Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Performance and Delivery Report

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Governing Body meeting

6 May 2021

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Sponsor Director	Cath Tilney, Associate Director of Corporate Services

Purpose of Paper

To update Governing Body on key performance measures regarding our providers in the context of the current COVID-19 pandemic; to provide information on our organisational performance with regard to our workforce; to brief Governing Body on the views and experiences of our staff; to provide statistics regarding COVID-19 and 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). It was anticipated that the collection of these indicators would re-commence from April 2021 onwards, but confirmation of this is still awaited. 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, particularly in response to the need to work in such significantly different ways due to COVID-19;
- A snapshot of the situation with regard to COVID-19 in the city.
- A progress update on the work we are undertaking to report on health inequalities.

Is your report for Approval / Consideration / Noting

Consideration

Recommendations / Action Required by Governing Body

The Governing Body is asked to discuss and note:

- Sheffield performance on delivery of the NHS Constitution Rights and Pledges
- Key issues relating to the CCG workforce and their views and experiences
- A position statement regarding COVID-19 and the vaccination programme
- The national plans for regulatory oversight of CCGs
- CCG work on inequalities

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

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

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

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

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

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

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

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

Not applicable at this time

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

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

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

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6 May 2021

1. Introduction

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

2. The impact of COVID-19 on elective performance

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

The latest data is for February 2021. At this time, 1086 Sheffield patients were waiting over 52 weeks for their elective treatment journey to start. Before the pandemic there were no patients waiting over 52 weeks. Both local Trusts have a number of processes in place to manage clinical risk for these patients, so as to mitigate the impact of long waits on patient outcomes. It is worth noting the 52 week waits for STH are lower when compared to other similar and local trusts. See the table below for analysis by NHS Trust for the latest 52 week waits (up to February 2021).

	2019/20			2020/21										
SYB	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Barnsley Hospital NHSFT			3	6	10	20		58	91	184	254	344	436	490
Chesterfield Royal Hospital NHSFT				4	17	53	117	212	308	438	594	797	1202	1475
Doncaster And Bassetlaw Teaching Hospitals NHSFT	1	1	1	10	27	77	157	278	345	393	631	986	1635	2272
Sheffield Children's NHSFT	1		2	7	33	83	135	190	232	323	354	457	577	721
Sheffield Teaching Hospitals NHSFT				1	8	30	62	112	168	218	303	386	674	958
The Rotherham NHSFT			1	2	1	8	46	113	207	307	445	610	720	764

	2019/20			2020/21										
Other Local / Similar Providers	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Hull University Teaching Hospitals NHST	1		86	364	909	1886	3307	4397	5799	6818	8021	9355	10873	12084
Leeds Teaching Hospitals NHST	57	52	51	151	346	624	971	1297	1606	1909	2257	2666	3522	4463
Manchester University NHSFT	1	2	44	369	1042	1957	3241	4257	4839	5933	7082	8420	10573	12967
Nottingham University Hospitals NHST				15	61	138	272	404	552	804	1219	1722	2512	3479
The Newcastle Upon Tyne Hospitals NHSFT	13	18	20	72	188	354	730	1041	1426	2045	2680	3420	4846	6223
University Hospitals Of Derby And Burton NHSFT			45	138	298	580	1011	1667	2367	2968	3751	4706	6629	8767

Both STH FT and SCFT are working to mitigate the impact of COVID on the delivery of elective care, for example, using non face to face alternatives for outpatient appointments (both first and follow-up), where this is clinically appropriate and safe. Unfortunately elective capacity has also been constrained by staff shortages due to illness and reduction in bed numbers due to infection control measures / physical distancing, as well as the redeployment of staff and space to provide intensive care

capacity for critically ill COVID patients in the peak of winter; thankfully the numbers of patients in need of intensive care has significantly decreased.

The recently published national Planning Guidance for 2021-22 places a clear emphasis on restoring capacity for elective treatments and clearing the backlog of long waiters

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.

4. COVID-19

Section 3 of the report provides an overview of the current state of play with regard to 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 and social distancing, hand hygiene and mask use still continue to be important in stopping the spread of the virus.

As at 15 April, 53% of Sheffield adults had been vaccinated. Within this, 90% of the over 50s have been vaccinated, and work was underway to target delivery in some communities where uptake is noticeably different to the overall position. The majority of eligible people from a BAME background in Sheffield have been vaccinated; however, take up is lower than the white population. In addition, some geographies show similar variation but not linked to ethnicity.

Sheffield CCG have worked with the City Council to fund and support local community groups to co-produce messages where appropriate in community languages and to take additional steps to improve uptake in underserved groups. Some examples include: pop up clinics in mosques and community centres, working with the Council to ensure contact details are up to date, providing transport to vaccination sites via taxi, encouraging whole family vaccination, and community groups knocking on doors to encourage uptake.

5. Flu Vaccination for CCG staff

As in previous years, The CCG offered staff the influenza vaccine. In 2020/21, the final percentage of staff vaccinated was 79%

6. Regulatory Oversight of CCGs

NHS England has a legal duty to annually assess the performance of each CCG. The assessment must consider the duties of CCGs to improve the quality of services; reduce health inequalities; obtain appropriate advice; involve and consult the public; and comply with financial duties. For the year which has just ended, 2020/21, a simplified approach to the annual assessment of CCGs' performance will be taken as a result of the continued impact of COVID-19. The assessment will take account of the different circumstances and challenges CCGs face in managing recovery across the phases of the NHS response to the pandemic. A narrative assessment, based on performance, leadership and finance, will replace the ratings system previously used for CCGs. We do not yet know when this will be published.

