Humber and North Yorkshire
Health and Care Partnership

ICB – Board

Annual Operating Plan - Performance Report

[Date: 9th April 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

Big 4 health outcomes

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

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

Design for the future

Blueprint

Leading for…

Excellence | **Prevention** | **Sustainability**

Drivers

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

Voice at the heart

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

Programmes of change & transformation

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

Short term 1-2 years Operational Plan & Deliverables

Operational Plan Targets

1. Improve 6 week diagnostic wait to below 5%
2. Deliver 70% performance on cancer 62 day and 77% on FDS
3. Increase the proportion of cancer diagnosis at stage 1 and 2
4. Increase proportion of outpatient first attendances to 46%
5. Reduce over 65 week waits to 0 and improve overall waiting list size
6. UEC 78% of patients seen within 4 hours in March 2025
7. Improve Category 2 ambulance response times
8. Improve access to GP services – (Increased appointments 1% and 85% 14 day booking)
9. Improve patients experience of choice at referral
10. Improve community services waiting times
11. Reduce NCTR numbers
12. Reduce inappropriate out of area placements
13. Increase dementia diagnosis rate to 66.7%
14. Implement the patient safety incident response framework

15. Implement 3yr plan for maternity and neonates
16. Increase dental activity to pre-pandemic levels
17. Improve vaccination uptake for CYP
18. Reduce inpatient care for children with LD and Autism
19. Develop at least one women's Health Hub
20. 75% of all SMI patients having annual health check
21. Improve access to Talking Therapies
22. Increase access to community, perinatal, CYP MH services
23. Annual Health check for 75% of people on LD register
24. Reduce inpatient care for adults with LD and Autism
25. Increase % of hypertension patients treated with NICE guidelines
26. Increase % of CVD patients on Lipid lowering therapies
27. Deliver on the Core20Plus5 approach for adults, CYP

28. Deliver net system balanced position
29. Reduce agency spend
30. Deliver VWA activity total – Income Target
31. Increase workforce retention, reduce staff sickness and deliver WTE reduction
32. Improve working lives of doctors
33. Provide sufficient clinical placements and apprenticeships

HNY ICB Strategy, Planning and Reporting Framework – Priority Indicators

Long term 10-15 years Strategy & Outcomes Framework

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

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

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

Short term 1-2 years Operational Plan & Deliverables

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9. Increase % of Improve access to Talking Therapies

10. hypertension patients treated with NICE guidelines

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

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Summary Overview

Urgent and Emergency Care

A&E 4 hour waiting times - HNY Provider Total

Feb 2025
Plan: 69.9%
Actual: 66.3%

Diagnostics

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

Jan 2025
Plan: 17.2%
Actual: 25.6%

Primary Care

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

Jan 2025
Plan: 85.0%
Actual: 87.6%

Community

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

Jan 2025
Plan: 1109
Actual: 980

Mental Health

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

Jan 2025
Plan: 6
Actual: 29

Elective care

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

Jan 2025
Plan: 0
Actual: 177

Cancer

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

Jan 2025
Plan: 66.3%
Actual: 62.6%

Prevention & Health Inequalities

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

Jan 2025
Plan: 80.0%
Actual: 76.2%

Mental Health

Estimated diagnosis rate for people with dementia - HNY ICB

Jan 2025
Plan: 61.8%
Actual: 60.3%

Mental Health

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

Jan 2025
Plan: 21690
Actual: 20075

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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	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	VAR.	ASS.
Urgent and Emergency Care	A&E 4 hour waiting times - HNY Provider Total	78% by March 2025	Plan Actual	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%	69.0% 62.3%	69.2% 65.1%	69.9% 66.3%		
Elective care	18 Week Referral to Treatment Waiting Times - 65+ Week Waits - HNY Provider Total	0 by Sept 2024	Plan Actual	350 336	312 242	244 242	165 214	95 147	33 119	0 44	0 44	0 59	0 132	0 177			
Diagnostics	Diagnostics Test Waiting Times: Proportion of Patients Waiting 6+ Weeks for the 9 Targeted Tests - HNY Provider Total		Plan Actual	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%	18.7% 19.9%	17.6% 22.6%	17.2% 25.6%			
Cancer	Cancer 62 Day Waits - All referral routes - HNY Provider Total	70% by March 2025	Plan Actual	 67.1%	61.1% 61.0%	61.5% 64.5%	62.0% 65.5%	64.3% 64.2%	63.7% 69.0%	64.4% 62.5%	65.7% 64.8%	66.0% 66.3%	66.0% 66.6%	66.3% 62.6%			
Primary Care	Proportion of Appointments in General Practice Booked and Seen Within 14 Days - HNY ICB		Plan Actual	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%	85.0% 87.5%	85.0% 88.1%	85.0% 87.6%			
Prevention & Health Inequalities	Percentage of patients with hypertension treated to NICE guidance - HNY ICB		Plan Actual	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%	80.0% 75.3%	80.0% 76.2%			
Community	Total Number on Community Services waiting list over 52+ weeks - HNY Provider Total		Plan Actual	 1101	1138 1103	1138 1096	1138 1206	1174 1085	1174 1000	1174 1014	1148 1044	1148 1015	1148 888	1109 980			
Mental Health	Estimated diagnosis rate for people with dementia - HNY ICB		Plan Actual	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%	61.6% 60.2%	61.8% 60.3%			
Mental Health	Inappropriate adult acute mental health Out of Area Placement (OAP) Patients - HNY ICB		Plan Actual	 18	20 22	19 30	16 20	14 13	13 12	11 29	9 18	9 16	7 13	6 29			
Mental Health	Access to Children and Young People's Mental Health Services - HNY ICB		Plan Actual	21171 21595	21690 21300	21690 21445	21690 21260	21690 20965	21690 20750	21690 20600	21690 20515	21690 20345	21690 20060	21690 20075			

Image Key

Plan Met

Plan Not Met

Rolling twelve month period

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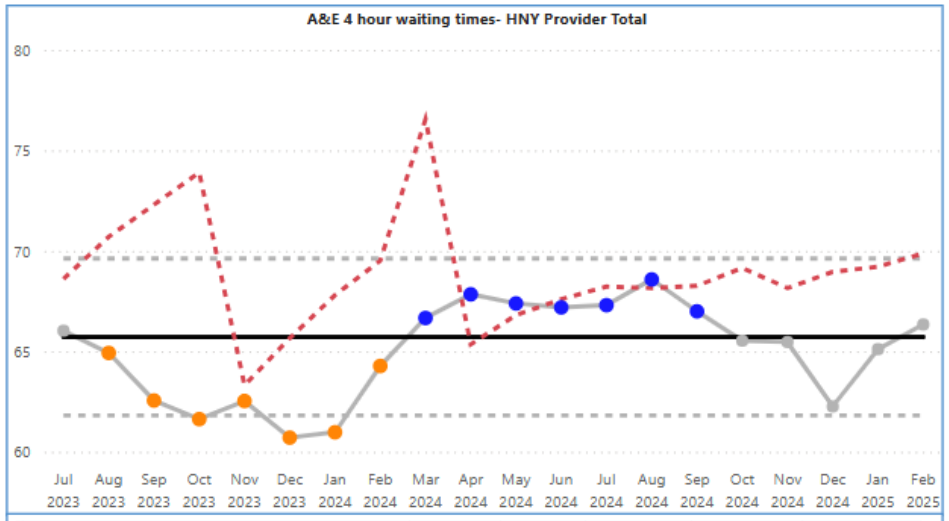
Urgent Care

Key Indicator: Waiting time in ED



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY Provider Total	69.9%	66.3%	⊗		F
YSFT	69.8%	66.2%	⊗	L	?
HDFT	76.0%	73.9%	⊗		?
NLAG	74.0%	71.1%	⊗	H	F
HUTH	63.3%	57.8%	⊗	H	F

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 February for the overall ICB system improved from **69.9% (Jan) to 71% (Feb)**. **The UEC plan being monitored by NHSE is for the acute providers only and was set at 69.9% for February, and delivery was 66.3%.** HUTH (57.8%) and Y&SFT (66.2%) were the lowest performing Trusts. **UEC performance at HNY has been challenged by NHSE and the ICB is in national UEC Tier 2**. The year end 4-hour target for the acute providers is 73.2% - ICB overall 78%. Trend is showing common cause variation with no significant change.

