



# Humber & North Yorkshire ICB Board Report

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Executive Summary

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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 Oct-23 with A&E 4hr and YAS CAT 2 published to Nov-23	
Unvalidated positions as follows:	
CAT 2 Response Times	Snapshot position for EMAS from the NEY Performance and Quality Report as at w/e 03/12/2023. 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 26/11/2023.
18 Week RTT - 65+ Weeks	Snapshot position from the National Waiting Well Dashboard as at 03/12/2023.
Diagnostic Test Waiting Times - 6+ Weeks	Snapshot position from the NEY Performance and Quality Report as at w/e 03/12/2023.
Patients Waiting 63+ Days	Snapshot position from the Cancer Alliance PTL as at w/e
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](#))

Developed by the Humber & North Yorkshire ICB Business Intelligence Team - [contact us](#)

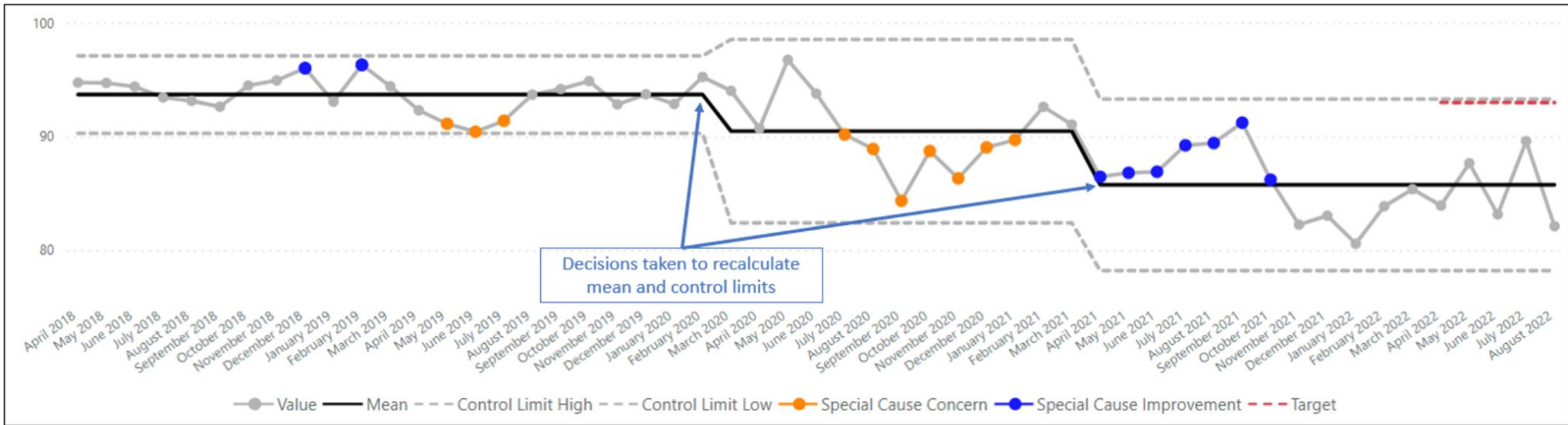
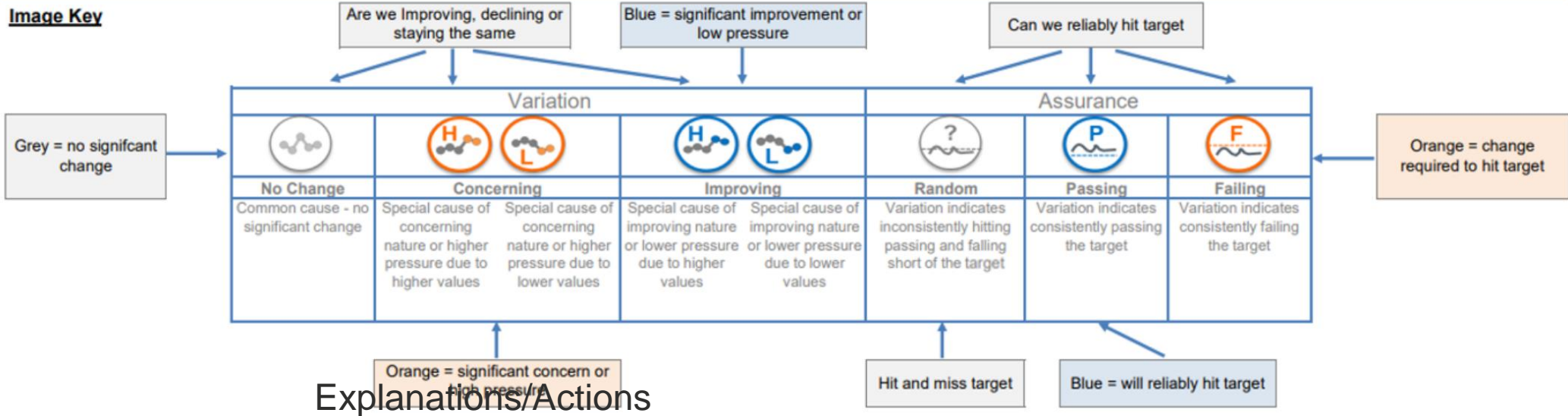
Area	Plans Met	Summary
Urgent & Emergency Care	0 of 3	<p><b>Targets not met; 4-hour performance (1), Ambulance handovers in EMAS (0.5) Ambulance handovers in YAS (0.5), General &amp; Acute Occupancy (1)</b></p> <p>HNY saw a slight improvement in the 4-hour performance to 68% (approximately 7 out of every 10 patients treated and discharged within 4 hours) compared to October 67.3%, but below the November trajectory of 75.1%. This remains below the ambition of 76% (approximately 8 out of every 10 patients) by the end of the year. No providers achieved their November trajectory, with HUTH and Harrogate missing them by the largest shortfall - HUTH 45.4% against target. Both Trusts showing a deterioration from October. Total general and acute bed occupancy was 93.4% against a trajectory of 90.5%. Bed occupancy is showing a deteriorating trend. Overall HNY open beds available exceeded plan however, NLAG showed a shortfall in total G&amp;A beds against their plans with 606 beds against a plan of 629.</p> <p>YAS missed their CAT2 trajectory of 30 mins at 37:14mins, compared to Octobers 35:14mins. York and HUTH were the main contributors to the YAS missed target, and NLAGs position also contributed significantly to the EMAS deterioration (along with Lincoln). 12 hours in department remain the highest in HNY compared to the rest of the Region, which is impacting on the ability to handover in a timely way, with York and NLAG being the worst performing in the region in this area.</p> <p>The York new ED phase 2 was handed over on 18th December and coincided with a Reset week for Unplanned care delivery, with promising signs. Direct conveyance to SDEC is a key priority. ECIST visit completed at York with recommendations provided .</p> <p>The missed opportunities audit has taken place at HUTH with identified areas for action and the Urgent and Emergency Care Intensive support team have visited NLAG. Ensuring that single point of access. Ensuring that Virtual wards and Same Day Emergency Care facilities are functioning optimally remain the key priorities.</p>
Elective Care	1 of 2	<p><b>Targets met: Long waiters (65+) (1)</b></p> <p><b>Targets not met: Overall waiting list size (1)</b></p> <p>The overall active waiting list size grew consistently from January 2023 to July 2023. It reduced in August (partially due to circa 2.5k dental patients coming off the RTT list for Harrogate) and has subsequently plateaued; November active waiting list is 188,145 against a target of 173,572 (14,573 patients over plan, 8,220 of which are at HUTH. Year to date activity as calculated through the ERF initiative shows HNY delivering at 112.3% against a revised plan of 105%. Industrial action and winter continue to pose risks to activity and as a result the overall size of the waiting list.</p> <p>November data shows continued improvement in the long wait position, to 1,598 patients waiting over 65 weeks against a plan of 2,253 which continues to remain positive, however, further Industrial Action and winter pressure will add risk to this trajectory, particularly in challenged specialties such as ENT, Ophthalmology, Gynaecology, Orthopaedics and Urology.</p> <p>Workforce constraints in some specialties, notably ENT and Max Fax, alongside the impact of industrial action, is causing reduced activity. Circa 80-90% of the waiting list is outpatients and is not dependent on beds or bed capacity for treatments.</p> <p>The ICS has reported no patients over 104 weeks at the end of December and projected 27 patients waiting over 78 weeks at the end of December, 11 Y&amp;SFT, 11 HUTH and 5 NLAG.</p>




























Area	Plans Met	Summary
Diagnostics	1 of 2	<p><b>Targets met: Diagnostic activity (1)</b>  <b>Targets not met: % Of patients waiting longer than 6 weeks (1)</b></p> <p>The performance for October is off plan at 31.3% patients waiting over 6 weeks for a diagnostic test against a target of 29.7%, (though this does indicate three successive months of improvement). HUTH and HDFT showing the greatest variance from plan. Each Trust has its own pressures, but Gastroscopy and NOUS overall are furthest from plan. The overall activity for the 7 defined tests is above plan, with 61,142 tests completed against a plan of 58,613 – however, Colonoscopy, Gastroscopy, Flexi sigmoidoscopy and NOUS are below target. Mutual aid has been offered for colonoscopy through the elective tactical group. Insourcing to recommence at HUFT to support activity levels and performance. The Endoscopy Clinical Network has prioritised work on capacity and demand modelling for the system. The Imaging network have submitted an AI bid on behalf of the system to test innovations in reporting to improve productivity. The CDC Programme continues in mobilization, with approved re-profiled plans for the rest of the year.</p>
Cancer	1 of 2	<p><b>Targets met: 63+ Day Cancer Backlog (1)</b>  <b>Targets not met: Faster Diagnosis standard (1)</b></p> <p>The HNY 63+ day backlog unvalidated position at the end of November is 816 against a target of 833. This is a slight improvement following sustained growth in the backlog since July 2023. HUTH and Y&amp;STHFT remain in Tier 1 as individual providers and continue with both fortnightly organisational and monthly ICB level meetings with Regional and National colleagues.</p> <p>Predominant issues at York &amp; Scarborough remain in the diagnostic phase of cancer pathways, with issues in Colorectal and Urology tumour sites affected by colonoscopy capacity. Further work is underway to increase productivity through the Endoscopy facilities to improve the position on high volume cancer pathways.</p> <p>Predominant issues in HUTH remain in treatment capacity (robotic equipment and staff vacancies), particularly affecting Gynae and Urology pathways as well as non-surgical oncology workforce gaps. Mutual aid support for Endoscopy has been provided by NLaG. There have also been issues with tracking capacity and expertise and consistent application of the access policy within the Trust. The Faster diagnosis standard is showing performance is 64.2% against a trajectory of 74.3%. HUTH has met this month's trajectory, positively supporting HNY's collective position. Harrogate and Y&amp;SFT remain the most adrift of trajectory.</p>
People with LD and Autism	1 of 3	<p><b>Targets met: LD registers and health checks (1),</b>  <b>Targets not met: Inpatients with a Learning Disability (1), Reliance on Inpatient services for Children with an LD or Autism (1)</b></p> <p>HNY is achieving the target related to LD registers and annual health checks by GPs 7% against a target of 6.9%. The ICS is not achieving the remaining two indicators related to inpatient services. Delivery of these two targets 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>

Area	Plans Met	Summary
Mental Health	0 of 6	<p><b>Targets not met: Out of area placements (1), Access to Community MH for adults (1), Access to CYP MH (1), Access to Talking Therapies (1), Access to Perinatal MH (1), : Diagnosis rate for people with dementia (1)</b></p> <p>There are no Mental Health targets being met. For Community Mental health services, with corrected figures from Humber FT the ICB performance would be 19,067, which would put us only 76 contacts away from delivering the stretch target. Once data issues are resolved, it is expected this target will be achieved.</p> <p>For Dementia Diagnosis rates, a Dementia QI programme has commenced, a brain Health co-ordinator targeting areas of challenged performance, register cleansing, and agreeing a dementia protocol for medication. Benefits of the data cleansing are expected in December 2023.</p>
Primary Care	1 of 4	<p><b>Targets met: GP Appointments delivered (1)</b> <b>Targets not met: Dental Activity delivered (1), GP Appointments delivered within 14 days (1), Direct Patient Roles in Primary Care (1)</b></p> <p>The number of GP appointments provided in primary Care in October was 1,102,043 against a plan of 1,094,038.</p> <p>While the number of people given an appointment in 14 days is 76.7% against a target of 85% which is a slight improvement since last month, but not back to levels seen in August. It is expected to improve further once patients with Long Term Conditions booked more than 14 days ahead are excluded from the count. Work is still underway with national IT systems.</p> <p>Recovery of dental activity now stands at 81% against a target of 100%, an improvement on last month.</p>
Community Health	2 of 2	<p><b>Targets met: Community services waiting list (1), 2 Hour Urgent Care (1)</b></p> <p>The overall size of the community waiting list is below plan showing 19,957 against a plan of 23,069 at October 2023 - The total CWL has decreased by 1% on last month but a 6% increase since April. However, the position reported does not include the number of children waiting at HDFT and Y&amp;SFT. Of these 445 patients have been waiting over 52 weeks ( an increase of 164 on last month) and 59 over 104 weeks ( an increase of 14 from last month). Most patients in these categories are in HDFT Diabetics service. For Podiatry services HDFT are piloting a self-referral programme and CHCP a triaging process with self-referral within the year. HDFT continue to work through data quality issues.</p> <p>2 Hour Crisis response services show compliance of 88.2% against a target of 70%. Further work by the community collaborative and providers will look at increasing the volume of patients seen by these services as part of the wider Urgent and Emergency Care recovery programme.</p>

Area	Plans Met	Summary
Maternity	0 of 0	<p><b>Targets not yet set.</b></p> <p>For Neonatal deaths, the current national figures calculated up to 2022; UK at 1.65, HNY at 2.27 in August 2023. Very variable statistics by month as low numbers. National picture improving up to 2021 but all of UK has seen an increase in neonatal deaths and morbidity in this period. Review of outlier data in N Lincs is underway. Workforce issues are improving, but lack of AHP and Psych input as described by NCCR. An extension of facilities at HUTH is planned with new cots arriving in February and workforce competencies are being aligned.</p> <p>For Stillbirths current figures calculated up to 2022; UK at 3.54, HNY at 3.40 in August 2023. Higher numbers of stillbirths in Hull and Vale of York contributing to total. Hull case in August related to foetal growth surveillance related to GAP charts; Trust is reviewing training.</p> <p>There is significant work on alignment of pre-term birth and perinatal work but still some issues around data and communication. There are delays in the implementation of new Maternity IT System (BadgerNet) now confirmed phased implementations HUTH 04/02, NLaG 25/03.</p>
Workforce	1 of 2	<p><b>Targets met: Sickness(1)</b> <b>Targets not met: Staff Turnover(1)</b></p> <p>Actual HNY cumulative sickness for September 2023 is 4.6% against a target of 4.8%, a slightly worsening position to August and with variability across the region. HNY staff turnover is presently 14.7% (against an agreed target of 12.2%) Staff turnover is consistent with August 2023 and is below its 16% peak in September 2022.</p>


































