

<b>Title of Meeting:</b>	<b>Governing Body Meeting</b>	<b>Agenda Item: 5.1</b>									
<b>Date of Meeting:</b>	<b>27 August 2020</b>	<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td><b>Public</b></td> <td>X</td> </tr> <tr> <td><b>Private</b></td> <td></td> </tr> <tr> <td><b>Development Session</b></td> <td></td> </tr> </table>		Session (Tick)		<b>Public</b>	X	<b>Private</b>		<b>Development Session</b>	
Session (Tick)											
<b>Public</b>	X										
<b>Private</b>											
<b>Development Session</b>											
<b>Paper Title:</b>	<b>Quality and Performance Report</b>										
<b>Responsible Governing Body Member Lead</b> Julie Warren, Director of Corporate Services, Governance and Performance Sue Peckitt, Chief Nurse		<b>Report Author and Job Title</b> Jane Baxter, Assistant Director of Corporate Services									
<b>Purpose (this paper is for)</b>	<table border="1"> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> <tr> <td></td> <td></td> <td>X</td> <td></td> </tr> </table>			Decision	Discussion	Assurance	Information			X	
	Decision	Discussion	Assurance	Information							
		X									
<b>Has the report (or variation of it) been presented to another Committee / Meeting?</b> <b>If yes, state the Committee / Meeting:</b> No, however future reports will be reviewed at the Quality and Clinical Governance Committee.											
<b>Executive Summary</b>  This report provides an overview and assurance of any quality and performance issues and specifically provides data on the following standards for Quarter 1 2020, including: <ul style="list-style-type: none"> <li>• 18 Week Referral to Treatment Target (RTT)</li> <li>• Diagnostic and Accident and Emergency (A&amp;E) Waiting Times</li> <li>• Healthcare Associated Infections (HCAI)</li> <li>• Primary Care GP Appointments</li> <li>• GP Prescribing</li> <li>• Dementia Diagnosis</li> <li>• Improved Access to Psychological Therapies (IAPT)</li> <li>• Mental Health Transforming Care Programme</li> </ul> <p>Data on Cancer Waiting Time standards (CWT) are also provided to the end of May 2020.</p> <p>Throughout the COVID-19 period we have continued to monitor patient safety and quality. Two of our acute providers are in enhanced quality monitoring and we are working closely with them and the regulators to facilitate the necessary improvements.</p>											
<b>Recommendations</b> <b>The Governing Body is being asking to:</b> <ul style="list-style-type: none"> <li>• Receive this report on quality and performance as assurance.</li> <li>• Agree whether they are satisfied they are sighted on the current quality and performance issues and concerns and that assurance has provided that appropriate actions are being carried out to effectively manage any quality and safety issues or risks.</li> </ul>											
<b>Monitoring</b> Quality and Safety reports are brought to each Quality and Clinical Governance Committee for discussion and assurance. Improvement action plans are monitored through the relevant provider quality contract meetings or a subject specific quality improvement meeting where necessary.											
<b>Any statutory / regulatory / legal / NHS Constitution implications</b>		The CCG has a duty to ensure delivery against the NHS constitutional standards.									

<b>Management of Conflicts of Interest</b>	No conflicts of interest have been identified prior to the meeting.
<b>Communication / Public &amp; Patient Engagement</b>	Active and Meaningful engagement is one of the organisations strategic objectives and therefore performance against this objective will be measured in the CCGs performance framework.
<b>Financial / resource implications</b>	No financial implications are detailed within this paper.
<b>Significant Risks to Consider</b>	Any significant risks are detailed within the paper. Significant risks are contained within the Corporate Risk Register and are monitored by the Corporate Risk Review Group, the Executive Directors and Committees.
<b>Outcome of Impact Assessments completed</b>	Where any policies, projects or functions are identified as having adverse effects on people who share Protected Characteristics the assessment and action plans will be included. As a formal impact assessment is not appropriate for this report.

**Jane Baxter**  
**Assistant Director of Corporate Services**

## NY Performance Report v1

Date: 03 August 2020

Author: Mark Butcher



## SUMMARY

Area	Indicator	Latest Data	High or Low	National Threshold	Actual Position	Status
RTT	< 18 Weeks - Admitted	Jun-20	High		69.6%	
	< 18 Weeks - Non-Admitted	Jun-20	High		83.3%	
	< 18 Weeks - Incompletes	Jun-20	High	92%	49.8%	
	> 52 Weeks - Incompletes	Jun-20	Low	0	485	
	Number of Completed Admitted Pathways	Jun-20	High	2,444	749	
	Number of Completed Non-Admitted Pathways	Jun-20	High	7,563	4,293	
	Number of Incomplete Pathways	Jun-20	High	28,365	23,048	

### Status Key:

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<span style="background-color: #d9ead3; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	Low: Below Threshold
<span style="background-color: #d9534f; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	High: Below Threshold
<span style="background-color: #5bc0de; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	Low: Above Threshold
<span style="background-color: #5bc0de; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	No Threshold

Diag	% > 6 weeks - Diagnostics	Jun-20	Low	1%	45.0%	
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Cancer WT	CWT seen - 2 Weeks GP Referral	May-20	High	93%	96.7%	
	CWT seen - 2 Weeks Breast	May-20	High	93%	85.7%	
	CWT treated - 31 days diagnosis	#REF!	High	96%	#REF!	
	CWT treated - 31 days - surgery	#REF!	High	94%	#REF!	
	CWT treated - 31 days - drugs	#REF!	High	98%	#REF!	
	CWT treated - 31 days - radiotherapy	#REF!	High	94%	#REF!	
	CWT treated - 62 days urgent	May-20	High	85%	81.6%	
	CWT treated - 62 days - screening service	#REF!	High	90%	75.0%	
	CWT treated - 62 days - consultant upgrade	#REF!	High		93.3%	

A&E	% < 4 hours	Jun-20	High	95%	94.4%	
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Hospital Infections	Clostridium Difficile (Cumulative)	Jun-20	Low	16	11	
	MRSA (Cumulative)	Jun-20	Low	0	0	
	E.Coli (Cumulative)	Jun-20	Low	79	79	

		Latest Data	High or Low	Op Plan Threshold	Actual Position	Status
GP Referrals	GP Referrals (General and Acute)	May-20	Low	12,436	2,549	
	Other Referrals (General and Acute)	May-20	Low	7,914	2,819	
	Total Referrals (General and Acute)	May-20	Low	11,403	5,368	
	Consultant Led First Outpatient Attendances	May-20	Low	7,133	2,456	
	Consultant Led Follow-Up Outpatient Attendances	May-20	Low	4,270	6,861	
	Total Consultant Led Outpatient Attendances	May-20	Low	11,403	9,317	
	Total Outpatient Appointments with Procedures	May-20	Low	6,327	1,122	
	Total Elective Admissions - Day Case	May-20	Low	26,287	1,040	
	Total Elective Admissions - Ordinary	May-20	Low	36,451	81	
	Total Elective Admissions	May-20	Low	6,327	1,121	
	Total Non-Elective Admissions - 0 LoS	May-20	Low	4,767	698	
	Total Non-Elective Admissions - +1 LoS	May-20	Low	706	1,170	
	Total Non-Elective Admissions	May-20	Low	5,473	1,868	
	Type 1 A&E Attendances excluding Planned Follow Ups	May-20	Low	1,468	5,304	
	Other A&E Attendances excluding Planned Follow Ups	May-20	Low	2,982	3,519	
	Total A&E Attendances excluding Planned Follow Ups	May-20	Low	4,450	8,823	
	RTT Admitted Pathways	May-20	Low	8,097	355	
	RTT Estimated New Periods	May-20	Low	4,411	3,283	
RTT Non Admitted Pathways	May-20	Low	12,508	4,260		

		Latest Data	Actual Position
Primary Care	GP Appointment: Face-to-Face	Jun-20	89,037
	GP Appointment: Non Face-to-Face	Jun-20	67,394
	GP Appointment: Unknown	Jun-20	6,784
	GP Appointment: All Appointments	Jun-20	163,215

		Latest Data	Actual Position	National Threshold	Actual Position	Status
Prescribing	Appropriate prescribing of antibiotics in Primary Care	May-20	Low	0.965	0.877	
	Appropriate prescribing of broad spectrum antibiotics in Primary Care	May-20	Low	10	6.7	

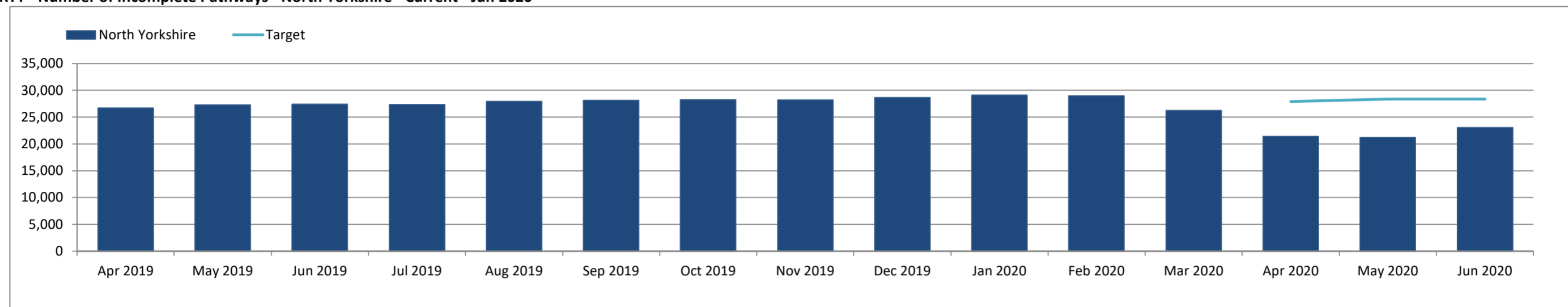
Dementia	Estimated diagnosis rate	Jun-20	High	66.7%	59.5%	
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IAPT	IAPT Roll-Out	Apr-20	High	4.8%	2.6%	
	IAPT Recovery Rate	Apr-20	High	50.0%	51.7%	

