

ICB – Board

Annual Operating Plan - Performance Report

[Date: 10 July 2024]

Introduction

The monthly ICB operating plan performance report is specifically concerned with the short term annual objectives related to the HNY ICBs Annual Operating Plan 2024/25. The report is a single part of a wider performance management framework across the ICB.

The overall framework has width and covers a wide range of aspects of performance relating to themes such as quality of care, patient experience, operating plan access metrics, public health statistics, and health prevention data. It also has depth in that any of these themes are being considered at provider, place, in some cases condition level. The framework also considers time frames in that some performance expectations are measured daily, weekly, monthly whereas others are to be reviewed annually.

These different aspects of performance do not sit in isolation; improving access to cancer services this year, goes hand in hand with ICB mid term ambitions to increase engagement of vulnerable populations with cancer screening programmes, and reduce harm from cancer. Both support the long term aim of increasing healthy life expectancy.

The report will demonstrate how these short term annual operating plan indicators support long term aims and ambitions of the ICB. It will describe the full list of indicators in the 2024/25 planning guidance but will focus on areas that have been identified as priorities by NHSE.

A small number of indicators are better performance managed through other reporting mechanisms and these are identified in the report also.

The report is supported each month with a deep dive into a theme along with Executive Director updates that will describe any escalations from sub committees.

HNY ICB Strategy, Planning and Reporting framework

Long term 10-15 years Strategy & Outcomes Framework	Our Aims	Narrowing the gap in health life expectancy by 2030 Increasing health life expectancy by five years by 2035																							
	Outcomes	Start Well, Live Well, Age Well, Die Well																							
	Ambitions	Radically improving the health and wellbeing of children and young people Transforming people's health and care experiences and outcomes Enabling wellbeing, health and care equity																							
Medium term 2-5 years Joint Forward Plan & Deliverables Big 4 in the outcomes framework	Big 4 health outcomes	Reducing harm from cancer				Cutting cardiovascular disease				Living with frailty				Enabling mental health and resilience											
	Design for the future	Blueprint																							
	Leading for...	Excellence								Prevention				Sustainability											
	Drivers	Delivery Improvement		Digital & Data		Empowering Collaboratives		Enabling Population Health		Relationship with Place		System workforce		Sustainable Estate		Outcomes led resourcing									
	Voice at the heart	Putting the views and experiences of the diverse communities at the forefront of our transformation agenda Ensuring an influential system voice to policy makers																							
Short term 1-2 years Operational Plan & Deliverables	Operational Plan Targets	<ul style="list-style-type: none"> 1. Improve 6 week diagnostic wait to below 5% 2. Deliver 70% performance on cancer 62 day and 77% on FDS 3. Increase the proportion of cancer diagnosis at stage 1 and 2 4. Increase proportion of outpatient first attendances to 46% 5. Reduce over 65 week waits to 0 and improve overall waiting list size 6. UEC 78% of patients seen within 4 hours in March 2025 7. Improve Category 2 ambulance response times 8. Improve access to GP services – (Increased appointments 1% and 85% 14 day booking) 9. Improve patients experience of choice at referral 10. Improve community services waiting times 11. Reduce NCTR numbers 12. Reduce inappropriate out of area placements 13. Increase dementia diagnosis rate to 66.7% 14. Implement the patient safety incident response framework 								<ul style="list-style-type: none"> 15. Implement 3yr plan for maternity and neonates 16. Increase dental activity to pre-pandemic levels 17. Improve vaccination uptake for CYP 18. Reduce inpatient care for children with LD and Autism 19. Develop at least one women's Health Hub 20. 75% of all SMI patients having annual health check 21. Improve access to Talking Therapies 22. Increase access to community, perinatal, CYP MH services 23. Annual Health check for 75% of people on LD register 24. Reduce inpatient care for adults with LD and Autism 25. Increase % of hypertension patients treated with NICE guidelines 26. Increase % of CVD patients on Lipid lowering therapies 27. Deliver on the Core20Plus5 approach for adults, CYP 								<ul style="list-style-type: none"> 28. Deliver net system balanced position 29. Reduce agency spend 30. Deliver VWA activity total – Income Target 31. Increase workforce retention, reduce staff sickness and deliver WTE reduction 32. Improve working lives of doctors 33. Provide sufficient clinical placements and apprenticeships 							
		Programmes of change & transformation	Innovation, research & improvement system	No Criteria To Reside	Yorkshire & Humber Care	Electronic Patient Record	Decision Support	Artificial Intelligence	Sustainable Services – HAS, ...	Cancer Alliance	Mental Health	Pathways – Long Term Conditions	CoE – Tobacco / risk factors	Cardio Vascular Disease	Integrated Community Care	Urgent Emergency Care	CoE – Frailty	CoE – Palliative End of Life	Breakthrough including Paybill & Agency Management	Infrastructure Plan	Estates Rationalisation	Green Plan	Clinical Productivity	Single System Formulary	

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Urgent and Emergency Care

A&E 4 hour waiting times - HNY
Provider Total

Apr 2024
Plan: 65.3%
Actual: 70.6%



Diagnostics

Diagnostics Test waiting Times:
Proportion of Patients Waiting 6+
Weeks for a Diagnostic Test - HNY
Provider Total

Apr 2024
Plan: 25.6%
Actual: 26.4%



Primary Care

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

Apr 2024
Plan: 85.0%
Actual: 86.9%



Community

Total Number on Community services
waiting list - HNY Provider Total

Apr 2024
Plan: 19097
Actual: 20478



Mental Health

Inappropriate adult acute mental health
Out of Area Placement (OAP) bed
days - HNY ICB

Mar 2024
Plan: 125
Actual: 1375



Elective Care

18 Week Referral to Treatment Waiting
Times - 65+ Week Waits - HNY
Provider Total

Apr 2024
Plan: 312
Actual: 242



Cancer

Cancer 62 Day Waits - All referral
routes - HNY Provider Total

Apr 2024
Plan: 61.1%
Actual: 61.2%



Prevention & Health Inequalities

Percentage of patients with
hypertension treated to NICE guidance
- HNY ICB

Mar 2024
Plan: 77.0%
Actual: 78.1%



Mental Health

Estimated diagnosis rate for people
with dementia - HNY ICB

Apr 2024
Plan: 60.3%
Actual: 58.4%



Mental Health

Access to NHS Talking Therapies -
HNY ICB

Apr 2024
Plan: 2698
Actual: 3205

In line with Making Data Count recommendations, **Blue** equals achieving, **Orange** equals failing to achieve.

