

<b>Meeting name:</b>	West Yorkshire Integrated Care Board
<b>Agenda item no.</b>	13
<b>Meeting date:</b>	24 September 2024
<b>Report title:</b>	Integrated Performance Dashboard
<b>Report presented by:</b>	Anthony Kealy, Director of Planning and Performance, WY ICB
<b>Report approved by:</b>	Anthony Kealy, Director of Planning and Performance, WY ICB
<b>Report prepared by:</b>	West Yorkshire ICB Planning and Performance Team

<b>Purpose and Action</b>			
Assurance <input checked="" type="checkbox"/>	Decision <input type="checkbox"/> (approve/recommend/ support/ratify)	Action <input type="checkbox"/> (review/consider/comment/ discuss/escalate)	Information <input checked="" type="checkbox"/>
<b>Previous considerations:</b>			
The West Yorkshire Integrated Care Board considered aspects of performance highlighted in this report in previous meetings.			
<b>Executive summary and points for discussion:</b>			
<b>Overview</b>			
This paper provides an update on key NHS performance metrics for members of the NHS West Yorkshire Integrated Care Board (WY ICB). It is based on the latest available published NHS data and contains ICB level benchmarking data.			
The dashboard provides information on a range of topics and will help to signpost to areas of concern or interest and make linkages across our programmes of work. More detailed deep dives into specific topics can then be commissioned for greater in-depth review and performance oversight with input from the programme leads.			
<b>Items to Note</b>			
<ol style="list-style-type: none"> <li>Over the past year industrial action has had an unavoidable impact on our elective and diagnostic activity and waiting times. There is ongoing pressure on the elective and diagnostic waiting times position.</li> <li>Elective recovery plans continue to be a core focus for West Yorkshire Association of Acute Trusts (WYAAT) however we are currently not achieving our plan. Collaboratively, WYAAT review where there are pathways and specialities with the highest challenges with the focus upon treating the longest waiters in the 65 and 78 week wait cohorts. There is a significant risk that delayed discharges and high bed occupancy will continue to have an impact on the recovery trajectories and on waiting times.</li> </ol>			

3. Delivery on cancer standards was also affected by industrial action, capacity pressures, increasing demand for assessment and workforce pressures in diagnostic management services.
4. Diagnostic tests - the proportion of patients waiting six weeks or more for a diagnostic test has reduced in 2024 and is at 7.8% in June which is a significant improvement from 2023. We ranked first out of 42 ICBs in June but still have work to do to hit the target of 95%.
5. Talking Therapies performance has improved since the previous quarter with performance now achieving above the 48% target. Positive actions within talking therapies have included providing top up training to therapists, meeting with comparator services to learn from best practice with regular workforce review and education in place to improve the position which is a service priority.
6. Virtual Wards utilisation is not currently at the required 80%. Occupancy continues to increase, now at 72.7% and available capacity has also continued to increase since 2023. Places continue to meet to review potential opportunities to avoid hospital admissions and to ensure we are using the capacity for appropriate referrals.
7. Yorkshire Ambulance Service workforce and recruitment continues to be a priority for delivery. There has also been pressure within Yorkshire Ambulance Service (YAS) due to unseasonal demand. The Board should note, that to meet their required target for Cat 2 performance, YAS also rely on contributions from the wider Yorkshire and Humber ICB system. Further details of the ICBs contributions are under discussion with YAS as part of the 2024/25 plans.
8. In the previous quarter the 2023 GP Patient Survey results were added to the dashboard and have been updated in this pack with the latest 2024 survey data. In response to the survey results we have continued to undertake a significant amount of local analysis in Places on how best to use the information in a meaningful way and Places use this data as part of their local governance arrangements. We also review the data as it is released through the WY Primary Care Access Group with Place based leads. The 2024 results are not comparable with previous years because of two important changes which have been made to the survey:
  - Significant changes were made to the questionnaire to ensure that it continued to reflect how primary care services are delivered and how patients experience them.
  - The methodology of the survey was changed to an 'online first' approach.

The latest 2024 questionnaire and the Technical Annex with further information about the survey can be found here: <https://gp-patient.co.uk/surveysandreports>.

## Finance

1. For the financial year 2425, ICB efficiencies are forecast to be short of plan by £1.8m and provider efficiencies £10.9m behind plan, resulting in an ICS adverse variance of £12.7m.
2. The Month 4 YTD position for the ICS was a £64m deficit. This was against a planned surplus of £52.1m, resulting in an £11.9m adverse variance.

## Which purpose(s) of an Integrated Care System does this report align with?

- Improve healthcare outcomes for residents in their system
- Tackle inequalities in access, experience and outcomes

<input type="checkbox"/> Enhance productivity and value for money <input type="checkbox"/> Support broader social and economic development
<b>Recommendation(s)</b>
<p>The Board is asked to:</p> <ol style="list-style-type: none"> <li>Note the reported position on each of the metrics in the performance update; and</li> <li>Be assured that appropriate action is being taken to address areas of risk and concern.</li> </ol>
<b>Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:</b>
The report provides assurance against a number of risks relating to patient care and service delivery
<b>Appendices</b>
1. Paper: PowerPoint slides Integrated Performance Dashboard
<b>Acronyms and Abbreviations explained</b>
1. Acronyms are explained in full in slide 91 & 92 of the attached dashboard slide pack

### What are the implications for?

<b>Residents and Communities</b>	The performance metrics update sets out how well the system is performing in meeting the needs of people in West Yorkshire in relation to key NHS performance standards.
<b>Quality and Safety</b>	The report includes a range of quality and outcomes metrics against which the ICB and Trusts are assessed.
<b>Equality, Diversity and Inclusion</b>	There is a risk of increasing health inequalities with variation in access to services and variation in service delivery
<b>Finances and Use of Resources</b>	The dashboard reports a position in line with the financial plans and no decisions are required at this time
<b>Regulation and Legal Requirements</b>	The report includes metrics covered by the NHS Constitution, which sets out the standards that people can expect.
<b>Conflicts of Interest</b>	No direct implications
<b>Data Protection</b>	No direct implications
<b>Transformation and Innovation</b>	Future considerations arising from transformation of elective pathways, discharge pathways and innovations in integrated primary care

<b>Environmental and Climate Change</b>	No direct implications
<b>Future Decisions and Policy Making</b>	Future iterations of the dashboard will expand the range of metrics used and will connect with the partnership strategy, trajectories in the Winter plan, Operational plans and our 10 Strategic Ambitions.
<b>Citizen and Stakeholder Engagement</b>	Issues are consistent with the feedback from citizens in the Healthwatch report



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Health and Care Partnership

# Performance Dashboard

West Yorkshire Integrated Care Board

September 2024



# West Yorkshire ICS Performance Summary

Objective	National Target	Latest Performance	Latest data	Trend
A&E 4 hour performance	78.0%	*73.6% against plan	July 2024	▲
A&E 12 hour wait	0	7.0%	July 2024	▲
Category 1 response time (minutes)	00:07:00	00:07:52	July 2024	▼
Category 2 response time (minutes)	00:30:00	00:27:58	July 2024	▼
G&A Bed Occupancy	92.0%	94.4%	March 2024	▲
Cancer 2 week wait	93.0%	81.5%	June 2024	▲
28 Day Faster Diagnosis Standard	75.0%	76.1%	June 2024	▼
62 Day Cancer Performance	85.0%	67.5%	June 2024	▼
65 Week waits	0	1201	June 2024	▲
78 Week waits	0	6	June 2024	▼
Cancelled ops	0.65%	0.68%	June 2024	Newly added

Objective	National Target	Latest Performance	Latest data	Trend month
Percentage of patients that receive a diagnostic test within six weeks	95.0%	92.2%	June 2024	▲
Talking Therapies Recovery Rate	48.0%	50.4%	June 2024	▲
Talking Therapies 6 week Wait	75.0%	94.9%	June 2024	▲
Talking Therapies 18 week Wait	95.0%	99.3%	June 2024	▲
EIP 2 Week wait	60.0%	76.5%	June 2024	↔
Virtual Ward occupancy	80.0%	74.0%	June 2024	▲
GP appointments per 100k	-	506	June 2024	↔
Same Day GP appointments	-	42.8%	June 2024	▲
GP Appointment seen within 14 days	-	87.0%	June 2024	↔
Sickness Absence Rate	-	3.3%	March 2024	▼
Staff turnover	-	9.6%	April 2024	▼

\* Measured against and above July 2024 planned trajectory

# Summary of Key Points to Note for Each Place

**Issues where there is significant variation from standards or from other organisations are noted below. See the slide indicated for details of mitigating actions**

## **Bradford and Craven**

- A&E four-hour performance in Airedale NHS Foundation Trust (ANHSFT) was 64.3% in June, increased from 50.7% in January.
- 23.1% of patients waited over 6 weeks for a diagnostic procedure in Bradford Teaching Hospitals Foundation Trust (BTHFT).
- BTHFT had 76 patients waiting over 65 for planned care in June.

## **Calderdale**

- A&E four-hour performance in Calderdale and Huddersfield FT was 70.3% in June, against a plan of 76.0%

## **Kirklees**

- A&E four-hour performance in Mid Yorkshire Teaching Trust was 68.8% in June, against a plan of 69.6%

## **Leeds**

- Leeds Teaching Hospitals Trust (LTHT) had the highest bed occupancy in March at 98.4%.
- LTHT had the highest number of patients waiting over 65 and 78 weeks for planned care, 727 and 6 respectively, in June.

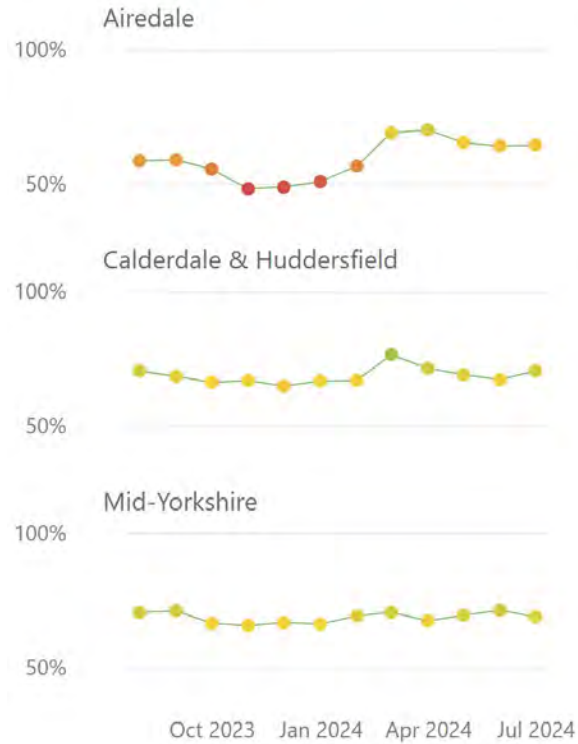
## **Wakefield**

- A&E four-hour performance in Mid Yorkshire Teaching Trust was 68.8% in June
- Each 12 hour breach is reviewed as part of the care of the patient and to support learning to reduce future breaches. The remedial actions form part of the recovery plans mentioned in the previous slide. Mid Yorkshire Teaching Hospital continues to see long waits of over 12 hours for 11.4% of people.
- Mid Yorkshire Teaching Trust had 374 patients waiting over 65 for planned care in June.

# Quality of Care, Access and Patient Outcomes



## Accident and Emergency (A&E) 4 Hour Wait



## Provider view



Org Type	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024	04 2024	05 2024	06 2024	07 2024
<b>Acute Provider</b>	<b>71.7%</b>	<b>70.6%</b>	<b>67.9%</b>	<b>68.2%</b>	<b>68.4%</b>	<b>70.8%</b>	<b>71.1%</b>	<b>75.4%</b>	<b>74.1%</b>	<b>73.0%</b>	<b>73.4%</b>	<b>73.6%</b>
Airedale	58.6%	58.9%	55.4%	48.1%	48.7%	50.7%	56.6%	68.9%	70.1%	65.3%	64.0%	64.3%
Bradford	75.3%	74.5%	73.0%	73.9%	79.1%	82.0%	81.9%	82.7%	83.4%	83.1%	83.3%	84.2%
Calderdale & Huddersfield	70.3%	68.3%	66.1%	66.7%	64.7%	66.5%	66.8%	76.5%	71.3%	69.0%	67.1%	70.3%
Leeds	75.0%	72.2%	70.5%	72.8%	71.4%	76.0%	73.1%	76.8%	77.4%	75.2%	76.0%	76.4%
Mid-Yorkshire	70.5%	71.1%	66.4%	65.5%	66.6%	66.1%	69.2%	70.6%	67.3%	69.4%	71.3%	68.8%

In July 2024 West Yorkshire has achieved 73.6% which meets its operational plan target for July to achieve 73.6%.

Domain	SOF or Operational Plan	Y	Strategy	N	10 Ambitions	N	Finance and productivity	N
Standard	Improve Accident and Emergency (A & E) waiting times so that at least 78% of patients are seen within 4 hours by March 2025							
WY Oversight Arrangement	Urgent and Emergency Care (UEC) Programme and Places							
Ranking or benchmark	West Yorkshire ranked 26 of 42 ICBs in July 2024							
Cause of variation	Sustained increase in demand and trusts continue to face pressures due to a combination of the impact of industrial action, the impact of peak demand around weekends, patient acuity and longer lengths of stay over 21 days, and staff absence							
Progress against plan	<p><b>Airedale NHS Foundation Trust (ANHSFT):</b> Improving trajectory, however, it is not without risk given the fragility in wider system partners particularly Local Authority and ongoing pressure in primary care. The Trust is building on its 2-year UEC improvement plan. Priority actions include: implement Home First and discharge to assess pathways for patients on pathways 1 and 2; discharge patients within 24 hours of being declared ready to be discharged by the introduction of a Home First, Assessment Support Team; delivery of an acute frailty model; completion of the UTC and extension of opening hours.</p> <p><b>Bradford Teaching Hospitals NHS Foundation Trust (BTHFT):</b> Services have been developed over the last 2 years and are currently supporting the delivery of above 83% performance such as, same day emergency care, primary care streaming, virtual ward services, efficient social care pathways for complex discharge, alcohol care team services, senior decision making in A&amp;E and bed modelling.</p> <p><b>Calderdale and Huddersfield NHS Foundation Trust (CHFT):</b> The primary risk to the Emergency Care Standard (ECS) being achieved will be further growth in demand along with delays in discharge to community services. Consolidation of non-admitted ECS performance following step change improvement in March and April. Continued focus on improving admitted pathways. Following a move to a new ED on the Huddersfield site on 22 May 2024 the old ED estate will be used to create an 'integrated flow hub', housing medical and frailty SDEC, a permanent discharge lounge and flexible space for community and hospital teams to work from to support enhanced communication and joint working.</p> <p><b>Leeds Teaching Hospitals NHS Trust (LTHT):</b> There is a focus on validation, review of non-admitted delivery with an increased streaming of patients closer to the front door. There will be a 6-month review of the new Same Day Emergency Care (SDEC) at St James's University Hospital (SJUH) to maximise opportunity and a development of an Leeds General Infirmary (LGI) SDEC. Minor injuries service was running from LGI site only last year, this now runs from both LGI and SJUH ED.</p> <p><b>Mid Yorkshire Teaching NHS Trust (MYTT):</b> is committed to redesigning an Integrated Urgent Emergency Care Service for both Wakefield and Kirklees populations and to do this acknowledge that a new model of care needs to be further developed. Pathways and accommodation for the new Urgent Care service needs identifying and progressing so the service can be mobilised over the next two years. The Trust has developed and resourced its UEC improvement plan as far as possible whilst balancing financial delivery and oversight infrastructure in place to monitor performance vs target trajectory</p>							
Current position	The July provider aggregated position was 73.6%, against a plan of 73.6%							
Risks	Impact of winter pressures impact and acuity of patients							
Escalation	There are no specific requests for support or resources from the Board or other stakeholders							



# A&E - 4 Hour Standard

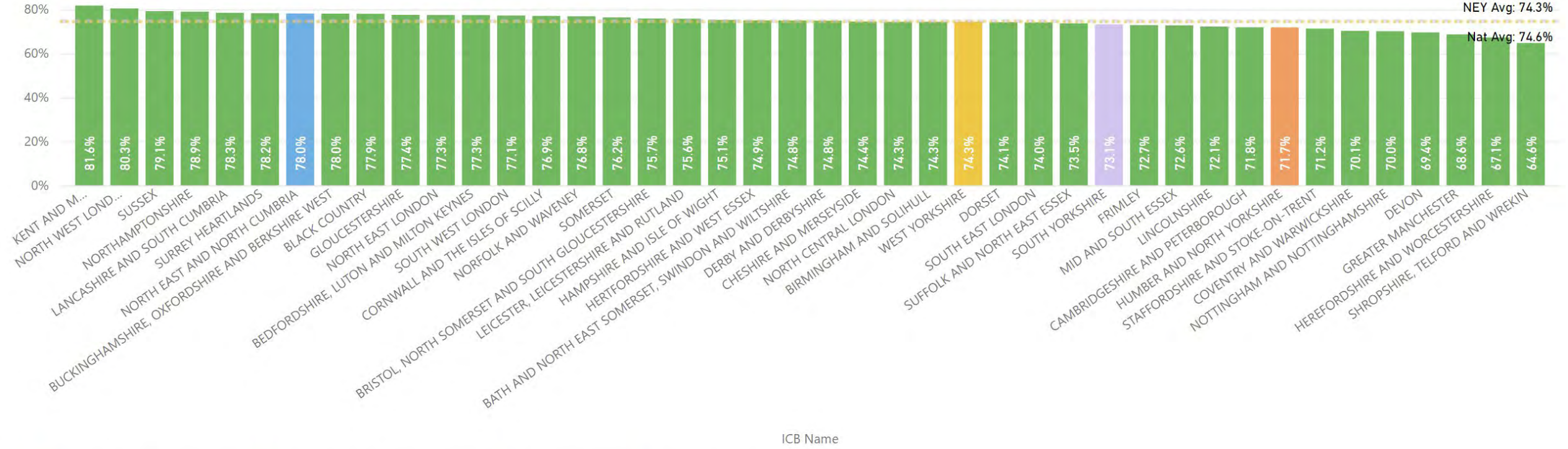
# Commissioning view

July 2024

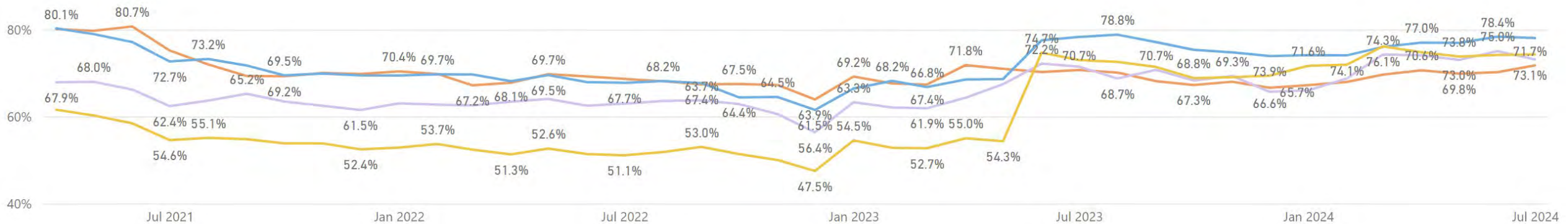
Latest Date

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WY Ranking (42 ICBs)



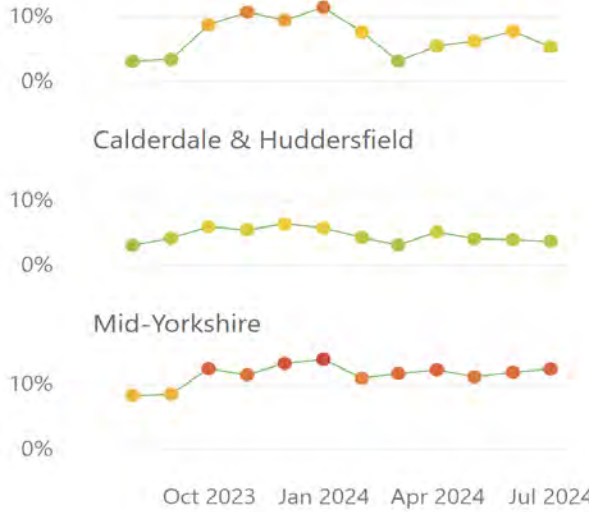
ICS ● HUMBER AND NORTH YORKSHIRE ● NORTH EAST AND NORTH CUMBRIA ● SOUTH YORKSHIRE ● WEST YORKSHIRE



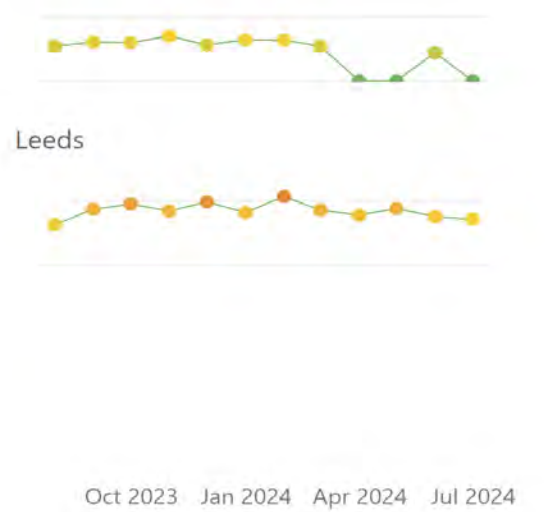
# A&E - 12 Hour Wait

# Provider view

Airedale



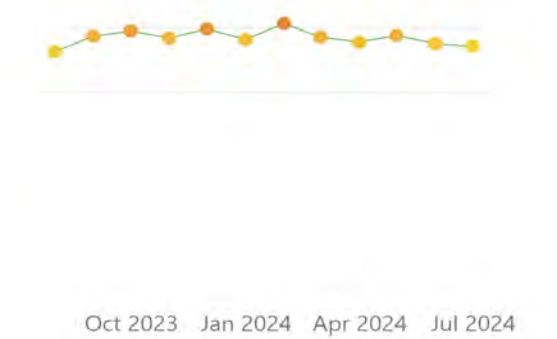
Bradford



Calderdale & Huddersfield



Leeds



Mid-Yorkshire



Org Type	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024	04 2024	05 2024	06 2024	07 2024
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<b>Acute Provider</b>	5.6%	6.6%	8.7%	8.4%	9.0%	8.9%	8.2%	7.0%	6.8%	6.6%	6.8%	7.0%
Airedale	3.0%	3.3%	8.6%	10.6%	9.3%	11.3%	7.5%	3.0%	5.4%	6.1%	7.6%	5.2%
Bradford	5.3%	6.0%	5.9%	6.9%	5.5%	6.3%	6.3%	5.3%	0.0%	0.0%	4.3%	0.0%
Calderdale & Huddersfield	3.0%	4.1%	5.9%	5.3%	6.3%	5.6%	4.2%	3.0%	5.0%	4.0%	3.9%	3.6%
Leeds	6.2%	8.5%	9.4%	8.3%	9.7%	8.1%	10.5%	8.4%	7.6%	8.6%	7.4%	7.0%
Mid-Yorkshire	8.2%	8.4%	12.3%	11.4%	13.1%	13.7%	10.9%	11.6%	12.1%	11.1%	11.7%	12.3%

Domain	SOF or Operational Plan	Y	Strategy	Y	10 Ambitions	N	Finance and productivity	N
<b>Standard</b>	Improve Accident and Emergency (A&E) waiting times so that no patients are spending more than 12 hours in department							
<b>WY Oversight Arrangement</b>	Urgent and Emergency Care (UEC) Programme and Places							
<b>Ranking or benchmark</b>	West Yorkshire ranked 18 of 42 ICBs in July 2024							
<b>Cause of variation</b>	Sustained increase in demand from 2022/23 and trusts continue to face pressures due to a combination of the impact of industrial action, the impact of peak demand around bank holiday weekends, patient acuity and longer lengths of stay over 21 days, and staff absence.							
<b>Progress against plan</b>	<p>Each 12-hour breach is reviewed as part of the care of the patient and to support learning to reduce future breaches. The remedial actions form part of the recovery plans mentioned in the previous slide.</p> <p><b>ANHSFT:</b> Have seen a decrease in the number of people waiting longer than 12 hours within the A&amp;E department which currently stands at 5.2%</p> <p><b>BTHFT:</b> There was a decrease in percentage of patients waiting over 12 hours in A&amp;E from 4.3% in June 2024.</p> <p><b>CHFT:</b> The percentage of patients waiting over 12 hours in A&amp;E has decreased slightly from to 3.6%</p> <p><b>LTHT:</b> Has also seen a decrease to 7.0% of people waiting longer than 12 hours</p> <p><b>MYTT:</b> The trust continues to see long waits of over 12 hours, increasing to 12.3% of people.</p>							
<b>Current position</b>	End of July position has increased and saw 7.0% of A&E attendances waiting in the ED for longer than 12 hours.							
<b>Risks</b>	Overcrowded departments resulting in poor patient experience and ambulance handover delays. Access to mental health services.							
<b>Escalation</b>	There are no specific requests for support or resources from the Board or other stakeholders.							



# A&E - 12 Hour Wait

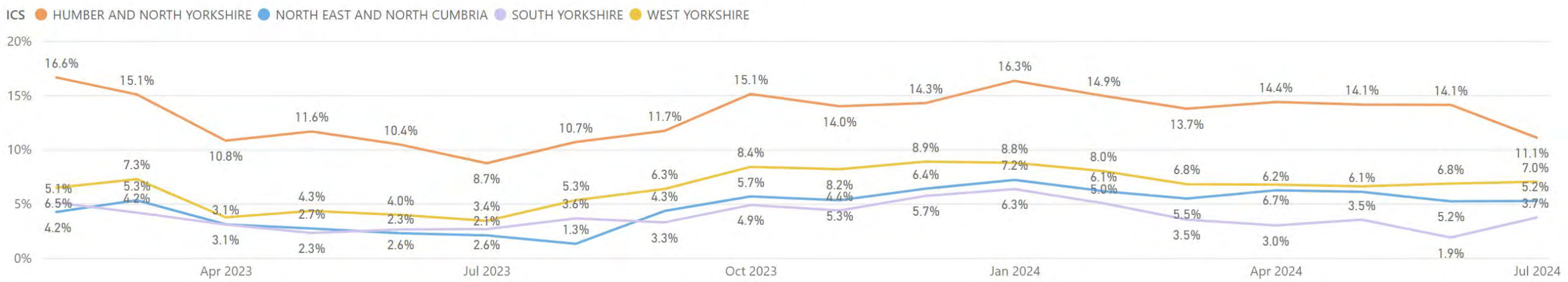
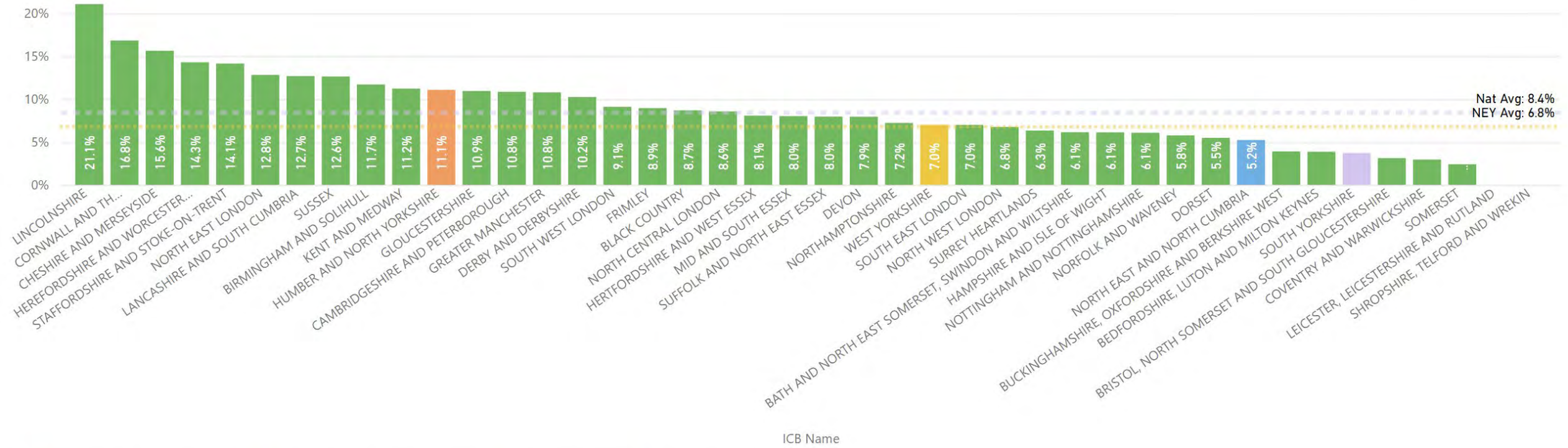
## Commissioning view

July 2024

Latest Date

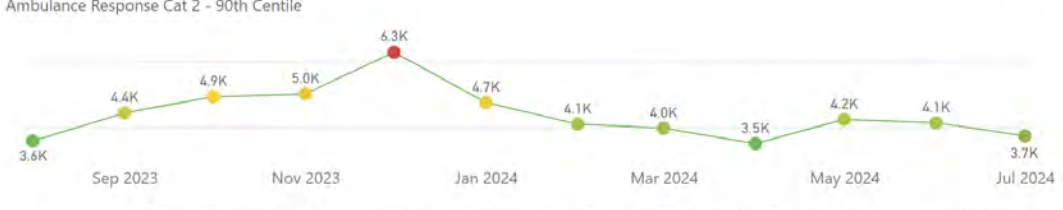
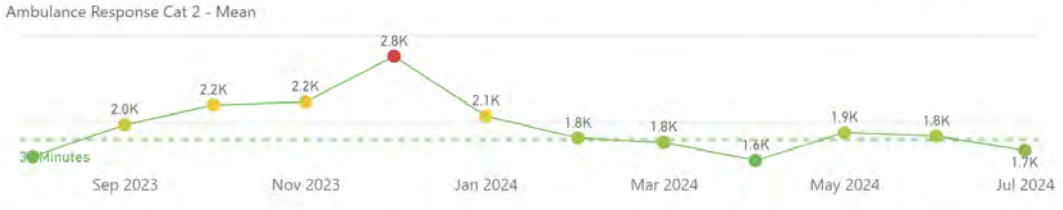
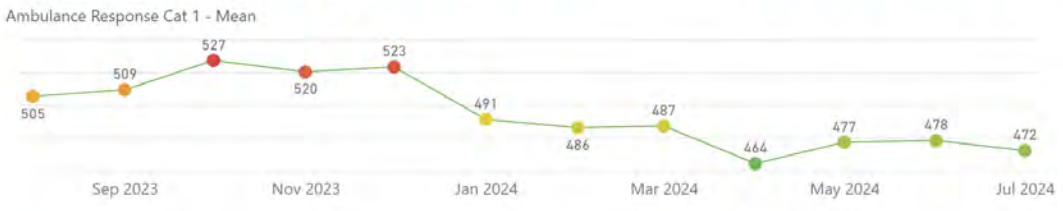
18

WY Ranking (42 ICBs)



# Ambulance Response Times

# Provider view



Key Performance Indicator

Key Performance Indicator	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024	04 2024	05 2024	06 2024	07 2024
Ambulance Response Cat 1 - Mean	0:8:25	0:8:28	0:8:47	0:8:40	0:8:43	0:8:11	0:8:6	0:8:7	0:7:43	0:7:57	0:7:57	0:7:52
Ambulance Response Cat 1 - 90th Centile	0:14:36	0:14:42	0:15:19	0:14:59	0:15:13	0:14:12	0:14:0	0:14:1	0:13:24	0:13:50	0:13:53	0:13:50
Ambulance Response Cat 2 - Mean	0:26:49	0:32:49	0:36:36	0:37:14	0:45:56	0:34:31	0:30:20	0:29:28	0:26:3	0:31:21	0:30:43	0:27:58
Ambulance Response Cat 2	0:59:23	1:13:39	1:21:58	1:23:19	1:44:34	1:18:58	1:8:0	1:5:52	0:58:4	1:10:24	1:8:41	1:1:58

Domain	SOF or Operational Plan	N	Strategy	N	10 Ambitions	N	Finance and productivity	N
Standard	Category 1 Mean: 7 mins Category 1 90th : 15mins		Category 2 Mean: 18mins standard (30 mins op target) Category 2 90th : 40 mins					
WY Oversight Arrangement	Yorkshire and Humber Executive Leadership Board							
Ranking or benchmark	West Yorkshire ranked 10 of 42 ICBs in July 2024							
Cause of variation	<ul style="list-style-type: none"> <li>The number of Cat1 responses greater than the 90th percentile target increased in July, with 793 responses over this target. This is 18 (2.3%) more compared to June. The number for last month was 5.6% lower than July 2023.</li> <li>The % of Cat1 See, Treat and Convey in July 2024 decreased by 0.2% to 71.3% (66.6% to ED and 4.7% to Non ED) when compared to June 2024 (67.6% and 3.9% = 71.5%)</li> </ul>							
Progress against plan	The Cat1 demand in July 2024 was 10,346 against the plan of 10,344, therefore the variance is 2 above plan (0.02%)							
Current position	The mean Cat1 response time for July 2024 was 00:07:52 which is a decrease of 00:00 06 when compared to June 2024 (00:07:58)							
Risks	<ul style="list-style-type: none"> <li>Potential increase in demand due to unplanned seasonal factors</li> <li>YAS workforce recruitment and retention</li> <li>Increased hospital handover times means fewer vehicles available for responses.</li> </ul>							
Escalation	The System Oversight and Assurance Group should note that to meet the required target for Cat1 performance, Yorkshire Ambulance Service (YAS) also rely on the contributions from the wider Y&H ICB system.							



# Ambulance Response Cat 1 - Mean

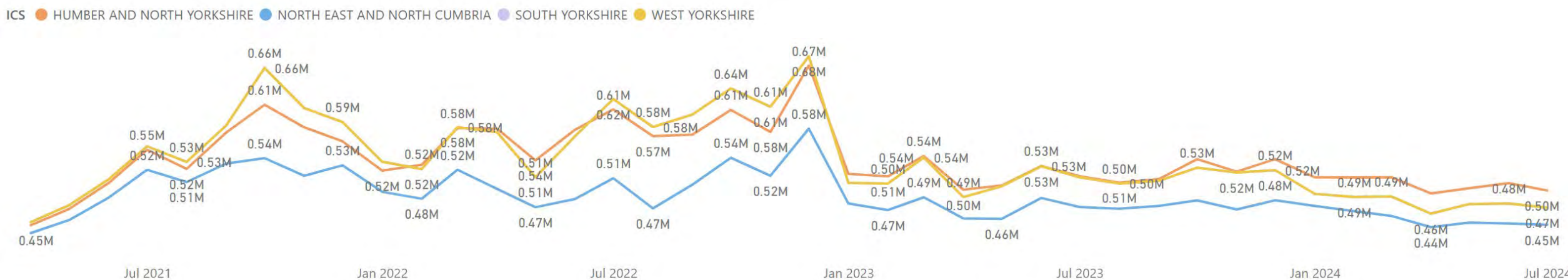
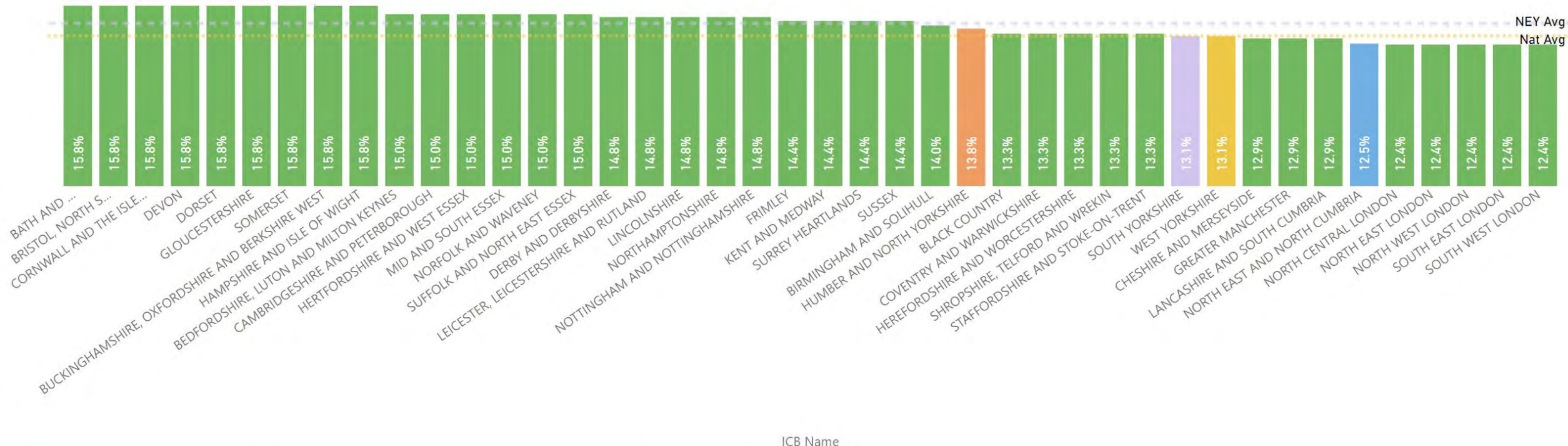
# Commissioning view

July 2024

Latest Date

10

WY Ranking (42 ICBs)

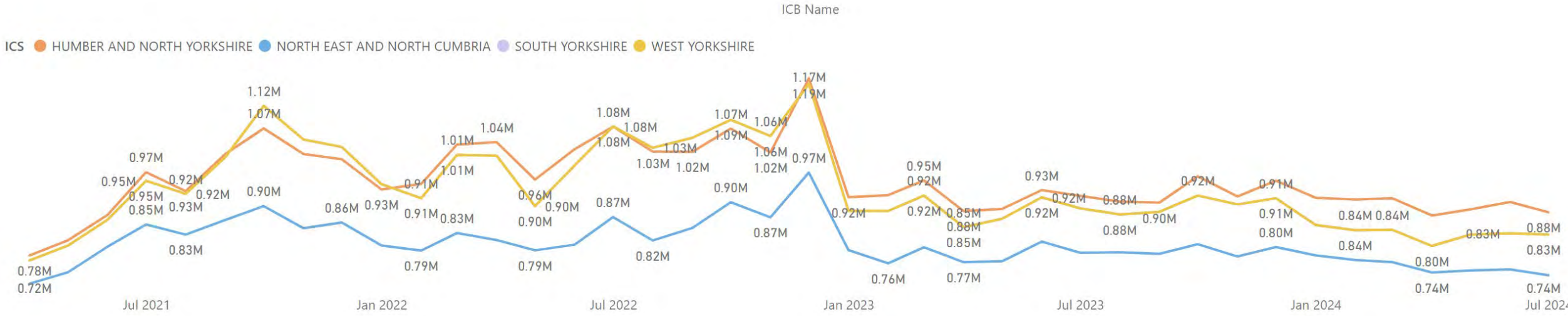
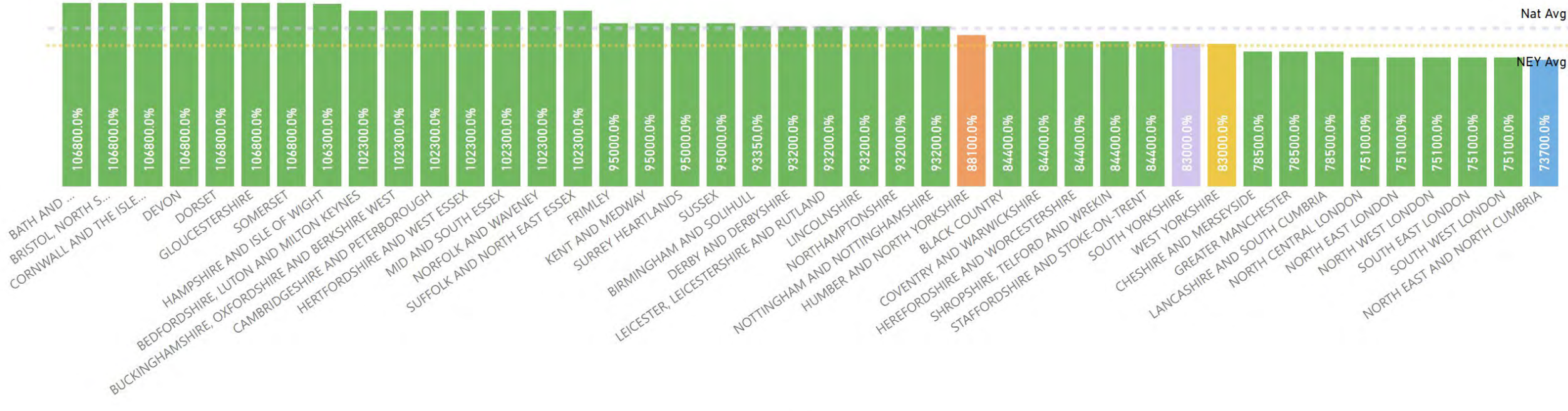




