Humber and North Yorkshire
Health and Care Partnership

ICB – Board

Annual Operating Plan - Performance Report

Date: 8th January 2025

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

Operational Plan Targets

1. Improve 6 week diagnostic wait to below 5%
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   1. Improve Category 2 ambulance response times
   2. Reduce NCTR numbers
5. Improve access to GP services – (Increased appointments 1% and 85% 14 day booking)
6. Improve community services waiting times
7. Increase dementia diagnosis rate to 66.7%
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

Humber and North Yorkshire
Business Intelligence

Summary Overview

Urgent and Emergency Care

A&E 4 hour waiting times - HNY Provider Total

Nov 2024
Plan: 68.2%
Actual: 65.5%

Diagnostics

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

Oct 2024
Plan: 19.9%
Actual: 19.4%

Primary Care

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

Oct 2024
Plan: 85.0%
Actual: 87.5%

Community

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

Oct 2024
Plan: 1148
Actual: 1044

Mental Health

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

Oct 2024
Plan: 9
Actual: 19

Elective care

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

Oct 2024
Plan: 0
Actual: 44

Cancer

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

Oct 2024
Plan: 65.7%
Actual: 64.8%

Prevention & Health Inequalities

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

Nov 2024
Plan: 80.0%
Actual: 74.6%

Mental Health

Estimated diagnosis rate for people with dementia - HNY ICB

Oct 2024
Plan: 61.1%
Actual: 60.1%

Mental Health

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

Oct 2024
Plan: 21690
Actual: 20515

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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	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	VAR.	ASS.
Urgent and Emergency Care	A&E 4 hour waiting times - HNY Provider Total	78% by March 2025	Plan Actual	65.7% 60.7%	67.8% 61.0%	69.5% 64.3%	76.6% 66.7%	65.3% 67.8%	66.8% 67.4%	67.6% 67.2%	68.2% 67.3%	68.2% 68.6%	68.3% 67.0%	69.2% 65.5%	68.2% 65.5%		
Elective care	18 Week Referral to Treatment Waiting Times - 65+ Week Waits - HNY Provider Total	0 by Sept 2024	Plan Actual	2017 1415	1502 1234	944 908	350 336	312 242	244 242	165 214	95 147	33 119	0 44	0 44			
Diagnostics	Diagnostics Test Waiting Times: Proportion of Patients Waiting 6+ Weeks for the 9 Targeted Tests - HNY Provider Total		Plan Actual	28.0% 34.3%	27.8% 31.8%	27.9% 26.0%	27.9% 26.5%	25.6% 26.4%	25.0% 25.1%	23.9% 24.2%	23.7% 21.4%	23.0% 24.3%	20.7% 21.9%	19.9% 19.4%			
Cancer	Cancer 62 Day Waits - All referral routes - HNY Provider Total	70% by March 2025	Plan Actual	62.1%	57.7%	62.1%	67.1%	61.1% 61.2%	61.5% 64.1%	62.0% 65.4%	64.3% 63.8%	63.7% 68.9%	64.4% 62.5%	65.7% 64.8%			
Primary Care	Proportion of Appointments in General Practice Booked and Seen Within 14 Days - HNY ICB		Plan Actual	85.0% 86.8%	85.0% 87.2%	85.0% 86.9%	85.0% 87.4%	85.0% 86.9%	85.0% 87.5%	85.0% 87.5%	85.0% 88.1%	85.0% 88.1%	85.0% 87.7%	85.0% 87.5%			
Prevention & Health Inequalities	Percentage of patients with hypertension treated to NICE guidance - HNY ICB		Plan Actual	77.0% 76.1%	77.0% 76.9%	77.0% 78.0%	77.0% 78.1%	80.0% 76.1%	80.0% 77.1%	80.0% 78.0%	80.0% 73.1%	80.0% 73.5%	80.0% 73.3%	80.0% 74.2%	80.0% 74.6%		
Community	Total Number on Community Services waiting list over 52+ weeks - HNY Provider Total		Plan Actual	230	169	1045	1101	1138 1103	1138 1096	1138 1206	1174 1085	1174 1000	1174 1014	1148 1044			
Mental Health	Estimated diagnosis rate for people with dementia - HNY ICB		Plan Actual	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%	60.6% 59.8%	60.9% 59.8%	61.1% 60.1%			
Mental Health	Inappropriate adult acute mental health Out of Area Placement (OAP) Patients - HNY ICB		Plan Actual	25	19	17	18	20 23	19 30	16 19	14 16	13 17	11 30	9 19			
Mental Health	Access to Children and Young People's Mental Health Services - HNY ICB		Plan Actual	21171 20720	21171 21215	21171 21635	21171 21595	21690 21300	21690 21445	21690 21260	21690 20965	21690 20750	21690 20600	21690 20515			

Image Key

- Plan Met
- Plan Not Met

Rolling twelve month period

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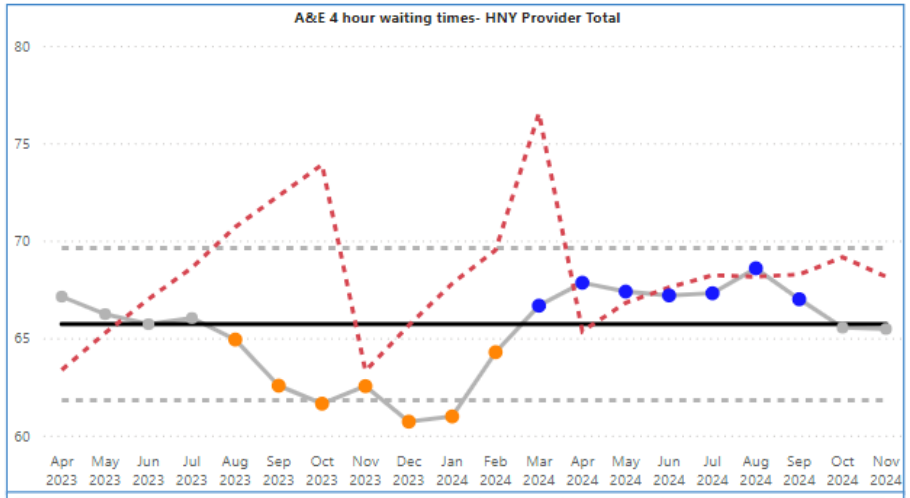
Urgent Care

Key Indicator: Waiting time in ED



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY Provider Total	68.2%	65.5%	⊗		
YSFT	66.7%	62.4%	⊗		
HDFT	72.0%	68.7%	⊗		
NLAG	74.0%	74.0%	✓		
HUTH	62.3%	58.2%	⊗		

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 November for the overall ICB system worsened from **70.5% (Oct) to 70%. The UEC plan being monitored by NHSE is for the acute providers only and was set at 68.2% for November, and delivery was 65.5%.** HUTH (58.2%) and Y&SFT (62.4%) were lowest performing Trusts. **UEC performance at HNY has been challenged by NHSE and the ICB is in national UEC Tier 2.** HNY benchmarks adversely across NEY for other patient experience indicators related to urgent care such as time in department and ambulance handovers. The year end 4-hour target for the acute providers is 73.2% - ICB overall 78%. Trend is of a variable nature.

