

Title of Meeting:	NY CCG Governing Body	Agenda Item: 5.1	
Date of Meeting:	22 April 2021	Session (Tick)	
Paper Title:	Quality and Performance Report	Public X	
		Private	
		Development Session	

Responsible Governing Body Member Lead

- Julie Warren, Director of Corporate Services, Governance and Performance
- Sue Peckitt, Chief Nurse

Report Author and Job Title

- Board Secretary & Senior Governance Mgr
- Business Intelligence Team
- Contributors from all Directorates

Purpose –				
this paper	Decision	Discussion	Assurance	Information
is for:			Х	

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 provides data on the following standards:

Standard	Latest Data
Referral to Treatment (RTT)	February 2021
Diagnostic Test Waiting Times	February 2021
Cancer Waiting Time standards (CWT)	February 2021
Accident and Emergency (A&E) Waiting Times	March 2021
Healthcare Associated Infections (HCAI)	February 2021
Primary Care - GP Appointments	February 2021
GP Prescribing	December 2020
Dementia Diagnosis	February 2021
Improved Access to Psychological Therapies (IAPT)	January 2021
Mental Health Transforming Care Programme	Quarter 3 – 2020/21

Due to the CCG's requirement to focus resource on Covid-19 pandemic priorities, this report does not include detailed narrative. A verbal update, reporting by exception, will be provided at the Governing Body meeting.

Recommendations

The Governing Body is being asking to:

- 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.

CC	CG Strategic Objectives Supported by this Paper					
	CCG Strategic Objectives	X				
1	 Strategic Commissioning: 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. 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. 	X				
2	Acute Commissioning: We will ensure access to high quality hospital-based care when needed.	Х				
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.	Х				
6	 Vulnerable People: We will support everyone to thrive [in the community]. We will promote the safety and welfare of vulnerable individuals. 	Х				
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.	Х				

CCG Values underpinned in this paper

	CCG Values	X
1	Collaboration	
2	Compassion	
3	Empowerment	
4	Inclusivity	
5	Quality	Χ
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.						





NY Performance Report v1.54

Date: 13 April 2021 Author: Mark Butcher













SUMMARY

				National	Actual	
Area	Indicator	Latest Data	High or Low	Threshold	Position	Status
	< 18 Weeks - Admitted	Feb-21	High		76.1%	
	< 18 Weeks - Non-Admitted	Feb-21	High		85.6%	
	< 18 Weeks - Incompletes	Feb-21	High	92%	68.0%	
RTT	> 52 Weeks - Incompletes	Feb-21	Low	0	2,394	
	Number of Completed Admitted Pathways	Feb-21	High	2,222	1,320	
	Number of Completed Non-Admitted Pathways	Feb-21	High	7,058	6,235	
	Number of Incomplete Pathways	Feb-21	High	29,405	28,259	
Diag	% > 6 weeks - Diagnostics	Feb-21	Low	1%	20.9%	
	CWT seen - 2 Weeks GP Referral	Feb-21	High	93%	91.4%	
	CWT seen - 2 Weeks Breast	Feb-21	High	93%	67.5%	
	CWT treated - 31 days diagnosis	Feb-21	High	96%	94.4%	
	CWT treated - 31 days - surgery	Feb-21	High	94%	94.1%	
Cancer WT	CWT treated - 31 days - drugs	Feb-21	High	98%	100.0%	
	CWT treated - 31 days - radiotherapy	Feb-21	High	94%	94.9%	
	CWT treated - 62 days urgent	Feb-21	High	85%	69.8%	
	CWT treated - 62 days - screening service	Feb-21	High	90%	94.7%	
	CWT treated - 62 days - consultant upgrade	Feb-21	High		72.7%	
A&E	% < 4 hours	Mar-21	High	95%	84.1%	
Hospital	Clostridium Difficile (Cumulative)	Feb-21	Low	77	112	
Hospital Infections	MRSA (Cumulative)	Feb-21	Low	0	2	
mecholis	E.Coli (Cumulative)	Feb-21	Low	297	311	