View by Month

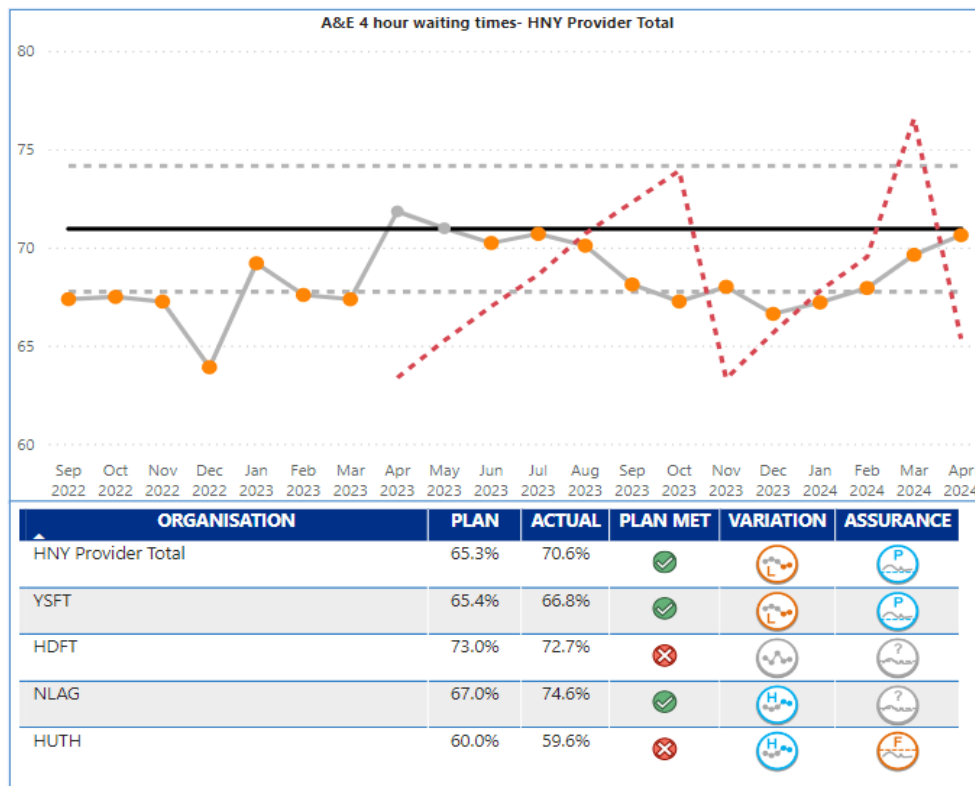
Area	Metric	National Objective	Detail	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	VAR.	ASS.
Urgent and Emergency Care	A&E 4 hour waiting times - HNY Provider Total	78% by March 2025	Plan Actual	65.3% 71.0%	67.0% 70.2%	68.6% 70.7%	70.7% 70.1%	72.3% 68.1%	73.9% 67.3%	63.3% 68.0%	65.7% 66.6%	67.8% 67.2%	69.5% 67.9%	76.6% 69.6%	65.3% 70.6%		
Elective Care	18 Week Referral to Treatment Waiting Times - 65+ Week Waits - HNY Provider Total	0 by Sept 2024	Plan Actual	3830 2281	3510 2227	3189 2123	2964 2273	2646 2242	2238 2017	2253 1456	2017 1415	1502 1234	944 908	350 336	312 242		
Diagnostics	Diagnostics Test waiting Times: Proportion of Patients Waiting 6+ Weeks for a Diagnostic Test - HNY Provider Total	17% by March 2025	Plan Actual	36.5% 33.0%	36.1% 32.0%	35.1% 32.6%	33.7% 35.1%	32.0% 33.2%	30.8% 28.4%	29.7% 26.9%	28.0% 29.8%	27.8% 26.8%	27.9% 21.3%	27.9% 22.7%	25.6% 26.4%		
Cancer	Cancer 62 Day Waits - All referral routes - HNY Provider Total	70% by March 2025	Plan Actual	59.4%	59.3%	62.3%	59.1%	55.5%	60.0%	61.8%	61.7%	57.5%	61.5%	67.8%	61.1% 61.2%		
Primary Care	Proportion of Appointments in General Practice Booked and Seen Within 14 Days - HNY ICB	85%	Plan Actual	85.0% 80.9%	85.0% 81.6%	85.0% 82.2%	85.0% 82.0%	85.0% 76.5%	85.0% 76.7%	85.0% 81.7%	85.0% 82.1%	85.0% 82.8%	85.0% 82.0%	85.0% 81.3%	85.0% 86.9%		
Prevention & Health Inequalities	Percentage of patients with hypertension treated to NICE guidance - HNY ICB		Plan Actual	77.0% 71.9%	77.0% 72.7%	77.0% 76.4%	77.0% 73.8%	77.0% 74.5%	77.0% 75.4%	77.0% 75.8%	77.0% 76.1%	77.0% 76.9%	77.0% 78.0%	77.0% 78.1%			
Community	Total Number on Community services waiting list - HNY Provider Total		Plan Actual	23391 20811	23337 20241	23250 20067	23199 19857	23151 20120	23069 19957	23024 19791	22973 15799	22909 15963	22798 18961	22744 18243	19097 20478		
Mental Health	Estimated diagnosis rate for people with dementia - HNY ICB		Plan Actual	57.9% 57.5%	57.9% 58.0%	57.9% 58.2%	57.9% 58.4%	59.6% 58.6%	59.6% 58.9%	59.6% 59.2%	61.4% 59.0%	61.4% 58.7%	61.4% 58.6%	64.4% 58.6%	60.3% 58.4%		
Mental Health	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days - HNY ICB		Plan Actual	395 1155	395 1230	395 1380	395 1390	305 1155	305 1005	305 1135	215 965	215 1085	215 1125	125 1375			
Mental Health	Access to NHS Talking Therapies - HNY ICB		Plan Actual	2998 2755	3298 2840	3012 2790	3156 2855	3012 2680	3270 3155	3270 3060	2824 2380	3386 3165	3078 2825	3078 2625	2698 3205		

Image Key

- Plan Met
- Plan Not Met

rolling twelve month period

Key Indicator: Waiting time in ED



How does indicator link to long term priorities:

Patients across HNY use ED services as a key way of accessing healthcare, we also know that patients from areas of high deprivation are high users of ED. Improving access to ED will therefore support all of the ICB strategic ambitions including the golden ambition of improving services for CYP.

Evidence suggests the longer patients wait in ED the worse the clinical outcome will be, and congestion in ED can lead to delays to ambulance handovers, meaning ambulances are not freed up to pick up other emergency cases, leading to further clinical risk.

Urgent Care Escalation Points

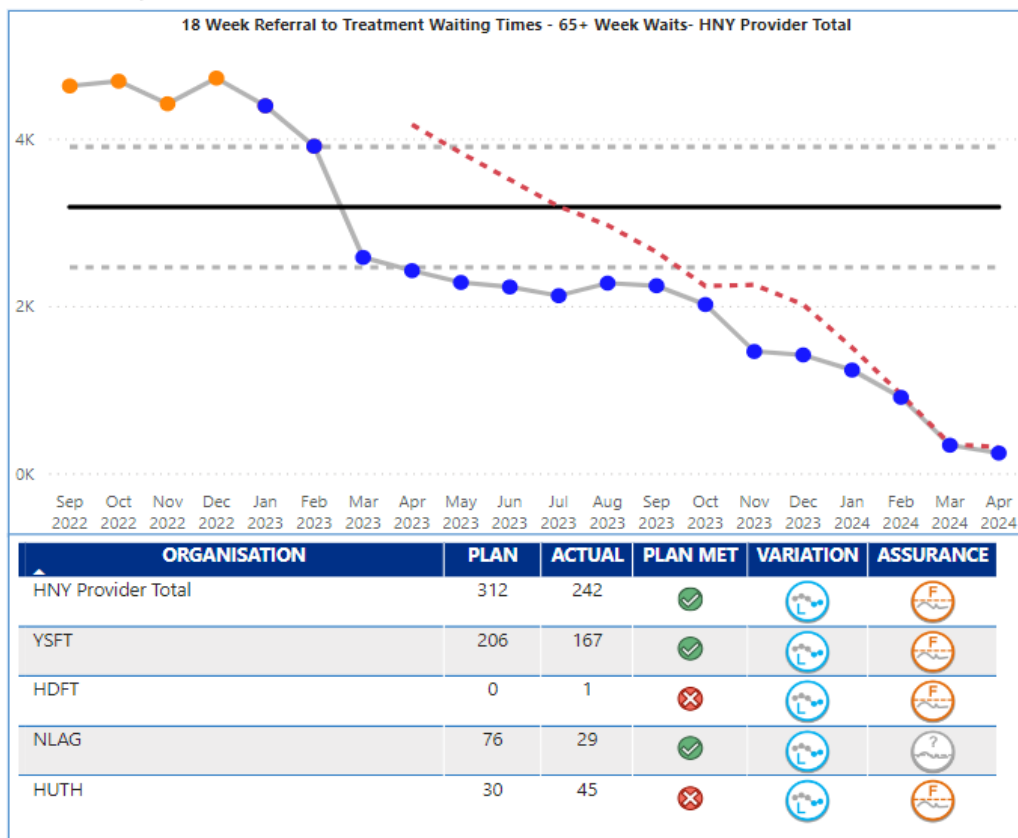
UEC 4 hour performance in April was 70.6% and represents the best performance since August 2021 with the exception of April and May 2023, and above ICB plan of 65.3%. However all performance points since September 2022 are within or below the expected control limits and show no demonstrable improvement. HUTH is driving the ICB position followed by Y&SFT. **UEC performance at HNY has been challenged by NHSE and the ICB is in national UEC Tier 2.**