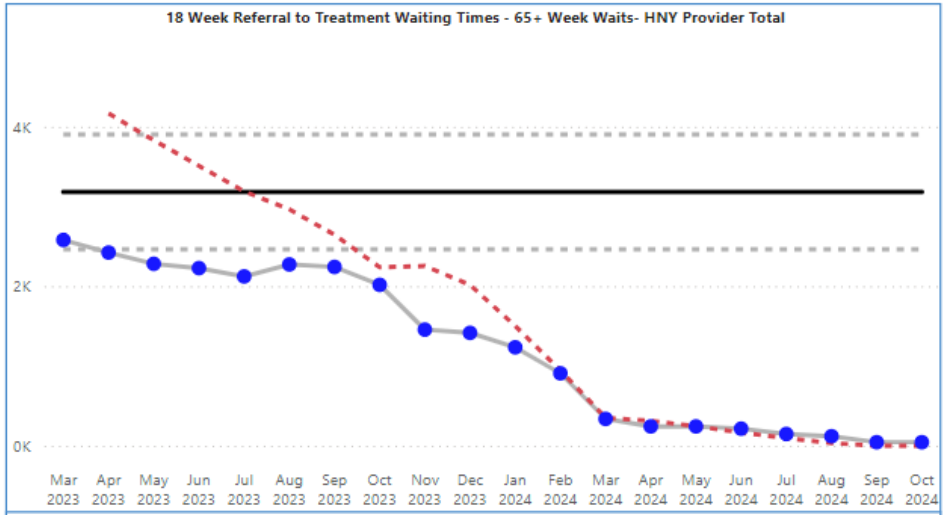
- 4-hour UEC Nov. – Only **NLAG achieved their monthly target in November**
- **HUTH and NLAG are showing improving positions, HDFT no change and Y&SFT worsening**
- **Ambulance response time cat 2** ambulances improved in November from 47:44 to **44:36** minutes against a target of 30:00 minutes. **HNY hospital handover performance has been singled out by YAS, EMAS and NHSE as of concern; further improvement is required.**

Key Actions

- HUTH have gone live with the 45-minute handover initiative. Early indications suggest it is having a positive impact
- Winter Plans are in place and Winter Governance processes are being run in regard to system updates
- ICC Hubs – Have gone live, their Initial focus is on reducing dispatch and then conveyance; impact will be monitored.
- Regional Clinical support commenced in York ED with a focus on ED processes and efficiency – reducing time to clinician, ambulance handover and the roles of NIC and EPIC. York have also implemented a continuous flow model and are trialling earlier Board rounds to improve flow.
- ICS-wide programme to increase utilisation and effectiveness of UTCs across the ICS continues – Its aim is to ensure UTCs meet National standards and are correctly profiled on DOS in line with national minimum profile.
- Further refinement of the SDEC exclusion criteria to increase utilisation. Push for implementation of trusted assessor model to SDEC in HUTH with ambition to have in place pre Christmas.
- New UEC data dashboards is available to key stakeholders in the programme, the dashboard displays key pieces of insight and enables proactive identification of opportunities for improvement. It also supports discussion at the UEC Board.
- High Impact Users (HIU) – HIPLACES model presented to Place Directors and now completing skills gap analysis to determine training needs within existing HIU resources to enable the enhancement of the service to case manage and reduce attendances to ED for the highest service users. Focused work at York on the highest 20 attenders
- A-teds now complete for York, Scarborough and Hull. Awaiting final reports for Scarborough and Hull. Outputs will form part of ongoing improvement plans

Elective

Key Indicator: RTT 65+ Week Waits



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY Provider Total	0	44			
YSFT	0	26			
HDFT	0	0			
NLAG	0	5			
HUTH	0	13			

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 remained at 44** in October against a target of 0. The **ICB** continues to **benchmark well in NEY and is the best performing ICB in the region** on elective 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 (26 of the 44).

The latest unvalidated data is forecasting the November position as 59 with risks in Neurology, Plastic Surgery and ENT. The accompanying performance target is total waiting list size which has shown a small increase following reductions over the previous three months.

Key Actions

ENT – Trusts have agreed to adopt short notice patient pooling to maximise theatre utilisation. Review of opening hours of all day unit areas for ENT list to maximise theatre capacity. Information leaflet and post operative pain management for paediatric tonsils developed by Clinical Chair for embedding across Trusts to reduce readmission rates.

Eyecare – 10 cataracts on weekend lists at YSTH and HDFT, HUTH list 10 throughout the week, NLaG increased to 8 on a list after new equipment installation. Implementation of one stop cataract clinics from HUTH into HDFT and NLaG. SPoA pathway shared with local optometry network and wider ISPs.

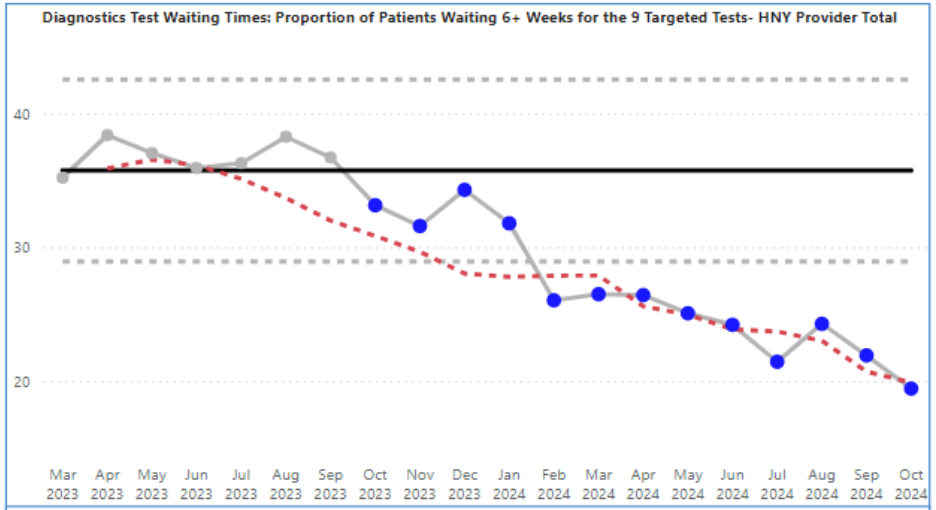
Orthopaedics – All Trusts agreed to list ACL procedures as day case by default. Late start and early finish theatre audits to be completed and reviewed at next meeting. Post operative video roll out continues and is on schedule to be fully implemented across HNY by end of February 2025.

Urology – Audits performed on Ureteroscopy and TURBT cases which have converted from day case to inpatient, to understand reasons. Agreement to work with WYATT to standardise LUTS, Andrology and Prostate cancer pathways. All Trusts to share specialist service procedures offered to standardise and improve equity of service across the system.

Theatres – Trusts continue to work to improve data quality following the model hospital change in methodology, 2 Trusts currently reporting on model hospital due to this change. Re-launch of Golden Patient Principles to be embedded in Q4 24/25. Review day case to inpatient conversion data as this appears to be a high percentage.

Diagnostics

Key Indicator: Waiting time for tests



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY Provider Total	19.9%	19.4%	✓		
YSFT	24.4%	23.3%	✓		
HDFT	24.4%	27.3%	✗		
NLAG	10.%	15.5%	✗		
HUTH	24.2%	16.9%	✓		

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 19.4%** in October against a plan of 19.9%; statistically performance is demonstrating special cause variation of an **improving nature, and October saw improvement from September.**

The NHSE plan for diagnostic waiting times is based on 9 key tests. The number of patients **waiting over 6 weeks** for the 9 tests was **7,528 in October**, a reduction of 698 from September (8,226). 6,632 of the breaches were in the following modalities – **MRI (1,339), NOUS (1,265), Audiology (1,200), CT (1,110), Echo (993), Colonoscopy (725).** DEXA has been part of this list all year but improved from 851 to 493 in October.

Audiology, Echo and Colonoscopy are of particular concern, as their high volumes of breaches are from smaller waiting list sizes, and their performance is 38.3%, 32.9%, 31.6% respectively against a national target of 5%. DEXA performance has improved by 15% since September and is no longer one of the three. From a provider perspective, HDFT are the lowest performing Trust at 27.3% and the only provider not identifying as statistically improving.

