



Agenda Item No:

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<b>Report to:</b>	Humber and North Yorkshire Integrated Care Board
<b>Date of Meeting:</b>	10 April 2024
<b>Subject:</b>	<b>Performance Report</b>
<b>Director Sponsor:</b>	Amanda Bloor, Deputy Chief Executive and Chief Operating Officer and Karina Ellis, Executive Director of Corporate Affairs
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**STATUS OF THE REPORT:**

Approve  Discuss  Assurance  Information  A Regulatory Requirement

**SUMMARY OF REPORT:**

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

There are several priorities where the indicator has been identified, but the collation of the data requires further work, or where targets are not set; in most indicators this is not the case, however where it is, we continue to work with responsible officers in these areas. There are several priorities that lend themselves to a narrative or other information such as the use of resources and workforce. We also direct the Board to other papers, for example the financial update, for a progress report.

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

The report reflects the most up to date data available at the time of writing, in most cases this is January or February 2024. This gives a helpful indication of progress so far and the challenges for the remainder of the year, mindful that the delivery of the plan is now in its final quarter of the year. The report also includes adjusted trajectories and those agreed as part of the H2 financial and operational reset. Where the delivery area is a H2 Plan priority, this is explicitly flagged for ease of reference for Board members.

The adjustments made in this report from the last meeting represent steps in its incremental evolution. The Planning and Performance and Business Intelligence Teams are keen to work with the Board regarding the format for the 2024/25 Board Performance Report to ensure that it is meeting their requirements.

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

### **Urgent Care (H2 Plan priority)**

Urgent care performance reflected the risks and challenges expected in February. UEC 4-hour performance missed the February target and at 67.9% is 8.1% away from the systems yearend target of 76%. North Lincolnshire and Goole (NLAG) and Hull University Teaching Hospital (HUTH) performance is driving the ICB position. Open beds and bed occupancy reflect the flow pressure, which in turn affects 4-hour performance as well as finance and workforce targets. Yorkshire Ambulance Service (YAS) and East Midlands Ambulance Service (EMAS) saw some improvement in Cat 2 response times but EMAS, in particular (49:45) is away from the 30-minute standard. Trusts are seeing high volumes of conveyances and a high number of 60-minute handovers.

#### **Performance summary:**

- 4-hour UEC – improvement on January but not achieving target
- Bed occupancy – slight improvement but not achieving target
- G&A beds open – increasing position and trend which tracks as green but actually reflects difficulties with flow and increased pressure on workforce and finance
- Ambulance response time; some improvement for both YAS and EMAS

#### **Key Actions**

- Focus on ambulance handovers and commitment to adopt the rapid handover protocol
- A breach monitoring process has been implemented to support year end delivery of 76% of the UEC 4-hour standard
- Validation of 4 to 5-hour breaches is being undertaken
- All providers, and wider systems, are planning MADE events for the last week of March 2024 to help with flow and improved patient care.

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

Acute waiting list size increased but the long wait position improved. Diagnostic 6-week performance showed improvement in February and met the trajectory, but the ICB remains an outlier, and adrift from the constitutional target. Cancer performance did not achieve the plan for faster diagnosis but did see further improvement in the 63+ days waiting list. The yearend target for 63+ day waiting list is 431, which is a risk.

#### **Performance summary:**

- Active waiting list size increased. Top 5 specialities driving the waiting list volumes are ENT, Ophthalmology, Gynaecology, Orthopaedics and Urology; c.24,000 patient appointments have been lost due to strike action since March 2023.
- The unvalidated 65-week position for February improved to 817 patients against a plan of 944.
- 78-week position: Projections for the end of March is 10 patients, these are complex gynaecology and urology.
- 6-week diagnostic performance improved in January and delivered target, but the ICB is considerably away from the overall constitutional standard and is a national outlier.
- 28-day Faster Diagnosis Standard (FDS) worsened and was below plan
- 63-day Cancer backlog improved and is ahead of plan
- HNY ICB remains in System Tiering for Cancer and Elective care.

#### **Actions**

- Focus on maximising core capacity through theatre productivity.
- Continued Outpatient delivery via Chief Operating Officer group
- Validation programme
- Mutual aid programme
- Clinical networks
- Mutual aid has been offered for colonoscopy through the elective tactical group.
- Community Diagnostic Centre mobile activity continues to support the waiting list provision.

- Capital works are continuing across the Community Diagnostic Centre Hub and Spokes to enable delivery of the 23/24 activity plan and additional capacity for 24/25.
- Imaging Clinical Network working to implement Standard Operating Procedures for MRI with contrast on remote sites
- Most challenged pathways relating to FDS are being reviewed.

