Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Performance and Delivery Report

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Governing Body papers

May 2022

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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 -up until the end of March 2022.

Key Issues

Current state of play regarding performance data collection

Data collection has been reinstated for Mixed Sex Accommodation and Cancelled Operations. Data collection for Delayed Transfers of Care remains withdrawn nationally, but an interim data source that is used locally has been added to this report.

What this month's Performance and Delivery Report will cover

The dashboard contains the latest available data 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.

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

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

Are there any Resource Implications (including Financial, Staffing etc)?
Not applicable at this time.
Have you carried out an Equality Impact Assessment and is it attached?
Not completed; the attached report is a position statement on performance standards and describes work being taken forward to address health inequalities.
Have you involved patients, carers and the public in the preparation of the report?
This paper reports on the achievement of performance measures of our providers, including contractual and national Constitutional requirements. Reporting is based on nationally agreed data sets and standards. This report also includes sections relating to the CCG's workforce, information regarding the impact of COVID-19 in the city, and how the CCG has been responding.

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Performance and Delivery Report

Governing Body Meeting

May 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. It 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 up until the end of the financial year 2021/22.

2. The impact of COVID-19 on elective performance

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 February, which saw RTT performance improve very slightly from 74.55% to 74.63%. The backlog waiting list size for 18+ waiters continues to increase for Sheffield CCG patients. At the end of February, the number of patients waiting over 18 weeks increased from 12,621 in January to 12,841.

The RTT performance remains low in ENT and Trauma & Orthopaedics. 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. Work within Trust's continues to review PTLs, track plans at patient level and increase operational support.

The number of Sheffield patients waiting over 52 weeks for their elective treatment journey has seen a further increase in-month as of February (928) from January's figure of 866. As you will see from the planning section of the dashboard, we are not maintaining or seeing a reduction from 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 February 2022

Length of time patients waiting	Number of patients
52-64 weeks	487
65-77 weeks	260
78-90 weeks	98
91-103 weeks	48
104+ weeks	35

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. Plans continue to be in place to improve the situation, including processes to manage clinical risk for patients, to mitigate the impact of long waits on patient outcomes.

Diagnostic performance for Sheffield CCG patients has improved for February to 80.3% from 73.2% in January. The diagnostic test with the most patients waiting is non-obstetric ultrasound with 1,559 patients waiting, which is a slight reduction on the previous month. Across every test, there were reductions in the numbers waiting from January to February, however there were still 3,269 patients waiting more than 6 weeks for a diagnostic test.

Mixed Sex Accommodation data has now been available since October 2021 after being on hold at the start of the pandemic. Since this point, there have been 4 breaches in total; 3 were in January for the CCG, all at STH. These breaches were due to operational pressures, including exceptional service demand combined with bed closures due to COVID-19. Local Trusts remain committed to ensuring that men and women do not share sleeping accommodation, except when it is in the patient's overall clinical best interest or reflects their personal choice.

Data reporting has also been reinstated for cancelled operations (on or after the day of admission, for non-clinical reasons to be offered another date within 28 days). STH had 46 cancelled operations, in quarter 3 of 2021/22. The CCG will closely monitor this data as it begins to flow in the coming months, allowing a trend over time to be re-established, whilst working with our partners to get the best outcomes for the patient.

3. Update on other key performance issues

A&E 4-hour wait performance has seen deterioration over the recent winter months to around 76% for December, January and February. March data is similar at 77% for CCG patients. During February there were 7 people who waited over 12 hours in A&E at STH, 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.

STH's A&E department remains under significant pressure with demands exceeding available capacity. The position has been challenging due to flow issues throughout the department and across the trust with a number of beds closed to infection, with just below 10% of staff sickness across the Trust & currently 8 wards closed due to outbreaks. The Trust-wide bed plan is in place and STH are utilising all available staff & 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 that are ready for discharge and following up delays with repatriation to other hospitals.

The Yorkshire Ambulance Service (YAS) continues to experience challenges on their service lines in Sheffield, 999, 111 and Patient Transport Services. The struggle to meet national standards is seen widely, with the England mean average time for category 1 (the most urgent incidents) was at 9 minutes and 35 seconds compared to YAS at 9 minutes 42 seconds for March; this is against a target of 7 minutes. Whilst ambulance turnaround times at acute trusts continue to be excessive against KPIs, patients are waiting longer to get an ambulance response and access to care. These patients then make follow-up calls to YAS, impacting on 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.

Several of the cancer standards continued to underperform in February although in many there has been some improvement. There is a recovery plan underway to bring the service back to pre COVID-19 levels. The Faster Diagnosis Standard (FDS) of 75% of people to receive a diagnosis within 28 days was achieved at a SYB level for February. This achievement, coupled with reduction in prolonged pathways, is real evidence of the positive impact of all the focused pathway improvement work going on. Additional site specific FDS performance in February also showed improvement – particularly in those pressured pathways such as Lower GI.

4. Delayed Discharges

National routine reporting for this measures continues to be withdrawn. The CCG have monitored the delayed discharges using other available data, which highlights that there are unsustainably high numbers of patients not meeting the criteria to remain in hospital, causing longer lengths of stay (LoS). This issues is having substantial knock on consequences elsewhere in our system. We can see from data analysis that %age of beds being occupied by patients ready to be discharged is reducing in line with the %age of bed occupancy rates at STH. However, STH have a higher level of over-occupancy (of those that do not need to reside at hospital) than other local Trusts and other comparible northern city Trust's. As of 3rd April 2022, LoS bed occupancy over 7 days has been increasing in recent weeks at STH, who have the highest rates locally and to comparible northern city Trust's. However, LoS over 14 and 21 days is reducing.

The data within the dashboard shows the weekly average number of patients waiting to be discharged. This figure is a snapshot in time of which the CCG and the wider system are aware that the breakdown of this number shows (which is not shown in the dashboard) that, on average around a quarter of these patients will be discharged within 24hrs, a quarter will reside for hospital treatment, and half are waiting for appropriate social care packages. Operational leads have good oversight through twice weekly escalation meetings, of the system pressures which includes actions to mitigate further delays and risk to individuals.

