

Title of Meeting:	Governing Body Meeting	Agenda Item: 5.1																							
Date of Meeting:	7 October 2021																								
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															
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Responsible Governing Body Member Lead <ul style="list-style-type: none"> Julie Warren, Director of Corporate Services, Governance and Performance Sue Peckitt, Chief Nurse 		Report Author and Job Title <ul style="list-style-type: none"> Sasha Sencier, Board Secretary and Senior Governance Manager Contributors from all Directorates 																							
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															
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Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: Elements of this report are considered at Quality and Clinical Governance Committee and at Finance, Performance, Contracting and Commissioning Committee.																									
Executive Summary This report provides an overview and assurance of any quality and performance issues. The report from page 4 onwards provides data on the following standards: <table border="1"> <thead> <tr> <th>Standard</th><th>Latest Data</th></tr> </thead> <tbody> <tr><td>Referral to Treatment (RTT)</td><td>July 2021</td></tr> <tr><td>Diagnostic Test Waiting Times</td><td>August 2021</td></tr> <tr><td>Cancer Waiting Time standards (CWT)</td><td>July 2021</td></tr> <tr><td>Accident and Emergency (A&E) Waiting Times</td><td>August 2021</td></tr> <tr><td>Healthcare Associated Infections (HCAI)</td><td>July 2021</td></tr> <tr><td>Primary Care – GP Appointments</td><td>July 2021</td></tr> <tr><td>GP Prescribing</td><td>July 2021</td></tr> <tr><td>Dementia Diagnosis</td><td>August 2021</td></tr> <tr><td>Improved Access to Psychological Therapies (IAPT)</td><td>June 2021</td></tr> <tr><td>Mental Health Transforming Care Programme</td><td>March 2021</td></tr> </tbody> </table>				Standard	Latest Data	Referral to Treatment (RTT)	July 2021	Diagnostic Test Waiting Times	August 2021	Cancer Waiting Time standards (CWT)	July 2021	Accident and Emergency (A&E) Waiting Times	August 2021	Healthcare Associated Infections (HCAI)	July 2021	Primary Care – GP Appointments	July 2021	GP Prescribing	July 2021	Dementia Diagnosis	August 2021	Improved Access to Psychological Therapies (IAPT)	June 2021	Mental Health Transforming Care Programme	March 2021
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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.																									
CCG Strategic Objectives Supported by this Paper <table border="1"> <tr> <th></th><th>CCG Strategic Objectives</th><th></th></tr> <tr> <td>1</td><td> Strategic Commissioning: <ul style="list-style-type: none"> To take the lead in planning and commissioning care for the population of North Yorkshire by providing a whole system approach and to support the development of general practice. </td><td>X</td></tr> </table>					CCG Strategic Objectives		1	Strategic Commissioning: <ul style="list-style-type: none"> To take the lead in planning and commissioning care for the population of North Yorkshire by providing a whole system approach and to support the development of general practice. 	X																
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	<ul style="list-style-type: none"> To make the best use of resources by bringing together other NHS organisations, local authorities and the third sector to work in partnership on improving health and care. To develop alliances of NHS providers that work together to deliver care through collaboration rather than competition. 	
2	Acute Commissioning: We will ensure access to high quality hospital-based care when needed.	X
3	Engagement with Patients and Stakeholders: We will build strong and effective relationships with all our communities and partners.	
4	Financial Sustainability: We will work with partners to transform models of care to deliver affordable, quality and sustainable services.	
5	Integrated / Community Care: With our partners and people living in North Yorkshire we will enable healthy communities through integrated models of care.	X
6	Vulnerable People: We will support everyone to thrive [in the community].	X
7	Well-Governed and Adaptable Organisation: In supporting our objectives we will be a well-governed and transparent organisation that promotes a supportive learning environment.	X

CCG Values underpinned in this paper

	CCG Values	X
1	Collaboration	
2	Compassion	
3	Empowerment	
4	Inclusivity	
5	Quality	X
6	Respect	

Does this paper provide evidence of assurance against the Governing Body Assurance Framework?

YES		NO	X
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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.
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.

Sasha Sencier, Board Secretary and Senior Governance Manager

Governing Body Quality report by exception Sue Peckitt, Chief Nurse

Safeguarding Adults

Arrangements are now in place for our new Designated Professional Dr Emma Stevens to commence in post on 1st October 2021. Emma works on a part-time basis as a lecturer with the Open University and has previously been in an interim designated post for Hull CCG so will be a great asset to the team.

The team continue to work as part of the North Yorkshire Safeguarding Adults Board (NYSAB) and are involved with the revision of a number of guidelines, safeguarding adult reviews and a domestic homicide review, the outcome of this work and lessons learnt will be shared with the Governing Body once completed.

The NYSAB are hosting a Development Day on 29th November 2021, learning from the COVID-19 pandemic and shaping the future based on lessons learned will be the theme of this year's development day.

The wider HCV ICS safeguarding team meet monthly and have developed an outline proposal for the HCV Safeguarding Leadership and Governance arrangements to facilitate effective transition of safeguarding arrangements into the ICS. This has been shared with the ICS Executive and will be shared with NHSE for support and approval by 1st October 2021.

There are increasing numbers of independent providers who are struggling to maintain safe staffing levels and several domiciliary care agencies have been handing packages of care back to the local authorities (North Yorkshire and City of York) leaving individuals in a vulnerable position. The impact of this for some individuals is now being seen through safeguarding concerns being raised. The team continues to work with partner agencies to learn from cases and support future management.

The Safeguarding Officers have recommenced Baseline Assessment Visits to Care Homes in partnership with the Local Authority Quality and Improvement Team, to support providers and identify/ address any issues arising with partner agencies and the NYCCG Quality team.

Safeguarding Children

The team are seeing a small but significant rise in number of children with very complex and often extreme risk taking behaviours being presented to NHS services. These presentations are invariably linked to the child's mental health and are being brought to the attention of the CCG safeguarding children team and CCG commissioners of children's services because of challenges in securing appropriate services from across the partnership. This often leads to protracted and inappropriate inpatient stays within our local and neighbouring paediatric wards. Linked to this issue is the national insufficiency of Tier 4 CAMHS provision which often results in delayed discharge from paediatric wards or children being cared for in the community without appropriate therapeutic support.

The Designated Team are providing additional support to safeguarding teams within health provider organisations across NY& York. This is in response to the increasing safeguarding activity across both North Yorkshire and City of York and the number of changes to key safeguarding roles resulting in higher than usual levels of stress and 'burn out' of safeguarding professionals.

The CCG Safeguarding Children's Team have successfully recruited to a Band 7 position to ensure effective health representation at Initial Child Protection Conferences. This will address the risk identified as a result of significant changes to the Local Authority commissioned Healthy Child services and consequent engagement in the safeguarding process.

The Designated Nurses are leading a piece of work across North Yorkshire and City of York Safeguarding Partnerships which aims to reduce the incidence of Sudden Unexpected Death in Infancy. The work will focus on engaging families where there are increased vulnerabilities.

This week is national ICON Week. ICON is a programme of proactive education for parents on the safe management of crying infants with the ultimate aim of reducing the incidence of abusive head trauma. The Designated Nurses are leading a programme of awareness raising to further promote the ICON messages.

Provider Quality escalations

The quality team are continuing to provide in-reaching support with our Mental Health provider, which is overseen by the NHSEI led Quality Board process. We continue to work with the Trust to monitor their quality improvement journey and a comprehensive briefing was given to the Quality and Clinical Governance Committee on 2nd September 2021. A number of residential care homes and domiciliary care providers are requiring additional support from the quality team in order to maintain safety and quality of care. This is taking significant resource and input from the team and additional NHS services, and we will continue to monitor.



NY Performance Report v1.54

Date: 20 September 2021

Author: Mark Butcher



SUMMARY

Area	Indicator	Latest Data	High or Low	National Threshold	Actual Position	Status
RTT	< 18 Weeks - Admitted	Jul-21	High		32.3%	
	< 18 Weeks - Non-Admitted	Jul-21	High		57.9%	
	< 18 Weeks - Incompletes	Jul-21	High	92%	73.6%	
	> 52 Weeks - Incompletes	Jul-21	Low	0	1,591	
	Number of Completed Admitted Pathways	Jul-21	High	2,555	2,045	
	Number of Completed Non-Admitted Pathways	Jul-21	High	7,815	7,388	
	Number of Incomplete Pathways	Jul-21	High	0	35,276	

Status Key:

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

Diag	% > 6 weeks - Diagnostics	Aug-21	Low	1%	31.5%	
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Cancer WT	CWT seen - 2 Weeks GP Referral	Jul-21	High	93%	88.3%	
	CWT seen - 2 Weeks Breast	Jul-21	High	93%	41.3%	
	CWT treated - 31 days diagnosis	Jul-21	High	96%	98.2%	
	CWT treated - 31 days - surgery	Jul-21	High	94%	88.9%	
	CWT treated - 31 days - drugs	Jul-21	High	98%	100.0%	
	CWT treated - 31 days - radiotherapy	Jul-21	High	94%	96.6%	
	CWT treated - 62 days urgent	Jul-21	High	85%	78.5%	
	CWT treated - 62 days - screening service	Jul-21	High	90%	90.5%	
A&E	CWT treated - 62 days - consultant upgrade	Jul-21	High		78.6%	
	% < 4 hours	Aug-21	High	95%	76.2%	
Hospital Infections	Clostridium Difficile (Cumulative)	Jul-21	Low	24	47	
	MRSA (Cumulative)	Jul-21	Low	0	0	
	E.Coli (Cumulative)	Jul-21	Low	108	136	