Key Actions

- **CDC**: The programme continues to support activity across HNY and at month 8 has delivered a total of 113,801 tests across all the modalities. Performance however is under plan at 72%.
- Four of the eight sites are live (Ripon, Selby, Askham Bar and East Riding Community Hospital (ERCH)).
- Scunthorpe CDC is planned to open on the 13th January 2025 with the remaining three (Grimsby, Scarborough and Hull) planned to go-live between March and April 2025.
- 2025/6 CDC activity plans are being developed ahead of the January submission to NHSE. Tariffs have changed for 25/26, the impact of which is being worked through
- Digital workshop delivered 11/12/2024 - Collective feedback to be collated and used to generate strategy, and priorities.
- **Endoscop**y : HUTH Capacity shortfall being addressed, utilisation improvements expected from November (reported in Jan DM01 reports) onwards. Discrepancy with total number of procedures reported for HUTH being investigated internally.
- Analysis suggests that 20-25% of core Endoscopy activity (min required pm to match referrals in) is being delivered / will be delivered in the near-future, by high-cost sources such as WLI and Insourcing.
- ERCP Regional Service development paper and Minimally Invasive Service paper to be updated following clinical input and briefing from national teams. To be presented for formal discussion in the new year.
- HNY Clinical Lead for Endoscopy to be recruited - closing date for EOI 16/1/2025.
- **Imaging:** AI MSK: Contract development to enable NHS E funding allocation, target completion date 10 January. YSTHFT project working group kicked off 16/12.
- DDCP: Re-structuring to workstreams, request for commitment to resource cross functional workstream teams. Prioritisation of deliverables within each workstream to standup projects to commence discovery.
- Submission of an updated network trajectory plan (6/12/2024) to support tracking maturity and assurance ahead of the March 2025 maturity milestones
- **Audiology:** Workforce analysis shared with the Diagnostic Board in December (6/12) to inform workforce priorities for 25/26. Productive Partners have presented analysis on activity (Capacity and Demand analysis)
- **Workforce:** Incoming Programme Director expected in post early February 2025

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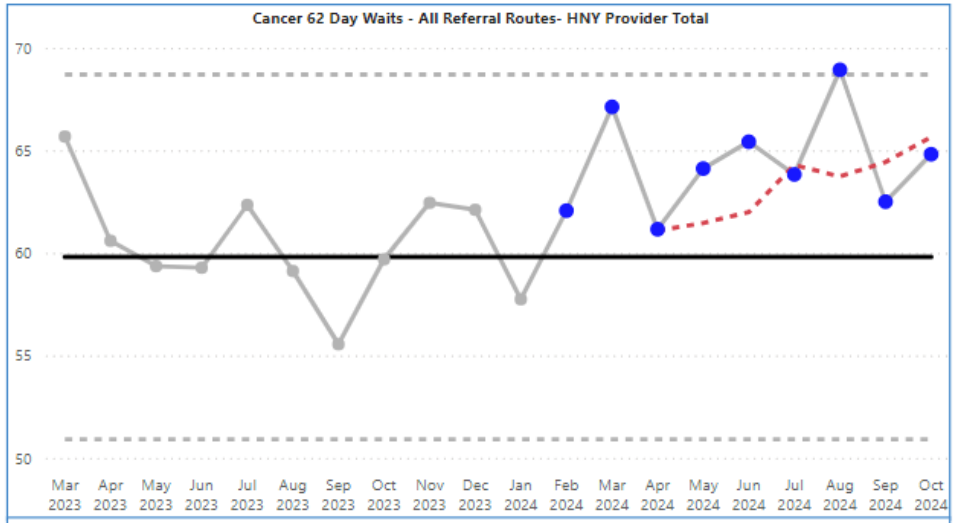
Cancer

Key Indicator: 62 day waits



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY Provider Total	65.7%	64.8%	✗	H	?
YSFT	64.3%	70.3%	✓	H	?
HDFT	70.6%	83.5%	✓	~	?
NLAG	66.3%	50.0%	✗	~	?
HUTH	65.2%	54.9%	✗	~	?

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. **October** performance was **64.8%** against a plan of **65.7% and therefore below target.** Performance is showing **common cause variation of an improving nature** which reflects the significant improvement seen since January 24. There is however variation in performance.

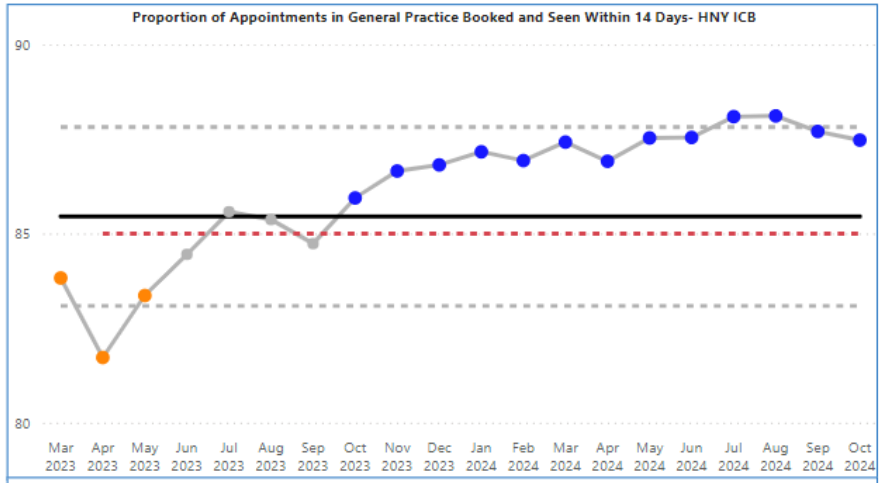
HDFT (83.5%) and Y&SFT (70.3%) achieved monthly targets and Y&SFT demonstrated special cause variation of an improving nature. **Patients on pathways at NLAG (50.0%) and HUTH (54.9%)** are more likely to wait over 62 days than those at Y&SFT and HDFT. The ICB as a whole and HUTH and NLAG as individual providers, are in NHSE Tier 1 category for Cancer.

Key Cancer Alliance Actions in October 24:

Awareness & Early Diagnosis: Liver Surveillance funding for demand modelling agreed at HUTH. Successful awareness sessions attended: Menopause Hull (organised by Emma Hardy MP) and awareness session delivered to attendees.
Cancer Diagnostics and Innovation: Cancer Alliance Lynch Lead confirmed, and alignment of process agreed with clinical leads
Nursing and AHP: Collaborated with national ACCEND project managers on implementation and delivery.
Comms & Engagement: Breast Cancer Awareness Month: Campaign completed. Media coverage from BBC, ITV, Hits Radio and many other local media outlets. Community engagement events carried out in HNY areas where breast screening is lowest. Two-week radio campaign completed (results to follow).
Health Inequalities: Delivered LGBT+ education session to HNY & Provider colleagues. Continued development of Place Cancer HI Plans.
Lung Health Check: TLHC service launched in North Lincolnshire. York and Scarborough Trust has gained approval of TLHC business case.
Non-Surgical Oncology: Attended various regional and national capacity and demand with trust colleagues.
Treatment, Pathways and Personalised Care: T&F groups formed to progress HNY Urology SOC development. H&N SOC progressing through Trust governance process.

Primary Care

Key Indicator: Booked within 14 days



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY ICB	85.0%	87.5%			
NHS East Riding Of Yorkshire	85.0%	94.4%			
NHS Hull	85.0%	86.2%			
NHS North East Lincolnshire	85.0%	90.7%			
NHS North Lincolnshire	85.0%	87.2%			
NHS York	85.0%	91.3%			
NHS North Yorkshire	85.0%	83.0%			

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 October performance has delivered 87.5% 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 94.4%,** York 91.3%, NE Lincs 90.7%, North Lincs 87.2%, Hull 86.2%, **North Yorks 83.0%.** All places delivering the target except North Yorks. East Riding and York are driving the HNY improving position.

Primary care met the October target for appointments delivered. The majority of the last 9 months delivery have all been towards the upper control limit, with the slight seasonal drop-in overall appointments in August. The overall trend is showing special cause variation of an improving nature. Only North-East Lincs and Vale of York did not meet the plan for October.

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**.

