

Performance and Delivery Report

Item 1

Governing Body Meeting

1 April 2021

Authors	Jane Howcroft, Programme and Performance Assurance Manager Rachel Clewes, Senior Programme and Performance Analyst
Sponsor Director	Cath Tilney, Associate Director of Corporate Services
Purpose of Paper	
<p>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.</p>	
Key Issues	
<p><u>Current state of play regarding performance data collection</u></p> <p>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.</p> <p>Nationally collected and validated IAPT (Improving Access to Psychological Therapies) data is not yet published, therefore we are using the local data produced by Sheffield Health and Social Care NHS FT.</p> <p><u>What this month's Performance and Delivery Report will cover</u></p> <p>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:</p> <ul style="list-style-type: none"> • Indicators relating to the CCG workforce; • Information regarding our staff's experiences and views, particularly in response to the need to work in such significantly different ways due to COVID-19; • A snapshot of the situation with regard to COVID-19 in the city. 	

- A progress update on the work we are undertaking to report on health inequalities.

Is your report for Approval / Consideration / Noting

Consideration

Recommendations / Action Required by Governing Body

The Governing Body is asked to discuss and note:

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

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

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

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

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

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

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

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

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

Not applicable at this time.

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

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

Have you involved patients, carers and the public in the preparation of the report?

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

Performance and Delivery Report

Governing Body Meeting

1 April 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 January 2021. At this time, 789 *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 January 2021).

RTT 52 weeks analysis	2019/20				2020/21											
	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21		
SYB				3	6	10	20		58	91	184	254	344	436		
Barnsley Hospital NHSFT					4	17	53	117	212	308	438	594	797	1202		
Chesterfield Royal Hospital NHSFT																
Doncaster And Bassetlaw Teaching Hospitals NHSFT	1	1	1	1	10	27	77	157	278	345	393	631	986	1635		
Sheffield Children's NHSFT		1		2	7	33	83	135	190	232	323	354	457	577		
Sheffield Teaching Hospitals NHSFT					1	8	30	62	112	168	218	303	386	674		
The Rotherham NHSFT				1	2	1	8	46	113	207	307	445	610	720		

Other Local / Similar Providers	2019/20				2020/21											
	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21		
Hull University Teaching Hospitals NHST		1		86	364	909	1886	3307	4397	5799	6818	8021	9355	10873		
Leeds Teaching Hospitals NHST	52	57	52	51	151	346	624	971	1297	1606	1909	2257	2666	3522		
Manchester University NHSFT			1	2	44	369	1042	1957	3241	4257	4839	5933	7082	8420		
Nottingham University Hospitals NHST					15	61	138	272	404	552	804	1219	1722	2512		
The Newcastle Upon Tyne Hospitals NHSFT	4	13	18	20	72	188	354	730	1041	1426	2045	2680	3420	4846		
University Hospitals Of Derby And Burton NHSFT				45	138	298	580	1011	1667	2367	2968	3751	4706	6629		

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. From October onwards however, hospitals across the UK have been dealing with high admissions of people who are seriously ill with COVID, many of them needing critical care. At peak periods of demand, this has meant that theatre staff have been redeployed into critical care and elective operations cancelled. 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.

3. Update on other key performance issues

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

NHS Sheffield is working with the other CCGs and provider Trusts in the South Yorkshire and Bassetlaw Integrated care System, to collectively monitor and manage the pressures across the system, with the support of our local NHS England locality team. These conference calls have enabled mutual aid across the patch, and have been gradually reduced from daily, to twice weekly and now once a week, as pressures have started to ease.

With regard to Cancer waiting time standards, the 62 day wait position continues to improve, with STH NHSFT performing better than the national average and their peers. The size of the priority list is stable and the overall number of long waiters continues to fall.

4. COVID-19 in Sheffield and beyond

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

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

5. COVID-19 Vaccination Update

As at 21 March, 44% of Sheffield adults have been vaccinated. Within this group, 91% of the over 60s and 87% of the clinically extremely vulnerable adults have been vaccinated.

