

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

Not applicable at this time.

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

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

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

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

Performance and Delivery Report

Governing Body Meeting

13 January 2022

1. Introduction

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

2. The impact of COVID-19 on elective performance

At the start of the pandemic the decision was made to pause some collection and publication of statistics. Of these statistics we have started to see the re-establishment of some, which include Mixed Sex Accommodation where data has now been published as of October and has been included in the attached dashboard.

Also, the collection of quarterly Cancelled Operations data has been reinstated from October, to which we should see data published in February 2022.

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

The latest data is for October 2021 for SCCG which saw RTT performance decline further, from 78.39% to 77.29%. The backlog waiting list size for 18+ waiters has increased following the summer months for Sheffield CCG patients. At the end of October 2021 the number of patients waiting over 18 weeks increased from 10228 to 11010. This increase appears to be reducing in comparison to previous months where we saw much larger increases in month since June.

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

In early December 2021 NHSE/I issued an urgent request for Trust to focus on the cohort of patients currently waiting 82 weeks or more, to help mitigate those could be waiting 104 weeks+ by the end of March 22. The precise ask was to:

- 100% of patients in the 82 weeks+ cohort are offered a confirmed next appointment or TCI date and that activity is booked now to the end of the financial year.
- 100% of non-admitted patients in the 82 weeks+ cohort are offered appointment dates by the end of November and seen by end December, thereby allowing sufficient time for any consequential treatments to take place.
- In dating patients, all available capacity is used, including independent sector and capacity available in other providers within the collaborative. Where this is not possible, please escalate specific patient and procedure level details to the regional team.

In response to this letter, STH are reviewing the PTL, tracking plans at patient level and offering additional operational support.

The number of Sheffield patients waiting over 52 weeks for their elective treatment journey has seen a slight increase in numbers waiting in October (740) from September's figure of 715 (March figure of 1148). Table 1 provides more detail on length of waiting time. It should be noted that before the pandemic there were no patients waiting over 52 weeks for Sheffield patients.

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

Length of time patients waiting	Number of patients
52-64 weeks	381
65-77 weeks	130
78-90 weeks	148
91-103 weeks	67
104+ weeks	14

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

Diagnostic performance has seen an increase in performance from last month (September 2021 – 82.27%) to October 2021 figure of 83.3%. The diagnostic tests with the most patients waiting are non-obstetric ultrasound with 706 waiting, which is a 25% performance increase from the previous month. The majority of the other diagnostic tests saw a reduction in numbers waiting in month.

3. Update on other key performance issues

A&E 4-hour wait performance has seen a small gradual improvement over the months of quarter 3 at 78.19% in November 2021 (from 77.628% in October). However, during October there were 8 people that waited over 12 hours in A&E at Sheffield Teaching Hospital Foundation Trust (STHFT), all of which had additional factors impacting on the waiting time linked to specific specialist bed requirement and for specialist mental health care. Full timelines and root cause analysis have taken place for these breaches. Full command and control instigated with actions to respond to significant risks that the Trust

is experiencing and ongoing system work to support timely discharge and escalation to Sheffield Health and Social Care to support response around MH delays.

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

Using the Operational Pressures Escalation Levels (OPEL) - which shows the amount of pressure being experienced by the department - the Emergency Department are currently operating at OPEL level 3, defined as the system experiencing major pressures compromising patient flow which continues to increase.

To support with the COVID response and bed space within the ED the team continue to manage ambulatory acutely unwell patients in the minors area of the department whilst majors run at capacity. 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). There are 57 beds currently closed across the trust, no outbreaks currently reported within the community.

The South Yorkshire and Bassetlaw (SYB) ICS is committed to working with NHS Digital to implement the Emergency Department Streaming and Redirection model. This model sees patients completing an electronic triage tool prior to entry into the ED which seeks to stream patients into alternative services across the city. The tool is supported by the NHS pathways triage system & Directory of Service (DoS) which is used by 111. STH ED have implemented a pilot of a non- digital version of the ED streaming & redirection tool in December, over a 2 week period between 08:00- 18:00 on peak days (Mon, Tue and Thursday) manned by a senior triage sister/ ENP's prior to the digital models implementation on 1 February 2022.

The aims of the non-digital pilot is to, before the digital model goes live:

- Identify patient volumes
- Monitor the response to the tool (both patients and staff)
- Identify the most appropriate location of the Streaming Nurse and Care-Coordinator
- Capacity versus demand planning, identifying if the receiving services have the capacity to accept more patients.

YAS continue to experience challenges on their service lines in Sheffield, 999, 111 and PTS. Whilst ambulance turnaround times at acute trusts continue to be excessive against KPI's, patients are waiting longer to get an ambulance response and access to care. These patients then make follow up calls to YAS impacting the ability of YAS to answer incoming 999 calls. The impact on those patents waiting to be triaged, waiting to be responded to and waiting to be handed over at acute trusts is significant. YAS continue to manage serious incidents via their national guidance, internal escalation processes and through reviews of potential patient harm and subsequent investigative action.

The majority of Cancer standards remain under the target requirement. 31 day subsequent treatment (drug and radiotherapy) and 62 day consultant upgrade were met this month. The recently added FDS measure for Cancer Faster Diagnosis has seen a great improvement in performance, from 68.28% in September to 73.39% in October (standard is 75%, national average is 74.3%).

4. COVID-19 and the vaccination programme update

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

The COVID-10 vaccination rollout commenced in December 2020, vaccinating those most at risk from COVID first.

Since then and with the continuously developing situation, the vaccination programme has been massively stepped up to deal with the imminent threat of the Omicron variant. With the aim to offer all patients over the age of 18 a booster dose before the end of December 2021. This is a massive ask and capacity has been stepped up across Sheffield and South Yorkshire to be able to deliver this.

As of 15 December 2021, 419,961 first doses (77.6% of all eligible patients) have been given, 387,701 second doses (92.3% of all eligible patients) and 197,215 (52.0% of all eligible patients) for booster doses. This leaves 182k booster doses to be given in the next 16 days to vaccinate everyone who is eligible.

Sheffield is working together across the city in order to make this happen, there are currently 30 sites in total delivering vaccine in the city. 15 primary care network sites, 14 community pharmacy led sites and the Longley site. 2 more community pharmacy led sites and the Octagon will be opening soon, bringing the total number of sites to 33.

The vaccine delivery is supported by Sheffield Teaching Hospitals, Sheffield Council and we are looking at further support from other partners such as the army, the fire service, St Johns ambulance and voluntary groups.

We continue to work across the community to ensure vaccination reaches those who struggle to access NHS services. This included putting up pop up clinics in areas of low uptake and working with community groups to encourage uptake.

Significant numbers of Sheffield CCG staff have also been redeployed to support vaccination provision, data entry and booking patients into vaccination clinics.

5. Seasonal Influenza Programme Update

There is national concern that the UK will experience higher levels of seasonal flu this year. This is anticipated due to the low levels of flu circulating last year, social distancing, mask wearing thus creating less overall exposure and natural immunity. All vaccinators are being encouraged to vaccinate against flu as quickly as possible to avoid high numbers of infections. Where possible the flu vaccine can be co-administered with the covid booster vaccination. Eligibility has been extended to all children up to 15 years old and everyone over 50 years old. There have been some national delays in stock delivery and Practices are vaccinating into December whereas they would normally be almost completed by the end of November 2021.

