayed days (from acute and non-acute) when a patient is ready for discharge but is still occupying a bed	4,212 (Qtr target)	3,828	1,670	Jan-20		1,466		71	

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
RTT & Diagnostics	Our providers are working to recover elective activity considering what measures they can put in place, including use of the Independent Sector, to deliver the levels of activity required in the national Planning Guidance. This involves taking a phased approach, considering clinical prioritisation, and treating those people who have been waiting the longest to reduce backlogs which have been created during the pandemic, as well as managing new referrals. Capacity continues to be constrained by the physical distancing and infection control measures which need to be in place to deliver services safely in the context of COVID -19. Both RTT and diagnostics performance has improved this month. The ongoing constraints on bed capacity which are needed to ensure infection control will continue to adversely impact delivery of waiting time standards. All elective specialties are affected. Both STH and SCFT will be providing ongoing wait list analysis as part of resumed contracting functions. In line with the 2021-22 Planning Guidance, both acute Trusts are exploring how they can safely maximise the use of non-face to face outpatient appointments and virtual consultations, as well as understanding how outpatient activity may be reduced where there is low clinical value, in order to allow for capacity to be redeployed elsewhere, this includes increasing mobilisation of Advice and Guidance and Patient Initiated Follow-up. Planning Guidance from NHS England has asked Trusts to initially focus on whole pathway transformations and improve performance in three specialities, cardiac, MSK and eye care.	Operational guidance from NHS England has asked Trusts to protect capacity for the highest priority patients in greatest clinical need, as well as being mindful of addressing health inequalities/ The CCG has been working with our provider Trusts to submit plans to both achieve this requirement clear the backlog of long waiters. These plans will reflect that SYB has recently been approved as an Accelerator Site.	None
RTT 52 week waits - CCG information	In May, 890 Sheffield patients were waiting over 52 weeks for their surgery or procedure, this had decreased from 1035 in April. 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. 229 of these Sheffield patients were waiting at Sheffield Children's NHS FT, 551 at Sheffield Teaching Hospitals NHS FT and 110 at providers outside the city. We are aware that providers are reviewing their Patient Tracking Lists (PTL) in time bands and that clinicians are involved in this review, and that levels of clinical urgency are considered, as well as how long patients have been waiting, so as to mitigate the impact of long waits on patient outcomes.	We will continue to monitor the situation with regard to patients experiencing these long waits, until we can confirm they have received their treatment. The plans to clear the backlog of long waiters are referenced above.	None
RTT 52 week waits Sheffield Children's NHS FT	The data in the dashboard for Sheffield Children's NHS FT (SCFT) shows the numbers waiting over 52 weeks has reduced in the last month, in May there were 661 patients compared to 720 in April at SCFT - this accounts for all their patients, not just Sheffield residents. The Trust continues to have a number of processes in place to manage clinical risk for these patients, described below: - All surgical patients have been prioritised using the RCS (Royal College of Surgeons) 1-4 scale - this priority score is included in the Patient Tracking List (PTL). - Consultants are asked to review patients' RCS priority level monthly, the priority will be upgraded if necessary - All 52 week waiters are reviewed weekly, at patient level, by the divisions and performance team. This is done in PTLs and designated long waiter review meetings. - 52 week waiters are validated by the performance team to ensure high data quality and that all 52 week breaches are genuine. There is a focus on validating new 52 week breaches, and validating the breaches who had their RTT clock stopped in the previous week to ensure the clock stop and removal from PTL is correct.		

