Humber and North Yorkshire
Health and Care Partnership

ICB – Board

Annual Operating Plan - Performance Report

[Date: 9th October 2024]

Introduction

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

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

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

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

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

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

HNY ICB Strategy, Planning and Reporting Framework

Long term 10-15 years Strategy & Outcomes Framework

Our Aims

Narrowing the gap in healthy life expectancy by 2030
Increasing healthy life expectancy by five years by 2035

Outcomes

Start Well, Live Well, Age Well, Die Well

Ambitions

Radically improving the health and wellbeing of children and young people

Transforming people's health and care experiences and outcomes

Enabling wellbeing, health and care equity

Medium term 2-5 years Joint Forward Plan & Deliverables
Big 4 in the outcomes framework

Big 4 health outcomes

- Reducing harm from cancer
- Cutting cardiovascular disease
- Living with frailty
- Enabling mental health and resilience

Design for the future

Blueprint

Leading for…

- **Excellence**
- **Prevention**
- **Sustainability**

Drivers

- Delivery Improvement
- Digital & Data
- Empowering Collaboratives
- Enabling Population Health
- Relationship with Place
- System workforce
- Sustainable Estate
- Outcomes led resourcing

Voice at the heart

Putting the views and experiences of the diverse communities at the forefront of our transformation agenda
Ensuring an influential system voice to policy makers

Programmes of change & transformation

- Innovation, research & improvement system
- **No Criteria To Reside**
- Yorkshire & Humber Care
- Electronic Patient Record
- Decision Support
- Artificial Intelligence
- Sustainable Services – HAS,
- Cancer Alliance
- **Mental Health**
- Pathways – **Long Term Conditions**
- CoE – Tobacco / risk factors
- Cardio Vascular Disease
- Integrated Community Care
- Urgent Emergency Care
- CoE – Frailty
- CoE – Palliative End of Life
- Breakthrough including **Paybill & Agency Management**
- Infrastructure Plan
- Estates Rationalisation
- Green Plan
- **Clinical Productivity**
- **Single System Formulary**

Short term 1-2 years Operational Plan & Deliverables

Operational Plan Targets

1. Improve 6 week diagnostic wait to below 5%
2. Deliver 70% performance on cancer 62 day and 77% on FDS
3. Increase the proportion of cancer diagnosis at stage 1 and 2
4. Increase proportion of outpatient first attendances to 46%
5. Reduce over 65 week waits to 0 and improve overall waiting list size
6. UEC 78% of patients seen within 4 hours in March 2025
7. Improve Category 2 ambulance response times
8. Improve access to GP services – (Increased appointments 1% and 85% 14 day booking)
9. Improve patients experience of choice at referral
10. Improve community services waiting times
11. Reduce NCTR numbers
12. Reduce inappropriate out of area placements
13. Increase dementia diagnosis rate to 66.7%
14. Implement the patient safety incident response framework
15. Implement 3yr plan for maternity and neonates
16. Increase dental activity to pre-pandemic levels
17. Improve vaccination uptake for CYP
18. Reduce inpatient care for children with LD and Autism
19. Develop at least one women's Health Hub
20. 75% of all SMI patients having annual health check
21. Improve access to Talking Therapies
22. Increase access to community, perinatal, CYP MH services
23. Annual Health check for 75% of people on LD register
24. Reduce inpatient care for adults with LD and Autism
25. Increase % of hypertension patients treated with NICE guidelines
26. Increase % of CVD patients on Lipid lowering therapies
27. Deliver on the Core20Plus5 approach for adults, CYP
28. Deliver net system balanced position
29. Reduce agency spend
30. Deliver VWA activity total – Income Target
31. Increase workforce retention, reduce staff sickness and deliver WTE reduction
32. Improve working lives of doctors
33. Provide sufficient clinical placements and apprenticeships

HNY ICB Strategy, Planning and Reporting Framework – Priority Indicators

Long term 10-15 years Strategy & Outcomes Framework

Our Aims	**Narrowing the gap in healthy life expectancy by 2030** **Increasing healthy life expectancy by five years by 2035**
Outcomes	**Start Well, Live Well, Age Well, Die Well**
Ambitions	Radically improving the health and wellbeing of children and young people Transforming people's health and care experiences and outcomes Enabling wellbeing, health and care equity

Medium term 2-5 years Joint Forward Plan & Deliverables
Big 4 in the outcomes framework

Big 4 health outcomes	Reducing harm from cancer	Cutting cardiovascular disease	Living with frailty	Enabling mental health and resilience
Design for the future	Blueprint			
Leading for…	**Excellence**	**Prevention**	**Sustainability**	
Drivers	Delivery Improvement Digital & Data Empowering Collaboratives	Enabling Population Health Relationship with Place	System workforce Sustainable Estate Outcomes led resourcing	
Voice at the heart	Putting the views and experiences of the diverse communities at the forefront of our transformation agenda Ensuring an influential system voice to policy makers			
Programmes of change & transformation	Innovation, research & improvement system **No Criteria To Reside** Yorkshire & Humber Care Electronic Patient Record Decision Support Artificial Intelligence Sustainable Services – HAS, Cancer Alliance **Mental Health**	Pathways – **Long Term Conditions** CoE – Tobacco / risk factors Cardio Vascular Disease Integrated Community Care Urgent Emergency Care CoE – Frailty CoE – Palliative End of Life	Breakthrough including **Paybill & Agency Management** Infrastructure Plan Estates Rationalisation Green Plan **Clinical Productivity** **Single System Formulary**	

Short term 1-2 years Operational Plan & Deliverables

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8. Reduce inappropriate out of area placements

9. Increase % of Improve access to Talking Therapies

10. hypertension patients treated with NICE guidelines

11. Deliver net system balanced position
12. Deliver VWA activity total – Income Target
13. Increase workforce retention, reduce staff sickness and deliver WTE reduction

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Summary Overview

Urgent and Emergency Care

A&E 4 hour waiting times - HNY Provider Total

Aug 2024
Plan: 68.2%
Actual: 68.6%

Diagnostics

Diagnostics Test Waiting Times: Proportion of Patients Waiting 6+ Weeks for the 9 Targeted Tests - HNY Provider Total

Jul 2024
Plan: 23.7%
Actual: 21.4%

Primary Care

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

Jul 2024
Plan: 85.0%
Actual: 88.1%

Community

Total Number on Community Services waiting list over 52+ weeks - HNY Provider Total

Jul 2024
Plan: 1174
Actual: 1085

Mental Health

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

Jul 2024
Plan: 14
Actual: 15

Elective care

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

Jul 2024
Plan: 95
Actual: 147

Cancer

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

Jul 2024
Plan: 64.3%
Actual: 63.8%

Prevention & Health Inequalities

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

Aug 2024
Plan: 77.0%
Actual: 69.8%

Mental Health

Estimated diagnosis rate for people with dementia - HNY ICB

Jul 2024
Plan: 60.4%
Actual: 59.6%

Mental Health

Access to Children and Young People's Mental Health Services - HNY ICB

Jul 2024
Plan: 21690
Actual: 20965

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View by Month

In line with Making Data Count recommendations, blue equals achieving, orange equals failing to achieve.

Area	Metric	National Objective	Detail	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	VAR.	ASS.
Urgent and Emergency Care	A&E 4 hour waiting times - HNY Provider Total	78% by March 2025	Plan	72.3%	73.9%	63.3%	65.7%	67.8%	69.5%	76.6%	65.3%	66.8%	67.6%	68.2%	68.2%		
			Actual	62.6%	61.6%	62.5%	60.7%	61.0%	64.3%	66.7%	67.8%	67.4%	67.2%	67.6%	68.6%		
Elective care	18 Week Referral to Treatment Waiting Times - 65+ Week Waits - HNY Provider Total	0 by Sept 2024	Plan	2646	2238	2253	2017	1502	944	350	312	244	165	95			
			Actual	2242	2017	1456	1415	1234	908	336	242	242	214	147			
Diagnostics	Diagnostics Test Waiting Times: Proportion of Patients Waiting 6+ Weeks for the 9 Targeted Tests - HNY Provider Total		Plan	32.0%	30.8%	29.7%	28.0%	27.8%	27.9%	27.9%	25.6%	25.0%	23.9%	23.7%			
			Actual	36.7%	33.1%	31.6%	34.3%	31.8%	26.0%	26.5%	26.4%	25.1%	24.2%	21.4%			
Cancer	Cancer 62 Day Waits - All referral routes - HNY Provider Total	70% by March 2025	Plan								61.1%	61.5%	62.0%	64.3%			
			Actual	55.5%	59.7%	62.4%	62.1%	57.7%	62.1%	67.1%	61.2%	64.1%	65.4%	63.8%			
Primary Care	Proportion of Appointments in General Practice Booked and Seen Within 14 Days - HNY ICB		Plan	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%			
			Actual	84.7%	85.9%	86.7%	86.8%	87.2%	86.9%	87.4%	86.9%	87.5%	87.7%	88.1%			
Prevention & Health Inequalities	Percentage of patients with hypertension treated to NICE guidance - HNY ICB		Plan	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%		
			Actual	74.5%	75.4%	75.8%	76.1%	76.9%	78.0%	78.1%	76.1%	77.1%	78.0%	73.1%	69.8%		
Community	Total Number on Community Services waiting list over 52+ weeks - HNY Provider Total		Plan								1138	1138	1138	1174			
			Actual	281	445	456	230	169	1045	1101	1103	1096	1206	1085			
Mental Health	Estimated diagnosis rate for people with dementia - HNY ICB		Plan	59.6%	59.6%	59.6%	61.4%	61.4%	61.4%	64.4%	60.3%	60.0%	60.2%	60.4%			
			Actual	58.6%	58.9%	59.2%	59.0%	58.7%	58.6%	58.6%	58.4%	58.6%	59.2%	59.6%			
Mental Health	Inappropriate adult acute mental health Out of Area Placement (OAP) Patients - HNY ICB		Plan								20	19	16	14			
			Actual	13	15	20	24	18	15	15	21	27	17	15			
Mental Health	Access to Children and Young People's Mental Health Services - HNY ICB		Plan	21171	21171	21171	21171	21171	21171	21171	21690	21690	21690	21690			
			Actual	19545	19675	20435	20720	21215	21635	21595	21300	21445	21260	20965			

Image Key

Plan Met

Plan Not Met

Rolling twelve month period

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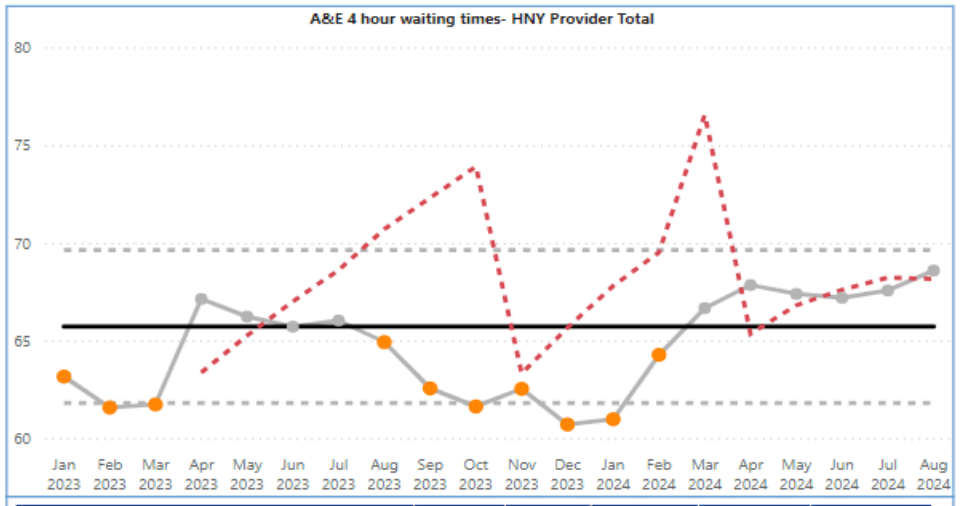
Urgent Care

Key Indicator: Waiting time in ED



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY Provider Total	68.2%	68.6%			
YSFT	69.4%	65.8%			
HDFT	74.0%	79.6%			
NLAG	71.0%	70.9%			
HUTH	61.3%	64.4%			

How does indicator link to long term priorities:

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

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

Urgent Care Escalation Points

UEC 4-hour performance in August for the overall ICB system improved from **71.7% (July) to 73.3%**. **The UEC plan being monitored by NHSE is for the acute providers only and was set at 68.2% for August, and delivery was 68.6%.** HUTH (64.4%) and Y&SFT (65.8%) were lowest performing Trusts. **UEC performance at HNY has been challenged by NHSE and the ICB is in national UEC Tier 2.** The year end target for the acute providers is 73.2% - ICB overall 78% which will require a 5% improvement from the August position by March 2025.