- **4-hour UEC February – No trusts met target for February**
- **Ambulance response time CAT 2 in February was 30:10 minutes** compared to **34:39 minutes in the previous month** against a target of 30:00 minutes. **HNY hospital handover performance has been singled out by YAS, EMAS and NHSE as of concern and as a result has triggered the successful 45-minute handover initiative.**

Key Actions

- Hull, NLAG and York now all live with W45 and having a significant impact on average ambulance handover times. Harrogate go live 1st April and Scarborough 28th April
- ICC Hubs – Evaluation presented at UEC Board 17th March and summary of options with pros/cons and costs being delivered next week for Place decisions on next steps and future model
- Active Capital works have commenced at York to reconfigure some areas of the ED and UTC to improve capacity, utilisation of space and flow. Regional and national support via the tiering process with the development of the model of care
- National visits undertaken at York and Hull linked to the Tier 1 position. Positive feedback in many areas but recognised challenges and areas of support including capacity & demand modelling of specialty beds, models of care, improvement approach and ward & board rounds. Support commencing with ECIST
- Significant focus on March performance to get positi9on to as close to 78% as possible/maximise performance for March. Particularly focus on validation from Region with weekly review of validation being completed. Trusts undertaking proactive management daily performance, with HUTH and NLAG implementing Director of the Day
- New UEC programme manager commenced in UEC Programme team who will be leading on Acute Medical Model, SDEC and Acute Frailty, seeing a reinvigoration of this programme and focus on maximising utilisation and access to SDEC and Acute Frailty
- National audit commenced of all patients with a LLOS +100 days with a requirement to report position on a monthly basis
- Work commenced with KPMG to support improvements in Digital UEC, led by John Mitchell, focusing on opportunities to improve UEC access and pathways with digital solutions. Stakeholders being engaged, including acute Trusts to help drive this programme

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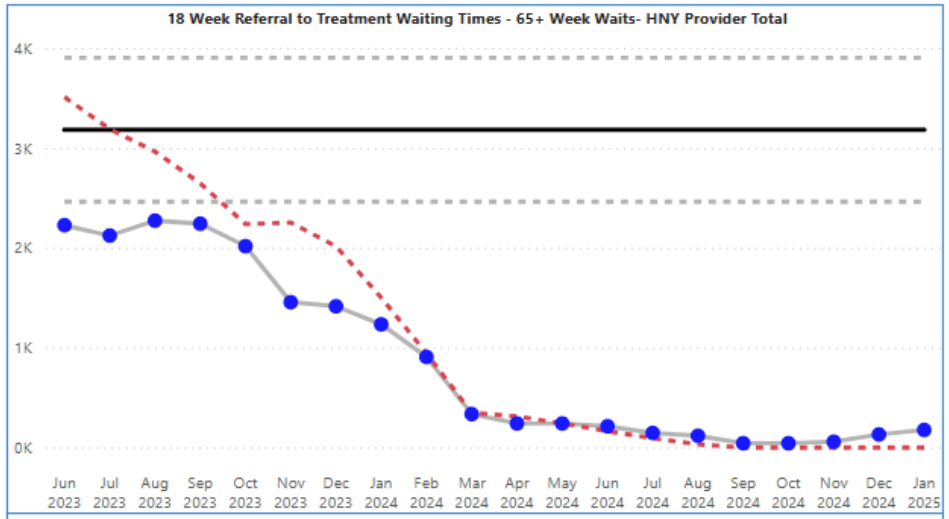
Elective

Key Indicator: RTT 65+ Week Waits



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY Provider Total	0	177			
YSFT	0	34			
HDFT	0	0			
NLAG	0	9			
HUTH	0	134			

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 increased to 177** in January against a target of 0. Performance is outside expected control limits and demonstrates **real cause variation of an improving nature**. All providers have demonstrated significant progress, however January has seen an increase from the December position (132) and this reversal of trend has continued and is being monitored.

The latest unvalidated data is forecasting the February position as 228 with risks in Neurology, Plastic Surgery and ENT. The accompanying performance target is total waiting list size which has shown a further reduction from December.

Key Actions

Tactical Ops - Face to face meeting plan currently underway, focusing on 2024/25 achievements and 2025/26 priorities. Mutual aid discussions taking place with an agreement that Y&S will take 50 adult ENT patients to support HHP.

ENT – Review of wax occluded activity at provider level to establish capacity requirement for services which could be delivered by an alternative provider. Systemwide straight to test audiology business case currently being written.

Eyecare – SPoA two phase implementation Harrogate, York and Scarborough and April 2025, Hull & NLaG June 2025. Glaucoma pilot commencing April 2025 for 6 months.

Theatres – Revised Golden Patient starting April 2025 to improve late starts and general theatre productivity.

Outpatients – Four specialty clinic templates have been collated, with a view to standardise across HNY. Collated follow up back log information from each Trust, including the definition each Trust use to measure overdue follow up patients, this will inform the next steps managing this cohort of patients.

Perioperative – Focus on increasing volume of green pathway patients (waiting list stock); patient/procedure pooling is a speciality led priority. Standardisation of pathways: trusts reviewed perioperative assessment process maps from each provider and identified opportunities for standardised practice/shared learning including agreement on roles/grades and mode of delivery. Cancellations- HNY shared data regarding patient illness reasons with region to support the NEY T&F group focussed on reducing patient cancellations. Development of a systemwide HNY flow chart has commenced.

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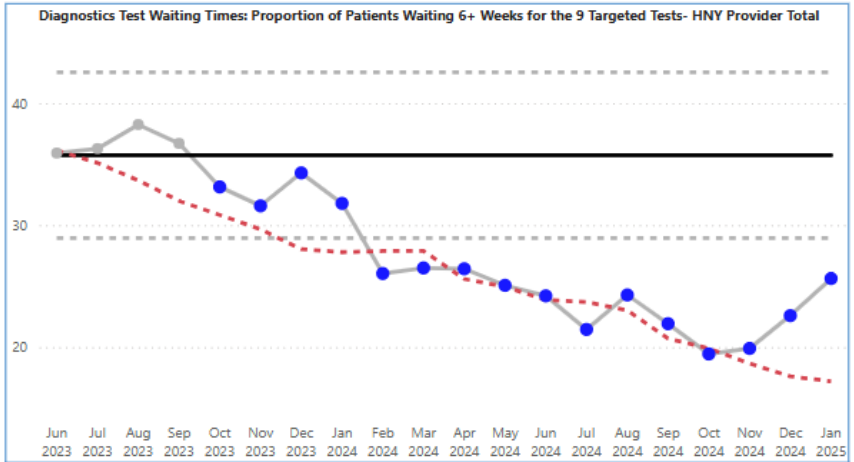
Diagnostics

Key Indicator: Waiting time for tests



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY Provider Total	17.2%	25.6%	⊗	L	F
YSFT	18.3%	31.1%	⊗	L	F
HDFT	23.7%	32.5%	⊗	?	?
NLAG	9.5%	27.4%	⊗	L	F
HUTH	23.4%	15.2%	✓	L	F

How does indicator link to long term priorities:

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

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

Diagnostics Services Escalation Points

Diagnostic **6-week performance was 25.6%** in January against a plan of 17.2%; statistically performance is demonstrating special cause variation of an **improving nature,** however, three consecutive months have shown performance worsening and taken delivery back to levels seen 12 months ago.