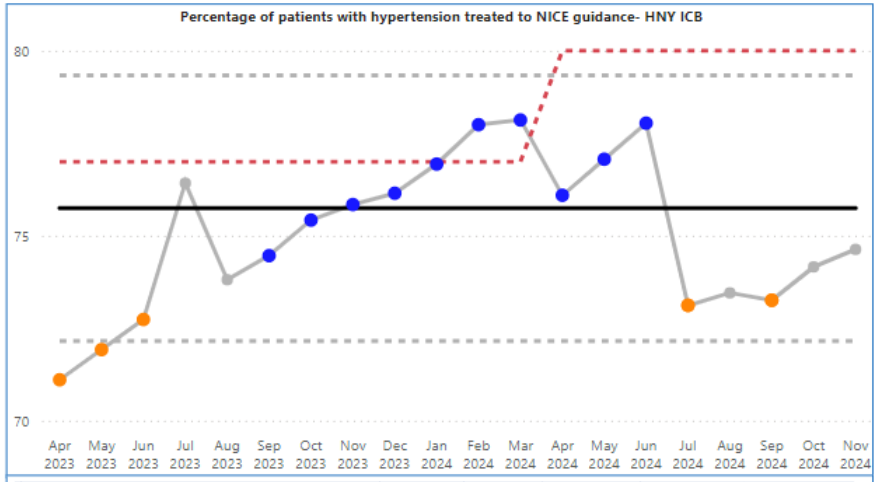
Key Actions

The ICB has agreed a mitigation with GP Practices to extend any LES notice periods to 31st March 2025 whilst the LES review is completed. Local intelligence confirms that nationally there has been a drop of in Locum GPs being booked to cover annual leave due to financial pressures of GP Practices which will impact on the number of appointments delivered during that period.

Humber and North Yorkshire
Business Intelligence

Prevention and Health Inequalities

Key Indicator: % Hypertension NICE Guidelines



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY ICB	80.0%	74.6%			
NHS East Riding Of Yorkshire	80.0%	74.3%			
NHS Hull	80.0%	68.7%			
NHS North East Lincolnshire	80.0%	78.5%			
NHS North Lincolnshire	80.0%	77.5%			
NHS York	80.0%	72.6%			
NHS North Yorkshire	80.0%	77.0%			

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..

November 2024 performance was 74.6% against a target of 80%. The performance is showing a common cause variation of no significant change. No place achieved their plan in November and there is a range of delivery from 68.7% in Hull to 78.5% in NE Lincs. The volume of patients being treated (numerator) is higher than previous years as is the number of diagnosed patients with hypertension (denominator) which has increased at a higher rate and therefore affects the performance. Increasing 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.

Key Actions

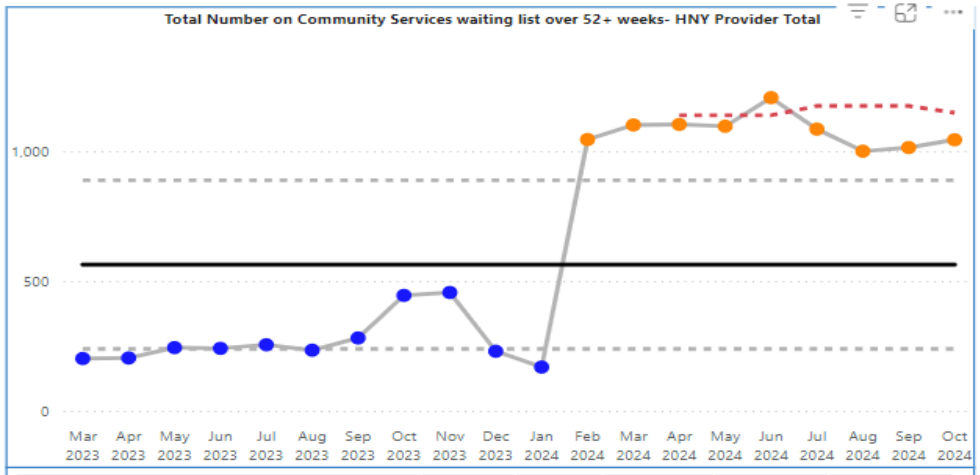
The ICB continues to work with place teams and system partners to deliver several initiatives that seek to improve the detection and management of hypertension across our population. There has been a significant focus on increasing opportunistic blood pressure testing capacity across the ICB, including:

- Review placed based treatment to target data against previous years attainment and focus offer of support to practices where largest gap exists and need for support identified.
- Increased sign up of new optom and dental practices through extended optom and dental hypertension case finding pilots (focus on communities with high deprivation and improving access in areas of rurality.)
- Supporting Community Pharmacy Engagement Leads across the system to improve relationships with GP practices to promote collaborative working regarding hypertension case finding (and Pharmacy First services)
- Continued delivery of NHS Health check programme exploring opportunities to take a population health management approach. Two Health Check pilots running in NY and ER, due for completion Mar 25.
- Opportunistic hypertension case finding - implementation HIN led BP Check Train the Trainer Model to partners across the system e.g. LA and VCSE organisations building on MECC approach. This model is currently been expanded across the ICB and will continue over the coming months.
- Building on work completed through 'Know Your Numbers' national campaign in September to plan for future national and local campaigns in May 25
- IP pathfinder hypertension treatment pathway continues across 11 sites across the ICB
- Hypertension tool kit and learning package currently being developed to support opportunistic testing in the community and case finding and coding in primary care.
- NL CVD Outreach project in Scunthorpe (focus on hypertension opportunistic testing) scheduled to go live in December 2024.
- Working with IRIS, HIN, ICB Place and LA colleagues to scope a 'case for change' programme of work in Hull. Hull is one of the most deprived cities in England, with lower-than-expected A,B,C condition prevalence, with improvements needed in treatment to target figures.
- Exploring opportunities to better understand the prevalence of complex hypertension in HNY, the scale of any associated issues/ challenges and existing pathways and feed into regional workshop.
- NY – work with LCP's in areas of deprivation to develop community champion models with a focus on raising awareness of CVD risk factors with a focus on hypertension and BP opportunistic testing.

Humber and North Yorkshire
Business Intelligence

Community Care

Key Indicator: Waiting List over 52+ Weeks



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY Provider Total	1148	1044			
YSFT	1056	800			
HDFT	30	205			
NLAG	0	0			
HUMBER TEACHING NHS FOUNDATION TRUST	59	39			
CITY HEALTH CARE PARTNERSHIP CIC	3	0			
CARE PLUS GROUP	0	0			

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 data available is October 2024, which saw **1,044 patients wait over 52 weeks** for community services against a plan of **1,148**. This is a small increase from September (1014), **the data is continuing to show Special Cause variance of a concerning nature.** There is variation across providers and services. NLAG met plan (0), while HDFT were over plan. **Y&SFT (800), HDFT (205) and Humber Teaching FT (39) had the highest number of breaches.**

At a service level, 751 (747 last month) of the 1,044 patients over 52 weeks are in CYP Speech & Language service – 714 of which are at Y&SFT. HDFT pressures are on Nursing Therapy Support for LTC: Respiratory/COPD service and Rehabilitation Services (integrated) – 162 in total. Overall waiting list size stands at **20,422, a decrease of 1584 from September**. Trend wise, the waiting list size is showing significant change of a concerning nature. The trend is being driven by York.

