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|--|--|--|------------------|
| Title of Meeting: | Governing Body Meeting | Agenda Item: 5.1 | |
| Date of Meeting: | 24 March 2022 | | |
| Paper Title: | Quality and Performance Report | Session (Tick) | |
| | | Public | X |
| | | Private | |
| | | Development Session | |
| Responsible Governing Body Member Lead | | Report Author and Job Title | |
| <ul style="list-style-type: none"> Julie Warren, Director of Corporate Services, Governance and Performance Sue Peckitt, Chief Nurse | | <ul style="list-style-type: none"> Sasha Sencier, Board Secretary and Senior Governance Manager Contributors from all Directorates | |
| Purpose – this paper is for: | Decision | Discussion | Assurance |
| | | | X |
| Has the report (or variation of it) been presented to another Committee / Meeting? | | | |
| <p>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.</p> | | | |
| Executive Summary | | | |
| <p>This report provides an overview and assurance of any quality and performance issues.</p> <p>The report from page 4 onwards provides data on the following standards:</p> | | | |
| Standard | | Latest Data | |
| Referral to Treatment (RTT) | | December 2021 | |
| Diagnostic Test Waiting Times | | January 2022 | |
| Cancer Waiting Time standards (CWT) | | January 2022 | |
| Accident and Emergency (A&E) Waiting Times | | January 2022 | |
| Healthcare Associated Infections (HCAI) | | January 2022 | |
| Primary Care – GP Appointments | | January 2022 | |
| GP Prescribing | | November 2021 | |
| Dementia Diagnosis | | January 2022 | |
| Improved Access to Psychological Therapies (IAPT) | | November 2021 | |
| Mental Health Transforming Care Programme | | December 2021 | |
| 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 | | | |
| <p>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.</p> | | | |
| CCG Strategic Objectives Supported by this Paper | | | |
| | CCG Strategic Objectives | X | |
| 1 | Strategic Commissioning: | X | |
| | <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. | | |

| | | |
|---|--|---|
| | <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 |
|-----|--|----|---|

| | |
|---|--|
| 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

1. Continued extreme significant operational pressures continue affecting capacity across our health and social care system – regular OPEL 3/4 reporting across all sites. The nursing and quality team are monitoring for quality and patient safety concerns and discussing mitigations with providers
2. Sustained workforce pressures due to vacant posts and staff absence. The Nursing and Quality team continue to monitor all Provider performance and links into operational pressures reporting via Incident Control to ensure oversight of any emerging patient safety/quality concerns
3. TEWV: CCG working closely with the provider to monitor
 - Governance and assurance structures
 - Culture and staffing within the organisation
 - Safeguarding and risk management
 - Incident reporting and organisational learning
 - Training and supervision
4. Infection Prevention and Control- Regional NHSEI Peer Review across all aspects of IPC on both York and Scarborough hospital sites has assisted in providing focus of actions required. Additional meetings between CCG and NHSEI planned to look at further support and action.
5. Harrogate and District Foundation Trust Harrogate District Foundation Trust have reported two never events in January. These investigations and their resultant action plans are being monitored via the CCG Serious Incident process.
6. Safe and well-being reviews for adults with autism in hospital have been concluded across HCV ICS. An outcome report is being produced and will be shared via QCGC
7. Safeguarding Children:
 - There have been a number of reports of private pregnancy advisory services inappropriately issuing termination medication across HCV ICS and the wider Yorkshire, Humber and North East Region following telephone consultation. This has resulted in termination of pregnancies at much later stages than reported by the women requesting medication. In some instances, this has resulted in termination of pregnancies at a stage where the unborn child was of a viable age. In the CCG locality we have reported a case to CQC, and a provider investigation is underway with the outcome to be reported to the CCG. The local Child Death Overview Panel is also reviewing the incident.
 - Operation Lemur Alpha: Ongoing multiagency investigation into reports of widespread abuse of vulnerable young people in a residential setting in Doncaster. Victims were placed in this setting from across the country, including several young people from North Yorkshire. To date the review has been led by Doncaster LA and West Yorkshire Police. The Secretary of State has now directed the National Safeguarding Children Practice Review Panel undertake a thematic review of this case. The CCG continues to attend all meetings held regarding this matter and all children from NYCCG have been moved into alternative placements



NY Performance Report v1.54

Date: 04 March 2022

Author: Mark Butcher



SUMMARY

| Area | Indicator | Latest Data | High or Low | National Threshold | Actual Position | Status |
|------|---|-------------|-------------|--------------------|-----------------|--------|
| RTT | < 18 Weeks - Admitted | Dec-21 | High | | 25.6% | |
| | < 18 Weeks - Non-Admitted | Dec-21 | High | | 57.0% | |
| | < 18 Weeks - Incompletes | Dec-21 | High | 92% | 68.4% | |
| | > 52 Weeks - Incompletes | Dec-21 | Low | 0 | 1,462 | |
| | Number of Completed Admitted Pathways | Dec-21 | High | 2,332 | 2,079 | |
| | Number of Completed Non-Admitted Pathways | Dec-21 | High | 7,815 | 6,833 | |
| | Number of Incomplete Pathways | Dec-21 | High | 0 | 38,677 | |

Status Key:
■ High: Above Threshold
■ Low: Below Threshold
■ High: Below Threshold
■ Low: Above Threshold
■ No Threshold

| | | | | | | |
|------|---------------------------|--------|-----|----|-------|--|
| Diag | % > 6 weeks - Diagnostics | Jan-22 | Low | 1% | 38.2% | |
|------|---------------------------|--------|-----|----|-------|--|

| | | | | | | |
|-----------|--|--------|------|-----|-------|--|
| Cancer WT | CWT seen - 2 Weeks GP Referral | Jan-22 | High | 93% | 80.1% | |
| | CWT seen - 2 Weeks Breast | Jan-22 | High | 93% | 64.6% | |
| | CWT treated - 31 days diagnosis | Jan-22 | High | 96% | 93.8% | |
| | CWT treated - 31 days - surgery | Jan-22 | High | 94% | 78.6% | |
| | CWT treated - 31 days - drugs | Jan-22 | High | 98% | 97.1% | |
| | CWT treated - 31 days - radiotherapy | Jan-22 | High | 94% | 67.2% | |
| | CWT treated - 62 days urgent | Jan-22 | High | 85% | 72.3% | |
| | CWT treated - 62 days - screening service | Jan-22 | High | 90% | 81.5% | |
| | CWT treated - 62 days - consultant upgrade | Jan-22 | High | | 68.8% | |

| | | | | | | |
|-----|-------------|--------|------|-----|-------|--|
| A&E | % < 4 hours | Jan-22 | High | 95% | 71.6% | |
|-----|-------------|--------|------|-----|-------|--|

| | | | | | | |
|---------------------|------------------------------------|--------|-----|-----|-----|--|
| Hospital Infections | Clostridium Difficile (Cumulative) | Jan-22 | Low | 114 | 157 | |
| | MRSA (Cumulative) | Jan-22 | Low | 0 | 4 | |
| | E.Coli (Cumulative) | Jan-22 | Low | 329 | 315 | |

| | | Latest Data | High or Low | Op Plan Threshold | Actual Position | Status |
|---------------------------|---|-------------|-------------|-------------------|-----------------|--------|
| GP Referrals | GP Referrals (General and Acute) | Dec-21 | Low | 7,884 | 7,174 | |
| | Other Referrals (General and Acute) | Dec-21 | Low | 4,719 | 5,583 | |
| | Total Referrals (General and Acute) | Dec-21 | Low | 12,603 | 12,757 | |
| | Consultant Led First Outpatient Attendances | Dec-21 | Low | 11,234 | 10,201 | |
| | Consultant Led Follow-Up Outpatient Attendances | Dec-21 | Low | 25,921 | 29,479 | |
| | Total Consultant Led Outpatient Attendances | Dec-21 | Low | 37,155 | 39,680 | |
| | Total Elective Admissions - Day Case | Dec-21 | Low | 5,269 | 5,254 | |
| | Total Elective Admissions - Ordinary | Dec-21 | Low | 780 | 757 | |
| | Total Elective Admissions | Dec-21 | Low | 6,049 | 6,011 | |
| | Total Non-Elective Admissions - 0 LoS | Dec-21 | Low | 1,468 | 1,423 | |
| | Total Non-Elective Admissions - +1 LoS | Dec-21 | Low | 2,982 | 2,765 | |
| | Total Non-Elective Admissions | Dec-21 | Low | 4,450 | 4,188 | |
| | Type 1 A&E Attendances excluding Planned Follow Ups | Dec-21 | Low | 8,097 | 7,693 | |
| | Other A&E Attendances excluding Planned Follow Ups | Dec-21 | Low | 4,862 | 4,727 | |
| | Total A&E Attendances excluding Planned Follow Ups | Dec-21 | Low | 12,959 | 12,420 | |
| | RTT Admitted Pathways | Dec-21 | Low | 2,249 | 0 | |
| | RTT Estimated New Periods | Dec-21 | Low | 11,458 | 0 | |
| RTT Non Admitted Pathways | Dec-21 | Low | 7,537 | 0 | | |

| | | Latest Data | Actual Position |
|--------------|----------------------------------|-------------|-----------------|
| Primary Care | GP Appointment: Face-to-Face | Jan-22 | 144,975 |
| | GP Appointment: Non Face-to-Face | Jan-22 | 61,837 |
| | GP Appointment: Unknown | Jan-22 | 8,202 |
| | GP Appointment: All Appointments | Jan-22 | 215,014 |

| | | Latest Data | Actual Position | National Threshold | Actual Position | Status |
|-------------|---|-------------|-----------------|--------------------|-----------------|--------|
| Prescribing | Appropriate prescribing of antibiotics in Primary Care | Nov-21 | Low | 0.871 | 0.799 | |
| | Appropriate prescribing of broad spectrum antibiotics in Primary Care | Nov-21 | Low | 10 | 7.6 | |