To tackle this issue, there is a city wide plan in place, involving regular, daily cross system escalation calls and operational meetings. Alongside this the CCG has extended the provision of additional care home beds into 2022/23.
With our partners there has been a collective plan which sets out a range of detailed actions that have been implemented to help reduce the current backlog and enable safe discharge from hospital. This plan has some assumptions that 'demand and referral' patterns remain consistent to those seen in Q1 21/22, that capacity issues will continue for some time and that the population level of need and demand remains at similar levels (higher acuity). Immediate actions in place are summarised in the accompanying dashboard.

5. COVID-19 and the vaccination programme update

The rate of covid in Sheffield remains relatively high with the latest recorded showing testing rate to be below Autumn levels and the proportion were testing positive, however, covid admissions are gradually reducing. Social distancing, hand hygiene and mask use continue to be important in stopping the spread of the virus.

The COVID-19 vaccination rollout commenced in December 2020, vaccinating those most at risk from COVID first. Since then, and with the continuously developing situation, we are now vaccinating some groups with a 2nd booster (4th dose) as part of the 'spring booster' programme. This is for the over 75s, those in older people's care homes, the housebound and those immunocompromised aged 12 and above who are all deemed most at risk.

As of 17th February 2022, over 1,125,000 doses of vaccine have been given across Sheffield, 429K first doses (79.6% of all eligible patients) have been given, 410K second doses (76.06% of all eligible patients) and over 57% of all eligible patients for booster doses.

We continue to vaccinate people across Sheffield with a mix of 1st, 2nd and booster doses. There has been limited vaccine supply coming into South Yorkshire recently, however, which has resulted in the 'spring booster' programme progressing at a slower rate than we would want.

We are still holding vaccination clinics for the 5–11-year-olds 'at risk', plus healthy 5–11-year-olds can now also come forward for a vaccine.

There is the free taxi service to help people to get to Longley for vaccination and this also runs to Sheffield Children's hospital to allow those aged 5-11 to be vaccinated. Older children aged 12-15 were vaccinated primarily in schools by the school age vaccination service and this was completed at the end of March.

We are expecting planning guidance for the 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.

6. Flu Vaccination Programme update

The contract for flu vaccinations ended on 31 March 2022. Sheffield achieved the highest percentages of vaccinations for the over 65s, the under 65s 'at risk' and the 2 to 3 year old cohorts against our comparable cities; this is testament to the hard work of our primary care colleagues.

It is also worth noting that we received earlier authorisation to use IM (Intra-muscular) injections for children (from September, rather than not being able to use them until November/December). This alteration to timings saw the number of children vaccinated in this way increase from 100 to 800; many of these are children who have not consented for vaccine in previous years due to the porcine content (derived from pigs) in the nasal spray.

We are now looking ahead to flu planning for the 2022/23 season and how vaccines can be ordered and moved around the system efficiently, and how we increase uptake amongst some of the 'at risk' groups. Further work on how general practices and pharmacies can support each other to increase our vaccination numbers will be undertaken in preparation for the next flu season.

7. 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 workshop were shared at a recent staff brief in April. There outcomes were grouped into 3 key areas:

- What is a supportive manager? Key theme that came out: 'Manager's make time for staff'

- What can we all as individual's, do to help? Key theme that came out: 'Meet up with colleague – any way possible face to face / teams / walking / lunch'
- How can managers further develop? Key theme that came out: 'Look after self, e.g. apply well-being techniques to themselves as well as staff'

The detail of these topics will be shared widely within teams, where the key themes can be discussed further and will support positive change.

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.

A 'transition' period for trialling our new ways of working in line with the home working policy officially began on Friday 1 April for all CCG staff. This is in line with the government's "Living with Covid" strategy. An updated information pack, now called "New Ways of Working at 722" has been distributed to staff, with the key messages to share around safer behaviours when working from home or the office. It is expected that increased numbers of staff will be able to trial hybrid working and the impact of this will be monitored through staff temperature check.

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 addition, ICS 'Drop In' sessions have been arranged, providing staff with the opportunity to ask questions and share concerns.

8. 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 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 February 2021 shows the CCG is slightly above or close to the planned levels of activity/performance. There is one exception to this which is the number of people waiting a long time for treatment has not reduced as planned but appears to be on the incline. This area has been particularly impacted by the reduced staffing capacity as a result of the Omicron virus.

NHS Sheffield CCG and our three local NHS Foundation Trust partners submitted our final plans for 2022-23 to NHS England on 20 April. This included numerical information relating to activity, performance, and workforce plans (including in primary care). We also submitted a detailed narrative describing the assumptions, risks and planned actions around a core set of themes: health inequalities; workforce; elective care; cancer treatment; urgent and emergency care and building capacity in community care. Once this has been submitted at the end of April 2022, we will begin to share this as part of this monthly monitoring dashboard for 2022/23.

9. Workforce

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

Latest monthly snapshot shows a decrease in staff absence but compares higher than March 21 with an in-year increase of 1.17%. Staff in post has maintained in month and compares similarly to 1 year previous.

Mandatory and Statutory Training remains fully compliant across the board with 10 out of the 13 Training courses seeing higher %age uptake of staff completing training sessions compared to one year ago.

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

10. 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.

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

14 April 2022

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NHS Sheffield Clinical Commissioning Group

Performance & Delivery Report

2022/23

for the May 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	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
Referral To Treatment waiting times for non-urgent consultant-led treatment	All patients wait less than 18 weeks for treatment to start	92%		74.63%	Feb-22		73.37%	68.08%		
	No patients wait more than 52 weeks for treatment to start	0		928	Feb-22		1431	363		
Diagnostic test waiting times	Patients wait 6 weeks or less from the date they were referred	99%		80.30%	Feb-22		79.69%	77.54%		
			Q3 21-22							
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	77.61%	77.05%	Mar-22		71.83%	91.21%		
	No patients wait more than 12 hours from decision to admit to admission	0		7	Mar-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%	93.17%	Feb-22		78.37%	100.00%		
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	19.96%	6.34%	Feb-22		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%	93.47%	Feb-22		92.82%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	99.53%	100.00%	Feb-22		98.79%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	96.72%	97.30%	Feb-22		95.89%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	73.48%	68.75%	Feb-22		68.60%	100.00%		
Cancer Waits: From Referral to First Treatment	2 month (62 day) wait from urgent GP referral	85%	68.77%	66.18%	Feb-22		65.60%	-		
	2 month (62 day) wait from referral from an NHS screening service	90%	66.67%	68.42%	Feb-22		66.67%	-		
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient	(85% threshold)	75.00%	88.89%	Feb-22		65.71%	100.00%		
Cancer Waits - Faster Diagnosis Standard	28 Day Faster Diagnosis Standard (from Q3 2021/22)	75%	71.03%	74.16%	Feb-22		73.51%	100.00%		

