

ICB Board Report

Exec Summary (1)

Area	Plans Met	Summary
Urgent & Emergency Care	3 of 4	<p>The ICB is meeting the A&E waiting time trajectory it set in the operational plan at 68.2% against a plan of 67% in June, albeit this is well below the ambition of 76% by the end of the year. Acute Trust bed occupancy is standing at 91% for May which is below the 92% national ambition to maintain flow. CAT 2 performance in April was met at YAS but not at EMAS. The ICS continues to have challenges with the number of hours lost to Ambulance handover, 12 hours in department and a low A&E performance percentage. There are also increasing numbers of Patients with Mental health issues being seen and experiencing long delays. This is most evident in NLaG.</p> <p>As the ICS is placed in Tier 2 for Urgent and Emergency Care recovery, the plan identifies priorities in stages, Stage 1 – pre-winter, by October 2023 are identified. Stage 1 – medium term priorities will be agreed by end of July and implemented by March 2024, and Stage 3 will be identified by end of August and Implemented by October 2024.</p>
Elective Care	1 of 3	<p>The overall waiting list stands at 187,486 against a plan of 177,242. 10, 244 off plan or 5.7%. Early indications are activity is below the 109% ask for the ICS. No Trust is meeting its trajectory, and this will need a change in the volume of work currently undertaken to address this. Circa 82% of the waiting list is outpatients and is not dependent on beds or bed capacity for treatments.</p> <p>The National ambition is to have no patients waiting over 78 weeks by the end of June and to maintain that position. The predicted position for the ICS is 95 patients. 75 Y&SFT, 19 HUTH and 1 NLAG. The ICS is also showing a risk of 4 patients at NLAG to the end of July. There is a further risk to the 78-week position with the supply of corneal transplant grafts in September/October.</p> <p>Actions taken to address the position include a Weekly tactical group chaired by COO to manage mutual aid requests, best practice, and monitor delivery, ongoing Insourcing and mutual aid support through DMAS, ongoing patient validation processes across all Trusts and the mobilisation of TIF funded schemes with Phase 1 of the day-case centre at Castle Hill on stream. The initiation of an outpatient transformation programme is also in train.</p>
Diagnostics	1 of 2	<p>For April, total activity undertaken by all diagnostics modalities exceeds plan at 53,990 tests against a plan of 49,070. However, the percentage of patients waiting over 6 weeks is off plan at 38.7% against a plan of 35.9%. HUTH and HDFT are off plan with HDFT most significant at 45.8% against a plan of 14.3%. This is against an Ambition of 5% by March 2025. The ICS remains an outlier and is expecting the plans submitted by the ICB to be improved as we go through the year.</p> <p>The Collaborative of Acute providers is leading the work for the ICB, on developing a recovery plan which will include the CDC mobilisation.</p>

Exec Summary (2)

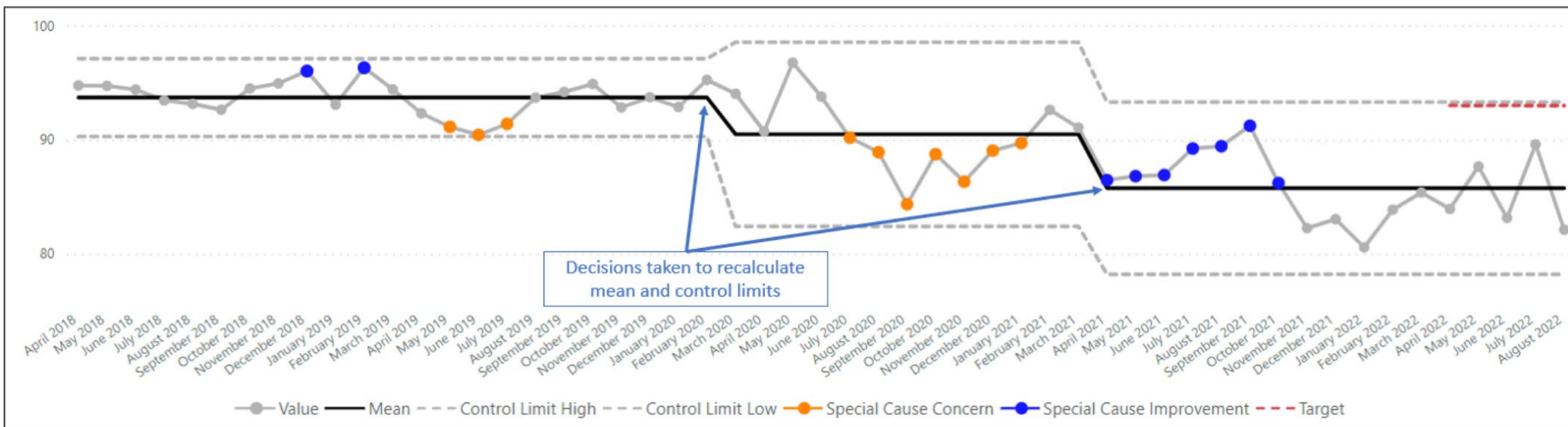
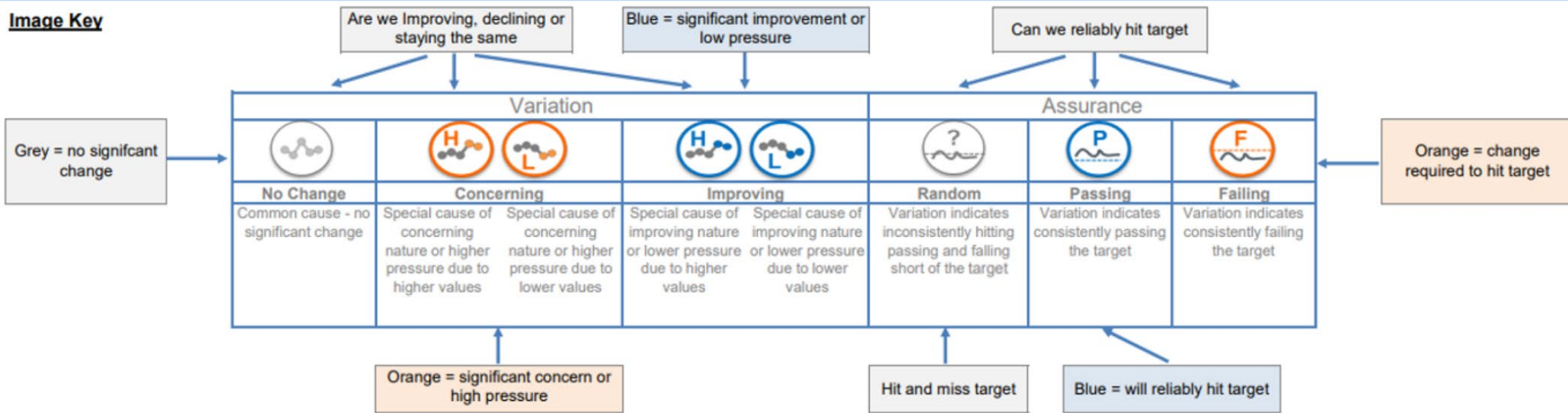
Area	Plans Met	Summary
Cancer	0 of 2	<p>Since the end of March, the ICS has seen a deterioration in the Cancer Backlog in HUTH and Y&SFT. In June, HUTH has significantly off plan actual 405 patients against a plan of 160. Industrial Action, Ramadan, and Bank holidays appear to have had a disproportionate effect on HUTH with them showing the most significant deterioration in the country. Support is being provided to HUTH to ensure systems used by other providers and actioned in those services provided at HUTH.</p> <p>The Faster diagnosis standard is showing performance of 68.6% against a plan of 72.3% and a national target of 75%. NLaG is the only Trust to meet trajectory. Work continues on the tumour sites with large volumes of Lower G.I and Prostate focusing on the best practice timed pathways.</p>
People with Learning Disabilities and Autism	1 of 3	<p>The ICS is meeting the target of inpatients with a learning disability and/or autism per million population for adults but not for children. For patients over 14 years of age to receive an annual health check, verification of the National data reported here, and the local data is required. Locally data suggests 80% performance and compliance against a target of 75%.</p> <p>As part of the national inpatient review programme a plan is being drawn up to address transition, delayed transfers of care and appropriate care environments.</p>
Mental Health	2 of 6	<p>Current data for Mental health targets is still reflecting a March position. We are currently reviewing whether we can access unvalidated data to show a more reflective and up to date position for these services next month.</p>
Primary Care	1 of 3	<p>The number of GP appointments provided in primary Care is 33,000 over plan. While the number of people given an appointment in 14 days is 79.6% against a target of 85%, and recovery of dental activity stands at 98% against a target of 100%.</p> <p>Progress continues with the access recovery plan, supporting GP's and PCN's to explore where a patients need is not urgent a telephone or remote consultation can occur.</p>
Community Health	2 of 2	<p>The overall size of the community waiting list is ahead of plan showing 18,881 against a plan of 23,644 at April. 2 Hour Crisis response services show compliance of 88.9% against a target of 70%. Further work by the community collaborative and providers will look at increasing the volume of patients seen by these services as part of the wider Urgent and Emergency Care recovery programme.</p>

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HOW TO INTERPRET ICONS AND CHARTS

Image Key



SUMMARY TABLE BY INDICATOR

AREA	KPI NAME (INC REPORTING LEVEL)	LATEST DATE	TARGET	ACTUAL	VARIATION	ASSURANCE	PLAN MET
Urgent and emergency care	Ambulance Response Times CAT2 - Mean- YORKSHIRE AMBULANCE SERVICE NHS TRUST	April 2023	00:30:00	00:24:25			
Urgent and emergency care	Ambulance Response Times CAT2 - Mean- EAST MIDLANDS AMBULANCE SERVICE NHS TRUST	April 2023	00:30:00	00:33:38			
Urgent and emergency care	GA overnight beds occupied- HNY Provider Total	May 2023	92.2%	91.0%			
Urgent and emergency care	A&E 4 hour waiting times- HNY Provider Total	June 2023	67.0%	68.2%			
Elective care	18 Week Referral to Treatment Waiting Times - Waiting List- HNY Provider Total	June 2023	177242	187486			
Elective care	18 Week Referral to Treatment Waiting Times - 65+ Week Waits- HNY Provider Total	June 2023	3510	2489			
Diagnostics	Diagnostics Test waiting Times: Proportion of Patients Waiting 6+ Weeks for a Diagnostic Test- HNY Provider Total	April 2023	35.9%	38.7%			
Diagnostics	Diagnostic Tests - All- HNY Provider Total	April 2023	49070	53390			
Cancer	28 Day Faster Diagnosis Standard- HNY Provider Total	April 2023	72.1%	68.6%			
Cancer	Patients waiting 63+ days after referral from cancer PTL- HNY Provider Total	June 2023	543	758			






















