NHS
North Yorkshire
Clinical Commissioning Group

Title of Meeting:	**Governing Body Meeting**	**Agenda Item: 5.1**
Date of Meeting:	**23 June 2022**	
Paper Title:	**Quality and Performance Report**	

Session (Tick)	
Public	X
Private	
Development Session	

Responsible Governing Body Member Lead	**Report Author and Job Title**
• Julie Warren, Director of Corporate Services, Governance and Performance • Sue Peckitt, Chief Nurse	• Sasha Sencier, Board Secretary and Senior Governance Manager • Contributors from all Directorates

Purpose – this paper is for:

Decision	Discussion	Assurance	Information
		X	

Has the report (or variation of it) been presented to another Committee / Meeting?

If yes, state the Committee / Meeting: Elements of this report are considered at Quality and Clinical Governance Committee and at Finance, Performance, Contracting and Commissioning Committee.

Executive Summary

This report provides an overview and assurance of any quality and performance issues.

The report from page 4 onwards provides data on the following standards:

Standard	Latest Data
Referral to Treatment (RTT)	April 2022
Diagnostic Test Waiting Times	April 2022
Cancer Waiting Time standards (CWT)	April 2022
Accident and Emergency (A&E) Waiting Times	April 2022
Healthcare Associated Infections (HCAI)	April 2022
Primary Care – GP Appointments	April 2022
GP Prescribing	March 2022
Dementia Diagnosis	April 2022
Improved Access to Psychological Therapies (IAPT)	April 2022
Mental Health Transforming Care Programme	March 2022

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.

CCG 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.	**X**

	• 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 is impacting capacity across our health and social care system, with regular OPEL 3/4 reporting across all sites. One symptom of this is the number of twelve-hour trolley breaches detailed within the paper. The nursing and quality team are monitoring for quality and patient safety concerns and discussing mitigations with providers. The Executive Director of Nursing, Humber and North Yorkshire Partnership, is arranging an Urgent and Emergency Care Quality Summit.

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 remain in a quality escalation process and the CCG are working closely with the provider to monitor and support:

- Patient Safety
- Governance and assurance structures
- Culture and staffing within the organisation
- Safeguarding and risk management
- Incident reporting and organisational learning
- Training and supervision

4. Harrogate and District Foundation Trust have reported one never event in June 2022. The investigations and their resultant action plans are being monitored via the CCG Serious Incident process.

5. York and Scarborough Teaching Hospitals NHS Foundation Trust has been issued with a Section 29A warning notice by CQC following their inspection at York Hospital in March 2022, with the report being published in June 2022. The overall rating of the Trust remains unchanged, and the CCG are appraised of the improvement actions.

6. South Tees Hospitals NHS Foundation Trust has been issued with a Section 29A warning notice by CQC following their inspection at the James Cook Hospital in February 2022, with the report being published in May 2022. The overall rating of the Trust remains unchanged, and the CCG are appraised of the improvement actions.

7. North Yorkshire CCG is in receipt of a Regulation 28 Report to prevent Future Deaths. We are completing our response which is required by the Corner by the 21st July 2022.

8. I presented my annual quality and nursing report to the Quality and Clinical Governance Committee in June 2022. I request that the Governing Body recognise that 2021 –22 has brought us unprecedented challenges and demand on our services. So many colleagues have done so much to ensure we continue to provide the highest quality of care to thousands of patients across our system, which has been made possible by the collaborative work with system partners. I would like to recognise the flexibility and commitment of the CCG staff to deliver safe care, which has required many of them to work outside of their normal roles, in order to support the provision of care during the Covid-19 pandemic, with a number of staff being seconded to providers or working within vaccination clinics. The Nursing and Quality Team have had a successful year which has only been possible by the dedication and hard work of the staff who make up this team.

Business Intelligence

NHS North Yorkshire Clinical Commissioning Group

NY Performance Report v1.54

Date: 10 June 2022
Author: Mark Butcher

SUMMARY

Area	Indicator	Latest Data	High or Low	National Threshold	Actual Position	Status
RTT	< 18 Weeks - Admitted	Apr-22	High		43.0%	
	< 18 Weeks - Non-Admitted	Apr-22	High		58.1%	
	< 18 Weeks - Incompletes	Apr-22	High	92%	66.6%	
	> 52 Weeks - Incompletes	Apr-22	Low	0	623	
	Number of Completed Admitted Pathways	Apr-22	High	2,555	1,287	
	Number of Completed Non-Admitted Pathways	Apr-22	High	7,815	5,178	
	Number of Incomplete Pathways	Apr-22	High	0	31,424	
Diag	% > 6 weeks - Diagnostics	Apr-22	Low	1%	38.9%	
Cancer WT	CWT seen - 2 Weeks GP Referral	Apr-22	High	93%	81.0%	
	CWT seen - 2 Weeks Breast	Apr-22	High	93%	81.3%	
	CWT treated - 31 days diagnosis	Apr-22	High	96%	94.5%	
	CWT treated - 31 days - surgery	Apr-22	High	94%	91.3%	
	CWT treated - 31 days - drugs	Apr-22	High	98%	99.1%	
	CWT treated - 31 days - radiotherapy	Apr-22	High	94%	84.8%	
	CWT treated - 62 days urgent	Apr-22	High	85%	72.1%	
	CWT treated - 62 days - screening service	Apr-22	High	90%	74.2%	
	CWT treated - 62 days - consultant upgrade	Apr-22	High		88.0%	
A&E	% < 4 hours	Apr-22	High	95%	68.9%	
Hospital Infections	Clostridium Difficile (Cumulative)	Apr-22	Low	0	24	
	MRSA (Cumulative)	Apr-22	Low	0	1	
	E.Coli (Cumulative)	Apr-22	Low	32	31	

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

		Latest Data	High or Low	Op Plan Threshold	Actual Position	Status
GP Referrals	GP Referrals (General and Acute)	Mar-22	Low	8,634	9,271	
	Other Referrals (General and Acute)	Mar-22	Low	5,169	6,081	
	Total Referrals (General and Acute)	Mar-22	Low	13,803	15,352	
	Consultant Led First Outpatient Attendances	Mar-22	Low	12,303	18,265	
	Consultant Led Follow-Up Outpatient Attendances	Mar-22	Low	25,921	28,448	
	Total Consultant Led Outpatient Attendances	Mar-22	Low	38,224	46,713	
	Total Elective Admissions - Day Case	Mar-22	Low	5,770	5,772	
	Total Elective Admissions - Ordinary	Mar-22	Low	855	808	
	Total Elective Admissions	Mar-22	Low	6,625	6,580	
	Total Non-Elective Admissions - 0 LoS	Mar-22	Low	1,467	1,662	
	Total Non-Elective Admissions - +1 LoS	Mar-22	Low	2,982	2,618	
	Total Non-Elective Admissions	Mar-22	Low	4,449	4,280	
	Type 1 A&E Attendances excluding Planned Follow Ups	Mar-22	Low	8,097	8,206	
	Other A&E Attendances excluding Planned Follow Ups	Mar-22	Low	4,956	6,240	
	Total A&E Attendances excluding Planned Follow Ups	Mar-22	Low	13,053	14,446	
	RTT Admitted Pathways	Mar-22	Low	2,454	0	
	RTT Estimated New Periods	Mar-22	Low	12,193	0	
	RTT Non Admitted Pathways	Mar-22	Low	8,291	0	

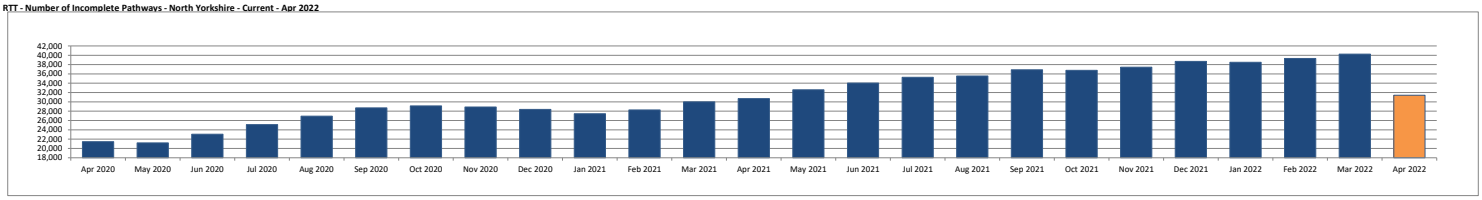
		Latest Data		Actual Position
Primary Care	GP Appointment: Face-to-Face	Apr-22		143,663
	GP Appointment: Non Face-to-Face	Apr-22		53,274
	GP Appointment: Unknown	Apr-22		8,154
	GP Appointment: All Appointments	Apr-22		205,091