				Op Plan	Actual	
		Latest Data	High or Low	Threshold	Position	Status
	GP Referrals (General and Acute)	Jan-21	Low	12,853	5,341	
	Other Referrals (General and Acute)	Jan-21	Low	8,291	4,766	
	Total Referrals (General and Acute)	Jan-21	Low	12,003	10,107	
	Consultant Led First Outpatient Attendances	Jan-21	Low	7,508	11,806	
	Consultant Led Follow-Up Outpatient Attendances	Jan-21	Low	4,495	24,524	
	Total Consultant Led Outpatient Attendances	Jan-21	Low	12,003	36,330	
	Total Outpatient Appointments with Procedures	Jan-21	Low	6,259	#N/A	
	Total Elective Admissions - Day Case	Jan-21	Low	25,921	4,022	
GP	Total Elective Admissions - Ordinary	Jan-21	Low	36,620	467	
Referrals	Total Elective Admissions	Jan-21	Low	6,259	4,489	
Referrais	Total Non-Elective Admissions - 0 LoS	Jan-21	Low	5,018	1,041	
	Total Non-Elective Admissions - +1 LoS	Jan-21	Low	743	2,327	
	Total Non-Elective Admissions	Jan-21	Low	5,761	3,368	
	Type 1 A&E Attendances excluding Planned Follow Ups	Jan-21	Low	1,468	5,818	
	Other A&E Attendances excluding Planned Follow Ups	Jan-21	Low	2,982	3,091	
	Total A&E Attendances excluding Planned Follow Ups	Jan-21	Low	4,450	8,909	
	RTT Admitted Pathways	Jan-21	Low	8,097	1,318	
	RTT Estimated New Periods	Jan-21	Low	4,956	8,952	
	RTT Non Admitted Pathways	Jan-21	Low	13,053	6,490	

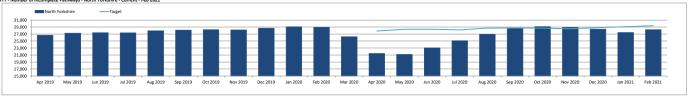
			Actual
		Latest Data	Position
	GP Appointment: Face-to-Face	Feb-21	122,950
Primary	GP Appointment: Non Face-to-Face	Feb-21	70,323
Care	GP Appointment: Unknown	Feb-21	7,636
	GP Appointment: All Appointments	Feb-21	200,909

		Latest Data	Actual Position	National Threshold	Actual Position	Status
	Appropriate prescribing of antibiotics in Primary Care	Dec-20	Low	0.965	0.794	
	Appropriate prescribing of broad spectrum antibiotics in Primary Care	Dec-20	Low	10	7.7	
Dementia	Estimated diagnosis rate	Feb-21	High	66.7%	57.9%	
LADT	IAPT Roll-Out	Jan-21	High	4.8%	3.8%	
IAPT	IAPT Recovery Rate	Jan-21	High	50.0%	59.9%	

Referral To Treatment (RTT)

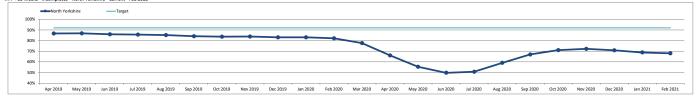
			National	Actual	
	Latest Data	High or Low	Threshold	Position	Status
RTT < 18 Weeks - Admitted	Feb-21	High		76.1%	
RTT < 18 Weeks - Non-Admitted	Feb-21	High		85.6%	
RTT < 18 Weeks - Incompletes	Feb-21	High	92%	68.0%	
RTT > 52 Weeks - Incompletes	Feb-21	Low	0	2,394	
RTT > 40 Weeks - Incompletes	Feb-21	Low		3,107	
Number of Completed Admitted RTT Pathways	Feb-21	High	2,222	1,320	
Number of Completed Non-Admitted RTT Pathways	Feb-21	High	7,058	6,235	
Number of Incomplete Pathways	Feb-21	Low	29,405	28,259	

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



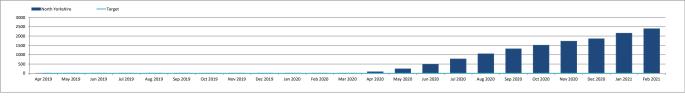
Apr 2019 | May 2019 | Jun 2019 | Jul 2019 | Jul 2019 | Aug 2019 | Sep 2019 | Cet 2019 | Nov 2019 | Dec 2019 | Jan 2020 | Feb 2022 | May 2020 | Jun 2020 | Jun 2020 | Jun 2020 | Sep 2020 | Oct 2020 | Oct 2020 | Oct 2020 | Oct 2020 | Dec 2020 | Jun 2021 | Feb 2022 | Feb 2022 | Oct 2020 | RTT - Number of Incomplete Pathways

