NHS Rotherham CCG Governing Body – December 2020

CHIEF OFFICER'S REPORT

Lead Director:	**Chris Edwards**	Lead Officer:	n/a
Job Title:	**CCG Chief Officer**	Job Title:	n/a

Purpose
This report informs the Governing Body about national/local developments in the past month.

2019/20 CCG annual assessment

NHS England and NHS Improvement have a legal requirement to undertake an annual assessment of CCG performance. As in previous years, the CCG annual assessment for 2019/20 provides each CCG
with a headline assessment against the indicators in the NHS Oversight Framework.

The 2019/20 headline rating for Rotherham CCG is **Outstanding.** I have attached the full letter as enclosure 1.

COVID-19 NHS preparedness and response – notification of return to Incident Level 4

I have attached, as enclosure 2, the letter I received from Professor Keith Willett, the NHS National Director for Emergency Planning and Incident Response, informing me of the announcement by the NHS Chief Executive Sir Simon Stevens, that the health service in England will return to its highest level of emergency preparedness, Incident Level 4 from 00:01 on the 5th November.

EU Exit

As you know the UK exited the EU on 31 January 2020 and is now in a transition period that ends on the 31 December 2020. We are being asked to start to take steps to prepare for the end of the transition period. We are awaiting further guidance re any mitigations that may need to be put in place to prepare for the outcome of negotiations. I enclose a letter I received on the 4 Novermber as enclosure 3.

SYB Pathway for Children's Emergency Surgery

At the Health and Care Management Group on the 28th October, the chief executives of Barnsley, Rotherham and Doncaster and Bassetlaw Trusts requested that the children's emergency surgery pathway be stepped up again. During wave 1 of Covid the South Yorkshire and Bassetlaw DGHs transferred children who required emergency surgery to Sheffield Children's Hospital. The pathway went live on 16th April, and ended (for all Trusts except Doncaster and Bassetlaw) on 22nd June. The emergency surgery pathway will help to release some of the pressure caused by COVID, and will ensure that children who need emergency surgery do not face delays caused by Covid. I have attached the full discussion paper as enclosure 4.

Covid Vaccination Update

The NHS has been asked to prepare for receipt of a Covid Vaccine from early December. Several potential vaccines for COVID-19 are in the later stages of phase III trials. If one or more are authorised for use, the NHS needs to be ready to start immediate vaccination.

The emerging model for vaccine roll out is two-fold, mass vaccination at scale (South Yorkshire) and place based vaccination (Rotherham). General practice will have an important role in a potential COVID-19 vaccination programme, alongside other providers. The BMA General Practitioners Committee in England has now agreed with NHS England the general practice COVID-19 vaccination service which will be commissioned in line with agreed national terms and conditions as an enhanced service.

The CCG have worked closely with our six primary care networks throughout November to identify potential sites for vaccination at a Rotherham Place level, identified sites are now being considered for approval by NHS England.

Communications Update

- Recent media coverage relating to the CCG activity has focused on local implementation COVID-19 vaccine and flu vaccine for 50-64 year olds. We have also worked with the local media to provide updates and encourage appropriate use of the NHS during the pandemic, including hospital and primary care services.

- With the NHS experiencing increased pressure as we approach Winter, communications messages and activity continues to be focused on encouraging patients to access appropriate support and advice for their condition or illness. Local people are being advised to self-care where possible, call NHS 111 (in the first instance) to get help and to access the wider provision of services in their community, including pharmacy. The CCG continues to use its social presence and videos to promote key health messages around winter health, flu and the Rotherham Health App.

- Our mental health service offer for residents has been promoted widely over the last month with a focus on IAPT, IESO digital support, Rotherhive and the introduction of a freephone crisis number. Advice and guidance has also been promoted to help resilience and promote positive mental health during the lockdown period.

To

Richard Cullen, Chair

Chris Edwards, Accountable Officer

Rotherham CCG

Oak House, Moorhead Way
Bramley
Rotherham
S66 1YY
07867851849
alison.knowles1@nhs.net
2nd October 2020

2019/20 CCG annual assessment

Dear Richard & Chris,

NHS England and NHS Improvement have a legal requirement to undertake an annual assessment of CCG performance. As in previous years, the CCG annual assessment for 2019/20 provides each CCG with a headline assessment against the indicators in the NHS Oversight Framework.