- 4-hour UEC August – **HUTH, HDFT achieved their monthly plan, NLAG and Y&SFT did not**
- **HUTH and NLAG are showing improving positions, HDFT no change and Y&SFT worsening**
- Other none Type 1 facilities showed improving positions in August and supported the improvement in the system position.
- Ambulance response time cat 2 – Overall wait times for cat 2 ambulances improved by 2 minutes to 34:48 minutes against a target of 30:00 minutes. **HNY hospital handover performance has been singled out by YAS, EMAS and NHSE as of concern; improvement is required.**

Key Actions

- Good progress with ICC development with proposed go live date of 14th October. 2 x hubs (NYY and HER) with a focus on reducing dispatch and conveyance, redirecting to alternative care pathways
- A-teds complete for York and Scarborough, with one session remaining at Hull. Outputs will focus on where there are gaps in alternative acute pathways, improving navigation and access – output – reduced ED attends/conveyances, reduced admissions, improved patient outcomes. Audits will be complete by 14th October
- Focused ambulance handover actions identified by each Trust, including direct conveyance to SDEC via a trusted assessor model,
- York Continuous flow model due to go live Nov/Dec to reduce crowding in ED and create capacity for improved ambulance handover
- GIRFT visits have now been completed for all Trusts with a set of recommendations which have been included in the local improvement plans
- New UEC Governance structure established with an increased focus on delivery. Split focus between immediate actions ahead of winter, and longer term transformation. Reduced, focused membership to drive action

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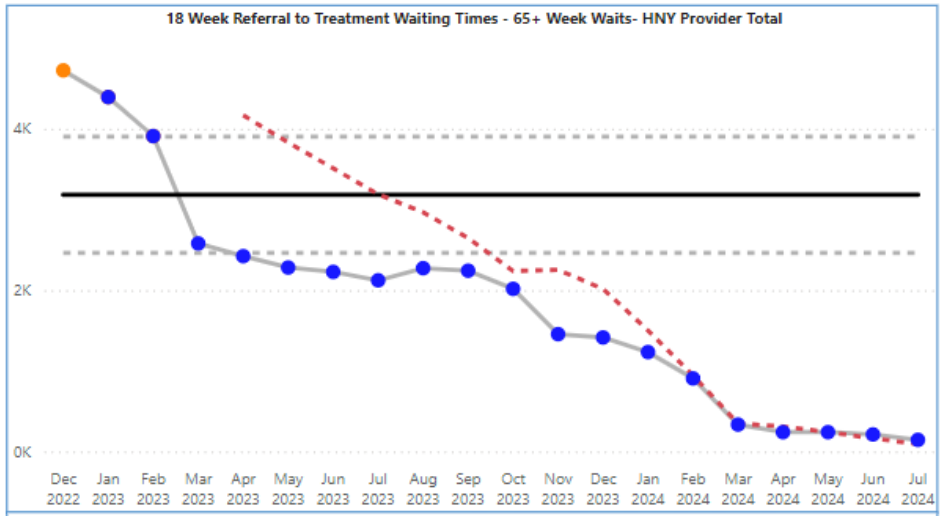
Elective

Key Indicator: RTT 65+ Week Waits



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY Provider Total	95	147	✗		
YSFT	52	89	✗		
HDFT	0	0	✓		
NLAG	31	40	✗		
HUTH	12	18	✗		

How does indicator link to long term priorities:

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

Elective Services Escalation Points

Elective waiting times **over 65 weeks reduced to 147** in July against a target of 95. The **ICB** continues to **benchmark well in NEY** on all long wait metrics. Performance is outside expected control limits and demonstrates **real cause variation of an improving nature**. **All providers have demonstrated significant progress,** Y&SFT in particular, though they still have the majority of breaches (98 of the 147). Latest unvalidated data is forecasting September at **75 patients over 65 weeks.**

Specialties with highest numbers of long wait patients are for non-admitted waits; Neurology, Gynaecology, Paediatrics and ENT, and for admitted waits; Gynaecology, T&O, ENT, and Ophthalmology. NHSE plan is for backlog to be cleared by Sept. 24.

Key Actions

Clinical networks –
ENT - Deep dive scheduled for 24.09.24, focussing on daycase rates and tonsillectomy readmission rates.
Peri-op clinical network – Standardised cancellation codes agreed across HNY. Working to standardise risk stratification of intention to treat DC converting to IP
Eyecare – SPoA business case due for completion end of September. Specialist commissioning identified funding to support upskilling of optometrists with a view to commission stable glaucoma and post op cataracts in primary care
Gynaecology – Standardised Pipel biopsy SOP written, awaiting signoff at next network meeting
Orthopaedics – Developing a standard pathway for hips and knees across HNY
Outpatients – Pep bid submitted to extend PKB for another 12 months, awaiting outcome
Daycase procedures – working with network and trusts to ensure all 29 HVLC procedures have default intention to treat as daycase
TWL – analysis to be presented at next ICS Board on growth position
Theatres – focussing on late starts, early finishes and OTD cancellation rates

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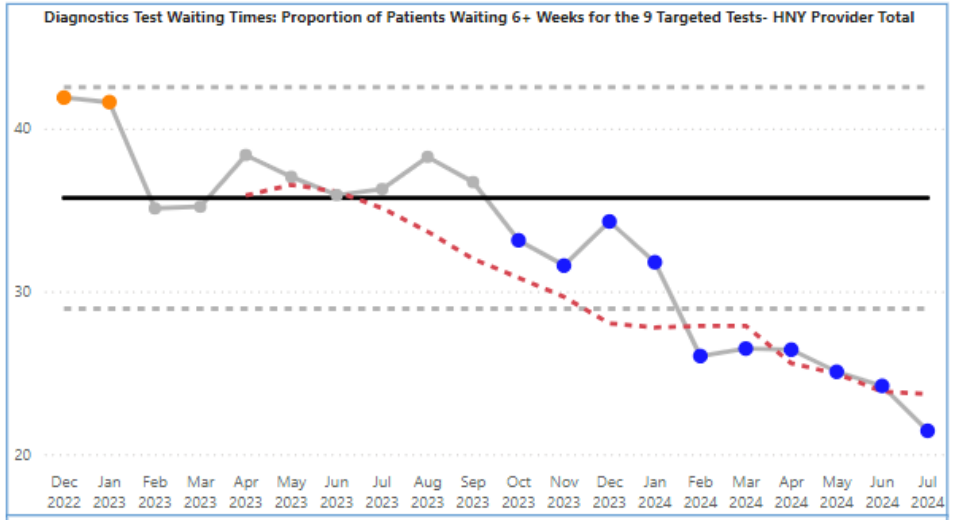
Diagnostics

Key Indicator: Waiting time for tests



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY Provider Total	23.7%	21.4%	✓	L	F
YSFT	30.2%	30.2%	✗	L	F
HDFT	27.2%	24.6%	✓	~	?
NLAG	14.2%	11.3%	✓	L	F
HUTH	24.9%	23.8%	✓	L	F

How does indicator link to long term priorities:

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

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

Diagnostics Services Escalation Points

Diagnostic **6 week performance was 21.4%** in July against a reducing plan of 23.7%; statistically performance is demonstrating special cause variation of an **improving nature.**

At July 24 there were 9,168 patients waiting over 6 weeks for diagnostic tests in total, but the **NHSE plan was based on 9 key tests**. The number of patients **waiting over 6 weeks** for the 9 tests was **8,504 in July**, an **improvement** from 9,130 in June (626). 7,318, of the breaches were in the following modalities – **CT (1,739), Audiology (1,333), DEXA (1,199), NOUS (1,094), Echo (1,066), MRI (887).**

DEXA, Audiology and Echo are of particular concern, as their high volumes of breaches are from smaller waiting list sizes, and their performance is 43.7%, 41.5%, 33.6% respectively against a national target of 5%. From a provider perspective, of the 8,504 breaches, 2,970 **of the breaches are at Y&SFT**, and this is reflected in their performance of 30.2% being over 6 weeks (though this is an improving position and June to July reduction of 654). **The ICB is closing the gap to national performance.**

Key Actions

- CDC programme continues to support activity across HNY and at month 5 has delivered a total of 67,066 tests across all the modalities. Four spoke sites are live (Ripon, Selby, Askham Bar and East Riding Community Hospital (ERCH)). Four more sites (3 hubs in Scunthorpe, Scarborough and Hull and 1 spoke in Grimsby) are under development and although delayed from original dates are planned to go-live between November 2024 and March/April 2025.
- The HNY CDC mobiles (CT and MRI) continue to rotate between Askham Bar, Selby, Castle Hill Hospital, ERCH and St Hughs in Grimsby providing additional activity.
- Trusts have submitted the H2 activity re-profiling and are awaiting NHSE approval.
- A system wide funding bid has been submitted to NHSE for pathway development
- Robust CDC workforce plans are in place for each site and recruitment is underway.
- Endoscopy; Staff Collaborative Bank survey to commence September. Phase 2 of data review to determine productivity opportunities paused due to BI capacity. ICB agreed to host dashboard
- Imaging; DDCP review completed with discussions held. National team discussions continue to identify and support package to resolve. Procurement continues for AI bid Fracture detection in ED at Y&SFT to support winter pressures. Submission of network maturity assessment to NHSE outcome pending .
- Audiology review ongoing to ascertain workforce, demand and productivity modelling across HNY paused due to BI capacity.
- ICB newly agreed MoU for moving staff across sites to be trialled in diagnostics environment- discussions commenced; reporting radiographers and training environment for Endoscopy . Scoping meeting to take place.

