

Title of Meeting:	Governing Body Meeting	Agenda Item: 5.1									
Date of Meeting:	29 October 2020										
Paper Title:	Quality and Performance Report	<table border="1"> <tr> <th colspan="2">Session (Tick)</th></tr> <tr> <td>Public</td><td>X</td></tr> <tr> <td>Private</td><td></td></tr> <tr> <td>Development Session</td><td></td></tr> </table>		Session (Tick)		Public	X	Private		Development Session	
Session (Tick)											
Public	X										
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Development Session											
Responsible Governing Body Member Lead Julie Warren, Director of Corporate Services, Governance and Performance Sue Peckitt, Chief Nurse		Report Author and Job Title Jane Baxter, Assistant Director of Corporate Services									
Purpose (this paper is for)	<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									
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: No, however future reports will be reviewed at the Quality and Clinical Governance Committee.											
Executive Summary This report provides an overview and assurance of any quality and performance issues and specifically provides data on the following standards at the end of August 2020, including: <ul style="list-style-type: none"> • 18 Week Referral to Treatment Target (RTT) • Diagnostic and Cancer Waiting Time standards (CWT) • Healthcare Associated Infections (HCAI) • Primary Care GP Appointments • Dementia Diagnosis Data on the following standards are provided at the end of July 2020: <ul style="list-style-type: none"> • GP Prescribing • Improved Access to Psychological Therapies (IAPT) • Mental Health Transforming Care Programme Accident and Emergency (A&E) Waiting Times performance is provided to the end of Quarter 2.											
Recommendations The Governing Body is being asking to: <ul style="list-style-type: none"> • Receive this report on quality and performance as assurance. • 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. 											
Monitoring 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.											
Any statutory / regulatory / legal / NHS Constitution implications		The CCG has a duty to ensure delivery against the NHS constitutional standards.									

Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.
Communication / Public & Patient Engagement	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.
Financial / resource implications	No financial implications are detailed within this paper.
Significant Risks to Consider	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.
Outcome of Impact Assessments completed	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

Quality Report

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. Both providers have made significant progress and levels of assurance have increased with CCG oversight and input in to key quality meetings in conjunction with all partners along with establishment of Patient Safety Boards which CCGs are partners in. We are currently reviewing Serious Incident reporting from the providers and management within the CCG.

Safeguarding Children

We are seeing increasing numbers of referrals into safeguarding services. There is ongoing work with partner agencies to review ways of working during the pandemic in order to effectively safeguard children and ensure the health needs of children in care are met.

The Safeguarding Children's team have been involved in a Serious Case Review (SCR) and a Learning Review in Quarter 2.

SCR 'Clare' for a NY CCG resident was published in August

<https://www.safeguardingchildren.co.uk/wp-content/uploads/2020/08/Clare-SCR-NYSCP-Final-July-2020.docx.pdf>

All actions from the action plan are complete and the North Yorkshire Safeguarding Children's Partnership (NYSCP) will seek assurance that learning is embedded in practice.

Learning Review related to two young people from North Yorkshire convicted of conspiracy to murder has been undertaken and the report was published in September

<https://www.safeguardingchildren.co.uk/wp-content/uploads/2020/09/NYSCP-Learning-Review-Sept-2020-Final.pdf>

All actions are underway. The NYSCP Learning and Improvement Sub Group will monitor the action plan and seek assurance that learning is embedded in practice.



NY Performance Report v1

Date: 09 October 2020

Author: Mark Butcher



SUMMARY

Area	Indicator	Latest Data	High or Low	National Threshold	Actual Position	Status
RTT	< 18 Weeks - Admitted	Aug-20	High		52.5%	
	< 18 Weeks - Non-Admitted	Aug-20	High		82.2%	
	< 18 Weeks - Incompletes	Aug-20	High	92%	59.1%	
	> 52 Weeks - Incompletes	Aug-20	Low	0	1,042	
	Number of Completed Admitted Pathways	Aug-20	High	2,222	1,292	
	Number of Completed Non-Admitted Pathways	Aug-20	High	7,815	4,775	
	Number of Incomplete Pathways	Aug-20	High	28,670	26,896	

Status Key:

	High: Above Threshold
	Low: Below Threshold
	High: Below Threshold
	Low: Above Threshold
	No Threshold

Diag	% > 6 weeks - Diagnostics	Aug-20	Low	1%	31.1%	
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Cancer WT	CWT seen - 2 Weeks GP Referral	Aug-20	High	93%	87.6%	
	CWT seen - 2 Weeks Breast	Aug-20	High	93%	96.3%	
	CWT treated - 31 days diagnosis	Aug-20	High	96%	99.1%	
	CWT treated - 31 days - surgery	Aug-20	High	94%	92.7%	
	CWT treated - 31 days - drugs	Aug-20	High	98%	98.6%	
	CWT treated - 31 days - radiotherapy	Aug-20	High	94%	98.6%	
	CWT treated - 62 days urgent	Aug-20	High	85%	83.5%	
	CWT treated - 62 days - screening service	Aug-20	High	90%	100.0%	
A&E	CWT treated - 62 days - consultant upgrade	Aug-20	High		91.7%	
	% < 4 hours	Sep-20	High	95%	85.9%	

Hospital Infections	Clostridium Difficile (Cumulative)	Aug-20	Low	32	41	
	MRSA (Cumulative)	Aug-20	Low	0	0	
	E.Coli (Cumulative)	Aug-20	Low	134	148	

		Latest Data	High or Low	Op Plan Threshold	Actual Position	Status
GP Referrals	GP Referrals (General and Acute)	Jun-20	Low	11,203	4,912	
	Other Referrals (General and Acute)	Jun-20	Low	7,537	3,733	
	Total Referrals (General and Acute)	Jun-20	Low	13,203	8,645	
	Consultant Led First Outpatient Attendances	Jun-20	Low	8,259	9,158	
	Consultant Led Follow-Up Outpatient Attendances	Jun-20	Low	4,944	16,371	
	Total Consultant Led Outpatient Attendances	Jun-20	Low	13,203	25,529	
	Total Outpatient Appointments with Procedures	Jun-20	Low	6,157	2,868	
	Total Elective Admissions - Day Case	Jun-20	Low	24,887	2,683	
	Total Elective Admissions - Ordinary	Jun-20	Low	36,656	289	
	Total Elective Admissions	Jun-20	Low	6,157	2,972	
	Total Non-Elective Admissions - 0 LoS	Jun-20	Low	5,520	1,127	
	Total Non-Elective Admissions - +1 LoS	Jun-20	Low	817	2,086	
	Total Non-Elective Admissions	Jun-20	Low	6,337	3,213	
	Type 1 A&E Attendances excluding Planned Follow Ups	Jun-20	Low	1,421	3,780	
	Other A&E Attendances excluding Planned Follow Ups	Jun-20	Low	2,886	3,269	
	Total A&E Attendances excluding Planned Follow Ups	Jun-20	Low	4,307	7,049	
	RTT Admitted Pathways	Jun-20	Low	7,837	749	
	RTT Estimated New Periods	Jun-20	Low	5,083	4,299	
	RTT Non Admitted Pathways	Jun-20	Low	12,920	7,162	

		Latest Data		Actual Position
Primary Care	GP Appointment: Face-to-Face	Aug-20		90,845
	GP Appointment: Non Face-to-Face	Aug-20		60,056
	GP Appointment: Unknown	Aug-20		6,400
	GP Appointment: All Appointments	Aug-20		157,301

		Latest Data	Actual Position	National Threshold	Actual Position	Status
Prescribing	Appropriate prescribing of antibiotics in Primary Care	Jul-20	Low	0.965	0.859	
	Appropriate prescribing of broad spectrum antibiotics in Primary Care	Jul-20	Low	10	6.9	

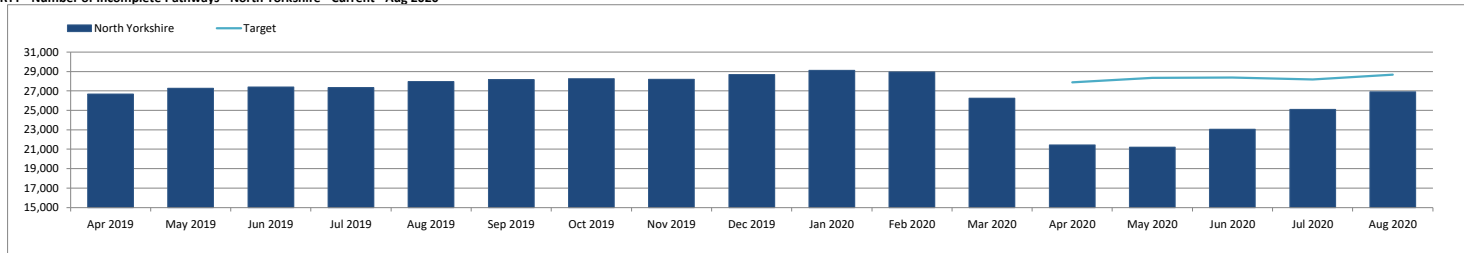
Dementia	Estimated diagnosis rate	Aug-20	High	66.7%	59.5%	
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IAPT	IAPT Roll-Out	Jul-20	High	4.8%	2.5%	
	IAPT Recovery Rate	Jul-20	High	50.0%	54.4%	

