



Agenda Item No:

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Report to:	Humber and North Yorkshire Integrated Care Board
Date of Meeting:	8 May 2024
Subject:	ICB Performance Report
Director Sponsor:	Amanda Bloor, Deputy Chief Executive and Chief Operating Officer and Karina Ellis, Executive Director of Corporate Affairs
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STATUS OF THE REPORT:

Approve Discuss Assurance Information A Regulatory Requirement

SUMMARY OF REPORT:

The purpose of this paper is to provide the Board with the latest performance position against the priority objectives in the 2023/24 HNY ICB Operational plan. It is a Joint production by the Planning and Performance and Business Intelligence teams. Next month's report will include a full progress summary of the end of year position for 2023/24.

There are several priorities where the indicator has been identified, but the inclusion criteria or targets were not stipulated in the planning guidance; in the majority of indicators this is not the case, however where it is, we continue to work with responsible officers in these areas. There are several priorities that lend themselves to a narrative or other information such as the use of resources and workforce. We also direct the Board to other papers, for example, the financial report elsewhere on the Board agenda.

The report itself includes a high-level dashboard over four slides that covers the latest performance for the priority indicators; this is followed by more detailed charts that show trends, and a summary narrative of performance and actions being taken. This further information includes provider or place breakdown of performance dependent on the indicator.

The report reflects the most up to date data available at the time of writing, in the majority of cases this is February or March 2024. This gives a helpful yardstick of progress so far and the challenges for the remainder of the year, mindful that the delivery of the plan is now in its final quarter of the year. The report also includes adjusted trajectories and those agreed as part of the H2 financial and operational reset. Where the delivery area is a H2 Plan priority, this is explicitly flagged for ease of reference for Board members.

The Planning and Performance and Business Intelligence Teams are keen to work with the Board regarding the format for the 2024/25 Board Performance Report to ensure that it is meeting their requirements, with preparatory work for 2024/25 already underway based on previous feedback. This cover sheet describes an executive summary of the report, and areas the Board may wish to review in more detail in the full report:

Urgent Care (H2 Plan priority)

Urgent Emergency Care (UEC) 4 hour performance in March was 69.6% against the end of year target of 76%. North Lincolnshire and Goole (NLAG) and Hull University Teaching Hospital (HUTH) performance is driving the ICB position. Although below plan, March 2024 saw the highest UEC performance across the ICS since August 2023, and was an improvement from the March 2023 position of 67.4%. The performance improvement alongside increased demand for Emergency services meant 4,231 more patients were treated within 4 hours in March 2024 than in March 2023. Open beds and bed occupancy reflect the flow pressure, which in turn affects 4 hour performance as well as finance and workforce targets.

Yorkshire Ambulance Service (YAS) and East Midlands Ambulance Service (EMAS) saw further improvement in Cat 2 response times with YAS delivering the target in March, and EMAS improving to 43:13 (although still adrift from the 30 minute standard). Trusts continue to see high volumes of conveyances. Performance summary is:

- 4 hour UEC – improvement in March 2024 but not achieving
- Bed occupancy – improvement in March 2024 but not achieving
- G&A beds open – increasing position and trend which tracks as green but actually reflects difficulties with flow and increased pressure on workforce and finance
- Ambulance response time; improvement for both YAS and EMAS with YAS achieving the Category 2 standard.

Key Actions

- The biggest focus for 2024/25 (UEC) delivery will be on attendance avoidance via alternatives to ED/hospital, and discharge processes to reduce length of stay and improve flow
- The discharge processes will focus both on No Criteria To Reside and Discharge To Assess, along with in-hospital discharge processes for patients on pathway 0. These actions will support bed occupancy levels
- A significant number of the UEC plan priority actions will support a reduction in ambulance handover times, including increasing Urgent Community Response (UCR) capacity, implementation of a care co-ordination hub, direct access to Same Day Emergency Cares, and conveyance to Urgent Treatment Centres

Planned Care, Cancer and Diagnostics (H2 Plan Priority)

