Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Performance and Delivery Report

E

Governing Body

3 March 2022

Authors	Rachel Clewes, Senior Performance Analyst Lucy Barker, Performance Assurance Manager
Sponsor Director	Cath Tilney, Associate Director of Corporate Services

Purpose of Paper

To update Governing Body on key performance measures regarding our providers in the context of the current COVID-19 pandemic; to provide information on our organisational performance with regard to our workforce; to brief Governing Body on the views and experiences of our staff; to provide statistics regarding COVID-19 and an update on the progress of the vaccination programme and to provide a summary of the system priorities and operational planning for the up until the end of this financial year.

Key Issues

Current state of play regarding performance data collection

It should be noted that the collection of data for a number of performance indicators is still paused due to COVID. This means there is still no data for DTOC (Delayed Transfers of Care), but Mixed Sex Accommodation and Cancelled Operations has now been reinstated. When the national data collection begins again for DTOC, we will include in the report. In the meantime we are working on a possible local data flow to be used as a proxy measure.

What this month's Performance and Delivery Report will cover

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

- Indicators relating to the CCG workforce
- Information regarding our staff's experiences and views
- A snapshot of the situation with regard to COVID-19 in the city including the vaccination programme
- Progress on the Seasonal Influenza Programme
- Outline of the System Priorities and Operational Planning: October 2021 - March 2022

Is your report for Approval / Consideration / Noting

Consideration

Recommendations / Action Required by Governing Body

The Governing Body is asked to discuss and note:

- Sheffield performance on delivery of the NHS Constitution Rights and Pledges
- Key issues relating to the CCG workforce and their views and experiences
- A position statement regarding COVID-19 and the vaccination programme plus the Seasonal Influenza Programme Update.
- The planning priorities up to March 2022

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

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

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

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

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

.

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

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

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

Not applicable at this time.

Have you carried out an Equality Impact Assessment and is it attached?
Not completed; the attached report is a position statement on performance standards and describes work being taken forward to address health inequalities.
Have you involved patients, carers and the public in the preparation of the report?
This paper reports on the achievement of performance measures of our providers, including contractual and national Constitutional requirements. Reporting is based on nationally agreed data sets and standards. This report 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.

Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Performance and Delivery Report

Governing Body

March 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 2021 and has been included in the attached dashboard.

The collection of quarterly cancelled operations data, reinstated from October 2021, has been published in February 2022 and is included in the report. Operations cancelled, on or after the day of admission, for non-clinical reasons to be offered another date within 28 days for STH (46) is much higher in comparison to other local Trusts TRFT (6), BHNFT (24), DBTFT (25) in quarter 3 2021-22. As we get more data flowing through in the coming months, we can monitor the trend and report further narrative on this indicator.

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 December 2021 for SCCG which saw RTT performance decline for the fourth consecutive month, from 76.97% to 75.15%. The backlog waiting list size for 18+ waiters continues to increase following the summer months for Sheffield CCG patients. At the end of December 2021, the number of patients waiting over 18 weeks increased from 11078 to 12121.

The RTT performance remains low in ENT and Oral Surgery. 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 the Trust to focus on the cohort of patients currently waiting 82 weeks or more, to help mitigate those that could be waiting 104 weeks+ by the end of March 22. Work to review PTLs, track plans at patient level and increasing operational support, continues at provider level.

The number of Sheffield patients waiting over 52 weeks for their elective treatment journey has seen a further increase in month as of December (822) from November's figure of 775 (March figure of 1148). As you will see from the planning section of the dashboard, we are not maintaining or seeing a reduction from the September's levels as planned. Table 1 provides more detail on length of waiting time. It should be noted that before the pandemic there were no Sheffield patients waiting over 52 weeks.

Table 1: Sheffield patients waiting over 52 weeks as of December 2021

Length of time patients waiting	Number of patients
52-64 weeks	446
65-77 weeks	193
78-90 weeks	55
91-103 weeks	104
104+ weeks	24

The high number of patients waiting at least 52 weeks 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 declined this month from 83.51% in November 2021 to 75.58% in December 2021. The diagnostic tests with the most patients waiting are non-obstetric ultrasound with 1200 waiting, which is a double those waiting from the previous month and there are waiting list increases across many of the diagnostic services. Provisional January figures show a further decline in performance to 73.22%.

3. Update on other key performance issues

A&E 4-hour wait performance has seen deterioration over the recent winter months. During January there were seven 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. Additionally, SHSC/STH now have a process which they follow in relation to supporting the escalation of patients awaiting a mental health admission.

STHFT's A&E Department remain under significant pressure with demands exceeding available capacity, however, there has been an improvement in flow of patients due to the re-opening of beds. Further work to re-open the remaining closed beds is underway with a Trust-wide bed plan in place. Workforce remains a key area of risk further impacting on flow through the department and the organisation, but this has also seen some improvement.

The Yorkshire Ambulance Service continues to experience challenges on their service lines in Sheffield, 999, 111 and PTS. The struggle to meet national standards is seen widely, with the England mean average time for category 1, the most urgent incidents, was 8:31 comparted to YAS at 8:55. 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 with only four of the 10 measures meeting targets in December. There is a recovery plan underway to bring the service back to pre COVID-19 levels.

4. COVID-19 and the vaccination programme update

Hospital admissions, critical care bed usage and deaths continue to decrease, however the rate of covid in Sheffield remains relatively high with the latest recorded rate being 654/100,000 people, however this is likely to be an underestimate due to changes in testing. 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. This led to almost 70K doses being given on the busiest seven days leading up to Christmas with 12,300 doses on the busiest day.

As of 11th February 2022, 1,125,000 doses of vaccine have been given across Sheffield, 426K first doses (79.7% of all eligible patients) have been given, 396K second doses (74.1% of all eligible patients) and 303K (56.6% of all eligible patients) for booster doses.

Since this considerable push on vaccination where the whole city came together to vaccinate its population as rapidly as it could, the vaccination rate has dropped off considerably. This is largely due to less people coming forward for vaccination. We continue to vaccinate approximately 650 people a day across Sheffield with a mix of first, second and booster doses.

We are working to continue to encourage people to come forward for vaccinations. This includes putting on pop up clinics in areas of low uptake and working with community groups to encourage uptake. There is also now a free taxi service to help people to get to Longley for vaccination and this will also run to the children's hospital to allow those age 5-11 to be vaccinated. Older children aged 12-15 are being vaccinated primarily in schools by the school age vaccination service and this will complete by the end of March.

We are expecting planning guidance for next vaccination going forward very soon, in the meantime we continue to encourage people to come forward for first second and booster vaccines and look to provide convenient ways for people to access vaccination.