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 9,873 in December and rose by 2,534 patients to 12,407 **in January**. The modalities demonstrating the highest growth were NOUS (1,270), CT (523), Audiology (235), and MRI (222). The majority of the over 6 week waits are in the following modalities – **NOUS (3,515), MRI (2,901), Audiology (1,434), CT (1,334), Echo (1,201), Colonoscopy (934), DEXA (596)**. The overall waiting list size has grown as well as the over 6 week position and this will be raised at the Diagnostic programme board. From a provider perspective, only HUTH achieved plan in January.

Key Actions

- **CDC**: Programme continues to support activity across HNY. Whilst activity increased in January and was at record levels, as the plan increases the gap between plan and actual continues to grow.
- Meetings with Trust finance leads have taken place to understand Q4 24/25 position.
- Scunthorpe CDC opening date has changed and is now 4 March 2025. Grimsby go-live has moved slightly back to 11 March 2025 to avoid a clash with Scunthorpe. Scarborough and Hull are due to open in Q1 25/26 and NHSE are aware.
- Overview of revenue allocations for 25/26 received from NHSE and trusts are reviewing.
- Trusts are planning to complete C&D exercise by modality for assessment of delivery of 12/7 Elective Reform Plan
- **Endoscopy**: HUTH Capacity remains a concern. 71% of patients across the system >6 weeks sit within HUTH. Position might deteriorate further and presentation delivered at Feb Dx board highlighting the proportion of core-work.
- ERCP: Awaiting funding confirmation to appoint ERCP clinical lead. Regional Service development paper updated following national guidance. Presented at Feb Dx board asking to progress to Case for Change upon appointment of Clinical Lead.
- Minimally Invasive Service Development – Presented at Feb Dx Board - Request for initial funding to establish service in south of system to provide an alternative for HUTH long-waiting patients. - HNY Clinical Lead for Endoscopy recruited.
- **Imaging:** Revised Governance framework socialised at governance group (14/01). Presented at steering group, with agreement in principle gained (04/02). Approved at Diagnostics Programme Board (07/02).
- AI MSK: Contract signed 12/2/25, YSTHFT project deployment on-going. Phase 1 Projected go-live 28/3/25. Risk to Phase 2 deployed within HHP due to stakeholder buy-in.
- DDCP: Deliverables by March 31st 2025 (as outlined in MOU) are unlikely. Funding secured for FY25/26. Governance Structure agreed. Trust prioritisation on-going with project stand-ups to follow.
- GIRFT Imaging Visit held 23rd January. Shared practice included the HNY procurement collaborative, shared mobile assets & DRAD 2-Year accelerated radiology course, awaiting final feedback report.
- **Audiology:** NLaG data now received and analysis underway. Project resource identified to commence workshop and recovery opportunities aligned to the Elective Reform Plan
- **Workforce:** Ewan Cameron commended as Dx Programme Director

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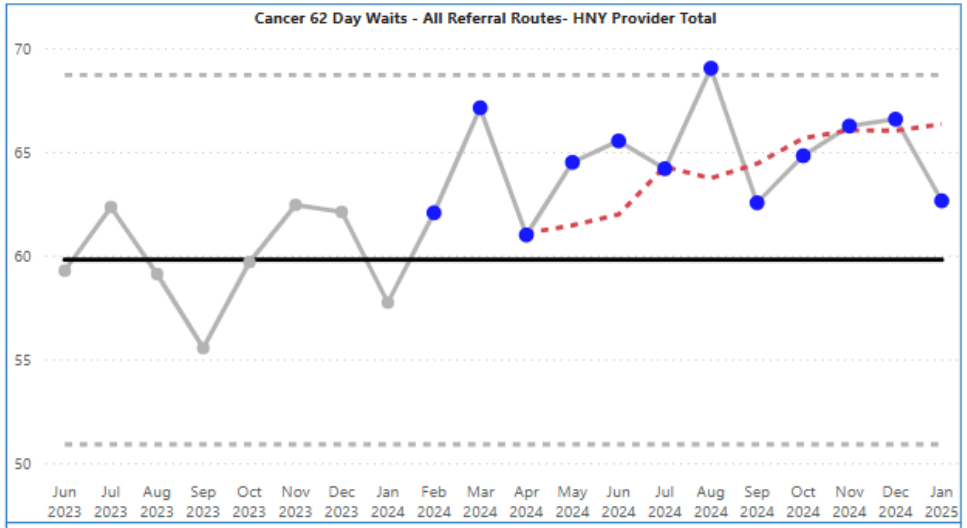
Cancer

Key Indicator: 62 day waits



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY Provider Total	66.3%	62.6%	✗	H	?
YSFT	62.1%	70.6%	✓	H	?
HDFT	71.8%	77.2%	✓	H	?
NLAG	68.9%	46.4%	✗		?
HUTH	68.2%	54.4%	✗		?

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. **January** performance was **62.6%** against a plan of **66.3% therefore not meeting the 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 (77.2%), and Y&SFT (70.6%) achieved monthly targets and both demonstrated special cause variation of an improving nature. 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 February 25:

Awareness & Early Diagnosis: Developed the AED 25/26 programme plan and recruited x3 B6 QI facilitators. Appointed the final PCN for Cancer Care Coordinator pilot. Liaised with Vaccinations UK on HPV activities. X6 Driffield sixth form students attended a skin cancer session.

Cancer Diagnostics and Innovation: AI planning applications for Prostate and Lung cancer approved, pending further exploration and funding. CVLP Bowel Cancer Screening Trial recruited 100% of participants.

Nursing and AHP: Planning for March nursing and AHP event completed with encouraging stakeholder engagement

Comms & Engagement: Draft 25/26 programme plan completed. Phase 1 of the HNYCA website development finished and patient portal section development commenced. Rebranded the Lung Cancer Screening programme on HNY footprint.

Health Inequalities: HI & Rapid Cancer Registration Staging dashboards and Cancer Risk Matrix presented to and well received by stakeholders. Conducted Adversity Trauma & Resilience training and Migrant Health Training with WY ICB and ER Local Authority.

Lung Health Check: Submitted revised trajectories for 24/25 and 25/26 trajectories approved. Delivery plan of LCS at HMP Hull in 2025 finalised. People experiencing homelessness in North Lincolnshire Health Inequalities project completed.

Non-Surgical Oncology: Wireframe SACT Postcode tool built and made available for user testing, incorporating initial feedback. Monthly meetings with HHP Specialist Medicine SLT and HNYCA NSO commenced.

Treatment, Pathways and Personalised Care: Recruited to Sarcoma Clinical Lead role. Collaborated with WYH CA to confirm regional Head and Neck MDT plans.

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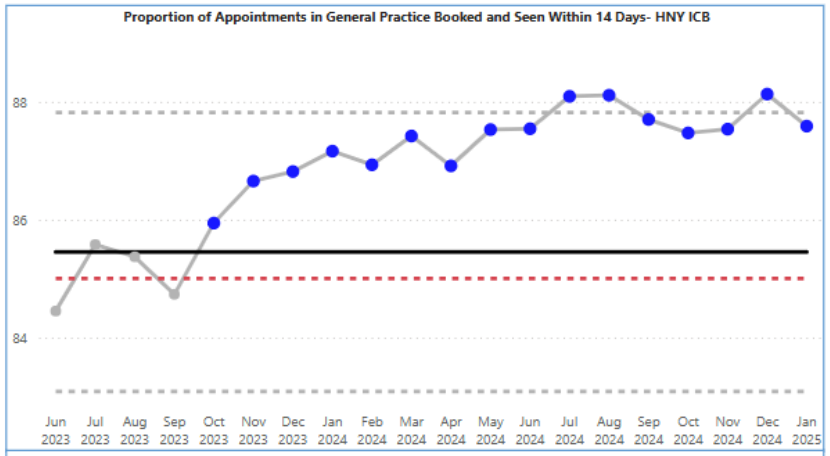
Primary Care

Key Indicator: Booked within 14 days



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY ICB	85.0%	87.6%	✓		
NHS East Riding Of Yorkshire	85.0%	93.3%	✓		
NHS Hull	85.0%	88.1%	✓		
NHS North East Lincolnshire	85.0%	92.4%	✓		
NHS North Lincolnshire	85.0%	85.5%	✓		
NHS York	85.0%	89.1%	✓		
NHS North Yorkshire	85.0%	83.8%	✗		

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 January performance has delivered 87.6% 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 93.3%,** NE Lincs 92.4%, York 89.1%, Hull 88.1%, North Lincs 85.5%, **North Yorks 83.8%.** All places delivering the target except North Yorks.