The Acute waiting list size has increased but the long wait position saw further improvement. Diagnostic 6 week performance showed improvement in March and met the trajectory plan, but the ICB remains an outlier, and adrift from the national constitutional target. Cancer performance achieved the target for faster diagnosis in February but did not achieve the March 2024 year end target for 63+ days waiting list. Performance summary:

- Active waiting list size increased in March 2024 giving an overall active waiting list size of 189,061 patients, a growth of 8,424 since March 2023. The top 5 specialities driving the waiting list volumes are ENT, Ophthalmology, Gynaecology, Orthopaedics and Urology.
- The 65-week position improved to 327 against a target of 350 – achieving year end target and the lowest position post covid
- 78-week position: There were 8, 78-week breach patients at the end of March 2024 all of which were complex gynaecology patients. The ICB had the lowest number of patients waiting over 52, 65, 78, and 104 weeks in North East and Yorkshire Region at the end of March 2024.
- 6 week diagnostic performance was 25.5% in March and achieved the year end target. This was the highest performing month since March 2020. It must be noted the ICB remains an outlier and continued improvement is required in 2024/25.
- 28 day faster diagnosis was above plan in February 77.5% - This is the highest performance reported post covid

- 63 day Cancer backlog showed improvement but at 458 in March 2024 did not meet the year end target of 431. It was the highest performing month in the last four years.
- Due to the significant reduction in the number of longest waiting patients on the elective waiting list, the ICB and its constituent Trusts will come out of Tiering for Q1 of 2024/25. York and Scarborough Teaching Hospital NHS Foundation Trust (Y&STHFT), due to improvements in Cancer performance will step down from Tier 1 to Tier 2 for Q1 of 2024/25.
- However, due to the deterioration in performance for Cancer, NLAG will now enter the Tier process and be put into Tier 1 from April 2024.

Actions

- Focus on maximising core capacity through theatre productivity
- Continued Outpatient delivery via COO group
- Validation programme
- Mutual aid programme
- Clinical networks
- Mutual aid has been offered for colonoscopy through the elective tactical group
- Community Diagnostic Centre mobile activity continues to support the waiting list provision
- Capital works are continuing across the Community Diagnostic Centre Hub
- Most challenged pathways relating to FDS are being reviewed.

Mental Health and Learning Disabilities

The majority of Mental Health and Learning disability indicators are not meeting their targets. Latest reporting showed a mixed trend on improving and worsening positions. However, access to children and young people's services continued to improve and delivered its target; talking therapies were below target, but benchmarking data shows this service outperforms the National position and other NEY ICBs. Learning Disability annual health checks were also met. It is also recognized that HNY set a challenging target for community services access, which is not being achieved, but current performance is in line with national access rates.

Areas that are underperforming and need further consideration include dementia diagnosis rates, out of area placements, and perinatal access to mental health services:

- Out of Area Placements (OOA); ICB actual is 1,085 bed days against a plan of 215
- Dementia Diagnosis Rates (DDR); ICB actual is 58.6% against a target of 61.4%. There has been a positive increase in DDR in recent months. Hull, North East Lincolnshire, and North Lincolnshire all exceeding local targets. East Riding Yorkshire, North Yorkshire, York all not meeting target and are outliers.
- Perinatal access to mental health services; The ICB is currently reporting an actual position of 505, however local intelligence advises a position of 1068 against a target of 1102. York and North Yorkshire are not meeting local targets

Actions

- For OOA, market development with independent sector is underway, as well as a review of major bed types. This includes a review of housing options. The overall plan has been submitted to NHSE.
- Cleansing of GP registers and develop a toolkit to improve coding and support DDR performance is continuing as well as a review of capacity and demand of memory assessment service pathways.

Primary Care

Primary care met the target for appointments delivered and is on track to deliver the annual expectation; but was below target on patients seen within 14 days of booking.

- Primary Care across HNY has delivered 956,604 appointments in February 2024 which is above plan for this reporting period

- An average of 81.9% of patients were able to book an appointment within 14 days against a national aim of 85%.

Actions

HNY ICB continues to be on track for the delivery of our share of the 50 million additional appointments by 31st March 2024. In addition to the appointments reported through the GPAD system the ICB has commissioned additional capacity through Winter monies and the Extended Access Direct Enhanced Service (DES).