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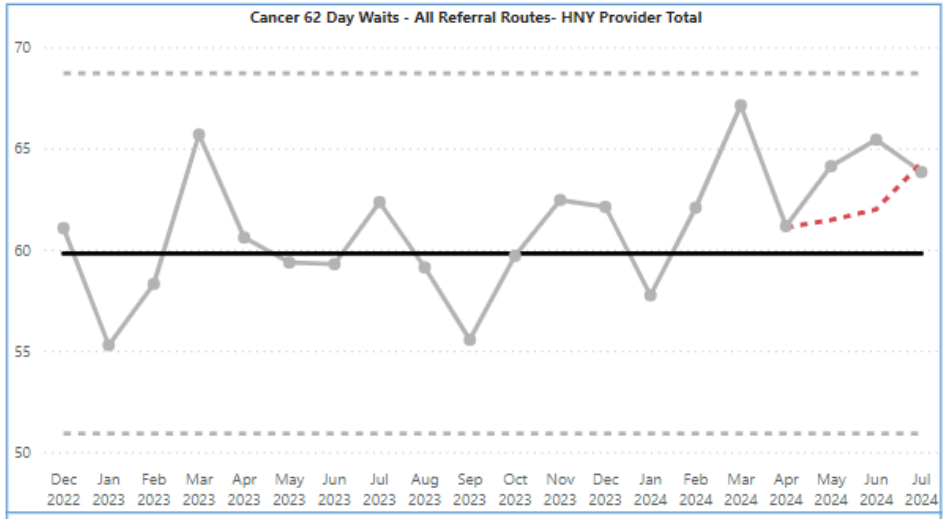
Cancer

Key Indicator: 62 day waits



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY Provider Total	64.3%	63.8%			
YSFT	64.3%	72.0%			
HDFT	70.6%	80.6%			
NLAG	63.0%	53.3%			
HUTH	62.2%	49.7%			

How does indicator link to long term priorities:

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

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

Cancer Services Escalation Points

In 2024/25, the priority is to deliver a 70% performance on the **62-day cancer wait time** target. **July** performance was **63.8%** against a plan of **64.3% and therefore the target was not achieved in the month**. In regard to 62-day performance, the trends on the chart opposite are showing common cause variation no significant change; which reflects a fluctuating position around the mid-point.

Y&SFT (72%) and HDFT (80.6%) both achieved the end of year national target (70+%), with Y&SFT demonstrating special cause variation of an improving nature.

NLAG (53.3%) and HUTH (49.7%) who saw a 8.4% reduction from June, are below plan. The ICB as a whole, and HUTH, and NLAG as individual providers, are in NHSE Tier 1 category for Cancer.

Key Cancer Alliance Actions in August 24:

Awareness & Early Diagnosis: Cancer Care Coordinator Project initial meetings taken place across North Yorkshire, Awareness sessions / stands occupied at Ongo carnival, Age UK Family Fun Day, PRIDE and community Health Fair.
Cancer Diagnostics and Innovation: Process and mapping for 2025 grants underway, HNY Lynch Lead confirmed.
Nursing and AHP: HNY led bi-monthly regional Lead Nurse meeting established. ACCEND mapping work commenced in YSTHFT.
Comms & Engagement: KPOW!: First Community events to gain insight on attitudes and understanding of cancer and experience of cancer services complete
Health Inequalities: CA HI showcase to Population Health Community Share & Learn
Lung Health Check: Trajectory document completed and submitted to NSHE – revised trajectories confirmed.
Non-Surgical Oncology: NSO education event date, venue and speaker confirmed, invite has been sent to CDG and wider audience.
Treatment, Pathways and Personalised Care: Gynae referral form development underway and currently undergoing governance checks.

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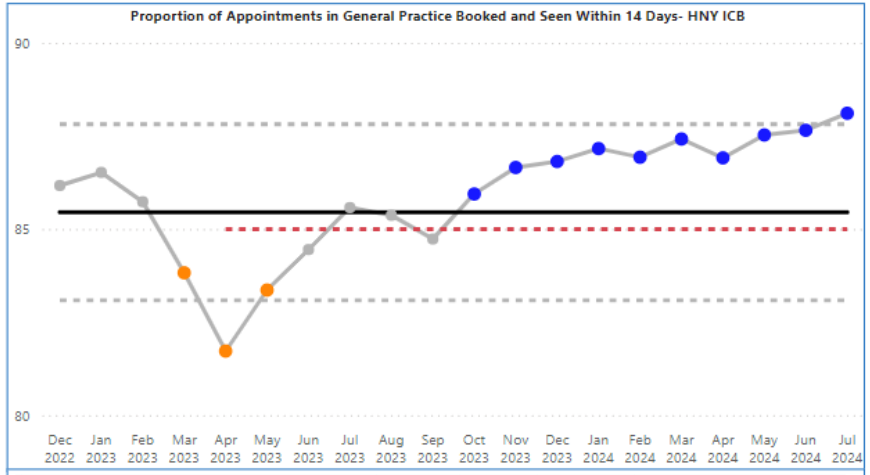
Primary Care

Key Indicator: Booked within 14 days



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY ICB	85.0%	88.1%	✓	H	?
NHS East Riding Of Yorkshire	85.0%	95.2%	✓	H	?
NHS Hull	85.0%	85.1%	✓	~	?
NHS North East Lincolnshire	85.0%	91.0%	✓	L	P
NHS North Lincolnshire	85.0%	89.0%	✓	~	?
NHS York	85.0%	90.9%	✓	H	?
NHS North Yorkshire	85.0%	84.1%	✗	~	?

How does indicator link to long term priorities:

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

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

Primary Care Escalation Points

HNY July performance has delivered 88.1% against the 85% target for 14 day booking. Performance has been closer to and just over the upper control limit and demonstrating special cause variation of an improving nature.

Performance differs by place; **East Riding 95.2,** NE Lincs 91.0%, Vale of York 90.9%, North Lincs 89.0%, Hull 85.1%, **North Yorks 84.1%.** All places delivering the target except North Yorks. East Riding and York are driving the HNY improving position.

Primary care met the July target for appointments delivered. The majority of the last 6 months delivery have all been towards the upper control limit but with a slight drop in appointments in June but recovery in July and the overall trend is showing special cause variation of an improving nature.

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

Key Actions

Practices have the ability to exception report excluding patients who choose to book an appointment outside the 2 week period. Planning assumptions for 24/25 have been updated to reflect the appropriate data source for this indicator and confine the reporting to certain types of appointment rather than the full list which has impacted on the improved performance.

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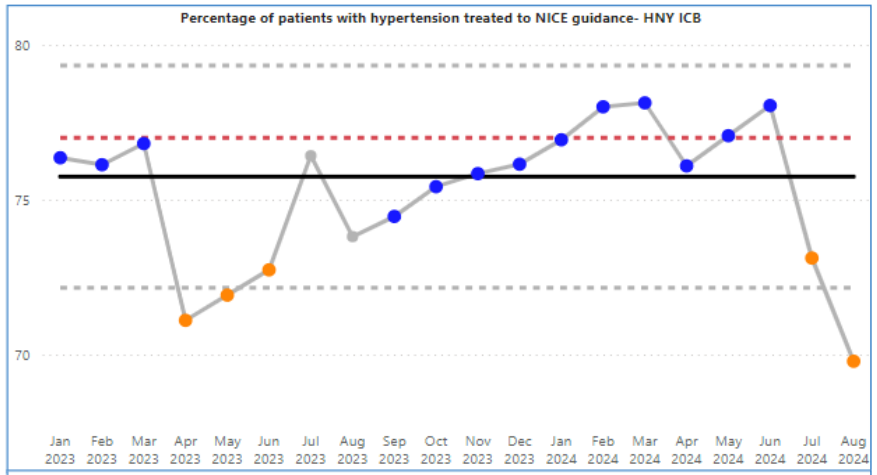
Prevention and Health Inequalities

Key Indicator: % Hypertension NICE Guidelines



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY ICB	77.0%	69.8%			
NHS East Riding Of Yorkshire	77.0%	72.9%			
NHS Hull	77.0%	68.1%			
NHS North East Lincolnshire	77.0%	76.5%			
NHS North Lincolnshire	77.0%	68.7%			
NHS York	77.0%	66.6%			
NHS North Yorkshire	77.0%	68.5%			

How does indicator link to long term priorities:

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

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

Prevention Escalation Points

August 2024 **performance was 69.8% against a target of 77%.** The performance is showing a special cause variation of a concerning nature. No Places achieved their plan in August. The overall performance is not within the control range and is the lowest performance seen since April 2023.
However, these values are expected and follow the usual annual pattern for this metric due to it's association with GP practice QOF targets (numerator only captures patients who have a BP reading within the previous 12 months) which see a drop in value through the first 2 quarters of the financial year and then increase through Q3 with a 'QOF push' reflected in Q4. The values for Aug 24 are in line with and slightly higher than the values seen for Aug 22 and Aug 23 across all places.

From further analysis, the number of diagnosed patients with hypertension (denominator) has increased across all places which will reduce the overall achievement level in this metric. Increased diagnosed prevalence of hypertension is a key objective of the CVD programme and the metric may be reflecting the success of a number of projects that aim to improve opportunistic testing across the ICB.

Key Actions

The ICB continues to work with place teams and system partners to deliver several initiatives that seek to improve the detection and management of hypertension across our population. Q1&2 has seen a significant focus on increasing opportunistic blood pressure testing capacity across the ICB, this has included:

- **Delivery of 'Know Your Numbers' national campaign** across the ICB footprint delivering collaborative outputs (ICB, LAs, VCS) inclusive of comms campaign, BP website page on Lets Get better site, toolkit, comms assets and place-based opportunistic testing events across the system with a focus on at risk communities.
- Implementation of a new **BP Check Train the Trainer Model** across the system in collaboration with Y&H Health Innovation network. Delivering BP training to place-based partners such as LA and VCS staff, building on MECC approach. LA and VCS staff currently trained in North East Lincolnshire and North Lincolnshire looking to expand model across ICB.
- Funding confirmed for Health Check workplace pilots in NY and ER projects now able to proceed but will need to complete by March 25.

Work continues across all places in the following areas:

- Utilising data to inform local improvement conversations regarding hypertension detection and management with practices, PCN's, LCP's and INT's, to help inform local priorities and projects
- Ensuring opportunities within primary care workforce are maximised to improve detection of hypertension through collaborative working between GP practices, community pharmacies and through pilot projects delivering opportunistic testing in optometry and dental sites in the most deprived populations.
- Scoping and testing hypertension treatment pathways through National pharmacy Independent Prescriber pathfinder pilot (no sites in NY).
- Scoping training/toolkits to support improving case finding and stratification of hypertensive patients to improve diagnosis coding and optimising treatment to target, with focus on at risk groups.
- Continuing to explore variance at Place, CVD Prevention focus at Hull Population Health Meeting in September.

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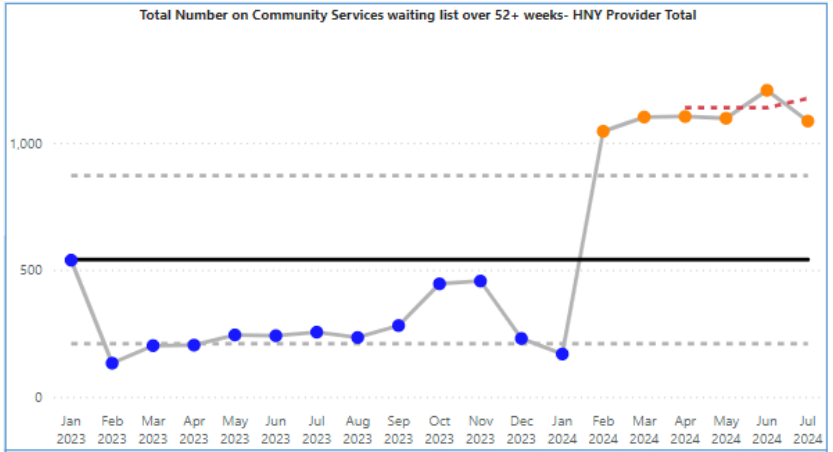
Business Intelligence

Community Care

Key Indicator: Waiting List over 52+ Weeks



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY Provider Total	1174	1085	✓	H	P
YSFT	1056	864	✓	H	P
HDFT	50	173	✗	?	?
NLAG	0	3	✗	?	?
HUMBER TEACHING NHS FOUNDATION TRUST	65	45	✓	L	?
CITY HEALTH CARE PARTNERSHIP CIC	3	0	✓	?	?
CARE PLUS GROUP	0	0	✓	L	?

