



Agenda Item No:

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Report to:	Humber and North Yorkshire Integrated Care Board
Date of Meeting:	14 August 2024
Subject:	ICB Performance Report
Director Sponsor:	Jane Hazelgrave, 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 published performance position against the priority objectives in the 2024/25 HNY ICB Operational plan. It is a Joint production by the Planning and Performance and Business Intelligence teams. This month's report continues the new format that was initiated last month. The report highlights how short term annual targets relate to longer term aims and objectives of the ICB, and the performance delivery against annual planning targets. The report will use the latest published data available at the time of reporting.

There are several priorities where the indicator has been identified, but progress updates are better made through other mechanisms than this report; these are identified with a description of where performance and progress is discussed.

For the priority indicators, the report itself includes a summary overview of performance for the latest reported month, as well as a monthly view to allow the board to see performance over time. There is also a one page summary of performance for each of the priorities, that has a time series chart where available, objective text regarding the performance delivery, and key actions that are being taken. There are also extra charts giving the latest performance for the indicators not prioritised in the report, and each month separate to this paper, will be an additional paper that offers a deep dive into a specific performance metric e.g. delivery of access times for urgent care. The deep dive paper will consider the performance indicators as well as finance, quality, transformation, productivity and population health/inequality. A proposal of the annual programme plan for these deep dives will be made at the Board meeting.

The report reflects the most up to date data available at the time of writing, which in the majority of cases is May 2024. June reporting was published on the 8th August, but that does not align to the report being previously discussed at the System Oversight Assurance Group or the deadline for circulation of papers.

The Planning and Performance and Business Intelligence Teams are keen to work with the Board regarding the new format and in particular make sure that the priority indicators identified reflect the priorities of the Board. 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 and Emergency Care

UEC 4-hour performance in June for the overall ICB system was 70.2%. The UEC plan being monitored by NHSE is for the acute providers only and was set at 67.6%, and delivery was 67.2%. HUTH (61%) and Y&SFT (67.3%) 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%. alongside an ICB overall target of 78%.

Urgent and Emergency Care is an area of particular focus, and the subject of much attention and short term Recovery Plans across the ICB footprint.

Planned Care

The priority indicator for planned care is the 65 week breach number (patients waiting over 65 weeks for planned care), with the target being 0 patients by September 2024. The other key indicators in planned care are the Total Waiting List size and a new indicator related to the proportion of total outpatients that are first appointments. After September the priority indicator in the attached report will change to Total Waiting List size. May performance showed continued delivery against plan, but the overall number of 65 week breach patients remained at 242. The report gives further detail on which providers and specialties are driving this position. The secondary target related to Total Waiting List size continued to grow in May. Information suggests this is largely at HUTH and NLAG and relates to the non admitted (Outpatient) part of the waiting list, and is being driven by Ophthalmology, Respiratory, ENT and Urology services. The report describes key actions that are being taken by the Elective Care Programme Board that will support both indicators.

Diagnostic services

The priority indicator related to Diagnostic services is the percentage of patients waiting over 6 weeks for a diagnostic test (related to 9 key tests identified in the operating plan). Performance in May was 25.1% of patients waiting over 6 weeks, against a target of 25.0%, and so marginally did not achieve the Plan trajectory. Performance is demonstrating special cause variation of an improving nature. Within the report there is further detail of variation by test type and by provider; Audiology, DEXA and Echo are singled out of the nine key tests for particular focus, along with some key actions being undertaken by the programme board.

Cancer Services

The priority indicator related to Cancer services is 62 days from referral to treatment, with a target of 70% by March 2025. May performance was 64.1% against a target of 61.5%. This is delivery against plan, though performance trend over time is showing common cause variation no significant change; which reflects a fluctuating position around the mid-point. but overall, there has been no statistical improvement in performance against this metric. The report describes variation by provider with a range in delivery between 50.4%-71.8% and gives a summary of key actions that are planned. Please note there is a more comprehensive annual cancer improvement plan that has been written by the Cancer Alliance and is available for the Board if required.

Primary Care

The priority indicator for primary care is the percentage of patients booked within 14 days of requiring an appointment (target of 85%). The other metrics in the annual operating plan for primary care are an increase in the delivery of primary care appointments and recovery of the provision of dental care appointments to pre covid levels. Performance against the priority indicator (14 day booking) was 87.5% against the 85% target. The Board had been informed that from April, a new way of monitoring delivery would be in place and that performance would improve. This is the case, and performance now reflects the data seen at a national level. The report describes variance in delivery across the system (83.2%-94.8%) and the performance trend is demonstrating special cause variation of an improving nature. This is also the case for delivery of increased primary care appointments; although increase in dental provision is showing no significant change.