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 CCG work on inequalities

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

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

23 March 2021

Performance & Delivery Report 2020/21

for the April 2021 meeting
of the Governing Body

Contents

1. Performance report

- 1.1 NHS Constitution measures Performance dashboard
- 1.2 NHS Constitution measures Actions

2. CCG Health Check report

- 2.1 Temperature Check
- 2.2 Human Resources indicators
- 2.3 Staff Feedback

3. Covid-19 update for Sheffield

- 3.1 Sheffield Covid-19 update

4. Inequalities in Sheffield

- 4.1 Health Inequalities in Sheffield

1.1 NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q3 20/21**	CCG Latest monthly Position		CCG Performance against standard (latest 6 months)*	Latest Provider Total Monthly Position			
							Sheffield Teaching Hospital	Sheffield Children's Hospital	Sheffield Health & Social Care	Yorkshire Ambulance Service
<small>* 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.</small>										
Referral To Treatment waiting times for non-urgent consultant-led treatment	All patients wait less than 18 weeks for treatment to start	92%		77.32%	Jan-21		79.95%	67.15%		
	No patients wait more than 52 weeks for treatment to start	0		798	Jan-21		674	577		
Diagnostic test waiting times	Patients wait 6 weeks or less from the date they were referred	99%		77.37%	Jan-21		79.46%	65.82%		
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	84.45%	86.22%	Feb-21		83.38%	97.95%		
	No patients wait more than 12 hours from decision to admit to admission	0		0	Feb-21		0	0		
Cancer Waits: From GP Referral to First Outpatient Appointment	2 week (14 day) wait from referral with suspicion of cancer	93%	95.53%	90.86%	Jan-21		91.70%	100.00%		
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	92.17%	79.61%	Jan-21		79.43%	-		
Cancer Waits: From Diagnosis to Treatment	1 month (31 day) wait from diagnosis with suspicion of cancer to first treatment	96%	95.62%	97.05%	Jan-21		96.23%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	99.15%	100.00%	Jan-21		99.18%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	96.36%	95.16%	Jan-21		96.30%	-		
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	89.36%	76.47%	Jan-21		80.68%	100.00%		
Cancer Waits: From Referral to First Treatment	2 month (62 day) wait from urgent GP referral	85%	62.13%	56.14%	Jan-21		52.66%	-		
	2 month (62 day) wait from referral from an NHS screening service	90%	70.00%	61.54%	Jan-21		64.29%	-		
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient	(85% threshold)	74.63%	70.00%	Jan-21		72.37%	-		
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		12.76%	Jan-21		16.50%	4.88%		12.76%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		3.27%	Jan-21		3.03%	0.00%		3.27%
	Crew Clear - reduction in the number of delays over 30 minutes from clinical handover of patients to A&E to vehicle being ready for next call	Local Reduction		8.64%	Jan-21		4.69%	0.00%		8.64%
	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		0.36%	Jan-21		0.272%	0.00%		0.36%
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%						81.82%	

