



Humber & North Yorkshire ICB Board Report

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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 Dec-23 with A&E 4hr and YAS CAT 2 published to Jan-24	
	Unvalidated positions as follows:	
CAT 2 Response Times	Snapshot position for EMAS from the NEY Performance and Quality Report as at w/e 28/01/2024. YAS is the validated figure.	
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 28/01/2024.	
18 Week RTT - 52+ Weeks		
18 Week RTT - 65+ Weeks		
18 Week RTT - 78+ Weeks		
Diagnostic Test Waiting Times - 6+ Weeks	Snapshot position from the NEY Performance and Quality Report as at w/e 28/01/2024.	
Patients Waiting 63+ Days	Snapshot position from the Cancer Alliance PTL as at w/e 28/01/2024.	
Reliance on Inpatient Care for People with a Learning Disability and/or Autism	Snapshot month end position direct from providers.	

Coverage : ICB coverage

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

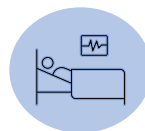
Areas for consideration



UEC 4 hour performance missed the January target and at 67.2% is 9% away from year end target of 76%. NLAG had the biggest variance to plan but HUTH performance is a national outlier. Open beds and bed occupancy reflect UEC pressure.



YAS saw some improvement in Cat 2 response times but EMAS saw further deteriorating position – 56 minutes for January 24.



Acute waiting list size and long wait position improved, but waiting lists still remain higher than plan.



Diagnostic 6 week performance showed some improvement in January, but Trusts are still away from plan and nationally the ICB is an outlier, and adrift from the constitutional target.



Cancer performance is achieving plan for faster diagnosis and over 63+ days waiting list. Improvement in month on both of these targets, and further improvement needed in the waiting list to achieve year end target of 431.



The majority of Mental Health and Learning disability indicators are not meeting their targets. Improvements in data reporting would reduce the scale of the gap and plans are in place to make this more visible. Latest reporting showed a mixed trend on improving and worsening positions.



Primary care delivery was away from plan on overall appointments and patients seen within 14 days of booking.



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.

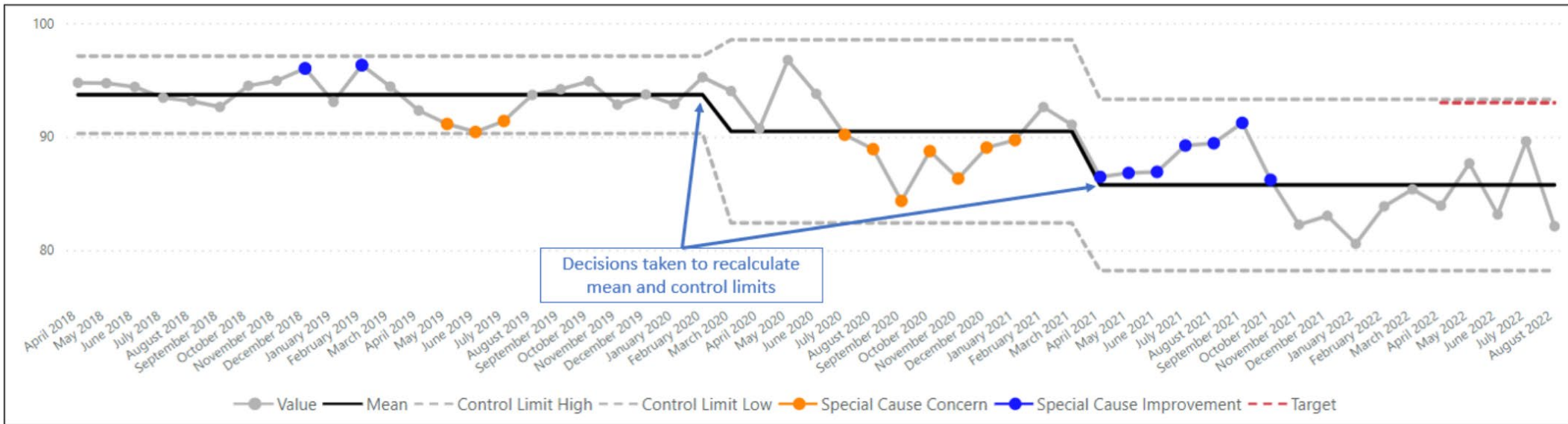
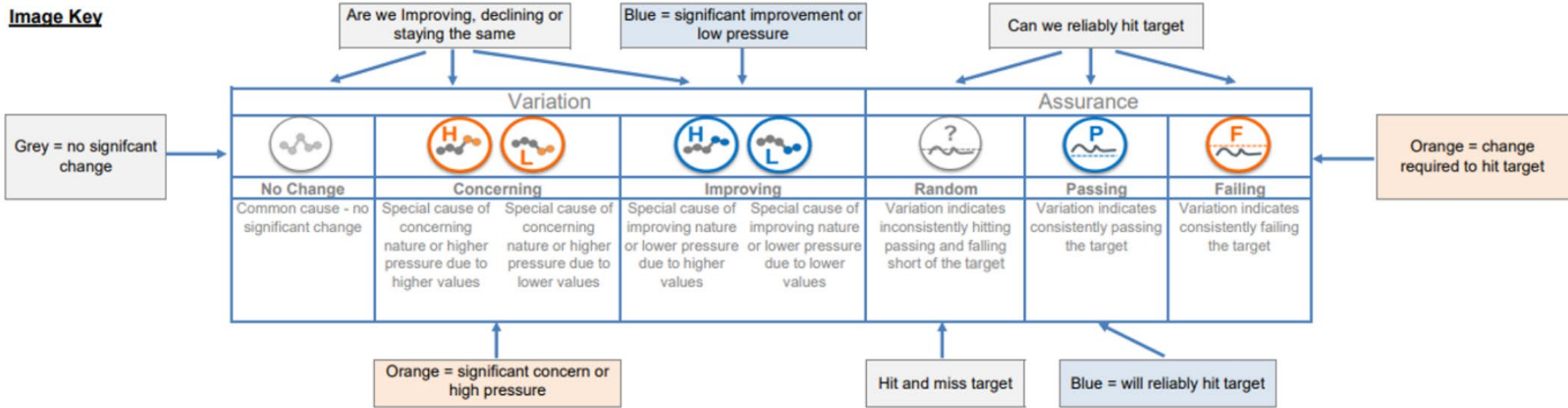


Maternity services are monitoring indicators in the report and further indicators are included in the appendices




























Workforce performance demonstrates that staff sickness levels are being met, but retention rates are not. Also, workforce numbers, total, substantive, bank and agency are over plan.


























Image Key































For a more detailed SPC chart view please hover over any indicator for a pop-up tooltip or right click on any indicator and select the 'Drill through' option

AREA	KPI NAME & REPORTING LEVEL	LATEST DATE	TARGET	ACTUAL	VARIATION	ASSURANCE	PLAN MET
Urgent and Emergency Care	Ambulance Response Times CAT2 - Mean - EMAS	January 2024	00:30:00	00:56:24			
Urgent and Emergency Care	Ambulance Response Times CAT2 - Mean - YAS	January 2024	00:30:00	00:34:30			
Urgent and Emergency Care	Handover Times - EMAS	December 2023	0	13275			
Urgent and Emergency Care	Handover Times - YAS	January 2024	0	11949			
Urgent and Emergency Care	Handover Times >60 - EMAS	November 2023		4322			
Urgent and Emergency Care	Handover Times >60 - YAS	December 2023		2321			
Urgent and Emergency Care	A&E 4 hour waiting times - HNY Provider Total	January 2024	67.8%	67.2%			
Urgent and Emergency Care	Total G&A Beds - HNY Provider Total	January 2024	2919	3005			
Urgent and Emergency Care	Percentage Total G&A Bed Occupancy - HNY Provider Total	January 2024	90.8%	93.9%			




























For a more detailed SPC chart view please hover over any indicator for a pop-up tooltip or right click on any indicator and select the 'Drill through' option

AREA	KPI NAME & REPORTING LEVEL	LATEST DATE	TARGET	ACTUAL	VARIATION	ASSURANCE	PLAN MET
Elective Care	18 Week Referral to Treatment Waiting Times - Waiting List - HNY Provider Total	January 2024	172456	182758			
Elective Care	18 Week Referral to Treatment Waiting Times - 65+ Week Waits - HNY Provider Total	January 2024	1502	1261			
Elective Care	18 Week Referral to Treatment Waiting Times - 52+ Week Waits - HNY Provider Total	January 2024	9935	5913			
Diagnostics	Diagnostic Tests - 7 Targeted Test - HNY Provider Total	December 2023	56330	56830			
Diagnostics	Diagnostics Test waiting Times: Proportion of Patients Waiting 6+ Weeks for a Diagnostic Test - HNY Provider Total	January 2024	27.8%	32.1%			
Diagnostics	Diagnostic Tests - All - HNY Provider Total	December 2023		61700			
Cancer	28 Day Faster Diagnosis Standard - HNY Provider Total	December 2023	66.7%	71.0%			
Cancer	Patients waiting 63+ days after referral from cancer PTL - HNY Provider Total	January 2024	734	676			
Cancer	Unadjusted percentage diagnosed at cancer stage 1 & 2 - HNY Provider Total	October 2023		55.6%			















For a more detailed SPC chart view please hover over any indicator for a pop-up tooltip or right click on any indicator and select the 'Drill through' option

AREA	KPI NAME & REPORTING LEVEL	LATEST DATE	TARGET	ACTUAL	VARIATION	ASSURANCE	PLAN MET
Primary Care	Direct Patient Care (DPC) Roles in General Practice - HNY ICB	December 2023	842.2	793.3			
Primary Care	Recover dental activity, improving units of dental activity towards pre-pandemic levels - HNY ICB	December 2023	100.0%	68.0%			
Primary Care	Appointments in General Practice - HNY ICB	December 2023	902841	826041			
Primary Care	Proportion of Appointments in General Practice Booked and Seen the Same Day - HNY ICB	December 2023		42.8%			
Primary Care	Proportion of Appointments in General Practice Booked and Seen Within 14 Days - HNY ICB	December 2023	85.0%	82.1%			
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	December 2023	77.0%	76.1%			
Prevention and Health Inequalities	Percentage of patients (25-84 years) with CVD risk score greater than 20% on lipid-lowering therapies - HNY ICB	December 2023	60.0%	74.2%			
Community Health Services	Total Number on Community services waiting list - HNY Provider Total	December 2023	22973	15799			
Community Health Services	2-hour urgent community response (UCR) standard - HNY Provider Total	December 2023	70.0%	88.9%			

For a more detailed SPC chart view please hover over any indicator for a pop-up tooltip or right click on any indicator and select the 'Drill through' option

AREA	KPI NAME & REPORTING LEVEL	LATEST DATE	TARGET	ACTUAL	VARIATION	ASSURANCE	PLAN MET
Learning disability & autistic people	S029a: Inpatients with a learning disability and/or autism per million head of population - HNY ICB	January 2024	28.7	42.6			
Learning disability & autistic people	E.K.3: Learning disability registers and annual health checks delivered by GPs - HNY ICB	December 2023	6.0%	6.2%			
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	January 2024	9.0	21.0			
Mental Health	E.A.S.1: Estimated diagnosis rate for people with dementia - HNY ICB	December 2023	61.4%	59.0%			
Mental Health	E.H.12: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days - HNY ICB	November 2023	305	1135			
Mental Health	E.H.27: Overall Access to Core Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses - HNY ICB	December 2023	19140	16810			
Mental Health	E.H.9: Access to Children and Young People's Mental Health Services - HNY ICB	December 2023	21171	20720			
Mental Health	E.A.3a: Access to NHS Talking Therapies - HNY ICB	December 2023	2824	2380			
Mental Health	E.H.15: Women Accessing Specialist Community Perinatal Mental Health Services - HNY ICB	December 2023	1102	745			

For a more detailed SPC chart view please hover over any indicator for a pop-up tooltip or right click on any indicator and select the 'Drill through' option

AREA	KPI NAME & REPORTING LEVEL	LATEST DATE	TARGET	ACTUAL	VARIATION	ASSURANCE	PLAN MET
Maternity	Neonatal deaths per 1,000 total live births - HNY ICB	October 2023		2.5			
Maternity	Stillbirths per 1,000 total births - HNY ICB	October 2023		3.0			
Workforce	Sickness Absence (working days lost to sickness) - HNY Provider Total	November 2023	4.8%	4.8%			
Workforce	Staff retention rate (all staff) - HNY Provider Total	October 2023	12.2%	14.8%			
Workforce	Leaver Rate - HNY Provider Total	November 2023		7.4%			
Workforce	Vacancy Rates - HNY Provider Total	November 2023		5.7%			

Achieving 1/5 indicators

Achieving

1. G&A Beds open

Not Achieving

2. Ambulance Response Times - CAT 2 – EMAS

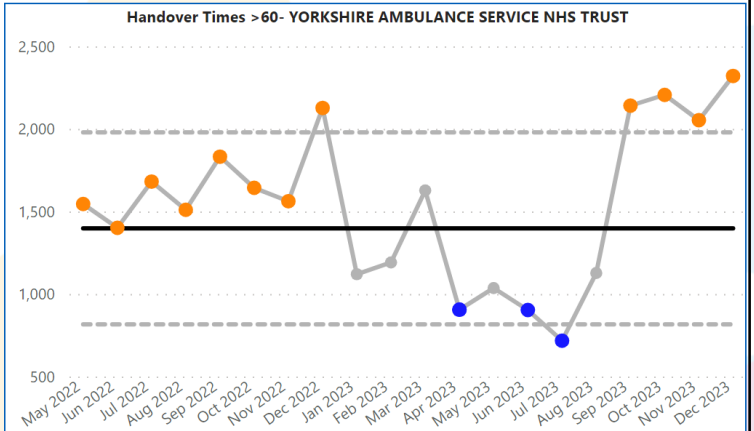
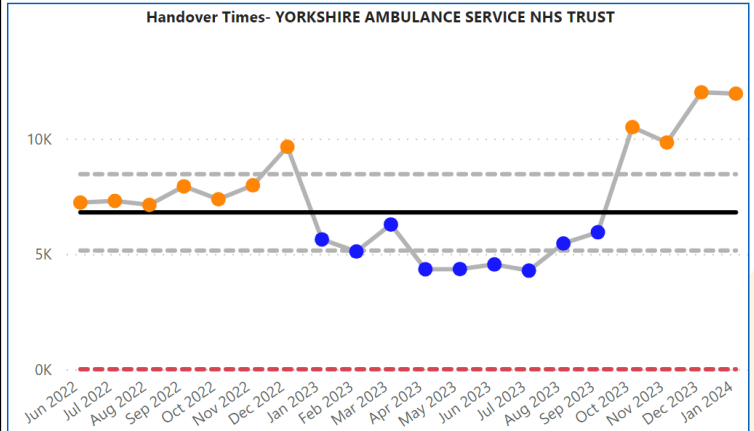
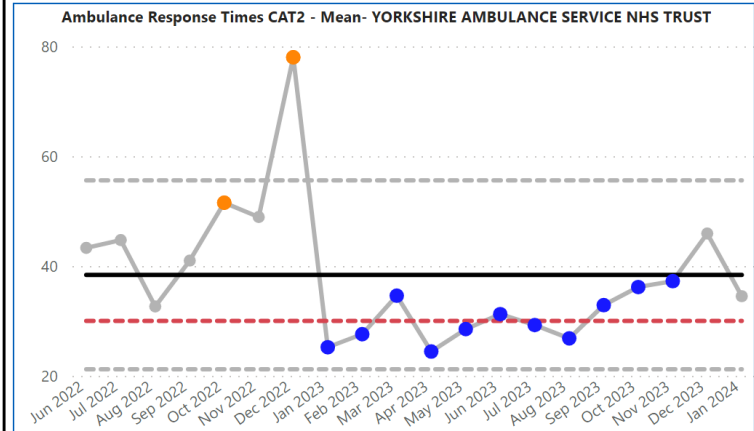
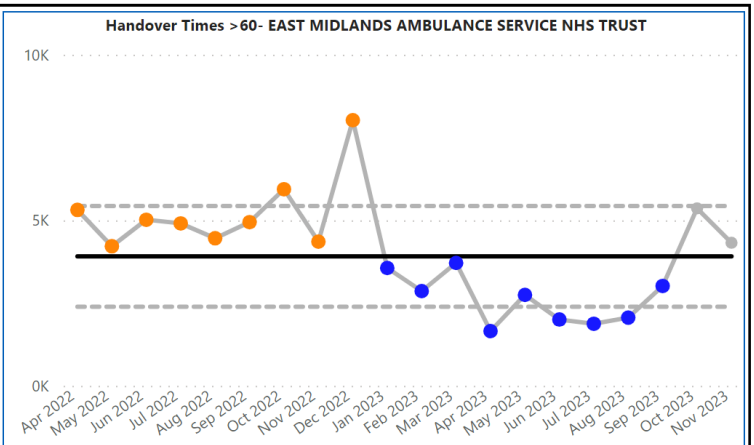
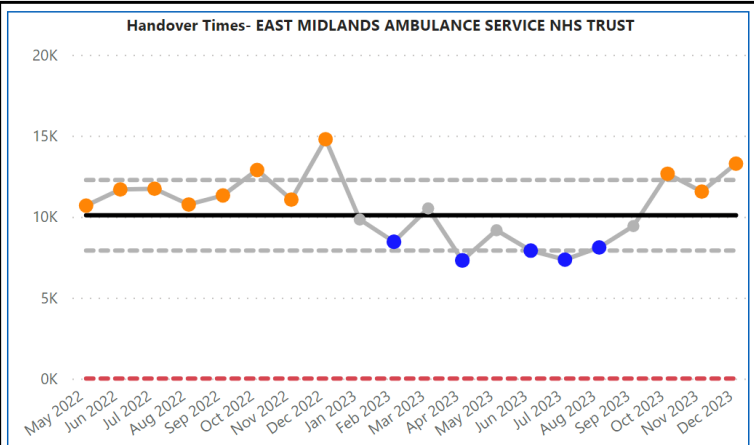
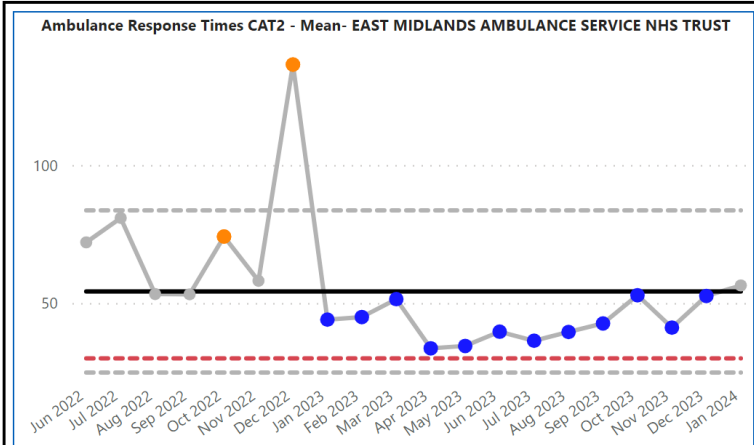
3. Ambulance Response Times - CAT 2 – YAS

4. A&E 4 hour waiting times

5. Total general and acute bed occupancy

Urgent Emergency Care



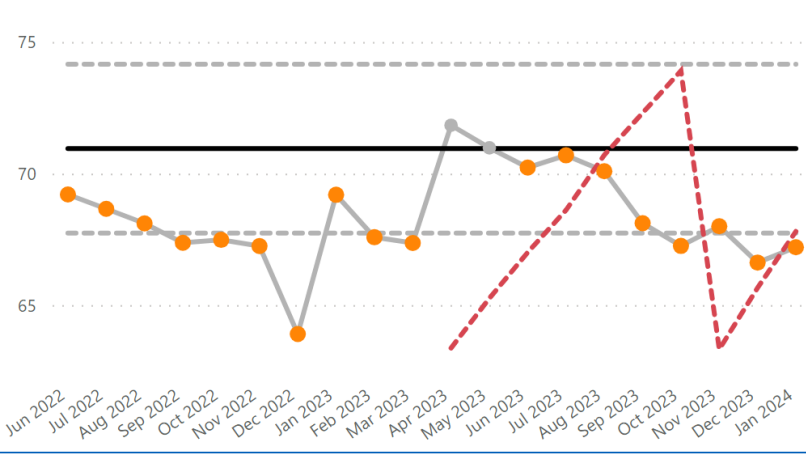


ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
EAST MIDLANDS AMBUL...	January 2024	00:30:00	00:56:24			
YORKSHIRE AMBULANCE...	January 2024	00:30:00	00:34:30			