Prevention and Health Inequalities

Prevention and Health Inequalities form a key part in the long term aims of the organisation, however the operating plan guidance also referenced some indicators to be monitored through the annual process that related to hypertension, CVD, and children's vaccinations, as well as CORE20Plus. Data was readily available for the hypertension indicator and so this has been identified as the priority indicator (though it is recognised this may change in the year). Also, the updates on progress of prevention and health inequalities will be made via the Population Health and Prevention Committee.

Community Services

The priority indicator for Community Services is the number of patients waiting over 52 weeks, and there is a secondary target for overall waiting list size. The latest validated data available is May 2024, which saw 1,096 patients wait over 52 weeks for community services against a plan of 1,138. The data is showing Special Cause variance of a concerning nature, and the report gives provider and service level information. This shows the long wait position is centered around a single service and provider. The overall waiting list size stands performance has shown no significant change (no improvement or deterioration in the last twelve months). The report gives further detail on actions that are being taken.

Mental Health Services

There are a number of indicators related to mental health services in the operating plan; performance against all of them is included in slides 20 to 22. For this month's report, the priority indicators that have been identified are Dementia Diagnosis rates, Out of Area Placements and Access to CYP services. Some of the actual measures have changed definition and so comparison and trend data is not available. Key messages from the report are:

Dementia Diagnosis rates in May were 58.6%, which is below the ICB plan target of 60%. Performance since September 2023 has been above or at the upper control limit and therefore demonstrating special cause variation of an improving nature. However, even with the improved performance, the ICB remains adrift from the national target. There is variation across the system which has been identified down to Primary Care Network level and individual GP practice.

Out of Area Placements are part of the ten key priorities for the ICB in regard to productivity and finance expectations. The measure in this report remains as bed days as per 2023/24; this will change to number of placements as per the guidance. Performance in March was 1,375 bed days against a plan of 125. Further detail regarding variation by place and some key actions are described in the report.

Access to CYP Mental Health services is measured via available appointments, which in April was 21,300 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. Place level performance is variable against plan, however all areas except North Yorkshire and York are showing special cause variation of an improving nature. North Yorkshire is showing no significant change and York is showing special cause variation of a concerning nature. The report describes actions that are being taken.

Workforce

The performance expectations for workforce set out in the operating plan refer to actions on working lives of doctors and clinical placements that would be better updated via other routes. Workforce numbers played a key part in the operating plan in relation to delivery of the financial plan, and so information regarding numbers of WTE in post and bank and agency spend will be shared via that route. However, slide 18 in the report will update on staff sickness and retention against plan. Latest data available is March 2024 which showed delivery of the staff sickness target (4.6% against a plan of 4.8%) but not achieving the retention target (12.1% against a plan of 12.2%).

Quality

It must be noted that the quality agenda has a large number of metrics that sit outside of the operating plan. The operating plan guidance referenced the following indicators:

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

Progress against these indicators will be made via the quality agenda, with periodic updates in this report. Brief updates have been left in from last month. These will be updated quarterly.

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 in terms of its content, length and presentation.
- Consider and discuss the performance report: - in particular, the issues highlighted in the cover sheet.
- Provide feedback to support the further development and evolution of the Board Performance Report.

ICB STRATEGIC OBJECTIVE

Leading for Excellence	<input checked="" type="checkbox"/>
Leading for Prevention	<input checked="" type="checkbox"/>
Leading for Sustainability	<input checked="" type="checkbox"/>
Voice at the Heart	<input type="checkbox"/>

IMPLICATIONS

Finance	Use of resources is a theme in the operational plan with a priority around system financial balance. This will be covered through a separate report to the Board on the financial position.
Quality	Identifying quality and safety risks and deploying our resources in a way that manages quality and safety risks and supports improvement.
HR	Workforce is a theme in the operational plan with a priority around retention and staff attendance. Updates will be provided through the workforce reports to the Board.
Legal / Regulatory	Progress against performance is linked to the system oversight framework.
Data Protection / IG	There are no direct data protection/IG implications relating to this paper, however data protection/IG controls and mitigations will be considered, as relevant, for the production of the report.
Health inequality / equality	The ICB has a responsibility and accountability in relation to reducing inequalities and improving outcomes for the population. The 32 priorities set out in the planning guidance and the ICB

	operational plan has a theme of prevention and health inequalities. Where these are specific measures, these are included in the report.
Conflict of Interest Aspects	No conflicts of interest are identified in relation to the Performance Report: however, it is noted that COIs will continue to be monitored on a case-by-case basis given the broad scope of the report's contents and the professional/organisational diversity of the Board membership.
Sustainability	There are no sustainability implications relating to this paper, however sustainability controls and mitigations will be considered on a case-by-case basis, as appropriate.

ASSESSED RISK:

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

MONITORING AND ASSURANCE:

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

ENGAGEMENT:

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

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No Yes