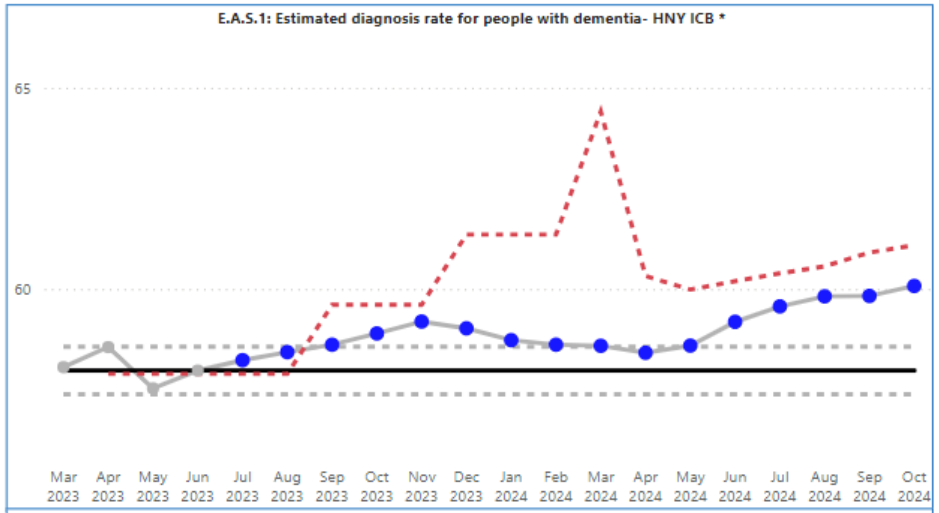
Key Actions

- Work continues with the regional team to validate CHS SitRep data. Having undertaken a validation exercise at the start of 2024, HNY are in a positive position compared to peers, but more work remains to be done to assure data completeness and accuracy. The next step in this process is to cross reference service submissions in the Community Services Data Set (CSDS) against the CHS SitRep. This will be undertaken in Q4.
- The latest CHS SitRep technical guidance (Dec 24) has been distributed to providers as additional assurance that we are meeting the specification requirements with the aim of confirming assurance by Jan 25.
- CYP SLT Transformation improvement work is being monitored through the Start Well Board with the CYP and Community Collab teams meeting regularly to understand how the Collab can support from a data perspective.
- The community baselining exercise associated with the System Change and Transformation work (PID 2) has concluded, and work will be required to align submissions against the CWL returns.
- Work continues with providers to understand transformation initiatives associated with addressing inequalities in our community waiting lists and the collab are working with BI colleagues to understand whether we can attain and conduct deprivation analysis to help inform the risk stratification of our CYP patients.

Humber and North Yorkshire
Business Intelligence

Dementia

Key Indicator: Dementia Diagnosis Rate



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY ICB	61.1%	60.1%	✗	H	F
NHS East Riding Of Yorkshire	59.6%	59.9%	✓	H	F
NHS Hull	75.6%	66.6%	✗		F
NHS North East Lincolnshire	66.0%	68.5%	✓	H	F
NHS North Lincolnshire	61.6%	58.4%	✗	H	F
NHS York	52.6%	53.6%	✓	L	P
NHS North Yorkshire	59.0%	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 October improved to **60.1%, which is below the ICB plan target of 61.1%.** Performance is consistently at or above the upper control limit and therefore demonstrates special cause **variation of an improving nature.** However, even with the improving 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; NE Lincs 68.5%, Hull 66.6%, East Riding 59.9%, North Yorks 58.8%, North Lincs 58.4%, and York 53.6%. 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.** A detailed understanding at a practice level is available and being worked through.

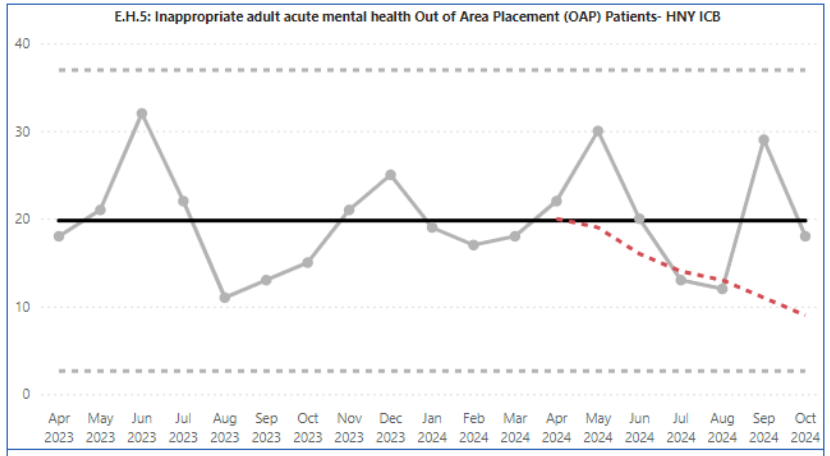
Key Actions

- 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. **Now approved. NYY/TEWV & HTFT/ER are now mobilising plans to address long waits and low DDR.**
- Prevalence modelling based on future population age and CFAS II estimates has been undertaken across all six places up to 2040, which age breakdowns in 5-year bands from 65+.
- Providers undertaking capacity and demand modelling.
- Quality Improvement Audit of GP registers underway to identify barriers to DDR and timely diagnosis.
- York Primary care diagnosis model pilot commencing Q3 -aims to improve access to timely diagnosis and reduce demand on local MAS.
- NL Primary Care MCI-follow up model in discussion for roll out Q4 in partnership with Alzheimer's Society – aims to identify those with MCI at risk of developing dementia to ensure timely access to assessment, diagnosis and support.

Humber and North Yorkshire
Business Intelligence

Adult Acute Out of Area Placements

Key Indicator: Inappropriate OOA placements



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY ICB	9	18			
NHS East Riding Of Yorkshire	3	5			
NHS Hull	3	4			
NHS North East Lincolnshire	0	0			
NHS North Lincolnshire	2	6			
NHS York	0	0			
NHS North Yorkshire	1	1			

There are 2 patients who had OOA that have not been assigned to a place at the time of production of the report

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. There are other out of area placements that relate to rehabilitation that do not form part of this indicator. T**he performance in October was 18 against a plan of 9 – this is movement from 30 in September.** The performance has shown no significant change in the last twelve months with variation around the midpoint and no consistent improvement.

There is variation at Place with majority of placements from **North Lincs (6) and East Riding (5) and Hull (4),** and at the time of the production of the report there are 2 unassigned patients.

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 adult's community and crisis teams, as well as developing an additional 4 functional beds – this will support preventing older adults accessing adult acute wards.
- Deep dive into PICU data and information underway to support a system wide business case to meet demand more locally within HNY
- Inpatient oversight & assurance meeting took place in December '24
- 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 – 6 referrals to date, 4 have been prevented accessing OOA beds with local solutions found and 2 supported with OOA placements for specific treatment and timeframe
- Central OOA Audit panel commenced reviewing info provided by Independent Sector on individual placements – these are being categorised into CRFD in next 6 months- plans in place, CRFD in next 6 months – no plans in place and still in active treatment to prioritise limited clinical capacity.
- Plans underway to stimulate the local independent sector market

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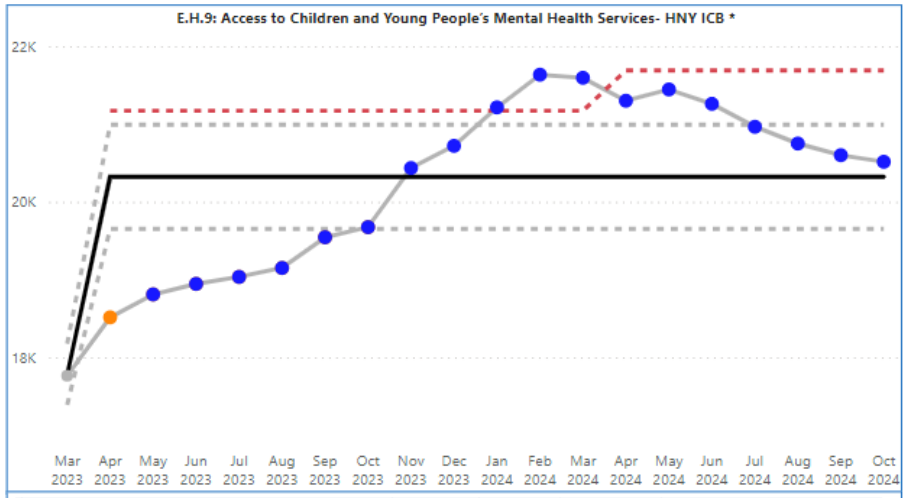
Business Intelligence

CYP Mental Health Services

Key Indicator: CYP MH Services



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY ICB	21690	20515	✗	H	F
NHS East Riding Of Yorkshire	3130	2895	✗	H	F
NHS Hull	3770	3735	✗	H	F
NHS North East Lincolnshire	3180	3290	✓	H	F
NHS North Lincolnshire	1915	1895	✗	H	?
NHS York	3608	3835	✓	L	P
NHS North Yorkshire	6087	5445	✗	H	F

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 the number of CYP contacts in **October was 20,515 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 and has seen consecutive monthly reductions in activity since May, however this is in part due to a data surge at the end of quarter 4 and start of quarter 1 due to services not previously flowing data and submitting a year's data in one month. All Places are showing improving positions. It is recognised this indicator is only measuring activity, and there are other key measures that are not covered by the operating plan metrics, in particular waiting times and patients waiting over 12 weeks and outcomes e.g. the impact of the interventions. Work is underway to improve outcomes recording.

