



Humber & North Yorkshire ICB Board Report

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Executive Summary

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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 Aug-23 with A&E 4hr published to Sept-23	
	Unvalidated positions as follows:	
CAT 2 Response Times	Snapshot position from the NEY Performance and Quality Report as at w/e 01/10/2023.	
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 w/e 01/10/2023	
18 Week RTT - 65+ Weeks	Snapshot position from the National Waiting Well Dashboard as at 01/10/2023	
Diagnostic Test Waiting Times - 6+ Weeks	Snapshot position for HNY only from the NEY Data Pack found on NHS Futures North Analytics Diagnostic Site as at 01/10/2023.	
Patients Waiting 63+ Days	Snapshot position from the Cancer Alliance PTL as at 01/10/2023	
Reliance on Inpatient Care for People with a Learning Disability and/or Autism	Snapshot month end position direct form providers.	

Coverage : ICB coverage

Links : NHS Planning Guidance - ([Link](#))

Area	Plans Met	Summary
Urgent & Emergency Care	0 of 3	<p>Targets not met; 4-hour performance (1), Ambulance handovers in EMAS (0.5) Ambulance handovers in YAS (0.5), General & Acute Occupancy (1)</p> <p>HNY saw a slight deterioration in 4-hour performance at 68.1% compared to August's 70.1%. This also missed the September trajectory of 70.7%. This remains below the ambition of 76% by the end of the year. No providers achieved their August trajectory, with HUTH and Harrogate missing them by the largest shortfall - HUTH 51.3% against target 71%, and Harrogate 65.4% against a target of 85%.</p> <p>Total general and acute bed occupancy 91.1% against a target of 90.3. Bed occupancy remains below the national ambition on 92%. The ICS has 2931 beds open against a plan of 2919. All Trusts have more beds open than plan except for NLaG with 622 beds open against a plan of 629.</p> <p>YAS missed their CAT2 trajectory of 30 mins at 32:58mins, compared to August's 26:10mins. EMAS missing 30 mins at 46:23mins, a significant deterioration from August's 31:54 mins. York and HUTH main contributors to YAS missed target, and NLAGs position also contributing significantly to EMAS deterioration (along with Lincoln)</p> <p>Conveyance rates in HNY remain higher than other ICSs in the region. 12 hours in department remain the highest in HNY compared to the rest of the Region, which is impacting on the ability to handover timely manner.</p> <p>Stage 2 priorities for the Tier 2 recovery plan near completion - aligned to the 10 high impact interventions and the Winter Plan including Single Point of Access and clinical Risk sharing.</p> <p>Since the last reporting period there is a delay to the second phase on the New ED at York, due to building issues, with 8 new majors' cubicles by the end of October and the remainder of the facilities available by the end of November.</p>
Elective Care	1 of 2	<p>Targets met: Long waiters (65+) (1)</p> <p>Targets not met: Overall waiting list size (1)</p> <p>The overall Waiting list size has continued to grow from January 2023. The unvalidated waiting list size in August 2023 is 192,119 against a target of 175,762, or 9.3% off plan. Early indications are that Elective activity is above the required position and the plan at 111.4% up to M4, against a revised target of 107%, a much-improved position to that anticipated, with all providers except for HDFT achieving or exceeding their plan.</p> <p>September data shows 2,466 patients against the plan of 2,646 waiting over 65 weeks which continues to remain positive, however 65 weeks has come under significant pressure due to ongoing Industrial Action and this position has deteriorated for the second month in a row.</p> <p>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 reported 3 patients over 104 weeks at the end of September 2 at York and 1 at NLaG. At the end of September, the number of patients waiting over 78 weeks was 111 patients. 94 Y&SFT, 10 HUTH, 3 NLAG and 4 for HDFT. HUTH are indicating they will have 11 patients waiting 78-weeks at the end of October and York and Scarborough are indicating they will have 1 patient waiting 104 weeks and 88 patients over 78 weeks. Y&SFT plan to clear all patients over 78 weeks at the end of November.</p>

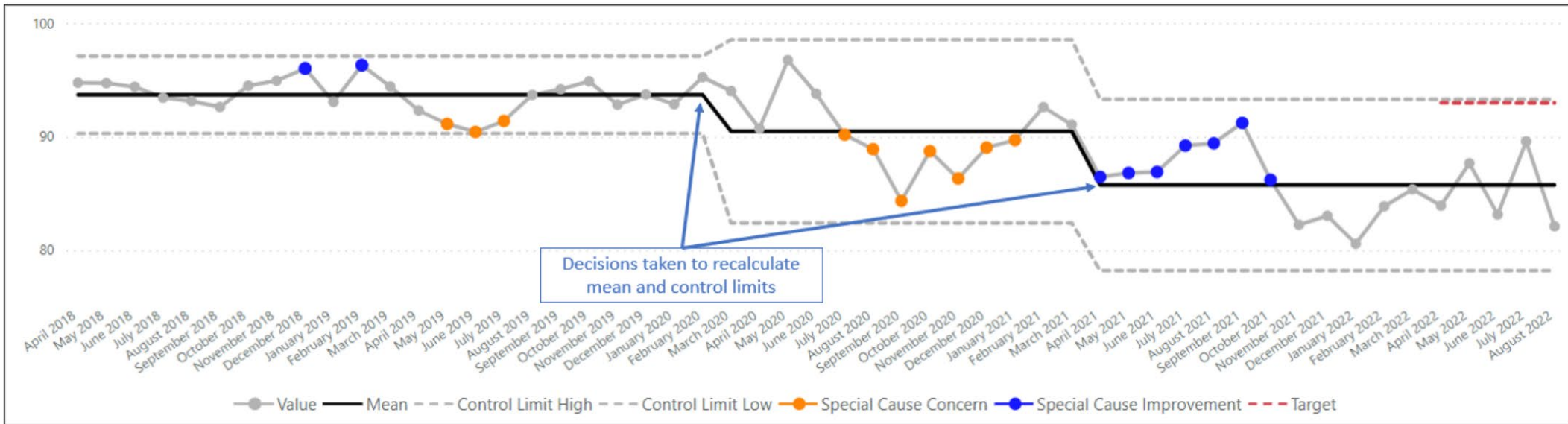
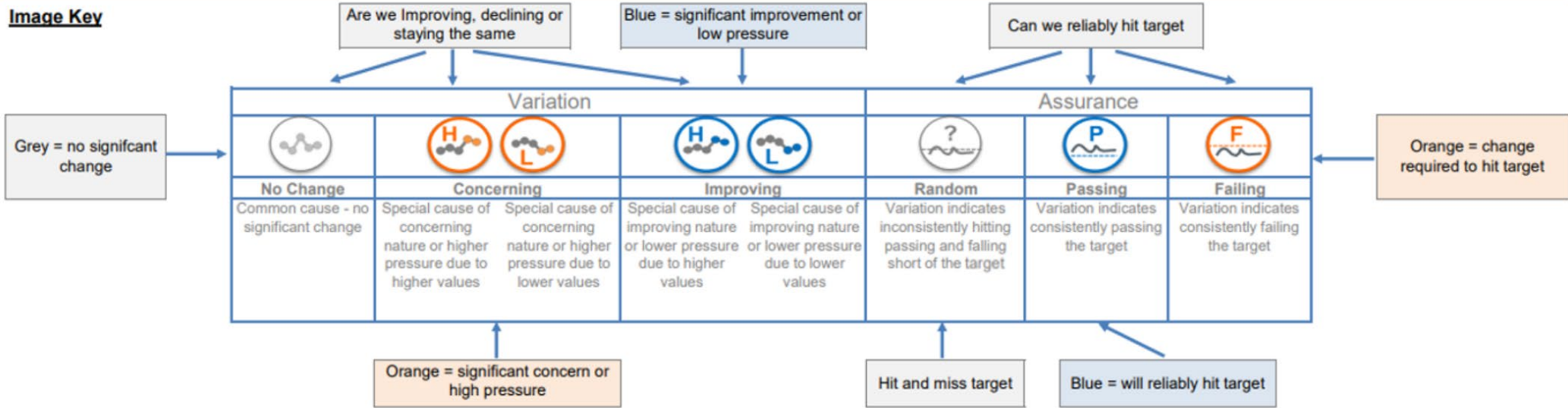
Area	Plans Met	Summary
Diagnosics	1 of 2	<p>Targets met: Diagnostic activity (1) Targets not met: % Of patients waiting longer than 6 weeks (1)</p> <p>The performance for August is off plan at 38.5% patients waiting over 6 weeks for a diagnostic test against a target of 33.7%, with HUFT and HDFT showing the greatest variance from plan. The most pressured modalities continue to be DEXA (66%), colonoscopy (57%), MRI (47.5%) and Echo(43.1%). The overall activity is above plan at 116% for the four acute Trusts in August, however performance continues to be affected by equipment downtime, high volumes of unplanned and urgent diagnostic demand. Mutual aid has been offered from NLaG to support the colonoscopy position; additional capacity is continuing at HUFT. The Endoscopy Clinical Network has prioritised work on capacity and demand modelling for the system. The Imaging network have submitted an AI bid on behalf of the system to test innovations in reporting to improve productivity. The CDC Programme continues in mobilization, with approved re-profiled plans for the rest of the year. The Programme has also bid for additional mobile capacity to support the MRI and CI position over winter. The HNY Programme Director for Diagnostics has commenced in post and is undertaking a review of the Programme priorities 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.</p>
Cancer	0 of 2	<p>Targets not met 63+ Day Cancer Backlog (1), Faster Diagnosis standard (1)</p> <p>NOT MET - The HNY 63+ day backlog unvalidated position at the end of September is 811 against a target of 485. This is a further deterioration since August. NLaG are achieving plan with HDFT, HUTH and Y&SFT adverse to plan. Both HUTH and Y&SFT remain in the tier support programme for cancer.</p> <p>Predominant issues at Y&S remain in the diagnostic phase of cancer pathways, with 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. Insourcing of endoscopy has been approved at Y&S with an expectation the backlog will be cleared by March and the continuation of mobile MRI scanners until the CDC pads are operational.</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. Training non-surgical endoscopists at HUTH continues and increased capacity at HUTH Radiotherapy will commence in November. This will take 11 months to clear the backlog. The Faster diagnosis standard is showing performance is 69.3% against a trajectory of 73.8%. NLAG has met this month's trajectory. with NLAG increasing by 8.3%, positively supporting HNY's collective increase on last month's position.</p>
People with LD and Autism	0 of 3	<p>Targets not met: Inpatients with a Learning Disability (1), LD registers and health checks (1), Reliance on Inpatient services for Children with an LD or Autism (1)</p> <p>The ICS is not meeting any of the targets for people with LS and Autism. Health checks for people with LD are expected to show an increase over Q3 and Q4 as they fall due. The approach to the other two targets 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>




























Area	Plans Met	Summary
Mental Health	1 of 6	<p>Targets met: Diagnosis rate for people with dementia (1) Targets not met: Out of area placements (1), Access to Community MH for adults (1), Access to CYP MH (1), Access to Talking Therapies (1), Access to Perinatal MH (1)</p> <p>The only Mental Health target being achieved is that for dementia diagnosis which continues to achieve. For Community Mental health services, improvements involve continued transformation, replicating the earlier implementer status and success seen at Humber FT, and the increased use of ARRS roles in Primary Care. Once data issues are resolved, it is expected this target will be achieved. To reduce the number of Out of Area placements,, routine extended delays to discharge meetings for patients waiting over 40 days, crisis response and admissions avoidance schemes and a generally greater focus on Mental Health patient flow. 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. This target is now being met. The Mental Health Collaborative is setting up new processes in September to refocus on OOA Placements, CYP services, and talking therapies that will include peer review to learn where implementation is successful and to align to other programmes such as QEP.</p>
Primary Care	2 of 4	<p>Targets met: GP Appointments delivered (1), Direct Patient Roles in Primary Care (1) Targets not met: Dental Activity delivered (1), GP Appointments delivered within 14 days (1)</p> <p>The number of GP appointments provided in primary Care is 895,536 as of August 2023 which is above plan. While the number of people given an appointment in 14 days is 82.% 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. Work is still underway with national IT systems. Recovery of dental activity now stands at 88% against a target of 100%, a further improvement of 6% on last month. This will continue to 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.</p>
Community Health	2 of 2	<p>Targets met: Community services waiting list (1), 2 Hour Urgent Care (1)</p> <p>The overall size of the community waiting list is below plan showing 19,857 against a plan of 23,199 at August. Of these 234 patients have been waiting over 52 weeks (a decrease of 21 on last month) and 43 over 104 weeks (a reduction of 11 from last month). Most patients in these categories 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 87.6% 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>

Area	Plans Met	Summary
Maternity	0 of 0	<p>Targets not yet set.</p> <p>For Neonatal deaths, the current national figures calculated up to 2022; UK at 1.65, HNY at 2.20 in May 2023. Very variable statistics by month as low numbers. National picture improving up to 2021 but all of UK has seen an increase in neonatal deaths and morbidity in this period. Workforce issues are improving, but lack of AHP and Psych input as described by NCCR. The New Clinical Leadership fellow is continuing to pull unit leads together and support transformational change in roles, responsibilities and links to digital systems.</p> <p>For Stillbirths current figures calculated up to 2022; UK at 3.54, HNY at 2.90 in May 2023. The National picture is improving up to 2021 but all areas have seen a plateau in the reduction of stillbirths and in some cases', there has been a rise in the number, including Y&H region. There is significant work on alignment of pre-term birth and perinatal work but still some issues around data and communication.</p> <p>Neonatal and Obstetric leads working with teams to ensure effective sharing of work/oversight and piloting of improvements with continued emphasis on smoking/alcohol/diabetes and weight management workstreams. Scrutiny of many areas from different external bodies in very short timeframes currently; difficult for Trusts to report and engage with all work effectively.</p>
Workforce	1 of 2	<p>Targets met: Sickness(1) Targets not met: Staff Turnover(1)</p> <p>Actual HNY cumulative sickness is 4.5% against a target of 4.8%. Sickness absence continues to reduce across the system with all providers. HNY staff turnover is presently 15.2% (against an agreed target of 12.2%) Staff turnover continues to reduce from its 16% peak in September 2022.</p>