5. 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. A word cloud of how staff are feeling highlights the most common themes of 'too much work', 'impacted by covid at home', 'uncertainty regarding the ICS' and 'struggling with mental health'. In January a workshop was held with over 50 staff focusing on how managers can support their team's wellbeing. The outcomes of this will be shared at a future staff briefing and also inform manager support sessions.

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.

Since the recent reintroduction of the national 'Plan A' the CCG HQ building has been available to anyone who would find it helpful to work from the office which has been utilised by a small number of staff, many of which are 'hybrid working'. The Home Working policy and a 'Return to 722 Pack' continue to provide us with a framework to trial out new ways of working over this transition period and we would expect that increased numbers of staff will be able to trial hybrid working as national restrictions are further lifted.

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.

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

In March 2021 NHSE/I published a set of six priorities for the year ahead. In September 2021 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. Details on each work area can be found alongside the data in the dashboard.

Actual performance up to December 2021 shows that in most part the CCG is on or close to the planned levels of activity/performance. There are two exceptions to this which are that the number of people waiting a long time for treatment has not reduced as much as planned and the proportion of people seen within two weeks following an urgent referral for suspected cancer has not improved to planned levels. Both areas have been impacted by the reduced staffing capacity as a result of the Omicron virus.

Planning for 2022/23 is now underway and once this has been submitted at the end of March 2022, we will begin to share this as part of this monthly monitoring dashboard for 2022/23.

7. Workforce

On a routine monthly basis, we report a handful of HR indicators within the dashboard. This month we have expanded this section to include a selection of workforce indicators to include Staff Turnover, Sickness Absence and Equality and Diversity data.

The quarter 3 data highlights a continued increase in sickness absence rates from an average of 3.6% in Quarter 1, to 4.5% in Quarter 2 and 5.1% in Quarter 3. This is against the organisational target of 3%. The top three reasons for absence during Quarter 3 were stress/anxiety/depression, cough/cold/flu and chest and respiratory problems (covid related). The increase in the sickness absence rate during Quarter 3 was attributable to an increase in absence due to covid-19, with 117 FTE days lost due to covid-19 absence in December 2021 representing 20% of sickness absence during the month. The sickness absence rate for January shows a decrease slightly, falling to 4.3%.

Mandatory and statutory training compliance rates all remain about 80% but it expected that the organisation reaches 100%. Quarter 3 compliance rates have fallen for all statutory and mandatory training, apart from Risk Awareness training and Bullying and Harassment Prevention training. These two training courses are delivered through Microsoft Teams, whereas all other statutory and mandatory training should be completed via e-learning through ESR.

Monthly compliance reports are provided to Deputy Directors and to line managers on a regular basis for discussion with members of staff, and that staff are encouraged to ensure they complete their e-learning regularly.

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

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

23 February 2022

Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Performance & Delivery Report 2021/22

for the March 2022 papers
for the Governing Body

Contents

1. Performance report
1.1 NHS Constitution measures Performance dashboard
1.2 NHS Constitution measures Actions

2. CCG Health Check report
2.1 Temperature Check
2.2 Human Resources indicators

3. Covid-19 update for Sheffield
3.1 Sheffield Covid-19 update

4. Planning
4.1 Priorities and Operational Planning 2021-22

1.1 NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly	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
** All Quarterly data relates to Quarter 2 2021/22, except A&E = Q3 21/22, IAPT = Q4 2019/20 and CPA = Q3 19/20. This is the latest available.										
Referral To Treatment waiting times for non-urgent consultant-led treatment	All patients wait less than 18 weeks for treatment to start	92%		75.15%	Dec-21		74.55%	68.26%		
	No patients wait more than 52 weeks for treatment to start	0		822	Dec-21		1149	393		
Diagnostic test waiting times	Patients wait 6 weeks or less from the date they were referred	99%		75.58%	Dec-21		75.24%	82.51%		
			Q3 21-22							
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	77.61%	76.36%	Jan-22		70.72%	94.19%		
	No patients wait more than 12 hours from decision to admit to admission	0		7	Jan-22		7	0		
			Q3 21-22							
Cancer Waits: From GP Referral to First Outpatient Appointment	2 week (14 day) wait from referral with suspicion of cancer	93%	81.89%	78.02%	Dec-21		78.37%	100%		
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	19.96%	2.42%	Dec-21		1.87%	-		
Cancer Waits: From Diagnosis to Treatment	1 month (31 day) wait from diagnosis with suspicion of cancer to first treatment	96%	91.66%	93.86%	Dec-21		92.82%	100%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	99.53%	100%	Dec-21		98.79%	100%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	96.72%	95.95%	Dec-21		95.89%	100%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	73.48%	83.33%	Dec-21		68.60%	100%		
Cancer Waits: From Referral to First Treatment	2 month (62 day) wait from urgent GP referral	85%	68.77%	70.59%	Dec-21		65.60%	-		
	2 month (62 day) wait from referral from an NHS screening service	90%	66.67%	66.67%	Dec-21		66.67%	-		
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient	(85% threshold)	75.00%	64.71%	Dec-21		65.71%	-		
Cancer Waits - Faster Diagnosis Standard	28 Day Faster Diagnosis Standard (from Q3 2021/22)	75%	71.03%	70.05%	Dec-21		69.72%	100.00%		

1.1 NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly	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		8mins 55secs	Jan-22					8mins 55secs
	Category 1 calls resulting in an emergency response arriving within 15 minutes (90th percentile response time)	15 mins		15mins 45secs	Jan-22					15mins 45secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		32mins 43secs	Jan-22					32mins 43secs
	Category 2 calls resulting in an emergency response arriving within 40 minutes (90th percentile response time)	40 Mins		1hrs13mins3secs	Jan-22					1hrs13mins3secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		3hrs31mins29secs	Jan-22					3hrs31mins29secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		3hrs33mins7secs	Jan-22					3hrs33mins7secs
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		25.95%	Jan-22		55.01%	6.94%		25.95%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		9.85%	Jan-22		23.31%	0.00%		9.85%
	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		11.25%	Jan-22		6.33%	2.78%		11.25%
	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		0.83%	Jan-22		0.83%	0.00%		0.83%
Mixed Sex Accommodation (MSA) breaches	Zero instances of mixed sex accommodation which are not in the overall best interest of the patient	0		0	Dec-21		0	0	0	
			Q3 21-22							
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	51				46	5		
	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%	