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
Ambulance response times	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins		9mins 42secs	Mar-22					9mins 42secs
	Category 1 calls resulting in an emergency response arriving within 15 minutes (90th percentile response time)	15 mins		16mins 52secs	Mar-22					16mins 52secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		46mins 41secs	Mar-22					46mins 41secs
	Category 2 calls resulting in an emergency response arriving within 40 minutes (90th percentile response time)	40 Mins		1hrs41mins56secs	Mar-22					1hrs41mins56secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		6hrs15mins59secs	Mar-22					6hrs15mins59secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		7hrs11mins15secs	Mar-22					7hrs11mins15secs
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		30.76%	Mar-22		63.09%	9.23%		30.76%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		13.30%	Mar-22		32.71%	1.54%		13.30%
	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		11.52%	Mar-22		8.09%	1.54%		11.52%
	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		0.92%	Mar-22		0.43%	0.00%		0.92%
Mixed Sex Accommodation (MSA) breaches	Zero instances of mixed sex accommodation which are not in the overall best interest of the patient	0		0	Feb-22		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 (CPA)	People under adult mental illness specialties to be followed up within 72 hour of discharge from Inpatient services	85%	75.00%		Feb-22	*			75.00%	

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
Mental Health / DTOC Measures Performance Dashboard											
Early Intervention in Psychosis (EIP)	Proportion of EIP patients seen in 2 weeks	60%			37.00%	Feb-22			-	31.00%	
			Q3 21/22							Mar-22 ↓	
Improved Access to Psychological Therapies (IAPT)	IAPT access: number of people with depression/anxiety entering NHS funded treatment during reporting period	4611	4390		1210	Dec-21				1277	
	Proportion of IAPT patients moving to recovery	50.00%	50.00%		50.00%	Dec-21				50.62%	
	Proportion of IAPT patients waiting 6 weeks or less from referral	75.00%	98.00%		98.00%	Dec-21				98.84%	
	Proportion of IAPT patients waiting 18 weeks or less from referral	95.00%	100.00%		100.00%	Dec-21				100%	
Dementia Diagnosis	Estimated rate of prevalence of people aged over 65 diagnosed with dementia	71.5%			70.00%	Feb-22					
						Weekly Position					
Delayed Transfers of Care (DTOC)	Average number of patients who meet the criteria to be discharged (against ambition reduction target - 30% from Dec-21 baseline) - *interim indicator*	213				03/04/2022		464			

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. February figures show a slight increase in performance to 74.63% from 74.55%. 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 improved slightly in month and the number of patients waiting over 52 weeks has also reduced. Patients are being booked in order of clinical priority and then length of wait, with those most at risk of harm being prioritised for surgery. The Trust is also now booking patients in for a TCI (to come in) date who have been waiting over 74 weeks, regardless of clinical priority; this threshold has reduced from 90 weeks. All patients are RAG (Red, Amber, Green) rated for their risk of harm when 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.	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 and 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 February, 928 Sheffield patients were waiting over 52 weeks for their surgery or procedure, this has increased from 866 in December. There were 35 patients waiting over 104 days. Twenty-five of these patients were at STH, 4 are at SCH, 6 are at other providers. In response to these long waiters, NHSE/I have requested that 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.	We will continue to monitor the situation with regard to patients experiencing these long waits, until we can confirm they have received their treatment.	None
RTT 52 week waits Sheffield Children's NHS FT	The data in the dashboard for Sheffield Children's NHS FT (SCFT) shows the numbers waiting over 52 weeks has seen a gradual reduction in the previous few months - reducing by 30 patients from December to February (363). SCH has 4 CCG patients waiting 104 days. RTT performance will remain low whilst this blended approach to treating patients is in place as detailed above. 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	In February, 1,431 patients were waiting over 52 weeks at STH - this is not just Sheffield CCG patients - an increase has continued since June-21 and is reflected in the CCG performance. The long wait position continues as theatre and bed capacity has been restricted due to COVID-19. STH had hoped to increase bed and theatre capacity from the 1st April but the increasing number of COVID cases and impact on the workforce has prevented this from happening. Review of all long wait patients continues to ensure that they are safe whilst they are waiting for treatment.		

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Cancer Waiting Times	Several of the Cancer Waiting Times targets were not met at CCG level in February 22. The 2 week wait (2WW) and breast symptomatic positions continue to be adversely impacted by 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 days, 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. 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. Additionally, latest performance was heavily impacted by the COVID-19 wave caused by the Omicron variant. <u>PTL (Patient Tracking List) Waiting Lists</u> The STH Cancer Patient Treatment List (PTL) volume has risen again to approximately 3,000 pathways as at March 22. The total long-waiting position has started to recover following the significant impact of the Omicron variant and recovery actions and cancer improvement workstreams continue to progress to address backlogs, aiming to recover to a pre-pandemic position. STH met their contribution to the March system target for GP 62 day pathway backlog (STH position was 203 pathways against target of 223. System target was 349.) Appropriate clinically led risk stratification and harm reduction processes remain in place. The Faster Diagnosis Standard (FDS) of 75% was achieved at a SYB level for February and coupled with reduction in prolonged pathways, this is real evidence of the positive impact of all the focused pathway improvement work going on. Additional site specific FDS performance in February also showed improvement – particularly in those pressured pathways like Lower Gastrointestinal.	The COVID pandemic continues to impact the pathways and work to reduce the backlog of patients remains high priority.	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.
12 hour waits to admission from decision to admit (Trolley Waits)	Unfortunately, 7 patients waited for more than 12 hours for a hospital bed following a decision to admit in March 2022 at STH. Further detail into these breaches has been requested, but initial data suggests there were onward transport issues whilst waiting for a mental health bed. Also, several breaches were caused due to significant challenges creating patient flow out of the Acute Medical Unit (AMU). Patient flow is influenced by four key factors; the efficiency and effectiveness of clinical treatment, the ability to discharge to suitable accommodation, the prompt delivery of social care, and access to specialist hospital placements. Sheffield Health and Social Care (SHSC) has mobilised a significant piece of work to bring about improvements to the efficiency and effectiveness of clinical treatment in order to increase the rate of patient flow. This is being led by the Clinical Director, Head of Service and Head of Nursing. In addition, a place-based response is being mobilised by the Director of Adult Social Care to improve availability of suitable accommodation, the prompt delivery of social care, and access to specialist hospital placements. There are a number of additional factors, which are unique to Sheffield and have impacted upon patient flow: • All mental health hospital wards have experienced an outbreak of Covid-19 resulting in closure to admission and greater reliance on out of area hospital providers. • SHSC is undertaking a programme of refurbishment across their mental health hospital sites to meet fundamental standards of safety. This has required them to decant a full ward into block-commissioned out of area hospital beds. • There have been delays in the availability of mental health transport providers.	Pressures on specialist mental health inpatient services continue, for both adults and young people, and this situation is being monitored. Sheffield Health and Social Care / Sheffield Teaching Hospital have an agreed a process to follow to escalate for support before a patient approaches a 12 hour breach and there is ongoing monitoring and support from NHSE.	None