# Ambulance Response Cat 1 - 90th Centile Commissioning view

July 2024  
Latest Date

10  
WY Ranking (42 ICBs)



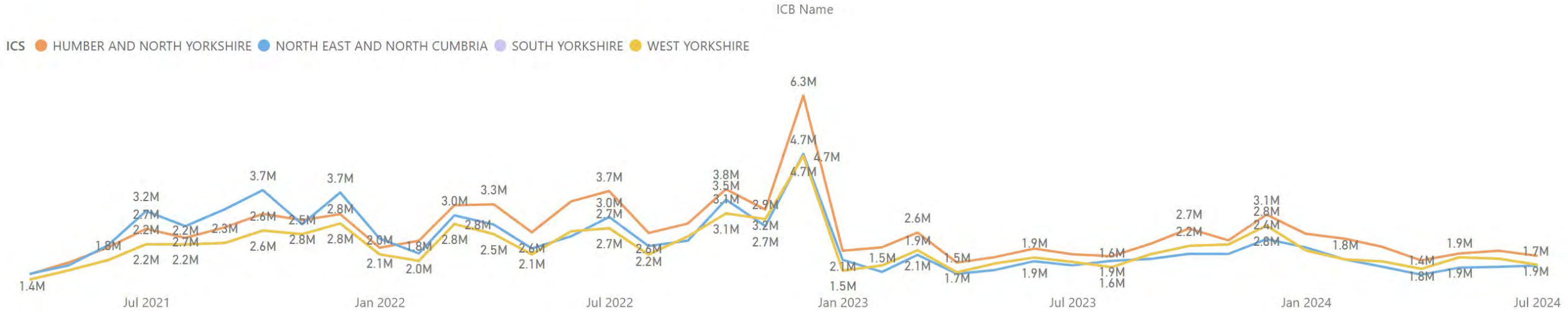
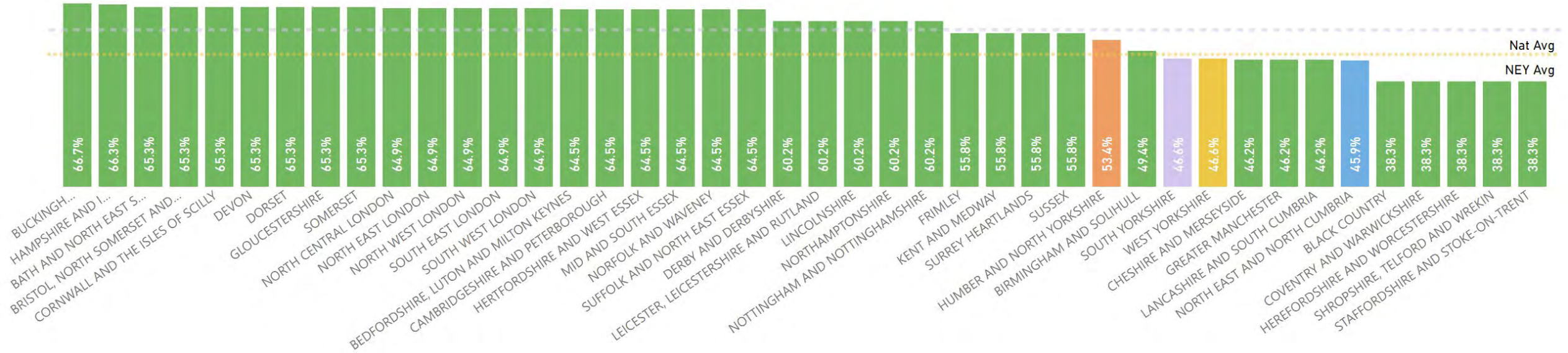
# Ambulance Response Cat 2 - Mean Commissioning view

July 2024

Latest Date

10

WY Ranking (42 ICBs)





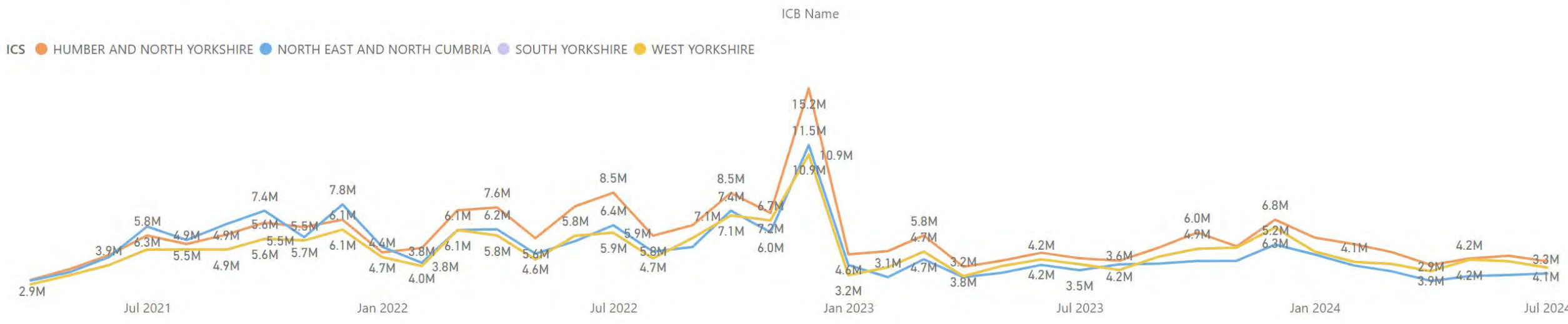
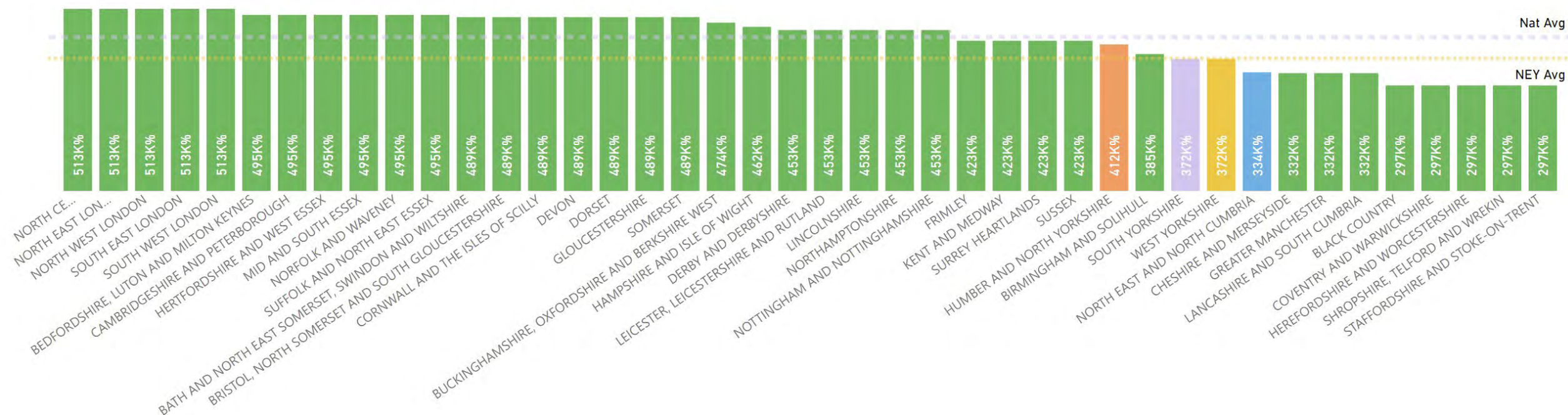
# Ambulance Response Cat 2 - 90th Centile Commissioning view

July 2024

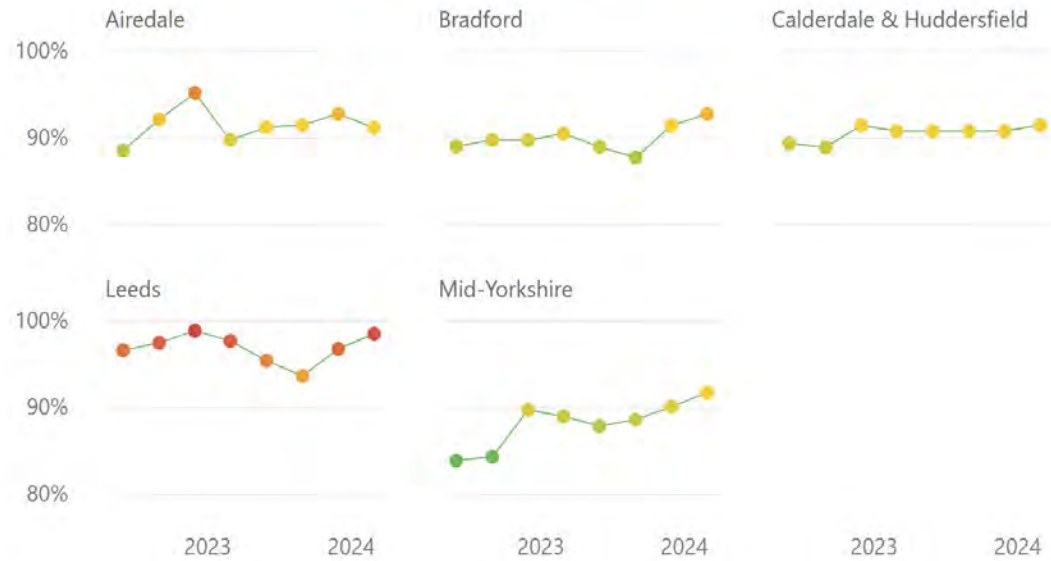
Latest Date

10

WY Ranking (42 ICBs)



## Bed Occupancy - General & Acute Provider view



Org Type	06 2022	09 2022	12 2022	03 2023	06 2023	09 2023	12 2023	03 2024
<b>Acute Provider</b>	<b>90.6%</b>	<b>91.3%</b>	<b>93.9%</b>	<b>92.9%</b>	<b>91.7%</b>	<b>90.9%</b>	<b>93.1%</b>	<b>94.4%</b>
Airedale	88.5%	92.1%	95.1%	89.7%	91.2%	91.4%	92.7%	91.1%
Bradford	88.9%	89.7%	89.7%	90.4%	88.9%	87.7%	91.4%	92.7%
Calderdale & Huddersfield	89.3%	88.8%	91.4%	90.7%	90.7%	90.7%	90.7%	91.4%
Leeds	96.5%	97.4%	98.8%	97.6%	95.4%	93.6%	96.7%	98.4%
Mid-Yorkshire	83.8%	84.2%	89.7%	88.9%	87.8%	88.5%	90.0%	91.6%

Domain	SOF or Operational Plan	Y	Strategy	N	10 Ambitions	N	Finance and productivity	N
Standard	The operational plan requirement is to reduce general and acute (G&A) bed occupancy to 92%. (Data for this standard is published quarterly and runs one quarter behind, i.e. in May/June 2024 data for Q4 23/24 is published)							
WY Oversight Arrangement	Urgent and Emergency Care (UEC) Programme and Places							
Ranking or benchmark	West Yorkshire ranked 27 of 42 ICBs in March 2024							
Progress against plan	<p><b>Airedale NHS Foundation Trust (ANHSFT):</b> Challenges include patients with a length of stay (LoS) &gt; 21 days which is largely driven by the number of patients who do not have a criteria to reside in hospital (NCTR). The majority of these are awaiting care packages, with the remainder waiting for rehabilitation/short-term care in a 24-hour bed base or a long-term care placement. System work to reduce discharge delays continues, including: Striving to adopt the Home First approach to discharge as many people as possible on Pathway 0 by offering Voluntary and Community Sector (VCS) support, technology, and equipment; Mutual aid across place; Place discharge and flow meetings as required to discuss operational issues, unblock challenges and identify system solutions; Using Local Authority (LA) intermediate care (IMC) beds flexibly to meet demand e.g., Pathway 2 rehab, Pathway 2 assessment and holding beds to support flow for Pathway 1 discharges; Ongoing work in the Bradford LA Home Support Reviewing Team to reassess people who have packages to try and free up capacity across the independent sector (IS); and Capacity and demand modelling for Pathway 1 across Local Authority provision and the IS.</p> <p><b>Bradford Teaching Hospital Foundation Trust (BTHFT):</b> General and Acute (G&amp;A) adult bed occupancy at BTHFT remained high with high acuity and issues within the social care sector continuing to impact the timely discharge of patients. At BTHFT the daily average number of patients with a LoS &gt;21 days reduced and the percentage ready for discharge also improved. The number of patients that are awaiting packages of care has reduced as joint work with the Local Authority (LA) continues</p> <p><b>Calderdale Hospital Foundation Trust (CHFT)-</b> Underlying issues: Large numbers of surge and super surge beds remain open as well as flexed capacity across the Acute Floor, Respiratory floor and other wards; extra capacity opened to improve ECS and prevent long waits within the ED; increased acuity increasing LOS; high Transfer of Care (TOC) numbers and delays into care homes and Elderly Mentally Inform (EMI) beds Actions: LOS reference group - targets in place to reduce LOS across wards for TOC and non TOC patients to help reduce bed occupancy levels; funded and unfunded bed base now established; working with operational site teams to maintain capacity and drop occupancy levels; long length of stay work; trajectory for reducing TOC numbers; LOS Improvement.</p> <p><b>Leeds Teaching Hospital Trust (LTHT)-</b> Acute bed occupancy fluctuates daily, although higher than the NHS planning ambition of 92%. 2024/25 focus is on efficiency and reducing LoS. Increased SDEC provision from December is increasing clinically appropriate admission avoidance. Work continues to embed and maximised SDEC at SJUH with next steps to review opportunity at LGI site.</p> <p><b>Mid Yorkshire Teaching Trust (MYTT)-</b> Continued to see a higher than usual length of stay early 2024 and a high level of patients in unplanned care on the wards in both medicine and surgery with patients continuing to be cared for out-with specialty bed bases.</p>							
Current position	94.4% in March which is an increase in bed occupancy from the previous quarter							
Risks	Impact on elective activity and ED performance should there be sustained high bed occupancy. Adult bed occupancy remains high.							
Escalation	There are no specific requests for support or resources from the Board or other stakeholders							



# Bed Occupancy - General & Acute

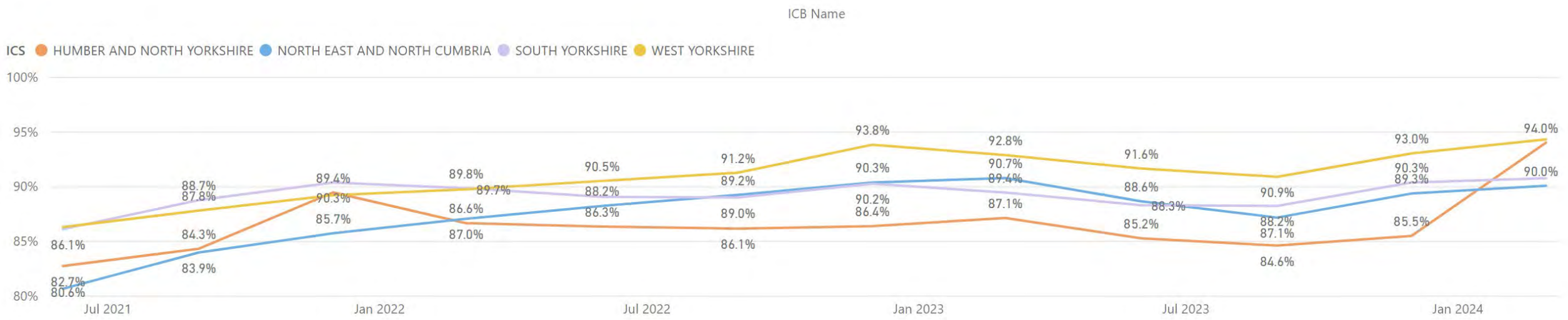
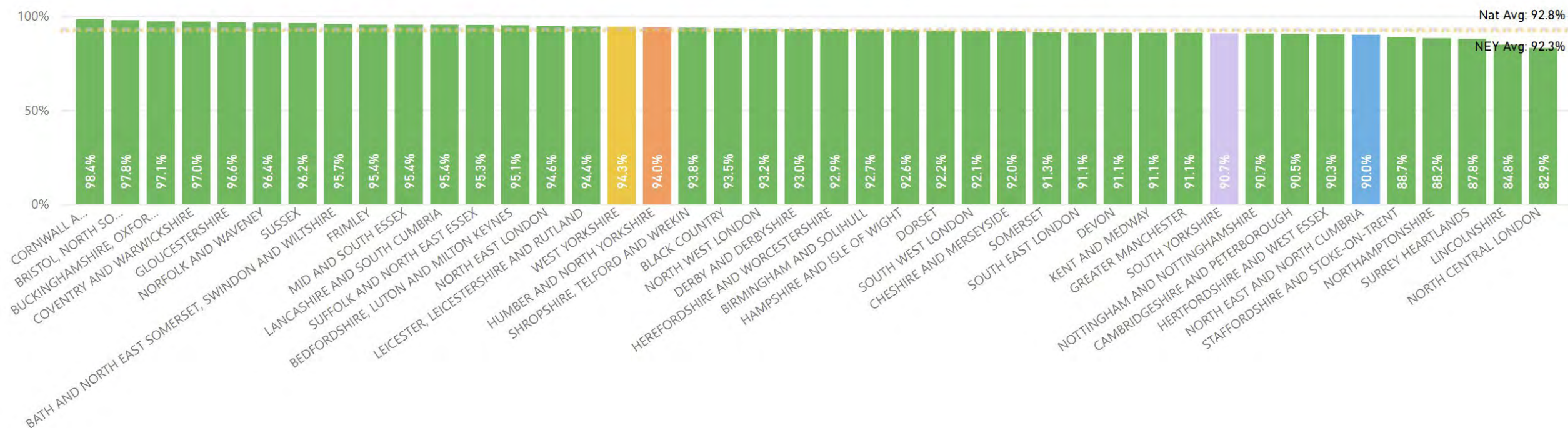
# Commissioning view

March 2024

27

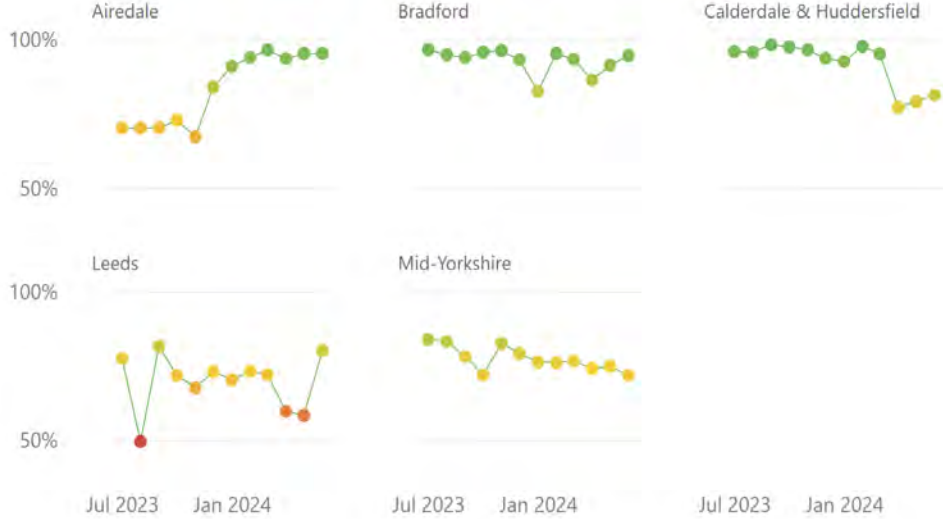
Latest Date

WY Ranking (42 ICBs)



## Cancer 2 Week Wait

## Provider view



Org Type	07 2023	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024	04 2024	05 2024	06 2024
<b>Acute Provider</b>	<b>85.7%</b>	<b>74.7%</b>	<b>85.2%</b>	<b>80.1%</b>	<b>80.5%</b>	<b>82.3%</b>	<b>79.1%</b>	<b>83.4%</b>	<b>82.8%</b>	<b>73.0%</b>	<b>73.7%</b>	<b>81.5%</b>
Airedale	70.2%	70.2%	70.3%	72.9%	67.3%	84.1%	91.1%	94.1%	96.6%	93.7%	95.4%	95.4%
Bradford	96.8%	95.0%	94.1%	95.9%	96.4%	93.3%	82.6%	95.4%	93.5%	86.4%	91.5%	94.7%
Calderdale & Huddersfield	96.1%	95.8%	98.3%	97.6%	96.7%	93.8%	92.7%	97.8%	95.2%	77.2%	79.2%	81.4%
Leeds	77.5%	49.5%	81.7%	71.8%	67.6%	73.0%	70.3%	73.1%	72.0%	59.7%	58.4%	80.2%
Mid-Yorkshire	84.0%	83.2%	78.2%	72.0%	82.7%	79.1%	76.3%	76.1%	76.6%	74.1%	74.9%	71.9%

Domain	SOF or Operational Plan	Y	Strategy	Y	10 Ambitions	N	Finance and productivity	N
Standard	Cancer Waiting Times – two week wait standard 93% target; no longer formally monitored by NHS England							
WY Oversight Arrangement	West Yorkshire and Harrogate Cancer Alliance							
Ranking or benchmark	West Yorkshire ranked 17 of 42 ICBs in June 2024							
Cause of variation	Not applicable							
Progress against plan	<p>No formal measures were set for performance against this metric in the 2024/25 financial year. Cancer two week wait is monitored, informally, to support the delivery of the 28 Day Faster Diagnosis Standard. The two week wait tracks the days from referral where the first intervention takes place, which involves the patient, and can be affected by issues such as patient choice and availability; available capacity (including provisions for straight to test where clinically appropriate); waiting times for elective outpatients (workforce and physical capacity between specialties is often shared); seasonal demand variations; the impact of cancer awareness campaigns; and the completeness of referrals received in to secondary care – for example investigations led in primary care. Performance against the measure can fluctuate when available capacity is constrained – particularly in high referral volume specialties such as breast, urology, lower gastrointestinal and skin.</p> <p>Performance across the system exceeds the national average standard and is broadly equivalent to the NEY Regional position. The variation in performance range is between Mid Yorkshire (71.9%) and Airedale (95.4%).</p> <p>Referral volumes differ considerably by the size of institution, meaning that lower performance at larger institutions (Leeds and Mid Yorkshire) can disproportionately impact on the recorded acute provider position. The WY&amp;HCA performance position also differs from that of WY ICB due to the inclusion of Harrogate and District NHS Foundation Trust which is not shown on the performance return.</p> <p>Performance differentials are impacted on by the reasons referred to in the “progress against plan” section. The Cancer Performance Recovery Group oversees delivery against cancer waiting times metrics, with the Alliance also tracking performance via Trust Cancer Boards and Locality/Place-Based forums. This includes the development of performance mitigations including capacity extension, workforce transformation, and practice development measures.</p>							
Current position	<p>Performance across the system exceeds the national average standard and is broadly equivalent to the NEY Regional position. The variation in performance range is between Mid Yorkshire (71.9%) and Airedale (95.4%).</p> <p>Referral volumes differ considerably by the size of institution, meaning that lower performance at larger institutions (Leeds and Mid Yorkshire) can disproportionately impact on the recorded acute provider position. The WY&amp;HCA performance position also differs from that of WY ICB due to the inclusion of Harrogate and District NHS Foundation Trust which is not shown on the performance return.</p> <p>Performance differentials are impacted on by the reasons referred to in the “progress against plan” section. The Cancer Performance Recovery Group oversees delivery against cancer waiting times metrics, with the Alliance also tracking performance via Trust Cancer Boards and Locality/Place-Based forums. This includes the development of performance mitigations including capacity extension, workforce transformation, and practice development measures.</p>							
Risks	<p>Only a small proportion of patients referred on an urgent suspected cancer pathway with symptoms have a cancer diagnosed via this route. However, where delays do occur and are non-clinical in nature – for example not being associated with complex assessment or patient choice, then this can increase the time taken to diagnose a cancer case.</p> <p>There is a greater risk of that patients who are not first seen in two weeks can subsequently not meet the 62-day referral to first definitive treatment timescale.</p>							
Escalation	There are no specific requests for support or resources from the Board or other stakeholders.							



# Cancer 2 Week Wait

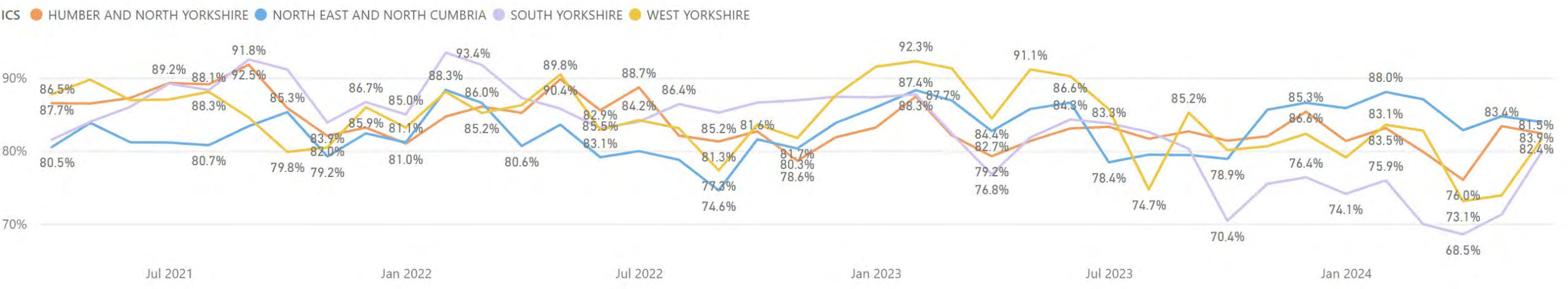
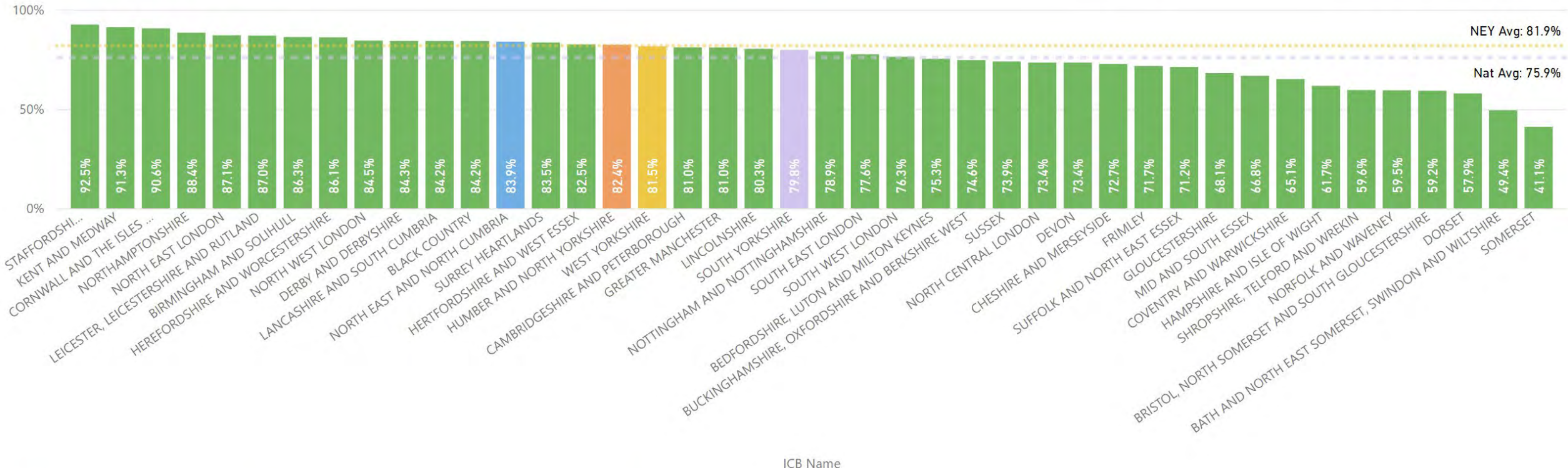
# Commissioning view

June 2024

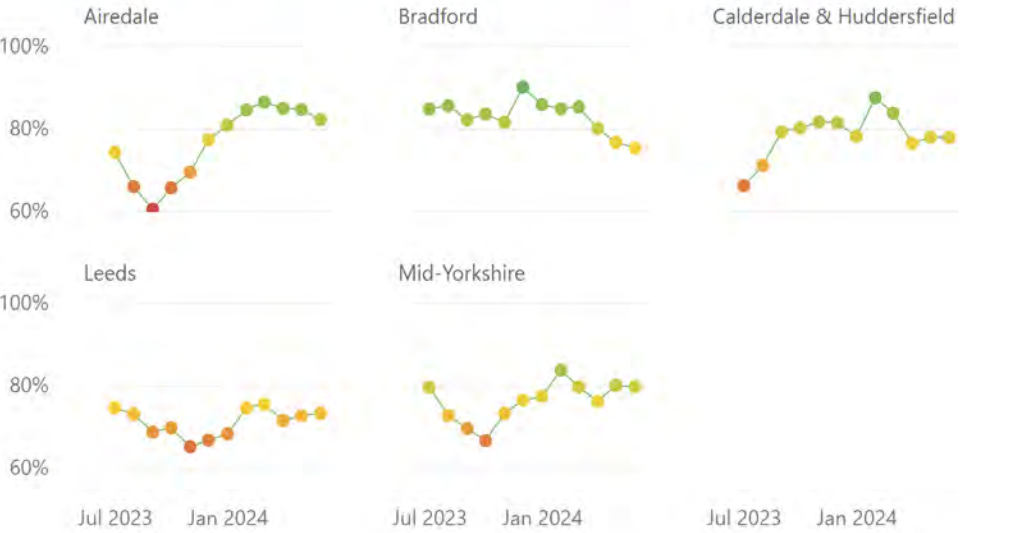
Latest Date

17

WY Ranking (42 ICBs)



# Cancer 28 Day Faster Diagnosis Provider view



Org Type	07 2023	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024	04 2024	05 2024	06 2024
<b>Acute Provider</b>	<b>76.0%</b>	<b>73.9%</b>	<b>72.7%</b>	<b>72.7%</b>	<b>72.4%</b>	<b>75.4%</b>	<b>75.6%</b>	<b>81.2%</b>	<b>80.1%</b>	<b>75.6%</b>	<b>76.6%</b>	<b>76.1%</b>
Airedale	74.2%	65.8%	60.3%	65.5%	69.4%	77.2%	80.8%	84.5%	86.3%	84.9%	84.6%	82.2%
Bradford	84.7%	85.5%	82.1%	83.5%	81.5%	90.0%	85.7%	84.8%	85.2%	80.0%	76.6%	75.2%
Calderdale & Huddersfield	66.0%	71.0%	79.2%	80.1%	81.7%	81.4%	78.1%	87.5%	83.7%	76.4%	77.9%	77.8%
Leeds	74.5%	73.0%	68.6%	69.7%	65.0%	66.7%	68.1%	74.4%	75.4%	71.4%	72.6%	73.1%
Mid-Yorkshire	79.5%	72.7%	69.5%	66.5%	73.2%	76.3%	77.3%	83.6%	79.5%	76.0%	79.9%	79.6%

Domain	SOF or Operational Plan	Y	Strategy	N	10 Ambitions	Y	Finance and productivity	N
<b>Standard</b>	Cancer Waiting Times – 28-day faster diagnosis standard 75% (met, as an ICB).							
<b>WY Oversight Arrangement</b>	West Yorkshire and Harrogate Cancer Alliance							
<b>Ranking or benchmark</b>	West Yorkshire ranked 26 of 42 ICBs in June 2024							
<b>Cause of variation</b>	Not applicable							
<b>Progress against plan</b>	<p>Acute providers are aiming to achieve a performance position, by Month 12, which is at 77% or above. The National Cancer Programme team of NHS England have issued a performance expectation in Planning Guidance that systems should improve to 77% by the end of 24/25 and 80% by the end of the 25/26 financial year. Performance against this measure is affected by seasonality but existing trajectories indicate that the plan is on track to be achieved.</p> <p>The faster diagnosis standard tracks the days from referral to where a cancer is either diagnosed or a patient is excluded from all cancer pathways. This may be a different pathway to which the patient has been originally referred on. Delivery can be affected by issues such as patient choice and availability; available capacity (including provisions for straight to test where clinically appropriate); waiting times for elective outpatients (workforce and physical capacity between specialties is often shared); seasonal demand variations; the impact of cancer awareness campaigns; and the completeness of referrals received in to secondary care – for example investigations led in primary care. Performance against the measure can fluctuate when available capacity is constrained – particularly in high referral volume specialties such as breast, urology, lower gastrointestinal and skin.</p>							
<b>Current position</b>	<p>Performance across the system meets the national average standard and is within 1% of the NEY Regional position. The variation in performance range is between Leeds (73.1%) and Airedale (82.2%). Referral volumes differ considerably by the size of institution, meaning that lower performance at larger institutions (Leeds and Mid Yorkshire) can disproportionately impact on the recorded acute provider position. The WY&amp;HCA performance position also differs from that of WY ICB due to the inclusion of Harrogate and District NHS Foundation Trust which is not shown on the performance return.</p> <p>Performance differentials are impacted on by the reasons referred to in the “progress against plan” section. The Cancer Performance Recovery Group oversees delivery against cancer waiting times metrics, with the Alliance also tracking performance via Trust Cancer Boards and Locality/Place-Based forums. This includes the development of performance mitigations including capacity extension, workforce transformation, and practice development measures.</p>							
<b>Risks</b>	<p>Only a small proportion of patients referred on an urgent suspected cancer pathway with symptoms have a cancer diagnosed via this route. However, where delays do occur and are non-clinical in nature – for example not being associated with complex assessment or patient choice, then this can increase the time taken to diagnose a cancer case.</p> <p>There is a greater risk of that patients who are not diagnosed with cancer within 28 days of referral will subsequently not also meet the 62-day referral to first definitive treatment timescale which includes this period.</p>							
<b>Escalation</b>	There are no specific requests for support or resources from the Board or other stakeholders							



# Cancer 28 Day Faster Diagnosis

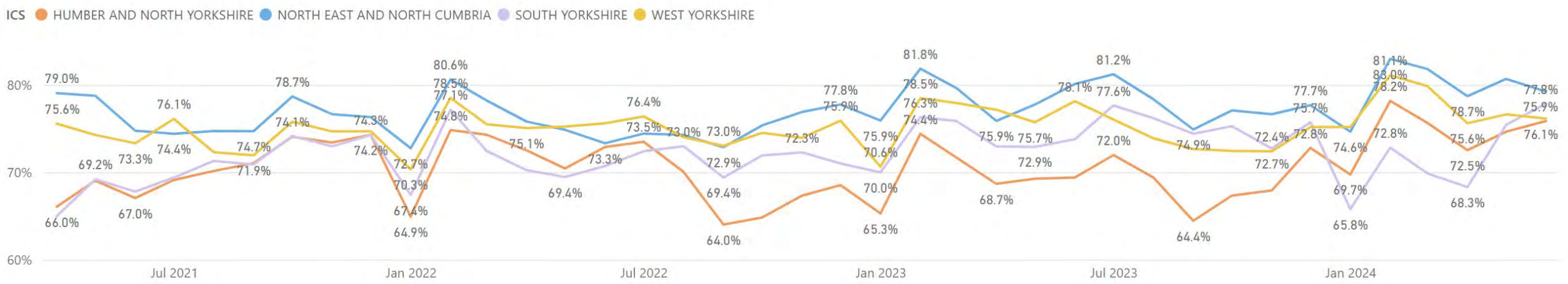
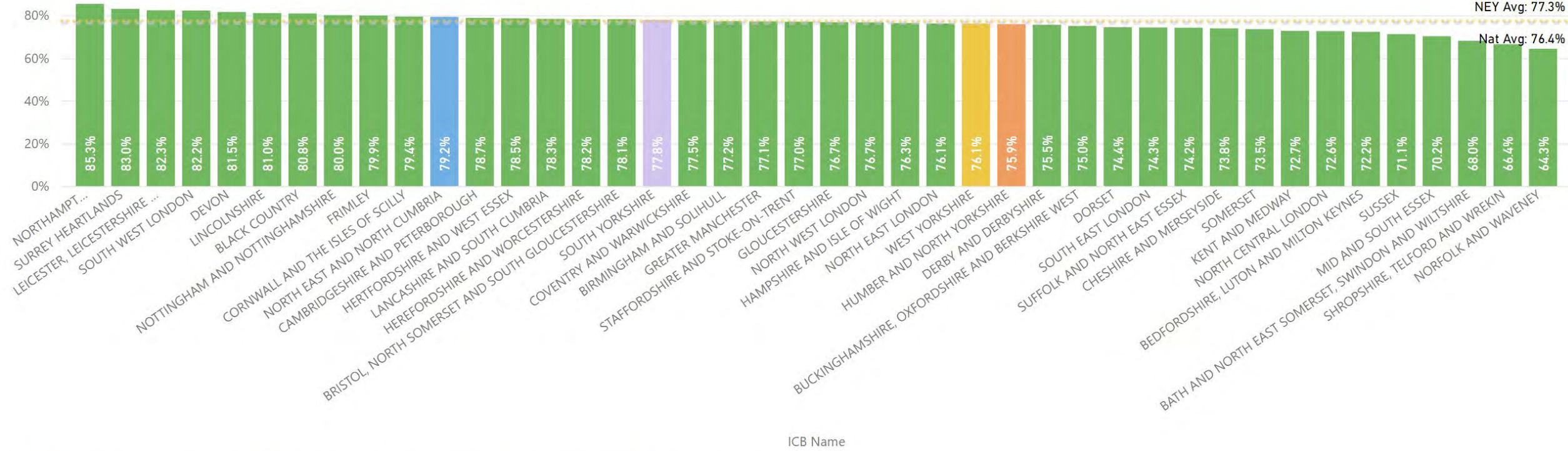
# Commissioning view

June 2024

Latest Date

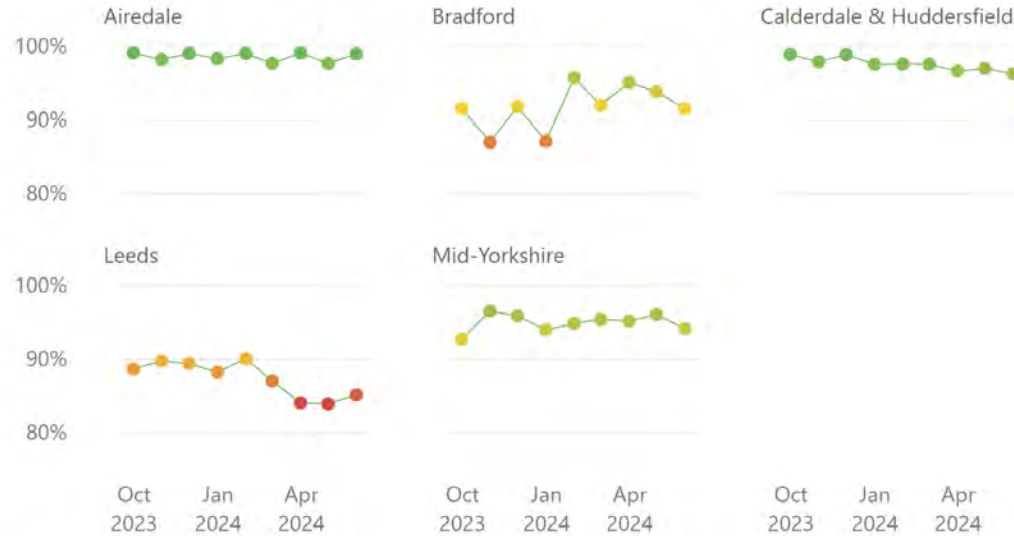
26

WY Ranking (42 ICBs)



# Cancer 31 Day All Stages

# Provider view



Org Type      10 2023   11 2023   12 2023   01 2024   02 2024   03 2024   04 2024   05 2024   06 2024

Acute Provider	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024	04 2024	05 2024	06 2024
Airedale	99.1%	98.2%	99.0%	98.3%	99.0%	97.7%	99.1%	97.7%	98.9%
Bradford	91.6%	86.9%	91.8%	87.1%	95.7%	91.9%	95.0%	93.8%	91.5%
Calderdale & Huddersfield	98.9%	97.9%	98.8%	97.5%	97.6%	97.5%	96.6%	96.9%	96.3%
Leeds	88.6%	89.7%	89.3%	88.2%	90.0%	87.0%	84.0%	83.9%	85.1%
Mid-Yorkshire	92.6%	96.5%	95.8%	93.9%	94.8%	95.3%	95.1%	96.0%	94.1%

Domain	SOF or Operational Plan	N	Strategy	N	10 Ambitions	N	Finance and productivity	N
Standard	Cancer Waiting Times – 31-day first treatment standard 96% (not met)							
WY Oversight Arrangement	West Yorkshire and Harrogate Cancer Alliance							
Ranking or benchmark	West Yorkshire ranked 15 of 42 ICBs in June 2024							
Cause of variation	Performance at Leeds is reduced where the treatment modality is radiotherapy. Variation caused by workforce pressures in the dosimetry service.							
Progress against plan	<p>This standard tracks the timeliness of cancer treatment from the point where a decision to treat is agreed with the patient.</p> <p>The 31 day period allows for time for the treatment to be planned and delivered. The standard includes subdivisions of treatment intent for chemotherapy, hormones, and radiotherapy, but is recorded as an aggregate measure.</p> <p>There is no specific plan trajectory for this measure but the applicable standard is 96%. It is unlikely that 96% will be achieved by year-end due to the performance of radiotherapy services at Leeds Cancer Centre. Performance is otherwise acceptable and within expected parameters.</p>							
Current position	<p>Performance across the system exceeds both the national average standard and the NEY Regional position. The variation in performance range is between Leeds (85.1%) and Airedale (98.9%). Treatment volumes differ considerably by the size of institution, meaning that lower performance at larger institutions (Leeds and Mid Yorkshire) can disproportionately impact on the recorded acute provider position. The WY&amp;HCA performance position also differs from that of WY ICB due to the inclusion of Harrogate and District NHS Foundation Trust which is not shown on the performance return.</p> <p>The Cancer Performance Recovery Group oversees delivery against cancer waiting times metrics, with the Alliance also tracking performance via Trust Cancer Boards and Locality/Place-Based forums. This includes the development of performance mitigations including capacity extension, workforce transformation, and practice development measures.</p> <p>The Cancer Alliance has received details of performance exception for radiotherapy at Leeds Cancer Centre and has supported the Trust with temporary staffing and mutual assistance measures. Assurance is in place that case mix is being managed and clinically prioritised by the Trust. The position for most surgeries and chemotherapy, or hormone-based treatments is good.</p>							
Risks	There is a greater risk of that patients who are not treated for cancer within 31 days of a decision to treat being made will also not also meet the 62-day referral to first definitive treatment timescale which includes this period. There is a risk of elongated waiting times for patients who receive concurrent or concomitant treatments for cancer, relating to challenges in meeting radiotherapy planning and waiting times.							
Escalation	The Board should be aware that Leeds Cancer Centre has sought assistance from neighbouring centres as part of its recovery plan for radiotherapy treatment times, which are expected to improve by year-end. No specific or additional action is recommended for the Board.							