For the first time GP practices can vaccinate all residents and all care home staff. Weekly returns have been made to NHSE detailing dates of vaccination visits for care homes for the elderly.

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

Housebound patients have historically been one of the most difficult cohorts to vaccinate. All practices were asked whether support was required with their housebound population. A plan has been put into place to use STHFT capacity to cover 50% of some practices housebound list. STH have delivered the agreed vaccinations earlier than anticipated (almost complete by early December rather than January) and so they have agreed to use the remaining capacity to support any practices still struggling with vaccinating their housebound. This process is being supported by the Locality Managers.

Additional work has been undertaken to vaccinate patients with a learning disability, rough sleepers and those with substance misuse issues. A national call and recall system has been launched aimed at 2 and 3 year olds and local work has taken place to increase uptake amongst pregnant women.

Flu vaccinations have been made available for CCG staff via a variety of options e.g. clinics at 722, vouchers and reimbursement through expenses.

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

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

6. Supporting our CCG staff, their welfare and development

We continue to seek staff feedback via the monthly staff temperature check. This survey is an opportunity for staff to share what is working well and if they have any concerns or

suggestions. It is used to help the senior management team and HR understand how staff are feeling, what is working well, what the challenges are and what could be done to support staff during these unusual times we are all facing. Staff Forum also play an active role in analysing the results and communicating with deputy directors about potential actions.

Additional information has been added to the analysis of the November information. In October there was a fall in the 'work situation' measure but this is back up to previous levels in November. A word cloud of how staff are feeling has been introduced which highlights the most common themes of 'too much work', 'uncertainty regarding the ICS' and 'struggling with mental health'.

The CCG continues to ensure that there is a range of support and signposting in place for staff linked to these issues and information about mental health and maintaining wellbeing is available on the intranet. There are also workshops being run to bring together staff in similar functions across South Yorkshire to meet each other and contribute to shaping the future ways of working together.

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

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

7. System Priorities and Operational Planning: October 2021 - March 2022

In March 2021 NHSE/I published a set of 6 priorities for the year ahead. In September these were reviewed and agreed to still be the priorities to focus on up to March 2022. Within the attached dashboard are a selection of these priorities have been brought together to show the plans up to March 22 against current performance. These include Elective Activity, Waiting List sizes and Cancer standards.

Further details on each work area can be found alongside the data in the dashboard.

8. Action / Recommendations for Governing Body

The Governing Body is asked to discuss and note:

- Sheffield performance on delivery of the NHS Constitution Rights and Pledges
- Key issues relating to the CCG workforce and their views and experiences

- A position statement regarding COVID-19 and the vaccination programme plus the Seasonal Influenza Programme Update.
- Planning priorities up to March 22.

Paper prepared by: Rachel Clewes, Senior Performance Analyst

Lucy Barker, Performance Assurance Manager

Tracey Standerline, Deputy Director of Information and Performance

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

20 December 2021

Performance & Delivery Report 2021/22

for the January 2022 papers
for the Governing Body

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- 3.1 Sheffield Covid-19 update

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- 4.1 Priorities and Operational Planning 2021-22

1.1 NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q2 21/22**	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 2 2021/22, 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%		77.29%	Oct-21		76.91%	68.67%		
	No patients wait more than 52 weeks for treatment to start	0		740	Oct-21		885	384		
Diagnostic test waiting times	Patients wait 6 weeks or less from the date they were referred	99%		83.30%	Oct-21		83.86%	69.11%		
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	79.25%	78.19%	Nov-21		73.03%	92.80%		
	No patients wait more than 12 hours from decision to admit to admission	0		8	Nov-21		8	0		
Cancer Waits: From GP Referral to First Outpatient Appointment	2 week (14 day) wait from referral with suspicion of cancer	93%	84.10%	90.88%	Oct-21		91.00%	100%		
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	51.20%	63.70%	Oct-21		64.43%	-		
Cancer Waits: From Diagnosis to Treatment	1 month (31 day) wait from diagnosis with suspicion of cancer to first treatment	96%	89.33%	89.33%	Oct-21		93.05%	100%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	100.00%	99%	Oct-21		99.12%	100%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	95.42%	98.75%	Oct-21		97.89%	-		
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	79.55%	69.05%	Oct-21		84.68%	100%		
Cancer Waits: From Referral to First Treatment	2 month (62 day) wait from urgent GP referral	85%	64.60%	66.39%	Oct-21		65.19%	-		
	2 month (62 day) wait from referral from an NHS screening service	90%	69.35%	78.95%	Oct-21		80.85%	-		
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient	(85% threshold)	86.44%	90.91%	Oct-21		81.55%	-		
Cancer Waits - Faster Diagnosis Standard	28 Day Faster Diagnosis Standard (from Q3 2021/22)	75%	68.08%	73.39%	Oct-21		73.25%	100.00%		

1.1 NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q2 21/22**	CCG Latest monthly Position		CCG Performance against standard (latest 6 months)*	Latest Provider Total Monthly Position			
							Sheffield Teaching Hospital	Sheffield Children's Hospital	Sheffield Health & Social Care	Yorkshire Ambulance Service
Ambulance response times	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins		11mins 4secs	Oct-21					11mins 4secs
	Category 1 calls resulting in an emergency response arriving within 15 minutes (90th percentile response time)	15 mins		18mins 44secs	Oct-21					18mins 44secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		43mins 40secs	Oct-21					43mins 40secs
	Category 2 calls resulting in an emergency response arriving within 40 minutes (90th percentile response time)	40 Mins		1hrs32mins33secs	Oct-21					1hrs32mins33secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		5hrs33mins17secs	Oct-21					5hrs33mins17secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		7hrs52mins54secs	Oct-21					7hrs52mins54secs
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		30.09%	Nov-21		52.30%	9.01%		30.09%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		11.99%	Nov-21		22.61%	0.00%		11.99%
	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		11.30%	Nov-21		6.21%	7.21%		11.30%
	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		0.86%	Nov-21		0.75%	1.80%		0.86%
Mixed Sex Accommodation (MSA) breaches	Zero instances of mixed sex accommodation which are not in the overall best interest of the patient	0		0	Oct-21		0	0	0	
Cancelled Operations	Operations cancelled, on or after the day of admission, for non-clinical reasons to be offered another date within 28 days	Local Reduction	13				7	6		
	No urgent operation to be cancelled for a 2nd time or more	Local Reduction		0	Jan-20		0	0		
Mental Health	People under adult mental illness specialties on CPA (Care Plan Approach) to be followed up within 7 days of discharge	95%	95.65%		Sep-21				100%	

1.1 NHS Constitution Measures Performance Dashboard

Performance Indicator	Target	CCG Quarterly Q2 21/22**	CCG Latest monthly Position	CCG Performance against standard (latest 6 months)*	Latest Provider Total Monthly Position			
					Sheffield Teaching Hospital	Sheffield Children's Hospital	Sheffield Health & Social Care	Yorkshire Ambulance Service