		Latest Data	Actual Position	National Threshold	Actual Position	Status
Prescribing	Appropriate prescribing of antibiotics in Primary Care	Mar-22	Low	0.871	0.852	
	Appropriate prescribing of broad spectrum antibiotics in Primary Care	Mar-22	Low	10	7.2	
Dementia	Estimated diagnosis rate	Apr-22	High	66.7%	58.5%	
IAPT	IAPT Roll-Out	Mar-22	High	4.8%	4.5%	
	IAPT Recovery Rate	Mar-22	High	0.0%	57.2%	

Referral To Treatment (RTT)

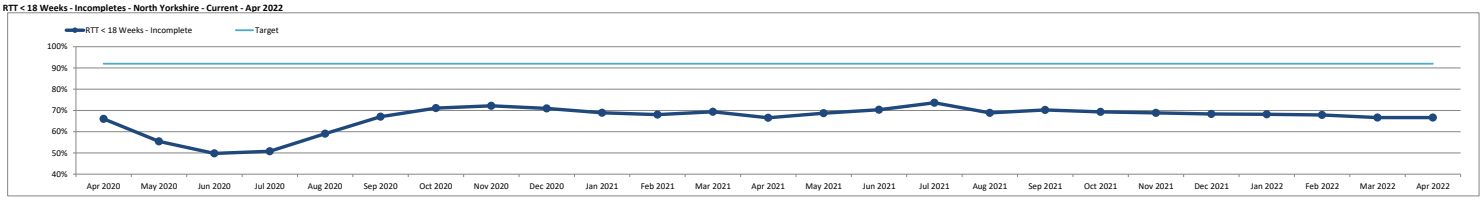
	Latest Data	High or Low	National Threshold	Actual Position	Status
RTT < 18 Weeks - Admitted	Apr-22	High		43.0%	
RTT < 18 Weeks - Non-Admitted	Apr-22	High		58.1%	
RTT < 18 Weeks - Incompletes	Apr-22	High	92%	66.6%	
RTT > 52 Weeks - Incompletes	Apr-22	Low	0	623	
RTT > 40 Weeks - Incompletes	Apr-22	Low		1,374	
Number of Completed Admitted RTT Pathways	Apr-22	High	2,555	1,287	
Number of Completed Non-Admitted RTT Pathways	Apr-22	High	7,815	5,178	
Number of Incomplete Pathways	Apr-22	Low	0	31,424	

RTT - Number of Incomplete Pathways - North Yorkshire - Current - Apr 2022



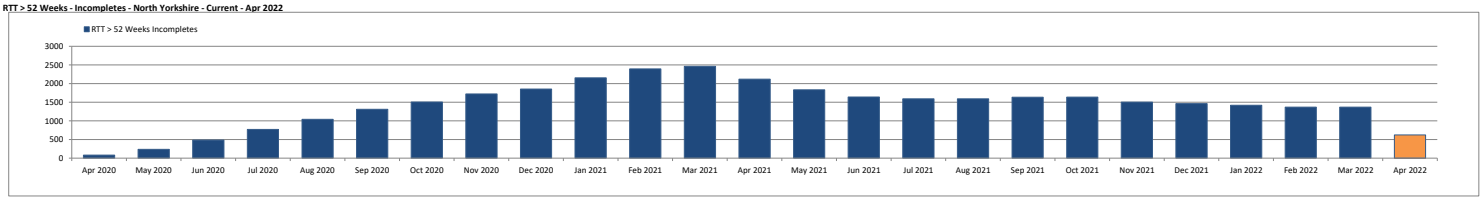
	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022
RTT - Number of Incomplete Pathways	21,451	21,197	23,004	25,101	26,632	28,704	29,141	28,899	28,387	27,647	28,455	29,985	30,687	32,583	34,027	35,276	35,555	36,874	36,767	37,439	38,677	38,505	39,316	40,235	31,424

RTT < 18 Weeks - Incompletes - North Yorkshire - Current - Apr 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	Feb 2022	Mar 2022	Apr 2022
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%	68.2%	67.9%	66.6%	66.6%

RTT > 52 Weeks - Incompletes - North Yorkshire - Current - Apr 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	Feb 2022	Mar 2022	Apr 2022
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	1418	1368	1369	623

What the data is showing us...

There has been an increase in the number of patients still waiting on the incomplete pathway throughout each month of 21/22 rising by 10k from April to March 2021.
In April 2022 there appears to be a significant improvement to the waiting list and the number of long waiters, i.e. 52+ weeks. However, this is due missing data from South Tees trust and therefore still considered **PROVISIONAL**.
If the same waiting list increases that appear in April 2022 at the main trusts, Harrogate, York and Leeds, are applied to South Tees' position in March 2022 then there would be on average a 4% increase in the overall waiting list to about 41800.

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

Trusts continue to review their waiting lists in line with the clinical prioritisation framework from P2 to P6 (see list below) and employing Evidence Based Interventions (EBI) checks as part of that process. This also includes a clinician conversation with any patient being removed from the waiting list and appropriate sign posting to ensure self-care, alternative care and re-presentation should the need arise. Any potential concerns identified during the clinical review are being managed via the serious incident process and the CCG is monitoring this with the Trusts. These actions are included within the national programme of 'Waiting Well' which aims to support the management of patients on current waiting lists and to mitigate the risks associated with extended waits.

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

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

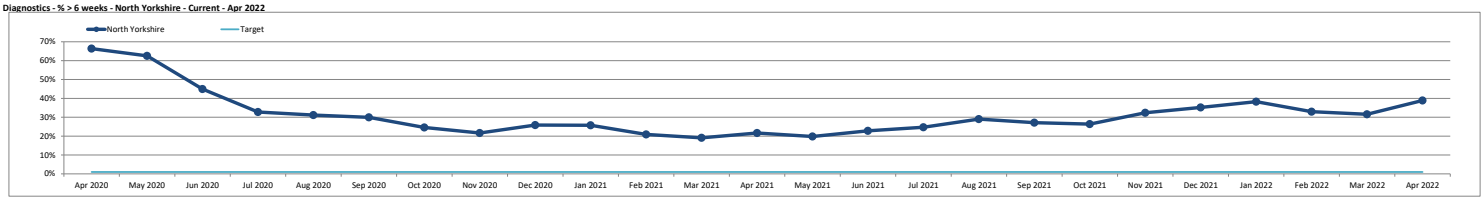
Acute providers across the ICS are working together to use the capacity available to treat the most clinically urgent patients by developing shared waiting lists and independent sector capacity is being maximised, particularly in relation to long waiters.

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

Diagnostic test waiting times

	Latest Data	High or Low	National Threshold	Actual Position	Status
% > 6 weeks - Diagnostics	Apr-22	Low	1%	38.9%	

Diagnostics - % > 6 weeks - North Yorkshire - Current - Apr 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	Feb 2022	Mar 2022	Apr 2022
Breaches	2441	2699	2448	2325	2531	2395	1962	1517	1818	1806	1440	1471	1709	1652	1876	2210	2597	2538	2493	3049	3205	4213	3738	4225	5393
Waiting list	3678	4317	5447	7098	8123	8001	7982	7002	7031	7017	6891	7706	7891	8341	8226	8952	8943	9355	9456	9421	9103	11019	11339	13384	13874
% > 6 weeks - Diagnostics	66.4%	62.5%	44.9%	32.8%	31.2%	29.9%	24.6%	21.7%	25.9%	25.7%	20.9%	19.1%	21.7%	19.8%	22.8%	24.7%	29.0%	27.1%	26.4%	32.4%	35.2%	38.2%	33.0%	31.6%	38.9%

What the data is showing us...

Since its high point in April 2020 to its low point in March 2021 the rate has steadily begun to worsen even as the waiting list continues to rise up to and far beyond pre-COVID levels. The months in 21/22 showed some worsening in waits up to a peak in January in over 38%. From January to March 2022 the rate fell again but the latest position in April 2022 is now higher than at any point in 21/22.

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 April 2022 38.9% of patients being are seen at more than 6 weeks.

Direct access pathways for routine referrals to GPs are now open with some appointments requiring to be via planned attendance due to space and social distancing constraints in X-Ray departments due to COVID-19. Clinical pathways continue to be reviewed to improve appropriateness of imaging requests to ensure that capacity is optimised to those diagnostic investigations with highest clinical value and outcome.

