

<b>Title of Meeting:</b>	<b>Governing Body Meeting</b>	<b>Agenda Item: 5.1</b>																							
<b>Date of Meeting:</b>	<b>24 June 2021</b>																								
<b>Paper Title:</b>	<b>Quality and Performance Report</b>	<table border="1"> <tr> <th colspan="2">Session (Tick)</th></tr> <tr> <td><b>Public</b></td><td>X</td></tr> <tr> <td><b>Private</b></td><td></td></tr> <tr> <td><b>Development Session</b></td><td></td></tr> </table>		Session (Tick)		<b>Public</b>	X	<b>Private</b>		<b>Development Session</b>															
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<b>Responsible Governing Body Member Lead</b> <ul style="list-style-type: none"> <li>Julie Warren, Director of Corporate Services, Governance and Performance</li> <li>Sue Peckitt, Chief Nurse</li> </ul>		<b>Report Author and Job Title</b> <ul style="list-style-type: none"> <li>Sasha Sencier, Board Secretary and Senior Governance Manager</li> <li>Contributors from all Directorates</li> </ul>																							
<b>Purpose – this paper is for:</b>	<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															
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<b>Has the report (or variation of it) been presented to another Committee / Meeting?</b> <b>If yes, state the Committee / Meeting:</b> Elements of this report are considered at Quality and Clinical Governance Committee and at Finance, Performance, Contracting and Commissioning Committee.																									
<b>Executive Summary</b> 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: <table border="1"> <thead> <tr> <th>Standard</th><th>Latest Data</th></tr> </thead> <tbody> <tr><td>Referral to Treatment (RTT)</td><td>April 2021</td></tr> <tr><td>Diagnostic Test Waiting Times</td><td>April 2021</td></tr> <tr><td>Cancer Waiting Time standards (CWT)</td><td>April 2021</td></tr> <tr><td>Accident and Emergency (A&amp;E) Waiting Times</td><td>March 2021</td></tr> <tr><td>Healthcare Associated Infections (HCAI)</td><td>April 2021</td></tr> <tr><td>Primary Care – GP Appointments</td><td>March 2021</td></tr> <tr><td>GP Prescribing</td><td>February 2021</td></tr> <tr><td>Dementia Diagnosis</td><td>April 2021</td></tr> <tr><td>Improved Access to Psychological Therapies (IAPT)</td><td>February 2021</td></tr> <tr><td>Mental Health Transforming Care Programme</td><td>March 2021</td></tr> </tbody> </table>				Standard	Latest Data	Referral to Treatment (RTT)	April 2021	Diagnostic Test Waiting Times	April 2021	Cancer Waiting Time standards (CWT)	April 2021	Accident and Emergency (A&E) Waiting Times	March 2021	Healthcare Associated Infections (HCAI)	April 2021	Primary Care – GP Appointments	March 2021	GP Prescribing	February 2021	Dementia Diagnosis	April 2021	Improved Access to Psychological Therapies (IAPT)	February 2021	Mental Health Transforming Care Programme	March 2021
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<b>Recommendations</b> <b>The Governing Body is being asking to:</b> <ul style="list-style-type: none"> <li>Receive this report on quality and performance as assurance.</li> <li>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.</li> </ul>																									
<b>Monitoring</b> 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.																									
<b>CCG Strategic Objectives Supported by this Paper</b> <table border="1"> <tr> <th></th><th>CCG Strategic Objectives</th><th></th></tr> <tr> <td>1</td><td> <b>Strategic Commissioning:</b> <ul style="list-style-type: none"> <li>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.</li> </ul> </td><td>X</td></tr> </table>					CCG Strategic Objectives		1	<b>Strategic Commissioning:</b> <ul style="list-style-type: none"> <li>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.</li> </ul>	X																
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1	<b>Strategic Commissioning:</b> <ul style="list-style-type: none"> <li>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.</li> </ul>	X																							

	<ul style="list-style-type: none"> <li>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.</li> <li>To develop alliances of NHS providers that work together to deliver care through collaboration rather than competition.</li> </ul>	
2	<b>Acute Commissioning:</b> We will ensure access to high quality hospital-based care when needed.	X
3	<b>Engagement with Patients and Stakeholders:</b> We will build strong and effective relationships with all our communities and partners.	
4	<b>Financial Sustainability:</b> We will work with partners to transform models of care to deliver affordable, quality and sustainable services.	
5	<b>Integrated / Community Care:</b> With our partners and people living in North Yorkshire we will enable healthy communities through integrated models of care.	X
6	<b>Vulnerable People:</b> We will support everyone to thrive [in the community].	X
7	<b>Well-Governed and Adaptable Organisation:</b> 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
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<b>Any statutory / regulatory / legal / NHS Constitution implications</b>	The CCG has a duty to ensure delivery against the NHS constitutional standards.
<b>Management of Conflicts of Interest</b>	No conflicts of interest have been identified prior to the meeting.
<b>Communication / Public &amp; Patient Engagement</b>	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.
<b>Financial / resource implications</b>	No financial implications are detailed within this paper.
<b>Outcome of Impact Assessments completed</b>	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**

## **Additional Quality Updates**

### **Sue Peckitt, Chief Nurse**

#### **Serious Incidents (SIs):**

The reporting of SIs has continued in line with the SI Framework from all CCG providers. Providers have been challenged by COVID-19 and during a period of exceptional pressure on services they have responded to these challenges. Two incidents concerning hospital-onset COVID-19 have been reported by York and Scarborough Teaching Hospitals NHS Foundation Trust and one by Harrogate District NHS Foundation Trust. These are currently progressing through the review process.

Throughout the response to COVID-19, themes and challenges have been identified from investigations:

- Workforce - redeployment of staff/skill mix/training/staffabsence/ limited access to community patient records
- Acuity of patients/patients not cohorted into specialties, for example patients with dementia
- Safeguarding processes - gaps in staff knowledge
- Children's Safeguarding - more limited social contact between staff and families with one family member on ward, limiting usual observations of family dynamics/professional curiosity
- Assessments of patients - obtaining corroborative information with limitations of visitors, reduction of beds for observations.
- Equipment/Personal Protective Equipment - causing communication difficulties
- Face to Face contacts - reduced/suspended, including group sessions, activities, pain management clinics

The nursing and quality team continue to work with our providers on refining their SI processes and all providers now attend the CCG SI review panel to discuss incidents and action plans.

#### **Tees Esk and Wear Valleys NHS Foundation Trust:**

The nursing and quality team are currently working to support the Trust who are under a Quality Board process led by NHS England. An improvement action plan has been developed by the Trust which is monitored and challenged by the Quality Board.

#### **Internal Audit:**

Internal Audit have reviewed the effectiveness of safeguarding adults arrangements in place including compliance with statutory requirements. The report issued in May 2021 awarded significant assurance with two moderate recommendations, which have now been completed.



## NY Performance Report v1.54

Date: 07 June 2021

Author: Mark Butcher



## SUMMARY

Area	Indicator	Latest Data	High or Low	National Threshold	Actual Position	Status
RTT	< 18 Weeks - Admitted	Apr-21	High		25.0%	
	< 18 Weeks - Non-Admitted	Apr-21	High		48.8%	
	< 18 Weeks - Incompletes	Apr-21	High	92%	68.8%	
	> 52 Weeks - Incompletes	Apr-21	Low	0	2,617	
	Number of Completed Admitted Pathways	Apr-21	High	0	2,080	
	Number of Completed Non-Admitted Pathways	Apr-21	High	0	6,877	
	Number of Incomplete Pathways	Apr-21	High	0	32,943	

### Status Key:

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

Diag	% > 6 weeks - Diagnostics	Apr-21	Low	1%	21.7%	
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Cancer WT	CWT seen - 2 Weeks GP Referral	Apr-21	High	93%	86.2%	
	CWT seen - 2 Weeks Breast	Apr-21	High	93%	47.0%	
	CWT treated - 31 days diagnosis	Apr-21	High	96%	93.0%	
	CWT treated - 31 days - surgery	Apr-21	High	94%	72.5%	
	CWT treated - 31 days - drugs	Apr-21	High	98%	97.9%	
	CWT treated - 31 days - radiotherapy	Apr-21	High	94%	98.3%	
	CWT treated - 62 days urgent	Apr-21	High	85%	73.7%	
	CWT treated - 62 days - screening service	Apr-21	High	90%	89.5%	
A&E	CWT treated - 62 days - consultant upgrade	Apr-21	High		89.7%	
	% < 4 hours	Mar-21	High	95%	84.1%	
Hospital Infections	Clostridium Difficile (Cumulative)	Apr-21	Low	0	9	
	MRSA (Cumulative)	Apr-21	Low	0	0	
	E.Coli (Cumulative)	Apr-21	Low	0	32	

