

Notes from Official NHS documents

https://syics.co.uk/application/files/3616/9521/5015/NHS_South_Yorkshire_ICB_Annual_Report_and_Accounts_2022_2023.pdf

South Yorkshire has a population of over 1.4m people and is served by 186 GP practices, nine NHS trusts and four local authorities, as well as the South Yorkshire Mayoral Combined Authority.

Nearly £4bn spent on health and care each year across the region (how much as Labour promised to spend to reduce waiting lists?)

Men and women living in South Yorkshire die around a year and a half earlier than people living in other parts of England. Men and women living in the most deprived parts of South Yorkshire die around nine years earlier than those living in the most affluent parts of South Yorkshire. As well as living shorter lives, those living in the most deprived parts of South Yorkshire will also be living those years in poorer health. So, South Yorkshire has significantly lower life expectancy than the national average and within the region there are considerable disparities between communities.

Areas of problems

Waiting times in Accident and Emergency departments	95% of patients who attend an A&E department are to be admitted to a hospital bed, discharged from the department or transferred to another hospital within four hours of arrival.	ICB did not meet the standard	Poorest performance was 64.8% in December after which performance significantly improved in January (73.4%) and again in February reported (71.7%). The latest England average data for February was 71.5%. However, Sheffield Children's NHS Foundation Trust continues to be the highest performer across South Yorkshire and
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			<p>fourth in the country.</p> <p>Providers in the ICB have struggled to meet this target for some time, performance continues to be linked to increased patient acuity (this could be linked to increasing difficulty to access GPs so people end up in A&E), levels of no criteria to reside (this is an improving position), short notice staff absence and less experience in the workforce along with timely bed availability</p>
Waiting times for elective treatment	<ul style="list-style-type: none"> • 92% of all patients should wait less than 18 weeks for their treatment to start. • No patients should wait more than 52 weeks for treatment to start. • No patients should wait more than 78 weeks for treatment to start. • No Patients should wait more than 104 weeks for treatment to start 	<p>SY NHS did not meet the standard</p> <p>Performance for January 2023 for the ICB was 67.0% against a standard of 92%.</p> <p>The England average performance for January was 58.3%</p>	<p>At the end of January, the ICB (commissioner) had:</p> <ul style="list-style-type: none"> • 5,079 patients waiting over 52 weeks • 730 were waiting over 78 weeks • 37 were waiting over 104 weeks <p>Elective care is challenged nationally as a consequence of Covid and high demand for emergency care. The delivery of 65 weeks delivery continues to be challenging, impacted by the pressured winter and industrial action</p>
			<p>The size of the waiting list continues to grow alongside longer waiting times and patients with increased acuity is leading to a higher proportion of complex procedures being undertaken. The longest waiting patients continue</p>

			to be prioritised alongside those with high clinical risk scores.
Waiting times for diagnostic tests	<ul style="list-style-type: none"> • 99% of patients should wait six weeks or less for their test/s from the date they were referred 	<p>SY NHS did not meet the standard.</p> <p>Average performance for the period July 2022 to January 2023 was 31.0%.</p> <p>England average performance July to January was 69.2%.</p>	<p>There have been a number of challenges across the different diagnostic modalities over the past year and recovery plans have been implemented to mitigate these issues. Performance across the system has seen fluctuation across the months. January 2023 data shows an increase in the numbers seen within 6 weeks, numbers are some way away from the 95% requirement</p>
Cancer	<ul style="list-style-type: none"> • Cancer waits – Two-week wait • Cancer waits – 31 days • Cancer waits – 62 Days 	SY NHS did not meet the standard	<p>Average performance for the period July 2022 to Jan 2023 was:</p> <ul style="list-style-type: none"> • 2 weeks wait – 86.2% against a standard of 93% • 31 days – 88.6% against a standard of 96% • 62 days – 60.4%, against a standard of 85%
Ambulance Response times	<ul style="list-style-type: none"> • Length of time for an ambulance to respond to an emergency as determined by the categorisation of the call and how urgent and time critical it is deemed to be. 	SY NHS did not meet the standard	<p>The latest performance has met target for the first time since May 2022.</p> <ul style="list-style-type: none"> • Cat2 response time (standard 18mins (mean)) as at February 2023 is 27mins 34secs. • Cat2 response time (standard 40mins (90th percentile) as at February 2023 is 1hr 2mins 15secs. • Cat3 response time (standard 120mins (90th percentile) as at February 2023 is 3hr

			<p>9mins 41secs.</p> <ul style="list-style-type: none"> • Cat4 response time (standard 180mins (90th percentile) as at February 2023 is 3hr 34mins 22secs. <p>Yorkshire Ambulance Service NHS Trust (YAS) has been unable to deliver these standards across the year, which include 999, 111 and Patient Transport Services (PTS). This position reflects the challenge for ambulance services across the country</p>

[https://syics.co.uk/application/files/3616/9521/5015/NHS South Yorkshire ICB Annual Report and Accounts 2022 2023.pdf](https://syics.co.uk/application/files/3616/9521/5015/NHS_South_Yorkshire_ICB_Annual_Report_and_Accounts_2022_2023.pdf)

From source below

<https://www.shsc.nhs.uk/sites/default/files/2023-07/Quality%20Account%202022-23.pdf>

Sheffield is an unequal city with an 8-10 year life expectancy gap between areas that fall within the 10% most deprived in the country (Burngreave, Firth Park, Southey, Manor Castle, and Park and Arbourthorne) and areas amongst the 1% most affluent in the UK (Fulwood, Ranmoor and Dore). There is a high concentration of people seeking asylum and refugee status in some parts of the city, together with a high population of people over the age of 65 years living in other parts of the city.