Details of the methodology used to reach the overall assessment for 2019/20 can be found at **Annex A**. The categorisation of the headline rating is either Outstanding, Good, Requires Improvement or Inadequate.

The 2019/20 headline rating for Rotherham CCG is **Outstanding**.

This outcome represents a sustained and significant achievement for Rotherham CCG, and I would like to thank you for your ongoing work and support during our collective pandemic response.

The 2019/20 annual assessment report will be published on the Commissioning Regulation pages of the NHS England website on 8th October 2020. The Q4 Oversight and Assessment dashboard will also be updated with the year-end ratings.

I look forward to working with you and continuing to support your CCG in improving healthcare for your local population and system.

I would ask that you please treat your headline rating in confidence until NHS England has published the annual assessment report on its website. This rating remains draft until formal release. Please let me know if there is anything in this letter that you would like to follow up on.

Yours sincerely,

Alison Knowles

Locality Director – South Yorkshire & Bassetlaw

NHS England & NHS Improvement | North East & Yorkshire

CC Sir Andrew Cash, SYB ICS Lead

Annex A – Overall assessment methodology

NHS England's annual performance assessment of CCGs 2019/20

1. The NHS Oversight Framework comprises of 50 indicators selected to track and assess variation across policy areas covering performance, delivery, outcomes, finance and leadership. Assessments have been derived using an algorithmic approach informed by statistical best practice; NHS England's executives have applied operational judgement to determine the thresholds that place CCGs into one of four overall performance categories.

Step 1: indicator selection

2. A number of the indicators were included in the 2019/20 IAF on the basis that they were of high policy importance, but with a recognition that further development of data flows and indicator methodologies may be required during the year. This was complicated by the impact of COVID-19 on analytical resource across areas of NHSE/I. By the end of the year, there were ten indicators that were excluded as there was no data available.[1]

Step 2: indicator banding

3. For each CCG, the remaining indicator values are calculated. For each indicator, the distance from a set point is calculated. This set point is either a national standard, where one exists for the indicator (for example in the NHS Constitution); or, where there is no standard, typically the CCG's value is compared to the national average value.

4. Indicator values are converted to standardised scores ('z-scores'), which allows us to assess each CCG's deviation from expected values on a common basis. CCGs with outlying values (good and bad) can then be identified in a consistent way. This method is widely accepted as best practice in the derivation of assessment ratings, and is adopted elsewhere in NHS England and by the CQC, among others.[2]

5. Each indicator value for each CCG is assigned to a band, typically three bands of 0 (worst), 2 (best) or 1 (in between).[3]

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[1] Percentage of children aged 10-11 classified as overweight or obese; Percentage of deaths with three or more emergency admissions in last three months of life; CYP and eating disorders investment as a percentage of mental health spend; Percentage of patients admitted, transferred or discharged from A&E within 4 hours; Patient experience of getting an appropriate GP appointment Overall size of the waiting list; Patients waiting over 52 weeks for treatment; Achievement of clinical standards in the delivery of 7-day services; Evidence that sepsis awareness raising amongst healthcare professionals has been prioritised by the CCG; Effectiveness of working relationships in the local system

[2] Spiegelhalter et al. (2012) *Statistical Methods for healthcare regulation: rating, screening and surveillance*

[3] For a small number of indicators, more than 3 score levels are available, for example, the leadership indicator has four bands of assessment.

Step 3: weighting

6. Application of weightings allows the relatively greater importance of certain components (i.e. indicators) of the IAF to be recognised and for them to be given greater prominence in the rating calculation.

7. Weightings have been determined by NHS England, in consultation with operational and finance leads from across the organisation, and signal the significance we place on good leadership and financial management to the commissioner system:

   - Performance and outcomes measures: 50%;
   - Quality of leadership: 25%; and,
   - Finance management: 25%

8. These weightings are applied to the individual indicator bandings for each CCG to derive an overall weighted average score (out of 2).

Figure 1: Worked example

Anytown CCG has:

- Quality of leadership rating of "Green" (equivalent to a banded score of 1.33)
- Finance management rating of "Green" (equivalent to banded score of 2)
- For the remaining 53 indicators, the total score is 49.5.
- These scores are divided through by their denominator and weighted to produce an overall domain weighted score:

$$\left(\frac{1.33}{1}\right) \times 25\% \quad + \quad \left(\frac{2}{1}\right) \times 25\% \quad + \quad \left(\frac{49.5}{53}\right) \times 50\% \quad = \quad \mathbf{1.3}$$

Step 4: setting of rating thresholds

9. Each CCG's weighted score out of 2 is plotted in ascending order to show the relative distribution across CCGs. Scoring thresholds can then be set in order to assign CCGs to one of the four overall assessment categories.

