



Agenda Item No:

14

<b>Report to:</b>	Humber and North Yorkshire Integrated Care Board
<b>Date of Meeting:</b>	13 March 2024
<b>Subject:</b>	<b>Board Performance Report</b>
<b>Director Sponsor:</b>	Amanda Bloor, Deputy Chief Executive and Chief Operating Officer and Karina Ellis, Executive Director of Corporate Affairs
<b>Author(s):</b>	Shaun Jones, Director of Planning and Performance Alex Bell, Deputy Director Business Intelligence Shaun Boffey, Head of Planning and Performance Mandy Bennett, Strategic Business Intelligence Lead

**STATUS OF THE REPORT:**

Approve  Discuss  Assurance  Information  A Regulatory Requirement

**SUMMARY OF REPORT:**

The purpose of this paper is to provide the Board with the latest performance position against the priority objectives in the 2023/24 HNY ICB Operational plan. It is a Joint production by the Planning and Performance and Business Intelligence teams.

There are several priorities that lend themselves to a narrative or other information such as the use of resources and workforce. We direct the Board to other papers, for example, the financial update for a progress report.

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

The report reflects the most up to date data available at the time of writing, which in many cases is January 2023. This gives a helpful yardstick of progress so far and the challenges for the remainder of the year, mindful that the delivery of the plan is now in its final quarter of the year. The report also includes adjusted trajectories and those agreed as part of the H2 financial and operational reset.

The Planning and Performance and Business Intelligence Teams are keen to work with the Board regarding the format for the 2024/25 Board Performance Report to ensure that it is meeting their requirements, and forms part of an effective performance framework.

This cover sheet describes a summary of the report, and areas the Board may wish to review in more detail in the full report.

**Urgent Care (H2 Plan priority)**

Urgent Emergency Care (UEC) performance reflected the risks and challenges expected in January. UEC 4-hour performance missed the January target and at 67.2% is 9% away from year end target of 76%. North Lincolnshire and Goole (NLAG) had the biggest variance to plan but Hull University Teaching Hospital (HUTH) performance is a national outlier.

General and Acute (G&A) beds open and bed occupancy both increased in January reflecting pressure on the flow of patients through hospital settings. Increases on open beds and bed occupancy have adverse impacts on related performance indicators such as 4-hour target and ambulance handovers as well as workforce and financial risks.

Yorkshire Ambulance Service (YAS) saw some improvement in Cat 2 response times, but East Midlands Ambulance Service (EMAS) saw further deteriorating position – 56 minutes for January 24. A review of handover times is underway as part of the operating planning round. There are new charts in the full report that demonstrate the trend of increased conveyances to Trusts in quarter 3 compared to the same period in 2022.

- 4-hour UEC – improvement on December but below plan
- Bed occupancy – worsening position from December and below plan
- G&A beds open – increased position from December which is seen as green against plan but reflects difficulties with flow, and increased pressure on workforce and finance.
- Ambulance response time; improvement for YAS but worsening position for EMAS

### **Actions**

- NLAG and Scarborough have commenced their zero tolerance 45 min handover protocol.
- Hull Urgent Treatment Centre (UTC) opened its doors on 5th February.
- No Criteria To Reside (NCTR) plan developed following deep dive by the UEC Board - NCTR Network meeting being established to focus on a common principles and processes.
- Community round table event held in North Yorkshire and York with Trusts, Local Authorities, Social Care providers to discuss the discharge position and agree actions/solutions.
- New UEC Framework establishing a workstream on In-hospital flow and discharge, to look at early discharge planning.

### **Planned Care, Cancer and Diagnostics (H2 Plan Priority)**

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.

- Active waiting list size reduced but is away from plan. Top 5 specialities driving the waiting list volumes are ENT, Ophthalmology, Gynaecology, Orthopaedics and Urology; c. 24,000 patient appointments have been lost due to strike action since March 2023, which affects the recovery of the waiting list position.
- The 65-week position improved to 1,261 patients against a plan of 1,502.
- 78-week position: The ICB are projecting 15 breaches for February 2024.
- 6-week diagnostic performance improved in January but is away from plan.
- The ICB is considerably away from the overall 6-week constitutional standard in regards waiting times for diagnostic tests and is a national outlier.
- 28-day faster diagnosis of cancer patients improved performance in month and was ahead of plan.
- Over 63-day backlog for cancer patients improved and is ahead of plan.
- HNY ICB remains in System Tiering for Cancer and Elective. HUTH and York and Scarborough Teaching Hospitals Foundation Trust (Y&STHFT) remain in Tier 1 cancer tiering as individual providers.

### **Actions**

- Focus on adopting shared care pathways and expanding advice & Guidance through the outpatient's programme.
- Further focus on waiting list validation.