Any values reported for June 2023 in this report are taken from unvalidated sources

SUMMARY TABLE BY INDICATOR

AREA	KPI NAME (INC REPORTING LEVEL)	LATEST DATE	TARGET	ACTUAL	VARIATION	ASSURANCE	PLAN MET
People with a learning disability and autistic people	E.K.3: Learning disability registers and annual health checks delivered by GPs- HNY ICB	April 2023	3.9%	3.4%			
People with a learning disability and autistic people	S029a: Inpatients with a learning disability and/or autism per million head of population- HNY ICB	April 2023	192.2	52.2			
People with a learning disability and autistic people	E.K.1c: Reliance on inpatient care for people with a learning disability and/or autism - Care for children- HNY ICB	May 2023	3.7	24.0			
Mental Health	E.H.12: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days- HNY ICB	March 2023	318	1175			
Mental Health	E.H.27: Overall Access to Core Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses- HNY ICB	March 2023	11704	16300			
Mental Health	E.H.9: Access to Children and Young People's Mental Health Services- HNY ICB	March 2023	21358	17765			
Mental Health	E.A.3a: Access to NHS Talking Therapies- HNY ICB	March 2023	3536	2820			
Mental Health	E.H.15: Women Accessing Specialist Community Perinatal Mental Health Services- HNY ICB	March 2023	1388	540			
Mental Health	E.A.S.1: Estimated diagnosis rate for people with dementia- HNY ICB	April 2023	57.9%	58.6%			

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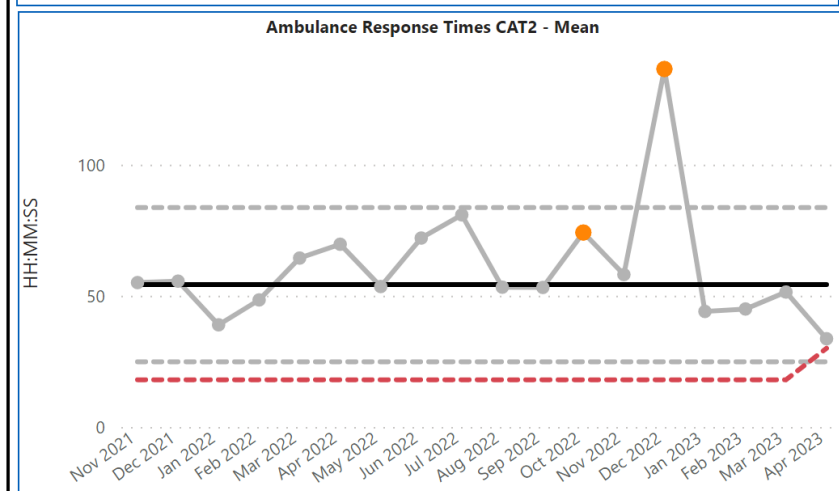
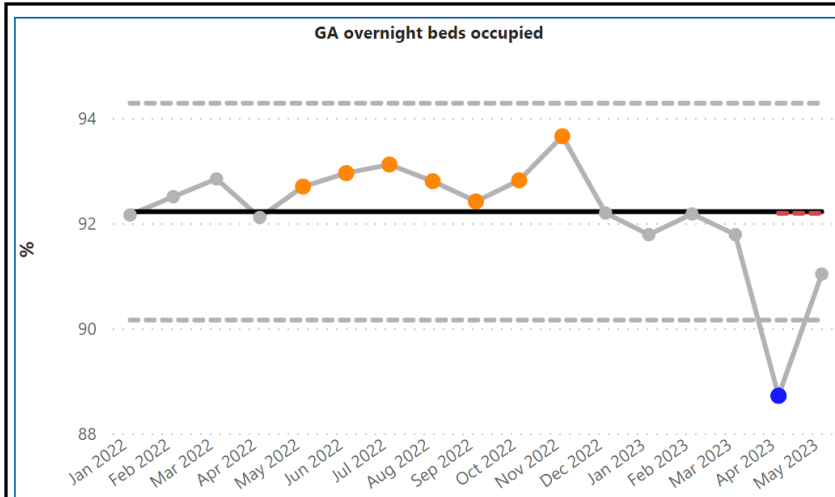
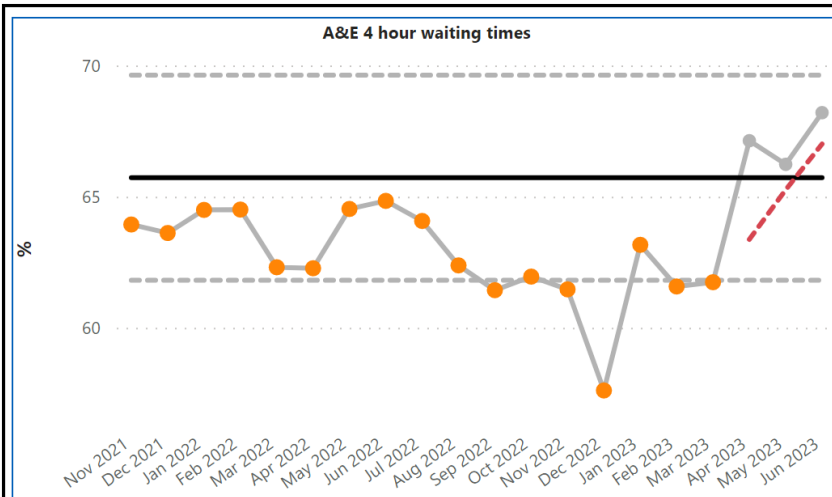
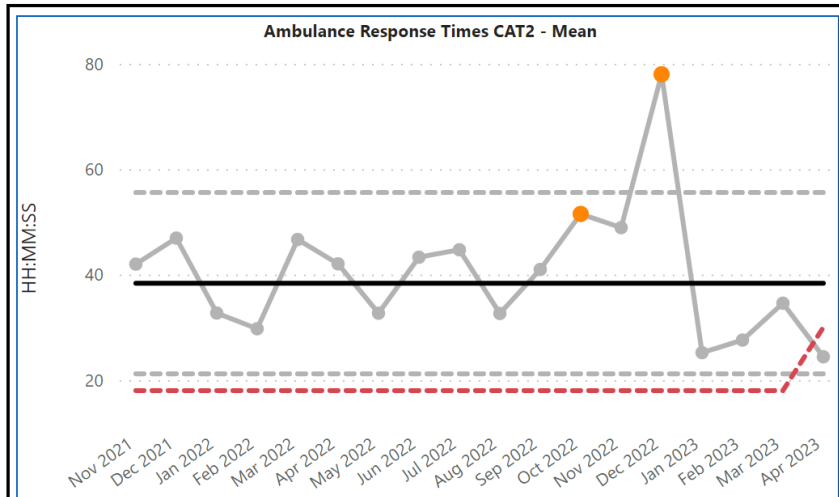
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AREA	KPI NAME (INC REPORTING LEVEL)	LATEST DATE	TARGET	ACTUAL	VARIATION	ASSURANCE	PLAN MET
Primary care	Continue to recruit 26,000 Additional Roles Reimbursement Scheme roles- HNY ICB	December 2022		7.57			
Primary care	Recover dental activity, improving units of dental activity towards pre-pandemic levels- HNY ICB	March 2023	100.0%	98.0%			
Primary care	Proportion of Appointments in General Practice Booked and Seen the Same Day- HNY ICB	April 2023		40.6%			
Primary care	Appointments in General Practice- HNY ICB	April 2023	736128	769196			
Primary care	Proportion of Appointments in General Practice Booked and Seen Within 14 Days- HNY ICB	April 2023	85.0%	79.6%			
Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance- HNY ICB	March 2023		76.8%			
Community health services	Total Number on Community services waiting list- HNY Provider Total	April 2023	23644	18881			
Community health services	2-hour urgent community response (UCR) standard- HNY Provider Total	April 2023	70.0%	88.9%			

National NHS objectives 2023/24 | Urgent and emergency care | Provider

KPI Name	Issues and risks	Actions
<p>Ambulance Handovers - CAT 2</p>	<p>For the Month of April performance for YAS is just over 24 mins, meeting the 2023/24 standard and Performance for EMAS is just over 33 mins, not meeting the 2023/24 standard. Delayed discharges are reducing the available non elective admitting capacity at acute hospital sites, resulting in exit block from Emergency departments and resulting ambulance handover delays, against a backdrop of increasing non elective demand and acuity.</p> <p>Staffing shortfalls in medical and nursing staffing are affecting the ability of Trusts to open all available beds.</p> <p>Limited space at York ED.</p>	<p>Immediate actions that have been taken are:</p> <ul style="list-style-type: none"> • Replicating the HUTH Flow Model at NLAG with YAS • Escalation processes agreed with Ambulance services to cope with extreme pressures. • Additional capacity and cohorting teams in place • Additional program resource appointed. • ECIST support on a diagnostic at York Hospital over the next 6 weeks • York ED expansion planned completion of the expanded facility at the end of Q1 2023/24. <p>As part of the UEC plan the following are the key priorities across the ICS, between now and October.</p> <ul style="list-style-type: none"> • Increasing the volume of patients attending UTC by providing and Enhanced UTC offer • Increasing the direct access to medical and surgical SDEC • Increasing the volume of patients treated within 2 hours by the Urgent Crisis Response teams. • Providing a robust and timely SPA hub – working with the National team from July to October.
<p>Emergency Care Standard</p>	<p>The current June positions shows performance at 68.2% against the plan of 67%. It should be noted this is well below the national ask of 76% by the end of March. The two providers ahead of plan, (HUTH and NLAG) are performing at a lower level than the two below plan (HDFT and Y&SFT).</p> <p>Delayed discharges are reducing the available non elective admitting capacity at acute hospital sites, resulting in exit block from Emergency departments and resulting ambulance handover delays, against a backdrop of increasing non elective demand and acuity. Trusts continue to struggle with 12-hour DTA and 12-hour in department times.</p> <p>Increasing number of delays in Mental Health Patients and in increasing length of delays for these patients, particularly at NLAG.</p> <p>Staffing shortfalls in medical and nursing staffing are affecting the ability of Trusts to open all available beds.</p> <p>Limited space at York ED.</p>	<p>Actions</p> <p>Immediate actions that have been taken are:</p> <ul style="list-style-type: none"> • Additional program resource appointed. • ECIST support on a diagnostic at York Hospital over the next 6 weeks • York ED expansion planned completion of the expanded facility at the end of Q1 2023/24. • Increasing virtual ward capacity • Implementation of Capacity and Demand discharge schemes to improve discharge and increase G&A bed capacity have delivered 91% bed occupancy for May – below the national ask of 92%. <p>As part of the UEC plan the following are the key priorities across the ICS, between now and October.</p> <ul style="list-style-type: none"> • Increasing the volume of patients attending UTC by providing and Enhanced UTC offer • Increasing the direct access to medical and surgical SDEC • Increasing the volume of patients treated within 2 hours by the Urgent Crisis Response teams. • Providing a robust and timely SPA hub – working with the National team from July to October. <p>Work around improving flow in Mental health IP facilities, admissions avoidance, and transfers from acute Trust is being brought into the UEC plan as part of the overall programme.</p> <p>All Trusts continue to work on their individual improvement plans including focus on Pathway 0 discharges.</p>

