



Humber & North Yorkshire ICB Board Report

Homepage

Executive Summary

Interpretation

Indicator Table - Page 1

Indicator Table - Page 2

Indicator Table - Page 3

Indicator Table - Page 4

Urgent & Emergency Care - Narrative

Elective - Narrative

Diagnostics - Narrative

Cancer - Narrative Page 1

People with a LD & autistic people - Narrative

Mental Health - Narrative Page 1

Primary care - Narrative

Prevention & health inequalities - Narrative

Community health services - Narrative

Maternity - Narrative

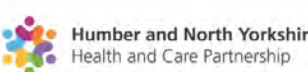

Information Governance : This report should be shared with the relevant ICB personnel only and relevant recipient organisation(s). In order to be compliant with data sharing agreements, any values between 1 and 5 MUST be suppressed if shared outside of the ICB or the recipient organisation(s), or is subject to additional data sharing agreements being in place.

Data Sources : Various published performance sources and supplementary 'unvalidated' weekly national/regional reports

Report Description : Performance report covering performance against the ICB plan for the National NHS Objectives

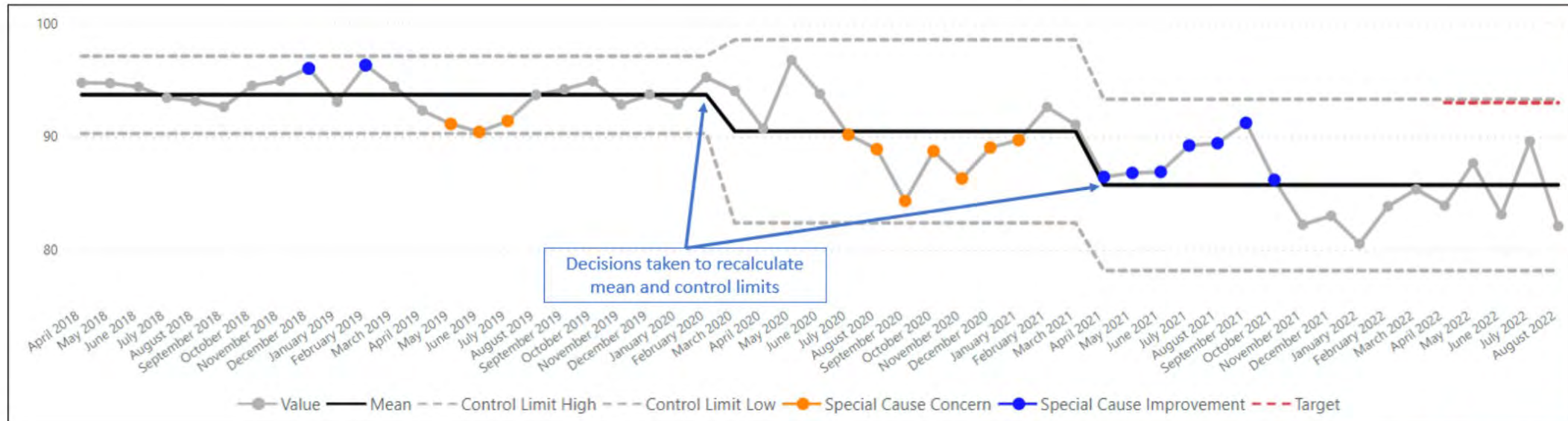
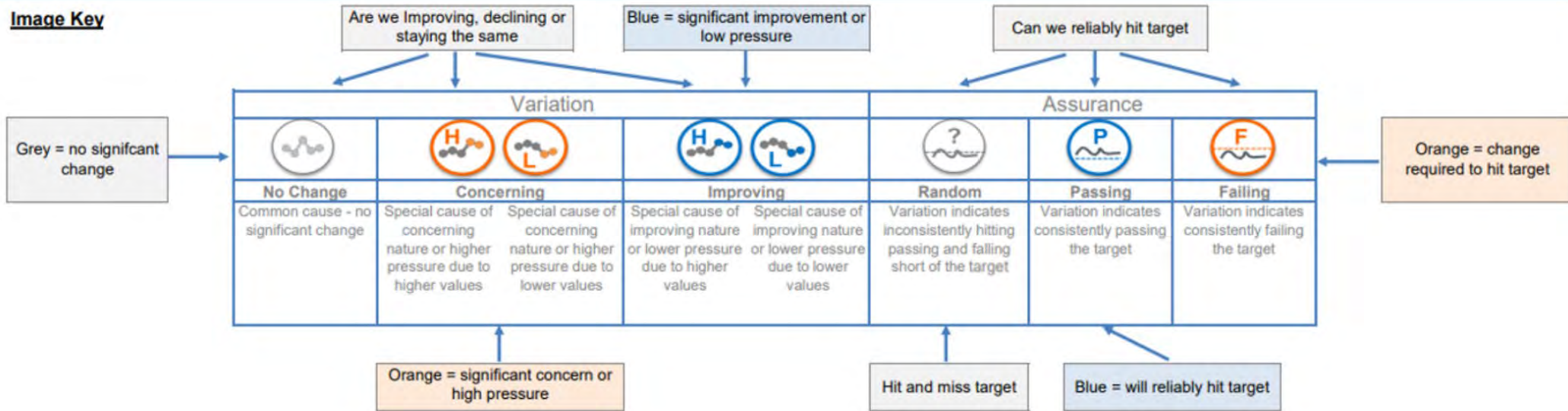
Period :

Most published data to Jun-23 with Ambulance CAT 2 and A&E 4hr published to Jul-23	
Unvalidated positions as follows:	
Total G&A Beds	4 weekly average from the NHS Futures NEY Discharge and Reducing In Hospital Length of Stay Dashboard
% G&A Bed Occupancy	
18 Week RTT - Total Waiting List	Snapshot position from the NEY Performance and Quality Report as at 30/07/2023
18 Week RTT - 65+ Weeks	Snapshot position from the National Waiting Well Dashboard as at 30/07/2023
Diagnostic Test Waiting Times - 6+ Weeks	Snapshot position from the NEY Performance and Quality Report as at 30/07/2023
Patients Waiting 63+ Days	Snapshot position from the Cancer Alliance PTL as at 30/07/2023
Reliance on Inpatient Care for People with a Learning Disability and/or Autism	Snapshot month end position direct form providers































		<div>EXECUTIVE SUMMARY</div>		
Area	Plans Met	Summary		
Urgent & Emergency Care	2 of 4	<p>Whilst comparative performance against July 22 has improved, and HNY is still above its trajectory for July 23 - 70.7% against a target of 68.6%. This is well below the ambition of 76% by the end of the year. Acute Trust bed occupancy is standing at 89.3% against a target of 91%. NLAG bed occupancy is over target at 92.9% against target of 90.6%. The overall ICB position below the 92% national ambition to maintain flow and ahead of the ICS trajectory of 91.5%. YAS are meeting their CAT2 trajectory of 30 mins at 29:14mins. EMAS are missing 30 mins at 36:22 mins. 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. All remain an outlier in the Region.</p> <p>As the ICS is placed in Tier 2 for Urgent and Emergency Care recovery and progress on the implementation of Stage 1 of the plan continues with the UTC at York and opening the UTC NLAG 24/7 identified as the highest risk. Since the last reporting period the ICB have received the requirements for winter planning which will supersede the current operational plan. The position is reported elsewhere on the Board agenda.</p>		
Elective Care	2 of 3	<p>The overall Waiting list size has continued to grow from January 2023. The unvalidated waiting list size in July 2023 is 192,140 against a target of 176,556, or 8.8% off plan. Early indications are that Elective activity is above the 94.7% trajectory ask for elective activity at the end of June. The current activity assessment of 96.8% for June and the position of previous months contained in this report may show an understatement of the actual position which will be reflected in future ICB Board reports. Workforce constraints in some specialties, notably ENT and Max Fax, alongside the impact of industrial action is causing reduced activity. Circa 80-90% of the waiting list is outpatients and is not dependent on beds or bed capacity for treatments.</p> <p>The ICS has no patients reported over 104 weeks. The National ambition is to have no patients waiting over 78 weeks by the end of June and to maintain that position. The position for the ICS at the end of July is 90 patients. 69 Y&SFT, 18 HUTH, 2 NLAG and 1 for HDFT . All things being equal, HUTH have a plan to clear their 78 week backlog by the end of September and York and Scarborough by the end of November 2023. The ICS is ahead of trajectory for those patients waiting over 65 weeks. The current unvalidated position at the end of July is 2262 patients against a trajectory of 3189.</p> <p>The ICS is refocussing its outpatients programme enhancing its approach to Advice and guidance and shared care pathways, increasing waiting list validation and training for RTT and non RTT, clinical networks are in place for the top 5 specialties by volume, with productivity action plans in place using GIRFT data. The Surgical High Volume Low Complexity hub has gone live in August operating Orthopaedic and Urology cases for 2 and 3 days per week respectively. An Elective Clinical network event has been planned for 22 September, which will support cross learning and developing specific speciality delivery objectives.</p>		
Diagnostics	1 of 2	<p>For June, total activity undertaken by all diagnostics modalities exceeds plan at 58,156 tests against a plan of 53,415. However, the percentage of patients waiting over 6 weeks is off plan at 38.0% against a plan of 35.1%. HUTH and HDFT are off plan with HUTH indicating performance of 36.9% against a plan of 18.2% and HDFT most significant at 41% against a plan of 9.2%. The position at HDFT is improved from last month.</p> <p>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. Recent failures in August of two MRI units, one at NLAG and one at Y&SFT is expected to have a negative impact on the reported position from August.</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, and improving productivity. Since last month, mutual aid has been offered for colonoscopy through the elective tactical group and is in mobilisation. Insourcing will recommence at HUFT to support activity levels and performance.</p> <p>CDC mobile activity continues to support the waiting list provision, with continued support at YSTHFT and NLaG in addition to the CDC spoke sites.</p>		
Cancer	0 of 2	<p>The ICS 63+ day backlog unvalidated position as of 30th July is 631 patients against a target of 525. The latest position in July indicates an improved position at HUTH of actual 263 patients against a plan of 155, as a result of the rectification of a data quality issue. Y&SFT are off plan with 207 patients against a plan of 172.</p> <p>Predominant issues at Y&S remain in the diagnostic phase of cancer pathways, with particular issues in Colorectal and Urology tumour sites affected by colonoscopy capacity (IST D&C work highlighting 14 lists short per week) as well as long waits for CT and MRI at the Trust.</p> <p>Predominant issues in HUTH remain in treatment capacity (robotic equipment and staff vacancies), particularly affecting Gynae and Urology pathways as well as non surgical oncology workforce gaps. There have also been issues with tracking capacity and expertise and consistent application of the access policy within the Trust.</p> <p>The Faster diagnosis standard is showing performance of 69.2% against a plan of 72.7% and a national target of 75%. NLaG is the only Trust to meet trajectory. HUTH have successfully recruited a locum to one of the two Urology consultant vacancies, Y&S are taking a Business Case to their September Board to request funds for endoscopy insourcing to match capacity and demand, which if approved, would clear the backlog by the end March 24. National and ICB Cancer Alliances are funding MRI mobiles for York and cancer trackers in HUTH.</p>		

Area	Plans Met	Summary
People with Learning Disabilities and Autism	2 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 is required. Local 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 as [part of a national programme to be submitted</p>
Mental Health	1 of 6	<p>The only Mental Health target being achieved is that for dementia diagnosis an improvement since last month. For Community Mental health services, improvements involve continued transformation, replicating the earlier implementer status and success seen at Humber FT. Once data issues are resolved, it is expected this target will be achieved. To reduce the number of Out of Area placements, there are increases to the number of Older Peoples beds by 5, the introduction of a covid POD to keep wards open, routine extended delays to discharge meetings for patients waiting over 40 days, crisis response and admissions avoidance schemes. For Dementia Diagnosis rates, a Dementia QI programme has commenced, a brain Health co-ordinator targeting areas of challenged performance, register cleansing, and agreeing a dementia protocol for medication.</p>
Primary Care	1 of 3	<p>The number of GP appointments provided in primary Care is 2,500 over plan at the end of June. While the number of people given an appointment in 14 days is 79.6% against a target of 85% which is an improving picture and expected to improve further once patients with Long Term Conditions booked more than 14 days ahead are excluded from the count. Recovery of dental activity stands at 79% against a target of 100%. This will improve as the number of patients part way through treatment reach completion as the year progresses. In addition, there is a procurement plan to increase availability of dental services, a recruitment drive and collation of data by practice to enable targeted support to improve the position.</p>
Community Health	2 of 2	<p>The overall size of the community waiting list is below plan showing 20,241 against a plan of 23,337 at June. Of these 241 patients have been waiting over 52 weeks and 55 over 104 weeks. Of the 63 patients, the majority are in HDFT Diabetics service. For Podiatry services HDFT are trialling a self referral programme and CHCP a triaging process with self referral within the year. HDFT continue to work through data quality issues. 2 Hour Crisis response services show compliance of 89.4% 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. At the end of June the number of contacts was 2284 against a plan of 1902. An evaluation of the service has shown gaps in provision in Ryedale South Hambleton and Selby and an opportunity to widen referral routes which should be addressed next month. Data quality issues at NLaG and HDFT once resolved will also see the activity reported increase.</p>

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- EAST MIDLANDS AMBULANCE SERVICE NHS TRUST	July 2023	00:30:00	00:36:22			
Urgent and emergency care	Ambulance Response Times CAT2 - Mean- YORKSHIRE AMBULANCE SERVICE NHS TRUST	July 2023	00:30:00	00:29:14			
Urgent and emergency care	A&E 4 hour waiting times- HNY Provider Total	July 2023	68.6%	70.7%			
Urgent and emergency care	Total G&A Beds- HNY Provider Total	July 2023	2919	2904			
Urgent and emergency care	Percentage Total G&A Bed Occupancy- HNY Provider Total	July 2023	91.0%	89.2%			
Elective care	18 Week Referral to Treatment Waiting Times - Waiting List- HNY Provider Total	July 2023	176556	192140			
Elective care	18 Week Referral to Treatment Waiting Times - 65+ Week Waits- HNY Provider Total	July 2023	3189	2262			
Elective care	Value Weighted Recovery (inc. estimate for A&G at Region and System Level)- HNY Provider Total	June 2023	94.7%	96.8%			
Diagnostics	Diagnostic Tests - 7 Targeted Test- HNY Provider Total	June 2023	53415	58156			
Diagnostics	Diagnostics Test waiting Times: Proportion of Patients Waiting 6+ Weeks for a Diagnostic Test- HNY Provider Total *	July 2023	35.1%	38.0%			




























