



Agenda Item No:

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| Report to: | Humber and North Yorkshire Integrated Care Board |
| Date of Meeting: | 10 July 2024 |
| Subject: | ICB Performance Report |
| Director Sponsor: | Jane Hazelgrave, Deputy Chief Executive and Chief Operating Officer and Karina Ellis, Executive Director of Corporate Affairs |
| Author(s): | Shaun Jones, Director of Planning and Performance Alex Bell, Deputy Director Business Intelligence Shaun Boffey, Head of Planning and Performance |

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 2024/25 HNY ICB Operational plan. It is a Joint production by the Planning and Performance and Business Intelligence teams. This month's report is a new format that highlights how the short term annual targets relate to longer term aims and objectives of the ICB, and outlines the latest delivery position against plan in the first one/two months of the 2024/25 financial year.

There are several priorities where the indicator has been identified, but progress updates are better made through other mechanisms than this report, these are identified with a description of where performance and progress is discussed. There are several priorities that lend themselves to a narrative update, these are identified, and we also direct the Board to other papers, for example, the financial report elsewhere on the Board agenda.

For the priority indicators, the report itself includes a summary overview of performance for the latest reported month, as well as a monthly view to allow the board to see performance over time. There is also a one page summary of performance for each of the priorities, that has a time series chart where available, objective text regarding the performance delivery, and key actions that are being taken. There is also a series of extra charts giving the latest performance for the indicators not prioritised in the report, and going forward, there will be an additional deep dive into an area e.g., urgent care, that will consider the performance indicators as well as finance, quality, workforce, productivity and population health/inequality. A proposal of the annual plan for these deep dives will be made at the Board meeting.

The report reflects the most up to date data available at the time of writing, in the majority of cases this is April 2024.

The Planning and Performance and Business Intelligence Teams are keen to work with the Board regarding the new format and in particular make sure that the priority indicators identified reflect the priorities of the Board.

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

The priority indicator identified for urgent care is the 4 hour standard (target 78% by March 2025), with other related indicators related to ambulance cat 2 response times, and No Criteria To Reside also being referenced. Urgent Emergency Care (UEC) 4 hour performance in April was 70.6% and was above the plan trajectory of 65.3%. However, performance for this indicator and other indicators related to urgent care is lower than other ICBs in NEY and has been called out as of concern by NHSE. As a result, a meeting was called with Key executives from the four acute providers and other Chief Officers to raise awareness of the system position, and call for a summit to be prioritized in July. Further actions that are being taken are described in the report.

Planned Care

The priority indicator for planned care is the 65 week breach number (patients waiting over 65 weeks for planned care), with the target being 0 patients by September 2024. The other key indicators in planned care are the Total Waiting List size and a new indicator related to the proportion of total outpatients that are first appointments. After September the priority indicator will flip to Total Waiting List size. April performance showed further improvement against the 65 week wait target, with delivery against plan. However, the overall Total Waiting List continued to grow. The report describes key actions that are being taken by the Elective Programme Board.

Diagnostic services

The priority indicator related to Diagnostic services is the percentage of patients waiting over 6 weeks for a diagnostic test (related to 9 key tests identified in the operating plan). Performance in April was 26.4% of patients waiting over 6 weeks, against a target of 25.6%, and so did not achieve the Plan trajectory. Statistically the trend is an overall improving position over the last twelve months, but the last two months have seen an increase in the percentage of patients waiting over 6 weeks. Within the report there is further detail of variation by test type and by provider; Audiology, DEXA and Echo are singled out of the nine for particular focus, along with some key actions.

Cancer Services

The priority indicator related to Cancer services is 62 days from referral to treatment, with a target of 70% by March 2025. April performance was 61.2% against a target of 61.1%. This is delivery against plan, but overall, there has been no statistical improvement in performance against this metric; as a result, NHSE have queried the risk to delivery of the year end target. The report describes variation by provider and summarises key actions that are planned. Please note there is a more comprehensive annual cancer improvement plan that has been written by the Cancer Alliance and is available for the Board if required.