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
A & E Waits	The position in STHFT's A&E department has been challenging due to flow issues throughout the department and across the Trust with a number of beds closed to infection, with just below 10% of staff sickness across the Trust & currently 8 wards closed due to outbreaks. 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. The Multi Agency Discharge Event (MADE) will start at STHFT from Sunday 10th April for a 5 day period to maximise discharges by supporting improved patient flow across the system, recognise and unblock delays, challenge, improve and simplify complex discharge processes. The South Yorkshire ICS is committed to working with NHS Digital to implement the Emergency Department (ED) 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 implemented a pilot of a non-digital version of the ED Streaming and 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 and has been successful in supporting patients in accessing the right care in the right place at the right time, and managing the demand across the Urgent and Emergency Care system. The NHS Digital Streaming model has now been signed off by the Trust Executive Group. The Trust go-live date was 6th April 2022; the UEC Team will ensure Governing Body is updated on the impact of the digital model. 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. As part of phase 2, the organisations have been asked to design relevant interventions for their communities based on what they have heard. The Engagement and Urgent Care Teams have received both the first and second round of reporting which is currently being worked through, with actions being prioritised accordingly.	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 in making the right healthcare choices to ensure their safety, as well as making sure they get the right treatment in the most appropriate place.
Ambulance handover / crew clear times	There were a number of significant delays during the last month in Sheffield and wider South Yorkshire. Significant flow issues (closed beds for Infection Prevention & Control reasons impacted flow to base wards, particularly for General Medicine) resulted in a number of handover delays at STH; both 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. Over half of patients calling YAS can be re-directed/transported away from emergency departments to reduce handover delays - further work on single point access and pathway options are need to increase non-conveyance and ultimately give the most appropriate care for patients. Work is underway to look at best practice from neighbouring areas such as Leeds and Nottingham. The Operational Lead for the Care Group 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 have been initiated to respond to increased operational demands linked to COVID combined with other non-elective pressures. The Clinical Decisions Unit has been optimised throughout and a trust-wide bed plan is utilising all available staffed capacity; however, 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)	No national performance targets were met in February. Performance times for all categories remain exceptionally high, with longer response times seen for most measures compared to last month. The proportion of responses in more urgent categories has increased and, coupled with high job cycle times and hospital turnaround times, this impacts on resource availability and performance. Recent exceptional demand and staff availability challenges have heavily impacted on call performance metrics.	Progress continues to be closely monitored.	None this month.

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Mixed Sex Accommodation (MSA) breaches	During February there were zero breaches. During January 2022 there were 3 breaches of the Eliminating Mixed Sex Accommodation standards at STH. Due to a period of exceptional operational demand combined with beds requiring closure due to COVID19 made after careful clinical consideration, a decision was made to place 3 surgical patients in the Northern General Hospital Post Anaesthetic Care Unit (PACU) overnight. Due to further clinical implications, changes were made to the patients identified for transfer. This resulted in 2 women and 1 man being placed in PACU overnight. There were no other surgical patients being nursed in PACU at the time and the PACU staff kept curtains around the patients at all times. Following a review by the Deputy Chief Operating Officer with the Clinical Operations Team involved at the time, the operational pressures were such that unfortunately on this occasion the inability to provide same-sex accommodation was not a consideration and therefore the usual process of escalation and resolution was not followed. The following morning, the 3 patients were moved to suitable accommodation or discharged home. This is the first time a breach of mixed sex accommodation has occurred since January 2019. The Trust remains committed to ensuring that men and women do not share sleeping accommodation, except when it is in the patient's overall clinical best interest, or reflects their personal choice.	Ongoing monitoring.	None requested.
Mental Health CPA 72 hour follow up	Performance in February 22 was 75% against the 80% target. There were 28 discharges; 21 of the 28 were followed up within 72 hours, 5 were followed up within 7 days and the 2 appearing as not followed up after discharge should not have been included as they were discharged to a hospital. Ensuring the discharge destinations are correctly recorded and reported is the data quality work to be progressed with digital and clinical colleagues. The aim is to deliver safe care through ensuring people leaving inpatient services are seen within 72 hours of being discharged. Please note, the information provided shows compliance with the 72 hour follow-up target for ALL eligible discharges from inpatient areas; previously, this has been reported as discharged patients on CPA. SHSC have reported that weekly reports are in place and improvements are seen in Recovery North Team but have not been sustained in the South. A time-limited group has been set up to outline proposals for the process, systems and measurement of the 5 principles that have replaced CPA by end March 2022; however, the focus remains on ensuring completion of annual CPA reviews until alternative systems are in place.	We will continue to manage performance in Contract Management Group.	To continue to receive monitoring reports on this national standard.

Mental Health Measures Performance Dashboard: Actions

Early Intervention in Psychosis (EIP)	The performance against the EIP target dropped below the target for the months of November, December, January and remains low in February at 37% (provisional figure). The target is 60% of EIP patients seen in 2 weeks. The average performance against the 60% target has been 68% for the last 24 months, showing the system is capable of meeting the target. However, the service has failed to meet the target in 4 months due to the impact of long and short term staff absences. The service is continuing develop an assessment team who will manage everything from the point of referral generally improving the overall care pathway .	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.