**Image Key**



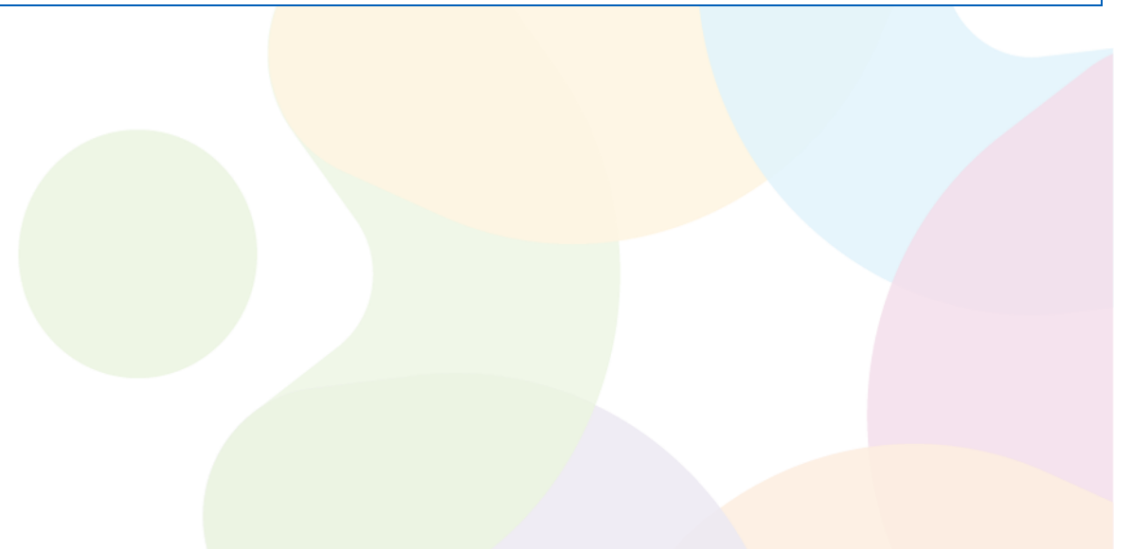
AREA	KPI NAME (INC REPORTING LEVEL)	LATEST DATE	TARGET	ACTUAL	VARIATION	ASSURANCE	PLAN MET
Urgent and emergency care	Ambulance Response Times CAT2 - Mean- EAST MIDLANDS AMBULANCE SERVICE NHS TRUST	November 2023	00:30:00	00:41:48			
Urgent and emergency care	Ambulance Response Times CAT2 - Mean- YORKSHIRE AMBULANCE SERVICE NHS TRUST	November 2023	00:30:00	00:37:14			
Urgent and emergency care	A&E 4 hour waiting times- HNY Provider Total	November 2023	75.1%	68.0%			
Urgent and emergency care	Percentage Total G&A Bed Occupancy- HNY Provider Total	November 2023	90.5%	93.4%			
Urgent and emergency care	Total G&A Beds- HNY Provider Total	November 2023	2919	2937			
Elective care	18 Week Referral to Treatment Waiting Times - Waiting List- HNY Provider Total	November 2023	173572	188145			
Elective care	18 Week Referral to Treatment Waiting Times - 65+ Week Waits- HNY Provider Total	November 2023	2253	1598			
Diagnostics	Diagnostic Tests - 7 Targeted Test- HNY Provider Total	October 2023	58613	61142			
Diagnostics	Diagnostics Test waiting Times: Proportion of Patients Waiting 6+ Weeks for a Diagnostic Test- HNY Provider Total *	November 2023	29.7%	31.3%			

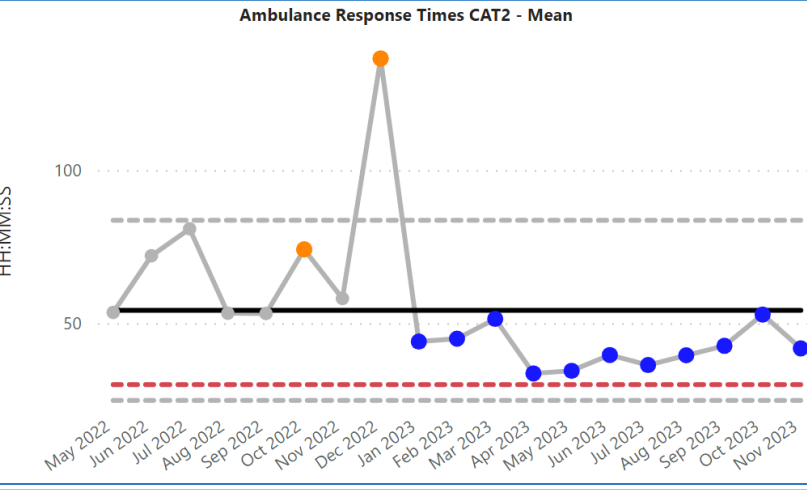
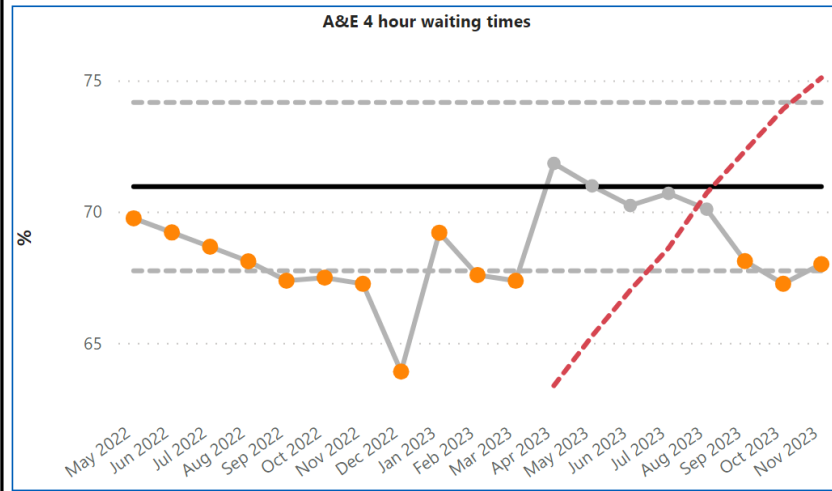
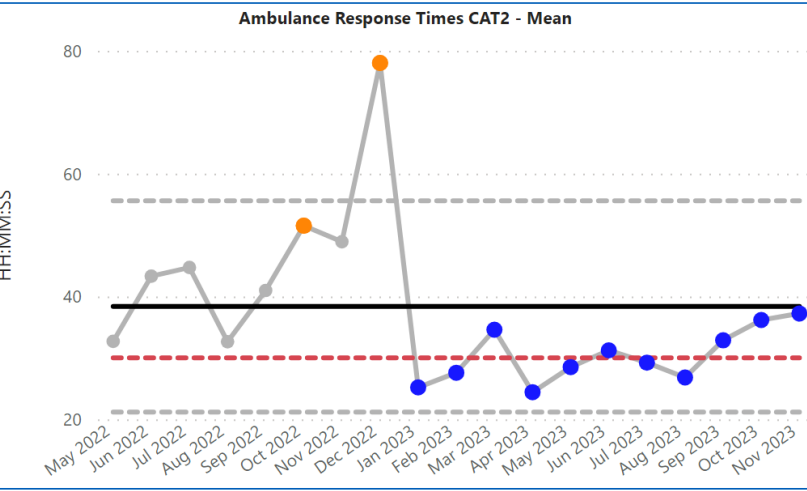
AREA	KPI NAME (INC REPORTING LEVEL)	LATEST DATE	TARGET	ACTUAL	VARIATION	ASSURANCE	PLAN MET
Cancer	28 Day Faster Diagnosis Standard- HNY Provider Total	September 2023	74.3%	64.2%			
Cancer	Patients waiting 63+ days after referral from cancer PTL- HNY Provider Total	November 2023	833	816			
Cancer	Unadjusted percentage diagnosed at cancer stage 1 & 2- HNY Provider Total	August 2023		59.0%			
Primary care	Direct Patient Care (DPC) Roles in General Practice- HNY ICB	October 2023	798.8	796.7			
Primary care	Recover dental activity, improving units of dental activity towards pre-pandemic levels- HNY ICB	October 2023	100.0%	81.0%			
Primary care	Appointments in General Practice- HNY ICB	October 2023	1094038	1102043			
Primary care	Proportion of Appointments in General Practice Booked and Seen the Same Day- HNY ICB	October 2023		36.9%			
Primary care	Proportion of Appointments in General Practice Booked and Seen Within 14 Days- HNY ICB	October 2023	85.0%	76.7%			
Prevention and health inequalities	Percentage of patients with hypertension treated to NICE guidance- HNY ICB	October 2023	77.0%	70.6%			
Prevention and health inequalities	Percentage of patients (25-84 years) with CVD risk score greater than 20% on lipid-lowering therapies- HNY ICB	September 2023	60.0%	73.6%			



AREA	KPI NAME (INC REPORTING LEVEL)	LATEST DATE	TARGET	ACTUAL	VARIATION	ASSURANCE	PLAN MET
Community health services	Total Number on Community services waiting list- HNY Provider Total	October 2023	23069	19957			
Community health services	2-hour urgent community response (UCR) standard- HNY Provider Total	October 2023	70.0%	88.2%			
People with a learning disability and autistic people	S029a: Inpatients with a learning disability and/or autism per million head of population- HNY ICB	November 2023	33.8	44.1			
People with a learning disability and autistic people	E.K.3: Learning disability registers and annual health checks delivered by GPs- HNY ICB	October 2023	6.9%	7.0%			
People with a learning disability and autistic people	E.K.1c: Reliance on inpatient care for people with a learning disability and/or autism - Care for children- HNY ICB	November 2023	15.0	27.0			
Mental Health	E.A.S.1: Estimated diagnosis rate for people with dementia- HNY ICB *	November 2023	59.6%	59.2%			
Mental Health	E.H.12: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days- HNY ICB	September 2023	305	1155			
Mental Health	E.H.27: Overall Access to Core Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses- HNY ICB	October 2023	19140	17040			
Mental Health	E.H.9: Access to Children and Young People's Mental Health Services- HNY ICB *	October 2023	21171	19675			
Mental Health	E.A.3a: Access to NHS Talking Therapies- HNY ICB *	October 2023	3270	3155			
Mental Health	E.H.15: Women Accessing Specialist Community Perinatal Mental Health Services- HNY ICB	October 2023	824	510			

AREA	KPI NAME (INC REPORTING LEVEL)	LATEST DATE	TARGET	ACTUAL	VARIATION	ASSURANCE	PLAN MET
Maternity	Neonatal deaths per 1,000 total live births- HNY ICB	August 2023		2.3			
Maternity	Stillbirths per 1,000 total births- HNY ICB	August 2023		3.4			
Workforce	Sickness Absence (working days lost to sickness)- HNY Provider Total	September 2023	4.8%	4.6%			
Workforce	Staff retention rate (all staff)- HNY Provider Total	September 2023	12.2%	14.7%			
Workforce	Leaver Rate- HNY Provider Total	September 2023		7.9%			
Workforce	Vacancy Rates- HNY Provider Total	September 2023		6.6%			



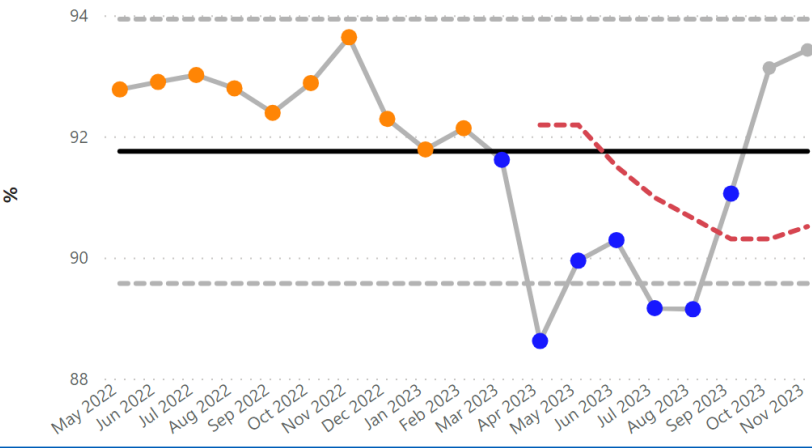


ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	November 2023	75.1%	68.0%			
YSFT	November 2023	73.6%	68.1%			
HDFT	November 2023	85.0%	69.0%			
NLAG	November 2023	71.0%	65.6%			
HUTH	November 2023	77.0%	45.4%			

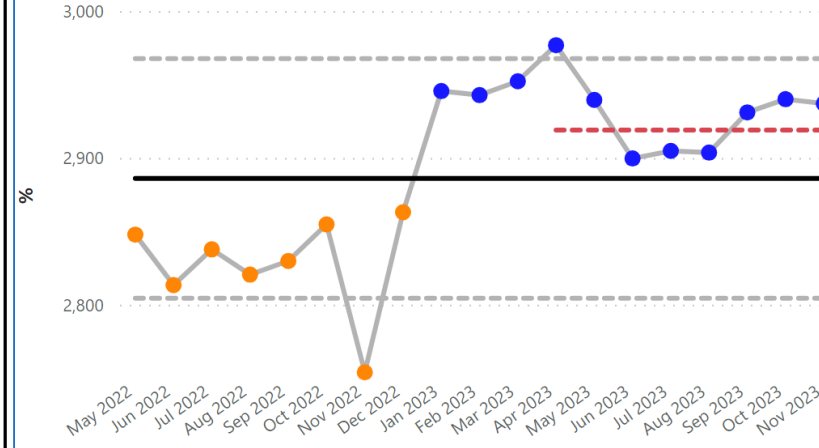
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
YORKSHIRE AMBULANCE SERVICE NHS TRUST	November 2023	00:30:00	00:37:14			
EAST MIDLANDS AMBULANCE SERVICE NHS TRUST	November 2023	00:30:00	00:41:48			



Percentage Total G&A Bed Occupancy



Total G&A Beds



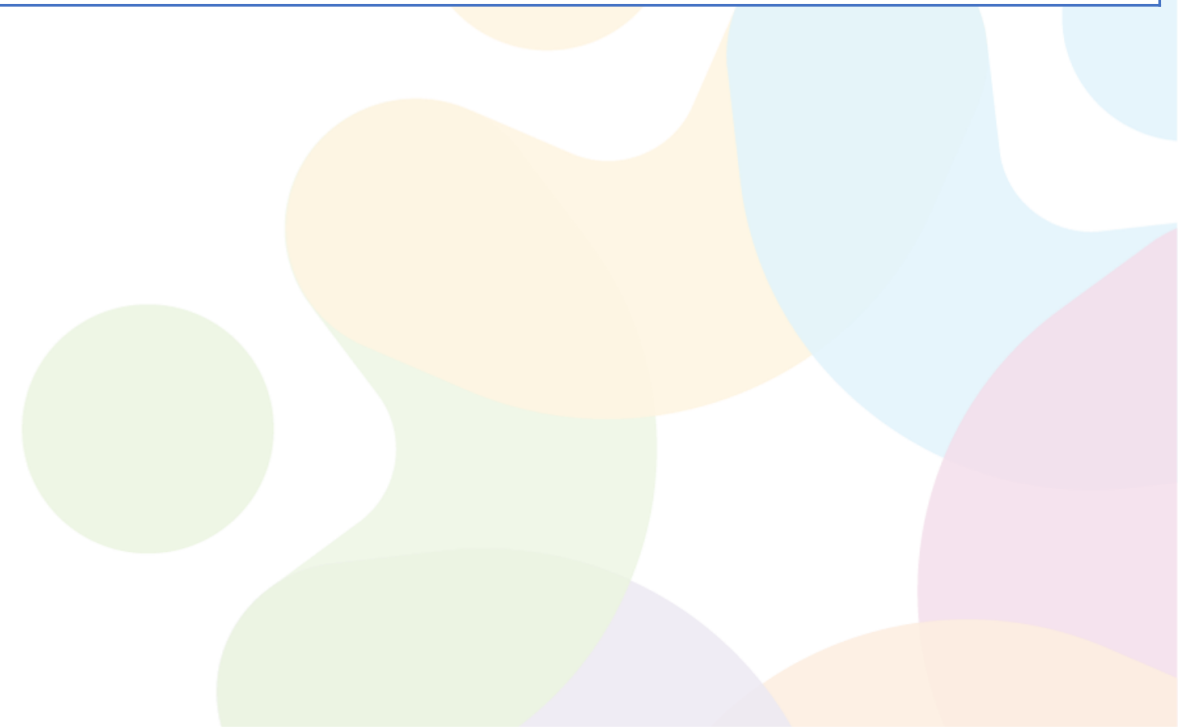
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	November 2023	90.5%	93.4%			
YSFT	November 2023	91.1%	93.8%			
HDFT	November 2023	89.6%	92.1%			
NLAG	November 2023	90.6%	94.3%			
HUTH	November 2023	90.2%	93.1%			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	November 2023	2919	2937			
YSFT	November 2023	846	853			
HDFT	November 2023	318	316			
NLAG	November 2023	629	606			
HUTH	November 2023	1126	1162			