* ICB plans for these indicators do not deliver the national ambition

SUMMARY TABLE BY INDICATOR

AREA	KPI NAME (INC REPORTING LEVEL)	LATEST DATE	TARGET	ACTUAL	VARIATION	ASSURANCE	PLAN MET
Cancer	28 Day Faster Diagnosis Standard- HNY Provider Total	June 2023	72.7%	69.2%			
Cancer	Patients waiting 63+ days after referral from cancer PTL- HNY Provider Total	July 2023	525	631			
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	May 2023	100.0%	79.0%			
Primary care	Appointments in General Practice- HNY ICB	July 2023	833947	878389			
Primary care	Proportion of Appointments in General Practice Booked and Seen the Same Day- HNY ICB	July 2023		41.3%			
Primary care	Proportion of Appointments in General Practice Booked and Seen Within 14 Days- HNY ICB	July 2023	85.0%	82.2%			
Prevention and health inequalities	Percentage of patients with hypertension treated to NICE guidance- HNY ICB	March 2023	77.0%	76.8%			
Community health services	Total Number on Community services waiting list- HNY Provider Total	June 2023	23337	20241			
Community health services	2-hour urgent community response (UCR) standard- HNY Provider Total	June 2023	70.0%	89.7%			


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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	S029a: Inpatients with a learning disability and/or autism per million head of population- HNY ICB	June 2023	192.2	48.5			
People with a learning disability and autistic people	E.K.3: Learning disability registers and annual health checks delivered by GPs- HNY ICB	June 2023	4.8%	5.3%			
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	July 2023	3.7	24.0			
Mental Health	E.A.S.1: Estimated diagnosis rate for people with dementia- HNY ICB *	June 2023	57.9%	58.0%			
Mental Health	E.H.12: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days- HNY ICB	May 2023	395	1155			
Mental Health	E.H.27: Overall Access to Core Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses- HNY ICB	May 2023	19140	17190			
Mental Health	E.H.9: Access to Children and Young People's Mental Health Services- HNY ICB *	May 2023	21171	18810			
Mental Health	E.A.3a: Access to NHS Talking Therapies- HNY ICB *	May 2023	2998	2755			
Mental Health	E.H.15: Women Accessing Specialist Community Perinatal Mental Health Services- HNY ICB	May 2023	546	535			

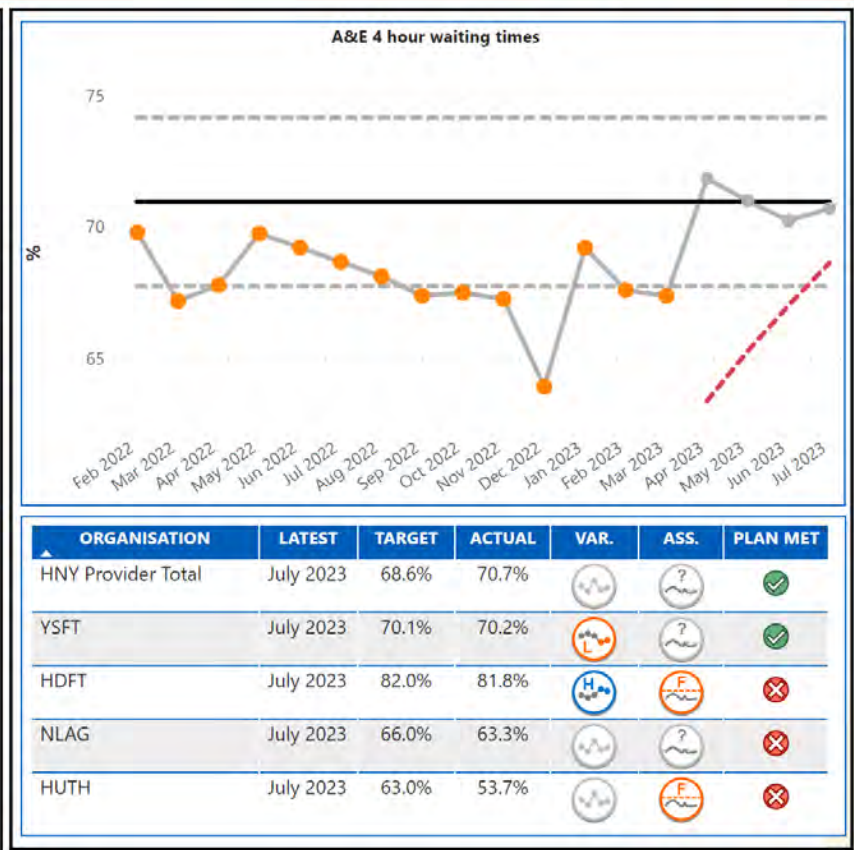
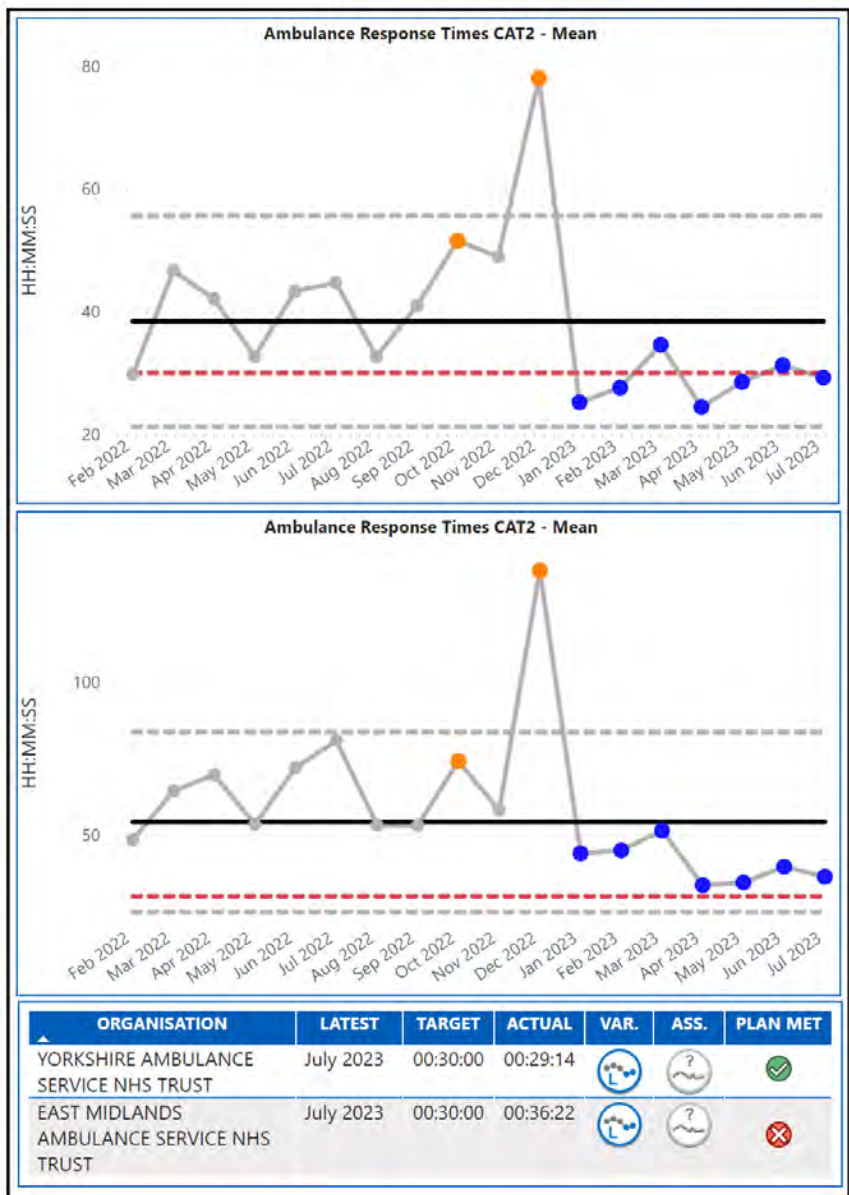
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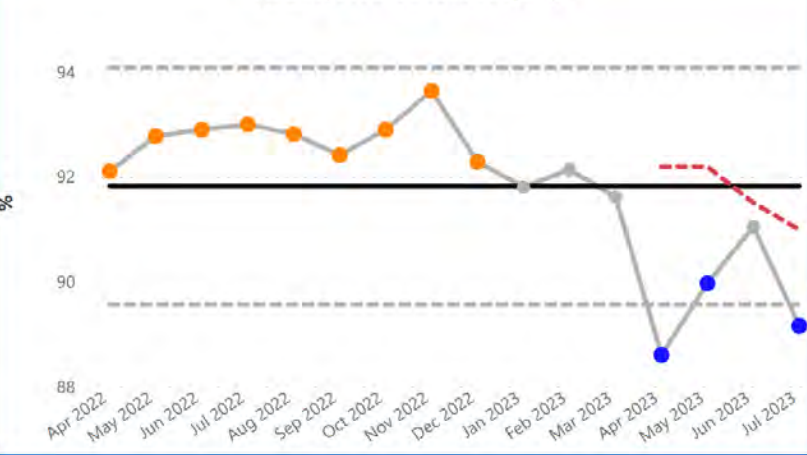
AREA	KPI NAME (INC REPORTING LEVEL)	LATEST DATE	TARGET	ACTUAL	VARIATION	ASSURANCE	PLAN MET
Maternity	Neonatal deaths per 1,000 total live births- HNY ICB	April 2023		2.0			
Maternity	Stillbirths per 1,000 total births- HNY ICB	April 2023		2.8			

* ICB plans for these indicators do not deliver the national ambition

KPI Name	Issues and risks	Actions
Ambulance Handovers - CAT 2	<ul style="list-style-type: none"> • YAS meeting their CAT2 trajectory of 30 mins at 29:14mins. EMAS missing 30 mins at 36:22 mins. • July has seen an improvement in hours lost and percentage of handovers over 30 and 60 minutes, however, HNY is still the outlier for the Region. • Conveyance rates in HNY remain higher than other ICSs in the region. • 12 hours in department remains the highest in HNY compared to the rest of the Region, which is impacting on the ability to handover timely. However, data is showing a consistent improvement in this area. 	<ul style="list-style-type: none"> • Ambulance handover trajectories (hours lost) are now completed. • Direct conveyance to SDEC are a key priority for the SDEC programme. An SDEC workshop was held with a focus on direct access with direct conveyance checklist. Expansion of 2UCR services. • Deep dive undertaken by external company to identify further opportunities for expanding/improving 2UCR ahead of winter. SPA and care coordination identified as a priority with Regional and National support. Sharing best practice from N/NEL which could be replicated across the System. SPA workshop took place in July with good engagement and attendance. National support offer commences thereafter. • ECIST deep dive support to review the root cause of ambulance handover delays at HUTH, which can then be shared across the ICS, along with causes for long waits in NLAG.
Total general and acute bed occupancy	Total general and acute bed occupancy 89.3% against a target of 91%. NLAG bed occupancy over target at 92.9% against target of 90.6%. All other providers achieving GA bed occupancy plans. However, despite achieving the bed occupancy trajectories in all but NLAG, 4 hour performance still off target, which supports the data which suggests challenges with in-hospital flow.	HUTH NCTR additional ward/unit opened 24/07/23. NLAG additional opening hours for UTC to support reduced admissions (and therefore reduced bed occupancy) now live 8am to 12pm. Interviews end August for additional staff to open UTCs 24/7 at NLAG. Deepdive due to be undertaken in to VW capacity and utilisation to maximise opportunities out of hopsital and further reduced occupancy. Home first workshops undertaken in N/NEL.
A&E 4 hour waiting times	<ul style="list-style-type: none"> • Whilst comparative performance against July 22 has improved, HNY is above its trajectory for July 23 - 70.7% against a target of 68.6%. Challenges remain of: • Impact of ongoing strike action on 4 hour performance, with workforce becoming fatigued. • Data is suggesting challenges with in-hospital flow which is impacting on 4hr and 12 hr performance. • Deliverability of some of the Stage 1 priority actions by October 2023 due to both procurement timelines and workforce availability. • Detailed and comprehensive Winter Planning ask this year with significant focus on system working. Increased scrutiny on performance with upcoming general election. • New ED in York opened although performance remains challenged. 	<ul style="list-style-type: none"> • Stage 1 Priorities for the Tier 2 plan within delivery stage with good progress across many areas. Highest risk with York UTC and 24/7 opening of NLAG UTCs. • Places developing Stage 2 priority plans which will address actions needed over winter to deliver 76% by April 2023. • Each Place has completed self assessments against the national 10 high impact interventions to measure maturity and identify 4 priority areas of improvement ahead of winter. UEC Champions identified to lead imprpvements for each Place and attend Nationally hosted workshops. • Numerous winter planning sessions planned. • Each Place undertaking completion of Winter planning narrative and Demand & Capacity templates ahead of 11th September deadline. • ECIST supporting deepdives at NLAG and Hull to review in-hospital flow. Regional team visit being scheduled to York to look at new ED and flow processes.