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
RTT 52 week waits Sheffield Teaching Hospital NHS FT	The data in the dashboard shows May data (June data has not yet been made available for STH). For May, 867 patients were waiting over 52 weeks at STH (this is down from 1010 in April) - this is not just Sheffield residents. The long wait position continues as theatre and bed capacity has been restricted due to COVID-19 but there are plans in place to improve the situation. The number of Covid patients has significantly decreased, including the number of patients in critical care and the focus now is on restoring elective capacity. Theatre capacity increased to 320 lists per week from the 3 May and STH are working to increase to 360 lists in September subject to staffing constraints. It should be noted that because of Infection prevention and control measures lists are now less efficient with fewer cases per list. The Trust continue to work towards the national target of delivering 85% of 2019/20 elective activity (by value) by July 2021.		
Cancer Waiting Times	Several of the Cancer Waiting Times targets were not met at CCG level in May 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, three patients experienced what is known as a “trolley wait” in excess of 12 hours in June. This means a patient waited more than 12 hours from a decision to admit to admission at STH. This does not necessarily mean that the patient was literally sitting on a trolley in A&E, but rather that they were being cared for in an acute setting, in the temporary absence of the right onward accommodation being available. This can happen at times of very high pressure in the system, or when a patient has complex needs which require a specialist response (as was the case with these patients, who needed specialist inpatient mental health care). It took some time for local services to arrange this onward care for these patients, due to the small size of this specialist service. There were a number of additional factors in relation to these 3 patients, 1. Due to intoxication, assessment had to be delayed for one patient, as mental health status cannot be determined on someone inebriated. 2. One patient refused Home Treatment, as the least restrictive option and therefore a decision to admit was later made, once this option had been considered. 3. Recurrent pressure on local and national bed capacity. SHSC are in the process of finalising procurement of out of city bed providers on a block contract to alleviate this pressure. As part of the NHSE mental Health summit STH now have a process which they follow in relation to supporting the escalation of patients awaiting a mental health admission. Work is ongoing based on the learning between STH and SHSCT which should hopefully soon provide further support to on call colleagues of what should be being done both STH teams and the SHSCT teams in such circumstances.	Pressures on specialist mental health inpatient services continue, for both adults and young people, and this situation is being monitored during the weekly system calls between CCGs, providers and NHS England.	None

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
A & E Waits	STHFT's A&E Department continue to see a very challenging operational position, with above predicted number of arrivals in the department particularly for walk in patients There were surges in attendances throughout the month resulting in overcrowding in the department. This impacted on the ability to support ambulance handovers, there has been periods of extended clinician assessment times and increased demand on flow to assessment units. The A&E's Clinical Decision Unit (CDU) and Same Day Emergency Care (SDEC) have been well used throughout the day to support flow throughout the department. Throughout the month there has been reported nursing staff shortages, which then impacts the SDEC function, subsequently increasing the demands for patients to go through the emergency department. Patient flow was optimised wherever possible with a trust wide bed plan developed to support the flow of patients. There is the additional staffing risks linked to the short notice given by staff of their need to isolate - this has been escalated to Gold command. STH have seen an apparent increase in activity and level of patient acuity (how unwell a patient is). 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. Contributing to this shift in activity and acuity the reduction in major trauma and knife crime fell during COVID, STH ED have noted that there has been an apparent increase in major trauma over the last month. The Walk In Centre have seen a continued under-utilised capacity, as a result, there have been discussions around increasing utilisation by reviewing the way appointments are booked for the WiC and accesses through system changes at YAS. Funding has been allocated for additional GP shifts at the GP Collaborative for a 12 week period during peak times and to provide resource to pilot a GP Capacity Co-ordinator. Initial data and feedback suggests that this is having a significant impact both in ensuring that patients are seen more quickly, better utilisation of capacity across the system (particularly in the WIC) and also reducing requirements for additional workforce at times of high demand. Further funding for Quarter 2 has been allocated for this to continue. Overall call volumes to the 999 service remain at lower levels than seen pre-Covid and increasing numbers of patients are benefitting from being successfully treated at the scene or referral onto other services leading to reduction in the number of patients requiring transportation to hospital. 111 call volumes in Sheffield have remained broadly in line with that been seen over the last 12 months, with the exception of Winter pressures with similar rates of patients advised to attend A&E. Primary Care Hub Capacity is flexed to meet additional demand at times of system pressure and spare capacity remains consistently available.	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.
Ambulance handover / crew clear times	As stated above there were a number of significant delays during the last month in Sheffield and wider South Yorkshire. STH and YAS are working closely together to mitigate issues, however the pressures resulting from COVID-19 continue to be seen. YAS & STH are in discussions around allocating YAS operational support based in A&E to support with facilitating handovers- still relevant for this month. Significant work continues within STH and with system partners to maintain patient flow, however the situation is compounded by reduced bed capacity due to ward closures and staff sickness absence (both due to COVID and reported outbreaks of D&V), to date STH have reported 12 closed beds due to infection. The Operational Lead for the Care Group and Matrons continue to liaise with YAS Clinical Supervisors to coordinate crews for patients arriving at A&E and being transported out of A&E. Command structures initiated to respond to increased operational demands linked to COVID combined with other non-elective pressures. The overall situation remains challenging.	The CCG continues to facilitate meetings between STH & YAS to discuss measures to improve performance moving forward, particularly in view of the additional pressure of COVID-19.	To be aware of ongoing pressures and to continue to endorse the approach being taken by YAS to improve performance.