Primary care met the December target for appointments delivered. The overall trend is showing special cause variation of an improving nature. All places met their individual plans for January.

Expectations in the operating plan are to recover **dental levels of provision** to pre pandemic levels, this is currently not being achieved.

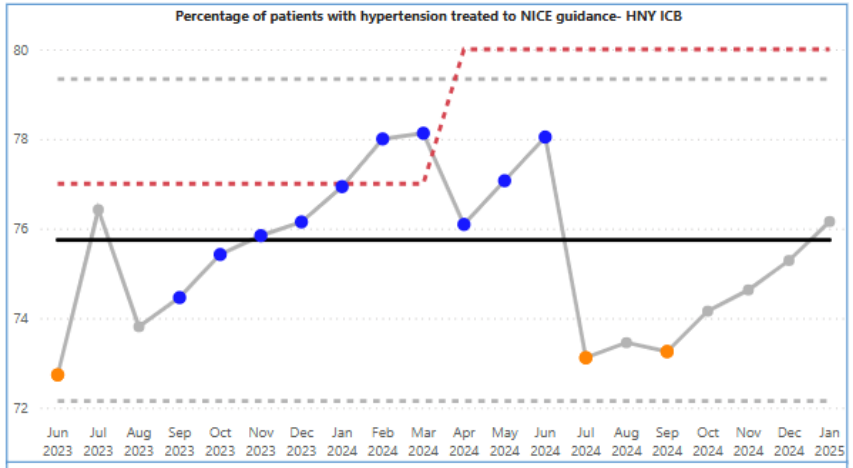
Key Actions

The ICB has agreed a new set of LES currently being considered for sign up by Practices ahead of going live on 1st April 2025.

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%	76.2%	✗		
NHS East Riding Of Yorkshire	80.0%	77.1%	✗		
NHS Hull	80.0%	69.9%	✗		
NHS North East Lincolnshire	80.0%	79.7%	✗		
NHS North Lincolnshire	80.0%	80.2%	✓		
NHS York	80.0%	74.2%	✗		
NHS North Yorkshire	80.0%	77.4%	✗		

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..

January 2025 performance was 76.2% against a target of 80%. The performance is showing a common cause variation of no significant change. North Lincs were the single place to achieve their plan in January and there is a range of delivery from 69.9% in Hull to 80.2% in North 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.

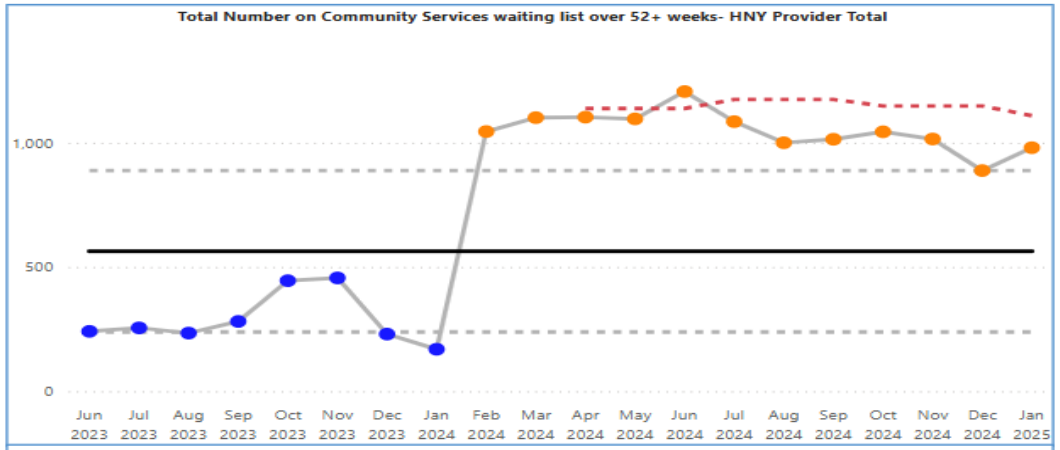
Key Actions

- Support to PCN's and practice continues following communication sent to all PCN's CD and managers with current treatment to target data against previous years attainment to help drive QOF attainment in Q4.
- CVD prevention sessions continues to be delivered through GP/ PCN PLT's/ PCN meetings and local care partnership meetings at Place by clinical leads and CVD programme managers.
- Optom and dental hypertension case finding pilots (focus on communities with high deprivation and improving access in areas of rurality) continues.
- Working with Community Pharmacy Engagement Leads across the system to improve relationships with GP practices promote collaborative working on hypertension case finding (and Pharmacy First services)
- IP pathfinder hypertension treatment pathway continues across 11 sites across the ICB.
- Two workplace health check pilots running in NY and ER - these have been extended to May 25.
- Opportunistic hypertension case finding - HIN led BP Check Train the Trainer Model continues to be delivered to partners across the system e.g. LA and VCSE organisations building on MECC approach.
- Scoping of opportunity to implement CVD community champions model across ICB continues – funding confirmed from NYC to support development of this model alongside improved council led health and wellbeing offer, recruitment into project lead post will start in March 24.
- Hypertension primary care toolkits currently being developed to support case finding, coding and management in primary care. Scheduled for launch in March 2025.
- NL CVD Outreach project in Scunthorpe (focus on hypertension opportunistic testing) implemented.
- Addressing variation at Place: programme of work underway in Hull in response to Hull being the only ICB Sub Place that didn't meet the hypertension treated to NICE guidelines in 2023/24.
- 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.
- CVD Behavioural insight work progresses VCSE provider organisations have been identified, key lines of enquiry for workshops and surveys under development in collaboration with ICB comms and VCSE orgamisation. Training to support project due to be delivered end of March, with expectation that workshops and surveys will start end of April/May 25

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	1109	980			
YSFT	1056	747			
HDFT	0	190			
NLAG	0	3			
HUMBER TEACHING NHS FOUNDATION TRUST	50	40			
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 January 2025, which saw **980 patients wait over 52 weeks** for community services against a plan of **1,109**. This is a worsening position from December (888), and **the data is continuing to show Special Cause variance of a concerning nature.** There is variation across providers and services; **Y&SFT (747), HDFT (190) and Humber Teaching FT (40) had the highest number of breaches.**

At a service level, 701 (675 last month) of the 980 patients over 52 weeks are in CYP Speech & Language service, 660 of which are at Y&SFT, a worsening position by 2.64% for Y&SFT on the previous month. HDFT pressures are spread across a range of services, including Nursing Therapy Support for LTC: Respiratory/COPD service (51), Rehabilitation Services (integrated) (67), Therapy Interventions (Speech & Language (19), and Dietetics) (17). Overall waiting list size stands at **19,947 an increase of 1,172 from December**. Trend wise, the waiting list size is showing significant change of a concerning nature.

Key Actions

- Work continues with the regional team to validate CHS SitRep data. An exercise has been undertaken to compare CSDS submissions against CHS returns which has been distributed to providers for commentary. Responses will be collated first week of March for presentation back to the regional recovery group and variation worked through.
- The community baselining exercise associated with the System Change and Transformation work (PID 2) has concluded, and the returns are being used as a basis to overlay against the validation exercises.
- Development of a regional wide access policy / set of principles is being drafted with input from the HNY Community Collab and the CYP transformation team. An update will be brought to the Collab Board.