		Latest Data	High or Low	Op Plan Threshold	Actual Position	Status
GP Referrals	GP Referrals (General and Acute)	Mar-21	Low	12,193	8,297	
	Other Referrals (General and Acute)	Mar-21	Low	8,291	6,011	
	Total Referrals (General and Acute)	Mar-21	Low	13,803	14,308	
	Consultant Led First Outpatient Attendances	Mar-21	Low	8,634	10,365	
	Consultant Led Follow-Up Outpatient Attendances	Mar-21	Low	5,169	21,314	
	Total Consultant Led Outpatient Attendances	Mar-21	Low	13,803	31,679	
	Total Outpatient Appointments with Procedures	Mar-21	Low	6,515	#N/A	
	Total Elective Admissions - Day Case	Mar-21	Low	25,921	3,343	
	Total Elective Admissions - Ordinary	Mar-21	Low	38,224	482	
	Total Elective Admissions	Mar-21	Low	6,515	3,825	
	Total Non-Elective Admissions - 0 LoS	Mar-21	Low	5,770	906	
	Total Non-Elective Admissions - +1 LoS	Mar-21	Low	855	1,766	
	Total Non-Elective Admissions	Mar-21	Low	6,625	2,672	
	Type 1 A&E Attendances excluding Planned Follow Ups	Mar-21	Low	1,467	4,249	
	Other A&E Attendances excluding Planned Follow Ups	Mar-21	Low	2,982	3,488	
	Total A&E Attendances excluding Planned Follow Ups	Mar-21	Low	4,449	7,737	
	RTT Admitted Pathways	Mar-21	Low	8,097	1,715	
	RTT Estimated New Periods	Mar-21	Low	4,956	12,196	
	RTT Non Admitted Pathways	Mar-21	Low	13,053	7,967	

		Latest Data		Actual Position
Primary Care	GP Appointment: Face-to-Face	Mar-21		146,343
	GP Appointment: Non Face-to-Face	Mar-21		85,218
	GP Appointment: Unknown	Mar-21		9,984
	GP Appointment: All Appointments	Mar-21		241,545

		Latest Data	Actual Position	National Threshold	Actual Position	Status
Prescribing	Appropriate prescribing of antibiotics in Primary Care	Feb-21	Low	0.965	0.754	
	Appropriate prescribing of broad spectrum antibiotics in Primary Care	Feb-21	Low	10	8.2	

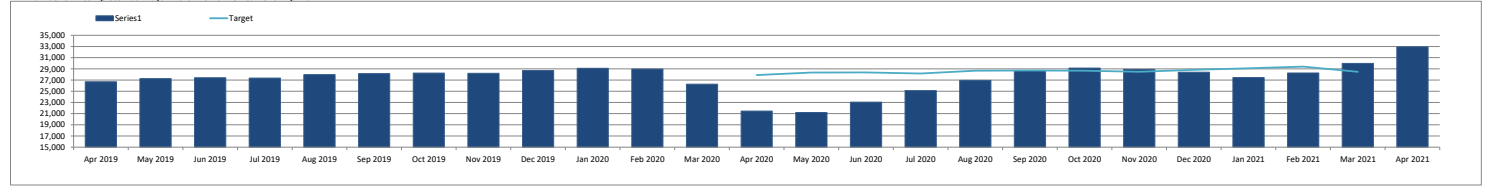
Dementia	Estimated diagnosis rate	Apr-21	High	66.7%	57.9%	
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IAPT	IAPT Roll-Out	Feb-21	High	4.8%	3.8%	
	IAPT Recovery Rate	Feb-21	High	50.0%	61.4%	

## Referral To Treatment (RTT)

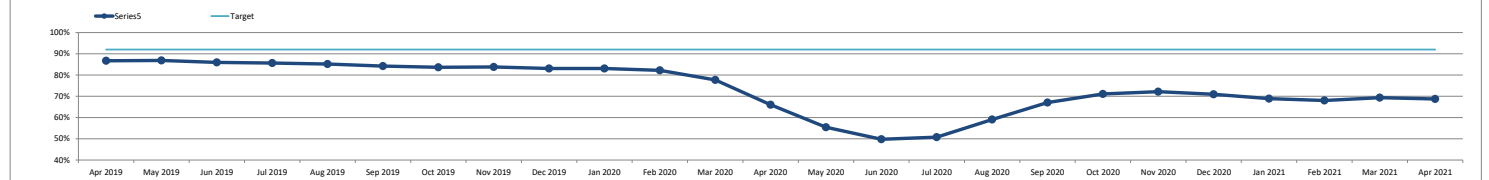
	Latest Data	High or Low	National Threshold	Actual Position	Status
RTT < 18 Weeks - Admitted	Apr-21	High		25.0%	
RTT < 18 Weeks - Non-Admitted	Apr-21	High		48.8%	
RTT < 18 Weeks - Incomplete	Apr-21	High	92%	68.8%	
RTT > 52 Weeks - Incomplete	Apr-21	Low	0	2,617	
RTT > 40 Weeks - Incomplete	Apr-21	Low		1,112	
Number of Completed Admitted RTT Pathways	Apr-21	High	0	2,080	
Number of Completed Non-Admitted RTT Pathways	Apr-21	High	0	6,877	
Number of Incomplete Pathways	Apr-21	Low	0	32,943	

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



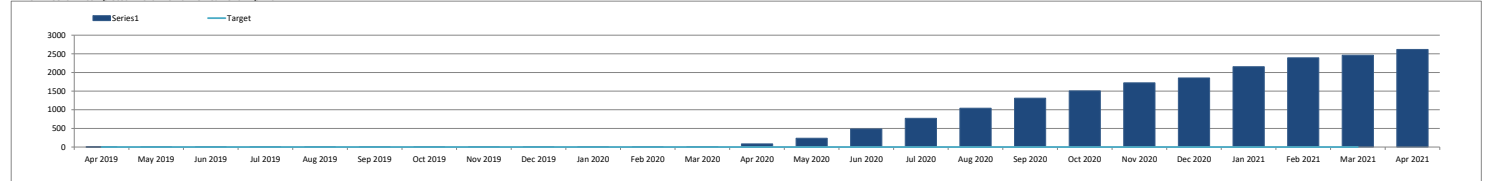
RTT - Number of Incomplete Pathways	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021
	25,690	27,268	27,405	27,348	27,371	28,348	28,258	28,200	28,688	25,104	28,963	26,255	21,485	21,197	23,048	25,008	26,719	28,708	26,141	28,899	26,196	27,440	29,125	25,988	32,943

RTT < 18 Weeks - Incomplete - North Yorkshire - Current - Apr 2021



RTT < 18 Weeks - Incomplete	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021
	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	65.0%	55.0%	50.0%	50.0%	55.0%	65.0%	70.0%	70.0%	70.0%	68.8%	68.8%	68.8%	68.8%

RTT > 52 Weeks - Incomplete - North Yorkshire - Current - Apr 2021



RTT > 52 Weeks Incomplete	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021
	0	0	0	0	0	0	0	0	0	0	0	0	100	200	400	700	1000	1300	1600	1800	1900	2100	2300	2400	2600

**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 but has now begun to fall in February.

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 pre-COVID-19 there were very low numbers on a month-by-month basis. The number of patients waiting overall 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 combined with increased referrals into secondary care. That said, the number of patients waiting in excess of 52 weeks is forecast to reduce by September 2021 and patients continue to be prioritised by clinical urgency and then by time waiting.

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.

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.

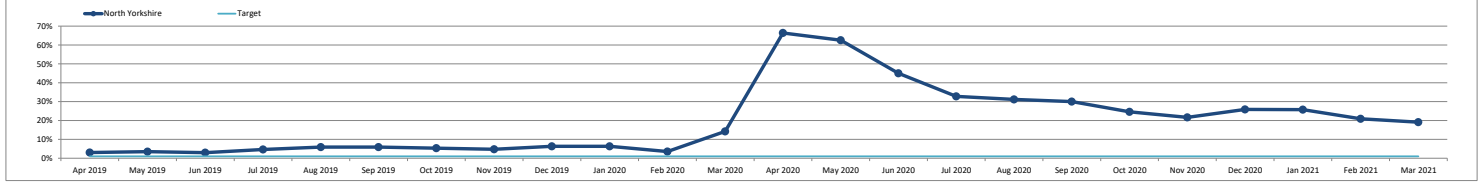
**Priorities List:**

P1a = Emergency - operation needed within 24 hours,  
P1b = Urgent - operation needed within 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-21	Low	1%	21.7%	

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



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021
Diagnosis	238	277	238	385	454	443	412	355	477	480	274	569	3441	2699	2451	3325	2521	2403	1962	1517	1818	1926	1440	1471	1705
Waiting list	7885	8000	8096	8432	7717	7473	7731	7556	7467	7612	7733	3999	3678	4317	5450	7098	8123	8009	7982	7002	7031	7017	6894	7706	7891
% > 6 weeks - Diagnostics	3.0%	3.5%	3.0%	4.6%	5.9%	5.9%	5.3%	4.8%	6.3%	6.3%	6.3%	9.5%	14.2%	66.4%	62.5%	45.0%	32.8%	31.7%	30.0%	24.6%	21.7%	25.9%	25.7%	20.8%	19.1%

**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 up to and beyond pre-COVID levels. Christmas does appear to show that the second wave of COVID cases did affect the waiting list and the rate at which patients have to wait for their diagnostic procedures but not the same extent as it was at beginning of April. Over the 2 months since December there is a decline in waits and it is now below the lowest recovery level in November.