- 4 hour UEC – Improvement in April 2024 to **achieve target set. Lowest performing Trusts were HUTH (59.6%) and Y&SFT (66.8%) though Y&SFT did meet their plan target**
- **HUTH and NLAG** are showing **positive variation** in recent months, **Y&SFT is showing a worsening position**, HDFT has no significant change.
- Ambulance response time - improvement for both YAS and EMAS with YAS achieving the Category 2 standard in April 2024. Performance was 26:02, and 33:56 minutes respectively. **HNY hospital handover performance has been singled out by YAS, EMAS and NHSE as of concern; improvement is required.**

Key Actions

- Refocused attention at Exec level on UEC performance. UEC Chief Executive meeting held 19th June chaired by Stephen Eames to focus attention and call to arms to address the patient risk
- Each sub-system providing an immediate recovery plan by 13th July to address their main issues.
- HUTH re-piloting the 45 minute ambulance protocol to reduce lengthy handover delays and release crews sooner. Also reinstating trusted assessor conveyance direct to SDEC
- Integrated Care Coordination programme picking up pace – joint programme between HNY and YAS – expecting to step up by October 2024 to more effectively direct ambulances to alternatives to ED
- ECIST support into York to improve Nurse in Charge and Emergency Physician in Charge roles, supporting improved flow and management in ED to reduce wait times

Key Indicator: RTT 65+ Week Waits



How does indicator link to long term priorities:

Access to planned care elective services supports primary care and urgent care as delays can lead to patients seeking alternative routes to treatment or return to primary care to raise concerns. If not managed for risk, delays to elective care can also affect patient outcomes and certainly affect patient experience, if the condition is one that worsens over time. There are also social impacts to delays that may affect patient's ability to work. Access to elective services affects all of the ICB strategic ambitions and long term aims. The ICB has made significant investment in elective care through ERF and £80m on IS capacity.

Elective Services Escalation Points

Elective waiting times **over 65 weeks continued to improve in April** (from 336 in March to 242), and the ICB continues to **benchmark well in NEY** on all long wait metrics. Performance is outside expected control limits and demonstrates **real cause variation of an improving nature**. However, the **overall waiting list size continued to grow** and will need to be addressed in 2024/25.

The **65-week position improved to 242** against a reducing target of 312; the lowest position post covid. NHSE expectation is for the backlog to clear by Sept 2024.

All providers have demonstrated significant progress, Y&SFT in particular though they still have the majority of breaches (167 of the 242). The concern in long term delivery of 65 weeks is the continued **growth in the overall waiting list - growth of 3,306** since March.

Key Actions

Focus on **maximising core capacity through theatre productivity** and continued outpatient delivery via Chief Operating Officer group, with targeted **focus on time to 1st appointment**.

Validation and Mutual aid programmes and transition to business as usual.

New waiting list tool introduced across **HUTH** March 24.

Clinical networks focus on opportunities through Model Hospital.

ENT Deep Dive event 24 September.

GIRFT Tim Briggs system virtual visit 9 July. Clinical networks focus on opportunities through Model Hospital.

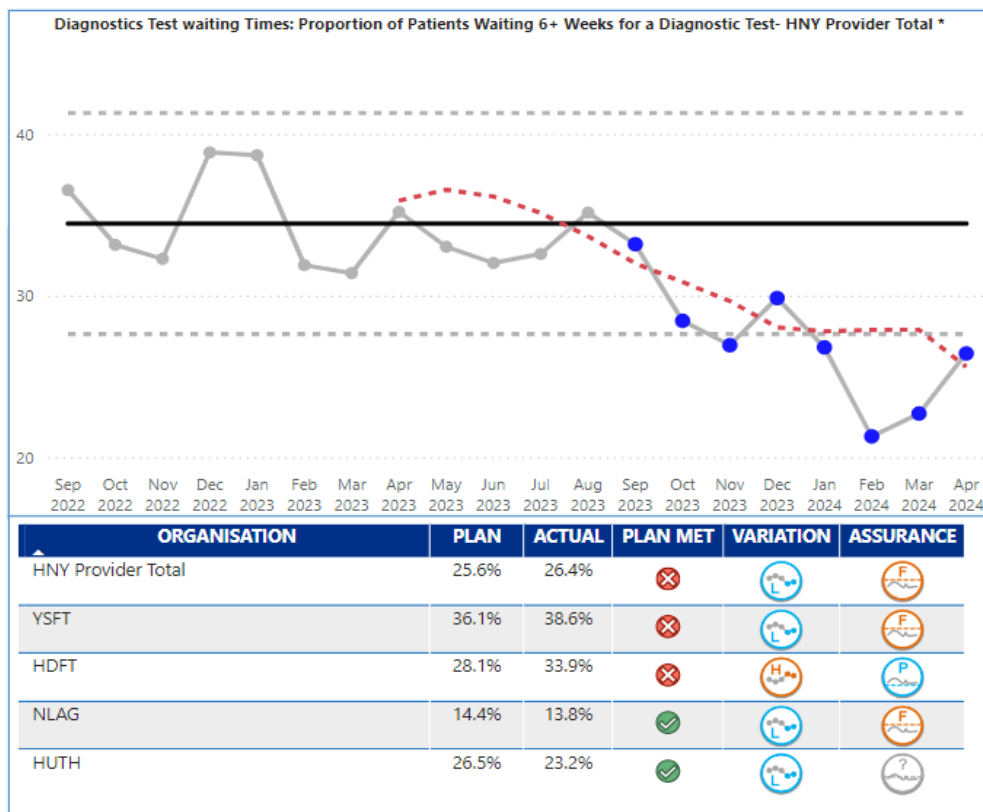
Theatres - Mapping of the perioperative and theatre workforce has been undertaken. Review of inpatient and day case theatre assets, and outpatient procedure space.

Eyecare System wide support to implement Cataract SPoA, business case pending.

Hubs the Goole Surgical Hub Task and Finish Group has overseen and progressed objectives and actions ensuring Orthopaedics and Urology are utilising the facility.

Independent Sector working Group has reviewed the data to identify current activity within the IS, next steps are to identify differential practice, and pathway standardisation.

Key Indicator: Waiting time for tests



How does indicator link to long term priorities:

Quick access to diagnostic services supports primary care, urgent care, elective care and cancer service delivery targets. Early supported diagnosis therefore supports all of the ICB strategic ambitions.

longer waits for diagnosis can affect cancer outcomes, as well as added delay to planned care pathways. Patient experience of care can be affected by delays to diagnosis.