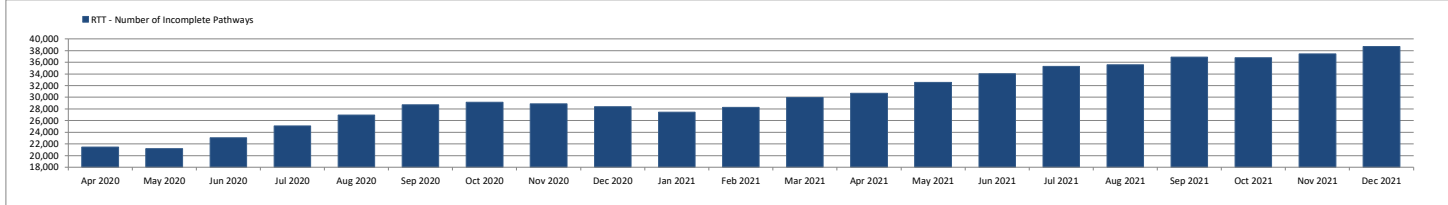
| | | | | | | |
|----------|--------------------------|--------|------|-------|-------|--|
| Dementia | Estimated diagnosis rate | Jan-22 | High | 66.7% | 58.0% | |
|----------|--------------------------|--------|------|-------|-------|--|

| | | | | | | |
|------|--------------------|--------|------|-------|-------|--|
| IAPT | IAPT Roll-Out | Nov-21 | High | 4.8% | 4.1% | |
| | IAPT Recovery Rate | Nov-21 | High | 50.0% | 57.4% | |

Referral To Treatment (RTT)

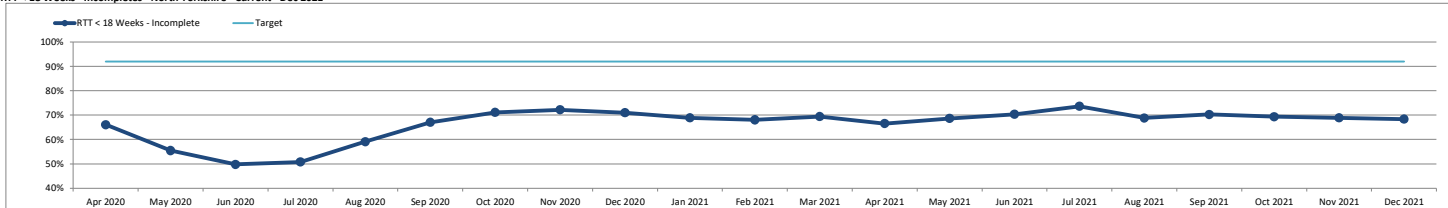
| | Latest Data | High or Low | National Threshold | Actual Position | Status |
|---|-------------|-------------|--------------------|-----------------|--------|
| RTT < 18 Weeks - Admitted | Dec-21 | High | | 25.6% | Blue |
| RTT < 18 Weeks - Non-Admitted | Dec-21 | High | | 57.0% | Blue |
| RTT < 18 Weeks - Incompletes | Dec-21 | High | 92% | 68.4% | Red |
| RTT > 52 Weeks - Incompletes | Dec-21 | Low | 0 | 1,462 | Red |
| RTT > 40 Weeks - Incompletes | Dec-21 | Low | | 2,272 | Blue |
| Number of Completed Admitted RTT Pathways | Dec-21 | High | 2,332 | 2,079 | |
| Number of Completed Non-Admitted RTT Pathways | Dec-21 | High | 7,815 | 6,833 | |
| Number of Incomplete Pathways | Dec-21 | Low | 0 | 38,677 | Red |

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



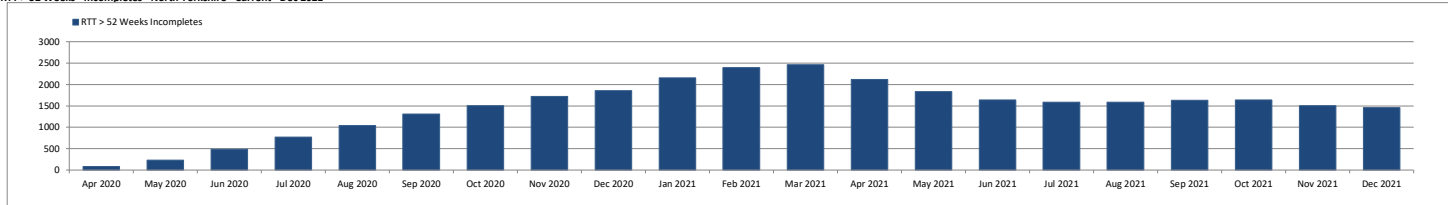
| | Apr 2020 | May 2020 | Jun 2020 | Jul 2020 | Aug 2020 | Sep 2020 | Oct 2020 | Nov 2020 | Dec 2020 | Jan 2021 | Feb 2021 | Mar 2021 | Apr 2021 | May 2021 | Jun 2021 | Jul 2021 | Aug 2021 | Sep 2021 | Oct 2021 | Nov 2021 | Dec 2021 |
|-------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| 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 | 30,687 | 32,583 | 34,027 | 35,276 | 35,555 | 36,874 | 36,767 | 37,439 | 38,677 |

RTT < 18 Weeks - Incompletes - North Yorkshire - Current - Dec 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 | Sep 2021 | Oct 2021 | Nov 2021 | Dec 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% | 66.5% | 68.7% | 70.3% | 73.6% | 68.8% | 70.3% | 69.3% | 68.8% | 68.4% |

RTT > 52 Weeks - Incompletes - North Yorkshire - Current - Dec 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 | Sep 2021 | Oct 2021 | Nov 2021 | Dec 2021 |
|----------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| RTT > 52 Weeks Incompletes | 83 | 236 | 485 | 769 | 1043 | 1311 | 1507 | 1723 | 1853 | 2154 | 2394 | 2463 | 2119 | 1832 | 1640 | 1591 | 1590 | 1634 | 1636 | 1503 | 1462 |

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 has continued to do so reaching over 38 thousand. 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 greatly 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.

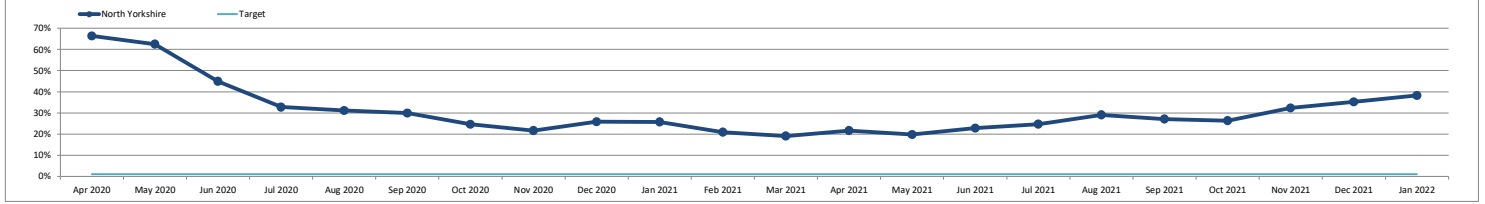
Acute providers across the ICS are working together to use the capacity available to treat the most clinically urgent patients by developing shared waiting lists and independent sector capacity is being maximised, particularly in relation to long waiters.

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 | Jan-22 | Low | 1% | 38.2% | |

Diagnostics - % > 6 weeks - North Yorkshire - Current - Jan 2022



| | 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 | Sep 2021 | Oct 2021 | Nov 2021 | Dec 2021 | Jan 2022 |
|---------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Breaches | 2441 | 2699 | 2448 | 2325 | 2531 | 2395 | 1962 | 1517 | 1818 | 1806 | 1440 | 1471 | 1709 | 1652 | 1876 | 2210 | 2597 | 2538 | 2493 | 3049 | 3205 | 4213 |
| Waiting list | 3678 | 4317 | 5447 | 7098 | 8123 | 8001 | 7982 | 7002 | 7031 | 7017 | 6891 | 7706 | 7891 | 8341 | 8226 | 8952 | 8943 | 9355 | 9456 | 9421 | 9103 | 11019 |
| % > 6 weeks - Diagnostics | 66.4% | 62.5% | 44.9% | 33.8% | 31.2% | 29.9% | 24.6% | 21.7% | 25.0% | 25.7% | 20.5% | 19.1% | 21.7% | 19.8% | 22.8% | 24.7% | 29.0% | 27.4% | 26.4% | 32.4% | 35.2% | 35.2% |

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 up to and beyond pre-COVID levels. The months since April 2021 showed some worsening in waits up to August, despite the rate falling again in September and October it has risen again up to the latest position.