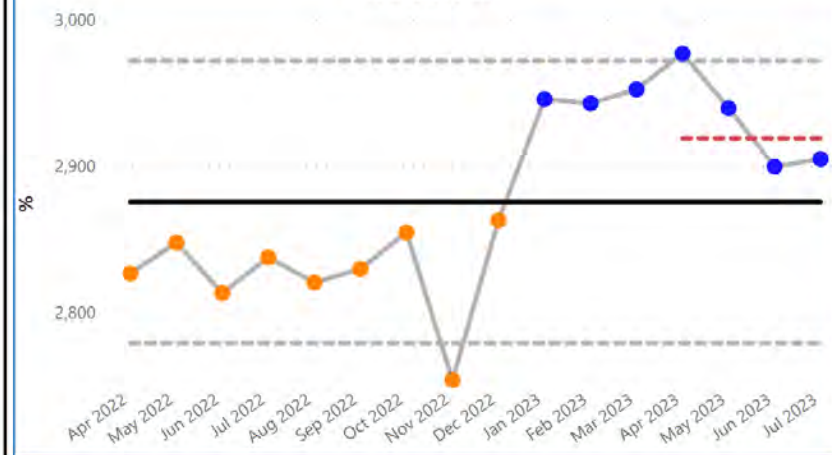


Percentage Total G&A Bed Occupancy



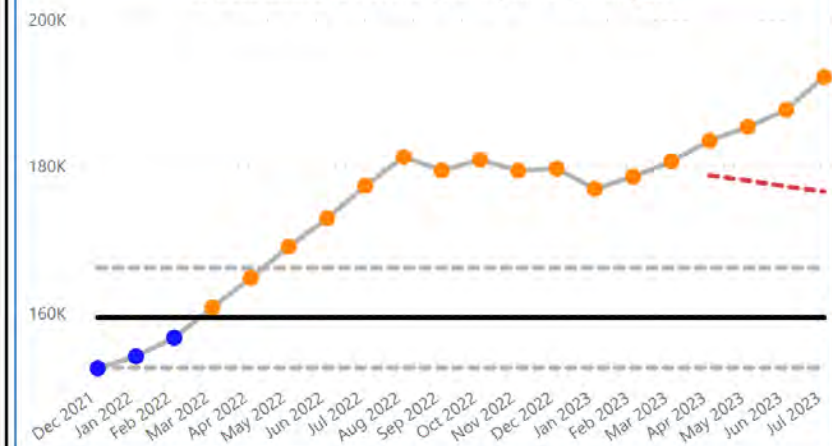
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	July 2023	91.0%	89.2%			
YSFT	July 2023	91.1%	90.5%			
HDFT	July 2023	89.3%	77.5%			
NLAG	July 2023	90.6%	92.8%			
HUTH	July 2023	91.6%	89.5%			

Total G&A Beds

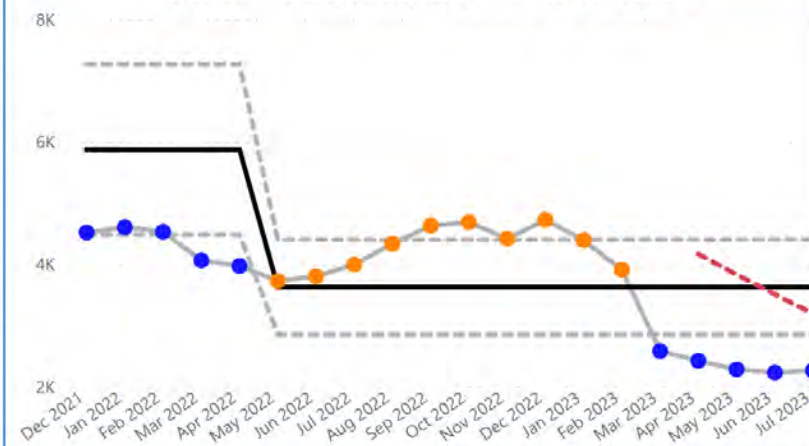


ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	July 2023	2919	2904			
YSFT	July 2023	846	839			
HDFT	July 2023	318	315			
NLAG	July 2023	629	606			
HUTH	July 2023	1126	1143			

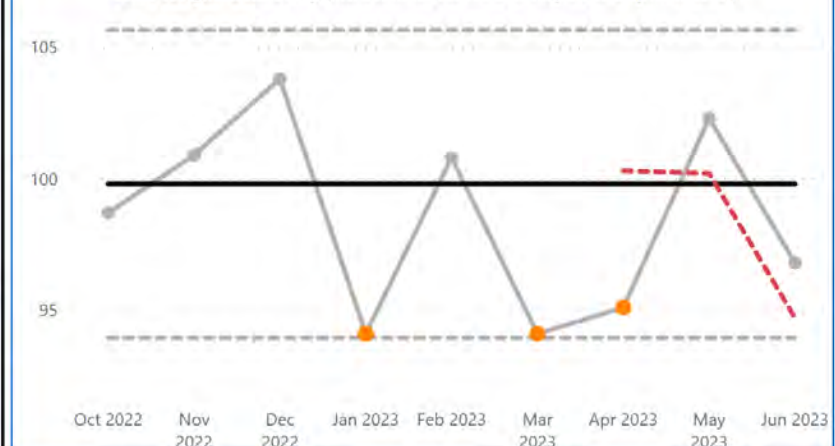
KPI Name	Issues and risks	Actions
Waiting List (HNY Providers)	<p>The overall Waiting list size has continued to grow from January 2023. The unvalidated waiting list size in July 2023 is 192,140 against a target of 176,556, or 8.8% off plan.</p> <p>Top 5 specialities driving the waiting list volumes are ENT, Ophthalmology, Gynaecology, Orthopaedics and Urology.</p> <p>Workforce limitations due to Strike actions and recruitment gaps particular in areas of ENT and Max fax.</p> <p>Ongoing non-elective pressures is a risk to the waiting list as elective capacity is reduced.</p> <p>Referral growth for urgent and fast tracks. Increased urgent/ acute diagnostic referrals reducing routine capacity.</p>	<p>Focus on adopting shared care pathways and expanding Advice & Guidance through the outpatients programme.</p> <p>Further focus on waiting list validation and training (both RTT and Non RTT).</p> <p>Clinical networks in the top 5 speciality area focusing on opportunities through model hospital and OP GIRFT guidance (Benchmarking exercise completed). Clinical network chairs are being appointed to help drive opportunities to reduce WL size through the networks.</p> <p>Review of demand management approaches/opportunities e.g. triaging, single points of access.</p> <p>Revision to the Outpatient Programme governance.</p> <p>Get It Right First Time (GIRFT) productivity action plans across providers.</p> <p>Surgical High Volume Low Complexity hub has gone live in August operating Orthopaedic and Urology cases for 2 and 3 days per week respectively.</p> <p>Elective Clinical network event has been planned for 22 Sep - will support cross learning and developing specific speciality delivery objectives.</p>
Long Waits	<p>65 week position: The unvalidated position for July is showing 2,262 patients which is performing better than our plan of 3,189 (positive).</p> <p>78 week position: At then end of July the ICB reported 90 patients waiting over 78 weeks. Hull and York are forecasting to have zero patientss by September and November respectively. There are no patients reported as waiting over 104 weeks.</p> <p>Risks from on going industrial action (junior doctor and consultant strikes).</p> <p>Complex Endometriosis capacity where combined surgeons from Colorectal, Gynaecology are required.</p> <p>Ongoing risk to delivery of plan for Gastroenterology, Colorectal and Upper GI, due to capacity constraints within Endoscopy.</p> <p>ICU bed/staffing due to acute/trauma/tertiary demands.</p> <p>Risk of supply of corneal transplant graft material may result in breaches of 78 weeks in Sept/Oct.</p>	<p>Re-focused Outpatient programme that will focus on GIRFT, equitable access, validation of waiting lists and new models of care.</p> <p>Additional insourcing options continue to be explored - York developing a business case to support further Endoscopy insourcing.</p> <p>Capacity and Demand modelling.</p> <p>Exploring opportunities through regional colleagues to improve recruitment and retention of Max fax consultants.</p> <p>New consultant due to start in York in Ophthalmology which will help in further capacity.</p> <p>Further opportunities through Mutual Aid/DMAS continues to be explored through the weekly tactical meeting.</p> <p>Weekly programme tactical meeting in place to support provisions for high risk patients.</p>
2022/23 Value Weighted Activity including adjustment for advice and guidance (NB - this measure will change for 2023/24)	<p>Activity for June shows aggregate Provider Trusts performing at 96.8% which is better than the plan of 94.7%.</p> <p>Risks from on going industrial action (junior doctor and consultant strikes).</p> <p>The current activity assessment of 96.8% for June and the position of previous months contained in this report may show an understatement of the actual position which will be reflected in future ICB Board reports.</p>	<p>Trust activity and elective improvement plans in place.</p> <p>Outpatient Follow Up programme support identified, project scope and plans developed with second OP Transformation workshop held in June completed.</p> <p>FU without procedure analysis completed to target interventions by clinical networks.</p> <p>GIRFT OP benchmarking at speciality level completed to provide more opportunities in triaging, discharge and PIFU pathways.</p> <p>Clinical networks continuing to work through key GIRFT metrics.</p>




ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	July 2023	176556	192140			
YSFT	July 2023	48512	52693			
HDFT	July 2023	24900	27087			
NLAG	July 2023	35115	39551			
HUTH	July 2023	68029	72809			

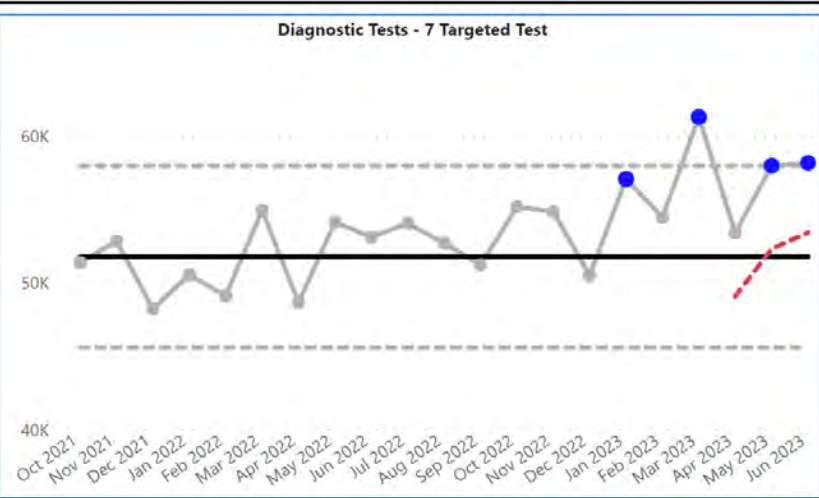


ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	July 2023	3189	2262			
YSFT	July 2023	965	1054			
HDFT	July 2023	450	168			
NLAG	July 2023	43	91			
HUTH	July 2023	1731	949			

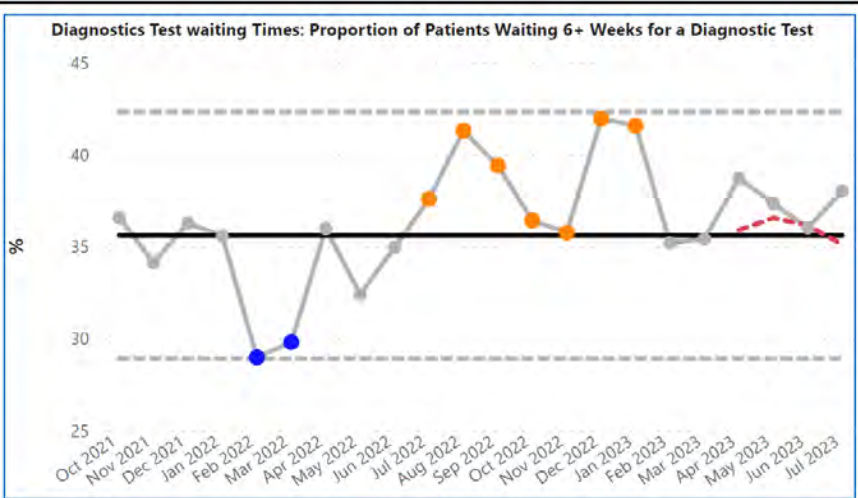


ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	June 2023	94.7%	96.8%			
YSFT	June 2023	100.6%	97.1%			
HDFT	June 2023	68.5%	84.8%			
NLAG	June 2023	87.9%	94.9%			
HUTH	June 2023	102.7%	94.2%			



 <div> Humber and North Yorkshire Health and Care Partnership </div>	<div> National NHS objectives 2023/24 Diagnostics Provider </div>		 <div> NHS Humber and North Yorkshire Integrated Care Board (ICB) </div>
<div> KPI Name </div>	<div> Issues and risks </div>	<div> Actions </div>	
<div> 6 Week Diagnostics </div>	<div> <p>The unvalidated position for July is 38%, against a target of 35%, there is a risk that the validated July position remains at 38% and below plan.</p> <p>The valiated position for June 23 for the four acute trusts was 36%. There has been signifiant improvement for some modalities in June, with York and Scarborough THFT (YSTHFT) and Harrogate District FT (HDFT) showing improvement in the overall DM01 positon. Notably CT at YSTHFT has returned to standard in June, at 3.9% over 6 weeks compared to 3.9% in January 23, HDFT Gastro positon has improved following the data issue in Q1 and overall NOUS has improved to 9.3%.</p> <p>Significant 6 weeks challenges remain across the system in colonoscopy, MRI, Dexa and Audiology. There is a risk that urgent and unscheduled care continues to impact the capacity for waiting list reduction. Compared to January 23 (winter) the June 23 position reflects a 7.5% increased in unscheduled activty, this % rises to 9% for YSTHFT and 24% for HDFT.</p> <p>Recent failures in August of two MRI units, one at NLAG and one at Y&SFT is expected to have a negative impact on the reported position from August.</p> </div>	<div> <p>Mutual aid has been offered for colonoscopy through the elective tactical group and is in mobilisation. Insourcing to recommence at HUFT to support activity levels and performance. CDC mobile activity continues to support the waiting list provision, with continued support at YSTHFT and NLaG in addition to the CDC spoke sites.</p> <p>Capital works are continuing across the CDC Hub and Spokes to enable delivery of the 23/24 activity plan and additional capacity for 24/25. Regional and national team support to mobilise CDCs, including clinical pathways monies.</p> <p>Imaging Clinical Network working to implement Standard Operating Procedures for MRI with contrast on remote sites to improve provision and develeoping Artificial Intelligence bid to target productivity.</p> <p>Endoscopy clinical network established with task and finish groups including capacity and demand. National focus on Diagnostics month planned for October.</p> </div>	







ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	June 2023	53415	58156			
YSFT	June 2023	14557	16394			
HDFT	June 2023	4727	6476			
NLAG	June 2023	20885	20480			
HUTH	June 2023	13246	14806			

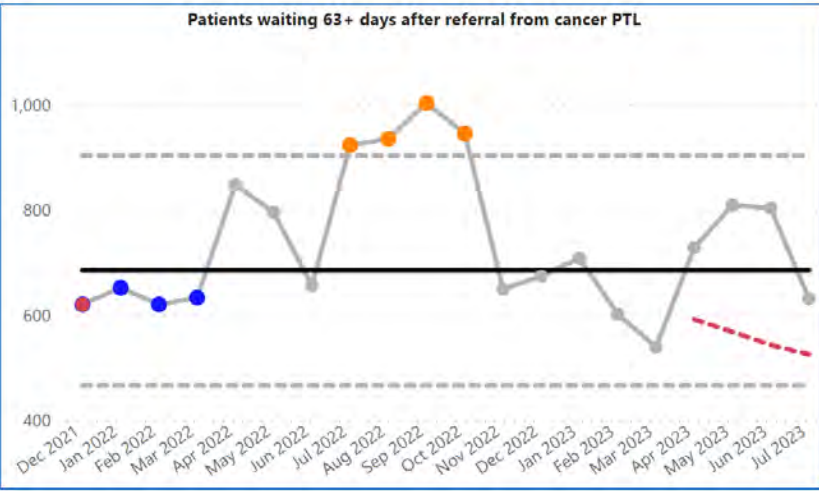


ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	July 2023	35.1%	38.0%			
YSFT	July 2023	51.5%	36.3%			
HDFT	July 2023	9.2%	41.0%			
NLAG	July 2023	35.5%	38.9%			
HUTH	July 2023	18.2%	36.9%			

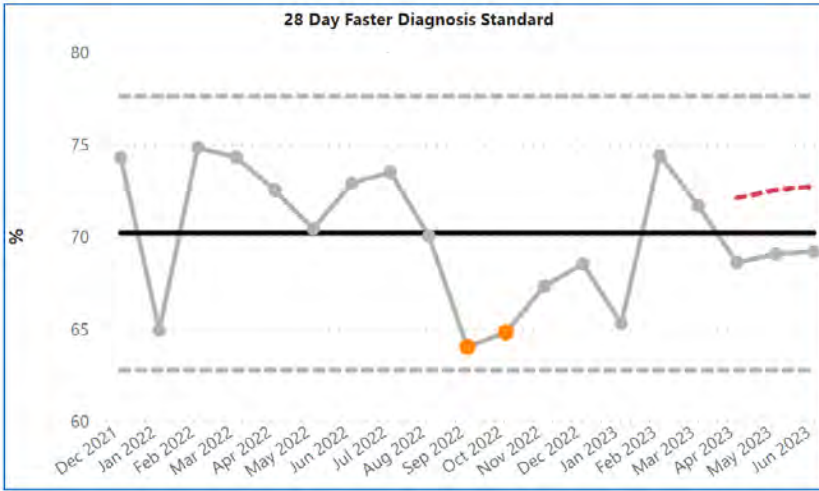
 <div> Humber and North Yorkshire Health and Care Partnership </div>	<div> National NHS objectives 2023/24 Cancer Provider </div>		
<div> KPI Name </div>	<div> Issues and risks </div>	<div> Actions </div>	
<div> Current Cancer 62 day backlog </div>	<div> <p>HNY 63+ day backlog unvalidated position as of 30th July is 631 patients against a target of 525 for the end July 23.</p> <p>There has been an improvement on June 23 position (685) but this is largely due to the rectification of a significant DQ issue at HUTH, which resulted in the removal of 140 patient w/e 23rd July.</p> <p>Y&S and HUTH remain the two providers who are most significantly adrift of their trajectories. Both providers remain in Tier meetings with the Regional NHSE.</p> <p>Predominant issues at Y&S remain in the diagnostic phase of cancer pathways, with particular issues in Colorectal and Urology tumour sites affected by colonoscopy capacity (IST D&C work highlighting 14 lists short per week) as well as long waits for CT and MRI at the Trust.</p> <p>Predominant issues in HUTH remain in treatment capacity (robotic equipment and staff vacancies), particularly affecting Gynae and Urol pathways as well as non surgical oncology workforce gaps. There have also been issues with tracking capacity and expertise and consistent application of the access policy within the Trust.</p> <p>HDFT have a fair shares allocation of 45 cases out of a WY&HCA denominator of 597 cases. July out-turn performance was 52 cases, 6th August active PTL position was 46 cases with some validation due. No cause for concern amongst this position (current and immediate forecast); no significant clustering of patients with cancer amongst the backlog; very small proportion of patients in 104 day range (n=11), all risks managed; provider risk position green on NHSE Regional triangulation.</p> </div>	<div> <p>HUTH have successfully recruited a locum to one of the two Urology consultant vacancies, however they are unable to complete robotic prostatectomy work solo.</p> <p>The HNY CA MD has raised HUTH long waits (c.9 weeks) for robotic prostatectomy with their NEY MD colleagues, and when compared with partners, HNY wait times are less of a concern regionally.</p> <p>Y&S taking a Business Case to their September Board to request funds for endoscopy insourcing to match capacity and demand, which if approved, would clear the backlog by the end March 24.</p> <p>National Cancer team have agreed to fund MRI mobile on the acute York site whilst the CDC pads are finalised, meaning no further deterioration.</p> <p>HNY Cancer Alliance has funded additional tracking resource in HUTH for 23/24. This has enabled recruitment of a floating tracker that can be allocated to areas of concern.</p> <p>HNY Cancer Alliance will raise the access policy concerns in the next HNY Cancer Manager Network meeting (06/09/2023) to assess whether there are issues with consistent application of the access policy and agree a way forward to either eliminate this as an issue or rectify.</p> <p>It is not expected that HNY backlog position will return to planned trajectory in Q2, even with the continued use of Cancer Alliance Service Development Fund transformational funds and the additional actions highlighted here.</p> <p>Harrogate Narrative:</p> <ul style="list-style-type: none"> -- Continuation of fortnightly review of PTL position by Cancer Alliance and weekly review by operational leads internally within Divisional structure. -- Review of funding allocation position by Cancer Alliance in September to ensure profiling towards tumour site challenges, as required. -- Ongoing discussions with Leeds Cancer Centre relating to IPT processes to ensure effective management of transferred patients. -- Resilience actions linked to EPRR for planned and current industrial action which is expected to affect capacity planning. -- Collaborative work between Cancer Alliances for Head and Neck cancer patients in Harrogate, affecting York and Leeds. </div>	

National NHS objectives 2023/24 Cancer Provider		
<div> <div>  <div> Humber and North Yorkshire Health and Care Partnership </div> </div> <div>  <div> Humber and North Yorkshire Integrated Care Board (ICB) </div> </div> </div>		
KPI Name	Issues and risks	Actions
% patients with diagnosis communicated within 28 days	<p>HUTH have successfully recruited a locum to one of the two Urology consultant vacancies, however they are unable to complete robotic prostatectomy work solo.</p> <p>The HNY Cancer Alliance Medical Director has raised HUTH long waits (c.9 weeks) for robotic prostatectomy with their NEY MD colleagues, and when compared with partners, HNY wait times are less of a concern regionally.</p> <p>Y&SFT taking a Business Case to their September Board to request funds for endoscopy insourcing to match capacity and demand, which if approved, would clear the backlog by the end March 24.</p> <p>National Cancer team have agreed to fund MRI mobile on the acute York site whilst the CDC pads are finalised, meaning no further deterioration.</p> <p>HNY Cancer Alliance has funded additional tracking resource in HUTH for 23/24. This has enabled recruitment of a floating tracker that can be allocated to areas of concern.</p> <p>HNY Cancer Alliance will raise the access policy concerns in the next HNY Cancer Manager Network meeting (06/09/2023) to assess whether there are issues with consistent application of the access policy and agree a way forward to either eliminate this as an issue or rectify.</p> <p>It is not expected that HNY backlog position will return to planned trajectory in Q2, even with the continued use of Cancer Alliance Service Development Fund transformational funds and the additional actions highlighted here.</p> <p>HDFT</p> <p>-- Latest FDS position of 71%, so operational threshold not achieved, but reserve threshold for performance tiering achieved, so low risk position overall.</p> <p>-- Tumour site issues for Breast, Gynaecology, Skin and Upper Gastrointestinal cancers, caused by seasonality; workforce gaps; extended demand profiles; industrial action; and wider capacity pressures.</p>	<p>HNY Cancer Alliance is funding a B6 Cellular Pathology post to undertake a Turn Around Times project, to improve performance against the PQAD dataset and their Provider SLAs. The individual for this position is already in post within Cellular Pathology in SHYPS and will move over into this role, with funding used to backfill their substantive position. HNY Cancer Alliance continue to work with partners to embed the use of FIT testing in suspected colorectal cancer patients. The programme plan supports working with PCNs to adopt and embed the use of FIT as a primary care filter/investigative test in suspected colorectal cancer, to promote the HNY Cancer Alliance FIT guidelines via the Colorectal Cancer Delivery Group that meets quarterly, facilitate engagement between Primary and Secondary Care through the interface groups and facilitate training and education. These sessions will be led by the Place based Lead GPs for Cancer when roles are agreed following the restructure of the Clinical and Professional ICB Directorate.</p> <p>The HNY Cancer Alliance Cancer Diagnostics and Innovation Lead is commencing a Turn Around Times audit for the key pathway diagnostic tests in Q2 with a view to creating a targeted action plan to take forward with the respective Clinical Delivery Groups in Q3.</p> <p>HNY Cancer Alliance has funded 7.5hr p/w of mpMRI time at Y&S in their 23/24 plan and this project has been commenced in Q2.</p> <p>HNY Cancer Alliance has funded endoscopy insourcing at Y&S in their 23/24 plan and this is in operation. See above re. Trust endoscopy Business Case.</p> <p>HNY Cancer Alliance has commenced scoping a piece of work with PWC to address unwarranted clinical variation in the Skin cancer pathway, focusing on standardising use of teledermatology and referral into secondary care. It is hoped this will commence in Q3 once it has received approval from the ICB project SRO.</p> <p>HDFT-- Referral to first appointment for breast challenged, so request made to WY system colleagues for mutual aid and support, including via Cancer Alliance and provider collaborative. Mitigations linked to weekend clinics, private providers and outsourcing have been considered, including mammography at Wharfedale.</p> <p>-- Ongoing work around community breast pain clinic model, led by Cancer Alliance. Note, likely performance challenges in Q2 and not susceptible to acceleration measures, but improved position achieved relating to LGI.</p>

National NHS objectives 2023/24 Cancer Provider		
 <div> Humber and North Yorkshire Health and Care Partnership </div>	 <div> NHS Humber and North Yorkshire Integrated Care Board (ICB) </div>	
KPI Name	Issues and risks	Actions
<p>Unadjusted percentage diagnosed at cancer stage 1 & 2</p>	<p>Staging reporting remains challenging in HNY as it does nationally. However, the Cancer Outcomes and Services Dataset (COSD) shows all registerable (excluding non-melanoma skin) cancers in England by Stage at Diagnosis for all malignant cancers. This is now being compared to the Rapid Cancer Registration Data (RCRD) which provides a closer to real time indication of early stage diagnosis. The RCRD provides a quicker, indicative source of cancer data compared to the gold standard registration process, which relies on additional data sources, enhanced follow-up with trusts and expert processing by cancer registration officers. Due to the lower quality of the rapid registration data, the data will not match the eventual National Statistics published on the full registration data. Cancer registrations in England can take up to five years after the end of a calendar year to reach 100% completeness. This is because of the continuing accrual of late registrations. The HSJ have recently published an article comparing Cancer Alliance's ED rates in 2018 with 2023. HNY figures have improved (up 1.2%). This data is unvalidated and should be treated with caution.</p> <p>HDFT</p> <p>Early stage proportion is calculated at Cancer Alliance level - West Yorkshire and Harrogate. The figure for 2022/23 out-turn was 55%.</p> <p>The Cancer Alliance has established on the WY ICB Risk Register that the NHS LTP goal of 75% diagnosis at stage 1 and 2 by 2028 is unlikely to be achieved; the reference in the Joint Forward Plan is at a lower, interval, goal, reflecting prevailing health inequalities which influence propensity to access services at the earliest possible stage.</p>	<p>HNY Cancer Alliance PMO Lead to develop staging data reporting for HNY Cancer Alliance (bearing in mind the challenges in reporting up to date staging data) in Q2. LHC early data for staging demonstrating a positive stage shift – HNY Cancer Alliance Lung Programme Lead to continue to monitor and promote LHC and the HNY Cancer Alliance Awareness and Earlier Diagnosis Programme Lead to focus on promoting other 3 screening programmes and the opportunity to catch cancer earlier.</p> <p>HDFT</p> <p>The Cancer Alliance continues with the actions set out in the WY Joint Forward Plan linked to screening coverage and uptake (including minority communities); earlier diagnosis (such as cancer blood test checks); extension of lung health checks to the population by 2028; investment in Core20Plus5 initiatives; and delivery of targeted screening interventions in oral health, kidney, and liver cancer.</p>



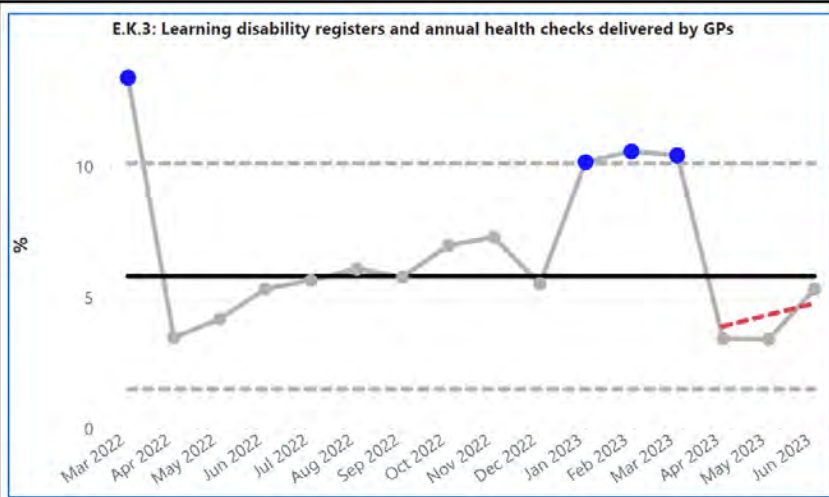
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	July 2023	525	631			
YSFT	July 2023	172	207			
HDFT	July 2023	60	52			
NLAG	July 2023	138	109			
HUTH	July 2023	155	263			