Looking ahead, NHS England / NHS Improvement are currently consulting on the assessment and support framework which will be in place for 2021/22 and beyond.

The proposals are designed to align towards Integrated care System working, although there will still be assessment of each organisation within the system. The consultation closes on 14 May and a further update will be presented to Governing Body when the detail is known about the future oversight and assessment framework.

7. Action / Recommendations for Governing Body

The Governing Body is asked to discuss and note:

- Sheffield performance on delivery of the NHS Constitution Rights and Pledges
- Key issues relating to the CCG workforce and their views and experiences
- A position statement regarding COVID-19 and the vaccination programme
- The national plans for regulatory oversight of CCGs
- CCG work on inequalities

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

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

21 April 2021

Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Performance & Delivery Report 2021/22

for the May 2021 meeting of the Governing Body

Contents

1.1 NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q3 20/21**	CCG Latest monthly Position		CCG Performance against standard (latest 6 months)*	Latest Provider Total Monthly Position			
							Sheffield Teaching Hospital	Sheffield Children's Hospital	Sheffield Health & Social Care	Yorkshire Ambulance Service
* Mental Health CPA 7 day follow-up & Cancelled Operations (28 days) trend lines are using latest quarterly (not monthly) data. ** All Quarterly data relates to Quarter 3 2020/21, except IAPT where Q4 2019/20 is used and CPA where Q3 19/20 is used. This is the latest available.										
Referral To Treatment waiting times for non-urgent consultant-led treatment	All patients wait less than 18 weeks for treatment to start	92%		77.71%	Feb-21		79.86%	66.83%		
	No patients wait more than 52 weeks for treatment to start	0		1086	Feb-21		958	721		
Diagnostic test waiting times	Patients wait 6 weeks or less from the date they were referred	99%		83.76%	Feb-21		85.43%	74.12%		
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	85.42%	84.42%	Mar-21		80.36%	97.53%		
	No patients wait more than 12 hours from decision to admit to admission	0		4	Mar-21		4	0		
Cancer Waits: From GP Referral to First Outpatient Appointment	2 week (14 day) wait from referral with suspicion of cancer	93%	95.53%	96.05%	Feb-21		96.19%	100.00%		
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	92.17%	89.61%	Feb-21		90.51%	-		
Cancer Waits: From Diagnosis to Treatment	1 month (31 day) wait from diagnosis with suspicion of cancer to first treatment	96%	95.62%	94.44%	Feb-21		94.82%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	99.15%	97.85%	Feb-21		99.22%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	96.36%	98.21%	Feb-21		97.77%	-		
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	89.36%	95.24%	Feb-21		90.70%	100.00%		
Cancer Waits: From Referral to First Treatment	2 month (62 day) wait from urgent GP referral	85%	62.13%	69.30%	Feb-21		62.46%	-		
	2 month (62 day) wait from referral from an NHS screening service	90%	70.00%	68.42%	Feb-21		65.85%	-		
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient	(85% threshold)	74.63%	95.24%	Feb-21		67.82%	-		
Ambulance response times	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins		8 mins 0 secs	Jan-21					8 mins 0 secs
	Category 1 calls resulting in an emergency response arriving within 15 minutes (90th percentile response time)	15 mins		13 mins 43 secs	Jan-21					13 mins 43 secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		24 mins 30 secs	Jan-21					24 mins 30 secs
	Category 2 calls resulting in an emergency response arriving within 40 minutes (90th percentile response time)	40 Mins		52 mins 0 secs	Jan-21					52 mins 0 secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		154 mins 58 secs	Jan-21					154 mins 58 secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		248 mins 48 secs	Jan-21					248 mins 48 secs

1.1 NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q3 20/21**	CCG Latest monthly Position		CCG Performance against standard (latest 6 months)*	Latest Provider Total Monthly Position			
							Sheffield Teaching Hospital	Sheffield Children's Hospital	Sheffield Health & Social Care	Yorkshire Ambulance Service
Ambulance handover / crew clear times	Ambulance Handover - reduction in the number of delays over 30 minutes in clinical handover of patients to A&E	Local Reduction		12.00%	Feb-21		21.39%	6.35%		12.00%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		2.42%	Feb-21		4.62%	0.00%		2.42%
	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		9.33%	Feb-21		4.62%	1.59%		9.33%
	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		0.51%	Feb-21		0.353%	0.00%		0.51%
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%		67.00%	Feb-21			-	64.00%	
Improved Access to Psychological Therapies (IAPT)	Number of patients receiving IAPT as a proportion of estimated need	5.5% (Qtr target)	5.47%	1.67%	Mar-20		CCG level data is derived from national reporting, which has not been published yet. This is locally reported Trust level data for March 2021		1.70%	
	Proportion of IAPT patients moving to recovery	50.00%	49.64%	46.67%	Mar-20				45.19%	
	Proportion of IAPT patients waiting 6 weeks or less from referral	75.00%	88.51%	88.78%	Mar-20				96.83%	
	Proportion of IAPT patients waiting 18 weeks or less from referral	95.00%	95.27%	100.00%	Mar-20				99.67%	
Dementia Diagnosis	Estimated rate of prevalence of people aged over 65 diagnosed with dementia	71.5%		69.60%	Feb-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

<table>
<tr><th>Area</th><th>Action being taken</th><th>Expected timeframe for improvement</th><th>Action requested of Governing Body</th></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td>RTT & Diagnostics</td><td>Our providers are working to 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 published on the 25th March. 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; in addition, the Trusts have been impacted by the increase in COVID positive patients and staff sickness, although this situation has begun to improve.