# Cancer 31 Day First Treatment

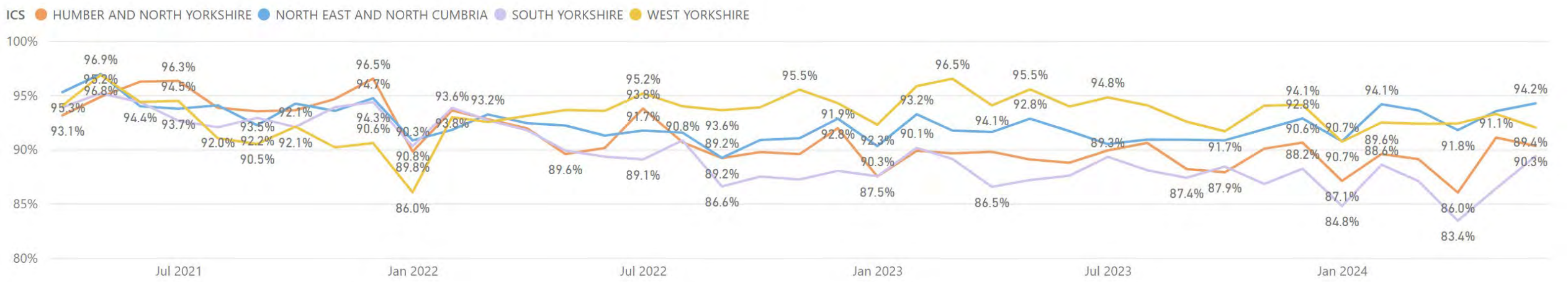
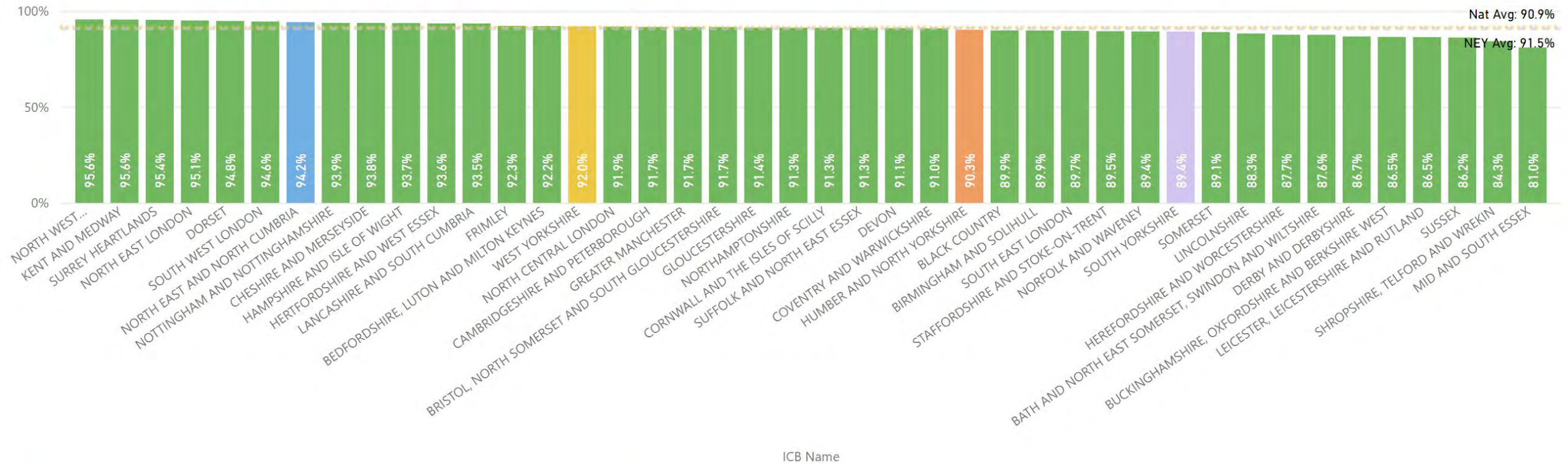
# Commissioning view

June 2024

Latest Date

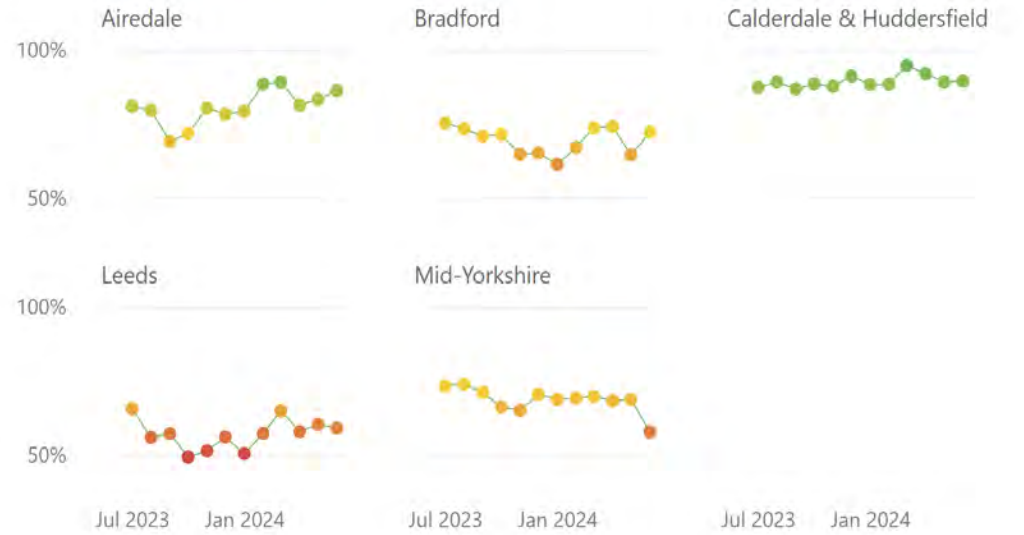
15

WY Ranking (42 ICBs)



# Cancer 62 Day All Routes

# Provider view



Org Type	07 2023	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024	04 2024	05 2024	06 2024
<b>Acute Provider</b>	<b>72.2%</b>	<b>68.2%</b>	<b>67.0%</b>	<b>63.0%</b>	<b>63.8%</b>	<b>66.9%</b>	<b>62.7%</b>	<b>67.7%</b>	<b>73.4%</b>	<b>69.4%</b>	<b>69.3%</b>	<b>67.5%</b>
Airedale	80.9%	79.7%	69.1%	71.8%	80.4%	78.3%	79.3%	88.5%	89.2%	81.4%	83.3%	86.3%
Bradford	75.3%	73.4%	70.9%	71.4%	64.7%	65.2%	61.3%	67.1%	73.7%	74.1%	64.5%	72.2%
Calderdale & Huddersfield	87.4%	89.2%	86.9%	88.5%	87.7%	91.2%	88.3%	88.5%	94.8%	92.0%	89.2%	89.6%
Leeds	65.6%	55.8%	57.1%	49.2%	51.2%	56.0%	50.3%	57.2%	64.8%	57.8%	60.3%	58.9%
Mid-Yorkshire	73.3%	73.9%	71.0%	66.2%	65.0%	70.4%	68.7%	69.1%	69.8%	68.2%	68.7%	57.7%

Domain	SOF or Operational Plan	Y	Strategy	N	10 Ambitions	N	Finance and productivity	N
Standard	Cancer Waiting Times – 62-day performance standard 85% (not met)							
WY Oversight Arrangement	West Yorkshire and Harrogate Cancer Alliance							
Ranking or benchmark	WY ranks 20 of 42 ICBs							
Cause of variation	Not applicable							
Progress against plan	<p>Acute providers are aiming to achieve a performance position, by M12, which is at 70% or above, or greater than 23/24 out-turn where this was already a higher value. The National Cancer Programme team of NHS England have issued a performance expectation in Planning Guidance that systems should improve to this level by the end of 24/25 as part of ongoing efforts to progress towards the constitutional level of performance. Performance against this measure is affected by seasonality but existing trajectories indicate that the plan is on track to be achieved.</p> <p>The 62-day standard tracks the days from referral to where a patient is treated for cancer. Some patients who wait beyond day 62 do not have cancer, because they may have either chosen to wait for investigation, have other clinical conditions which require prioritisation, or have a complex diagnostic pathway. However, only those who are diagnosed are counted against this standard.</p>							
	<p>Delivery can be affected by issues such as patient choice and availability; available capacity (including provisions for straight to test where clinically appropriate); waiting times for elective outpatients (workforce and physical capacity between specialties is often shared); seasonal demand variations; the impact of cancer awareness campaigns; and the completeness of referrals received in to secondary care – for example investigations led in primary care. Performance against the measure can fluctuate when available capacity is constrained – particularly in high referral volume specialities such as breast, urology, lower gastrointestinal and skin.</p>							
	<p>Delivery against plan is acceptable. Leeds Cancer Centre remain under Tier 2 management conditions. Recovery trajectories are in place for Mid Yorkshire and are heavily affected by issues on specific cancer pathways referenced above.</p>							
Current position	<p>Performance across the system exceeds both the national average standard and the NEY Regional position. The variation in performance range is between Mid Yorkshire (57.7%) and Calderdale and Huddersfield (89.6%). Treatment volumes differ considerably by the size of institution, meaning that lower performance at larger institutions (Leeds and Mid Yorkshire) can disproportionately impact on the recorded acute provider position. The WY&amp;HCA performance position also differs from that of WY ICB due to the inclusion of Harrogate and District NHS Foundation Trust which is not shown on the performance return.</p> <p>The Cancer Performance Recovery Group oversees delivery against cancer waiting times metrics, with the Alliance also tracking performance via Trust Cancer Boards and Locality/Place-Based forums. This includes the development of performance mitigations including capacity extension, workforce transformation, and practice development measures.</p>							
Risks	There are risks of diminished patient experience for cohorts who have extended waits due to non-clinical factors, however there is evidence that case mix is subject to effective clinical prioritisation across the system.							
Escalation	There are no specific requests for support or resources from the Board or other stakeholders.							



# Cancer 62 Day All Routes

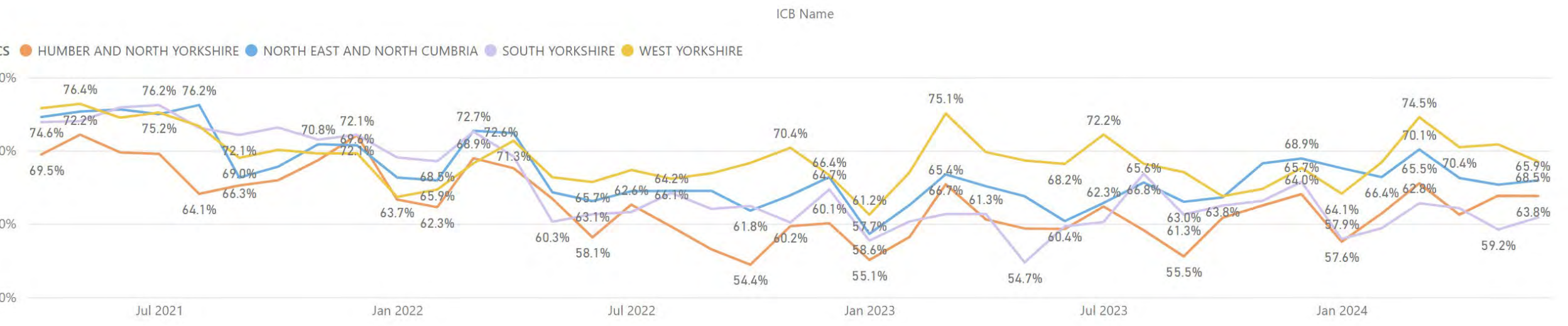
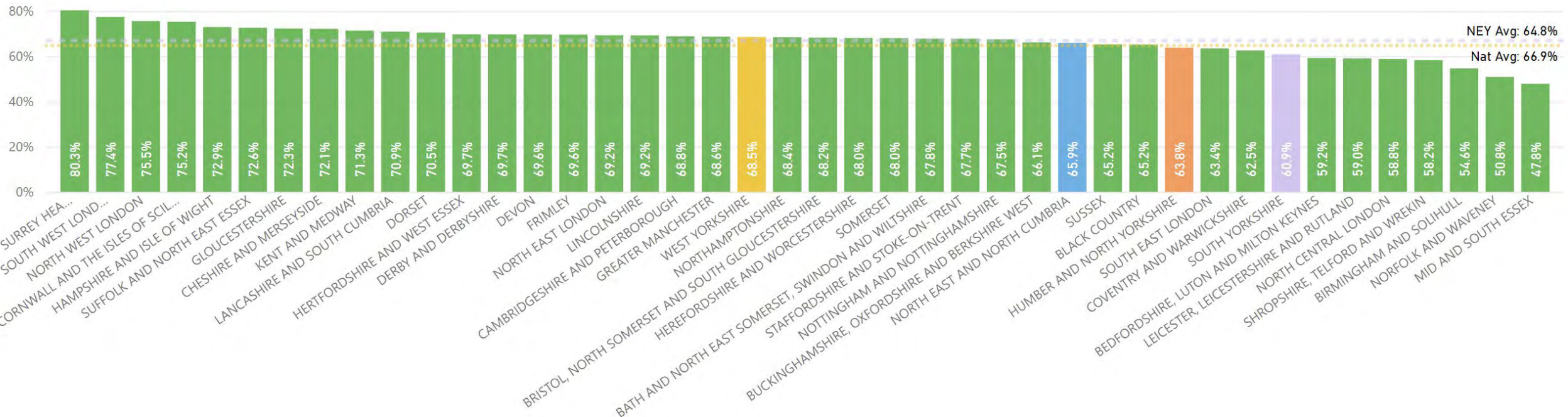
# Commissioning view

June 2024

Latest Date

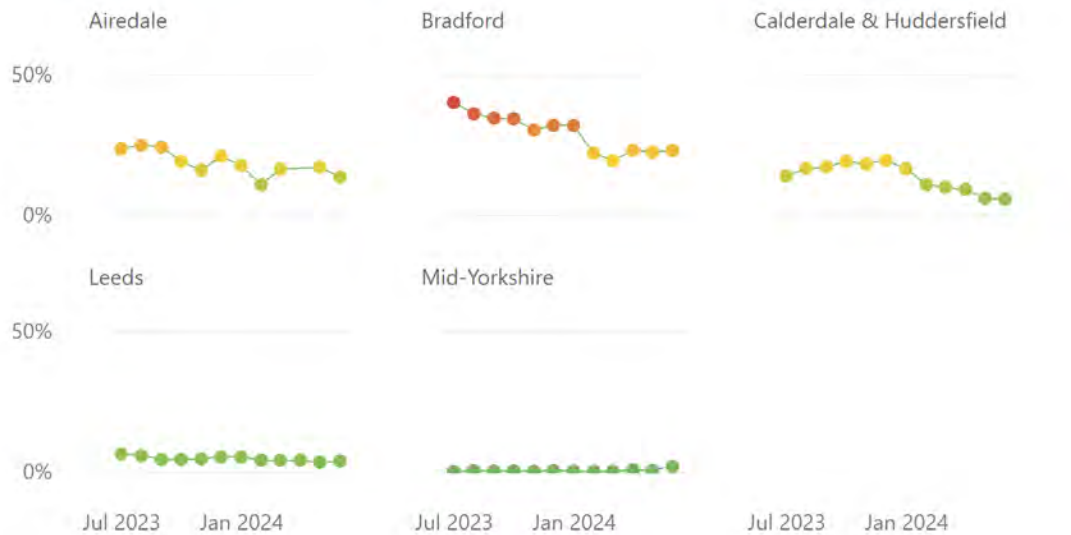
20

WY Ranking (42 ICBs)



# Diagnosics - 6 Week Standard

## Provider view



Org Type	07 2023	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024	04 2024	05 2024	06 2024
<b>Acute Provider</b>	<b>16.3%</b>	<b>15.5%</b>	<b>14.1%</b>	<b>13.8%</b>	<b>12.5%</b>	<b>13.7%</b>	<b>12.6%</b>	<b>8.2%</b>	<b>8.2%</b>	<b>8.0%</b>	<b>7.9%</b>	<b>7.8%</b>
Airedale	23.7%	24.9%	24.3%	19.1%	16.0%	20.9%	17.6%	10.8%	16.4%		17.0%	13.4%
Bradford	40.1%	36.1%	34.4%	34.2%	30.3%	32.0%	31.9%	22.0%	19.4%	23.1%	22.4%	23.1%
Calderdale & Huddersfield	13.9%	16.6%	17.1%	19.1%	18.1%	19.6%	16.4%	10.9%	9.9%	9.1%	6.0%	5.7%
Leeds	6.4%	5.8%	4.4%	4.4%	4.6%	5.3%	5.3%	4.2%	4.1%	4.1%	3.4%	3.8%
Mid-Yorkshire	0.1%	0.4%	0.3%	0.4%	0.2%	0.5%	0.2%	0.2%	0.2%	0.8%	0.5%	2.0%

Domain	SOF or Operational Plan	Y	Strategy	N	10 Ambitions	N	Finance and productivity	N
Standard	Diagnosics - 6 Week Standard: Increase the percentage of patients that receive a diagnostic test within 6 weeks in line with the March 2025 ambition of 95% (no more than 5% waiting longer than 6 weeks)							
WY Oversight Arrangement	WYAAT led Planned Care Board							
Ranking or benchmark	West Yorkshire ranked 1 of 42 ICBs in June 2024							
Cause of variation	Industrial action; capacity pressures; increasing demand for assessment; workforce pressures in diagnostic management services; patient choice factors. Specific capacity and demand challenges specific trusts and modalities have contributed to the overall position. There are action plans in place to address these challenges							
Progress against plan	<p>There is an increased need for diagnostic tests to support the additional elective activity being undertaken and to reduce the backlog of patients waiting for a test. Despite activity levels in diagnostics being above plan demand for diagnostic testing is also above plan. The proportion of patients waiting more than six weeks as an overall proportion of the waiting list is lower in West Yorkshire when compared with other Integrated Care Systems (ICSs) in the Region.</p> <p>West Yorkshire Association of Acute Trusts (WYAAT) is accountable to West Yorkshire Integrated Care Board (WYICB) for delivery of Diagnostic Programme on behalf of the system it aims to improve population health outcomes, increase diagnostic capacity. The diagnostic programme has established workstreams including West Yorkshire and Harrogate (WY&amp;H) endoscopy network, Yorkshire Imaging Collaborative and WY&amp;H Pathology network. We also continue to maximise capacity within the Independent Sector to support increased activity. Community Diagnostic Centre (CDC) sites have been implemented in across places, with activity increasing in a phased approach and one further site to open in January 2026 in Huddersfield.</p>							
Current position	The proportion of patients waiting six weeks or more for a diagnostic test continues to reduce to 7.8% which is a continued improvement on the preceding 12 months.							
Risks	Industrial action. Workforce challenges in some diagnostic modalities.							
Escalation	There are no specific requests for support or resources from the Board or other stakeholders.							



# Diagnostics - 6 Week Standard

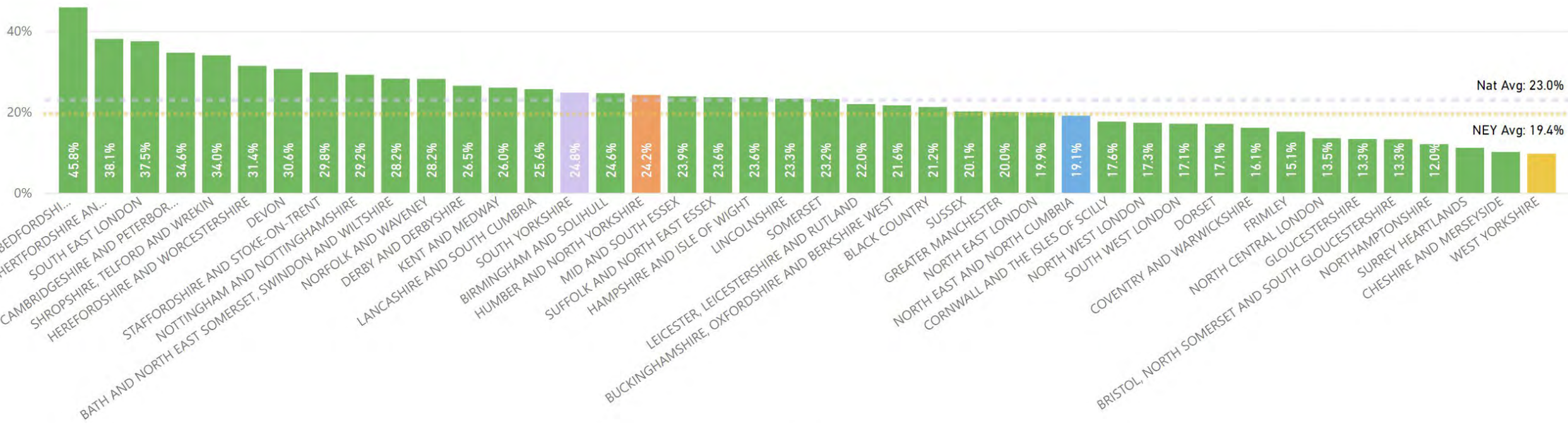
# Commissioning view

June 2024

Latest Date

1

WY Ranking (42 ICBs)



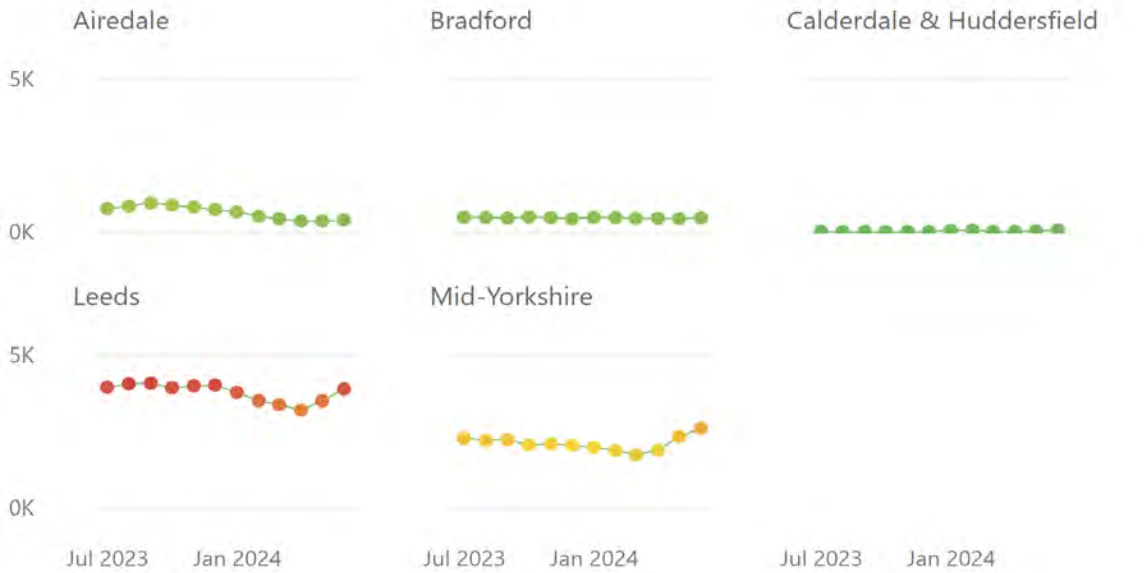
ICB Name

ICS ● HUMBER AND NORTH YORKSHIRE ● NORTH EAST AND NORTH CUMBRIA ● SOUTH YORKSHIRE ● WEST YORKSHIRE



# Referral to Treatment (RTT) 52 Week Breach

## Provider view



Org Type	07 2023	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024	04 2024	05 2024	06 2024
<b>Acute Provider</b>	<b>7484</b>	<b>7573</b>	<b>7718</b>	<b>7347</b>	<b>7371</b>	<b>7219</b>	<b>6944</b>	<b>6415</b>	<b>5990</b>	<b>5886</b>	<b>6648</b>	<b>7402</b>
Airedale	764	841	952	877	815	736	657	518	433	359	361	389
Bradford	487	478	457	496	468	429	484	469	442	443	435	464
Calderdale & Huddersfield	21	8	10	7	13	11	55	60	17	16	37	71
Leeds	3933	4047	4070	3913	3979	4005	3774	3499	3370	3181	3492	3875
Mid-Yorkshire	2279	2199	2229	2054	2096	2038	1974	1869	1728	1887	2323	2603

Domain	SOF or Operational Plan	Y	Strategy	N	10 Ambitions	N	Finance and productivity	N
<b>Standard</b>	Eliminate waits of over 52 weeks for elective care by March 2025 (except where patients choose to wait longer or in specific specialties), although this is no longer included in the 24/24 planning guidance							
<b>WY Oversight Arrangement</b>	WYAAT led Planned Care Board							
<b>Ranking or benchmark</b>	West Yorkshire ranked 26 of 42 ICBs in June 2024							
<b>Cause of variation</b>	Industrial action and complex procedures which makes mutual aid more difficult to source							
<b>Progress against plan</b>	All trusts are working collaboratively across WYAAT to increase elective capacity and to clear the waiting list backlog and they do this by offering mutual aid and using capacity flexibly across specialties. Through WYAAT, there is an established mechanism for collaborative use of the available independent sector capacity to maximise best use of this capacity for our population. There is both a tactical focus (mutual aid, productivity, sharing best practice) and a transformation focus (advice and guidance, shared referral pathways, patient-initiated follow-up) in the planned care programme, across outpatient and surgical pathways, to support long-term inclusive recovery. There is focus on non-admitted pathways with collaborative work re-aligning support to maximise capacity and productivity in these pathways. Trusts collaboratively review where there are pathways and specialties with the highest challenge, although there is focus upon treating the longest waiters in the 65 and 78 week wait cohorts							
<b>Current position</b>	CHFT is significantly ahead of plan and on track to have 0 people waiting more than 52 weeks. ANHSFT, BTHFT, MYTT and LTHFT are working towards clearing the longest waiters in the 65 week wait cohort, and the limited numbers of patients in the 78 week wait cohort.							
<b>Risks</b>	Further industrial action, discharge delays and high bed occupancy.							
<b>Escalation</b>	There are no requests for support or resources from the Board or other stakeholders.							



# RTT 52 Week Breach

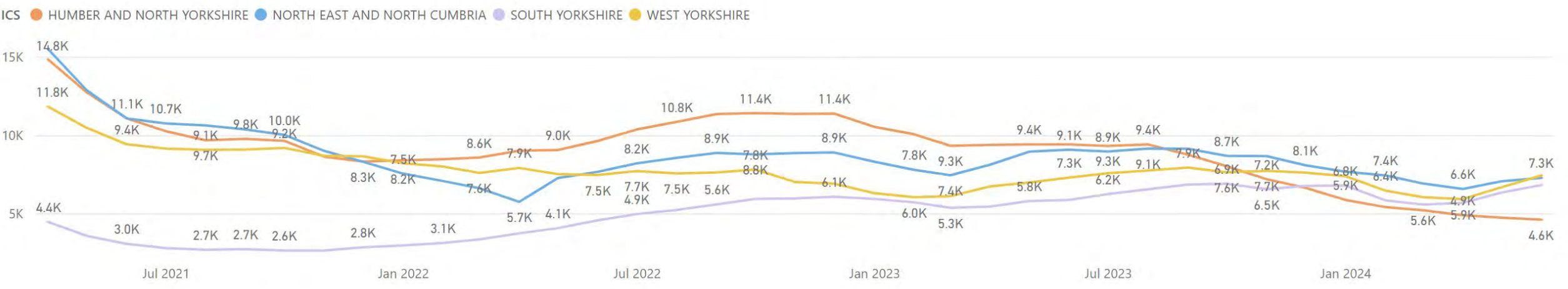
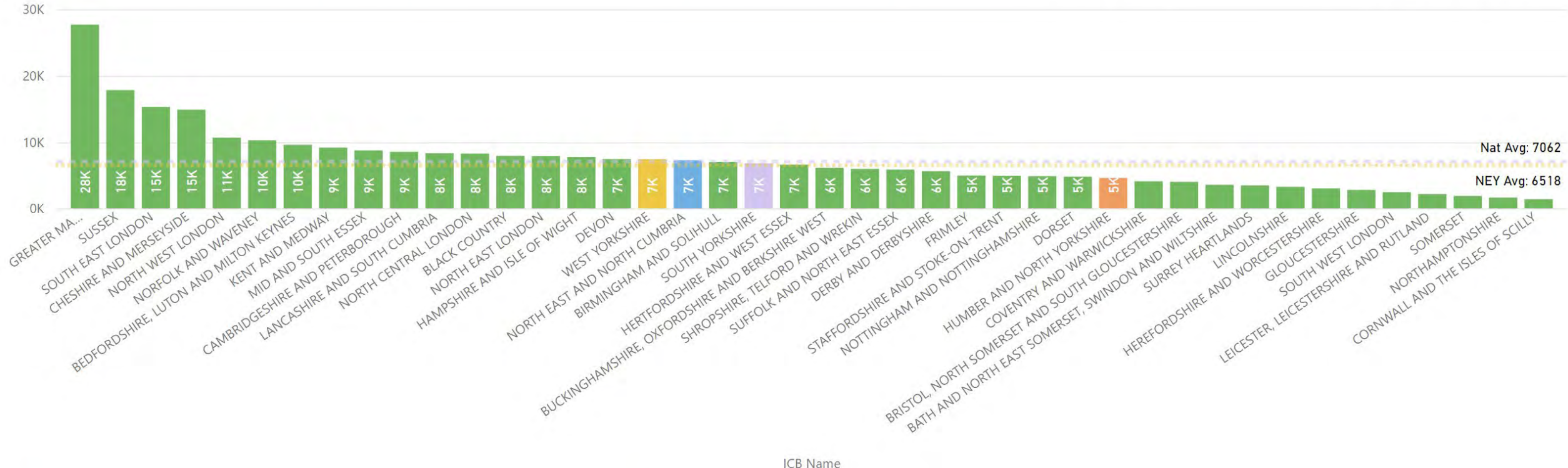
# Commissioning view

June 2024

Latest Date

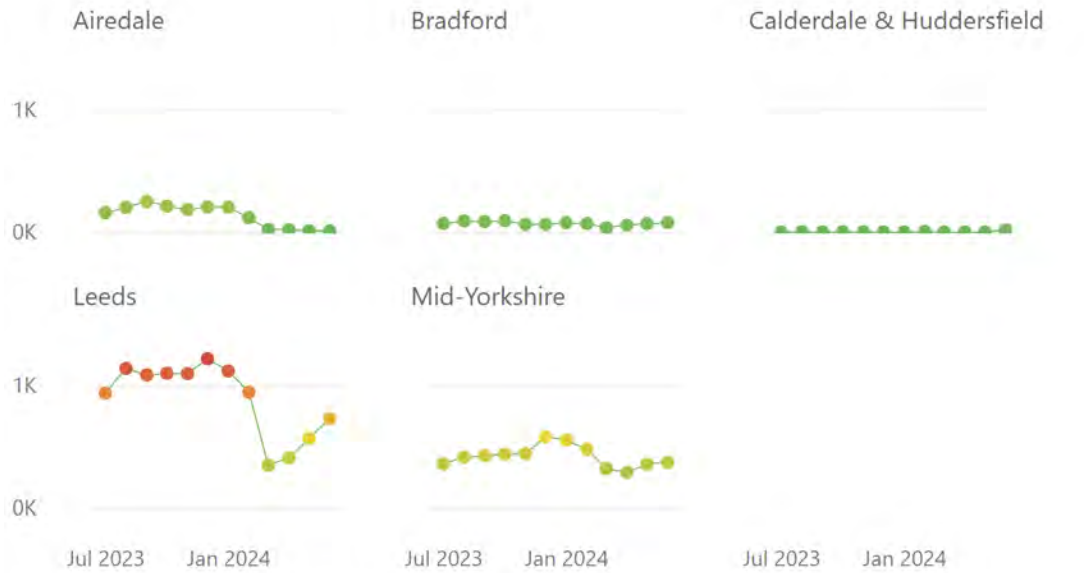
26

WY Ranking (42 ICBs)



# RTT 65 Week Breach

# Provider view



Org Type	07 2023	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024	04 2024	05 2024	06 2024
<b>Acute Provider</b>	<b>1524</b>	<b>1844</b>	<b>1842</b>	<b>1841</b>	<b>1785</b>	<b>2064</b>	<b>1948</b>	<b>1612</b>	<b>720</b>	<b>773</b>	<b>1003</b>	<b>1201</b>
Airedale	159	200	251	213	183	205	202	118	20	19	11	7
Bradford	69	90	84	92	64	63	75	67	34	58	67	76
Calderdale & Huddersfield	0	2	0	1	1	0	0	4	0	0	0	17
Leeds	936	1139	1083	1097	1094	1217	1117	944	348	406	568	727
Mid-Yorkshire	360	413	424	438	443	579	554	479	318	290	357	374

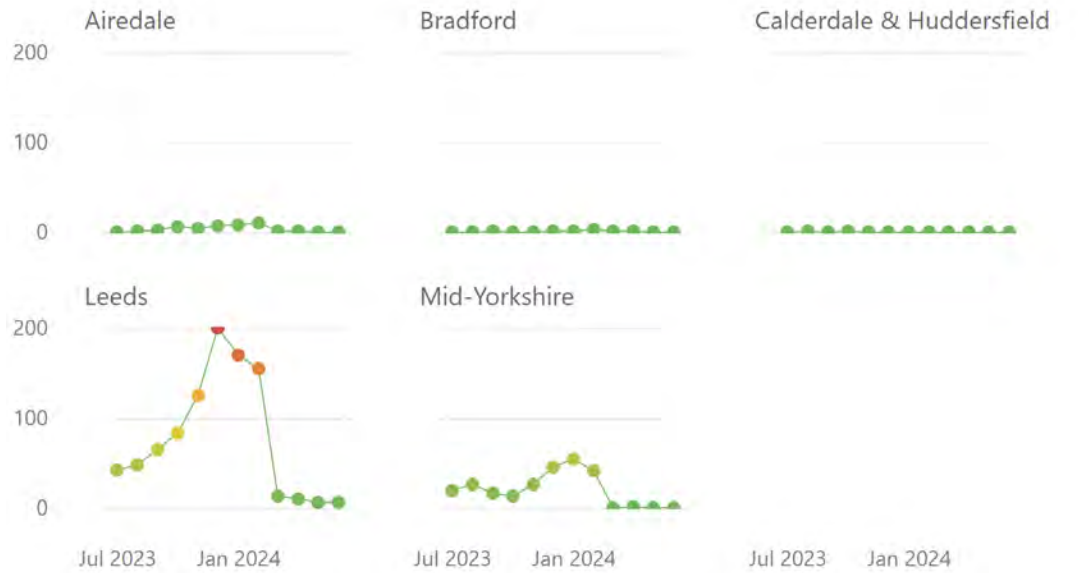
Domain	SOF or Operational Plan	Y	Strategy	Y	10 Ambitions	N	Finance and productivity	N
Standard	Eliminate long waiting times so that no one waits over 65 weeks for treatment by September 2024							
WY Oversight Arrangement	WYAAT led Planned Care Board							
Ranking or benchmark	West Yorkshire ranked 24 of 42 ICBs in June 2024							
Cause of variation	Industrial action and complex procedures which makes mutual aid more difficult to source							
Progress against plan	<p>Trusts collaboratively review where there are pathways and specialities with the highest challenge with the focus upon treating the longest waiters in the 65 and 78 week wait cohorts.</p> <p>Each of the five places in West Yorkshire are supporting specific groups with targeted interventions whilst they wait for their routine elective care, with best practice shared through the West Yorkshire Planned Care programme and the weekly Elective Coordination group .</p> <p>We know that people benefit from broader health and lifestyle advice to keep them as well as possible before coming into hospital and there are various support available in all of our places.</p> <p>There is a focus on ‘perioperative’ in readying people for surgery and helping them to help them stay physically active while waiting for treatment.</p>							
Current position	1201 patients waiting 65 weeks or more for their planned appointment or procedure in June 2024. Procedure complexity combined with capacity is a rate limiting step to obtaining mutual aid, locally and regionally.							
Risks	Further industrial action, discharge delays and high bed occupancy.							
Escalation	There are no requests for support or resources from the Board or other stakeholders.							





# RTT 78 Week Breach

# Provider view



Org Type	07 2023	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024	04 2024	05 2024	06 2024
<b>Acute Provider</b>	<b>61</b>	<b>76</b>	<b>84</b>	<b>103</b>	<b>155</b>	<b>253</b>	<b>233</b>	<b>209</b>	<b>15</b>	<b>13</b>	<b>6</b>	<b>6</b>
Airedale	0	1	2	6	4	7	8	10	1	1	0	0
Bradford	0	0	1	0	0	1	1	3	1	1	0	0
Calderdale & Huddersfield	0	1	0	1	0	0	0	0	0	0	0	0
Leeds	42	48	65	83	125	200	170	155	13	10	6	6
Mid-Yorkshire	19	26	16	13	26	45	54	41	0	1	0	0

Domain	SOF or Operational Plan	Y	Strategy	N	10 Ambitions	N	Finance and productivity	N
<b>Standard</b>	Eliminate waits of over 78 weeks for elective care by March 2023 (except where patients choose to wait longer or in specific specialties)							
<b>WY Oversight Arrangement</b>	WYAAT led Planned Care Board							
<b>Ranking or benchmark</b>	West Yorkshire ranked 17 of 42 ICBs in June 2024							
<b>Cause of variation</b>	Complexity							
<b>Progress against plan</b>	LTHT which is a tertiary centre continues to work to treat these patients but due to the level of complexity and mutual aid is not an option.							
<b>Current position</b>	6 patients waiting 78ww as of June 2024. Plan in progress to treat the patients.							
<b>Risks</b>	Further industrial action							
<b>Escalation</b>	There are no requests for support or resources from the Board or other stakeholders.							



# RTT 78 Week Breach

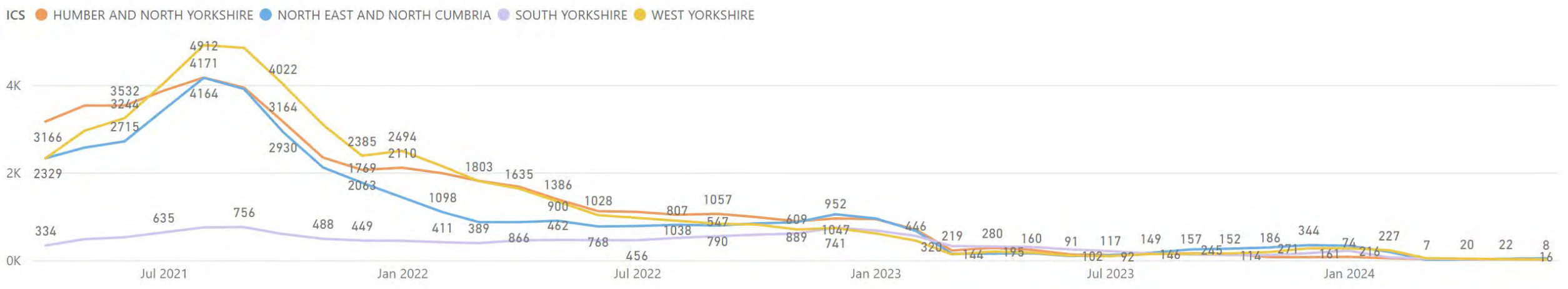
# Commissioning view

June 2024

Latest Date

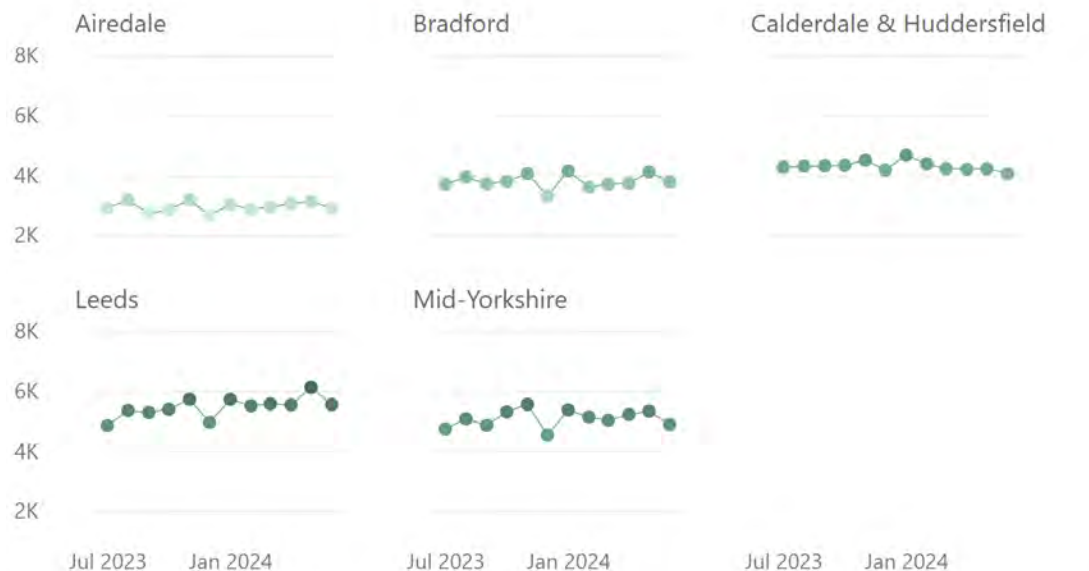
17

WY Ranking (42 ICBs)



# Day Surgery Activity

# Provider view



Org Type	07 2023	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024	04 2024	05 2024	06 2024
<b>Acute Provider</b>	<b>20430</b>	<b>21820</b>	<b>20860</b>	<b>21660</b>	<b>23010</b>	<b>19620</b>	<b>22905</b>	<b>21475</b>	<b>21435</b>	<b>21725</b>	<b>22890</b>	<b>21140</b>
Airedale	2900	3165	2710	2850	3170	2660	3020	2860	2930	3050	3120	2890
Bradford	3690	3935	3710	3795	4055	3305	4145	3595	3700	3725	4110	3775
Calderdale & Huddersfield	4265	4295	4310	4325	4505	4175	4660	4375	4215	4200	4215	4050
Leeds	4840	5350	5280	5390	5725	4950	5715	5510	5570	5535	6120	5545
Mid-Yorkshire	4735	5075	4850	5300	5555	4530	5365	5135	5020	5215	5325	4880

Domain	SOF or Operational Plan	Y	Strategy	N	10 Ambitions	N	Finance and productivity	N
<b>Standard</b>	Day Surgery Activity – No specific target but the national priority focuses on 85% of these procedures being undertaken as day cases.							
<b>WY Oversight Arrangement</b>	WYAAT led Planned Care Board							
<b>Ranking or benchmark</b>	West Yorkshire ranked 5 of 42 ICBs in June 2024							
<b>Cause of variation</b>	Day case volumes vary by month but have been increasing overall since April 2022. Activity has been impacted by industrial action.							
<b>Progress against plan</b>	Productivity in our surgical pathways, particularly for high volume, low complexity (HVLC) procedures remains a national priority with a focus on 85% of these procedures being undertaken as day cases, with 85% theatre utilisation.  Clinical networks have been established / re-established and Chairs for each of these groups appointed. These align to the six high volume, low complexity specialties as well as an additional network covering peri-operative care. The theatre utilisation group and Perioperative network are established which support theatre productivity.							
<b>Current position</b>	21140 in June 2024 with a day surgery rate of 86.3%							
<b>Risks</b>	Impact of industrial action.							
<b>Escalation</b>	There are no requests for support or resources from the Board or other stakeholders.							