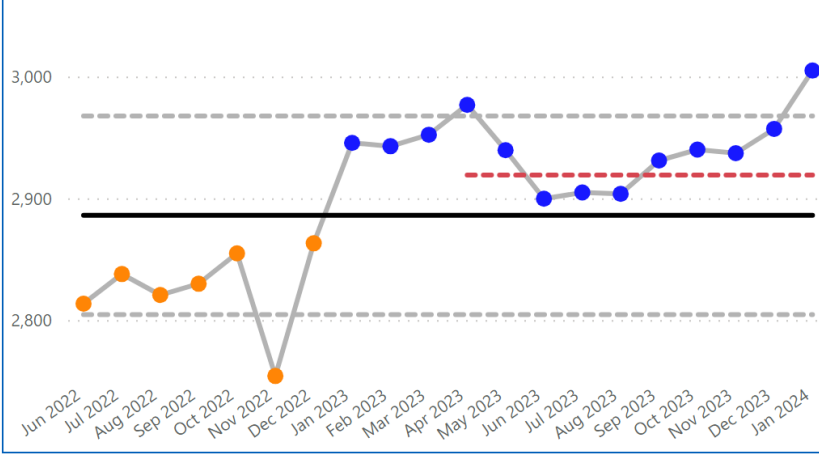
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
EAST MIDLANDS AMBUL...	December 2023	0	13275			
YORKSHIRE AMBULANCE...	January 2024	0	11949			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
EAST MIDLANDS AMBUL...	November 2023		4322			
YORKSHIRE AMBULANCE...	December 2023		2321			

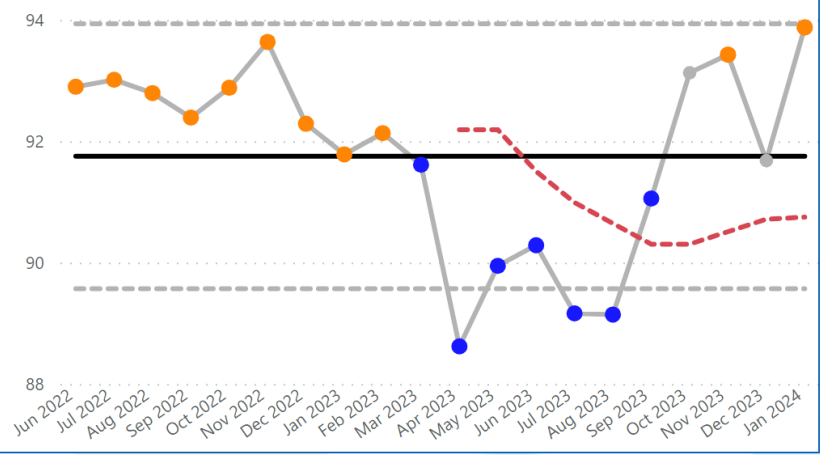
A&E 4 hour waiting times- HNY Provider Total



Total G&A Beds- HNY Provider Total



Percentage Total G&A Bed Occupancy- HNY Provider Total



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	January 2024	67.8%	67.2%			
YSFT	January 2024	69.1%	67.3%			
HDFT	January 2024	76.0%	71.5%			
NLAG	January 2024	73.5%	60.4%			
HUTH	January 2024	55.0%	45.1%			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	January 2024	2919	3005			
YSFT	January 2024	846	879			
HDFT	January 2024	318	326			
NLAG	January 2024	629	625			
HUTH	January 2024	1126	1175			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	January 2024	90.8%	93.9%			
YSFT	January 2024	91.1%	93.6%			
HDFT	January 2024	89.9%	94.2%			
NLAG	January 2024	90.6%	94.4%			
HUTH	January 2024	90.8%	93.7%			

KPI Name	Issues and risks	Actions
<p>Ambulance Response Times - CAT 2</p>	<ul style="list-style-type: none"> YAS missed their CAT2 trajectory of 30 mins at 34:30mins, however this was an improvement on December's 45:55mins. EMAS missing 30 mins at 56:24mins, a further deterioration on December's 52:36mins. Concerns have been raised by Region and the Midlands with regards to HNY's contribution to this position for EMAS. York and HUTH remain the main contributors to YAS missed target. 12 hours in department remain high in HNY compared to the rest of the Region. 	<p>Weekly ambulance handover task and finish group continues. NLAG has commenced their zero tolerance 45 min handover protocol, with continuous monitoring and adapting to the process during implementation. This is underpinned by a continuous flow model, moving patients regularly from ED and IAU to reduce crowding and create the capacity for offload. Scarborough has also commenced 45 minute handover, again adapting and flexing the approach as they learn, with an aim to roll this out to York once a clear process has been established. Hull has seen some improvement in their handover times recently, and this is expected to improve further with the ground floor reconfiguration and ongoing.</p>
<p>A&E 4 hour waiting times</p>	<ul style="list-style-type: none"> HNY saw an improvement in 4 hour performance in January of 67.2% compared to December's 66.6%. This was a slight shortfall on the trajectory position of 67.8% for January All providers missed their January trajectories, although the shortfall for some was not as large as it has been in other months. The largest shortfall of performance against trajectory was NLAG at 60.4% against a trajectory of 73.5% (HDFT 71.5% v 76% plan, YSFT 67.3% v 69.1% plan and HUTH 45.1% v 55% plan). This still leaves a significant improvement needed across these 3 trusts to move towards the 76% required performance by end March 2024. 	<ul style="list-style-type: none"> Hull UTC opened its doors on 5th February, run by CHCP but with a collaborative approach to staffing for minor injury. This has already seen a large shift in activity from Storey street, along with some minor injuries streamed from ED. NLAG have commenced a new "continuous flow" type model, linked to their 45 minute zero tolerance handover policy. This continuous flow mode is expected to reduce crowding in ED and therefore support improved 4 hour performance. NLAG have also opened their new IAU and SDEC at the DPOW site York UEC Summit held 19th February, identifying focused actions, signed up to by the System, to support a further improvement in performance.
<p>Total general and acute bed occupancy and beds open</p>	<p>Total general and acute bed occupancy 93.9% against a target of 90.8%, this is a deterioration on December's position of 91.7%. All providers missing bed occupancy target this month, with occupancy increasing for all against December's position. Total beds for HNY exceeds target at 3005 compared to a plan of 2919. The only provider below plan is NLAG with 625 beds against a plan of 629.</p>	<p>No Criteria To Reside plan developed following a deep dive at the UEC Board - new NCTR Network meeting being established to focus on a common set of principle and processes across the ICB. Resource identified to lead at an ICS level to ensure consistency. Continued focused work on NCTR data to ensure consistency and accuracy in reporting. OPTICA now live in HUTH and plans in train to implement in York & Scarborough. Community round table event held in NYY with Acutes, LAs. Social Care providers etc to discuss the discharge position and agree actions/solutions. New UEC Framework for HNY also establishes a workstream on In-hospital flow and discharge, to look at early discharge planning.</p>

Achieving 1/2 indicators

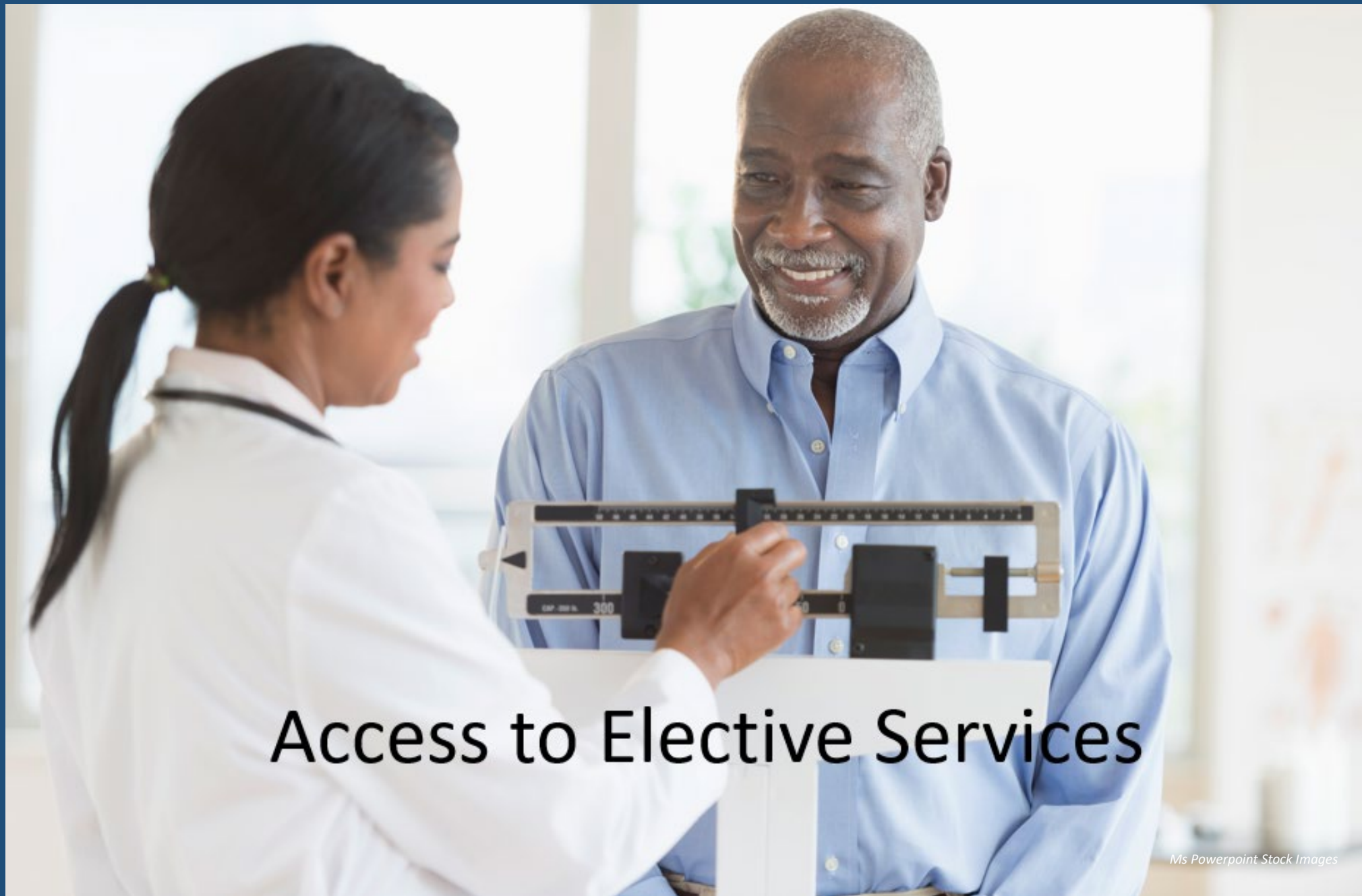
Achieving

1. RTT 65+ weeks wait

Not Achieving

2. RTT Total Waiting List

Although not a priority indicator, the value of work undertaken, measured via ERF is currently achieving



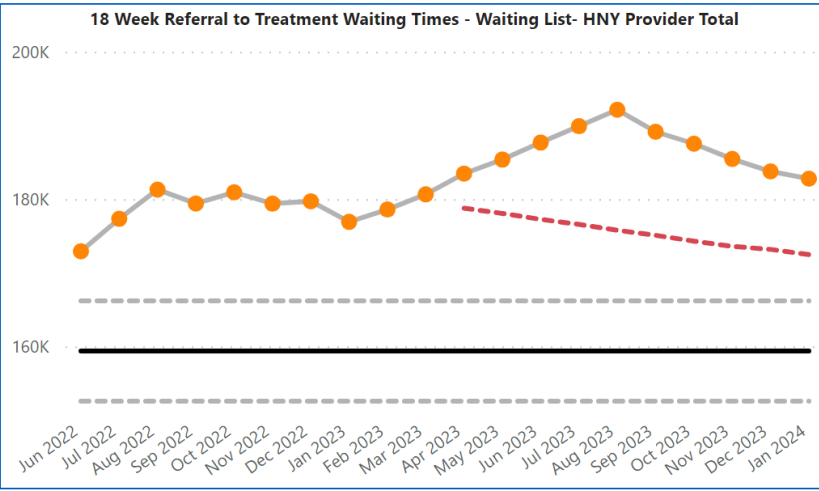
Access to Elective Services

Value Weighted Activity

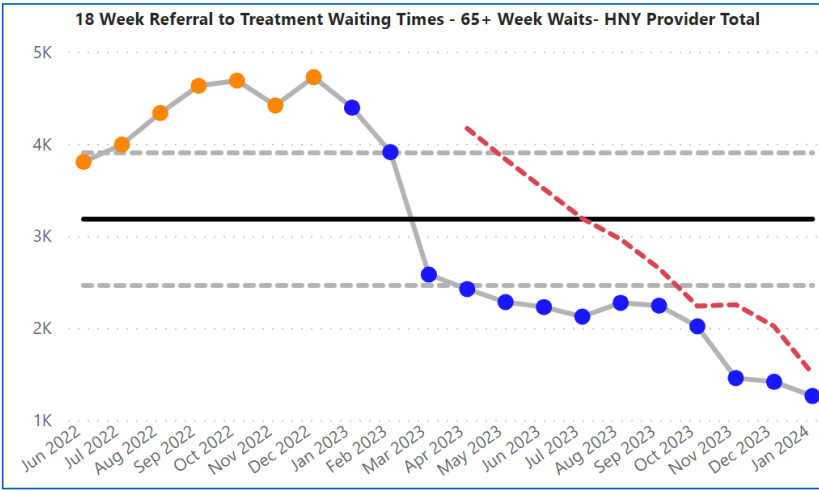
The reported recovery of our providers for ICB commissioned activity is shown in the table below:-

Provider Name	Performance									
	Year to Date	Target	April	May	June	July	August	September	October	November
Harrogate And District NHS Foundation Trust	102.1%	99.0%	99.0%	104.3%	100.3%	101.0%	96.4%	117.1%	109.3%	91.3%
Hull University Teaching Hospitals NHS Trust	101.7%	102.0%	101.3%	106.7%	95.3%	103.8%	97.4%	99.1%	103.8%	106.9%
Northern Lincolnshire And Goole NHS Foundation Trust	105.6%	103.0%	108.2%	108.7%	101.1%	107.3%	115.2%	99.1%	101.6%	105.3%
York And Scarborough Teaching Hospitals NHS Foundation Trust	105.5%	100.0%	103.4%	110.3%	97.0%	109.7%	107.6%	103.6%	104.6%	108.8%
Independent Sector	137.7%	112.0%	142.4%	143.1%	116.4%	146.4%	144.1%	135.6%	153.6%	127.2%
ICB Overall	112.6%	105.0%	112.4%	118.0%	104.3%	115.6%	114.7%	111.9%	114.6%	110.8%

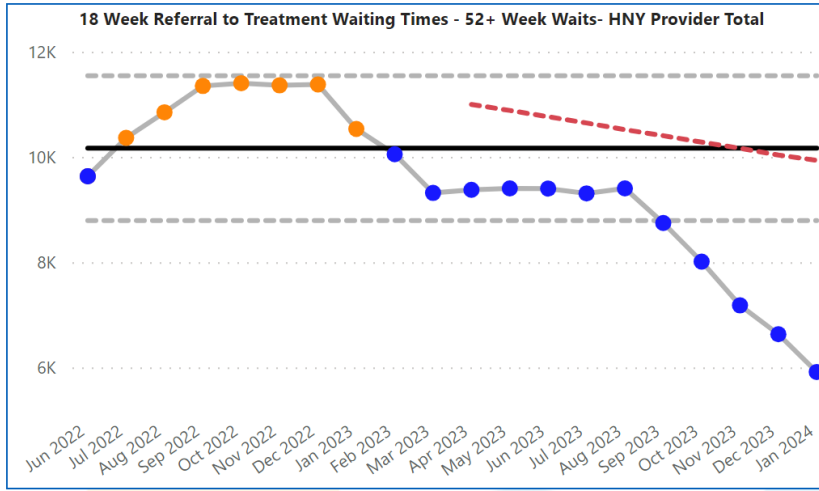
Activity for November 2023 has shown that HNY ICB performance has reduced slightly to 112.6% (cumulative) from 112.9% in October against the revised target of 105% with November achieving 110.8%. This is taken from the national ERF Performance Report. Risks from on-going industrial action (junior doctor and consultant strikes) in particular the months of Sep/Oct due to Junior doctor and consultant strikes on the same days, however, these did not appear to impact performance hugely with September's finalised position of 111.9% 0.7% below the YTD average. Performance has been reduced after a reduction within IS activity against baseline, although the IS continues to be the highest performing provider. In contrast to this Harrogate & District has the lowest performance seen during November, although in previous periods, the current month's position does move significantly, with October moving from 99.2% to 109.3% on receipt of freeze data.



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	January 2024	172456	182758			
YSFT	January 2024	47780	46469			
HDFT	January 2024	23700	23092			
NLAG	January 2024	34761	38847			
HUTH	January 2024	66215	74350			



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	January 2024	1502	1261			
YSFT	January 2024	640	510			
HDFT	January 2024	300	129			
NLAG	January 2024	50	100			
HUTH	January 2024	512	522			



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	January 2024	9935	5913			
YSFT	January 2024	3321	2221			
HDFT	January 2024	1100	576			
NLAG	January 2024	382	753			
HUTH	January 2024	5132	2363			

LEADING INDICATOR

52 week delivery is not one of the 31 priorities for 2023/24, however growth in this indicator would set out a future risk to delivery of the 65 week target

KPI Name	Issues and risks	Actions
Waiting List (HNY Providers)	<p>The waiting list size in January 2024 is 182,758 against a target of 172,456 (provider Trusts only). We have seen a steady reduction in the WL since August which is mainly accounted for after HDFT have moved 3000 dental patients to community providers who can provide their treatment. In addition, the decrease in WL size is also a result of prioritising booking patients into clinic over 40 weeks that are a risk to 65 weeks by March 2024 coupled with continuing validation of those long waiting patients. 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. Since March 2023, c. 24,000 patient appointments have been lost due to strike action (i.e. through nursing, junior doctors and consultants) further junior doctor strike action also took place in December 23/January 24 with further strike action planned for 24 Feb 2024. Ongoing non-elective pressures is a risk to the waiting list as elective capacity is reduced. 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 (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). Clinical network chairs are being appointed to help drive opportunities to reduce WL size through the networks.</p> <p>Funding to support the perioperative network chairs secured - potential joint clinical appointments imminent.</p> <p>Review of demand management approaches e.g. triaging, single points of access.</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 lists.</p> <p>Prof Briggs annual system visit completed in Dec 2023</p> <p>Elective Clinical network speciality level events that were planned in November and December have been completed</p> <p>Revised Elective Board launched through a newly refreshed Elective recovery Programme</p> <p>New waiting list tool being introduced across Hull/NLAG in March 2024</p>
Long Waits	<p>The 65-week position is performing better than planned with January 2024 showing 1,261 patients against a plan of 1502.</p> <p>78-week position: The ICB are projecting 15 breaches for February 2024. Hull are forecasting 10 breaches due to complex Gynae, high weeks waiters validated onto waiting list along with patient choice. Complex Endometriosis capacity where combined surgeons from Colorectal, Gynae are required. NLAG are forecasting 5 breaches 1 x Gastro, 3 x Gynae and 1 x T&O, York are working to zero but there are several risks, HDFT are working to zero.</p>	<p>Elective Programme re-set launched through new programme SRO in Jan 2024</p> <p>Additional insourcing options continue to be explored - York developing a business case to support further Endoscopy insourcing.</p> <p>Capacity and Demand modelling. 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 - c.200 patients have been moved over the last 12 weeks.</p> <p>Patients requesting choice through the PIDMAS process to support Cohort 1 being completed - c. 3% response received for HNY Cohort 1 (volume = c .8,000 pts).</p> <p>Weekly programme tactical meeting in place to support provisions for high-risk patients.</p> <p>York and Harrogate exploring options around virtual consultations to support their 1st OPA backlogs.</p> <p>Exploring system opportunities to help in audiology capacity for long wait risk cohorts.</p> <p>Annual review visit by Prof Briggs completed in December - feedback to be taken forward by the respective clinical networks.</p>