Mental Health / DTOC Measures Performance Dashboard

Early Intervention in Psychosis (EIP)	Proportion of EIP patients seen in 2 weeks	60%		78.00%	Sep-21			-	80.00%	
Q1 21/22										
Improved Access to Psychological Therapies (IAPT)	IAPT access rate: proportion of people with depression/anxiety entering NHS funded treatment during reporting period	4405	3660		Jun-21				1.72%	
	Proportion of IAPT patients moving to recovery	50.00%	50.70%		Jun-21				50.69%	
	Proportion of IAPT patients waiting 6 weeks or less from referral	75.00%	92.60%		Jun-21				98.34%	
	Proportion of IAPT patients waiting 18 weeks or less from referral	95.00%	98.80%		Jun-21				100%	
Dementia Diagnosis	Estimated rate of prevalence of people aged over 65 diagnosed with dementia	71.5%		70.40%	Oct-21					
Q3										
Delayed Transfers of Care (DTOC)	Total number of delayed days (from acute and non-acute) when a patient is ready for discharge but is still occupying a bed	4,212 (Qtr target)	3,828	1,670	Jan-20		1,466		71	
No individual provider target for DTOC bed days										

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
<p>RTT & Diagnostics</p>	<p>Our providers continue working to recover elective activity considering what measures they can put in place, including use of the Independent Sector, to deliver the levels of activity required in the national Planning Guidance. This involves taking a phased approach, considering clinical prioritisation, and treating those people who have been waiting the longest to reduce backlogs which have been created during the pandemic, as well as managing new referrals. Capacity continues to be constrained by the physical distancing and infection control measures which need to be in place to deliver services safely in the context of COVID -19. Provisional November figures suggest a decrease in performance at 76.97% from 77.29% in October.</p> <p>The ongoing constraints on bed capacity which are needed to ensure infection control will continue to adversely impact delivery of waiting time standards. All elective specialties are affected. Both STH and SCFT will be providing ongoing wait list analysis as part of resumed contracting functions. In line with the 2021-22 Planning Guidance, both acute Trusts are exploring how they can safely maximise the use of non-face to face outpatient appointments and virtual consultations, as well as understanding how outpatient activity may be reduced where there is low clinical value, in order to allow for capacity to be redeployed elsewhere, this includes increasing mobilisation of Advice and Guidance and Patient Initiated Follow-up. Planning Guidance from NHS England has asked Trusts to initially focus on whole pathway transformations and improve performance in three specialties, cardiac, MSK and eye care.</p> <p>Long Waiters A process is currently underway whereby STH are reviewing the PTL line by line to identify who they can/ should give a date to and who they cannot because there currently isn't a pathway e.g. complex ortho and spinal surgery as their ward is currently being used as a COVID cohort ward.</p> <p>Alongside this the Trust are tracking the plans at a patient level and offering additional operational support from the COO office to make sure these patients are prioritised where it is possible to put a plan in place. E.g swapping lists between specialties and unblocking barriers.</p>	<p>Operational guidance from NHS England has asked Trusts to protect capacity for the highest priority patients in greatest clinical need, as well as being mindful of addressing health inequalities/</p> <p>The CCG has been working with our provider Trusts to submit plans to both achieve this requirement clear the backlog of long waiters. These plans will reflect that SYB has recently been approved as an Accelerator Site.</p>	<p>None</p>
<p>RTT 52 week waits - CCG information</p>	<p>In October, 740 Sheffield patients were waiting over 52 weeks for their surgery or procedure, this has increased from 715 in September. In October there were 14 patients waiting over 104 day (doubled from previous month). These fourteen patients are not at STH, 5 are at SCH, 5 at Chesterfield Royal Hospital, 1 waiting with Hull University Hospitals, 1 at Univesity Hospitals of Leicester NHS Trust, 1 at UNIVERSITY Hospitals Birmingham NHS FT, 1 at Nottingham University NT, and 1 at Norfolk and Norwich University HNFT. In response to these long waiters, NHSE/I have request an urgent focus on this cohort of patients along with the cohort currently waiting at 82+ weeks are offered a confirmed next appointment or TCI date before the end of March 22. Furthermore, that 100% of non-admitted patients in the 82 weeks+ cohort are offered appointment dates byt the end of November and seen by end December. Provisional figures for November show an increase/decrease in numbers CCG level up to 773 waiting over 52weeks.</p>	<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.</p> <p>The plans to clear the backlog of long waiters are referenced above with a specific aim to book next appointment or TCI for patients at 82 weeks+ on the incomplete pathway by end of financial year. For non-admitted patients in the 82 weeks+ cohort to be offered appointment dates by the end of November and seen by end December, thereby allowing sufficient time for any consequential treatments to take place.</p>	<p>None</p>

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
<p>RTT 52 week waits Sheffield Children's NHS FT</p>	<p>The data in the dashboard for Sheffield Children's NHS FT (SCFT) shows the numbers waiting over 52 weeks has reduced in the last month, in October there were 384 patients compared to 427 in September. There are 15 patients waiting 104 days plus, 5 of which are Sheffield CCG patients. Provisonal figures from SCH suggest there were 388 patients waiting over 52 weeks at the end of November a slight increase on the 384 waiting in October. In November, 118 patients who were waiting over 52 weeks were treated or discharged (75 of these were admitted for treatment). Sixty four 52 week breaches were in the Medicine Care Group and the rest were in Surgery Care Group.</p> <p>Provisonal November RTT overall figures at SCH indicates an increase in performance to 69.30%. The number of patients waiting over 18 weeks has increased by 42 to 3684. This is a much smaller increase than what has been seen in the previous months. The number waiting under 18 weeks has increased by 332. RTT performance will remain low whilst this blended approach to treating patients is in place. This process has been agreed through the Trust Harm Panel which is overseen by the Executive Medical Director. A similar approach to prioritising and booking patients based on potential clinical harm is being reviewed by the ICS using a similar model to that implemented by SCFT.</p> <p>Regarding long waiters, the Trust is also booking patients with waits of 90+ weeks to ensure they are also seen, regardless of their clinical priority. All patients are RAG rated when they are listed for surgery and these ratings are reviewed by clinicians periodically to assess whether patients presentations have changed.</p>		
<p>RTT 52 week waits Sheffield Teaching Hospital NHS FT</p>	<p>For October, 889 patients were waiting over 52 weeks at STH - this is not just Sheffield CCG patients - an increase has been seen since August. The long wait position continues as theatre and bed capacity has been restricted due to COVID-19 but there are plans in place to improve the situation.</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>Cancer Standards Several of the Cancer Waiting Times targets were not met at CCG level in October 2022, of the 10 measures, 7 did not meet national standards.</p> <p>STH NHS FT are working towards the trajectory for numbers of patients waiting which was agreed in February 2021 and were on track to deliver when the plans were submitted in mid November; however the trajectory will be challenging to deliver. STH has employed navigators to support patients through their cancer pathway; one of the aims of this has been to reduce DNAs. Key risks identified for STH are: workforce capacity, particularly in Oncology; winter pressures: COVID impact on staff and on critical care beds.</p> <p>Sheffield Children's NHS FT has continued to run cancer services at full capacity throughout the pandemic and referrals have remained steady, with standard levels of growth anticipated. The Trusts has identified workforce capacity as their key potential risk.</p> <p>PTL Waiting Lists STH's PTL is currently growing at around 1,500 patients per month, despite high levels of activity. Trust wide validation is underway to ensure that the PTL remains accurate and up to date; this is expected to conclude in January 2022.</p> <p>SCNFT has seen increasing levels of referrals over recent months and the list size continues to grow. SCT does not expect to deliver the objective of a waiting list which has stabilised at the level seen in September 2021. A number of actions are in place to boost capacity and maximise efficiency, and to undertake clinical reviews of patients on the list. including recruitment of additional administrative roles to underpin this work.</p>	<p>The COVID pandemic continues to impact the pathways and work to reduce the backlog of patients remains high priority. Nationally, the ask was to return to pre-pandemic levels in the second half of 2021. Trusts have acknowledge this request and have submitted plans to aim to meet this trajectory whilst recognising in some areas this will not be achievable.</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>
12 hour waits to admission from decision to admit (Trolley Waits)	<p>Unfortunately, 8 patients experienced what is known as a "trolley wait" in excess of 12 hours in November. This means a patient waited more than 12 hours from a decision to admit to admission at STH. This does not necessarily mean that the patient was literally sitting on a trolley in A&E, but rather that they were being cared for in an acute setting, in the temporary absence of the right onward accommodation being available. This can happen at times of very high pressure in the system, or when a patient has complex needs which require a specialist response (as was the case with these patients, who needed specialist inpatient mental health care).</p> <p>There were a number of additional factors in relation to these patients,</p> <ol style="list-style-type: none"> 1. Access of transport to specialist beds, including MH 2. Bed delays/capacity in AMU 3. Changes to clinical condition impacting on patient pathway <p>SCH report zero 12 hours trolley waits in November.</p> <p>As part of a local NHSE mental Health summit STH now have a process which they follow in relation to supporting the escalation of patients awaiting a mental health admission. Work is ongoing based on the learning between STH and SHSCT which should hopefully soon provide further support to on call colleagues of what should be being done both STH teams and the SHSCT teams in such circumstances.</p>	<p>Pressures on specialist mental health inpatient services continue, for both adults and young people, and this situation is being monitored during the weekly system calls between CCGs, providers and NHS England.</p>	<p>None</p>