Produced by
Information and Intelligence Team, NHS Sheffield CCG

1.1 NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly		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%			50.00%	Dec-21			-	49.00%	
			Q1 21/22							Jan-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		December 21 figures for SHSC		1.82%	
	Proportion of IAPT patients moving to recovery	50.00%	50.70%			Jun-21				51.73%	
	Proportion of IAPT patients waiting 6 weeks or less from referral	75.00%	92.60%			Jun-21				98.90%	
	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%	Dec-21					
			Q3					No individual provider target for DTOC bed days			
Delayed Transfers of Care (DTOC)	Total number of delayed days (from acute and non-acute) when a patient is ready for discharge but is still occupying a bed	4,212 (Qtr target)	3,828		1,670	Jan-20		1,466		71	

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
RTT & Diagnostics	Our providers 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. December figures suggest a decrease in performance at 75.15% from 76.97% in November. Provisional January figures show a further decline in performance to 73.22% STH 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. 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. SCH RTT performance at SCH has decreased slightly from 69.30% at the end of November to 68.26% in December. The number of patients waiting over 18 weeks has increased by 320 to 404. The number waiting under 18 weeks has increased by 297 which is a similar increase to the previous month's increase. The total waiting list size has increased slightly for the number of patients waiting for first treatment from 11,999 November to 12,616 at the end of December. Patients are being booked in order of clinical priority. Those most at risk of harm are prioritised for dates for surgery. 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. 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.	Operational guidance from NHS England has asked Trusts to protect capacity for the highest priority patients in greatest clinical need, as well as being mindful of addressing health inequalities/ The CCG has been working with our provider Trusts to submit plans to both achieve this requirement clear the backlog of long waiters. These plans will reflect that SYB has recently been approved as an Accelerator Site.	None
RTT 52 week waits - CCG information	In December, 822 Sheffield patients were waiting over 52 weeks for their surgery or procedure, this has increased from 773 in November. In December there were 24 patients waiting over 104 days. Eleven of these patients are at STH, 7 are at SCH, 2 at Chesterfield Royal Hospital, 2 at University Hospitals Birmingham NHS FT and 2 at Nottingham University NT. 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 by 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.	We will continue to monitor the situation with regard to patients experiencing these long waits, until we can confirm they have received their treatment.	None

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
RTT 52 week waits Sheffield Children's NHS FT	The data in the dashboard for Sheffield Children's NHS FT (SCFT) shows the numbers waiting over 52 weeks has remained very similar over the last 3 months. In December there were 393 patients compared to 388 in November and 384 in October. There are 14 patients waiting 104 days plus, 7 of which are Sheffield CCG patients. In December, 87 patients who were waiting over 52 weeks were treated or discharged (49 of these were admitted for treatment). 73 52 week breaches were in the Medicine Care Group and the rest were in Surgery Care Group. 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.		
RTT 52 week waits Sheffield Teaching Hospital NHS FT	For November, 1004 patients were waiting over 52 weeks at STH - this is not just Sheffield CCG patients - an increase has been seen since June. 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.		
Cancer Waiting Times	Several of the Cancer Waiting Times targets were not met at CCG level in December 21, of the 10 measures, 6 did not meet national standards. The 2 week wait (2WW) and breast symptomatic positions continue to be adversely impacted by high demand and capacity challenges in the breast pathway. Breast symptomatic performance has been sacrificed to bring breast 2WW capacity back to an offer at 14 day with a robust triage and risk management process in place. A recovery plan is being progressed with Chief Officer oversight. GP 62 Day target performance remains variable in-line with patients being treated from the backlog. STH remains under the national average and below the Shelford average (a measure used to group certain areas that are similar). Delayed transfer of care from neighbouring SYB providers continues to impact this position. In addition, Oncology service provision remains a significant concern owing to acute staff shortages mirrored at a national level in hard to recruit positions. Revised, hub-based models of care are being progressed in partnership with Alliance Trusts/CCGs in order to mitigate. The most common reasons for breaches to the standards remain: reduced numbers of outpatient clinic slots, theatres access driven by critical care acuity/capacity, combined with patient choice and the ongoing impact of infection prevention control measures in secondary care. <u>PTL (Patient Tracking List) Waiting Lists</u> The previous GB reported incorrectly stated that the STH cancer PTL was growing by 1500 pathways per month. The correct statement would be: “The STH cancer 62 day PTL grew from approximately 1500 pathway to nearly 3000 pathways during the first 12 months of the pandemic. The current steady state is approximately 2600 active 62 day pathways. The STH Cancer Patient Treatment List (PTL) volume has now reduced. The total long-waiting position has deteriorated owing to the significant impact of the Omicron variant, however, recovery actions and cancer improvement workstreams continue to progress to address backlogs and recover to a pre-pandemic position. Appropriate clinically led risk stratification and harm reduction processes remain in place.	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 acklowledge this request and have submitted plans to aim to meet this trajecotry whilst recognising in some areas this will not be achievable.	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.

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
12 hour waits to admission from decision to admit (Trolley Waits)	Unfortunately, 11 patients experienced what is known as a "trolley wait" in excess of 12 hours in December and 7 in January. This means a patient waited more than 12 hours from a decision to admit to admission at STH. "Trolley waits" for Mental Health (MH) patients happen at times of very high pressure in the system, or when a patient has complex needs which require a specialist response such as specialist inpatient mental health care, and when the MH Liaison Team is under high periods of demand across both Emergency Departments and the inpatient STH wards. A task and finish group is being led by the Director of Adult Health & Social Care to reduce the number of delayed discharges experienced by mental health units at SHSC. This included NHSE oversight and the first meeting took place on February 2nd 2022. There were a number of additional factors in relation to these patients: 1. Pandemic wave 4 saw a reduction in capacity of social care providers to accept new packages of care for discharges from MH wards. 2. Covid outbreaks on MH inpatient wards and in inpatient staff teams. 3. SHSC ward refurbishment programme ongoing, leading to a reliance on out of city bed placements, but national demands for beds also high. 4. Access of transport to specialist beds, including MH beds. 5. Capacity in Acute Medical Unit. 6. Changes to clinical condition impacting on patient pathway. SHSC/STH now have a process which they follow in relation to supporting the escalation of patients awaiting a mental health admission. Ongoing monitoring of NHSE. SCH report zero 12 hours trolley waits in December & January.	Pressures on specialist mental health inpatient services continue, for both adults and young people, and this situation is being monitored during the system calls between CCGs, providers and NHS England.	None
A & E Waits	Operationally the position in STHFT's A&E department is improved due to flow from the department to assessment wards which is on the back of beds reopening and improved staffing position. There are still a number of beds closed due to COVID outbreaks but the Trust anticipate that these will come back within the next week which will help support the plan to restart elective surgery. The Trust wide bed plan is in place and STH are utilising all available staffed & surge capacity. The infection prevention and control team (IPC) are providing advice on IPC measures. There is an ongoing programme of focused work around patient flow and discharge alongside partners from across the city, with a targeted approach on patients with no reason to reside and following up delays with repatriation to other hospitals. The South Yorkshire 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 A&E have implemented a pilot of a non- digital version of the ED streaming & redirection tool in Mid December over a 2 week period between 08:00- 18:00 on peak days, and every Tuesday thereafter. The pilot was staffed by senior triage sisters/ Emergency nurse Practitioners'. The new proposed 'go live' date is set for 23rd February 2022. Sheffield CCG have commissioned a community outreach programme around urgent care usage in the city, as part of the programme we are working with 27 community organisations from vulnerable communities, which include Black, Asian, Minority Ethnic & Refugee (BAMER) community groups and people in the areas of highest deprivation, with a focus on people's understanding of the Urgent Care system and behaviour. The Engagement and Urgent Care team have received the first round of reporting which is being worked through. The next stage is to ask the organisations to design relevant interventions for their communities based on what they have heard.	STH, NHS111 and YAS continue to work together in the context of the pandemic to ensure that appropriate emergency services are available for patients in a timely fashion, within all the operational constraints faced by the system because of COVID-19. The CCG continues to provide information for the public about the range of services on offer to them.	To continue to endorse the CCG's work with the public to support them making the right healthcare choices to ensure their safety, as well as making sure they get the right treatment in the most appropriate place.