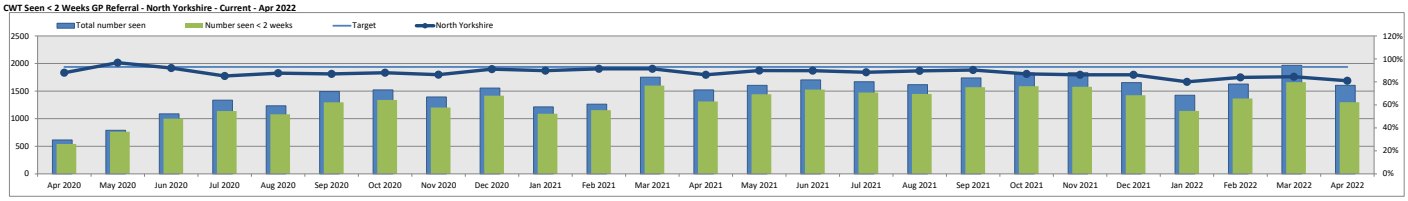
Significant effort is being made to ensure endoscopy lists continue to be optimised by offering mutual aid across providers in North Yorkshire and York and also using the independent sector for both insourced and outsourced capacity to maximise throughput and support recovery.
All trusts are reviewing and prioritising their diagnostic waiting lists and as described previously, methods of prioritisation continue to be used in the lower and upper GI pathways including Faecal Immunochemical Testing (FIT) as well as the commencement of pilots of capsule endoscopy and cytosponge and other innovations.

Community Diagnostic Hubs are being scoped across North Yorkshire and York 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. A Diagnostics Performance Improvement Plan has been developed by the national team. Humber and North Yorkshire Health and Care Partnership (Integrated Care System) are ranked as the highest priority as we have high levels of people waiting 6 weeks or over and a high proportion of our waiting lists are people waiting 6 weeks or over. The plan looks at planned investment through national schemes and the anticipated impact and concludes that, despite there being sufficient capacity in the system by 2025 to achieve the 6 week wait standard in most modalities, serial lag between capacity and demand as each year of investment is delivered mean that it is unlikely that any modality will achieve the standard. Five approaches to delivering performance improvement alongside investment are recommended. Further discussion will take place across the integrated care system to review progress on existing actions and discuss additional opportunities.

Cancer Two Week Waits

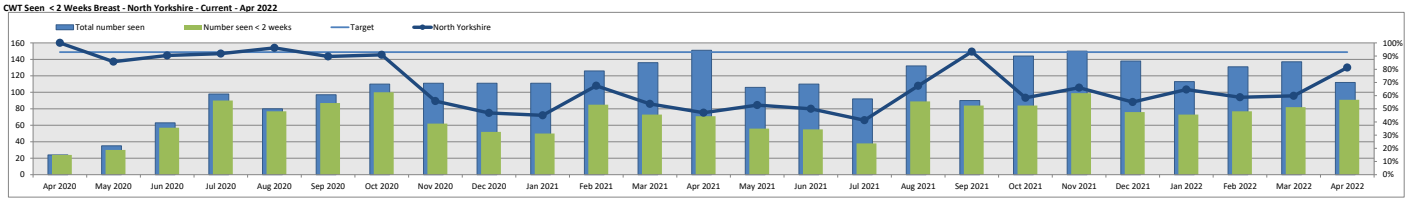
	Latest Data	High or Low	National Threshold	Actual Position	Status
CWT seen - 2 Weeks GP Referral	Apr-22	High	93%	81.0%	
CWT seen - 2 Weeks Breast	Apr-22	High	93%	81.3%	

CWT Seen < 2 Weeks GP Referral - North Yorkshire - Current - Apr 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	Feb 2022	Mar 2022	Apr 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	1366	1662	1299
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	1628	1968	1604
CWT seen - 2 Weeks GP Referral	88.0%	96.7%	92.1%	85.2%	87.6%	86.9%	88.0%	86.3%	91.1%	89.8%	91.4%	91.4%	86.2%	89.9%	89.8%	88.3%	89.5%	90.3%	86.9%	86.1%	86.1%	80.1%	83.9%	84.5%	81.0%

CWT Seen < 2 Weeks Breast - North Yorkshire - Current - Apr 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	Feb 2022	Mar 2022	Apr 2022
Number seen < 2 weeks	24	30	57	90	77	87	100	62	52	50	85	73	71	56	55	38	89	84	84	99	76	73	77	82	91
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	131	137	112
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%	58.8%	59.9%	81.3%

What the data is showing us...

for patients seen within 2 weeks of a GP Referral - when the activity increases 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" with just a few clinic cancellations.

for patients seen within 2 weeks with suspected breast cancer - the number of patients seen continued to increase through Winter to March 2021 and the rate of patients seen within 2 weeks has been consistently below target threshold. In April 2022 the numbers of those seen within 2 weeks had dropped slightly but this has meant an improvement in the rate yet still 10% points from the target. There are still 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).

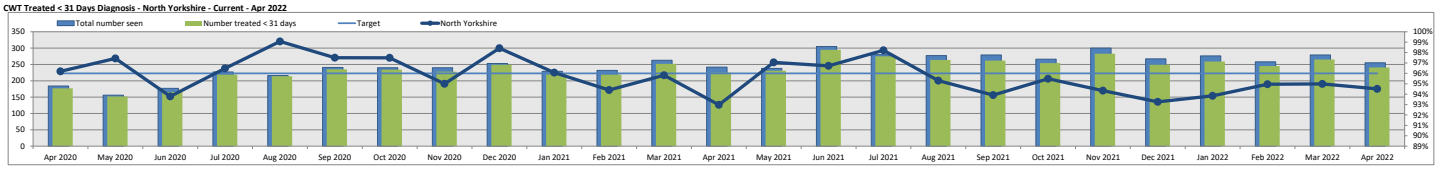
2WW Referrals

- 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)
- 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
- Humber and North Yorkshire 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

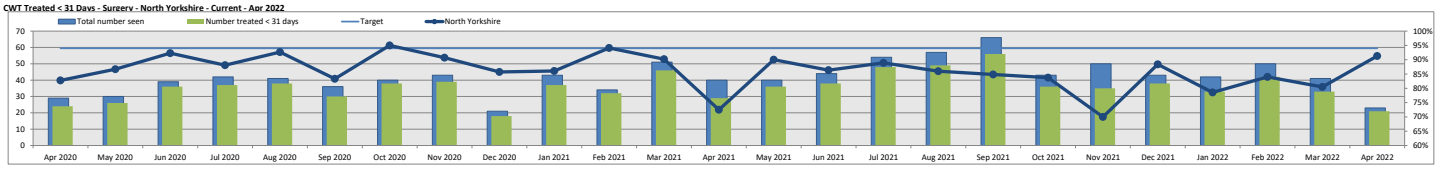
	Latest Data	High or Low	National Threshold	Actual Position	Status
CWT treated - 31 days diagnosis	Apr-22	High	96%	94.5%	
CWT treated - 31 days - surgery	Apr-22	High	94%	91.3%	
CWT treated - 31 days - drugs	Apr-22	High	98%	99.1%	
CWT treated - 31 days - radiotherapy	Apr-22	High	94%	84.8%	

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



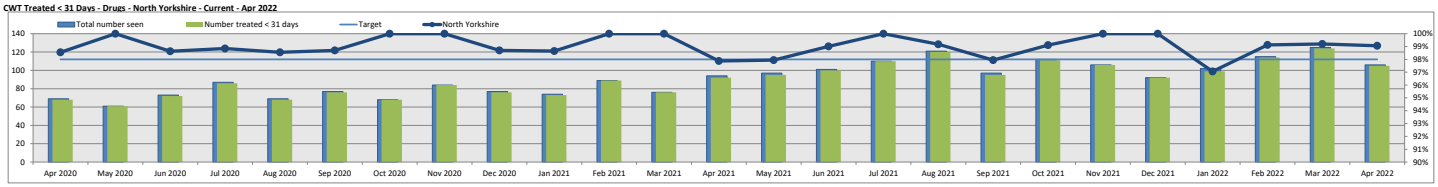
	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022
Number treated < 31 days	177	152	166	219	214	235	234	228	249	220	219	252	225	231	295	275	264	262	254	283	249	259	245	265	241
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	258	279	255
CWT treated - 31 Days diagnosis	96.2%	97.4%	93.8%	96.5%	99.1%	97.5%	97.5%	95.0%	98.4%	96.1%	94.4%	95.8%	93.0%	97.1%	96.7%	98.2%	95.3%	93.9%	95.5%	94.3%	93.3%	93.8%	95.0%	95.0%	94.5%