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Ambulance Response Times (ARP)	A number of the ARP performance measures were not achieved in March and April, as the impact of COVID-19 continued to be felt. A full review of the performance metrics for Ambulance Response Times will be completed and appropriate recovery plans and trajectories agreed as part of YAS's overarching COVID-19 recovery plan. High job cycle times continue to impact on resource availability which in turn influence response performance, this is consistence across the last 2 months. The Integrated Transport pilot has been underway within YAS for some time. It has taken time for YAS to identify the patient cohort, and the flows for operations, reporting and contracting. The change is largely behind the scenes - to test an approach that should increase efficiency and improve response times for patients. As part of the pilot arrangements, YAS is bringing Patient Transport Service (PTS) and A&E dispatchers working alongside each other to make the best use of available crew capacity from both services. Effectively it just means that where it is safe and clinically appropriate YAS may dispatch one of our A&E Low Acuity Tier (LAT) crews to a PTS job if that crew is closer/available, and vice versa. YAS have completed and shared with commissioners an internal audit of Category 1 and 2 calls where the response times have fallen outside of agreed targets, this has provided some valuable information that links in with national ambulance work-streams. Patient Transport Services training has recommenced after being stopped during COVID for operational reasons, it is expected that there will be a gradual improvement of this target with both classroom an online training schedules being facilitated. COVID vaccination schedules are being monitored across the service lines and are achieving good results, along with a Lateral Flow Testing schedule for all frontline public facing staff. There is an audit trail which shows staff adherence to the testing schedule, providing assurance that YAS are working to minimise the COVID Risk to their patients.	Progress continues to be closely monitored.	None this month.

Mental Health Measures Performance Dashboard: Actions

Improved Access to Psychological Therapies (IAPT)	IAPT reporting was suspended by NHS England and NHS Improvement during the first quarter of 2020/21, as part of the reduced reporting regime intended to free up services to respond to the pandemic. There continue to be issues around national data collection, therefore we are using data which has been locally reported by our provider SHSC (this means that it will include a small number of patients who receive a service in Sheffield but are not resident in the city). COVID has had a significant impact on IAPT services nationally and in Sheffield. Our IAPT service has had to move from GP practice co-location to a centralised model whilst the pandemic continues. National predictions are for a significant increase in demand for IAPT services as a proportion of the local population. The number of referrals locally is increasing and plans are in place to accelerate delivery of the service and offset the impact of a temporarily centralised service. The number of people entering treatment is rising each month in line with increased demand and outreach work. Waiting times – Both the 6 and 18 week targets continue to be exceeded in May 2021.	Ongoing	Governing Body is asked to continue to receive these updated position statements, until this standard is delivered consistently.