Referral To Treatment (RTT)

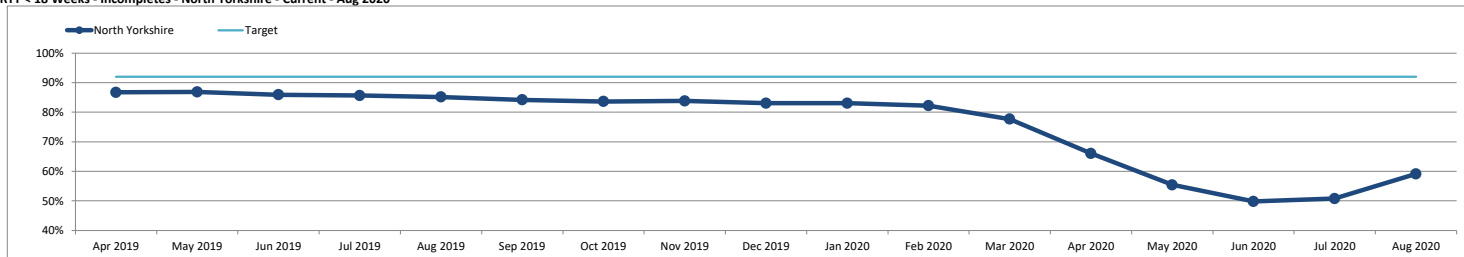
	Latest Data	High or Low	National Threshold	Actual Position	Status
RTT < 18 Weeks - Admitted	Aug-20	High		52.5%	
RTT < 18 Weeks - Non-Admitted	Aug-20	High		82.2%	
RTT < 18 Weeks - Incompletes	Aug-20	High	92%	59.1%	
RTT > 52 Weeks - Incompletes	Aug-20	Low	0	1,042	
RTT > 40 Weeks - Incompletes	Aug-20	Low		212	
Number of Completed Admitted RTT Pathways	Aug-20	High	2222	1,292	
Number of Completed Non-Admitted RTT Pathways	Aug-20	High	7815	4,775	
Number of Incomplete Pathways	Aug-20	Low	28670	26,896	

RTT - Number of Incomplete Pathways - North Yorkshire - Current - Aug 2020



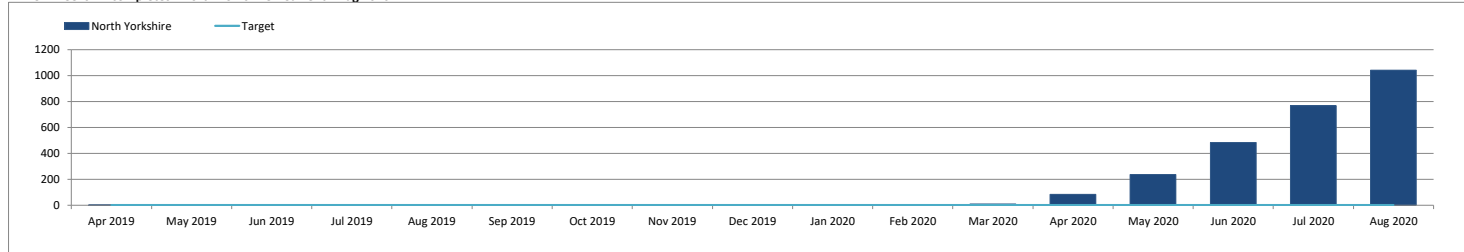
	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020
RTT - Number of Incomplete Pathways	26,690	27,260	27,405	27,343	27,971	28,146	28,250	28,202	28,690	29,104	28,962	26,255	21,453	21,197	23,048	25,108	26,896

RTT < 18 Weeks - Incompletes - North Yorkshire - Current - Aug 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	Jul 2020	Aug 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%	50.8%	59.1%

RTT > 52 Weeks - Incompletes - North Yorkshire - Current - Aug 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	Jul 2020	Aug 2020
RTT > 52 Weeks Incompletes	3	2	1	2	3	3	3	4	3	4	2	10	83	236	485	769	1042

What the data is showing us...

Although there was a reduction in the number of patients still waiting on the incomplete pathway throughout the months of March onwards as fewer patients were referred, the number of patients waiting longer than 52 weeks to receive their treatment significantly increased and continues to rise. As a result of the suspension or reduction of treatment over the past 6 months the gap between the actual rate and the target has grown considerably but it is starting to slowly improve. At current levels a patient would have to wait 44 weeks before they are treated.

South Tees have identified 5 78+ week waiters on their list, since that point, 1 has now been removed from the list, of the 4 that remain, 3 are in orthopaedics and 1 in spinal surgery. All 4 are in the process of being contacted to expedite their treatment. There were 11 78+ week waiters identified at York trust from North Yorkshire CCG, 5 in Urology, 3 in Ophthalmology, 2 in Maxillo-facial surgery and 1 in Colorectal.

The number of patients waiting over 52 weeks for treatment has increased significantly, the target for this indicator is zero and typically across North Yorkshire we had seen very low numbers on a month by month basis. There is, however, the likelihood that this number will not reduce over the next few months as capacity continues to be compromised by infection, prevention and control measures, isolation and distancing as well as the possibility of elective care beds being taken if hospitals become overwhelmed by winter pressures and wave 2 of COVID-19.

Nationally there has been direction for Trusts to review their waiting lists in line with new priorities from P3 to P6 (see list below) and employing Evidence Based Interventions (EBI) checks as part of that. This will also include a clinician conversation with any patient being removed from the waiting list and appropriate sign posting to ensure self-care, alternative care and re-presentation should the need arise.

The priority for all Trusts to clinically review all patients on an admitted patient care pathway is to be completed by 23rd October, 2020. Further guidance will be issued with regards to the requirements to clinically prioritise patients on waiting lists for diagnostics and outpatients appointments. The CCG recognise elective waiting lists and performance should be managed at system level as well as Trust level to ensure equal patient access and effective use of facilities and have offered to clinical support to the process. Any patient harm identified during the clinical review is being managed via the serious incident process and the CCG is monitoring this with the Trusts.

Other methods of prioritisation continue to be used including Faecal Immunochemical Testing (FIT). Planned care groups established in all localities continue to monitor recovery work to improve pathways and management of capacity to allow increased capacity for triage, clinical prioritisation and active patient care.

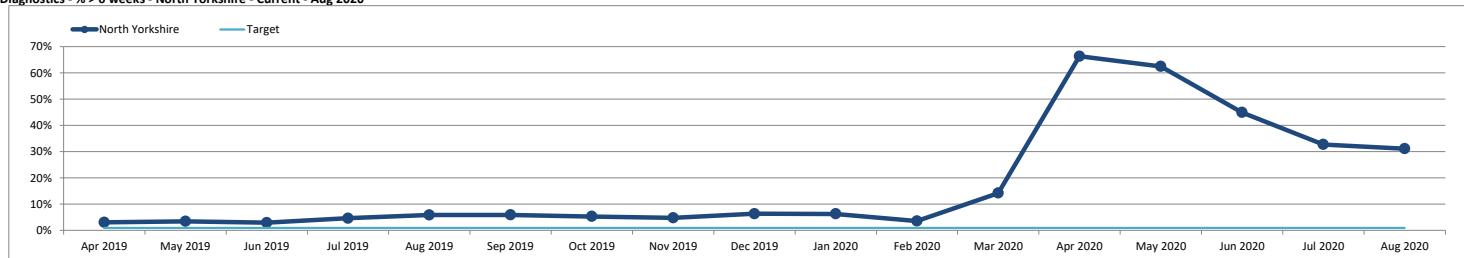
As the second wave of COVID-19 approaches there is a drive to maintain planned and elective care activity and Trusts are hoping to be in a more robust position to enable this due to the zoning of protected areas in hospitals during wave one. The challenge to delivering this capacity will be the staff available to deliver those services as staff absence increases due to illness or self-isolation.

Priorities: P1a = Emergency - operation needed within 24 hours, P1b = Urgent - operation needed with 72 hours, P2 = Surgery that can be deferred for up to 4 weeks, P3 = Surgery that can be delayed for up to 3 months, P4 = Surgery that can be delayed for more than 3 months, P5 = Patient requested to remain on the Waiting List but defer treatment due to concerns regarding COVID-19, P6 = Patient has been offered 2 dates for treatment and has declined to accept for non-COVID-19 reasons but still wishes to remain on the Waiting List

Diagnostic test waiting times

	Latest Data	High or Low	National Threshold	Actual Position	Status
% > 6 weeks - Diagnostics	Aug-20	Low	1%	31.1%	

Diagnostics - % > 6 weeks - North Yorkshire - Current - Aug 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	Jul 2020	Aug 2020
Breaches	238	277	239	389	454	443	412	359	472	480	274	568	2441	2699	2451	2325	2529
Waiting list	7883	7999	8096	8432	7717	7473	7731	7556	7467	7612	7733	3999	3678	4317	5450	7098	8120
% > 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%	32.8%	31.1%

What the data is showing us...