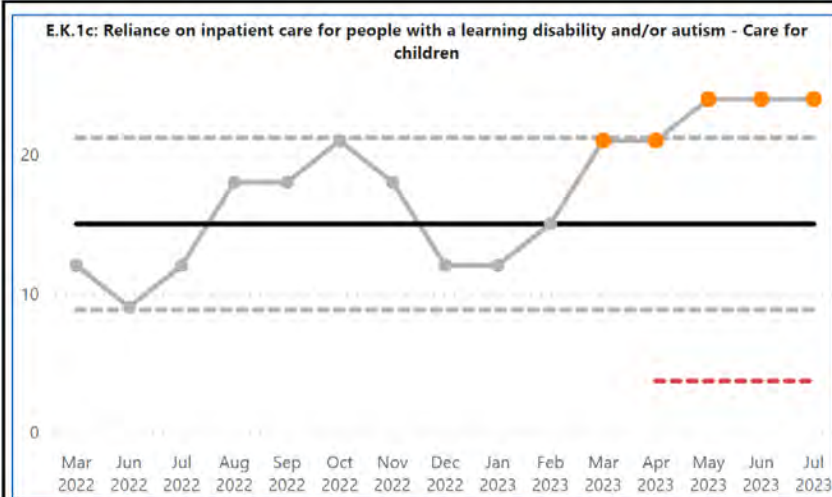
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	June 2023	72.7%	69.2%			
YSFT	June 2023	67.8%	60.4%			
HDFT	June 2023	79.9%	71.1%			
NLAG	June 2023	70.0%	74.8%			
HUTH	June 2023	75.0%	72.1%			



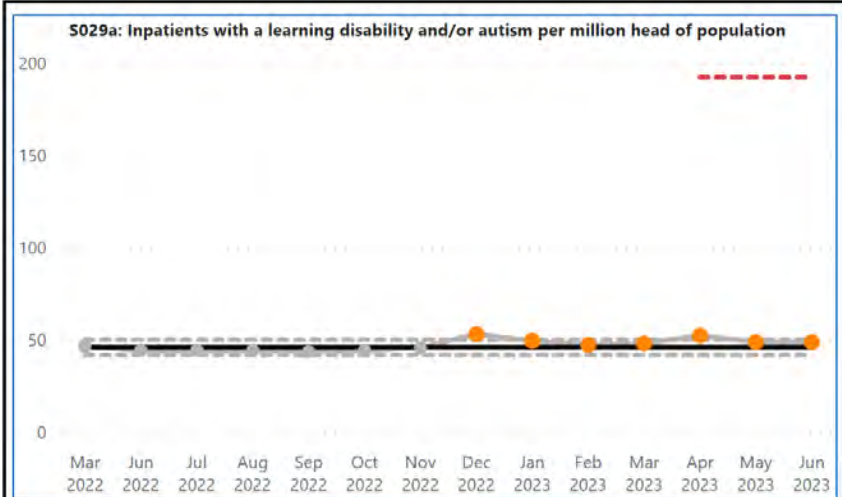
KPI Name	Issues and risks	Actions
% people aged 14 and over with a learning disability on the GP register receiving an annual health check	Ahead of Plan: The ICB June's performance is 5.3% which is above the 4.8% plan. The national target is "Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024".	HNY ICB Learning Disability and Autism Steering group established incorporating Transforming Care Programme.
Inpatients with a learning disability and/or autism per million head of population	On plan: Performance in line with submitted planning trajectories for 2023/24	3 year ICB plans being developed this year as part of the national MH LDA inpatient review and will focus on improved quality of care.
Inpatients with a learning disability and/or autism per million head of population - Children	Behind Plan: 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.	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.



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	June 2023	4.8%	5.3%			
NHS East Riding Of Yorkshire	June 2023	4.5%	7.3%			
NHS Hull	June 2023	4.7%	4.0%			
NHS North East Lincolnshire	June 2023	5.3%	5.5%			
NHS North Lincolnshire	June 2023	3.5%	4.3%			
NHS Vale Of York	June 2023	5.4%	5.5%			
NHS North Yorkshire	June 2023	5.0%	5.1%			



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	July 2023	3.7	24.0			
NHS East Riding Of Yorkshire	July 2023	3.9	17.1			
NHS Hull	July 2023	0.0	0.0			
NHS North East Lincolnshire	July 2023	0.0	0.0			
NHS North Lincolnshire	July 2023	0.0	0.0			
NHS Vale Of York	July 2023	10.2	60.4			
NHS North Yorkshire	July 2023	2.9	36.8			

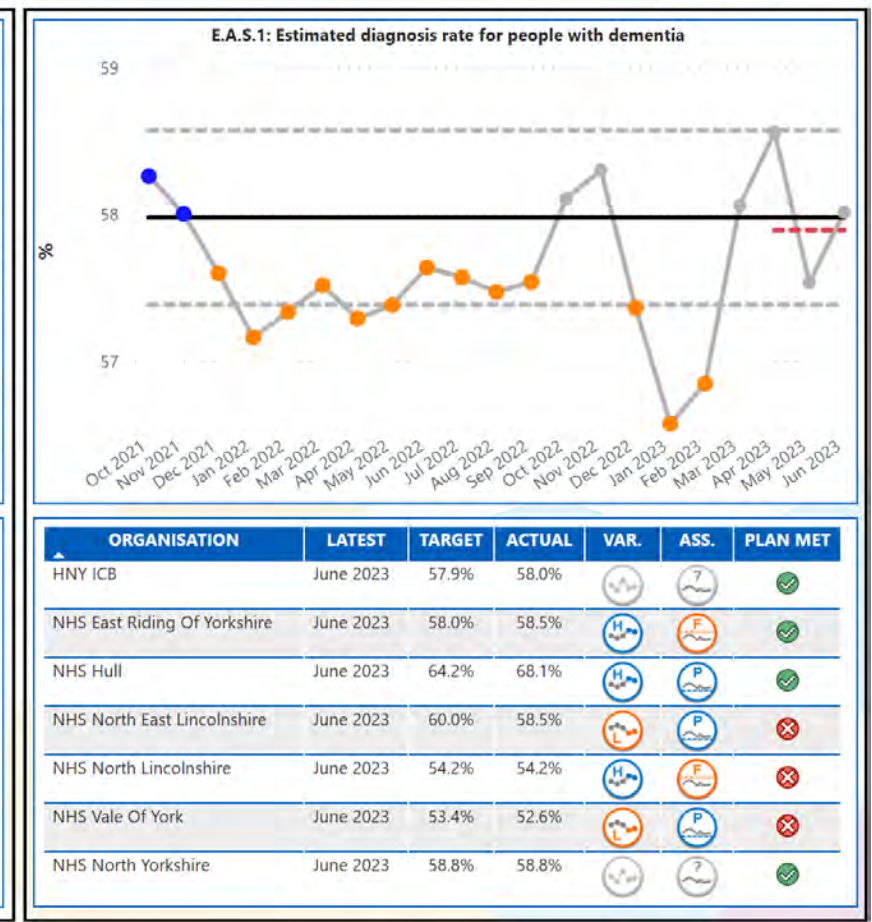


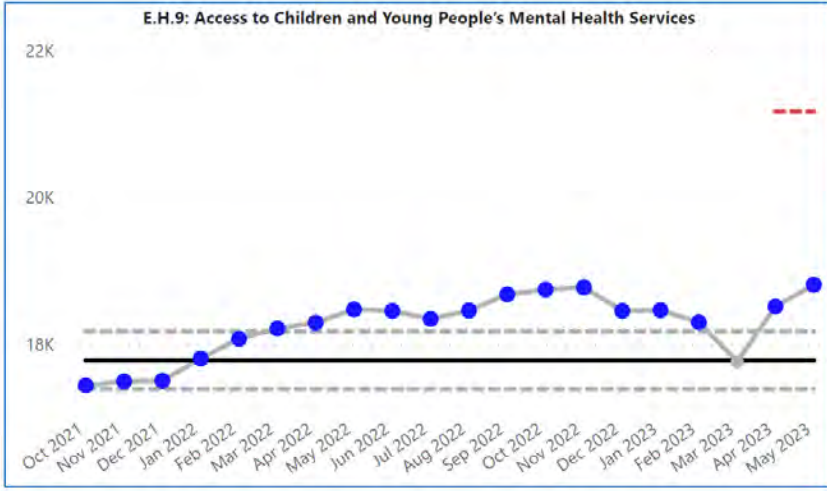
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	June 2023	192.2	48.5			
NHS East Riding Of Yorkshire	June 2023	187.7	46.6			
NHS Hull	June 2023	265.7	73.5			
NHS North East Lincolnshire	June 2023	58.2	23.9			
NHS North Lincolnshire	June 2023	252.2	73.7			
NHS Vale Of York	June 2023	151.0	37.5			
NHS North Yorkshire	June 2023	208.4	43.6			

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	Ahead of plan: Humber and North Yorkshire have seen a significant increase in Community Mental Health access due to the early implemented 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 with support from NHS Digital. 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)	Behind Plan: Work continues to reduce Out of Area 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).	<p>Work is developing around the national inpatient review and we are bolstering the weekly sit rep report for out of areas to include bed days (not just number of patients) and costings where possible. Summary of out of area (OAP) position and delayed discharges (DTOC) from week ending 18th August can be seen below:</p> <ul style="list-style-type: none"> • DTOC's at 31 this week – increase of 6 from last week. • System OAP's now at 14 this week – decrease of 3 from last week. • TEWV report 0 OAPs and 17 DTOCs. • RDaSH report 5 OAPs and 2 DTOCs. • Humber FT report having 7 OAPs and 12 DTOCs. • NAViGO report having 2 OAP and 0 DTOCs. These patients are PICU patients for which NAViGO does not have PICU provision. <p>Some examples of actions taken to reduce OAP:</p> <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 • 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 • 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 <p>improving patient flow programmes - looking at Infrastructure, Admission, Inpatients, Discharge, Workforce, Systems</p> <p>North Lincs have this as a priority area in their QEP programme.</p>
IAPT Access Monthly - % of indicative trajectory achieved	Behind plan: Improving Access Psychological Therapies (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 roles through the additional roles reimbursement scheme (ARRS) 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. A New Guidance from NHS England on joint working between NHS Talking Therapies and Community Mental Health Services has been published. This has been circulated to all provider leads & CMH leads. Natioanl Webinar in September and NEY clinical practice meeting in October.

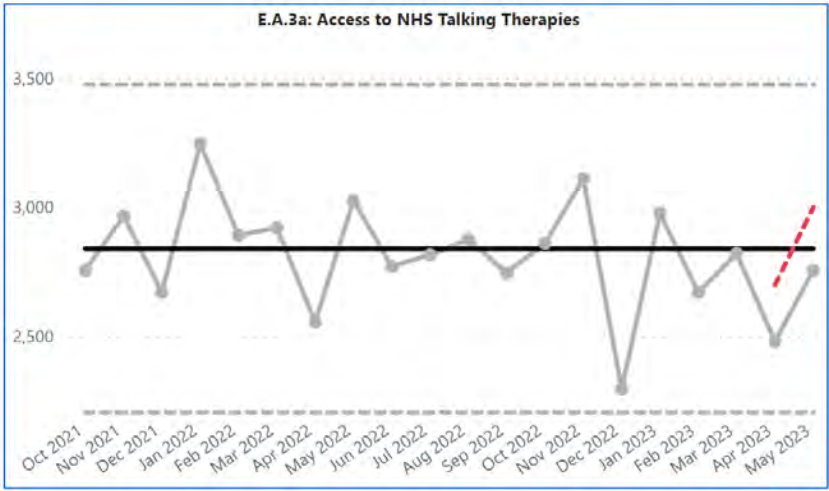
KPI Name	Issues and risks	Actions
Dementia Diagnosis Rate	<p>Behind Plan: We have seen some improvements in all places over the last 6 months in relation to dementia diagnosis rates, although some places are still below ambitions. It should be noted that the target on the SOAG report is the ICB agreed planning submission target. The national ambition for Dementia Diagnosis Rate is 66.7%.</p> <p>Workshop in July to start co-production of the new Demantia Diagnosis pathway.</p>	<ul style="list-style-type: none"> • Our CHCP lead is developing a DiADeM (Diagnosis Advanced Dementia Mandate) training package for GP's to help improve coding following diagnosis with the tool in care homes. (This aims to improve the DDR by making sure the assessment is recognised and coded appropriately in primary care). • Working group led by public health with people with dementia is commencing the quarter to develop accessible information on dementia diagnosis. • Brain health advisor in NL commenced in post this week. • Deep dive in progress into mortality rates in people with dementia as it is hypothesised that this is impacting on the DDR, this also highlights a significant health inequality. • Dive deep in progress to find other possible sources of diagnosis and check against registers (People diagnosed in acute settings, via neurology, in LD services, in Parkinson's Services, Huntington's Services). • All Memory Assessment Services will be members of the Memory Services National Accreditation Programme (MSNAP) – some are already accredited; the remainder will be affiliated members working towards accreditation – this brings with it additional training and support for the services. • Along with affiliation we are developing a peer review process across HNY – training is part of the affiliation. • We are developing a Dementia Diagnosis Community of Practice to share learning and best practice across the region – this follows learning from the DDR workshop where it was clear that some services are more accessible than others. • Raising awareness of the 40+ health checks and ensuring they are covering dementia signs and symptoms. • All people with a learning disability will have focussed dementia screening questions as part of annual health checks from the age of 30.
Perinatal Access YTD - % indicative trajectory	<p>National target is 1,721 (10% of birth rate) ICB target is 1,389 (8.6% for humber four / 7.1% for NY&Y - locally agreed targets)</p> <p>Humber four as of July meeting 3.9% (389) of 8.6% and feel confident will meet local target by year end. NY&Y estimated, unvalidated access 4.6% (345) of 7.1% coming out of business continuity following successful recruitment and confident progress will be made this year. Total access to date - 734</p> <p>NY&Y – recruitment of consultant psychiatrist remains a gap Humber four – issues in flowing correct data to MHMDS. BI team working through this.</p>	<p>Contract for the perinatal service has now moved from RDaSH to Humber and the team has a full complement. Promotion is underway to increase referrals in this patch which has historically been low.</p> <p>MMHS – business case developed and discussed at the MH exec group. Feedback was that recurrent funding for this service should be considered as part of the whole 24/25 planning round. Business case still to be discussed at ICB board. Referrals ceased in March 2023 and last remaining staff & patients under care finish early September. This leaves a significant gap in HNY. All other ICB's in region have established MMHS services.</p>