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 we are now at 21% 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.

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.

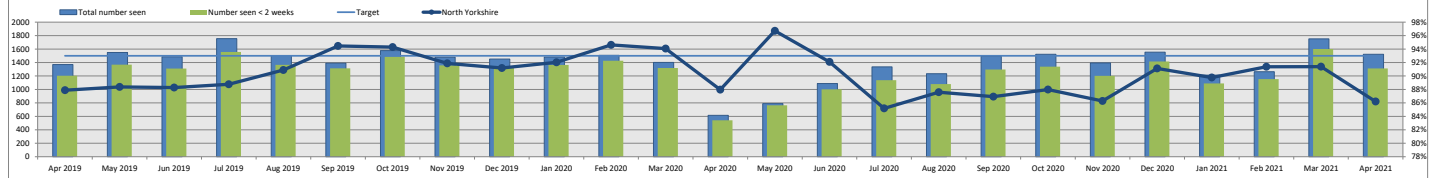
All trusts are reviewing and prioritising their diagnostic waiting lists and as described previously, methods of prioritisation continue to be used in the lower and upper GI pathways including Faecal Immunochemical Testing (FIT) as well as the commencement of pilots of capsule endoscopy and cytosponge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

Community Diagnostic Hubs are being scoped across NYY with early actions being implemented to support the clearance of backlogs created by the pandemic and informed by our work to understand health inequalities within our communities.

## Cancer Two Week Waits

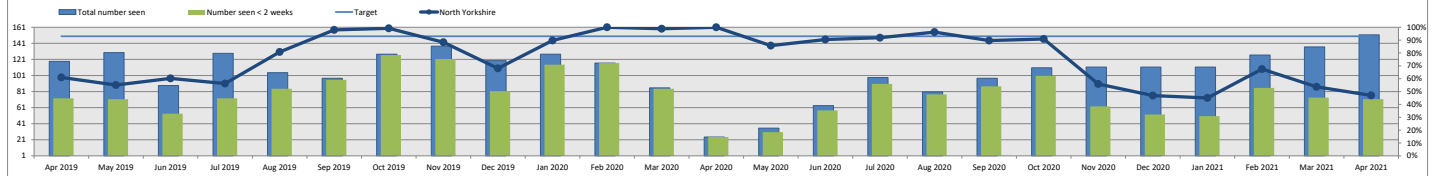
	Latest Data	High or Low	National Threshold	Actual Position	Status
CWT seen - 2 Weeks GP Referral	Apr-21	High	93%	86.2%	
CWT seen - 2 Weeks Breast	Apr-21	High	93%	47.0%	

## CWT Seen &lt; 2 Weeks GP Referral - North Yorkshire - Current - Apr 2021



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021
Number seen < 2 weeks	1204	1369	1310	1557	1366	1314	1488	1358	1323	1364	1426	1318	541	764	1001	1138	1080	1297	1339	1202	1416	1089	1154	1601	1312
Total number seen	1370	1549	1484	1754	1503	1391	1578	1478	1451	1482	1507	1401	615	790	1087	1233	1233	1492	1522	1393	1554	1213	1263	1752	1523
CWT seen - 2 Weeks GP Referral	87.9%	88.4%	88.3%	88.8%	90.9%	94.9%	92.1%	91.9%	91.2%	92.0%	94.6%	94.1%	88.0%	96.7%	92.1%	95.2%	87.6%	86.9%	88.0%	86.3%	91.1%	89.8%	91.4%	91.4%	86.2%

## CWT Seen &lt; 2 Weeks Breast - North Yorkshire - Current - Apr 2021



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021
Number seen < 2 weeks	72	71	53	72	81	95	126	121	81	114	116	84	24	35	63	98	80	97	100	67	51	50	85	73	24
Total number seen	118	129	88	128	104	97	127	137	119	127	116	85	24	35	63	98	80	97	110	111	111	111	126	136	153
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%	96.3%	89.7%	90.9%	55.9%	46.8%	45.0%	67.5%	53.7%	47.0%

## 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 had picked up again to the end of the year. However, in April it has again fallen back to the level it was at in November. The reasons behind the below target threshold were "Capacity Issues (i.e. not enough slots)" and "Patient Choice relating to first out patient appointment".

for patients seen within 2 weeks with suspected breast cancer - even though the activity was low for the first few 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 remained steady in from October through January and increased from February onwards. However, in March and April the numbers of those seen within 2 weeks dropped to about half. For April the reasons behind being so far below target threshold were predominantly "Capacity Issues (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
- Greater inter-week/monthly variation in activity has been experienced by providers coming out of wave 1, into wave 2 and out of wave 2 which creates challenges to service delivery
- 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

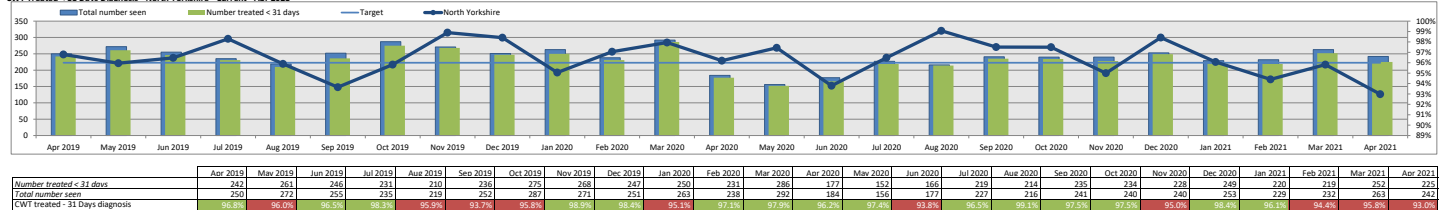
- It is important to note that not all cancer diagnoses are made via this route - others include screening, A&E, consultant upgrade etc
- Every Cancer Alliance in England experienced a drop in 2WW performance between March 21 and April 21. Humber Coast and Vale ranked 11/21 against this measure. However, Humber Coast and Vale was the only Alliance to improve on performance regarding Breast Symptoms (by 2.4%)
- Some patient cohorts have been disproportionately affected by the pandemic regarding a return to services. Identified cohorts which have been disproportionately affected include older age groups (60+), men and ethnicity (white British)
- Emergency presentation rates across the Alliances have remained at the same numbers when measured after wave 1 of the pandemic
- Work continues to determine the total reduction in cancer diagnoses across all routes and how that impacts on different localities/ patient groups.



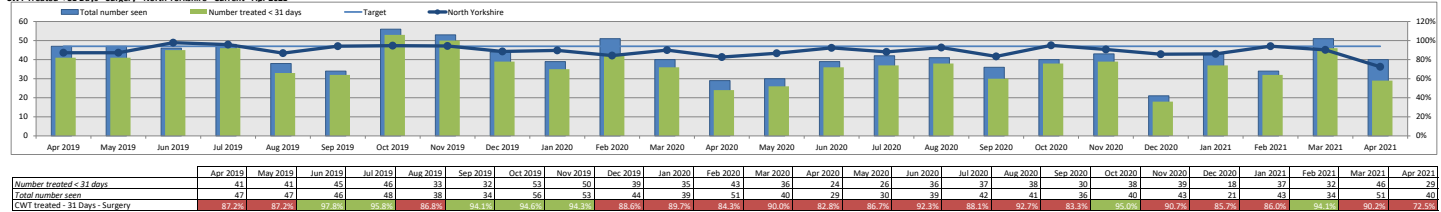
## Cancer 31 Day Waits

	Latest Data	High or Low	National Threshold	Actual Position	Status
CWT treated - 31 days diagnosis	Apr-21	High	96%	93.0%	
CWT treated - 31 days - surgery	Apr-21	High	94%	72.5%	
CWT treated - 31 days - drugs	Apr-21	High	98%	97.9%	
CWT treated - 31 days - radiotherapy	Apr-21	High	94%	98.3%	

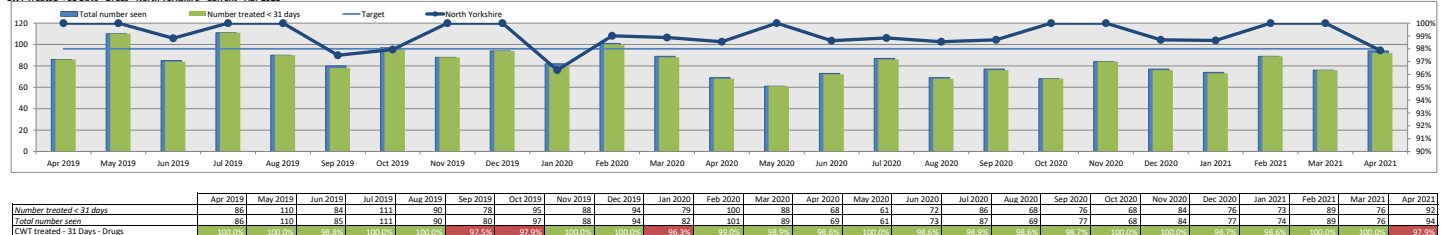
### CWT Treated < 31 Days Diagnosis - North Yorkshire - Current - Apr 2021