## Referral To Treatment (RTT)

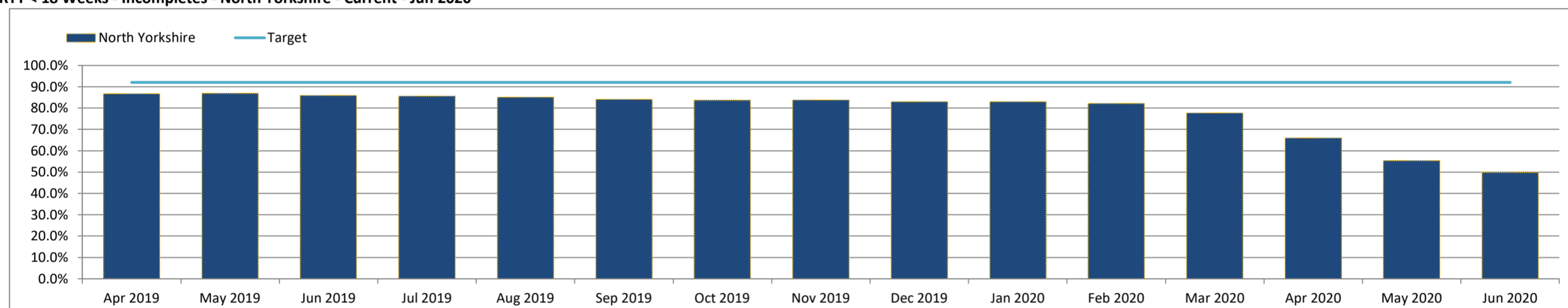
	Latest Data	High or Low	National Threshold	Actual Position	Status
RTT < 18 Weeks - Admitted	Jun-20	High		69.6%	
RTT < 18 Weeks - Non-Admitted	Jun-20	High		83.3%	
RTT < 18 Weeks - Incompletes	Jun-20	High	92%	49.8%	
RTT > 52 Weeks - Incompletes	Jun-20	Low	0	485	
RTT > 40 Weeks - Incompletes	Jun-20	Low	0	1,940	
Number of Completed Admitted RTT Pathways	Jun-20	High	2444	749	
Number of Completed Non-Admitted RTT Pathways	Jun-20	High	7563	4,293	
Number of Incomplete Pathways	Jun-20	Low	28365	23,048	

### RTT - Number of Incomplete Pathways - North Yorkshire - Current - Jun 2020



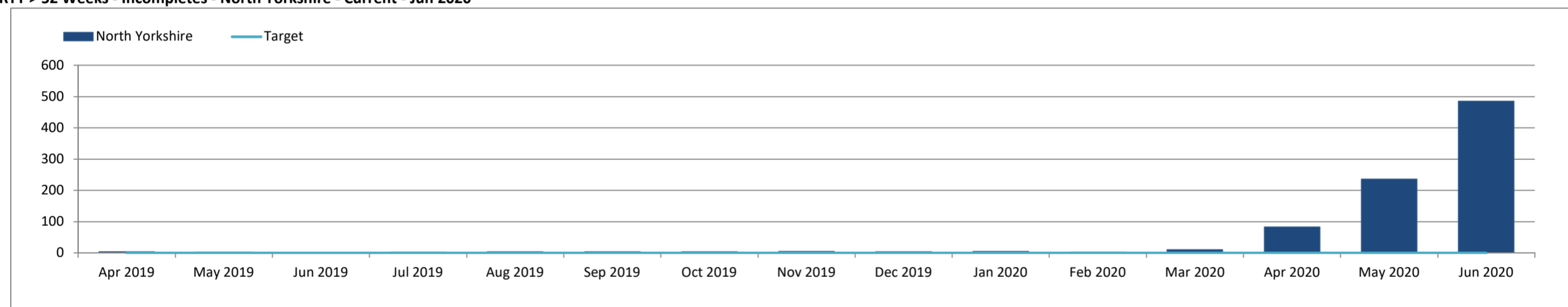
	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
RTT - Number of Incomplete Pathways	26,690	27,260	27,405	27,343	27,971	28,146	28,250	28,202	28,690	29,104	28,962	26,255	21,453	21,197	23,048

### RTT < 18 Weeks - Incompletes - North Yorkshire - Current - Jun 2020



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
RTT < 18 Weeks - Incomplete	86.7%	86.9%	85.9%	85.6%	85.2%	84.2%	83.7%	83.8%	83.1%	83.1%	82.2%	77.7%	66.0%	55.4%	49.8%

### RTT > 52 Weeks - Incompletes - North Yorkshire - Current - Jun 2020



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
RTT > 52 Weeks Incompletes	3	2	1	2	3	3	3	4	3	4	2	10	83	236	485

Waiting lists across North Yorkshire CCG have dropped significantly since December 2019, the expectation is that the restricted access to primary care due to the Covid-19 pandemic lockdown has led to much smaller numbers of GP referrals coming through so we have seen this number drop. In June 2020 there was a rise of almost 2000 on the waiting list, an indication that the system is opening back up again and we could potentially see the number of people waiting continue to rise as secondary care capacity is restricted due to social distancing measures.

The number of patients being seen within 18 weeks has now dropped below 50%, significantly under the 92% target for this metric. Historically across North Yorkshire we were in the mid 80% range throughout 2019/20, but since March 2020 there has been a significant reduction in the proportion of patients seen within 18 weeks.

The number of patients waiting over 52 weeks for treatment has increased significantly over the last 4 months, the target for this indicator is 0 and typically across North Yorkshire we had seen very low numbers on a month by month basis, but as at June 2020 we now have almost 500 patients waiting over a year for treatment, with the likelihood that number will keep increasing for the next 2-3 months. Assurance regarding each provider's clinical harm review process of the waiting list has been sought by the CCG Quality Team. Identified risks explored and escalated as appropriate, specifically around ophthalmology and gastroenterology.

Acute hospital trusts are triaging all referrals to ensure that patients are seen in the right place, first time, should a consultation be required. Advice and guidance is also actively being used. Hospital trusts are reviewing their 52 week wait patients along with other patients waiting significantly longer in line with Royal College of Surgeons guidance on prioritisation. Other methods of prioritisation are also being used to reduce the risk of waiting including Faecal Immunochemical Testing (FIT) and a plan for capsule endoscopy in some hospital trusts through the Cancer Alliance. Changes to pre-procedure testing guidance released at the end of July should improve capacity and patient acceptance of a procedure date. In line with the Letter from NHSEI regarding Phase 3, hospital trusts continue to work hard to recover services and improve capacity and throughput. The planned care groups established in all localities will monitor recovery as part of the group and work to improve pathways to aid recovery in those areas most under pressure.

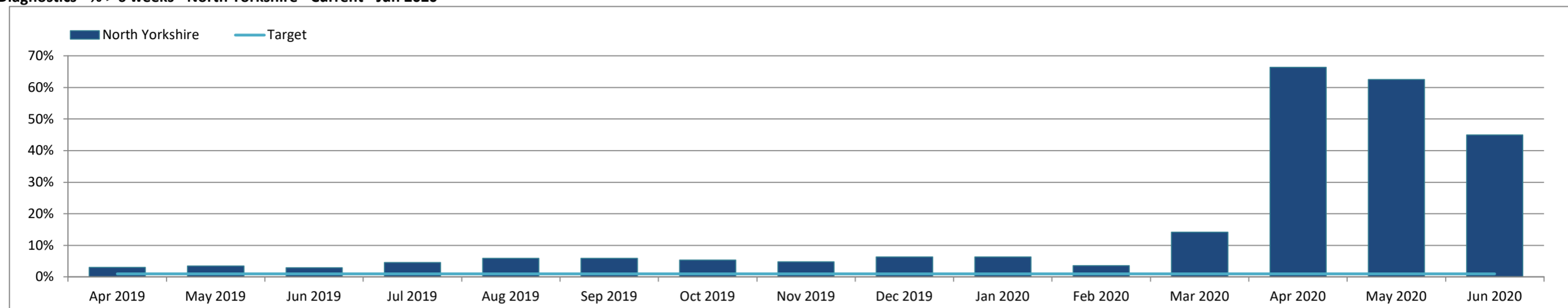
The use of the independent sector is being monitored and close contact with acute providers is being maintained to ensure equitable access for patients based on their prioritisation status.

Where patients are declining their appointment due to concerns regarding attending a hospital environment, rather than being discharged, they are being held on a list with the knowledge of their GP and offered appointments at a later date. This will affect performance but is appropriate given the situation to ensure reduced patient confidence does not increase clinical risk.

## Diagnostic test waiting times

	Latest Data	High or Low	National Threshold	Actual Position	Status
% > 6 weeks - Diagnostics	Jun-20	Low	1%	45.0%	

### Diagnostics - % > 6 weeks - North Yorkshire - Current - Jun 2020



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
% > 6 weeks - Diagnostics	3.0%	3.5%	3.0%	4.6%	5.9%	5.9%	5.3%	4.8%	6.3%	6.3%	3.5%	14.2%	66.4%	62.5%	45.0%

The national target for the number of diagnostic tests within 6 weeks is 1%, historically across North Yorkshire we have been well over this target at between 3% and 6% throughout 2019/20. By April this number had jumped up to over 66% of tests having a wait of over 6 weeks. There has been an improvement in the latest 2 months and we are now at 45% being seen at 6+ weeks.