1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Improved Access to Psychological Therapies (IAPT)	IAPT reporting has been reinstated for CCG and the latest quarterly data is shown in the dashboard. COVID has had a significant impact on IAPT services nationally and in Sheffield. The SHSC service is currently working to increase access. 1,277 people entered treatment in March against a target of 1,571 for the month. COVID-19 continues to impacting on staff numbers and inevitably causing higher rates of cancellations from patients/carers.. Nationally, services are around 30% away from meeting the access target - which means that SHSC IAPT is still benchmarking favourably against similar services. A proposed Communications role is crucial for supporting the service with achieving access standards; recruitment has not been successful to date and has gone back out to advert.	Ongoing.	Governing Body is asked to continue to receive these updated position statements, until this standard is delivered consistently.
Dementia Diagnosis	As at end of February 2022, 70% of those people aged 65+ who are estimated to have dementia in Sheffield had been diagnosed. This equates to 4,485 people diagnosed against an estimated 6,403 number of people living with dementia (aged 65+). Our local Dementia Diagnosis target (of 71.5%) has not been achieved; however we continue to exceed the national target (66.7%) and current South Yorkshire & Bassetlaw (SYB) benchmark (69.1%). Sheffield followed the national trend and experienced a decline in diagnosis rates since the pandemic. There has been some improvement in diagnosis rates from early 2021 which has been broadly maintained. However, there has been a slight decrease in performance in January and February rates; this correlates with: 1. An increase in referrals to the Memory Service, which indicates that people who were previously not coming forward to their GP for suspected dementia (during the pandemic) are now being referred on for diagnosis. 2. Increased waiting times within the Memory Service - as at the end of December 2021, waiting times for initial assessment had gone down from 16 weeks to 13.4 weeks. However by the end of February 2022, this had increased to 18.9 weeks from referral to initial assessment and a total of 28.9 weeks from referral to diagnosis/treatment. The CCG allocated additional funding to the SHSC Memory Service from April 2021 to address waiting times for diagnosis but this has only partly mitigated the problem, due to issues with staff recruitment and also long waits for CT scans. Ongoing work regarding further attempts at recruitment and a review of the CT scan pathways to improve waiting times, help with waiting times. Also, earlier referral to community dementia/memory loss support (commissioned by Sheffield City Council) and plans for a wider review of memory service model to support services.	We will continue to monitor the situation with regard to these patients until we can confirm the Dementia Diagnosis rates are higher.	None requested.

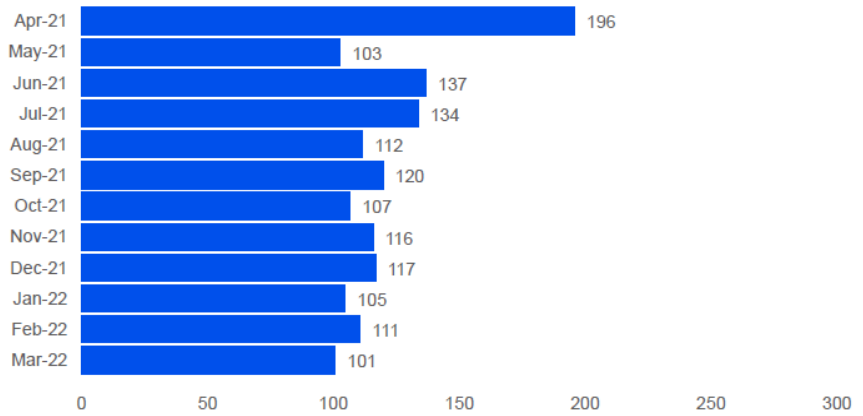
1.2 NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Delayed Transfers of Care (DTOC)	The CCG has been working closely with system partners through the Sheffield System Discharge Implementation Group (SSDIG) since the start of the pandemic, setting out actions and plans to implement the national hospital discharge service requirements. In December 2021, NHSE issued a request to reduce the numbers of those without a reason to reside in an acute bed by 30% (original ask was 50% at the beginning of the Omicron wave). In February 2022, a review of the impact of current initiatives was undertaken to identify the immediate risks and mitigations needed for Quarter 1 22/23, given the removal of the national Hospital Discharge Fund, and reduction in COVID-19 additional funding at the end of March 22. The collective plan sets out a range of detailed actions that have been implemented to help reduce the current backlog and enable safe discharge from hospital. This plan has some assumptions that demand and referral patterns remain consistent with those for Q1 21/22. Plans include: • Increased capacity in care in short term care at home - Reablement and Intermediate Care Support (Active Recovery) • Initiative/interventions to support to increase and stabilise capacity, support resilience and work force in the independent home care sector including, payments and reward incentives to care staff, well being packages and support with mental health well being • Care at Night (CAN) review including reprovision to a single provider • Additional capacity in spot purchased beds to facilitate assessments outside of hospital and spot purchasing of individual beds where appropriate • 76 Community Care Home Beds commissioned until 31st March then 46 from April reducing by June (funded by NHS/STH) – to enable discharge of people who require a package of care to return home • Establishment of Adult Mental Health working group – identify access and provision of accommodation for people with significant MH needs to help support discharge pressures and unmet need • Additional Fast Track and Night Care support, palliative care support and End of Life Care • Additional capacity in Voluntary Care Services – support for people to return home, support for families bridging the gap whilst they wait for statutory care, and practical support, equipment, and emotional support post discharge • A range of incentives identified to improve internal process and procedure in acute and community settings and with Primary Care Services and GPs • Dedicated support to daily discharge meetings, escalation and task and finish groups • Working with NHSE on improvement of data and internal process and joint working.	Additional work is progressing on reducing long lengths of stay.	None requested.