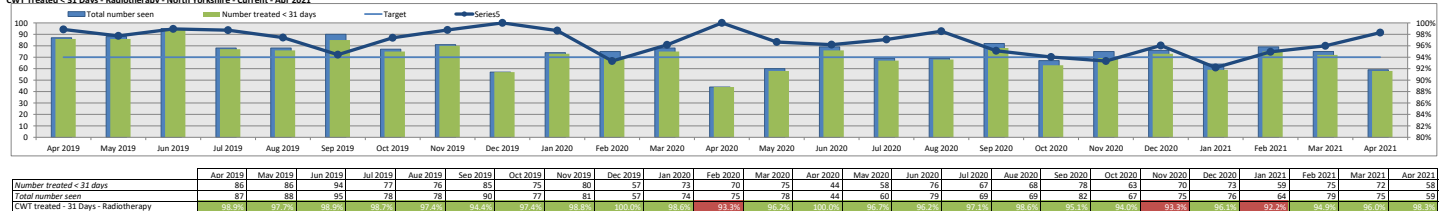
### CWT Treated < 31 Days Surgery - North Yorkshire - Current - Apr 2021



### CWT Treated < 31 Days Drugs - North Yorkshire - Current - Apr 2021



### CWT Treated < 31 Days Radiotherapy - North Yorkshire - Current - Apr 2021



#### What the data is showing us...

for patients seen within 31 days after diagnosis - as the activity continued to increase in 20/21 the rate of those patients seen within 2 weeks was still above the target. It was above the target for 8 out of 12 months. However, in April the rate fell to below 93%.

for patients subsequently seen within 31 days for surgery - as expected the activity was lower in the months of 20/21 and the rate of patients seen within 31 days has not been above target in all months except for October and February. However, in April the activity was lower and also the rate also fell to below 73%.

for patients subsequently seen within 31 days for drug treatments - the activity had been low for in the months of 20/21 but the rate of patients seen within 31 days was maintained above target threshold. However, in April the activity had returned to pre-COVID levels but the rate was just shy of the target threshold.

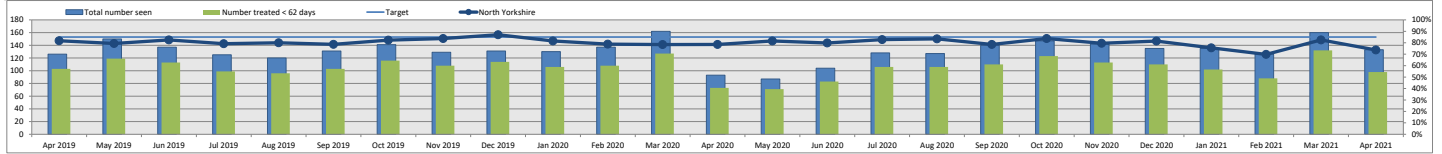
for patients subsequently seen within 31 days for radiotherapy - the activity had been low for the months of 20/21 and although the rate of patients seen within 31 days had been maintained above the target threshold for most months it did have a slow decline from September to November and in January when it dipped below the target. However, in December and from February onwards it climbed back above target.

- Providers are adept at delivering treatments for patients once diagnosed. A bottle neck across all Cancer Alliances both pre, during and post COVID will continue to be diagnostics and all Alliances have significant work programmes to tackle this issue including networking of reporting systems, AI and the development of Rapid Diagnostic Pathways
- Only 4/21 Cancer Alliances met the 31 day treatment standard and the majority of Cancer Alliances experienced a fall in performance from March to April 21
- Clearly, access to surgery has been the treatment option which has been most impacted by the pandemic - capacity has been restricted to ensure 'covid secure' physical and working environments
- Reduction in surgical capacity is reflected in the performance score of 72%.

## Cancer 62 Day Waits

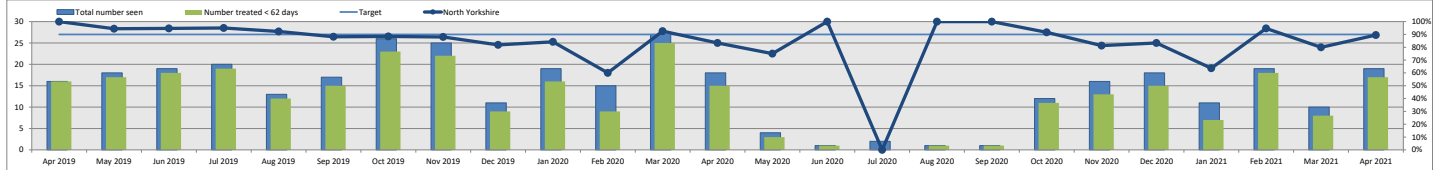
	Latest Data	High or Low	National Threshold	Actual Position	Status
CWT treated - 62 days urgent	Apr-21	High	85%	73.7%	
CWT treated - 62 days - screening service	Apr-21	High	90%	89.5%	
CWT treated - 62 days - consultant upgrade	Apr-21	High		89.7%	

## CWT Treated &lt; 62 Days urgent - North Yorkshire - Current - Apr 2021



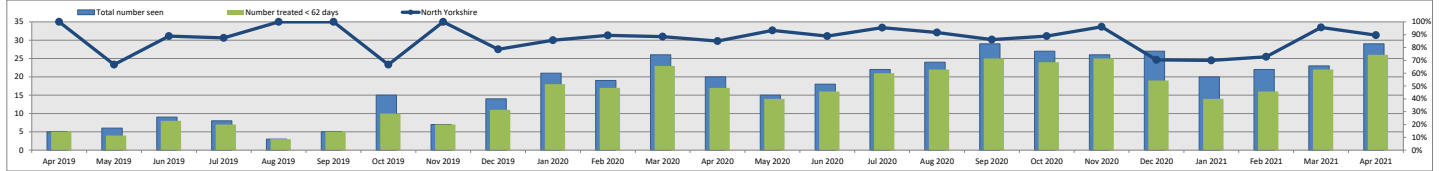
	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021
Number treated < 62 days	103	119	113	99	96	103	116	108	114	106	108	127	73	71	83	106	106	110	123	113	110	102	88	132	88
Total number seen	126	150	137	125	120	133	141	129	131	130	137	162	93	87	104	128	127	140	147	142	135	135	126	160	133
CWT Treated < 62 Days urgent	81.8%	79.3%	82.5%	79.6%	80.0%	77.4%	82.3%	83.7%	87.0%	81.5%	78.9%	78.4%	77.4%	80.6%	79.8%	82.8%	83.5%	78.6%	83.6%	79.6%	81.5%	74.1%	69.8%	82.5%	65.8%

## CWT Treated &lt; 62 Days - Screening Service - North Yorkshire - Current - Apr 2021



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021
Number treated < 62 days	16	18	19	20	13	17	26	25	11	19	15	27	18	4	1	2	1	1	12	16	18	11	19	10	19
Total number seen	16	18	19	20	13	17	26	25	11	19	15	27	18	4	1	2	1	1	12	16	18	11	19	10	19
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%	97.0%	82.3%	75.0%	100.0%	0.0%	100.0%	100.0%	91.7%	91.3%	82.3%	62.6%	84.7%	80.0%	89.5%

## CWT Treated &lt; 62 Days - Consultant Upgrade - North Yorkshire - Current - Apr 2021



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021
Number treated < 62 days	5	4	8	7	3	5	10	7	11	18	17	23	17	14	16	21	21	24	25	25	19	14	16	23	26
Total number seen	5	4	8	7	3	5	10	7	11	18	17	23	17	14	16	21	21	24	25	25	19	14	16	23	26
CWT Treated < 62 Days - Consultant Upgrade	100.0%	66.7%	88.9%	87.5%	100.0%	100.0%	65.7%	100.0%	76.6%	85.7%	88.5%	85.0%	83.3%	85.0%	88.9%	95.5%	91.7%	96.2%	88.9%	96.2%	70.4%	70.0%	72.7%	85.7%	89.2%

## What the data is showing us...

for patients seen within 62 days after an urgent referral - as expected the activity was lower in the months of 20/21 and was beginning to increase back to normal levels and as a consequence the patients seen within 62 days had improved. However, the 2nd wave of COVID again affected the activity and rate against the target but with signs of recovery in February and March. However, in April it has dipped below the target threshold again to below 74%. The reasons behind the below target threshold were mostly "Health Care Provider initiated delay to diagnostic test or treatment planning", "Elective capacity inadequate" and "Complex diagnostic pathway".

for patients seen within 62 days from the screening service - the activity had been very low for most of the early months in 20/21. However, from October onwards there were increases in activity but the rate of patients seen within 62 days around the target threshold was only met initially but fell again below the target threshold for most months including March. In April there was some improvement in both activity and rate but still below the target threshold. In April the reasons behind the below target were "Elective capacity inadequate" and "other unknown reasons".

for patients seen within 62 days after a consultant upgrade - as would be expected the activity was lower for the first few months and post Christmas of 20/21 but it has quickly increased to similar activity in the same period in 19/20. The rate of patients seen within 62 days has maintained the same level throughout 20/21 despite a drop post Christmas. The reasons for this decline is due to a couple of DNAs, "patient choice" and "Elective capacity inadequate".