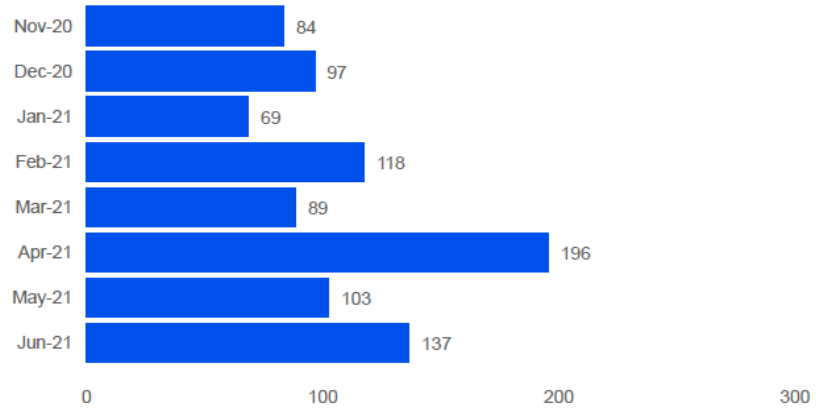
1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
IAPT Moving to Recovery	Although NHS England have restored the collection of data around national standards, it has been made clear from the National IAPT team that they are not enforcing performance management of these standards at the present time. The IAPT recovery rate was expected to be lower, as some people have dropped out of treatment due to COVID. The rate of people 'moving to recovery', although achieved in April 2021, was slightly under target in May 2021. The service is continuing to undertake an intensive piece of work to ensure that patients have the best opportunity to reach recovery and is one of the key service objectives during 21/22. The detailed recovery plan to improve to improve service recovery continues to be implemented: • All staff are working on individual recovery rate development plans in line management and clinical supervision which is being reviewed. Clinical leads are tasked with identifying any CPD needed for anyone identified in recovery rate development plans. • Review calls offered to anyone who attends a course and benefitted from the course but not moved in to recovery to identify if any other intervention is required. We have noticed an impact from increased DNA of these appointments. We have set up a weekly course steering group to assess the impact of this and have also reviewed capacity to provide more review calls to ensure a short waiting time to access one in case this has impacted on DNA rate. • Established a monthly recovery rates performance meeting with managers only to explore contributing factors recovery and look at support needed. This meeting is also opportunity to share across teams learning around achieving service recovery rates.	Although NHS England have restored national standards it has been made clear from the National IAPT team that they are not enforcing performance management of these standards.	Governing Body is asked to continue to receive these updated position statements, until this standard is delivered consistently.
Dementia Diagnosis	Our local Dementia Diagnosis target has not been achieved; however we are exceeding the national target and South Yorkshire & Bassetlaw (SYB) benchmark. As at 31st May 2021, 70.2% of people aged 65+ who are estimated to have dementia in Sheffield were diagnosed - this equates to 4,446 people against an estimated 6,334). This is slightly lower than last month, which 70.4%. This is against the national target of 66.7% and local target of 71.5%. Nationally it has been acknowledged that diagnosis rates has been impacted by the pandemic. Due to our good performance prior to COVID, our current diagnosis rate (although decreased) is still above the national average (61.8%) and SYB average (68.5%). However, like other areas we have seen a decline in performance since the pandemic; with some improvement (broadly maintained) this since February 2021. As part of the cross-organisational Sheffield Dementia Strategy, we have continued to raise awareness about the importance of dementia diagnosis (improving quality/quantity of diagnosis is one of the 13 Commitments within the strategy) and post-diagnostic dementia care during the pandemic. For example, the Primary Care and Acute Trust dementia diagnosis protocol/guidance was updated last year and has been widely promoted. The dementia online session/instructional video on dementia diagnosis, as part of our “dementia lunchtime learning” programme for health and social care staff took place in March 2021 and is available as a recording for staff. Feedback on the session was very positive, with the majority of participants stating that they were more confident in supporting diagnosis after the session. Feedback was also sought about challenges in diagnosis, which will help inform future work. Comments included “Getting the individual willing to have an initial screening at the GP”, “Timescales and uncertainty whilst waiting” and “Long wait for memory clinic”. As at end of April 2021, the average waiting time from referral to assessment with Memory Service was 18.4 weeks, with 414 people waiting at month end. CCGs have been allocated some non-recurrent dementia diagnosis recovery funding from NHSE from June 2021 (until March 2022). The funding is intended to enhance the support of people waiting for an assessment and post diagnosis. Investments are being rapidly finalised. Plans will include additional capacity within the Memory Service and will build on the existing VCSE services (funded through the SCC and CCG joint dementia commissioning plan) which support people within their local community. Plans will respond to local feedback from the recent survey, and from the Experiences of dementia by ethnic groups under-represented in Sheffield services project.	We will continue to monitor the situation with regard to these patients, until we can confirm the Dementia Diagnosis rates are higher.	None requested.