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



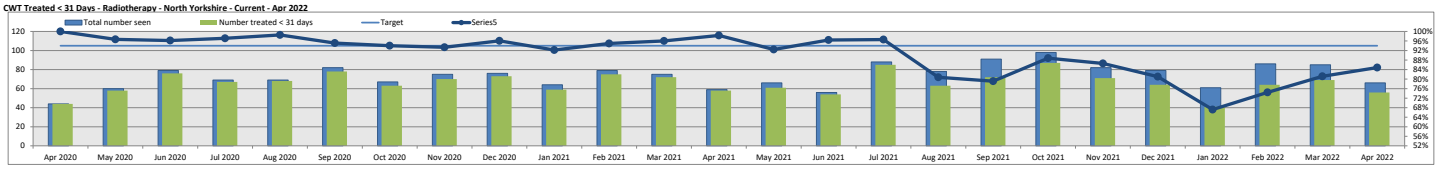
	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022
Number treated < 31 days	24	26	36	37	38	30	38	39	18	37	32	46	29	36	38	48	49	56	36	35	38	33	42	33	21
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	50	41	23
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%	84.0%	80.5%	91.3%

CWT Treated < 31 Days - Drugs - North Yorkshire - Current - Apr 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	Feb 2022	Mar 2022	Apr 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	114	124	105
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	115	125	106
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%	97.9%	99.1%	100.0%	100.0%	97.1%	99.1%	99.2%	99.1%

CWT Treated < 31 Days - Radiotherapy - North Yorkshire - Current - Apr 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	Feb 2022	Mar 2022	Apr 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	64	69	56
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	86	85	66
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%	79.1%	88.8%	86.6%	81.0%	67.2%	74.4%	81.2%	84.8%

What the data is showing us...

for patients seen within 31 days after diagnosis - the rate of those patients seen within 2 weeks has been within 1% below the target for several months. This has continued into April 2022.

for patients subsequently seen within 31 days for surgery - there was a steady decline from May 2021 to November 2021. Some improvement followed to March 2021 and in April 2022 the rate was within 4% of the target. However, the activity in April 2022 was lower than previous months and that could account for the 10% improvement.

for patients subsequently seen within 31 days for drug treaments - the activity peaked at 100% in November and December 2021 and despite a dip below the target in January 2022 the rate of those patients seen within 31 days was has been above the target for 3 months.

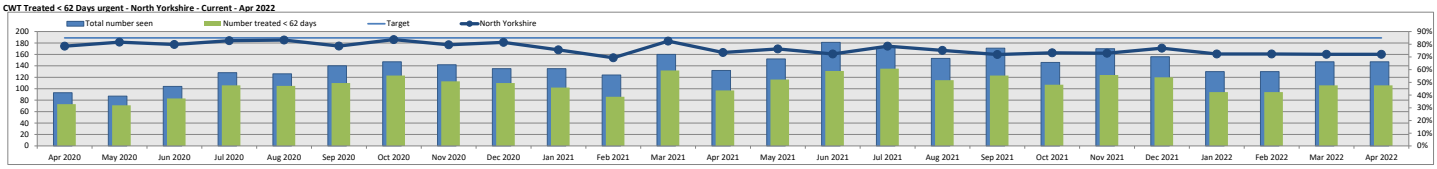
for patients subsequently seen within 31 days for radiotherapy - the number of patients seen has increased throughout 2021. The rate of patients seen within 31 days had mostly been falling since August and has not yet recovered above the target. However, there has been improvement from the lowest point in January 2022 to April 2022..

- Providers are adept at delivering treatments for patients once diagnosed. A bottle neck across all cancer alliances both pre, during and post COVID-19 will continue to be diagnostics and all alliances have significant work programmes to tackle this issue including networking of reporting systems, Artificial Intelligence and the development of Rapid Diagnostic Pathways
- 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 Humber and North Yorkshire of c.900 treatments (as of March 2022)
- 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

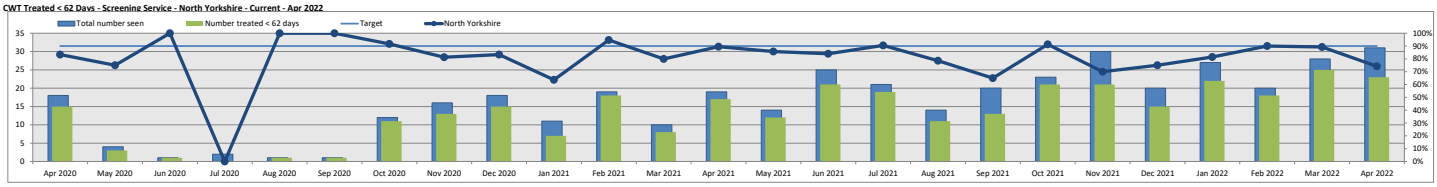
	Latest Data	High or Low	National Threshold	Actual Position	Status
CWT treated - 62 days urgent	Apr-22	High	85%	72.1%	
CWT treated - 62 days - screening service	Apr-22	High	90%	74.2%	
CWT treated - 62 days - consultant upgrade	Apr-22	High		88.0%	

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



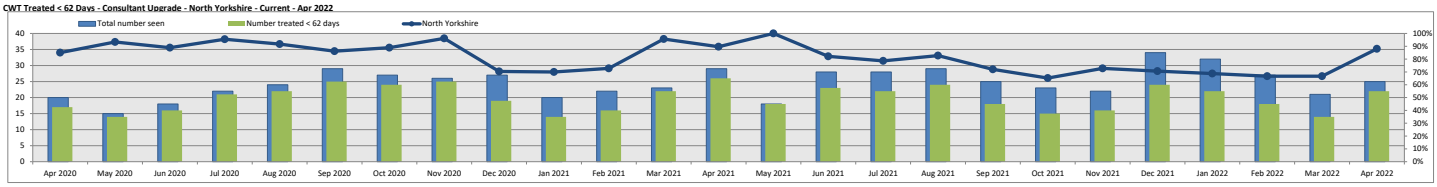
	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022
Number treated < 62 days	73	71	83	106	105	110	123	113	110	102	86	132	97	116	131	135	115	123	107	124	120	94	94	106	106
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	130	147	147
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%	72.3%	72.1%	72.1%

CWT Treated < 62 Days - Screening Service - North Yorkshire - Current - Apr 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	Feb 2022	Mar 2022	Apr 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	18	25	23
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	20	28	31
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%	90.0%	89.3%	74.2%

CWT Treated < 62 Days - Consultant Upgrade - North Yorkshire - Current - Apr 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	Feb 2022	Mar 2022	Apr 2022
Number treated < 62 days	17	14	16	21	22	25	24	25	19	14	16	22	26	18	23	22	24	18	15	16	24	22	18	14	22
Total number seen	20	15	18	22	24	29	27	26	27	20	22	23	29	18	28	28	29	25	23	22	34	32	27	21	25
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%	65.2%	72.7%	70.6%	68.8%	66.7%	66.7%	88.0%

What the data is showing us...

for patients seen within 62 days after an urgent referral - from April 2021 the rate was above the target threshold on just 3 occasions, the remaining months were mostly in the high 80%. However in April 2022 the rate has falled again to mid 70%. The main reasons behind the below target threshold were mostly "Health Care Provider initiated delay to diagnostic test or treatment planning", "Complex diagnostic pathway" and "Out-patient capacity inadequate".

for patients seen within 62 days from the screening service - the patients seen haa been steadily increasing in 21/22 to similar levels to 19/20. Although due to small numbers the rate can fluctuate quite a lot and has been over the target threshold 3 times in 21/22 and last in February.

for patients seen within 62 days after a consultant upgrade - Due to small numbers the rate can fluctuate quite a lot. However, the rate of patients seen within 62 days had been slowly falling to mid 60% in 21/22. However, April 2022 has seen some improvement into high 80%.