KPI Name	Issues and risks	Actions
<p>No. CYP receiving at least one contact in the reporting period - % of indicative trajectory achieved</p>	<p>Behind Plan: At present, services lack the capacity to meet both the volume and the increasing complexity of need. Children and young people are presenting with higher levels of need and so are needing to spend more time in service due to the lack of prevention and early intervention provision available. There are also new and emerging issues which we are working to understand and address e.g. the increase in Emotionally based school avoidance (which emerged as a consequence of the pandemic), Arfid (sensory eating disorder) and presentations of disordered eating. The publication of the updated national guidance on CYP eating disorders has been delayed again and is now expected in October 2023. We are working to increase access through initiatives such as mental health support teams in schools with 4 new teams confirmed in April 2023 (however these are still in the recruitment phase and won't achieve full delivery until next summer as posts are recruit to train). We are also working to put in place a plan to review current provision to ensure it meets need and can deliver and report on improved outcomes.</p> <p>The data in this report covers until May 2023. Since May we have worked with MHST providers and NHSE and the NMHSDS to ensure all relevant data is coded and flowing correctly which it previously was not. NHSE have now confirmed all data is flowing correctly from MHST's. Once we have updated data this should show an increase in access. Additional work is needed to ensure we capture all NHS funded services including those in VCS.</p>	<p>The HNY Children and Young People's Mental Health steering group workplan has been agreed with NHS England and includes a number of priorities and actions to work towards developing solutions to address this. The steering group is well attended by key partners. The progress against the current plan is being reviewed in line with the requirement by NHSE to produce a new plan by the end of October 2023. A key aspect of the workplan moving will be a focus on reviewing current provision to maximise access through ensuring the CYP dataset agreed last year is implemented. This will enable us to map CYP journey throughout the pathways and ensure any blocks in the system/barriers to access.</p> <p>A main focus of the work in the new plan will involve triangulating data on levels of need/prevalence/wait times for services, capacity in the system to meet this need, and available workforce to maximise access and improve efficiencies. It will also focus on quality and improved reporting of outcomes so we can identify which services provide most impact for investment. We are also working with our CYP lived experience advisory group to undertake consultation with children and young people to better understand their experiences and barriers to access so we can address them. This consultation will conclude at the end of September 2023. We are working with the Anna Freud Centre for Mental Health to review the progress in each place on embedding the Thrive Framework.</p> <p>The collaborative team are working with the HNY ICB Business intelligence team and providers to develop monthly reporting processes that will lead to more comprehensive and timely MH data reporting, in addition to the nationally published data, which continues to be significantly out of date.</p>

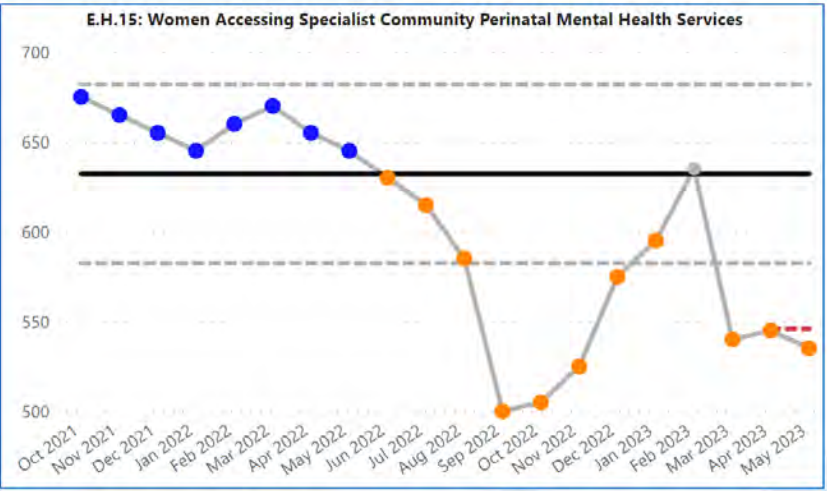




ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	May 2023	21171	18810			
NHS East Riding Of Yorkshire	May 2023	2864	2315			
NHS Hull	May 2023	3991	3275			
NHS North East Lincolnshire	May 2023	1738	1890			
NHS North Lincolnshire	May 2023	1817	1645			
NHS Vale Of York	May 2023	5261	4840			
NHS North Yorkshire	May 2023	5500	4915			

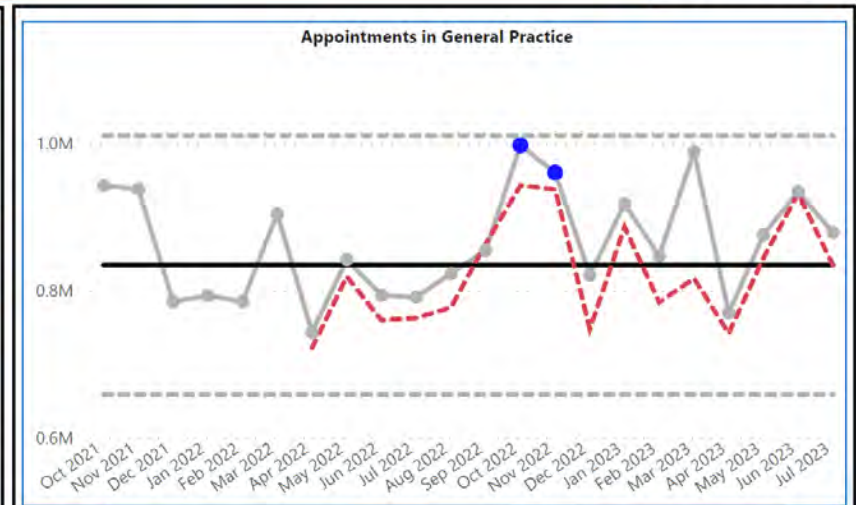
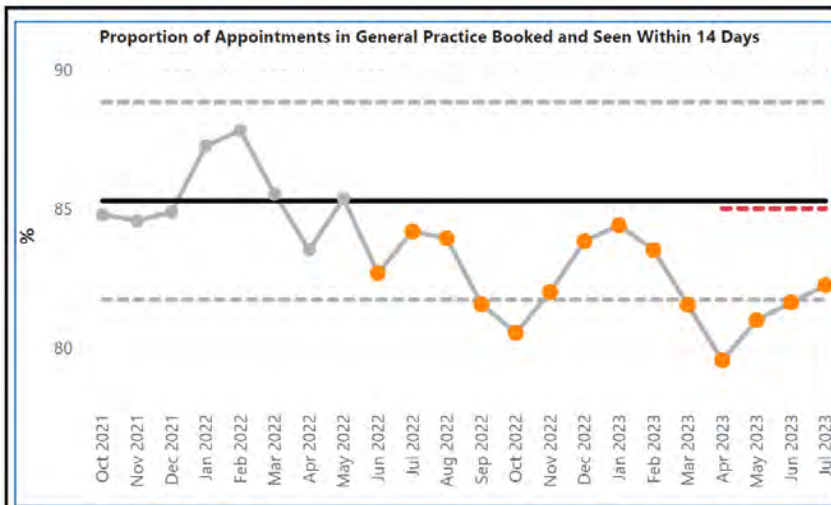
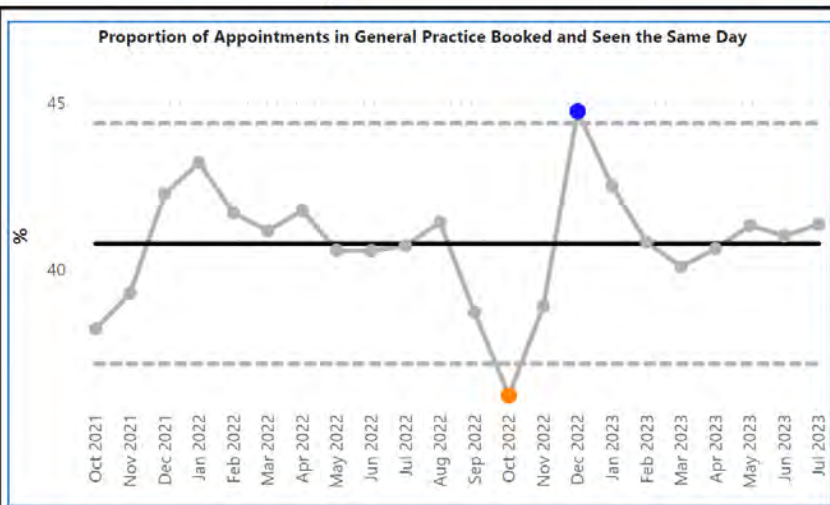


ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	May 2023	2998	2755			
NHS East Riding Of Yorkshire	May 2023	482	425			
NHS Hull	May 2023	660	650			
NHS North East Lincolnshire	May 2023	406	315			
NHS North Lincolnshire	May 2023	257	285			
NHS Vale Of York	May 2023	548	505			
NHS North Yorkshire	May 2023	644	575			



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	May 2023	546	535			
NHS East Riding Of Yorkshire	May 2023	83	10			
NHS Hull	May 2023	114	5			
NHS North East Lincolnshire	May 2023	83	165			
NHS North Lincolnshire	May 2023	135	85			
NHS Vale Of York	May 2023	57	110			
NHS North Yorkshire	May 2023	74	160			

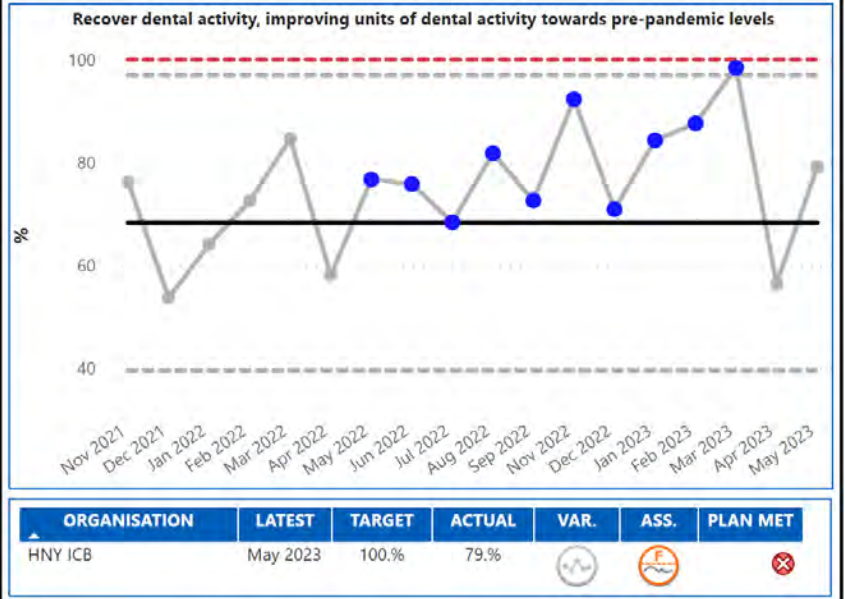
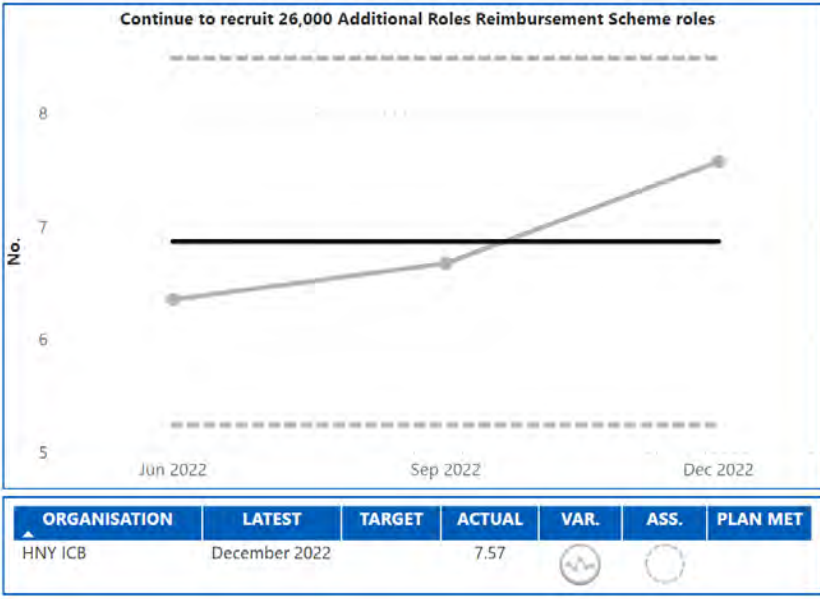
KPI Name	Issues and risks	Actions
% appointments booked same day	An average of 41.0% (382,959) of patients are being seen on the same day across Primary Care.	<p>Practices / PCNs continue to implement Modern General Practice supporting patients to be seen by the right professional at the right time enabling those patients who need to be seen on the same day are able to.</p> <p>Planning for a patient facing communications campaign to support patients making more appropriate choices.</p>
% appointments booked within 14 days	An average of 81.6% (762,412) of patients are able to book an appointment within 14 days against a national aim of 85%.	<p>Continues with upward trajectory.</p> <p>Continue to work with National colleagues around the IT to better report patients who are within scope for this indicator. The position is expected to be improved once LTC patients who booked more than 14 days ahead are excluded from the count.</p>
Appointments in General Practice	Primary Care across HNY has delivered 933,984 as of June 2023 which is 2.5k appointments over plan.	<p>Growth in appointments is above plan but has slowed from previous months.</p> <p>Continue to support practices with improved coding to map to GPAD.</p> <p>We continue to mobilise Primary Care Access Recovery Plans following sign off by each Place SLT.</p> <p>Continue to look at opportunities to recruit additional workforce across Primary Care.</p> <p>Continue to work with Community Pharmacy Colleagues for patients with minor conditions who can be managed by a Community Pharmacist.</p>
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)	Q1 ARRS data has been received and work is ongoing with Place Leads to better forecast FYE for ARRS recruitment. Initial data confirms that plans are in place to commit circa 100% of the budget.	<p>Proactive conversations with PCN CDs linked to ARRS recruitment and track planned recruitment against PCN plans.</p> <p>Work with partner organisations (N3I, NECs, LMCs and LPCs) to look at flexible models for ARRS roles.</p> <p>Continue to support GP and Nurse Fellowship offers to recruit and retain newly qualified GPs and Nurses in Primary Care.</p>
2022/23 scheduled monthly % of usual annual contracted UDAs	Q1 ARRS data has been received and work is ongoing with Place Leads to better forecast FYE for ARRS recruitment. Initial data confirms that plans are in place to commit circa 100% of the budget.	<p>Procurement Plan in place to increase access to dentistry across HNY (York, Pocklington, Hull and Bridlington).</p> <p>Workforce planning to recruit additional Dentists and support staff to work across dental practices.</p> <p>Further review of underachievement of contracts 22/23 to explore opportunities to invest in additional services in 23/24 using in year claw back.</p>