National NHS objectives 2023/24 | Urgent and emergency care | Provider



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	June 2023	67.0%	68.2%			
YSFT	June 2023	70.1%	68.3%			
HDFT	June 2023	80.0%	79.7%			
NLAG	June 2023	64.8%	67.2%			
HUTH	June 2023	59.0%	64.6%			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	May 2023	92.2%	91.0%			
YSFT	May 2023	91.1%	91.4%			
HDFT	April 2023	89.3%	78.0%			
NLAG	May 2023	90.6%	90.6%			
HUTH	May 2023	94.7%	91.0%			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
YORKSHIRE AMBULANCE SERVICE NHS TRUST	April 2023	00:30:00	00:24:25			
EAST MIDLANDS AMBULANCE SERVICE NHS TRUST	April 2023	00:30:00	00:33:38			

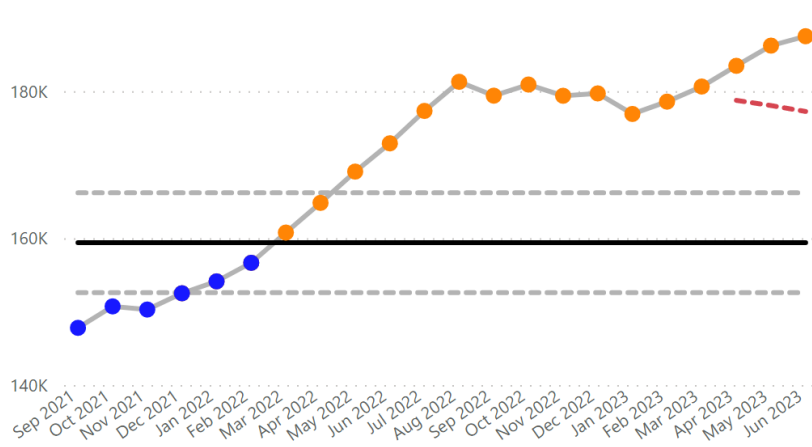


National NHS objectives 2023/24 | Elective care | Provider

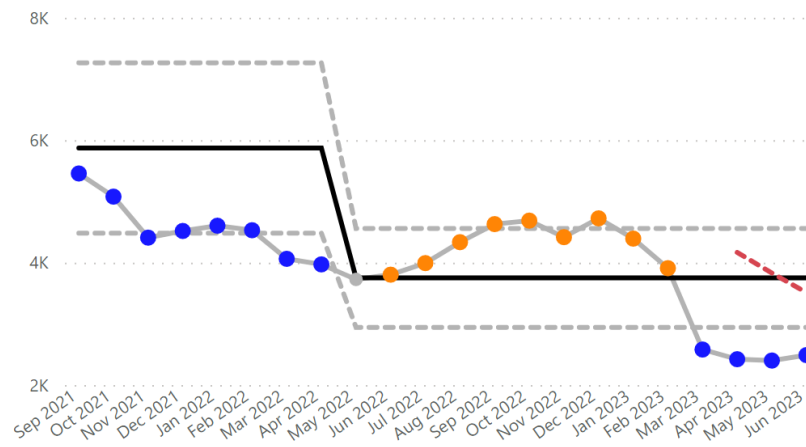
KPI Name	Issues and risks	Actions
Waiting List (HNY Providers)	<p>Issues</p> <p>The overall waiting list stands at 187,486 against a plan of 177,242. 10, 244 off plan or 5.7%. Early indications are activity is below the 109% ask for the ICS. No Trust is meeting its trajectory, and this will need a change in the volume of work currently undertaken to address this. Circa 82% of the waiting list is outpatients and is not dependent on beds or bed capacity for treatments.</p> <p>Issues are:</p> <ul style="list-style-type: none"> • Further industrial action • Theatre staff Vacancies, along with retention and recruitment • Referral growth for urgent and fast track patients • Increasing acute/urgent diagnostic referrals reducing capacity for routine tests • Non elective bed pressures • Over achievement of outpatient follow ups, preventing the release of resource to focus on 1st attendances. 	<p>Immediate actions are:</p> <ul style="list-style-type: none"> • IST and EY supporting Y&SFT as part of Tier 1 support to help in, Demand and capacity diagnostic modelling, recovery modelling, streamlining processes. • Waiting list validation for long waiting patients, including two-way text messaging • Insourcing and outsourcing in place. • A refresh of the Elective recovery programme with COO, SRO and Tactical delivery group focusing on 65-week delivery, OPFU reduction, and theatre and endoscopy productivity <p>Wider priorities and actions include:</p> <ul style="list-style-type: none"> • Outpatient programme initiated including the approach to validation and agreeing to share best practices. • The mobilisation of TIF funded schemes with Phase 1 of the day-case centre at Castle Hill on stream.
Long Waits	<p>The National ambition is to have no patients waiting over 78 weeks by the end of June and to maintain that position. The predicted position for the ICS is 95 patients. 75 Y&SFT, 19 HUTH and 1 NLAG.</p> <p>The ICS is also showing a risk of 4 patients at NLAG to the end of July.</p> <p>There is a further risk to the 78-week position with the supply of corneal transplant grafts in September/October.</p> <p>The ICS is ahead of plan to date in June with an actual of 2489 against a plan of 3510. HUTH and HDFT are ahead of plan and Y&SFT and NLAG behind plan.</p>	<p>Immediate actions:</p> <ul style="list-style-type: none"> • Weekly tactical group chaired by COO to manage mutual aid requests, best practice, and monitor delivery. • Ongoing Insourcing and mutual aid support through DMAS • Ongoing patient validation processes across all Trusts • The mobilisation of TIF funded schemes with Phase 1 of the day-case centre at Castle Hill on stream.

National NHS objectives 2023/24 | Elective care | Provider

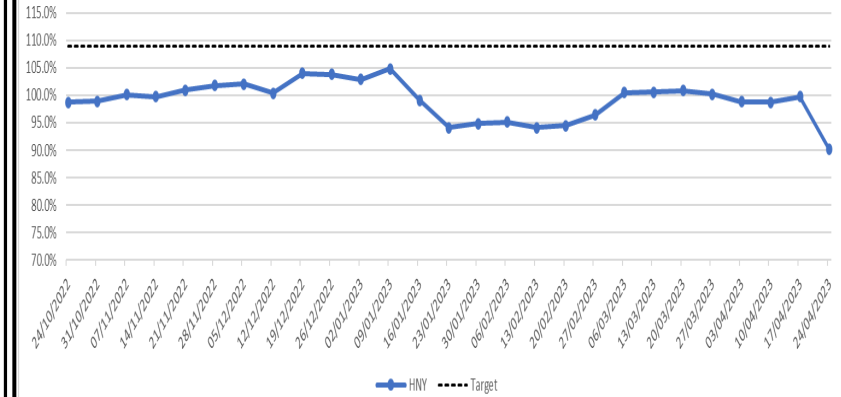
18 Week Referral to Treatment Waiting Times - Waiting List



18 Week Referral to Treatment Waiting Times - 65+ Week Waits



Value Weighted Recovery (inc. estimate for A&G at Region and System Level) for HNY

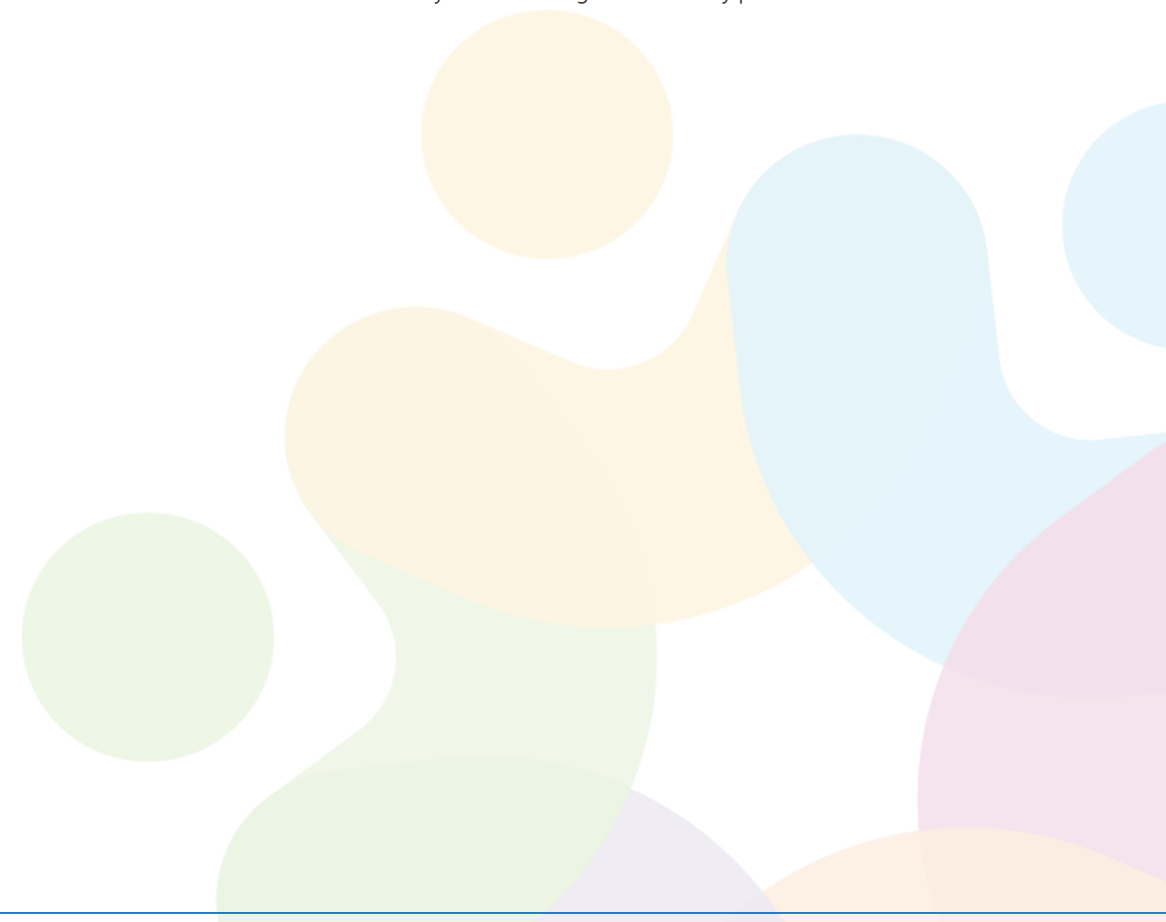


ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	June 2023	177242	187486			
YSFT	June 2023	48634	51342			
HDFT	June 2023	25100	27088			
NLAG	June 2023	35174	38629			
HUTH	June 2023	68334	70427			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	June 2023	3510	2489			
YSFT	June 2023	1085	1131			
HDFT	June 2023	470	182			
NLAG	June 2023	49	74			
HUTH	June 2023	1906	1102			