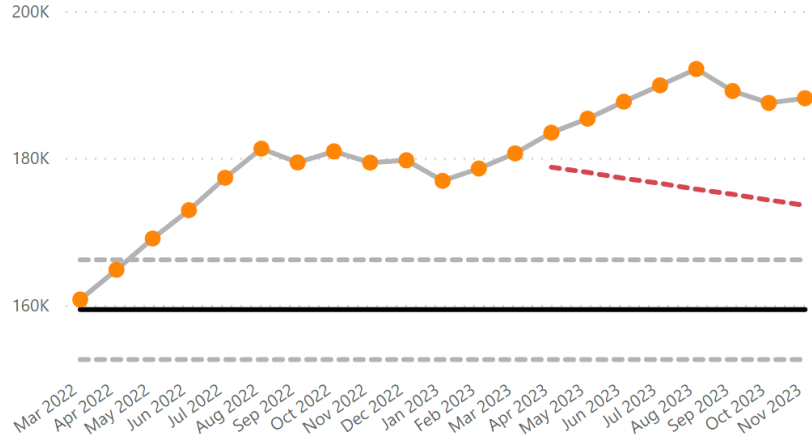


KPI Name	Issues and risks	Actions
Ambulance Handovers - CAT 2	<ul style="list-style-type: none"> <li>• YAS missed their CAT2 trajectory of 30 mins at 37:14mins, compared to October's 35:14mins. EMAS missing 30 mins at 41:48 - whilst this is still a long way off target, it is a significant improvement from October's 57:30 mins. York and HUTH main contributors to YAS missed target, and NLAGs position also contributing significantly to EMAS deterioration (along with Lincoln)</li> <li>• November has seen a further deterioration in ambulance handover times and hours lost at all sites</li> <li>• 12 hours in department remain the highest in HNY compared to the rest of the Region, which is impacting on the ability to handover timely, with York and NLAG being the worst performing in the region in this area</li> </ul>	<p>Weekly ICS ambulance handover task &amp; finish group underway with ask for providers to have a plan for implementation asap - initial target date of 2nd January, however Regional mandate now bringing this forwards, linked to strike action risks. Direct conveyance to SDEC is a key priority for the SDEC programme along with SPA to reduce avoidable conveyances - York have been trialling this during their improvement weeks and have decided to continue with this model outside of the pilot. Hull looking to implement once ground floor reconfiguration complete. York ED Phase 2 due to open post Xmas which should increase capacity and enable more timely handover. This, along with the unplanned care flow model, is expected to show an improvement in ambulance handover times Clinical Risk meeting took place 23rd October with a focus on how risk can be shared across the system - ongoing task and finish group being established.</p>
A&E 4 hour waiting times	<ul style="list-style-type: none"> <li>• HNY saw a slight improvement in 4 hour performance at 68.0% compared to October's 67.3%. However, this missed November's trajectory of 75.1%. HNY remains the worst performing ICS in the region</li> <li>• No providers achieved their November trajectory, with HUTH and Harrogate missing them by the largest shortfall - HUTH 45.4% against target 77%, and Harrogate 69.0% against a target of 85% - both of these are a deterioration on their October performance.</li> </ul>	<ul style="list-style-type: none"> <li>• The York new ED phase 2 was handed over on week commencing 18th December and coincided with a Reset week for Unplanned care delivery, with promising signs. Direct conveyance to SDEC is a key priority. ECIST visit completed at York with recommendations provided .</li> <li>• York weekly meeting with region to discuss immediate pressures and mitigations ahead of new space opening continues</li> <li>• HER weekly UEC surge meetings to discuss additional actions to support performance improvements. HER UEC Summit held 15th December with a number of key actions agreed across the System including acceleration of UTC opening, 45 minute ambulance handover, Primary Care collaboration and Board/ward round process improvements</li> <li>• ECIST visit completed at York with recommendations provided</li> <li>• HNY new SDEC exclusion criteria signed off and live across providers, increasing numbers of patients to SDEC</li> </ul>

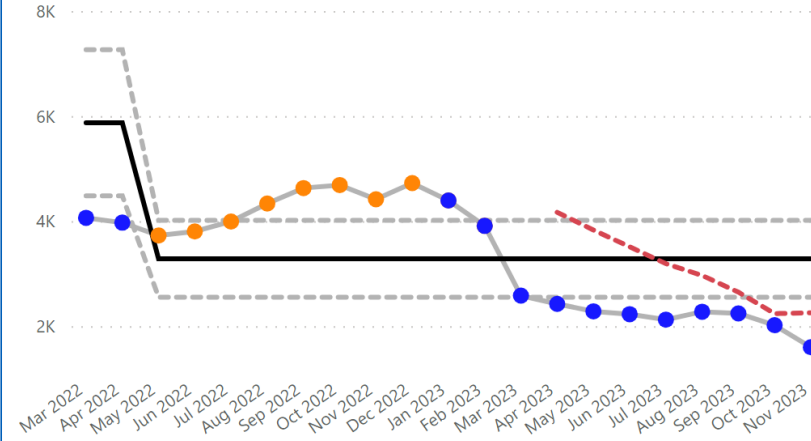
KPI Name	Issues and risks	Actions
Total general and acute bed occupancy	Total general and acute bed occupancy 93.4% against a target of 90.5%, which is also a further deterioration from October of 93.1%. All providers again missing bed occupancy target this month. NLAG also showing a shortfall in total G&A beds against their plans with 606 beds against a plan of 629. This is a deterioration on last month, which was 626 beds.	No Criteria To Reside data review underway by the BI team to assess accuracy of data and therefore enable more effective focused work on areas of improvement required. 5 high impact actions to address No Criteria To Reside position identified by each Place and will be monitored via Place UEC Boards. Deep-dive due to be undertaken into Virtual Ward capacity and utilisation to maximise opportunities out of hospital and further reduced occupancy. Home first workshops undertaken in N/NEL. Discharge deep-dive being undertaken in NLAG by PSC via the community collaborative - further work also being undertaken by McKinsey.



18 Week Referral to Treatment Waiting Times - Waiting List



18 Week Referral to Treatment Waiting Times - 65+ Week Waits



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	November 2023	173572	188145			
YSFT	November 2023	48024	50483			
HDFT	November 2023	24100	23430			
NLAG	November 2023	34879	39443			
HUTH	November 2023	66569	74789			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	November 2023	2253	1598			
YSFT	November 2023	830	704			
HDFT	November 2023	370	114			
NLAG	November 2023	145	95			
HUTH	November 2023	908	685			



KPI Name	Issues and risks	Actions
Waiting List (HNY Providers)	<p>The Waiting list has become more flattened since Aug 2022 signifying Initiatives to reduce clock stops at the front end of the pathway through A&amp;G, triage and validation are having an impact on increasing waiting list size. The waiting list size in November 2023 is 188,145 (unvalidated) against a target of 173,572 (provider Trusts only). We have seen a drop in the WL since September 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.</p> <p>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) with further junior doctor strike action planned in December 23/January 24.</p> <p>Ongoing non-elective pressures is a risk to the waiting list as elective capacity is reduced.</p> <p>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 &amp; Guidance through the outpatients 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).</p> <p>Clinical network chairs are being appointed to help drive opportunities to reduce WL size through the networks. Funding to support the perioperative network chairs secured - potential joint clinical appointments imminent.</p> <p>Review of demand management approaches/opportunities e.g. triaging, single points of access.</p> <p>Revision to the Outpatient Programme planned to support the GIRFT Faster programme</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>Elective Clinical network speciality level events that were planned in November and December have been completed</p> <p>Strategic elective board agreed to complete an analytical review to help understand other factors that could be increasing the waiting list size.</p>





KPI Name	Issues and risks	Actions
<p>Long Waits</p>	<p>The 65-week position is performing better than planned with November 2023 showing 1,598 pts (unvalidated) against a plan of 2,253.</p> <p>As part of the H2 planning reset, HUTH, NLAG and Harrogate are still forecasting zero for 65 weeks by end of March. York are forecasting c. 300 pts mainly Gynae (1st OPA) and ENT bottlenecked for Audiology testing.</p> <p>Long waiters have come under significant pressure due to ongoing industrial action and further impact from industrial action planned in Dec/Jan may impact the performance against plan.</p> <p>78-week position: At the time of writing this narrative, Hull are forecasting 11 breaches end of December due to complex Gynae, high weeks waiters validated onto waiting list along with patient choice. York are forecasting 11 breaches in December due to industrial action, patient choice, cancellations and outcomes from Diagnostic tests. NLAG are forecasting 5 breaches end of December mainly through providing mutual aid to Hull/York .</p> <p>Risks from on-going industrial action (junior doctor and consultant strikes).</p> <p>Complex Endometriosis capacity where combined surgeons from Colorectal, Gynae are required.</p> <p>ENT and Max fax remain the largest challenge at York due to capacity/patient choosing to defer.</p> <p>ICU bed/staffing due to acute/trauma/tertiary demands.</p>	<p>Reviewing Outpatient programme to support the GIRFT Further Faster Programme of work</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.</p> <p>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>

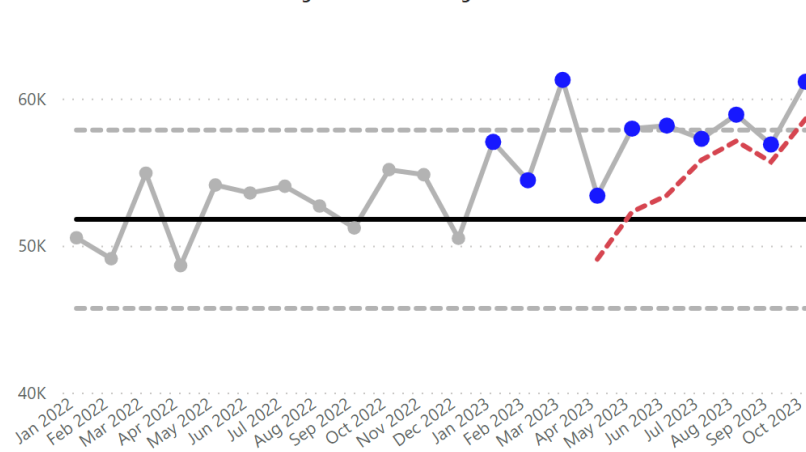
## Value Weighted Activity

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

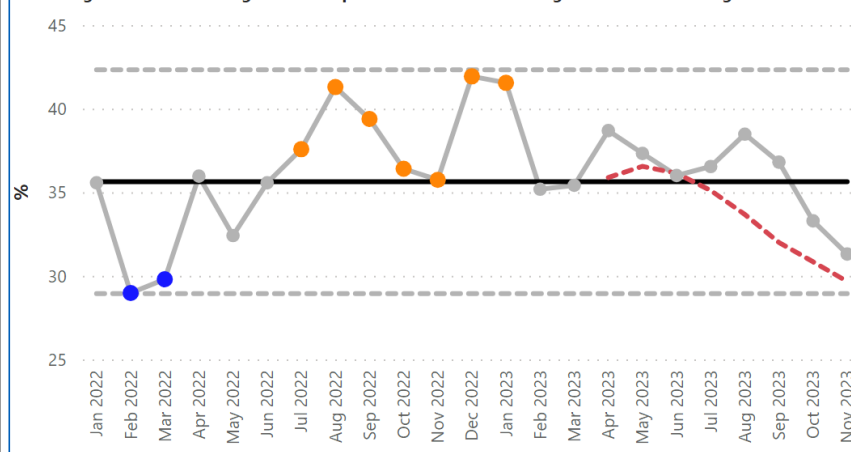
Provider Name	Performance							
	Year to Date	Target	April	May	June	July	August	September
Harrogate And District NHS Foundation Trust	102.3%	99.0%	98.9%	104.1%	100.3%	101.0%	95.5%	114.3%
Hull University Teaching Hospitals NHS Trust	99.4%	102.0%	100.4%	105.7%	94.3%	102.5%	96.2%	98.2%
Northern Lincolnshire And Goole NHS Foundation Trust	106.4%	103.0%	108.2%	108.2%	101.1%	107.3%	115.2%	99.3%
York And Scarborough Teaching Hospitals NHS Foundation Trust	105.1%	100.0%	103.4%	110.4%	97.0%	109.7%	107.6%	103.6%
Independent Sector	138.1%	112.0%	143.7%	144.3%	117.5%	146.9%	144.7%	136.6%
<b>ICB Overall</b>	112.3%	105.0%	112.3%	117.8%	104.1%	115.3%	114.3%	111.4%

Activity for September 2023 has shown that HNY ICB has achieved 112.3% (cumulative) against the revised target of 105%. 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. Performance has been impacted significantly by this at Northern Lincolnshire & Goole from 115.2% during August to 99.3%, whilst in contrast to this Harrogate & District have seen a rise in performance from 95.5% in August to 114.3%.

Diagnostic Tests - 7 Targeted Test



Diagnostics Test waiting Times: Proportion of Patients Waiting 6+ Weeks for a Diagnostic Test

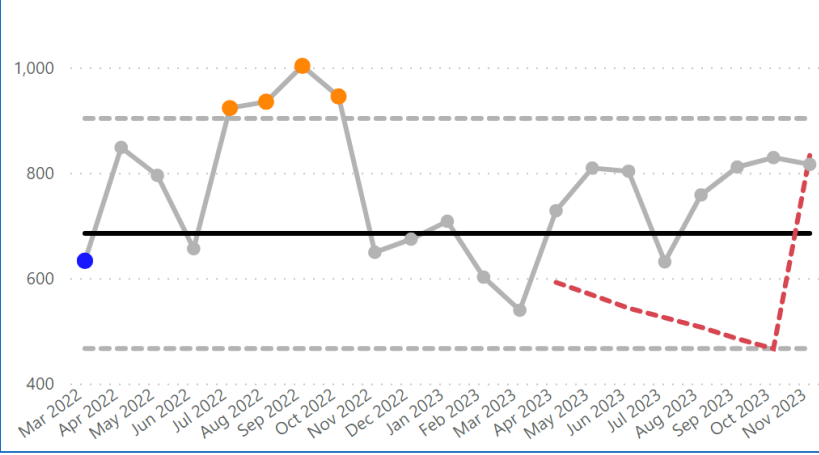


ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	October 2023	58613	61142			
YSFT	October 2023	15614	16640			
HDFT	October 2023	5293	6258			
NLAG	October 2023	22993	23177			
HUTH	October 2023	14713	15067			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	November 2023	29.7%	31.3%			
YSFT	November 2023	53.7%	36.0%			
HDFT	November 2023	6.1%	30.4%			
NLAG	November 2023	20.4%	20.4%			
HUTH	November 2023	14.6%	37.6%			

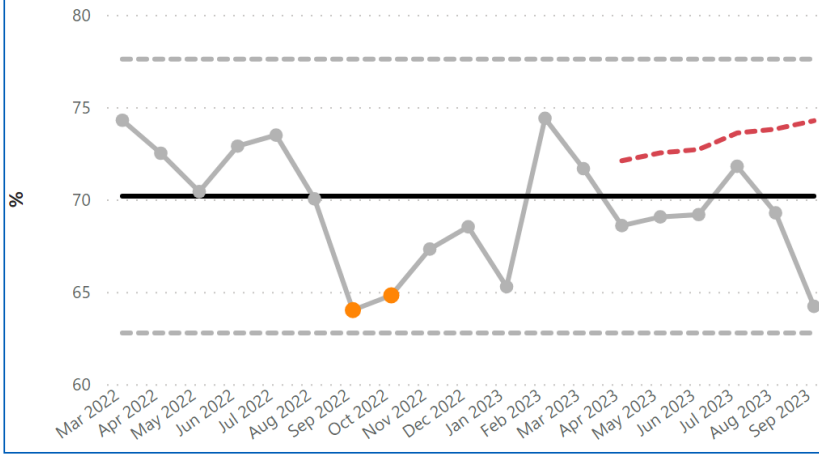
KPI Name	Issues and risks	Actions
Diagnostics Waiting Times: Proportion of patients waiting 6+ weeks for a diagnostic test	<p>HNY are performing above target at 31.3% (29.7% Target)(Nov unvalidated figures) with Gastroscopy significantly above target at 27.8% with a target of 8.8% (Oct 23), NOUS is above target with 22.5% actual and 12.3% target (Oct 23), ECG, CT &amp; MRI are below target.</p> <p><b>YSFT</b> are below target with 36.0% actual against 53.7% target (Oct 23). Gastroscopy is above target at 28.9% against 13.4% target (Oct 23). NOUS is above target at 30.6% against 21.0% target (Oct 23). <b>HDFT</b> are above target 30.4% actual against 6.1% target (Oct 23). All tests are significantly above target except NOUS. ECG is showing drastic changes in % from June 23 (0.8%) to 63% in July 23 and 62.9% in Oct 23 against a 4.2% target.</p> <p><b>NLAG</b> are on target for Oct 23 at 20.4%. ECG is under target with 11.7% actual against 41.0% target (Oct 23). Colonoscopy is above target with 8.9% against 4.7% target (Oct 23). CT is below target with 1% against 8.2% target (Oct 23). <b>HUTH</b> are over target with 37.6% actual against 14.6% target (Oct 23). MRI is under target with 1.1% against a target of 3.9%. All other tests are over 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 October 23 with an actual of 61,142 against a target of 58,613 - Colonoscopy, Gastro, Flexi and NOUS are below target.</p> <p><b>YSFT</b> are above target for Oct 23 (16,640 Actual, 15,614 Target)</p> <p>MRI is above target but has remained static since March 2023. CT has continued to increase since July 23 and is above target,</p> <p><b>HDFT</b> are above target (6,258 Actual, 5,293 Target for Oct 23).</p> <p>MRI above target since October 22 but the difference between actual and target is closing. CT have been above target since May 23 however the difference between actual and target is closing .</p> <p><b>NLAG</b> are above target (23,177 Actual, 22,993 Target).</p> <p><b>HUTH</b> remain consistent across all tests.</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>