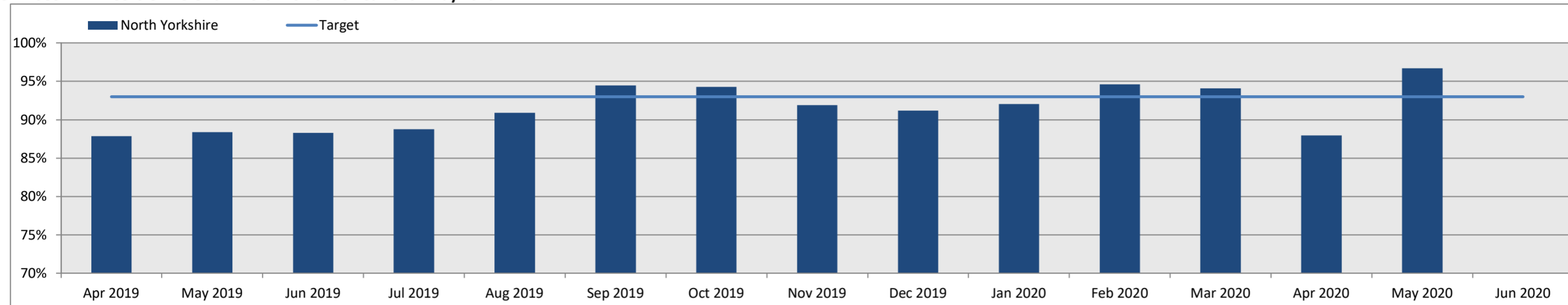
Most hospital trusts have not re-opened direct access pathways for routine referrals to GPs and only urgent and essential referrals are being accepted. Clinical pathways are being reviewed to improve appropriateness of imaging requests e.g. routine spinal MRI and hip ultrasound scan (USS) guided injection to ensure that capacity is optimised to those diagnostic investigations with highest clinical value and outcome. All pathway changes are subject to EQIA review.

Radiology departments and the scanning facilities are challenging areas to enable social distancing to be maintained. This means that capacity and throughput is much reduced. Booking of appointments rather than walk-in is encouraged to enable prioritisation of resource and social distancing to be maintained. Where patients are declining their appointment due to concerns regarding attending a hospital environment, rather than being discharged, they are being held on a list with the knowledge of their GP and offered appointments at a later date. This will affect performance but is appropriate given the situation to ensure reduced patient confidence does not increase clinical risk.

## Cancer Two Week Waits

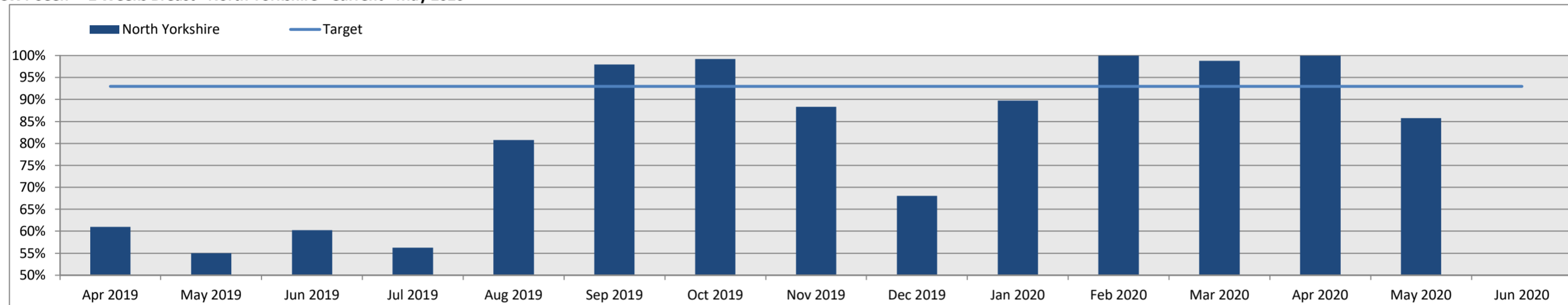
	Latest Data	High or Low	National Threshold	Actual Position	Status
CWT seen - 2 Weeks GP Referral	May-20	High	93%	96.7%	
CWT seen - 2 Weeks Breast	May-20	High	93%	85.7%	

### CWT Seen < 2 Weeks GP Referral - North Yorkshire - Current - May 2020



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
CWT seen - 2 Weeks GP Referral	87.9%	88.4%	88.3%	88.8%	90.9%	94.5%	94.3%	91.9%	91.2%	92.0%	94.6%	94.1%	88.0%	96.7%	

### CWT Seen < 2 Weeks Breast - North Yorkshire - Current - May 2020



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
CWT seen - 2 Weeks Breast	61.0%	55.0%	60.2%	56.3%	80.8%	97.9%	99.2%	88.3%	68.1%	89.8%	100.0%	98.8%	100.0%	85.7%	

For the 2 week wait - breast symptoms metric, which has much lower numbers than the main 2 week wait indicator, performance has fluctuated over the previous year, but for the 3 months around lockdown performance had been high with only 1 breach, but in May 2020, performance dropped to 85.7% with 5 further breaches. Trusts are working to improve capacity, impacted by the reduced throughput for radiology including mammography and ultrasound scan (USS). We continue to work with the cancer alliances and discuss with other hospital trusts the opportunities for mutual aid and increased provision of diagnostics through other routes including the private sector.

COVID-19 has had a significant impact on the numbers of patients being referred by primary care services on 2WW - suspected cancer pathways. In addition, to be able to manage COVID-19 patients in secondary care, there has been a major reorganisation of services again impacting on both diagnostic and clinical capacity.

Nationally, cancer 2WW referrals are at 73% of pre-COVID levels as at 26 August 2020, recovering from a mid-April figure of 25-30% of pre-COVID referral rates.

In addition to specific, local initiatives, common actions across all three main NY providers include:

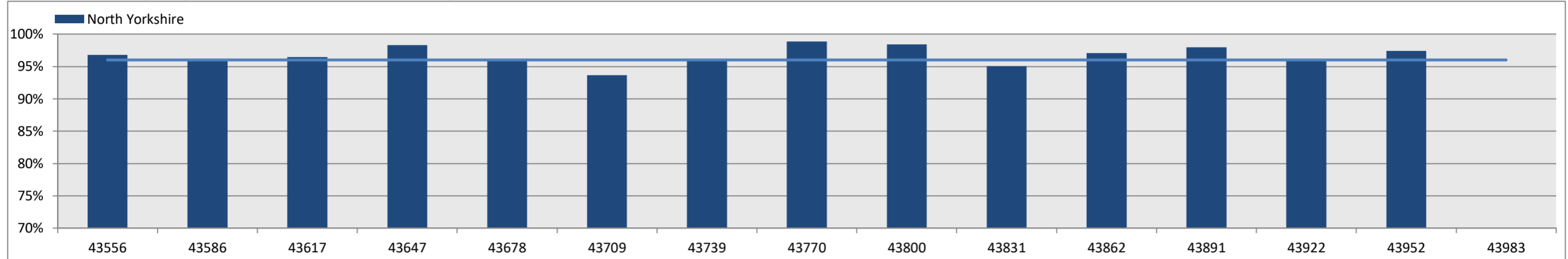
- Development of virtual clinics (it is understood further work is being undertaken by the National Cancer Team to determine if a 'virtual' process is sufficient regarding Cancer Waiting Time (CWT) standards);
- Joint communications between providers and NY CCG re encouragement and support for public/patients to make contact with health services if appropriate;
- Re-instatement of 2WW clinics (as appropriate);
- Risk stratification of referrals (e.g. Faecal Immunochemical Tests (FIT) initiated either in primary or secondary care for all lower gastro-intestinal cancer referrals).



## Cancer 31 Day Waits

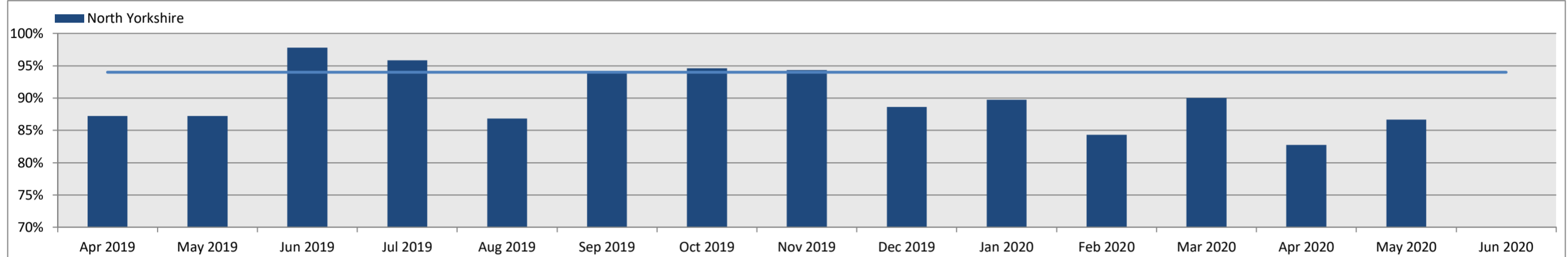
	Latest Data	High or Low	National Threshold	Actual Position	Status
CWT treated - 31 days diagnosis	May-20	High	96%	97.4%	Green
CWT treated - 31 days - surgery	May-20	High	94%	86.7%	Red
CWT treated - 31 days - drugs	May-20	High	98%	100.0%	Green
CWT treated - 31 days - radiotherapy	May-20	High	94%	96.7%	Green

### CWT Treated < 31 Days Diagnosis - North Yorkshire - Current - May 2020



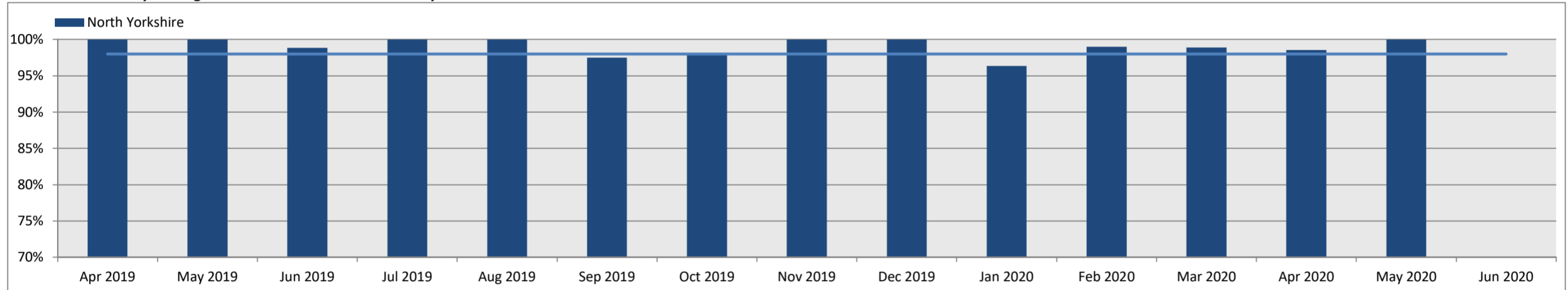
	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
CWT treated - 31 Days diagnosis	96.8%	96.0%	96.5%	98.3%	95.9%	93.7%	95.8%	98.9%	98.4%	95.1%	97.1%	97.9%	96.2%	97.4%	97.4%