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Ambulance handover / crew clear times	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. YAS continue to experience challenges on their service lines in Sheffield, 999, 111 and Patient Transport Service (please note that PTS have returned to business as usual post a temporary suspension of the some aspects of the service in January 2022). 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. 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.	The CCG continues to facilitate meetings between STH & YAS to discuss measures to improve performance moving forward, particularly in view of the additional pressure of COVID-19.	To be aware of ongoing pressures and to continue to endorse the approach being taken by YAS to improve performance.
Ambulance Response Times (ARP)	Cat 1-4 Performance 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. 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. 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%. 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. 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. Recent exceptional demand and staff availability challenges have heavily impacted on call performance metrics.	Progress continues to be closely monitored.	None this month.
Mixed Sex Accommodation (MSA) breaches	The Mixed-Sex Accommodation (MSA) collection was paused in April 2020 due to Covid-19 and the need to release capacity across the NHS to support the response. The collection resumed for October 2021 data (and published in December 2021). There was a MSA breach affecting a Sheffield patient receiving care under Manchester University NHSFT in November. There is no further information reported regarding the details of the breach. The MSA guidance requires commissioners to work with providers to ensure that pathways and resources are in place for care needs. Sheffield CCG are unable to affect the system response of other CCG's.	Ongoing monitoring.	None requested.

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			
Early Intervention in Psychosis (EIP)	The performance against the EIP target has dropped below the target for the months of November and December for the first time in over two years. The target is 60% of EIP patients seen in 2 weeks. The service had excessive short term sickness in particular in early November due to non-COVID illness and then into December due to COVID. This clearly impacted their ability to offer appointments during and after this. The sickness was also compounded by a number of staff leaving the service. The service is experiencing recruitment difficulties and long term sickness although agency medics are being utilised. The average performance against the 60% target has been 68% for the last 24 months, showing the system is capable of meeting the target. The service is in the early stages of setting up an assessment team who will manage everything from the point of referral. They will then fully triage (phone or face to face as necessary), and assess (for some patients this will be an 'over time' review), recognising that the service is carrying the legacy of accepting a number of clients without psychosis who are now impacting on caseload numbers.	The performance position was flagged and discussed at the February contract monitoring group. There was a recognition of the staffing issues and the service is actively monitoring the situation and all referrals have since been assessed and moved onto pathways as appropriate.	None requested
Improved Access to Psychological Therapies (IAPT)	IAPT reporting was suspended by NHS England and NHS Improvement during the first quarter of 2020/21, as part of the reduced reporting regime intended to free up services to respond to the pandemic. 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. 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. Access - COVID has had a significant impact on IAPT services nationally and in Sheffield. The SHSC service is currently working to increase access. 943 people entered treatment in December which was an expected seasonal impact on access - along with the impact COVID is having, not only on staffing but on higher rates of cancellations from patients due to COVID and caring responsibilities for others in their family due to COVID. The recruitment into the Comms role has proved difficult with a knock on effect to the service's ability to promote and market the service, however the website update and rebrand is progressing ahead of schedule. Estates issues continue to be a risk for IAPT. The service continues to meet with primary care to coordinate rooms available across primary care to start allocating staff to Primary Care Networks for face to face clinics from April 2022 based on patient preference. Currently patients are seen face to face based on clinical need, equality issues or barriers to accessing treatment. IAPT is expanding to meet the Long-Term plan and so this continues to pose a challenge.	Ongoing	Governing Body is asked to continue to receive these updated position statements, until this standard is delivered consistently.

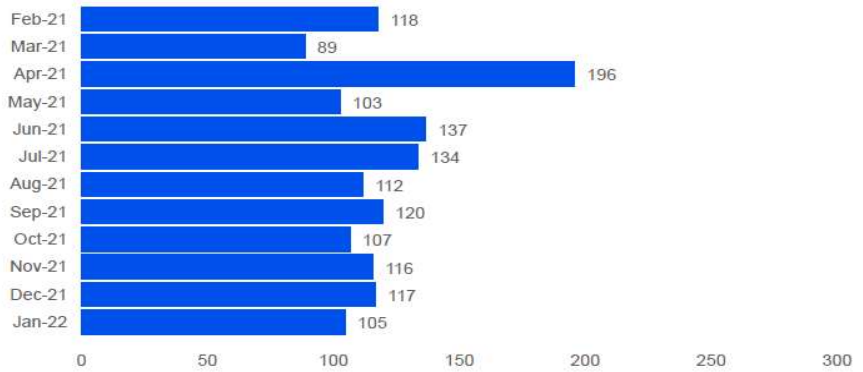
1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Dementia Diagnosis	Our local Dementia Diagnosis target has not been achieved; however we are exceeding the national target and South Yorkshire & Bassetlaw (SYB) benchmark. As at end of December 2021, 70.4% of those people aged 65+ who are estimated to have dementia in Sheffield had been diagnosed. This equates to 4,500 people diagnosed against an estimated 6,396 number of people living with dementia (aged 65+). This is against the national target of 66.7% and local target of 71.5%. Due to our good performance prior to COVID, our current diagnosis rate (although decreased) is still above the national estimated rate (61.8%) and SYB estimated rate (69.3%). However, like other areas we experienced a decline in performance since the pandemic; with some improvement from early 2021 which has been maintained to date with minor fluctuations. Nationally it has been acknowledged that diagnosis rates have been impacted by the pandemic. This is due to a range of factors, primarily that people have been delaying coming forward to their GP for diagnosis, the pressure on health and care providers which may impact on the identification of people with suspected dementia, and higher waiting times once referred for diagnosis via Memory Services. CCG has allocated additional funding to SHSC Memory Service to address waiting times for diagnosis. This has enabled the service to start to increase capacity within their case management function to reduce waiting times and provide support for people on the waiting list and those contacting the service. There have been issues with recruitment for the new posts, which is of course a common picture across many health and care services. However waiting lists for diagnosis have gone down from 16 weeks to 13.4 weeks for initial assessment (as at end of December 2021). Also important to note is that there has been a recent increase in referrals to Memory Service, which indicates that people who were previously not coming forward to their GP for suspected dementia (during the pandemic) are now starting to come forward and being referred on for diagnosis. Recent CCG commissioned activity the Voluntary & Community Sector (using NHSE non-recurrent dementia funding) augments the Sheffield City Council commissioned post-diagnosis support in the community: • 8 dementia carers support programmes across the city are now underway, with the first programme starting 11th January 2022. These are sessions with family carers on dementia understanding, caring for yourself as a carer, and peer support, and are delivered by existing People Keeping Well and community dementia providers. Some are face to face / some online. • Co-design and production of some short “mini” videos to raise awareness about dementia and diagnosis in a small number of key community languages and also with the Deaf community (BSL signed).	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 Jan-22

