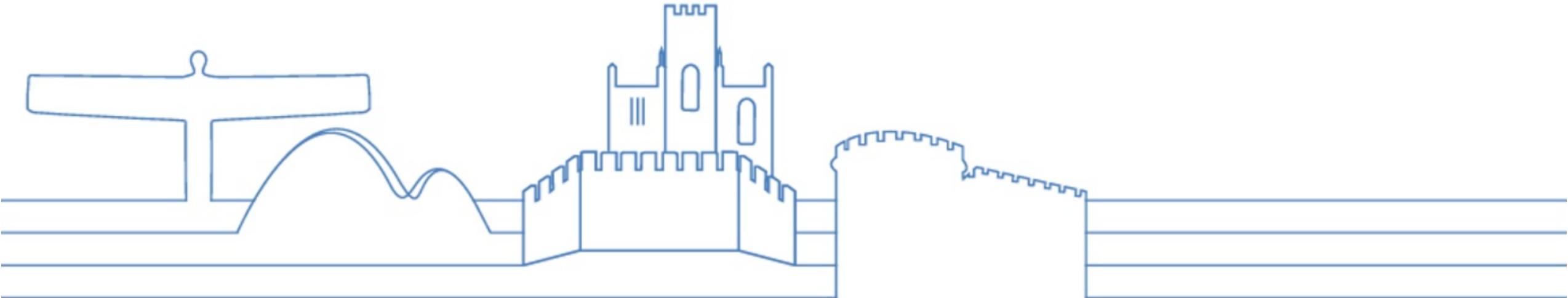


North East & North Cumbria ICB:

Board Meeting
31st January 2023

Integrated Delivery Report



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North East &
North Cumbria

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Executive Summary

This report sets out the NENC position in relation to the NHS constitution, the principles and values of the NHS and its commitments to patients and staff. This report reviews Quality and Safety alongside Performance to ensure a parallel view, as recommended by the Francis Review (2013) and considered good practice.

Published data is at October and November 2022 where possible, unless otherwise specified.

NHS Oversight Framework (NHS OF)

• The NHS OF delivers oversight to ensure delivery of the planning priorities and monitoring of the Long Term plan (LTP) commitments and encompasses quality, access and outcomes. This report provides the North East and North Cumbria (NENC) position in relation to the NHS planning priorities and is aligned to the NHS OF.

Outcomes and Health Inequalities

• A key focus in NENC is to address the health inequalities gap and improve outcomes for our populations through prevention, engagement with our communities and population health management. This section draws out some key points in relation to current system outcome measures, and work is currently underway to develop strategic outcomes and priorities of the NENC ICB.

Quality

• This section presents the quality dashboard for NHS Trusts set out by Area with Quality Exceptions narrative for the NENC ICB. Workforce and patient experience is included within this section.

Performance

• This report highlights key performance priority areas linked to the delivery of the Long Term Plan and any associated risks, achievements and mitigations.

Finance

• This report provides a summary for Month 8, November 2022, of the NENC ICB position in relation to Key Statutory Financial Duties and other financial Performance Metrics.

Key Changes from Previous Report

Quality

- The CQC undertook a further inspection to South Tees Hospital NHS Foundation Trust in November 2022 and a well led inspection is planned for January 2023. The Trust will remain in the inspection window until after this time with the final inspection report expected by March 2023.
- South Tyneside & Sunderland FT: reopened their Midwifery Led Birthing Unit (MLBU) from 1 November 2022, after it was temporarily closed earlier in the year. The enhanced surveillance of maternity services was stood down in October 2022 owing to the level of assurance gained.
- A contract performance notice has been issued to an independent provider in relation to their unauthorised use of Patient Group Directives, including Mifepristone, for cervical preparation. Recommendation on the next steps were considered and accepted by the ICB Executive Board. The ICB has requested that the provider provides written assurance on a number of immediate and remedial actions, with set deadlines.

Performance

Handover delays: A rapid process improvement workshop (RPIW) took place in November 2022 regarding handover delays, which was led by the NENC Urgent and Emergency Care Network. It was agreed that a different approach was needed to address the issue of handover delays and the impact on patients waiting in the community. A draft report has been prepared which includes two approaches. The ICB Chief Executive has requested to meet with all Trusts regarding the plan and a 'go live' date is to be confirmed.

Tier 1 and Tier 2 escalation meetings – NHSE escalation for cancer and elective:

County Durham and Darlington NHS FT is under enhanced national surveillance due to the 78+ week waiters reduction being behind plan. The Trust anticipate 78+ week waiters to peak at the end of December before reducing in Q4. NHS E has confirmed that the trust will be moved into Tier 2 escalation to support recovery with the first meeting in January.