Patients waiting 63+ days after referral from cancer PTL



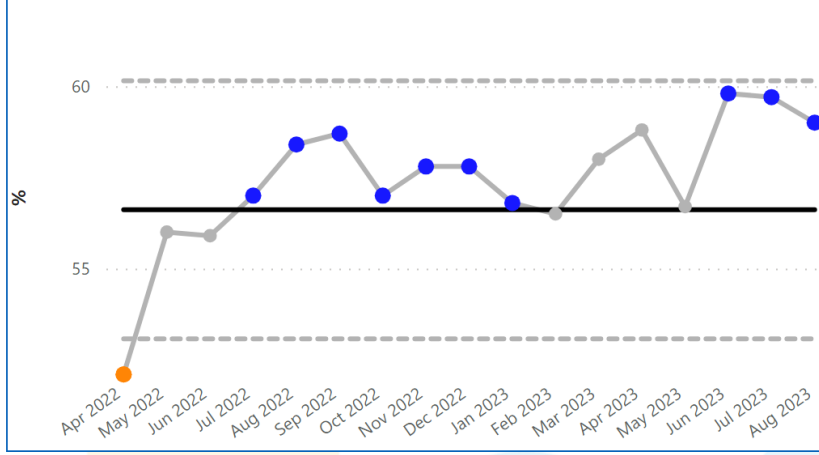
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	November 2023	833	816			
YSFT	November 2023	332	332			
HDFT	November 2023	83	86			
NLAG	November 2023	108	104			
HUTH	November 2023	310	294			

28 Day Faster Diagnosis Standard



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	September 2023	74.3%	64.2%			
YSFT	September 2023	70.7%	48.3%			
HDFT	September 2023	80.0%	60.3%			
NLAG	September 2023	73.0%	71.6%			
HUTH	September 2023	75.0%	75.5%			

Unadjusted percentage diagnosed at cancer stage 1 & 2



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	August 2023		59.0%			
YSFT	August 2023		52.8%			
NLAG	August 2023		47.6%			
HUTH	August 2023		68.5%			



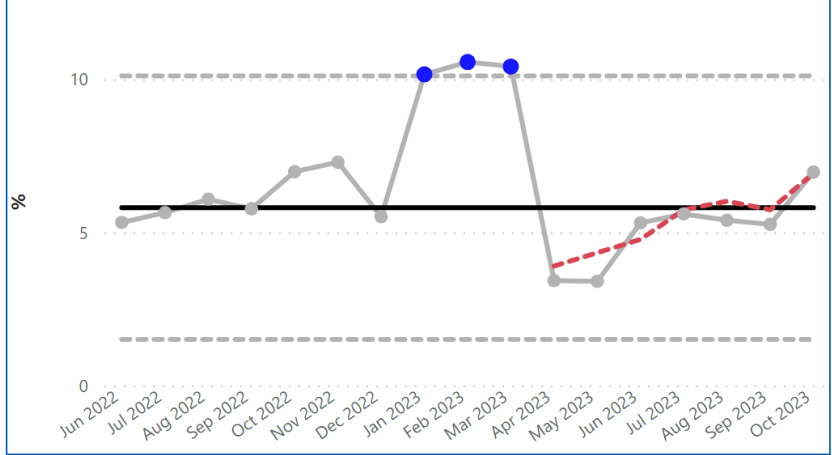
KPI Name	Issues and risks	Actions
<p>Current Cancer 62 day backlog</p>	<p>HNY ICB remains in System Tiering for Cancer and Elective. HUTH and Y&amp;STHFT remain in Tier 1 as individual providers and continue with both fortnightly organisational and monthly ICB level meetings with Regional and National colleagues. The 63+ day backlog unvalidated position as of w/e 03/12/2023 was 726 against a target of 828 for HNY Cancer Alliance. Due to the H2 trajectory reset, this has resulted in an improvement in performance when compared to the October final position where HNY Cancer Alliance were reporting 734 against a target of 416. This puts the system in an achieved (green) position for October.</p> <p>HDFT have a fair shares allocation of 50 cases out of a WY&amp;HCA denominator of 597 cases. Current position as of the 10<sup>th</sup> December was 79 an improved position by 26 patients from last report.</p> <p>As an ICB (WY) we remain above target; 81% away from the fair share target of 597 in March 2024.</p> <p>A joint WYAAT and Cancer Alliance Cancer Performance Recovery Group (CPRG) with clear Trajectories for each Acute Provider. Funding requests for interventions to enable reduction in 62 day backlog have been approved and will be assured through fortnightly CRPG.</p> <p>Small proportion of patients in 104 day range (n=18), all risks managed. Note September CWT 62 day position good (71.0%). As over 62 day patients are treated this position may deteriorate before improvements seen.</p>	<p>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.</p> <p>Further schemes in Y&amp;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. Mutual aid from HDFT has commenced in November 2023 for H&amp;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.</p> <p>HDFT:</p> <ul style="list-style-type: none"> <li>-- Continuation of fortnightly review of PTL position by Cancer Alliance and weekly review by operational leads internally within Divisional structure.</li> <li>-- Cross Acute Provider agreement with COO and CEO to work collaboratively on Performance backlog - including fortnightly meetings chaired by Cancer COO</li> <li>-- Ongoing discussions with Leeds Cancer Centre relating to IPT processes to ensure effective management of transferred patients.</li> <li>-- Resilience actions linked to EPRR for planned and current industrial action which is expected to affect capacity planning.</li> <li>-- Collaborative work between Cancer Alliances for Head and Neck cancer patients in Harrogate, affecting York and Leeds ongoing.</li> </ul>

KPI Name	Issues and risks	Actions
<p>% patients with diagnosis communicated within 28 days</p>	<p>The H2 reset did not impact the FDS trajectories and HNY CA continue to report against the April 2023 trajectories. The latest position for HNY Cancer Alliance is 66.3% for October against a planning trajectory of 73.7%, an increase on last month (Sept 65.1% vs. planned 73.0%).</p> <p>HUTH continues to meet their monthly trajectories and increasing their performance by 0.5%.</p> <p>Y&amp;STHFT continues to be challenged with a position of 51.2% against a trajectory of 72.5%.</p> <p>NLAG has failed to meet their monthly trajectory in October, with performance of 72.3% vs. their trajectory of 73.5%.</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.</p> <p>HDFT</p> <p>-- Latest FDS position of 71%, so operational threshold not achieved, but reserve threshold for performance tiering achieved, so low risk position overall.</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:</p> <p>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</p> <p>Urology: radiographer reporting/stepdown HUTH; haematuria &amp; cystoscopy backlog reduction, mutual aid, CDC Selby CT/MRI from Oct, MpMRI outstanding issue Y&amp;S, CA CDG Lead outstanding issue.</p> <p>Gynaecology: PMB pathway changes HUTH; histopathology TAT outstanding issue.</p> <p>Frailty Pathway pilot live HUTH 1st Jan 24; adoption across HNY CA outstanding issue.</p> <p>Breast: specific issue at HFT with remedial action plan in place, monitored through West Yorkshire and Harrogate Cancer Alliance.</p> <p>HDFT</p> <p>-- Referral to first appointment for breast challenged, so request made to WY system colleagues for mutual aid and support, including via Cancer Alliance and provider collaborative. Mitigations linked to weekend clinics, private providers &amp; 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 &amp; 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 HSI 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%, 1% stageable cancer diagnosed at 1&amp;2.</p> <p><b>HDFT</b> 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"> <li>- Implementation of GRAIL in 24/25, subject to the national trial results</li> <li>- Improvement in screening uptake, particularly in deprived communities.</li> <li>- 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.</li> </ul> <p><b>HDFT</b> 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>

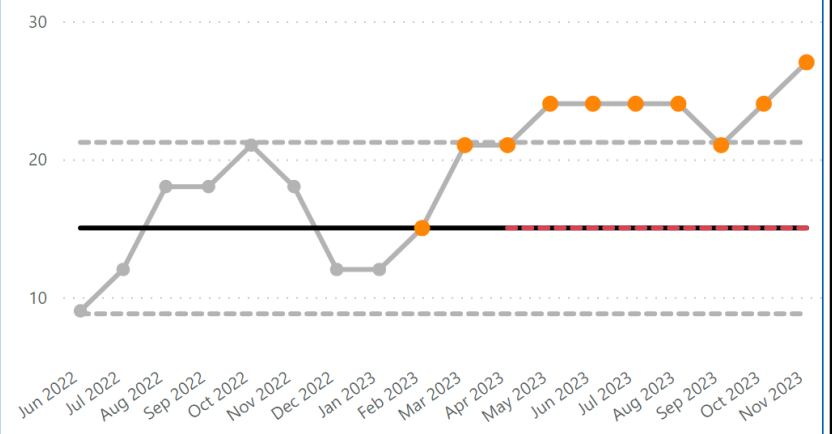


E.K.3: Learning disability registers and annual health checks delivered by GPs



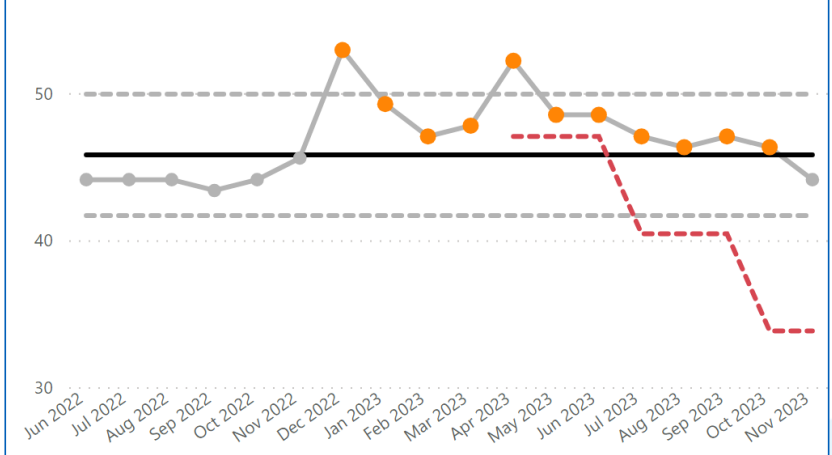
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	October 2023	6.9%	7.0%			
NHS East Riding Of Yorkshire	October 2023	6.3%	6.8%			
NHS Hull	October 2023	4.8%	5.1%			
NHS North East Lincolnshire	October 2023	8.2%	6.2%			
NHS North Lincolnshire	October 2023	6.3%	7.4%			
NHS Vale Of York	October 2023	8.7%	8.9%			
NHS North Yorkshire	October 2023	7.7%	7.7%			

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



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	November 2023	15.0	27.0			
NHS East Riding Of Yorkshire	November 2023	17.1	17.1			
NHS Hull	November 2023	0.0	0.0			
NHS North East Lincolnshire	November 2023	0.0	0.0			
NHS North Lincolnshire	November 2023	0.0	56.1			
NHS Vale Of York	November 2023	45.3	60.4			
NHS North Yorkshire	November 2023	12.3	24.5			

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

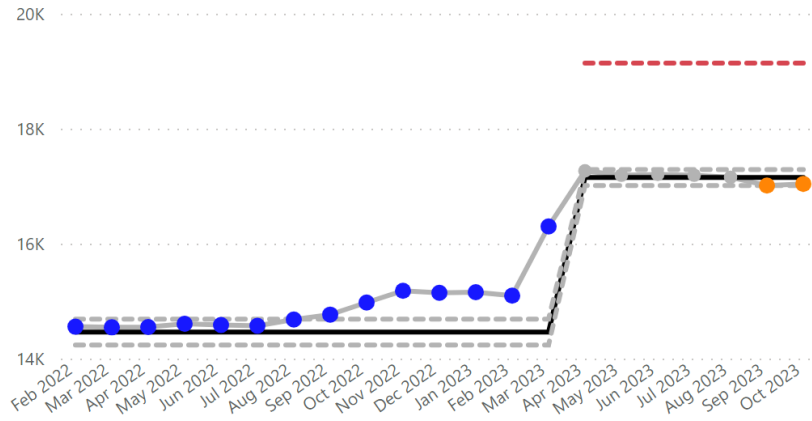


ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	November 2023	33.8	44.1			
NHS East Riding Of Yorkshire	November 2023	35.0	46.6			
NHS Hull	November 2023	53.9	53.9			
NHS North East Lincolnshire	November 2023	15.9	23.9			
NHS North Lincolnshire	November 2023	36.9	95.9			
NHS Vale Of York	November 2023	20.5	37.5			
NHS North Yorkshire	November 2023	37.8	29.1			

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</p>	<p>The position shows that as an ICB we are over the local target by 14 individuals. The HNY SITREP cited above will draw out more detailed information about this cohort and inform the three-year MHLDA inpatient quality and safety strategic plan.</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 - Children</p>	<p>The ICB position is at 27.03 per 100,000 population, this amounts to 9 children against the target of 5 up to November 2023. The national target is expressed as a rate per 100,000 children in each area. The areas contributing to this increased position are Vale of York (over target by 1), North Yorkshire (over target by 1), and North Lincolnshire (over target by 2) with other areas currently meeting their plan. All age LDA placements will form part of the HNY ICB response to the national inpatient review to commence 24/25.</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>

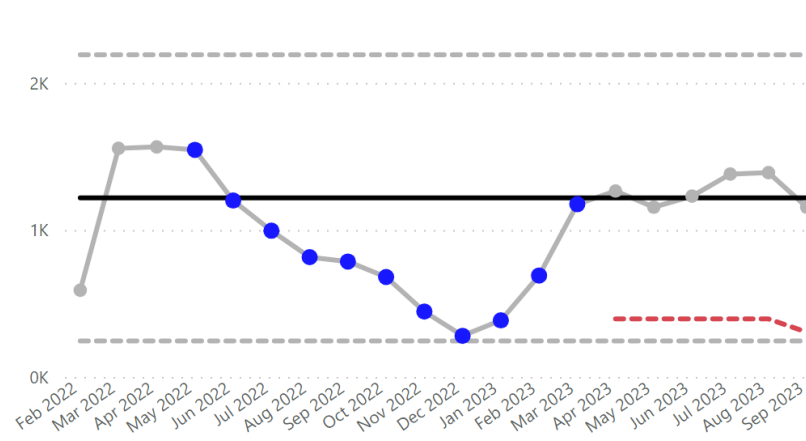


**E.H.27: Overall Access to Core Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses**



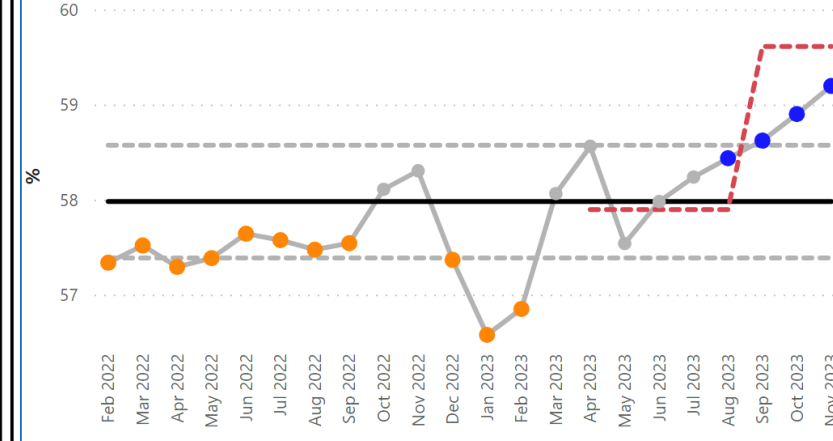
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	October 2023	19140	17040			
NHS East Riding Of Yorkshire	October 2023	3895	3405			
NHS Hull	October 2023	3123	2340			
NHS North East Lincolnshire	October 2023	1692	2045			
NHS North Lincolnshire	October 2023	2592	1955			
NHS Vale Of York	October 2023	3570	3300			
NHS North Yorkshire	October 2023	4268	4045			