Achieving 1/2 indicators

Achieving

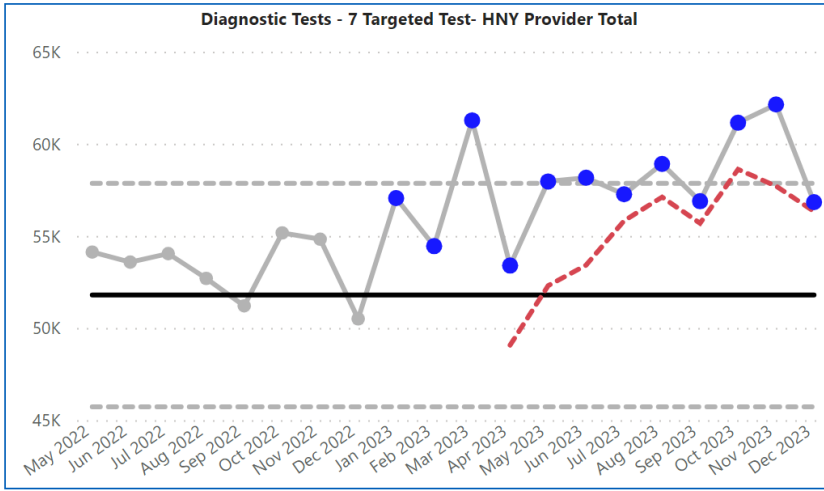
1. Diagnostics Tests – 7 Targeted Tests

Not Achieving

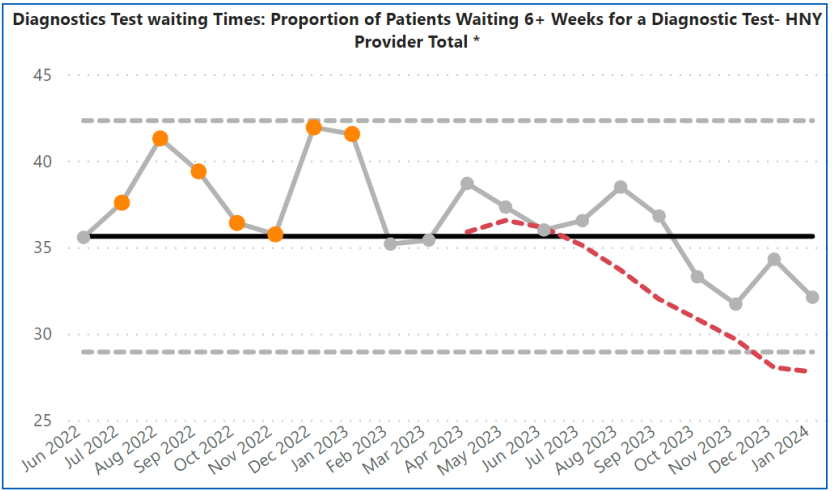
2. Proportion of patients waiting 6+ weeks for a diagnostic test

Access to Diagnostic Services

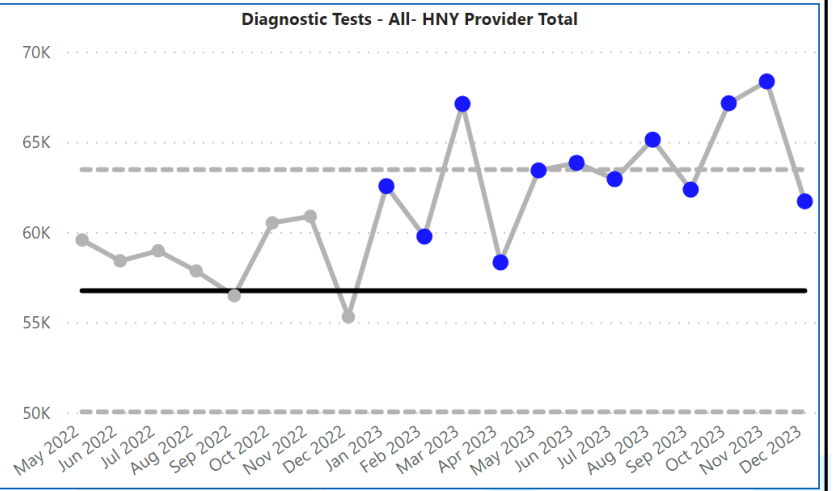




ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	December 2023	56330	56830			
YSFT	December 2023	16344	15149			
HDFT	December 2023	5350	5773			
NLAG	December 2023	21574	21265			
HUTH	December 2023	13062	14643			



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	January 2024	27.8%	32.1%			
YSFT	January 2024	54.3%	45.0%			
HDFT	January 2024	4.9%	31.3%			
NLAG	January 2024	15.2%	17.4%			
HUTH	January 2024	12.6%	33.7%			



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	December 2023		61700			
YSFT	December 2023		15991			
HDFT	December 2023		6840			
NLAG	December 2023		22493			
HUTH	December 2023		16376			

LEADING INDICATOR

The 15 diagnostic tests is not one of the 31 priorities for 2023/24, however reduction in delivery of this indicator would set out a future risk to delivery of the 6 week target

KPI Name	Issues and risks	Actions
Diagnostics Waiting Times: Proportion of patients waiting 6+ weeks for a diagnostic test	<p>HNY are performing above target at 32.1% (28% Target) January 2024 unvalidated position).</p> <p>YSFT are above target with 45% actual against 54.3% target. HDFT are below target 31.3% actual against 4.9% target. NLAG are below target 17.4% actual against 15.2% target. HUTH are below target 33.7% actual against 12.6% target.</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>Community Diagnostic Centre mobile activity continues to support the waiting list provision, with continued support at YSTHFT and NLaG in addition to the Community Diagnostic Centre spoke sites.</p> <p>Capital works are continuing across the Community Diagnostic Centre 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 Community Diagnostic Centre's, 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 lead's National focus on Diagnostics.</p>
Diagnostics Tests – 7 Targeted Tests	<p>HNY are above target for December 23 with an actual of 56,830 against a target of 56,330.</p> <p>YSFT are below target for Dec 23 (15,149 Actual, 16,344 Target), NOUS, ECG & Flexi performing below target. NLAG are below target (21,265 Actual, 21,574 Target), NOUS, ECG, Colonoscopy & Gastro performing below target. HDFT are above target (5,773 Actual, 5,350 Target). HUTH are above target (14,643 Actual, 13,062 Target).</p>	<p>YSTHFT to deliver 12 additional lists per week through insourcing, reducing backlog by the end of the year.</p> <p>Opportunity identified to expand use of CDC mobiles to include MR contrast identified .</p> <p>ECHO recovery plan with cardiac colleagues to implement and focus on 4 key areas: workforce shortages, reducing duplication, differences in reporting and increasing demand.</p> <p>Review of MRI productivity and reporting TAT undertaken across the imaging network to identify opportunities for improvements.</p> <p>Approach to understanding capacity and demand at network level for endoscopy and imaging in progress, working with provider experts and IST.</p> <p>Workforce priorities identified and baseline data collection underway. working with workforce lead</p>

Access to Cancer Services

Achieving 2/2 indicators

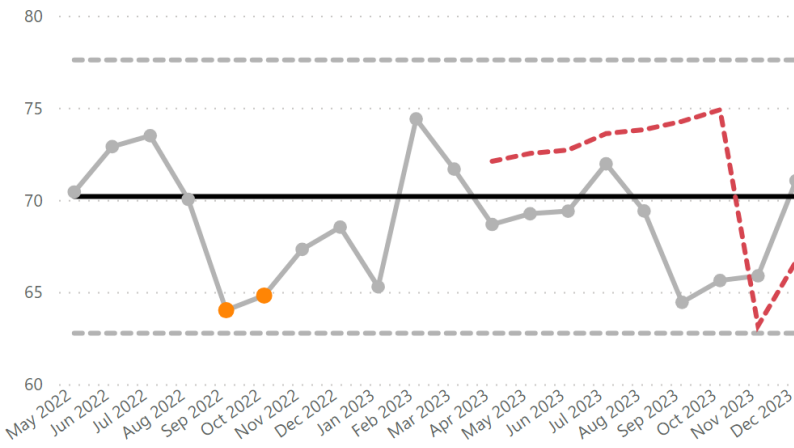
Achieving

1. Patient waiting list, 63+ days from referral
2. 28 day faster diagnosis standard

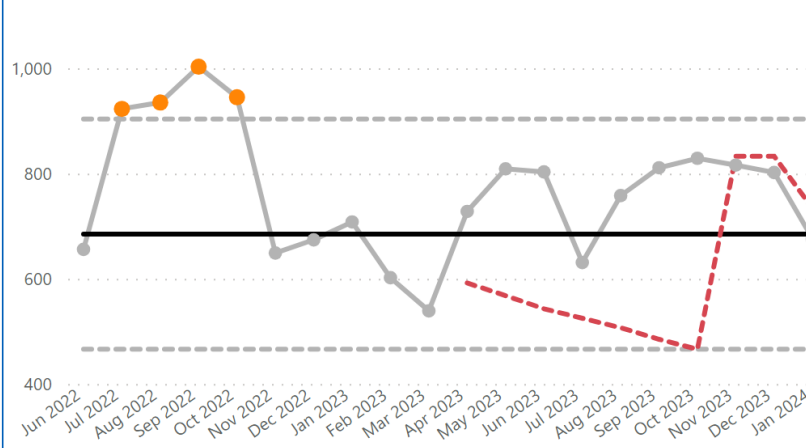
There is a third indicator that is measured; percentage diagnosed at cancer stage 1 & 2. This is measured and monitored but without a target.



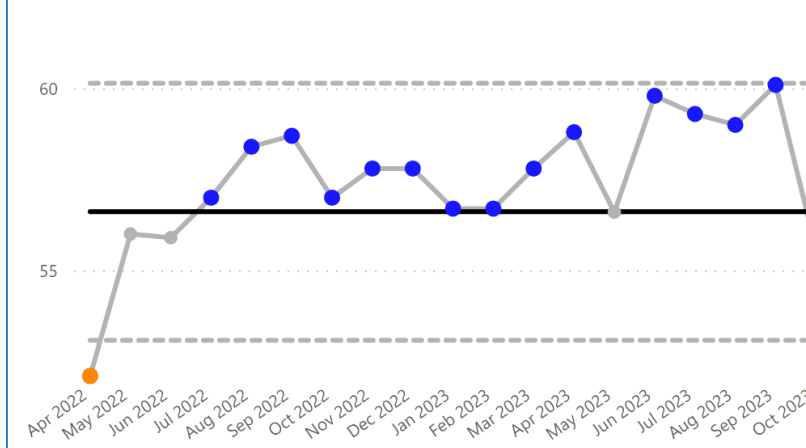
28 Day Faster Diagnosis Standard- HNY Provider Total



Patients waiting 63+ days after referral from cancer PTL- HNY Provider Total



Unadjusted percentage diagnosed at cancer stage 1 & 2- HNY Provider Total



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	December 2023	66.7%	71.0%			
YSFT	December 2023	48.0%	62.6%			
HDFT	December 2023	74.8%	66.9%			
NLAG	December 2023	75.1%	78.6%			
HUTH	December 2023	75.0%	76.1%			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	January 2024	734	676			
YSFT	January 2024	322	253			
HDFT	January 2024	70	54			
NLAG	January 2024	97	109			
HUTH	January 2024	245	260			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	October 2023		55.6%			
YSFT	October 2023		56.7%			
NLAG	October 2023		50.6%			
HUTH	October 2023		60.7%			

KPI Name	Issues and risks	Actions
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Current Cancer 62 day backlog

HNY ICB remains in System Tiering for Cancer and Elective. HUTH and Y&STHFT remain in Tier 1 cancer tiering as individual providers and continue with monthly ICB level meetings with Regional and National colleagues for performance recovery and challenge. The 63+ day backlog unvalidated position as of w/e 28/01/24 was 622 against a target of 664 for HNY CA compared to December's final position where HNY Cancer Alliance were reporting 746 against a target of 753. This puts the system in an achieved (green) position again for December.

NLAG and HUTH are currently over trajectory for w/e 28/01/24 with Y&STHFTs under with a further increase on last month's 314.

NLAG: 109 actual vs. 97 plan, HUTH: 260 actual vs. 245 plan, Y&STHFT: 253 actual vs. 322 plan

HUTH's current risks continue to be a lack of improvement in IHTs transfer times, histology turnaround times and unplanned and urgent care demand/IPC restrictions affecting bed base at HRI including NCTR patient cohort. The impact from previous Industrial Action also continues to be a risk. Y&STHFT continue to see the impact of the delays to the diagnostic phase of their cancer pathways on their 62 day backlog. NLAG continue to see issues in relation to patient compliance and willingness to attend for tests / procedures as a risk. All trusts hold a risk over further planned Industrial Action. A reduction of 35% is required to hit the March 2024 trajectory which is currently believed to be an achievable target but very stretching.

HDFT have a fair shares allocation of 50 cases out of the optimised WY&HCA denominator of 597 cases.

Current live position as of 11th February is compliant with trajectory.

Linked to wider performance recovery challenge and shared pathway interfaces which affect HNY, a joint WYAAT and Cancer Alliance Cancer Performance Recovery Group (CPRG) meets and is supported by the lead Cancer COO for WY&H. This group has also overseen approval and distribution of Winter resilience funding.

104 day PTL volume remains low and includes patient choice; a small number of patients who do not have a decision-to-treat, and do not have cancer. No risks escalated arising, good assurance around clinical prioritisation.

62 day performance reported at 68% for December, below threshold but above Regional and National comparators and on-track for delivery of 70% suggested threshold, as expected to be referred to in the Planning Guidance. Adjusted for the application of new cancer waiting times rules. Recovery actions developed through CPRG

Further schemes have arisen as the year has progressed/additional funding become available, with HUTH working to complete training of independent endoscopy practitioners by January 2024, Endoscopy insourcing commencing in November 2023, Mutual endoscopy aid from NLAG commencing in November 2023, hysteroscopy/colposcopy insourcing to commence November 2023, gynae theatre capacity increased from November 2023, Post Menopausal bleeding clinic (Straight to test) commencing November 2023, additional insourced theatre sessions for Urology commencing in November 2023, along with Haematuria clinic and Cystoscopy backlog clearance.

Further schemes in Y&STHFT include commissioning of an endoscopy deep dive, with a clinical validation pilot commencing in November 2023, increased session utilisation and insourcing and mutual aid from NLAG (started 30/10/23), increasing the GPWSI sessions from 2 to 6 per week and finalising nurse endoscopist training (to complete March 24). Mutual aid from HDFT has commenced in November 2023 for H&N patients and insourced capacity now in place, insourcing for OGD commenced 01/11/23 (18 lists per week) for Upper GI patients, insourcing mobile MRI capacity for 7 day working to support the Urology pathways and increasing CDC capacity at Selby and Bridlington from October 2023. HNY ICB has been successful in securing £2.4m of additional resource to support performance recovery. Implementation of the schemes and impact on performance will be tracked and monitored through the monthly System Tier meeting. These bids include £100k to support urgent capacity and demand work in diagnostics. There are three schemes that are currently off-track in terms of spend and these are being managed through system Tier meeting, the funds will be reallocated to other projects by mid Feb if they remain off-track.

HDFT:

Continuation of fortnightly review of PTL position by Cancer Alliance and weekly review by operational leads internally within Divisional structure.

Cross Acute Provider agreement with COO and CEO to work collaboratively on Performance backlog - including fortnightly meetings chaired by Cancer COO

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

KPI Name	Issues and risks	Actions
<p>% patients with diagnosis communicated within 28 days</p>	<p>The Dec 23 FDS position for HNY ICB is 71% against a plan of 66.7%.</p> <p>Y&STHFT continues to have the most challenged with a position of 62.6% against a trajectory of 48% for December 23. Continued rapid improvement trajectories are required for the provider to achieve 75% by the end March 24. However, York have seen an improvement of 12.1% in Skin between September 23 and Dec 23 due to additional FT outpatient capacity through insourcing.</p> <p>All 3 HNY CA acute providers are committed to delivery of 75% FDS by the end of March 2024 and HNY CA has a high degree of assurance that the FDS standard will be hit on aggregate by the end of March 2024. 12.1%.</p> <p>HDFT Latest FDS position of 67%, so operational threshold not achieved, but reserve threshold for performance tiering achieved across Q3, so low risk position overall. The performance position is being directed by poor performance on the breast cancer pathway - this is being driven by gaps in capacity and workforce for those referred for triple assessment. Mutual aid has been requested by Harrogate and is being considered by York and Scarborough. To a lesser extent, urological cancer performance is below threshold and capacity/finance measures have been offered in response.</p> <p>Tumour site issues for Breast, Gynaecology, Skin and Upper Gastrointestinal cancers, caused by seasonality; workforce gaps; extended demand profiles; industrial action; and wider capacity pressures.</p>	<p>Actions being taken in the most challenged pathways are detailed below: Lower GI: Endoscopy mutual aid, additional sessions and insourcing from national funding; Nurse triage, clinical validation, sessional productivity review; training of independent practitioners, HNY ICB LGI Urgent Cancer referral proforma; referrals with FiT ,GP education Urology: radiographer reporting/stepdown HUTH; haematuria & cystoscopy backlog reduction, mutual aid, CDC Selby CT/MRI from Oct, MpMRI outstanding issue Y&S, CA CDG Lead outstanding issue. Gynaecology: PMB pathway changes HUTH; histopathology TAT outstanding issue. Frailty Pathway pilot live HUTH 1st Jan 24; adoption across HNY CA outstanding issue. Breast: specific issue at HFT with remedial action plan in place, monitored through West Yorkshire and Harrogate Cancer Alliance.</p> <p>The HNY CA is working with Professor Briggs and the GIRFT team to look at quick remedial work for the LGI, Urology and Skin FDS pathways.</p> <p>HDFT Referral to first appointment for breast challenged, so request made to WY system colleagues for mutual aid and support, and wider, including via Cancer Alliance and provider collaborative. Mitigations linked to weekend clinics, private providers & outsourcing considered, inc. mammography at Wharfedale.</p> <p>Ongoing work around community breast pain clinic model, led by Cancer Alliance. Note, likely performance challenges in Q2 and not susceptible to acceleration measures, but improved position achieved relating to LGI.</p>

KPI Name	Issues and risks	Actions
<p>Unadjusted percentage diagnosed at cancer stage 1 & 2</p>	<p>Staging reporting remains challenging in HNY, reflecting the national issues. 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 August 23 (latest published data) 59.0% of stageable cancers 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>Expansion of the Targeted Lung Health Check programme remains the most evidential way of improving early-stage diagnosis, nationally and locally.</p> <p>In addition, HNY Cancer Alliance remains committed to the following programmes of work:-</p> <ul style="list-style-type: none"> - Implementation of GRAIL in 24/25, subject to the national trial results - Improvement in screening uptake, particularly in deprived communities. - Expansion of the Cancer Champion Programme to increase our communities awareness of the signs and symptoms of cancer, targeting this training to reduce health inequalities. <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>

Performance of services for People with a Learning Disability and People with Autism

Achieving 1/3 indicators

Achieving

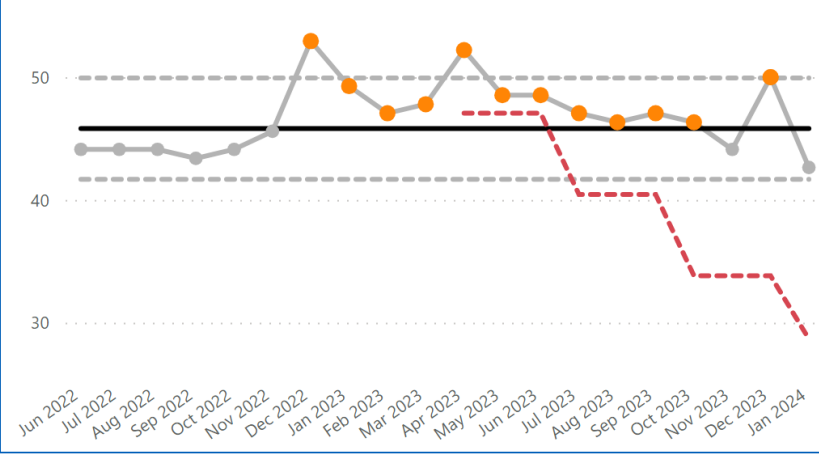
1. % people aged 14 and over with a learning disability on the GP register receiving an annual health check

Not Achieving

2. Inpatients with a learning disability and/or autism per million head of population – Children
3. Inpatients with a learning disability and/or autism per million head of population

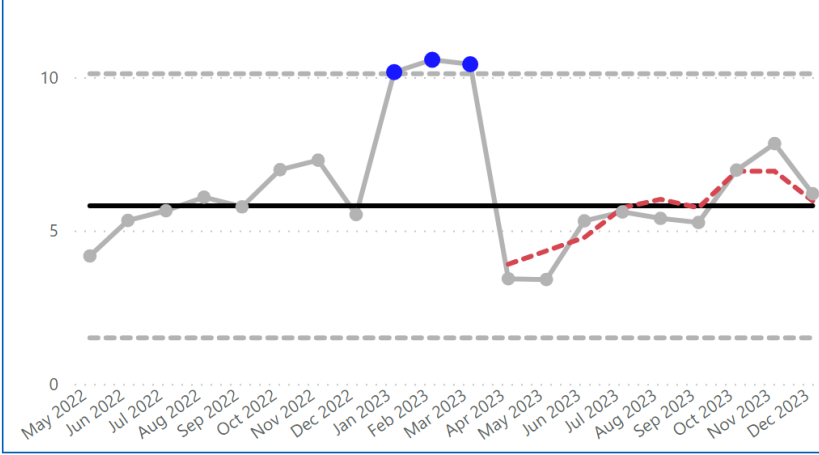


S029a: Inpatients with a learning disability and/or autism per million head of population- HNY ICB