# Day Surgery Activity

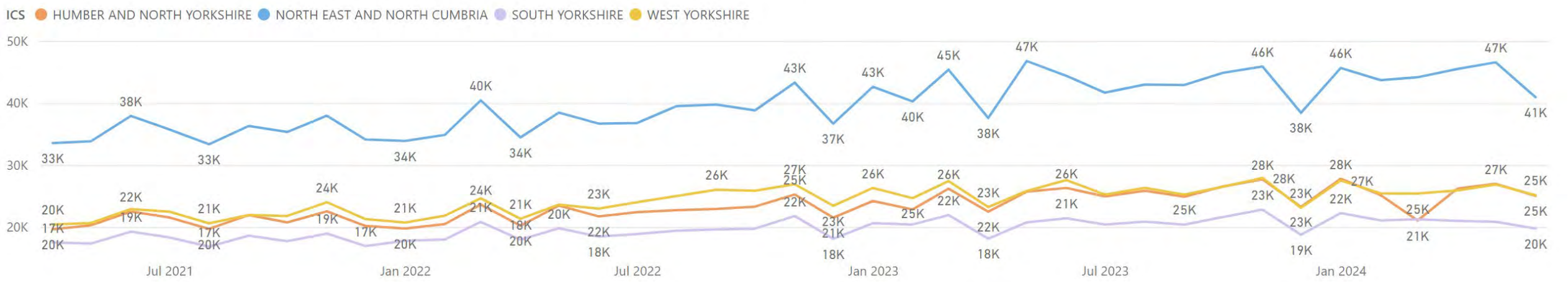
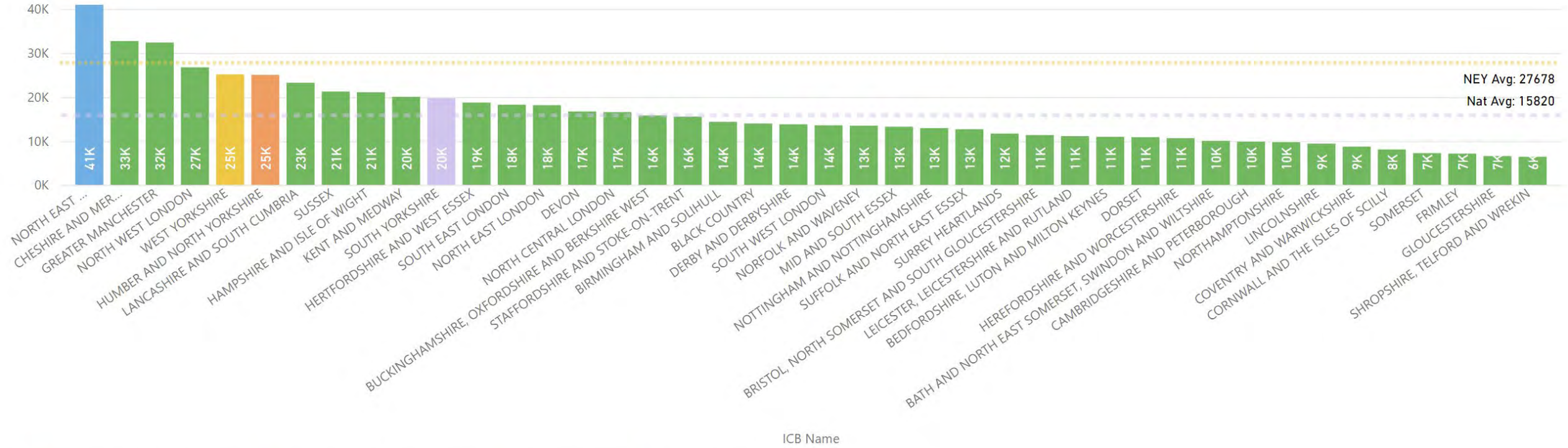
# Commissioning view

June 2024

Latest Date

5

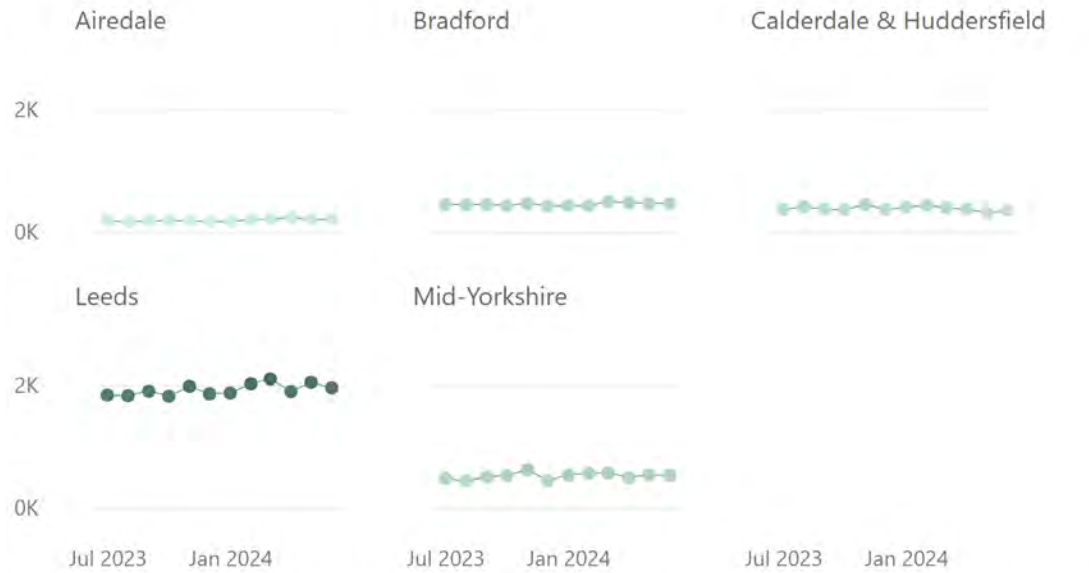
WY Ranking (42 ICBs)





# Elective Inpatient Activity

# Provider view



Org Type	07 2023	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024	04 2024	05 2024	06 2024
<b>Acute Provider</b>	<b>3325</b>	<b>3290</b>	<b>3420</b>	<b>3330</b>	<b>3710</b>	<b>3265</b>	<b>3420</b>	<b>3665</b>	<b>3785</b>	<b>3480</b>	<b>3575</b>	<b>3510</b>
Airedale	185	165	185	190	185	170	170	210	215	230	210	205
Bradford	450	445	450	430	470	425	430	430	500	480	465	470
Calderdale & Huddersfield	370	415	375	365	455	365	410	435	395	375	315	350
Leeds	1840	1830	1905	1820	1980	1860	1875	2025	2105	1900	2050	1955
Mid-Yorkshire	480	435	505	525	620	445	535	565	570	495	535	530

Domain	SOF or Operational Plan	Y	Strategy	N	10 Ambitions	N	Finance and productivity	N
<b>Standard</b>	Elective Inpatient Activity – No specific standard							
<b>WY Oversight Arrangement</b>	Planned Care/Elective Recovery							
<b>Ranking or benchmark</b>	West Yorkshire ranked 5 of 42 ICBs in June 2024							
<b>Cause of variation</b>	Impact of industrial action.							
<b>Progress against plan</b>	<p>All trusts are working collaboratively across WYAAT to increase elective capacity and to clear the waiting list backlog.</p> <p>Mutual aid continues where possible through local and national offers and is managed through the WYAAT Elective Coordination Group.</p>							
<b>Current position</b>	3510 elective inpatients were treated during June 2024.							
<b>Risks</b>	Impact of industrial action, discharge delays and high bed occupancy.							
<b>Escalation</b>	There are no requests for support or resources from the Board or other stakeholders.							

# Elective Inpatient Activity

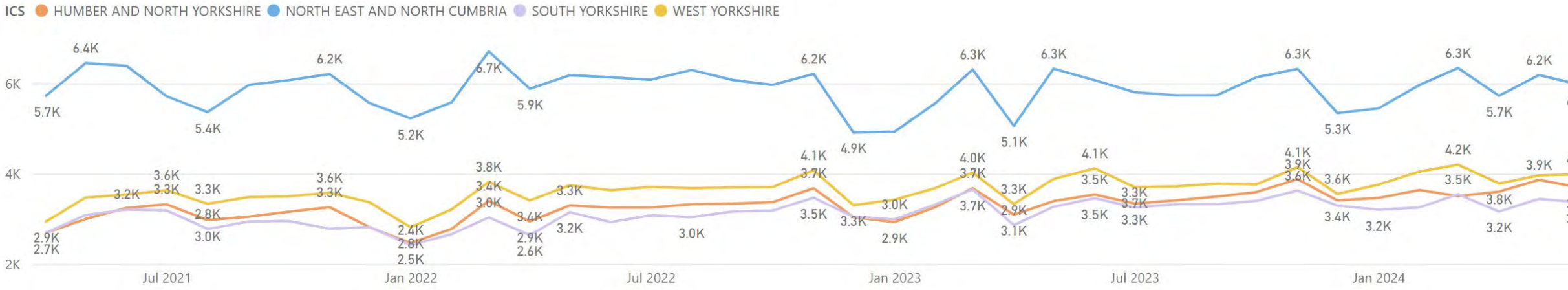
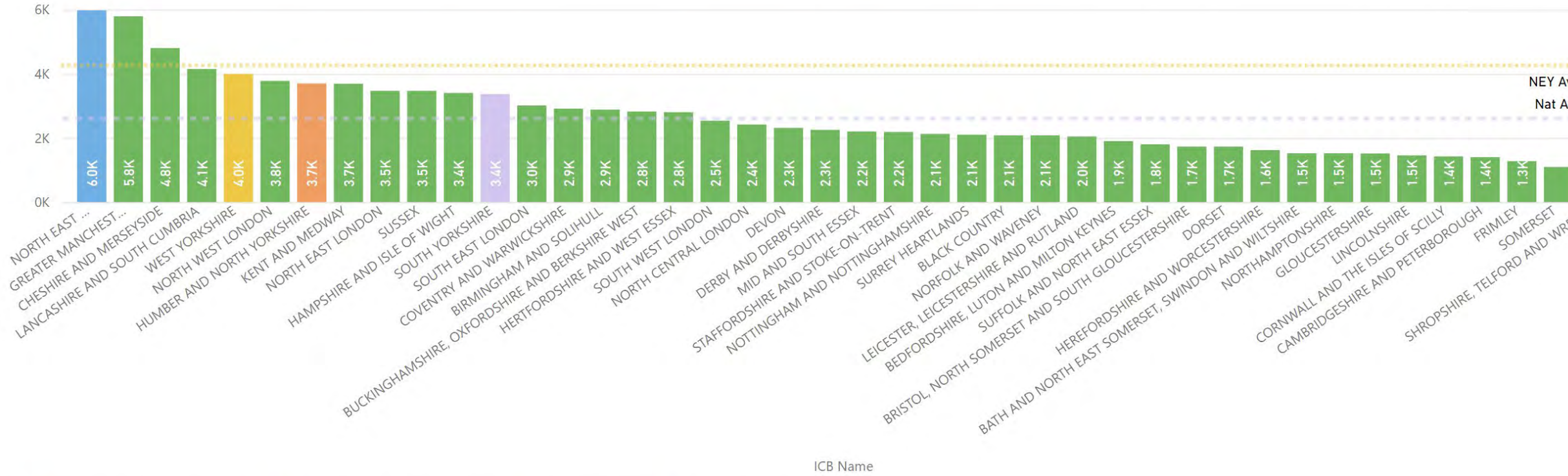
# Commissioning view

June 2024

Latest Date

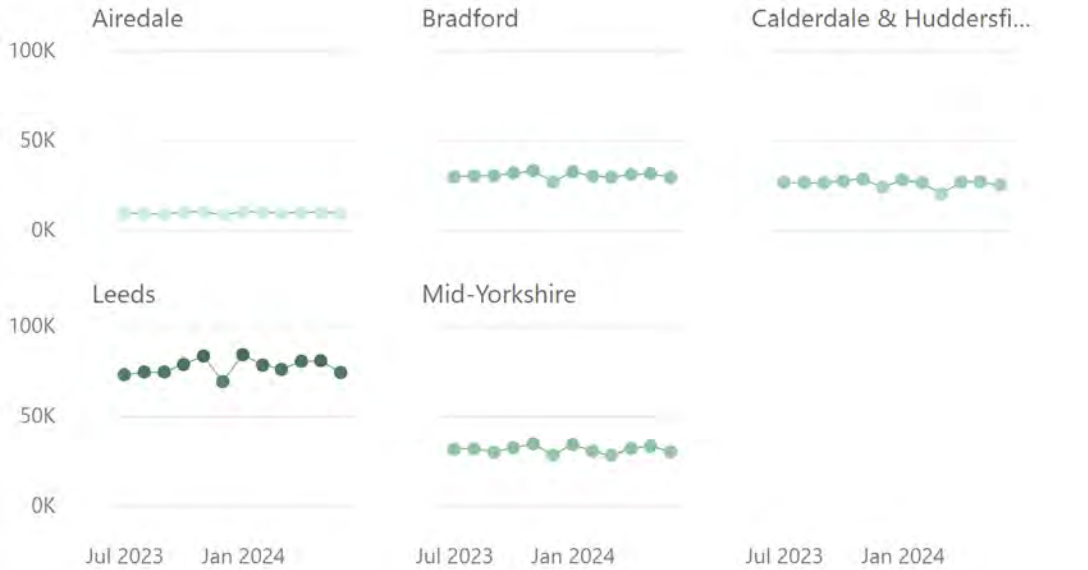
5

WY Ranking (42 ICBs)



# Outpatient Follow Up Activity

## Provider view



Org Type	07 2023	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024	04 2024	05 2024	06 2024
<b>Acute Provider</b>	<b>168955</b>	<b>170785</b>	<b>168340</b>	<b>179040</b>	<b>188620</b>	<b>154785</b>	<b>188020</b>	<b>173890</b>	<b>161790</b>	<b>178690</b>	<b>180960</b>	<b>166445</b>
Airedale	9295	8875	8565	9745	10135	7910	10270	9650	9215	9695	9620	8970
Bradford	29395	30015	30085	31490	32910	26475	32255	29900	29265	30720	31235	29110
Calderdale & Huddersfield	26345	26255	25995	27145	28250	23695	27820	25990	19880	26465	26720	24705
Leeds	72665	74140	74135	78550	83185	68800	83925	78170	75640	80120	80425	73865
Mid-Yorkshire	31255	31500	29560	32110	34140	27905	33750	30180	27790	31690	32960	29795

Domain	SOF or Operational Plan	Y	Strategy	N	10 Ambitions	N	Finance and productivity	N
Standard	Outpatient Follow-Up Activity – No specific standard but a reduction is in line with national expectations.							
WY Oversight Arrangement	WYAAT led Planned Care Board							
Ranking or benchmark	West Yorkshire ranked 9 of 42 ICBs in June 2024							
Cause of variation	Impact of industrial action							
Progress against plan	<p>There is an established Outpatient clinical network focused on productivity opportunities across outpatient specialities using GIRFT guidance and sharing best practice. , which is focussing on Patient Initiated Follow-up (PIFU), DNAs (Did not attend), trigae and Advice and Guidance (A&amp;G). The group meet monthly and link in in with ICB place leads and primary care</p> <p>All trusts are participating in nationally facilitated sessions on Further Faster for the various specialities</p> <p>Trust validation of waiting lists and use of patient portals is being expanded.</p>							
Current position	166445 follow-ups were delivered in June 2024 which is lower than April and May 2024 and aligned with national expectations to reduce follow up appointments.							
Risks	Challenge of reducing size of waiting list and overdue follow-up backlog whilst delivering a reduction in activity.							
Escalation	There are no requests for support or resources from the Board or other stakeholders.							



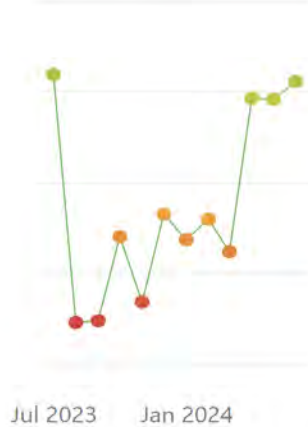
# Improving Access to Psychological Therapies (IAPT) Recovery Rate

## Provider view

Bradford District Care

Leeds Community Healthcare

South West Yorkshire Partnership NHS Foundation Trust



Org Type	07 2023	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024	04 2024	05 2024	06 2024
<b>MHP</b>	<b>50.0%</b>	<b>45.3%</b>	<b>46.8%</b>	<b>47.3%</b>	<b>46.0%</b>	<b>49.3%</b>	<b>47.2%</b>	<b>48.1%</b>	<b>47.9%</b>	<b>50.0%</b>	<b>52.3%</b>	<b>50.4%</b>
Bradford District Care	48.8%	50.0%	54.4%	47.7%	48.7%	53.7%	52.0%	49.4%	50.5%	48.3%	55.0%	52.3%
Leeds Community Healthcare	50.9%	37.3%	37.4%	42.0%	38.4%	43.2%	41.8%	43.0%	41.2%	49.6%	49.5%	50.5%
South West Yorkshire Partnership NHS Foundation Trust	50.0%	50.9%	50.9%	52.0%	51.2%	53.3%	49.6%	52.5%	52.7%	51.8%	52.7%	48.5%

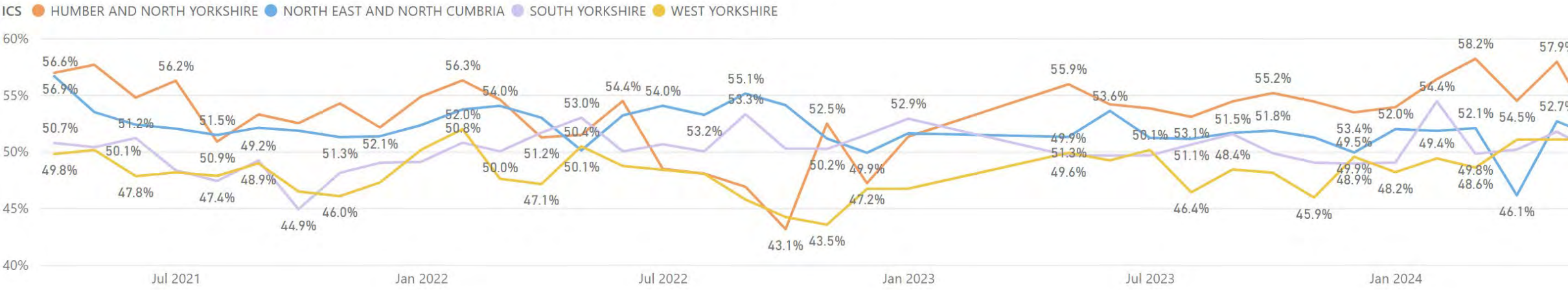
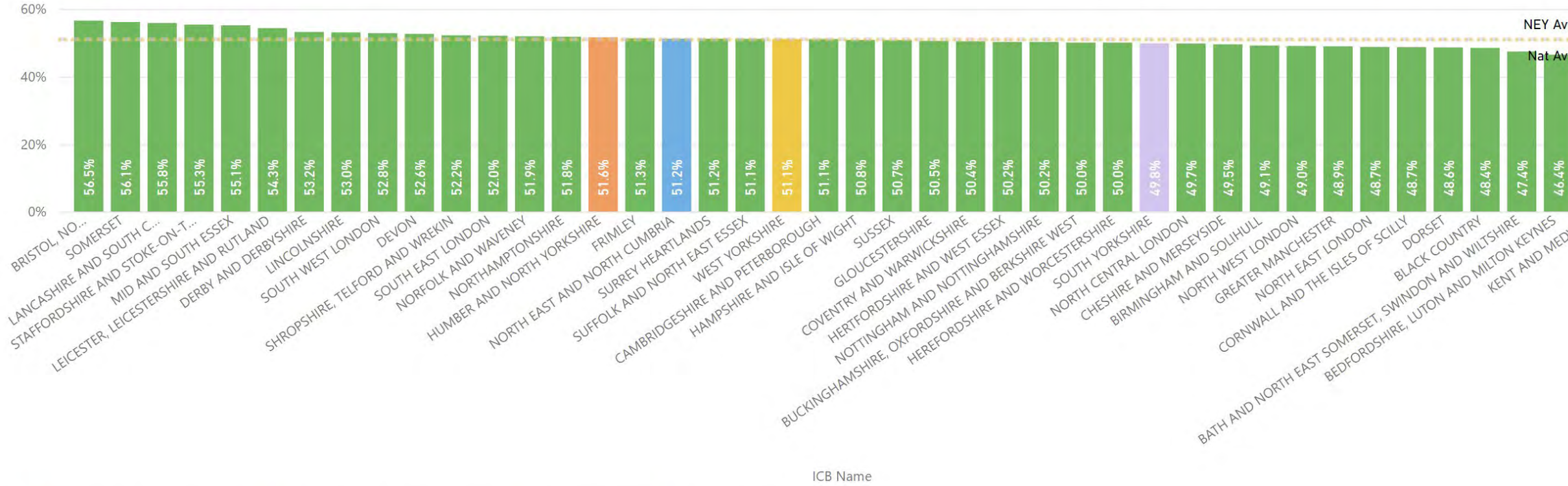
Domain	SOF or Operational Plan	Y	Strategy	N	10 Ambitions	N	Finance and productivity	N
Standard	48% of those who complete a course of treatment achieve at least 48% recovery							
WY Oversight Arrangement	MHLDA Partnership Board							
Ranking or benchmark	West Yorkshire ranked 20 of 42 ICBs in June 2024							
Cause of variation	Average clinical scores have been higher, particularly in Leeds, suggesting higher acuity presentations which is likely to impact upon recovery. An increase in the number of service users waiting longer has been shown to impact upon recovery.							
Progress against plan	<p>Services continually review trends and discharges related to service users who did not get to recovery to increase awareness of what is impacting upon this to sustain where it is above target and improve where it has decreased.</p> <p>Increases in the number of face-to-face sessions and groups offered where possible whilst continuing an online offer to enable flexibility to meet service user needs.</p> <p>Performance improved after a decrease at the end of 2023, with consistent achievement of the target in recent months. The service is continuing to focus on achieving the 48% target and plans to achieve this in 2024/25. Actions are continuing such as providing top up training to therapists, meeting with comparator services to learn from best practice with regular workforce review and education in place to improve the position which is a service priority.</p>							
Current position	Improvements across Improving access to psychological therapies (IAPT) recovery over recent months throughout West Yorkshire is expected to achieve over 48% in 2024/25							
Risks	Workforce expansion and retention, including competition from private providers							
Escalation	There are no specific requests for support or resources from the Board or other stakeholders.							

# IAPT Recovery Rate

# Commissioning view

June 2024  
Latest Date

20  
WY Ranking (42 ICBs)





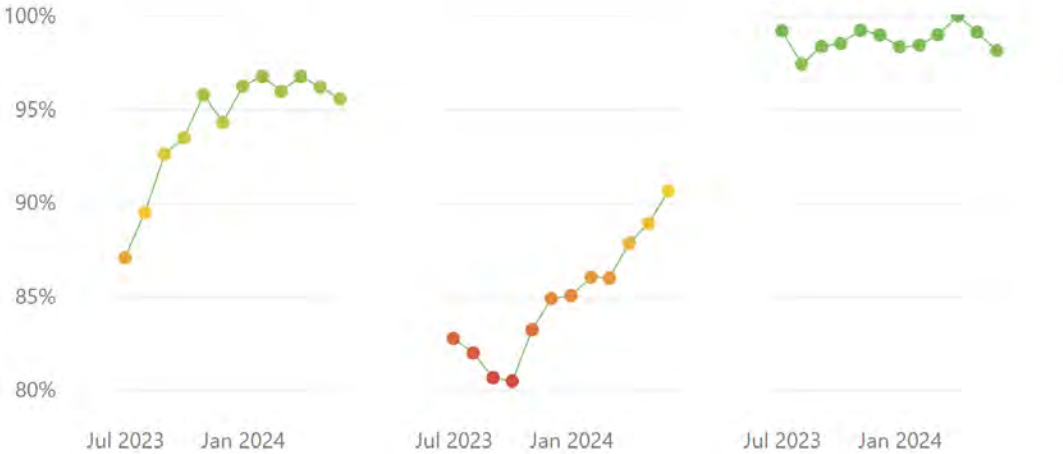
# IAPT Waited Less Than 6 Weeks

## Provider view

Bradford District Care

Leeds Community Healthcare

South West Yorkshire Partnership NHS Foundation Trust



Org Type	07 2023	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024	04 2024	05 2024	06 2024
<b>MHP</b>	<b>90.2%</b>	<b>89.5%</b>	<b>90.2%</b>	<b>90.7%</b>	<b>92.6%</b>	<b>92.0%</b>	<b>92.5%</b>	<b>93.3%</b>	<b>93.4%</b>	<b>94.4%</b>	<b>94.7%</b>	<b>94.9%</b>
Bradford District Care	87.1%	89.5%	92.6%	93.5%	95.8%	94.3%	96.2%	96.8%	96.0%	96.8%	96.2%	95.6%
Leeds Community Healthcare	82.8%	82.0%	80.6%	80.5%	83.2%	84.9%	85.0%	86.0%	86.0%	87.9%	88.9%	90.6%
South West Yorkshire Partnership NHS Foundation Trust	99.2%	97.4%	98.3%	98.5%	99.2%	99.0%	98.3%	98.4%	99.0%	100.0%	99.1%	98.1%

Domain	SOF or Operational Plan	N	Strategy	N	10 Ambitions	N	Finance and productivity	N
Standard	The percentage of IAPT treatments started in less than 6 weeks: 75% of services users who have been seen in IAPT to have waited less than 6 weeks.							
WY Oversight Arrangement	MHLDA Partnership Board							
Ranking or benchmark	West Yorkshire ranked 19 of 42 ICBs in June 2024							
Cause of variation	Significant workforce pressures, increased acuity resulting in more sessions for people on caseloads reducing capacity, changes in referral patterns during the pandemic.							
Progress against plan	<p>Continual work ongoing to increase knowledge within primary care of the IAPT model and the patient groups which could benefit from referrals with GPs alongside increasing knowledge of developments across community mental health transformation.</p> <p>Patients offered wellbeing self-help workshops or alternative appropriate group options where possible to support people on the waiting list which supports them and their future work within IAPT as people progress through the waiting list.</p> <p>Services have put in reduction plans for waiting lists including increasing group provision. The actions put in place have seen a positive impact upon wait time performance with Bradford and Leeds continuing to showing significant improvements in performance over the last 12 months, whilst South West Yorkshire have sustained performance</p>							
Current position	Consistently achieving above 90% against the 75% target							
Risks	Workforce expansion and retention, including competition from private providers.							
Escalation	There are no specific requests for support or resources from the Board or other stakeholders							

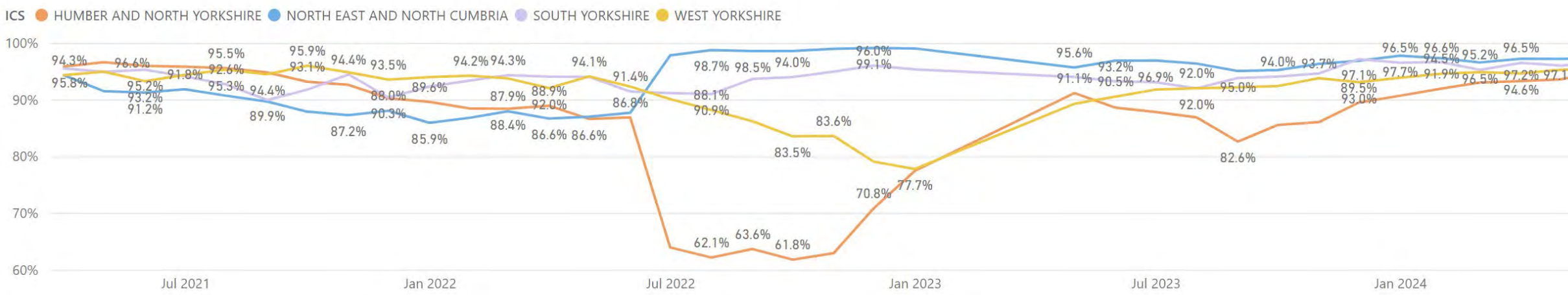
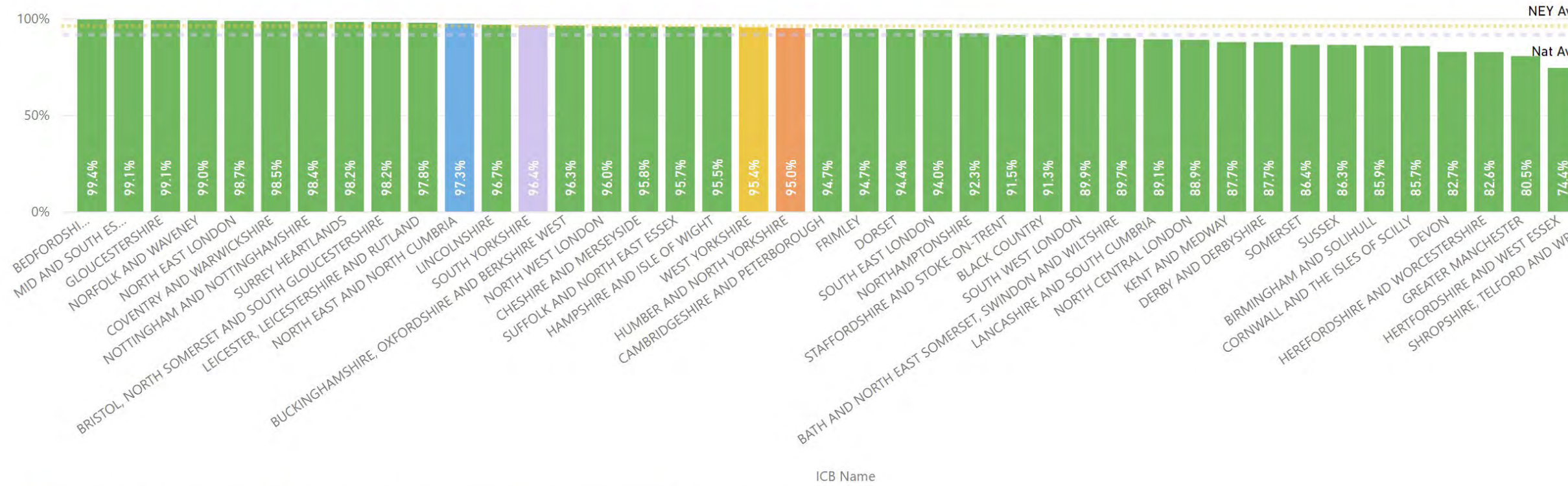


# IAPT Waited Less Than 6 Weeks

# Commissioning view

June 2024  
Latest Date

19  
WY Ranking (42 ICBs)



# IAPT Waited Less Than 18 Weeks

## Provider view



Org Type	07 2023	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024	04 2024	05 2024	06 2024
<b>MHP</b>	<b>98.5%</b>	<b>98.1%</b>	<b>99.4%</b>	<b>98.3%</b>	<b>98.9%</b>	<b>98.6%</b>	<b>98.7%</b>	<b>99.2%</b>	<b>98.4%</b>	<b>99.2%</b>	<b>98.8%</b>	<b>99.3%</b>
Bradford District Care	98.8%	98.7%	100.0%	98.9%	99.2%	98.6%	100.0%	100.0%	99.0%	100.0%	100.0%	100.0%
Leeds Community Healthcare	97.4%	96.7%	98.4%	96.1%	97.7%	97.5%	97.3%	97.8%	96.3%	97.9%	96.6%	97.9%
South West Yorkshire Partnership NHS Foundation Trust	99.2%	99.1%	100.0%	100.0%	100.0%	100.0%	99.2%	100.0%	100.0%	100.0%	100.0%	100.0%

Domain	SOF or Operational Plan	N	Strategy	N	10 Ambitions	N	Finance and productivity	N
<b>Standard</b>	The percentage of IAPT treatments started in less than 18 weeks: 95% of services users who have been seen in IAPT to have waited less than 18 weeks.							
<b>WY Oversight Arrangement</b>	MHLDA Partnership Board							
<b>Ranking or benchmark</b>	West Yorkshire ranked 28 of 42 ICBs in June 2024							
<b>Cause of variation</b>	Significant workforce pressures, increased acuity resulting in more sessions for people on caseloads reducing capacity, changes in referral patterns during the pandemic.							
<b>Progress against plan</b>	Services continue to achieve over the 95% target and continue work on data quality, reviewing Patient Tracking Lists (PTLs) and long waiters with follow up process for long waiters flagged from the PTLs conducted and managed by Senior clinicians., increasing staffing and consistent recruitment campaigns, patients offered wellbeing self-help workshops or alternative appropriate group options where possible to support people on the waiting list which supports them and their future work within IAPT as people progress through the waiting list and services have put in reduction plans for waiting lists including increasing group provision							
<b>Current position</b>	Consistently achieving above 98% against the 95% target, and all providers above 97%.							
<b>Risks</b>	Workforce expansion and retention, including competition from private providers.							
<b>Escalation</b>	There are no specific requests for support or resources from the Board or other stakeholders							



# IAPT Waited Less Than 18 Weeks

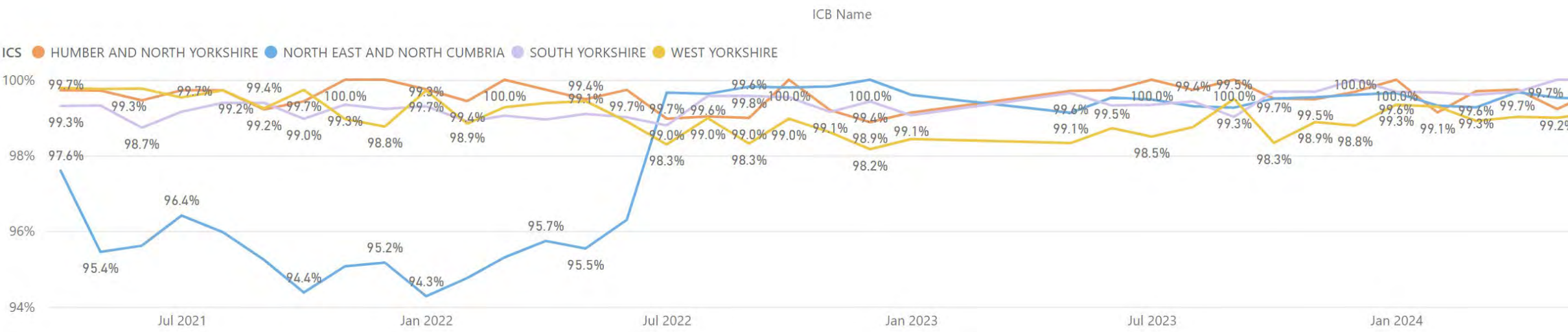
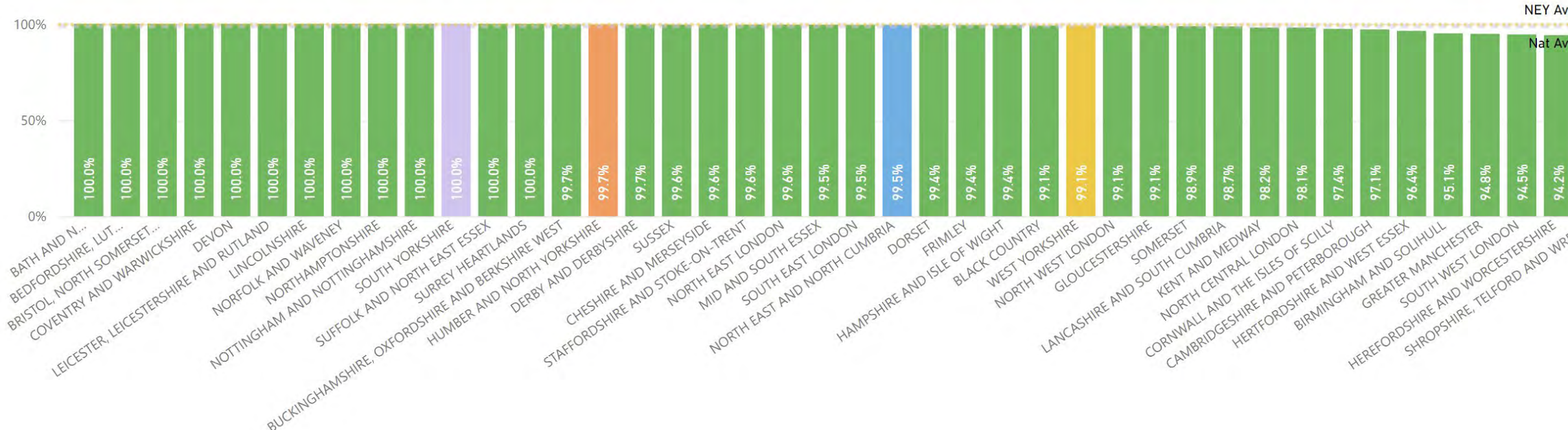
# Commissioning view

June 2024

Latest Date

28

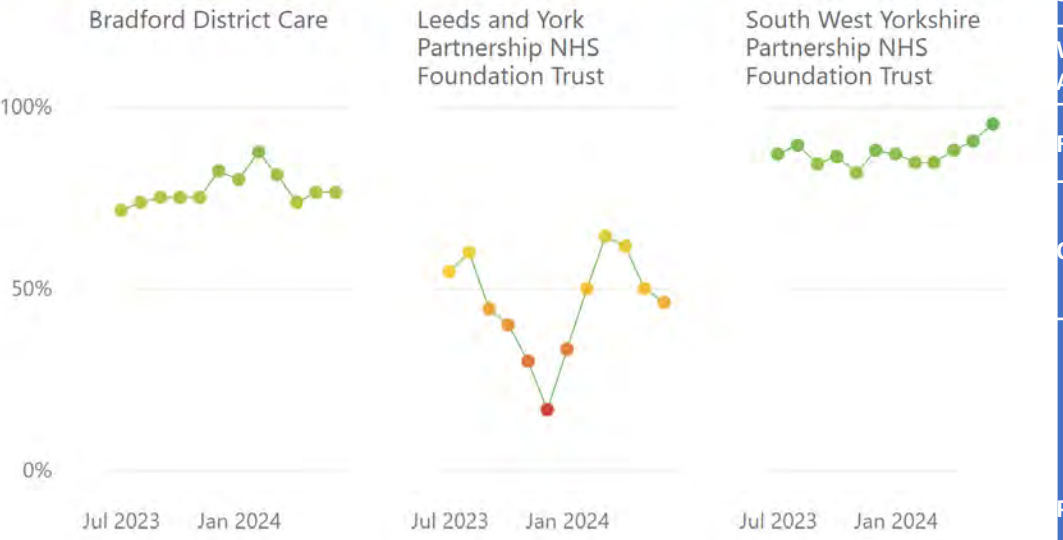
WY Ranking (42 ICBs)





# Early Intervention in Psychosis (EIP) Open Referrals Waited <2 Weeks

## Provider view



Org Type	07 2023	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024	04 2024	05 2024	06 2024
<b>MHP</b>	<b>74.5%</b>	<b>77.1%</b>	<b>72.9%</b>	<b>73.1%</b>	<b>69.2%</b>	<b>70.4%</b>	<b>72.0%</b>	<b>77.8%</b>	<b>78.6%</b>	<b>77.2%</b>	<b>75.0%</b>	<b>76.5%</b>
Bradford District Care	71.4%	73.7%	75.0%	75.0%	75.0%	82.4%	80.0%	87.5%	81.3%	73.7%	76.5%	76.5%
Leeds and York Partnership NHS Foundation Trust	54.5%	60.0%	44.4%	40.0%	30.0%	16.7%	33.3%	50.0%	64.3%	61.5%	50.0%	46.2%
South West Yorkshire Partnership NHS Foundation Trust	87.0%	89.5%	84.2%	86.4%	81.8%	88.0%	87.0%	84.6%	84.6%	88.0%	90.5%	95.2%