### CWT Treated < 31 Days - Surgery - North Yorkshire - Current - May 2020



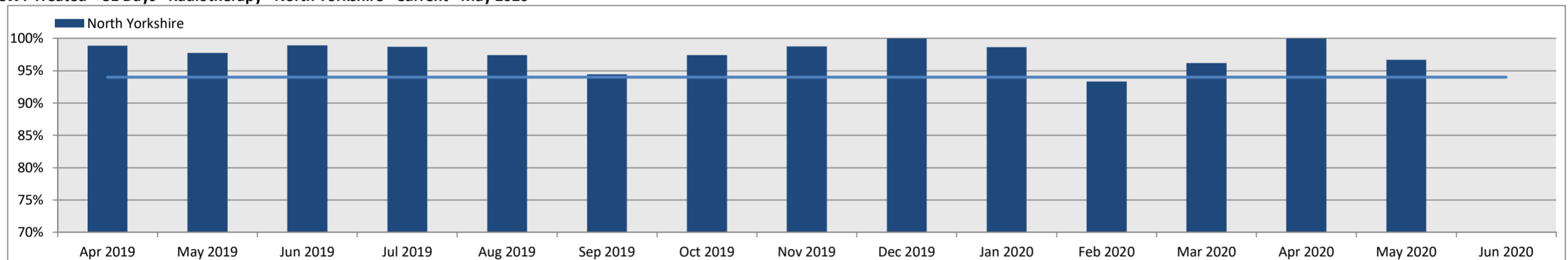
	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
CWT treated - 31 Days - Surgery	87.2%	87.2%	97.8%	95.8%	86.8%	94.1%	94.6%	94.3%	88.6%	89.7%	84.3%	90.0%	82.8%	86.7%	86.7%

### CWT Treated < 31 Days - Drugs - North Yorkshire - Current - May 2020



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
CWT treated - 31 Days - Drugs	100.0%	100.0%	98.8%	100.0%	100.0%	97.5%	97.9%	100.0%	100.0%	96.3%	99.0%	98.9%	98.6%	100.0%	100.0%

### CWT Treated < 31 Days - Radiotherapy - North Yorkshire - Current - May 2020



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
CWT treated - 31 Days - Radiotherapy	98.9%	97.7%	98.9%	98.7%	97.4%	94.4%	97.4%	98.8%	100.0%	98.6%	93.3%	96.2%	100.0%	96.7%	96.7%

Historically for North Yorkshire we have been in the high 80% or low 90% for the main cancer 2 week wait indicator over the last year, prior to lockdown we had hit the 93% target for this metric for 2 months in a row, there was a dip in April where we dropped back down to 88% but have improved again in May to a position above the national target.

For the main cancer 31 days to treatment metric, North Yorkshire CCG has been very close to, or above the 96% target for most of the last year, with only 1 month (January 2020) being slightly under the target. Since lockdown began, although the number of patients seen has decreased, the performance has been maintained.

For the 31 day subsequent treatments metrics, performance has generally been high in both drug treatments and radiotherapy across North Yorkshire. However surgery treatments have often been below the 94% target and have not met the target in any of the last 6 months. Of all the cancer treatment modalities, surgical treatments have been impacted most by Covid-19. Surgical capacity has been limited both by space (Covid-19 free environments) and by workforce. In response providers have been asked to prioritise access to limited surgical services based on the following criteria:

- Level 1a: Urgent- operations needed to save life within 24 hours;
- Level 1b: Urgent- operation needed within 72 hours;
- Level 2: Elective surgery with the expectation of cure (e.g. management of non Covid-19 patients requiring acute treatment for cancer);
- Level 3: Elective surgery can be delayed for 10-12 weeks and will have no predicted negative outcomes.

Actions common across all three main providers include:

- Working with the independent sector to increase treatment capacity;
- Working in partnership within Cancer Alliance footprints to model and develop 'Covid-19 free' sites (including use of the independent sector);
- Daily/ weekly review of 'Cancer Wall' - review of all patients who have suspected or diagnosed cancers and their progress through diagnostic and treatment services.

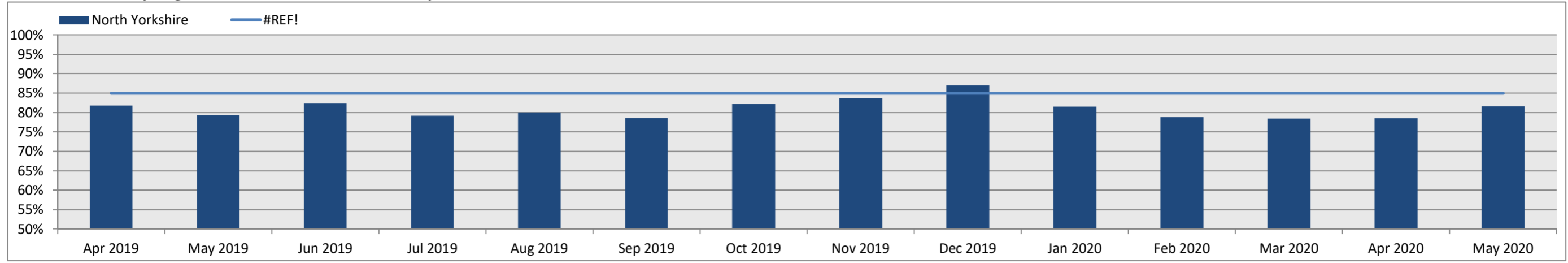
For the most part, chemotherapy and radiotherapy services have been available to patients - provision mindful of the challenges of Covid-19 to immuno-suppressed patients with the result that frequency and dose strength has been reviewed and adjusted as appropriate.



## Cancer 62 Day Waits

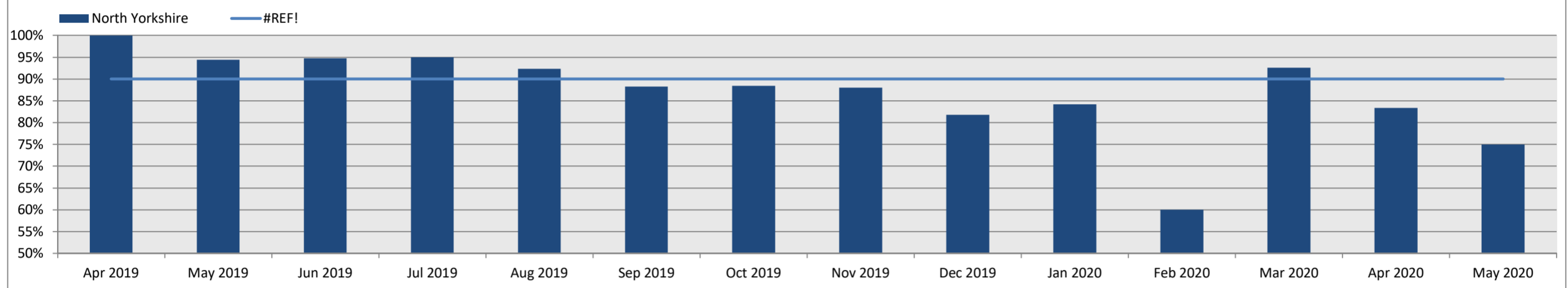
	Latest Data	High or Low	National Threshold	Actual Position	Status
CWT treated - 62 days urgent	May-20	High	85%	81.6%	
CWT treated - 62 days - screening service	#REF!	High	90%	75.0%	
CWT treated - 62 days - consultant upgrade	#REF!	High		93.3%	

### CWT Treated < 62 Days urgent - North Yorkshire - Current - May 2020



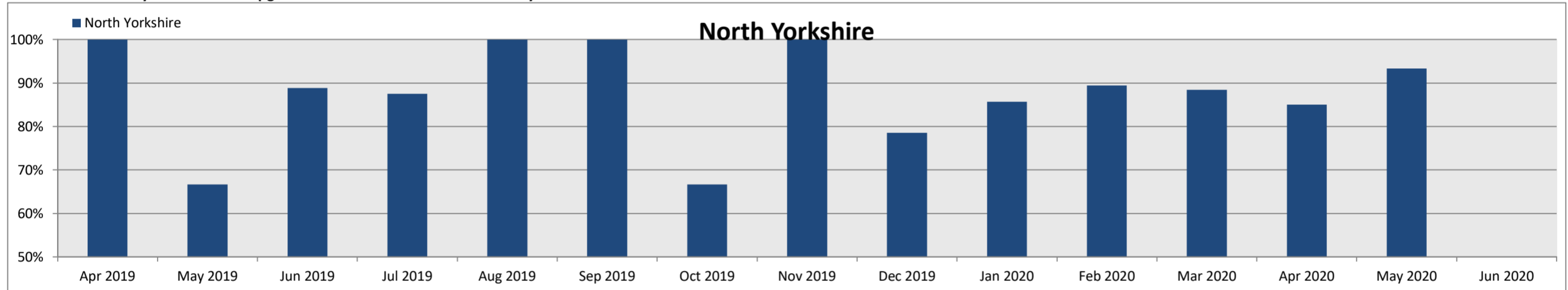
	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
CWT Treated < 62 Days urgent	81.7%	79.3%	82.5%	79.2%	80.0%	78.6%	82.3%	83.7%	87.0%	81.5%	78.8%	78.4%	78.5%	81.6%	

### CWT Treated < 62 Days - Screening Service - North Yorkshire - Current - May 2020



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
CWT Treated < 62 Days - Screening Service	100.0%	94.4%	94.7%	95.0%	92.3%	88.2%	88.5%	88.0%	81.8%	84.2%	60.0%	92.6%	83.3%	75.0%	

### CWT Treated < 62 Days - Consultant Upgrade - North Yorkshire - Current - May 2020



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
CWT Treated < 62 Days - Consultant Upgrade	100.0%	66.7%	88.9%	87.5%	100.0%	100.0%	66.7%	100.0%	78.6%	85.7%	89.5%	88.5%	85.0%	93.3%	

For the main cancer 62 day urgent referral metric, North Yorkshire CCG has failed to meet the 85% target in 11 of the last 12 months, usually falling in the high 70%-low 80% range. Since lockdown began the number of patients seen on this pathway has dropped significantly, but the performance against the target has remained static.