**E.H.12: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days**



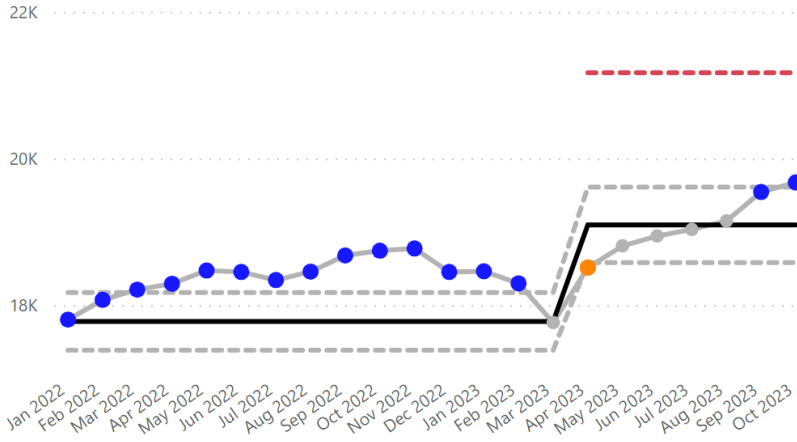
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	September 2023	305	1155			
NHS East Riding Of Yorkshire	September 2023	119	280			
NHS Hull	September 2023	151	380			
NHS North East Lincolnshire	September 2023	0	0			
NHS North Lincolnshire	September 2023	35	370			
NHS Vale Of York	September 2023	0	5			
NHS North Yorkshire	September 2023	0	115			

**E.A.S.1: Estimated diagnosis rate for people with dementia**

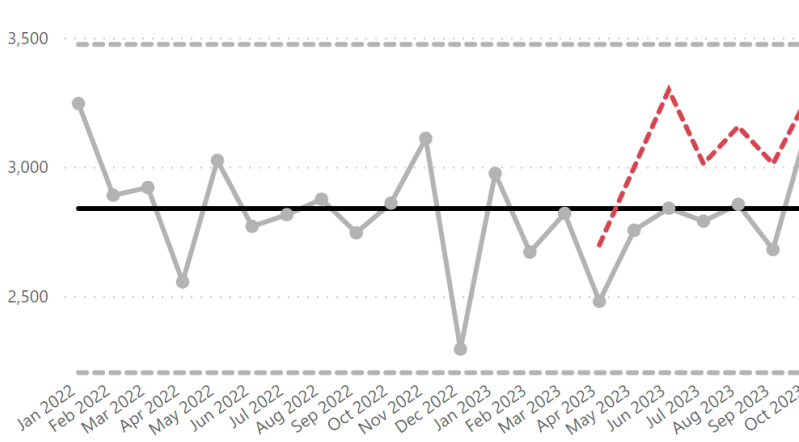


ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	November 2023	59.6%	59.2%			
NHS East Riding Of Yorkshire	November 2023	62.4%	59.6%			
NHS Hull	November 2023	64.8%	69.0%			
NHS North East Lincolnshire	November 2023	60.0%	62.2%			
NHS North Lincolnshire	November 2023	54.2%	55.5%			
NHS Vale Of York	November 2023	55.6%	52.0%			
NHS North Yorkshire	November 2023	59.6%	60.3%			

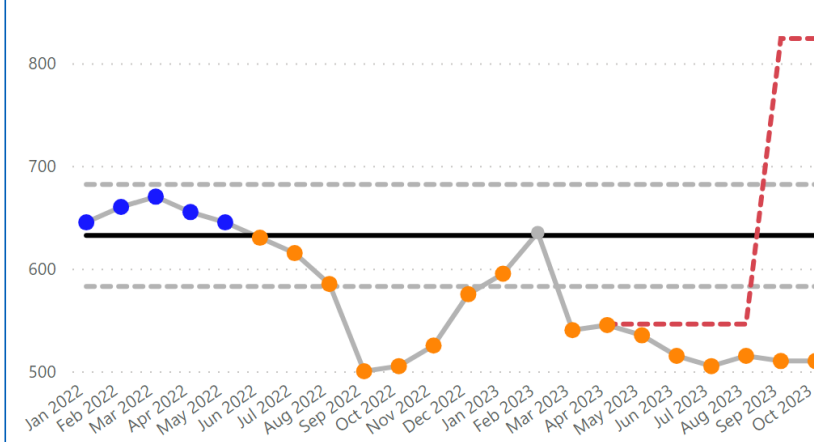
**E.H.9: Access to Children and Young People's Mental Health Services**



**E.A.3a: Access to NHS Talking Therapies**



**E.H.15: Women Accessing Specialist Community Perinatal Mental Health Services**



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	October 2023	21171	19675			
NHS East Riding Of Yorkshire	October 2023	2864	2620			
NHS Hull	October 2023	3991	3500			
NHS North East Lincolnshire	October 2023	1738	2170			
NHS North Lincolnshire	October 2023	1817	1795			
NHS Vale Of York	October 2023	5261	4820			
NHS North Yorkshire	October 2023	5500	4850			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	October 2023	3270	3155			
NHS East Riding Of Yorkshire	October 2023	526	575			
NHS Hull	October 2023	720	675			
NHS North East Lincolnshire	October 2023	443	280			
NHS North Lincolnshire	October 2023	281	310			
NHS Vale Of York	October 2023	598	665			
NHS North Yorkshire	October 2023	702	650			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	October 2023	824	510			
NHS East Riding Of Yorkshire	October 2023	112	0			
NHS Hull	October 2023	155	0			
NHS North East Lincolnshire	October 2023	112	160			
NHS North Lincolnshire	October 2023	183	55			
NHS Vale Of York	October 2023	113	130			
NHS North Yorkshire	October 2023	149	160			

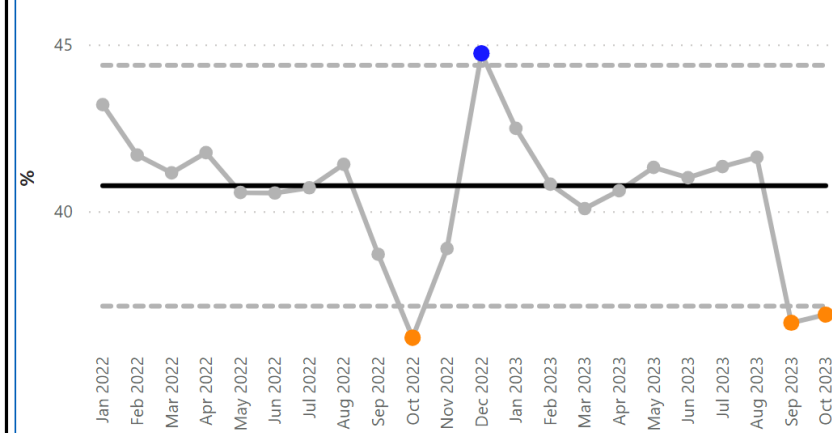


KPI Name	Issues and risks	Actions
<p>Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses Accessing services, number with 2+ contact 12 months rolling growth (total numbers accessing services) - variance to indicative trajectory</p>	<p>ICB target not being met (which was an ambitious stretch target) but LTP ambition is being met. With corrected figures from Humber FT the ICB performance would be 19,067, which would put us only 76 contacts away from an ambitious stretch target. HNY have also been praised by NHSE for our progress in the supporting metrics for successful transformation, governance, transformed PCNs etc, which is significantly ahead of the rest of the NEY region.</p>	<p>The DQ issue with Humber FT is centred around the move from Lorenzo to SystemOne - 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 are exploring options to build in a work around but it may be that we will have to 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 target not being met. Only NEL meeting local target. A HNY SITREP has been launched to gather more data on these placements, as well as older adult, LD, autism, rehab, CHC and local DTOC's. Initial data gathered suggests that there are potentially 10 patients clinically ready for discharge in out of area placements. We are working to establish the detail on these placements and put plans in place to repatriate where possible. Further updates will be provided in the coming months.</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>The data shows that only NEL is meeting its local target of zero inappropriate adult acute mental health OAP beds. A HNY SITREP has been launched to gather more data on these placements, as well as older adult, LD, autism, rehab, CHC and local DTOC's. Therefore, more detailed narrative and plans will be shared in the coming months.</p>
<p>Dementia Diagnosis Rate</p>	<p>ICB plan being met. No significant issues to report.</p>	<p>Coding has been identified has a significant contributing factor to the current low DDR with services using ICD-10 or other reading codes. It is only specific SNOMED codes that that are counted toward the DDR performance. HNY are bidding for funding to secure support to conduct a full data cleansing exercise across the ICB, working closely with primary care colleagues to ensure correct and consistent reporting moving forward but also to historically correct coding that is not in line with requirements.</p>

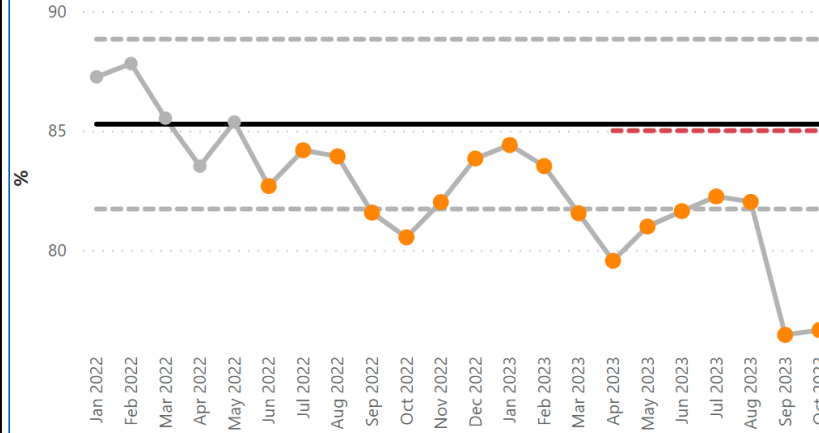
KPI Name	Issues and risks	Actions
No. CYP receiving at least one contact in the reporting period - % of indicative trajectory achieved	ICB target not being met. Only NEL meeting local target. It is recognised that there is a level of variation across our local places that needs to be addressed. Corrected local figures from Humber FT take the ICB overall performance to 20,135, which is 1,036 contacts below the ICB target.	A CYP data dashboard is currently in development and will draw in all access which is not currently being flowed into MHSDDS. All places have been asked to review the current proposed trajectories and revise plans on how they will achieve without additional SDF investment. The impact of the covid pandemic is still evident with higher rates of CYP presenting with poor mental health than before the pandemic, resulting in longer wait times. Improvements have been made to ensure all NHS funded CYP mental health services are reporting into and flowing data correctly into the national data set over the summer, improved reporting against the CYP access target will be seen in quarter 3 and 4 this year.
IAPT Access Monthly - % of indicative trajectory achieved	ICB target not being met. East Riding, NL and York meeting local targets. 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	ICB target is being met when corrected figures from Humber FT are included. Local data shows Humber FT figures at 458 for October for Hull and East Riding collectively. When this is included the ICB position moves to 968, which is above the ICB target. All places apart from NL meeting local target. .	The current data flow issues for Hull/ER are impacting upon the ICB wide position, as is the lower access target in NL. The data fix needed has been put in place for Humber FT and Hull and East Riding data should be flowing through to MHSDDS in the next data refresh.



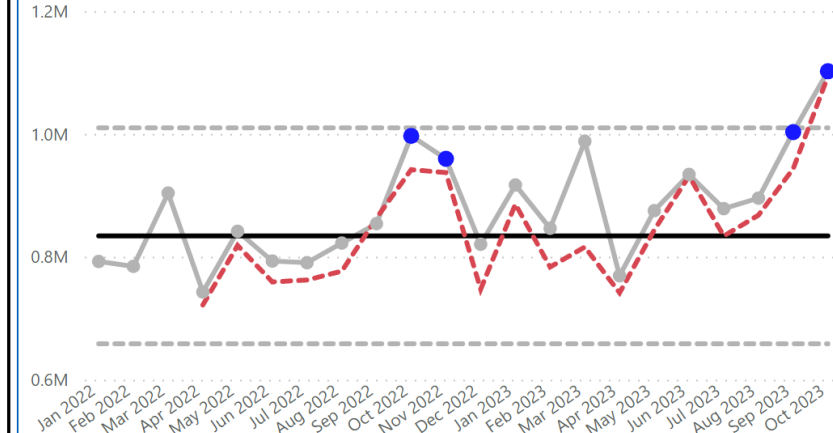
Proportion of Appointments in General Practice Booked and Seen the Same Day



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



Appointments in General Practice

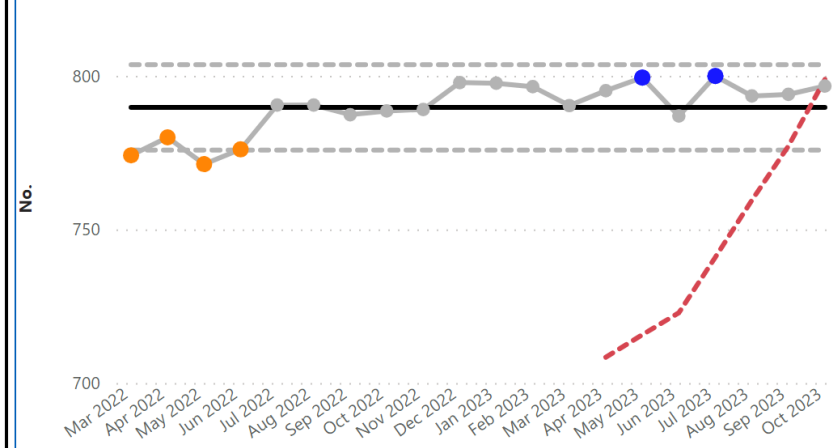


ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	October 2023		36.9%			
NHS East Riding Of Yorkshire	October 2023		35.4%			
NHS Hull	October 2023		37.5%			
NHS North East Lincolnshire	October 2023		50.1%			
NHS North Lincolnshire	October 2023		34.6%			
NHS Vale Of York	October 2023		34.2%			
NHS North Yorkshire	October 2023		34.9%			

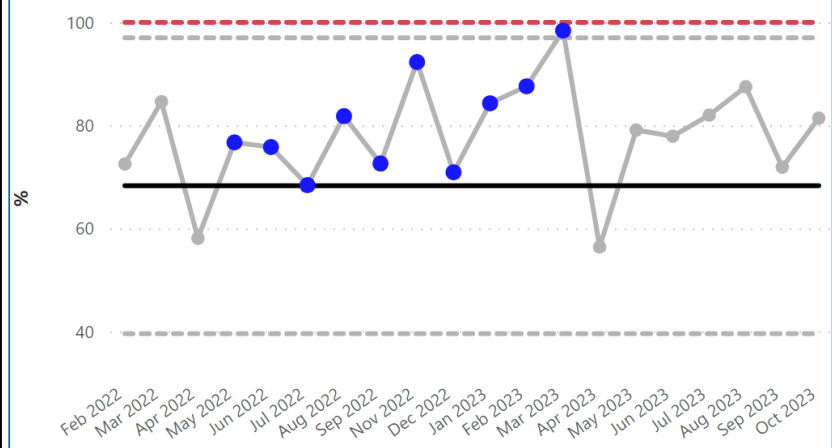
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	October 2023	85.0%	76.7%			
NHS East Riding Of Yorkshire	October 2023	85.0%	73.8%			
NHS Hull	October 2023	85.0%	79.7%			
NHS North East Lincolnshire	October 2023	85.0%	87.2%			
NHS North Lincolnshire	October 2023	85.0%	80.4%			
NHS Vale Of York	October 2023	85.0%	75.7%			
NHS North Yorkshire	October 2023	85.0%	72.0%			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	October 2023	1094038	1102043			
NHS East Riding Of Yorkshire	October 2023	184479	192704			
NHS Hull	October 2023	150291	146940			
NHS North East Lincolnshire	October 2023	125660	125243			
NHS North Lincolnshire	October 2023	120461	115431			
NHS Vale Of York	October 2023	200099	213404			
NHS North Yorkshire	October 2023	313048	308321			