Mental Health / DTOC Measures Performance Dashboard

Early Intervention in Psychosis (EIP)	Proportion of EIP patients seen in 2 weeks	60%		72.00%	Jan-21			-	73.00%	
Improved Access to Psychological Therapies (IAPT)	Number of patients receiving IAPT as a proportion of estimated need	5.5% (Qtr target)	5.47%	1.67%	Mar-20		CCG level data is derived from national reporting, which has not been published yet. This is locally reported Trust level data for January 2021			
	Proportion of IAPT patients moving to recovery	50.00%	49.64%	46.67%	Mar-20					
	Proportion of IAPT patients waiting 6 weeks or less from referral	75.00%	88.51%	88.78%	Mar-20					
	Proportion of IAPT patients waiting 18 weeks or less from referral	95.00%	95.27%	100.00%	Mar-20					
Dementia Diagnosis	Estimated rate of prevalence of people aged over 65 diagnosed with dementia	71.5%		69.80%	Jan-21					
Delayed Transfers of Care (DTOC)			Q3				No individual provider target for DTOC bed days			
	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	<p>Our providers are working to reinstate elective activity in line with national COVID-19 Planning Guidance. This involves taking a phased approach, considering clinical prioritisation, longest waiters and reducing the backlogs which have been created during the pandemic, as well as managing new referrals. Capacity continues to be constrained by the physical distancing and infection control measures which need to be in place to deliver services safely in the context of COVID -19; in addition, the Trusts have been impacted by the increase in COVID positive patients and staff sickness.</p> <p>For the Referral To Treatment standard (RTT), the specialities that were affected early on in the crisis are the ones which already had capacity issues. The ongoing constraints on bed capacity which are needed to ensure infection control will continue to adversely impact delivery of waiting time standards. All elective specialities are affected. Both STH and SCFT will be providing ongoing wait list analysis as part of resumed contracting functions.</p> <p>For diagnostics, at STH the largest number of breaches of the waiting time standard were in MRI and Non-obstetric Ultrasound (a high proportion are related to musculo-skeletal conditions). At Sheffield Children's NHS FT, the longer waits were for Audiological assessments.</p>	<p>In line with the Department of Health and Social Care "Phase 3" guidance, both acute Trusts are exploring how they can safely maximise the use of non face to face outpatient appointments and virtual consultations.</p> <p>Operational guidance from NHS England has asked Trusts to protect capacity for the highest priority patients in greatest clinical need, and to protect endoscopy capacity for cancer diagnostics.</p>	None																																																				
RTT 52 week waits - CCG Information	<p>In January, 798 Sheffield patients were waiting over 52 weeks for their surgery or procedure, this had increased from 482 in December. 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.</p> <p>187 of these Sheffield patients were waiting at Sheffield Children's NHS FT, 450 at Sheffield Teaching Hospitals NHS FT, and 161 at providers outside the city. We are aware that providers do look at their Patient Tracking Lists (PTL) in time bands and that clinicians are involved in this review, and that levels of clinical urgency are considered, as well as how long patients have been waiting, so as to mitigate the impact of long waits on patient outcomes.</p>	We will continue to monitor the situation with regard to patients experiencing these long waits, until we can confirm they have received their treatment.	None																																																				
RTT 52 week waits Sheffield Children's NHS FT	<p>The data in the dashboard for Sheffield Children's NHS FT (SCFT) shows January data (577 patients), however the latest data recently available for February shows that 721 patients were waiting over 52 weeks at SCFT - this accounts for all their patients, not just Sheffield residents. The specialty breakdown for these patients is in the table opposite. The Trust has a number of processes in place to manage clinical risk for these patients, described below:</p> <ul style="list-style-type: none"> - 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. 	<table border="1"> <thead> <tr> <th>February 2021 Specialty</th> <th>52 week + breaches</th> </tr> </thead> <tbody> <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> </tbody> </table>	February 2021 Specialty	52 week + breaches	Endocrinology	2	ENT (Ear, Nose & Throat)	90	Exodontia	32	Gastroenterology	19	Neuro-Disability	1	Neurosurgery	10	Oral & Maxillofacial Surgery	45	Ophthalmology	81	Orthoptic	8	Paediatric Dentistry	59	Paediatric Surgery	54	Paediatric Urology	19	Paediatrics	2	Plastic Surgery	60	Paediatric Surgical Unit	7	Refraction	24	Respiratory	9	Rheumatology	1	Scoliosis	9	Sleep Clinic	15	Thornbury-ENT	4	Thornbury-Gastroenterology	1	Thornbury-Plastic Surgery	1	Trauma and Orthopaedics	168	Grand Total	721	
February 2021 Specialty	52 week + breaches																																																						
Endocrinology	2																																																						
ENT (Ear, Nose & Throat)	90																																																						
Exodontia	32																																																						
Gastroenterology	19																																																						
Neuro-Disability	1																																																						
Neurosurgery	10																																																						
Oral & Maxillofacial Surgery	45																																																						
Ophthalmology	81																																																						
Orthoptic	8																																																						
Paediatric Dentistry	59																																																						
Paediatric Surgery	54																																																						
Paediatric Urology	19																																																						
Paediatrics	2																																																						
Plastic Surgery	60																																																						
Paediatric Surgical Unit	7																																																						
Refraction	24																																																						
Respiratory	9																																																						
Rheumatology	1																																																						
Scoliosis	9																																																						
Sleep Clinic	15																																																						
Thornbury-ENT	4																																																						
Thornbury-Gastroenterology	1																																																						
Thornbury-Plastic Surgery	1																																																						
Trauma and Orthopaedics	168																																																						
Grand Total	721																																																						
RTT 52 week waits Sheffield Teaching Hospital NHS FT	<p>The data in the dashboard shows January data (December data has not yet been made available for STH). For January, 674 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.</p> <p>STH continue to have robust governance in place to manage patients waiting for treatment. The numbers of 52 weeks waiters is unfortunately increasing. There have been capacity challenges due to the second wave of COVID that the Trust has experienced (see the section on cancer below for more detail on cancelled surgery).</p> <p>STH are working with directorates on plans to deliver their activity and also maintaining regular clinical contact with patients to ensure that they remain safe.</p>																																																						