RTT < 18 Weeks - Incompletes - North Yorkshire - Current - Feb 2021



Apr 2019 | May 2019 | Jun 2019 | Jun 2019 | Jul 2019 | Aug 2019 | Sep 2019 | Oct 2019 | Nov 2019 | Oct 2019 | RTT < 18 Weeks - Incomplete

RTT > 52 Weeks - Incompletes - North Yorkshire - Current - Feb 2021



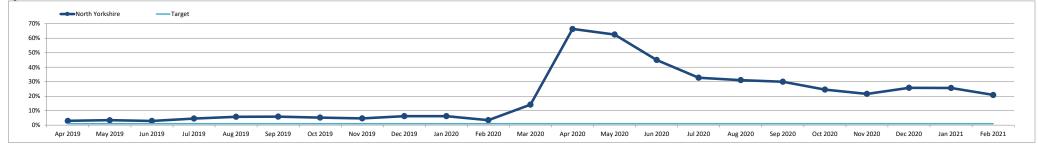
Apr 2019 | May 2019 | Jun 2019 | Jul 2019 | Aug 2019 | Sep 2019 | Oct 2019 | Nov 2019 | Dec 2019 | Dec 2019 | Jan 2020 | Feb 2020 | May 2020 | May 2020 | Jun 2020 | Jun 2020 | Jun 2020 | Sep 2020 | Oct 2020 | Nov 2020 | Dec 2020 | Jan 2021 | Feb 2021 RTT > 52 Weeks Incompletes

What the data is showing us...
Although there was a reduction in the number of patients still waiting on the incomplete pathway throughout the months of March onwards as fewer patients were referred, the number of patients waiting longer that \$2 weeks to receive their treatment significantly increased.

Diagnostic test waiting times

			National	Actual	
	Latest Data	High or Low	Threshold	Position	Status
% > 6 weeks - Diagnostics	Feb-21	Low	1%	20.9%	

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



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
Breaches	238	277	239	389	454	443	412	359	472	480	274	568	2441	2699	2451	2325	2531	2403	1962	1517	1818	1806	1440
Waiting list	7885	8000	8096	8432	7717	7473	7731	7556	7467	7612	7733	3999	3678	4317	5450	7098	8123	8009	7982	7002	7031	7017	6889
% > 6 weeks - Diagnostics	3.0%	3.5%	3.0%	4.6%	5.9%	5.9%	5.3%	4.8%	6.3%	6.3%	3.5%	14.2%	66.4%	62.5%	45.0%	32.8%	31.2%	30.0%	24.6%	21.7%	25.9%	25.7%	20.9%

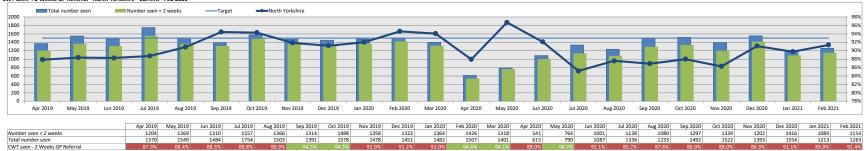
What the data is showing us...

Although the activity for most of 19/20 was consistantly between 7500 and 8000 patients the rate of patients seen within 6 weeks was at its highest 6.3%. As the COVID measures came into place the waiting list rose dramatically due to cancellations and cessation of most diagnostic procedures. Since its high point in April 2020 the rate has steadily come down even as the waiting list continued to rise upto and beyond pre-COVID levels. Christmas does appear to shown that the second wave of COVID cases did affect the waiting list and the rate at which patients have to wait for their diagnostic procedures but not the same extent as as it was at beginning of April. Over the 2 months since December there is a decline in waits and it is now below the lowest recovery level in November.

Cancer Two Week Waits

			National	Actual	
	Latest Data	High or Low	Threshold	Position	Status
CWT seen - 2 Weeks GP Referral	Feb-21	High	93%	91.4%	
CWT seen - 2 Weeks Breast	Feb-21	High	93%	67.5%	

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



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



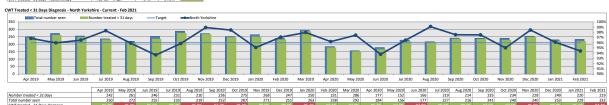
What the data is showing us...

for patients seen within 2 weeks of a GP Referral - as the activity initially started to increase the rate of those patients seen within 2 weeks was under the target. It has now started to pick up again and continues to head towards the target. For February the reasons behind the below target threshold were "Capacity Issues (i.e. not enough slots)" and "Patient Choice relating to first out patient appointment".