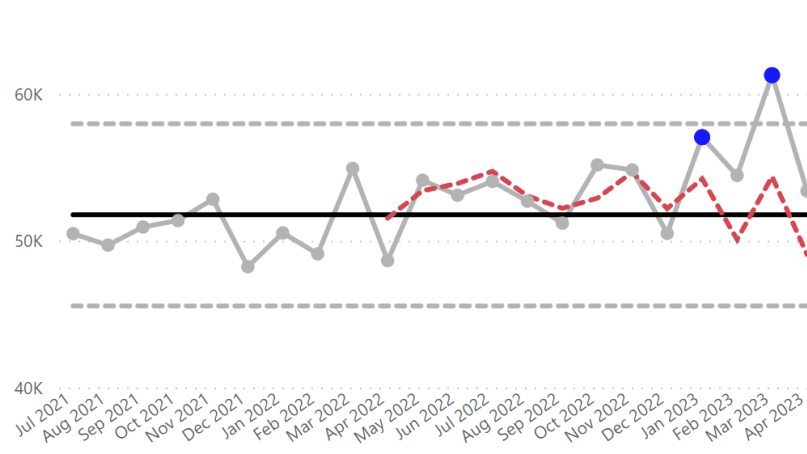
National NHS objectives 2023/24 | Diagnostics | Provider

KPI Name	Issues and risks	Actions
<p>6 Week Diagnostics</p>	<p>The provider position for HNY is 38.7% patients waiting over 6 weeks for a diagnostic test. The most challenged modalities for patients over 6 weeks include: Colonoscopy, Cystoscopy, Dex, Echo, Flexi-Sig and MRI.</p>	<p>Refresh of the Diagnostic Programme with increased capacity to be a stand-alone programme, with a Programme Board reporting into the Collaboration of Acute Providers and System Oversight and Assurance Group</p> <p>Mobilisation of the CDC programme to create additional capacity for the system - Letters of Agreement received into HNY to support mobilisation. Clinical Pathways bid submitted to region. Initial meeting with regional analytics and Intensive Support Team to complete HNY capacity and demand assessment for system wide diagnostic recovery plan.</p>

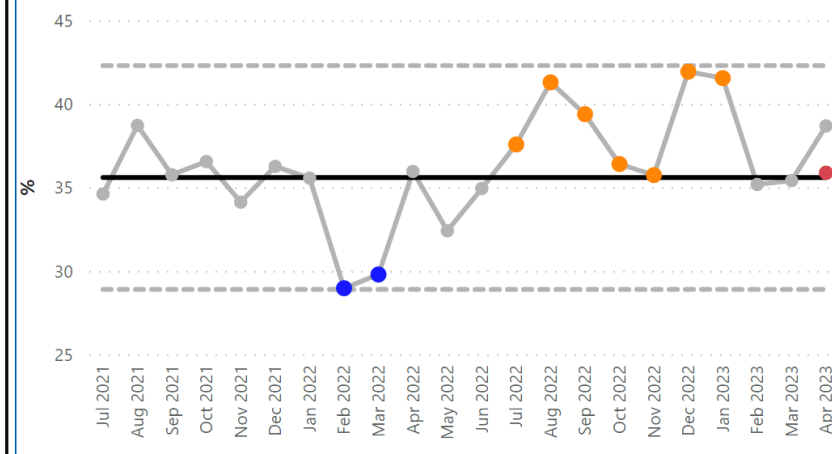


National NHS objectives 2023/24 | Diagnostics | Provider

Diagnostic Tests - All



Diagnostics Test waiting Times: Proportion of Patients Waiting 6+ Weeks for a Diagnostic Test



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	April 2023	49070	53390			
YSFT	April 2023	12269	14596			
HDFT	April 2023	4534	5574			
NLAG	April 2023	19128	19604			
HUTH	April 2023	13139	13616			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	April 2023	35.9%	38.7%			
YSFT	April 2023	46.6%	43.1%			
HDFT	April 2023	14.3%	45.8%			
NLAG	April 2023	40.2%	38.5%			
HUTH	April 2023	20.5%	32.3%			

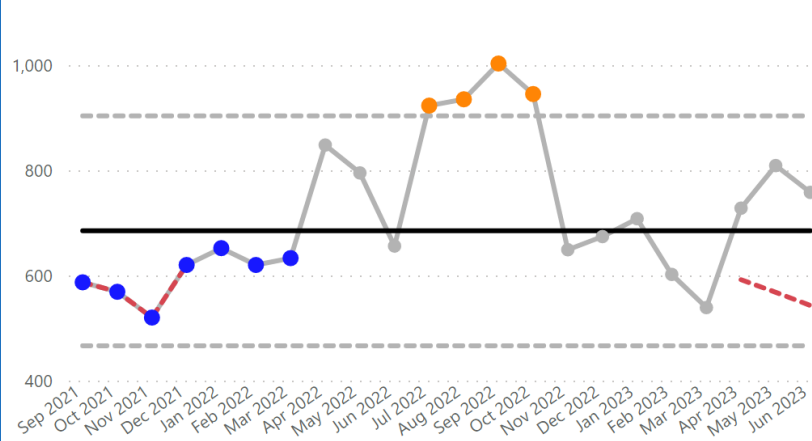
National NHS objectives 2023/24 | Cancer | Provider

KPI Name	Issues and risks	Actions
Current Cancer 62 day backlog	<ul style="list-style-type: none"> Impact of IA, BH, Easter, Ramadan and an increase in 2ww referrals have disproportionately impact HUTH performance (12% increase in LGI referrals April/May 23). Y&STHFT and NLAG continue to maintain their position with little variance either way in numbers. Y&STHFT currently below their planned trajectory for backlog reduction in 23/24, as of end May 23 - plan: 214 - Actual: 203 NLAG currently below their planned trajectory for backlog reduction on 23/24, as of end of May 23 - plan:153-Actual:130 	<p>HUTH actions : Cancer Transformation Programme – with funding from Cancer Alliance, agreed via Tier meetings and focussed work on most affected pathways.</p> <p>Diagnostics Improvement Programme – CDC mobiles, spoke mobilisation and productivity cells</p> <p>Cancer Alliance led review/themes of late IHTs – surgical decision prior to IHT will need to be a focus</p> <p>Long wait 2/52 reviews – addition of MDT clinical lead to support identification of improvement opportunities</p> <p>Additional day case capacity from June 2023 due to new facility</p> <p>External support/critical friend reviews – Leeds meeting booked, plan for meeting with Andy Thorpe & reached out to IST</p>
% patients with diagnosis communicated within 28 days	<p>HUTH: Continue to achieve FDS routinely and they anticipate a continuation of this cycle. FDS trajectory Apr 23 - plan: 75.0 -actual: 73.8 NLAG: Continue to work towards achievement with improved results in Feb (75%), Mar (73.7%) and April 23 (70.3%) despite the operational challenges as described above. FDS trajectory Apr 23- plan: 68.4 - actual: 70.3 YSTHFT: FDS trajectory Apr 23 plan: 67.8% - actual 61.6%.</p> <p>IA has affected MDT decision making as well as clinic appointments.</p> <p>Lack of assurance that May '23 trajectory of 67.9% will be achieved.</p>	<p>Remedial actions being tracked through CA Oversight and Assurance Group, System Board and Tier 2 meetings, with focus on benign patients. Continued work on BPTP milestones, especially in LGI and Prostate.</p>
Unadjusted percentage diagnosed at cancer stage 1 & 2	<p>Reporting on staging remains challenging due to the time delay to validated national data. Work is ongoing with Trusts to collect local staging data, acknowledging this will be unvalidated. However, recent TLHC staging data is illustrating a positive shift in staging at diagnosis.</p>	<p>CA PMO continue to work with acute Trusts to improve staging reporting and this is being monitored through CA Oversight and Assurance Group and System Board.</p>



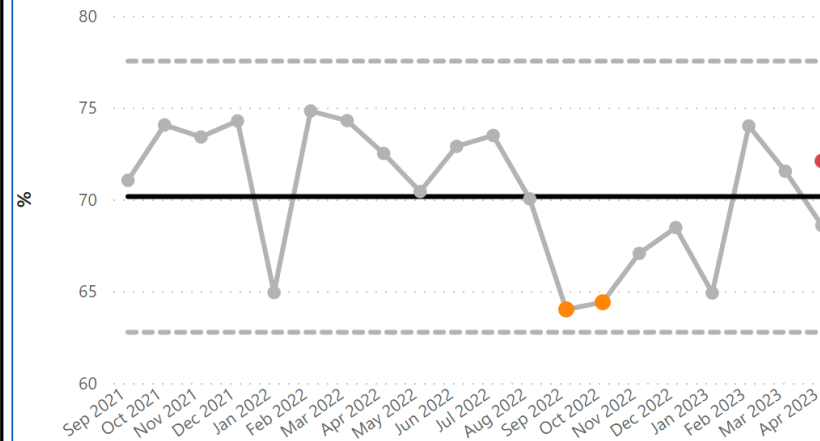
National NHS objectives 2023/24 | Cancer | Provider

Patients waiting 63+ days after referral from cancer PTL



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	June 2023	543	758			
YSFT	June 2023	179	202			
HDFT	June 2023	60	53			
NLAG	June 2023	144	98			
HUTH	June 2023	160	405			

28 Day Faster Diagnosis Standard



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	April 2023	72.1%	68.6%			
YSFT	April 2023	67.8%	61.6%			
HDFT	April 2023	80.0%	67.4%			
NLAG	April 2023	68.4%	70.3%			
HUTH	April 2023	75.0%	73.8%			