## 62 day

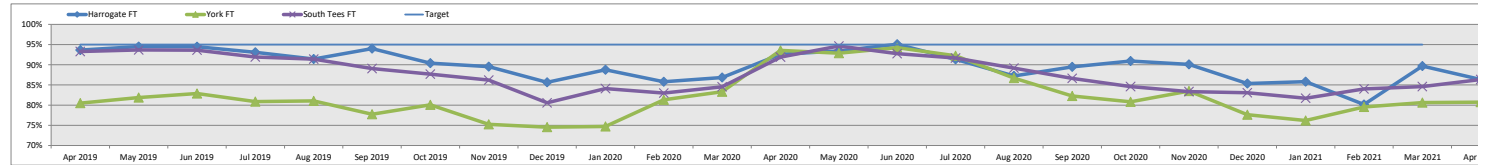
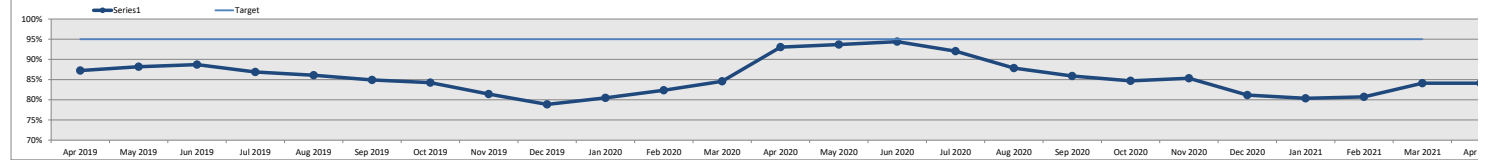
- Only one Cancer Alliance achieved the 62 day standard in April, though the majority of Cancer Alliances improved on March performance
- Humber, Coast and Vale Cancer Alliance experienced a drop in performance of 5% between March 21 and April 21 (circa 20 additional breaches).

## 104 day

- It is important to note that there will be some patients who are experiencing long waits for valid clinical reasons
- One of the national measures currently being used to compare Cancer Alliances in England is the ratio of patients waiting more than 62 days against the total patient tracking list. HCVA has one of the highest ratios at 13%, which has been brought to the attention of the HCVA System Board (on 14 June 21)
- All providers conduct Clinical Harm Reviews on all >104 waits
- Managing Wave 2 COVID-19 will continue to have an impact on backlog numbers at all levels.

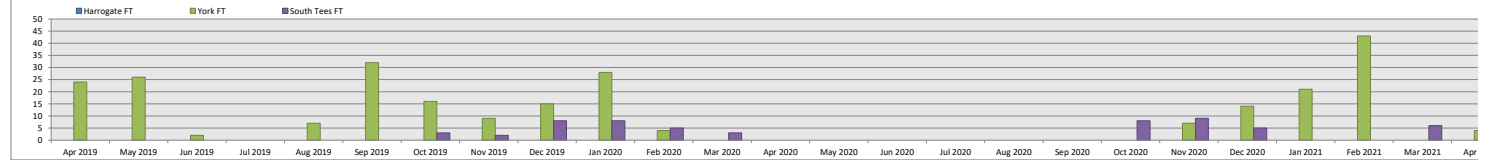
## A&amp;E Waiting Times

% &lt; 4 hours in A&amp;E - Current - Mar 2021



% < 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	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021
North Yorkshire	87.2%	88.2%	88.7%	86.9%	86.1%	84.5%	84.3%	81.4%	78.8%	80.5%	82.6%	84.6%	93.0%	93.7%	94.4%	92.0%	87.9%	85.9%	84.7%	85.3%	81.2%	80.4%	80.7%	84.1%	84.1%
Harrogate FT	93.6%	94.5%	94.5%	93.1%	91.4%	94.0%	90.4%	89.5%	85.5%	88.7%	86.8%	92.0%	93.7%	91.3%	87.2%	89.5%	84.6%	83.3%	80.4%	80.7%	79.6%	76.2%	79.6%	80.6%	80.6%
York FT	81.5%	81.7%	82.9%	80.9%	81.4%	77.7%	77.7%	75.3%	74.5%	81.3%	83.3%	84.5%	91.3%	91.7%	94.6%	92.8%	91.7%	89.2%	86.6%	84.6%	83.3%	83.1%	81.7%	84.0%	84.6%
South Tees FT	80.5%	81.9%	81.0%	81.4%	80.1%	80.1%	80.1%	80.1%	80.1%	80.1%	80.1%	80.1%	80.1%	80.1%	80.1%	80.1%	80.1%	80.1%	80.1%	80.1%	80.1%	80.1%	80.1%	80.1%	80.1%

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



12 hour Trolley Waits	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
Harrogate FT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
York FT	24	26	2	0	7	32	16	9	15	28	4	3	0	0	0	0	0	0	0	0	7	14	21	43
South Tees FT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	9	5	0	6

## What the data is showing us...

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

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 struggled, for understandable reasons, reflecting the position with COVID and High Emergency Department (HED) demand during Quarter 3 and Quarter 4. Performance during January 2021, February 2021 and March 2021 (three of the most challenging months of the year) recorded 80.4%, 80.7% and 84.1% respectively for North Yorkshire overall. Performance during April 2021 also reported 84.1% consistent with the March figure.

Each of the three Trusts reported 4hour performance above 80% in each month of Quarter 2 and continued this trend during Quarters 3 and 4 with the exception of York and Scarborough Teaching Hospitals NHS FT during December, January and February (recording 77.6%, 76.2% and 79.6% respectively). A&E performance 2020/21 was heavily compromised by Infection Prevention and Control requirements and maintaining COVID-19 safe environments for all A&E departments and increased demand. A&E performance at each of the three main Trusts, serving the population of North Yorkshire, has followed a similar pattern in Quarter 2, Quarter 3 and Quarter 4 of 2020/21, reporting a decline in 4hr performance since the end of June.

Significant and sustained increases in ED demand and also patient acuity (particularly for those arriving by ambulance) continued to be reported by all A&E departments throughout Quarter 4 as well as necessary social distancing and testing of patients before admission continuing to have a significant impact on flow and performance at each site. The CCG continues to monitor the position in the acute hospital trusts, both informally and formally through A&E Delivery Boards, Health Care Resilience Boards and System Resilience Groups.

Zero 12hr trolley waits were recorded at York and Scarborough Teaching Hospitals NHS FT (YSFT), Harrogate and District NHS Foundation Trust or South Tees Hospital NHS Foundation Trust (STHT) during the April 20 to September 20 period. During October 2020 STHT recorded eight 12hr breaches. Between November and 99 twelve hour breaches were recorded – 14 at STHT and 85 at YSFT. During March 2021 six twelve hour breaches were recorded at STHT and in April 2021 four were recorded at YSFT. The extreme challenges of higher patient acuity, increased admission percentages and reduced bed capacity (due to necessary IPC and dist measures in place) has resulted in greater challenges for acute hospitals in trying to avoid 12hr breaches from the time of decision to admit being made.

The nationally driven 111 First initiative commenced across the Humber Coast and Vale area on 1 December 2020. A national television campaign also commenced on 1 December 2020 and was subsequently paused in February 2021. Demand on the Yorkshire Ambulance Service (YAS) provided 111 service has remained high in Quarter 4 but has to date not shown any marked change that can be linked directly to the national campaign. We continue to promote the appropriate use of the 111 service across North Yorkshire using the national communication material.