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Cancer Waiting Times	<p>Several of the Cancer Waiting Times targets were not met at CCG level in January 2021. The 2 week wait target and breast symptomatic targets failed due to high breast referral volumes in excess of those normally seen in December, leading to a significant volume of breaches recorded in January. This position is now recovered. The 31 day referral to first treatment also recovered to perform over target for January.</p> <p>The most common reasons for breaches to the standards remain: increased numbers of referrals, reduced numbers of outpatient clinic slots and diagnostic capacity due to infection control measures, combined with patient choice.</p> <p>The STH Cancer Patient Treatment List (PTL) volume remains stable at approximately 1,100 pathways more than pre-COVID. The total long-waiting position has improved in-month with a near 10% reduction in patients waiting over 62 days.</p> <p>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.</p>	<p>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.</p>	<p>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.</p>
A & E Waits	<p>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.</p> <p>National funding has been allocated to the Yorkshire and Humber region, to support the implementation of the NHS 111 First Service. This is to cover the upfront costs of recruiting and training additional resource commencing February 2021. The allocated funding has been used for additional GP shifts at GP Collaborative for a 12 week period during peak times and to provide resource to pilot a GP Capacity Co-ordinator. 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. Suitable patients include those that meet the exception criteria, those under the age of 2 and those with one hour dispositions will be prioritised.</p> <p>Direct bookings into the Walk in Centre (WiC) from 111 have increased significantly over the past 6 weeks, with 100% of the allocated 45 weekend appointments being utilised, subsequently the WiC have extended this offer to 55 appointments per day.</p> <p>Work continues this month to further develop and roll out the NHS Service Finder in identified priority areas, which gives health and care professionals a fast way to access accurate, real-time information to help signpost patients to available services by using the information stored on the Directory of Service. This information includes non-public telephone numbers and instructions about who is eligible for services and how to refer a patient. Staff can access it from any device with an internet connection, using an up-to-date browser.</p> <p>The Urgent Care campaign continues on social media. In February the adverts were targeted at parents of young children. Previous attempts to reach this group have proved difficult, however, this time round the adverts have performed well. By narrowing the audience to parents, who we know can be hard to reach, this has stimulated changes in behaviour around accessing care, as shown by comparison of activity metrics in December and January when the adverts were just targeting the broader Sheffield public. The campaign aimed at parents ended at the close of March 2021 and the social media campaign is now targeted more broadly at Sheffield residents aged between 18 – 64 years.</p>	<p>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.</p> <p>The CCG continues to provide information for the public about the range of services on offer to them.</p>	<p>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.</p>