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
A & E Waits	<p>A&E – STHFT’s A&E Department remain under significant operational pressure with demands exceeding available capacity, pressure for both COVID & non-COVID admissions and walk in patients. Workforce remains a key area of risk further impacting on flow through the department and the organisation. The clinical decisions unit is well utilised throughout the day and additional COVID capacity reopened in the A&E dept. to support safe patient assessment.</p> <p>There is a trust wide bed plan utilising all available staffed surge capacity. The trust have been unable to open any further capacity due to available staffing. Full command and control instigated with actions to respond to significant risks that the Trust is experiencing and ongoing system work to support timely discharge and escalation to Sheffield Health and Social Care to support response around MH delays.</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.</p> <p>Emergency Department Streaming and Redirection:</p> <p>The South Yorkshire and Bassetlaw (SYB) ICS is committed to working with NHS Digital to implement the Emergency Department Streaming and Redirection model. This model sees patients completing an electronic triage tool prior to entry into the ED which seeks to stream patients into alternative services across the city. STH ED have implemented a pilot of a non- digital version of the ED streaming & redirection tool on 14.12.2021 over a 2 week period between 08:00- 18:00 on peak days (Mon, Tue and Thursday) manned by a senior triage sister/ ENP’s prior to the digital models implementation on 01.02.2022.</p> <p>YAS continue to experience challenges on their service lines in Sheffield, 999, 111 and PTS. Whilst ambulance turnaround times at acute trusts continue to be excessive against KPI’s, patients are waiting longer to get an ambulance response and access to care. Serious incidents due to delays in response have become the most frequently reported over the past 6 months. YAS continue to manage this via their national guidance, internal escalation processes and through reviews of potential patient harm and subsequent investigative action.</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 handover / crew clear times	<p>There were a number of significant delays during the last month in Sheffield and wider South Yorkshire. STH and YAS are working closely together to mitigate these issues.</p> <p>The Operational Lead for the Care Group and continues to liaise with YAS Clinical Supervisors to coordinate crews for patients arriving at A&E and being transported out of A&E. Command structures initiated to respond to increased operational demands linked to COVID combined with other non-elective pressures. The overall situation remains challenging.</p>	<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.</p>	<p>To be aware of ongoing pressures and to continue to endorse the approach being taken by YAS to improve performance.</p>
Ambulance Response Times (ARP)	<p>Cat 1-4 Performance</p> <p>No national performance targets were met in October. Performance times for all categories remain exceptionally high, with longer response times seen for most measures compared to last month.</p> <p>A greater demand in more urgent categories coupled with high job cycle times and an increase in overall demand on the service continue to impact on resource availability and impact performance.</p> <p>Abstractions were 0.1% lower than forecast for October, increasing 0.5% from September. Compared to October 2020, abstractions are up by 3.6% and availability is down by 3.1%.</p> <p>Weekly staff hours have increased compared to September by approximately 1,600 hours per week, though Double Crew Ambulance (DCA) jobs times have also lengthened by 2 minutes 25 seconds compared to September. These effectively cancelled each other out with availability reduced by 0.01% from September.</p> <p>YAS received 176,300 calls in Oct, 16.3% above the planned baseline demand, year to date offered calls were also 16.3% above the baseline. Of calls offered in October, 133,084 calls (75.5%) were answered, 4.9% more than were answered in September, and 12.1% lower than the number of calls answered in October 2020.</p> <p>Recent exceptional demand and staff availability challenges have heavily impacted on call performance metrics.</p>	<p>Progress continues to be closely monitored.</p>	<p>None this month.</p>

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Mental Health Measures Performance Dashboard: Actions			
Improved Access to Psychological Therapies (IAPT)	<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.</p> <p>CCG Reporting Indicator 'IAPT % receiving psychological therapies month' was previously reported as a rate of access to services, this is now reported as the number of people entering treatment nationally. To enable us to report on this activity we have mirrored the national reporting method, which also means it will be reported quarterly. NHSE have provided a standard based on a linear trajectory from Q1 2020/21 to Q4 2020/21.</p> <p>Patient-level data was unavailable for IAPT indicators in Q1 2021-22, and for Q3 and Q4 2020-21, therefore published rounded figures have been used for these measures. Region-level data has not been published and has therefore been calculated from rounded STP figures. Q2 2020-21 has not been published by NHSD as the dataset version changed during the quarter. It is worth noting that nationally the terminology for IAPT is currently under review.</p> <p>Local Action Access - COVID has had a significant impact on IAPT services nationally and in Sheffield. The SHSC service is currently working to increase access to services. There are various delays that have affected meeting this target in October within the SHSC HR processes and also the SHSC estates. The IAPT service has plans to gradually move back to a face to face service and has delivery plans to increase access in line with long term plan expectations.</p> <p>Waiting Times Continues to exceed service waiting time target at SHSC, with 100% of services users seen within 18 weeks of referral in September 2021. Other Highlights/Achievements/Concerns from a SHSC perspective: <ul style="list-style-type: none"> •Website update and rebrand is progressing ahead of schedule •Concern re further HR delays in people starting in post •Regular HR meeting to offset risks •Estates continue to be a risk for IAPT. There are still two IAPT teams displaced from Argyll House with no regular base. IAPT is expanding to meet the Long-Term plan and this continues to pose a challenge. Uncertainty regarding the use of Grenoside could impact on the service delivery and staff wellbeing. •Met with primary care, awaiting coordination of rooms available across primary care to start allocating staff to Primary Care Networks for f2f clinics from April 2022 based on patient preference. Currently patients are seen f2f based on clinical need, equality issues or barriers to accessing treatment •Meeting with Strategy and Estates leads in place regarding IAPT estates </p>	Ongoing	Governing Body is asked to continue to receive these updated position statements, until this standard is delivered consistently.
IAPT Moving to Recovery	<p>The IAPT recovery rate was expected to be lower, as some people have dropped out of treatment due to COVID. The rate of people 'moving to recovery', has remained above target since May. The service is continuing to undertake an intensive piece of work to ensure that patients have the best opportunity to reach recovery and is one of the key service objectives during 21/22.</p> <p>Recovery rates are expected to fluctuate over Autumn and Winter. There is a comprehensive plan on improving recovery rates in place. There are multiple counsellors engaging in training at the moment as mandated by NHS England which has seen a fluctuation in recovery rates however this is showing signs of stabilising. Plans in place to improve recovery rates in courses are coming to fruition.</p>	Although NHS England have restored national standards it has been made clear from the National IAPT team that they are not enforcing performance management of these standards.	Governing Body is asked to continue to receive these updated position statements, until this standard is delivered consistently.

