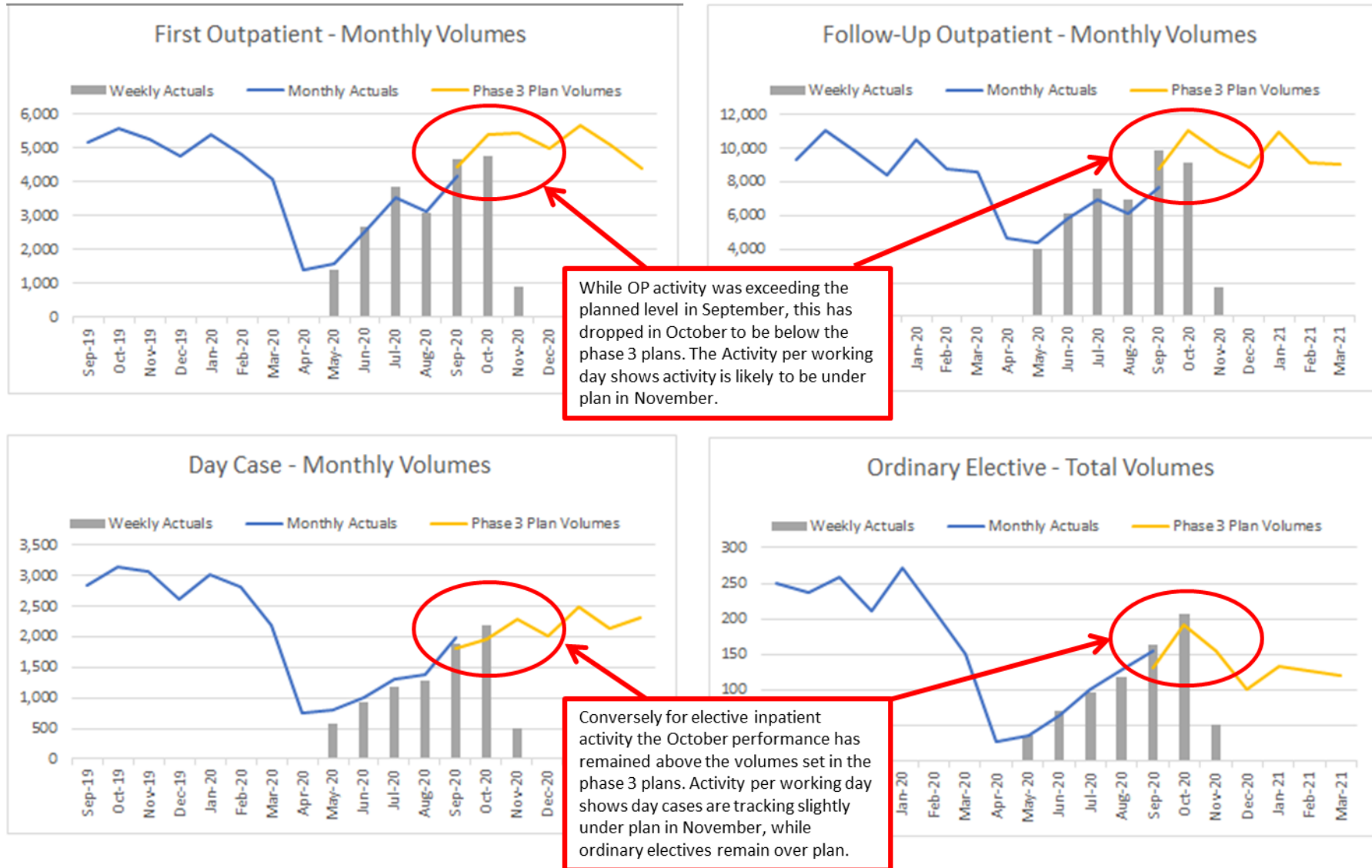


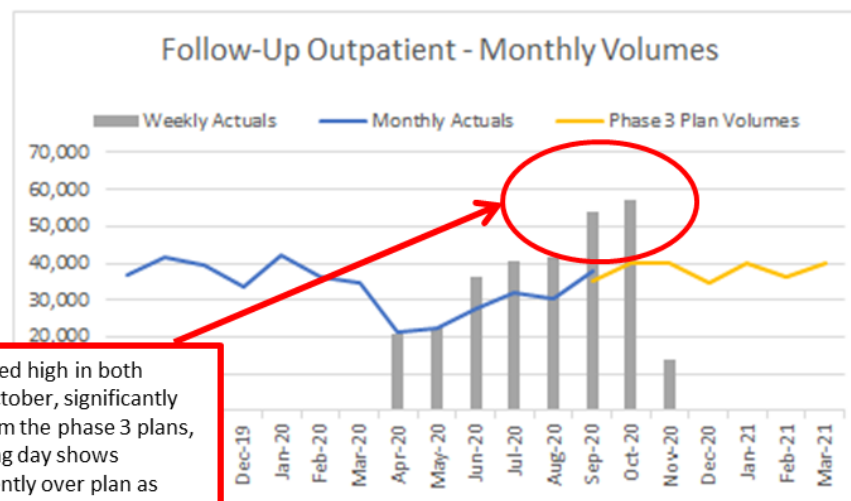
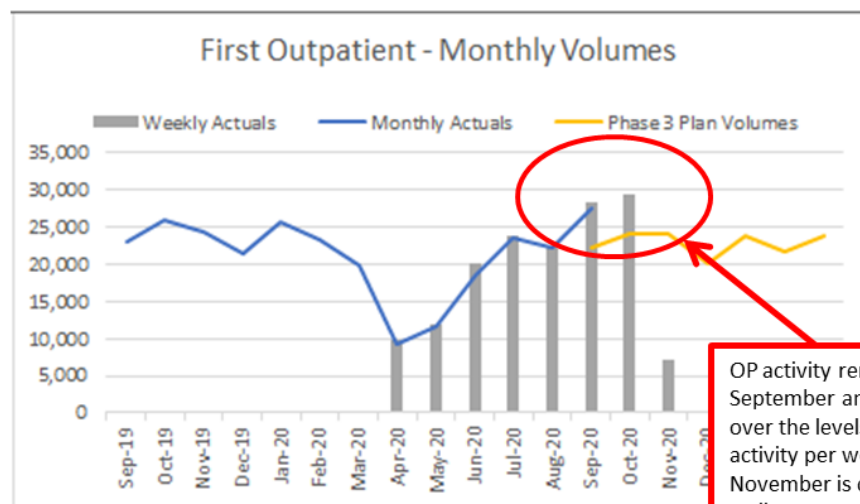
Title of Meeting:	Governing Body Meeting			Agenda Item: 5.1									
Date of Meeting:	22 December 2020												
Paper Title:	Quality and Performance Report			<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Development Session</td> <td></td> </tr> </table>		Session (Tick)		Public	X	Private		Development Session	
Session (Tick)													
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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 Contributors from all Directorates										
Purpose (this paper is for)	<table border="1"> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> <tr> <td></td> <td></td> <td>X</td> <td></td> </tr> </table>					Decision	Discussion	Assurance	Information			X	
	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 the North Yorkshire & York surge performance against plan for December 2020 as well as an overview and assurance of any quality and performance issues and specifically provides data on the following standards at the end of October 2020, including: <ul style="list-style-type: none"> • 18 Week Referral to Treatment Target (RTT) • Diagnostic and Cancer Waiting Time standards (CWT) • Healthcare Associated Infections (HCAI) • Primary Care GP Appointments • Dementia Diagnosis <p>Accident and Emergency (A&E) Waiting Times performance is provided to the end of November 2020.</p> <p>Data on the following standards are provided at the end of September 2020:</p> <ul style="list-style-type: none"> • GP Prescribing • Mental Health Transforming Care Programme <p>Data on Improved Access to Psychological Therapies (IAPT) is provided to the end of August 2020.</p>													
Recommendations The Governing Body is being asking to: <ul style="list-style-type: none"> • Receive this report on quality and performance as assurance. • Agree whether they are satisfied they are sighted on the current quality and performance issues and concerns and that assurance has provided that appropriate actions are being carried out to effectively manage any quality and safety issues or risks. 													
Monitoring Quality and Safety reports are brought to each Quality and Clinical Governance Committee for discussion and assurance. Improvement action plans are monitored through the relevant provider quality contract meetings or a subject specific quality improvement meeting where necessary.													

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.
Significant Risks to Consider	Any significant risks are detailed within the paper. Significant risks are contained within the Corporate Risk Register and are monitored by the Corporate Risk Review Group, the Executive Directors and Committees.
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.

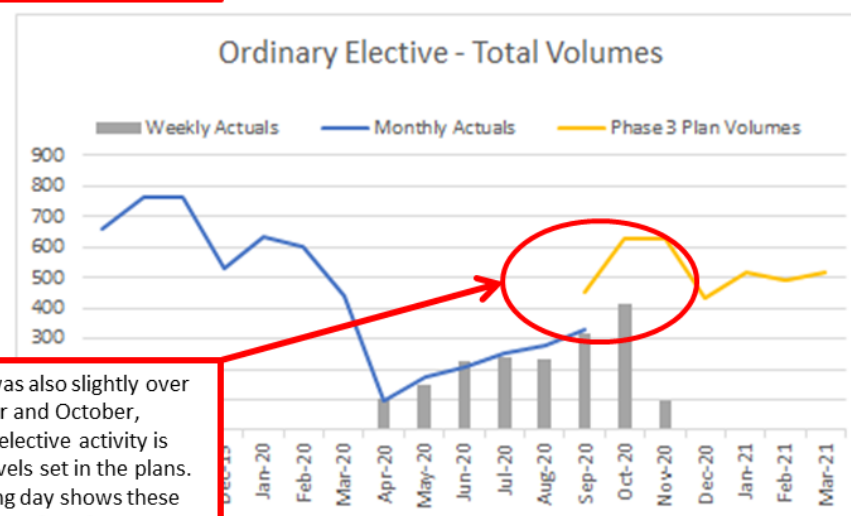
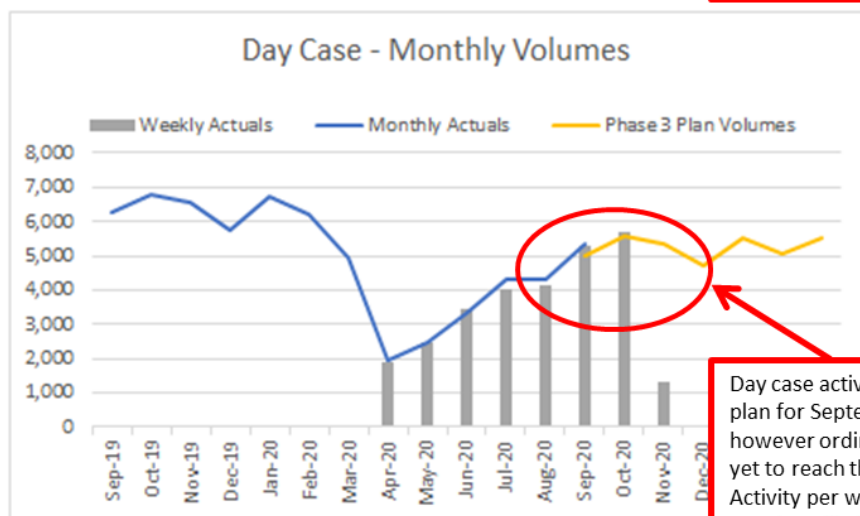
Activity – Harrogate Trust



Activity – York Trust



OP activity remained high in both September and October, significantly over the levels from the phase 3 plans, activity per working day shows November is currently over plan as well.