- Confirmation from National Team that primary care IT systems have now been updated to enable exception reporting excluding those patients who choose to book an appointment outside of the 2 week period. However, this will not form part of Board reporting until April 2024 when we would expect our position to improve and reflect a more realistic position.

Community Services

Community services are achieving their targets related to UCR and overall waiting list. However, the data is incomplete and further consideration and discussion is required to understand the full picture.

- The Total Community Waiting List size at February 2024 is 18,961 against a M11 trajectory of 22,798. The waiting list growth of 2,998 from January can largely be attributed to the submission of Children Young People service figures from the Y&STHFT team which were missing last month.
- The UCR plan for 23/24 is delivery of 23,200 first contacts, which is forecast to be met.

Actions

- Validation work continues to be undertaken and is seen in the first instance as the driver for improved performance for both UCR and Waiting list size.
- A number of provider specific actions are being implemented to improve position and impact of the virtual ward programme. The actions are detailed in the full report.

Maternity Services

Maternity services saw an increase in Neonatal deaths per 1,000 total live births, and a reduction in Stillbirths per 1,000 total births. In both cases, the calculation is made on relatively low numbers that can lead to statistical variability. Both indicators are being monitored and actions referenced in the report.

- Neonatal deaths per 1,000 total live births - HNY ICB; Current national figures calculated up to 2022; UK at 1.65, HNY at 2.9 in December 2023. Very variable statistics by month as low numbers.
- Stillbirths per 1,000 total births - HNY ICB; Current national figures calculated up to 2022; UK at 3.54, HNY at 3.10 in December 2023.

Workforce

Workforce performance demonstrates that staff sickness levels and retention rates did not achieve January targets. Total workforce numbers and substantive workforce were under plan, but bank and agency are over plan.

The full complete report is attached for your consideration.

RECOMMENDATIONS:

Members of the Board are asked to:

- Note the development of the Board performance report.
- Consider and discuss the performance report: - in particular, the issues highlighted in the cover sheet.
- Provide feedback to support the development of the Board Performance Report.

ICB STRATEGIC OBJECTIVE	
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Managing Today	☒
Managing Tomorrow	☒
Enabling the Effective Operation of the Organisation	☒

IMPLICATIONS

Finance	Use of resources is a theme in the operational plan with a priority around system financial balance. This will be covered through a separate report to the Board on the financial position.
Quality	Identifying quality and safety risks and deploying our resources in a way that manages quality and safety risks and supports improvement.
HR	Workforce is a theme in the operational plan with a priority around retention and staff attendance. Updates will be provided through the workforce reports to the Board.
Legal / Regulatory	Progress against performance is linked to the system oversight framework.
Data Protection / IG	There are no direct data protection/IG implications relating to this paper, however data protection/IG controls and mitigations will be considered, as relevant, for the production of the report.
Health inequality / equality	The ICB has a responsibility and accountability in relation to reducing inequalities and improving outcomes for the population. The 31 priorities set out in the planning guidance and the ICB operational plan has a theme of prevention and health inequalities. Where these are specific measures, these are included in the report.
Conflict of Interest Aspects	No conflicts of interest are identified in relation to the Performance Report: however, it is noted that COIs will continue to be monitored on a case-by-case basis given the broad scope of the report's contents and the professional/organisational diversity of the Board membership.
Sustainability	There are no sustainability implications relating to this paper, however sustainability controls and mitigations will be considered on a case-by-case basis, as appropriate.

<p>ASSESSED RISK:</p> <p>Operational Performance – each organisation is managing this risk in line with their internal operational governance systems and processes. Monthly reports are collated and reviewed by the ICB and reported through to NHS England.</p>

<p>MONITORING AND ASSURANCE:</p> <p>The ICB has a statutory and regulatory obligation to gain assurance on the performance of the NHS against the delivery of the key priorities. This report provides the Board with the oversight</p>
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of progress and actions that are being taken to rectify where progress is not being made as expected.

ENGAGEMENT:

A wide variety of subject matter experts and senior officers have been engaged in the development of the Board Performance Report.

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No Yes

If yes, please detail the specific grounds for exemption.