Direct Patient Care (DPC) Roles in General Practice

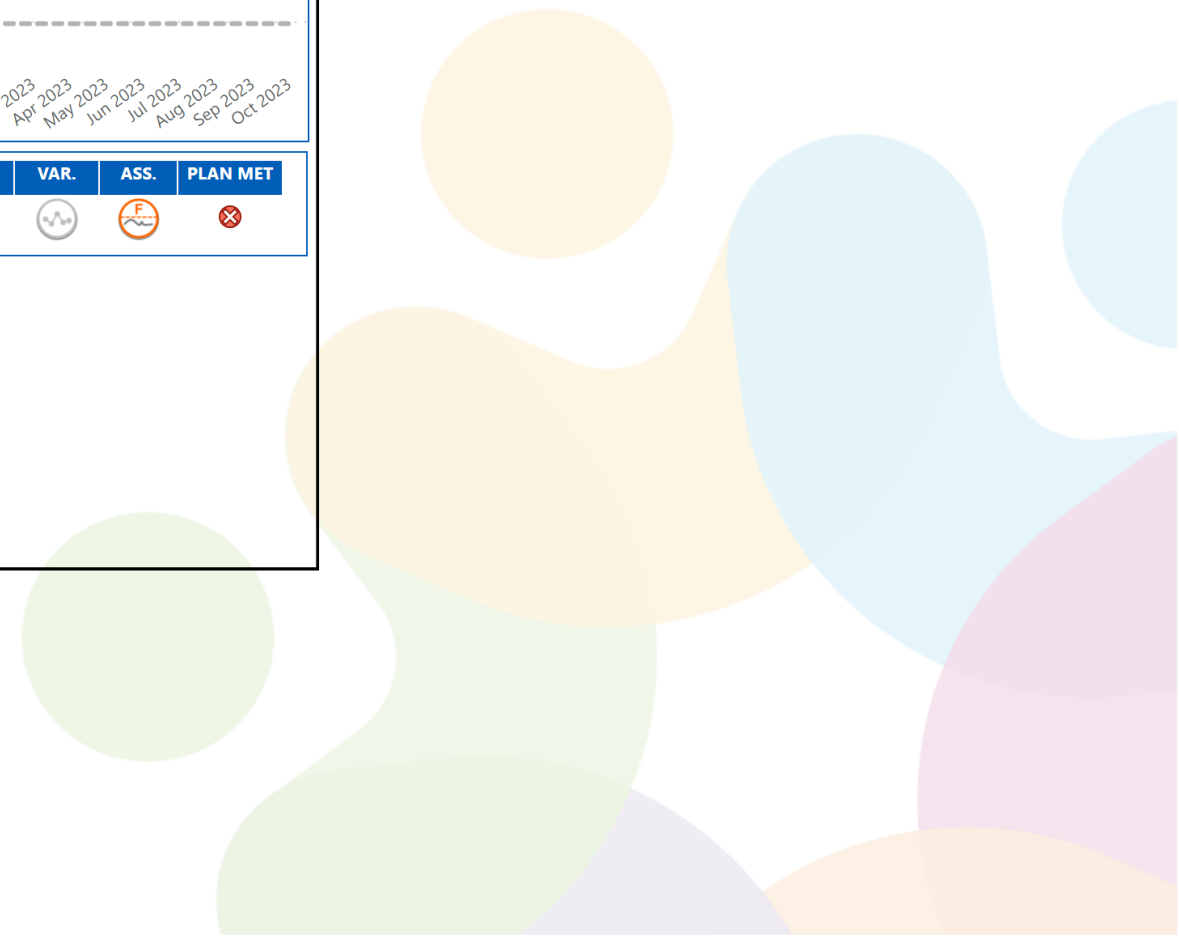


Recover dental activity, improving units of dental activity towards pre-pandemic levels



ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	October 2023	798.8	796.7			
NHS East Riding Of Yorkshire	October 2023		132.3			
NHS Hull	October 2023		128.7			
NHS North East Lincolnshire	October 2023		64.6			
NHS North Lincolnshire	October 2023		88.3			
NHS Vale Of York	October 2023		171.3			
NHS North Yorkshire	October 2023		211.6			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	October 2023	100.0%	81.0%			

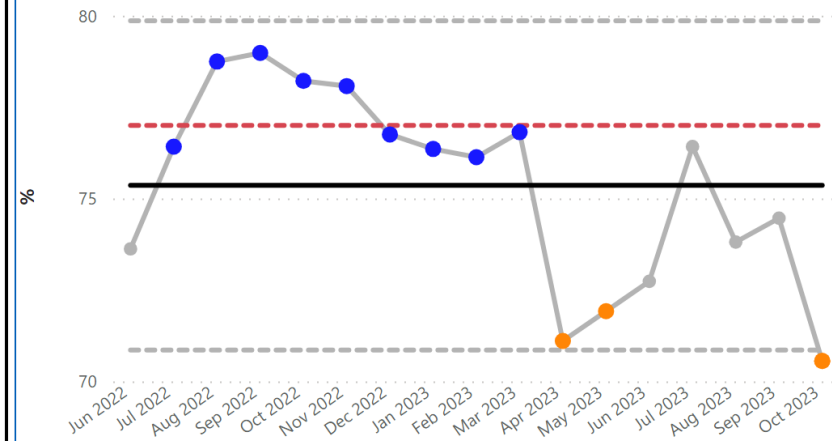




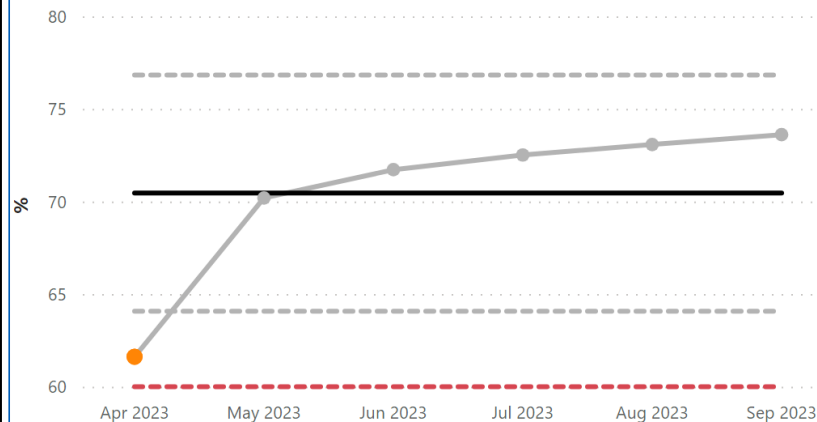
KPI Name	Issues and risks	Actions
<p>% appointments booked same day</p>	<p>An average of 36.9% of patients are being seen on the same day across Primary Care.</p>	<p>Position has deteriorated from previous reporting period. We have experienced some pressures across the ICB through extraordinary events that will have impacted on capacity and on the day demand: Ampleforth Surgery, Ashby Clinic for example</p> <p>Primary Care Collaboratives are mobilising a Primary Care Response to support Winter with additional on the day capacity being made available</p> <p>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 to.</p> <p>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.</p>
<p>% appointments booked within 14 days</p>	<p>23.3% of patients are waiting more than 14 days for an appointment, these appointments will be linked to Long Term Condition Clinics for example. This cohort of patients being managed in this way reducing the need for them to ring a practice on the day to get booked in and so a reasonable approach to enable proactive management of patients LTC.</p>	<p>Position as above and once the adjustment is made within the IT system we will have a better understanding of the true position.</p>

KPI Name	Issues and risks	Actions
<p>Appointments in General Practice</p>	<p>Primary Care across HNY has delivered 1,102,043 as of October 2023 which is above plan.</p>	<p>Growth in appointments continues to track above plan. Continue to support practices with improved coding to map to GPAD. A review of Access Recovery Plans to track progress completed in November 2023. Continue to look at opportunities to recruit additional workforce across Primary Care to fully utilise the ARRS budget. Continue to work with Community Pharmacy Colleagues in relation to patients with minor conditions who can be managed by a Community Pharmacist and referred through CPCS. Awaiting NHS E to launch the Pharmacy First service across out Community Pharmacy colleagues.</p>
<p>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)</p>	<p>Month 6 ARRS data confirms that there are 796.7 WTE ARRS roles in post against a plan of 798.8 WTE.</p>	<p>Proactive conversations are taking place with PCN CDs and PCN managers in relation to ARRS recruitment and tracking planned recruitment against PCN plans. Working 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</p>
<p>Recover Dental Activity, improving units of dental activity towards pre-pandemic levels</p>	<p>ICB is achieving a performance of 81% recovery of UDAs. Progress being made working with contractors to understand the challenges to delivery.</p>	<p>Programme of investment being progressed to increase access to Dental Services Flexible Commissioning Initiatives do not attract UDAs we therefore need to consider how this activity is reflected in monthly reporting Procurements concluded with 3 new contracts due to mobilise in 2024 and a further procurement to be undertaken in Bridlington Working with the Dental Team to understand contracted UDAs for same period pre COVID to contracted UDAs in this reporting period to better understand gap and what impact FC has had.</p>

Percentage of patients with hypertension treated to NICE guidance



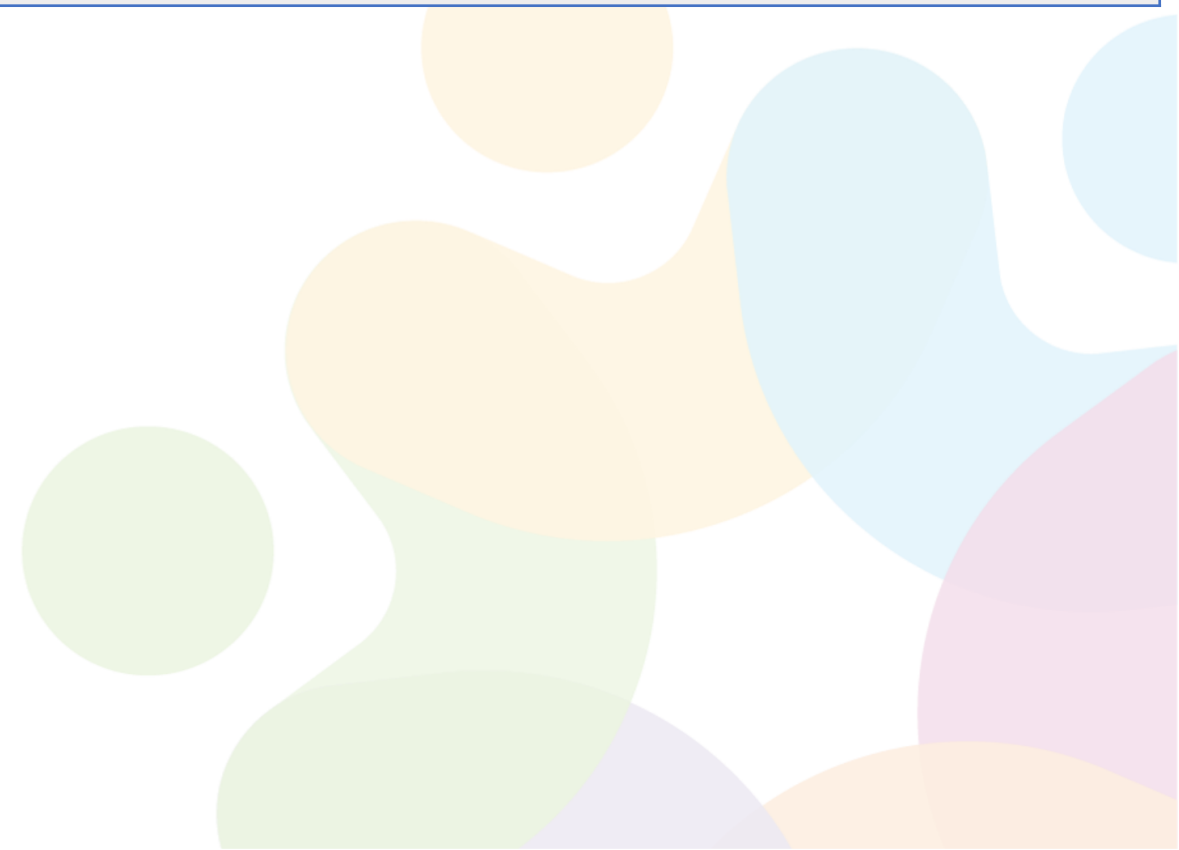
Percentage of patients (25-84 years) with CVD risk score greater than 20% on lipid-lowering therapies



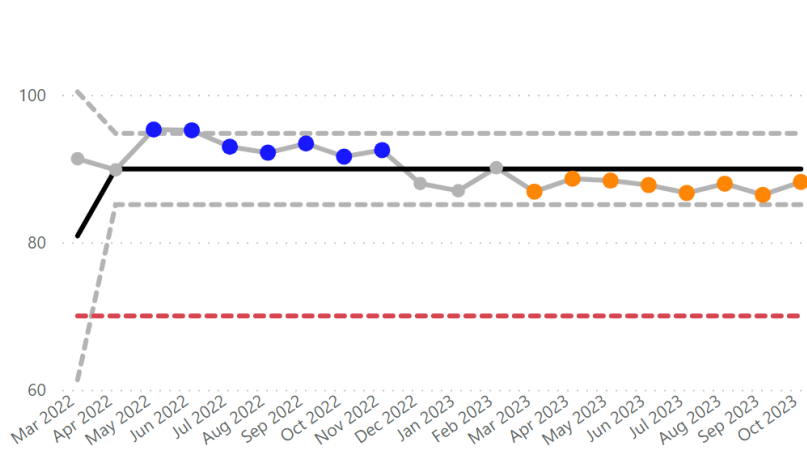
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	October 2023	77.0%	70.6%			
NHS East Riding Of Yorkshire	October 2023	77.0%	76.5%			
NHS Hull	October 2023	77.0%	63.4%			
NHS North East Lincolnshire	October 2023	77.0%	69.6%			
NHS North Lincolnshire	October 2023	77.0%	69.4%			
NHS Vale Of York	October 2023	77.0%	67.6%			
NHS North Yorkshire	October 2023	77.0%	72.8%			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	September 2023	60.0%	73.6%			
NHS East Riding Of Yorkshire	September 2023	60.0%	74.2%			
NHS Hull	September 2023	60.0%	73.1%			
NHS North East Lincolnshire	September 2023	60.0%	75.2%			
NHS North Lincolnshire	September 2023	60.0%	73.4%			
NHS Vale Of York	September 2023	60.0%	71.2%			
NHS North Yorkshire	September 2023	60.0%	74.5%			

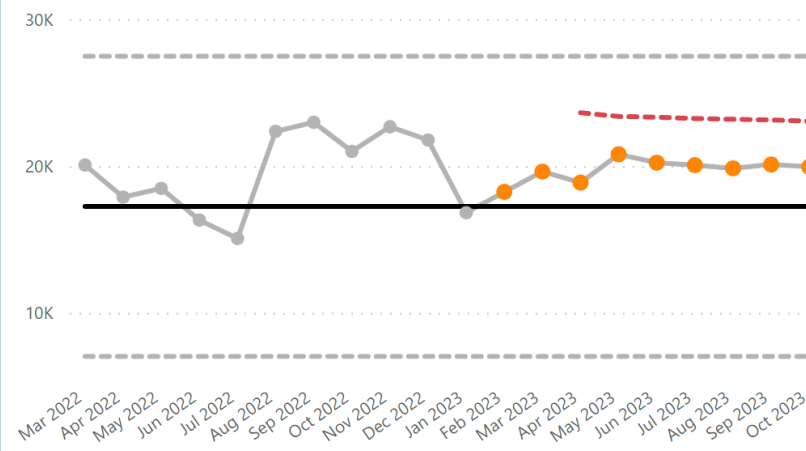
KPI Name	Issues and risks	Actions
% of patients with Hypertension treated to NICE guidance	An average of 74.5% of patients with Hypertension are treated to NICE guidance against a plan of 77%.	Awaiting backing data requested to understand performance across our Places with further detailed work to be completed during Q4
Percentage of patients (25-84) with CVD risk score greater than 20% on lipid-lowering therapies	Under Development	



2-hour urgent community response (UCR) standard



Total Number on Community services waiting list



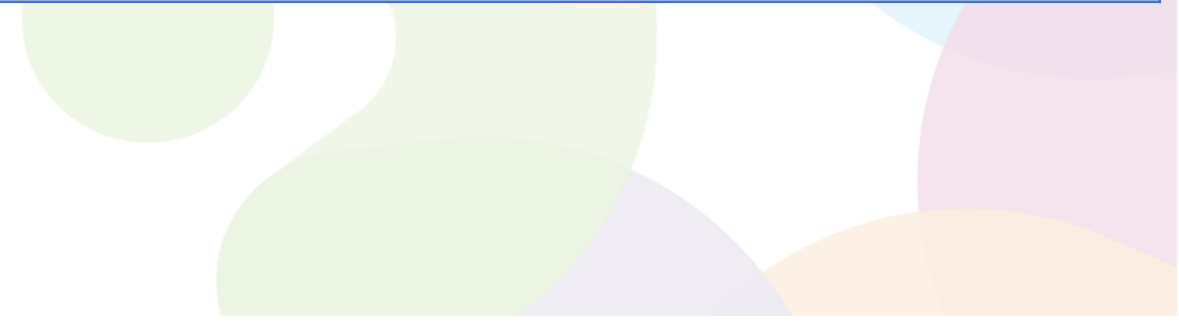
ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	October 2023	70.0%	88.2%			
YSFT	October 2023	70.0%	80.0%			
HDFT	October 2023	70.0%	90.9%			
NLAG	October 2023	70.0%	84.5%			
HUMBER TEACHING NHS FOUNDATION TRUST	October 2023	70.0%	63.2%			
CITY HEALTH CARE PARTNERSHIP CIC	October 2023	70.0%	98.4%			
CARE PLUS GROUP	October 2023	70.0%	90.0%			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY Provider Total	October 2023	23069	19957			
YSFT	October 2023	1294	779			
HDFT	October 2023	8626	5181			
NLAG	October 2023	3851	5130			
HUMBER TEACHING NHS FOUNDATION TRUST	October 2023	3967	3895			
CITY HEALTH CARE PARTNERSHIP CIC	October 2023	5111	4773			
CARE PLUS GROUP	October 2023	220	199			