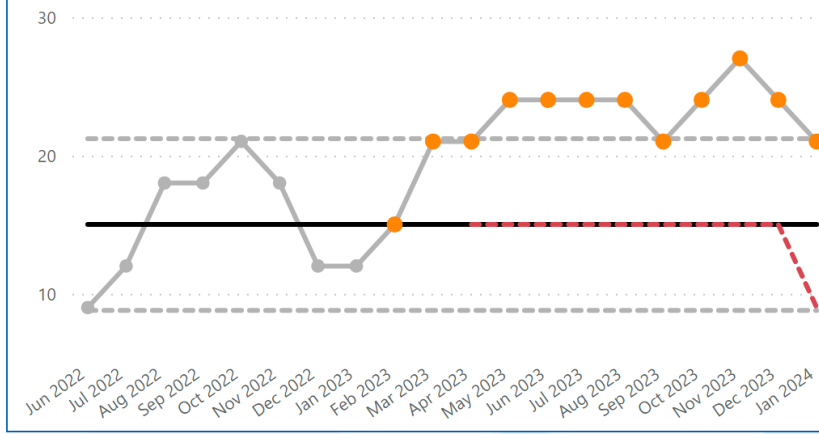
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	January 2024	28.7	42.6			
NHS East Riding Of Yorks...	January 2024	27.2	42.7			
NHS Hull	January 2024	44.1	58.8			
NHS North East Lincolns...	January 2024	15.9	23.9			
NHS North Lincolnshire	January 2024	36.9	81.1			
NHS Vale Of York	January 2024	20.5	37.5			
NHS North Yorkshire	January 2024	29.1	29.1			

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



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	December 2023	6.0%	6.2%			
NHS East Riding Of Yorks...	December 2023	5.4%	8.3%			
NHS Hull	December 2023	4.2%	6.0%			
NHS North East Lincolns...	December 2023	7.1%	5.7%			
NHS North Lincolnshire	December 2023	5.5%	5.7%			
NHS Vale Of York	December 2023	7.4%	5.8%			
NHS North Yorkshire	December 2023	6.6%	5.7%			

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



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	January 2024	9.0	21.0			
NHS East Riding Of Yorks...	January 2024	0.0	0.0			
NHS Hull	January 2024	0.0	0.0			
NHS North East Lincolns...	January 2024	0.0	0.0			
NHS North Lincolnshire	January 2024	0.0	28.0			
NHS Vale Of York	January 2024	30.2	60.4			
NHS North Yorkshire	January 2024	12.3	24.5			

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>ICB plan being met. No significant issues to report.</p>	<p>On track to be met - 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 - Children</p>	<p>January 2023 local data shared by responsible officers, suggests the ICB actual is 7 against a target of 3 (4 over target). Hull, East Riding and North East Lincolnshire are all meeting target.</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</p>	<p>January 2023 local data shared by responsible officers, suggests the ICB actual is 58 against a target of 39 (which equates to 19 patients above target.) This actual is the lowest monthly figure recorded in recent years.</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>



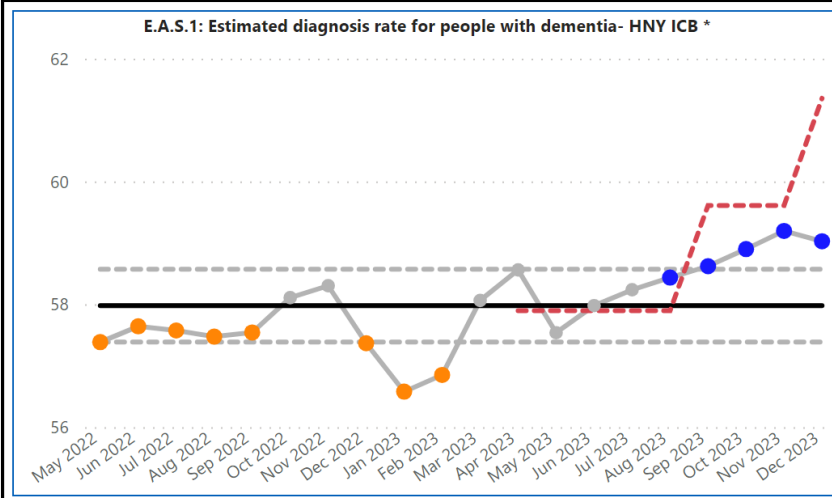
Achieving 0/6 indicators

Not Achieving

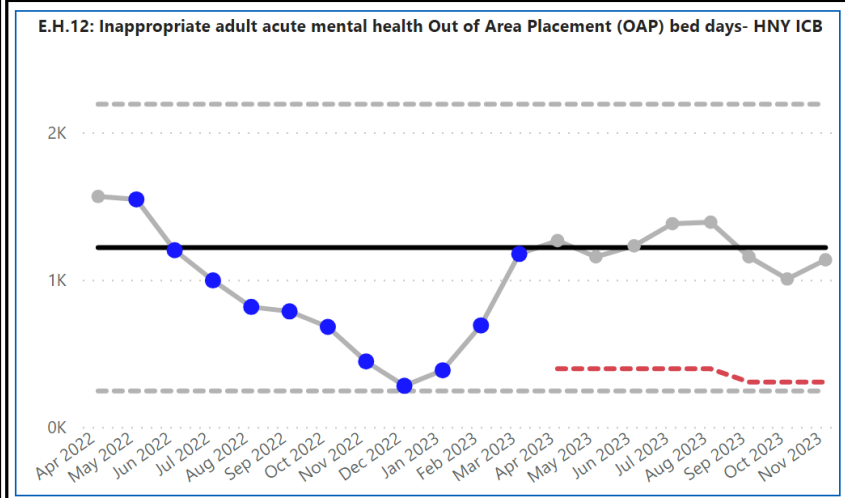
1. Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses
2. Out of area placement bed days
3. Dementia Diagnosis Rate
4. No. CYP receiving at least one contact in the reporting period
5. IAPT Access Monthly - % of indicative
6. Perinatal Access

Mental Health Services

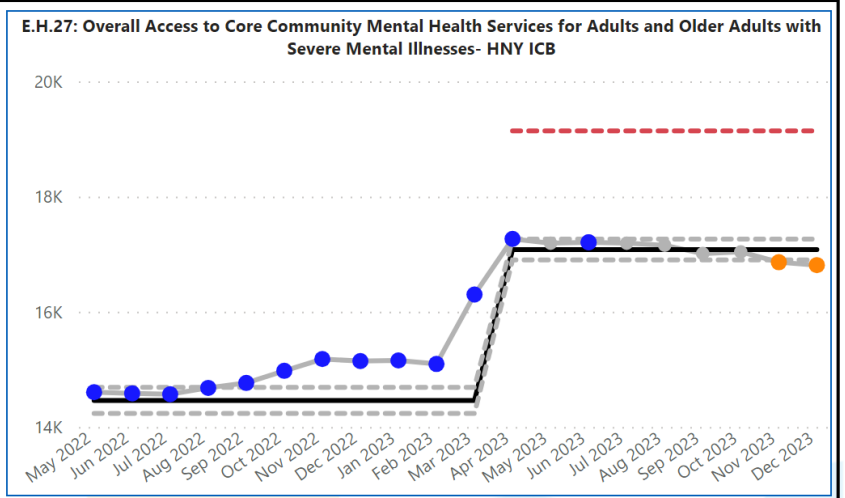




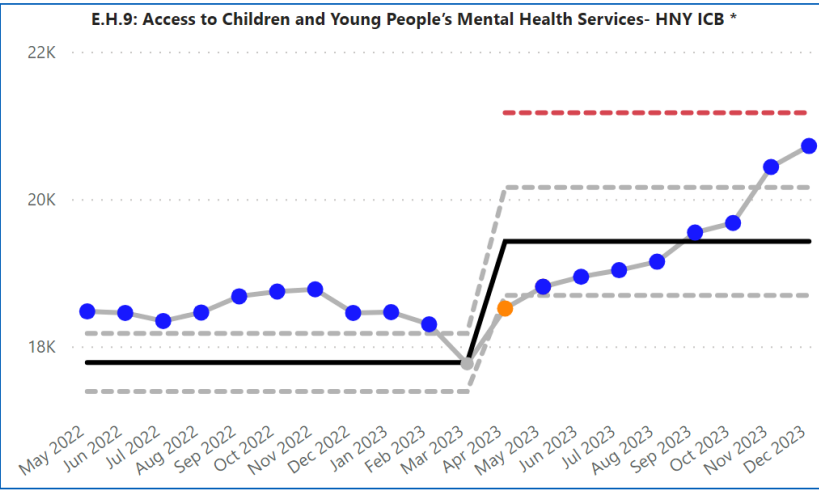
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	December 2023	61.4%	59.0%			
NHS East Riding Of Yorks...	December 2023	66.8%	59.4%			
NHS Hull	December 2023	65.5%	68.9%			
NHS North East Lincolns...	December 2023	60.0%	62.1%			
NHS North Lincolnshire	December 2023	54.2%	55.5%			
NHS Vale Of York	December 2023	57.8%	51.6%			
NHS North Yorkshire	December 2023	60.4%	60.3%			



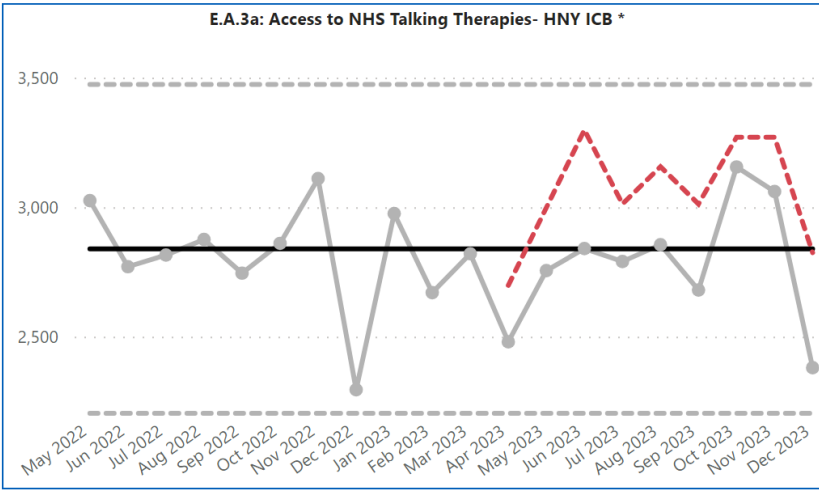
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	November 2023	305	1135			
NHS East Riding Of Yorks...	November 2023	119	160			
NHS Hull	November 2023	151	175			
NHS North East Lincolns...	November 2023	0	60			
NHS North Lincolnshire	November 2023	35	610			
NHS Vale Of York	November 2023	0	15			
NHS North Yorkshire	November 2023	0	115			



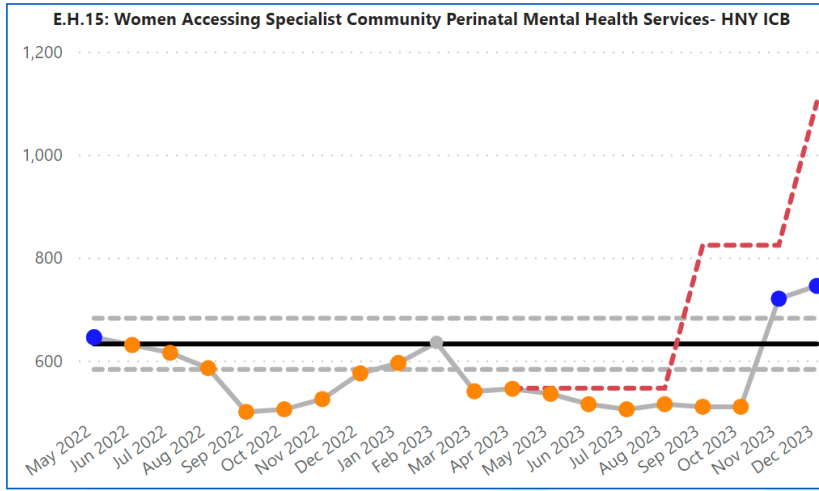
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	December 2023	19140	16810			
NHS East Riding Of Yorks...	December 2023	3895	3430			
NHS Hull	December 2023	3123	2295			
NHS North East Lincolns...	December 2023	1692	2070			
NHS North Lincolnshire	December 2023	2592	1830			
NHS Vale Of York	December 2023	3570	3215			
NHS North Yorkshire	December 2023	4268	4015			



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	December 2023	21171	20720			
NHS East Riding Of Yorks...	December 2023	2864	2765			
NHS Hull	December 2023	3991	3530			
NHS North East Lincolns...	December 2023	1738	2790			
NHS North Lincolnshire	December 2023	1817	1815			
NHS Vale Of York	December 2023	5261	4840			
NHS North Yorkshire	December 2023	5500	5055			



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	December 2023	2824	2380			
NHS East Riding Of Yorks...	December 2023	454	400			
NHS Hull	December 2023	622	375			
NHS North East Lincolns...	December 2023	382	270			
NHS North Lincolnshire	December 2023	242	215			
NHS Vale Of York	December 2023	516	505			
NHS North Yorkshire	December 2023	606	615			



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	December 2023	1102	745			
NHS East Riding Of Yorks...	December 2023	142	105			
NHS Hull	December 2023	195	130			
NHS North East Lincolns...	December 2023	142	160			
NHS North Lincolnshire	December 2023	230	65			
NHS Vale Of York	December 2023	170	125			
NHS North Yorkshire	December 2023	223	165			

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 is currently reporting an actual position of 16,810, however local intelligence advises a position of 18,712 against a target of 19,140 (which equates to 97.8% of target). There has been a steady decrease in access figures throughout 23/24, with a sharp decrease in November and December 2023; latest months are reflective of access figures in 22/23. North East Lincolnshire and East Riding are exceeding local targets.</p>	<p>CMH programme lead to explore possible reasons for recent drop in access with providers. The DQ issue with Humber FT is centred around the move from Lorenzo to SystmOne - this will continue to be an issue throughout 24/25. . New contacts within some transformed PCN's are not being translated to MHSDS. Humber FT will continue to supplement the nationally reported figures with local data until the EPR is changed in early 2025.</p>
<p>Out of area placement bed days (inappropriate only)</p>	<p>ICB actual is 1,135 against a target of 305 (which equates to 830 bed days over plan) . The Inpatient Quality Transformation programme is now in development, with a plan being prepared for March 2024. OOA placements is a key workstream within this plan.</p> <p>N.B. The ICB position contains OAP 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>Out of area placements dashboard is in development and initial drafts have been shared that outline the number of patients placed out of area, cost of current out of area placements (weekly and placements by type (speciality). This information will be used to inform the development of the wider inpatient transformation plan with regard to required bed stock and wider community services required to facilitate patient flow.</p> <p>Establish case management review meeting to establish consistent best practice approaches to case management across HNY ICB- Feb 2024</p> <p>Inpatient Quality transformation plan in development - March 2024.</p>
<p>Dementia Diagnosis Rate</p>	<p>ICB actual is 59.0% against a target of 61.4%, which equates to 2.4% below target. There has been a positive increase in DDR in recent months. Hull, North East Lincolnshire, and North Lincolnshire all exceeding local targets.</p> <p>N.B. funding has been granted to implement cleansing of Primary Care data to improve coding and aid in a deep dive into the current DDR issues.</p>	<p>Funding has been secured to complete a Focussed programme of work 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.</p> <p>Agreement of approach to data cleansing work - February 2024.</p> <p>We are supporting the implementation of new neuroimaging guidance across HNY, there is a focussed community of practice in February 2024 with input from NHSE and the clinical networks. 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.</p> <p>Meeting pending with Stoke-on-Trent as best performing in England for DDR.</p>

KPI Name	Issues and risks	Actions
No. CYP receiving at least one contact in the reporting period - % of indicative trajectory achieved	The ICB is currently reporting an actual position of 20,720, however local intelligence advises a position of 21,043 against a target of 21,171 (which equates to 99.4% of target). North East Lincolnshire are exceeding local target. Continuing upward trend throughout 2023/24.	A CYP data dashboard is currently in development and will draw in all access which is not currently being flowed into MHSDS. This is a long-term piece of work in early stage of development. Humber FT are investigating issues with data quality regarding this metric. Explore the feasibility of non NHS providers flowing data to the MHSDS. This would materially improve the ICB position.
IAPT Access Monthly - % of indicative trajectory achieved	ICB actual is 2,380 against a target 2,824 (which equates to 84.3% of target). North Yorkshire are exceeding local target. This is largely due to reduced referrals following the CMHT transformation. NHSE have recognised this impact and initial information on 24/25 planning metrics suggests a shift away from access targets for NHS Talking Therapies and a focus on recovery and outcomes, which is an area where HNY have historically performed well.	Reduced referrals to Talking therapies owing to the CMHT transformation. 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 Community Mental Health (CMH) services.
Perinatal Access YTD - % indicative trajectory	The ICB is currently reporting an actual position of 745, however local intelligence advises a position of 994 against a target of 1102 (which equates to 90.2% of target being met). Hull, East Riding, and North East Lincolnshire are all exceeding local targets. ICB has exceeded target throughout 23/24; although Perinatal Access continues to show an upward trend, due to the increased target for this reporting month (from 824 to 1,102) the ICB target has not been met.	Previous technical issues with Humber data not flowing the Perinatal figures (E.H.15) has now been rectified and data is being submitted to MHSDS. However, the figures are not reflective of the local position; this is due to the rolling 12-month data collection. Humber will be resubmitting data; however, figures will not be truly representative until the publication in April 2024.



Achieving 0/4 indicators

Not Achieving

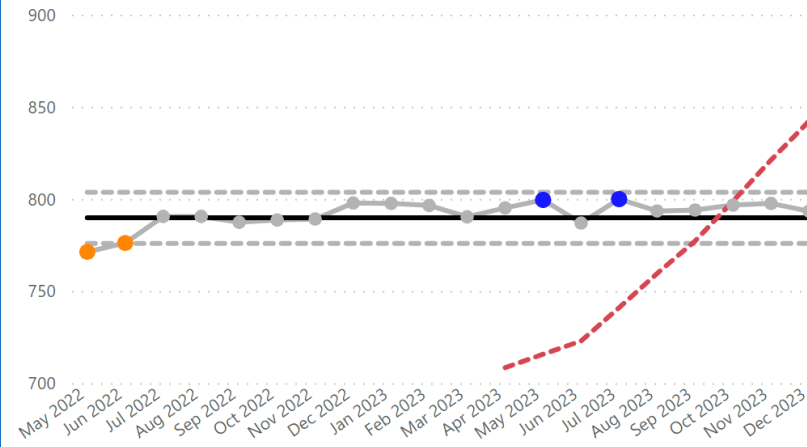
1. % appointments booked within 14 days
2. Appointments in General Practice
3. Direct Patient Care (DPC) Roles in General Practice
4. Recover Dental Activity

There is a fifth indicator that is being measured and monitored related to same day appointments.