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 insured and outsourced capacity to maximise throughput and support recovery.

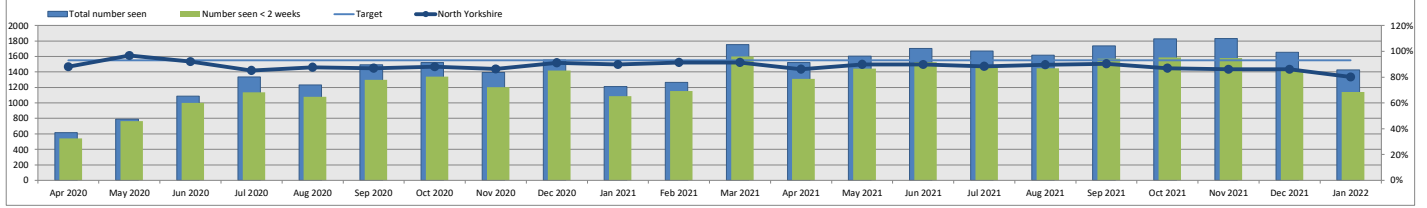
All trusts are reviewing and prioritising their diagnostic waiting lists and as described previously, methods of prioritisation continue to be used in the lower and upper GI pathways including Faecal Immunochemical Testing (FIT) as well as the commencement of pilots of capsule endoscopy and cytosponge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

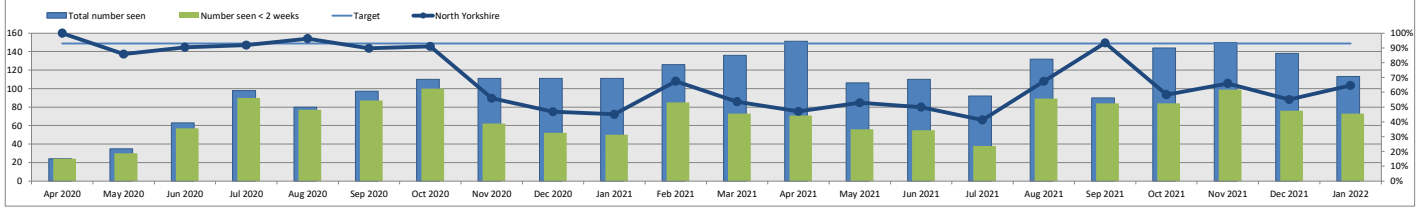
| | Latest Data | High or Low | National Threshold | Actual Position | Status |
|--------------------------------|-------------|-------------|--------------------|-----------------|--------|
| CWT seen - 2 Weeks GP Referral | Jan-22 | High | 93% | 80.1% | |
| CWT seen - 2 Weeks Breast | Jan-22 | High | 93% | 64.6% | |

CWT Seen < 2 Weeks GP Referral - North Yorkshire - Current - Jan 2022



| | 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 | Sep 2021 | Oct 2021 | Nov 2021 | Dec 2021 | Jan 2022 |
|--------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Number seen < 2 weeks | 541 | 764 | 1001 | 1138 | 1080 | 1297 | 1339 | 1202 | 1416 | 1089 | 1154 | 1601 | 1312 | 1443 | 1528 | 1475 | 1448 | 1571 | 1589 | 1579 | 1424 | 1141 |
| Total number seen | 615 | 790 | 1087 | 1336 | 1233 | 1492 | 1522 | 1393 | 1554 | 1213 | 1263 | 1752 | 1522 | 1605 | 1702 | 1670 | 1617 | 1739 | 1828 | 1833 | 1653 | 1425 |
| CWT seen - 2 Weeks GP Referral | 88.0% | 96.7% | 92.1% | 85.2% | 87.6% | 85.5% | 88.0% | 86.3% | 91.1% | 89.8% | 91.4% | 91.4% | 86.2% | 89.5% | 89.8% | 88.0% | 89.5% | 90.3% | 86.5% | 85.2% | 86.1% | 80.1% |

CWT Seen < 2 Weeks Breast - North Yorkshire - Current - Jan 2022



| | 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 | Sep 2021 | Oct 2021 | Nov 2021 | Dec 2021 | Jan 2022 |
|---------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Number seen < 2 weeks | 24 | 30 | 57 | 90 | 77 | 87 | 100 | 62 | 52 | 50 | 85 | 73 | 71 | 56 | 38 | 89 | 84 | 84 | 84 | 99 | 76 | 73 |
| Total number seen | 24 | 35 | 63 | 98 | 80 | 97 | 110 | 111 | 111 | 111 | 126 | 136 | 151 | 106 | 110 | 92 | 132 | 90 | 144 | 150 | 138 | 113 |
| 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% | 67.4% | 93.3% | 58.3% | 66.0% | 55.1% | 64.6% |

What the data is showing us...

for patients seen within 2 weeks of a GP Referral - as the activity continued to increase the rate of those patients seen within 2 weeks has been consistently under the target. The reasons behind the below target threshold were "Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots)" and "Patient Choice relating to first out patient appointment".

for patients seen within 2 weeks with suspected breast cancer - the number of patients seen surged through Winter to April 2021 and the rate of patients seen within 2 weeks has been consistently below target threshold. From February to July the numbers of those seen within 2 weeks had dropped to below half. Improvement occurred in August and above the target in September appeared to show a turnaround. However, a fall back in October through to January may indicate continuing issues due to "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).

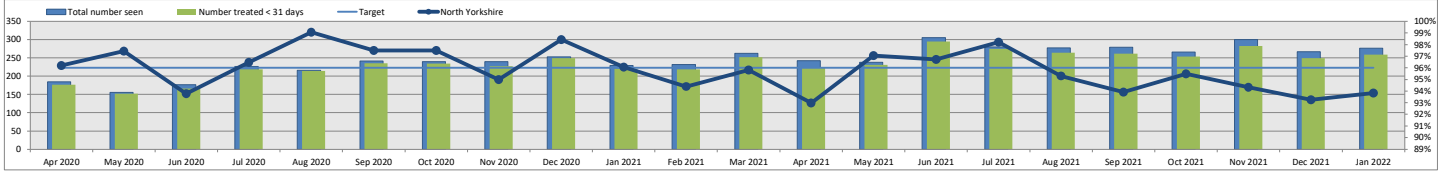
2WW Referrals

- 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

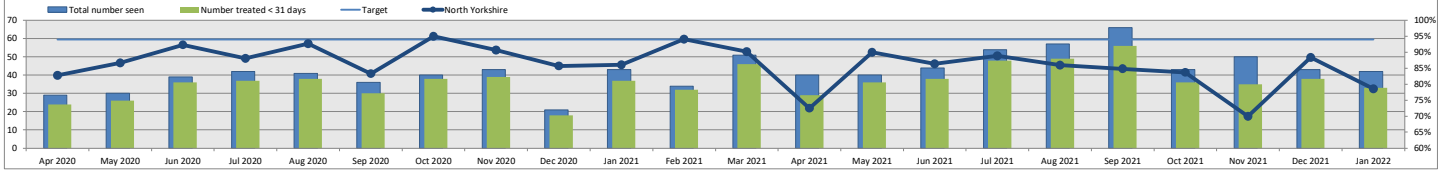
| | Latest Data | High or Low | National Threshold | Actual Position | Status |
|--------------------------------------|-------------|-------------|--------------------|-----------------|--------|
| CWT treated - 31 days diagnosis | Jan-22 | High | 96% | 93.8% | |
| CWT treated - 31 days - surgery | Jan-22 | High | 94% | 78.6% | |
| CWT treated - 31 days - drugs | Jan-22 | High | 98% | 97.1% | |
| CWT treated - 31 days - radiotherapy | Jan-22 | High | 94% | 67.2% | |