North Tees & Hartlepool NHS FT had moved into Tier 2 escalation for cancer and the first support meeting was held on 16 December and positive improvement was demonstrated to the extent that the trust has now been moved out of Tier 2.

North Cumbria Integrated Care NHS FT - Notable progress continues in the cancer 62 day backlog and following review the trust has been moved from Tier 1 into Tier 2 escalation.

Key Performance measures: The following standards have shown a significant deterioration this month:

12 hour A&E breaches: Patients waiting in A&E more than 12 hours following decision to treat continues to increase, from 1106 in October to 1393 in November across NENC. Challenges across the health and social care system continue to impact, with increased levels of urgent and emergency care activity, increased ambulance arrivals and patients with high acuity patients placing significant demands on ED departments. Ongoing challenges in social care and high bed occupancy continue to impact on patient flow. Evidence-based process improvement work in this area remains a priority across NENC.

Cancer 62 day performance (85% standard): Currently 59.8% patients waiting longer than 62 days compared to the 85% standard in NENC, this is a deteriorating position and is slightly below the national at 60.3% for October.

NENC Oversight report: Executive Summary

November 2022



North East and North Cumbria



STRATEGIC UPDATE PLANNING PRIORITIES

Workforce
Covid
RTT
Cancer
Maternity
UEC
Community
Primary care
Mental health
Learning disability / autism
Health inequalities
Digital

PROGRESS UPDATE:

ICP Areas have reviewed their Q2 position against the 2022/23 planning commitments and produced a self-assessed review/rating based on plan development which will be available for operational use to assess progress and risks in detail and by exception. ICP Areas have worked together to facilitate consistency in assessment as far as possible.

ICP Areas and places have local arrangements in place to monitor detailed risks and mitigating actions for all planning commitments within each of the over-arching categories.

The narrative and detail within the integrated delivery report provides detail on current performance against the key commitments. Key points worthy of note include:

The narrative and detail within the integrated delivery report provides detail on current performance against the key commitments. Key points worthy of note include:

- Urgent and Emergency Care (UEC) continues to be a significant pressure and NENC is working hard to increase capacity and operational resilience ahead of winter
- Continued focus on ambulance performance and the roll out of virtual wards to support patients at home
- Ongoing work with social care partners to improve Length of Stay (LoS) and discharges
- Plans continue for the restoration of cancer services – increasing pressures, mitigations required, working closely with NCA.
- Digital - Managed convergence is happening across the NENC ICS, at strategic programme level, with system-wide collaboration in the delivery of regional interoperability programmes and innovations eg: Great North Care Record (GNCR) - Comprising of a regional Health Information Exchange (HIE) and Patient Engagement Platform (PEP – 'MyGNCR').

PREVENTION, HEALTH INEQUALITIES AND OUTCOMES

	ICB/Or highest & lowest place	NATIO-NAL
Inequality in life expectancy male	8.5 Cumbria 14.3 Stockton	9.4 (years)
Inequality in life expectancy female	6.9 S Tyneside 13.3 Stockton	7.6 (years)
Childhood obesity	40.3 Hartlepool 33% Northumberland	35.2%
Smoking at time of delivery	15%	10.4%
People with LD in suitable accommodation and supported into paid employment	4.1%	5.1%
<75 mortality rate for cancers (persons)	152.5	129.2
<75 mortality rate for respiratory disease	44	34.2
Children living in poverty	15.6 Cumbria 42.4 Middlesbrough	18.5%

SYSTEM OVERSIGHT AND SEGMENTATION

In 2021/22 NENC ICS has been allocated segment 2, as have the providers within NENC ICB, with the exception of Newcastle upon Tyne Hospitals NHS FT, Cumbria, Northumberland, Tyne and Wear NHS FT (CNTW FT) and Northumbria Healthcare NHS FT who have been allocated segment 1 and South Tees NHS FT, North Cumbria Integrated Care NHS FT (NCIC FT) and Tees, Esk and Wear Valleys NHS FT (TEWV) segment 3.

PEOPLE LEADERSHIP AND WORKFORCE

Effective staff engagement is the measure of success of an organisation and demonstrates strong leadership.

Work is ongoing on the development of the care workforce plan incorporating domiciliary care and care home objectives. This is to be developed to be reported towards the end of the year.