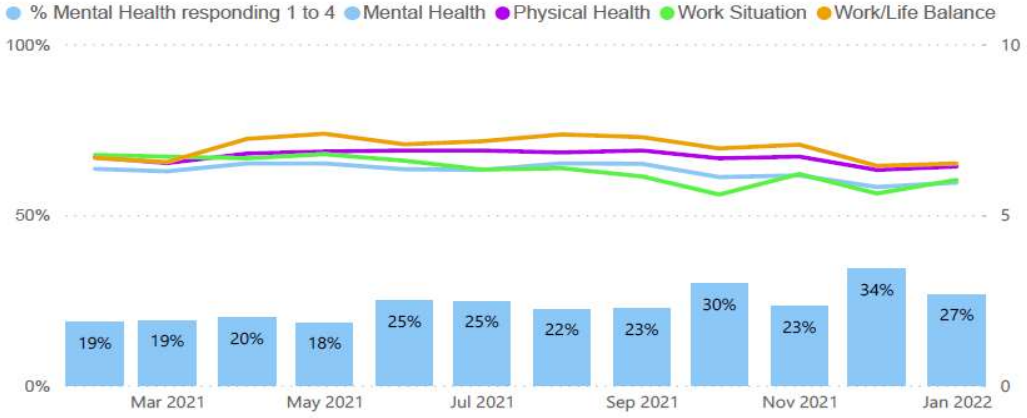
Number of responses



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.

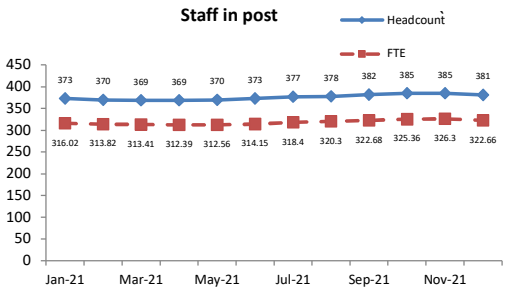
Sheffield CCG Workforce Data Quarter 3 21-22

The number of leavers increased slightly in comparison to the previous quarter. Analysis of workforce data indicates that there were not any trends contributing to this increase. All leavers are given the opportunity to complete an exit questionnaire and to have an exit interview in order to gather feedback.

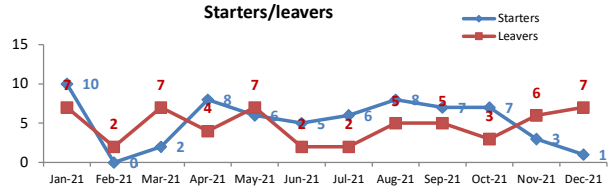
*** Values less than 5 are suppressed to prevent disclosure, where applicable**

Workforce

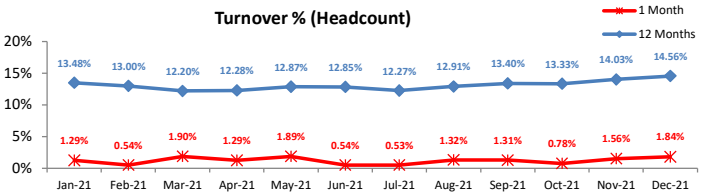
	Oct-21		Nov-21		Dec-21	
	Headcount	FTE	Headcount	FTE	Headcount	FTE
133 Accountable Care Partnership	6	6.00	6	6.00	5	5.00
133 Accountable Officer's Office	24	11.47	24	11.47	24	11.47
133 Commissioning Development Directorate	41	35.11	41	35.31	41	35.31
133 Deputy AO Office	36	30.51	36	30.51	35	29.85
133 Finance and Corporate Services	105	100.69	106	100.94	107	101.7
133 Medical	56	41.21	53	39.79	53	39.98
133 Quality	92	77.96	91	77.38	89	75.42
133 SYB Integrated Care System	25	22.39	28	24.89	27	23.89
Grand Total	**385**	**325.36**	**385**	**326.30**	**381**	**322.7**



Starters/leavers	Oct-21	Nov-21	Dec-21
Starters	7	3	1
Leavers	3	6	7



Average turnover (QTR 3)	1.4%
Average turnover (2021)	13.1%



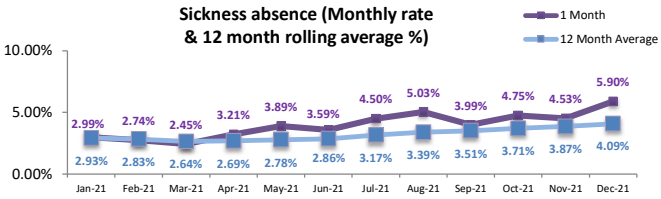
Sickness Absence

	Oct-21	Nov-21	Dec-21
Sickness absence %	4.8%	4.5%	5.9%
12 month average %	3.7%	3.9%	4.1%
Q3 average %		5.1%	

	Oct-21	Nov-21	Dec-21	Q3
Approximate cost of sickness absence	£ 59,764	£ 53,208	£ 71,289	£ 184,261

Sickness absence (ST/LT)	Oct-21	Nov-21	Dec-21	Q3
Short Term instances	29	30	30	**89**
FTE days lost	121.5	98.2	162.3	**382.0**
Long Term instances	18	16	16	**50**
LT FTE days lost	354.5	347.2	430.9	**1132.6**
Total sickness instances	**47**	**46**	**46**	**139**
Total FTE lost	**476**	**445.4**	**593.2**	**1514.6**

[1] "Long term" absence is defined as 28+ days of consecutive absence



NHS Digital reports the CCG national average for sickness for the period ending August 2021 at 2.67%.