Domain	SOF or Operational Plan	N	Strategy	N	10 Ambitions	N	Finance and productivity	N
Standard	60% of referrals who enter treatment to receive a nice concordant intervention within 2 weeks of referral							
WY Oversight Arrangement	MHLDA Partnership Board							
Ranking or benchmark	West Yorkshire ranked 14 of 42 ICBs in June 2024							
Cause of variation	Variations in level of training across teams, Service user choice in declining aspects of the National Institute for Health and Care Excellence (NICE) concordant care, limited funding available for Early Intervention in Psychosis (EIP) services, sustained increased demand in Leeds.							
Progress against plan	<ul style="list-style-type: none"> <li>Ongoing training rolled out across services for all team members around physical health and family/systemic interventions.</li> <li>Increasing the offer of locations where physical health monitoring takes place (more place based and home visits).</li> <li>Improving assertive engagement approaches- increased use of support worker and care coordinator support</li> <li>Ongoing improvements to data- Monitoring dashboard has been created, with ongoing developments to improve its effectiveness and usability</li> </ul>							
Current position	<p>West Yorkshire ICB is consistently above the 60% target, at 76.5% in June 2024. Within West Yorkshire Bradford District Care Trust and South West Yorkshire Partnership Foundation Trust are also consistently above target.</p> <p>Leeds and York Partnership Trust performance has fluctuating over time and had deteriorated significantly below the 60% target as of December 2023. Work was completed to understand these difficulties and with the impact of ongoing sustained increased demand combined with staffing capacity difficulties within the service highlighted. Since January work with the Leeds service demonstrated significant improvement, returning to above 60% as of March 2024. there has been a deterioration to 46.2% in June 2024 which will be reviewed with the service to understand how this can be recovered and sustained.</p>							
Risks	Continuing pressure upon limited capacity with increased demand. Pressure in the wider system, such as within community mental health teams.							
Escalation	There are no specific requests for support or resources from the Board or other stakeholders							

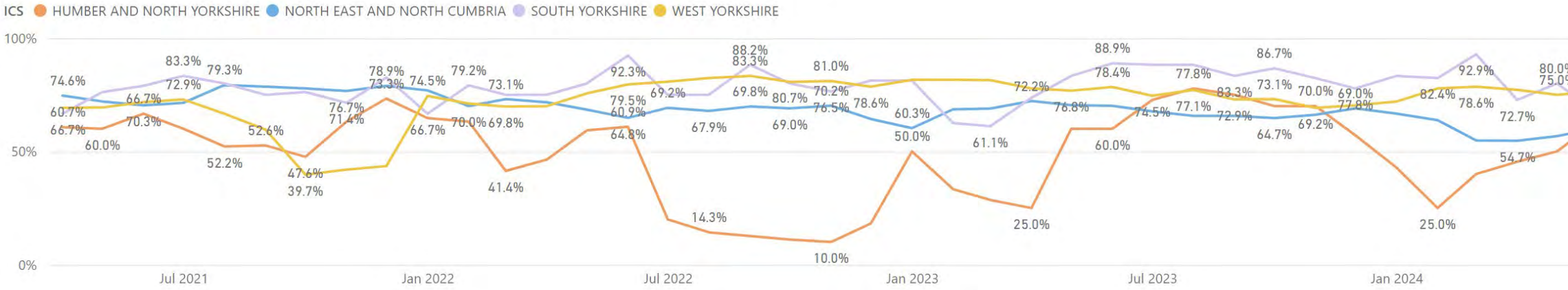
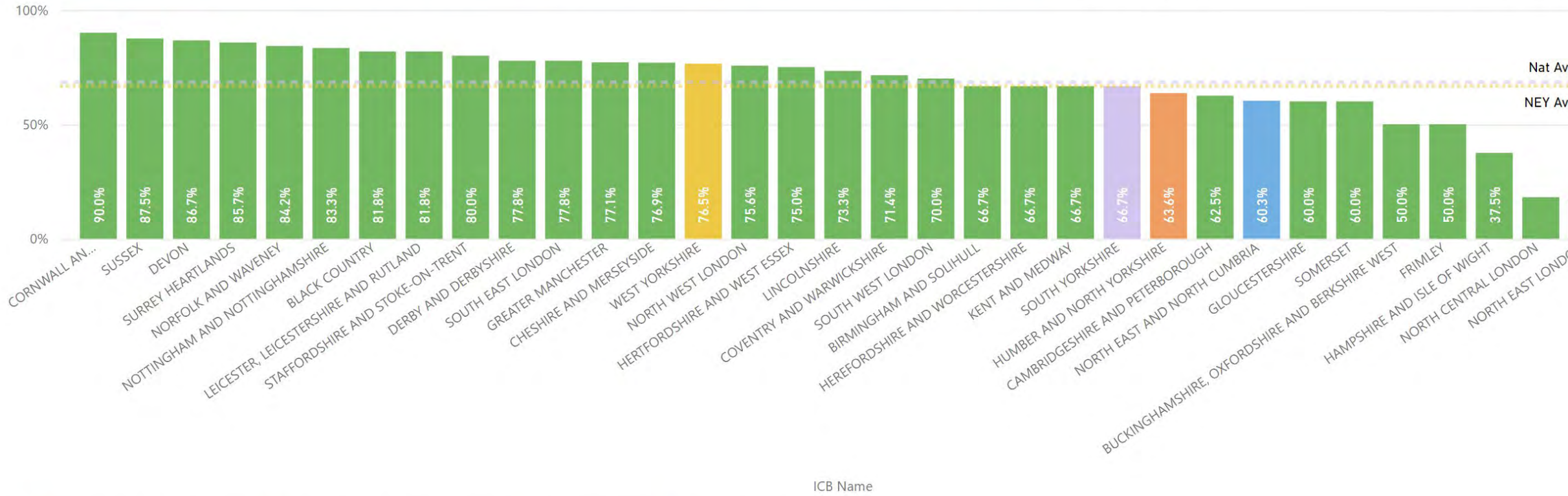
# EIP Open Referrals Waited < 2 Weeks Commissioning view

June 2024

Latest Date

14

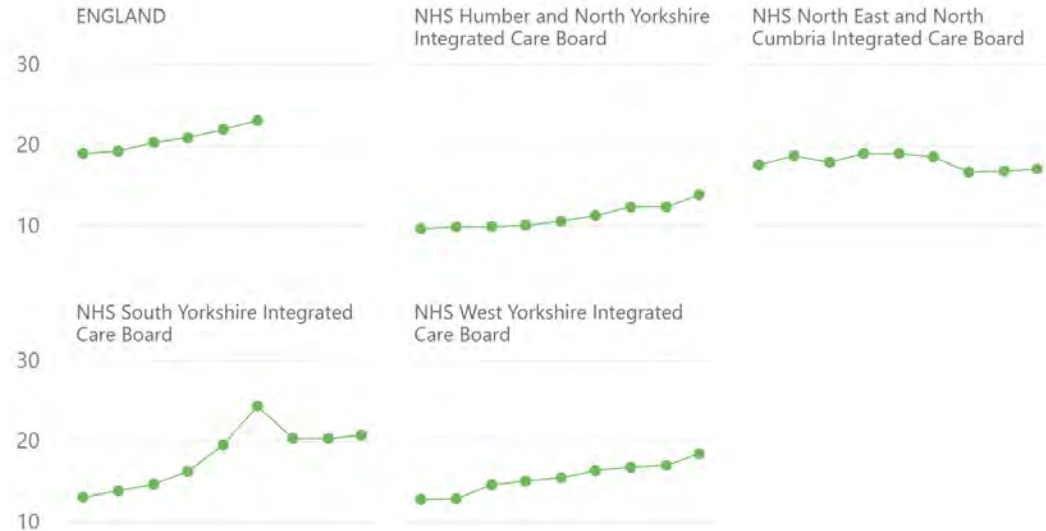
WY Ranking (42 ICBs)





## Virtual Ward Capacity per 100,000 GP registered population aged 16 years and over

## System View



Name 07 2023 08 2023 09 2023 10 2023 11 2023 12 2023 01 2024 02 2024 03 2024

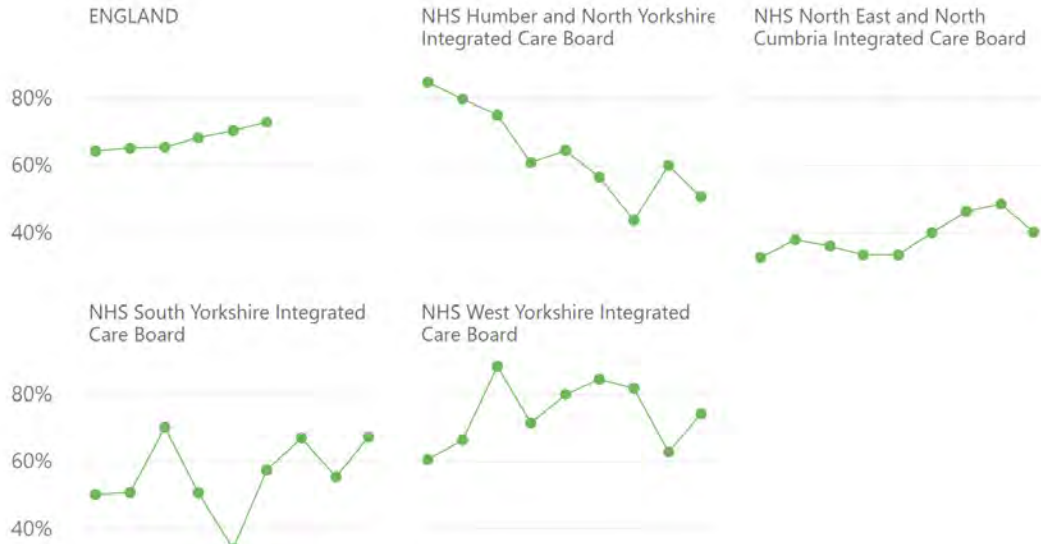
ENGLAND	18.90	19.20	20.28	20.90	21.90	23.00			
NHS Humber and North Yorkshire Integrated Care Board	9.56	9.80	9.83	10.00	10.50	11.20	12.30	12.30	13.80
NHS North East and North Cumbria Integrated Care Board	17.48	18.60	17.82	18.90	18.90	18.50	16.60	16.73	17.00
NHS South Yorkshire Integrated Care Board	12.98	13.80	14.60	16.20	19.50	24.30	20.30	20.28	20.70
NHS West Yorkshire Integrated Care Board	12.72	12.80	14.53	15.00	15.40	16.30	16.70	16.95	18.40

Domain	SOF or Operational Plan	Y	Strategy	N	10 Ambitions	N	Finance and productivity	N
Standard	Systems are asked to continue scaling-up virtual wards							
WY Oversight Arrangement	WY has a bimonthly VW Leads meeting and oversight and collaborative governance sits with the WY Community Provider Collaborative. There is further accountability through Programme Boards at local ICB Place.							
Ranking or benchmark	WY currently provide 18.1 VW beds per 100,000 GP registered population*. VW capacity for England is 19.6 VW beds per 100,000 GP registered population. *Note there is discrepancy between the SitRep data and that published online for July 2024.							
Cause of variation	Our five Places have considered workforce, funding, seasonal demand to inform their VW trajectories for 2024/25.							
Progress against plan	<p>Strengthening evaluation across WY to understand how VWs represent a viable, strategic opportunity to help people stay at home and live more independently is a priority. This includes:</p> <ul style="list-style-type: none"> <li>a focus on equitable access to understand if any population groups are disproportionately disadvantaged or excluded.</li> <li>in partnership with HIYH we are applying the “Greener Care at Home” toolkit to 4 VW pathways to understand the carbon impact.</li> <li>VWs forming part of the blueprint model for UEC that WY are developing to support consistency, further embed and raise awareness of VWs as part of a culture so that VWs is a service that everyone thinks of immediately and trusts.</li> <li>working with Applied Research Collaboration (ARC) Yorkshire and Humber to understand the evaluation in place in South Yorkshire and the applicability in West Yorkshire</li> </ul> <p>A national ambition is that VWs are enabled by technology. Leeds are live with several pathways. Failed regression testing in CKW has now been resolved. Suitable patients are now piloting the tech enabled pathways before broader roll out.</p>							
Current position	Exploring opportunities to increase step up activity ahead of winter. In aggregate, across West Yorkshire, there are 395 VW beds (17.6 beds per 100,000 population). This is above the WY trajectory for July of 379 beds.							
Risks	There is variation in approaches, timescales, funding sources and committees across WY in order to plan for VWs. This generates a risk to pathway development. Discussions are taking place re alternate virtual/technology enabled services based on population needs and inequalities, and how VW development is considered alongside the scale of local intermediate care models such as UCR, Same Day Emergency Care (SDEC), Anticipatory Care Planning (ACP), social care and discharge processes							
Escalation	Anticipating publication by NHS England Virtual Ward Operating Framework in due course.							



## Virtual Ward Occupancy

## System View

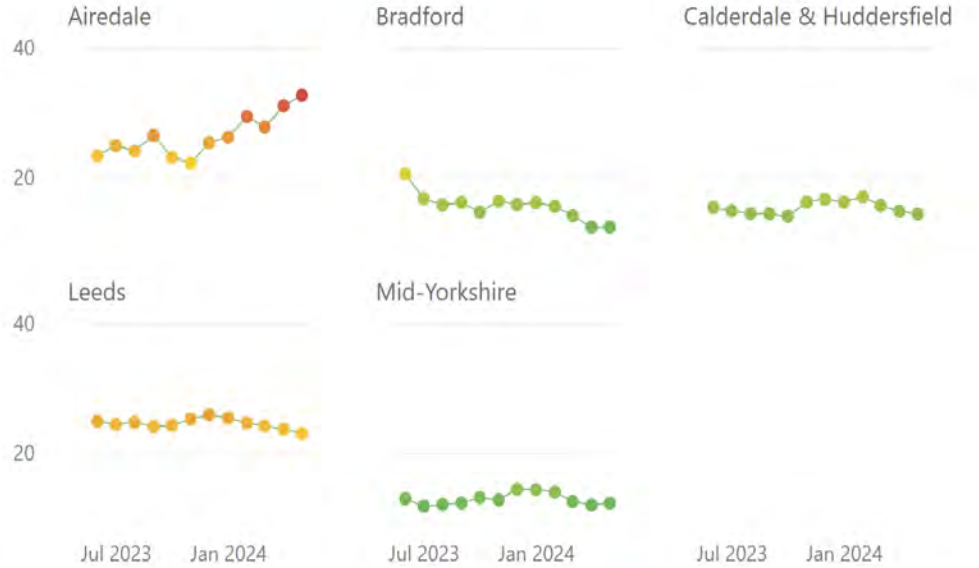


Name	07 2023	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024
ENGLAND	64.1%	65.0%	65.3%	68.1%	70.2%	72.7%			
NHS Humber and North Yorkshire Integrated Care Board	84.6%	79.6%	74.8%	60.7%	64.3%	56.3%	43.5%	59.8%	50.5%
NHS North East and North Cumbria Integrated Care Board	32.4%	37.7%	35.8%	33.2%	33.2%	39.8%	46.1%	48.3%	40.0%
NHS South Yorkshire Integrated Care Board	50.0%	50.6%	70.0%	50.5%	33.8%	57.3%	66.8%	55.2%	67.1%
NHS West Yorkshire Integrated Care Board	60.4%	66.2%	88.1%	71.3%	79.8%	84.3%	81.6%	62.6%	74.0%

Domain	SOF or Operational Plan	Y	Strategy	Y	10 Ambitions	N	Finance and productivity	N
Standard	Systems are required to achieve and maintain 80% utilisation of virtual ward capacity.							
WY Oversight Arrangement	WY has a bimonthly VW Leads meeting and oversight and collaborative governance sits with the WY Community Provider Collaborative. There is further accountability through Programme Boards at local ICB Place.							
Ranking or benchmark	71% utilisation for July 2024 in WY was reported via the SitRep*. National utilisation was 73%.							
Cause of variation	*SitRep data is snapshot only at one point in time over a 2 week period. The average length of stay on a VW in WY is 4.7 days therefore the SitRep data often doesn't reflect the volume of patients that have been onboarded and discharged from a VW or periods during the two weeks which often show higher utilisation.							
Progress against plan	Utilisation has varied, dependant on demand, seasonal fluctuations, length of stay, discharge dates, capacity and maturity of the virtual ward. Providers of virtual wards also have flexibility to offer increased bed capacity and if needed.							
Current position	As per previous slide.							
Risks	Across West Yorkshire, virtual ward occupancy has broadly increased over the year, ranging from 58% to 95% (currently reported at 71%).							
Escalation	Place continue to meet to review potential opportunities to avoid hospital admissions, increase referrals, capacity and review demand within the service.							
	NA							
	NA							

# C.difficile (Hospital Onset)

## Provider view



Org Type    06 2023   07 2023   08 2023   09 2023   10 2023   11 2023   12 2023   01 2024   02 2024   03 2024   04 2024   05 2024

Acute Provider	06 2023	07 2023	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024	04 2024	05 2024
Airedale	23.37	24.98	24.09	26.53	23.12	22.21	25.41	26.22	29.41	27.77	31.04	32.68
Bradford	20.55	16.75	15.76	16.17	14.67	16.38	15.80	16.14	15.54	14.11	12.35	12.35
Calderdale & Huddersfield	15.36	14.90	14.44	14.42	14.00	16.22	16.68	16.22	17.02	15.69	14.82	14.38
Leeds	24.91	24.42	24.74	24.10	24.27	25.25	25.90	25.40	24.67	24.17	23.69	23.05
Mid-Yorkshire	12.95	11.78	12.05	12.31	13.12	12.79	14.43	14.38	14.00	12.55	11.99	12.27

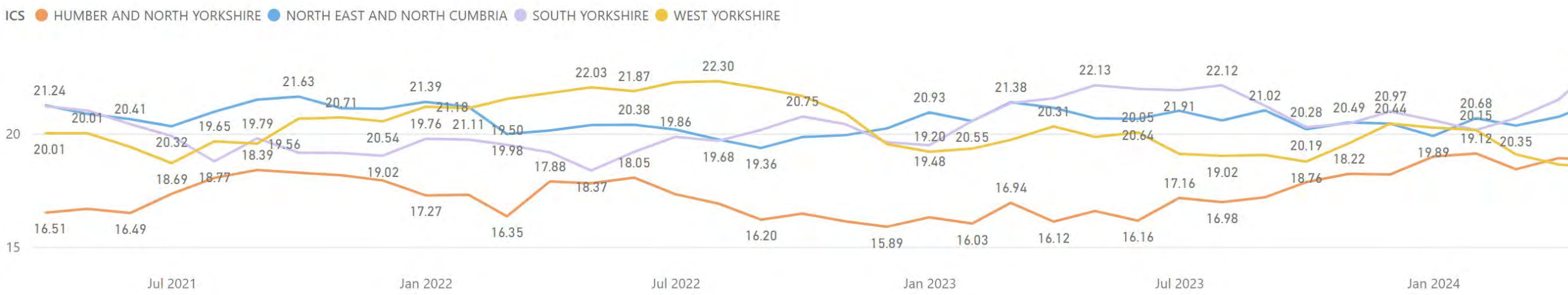
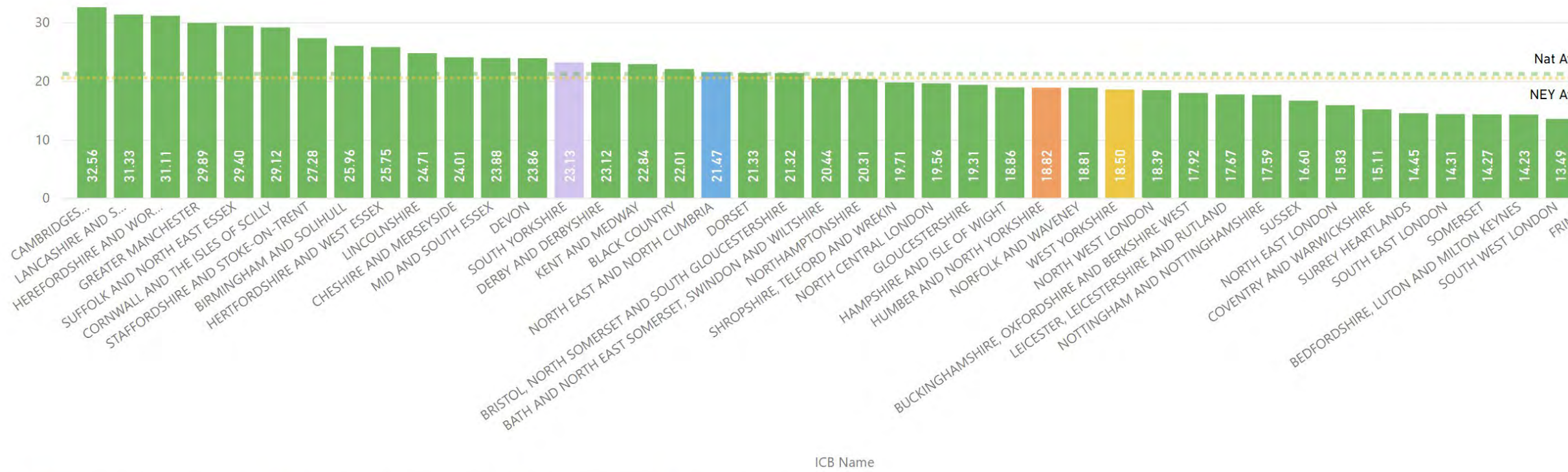
Domain	SOF or Operational Plan	Y	Strategy	N	10 Ambitions	N	Finance and productivity	N
Standard	C. difficile infection counts and 12-month rolling rates of all cases, by reporting acute trust and month .The metrics in the tables represent Acute Trust performance (Hospital Only) per 100,000 bed days. There is no standard / Target. Individual Trust Targets against the quality requirements to minimise rates of CDI to threshold levels set in the NHS Standard Contract 2023/24 include all healthcare associated cases (Hospital-onset & Community-onset healthcare associated HOHA & COHA); WY ICB target includes All (Total) Cases (HOHA, COHA, Community-onset indeterminate association & community onset community associated (COIA, COCA)) = 560							
WY Oversight Arrangement	Anti-Microbial Resistance (AMR) Programme – System Infection Prevention and Control Alliance Group							
Ranking or benchmark	West Yorkshire ranked 14 of 42 ICBs in May 2024							
Cause of variation	Continued increase (12 month rolling totals) of hospital-onset of Clostridioides difficile cases nationally.							
Progress against plan	<p>Airedale continued to experience a further increase in cases which remains a concern. Action plan in place and external review and guidance being provided by NHSE IPC team; peer-support provided by Mid-Yorks with successful QI approaches and learning shared system wide by the AMR IPC Subgroup. System CDI reduction plan in development:</p> <ul style="list-style-type: none"> <li>From April 24 to end of July 24 the Trust has reported: 15 HOHA and 3 COHA cases. 12 cases have been subject to an infection control review (ICR). To date all but two cases were deemed to be unavoidable.</li> <li>Avoidable C-diff Cases: one- Antimicrobial prescribing; case two- Cross contamination, poor hand hygiene.</li> <li>In July the trust reported a period of increased incidence on Ward 1 with 3 reported cases in a 6-day period. Initial investigations suggest cross contamination of the environment and hand hygiene as the potential source. The ward has undergone a deep clean and HPV fogging.</li> <li>In June 2024, the DIPC and DDIPC led on a rapid improvement review of all inpatient areas to reduce clutter, improve storage, and ultimately improve environmental cleaning. A full business case is currently in progress to increase cleaning provision out of hours, procure HPV fogging 24/7 and move to disposable curtains. In addition, the current uniform policy is being revised with a launch to include a hand hygiene and bare below the elbows campaign.</li> </ul>							
Current position	<ul style="list-style-type: none"> <li>Small uptick in Community Acquired cases reported in March 24 was reduced in April &amp; May 2024.</li> <li>No NHS acute trusts in WY reported rates of HA CDI rates that were significantly higher than the national average (April – June 24)</li> <li>No ICBs in the region reported rates of community onset community associated (COCA) CDI that were significantly higher than the national average (April-June 24)</li> <li>In contrast to National picture, WY remain below Jan 2019 (pre-covid) levels &amp; collectively we have not seen the large % changes seen nationally.</li> </ul>							
Risks	<ul style="list-style-type: none"> <li>Risk of diversion of Anti Microbial Stewardship (AMS) from AMR initiatives due to prioritization of response to infectious disease outbreaks, leading to increased demand for IPC and AMS services, HCAI's, increased antibiotic prescribing, patient harms, and inability to achieve national targets.</li> <li>Risks of socio-economic factors impacting increase in burden of infectious disease.</li> <li>Risk of lack of funding and system AMR/IPC roles preventing or delaying implementation of System-wide improvement or research projects.Ongoing shortage of consultant medical microbiologists continues to put strain on the service, as well as outbreak management (including COVID and norovirus)</li> <li>Risk of new or more virulent pathogens leading to increased need for antimicrobials &amp; potential for AMR.</li> </ul>							
Escalation	There are no specific requests for support or resources from the Board or other stakeholders							

# C.difficile (Hospital Onset)

# Commissioning view

May 2024  
Latest Date

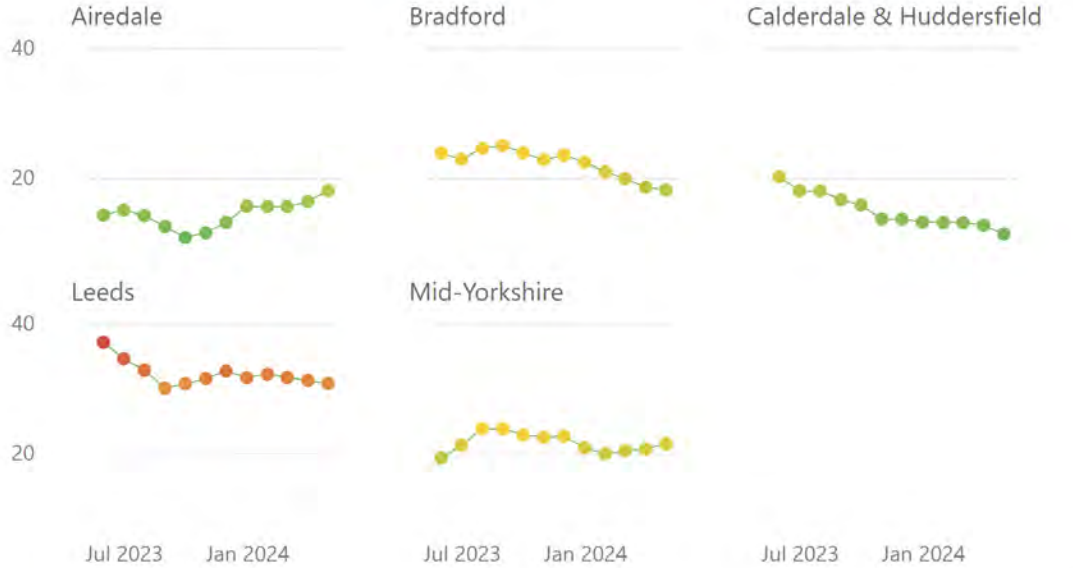
14  
WY Ranking (42 ICS)





# E.coli (Hospital Onset)

# Provider view



Org Type    06 2023   07 2023   08 2023   09 2023   10 2023   11 2023   12 2023   01 2024   02 2024   03 2024   04 2024   05 2024

Acute Provider	06 2023	07 2023	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024	04 2024	05 2024
Airedale	14.19	14.99	14.12	12.44	10.74	11.52	13.11	15.57	15.52	15.52	16.34	17.97
Bradford	23.82	22.80	24.57	24.95	23.84	22.75	23.48	22.41	20.87	19.84	18.52	18.08
Calderdale & Huddersfield	20.19	17.97	17.94	16.61	15.76	13.59	13.61	13.15	13.09	13.07	12.64	11.33
Leeds	37.12	34.54	32.78	30.04	30.70	31.52	32.66	31.67	32.20	31.69	31.21	30.73
Mid-Yorkshire	19.29	21.26	23.81	23.77	22.82	22.45	22.64	20.86	19.88	20.36	20.64	21.48

Domain	SOF or Operational Plan	Y	Strategy	N	10 Ambitions	N	Finance and productivity	N
Standard	E.coli bacteraemia cases counts and 12-month rolling rates, by reporting acute trust and month. The metrics in the tables represent Acute Trust performance (Hospital Only) per 100,000 bed days. There is no standard / Target for this metric. Individual Trust Targets against the quality requirements to minimise rates of E. coli to threshold levels set in the NHS Standard Contract 2023/24 include all healthcare associated cases (HOHA & COHA); WY ICB target includes All (Total) Cases (HOHA, COHA, COCA) = 1567							
WY Oversight Arrangement	AMR Programme – System IPC Alliance Group							
Ranking or benchmark	West Yorkshire ranked 25 of 42 ICBs in May 2024							
Cause of variation	Escherichia coli has been the most common pathogen causing bacteraemia in England and has seen year on year increases.							
Progress against plan	<p>The most frequently reported primary focus for both community and healthcare-associated E. coli (&amp; Klebsiella ) bacteraemia cases is urinary tract.</p> <p>ACTIONS: West Yorkshire ICB has resistance rates and dispensing of the four main NICE recommended UTI treatments (trimethoprim) that is higher than the national average; considering participation in a National RCT (IPAP-UTI) looking at prescribing of UTI in primary care.</p> <p>WY System Gram -neg reduction IPC meetings focused on supporting place plans and develop a system action plan &amp; share learning and resources.</p> <p>As well as UTI prevention focus, this will include focused action on Mouth / Oral health, Hydration, ERCPs / Biliary Tract / Hot gall Bladder surgery, Primary Care working with hospitals around GNBS and learning from our Patients e.g., effect of recurrent UTI infection, cultural barriers to delayed presentation and use of Vaginal oestrogens to reduce incidence of infection in menopausal woman</p>							
Current position	No NHS acute trusts in West Yorkshire reported significant increases in HA E.coli, Pseudomonas or Klebsiella spp. Bacteraemia in this quarter (April to June); In addition, no trusts were observed <u>rates</u> of HA E.coli or P. aeruginosa bacteraemia that were significantly higher than the national average this quarter. However, incidence of HA Klebsiella spp. bacteraemia was significantly higher than the national average in Leeds Teaching Hospital NHS Trust.							
Risks	<ul style="list-style-type: none"> <li>Risk of diversion of AMS workforce from AMR initiatives due to prioritization of response to infectious disease outbreaks, leading to increased demand for IPC and AMS services, HCAI's, increased antibiotic prescribing, patient harms, and inability to achieve national targets.</li> <li>Risks of socio-economic factors impacting increase in burden of infectious disease.</li> <li>Risk of lack of funding and system AMR/IPC roles preventing or delaying implementation of System-wide improvement or research projects. Ongoing shortage of consultant medical microbiologists continues to put strain on the service, as well as outbreak management (including COVID and norovirus)</li> <li>Risk of new or more virulent pathogens leading to increased need for antimicrobials &amp; potential for AMR.</li> </ul>							
Escalation	There are no specific requests for support or resources from the Board or other stakeholders							

# E.coli (Hospital Onset)

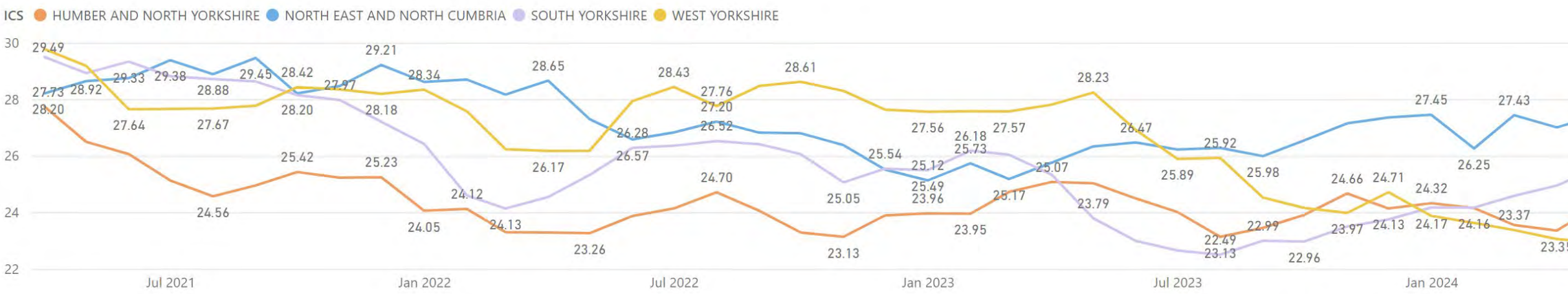
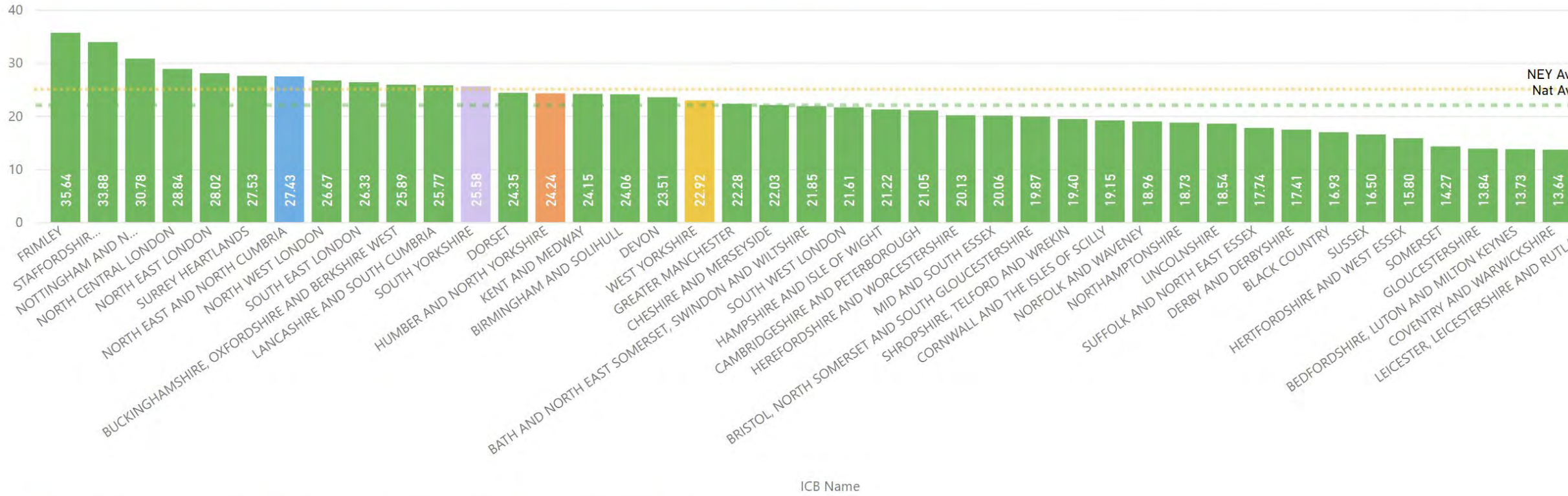
# Commissioning view

May 2024

Latest Date

25

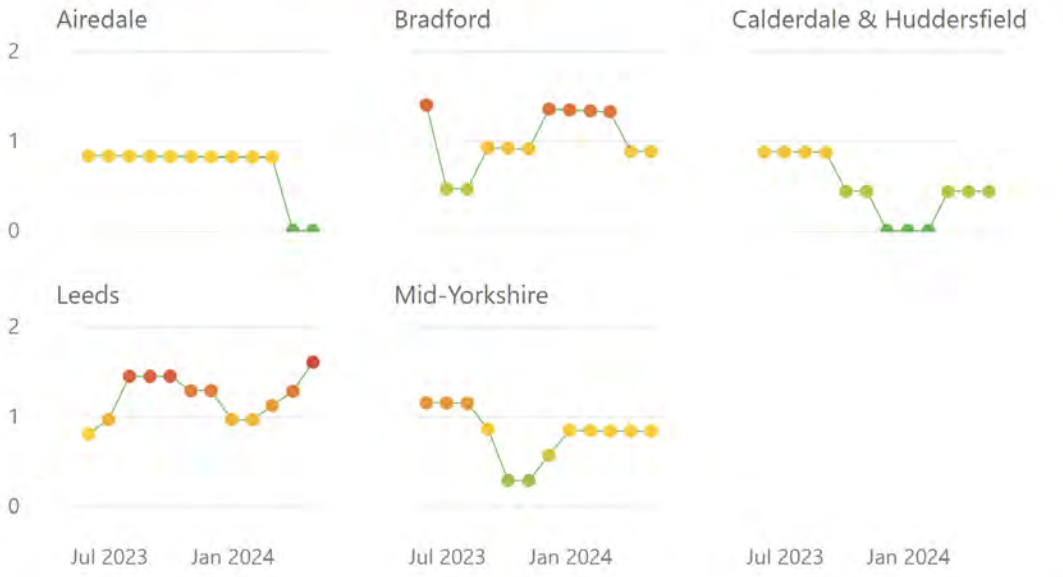
WY Ranking (42 ICBs)





# Methicillin-resistant Staphylococcus aureus (MRSA ) (Hospital Onset)

## Provider view



Org Type	06 2023	07 2023	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024	04 2024	05 2024
<b>Acute Provider</b>												
Airedale	0.83	0.83	0.83	0.83	0.83	0.82	0.82	0.82	0.82	0.82	0.00	0.00
Bradford	1.40	0.47	0.46	0.92	0.92	0.91	1.35	1.34	1.33	1.32	0.88	0.88
Calderdale & Huddersfield	0.88	0.88	0.88	0.87	0.44	0.44	0.00	0.00	0.00	0.44	0.44	0.44
Leeds	0.80	0.96	1.45	1.45	1.45	1.29	1.29	0.96	0.96	1.12	1.28	1.60
Mid-Yorkshire	1.15	1.15	1.15	0.86	0.29	0.28	0.57	0.85	0.84	0.84	0.84	0.84

Domain	SOF or Operational Plan	Y	Strategy	N	10 Ambitions	N	Finance and productivity	N
<b>Standard</b>	MRSA bacteraemia all cases counts and 12-month rolling rates, by acute trust and month. The metrics in the tables represent Acute Trust performance (Hospital Only) per 100,000 bed days.							
<b>WY Oversight Arrangement</b>	AMR Programme – System IPC Alliance Group							
<b>Ranking or benchmark</b>	West Yorkshire ranked 25 of 42 ICBs in May 2024							
<b>Cause of variation</b>	NA							
<b>Progress against plan</b>	<p>All cases of MRSA are subject to Post Infection Review and action plans in place. There are additionally system wide actions underway to investigate and mitigate against rising MSSA infections should also impact / improve MRSA rates.</p> <p>MSSA / MRSA Enhanced surveillance to continue to establish common themes / action:</p> <ul style="list-style-type: none"> <li>reach out to podiatry / diabetes team re undertreatment of diabetic skin conditions</li> <li>involving York street health practice and Bevan in the work to understand and address Staphylococcus aureus BSI cases</li> <li>Mapping risk factors with the deprivation index would be a valuable approach</li> <li>Aseptic non-touch technique – gaps in knowledge and adoption especially in community settings &amp; diversity in ANTT within trusts</li> </ul>							
<b>Current position</b>	<ul style="list-style-type: none"> <li>No NHS acute trusts in the region reported rates of HA MRSA bacteraemia that were significantly higher than the national average. However there has been a cluster of cases in children (Leeds &amp; Bradford) during July 2024 which is under review.</li> <li>No ICBs in WY reported rates of COCA MRSA bacteraemia that were significantly higher than the national average (April-June 24)</li> </ul>							
<b>Risks</b>	<ul style="list-style-type: none"> <li>Risk of diversion of AMS workforce from AMR initiatives due to prioritization of response to infectious disease outbreaks, leading to increased demand for IPC and AMS services, HCAI's, increased antibiotic prescribing, patient harms, and inability to achieve national targets.</li> <li>Risks of socio-economic factors impacting increase in burden of infectious disease.</li> <li>Risk of lack of funding and system AMR/IPC roles preventing or delaying implementation of System-wide improvement or research projects. Ongoing shortage of consultant medical microbiologists continues to put strain on the service, as well as outbreak management (including COVID and norovirus)</li> <li>Risk of new or more virulent pathogens leading to increased need for antimicrobials &amp; potential for AMR.</li> <li>Risk of inability to safely set up Penicillin Allergy De-Labeling service due to lack of capacity within specialized allergy immunology service, potentially leading to patient harm.</li> </ul>							
<b>Escalation</b>	There are no specific requests for support or resources from the Board or other stakeholders							