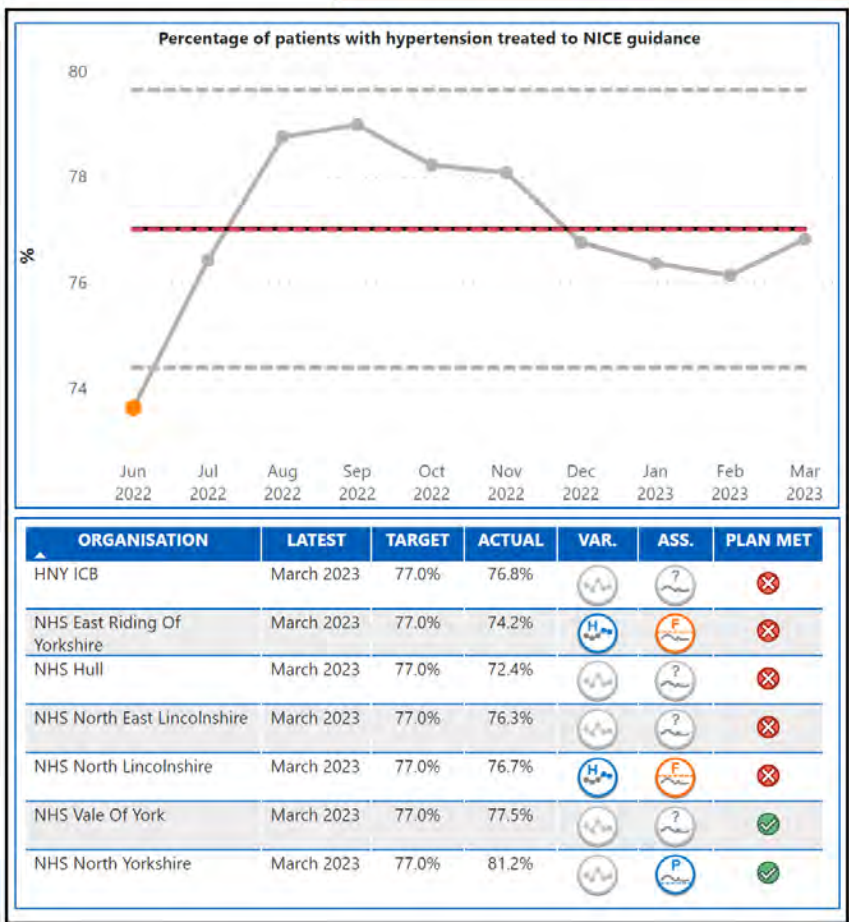
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	July 2023		41.3%			
NHS East Riding Of Yorkshire	July 2023		39.5%			
NHS Hull	July 2023		41.4%			
NHS North East Lincolnshire	July 2023		51.4%			
NHS North Lincolnshire	July 2023		38.9%			
NHS Vale Of York	July 2023		40.0%			
NHS North Yorkshire	July 2023		39.8%			

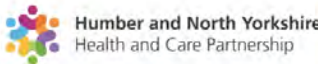

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	July 2023	85.0%	82.2%			
NHS East Riding Of Yorkshire	July 2023	85.0%	77.9%			
NHS Hull	July 2023	85.0%	83.3%			
NHS North East Lincolnshire	July 2023	85.0%	90.6%			
NHS North Lincolnshire	July 2023	85.0%	82.8%			
NHS Vale Of York	July 2023	85.0%	83.0%			
NHS North Yorkshire	July 2023	85.0%	79.9%			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	July 2023	833947	878389			
NHS East Riding Of Yorkshire	July 2023	132873	145245			
NHS Hull	July 2023	123104	119914			
NHS North East Lincolnshire	July 2023	102598	108823			
NHS North Lincolnshire	July 2023	90318	93369			
NHS Vale Of York	July 2023	154616	164059			
NHS North Yorkshire	July 2023	230438	246979			

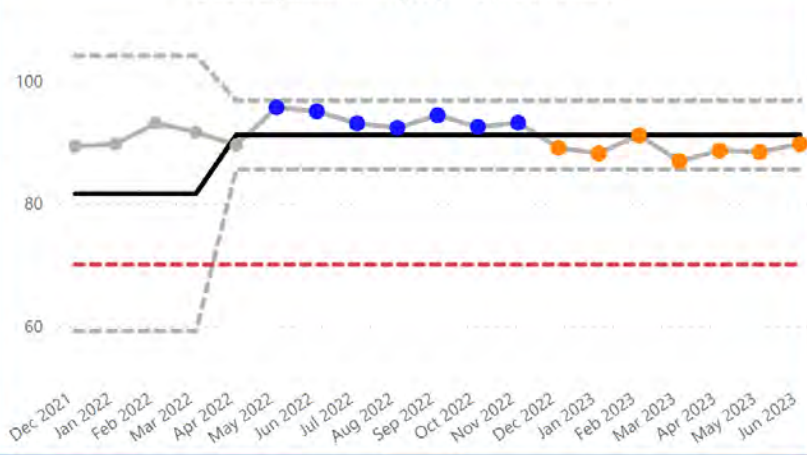


 Humber and North Yorkshire Health and Care Partnership	National NHS objectives 2023/24 Prevention and health inequalities ICB and Place		 Humber and North Yorkshire Integrated Care Board (ICB)
KPI Name	Issues and risks	Actions	
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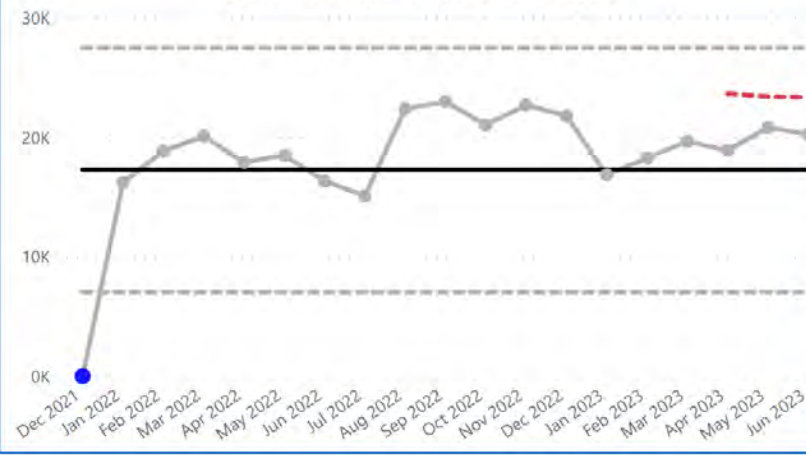
		National NHS objectives 2023/24 Community health services Provider			
KPI Name		Issues and risks		Actions	
Percentage of 2-hour Urgent Community Response referrals where care was provided within two hours		<ul style="list-style-type: none">• The 2UCR plan for 23/24 is delivery of 23,200 first contacts.• Actual delivery up to June 2023 is 2,284 first contacts against M3 plan of 1,902 (582 above plan), and an increase of 294 first contacts than those seen in M2 (May 2023).• HDFT showing lower referral/activity figures (65 first contacts against M3 plan of 150) and have raised a DQ issue via CHCC which will be looked into.• NLaG first contacts for M3 are 5 versus a M3 plan of 420 (-415 below plan). This is a data anomaly and is not in line with previous months trends (300 first contacts in M1 for example). Data quality issues confirmed by NLaG Information Services, who have been working to rectify the issues.• 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 STHT.• 2UCR evaluation highlighted lack of service provision currently in Selby, South Hambleton, and some general practices within Ryedale; and opportunities to widen referral sources for all providers and improved data capture on the Directory of Services (DoS) and on CSDS.		<ul style="list-style-type: none">• All providers are delivering as a minimum a services from 8am – 8pm 7 days per week, and full geographical planned for July 2023 by York and Scarborough Teaching Hospitals NHS FT to include Selby, South Hambleton, and Ryedale. Awaiting clarification from YSHFT this is now in place.• DQ issues to be followed up with NLaG and HDFT. NLaG confirmed data quality issues last month and had looked to re-submit June's data, but figures would suggest issues not fully resolved.• An evaluation of 2UCR by Arden and GEM CSU has reached its conclusion, and key findings and recommendations presented to CHCC Board 18 July 2023. Each provider have received bespoke report highlighting gaps and opportunities for development. CHCC have completed project plan addressing the gaps/opportunities and will begin work with place /providers colleagues to progress.• 2UCR shared learning event Q2/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 bimonthly.	
Community WL		<ul style="list-style-type: none">• The adult community waiting list at 30 June 2023 was 17,125 against a M3 target of 16,765 (360 above plan and a 390 increase on last month). It is accepted the sustained periods of Industrial Action may be contributing to a growth in waiting lists.• 165 patients have been waiting over 52 weeks of which 55 have been waiting in excess of 104 weeks. A variation in previous month by +1 and -3 respectively.• The majority of the long waiters are at HDFT waiting for Dietetics (149). DQ issues raised by HDFT as suspect the lists comprise of new patient but also those awaiting review appointment or planned 6 month check-in.• The waiting list in HDFT continues to grow with a 165 increase on last month (4356 in total). Main areas of concern are Community Paediatrics; Podiatry; Living with pain & CFS; Community SLT and Dietetics.• The CYP community waiting list at 30 June 2023 was 3,091 against a M3 target of 6,572 (3,456 below plan but with a substantial caveat that some services have data reporting and quality issues, there has been a 205 decrease from last month)• 76 CYP are waiting over 52 weeks (a decrease of 2 pts from previous month) with 0 of these patients now waiting over 104 weeks for treatment. 75 pts are waiting for appointments at HTFT in respect of SaLT and Dietetics, with the remaining pt waiting for audiology in NLaG.• YSFT& HDFT have not reported to the national CYP sitrep in 2023/24.		<p>CWL Harrogate specific actions</p> <p>a) Community Paediatrics – 17month wait for new appt –developmental specialty to specialist post recruitment underway. Interim options for additional bank/agency cover proving difficult due to industrial action impact requiring acute paediatric service prioritisation. New autism pathway should have positive impact on demand patients move off the community paediatrics waiting list onto the autism MDT pathway.</p> <p>b) HDFT Podiatry covers all of North Yorkshire hence the large volumes of patients. This is one of the teams where HDFT are doing more work on the S1 modules with the practitioners as there is variation across modules that impacts on the data. 7month wait for Harrogate is the longest waiting time within the service however high risk team continuing to maintain national standards in terms of access. Full service review undertaken and recommendations finalised. Commissioner agreement in principle to move to one service specification/contract – paper to be taken to ICB Board (September).</p> <p>c) Living with pain & CFS – 2 month wait for core MDT (OT & Physio) initial assessment (national standard of 6 weeks) – for those needing extended MDT initial assessment (with psychology) – current wait of 2yrs (permanent part-time psychologist started and being supported by locum in addition).</p> <p>d) SLT - Issue has been vacancies in Ham and Rich due to retirements and leavers. HDFT are managing the highest risk patients and using capacity at Harrogate to support. Have a locum in place so anticipate an improving position.</p> <p>e) Dietetics - Validation work to understand and address the reporting issues.</p>	

2-hour urgent community response (UCR) standard






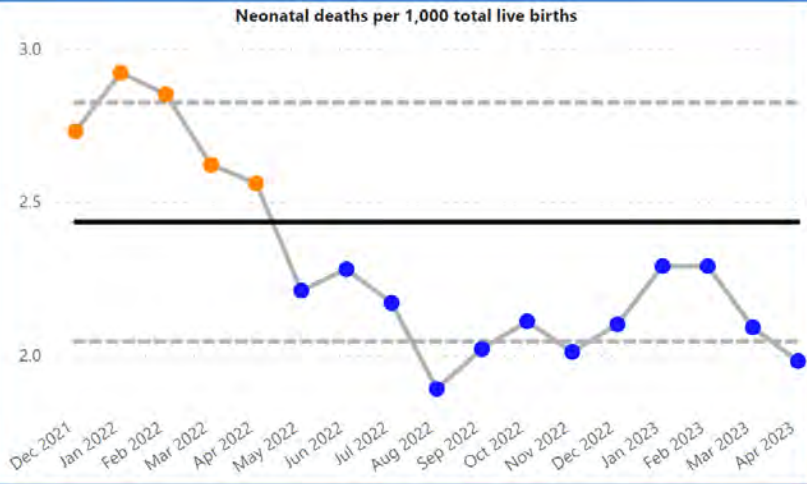
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	June 2023	70.0%	89.7%			
YSFT	June 2023	70.0%	80.0%			
HDFT	June 2023	70.0%	100.0%			
NLAG	June 2023	70.0%	50.0%			
HUMBER TEACHING NHS FOUNDATION TRUST	June 2023	70.0%	52.6%			
CITY HEALTH CARE PARTNERSHIP CIC	June 2023	70.0%	92.0%			
CARE PLUS GROUP	June 2023	70.0%	93.9%			