10. If a CCG is performing relatively well overall, their weighted score would be expected to be greater than 1. If every indicator value for every CCG were within a mid-range of values, not significantly different from its set reference point, each indicator for that CCG would be scored as 1, resulting in an average (mean) weighted score of 1. This therefore represents an intuitive point around which to draw the line between 'good' and 'requires improvement'.

11. In examining the 2019/20 scoring distribution, there was a natural break at 1.5, and a perceptible change in the slope of the scores above this point. This therefore had face validity as a threshold and was selected as the break point

between ‘good’ and ‘outstanding’.

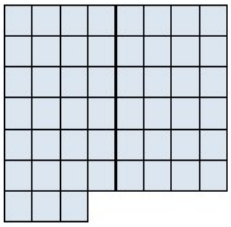
12. NHS England’s executives have then applied operational judgement to determine the thresholds that place CCGs into the ‘inadequate’. A CCG is rated as ‘inadequate’ if it has been rated red in both quality of leadership and financial management.

13. This model is also shown visually below:

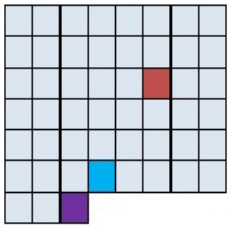
Deriving the CCG year-end assessment ratings

Step 1: Indicators selected and calculated

The CCG Oversight Framework publishes data for a number of indicators...



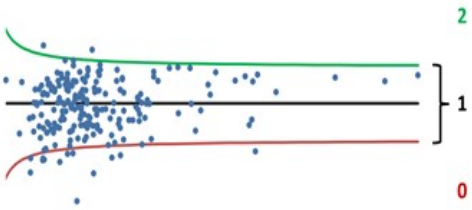
...which are then used to produce the end of year rating.



Values are derived for each CCG for each indicator. There is 1 indicator in the **Finance** domain and 1 for **Quality of leadership**.

Step 2: Indicators banded

Measure of deviation (“z-score”) calculated for each CCG value. Outlying CCGs assigned to bands with scores of 0 (worst) to 2 (best).



The process is repeated for all available indicators (example scores shown for **Anytown CCG**).

1	1	1	1	0	1	0	2
1	1	2	1	1	1	0	1
1	1	1	2	1		1	1
1	1	1	2	1	2	1	1
0	1	1	1	1	2	1	1
1	1	1	2	0	2	0	1
2	0	1					

Step 3: Weights applied, average score calculated

Weightings set to:

- Finance: 25%
- Leadership: 25%
- The rest: 50%

Bandings for each domain are summed and divided by the count of indicators in that domain, then multiplied by the relevant weighting.

Worked example for Anytown CCG

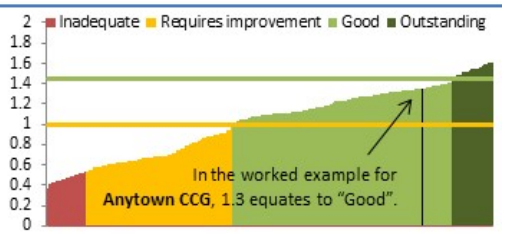
Overall score calculated for CCG as sum of:

[Finance] 25% * (2 / 1 indicator)
+
[Leadership] 25% * (1.333 / 1 indicator)
+
[The rest] 50% * (49.5 / 53 indicators)

= score of 1.3
(out of a possible 2)

Step 4: Scores plotted and rating thresholds set

The distribution of average scores (out of 2) is plotted for all CCGs. The threshold between “Requires Improvement” and “Good” is then set at the mid-point of 1; for “Outstanding” it is set at a natural break at the upper end of the distribution and for “Inadequate” an auto-rule is applied to include all CCGs whose Finance and Leadership ratings are both Red. In the example shown, there is a step change at 1.45 which forms the lower threshold for “Outstanding”.