Access to Primary Care Services

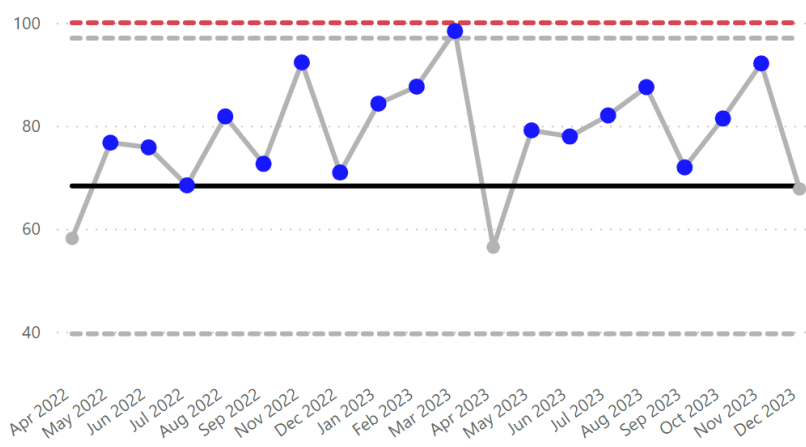


Direct Patient Care (DPC) Roles in General Practice- HNY ICB



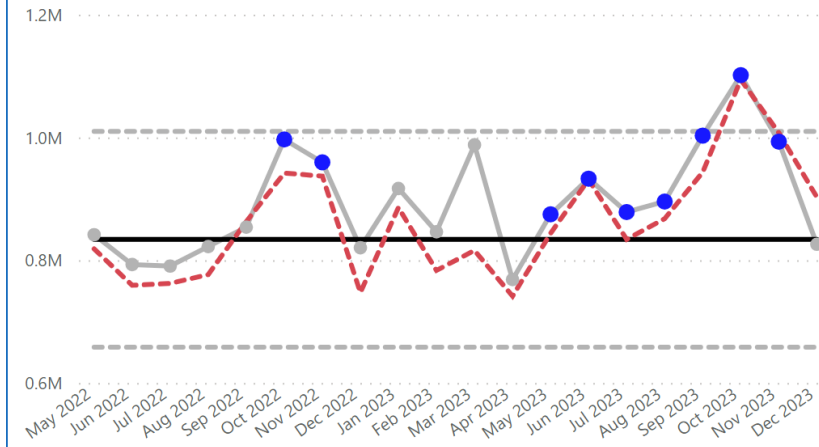
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	December 2023	842.2	793.3			
NHS East Riding Of Yorks...	December 2023		135.0			
NHS Hull	December 2023		127.7			
NHS North East Lincolns...	December 2023		64.6			
NHS North Lincolnshire	December 2023		91.4			
NHS Vale Of York	December 2023		206.2			
NHS North Yorkshire	December 2023		168.5			

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



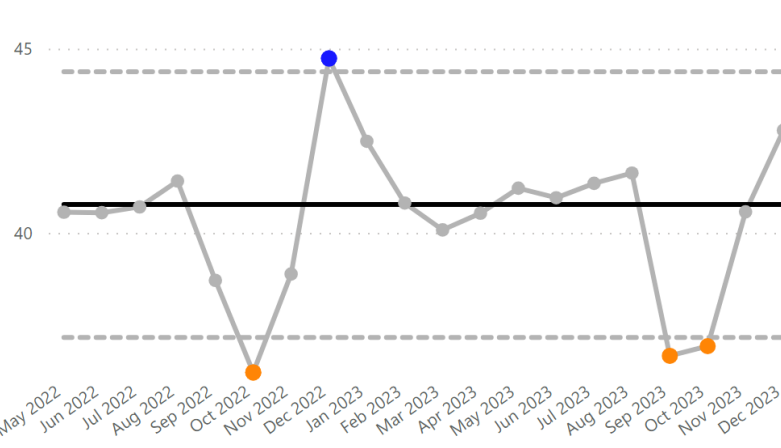
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	December 2023	100.0%	68.0%			

Appointments in General Practice- HNY ICB

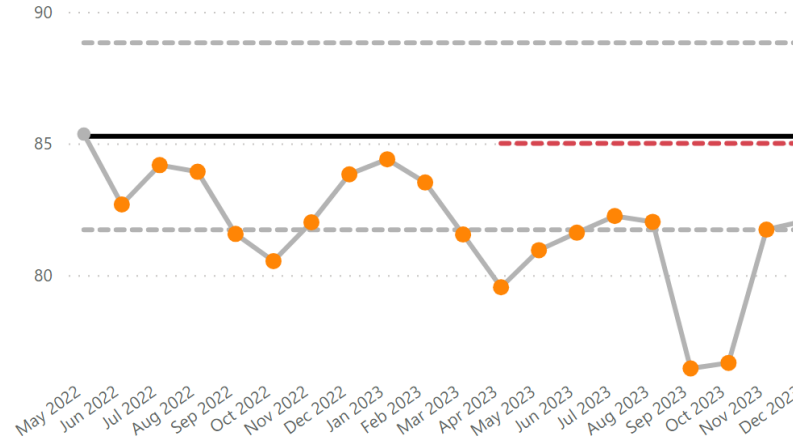


ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	December 2023	902841	826041			
NHS East Riding Of Yorks...	December 2023	150313	139549			
NHS Hull	December 2023	128730	111173			
NHS North East Lincolns...	December 2023	107028	99531			
NHS North Lincolnshire	December 2023	97773	86511			
NHS Vale Of York	December 2023	170323	161661			
NHS North Yorkshire	December 2023	248674	227616			

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



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



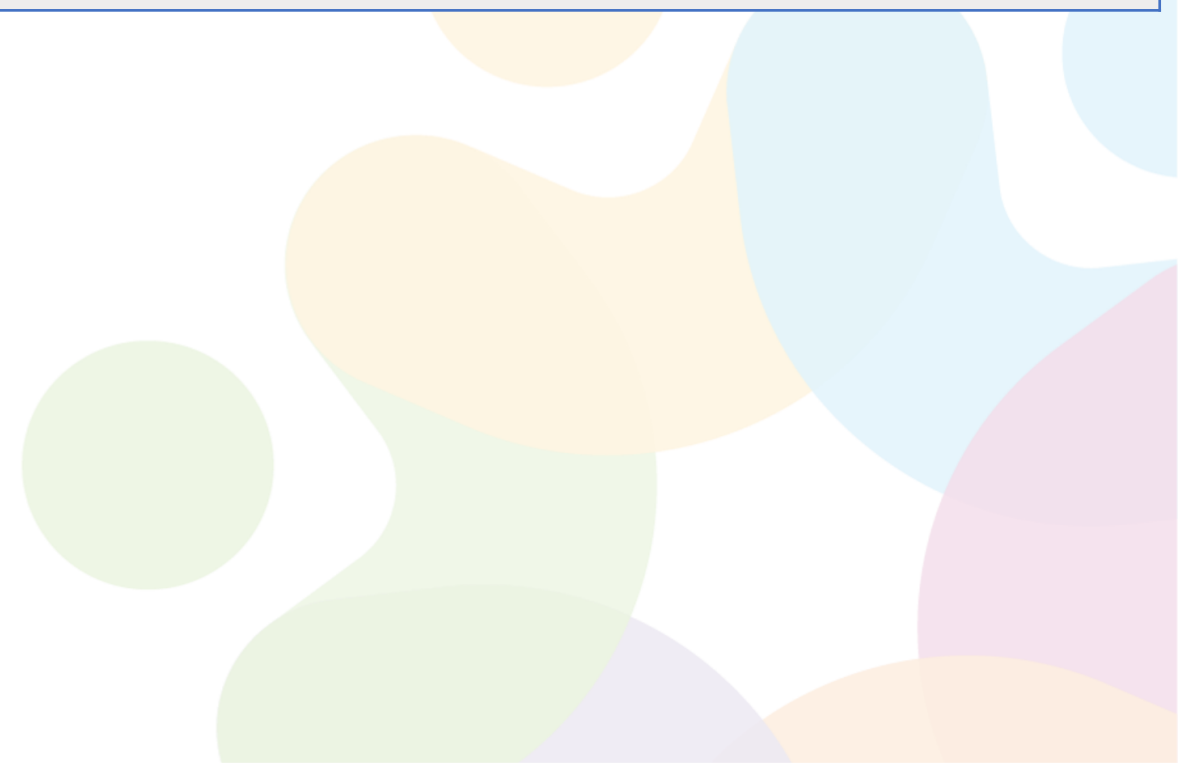
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	December 2023		42.8%			
NHS East Riding Of Yorks...	December 2023		43.6%			
NHS Hull	December 2023		42.7%			
NHS North East Lincolns...	December 2023		51.8%			
NHS North Lincolnshire	December 2023		40.6%			
NHS Vale Of York	December 2023		40.5%			
NHS North Yorkshire	December 2023		40.8%			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	December 2023	85.0%	82.1%			
NHS East Riding Of Yorks...	December 2023	85.0%	80.7%			
NHS Hull	December 2023	85.0%	81.6%			
NHS North East Lincolns...	December 2023	85.0%	88.8%			
NHS North Lincolnshire	December 2023	85.0%	81.0%			
NHS Vale Of York	December 2023	85.0%	83.9%			
NHS North Yorkshire	December 2023	85.0%	79.3%			



KPI Name	Issues and risks	Actions
Appointments in General Practice	Primary Care across HNY has delivered 826,041 as of December 2023 which is below plan for this period.	North East Lincolnshire and York Places are above plan for the period. All other places are below plan for this period. HNY ICB has delivered 76,800 appointments below plan however YTD confirms that we are on track to over deliver our 23/24 total number of appointments by 186k. This does not reflect any appointments not captured in GPAD which will include some for the Enhanced Access capacity WEF from January 24 additional appointments were commissioned to support Winter.
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)	793.3 WTE ARRS roles in post against a plan of 842.2 WTE.	Proactive conversations are taking place with PCN CDs and PCN managers in relation to ARRS recruitment and tracking planned recruitment against PCN plans. Work 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. Place Leads continue to work with PCNs which confirm that 984 WTE roles work across PCNs.
Recover Dental Activity, improving units of dental activity towards pre-pandemic levels	ICB is achieving a performance of 68% recovery of UDAs. Progress being made working with contractors to understand the challenges to delivery.	Programme of investment has been progressed to increase access to Dental Services through increased urgent access sessions, orthodontic appointments and waiting list initiatives. This will not be reflected in figures for UDA targets as sessions are commissioned outside of this remit. Flexible Commissioning initiatives are under review in order to develop robust and consistent methods for reporting on delivered activity as current sessions are not 'counted' as part of UDA delivery. 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. ICB commitment to use the Y&H UDA tariff, as well as national increases to the minimum UDA tariff will reduce the number of UDAs commissioned for the same contract value. 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. This support will reduce the number of permanent contract handback's but will reduce the number of commissioned UDAs within the area as a result. The ICB is committed to redistributing those released UDAs into the area when able to do so.

KPI Name	Issues and risks	Actions
% appointments booked same day	An average of 42.8% of patients are being seen on the same day across Primary Care.	Position has improved with more urgent access being seen on same day. Primary Care Collaboratives have mobilised a Primary Care Response to support Winter with additional on the day capacity being made available. 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 too. National Patient facing communications campaign launched nationally with ICB Communication due to commence November utilising ICB 'Let's get better' branding to help inform patients in making more informed choices.
% appointments booked within 14 days	An average of 82.1% of patients are able to book an appointment within 14 days against a national aim of 85%.	Position has improved however the data quality issue remains making it difficult to really understand true performance. Confirmation from National Team that EMIS and TPP 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.



Achieving 2/2 indicators

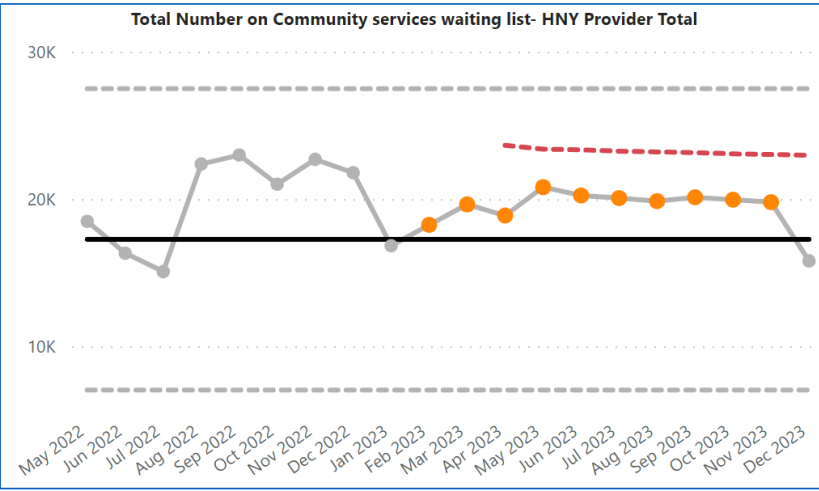
Achieving

1. 2-hour Urgent Community Response
2. Community WL

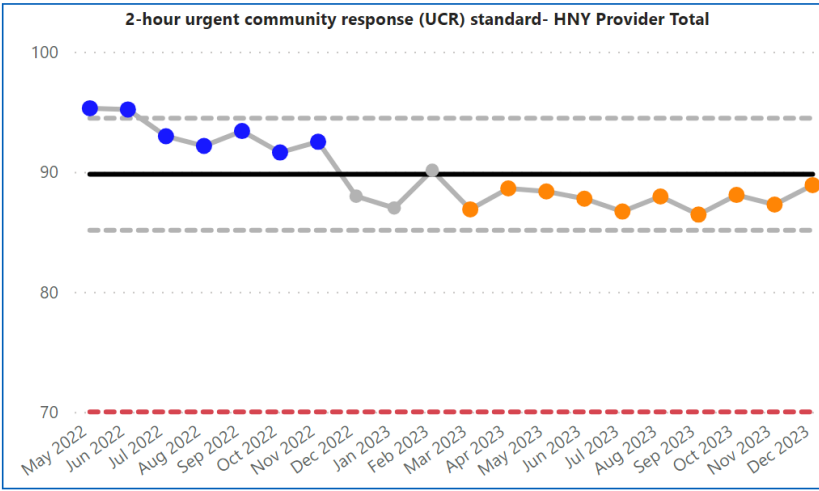
There is a third indicator that is being measured and monitored related to virtual wards

Community Services

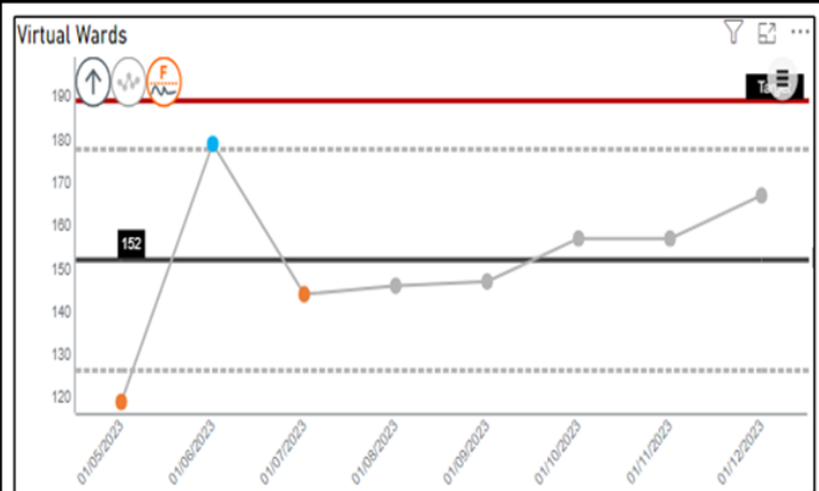




ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	December 2023	22973	15799			
YSFT	December 2023	1288	741			
HDFT	December 2023	8626	2851			
NLAG	December 2023	3846	3467			
HUMBER TEACHING NH...	December 2023	3882	4058			
CITY HEALTH CARE PART...	December 2023	5111	4373			
CARE PLUS GROUP	December 2023	220	309			



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	December 2023	70.0%	88.9%			
YSFT	December 2023	70.0%	83.3%			
HDFT	December 2023	70.0%	80.0%			
NLAG	November 2023	70.0%	82.8%			
HUMBER TEACHING NH...	December 2023	70.0%	70.4%			
CITY HEALTH CARE PART...	December 2023	70.0%	98.1%			
CARE PLUS GROUP	December 2023	70.0%	89.9%			

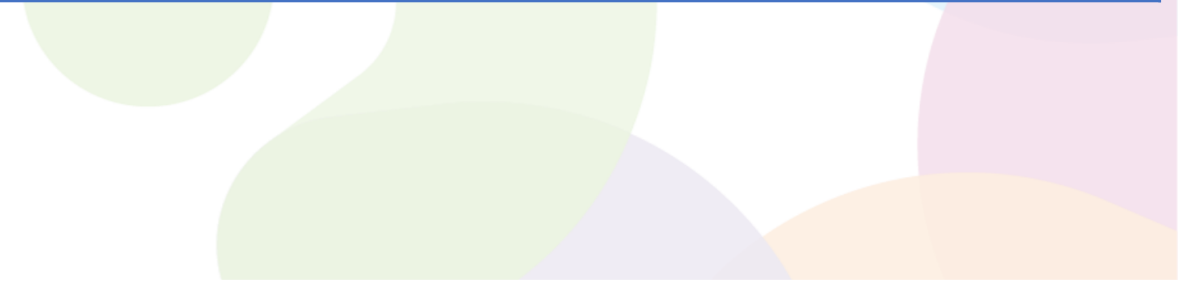


ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	December 2023	189	167			
NLAG	December 2023	14	14			
CPG	December 2023	15	18			
HUTH	December 2023	25	25			
CHCP	December 2023	45	45			
YSFT	December 2023	15	20			
HTFT	December 2023	25	15			
HDFT	December 2023	10	10			
STFT	December 2023	40	20			

KEY INDICATOR

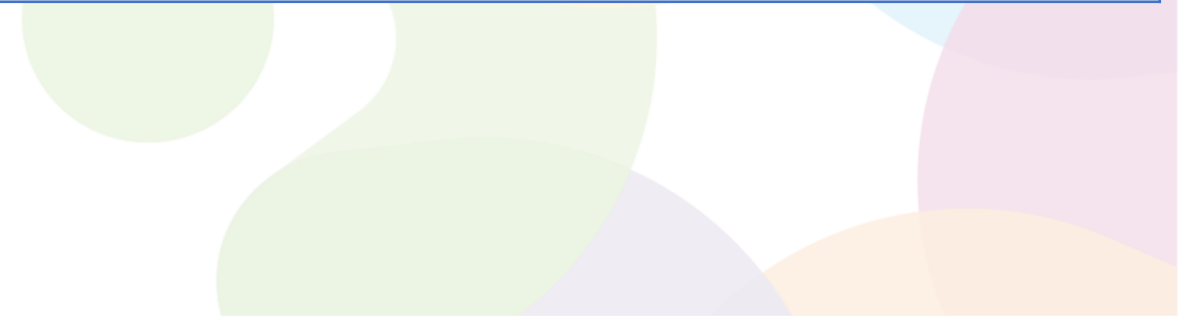
Virtual Wards is not one of the 31 priorities for 2023/24, this is a key target for community services and is included in the commentary

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 • First contacts for Dec 23 is 2860 first contacts against M9 plan of 1,962 (898 above plan), this is a decrease of 519 contacts seen in M8 (Nov 2023) - this decrease is attributed to Dec data not being available for NLAG. • HDFT is showing below plan for first contacts, with the number of first contacts down slightly (5%) on M8 figures. • Total referrals are 1805, which is down 20% on M8 figures - this decrease is attributed to Dec data not being available for NLAG. • Compliance with the 2-hour response time, for this period is 89% across HNY providers. 	<ul style="list-style-type: none"> • 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. • HTFT have been supported by the CHCC to address UCR CSDS reporting issues, it appears these reporting discrepancies have now been addressed -with HTFT showing as meeting the 70% 2-hr response target. These figures will continue to be monitored over the coming months. • All providers are continuing to review and validate their UCR data. It is expected that referral numbers will continue to rise across all providers as UCR services become embedded across all providers. • Following good progress by providers in addressing recommendations from the 2UCR evaluation, the CHCC will now be working with providers to identify what further improvement opportunities providers can focus on (over the short, medium and long term) to continue improvements in service provision - this work is starting with CHCP and will be overseen through the Admission Avoidance workstream under the revised UEC Programme structure. • UCR improvement work is also ongoing through the UEC Programme, this includes development of SPOA model and plans for each Place to have a MDT co-located with the ambulance service - enabling providers to directly receive referrals from the ambulance service stack. Linked to this, a pilot has gone live (18th Dec) in Hull & ER for a paramedic to be situated in the ambulance service control room to review the stack to enable referrals to be made to CHCP. CHCP are working closely with YAS to review the benefits from the pilot and are also in discussions to develop a pull model which will allow CHCP staff to directly access the ambulance service stack.



KPI Name	Issues and risks	Actions
Community WL	<ul style="list-style-type: none"> The total Community Waiting List size at 31 December 2023 is 15,799 against a M9 trajectory of 22,973 (7,174 below plan and a 3,992 decrease on last month). The gap in plan can largely be attributed to a lack of submission to the CYP WL from YSFT and HDFT and a series of validation exercises which have been undertaken in the adult CWLs by providers outlined below. The total CWL as a result of these reductions has decreased by 20% on last month and 16% below April figures. All providers experienced decreases or maintenance in their CWL position except HTFT who experienced a marginal increase of 2%. The adult community waiting list at 31 December 2023 was 13,036 against a M9 trajectory of 16,565 (3,529 below plan and a 4,078 decrease on last month). 116 adult patients have been waiting over 52 weeks of which 25 have been waiting in excess of 104 weeks. A variation in previous month by -204 and -27 respectively. The majority of the long waiters are at HDFT (107 in total), these are spread across; Dietetics and COPD mainly. NLaG's WL has reduced by 34% with the transfer of audiology patients across to the acute following an NHSE review. There are also reductions within dietetics and SLT but it's anticipated that this is a DQ issue. HDFT have recorded a 39% reduction in their total CWL as a result of data validation exercises and clinician education within Podiatry and Dietetic services. The CYP community waiting list at 31 December 2023 was 2,763 against a M9 trajectory of 6,408 (3,645 below plan but with a substantial caveat that some services have not submitted the sitrep, there has been a 86 patient increase from last month from providers who submit the return). 114 CYP are waiting over 52 weeks (an increase 5 pts from previous month) with 14 of these patients now waiting over 104 weeks for treatment. 96 pts are waiting for appointments at HTFT in respect of SaLT and Dietetics, with the next largest, 18 waiting for OT services in NLaG. YSFT& HDFT have not reported to the national CYP sitrep in 2023/24. 	<ul style="list-style-type: none"> Validation work continues to be undertaken within HDFT to help cleanse their CWL PTL with BI dashboards set up and regular contact with services. This is already starting to see benefits. YSFT are still working towards submitting CYP data by end of March 2024 and update is required in Q4. Open lines of communication are in place with BI leads and ops leads is in place with the Collaborative and providers to review return and interrogate returns further. NLaG have moved their community paediatric audiology service across to the acute audiology service following a review by NHS England, so these patients haven't been treated, just moved across to the acute service due to concerns around triaging raised through an incident investigation. A review was undertaken within the NLaG CYP podiatry service moving patients on to follow up and the deployment of enhanced clinical triage of referrals was embed to ensure that only those patients requiring specialist podiatry intervention were accepted into the service which evidences the reduction. This reporting needs to be discussed with BI leads as currently is showing a nil return. Long waits for CYP SLT at HTFT are due to the high demand which has been a legacy of Covid, also experience issues recruiting therapists. HTFT have recently recruited some additional dietitians, so the expectation is the WL figures for CYP dietetics should start to fall. Care Plus Group's Dec figures replicate Nov figures so this has been escalated to BI leads to understand and rectify reporting issue.