Image Key

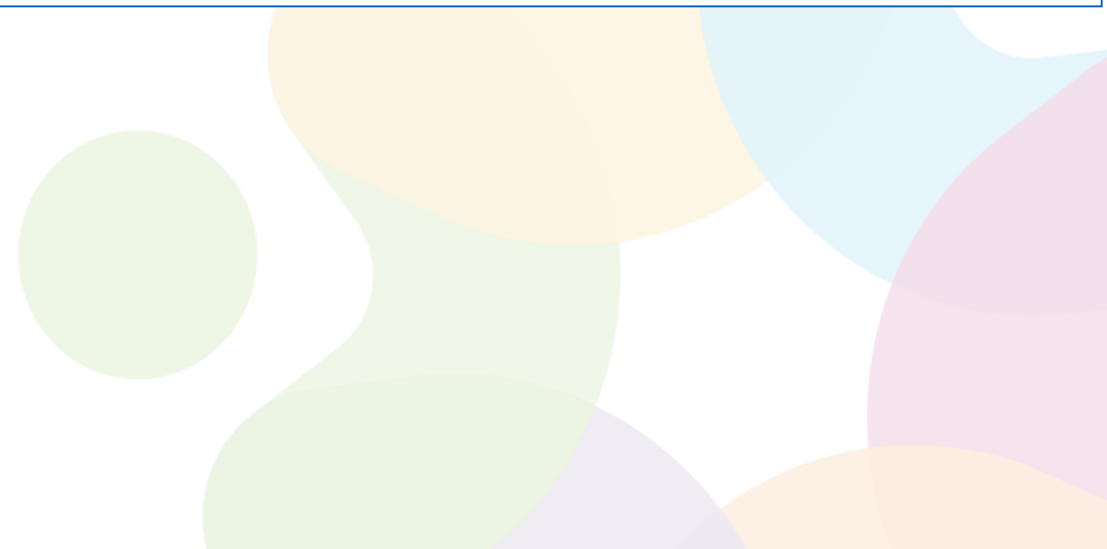


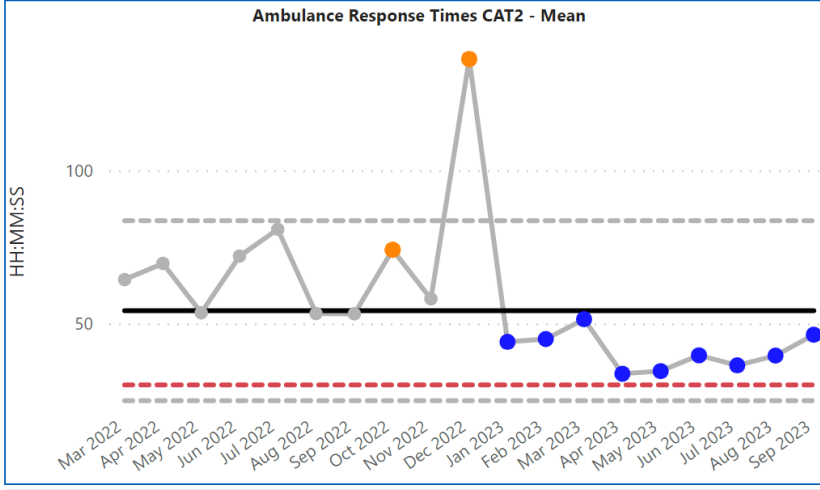
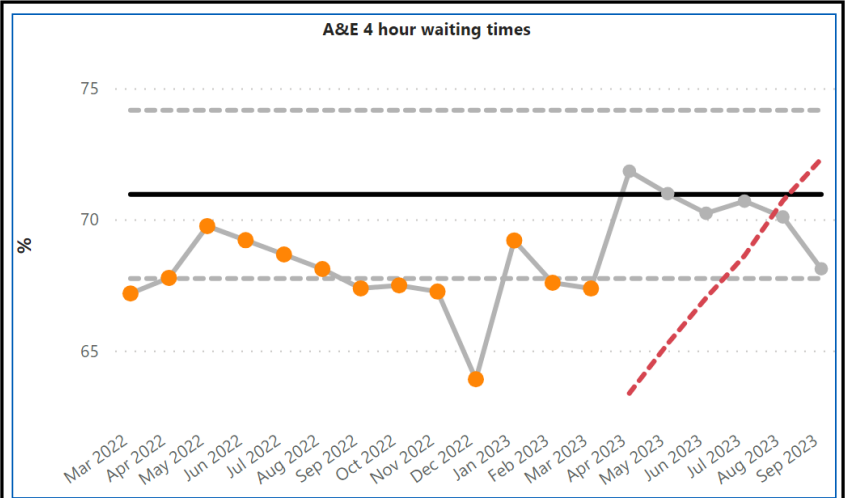
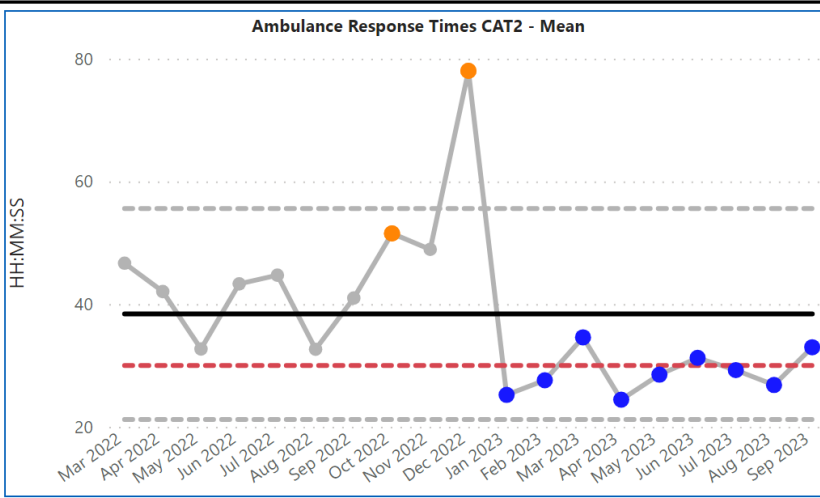
AREA	KPI NAME (INC REPORTING LEVEL)	LATEST DATE	TARGET	ACTUAL	VARIATION	ASSURANCE	PLAN MET
Urgent and emergency care	Ambulance Response Times CAT2 - Mean- EAST MIDLANDS AMBULANCE SERVICE NHS TRUST	September 2023	00:30:00	00:46:23			
Urgent and emergency care	Ambulance Response Times CAT2 - Mean- YORKSHIRE AMBULANCE SERVICE NHS TRUST	September 2023	00:30:00	00:32:58			
Urgent and emergency care	A&E 4 hour waiting times- HNY Provider Total	September 2023	72.3%	68.1%			
Urgent and emergency care	Total G&A Beds- HNY Provider Total	September 2023	2919	2931			
Urgent and emergency care	Percentage Total G&A Bed Occupancy- HNY Provider Total	September 2023	90.3%	91.1%			
Elective care	18 Week Referral to Treatment Waiting Times - Waiting List- HNY Provider Total	August 2023	175762	192119			
Elective care	18 Week Referral to Treatment Waiting Times - 65+ Week Waits- HNY Provider Total	September 2023	2646	2466			
Diagnostics	Diagnostic Tests - 7 Targeted Test- HNY Provider Total	August 2023	57106	58906			
Diagnostics	Diagnostics Test waiting Times: Proportion of Patients Waiting 6+ Weeks for a Diagnostic Test- HNY Provider Total *	September 2023	32.0%	36.6%			

AREA	KPI NAME (INC REPORTING LEVEL)	LATEST DATE	TARGET	ACTUAL	VARIATION	ASSURANCE	PLAN MET
Cancer	28 Day Faster Diagnosis Standard- HNY Provider Total	August 2023	73.8%	69.3%			
Cancer	Patients waiting 63+ days after referral from cancer PTL- HNY Provider Total	September 2023	485	811			
Cancer	Unadjusted percentage diagnosed at cancer stage 1 & 2- HNY Provider Total	June 2023		57.8%			
Primary care	Direct Patient Care (DPC) Roles in General Practice- HNY ICB	July 2023	740.9	799.9			
Primary care	Recover dental activity, improving units of dental activity towards pre-pandemic levels- HNY ICB	August 2023	100.0%	88.0%			
Primary care	Appointments in General Practice- HNY ICB	August 2023	867782	895536			
Primary care	Proportion of Appointments in General Practice Booked and Seen the Same Day- HNY ICB	August 2023		41.6%			
Primary care	Proportion of Appointments in General Practice Booked and Seen Within 14 Days- HNY ICB	August 2023	85.0%	82.0%			
Prevention and health inequalities	Percentage of patients with hypertension treated to NICE guidance- HNY ICB	June 2023	77.0%	72.7%			
Community health services	Total Number on Community services waiting list- HNY Provider Total	August 2023	23199	19857			
Community health services	2-hour urgent community response (UCR) standard- HNY Provider Total	August 2023	70.0%	87.6%			

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	September 2023	40.4	44.9			
People with a learning disability and autistic people	E.K.3: Learning disability registers and annual health checks delivered by GPs- HNY ICB	August 2023	6.0%	5.4%			
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	September 2023	15.0	21.0			
Mental Health	E.A.S.1: Estimated diagnosis rate for people with dementia- HNY ICB *	August 2023	57.9%	58.4%			
Mental Health	E.H.12: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days- HNY ICB	July 2023	395	1380			
Mental Health	E.H.27: Overall Access to Core Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses- HNY ICB	August 2023	19140	17130			
Mental Health	E.H.9: Access to Children and Young People's Mental Health Services- HNY ICB *	August 2023	21171	19135			
Mental Health	E.A.3a: Access to NHS Talking Therapies- HNY ICB *	August 2023	3156	2845			
Mental Health	E.H.15: Women Accessing Specialist Community Perinatal Mental Health Services- HNY ICB	August 2023	546	515			

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	June 2023		2.0			
Maternity	Stillbirths per 1,000 total births- HNY ICB	June 2023		3.0			
Workforce	Sickness Absence (working days lost to sickness)- HNY Provider Total	July 2023	4.8%	4.5%			
Workforce	Staff retention rate (all staff)- HNY Provider Total	July 2023	12.2%	15.2%			
Workforce	Leaver Rate- HNY Provider Total	July 2023		8.2%			
Workforce	Vacancy Rates- HNY Provider Total	July 2023		7.6%			



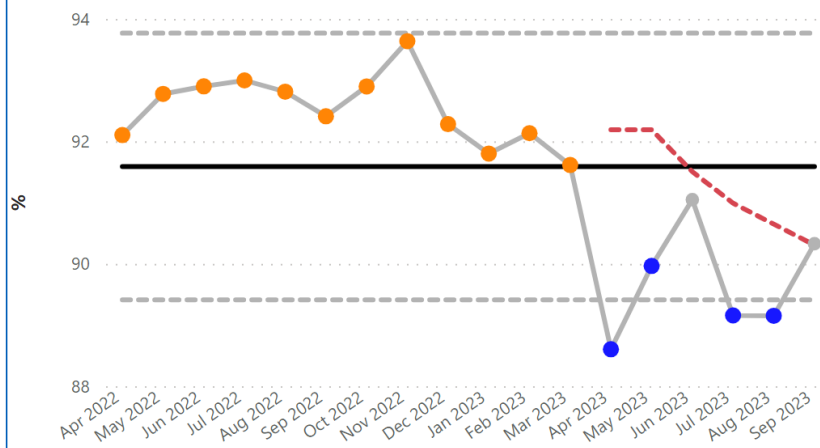


ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	September 2023	72.3%	68.1%			
YSFT	September 2023	71.9%	66.7%			
HDFT	September 2023	85.0%	65.4%			
NLAG	September 2023	68.5%	64.3%			
HUTH	September 2023	71.0%	51.3%			

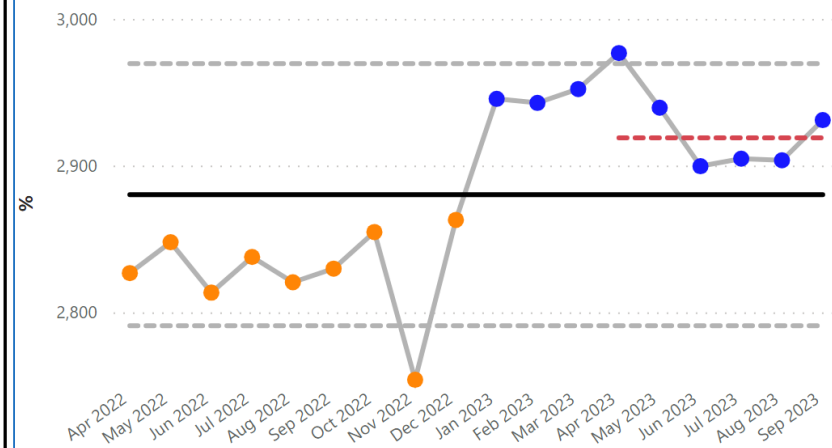
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
YORKSHIRE AMBULANCE SERVICE NHS TRUST	September 2023	00:30:00	00:32:58			
EAST MIDLANDS AMBULANCE SERVICE NHS TRUST	September 2023	00:30:00	00:46:23			



Percentage Total G&A Bed Occupancy



Total G&A Beds

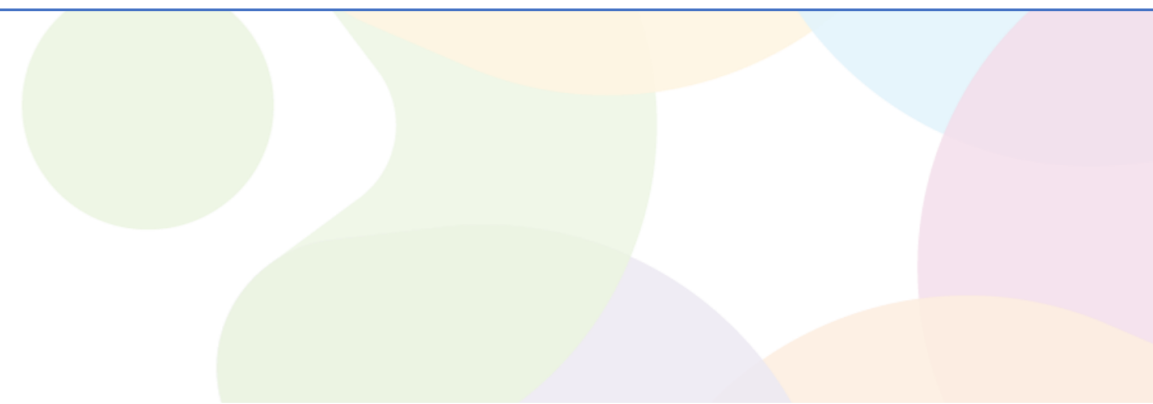


ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	September 2023	90.3%	91.1%			
YSFT	September 2023	91.1%	91.9%			
HDFT	September 2023	89.3%	89.5%			
NLAG	September 2023	90.6%	88.4%			
HUTH	September 2023	89.8%	90.4%			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	September 2023	2919	2931			
YSFT	September 2023	846	853			
HDFT	September 2023	318	320			
NLAG	September 2023	629	622			
HUTH	September 2023	1126	1136			

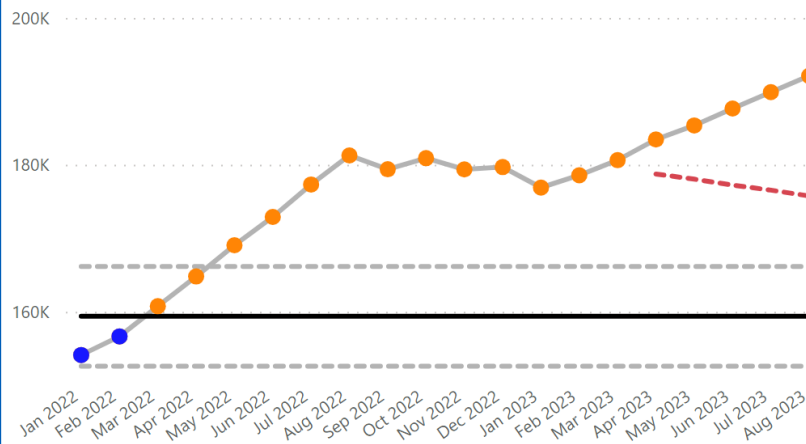
● Value — Mean - - - Control Limit High - - - Control Limit Low ● Special Cause Concern ● Special Cause Improvement - - - Target

KPI Name	Issues and risks	Actions
Ambulance Handovers - CAT 2	<ul style="list-style-type: none"> • YAS missed their CAT2 trajectory of 30 mins at 32:58mins, compared to Augusts 26:10mins. EMAS missing 30 mins at 46:23mins, a significant deterioration from Augusts 31:54 mins. York and HUTH main contributors to YAS missed target, and NLAGs position also contributing significantly to EMAS deterioration (along with Lincoln) • September has seen a further deterioration in ambulance handover times and hours lost at all sites • Conveyance rates in HNY remain higher than other ICSs in the region • 12 hours in department remain the highest in HNY compared to the rest of the Region, which is impacting on the ability to handover in a timely manner. 	<p>Direct conveyance to SDEC is a key priority for the SDEC programme along with SPA to reduce avoidable conveyances - steering groups now established and increased momentum . SPA and care coordination identified as a priority with Regional and National support. Missed opportunity audits and AtED (needs the full words) audits to be undertaken in October and November to identify gaps and define service requirements.. NLAG site visit by ECIST Nov 23 to review full pathway and identify causes of delay, supporting improved flow and ultimately improved handover capacity. York ED Phase 2 should increase capacity and enable more timely handover. A co-horting space has now been identified at York to support reduced handover times. Clinical Risk meeting taking place 23rd October with a focus on how risk can be shared across the system.</p>
Total general and acute bed occupancy	<p>Total general and acute bed occupancy 91.1% against a target of 90.3%. All providers missing bed occupancy target this month, a deterioration on last month. The ICS has 2931 beds open against a plan of 2919. All Trusts have more beds open than plan with the exception of NLaG with 622 beds open against a plan of 629.</p>	<p>ECIST visit to NLAG in November to look at flow and discharge, as well as the front door challenges. 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 24/7 with agency staff, and recruitment due to be complete by January. Deep dive due to be undertaken into VW capacity and utilisation to maximise opportunities out of hospital and further reduced occupancy. Home first workshops undertaken in N/NEL. Discharge deep dive being undertaken in NLAG by PSC via the community collaborative</p>

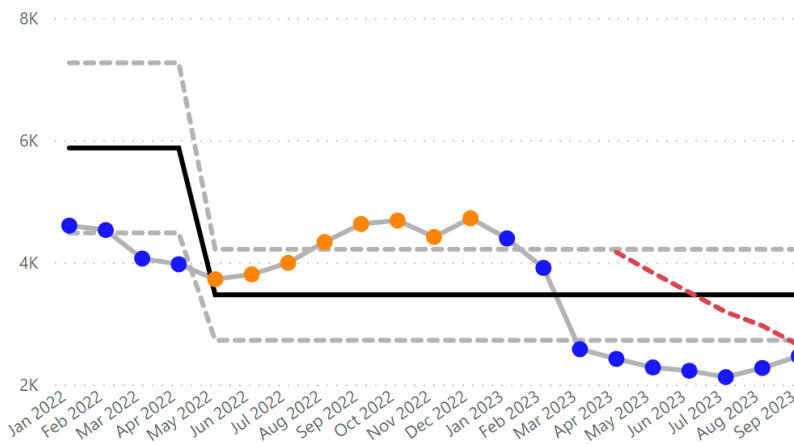


KPI Name	Issues and risks	Actions
A&E 4 hour waiting times	<ul style="list-style-type: none"> • HNY saw a further deterioration in 4 hour performance at 68.1% compared to August's 70.1%. This also missed September trajectory of 72.3% • No providers achieved their September trajectory, with HUTH and Harrogate missing them by the largest shortfall - HUTH 51.3% against target 71%, and Harrogate 65.4% against a target of 85%. • Delayed opening of additional York ED/UEC space due to estates/build issues identified • Data continues suggesting challenges with in-hospital flow which is impacting on 4hr and 12 hr performance. Data shows a direct correlation between length of stay increases, and deterioration of 4 hour and 12 hour performance 	<ul style="list-style-type: none"> • Stage 2 priorities for the Tier 2 recovery plan near completion - aligned to the 10 high impact interventions and the Winter Plan. Also ,incorporating ICS-wide interventions including SPA and clinical risk sharing • York UEC model delayed from 8th October, however due to have 8 new major's cubicles by end October, with the rest of the plans completed by November. UTC also remaining in Outpatients over the winter period to allow for the new space next to ED to be used for additional ED capacity during the pressured winter months • Revised leadership model in Harrogate ED which is expected to see an improvement in performance during October. Also, completion of refurb works which will release some estates capacity • SDEC, SPA and In-hospital flow steering groups established with agreed key actions including SDEC Direct, exclusion criteria and System-wide CAT3/4 validation. Potential £100k from National to support SPA/CAS expansion over the winter • ECIST supporting deepdives at NLAG and Hull to review in-hospital flow - dates agreed for NLAG for 8th & 9th November. Regional team visit being scheduled to York to look at new ED and flow processes • Missed Opportunity Audit completed at Hull to identify opportunities for patient redirection/streaming away from ED.