Total Number on Community services waiting list

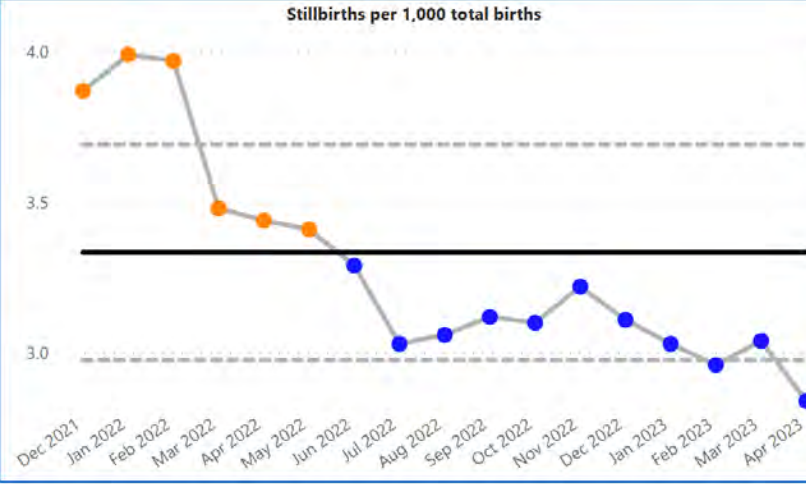


ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	June 2023	23337	20241			
YSFT	June 2023	1306	644			
HDFT	June 2023	8626	4356			
NLAG	June 2023	3908	5591			
HUMBER TEACHING NHS FOUNDATION TRUST	June 2023	4136	3916			
CITY HEALTH CARE PARTNERSHIP CIC	June 2023	5111	5536			
CARE PLUS GROUP	June 2023	250	198			

 <div>Humber and North Yorkshire Health and Care Partnership</div>	National NHS objectives 2023/24 Maternity ICB and Place		 <div>Humber and North Yorkshire Integrated Care Board (ICB)</div>
KPI Name	Issues and risks	Actions	
			



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	April 2023		2.0			
NHS East Riding Of Yorkshire	April 2023		1.2			
NHS Hull	April 2023		1.6			
NHS North East Lincolnshire	April 2023		2.6			
NHS North Lincolnshire	April 2023		5.1			
NHS Vale Of York	April 2023		2.6			
NHS North Yorkshire	April 2023		0.6			



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	April 2023		2.8			
NHS East Riding Of Yorkshire	April 2023		0.8			
NHS Hull	April 2023		4.1			
NHS North East Lincolnshire	April 2023		0.7			
NHS North Lincolnshire	April 2023		0.6			
NHS Vale Of York	April 2023		5.3			
NHS North Yorkshire	April 2023		3.0			

Humber and North Yorkshire WF Plan 23/24

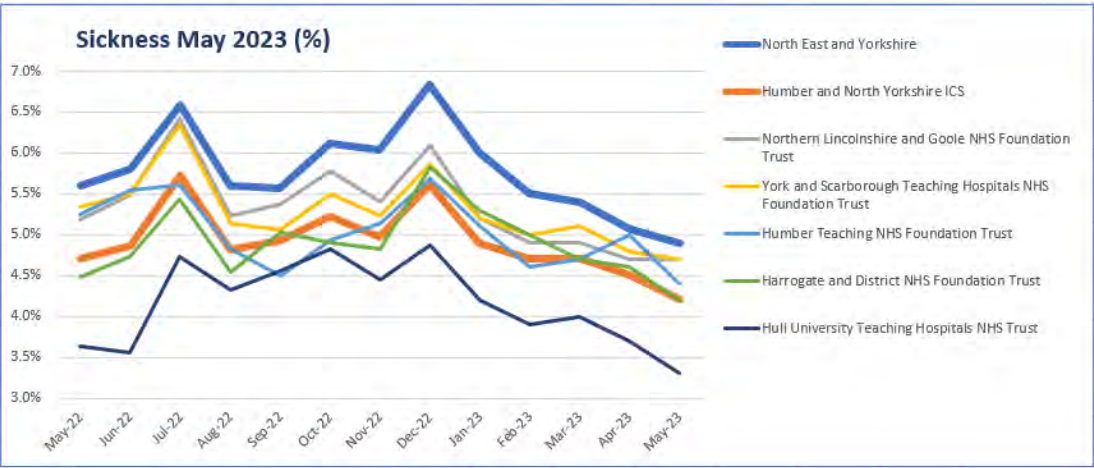
Total Workforce

Date	April 2023		May 2023		June 2023	
Metric	Plan	Actual	Plan	Actual	Plan	Actual
Total Workforce (WTE)	32,325.12	32,640.51	32,322.46	32,652.98	32,302.62	32,369.07
Total Substantive	30,132.69	30,461.45	30,184.20	30,533.62	30,216.10	30,165.50
Total Bank	1,558.42	1,540.54	1,522.91	1,495.63	1,487.39	1,462.95
Total Agency	634.01	638.52	615.36	623.73	599.13	740.62

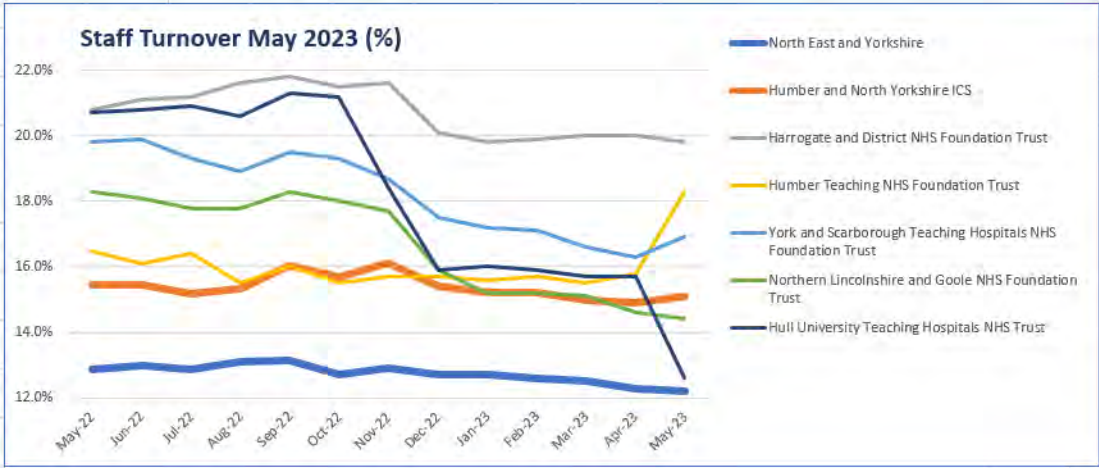
Key summary points:

- Total WF is 0.2% above plan:
- Substantive WF is 0.2% under plan
- Total bank is 1.6% under plan
- Total agency is 23.0% above plan

ICB/Provider Workforce Key Performance Indicators (May 23)



HNY ICS Sickness end of year target: 4.8%
 May 23: **4.2%** (in year 0.5% reduction)



HNY ICS staff turnover end of year target: 12.2%
 May 23: **15.1%** (in year 0.4% reduction)

Harrogate & District

Date	April 2023		May 2023		June 2023	
Metric	Plan	Actual	Plan	Actual	Plan	Actual
Total Workforce (WTE)	4,535.05	4,339.20	4,529.30	4,371.25	4,539.72	4,377.61
Total Substantive	4,310.05	4,103.13	4,305.80	4,135.18	4,317.72	4,141.55
Total Bank	160.00	174.52	159.50	174.52	159.00	174.52
Total Agency	65.00	61.55	64.00	61.55	63.00	61.55

Northern Lincolnshire & Goole

Date	April 2023		May 2023		June 2023	
Metric	Plan	Actual	Plan	Actual	Plan	Actual
Total Workforce (WTE)	6,768.74	6,765.34	6,769.01	6,751.28	6,761.28	6,747.73
Total Substantive	6,088.78	6,046.11	6,101.97	6,048.89	6,107.16	6,045.88
Total Bank	430.90	473.19	424.24	457.85	417.58	462.01
Total Agency	249.06	246.04	242.80	244.54	236.54	239.84

Hull University Teaching

Date	April 2023		May 2023		June 2023	
Metric	Plan	Actual	Plan	Actual	Plan	Actual
Total Workforce (WTE)	8,442.89	8,579.58	8,450.39	8,611.44	8,455.89	8,613.95
Total Substantive	8,288.25	8,418.28	8,295.75	8,459.74	8,301.25	8,467.85
Total Bank	111.01	115.20	111.01	109.20	111.01	105.90
Total Agency	43.63	46.10	43.63	42.50	43.63	40.20

York & Scarborough

Date	April 2023		May 2023		June 2023	
Metric	Plan	Actual	Plan	Actual	Plan	Actual
Total Workforce (WTE)	9,504.94	9,745.46	9,497.66	9,741.46	9,464.60	9,444.81
Total Substantive	8,572.30	8,887.87	8,603.59	8,883.87	8,609.10	8,503.43
Total Bank	705.54	622.04	675.94	622.04	646.33	578.83
Total Agency	227.10	235.55	218.14	235.55	209.17	362.55

Humber Teaching

Date	April 2023		May 2023		June 2023	
Metric	Plan	Actual	Plan	Actual	Plan	Actual
Total Workforce (WTE)	3,073.50	3,210.93	3,076.10	3,177.55	3,081.13	3,184.97
Total Substantive	2,873.31	3,006.06	2,877.09	3,005.94	2,880.87	3,006.79
Total Bank	150.97	155.59	152.22	132.02	153.47	141.69
Total Agency	49.22	49.28	46.79	39.59	46.79	36.49

Provider progress against their 23/24 plans

June 2023 (Total Staff)	Plan	Actual	+/- WTE	% Variance
HUMBER AND NORTH YORKSHIRE	32,302.62	32,369.07	66.45	0.2%
Harrogate and District NHS FT	4,539.72	4,377.61	-162.11	-3.6%
Hull University Teaching Hosptials	8,455.89	8,613.95	158.06	1.9%
Humber Teaching NHS FT	3,081.13	3,184.97	103.84	3.4%
Northern Lincolnshire & Goole NHS FT	6,761.28	6,747.73	-13.55	-0.2%
York and Scarborough NHS FT	9,464.60	9,444.81	-19.79	-0.2%

Bank & Agency Usage

A deeper dive into ICS Bank and Agency usage reveals:

Bank Plan vs Actual: 98%

Majority of bank usage is:

- Medical & Dental (151%)
- Infrastructure support (unregistered non-clinical support staff) (213%)

Agency Plan vs Actual: 124%

Majority of agency usage is:

- Infrastructure support (unregistered non-clinical support staff) (190%)
- Reg N&M and AHP (130% and 134% respectively)
- Medical & Dental (110%)

Bank (wte)

Date	April 2023		May 2023		June 2023	
Metric	Actual	Plan	Actual	Plan	Actual	Plan
Bank	1,540.54	1,558.42	1,495.63	1,522.91	1,462.95	1,487.39
Registered nursing, midwifery and health visiting staff (Bank Total)	407.36	611.81	405.20	595.12	402.40	579.43
Registered scientific, therapeutic and technical staff (Bank Total)	19.51	25.91	21.00	25.91	26.43	25.91
Registered ambulance service staff (Bank Total)	0.10	0.00	0.00	0.00	0.08	0.00
Support to clinical staff (Bank Total)	720.24	653.13	699.42	638.33	613.05	623.04
Total NHS infrastructure support (Bank Total)	135.56	68.99	144.55	68.99	146.85	68.99
Medical and dental (Bank Total)	257.77	198.58	239.19	194.55	286.84	190.03
Any other staff (Bank Total)	0.00	0.00	0.00	0.00	0.00	0.00

Agency (wte)

Date	April 2023		May 2023		June 2023	
Metric	Plan	Actual	Plan	Actual	Plan	Actual
Agency	634.01	638.52	615.36	623.73	599.13	740.62
Registered nursing, midwifery and health visiting staff (Agency Total)	359.09	389.24	347.01	378.99	336.66	436.59
Registered scientific, therapeutic and technical staff (Agency Total)	25.09	26.25	25.00	27.50	24.00	32.21
Registered ambulance service staff (Agency Total)	0.00	0.00	0.00	0.00	0.00	0.00
Support to clinical staff (Agency Total)	35.41	46.22	34.41	27.95	34.41	16.70
Total NHS infrastructure support (Agency Total)	43.12	35.39	41.77	34.90	40.47	76.82
Medical and dental (Agency Total)	171.31	141.42	167.17	152.32	163.59	180.34
Any other staff (Agency Total)	0.00	0.00	0.00	0.00	0.00	0.00

Key actions underway

Support for managing agency spend (Current at 33% above plan):

- The Flexible Workforce workstream is launched September to focus solely on the creation of an **HNY Collaborative Staff Bank**. The aim of this is to extend the reach of individual providers current internal banks to other providers, thereby reducing systemwide agency spend/maintaining quality and safety.

In addition to the Collaborative Bank programme individual workstreams are underway to:

- Stay and Thrive Staff Retention Workstream has commenced activities relating to **increasing flexible working options** for all staff, systemwide.
- **HNY Exit Interview/Questionnaire** process is under construction – this will proactively identify system, place and provider retention issues requiring attention.
- **Early Careers Attrition** remains focused supporting newly qualified nurses and AHPs within health and care settings through improved preceptorships programmes and legacy mentors

Monitoring of operational plans, further developments:

- Proposal to adapt **Primary Care (GP Practice) Dashboard** to automatically monitor Plan vs Actual workforce numbers for a quarterly return by the end of Q3 23.24.