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Publication approval reference: 001559

Professor Keith Willett
National Director for Emergency Planning and Incident Response
NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

4 November 2020

Dear colleague,

COVID-19 NHS preparedness and response – notification of return to Incident Level 4

In response to increasing coronavirus infections the Government and Parliament have today enacted a further set of national COVID measures. The NHS is also seeing increased COVID demand on our hospitals, which is projected to intensify over the coming weeks. NHS Chief Executive Sir Simon Stevens has therefore today announced that the health service in England will return to its highest level of emergency preparedness, Incident Level 4, from 00.01 tomorrow, 5 November.

This means the NHS will move from a regionally managed but nationally supported incident under Level 3, returning for the time being to one that is co-ordinated nationally.

Sir Simon and Amanda Pritchard will shortly be writing to NHS leaders in the light of this current wave 2 of COVID.

In the meantime, today's EPRR move will support interregional mutual aid across the NHS in England as required. Potential or current capacity/service issues should continue to be escalated to regional and national teams through established incident escalation routes.

Local, regional and national incident co-ordination centres should be staffed appropriately to ensure robust 7-day cover and timeliness of communication. The National Incident Co-ordination Centre continues to operate 12 hours a day (0800-2000) with IMT taking place 6 days a week. There is an expectation that regional co-ordination centres (and local organisations) should similarly adjust their hours and meeting frequency accordingly.

All communications related to COVID-19 should continue to be sent via established COVID-19 incident management channels, with NHS organisations not expected to respond to incident instructions received outside these channels.

The importance of full completion of sit rep returns over 7 days will be of critical to ensure high data quality to support the NHS and the wider Government response. A review of sit reps is underway with the aim of streamlining data collection and reducing burdens.

Once again, thank you for your leadership at this challenging time. If you have any queries, please discuss them with your regional NHS England and NHS Improvement team in the first instance.

Yours sincerely

Professor Keith Willett
NHS National Director for Emergency Planning and Incident Response
NHS England and NHS Improvement

Classification: Official

Publications approval reference: PAR279

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH
england.spoc@nhs.net

FAO
NHS England and NHS Improvement
Regional Directors
NHS England and NHS Improvement
Regional EPRR leads
Trust EU exit SROs
Trust CEs and Chairs
Trust Incident teams
CCG EU exit SROs
CCG AOs and Chairs
CCG Incident teams

4 November 2020

Dear colleague,

As you know the UK exited the EU on 31 January 2020 and is now in a transition period that ends on 31 December 2020.

I am therefore asking the NHS to take steps now to prepare for the end of the transition period. Whatever the outcome of negotiations there will be changes that affect the health and care sector regarding, for example, how we import medical products. Should a Free Trade Agreement be finalised, we must be agile in order to implement what has been agreed, for example any changes to cost recovery charging arrangements.

As stated in my previous letter of 16 September, we will be using a single operational response model for COVID-19 and the end of the EU transition period to avoid confliction and reduce burden on the system. This means that any queries related to the end of the transition period should be raised with the EU Exit SRO within your organisation first, and then escalated to the regional co-ordination centre established for COVID-19, where appropriate. For primary care organisations, this will mean raising any concerns with the organisation that commissions their service in the first instance before escalating to regional co-ordination centres.

In the coming weeks we will be issuing guidance for the NHS on what mitigations need to be put in place to prepare for the default outcome. To support this guidance, I will be hosting an ‘end of transition period’ webinar. I would strongly encourage each NHS organisation to join.

Once guidance has been issued, we will carry out cross-system assurance to test the level of preparedness within the NHS and to guide us on any further work needed in preparation for 31 December.

Of course, as UK/EU negotiations continue, we will provide updates as any consequences for the NHS become known.

I want to thank you all for the work you have put in throughout what has been a challenging year and thank you in advance for your continued efforts in the months ahead.

Yours sincerely,

Professor Keith Willett

Strategic Incident Director for COVID-19

Strategic Incident Director for EU Exit

National Director for Emergency Planning and Incident Response

Note to members of the Health and Care Management Group 28th October 2020

Implications of re-establishing the SYB pathway for children's emergency surgery

1) Issue

At the Health and Care Management Group meeting on 27th October, the Chief Executives of Barnsley, Rotherham and Doncaster and Bassetlaw Trusts requested that the children's emergency surgery pathway be stepped up again.

The Working Group for the pathway met on 28th October to agree how this will be done, with a view to the pathway restarting on 2nd November.