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

Of the 9 Mental Health and Learning Disability indicators, 2 are on track with the trajectories set in the plan. The 2 on track are access to children and young people's services and Learning Disability annual health checks. Of the remaining 7 indicators, one of these – namely the community services access one – is due to an ambitious local planning target being set, as performance for HNY has been above the national target throughout 2023/24. It should also be noted that NHS Talking therapies has achieved its highest performance in 2 years and has achieved 93% of the planned target. Through the planned stock take meetings for 2024/25, dementia diagnosis rates, out of area placements, and perinatal access to mental health services were identified as a priority, along with access to Autism and ADHD diagnosis, and these remain a particular area of focus in terms of actions and improvements.

### **Performance Summary:**

- Out Of Area (OOA) Placements; ICB actual is 750 bed days over plan, which is a reduction from previous months. The Inpatient Quality Transformation programme is now in development, with a plan being prepared for March 2024.
- Dementia Diagnosis Rates (DDR); ICB actual is 58.6% against a target of 61.4%, which equates to 2.8% below target. There has been a positive increase in DDR in recent months. Hull, North East Lincolnshire, and North Lincolnshire all exceeding local targets. East Riding, North Yorkshire and York are all not meeting target and are outliers, and subject to intense focus.
- Perinatal access to mental health services; The ICB is currently reporting an actual position of 710, however local intelligence advises a position of 1006 against a target of 1102 (which equates to 91% of target being met). York and North Yorkshire are not meeting local targets and continue to be prioritised in terms of action to improve.

### **Actions**

- Provider Out of Area Stocktake completed - January 2024. Review of bed stock against national guidance/standards January 2024.
- Establish case management review meeting, led by quality lead - February 2024.
- Inpatient Quality transformation 3-year plan in development – with a dedicated workstream to address out of area placements, with initial focus on mental health rehabilitation.
- Focussed programme of work to cleanse GP registers and develop a toolkit to improve coding and support DDR performance.

### **Primary Care**

Primary care met the target for appointments delivered and is on track to deliver the annual expectation; but was below target on patients seen within 14 days of booking.

### **Performance Summary:**

- Primary Care across HNY has delivered 1,032,661 as of January 2024 which is above plan for this reporting period
- An average of 82.2% of patients were able to book an appointment within 14 days against a national target of 85%.

### **Actions**

HNY ICB continues to be on track for delivery of our share of the 50 million additional appointments by 31st March 2024. In addition to the appointments reported, through the General Practice Appointment Data system the ICB has commissioned additional capacity through Winter monies and the Extended Access Direct Enhanced Service.

- Confirmation from National Team that EMIS and TPP (GP electronic systems) have now been updated to enable exception reporting that allows exclusion of those patients who choose to book an appointment outside of the 14-day period. However, it is not expected that this will be actioned through the data until April 2024.

### **Community Services**

Community services are achieving their targets related to UCR and overall waiting list. However, the data is incomplete and further consideration and discussion is required to understand the full picture, and which services are not submitting to the return.

### **Performance Summary:**

- The Total Community Waiting List size at 31 January 2024 is 15,963 against a month 10 trajectory of 22,909 (6,964 below plan and a 164 decrease on last month). The gap in plan can largely be attributed to a lack of submission to the Children and Young People Waiting List from York and Scarborough Teaching Hospitals Foundation Trust (Y&STHFT) and Harrogate District Foundation Trust (HDFT) and a series of validation exercises which have been undertaken in the adult Community Waiting Lists by providers
- The 2UCR plan for 23/24 is the delivery of 23,200 first contacts, which is forecast to be met.

### **Actions**

- Validation work continues to be undertaken.
- A highlight report, detailing actions on how providers are developing their Urgent Care Response (UCR) provision, is being submitted through the Admissions Avoidance sub-group as part of the UEC Programme governance structure.
- Further work with HDFT is underway to understand their Children Young People (CYP) SitRep and whether figures can be submitted into the national SitRep
- Y&STHFT have confirmed that they will be submitting CYP data for the March 2024 position.

### **Maternity Services**

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

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

### **Workforce**

Workforce performance demonstrates that staff sickness levels are being met, but retention rates are not. Also, workforce numbers - total, substantive, bank and agency - are all over plan, and contributing to the wider financial pressures.

The full complete report is attached for your consideration.

### **RECOMMENDATIONS:**

Members of the Board are asked to:

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

<b>ICB STRATEGIC OBJECTIVE</b>	
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Managing Today	☒
Managing Tomorrow	☒
Enabling the Effective Operation of the Organisation	☒

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

<p><b>ASSESSED RISK:</b></p> <p>Operational Performance – each organisation is managing this risk in line with their internal operational governance systems and processes. Monthly reports are collated and reviewed by the ICB and reported through to NHS England.</p>
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**MONITORING AND ASSURANCE:**

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

**ENGAGEMENT:**

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

**REPORT EXEMPT FROM PUBLIC DISCLOSURE**

No  Yes

If yes, please detail the specific grounds for exemption.