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.</td><td>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/

At the time of writing this narrative the Planning Guidance has not long been published, we will work with our Trusts over the coming month to understand what is deliverable in line with this guidance and any associated risks.</td><td>None</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td>RTT 52 week waits - CCG information</td><td>In February, 1086 Sheffield patients were waiting over 52 weeks for their surgery or procedure, this had increased from 798 in January. 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.

239 of these Sheffield patients were waiting at Sheffield Children's NHS FT, 639 at Sheffield Teaching Hospitals NHS FT and 208 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.</td><td>We will continue to monitor the situation with regard to patients experiencing these long waits, until we can confirm they have received their treatment.</td><td>None</td></tr>
<tr><td>RTT 52 week waits Sheffield Children's NHS FT</td><td>The data in the dashboard for Sheffield Children's NHS FT (SCFT) shows February data (721 patients), were waiting over 52 weeks at SCFT - this accounts for all their patients, not just Sheffield residents. The data for March is not yet available from SCH. The specialty breakdown for these patients is in the table opposite. The Trust has a number of processes in place to manage clinical risk for these patients, described below:

- All surgical patients have been prioritised using the RCS (Royal College of Surgeons) 1-4 scale - this priority score is included in the Patient Tracking List (PTL).
- Consultants are asked to review patients' RCS priority level monthly, the priority will be upgraded if necessary
- All 52 week waiters are reviewed weekly, at patient level, by the divisions and performance team. This is done in PTLs and designated long waiter review meetings.
- 52 week waiters are validated by the performance team to ensure high data quality and that all 52 week breaches are genuine. There is a focus on validating new 52 week breaches, and validating the breaches who had their RTT clock stopped in the previous week to ensure the clock stop and removal from PTL is correct.</td><td colspan="2"><table><tr><th>February 2021
Specialty</th><th>52 week +
breaches</th></tr><tr><td>Endocrinology</td><td>2</td></tr><tr><td>ENT (Ear, Nose & Throat)</td><td>90</td></tr><tr><td>Exodontia</td><td>32</td></tr><tr><td>Gastroenterology</td><td>19</td></tr><tr><td>Neuro-Disability</td><td>1</td></tr><tr><td>Neurosurgery</td><td>10</td></tr><tr><td>Oral & Maxillofacial Surgery</td><td>45</td></tr><tr><td>Ophthalmology</td><td>81</td></tr><tr><td>Orthoptic</td><td>8</td></tr><tr><td>Paediatric Dentistry</td><td>59</td></tr><tr><td>Paediatric Surgery</td><td>54</td></tr><tr><td>Paediatric Urology</td><td>19</td></tr><tr><td>Paediatrics</td><td>2</td></tr><tr><td>Plastic Surgery</td><td>60</td></tr><tr><td>Paediatric Surgical Unit</td><td>7</td></tr><tr><td>Refraction</td><td>24</td></tr><tr><td>Respiratory</td><td>9</td></tr><tr><td>Rheumatology</td><td>1</td></tr><tr><td>Scoliosis</td><td>9</td></tr><tr><td>Sleep Clinic</td><td>15</td></tr><tr><td>Thornbury-ENT</td><td>4</td></tr><tr><td>Thornbury-Gastroenterology</td><td>1</td></tr><tr><td>Thornbury-Plastic Surgery</td><td>1</td></tr><tr><td>Trauma and Orthopaedics</td><td>168</td></tr><tr><td>Grand Total</td><td>721</td></tr></table></td></tr>
<tr><td>RTT 52 week waits Sheffield Teaching Hospital NHS FT</td><td>The data in the dashboard shows February data (March data has not yet been made available for STH). For February, 958 patients were waiting over 52 weeks at STH - this is not just Sheffield residents. The long wait position continues to deteriorate as theatre and bed capacity has been restricted due to COVID-19 but there are plans in place to improve the situation, as pressures on the Trust due to the pandemic begin to ease.

The number of long waits patients has continued to grow. The Trust is developing plans to increase theatre capacity in the forthcoming weeks</td><td></td><td></td></tr>
</table>