Day case activity was also slightly over plan for September and October, however ordinary elective activity is yet to reach the levels set in the plans. Activity per working day shows these trend are likely to continue in November

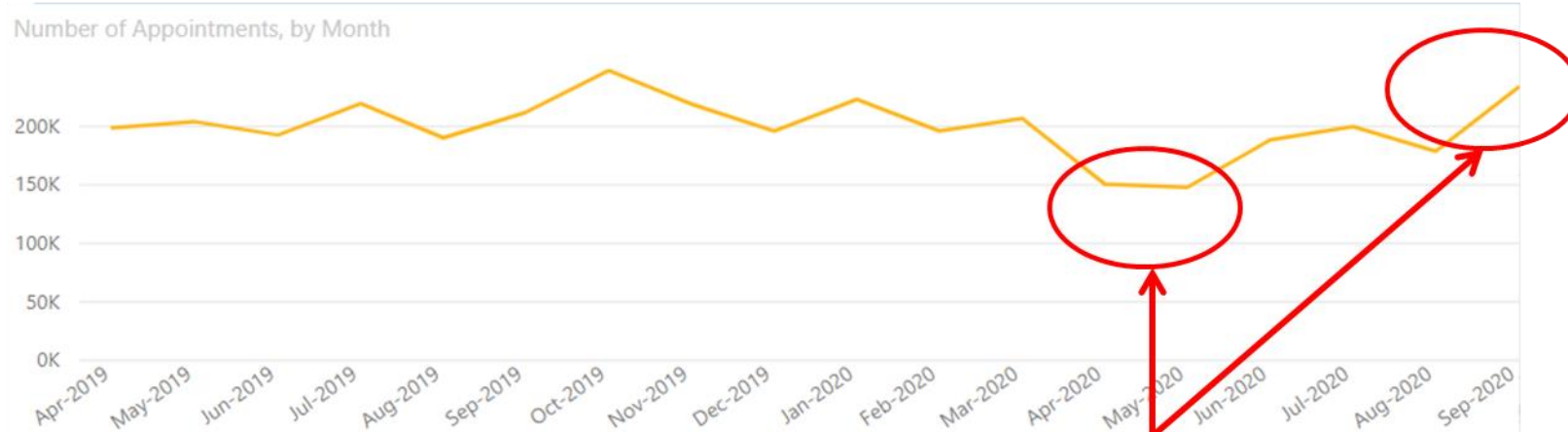
Covid Beds



As at Thursday 19th November

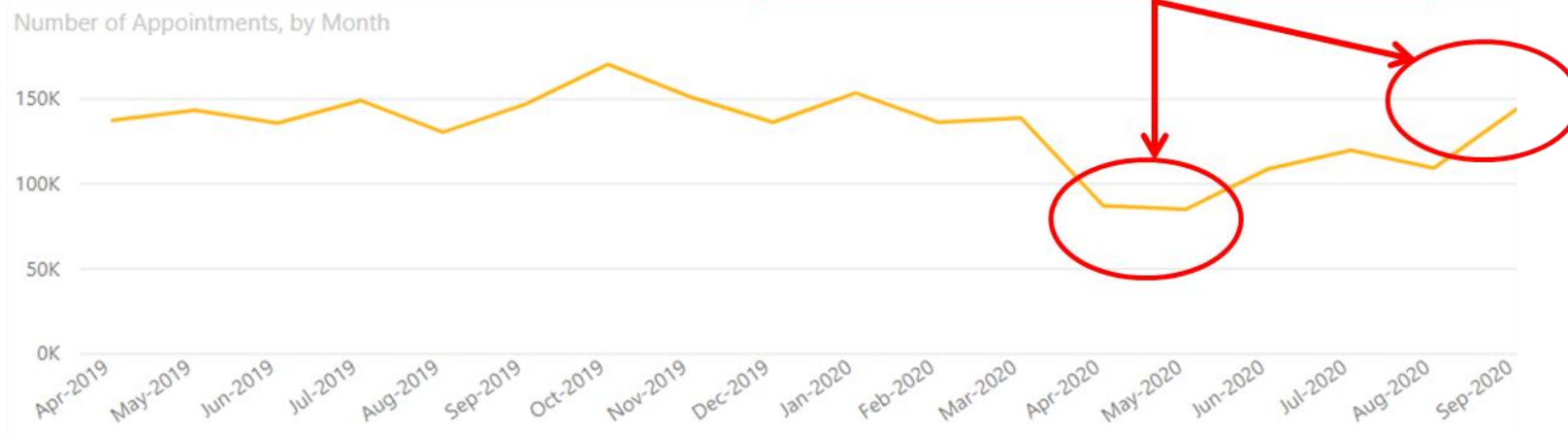
GP Practice Appointments

North Yorkshire CCG



There was a significant drop (c: 50,000) in GP appointments in April and May 2020, this has now reached pre-Covid levels in both North Yorkshire CCG (233k in September 2020) and Vale of York CCG (144k in September 2020)

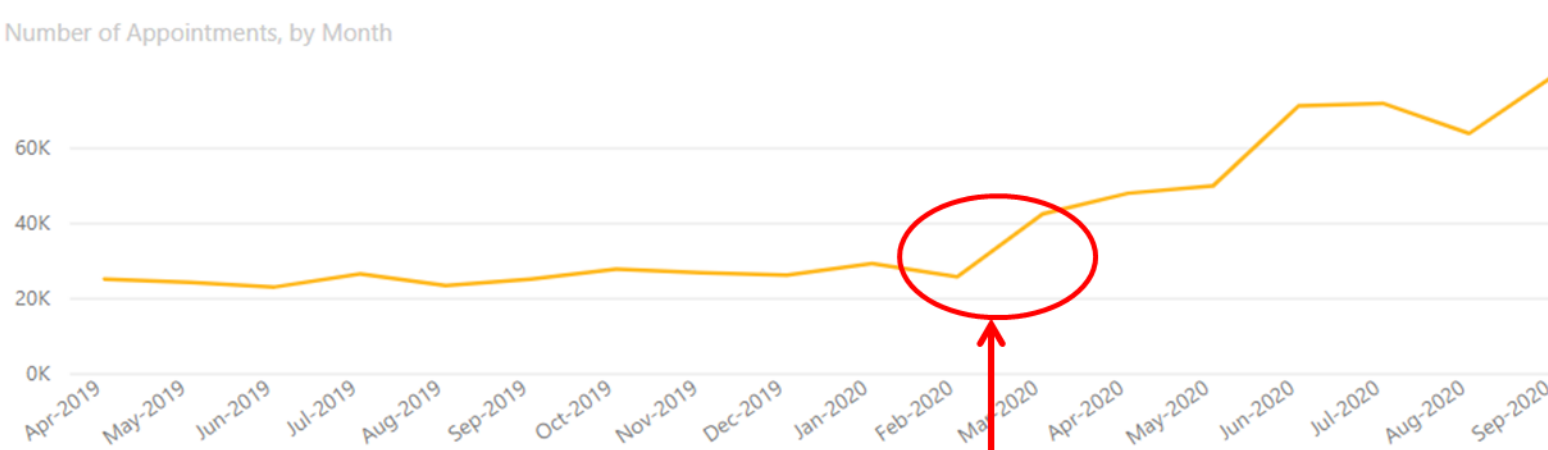
Vale of York CCG



GP Non-Face to Face Appointments

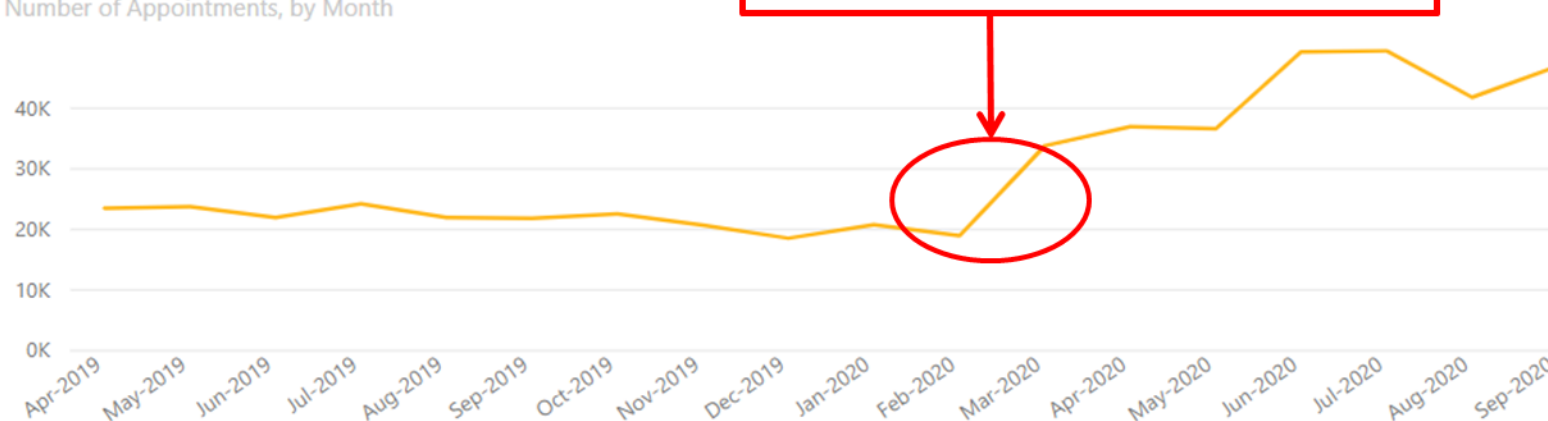
North Yorkshire CCG

Number of Appointments, by Month



Vale of York CCG

Number of Appointments, by Month



Both CCGs saw a significant increase in Non-Face to Face (Telephone and Video) GP appointments in March 2020, that increase has continued throughout the year with September being the peak for North Yorkshire CCG and Only slightly lower than the July peak for Vale of York CCG



NY Performance Report v1

Date: 08 December 2020

Author: Mark Butcher



SUMMARY

Area	Indicator	Latest Data	High or Low	National Threshold	Actual Position	Status
RTT	< 18 Weeks - Admitted	Oct-20	High		58.3%	
	< 18 Weeks - Non-Admitted	Oct-20	High		84.7%	
	< 18 Weeks - Incompletes	Oct-20	High	92%	71.1%	
	> 52 Weeks - Incompletes	Oct-20	Low	0	1,507	
	Number of Completed Admitted Pathways	Oct-20	High	2,444	1,928	
	Number of Completed Non-Admitted Pathways	Oct-20	High	7,815	6,942	
	Number of Incomplete Pathways	Oct-20	High	28,674	29,141	

Status Key:

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

Diag	% > 6 weeks - Diagnostics	Oct-20	Low	1%	24.6%	
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Cancer WT	CWT seen - 2 Weeks GP Referral	Oct-20	High	93%	88.0%	
	CWT seen - 2 Weeks Breast	Oct-20	High	93%	90.9%	
	CWT treated - 31 days diagnosis	Oct-20	High	96%	97.5%	
	CWT treated - 31 days - surgery	Oct-20	High	94%	95.0%	
	CWT treated - 31 days - drugs	Oct-20	High	98%	100.0%	
	CWT treated - 31 days - radiotherapy	Oct-20	High	94%	94.0%	
	CWT treated - 62 days urgent	Oct-20	High	85%	83.7%	
	CWT treated - 62 days - screening service	Oct-20	High	90%	91.7%	
	CWT treated - 62 days - consultant upgrade	Oct-20	High		88.9%	
A&E	% < 4 hours	Nov-20	High	95%	85.3%	
Hospital Infections	Clostridium Difficile (Cumulative)	Oct-20	Low	48	62	
	MRSA (Cumulative)	Oct-20	Low	0	0	
	E.Coli (Cumulative)	Oct-20	Low	194	211	

		Latest Data	High or Low	Op Plan Threshold	Actual Position	Status
GP Referrals	GP Referrals (General and Acute)	Sep-20	Low	11,799	6,493	
	Other Referrals (General and Acute)	Sep-20	Low	7,914	5,342	
	Total Referrals (General and Acute)	Sep-20	Low	13,203	11,835	
	Consultant Led First Outpatient Attendances	Sep-20	Low	8,259	14,671	
	Consultant Led Follow-Up Outpatient Attendances	Sep-20	Low	4,944	23,321	
	Total Consultant Led Outpatient Attendances	Sep-20	Low	13,203	37,992	
	Total Outpatient Appointments with Procedures	Sep-20	Low	6,631	5,134	
	Total Elective Admissions - Day Case	Sep-20	Low	24,727	4,747	
	Total Elective Admissions - Ordinary	Sep-20	Low	36,496	548	
	Total Elective Admissions	Sep-20	Low	6,631	5,295	
	Total Non-Elective Admissions - 0 LoS	Sep-20	Low	5,520	1,291	
	Total Non-Elective Admissions - +1 LoS	Sep-20	Low	817	2,456	
	Total Non-Elective Admissions	Sep-20	Low	6,337	3,747	
	Type 1 A&E Attendances excluding Planned Follow Ups	Sep-20	Low	1,421	6,821	
	Other A&E Attendances excluding Planned Follow Ups	Sep-20	Low	2,886	1,779	
	Total A&E Attendances excluding Planned Follow Ups	Sep-20	Low	4,307	8,600	
	RTT Admitted Pathways	Sep-20	Low	7,837	1,699	
	RTT Estimated New Periods	Sep-20	Low	5,083	10,344	
	RTT Non Admitted Pathways	Sep-20	Low	12,920	6,187	

		Latest Data		Actual Position
Primary Care	GP Appointment: Face-to-Face	Oct-20		152,988
	GP Appointment: Non Face-to-Face	Oct-20		74,456
	GP Appointment: Unknown	Oct-20		11,833
	GP Appointment: All Appointments	Oct-20		239,277

		Latest Data	Actual Position	National Threshold	Actual Position	Status
Prescribing	Appropriate prescribing of antibiotics in Primary Care	Sep-20	Low	0.965	0.841	
	Appropriate prescribing of broad spectrum antibiotics in Primary Care	Sep-20	Low	10	7.1	

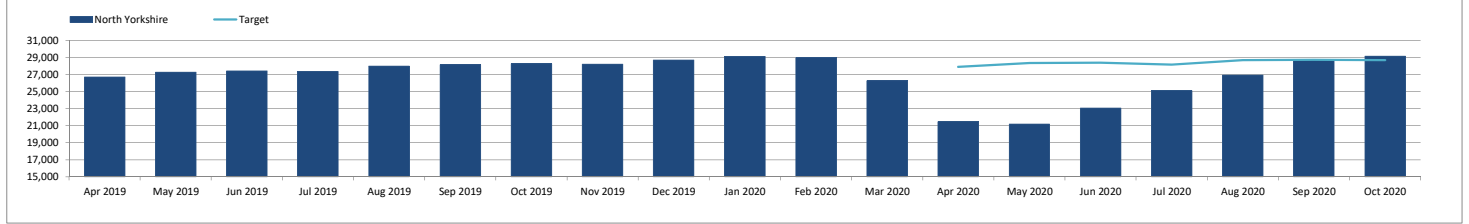
Dementia	Estimated diagnosis rate	Oct-20	High	66.7%	58.8%	
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IAPT	IAPT Roll-Out	Aug-20	High	4.8%	2.8%	
	IAPT Recovery Rate	Aug-20	High	50.0%	54.2%	

Referral To Treatment (RTT)

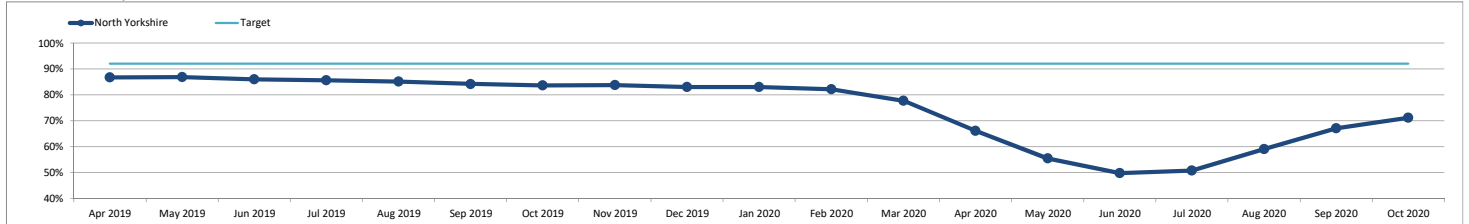
	Latest Data	High or Low	National Threshold	Actual Position	Status
RTT < 18 Weeks - Admitted	Oct-20	High		58.3%	
RTT < 18 Weeks - Non-Admitted	Oct-20	High		84.7%	
RTT < 18 Weeks - Incompletes	Oct-20	High	92%	71.1%	
RTT > 52 Weeks - Incompletes	Oct-20	Low	0	1,507	
RTT > 40 Weeks - Incompletes	Oct-20	Low		3,816	
Number of Completed Admitted RTT Pathways	Oct-20	High	2,444	1,928	
Number of Completed Non-Admitted RTT Pathways	Oct-20	High	7,815	6,942	
Number of Incomplete Pathways	Oct-20	Low	28,674	29,141	

RTT - Number of Incomplete Pathways - North Yorkshire - Current - Oct 2020



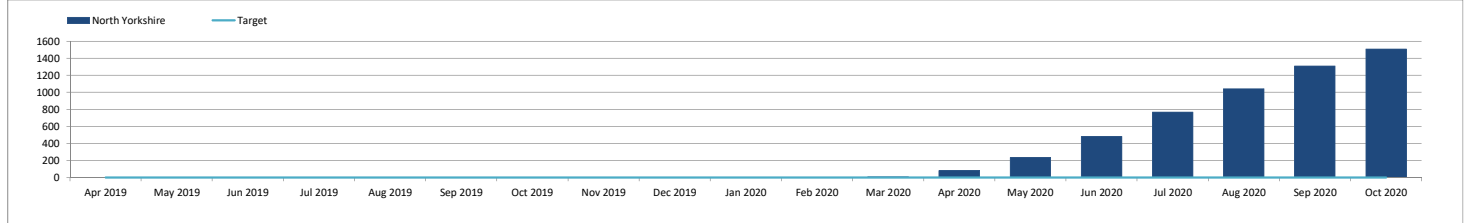
	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020
RTT - Number of Incomplete Pathways	26,690	27,260	27,405	27,343	27,971	28,146	28,250	28,202	28,690	29,104	28,962	26,255	21,453	21,197	23,048	25,108	26,932	26,706	29,141

RTT < 18 Weeks - Incompletes - North Yorkshire - Current - Oct 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
RTT < 18 Weeks - Incomplete	86.7%	86.9%	85.9%	85.6%	85.2%	84.2%	83.7%	83.8%	83.1%	83.1%	82.2%	77.7%	66.0%	55.4%	49.8%	50.8%	59.1%	67.0%	71.1%

RTT > 52 Weeks - Incompletes - North Yorkshire - Current - Oct 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
RTT > 52 Weeks Incompletes	0	2	1	2	3	3	3	4	3	4	2	10	83	236	485	769	1043	1311	1507

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 than 52 weeks to receive their treatment significantly increased and continues to rise. As a result of the suspension or reduction of treatment over the past 6 months the gap between the actual rate and the target has grown considerably but it is continuing to improve. At current levels a patient would have to wait 47 weeks before they are treated.

The number of patients waiting over 52 weeks for treatment has increased significantly, the target for this indicator is zero and typically across North Yorkshire there are very low numbers on a month by month basis. This number is not likely to reduce over the next few months as capacity continues to be compromised by infection, prevention and control measures, isolation and social distancing as well as elective care procedures being cancelled as beds, including HDU recovery beds, are being used to respond to winter pressures and wave 2 of COVID-19.

Trusts continue to review their waiting lists in line with new priorities from P3 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.

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.

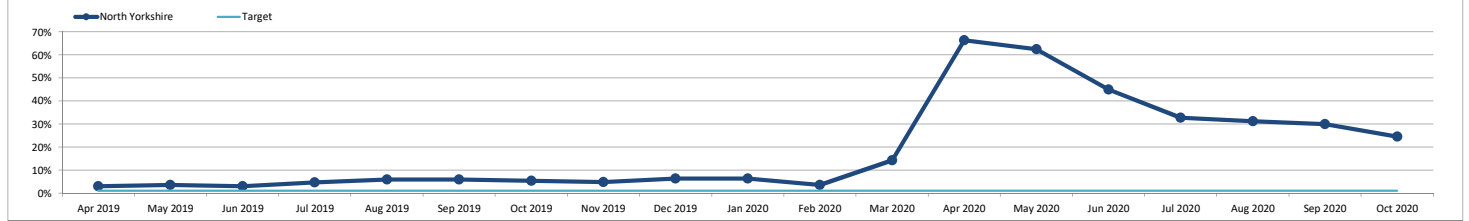
As the second wave of COVID-19 continues there is a drive to maintain planned and elective care activity and, although some elective care procedures have been cancelled, this is being monitored closely with patients being rescheduled in a timely manner. Urgent and cancer surgery provision remains. There is a continued challenge to staff available to deliver services as staff absence increases due to illness or self-isolation.

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	Oct-20	Low	1%	24.6%	

Diagnostics - % > 6 weeks - North Yorkshire - Current - Oct 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
Breaches	238	277	239	389	454	443	412	359	472	480	274	568	2441	2699	2451	2325	2531	2403	1962
Waiting list	7883	7999	8096	8432	7717	7473	7731	7556	7467	7612	7733	3999	3678	4317	5450	7098	8123	8009	7980
% > 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%

What the data is showing us...