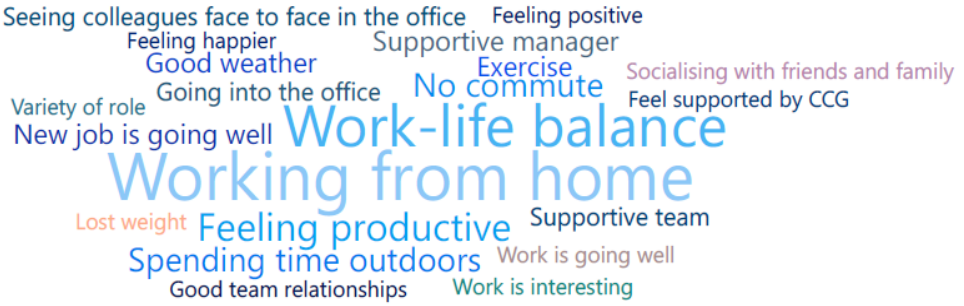
2.1 Sheffield CCG HealthCheck Report: Monthly staff temperature check

Sheffield CCG Staff Temperature Check Mar-22

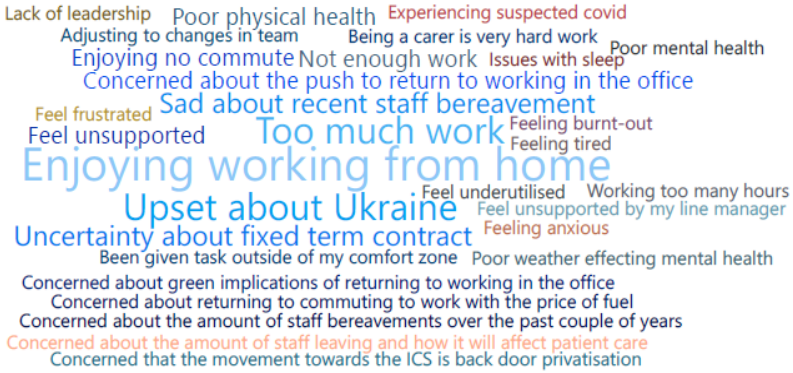
Number of responses



What is going well?

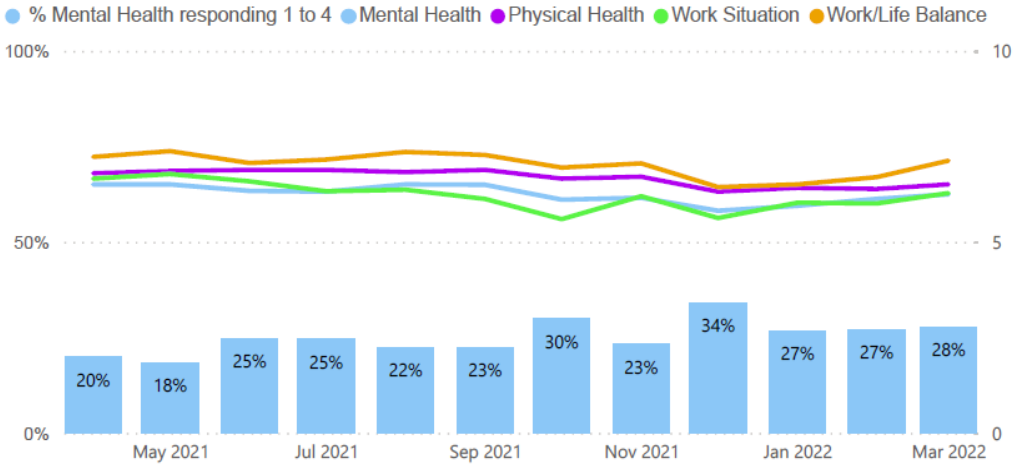


How are you feeling?



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

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

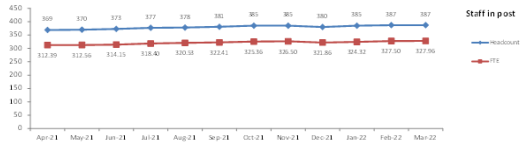


2.2 NHS Sheffield CCG HealthCheck Report: Human Resources Indicators

NHS Sheffield CCG HR Data as at 31 March 2022

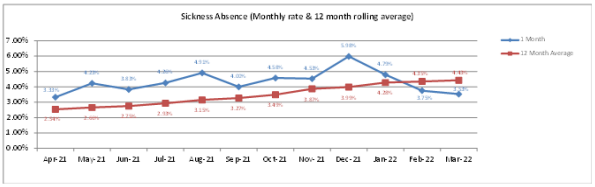
Staff in Post

The organisation's headcount and full time equivalent (FTE) for the period 1 April 2021 to 31 March 2022 is shown below:



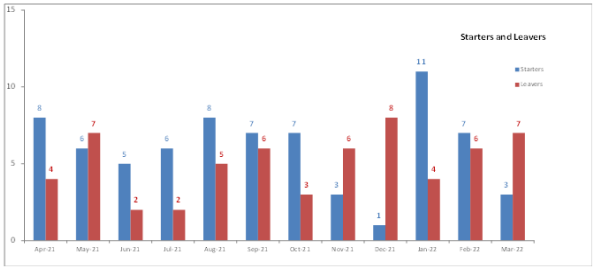
Sickness Absence

The monthly sickness absence rate for March 2022 was 3.53%, the lowest rate since April 2021. This is due to a reduction in long term sickness absence.



Starters and Leavers

The graph below shows starters and leavers from 1 April 2021 to 31 March 2022:



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.

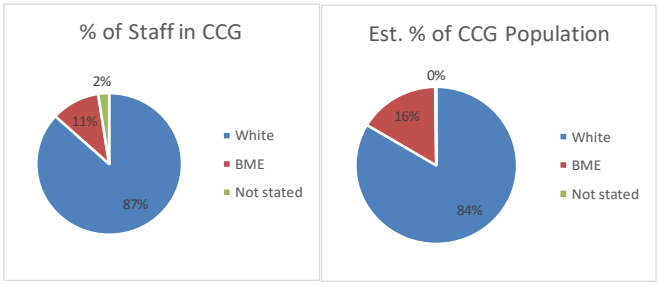
Directly Employed Stat/Mand completed	
Fraud	90%
Prevent	96%
Risk	85%
Bullying and Harassment	84%
Managing Conflicts of Interest Module 1	90%
Data Security	85%
Equality and Diversity	92%
Fire Safety	84%
Health and Safety	92%
Infection Prevention and Control	92%
Moving and Handling	89%
Safeguarding Adults	93%
Safeguarding Children	92%