Sickness absence reasons (Headcount)	Oct-21	Nov-21	Dec-21	Q3
S10 Anxiety/stress/depression/other psychiatric illness	12	11	12	**35**
S11 Back Problems	*	*	*	*
S12 Other musculoskeletal problems	*	*	*	*
S13 Cold, Cough, Flu - Influenza	9	6	7	**22**
S15 Chest & respiratory problems	*	*	*	*
S15 Chest & respiratory problems (Covid Related)	*	*	12	*
S16 Headache / migraine	*	*	*	*
S18 Blood disorders	*	*	*	*
S19 Heart, cardiac & circulatory problems	*	*	*	*
S21 Ear, nose, throat (ENT)	*	*	*	*
S24 Endocrine / glandular problems	*	*	*	*
S25 Gastrointestinal problems	*	*	*	*
S26 Genitourinary & gynaecological disorders	*	*	*	*
S27 Infectious diseases	*	*	*	*
S28 Injury, fracture	*	*	*	*
S29 Nervous system disorders	*	*	*	*
S30 Pregnancy related disorders	*	*	*	*
S98 Other known causes - not elsewhere classified	*	*	*	*
S99 Unknown causes / Not specified	*	*	*	*

Sheffield CCG Workforce Data Quarter 3 21-22

Mandatory and Statutory Training

Compliance rates are above 80% in all areas. The organisational target for all mandatory and statutory training is 100%. Monthly compliance reports are provided to Deputy Directors.

Directly Employed Stat/Mand completed	
Fraud	88%
Prevent	95%
Risk	84%
Bullying and Harrassment	83%
Managing Conflits of Interest Module 1	94%
Data Security	87%
Equality and Diversity	90%
Fire Safety	86%
Health and Safety	89%
Infection, Prevention and Control	89%
Moving and Handling	86%
Safeguarding Adults	90%
Safeguarding Children	89%

Equality & Diversity Data

Gender	%
Female	74%
Male	26%

Sexual Orientation	%
Bisexual	2%
Gay/Lesbian	2%
Heterosexual	87%
Other sexual orientation not listed	0%
Not Disclosed (person asked but declined to provide a	9%

Disability	%
No	83%
Not Declared	9%
Prefer Not to Answer/Unspecified	1%
Yes	7%

Religious Belief	%
Atheism	22%
Buddhism	0%
Christianity	50%
Hinduism	0%
Islam	4%
Judaism	1%
Not Disclosed	18%
Other	5%

Ethnic origin (headcount)	%
White	87%
Mixed / multiple ethnic groups	3%
Asian / Asian British-Indian/Asian British-Pakistani-Bar	5%
Black / African / Caribbean / Black British	2%
Other ethnic group	1%
Undefined/not stated	3%

Age (headcount)	%
<20	0%
21-30	11%
31-40	21%
41-50	30%
51-60	30%
61-70	7%

3.1 Sheffield CCG Covid-19 update - Key Messages February 2022

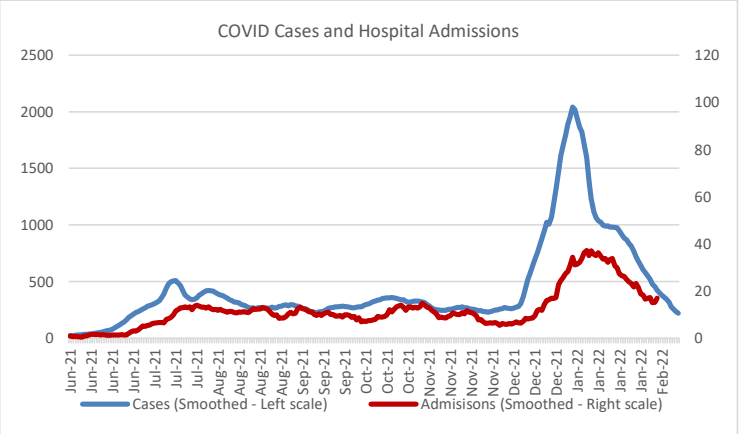
Testing

• As at 11th February 2022, Sheffield had recorded 2644 positve test in the previous 7 days

• As at 11th February numbers testing positive were continuing to fall after the Omnicron spike.

• Admissions are also still falling having been high from Christmas though to mid January

• As at 17th Febrruary 310,992 people had received their booster dose.



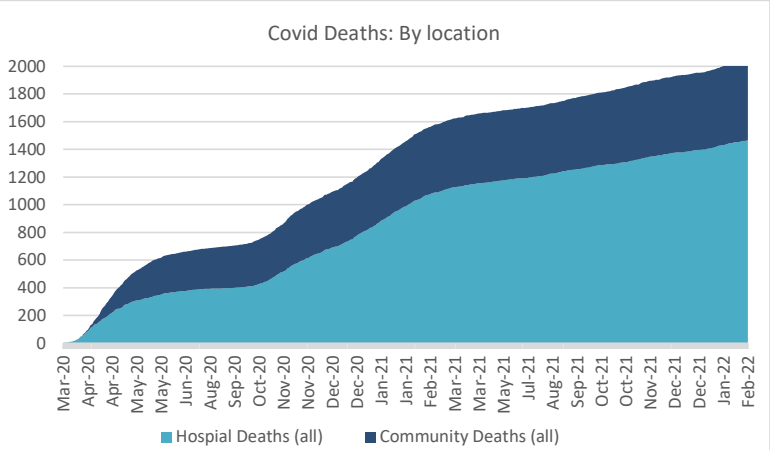
Hospitalisations

• 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 February there have been 2040 deaths registered for Sheffield Patients with a mention of Covid-19 on the death certificate.

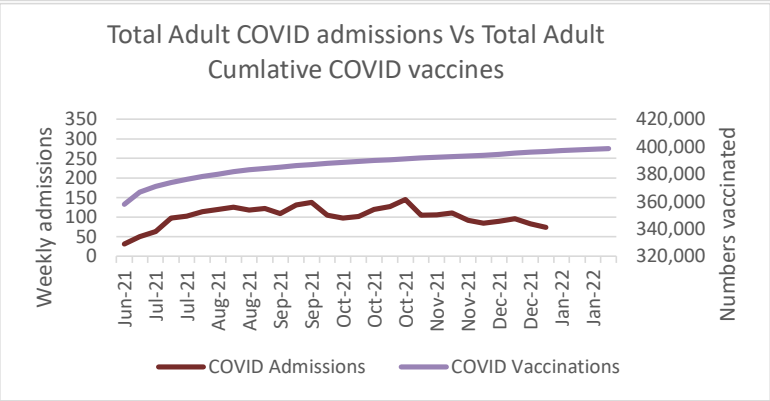
• 1460 of these were in hospital and 582 were outside hospital. Based on registered deaths, Sheffield is recording an average of 1 deaths per two days based on the previous seven days.