People Promise

A suite of metrics within the "People Promise" domain have been illustrated for regular peer comparison and review. Key highlights include:

Staff engagement score: Northumbria HC staff engagement theme score was 9.69% higher than the NENC median value and 7.83% higher than the national median. Conversely North Cumbria IC NHS FT staff engagement theme score was 6.83% lower than the national median.

We are always learning People Promise score: was 9.75% higher at Northumbria HC NHS FT in comparison to North Cumbria ICNHS FT which was 9.24% lower than the national median and CDDFT which was 6.34% lower than the national average for this theme.

FINANCE

Month 6 Position	Plan (Surplus) / Deficit £m	Actual/FOT (Surplus) / Deficit £m
NENC Commissioner		
YTD	(0.01)	3.15
FOT	(2.63)	(5.68)*
NENC Provider		
YTD	4.82	20.9
FOT	2.63	5.64

*this is the Forecast position following receipt of additional allocations to cover the Additional Roles in Primary Care

PATIENT EXPERIENCE

GP Patient experience Survey 2022

At their last appointment...

94%

said they had confidence and trust in the healthcare professional (96% in 2021 and 96% in 2020)
This score was better than the national average (72.4%)

92%

said their needs were met (95% in 2021, 85% in 2020)
This score was better than the national average (91%)

86%

Said the healthcare professional was good at treating them with care and concern (90% in 2021, 88% in 2020)
This score was better than the national average (83%)

NENC Quality, Access & Outcomes

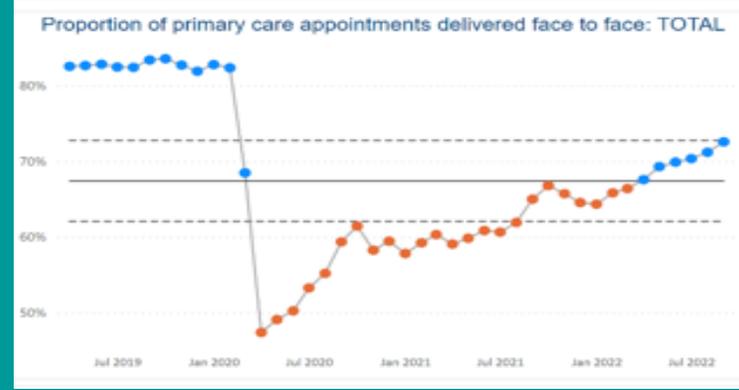
OPERATIONAL PERFORMANCE

- = Standard met
- = Standard partially met
- = Standard not met



Indicator (and target)		Actual
A&E 4hr wait (95%) November	■	72.9%
12 hour breaches (2%) September	■	3%
Ambulance handovers		
Average Hours lost per day (Dec) (61.4)	■	13.8
< 30+ mins delays (95%) Dec	■	80.1%
111 call abandonment (<3%) Nov	■	9.6%
999 Mean Response (20 secs) Oct	■	39.2 s
% Patients not meeting criteria to reside (Oct)(9.2%)	■	7.6%
Ambulance response		
	NEAS	NWAS
C1 Mean (7 mins) Oct/Sept	8:09 ■	8:43 ■
C2 Mean (18 mins) Nov/Oct	49:18 ■	38:14 ■
Bed occupancy (85%) 86.8% (Nov)	■	91.5%
104+ waiters (0 March 23; 41 end Dec plan)	■	27 (w/e- 4 Dec)
78+ waiters (0 by April 2023; 617 Dec plan)	■	1005 (w/e 4 Dec)
52+ waiters (0 by 2025; 4485 Oct)	■	9451 (w/e 4 Dec)
Diagnostics 6 week wait (1%) Oct	■	17.2%
Cancer FDS (75%) Oct	■	75.6%
Cancer 62 Days (85%) October	■	60.3%

PRIMARY CARE ACTIVITY



- GP appointment levels at pre-pandemic levels continue to increase, with a total of 1.7m during October 22 which is within planned trajectory for October and a marked increase on September (1.5m).
- DNAs as a proportion of all appointments remain high at 5.5% in October, an increase on September (5%) but below the national rate (5.9%).
- Practices routinely offering face to face appointments where clinically necessary and they continue to increase, up to 75.3% of total appointments delivered in October. This exceeds the level nationally at 70.1%

MENTAL HEALTH

- = Standard met
- = Standard partially met
- = Standard not met



Indicator (and target)		Actual
IAPT Access		
Patients accessing treatment within 6 weeks (75%)	■	95.3%
Patients accessing treatment within 18 weeks (95%)	■	98.7%
IAPT Moving to recovery (50%)	■	50.1%
Proportion of patients waiting for treatment from first to second treatment >90 days (10%)	■	36%
SMI Health checks (16,260 Mar 23 ;13056, June)	■	13,110
Children and Young People Eating Disorders (95%)		
Urgent patients seen in 1 week NENC	■	82.1%
Routine patients seen in 4 weeks NENC	■	67.2%
Dementia (67%)	■	65.1%