CWT Treated < 31 Days Diagnosis - North Yorkshire - Current - Jan 2022



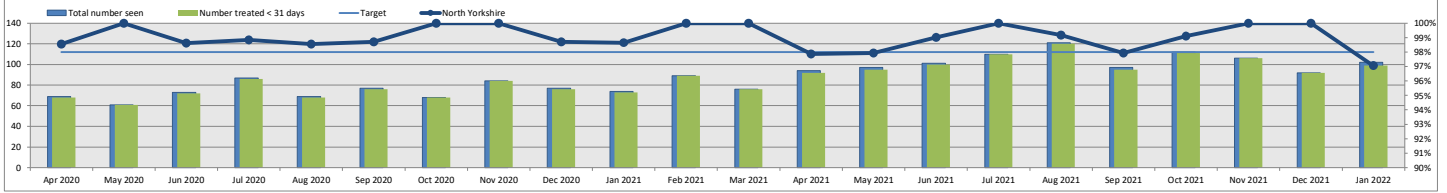
| | Apr 2020 | May 2020 | Jun 2020 | Jul 2020 | Aug 2020 | Sep 2020 | Oct 2020 | Nov 2020 | Dec 2020 | Jan 2021 | Feb 2021 | Mar 2021 | Apr 2021 | May 2021 | Jun 2021 | Jul 2021 | Aug 2021 | Sep 2021 | Oct 2021 | Nov 2021 | Dec 2021 | Jan 2022 |
|---------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Number treated < 31 days | 177 | 152 | 166 | 219 | 214 | 235 | 234 | 228 | 249 | 220 | 219 | 252 | 225 | 231 | 295 | 275 | 264 | 262 | 254 | 283 | 249 | 259 |
| Total number seen | 184 | 156 | 177 | 227 | 216 | 241 | 240 | 240 | 253 | 229 | 232 | 263 | 242 | 238 | 305 | 280 | 277 | 279 | 266 | 300 | 267 | 276 |
| CWT treated - 31 Days diagnosis | 96.2% | 97.4% | 93.8% | 96.5% | 92.8% | 97.5% | 97.5% | 95.0% | 98.4% | 96.1% | 94.4% | 95.8% | 93.0% | 97.8% | 95.1% | 96.8% | 96.0% | 93.9% | 95.5% | 94.3% | 93.3% | 93.8% |

CWT Treated < 31 Days - Surgery - North Yorkshire - Current - Jan 2022



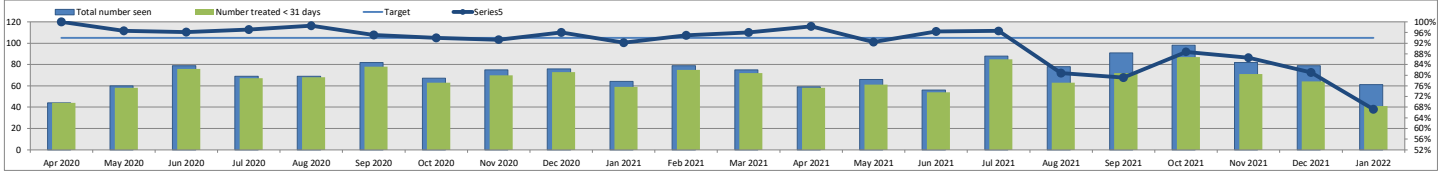
| | Apr 2020 | May 2020 | Jun 2020 | Jul 2020 | Aug 2020 | Sep 2020 | Oct 2020 | Nov 2020 | Dec 2020 | Jan 2021 | Feb 2021 | Mar 2021 | Apr 2021 | May 2021 | Jun 2021 | Jul 2021 | Aug 2021 | Sep 2021 | Oct 2021 | Nov 2021 | Dec 2021 | Jan 2022 |
|---------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Number treated < 31 days | 24 | 26 | 36 | 37 | 38 | 30 | 38 | 39 | 18 | 37 | 32 | 46 | 29 | 36 | 38 | 48 | 49 | 56 | 36 | 35 | 38 | 33 |
| Total number seen | 29 | 30 | 39 | 42 | 41 | 36 | 40 | 43 | 21 | 43 | 34 | 51 | 40 | 40 | 44 | 54 | 57 | 66 | 43 | 50 | 43 | 42 |
| 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% | 86.0% | 84.8% | 83.7% | 70.0% | 88.4% | 78.6% |

CWT Treated < 31 Days - Drugs - North Yorkshire - Current - Jan 2022



| | 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 | Sep 2021 | Oct 2021 | Nov 2021 | Dec 2021 | Jan 2022 |
|-------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Number treated < 31 days | 68 | 61 | 72 | 86 | 68 | 76 | 68 | 84 | 76 | 73 | 89 | 76 | 92 | 95 | 100 | 110 | 120 | 95 | 111 | 106 | 92 | 99 |
| Total number seen | 69 | 61 | 73 | 87 | 69 | 77 | 68 | 84 | 77 | 74 | 89 | 76 | 94 | 97 | 101 | 110 | 121 | 97 | 112 | 106 | 92 | 102 |
| 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% | 99.2% | 97.6% | 99.1% | 100.0% | 100.0% | 97.1% |

CWT Treated < 31 Days - Radiotherapy - North Yorkshire - Current - Jan 2022



| | 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 | Sep 2021 | Oct 2021 | Nov 2021 | Dec 2021 | Jan 2022 |
|--------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Number treated < 31 days | 44 | 58 | 76 | 67 | 68 | 78 | 63 | 70 | 73 | 59 | 75 | 72 | 58 | 61 | 54 | 85 | 63 | 72 | 87 | 71 | 64 | 41 |
| Total number seen | 44 | 60 | 79 | 69 | 69 | 82 | 67 | 75 | 76 | 64 | 79 | 75 | 59 | 66 | 56 | 88 | 78 | 91 | 98 | 82 | 79 | 61 |
| 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% | 80.8% | 79.3% | 88.8% | 86.6% | 81.0% | 67.2% |

What the data is showing us...

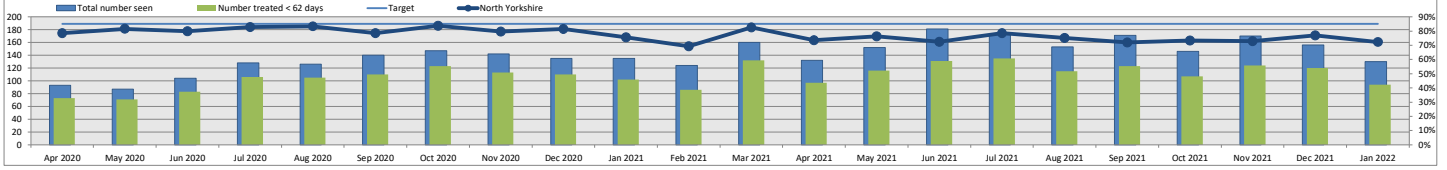
- for patients seen within 31 days after diagnosis - as the number of patients seen continues to be at a higher level the rate of those patients seen within 2 weeks initial was above the target for several months. However, from August to January it has fallen below target but within 3%.
- for patients subsequently seen within 31 days for surgery - as the activity peaked to September 2021 the rate of those patients seen within 31 days was within 10% of the target. Since October the rate of patients treated within 31 days was still lower despite the lower numbers of patients seen. The reasons given for this were "OP Clinic capacity inadequate (i.e. not enough slots)"
- for patients subsequently seen within 31 days for drug treatments - the numbers of patients seen had been low for in the months of 20/21 but has steadily increased in 2022 and the rate of patients seen within 31 days has been maintained above or just below the target threshold for the last 10 months.
- for patients subsequently seen within 31 days for radiotherapy - the numbers of patients seen had fluctuated throughout 2020 and also in 2021. The rate of patients seen within 31 days had mostly been maintained above the target threshold for a number of months but it has steadily worsened over the last 6 months.

- 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

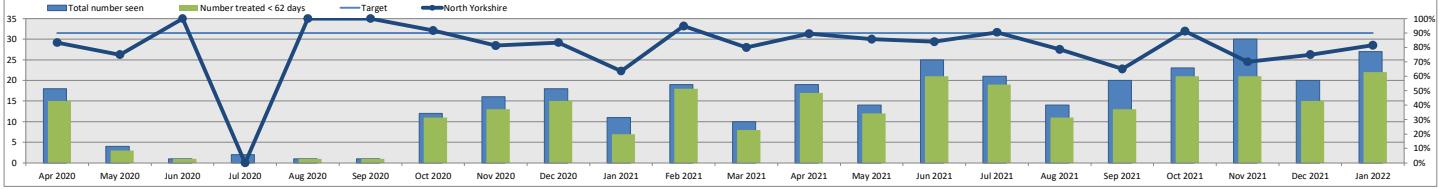
| | Latest Data | High or Low | National Threshold | Actual Position | Status |
|--|-------------|-------------|--------------------|-----------------|--------|
| CWT treated - 62 days urgent | Jan-22 | High | 85% | 72.3% | |
| CWT treated - 62 days - screening service | Jan-22 | High | 90% | 81.5% | |
| CWT treated - 62 days - consultant upgrade | Jan-22 | High | | 68.8% | |