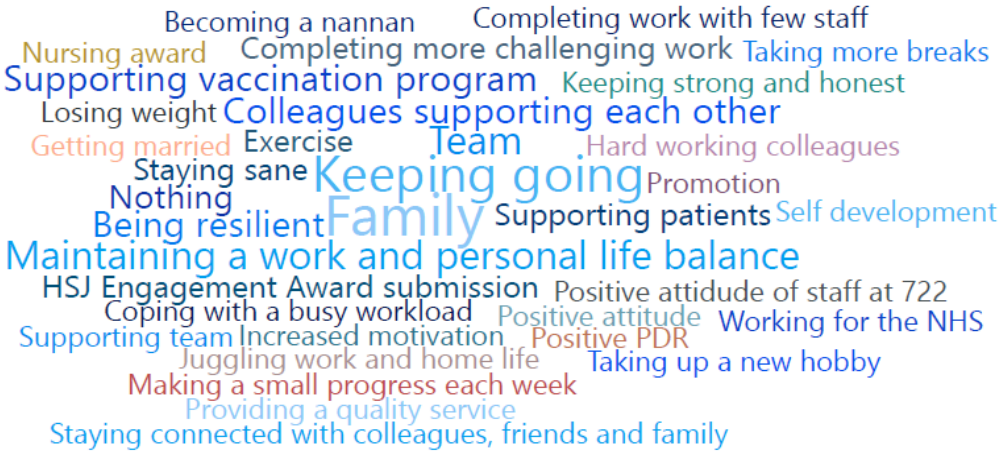
2.1 Sheffield CCG HealthCheck Report: Monthly staff temperature check

Sheffield CCG Staff Temperature Check Jun-21

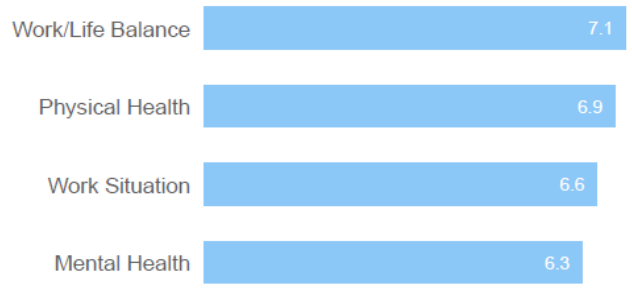
Number of responses



What are you proud of?

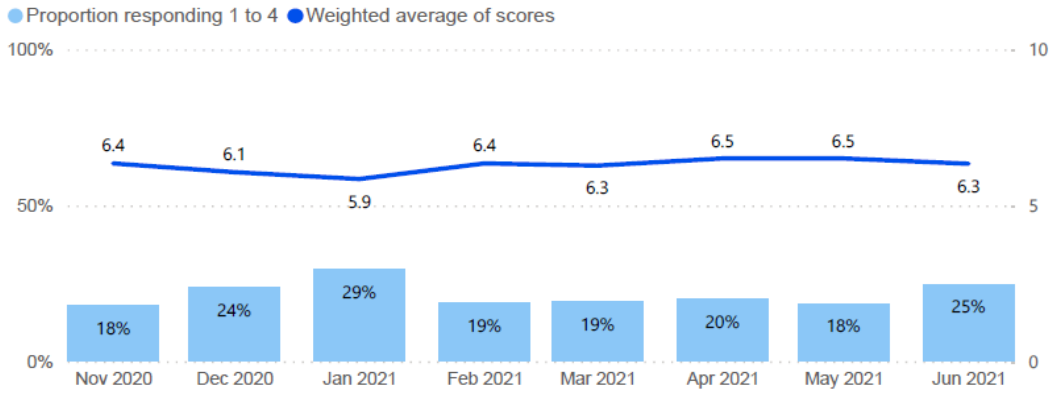


On a scale of 1 to 10 how do you feel? (weighted average)



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

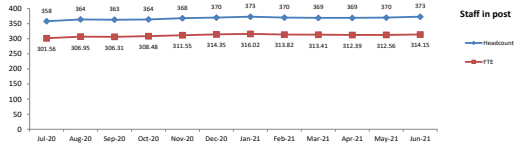
Mental Health - How do you feel on a scale of 1 to 10? (1 lowest, 10 highest)