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, with all providers planning for at least 80% utilisation. • The actual capacity is 184* beds against planned capacity of 212* (87% planned capacity mobilised). • The latest average utilisation figure is 67%* across providers and there are some pockets of low resilience due to workforce constraints, with 10% of patients on tech enabled pathways. • Currently 3 providers are off track for their planned capacity; HDFT, HTFT and STFT. STFT have up to 15 respiratory beds to come online once the digital procurement discussions are progressed which are currently not submitted into the HNY Foundry sitrep. HTFT have pushed their forecasted trajectory back due to limitations with recruitment and staffing. HDFT do now have 18 beds open but need to update the national reporting submission. • £636,000 has been successfully granted to the tech enablement of HNY virtual wards from the Health Tech Adoption and Acceleration Fund and providers are progressing digital procurement via Digital Procurement forum set up by the HNY CC. Planned mobilisation is planned for full tech enablement across the ICB by April 2024. <p><i>* Data provided from national sitrep to Foundry as at 09/02/2024</i></p>	<ul style="list-style-type: none"> • Updated highlight reports to NHSE and regional team have been submitted as part of enhances assurance process. In addition, reporting framework has been agreed with UEC programme to align agendas. • Providers have submitted revised forecasts highlighting intended ability to meet Q4 targets. All targets intend on meeting their plans. • HDFT beds currently operating at 18 and meeting target need to be recorded in next submission. • STFT under reporting respiratory beds with assurance that these will be submitted by March in order to meet NHSE target. • Utilisation is being monitored with separate meetings being held with clinical teams and is on the increase but still remains 13% below 80% NHSE target. • Recovery plans are in place with off track providers and these will be monitored within the HNY VW Steering Group but expectation is still attainment of 220 March target. • Provider task and finish groups have been set up to progress plans for delivery of tech enablement via the HTAAF ahead of March 2024 deadline for contract agreement and April planned deployment. • ICB wide steering group and specific clinical networks are in place bringing together key partners and stakeholders and to monitor progress.



There are two indicators that are being measured and monitored but without targets being set.

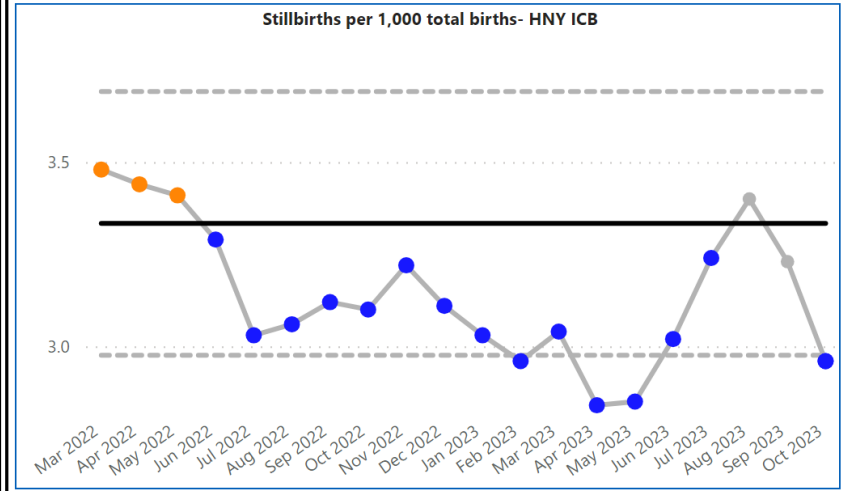
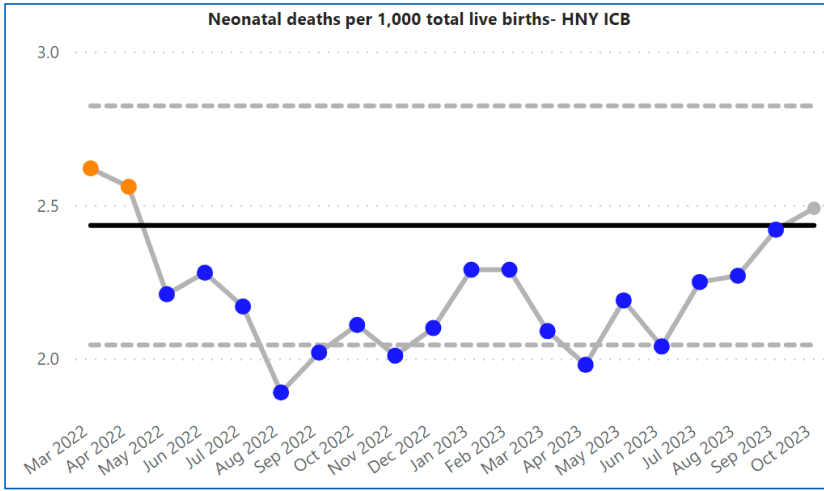
These indicators are:

Neonatal deaths per 1,000 total live births

Stillbirths per 1,000 total births



Maternity Services



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	October 2023		2.5			
NHS East Riding Of Yorks...	October 2023		2.1			
NHS Hull	October 2023		2.5			
NHS North East Lincolns...	October 2023		2.0			
NHS North Lincolnshire	October 2023		3.9			
NHS Vale Of York	October 2023		4.2			
NHS North Yorkshire	October 2023		0.9			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	October 2023		3.0			
NHS East Riding Of Yorks...	October 2023		0.0			
NHS Hull	October 2023		4.1			
NHS North East Lincolns...	October 2023		3.4			
NHS North Lincolnshire	October 2023		3.3			
NHS Vale Of York	October 2023		4.9			
NHS North Yorkshire	October 2023		2.1			



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 2.5 in October 2023. Very variable statistics by month as low numbers. National picture improving up to 2021 but all of UK has seen increase in neonatal deaths and morbidity since. Review of outlier data in N Lincs completed; presented to QC 21/12/23. No issues in relation to care identified, ongoing work supporting equity/prevention for pre-term birth. • Workforce issues improving, but still lack of AHP and Psych input across the area, and SLT issues in NLaG/HUTH. • Capital improvements at HUTH new cots Feb24 confirmed; work completed to schedule. • New neonatal lead at S'boro; discussions around HiFlow provision and responsiveness to queries both scheduled for January 24. Neonatal team attending the review visit booked for 29/02/24. 	<ul style="list-style-type: none"> • Continue to monitor data closely; currently work ongoing understanding S'boro ATAIN data; note wide variability as small denominator. • LMNS to provide update paper for QC/Board about neonatal/BAPM7 performance in Q4; completed and going to LMNS board 13/02/24 and then onwards. • Workforce; continue to work with NHSE (HEE) to support new entrants and look at training etc.; very supportive input from region. New clinical fellow appointed from August 2024. • Current Clinical Leadership fellow continuing to pull unit leads together and support transformational change; current work on consent and service user information. • Early breastmilk project progressing at pace in Hull with new roles in place, percentages increasing significantly and sharing with Y&H regional team.
<p>Stillbirths per 1,000 total births - HNY ICB</p>	<ul style="list-style-type: none"> • Current national figures calculated up to 2022; UK at 3.54, HNY at 3.0 in October 2023. Higher numbers of stillbirths in Hull and Vale of York contributing to total, although a fall from previous month. • Maternity IT System (BadgerNet) now confirmed phased implementations: HUTH commenced as planned on 04/02, NLaG still on track for 25/03. Discussions about how to use the new system to improve reporting underway. • Prevention work prioritised in ICB/LMNS; confirmed national trailblazer for smoking in pregnancy incentive scheme, holistic weight management project commenced Nov23 and receiving referrals, now also prioritising alcohol programme and outputs. • Gestational diabetes work progressed well over last year; successful bid to put in admin support in each Trust to further increase numbers referred through into the National Diabetes Prevention Programme going forwards. 	<ul style="list-style-type: none"> • Ongoing review of reasons behind plateau/increase; indirect links to pandemic pressures being considered, PMRT analysis may assist locally. LMNS has produced a thematic review of all PMRT outputs in 2023 to drive next phase of quality/safety workplan • Neonatal and Obstetric leads working to ensure effective sharing of work/oversight and piloting of improvements; Maternal Medicine Network pathways report complete; shared with stakeholders in January 2024 along with input from Y&H MMN team • Continued emphasis on smoking/alcohol/diabetes and weight management workstreams, linked into Tobacco Control Centre of Excellence/Population Health • Clear timeframes around LMNS/ICB requirements for assurance and oversight - SBL 2nd review meetings completed at end of Q2, next checkpoint March 2024; CNST final check and challenge meetings held in January 24, all declarations submitted to time on 01/02/24. Robust process and stringent rules being applied.



Achieving 1/2 indicators

Achieving

1. Staff Sickness absence rate

Not Achieving

2. Staff retention rate

Other indicators considered are:

- Total Workforce
- Substantive Workforce
- Total Bank
- Total Agency



Workforce

Humber and North Yorkshire WF Plan 23/24 *(Provider submitted data)*

Date	November 2023			December 2023		
Metric	Plan	Actual	+/- Variance (wte)	Plan	Actual	+/- Variance (wte)
Total Workforce (WTE)	27,996.01	29,743.98	1,747.97	28,001.35	29,776.29	1,774.94
Total Substantive	26,269.67	27,892.12	1,622.45	26,310.95	27,910.97	1,600.02
Total Bank	1,260.08	1,327.41	67.33	1,239.87	1,364.97	125.10
Total Agency	466.26	524.45	58.19	450.53	500.35	49.82

Key summary points:

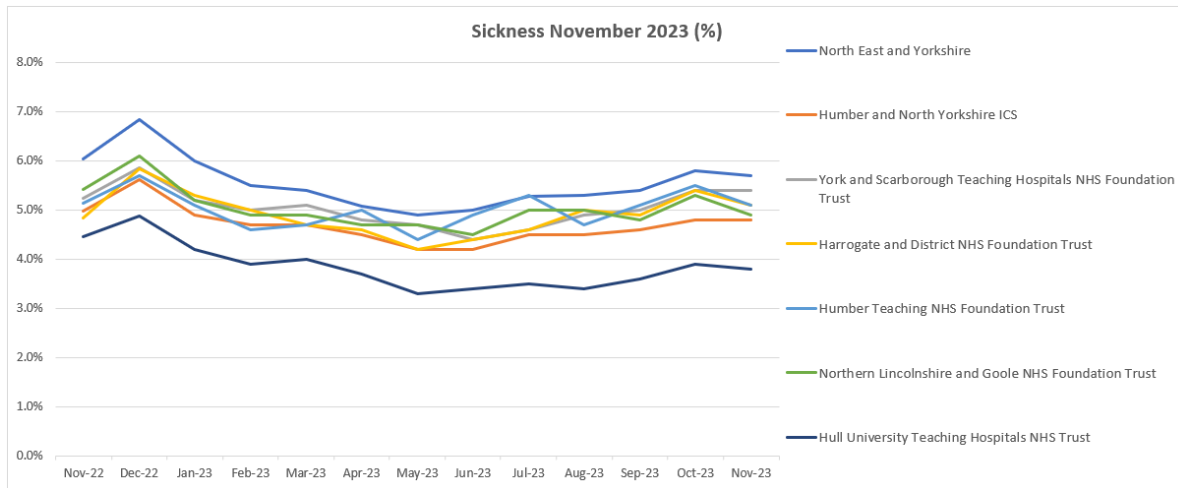
- Total WF is 6.34% over plan
- Substantive WF is 6.08% over plan
- Total bank is 10.09% over plan
- Total agency is 11.06% over plan

Providers included in total are HUTHT, HFT, NLAG & YSFT

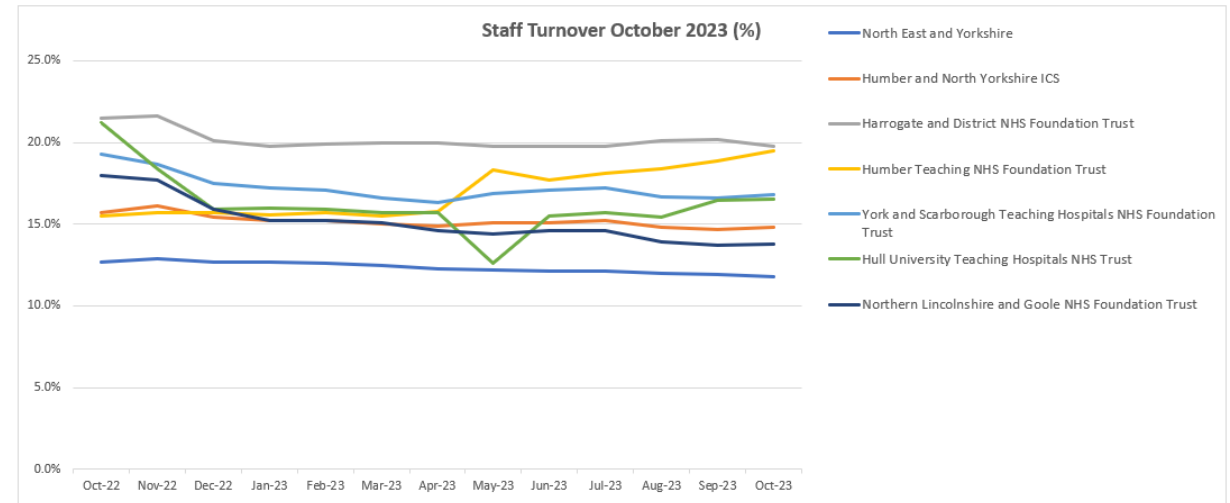
HDFT has been excluded due to issues with December 2023 data. This has been queried with the provider.

ICB/Provider Workforce Key Performance Indicators (November 23)

* NHSE Workforce data – one month behind



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



HNY ICS staff turnover end of year target: 12.2%
October 23: **14.8%** (Turnover figures unavailable for November 23)

A healthcare professional in purple scrubs is sitting on a hospital bed, holding the hand of an elderly patient. The patient is wearing a grey and black patterned blanket. The healthcare professional has a stethoscope around their neck. The background is a blurred hospital room.

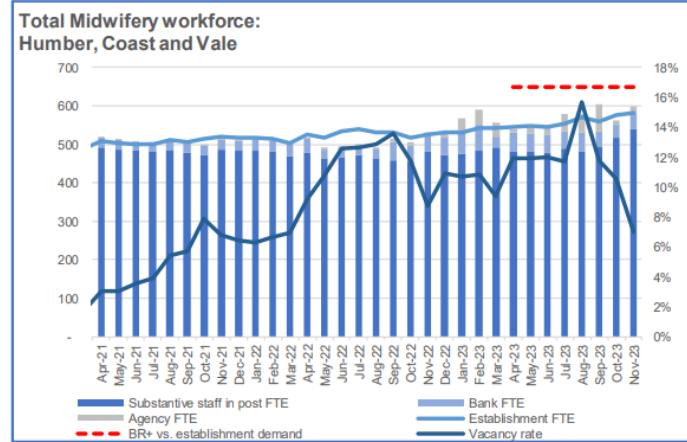
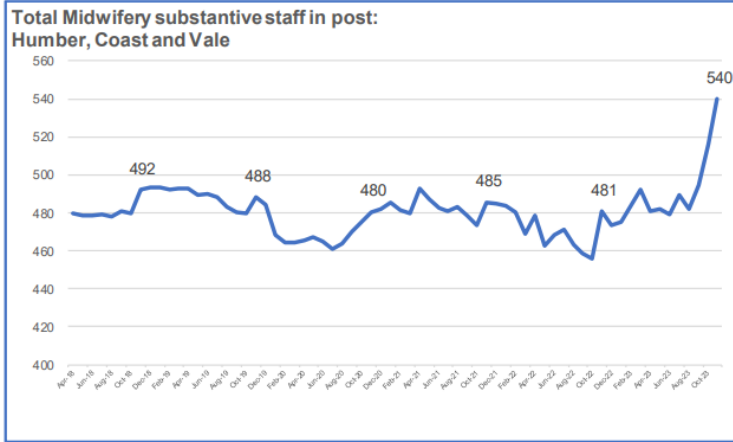
Appendices with further information relating to:

- **Maternity Dashboard**
- **Workforce**
- **Health Inequalities**

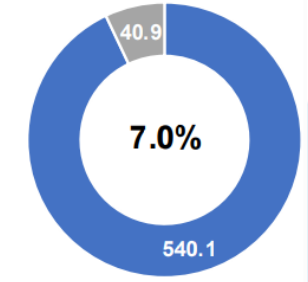
Trust	Midwifery									MSSW				Obs. Consultants		
	MSSP	DSO	Staff in post	SIP change	Vacancy rate	Turnover rate	Leaver rate	IR	Staff in post	SIP change	Vacancies	Vacancy rate	Staff in post	SIP change	Vacancy rate	
HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	No	0	180.1	8.5%	8.5%	7.3%	2.7%	40.0%	49.9	5.4%	5.1	9.3%	0.0	#DIV/0!	0.0%	
NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST	Yes	Cohort 2	163.5	14.5%	12.8%	7.7%	3.4%	63.6%	92.8	76.9%	0.0	0.0%	9.4	6.8%	13.9%	
YORK TEACHING HOSPITAL NHS FOUNDATION TRUST	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	
Humber, Coast and Vale			#N/A	12.3%	7.0%	8.4%	3.3%	65.5%	#N/A	25.0%	#N/A	9.7%	#N/A	8.2%	8.9%	

Midwifery Workforce

Establishment	
581	
↑ 54	↑ 10.3%
change vs. same period last year	
↑ 93	↑ 19.0%
change vs. March 2021	
Substantive staff in post	
540	
↑ 59	↑ 12.3%
change vs. same period last year	
Vacancy rate	
7.0%	
▶ -1.7%	
change vs. same period last year	



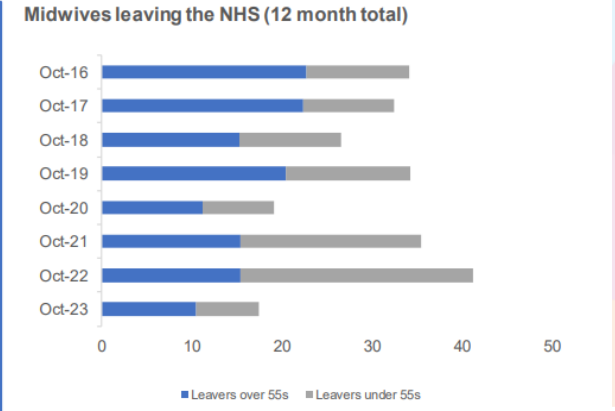
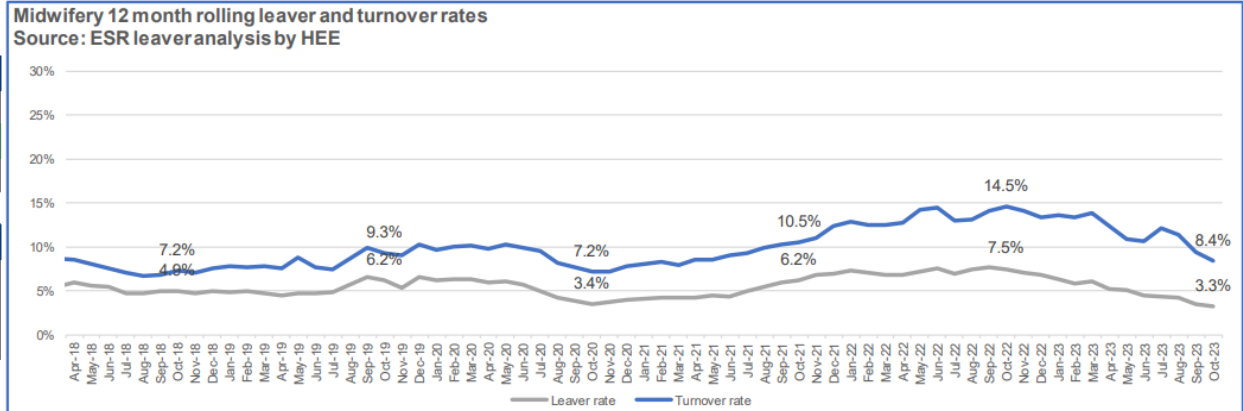
Total Midwifery vacancies: Humber, Coast and Vale