Although the activity for most of 19/20 was consistently 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. The next few months leading up to Christmas and the New Year will show whether the second wave of COVID cases affects the waiting list and the rate at which patients have to wait for their diagnostic procedures.

The national target for the number of diagnostic tests within 6 weeks is 1%, historically across North Yorkshire the 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 an improvement in the last 2 months and we are now at 45% of patients being seen at more than 6 weeks.

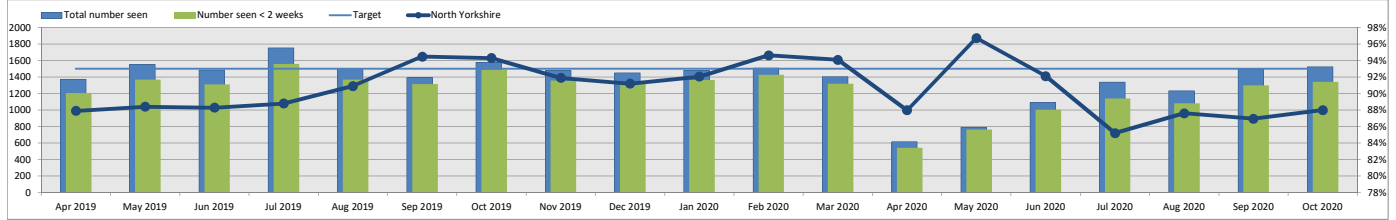
Direct access pathways for routine referrals to GPs are now open with some appointments requiring to be via planned attendance due to space and social distancing constraints in X-Ray departments due to COVID-19. Clinical pathways continue to be reviewed to improve appropriateness of imaging requests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

As Wave 2 of the COVID-19 pandemic continues, significant effort is being made to ensure endoscopy lists continue to be optimised despite illness and isolation requirements. 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.

Cancer Two Week Waits

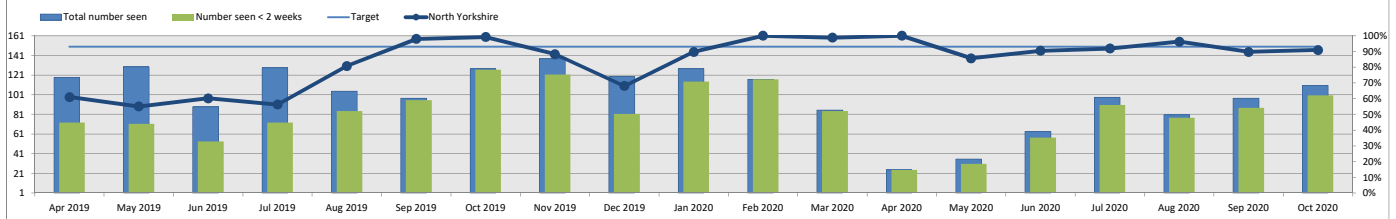
	Latest Data	High or Low	National Threshold	Actual Position	Status
CWT seen - 2 Weeks GP Referral	Oct-20	High	93%	88.0%	
CWT seen - 2 Weeks Breast	Oct-20	High	93%	90.9%	

CWT Seen < 2 Weeks GP Referral - North Yorkshire - Current - Oct 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
Number seen < 2 weeks	1204	1369	1310	1557	1366	1314	1488	1358	1323	1364	1426	1318	541	764	1001	1138	1080	1297	1339
Total number seen	1370	1549	1484	1754	1503	1391	1578	1478	1451	1482	1507	1401	615	790	1087	1336	1233	1492	1522
CWT seen - 2 Weeks GP Referral	87.9%	88.4%	88.3%	88.8%	90.9%	94.5%	94.3%	91.9%	91.2%	92.0%	94.6%	94.1%	88.0%	96.7%	92.1%	85.2%	87.6%	86.9%	88.0%

CWT Seen < 2 Weeks Breast - North Yorkshire - Current - Oct 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
Number seen < 2 weeks	72	71	53	72	84	95	126	121	81	114	116	84	24	30	57	90	77	87	100
Total number seen	118	129	88	128	104	97	127	137	119	127	116	85	24	35	63	98	98	97	110
CWT seen - 2 Weeks Breast	61.0%	55.0%	60.2%	56.3%	80.8%	97.9%	99.2%	88.3%	68.1%	89.8%	100.0%	98.8%	100.0%	85.7%	90.5%	91.8%	78.6%	89.7%	90.9%

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. Future months will show whether this continues to be the case. For October the reasons behind the below target threshold were either "Patient Choice relating to first out patient appointment" and "Capacity Issues (i.e. not enough slots)".

for patients seen within 2 weeks with suspected breast cancer - even though the activity was low for the first few months 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 increased over September and October and although it has dropped slightly in August it appears to have followed a similar pattern from 19/20. For October the reasons behind the below target threshold were either "Patient Choice relating to first out patient appointment" and "Capacity Issues (i.e. not enough slots)".

Over the last year performance against the Cancer 2 Week Wait standard for North Yorkshire CCG had been in the high 80% or low 90% range. Prior to lockdown, the CCG had reached the 93% target for this metric for two months in a row. There was a dip in April 2020 where performance dropped to 88% but this improved again in May 2020 to a position above the national target.

For the Cancer 2 Week Wait - Breast Symptoms metric, which has much lower numbers than the main 2 week wait indicator, performance had fluctuated over the previous year, but for the three months around lockdown performance had been high with only one breach. However in May 2020 performance dropped to 85.7% with five further breaches. Trusts are working to improve capacity, impacted by the reduced throughput for radiology including mammography and ultrasound scan (USS). The CCG continues to work closely with the Cancer Alliances and through discussions with other hospital Trusts there are opportunities for mutual aid and increased provision of diagnostics through other routes including the private sector.

The COVID-19 pandemic has had a significant impact on the numbers of patients being referred by primary care services onto the 2 week wait suspected cancer pathways. In addition, to be able to manage COVID-19 patients in secondary care, there has been, and continues to be, a reorganisation of services, again impacting on both diagnostic and clinical capacity.

Nationally, Cancer 2 Week Wait referrals are at 99% of pre-COVID-19 levels as of the week ending 22 November 2020, recovering from a mid-April figure of 25-30% of pre-COVID-19 referral rates. For the Humber, Coast & Vale Integrated Care System (HCVICS) referrals are at 85% of the baseline for the week ending 22 November 2020.

In addition to specific, local initiatives, common actions across all three main North Yorkshire providers include:

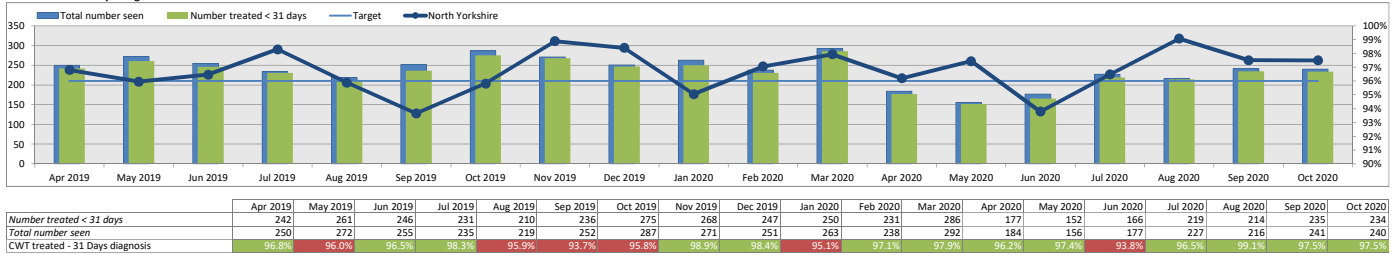
- Development of virtual clinics (it is understood further work is being undertaken by the National Cancer Team to determine if a 'virtual' process is sufficient regarding Cancer Waiting Time (CWT) standards);
- Joint communications between providers and NY CCG regarding encouragement and support for public/patients to make contact with health services if appropriate and the national 'Be Clear on Cancer' continues;
- Re-instatement of Cancer 2 Week Wait clinics (as appropriate);

Further work is being undertaken at national and ICS level to determine if different cohorts of patients have been disproportionately affected regarding access to services at this point in the cancer pathway.

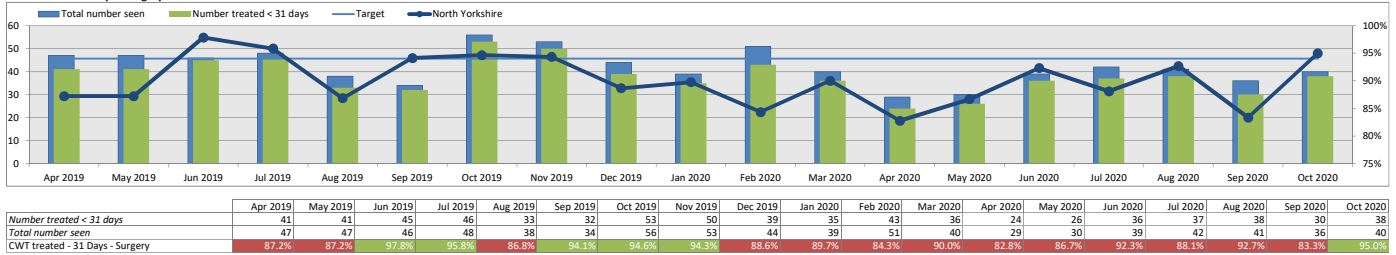
Cancer 31 Day Waits

	Latest Data	High or Low	National Threshold	Actual Position	Status
CWT treated - 31 days diagnosis	Oct-20	High	96%	97.5%	
CWT treated - 31 days - surgery	Oct-20	High	94%	95.0%	
CWT treated - 31 days - drugs	Oct-20	High	98%	100.0%	
CWT treated - 31 days - radiotherapy	Oct-20	High	94%	94.0%	

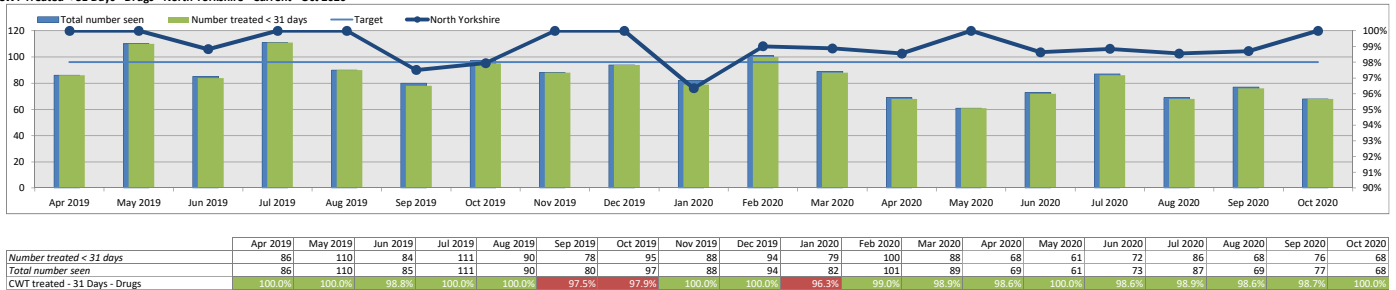
CWT Treated < 31 Days Diagnosis - North Yorkshire - Current - Oct 2020