How does indicator link to long term priorities:

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

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

Community Care Escalation Points

The priority indicator for community waiting times in the operating plan is patients over 52 week waits. The latest validated data available is July 2024, which saw **1,085 patients wait over 52 weeks** for community services against a plan of **1,174**. Although this is an improvement from June, t**he data is showing Special Cause variance of a concerning nature.** There is variation across providers and services. HDFT and NLAG were over plan, however**, Y&SFT (864), HDFT (173) and Humber Teaching FT (45) all had material breaches.** At a service level **844** (889 last month) **of the 1,085** are **in CYP Speech & Language** service – 785 of which are at Y&SFT. HDFT pressures are on Nursing Therapy Support for LTC: Respiratory/COPD service and Rehabilitation Services (integrated)

Overall waiting list size stands at 21,885, a slight reduction of 89 from June. although statistically performance **has shown no significant change** (no improvement or deterioration in the last twelve months). At a provider level; **Y&SFT are showing statistical growth as are Humber Teaching and CHCP.**

Key Actions

- HDFT have inconsistencies in how practitioners use SystemOne which requires further training and validation to rectify, training has been allocated to improve this in podiatry. Similarly, NLaG continue to report discrepancies with services being omitted and some services showing inconsistent returns. These have been escalated to ops and BI teams to validate accuracy but due to a lack of BI resource remain problematic.
- The HNY Community Collab team and HNY CYP teams have met to discuss transformation opportunities within CYP SLT. From this meeting it is evident that the CWL return does not include waiting lists which sit with smaller providers or LAs. As such, work is underway to collate the full picture of CYP SLT working with local places which will then be recorded up through to SOAG.
- York Place Director has reached out to local HNY providers to understand if mutual aid for York's CYP SLT service could be explored. Currently, reviewing responses, there is limited capacity to support mutual aid internally within HNY as a result of model differences and capacity constraints. Further work is required to understand these.
- The Community Collaborative are progressing the development of an ICB wide community access policy to help improve coherence in reporting and standardisation in waiting list management processes across the ICB. The first meeting has taken place, and some principles have been drafted in line with RTT with further work required to develop the set, expected November 24.

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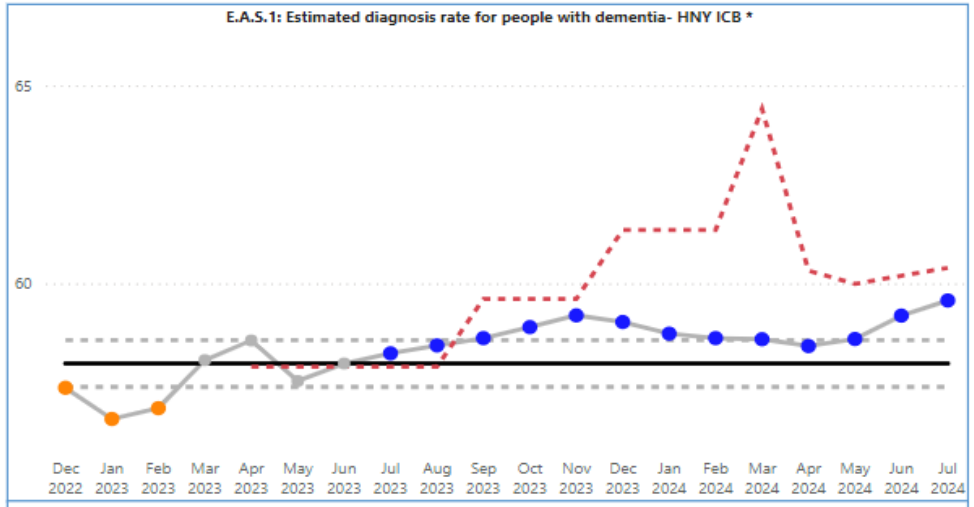
Dementia

Key Indicator: Dementia Diagnosis Rate



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY ICB	60.4%	59.6%	✗	H	F
NHS East Riding Of Yorkshire	59.3%	59.4%	✓	H	F
NHS Hull	74.3%	66.6%	✗		F
NHS North East Lincolnshire	66.0%	66.3%	✓	H	F
NHS North Lincolnshire	58.6%	57.5%	✗	H	F
NHS York	52.5%	52.8%	✓	L	P
NHS North Yorkshire	58.5%	58.8%	✓		?

How does indicator link to long term priorities:

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

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

Dementia Escalation Points

The dementia diagnosis rate for the ICB in July was **59.6%, which is below the ICB plan target of 60.4%.** Performance is consistently at or above the upper control limit and therefore demonstrates special cause **variation of an improving nature.** However, even with the improved performance, the **ICB remains adrift from the national target and planning expectation of 66.7%**, and the ICB target for 2024/25 of 62.5% by March 2025.

Performance is variable across the Places within the ICB; Hull 66.6%, NE Lincs 66.3%, East Riding 59.4%, North Yorks 58.8%, North Lincs 57.5%, and Vale of York 52.8%. NE Lincs, North Lincs and East Riding are all showing special cause variation of an improving nature. **York did achieve plan, but they are showing special cause variation of a concerning nature and are a national outlier.** A detailed understanding at a practice level is available and being worked through.

Key Actions

- A dementia briefing paper has been completed to support the request for SDF to address diagnosis rates and wait times. This outlines the priority planning intentions and the relevant supporting evidence. Approved by MHLDA Executive Strategic Leadership Group. **Awaiting ICB approval. Once approved, NYY/TEWV & HTFT/ER can mobilise plans to address long waits and low Dementia Diagnosis Rates.**
- Current QI project to cleanse the GP registers to resolve coding issues and identify additional possible diagnoses. Continues to progress with more miscoded diagnoses and further recommendations for review. **One ER practice has withdrawn consent due to Collective Action.**
- Most challenged York PCN commencing primary care diagnosis pilot – project plan to be finalised. Supported by Dementia Clinical Lead Dr Symes.
- 5 year dementia strategy 'Hope of a Live Still to be Lived' at MHHDA Exec and Clinical & professionals groups for sign off 27th Sept and ICB Exec for sign off the following week. Has been fully coproduced and all interventions will support recovery of DDR and improve patient outcomes & experience.
- Hull DDR recovering and audit of outlier PCN being undertaken imminently. Expect to be above target by October DDR publication.
- MCI proposal in development for NL to target MCI without follow up as theme identified from primary care audit.

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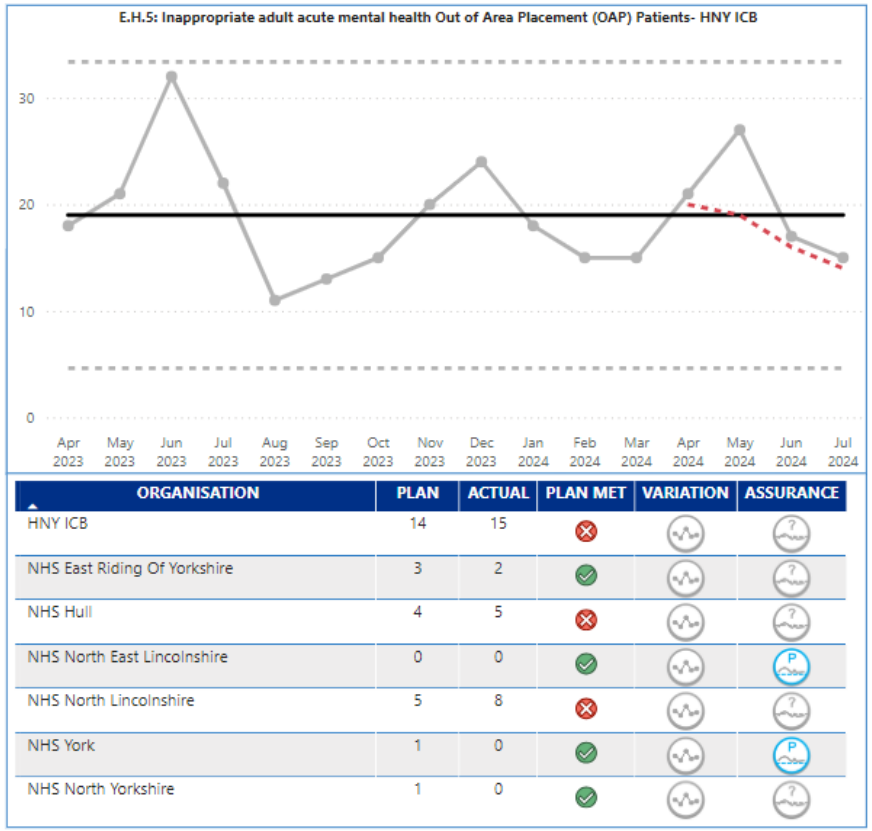
Out of Area Placements

Key Indicator: Inappropriate OOA placements



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY ICB	14	15			
NHS East Riding Of Yorkshire	3	2			
NHS Hull	4	5			
NHS North East Lincolnshire	0	0			
NHS North Lincolnshire	5	8			
NHS York	1	0			
NHS North Yorkshire	1	0			

How does indicator link to long term priorities:

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

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

Mental Health OOA Escalation Points

The target for 2023/24 related to out of area bed days; for 2023/24 the key performance indicator has changed to inappropriate acute out of area placements. T**he actual performance in July was 15 against a plan of 14**. This is a reduction from 18 in June. The performance has shown no significant change in the last twelve months with variation around the midpoint.

There is variation at Place with majority of placements from **North Lincs (8) and Hull (5)**.

Key Actions

- Confirmation for the allocation of Sustainable Development Funding (SDF) has now been received and priorities for the funding have been agreed, these include recruiting additional centralised short term case management capacity, development of a community rehabilitation service in NL and expanding the Hull/ER older adults community and crisis teams, as well as developing an additional 4 functional beds.
- Inpatient oversight & assurance meeting took place 9th Sept
- The HNY OOA dashboard is updated with data from providers and Place and shows the monthly updated position for our OOA placements of all types including older adult acute, adult acute, PICU, and rehabilitation.
- System wide rehabilitation referral panel introduced to prevent further inappropriate OOA placements
- Central OOA Audit panel commenced reviewing info provided by Independent Sector on individual placements to drive repatriation and ensure quality oversight
- LDA bed modelling has been undertaken across Hull/ER and a proposed model in development and being explored to include the full HNY patch
- PICU provision under review across the patch

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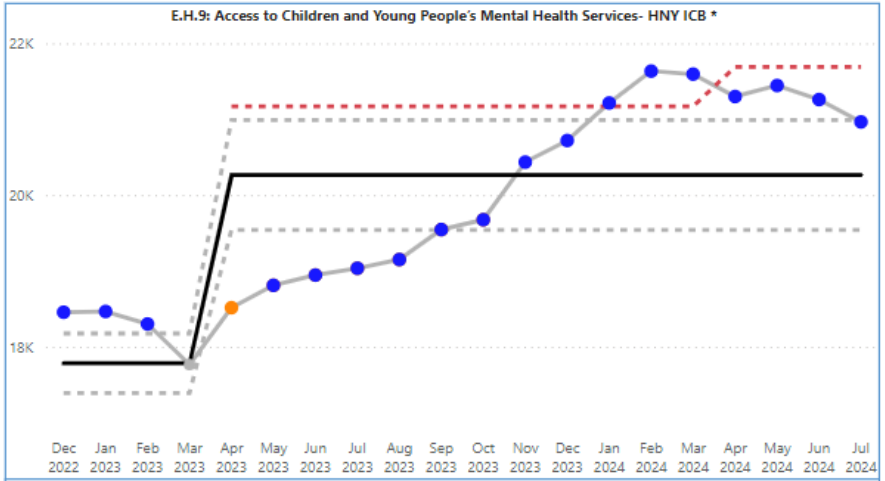
CYP Mental Health Services

Key Indicator: CYP MH Services



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY ICB	21690	20965	✗	H	F
NHS East Riding Of Yorkshire	3130	2885	✗	H	F
NHS Hull	3770	3695	✗	H	F
NHS North East Lincolnshire	3180	3430	✓	H	F
NHS North Lincolnshire	1915	1915	✓	H	F
NHS York	4720	4160	✗	L	?
NHS North Yorkshire	4975	4880	✗		?