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

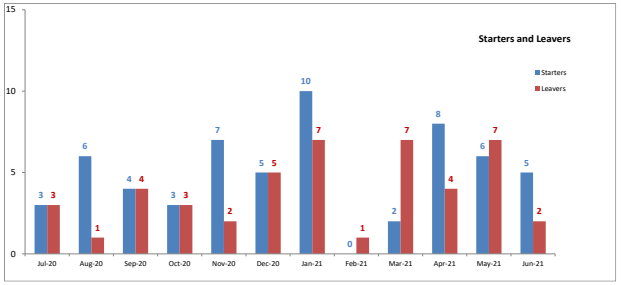
Staff in Post

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



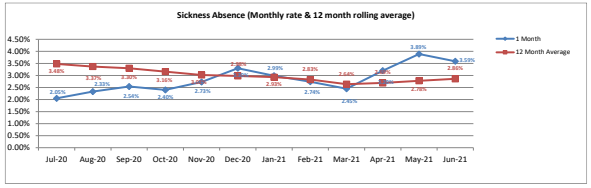
Starters and Leavers

The graph below shows starters and leavers from 1 July 2020 – 30 June 2021:



Sickness Absence

The monthly sickness absence rate for June was 3.59%. This is a slight reduction in comparison to the previous month but is still above the organisational target of 3%. This was due to a small number of long term cases. Short term sickness cases have remained low since the majority of staff began to work from home in March 2020.



Mandatory and Statutory Training

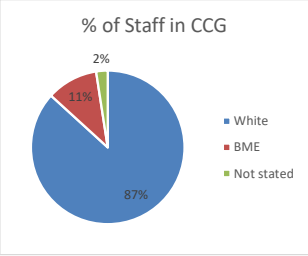
Directly Employed Stat/Mand completed	
Fraud	90%
Bullying and Harassment*	86%
Risk*	79%
Conflicts of Interest Module 1	85%
Equality and Diversity	93%
Fire Safety	86%
Health and Safety	92%
Data Security	97%
Infection Prevention and Control	91%
Moving and Handling	87%
Prevent	96%
Safeguarding Adults	90%
Safeguarding Children	91%

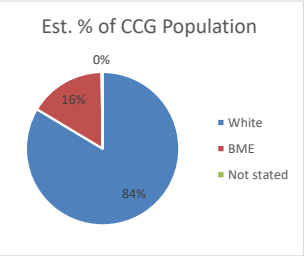
Staff Ethnicity in Sheffield CCG

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





2.3 Sheffield CCG Health Check Report: Staff Feedback

The staff temperature check has now been running for over a year. The survey will continue to run on a monthly basis. In June 2021 we asked staff 3 questions. 137 people responded. This represents 38% of staff, assuming that respondents only completed the survey once.

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

One to definitely celebrate this month was the submission to the HSJ Awards for Staff Engagement – a massive thank you to everyone for making this submission possible – the catalogue of all we have achieved as a CCG and the impact of all the hard work is astonishing.
There were 77 responses to this question providing a mixture of inspirational and moving insights. This reinforces the need to be kind to one another, as you never know what people are going through either at home or at work.
One very poignant response was ''I'm proud of my daughter who is in recovery from anorexia nervosa and that, as a family, we have been giving her effective support to progress with her recovery, despite all the difficulties associated with lockdown.'

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

Staff rated their health, wellbeing and work life situation as follows:
Physical health 6.9 / 10 (May 6.9)
Mental health 6.3 / 10 (May 6.5)
Work/life balance 7.1 / 10 (May 7.4)
Work situation 6.6 / 10 (May 6.8)

This month has seen physical health and work/life balance score slightly higher than in June 2020. Mental health is the same, however, staff rating of their work situation has continued to decrease from 7.6 in June 2020 to 6.6 in June 2021.
53 people added comments. 11 were positive, 3 were a mixture of positive and negative, and 39 were negative.
Positive themes related to work life balance, enjoying working from home and no commute.
Negative themes related to: high / unmanageable workload / lack of staff; concerns/ anxiety about returning to 722; poor culture at team level, staff feeling demotivated and undervalued, not part of the organisation; uncertainty of the future.

Whilst the average score for mental health was 6.3, 25% (34/137) of respondents rated their mental health as between 1 and 4. This is an increase from 18% (19/103) last month and the highest since January 2021.