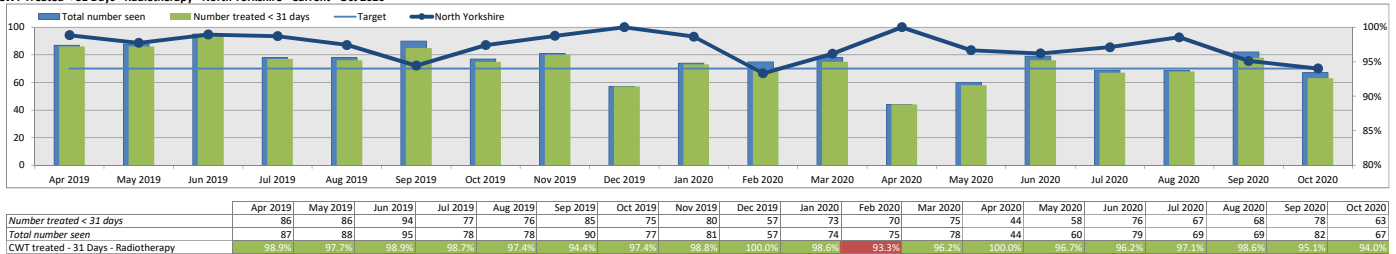
CWT Treated < 31 Days - Surgery - North Yorkshire - Current - Oct 2020



CWT Treated < 31 Days - Drugs - North Yorkshire - Current - Oct 2020



CWT Treated < 31 Days - Radiotherapy - North Yorkshire - Current - Oct 2020



What the data is showing us...

for patients seen within 31 days after diagnosis - as the activity continues to increase the rate of those patients seen within 2 weeks is still above the target. It is above the target for 6 out of 7 months.

for patients subsequently seen within 31 days for surgery - as expected the activity has been low for the first few months of 20/21 but the rate of patients seen within 31 days has been below target threshold but surpassed it in October.

for patients subsequently seen within 31 days for drug treatments - the activity has been low for the first few months of 20/21 but the rate of patients seen within 31 days has been maintained the above target threshold.

for patients subsequently seen within 31 days for radiotherapy - the activity had been low for the first few months of 20/21 and although the rate of patients seen within 31 days has been maintained above the target threshold it has fallen two month in a row and now is just above target threshold.

For the main Cancer 31 Days to Treatment metric, North Yorkshire CCG has been very close to, or above, the 96% target for most of the last year, with only 1 month (January 2020) being slightly under target. Since lockdown began, although the number of patients seen has decreased, performance has been maintained.

For the 31 Day Subsequent Treatments metrics, performance has generally been high in both drug treatments and radiotherapy across North Yorkshire. However surgery treatments have often been below the 94% target and have not met the target in the last 6 months. Of all the cancer treatment modalities and surgical treatments have been impacted most by COVID-19. Surgical capacity continues to be limited both by space (COVID-19 free environments) and by workforce. In response, providers have been asked to prioritise access to limited surgical services based on the following criteria:

- Level 1a: Urgent- operations needed to save life within 24 hours;
- Level 1b: Urgent- operation needed within 72 hours;
- Level 2: Elective surgery with the expectation of cure (e.g. management of non-COVID-19 patients requiring acute treatment for cancer);
- Level 3: Elective surgery can be delayed for 10-12 weeks and will have no predicted negative outcomes.

Furthermore, secondary care providers are being asked to review arrangements re-establishing surgical hubs, thereby supporting equitable access to surgery within the Integrated Care System (ICS).

Actions common across all three main providers include:

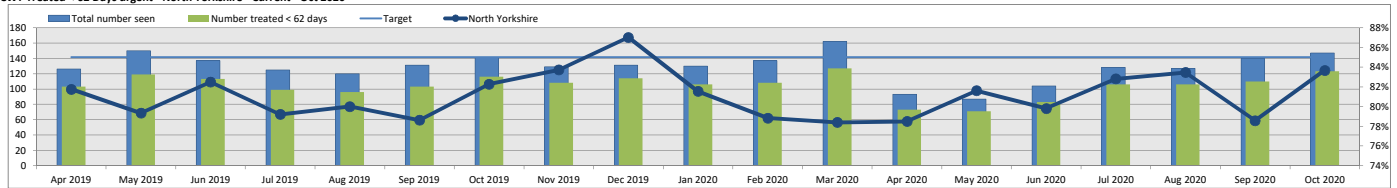
- Working with the independent sector to increase treatment capacity (working towards the anticipated national contract which will run from January 2021);
- Daily/weekly review of 'Cancer Wall' - review of all patients who have suspected or diagnosed cancers and their progress through diagnostic and treatment services.

For the most part, chemotherapy and radiotherapy services have been available to patients – provision being mindful of the challenges of COVID-19 to immuno-suppressed patients – with the result that frequency and dose strength has been reviewed and adjusted as appropriate.

Cancer 62 Day Waits

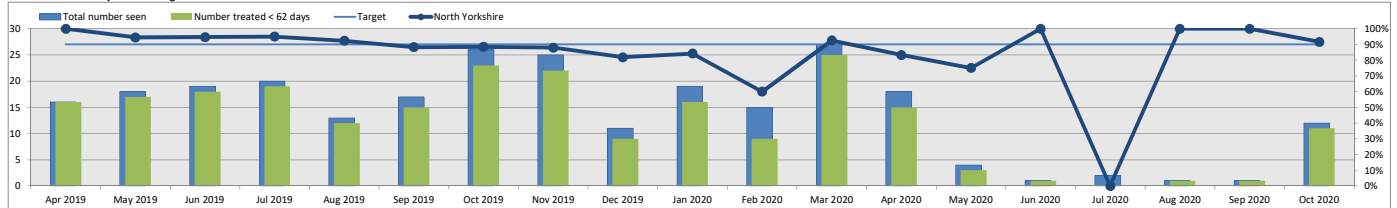
	Latest Data	High or Low	National Threshold	Actual Position	Status
CWT treated - 62 days urgent	Oct-20	High	85%	83.7%	
CWT treated - 62 days - screening service	Oct-20	High	90%	91.7%	
CWT treated - 62 days - consultant upgrade	Oct-20	High		88.9%	

CWT Treated < 62 Days urgent - North Yorkshire - Current - Oct 2020



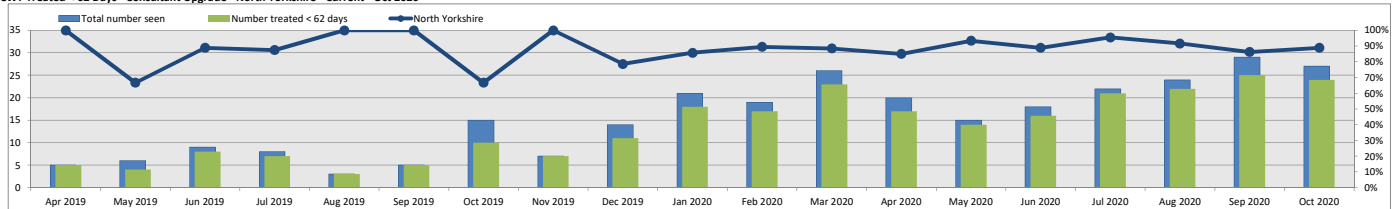
	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020
Number treated < 62 days	103	119	113	99	96	103	116	108	114	106	108	127	73	71	83	106	106	110	123
Total number seen	126	150	137	125	120	131	141	129	131	130	137	162	93	87	104	128	127	140	147
CWT Treated < 62 Days urgent	81.7%	79.3%	82.5%	79.2%	80.0%	78.6%	82.3%	83.7%	87.0%	81.5%	78.8%	78.4%	78.5%	81.6%	79.8%	82.8%	83.5%	78.6%	83.7%

CWT Treated < 62 Days - Screening Service - North Yorkshire - Current - Oct 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
Number treated < 62 days	16	17	18	19	12	15	23	22	9	16	9	25	15	3	1	0	1	1	11
Total number seen	16	18	19	20	13	17	26	25	11	19	15	27	18	4	1	2	1	1	12
CWT Treated < 62 Days - Screening Service	100.0%	94.4%	94.7%	95.0%	92.3%	88.2%	88.5%	88.0%	81.8%	84.2%	60.0%	92.6%	83.3%	75.0%	100.0%	0.0%	100.0%	100.0%	91.7%

CWT Treated < 62 Days - Consultant Upgrade - North Yorkshire - Current - Oct 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
Number treated < 62 days	5	4	8	7	3	5	10	7	11	18	17	23	17	14	16	21	22	25	24
Total number seen	5	6	9	8	3	5	15	7	14	21	19	26	20	15	18	22	24	29	27
CWT Treated < 62 Days - Consultant Upgrade	100.0%	66.7%	88.9%	87.5%	100.0%	100.0%	66.7%	100.0%	78.6%	85.7%	89.5%	88.5%	85.0%	93.3%	88.9%	95.5%	91.7%	86.2%	88.9%

What the data is showing us...

for patients seen within 62 days after 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 has improved also. The rate is still lower than the target but is improving month on month. For October the reasons behind the below target threshold were mostly "Complex diagnostic pathway", "Health Care Provider initiated delay to diagnostic test or treatment planning" and "Patient Choice relating to first out patient appointment".

for patients seen within 62 days from the screening service - the activity has been very low for most of the months in 20/21. However, October has shown a large increase in cases but the rate of patients seen within 62 days around the target threshold has been met despite the low activity previously masking this.

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.

For the main Cancer 62 Day Urgent Referral metric, North Yorkshire CCG has failed to meet the 85% target in 11 of the last 12 months, usually falling in the high 70% to low 80% range. Since lockdown began the number of patients seen on this pathway has dropped significantly, but performance against the target has remained static.

For the Cancer 62 Day Screening metric, North Yorkshire CCG was over the 90% threshold up to August 2019, but since then has only met the target once in the subsequent 9 months. However, patients seen on this pathway tend to be few on a monthly basis, so while in the latest month performance was only 75% that only equated to 1 breach of the target.

The 62 Day Consultant Upgrade metric does not have a national target, and numbers tend to be low, however North Yorkshire CCG has historically had a performance in the 80%-90% range. Since lockdown the number of patients who received a consultant upgrade has increased slightly, while performance has been maintained.

This operational standard was a challenge to most providers and Cancer Alliances prior to COVID-19 and performance service reviews reflect both limits to diagnostic capacity and workforce. These issues are areas for service improvement at national, regional and local levels.