For the cancer 62 day screening metric North Yorkshire CCG was over the 90% threshold up to August 2019, but since then has only met the target once in the subsequent 9 months. Patients seen on this pathway however tend to be few on a monthly basis, so while in the latest month performance was only 75% that only equated to 1 breach of the target.

The 62 day consultant upgrade metric does not have a national target, and numbers tend to be low, however North Yorkshire CCG has historically had a performance in the 80%-90% range. Since lockdown the number of patients who receive a consultant upgrade has increased slightly, while the performance has been maintained.

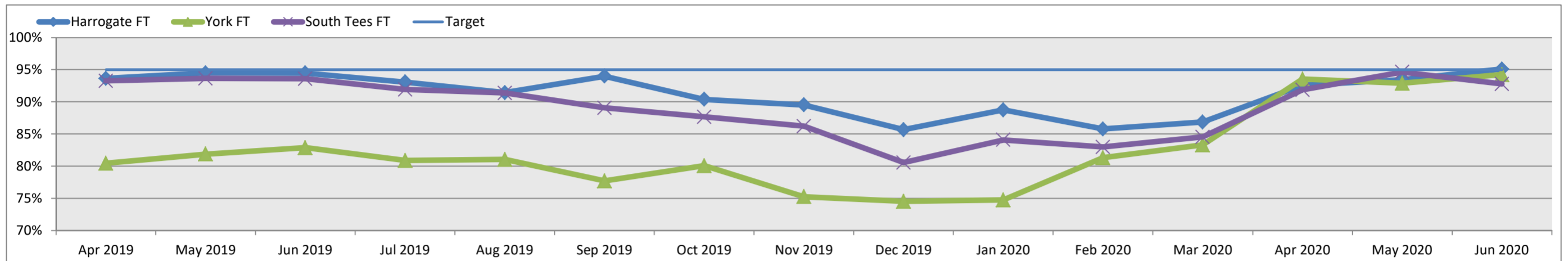
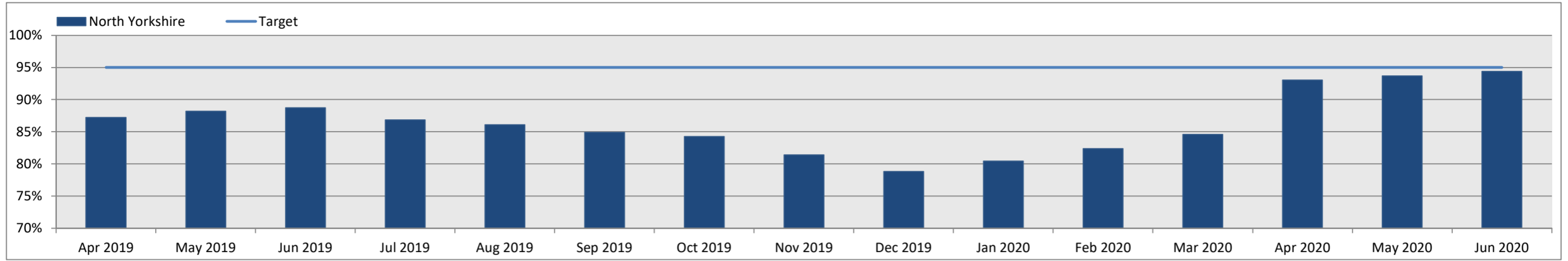
This operational standard was a challenge to most providers and Cancer Alliances prior to Covid-19 and performance service reviews reflect both limits to diagnostic capacity and workforce. These issues are areas for service improvement at national, regional and local levels.

As this operational standard covers the patient journey from referral to first treatment, it encapsulates and builds upon service improvements pertinent to the cancer 2 week wait target and cancer 31 day target. Commissioners and providers are proactively and collaboratively engaged under the umbrella of Cancer Alliances (Humber Coast and Vale; North of England and West Yorkshire and Harrogate) to:

- Increase diagnostic capacity through workforce development (e.g. expansion of existing workforce and the development of new roles);
- Application of Artificial Intelligence (AI) solutions in diagnostic pathways.
- Increase diagnostic capacity through submission of proposals for capital investment in diagnostic services to the National Cancer Team and NHSE/I;
- Development and introduction of new diagnostic pathways and processes (e.g. pathways for patients who exhibit serious, non-specific symptoms; development of Rapid Diagnostic Pathways);
- Introduction of 'networked' pathology and imaging solutions within and between providers which support sharing of diagnostic reporting capacity across providers.
- Introduction and application of new assessment/diagnostic tests (e.g. extended scope of Faecal Immunochemical Testing (FIT) in primary care; consideration of the use of 'Pinpoint' in the cancer diagnostic pathway);
- Working with Health Education England (HEE) to develop workforce plans and implement workforce solutions.

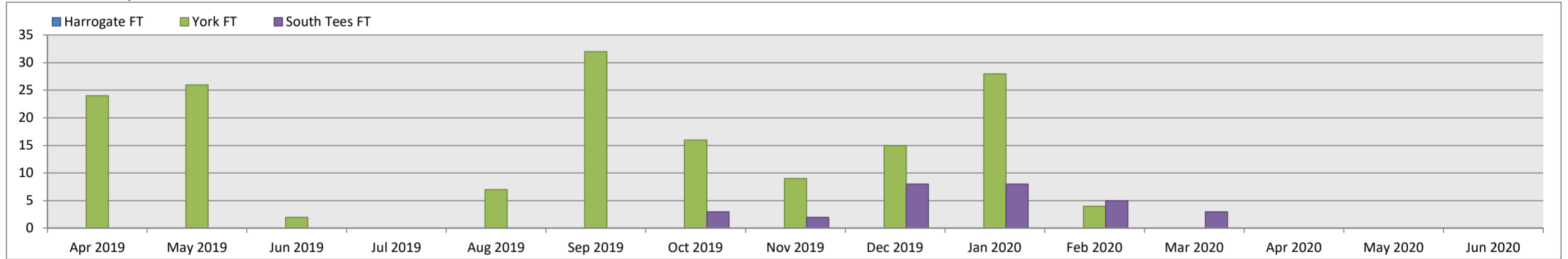
## A&E Waiting Times

% < 4 hours in A&E - Current - Jun 2020



% < 4 hours in A&E	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
North Yorkshire	87.2%	88.2%	88.7%	86.9%	86.1%	84.9%	84.3%	81.4%	78.8%	80.5%	82.4%	84.6%	93.0%	93.7%	94.4%
Harrogate FT	93.6%	94.5%	94.5%	93.1%	91.4%	94.0%	90.4%	89.5%	85.7%	88.7%	85.8%	86.8%	92.6%	93.4%	95.1%
York FT	80.5%	81.9%	82.9%	80.9%	81.0%	77.7%	80.1%	75.3%	74.5%	74.7%	81.3%	83.3%	93.6%	92.9%	94.2%
South Tees FT	93.3%	93.7%	93.6%	91.9%	91.4%	89.1%	87.7%	86.2%	80.6%	84.1%	83.0%	84.5%	91.9%	94.6%	92.8%

A&E 12 hour Trolley Waits - Current - Jun 2020



12 hour Trolley Waits	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
Harrogate FT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
York FT	24	26	2	0	7	32	16	9	15	28	4	0	0	0	0
South Tees FT	0	0	0	0	0	0	3	2	8	8	5	3	0	0	0

Accident and Emergency (A&E) performance for North Yorkshire against the 4hr standard (95% in 4hrs) recovered from below 85% in March 2020 to above 93% during each month of Quarter 1 of 2020/21. This surge in performance was commensurate with a fall in A&E attendances of up to 50% as a consequence of Covid-19.

Fast track data for July 2020 reports a steady increase in A&E attendances to between 80% and 90% of pre Covid levels and 4hr performance falling back; probably due to the increased restrictions and challenges of functioning in a Covid safe environment. A&E performance at each of the three main Trusts serving the population of North Yorkshire has followed similar patterns, reporting a decline in 4hr performance during the winter period and then recovery during Quarter 1 of 20/21 with Harrogate District NHS Foundation Trust (HDFT) delivering 95.1% during June 2020. Over July and August we have seen a decline in performance as attendances are now back to pre-Covid levels with measures in place for distancing and testing of patients before admission which is having a significant impact on flow. We continue to monitor the position in the acute hospital trusts, both informally and through A&E Delivery/Health Care Resilience Boards.

The performance of York Teaching Hospital NHS Foundation Trust stands out, recovering from a 4hr monthly performance deficit (when compared with South Tees Hospital NHS Foundation Trust and Harrogate District NHS Foundation Trust) of up to 15% between April 2019 and January 2020 to performance consistent with both those trusts during Quarter 1 of 2020/21.