62 day / 62 day backlog

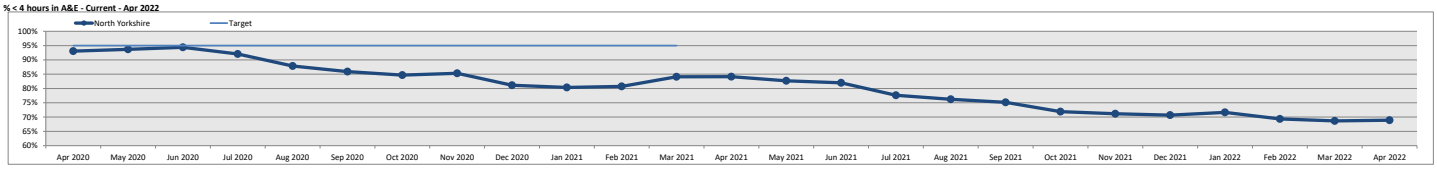
- All cancer alliances were challenged by the 62 Day standard in March 2022 (not one cancer alliance managed to achieve the standard in March 2022)
- Inevitably, as cancer pathways, which were already challenged pre-pandemic, are starting to manage backlog on top of normal activity means that this performance target will continue to be a challenge for some time
- Humber and North Yorkshire Cancer Alliance (HNYCA) 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. HNYCA has one of the highest ratios at 18.3%.

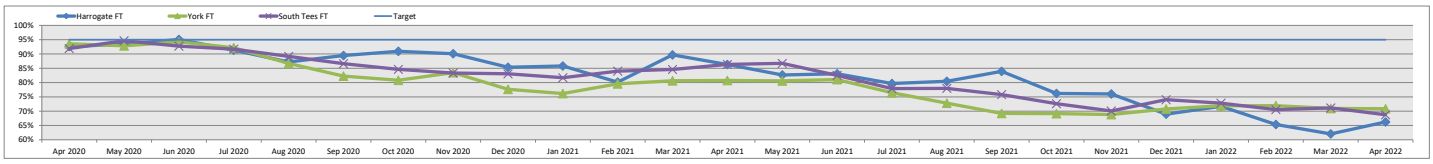
104-day

- 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

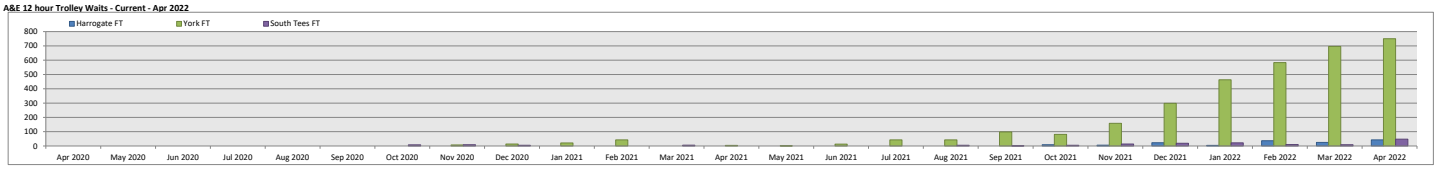
% < 4 hours in A&E - Current - Apr 2022





% < 4 hours in A&E	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022
North Yorkshire	93.0%	93.7%	94.4%	92.0%	87.5%	83.9%	84.7%	83.3%	81.2%	80.4%	80.7%	84.1%	84.1%	82.7%	82.0%	77.6%	76.2%	75.1%	73%	71.2%	70.7%	71.6%	69.2%	68.3%	69.9%
Harrogate FT	92.6%	93.4%	95.1%	91.3%	87.2%	89.5%	90.9%	90.1%	85.4%	85.8%	80.2%	89.7%	86.3%	82.7%	83.1%	79.7%	80.5%	83.9%	76.2%	76.0%	69.0%	71.7%	65.4%	62.1%	66.2%
York FT	93.6%	92.9%	94.2%	92.2%	86.7%	82.3%	80.8%	83.5%	77.6%	76.2%	79.6%	80.6%	80.7%	80.6%	81.0%	76.5%	72.8%	69.2%	69.1%	68.8%	70.8%	71.9%	71.9%	71.0%	70.8%
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%	70.6%	71.2%	68.8%

A&E 12 hour Trolley Waits - Current - Apr 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	Feb 2022	Mar 2022	Apr 2022
Harrogate FT	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	9	6	23	4	37	25	43
York FT	0	0	0	0	0	0	0	7	14	21	43	0	4	1	13	43	43	98	81	159	298	463	583	696	750
South Tees FT	0	0	0	0	0	0	8	9	5	3	0	6	0	0	0	0	5	1	5	14	19	22	10	9	48

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. 2021 showed a consistent decline throughout the year. It has continued to fall and has been hovering just below 70% for the last 3 months.
This appears to be reflected at the trusts with most hovering around 70%. Numbers of long trolley waits continue to be extremely high at still climbing 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 a difficult position against the 4hour performance standard during February, March and April of 2022 and well below the 95% national standard. A&E performance continues to be heavily compromised by high patient demand, high acuity of patient illness, infection prevention and control requirements in maintaining COVID-19 safe environments and increased admissions all contributing to North Yorkshire recording an overall performance of 69% in each of the last three months against the 4hr standard.

Significant and sustained increases in patient acuity (particularly for those arriving by ambulance) continue to be reported by Yorkshire Ambulance Service and all North Yorkshire A&E departments in 2021/22 and the early part of 2022/23. A&E departments across the wider Humber and North Yorkshire (HNY) system report a similar profile of acuity and demand. Continued challenges with high staff absence rates across all providers, both COVID-19 and non-COVID-19 related, continues to have a significant impact on hospital capacity, which in turn compromises flow and performance at each site.

The North Yorkshire and York system continues to respond through the Bronze, Silver and Gold escalation routes supporting not only the acute hospitals but all other partner organisations on a daily basis. A&E Delivery Boards and Health Care Resilience Boards continue to function and provide an important North Yorkshire and York system oversight as well as sharing of good practice and also any new initiatives. North Yorkshire and York system Bronze escalation meetings have been held most days over the last 24 months in order to support and respond to the sustained levels of escalation and demand pressure across the North Yorkshire and York system.

12-hour trolley waits: 583 breaches were recorded at York and Scarborough Teaching Hospitals NHS FT (YSFT) in February 2022, a further 696 in March 2022 and 750 were recorded in April 2022. Harrogate & District Foundation Trust recorded 105 breaches across February, March and April with South Tees Hospital NHS Foundation Trust (STHT) recording 67 breaches in the same reporting period. The extreme and sustained challenges of higher patient acuity, increased admission percentages, high staff absence and reduced bed capacity with a very challenging care market reducing hospital discharge flow and numbers from all acute and community sites, has resulted in much greater challenges for all 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. Demand on the Yorkshire Ambulance Service (YAS) provided NHS 111 service has remained high during Quarter 4 of 2021/22 and the start of 2022/23. We continue to promote the appropriate use of the NHS 111 service across North Yorkshire using the national communication materials. These changes are aimed at increasing the number of NHS 111 calls that, having received an initial NHS 111 "A&E department" or a "speak to within 1 or 2 hours primary care" disposition, then receive a clinical review prior to their final disposition being confirmed.

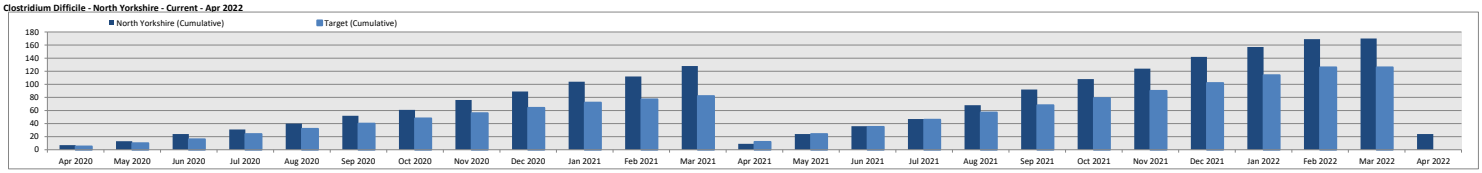
This additional clinical review continues to be provided through the existing central Clinical Advisory Service (CAS) based at YAS HQ in Wakefield and is supplemented through a locally based HCV commissioned CAS, provided by Vocare, which commenced operation on the 5th December 2020. The positive impact has continued through 2021/22 and into the early part of 2022/23 with consistently above 70% of patients every month, following clinical review, being safely redirected to other pathways and away from A&E. The remaining 30% had their original NHS 111 A&E or speak to primary care dispositions confirmed.

This work continues to increase the direct booking capability, appointment 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 and other initiatives, will continue to 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. A final decision on the continuation of the local CAS beyond 30th June 2022 is awaited.