CWT Treated < 62 Days urgent - North Yorkshire - Current - Jan 2022



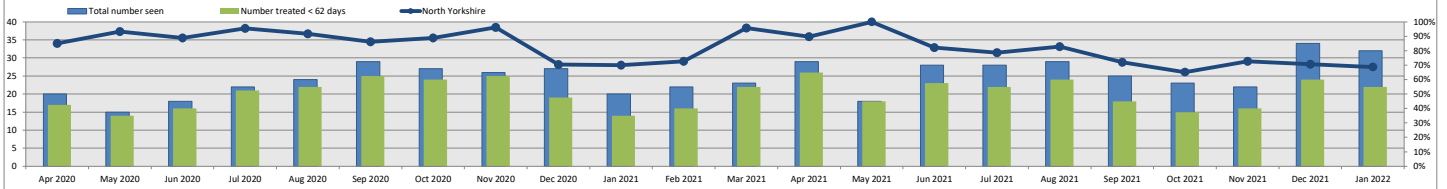
| | Apr 2020 | May 2020 | Jun 2020 | Jul 2020 | Aug 2020 | Sep 2020 | Oct 2020 | Nov 2020 | Dec 2020 | Jan 2021 | Feb 2021 | Mar 2021 | Apr 2021 | May 2021 | Jun 2021 | Jul 2021 | Aug 2021 | Sep 2021 | Oct 2021 | Nov 2021 | Dec 2021 | Jan 2022 |
|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Number treated < 62 days | 73 | 71 | 83 | 106 | 105 | 110 | 123 | 113 | 110 | 102 | 86 | 132 | 97 | 116 | 131 | 135 | 115 | 123 | 107 | 124 | 120 | 94 |
| Total number seen | 93 | 87 | 104 | 128 | 126 | 140 | 147 | 142 | 135 | 135 | 124 | 160 | 132 | 152 | 181 | 172 | 153 | 171 | 146 | 170 | 156 | 130 |
| 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% | 75.2% | 71.9% | 73.3% | 72.9% | 76.9% | 72.3% |

CWT Treated < 62 Days - Screening Service - North Yorkshire - Current - Jan 2022



| | 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 | Sep 2021 | Oct 2021 | Nov 2021 | Dec 2021 | Jan 2022 |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Number treated < 62 days | 15 | 3 | 1 | 0 | 1 | 1 | 11 | 13 | 15 | 7 | 18 | 8 | 17 | 12 | 21 | 19 | 11 | 13 | 21 | 21 | 15 | 22 |
| Total number seen | 18 | 4 | 1 | 2 | 1 | 1 | 12 | 16 | 18 | 11 | 19 | 10 | 19 | 14 | 25 | 21 | 14 | 20 | 23 | 30 | 20 | 27 |
| 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% | 78.6% | 65.0% | 91.3% | 70.0% | 75.0% | 81.5% |

CWT Treated < 62 Days - Consultant Upgrade - North Yorkshire - Current - Jan 2022



| | 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 | Sep 2021 | Oct 2021 | Nov 2021 | Dec 2021 | Jan 2022 |
|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Number treated < 62 days | 17 | 14 | 16 | 21 | 22 | 25 | 24 | 25 | 19 | 24 | 16 | 22 | 23 | 26 | 18 | 23 | 24 | 18 | 25 | 15 | 16 | 24 |
| Total number seen | 20 | 15 | 18 | 22 | 24 | 29 | 27 | 26 | 27 | 20 | 22 | 23 | 23 | 28 | 18 | 28 | 28 | 29 | 25 | 23 | 22 | 34 |
| 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% | 82.8% | 72.0% | 65.4% | 72.7% | 78.6% | 68.8% |

What the data is showing us...

for patients seen within 62 days after an urgent referral - as expected the number of patients seen was lower in the months of 20/21 and had begun to increase beyond normal levels and as a consequence the patients treated within 62 days had initially showed improvement. However, from April it has stayed below the target threshold in the mid 70 percent range instead of 80s previously. Also, the number of patients seen have begun to decline over the last 3 months. The main reasons behind the below target threshold were mostly "Health Care Provider initiated delay to diagnostic test or treatment planning", "Elective capacity inadequate", "Out-patient capacity inadequate" and "Complex diagnostic pathway".

for patients seen within 62 days from the screening service - the patients seen 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. Although due to small numbers the rate can fluctuate quite a lot and was last over the target threshold in October.

for patients seen within 62 days after a consultant upgrade - as would be expected patients seen has been lower for of most of 20/21. Due to small numbers the rate can fluctuate quite a lot but the rate of patients seen within 62 days has been maintained throughout most of 21/22 despite a drop in September to November.

62 day

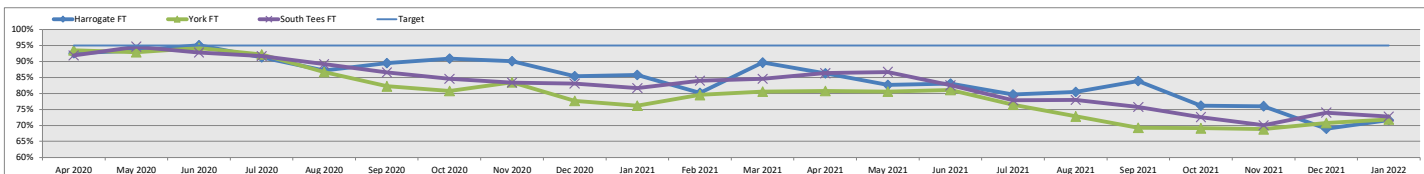
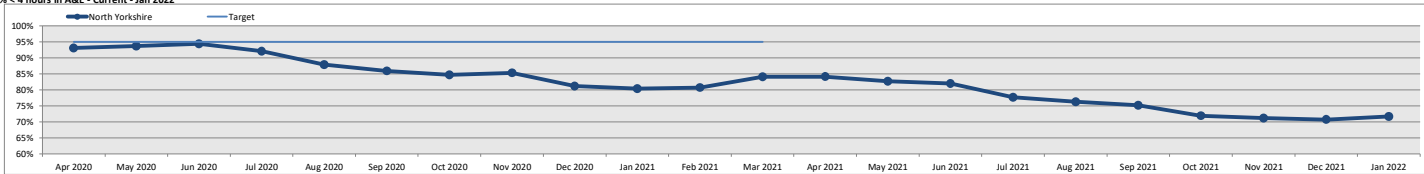
- All Cancer Alliances were challenged by the 62 Day standard in July 2021 (highest being circa 80%)
- Inevitably, as cancer pathways, which were already challenged pre-pandemic, are starting to manage backlog on top of normal activity means that this performance target will continue to be a challenge for some time
- Humber, Coast and Vale Cancer Alliance (HCVA) have 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.

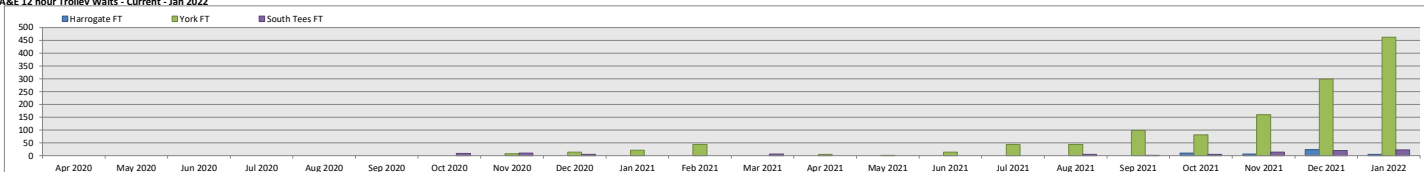
A&E Waiting Times

% < 4 hours in A&E - Current - Jan 2022



| | 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 | Sep 2021 | Oct 2021 | Nov 2021 | Dec 2021 | Jan 2022 | |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--|
| % < 4 hours in A&E | | | | | | | | | | | | | | | | | | | | | | | |
| North Yorkshire | 93.0% | 93.7% | 94.4% | 92.0% | 87.9% | 85.9% | 84.7% | 85.3% | 81.2% | 80.6% | 80.7% | 84.1% | 84.1% | 82.7% | 82.0% | 77.6% | 76.2% | 75.1% | 71.9% | 71.2% | 70.7% | 71.6% | |
| Harrogate FT | 92.6% | 93.4% | 93.8% | 91.3% | 87.2% | 89.3% | 88.5% | 83.5% | 83.1% | 85.8% | 80.2% | 86.3% | 82.2% | 83.1% | 79.3% | 80.5% | 83.9% | 78.2% | 75.0% | 71.9% | 71.2% | 70.7% | |
| York FT | 93.6% | 92.9% | 94.2% | 92.2% | 86.7% | 82.3% | 80.8% | 83.5% | 77.6% | 79.6% | 80.6% | 80.7% | 80.6% | 81.0% | 76.5% | 72.8% | 69.2% | 69.2% | 72.8% | 70.8% | 70.8% | 71.9% | |
| South Tees FT | 91.9% | 94.6% | 92.8% | 91.7% | 89.2% | 86.6% | 84.6% | 83.3% | 83.1% | 81.7% | 84.0% | 84.6% | 86.4% | 86.7% | 82.5% | 77.9% | 78.0% | 75.8% | 72.6% | 70.1% | 74.0% | 72.8% | |

A&E 12 hour Trolley Waits - Current - Jan 2022



| 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 | Sep 2021 | Oct 2021 | Nov 2021 | Dec 2021 | Jan 2022 |
|-----------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Harrogate FT | 0 | 0 | 0 | 0 | 0 | 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 | 98 | 83 | 159 | 298 | 463 |
| South Tees FT | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 9 | 5 | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 5 | 1 | 5 | 14 | 19 |

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 decline of 10% through to December 2021. However, there has been a slight improvement in January 2022. This appears to be reflected at the trusts. Numbers of long trolley waits continue to be extremely high at York with both Harrogate and South Tees showing signs of issues but to a far less extent.