		Latest Data	High or Low	Op Plan Threshold	Actual Position	Status
GP Referrals	GP Referrals (General and Acute)	Jul-21	Low	12,689	8,142	
	Other Referrals (General and Acute)	Jul-21	Low	8,668	5,976	
	Total Referrals (General and Acute)	Jul-21	Low	13,803	14,118	
	Consultant Led First Outpatient Attendances	Jul-21	Low	8,634	14,723	
	Consultant Led Follow-Up Outpatient Attendances	Jul-21	Low	5,169	25,406	
	Total Consultant Led Outpatient Attendances	Jul-21	Low	13,803	40,129	
	Total Elective Admissions - Day Case	Jul-21	Low	26,997	5,306	
	Total Elective Admissions - Ordinary	Jul-21	Low	39,297	789	
	Total Elective Admissions	Jul-21	Low	6,981	6,095	
	Total Non-Elective Admissions - 0 LoS	Jul-21	Low	5,770	1,586	
	Total Non-Elective Admissions - +1 LoS	Jul-21	Low	856	2,788	
	Total Non-Elective Admissions	Jul-21	Low	6,626	4,374	
	Type 1 A&E Attendances excluding Planned Follow Ups	Jul-21	Low	1,468	8,338	
	Other A&E Attendances excluding Planned Follow Ups	Jul-21	Low	2,982	5,537	
	Total A&E Attendances excluding Planned Follow Ups	Jul-21	Low	4,450	13,875	
	RTT Admitted Pathways	Jul-21	Low	8,097	0	
	RTT Estimated New Periods	Jul-21	Low	5,314	0	
	RTT Non Admitted Pathways	Jul-21	Low	13,411	0	

		Latest Data		Actual Position
Primary Care	GP Appointment: Face-to-Face	Jul-21		134,604
	GP Appointment: Non Face-to-Face	Jul-21		72,622
	GP Appointment: Unknown	Jul-21		9,507
	GP Appointment: All Appointments	Jul-21		216,733

		Latest Data	Actual Position	National Threshold	Actual Position	Status
Prescribing	Appropriate prescribing of antibiotics in Primary Care	Jul-21	Low	0.871	0.746	
	Appropriate prescribing of broad spectrum antibiotics in Primary Care	Jul-21	Low	10	8.1	

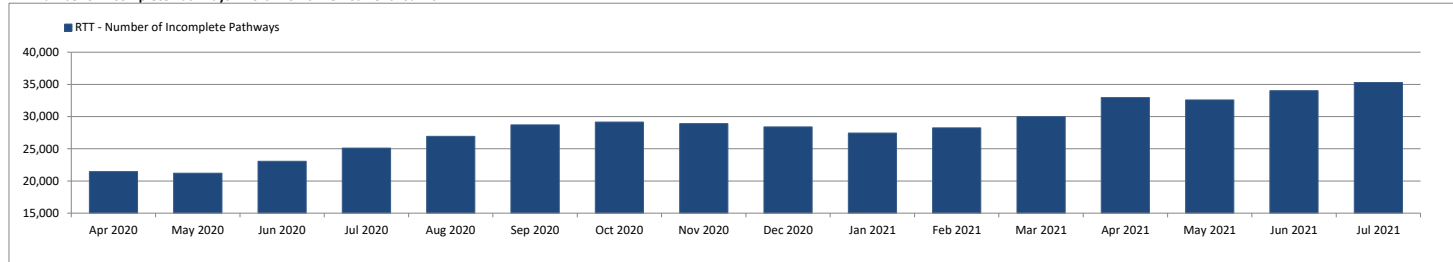
Dementia	Estimated diagnosis rate	Aug-21	High	66.7%	58.9%	
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IAPT	IAPT Roll-Out	Jun-21	High	4.8%	4.4%	
	IAPT Recovery Rate	Jun-21	High	50.0%	59.9%	

Referral To Treatment (RTT)

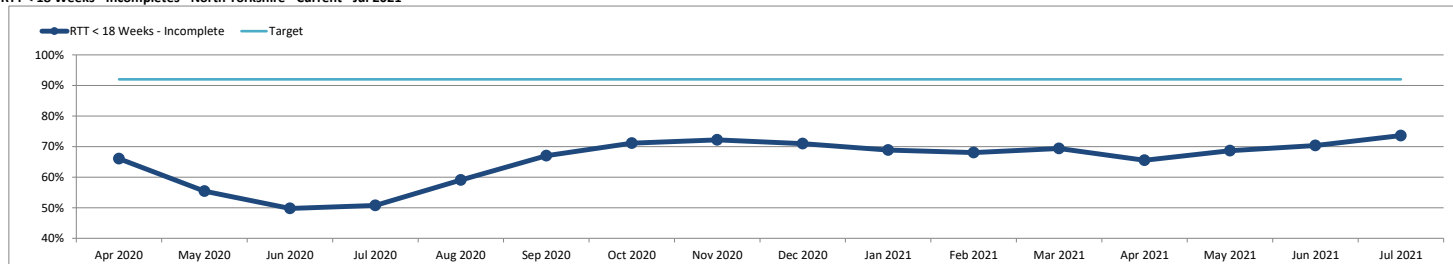
	Latest Data	High or Low	National Threshold	Actual Position	Status
RTT < 18 Weeks - Admitted	Jul-21	High		32.3%	
RTT < 18 Weeks - Non-Admitted	Jul-21	High		57.9%	
RTT < 18 Weeks - Incomplete	Jul-21	High	92%	73.6%	
RTT > 52 Weeks - Incomplete	Jul-21	Low	0	1,591	
RTT > 40 Weeks - Incomplete	Jul-21	Low		2,119	
Number of Completed Admitted RTT Pathways	Jul-21	High	2,555	2,045	
Number of Completed Non-Admitted RTT Pathways	Jul-21	High	7,815	7,388	
Number of Incomplete Pathways	Jul-21	Low	0	35,276	

RTT - Number of Incomplete Pathways - North Yorkshire - Current - Jul 2021



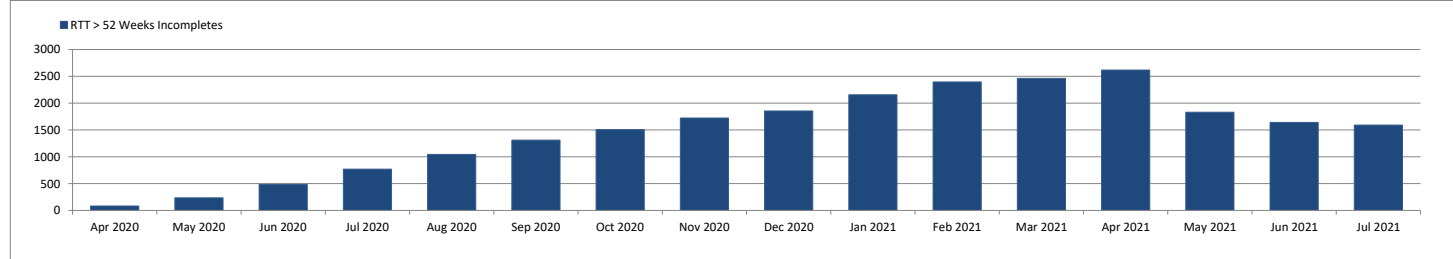
	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021
RTT - Number of Incomplete Pathways	21,453	21,197	23,048	25,108	26,932	28,706	29,141	28,899	28,392	27,447	28,259	29,985	32,943	32,583	34,027	35,276

RTT < 18 Weeks - Incomplete - North Yorkshire - Current - Jul 2021



	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021
RTT < 18 Weeks - Incomplete	66.0%	55.4%	49.8%	50.8%	59.1%	67.0%	71.1%	72.2%	71.0%	68.9%	68.0%	69.4%	65.5%	68.7%	70.3%	73.6%

RTT > 52 Weeks - Incomplete - North Yorkshire - Current - Jul 2021



	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021
RTT > 52 Weeks Incomplete	83	236	485	769	1,043	1,311	1,507	1,723	1,853	2,154	2,394	2,463	2,617	1,832	1,640	1,591

What the data is showing us...

There was a reduction in the number of patients still waiting on the incomplete pathway throughout the months of last year as fewer patients were referred. However, since restrictions have been lifted and more patients are referred the waiting list has significantly risen as a result and continues to do so as the true backlog of patients waiting to be seen is known. However, it appears that the number of patients waiting longer term, i.e. 52+ weeks, is slowly dropping.

The number of patients waiting over 52 weeks for treatment has been steadily reducing during May, June and July 2021 from its highest point in April 2021, the target for this indicator is zero and typically across North Yorkshire pre-COVID-19 there were very low numbers on a month-by-month basis. The number of patients waiting overall is not anticipated to reduce over the next few months as capacity continues to be compromised by infection, prevention and control measures, isolation and social distancing combined with increased referrals into secondary care.

Trusts continue to review their waiting lists in line with the clinical prioritisation framework from P2 to P6 (see list below) and employing Evidence Based Interventions (EBI) checks as part of that process. This also includes 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. Any potential concerns identified during the clinical review are being managed via the serious incident process and the CCG is monitoring this with the Trusts. These actions are included within the national programme of 'Waiting Well' which aims to support the management of patients on current waiting lists and to mitigate the risks associated with extended waits.

Other methods of prioritisation continue to be used including Faecal Immunochemical Testing (FIT) as well as the commencement of pilot schemes in capsule endoscopy and cytosponge. Planned care groups continue to monitor recovery work, improving pathways to allow increased capacity for triage, clinical prioritisation and active patient care.

The majority of patients waiting fall into the P4 category and support offers are being developed across the Humber, Coast and Vale Health and Care Partnership (Integrated Care System) to help these patients whilst they wait.

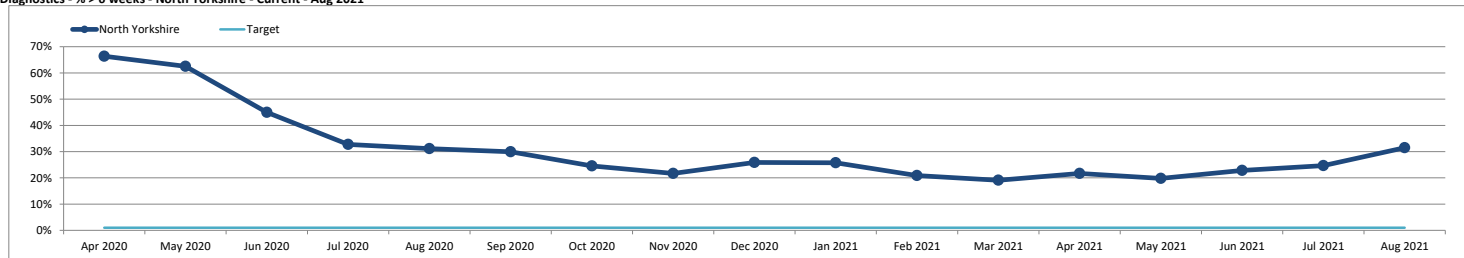
Acute providers across the ICS are working together to use the capacity available to treat the most clinically urgent patients by developing shared waiting lists and independent sector capacity is being maximised, particularly in relation to long waiters.