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"> <li>• The 2UCR plan for 23/24 is delivery of 23,200 first contacts</li> <li>• Actual delivery up to Oct 2023 is 3,508 first contacts against M7 plan of 1,962 (1,546 above plan), and an increase of 875 first contacts than those seen in M6 (Sept 2023)</li> <li>• HDFT is showing below plan for first contacts, the CHCC are continuing to work with this provider to address reporting and DQ issues.</li> <li>• The numbers of UCR referrals are increasing, this is due to DQ/under-reporting issues being addressed. Compliance with the 2-hr response time is 88% across HNY providers.</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• HTFT have been supported by the CHCC to address UCR CSDS reporting issues, this has been raised as an issue through the regional DQ meeting and guidance is being sought from the national team to identify the cause of the issue.</li> <li>• All providers are continuing to review and validate their UCR data, NLAG referrals increased 39% Sept – Oct, as a result of validation work they have undertaken to identify and address under-reporting of referrals. It is expected that referral numbers will continue to rise across all providers as UCR services become embedded across all providers.</li> <li>• A HNY UCR Network, to share ongoing learning and best practice between providers is being setup by the CHCC - with the first meeting scheduled in the New Year.</li> <li>• UCR improvement work is also ongoing through the UEC Programme, this includes development of SPOA model and plans for each Place to have an MDT co-located with the ambulance service - enabling providers to directly receive referrals from the ambulance service stack. Linked to this, a pilot has recently gone live (18th Dec) in Hull &amp; ER for a paramedic to be situated in the ambulance service control room to review the stack to enable direct referrals to be made to CHCP.</li> </ul>

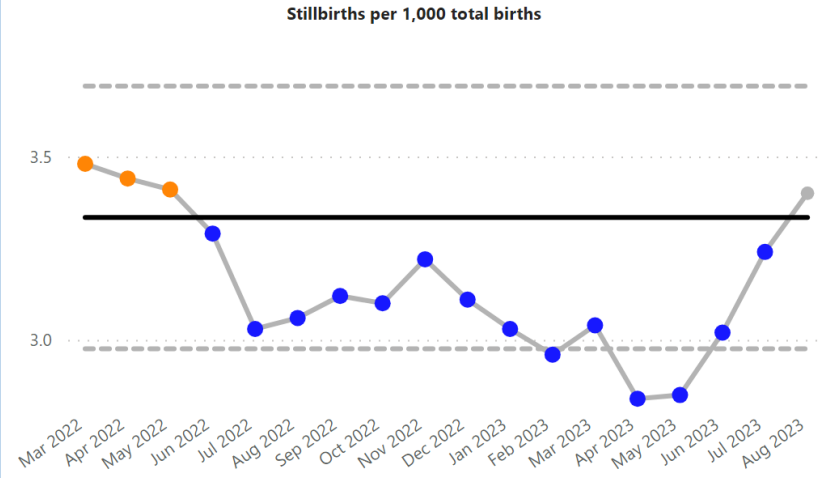
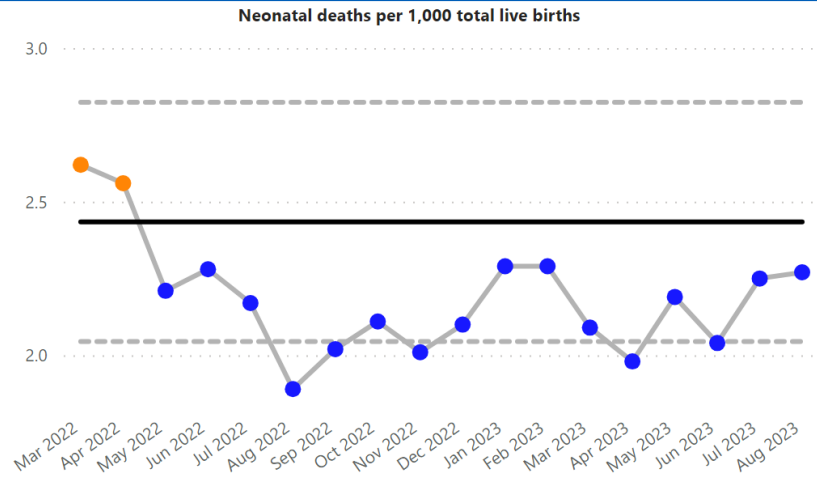


KPI Name	Issues and risks	Actions
Virtual Wards	<ul style="list-style-type: none"> <li>• The national ambition for virtual ward capacity is coverage of 40-50 beds per 100k adult population (40 beds per 100k = 575 for HNY).</li> <li>• The virtual ward plan in 2023/24 is delivery of 220 beds across the specialties of frailty and acute respiratory, with all providers planning for at least 80% utilisation.</li> <li>• The actual capacity is 167* beds against planned capacity of 189* (88% planned capacity mobilised).</li> <li>• The average utilisation figure is 59%* across providers and there are some pockets of low resilience and reporting DQ issues. particularly, HDFT who have a low resilient model but with plans to have ACPs start in January to mitigate this and Northern Lincolnshire who have low levels of utilisation but this is largely down to reporting discrepancies.</li> <li>• Currently 2 providers are off track for their planned capacity; HTFT and STFT. YSFT have expanded by 10 beds and plans are in place for a large-scale virtual hospital model to further increase this capacity. STFT have up to 10 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.</li> <li>• £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.</li> </ul> <p><i>* Data provided from national sitrep to Foundry as at 15/12/2023</i></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Work is underway at YSFT to bring online some more Heart Failure VW beds.</li> <li>• Utilisation is being monitored with separate meetings being held with clinical teams to understand if data is true reflection and what support can be provided by the HNY CC.</li> <li>• Recovery plans are in place with providers, and these will be monitored within the HNY VW Steering Group.</li> <li>• 12 x CYP beds which are live from NLaG will be submitting in the national return once BI colleagues have mapped the correct data flows.</li> <li>• Provider task and finish groups have been set up to progress plans for delivery of tech enablement via the HTAAF ahead of March 2024.</li> <li>• ICB wide steering group and specific clinical networks are in place bringing together key partners and stakeholders and to monitor progress.</li> </ul>



KPI Name	Issues and risks	Actions
Community WL	<ul style="list-style-type: none"> <li>The total Community Waiting List size as at 31 October 2023 is 19,957 against a M7 trajectory of 23,069 (3,112 below plan and a 163 decrease on last month). The gap in plan can be attributed to a lack of submission to the CYP WL from YSFT and HDFT.</li> <li>The total CWL has decreased by 1% on last month but a 6% increase since April.</li> <li>All providers have seen a reduction in their CWL between 1-13% except HDFT who experienced a 7% increase on last month.</li> </ul> <ul style="list-style-type: none"> <li>The adult community waiting list as at 31 October 2023 was 17,318 against a M7 trajectory of 16,620 (698 above plan and a 405 decrease on last month).</li> <li>351 adult patients have been waiting over 52 weeks of which 59 have been waiting in excess of 104 weeks. A variation in previous month by +142 and +14 respectively.</li> <li>The majority of the long waiters are at HDFT (338 in total), these are spread across; Dietetics, Podiatry, SLT and COPD.</li> <li>The waiting list in HDFT continues to grow with a 7% increase on last month and a 31% growth since April.</li> </ul> <ul style="list-style-type: none"> <li>The CYP community waiting list as at 31 October 2023 was 2,639 against a M7 trajectory of 6,449 (3,810 below plan but with a substantial caveat that some services have not submitted the sitrep, there has been a 568 decrease from last month from providers who submit the return).</li> <li>The substantial reduction is largely associated with NLaG who saw a 618 reduction in their CYP WL associated with audiology and podiatry, with the audiology WL moving across to acute and a validation exercise being undertaken for podiatry.</li> <li>94 CYP are waiting over 52 weeks (an increase 5 pts from previous month) with 0 of these patients waiting over 104 weeks for treatment. 82 pts are waiting for appointments at HTFT in respect of SaLT and Dietetics, with the next largest, 12 waiting for OT services in NLaG.</li> <li>YSFT&amp; HDFT have not reported to the national CYP sitrep in 2023/24.</li> </ul>	<ul style="list-style-type: none"> <li>Validation work is being undertaken in HDFT to review discrepancies and meeting planned for January to review with HNY CC.</li> <li>YSFT are still working towards submitting CYP data by end of March 2024 and update is required in Q4.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul>



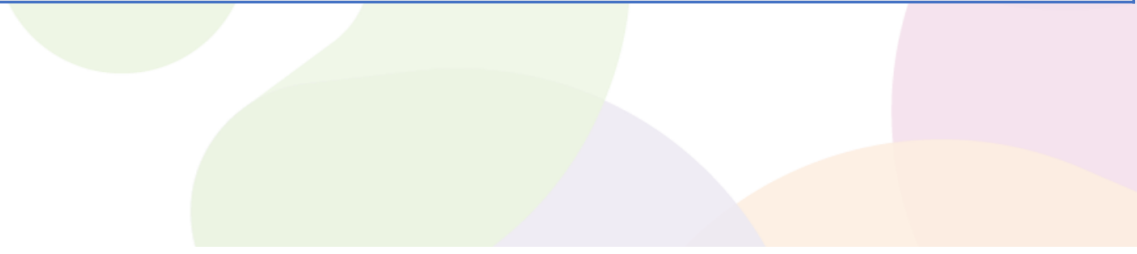


ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	August 2023		2.3			
NHS East Riding Of Yorkshire	August 2023		1.7			
NHS Hull	August 2023		2.9			
NHS North East Lincolnshire	August 2023		3.3			
NHS North Lincolnshire	August 2023		3.9			
NHS Vale Of York	August 2023		2.4			
NHS North Yorkshire	August 2023		0.9			

ORGANISATION	LATEST	TARGET	ACTUAL	VAR.	ASS.	PLAN MET
HNY ICB	August 2023		3.4			
NHS East Riding Of Yorkshire	August 2023		0.4			
NHS Hull	August 2023		4.8			
NHS North East Lincolnshire	August 2023		3.3			
NHS North Lincolnshire	August 2023		3.2			
NHS Vale Of York	August 2023		5.1			
NHS North Yorkshire	August 2023		2.9			



KPI Name	Issues and risks	Actions
<p>Neonatal deaths per 1,000 total live births - HNY ICB</p>	<ul style="list-style-type: none"> <li>• Current national figures calculated up to 2022; UK at 1.65, HNY at 2.27 in August 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.</li> <li>• Workforce issues improving, but still lack of AHP and Psych input. Y&amp;H gap analysis of NCCR and discussions for next steps ongoing.</li> <li>• Capital improvements at HUTH new cots Feb24 confirmed.</li> <li>• New neonatal lead at S'boro; discussions around HiFlow provision and responsiveness to queries both scheduled for January 24.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to monitor data closely; currently work ongoing understanding S'boro ATAIN data</li> <li>• NCCR progress to be refreshed by Neonatal ODN; LMNS will then pick up new/ongoing actions - next meeting 08/01/24</li> <li>• Workforce; continue to work with NHSE (HEE) to support new entrants and look at training etc.</li> <li>• New Clinical Leadership fellow continuing to pull unit leads together and support transformational change; current work on consent and service user information.</li> </ul>
<p>Stillbirths per 1,000 total births - HNY ICB</p>	<ul style="list-style-type: none"> <li>• Current figures calculated up to 2022; UK at 3.54, HNY at 3.40 in August 2023. Higher numbers of stillbirths in Hull and Vale of York contributing to total. Hull case in August related to foetal growth surveillance related to GAP charts; Trust is reviewing training.</li> <li>• Delays in implementation of new Maternity IT System (BadgerNet) now confirmed phased implementations HUTH 04/02, NLaG 25/03</li> <li>• Prevention work prioritised in ICB/LMNS; confirmed national trailblazer for smoking in pregnancy incentive scheme, holistic weight management project commenced Nov23 and receiving referrals.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing review of reasons behind plateau/increase; indirect links to pandemic pressures being considered, PMRT analysis may assist locally</li> <li>• Neonatal and Obstetric leads working to ensure effective sharing of work/oversight and piloting of improvements; Maternal Medicine Network pathways report complete; to be shared with stakeholders in January 2024</li> <li>• Continued emphasis on smoking/alcohol/diabetes and weight management workstreams, linked into Tobacco Control Centre of Excellence/Population Health</li> <li>• Clear timeframes around LMNS/ICB requirements for assurance and oversight - SBL 2nd review meetings completed; CNST compliance confirmed, final check and challenge meetings to be held in January 24.</li> </ul>



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

Date	April 2023			May 2023			June 2023			July 2023			August 2023			September 2023			October 2023		
Metric	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE
Total Workforce (WTE)	32,325.12	37,033.24	4,708.12	32,322.46	37,016.34	4,693.88	32,302.62	36,873.79	4,571.17	32,269.68	35,572.46	3,302.78	32,340.61	35,587.05	3,246.44	32,420.53	36,277.19	3,856.66	32,477.19	36,765.67	4,288.48
Total Substantive	30,132.69	34,854.19	4,721.50	30,184.20	34,885.32	4,701.12	30,216.10	34,655.48	4,439.38	30,241.10	33,262.74	3,021.64	30,290.62	33,377.29	3,086.67	30,428.22	34,181.95	3,753.73	30,538.90	34,534.41	3,995.51
Total Bank	1,558.42	1,540.53	-17.89	1,522.91	1,509.36	-13.55	1,487.39	1,475.65	-11.74	1,450.06	1,649.53	199.47	1,469.76	1,603.27	133.51	1,432.24	1,492.04	59.80	1,394.87	1,621.40	226.53
Total Agency	634.01	638.52	4.51	615.36	621.66	6.30	599.13	742.66	143.53	578.52	660.19	81.67	580.23	606.49	26.26	560.07	603.20	43.13	543.42	609.86	66.44

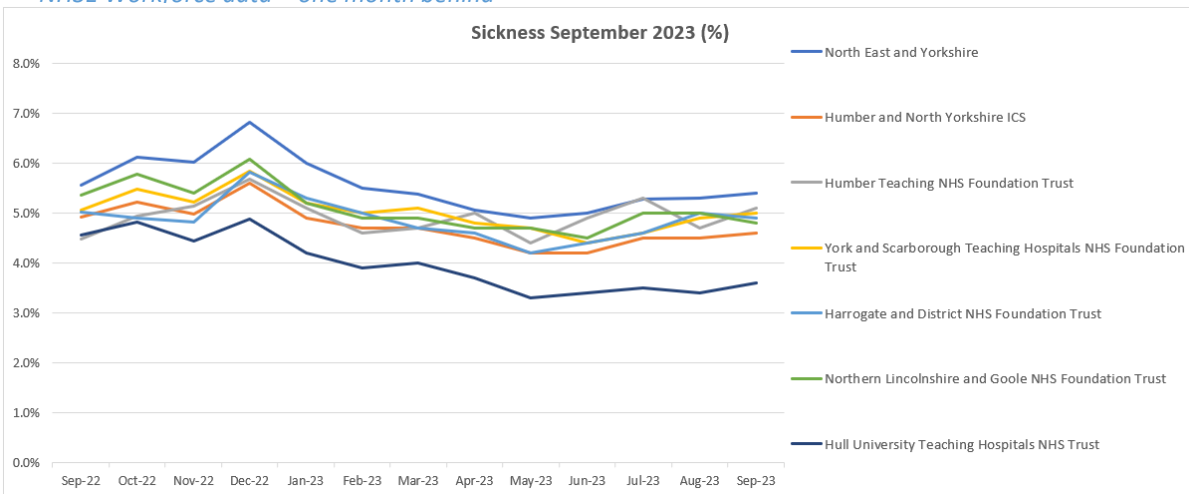
### Key summary points:

- Total WF is 13.20% over plan
- Substantive WF is 20.39% over plan
- Total bank is 16.24% over plan
- Total agency is 12.23% over plan