As this operational standard covers the patient journey from referral to first treatment, it encapsulates and builds upon service improvements pertinent to the cancer 2 week wait target and cancer 31 day target. Commissioners and providers are proactively and collaboratively engaged under the umbrella of Cancer Alliances (Humber Coast and Vale; North of England and West Yorkshire and Harrogate) to:

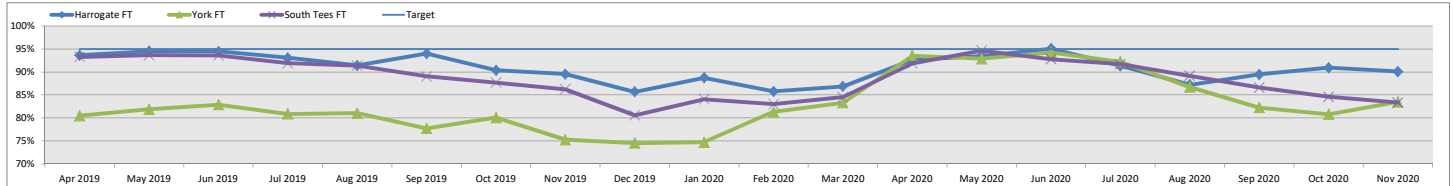
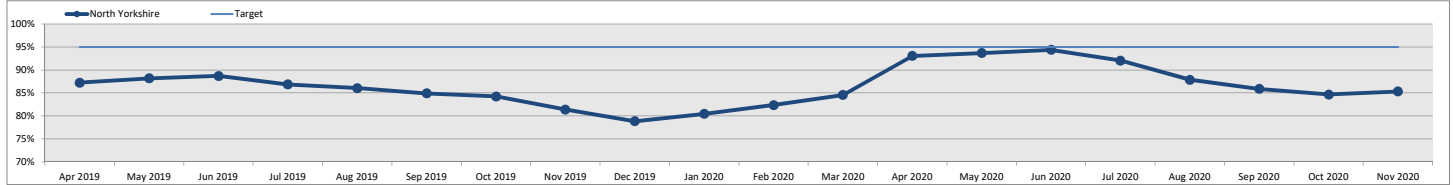
- Increase diagnostic capacity through workforce development (e.g. expansion of existing workforce and the development of new roles);
- Application of Artificial Intelligence (AI) solutions in diagnostic pathways;
- Increase diagnostic capacity through submission of proposals for capital investment in diagnostic services to the National Cancer Team and NHSE/;
- Development and introduction of new diagnostic pathways and processes (e.g. pathways for patients who exhibit serious, non-specific symptoms; development of Rapid Diagnostic Pathways) and expand the number of cancer pathways which converge on a Rapid Diagnostic pathway;
- Introduction of 'networked' pathology and imaging solutions within and between providers which support sharing of diagnostic reporting capacity across providers;
- Introduction and application of new assessment/diagnostic tests (e.g. extended scope of Faecal Immunochemical Testing (FIT) in primary care; consideration of the use of 'Pinpoint' and 'GRAIL' in the cancer diagnostic pathway);
- Working with Health Education England (HEE) to develop workforce plans and implement workforce solutions.

There is increasing national, regional and local focus on sustained initiatives to reduce the size of the 104 day backlog and completion of clinical harm reviews.

Nationally, the treatment activity is in excess of baseline (pre-COVID) treatment activity - thereby starting to address the backlog of treatments accumulating over the previous 5 months.

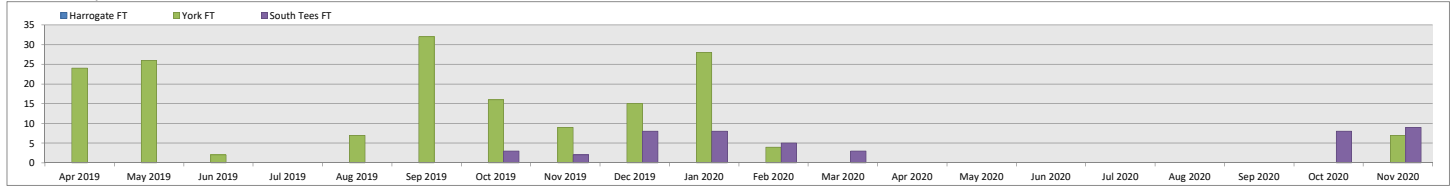
A&E Waiting Times

% < 4 hours in A&E - Current - Nov 2020



% < 4 hours in A&E	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
North Yorkshire	87.2%	88.2%	88.7%	86.9%	86.1%	84.9%	84.3%	81.4%	78.8%	80.5%	82.4%	84.6%	93.0%	93.7%	94.4%	92.0%	87.9%	85.9%	84.7%	85.3%
Harrogate FT	93.6%	94.5%	94.5%	93.1%	91.4%	94.0%	90.4%	89.5%	85.7%	87.7%	85.8%	86.8%	92.6%	93.4%	94.4%	92.0%	87.2%	89.5%	90.0%	90.1%
York FT	80.5%	81.9%	82.9%	80.9%	81.0%	77.7%	80.1%	75.3%	74.5%	74.7%	81.3%	83.3%	93.6%	92.9%	94.2%	92.2%	86.7%	82.3%	80.8%	83.5%
South Tees FT	93.3%	93.7%	93.6%	91.9%	91.4%	89.1%	87.7%	86.2%	80.6%	84.1%	83.0%	84.5%	91.9%	94.6%	92.8%	91.7%	89.2%	86.6%	84.6%	83.3%

A&E 12 hour Trolley Waits - Current - Nov 2020



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
Harrogate FT	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	28	8	5	3	0	0	0	0	0	0	0	7
South Tees FT	0	0	0	0	0	0	3	2	8	8	0	0	0	0	0	0	0	0	8	9

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. As at November, following the June high of 94.4%, the position had again fallen 4 months in a row but has improved slightly in the latest period. The 3 providers data also reflects this drop in performance with only Harrogate improving in September and October. However, in November Harrogate dropped slightly, York has improved but South Tees has continued to fall.

After having recovered from below 85% in March 2020 to above 93% in Quarter 1 of 2020/21, Accident & Emergency (A&E) performance against the 4hour waiting time standard fell below 90% in Quarter 2 and has then stabilised in Quarter 3, reporting 84.7% and 85.3% respectively for October and November 2020. Each of the three Trusts reported 4hour performance above 80% in each month of Quarter 2 and similarly so far in Quarter 3. A&E performance in 2020/21 to date continues to be heavily compromised by Infection Prevention and Control (IPC) requirements and maintaining COVID-19 safe environments for A&E departments.

A&E performance at each of the three main Trusts, serving the population of North Yorkshire, has followed a similar pattern in Quarter 2 and so far in Quarter 3, reporting a decline in 4hr performance since the end of June until the end of November 2020. Harrogate and District NHS Foundation Trust (HDFT) fell 5% during this period with South Tees Hospitals NHS Foundation Trust's (STHT) performance falling 10% and York Teaching Hospital NHS Foundation Trust's (YFT) performance dropping 12% overall. A general increase in patient acuity (particularly for those arriving by ambulance) being reported by all A&E departments as well as necessary social distancing and testing of patients before admission continues to have a significant impact on flow and performance. The CCG continues to monitor the position in the acute hospital trusts, both informally and formally through A&E Delivery Boards, Health Care Resilience Boards and System Resilience Groups.

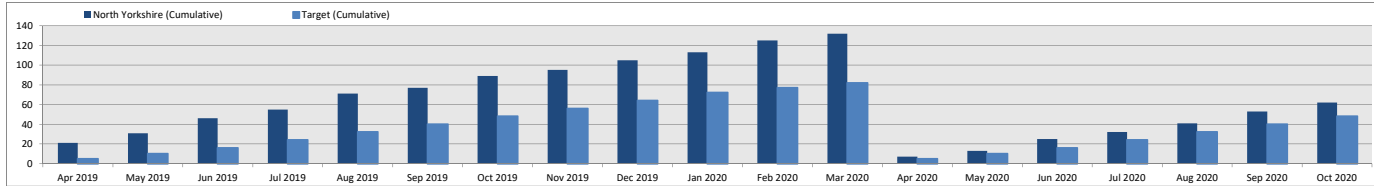
With the exception of a very challenging week at Scarborough Hospital during October 2020, where 8 twelve hour trolley breaches were recorded, zero 12hr trolley waits have been recorded at York Teaching Hospital NHS Foundation Trust, Harrogate and District NHS Foundation Trust or South Tees Hospital NHS Foundation Trust during the April to November 2020/21 period.

The nationally driven 111 First (replacing the brand of "Talk Before You Walk") initiative commenced across the Humber Coast and Vale area on 1 December 2020. A national television campaign also commenced on 1 December 2020 which was agreed to be relatively low key initially so as not to deflect from the priority of delivering the COVID-19 vaccine. Demand on the Yorkshire Ambulance Service (YAS) provided 111 service has not shown any marked change in the first week since the launch. The changes are aimed at increasing the number of 111 calls that receive clinical review prior to the patient's final disposition being confirmed and also increasing the direct booking capability and capacity from 111 into provider services. It is hoped that this work, supported by national, regional and local communication campaigns, will help re-educate members of the public to use the 111 service first for all their urgent care needs before attending their local Emergency Department for non-emergency issues.

Hospital Infections

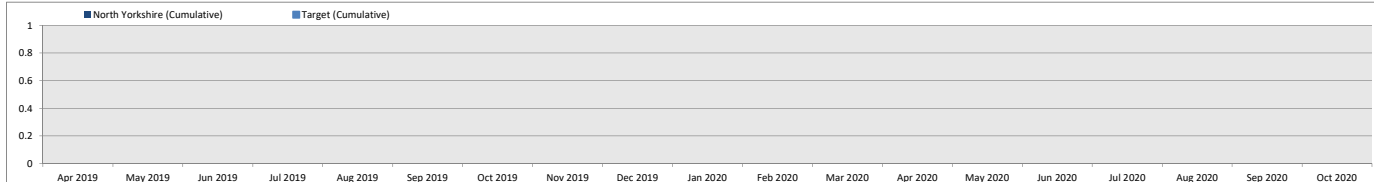
	Latest Data	High or Low	Threshold	Actual Position	Status
Clostridium Difficile (Cumulative)	Oct-20	Low	48	62	
MRSA (Cumulative)	Oct-20	Low	0	0	
E.Coli (Cumulative)	Oct-20	Low	194	211	

Clostridium Difficile - North Yorkshire - Current - Oct 2020



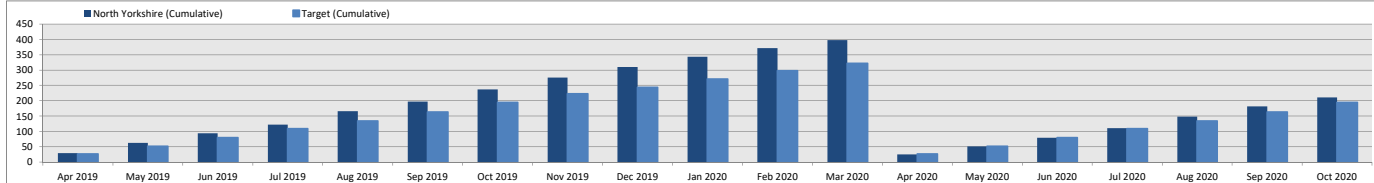
	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020
Clostridium Difficile	21	31	46	55	71	89	105	113	125	132	132	125	7	5	13	25	32	41	53
North Yorkshire	21	31	46	55	71	89	105	113	125	132	132	125	7	5	13	25	32	41	53
Target	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Target (Cumulative)	5	10	16	24	32	40	48	56	64	72	77	82	87	92	105	120	132	144	167
Harrogate FT	4	2	3	2	2	1	3	1	3	5	1	1	1	1	1	1	1	2	1
York FT	16	13	17	12	15	9	10	12	12	14	10	7	7	2	2	7	7	11	4
South Tees FT	10	6	10	6	12	6	12	7	3	7	6	4	1	4	4	12	9	11	7

MRSA - North Yorkshire - Current - Oct 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
MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
North Yorkshire	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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
Target (Cumulative)	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
York FT	0	0	0	2	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	0	0

E.Coli - North Yorkshire - Current - Oct 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
E.Coli	29	63	94	122	166	197	237	276	310	343	372	398	25	51	79	111	148	182	211
North Yorkshire	29	63	94	122	166	197	237	276	310	343	372	398	25	51	79	111	148	182	211
Target	26	25	28	29	26	29	31	28	21	27	27	25	26	25	28	29	26	29	31
North Yorkshire (Cumulative)	26	51	79	108	134	163	194	222	243	270	297	322	26	51	79	108	134	163	194
Target (Cumulative)	0	1	0	2	7	4	1	1	1	1	1	2	0	2	3	2	0	0	1
Harrogate FT	7	6	5	5	8	2	5	6	7	6	6	8	0	0	2	8	3	5	7
York FT	13	14	7	3	7	7	5	3	5	8	6	3	1	4	4	10	5	4	7
South Tees FT																			

What the data is showing us...