Diagnosics Services Escalation Points

Diagnostic **6 week performance was 26.4%** in April against a reducing plan of 25.6%; statistically performance is demonstrating **improvement over the long term**, with performance still below the lower control limit. However, to note, the **last two months have shown a deteriorating position** and will need to be monitored. **ICB remains an outlier.**

At April 24 there were **11,041 patients waiting over 6 weeks for diagnostic tests**, this is an **increase of 256 from March**. 8,859, of the breaches were in the following modalities – **CT (1,907), DEXA (1,550), Echo (1,382), Audiology (1,371), NOUS (1,363), MRI (1,286).**

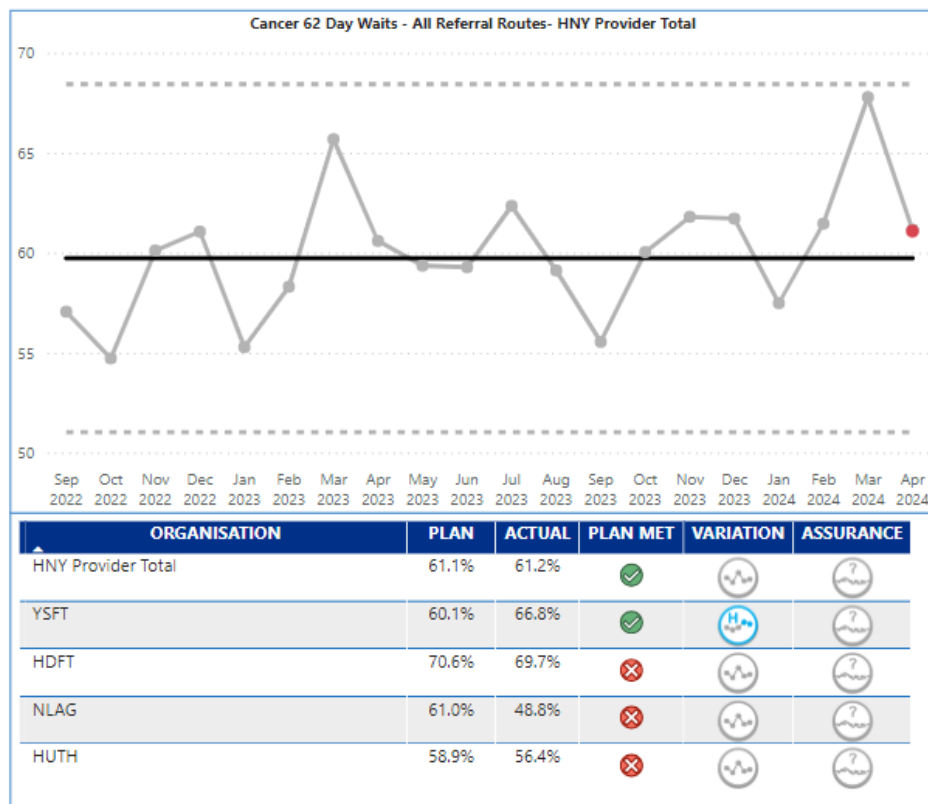
DEXA, Echo and Audiology are of particular concern as their high volumes of breaches are from smaller waiting list sizes, and the trend is deteriorating.

From a provider perspective, of the 11,041 breaches, **4,487 of the breaches are at Y&SFT**, and this is reflected in their performance of 38.6% being over 6 weeks.

Key Activities reporting (May)

- Community Diagnostic Centre (CDC) mobile activity continues to support Y&SFT , NLaG & HUTH at St Hughes, Castle Hill, Wilberforce Health Centre and Bridlington. Spoke sites; Ripon, Selby, ERCH and Askham Bar are live and delivering activity. Capital works are continuing across the CDC Hub and Spokes sites (Scarborough, Scunthorpe, Grimsby and Hull & ER) (See report)
- Endoscopy clinical network established; Key priorities agreed. Appointment of a Strategic Lead. 5 year workforce plan has commenced, ERCP Steering group established. First productivity outputs shared identifying significant improvement opportunities.
- Imaging Network launch completed with large stakeholder engagement across the system. Key priorities agreed. Clinical Governance commenced across all modalities to identify opportunities of standardisation and share best practice. A review has been undertaken of the DDCP priorities. Review of AI Project undertaken with encouraging discussions with national and regional teams to reprioritise scope and focus on Fracture detection in ED at Y&SFT to support winter pressures. 5 year workforce plan has commenced. First productivity outputs for reporting turnaround times shared identifying significant improvement opportunities. Sharing best practice commenced as a result.

Key Indicator: 62 day waits



How does indicator link to long term priorities:

Quick access to cancer diagnostic and treatment supports all of the ICB strategic ambitions, in particular reducing harm from cancer, and long term improvement in Healthy Life Expectancy.

longer waits for treatment can affect cancer outcomes, and overall patient experience of care. NHSE will be scrutinising performance in this indicator and it forms part of the NHSE Oversight Framework and Tiering process. Delivery is supported by the Cancer Alliance.

Cancer Services Escalation Points

Cancer services focussed on reducing the 63+ day wait patients in 2023/24. In 2024/25, the priority is to deliver a 70% performance on the **62 day cancer wait time target**. **April** performance was **61.2%** against a plan of **61.1%**.

Although March performance was high, there is statistically no change over the last 18 months in waiting time performance, other than **Y&SFT which is demonstrating improvement**.

NLAG and HUTH at 48.8% and 56.4% are of concern in NEY (NLAG lowest in NEY and HUTH 3rd lowest).

The ICB as a whole, and HUTH, NLAG and York and Scarborough as individual providers, are in NHSE Tier 1 category for Cancer.

Key Actions

- Deep dive into NSO and 62 day performance at System Tier meeting, with assurance that the HNY NSO programme is focussed on the right areas (workforce, standardisation, digital and understanding capacity and demand)
- HNY CA Senior Leaders Forum workshop on Histopathology including issues and risks and what can be done to manage exponential rise in activity without workforce growth to match. HNY CA to continue work on MDT streamlining.
- HNY Innovation Bid process is now closed, with over 48 applications (£1m value) these are now being evaluated with successful applicants notified in July.
- Continued work with LMC and Place colleagues on LGI pathway and improving FiT with LGI urgent suspected cancer referrals, particularly on the Southbank. Article to be published next citing the case for change.

Following release of HNY CA Funding Agreement at the end of June, SLAs will be circulated to all stakeholders in July so local transformational projects can commence

Key Indicator: Booked within 14 days

Place	Measure	Same Day	Next day	2-7 Days	8-14 Days	Over 14 days	Totals	Proportion within 14 days
East Riding of Yorkshire	Activity	57,368	5,199	10,765	6,695	4,999	85,026	94.1%
	Percentage of total	67.5%	6.1%	12.7%	7.9%	5.9%	100.0%	
Hull	Activity	30,821	3,612	10,370	7,153	10,148	62,104	83.7%
	Percentage of total	49.6%	5.8%	16.7%	11.5%	16.3%	100.0%	
North East Lincolnshire	Activity	38,758	4,457	9,287	4,757	5,692	62,951	91.0%
	Percentage of total	61.6%	7.1%	14.8%	7.6%	9.0%	100.0%	
North Lincolnshire	Activity	28,127	3,965	8,094	5,803	7,487	53,476	86.0%
	Percentage of total	52.6%	7.4%	15.1%	10.9%	14.0%	100.0%	
York	Activity	33,725	5,384	14,031	7,399	6,710	67,249	90.0%
	Percentage of total	50.1%	8.0%	20.9%	11.0%	10.0%	100.0%	
North Yorkshire	Activity	91,641	14,889	31,159	23,358	33,750	194,797	82.7%
	Percentage of total	47.0%	7.6%	16.0%	12.0%	17.3%	100.0%	
HNYICB	Activity	280,440	37,506	83,706	55,165	68,786	525,603	86.9%
	Percentage of total	53.4%	7.1%	15.9%	10.5%	13.1%	100.0%	

Primary Care Escalation Points

Previous reports had shown performance below the 85% target for 14 day booking, even though practices had delivered increased appointments. The Board had been reassured that performance would improve in April, when new system data and reporting would come on line. **HNY April performance has delivered 86.9% against the 85% target.**

Performance differs by place; **East Riding 94.1%**, NE Lincs 91%, Vale of York 90%, North Lincs 86%, Hull 83.2%, **North Yorks 82.7%**. All places are delivering except Hull and North Yorks.