This note summarises:

- The level of activity likely to be transferred
- The implications for Sheffield Children's, the ambulance services and the other DGHs of reactivating the pathway; and the mitigations that will need to be in place for Trusts to agree to reactivate the pathway
- The process and timeline for reactivating the pathway;
- Some issues that will need to be addressed differently in wave 2.

Background

During wave 1 of Covid the South Yorkshire and Bassetlaw DGHs transferred children who required emergency surgery to Sheffield Children's Hospital. The pathway went live on 16th April, and ended (for all Trusts except Doncaster and Bassetlaw) on 22nd June.

All 3 DGHs are now facing major pressures from the second wave of Covid. Over the weekend the DGHs have had around 200 Covid-postive patients each, and are seeing high levels of sickness absence amongst staff caused by staff being ill or self-isolating. The impacts on the Trusts include having to transfer theatres staff into critical care to support the high volumes of demand in the ICU. All the DGHs have stepped down elective activity, other than Priority 1 and 2, and cancer surgery, and there have been high numbers of last minute elective cancellations on all sites.

The emergency surgery pathway will help to release some of this pressure, and will ensure that children who need emergency surgery do not face delays caused by Covid.

2) Levels of activity likely to be transferred

To date, more than 220 children have been transferred on the emergency surgery pathway. During the two months when it was running fully:

- Around 60 patients were transferred each month, with about 30 of these requiring surgery
- Therefore there were around 7 additional surgeries each week
- More than half of these came from DBTH.

3) Implications for the providers

Implications for Sheffield Children's

Sheffield Children's is supportive of the pathway, and the Trust is willing to provide mutual aid to the system in the current situation. However, re-activating the pathway carries implications for SCFT and some of its patients. We need to be clear on these implications and what needs to be in place to mitigate them.

The main impact will be on SCFT's ability to maintain elective surgery. The experience of running the emergency surgery pathway earlier in the year showed that SCFT needs an additional emergency list at weekends to provide the pathway safely. The Trust proposes to provide a half day list (1 PA) on both Saturday and Sunday.

However, given the workforce challenges at the moment, the only way to find the workforce to run the extra weekend lists is likely to be to cancel the equivalent of two half-day lists from the elective lists in week. The numbers of patients affected depends on the surgery, but it is likely to mean reducing by 6-8 elective surgeries per week.

The Trust currently has more than 8,400 patients on waiting lists. This includes 232 have been waiting for more than 52 weeks, 195 priority 2 patients who do not have a TCI and 105 who have a TCI over 4 weeks. The Trust is currently doing as many elective lists as possible to address this. In reactivating the pathway the Trust is likely to need to move to focusing on priority 1 and 2 patients, as the other Trusts have done, which will impact on SCFT's ability to tackle its long waiters.

Mitigation: in order to mitigate the effects of this, SCFT is seeking:

- **To be assured that the other DGHs have similarly moved to providing only emergency, priority 1 and 2 elective, and cancer care.** Trusts confirmed this at HCMG on 27th October.

- **To ensure that all lists at SCFT are used efficiently.** In order for SCFT to stop elective activity the Trust will need to be assured that the DGHs are going to use the emergency surgery pathway. Towards the end of the first wave, some of the Trusts used the pathway as a 'safety net' if they were unable to deliver care to a particular patient. This approach would not be workable for SCFT this time, particularly at weekends: SCFT can only justify stopping its own elective activity if the pathway is going to be used consistently. This was discussed with the DGHs at the working group on 28th October, and members of the group agreed to ensure that this messaging is clearly given to staff.

- **To gain a day's extra capacity at BMI Thornbury**, to counterbalance the elective activity that will be closed down. This will not be an exact replacement as Thornbury cannot do all patients or procedures but it should help to alleviate some of the pressure. The Trust will explore the options around this with the ICS leads on the independent sector allocation.

- **To ensure that NHSE recognise the implications** so that there is a clear understanding from NHSE as to why the SCFT elective waiting lists may not reduce as quickly as planned.

- **To keep the situation under review and have clear exit criteria**, including: if the pathway is not being fully used by Trusts, and if the impact on Sheffield Children's elective patients reaches the stage of potential harm, ie having to cancel priority 1 or 2 patients.

- **To agree that the costs of any additional activity will be paid for by the system**, eg from the cross-system Covid funding or by the CCG transferring activity. This is currently being discussed by Directors of Finance and will be resolved before the pathway goes live.