Primary Care

The priority indicator for primary care is the percentage of patients booked within 14 days of requiring an appointment (target of 85%). The other metrics in the annual operating plan for primary care are an increase in the delivery of primary care appointments and recovery of the provision of dental care appointments to pre covid levels. Performance against the priority indicator (14 day booking) was 86.9% against the 85% target. The Board had been informed that from April, a new way of monitoring delivery would be in place and that performance would improve. This is the case, and performance now reflects the data seen at a national level. The report describes variance in delivery across the system and key actions that are being taken.

Prevention and Health Inequalities

Prevention and Health Inequalities form a key part in the long term aims of the organisation, but the operating plan guidance referenced indicators related to hypertension, CVD, and children's vaccinations, as well as CORE20Plus. Data was readily available for the hypertension indicator and so this has been identified as the priority indicator (though it is recognised this may change in the year). Also, the updates on progress of prevention and health inequalities will be made via the Population Health and Prevention Committee. With regard to the hypertension indicator, performance was achieved in March – 78.1% against a plan of 77%.

Community Services

The priority indicator for Community Services is the overall waiting list size though this may change to the long wait indicator (patients over 52 weeks) during the year. Following delivery of the year end waiting list size, the plan for 2024/25 is to reduce the waiting list to 16,694 by year end. However, April saw a rise in the waiting list size to 20,478 against a plan of 19,097. The report gives further detail in regard to this, as well as the long wait position where a single service is having a disproportionate impact – Speech and Language Therapy (children's).

Mental Health Services

There are a number of indicators related to mental health services in the operating plan, performance against all of them is included in slides 21 and 22. For this month's report, the priority indicators that have been identified are Dementia Diagnosis rates, Out of Area Placements and Access to Talking Therapies. It is proposed that next month, access to talking therapies be replaced with access to children and young people's mental health services to better reflect the ICB golden ambition. Some of the actual measures are likely to change next month as the guidance has slightly altered the performance target, but given the timescales it was not possible to change the data flow for month 1.

Dementia Diagnosis rates were 58.4% against a plan target of 60.3% (National expectation is 66.7%). The report describes variation across the system, and some key actions that are planned. Out of Area Placements are part of the ten key priorities for the ICB in regard to productivity and finance expectations. The measure in this report remains as bed days as per 2023/24; this will change to number of placements as per the guidance. Performance in March was 1,375 bed days against a plan of 125. Further detail regarding variation by place and some key actions are described in the report.

Access to Talking Therapy services exceeded plan in April with 3,205 appointments against a plan of 2,698.

Workforce

The performance expectations for workforce set out in the operating plan refer to actions on working lives of doctors and clinical placements that would be better updated via other routes. Workforce numbers played a key part in the operating plan in relation to delivery of the financial plan, and so information regarding numbers of WTE in post and bank and agency spend will be shared via that route. However, slide 18 in the report will update on staff sickness and retention against plan. Latest data available is March 2024 which showed delivery of the staff sickness target (4.4% against a plan of 4.8%) but not achieving the retention target (13.9% against a plan of 12.2%).

Quality

It must be noted that the quality agenda has a large number of metrics that sit outside of the operating plan. The operating plan guidance referenced the following indicators:

- Implement 3 year plan for maternity and neonates
- Develop at least one women's Health Hub
- Implement the patient safety incident response framework (PSIRF)

Progress against these indicators will be made via the quality agenda, with periodic updates in this report. As this is month 1, brief updates have been included in the report for maternity and neonates and PSIRF.

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 in terms of its content, length and presentation.
- Consider and discuss the performance report: - in particular, the issues highlighted in the cover sheet.
- Provide feedback to support the further development and evolution of the Board Performance Report.

ICB STRATEGIC OBJECTIVE

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| Managing Today | ☒ |
| Managing Tomorrow | ☒ |
| Enabling the Effective Operation of the Organisation | ☒ |
| Voice at the Heart | ☒ |

IMPLICATIONS

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| 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 32 priorities set out in the planning guidance and the ICB operational plan has a theme of prevention and health |

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| | 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. |

ASSESSED RISK:

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.

MONITORING AND ASSURANCE:

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 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.