18 Week Referral to Treatment Waiting Times - Waiting List



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

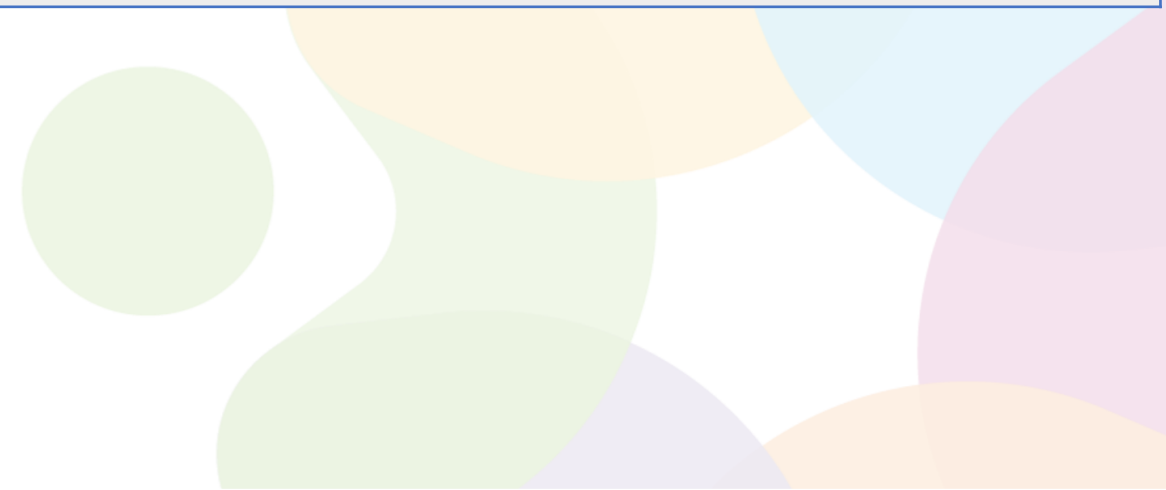


ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	August 2023	175762	192119			
YSFT	August 2023	48390	53190			
HDFT	August 2023	24700	25802			
NLAG	August 2023	35056	41181			
HUTH	August 2023	67616	71946			

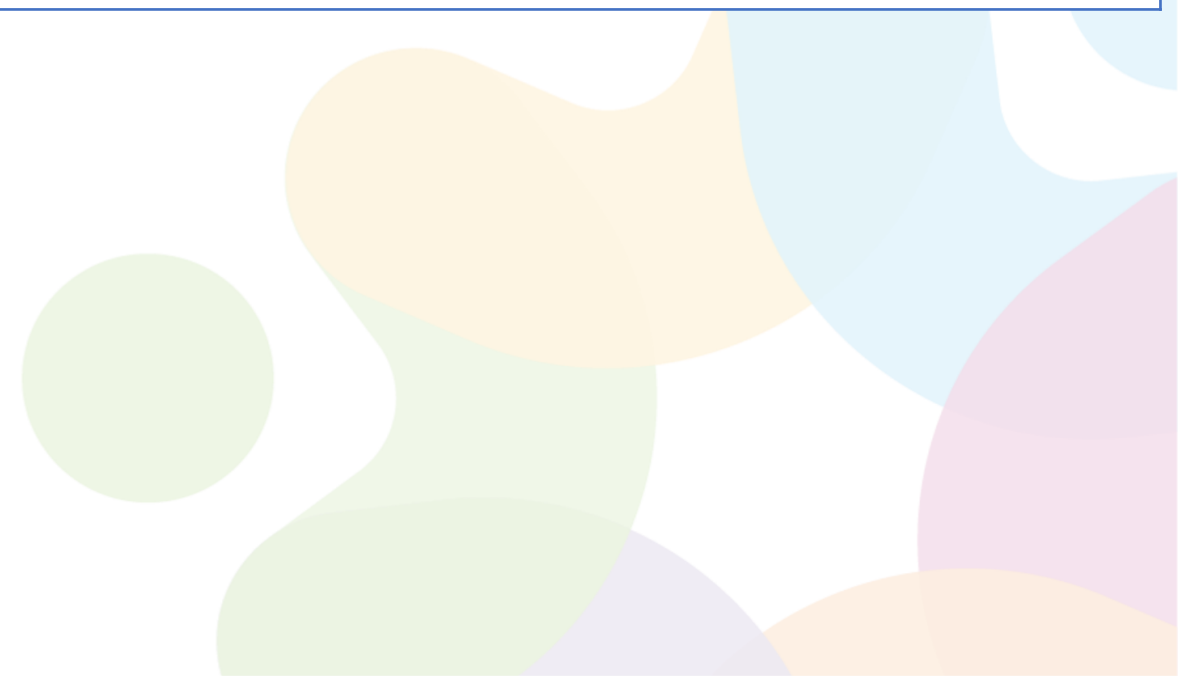
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	September 2023	2646	2466			
YSFT	September 2023	760	1235			
HDFT	September 2023	430	169			
NLAG	September 2023	31	108			
HUTH	September 2023	1425	954			

● Value — Mean - - - Control Limit High - - - Control Limit Low ● Special Cause Concern ● Special Cause Improvement - - - Target

KPI Name	Issues and risks	Actions
Waiting List (HNY Providers)	<p>The waiting list size in August 2023 is 192,119 against a target of 175,762 (provider Trusts only) and has continued to grow since Jan 2023.</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 outpatient's 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 focussing on opportunities through model hospital and OP GIRFT guidance (Benchmarking exercise completed).</p> <p>Clinical network chairs are being appointed to help drive opportunities to reduce WL size through the networks. Funding to support the perioperative network chairs secured and progressing the appointment 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 HVLC 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 was stood down due to strike action - speciality level events are being planned over the next 2-3 months</p> <p>Strategic elective board agreed to complete an analytical review to help understand other factors that that could be increasing the waiting list size.</p>



KPI Name	Issues and risks	Actions
<p>Long Waits</p>	<p>65 week position: The position for September 2023 is showing 2,466 pts (unvalidated) which is performing better than our plan of 2,646 (positive), however 65 weeks have come under significant pressure due to ongoing IA and the 65 week waits have started to rise.</p> <p>78 week position: Hull were forecasting zero breaches by end of September but had some risks with Gynae due to IA. York are forecasting to have zero patients by November.</p> <p>Risks from on going industrial action (junior doctor and consultant strikes)</p> <p>Complex Endometriosis capacity where combined surgeons from Colorectal, Gynae are required.</p> <p>ENT and Max fax remain the largest challenge at York due to capacity/patient choosing to defer.</p> <p>Ongoing risk to delivery of plan for Gastroenterology, Colorectal and Upper GI, due to capacity constraints within Endoscopy ICU bed/staffing due to acute/trauma/tertiary demands.</p>	<p>Re-focussed 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 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 - 181 patients have been moved over the last 8 weeks.</p> <p>York and Harrogate exploring options around virtual consultations to support their 1st OPA backlogs.</p>



Value Weighted Activity

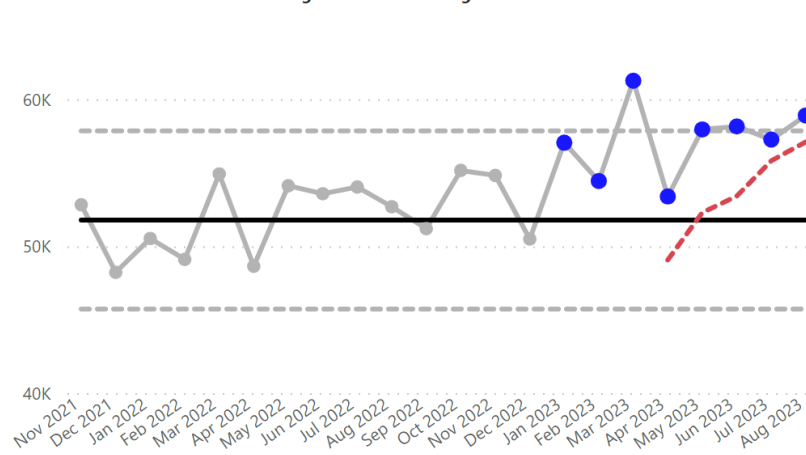
The reported recovery of our providers for ICB commissioned activity is shown in the table below:-

Provider Name	Performance					
	Year to Date	Target	April	May	June	July
<i>Harrogate And District NHS Foundation Trust</i>	92.0%	101.0%	90.0%	95.3%	90.6%	93.6%
<i>Hull University Teaching Hospitals NHS Trust</i>	100.4%	104.0%	100.6%	106.3%	95.1%	100.3%
<i>Northern Lincolnshire And Goole NHS Foundation Trust</i>	104.5%	105.0%	106.1%	109.0%	99.3%	106.0%
<i>York And Scarborough Teaching Hospitals NHS Foundation Trust</i>	103.3%	102.0%	103.4%	110.4%	97.0%	109.3%
<i>Independent Sector</i>	133.8%	114.0%	144.0%	144.1%	117.5%	146.7%

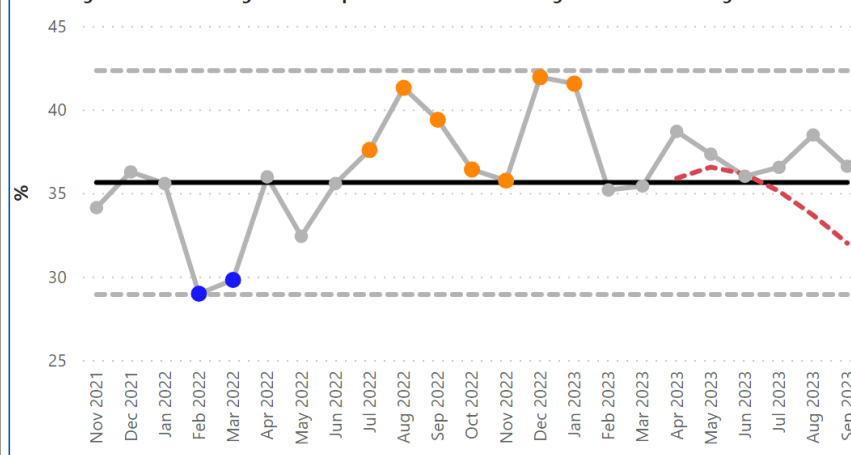
Activity for July 2023 has shown that HNY ICB has achieved 111.4% (cumulative) against the revised target of 107%. This is taken from the national reports (regional reports have been showing an underestimate by 6%) - This is positive but does need reconciling further with June data. June published data has shown a reduction in activity compared to May due to Junior doctor IA.

Risks from on-going industrial action (junior doctor and consultant strikes) in particular in months of Sep/Oct due to Junior doctor and consultant strikes on the same days

Diagnostic Tests - 7 Targeted Test



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



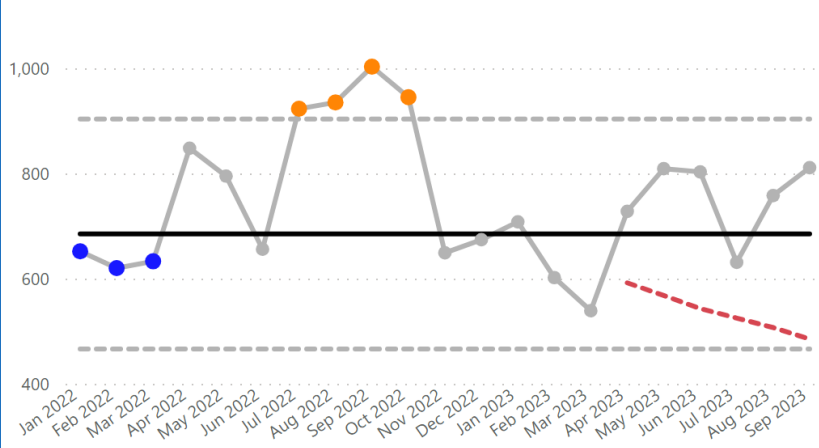
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	August 2023	57106	58906			
YSFT	August 2023	15863	15839			
HDFT	August 2023	4444	6716			
NLAG	August 2023	22760	22000			
HUTH	August 2023	14039	14351			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	September 2023	32.0%	36.6%			
YSFT	August 2023	52.0%	40.2%			
HDFT	August 2023	7.8%	39.9%			
NLAG	August 2023	32.2%	36.5%			
HUTH	August 2023	17.3%	38.7%			

KPI Name	Issues and risks	Actions
6 Week Diagnostics	<p>The ICB performance for September is 36.6%, against a target of 32%.</p> <p>Significant 6 weeks challenges remain across the system in colonoscopy, MRI, Dexa and ECHO. There has been an increase in NOUS waiting times in August with performance decreasing to 19%.</p> <p>There is a risk that urgent and unscheduled care continues to impact the capacity for waiting list reduction.</p>	<p>Mutual aid has been offered for colonoscopy through the elective tactical group. Insourcing to 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> <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 SOP for MRI with contrast on remote sites to improve provision and have submitted an AI bid to target productivity.</p> <p>Endoscopy clinical network established with opportunities to implement best practice on scheduling identified through the clinical leads National focus on Diagnostics month planned for October.</p>

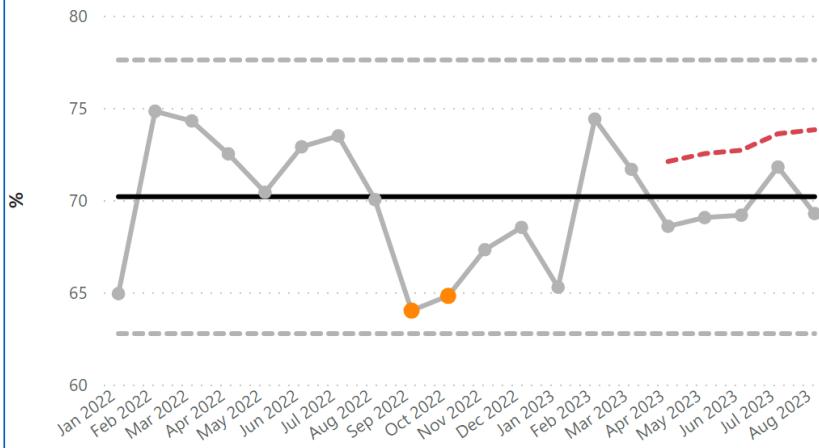


Patients waiting 63+ days after referral from cancer PTL



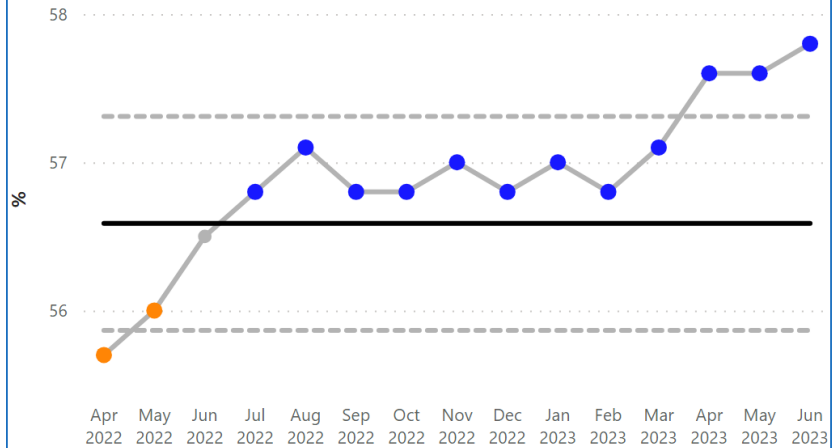
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	September 2023	485	811			
YSFT	September 2023	157	287			
HDFT	September 2023	55	59			
NLAG	September 2023	123	111			
HUTH	September 2023	150	354			

28 Day Faster Diagnosis Standard



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	August 2023	73.8%	69.3%			
YSFT	August 2023	70.7%	57.2%			
HDFT	August 2023	80.0%	66.8%			
NLAG	August 2023	71.4%	74.6%			
HUTH	August 2023	75.0%	76.5%			

Unadjusted percentage diagnosed at cancer stage 1 & 2



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	June 2023		57.8%			
YSFT	June 2023		52.7%			
NLAG	June 2023		53.7%			
HUTH	June 2023		64.7%			

● Value — Mean - - - Control Limit High - - - Control Limit Low ● Special Cause Concern ● Special Cause Improvement - - - Target

KPI Name	Issues and risks	Actions
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Current Cancer 62 day backlog

HNY Cancer Alliance is now in Tier 1 status for the system as a whole for cancer with the first meeting being held in early October. The 63+ day backlog unvalidated position as of w/e 08/10/2023 was 761 against a target of 416. This is a further deterioration on performance in September where HNY Cancer Alliance were reporting 811 against a target of 485.