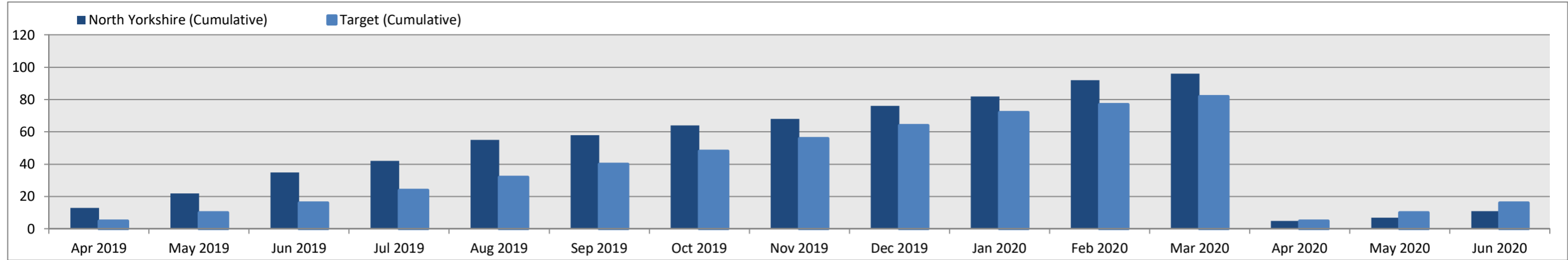
Zero 12hr trolley waits have been recorded at York Teaching Hospital NHS Foundation Trust, Harrogate District NHS Foundation Trust or South Tees Hospital NHS Foundation Trust during Quarter 1 of 2020/21, the last time this happened was in July 2019.

A major piece of work commencing is that of 'Call Before You Walk', a campaign across Yorkshire & The Humber, aimed at ensuring people use NHS 111 first before attending emergency departments, to ensure that disposition to the correct service from primary or urgent care providers occurs first. It is hoped that this work will help re-educate people to think of other ways to be managed before attending the Emergency Department for non-emergent issues.

## Hospital Infections

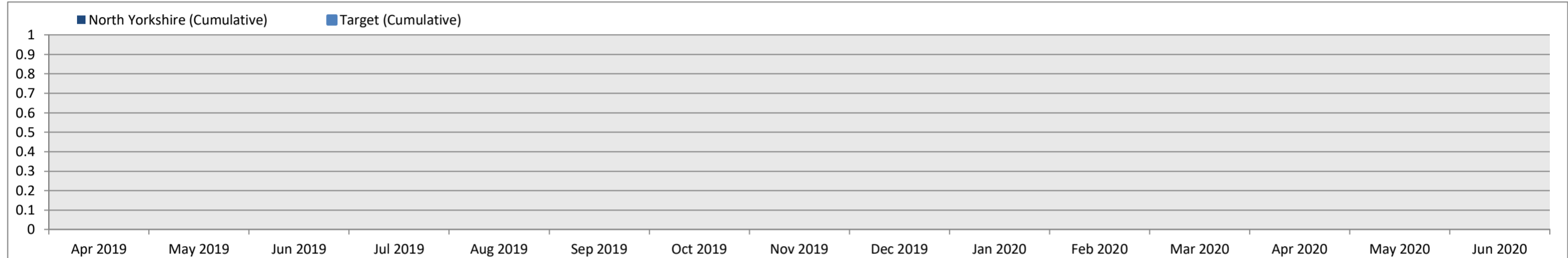
	Latest Data	High or Low	Threshold	Actual Position	Status
Clostridium Difficile (Cumulative)	Jun-20	Low	16	11	Green
MRSA (Cumulative)	Jun-20	Low	0	0	Green
E.Coli (Cumulative)	Jun-20	Low	79	79	Green

### Clostridium Difficile - North Yorkshire - Current - Jun 2020



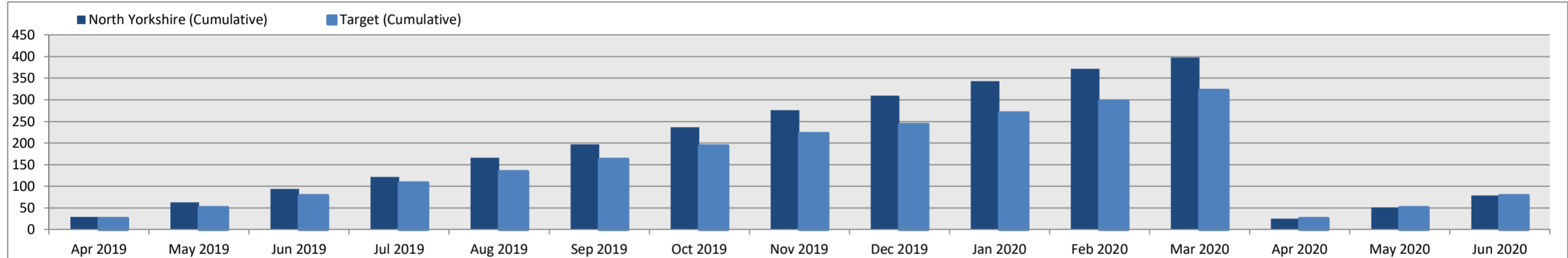
Clostridium Difficile	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
North Yorkshire	13	9	13	7	13	3	6	4	8	6	10	4	5	2	4
Target	5	5	6	8	8	8	8	8	8	8	5	5	5	5	6
North Yorkshire (Cumulative)	13	22	35	42	55	58	64	68	76	82	92	96	5	7	11
Target (Cumulative)	5	10	16	24	32	40	48	56	64	72	77	82	5	10	16
Harrogate FT	2	2	3	2	2	1	3	1	1	3	5	1	1	1	2
York FT	8	13	17	12	15	9	10	12	12	14	10	7	7	2	2
South FT	4	6	10	6	12	6	12	7	3	7	6	4	1	4	4

### MRSA - North Yorkshire - Current - Jun 2020



MRSA	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
North Yorkshire	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
North Yorkshire (Cumulative)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Target (Cumulative)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harrogate FT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
York FT	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0
South FT	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0

### E.Coli - North Yorkshire - Current - Jun 2020



E.Coli	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
North Yorkshire	29	34	31	28	44	31	40	39	34	33	29	26	25	26	28
Target	26	25	28	29	26	29	31	28	21	27	27	25	26	25	28
North Yorkshire (Cumulative)	29	63	94	122	166	197	237	276	310	343	372	398	25	51	79
Target (Cumulative)	26	51	79	108	134	163	194	222	243	270	297	322	26	51	79
Harrogate FT	0	1	0	2	7	4	1	1	1	1	1	2	0	2	3
York FT	7	6	5	5	8	2	5	6	7	6	6	8	8	0	2
South FT	13	14	7	3	7	7	5	3	5	8	6	3	1	4	4

The CCG and Acute Trusts are still waiting for national guidance regarding the targets for all Healthcare Associated Infections (HCAI) therefore the Trusts are rolling over the previous year targets for reporting and performance monitoring. Due to Covid the local panels to discuss C Difficile and MRSA cases both Hospital acquired and Community acquired were suspended, these are expected to be resumed shortly.

Within South Tees Hospitals NHS Foundation Trust the Infection Prevention Assurance Group has been reinstated on a monthly basis and the CCG is represented. At Harrogate District NHS Foundation Trust the Microbiology Department are setting up a C.Difficile group which the CCG has been invited to attend and York Teaching Hospital NHS Foundation Trust have recommenced C.Difficile meetings and the regular Infection Prevention Control meetings are being arranged.

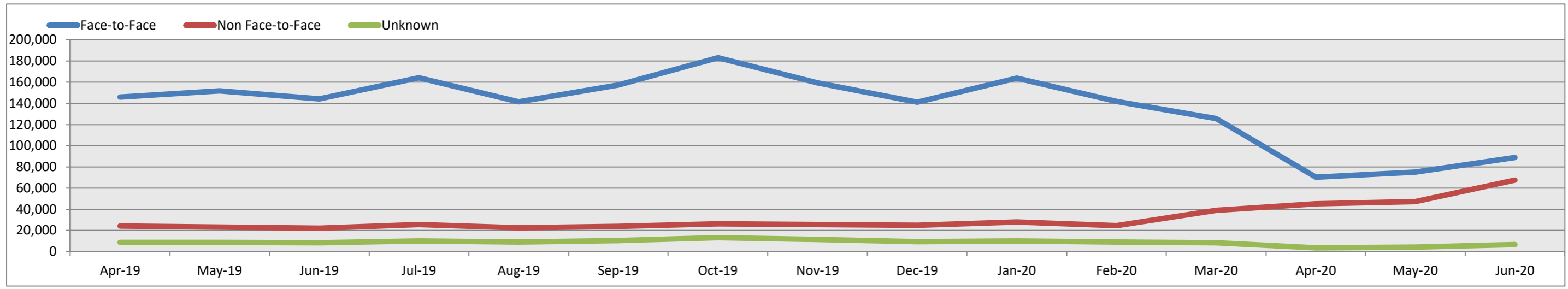
During the pandemic monitoring of the available data continued and any serious concerns were escalated to the trust or CCG as appropriate.

All providers have responded well to the COVID-19 pandemic and demonstrated innovation and flexibility in emergency responsiveness. The CCG delivered the national Infection Control and Prevention education programme to all care homes located in the CCG locality and continue to work closely with key partners including NYCC and VoY CCG in supporting the care home sector.