Priorities List: 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-21	Low	1%	31.5%	

Diagnostics - % > 6 weeks - North Yorkshire - Current - Aug 2021



	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021
Breaches	2441	2699	2448	2325	2531	2395	1962	1517	1818	1806	1440	1471	1709	1652	1876	2210	1779
Waiting list	3678	4317	5447	7098	8123	8001	7982	7002	7031	7017	6891	7706	7891	8341	8226	8952	5651
% > 6 weeks - Diagnostics	66.4%	62.5%	44.9%	32.8%	31.2%	29.9%	24.6%	21.7%	25.9%	25.7%	20.9%	19.1%	21.7%	19.8%	22.8%	24.7%	31.5%

What the data is showing us...

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. Over the 2 months since January 2021 there appeared to be some improvement in waits but has now begun to climb to levels not seen since August 2020.

The national target for the number of diagnostic tests within 6 weeks is 1%, historically North Yorkshire CCG has 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 continuous improvement since then and as at August 2021 31.5% of patients being are seen at more than 6 weeks.

Direct access pathways for routine referrals to GPs are now open with some appointments requiring to be via planned attendance due to space and social distancing constraints in X-Ray departments due to COVID-19. 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.

Significant effort is being made to ensure endoscopy lists continue to be optimised by offering mutual aid across providers in North Yorkshire and York and also using the independent sector for both insourced and outsourced capacity to maximise throughput and support recovery.

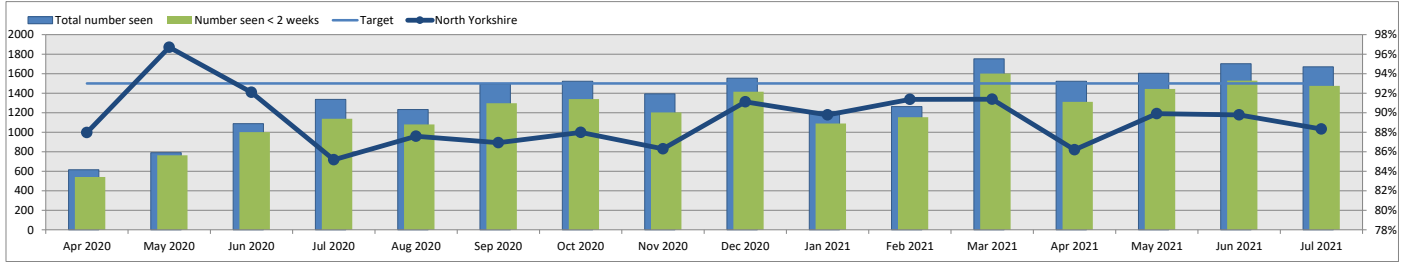
All trusts are reviewing and prioritising their diagnostic waiting lists and as described previously, methods of prioritisation continue to be used in the lower and upper GI pathways including Faecal Immunochemical Testing (FIT) as well as the commencement of pilots of capsule endoscopy and cytosponge and other innovations.

Community Diagnostic Hubs are being scoped across NYY with early actions being implemented to support the clearance of backlogs created by the pandemic and informed by our work to understand health inequalities within our communities.

Cancer Two Week Waits

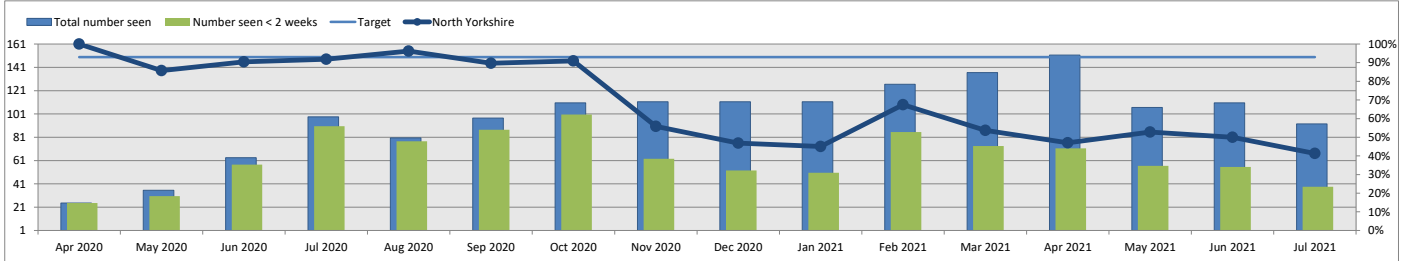
	Latest Data	High or Low	National Threshold	Actual Position	Status
CWT seen - 2 Weeks GP Referral	Jul-21	High	93%	88.3%	
CWT seen - 2 Weeks Breast	Jul-21	High	93%	41.3%	

CWT Seen < 2 Weeks GP Referral - North Yorkshire - Current - Jul 2021



	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021
Number seen < 2 weeks	541	764	1001	1138	1080	1297	1339	1202	1416	1089	1154	1601	1312	1443	1528	1475
Total number seen	615	790	1087	1336	1233	1492	1522	1393	1554	1213	1263	1752	1522	1605	1702	1670
CWT seen - 2 Weeks GP Referral	88.0%	96.7%	92.1%	85.2%	87.6%	86.9%	88.0%	86.3%	91.1%	89.8%	91.4%	91.4%	86.2%	89.9%	89.8%	88.3%

CWT Seen < 2 Weeks Breast - North Yorkshire - Current - Jul 2021



	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021
Number seen < 2 weeks	24	30	57	90	77	87	100	62	52	50	85	73	71	56	55	38
Total number seen	24	35	63	98	80	97	110	111	111	111	126	136	151	106	110	92
CWT seen - 2 Weeks Breast	100.0%	85.7%	90.5%	91.8%	96.3%	89.7%	90.9%	55.9%	46.8%	45.0%	67.5%	53.7%	47.0%	52.8%	50.0%	41.3%

What the data is showing us...

for patients seen within 2 weeks of a GP Referral - as the activity continues to increase the rate of those patients seen within 2 weeks has also continued to be under the target. The reasons behind the below target threshold were "OP Clinic capacity inadequate (i.e. not enough slots)" and "Patient Choice relating to first out patient appointment".

for patients seen within 2 weeks with suspected breast cancer - the activity surged through Winter to April 2021 and the rate of patients seen within 2 weeks has been consistently below target threshold. From February onwards the numbers of those seen within 2 weeks has dropped to below half and is continuing to fall further to just above 40% in July. The reasons behind being so far below target threshold were predominantly "OP clinic capacity inadequate (i.e. not enough slots)" and "Patient Choice relating to first out patient appointment".

General

- Whilst Cancer treatment and care services are 'protected', the national focus is on restoration and recovery first, with performance against national standards second
- Application of pre-COVID-19 activity levels are being used to measure and monitor recovery
- The 'post-COVID-19' cancer services will look different to pre-COVID-19 e.g., development of new, shorter pathways towards diagnosis, application of virtual interfaces with patients (where appropriate) etc
- North Yorkshire and Vale of York CCGs are working collaboratively with our providers and Cancer Alliances to ensure alignment of our plans are consistent with the Operational Planning Guidance 21/22 and Recovery Plans (regarding the impact of the pandemic).

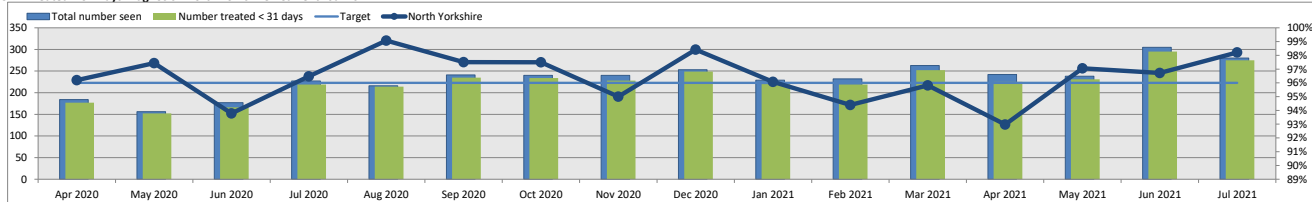
2WW Referrals

- It is important to note that not all cancer diagnoses are made via this route – others include screening, A&E, consultant upgrade etc
- There is increasing focus on the 28 Day Faster Diagnosis Standard as a preferred measure (28 Days from receipt of referral to receipt of a diagnosis of cancer (or not))
- There is continued monitoring of patient cohorts that have been disproportionately affected by the pandemic regarding a return to services
- Going forward, referrals will need to continue to be above pre pandemic baseline levels – we are to close the gap between observed and expected cancer diagnoses over the last two years and this will inevitably put pressure on services
- HCV Cancer Alliance are supporting the introduction of breast pain clinics – as an alternative pathway to manage demand
- National and local campaigns encouraging patients to visit their GP regarding the signs and symptoms of cancer continue – referrals into diagnostic services are a pre-requisite to recovering this gap.