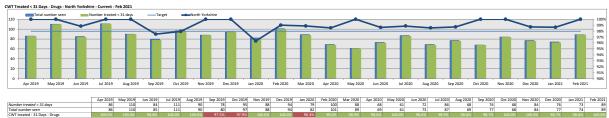
for patients seen within 2 weeks with suspected breast cancer - even though the activity was low for the first few month of 20/21 the rate of patients seen within 2 weeks was below target threshold but still kept close to it and surpassed it in August. Activity has remained steady in from October through January and increase in February. However, the numbers of those seen within 2 weeks has dropped to about half. For February the reasons behind being so far below target threshold were "Capacity Issues (i.e. not enough slots)" and "Patient Choice relating to first out patient appointment".

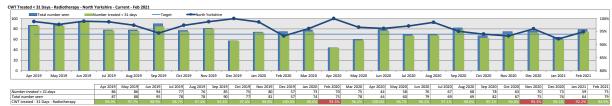
Cancer 31 Day Waits

	Latest Data	High or Low	Threshold	Position	Status
CWT treated - 31 days diagnosis	Feb-21	High	96%	94.4%	
CWT treated - 31 days - surgery	Feb-21	High	94%	94.1%	
CWT treated - 31 days - drugs	Feb-21	High	98%	100.0%	
CWT treated - 31 days - radiotherapy	Feb-21	High	94%	94.9%	











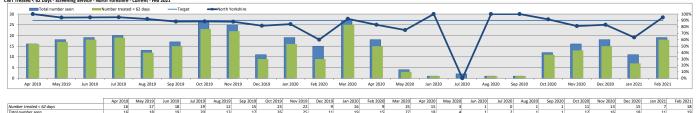
Cancer 62 Day Waits

			National	Actual	
	Latest Data	High or Low	Threshold	Position	Status
CWT treated - 62 days urgent	Feb-21	High	85%	69.8%	
CWT treated - 62 days - screening service	Feb-21	High	90%	94.7%	
CWT treated - 62 days - consultant ungrade	Feb-21	High		72.7%	





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



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



What the data is showing

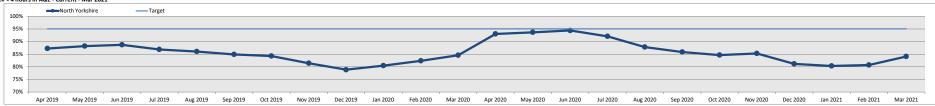
for patients seen within 62 days ofter an urgent referral - as expected the activity has been lower in the months of 20/21 and is beginning to increase back to normal levels and as a consequence the patients seen within 62 days had improved. However, the 2nd wave of COVID again affected the activity and rate against the target but with signs of recovery in February. For February the reasons behind the below target threshold were mostly "provider initiated delay to diagnostic test or treatment planning". "Complex diagnostic pathway" and "Health Care Provider initiated delay to diagnostic test or treatment planning".

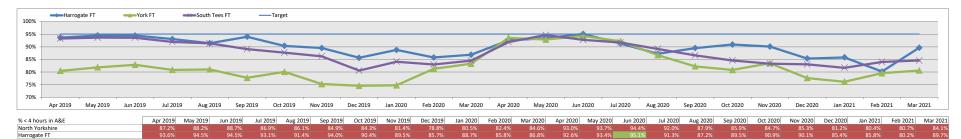
for patients seen within 62 days from the screening service - the activity had been very low for most of the months in 20/21. However, October through December and February has shown large increases in cases but the rate of patients seen within 62 days around the target threshold had been met initially but fell again in November, December and January but showing a recovery in February. For February the reason behind the below target was "provider initiated delay to diagnostic test or treatment planning".

for patients seen within 62 days after a consultant upgrade - as would be expected the activity has been lower for the first few months of 20/21 but has quickly increased to activity above the same period in 19/20. The rate of patients seen within 62 days has maintained the same level throughout 20/21 except for the most recent months. The reasons for this decline is due to "provider initiated delay to diagnostic test or treatment planning".