Although the activity for most of 19/20 was consistently between 7500 and 8000 patients the rate of patients seen within 6 weeks was at its highest 6.3%. As the COVID measures came into place the waiting list rose dramatically due to cancellations and cessation of most diagnostic procedures. Since its high point in April 2020 the rate has steadily come down even as the waiting list continued to rise upto and beyond pre-COVID levels. The next few months leading up to Christmas and the New Year will show whether the second wave of COVID cases affects the waiting list and the rate at which patients have to wait for their diagnostic procedures.

The national target for the number of diagnostic tests within 6 weeks is 1%, historically across North Yorkshire we have been over this target at between 3% and 6% throughout 2019/20. By April 2020 this number had increased to over 66% of tests having a wait of over 6 weeks. There has been an improvement in the last 2 months and we are now at 45% of patients being seen at more than 6 weeks.

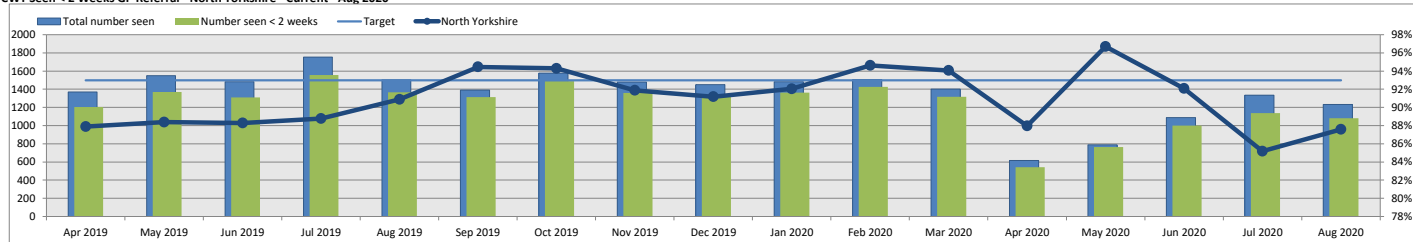
Direct access pathways for routine referrals to GPs are now open with some appointments needing to be via planned attendance due to space and distancing constraints in X-Ray departments. Clinical pathways continue to be reviewed to improve appropriateness of imaging requests to ensure that capacity is optimised to those diagnostic investigations with highest clinical value and outcome.

As Wave 2 of the COVID-19 pandemic emerges, ensuring the optimisation of endoscopy lists will be a challenge as the number of late cancellations is likely to increase due to illness and isolation requirements. It will be important to try and ensure lists are optimised as much as possible.

Cancer Two Week Waits

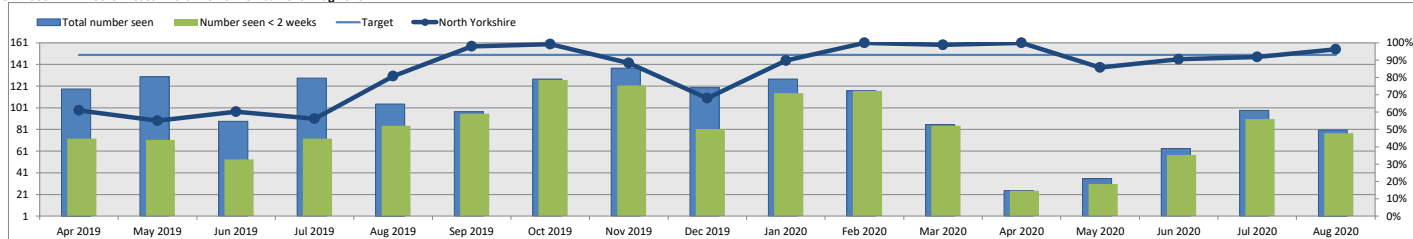
	Latest Data	High or Low	National Threshold	Actual Position	Status
CWT seen - 2 Weeks GP Referral	Aug-20	High	93%	87.6%	
CWT seen - 2 Weeks Breast	Aug-20	High	93%	96.3%	

CWT Seen < 2 Weeks GP Referral - North Yorkshire - Current - Aug 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	Jul 2020	Aug 2020
Number seen < 2 weeks	1204	1369	1310	1557	1366	1314	1488	1358	1323	1364	1426	1318	541	764	1001	1138	1080
Total number seen	1370	1549	1484	1754	1503	1391	1578	1478	1451	1482	1507	1401	615	790	1087	1336	1233
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%	92.1%	85.2%	87.6%

CWT Seen < 2 Weeks Breast - North Yorkshire - Current - Aug 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	Jul 2020	Aug 2020
Number seen < 2 weeks	72	71	53	72	84	95	126	121	81	114	116	84	24	30	57	90	77
Total number seen	118	129	88	128	104	97	127	137	119	127	116	85	24	35	63	98	80
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%	90.5%	91.8%	96.3%

What the data is showing us...

for patients seen within 2 weeks of a GP Referral - as the activity initially started to increase the rate of those patients seen within 2 weeks was under the target. It has now started to pick up again and heading up towards the target. Future months will show whether this continues to be the case. For August, the reasons behind the below target threshold were either "Patient Choice relating to first out patient appointment" and "capacity issues (i.e. not enough slots)".

for patients seen within 2 weeks with suspected breast cancer - even though the activity was low for the first few month of 20/21 the rate of patients seen within 2 weeks was below target threshold but still kept close to it and surpassed it in August. Activity has increased over the past few months and although it has dropped slightly in August it is appears to follow a similar pattern in 19/20.

Historically for North Yorkshire the Cancer 2 week waits has been in the high 80% or low 90% indicator over the last year. Prior to lockdown, the CCG had reached the 93% target for this metric for 2 months in a row. There was a dip in April 2020 where we dropped back down to 88% but have improved again in May 2020 to a position above the national target.

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, however 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). The CCG continues to work with the cancer alliances and through discussions 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 2 week wait - suspected cancer pathways. In addition, to be able to manage COVID-19 patients in secondary care, there has and continues to be reorganisation of services, again impacting on both diagnostic and clinical capacity.

Nationally, cancer 2 week wait referrals are at 83% of pre-COVID-19 levels week ending 4 October 2020, recovering from a mid-April figure of 25-30% of pre-COVID-19 referral rates. However this position has 'stabilised' at this level from early September 2020.

The August 2020 position will be affected by seasonal variations in 2week wait referrals – which are not reflected in the referenced baseline position.

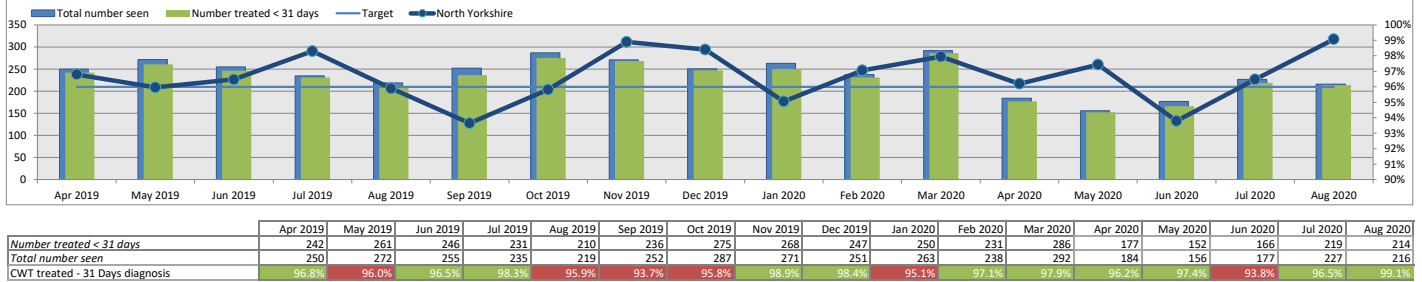
In addition to specific, local initiatives, common actions across all three main North Yorkshire providers include:

- 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 regarding encouragement and support for public/patients to make contact with health services if appropriate and the national 'Be Clear on Cancer' continues;
- 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 - this initiative has now been rolled out across NY CCG).