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.

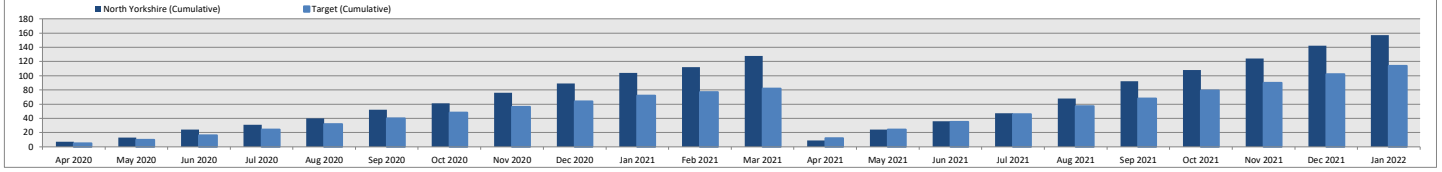
The changes are aimed at increasing the number of NHS 111 calls that, having received an initial NHS 111 A&E department disposition, then receive a clinical review prior to their final disposition being confirmed. This additional clinical review is provided through the existing central Clinical Advisory 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 (<1,000 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

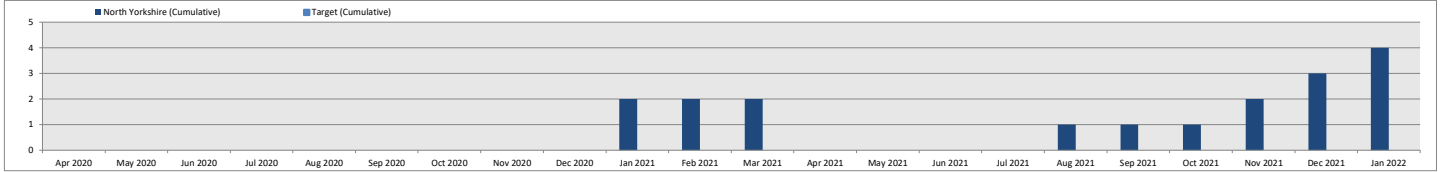
| | Latest Data | High or Low | Threshold | Actual Position | Status |
|------------------------------------|-------------|-------------|-----------|-----------------|--------|
| Clostridium Difficile (Cumulative) | Jan-22 | Low | 114 | 157 | |
| MRSA (Cumulative) | Jan-22 | Low | 0 | 4 | |
| E.Coli (Cumulative) | Jan-22 | Low | 329 | 315 | |

Clostridium Difficile - North Yorkshire - Current - Jan 2022



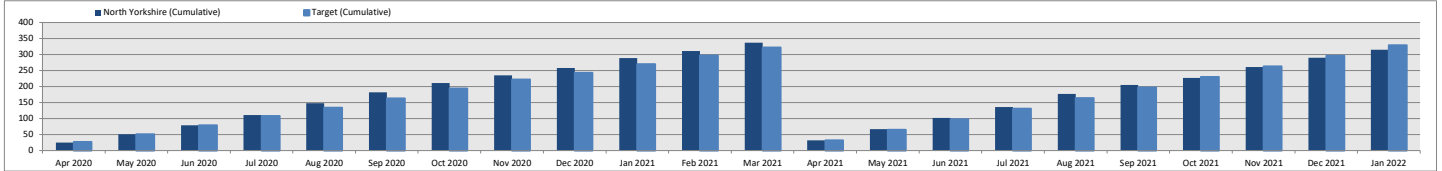
| | Apr 2020 | May 2020 | Jun 2020 | Jul 2020 | Aug 2020 | Sep 2020 | Oct 2020 | Nov 2020 | Dec 2020 | Jan 2021 | Feb 2021 | Mar 2021 | Apr 2021 | May 2021 | Jun 2021 | Jul 2021 | Aug 2021 | Sep 2021 | Oct 2021 | Nov 2021 | Dec 2021 | Jan 2022 | |
|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----|
| North Yorkshire | 7 | 6 | 11 | 7 | 9 | 12 | 9 | 15 | 13 | 15 | 8 | 112 | 8 | 16 | 5 | 12 | 15 | 12 | 11 | 11 | 21 | 16 | 15 |
| Target | 5 | 5 | 6 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 5 | 12 | 5 | 12 | 12 | 11 | 11 | 11 | 11 | 11 | 11 | 12 | 12 |
| North Yorkshire (Cumulative) | 7 | 13 | 24 | 31 | 40 | 52 | 61 | 76 | 89 | 104 | 112 | 128 | 9 | 24 | 36 | 47 | 68 | 92 | 108 | 124 | 142 | 157 | |
| Target (Cumulative) | 5 | 10 | 16 | 24 | 32 | 40 | 48 | 56 | 64 | 72 | 77 | 82 | 12 | 24 | 35 | 46 | 57 | 68 | 79 | 90 | 102 | 114 | |
| Harrogate FT | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| York FT | 7 | 2 | 2 | 7 | 7 | 11 | 4 | 11 | 6 | 10 | 5 | 6 | 7 | 12 | 12 | 13 | 13 | 16 | 12 | 6 | 17 | 10 | |
| South Tees FT | 1 | 4 | 4 | 12 | 9 | 11 | 7 | 6 | 6 | 3 | 6 | 10 | 8 | 11 | 7 | 13 | 15 | 13 | 10 | 10 | 14 | 18 | |

MRSA - North Yorkshire - Current - Jan 2022



| | 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 | Sep 2021 | Oct 2021 | Nov 2021 | Dec 2021 | Jan 2022 | |
|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|---|
| North Yorkshire | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Target | 0 | 0 | 0 | 0 | 0 | 0 | 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 | 0 | 0 | 0 | 0 | 0 | 1 |
| Target (Cumulative) | 0 | 0 | 0 | 0 | 0 | 0 | 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 | 0 | 0 | 0 | 0 | 0 | 0 |
| York FT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| South Tees FT | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 3 | 0 | 0 | 1 | 2 | 1 | 0 | 0 | 0 |

E.Coli - North Yorkshire - Current - Jan 2022



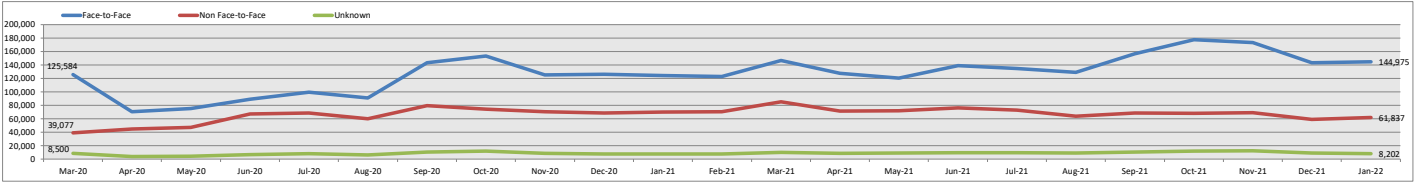
| | Apr 2020 | May 2020 | Jun 2020 | Jul 2020 | Aug 2020 | Sep 2020 | Oct 2020 | Nov 2020 | Dec 2020 | Jan 2021 | Feb 2021 | Mar 2021 | Apr 2021 | May 2021 | Jun 2021 | Jul 2021 | Aug 2021 | Sep 2021 | Oct 2021 | Nov 2021 | Dec 2021 | Jan 2022 |
|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| North Yorkshire | 25 | 28 | 29 | 26 | 148 | 182 | 211 | 235 | 258 | 289 | 311 | 337 | 32 | 67 | 102 | 136 | 177 | 205 | 227 | 261 | 290 | 315 |
| Target | 25 | 25 | 28 | 29 | 26 | 29 | 31 | 28 | 21 | 27 | 27 | 25 | 32 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 |
| North Yorkshire (Cumulative) | 25 | 51 | 79 | 111 | 148 | 182 | 211 | 235 | 258 | 289 | 311 | 337 | 32 | 67 | 102 | 136 | 177 | 205 | 227 | 261 | 290 | 315 |
| Target (Cumulative) | 25 | 51 | 79 | 108 | 134 | 163 | 194 | 222 | 243 | 270 | 297 | 322 | 32 | 65 | 98 | 131 | 164 | 197 | 230 | 263 | 296 | 329 |
| Harrogate FT | 0 | 2 | 3 | 2 | 0 | 0 | 1 | 2 | 1 | 2 | 0 | 2 | 1 | 1 | 1 | 0 | 3 | 2 | 4 | 0 | 1 | 1 |
| York FT | 8 | 0 | 2 | 8 | 3 | 5 | 7 | 5 | 1 | 10 | 4 | 7 | 3 | 4 | 7 | 3 | 6 | 8 | 10 | 8 | 7 | 6 |
| South Tees FT | 1 | 4 | 4 | 10 | 5 | 4 | 7 | 2 | 3 | 6 | 7 | 4 | 4 | 10 | 10 | 11 | 7 | 7 | 5 | 14 | 6 | 6 |

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 have been 4 MRSA case for the CCG in 21/22, also at South Tees, 2 at York and 3 at Harrogate. E.Coli cases attributed to the CCG over the last 2 months of 21/22 have mostly been below the unchanged target from 19/20. Harrogate continues to have small numbers of cases but increasing and York has had slightly higher levels than they were in 20/21. South Tees has had increasing number of cases higher than in 20/21.