## Primary Care - GP Appointments

	Latest Data	Actual Position
Face-to-Face	Jun-20	89,037
Non Face-to-Face	Jun-20	67,394
Unknown	Jun-20	6,784
<b>All Appointments</b>	Jun-20	<b>163,215</b>

NY CCG 19/20	NY CCG 20/21	Year on Year Change
441,952	234,630	-47%
69,526	159,775	130%
26,012	14,753	-43%
537,490	409,158	-24%



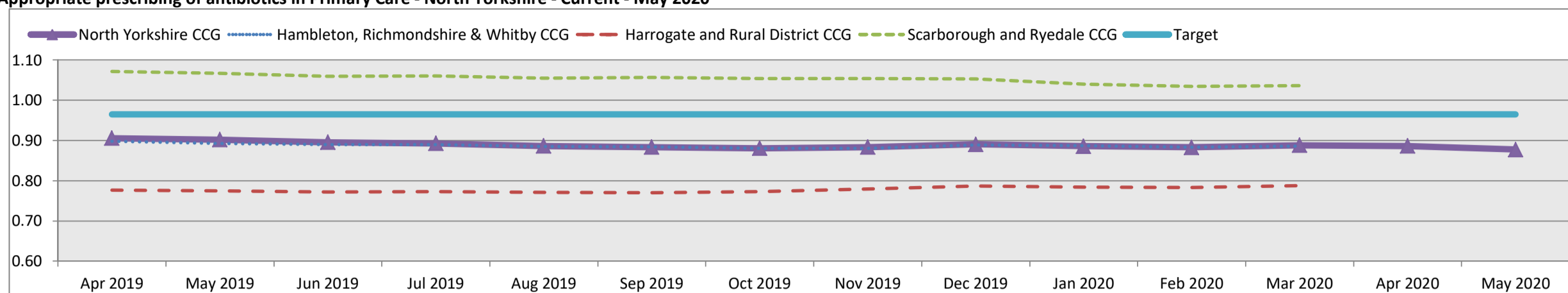
GP Appointments	Month															
Appointment Type	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	
Face-to-Face	145,853	151,901	144,198	164,229	141,333	157,485	183,131	159,423	141,112	163,761	141,944	125,584	70,352	75,241	89,037	
Non Face-to-Face	24,118	23,249	22,159	25,534	22,356	23,892	26,397	25,459	24,993	28,014	24,586	39,077	45,052	47,329	67,394	
Unknown	8,864	8,865	8,283	10,080	9,186	10,464	13,348	11,531	9,374	10,121	9,150	8,500	3,695	4,274	6,784	
<b>Grand Total</b>	<b>178,835</b>	<b>184,015</b>	<b>174,640</b>	<b>199,843</b>	<b>172,875</b>	<b>191,841</b>	<b>222,876</b>	<b>196,413</b>	<b>175,479</b>	<b>201,896</b>	<b>175,680</b>	<b>173,161</b>	<b>119,099</b>	<b>126,844</b>	<b>163,215</b>	

Since the lockdown began in March 2020 there has been a significant increase in the number of GP appointments happening remotely, either by telephone or video appointments, these have more than doubled since February and are still increasing, even as the number of face to face appointments starts to increase again. This is indicative of GP Practices starting to resume business as usual and routine appointments for patients. Overall activity in primary care continues to increase and is expected to reach pre Covid levels by July 2020.

## Prescribing

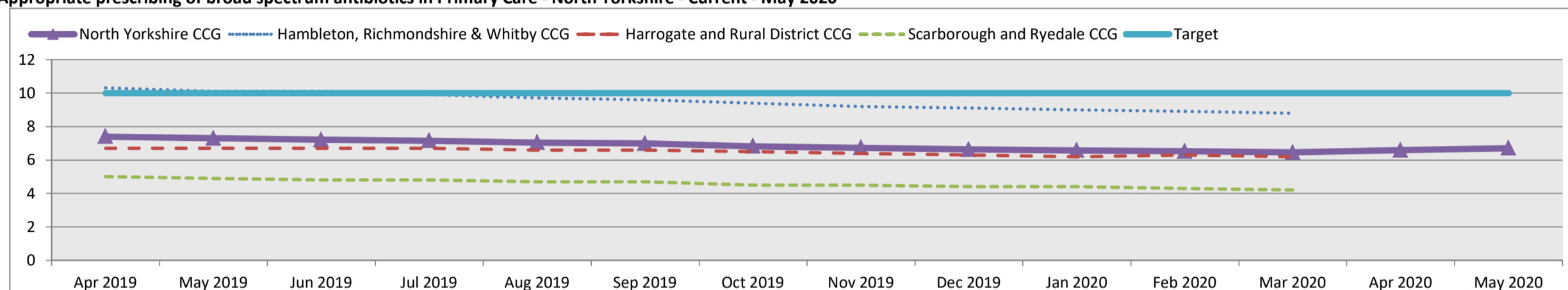
	Latest Data	High or Low	Threshold	Actual Position	Status
Appropriate prescribing of antibiotics in Primary Care	May-20	Low	0.965	0.877	
Appropriate prescribing of broad spectrum antibiotics in Primary Care	May-20	Low	10	6.7	

### Appropriate prescribing of antibiotics in Primary Care - North Yorkshire - Current - May 2020



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020
Hambleton, Richmondshire & Whitby CCG	0.898	0.893	0.890	0.890	0.885	0.884	0.881	0.881	0.889	0.887	0.883	0.886		
Harrogate and Rural District CCG	0.777	0.775	0.772	0.773	0.771	0.770	0.773	0.779	0.787	0.784	0.783	0.788		
Scarborough and Ryedale CCG	1.072	1.067	1.060	1.061	1.055	1.057	1.054	1.054	1.053	1.040	1.035	1.036		
North Yorkshire CCG	0.906	0.902	0.895	0.893	0.886	0.884	0.881	0.884	0.890	0.886	0.883	0.888	0.886	0.877

### Appropriate prescribing of broad spectrum antibiotics in Primary Care - North Yorkshire - Current - May 2020



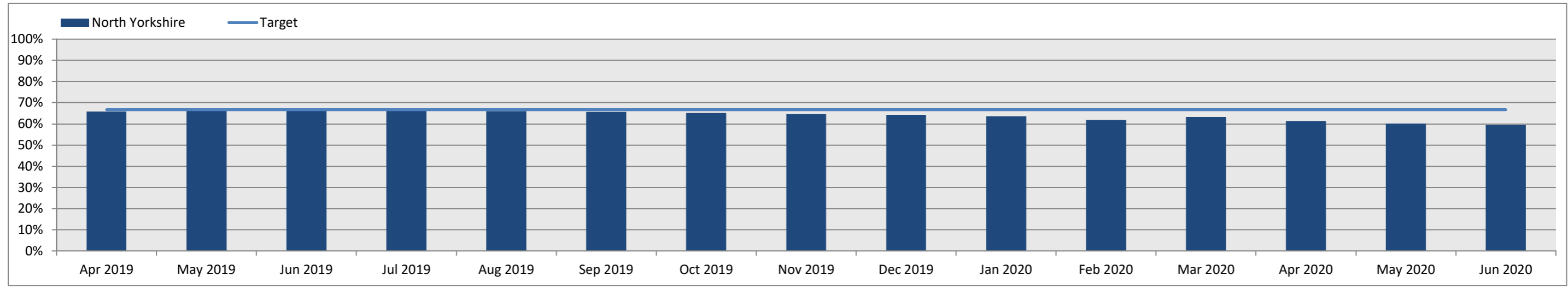
	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020
Hambleton, Richmondshire & Whitby CCG	10.3	10.1	10.1	9.9	9.7	9.6	9.4	9.2	9.1	9.0	8.9	8.8		
Harrogate and Rural District CCG	6.7	6.7	6.7	6.7	6.6	6.6	6.5	6.4	6.3	6.2	6.3	6.2		
Scarborough and Ryedale CCG	5.0	4.9	4.8	4.8	4.7	4.7	4.5	4.5	4.4	4.4	4.3	4.2		
North Yorkshire CCG	7.4	7.3	7.2	7.2	7.0	7.0	6.8	6.7	6.6	6.6	6.5	6.5	6.6	6.7

Appropriate Prescribing of Antibiotics in Primary Care – although the former CCGs had differing positions with regard to this indicator, the merged North Yorkshire CCG achieves this prescribing target set by NHSE/Public Health England. Our rate of prescribing of antibiotics (per weighted patient) is lower than the target (turquoise line) and also lower than the English average (not shown on this graph). We still have 11 GP practices within North Yorkshire whose prescribing remains above the target set by NHSE/Public Health England and the Medicines Management Team (MMT) will continue to work with those practices, with the aim of reducing their overall rate of antibiotic prescribing.

Appropriate Prescribing of Broad Spectrum Antibiotics in Primary Care – broad spectrum antibiotics are those which are most likely to lead to antimicrobial resistance and hence their use should be restricted to situations where there are no other options available. Prior to the merger, Scarborough and Ryedale CCG and Harrogate and Rural District CCG had been meeting this target for some time and were well under the England average figure. Hambleton, Richmondshire and Whitby CCG had recently achieved this target during the last financial year, following the introduction of antimicrobial stewardship initiatives in several of our GP practices. The merged North Yorkshire CCG also achieves this prescribing target set by NHSE/Public Health England. Our rate of prescribing of broad spectrum antibiotics (as a percentage of total antibiotics prescribed) is lower than the target (turquoise line) and also lower than the English average of 8.5% in May 2020 (not shown on this graph). We still have 10 GP practices within North Yorkshire whose prescribing remains above the target set by NHSE/Public Health England and the Medicines Management Team will continue to work with those practices, with the aim of reducing their broad spectrum antibiotic prescribing.

## Dementia

	Latest Data	High or Low	Threshold	Actual Position	Status
Dementia - Estimated diagnosis rate	Jun-20	High	66.7%	59.5%	High



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
Dementia Diagnosis Rate	65.9%	66.2%	66.2%	66.2%	66.0%	65.6%	65.1%	64.7%	64.3%	63.6%	61.9%	63.2%	61.3%	60.1%	59.5%

Work is ongoing with primary care and Tees, Esk and Wear Valleys NHS Foundation Trust to support improvement of the rate.

Good adoption of virtual memory assessment approach in Hambleton, Richmondshire and Whitby area and Harrogate and Rural District area Memory Assessment Service teams. The message to Primary Care is that the Memory Assessment Service is still open for referrals but to be aware of some delays with the new ways of working. Feedback has been received from Dementia Forward on 'interim' pathway and their ability to provide support during 'wait' period and post 'working' diagnosis.