Impact on the ambulance service

YAS and EMAS have pointed out in recent discussions that they are currently under considerable pressure, with increased demands and high levels of sickness absence. The additional journeys would be a small additional strain.

Mitigations: If YAS and EMAS were to support stepping up the pathway again they would need:

- **As much notice as possible.** YAS have confirmed that they can notify crews over the weekend and be ready to set up the pathway on the 2nd. There should be no impact on EMAS as the pathway from Bassetlaw has never been stood down.
-
- **Consistency across the patch**, so that all ambulance crews in SYB are following the same approach. YAS and EMAS are supportive of the current approach in which all Trusts will go live with the pathway simultaneously.

Impact on the other Trusts

The precise impact on the other Trusts is difficult to quantify. The actual number of patients transferred from Barnsley and Rotherham is likely to be small (1-2 per week, based on previous experience). However based on past experience this should be helpful at the times of greatest pressure on theatre lists, and also help to reduce pressures on paediatric services more generally, as they are were working with reduced estate and workforce.

4) Revisions to the previous protocol

The majority of the previous protocol will be as it was during April – June. We are aware of a small number of changes that will need to be made. In particular:

- **The working group have agreed a new approach to swabbing patients prior to surgery.** Each DGH will swab the patient as soon as the decision is made to transfer them on the pathway. Each DGH will also seek to adjust the criteria for point of care testing in the Trust to include children being transferred on the pathway, so that the results are available as quickly as possible.

  The patient will be transferred as per the current approach and the receiving clinician will check the patient's Covid status so that the patient can be streamed appropriately on arrival. If the result of the test is not yet available the patient will be treated on an amber pathway until the result comes through.

- **Within SCFT, the pathway will be adjusted to provide for a second swab** 5-7 days after the first for inpatients, so that any Covid infections contracted during a child's stay are identified;

- **Patients who do not need emergency surgery but need priority 1 or 2 elective.** Some patients fall into a 'gray area' whereby they do not need surgery within 24 hours, but will need it within 2 weeks (eg for removal of foreign bodies from ears, broken noses). Some of the Trusts are struggling to provide this. The working group agreed to approach these on a case by case basis; ideally they will go onto an elective list but if this is impossible they will be transferred to SCFT on the pathway.

- **Transport for parents**; during the first wave, when public transport was largely shut down, commissioners paid for taxis for families who did not have their own transport. Public transport is now running again but there will be increased numbers of families suffering economic hardship. Commissioners have confirmed (via Chris Edwards as the lead on this) that taxis can be funded on the same basis as previously.

- **We will need to confirm how the cost of activity will be covered in this wave, under the new financial regime**. DoFs are discussing and this will be resolved in the next 48 hours.

- **We will also clarify whether Chesterfield wish to be involved** (they did not participate in wave 1).

5) Process for reactivating the pathway

The working group has agreed the following process:

Tues 27th October	Decision by the HCMG
Weds 28th October	Meeting of the working group for the emergency surgery pathway, to review the protocols and identify any changes required, in particular around swabbing. Protocols revised and circulated for comment by the working group and COOs
Thurs 29th October	Agreement DoFs on finance
Friday 30th October	Communications issued to all key stakeholders
Mon 2nd November	Pathway goes live

Monitoring

The emergency surgery pathway will be monitored going forward, with twice weekly meetings of the working group (slightly less intensive than the three-times-weekly monitoring in wave 1).

Owing to pressures on the SCFT PALS team there will be a less intensive approach to collecting patient feedback but patient experience will continue to be monitored.

Conclusion

The Programme Director will bring regular updates on the progress of the emergency surgery pathway as required to the Health and Care Management Group.

Alexandra Norrish
Senior Programme Director, Sheffield Children's NHSFT
27th October 2020

Note also copied to:

Chief Operating Officers of the acute providers
Members of the Emergency Surgery working group

Note for CCG Governing Bodies and acute Trust Boards
(SYB and North Derbyshire / Chesterfield)

29 October 2020

Temporary consolidation of some paediatrics activity at Sheffield Children's Hospital during the covid-19 pandemic

1) Issue

During the first wave of the Covid-19 pandemic, from April to June 2020, NHS England and the acute providers in South Yorkshire and Bassetlaw put in place a pathway to transfer children needing emergency surgery to Sheffield Children's Hospital. The pathway ran from 19th April to 22nd June for Rotherham, Barnsley, and Chesterfield, and is still in place for Doncaster and Bassetlaw.