LEARNING DISABILITY & AUTISM

- = Standard met
- = Standard partially met
- = Standard not met

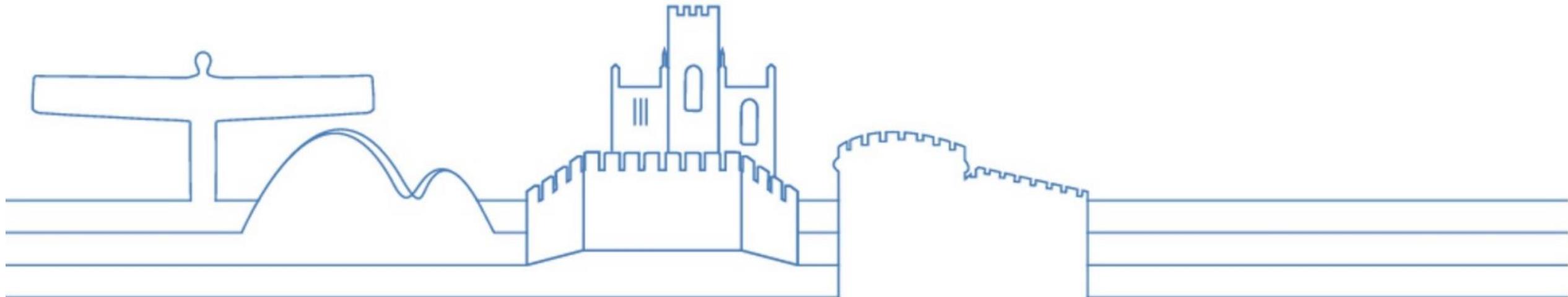


Indicator (and target)		Actual
Learning Disability health checks (73% 22/23)	■	24% YTD
Reduction in ICS IP beds (69 beds)	■	73 (Aug)
Reduction in Secure Services IP beds (76 beds)	■	73 (Sept)

QUALITY

Indicator (and target)		Actual
Never events (zero tolerance) 30 Nov	■	15 to date
MRSA (zero tolerance)	■	5
Serious incidents 2 day reporting (95% target)		4 trusts outside the target in month
C Difficile Infection		4 Trusts over trajectory

NENC System Oversight



The integrated delivery report is structured around the 2022/23 planning priorities and linked to the NHS Oversight framework (NHS OF) which applies to all Integrated Care Systems (ICs), NHS Trusts and Foundation Trusts to provide oversight of our delivery of the NHS Long Term Plan (LTP) commitments, the NHS People Plan and operational planning priorities.

Following publication of the NHS OF for 2022/23 in July 2022, the published framework of metrics which measures our progress against the LTP through assessment against quality, access and outcomes, people, health inequalities and prevention has now been published.

NENC ICB has reported 22 metrics within the highest performing quartile nationally, 22 in the interquartile range and 8 in the lowest performing quartile.

Indicators reported within the lowest performing quartile are addressed throughout the narrative of this report and include IAPT access, diagnostic activity, cancer treatments, and MRSA rates.

Indicators which fall within the highest performing quartile nationally but are not meeting the national standards include anti-biotic prescribing, clostridium difficile rates, cancer faster diagnosis rate, MMR and Cervical screening coverage.

Segmentation

To provide an overview of the level and nature of support required across systems, inform oversight arrangements and target support capacity as effectively as possible, ICs and trusts have been allocated to one of four 'segments' in 2021/22. A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4).

In 2021/22 NENC ICS has been allocated segment 2, as have the providers within NENC ICB, with the exception of Newcastle upon Tyne Hospitals NHS FT, Cumbria, Northumberland, Tyne and Wear NHS FT (CNTW FT) and Northumbria Healthcare NHS FT who have been allocated segment 1 and South Tees NHS FT, North Cumbria Integrated Care NHS FT (NCIC FT) and Tees, Esk and Wear Valleys NHS FT (TEWV) segment 3.