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
	developing plans to increase theatre capacity in the forthcoming weeks and plans to commence treatment for longer waiters is underway. In the meantime those waiting for treatment continue to be clinically reviewed.		
Cancer Waiting Times	Several of the Cancer Waiting Times targets were not met at CCG level in February 2021. The breast symptomatic target failed due to patient choice, but the two week wait recovered to meet the target in February. The 31 day referral to first treatment also recovered to perform over target with higher treatment volumes. The 62 day peformance recovered by 10% but still did not meet the target. The most common reasons for breaches to the standards remain: reduced numbers of outpatient clinic slots 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 remains stable at approximately 1,100 pathways more than pre-COVID. The total long-waiting position continues to improve with further work planned to address backlogs. GP 62 Day target performance continues to fall as patients are treated from the backlog. STH remains under the national average and below the Shelford average for this measure thanks this is due in part to the delayed transfer of care and reduced onward referrals from neighbouring SYB providers. (NB the Shelford Group is a collaboration between ten of the largest teaching and research NHS hospital trusts in England). 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.
A & E Waits	There has been a significantly higher number of attendances of patients at A&E in March and into April, both arriving in an ambulance and walk in patients at A&E. Some days over there have been 375+ patients, peaking at 424. The A&E's Clinical Decision Unit (CDU) and Same Day Emergency Care (SDEC) have been well utilised throughout the day to support flow throughout the department. The Emergency Department Digital Integration (EDDI) is well embedded and continues to enable emergency department slot booking from 111 telephone and online services, thereby meeting the national requirements of the NHS111 First programme. NHS 111 will make it easier and safer for patients to get the right advice or treatment when they urgently need it and increasingly, they will be able to book direct appointments/time slots into a service that is right for them. 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. The aim of this role will be to identify suitable patients in a timely manner to be booked into the Primary Care Hubs and Walk In Centre slots to better utilise the available capacity across the system. In addition, direct bookings into the Walk in Centre (WiC) increased from 45 to 55 per day from March 2021, with 100% of the allocated 55 daily weekend appointments being utilised. Work has continued this month to further develop and roll out the NHS Service Finder in identified priority area - this gives health and care professionals a fast way to access accurate, real-time information to help signpost patients to available services by using the information stored on the Directory of Service. Profiles are now included for Sexual Health Sheffield, Learning Disabilities and Intensive Support Service and awaiting approval for the Sheffield ECP service. The information on Service Finder includes non-public telephone numbers and instructions about who is eligible for services and how to refer a patient. Staff can access it from any device with an internet connection, using an up-to-date browser. The Urgent Care campaign continues on social media, with the messaging that was agreed by all partners and promoted the use of the WIC, pharmacies and 111 with the strapline 'Stop.Think.Plan B. Not A&E.' A 3 month social media campaign ran from January to March which included Facebook adverts that are targeted at specific audiences, these posts will reach a wide number of people who won't necessarily follow the CCG on social media. As well as the paid adverts, we also continued to post campaign materials on the CCG's Facebook and Twitter account.	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
12 hour waits to admission from decision to admit (Trolley Waits)	Unfortunately, 4 patients experienced what is known as a "trolley wait" in excess of 12 hours in March, which is a breach of a standards set out in the NHS Constitution. This means a patient waited more than 12 hours from a decision to admit to admission at STH. This does not necessarily mean that the patient was literally sitting on a trolley in A&E, but rather that they were being cared for in an acute setting, in the temporary absence of the right onward accommodation being available. This can happen at times of very high pressure in the system, 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). Such long waits in A&E are extremely rare in Sheffield in normal times, the fact that they are happening is a sign of the increased need and pressure on the system due to COVID. It took some time for local services to arrange this onward care, due to the small size of this specialist service. Of the 4 cases identified, 2 were referred to and managed by the Liaison Mental Health (LMH) team and 2 by the Approved Mental Health Professional team (AMPH). Three of the delays arose because of bed availability. All existing SHSC patients who were medically fit for discharge were reviewed in order to create spaces within SHSC beds. Where it was not possible to discharge patients to create a bed, an out of city bed had to be identified – the availability of out of city beds contributed to the delays for these patients. The fourth patient involved a mother and baby and the delay was due to the complexity of the case and the involvement of children's social care. Full timelines and root cause analysis is being reviewed between STH and SHSC to identify learning linked into wider system discussions. STH are working with SHSC Trust to review and strengthen the approach to responding to long admission waits in A&E. This includes the development of a clear set of action cards to support engagement in wider system Executive Level meetings to review recent breaches.	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
Ambulance Response Times (ARP)	A number of the ARP performance measures were not achieved in December and January, 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. 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. IUC/111 identified that there was a significant increase in the number of repeat prescription requests over the Easter Period compared to the same period in 2020, when practices were open due to a natinal directive, in order to respond to COVID driven need. The YAS vaccination programme and Lateral Flow Testing are progressing well with notable proportions of staff having had their first vaccination across all service lines. Staff sickness levels due to COVID-19 has reduce, with no recent reported outbreaks or clusters, staff wellbeing remains a high priority as lockdown measures ease and demand has seen an increase	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
	increase. 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		

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 continued to be 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. 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). 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.

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.	Although NHS England have restored the collection of data around national standards, it has been made clear from the National IAPT team that they are not enforcing performance management of these standards at the present time.	Governing Body is asked to continue to receive these updated position statements, until this standard is delivered consistently.
IAPT Moving to Recovery	While expected to be lower as some people drop out of treatment due to COVID, the rate of people 'moving to recovery' increased in March 2021 . As we are in a pandemic, it is normal for people to experience impact on sleep, worry, a lack of interest and pleasure in doing things (questions asked that calcuate recovery rates). Therefore it is not appropriate to expect the same recovery rate as pre-COVID. The service is continuing to undertake a number of actions to ensure that patients have the best opportunity to reach recovery, these include: - Revised administrative processes to offer follow up reviews to people who drop out of courses, to ascertain the most appropriate interventions for them. - Weekly meetings with group facilitators across the service to monitor and review completion of outcome measures. - Implementation of a new slide in each course to emphasise the value of outcome measures and attending all sessions. - Using the text message reminders to include request to complete outcome measures during each course.	Although NHS England have restored national standards it has been made clear from the National IAPT team that they are not enforcing performance management of these standards.	Governing Body is asked to continue to receive these updated position statements, until this standard is delivered consistently.