How does indicator link to long term priorities:

Improved access to CYP Mental Health Services supports one of the ICB four big outcomes - enabling mental health resilience, as well as the golden ambition of radically improving the health and wellbeing of children and young people, which in turn helps improve healthy life expectancy.

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

Access to Children's & Young People's MH Services

ICB actual performance for available appointments in **July was 20,965 against a plan of 21,690**, and therefore **below target**. The provision made available has shown **special cause variation of an improving nature;** but is below the increased plan for 2024/25.

Apr-24 PCN adjustments for NY and York have not been applied to this submission. TEWV have confirmed this will be rectified by end of September. The data for York and North Yorkshire split is currently incorrect. This does not affect the ICB total.

Place level performance is variable; with only North East Lincs and North Lincs achieving target but all areas except York and North Yorkshire showing special cause variation of an improving nature.

Key Actions

Finalise the increased investment in SDF for CYP MH to enable increased capacity in the system to return to the upward trend. The increased activity ambition for 2024/25 Operational Planning relates to national increases in CYP MH funding; this indicates a risk that the new 24/25 Operational Planning target will may not be achievable without the additional investment. As agreed with the ICB board, places have identified additional schemes to be funding though SDF uplift to improve CYP access, reduce waiting times and improve outcomes. These schemes have been reviewed by the MHLDA collaborative with those which will also improve access and early intervention, address gaps in provision and reduce variation across the system prioritised for funding (subject to sign off by ICB Board).

Progress the work on the CYP MH dashboard to better understand and address the challenges in improving CYP MH access, outcomes and experience. All currently NHS funded services now all flow data and so any increase in access in 24/25 is likely to be very limited without additional investment. Access is only one indicator and should not be considered in isolation. Other key indictors to be included in reporting to be agreed with ICB lead for planning and performance.

Working with CYP with Lived experience from the 'Nothing About Us Without Us' advisory group and senior leaders across the system to coproduce solutions and implement recommendations from improving access to mental health services consultation.

Planned event in October with multi agency stakeholders to review whole pathway for CYP Eating disorders (early intervention, community CAMHS/eating disorder services and inpatient)

Refresh the HNY CYP MH strategic plan for November 2024 with improved emphasis on early intervention, reducing waiting times and improving waiting well initiatives, improving outcomes and addressing inequalities, which prevent early access for those most at risk of poor mental health. The refreshed plan will also deliver against the Core20plus5 for CYP. "

Appendices with further information relating to:

- Non Access Indicators
- NEY System Heatmap
- Full list of operating Plan metrics

Humber and North Yorkshire
Health and Care Partnership

The Indicators described in the quadrants below form part of the annual operating plan guidance but are picked up through other reporting routes. A high-level overview is provided on the following slides

Finance

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

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

The Board already receives a finance paper and so to avoid duplication, risks to delivery will be made direct to the Board through the finance paper and updates and escalations from the Finance and Performance Committee.

Workforce

The following indicators will form part of the update to Finance and Performance Committee along with any necessary escalations to ICB Board from the Director of HR. Key indicators are described below, with further information on the following slides.

- Reduce workforce turnover – **August 13.1% against target of 12.2%**
- Reduce staff absence – **August 4.4% against a plan of 4.8%**
- WTE staff in post plan – **August 33,929 against a plan of 33,223**

Other measures:

- Improve working lives of doctors
- Provide sufficient clinical placements and apprenticeships

Prevention and Health Inequalities

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

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

Quality

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

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

Papers and updates have been shared direct from Quality Committee and therefore to avoid duplication, risks to delivery will be made direct to Board from the Quality Committee.

Workforce
The performance expectations for workforce set out in the operating plan refer to actions on working lives of doctors and clinical placements that are captured via the separate Breakthrough programme update. In terms of workforce numbers, slides 20-22 provide an overview. Key messages and risks are as follows:

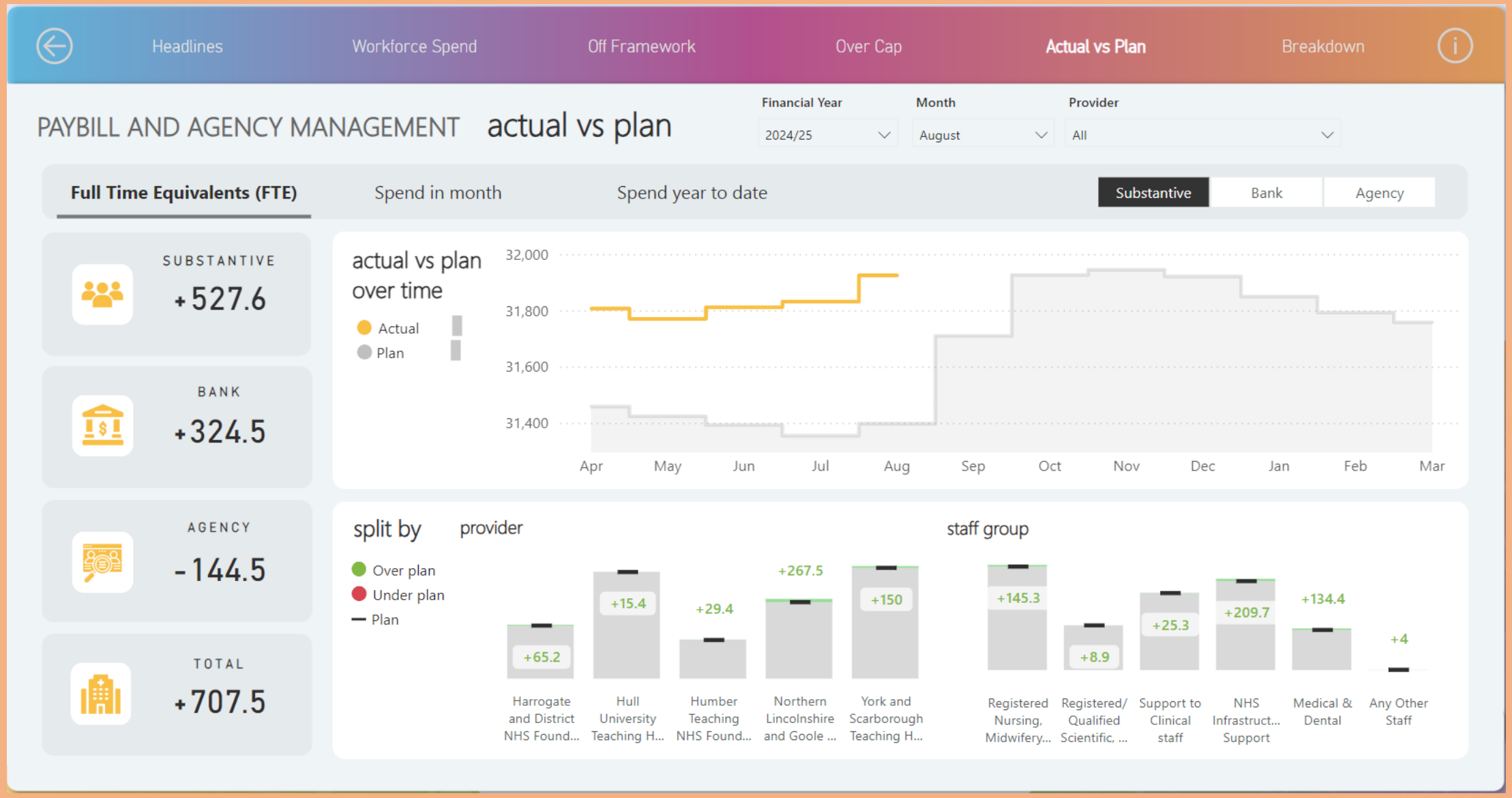
Agency use is running well below plan (Aug: 144 WTE under; £309k under) Despite strong reductions in WTE use throughout Q1&2, year to date spend is slightly above plan (to Aug: £1.64m over) mainly due to market rates for medical agency running significantly above plan assumptions. Priority work on this issue is ongoing.

Bank use is running above plan for WTE (as at Aug: 323 WTE over) but close to financial plan in month (as at Aug: £23k over). Circa £100k overspend in year to date is attributable to higher than plan use in July only, largely due to higher than plan medical bank use.

