

Title of Meeting:		Governing Body			Agenda Item: 7.1 B		
Date of Meeting:		27 August 2020			Sess	sion (Tick)	
Paper Title:		Acute Activity Recovery Update			Pub		Х
					Priv	ate	
					Dev	elopment Session	
Responsible Governing Body Member Lead				Report Author and Job Title			
Simon Cox, I	Directo	r of Acute Commissioning		Vanessa Burns, Deputy Director of Acute			
				Commissioning			
Purpose							
(this paper	Deci	sion	Discussion	Assurance		Information	
if for)				X			
		·	·			·	

## Has the report (or variation of it) been presented to another Committee / Meeting? No.

## **Executive Summary**

This paper sets out the CCG's waiting list position in respect of all providers of acute hospital care for the North Yorkshire population using the latest available data as at June 2020.

The CCG's largest waiting lists sit with the three main providers of acute care for North Yorkshire patients; York Teaching NHS FT, South Tees NHS FT and Harrogate and District NHS FT.

There is an expectation that elective waiting lists and performance should be managed at system level to ensure equity of access for patients and that prioritisation will be based on clinical urgency followed by length of wait.

cliffical digericy followed by length of wait.						
Recommendations						
The Governing Body is being asking to: accept and note this paper.						
Monitoring						
Finance, Performance, Contracting and Commissioning Committee.						
Any statutory / regulatory / legal	Implications for access to care within timescales set out in					
/ NHS Constitution implications	the NHS Constitution.					
-						
Management of Conflicts of	No conflicts of interest have been identified prior to the					
Interest	meeting.					
Communication / Public &	N/A					
Patient Engagement						
Financial / resource implications	N/A					
<b>,</b>						
Outcome of Impact	N/A					
Assessments completed						

Vanessa Burns
Deputy Director of Acute Commissioning



## ACUTE ACTIVITY RECOVERY UPDATE GOVERNING BODY 27 August 2020

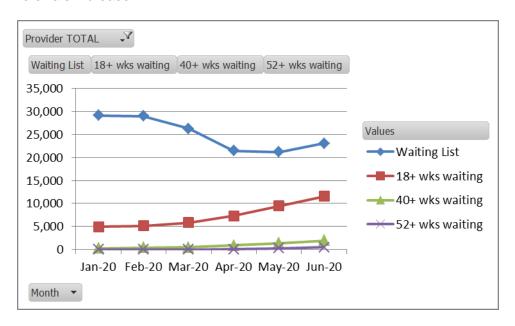
### 1. Introduction and purpose

This paper sets out the CCG's waiting list position in respect of all providers of acute hospital care for the North Yorkshire population using the latest available data as at June 2020.

#### 2. Background

The change in overall numbers of patients waiting for hospital treatment together with the length of wait time has been significantly impacted by the covid-19 pandemic. When comparing the overall CCG waiting list position in January 2020 to June 2020 it can be seen that the overall number of patients waiting has reduced whilst the number of patients waiting longer has increased.

The graph shown below demonstrates the reduction in overall patients waiting between February and May with an increase during June as patients begin to access services and referrals increase.



As providers open up routine capacity, patients referred for non-urgent reasons are being seen and treated however the impact of social distancing, cleaning and infection prevention and control regimes and maintaining separate clinical areas has impacted on the number of patients seen and treated.

# 3. Incomplete Pathway Position

The CCG's largest waiting lists sit with the three main providers of acute care for North Yorkshire patients; York Teaching NHS FT, South Tees NHS FT and Harrogate and District NHS FT.

The number of North Yorkshire patients (all providers) waiting on an incomplete pathway in January was 29,104 and reduced to 23,048 in June.



Of the above 4,928 patients were waiting over 18 weeks for treatment in January rising to 11,578 in June and the 4 patients waiting in excess of 52 weeks in January rose to 485 in June.

The proportionate increase in patients waiting 52 weeks when compared to the size of the waiting list is greater in patients waiting for ophthalmology and orthopaedic procedures.

#### 4. Actions being taken

Systems are being asked to recover the maximum elective capacity possible between now and winter by making best use of both NHS and Independent Sector capacity.

There is an expectation that elective waiting lists and performance should be managed at system level to ensure equity of access for patients and that prioritisation will be based on clinical urgency followed by length of wait. Assurance regarding each provider's clinical harm review process of the waiting list has been sought by the CCG Quality Team. Identified risks explored and escalated as appropriate, specifically around ophthalmology and gastroenterology.

The CCG and providers continue to explore alternative pathways for patients that may avoid the need for face to face appointments and invasive procedures where it is safe and sensible to do so.

#### 5. Recommendation

It is recommended that the Governing Body accepts and notes this paper.