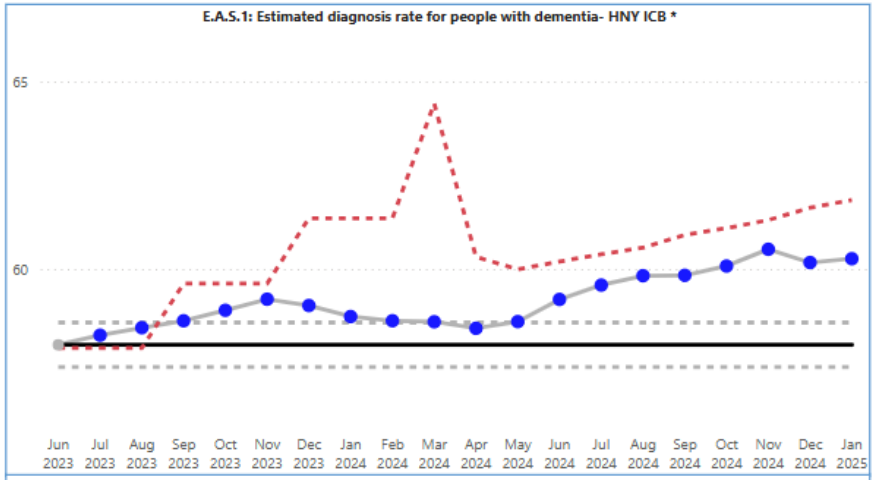
Planning Update:

- Paediatric long wait pressures are associated with pressures in Therapy services in HTFT and YSFT. A validation exercise is being undertaken at YSFT which will cleanse the waiting list in combination with pathway development. Adult breaches are anticipated at HTFT and HDFT but are expected to be treated by Q3 through a series of validation and skill mix expansion.

Humber and North Yorkshire
Business Intelligence

Dementia

Key Indicator: Dementia Diagnosis Rate



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY ICB	61.8%	60.3%	⊗	H	F
NHS East Riding Of Yorkshire	59.8%	59.4%	⊗	H	F
NHS Hull	76.9%	66.8%	⊗	H	F
NHS North East Lincolnshire	66.0%	69.7%	✓	H	F
NHS North Lincolnshire	63.6%	60.5%	⊗	H	F
NHS York	54.0%	54.1%	✓	L	?
NHS North Yorkshire	59.5%	58.6%	⊗	~	F

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 January was **60.3%, which is below the ICB plan target of 61.8%.** Performance is consistently at or above the upper control limit and therefore demonstrates special cause **variation of an improving nature.** However, 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 69.7%, Hull 66.8%, North Lincs 60.5%, East Riding 59.4%, North Yorks 58.6%, and York 54.1%. NE Lincs, North Lincs, Hull 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.**

Key Actions

- NYY/TEWV & HTFT/ER are now mobilising plans to address long waits and low DDR, and Navigo/NEL to reduce backlog of assessments and reviews. HTFT have appointed to their B5 development post which will assist in improving wait times for diagnosis, with a start date of mid-April, and TEWV staff are also expected in post in April.
- Quality Improvement Audit of GP registers remains underway to identify barriers to DDR and timely diagnosis – stocktake of current findings planned for late March 25.
- March/April –launch of the five year plan.
- Roll out of the High Impact Change Model: Improving the timely and effective discharge of people with dementia and delirium into the community.

High impact change areas are:

A. Embedding effective support for unpaid carers
B. Being equipped to prevent and respond to crisis.
C. Managing presentations in the Emergency Department.
D. Enabling timely identification and assessment in hospital.
E. Improving the inpatient experience.
F. Optimising the discharge process.
G. Providing intermediate care that promotes positive outcomes.
H. Facilitating ongoing, longer-term needs.

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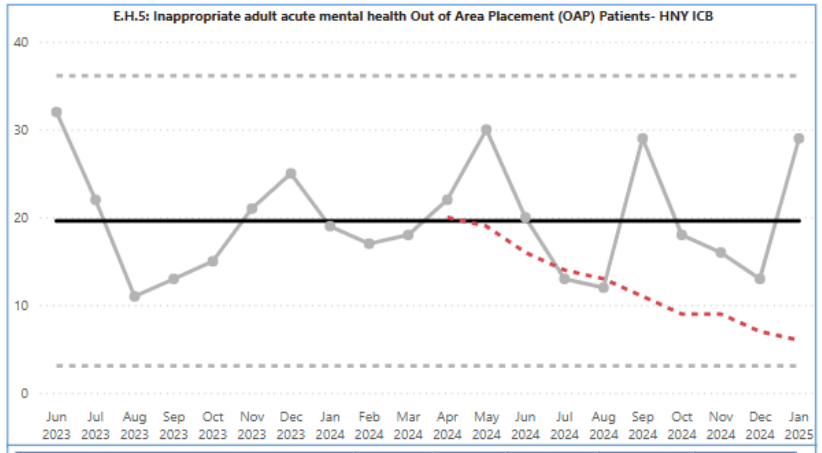
Business Intelligence

Adult Acute Out of Area Placements

Key Indicator: Inappropriate OOA placements



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY ICB	6	29			
NHS East Riding Of Yorkshire	2	7			
NHS Hull	3	7			
NHS North East Lincolnshire	0	0			
NHS North Lincolnshire	1	13			
NHS York	0	0			
NHS North Yorkshire	0	2			

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 key indicator for out of area placements in 2024/25 is the number of inappropriate adult acute placements (previously bed days). There are other out of area placements that relate to rehabilitation that do not form part of this indicator. **The performance in January was 29 against a plan of 6.** 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 (13) and East Riding (7) and Hull (7).**

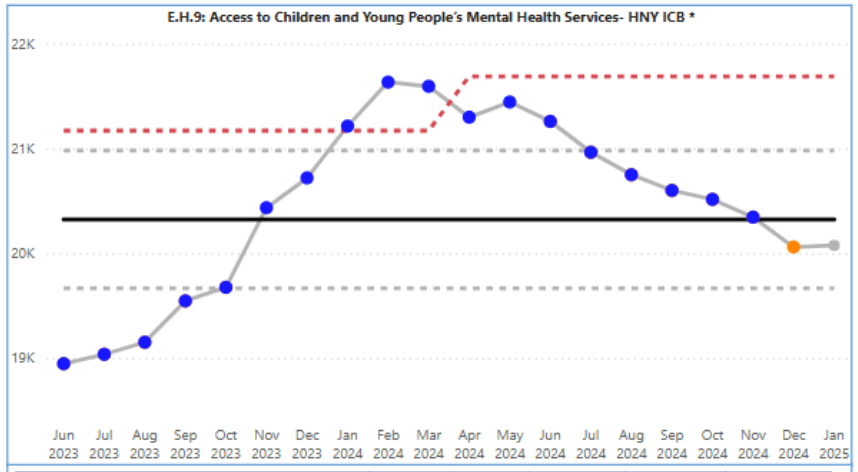
Key Actions

- Draft CV developed for community rehab service in NL with 12 individuals identified for repatriation across 25/26.
- Deep dive into PICU data and information underway to support a system wide business case to meet demand more locally within HNY
- Recruitment to extend Hull/ER's older face-to-face community and crisis teams underway
- National capital funding been made available to systems to support OOA reduction – currently gathering options from providers
- 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 continues to prevent further inappropriate OOA placements
- Newly introduced clinical case discussion forums across HNY to drive facilitation of discharge plans.
- Stakeholder event will be held on May 6th to reprioritise and develop the second iteration of our 3-year strategic plan to transform inpatient services, working closely initially with our NHS providers.
- Introduction and Engagement event was facilitated for independent sector mental health providers on 25th February; further developments will be made with interested parties through face-to-face workshops to develop clear pathways and service specifications

Humber and North Yorkshire
Business Intelligence

CYP Mental Health Services

Key Indicator: CYP MH Services



ORGANISATION	PLAN	ACTUAL	PLAN MET	VARIATION	ASSURANCE
HNY ICB	21690	20075	✗		
NHS East Riding Of Yorkshire	3130	2695	✗		
NHS Hull	3770	3510	✗		
NHS North East Lincolnshire	3180	3365	✓		
NHS North Lincolnshire	1915	2030	✓		
NHS York	3608	3290	✗		
NHS North Yorkshire	6087	5610	✗		

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 **January was 20,075 against a plan of 21,690**, and therefore **below target**. The provision made available has shown **variation of a variable nature;** CYP access is below the increased plan for 2024/25 and has seen consecutive monthly reductions in activity since May. 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 and provision by March 2025 and into 2025/26.