A&E Waiting Times

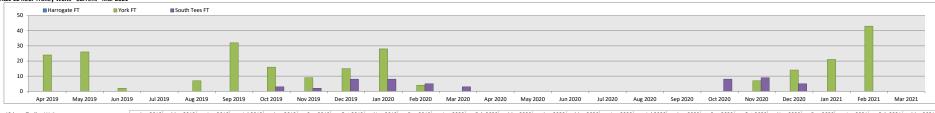
% < 4 hours in A&E - Current - Mar 2021





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

South Tees FT



12 hour Trolley Waits	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
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	24	26	2	0	7	32	16	9	15	28	4	0	0	0	0	0	0	0	0	7	14	21	43	
South Tees FT	0	0	0	0	0	0	3	2	8	8	5	3	0	0	0	0	0	0	8	9	5	0	0	

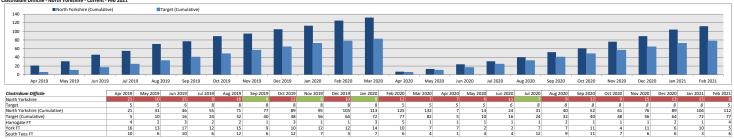
What the data is showing us...

The CCG's A&E 4hour wait position is based upon a proportion of several of the providers data and is therefore an estimate. Following the high of 94.4% in June and improvements in November the rate fell again to 80% in January but has improved to the end of March. The data also reflects this improvement in performance across all 3 trusts from January through March.

Hospital Infections

	Latest Data	High or Low	Threshold	Position	Status
Clostridium Difficile (Cumulative)	Feb-21	Low	77	112	
MRSA (Cumulative)	Feb-21	Low	0	2	
F Coli (Cumulative)	Feh-21	Low	297	311	

Clostridium Difficile - North Yorkshire - Current - Feb 2021

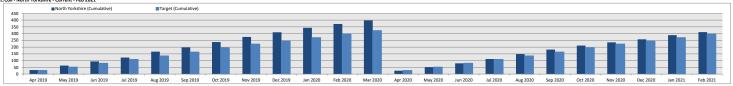


MRSA - North Yorkshire - Current - Feb 2021



MRSA	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
North Yorkshire	0																				0		0
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	2	2
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	2	0	0	0	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	1	0	0	0	0	0	0	0	0	1	0	1	0	0	0	1	. 0

E.Coli - North Yorkshire - Current - Feb 2021



E.Coli	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
North Yorkshire	29		31	28								26	25		28					24		31	22
Target	26	25	28	29	26	29	31	28	21	27	27	25	26	25	28	29	26	29	31	28	21	27	27
North Yorkshire (Cumulative)	29	63	94	122	166	197	237	276	310	343	372	398	25	51	79	111	148	182	211	235	258	289	311
Target (Cumulative)	26	51	79	108	134	163	194	222	243	270	297	322	26	51	79	108	134	163	194	222	243	270	297
Harrogate FT	0	1	0	2	7	4	1	1	1	1	1	2	0	2	3	2	0	0	1	2	1	2	0
York FT	7	6	5	5	8	2	5	6	7	6	6	8	8	0	2	8	3	5	7	5	1	10	4
South Tees FT	13	14	7	3	7	7	5	3	5	8	6	3	1	4	4	10	5	4	7	2	3	6	7

What the data is showing us...
Clostridium Difficile cumulative cases attributed to the CCG are now above the target. With trust cases at a similar level as in 19/20. There continues to be no MRSA cases for the CCG and at York and Harrogate with just 2 at South Tees in July and September.

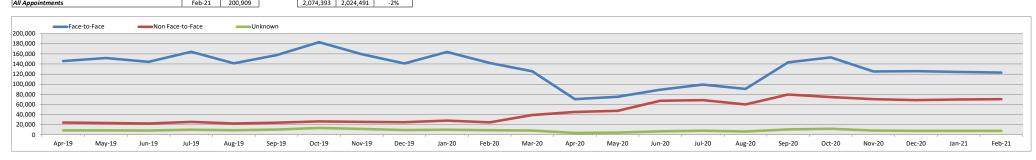
E.Coli cases attributed to the CCG over the last 5 months have hovered around the unchanged target from 19/20. Harrogate continues to have few cases and York initially had less per month than in the months of 19/20 but is continuing to increase. South Tees is beggining to show signs of an increased number of cases too.