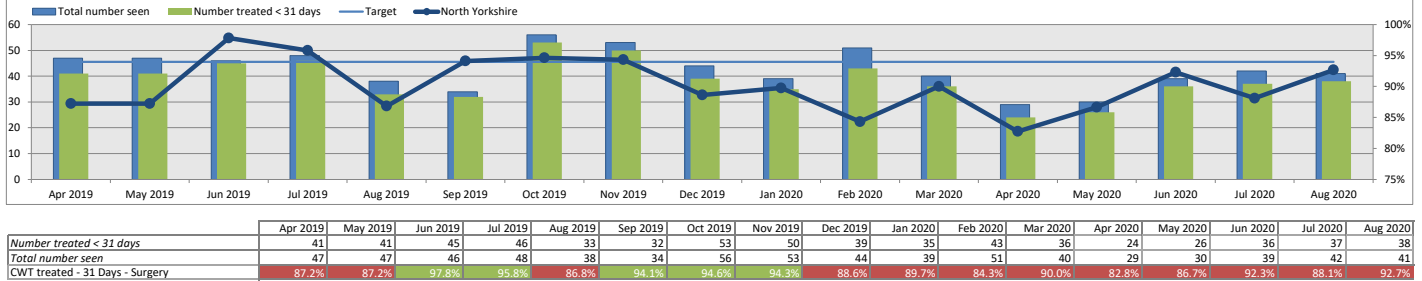
Cancer 31 Day Waits

	Latest Data	High or Low	National Threshold	Actual Position	Status
CWT treated - 31 days diagnosis	Aug-20	High	96%	99.1%	
CWT treated - 31 days - surgery	Aug-20	High	94%	92.7%	
CWT treated - 31 days - drugs	Aug-20	High	98%	98.6%	
CWT treated - 31 days - radiotherapy	Aug-20	High	94%	98.6%	

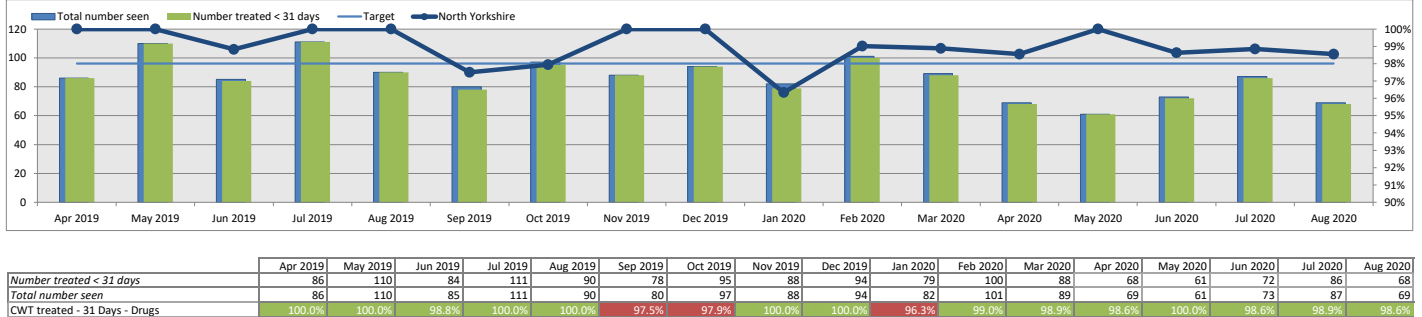
CWT Treated < 31 Days Diagnosis - North Yorkshire - Current - Aug 2020



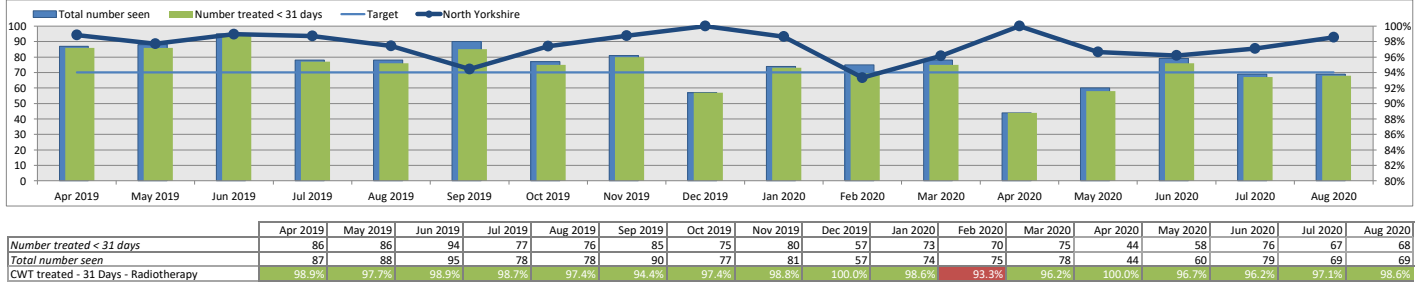
CWT Treated < 31 Days - Surgery - North Yorkshire - Current - Aug 2020



CWT Treated < 31 Days - Drugs - North Yorkshire - Current - Aug 2020



CWT Treated < 31 Days - Radiotherapy - North Yorkshire - Current - Aug 2020



What the data is showing us...

for patients seen within 31 days after diagnosis - as the activity initially started to increase the rate of those patients seen within 2 weeks was still above the target. It is above the target for 4 out of 5 months.

for patients subsequently seen within 31 days for surgery - as expected the activity has been low for the first few months of 20/21 but the rate of patients seen within 31 days was below target threshold and although it has improved it is still to surpass it by August.

for patients subsequently seen within 31 days for drug treatments - the activity has been low for the first few months of 20/21 but the rate of patients seen within 31 days has been maintained the above target threshold.

for patients subsequently seen within 31 days for radiotherapy - the activity had been low for the first few months of 20/21 but the rate of patients seen within 31 days has been maintained the above target threshold.

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 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 last 6 months. Of all the cancer treatment modalities, surgical treatments have been impacted most by COVID-19. Surgical capacity continues to be 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.

Further, key stakeholders within Cancer Alliances are being asked to establish combined PTLs - with a view to supporting equity of access to diagnostic and treatment services.

Actions common across all three main providers include:

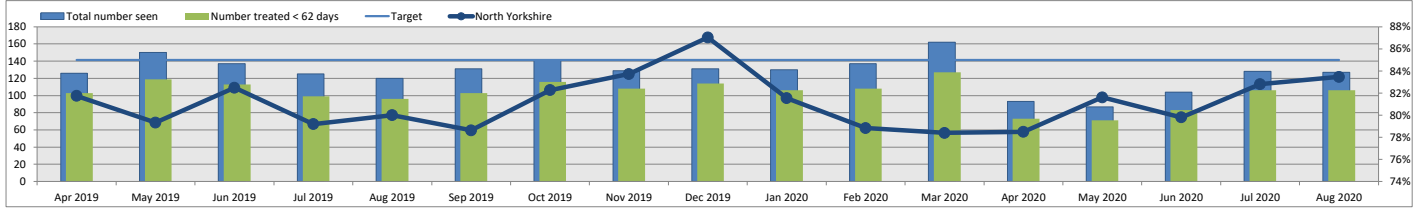
- Working with the independent sector to increase treatment capacity;
- Working in partnership within Cancer Alliance footprints to model and develop 'COVID-19 free' sites (including use of the independent sector);
- Daily/ weekly review of 'Cancer Wall' - review of all patients who have suspected or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

For the most part, chemotherapy and radiotherapy services have been available to patients – provision being 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

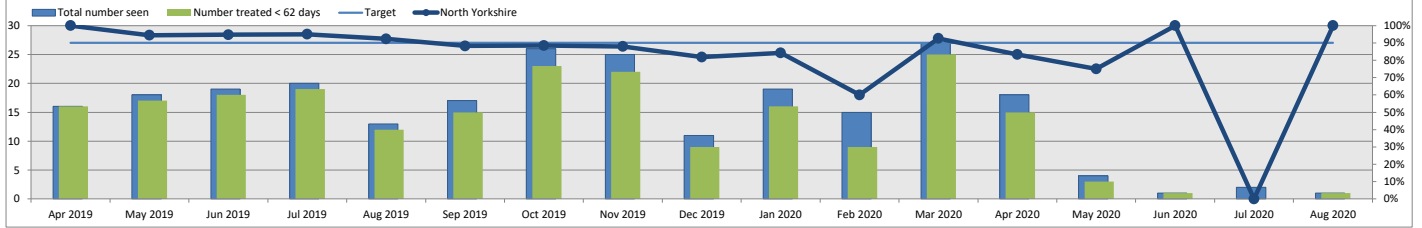
	Latest Data	High or Low	National Threshold	Actual Position	Status
CWT treated - 62 days urgent	Aug-20	High	85%	83.5%	
CWT treated - 62 days - screening service	Aug-20	High	90%	100.0%	
CWT treated - 62 days - consultant upgrade	Aug-20	High		91.7%	