Y&STHFT and HUTH remain the two providers who are most significantly adrift of their trajectories (Y&STFT 287 actual vs.157 plan / HUTH 354 actual vs. 150 plan). HUTH are 136% above their September trajectory, Y&STHFT are 83% above their September trajectory). Both providers remain in Tier meetings with the Regional NHSE.

HUTH's performance for suspected cancer referrals seen within 14 days has increased by 3.1% (August 23 data). NLAG's performance for suspected cancer referrals seen within 14 days is 96.4% which meets CWTS. The predominant issues in HUTH impacting their 62 day backlog remain in treatment capacity (complex robotic cases due to consultant injury and consultant vacancy), which continues to impact Gynae and Urology pathways specifically. Non surgical oncology also remains a concern with prolonged waits to first appointment and treatment due to long-term workforce establishment and recruitment issues.

The predominant issues at Y&STHFT impacting their 62 day backlog remain in the diagnostic phase of cancer pathways, with particular issues in Colorectal (colonoscopy capacity: 37 days/flexi capacity: 28 days) and Urology tumour sites (MRI capacity: 21 days).

HDFT have a fair shares allocation of 45 cases out of a WY&HCA denominator of 597 cases. October (in month) performance is 70 cases, with some validation due. Limited cause for concern amongst this position (current and immediate forecast) due to reciprocal impact of IA across FDS (and diagnostic position) which will continue to translate in to 62 day position until at least M9, however no significant clustering of patients with cancer amongst the backlog; small proportion of patients in 104 day range (n=11), all risks managed; provider risk position amber on latest NHSE Regional triangulation, movement from green as previously forecast. Provider included in geographical based tiering system but not on individual performance grounds. Note August CWT 62 day position good (80%).

Y&STHFT business case for endoscopy insourcing approved (16 lists), mutual aid with NLAG agreed (10 colons per week commences 09/10), increasing job plan of a clinician from 2 sessions a week to 6 sessions per week and continuing to train nurse endoscopist (sign off March 24 providing 6 sessions per week). They anticipate they will clear the backlog by the end March 24.

Y&STHFT will commence a full clinical validation of the endoscopy waiting list in November 2023, a plan is in place to improve session utilisation

NHSE have agreed to fund the MRI mobile on the acute York Hospital site whilst the CDC pads are finalised, meaning no further deterioration in MRI position.

New PMB pathway at HUTH to commence 6th November 2023

Colorectal referral triage process at HUTH commences 23 October 2023

Prostate radiographer reporting/stepdown at HUTH commences October 2023

Breast pain pilot at HUTH commences November 2023

It is not expected that HNY backlog position will return to planned trajectory in Q2, even with the continued use of CA SDF transformational funds and the additional actions highlighted here.

Request for Cancer Alliance investment on HUTH radiotherapy recovery plan, which seeks to eliminate radiotherapy backlog within 11 months. Commences November 2023

In response to long waits for endoscopy HUTH continue to train staff to independently scope to address the Consultant workforce issues driving reduced capacity.

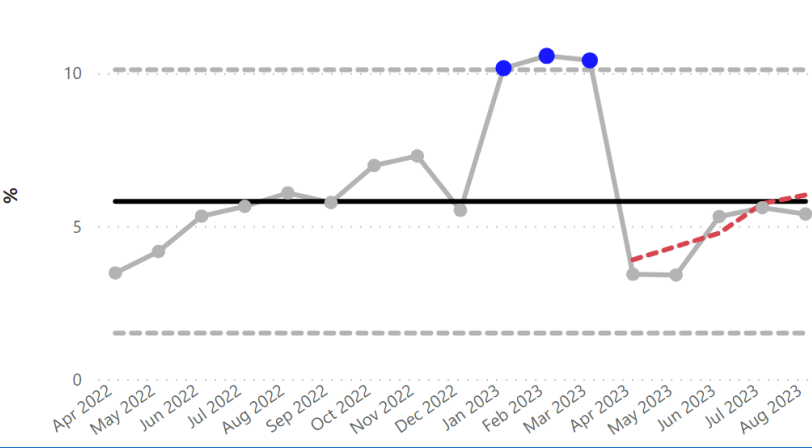
HDFT:

- 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.

KPI Name	Issues and risks	Actions
<p>% patients with diagnosis communicated within 28 days</p>	<p>The latest unvalidated position for HNY Cancer Alliance is 69.3% for August, a decrease on last month (July: 72.5%). HUTH and NLAG continue to meet their monthly trajectories, with HUTH increasing their performance by 0.8%, supporting HNY CAs collective position this month. Although HUTH have shown an encouraging increase in their performance, HNY CA continues to be off track with the position being challenged by Y&STHFT who are reporting a decrease to 57.2% against their trajectory of 70.7%.</p> <p>Although, HNY Cancer Alliance is currently the lowest performing Cancer Alliance nationally for Lower GI FDS, trusts are currently working to remedy this. HUTH's Colorectal endoscopy triage process commences in October 2023, however HUTHs limiting capacity continues to be Endoscopy capacity.</p> <p>Y&STHFT have long delays for colonoscopy, flexi sig, CT, MRI, and US/CT guided biopsy. The pathways that continue to be challenged for FDS delivery are Urology, Colorectal and Skin.</p> <p>HDFT -- Latest FDS position of 71%, so operational threshold not achieved, but reserve threshold for performance tiering achieved, so low risk position overall. -- 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 TATs 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.</p> <p>The HNY Cancer Alliance Diagnostics and Innovation Lead is commencing a TAT 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 endoscopy insourcing at Y&S in their 23/24 plan and this is in operation. See above re. Trust endoscopy Business Case. 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>HNY Cancer Alliance is working to support ongoing improvements at HUTH / NLaG in relation to Endoscopy to improve FDS and reduce delays by supporting their use of insourcing provider for additional endoscopy capacity.</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 & outsourcing considered, inc. mammography at Wharfedale. -- 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>

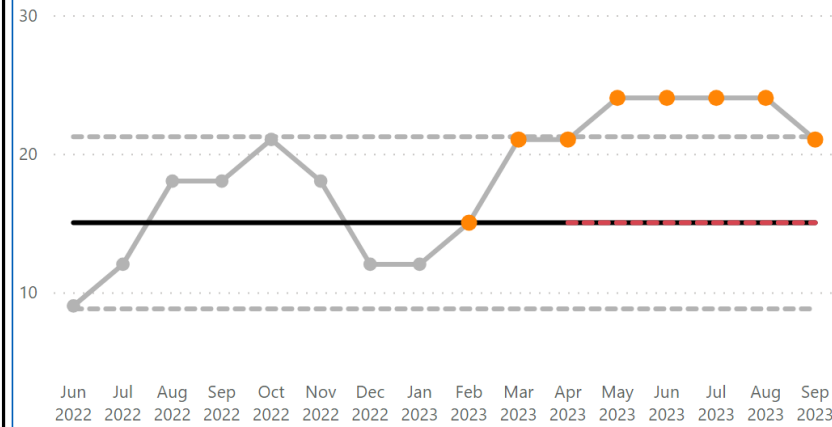
KPI Name	Issues and risks	Actions
<p>Unadjusted percentage diagnosed at cancer stage 1 & 2</p>	<p>Staging reporting remains challenging in HNY as it does nationally. However, the Cancer Outcomes and Services Dataset (COSD) shows all registerable (excluding non-melanoma skin) cancers in England by Stage 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.</p> <p>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.</p> <p>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.</p> <p>HNY figures have improved (up 1.2%). This data is unvalidated and should be treated with caution. Although we can see a minimal improvement month on month with June 2023 (latest published data) 57.8%, 1% stageable cancer diagnosed at 1&2.</p> <p>HDFT Early stage proportion is calculated at Cancer Alliance level - West Yorkshire and Harrogate. The figure for 2022/23 out-turn was 55%. 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 CA PMO Lead to develop staging data reporting for HNY CA (bearing in mind the challenges in reporting up to date staging data) in Q2.</p> <p>LHC early data for staging demonstrating a positive stage shift – HNY CA Lung Programme Lead to continue to monitor and promote LHC.</p> <p>HNY CA Awareness and Earlier Diagnosis Programme Lead to focus on promoting other 3 screening programmes and the opportunity to catch cancer earlier.</p> <p>HDFT 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>

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



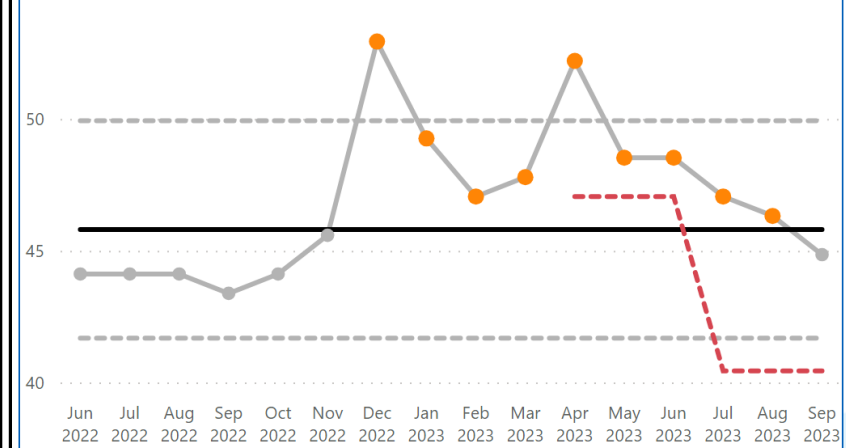
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	August 2023	6.0%	5.4%	📉	?	❌
NHS East Riding Of Yorkshire	August 2023	4.8%	6.8%	📈	?	✅
NHS Hull	August 2023	6.8%	4.9%	📉	?	❌
NHS North East Lincolnshire	August 2023	8.9%	4.6%	📉	?	❌
NHS North Lincolnshire	August 2023	3.2%	4.1%	📈	?	✅
NHS Vale Of York	August 2023	7.1%	6.2%	📉	?	❌
NHS North Yorkshire	August 2023	5.8%	5.2%	📉	?	❌

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



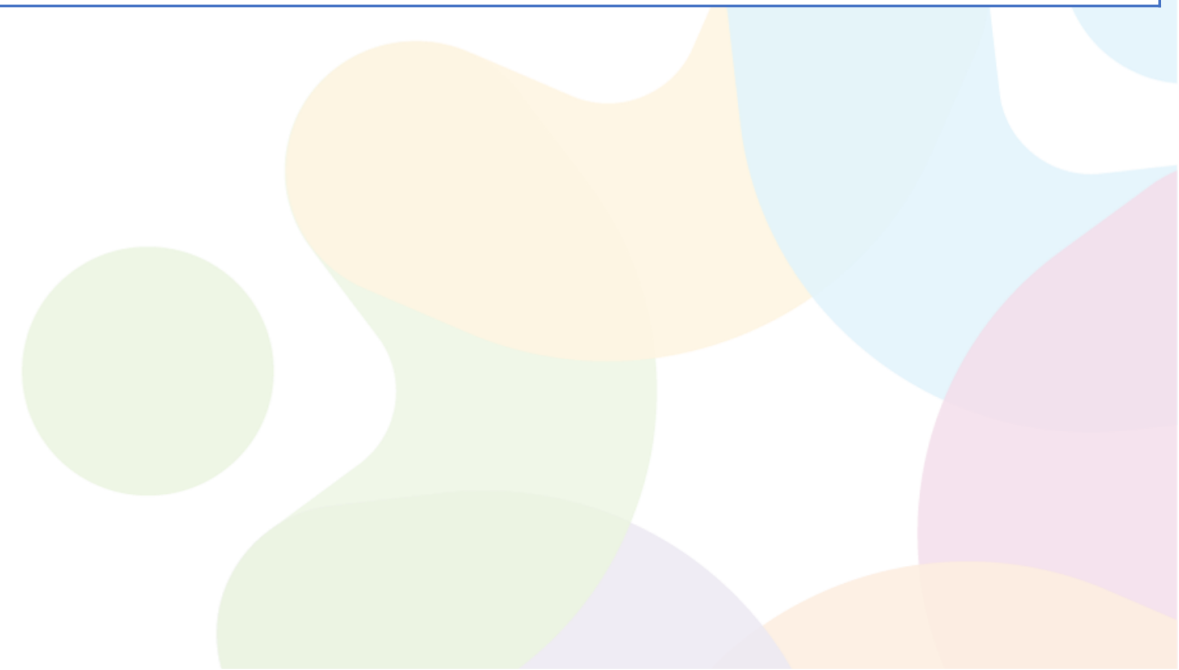
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	September 2023	15.0	21.0	📈	?	❌
NHS East Riding Of Yorkshire	September 2023	17.1	17.1	📈	?	✅
NHS Hull	September 2023	0.0	0.0	📉	?	✅
NHS North East Lincolnshire	September 2023	0.0	0.0	📈	P	✅
NHS North Lincolnshire	September 2023	0.0	0.0	📈	F	✅
NHS Vale Of York	September 2023	45.3	60.4	📈	?	❌
NHS North Yorkshire	September 2023	12.3	24.5	📈	?	❌

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

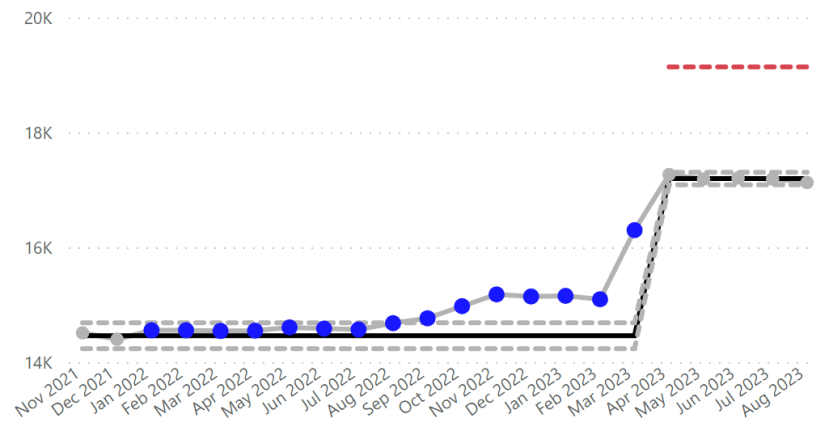


ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	September 2023	40.4	44.9	📈	F	❌
NHS East Riding Of Yorkshire	September 2023	38.8	46.6	📈	?	❌
NHS Hull	September 2023	63.7	49.0	📈	?	✅
NHS North East Lincolnshire	September 2023	15.9	23.9	📈	?	❌
NHS North Lincolnshire	September 2023	51.6	88.5	📈	F	❌
NHS Vale Of York	September 2023	27.3	37.5	📈	?	❌
NHS North Yorkshire	September 2023	43.6	37.8	📈	?	✅

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>This metric is on track to meet the year end target taking into account usual observed trends.</p>	<p>The usual observed trend is for the majority of LD patients to receive health checks during Quarter 3 and 4 of the financial year, as patients are often called in for Health checks alongside receiving winter vaccinations. A lot of patients' health checks will not yet be due until Jan-March 2024 at this point.</p>
<p>Inpatients with a learning disability and/or autism per million head of population</p>	<p>Current performance as of September 2023 is 44.9 patients per million head of population against a target of 40.4. This is slightly above target and work is being progressed to address out of area placements, as well as general inpatient redesign as part of the national inpatient review work.</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>
<p>Inpatients with a learning disability and/or autism per million head of population - Children</p>	<p>Current performance as of September 2023 is 21.0 patients per 100,000 head of population against a target of 15.0. This is slightly above target and work is being progressed to address out of area placements, as well as general inpatient redesign as part of the national inpatient review work. The HNY ICB Children and Young People's strategy has also been refreshed in October and takes into account actions required to reduce reliance on inpatient services.</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>