People in poorer parts of Sheffield live shorter lives and have worse health than those in more affluent areas. We also see similar disparities affecting groups with specific shared characteristics, such as people from diverse communities, or people with learning disabilities.

<https://www.england.nhs.uk/wp-content/uploads/2023/08/sth-nhs-turst-ara-22-23.pdf>

<https://www.england.nhs.uk/wp-content/uploads/2023/08/sth-nhs-turst-ara-22-23.pdf>

Sheffield Teaching Hospitals NHS Foundation Trust, Annual Report and Accounts
2022/2023

<https://www.sth.nhs.uk/clientfiles/File/STHNHSFT%202023%20Quality%20Report-final.pdf>

The response rate to the 2022 survey from STH staff was 39% which whilst an improvement on the previous year, was below the national average for our benchmarking group of Acute/Combined Acute and Community Trusts (44%).

<https://www.sth.nhs.uk/clientfiles/File/STHNHSFT%202023%20Quality%20Report-final.pdf>

Page 38

As in 2021, the 2022 NHS Staff Survey was once again benchmarked in line with the NHS People promise. There is a theme for each of the 7 elements of the NHS People Promise plus the Staff Engagement and Morale retained from previous years. As in previous years each theme is scored out of 10.

Each of the themes has been broken down into sub-theme scores. The trust was average for our benchmarking group (i.e. Acute/Acute and Community trusts) for five themes:

- We are compassionate and inclusive.
- We are recognised and rewarded.
- We each have a voice that counts.
- We are safe and healthy.
- Morale.

The trust scored below average for four of the themes:

- We are always learning.
- We work flexibly.
- We are a team.
- Staff engagement.

The only statistically significant improvements were in We are always learning and We are a team and the two statistically significant deteriorations were in We are recognised and

rewarded and Morale.

As in 2021, the highest score overall was achieved in We are compassionate and inclusive (7.2) and the lowest in We are always learning (5.2) which showed an improvement despite being below average.

The percentage of staff who would recommend the Trust to friends and family as a place to be treated remains above the benchmark average at 68.3% (down from 76.3% in 2021). The percentage of staff recommending the Trust as a place to work dropped to 56.5% which was average for the benchmark group (down from 62.3% in 2022).

Friends and Family Test

The Trust continues to participate in the Friends and Family Test (FFT), which is carried out in inpatient, outpatient, A&E, maternity, and community services. The FFT asks a simple, standardised question; 'Overall, how was your experience of our service' with a six-point scale, ranging from 'very good' to 'very poor'. The definition of positive and negative scores are in line with national guidance and therefore the positive score is based on responses of 'Very good' and 'Good'. The negative score is based on a response of 'Poor' and 'Very poor'. 'Don't know' or 'neither good nor poor' don't count towards a positive or negative score but are included in the denominator

Complaints from patients

<https://www.sth.nhs.uk/clientfiles/File/STHNHSFT%202023%20Quality%20Report-final.pdf>

Not the NHS alone: Link with health inequalities and Link with social care

Link with social care

According to

<https://www.sth.nhs.uk/clientfiles/File/STHNHSFT%202023%20Quality%20Report-final.pdf>

Sheffield Teaching Hospitals NHS Foundation Trust Quality Report 2022/2023

Providing timely emergency care has been further compounded by a poor flow of patients out of our care during this year. The number of patients who were medically fit but their discharge was delayed because of social and nursing home care waits increased to one of the highest levels we have seen for some time. The knock-on effect of this is that we had less beds available for patients waiting to be admitted from A&E and for those coming in for planned operations. We have taken several measures to manage this situation both internally and in partnership with Sheffield City

Council and other care providers

For example, we opened a new Same Day Emergency Care (SDEC) Assessment Unit to enable appropriate patients to be seen, diagnosed and treated or discharged without needing to come through A&E or be admitted on to a ward. This has provided a better patient experience and reduced some demand on pr As part of the city-wide response, additional capacity was commissioned for social care support along with more intermediate care beds. Our ward and community teams have been instrumental in reviewing how the current transfer of care processes work and along with social care colleagues have made significant improvements. Sustaining the position is difficult in the current climate but continued joint working, particularly in attracting and retaining people to work in social care, will be key to meet the demand we are experiencing.essured aspects of our emergency services.