CWT Treated < 62 Days urgent - North Yorkshire - Current - Aug 2020



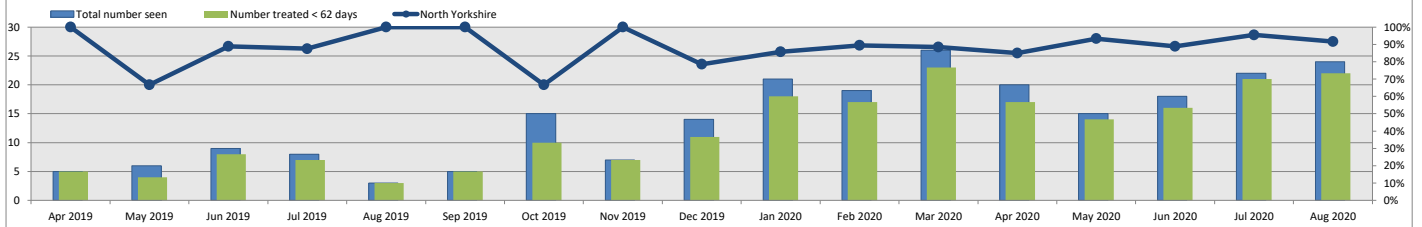
	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020
Number treated < 62 days	103	119	113	99	96	103	116	108	114	106	108	127	73	71	83	106	106
Total number seen	126	150	137	125	120	131	141	129	131	130	137	162	93	87	104	128	127
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%	79.8%	82.8%	83.5%

CWT Treated < 62 Days - Screening Service - North Yorkshire - Current - Aug 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	Jul 2020	Aug 2020
Number treated < 62 days	16	17	18	19	12	15	23	22	9	16	9	25	15	3	1	0	1
Total number seen	16	18	19	20	13	17	26	25	11	19	15	27	18	4	1	2	1
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%	100.0%	0.0%	100.0%

CWT Treated < 62 Days - Consultant Upgrade - North Yorkshire - Current - Aug 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	Jul 2020	Aug 2020
Number treated < 62 days	5	4	8	7	3	5	10	7	11	18	17	23	17	14	16	21	22
Total number seen	5	6	9	8	3	5	15	7	14	21	19	26	20	15	18	22	24
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%	88.9%	95.5%	91.7%

What the data is showing us...

for patients seen within 62 days after an urgent referral - as expected the activity has been lower in the months of 20/21 and is beginning to increase back to normal levels and as a consequence the patients seen within 62 days has improved also. The rate is still lower than the target but is improving month on month.

for patients seen within 62 days from the screening service - the activity has been very low for the months in 20/21 and although the rate of patients seen within 62 days is around the target threshold the low activity is masking this.

for patients seen within 62 days after a consultant upgrade - as would be expected the activity has been lower for the first few months of 20/21 but has quickly increased to activity above the same period in 19/20. The rate of patients seen within 62 days has maintained the same level throughout 20/21.

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. However, patients seen on this pathway 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 received 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:

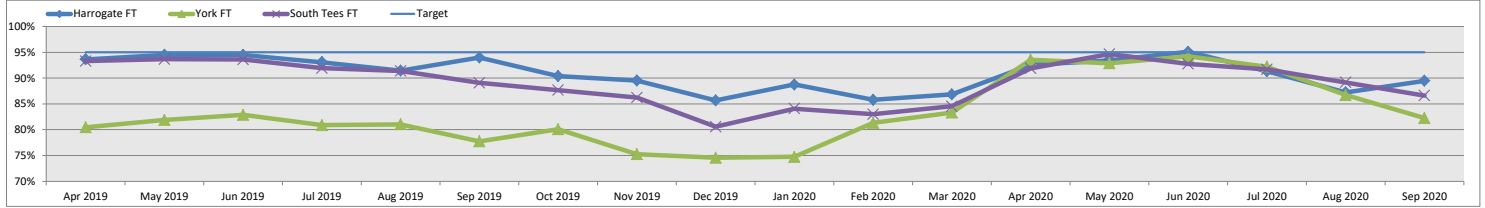
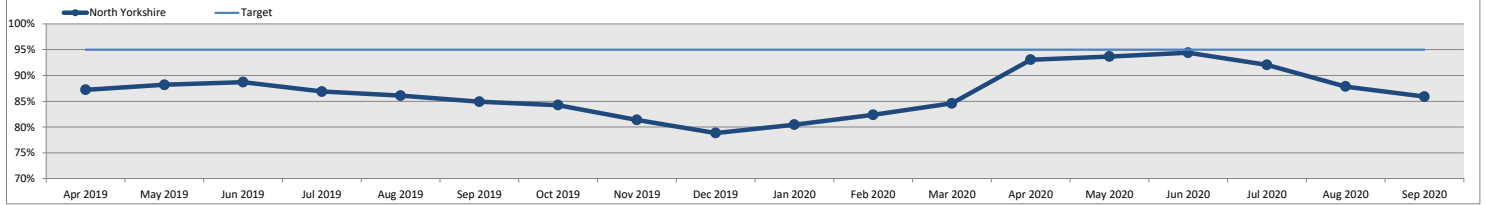
- Increase diagnostic capacity through workforce development (e.g. expansion of existing workforce and the development of new roles);
- Application of Artificial Intelligence (AI) solutions in diagnostic pathways.
- Increase diagnostic capacity through submission of proposals for capital investment in 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.

There is increasing national, regional and local focus on sustained initiatives to reduce the size of the 104 day backlog and completion of clinical harm reviews.

Nationally, the treatment activity is in excess of baseline (pre-COVID) treatment activity - thereby starting to address the backlog of treatments accumulating over the previous 5 months.

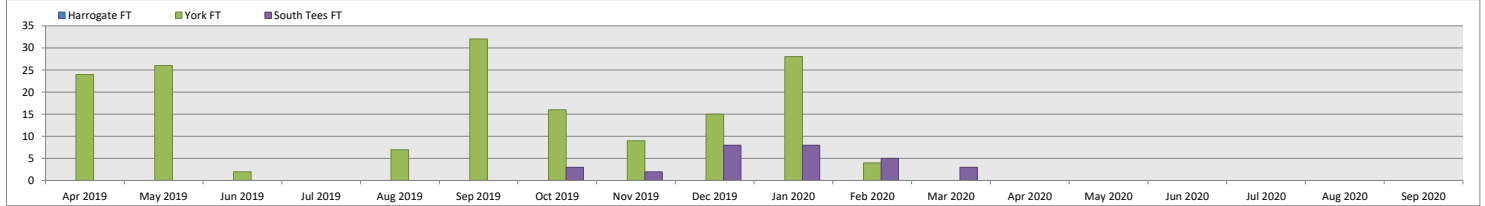
A&E Waiting Times

% < 4 hours in A&E - Current - Sep 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	Jul 2020	Aug 2020	Sep 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%	92.0%	87.9%	85.9%
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%	91.3%	87.2%	89.5%
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%	92.2%	86.7%	82.3%
South Tees FT	93.3%	93.7%	93.6%	91.9%	89.1%	87.7%	86.2%	80.6%	84.1%	83.0%	84.5%	91.9%	94.6%	92.8%	91.7%	89.2%	86.6%	86.6%

A&E 12 hour Trolley Waits - Current - Sep 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	Jul 2020	Aug 2020	Sep 2020
Harrogate FT	0	0	0	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	0	0	0
South Tees FT	0	0	0	0	0	0	3	2	8	8	5	3	0	0	0	0	0	0

What the data is showing us...

The CCG's A&E 4hour wait position is based upon a proportion of several of the providers data and is therefore an estimate. As at September, following the June high of 94.4%, the position had again fallen for the 3rd month in a row. The 3 providers data also reflects this drop in performance with only Harrogate improving in September.

After having recovered from below 85% in March 2020 to above 93% in Quarter 1 (2020/21) A&E performance against the 4hr standard fell to below 90% in Quarter 2. Each of the three Trusts reported 4hr performance above 85% in each month of Quarter 2 with the exception of York Teaching Hospital NHS Foundation Trust (YFT) recording 82.3% in September 2020. This fall in performance was commensurate with an increase in A&E attendances returning to pre COVID-19 (1st wave) levels further compounded by Infection Prevention and Control (IPC) requirements and COVID-19 safe challenges for A&E departments.

A&E performance at each of the three main Trusts, serving the population of North Yorkshire, has followed a similar pattern in Quarter 2, reporting a decline in 4hr performance since the end of June 2020 with Harrogate and District NHS Foundation Trust (HDFT) and South Tees Hospitals NHS Foundation Trust's (STHT) performance each falling 6% during the quarter and YFT's performance dropping 12% overall. HDFT delivered 89.5% during September 2020, YFT 82.3% and STHT 86.6% with both social distancing and testing of patients before admission having a significant impact on flow. The CCG continues to monitor the position in the acute hospital trusts, both informally and through A&E Delivery/Health Care Resilience Boards.