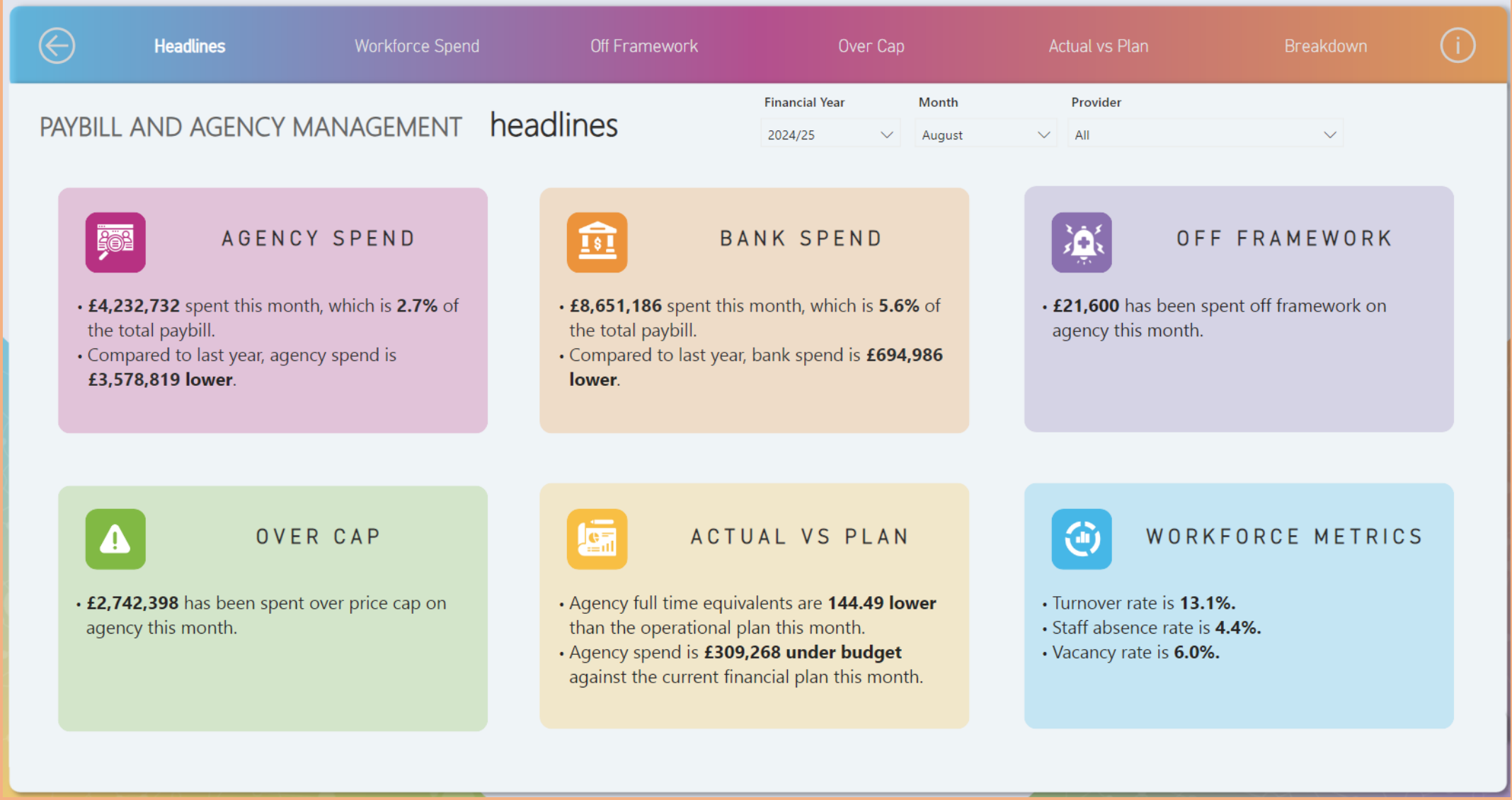
Substantive staff in post started the year 349 WTE above plan and has grown by a further net 118 WTE in the year to August. This is due to 123 WTE growth in substantive medical staff in August erasing slight medical SIP reductions over April-July; note that substantive medical appointments are a key lever in driving down medical agency costs and represent an immediate-term net saving where they enable release of agency shifts. The operating plan envisaged 697 WTE growth in substantive staff in post across all clinical groups in the whole 24/25 year responding to agreed service expansion including in diagnostics, offset by reductions in infrastructure staff groups (403 WTE) and reductions in bank and agency staff in post at year end to produce a net reduction of 206 WTE at 31st March. As at August only 31 WTE (8%) of the planned infrastructure reduction has been delivered; the recent Grant Thornton Workforce Summit identified a 397 WTE immediate term opportunity for reduction across infrastructure staff groups via vacancy management based on historic turnover rates. Action on this opportunity is currently being worked through for system agreement.

The substantive staff in post starting position at April 24 of 349 WTE/£4.4m above plan means that despite reduction beyond plan in agency use and bank running close to financial plan, total paybill costs continue to run well beyond planned levels, contributing a cumulative total £22.6m cost above plan to August. Particularly, system operation close to establishment – which costs less than temporary staffing and has significant quality benefits - has undermined financial assumptions in the plan relating to vacancy factor (~£36.5m)

Workforce Summary



Workforce Summary (Cont.)



Workforce Summary

July	Substantive			Bank			Agency			Total Workforce		
Provider	**Plan**	**Actual**	**Var**	**Plan**	**Actual**	**Var**	**Plan**	**Actual**	**Var**	**Plan**	**Actual**	**Var**
Harrogate & District NHS Foundation Trust	4,310	4,372	62	159	182	23	52	24	-28	4,521	4,578	57
Hull University Teaching Hospitals NHS Trust	8,666	8,664	-2	95	151	56	25	28	3	8,786	8,843	57
Humber Teaching NHS Foundation Trust	3,146	3,169	23	157	166	9	31	32	1	3,334	3,367	33
North Lincolnshire & Goole Foundation Trust	6,220	6,492	272	322	441	119	197	110	-87	6,739	7,043	304
York & Scarborough Teaching Hospitals	9,011	9,144	133	634	673	39	180	144	-36	9,825	9,961	136
HNY Total	**31,353**	**31,841**	**488**	**1,367**	**1,613**	**246**	**485**	**338**	**-147**	**33,205**	**33,792**	**587**

August	Substantive			Bank			Agency			Total Workforce		
Provider	**Plan**	**Actual**	**Var**	**Plan**	**Actual**	**Var**	**Plan**	**Actual**	**Var**	**Plan**	**Actual**	**Var**
Harrogate & District NHS Foundation Trust	4,320	4,385	65	158	179	21	50	19	-31	4,528	4,583	55
Hull University Teaching Hospitals NHS Trust	8,683	8,698	15	94	146	52	25	26	1	8,802	8,870	68
Humber Teaching NHS Foundation Trust	3,147	3,176	29	157	175	18	31	29	-2	3,335	3,380	45
North Lincolnshire & Goole Foundation Trust	6,228	6,496	268	315	463	148	191	102	-89	6,734	7,061	327
York & Scarborough Teaching Hospitals	9,019	9,169	150	625	709	84	180	157	-23	9,824	10,035	211
HNY Total	**31,397**	**31,924**	**527**	**1,349**	**1,672**	**323**	**477**	**333**	**-144**	**33,223**	**33,929**	**706**

Change	Substantive			Bank			Agency			Total Workforce		
Provider	**Plan**	**Actual**	**Var**	**Plan**	**Actual**	**Var**	**Plan**	**Actual**	**Var**	**Plan**	**Actual**	**Var**
Harrogate & District NHS Foundation Trust	10	13	3	-1	-3	-2	-2	-5	-3	7	5	-2
Hull University Teaching Hospitals NHS Trust	17	34	17	-1	-5	-4	0	-2	-2	16	27	11
Humber Teaching NHS Foundation Trust	1	7	6	0	9	9	0	-3	-3	1	13	12
North Lincolnshire & Goole Foundation Trust	8	4	-4	-7	22	29	-6	-8	-2	-5	18	23
York & Scarborough Teaching Hospitals	8	25	17	-9	36	45	0	13	13	-1	74	75
HNY Total	**44**	**83**	**39**	**-18**	**59**	**77**	**-8**	**-5**	**3**	**18**	**137**	**119**

Humber and North Yorkshire
Business Intelligence

View by Month - Other Operating Plan Indicators

In line with Making Data Count recommendations, blue equals achieving, orange equals failing to achieve.

Area	Metric	National Objective	Detail	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	VAR.	ASS.
Urgent and Emergency Care	Ambulance Response Times CAT2 - Mean - HNY ICB		Plan	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00			
			Actual	00:46:58	00:57:52	00:44:32	01:12:23	00:44:06	00:41:56	00:39:35	00:35:41	00:38:43	00:36:48	00:34:48			
Urgent and Emergency Care	A&E 4 hour waiting times - HNY Provider Total	78% by March 2025	Plan	72.3%	73.9%	63.3%	65.7%	67.8%	69.5%	76.6%	65.3%	66.8%	67.6%	68.2%	68.2%		
			Actual	62.6%	61.6%	62.5%	60.7%	61.0%	64.3%	66.7%	67.8%	67.4%	67.2%	67.6%	68.6%		
Elective care	18 Week Referral to Treatment Waiting Times - Waiting List - HNY Provider Total		Plan	175076	174287	173572	173171	172456	171872	171193	185205	185245	185309	185502			
			Actual	189127	187513	185445	183752	182911	183428	186592	189912	191516	192496	191663			
Elective care	18 Week Referral to Treatment Waiting Times - 65+ Week Waits - HNY Provider Total	0 by Sept 2024	Plan	2646	2238	2253	2017	1502	944	350	312	244	165	95			
			Actual	2242	2017	1456	1415	1234	908	336	242	242	214	147			
Elective care	18 Week Referral to Treatment Waiting Times - 52+ Week Waits - HNY Provider Total		Plan	10403	10281	10165	10036	9935	9794	9644	5859	6341	6349	5923			
			Actual	8745	8011	7179	6631	5855	5396	5190	4878	4717	4593	4527			
Elective care	Proportion of Outpatients Attendances that are 1st Appointments or Procedures - HNY Provider Total		Plan	43.2%	43.1%	43.1%	43.5%	42.1%	41.8%	42.1%	43.4%	43.2%	43.4%	43.5%			
			Actual								41.1%	41.8%	42.9%	41.9%			
Diagnostics	Diagnostics Test Waiting Times: Proportion of Patients Waiting 6+ Weeks for the 9 Targeted Tests - HNY Provider Total		Plan	32.0%	30.8%	29.7%	28.0%	27.8%	27.9%	27.9%	25.6%	25.0%	23.9%	23.7%			
			Actual	36.7%	33.1%	31.6%	34.3%	31.8%	26.0%	26.5%	26.4%	25.1%	24.2%	21.4%			
Cancer	28 Day Faster Diagnosis Standard - HNY Provider Total		Plan	74.3%	74.9%	63.2%	66.7%	69.6%	67.6%	76.8%	73.6%	74.1%	74.4%	74.9%			
			Actual	64.4%	65.7%	66.3%	71.0%	67.3%	77.5%	74.6%	71.9%	73.9%	75.6%	74.5%			
Cancer	Cancer 62 Day Waits - All referral routes - HNY Provider Total	70% by March 2025	Plan								61.1%	61.5%	62.0%	64.3%			
			Actual	55.5%	59.7%	62.4%	62.1%	57.7%	62.1%	67.1%	61.2%	64.1%	65.4%	63.8%			
Cancer	Unadjusted percentage diagnosed at cancer stage 1 & 2 - HNY Provider Total		Plan														
			Actual	59.7%	57.0%	56.9%	55.3%	56.9%	59.0%	60.7%	59.1%	59.3%					

Image Key

- Plan Met
- Plan Not Met

Rolling twelve month period

Humber and North Yorkshire Business Intelligence

View by Month - Other Operating Plan Indicators

In line with Making Data Count recommendations, blue equals achieving, orange equals failing to achieve.

Area	Metric	National Objective	Detail	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	VAR.	ASS.
Primary Care	Appointments in General Practice - HNY ICB		Plan	943387	1094038	1007696	902841	1011082	898488	905087	905580	927735	856632	971766		H	?
			Actual	1003094	1101489	993229	826041	1032661	961192	934340	978677	969300	911238	1016704			
Primary Care	Proportion of Appointments in General Practice Booked and Seen the Same Day - HNY ICB		Plan													H	
			Actual	36.7%	36.9%	40.6%	42.8%	42.3%	41.2%	41.2%	42.0%	42.7%	41.6%	42.1%			
Primary Care	Proportion of Appointments in General Practice Booked and Seen Within 14 Days - HNY ICB		Plan	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%		H	?
			Actual	84.7%	85.9%	86.7%	86.8%	87.2%	86.9%	87.4%	86.9%	87.5%	87.7%	88.1%			
Primary Care	Units of Dental Activity Contracted - HNY ICB		Plan	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%						F
			Actual	72.%	81.%	92.%	68.%	84.%	82.%	90.%	86.%						
Prevention & Health Inequalities	Percentage of patients with hypertension treated to NICE guidance - HNY ICB		Plan	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	L	?
			Actual	74.5%	75.4%	75.8%	76.1%	76.9%	78.0%	78.1%	76.1%	77.1%	78.0%	73.1%	69.8%		
Prevention & Health Inequalities	Percentage of patients (25-84 years) with CVD risk score greater than 20% on lipid-lowering therapies - HNY ICB		Plan	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%						H	P
			Actual	73.6%	73.8%	73.6%	74.2%	74.5%	75.2%	75.7%							
Community	Total Number on Community services waiting list - HNY Provider Total		Plan	23151	23069	23024	22973	22909	22798	22744	19097	19097	19097	18713			?
			Actual	20120	19957	19791	15799	15963	18961	18243	20478	20722	21974	21885			
Community	Total Number on Community Services waiting list over 52+ weeks - HNY Provider Total		Plan								1138	1138	1138	1174		H	P
			Actual	281	445	456	230	169	1045	1101	1103	1096	1206	1085			

Image Key

- Plan Met
- Plan Not Met

Rolling twelve month period

Humber and North Yorkshire Business Intelligence

View by Month - Other Operating Plan Indicators

In line with Making Data Count recommendations, blue equals achieving, orange equals failing to achieve.