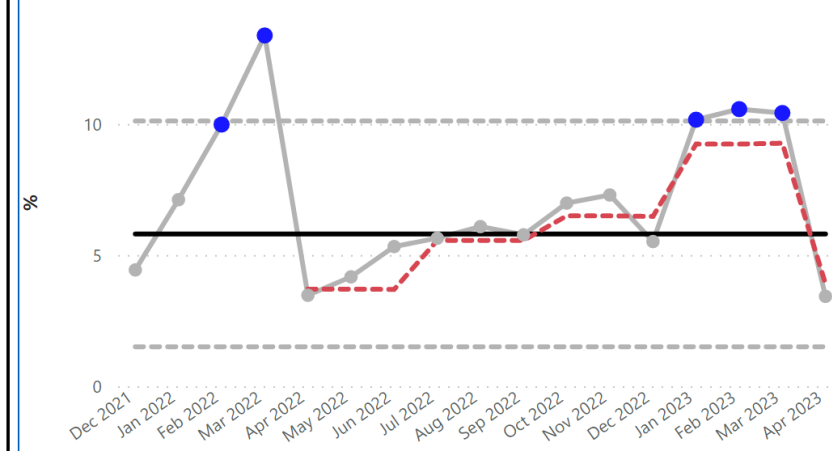
National NHS objectives 2023/24 | People with a learning disability & autistic people | ICB & Place

KPI Name	Issues and risks	Actions
<p>% people aged 14 and over with a learning disability on the GP register receiving an annual health check</p>	<p>There appears to be a discrepancy between the target on the report and the national targets for LD health checks. The national target is "75% of people aged 14 and over with a learning disability on the GP register receiving an annual health check". The SOAG report makes reference to a target of 3.9%, this is not recognised by the collaborative or places. Q4 data shows LD health check performance for HNY ICB at over 80%. A press release has also recently been developed to publicise this.</p>	<p>HNY ICB LDA Steering group established incorporating Transforming Care Programme . Press release developed to publicise HNY ICB achievement of national target.</p>
<p>Inpatients with a learning disability and/or autism per million head of population</p>	<p>Performance in line with submitted planning trajectories for 2023/24</p>	<p>3 year ICB plans being developed this year as part of the national MH LDA inpatient review</p>
<p>Inpatients with a learning disability and/or autism per million head of population - Children</p>	<p>Not currently meeting target. This will form part of the national inpatient review programme and issues relating to transition, delayed transfers of care, appropriate environments for care etc will be addressed</p>	<p>This will form part of the national inpatient review programme and issues relating to transition, delayed transfers of care, appropriate environments for care etc will be addressed</p>

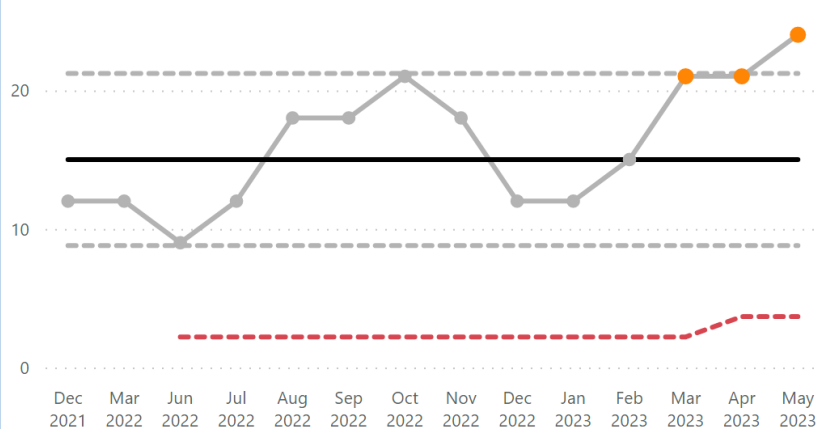


National NHS objectives 2023/24 | People with a learning disability & autistic people | ICB & Place

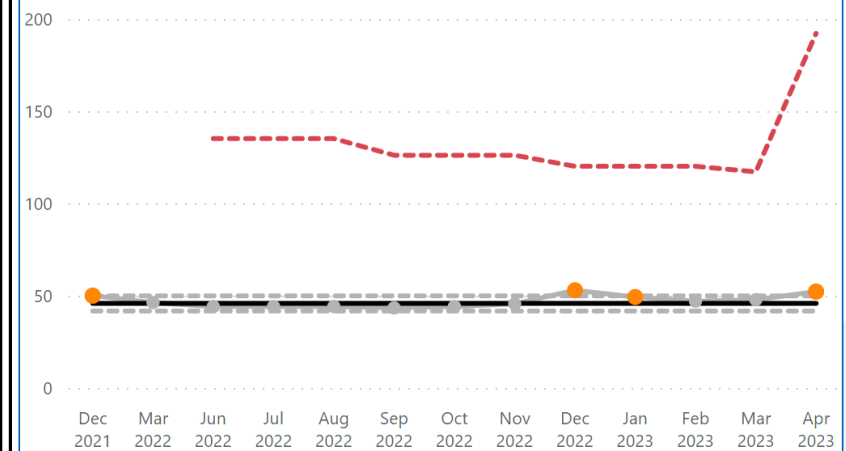
E.K.3: Learning disability registers and annual health checks delivered by GPs



E.K.1c: Reliance on inpatient care for people with a learning disability and/or autism - Care for children



S029a: Inpatients with a learning disability and/or autism per million head of population



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	April 2023	3.9%	3.4%			
NHS East Riding Of Yorkshire	April 2023	3.7%	4.3%			
NHS Hull	April 2023	3.8%	3.6%			
NHS North East Lincolnshire	April 2023	4.3%	2.2%			
NHS North Lincolnshire	April 2023	2.9%	2.0%			
NHS Vale Of York	April 2023	4.5%	2.5%			
NHS North Yorkshire	April 2023	4.1%	5.6%			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	May 2023	3.7	24.0			
NHS East Riding Of Yorkshire	May 2023	3.9	17.1			
NHS Hull	May 2023	0.0	0.0			
NHS North East Lincolnshire	May 2023	0.0	0.0			
NHS North Lincolnshire	May 2023	0.0	28.0			
NHS Vale Of York	May 2023	10.2	60.4			
NHS North Yorkshire	May 2023	2.9	24.5			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	April 2023	192.2	52.2			
NHS East Riding Of Yorkshire	April 2023	187.7	50.5			
NHS Hull	April 2023	265.7	88.1			
NHS North East Lincolnshire	April 2023	58.2	23.9			
NHS North Lincolnshire	April 2023	252.2	66.4			
NHS Vale Of York	April 2023	151.0	37.5			
NHS North Yorkshire	April 2023	208.4	49.4			

National NHS objectives 2023/24 | Mental health | ICB and Place

KPI Name	Issues and risks	Actions
Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses Accessing services, number with 2+ contact 12 months rolling growth (total numbers accessing services) - variance to indicative trajectory	HNY have seen a significant increase in CMHT access due to the early implementer model in Hull and the East riding along with continued transformation in all other areas and we continue to exceed LTP ambitions. Interoperability issues mean that not all access data can be extracted and reported (most areas are recoding this data in primary care, not secondary MH) however when resolved, the resulting available data is likely to improve the position further.	Methods for extracting data from primary care are being explored. Humber FT have implemented a "work around" which we are looking to explore with other places/providers.
Out of area placement bed days (inappropriate only)	Work continues to reduce OAP placements in line with plans. Increased complexity and acuity of presentations and support required, along with system level patient flow issues can mean that providers are forced to seek out of area placements in some cases. Mutual aid discussions are held as needed between providers. We are working at collaborative level to develop a response to the national inpatient quality review and have held workshops for colleagues to plan actions to begin to address some of these issues both in the shorter and longer term, including options for regional provision of services such as Psychiatric Intensive Care (PICU).	Some examples of actions taken to reduce OAP: <ul style="list-style-type: none"> • increase in our older peoples beds plus 5 as bed modelling identified a shortfall in older people beds and correlated with the profile of the OAPs • Introduced a Covid pod to accommodate Covid positive patients to keep wards open • Revised our management of Covid positive patients and admitted on a risk basis to minimise ward closures • Routine DTOC meetings to maintain flow (though this is a pressure for us presently and we now have Escalation meetings for patients who are delayed over 40 days) • Repatriation is managed proactively - Bed management Team maintain contact with patient and provider unit • Avondale is an admission ward where patients are assessed and only admitted if community support is not possible (keeps LoS down) • Acute Care Service for older people have initiatives in place to avoid admission • Wider service support to prevent admission and to maintain flow back into the community Home Base Treatment, CMHT, ACS etc • Effective Crisis Lines etc improving patient flow programmes - looking at Infrastructure, Admission, Inpatients, Discharge, Workforce, Systems North Lincs have this as a priority area in their QEP programme.
Dementia Diagnosis Rate	We have seen some improvements in all places over the last 6 months in relation to dementia diagnosis rates, although some places are still below ambitions. It should be noted that the target on the SOAG report is the ICB agreed planning submission target. The national ambition for DDR is 66.7%. Workshop in July to start co-production of the new Demantia Diagnosis pathway.	Exploring the possibility of partnership with the Alzheimers Society on the dementia blood bio markers research project. Dementia QI programme being undertaken in North Lincs to improve rates in lowest performing place. Brain health co-ordinator to target N Lincs. Hull have now reached the DDR target and the GP who led this work will lead the dementia register cleansing in ERY. Face to face workshop on 31st July to co-produce the redesign of the new pathway. In the process of developing system wide protocol for starting dementia medication with a working diagnosis only. Developing dementia project plan for the ICB. 13 priority areas identified. Improvement in access in all 6 places as of March 2023.