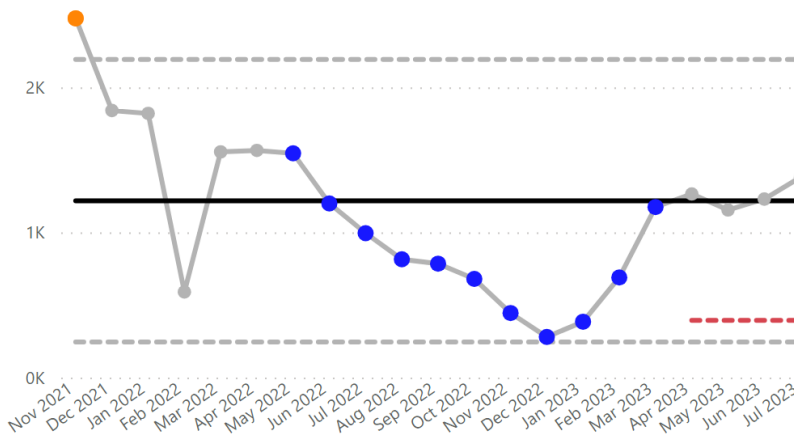


E.H.27: Overall Access to Core Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses



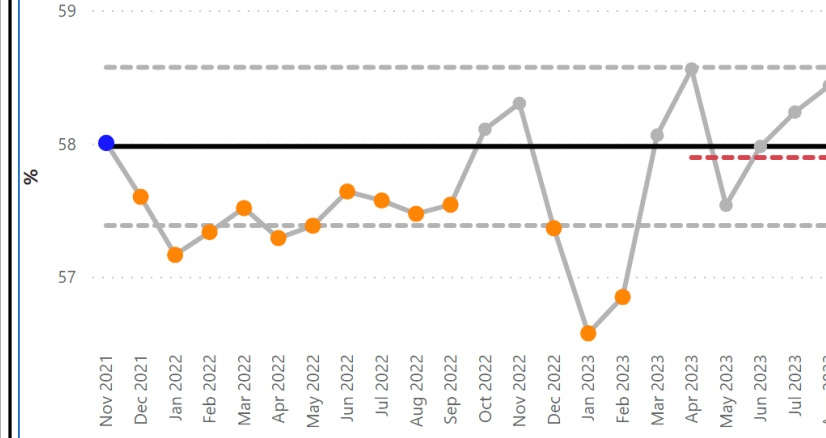
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	August 2023	19140	17130			
NHS East Riding Of Yorkshire	August 2023	3895	3335			
NHS Hull	August 2023	3123	2300			
NHS North East Lincolnshire	August 2023	1692	1955			
NHS North Lincolnshire	August 2023	2592	2170			
NHS Vale Of York	August 2023	3570	3385			
NHS North Yorkshire	August 2023	4268	4035			

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



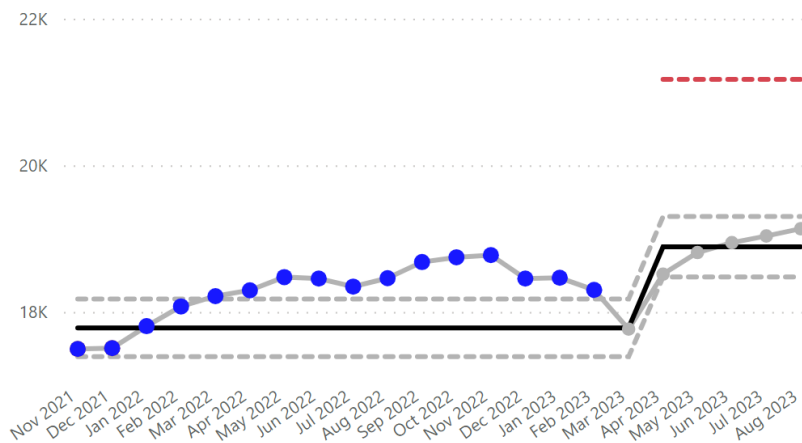
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	July 2023	395	1380			
NHS East Riding Of Yorkshire	July 2023	158	440			
NHS Hull	July 2023	202	460			
NHS North East Lincolnshire	July 2023	0	0			
NHS North Lincolnshire	July 2023	35	405			
NHS Vale Of York	July 2023	0	30			
NHS North Yorkshire	July 2023	0	45			

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



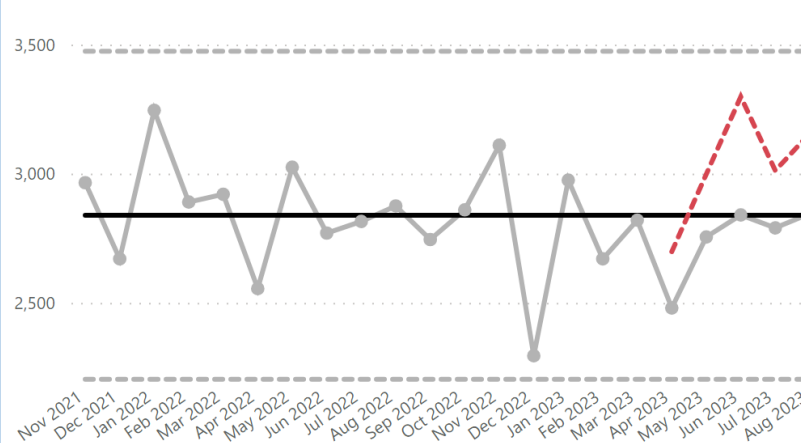
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	August 2023	57.9%	58.4%			
NHS East Riding Of Yorkshire	August 2023	58.0%	58.1%			
NHS Hull	August 2023	64.2%	69.1%			
NHS North East Lincolnshire	August 2023	60.0%	60.3%			
NHS North Lincolnshire	August 2023	54.2%	54.7%			
NHS Vale Of York	August 2023	53.4%	52.6%			
NHS North Yorkshire	August 2023	58.8%	59.3%			

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



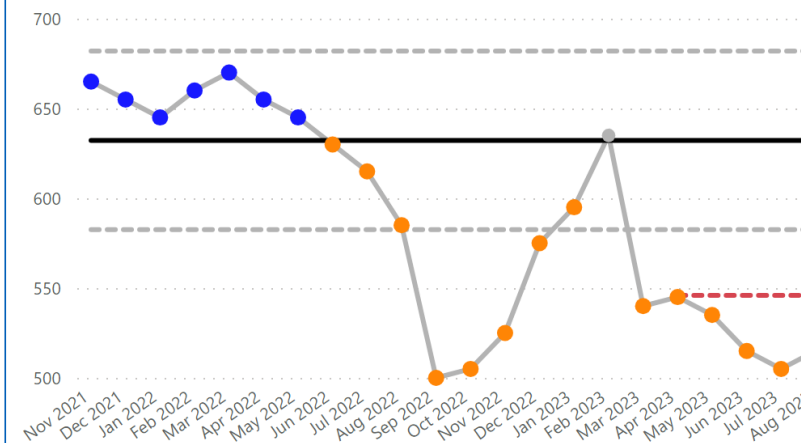
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	August 2023	21171	19135			
NHS East Riding Of Yorkshire	August 2023	2864	2345			
NHS Hull	August 2023	3991	3280			
NHS North East Lincolnshire	August 2023	1738	2140			
NHS North Lincolnshire	August 2023	1817	1730			
NHS Vale Of York	August 2023	5261	4760			
NHS North Yorkshire	August 2023	5500	4960			

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



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	August 2023	3156	2845			
NHS East Riding Of Yorkshire	August 2023	508	520			
NHS Hull	August 2023	695	650			
NHS North East Lincolnshire	August 2023	427	340			
NHS North Lincolnshire	August 2023	271	245			
NHS Vale Of York	August 2023	577	555			
NHS North Yorkshire	August 2023	678	535			

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



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	August 2023	546	515			
NHS East Riding Of Yorkshire	August 2023	83	0			
NHS Hull	August 2023	114	0			
NHS North East Lincolnshire	August 2023	83	165			
NHS North Lincolnshire	August 2023	135	70			
NHS Vale Of York	August 2023	57	110			
NHS North Yorkshire	August 2023	74	170			

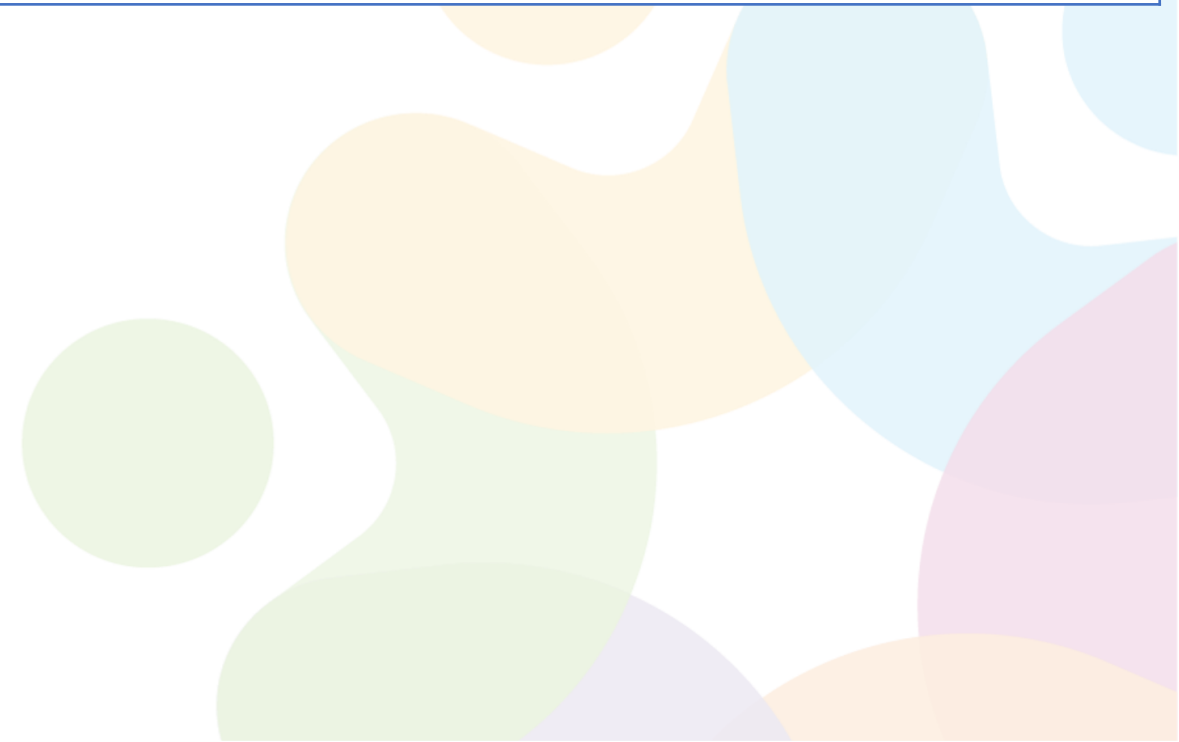
KPI Name	Issues and risks	Actions
<p>Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses Accessing services, number with 2+ contact 12 months rolling growth (total numbers accessing services) - variance to indicative trajectory</p>	<p>The ICB target for 2023-24 is 19,140 people accessing older people's Community MH services. This is measured on a rolling 12 month basis. This target has been set purposely above of the national LTP target for the ICB, which is 17,833. This was based on the expected level of funding during 23-24. Current provisional performance at August 2023 is just below the LTP target which is expected to be achieved by the end of March 2024. However, the LTP target is a stepped trajectory (as measured in the National Mental Health Core Data Pack), and August 2023 official published data suggests that the ICB is currently achieving this.</p>	<p>Further transformation of Primary Care Networks including Additional Roles Reimbursement Scheme.</p> <p>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.</p>
<p>Out of area placement bed days (inappropriate only)</p>	<p>Although there is no national target for Out of Area placement Bed days, it is encouraged to be as low as possible.</p> <p>The ICB plan at this point is 395 bed days during June. The actual performance was 1380, which is well above the plan. The End of Year plan for the ICB is 125 Out of Area Bed Days.</p> <p>N.B. The ICB position contains Out of Area bed days for some Out-of-ICB MH providers (where patients are registered to practices within the ICB) and so will be higher than just the HNY provider totals combined</p> <p>Behind Plan: Work continues to reduce Out of Area Placements in line with plans.</p> <p>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.</p> <p>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>	<p>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.</p> <p>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> <p>The operational leadership group has set up a task and finish group to develop a programme of work focussed on delivery of reduction of Out of Area placements, associated with QEP plans. This will be developed throughout September and monitored as part overall collaborative and ICB reporting.</p> <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 (Out of Area) position and delayed discharges (Delayed Transfers Of Care) from week ending 13th October can be seen below (the below refers to number of patients, not bed days as yet but gives a sense of the current position):</p> <p>System OAP's now at 8 this week – decrease of 1 from last week.</p> <ul style="list-style-type: none"> • TEWV report 0 OAPs and 15 DTOCs. • RDaSH report 3 OAPs and 7 DTOCs. • Humber FT report having 3 OAPs and 7 DTOCs. • NAViGO report having 2 OAPs and 2 DTOCs.

KPI Name	Issues and risks	Actions
Dementia Diagnosis Rate	<p>Although the ICB overall is currently exceeding the planned August target of 57.9% (August performance is 58.4%) of people diagnosed with Dementia, against the overall number of people expected to have dementia in the population, the national target for this metric remains 66.7% and although 2023-24 ICB plans have been set to improve throughout the course of the year, the ICB is not expected to achieve the national target during 2023-24.</p> <p>The source of data for this performance metric is NHS Digital, using an extract of data from GP Practice systems.</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.

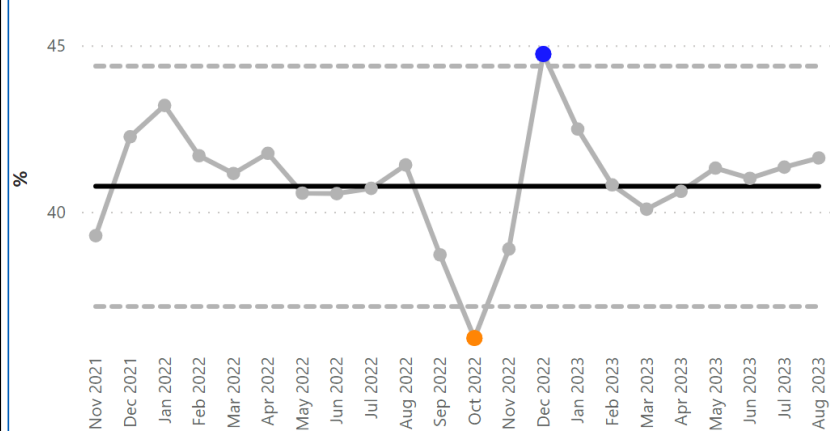
KPI Name	Issues and risks	Actions
<p>No. CYP receiving at least one contact in the reporting period - % of indicative trajectory achieved</p>	<p>The overall ICB target for this metric is 21,171 children in receipt of Mental Health services (with 1+ clinical contacts). This has been set short of the national LTP target which is 25,061.</p> <p>Currently, the provisional data from NHS digital for August suggests that all areas apart from North East Lincolnshire are falling short of their in-year targets as of August 2023.</p>	<p>Refresh of CYP strategy October 2023 Implementation of CYP dataset/dashboard Inclusion of VCSE and independent sector providers in data collection. Building on success of trauma informed care approaches for CYP Consultation with CYP to better understand barriers to access Increase support to CYP on waiting lists to prevent deterioration</p>
<p>IAPT Access Monthly - % of indicative trajectory achieved</p>	<p>Currently all ICB Places are missing the target for the number of people accessing Talking Therapies, except for East Riding of Yorkshire. This has the cumulative effect of the ICB being 311 patients short of the target for August 2023. However, most ICB places are close to the August 2023 target which was set during the last planning round.</p>	<p>It is generally accepted that the transformation of Primary Care Networks (PCNs) has impacted NHS talking Therapies. NHS talking therapies are seeing dropping access figures due to the increased activity in PCNs which may be preventing/diverting people who may have accessed talking therapies previously.</p> <p>We are assessing the size of this impact and we will feed into the 24/25 planning round. NHSE have indicated that in 24/25 planning, mental health services may be moving away from focussing on assessing access and moving to a focus on quality and safety of services. In all other NHS Talking Therapies metrics, HNY ICB is performing well, (recovery rate, 8 week wait and 16 week wait standards all being met) we do not have significant waiting times for NHS Talking Therapies.</p>