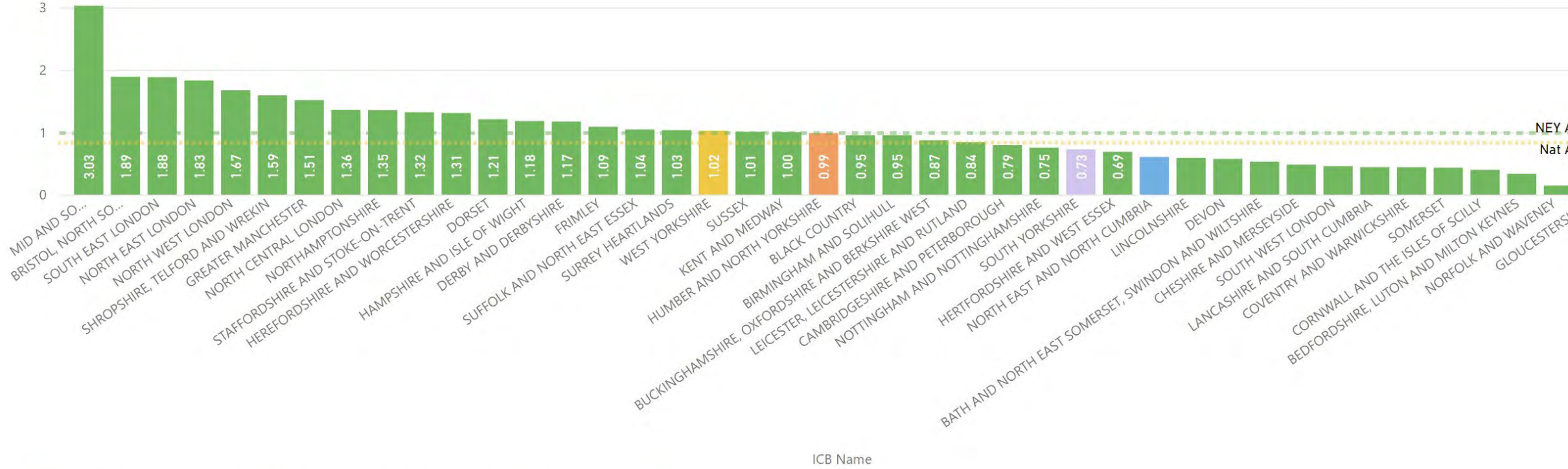


# MRSA (Hospital Onset)

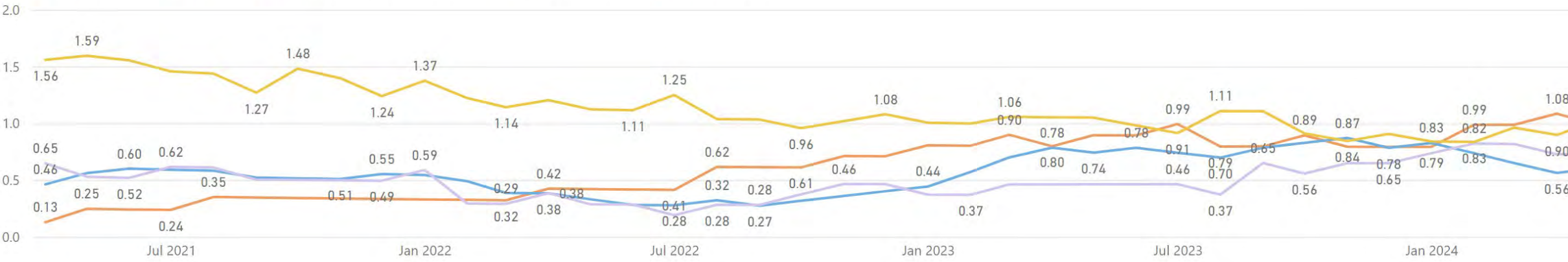
# Commissioning view

May 2024  
Latest Date

25  
WY Ranking (42 ICS)

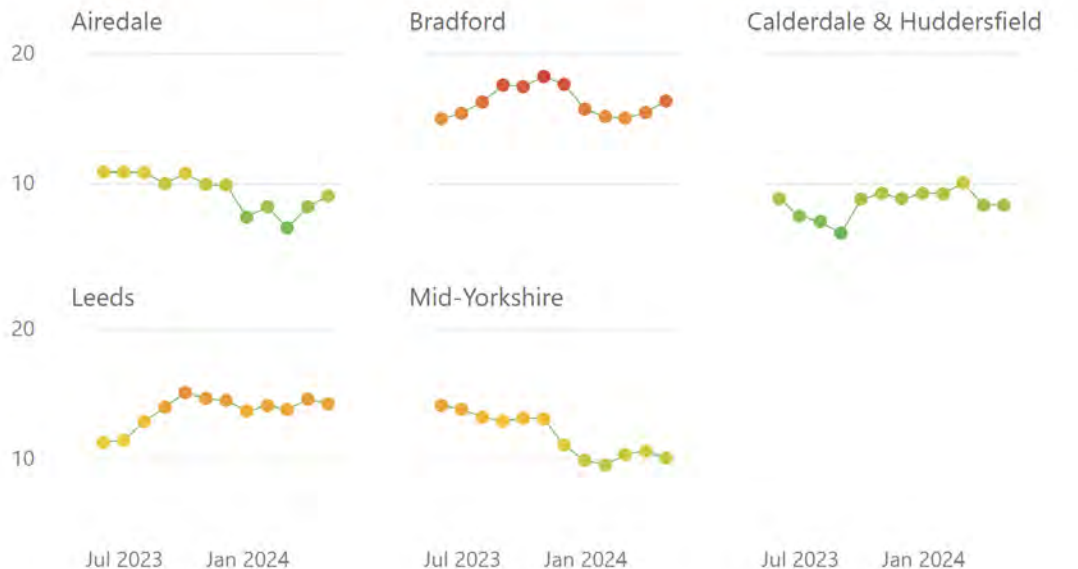


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# Methicillin-Sensitive Staphylococcus aureus (MSSA) (Hospital Onset)

## Provider view



Org Type	06 2023	07 2023	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024	04 2024	05 2024
<b>Acute Provider</b>												
Airedale	10.85	10.83	10.80	9.95	10.74	9.87	9.83	7.37	8.17	6.54	8.17	8.99
Bradford	14.95	15.36	16.23	17.56	17.42	18.20	17.61	15.69	15.10	14.99	15.43	16.32
Calderdale & Huddersfield	8.78	7.45	7.00	6.12	8.75	9.20	8.78	9.20	9.17	10.02	8.28	8.28
Leeds	11.25	11.41	12.85	13.98	15.11	14.63	14.48	13.67	14.10	13.77	14.57	14.25
Mid-Yorkshire	14.11	13.79	13.19	12.89	13.12	13.07	11.04	9.87	9.52	10.32	10.60	10.04

Domain	SOF or Operational Plan	Y	Strategy	N	10 Ambitions	N	Finance and productivity	N
<b>Standard</b>	MSSA (Hospital Onset) The metrics in the tables represent Acute Trust performance (Hospital Only) per 100,000 bed days.							
<b>WY Oversight Arrangement</b>	AMR Programme – System IPC Alliance Group							
<b>Ranking or benchmark</b>	West Yorkshire ranked 32 of 42 ICBs in May 2024							
<b>Cause of variation</b>	The sustained increase in MSSA cases across WY reflects the national picture.							
<b>Progress against plan</b>	<p>Cases of MSSA are now subject to Post Infection Review in a number of places including Leeds, Wakefield and Kirklees (quarterly meetings with external partners to look at shared learning and themes following PSIRF Investigations).</p> <p>WY community cases - deep dive undertaken – finding presented at our last meeting with some key themes.</p> <p>IPC teams across the system are working closely with colleagues in UKHSA to investigate MSSA cases on West Yorkshire. MSSA / MRSA Enhanced surveillance to continue to establish common themes / action:</p> <ul style="list-style-type: none"> <li>reach out to podiatry / diabetes team re undertreatment of diabetic skin conditions</li> <li>involving York street health practice and Bevan in the work to understand and address MSSA cases</li> <li>mapping risk factors with the deprivation index would be a valuable approach</li> <li>Aseptic non-touch technique – gaps in knowledge and adoption especially in community settings &amp; diversity in ANTT within trusts</li> </ul>							
<b>Current position</b>	<ul style="list-style-type: none"> <li>No significant increases in HA MSSA bacteraemia incidence in West Yorkshire NHS acute trusts were observed April to June 2024</li> <li>No ICBs in the region reported rates of COCA MSSA bacteraemia that were significantly higher than the national average April – June 2024</li> </ul>							
<b>Risks</b>	<ul style="list-style-type: none"> <li>Risk of diversion of AMS workforce from AMR initiatives due to prioritization of response to infectious disease outbreaks, leading to increased demand for IPC and AMS services, HCAI's, increased antibiotic prescribing, patient harms, and inability to achieve national targets.</li> <li>Risks of socio-economic factors impacting increase in burden of infectious disease.</li> <li>Risk of lack of funding and system AMR/IPC roles preventing or delaying implementation of System-wide improvement or research projects. Ongoing shortage of consultant medical microbiologists continues to put strain on the service, as well as outbreak management (including COVID and norovirus)</li> <li>Risk of new or more virulent pathogens leading to increased need for antimicrobials &amp; potential for AMR.</li> <li>Risk of inability to safely set up Penicillin Allergy De-Labeling service due to lack of capacity within specialized allergy immunology service, potentially leading to patient harm.</li> </ul>							
<b>Escalation</b>	There are no specific requests for support or resources from the Board or other stakeholders							

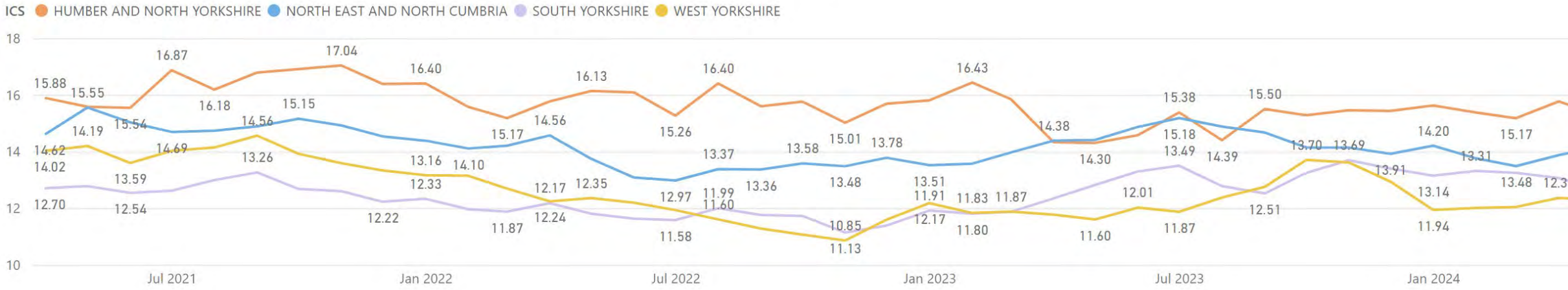
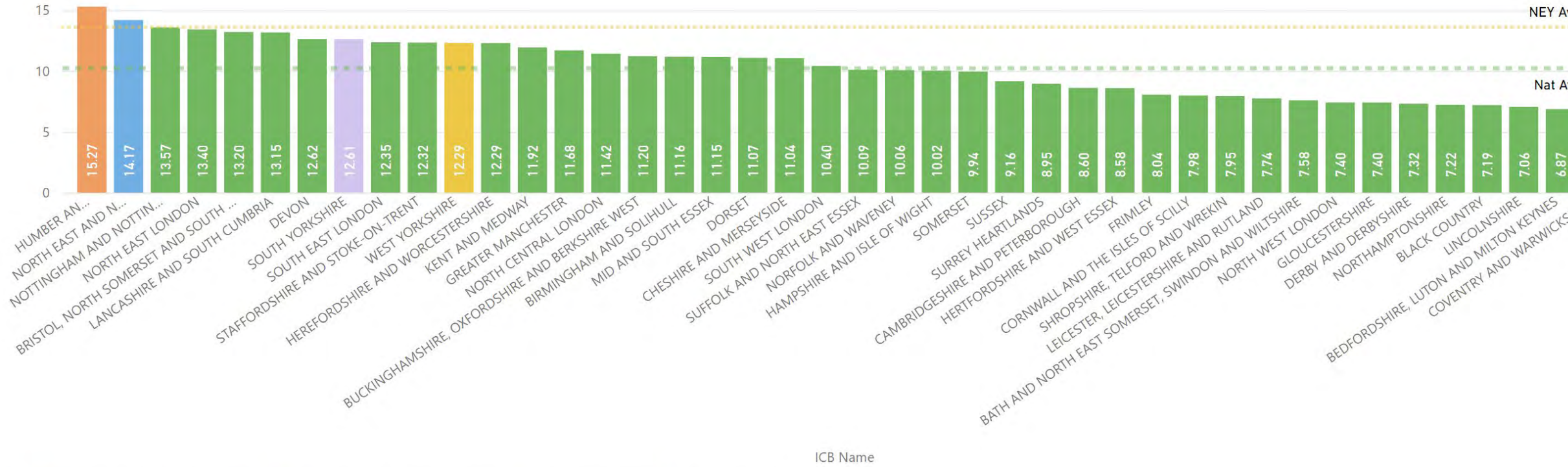


# MSSA (Hospital Onset)

# Commissioning view

May 2024  
Latest Date

32  
WY Ranking (42 ICS)

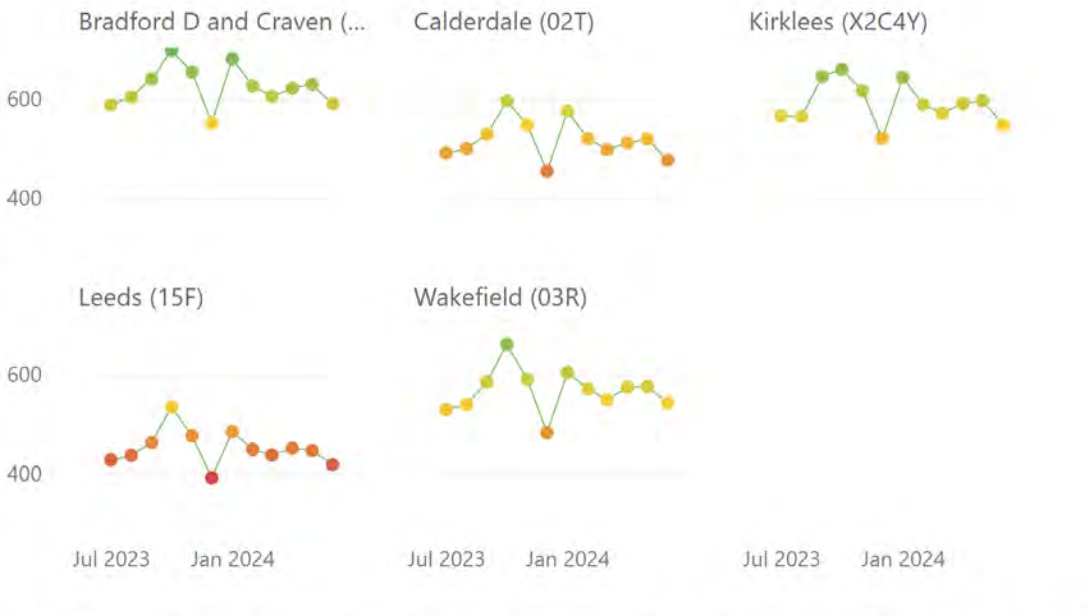




# Primary Care

# General Practice (GP) Appointments per 1,000 Population

## Place View



Org Type	07 2023	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024	04 2024	05 2024	06 2024
<b>ICS</b>												
WY ICS	511	521	562	620	567	472	585	540	523	540	543	506
<b>Place</b>												
Bradford D and Craven (36J)	587	604	640	697	654	551	680	626	605	621	629	589
Calderdale (02T)	490	500	528	595	548	454	575	520	497	511	518	476
Kirklees (X2C4Y)	565	564	645	659	616	520	643	588	571	590	596	547
Leeds (15F)	427	437	463	534	476	391	484	449	437	451	447	418
Wakefield (03R)	529	539	584	660	590	482	604	570	549	574	575	543

Domain	SOF or Operational Plan	Y	Strategy	N	10 Ambitions	N	Finance and productivity	N
Standard	GP Appointments Per 1,000 Population							
WY Oversight Arrangement	Primary Care Programme							
Ranking or benchmark	West Yorkshire ranked 9 of 42 ICBs in June 2024							
Cause of variation	Total number of appointments will be impacted in the months where there is a Bank Holiday.							
Progress against plan	<p>West Yorkshire (WY) Access Improvement and Oversight Group looking at the system deliverables against the requirements of the Primary Care Access Recovery Plan (PCARP), and operational plan trajectories – working across WY and place a programme approach has been developed which includes how progress is measured against operational planning requirements.</p> <p>Places working closely with GP Practices and Primary Care Networks (PCNs) in the development and delivery of the capacity, access and improvement plans (CAIP). Places have reviewed plans alongside General Practice Appointment Data (GPAD) and understanding ambitions for access improvement in line with the deliverables of the PCARP. This access improvement at GP practice and PCN level has included the transition to modern general practice.</p> <p>Access Improvement and Oversight Group established a focused task and finish group which looks to bring together how we use available to data to support quality improvement with a particular focus on variation.</p> <p>WY approaches developed to support improvements through PCARP including practice participation in the General Practice Improvement Programme, progress towards modern general practice including move to cloud based telephony and work to deliver more integrated services through closer work with secondary care and community pharmacy.</p>							
Current position	As per graph. To support overall review and governance around delivery of PCARP, the ICB Board received an update in their November meeting. Work is now progressing with the ICB Fuller Delivery Board in translating ICB Board primary care discussions into strategic delivery aligned to PCARP, Joint Forward Plan and the Operational Planning process. This work includes working across system and place to develop an Integrated Neighbourhood Team Blueprint building on our commitment to the universal healthcare approach.							
Risks	<ul style="list-style-type: none"> <li>Capacity and resilience of primary care services.</li> <li>Potential impact of wider system pressures and seasonal demand (winter).</li> <li>Available financial resource to support wider access transformation.</li> <li>Impact of national GP contract announcements on provider engagement and impact of collective action on system deliver and transformation priorities.</li> </ul>							
Escalation	Collective action included on ICB risk register.							

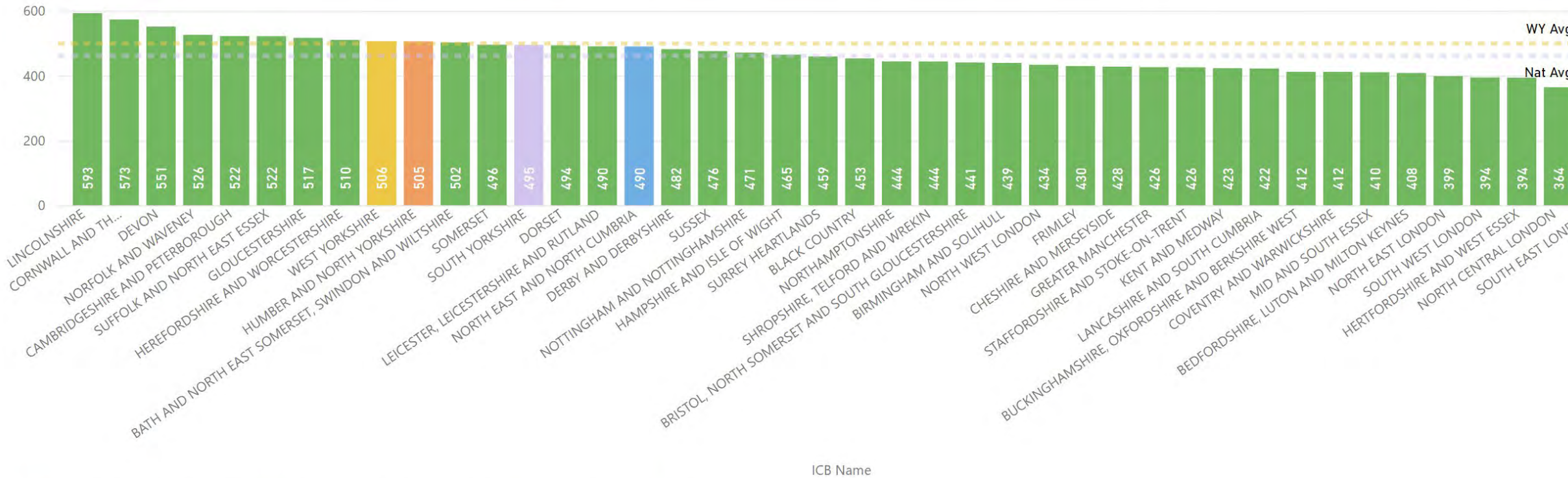
# GP Appointments Per 1,000 Population Commissioning view

June 2024

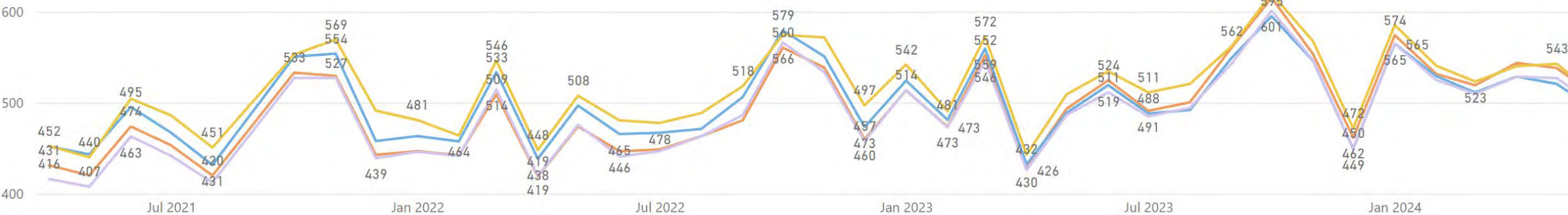
Latest Date

9

WY Ranking (42 ICBs)



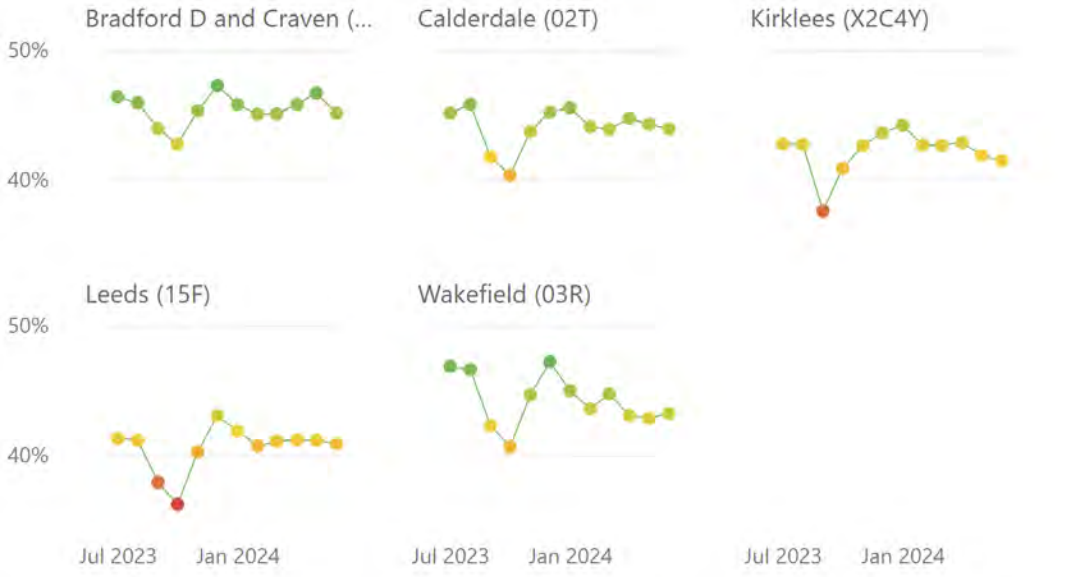
ICS ● HUMBER AND NORTH YORKSHIRE ● NORTH EAST AND NORTH CUMBRIA ● SOUTH YORKSHIRE ● WEST YORKSHIRE





# GP Appointment On Same Day

# Place View



Org Type	07 2023	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024	04 2024	05 2024	06 2024
<b>Place</b>	<b>44.2%</b>	<b>44.0%</b>	<b>40.5%</b>	<b>39.9%</b>	<b>43.1%</b>	<b>45.2%</b>	<b>44.2%</b>	<b>43.0%</b>	<b>43.3%</b>	<b>43.4%</b>	<b>43.4%</b>	<b>42.8%</b>
Bradford D and Craven (36J)	46.4%	45.9%	44.0%	42.7%	45.3%	47.3%	45.8%	45.1%	45.1%	45.8%	46.7%	45.1%
Calderdale (02T)	45.1%	45.8%	41.8%	40.4%	43.7%	45.2%	45.6%	44.1%	43.9%	44.7%	44.3%	43.9%
Kirklees (X2C4Y)	42.7%	42.7%	37.6%	40.9%	42.6%	43.6%	44.2%	42.7%	42.6%	42.9%	41.9%	41.5%
Leeds (15F)	41.3%	41.2%	37.9%	36.2%	40.3%	43.1%	41.9%	40.7%	41.1%	41.2%	41.2%	40.9%
Wakefield (03R)	46.9%	46.6%	42.3%	40.7%	44.6%	47.2%	45.0%	43.6%	44.7%	43.1%	42.9%	43.2%

Domain	SOF or Operational Plan	Y	Strategy	N	10 Ambitions	N	Finance and productivity	N
<b>Standard</b>	GP Appointment On Same Day. Those who contact their practice urgently are assessed the same or next day according to clinical need							
<b>WY Oversight Arrangement</b>	Primary Care Programme							
<b>Ranking or benchmark</b>	West Yorkshire ranked 28 of 42 ICBs in June 2024							
<b>Cause of variation</b>	Total number of appointments will be impacted in the months where there is a Bank Holiday.							
<b>Progress against plan</b>	West Yorkshire (WY) Access Improvement and Oversight Group looking at the system deliverables against the requirements of the Primary Care Access Recovery Plan (PCARP), and operational plan trajectories – working across WY and place a programme approach has been developed which includes how progress is measured against operational planning requirements.							
	Places working closely with GP Practices and Primary Care Networks (PCNs) in the development and delivery of the capacity, access and improvement plans (CAIP). Places have reviewed plans alongside General Practice Appointment Data (GPAD) and understanding ambitions for access improvement in line with the deliverables of the PCARP. This access improvement at GP practice and PCN level has included the transition to modern general practice.							
	Access Improvement and Oversight Group established a focused task and finish group which looks to bring together how we use available to data to support quality improvement with a particular focus on variation.							
<b>Current position</b>	WY approaches developed to support improvements through PCARP including practice participation in the General Practice Improvement Programme, progress towards modern general practice including move to cloud based telephony and work to deliver more integrated services through closer work with secondary care and community pharmacy.							
	As per graph. To support overall review and governance around delivery of PCARP, the ICB Board received an update in their November meeting. Work is now progressing with the ICB Fuller Delivery Board in translating ICB Board primary care discussions into strategic delivery aligned to PCARP, Joint Forward Plan and the Operational Planning process. This work includes working across system and place to develop an Integrated Neighbourhood Team Blueprint building on our commitment to the universal healthcare approach.							
<b>Risks</b>	<ul style="list-style-type: none"> <li>Capacity and resilience of primary care services.</li> <li>Potential impact of wider system pressures and seasonal demand (winter).</li> <li>Available financial resource to support wider access transformation.</li> <li>Impact of national GP contract announcements on provider engagement and impact of collective action on system deliver and transformation priorities.</li> </ul>							
<b>Escalation</b>	Collective action included on ICB risk register.							

# GP Appointment On Same Day

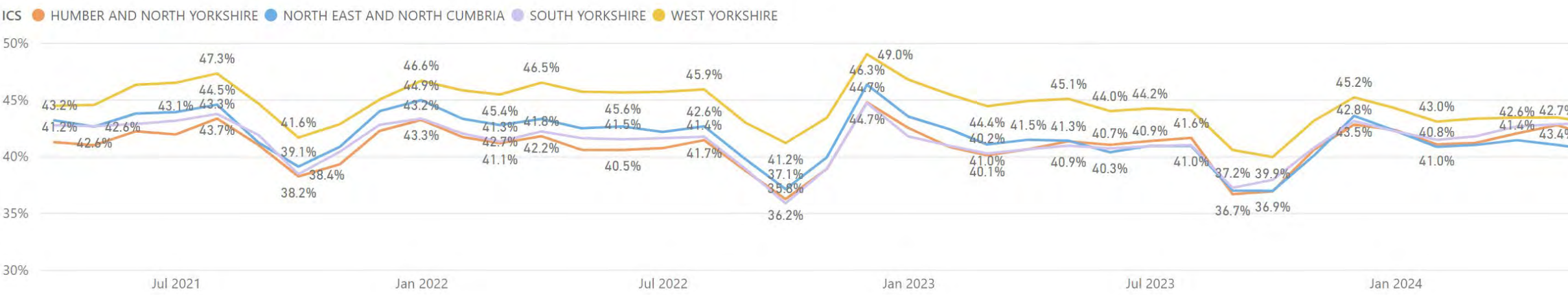
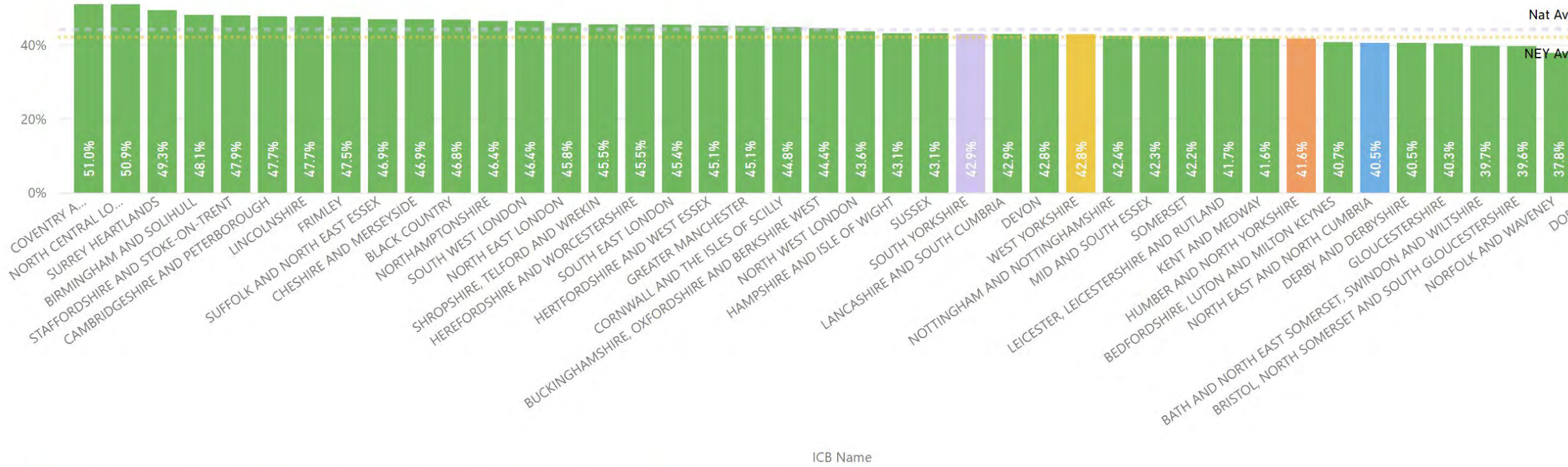
# Commissioning view

June 2024

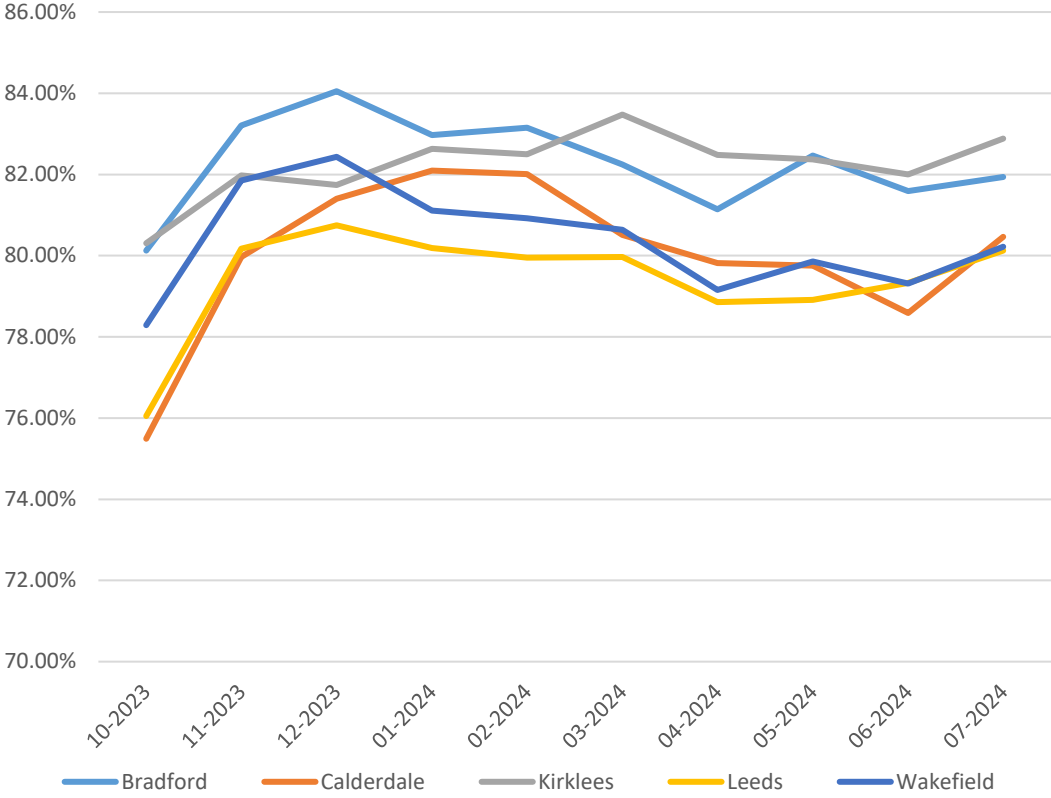
Latest Date

28

WY Ranking (42 ICBs)



# GP appointments within 14 days



Org Type	10-2023	11-2023	12-2023	01-2024	02-2024	03-2024	04-2024	05-2024	06-2024	07-2024
Bradford	80.12%	83.21%	84.05%	82.97%	83.15%	82.25%	81.14%	82.47%	81.59%	81.94%
Calderdale	75.49%	79.96%	81.41%	82.10%	82.01%	80.52%	79.82%	79.75%	78.59%	80.47%
Kirklees	80.31%	81.98%	81.74%	82.63%	82.49%	83.47%	82.48%	82.37%	82.00%	82.89%
Leeds	76.05%	80.17%	80.75%	80.19%	79.96%	79.97%	78.86%	78.91%	79.33%	80.12%
Wakefield	78.29%	81.85%	82.44%	81.11%	80.92%	80.64%	79.16%	79.85%	79.31%	80.22%

Domain	SOF or Operational Plan	Y	Strategy	N	10 Ambitions	N	Finance and productivity	N
Standard	Percentage GP booking date to appointment date within 14 days – no target							
WY Oversight Arrangement	Primary Care Programme							
Ranking or benchmark	West Yorkshire ranked 24 of 42 ICBs in June 2024							
Cause of variation	Total number of appointments will be impacted in the months where there is a Bank Holiday.							
Progress against plan	<p>West Yorkshire (WY) Access Improvement and Oversight Group looking at the system deliverables against the requirements of the Primary Care Access Recovery Plan (PCARP), and operational plan trajectories – working across WY and place a programme approach has been developed which includes how progress is measured against operational planning requirements.</p> <p>Places working closely with GP Practices and Primary Care Networks (PCNs) in the development and delivery of the capacity, access and improvement plans (CAIP). Places have reviewed plans alongside General Practice Appointment Data (GPAD) and understanding ambitions for access improvement in line with the deliverables of the PCARP. This access improvement at GP practice and PCN level has included the transition to modern general practice.</p> <p>Access Improvement and Oversight Group established a focused task and finish group which looks to bring together how we use available to data to support quality improvement with a particular focus on variation.</p> <p>WY approaches developed to support improvements through PCARP including practice participation in the General Practice Improvement Programme, progress towards modern general practice including move to cloud based telephony and work to deliver more integrated services through closer work with secondary care and community pharmacy.</p>							
Current position	As per graph. To support overall review and governance around delivery of PCARP, the ICB Board received an update in their November meeting. Work is now progressing with the ICB Fuller Delivery Board in translating ICB Board primary care discussions into strategic delivery aligned to PCARP, Joint Forward Plan and the Operational Planning process. This work includes working across system and place to develop an Integrated Neighbourhood Team Blueprint building on our commitment to the universal healthcare approach.							
Risks	<ul style="list-style-type: none"> <li>Capacity and resilience of primary care services.</li> <li>Potential impact of wider system pressures and seasonal demand (winter).</li> <li>Available financial resource to support wider access transformation.</li> <li>Impact of national GP contract announcements on provider engagement and impact of collective action on system deliver and transformation priorities.</li> </ul>							
Escalation	There are no requests for support or resources from the Board or other stakeholders.							



# GP Patient Survey - Introduction



**NHS West Yorkshire**  
Integrated Care Board

- The GP Patient Survey (GPPS) is an England-wide survey, providing data about patients' experiences of their GP practices.
- This slide pack presents some of the key results from the 2024 GP Patient Survey for West Yorkshire Integrated Care System.
- In West Yorkshire Integrated Care System, 121,168 questionnaires were sent out, and 30,533 were returned completed. This represents a response rate of 25%.
- The 2024 results are not comparable with previous years because of two important changes which have been made to the survey:
  - Significant changes were made to the questionnaire to ensure that it continued to reflect how primary care services are delivered and how patients experience them.
  - The methodology of the survey was changed to an 'online first' approach.
- The latest 2024 questionnaire and the Technical Annex with further information about the survey can be found here: <https://gp-patient.co.uk/surveysandreports>.
- It is important to bear in mind that:
  - Sample sizes at practice level are relatively small.
  - The survey is conducted annually and provides a snapshot of patient experience at a given time.



# GP Patient Survey - Statistical reliability



Participants in a survey such as GPPS represent only a sample of the total population of interest – this means we cannot be certain that the results of a question are exactly the same as if everybody within that population had taken part (“true values”).

However, we can estimate the true value by considering the size of the sample on which results are based, and the number of times a particular answer is given.

The confidence with which we make this estimate is usually chosen to be 95% – that is, the chances are 95 in 100 that the true value will fall within a specified range (the “95% confidence interval”).

This table gives examples of what the confidence intervals look like for an ICS and PCN with an average number of responses, as well as the confidence intervals at the

national level, based on weighted data. Confidence intervals will be wider when results are based on a smaller number of responses.

## An example of confidence intervals (at national, ICS and PCN level) with an average number of responses.

	Average sample size on which results are based	Approximate confidence intervals for percentages at or near these levels (expressed in percentage points)		
		Level 1: 10% or 90%	Level 2: 30% or 70%	Level 3: 50%
		+/-	+/-	+/-
National	699,790	0.10	0.16	0.17
ICS	16,662	0.67	1.03	1.12
PCN	548	3.38	5.16	5.63

For example, taking an ICS where 16,662 people responded and where 30% gave a particular answer, there is a 95% likelihood that the true value (which would have been obtained if the whole population had taken part in the survey) will fall within the range of +/-1.03 percentage points from that question’s result (i.e. between 28.97% and 31.03%).

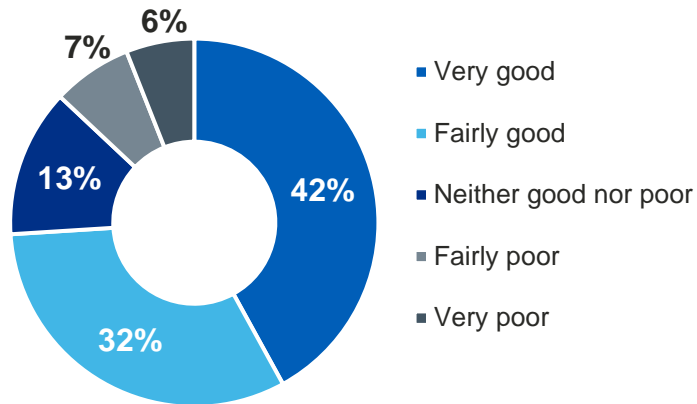
When results are compared between separate groups within a sample, the difference may be “real” or it may occur by chance (because not everyone in the population has taken part in the survey).



# GP Patient Survey – Patient Experience (1)

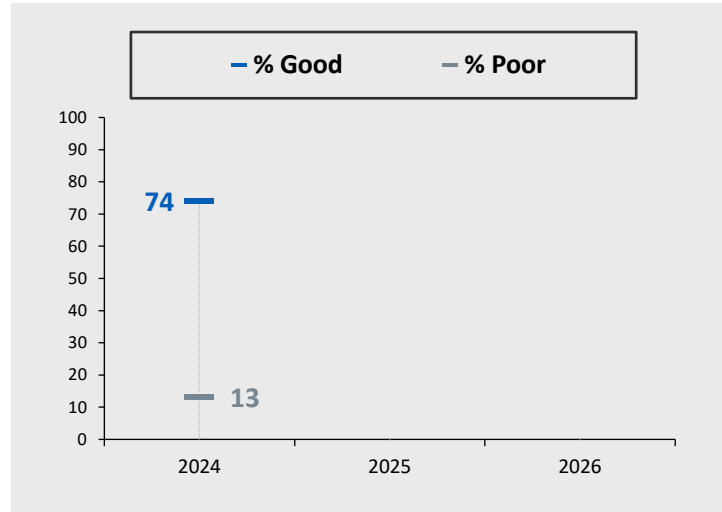
## Q32. Overall, how would you describe your experience of your GP practice?