On 27th October, in the light of growing pressures from Covid, the South Yorkshire and Bassetlaw Health and Care Management Group (the group that brings together NHS England, the Chief Executives of the acute Trusts and Yorkshire Ambulance Service, and the CCG Accountable Officers of SYB) took the decision to reopen the pathway from 2nd November.

This note is for information, to make Governing Bodies and Acute Trust Boards aware of the intention to reinstate the pathway for Barnsley, Rotherham, and maintain it for Doncaster and Bassetlaw. Chesterfield have chosen not to be part of the pathway this time.

2) Background: declaration of a national incident

NHS England has declared a national incident in relation to the Coronavirus pandemic and has enacted powers under the Health and Social Care Act 2006 (and as amended in 2012) to direct the NHS in its response. The directions cover all NHS providers and all providers of NHS funded care.

NHS England has issued guidance setting out how children's hospitals should work with District General Hospitals, to provide a regional and national response to pressures on the NHS during the pandemic. The guidance includes:

- Management of paediatric patients (17 March 2020)
- Management of paediatric intensive care (26 March 2020)

In addition, wider guidance such as that relating to major trauma (27 March 2020) and cancer services (30 March 2020) is applicable to how children's healthcare in south Yorkshire & Bassetlaw needs to be organised for the duration of the pandemic.

Specifically, the guidance requires children's hospitals, including Sheffield Children's NHS Foundation Trust, to:

- collaborate with hospitals and health systems on its local response and to prepare for surges.
- Co-ordinate with regional and national networks of care to ensure that resources are used equitably, consistently and effectively

During Wave 1, the NHS in South Yorkshire & Bassetlaw enacted the pathway outlined in this paper to re-direct emergency paediatric surgery to Sheffield Children's Hospital. This plan outlined in this paper sets out the local NHS's response to the directions from NHS England in relation to the second wave of the pandemic that we are experiencing, currently.

They will be enacted from 2nd November for the duration of the pandemic (or sooner, if pressures on the NHS ease sufficiently) and are not a permanent change to local services.

Other changes may need to be put in place if there is a need over the coming weeks, in the light of wider capacity challenges in the NHS. We will aim to introduce any such change in a planned

approach but recognise that emergency measures may be required in response to any surge in COVID-19 demand.

We will keep this under review and will return to normal provision of services as soon as it is safe to do so.

3) **Background: the emergency surgery pathway in wave 1**

In April 2020, as part of the Covid pandemic response, the providers and commissioners of SYB agreed to transfer all children's emergency surgery to Sheffield Children's Hospital. This was done in response to severe shortages of theatre space and staff (since some theatres had been converted into additional ITU beds) and concerns about the sustainability of the paediatric workforce.

To date, 254 patients have been transferred on the pathway. When the pathway was at its busiest, between April and June, around 60 patients a month were transferred, of whom around 30 required surgery.

Once the first Covid peak was over the pathway was stepped down, for all Trusts except Doncaster and Bassetlaw which has maintained the pathway owing to pressures on its theatre capacity.

Feedback from families and carers around the pathway was positive, commenting on the excellent care received from staff in the DGHs, ambulance transfers and at Sheffield Children's. Comments around areas for improvement were focused around, for example, parents wanting more information about the SCH site and its facilities.

4) Current pressures on the DGHs

The NHS in SYB is now facing a significant increase in pressures, reflected in the fact that SYB is now in national Covid tier 3 and NHSE level 4. All of the DGHs report significantly increased numbers of Covid patients, and significant impact on their workforce. All of the Trusts have been forced to reduce the amount of elective activity that they had planned to carry out, and in some Trusts some theatres staff have been reallocated to support ITU.

In the light of these pressures, Sheffield Children's has offered to once again carry out emergency surgery for children under the age of 16. The intention is to reduce pressures on the theatre capacity and workforce of the DGHs, and to ensure that children are able to access emergency surgery quickly and safely.

5) The re-instated pathway

As previously, the pathway will cover all emergency surgery, except for the most time-critical (eg patients with a compromised airway) which will be carried out at the nearest DGH unless a different pathway already exists.

The protocols are almost exactly the same as they were in the previous round of the pathway, with a few small amendments such as the process of identifying a patient's covid status starting prior to transfer.