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)	<p>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.</p> <p>The Integrated Transport pilot is the output of the total transport work stream that has been underway within YAS for some. It has taken time for YAS to identify the patient cohort, and the flows for operations, reporting and contracting. The change is largely behind the scenes - to test an approach that should increase efficiency and improve response times for patients. As part of the pilot arrangements, YAS is bringing Patient Transport Service (PTS) and A&E dispatchers working alongside each other to make the best use of available crew capacity from both services. Effectively it just means that where it is safe and clinically appropriate 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.</p> <p>Activity and performance will continue to be counted and measured in the same way regardless of which type of YAS crew provides the journey. If a job is booked with PTS it will continue to be counted as PTS activity and PTS performance information will be recorded, even if the job is carried out by a YAS A&E crew. Likewise A&E activity will still be recorded against the A&E contract & performance standards if the job is dispatched to one of our PTS vehicles.</p>	Progress continues to be closely monitored.	None this month.
Ambulance handover / crew clear times	<p>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.</p> <p>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 to ED and being transported out of ED. Command structures initiated to respond to increased operational demands linked to COVID combined with other non-elective pressures. The overall situation remains challenging.</p>	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 CPA 7 day follow up	<p>The original data reported indicated that SHSC did not deliver the 7 day follow up target in February - achieving 81.82% against the target of 95%. This figure relates to 4 out of 22 service users discharged not receiving a follow up within 7 days. On review, all these patients should not have been counted in the figures - they were discharged from a SHSC acute ward to an out of area Psychiatric inpatient service / hospital. Therefore for February it is considered that this target was met.</p> <p>CPA Overall performance to meet the 95% target continues to be a challenge particularly following the impact of the restrictions on the community teams as a result of COVID 19.</p>	We will continue to manage performance in Contract Management Group.	To continue to receive monitoring reports on this national standard.

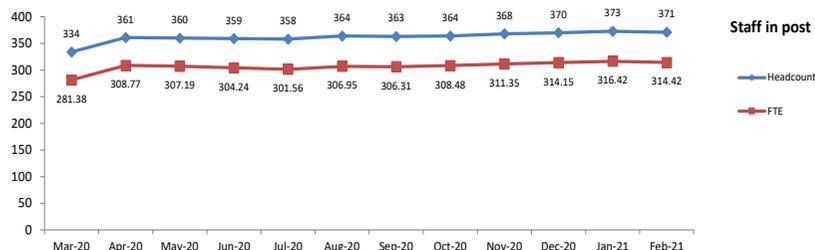
1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Mental Health / DTOC Measures Performance Dashboard: Actions			
Improved Access to Psychological Therapies (IAPT)	<p>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).</p> <p>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. People who have not previously experienced anxiety and depression are expected to need this support post COVID. The number of referrals locally is increasing and plans are in place to accelerate delivery of the service and offset the impact of a temporarily centralised service.</p> <p>Access - The number of people entering treatment is rising each month in line with increased demand and outreach work.</p> <p>Waiting times – Both the 6 and 18 week targets continue to be exceeded.</p>	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	<p>While expected to be lower as some people drop out of treatment due to COVID, the rate of people 'moving to recovery' increased again in January 2020 . As we are in a pandemic, it is normal for people to experience impact on sleep, worry, a lack of interest and pleasure in doing things. Therefore it is not appropriate to expect the same recovery rate as pre-COVID (as these are the questions asked in the outcome measures that calculate recovery rates). SHSC have undertaken some work to understand the moving to recovery rates calculation further.</p> <p>The service is undertaking a number of actions to ensure that patients have the best opportunity to reach recovery, for example:</p> <ul style="list-style-type: none"> - 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.
Dementia Diagnosis	<p>The Dementia Diagnosis plan has not been achieved, (69.9% of people in Sheffield were diagnosed against the plan of 71.5%). Nationally it has been acknowledged that diagnosis rates for 2020/21 have been impacted by COVID19. It is not possible to quantify the full impact at this time, however the pandemic 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 (62.4%) and ICS average (68.8%).</p> <p>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.</p>	We will continue to monitor the situation with regard to these patients, until we can confirm the Dementia Diagnosis rates are higher.	None requested.