Source:

Primary Care - GP Appointments

		Actual
	Latest Data	Position
Face-to-Face	Feb-21	122,950
Non Face-to-Face	Feb-21	70,323
Unknown	Feb-21	7,636
All Appointments	Feb-21	200,909

NY CCG 19/20	NY CCG 20/21	Year on Year Change
1,694,370	1,219,520	-28%
270,757	721,192	166%
109,266	83,779	-23%
2,074,393	2,024,491	-2%



GP Appointments	Month																						
Appointment Type	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Face-to-Face	145,853	151,901	144,198	164,229	141,333	157,485	183,131	159,423	141,112	163,761	141,944	125,584	70,352	75,241	89,037	99,387	90,845	143,198	152,988	125,314	125,969	124,239	122,950
Non Face-to-Face	24,118	23,249	22,159	25,534	22,356	23,892	26,397	25,459	24,993	28,014	24,586	39,077	45,052	47,329	67,394	68,447	60,056	79,364	74,456	70,376	68,465	69,930	70,323
Unknown	8,864	8,865	8,283	10,080	9,186	10,464	13,348	11,531	9,374	10,121	9,150	8,500	3,695	4,274	6,784	8,192	6,400	10,649	11,833	8,507	7,923	7,886	7,636
Grand Total	178,835	184,015	174,640	199,843	172,875	191,841	222,876	196,413	175,479	201,896	175,680	173,161	119,099	126,844	163,215	176,026	157,301	233,211	239,277	204,197	202,357	202,055	200,909

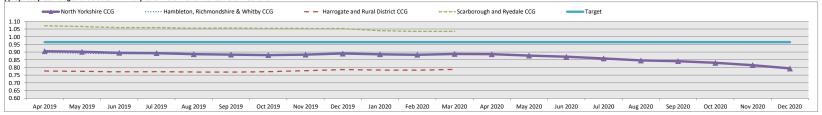
What the data is showing us...

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

Prescribing

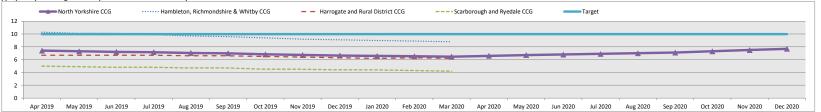
	Latest	High or		Actual	
	Data	Low	Threshold	Position	Status
Appropriate prescribing of antibiotics in Primary Care	Dec-20	Low	0.965	0.794	
Appropriate prescribing of broad spectrum antibiotics in Primary Care	Dec-20	Low	10	7.7	

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



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020
Hambleton, Richmondshire & Whitby CCG	0.898																				
Harrogate and Rural District CCG	0.777																				
Scarborough and Ryedale CCG	1.072	1.067	1.060	1.061	1.055	1.057	1.054	1.054	1.053	1.040	1.035	1.036									
North Yorkshire CCG	0.906																				0.794

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



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020
Hambleton, Richmondshire & Whitby CCG	10.3	10.1	10.1																		
Harrogate and Rural District CCG																					
Scarborough and Ryedale CCG																					
North Yorkshire CCG																					7.7

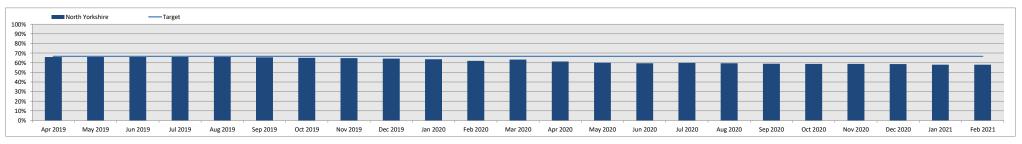
What the data is showing us...

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

The second graph shows that our rate of prescribing of broad spectrum antibiotics appears to have been increasing slightly each month leading up to December 2020. However, it should be noted that the actual number of prescriptions for this type of antibiotic has stayed fairly steady during this time period. As this indicator is expressed as a percentage of the total number of antibiotic prescriptions (and the total is decreasing) the percentage of broad spectrum antibiotics has therefore gone up.

Dementia





	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
Numerator	4414	4447	4466	4472	4474	4459	4429	4402	4377	4319	4321	4304	4149	4068	4033	4074	4065	4041	4037	4041	4027	3972	3969
Denominator	6702	6721	6742	6758	6776	6795	6806	6805	6808	6788	6978	6808	6768	6767	6781	6805	6833	6851	6866	6870	6867	6862	6860
Dementia Diagnosis Rate	65.9%	66.2%	66.2%	66.2%	66.0%	65.6%	65.1%	64.7%	64.3%	63.6%	61.9%	63.2%	61.3%	60.1%	59.5%	59.9%	59.5%	59.0%	58.8%	58.8%	58.6%	57.9%	57.9%

What the data is showing us...