Cancer 31 Day Waits

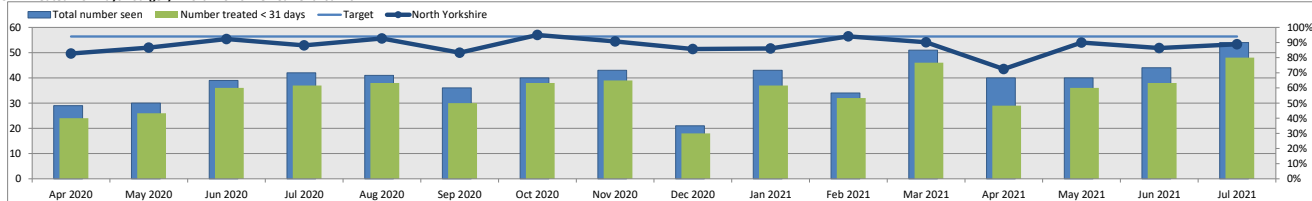
	Latest Data	High or Low	National Threshold	Actual Position	Status
CWT treated - 31 days diagnosis	Jul-21	High	96%	98.2%	
CWT treated - 31 days - surgery	Jul-21	High	94%	88.9%	
CWT treated - 31 days - drugs	Jul-21	High	98%	100.0%	
CWT treated - 31 days - radiotherapy	Jul-21	High	94%	96.6%	

CWT Treated < 31 Days Diagnosis - North Yorkshire - Current - Jul 2021



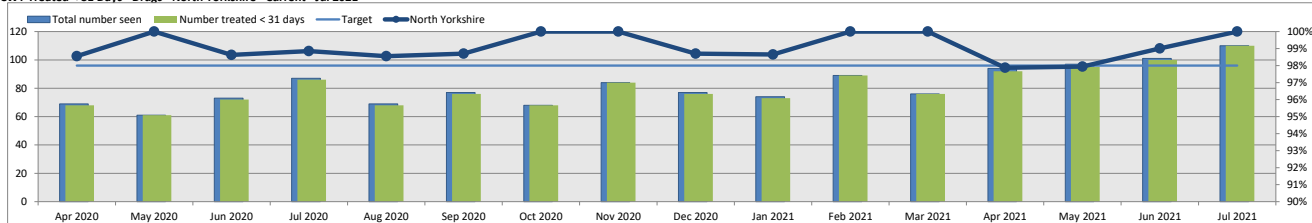
	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021
Number treated < 31 days	177	152	166	219	214	235	234	228	245	220	219	252	225	231	295	275
Total number seen	184	156	177	227	216	241	240	240	253	229	232	263	242	238	305	280
CWT treated - 31 Days diagnosis	96.2%	97.4%	93.8%	96.5%	99.1%	97.5%	97.5%	95.0%	98.4%	96.1%	94.4%	95.8%	93.0%	97.1%	96.7%	98.2%

CWT Treated < 31 Days - Surgery - North Yorkshire - Current - Jul 2021



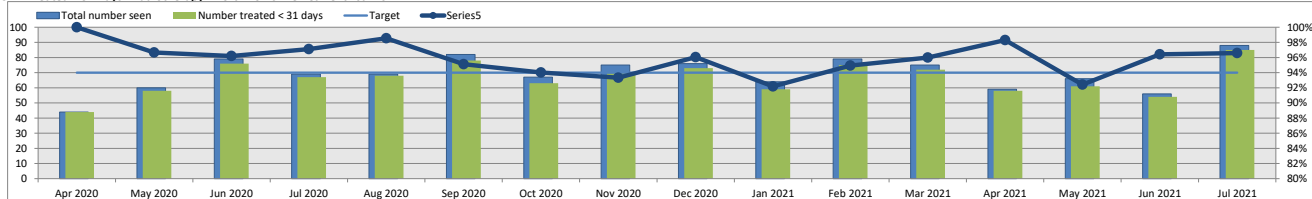
	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021
Number treated < 31 days	24	26	36	37	38	30	38	39	18	37	32	46	29	36	38	48
Total number seen	29	30	39	42	41	36	40	43	21	43	34	51	40	40	44	54
CWT treated - 31 Days - Surgery	82.8%	86.7%	92.3%	88.1%	92.7%	83.3%	95.0%	90.7%	85.7%	86.0%	94.1%	90.2%	72.5%	90.0%	86.4%	88.9%

CWT Treated < 31 Days - Drugs - North Yorkshire - Current - Jul 2021



	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021
Number treated < 31 days	68	61	72	86	68	76	68	84	76	73	89	76	92	95	100	110
Total number seen	69	61	73	87	69	77	68	84	77	74	89	76	94	97	101	110
CWT treated - 31 Days - Drugs	98.6%	100.0%	98.6%	98.9%	98.6%	98.7%	100.0%	100.0%	98.7%	98.6%	100.0%	100.0%	97.9%	97.9%	99.0%	100.0%

CWT Treated < 31 Days - Radiotherapy - North Yorkshire - Current - Jul 2021



	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021
Number treated < 31 days	44	58	76	67	68	78	63	70	73	59	75	72	58	61	54	85
Total number seen	44	60	79	69	69	82	67	75	76	64	79	75	59	66	56	88
CWT treated - 31 Days - Radiotherapy	100.0%	96.7%	96.2%	97.1%	98.6%	95.1%	94.0%	93.3%	96.1%	92.2%	94.9%	96.0%	98.3%	92.4%	96.4%	96.6%

What the data is showing us...

for patients seen within 31 days after diagnosis - as the activity continued to increase in 2021 the rate of those patients seen within 2 weeks has been above the target for 3 months.

for patients subsequently seen within 31 days for surgery - as expected the activity was lower in the months of 20/21 but has steadily increased in 2021 and the rate of patients seen within 31 days is now in the high 80 percentages but still below target. The reasons behind the below target threshold were "OP Clinic capacity inadequate (i.e. not enough slots)"

for patients subsequently seen within 31 days for drug treatments - the activity had been low for in the months of 20/21 but has steadily increased in 2021 and the rate of patients seen within 31 days has maintained above target threshold for the last 2 months.

for patients subsequently seen within 31 days for radiotherapy - the activity had fluctuated throughout 20/21 and also in 2021. The rate of patients seen within 31 days has mostly been maintained above the target threshold for most months it did have a decline May when it dipped below the target. However, in June and from July it climbed back above target.

• Providers are adept at delivering treatments for patients once diagnosed. A bottle neck across all Cancer Alliances both pre, during and post COVID will continue to be diagnostics and all Alliances have significant work programmes to tackle this issue including networking of reporting systems, AI and the development of Rapid Diagnostic Pathways

• Clearly, access to surgery has been the treatment option which has been most impacted by the pandemic where capacity has been restricted to ensure 'covid secure' physical and working environments

• Whilst cancer treatment activity continues to rise against pre-pandemic baselines it is estimated that there is a shortfall of expected activity over this period and observed activity, across HCV of c 4000 treatments

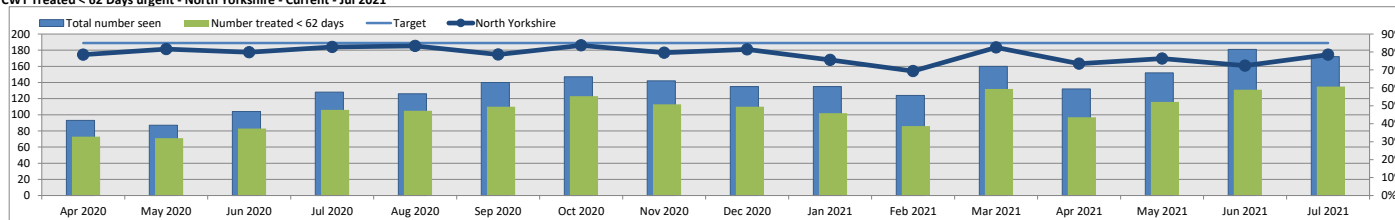
• Whilst all cancer sites are impacted, Lower Gastro-Intestinal, Breast, Urology and Lung are most impacted given they are 'common cancers'

• National and local campaigns encouraging patients to visit their GP regarding the signs and symptoms of cancer continue – referrals into diagnostic services are a pre-requisite to recovering this gap.

Cancer 62 Day Waits

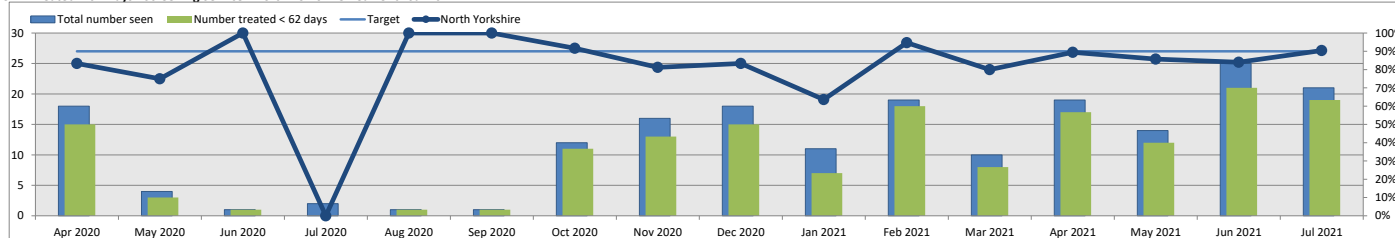
	Latest Data	High or Low	National Threshold	Actual Position	Status
CWT treated - 62 days urgent	Jul-21	High	85%	78.5%	
CWT treated - 62 days - screening service	Jul-21	High	90%	90.5%	
CWT treated - 62 days - consultant upgrade	Jul-21	High		78.6%	

CWT Treated < 62 Days urgent - North Yorkshire - Current - Jul 2021



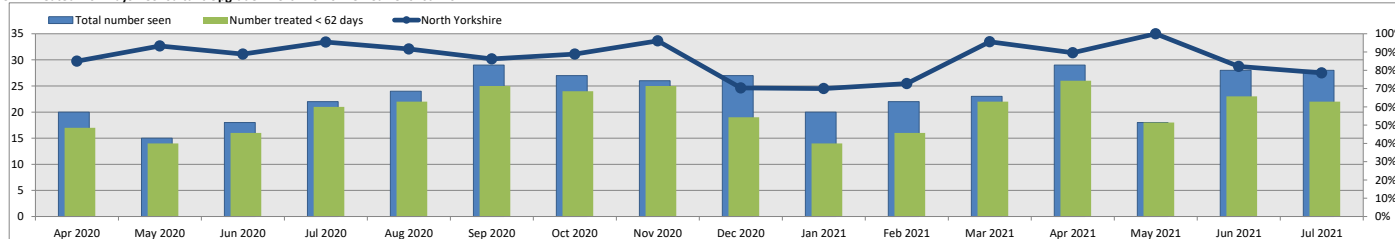
	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021
Number treated < 62 days	73	71	83	106	105	110	123	113	110	102	86	132	97	116	131	135
Total number seen	93	87	104	128	126	140	147	142	135	135	124	160	132	152	181	172
CWT Treated < 62 Days urgent	78.5%	81.6%	79.8%	82.8%	83.3%	78.6%	83.7%	79.6%	81.5%	75.6%	69.4%	82.5%	73.5%	76.3%	72.4%	78.5%