1.2 NHS Constitution Measures Performance Dashboard: Actions

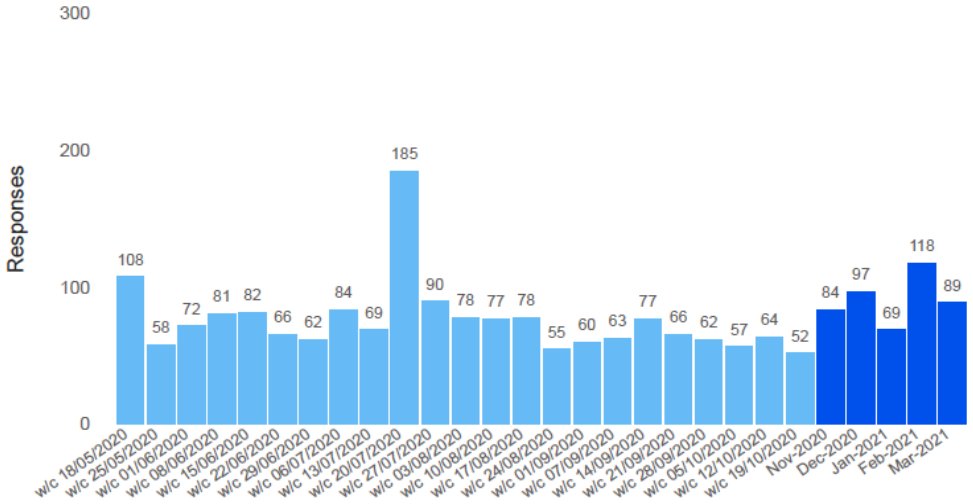
Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Dementia Diagnosis	The Dementia Diagnosis target has not been achieved, (69.6% of people aged 65+ in Sheffield were diagnosed against the plan of 71.5% - this equates to 4,395 people against an estimated 6,311). Nationally it has been acknowledged that diagnosis rates for 2020/21 has been impacted by COVID19. It is not possible to quantify the full impact at this time, however the pandemic and capacity in primary care is likely to be a contributing factor to the drop in 2020 rates. Due to our good performance prior to COVID, our current diagnosis rate (although decreased) is still about the national average (61.1%) and ICS average (67.9%) As part of the cross-organisational Sheffield Dementia Strategy, we have continued to raise awareness about the importance of dementia diagnosis (improving quality/quantity of diagnosis is one of the 13 Commitments within the strategy) and dementia care during the pandemic. For example, the Primary Care and Acute Trust dementia diagnosis protocol/guidance has recently been updated and has been widely promoted. The dementia online session/instructional video on dementia diagnosis, as part of our "dementia lunchtime learning" programme for health and social care staff took place on 18 March 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". Data regarding waiting times with the Memory Clinic has been requested of SHSC via contract routes.	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

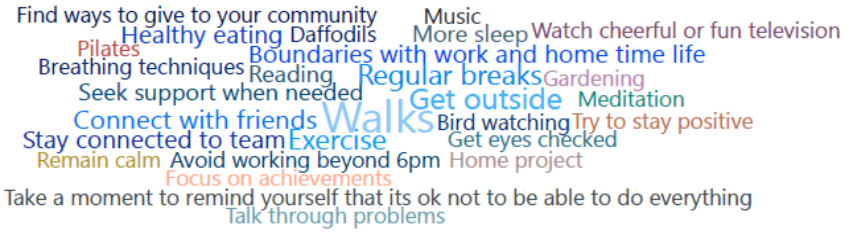
Sheffield CCG Staff Temperature Check Mar-2021

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

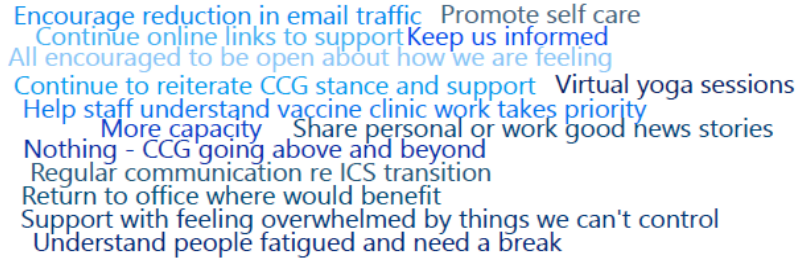
Number of responses



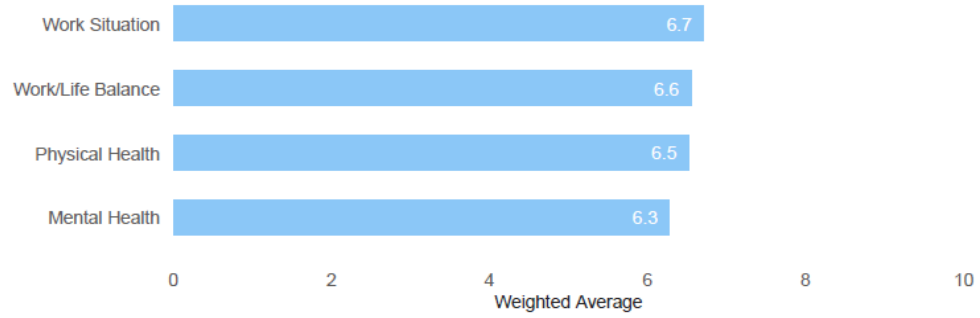
Suggested coping strategies to help with physical and mental health



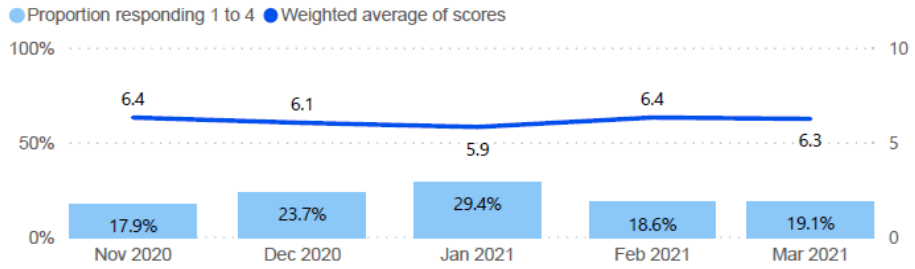
What else can the CCG do to help your mental health?