Key Actions

Deep dive into data - Work is underway with CYP MH place leads and provider BI leads/managers to undertake a deep dive into the data as in a number of areas there are concerns about accuracy of the data flowing to MHSDS. In North Yorkshire and York this is due to the realignment of Vale of York to city of York. In Hull/East Riding this is due to transfer from Lorenzo to System one. Also, there are still some providers not yet flowing data correctly, but we aim to have this addressed by April 2025. We will also be working with the Royal Society of Psychiatry UK on a quality improvement programme to improve access, waiting times and outcomes over the coming year.

Develop the new HNY CYP MH strategic plan by April 2025 with improved emphasis on early intervention to increase access, reducing waiting times and improving wellbeing while waiting 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.

Mapping of capacity in services to meet need/achieve access target is underway as part of the forward plan development. However, even if the access target is achieved it will only meet the needs of approximately 1/3 of those CYP needing a mental health intervention. Lack of funding for/access to early intervention services means when CYP do access there is higher level of acuity, so CYP stay in services longer. Most services report being at capacity and numbers of CYP waiting for first contact (over 2,500) and those waiting more than 12 weeks to be seen (over 900) are increasing. Also, numbers presenting at A&E remain high with many not already accessing mental health services.

Increased investment in SDF for CYP MH to improve performance 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 2025 for some projects and April 2025 for others where additional recruitment is needed so access data from this increased capacity in the system is unlikely to flow until April 2025 – June 2025. The increased activity ambition for 2024/25 Operational Planning relates to national increases in CYP MH funding which has not been realised. The new forward plan will include a costed plan for improved access with a focus on early intervention so when additional funding becomes available or though revising focus of current funding, we can improve access for CYP at the earliest opportunity with the aspiration that no CYP should wait more than 4 weeks for an intervention.

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 – **February 12.7% against target of 12.2%**
- Reduce staff absence – **February 5.0% against a plan of 4.8%**
- WTE staff in post plan – **January 34,479 against a plan of 33,418**

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 **February** intelligence are as follows:

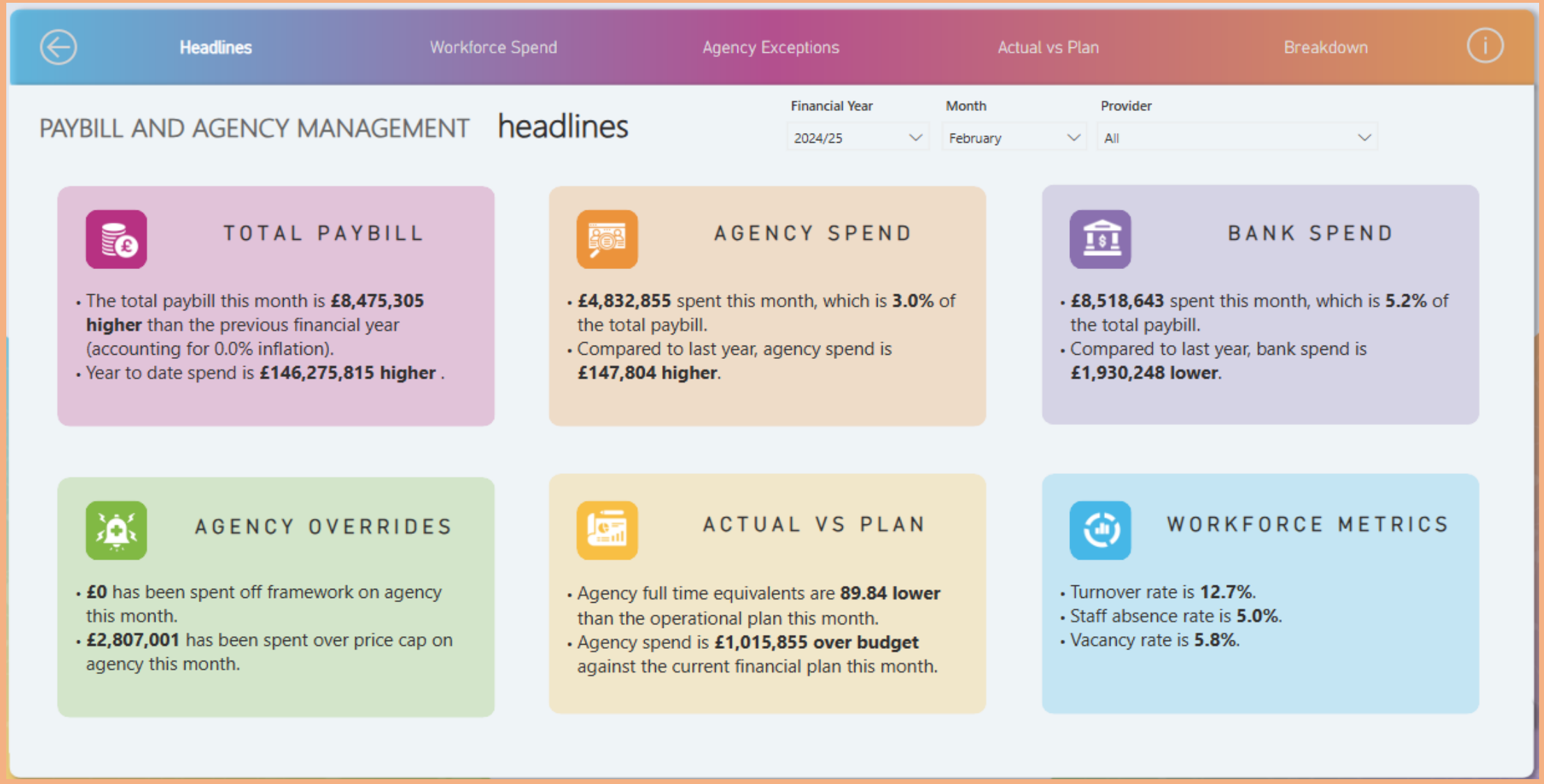
Agency use continues to run well below plan for WTE (**89.8WTE / 22.7% under plan**) and showing an increasing reduced position compared to last month (January was 74.9wte under plan). Despite this the cost of agency has increased to above plan from January to February producing an in-month position **of £1.02m or 26% above plan**. Year-to-date spend remains above plan but with the gap reducing to **£3.5 / 7.2% over plan**; this continues to be driven by market rates for medical agency running significantly above plan assumptions, showing an increased pressure to £3m for M11, which is being offset by the £5m 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 with a increased use from January (306wte above plan) into February, M11 (386wte/31.5% above plan. The increase in in-month spend in October due to pay award has stabilised, but reducing plan profile means spend is still £0.61m over plan in month. M11 costs for both Registered Nursing and Medical Staff bank have increased in month from £0.31m to £0.12m, and £0.33m to £0.32m respectively. **Total bank spend is £0.61m or 7.7% above plan.** This is driven by overspends in medical (£1m), STT (£1m) and nursing, midwifery and health visiting (£1m) staff groups, partially offset by underspend (-£2m) in support to clinical staff. Plan profile for bank over Q4 remains exceptionally challenging and further risks remain on both WTE use and spend across the winter period and as we see an increase in staff sickness.