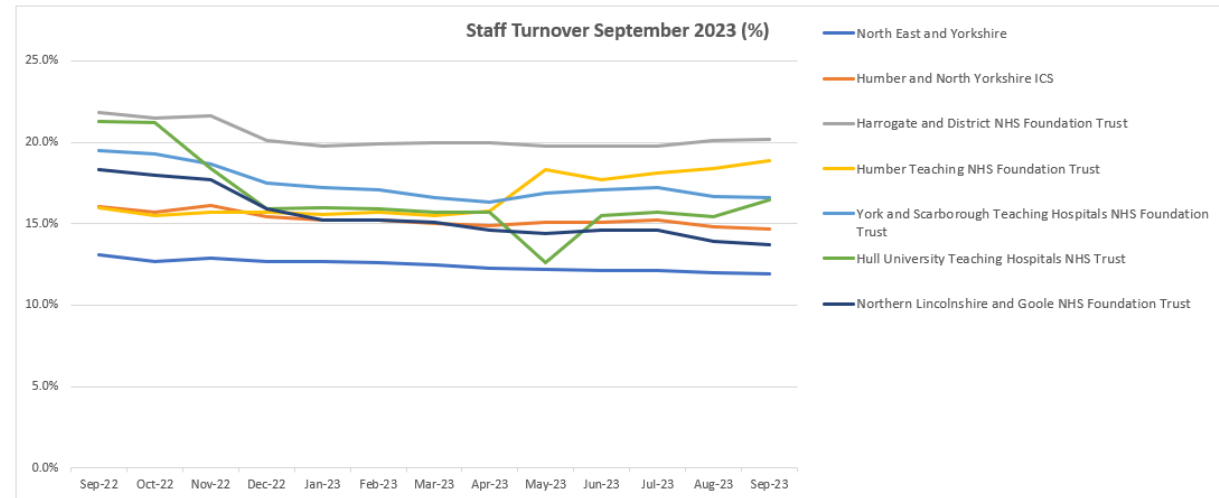
**Issues have been identified with data provided by NLAG & YSFT and these figures are being reviewed for accuracy.**

## ICB/Provider Workforce Key Performance Indicators (September 23)

\* NHSE Workforce data – one month behind



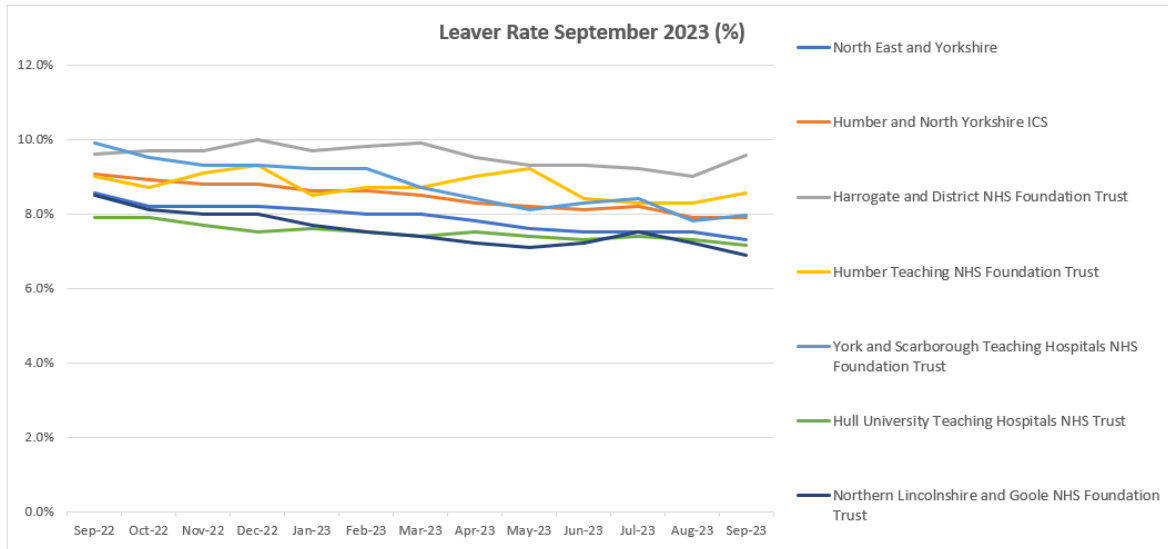
HNY ICS Sickness end of year target: 4.8%  
September 23: **4.6%**



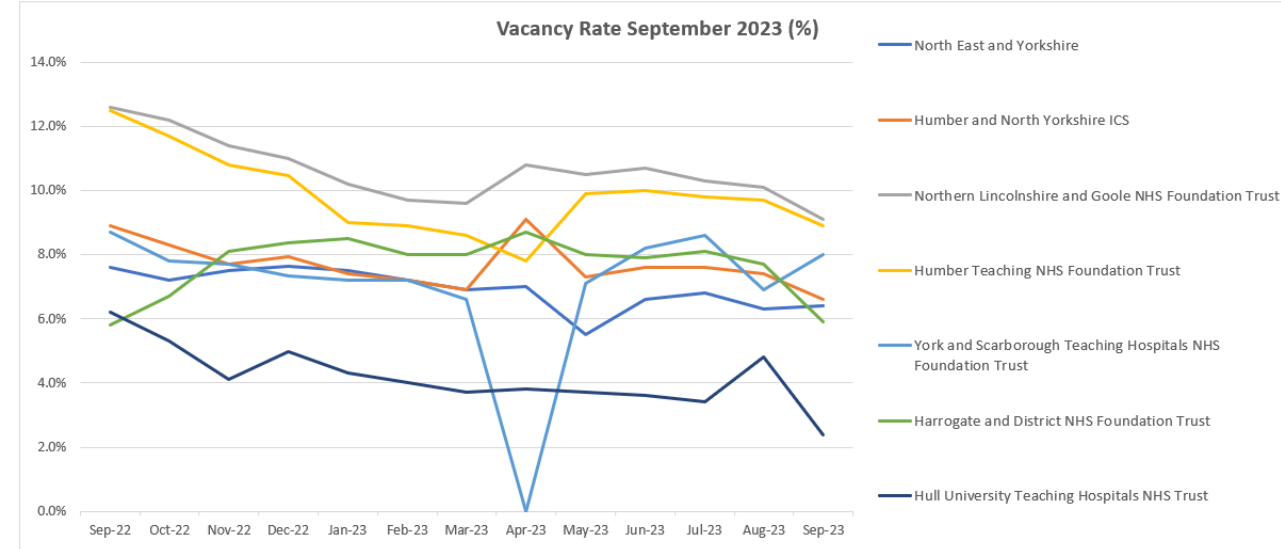
HNY ICS staff turnover end of year target: 12.2%  
September 23: **14.7%**

## ICB/Provider Workforce Key Performance Indicators (September 23)

\* NHSE Workforce data – one month behind



HNY ICS Leaver Rate  
September 23: **7.9%**



HNY ICS Vacancy Rate  
September 23: **6.6%**

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

Date	September 2023			October 2023		
Metric	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE
Total Workforce (WTE)	8,511.13	8,766.10	254.97	8,514.20	8,818.59	304.39
Total Substantive	8,368.14	8,621.80	253.66	8,373.64	8,685.09	311.45
Total Bank	102.81	103.90	1.09	100.81	99.40	-1.41
Total Agency	40.18	40.40	0.22	39.75	34.10	-5.65

## York & Scarborough

Date	September 2023			October 2023		
Metric	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE
Total Workforce (WTE)	9,508.31	10,454.52	946.21	9,520.88	10,848.18	1,327.30
Total Substantive	8,691.39	9,681.42	990.03	8,742.52	9,966.10	1,223.58
Total Bank	616.72	578.95	-37.77	587.12	675.70	88.58
Total Agency	200.20	194.15	-6.05	191.24	206.38	15.14

## Humber Teaching

Date	September 2023			October 2023		
Metric	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE
Total Workforce (WTE)	3,101.35	3,887.68	786.33	3,114.52	3,957.89	843.37
Total Substantive	2,901.81	3,685.41	783.60	2,913.59	3,747.86	834.27
Total Bank	157.61	159.73	2.12	159.00	167.71	8.71
Total Agency	41.93	42.54	0.61	41.93	42.32	0.39

## Harrogate & District

Date	September 2023			October 2023		
Metric	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE
Total Workforce (WTE)	4,549.65	5,232.04	682.39	4,568.33	5,260.19	691.86
Total Substantive	4,332.15	4,972.89	640.74	4,352.33	4,994.05	641.72
Total Bank	157.50	184.32	26.82	157.00	200.26	43.26
Total Agency	60.00	74.83	14.83	59.00	65.88	6.88

## Northern Lincolnshire & Goole

Date	September 2023			October 2023		
Metric	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE
Total Workforce (WTE)	6,750.09	7,936.85	1,186.76	6,759.26	7,880.82	1,121.56
Total Substantive	6,134.73	7,220.43	1,085.70	6,156.82	7,141.31	984.49
Total Bank	397.60	465.14	67.54	390.94	478.33	87.39
Total Agency	217.76	251.28	33.52	211.50	261.18	49.68

## Provider progress against their 23/24 plans

October 2023 (Total Staff)	Plan	Actual	+/- WTE	% Variance
HUMBER AND NORTH YORKSHIRE	32477.19	36765.7	4288.48	13.20%
Hull University Teaching Hospitals	8514.2	8818.59	304.39	3.58%
Harrogate and District NHS FT	4568.33	5260.19	691.86	15.14%
York and Scarborough NHS FT	9520.88	10848.18	1327.3	13.94%
Northern Lincolnshire & Goole NHS FT	6759.26	7880.82	1121.56	16.59%
Humber Teaching NHS FT	3114.52	3957.89	843.37	27.08%

\*Provider Submitted data

**Issues have been identified with data provided by NLAG & YSFT and these figures are being reviewed for accuracy.**

# Bank & Agency Usage

## Bank (wte)

A deeper dive into ICS Bank and Agency usage reveals:

**Bank Plan vs Actual: 116.24%**

Majority of bank usage is:

- Medical & Dental (169.60%)
- Infrastructure Support (255.88%)

Date	Sep-23			Oct-23		
	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE
<b>Total Bank</b>	1432.24	1492.04	59.80	1394.87	1621.40	226.53
<b>Registered Nursing, Midwifery and Health Visiting Staff (Bank Total)</b>	558.23	389.94	-168.29	541.04	433.89	-107.15
<b>Registered Scientific, Therapeutic and Technical Staff (Bank Total)</b>	26.05	14.60	-11.45	26.19	26.37	0.18
<b>Registered Ambulance Service Staff (Bank Total)</b>	0.00	0.00	0.00	0.00	0.08	0.08
<b>Support to Clinical Staff (Bank Total)</b>	592.72	681.63	88.91	576.43	675.26	98.83
<b>Total NHS Infrastructure Support (Bank Total)</b>	69.24	132.28	63.04	69.24	177.17	107.93
<b>Medical and Dental (Bank Total)</b>	186.00	273.60	87.60	181.97	308.62	126.65
<b>Any Other Staff (Bank Total)</b>	0.00	0.00	0.00	0.00	0.00	0.00

## Agency (wte)

**Agency Plan vs Actual: 112.23%**

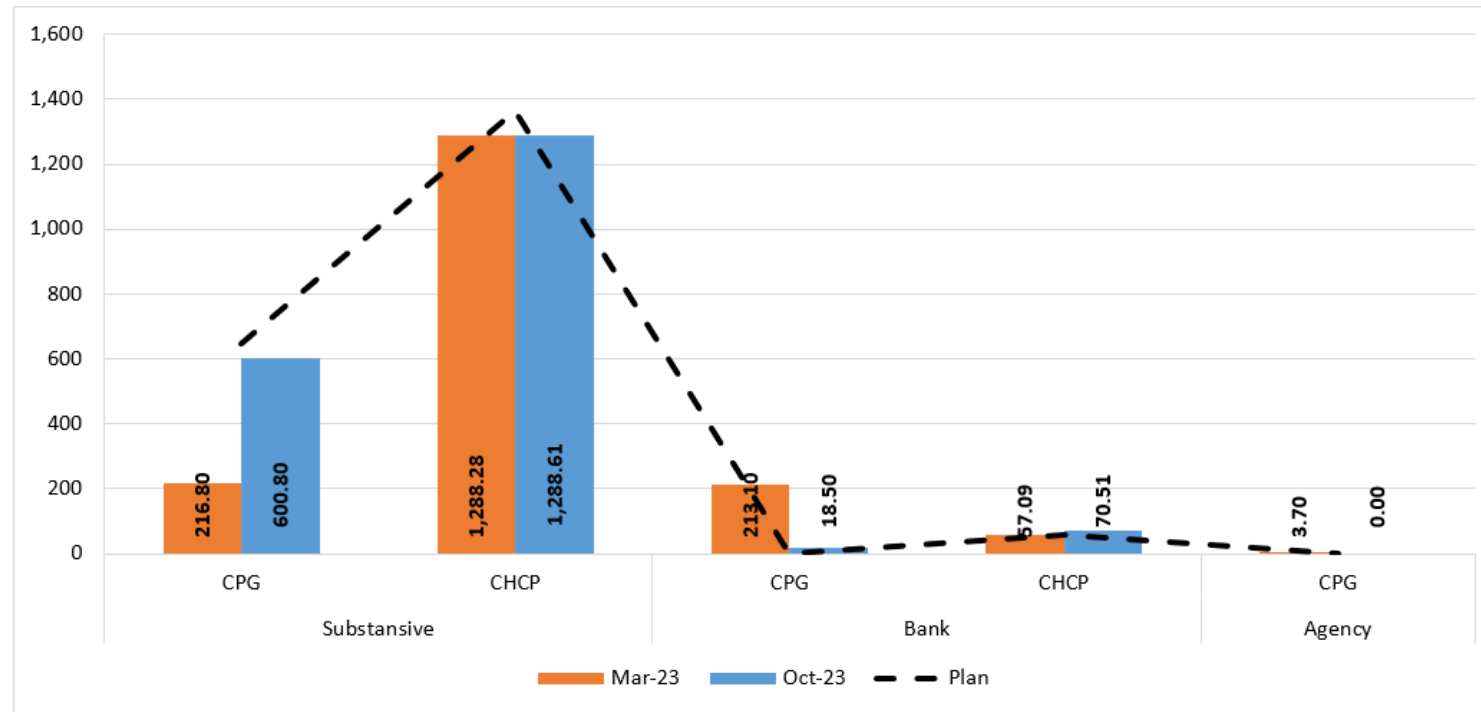
Majority of agency usage is:

- Registered Nursing, Midwifery & HVS (117.93%)
- Registered Scientific, Therapeutic & Technical (129.03%)

Date	Sep-23			Oct-23		
	Plan	Actual	+/- WTE	Plan	Actual	+/- WTE
<b>Total Agency</b>	560.07	603.20	43.13	543.42	609.86	66.44
<b>Registered Nursing, Midwifery and Health Visiting Staff (Agency Total)</b>	313.33	364.67	51.34	302.25	356.43	54.18
<b>Registered Scientific, Therapeutic and Technical Staff (Agency Total)</b>	22.82	25.41	2.59	22.82	27.05	4.23
<b>Registered Ambulance Service Staff (Agency Total)</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>Support to Clinical Staff (Agency Total)</b>	31.41	30.74	-0.67	30.91	20.04	-10.87
<b>Total NHS Infrastructure Support (Agency Total)</b>	38.07	36.09	-1.98	36.57	11.67	-24.90
<b>Medical and Dental (Agency Total)</b>	154.44	146.28	-8.16	150.87	194.67	43.80
<b>Any Other Staff (Agency Total)</b>	0.00	0.00	0.00	0.00	0.00	0.00

# Community Workforce Providers

		Plan	Mar-23	Oct-23	Variance to Plan		Variance to March 2023	
Substantive	CPG	646.50	216.80	600.80	-45.70	-7.1%	384.00	177.1%
	CHCP	1,364.87	1,288.28	1,288.61	-76.26	-5.6%	0.33	0.0%
Bank	CPG	0.00	213.10	18.50	18.50		-194.60	-91.3%
	CHCP	56.97	57.09	70.51	13.54	-57.09	13.42	23.5%
Agency	CPG	0.00	3.70	0.00			-3.70	-100.0%
	CHCP	58.70	43.37	59.61	0.91	-43.37	16.24	37.4%



# Mental Health Workforce Providers

		Plan	Mar-23	Oct-23	Variance to Plan		Variance to March 2023	
Substantive	HTFT	2,913.59	3,028.41	3,747.86	834.27	28.6%	719.45	23.8%
Bank	HTFT	159.00	169.39	167.71	8.71	5.5%	-1.68	-1.0%
Agency	HTFT	41.93	47.28	42.32	0.39	0.9%	-4.96	-10.5%