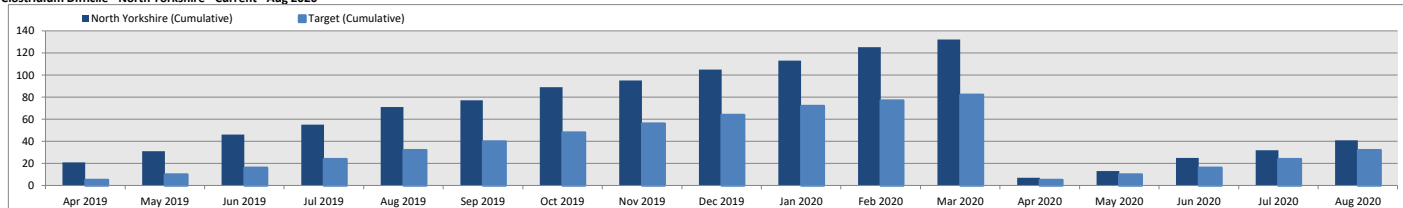
Zero 12hr trolley waits have been recorded at York Teaching Hospital NHS Foundation Trust, Harrogate and District NHS Foundation Trust or South Tees Hospital NHS Foundation Trust during Quarter 1 and also Quarter 2 of 2020/21, the last time this happened was in July 2019.

The nationally driven 111 First (replacing the brand of 'Talk Before You Walk') initiative is scheduled to commence on 1 December 2020 and preparations are well advanced and on track to reach this deadline across the Yorkshire and the Humber region. The changes are aimed at increasing the number of 111 calls that receive clinical review prior to the patient's final disposition being confirmed and also increasing the direct booking capability and capacity from 111 into provider services. It is hoped that this work, supported by national, regional and local communication campaigns, will help re-educate people to use the 111 service first for all their urgent care needs before attending their local Emergency Department for non-emergency issues.

Hospital Infections

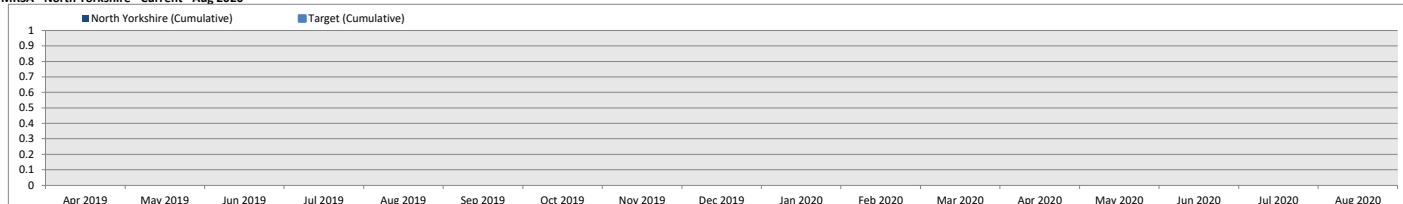
	Latest Data	High or Low	Threshold	Actual Position	Status
Clostridium Difficile (Cumulative)	Aug-20	Low	32	41	
MRSA (Cumulative)	Aug-20	Low	0	0	
E.Coli (Cumulative)	Aug-20	Low	134	148	

Clostridium Difficile - North Yorkshire - Current - Aug 2020



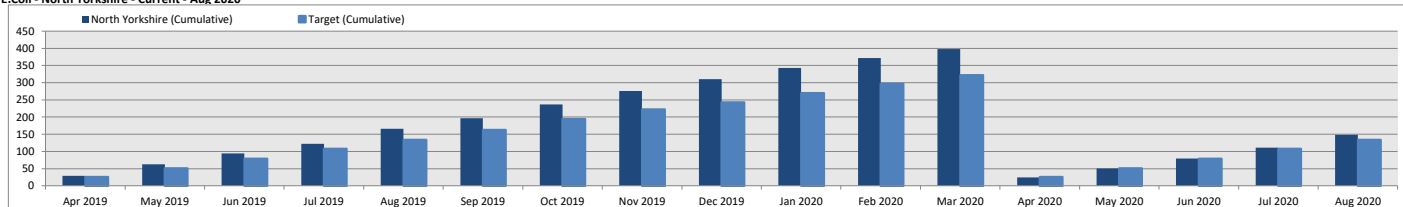
Clostridium Difficile	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020
North Yorkshire	21	10	15	9	16	16	12	8	10	8	12	7	7	6	12	8	9
Target	5	5	6	8	8	8	8	8	8	8	5	5	5	5	6	6	8
North Yorkshire (Cumulative)	21	31	46	55	71	77	89	95	105	113	125	132	7	13	25	32	41
Target (Cumulative)	5	10	16	24	32	40	48	56	64	72	77	82	5	10	16	24	32
Harrogate FT	4	2	3	2	2	1	3	1	1	3	5	1	1	1	2	1	2
York FT	16	13	17	12	15	9	10	12	12	14	10	7	7	2	2	7	7
South Tees FT	8	3	2	9	6	1	8	2	4	3	3	3	1	1	5	3	6

MRSA - North Yorkshire - Current - Aug 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	Jul 2020	Aug 2020
North Yorkshire	0	0	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	0	0
North Yorkshire (Cumulative)	0	0	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	0	0
Harrogate FT	0	0	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	0	0
South Tees FT	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0

E.Coli - North Yorkshire - Current - Aug 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	Jul 2020	Aug 2020
North Yorkshire	29	34	31	23	44	31	40	39	34	33	29	26	26	26	23	39	37
Target	26	25	28	29	26	29	31	28	21	27	27	25	26	25	28	29	26
North Yorkshire (Cumulative)	29	63	94	122	166	197	237	276	310	343	372	398	25	51	79	111	148
Target (Cumulative)	26	51	79	108	134	163	194	222	243	270	297	322	26	51	79	108	134
Harrogate FT	0	1	0	2	7	4	1	1	1	1	1	2	0	2	3	2	0
York FT	7	6	5	5	8	2	5	6	7	6	6	8	6	0	0	2	0
South Tees FT	13	14	7	3	7	7	5	3	5	8	6	3	1	4	4	10	0

What the data is showing us...

Clostridium Difficile cumulative cases attributed to the CCG are continuing to stay below the target. Harrogate continues to have few cases each month but York and South Tees numbers are starting to rise. With South Tees at lower levels than last year but York starting to rise over the last couple of months.

There continues to be no MRSA cases for the CCG and at York and Harrogate with just 1 at South Tees.

E.Coli cases attributed to the CCG have begun to creep above the unchanged target from 19/20. Harrogate continues to have few cases and York also appears to have less per month than in the months of 19/20. South Tees is beginning to show signs of an increased number of cases.

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's targets for reporting and performance monitoring. Due to COVID-19 the local panels to discuss Clostridium Difficile (C.Diff) and MRSA cases, both Hospital acquired and Community acquired, were suspended. Although the C.Diff data suggests non-compliance with the threshold it is a significant improvement on last year's data which evidences 71 cases (April to August 2019) versus 32 to date:

- Within South Tees Hospitals NHS Foundation Trust the Infection Prevention Assurance Group has been reinstated on a monthly basis and the CCG is represented. The Trust has requested a further extension to the suspension of MRSA panels, this has been agreed by the Chief Nurse of the CCG with the proviso that we are copied into the internal case review, including any lessons learned and improvement actions required and have the option to review the suspension if concerns arise. C.Diff review panels are being reinstated, with CCG representation to review the cases and identify any lapses in care requiring improvement actions and positive practice.

- At Harrogate District NHS Foundation Trust compliance is monitored through monthly reports to the Quality Committee.

- York Teaching Hospital NHS Foundation Trust has recommenced C.Diff review meetings with CCG representation and the regular Infection Prevention Control meetings are in progress. Two of the nightingale wards at Scarborough Hospital are currently being converted into single room accommodation which will significantly improve isolation capacity and support IPC practice.

As the pandemic continues, monitoring of the available data is maintained and any serious concerns are escalated to the Trust and CCG as appropriate. NHSE/I have announced that the gram negative blood stream infections (GNBSI) targets will only be applied to acute trusts therefore the CCG will not be monitored against this.

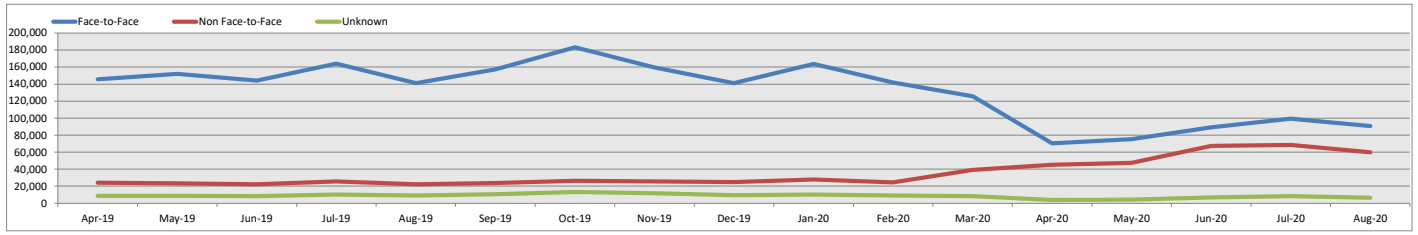
Significant Infection Prevention and Control (IPC) advice, support and training is being provided by the Community IPC team and the CCG Quality and Nursing team to Primary Care and Care Homes in response to Covid-19. Securing access to Covid testing for primary care staff and advice following any positive results continues to require daily intervention from the CCG team.