### ICS result

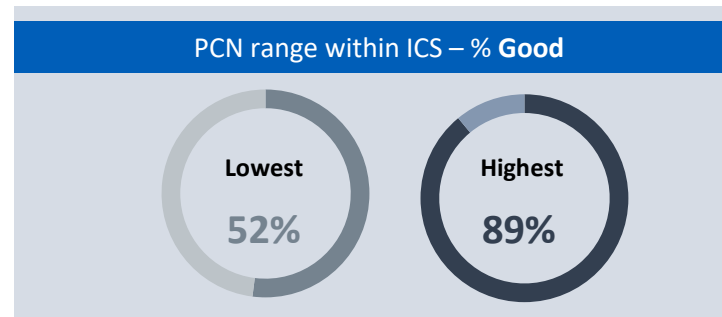


### ICS result over time

(2024 results are the start of a new time series)



ICS		National	
Good	Poor	Good	Poor
74%	13%	74%	13%



Base: Asked of all patients. National (693,982); ICS 2024 (30,264); PCN bases range from 130 to 1,315

**i** %Good = %Very good + %Fairly good  
%Poor = %Very poor + %Fairly poor



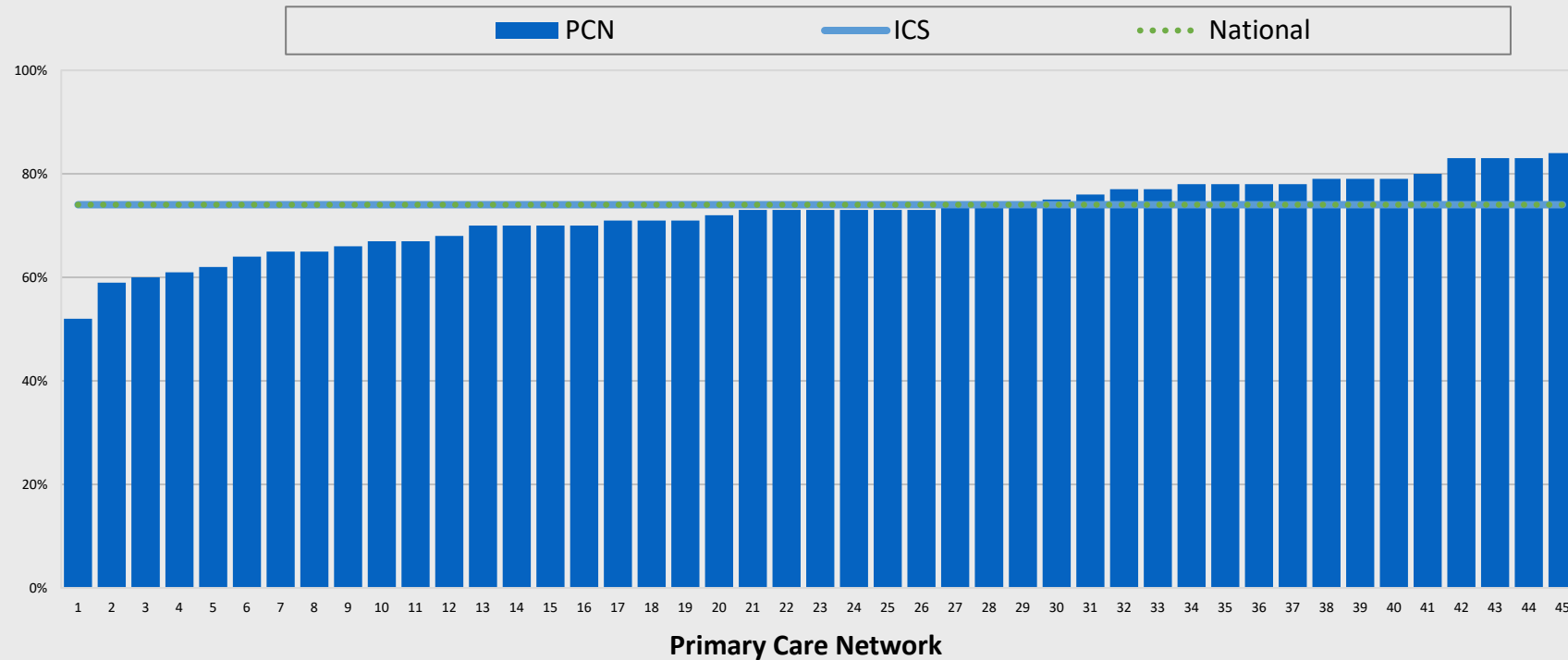
# GP Patient Survey – Patient Experience (2)



**NHS West Yorkshire**  
Integrated Care Board

## Q32. Overall, how would you describe your experience of your GP practice?

### Percentage of patients saying their overall experience of their GP practice was 'good'



Base: Asked of all patients. National (693,982); ICS 2024 (30,264); PCN bases range from 130 to 1,315

PCN	Name
1	BRADFORD CITY 4 PCN
2	CENTRAL HALIFAX PCN
3	THE FIVE PARKS PCN
4	BRADFORD NORTH WEST PCN
5	SEACROFT PCN
6	FIVE TOWNS PCN
7	MODALITY (KEIGHLEY) PCN
8	LSMP AND THE LIGHT PCN
9	NORTH HALIFAX PCN
10	BD4+ PCN
11	BRADFORD CITY 5 PCN
12	MIDDLETON AND HUNSLET PCN
13	PONTEFRACT AND KNOTTINGLEY PCN
14	WEST LEEDS PCN
15	BRADFORD CITY 6 PCN
16	UPPER CALDER VALLEY PCN
17	DEWSBURY & THORNHILL PCN
18	AFFINITY CARE PCN
19	BRAMLEY, WORTLEY & MIDDLETON PCN
20	FIVE LANE ENDS PCN
21	GREENWOOD PCN
22	BURMANTOFTS, HAREHILLS & RICHMOND HILL PCN
23	WAKEFIELD HEALTH ALLIANCE SOUTH PCN
24	CROSSGATES PCN
25	BATLEY BIRSTALL PCN
26	YORK ROAD PCN
27	WACA PCN
28	SPEN HEALTH & WELLBEING PCN
29	VIADUCT CARE PCN
30	CENTRAL NORTH LEEDS PCN
31	WEST WAKEFIELD PCN
32	BRIGANTES PCN
33	CHAPELTOWN PCN
34	TRINITY HEALTH GROUP PCN
35	BEESTON PCN
36	3 CENTRES PCN
37	YEADON PCN
38	MORLEY PCN
39	THE MAST PCN
40	ARMLEY PCN
41	CALDER & RYBURN PCN
42	TOLSON CARE PARTNERSHIP PCN
43	LOWER VALLEY PCN
44	LS25/LS26 PCN
45	WOODSLEY PCN

**i** Comparisons are indicative only: differences may not be statistically significant

%Good = %Very good + %Fairly good

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✉ [westyorkshire.ics@nhs.net](mailto:westyorkshire.ics@nhs.net)

🌿 [westyorkshire.icb.nhs.uk](http://westyorkshire.icb.nhs.uk)

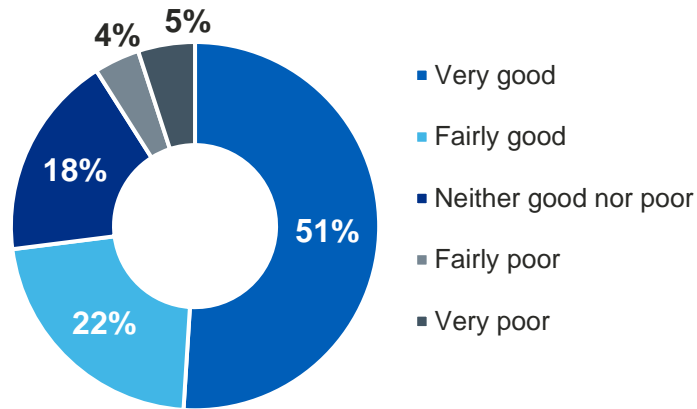
🐦 [@WYPartnership](https://twitter.com/WYPartnership)

**West Yorkshire Health and Care Partnership**



## Q26. During your last appointment, how good was the healthcare professional at considering your mental wellbeing?

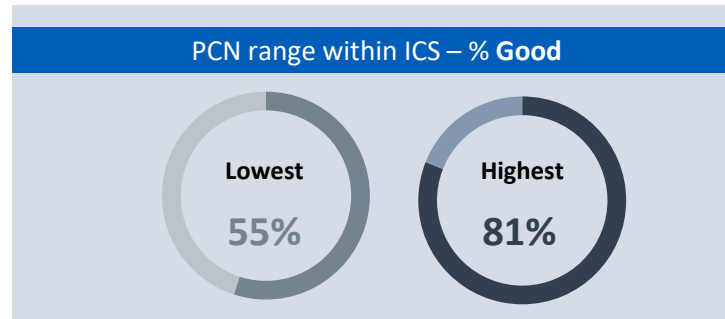
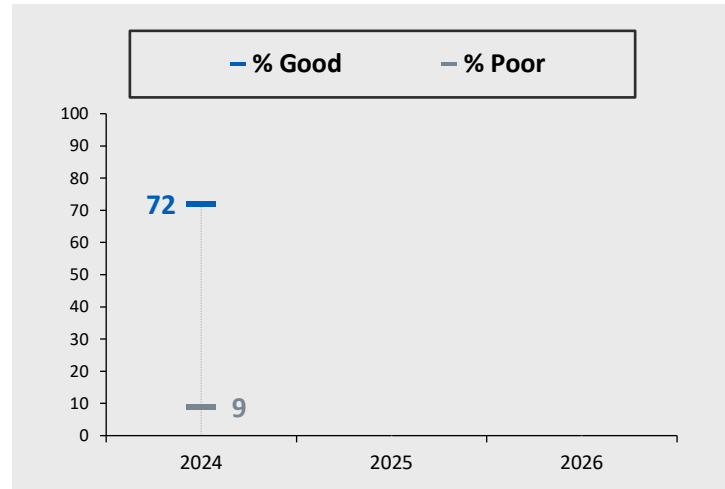
### ICS result



Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. National (504,435); ICS 2024 (22,517); PCN bases range from 91 to 1,048

### ICS result over time

(2024 results are the start of a new time series)



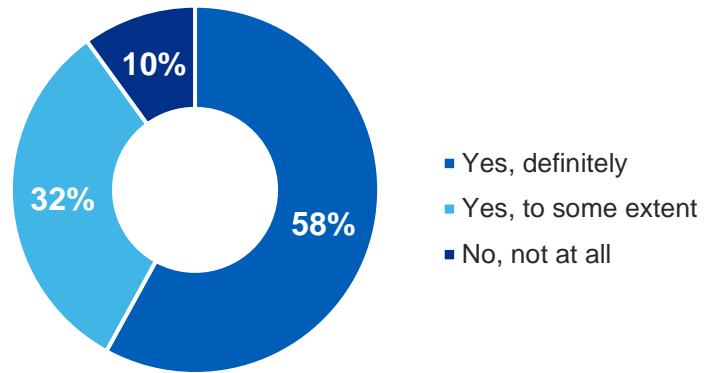
### Comparison of results

ICS		National	
Good	Poor	Good	Poor
72%	9%	73%	9%



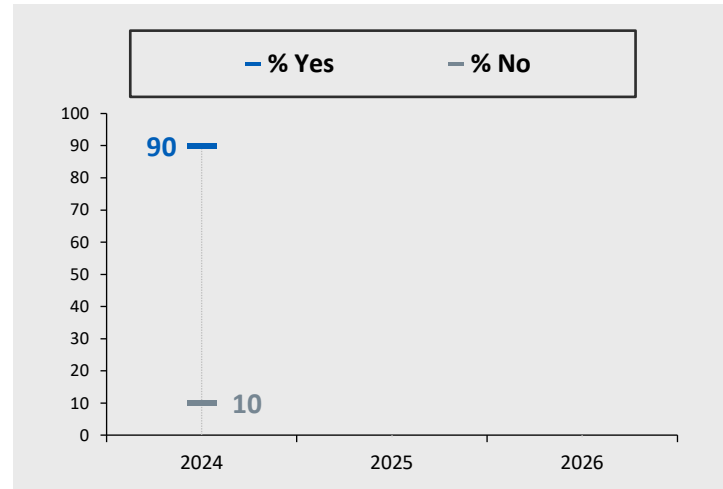
## Q31. Thinking about the reason for your last appointment, were your needs met?

### ICS result



### ICS result over time

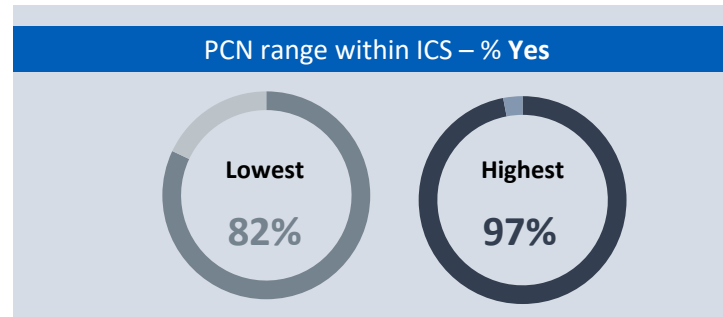
(2024 results are the start of a new time series)



### Comparison of results

ICS		National	
Yes	No	Yes	No
90%	10%	90%	10%

Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. National (657,398); ICS 2024 (28,660); PCN bases range from 113 to 1,183



**i** %Yes = %Yes, definitely + %Yes, to some extent



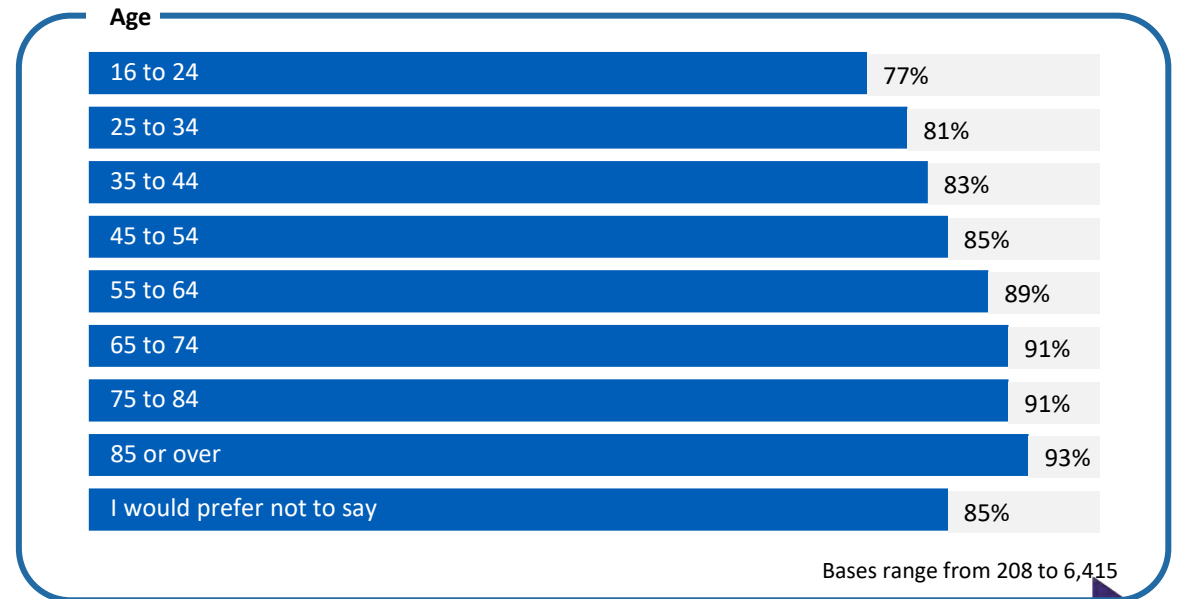
## Care and concern – in detail

- GPPS can be used to look at how experience varies among different patient groups.
- To demonstrate one example of this, the following three slides break down the results by a selection of key demographic variables for the question: “Last time you had a general practice appointment, how good was the healthcare professional at treating you with care and concern?”.
- The charts present a summary result of % Good: a combination of ‘% Very good’ and ‘% Good’.
- The answer options for each of the demographic questions are displayed in the order they appear in the questionnaire.
- Please note all comparisons are indicative only. Differences in experience between different groups of patients may not be statistically significant and may be influenced by other factors.
- To break down the survey results by patient demographics for all other questions at national, ICS, PCN and practice level, go to <https://gp-patient.co.uk/analysistool>

# GP Patient Survey – Treated with care and concern, % rated as good<sup>1</sup>



NHS West Yorkshire  
Integrated Care Board



<sup>1</sup>Good = Very good % + Good %

Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. ICS 2024 (28,965).



# GP Patient Survey – Treated with care and concern, % rated as good<sup>1</sup>

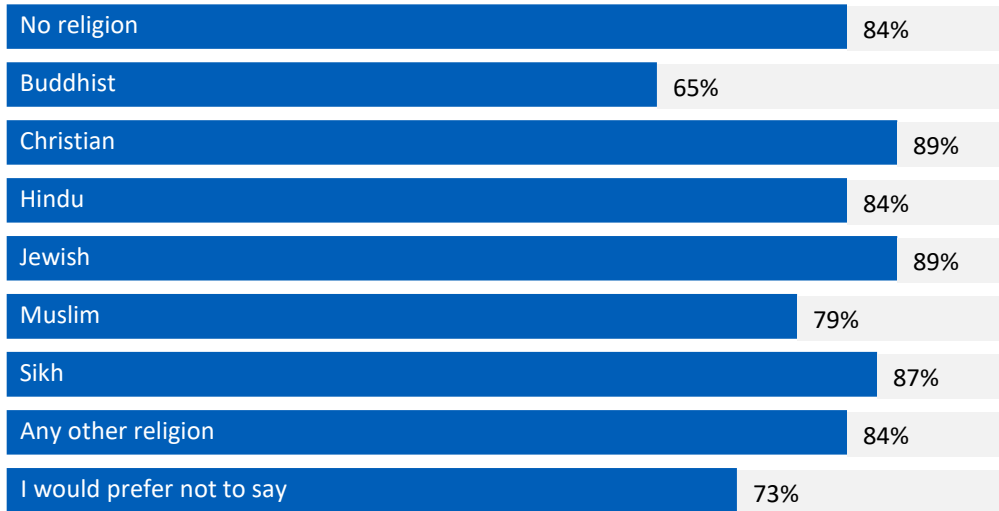


**NHS West Yorkshire**  
Integrated Care Board

## All patients (ICS)

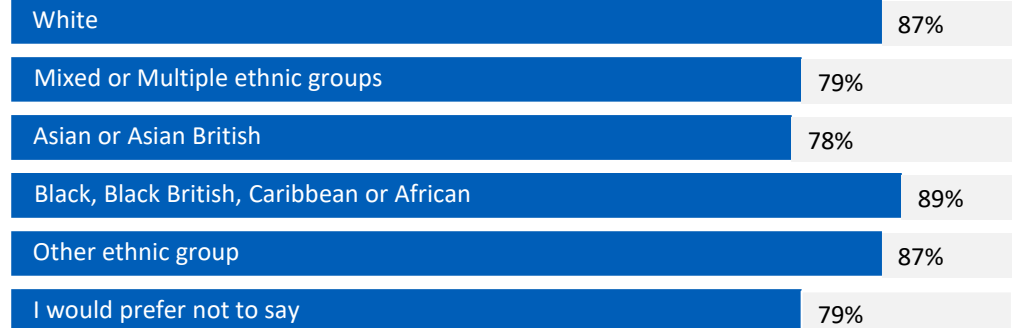


## Religion



Bases range from 83 to 14,482

## Ethnicity<sup>2</sup>



Bases range from 274 to 22,218

## Carer<sup>3</sup>



Bases range from 5,093 to 23,580

<sup>1</sup>Good = Very good % + Good %

<sup>2</sup>A more detailed ethnicity breakdown is available, but individual base sizes may be too small for robust analysis

<sup>3</sup>Carer = Any 'yes' at Q61. Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?

Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. ICS 2024 (28,965).





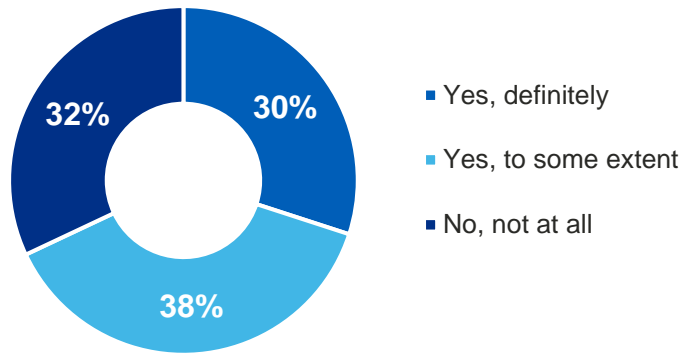
# GP Patient Survey – Support with managing conditions or illness (1)



NHS West Yorkshire  
Integrated Care Board

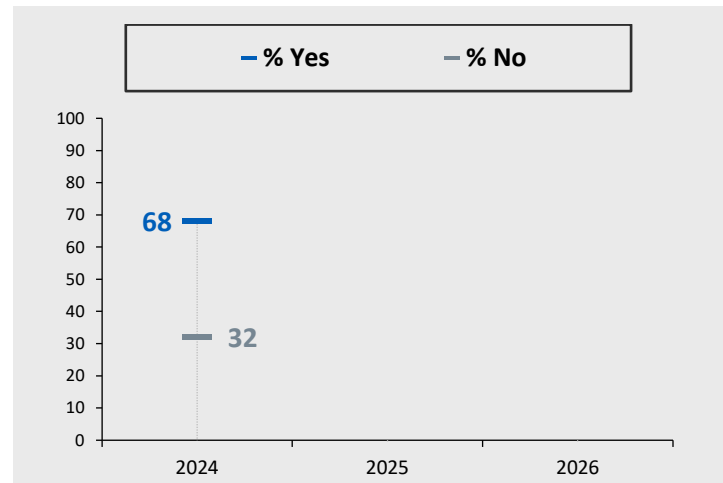
Q43. In the last 12 months, have you had enough support from local services or organisations to help you manage your conditions or illnesses?

## ICS result

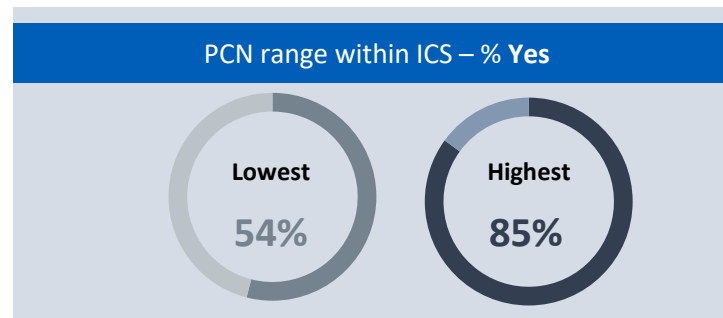
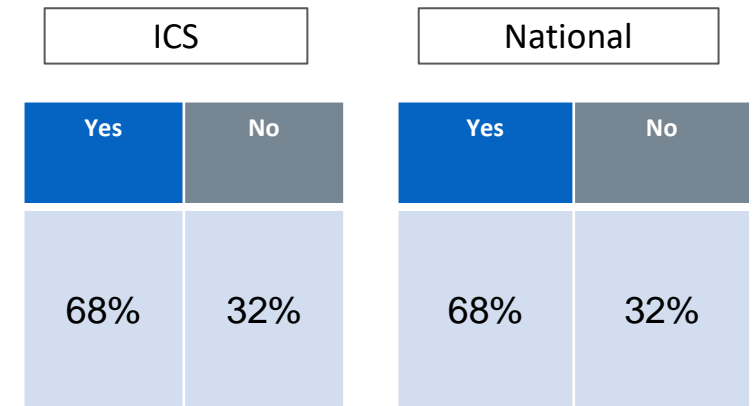


## ICS result over time

(2024 results are the start of a new time series)



## Comparison of results



Base: Asked of all patients with a long-term condition or illness. Patients who selected 'I haven't needed support' or 'I don't know' have been excluded. National (314,955); ICS 2024 (14,079); PCN bases range from 44 to 552

%Yes = %Yes, definitely + %Yes, to some extent

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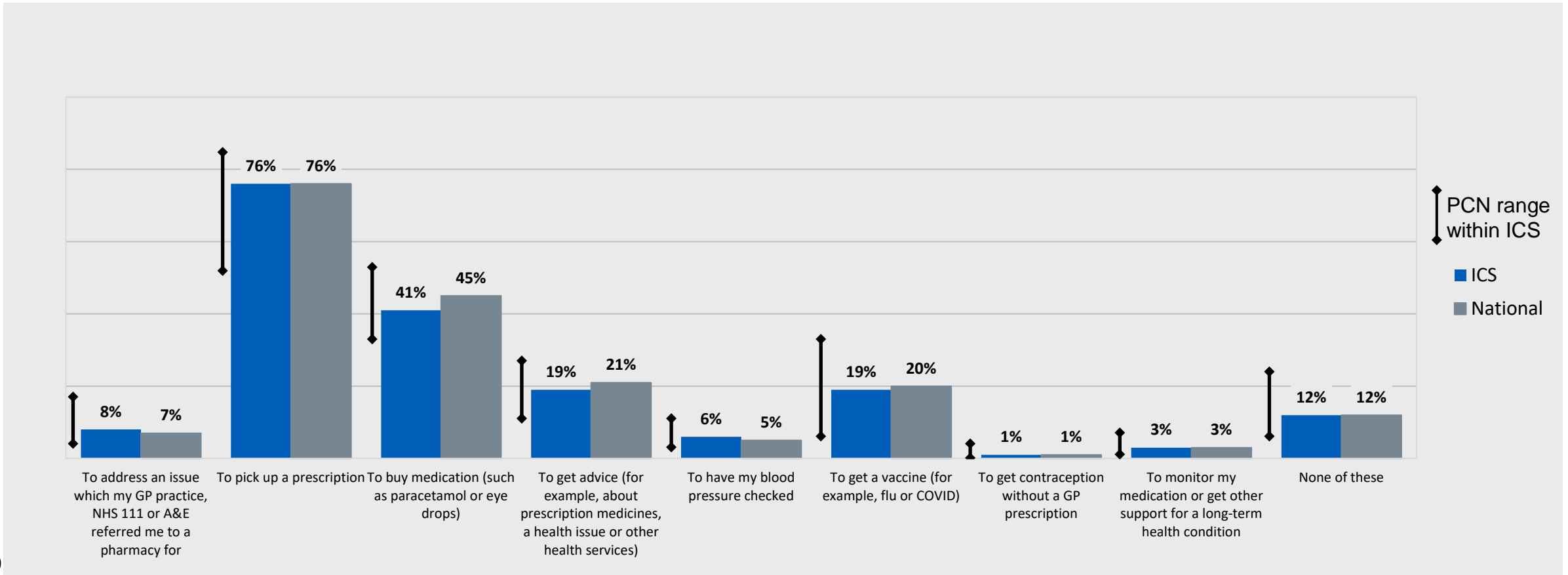
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## Q47. Thinking about the last 12 months, which of the following services have you used a pharmacy for?

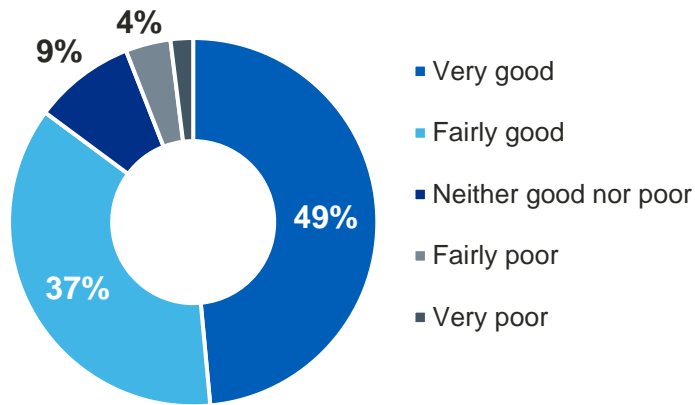


Base: Asked of all patients. National (694,064); ICS 2024 (30,253); PCN bases range from 130 to 1,317

Comparisons are indicative only: differences may not be statistically significant

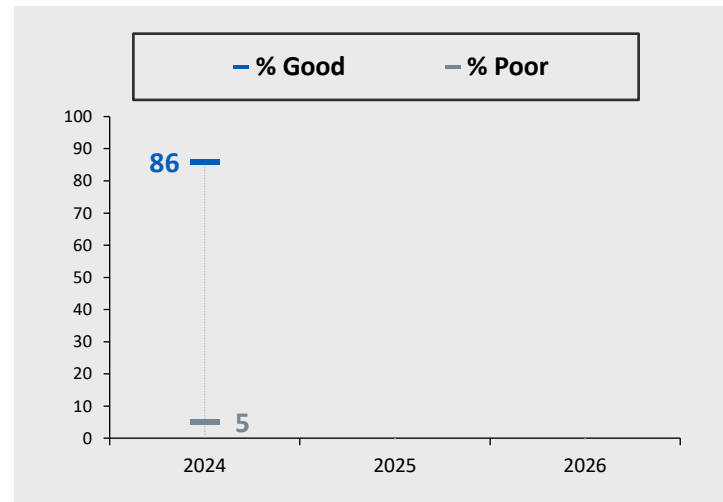
## Q48. How would you describe your experience of using these pharmacy services?

### ICS result

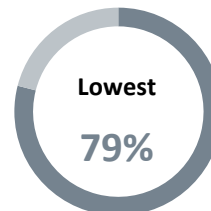


### ICS result over time

(2024 results are the start of a new time series)



PCN range within ICS – % Good



Highest

94%

Lowest

79%

### Comparison of results

ICS		National	
Good	Poor	Good	Poor
86%	5%	87%	5%

**i** Base: Asked of patients who have used pharmacy services in the last 12 months. National (625,567); ICS 2024 (27,212); PCN bases range from 111 to 1,096

**i** %Good = %Very good + %Fairly good  
%Poor = %Very poor + %Fairly poor

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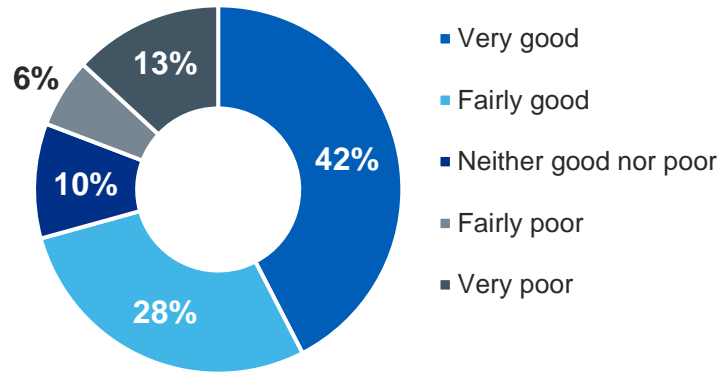
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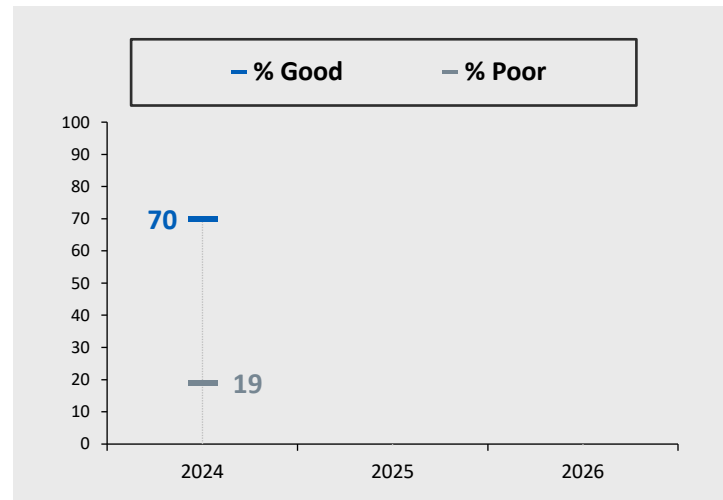
## Q52. Overall, how would you describe your experience of NHS dental services?

### ICS result



### ICS result over time

(2024 results are the start of a new time series)



### Comparison of results

ICS		National	
Good	Poor	Good	Poor
70%	19%	69%	20%

Base: Asked of patients who have tried to get an NHS dental appointment in the last 2 years. National (370,796); ICS 2024 (17,518).

**i** %Good = %Very good + %Fairly good

**i** %Good = %Very good + %Fairly good  
%Poor = %Very poor + %Fairly poor

# Primary Care (Dental)



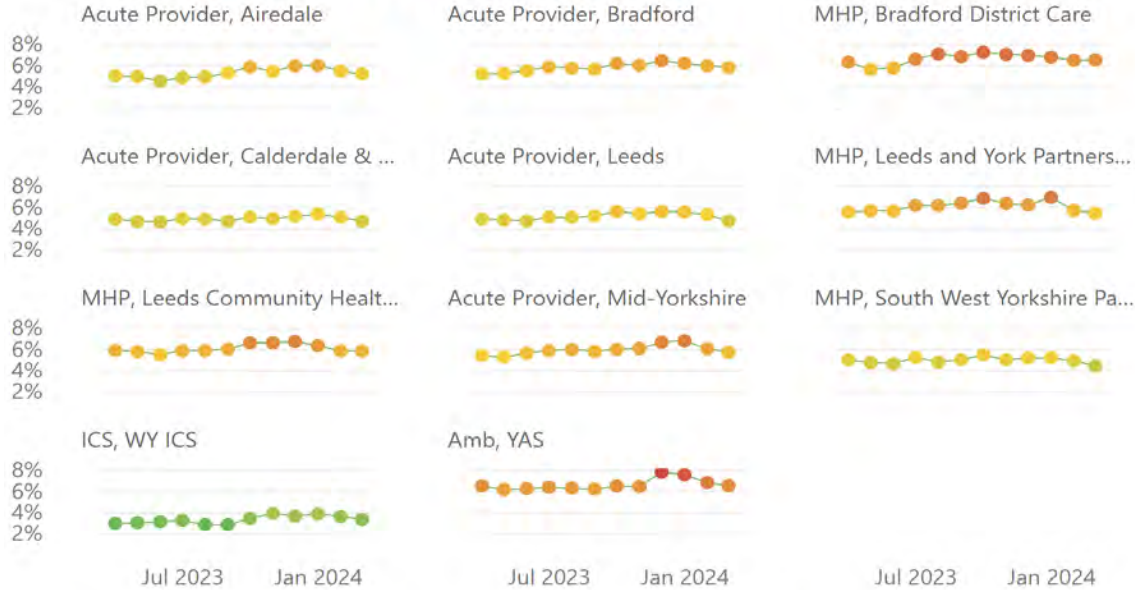
Domain	SOF or Operational Plan	Y	Strategy	Y	10 Ambitions	N	Finance and productivity	N
Standard or Target	<p><b>96% of the contracted target to be delivered.</b>            To deliver <b>3,206,555 UDAs</b> in 2024/25 –</p> <ul style="list-style-type: none"> <li>Q1 target: 770,025, Q2 target: 808,572, Q3 target: 840,617, Q4 target: 787,341</li> </ul> <p><b>Childrens</b> access annual target <b>59.71%</b>, <b>Adults</b> access annual target <b>40.57%</b></p>							
WY Oversight Arrangement	<p>Director of Strategy &amp; Partnerships with delegated responsibility – accountable to ICB Board.            Managed by centralised commissioning team operating across Yorkshire and Humber (hosted by HNY).</p>							
Cause of variation	<p>Work is ongoing to improve availability of data which will enable better oversight. Dental data is currently published every August</p>							
Progress against plan	<p>Despite an absence of data in the form required, we know that performance is challenged. Our approach to dental reflects this, and broadly is to stabilise the system and providers we have and to reinvest the underspend (i.e. the difference between total contracted values and actual delivery).</p> <p>We have taken supportive steps, starting with building strong relationships with our clinical leaders and practices, ensuring they are involved in improvements. We uplifted our standard UDA rate (from £30.40 to £34.31), made changes to prevent contracts being handed back and swiftly redistributed any handed back UDAs. We are also delivering the national dental recovery plan, particularly focusing on the new patient premium and “golden hello”. This combination will support an increased overall delivery rate.</p> <p>In 2023/24 we invested an additional £7.5-8m through our investment plan and enabling practices to deliver 110% of their contract where performance permitted. Both are strategies to improve overall performance, availability of dental access/appointments and minimise overall under delivery. Through the investment plan we improved access to urgent dental care, as well as applying a health inequalities lens to create access for people that need it the most (informed through the Oral Health Needs Assessments) including children, homeless and refugee/asylum seeker groups.</p> <p>For 2024/25 we have developed an £18m investment plan. This includes rolling over the plan from 2023/24, expanding on those same areas to reflect need for services, and exploring new innovative areas. We have over 60 practices delivering additional investment areas already.</p>							
Current position	<p>Currently NHS BSA supply information set out as our “standard/target” bi-annually – therefore we are unable to provide an accurate current position.            The current WY average UDA delivery rate is 82%. Whilst this does not easily breakdown into children/adults, an annual collection last recorded in June 2023 found that 60.8% of children and 48.2% of adults had accessed an NHS dentist in the previous 12 and 24 months respectively.</p>							
Risks	<ol style="list-style-type: none"> <li>Potential for contracts bring handed back.</li> <li>Workforce /recruitment issues.</li> <li>National contractual framework.</li> <li>Risk that, in supporting practices to deliver and remain viable, some changes reduce the total number of UDAs (where a risk benefit analysis shows that a smaller reduction prevents a wholesale hand-back of a contract).</li> </ol>							
Escalation	<p>There are no specific requests for support or resources from the Board or other stakeholders</p>							



# People



# Sickness Absence Rate



Org Type	04 2023	05 2023	06 2023	07 2023	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024
<b>ICS</b>	<b>2.9%</b>	<b>3.0%</b>	<b>3.1%</b>	<b>3.2%</b>	<b>2.8%</b>	<b>2.8%</b>	<b>3.4%</b>	<b>3.9%</b>	<b>3.6%</b>	<b>3.8%</b>	<b>3.6%</b>	<b>3.3%</b>
WY ICS	2.9%	3.0%	3.1%	3.2%	2.8%	2.8%	3.4%	3.9%	3.6%	3.8%	3.6%	3.3%
<b>Acute Provider</b>	<b>5.0%</b>	<b>4.9%</b>	<b>5.0%</b>	<b>5.3%</b>	<b>5.3%</b>	<b>5.3%</b>	<b>5.7%</b>	<b>5.5%</b>	<b>5.9%</b>	<b>5.9%</b>	<b>5.5%</b>	<b>5.1%</b>
Airedale	5.0%	4.9%	4.5%	4.8%	4.9%	5.3%	5.8%	5.4%	5.9%	6.0%	5.4%	5.2%
Bradford	5.1%	5.2%	5.5%	5.8%	5.7%	5.6%	6.1%	6.0%	6.4%	6.2%	5.9%	5.8%
Calderdale & Huddersfield	4.9%	4.7%	4.6%	4.9%	4.9%	4.7%	5.0%	4.9%	5.1%	5.4%	5.0%	4.7%
Leeds	4.9%	4.8%	4.7%	5.0%	5.0%	5.2%	5.6%	5.3%	5.6%	5.5%	5.3%	4.7%
Mid-Yorkshire	5.4%	5.2%	5.6%	5.8%	6.0%	5.8%	6.0%	6.0%	6.6%	6.8%	6.0%	5.7%
<b>Amb</b>	<b>6.5%</b>	<b>6.1%</b>	<b>6.2%</b>	<b>6.3%</b>	<b>6.3%</b>	<b>6.2%</b>	<b>6.5%</b>	<b>6.4%</b>	<b>7.8%</b>	<b>7.5%</b>	<b>6.8%</b>	<b>6.5%</b>
YAS	6.5%	6.1%	6.2%	6.3%	6.3%	6.2%	6.5%	6.4%	7.8%	7.5%	6.8%	6.5%
<b>MHP</b>	<b>5.6%</b>	<b>5.4%</b>	<b>5.3%</b>	<b>5.9%</b>	<b>5.8%</b>	<b>5.9%</b>	<b>6.4%</b>	<b>6.1%</b>	<b>6.1%</b>	<b>6.2%</b>	<b>5.6%</b>	<b>5.4%</b>
Bradford District Care	6.3%	5.6%	5.7%	6.6%	7.1%	6.8%	7.2%	7.0%	6.9%	6.8%	6.5%	6.5%
Leeds and York Partnership NHS Foundation Trust	5.5%	5.7%	5.6%	6.1%	6.1%	6.4%	6.8%	6.3%	6.2%	6.9%	5.7%	5.4%
Leeds Community Healthcare	5.9%	5.8%	5.5%	5.8%	5.9%	6.0%	6.6%	6.6%	6.7%	6.3%	5.8%	5.8%
South West Yorkshire Partnership NHS Foundation Trust	5.0%	4.7%	4.6%	5.2%	4.8%	5.0%	5.4%	5.0%	5.1%	5.2%	4.9%	4.4%
<b>Total</b>	<b>5.2%</b>	<b>5.1%</b>	<b>5.1%</b>	<b>5.5%</b>	<b>5.4%</b>	<b>5.5%</b>	<b>5.9%</b>	<b>5.7%</b>	<b>6.1%</b>	<b>6.1%</b>	<b>5.6%</b>	<b>5.3%</b>

Domain	SOF or Operational Plan	Y	Strategy	N	10 Ambitions	N	Finance and productivity	N
Standard	Sickness Absence Rate							
WY Oversight Arrangement	Provider Collaboratives and the West Yorkshire ICB team							
Ranking or benchmark	West Yorkshire ranked 26 of 42 ICBs in March 2024							
Cause of variation	n/a							
Progress against plan	All West Yorkshire organisations are within 1% of their planned sickness absence rates from operational planning 2023/2024, some slightly over, some under.							
Current position	Sickness absence rates have reduced from 3.6% in December 2023 to 3.3% as of March 2024 following a seasonal profile across West Yorkshire Providers.							
Risks	A new variant of COVID or widespread flu outbreak would impact on sickness absence rates, but will be mitigated by handing COVID outbreaks becoming part of business as usual							
Escalation	There are no specific requests for support or resources from the Board or other stakeholders							