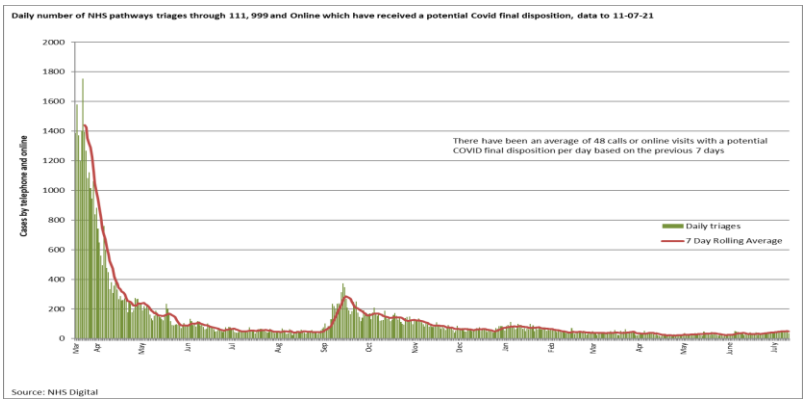
Question 3:
Please tell us if you'd like to ask a question or raise anything for the next fortnightly Staff Brief.

There were 15 responses mainly relating to the return to 722, tests, temperature and using space; clarity around the ICS / SCC; staff being pleased to hear that the meeting free zone has been extended and thanks to those involved in developing the flexible working policy.
One question was raised, that will be explored further, relating to possibly using a validated tool to look in more detail at mental health scores to see if we can understand these in a more scientific way rather than making assumptions based on the figures alone.

3.1 Sheffield Covid-19 update - Key Messages 12 July 2021

Covid-19 NHS pathways

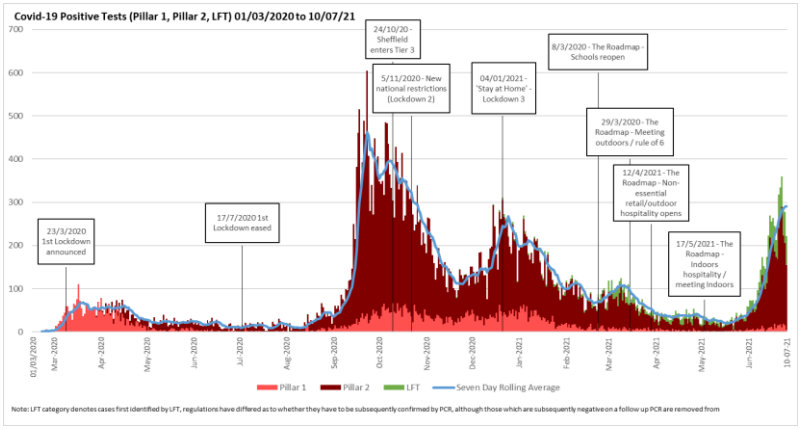
• As of 11th July there have been 61,692 calls or online visits to 111 which have resulted in a potential Covid-19 final disposition.
This is an average of 48 per day in the last seven days.



Testing

• As of 12 July, the cumulative number of confirmed cases of Covid-19 in Sheffield was 48,918 (Pillar 1 and 2).

• The overall proportion of people testing positive in Sheffield has increased to 11.4%.
• The most recent 7-day rate in positive cases has continued to increase across all age groups with highest rates among 12-17 and 18-24 year olds. There is some early evidence of a levelling off in the 18-24 year old case rate (likely linked to departure of students).
• Over 95% of community transmission remains associated with adults in private residential settings. The most frequent common exposure events were schools, hospitality and entertainment and leisure.



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

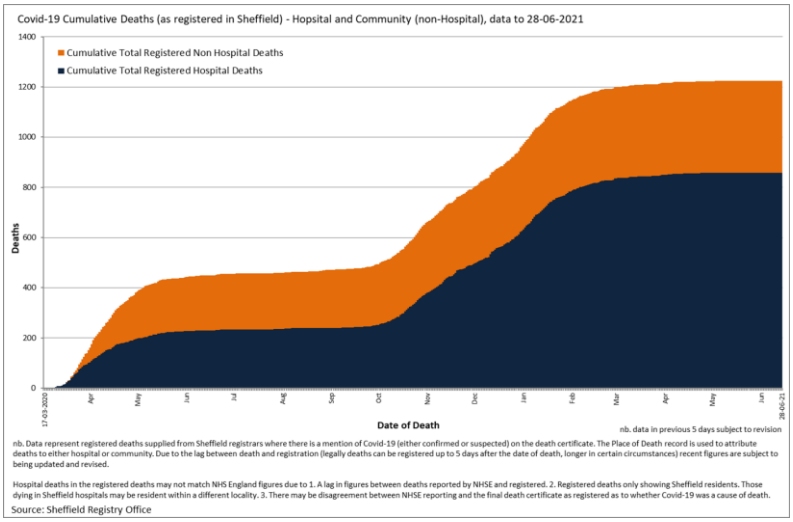
Hospitalisations

• As of 12 July, there were 21 confirmed Covid-19 patients in Sheffield Teaching Hospitals NHSFT receiving oxygen/ventilation support. There have been 47 hospitalizations for Covid-19 in the past 7 days. Both indicators represent a relatively large increase over the previous week.