CWT Treated < 62 Days - Screening Service - North Yorkshire - Current - Jul 2021



	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021
Number treated < 62 days	15	3	1	1	1	1	11	19	15	7	18	8	17	12	21	19
Total number seen	18	4	1	2	1	1	12	16	18	11	19	10	19	14	25	21
CWT Treated < 62 Days - Screening Service	83.3%	75.0%	100.0%	0.0%	100.0%	100.0%	91.7%	81.3%	83.3%	63.6%	94.7%	80.0%	89.5%	85.7%	84.0%	90.5%

CWT Treated < 62 Days - Consultant Upgrade - North Yorkshire - Current - Jul 2021



	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021
Number treated < 62 days	17	14	16	21	22	25	24	25	19	14	16	22	26	18	23	22
Total number seen	20	15	18	22	24	29	27	26	27	20	22	23	29	18	28	28
CWT Treated < 62 Days - Consultant Upgrade	85.0%	93.3%	88.9%	95.5%	91.7%	86.2%	88.9%	96.2%	70.4%	70.0%	72.7%	95.7%	89.7%	100.0%	82.1%	78.6%

What the data is showing us...

for patients seen within 62 days after an urgent referral - as expected the activity was lower in the months of 20/21 and have begun to increase beyond normal levels and as a consequence the patients seen within 62 days had initially showed improvement. However, from April it has stayed below the target threshold again to in mid 70 percent range instead of 80s previously. The reasons behind the below target threshold were mostly "Health Care Provider initiated delay to diagnostic test or treatment planning", "Elective capacity inadequate" and "Complex diagnostic pathway".

for patients seen within 62 days from the screening service - the activity had been very low for most of the early months in 20/21. However, it has continued to increase month on month to similar levels to 19/20. Due to small numbers the rate can fluctuate quite a lot but is now consistently in the high 80 percents and even over target threshold in July.

for patients seen within 62 days after a consultant upgrade - as would be expected activity has been lower for of most of 20/21 and despite a dip in January and May it has steadily increased to its current position. The rate of patients seen within 62 days was maintained throughout most of 20/21 despite a drop post Christmas but it has risen to back to similar levels as they were previously.

62 day

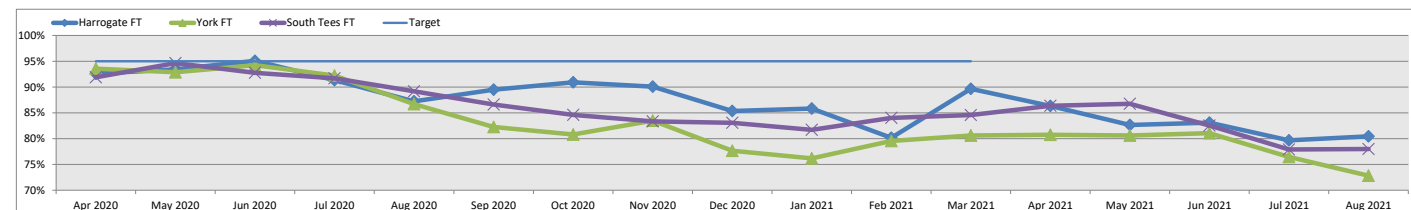
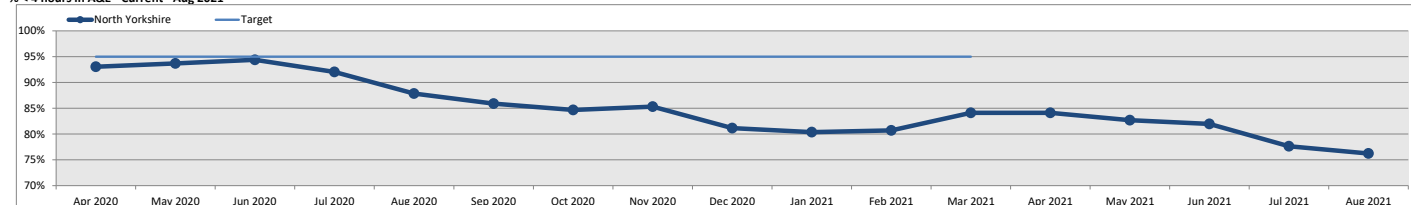
- All Cancer Alliances were challenged by the 62 Day standard in July 2021 (highest being circa 80%)
- Inevitably, as cancer pathways, which were already challenged pre-pandemic, are starting to manage backlog on top of normal activity means that this performance target will continue to be a challenge for some time
- Humber, Coast and Vale Cancer Alliance (HCVA) has funded a number of posts in each provider to support the co-ordination of patients along cancer pathways and further analysis of where 'time' can be saved along these pathways
- The introduction of Rapid Diagnostic Pathways will also continue to be a national focus and are anticipated to have a positive impact on both the Faster Diagnosis Standard (FDS) and 62 Day operational standards
- One of the national measures currently being used to compare Cancer Alliances in England is the ratio of patients waiting more than 62 days against the total patient tracking list. HCVA has one of the highest ratios at 14% - which will be one of the issues for discussion at a Cancer Summit for system leaders in early October 2021.

104 day

- It is important to note that there will be some patients who are experiencing long waits for valid clinical reasons
- All providers conduct Clinical Harm Reviews on all >104 waits
- All providers continuously review all patients on a Cancer waiting list.

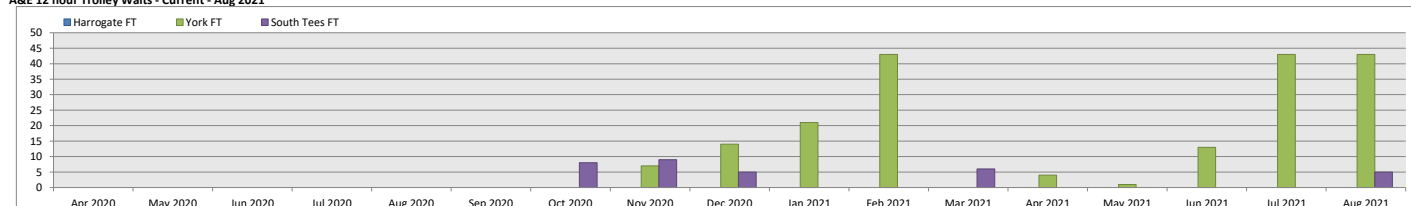
A&E Waiting Times

% < 4 hours in A&E - Current - Aug 2021



% < 4 hours in A&E	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021
Seen in 4 hours	5423	7670	8470	9636	10190	8224	8608	7671	7502	6783	6517	8242	10090	11293	11734	11338	10725
Total attendances	5828	8187	8973	10468	11598	10856	10166	8992	9244	8440	8073	9799	11995	13656	14315	14605	14069
North Yorkshire	93.0%	93.7%	94.4%	92.0%	87.9%	85.9%	84.7%	85.3%	81.2%	80.4%	80.7%	84.1%	84.1%	82.7%	82.0%	77.6%	76.2%
Seen in 4 hours	2210	3168	3537	3867	4007	3878	3607	3316	3270	2869	2554	3072	4232	4893	5036	4961	4634
Total attendances	2387	3391	3720	4234	4594	4334	3967	3681	3831	3343	3186	3426	4902	5920	6061	6227	5760
Harrogate FT	92.6%	93.4%	95.1%	91.3%	87.2%	89.5%	90.9%	90.1%	85.4%	85.8%	80.2%	89.7%	86.3%	82.7%	83.1%	79.7%	80.5%
Seen in 4 hours	7115	9987	11009	13000	13996	12340	11520	10111	9604	8801	8722	11651	13048	14446	15576	15198	14085
Total attendances	7605	10753	11682	14098	16142	15001	14254	12112	12370	11553	10963	14452	16159	17920	19218	19876	19342
York FT	93.6%	92.9%	94.2%	92.2%	86.7%	82.3%	80.8%	83.5%	77.6%	76.2%	79.6%	80.6%	80.7%	80.6%	81.0%	76.5%	72.8%
Seen in 4 hours	6024	8549	9335	10569	11083	10057	9136	7989	8243	7523	7536	9790	11173	12428	12382	11652	11541
Total attendances	6556	9033	10063	11528	12429	11611	10798	9585	9924	9208	8971	11574	12939	14327	15003	14958	14798
South Tees FT	91.8%	94.6%	92.3%	91.2%	89.2%	83.6%	81.6%	83.2%	83.1%	81.9%	84.0%	86.1%	86.7%	86.7%	92.5%	77.8%	72.0%
Seen in 4 hours	8569	11842	13012	14396	15261	13987	12277	10936	10453	9791	9667	9791	15442	16197	15988	14244	14258
Total attendances	8987	12258	13438	15128	16239	15437	14843	13480	13407	12427	12008	11574	17547	19310	19779	19145	19384
CDD FT	95.3%	96.6%	96.8%	95.2%	94.0%	90.6%	82.7%	81.1%	78.0%	78.8%	80.5%	84.6%	88.0%	83.9%	80.8%	74.4%	73.6%

A&E 12 hour Trolley Waits - Current - Aug 2021



12 hour Trolley Waits	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021
Harrogate FT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
York FT	0	0	0	0	0	0	0	7	14	21	43	0	4	1	13	43	43
South Tees FT	0	0	0	0	0	0	8	9	5	0	0	6	0	0	0	0	5

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. Following improvement to March and April there has been a moderate decline through to August. Also, this appears to be reflected at the trusts. It appears that in August it appears to have worsened further at York with just slight improvements at Harrogate and South Tees.

Each of the three main Trusts serving the population of North Yorkshire reported 4hour performance above 80% in each month of Quarter 1 of 2021/22. However, A&E performance continues to be heavily compromised by Infection Prevention and Control requirements, maintaining COVID-19 safe environments and increased demand, resulting in North Yorkshire overall performance of 76.2% as at August 2021.