Hospital Infections

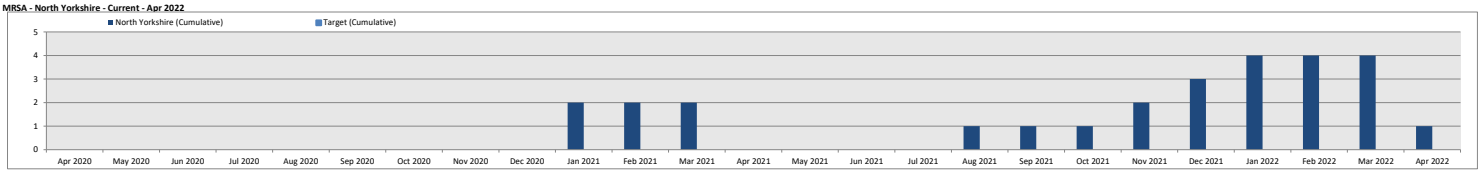
	Latest Data	High or Low	Threshold	Actual Position	Status
Clostridium Difficile (Cumulative)	Apr-22	Low	0	24	
MRSA (Cumulative)	Apr-22	Low	0	1	
E.Coli (Cumulative)	Apr-22	Low	32	31	

Clostridium Difficile - North Yorkshire - Current - Apr 2022



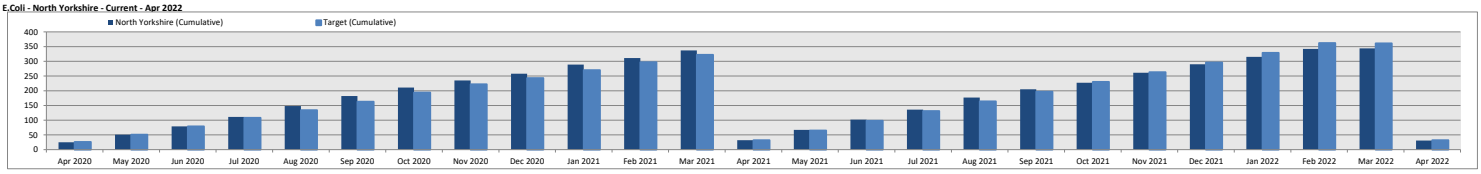
Clostridium Difficile	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022
North Yorkshire	7	6	11	7	9	12	9	15	13	15	8	16	9	15	12	7	21	24	16	16	18	15	17	13	24
Target	*5*	*5*	*6*	*8*	*8*	*8*	*8*	*8*	*8*	*8*	*5*	*5*	*12*	*12*	*11*	*11*	*11*	*11*	*11*	*11*	*12*	*12*	*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	169	170	24
Target (Cumulative)	5	10	16	24	32	40	48	56	64	72	77	82	12	24	35	46	57	68	79	90	102	114	126	126	0
Harrogate FT	1	1	1	1	2	1	1	1	2	1	4	6	2	5	1	3	6	3	3	5	2	3	2	2	5
York FT	7	2	2	7	7	11	4	11	6	10	5	6	7	12	12	13	13	16	12	6	17	10	8	8	17
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	12	6	14

MRSA - North Yorkshire - Current - Apr 2022



MRSA	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022
North Yorkshire	0	0	0	0	0	0	0	0	0	2	0	0	1	0	0	0	1	0	0	1	1	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	0	
North Yorkshire (Cumulative)	0	0	0	0	0	0	0	0	0	2	2	2	0	0	0	0	1	1	1	2	3	4	4	4	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	0	0
Harrogate FT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0	0	0
York FT	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	1	2	1
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	3	0	0

E.Coli - North Yorkshire - Current - Apr 2022



E.Coli	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022
North Yorkshire	25	26	28	29	26	29	31	28	21	27	27	25	32	33	33	33	41	33	33	34	33	33	33	32	31
Target	26	25	28	29	26	29	31	28	21	27	27	25	32	33	33	33	33	33	33	33	33	33	33	32	32
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	342	344	31
Target (Cumulative)	26	51	79	108	134	163	194	222	243	270	297	322	32	65	98	131	164	197	230	263	296	329	362	361	32
Harrogate FT	0	2	3	2	0	0	1	2	1	2	0	2	2	1	1	0	3	2	4	0	5	1	0	2	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	6	5	8
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	7	4	8

What the data is showing us...

Clostridium Difficile cumulative cases attributed to the CCG in 21/22 were above the target (based on 20/21 targets). April 2022 cases have been high and above the target if was rolled over from 20/21.
There were 4 MRSA cases for the CCG in 21/22. There has been 1 MRSA case for the CCG in April 22, with 2 at York.
E.Coli cases attributed to the CCG over the last 4 months of 21/22 have been below the unchanged target from 19/20. If the target is unchanged for 22/23 then the CCG is just below it for April 22. Harrogate continues to have small numbers of cases. York and South Ttes have had higher levels than they were in the last few months of 21/22.

Thresholds for the CCG have been provided for C Difficile and gram-negative bloodstream infections for 2022-2023, these will be revised to reflect ICS geographies. Clostridioides Difficile cases continue to rise across the CCG in particular for York & Scarborough Teaching Hospitals NHS Foundation Trust (YSTHFT) and South Tees Hospital NHS Foundation Trust (STHFT). The CCG's nursing and quality team and Medicines Management team continue to have oversight of all cases reviewed and attend the relevant panels for each NHS Trust. Community acquired cases are also reviewed through HCAI panel processes.

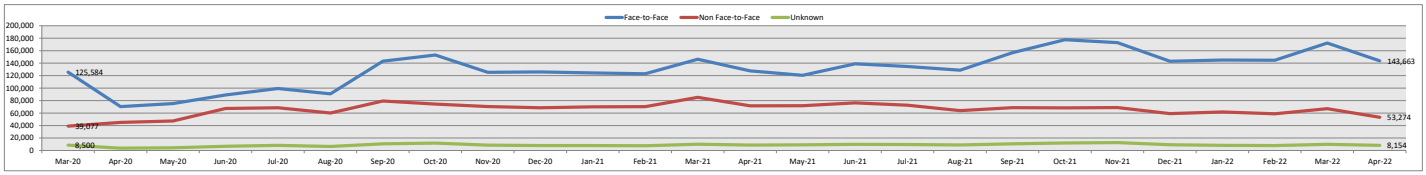
The Chief Nurse is involved in discussions with all of the acute providers regarding process and performance. It is recognised that our providers are working under significant pressures due to the continuing system issues.

There has been one recorded CCG community assigned case of MRSA in April, which is currently under investigation through the Post Infection Review (PIR) process.

All other HCAI data is monitored through the provider quality meetings and the CCG Nursing and Quality Team are represented. The CCG are appraised of any outbreaks of COVID-19 within acute and community provider organisations and attend relevant meetings where needed to support and for assurance, and evidence suggests an improved position of incidence of COVID-19 across North Yorkshire care home settings.

Primary Care - GP Appointments

	Latest Data	Actual Position	NY CCG 20/21	NY CCG 21/22	Year on Year Change
Face-to-Face	Apr-22	143,663	1,365,863	1,762,803	29%
Non Face-to-Face	Apr-22	53,274	806,410	809,103	0%
Unknown	Apr-22	8,154	93,763	116,564	24%
All Appointments	Apr-22	205,091	2,266,036	2,688,470	19%



GP Appointments	Month																								
Appointment Type	**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**	**Feb-22**	**Mar-22**	**Apr-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	144,734	172,253	143,663
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	58,872	67,046	53,274
Unknown	8,500	3,695	4,274	6,784	8,192	6,400	10,649	11,833	8,507	7,923	7,886	7,636	9,984	8,771	9,084	9,803	9,507	8,877	10,726	11,971	12,659	9,255	8,202	7,898	9,811	8,154
Grand Total	**173,161**	**119,099**	**126,844**	**163,215**	**176,026**	**157,301**	**233,211**	**239,277**	**204,197**	**202,357**	**202,055**	**200,909**	**241,545**	**207,968**	**201,467**	**225,087**	**216,733**	**201,598**	**236,194**	**257,891**	**254,507**	**211,397**	**215,014**	**211,504**	**249,110**	**205,091**

What the data is showing us...

The number of Face-to-Face appointments had returned to pre-COVID levels by March 2021. Despite some dips throughout 21/22 the number of F2F appointments has continued to rise at highs in October 2021 and March 2022. Also, the Non Face-to-Face appointments may not accurately represent all video/online appointments.

GP appointments remain well above pre COVID-19 levels by c.16% or 32,000 appointments for North Yorkshire CCG. Demand for appointments remains higher than normal and practices continue to prioritise urgent cases when needed. GP Practices have also helped to provide the Spring Covid vaccination booster programme for >75yr olds, at risk patients plus housebound patients and care home residents.