Deaths

• As at 12 July 2021, the number of Covid-19 related deaths registered in Sheffield was 1,225.
• Of those deaths, 858 occurred in hospital and 367 in the community (the majority of which were in care homes).

• The number of deaths is lower than expected for this time of year.



Sources:

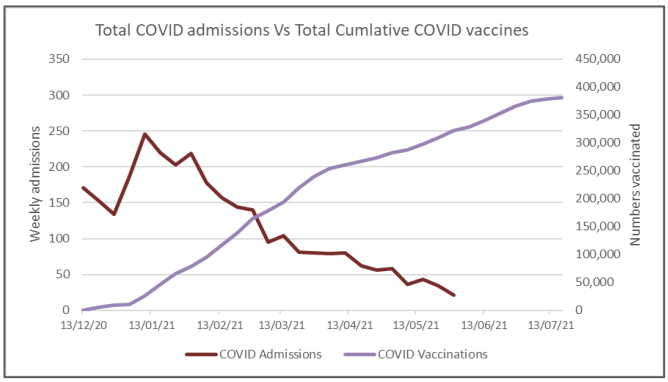
https://coronavirus.data.gov.uk/
https://digital.nhs.uk/data-and-information/publications/statistical/mi-potential-covid-19-symptoms-reported-through-nhs-pathways-and-111-online/latest
NHS Test and Trace web-based tool (formerly known as CTAS)
https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/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

3.1 Sheffield Covid-19 update - Key Messages 12 July 2021

Covid Vaccinations

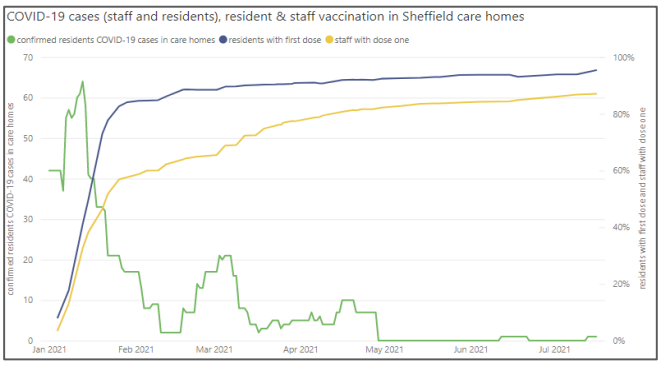
• As at 12 July, 92.1% of people aged 50 and over have received their first dose.
• 89.9% of people aged 50 and over have received both first and second doses.

• 64.9% of people aged under 50 have received their first dose.
• 34.3% of people aged under 50 have received both first and second doses.



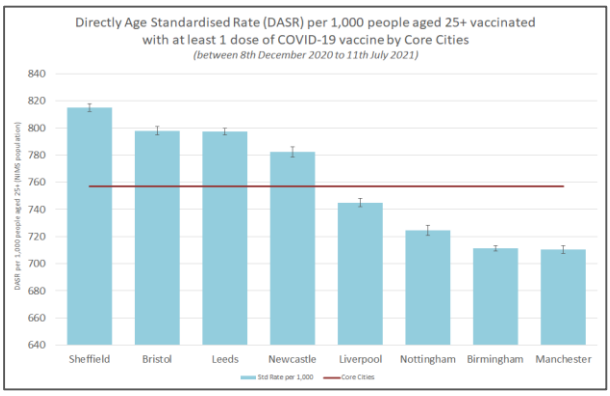
Covid Vaccinations in Care Homes

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



Core Cities Vaccination rates

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



• Directly Age Standardised Rate (DASR) per 1,000 people aged 25+ vaccinated with 2 doses of COVID-19 vaccine by Core Cities.
• Sheffield has the highest of all core cities for 2 doses of the vaccination 680 people per 1000 people (aged 25+).