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



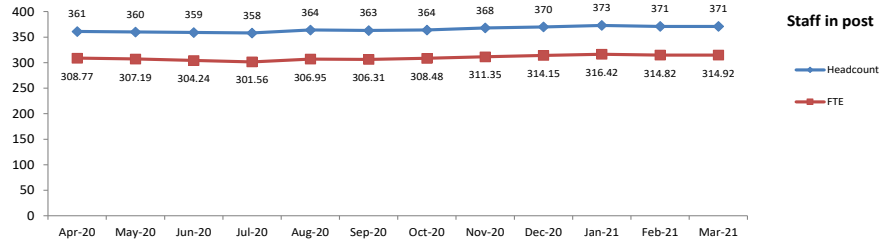
Mental Health - How do you feel on a scale of 1 to 10? (1 lowest, 10 highest)



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

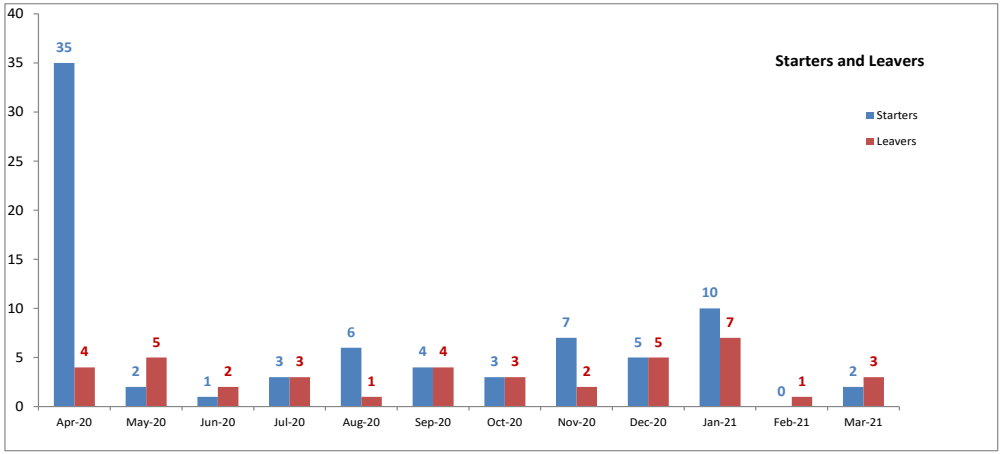
Staff in Post

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



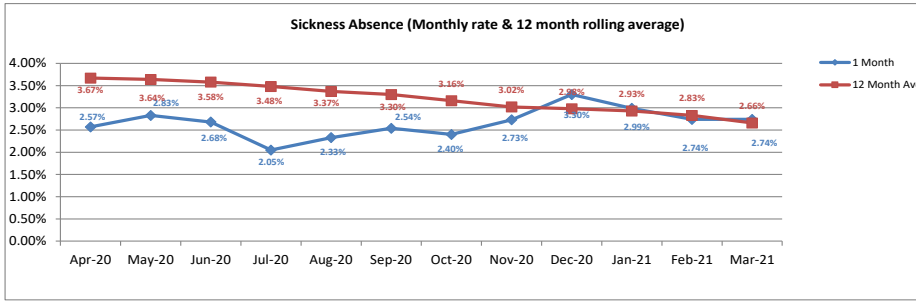
Starters and Leavers

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



Sickness Absence

The monthly sickness absence rate for March 2021 was 2.74%. This includes staff absence for Covid-19 related reasons, which was 0.17%. The absence rate for Covid-19 related reasons for the 12 month period to 31 March 2021 was 0.21%.



Mandatory and Statutory Training

Training	Compliance Rate
Fraud Awareness	88%
Bullying and Harassment Prevention	83%
Risk Awareness	64%
Conflicts of Interest	80%
Equality and Diversity	90%
Fire Safety	78%
Health and Safety	89%
Infection Prevention and Control	75%
Data Security	89%
Moving and Handling	84%
Prevent	95%
Safeguarding Adults	89%
Safeguarding Children	90%

2.3 Sheffield CCG Health Check Report: Staff Feedback

This is the fifth report compiled on the results from the amended set of questions and reflects feedback received during March 2021. The survey will continue to run for one calendar month and results reported monthly. For this month we have only asked the 3 set questions, no optional 4th question. The results represent feedback from 89 responses (23% of staff), assuming that staff have only completed the survey once. This is a decrease from 118 responses in February.

Question 1:
How would you rate your physical health, mental health, work/life balance, work situation?

Staff rated their health, wellbeing and work life situation as follows:
Physical health 6.52 / 10 (Feb 6.69)
Mental health 6.28 / 10 (Feb 5.35)
Work/life balance 6.55 / 10 (Feb 6.67)
Work situation 6.72 / 10 (Feb 6.76)

The weighted averages for March had all seen a slight decrease in comparison to February. Comments included: people who are not coping well with working from home and others enjoying the freedom of it. Workload pressures continue to be a concern as seen in previous months.

Question 2:
The Temperature Check shows a recent deterioration in the staff mental health score. There is lots of information on the intranet regarding wellbeing support for staff. What else can the CCG do to help your mental health?