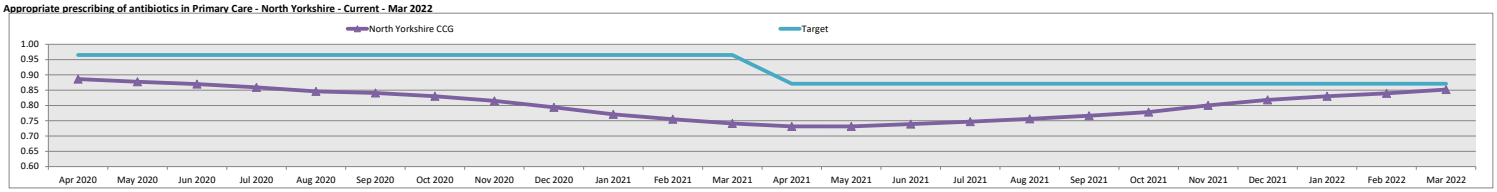
While overall levels of COVID-19 cases in patients and staff have reduced it remains a significant factor causing primary care staff sickness absence. The CCG commissioned approximately 19,000 additional video and telephone appointments from third party providers to support winter demand and some of this capacity was used to support Easter and the Jubilee bank holidays and some capacity is still available from the remainder of this funding.

Practices are using the OPEL (Operational Pressures & Escalation Level) reporting mechanism to report pressures to the CCG and wider partners. The CCG is then able to offer appropriate support and work with practices and partners to minimise the impact of pressures and help manage demand safely.

Prescribing

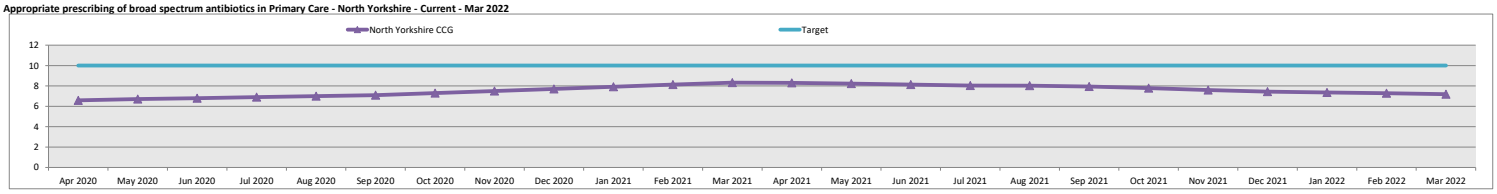
	Latest Data	High or Low	Threshold	Actual Position	Status
Appropriate prescribing of antibiotics in Primary Care	Mar-22	Low	0.871	0.852	
Appropriate prescribing of broad spectrum antibiotics in Primary Care	Mar-22	Low	10	7.2	

Appropriate prescribing of antibiotics in Primary Care - North Yorkshire - Current - Mar 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	Feb 2022	Mar 2022
North Yorkshire CCG	0.886	0.877	0.870	0.859	0.846	0.841	0.830	0.815	0.794	0.771	0.755	0.741	0.731	0.732	0.739	0.747	0.756	0.766	0.778	0.800	0.818	0.830	0.840	0.852

Appropriate prescribing of broad spectrum antibiotics in Primary Care - North Yorkshire - Current - Mar 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	Feb 2022	Mar 2022
North Yorkshire CCG	6.6	6.7	6.8	6.9	7.0	7.1	7.3	7.5	7.7	7.9	8.1	8.3	8.3	8.2	8.1	8.0	8.0	7.9	7.8	7.6	7.4	7.4	7.3	7.2

What the data is showing us...

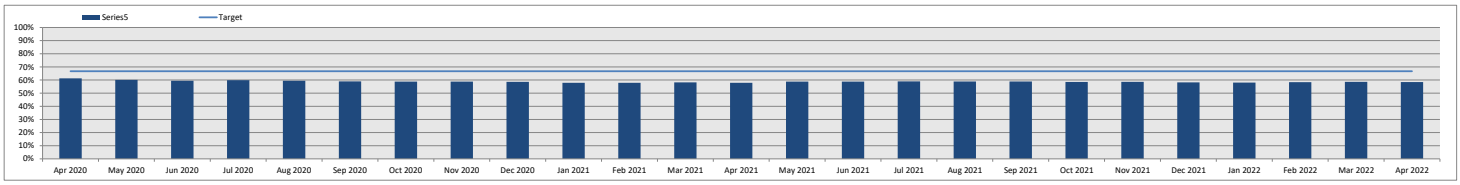
In common with other CCGs in England, the overall rate of antibiotic prescribing within North Yorkshire CCG has been increasing since May 2021. This is following on from a significant reduction seen during early phases of the pandemic, when prescribing of antibiotics dropped by around 15% due to lower rates of respiratory tract infections. In a continued effort to consolidate the national improvements made in recent years on the prudent prescribing of antibiotics, NHS England/NHS Improvement have tightened the national target to 'at or below 0.871'. The March 2022 North Yorkshire CCG rate of 0.851 is below this new target and also slightly below the rate for England which is 0.853. Work continues in the effort to further reduce antimicrobial prescribing and the CCG issued the most recent antibiotic 'Prescribing Focus' to GP practices in May 2022.

The rate of prescribing of broad-spectrum antibiotics has been reducing steadily since May 2021. For North Yorkshire, this remains well below both the national target of 10% and the rate for England, which was 8.7% in March.

Of note is that North Yorkshire is one of only four CCGs in our NHSE region who are meeting both these prescribing targets.

Dementia

	Latest Data	High or Low	Threshold	Actual Position	Status
Dementia - Estimated diagnosis rate	Apr-22	High	66.7%	58.5%	



	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	Feb 2022	Mar 2022	Apr 2022
Dementia Diagnosis Rate	61.3%	60.1%	59.5%	59.9%	59.5%	59.0%	58.8%	58.8%	58.6%	57.9%	57.9%	58.2%	57.9%	58.8%	58.8%	59.0%	58.9%	58.9%	58.6%	58.7%	58.2%	58.0%	58.4%	58.6%	58.5%

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 throughout 21/22.

North Yorkshire Dementia Diagnosis rates have remained fairly static at around 58% over the last 12 months (58.4% Apr 22) against a trajectory of 66.7%. This is above the Humber Coast and Vale performance of 57.3% but falls under the national performance of 61.8%.
An additional 582 people need to be diagnosed to reach 66.7% in North Yorkshire. Harrogate remains the highest performing area achieving 68.9%, 56 diagnoses over target. Scarborough/Whitby remains the lowest performing area at 50% with an additional 335 diagnoses needed to reach the target.

Demand into the memory assessment service continues to outstrip the capacity within the current commissioned services. There are a total of 874 people waiting for a memory assessment with the average waiting time being 6 months, although this does vary across localities.

Work has been done to assess the funding requirement to reduce the waiting list down to 1 month over a 12 month period and will be considered should any non-recurrent funding become available through the partnership.

The teams are currently reviewing services across all localities to facilitate a more consistent and efficient model.

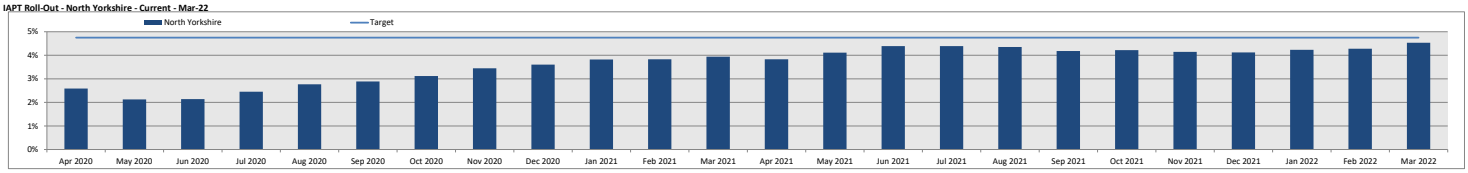
Following referral, all older people are triaged and risk assessed. Contact details of the team are provided as well as the MHSOP Crisis team in case their condition deteriorates while they wait.

Dementia Forward also continue to support patients and families from referral to diagnosis and onwards.