Midwifery Retention

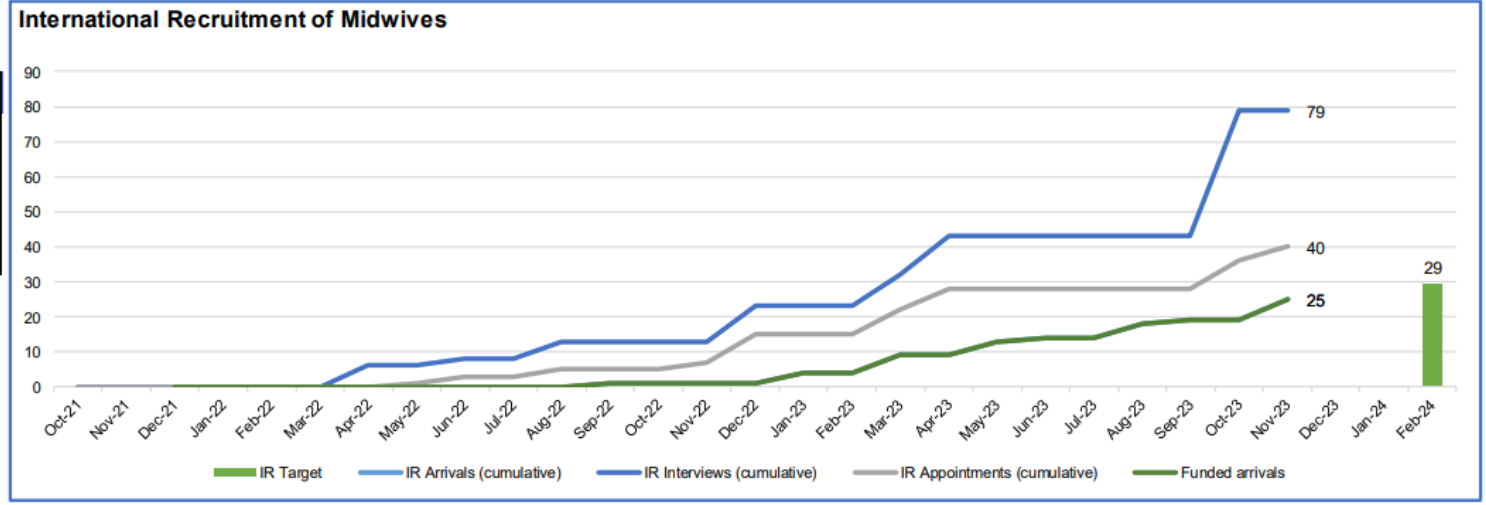
Leaver rate	Turnover rate
3.3%	8.4%
▶ -4.2%	▶ -6.1%
change vs. same period last year	

Under 55 leavers	Over 55 leavers
39.7%	60.3%
▶ -22.9%	▶ 22.9%
change vs. same period last year	



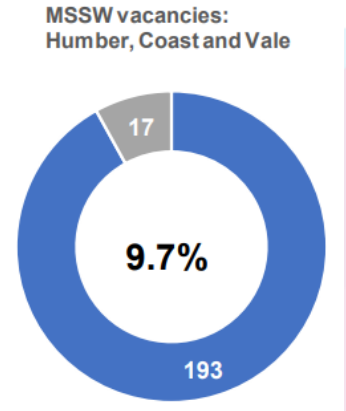
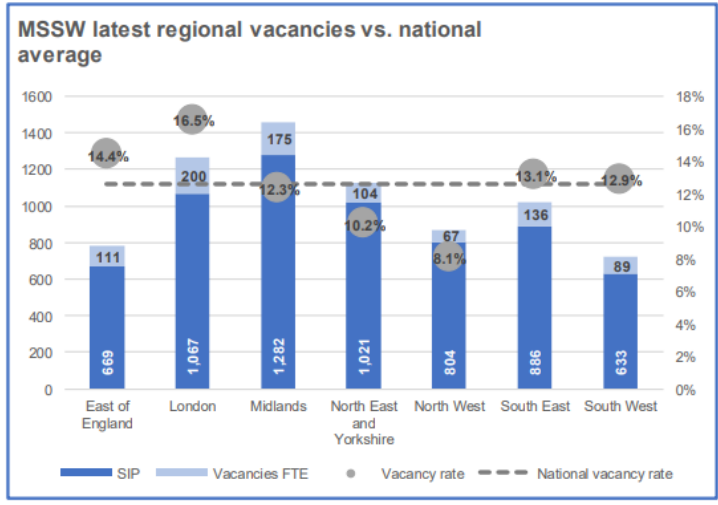
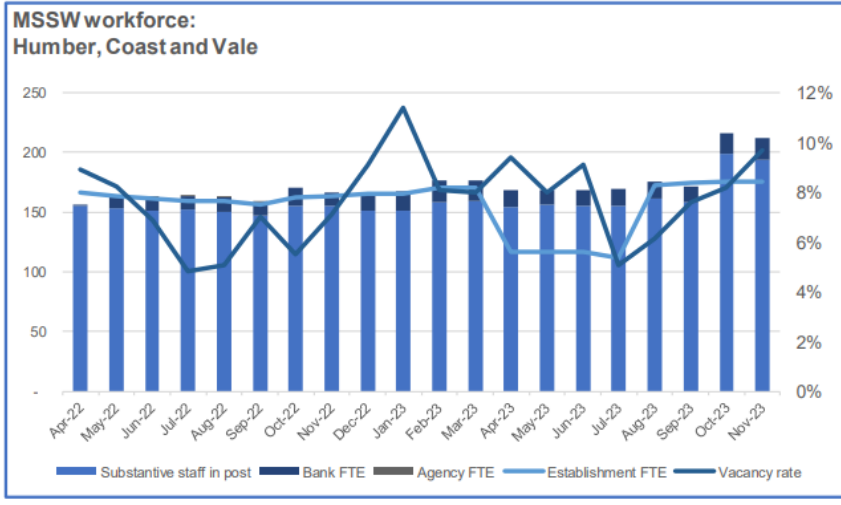
International Recruitment of Midwives

Progress to target	
65.5%	
29	Target
19	Arrivals
19	Funded arrivals



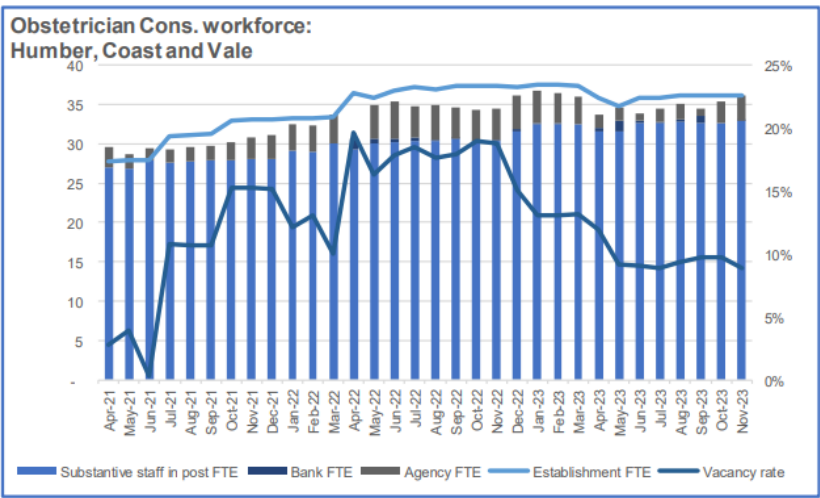
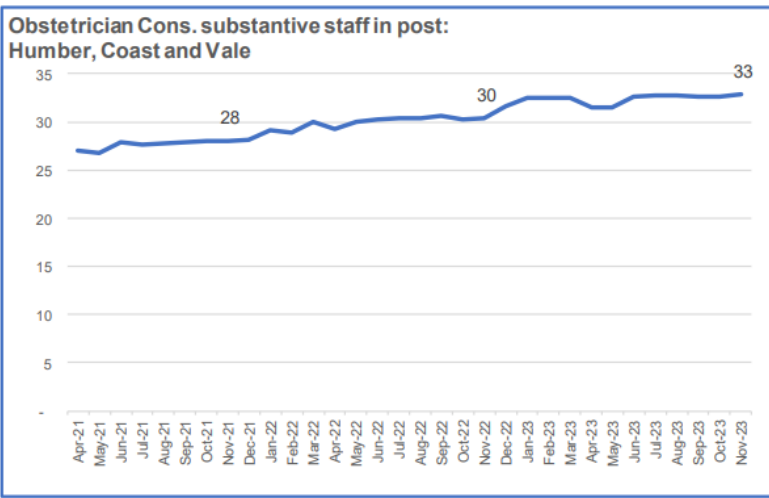
Maternity Safety Support Programme

Establishment	
175	
↑ 12	↑ 7.2%
change vs. same period last year	
↑ 9	↑ 5.4%
change vs. April 2022	
Substantive staff in post	
193	
↑ 39	↑ 25.0%
change vs. same period last year	
Vacancy rate	
9.7%	
change vs. same period last year	
↓ 2.5%	

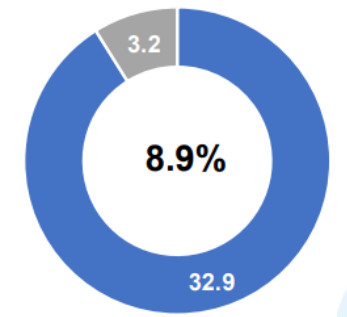


Obstetrician Consultants Workforce

Establishment	
36.1	
↓ -1	↓ -3.5%
change vs. same period last year	
↑ 8	↑ 30.1%
change vs. April 2021	
Substantive staff in post	
32.9	
↑ 3	↑ 8.2%
change vs. same period last year	
Vacancy rate	
8.9%	
▶ -9.9%	
change vs. same period last year	



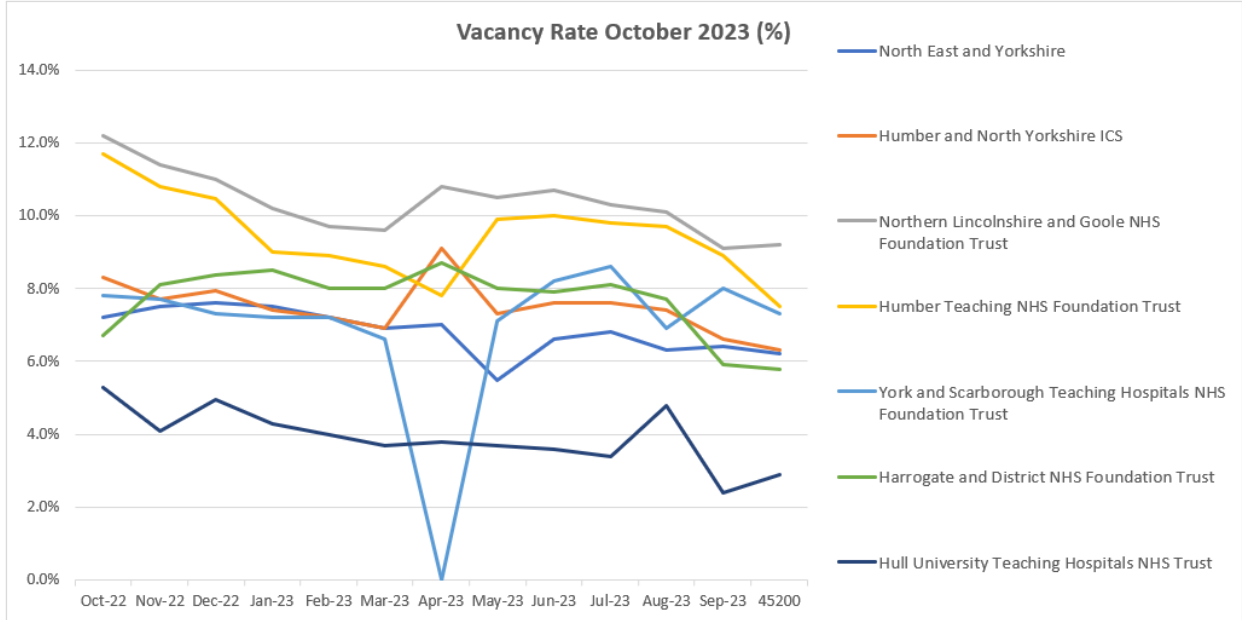
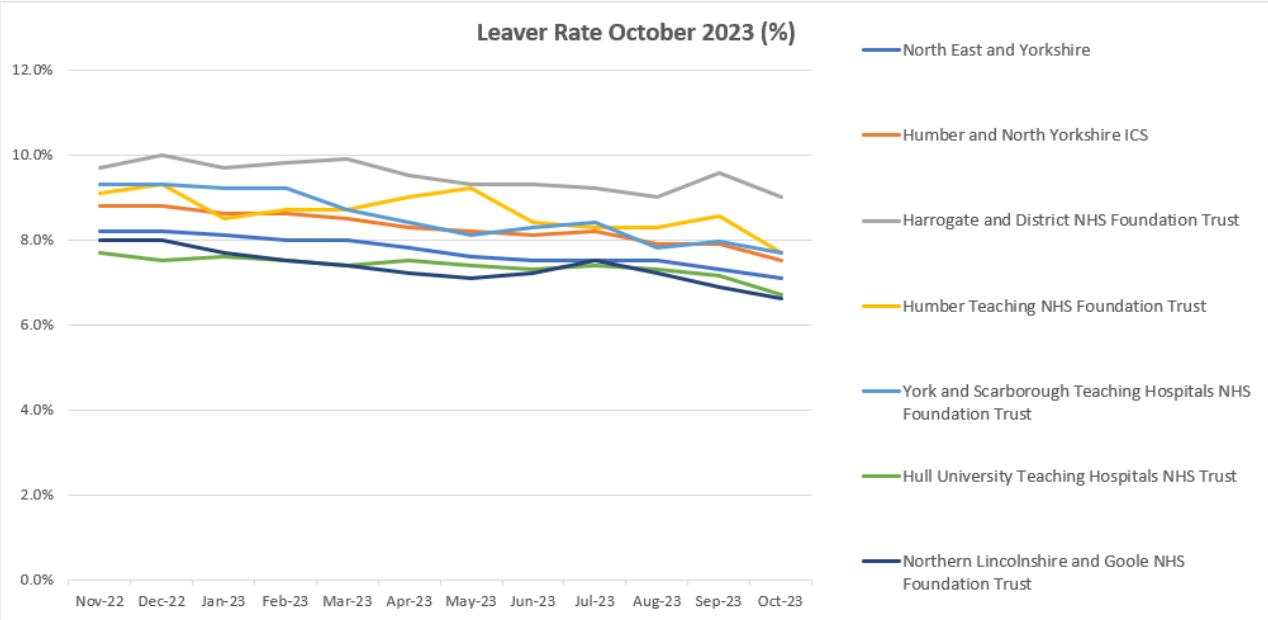
Obstetrician Cons. vacancies: Humber, Coast and Vale



Trust	MSSP	DSO	BR+	Staff in post (latest month)	SIP change (12 months)	Vacancy WTE (latest month)	Vacancy rate (latest month)	Turnover rate	Leaver rate	IR (latest month)	Staff in post (latest month)	SIP change (12 months)	Vacancy WTE (latest month)	Vacancy rate (latest month)
HARROGATE AND DISTRICT NHS FOUNDATION TRUST	No	0	76.2	84.6	-1.6%	0.0	0.0%	14.2%	5.5%	100.0%	14.7	18.7%	0.0	0.0%

ICB/Provider Workforce Key Performance Indicators (October 23)

* NHSE Workforce data – one month behind



HNY ICS Leaver Rate
October 23: **7.5%**

HNY ICS Vacancy Rate
October 23: **6.3%**

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

Attribute	October 2023			November 2023		
	Plan	Actual	+/- Variance (wte)	Plan	Actual	+/- Variance (wte)
Total Workforce (WTE)	8,514.20	8,818.59	304.39	8,517.97	8,869.66	351.69
Total Substantive	8,373.64	8,685.09	311.45	8,380.14	8,740.83	360.69
Total Bank	100.81	99.40	-1.41	98.58	95.38	-3.20
Total Agency	39.75	34.10	-5.65	39.25	33.45	-5.80

York & Scarborough

Attribute	October 2023			November 2023		
	Plan	Actual	+/- Variance (wte)	Plan	Actual	+/- Variance (wte)
Total Workforce (WTE)	9,520.88	9,493.51	-27.37	9,568.80	9,389.18	-179.62
Total Substantive	8,742.52	8,611.43	-131.09	8,769.81	8,533.27	-236.54
Total Bank	587.12	675.70	88.58	616.72	639.38	22.66
Total Agency	191.24	206.38	15.14	182.27	216.53	34.26

Humber Teaching

Attribute	October 2023			November 2023		
	Plan	Actual	+/- Variance (wte)	Plan	Actual	+/- Variance (wte)
Total Workforce (WTE)	3,116.92	3,562.86	445.94	3,123.97	3,562.11	438.14
Total Substantive	2,915.99	3,352.83	436.84	2,923.97	3,374.13	450.16
Total Bank	159.00	167.71	8.71	160.50	151.05	-9.45
Total Agency	41.93	42.32	0.39	39.50	36.93	-2.57

Harrogate & District

Attribute	October 2023			November 2023		
	Plan	Actual	+/- Variance (wte)	Plan	Actual	+/- Variance (wte)
Total Workforce (WTE)	4,568.33	5,262.19	693.86	4,569.32	5,538.43	969.11
Total Substantive	4,352.33	4,996.05	643.72	4,354.82	5,289.96	935.14
Total Bank	157.00	200.26	43.26	156.50	190.37	33.87
Total Agency	59.00	65.88	6.88	58.00	58.10	0.10

Northern Lincolnshire & Goole

Attribute	October 2023			November 2023		
	Plan	Actual	+/- Variance (wte)	Plan	Actual	+/- Variance (wte)
Total Workforce (WTE)	6,759.26	7,880.82	1,121.56	6,785.27	7,923.03	1,137.76
Total Substantive	6,156.82	7,141.31	984.49	6,195.75	7,243.89	1,048.14
Total Bank	390.94	478.33	87.39	384.28	441.60	57.32
Total Agency	211.50	261.18	49.68	205.24	237.54	32.30

Provider progress against their 23/24 plans

November 2023 (Total Staff)	Plan	Actual	+/- WTE	% Variance
HUMBER AND NORTH YORKSHIRE	32656.33	35282.41	2,626.08	8.04%
Hull University Teaching Hospitals	8517.97	8869.66	351.69	4.13%
Harrogate and District NHS FT	4569.32	5538.43	969.11	21.21%
York and Scarborough NHS FT	9568.80	9389.18	-179.62	-1.88%
Northern Lincolnshire & Goole NHS FT	6785.27	7923.03	1137.76	16.77%
Humber Teaching NHS FT	3123.97	3562.11	438.14	14.03%

Bank & Agency Usage

A deeper dive into ICS Bank and Agency usage reveals:

Bank Plan vs Actual: 117.14%

Majority of bank usage is:

- Support Clinical Staff (8.39% over plan)
- Infrastructure Support (148.68% over plan)

Agency Plan vs Actual: 111.12%

Majority of agency usage is:

- Registered Nursing, Midwifery & HVS (20.11% over plan)
- Registered Scientific, Therapeutic & Technical (20.29% over plan)

Bank (wte)