Note: All deaths with COVID mentioned on Death records
Source: ONS Mortality Data files

Covid Vaccinations

• Between 8th December 2020 to 17th February 2022, the total number of Sheffield people (12+) vaccinated with first dose was 427636 (79.11%) and 403,575 with second dose (74.67%).



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

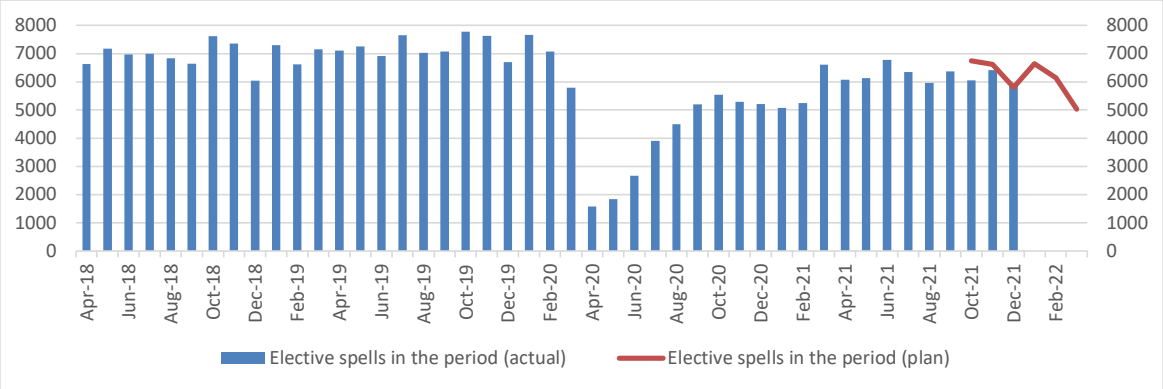
Following the 21/22 planning priorites and operational guidance set out in March, a review at these priorities was taken in September and the 6 areas set out in March remained the priority. Below, brings together some of these key priorites showing actual vs. trajectory, showing against latest available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

Elective Activity

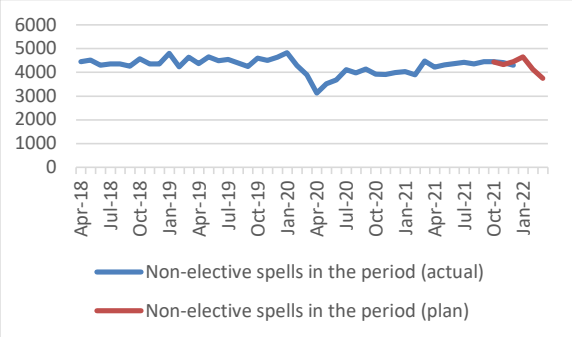
During the first half of 21/22 elective activity began to see a rapid recovery following the impact of COVID-19. However, due to the rise in COVID-19 admissions and non-elective pressues, workforce constraints in the system the recovery was slowed considerably.

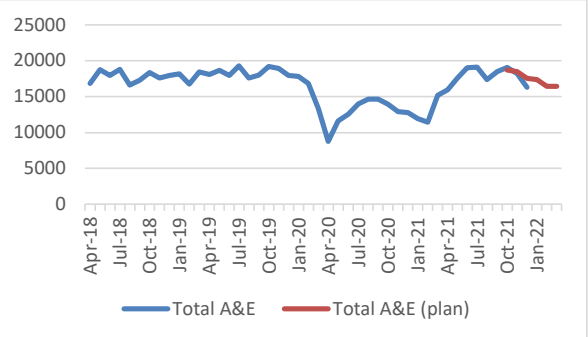
The aim is to return to (or exceed) pre-pandemic levels activity, ensuring patients waits are reduced and prevent further lengthening of waiting lists.

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 remails 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 stabalised 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

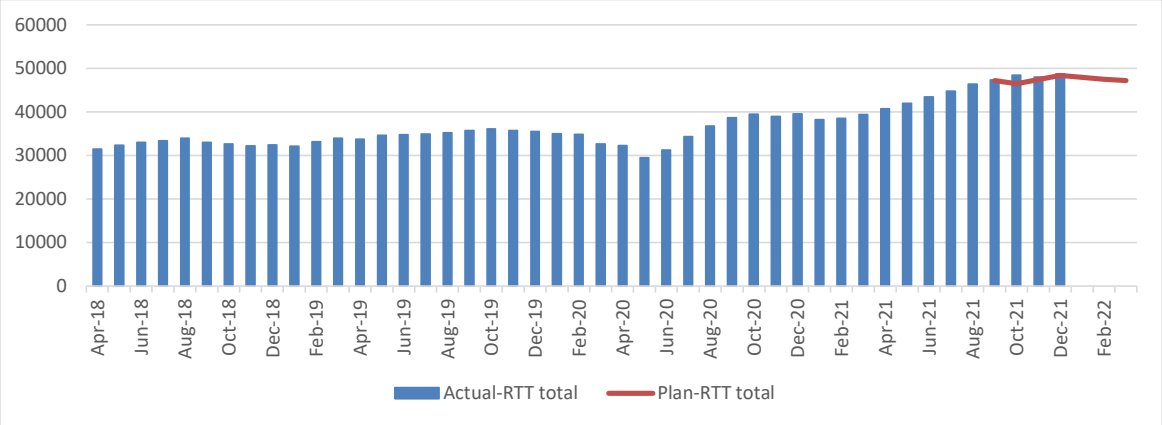




Referral to Treatment (RTT) Waiting times

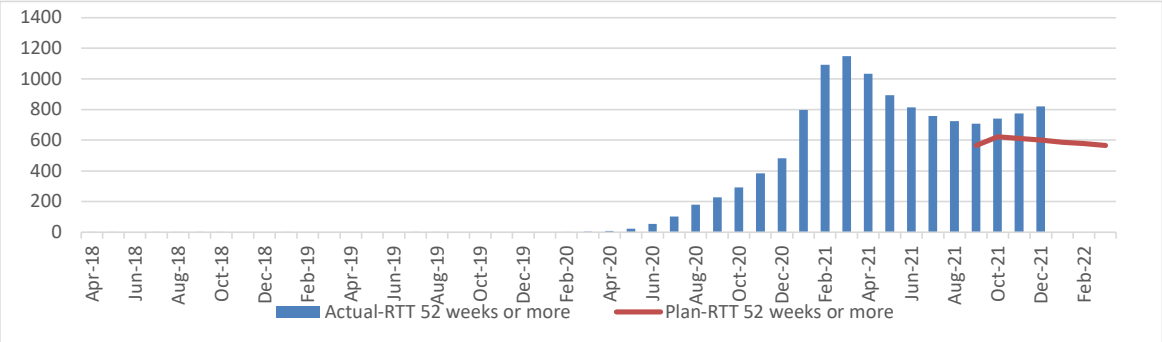
The ambition is for systems to:
- Eliminate waits over 104 weeks by March 2022 except where patients choose to wait longer
- hold or where possible reduce the number of patients waiting over 52 weeks. We will work with systems and providers to agree individual trajectories through the planning process
- 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.