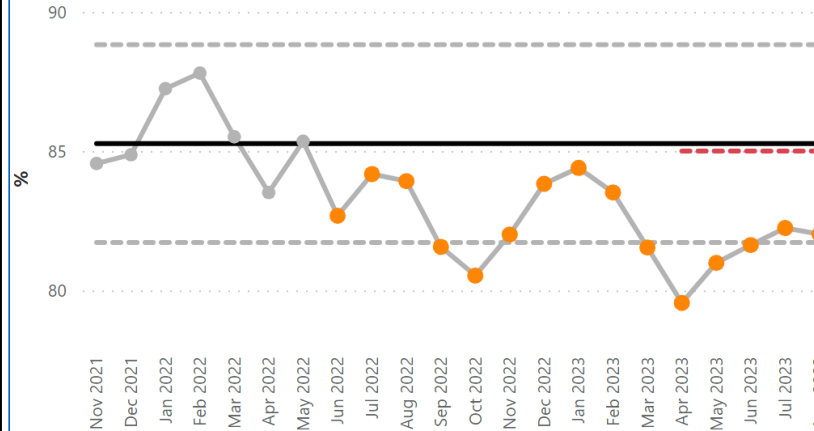
KPI Name	Issues and risks	Actions
Perinatal Access YTD - % indicative trajectory	<p>According to the nationally published data, The ICB overall is currently 31 women short of the proposed target of 546 at this point during the year.</p> <p>However, some local place leads are reporting significantly more access being recorded. There is a data quality issue in relation to Hull and East Riding which means that Humber FT's access figures are not being drawn through to the MHSDS position. The BI team are exploring how this can be resolved. Humber FT are reporting that the current access figures are 513 which would clearly put the ICB in a position where it is significantly exceeding the planning target.</p> <p>Several ICB places are achieving their local targets against this metric (York, North Yorkshire and North East Lincolnshire).</p>	<p>BI teams working on resolving data quality issues affecting Hull and East Riding figures.</p> <p>Contract for the perinatal service has now moved from RDaSH to Humber FT and the team has a full complement. Promotion is underway to increase referrals in this patch which has historically been low.</p> <p>NY&Y – recruitment of consultant psychiatrist remains a gap</p> <p>Humber four – issues in flowing correct data to MHMDS. BI teams working through this</p>



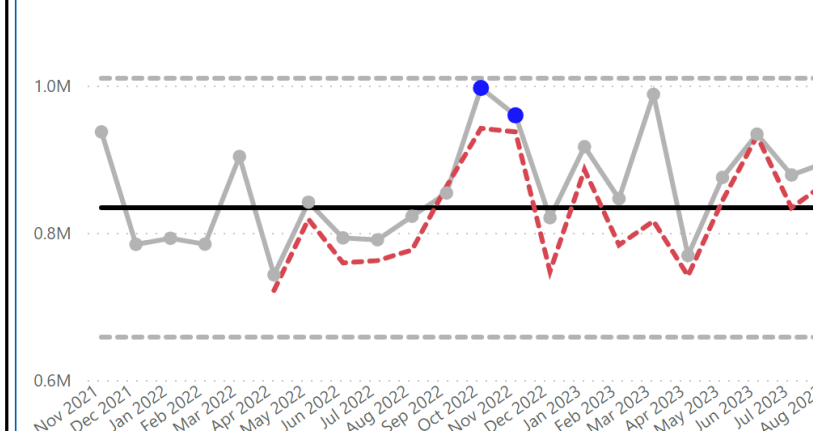
Proportion of Appointments in General Practice Booked and Seen the Same Day



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



Appointments in General Practice

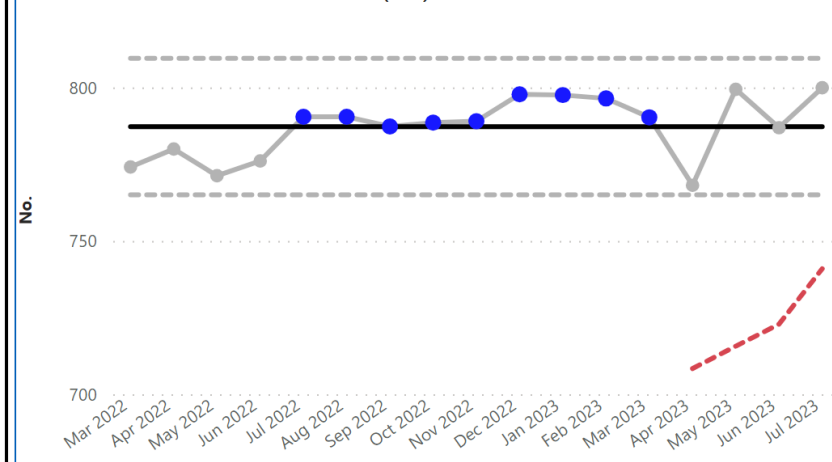


ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	August 2023		41.6%			
NHS East Riding Of Yorkshire	August 2023		39.7%			
NHS Hull	August 2023		41.0%			
NHS North East Lincolnshire	August 2023		51.5%			
NHS North Lincolnshire	August 2023		38.2%			
NHS Vale Of York	August 2023		40.3%			
NHS North Yorkshire	August 2023		40.8%			

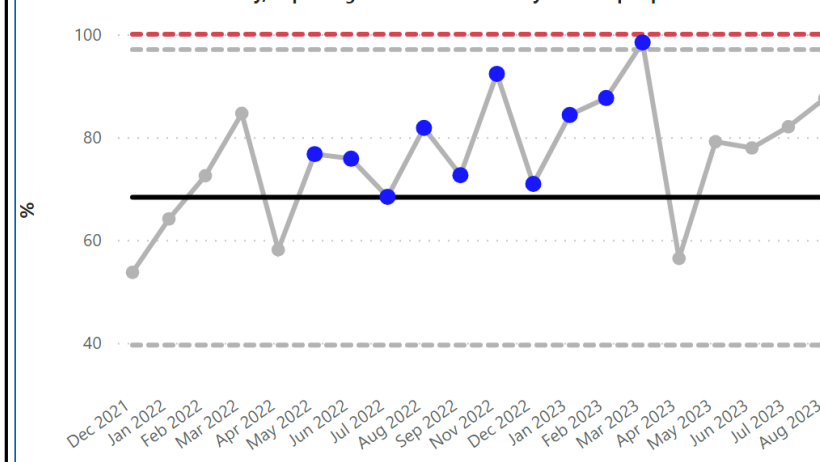
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	August 2023	85.0%	82.0%			
NHS East Riding Of Yorkshire	August 2023	85.0%	78.5%			
NHS Hull	August 2023	85.0%	83.1%			
NHS North East Lincolnshire	August 2023	85.0%	89.6%			
NHS North Lincolnshire	August 2023	85.0%	81.5%			
NHS Vale Of York	August 2023	85.0%	83.4%			
NHS North Yorkshire	August 2023	85.0%	79.5%			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	August 2023	867782	895536			
NHS East Riding Of Yorkshire	August 2023	141451	148775			
NHS Hull	August 2023	127700	122142			
NHS North East Lincolnshire	August 2023	107867	109997			
NHS North Lincolnshire	August 2023	95693	94806			
NHS Vale Of York	August 2023	156800	168381			
NHS North Yorkshire	August 2023	238271	251435			

Direct Patient Care (DPC) Roles in General Practice



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

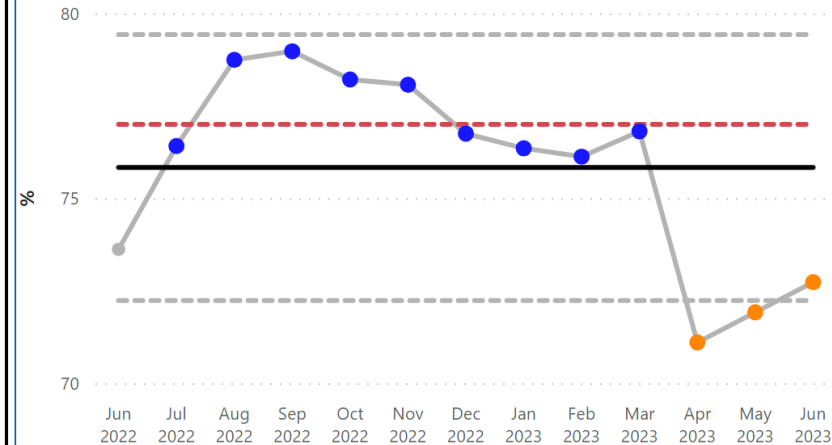


ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	July 2023	740.9	799.9			
NHS East Riding Of Yorkshire	July 2023		134.7			
NHS Hull	July 2023		124.0			
NHS North East Lincolnshire	July 2023		64.5			
NHS North Lincolnshire	July 2023		85.9			
NHS Vale Of York	July 2023		167.0			
NHS North Yorkshire	July 2023		223.8			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	August 2023	100.0%	88.0%			

KPI Name	Issues and risks	Actions
% appointments booked same day	An average of 41.6% of patients are being seen on the same day across Primary Care.	Practices / PCNs continue to implement Modern General Practice supporting patients to be seen by the right professional first time ensuring that those patients who need to be seen on the same day are able to. National Patient facing communications campaign due to commence 19th October 2023 with an ICB specific campaign due to start November 2023 as part of the 'Lets get better' branding to help inform patients in making more informed choices.
% appointments booked within 14 days	An average of 82% of patients are able to book an appointment within 14 days against a national aim of 85%.	Continues with upward trajectory. NHS E still cannot systematically differentiate between new and planned follow up appointments therefore this measure is not an accurate reflection of our performance and risks encouraging inappropriate behaviours such as practices asking patients to call another time to book planned follow up appointments which is inefficient and not in the best interests of our patients. Continue to lobby National colleagues around the IT to better report patients who are within scope for this indicator.
Appointments in General Practice	Primary Care across HNY has delivered 895,536 as of August 2023 which is above plan.	Growth in appointments is above plan but has slowed from previous months. Continue to support practices with improved coding to map to GPAD. A review of Access Recovery Plans to track progress will take place in November 2023. Continue to look at opportunities to recruit additional workforce across Primary Care to fully utilise the ARRS budget. Continue to work with Community Pharmacy Colleagues in relation to patients with minor conditions who can be managed by a Community Pharmacist and referred through CPCS.
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)	Month 6 ARRS data confirms that there are 984 WTE ARRS roles in post.	Proactive conversations are taking place with PCN CDs and PCN managers in relation to ARRS recruitment and tracking planned recruitment against PCN plans. Working with partner organisations (N3I, NECs, LMCs and LPCs) to look at flexible models for ARRS roles. Continue to support GP and Nurse Fellowship offers to recruit and retain newly qualified GPs and Nurses in Primary Care.

Percentage of patients with hypertension treated to NICE guidance

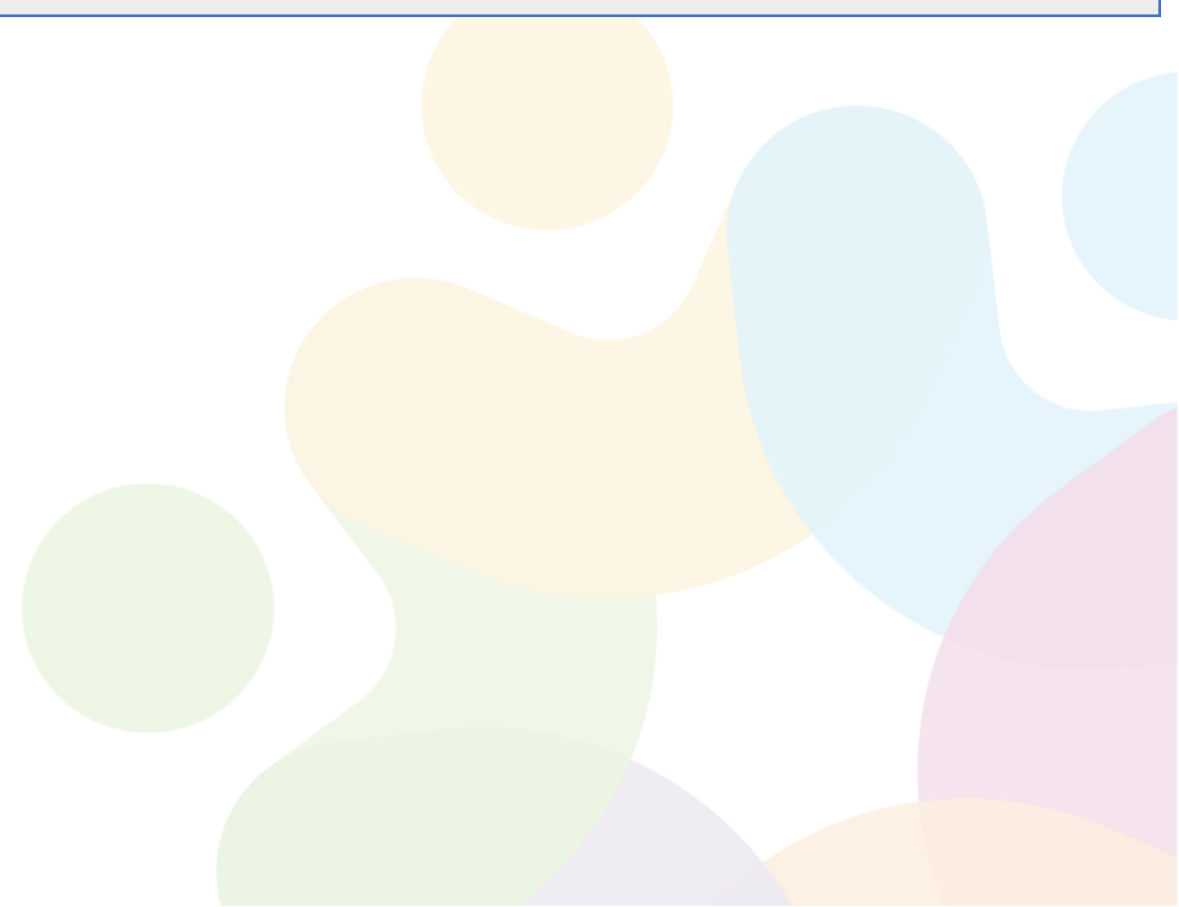


ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	June 2023	77.0%	72.7%			
NHS East Riding Of Yorkshire	June 2023	77.0%	76.1%			
NHS Hull	June 2023	77.0%	65.9%			
NHS North East Lincolnshire	June 2023	77.0%	72.9%			
NHS North Lincolnshire	June 2023	77.0%	72.2%			
NHS Vale Of York	June 2023	77.0%	70.7%			
NHS North Yorkshire	June 2023	77.0%	75.6%			

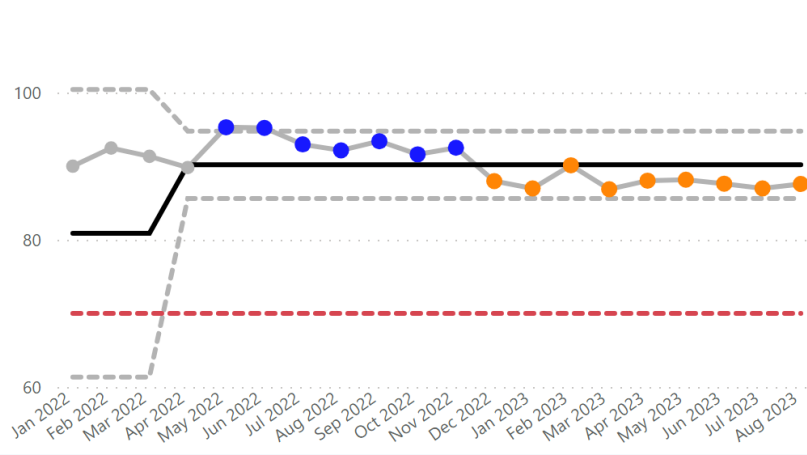
● Value — Mean - - - Control Limit High - - - Control Limit Low ● Special Cause Concern ● Special Cause Improvement - - - Target



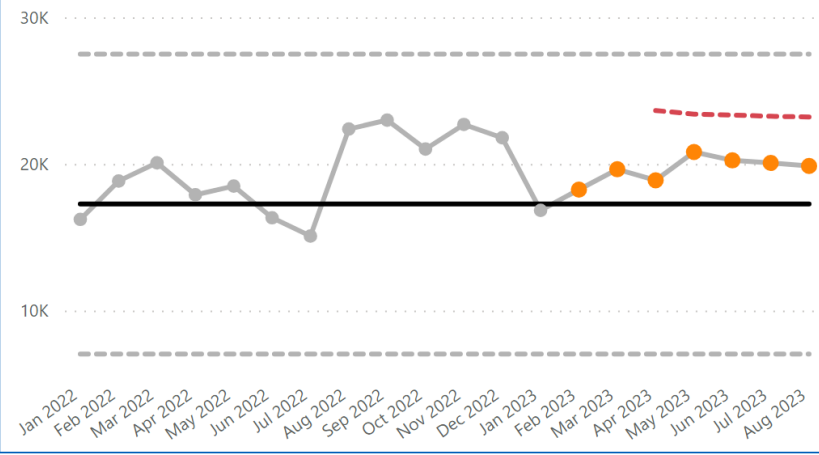
KPI Name	Issues and risks	Actions
% of patients with Hypertension treated to NICE guidance	An average of 72.7% of patients with Hypertension are treated to NICE guidance against a plan of 77%.	Backing data requested to understand performance across our Places with further detailed work to be completed during Q3.