- Clinical networks in the top 5 speciality areas
- Review of demand management schemes, including triaging and single points of access.
- Revised Elective Board launched through a newly refreshed elective recovery programme.
- Mutual aid has been offered for colonoscopy through the elective tactical group.
- Community Diagnostic Centre mobile activity continues to support the waiting list provision.
- Capital works are continuing across the Community Diagnostic Centre Hub and Spokes to enable delivery of the 23/24 activity plan and provide additional capacity for 24/25
- Imaging Clinical Network working to implement SOP for MRI with contrast on remote sites.
- Endoscopy clinical network established.

### **Mental Health and Learning Disabilities**

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.

- Children inpatients with Learning disability and/or autism - local data suggests the ICB actual is 7 against a target of 3. Hull, East Riding and North East Lincolnshire are all meeting the target.
- Adult inpatients with Learning disability and/or autism - local data suggests the ICB actual is 58 against a target of 39; this is the lowest monthly figure recorded in recent years.
- Community Mental Health (CMH) services, local intelligence puts performance nearer to plan at 97.8% of target.
- Out of area placements ICB actual is 1,135 against a target of 305 (which equates to 830 bed days over plan).
- Dementia Diagnosis (DDR) rates; 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. There are individual services/areas that are national outliers, and this has been flagged as a priority for 2024/25.
- Children and Young People (CYP) services, local intelligence advises a position of 21,043 against a target of 21,171 (which equates to 99.4% of target). This is a continuing upward trend throughout 2023/24.
- Improving Access to Psychological Therapies (IAPT) commonly known as Talking Therapies, 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.
- Perinatal access to mental health services; 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.

#### **Actions**

- CMH programme lead to explore possible reasons for recent drop in access with providers.
- Out of area placements dashboard is in development case management review meeting to establish consistent best practice approaches to case management across HNY.
- Focussed programme of work to cleanse GP registers and develop a toolkit to improve coding and support DDR performance.

### **Primary Care**

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

- Primary Care across HNY has delivered 826,041 as of December 2023 which is below plan for this period.
- An average of 82.1% of patients are able to book an appointment within 14 days against a national aim of 85%.

### **Actions**

- North East Lincolnshire and York Places are above plan for the period. All other places are below plan for this period. Year end forecasting suggests the ICB is on track to over deliver our 23/24 total number of appointments by 186k.
- Confirmation from National Team that electronic patient systems have now been updated to enable exception reporting excluding those patients who choose to book an appointment outside of the 2-week period which will support delivery of the 14-day standard, this will improve performance delivery.

### **Community Services**

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

- The total Community Waiting List (CWL) 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 Community Young People (CYP) waiting list from Y&STHFT and Harrogate District Foundation Trust (HDFT) and a series of validation exercises.
- Compliance with the 2-hour response time, for this period is 89% across HNY providers.

### **Actions**

- Validation work continues to be undertaken within HDFT to help cleanse their community waiting list.
- Y&STHFT are still working towards submitting CYP data by end of March 2024 and update is required in Q4.
- 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 data quality issues to enable like for like comparisons to be made between providers in terms of Urgent Care Response (UCR) demand.
- UCR improvement work is also ongoing through the UEC Programme, this includes development of a Single Point Of Access model and plans for each Place to have a Multi-Disciplinary Team co-located with the ambulance service.

### **Maternity Services**

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

- Neonatal deaths per 1,000 total live births - HNY ICB; Current national figures calculated up to 2022; UK at 1.65, HNY at 2.5 in October 2023. Very variable statistics by month as low numbers.
- Stillbirths per 1,000 total births - HNY ICB; Current national figures calculated up to 2022; UK at 3.54, HNY at 3.0 in October 2023.

### **Actions**

- Workforce; continued support to new entrants, training etc. New clinical fellow appointed from August 2024.
- Current Clinical Leadership fellow continuing to pull unit leads together and support transformational change.
- Early breastmilk project progressing at pace in Hull with new roles in place, percentages increasing significantly.
- Neonatal and Obstetric leads working to ensure effective sharing of work/oversight and piloting of improvements.
- Continued emphasis on smoking/alcohol/diabetes and weight management workstreams, linked into Tobacco Control Centre of Excellence/Population Health.

**Workforce**

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. Workforce forms a key part of the 2024/25 Operating Plan.

The full complete report is attached for your consideration.

**RECOMMENDATIONS:**

Members of the Board are asked to:

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

**ICB STRATEGIC OBJECTIVE**

Managing Today	☒
Managing Tomorrow	☒
Enabling the Effective Operation of the Organisation	☒

**IMPLICATIONS**

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

Sustainability	There are no sustainability implications relating to this paper, however sustainability controls and mitigations will be considered on a case-by-case basis, as appropriate.
----------------	--

**ASSESSED RISK:**

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

**MONITORING AND ASSURANCE:**

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

**ENGAGEMENT:**

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

**REPORT EXEMPT FROM PUBLIC DISCLOSURE**

No  Yes

If yes, please detail the specific grounds for exemption.