Area	Metric	National Objective	Detail	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	VAR.	ASS.
Learning disability & autistic people	S029a: Inpatients with a learning disability and/or autism per million head of population - HNY ICB		Plan Actual	40.4 47.1	33.8 46.3	33.8 44.1	33.8 50.0	28.7 42.6	28.7 43.4	28.7 44.1	33.1 44.9	33.1 37.5	33.1 36.0	33.1 50.0	33.1 47.1		F
Learning disability & autistic people	Learning disability registers and annual health checks delivered by GPs - HNY ICB		Plan Actual	5.7% 5.3%	6.9% 7.0%	6.9% 7.8%	6.0% 6.2%	8.8% 9.6%	8.0% 9.2%	8.0% 9.3%	3.7% 3.5%	3.7% 5.3%	3.7% 4.8%	5.3% 6.9%			?
Learning disability & autistic people	Reliance on inpatient care for people with a learning disability and/or autism - Care for children - HNY ICB		Plan Actual	15.0 21.0	15.0 24.0	15.0 27.0	15.0 24.0	9.0 21.0	9.0 24.0	9.0 21.0	9.0 30.0	9.0 30.0	9.0 27.0	9.0 24.0	9.0 24.0	H	?
Mental Health	Estimated diagnosis rate for people with dementia - HNY ICB		Plan Actual	59.6% 58.6%	59.6% 58.9%	59.6% 59.2%	61.4% 59.0%	61.4% 58.7%	61.4% 58.6%	64.4% 58.6%	60.3% 58.4%	60.0% 58.6%	60.2% 59.2%	60.4% 59.6%		H	F
Mental Health	Inappropriate adult acute mental health Out of Area Placement (OAP) Patients - HNY ICB		Plan Actual	13	15	20	24	18	15	15	20 21	19 27	16 17	14 15			?
Mental Health	E.H.13: Percentage People with severe mental illness receiving a full annual physical health check and follow up interventions - HNY ICB		Plan Actual	51.9%			55.3%			69.9%			55.7% 59.3%			H	F
Mental Health	E.H.31 Access to Transformed Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses - HNY ICB		Plan Actual	14635	14600	14400	14370	14370	14400	14480	14765 14890	14765 14865	14765 14800				?
Mental Health	Women Accessing Specialist Community Perinatal Mental Health Services - HNY ICB		Plan Actual	824 510	824 510	824 720	1102 745	1102 710	1102 505	1389 745	1284 810	1284 850	1284 910	1309 975		H	F
Mental Health	Access to Children and Young People's Mental Health Services - HNY ICB		Plan Actual	21171 19545	21171 19675	21171 20435	21171 20720	21171 21215	21171 21635	21171 21595	21690 21300	21690 21445	21690 21260	21690 20965		H	F
Mental Health	Access to NHS Talking Therapies - HNY ICB		Plan Actual	3012 2680	3270 3155	3270 3060	2824 2380	3386 3165	3078 2825	3078 2625	2698 3205	2998 2770	3298 2375	3012 2815			?

Image Key

Plan Met

Plan Not Met

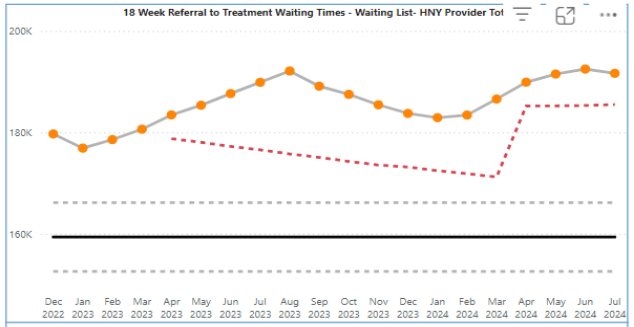
Rolling twelve month period

Humber and North Yorkshire
Business Intelligence

Elective

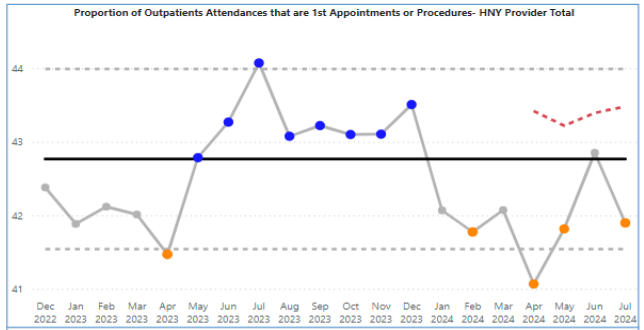
Additional Key Indicators

Total Waiting List Size



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY Provider Total	185502	191663	✗		
YSFT	45762	45197	✓		
HDFT	22200	22759	✗		
NLAG	41879	46084	✗		
HUTH	75661	77623	✗		

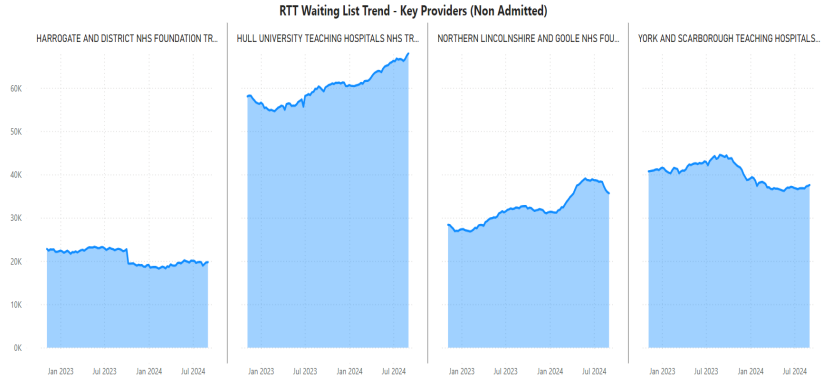
Proportion of 1st to FUs to 46%

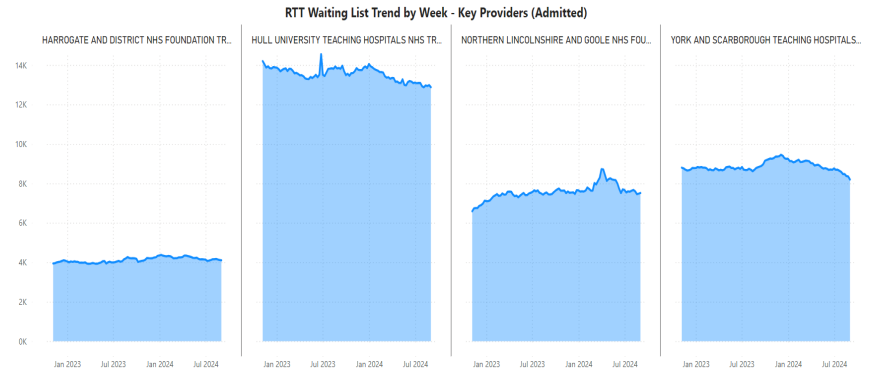


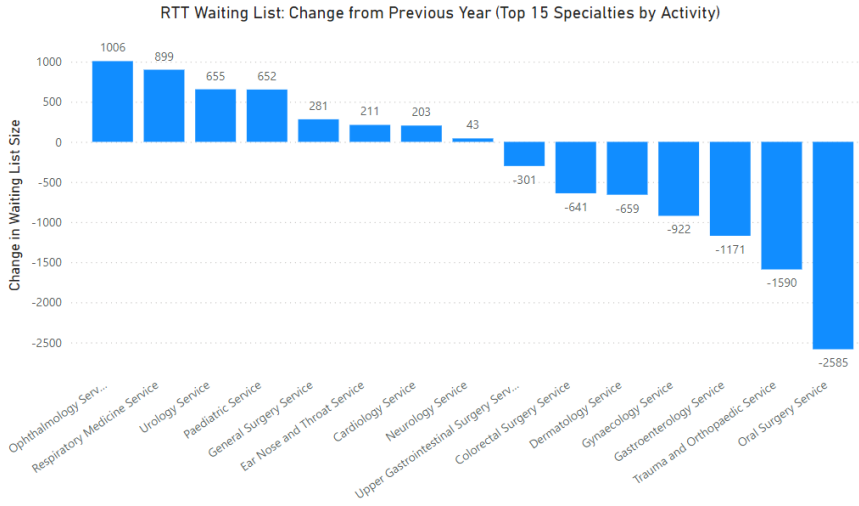
ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY Provider Total	43.5%	41.9%	✗		
YSFT	37.3%	35.5%	✗		
HDFT	38.9%	45.5%	✓		
NLAG	49.6%	43.0%	✗		
HUTH	48.2%	46.5%	✗		

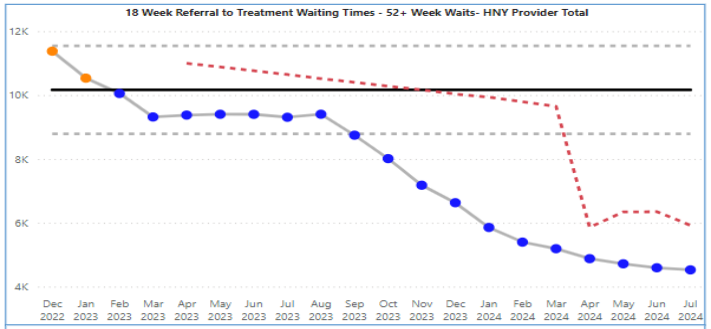
Supporting Indicators and Intelligence

From September, the plan is for 65 weeks to have been delivered, at which point total elective waiting list size will become the priority indicator in the Board report. In the meantime, SOAG will have an update to maintain visibility. July performance demonstrated a slight **reduction in the overall waiting list** which at the end of July was 191,663 a **growth of 5,071** since March (186,592). **NLAG, HUTH and Y&SFT are showing cause for concern** with growth above the upper control limits. In general, the **growth is on the non admitted waiting list**.