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 | NY CCG 19/20 | NY CCG 20/21 | Year on Year Change |
|-------------------------|-------------|-----------------|------------------|----------------|---------------------|
| Face-to-Face | Jan-22 | 144,975 | 1,222,154 | 533,468 | -56% |
| Non Face-to-Face | Jan-22 | 61,837 | 689,946 | 304,957 | -56% |
| Unknown | Jan-22 | 8,202 | 84,643 | 37,642 | -56% |
| All Appointments | Jan-22 | 215,014 | 1,996,743 | 876,067 | -56% |



| GP Appointments Appointment Type | Month | Mar-20 | 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 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 |
|----------------------------------|-------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Face-to-Face | | 125,584 | 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 | 128,803 | 156,736 | 177,587 | 172,987 | 142,999 | 144,975 |
| Non Face-to-Face | | 39,077 | 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 | 63,918 | 68,732 | 68,333 | 68,861 | 59,143 | 61,837 |
| Unknown | | 8,500 | 3,695 | 4,274 | 6,784 | 8,152 | 6,400 | 10,649 | 11,833 | 8,507 | 7,923 | 7,886 | 7,636 | 9,984 | 8,771 | 9,084 | 9,803 | 9,507 | 8,877 | 10,726 | 11,971 | 12,659 | 9,255 | 8,202 |
| Grand Total | | 173,161 | 119,099 | 126,844 | 163,215 | 176,026 | 157,301 | 233,211 | 239,277 | 204,197 | 202,357 | 201,055 | 200,909 | 241,545 | 207,868 | 201,467 | 225,087 | 216,733 | 201,598 | 236,194 | 257,891 | 254,507 | 211,397 | 215,014 |

What the data is showing us...

The number of Face-to-Face appointments has returned to pre-COVID levels by March 2021 despite a dip in levels in December 2021. Also, the Non Face-to-Face appointments may not accurately represent all video/online appointments.

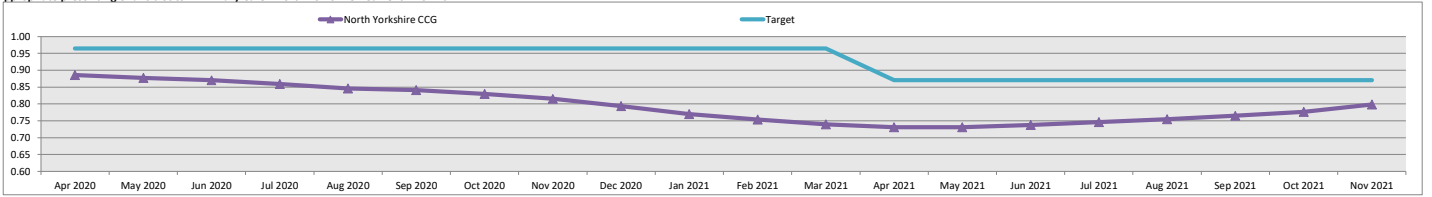
Overall appointments provided by primary care are now 16% above pre-COVID levels. In addition, practices continue to be affected by staff absences due to COVID, the need to self-isolate and the impact on school age children. There has been an increase in the number of practices declaring OPEL 3 since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

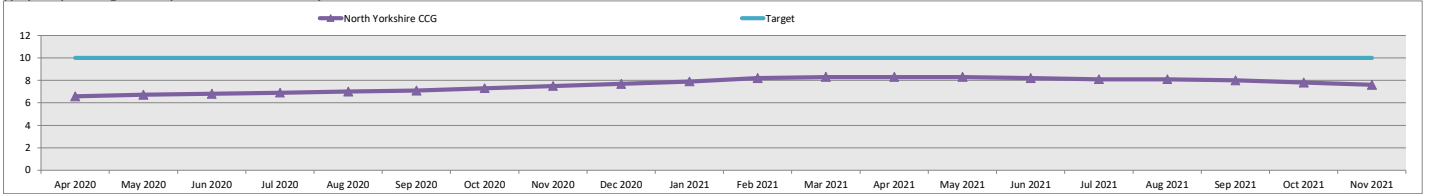
| | Latest Data | High or Low | Threshold | Actual Position | Status |
|---|-------------|-------------|-----------|-----------------|--------|
| Appropriate prescribing of antibiotics in Primary Care | Nov-21 | Low | 0.871 | 0.799 | |
| Appropriate prescribing of broad spectrum antibiotics in Primary Care | Nov-21 | Low | 10 | 7.6 | |

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



| North Yorkshire CCG | 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 | Sep 2021 | Oct 2021 | Nov 2021 |
|---------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| | 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 | 0.755 | 0.765 | 0.777 | 0.799 |

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



| North Yorkshire CCG | 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 | Sep 2021 | Oct 2021 | Nov 2021 |
|---------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| | 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 | 8.1 | 8.0 | 7.8 | 7.6 |

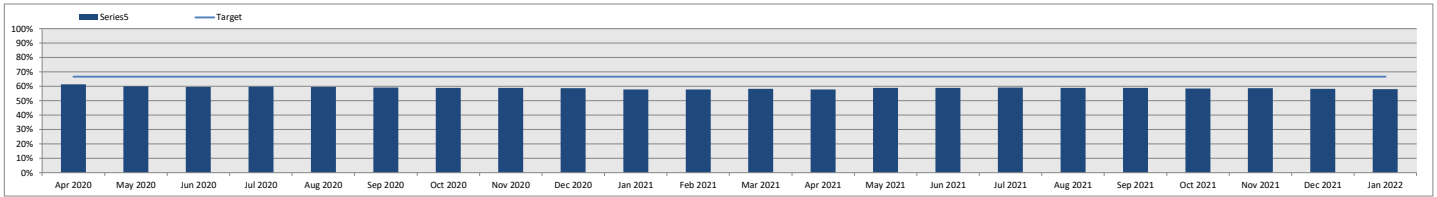
What the data is showing us...

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 | Jan-22 | High | 66.7% | 58.0% | Red |



| | 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 | Sep 2021 | Oct 2021 | Nov 2021 | Dec 2021 | Jan 2022 |
|-------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Dementia Diagnosis Rate | 61.1% | 60.1% | 59.5% | 59.5% | 59.5% | 59.0% | 58.6% | 58.6% | 58.6% | 57.6% | 57.6% | 57.6% | 57.6% | 57.6% | 57.6% | 58.6% | 58.6% | 58.6% | 58.6% | 57.7% | 57.6% | 58.0% |

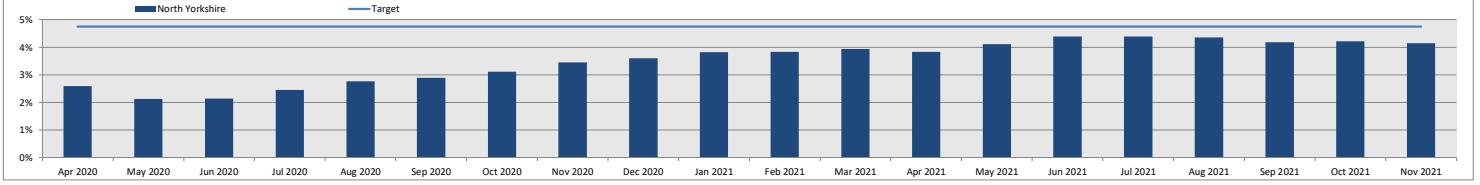
What the data is showing us...
 The dementia diagnosis rate continues to be below the threshold. Despite the lifting of COVID restrictions it is still around 58% and has only slightly improved since April 2021.