Key Actions

Develop the new HNY CYP MH strategic plan with improved emphasis on early intervention to increase access, reducing waiting times and improving waiting well initiatives (which will contribute to the CYP MH access target),reducing DNA's, improving outcomes and addressing inequalities, which prevent early access for those most at risk of poor mental health. The plan will also deliver against the Core20plus5 for CYP. This work is currently underway with partners from health, LA and VCS. The plan will also be in line with the new NHSE CYP intensive MH support guidance to review & reconfigure community provision to reduce crisis/inpatient admissions.

Event undertaken in October with multi agency stakeholders to review **whole pathway for CYP Eating disorders** (early intervention, community CAMHS/eating disorder services and inpatient). Event was well attended and the actions from the event will be incorporated into the new HNY CYP MH Strategic plan

Sign off on the increased investment in SDF for CYP MH to enable increased capacity in the system to return to the upward trend. This has now been signed off however the delay has impacted on access. The funding was due to commence in September 2024 but will now commence in January 2024 so access data from this increased capacity in the system is unlikely to flow until April 2025. 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 may not be achievable due to delays in releasing this additional investment.

Further progress the work on the CYP MH dashboard to better understand and address the challenges in improving CYP MH access, witing times and outcomes. All currently NHS funded services now correctly flow data and so any increase in access in 24/25 is likely to be very limited without additional investment. Access should not be considered in isolation. Other key indictors to be included in reporting are waiting times and outcomes.

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. This will improve access and reduce waiting times.

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 – **November 12.9% against target of 12.2%**
- Reduce staff absence – **November 5.1% against a plan of 4.8%**
- WTE staff in post plan – **November 34,211 against a plan of 33,610**

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
An assurance update on the Breakthrough HNY system workforce transformation programme is brought forward separately to ICB Board on a regular basis. In terms of workforce numbers, slides 37-39 provide an overview. Key messages and risks based on **November** intelligence are as follows:

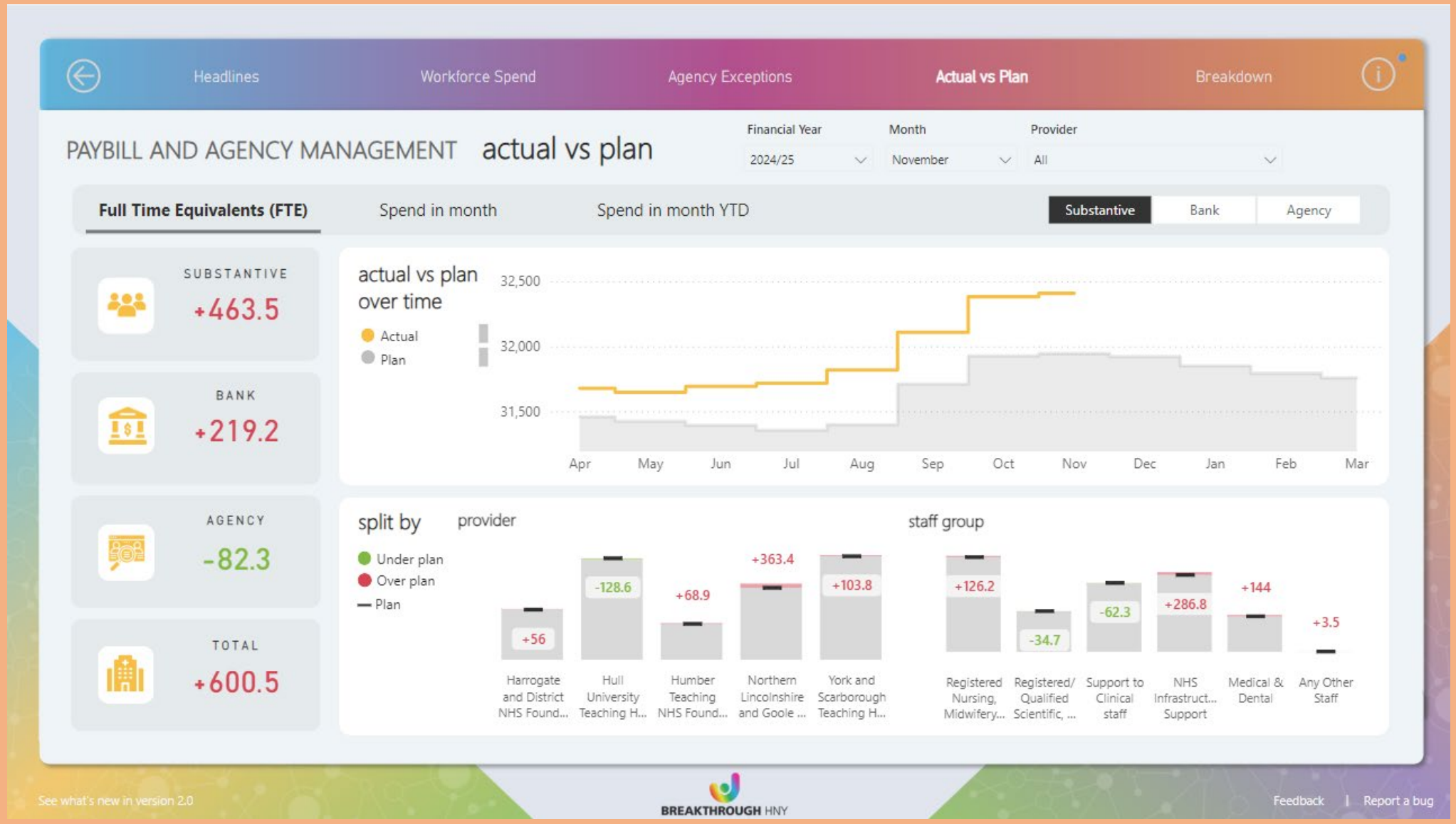
Agency use continues to run well below plan for WTE (**82.3WTE / 20.34% under plan**), although showing further slight deterioration on last month (+18.2 WTE). Cost of agency remains above plan although showing improvement on last month (-£0.16m), producing an in-month position of £0.36m or 8.94% over plan. Year-to-date spend gap-to-plan has deteriorated by £0.36m to **£2.33m / 6.36% over plan**; this continues to be driven by market rates for medical agency running significantly above plan assumptions, showing an increased pressure to £6m for M08, partially offset by a £3m year to date underspend in nursing, midwifery and health visiting staff. Priority work on this issue is ongoing.

Bank use continues to run above plan for WTE. Following significant improvement in October, M08 is showing slight deterioration at **219.2WTE / 17.38% over plan**. This remains the second lowest monthly volume of bank use this financial year. The increase in in-month spend in October due to pay award has stabilised, but reducing plan profile means spend is still £0.54m over plan in month, although in-month overspends occurred only in HUTH and NLAG. M08 costs for medical bank staff have worsened considerably at £0.86m over plan in month. Bank year-to-date spend stands at **£2.03m / 2.97% over plan**, driven by overspends in medical (£2m), STT (£0.94m) and nursing, midwifery and health visiting (£0.61m) staff groups, partially offset by underspend in support to clinical staff. Plan profile for bank over Q3/4 remains exceptionally challenging and further risks remain on both WTE use and spend across the winter period.