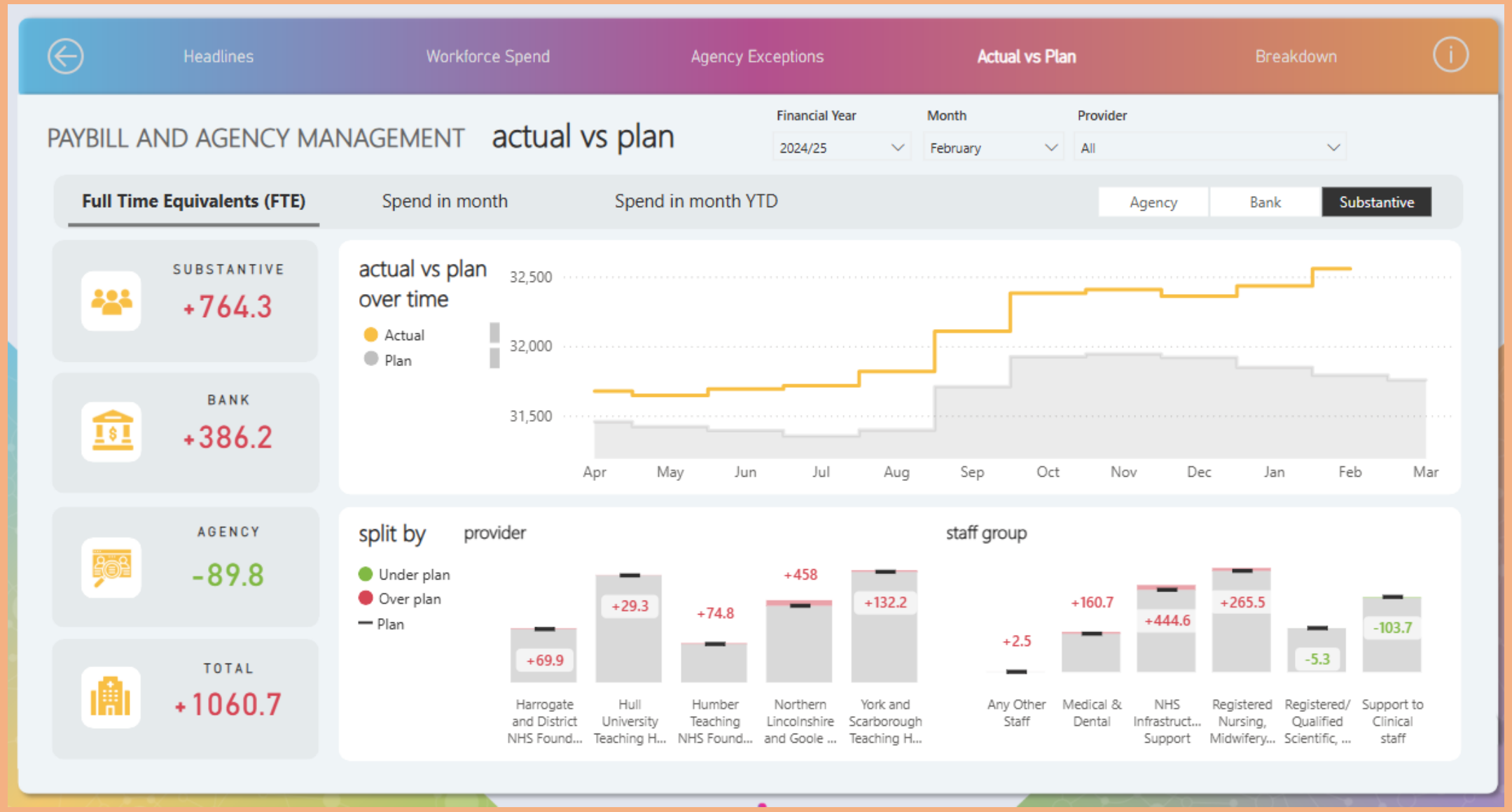
As previously reported, availability of the PAM dashboard has identified the need for two technical adjustments to planned substantive staff in post. One of the issues has now been resolved Taking into account the remaining issue the starting plan position needs to be uplifted by a total of 212WTE (NLAG). Using this adjusted baseline, **substantive** staff in post are **552.3WTE / 2.4% over plan** as at February. However, substantive paybill spend in M11, although still above plan, has seen a reducing position to £6.3m overspent (as opposed to Januarys £7.8m overspend). Substantive paybill in year to February is **£63.8m or 4.0% above plan**.

Across all staff groups, **WTE staff in post as at January are 1,060.7WTE or 3.2% over plan**, which reduces to 848.7**WTE or 2.5% over plan** when adjusted for the issue with the baseline for NLAG. The **paybill in year to January is £7.9m or 5.1% over plan.**

Workforce Summary



Workforce Summary (Cont)



Workforce Summary

January	Substantive			Bank			Agency			Total Workforce		
Provider	**Plan**	**Actual**	**Var**	**Plan**	**Actual**	**Var**	**Plan**	**Actual**	**Var**	**Plan**	**Actual**	**Var**
Harrogate & District NHS Foundation Trust	4,388	4,455	67	156	166	10	44	18	-26	4,588	4,639	51
Hull University Teaching Hospitals NHS Trust	8,849	8,807	-42	86	155	69	22	43	21	8,957	9,005	48
Humber Teaching NHS Foundation Trust	3,164	3,232	68	159	155	-4	30	16	-14	3,352	3,403	50
North Lincolnshire & Goole Foundation Trust	6,338	6,745	407	276	423	147	150	115	-35	6,764	7,283	519
York & Scarborough Teaching Hospitals	9,110	9,196	86	563	646	83	151	130	-21	9,825	9,972	148
HNY Total	**31,849**	**32,434**	**585**	**1,239**	**1,545**	**306**	**397**	**322**	**-75**	**33,485**	**34,302**	**816**

February	Substantive			Bank			Agency			Total Workforce		
Provider	**Plan**	**Actual**	**Var**	**Plan**	**Actual**	**Var**	**Plan**	**Actual**	**Var**	**Plan**	**Actual**	**Var**
Harrogate & District NHS Foundation Trust	4,391	4,461	70	155	158	3	43	17	-26	4,589	4,636	47
Hull University Teaching Hospitals NHS Trust	8,812	8,842	30	84	141	57	22	39	17	8,918	9,022	104
Humber Teaching NHS Foundation Trust	3,165	3,240	75	159	179	20	30	14	-15	3,354	3,433	80
North Lincolnshire & Goole Foundation Trust	6,314	6,772	458	269	456	187	150	113	-37	6,733	7,341	608
York & Scarborough Teaching Hospitals	9,110	9,243	133	563	682	119	151	122	-29	9,825	10,047	223
HNY Total	**31,792**	**32,558**	**766**	**1,230**	**1,616**	**386**	**396**	**305**	**-91**	**33,418**	**34,479**	**1,061**

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	6	3	-1	-8	-7	-1	-1	0	1	-3	-4
Hull University Teaching Hospitals NHS Trust	-37	35	72	-2	-14	-12	0	-4	-4	-39	17	56
Humber Teaching NHS Foundation Trust	1	8	7	1	24	24	0	-2	-2	1	31	29
North Lincolnshire & Goole Foundation Trust	-24	27	51	-7	33	40	0	-2	-2	-31	58	89
York & Scarborough Teaching Hospitals	0	47	47	0	36	36	0	-8	-8	0	75	75
HNY Total	**-57**	**124**	**181**	**-9**	**71**	**80**	**-1**	**-17**	**-16**	**-67**	**178**	**245**

Workforce Summary

February	% Variance to plan			
Provider	**Substantive**	**Bank**	**Agency**	**Total Workforce**
Harrogate & District NHS Foundation Trust	1.6%	1.9%	-60.5%	1.0%
Hull University Teaching Hospitals NHS Trust	0.3%	67.9%	77.3%	1.2%
Humber Teaching NHS Foundation Trust	2.4%	12.6%	-51.7%	2.4%
North Lincolnshire & Goole Foundation Trust	7.3%	69.5%	-24.7%	9.0%
York & Scarborough Teaching Hospitals	1.5%	21.1%	-19.4%	2.3%
HNY Total	**2.4%**	**31.4%**	**-22.9%**	**3.2%**