Significant and sustained increases in ED demand and also patient acuity (particularly for those arriving by ambulance) continue to be reported by all A&E departments as well as necessary social distancing and testing of patients before admission continuing to have a significant impact on flow and performance at each site. The CCG continues to monitor the position in the acute hospital trusts, both informally and formally through A&E Delivery Boards, Health Care Resilience Boards and System Resilience Groups.

43 12hr trolley waits were recorded at York and Scarborough Teaching Hospitals NHS FT (YSFT) in August 2021, and South Tees Hospital NHS Foundation Trust (STHT) recorded 5 in August 2021. The extreme challenges of higher patient acuity, increased admission percentages and reduced bed capacity (due to necessary IPC and distancing measures in place) has resulted in greater challenges for acute hospitals in trying to avoid 12hr breaches from the time of decision to admit being made.

The nationally driven NHS 111 First initiative commenced across the Humber Coast and Vale area on 1 December 2020. A national television campaign also commenced on 1 December 2020 and was subsequently paused in February 2021. Demand on the Yorkshire Ambulance Service (YAS) provided NHS 111 service has remained high during Quarter 4 but has to date not shown any marked change that can be linked directly to the national campaign. We continue to promote the appropriate use of the NHS 111 service across North Yorkshire using the national communication material.

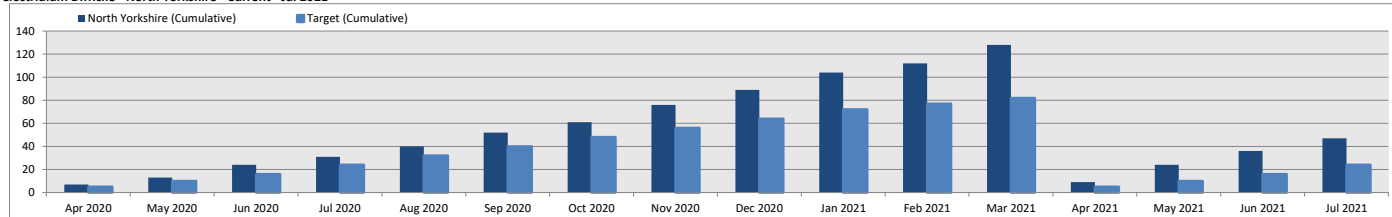
The changes are aimed at increasing the number of NHS 111 calls that, having received an initial NHS 111 A&E department disposition, then receive a clinical review prior to their final disposition being confirmed. This additional clinical review is provided through the existing central Clinical Advisory Service (CAS) based at YAS HQ in Wakefield and supplemented through a Humber, Coast and Vale locally based CAS. The Humber, Coast and Vale commissioned CAS, provided by Vocare, commenced operation on the 5th December 2020, operates 24/7 across all weekends and bank holidays and has had a very positive impact to date. The CAS has been extended to 7 days per week from September 2021. To date, through the efforts of the local HCV CAS 67% of patients reviewed (c1,000 per month for data between Dec 2020 and May 2021), following clinical review, have been safely redirected to other pathways and away from A&E. The remaining 33% had their original NHS 111 A&E disposition confirmed.

Work remains ongoing, led by the HCV UECN, to fully evaluate all qualitative and quantitative elements of the service and to recommend a way forward for 2021/2022 onwards. This work is now also successfully increasing the direct booking capability, capacity and clinical communication between NHS 111 and other service providers. It is hoped that this work, supported by national, regional and local communication campaigns, will help re-educate the public to use the 111 service first for all their urgent care needs before attending their local A&E Department or ringing 999 for what would be considered non-emergency issues.

Hospital Infections

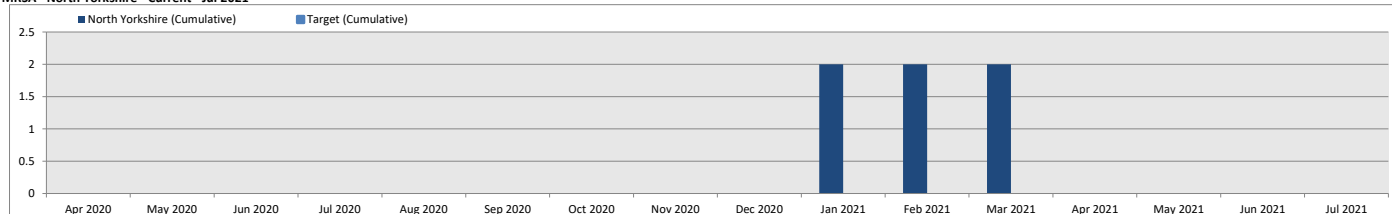
	Latest Data	High or Low	Threshold	Actual Position	Status
Clostridium Difficile (Cumulative)	Jul-21	Low	24	47	
MRSA (Cumulative)	Jul-21	Low	0	0	
E.Coli (Cumulative)	Jul-21	Low	108	136	

Clostridium Difficile - North Yorkshire - Current - Jul 2021



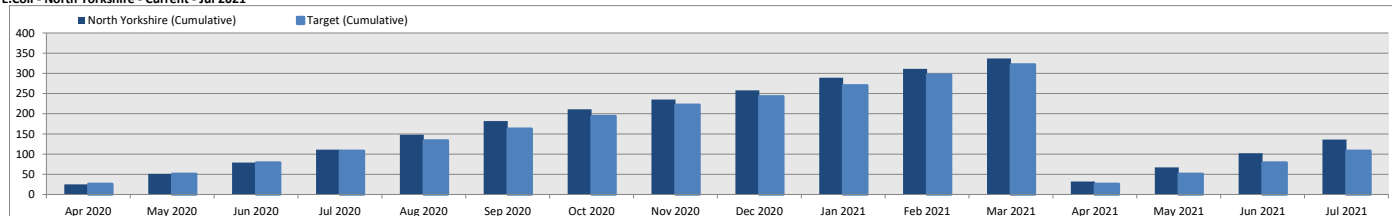
Clostridium Difficile	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021
North Yorkshire	5	10	25	30	40	50	60	75	85	100	110	125	10	25	35	47
Target	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
North Yorkshire (Cumulative)	5	10	25	30	40	50	60	75	85	100	110	125	10	25	35	47
Target (Cumulative)	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Harrogate FT	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
York FT	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
South Tees FT	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

MRSA - North Yorkshire - Current - Jul 2021



MRSA	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021
North Yorkshire	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
North Yorkshire (Cumulative)	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
Harrogate FT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
York FT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South Tees FT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

E.Coli - North Yorkshire - Current - Jul 2021



E.Coli	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021
North Yorkshire	25	26	28	29	30	31	32	33	34	35	36	37	38	39	40	41
Target	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25
North Yorkshire (Cumulative)	25	26	28	29	30	31	32	33	34	35	36	37	38	39	40	41
Target (Cumulative)	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25
Harrogate FT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
York FT	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
South Tees FT	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

What the data is showing us...

Clostridium Difficile cumulative cases attributed to the CCG so far in 21/22 have been above the target (based on 20/21 targets).

There were MRSA cases in 20/21 with just 2 for the CCG, and 2 at South Tees and 1 for York. Up to July 2021 have been 5 cases at South Tees and none for the other 2 trusts and the CCG.

E.Coli cases attributed to the CCG over the last 4 months of 21/22 have been below around the unchanged target from 19/20. Harrogate continues to have few cases and York has had similar levels as they were in 20/21. South Tees has had increasing number of cases higher than in 20/21. For July 2021, the CCG continues to have a steady numbers of cases.

As noted on previous reports the CCG and Acute Trusts continue to use the 20/21 targets as the baseline for performance monitoring.

Clostridium Difficile (C Diff) remains a concern across both the community and the acute trusts and measures have been introduced to offer support. There is Senior Nursing CCG representation at C Diff meetings across all 3 acute providers at various forums with additional support from the Medicine Management team. All the providers provide performance reports to the CCG, and it is recognised that they remain under extreme pressure with the pandemic and restricted resources.

Due to the increasing numbers recorded within South Tees Hospitals NHS Foundation Trust it has been agreed that the CCG are in receipt of all the C Diff Root Cause Analysis (RCA) reviews and panels have been reintroduced, this ensures any themes/lessons learned/action plans are available to the CCG for monitoring.

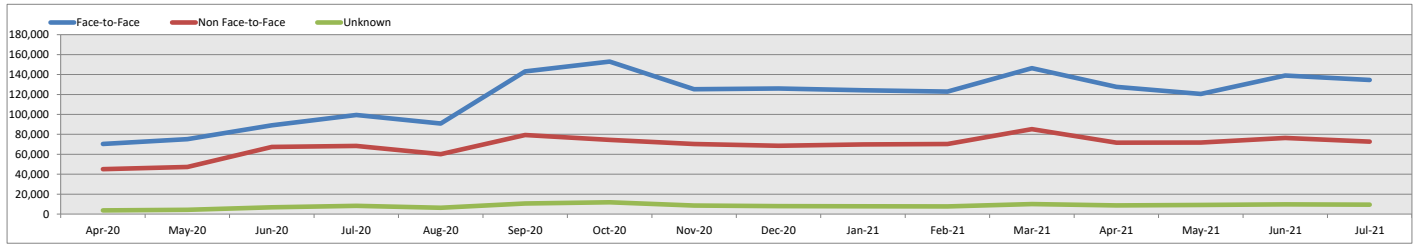
All other HCAI data is monitored through the quality meetings, and it is envisaged that the CCG will chair an Infection Prevention Control joint meeting with all of the acute providers having representation, currently York and Scarborough Teaching Hospitals NHS FT are in attendance.

As the COVID-19 pandemic continues, collaborative working continues with the CCG supporting both primary care and care homes. Outbreaks of COVID-19 within the acute providers are reducing, however the CCG are informed accordingly and are represented at meetings.