2-hour urgent community response (UCR) standard



Total Number on Community services waiting list

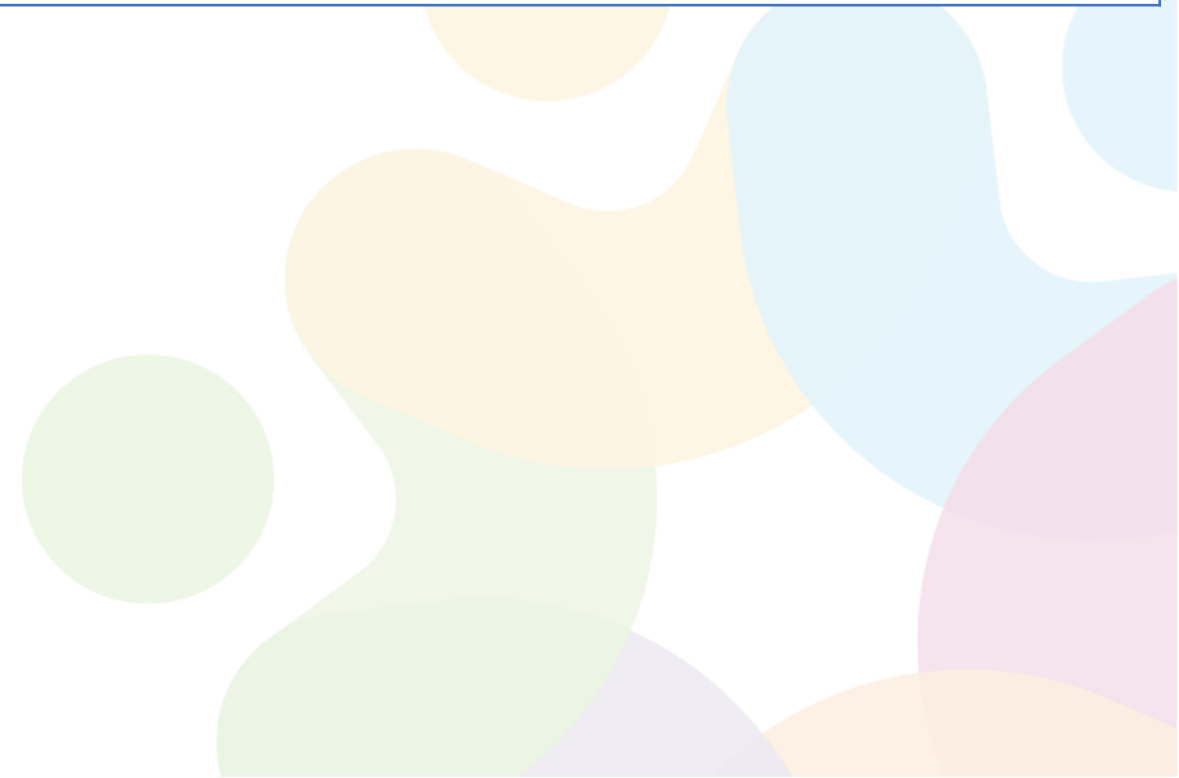


ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	August 2023	70.0%	87.6%			
YSFT	August 2023	70.0%	83.3%			
HDFT	August 2023	70.0%	90.0%			
NLAG	August 2023	70.0%	67.6%			
HUMBER TEACHING NHS FOUNDATION TRUST	August 2023	70.0%	63.2%			
CITY HEALTH CARE PARTNERSHIP CIC	August 2023	70.0%	88.1%			
CARE PLUS GROUP	August 2023	70.0%	95.0%			

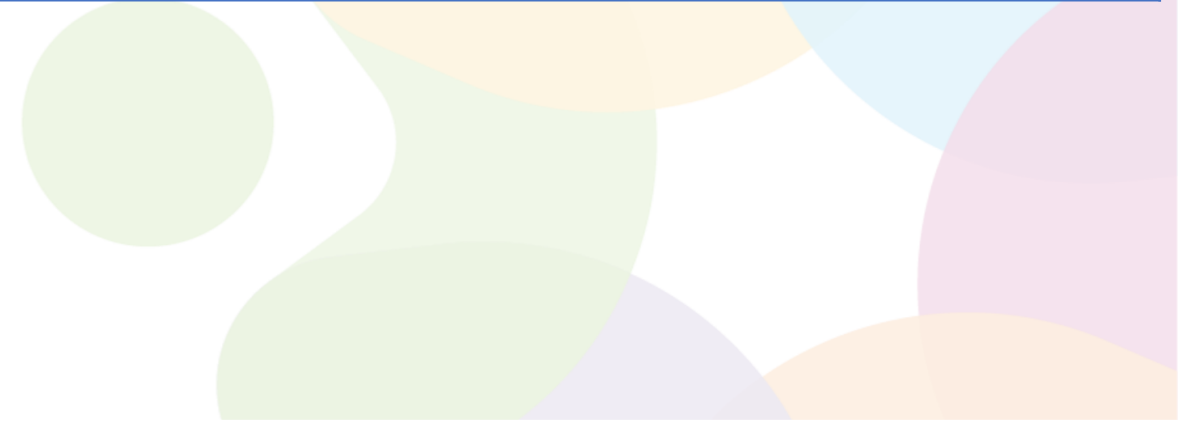
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	August 2023	23199	19857			
YSFT	August 2023	1300	724			
HDFT	August 2023	8626	4594			
NLAG	August 2023	3876	5237			
HUMBER TEACHING NHS FOUNDATION TRUST	August 2023	4051	3848			
CITY HEALTH CARE PARTNERSHIP CIC	August 2023	5111	5233			
CARE PLUS GROUP	August 2023	235	221			

● Value — Mean - - - Control Limit High - - - Control Limit Low ● Special Cause Concern ● Special Cause Improvement - - - Target

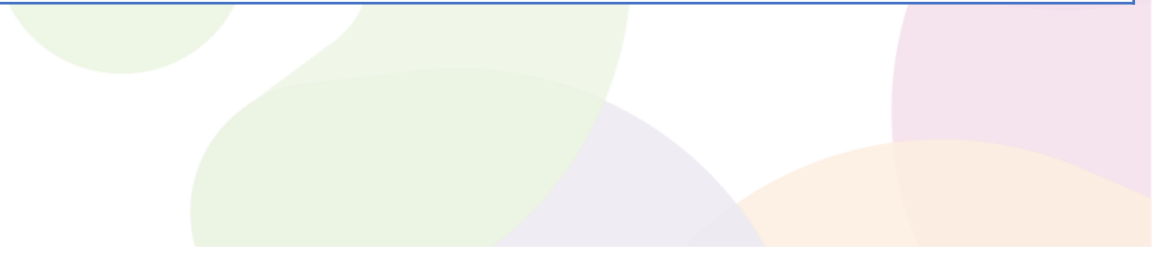
KPI Name	Issues and risks	Actions
<p>Percentage of 2-hour Urgent Community Response referrals where care was provided within two hours</p>	<ul style="list-style-type: none"> • The 2UCR plan for 23/24 is delivery of 23,200 first contacts. • Actual delivery up to Aug 2023 is 2,556 first contacts against M5 plan of 1,917 (639 above plan), and a decrease of 112 first contacts than those seen in M4 (July 2023). • NLaG, HTFT and HDFT showing below plan for first contacts and providers have raised a DQ issue via CHCC which is currently being looked into as part of the evaluation follow up meetings with each provider. 	<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 confirmed by York and Scarborough Teaching Hospitals NHS FT to include Selby, South Hambleton, and Ryedale. • The CHCC are working with providers to develop plans to address areas for improvement, and specific recommendations, identified in the evaluation – this includes working towards addressing DQ issues to enable like for like comparisons to be made between providers in terms of UCR demand. • The Community Digital Network will oversee the reporting to CSDS and work to improve data quality with partners, meeting scheduled bimonthly. • A 2UCR shared learning event planning underway to aid maturity of the services, and sharing of good practice, is scheduled to take place 26 October 2023.

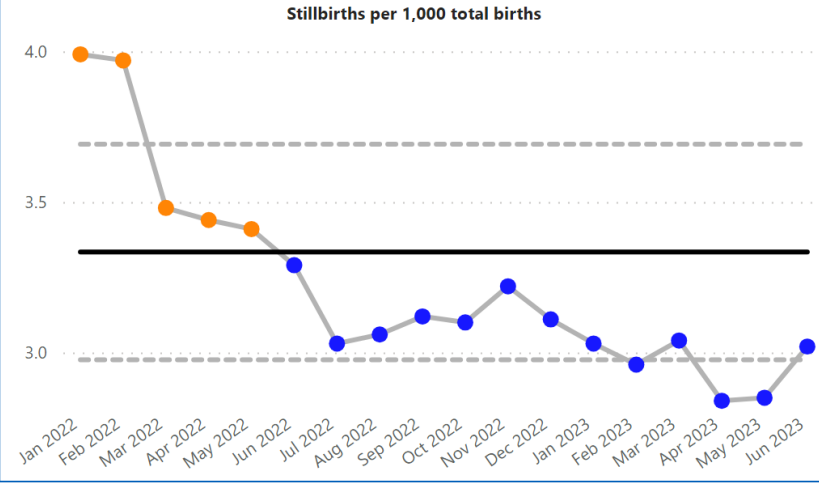
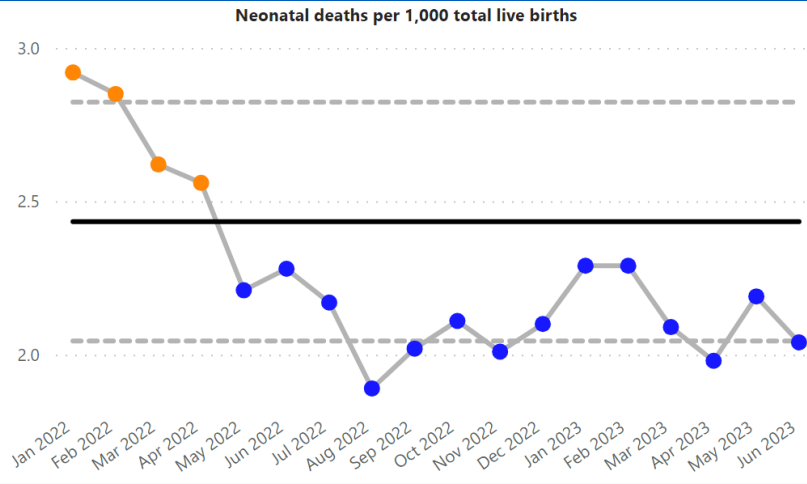


KPI Name	Issues and risks	Actions
Virtual Wards	<ul style="list-style-type: none"> • The national ambition for virtual ward capacity is coverage of 40-50 beds per 100k adult population (40 beds per 100k = 575 for HNY). • The virtual ward plan in 2023/24 is delivery of 220 beds across the specialties of frailty and acute respiratory, will all providers planning for at least 80% utilisation. • The actual capacity is 147* beds against planned capacity of 179* (82% planned capacity mobilised) for the reporting period • The average utilisation figure is 51%* across HNY but with variance across providers with lower resilience models being a rate limiting factor. Average utilisation has dropped across HNY dropping by >15%. Some services in North Yorkshire have been impacted by industrial action and CHCP have amended their recording processes to ensure the appropriate acuity patients are being monitored which has explained some of the sharper decline. • Currently 3 providers are off track; YSFT, HTFT and STFT. YSFT have expanded by 3 beds up to 8 and expect to increase this to 10 at the end of this month. Similarly, HTFT will increase up to their planned trajectory of 15 on 23rd October. STFT have up to 10 respiratory beds to come online once the digital procurement discussions are progressed. • Providers are progressing digital procurement via Digital Procurement forum set up by the HNY CC. <p>* Data provided from national sitrep to Foundry</p>	<ul style="list-style-type: none"> • Escalation capacity has been mapped and submitted within winter plans. This has also identified areas for transformation which will be reviewed over the coming months. Pathways such as, heart failure, CYP VWs and adding more respiratory wards across the region will be reviewed. • Recovery plans are in place with providers and these will be monitored within the HNY VW Steering Group. • 12 x CYP beds which are live from NLaG will now be submitted in the national return once BI colleagues have mapped the correct data flows. • Digital procurement meetings have progressed with various product demonstrations occurring in October with purchasing intentions intended on being confirmed in November. • Bids have been collated to submit against the HTAAF £30M tech fund for virtual wards. • ICB wide steering group and specific clinical networks are in place bringing together key partners and stakeholders and to monitor progress.



KPI Name	Issues and risks	Actions
Community WL	<ul style="list-style-type: none"> • The Community Waiting List size at 31 August is 19, 857 against a M5 target plan of 23,199. • The adult community waiting list at 31 August 2023 was 16,712 against a M5 target of 16,694 (18 above plan and a 260 decrease on last month). • 143 patients have been waiting over 52 weeks of which 43 have been waiting in excess of 104 weeks. A variation in previous month by -35 and -9 respectively. • The majority of the long waiters are at HDFT (131 in total), 110 waiting for Dietetics, with the remainder sat in COPD and Podiatry . 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 3% increase on last month (4594 in total) and a 16% growth since April. • CPG have seen an increase in their waiting list on last month by 12%, with increases seen in SLT and Continence being the main contributors. • The CYP community waiting list at 31 August 2023 was 3,145 against a M5 target of 6,505 (3,360 below plan but with a substantial caveat that some services have not submitted the sitrep, there has been a 151 increase from last month from provider who submit the return) • 91 CYP are waiting over 52 weeks (an increase of 11 pts from previous month) with 0 of these patients waiting over 104 weeks for treatment. 72 pts are waiting for appointments at HTFT in respect of SaLT and Dietetics, with the remaining pts (18) waiting for OT and audiology services in NLaG. • YSFT& HDFT have not reported to the national CYP sitrep in 2023/24. 	<ul style="list-style-type: none"> • Validation work is being undertaken in HDFT to cleanse reporting issues in dietetics. • CPG have seen slight increases due to industrial action taken by some of their nursing staff in August. • YSFT are still working towards submitting CYP data by end of March 2024. • Monthly meetings with BI leads are being set up with the Collaborative and providers to review return and interrogate returns further.





ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	June 2023		2.0			
NHS East Riding Of Yorkshire	June 2023		1.2			
NHS Hull	June 2023		2.5			
NHS North East Lincolnshire	June 2023		2.6			
NHS North Lincolnshire	June 2023		8.8			
NHS Vale Of York	June 2023		2.7			
NHS North Yorkshire	June 2023		0.6			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	June 2023		3.0			
NHS East Riding Of Yorkshire	June 2023		0.4			
NHS Hull	June 2023		4.0			
NHS North East Lincolnshire	June 2023		1.3			
NHS North Lincolnshire	June 2023		1.3			
NHS Vale Of York	June 2023		5.6			
NHS North Yorkshire	June 2023		3.2			

● Value — Mean - - - Control Limit High - - - Control Limit Low ● Special Cause Concern ● Special Cause Improvement - - - Target



KPI Name	Issues and risks	Actions
<p>Neonatal deaths per 1,000 total live births - HNY ICB</p>	<ul style="list-style-type: none"> • Current national figures calculated up to 2022; UK at 1.65, HNY at 2.20 in May 2023. Very variable statistics by month as low numbers. National picture improving up to 2021 but all of UK has seen an increase in neonatal deaths and morbidity in this period • Workforce issues improving, but lack of AHP and Psych input as described by NCCR • Capital improvements at HUTH progressing - to consider medical workforce competencies with extension of unit next • Sustained work on BAPM7 interventions to reduce injury at pre-term birth has improved compliance across HNY 	
<p>Stillbirths per 1,000 total births - HNY ICB</p>	<ul style="list-style-type: none"> • Current figures calculated up to 2022; UK at 3.54, HNY at 2.90 in May 2023. National picture improving up to 2021 but all areas have seen a plateau in the reduction of stillbirths and in some case's there has been a rise in the number, including Y&H region. • Significant work on alignment of pre-term birth and perinatal work. Latest PMRT analysis just released, LMNS will review with Trust partners. • Delays in implementation of new Maternity IT System (BadgerNet) makes it harder to run comprehensive audit, reporting, and analysis of trends and themes; currently two Trusts still to progress - confirmed phased implementation at NLaG from March 24 at latest MITS steering group. • Prevention work prioritised in ICB/LMNS; holistic weight management service at NLaG commenced October 2023. • Stillbirths in YSTHFT and HUTH over last reported month (June 2023) all investigated with LMNS and external oversight - no connections found but monitoring closely. YSTHFT have a number of historical SIs after an internal review that have been added onto existing numbers. 	