Clostridium Difficile cumulative cases attributed to the CCG are now above the target. Harrogate continues to have few cases each month but York and South Tees numbers are starting to rise. With South Tees at lower levels than last year but York starting to rise over the last couple of months.

There continues to be no MRSA cases for the CCG and at York and Harrogate with just 1 at South Tees in July.

E.Coli cases attributed to the CCG over the last 3 months have continued to be above 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 now starting to increase as Winter begins. South Tees is beginning to show signs of an increased number of cases too.

The CCG and Acute Trusts continue to use the previous year's targets as the baseline for performance monitoring. Although the Clostridium Difficile (C Diff) data suggests non-compliance with the threshold it is a significant improvement on last year's data which evidences 89 cases (April to October 2019) versus 62 to date:

- Within South Tees Hospitals NHS Foundation Trust the Infection Prevention Assurance Group has been reinstated on a monthly basis and the CCG is represented. MRSA panels continue to be suspended, with the agreement of the Chief Nurse of the CCG however Trust panels to review the C.Diff cases have recommenced with CCG attendance.
- At Harrogate District NHS Foundation Trust compliance is monitored through monthly reports to the Quality Committee.
- York Teaching Hospital NHS Foundation Trust Infection Prevention Control meetings have been reinstated and the CCG are represented at the C.Diff review meetings.

An outbreak of Covid-19 has been on-going since 26th October 2020 at Scarborough Hospital. A serious incident has been declared and an investigation is in progress. The CCG has been involved since the onset of the outbreak and participate in the daily Trust outbreak control meeting with the regional Health Care Associated Infection Committee updated weekly. The outbreak commenced on CCU and due to the patient flow requirements within the hospital and the challenged environment 5 in-patient wards have been involved. A significant patient and staff testing programme has been undertaken which is monitored by the daily outbreak control meetings. Duty of Candour letters have been sent by the Trust to affected patients and GP's have been notified. Public Health England are working with the Trust to understand the outbreak chronology and advise when the outbreak can be declared closed.

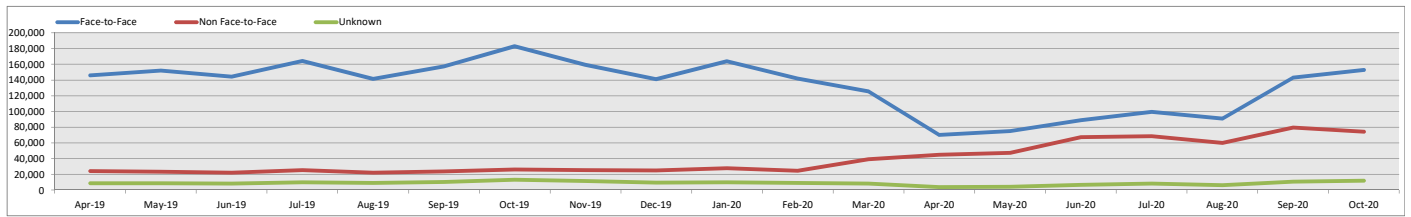
As the covid-19 pandemic continues, there is increased pressure on all parties but collaborative working continues with the CCG supporting both primary care and care homes.

The roll out of the national Covid vaccination programme has commenced with limited Pfizer-BioNTech vaccine arriving into designated PCN sites this week for administration to some of our more vulnerable patients. To get to this point has taken significant co-ordination and collaboration with our Primary Care Networks being at the centre of the delivery model. The further roll out of the vaccine will be undertaken following national guidance as more vaccine becomes available.

The 2020/21 Flu vaccination programme is well underway. The target of 75% for vaccinating the over 65 years of age group has been exceeded with a vaccination rate of 83.2% and the other patient groups have increasing compliance. The flu vaccine stock to commence vaccination of the 50-64 year old age group has been received and patients from this cohort are now being invited to attend.

Primary Care - GP Appointments

	Latest Data	Actual Position	NY CCG 19/20	NY CCG 20/21	Year on Year Change
Face-to-Face	Oct-20	152,988	1,088,130	721,048	-34%
Non Face-to-Face	Oct-20	74,456	167,705	442,098	164%
Unknown	Oct-20	11,833	69,090	51,827	-25%
All Appointments	Oct-20	239,277	1,324,925	1,214,973	-8%



GP Appointments Appointment Type	Month																			
	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	
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	
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	
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	
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	

What the data is showing us...

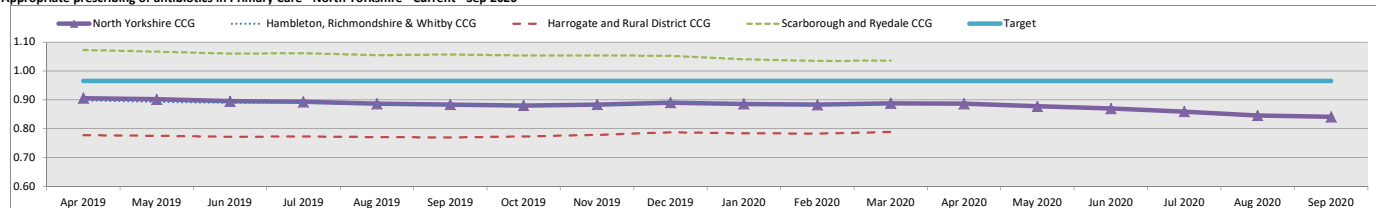
The number of Face-to-Face appointments as expected dropped from March onward but has begun to pickup over the following months but has not as yet returned to pre-COVID levels. Also, the Non Face-to-Face appointments may not accurately represent all video/online appointments.

Appointment activity in primary care has returned to pre-COVID-19 levels with an increase in face-to-face appointments and a continued use of non-face-to-face appointments.

Prescribing

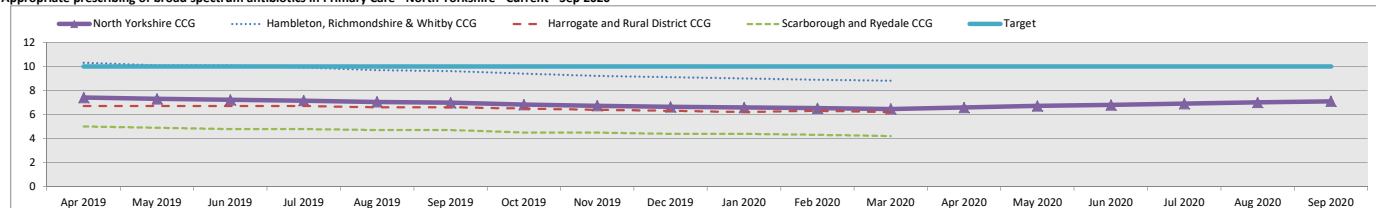
	Latest Data	High or Low	Threshold	Actual Position	Status
Appropriate prescribing of antibiotics in Primary Care	Sep-20	Low	0.965	0.841	
Appropriate prescribing of broad spectrum antibiotics in Primary Care	Sep-20	Low	10	7.1	

Appropriate prescribing of antibiotics in Primary Care - North Yorkshire - Current - Sep 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
Hambleton, Richmondshire & Whitby CCG	0.898	0.893	0.890	0.890	0.885	0.884	0.881	0.881	0.889	0.887	0.883	0.886						
Harrogate and Rural District CCG	0.777	0.775	0.772	0.773	0.771	0.770	0.773	0.779	0.787	0.784	0.783	0.788						
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	0.902	0.895	0.893	0.886	0.884	0.881	0.884	0.890	0.886	0.883	0.888	0.886	0.877	0.870	0.859	0.846	0.841

Appropriate prescribing of broad spectrum antibiotics in Primary Care - North Yorkshire - Current - Sep 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
Hambleton, Richmondshire & Whitby CCG	10.5	10.1	10.1	9.9	9.7	9.6	9.4	9.2	9.1	9.0	8.9	8.8						
Harrogate and Rural District CCG	6.7	6.7	6.7	6.7	6.6	6.6	6.5	6.4	6.3	6.2	6.3	6.2						
Scarborough and Ryedale CCG	5.0	4.9	4.8	4.8	4.7	4.7	4.5	4.5	4.4	4.4	4.3	4.2						
North Yorkshire CCG	7.4	7.3	7.2	7.2	7.0	7.0	6.8	6.7	6.6	6.6	6.5	6.5	6.6	6.7	6.8	6.9	7.0	7.1

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 increased slightly in the months leading up to September 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.

Appropriate Prescribing of Antibiotics in Primary Care

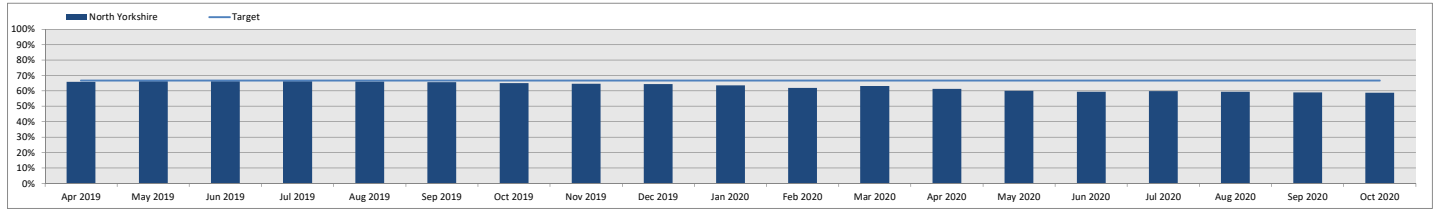
The North Yorkshire CCG is achieving the prescribing target set by NHSE/Public Health England. The CCG's rate of prescribing of antibiotics (per weighted patient) is lower than the target and also lower than the average in England (not shown on this graph). There are only 8 GP practices within North Yorkshire where prescribing remains above the target set by NHSE/Public Health England. In November 2020 the CCG marked the World Health Organisation's (WHO) World Antibiotic Awareness Week and also European Antibiotic Awareness Day. The CCG's Medicines Management Team actively promoted antimicrobial stewardship initiatives and asked all GP Practices to review their own antibiotic prescribing during the month of November.