Staff Ethnicity in Sheffield CCG

The current ethnic breakdown for Sheffield CCG staff

Ethnic Group	% of staff in	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



3.1 Sheffield Covid-19 update - Key Messages April 2022

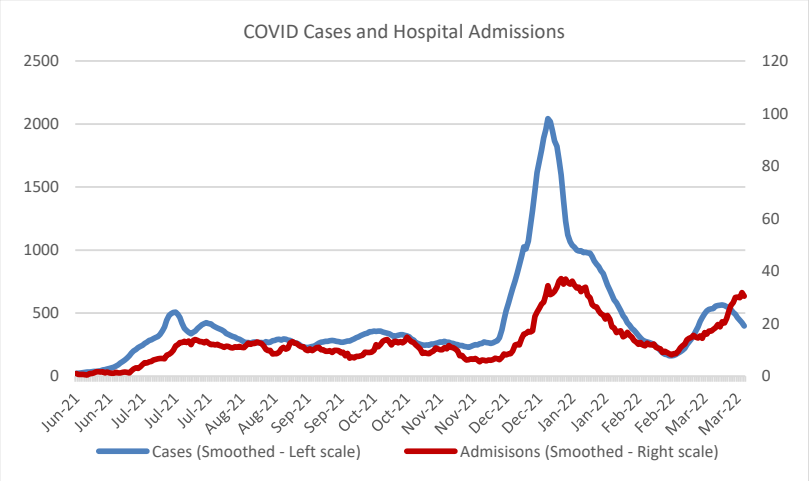
Testing

• As at 7th April 2022, Sheffield had recorded 2157 positive test in the previous 7 days

• As at 3rd April numbers testing were below the autumn levels, but the proportion that had positive results were high

• Admissions fell after the Christmas spike but have increased in recent weeks

• As at 12th April 319,218 people had received their booster dose.



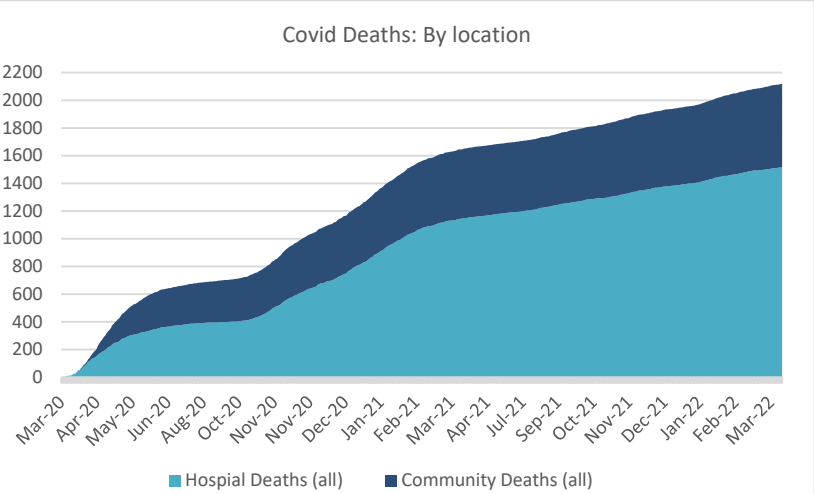
Hospitalisations

• There have been an average of 22 hospitalisations per day with Covid-19 - in the past 28 days. Bed occupancy has risen steadily since early March.

Deaths

• As of 1st April there have been 2118 deaths registered for Sheffield Patient's, with a mention of Covid-19 on the death certificate.

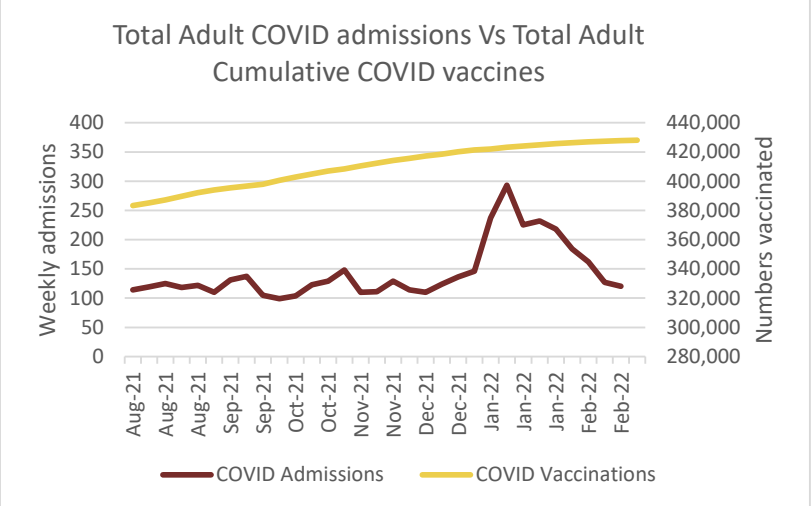
• 1517 of these were in hospital and 601 were outside hospital. Based on registered deaths, Sheffield is recording an average of 0.6 deaths per days based on the previous seven days.



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 429,064 (79.6%) and 410,005 with second dose (76.06%).



4.1 Priorities and Operational Planning 2021-22

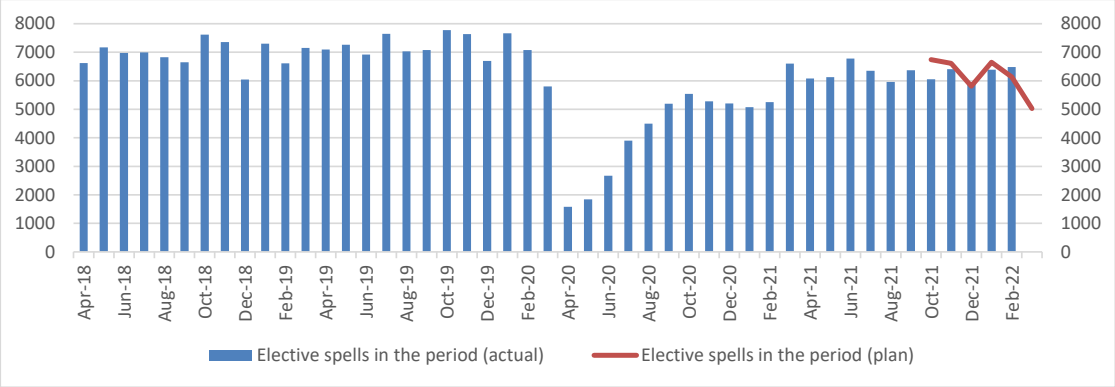
Following the 21/22 planning priorities and operational guidance set out in March, a review at these priorities was taken in September and the 6 areas set out in March remained the priority. Below, brings together some of these key priorities showing actual vs. trajectory, showing against latest available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