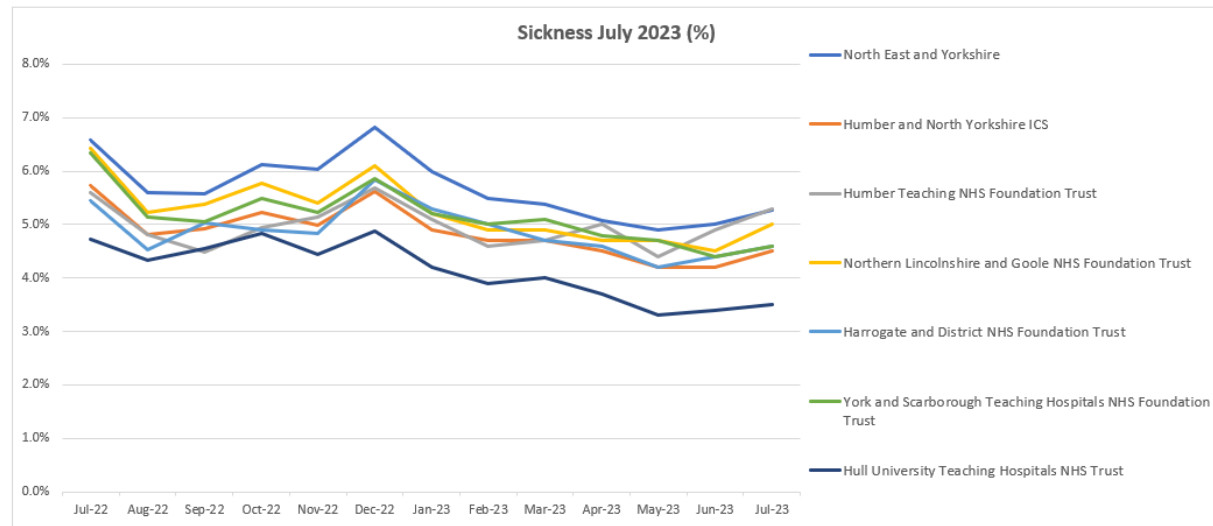
Humber and North Yorkshire WF Plan 23/24

Key summary points:

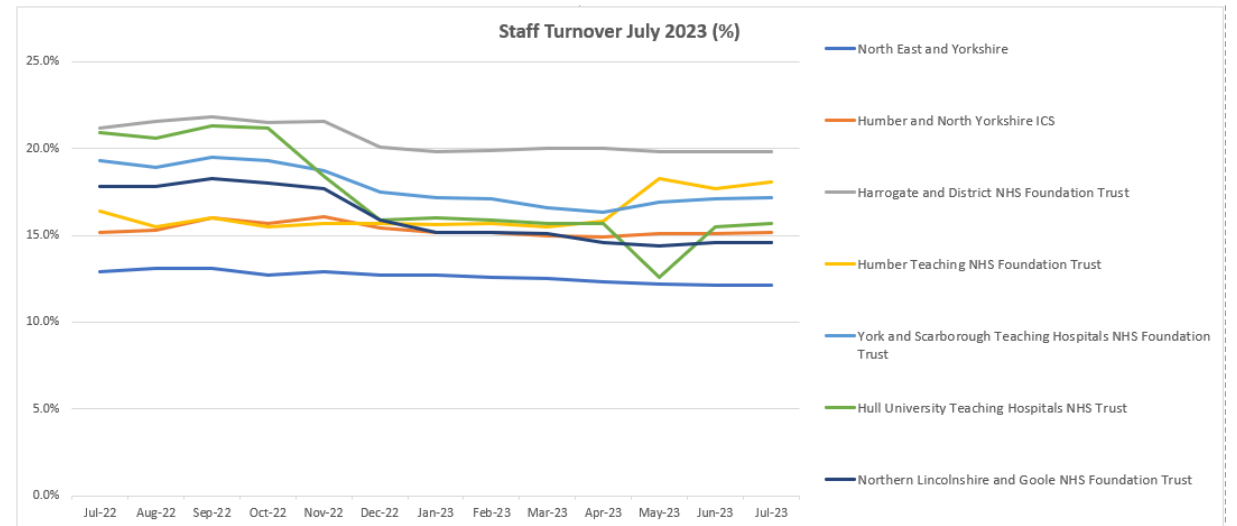
- Total WF is 1.18% under plan:
- Substantive WF is 1.79% under plan
- Total bank is 1.60% above plan
- Total agency is 2.17% under plan

Date	April 2023			May 2023			June 2023			July 2023			August 2023		
Metric	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE
Total Workforce (WTE)	32,325.12	32,381.32	56.20	32,322.46	32,325.98	3.52	32,302.62	32,424.85	122.23	32,269.68	31,883.45	-386.23	32,340.61	31,957.68	-382.93
Total Substantive	30,132.69	30,202.26	69.57	30,184.20	30,206.62	22.42	30,216.10	30,221.28	5.18	30,241.10	29,638.83	-602.27	30,290.62	29,747.52	-543.10
Total Bank	1,558.42	1,540.54	-17.88	1,522.91	1,495.63	-27.28	1,487.39	1,462.95	-24.44	1,450.06	1,649.54	199.48	1,469.76	1,493.27	23.51
Total Agency	634.01	638.52	4.51	615.36	623.73	8.37	599.13	740.63	141.50	578.52	595.03	16.51	580.23	567.61	-12.62

ICB/Provider Workforce Key Performance Indicators (July 23)



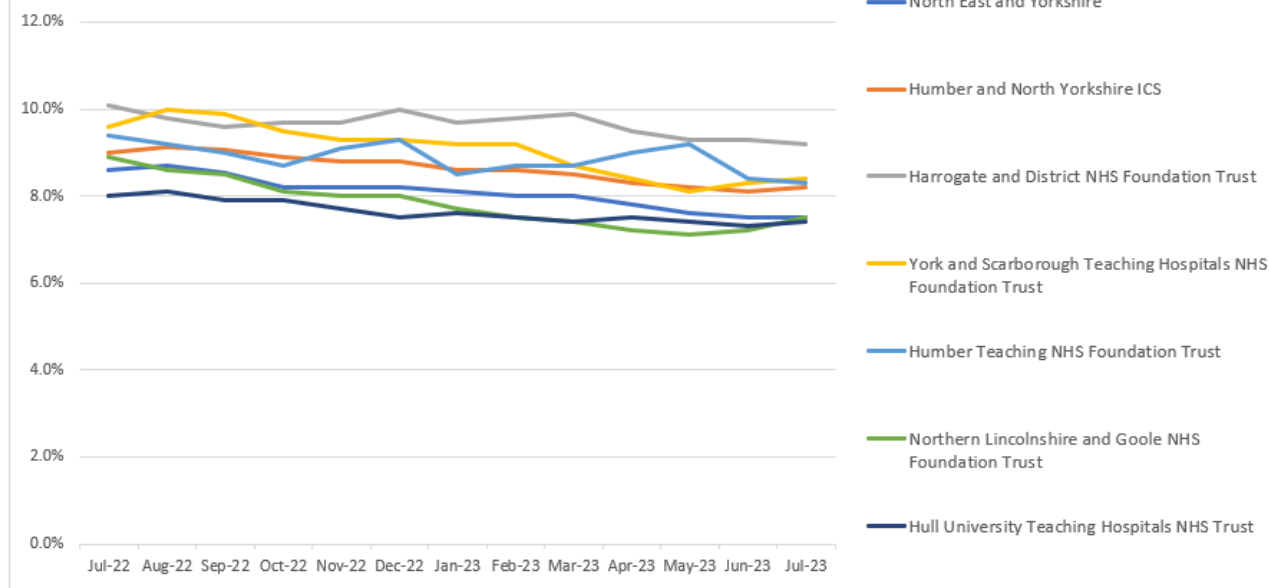
HNY ICS Sickness end of year target: 4.8%
 July 23: **4.5%**



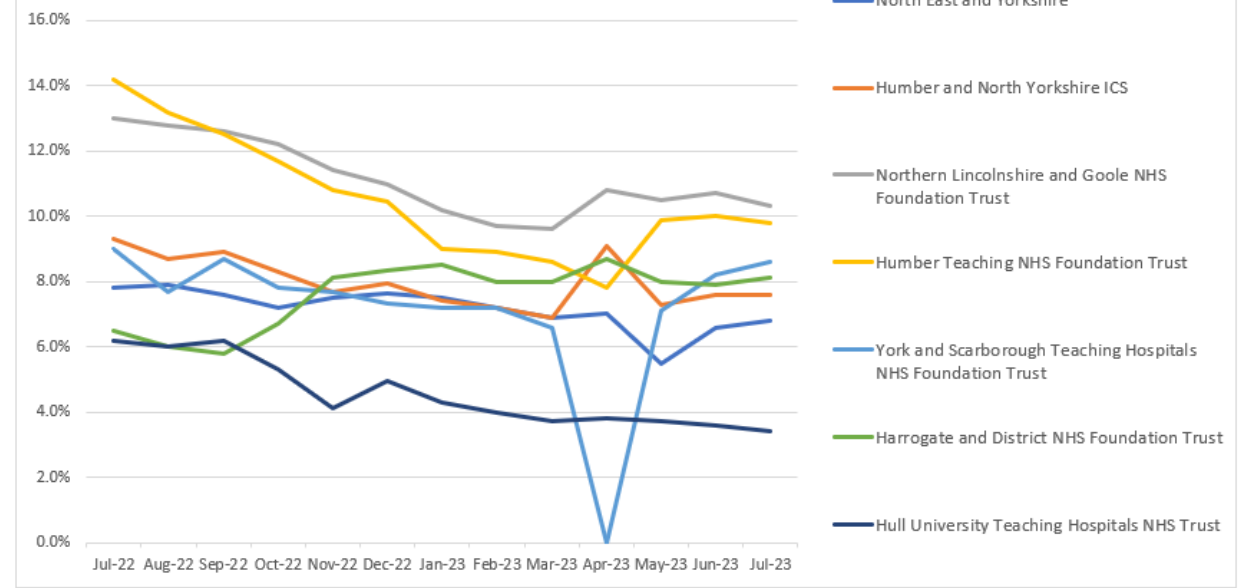
HNY ICS staff turnover end of year target: 12.2%
 July 23: **15.2%**

ICB/Provider Workforce Key Performance Indicators (July 23)

Leaver Rate July 2023 (%)



Vacancy Rate July 2023 (%)



HNY ICS Leaver Rate
July 23: **8.2%**

HNY ICS Vacancy Rate
July 23: **7.6%**

Please note:

York and Scarborough Teaching Hospital NHS FT displays a 0% vacancy rate in April 23, which is likely because of non-submission of this field within the Provider Workforce Return.

Hull University Teaching

Date	July 2023			August 2023		
Metric	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE
Total Workforce (WTE)	8,457.24	8,634.02	176.78	8,460.24	8,609.49	149.25
Total Substantive	8,306.75	8,484.72	177.97	8,313.75	8,460.19	146.44
Total Bank	108.81	110.00	1.19	104.81	0.00	-104.81
Total Agency	41.68	39.30	-2.38	41.68	0.00	-41.68

Harrogate & District

Date	July 2023			August 2023		
Metric	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE
Total Workforce (WTE)	4,533.86	4,422.14	-111.72	4,536.20	4,443.03	-93.17
Total Substantive	4,313.36	4,162.11	-151.25	4,317.20	4,179.37	-137.83
Total Bank	158.50	186.26	27.76	158.00	195.06	37.06
Total Agency	62.00	73.77	11.77	61.00	68.59	7.59

York & Scarborough

Date	July 2023			August 2023		
Metric	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE
Total Workforce (WTE)	9,423.31	9,427.05	3.74	9,500.60	9,495.64	-4.96
Total Substantive	8,606.39	8,547.32	-59.07	8,645.10	8,646.65	1.55
Total Bank	616.72	697.76	81.04	646.33	664.19	17.86
Total Agency	200.20	181.97	-18.23	209.17	184.80	-24.37

Northern Lincolnshire & Goole

Date	July 2023			August 2023		
Metric	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE
Total Workforce (WTE)	6,762.55	6,185.94	-576.61	6,745.82	6,209.52	-536.30
Total Substantive	6,121.35	5,440.33	-681.02	6,117.54	5,452.34	-665.20
Total Bank	410.92	493.81	82.89	404.26	486.65	82.39
Total Agency	230.28	251.80	21.52	224.02	270.53	46.51

Humber Teaching

Date	July 2023			August 2023		
Metric	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE
Total Workforce (WTE)	3,092.72	3,214.30	121.58	3,097.75	3,200.00	102.25
Total Substantive	2,893.25	3,004.35	111.10	2,897.03	3,008.97	111.94
Total Bank	155.11	161.71	6.60	156.36	147.37	-8.99
Total Agency	44.36	48.19	3.83	44.36	43.69	-0.67

Provider progress against their 23/24 plans

August 2023 (Total Staff)	Plan	Actual	+/- WTE	% Variance
HUMBER AND NORTH YORKSHIRE	32340.61	31957.68	-382.93	-1.18%
Hull University Teaching Hospitals	8460.24	8609.49	149.25	1.76%
Harrogate and District NHS FT	4536.20	4443.03	-93.17	-2.05%
York and Scarborough NHS FT	9500.60	9495.64	-4.96	-0.05%
Northern Lincolnshire & Goole NHS FT	6745.82	6209.52	-536.30	-7.95%
Humber Teaching NHS FT	3097.75	3200.00	102.25	3.30%

Bank & Agency Usage

Bank (wte)

A deeper dive into ICS Bank and Agency usage reveals:

Date	Apr-23			May-23			Jun-23			Jul-23			Aug-23		
Metric	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE
Total Bank	1558.42	1602.26	43.84	1522.91	1559.96	37.05	1487.39	1527.18	39.79	1450.06	1649.54	199.48	1469.76	1493.27	23.51
Registered Nursing, Midwifery and Health Visiting Staff (Bank Total)	611.81	407.36	-204.45	595.12	405.20	-189.92	579.43	402.40	-177.03	563.23	419.62	-143.61	575.43	362.04	-213.39
Registered Scientific, Therapeutic and Technical Staff (Bank Total)	25.91	19.51	-6.40	25.91	21.00	-4.91	25.91	26.43	0.52	26.05	23.27	-2.78	26.05	15.27	-10.78
Registered Ambulance Service Staff (Bank Total)	0.00	0.10	0.10	0.00	0.00	0.00	0.00	0.08	0.08	0.00	0.23	0.23	0.00	0.00	0.00
Support to Clinical Staff (Bank Total)	653.13	720.23	67.10	638.33	699.42	61.09	623.04	613.05	-9.99	605.54	738.92	133.38	609.02	650.27	41.25
Total NHS Infrastructure Support (Bank Total)	68.99	135.56	66.57	68.99	144.55	75.56	68.99	146.85	77.86	69.24	159.01	89.77	69.24	149.59	80.35
Medical and Dental (Bank Total)	198.58	257.77	59.19	194.55	239.19	44.64	190.03	286.84	96.81	186.00	308.48	122.48	190.03	316.10	126.07
Any Other Staff (Bank Total)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Bank Plan vs Actual: 101.60%

Majority of bank usage is:

- Medical & Dental (166.34%)
- Infrastructure Support (216.05%)

Agency (wte)

Date	Apr-23			May-23			Jun-23			Jul-23			Jul-23		
Metric	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE
Total Agency	634.01	700.15	66.14	615.36	673.39	58.03	599.13	798.60	199.47	578.52	595.03	16.51	580.23	567.61	-12.62
Registered Nursing, Midwifery and Health Visiting Staff (Agency Total)	359.09	389.24	30.15	347.01	378.99	31.98	336.66	436.59	99.93	325.58	388.83	63.25	325.91	335.75	9.84
Registered Scientific, Therapeutic and Technical Staff (Agency Total)	25.09	26.25	1.16	25.00	27.50	2.50	24.00	32.21	8.21	23.41	29.08	5.67	23.41	28.28	4.87
Registered Ambulance Service Staff (Agency Total)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Support to Clinical Staff (Agency Total)	35.41	46.22	10.81	34.41	27.95	-6.46	34.41	16.70	-17.71	32.91	21.18	-11.73	32.41	16.05	-16.36
Total NHS Infrastructure Support (Agency Total)	43.12	35.39	-7.73	41.77	34.90	-6.87	40.47	76.82	36.35	38.12	43.17	5.05	39.42	34.70	-4.72
Medical and Dental (Agency Total)	171.31	141.42	-29.89	167.17	152.32	-14.85	163.59	180.34	16.75	158.50	177.93	19.43	159.08	152.41	-6.67
Any Other Staff (Agency Total)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Agency Plan vs Actual: 97.83%

Majority of agency usage is:

- Registered Nursing, Midwifery & HVS (103.02%)
- Registered Scientific, Therapeutic & Technical (120.80%)