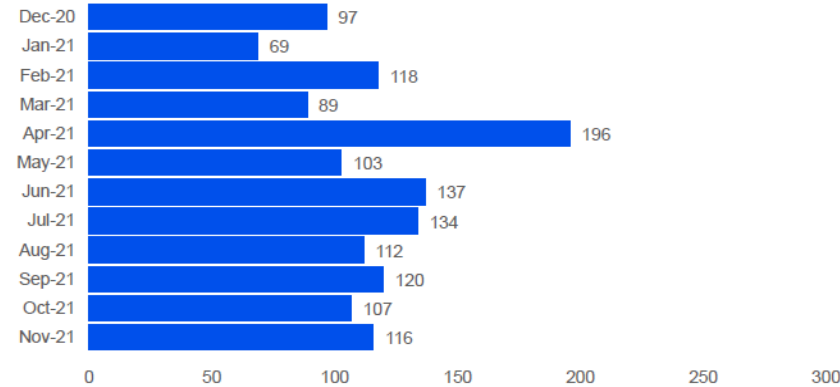
1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Dementia Diagnosis	<p>Our local Dementia Diagnosis target has not been achieved; however we are exceeding the national target and South Yorkshire & Bassetlaw (SYB) benchmark. As at October 2021, 70.7% of people aged 65+ who are estimated to have dementia in Sheffield were diagnosed. This is against the national target of 66.7% and local target of 71.5%. Nationally it has been acknowledged that diagnosis rates has been impacted by the pandemic. Due to our good performance prior to COVID, our current diagnosis rate (although decreased) is still above the national average (61.8%) and SYB average (68.5%). However, like other areas we have seen a decline in performance since the pandemic; with some improvement (broadly maintained) this since February 2021.</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 post-diagnostic dementia care during the pandemic. For example, the Primary Care and Acute Trust dementia diagnosis protocol/guidance was updated last year and has been widely promoted. The dementia online session/instructional video on dementia diagnosis, as part of our "dementia lunchtime learning" programme for health and social care staff took place in March 2021 and is available as a recording for staff. Feedback on the session was very positive, with the majority of participants stating that they were more confident in supporting diagnosis after the session. Feedback was also sought about challenges in diagnosis, which will help inform future work. Comments included "Getting the individual willing to have an initial screening at the GP", "Timescales and uncertainty whilst waiting" and "Long wait for memory clinic". As at end of April 2021, the average waiting time from referral to assessment with Memory Service was 18.4 weeks, with 414 people waiting at month end.</p> <p>CCGs have been allocated some non-recurrent dementia diagnosis recovery funding from NHSE from June 2021 (until March 2022). The funding is intended to enhance the support of people waiting for an assessment and post diagnosis. Investments are being rapidly finalised. Plans will include additional capacity within the Memory Service and will build on the existing VCSE services (funded through the SCC and CCG joint dementia commissioning plan) which support people within their local community. Plans will respond to local feedback from the recent survey, and from the Experiences of dementia by ethnic groups under-represented in Sheffield services project.</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.

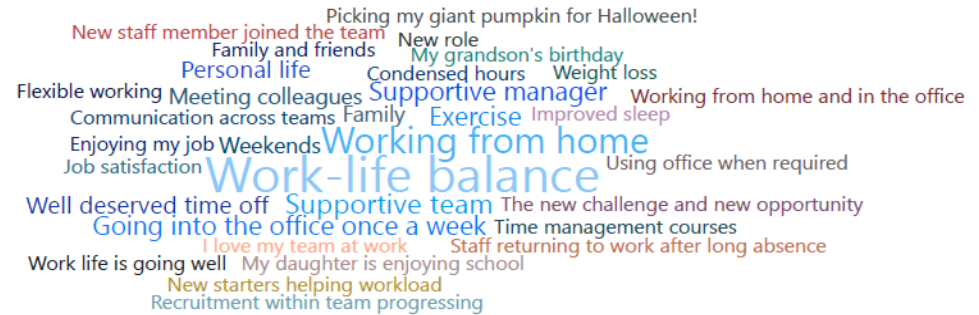
2.1 Sheffield CCG HealthCheck Report: Monthly staff temperature check

Sheffield CCG Staff Temperature Check Nov-21

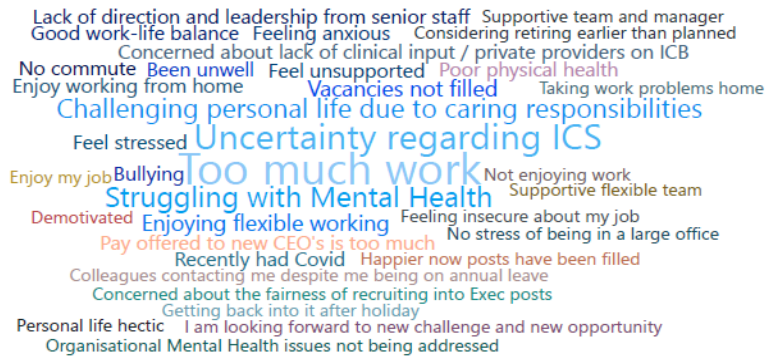
Number of responses



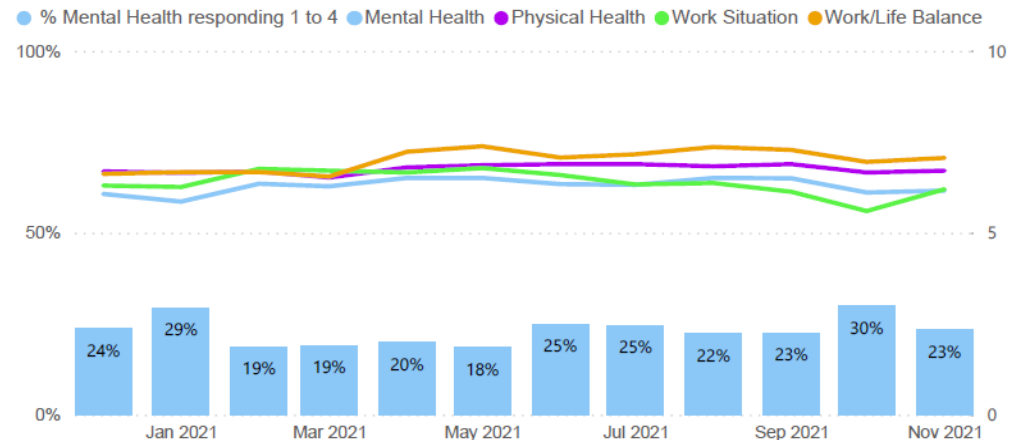
What is going well?