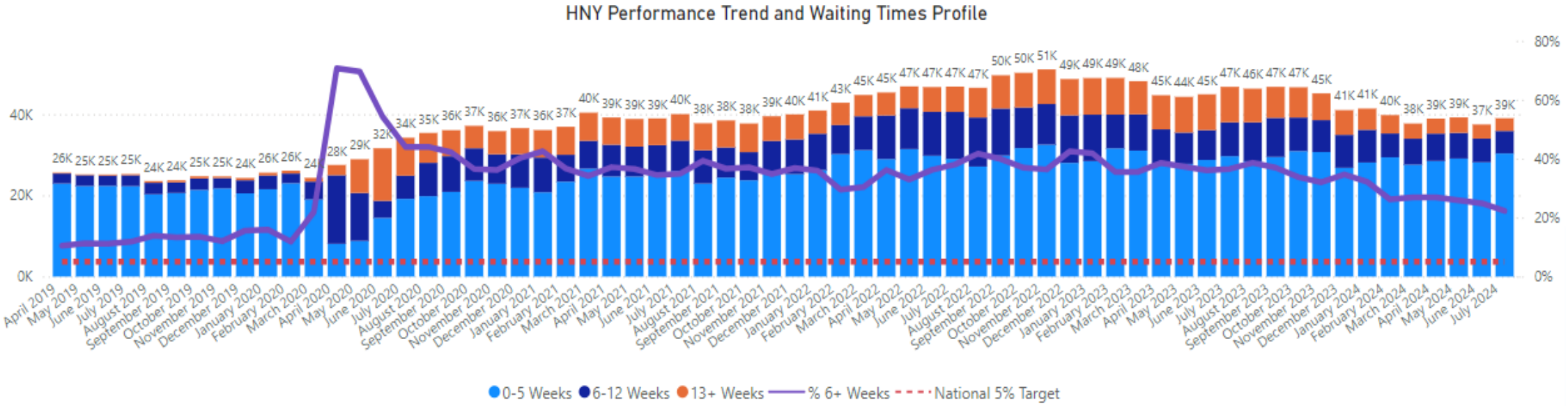


ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY Provider Total	5923	4527	✓		
YSFT	1649	1432	✓		
HDFT	500	399	✓		
NLAG	1265	645	✓		
HUTH	2509	2051	✓		

Humber and North Yorkshire Business Intelligence

Supporting Indicators and Intelligence

Diagnostics



Modality	June			July			Change in WL over 6 weeks
	Total WL	WL over 6 weeks	% over 6 weeks	Total WL	WL over 6 weeks	% over 6 weeks	
CT	8,428	1,891	22.4%	8,747	1,739	19.9%	-152
Dexa Scan	2,725	1,286	47.2%	2,746	1,199	43.7%	-87
Audiology	2,990	1,263	42.2%	3,213	1,333	41.5%	70
Echocardiography	3,122	1,238	39.7%	3,173	1,066	33.6%	-172
Non Obstetric Ultrasound	8,080	1,075	13.3%	8,865	1,094	12.3%	19
MRI	7,932	975	12.3%	8,753	887	10.1%	-88
Colonoscopy	2,086	659	31.6%	2,124	655	30.8%	-4
Gastroscopy	1,672	502	30.0%	1,413	338	23.9%	-164
Flexi-Sigmoidoscopy	684	241	35.2%	616	193	31.3%	-48
Total	37,719	9,130	24.2%	39,650	8,504	21.4%	-626

Continued improvement in the % over 6 weeks (3% in month)

The number of patients over 6 weeks has reduced with good improvement in DEXA and Echo which had been called out previously, as well as York overall.

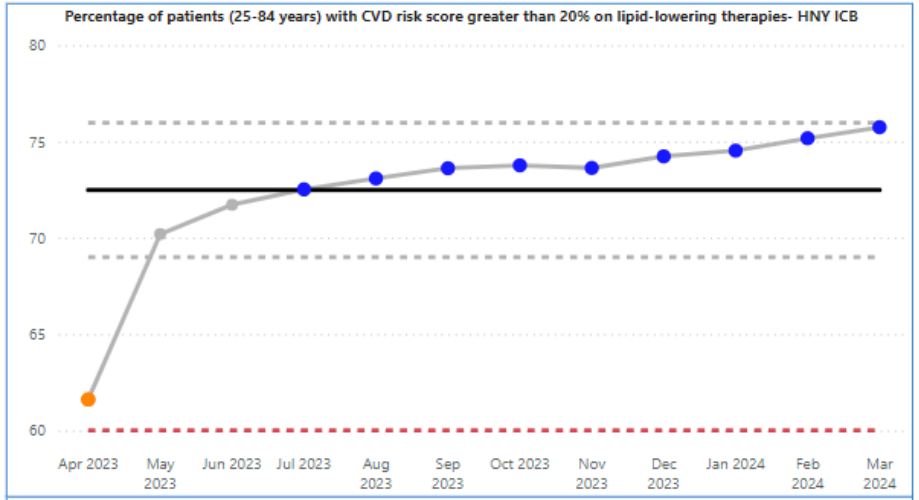
However July saw worsening of Audiology which has been called out as a risk.

Also the % improvement is partly driven by growth in the waiting list size under 6 weeks, so the benefit is due partly to denominator growth.

Humber and North Yorkshire
Business Intelligence

Prevention and Health Inequalities

Additional Key Indicators:



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY ICB	60.0%	75.7%			
NHS East Riding Of Yorkshire	60.0%	76.6%			
NHS Hull	60.0%	75.9%			
NHS North East Lincolnshire	60.0%	78.3%			
NHS North Lincolnshire	60.0%	75.7%			
NHS Vale Of York	60.0%	69.8%			
NHS North Yorkshire	60.0%	76.2%			

Data Analysis Comments

The chart is showing special cause variation of an IMPROVING nature where the measure is significantly HIGHER. This process is capable and will consistently PASS the target if nothing changes. The variability across this measure is LOW with the range of performance expected to be within 69% and 76% with a mean average of 72.5%. The baseline was most recently changed on the due to .

Supporting Indicators and Intelligence

Cholesterol

- Lipid management- March 24 data shows that HNY ICB exceeded the national target of 60% (also exceeding 24/25 target of 65%), achieving 75.7%, with all places across the ICB surpassing the national target and areas with high deprivation exceeding those in more affluent areas. However, inequalities gap still exists for treatment to target metrics, with those in most deprived areas gaining lower values than those in more affluent communities.
- Team continues to drive forward standardisation of ICB Lipid management pathway. Draft pathway now completed and shared for final consultation with external partners prior to passing through ICB governance process. Next steps will be to formulate a training programme for primary care staff and promotion of lipid pathway e-tool.
- Scoping training/toolkits to support improving case finding and stratification of patients with high cholesterol to improve diagnosis coding and optimising treatment to target, with focus on at risk groups.

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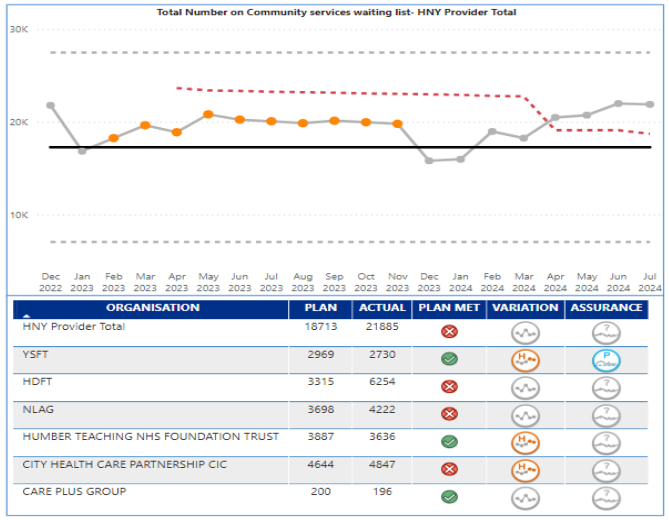
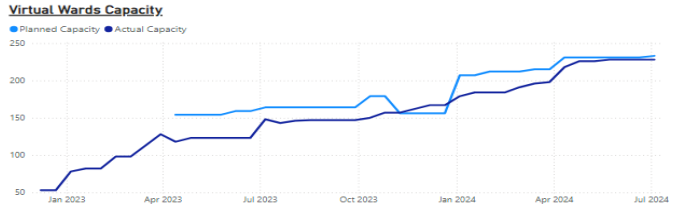
Business Intelligence

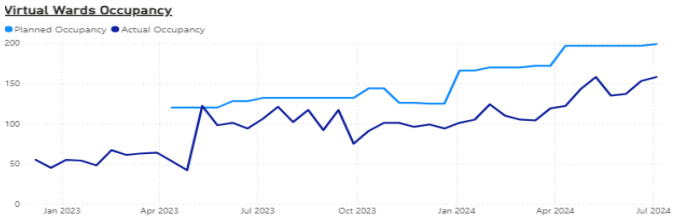
Community Care

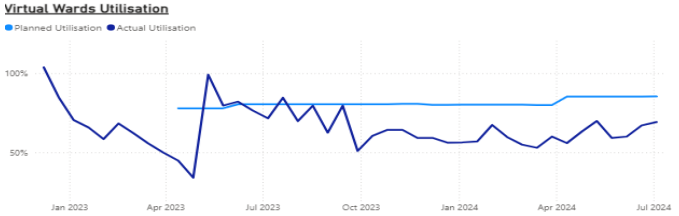
Additional Key Indicators



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY Provider Total	18713	21885			
YSFT	2969	2730			
HDFT	3315	6254			
NLAG	3698	4222			
HUMBER TEACHING NHS FOUNDATION TRUST	3887	3636			
CITY HEALTH CARE PARTNERSHIP CIC	4644	4847			
CARE PLUS GROUP	200	196			







Supporting Indicators and Intelligence

Number of patients waiting over 52 weeks split by service and provider

Provider Community Long Waiters - July 2024														
Service view	HNY		CPG		CHCP		HDFT		HTFT		NLAG		Y&SFT	
	>52-104 weeks	Over 104 weeks	>52-104 weeks	Over 104 weeks	>52-104 weeks	Over 104 weeks	>52-104 weeks	Over 104 weeks	>52-104 weeks	Over 104 weeks	>52-104 weeks	Over 104 weeks	>52-104 weeks	Over 104 weeks
Community nursing services	1	0	0	0	0	0	1	0	0	0	0	0	0	0
Nursing and Therapy support for LTCs: Respiratory/COPD	80	3	0	0	0	0	80	3	0	0	0	0	0	0
Nursing and Therapy support for LTCs: TB	1	0	0	0	0	0	1	0	0	0	0	0	0	0
Rehabilitation services (integrated)	35	1	0	0	0	0	35	1	0	0	0	0	0	0
Therapy interventions: Speech and language	11	1	0	0	0	0	11	1	0	0	0	0	0	0
Therapy interventions: Dietetics	16	6	0	0	0	0	16	6	0	0	0	0	0	0
(CYP) Community paediatric service	2	0	0	0	0	0	2	0	0	0	0	0	0	0
(CYP) Therapy interventions: Physiotherapy	1	0	0	0	0	0	1	0	0	0	0	0	0	0
(CYP) Therapy interventions: Speech and language	601	243	0	0	0	0	15	0	41	3	0	0	545	240
(CYP) Therapy interventions: Occupational therapy	76	6	0	0	0	0	0	0	0	0	3	0	73	6
(CYP) Therapy interventions: Dietetics	1	0	0	0	0	0	0	0	1	0	0	0	0	0
Grand Total	825	260	0	0	0	0	162	11	42	3	3	0	618	246

Community Waiting Lists

- 57% of HDFT's waiting list sits within Adult Podiatry which has data collection and processing issues which are being validated with the teams.
- Y&SFT have met to review a series of options which address immediate waiting list priorities and recovery. A decision has not yet been made on a feasible route forward but is being worked through over the coming months.
- HNY have nominated representee to attend newly established NEY Community Services waiting times recovery steering group with focus to be on improvement in; MSK, Audiology, Community Paediatrics and CYP SaLT in September.

Virtual Wards

- The actual capacity is 246* beds against a planned September capacity of 231 (106% planned capacity mobilised). The latest average utilisation figure is 62%.
- 3/8 providers have achieved tech enablement (HUTH, CHCP and YSFT) with STFT having achieved partial tech enablement.
- 14% tech enablement across the patch at present which remains low. Tech enablement deployments are still planned across HNY but have been delayed as a result of technical integration work required in SystemOne. It is expected that each provider should have at least one tech enabled pathway by the end of October.

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Planning & Performance Team