Primary care met the April target for appointments delivered. The majority of the last 6 months delivery have all been at or above the upper control limit.

Expectations in the operating plan are to recover **dental levels of provision** to pre pandemic levels. April saw a slight reduction from March but statistically numbers have fluctuated between 70-98% over the last 18 months with **no consistent trend**.

Key Actions

Confirmation from National Team that GP systems have been updated to allow exception reporting excluding patients who choose to book an appointment outside the 2 week period.

In addition to appointments reported through the GPAD system the ICB has commissioned additional capacity through Winter monies and the Extended Access DES.

It has been agreed with NHSE that we should be using GPAD as a data source for this indicator and confine the reporting to certain types of appointment rather than the full list.

Investment has been initiated to increase access to Dental Services through increased urgent access sessions, orthodontic appointments and waiting list initiatives. Flexible Commissioning initiatives are under review in order to develop robust and consistent methods for reporting on delivered activity. Procurements concluded with 3 new contracts due to mobilise in 2024 which will lead to improved access and use of commissioned UDAs. Alternative approaches for Bridlington are being planned. These new services will account for up to 84,777 UDAs.

In an effort to stabilise practices who may be struggling, the ICB is committed to working with providers to offer temporary reductions in their UDA delivery and to review their tariffs.

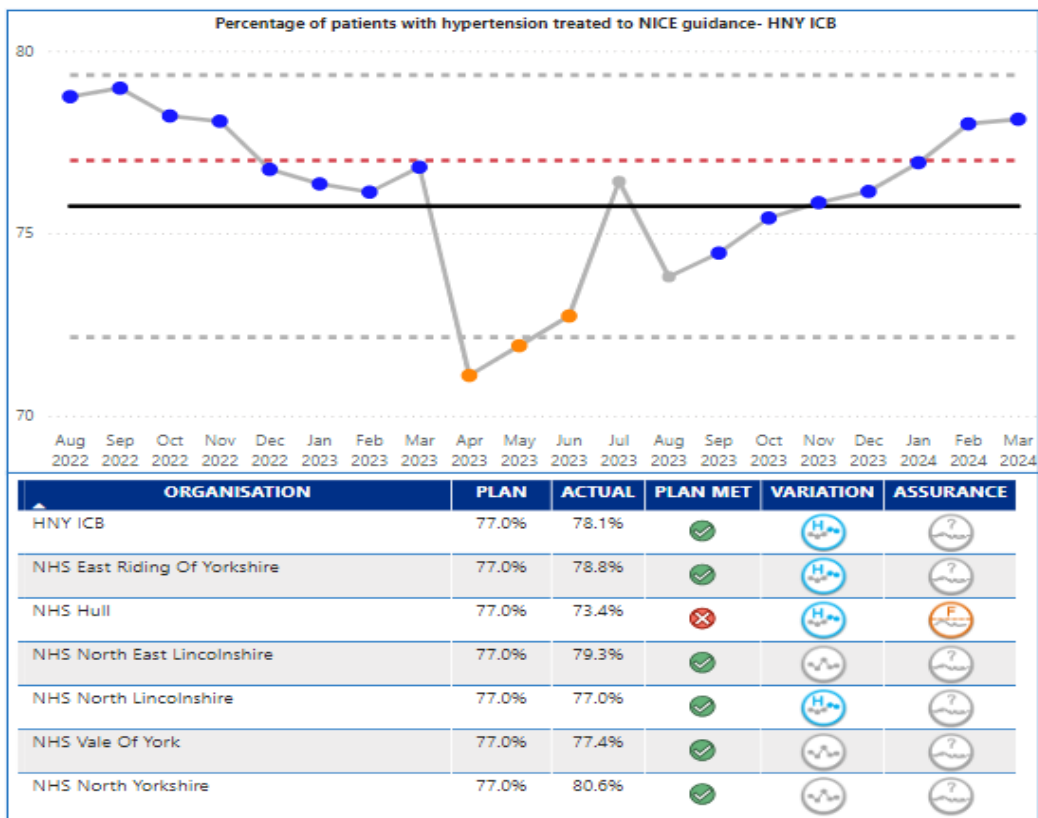
How does indicator link to long term priorities:

Primary care is singularly, the most used service in healthcare and is the entry point for many other services. It is therefore key to all of the ICB strategic ambitions, and long term aims.

Actual inability or perceived inability to access primary care (and dental services) can lead to patients either incorrectly using emergency services, adding pressure there, or reluctance to engage with healthcare at early stages of symptoms. Patient experience and outcome can be affected by these delays which is why improved access to primary care is vital.



Key Indicator: % Hypertension NICE Guidelines



Prevention Escalation Points

March 2024 performance was 78.1% against a target of 77%. The performance was showing a statistically **improving position** over the last year. **All Places achieved** their plan in March **except Hull which delivered 73.4%** against the same 77% target.

However, **Hull also demonstrated** special cause variation of an **improving** nature having dipped to 65% in April 2023 and improving to 73.4% by the year end – **but remain away from the other places.**

Key Actions

Sustained position from previous reporting period achieving this target indicator.

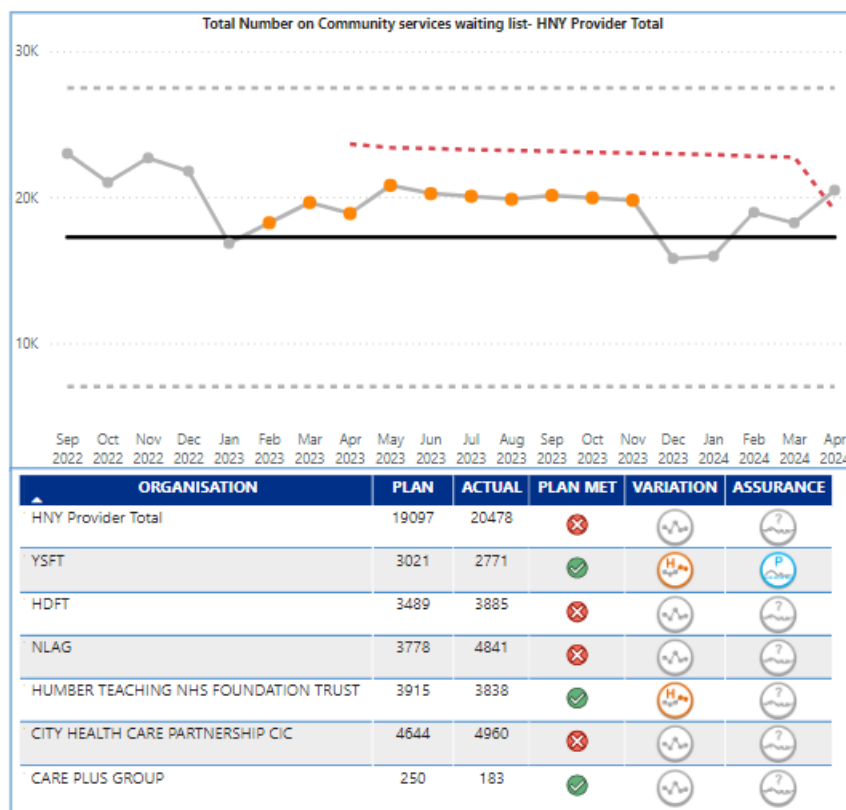
How does indicator link to long term priorities:

Improved the % of patients with hypertension being treated following NICE Guidelines supports several strategic ambitions and outcomes such as cutting CVD; and enabling wellbeing health and care equity. It also has a direct link to the long term ambition of improving healthy life expectancy.