How are you feeling?



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



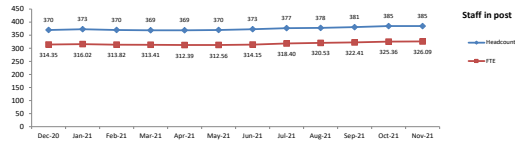
If you need further analysis then please contact the Information Team.

2.2 NHS Sheffield CCG HealthCheck Report: Human Resources Indicators

NHS Sheffield CCG HR Data as at 30 November 2021

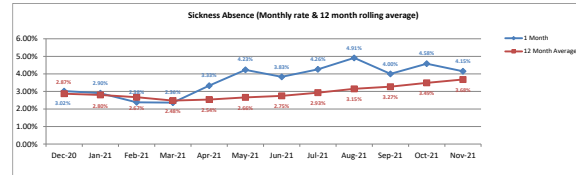
Staff in Post

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



Sickness Absence

The monthly sickness absence rate for November was 4.15%. Although this has reduced since the previous month, it is still above the organisational target of 3%.



Staff Ethnicity in Sheffield CCG

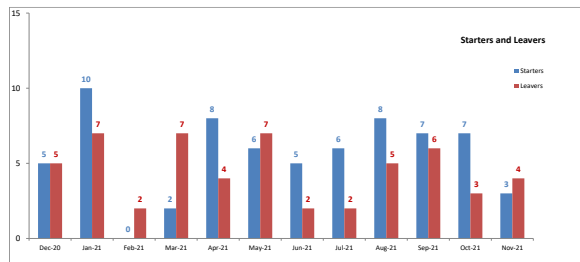
The current ethnic breakdown for Sheffield CCG staff

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

** Source - Joint Strategic Needs Assessment, 2011 Census

Starters and Leavers

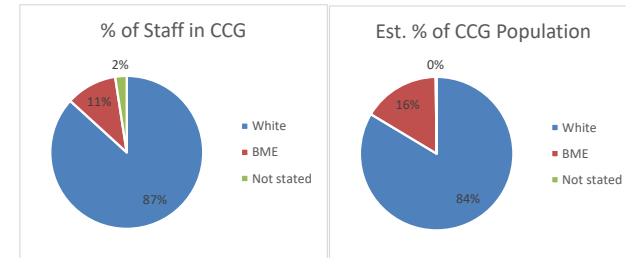
The graph below shows starters and leavers from 1 December 2020 – 30 November 2021:



Mandatory and Statutory Training

The organisational target for all mandatory and statutory training is 100%. Monthly compliance reports are provided to Deputy Directors.

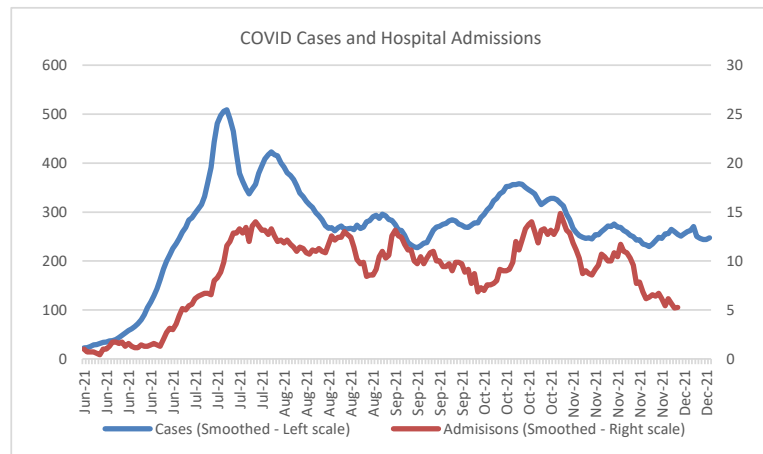
Training Category	Completion %
Directly Employed Stat/Mand completed	
Fraud	89%
Prevent	95%
Risk	92%
Bullying and Harassment	79%
Managing Conflicts of Interest Module 1	80%
Data Security	91%
Equality and Diversity	91%
Fire Safety	85%
Health and Safety	89%
Infection Prevention and Control	90%
Moving and Handling	85%
Safeguarding Adults	89%
Safeguarding Children	90%



3.1 Sheffield CCG Covid-19 update - Key Messages December 2021

Testing

- As at 13th December 2021, Sheffield had recorded 18972 positive test in the previous 7 days
- As at 13th December numbers testing positive was still not rising rapidly. Cases per day has been in the range 200-300 since early November.
- Admissions still seem to lag by around 2 weeks from peaks.
- As at 20th December Booster rollout is hitting larger numbers, with over 10,000 reached in Primary Care hubs on the weekend 18-19th.

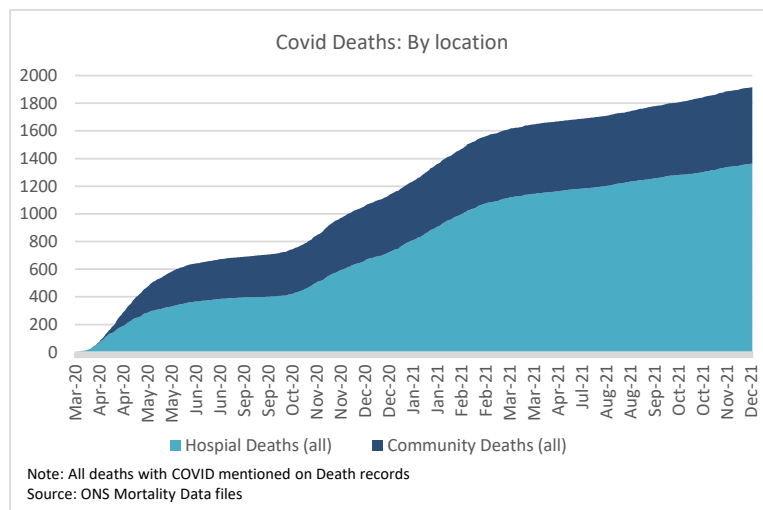


Hospitalisations

- There have been an average of 8 hospitalisations per day for Covid-19 in the past 28 days. Bed occupancy remains broadly flat.