6) Implications for the providers

Implications for Sheffield Children's

Sheffield Children's is very willing to support the pathway and to provide mutual aid to the DGHs during the Covid second wave. However, re-activating the pathway carries implications for SCFT and some of its patients, which are described here.

The main impact will be on SCFT's ability to maintain elective surgery. The experience of running the emergency surgery pathway earlier in the year showed that SCFT needs an additional emergency list

at weekends to provide the pathway safely. The Trust proposes to provide a half day list (1 PA) on both Saturday and Sunday.

However, given the workforce challenges at the moment, the only way to find the workforce to run the extra weekend lists is likely to be to cancel the equivalent of two half-day lists from the elective lists in week. The numbers of patients affected depends on the surgery, but it is likely to mean reducing by 6-8 elective surgeries per week.

This will impact on Sheffield Children's ability to address its waiting lists (currently 8,400 patients on waiting lists including over232 who have been waiting for more than 52 weeks and 195 priority 2 patients who do not have a TCI). Whilst this is in line with the prioritisation of elective activity in the other SYB Trusts (most Trusts are currently focusing on priority 1 and 2 patients and cancer patients, with some long waiters if possible) it clearly has implications for some SCFT elective patients.

In this context, it will be important to ensure that all lists at SCFT are used efficiently. If they are to reduce elective activity, SCFT will need to be assured that the DGHs are going to use the emergency surgery pathway and that there will be significant benefit to emergency patients. Towards the end of the first wave, some of the Trusts used the pathway as a 'safety net' at moments of particular pressure. In the current situation it will be important that the system makes full use of the pathway and gains as much benefit from it as possible.

Impact on the ambulance service

YAS and EMAS are currently under considerable pressure, with increased demands and high levels of sickness absence. The additional journeys would be a small additional strain (the pathway accounted for 39 additional ambulance transfers between 16th April and 26th October 2020).

YAS and EMAS have confirmed that the most important issue from their perspective is consistency across the patch, so that all ambulance crews in SYB are following the same approach. As such, YAS and EMAS have been supportive of the current approach in which all Trusts will go live with the pathway simultaneously.

Impact on the other Trusts

The precise impact on the other Trusts is difficult to quantify. The actual number of patients transferred from Barnsley and Rotherham is likely to be relatively small (the highest number of transfers from these Trusts was 9 per week when the pathway was running at full use). However based on past experience this should be helpful at the times of greatest pressure on theatre lists, and also help to reduce pressures on paediatric services more generally, at a time of reduced estate and workforce.

7) Changes to the pathway, including funding

The pathway will be largely unchanged from the protocols that were agreed by Trusts in April. Some small changes will be made such as starting the process of identifying the patient's Covid status before transfer.

The financial regime for SYB has changed since wave 1 so the funding mechanism for the system will be adjusted in the second wave. Directors of Finance have discussed several options around how we might manage the costs of mutual aid and the approach for this programme will be agreed by DoFs on 5th November. However in the meantime the pathway will start from the 2nd November on the grounds of patient safety.

8) Monitoring

The emergency surgery pathway will be monitored going forward by the working group; based on feedback from Trusts the group will meet twice weekly at first and the frequency will be reduced if

possible. The working group is chaired by Alexandra Norrish as Programme Director for the project and reports to the Health and Care Management Team.

Owing to pressures on the SCFT PALS team there will be a less intensive approach to collecting patient feedback but patient experience will continue to be monitored.

The working group will also develop clear exit criteria, e.g. if Covid numbers decline significantly, or if the pathway is not needed or not being fully used by Trusts.

9) Timeline for reactivating the pathway

The timeline is as follows:

Tues 27th October	Decision by the HCMG to reopen the pathway
Weds 28th October	Meeting of the working group for the emergency surgery pathway, to review the protocols and identify any changes required, in particular around swabbing. Protocols revised and circulated for comment by the working group and COOs
Friday 30th October	Communications issued to all key stakeholders
Mon 2nd November	Pathway goes live
Thurs 5th November	Confirmation by DoFs of proposed position on finance

10) Conclusion

The pathway will go live on 2nd November. The working group, which includes all the Trusts and ambulance services, will keep the situation under review.

The Programme Director will bring regular reports to Chief Executives and Accountable Officers via the weekly Health and Care Management Team meetings.

Alexandra Norrish
Senior Programme Director, Sheffield Children's NHSFT
29 October 2020