2.2 NHS Sheffield CCG HealthCheck Report: Human Resources Indicators as at 28 February 2021

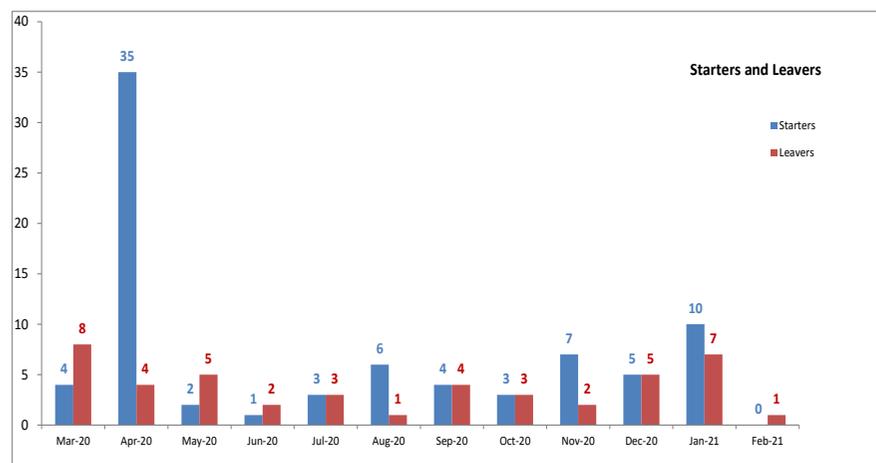
Staff in Post

The organisation's headcount and full time equivalent (FTE) for 1 March 2020 – 28 February 2021 is shown below:



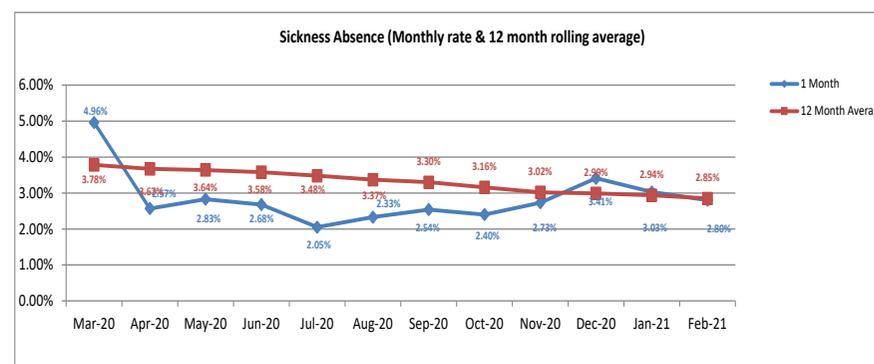
Starters and Leavers

The graph below shows starters and leavers from for 1 March 2020 – 28 February 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 February was 2.8%, a decrease in comparison to January. This does not include staff absence for Covid-19 related reasons, which was 0.38%. The absence rate for Covid-19 related reasons for the 12 month period to 28 February 2021 was 0.19%.



Mandatory and Statutory Training

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

2.3 Sheffield CCG Health Check Report: Staff Feedback

This is the fourth report compiled on the results from the amended set of questions and reflects feedback received during February 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 118 responses (32% of staff), assuming that staff have only completed the survey once.

Question 1:

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

Staff rated their health, wellbeing and work life situation as follows:

Physical health 6.69 / 10 (Jan 6.65)

Mental health 6.35 / 10 (Jan 5.86)

Work/life balance 6.67 / 10 (Jan 6.67)

Work situation 6.76 / 10 (Jan 6.26)

On a positive note, the weighted averages for February had all increased or stayed the same in comparison to January. The weighted average for mental health is at its highest rate since November 2020, when it was also 6.35/10.

Question 2:

What coping strategies can you share to help your colleagues with their physical and mental health?