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. TEWW 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

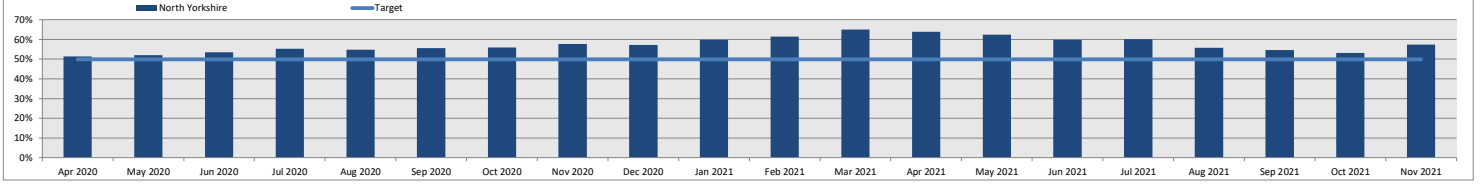
| | Latest Data | High or Low | Threshold | Actual Position | Status |
|--------------------|-------------|-------------|-----------|-----------------|--------------------------------------|
| IAPT Roll-Out | Nov-21 | High | 4.8% | 4.1% | ■ |
| IAPT Recovery Rate | Nov-21 | High | 50.0% | 57.4% | ■ |

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



| Month | Actual Position | Target |
|----------|-----------------|--------|
| Apr 2020 | 2.6% | 4.8% |
| May 2020 | 2.1% | 4.8% |
| Jun 2020 | 2.1% | 4.8% |
| Jul 2020 | 2.5% | 4.8% |
| Aug 2020 | 2.8% | 4.8% |
| Sep 2020 | 2.9% | 4.8% |
| Oct 2020 | 3.1% | 4.8% |
| Nov 2020 | 3.4% | 4.8% |
| Dec 2020 | 3.6% | 4.8% |
| Jan 2021 | 3.8% | 4.8% |
| Feb 2021 | 3.8% | 4.8% |
| Mar 2021 | 3.9% | 4.8% |
| Apr 2021 | 3.8% | 4.8% |
| May 2021 | 4.1% | 4.8% |
| Jun 2021 | 4.4% | 4.8% |
| Jul 2021 | 4.4% | 4.8% |
| Aug 2021 | 4.4% | 4.8% |
| Sep 2021 | 4.2% | 4.8% |
| Oct 2021 | 4.2% | 4.8% |
| Nov 2021 | 4.1% | 4.8% |

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



| Month | Actual Position | Target |
|----------|-----------------|--------|
| Apr 2020 | 51.4% | 50.0% |
| May 2020 | 52.1% | 50.0% |
| Jun 2020 | 53.5% | 50.0% |
| Jul 2020 | 55.3% | 50.0% |
| Aug 2020 | 54.8% | 50.0% |
| Sep 2020 | 55.7% | 50.0% |
| Oct 2020 | 55.9% | 50.0% |
| Nov 2020 | 57.7% | 50.0% |
| Dec 2020 | 57.2% | 50.0% |
| Jan 2021 | 59.9% | 50.0% |
| Feb 2021 | 61.4% | 50.0% |
| Mar 2021 | 65.1% | 50.0% |
| Apr 2021 | 63.9% | 50.0% |
| May 2021 | 62.4% | 50.0% |
| Jun 2021 | 59.9% | 50.0% |
| Jul 2021 | 60.1% | 50.0% |
| Aug 2021 | 55.7% | 50.0% |
| Sep 2021 | 54.6% | 50.0% |
| Oct 2021 | 53.1% | 50.0% |
| Nov 2021 | 57.4% | 50.0% |

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% when 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 and continues to do so.

The Recovery rate for the CCG has maintained its above target levels before and since the COVID restrictions. The rate had been slowly declining from its peak of 65% in March 2021 to its lowest point in October 2021 of 53.1%. However, as at November it is over 7% higher than the target.

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:

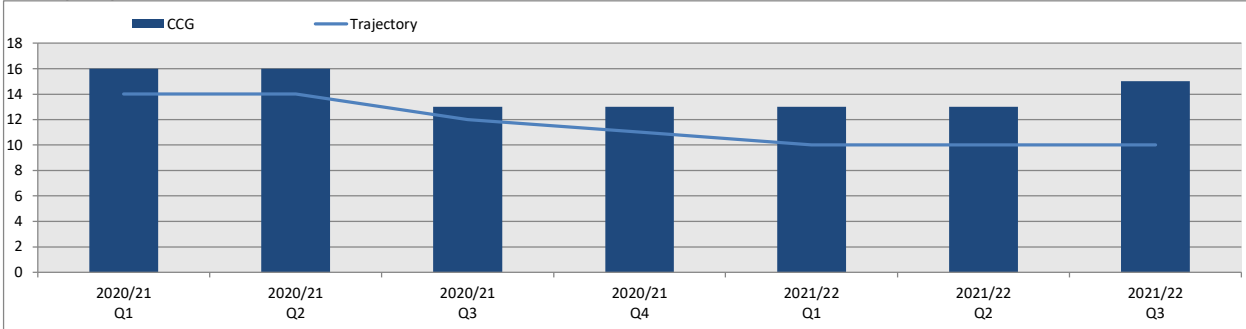
- 4 patients completed treatment, but made no recovery
- 8 patients dropped out of treatment (unscheduled discontinuation)
- 1 patient was signposted to another therapy service with mutual agreement
- 1 patient was referred to a non-IAPT service
- 1 patient was not suitable for IAPT service – signposted 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 | 2021/22 Q3 | Low | 10 | 15 | |
| Specialised Commissioning | 2021/22 Q3 | Low | 11 | 10 | |
| CAMHs | 2021/22 Q3 | Low | 1 | 2 | |

TCP IP Trajectory - NY&Y - Current - 2021/22 Q3



| All beds and overall performance | 2020/21 Q1 | 2020/21 Q2 | 2020/21 Q3 | 2020/21 Q4 | 2021/22 Q1 | 2021/22 Q2 | 2021/22 Q3 | 2021/22 Q4 (current) |
|----------------------------------|------------|------------|------------|------------|------------|------------|------------|----------------------|
| CCG | 16 | 16 | 13 | 13 | 13 | 13 | 15 | 13 |
| Specialised Commissioning | 13 | 13 | 12 | 12 | 12 | 9 | 10 | 10 |

The TCP trajectory in Quarter 3 of 2021/22 was set at 22 in total with the current actual position of 23 comprising of 15 CCG and 10 specialised commissioning respectively with 3 admissions this quarter. The Children and Young People trajectory was set at 1, with the actual position at 2. Focus continues on admission avoidance (in addition to progressing discharges) with 2 discharges during this quarter and a further 3 planned. There were 3 CCG in-patient re-admissions (1 was a Ministry of Justice recall due to be discharged in Q1 2022/23) and of the other 2; one is due to be discharged this quarter, and the other person admitted was residing out of area but is now a planned admission for Project Echo, our 6-bungalow provision that is due to be finalised in terms of build by July 2022.

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

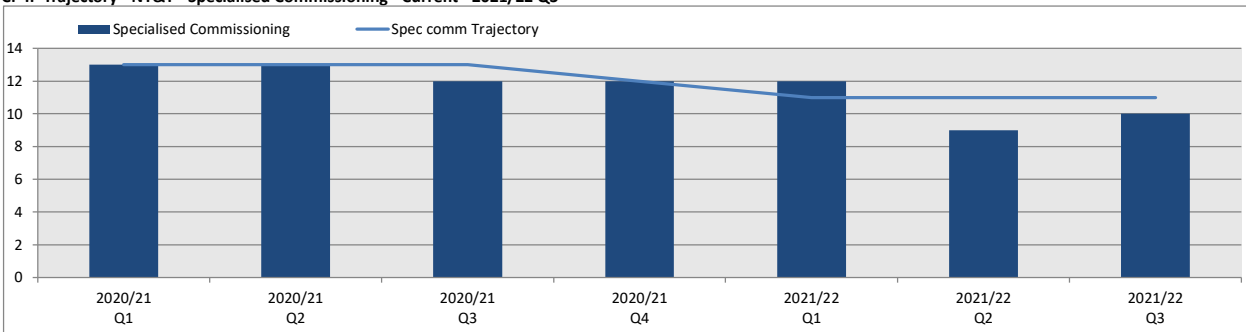
We have one delayed discharge (VoY) however we are confident a placement will be found over the coming quarter. Our out of area patients are being reviewed as part of the Host Commissioner guidance every eight weeks and all have dates planned. All 12 Learning Disability patients placed out of area are also subject to a safety and wellbeing review, which need to be completed by the end of January 2022.

We continue to meet our Care Treatment Review (CTR) and Care and Education Treatment Review (CETR) targets. In October 2021 there has been 1 Inpatient repeat CTR, 1 Community CTR, 1 Community CETR, and 4 Local Area Emergency Protocols (LAEP)/Multi-disciplinary Teams (MDTs) (hospital admission was not recommended in any Community C(ET)Rs or LAEPs).

In November 2021 (as of 24/11/21) there have been 3 Inpatient repeat CTRs, 3 Post-Admission CTR and 4 LAEPs/MDTs (1 hospital admission recommendation).

CTR awareness and training sessions are currently being booked with Crisis Teams and Community Mental Health Teams (CMHT) 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 - 2021/22 Q3



| All beds and overall performance | 2020/21 Q1 | 2020/21 Q2 | 2020/21 Q3 | 2020/21 Q4 | 2021/22 Q1 | 2021/22 Q2 | 2021/22 Q3 | 2021/22 Q4 |
|----------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Specialised Commissioning | 13 | 13 | 12 | 12 | 12 | 9 | 10 | 10 |

As above