1 in 3 adults has hypertension, which in turn can lead to heart disease, stroke and kidney disease, it is also linked to deprivation, and socioeconomic factors can be markers. This suggests that improving the care and treatment and prevention of hypertension could reduce the gap in healthy life as well..



Key Indicator: Community Waiting List



How does indicator link to long term priorities:

Community services play a key role in delivering several of the ICBs long term ambitions and outcomes; in particular the golden ambition to radically improve the health and wellbeing of children and young people, and outcome measure of living with frailty.

Community services are a key support to patients with long term conditions in particular, they support primary and secondary care by being an alternative provision, but also are key to future innovations in pathway redesign, of which virtual ward is an example. The structure of community services forms part of the ten priorities for 2024/25

Community Care Escalation Points

Community services achieved their year end target for waiting list size. However, April saw growth in the waiting list size to 20,478 against a reducing plan of 19,097 (the year end target is 16,694). The Key indicator going forward in 2024/25 is the reduction of long wait patients for community services, Virtual ward delivery and utilisation is in the plan to support delivery but not identified as a priority indicator.

Overall waiting list size stands at 20,478 a growth of 2,235 since March, although statistically performance has shown no significant change (no improvement or deterioration in the last twelve months). At a provider level; **Y&SFT has shown growth** with significant cause for concern (this is actually as a result of improved reporting from the start of the year and will now be closely monitored for new trend). Humber Teaching is also showing statistical growth. HDFT, NLaG, CHCP and Core Plus are showing no significant change.

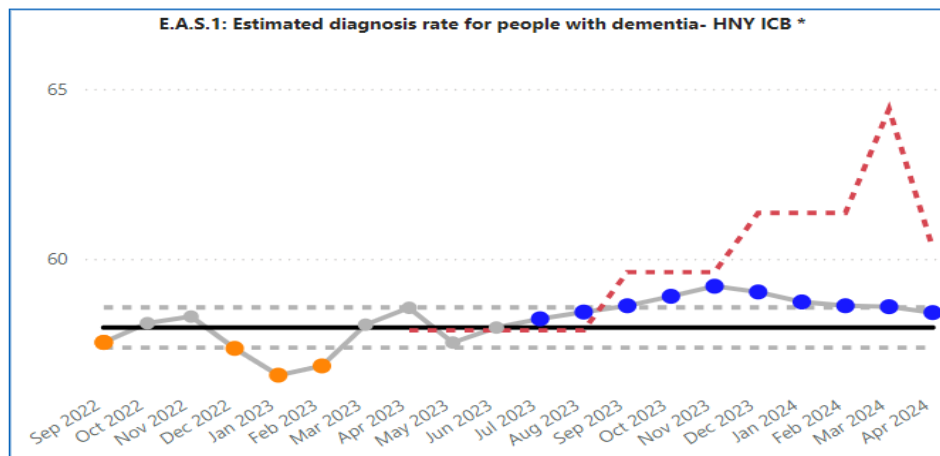
In regard to the long wait position, the latest validated data is February 2024, which saw **264 patients over 104 weeks** waiting for community services, **248 of which are at Y&SFT, the majority in Speech and Language therapies for Children and Young People.**

Key Actions

- Y&SFT are onboarded onto the SitRep as of March 24 and the ICB now have sight of capacity constraints within CYP SLT. HTFT CYP SLT also experiencing growth due to high demand and issues recruiting therapists.
- Discussions have taken place at the Community Collaborative Board to review options of providing mutual aid within the ICB and services are producing an internal improvement options appraisal which is due for completion July 24. Improvement plans will be reviewed and next steps for mutual aid explored ahead of this.
- Work to be undertaken to explore how providers are identifying and addressing health inequalities, particularly associated with vulnerable people and deprivation, on their community waiting lists and any relevant national best practice that can be adopted.
- Approval has been received from the Community Collaborative Board to progress the development of an ICB wide access policy to ensure patients are provided with equal, appropriate access and coherent waiting list management processes are established across the region. This is anticipated to be finalised Q3 24/25 with the first meeting of the project group expected July 24.



Key Indicator: Dementia Diagnosis Rate



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	April 2024	60.3%	58.4%			
NHS East Riding Of Yorks...	April 2024	59.0%	58.4%			
NHS Hull	April 2024	72.8%	66.6%			
NHS North East Lincolns...	April 2024	66.0%	61.6%			
NHS North Lincolnshire	April 2024	55.6%	55.7%			
NHS Vale Of York	April 2024	51.9%	52.3%			
NHS North Yorkshire	April 2024	60.0%	58.0%			

How does indicator link to long term priorities:

Improving Dementia Diagnosis Rate directly supports the ICB long term ambition of Transforming people’s health and care experiences and outcomes.

Earlier diagnosis of often vulnerable patient’s empowers patients and their families and carers to take control of their situation, leading to better management of the disease, better time to plan and therefore an enhanced quality of life.

Dementia Escalation Points

ICB actual is **58.4%**, which is below the ICB plan target of **60.3%**. Performance since September 2023 has been above or at the upper control limit and therefore demonstrating special cause **variation of an improving nature** where performance is significantly higher. However, even with the improved performance, the **ICB remains adrift from the national target of 66.7%** and planning expectation.

North Lincs and York have met their local targets, but place performance is variable; Hull 66.6% , NE Lincs 61.6%, East Riding 58.4%, North Yorks 58.0%, North Lincs 55.7%, and York **51.5%**. York also has a **worsening position statistically and is a national outlier**.

HNY 2024/25 Operational Planning local target will not meet the 66.7% national ambition, the plan that has been submitted is an improving position to 62.5%.

Key Actions

Confirmation for the allocation of Sustainable Development Funding (SDF) has now been received and further work is taking place to develop additional services across the ICS. We would expect to see increased growth in activity as a result of this additional investment. Work has commenced to complete a focussed programme to cleanse GP registers and develop a toolkit to improve coding. We know that issues with coding are contributing to the current performance being reported in some of our local places. Efforts will focus primarily in York, North Yorkshire and North Lincolnshire initially.

We have assessed service specifications for memory assessment services and are developing recommendations to address variation within these pathways.

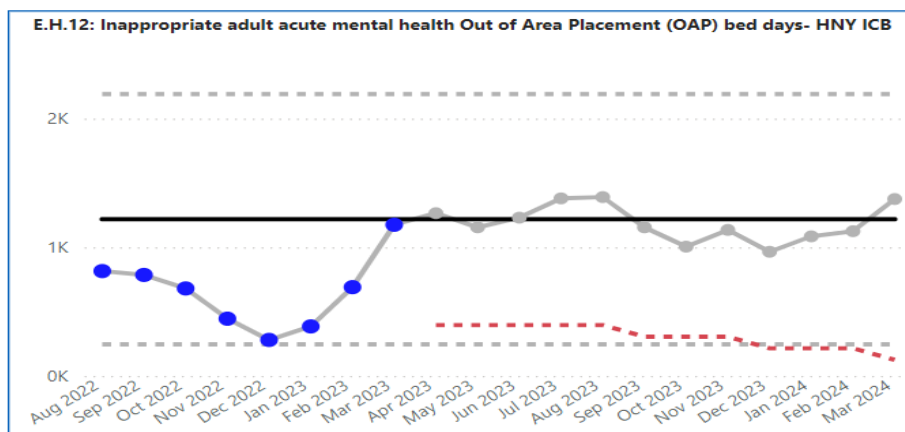
HNY is a partner ICB for the national blood biomarker scheme and are helping to lead work at a regional level on the introduction of disease modifying drugs.

We are supporting the implementation of new neuroimaging guidance across HNY.

MAS update logs to be reviewed 6 weekly in line with dementia steering group to track demand vs capacity. Where contract reports are available these will be reviewed as an alternative.