Themes from the responses to this question include going for walks or exercising regularly; good communication with colleagues; working flexibly and taking regular breaks. Some comments in response to this question and Question 1 indicate that high workload remains a concern.

Question 3:

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

There were few questions this month with 9 questions submitted in comparison to 6 received in January 2021 and 18 in December 2020. They included questions about plans for when lockdown is over and returning to 722; changes to CCGs/ICS; how many vacancies is the CCG carrying; concerns about colleagues not responding to emails; whether staff will be offered spare vaccines at vaccine centres.

3.1 Sheffield Covid-19 update - Key Messages 9 March 2021

Covid-19 NHS pathways

- As of 9th March there have been 57,474 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

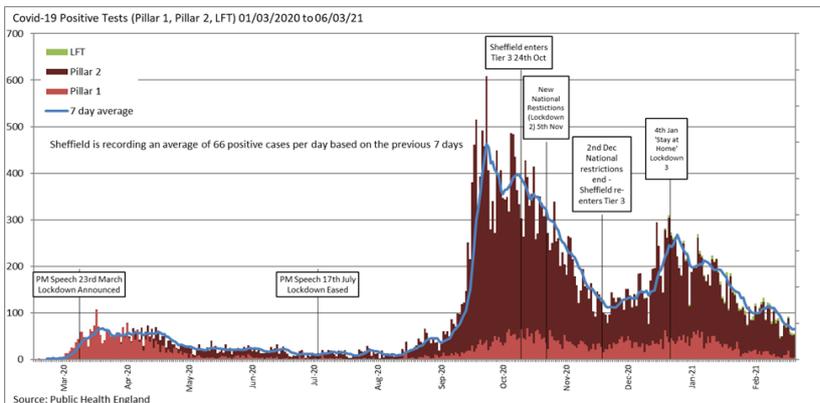
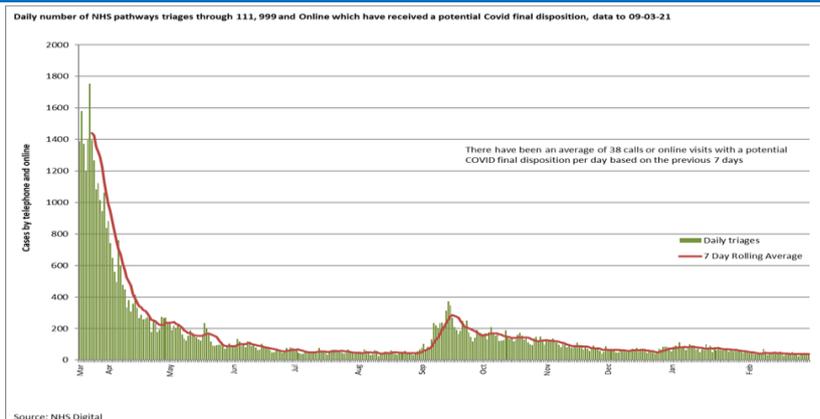
- As of 8 March, the cumulative number of confirmed cases of Covid-19 in Sheffield was 40,041 (Pillar 1 and 2*). Sheffield is recording an average of 66 positive cases a day, based on the previous 7 days.
- The overall proportion of people testing positive in Sheffield has reduced further to 4%
- The most recent 7-day rate in all age positive cases is reducing but remains at a relatively high level. Rates are reducing across all age groups but remain highest in the working age population.
- Almost 90% of community transmission is associated with adults in private residential settings. The most frequent common exposure events are workplaces, shopping and healthcare.