# Sickness Absence Rate

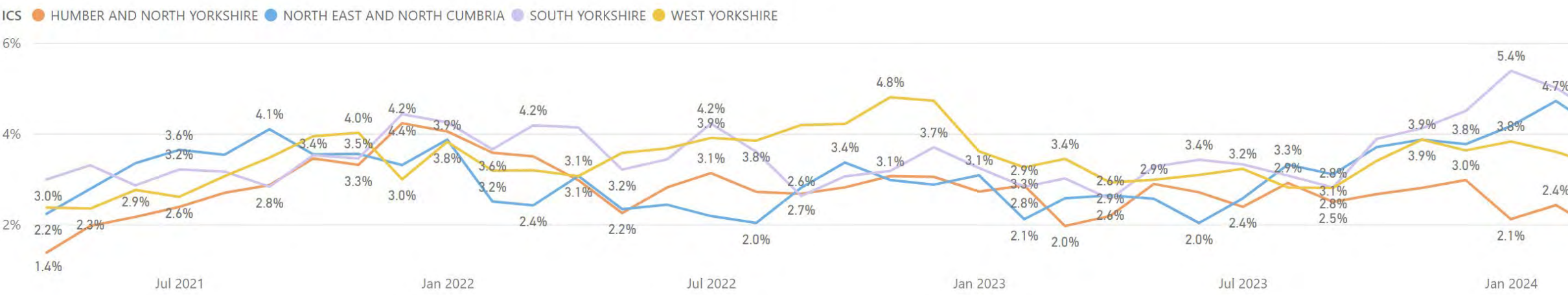
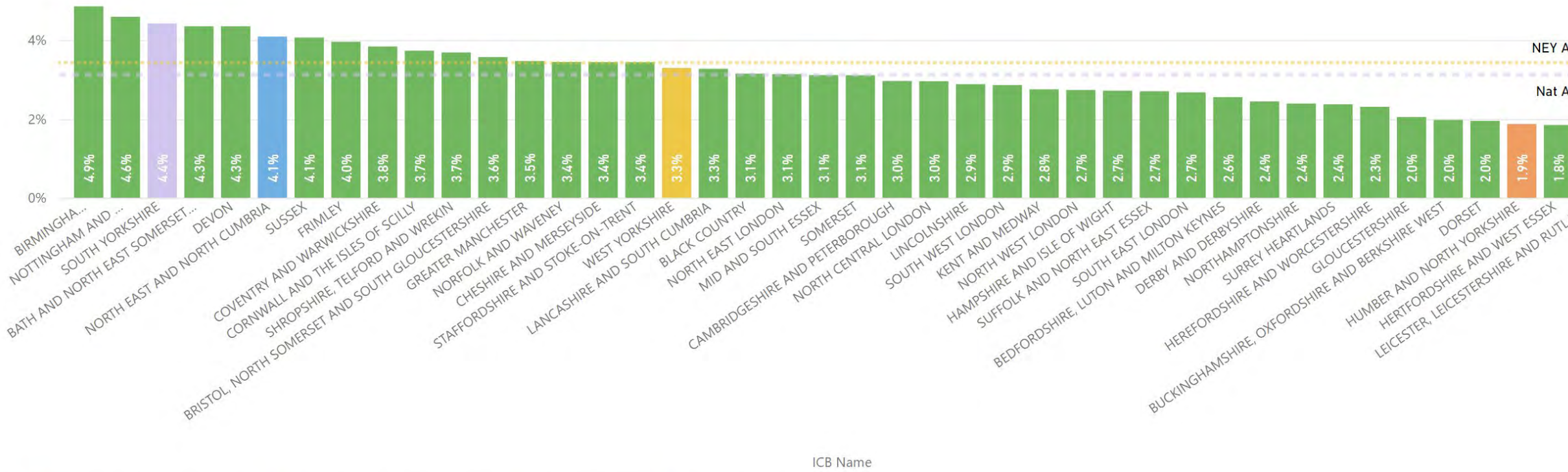
# Commissioning view

March 2024

Latest Date

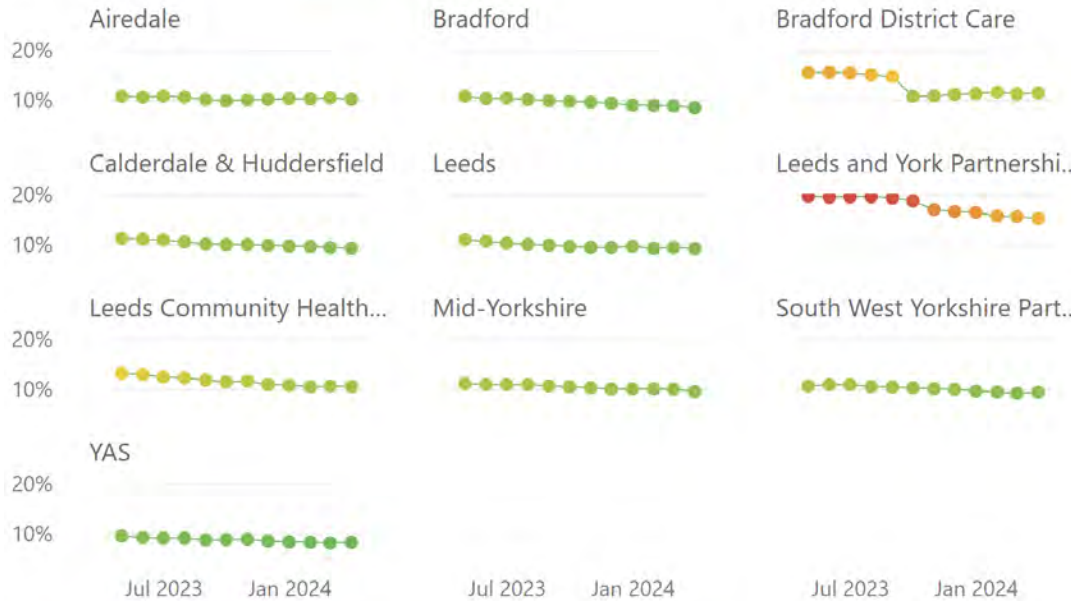
26

WY Ranking (42 ICBs)





## Staff Turnover Rate Annual Full Time Equivalent (FTE)



Org Type	05 2023	06 2023	07 2023	08 2023	09 2023	10 2023	11 2023	12 2023	01 2024	02 2024	03 2024	04 2024
<b>ICS</b>												
WY ICS	11.6%	11.4%	11.2%	11.0%	10.7%	10.3%	10.2%	10.0%	10.0%	9.8%	9.8%	9.6%
<b>Acute Provider</b>												
Airedale	10.7%	10.5%	10.7%	10.6%	10.0%	9.8%	10.0%	10.1%	10.3%	10.2%	10.4%	10.1%
Bradford	10.7%	10.3%	10.4%	10.1%	9.8%	9.7%	9.5%	9.3%	9.0%	8.9%	8.8%	8.4%
Calderdale & Huddersfield	11.2%	11.0%	10.9%	10.5%	10.1%	10.0%	10.0%	9.8%	9.7%	9.6%	9.4%	9.2%
Leeds	10.9%	10.6%	10.3%	10.0%	9.9%	9.6%	9.4%	9.4%	9.6%	9.2%	9.4%	9.1%
Mid-Yorkshire	11.1%	10.9%	10.9%	10.9%	10.6%	10.5%	10.2%	10.0%	10.0%	10.1%	10.0%	9.5%
<b>Amb</b>												
YAS	9.5%	9.1%	9.0%	9.0%	8.7%	8.7%	8.8%	8.5%	8.3%	8.2%	8.1%	8.2%
<b>MHP</b>												
Bradford District Care	15.5%	15.6%	15.4%	15.1%	14.7%	10.7%	10.8%	11.1%	11.3%	11.6%	11.2%	11.4%
Leeds and York Partnership NHS Foundation Trust	19.7%	19.5%	19.6%	19.6%	19.4%	18.8%	17.1%	16.7%	16.5%	15.7%	15.6%	15.2%
Leeds Community Healthcare	13.2%	12.9%	12.4%	12.2%	11.8%	11.4%	11.6%	10.9%	10.8%	10.4%	10.6%	10.5%
South West Yorkshire Partnership NHS Foundation Trust	10.6%	10.9%	10.9%	10.5%	10.4%	10.2%	10.1%	9.9%	9.6%	9.4%	9.1%	9.3%

Domain	SOF or Operational Plan	Y	Strategy	N	10 Ambitions	N	Finance and productivity	N
Standard	Staff Turnover Rate Annual FTE							
WY Oversight Arrangement	Provider Collaboratives and the West Yorkshire ICB team							
Ranking or benchmark	West Yorkshire ranked 20 of 42 ICBs in April 2024							
Cause of variation								
Progress against plan	Overall trend sees turnover continuing to reduce, all organisations							
Current position	There have been slight increases in turnover at Mid Yorkshire, Bradford District Care and South West Partnership in April 2024, but all 3 have significantly lower turnover rates than 12 months ago are on target to achieve their planned reductions.							
Risks	Leeds and York Partnership NHS Foundation trust turnover rate is impacted by planned movement of staff within the last 12 months which impacts upon reporting and therefore is not an accurate view of the current position.							
Escalation	Employers fail to maintain momentum in the People Promise							
	There are no specific requests for support or resources from the Board or other stakeholders							



# Staff Turnover Rate Annual FTE

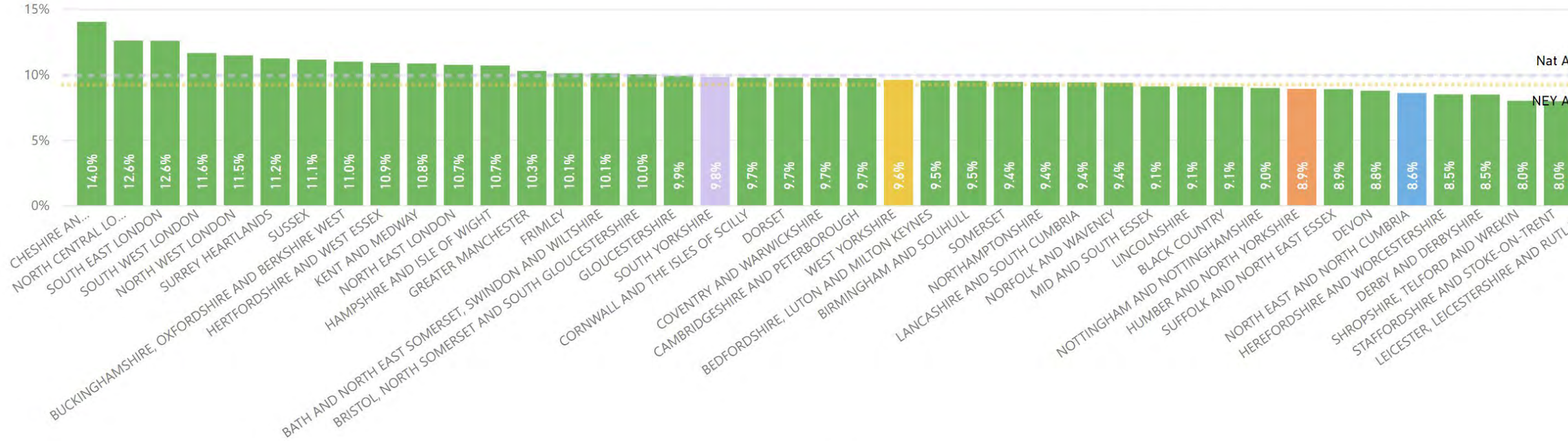
# Commissioning view

April 2024

Latest Date

20

WY Ranking (42 ICBs)



# Finance

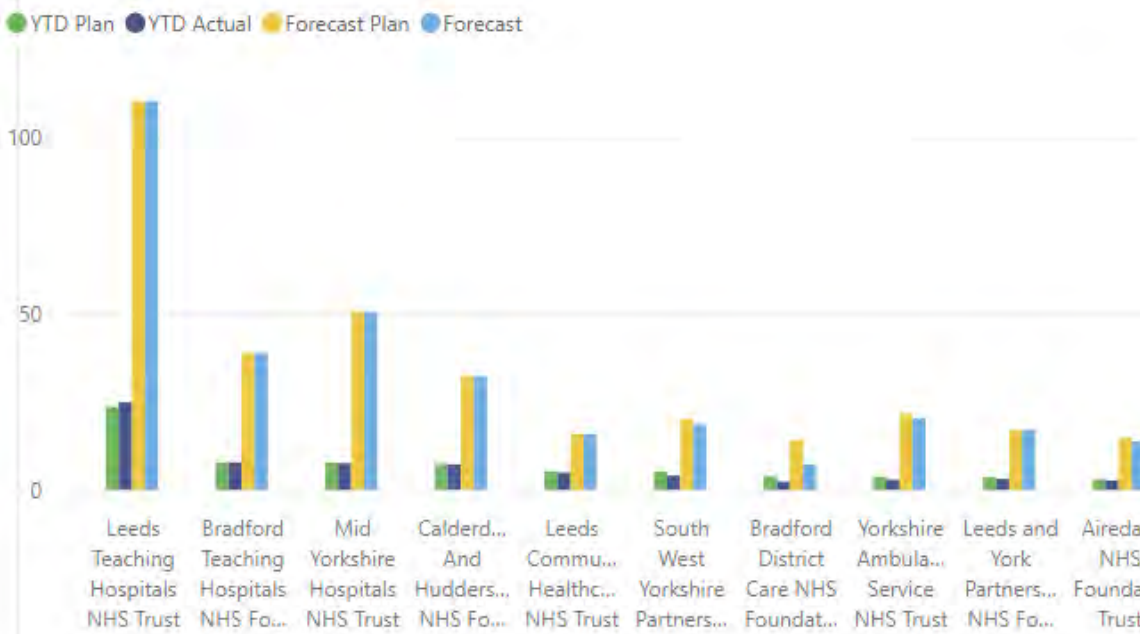
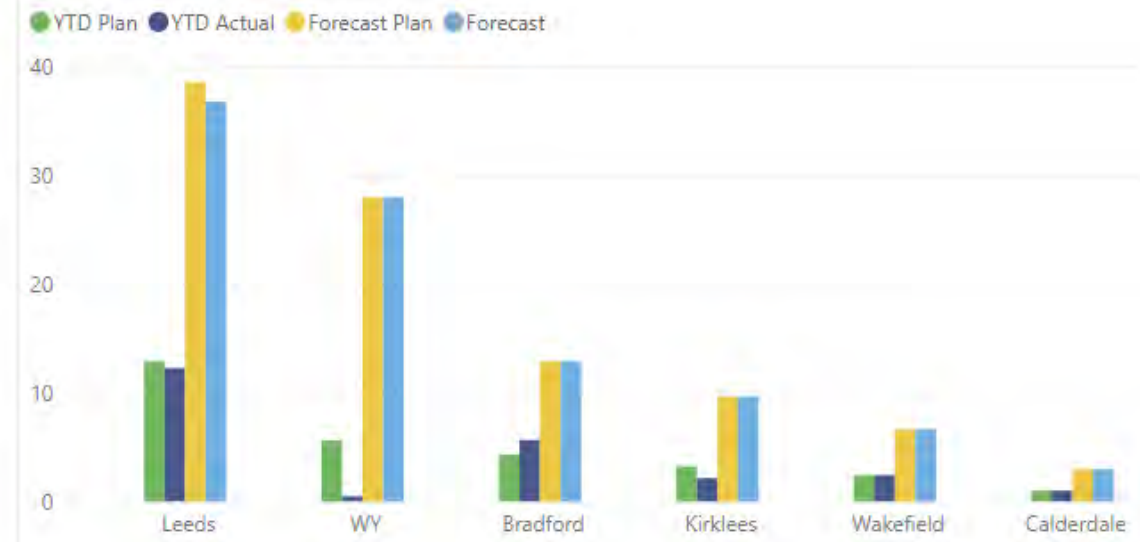
# Financial Efficiencies

## Month 4

All figures £m



OrgType	YTD Plan	YTD Actual	YTD Variance	Forecast Plan	Forecast	Forecast Variance
<b>ICB Places</b>						
Bradford	4.3	5.6	1.3	12.9	12.9	0.0
Calderdale	1.0	1.0	0.0	2.9	2.9	0.0
Kirklees	3.2	2.1	-1.1	9.6	9.6	0.0
Leeds	12.9	12.3	-0.6	38.5	36.7	-1.8
Wakefield	2.4	2.4	0.0	6.6	6.6	0.0
WY	5.6	0.5	-5.1	27.9	27.9	0.0
<b>Total</b>	<b>29.3</b>	<b>23.9</b>	<b>-5.4</b>	<b>98.5</b>	<b>96.7</b>	<b>-1.8</b>
<b>System Providers</b>						
Airedale NHS Foundation Trust	3.0	2.7	-0.3	14.8	13.7	-1.1
Bradford District Care NHS Foundation Trust	3.8	2.3	-1.5	14.2	7.2	-7.0
Bradford Teaching Hospitals NHS Foundation Trust	7.8	7.8	0.0	38.9	38.9	0.0
Calderdale and Huddersfield NHS Foundation Trust	7.4	7.2	-0.2	32.2	32.2	0.0
Leeds and York Partnership NHS Foundation Trust	3.6	3.1	-0.5	17.0	17.0	0.0
Leeds Community Healthcare NHS Trust	5.3	4.8	-0.4	15.8	15.8	0.0
Leeds Teaching Hospitals NHS Trust	23.6	24.8	1.3	110.4	110.4	0.0
Mid Yorkshire Hospitals NHS Trust	7.7	7.5	-0.2	50.5	50.5	0.0
South West Yorkshire Partnership NHS Foundation Trust	5.1	4.0	-1.1	20.1	18.6	-1.4
Yorkshire Ambulance Service NHS Trust	3.7	2.8	-0.9	21.7	20.2	-1.4
<b>Total</b>	<b>70.9</b>	<b>67.2</b>	<b>-3.8</b>	<b>335.4</b>	<b>324.5</b>	<b>-10.9</b>
<b>Total</b>	<b>100.2</b>	<b>91.0</b>	<b>-9.2</b>	<b>433.9</b>	<b>421.2</b>	<b>-12.7</b>





# Financial Efficiencies

Domain	SOF or Operational Plan	N	Strategy	N	10 Ambitions	N	Finance and productivity	Y
Standard	Efficiency plans delivered							
WY Oversight Arrangement	FIPC and WY ICS Finance Forum							
Progress against plan	For the financial year 2425, ICB efficiencies are forecast to be short of plan by £1.8m and provider efficiencies £10.9m behind plan, resulting in an ICS adverse variance of £12.7m.							
Current Position	<ol style="list-style-type: none"> <li>1. YTD ICB efficiencies show a £5.4m adverse variance to plan, due to unidentified non-recurrent variances. Forecast efficiencies show £1.8m adverse variance to plan due to unidentified efficiencies.</li> <li>2. Provider Forecast efficiencies show a £3.8m adverse YTD variance, and an£10.9m adverse variance to forecast plan, due to unidentified pay efficiencies.</li> </ol>							
Risks	There is a risk that slippage on the delivery of schemes being reported at the end of Months 4 will continue							
Escalation	There are no specific requests for support or resources from the Board or other stakeholders.							

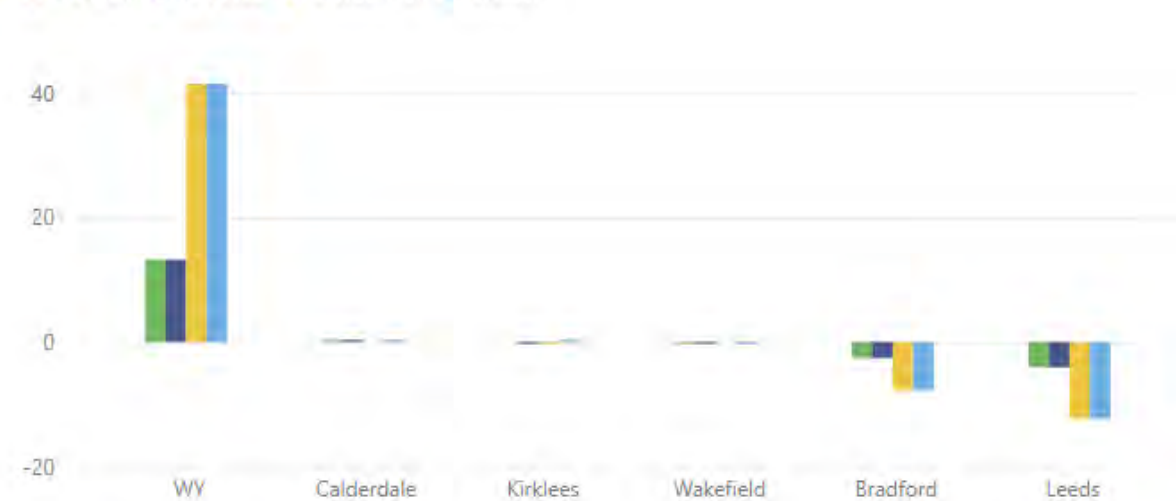
# Financial Stability

## Month 4

All figures £m

OrgType	YTD Plan	YTD Actual	YTD Variance	Forecast Plan	Forecast	Forecast Variance
<b>ICB Places</b>						
Bradford	-2.6	-2.6	0.0	-7.8	-7.8	0.0
Calderdale	0.0	0.0	0.0	0.0	0.0	0.0
Kirklees	0.0	0.0	0.0	0.0	0.0	0.0
Leeds	-4.1	-4.1	0.0	-12.3	-12.3	0.0
Wakefield	0.0	0.0	0.0	0.0	0.0	0.0
WY	13.2	13.2	0.0	41.5	41.5	0.0
<b>Total</b>	<b>6.5</b>	<b>6.5</b>	<b>0.0</b>	<b>21.4</b>	<b>21.4</b>	<b>0.0</b>
<b>System Providers</b>						
Airedale NHS Foundation Trust	-8.7	-11.2	-2.5	-17.8	-17.8	0.0
Bradford District Care NHS Foundation Trust	-1.0	-1.2	-0.2	0.0	0.0	0.0
Bradford Teaching Hospitals NHS Foundation Trust	-9.5	-10.0	-0.5	-14.0	-14.0	0.0
Calderdale and Huddersfield NHS Foundation Trust	-11.8	-12.1	-0.3	-26.3	-26.3	0.0
Leeds and York Partnership NHS Foundation Trust	-1.4	-1.2	0.2	1.0	1.0	0.0
Leeds Community Healthcare NHS Trust	0.3	-0.1	-0.4	1.0	1.0	0.0
Leeds Teaching Hospitals NHS Trust	-14.4	-16.8	-2.4	2.1	2.1	0.0
Mid Yorkshire Hospitals NHS Trust	-11.9	-15.4	-3.5	-17.5	-17.5	0.0
South West Yorkshire Partnership NHS Foundation Trust	-0.5	-1.5	-1.0	0.0	0.0	0.0
Yorkshire Ambulance Service NHS Trust	0.3	-1.0	-1.3	0.0	0.0	0.0
<b>Total</b>	<b>-58.6</b>	<b>-70.6</b>	<b>-11.9</b>	<b>-71.4</b>	<b>-71.4</b>	<b>0.0</b>
<b>Total</b>	<b>-52.1</b>	<b>-64.0</b>	<b>-11.9</b>	<b>-50.0</b>	<b>-50.0</b>	<b>0.0</b>

● YTD Plan ● YTD Actual ● Forecast Plan ● Forecast



● YTD Plan ● YTD Actual ● Forecast Plan ● Forecast



# Financial Stability

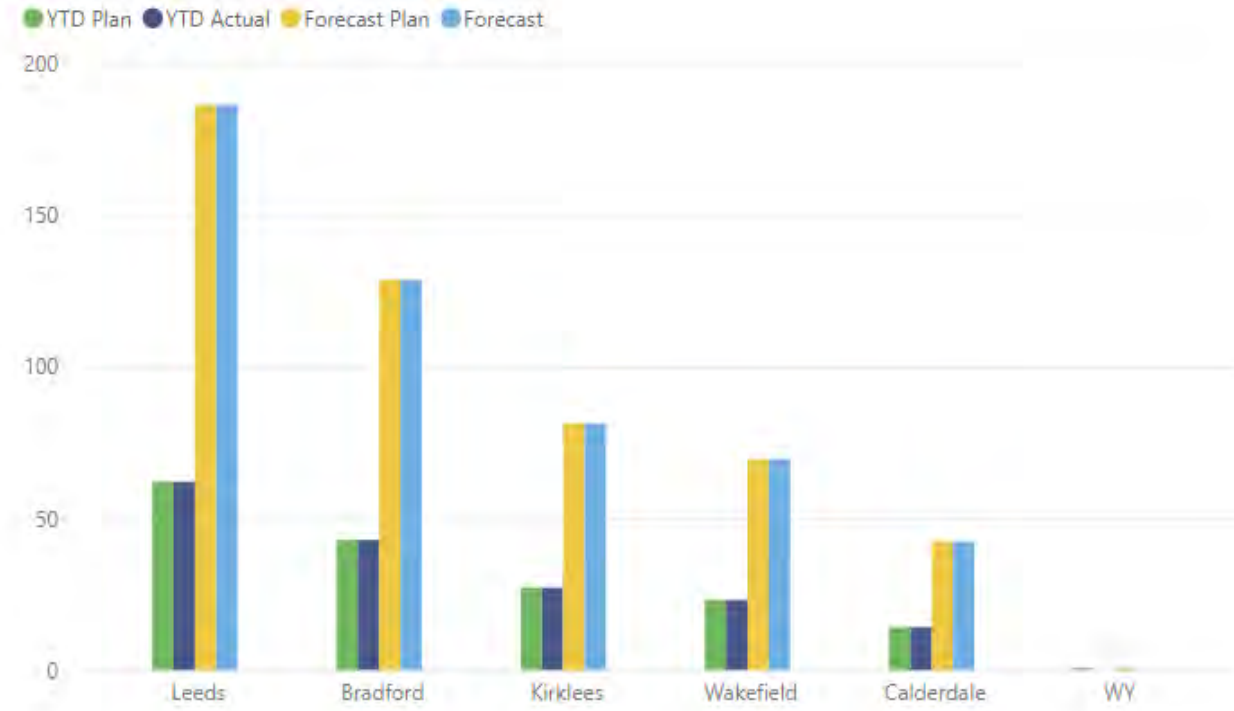
Domain	SOF or Operational Plan	N	Strategy	N	10 Ambitions	N	Finance and productivity	Y
Standard	Expenditure managed within budget							
WY Oversight Arrangement	Finance, Investment and Performance (FIPC)							
Progress against plan	<p>The Month 4 YTD position for the ICS was a £64m deficit. This was against a planned surplus of £52.1m, resulting in an £11.9m adverse variance.</p> <p>Risk Scenarios: Best Case and Most Likely Case (system support) in line with plan; likely case (risks and limited mitigations) adverse variance of £79.3m, with worse case a potential adverse variance of £278.6m.</p>							
Current position	<p><b>NHS West Yorkshire Integrated Care Board (ICB)</b></p> <ul style="list-style-type: none"> <li>The Month 4 YTD position for the ICB was a £6.5m surplus against plan. This was against a planned surplus of £6.5m, resulting in a nil variance.</li> <li>The forecast for the ICB for the end of the year is a surplus of £21.4m – this is in line with the financial plan for the year, and as such results in a nil forecast variance.</li> <li>Taken alongside the reported provider forecast position for Month 4, the year-end forecast I&amp;E position for the system is a break even position.</li> <li>The most-likely mitigated risk forecast for the ICB is currently an adverse variance of £15.1m and is driven by the system risk value contained in submitted financial plans. To date, only limited system mitigations have been identified to address this in 2024/25, but work continues to identify further opportunities.</li> </ul> <p><b>West Yorkshire Providers</b></p> <ul style="list-style-type: none"> <li>Across WY providers, there was a YTD deficit of £70.5m against plan, against a planned deficit of £58.6m, resulting in an adverse variance of £11.9m.</li> <li>Main drivers of the variance are the additional cost of Industrial Action, pay overspends, under-delivery of pay efficiencies and other pressures relating to ERF.</li> <li>Total Pay (including Agency) is showing a YTD adverse variance of £11.9m, with Agency Pay a YTD favourable variance of £2.2m (Month 3 £1.1m).</li> <li>The revised full year forecast is a £71.4m deficit.</li> <li>The most-likely mitigated forecast for providers would currently indicate a potential year end adverse variance of £62.3m. This has not yet resulted in an amended forecast as work continues to identify additional mitigations</li> </ul>							
Risks	Risk of delivery on efficiency schemes and cost pressures arising over and above those included in financial plans, further pressure from industrial action which is now confirmed as funded..							
Escalation	There are no specific requests for support or resources from the Board or other stakeholders.							



# Mental Health Investment Standard Month 4

All figures £m

Name	YTD Target	YTD Actual	YTD Variance	Forecast Plan	Forecast	Forecast Variance
Bradford	42.9	42.9	0.0	128.6	128.6	0.0
Calderdale	14.1	14.1	0.0	42.4	42.4	0.0
Kirklees	27.1	27.1	0.0	81.4	81.4	0.0
Leeds	62.1	62.1	0.0	186.2	186.2	0.0
Wakefield	23.1	23.1	0.0	69.4	69.4	0.0
WY	0.0	0.0	0.0	0.0	0.0	0.0
<b>Total</b>	<b>169.3</b>	<b>169.3</b>	<b>0.0</b>	<b>508.0</b>	<b>508.0</b>	<b>0.0</b>



## Notes

MHIS excludes Learning Disabilities, Autism and Dementia Expenditure

MHIS forecast to be achieved by ICB at M12 2024/25

Since the creation of the ICB, NHSE requirement is to report on a West Yorkshire target rather than a place target

West Yorkshire ICB is on track to overachieve the MHIS target for 24/25 after the impact of the pay awards have been accounted for

# Mental Health Investment Standard

Domain	SOF or Operational Plan	N	Strategy	N	10 Ambitions	N	Finance and productivity	Y
Standard	ICB must achieve the Mental Health Investment Standard (MHIS)							
WY Oversight Arrangement	FIPC							
Ranking or benchmark	2425 MHIS target for West Yorkshire Is £508m.							
Cause of variation	None							
Progress against plan	<ol style="list-style-type: none"> <li>1. Since the creation of the ICB, NHSE requirement is to report on a West Yorkshire target rather than a place target.</li> <li>2. West Yorkshire ICB is forecast to achieved the MHIS target for 2425</li> <li>3. Note: The MHIS plan of £508m excludes Learning Disabilities and Autism and Dementia expenditure.</li> </ol>							
Current position	2425 MHIS target forecast to be achieved.							
Risks	N/A							
Escalation	There are no specific requests for support or resources from the Board or other stakeholders.							

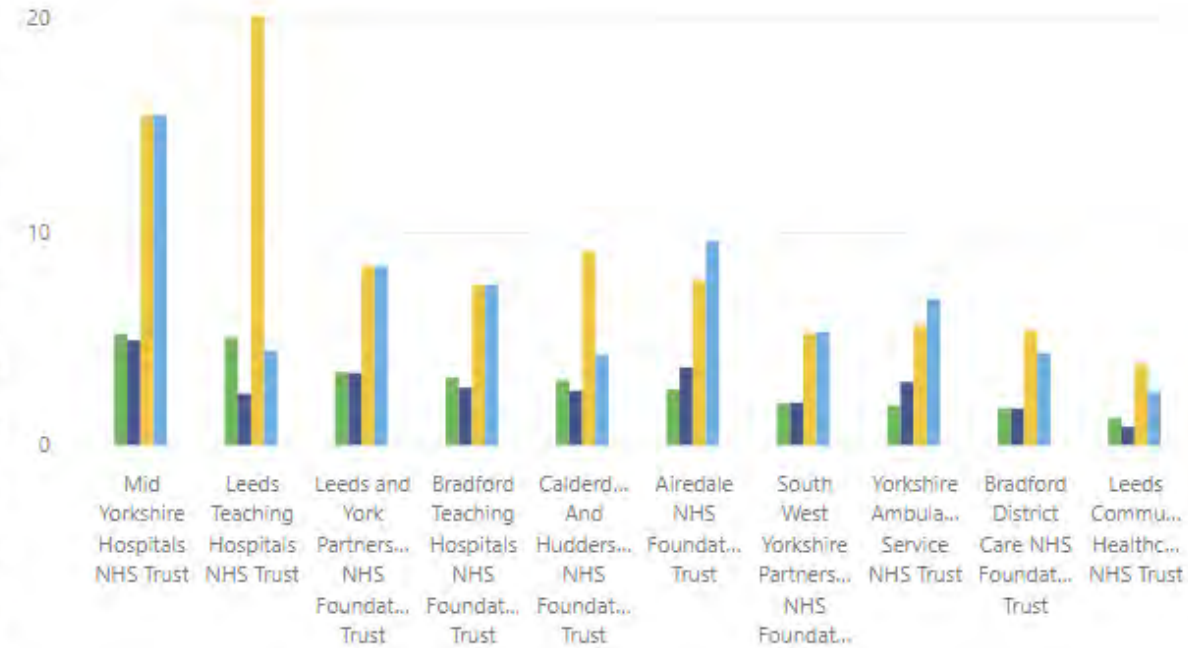
# Agency Spend

## Month 4

All figures £m

Name	YTD Plan	YTD Actual	YTD Variance	Forecast Plan	Forecast	Forecast Variance
Airedale NHS Foundation Trust	2.6	3.6	-1.0	7.7	9.6	-1.8
Bradford District Care NHS Foundation Trust	1.7	1.7	0.0	5.4	4.3	1.1
Bradford Teaching Hospitals NHS Foundation Trust	3.1	2.7	0.5	7.5	7.5	0.0
Calderdale And Huddersfield NHS Foundation Trust	3.0	2.5	0.5	9.1	4.2	4.9
Leeds and York Partnership NHS Foundation Trust	3.4	3.4	0.0	8.4	8.4	0.0
Leeds Community Healthcare NHS Trust	1.3	0.8	0.4	3.8	2.5	1.3
Leeds Teaching Hospitals NHS Trust	5.0	2.4	2.6	20.1	4.4	15.6
Mid Yorkshire Hospitals NHS Trust	5.2	4.9	0.3	15.5	15.5	0.0
South West Yorkshire Partnership NHS Foundation Trust	1.9	2.0	0.0	5.2	5.3	-0.1
Yorkshire Ambulance Service NHS Trust	1.8	2.9	-1.1	5.6	6.8	-1.3
<b>Total</b>	<b>29.2</b>	<b>27.0</b>	<b>2.2</b>	<b>88.1</b>	<b>68.4</b>	<b>19.7</b>

● YTD Plan ● YTD Actual ● Forecast Plan ● Forecast





# Agency Spend

Domain	SOF or Operational Plan	N	Strategy	N	10 Ambitions	N	Finance and productivity	Y
Standard	Actual YTD In line with or less than plan and forecast equal to or less than full year plan.							
WY Oversight Arrangement	WY ICS Finance Forum							
Ranking or benchmark	<p>For 2024/25 the West Yorkshire ICS has been set an agency ceiling of £97.6m (23/24 £112.8m) by NHS England with a plan of £88.1m (23/24 £104.6m).</p> <p>This is based on an agency ceiling for each organisation capped at 3.2% (23/24 3.7%) of total pay expenditure for that organisation.</p>							
Cause of variation	None							
Progress against plan	<ol style="list-style-type: none"> <li>The forecast for 2024/25 is an underspend against the plan of £19.7m, and underspend against ceiling of £29.2m.</li> </ol>							
Current position	Standard forecast to be achieved							
Risks	N/A							
Escalation	There are no specific requests for support or resources from the Board or other stakeholders.							

# Summary Table of Acronyms

Acronym	Description	Acronym	Description
2WW	2 Week Wais	CYP	Children and Young People
A & E	Accident and Emergency	DDDS	Defined Daily Doses
AED	Accident and Emergency Department	DEXA	Dual energy X-ray absorptiometry
ACH	Annual Health Check	DM01	Diagnostic Management 01
ACT	Acceptance & commitment therapy	DNA	Deoxyribonucleic acid
ACP	Advanced Clinical Practitioners	DNA	Did Not Attend
A&G	Advice and Guidance	E.Coli	Escherichia coli
AHP	Allied Health professionals	ECS	Emergency Care Standard
AMR	Antimicrobial Resistance	ED	Emergency Department
AMS	Antimicrobial Stewardship	EDAT	Early decision assist test
ANHSFT	Airedale NHS Foundation Trust	EIP	Early Intervention in Psychosis
ANP	Advanced Nursing Practice/Practitioner	FDS	Faster Diagnosis standard
APT	Anatomical Pathology technologists	FIPC	Finance Investment and Performance Committee
ARRS	Additional Roles Reimbursement Scheme	FIPC	Finance Investment and Performance Committee
Avg.	Average	FTE	Full Time Equivalent
BAU	Business As Usual	G&A	General and Acute
BDCT	Bradford District Care Trust	GATE	Gypsy & Traveller Exchange
BMI	Body Mass Index	GI	Gastro Intestinal
BRCA	Breast cancer gene	GIRFT	Getting it right first time
BSA	Business Service Authority	GP	General Practitioner
BTHFT	Bradford Teaching Hospitals Foundation Trust	GP	General Practive
C.Difficile	Clostridium difficile	GPAD	General Practice Appointment Data
CADEAS	Cancer Alliance Data Evaluation and analysis service	GPPS	General Practice Patient Survey
CAIP	Capacity, Access & Improvement Plans	HCAI	Healthcare associated infections
CAIT	Cancer Analytical and Insights Team	HCVLC	High Volume, Low Complexity
CAT	Category	HI	Health Inequalities
CAUTI	Catheter-associated urinary tract infection	HOHA	Hospital Onset Hospital Associated
CDC	Community Diagnostic Centre	HT	Hear and Treat
CDI	Clostridium Difficile Infection	IA	Industrial Action
CHC	Continuing Health Care	IAPT	Improving Access to Psychological Therapies
CHFT	Calderdale and Huddersfield Foundation Trust	ICB	Integrated Care Board
CMHT	Community Mental Heath Trust	ICS	Integrated Care Systems
CKW	Calderdale Kirklees and Wakefield	IMC	Intermediate Care
CNO	Chief Nursing officer	IP	Inpatient
COCA	Community-Onset Community Associated	IPC	Infection Prevention Control
COHA	Community Onset Hospital Associated	IS	Independent Sector
COIA	Community-Onset Indeterminant Association	IV	intravenous
COPD	Chronic obstructive pulmonary disease	IVOS	Intravenous to Oral Switch
CPRG	Cancer Performance Recovery Group	JFP	Joint Forward Plan
CQUIN	Commissioning for Quality and Innovation	LA	Local Authority
		LCD	Local Care Direct

# Summary Table of Acronyms

Acronym	Description	Acronym	Description
LCH	Leeds Community Healthcare	RAAC	Reinforced Autoclaved Aerated Concrete
LD	Learning Difficulty	RCEM	Royal College of Emergency Medicine
LeDeR	Learning Disabilities Mortality Review	RCN	Royal College of Nursing
LGI	Leeds General Infirmary	RCRD	Rapid Cancer Registration Dataset
LMNS	Local maternity and neonatal systems	REN	Race Equality Network
LMS	Local maternity System	RES	Race Equality Standard
LOS	Length of Stay	RTT	Referral to Treatment Time
LTP	Long Term Plan	SDEC	Same Day Emergency Care
LTHT	Leeds Teaching Hospitals Trust	SDF	System Development Fund
MBRRACE	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries	SE	South East
MH	Mental Health	SHMI	Summary Hospital Mortality
MHIS	Mental Health Investment Standard	SJUH	St James University Hospital
MHLDA	Mental Health, Learning Disability and Autism	SLA	Service Level Agreement
MMHS	Maternal Mental Health Service	SMI	Severe mental illness
MND	Motor Neurone disease	SOAG	System oversight and assurance group
MRI	Magnetic Resource Imaging	SOF	System Oversight Framework
MRSA	Methicillin-resistant Staphylococcus aureus	SPOC	Single Point of Contact
MSK	Musculoskeletal	SPOG	suicide prevention oversight group
MSSA	Methicillin-susceptible Staphylococcus aureus	STC	See Treat Convey
MYTT	Mid Yorkshire Teaching Trust	STR	See Treat Response
NCTR	No longer meet the criteria to reside	SWYFT	South West Yorkshire Partnership Foundation Trust
NICE	National Institute For Health and Care Excellence	TOC	Transfer of care
NHSE	NHS England	TTAD	Talking Therapies for Anxiety and Depression
OAP	Out of Area Placement	UCC	Urgent Care Centre
OHID	Office for Health improvement and disparities	UCR	Urgent Community Response
ONS	Office for national statistics	UCR	Urgent Care Response
Ops Plan	Operational Plan	UDA	Unit of Dental Activity
PCAL	Primary care advice line	UEC	Urgent and Emergency Care
PCARP	Primary Care Access Recovery Plan	URHSA	UK health security agency
PCARP	Primary care recovery plan?	UTI	Urinary tract infection
PCN	Primary Care Network	VCS	Voluntary Community Service
PDSA	Plan Do Study Act	VCSE	Voluntary Community and Social Enterprise
PHE	Public health england	VW	Virtual Ward
PHSMI	Physical health checks for people with severe mental health illness	WaRe	Watch and Reserve
PIFU	Patient Initiated Follow Up	WHO	World Health Organisation
PMH	Perinatal Mental Health	WY	West Yorkshire
PMO	Programme Management Office	WY&H	West Yorkshire & Humber
PTL	Patient Treatment List	WYAAT	West Yorkshire Association of Acute Trusts
PTL	Patient Transfer/Treatment List	WYICB	West yorkshire Integrated care board
PTL	Patient Tracking Lists	Y&H	Yorkshire and Humber
Q	Quarter	YAS	Yorkshire Ambulance Service
QOF	Quality Outcome Framework	YTD	Year To Date
QOR	Quality of Recovery	YAS	Yorkshire Ambulance Service
		YTD	Year To Date