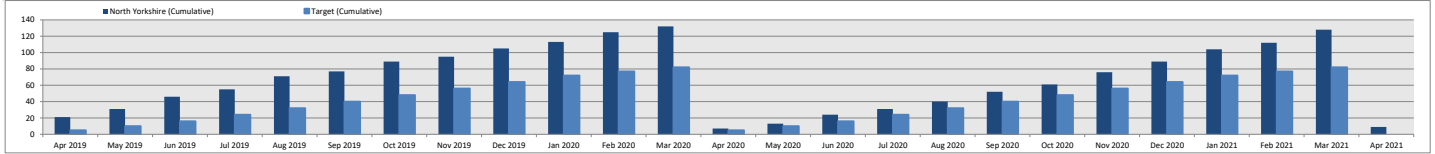
The changes are aimed at increasing the number of 111 calls that, having received an initial 111 A&E department disposition, then receive a clinical review prior to their final disposition being confirmed. This additional clinical review is provided through the existing central clinical advisory service based at YAS HQ in Wakefield supplemented through a Humber, Coast and Vale locally based clinical advisory service (CAS). The Humber, Coast and Vale commissioned clinical advisory service, provided by Vocare, commenced operation on the 5th December 2020, operates 24/7 across all weekends and bank holidays and has had a very positive impact to date, through the efforts of the local HCV clinical advisory services 67% of patients reviewed by the local CAS (c1,000 per month for data between Dec 2020 and May 2021), following clinical review, have been safely redirected to other pathways and away from A&E. The remaining 33% had their original 111 A&E disposition confirmed.

Work remains ongoing, led by the HCV UECN, to fully evaluate all qualitative and quantitative elements of the service and to recommend a way forward for 2021/2022 onwards. This work is now also successfully increasing the direct booking capability, capacity and clinical communication between 111 and other service providers. It is hoped that this work, supported by national, regional and local communication campaigns, will help re-educate the public to use the 111 service first for all their urgent care needs before attending their local A&E Department or ringing 999 for what would be considered non-emergency issues.

## Hospital Infections

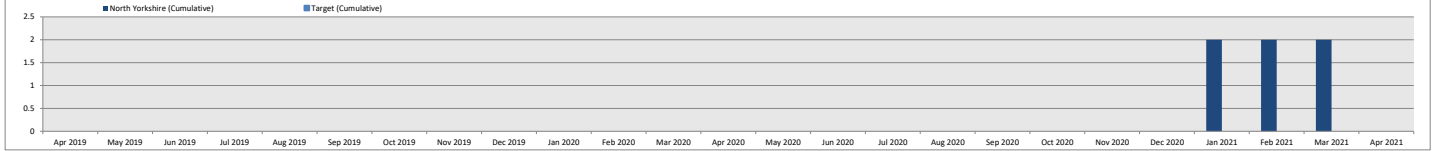
	Latest Data	High or Low	Threshold	Actual Position	Status
Clostridium Difficile (Cumulative)	Apr-21	Low	0	9	
MRSA (Cumulative)	Apr-21	Low	0	0	
E.Coli (Cumulative)	Apr-21	Low	0	32	

### Clostridium Difficile - North Yorkshire - Current - Apr 2021



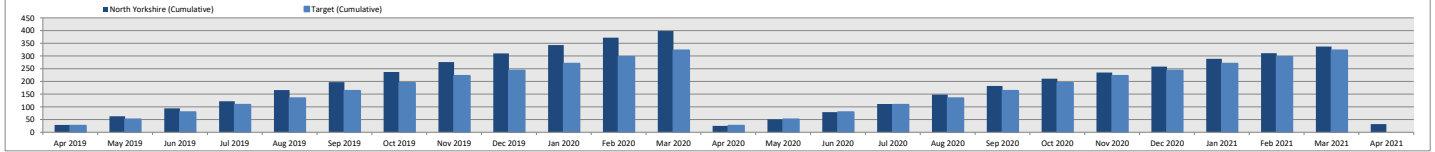
	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021
North Yorkshire	10	20	40	50	70	80	90	100	110	120	130	140	10	10	20	30	40	50	60	70	80	90	100	110	120
Target	10	20	40	50	70	80	90	100	110	120	130	140	10	10	20	30	40	50	60	70	80	90	100	110	120
North Yorkshire (Cumulative)	10	30	70	120	190	270	360	460	570	690	820	960	1070	1180	1290	1400	1510	1620	1730	1840	1950	2060	2170	2280	2390
Target (Cumulative)	10	30	70	120	190	270	360	460	570	690	820	960	1070	1180	1290	1400	1510	1620	1730	1840	1950	2060	2170	2280	2390
Harrogate FT	4	2	3	2	2	1	3	1	1	3	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1
York FT	16	12	17	11	11	15	9	19	22	32	44	10	7	7	3	7	7	11	4	11	6	15	5	6	7
South Tees FT	10	6	10	6	10	6	12	6	12	7	3	7	6	4	1	4	12	9	11	7	6	6	8	10	8

### MRSA - North Yorkshire - Current - Apr 2021



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021
North Yorkshire	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
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	0
North Yorkshire (Cumulative)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0	0
York FT	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
South Tees FT	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	1

### E.Coli - North Yorkshire - Current - Apr 2021



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021
North Yorkshire	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
Target	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
North Yorkshire (Cumulative)	13	27	42	58	75	93	112	132	153	175	198	222	247	273	300	328	357	387	418	450	483	517	552	587	622
Target (Cumulative)	13	27	42	58	75	93	112	132	153	175	198	222	247	273	300	328	357	387	418	450	483	517	552	587	622
Harrogate FT	0	1	0	2	7	4	1	1	1	1	1	1	2	0	2	3	2	0	0	1	2	1	2	0	2
York FT	7	6	5	5	8	2	5	6	7	6	6	8	8	0	2	8	3	5	7	5	1	10	4	7	3
South Tees FT	13	16	7	3	7	7	5	3	5	8	6	3	1	4	4	10	5	6	7	2	3	6	7	4	4

#### What the data is showing us...

Clostridium Difficile cumulative cases attributed to the CCG were above the target throughout the majority of 20/21. With trust cases at a similar level or above as they were in 19/20. There continued to be no MRSA cases in 20/21 for York and Harrogate with just 2 for the CCG, and 4 at South Tees in July, September, January and March. In April 2021 there have been just 1 case at South Tees and none for the other 2 trusts and the CCG. E.Coli cases attributed to the CCG over the last 5 months of 20/21 have hovered around the unchanged target from 19/20. Harrogate continues to have few cases and York initially had less per month than in the months of 19/20 but is continuing to increase. South Tees had begun to show signs of an increased number of cases too. For April 2021, the CCG continues to have a steady number of cases, whereas the trusts have similar or lower than average.

The CCG and Acute Trusts continue to use the previous year's targets as the baseline for performance monitoring.

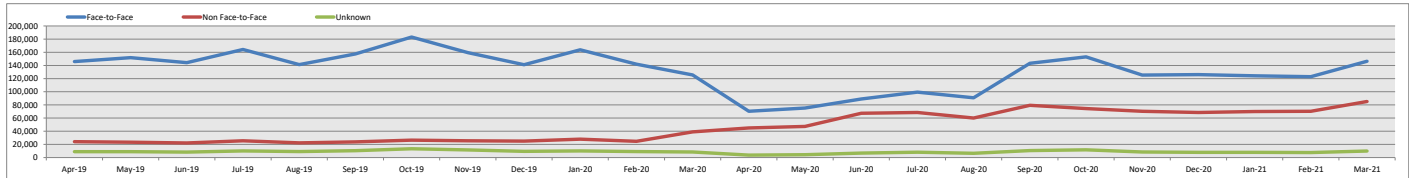
- Within South Tees Hospitals NHS Foundation Trust the CCG is represented at various meetings including the Infection Prevention Assurance Group and C Difficile Trust panels. Close monitoring of the C Difficile continues.
- At Harrogate District NHS Foundation Trust compliance is monitored through monthly reports to the Quality Committee and they have recommended their C.diff reviews with CCG involvement.
- York and Scarborough Teaching Hospitals NHS Foundation Trust Infection Prevention Control meetings have been reinstated and the CCG are represented at the C.Diff review meetings.

As the COVID-19 pandemic continues, collaborative working continues with the CCG supporting both primary care and care homes. Outbreaks of COVID-19 within the acute providers are reducing, however the CCG are informed accordingly and are represented at meetings.

The roll out of the national COVID-19 vaccination programme has been extremely successful in achieving the national targets, work is ongoing and to get to this point it has taken significant co-ordination and collaboration with our Primary Care Networks being at the centre of the delivery model. Increasing numbers of community pharmacies are coming online to support the vaccine delivery. We are focusing on second doses in the JCVI cohorts 1 to 10, vaccine inequalities in partnership with Director of Public Health and her team in North Yorkshire County Council and first dose administration to the JCVI cohorts 11 and 12.