Primary Care - GP Appointments

	Latest Data	Actual Position
Face-to-Face	Jul-21	134,604
Non Face-to-Face	Jul-21	72,622
Unknown	Jul-21	9,507
All Appointments	Jul-21	216,733

NY CCG 19/20	NY CCG 20/21	Year on Year Change
334,017	521,729	56%
228,222	292,361	28%
22,945	37,165	62%
585,184	851,255	45%



GP Appointments	Month															
Appointment Type	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Face-to-Face	70,352	75,241	89,037	99,387	90,845	143,198	152,988	125,314	125,969	124,239	122,950	146,343	127,590	120,583	138,952	134,604
Non Face-to-Face	45,052	47,329	67,394	68,447	60,056	79,364	74,456	70,376	68,465	69,930	70,323	85,218	71,607	71,800	76,332	72,622
Unknown	3,695	4,274	6,784	8,192	6,400	10,649	11,833	8,507	7,923	7,886	7,636	9,984	8,771	9,084	9,803	9,507
Grand Total	119,099	126,844	163,215	176,026	157,301	233,211	239,277	204,197	202,357	202,055	200,909	241,545	207,968	201,467	225,087	216,733

What the data is showing us...

The number of Face-to-Face appointments has returned to pre-COVID levels by March 2021 but has dipped slightly the same levels as they were in Winter. Also, the Non Face-to-Face appointments may not accurately represent all video/online appointments.

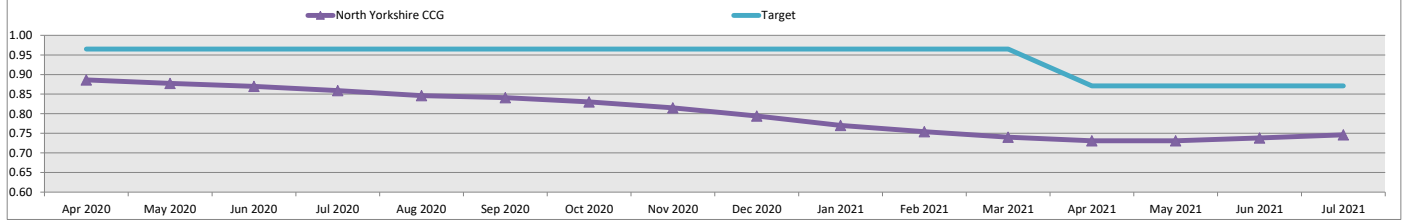
Overall appointments provided by primary care are now 16% above pre-COVID levels. In addition, practices continue to be affected by staff absences due to COVID, the need to self-isolate and the impact on school age children. There has been an increase in the number of practices declaring OPEL 3 since July 2021 as practices strive to meet on the day demand for appointments.

The CCG is supporting primary care to manage demand and capacity and to prioritise clinics when needed. This includes mutual aid between GP practices and Primary Care Networks. Across North Yorkshire CCG all practices have remained open to meet urgent patient need and no practices have had to close for face to face or remote access.

Prescribing

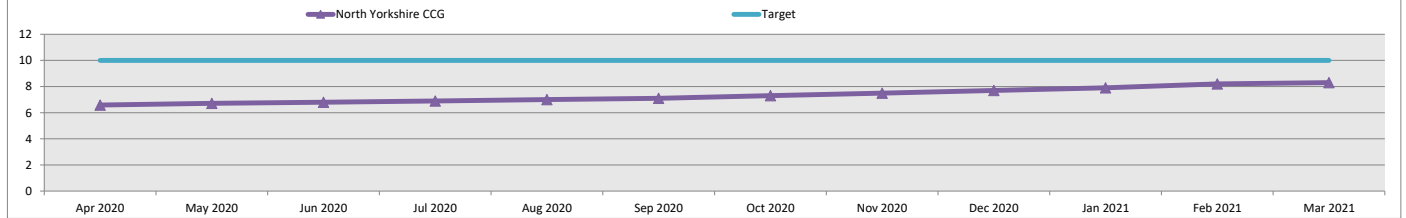
	Latest Data	High or Low	Threshold	Actual Position	Status
Appropriate prescribing of antibiotics in Primary Care	Jul-21	Low	0.871	0.746	
Appropriate prescribing of broad spectrum antibiotics in Primary Care	Jul-21	Low	10	8.1	

Appropriate prescribing of antibiotics in Primary Care - North Yorkshire - Current - Jul 2021



	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021
North Yorkshire CCG	0.886	0.877	0.870	0.859	0.846	0.841	0.830	0.815	0.794	0.770	0.754	0.740	0.731	0.731	0.738	0.746

Appropriate prescribing of broad spectrum antibiotics in Primary Care - North Yorkshire - Current - Jul 2021



	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021
North Yorkshire CCG	6.6	6.7	6.8	6.9	7.0	7.1	7.3	7.5	7.7	7.9	8.2	8.3	8.3	8.3	8.2	8.1

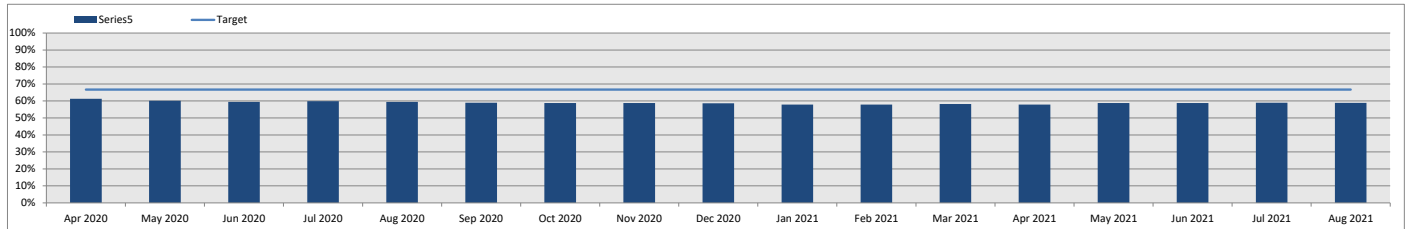
What the data is showing us...

The first graph shows that the overall rate of antibiotic prescribing within North Yorkshire CCG continued to decrease early in 2021/22 but grew slightly in June and again in July. This is associated with relaxation of social distancing measures, but it should be noted that this July rate remains below that throughout all but the final month in 2020/21. In a continued effort to consolidate the national improvements made in recent years on the prudent prescribing of antibiotics, NHS England and NHS Improvement have tightened the national target to 'at or below 0.871'. This will align with the UK Antimicrobial Resistance National Action Plan to reduce community antibiotic prescribing by 25% by 2024. The latest CCG rate of 0.746 beats this 0.871 target but work continues in the effort to further reduce antimicrobial prescribing.

The second graph shows that our rate of prescribing of broad-spectrum antibiotics levelled off (after monthly increases throughout 2020/21) and has started to decline slightly. This runs in parallel with but below the national trend and remains below the national target of 10%. The improved CCG percentage influenced by the slight increase in all antibiotics (denominator) and further requests to practices to review their prescribing of these antibiotics in the Medicines Management Team's 'Prescribing Focus' bulletin in May 2021.

Dementia

	Latest Data	High or Low	Threshold	Actual Position	Status
Dementia - Estimated diagnosis rate	Aug-21	High	66.7%	58.9%	



	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021
Dementia Diagnosis Rate	61.3%	60.1%	59.5%	59.9%	59.5%	59.0%	58.8%	58.8%	58.6%	57.9%	57.9%	58.2%	57.9%	58.8%	58.8%	59.0%	58.9%

What the data is showing us...

The dementia diagnosis rate has been below the threshold for many months. Despite the lifting of COVID restrictions it is still around 59% and has actually improved since April 2021.

North Yorkshire Dementia Diagnosis rates remain fairly static at around 59%. This is aligned to the Humber Coast and Vale performance but falls under the national performance of 62%. There are currently an estimated 2,880 people undiagnosed in North Yorkshire.

A high number of referrals are being received into the memory assessment services. Average waiting times vary from 12-17 weeks across the North Yorkshire patch. Challenges are due to skill mix and staffing budgets in some areas and recruitment issues in others.

Delays to completion of assessment and diagnosis are also impacted by the long waits for CT scans (predominantly in Ryedale and Scarborough). The quality of referrals received from primary care also varies.

TEWV are recruiting to some additional posts to free up consultant time and are also developing some system changes including enhanced screening (administrative triage) to ensure all information needed is available at the point of seeing the patient.

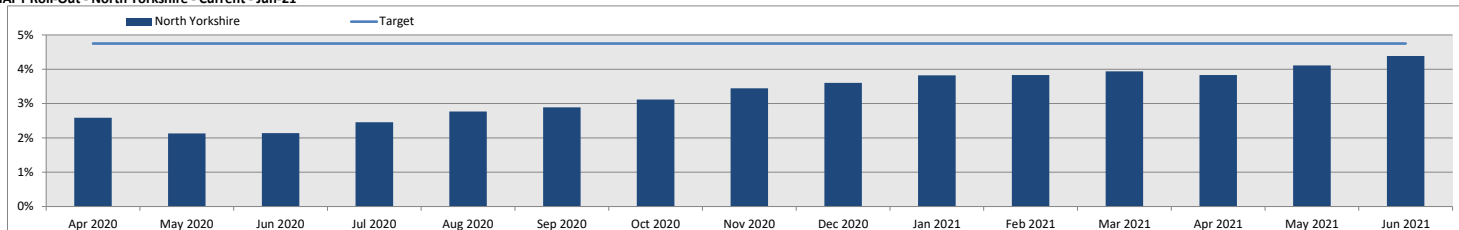
Practice specific data continues to be shared with primary care on a monthly basis.

Dementia coordinators continue to work closely with primary care to do targeted pieces of work. The monthly average number of people referred into the Dementia support service in North Yorkshire since the Dementia Coordinators began has risen from an average of 50 in December 2020 to 165 in July 2021.