Themes from the responses to this question indicate that some people think the CCG is doing enough to support them and that there is only so much that the CCG can do . There were comments that it is people's personal lives / matters that impact the individual that the CCG can't help with.

Ideas for what the CCG could do include to provide frequent ICS updates and help with capacity.

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

There are 14 comments in comparison to 9 questions raised in the previous month. Themes for questions include ICS updates, returning to 722 and work load pressures.

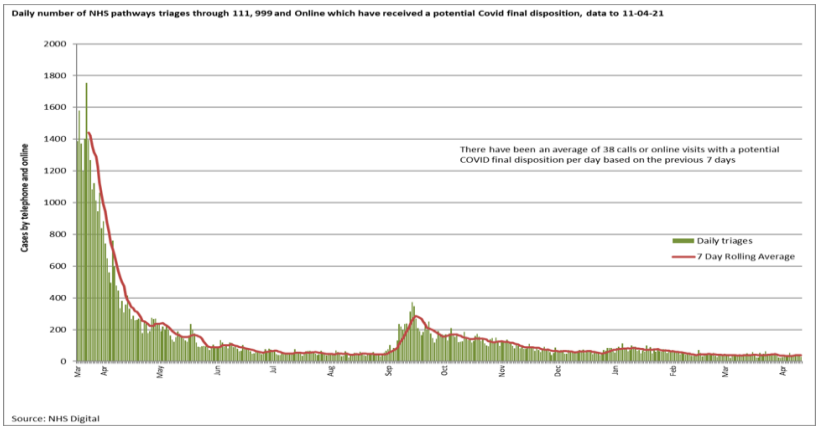
Feedback Loop

A feedback loop called 'Our Thoughts Our Actions' has been created to record the action taken in response to feedback. These have been produced and reported here for the last few months. Further topics are being planned into 2021, however, useful hints and tips for virtual working are available via the following link: https://www.intranet.sheffieldccg.nhs.uk/virtual-support.htm
and the topics already covered can be found via the following link:
https://www.intranet.sheffieldccg.nhs.uk/our-thoughts-our-actions.htm

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

Covid-19 NHS pathways

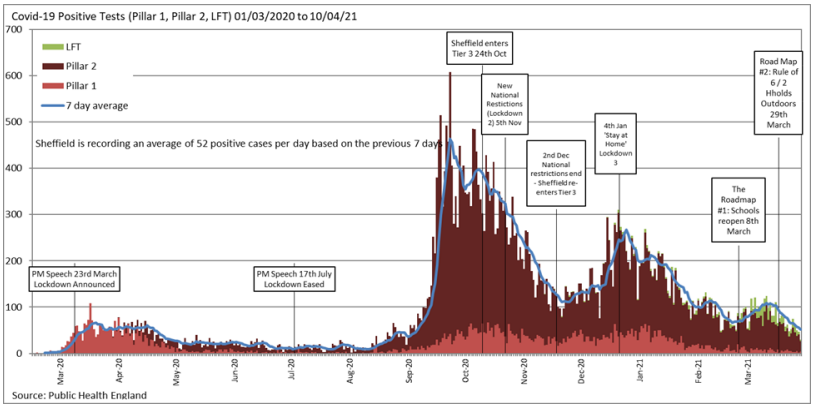
• As of 11th April there have been 58,741 calls or online visits to 111 which have resulted in a potential Covid-19 final disposition.
This is an average of 38 per day in the last seven days.



Testing

• As of 9 April, the cumulative number of confirmed cases of Covid-19 in Sheffield was 42,935 (Pillar 1 and 2).
Sheffield is recording an average of 52 positive cases a day, based on the previous 7 days.

• The overall proportion of people testing positive in Sheffield has reduced to 4.4%
• The most recent 7-day rate in all age positive cases has reduced with rates highest in 35-49 year olds and lowest in people over 60 years. Rates in all key age groups are however now decreasing.
• Over 90% of community transmission remains associated with adults in private residential settings. The most frequent common exposure events continue to be schools, workplaces and shopping.



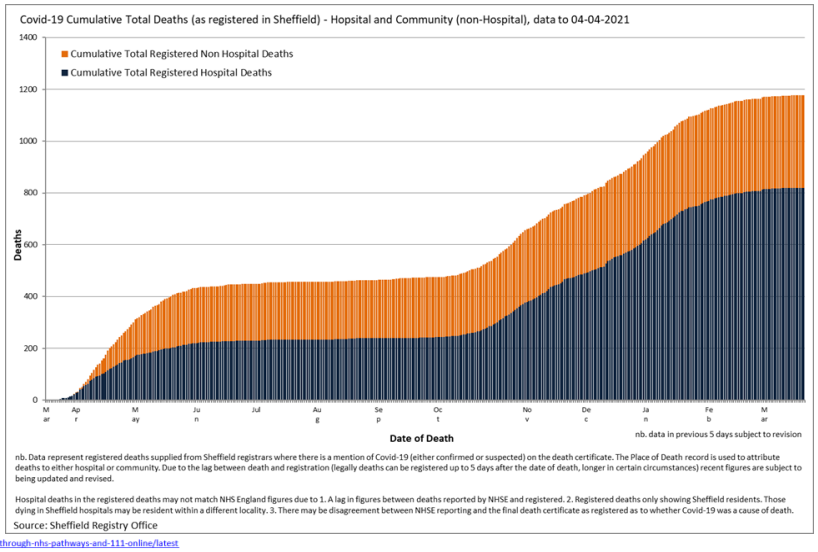
**Pillar 1 and 2 testing refers to tests carried out for the people who are most seriously ill in hospital or during an outbreak (Pillar 1) and on the wider population (Pillar 2). These two Pillars account for 80% of testing. Pillar 3 relates to antibody testing of peole who have had the virus, and Pillar 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 April, there were 26 confirmed Covid-19 patients in Sheffield Teaching Hospitals NHSFT receiving oxygen/ventilation support. There have been 30 hospitalizations for Covid-19 in the past 7 days. Both indicators represent a reduction over the previous month.