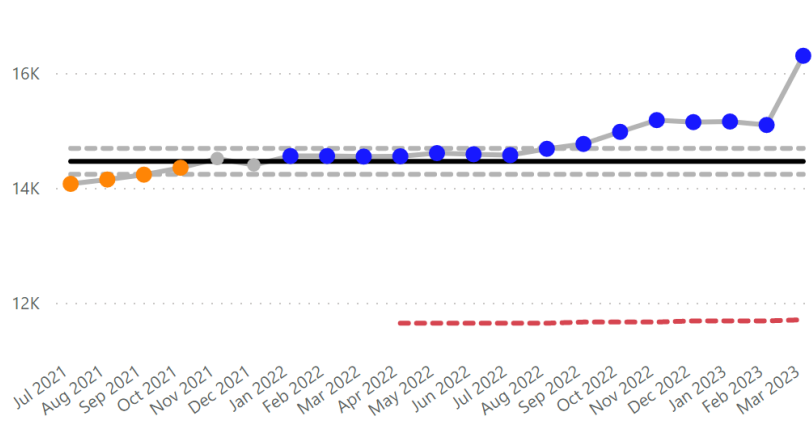
National NHS objectives 2023/24 | Mental health | ICB and Place

KPI Name	Issues and risks	Actions
No. CYP receiving at least one contact in the reporting period - % of indicative trajectory achieved	Although a workplan is in place it may not be able to achieve all the actions planned At present services lack the capacity to meet need and the lack of any increase in funding for services across early intervention and prevention, clinical and crisis means that we are unlikely to achieve the access targets or wait times in the LTP and more young people will be in crisis due to reduced access to early intervention and prevention services and longer wait times in clinical services e.g. camhs.	The HNY CYP Mental health steering group workplan agreed with NHSE includes a number of priorities and actions to work towards developing solutions to address this. The steering group is well attended by key partners.This involves triangulating data on levels of need/prevalance, capacity in the system to meet this need and available workforce to maximise access and improve efficiencies. The trauma informed care programme has established pilot sites to provide early intervention and prevention support which are trauma informed.
IAPT Access Monthly - % of indicative trajectory achieved	IAPT (now NHS Talking Therapies) has remained static in terms of access for a number of months. We know that the transformation of Community Mental Health services and the introduction of ARRS roles has prevented/diverted patient flow from traditional "IAPT" services which is positive for patients and their outcomes however may have longer term implications for the IAPT model.	Work has been done to assess the impact on talking therapies services and there has been a significant decrease in referrals since the development of the PCNs. Analysis will be included in an a briefing paper to the collaborative executive group in July for discussion.
Perinatal Access YTD - % indicative trajectory	Future of maternal mental health service being finalised however service is currently closed to referrals, This has the potential to impact the overall access metric. MHSDS data does not correlate with local data from the Humber 4. Services are continuing to work towards targets set in 22/23. There has been no increase in funding available to the service to allow further expansion.	Case for sustainable MMHS being developed. Provider is working with NHSE to resolve.



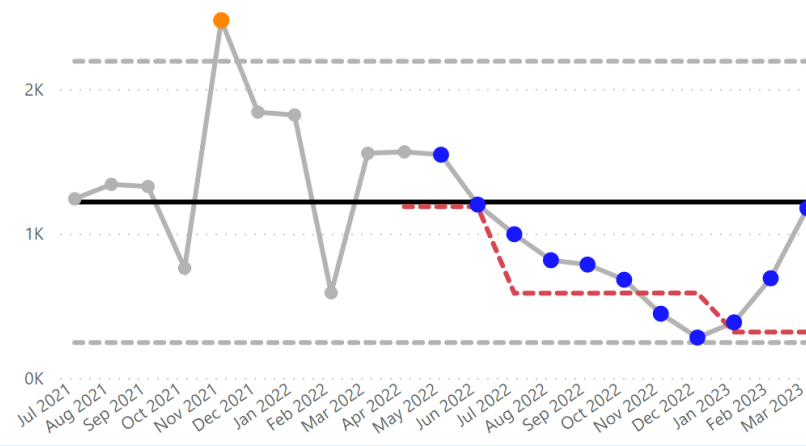
National NHS objectives 2023/24 | Mental health | ICB and Place

E.H.27: Overall Access to Core Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses



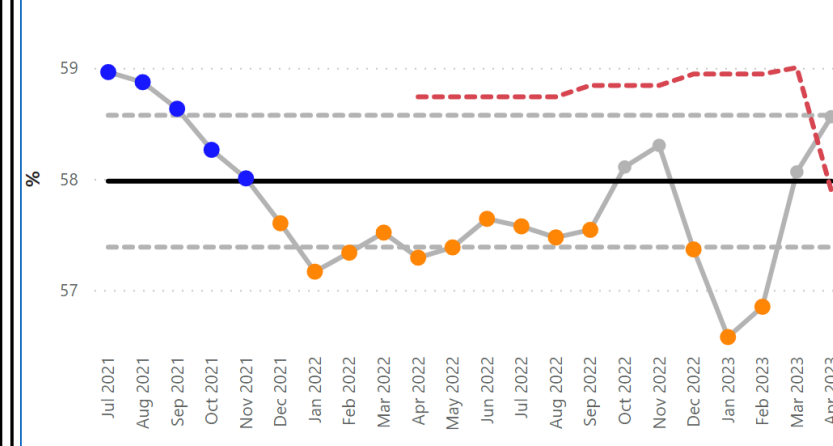
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	March 2023	11704	16300			
NHS East Riding Of Yorkshire	March 2023		3060			
NHS Hull	March 2023		2120			
NHS North East Lincolnshire	March 2023	970	1680			
NHS North Lincolnshire	March 2023		2350			
NHS Vale Of York	March 2023		3250			
NHS North Yorkshire	March 2023		3890			

E.H.12: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	March 2023	318	1175			
NHS East Riding Of Yorkshire	March 2023	133	50			
NHS Hull	March 2023	139	295			
NHS North East Lincolnshire	March 2023	0	0			
NHS North Lincolnshire	March 2023	23	535			
NHS Vale Of York	March 2023		95			
NHS North Yorkshire	March 2023		200			

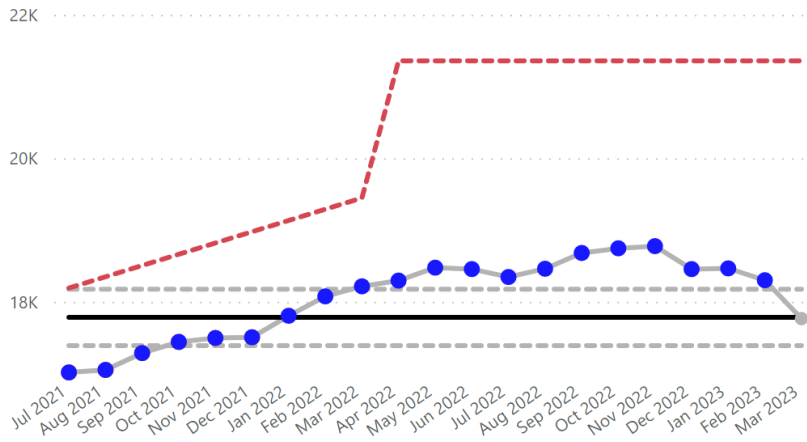
E.A.S.1: Estimated diagnosis rate for people with dementia



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	April 2023	57.9%	58.6%			
NHS East Riding Of Yorkshire	April 2023	58.0%	57.4%			
NHS Hull	April 2023	64.2%	69.7%			
NHS North East Lincolnshire	April 2023	60.0%	64.1%			
NHS North Lincolnshire	April 2023	54.2%	53.2%			
NHS Vale Of York	April 2023	53.4%	53.0%			
NHS North Yorkshire	April 2023	58.8%	59.0%			

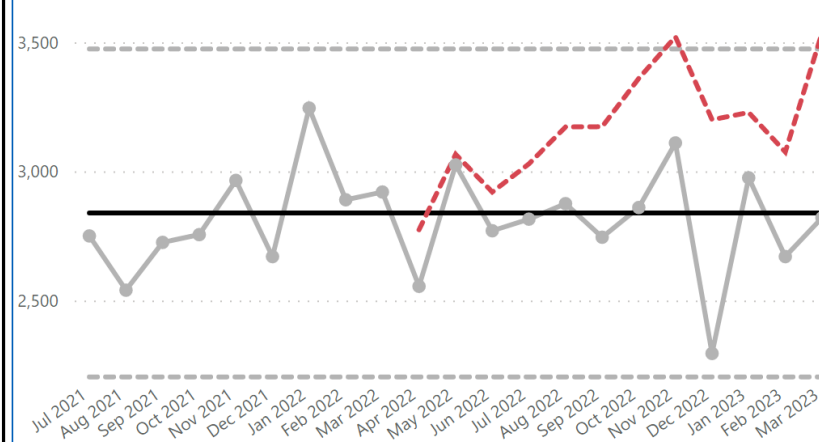
National NHS objectives 2023/24 | Mental health | ICB and Place

E.H.9: Access to Children and Young People's Mental Health Services



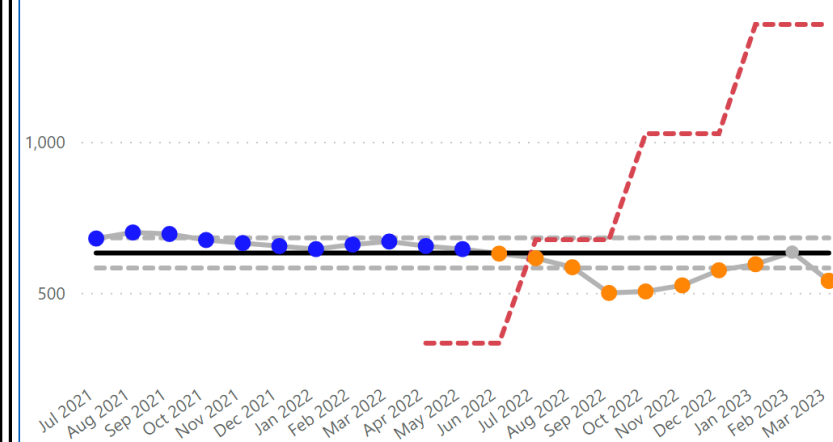
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	March 2023	21358	17765			
NHS East Riding Of Yorkshire	March 2023	2368	2200			
NHS Hull	March 2023	3643	3080			
NHS North East Lincolnshire	March 2023	1136	1585			
NHS North Lincolnshire	March 2023	1594	1630			
NHS Vale Of York	March 2023	2800	4870			
NHS North Yorkshire	March 2023	3000	4485			

E.A.3a: Access to NHS Talking Therapies



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	March 2023	3536	2820			
NHS East Riding Of Yorkshire	March 2023	611	425			
NHS Hull	March 2023	822	705			
NHS North East Lincolnshire	March 2023	451	305			
NHS North Lincolnshire	March 2023	327	230			
NHS Vale Of York	March 2023	582	535			
NHS North Yorkshire	March 2023	743	620			