Elective Activity

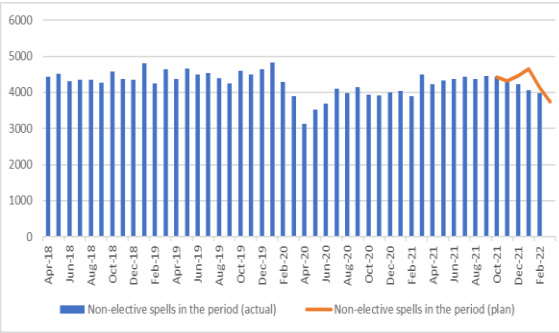
During the first half of 21/22 elective activity began to see a rapid recovery following the impact of COVID-19. However, due to the rise in COVID-19 admissions and non-elective pressures, workforce constraints in the system the recovery was slowed considerably.

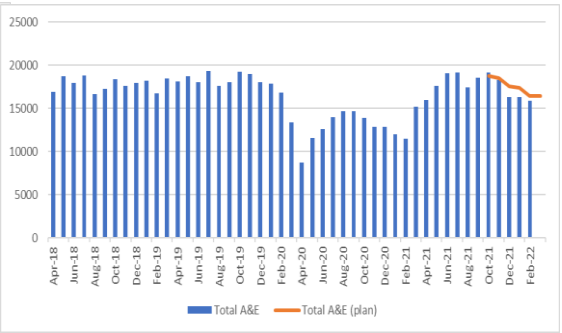
The aim is to return to (or exceed) pre-pandemic levels activity, ensuring patients waits are reduced and prevent further lengthening of waiting lists.

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 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 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



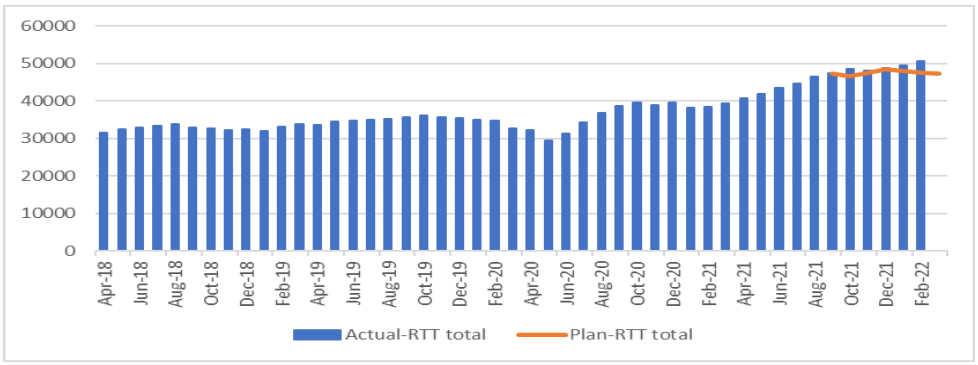


4.1 Priorities and Operational Planning 2021-22

Referral to Treatment (RTT) Waiting times

The ambition is for systems to:
- Eliminate waits over 104 weeks by Mar 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

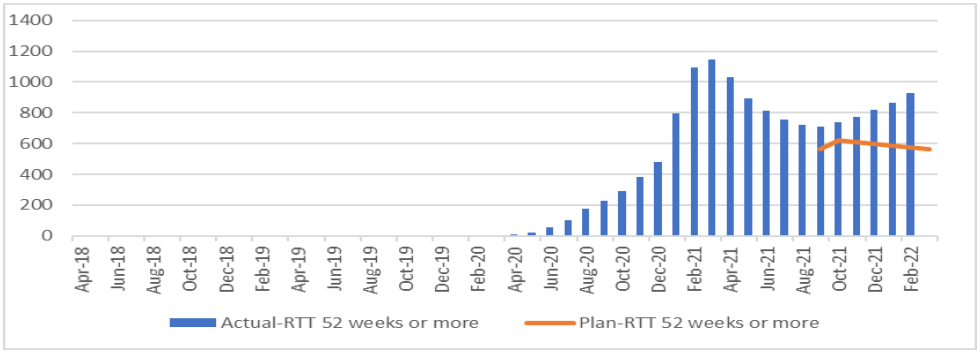
Since the planning guidance was issued, a further request was issued regarding 104wk+ waiters, ensuring that:
- 100% of patients in the 82 weeks+ cohort are offered a confirmed next appointment or TCI date and that activity is booked now to the end of the financial year
- 100% of non-admitted patients 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.

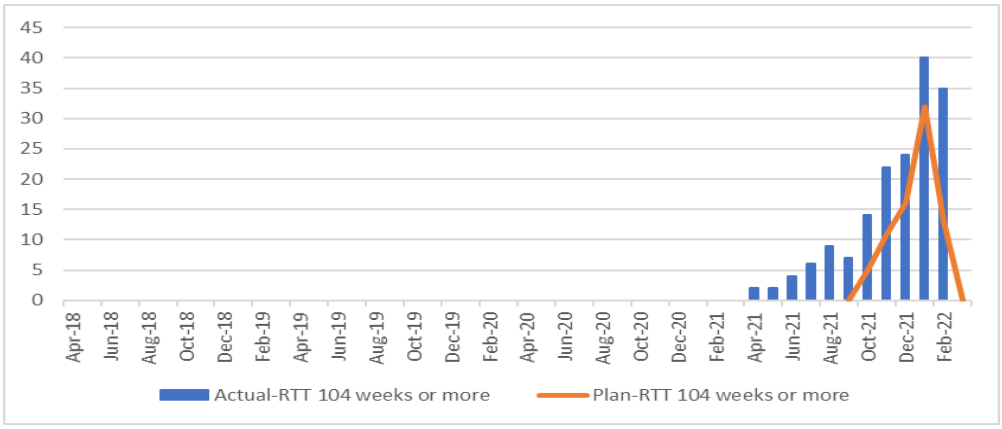


4.1 Priorities and Operational Planning 2021-22

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.



4.1 Priorities and Operational Planning 2021-22

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.