# Primary Care - GP Appointments

	Latest Data	Actual Position	NY CCG 19/20	NY CCG 20/21	Year on Year Change
Face-to-Face	Mar-21	146,343	1,819,954	1,365,863	-25%
Non Face-to-Face	Mar-21	85,218	309,834	806,410	160%
Unknown	Mar-21	9,984	117,766	93,763	-20%
<b>All Appointments</b>	Mar-21	<b>241,545</b>	<b>2,247,554</b>	<b>2,266,036</b>	<b>1%</b>



GP Appointments	Month																							
Appointment Type	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Face-to-Face	145,853	151,901	144,188	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	152,888	125,314	125,369	124,239	122,950	146,343
Non Face-to-Face	24,118	23,249	22,159	25,534	22,356	23,892	26,387	25,459	24,993	28,014	24,586	39,077	45,052	47,329	67,394	68,447	60,056	79,364	74,456	70,376	68,465	69,930	70,323	85,218
Unknown	8,864	8,865	8,283	10,080	9,186	10,464	13,348	11,531	9,374	10,121	9,150	8,500	3,695	4,274	6,784	8,192	6,400	10,649	11,833	8,507	7,923	7,886	7,636	9,984
<b>Grand Total</b>	<b>178,835</b>	<b>184,015</b>	<b>174,640</b>	<b>199,843</b>	<b>172,875</b>	<b>191,841</b>	<b>222,876</b>	<b>196,413</b>	<b>175,479</b>	<b>201,896</b>	<b>175,680</b>	<b>173,161</b>	<b>119,099</b>	<b>126,844</b>	<b>163,215</b>	<b>176,026</b>	<b>157,301</b>	<b>233,211</b>	<b>239,277</b>	<b>204,197</b>	<b>202,357</b>	<b>202,055</b>	<b>200,909</b>	<b>241,545</b>

**What the data is showing us...**

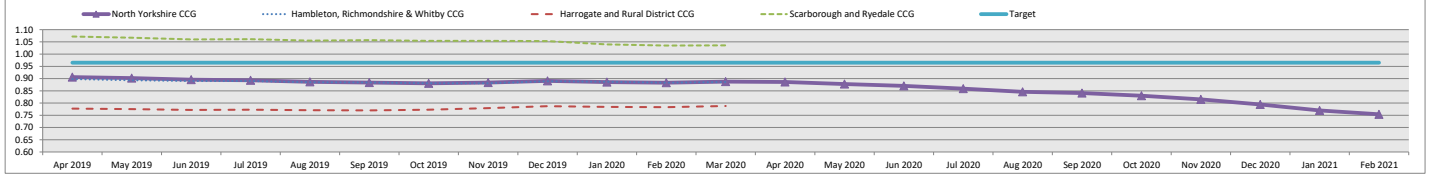
The number of Face-to-Face appointments as expected dropped from March onward but has steadily picked over the rest of 20/21 and has just returned to pre-COVID levels by March 2021. Please note that non-face to face appointments may not accurately represent all telephone and video consultations due to the differing methods of recording appointments.

Overall demand in primary care has risen significantly since April 2021 with appointments activity now above pre-covid levels. This is reflected across all parts of the urgent care and primary care system. GP Practice capacity remains impacted by infection control procedures to minimise any spread of COVID. Extended Access and Extended hours services are being restarted where they were paused to support the vaccination programme to provide additional capacity.

## Prescribing

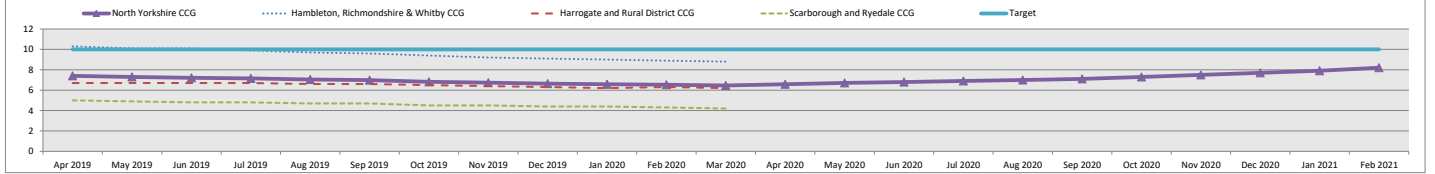
	Latest Data	High or Low	Threshold	Actual Position	Status
Appropriate prescribing of antibiotics in Primary Care	Feb-21	Low	0.965	0.754	
Appropriate prescribing of broad spectrum antibiotics in Primary Care	Feb-21	Low	10	8.2	

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



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
Hambleton, Richmondshire & Whitby CCG	0.938	0.933	0.930	0.930	0.930	0.930	0.930	0.930	0.930	0.930	0.930	0.930	0.930	0.930	0.930	0.930	0.930	0.930	0.930	0.930	0.930	0.930	0.930
Harrogate and Rural District CCG	0.777	0.775	0.772	0.772	0.772	0.772	0.772	0.772	0.772	0.772	0.772	0.772	0.772	0.772	0.772	0.772	0.772	0.772	0.772	0.772	0.772	0.772	0.772
Scarborough and Ryedale CCG	1.072	1.067	1.060	1.061	1.061	1.061	1.061	1.061	1.061	1.061	1.061	1.061	1.061	1.061	1.061	1.061	1.061	1.061	1.061	1.061	1.061	1.061	1.061
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	0.830	0.815	0.794	0.770	0.754

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



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
Hambleton, Richmondshire & Whitby CCG	10.3	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	6.9	6.7	6.7	6.7	6.6	6.6	6.5	6.4	6.3	6.2	6.2	6.2											
Scarborough and Ryedale CCG	5.0	4.9	4.8	4.8	4.7	4.7	4.5	4.5	4.4	4.3	4.2	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	7.3	7.5	7.7	7.9	8.2

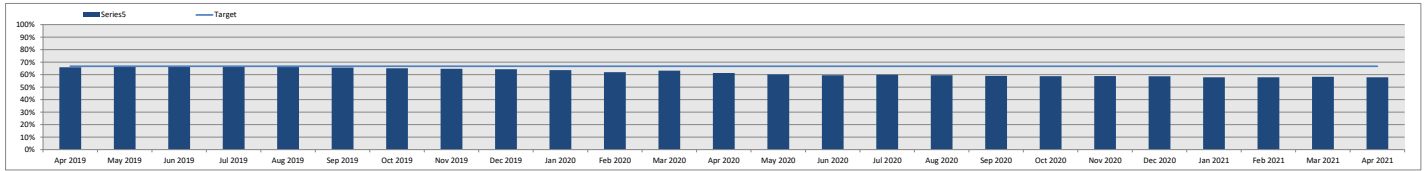
#### What the data is showing us...

The first graph shows that our overall rate of antibiotic prescribing within North Yorkshire CCG has been decreasing every month so far in the 20/21 financial year, following a COVID related increase in March 2020. The reduction is in line with the national trend which has seen primary care antibiotic prescribing in England reduce by 20% during the pandemic. This is thought mainly to be due to a reduction in respiratory tract infections as a result of social distancing measures.

The second graph shows that our rate of prescribing of broad spectrum antibiotics has been increasing slightly every month this financial year. This also mirrors the national trend and remains below the rate for England, which is 9.9% in February 2021. To raise awareness and to ask practices to review their prescribing of these antibiotics, the Medicines Management Team issued a 'Prescribing Focus' bulletin on this subject in May 2021.

## Dementia

	Latest Data	High or Low	Threshold	Actual Position	Status
Dementia - Estimated diagnosis rate	Apr-21	High	66.7%	57.9%	



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021
Dementia Diagnosis Rate	65.9%	66.2%	66.2%	66.2%	66.0%	65.6%	65.1%	64.7%	64.3%	63.6%	61.9%	63.2%	61.3%	60.1%	59.5%	59.9%	59.5%	59.0%	58.8%	58.8%	58.6%	57.9%	57.9%	58.2%	57.9%

### What the data is showing us...

The dementia diagnosis rate has been below the threshold for many months. However, since October 2020 it has started to slip a little each month with the COVID restrictions appearing to not have had a significant detrimental affect unlike other health areas. However, it is still continuing to decline each month. Over 12 months to March 2021 it had dropped 3.1%. Over 12 months to April 2021 it has dropped 2.1%.

Dementia diagnosis remains a challenge, but work continues with GP Practices, Primary Care Networks and the voluntary sector to improve the dementia diagnosis rates and the pathway for patients across North Yorkshire. This includes the implementation of dementia coordinators in primary care, and the development of an admission avoidance project in the Hambleton, Richmondshire and Whitby locality. Consideration is also being made around developing an acute hospital support role subject to funding.

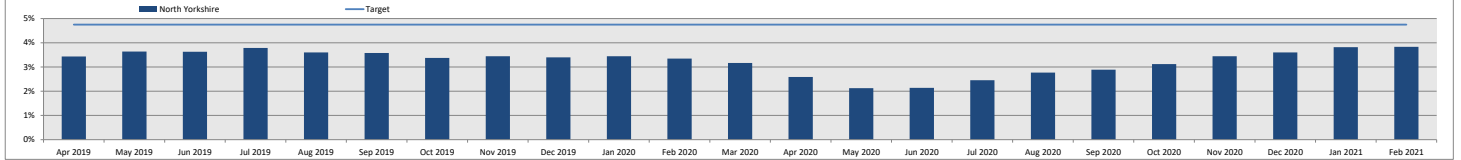
A data dashboard has now been developed which includes up to date monthly Dementia Diagnosis Rate (DDR) figures by GP practice and PCN including prescribing of anti-psychotic drugs benchmarking data. This is shared across Primary Care on a monthly basis and will enable the Dementia Coordinators to do targeted pieces of work.