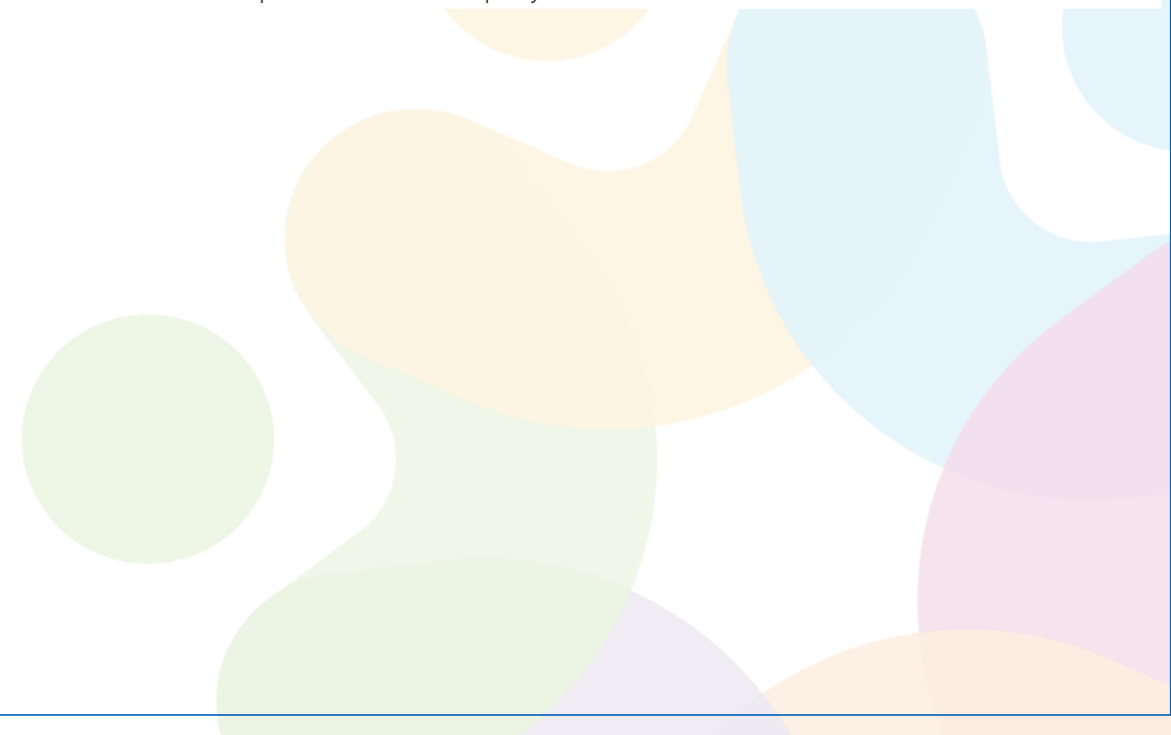
E.H.15: Women Accessing Specialist Community Perinatal Mental Health Services



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	March 2023	1388	540			
NHS East Riding Of Yorkshire	March 2023	64	10			
NHS Hull	March 2023	78	5			
NHS North East Lincolnshire	March 2023	48	165			
NHS North Lincolnshire	March 2023	40	85			
NHS Vale Of York	March 2023	240	120			
NHS North Yorkshire	March 2023	284	155			

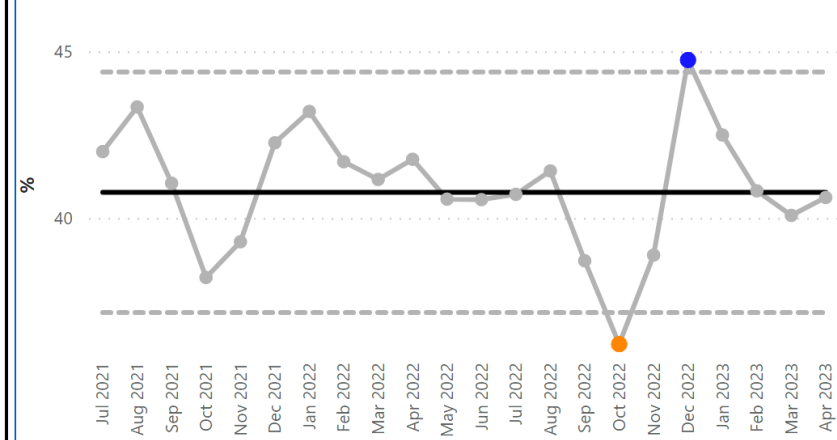
National NHS objectives 2023/24 | Primary care | ICB and Place

KPI Name	Issues and risks	Actions
% appointments booked same day	41% of patients who need to be seen on the same day are able to do so	Patients should no longer be asked to call back another day to book an appointment and through the Recovery Plan we will support practices / PCNs to have processes in place that no longer require patients to ring back .
% appointments booked within 14 days	79.4% of patients are being seen within 14 days from time of booking	Continue to support practices / PCNs through Access Recovery Plan to ensure all patients whose need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks.
Appointments in General Practice	May 2023 is showing 33k more appointments than plan	Continue to work with Place Leads to encourage coding of appointments to map across into GPAD
Direct Patient Care (DPC) Roles in General Practice and PCNs (NB - manifesto commitment changed from ARRS to DPC roles, trajectory only available at region level)	Data is not fully populated and we await Q1 submissions from PCNs to be able to review progress against the ICB ambition to recruit a further 200 ARRS roles in 23/24	Working with PCNs to receive Q1 claims and support workforce strategies to support recruitment of the ARRS for 23/24
2022/23 scheduled monthly % of usual annual contracted UDAs	98% recovery of UDAs against a target of 100%	Continue to explore opportunity for procurements, flexible commissioning and working with existing dental providers to increase capacity

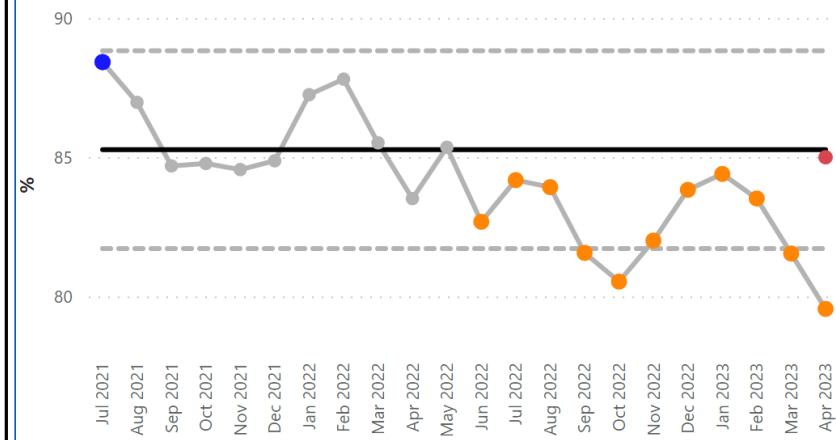


National NHS objectives 2023/24 | Primary care | ICB and Place

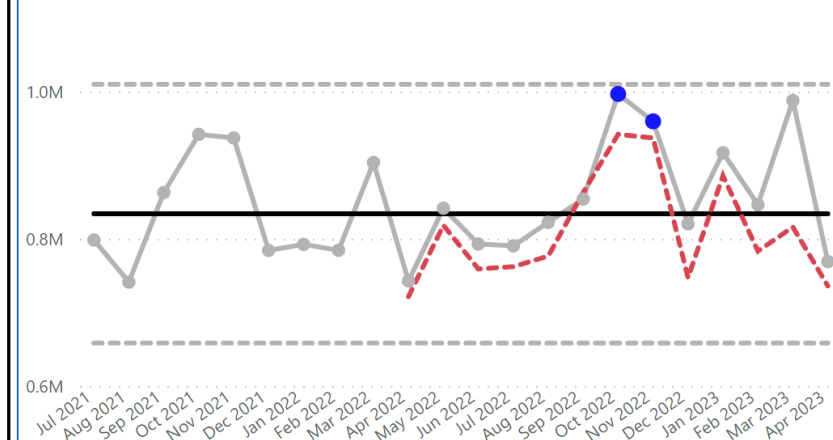
Proportion of Appointments in General Practice Booked and Seen the Same Day



Proportion of Appointments in General Practice Booked and Seen Within 14 Days



Appointments in General Practice



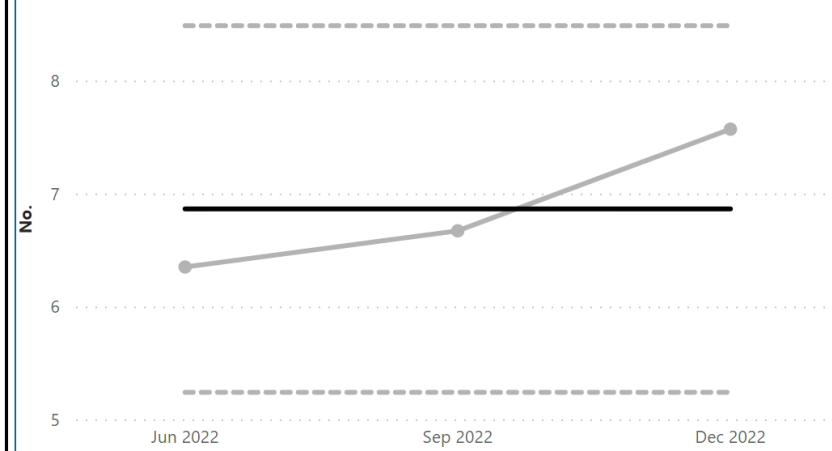
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	April 2023		40.6%			
NHS East Riding Of Yorkshire	April 2023		39.5%			
NHS Hull	April 2023		39.7%			
NHS North East Lincolnshire	April 2023		51.0%			
NHS North Lincolnshire	April 2023		38.8%			
NHS Vale Of York	April 2023		40.3%			
NHS North Yorkshire	April 2023		38.1%			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	April 2023	85.0%	79.6%			
NHS East Riding Of Yorkshire	April 2023	85.0%	75.1%			
NHS Hull	April 2023	85.0%	80.0%			
NHS North East Lincolnshire	April 2023	85.0%	88.1%			
NHS North Lincolnshire	April 2023	85.0%	79.4%			
NHS Vale Of York	April 2023	85.0%	81.5%			
NHS North Yorkshire	April 2023	85.0%	76.9%			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	April 2023	736128	769196			
NHS East Riding Of Yorkshire	April 2023	121838	123999			
NHS Hull	April 2023	107692	104184			
NHS North East Lincolnshire	April 2023	88059	93025			
NHS North Lincolnshire	April 2023	82010	84378			
NHS Vale Of York	April 2023	84717	146991			
NHS North Yorkshire	April 2023	251812	216619			

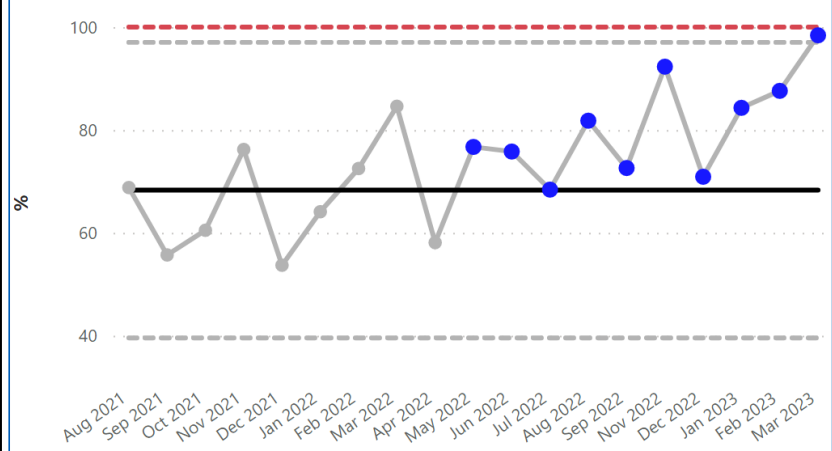
National NHS objectives 2023/24 | Primary care | ICB and Place

