



Agenda Item No:

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Report to:	Humber and North Yorkshire Integrated Care Board
Date of Meeting:	9 July 2025
Subject:	ICB Performance Report
Director Sponsor:	Shaun Jones, Acting Chief Operating Officer; Director of Planning and Performance Karina Ellis, Executive Director of Corporate Affairs
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STATUS OF THE REPORT:

Approve ☐ Discuss ☐ Assurance ☒ Information ☒ A Regulatory Requirement ☐

SUMMARY OF REPORT:

The purpose of this paper is to provide the Board with the latest published performance position against the priority objectives in the 2025/26 HNY ICB Operational plan and National planning guidance. The report has been developed in line with making data count guidance and has been refreshed from the format introduced in 2024/25. The report uses the latest published data available.

For the priority indicators, the report includes a month by month view to allow the board to see performance over time including SPC icons that demonstrate whether changes are statistically significant. Each priority includes a time series chart for associated success criteria (metrics) that includes a breakdown on provider delivery. Again, SPC icons are used to demonstrate statistical change. Objective summary text on performance delivery is included to describe the charts along with key actions that are being taken. More detailed information on the performance priorities, including triangulation will be made available on request through either other agenda items at the Board or the Finance, Performance and Delivery Committee.

This cover sheet is an executive summary of the report. The report is largely concerned with M1 (M2 for UEC).

Urgent and Emergency Care

UEC 4-hour performance in May for the overall ICB system was 71.3%. NHSE are focused on the acute provider plans for UEC, which was planned at 70.83% for May with performance of 67.1%. HUTH and Y&SFT were the lowest performing Trusts. The ICB is in national UEC Tier 1, though HDFT has recently been exited from UEC Tiering following sustained performance against plan over the past 3 months. Trend performance over time is variable, which suggests no statistically significant improvement is being seen, though the operating plan agreed with providers was to see improvement over the year. The other urgent care indicators in the plan relate to 12 hour waits in department and ambulance category 2 response times. The report shows both of these metrics were achieved in May.

Planned Care

The planning guidance for planned care has reintroduced the 18-week Referral To Treatment (RTT) % as metric, along with two new metrics - % of the waiting list waiting for a new appointment and the % of the waiting list over 52 weeks. RTT performance is measured and included in the report, the other two measures will be ready for reporting at M2, although 52 week waits rather than the % have been included in this report as a proxy measure. The plan for the year is to improve RTT by 5% from the November 2024 position, and for 52 weeks % to be below 1%. Trajectories have been agreed with providers to deliver these two measures at a system level and require delivery of the plan throughout the year. April performance shows delivery of the RTT plan and the planned number of 52-week patients.

Cancer Services

The success criteria for cancer services are 62-days from referral to treatment, and the 28-day faster diagnosis metric. April performance for 62 days was 63.2% against a plan of 66.0%, therefore not meeting the target. April performance for faster diagnosis was 65.1% against a plan of 74.7%, therefore not meeting the target. The data behind the performance suggests that more patients initiated treatment than planned. The report describes variation by provider with a range in delivery across the providers and includes a summary of key actions that are planned. The ICB, and HUTH and NLAG as individual providers, are in NHSE Tier 1 category for Cancer.

Primary Care

Success criteria for primary care is to improve patient experience and increase provision of urgent dental appointments. The patient experience survey data isn't available yet, and so the number of appointments and 14-day booking are to be used in this report. Dental data and reporting are being reviewed and will hopefully be included in next month's report. Performance against delivery of appointments showed a slight dip against the plan in April, potentially due to Easter, and the 14-day target being delivered. In both cases there was variation at place. General provisions of dental appointments are tracking below pre-covid levels, but the provision of urgent appointments is not available at the time of this report.

Prevention and Health Inequalities

Prevention and Health Inequalities form a key part in the long term aims of the organisation; however, the operating plan guidance also referenced some indicators to be monitored through the annual process that related to hypertension, CVD, and CORE20Plus. Hypertension and CVD are included in the report although there has been a lag in reporting for M1 and so the report includes March data. The expectation is that next month's report will catch up. March showed delivery of CVD, but just below the hypertension performance. Further information available demonstrates that 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.

Mental Health Services

The success criteria for mental health services in the operating plan related to length of stay (LOS) in hospital, reliance on inpatient stays and access to children and young people's services (CYP). M1 reporting for LOS is not currently available but hopefully will be for M2. In regard to performance, CYP and reliance on inpatient stays for adults with learning disability did not meet the plan target, however, reliance on inpatient stays for children with learning disability and autistic adults did meet planned targets.

Living within our means

The annual guidance included a priority requesting systems deliver performance improvement within the context of the financial plan. This priority included success criteria related to financial budgets, agency spending, and the size of the workforce within NHS providers. The report shows the financial deliverables at M2 are largely in line with plan. The agency spending is ahead of the 30% reduction, however overall WTE are over plan. The important point to note in regard to WTE is that the final financial agreements included levels of unidentified savings, it would therefore be appropriate to assume that when applied, the actual requirement for WTE would be a further reduction in WTE to the agreed plan. This would suggest that current performance showing more WTE than plan, and recognition that overall WTE is growing may incur further problems in the year.

SOAG

The June SOAG meeting had to be rearranged due to diaries and therefore the performance had not been discussed ahead of this report being circulated to the Board.

Quality

Quality concerns relating to performance have been reviewed and will be included in the triangulation piece referred to previously.

The full complete report is attached for your consideration.

RECOMMENDATIONS:

Members are asked to:

- i. Note the development of the Board performance report in terms of its content, length and presentation for 2025/26.
- ii. Consider and discuss the performance report: - in particular, the issues highlighted in the cover sheet.

ICB STRATEGIC OBJECTIVE

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

IMPLICATIONS

Finance	Use of resources is a theme in the operational plan with a priority around living within our means. This is covered at a high level in this report but further updates on the financial position will be made separately to the Board on the financial position.
Quality	Identifying quality and safety risks and deploying our resources in a way that manages quality and safety risks and supports improvement. Performance delivery is a key part of patient quality and experience.
HR	Workforce is a theme in the operational plan with a priority around retention and staff attendance. Updates will be provided through the workforce reports to the Board though two success criteria linked to living within our means are covered in this report.
Legal / Regulatory	Progress against performance is linked to the system oversight framework.

Data Protection / IG	There are no direct data protection/IG implications relating to this paper, however data protection/IG controls and mitigations will be considered, as relevant, for the production of the report.
Health inequality / equality	The ICB has a responsibility and accountability in relation to reducing inequalities and improving outcomes for the population. The 7 priorities set out in the planning guidance and the ICB operational plan has a theme of prevention and health inequalities. Where there are specific measures, these are included in the report.
MONITORING AND ASSURANCE: The report is the principal means through which the ICB monitors the delivery of its Operational Plan and provides assurance in relation to its position. In particular the 7 priority areas and the associated success criteria outlined in the guidance.	
Conflict of Interest Aspects	No conflicts of interest are identified in relation to the Performance Report: however, it is noted that COIs will continue to be monitored on a case-by-case basis given the broad scope of the report's contents and the professional/organisational diversity of the Board membership.
Sustainability	There are no sustainability implications relating to this paper, however sustainability controls and mitigations will be considered on a case-by-case basis, as appropriate.

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

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

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No ☒ Yes ☐

If yes, please detail the specific grounds for exemption.