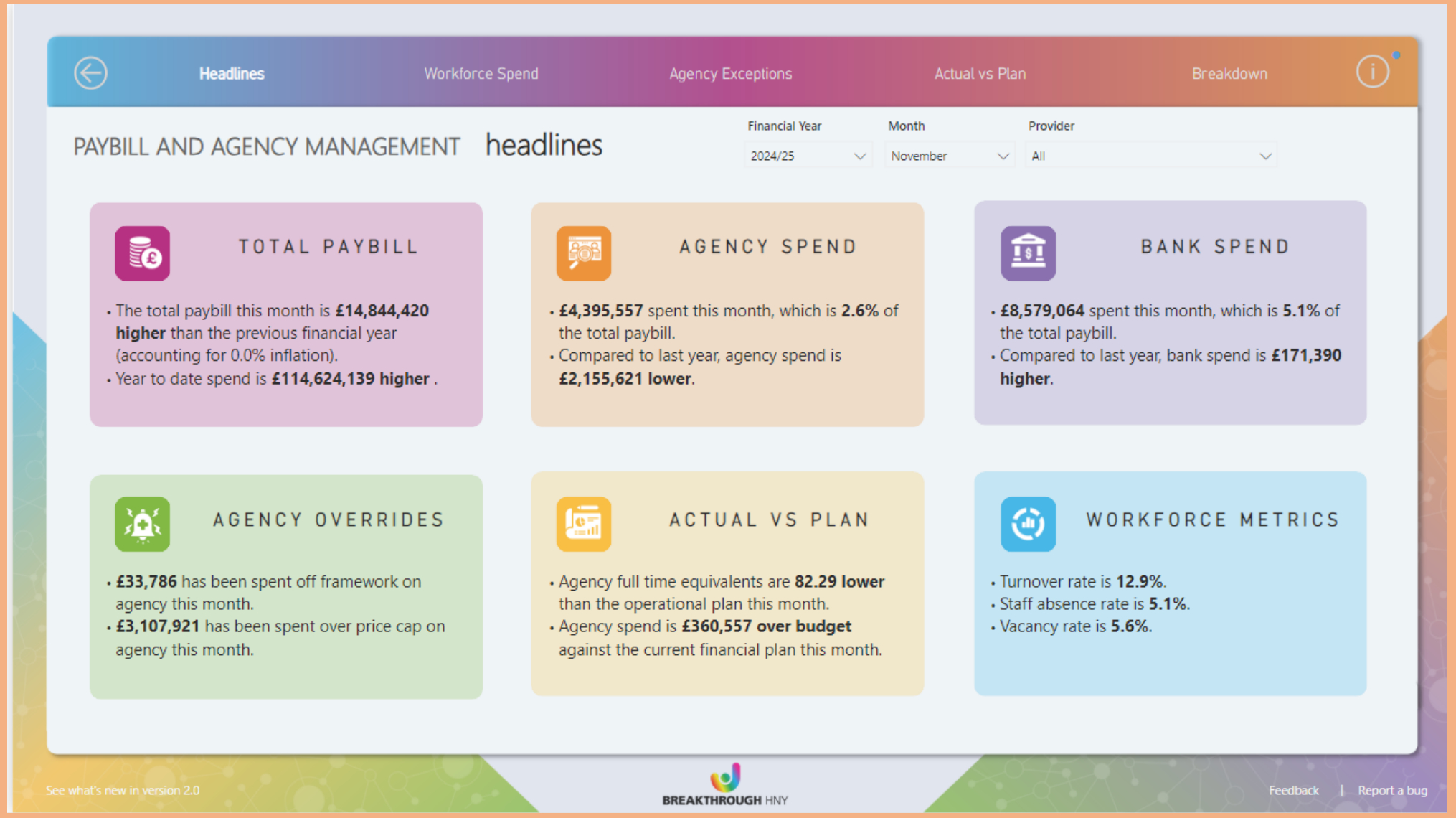
As previously reported, availability of the PAM dashboard has identified the need for two technical adjustments to planned substantive staff in post. One of the issues has now been resolved Taking into account the remaining issue the starting plan position needs to be uplifted by a total of 212WTE (NLAG). Using this adjusted baseline, **substantive** staff in post are **251.5WTE / 0.79% over plan** as at November. However, substantive paybill spend in M08 has worsened on last month to £11.80m or 8.22% over plan, probably due to continued application of pay award**.** Substantive paybill in year to October is **£43.04m or 3.74% above plan**.

Across all staff groups, **WTE staff in post as at November are 600.5 WTE or 1.79% over plan**, which reduces to **388.5 WTE or 1.16% over plan** when adjusted for the issue with the baseline for NLAG. The **paybill in year to November is £47.40m or 3.77% over plan.**

Workforce Summary



Workforce Summary (Cont.)



Workforce Summary

October	Substantive			Bank			Agency			Total Workforce		
Provider	Plan	Actual	Var	Plan	Actual	Var	Plan	Actual	Var	Plan	Actual	Var
Harrogate & District NHS Foundation Trust	4,404	4,463	59	157	154	-3	48	18	-30	4,609	4,635	26
Hull University Teaching Hospitals NHS Trust	8,922	8,785	-137	89	149	60	23	36	13	9,034	8,970	-64
Humber Teaching NHS Foundation Trust	3,157	3,223	66	158	145	-13	31	28	-3	3,345	3,396	51
North Lincolnshire & Goole Foundation Trust	6,333	6,699	366	299	454	155	179	107	-72	6,811	7,260	449
York & Scarborough Teaching Hospitals	9,110	9,191	81	567	541	-26	147	116	-31	9,824	9,848	24
HNY Total	**31,717**	**32,151**	**434**	**1,311**	**1,581**	**270**	**436**	**285**	**-151**	**33,464**	**34,017**	**553**

November	Substantive			Bank			Agency			Total Workforce		
Provider	Plan	Actual	Var	Plan	Actual	Var	Plan	Actual	Var	Plan	Actual	Var
Harrogate & District NHS Foundation Trust	4,407	4,463	56	157	148	-9	47	19	-28	4,611	4,630	19
Hull University Teaching Hospitals NHS Trust	8,931	8,803	-128	88	153	65	23	41	18	9,042	8,997	-45
Humber Teaching NHS Foundation Trust	3,160	3,229	69	158	153	-5	30	25	-5	3,348	3,407	59
North Lincolnshire & Goole Foundation Trust	6,336	6,699	363	291	430	139	159	109	-50	6,786	7,238	452
York & Scarborough Teaching Hospitals	9,110	9,214	104	568	598	30	146	129	-17	9,824	9,941	117
HNY Total	**31,944**	**32,408**	**464**	**1,262**	**1,482**	**220**	**405**	**323**	**-82**	**33,611**	**34,213**	**602**

Change	Substantive			Bank			Agency			Total Workforce		
Provider	Plan	Actual	Var	Plan	Actual	Var	Plan	Actual	Var	Plan	Actual	Var
Harrogate & District NHS Foundation Trust	3	0	-3	0	-6	-6	-1	1	2	2	-5	-7
Hull University Teaching Hospitals NHS Trust	9	18	9	-1	4	5	0	5	5	8	27	19
Humber Teaching NHS Foundation Trust	3	6	3	0	8	8	-1	-3	-2	2	11	9
North Lincolnshire & Goole Foundation Trust	3	0	-3	-8	-24	-16	-20	2	22	-25	-22	3
York & Scarborough Teaching Hospitals	0	23	23	1	57	56	-1	13	14	0	93	93
HNY Total	**18**	**47**	**29**	**-8**	**39**	**47**	**-23**	**18**	**41**	**-13**	**104**	**117**