Continue to recruit 26,000 Additional Roles Reimbursement Scheme roles



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	December 2022		7.57			


Recover dental activity, improving units of dental activity towards pre-pandemic levels



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	March 2023	100.0%	98.0%			

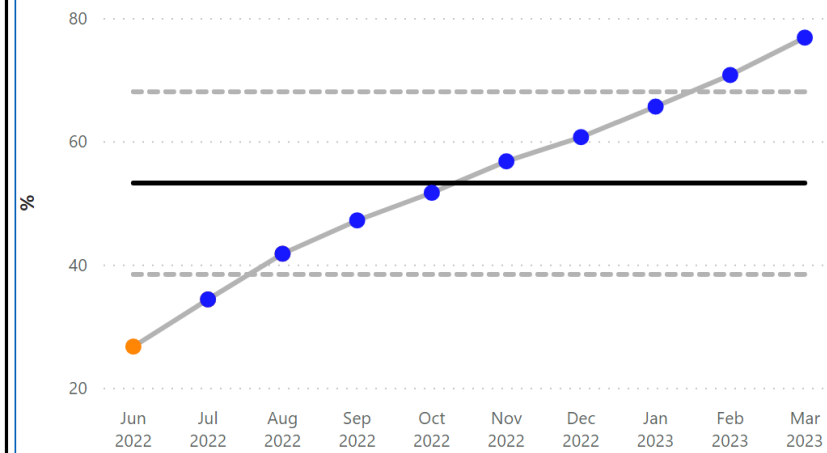


National NHS objectives 2023/24 | Prevention and health inequalities | ICB and Place

KPI Name	Issues and risks	Actions
		

National NHS objectives 2023/24 | Prevention and health inequalities | ICB and Place

Increase percentage of patients with hypertension treated to NICE guidance



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	March 2023		76.8%			
NHS East Riding Of Yorkshire	March 2023		74.2%			
NHS Hull	March 2023		72.4%			
NHS North East Lincolnshire	March 2023		76.3%			
NHS North Lincolnshire	March 2023		76.7%			
NHS Vale Of York	March 2023		77.5%			
NHS North Yorkshire	March 2023		81.2%			

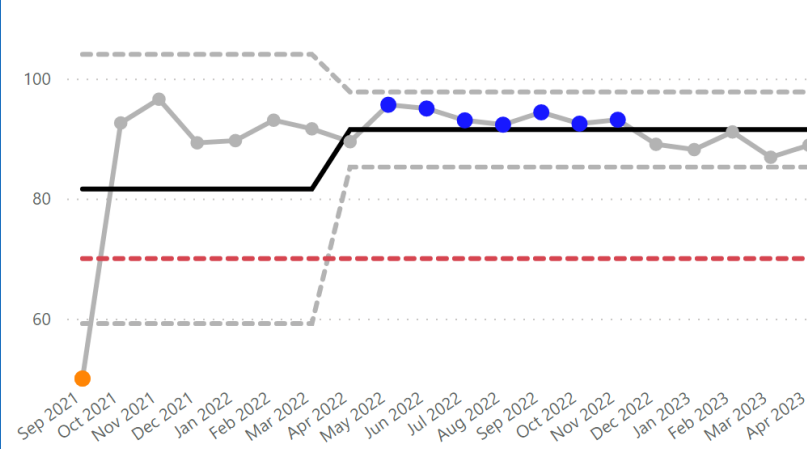


National NHS objectives 2023/24 | Community health services | Provider

KPI Name	Issues and risks	Actions
<p>Percentage of 2-hour Urgent Community Response referrals where care was provided within two hours</p>	<ul style="list-style-type: none"> The 2UCR plan for 23/24 is delivery of 23,200 first contacts Actual delivery up to April 2023 is 2,190 first contacts against M1 plan of 1,891 (299 above plan) All providers have had different baseline positions which is resulting in variation, illustrated by the lower referral/ activity figures for HDFT for example who are within their infancy versus STHFT The majority of providers are delivering the 9 clinical conditions set out in the guidance, with gaps in unpaid carers offer for NLaG and HDFT and partial offer for confusion / delirium for HTFT and STHFT 	<ul style="list-style-type: none"> All providers are delivering as a minimum a services from 8am - 8pm 7 days per week An evaluation of 2UCR by Arden and GEM CSU is reaching its conclusion, for presentation at CHCC Board 18 July 2023. Each provider are to receive bespoke report highlighting gaps and opportunities for development. CHCC are to host a 2UCR shared learning event early Q3 based on the findings to aid maturity of the services The Community Digital Network will oversee the reporting to CSDS and work to improve data quality with partners, meeting scheduled 26 July 2023 Action plans are in place where providers have gaps in delivery against the specification
<p>Virtual Wards</p>	<ul style="list-style-type: none"> The virtual ward plan in 2023/24 is delivery of 220 beds across frailty and acute respiratory, with all providers planning for at least 80% utilisation. The nationally reported capacity figures show 144 beds across the region as of 13/06/23 but there are data quality issues being worked through as some providers exceed current capacity and others provide nil returns when capacity is in place. The actual capacity is 141* beds against planned capacity of 159* (89% planned capacity mobilised) for the same reporting period. The average utilisation figure is 78%* across HNY. The cumulative number of people supported in a VW bed is 2,734 from mobilisation to 15/06/23*. The national ambition for virtual ward capacity is coverage of 40-50 beds per 100k adult population (40 beds per 100k = 575 for HNY) Some evidence of clinical reticence in identification of patients for virtual care, signalled by the lower admissions and utilisation rates of some providers. This is exacerbated through workforce challenges across the patch, specifically geriatrician, GP and ACP shortages. Providers are at different stages of development of tech solutions and work is being stepped up to understand how the HNY CHCC can support digital transformation. <p>* Data provided by CHCC Digital Transformation Lead from local data capture as of 15/06/2023</p>	<ul style="list-style-type: none"> Plans for delivery of 220 VW beds in 23/24 which gives growth of 79 beds from 22/23 outturn position VW clinical network continues to meet to share learning and good practice Community Digital Network has been re-established and will oversee remote monitoring and procurement of tech solutions to support virtual care ICB wide steering group in place bringing together key partners and stakeholders and to monitor progress BI process being reviewed to ensure nationally reported data represents local sitrep information Conversations progressing with YSHFT and HTFT regarding the potential acceleration of their trajectories to support the system ahead of winter Development of the specification in Q2 and evaluation of HNY VW pathways planned for Q3 HuTH has raised a query via the HNY Head of Clinical Networks of the possibility of a Stroke Virtual Wards. CHCC Digital Transformation Manager plans to follow up with HuTH colleagues.
<p>Community WL</p>	<ul style="list-style-type: none"> The overall community waiting list at 30 April 2023 was 18,991 against a M1 planning assumption of 23,644 (4,763 below plan) The waiting list for Adults is 15,856 against M1 planning assumption of 17,028 (-1,172 difference from plan) and is showing a reduction of 577 from March's sitrep. 154 patients have been waiting over 52 weeks of which 50 have been waiting in excess of 104 weeks which is a marginal increase to March 2023 figures of 152 and 40. 136 of the 139 adult >52 week long waiters are at HDFT waiting for Dietetics and there is also evidence of a growing waiting list for podiatry. The waiting list for Children and Young People is 3,025 at 30th April 2023 against a M1 planning assumption of 6,616 (-3,591 difference to plan) with a number of providers submitting nil returns (CPG, HDFT, YSFT). This is a reduction of 175 patients against the March sitrep. 65 CYP are waiting over 52 weeks with the majority (64) at Humber TFT in respect of SaLT and Dietetics and 1 pt in NLaG's SaLT service. 	<ul style="list-style-type: none"> The Community Collaborative is leading a programme of work to get full oversight of the processes deployed in each provider organisation to highlight any variations in interpreting the guidance and ensuring that the reported position is representative of the actual issues that may need to be addressed Plans and milestones will be developed together with community providers during Q1

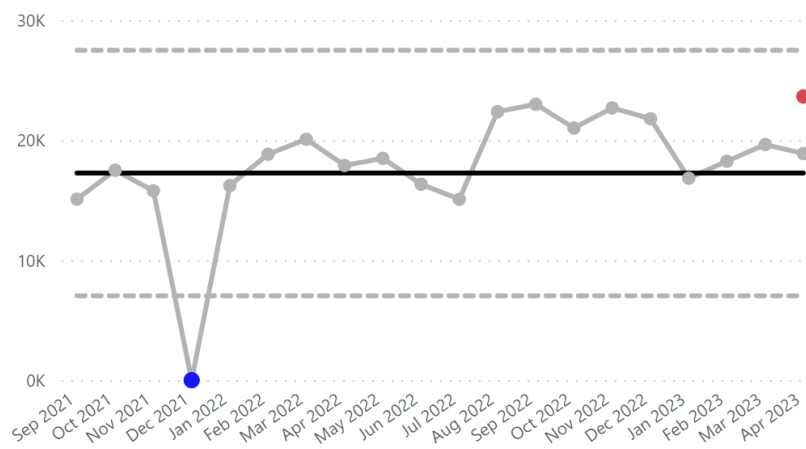
National NHS objectives 2023/24 | Community health services | Provider

2-hour urgent community response (UCR) standard



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	April 2023	70.0%	88.9%			
YSFT	April 2023	70.0%	60.0%			
NLAG	April 2023	70.0%	93.0%			
HUMBER TEACHING NHS FOUNDATION TRUST	April 2023	70.0%	40.0%			
CITY HEALTH CARE PARTNERSHIP CIC	April 2023	70.0%	95.9%			
CARE PLUS GROUP	April 2023	70.0%	89.4%			

Total Number on Community services waiting list



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	April 2023	23644	18881			
YSFT	April 2023	1312	789			
HDFT	April 2023	8626	3967			
NLAG	April 2023	4125	4664			
HUMBER TEACHING NHS FOUNDATION TRUST	April 2023	4220	3488			
CITY HEALTH CARE PARTNERSHIP CIC	April 2023	5111	5768			
CARE PLUS GROUP	April 2023	250	205			