Key Indicator: Inappropriate OOA placements



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	March 2024	125	1375			
NHS East Riding Of Yorks...	March 2024	40	175			
NHS Hull	March 2024	50	350			
NHS North East Lincolns...	March 2024	0	0			
NHS North Lincolnshire	March 2024	35	745			
NHS Vale Of York	March 2024	0	15			
NHS North Yorkshire	March 2024	0	95			

How does indicator link to long term priorities:

Reducing inappropriate out of area placements directly supports the ICB long term ambition of Transforming people’s health and care experiences and outcomes.

Transporting often vulnerable patient’s long distances out of area can often be poor experience and demonstrates a lack of local capacity and available services. It has also been identified as one of the ten key priorities due to financial impact of having to fund inpatient stays over and above existing contracted provision.

Mental Health OOA Escalation Points

The target for 2023/24 related to out of area bed days is being changed in 2024/25 to number of placements. For 2023/24, **the actual performance in March was 1,375 bed days against a plan of 125**. The performance has shown no significant change in the last twelve months.

There is variation at Place with **NE Lincs at 0 bed days**, and Vale of York with 15, compared to **North Lincs at 745**, and Hull at 350 - although Hull are showing a statistically improving position whereas, North Lincs is showing a deterioration.

Key Actions

Confirmation for the allocation of Sustainable Development Funding (SDF) has now been received and further work is taking place to develop additional services across the ICS. We would expect to see increased growth in activity as a result of this additional investment

The Inpatient Quality Transformation draft plan has been submitted to NHS England and has received extremely positive initial feedback, OOA placements is a key workstream within this plan. A HNY ICB workshop for inpatients quality transformation was held on the 29th April, with regional and national colleagues in attendance, as well as people with lived experience of inpatient services. The final plan will be submitted at the end of June 2024.

The OOA dashboard has now been updated with data from all providers.

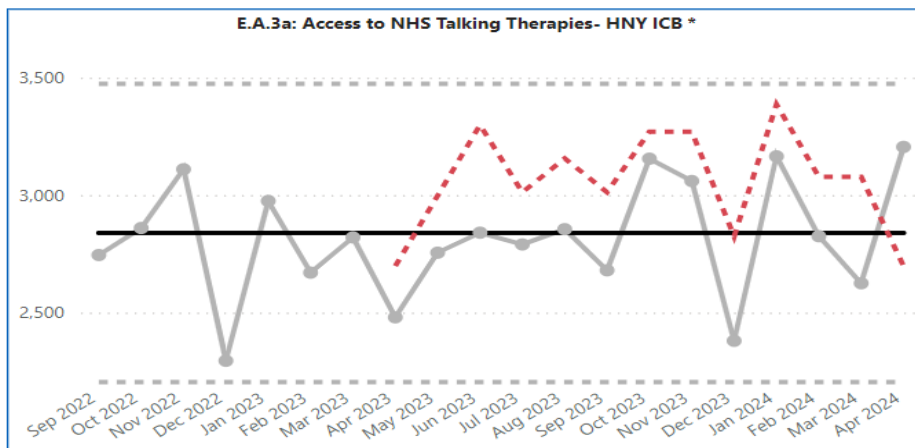
The Out of Area (OOA) Programme sits as a key element of the overall Mental Health, Learning Disability and Autism (MHLDA) Inpatient Quality and Safety Transformation Programme.

In 2024/25 we will focus on:

- Market development with the independent sector - to maximise provision within the area, negotiate fair and consistent pricing and enable greater oversight of patients.
- A full review for each major bed type with the relevant stakeholders, including service users and clinical leaders to develop the vision and implementation plans to conduct real change, commencing with Rehabilitation.
- Review of Housing options to support plans – it is clear that development and diversity of community provision will be a key enabler to delivering support closer to home for our populations.



Key Indicator: Access to Talking Therapy



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	April 2024	2698	3205			
NHS East Riding Of Yorks...	April 2024	434	610			
NHS Hull	April 2024	594	540			
NHS North East Lincolns...	April 2024	365	355			
NHS North Lincolnshire	April 2024	232	275			
NHS Vale Of York	April 2024	494	525			
NHS North Yorkshire	April 2024	579	900			

How does indicator link to long term priorities:

Improved access to Talking Therapies supports one of the ICB four big outcomes - enabling mental health resilience. This in turn supports ICB strategic ambitions and aims of improving wellbeing, health and care equity, and healthy life expectancy.

All national data and evidence suggests that mental health and wellbeing is worsening across all age groups and communities; and that poor mental health can impact on physical health. Improved access to MH services is therefore vital for the ICB to meet its long term strategic ambitions.

Talking Therapies (and CMHS) Escalation Points

ICB actual performance is 3,205 appointments against a target 2,698 which **exceeds the target**. Activity has remained within expected range since April 2021 with **no statistical trend in growth or reduction in the last three years**. Place level; East Riding, North Lincs, York, and North Yorkshire are meeting local targets. Hull and North-East Lincs are not achieving targets. **Hull is showing a worsening position**.

Current level of activity is affected by reduced referrals following the CMHS transformation. NHSE have recognised this impact and 24/25 planning metrics shift away from access targets for NHS Talking Therapies and focus on recovery and outcomes, which is an area where HNY have historically performed well.

The **Community Mental Health Services (CMHS) are below plan**. The published position is showing 16,995 against a plan of 19,140, however, local intelligence shows that the ICB actual is 18,785 (98% of target). East Riding and NE Lincs are meeting target. There has been a decrease in access figures over recent months, with activity at the lower end of the control limit, but overall no statistical change.

Key Actions

Confirmation for the allocation of Sustainable Development Funding (SDF) has now been received and further work is taking place to develop additional services across the ICS. We would expect to see increased growth in activity as a result of this additional investment

Primary care now have access to alternative MH input within PCNs, this has impacted upon the referrals to talking therapies.

NHSE have now published a guidance document to support improved joint working between NHS Talking Therapies and CMHS.

CMHS programme lead, exploring possible reasons for recent drop in access with providers

The MH Collaborative are considering expressions of interest to NHSE for a Pilot of Mental Health 24/7 Community services closer to home for people who are experiencing significant mental health difficulties, deadline 24th May 2024. If successful, these would support more preventative work in the community and positively impact on avoidance of inpatient admission.

A photograph showing a healthcare worker in purple scrubs with a stethoscope around their neck, sitting and holding the hand of an elderly patient. The patient is wearing a grey and black patterned blanket and is lying in a hospital bed. The background is softly blurred, showing a hospital room setting.

Appendices with further information relating to:

- **Non Access Indicators**
- **Full list of operating Plan metrics**

The Indicators described in the quadrants below form part of the annual operating plan guidance but are picked up through other reporting routes.

Finance

The following indicators are discussed at the Finance and Performance Committee, and escalated to the ICB Board via the Chief Finance Officer paper

- Deliver net system balanced position
- Reduce agency spend
- Deliver VWA activity total – Income Target

Workforce

The following indicators will form part of the update to Finance and Performance Committee along with any necessary escalations to ICB Board from the Director of HR. Performance for staff sickness and retention in March is described below:

- Increase workforce retention – **13.9% against target of 12.2% not achieving**
- Reduce staff sickness – **4.4% against target of 4.8% achieving**
- Deliver WTE reduction (substantive, bank, agency)
- Improve working lives of doctors
- Provide sufficient clinical placements and apprenticeships

Prevention and Health Inequalities

The following indicators are discussed at the Population Health and Prevention Committee along with a wider number of metrics. The Board will be updated via papers agreed at certain times in the year.

- Improve vaccination uptake for CYP (WHO)
- Deliver on the Core20Plus5 approach for adults, CYP

Quality

The following indicators are discussed at the Quality Committee along with a wider number of quality metrics. Updates on the quality agenda and these three operating plan metrics will be escalated to the Board from the Quality Committee.