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.

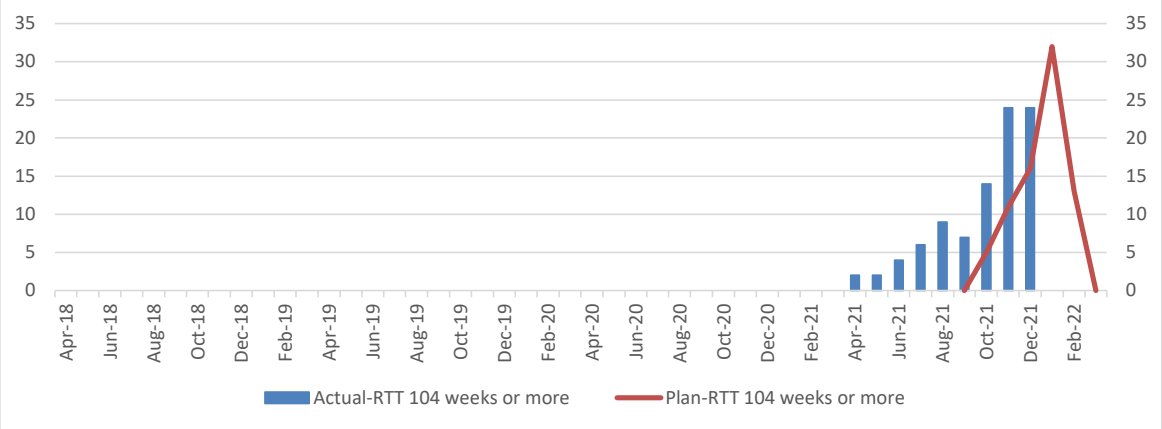
SCH has seen the number of 52 week and over waiters reducing each month since March 2021 and is forecast to continue to reduce; however SCH does not expect to clear the backlog fully by the year end. Additional clinics and theatre lists are being delivered. Non clinical spaces are being converted into 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

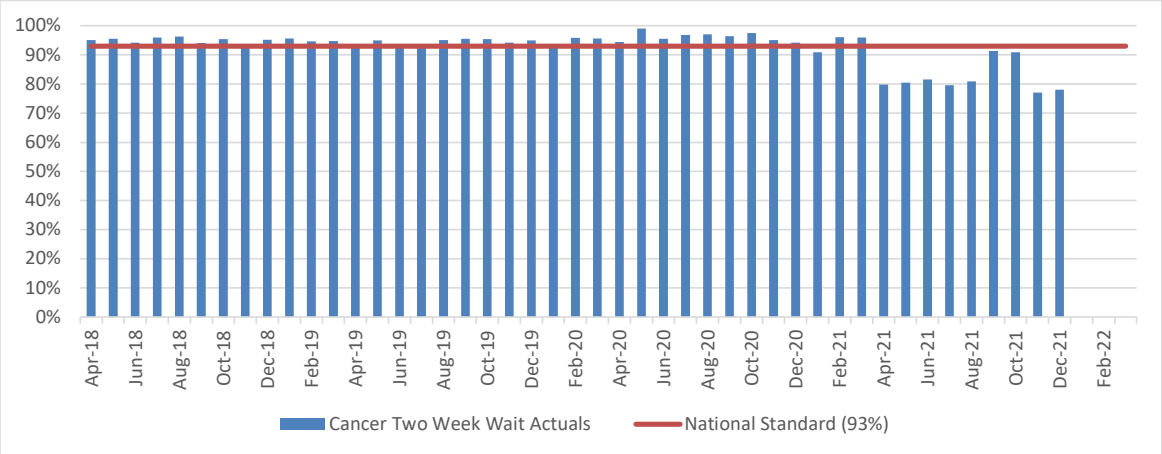
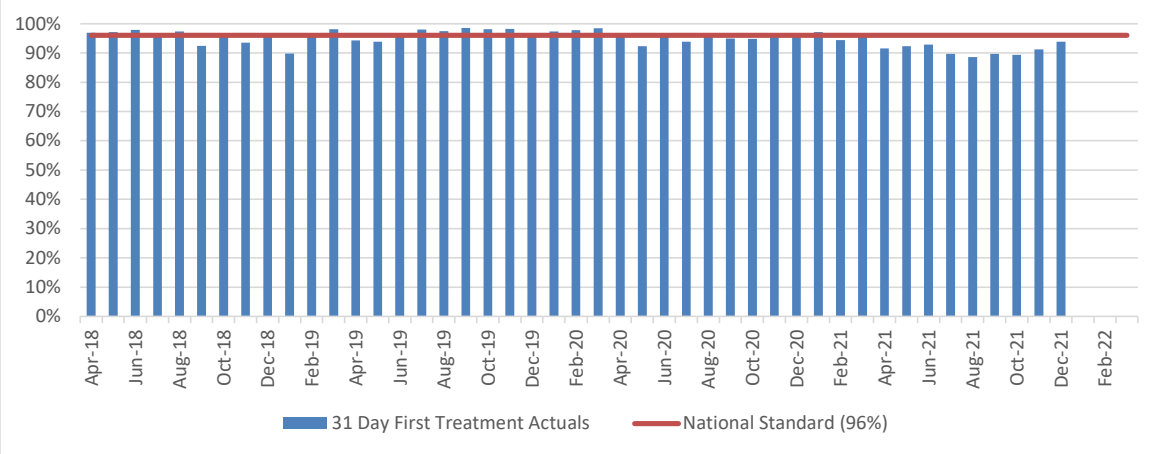
At STH, the longest waits are in STH's MSK services; work is under way to re-open MSK services at the Royal Hallamshire Hospital, including critical care capacity, which would enable longer waiting patients with more complex needs to be treated. Discussions were under way in November with independent 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 March22
- 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 though 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.