IAPT

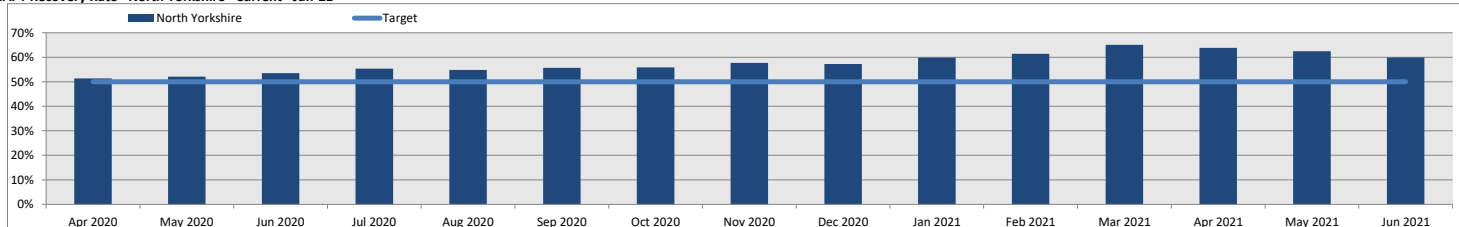
	Latest Data	High or Low	Threshold	Actual Position	Status
IAPT Roll-Out	Jun-21	High	4.8%	4.4%	
IAPT Recovery Rate	Jun-21	High	50.0%	59.9%	

IAPT Roll-Out - North Yorkshire - Current - Jun-21



	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021
IAPT Roll-Out	2.6%	2.1%	2.1%	2.5%	2.8%	2.9%	3.1%	3.4%	3.6%	3.8%	3.8%	3.9%	3.8%	4.1%	4.4%

IAPT Recovery Rate - North Yorkshire - Current - Jun-21



	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021
IAPT Recovery Rate	51.4%	52.1%	53.5%	55.3%	54.8%	55.7%	55.9%	57.7%	57.2%	59.9%	61.4%	65.1%	63.9%	62.4%	59.9%

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 declined to just above 2%. From June 2020 it has continued to rise and has been above 4% since May 2021.

The Recovery rate for the CCG has maintained its above target levels before and since the COVID restrictions. As at June it is over 10% higher than the target and been above all year.

The reported position is 16.2%, which represents 131 patients for whom the operational standard has not been met. To meet the 20% local access standard, 691 patients must enter treatment during a month. In August, the overall number of people entering treatment is 560 and the number of referrals received by the service is 704.

The number of people entering treatment for August has been impacted by the service's trainee programme for psychological wellbeing practitioners delivered through Bradford University. This has been disrupted due to problems with the course. As a result, they have had to double the number of days spent at the university to catch up. This has and will continue to affect the amount of clinical contact time that is available for the service to utilise. The situation has been escalated to NHSEI and HEE, and a recovery plan is now in place.

The service continues to experience ongoing pressure to manage the large number referrals into the service, some of which are inappropriate for IAPT and an increasing amount of time is being spent managing inappropriate referrals and signposting them to other services. The new IAPT Waiters Dashboard has been tested by the Information Team following which the report will be moved to "IIC Live" for the service to undertake data quality work.

The reported position for people moving into recovery for August is 40.4%, which is 29 people less than is required to meet the 50% standard. This is the first time that the service has not met the recovery standard in over a year. A deep dive has been initiated and we are currently in the process of reviewing those that have not recovered. A very provisional finding is that the service continues to receive a low level of mild and moderate referrals and a very high proportion of patients who are categorised as severe. The data confirms that the more severe the symptoms the less likely it is that recovery (as defined by IAPT) will be achieved. More detailed findings will be shared next month, once the work is complete.

Of the 302 patients who have completed treatment (having attended at least 2 treatment contacts), 122 have moved to recovery. Of the 180 patients who did not recover, reliable improvement is at 42.22%; 13 were not at clinical caseness* when treatment commenced, 31 completed treatment and were referred back to their GP. Of the 180 patients who have not moved to recovery:

- 90 made reliable improvements on both scales
- 75 made reliable improvements on one scale
- 15 did not reliably improve.

Of the 15 patients who made no recovery:

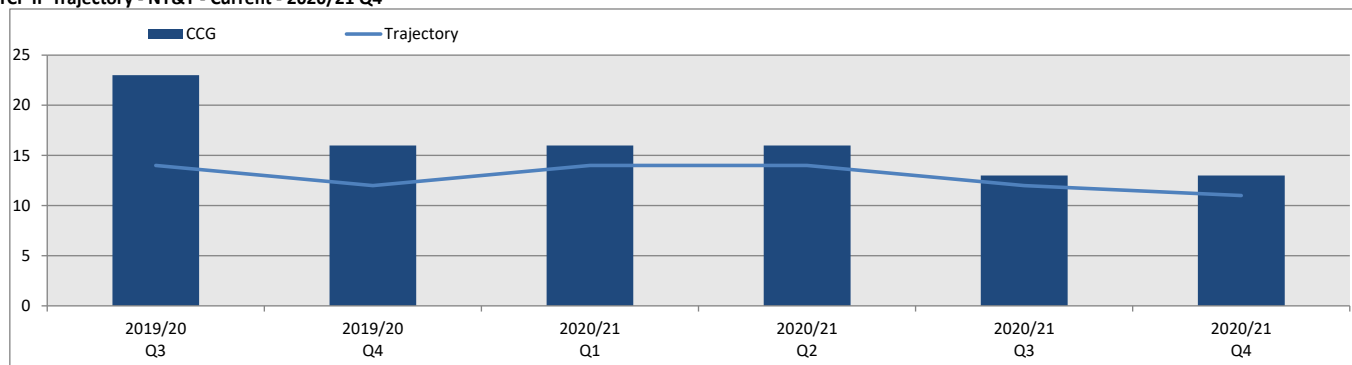
- 4 patients completed treatment, but made no recovery
- 8 patients dropped out of treatment (unscheduled discontinuation)
- 1 patient was signposted to another therapy service with mutual agreement
- 1 patient was referred to a non-IAPT service
- 1 patient was not suitable for IAPT service – signposted elsewhere by mutual agreement.

* if a referral does not have severe enough symptoms to be regarded as a clinical case it is deemed to be 'not at clinical caseness'.

Transforming Care Programme

	Latest Data	High or Low	Threshold	Actual Position	Status
CCG	2020/21 Q4	Low	11	13	
Specialised Commissioning	2020/21 Q4	Low	12	12	
CAMHs	2020/21 Q4	Low	1	1	

TCP IP Trajectory - NY&Y - Current - 2020/21 Q4



	2019/20 Q3	2019/20 Q4	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4
All beds and overall performance	23	16	16	16	13	13
CCG	23	16	16	16	13	13
Specialised Commissioning	13	13	13	13	12	12

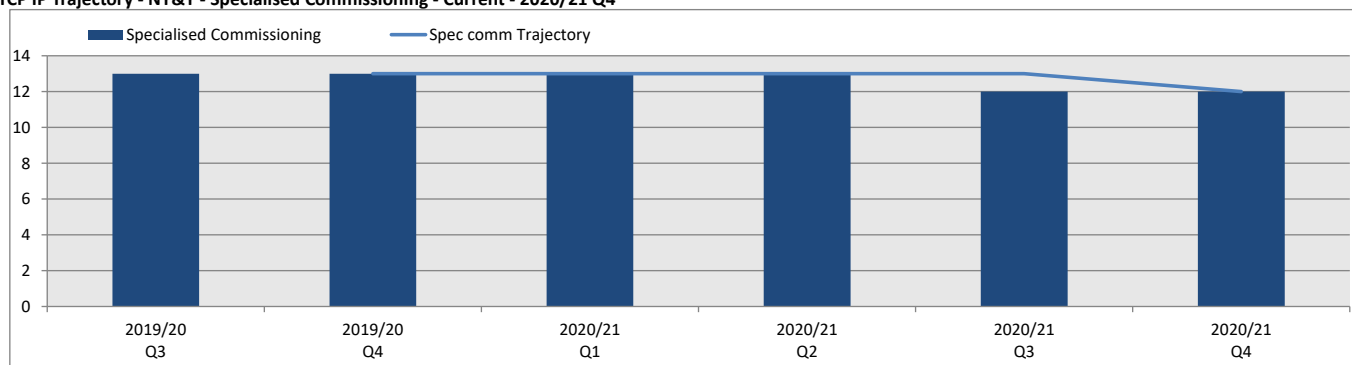
At the end of Q3 we have achieved trajectory (12 CCG and 13 specialised commissioning respectively) and have overachieved on Children and Young People which is set at a trajectory of 2 which meant we were on trajectory of 25 in total, we also had no admissions. We continue to focus on admission avoidance (in addition to progressing discharges) and anticipate a further 5 discharges during the coming quarter wherein our CCG trajectory is 12. We had 2 re-admissions during Q3, but both have subsequently been discharged. These were both planned short term admissions via Local Area Emergency Protocols (LAEP) and community care and treatment reviews (CTR).

Our Length of Stay does continue to increase due to some long stay patients who are subject to Ministry of Justice restrictions and are currently appropriately placed in treatment.

We do have one delayed discharge (VoY) however we are confident a placement will be found over the coming quarter. Our out of area patients (x=7) are being reviewed every eight weeks and all currently have dates in the diary - we have just one concern at the moment, but this is being reviewed (no access to psychology in a locked rehabilitation bed out of area).

We continue to meet our CTR and Care and Education Treatment Review (CETR) targets. In September 2020 we had two post-admission CTRs and one LAEP (which resulted in a recommendation of short stay hospital admission). One of our post-admission CTRs did not take place within 28 days of admission as our team were informed about this admission by the Community Mental Health Team (CMHT) 2-3 weeks after admission. CTR awareness and training sessions are currently being booked with Crisis Teams and CMHTs as generally delays in reporting admissions are for individuals with Autism and Mental Health dual-diagnosis who are supported by CMHTs. We are also working closely with Crisis Teams and MH/LD hospitals to promote prompt information sharing regarding admissions.

TCP IP Trajectory - NY&Y - Specialised Commissioning - Current - 2020/21 Q4



	2019/20 Q3	2019/20 Q4	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4
All beds and overall performance	23	16	16	16	13	13
Specialised Commissioning	13	13	13	13	12	12

In addition to the above:

Following the recent publication of the "Cawston Park" report (<https://www.norfolksafeguardingadultsboard.info/publications-info-resources/safeguarding-adults-reviews/joanna-jon-and-ben-published-september-2021/>) North Yorkshire CCG have reviewed the recommendations of the report and are assured that our processes for monitoring and escalating concerns are appropriate.