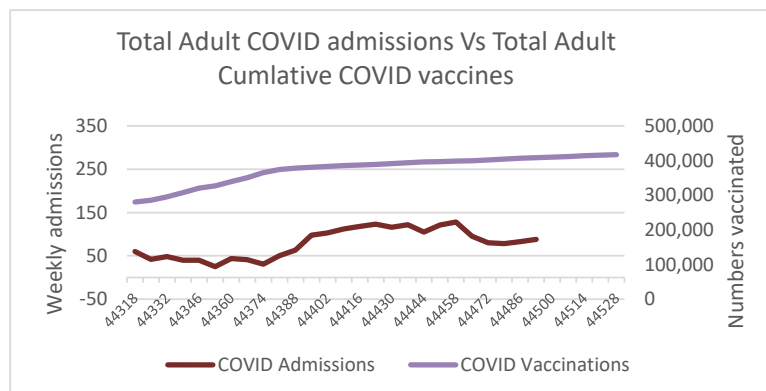
Deaths

- As of 1st December there have been 1913 deaths registered for Sheffield Patients with a mention of Covid-19 on the death certificate.
- 1361 of these were in hospital and 552 were outside hospital. Based on registered deaths, Sheffield is recording an average of 1 deaths a day based on the previous seven days.
- Community deaths represent 28.8% of the total Covid-19 deaths currently registered in Sheffield, mainly occurring in Care Homes



Covid Vaccinations

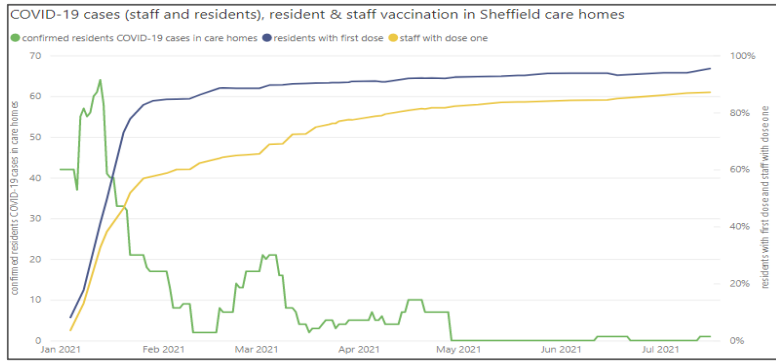
- As of 15/12/21, 419,961 first doses (77.6% of all eligible patients) have been given, 387,701 second doses (92.3% of all eligible patients) and 197,215 (52.0% of all eligible patients) for booster doses.
- This leaves 182k booster doses to be given in the next 16 days (at time of publishing) to vaccinate those eligible.



3.1 Sheffield CCG Covid-19 update - Key Messages December 2021

Covid Vaccinations in Care Homes

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



2021/22 Priorities and Operational Planning: October 2021 - March 2022

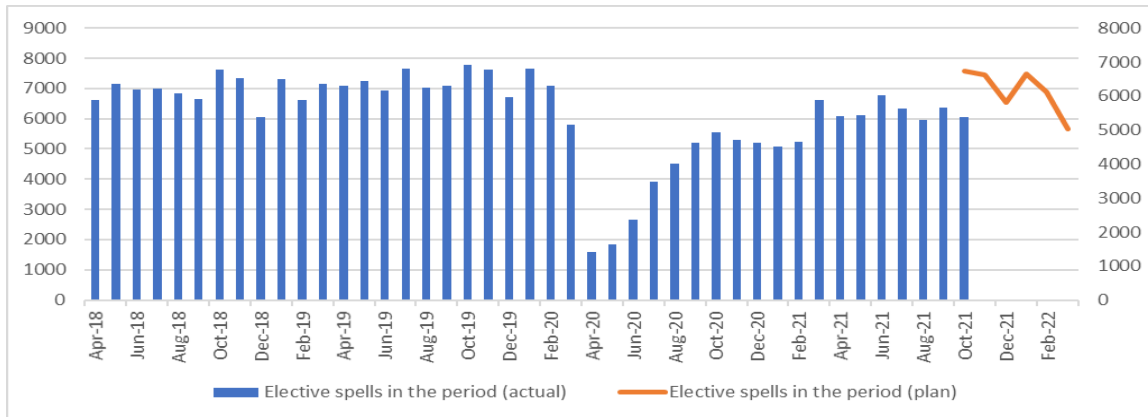
Following the 21/22 planning priorities and operational guidance set out in March, a review at these priorities was taken in September and the 6 areas set out in March remained the priority. Below, brings together some of these key priorities showing actual vs. trajectory.

Elective Activity

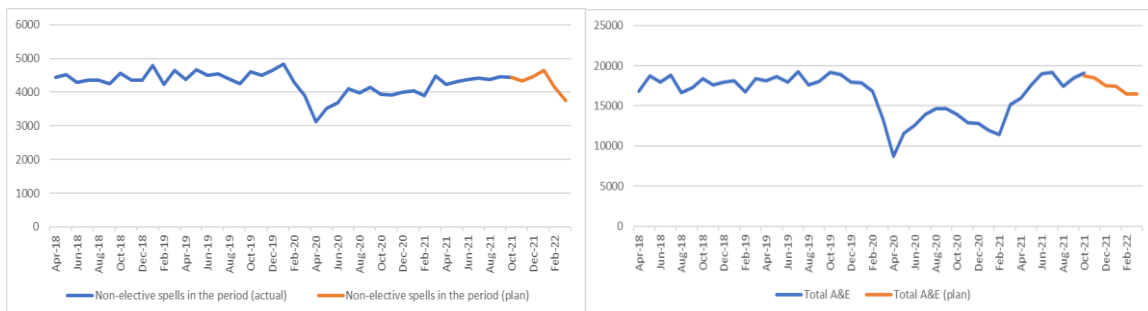
During the first half of 21/22 elective activity began to see a rapid recovery following the impact of COVID-19. However, due to the rise in COVID-19 admissions and non-elective pressures, workforce constraints in the system the recovery was slowed considerably.

The aim is to return to (or exceed) pre-pandemic levels activity, ensuring patients waits are reduced and prevent further lengthening of waiting lists.

Waiting list sizes are currently growing, despite high levels of activity with the Trusts. At STH, a Trust wide validation is underway to ensure that the PTL remains accurate and up to date; this is expected to conclude in January 2022. At SCH the picture for activity is very similar. SCH activity has stabilised at the September 2021 level, which is expected to remain the case over the coming months. A number of actions are in place to boost capacity and maximise efficiency, this includes clinical reviews of patients on the list and recruitment of additional administrative roles to underpin this work.