The 2020/21 Flu vaccination programme is underway and the CCG Flu Plan has undergone a confirm and challenge process via the Humber Coast and Vale ICS Flu Board, with minimal amendments required. More people than ever before are eligible for the free NHS flu vaccination and demand for flu vaccination is exceptionally high among those patients who are eligible. All GP practices progressing with the vaccination of eligible patients, prioritising those in higher risk groups and are working in partnership with each other and community pharmacies to co-ordinate and ensure smoother delivery. As is normal at this stage of the vaccination programme, not all GP practices will have received all of their batches of pre-ordered flu vaccines. Practices will receive further supplies in weeks ahead, with some deliveries scheduled for the end November. To date 52.4% of patients aged over 65 years have been vaccinated in this campaign, with ongoing significant progress in the other at risk groups. Further NHSE guidance is awaited on the availability of vaccination stock for the new cohort of 50-64 year olds, with no other specified risk criteria and a process for ordering additional vaccine stock for the increased demand is awaited.

Primary Care - GP Appointments

	Latest Data	Actual Position
Face-to-Face	Aug-20	90,845
Non Face-to-Face	Aug-20	60,056
Unknown	Aug-20	6,400
All Appointments	Aug-20	157,301

NY CCG 19/20	NY CCG 20/21	Year on Year Change
747,514	424,862	-43%
117,416	288,278	146%
45,278	29,345	-35%
910,208	742,485	-18%



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	Jul-20	Aug-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	99,387	90,845
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	68,447	60,056
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	8,192	6,400
Grand Total	178,835	184,015	174,640	199,843	172,875	191,841	222,876	196,413	175,479	201,896	175,680	173,161	119,099	126,844	163,215	176,026	157,301

What the data is showing us...

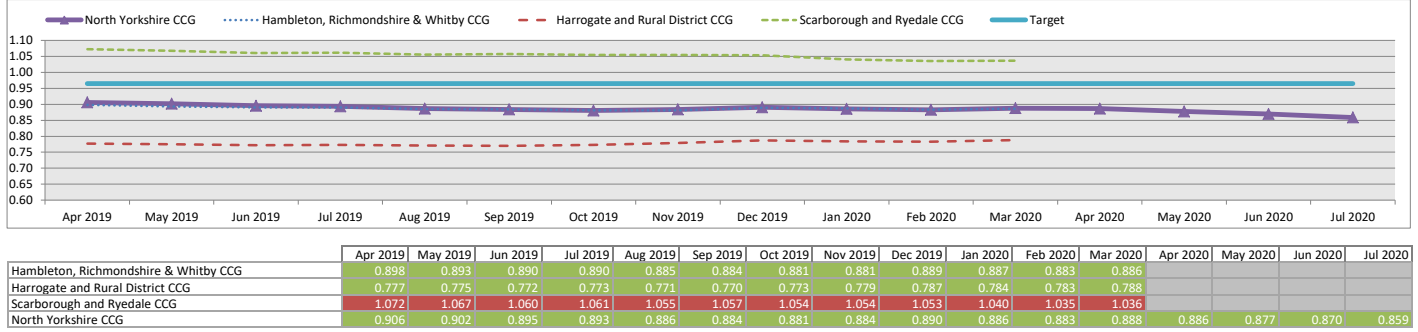
The number of Face-to-Face appointments as expected dropped from March onward but has begun to pickup over the following months but has not as yet returned to pre-COVID levels. Also, the Non Face-to-Face appointments may not accurately represent all video/online appointments.

Since July 2020 GP Practices have resumed routine appointments for patients. However, activity in primary care continues to increase and we expect to see another increase in the number of GP appointments happening remotely, either by telephone or video appointments, with the advent of wave two of COVID-19.

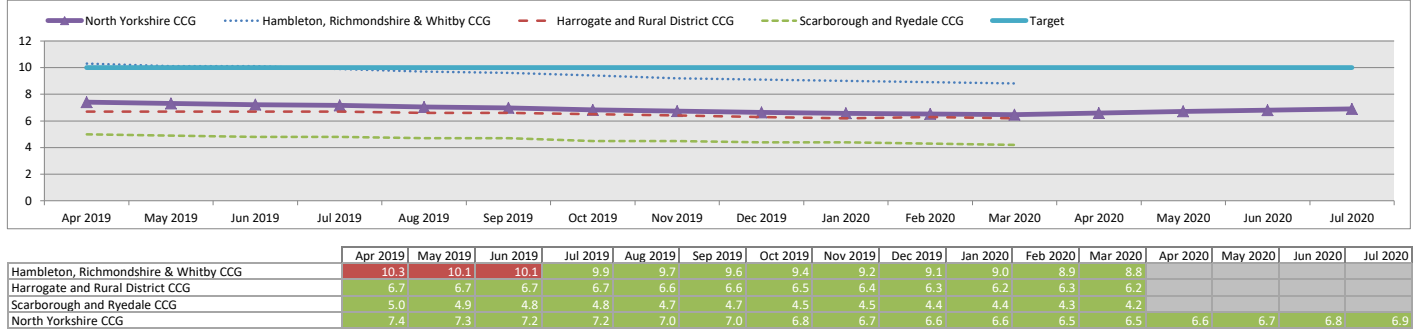
Prescribing

	Latest Data	High or Low	Threshold	Actual Position	Status
Appropriate prescribing of antibiotics in Primary Care	Jul-20	Low	0.965	0.859	
Appropriate prescribing of broad spectrum antibiotics in Primary Care	Jul-20	Low	10	6.9	

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



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



What the data is showing us...

The first graph shows that our overall rate of antibiotic prescribing within North Yorkshire CCG has been decreasing each month during this financial year, following a COVID related increase in March 2020.

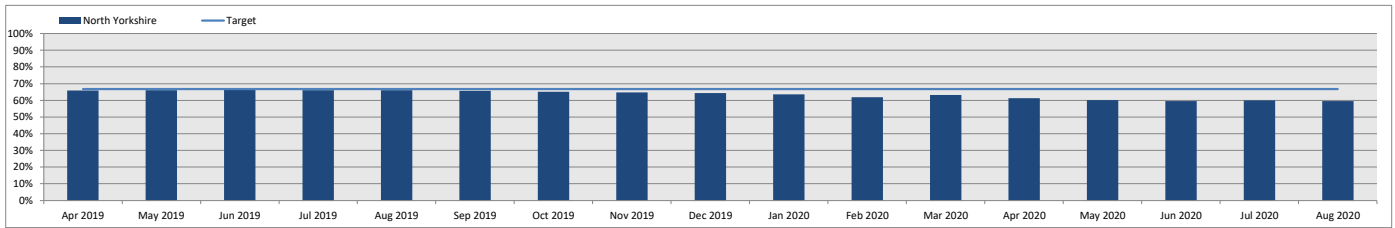
The second graph shows that our rate of prescribing of broad spectrum antibiotics appears to have increased slightly in the months leading up to July 2020. However, it should be noted that the actual number of prescriptions for this type of antibiotic has stayed fairly steady in the months May to July 2020. As this indicator is expressed as a percentage of the total number of antibiotic prescriptions (and the total has decreased) the percentage of broad spectrum antibiotics has therefore gone up.

Appropriate Prescribing of Antibiotics in Primary Care – the North Yorkshire CCG is achieving the 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 average in England (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. Each November we mark the WHO's World Antibiotic Awareness Week and also European Antibiotic Awareness Day. The CCG's Medicines Management Team actively promotes these antimicrobial stewardship initiatives and ask all GP Practices to review their own antibiotic prescribing during the month of November.

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. Following the introduction of antimicrobial stewardship initiatives in several of the GP practices the prescribing target across North Yorkshire is being achieved. 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 average of 8.7% in England in July 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	Aug-20	High	66.7%	59.5%	



Dementia Diagnosis Rate	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	Jul 2020	Aug 2020
	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%	59.5%	59.5%

What the data is showing us...

The dementia diagnosis rate has been close to the threshold for many months. However, since last October it has started to slip slightly a little each month with the COVID restrictions appearing to not have had a significant detrimental affect unlike other health areas.