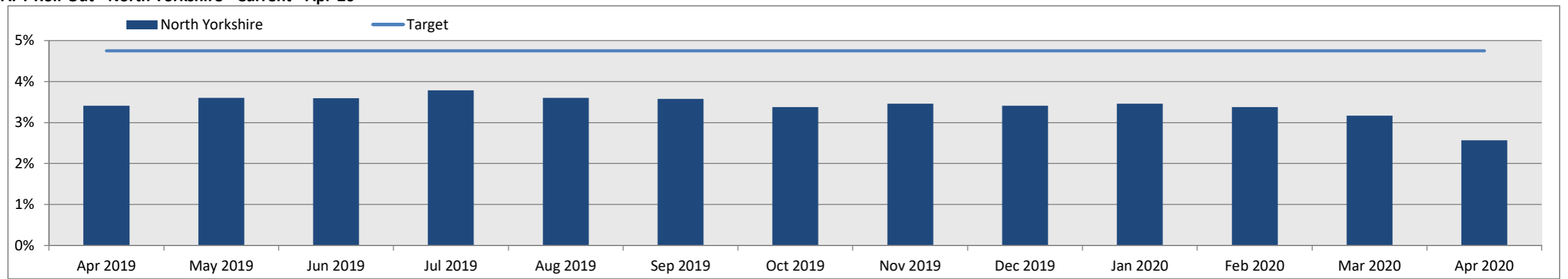
Mental Health/Learning Disability Assessment Team to work closely with Tees, Esk and Wear Valleys NHS Foundation Trust and primary care colleagues to support.



## IAPT

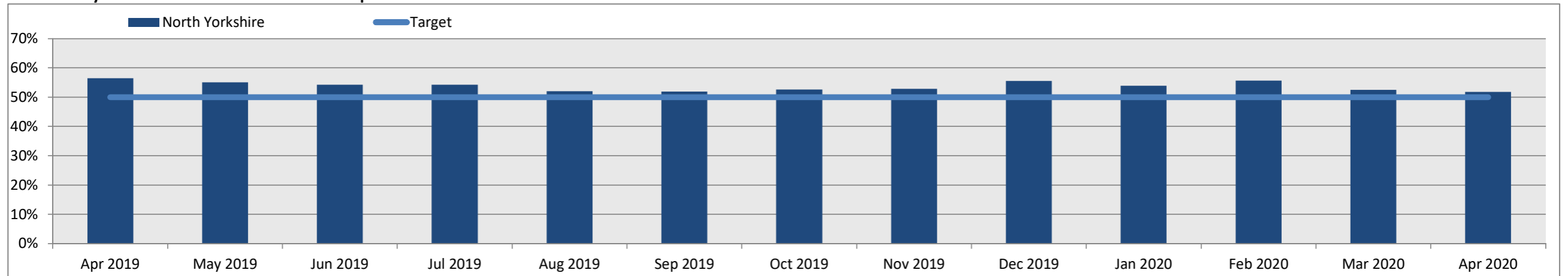
	Latest Data	High or Low	Threshold	Actual Position	Status
IAPT Roll-Out	Apr-20	High	4.8%	2.6%	
IAPT Recovery Rate	Apr-20	High	50.0%	51.7%	

### IAPT Roll-Out - North Yorkshire - Current - Apr-20



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020
IAPT Roll-Out	3.4%	3.6%	3.6%	3.8%	3.6%	3.6%	3.4%	3.5%	3.4%	3.5%	3.4%	3.2%	2.6%

### IAPT Recovery Rate - North Yorkshire - Current - Apr-20



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020
IAPT Recovery Rate	56.4%	55.1%	54.2%	54.2%	52.0%	51.9%	52.6%	52.9%	55.5%	53.8%	55.6%	52.6%	51.7%

The CCG operates under a partnership arrangement with Tees, Esk and Wear Valleys NHS Foundation Trust as their lead provider to agree how Mental Health Investment Standard (MHIS) funding is prioritised and invested. Improved Access to Psychological Therapies (IAPT) remains a key priority for the partnership.

The partnership agreed to invest £250k in 20/21 which takes the investment into IAPT over the last 3 years to nearly £1m.

The CCG is sighted on the 25% target by 23/24 but is currently only commissioning a level of 19% for 20/21.

TEWV have experienced a reduction in demand since the start of Covid-19 which is impacting on the roll out target, however even before Covid-19 the numbers entering treatment were below the expected levels.

The other risk separate to demand is workforce, which is around training places including recruitment and retention. There are a number of vacancies within the teams across North Yorkshire.

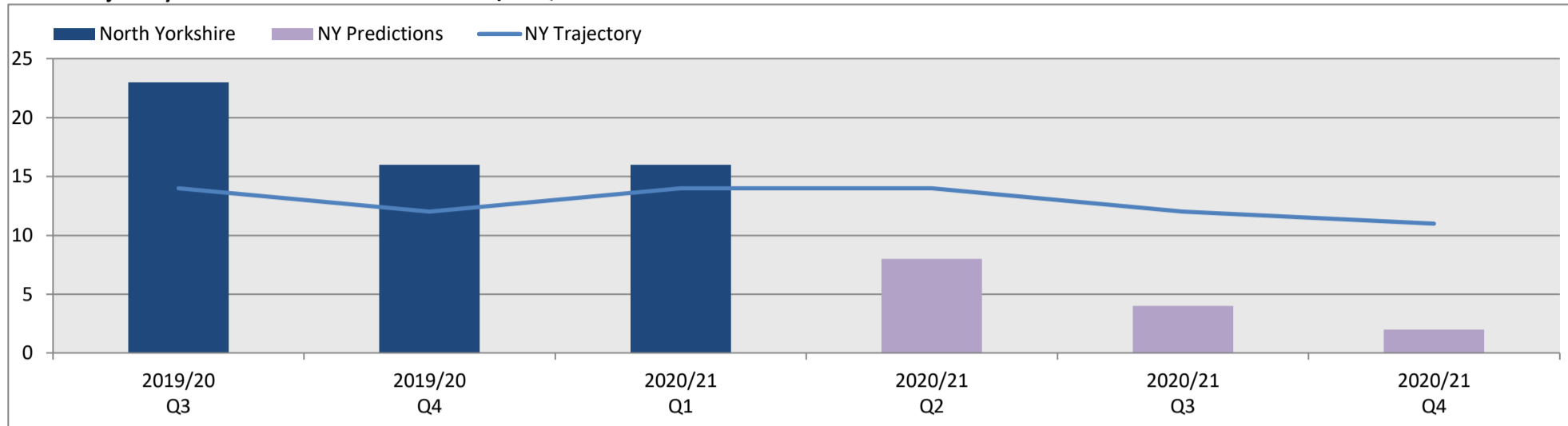
Humber Coast & Vale Integrated Care System have initiated a piece of work which will look at all of the issues, including sharing good practice, providers working more collaboratively and funding. The CCG and Tees, Esk and Wear Valleys NHS Foundation Trust have committed to being active members of this group of which we are expecting an action to be developed both at an Integrated Care System level but also at place level.

Recovery remains positive and consistently achieves alongside waiting times.

## Transforming Care Programme

	Latest Data	High or Low	Threshold	Actual Position	Status
CCG	2020/21 Q1	High	14	16	Green
Spec comm	2020/21 Q1	High	13	13	Green
CAMHs	2020/21 Q1	High	2	1	Red

### TCP Bed Trajectory - North Yorkshire - Current - 2020/21 Q1



	2019/20 Q3	2019/20 Q4	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4
All beds and overall performance						
North Yorkshire	23	16	16	8	4	2
Spec comm	13	13	13			

Currently planning for 8 CCG discharges within Quarter 2 – this will make us 6 below trajectory.

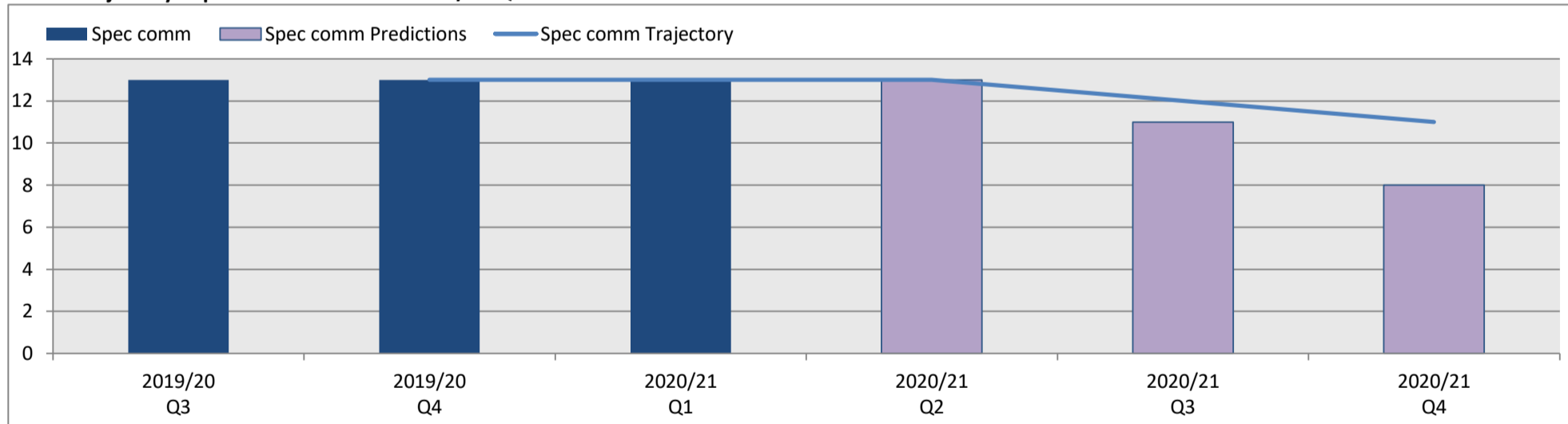
Based on last year when we were 9 above at one point this a significant improvement which is as a result of the robust processes and partnership working that is in place.

This is obviously dependent upon there not being any admissions. Covid-19 is having some impact on both admissions and discharges but this is managed as appropriate.

A number of initiatives are in place to avert admissions currently but expanding this further via a crisis project looking at colocation of teams (key pressure is Autism Spectrum Disorder only).

All age Autism Spectrum Disorder pathways are in development across North Yorkshire and York.

### TCP Bed Trajectory - Spec comm - Current - 2020/21 Q1



	2019/20 Q3	2019/20 Q4	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4
All beds and overall performance						
Spec comm	13	13	13	13	11	8

As narrative above.