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

The following slide gives a brief headline updates, and these will be periodically updated for this report.

Quality Cont.






























Implement 3 year plan for maternity and neonates

- Currently at Year 2, Q1; improvements noted for Year 1, Q4. The LMNS have an ongoing oversight process to assess progress at each Trust as well as leading system improvement projects, acknowledging that there are two Trusts working through the Maternity Safety Support Programme and there is a lot of crossover between these and Ockenden requirements.
- Theme 1: Working with women and families; significant improvement in Maternity & Neonatal Voices Partnerships input, baby passport introduced, good progress with Perinatal Pelvic Health.
- Theme 2: Workforce development; first cohort of Midwifery Support Workers through programme, plan for workforce & equity lead progressed, QI work with bereavement midwives to establish robust teams
- Theme 3: Safety & learning culture; supporting system wide improvements from CQC/Score surveys, induction of labour project commenced, escalation and mutual aid processes in place
- Theme 4: Underpinning standards & structures; Badgernet now in place in 3/4 Trusts, Maternity Incentive Scheme trajectories agreed and scheduled, MBRRACE data review completed































Implement the patient safety incident response framework

- All of the larger providers have made the transition to PSIRF. Providers continue to work through their legacy serious incidents to expected timescales. TEWV in particular have made extremely positive progress in addressing their backlog.
- The Patient Safety Committee has been established and is considering the system based quality improvement initiatives that will be commissioned to address the main safety themes arising from provider patient safety priorities. The oversight framework is in development and will be presented to the PSIRF Implementation group in August 2024.
- The ICB has submitted an expression of interest to the National Team to be a pilot ICB for the development of PSIRF in GP Practices.

SUMMARY TABLE BY INDICATOR

AREA	KPI NAME & REPORTING LEVEL	LATEST DATE	TARGET	ACTUAL	VARIATION	ASSURANCE	PLAN MET
Urgent and Emergency Care	Ambulance Response Times CAT2 - Mean - EMAS	April 2024	00:30:00	00:33:56			
Urgent and Emergency Care	Ambulance Response Times CAT2 - Mean - YAS	April 2024	00:30:00	00:26:02			
Urgent and Emergency Care	Volume of Ambulance Handovers - EMAS	April 2024	0	11411			
Urgent and Emergency Care	Volume of Ambulance Handovers - YAS	April 2024	0	10586			
Urgent and Emergency Care	Handover Times >60 - EMAS	March 2024		7928			
Urgent and Emergency Care	Handover Times >60 - YAS	March 2024		3715			
Urgent and Emergency Care	A&E 4 hour waiting times - HNY Provider Total	April 2024	65.3%	70.6%			
Urgent and Emergency Care	Total G&A Beds - HNY Provider Total	April 2024		2996			
Urgent and Emergency Care	Percentage Total G&A Bed Occupancy - HNY Provider Total	April 2024		92.0%			
Elective Care	18 Week Referral to Treatment Waiting Times - Waiting List - HNY Provider Total	April 2024	185205	189912			
Elective Care	18 Week Referral to Treatment Waiting Times - 65+ Week Waits - HNY Provider Total	April 2024	312	242			





























SUMMARY TABLE BY INDICATOR

AREA	KPI NAME & REPORTING LEVEL	LATEST DATE	TARGET	ACTUAL	VARIATION	ASSURANCE	PLAN MET
Elective Care	18 Week Referral to Treatment Waiting Times - 52+ Week Waits - HNY Provider Total	April 2024	5859	4878			
Diagnostics	Diagnostic Tests - 7 Targeted Test - HNY Provider Total	April 2024	63475	63727			
Diagnostics	Diagnostics Test Waiting Times: Proportion of Patients Waiting 6+ Weeks for the 9 Targeted Tests - HNY Provider Total	April 2024	25.6%	109.5%			
Diagnostics	Diagnostic Tests - All - HNY Provider Total	April 2024		66301			
Cancer	28 Day Faster Diagnosis Standard - HNY Provider Total	April 2024	73.6%	71.9%			
Cancer	Patients waiting 63+ days after referral from cancer PTL - HNY Provider Total	March 2024	431	458			
Cancer	Unadjusted percentage diagnosed at cancer stage 1 & 2 - HNY Provider Total	February 2024		56.8%			
Primary Care	Direct Patient Care (DPC) Roles in General Practice - HNY ICB	March 2024	918.2	792.5			
Primary Care	Recover dental activity, improving units of dental activity towards pre-pandemic levels - HNY ICB	April 2024	100.0%	86.0%			
Primary Care	Appointments in General Practice - HNY ICB	April 2024	905580	978677			
Primary Care	Proportion of Appointments in General Practice Booked and Seen the Same Day - HNY ICB	April 2024		42.0%			

SUMMARY TABLE BY INDICATOR

AREA	KPI NAME & REPORTING LEVEL	LATEST DATE	TARGET	ACTUAL	VARIATION	ASSURANCE	PLAN MET
Primary Care	Proportion of Appointments in General Practice Booked and Seen Within 14 Days - HNY ICB	April 2024	85.0%	80.3%			
Primary Care	Number of Doctors working in general practice - HNY ICB	May 2023		1351			
Prevention and Health Inequalities	Percentage of patients with hypertension treated to NICE guidance - HNY ICB	March 2024	77.0%	78.1%			
Prevention and Health Inequalities	Percentage of patients (25-84 years) with CVD risk score greater than 20% on lipid-lowering therapies - HNY ICB	March 2024	60.0%	75.7%			
Community Health Services	Total Number on Community services waiting list - HNY Provider Total	April 2024	19097	20478			
Community Health Services	2-hour urgent community response (UCR) standard - HNY Provider Total	April 2024	70.0%	86.7%			
Learning disability & autistic people	S029a: Inpatients with a learning disability and/or autism per million head of population - HNY ICB	May 2024	33.1	37.5			
Learning disability & autistic people	E.K.3: Learning disability registers and annual health checks delivered by GPs - HNY ICB	April 2024	3.7%	3.5%			
Learning disability & autistic people	E.K.1c: Reliance on inpatient care for people with a learning disability and/or autism - Care for children - HNY ICB	May 2024	9.0	30.0			
Mental Health	E.A.S.1: Estimated diagnosis rate for people with dementia - HNY ICB	April 2024	60.3%	58.4%			
Mental Health	E.H.12: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days - HNY ICB	March 2024	125	1375			

SUMMARY TABLE BY INDICATOR

AREA	KPI NAME & REPORTING LEVEL	LATEST DATE	TARGET	ACTUAL	VARIATION	ASSURANCE	PLAN MET
Mental Health	E.H.12: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days - HNY ICB	March 2024	125	1375			
Mental Health	E.H.27: Overall Access to Core Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses - HNY ICB	March 2024		16995			
Mental Health	E.H.9: Access to Children and Young People's Mental Health Services - HNY ICB	March 2024	21171	21595			
Mental Health	E.A.3a: Access to NHS Talking Therapies - HNY ICB	April 2024	2698	3205			
Mental Health	E.H.15: Women Accessing Specialist Community Perinatal Mental Health Services - HNY ICB	March 2024	1389	745			
Maternity	Neonatal deaths per 1,000 total live births - HNY ICB	February 2024		2.8			
Maternity	Stillbirths per 1,000 total births - HNY ICB	February 2024		2.9			
Workforce	Sickness Absence (working days lost to sickness) - HNY Provider Total	March 2024	4.8%	4.4%			
Workforce	Staff retention rate (all staff) - HNY Provider Total	March 2024	12.2%	13.9%			
Workforce	Leaver Rate - HNY Provider Total	March 2024		7.0%			
Workforce	Vacancy Rates - HNY Provider Total	March 2024		5.5%			



Humber and North Yorkshire
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