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

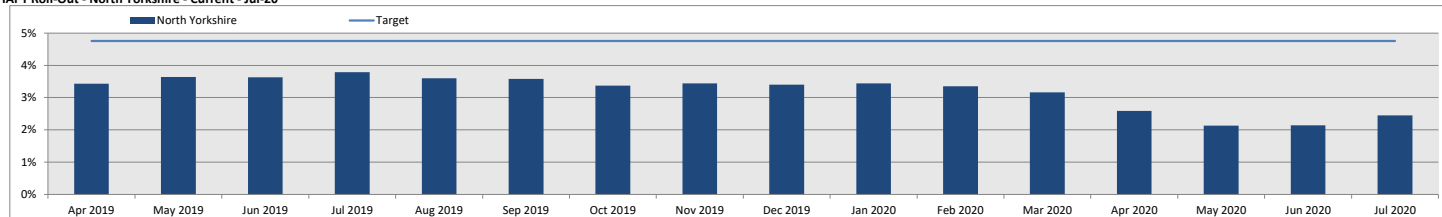
There has been good adoption of the virtual memory assessment approach in Hambleton, Richmondshire and Whitby area and Harrogate and Rural District area Memory Assessment Service teams. The message to Primary Care is that the Memory Assessment Service is still open for referrals but to be aware of some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

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

IAPT

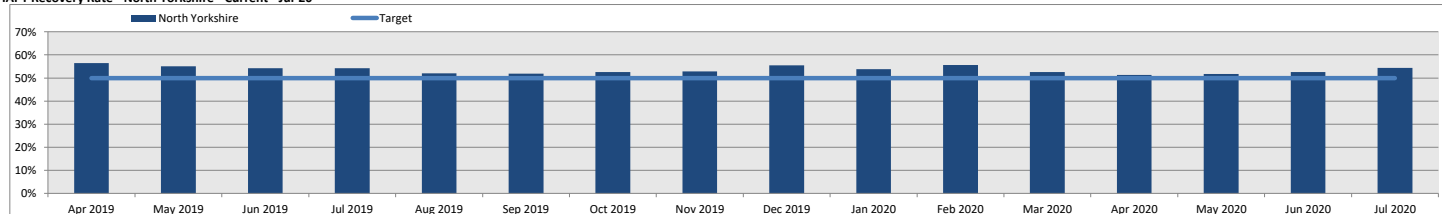
	Latest Data	High or Low	Threshold	Actual Position	Status
IAPT Roll-Out	Jul-20	High	4.8%	2.5%	
IAPT Recovery Rate	Jul-20	High	50.0%	54.4%	

IAPT Roll-Out - North Yorkshire - Current - Jul-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	May 2020	Jun 2020	Jul 2020
IAPT Roll-Out	3.4%	3.6%	3.6%	3.8%	3.6%	3.6%	3.4%	3.4%	3.4%	3.4%	3.3%	3.2%	2.6%	2.1%	2.1%	2.5%

IAPT Recovery Rate - North Yorkshire - Current - Jul-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	May 2020	Jun 2020	Jul 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%	51.4%	51.7%	52.6%	54.4%

What the data is showing us...

For the CCG, the IAPT Roll-Out has been below the target for many months and was maintaining a level above 3% but since the COVID restrictions came into force this had declined to just above 2%. As at July it has begun to improve.

The Recovery rate for the CCG has maintained its above target levels before and since the COVID restrictions. As at July it has continued to improve month on month.

The CCG operates under a partnership arrangement with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) 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 2020/21 which takes the investment into IAPT over the last 3 years to circa £1m. The CCG is sighted on the 25% target by 2023/24 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. Under the NY MH and LDA partnership we have agreed to work together to develop a strategic plan for IAPT, which will look at how we can support delivery of the long term plan over the next 3 years. There are 3 factors that we need to consider:

- 1) Demand
- 2) Finance
- 3) Workforce

We will also work closely with VoY CCG as we share a number of the same issues.

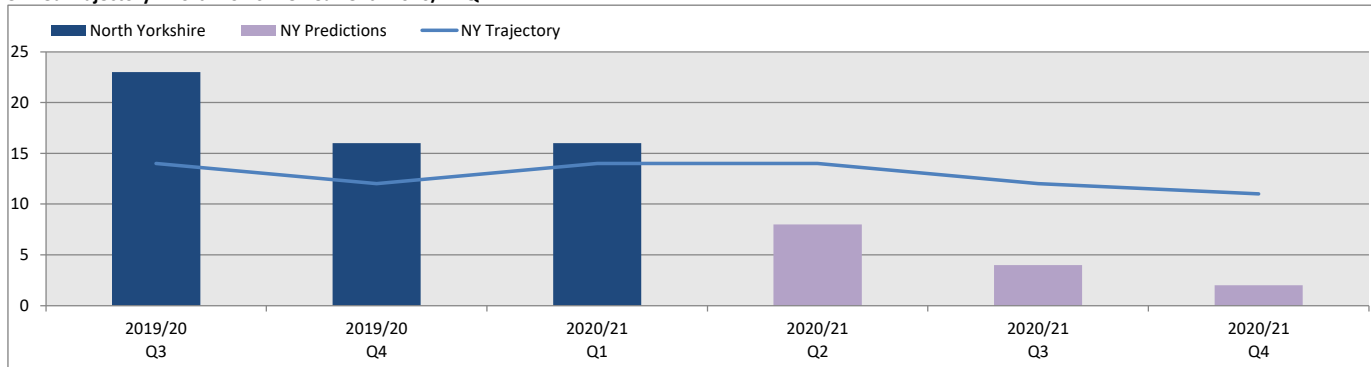
IAPT has been picked up as a key issue with the engagement work that we are doing with the PCNs and local GPs. The feedback and learning from this will be captured within the strategic plan.

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	
Specialised Commissioning	2020/21 Q1	High	13	13	
CAMHS	2020/21 Q1	High	2	1	

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
Specialised Commissioning	13	13	13			

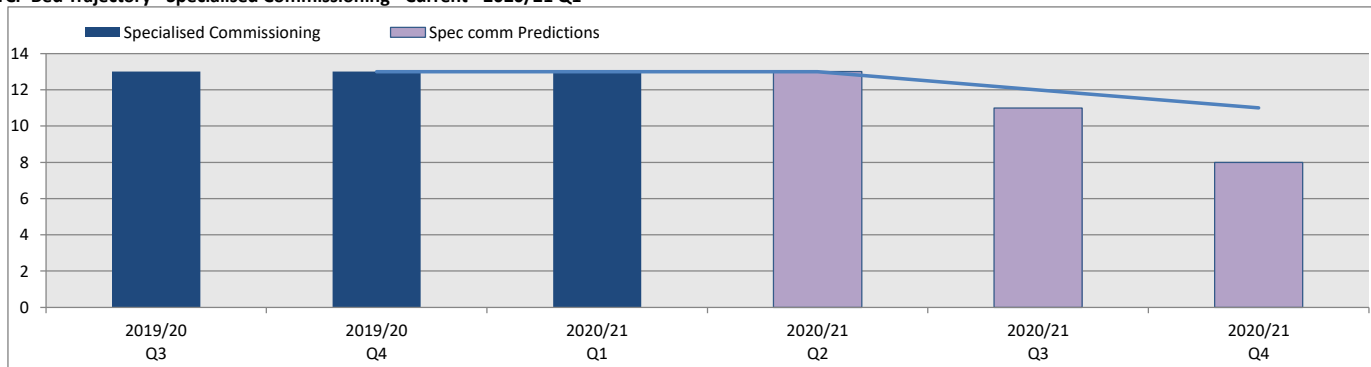
In October 2020, for the first time since we began reporting, the CCG have been rated green by the Yorkshire and Humber NHSE TCP team for our overall TCP performance. At the end of Quarter 2 the CCG finished on target at a total of 13 across the TCP (as 4 NYCCG and 10 VoYCCG). Our target is 12 for Quarter 3 - (4 of these are NYCCG). We currently have those 4 people in NYCCG beds but have 3 discharges this coming quarter. As it currently stands, we anticipate ending the quarter with just 1 person in a bed in NYCCG (6 people remaining in VoYCCG beds) which is a total of 6 discharges in Quarter 3 across the patch. This is subject to continued partnership working via confirm and challenge that is in place.

This is also 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 such as the Dynamic Support Register (DSR), Local Emergency Action Plans (LAEP) and Clinical Treatment Reviews (CTR), and looking to expand this further via a crisis project looking at various incentives such as co-location of teams, and an away day event planned to undertake a gap analysis. (A key pressure is known to be Autism Spectrum Disorder).

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

TCP Bed Trajectory - Specialised Commissioning - 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						
Specialised Commissioning	13	13	13	11	11	8

The CCG finished Quarter 2 on trajectory with 13 beds. The trajectory for Q3 is showing as 11, however the working version agreed recently is 13 for Quarter 3 and 11 for Quarter 4.

Movement in our TCP for specialised commissioning patients is slow - cases are discussed monthly via Confirm and Challenge, and it should be noted that all Clinical Treatment Reviews are up to date, however, people remain appropriately in treatment. There are no discharges due in Quarter 3 but we are optimistic of 5 discharges from specialised commissioning beds in Quarter 4 which will mean that at the end of the year we should finish on 8 beds being required.

We do however have one person currently in prison who may transfer into a specialised commissioning bed. Admission prevention in this area is more difficult to control due to court and Ministry of Justice processes.

It should also be noted that we have no tier 4 Child and Adolescent Mental Health Services (CAMHS) admissions in Q2 and it currently sits at zero.