The dementia diagnosis rate has been below the threshold for many months. However, since October 2020 it has started to slip a little each month with the COVID restrictions appearing to not have had a significant detrimental affect unlike other health areas. However, it is still continuing to decline each month. Over 12 months to February 2021 it has dropped 5.3%.

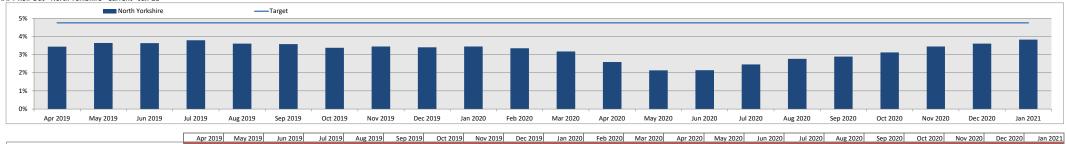
IAPT

IAPT Roll-Out

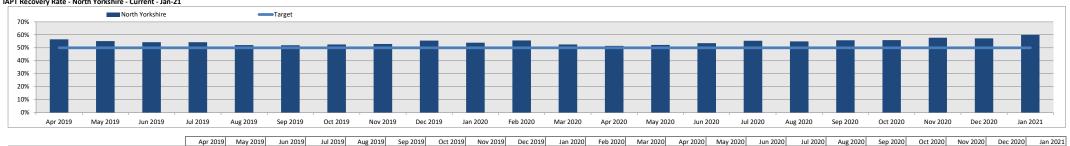
				Actual	
	Latest Data	High or Low	Threshold	Position	Status
IAPT Roll-Out	Jan-21	High	4.8%	3.8%	
IAPT Recovery Rate	Jan-21	High	50.0%	59.9%	

Apr 2019 May 2019 Jun 2019

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



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



What the data is showing us...

IAPT Recovery Rate

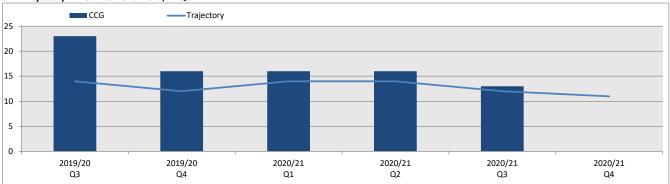
For the CCG, the IAPT Roll-Out has been below the target for many months and was maintaining a level above 3% but since the COVID restrictions came into force this had declined to just above 2%. From October it has returned to be above 3% and has continued for 4 months.

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

Transforming Care Programme

				Actual	
	Latest Data	High or Low	Threshold	Position	Status
CCG	2020/21 Q3	Low	12	13	
Specialised Commissioning	2020/21 Q3	Low	13	12	
CAMHs	2020/21 Q3	Low	2	0	

TCP IP Trajectory - NY&Y - Current - 2020/21 Q3



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

At the end of Q3 we have achieved trajectory (12 CCG and 13 spec comm respectively), and have over achieved on CYP 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 the coming quarter wherein our CCG trajectory is 12.

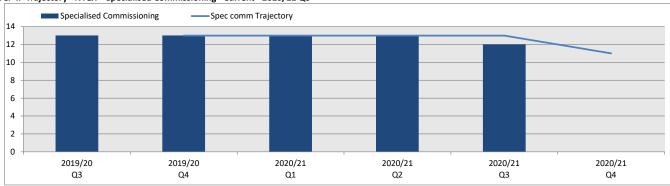
We had 2 re-admissions during Q3 but both have subsequently been discharged. These were both planned short term admissions via LAEP's and community CTR's.

Our LoS does continue to increase due to some long stay patients who are subject to MoJ restrictions and are currently appropriately placed in

We do have one delayed discharge (VoY) however we are confident a placment will be found over the coming quarter. Our out of area patients (x=7) are being reviewed every 8 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 rehab bed out of area).

We continue to meet our CTR and 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 CMHT 3 weeks 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 invidividuals 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

TCP IP Trajectory - NY&Y - Specialised Commissioning - Current - 2020/21 Q3



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