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	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 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	00:30:00	L	F
			Actual	01:12:23	00:44:06	00:41:56	00:39:35	00:35:41	00:38:43	00:36:48	00:34:48	00:31:22	00:41:20	00:47:44	00:44:36		
Urgent and Emergency Care	A&E 4 hour waiting times - HNY Provider Total	78% by March 2025	Plan	65.7%	67.8%	69.5%	76.6%	65.3%	66.8%	67.6%	68.2%	68.2%	68.3%	69.2%	68.2%		
			Actual	60.7%	61.0%	64.3%	66.7%	67.8%	67.4%	67.2%	67.3%	68.6%	67.0%	65.5%	65.5%		
Elective care	18 Week Referral to Treatment Waiting Times - Waiting List - HNY Provider Total		Plan	173171	172456	171872	171193	185205	185245	185309	185502	185569	185936	186049		H	P
			Actual	183752	182911	183428	186592	189912	191516	192496	191663	191008	190579	192543			
Elective care	18 Week Referral to Treatment Waiting Times - 65+ Week Waits - HNY Provider Total	0 by Sept 2024	Plan	2017	1502	944	350	312	244	165	95	33	0	0		L	F
			Actual	1415	1234	908	336	242	242	214	147	119	44	44			
Elective care	18 Week Referral to Treatment Waiting Times - 52+ Week Waits - HNY Provider Total		Plan	10036	9935	9794	9644	5859	6341	6349	5923	5385	4819	4322		L	F
			Actual	6631	5855	5396	5190	4878	4717	4593	4527	4911	4531	4675			
Elective care	Proportion of Outpatients Attendances that are 1st Appointments or Procedures - HNY Provider Total		Plan					43.4%	43.2%	43.4%	43.5%	43.4%	43.3%	43.1%			
			Actual	43.5%	42.1%	41.8%	42.1%	41.1%	41.7%	42.5%	41.8%	42.7%	41.4%	43.7%			
Diagnostics	Diagnostics Test Waiting Times: Proportion of Patients Waiting 6+ Weeks for the 9 Targeted Tests - HNY Provider Total		Plan	28.0%	27.8%	27.9%	27.9%	25.6%	25.0%	23.9%	23.7%	23.0%	20.7%	19.9%		L	F
			Actual	34.3%	31.8%	26.0%	26.5%	26.4%	25.1%	24.2%	21.4%	24.3%	21.9%	19.4%			
Cancer	28 Day Faster Diagnosis Standard - HNY Provider Total		Plan	66.7%	69.6%	67.6%	76.8%	73.6%	74.1%	74.4%	74.9%	74.7%	74.7%	74.6%		H	
			Actual	71.0%	67.3%	77.5%	74.6%	71.9%	73.9%	75.6%	74.5%	73.9%	73.8%	76.4%			
Cancer	Cancer 62 Day Waits - All referral routes - HNY Provider Total	70% by March 2025	Plan					61.1%	61.5%	62.0%	64.3%	63.7%	64.4%	65.7%		H	
			Actual	62.1%	57.7%	62.1%	67.1%	61.2%	64.1%	65.4%	63.8%	68.9%	62.5%	64.8%			
Cancer	Unadjusted percentage diagnosed at cancer stage 1 & 2 - HNY Provider Total		Plan													H	
			Actual	55.3%	57.3%	58.5%	60.5%	59.4%	58.8%	57.5%	58.6%						

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	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	VAR.	ASS.
Primary Care	Appointments in General Practice - HNY ICB		Plan	902841	1011082	898488	905087	905580	927735	856632	971766	863422	1013124	1163072		H	F
			Actual	826041	1032661	957517	928885	970859	958057	901117	1006559	882367	950733	1237154			
Primary Care	Proportion of Appointments in General Practice Booked and Seen the Same Day - HNY ICB		Plan													L	
			Actual	42.8%	42.3%	41.1%	41.0%	41.7%	42.4%	41.3%	41.8%	42.1%	40.5%	34.8%			
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%		H	?
			Actual	86.8%	87.2%	86.9%	87.4%	86.9%	87.5%	87.5%	88.1%	88.1%	87.7%	87.5%			
Primary Care	Units of Dental Activity Contracted - HNY ICB		Plan	100.%	100.%	100.%	100.%	100.%									F
			Actual	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%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%		F
			Actual	76.1%	76.9%	78.0%	78.1%	76.1%	77.1%	78.0%	73.1%	73.5%	73.3%	74.2%	74.6%		
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%	65.0%	65.0%	65.0%	65.0%	65.0%	65.0%	65.0%		H	P
			Actual	74.2%	74.5%	75.2%	75.7%	66.8%	73.3%	74.7%	75.5%	76.0%	76.5%	76.6%			
Community	Total Number on Community services waiting list - HNY Provider Total		Plan	22973	22909	22798	22744	19097	19097	19097	18713	18713	18713	18417		H	?
			Actual	15799	15963	18961	18243	20478	20722	21974	21885	22445	22006	20422			
Community	Total Number on Community Services waiting list over 52+ weeks - HNY Provider Total		Plan					1138	1138	1138	1174	1174	1174	1148		H	P
			Actual	230	169	1045	1101	1103	1096	1206	1085	1000	1014	1044			

Image Key

- Plan Met
- Plan Not Met

Rolling twelve month period

Humber and North Yorkshire
Business Intelligence

View by Month - Other Operating Plan Indicators

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Area	Metric	National Objective	Detail	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	VAR.	ASS.
Mental Health	E.H.5: Inappropriate adult acute mental health Out of Area Placement (OAP) Patients - HNY ICB		Plan Actual	25	19	17	18	20 22	19 30	16 20	14 13	13 12	11 29	9 18			
Mental Health	E.A.4a NHS Talking Therapies for Anxiety and Depression – Reliable Recovery - HNY ICB		Plan Actual	50.2%	52.3%	53.1%	55.0%	51.9% 52.3%	51.9% 55.0%	51.9% 49.3%	51.9% 52.0%	51.9% 49.1%	51.9% 51.4%	51.9% 49.5%			
Mental Health	E.A.4b NHS Talking Therapies for Anxiety and Depression – Reliable Improvement - HNY ICB		Plan Actual	69.6%	72.2%	71.7%	73.5%	70.8% 71.4%	70.8% 73.6%	70.8% 70.6%	70.8% 73.4%	70.8% 70.6%	70.8% 72.8%	70.8% 70.6%			
Mental Health	E.A.S.1: Estimated diagnosis rate for people with dementia - HNY ICB		Plan Actual	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%	60.6% 59.8%	60.9% 59.8%	61.1% 60.1%	61.3% 60.5%		
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	14375	14375	14410	14490	14765 14895	14765 14875	14765 14815	14765 15520	14765 15570	16360 15760				
Mental Health	E.H.15: Women Accessing Specialist Community Perinatal Mental Health Services - HNY ICB		Plan Actual	1102 745	1102 710	1102 505	1389 745	1284 810	1284 850	1284 910	1309 975	1309 1030	1309 1095	1335 1170			
Mental Health	E.H.9: Access to Children and Young People's Mental Health Services - HNY ICB		Plan Actual	21171 20720	21171 21215	21171 21635	21171 21595	21690 21300	21690 21445	21690 21260	21690 20965	21690 20750	21690 20600	21690 20515			
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	55.3%			69.9%			55.7% 59.2%			60.3% 56.8%				
Learning disability and autism	E.K.3: Learning disability registers and annual health checks delivered by GPs - HNY ICB		Plan Actual	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%	5.4% 5.0%	5.4% 5.5%	6.0% 6.8%			
Learning disability and autism	E.K.1: S029a: Inpatients with a learning disability and/or autism per million head of population - HNY ICB		Plan Actual	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	33.1 47.1	33.1 50.0	33.1 47.1		
Learning disability and autism	E.K.1c: Reliance on inpatient care for people with a learning disability and/or autism - Care for children - HNY ICB		Plan Actual	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	9.0 33.0	9.0 30.0	9.0 30.0		

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