Waiting times into the Memory Assessment Service vary from 8 to 18 weeks across the North Yorkshire patch. Challenges are due to skill mix / staffing budgets in some areas and recruitment issues in others. Work began prior to the pandemic to review the Memory Assessment Service across each locality. Further work now needs to progress to develop a consistent approach across North Yorkshire.

IAPT

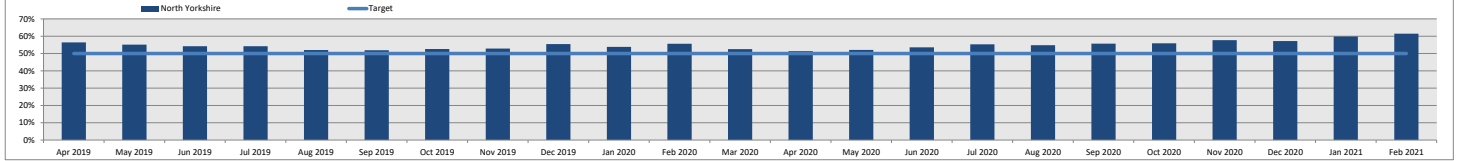
	Latest Data	High or Low	Threshold	Actual Position	Status
IAPT Roll-Out	Feb-21	High	4.8%	3.8%	
IAPT Recovery Rate	Feb-21	High	50.0%	61.4%	

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



IAPT Roll-Out	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
	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%	2.9%	3.1%	3.4%	3.6%	3.8%	3.8%

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



IAPT Recovery Rate	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
	56.4%	55.1%	54.2%	54.2%	52.0%	51.9%	52.8%	52.9%	55.5%	53.8%	55.6%	52.6%	51.4%	52.1%	53.5%	55.3%	56.8%	56.7%	55.9%	57.7%	57.2%	59.9%	61.4%

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%. From October it has returned to be above 3% and has continued for 5 months.

The Recovery rate for the CCG has maintained its above target levels before and since the COVID restrictions. As at February it is over 11% higher than the target and been above all year.

Due to changes in the 21/22 planning guidance and other mental health pressures the final investment plan to support delivery of the Mental Health Investment Standard (MHIS) is delayed, with an expectation that this will be agreed by the end of June (an extra partnership meeting is scheduled for 25th June 21).

The latest information provided by Tees, Esk and Wear Valley NHS FT as the provider of the IAPT service is for April 2021 which shows the reported position is 3.6%. This represents 193 patients for whom the operational standard has not been met. To meet the 20% annual access standard, 691 patients must enter into treatment during a month, which is above the average number received. In April 2021 the number of people entering treatment was 498. The number of referrals received by the service was 676.

In April the number of referrals decreased by 15.5% from the previous month as did the overall number of people entering treatment. Since last month the overall capacity of the service to assess and treat patients has not significantly changed. April's access figures were affected by the Easter holiday period. Additionally, there were 11 individual PWP assessment days lost due to episodes of sickness, with one PWP experiencing long term sickness. Staff experiencing short term sickness have now returned to work; May is already showing improved productivity and will show an improvement on April's position.

The service continues to experience ongoing pressure to manage the large number referrals into the service, some of which are inappropriate for IAPT, and an increasing amount of time is being spent managing inappropriate referrals and signposting them to other services. Treatment at step 3 continues to show the longest waits within the service.

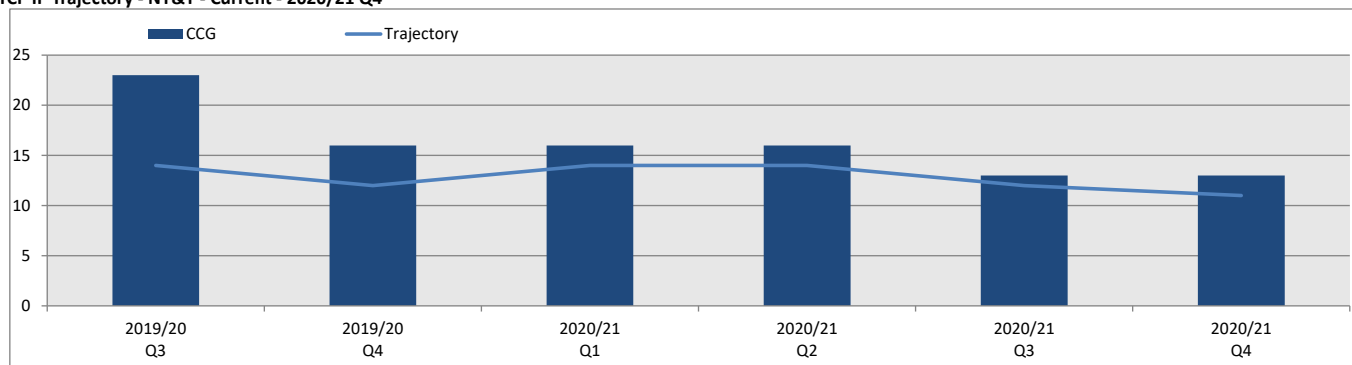
Waiting times to enter the service continues to perform well against the national target for April 2021 at 95.5% against 75% for people entering treatment within 6 weeks; and at 100% against a target of 95% for people waiting within 18 weeks.



## Transforming Care Programme

	Latest Data	High or Low	Threshold	Actual Position	Status
CCG	2020/21 Q4	Low	11	13	
Specialised Commissioning	2020/21 Q4	Low	12	12	
CAMHs	2020/21 Q4	Low	1	1	

## TCP IP Trajectory - NY&amp;Y - Current - 2020/21 Q4



	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	13	13
CCG	23	16	16	16	13	13
Specialised Commissioning	13	13	13	13	12	12

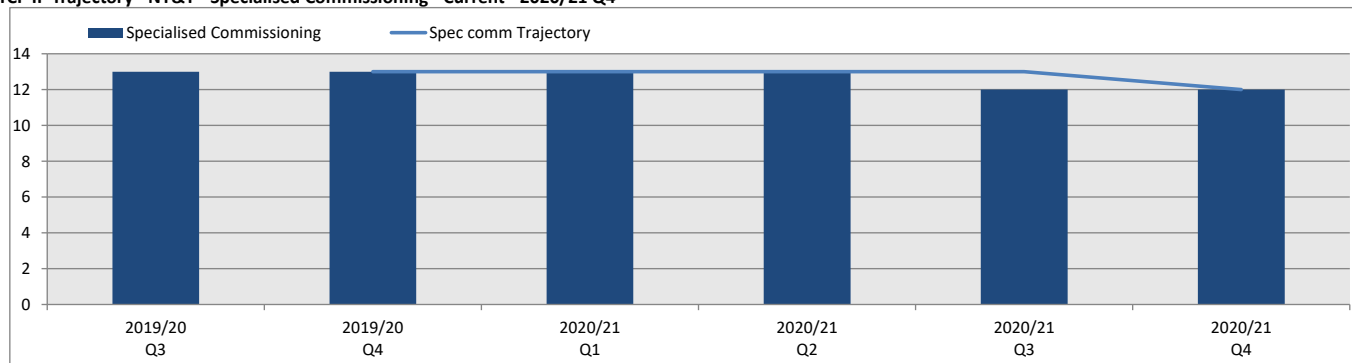
At the end of Q3 we have achieved trajectory (12 CCG and 13 specialised commissioning respectively) and have overachieved on Children and Young People which is set at a trajectory of 2 which meant we were on trajectory of 25 in total, we also had no admissions. We continue to focus on admission avoidance (in addition to progressing discharges) and anticipate a further 5 discharges during the coming quarter wherein our CCG trajectory is 12. We had 2 re-admissions during Q3, but both have subsequently been discharged. These were both planned short term admissions via Local Area Emergency Protocols (LAEP) and community care and treatment reviews (CTR).

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

We do have one delayed discharge (VoY) however we are confident a placement will be found over the coming quarter. Our out of area patients (x=7) are being reviewed every eight weeks and all currently have dates in the diary - we have just one concern at the moment, but this is being reviewed (no access to psychology in a locked rehabilitation bed out of area).

We continue to meet our CTR and Care and Education Treatment Review (CETR) targets. In September 2020 we had two post-admission CTRs and one LAEP (which resulted in a recommendation of short stay hospital admission). One of our post-admission CTRs did not take place within 28 days of admission as our team were informed about this admission by the Community Mental Health Team (CMHT) 2-3 weeks after admission. CTR awareness and training sessions are currently being booked with Crisis Teams and CMHTs as generally delays in reporting admissions are for individuals with Autism and Mental Health dual-diagnosis who are supported by CMHTs. We are also working closely with Crisis Teams and MH/LD hospitals to promote prompt information sharing regarding admissions.

## TCP IP Trajectory - NY&amp;Y - Specialised Commissioning - Current - 2020/21 Q4



	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	13	13
Specialised Commissioning	13	13	13	13	12	12

As above