Hospitalisations

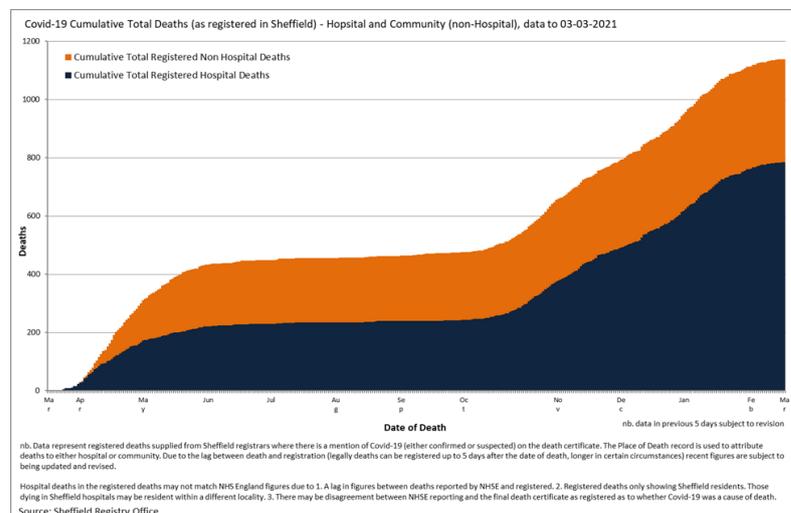
- As of 8 March, there were 49 confirmed Covid-19 patients in Sheffield Teaching Hospitals NHSFT receiving oxygen/ventilation support. There have been 54 hospitalizations for Covid-19 in the past 7 days. Both indicators represent a reduction over the previous week / month.

Deaths

- As of 3 March, there have been 1,139 deaths registered in Sheffield with a mention of Covid-19 on the death certificate. 785 of these were in hospital and 354 were outside hospital.
- Based on registered deaths, Sheffield is recording an average of 1 death a day based on the previous seven days. Community deaths represent 31.1% of the total Covid-19 deaths currently registered in Sheffield, with 302 (85%) of those deaths occurring in Care Homes.
- The number of deaths remains higher than average for this time of year.



*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 people 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.



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 completeness and quality in this area.

Covid vaccine community engagement grant

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

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

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

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

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

Covid Community meetings

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

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

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

Infrastructure support for BAME community groups

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

4.1 Health inequalities in Sheffield

Data and Information

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

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

Assessment of Data Quality linked to Protected Group Measures Apr 2020 to Jan 2021

	STHFT (total Trust)			SCH (total Trust)			BTH (total Trust)			Sheffield PCS
	A&E	Inpatients	Outpatients	A&E	Inpatients	Outpatients	A&E	Inpatients	Outpatients	GP Out of Hours
Sex										
Ethnicity	100%	96%	95%	100%	100%	100%	99%	100%	99%	81%
Age										
Deprivation (postcode)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Disability/ additional needs ³										
Maternity/Pregnancy										
Sexual Orientation										
Gender Reassignment										
Faith										
Marriage / Civil Partnership	0%	0%	0%	0%	100%	0%	0%	83%	0%	48%
Asylum Seeker / Refugees										
Digitally Excluded										
Homeless										
Carers ⁴										
Rurally Isolated (postcode)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
NHS Number	99%	100%	100%	100%	100%	100%	99%	100%	100%	99%
Registered GP Practice	100%	100%	100%	100%	100%	100%	99%	100%	100%	99%

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

Notes

- 1: Sheffield CCG Quality & Equality Impact Assessment (QEIA) 2020
- 2 Datasets to be included:
 - Patient Level Contract Monitoring (STH; SCH; BHT)
 - Contracting Drugs and Devices (STH; SCH; BHT)
 - Yorkshire Ambulance Service (111; 999; PTS)
 - A&E Daily Siteps (STH; SCH)
 - Cancer Waiting Times
 - Diagnostics Waiting Times
 - Deaths
 - Delivery Information
 - GP Led Out of Hours
 - Inpatient Waiting List
 - Outpatient Queue
 - Outpatient Referrals
 - eReferrals
 - Referral to Treatment Times
 - GP Patient Survey
 - Mental Health
 - Maternity
 - Others to follow
- 3 Disability Field
Available by proxy using diagnosis fields
- 4 Carers Field
Carer Support Indicator - this only shows whether or not carer support was available