Deaths

• As of 4 April, there have been 1,177 deaths registered in Sheffield with a mention of Covid-19 on the death certificate. 820 of these were in hospital and 357 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 30.3% of the total Covid-19 deaths currently registered in Sheffield, with 302 (85%) of those deaths occurring in Care Homes.
• The number of deaths is broadly as 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)

4.1 Health inequalities in Sheffield

As Governing Body members will be aware from previous discussions and briefings from Sheffield's Director of Public Health, Greg Fell, significant health inequalities still exist in Sheffield. Inequalities exist both in terms of life expectancy and quality of life, with a higher number of people living with multiple long term conditions in more deprived areas, and greater impacts of some diseases on certain ethnic groups. These inequalities have both become more visible and have been exacerbated during the COVID-19 pandemic. This section provides a description of the CCG's current projects which aim to help tackle inequalities and also provides an update on the work to evaluate data completness and quality in this area.

Covid vaccine community engagement grant

Once the vaccination programme was announced in November 2020, encouraging local people to take up the offer of the COVID vaccine became a key priority. National and regional data, as well as local intelligence, highlighted that some communities were hesitant about the vaccine, whereas others may face barriers to accessing. There was considerable concern that this could have a significant detrimental impact on health inequalities in the City. Following discussions with Sheffield City Council, an approach was agreed to address this situation.

Working alongside 26 local community organisations, chosen because of their long standing and trusted links with communities identified as being less likely to take up the offer of a COVID vaccination, the Communication and Engagement team have launched a community engagement project that aims to:

• Engage people in ways that suit them, sharing key messages to build confidence in the vaccine, overcoming barriers and mistrust, and to encourage uptake of the vaccine.
• Gain insights on reasons for vaccine hesitancy, and barriers faced to accessing the vaccine, to shape our wider communications.

Small and medium sized grants totalling £235,000 have been were awarded to enable direct engagement with people utilising the skills and knowledge of the community organisations' staff and volunteers. Community activity has been planned and produced by the community organisations themselves based on their extensive experience of working within their communities.

Highlights of planned activity:

• Using participation in the Street Champions programme to link into opportunities for conversations about vaccines, including Doorstep conversations
• One to one and family conversations using video and telephone calls
• Organising conferences and question and answer sessions, including with national and local Faith leaders
• Creating a telephone helpline with regards to vaccine hesitancy operated by workers speaking community languages
• Addressing the topic of vaccines with existing activity groups such as walking groups, ESOL (English as a Second Language) classes, homework clubs
• Designing and delivering leaflets in community languages
• Creating videos with people who have been vaccinated and from different members of all Faith communities and Faith leaders in community languages
• Television and community radio appearances in various community languages
• Creating information in a variety of accessible formats (e.g. images, Easy Read, video, text)
• Carrying out access audits of venues, including identifying gaps and areas for improvement
• Sharing information and guidance via closed social media channels such as WhatsApp groups
• Helping people to read letters and text messages
• Communicating information by word-of-mouth, encouraging people to share those findings with others in their own personal, social and neighbourhood networks
• Training existing volunteers regarding vaccination and public health to enable them to have informed conversations within their communities
• Creating a platform by designing a t-shirt for young people to carry the message of safety in their families and community
• Establishing pop up information shops and stalls
• Supporting Primary Care networks to provide culturally appropriate pop up vaccine clinics and safe places for vulnerable groups who wish to have the vaccination
• Providing transport costs to attend vaccine appointments

Information will be fed back fortnightly from community organisations about the latest insight from community members regarding hesitancy and barriers to vaccine uptake which will be fed directly into the Covid vaccine programme team. The Communications and Engagement team will continue to provide up to date information, as well as produce resources in a variety of formats, to help counteract concerns as well as work alongside primary care colleagues in vaccine clinics to reduce barriers.

4.1 Health inequalities in Sheffield

Rapid Due Diligence process to create a PHM (Population Health Management) tool within the ICS

There is system wide support and endorsement to tackle health inequalities (HIs) and develop a population heath driven system within South Yorkshire and Bassetlaw (SYB), which meets different needs across PCNs,Neighbourhoods, Places. The strategic capability for SYB is the Yorkshire and Humber Care Record but this will take time to mature, with work underway to do so. Further work will be required on this but an interim capability is required. There is existing capability in SYB but nothing consistently system wide. Some organisations have gaps they need to fill to tackle health inequalities. The ICS is currently undertaking a rapid due diligence process to understand need and the tools available within the market place.

Alongside this a pilot is taking place with Heeley Plus Primary Care Network (PCN) to understand what data is currently available through the systems within Sheffield. This will enable us to determine how this data can be used within PCNs and to inform commissioning intentions.

COVID19 Vaccination Data

There has been significant work taking place to understand the relationship between the uptake of COVID-19 vaccinations and different demographics across Sheffield. Although this has proved challenging due to the accuracy of equality data collected on primary care systems, progress is being made and commissioners are increasingly able to identify which demographics and areas have a lower uptake, which will provide opportunity for further engagement campaigns. The methodology learned through this process can be applied to seasonal flu vaccination for 2021/2022.