Non-elective Activity



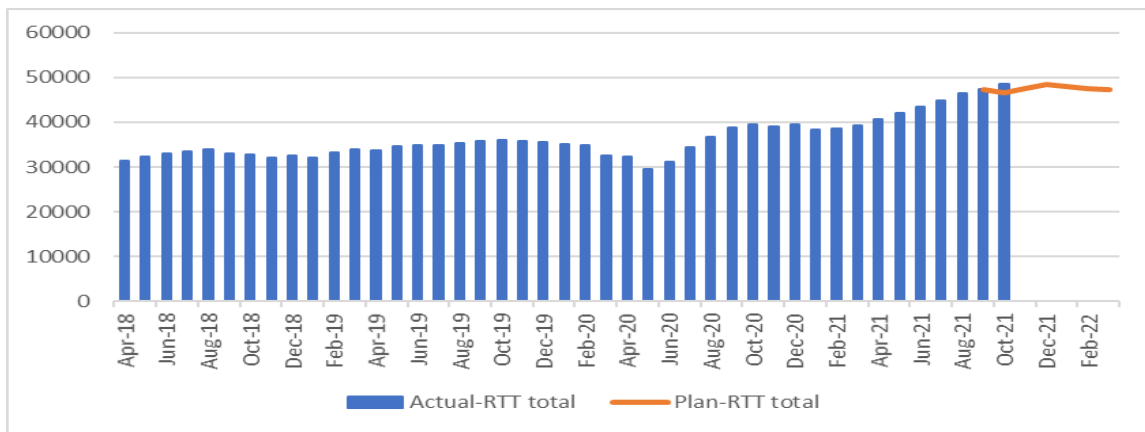
Referral to Treatment (RTT) Waiting times

The ambition is for systems to:

- Eliminate waits over 104 weeks by March 2022 except where patients choose to wait longer
- hold or where possible reduce the number of patients waiting over 52 weeks. We will work with systems and providers to agree individual trajectories through the planning process
- stabilise waiting lists around the level seen at the end of September 2021

Since the planning guidance was issued, a further request was issued regarding 104wk+ waiters, ensuring that:

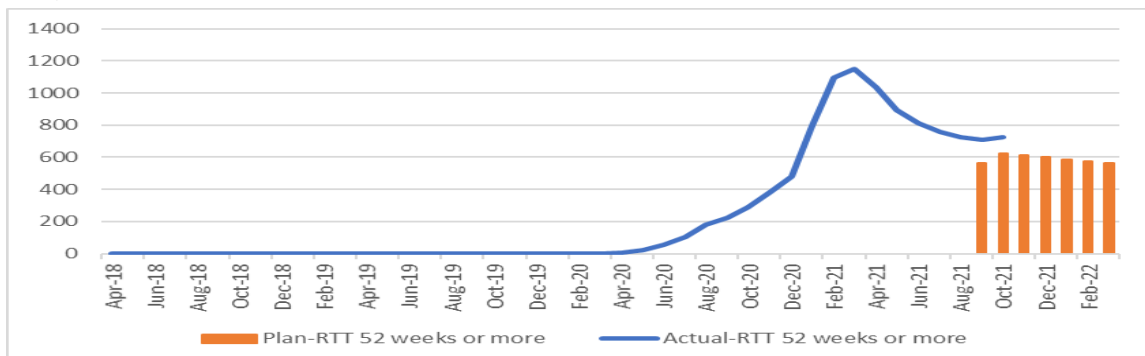
- 100% of patients in the 82 weeks+ cohort are offered a confirmed next appointment or TCI date and that activity is booked now to the end of the financial year
- 100% of non-admitted patients in the 82 weeks+ cohort are offered appointment dates by the end of November and seen by end December, thereby allowing sufficient time for any consequential treatments to take place
- In dating patients, all available capacity is used, including independent sector and other providers.



RTT 52 week+ waiters

STH is expected to hold Septembers level of activity up to March 2022. Bed availability (both general and HDU / ITU), staff sickness, winter pressures are the risk factors highlighted. The Trust's Performance and Caseload Oversight Group regularly reviews patients by clinical priority and the Seamless Surgery Board oversees the matching of capacity to the longest wait pathways.

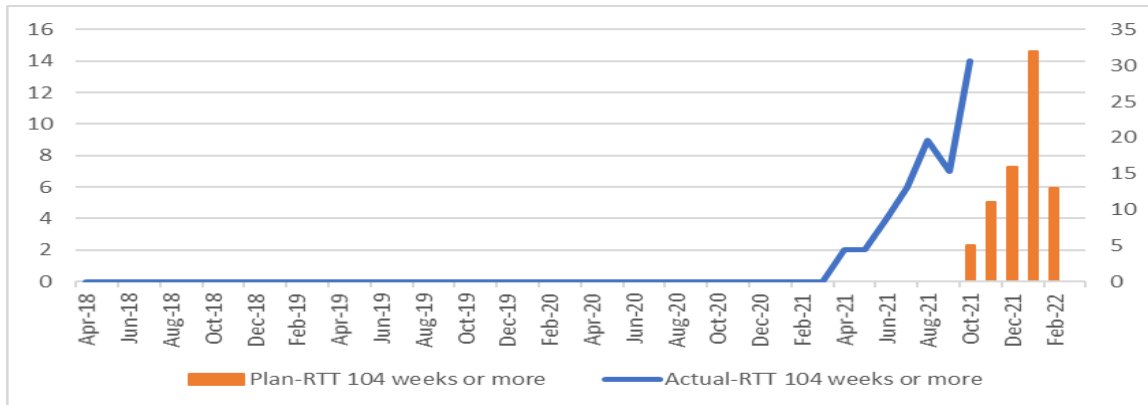
SCH has seen the number of 52 week and over waiters reducing each month since March 2021 and is forecast to continue to reduce; however SCH does not expect to clear the backlog fully by the year end. Additional clinics and theatre lists are being delivered. Non clinical spaces are being converted into clinics and the Trust is also looking at offsite space. Capacity is focussed on patients most at risk of clinical harm and those who have been waiting the longest.



RTT 104 week+ waiters

At STH, the longest waits are in STH's MSK services; work is under way to re-open MSK services at the Royal Hallamshire Hospital, including critical care capacity, which would enable longer waiting patients with more complex needs to be treated. Discussions were under way in November with independent sector providers in Leeds to open additional spinal surgery capacity. STH regard constraints on critical care capacity as the highest risk factor around reducing 104 week waiters – as well as COVID related staff absence.

The SCH trajectory submitted in November is based on assumption that 104 week and over waits will be eliminated by 31 March 2022. Senior manager tracking is in place to support all patients waiting over 90 weeks to progress them to first definitive treatment. This focuses on removing all obstacles e.g. prioritising theatre slots and includes contingency planning. Additional theatre lists are taking place at weekends and through use of independent sector. These patients are however often the most complex requiring co-ordination of specialist staff across multiple disciplines. The key risk remains impact of COVID causing staff absence, and any increase in occupancy in HDU / ITU (eg from childhood respiratory viral diseases) will impact on electives.



Cancer Standards

The planning guidance contains two specific requirements for cancer services:

- Number of people waiting longer than 62 days to return to February 2020 level by March 22
- Meet the Faster Diagnosis Standard (FDS) from Q3, ensuring at least 75% of patients will have cancer ruled out or diagnosed within 28 days of referral for diagnostic testing.

STH are working towards the trajectory for numbers of patients waiting which was agreed in February 2020 and were on track to deliver when the plans were submitted in mid November; however the trajectory will be challenging to deliver. STH has employed navigators to support patients through their cancer pathway; one of the aims of this has been to reduce DNAs (Did not attend). The CCG has also implemented the C-the-Signs within general practices to encourage practices to refer appropriately and safety net where appropriate; STH are using the C-the-Signs decision support tool. The Trust has cancer recovery plans in place with appropriate supporting governance and oversight through existing performance management systems. STH are undertaking modelling on each tumour site pathway to address elements and timing of the service which may be adversely affecting capacity. They continue to address backlogs using the 104 day harm reduction review process as agreed with the Cancer Alliance.

SCH has continued to run cancer services at full capacity throughout the pandemic and referrals have remained steady.

Key risks identified are workforce capacity and COBID Impact plus the usual winter pressures.