Appropriate Prescribing of Broad Spectrum Antibiotics in Primary Care

Broad spectrum antibiotics are those which are most likely to lead to antimicrobial resistance and hence their use should be restricted to situations where there are no other options available. Following the introduction of antimicrobial stewardship initiatives in several of the GP practices resulted in the prescribing target across North Yorkshire being achieved. The CCG's rate of prescribing of broad spectrum antibiotics (as a percentage of total antibiotics prescribed) is lower than the target and also lower than the average of 8.8% in England in September 2020 (not shown on this graph). There are still have 12 GP practices within North Yorkshire whose prescribing remains above the target set by NHSE/Public Health England and the Medicines Management Team will continue to work with those practices, with the aim of reducing their broad spectrum antibiotic prescribing.

Dementia

	Latest Data	High or Low	Threshold	Actual Position	Status
Dementia - Estimated diagnosis rate	Oct-20	High	66.7%	58.8%	



	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
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%

What the data is showing us...

The dementia diagnosis rate has been close to the threshold for many months. However, since last October 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 October 2020 it has dropped 6.3%.

Work is ongoing with primary care and Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) to support improvement of the rate to diagnose dementia. Dementia diagnosis remains a challenge but work has begun with GP Practices and Primary Care Networks to improve the dementia diagnosis rates across North Yorkshire to be in line with the trajectory of 65% and in line with last year. There is also an ambition to improve the overall quality of diagnosis including follow-ups.

There has been good adoption of the virtual memory assessment approach in Hambleton, Richmondshire and Whitby area and Harrogate and Rural District area Memory Assessment Service teams.

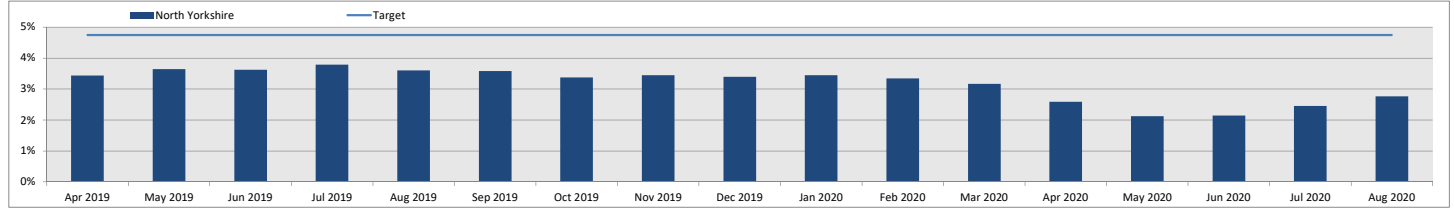
North Yorkshire & York Business Intelligence teams are working together to align data and to develop a dashboard which includes up to date monthly Dementia Diagnosis Rate (DDR) figures including prescribing of anti-psychotic drugs benchmarking data.

Work is underway with the Memory Assessment Service (MAS) to understand the changes made during the pandemic and what will remain longer term. Further work is to be done to develop a consistent approach across the NY footprint within the MAS service. The Mental Health/Learning Disability Assessment Team will work closely with Tees, Esk and Wear Valleys NHS Foundation Trust and primary care colleagues to support.

IAPT

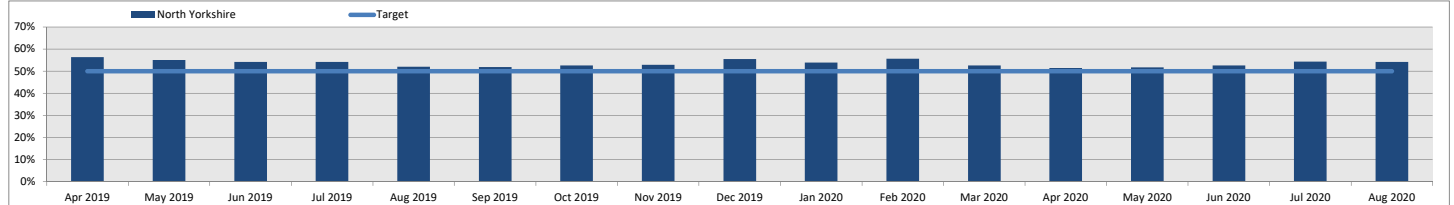
	Latest Data	High or Low	Threshold	Actual Position	Status
IAPT Roll-Out	Aug-20	High	4.8%	2.8%	Red
IAPT Recovery Rate	Aug-20	High	50.0%	54.2%	Green

IAPT Roll-Out - North Yorkshire - Current - Aug-20



	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
IAPT Roll-Out	3.4%	3.6%	3.6%	3.8%	3.6%	3.6%	3.4%	3.4%	3.4%	3.4%	3.3%	3.2%	2.6%	2.1%	2.1%	2.5%	2.8%

IAPT Recovery Rate - North Yorkshire - Current - Aug-20



	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
IAPT Recovery Rate	56.4%	53.1%	54.2%	54.2%	52.0%	51.9%	52.6%	52.9%	55.5%	53.8%	55.6%	52.6%	51.4%	51.7%	52.6%	54.4%	54.2%

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% but since the COVID restrictions came into force this had declined to just above 2%. As at August it has improved further on July.

The Recovery rate for the CCG has maintained its above target levels before and since the COVID restrictions. As at August it has fallen slightly compared to July but still higher than the lowest point in April 2020.

The CCG operates under a partnership arrangement with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) as their lead provider to agree how Mental Health Investment Standard (MHIS) funding is prioritised and invested. Improved Access to Psychological Therapies (IAPT) remains a key priority for the partnership. The partnership agreed to invest £250k in 2020/21 which takes the investment into IAPT over the last 3 years to circa £1m. The CCG is sighted on the 25% target by 2023/24 but is currently only commissioning a level of 19% for 20/21.

TEWV has experienced a reduction in demand since the start of COVID-19 which is impacting on the roll out target, however prior to COVID -19 the numbers entering treatment were below the expected levels.

Workforce is also an increasing risk, particularly around training places, including recruitment and retention. There are a number of vacancies within the teams across North Yorkshire. Under the NY MH and LDA partnership it has been agreed to work together to develop a strategic plan for IAPT, which will look at how to further support delivery of the long term plan over the next 3 years. There are 3 factors that need to be considered are:

- 1) Demand
- 2) Finance
- 3) Workforce

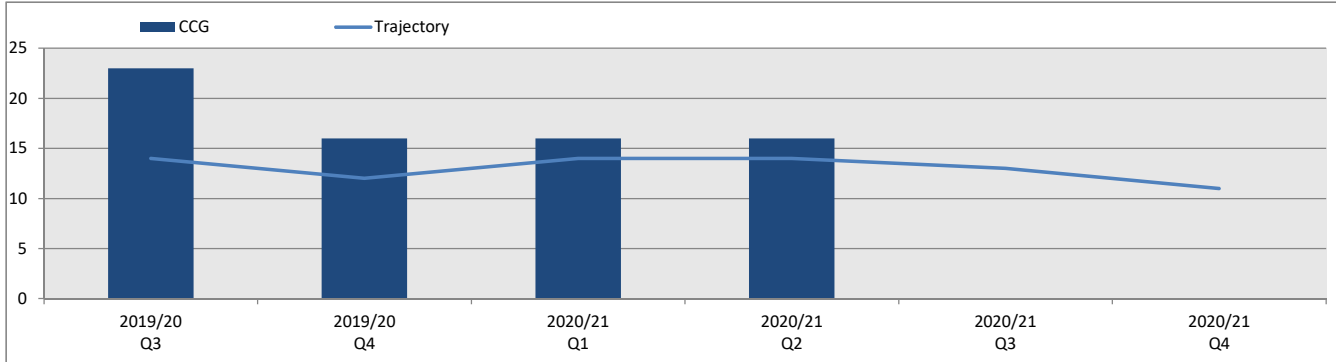
We will also work closely with Vale of York CCG as we share a number of the same issues.

IAPT has been picked up as a key issue with the engagement work that we are doing with the PCNs and local GPs. The feedback and learning from this will be captured within the strategic plan. Recovery remains positive and consistently achieves alongside waiting times.

Transforming Care Programme

	Latest Data	High or Low	Threshold	Actual Position	Status
CCG	2020/21 Q2	Low	14	16	
Specialised Commissioning	2020/21 Q2	Low	13	13	
CAMHs	2020/21 Q2	Low	2	1	

TCP IP Trajectory - NY&Y - Current - 2020/21 Q2



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

The position as at 10 December 2020 has improved and, following one discharge from secure care and one from CCG beds, is as follows:

Q3 trajectory Target / Actuals

- CCG 12 / 12

- Specialised Commissioning 13 / 12

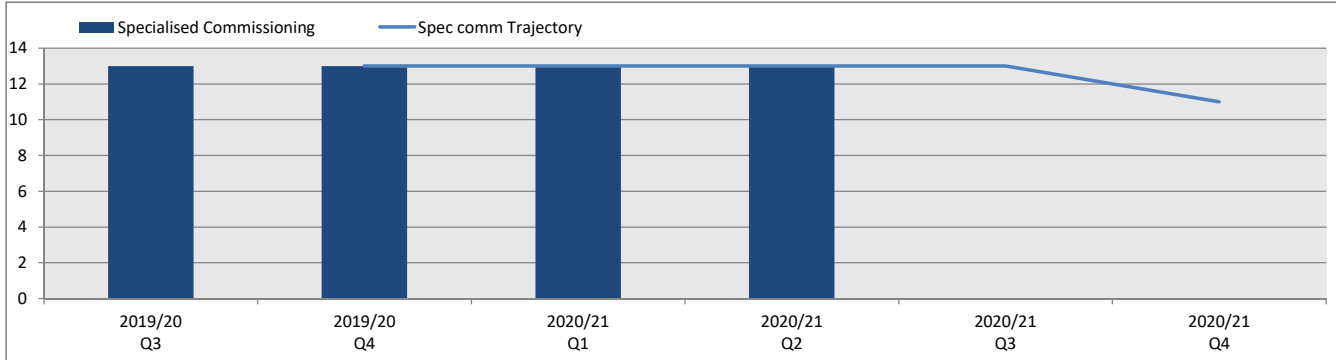
- CAMHs 1 / 0

Totals 26 / 24

Net = 2 under trajectory

This is the first time the TCP has been under trajectory since the start of the programme and is testament to the joint hard work of all the teams involved from the CCGs and Local Authorities over the last 16 months. Our admission avoidance work is a key factor in achieving the low numbers of admissions which in turn has enabled us focus on our discharges.

TCP IP Trajectory - NY&Y - Specialised Commissioning - Current - 2020/21 Q2



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

See above for overall summary.