* Above is NLAG plan submitted to NHSE

February	% Variance to plan			
Provider	**Substantive**	**Bank**	**Agency**	**Total Workforce**
Harrogate & District NHS Foundation Trust	1.6%	1.9%	-60.5%	1.0%
Hull University Teaching Hospitals NHS Trust	0.3%	67.9%	77.3%	1.2%
Humber Teaching NHS Foundation Trust	2.4%	12.6%	-51.7%	2.4%
North Lincolnshire & Goole Foundation Trust	3.8%	69.5%	-24.7%	5.7%
York & Scarborough Teaching Hospitals	1.5%	21.1%	-19.4%	2.3%
HNY Total	**1.7%**	**31.4%**	**-22.9%**	**2.5%**

* Above is adjusted plan for NLAG

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	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	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		
			Actual	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	00:52:07	00:34:39	00:30:10		
Urgent and Emergency Care	A&E 4 hour waiting times - HNY Provider Total	78% by March 2025	Plan	76.6%	65.3%	66.8%	67.6%	68.2%	68.2%	68.3%	69.2%	68.2%	69.0%	69.2%	69.9%		
			Actual	66.7%	67.8%	67.4%	67.2%	67.3%	68.6%	67.0%	65.5%	65.5%	62.3%	65.1%	66.3%		
Elective care	18 Week Referral to Treatment Waiting Times - Waiting List - HNY Provider Total		Plan	171193	185205	185245	185309	185502	185569	185936	186049	186174	186488	185713			
			Actual	186592	189912	191516	192496	191663	191008	190579	192543	189591	188835	186679			
Elective care	18 Week Referral to Treatment Waiting Times - 65+ Week Waits - HNY Provider Total	0 by Sept 2024	Plan	350	312	244	165	95	33	0	0	0	0	0			
			Actual	336	242	242	214	147	119	44	44	59	132	177			
Elective care	18 Week Referral to Treatment Waiting Times - 52+ Week Waits - HNY Provider Total		Plan	9644	5859	6341	6349	5923	5385	4819	4322	3910	3523	3280			
			Actual	5190	4878	4717	4593	4527	4911	4531	4675	5071	4914	5077			
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%	42.9%	43.3%	42.8%			
			Actual	42.1%	45.1%	45.7%	46.6%	45.7%	46.4%	45.2%	45.8%	45.7%	46.3%	43.5%			
Diagnostics	Diagnostics Test Waiting Times: Proportion of Patients Waiting 6+ Weeks for the 9 Targeted Tests - HNY Provider Total		Plan	27.9%	25.6%	25.0%	23.9%	23.7%	23.0%	20.7%	19.9%	18.7%	17.6%	17.2%			
			Actual	26.5%	26.4%	25.1%	24.2%	21.4%	24.3%	21.9%	19.4%	19.9%	22.6%	25.6%			
Cancer	28 Day Faster Diagnosis Standard - HNY Provider Total		Plan	76.8%	73.6%	74.1%	74.4%	74.9%	74.7%	74.7%	74.6%	74.9%	74.8%	75.1%			
			Actual	74.6%	71.7%	73.8%	75.2%	74.4%	73.8%	73.7%	76.4%	76.3%	75.2%	68.5%			
Cancer	Cancer 62 Day Waits - All referral routes - HNY Provider Total	70% by March 2025	Plan		61.1%	61.5%	62.0%	64.3%	63.7%	64.4%	65.7%	66.0%	66.0%	66.3%			
			Actual	67.1%	61.0%	64.5%	65.5%	64.2%	69.0%	62.5%	64.8%	66.3%	66.6%	62.6%			
Cancer	Unadjusted percentage diagnosed at cancer stage 1 & 2 - HNY Provider Total		Plan														
			Actual	61.2%	59.2%	59.1%	57.2%	60.1%	63.3%	61.5%	57.2%						

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	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	VAR.	ASS.
Primary Care	Appointments in General Practice - HNY ICB		Plan	905087	905580	927735	856632	971766	863422	1013124	1163072	957563	872289	926171			
			Actual	928885	971265	958472	901196	1006559	882365	950729	1237147	989410	887608	1030874			
Primary Care	Proportion of Appointments in General Practice Booked and Seen the Same Day - HNY ICB		Plan														
			Actual	41.0%	41.7%	42.3%	41.3%	41.8%	42.1%	40.5%	34.8%	39.9%	43.1%	41.8%			
Primary Care	Proportion of Appointments in General Practice Booked and Seen Within 14 Days - HNY ICB		Plan	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%			
			Actual	87.4%	86.9%	87.5%	87.5%	88.1%	88.1%	87.7%	87.5%	87.5%	88.1%	87.6%			
Primary Care	Units of Dental Activity Contracted - HNY ICB		Plan	100.%	100.%												
			Actual	90.%	86.%												
Prevention & Health Inequalities	Percentage of patients with hypertension treated to NICE guidance - HNY ICB		Plan	77.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%			
			Actual	78.1%	76.1%	77.1%	78.0%	73.1%	73.5%	73.3%	74.2%	74.6%	75.3%	76.2%			
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%	65.0%	65.0%	65.0%	65.0%	65.0%	65.0%	65.0%	65.0%	65.0%	65.0%			
			Actual	75.7%	66.8%	73.3%	74.7%	75.5%	76.0%	76.5%	76.6%	76.8%	77.0%	77.2%			
Community	Total Number on Community services waiting list - HNY Provider Total		Plan	22744	19097	19097	19097	18713	18713	18713	18417	18417	18417	18200			
			Actual	18243	20478	20722	21974	21885	22445	22006	20422	20146	18775	19947			
Community	Total Number on Community Services waiting list over 52+ weeks - HNY Provider Total		Plan		1138	1138	1138	1174	1174	1174	1148	1148	1148	1109			
			Actual	1101	1103	1096	1206	1085	1000	1014	1044	1015	888	980			

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Humber and North Yorkshire
Business Intelligence

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Area	Metric	National Objective	Detail	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	VAR.	ASS.
Learning disability & autistic people	S029a: Inpatients with a learning disability and/or autism per million head of population - HNY ICB		Plan Actual	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	33.1 49.3	33.1 51.5	33.1 52.9	H	F
Learning disability & autistic people	Learning disability registers and annual health checks delivered by GPs - HNY ICB		Plan Actual	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%	6.1% 7.0%	6.1% 6.6%	9.9% 10.3%		H	?
Learning disability & autistic people	Reliance on inpatient care for people with a learning disability and/or autism - Care for children - HNY ICB		Plan Actual	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	9.0 36.0	9.0 36.0	9.0 39.0	H	F
Mental Health	Estimated diagnosis rate for people with dementia - HNY ICB		Plan Actual	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%	61.6% 60.2%	61.8% 60.3%		H	F
Mental Health	Inappropriate adult acute mental health Out of Area Placement (OAP) Patients - HNY ICB		Plan Actual	18	20 22	19 30	16 20	14 13	13 12	11 29	9 18	9 16	7 13	6 29		?	?
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	69.9%			55.7% 59.2%			60.3% 56.8%			64.9% 58.3%			H	F
Mental Health	E.H.31 Access to Transformed Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses - HNY ICB		Plan Actual	14490	14765 16450	14765 16555	14765 16605	14765 16770	14765 16895	16360 17160	16360 17425	16360 17565	16360 17635			H	F
Mental Health	Women Accessing Specialist Community Perinatal Mental Health Services - HNY ICB		Plan Actual	1389 745	1284 810	1284 850	1284 910	1309 975	1309 1030	1309 1095	1335 1170	1335 1215	1335 1255	1389 1295		H	F
Mental Health	Access to Children and Young People's Mental Health Services - HNY ICB		Plan Actual	21171 21595	21690 21300	21690 21445	21690 21260	21690 20965	21690 20750	21690 20600	21690 20515	21690 20345	21690 20060	21690 20075		?	F
Mental Health	Access to NHS Talking Therapies - HNY ICB		Plan Actual	3078 2625	2698 3205	2998 2770	3298 2375	3012 2815	3156 2570	3012 2880	3270 3205	3270 2720	2824 2465	3386 2895		?	?

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- Plan Not Met

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Humber and North Yorkshire
Business Intelligence

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