

Agenda Item No:

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<b>Report to:</b>	Humber and North Yorkshire Integrated Care Board
<b>Date of Meeting:</b>	9 October 2024
<b>Subject:</b>	<b>ICB Performance Report</b>
<b>Director Sponsor:</b>	Jane Hazelgrave, Deputy Chief Executive and Chief Operating Officer and Karina Ellis, Executive Director of Corporate Affairs
<b>Author:</b>	Shaun Jones, Director of Planning and Performance Alex Bell, Deputy Director Business Intelligence Shaun Boffey, Assistant Director of Planning and Performance

**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. This month's report continues the new format that was initiated for 2024/25. 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 uses the latest published data available.

For the priority indicators, the report 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 an one page summary of performance for each of the priorities with 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 further text and charts related to performance aspects of the operational plan that relate to Quality, Finance and Workforce.

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 August for the overall ICB system was 73.3% (end of year target 78%). The UEC plan being monitored by NHSE is for the acute providers only and was set at 68.2% for August with actual performance of 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%. Urgent and Emergency Care is an area of particular focus by operational and quality leads, 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. July performance improved from June but remained behind plan; actuals were 147 against a plan of 95. Performance is being managed at individual provider and specialty line level. The report gives further detail on which providers and specialties are driving this position. The secondary target related to Total Waiting List size saw a slight reduction overall in July for the first time in 5 months. Information suggests the pressures to delivery in this target are largely at HUTH and NLAG and relate to the non-admitted (Outpatient) part of the waiting list. The report describes key actions that are being taken by the Elective Care Programme Board that will support both indicators. Information was discussed at System Oversight and Assurance Group (SOAG) that considered the relationship between the primary care and secondary care elective agendas; Primary care is delivering over plan in available appointments (a positive), but secondary care is seeing an increase in new clock starts (demand) which would be a natural expectation if primary care is seeing more patients. The Elective Care board are looking at the causes of waiting list growth in more detail, to determine the necessary action.

### **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 July was 21.4% of patients waiting over 6 weeks, against a target of 23.7%, and so were ahead of 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. Information was provided at SOAG that some of the performance improvement seen in July is as a result of the long wait patients reducing, however some of the performance was a result of the total waiting list rising and how this affects the calculation. The reasons for the growth in the waiting list is being reviewed.

### **Cancer Services**

The priority indicator related to Cancer services is 62 days from referral to treatment, with a target of 70% by March 2025. July performance was 63.8% against a target of 64.3%. This is under plan, with a performance trend over time showing common cause variation no significant change, which reflects the fluctuating position around the mid-point we have seen over the last twelve months. The report describes variation by provider with a range in delivery between 49.7% and 80.6% (HUTH saw a reduction of 8.4% in month) 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 88.1% against the 85% target in June. The report describes variance in delivery across the system (84.1%-95.2%) 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. These indicators will be monitored for the potential impact of the GP collective action.

### **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 hypertension is seen as a key early indicator of other aspects of long term ill health and so has been identified as the priority indicator. Updates on progress of prevention and health inequalities will in the main be made via the Population Health and Prevention Committee. In regard to the hypertension

indicator; performance continued to reduce in August to levels below plan – 69.8% against a target of 77%. A similar pattern was seen in the summer of 2023/24 and this is being closely monitored.

### **Community Services**

The priority indicator for Community Services is the number of patients waiting over 52 weeks, and there is a secondary target for the overall waiting list size. 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 performance achieved in month, 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 predominantly centered around a single service for Children and Young People: Speech and language, although there is an emerging risk for Nursing Therapy Support for LTC: Respiratory/COPD service. The overall waiting list size 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 22 to 24. 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 June were 59.6%, which is below the ICB plan target of 60.4%. 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. Information was shared at SOAG that demonstrated high levels of ED attendances and bed days are taken up by patients either with dementia or with undiagnosed dementia, the likelihood that high intensity users of ED and ED admissions are likely to include a disproportionate number of patients with undiagnosed dementia; demonstrating the importance of cross sector working between acute, community, primary care and place to improve follow up review of following admission, and referral to the memory clinic service.

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 now reflects the operating plan measure of placements rather than bed days. Performance in July was 15 against a plan of 14. There is variation at Place with the majority of placements being from North Lincs at 8 and Hull at 5. showing a deterioration. Further detail and some key actions are described in the report.

Access to CYP Mental Health services is measured via available appointments, which 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. 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 are captured via the separate Breakthrough programme update. In terms of workforce numbers, slides 20-22 provide an overview. Key messages and risks are summarized on slides 18 and 19 of the report, the headlines being that agency WTE are below plan, and bank and substantive WTE are above plan and as a result, pay bill is above plan.

**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)

The authors of this report have checked and are assured that updates on progress are being made direct to the Board through either escalations from the Quality Committee or through specific papers on the Board agenda from responsible officers.

The full complete report is attached for your consideration.

**RECOMMENDATIONS:**

Members are asked to:

- i. Note the development of the Board performance report in terms of its content, length and presentation.
- ii. Consider and discuss the performance report: - in particular, the issues highlighted in the cover sheet.
- iii. 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 type="checkbox"/>
Leading for Sustainability	<input 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:**

The report identifies the main performance and delivery risks associated with the ICB's Operational Plan priorities for 2024/25.

**MONITORING AND ASSURANCE:**

The report is the principal means through which the ICB monitors the delivery of its Operational Plan and provides assurance in relation to its position.

**ENGAGEMENT:**

The report has engaged a number of colleagues and stakeholders to formulate its content.

**REPORT EXEMPT FROM PUBLIC DISCLOSURE**

No  Yes

If yes, please detail the specific grounds for exemption.