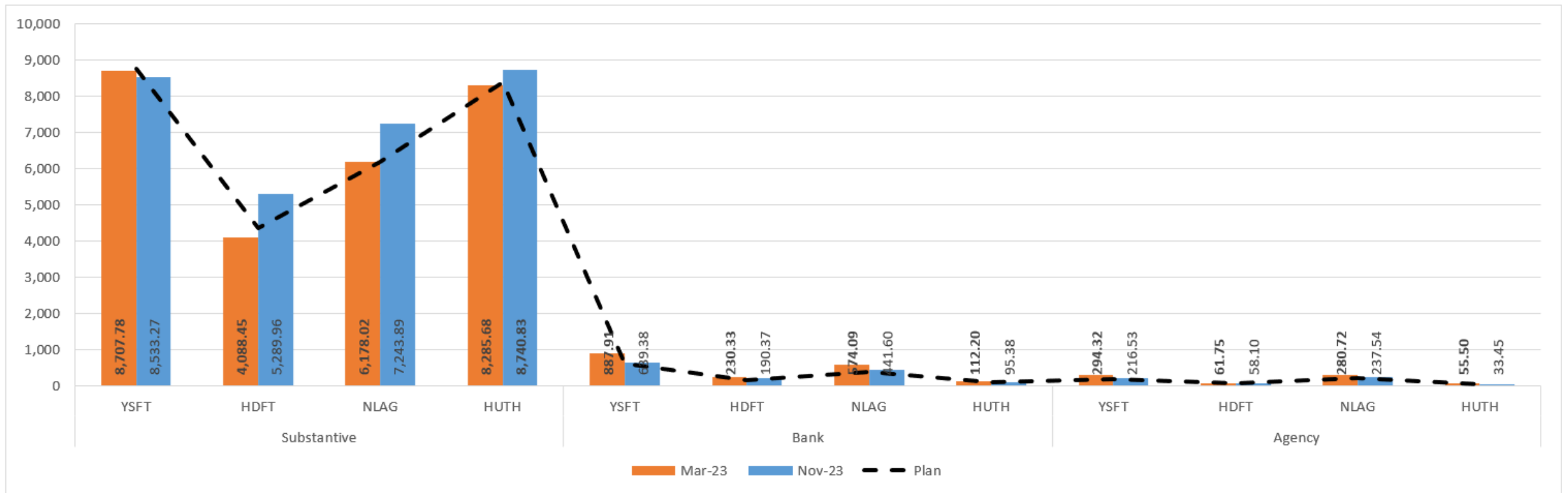
Attribute Metric	October 2023			November 2023		
	Plan	Actual	+/- Variance (wte)	Plan	Actual	+/- Variance (wte)
Total Bank	1,394.87	1,621.40	226.53	1,416.58	1,517.78	101.19
Support to clinical staff (Bank Total)	576.43	675.26	98.84	579.40	647.54	68.14
Registered nursing, midwifery and health visiting staff (Bank Total)	541.04	433.89	-107.15	556.00	444.61	-111.39
Medical and dental (Bank Total)	181.97	308.62	126.65	185.50	221.36	35.86
Total NHS infrastructure support (Bank Total)	69.24	177.17	107.93	69.49	172.81	103.32
Registered scientific, therapeutic and technical staff (Bank Total)	26.19	26.37	0.18	26.19	31.45	5.26
Registered ambulance service staff (Bank Total)	0.00	0.08	0.08	0.00	0.00	0.00
Any other staff (Bank Total)	0.00	0.00	0.00	0.00	0.00	0.00

Agency (wte)

Attribute Metric	October 2023			November 2023		
	Plan	Actual	+/- Variance (wte)	Plan	Actual	+/- Variance (wte)
Total Agency	543.42	609.86	66.45	524.26	582.55	58.29
Registered nursing, midwifery and health visiting staff (Agency Total)	302.25	356.43	54.18	290.17	348.53	58.36
Medical and dental (Agency Total)	150.87	194.67	43.80	146.73	176.50	29.77
Registered scientific, therapeutic and technical staff (Agency Total)	22.82	27.05	4.23	22.23	35.35	13.12
Support to clinical staff (Agency Total)	30.91	20.04	-10.87	29.91	15.82	-14.09
Total NHS infrastructure support (Agency Total)	36.57	11.67	-24.90	35.22	6.36	-28.86
Any other staff (Agency Total)	0.00	0.00	0.00	0.00	0.00	0.00
Registered ambulance service staff (Agency Total)	0.00	0.00	0.00	0.00	0.00	0.00

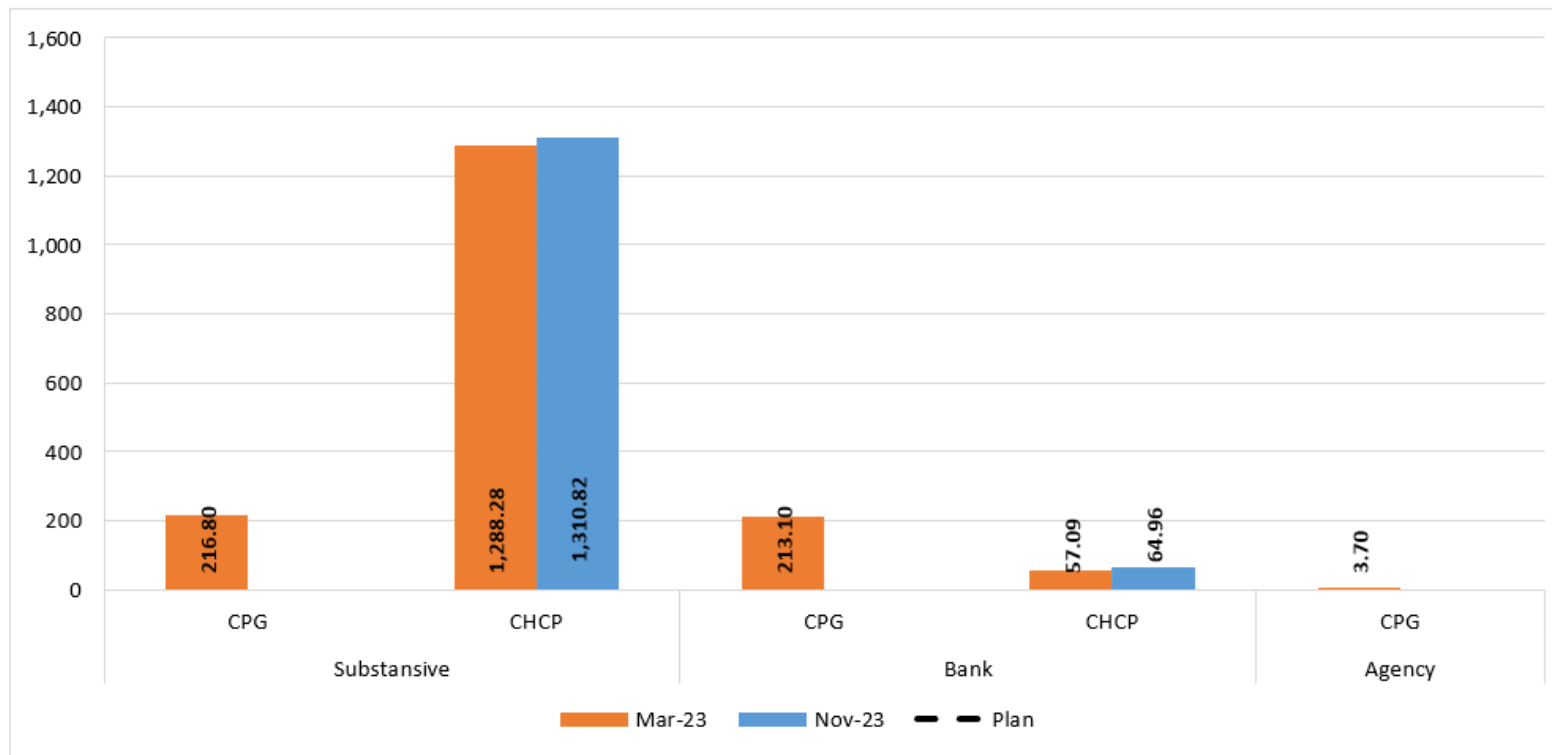
Acute Workforce Providers

		Plan	Mar-23	Nov-23	Variance to Plan		Variance to March 2023	
Substantive	YSFT	8,769.81	8,707.78	8,533.27	-236.54	-2.7%	-174.51	-2.0%
	HDFT	4,354.82	4,088.45	5,289.96	935.14	21.5%	1,201.51	29.4%
	NLAG	6,195.75	6,178.02	7,243.89	1,048.14	16.9%	1,065.87	17.3%
	HUTH	8,380.14	8,285.68	8,740.83	360.69	4.3%	455.15	5.5%
Bank	YSFT	616.72	887.91	639.38	22.66	3.7%	-248.53	-28.0%
	HDFT	156.50	230.33	190.37	33.87	21.6%	-39.96	-17.3%
	NLAG	384.28	574.09	441.60	57.32	14.9%	-132.49	-23.1%
	HUTH	98.58	112.20	95.38	-3.20	-3.2%	-16.82	-15.0%
Agency	YSFT	182.27	294.32	216.53	34.26	18.8%	-77.79	-26.4%
	HDFT	58.00	61.75	58.10	0.10	0.2%	-3.65	-5.9%
	NLAG	204.24	280.72	237.54	33.30	16.3%	-43.18	-15.4%
	HUTH	39.25	55.50	33.45	-5.80	-14.8%	-22.05	-39.7%



Community Workforce Providers

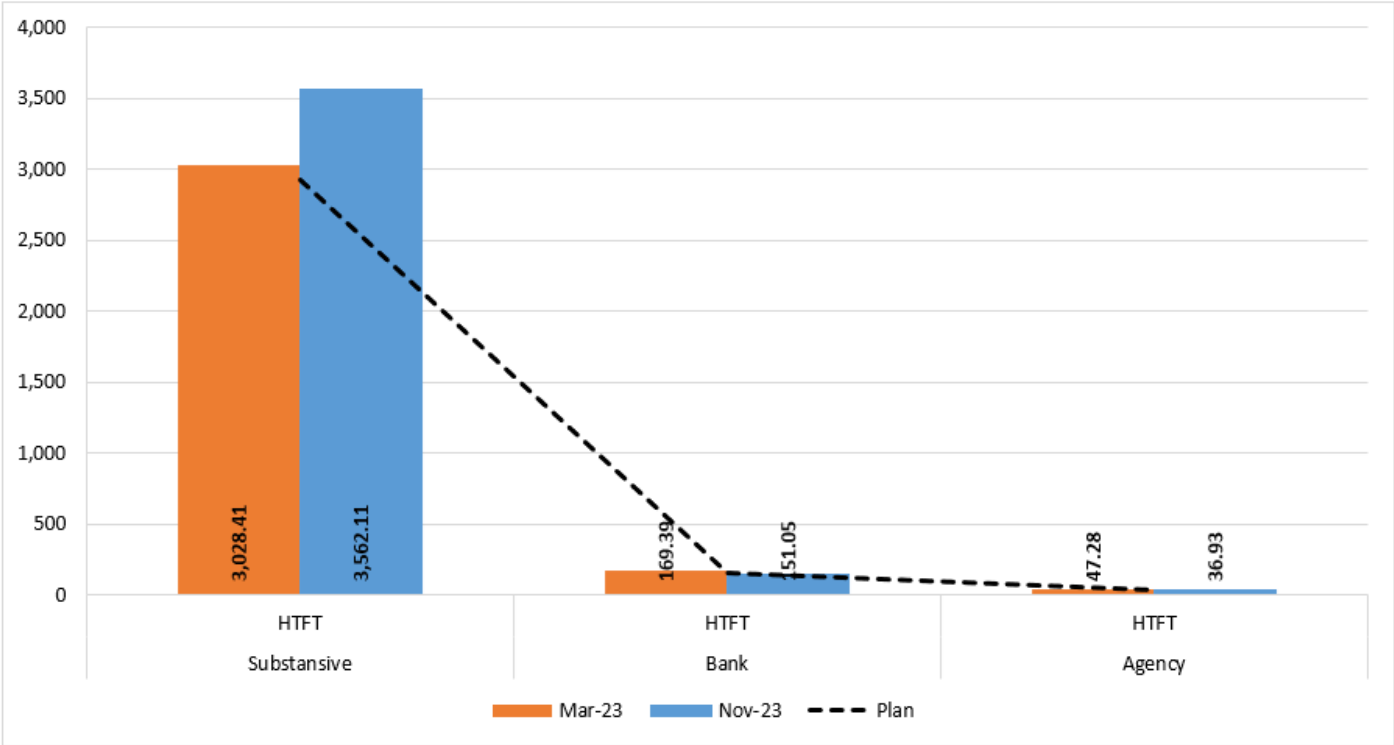
		Plan	Mar-23	Nov-23	Variance to Plan		Variance to March 2023	
Substantive	CPG		216.80					
	CHCP	1,364.87	1,288.28	1,310.82	-54.05	-4.0%	22.54	1.7%
Bank	CPG		213.10					
	CHCP	56.97	57.09	64.96	7.99	-57.09	7.87	13.8%
Agency	CPG		3.70					
	CHCP	58.70	43.37	54.41	-4.29	-43.37	11.04	25.5%

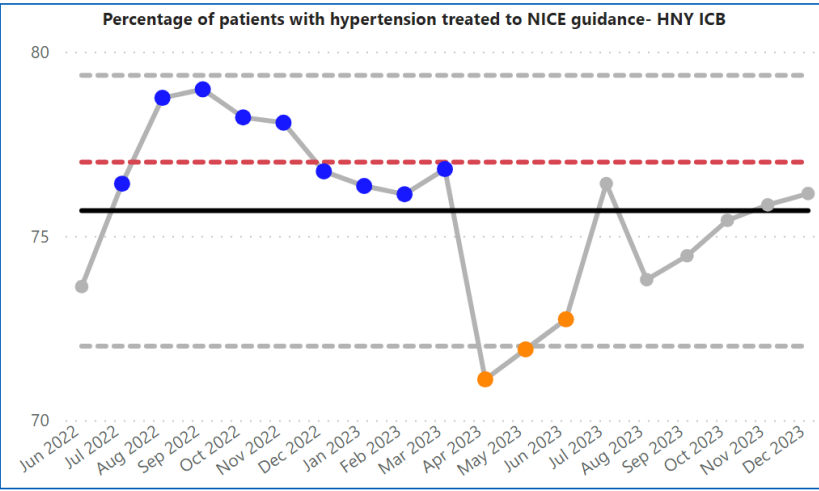


Care Plus Group have not submitted for November 2023.

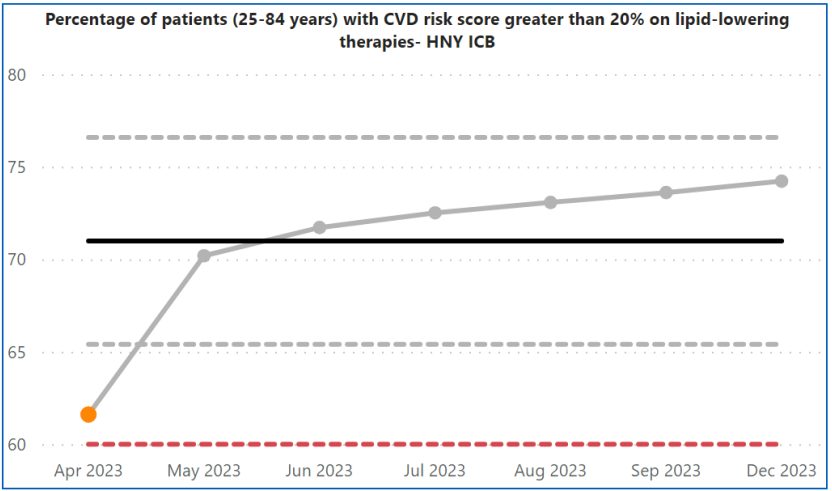
Mental Health Workforce Providers

		Plan	Mar-23	Nov-23	Variance to Plan		Variance to March 2023	
Substantive	HTFT	2,923.97	3,028.41	3,562.11	638.14	21.8%	533.70	17.6%
Bank	HTFT	160.50	169.39	151.05	-9.45	-5.9%	-18.34	-10.8%
Agency	HTFT	39.50	47.28	36.93	-2.57	-6.5%	-10.35	-21.9%

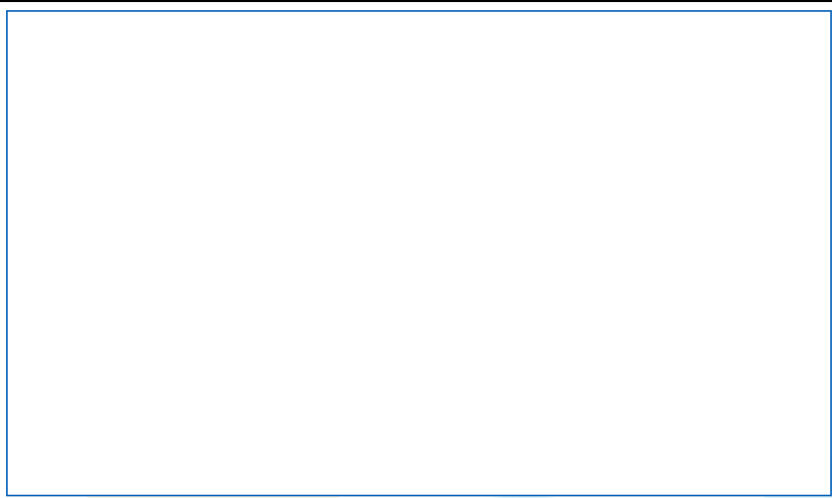




ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	December 2023	77.0%	76.1%			
NHS East Riding Of Yorks...	December 2023	77.0%	81.5%			
NHS Hull	December 2023	77.0%	69.7%			
NHS North East Lincolns...	December 2023	77.0%	75.9%			
NHS North Lincolnshire	December 2023	77.0%	73.6%			
NHS Vale Of York	December 2023	77.0%	73.4%			
NHS North Yorkshire	December 2023	77.0%	78.5%			



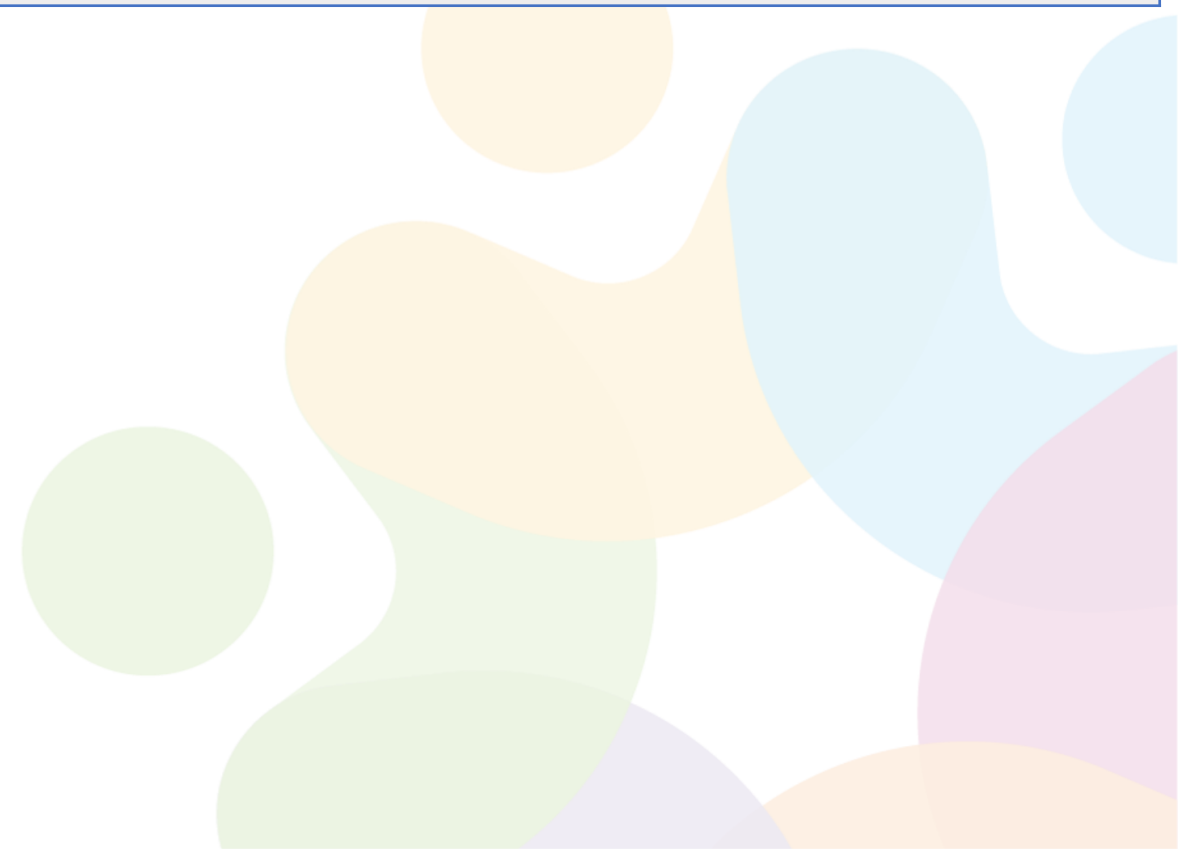
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	December 2023	60.0%	74.2%			
NHS East Riding Of Yorks...	December 2023	60.0%	75.3%			
NHS Hull	December 2023	60.0%	73.8%			
NHS North East Lincolns...	December 2023	60.0%	76.2%			
NHS North Lincolnshire	December 2023	60.0%	74.0%			
NHS Vale Of York	December 2023	60.0%	71.9%			
NHS North Yorkshire	December 2023	60.0%	74.5%			



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
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KPI Name	Issues and risks	Actions
% of patients with Hypertension treated to NICE guidance	An average of 76.1% of patients with Hypertension are treated to NICE guidance against a plan of 77%.	Improved position from previous reporting period.
Percentage of patients (25-84) with CVD risk score greater than 20% on lipid-lowering therapies	Under Development	





Humber and North Yorkshire
Health and Care Partnership

Thank You