IAPT

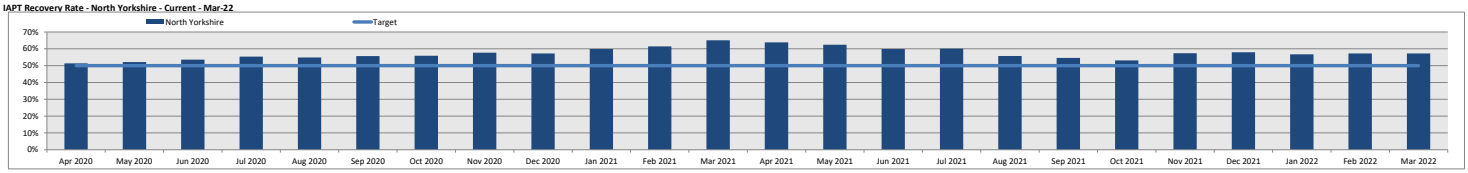
	Latest Data	High or Low	Threshold	Actual Position	Status
IAPT Roll-Out	Mar-22	High	4.8%	4.5%	
IAPT Recovery Rate	Mar-22	High	0.0%	57.2%	

IAPT Roll-Out - North Yorkshire - Current - Mar-22



	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	Feb 2022	Mar 2022
IAPT Roll-Out	2.6%	2.1%	2.1%	2.5%	2.8%	2.9%	3.1%	3.4%	3.6%	3.8%	3.8%	3.9%	3.8%	4.1%	4.4%	4.4%	4.4%	4.2%	4.2%	4.1%	4.1%	4.2%	4.3%	4.5%

IAPT Recovery Rate - North Yorkshire - Current - Mar-22



	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	Feb 2022	Mar 2022
IAPT Recovery Rate	51.4%	52.1%	53.5%	55.3%	54.8%	55.7%	55.9%	57.7%	57.2%	59.9%	61.4%	65.1%	63.9%	62.4%	59.9%	60.1%	55.7%	54.6%	53.1%	57.4%	58.0%	56.7%	57.2%	57.2%

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%. It has been above 4% since May 2021 and continues to be so into April 2022.

The Recovery rate for the CCG has maintained its above target levels before and since the COVID restrctions. The rate had been declining from its peak of 65% in March 2021 but from November 2021 it has been over 7% higher than the target and has continued to be so into March 2022.

The reported position for April is 1.18% (14.16% full year) which represents 200 patients for whom the operational standard has not been met.

To meet the 20% access standard, 689 patients must enter treatment during a month. In April, the overall number of people entering treatment is 489 and the number of referrals received by the service is 588, with a significant number being inappropriate.

During April, due to an issue with the IAPT website there have been a reduced number of referrals coming through for a period of approximately one week resulting in fewer patients entering treatment. The issue raised as an urgent issue with the website developers and has now been resolved. To mitigate impact at the time the website was updated to notify users of the issue and to contact their GP in the interim.

The service manager is to work jointly with communications teams during Quarter 1 22/23 to improve the marketing of IAPT services to increase the number of self-referrals into IAPT to increase the rate.

A mapping meeting took place in February to discuss current pressures faced by the services as well as the appropriateness of referrals. Findings identified some confusion in respect of the referral criteria of some community teams. Team Managers have met with the community teams during April to clarify the criteria with these services.

Team Managers met with GPs during May to ensure they understand the referral criteria. They have also started attending GP meetings in all localities to support appropriate referrals; initial feedback has been positive.

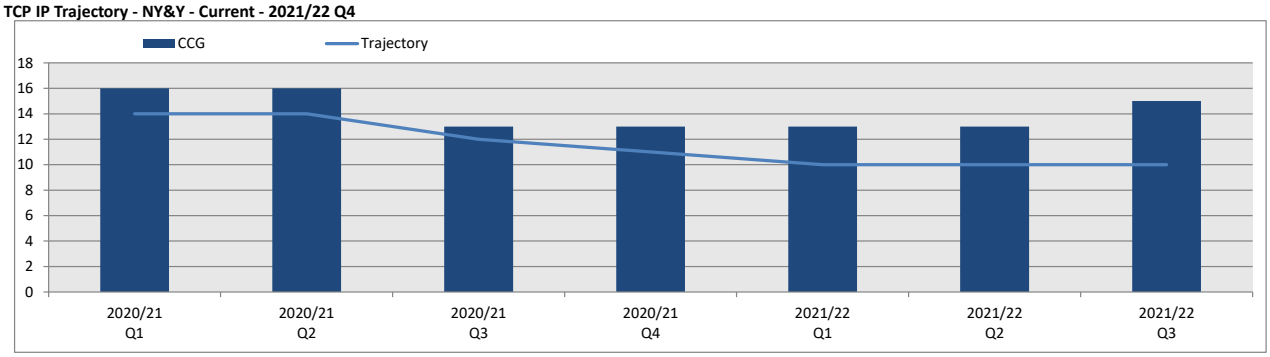
Joint performance improvement meetings continue through the partnership.

To deliver the Long Term Plan ambition it will take considerable additional investment. The money available through meeting the Mental Health Investment Standard is already committed through inflation and previous pre-commitments (previous transformation plans) so this remains a challenging position.

Transforming Care Programme

	Latest Data	High or Low	Threshold	Actual Position	Status
CCG	2021/22 Q4	Low	10	14	
Specialised Commissioning	2021/22 Q4	Low	11	10	
CAMHs	2021/22 Q4	Low	1	2	

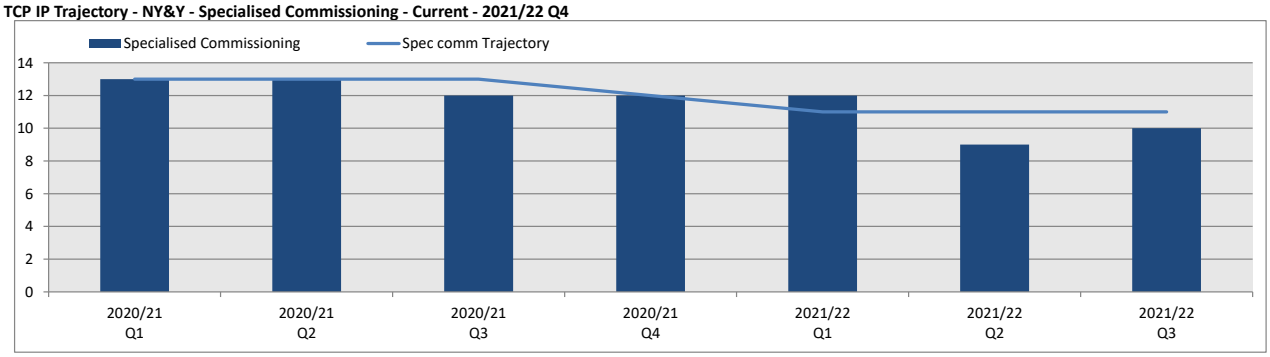
TCP IP Trajectory - NY&Y - Current - 2021/22 Q4



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
CCG	16	16	13	13	13	13	15	14
Specialised Commissioning	13	13	12	12	12	9	10	10

The inpatient TCP trajectory for 2021/22 was set at 23 in total (including CAHMS) with a position of 26 at the end of the year comprising 14 CCG and 10 specialised commissioning beds respectively. The Children and Young People (CAHMS) trajectory was set at 1 with the actual position at 2.
The latest position against the inpatient trajectory so far in Quarter 1 is:
• The net figure is currently overperforming on expectations by 4
• CAMHs Tier 4 target is 1 bed with 2 beds being used
• We are at red/amber on the metric milestone report with NHSEI
• There were 6 admissions during May, all Autism Spectrum Disorder to Adult Mental Health beds
• We have had 5 discharges this quarter as at 25 May 2022, with a further 3 planned this quarter
• Provided this position can be sustained and further admissions avoided the CCG will be on track to meeting the trajectory of 10
• Provider collaborative beds are 2 under trajectory with no discharges planned this quarter for adults and 1 over trajectory for CAHMS
• Crisis are 'under pressure' with no beds available locally.
Key points to note:
• Monthly meetings have been scheduled to link in with the commissioning collaborative
• The forensic outreach liaison service is fully engaged and embedded in discharge planning
• Admissions cannot always be avoided
• The CAMHs target is 1, North Yorkshire and York have 2.
Other Key transforming care (TCP)measures:
• Delivery of timely care and treatment reviews, which are all completed within expected timescales
• All safe and wellbeing reviews have been undertaken, there are some concerns, but all have actions that are being managed and monitored through the TCP governance processes
• The uptake of annual health checks for people with a learning disability during 2021/22 resulted in performance of 81.8% for Vale of York CCG, 69.9% for North Yorkshire CCG with the TCP overall achieving 75.9% against the 75% requirement.
• Plans are being developed with practices across the North Yorkshire CCG footprint to improve performance against the 75% standard.

TCP IP Trajectory - NY&Y - Specialised Commissioning - Current - 2021/22 Q4



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