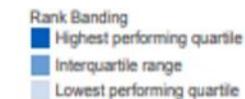
System overview – CQC and Oversight framework



North East and
North Cumbria

Provider	CQC Rating	Oversight framework segment	Oversight arrangements
Tees, Esk and Wear Valleys NHSFT	Requires Improvement (2021)	3	Quality Board
Cumbria, Northumberland, Tyne and Wear NHSFT	Outstanding (2022)	1	ICB led Oversight Meeting
South Tees NHSFT	Requires Improvement (2019)	3	Quality Board
North Tees and Hartlepool NHSFT	Good, inspected 2018	2	ICB led Oversight Meeting
Sunderland and South Tyneside NHSFT	Good, inspected 2021 Inspection June 2022 report published in due course	2	ICB led Oversight Meeting
North East Ambulance Service	Good, inspected 2019 Visit in July and inspection in September 2022	2	Quality Board to be established
County Durham and Darlington NHSFT	Good (2019)	2	ICB led Oversight Meeting
Gateshead Health NHSFT	Good (2019)	2	ICB led Oversight Meeting
Newcastle Upon Tyne Hospital NHSFT	Outstanding (2019)	1	ICB led Oversight Meeting
Northumbria Healthcare NHSFT	Outstanding (2019)	1	ICB led Oversight Meeting
North Cumbria Integrated Care NHSFT	Requires Improvement (2020)	3	NHSE Quality Board

NHS Oversight Framework (NHS OF) - Preventing ill health and reducing inequalities



Sub Category	Indicator	Aggregation	Period	Value	Direction	National Value	Rank Banding	Standard	Standard Met
Prevention and long term conditions	S053a: % of atrial fibrillation patients with a record of a CHA2DS2-VASc score of 2 or more who are treated with anticoagulation drug therapy	SubICB	2021-22	89.80%	Increase	89%	Interquartile Range	90%	Not Met
	S053b: % of hypertension patients who are treated to target as per NICE guidance	SubICB	2021-22	65.90%	Increase	60.40%	Highest Performing Quartile	80%	Not Met
	S053c: % of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	SubICB	2022 03	58.80%	Increase	56.90%	Highest Performing Quartile	45%	Met
	S055a: Number GP referrals to NHS Digital weight management services per 100k population	SubICB	22-23 Q2	71.4 per 100,000	Increase	63.8 per 100,000	Interquartile Range		
	S115a: Proportion of diabetes patients that have received all eight diabetes care processes	ICB	21-22 Q4	46.50%	Increase	46.70%	Interquartile Range		
	S116a: Proportion of adult inpatient settings offering tobacco dependence services	ICB	2022 08	10%	Increase	8.16%	Interquartile Range	100%	Not Met
	S116b: Proportion of maternity settings offering tobacco dependence services	ICB	2022 08	25%	Increase	13.90%	Highest Performing Quartile	100%	Not Met
	S117a: Proportion of patients who have a first consultation in a post covid service within six weeks of referral	Provider	2022 09	31.90%	Increase	26.20%	Interquartile Range		
Screening, vaccination and immunisation	S046a: Population vaccination coverage: MMR for two doses (5 year olds)	SubICB	21-22 Q4	92.30%	Increase	85.90%	Highest Performing Quartile	95%	Not Met
	S047a: Proportion of people over 65 receiving a seasonal flu vaccination	SubICB	2022 02	85.50%	Increase	82.30%	Highest Performing Quartile	85%	Met
	S050a: Cervical screening coverage : % females aged 25 : 64 attending screening within the target period	SubICB	21-22 Q4	74.70%	Increase	70.80%	Highest Performing Quartile	75%	Not Met

NHS Oversight Framework (NHS OF) - People and Use of resources

Sub Category	Indicator	Aggregation	Period	Value	Direction	National Value	Rank Banding	Standard	Standard Met
Belonging in the NHS	S072a: Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age	ICB	2021	60.70%	Increase		Highest Performing Quartile		
Growing for the future	S074a: FTE doctors in General Practice per 10,000 weighted patients	ICB	2022 09	5.55 per 10,000	Increase	5.88 per 10,000	Interquartile Range		
	S075a: Direct patient care staff in GP practices and PCNs per 10,000 weighted patients	ICB	22-23 Q1	5.68 per 10,000	Increase	4.98 per 10,000	Interquartile Range		
Looking after our people	S063a: Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from managers	ICB	2021	9.95%	Decrease		Interquartile Range		
	S063b: Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from other colleagues	ICB	2021	16.60%	Decrease		Highest Performing Quartile		
	S063c: Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public	ICB	2021	26.10%	Decrease		Interquartile Range		
	S067a: Leaver rate	ICB	2022 08	9.02%	Decrease	9.21%	Interquartile Range		
	S068a: Sickness absence rate	ICB	2022 06	6.17%	Decrease	5.34%	Lowest Performing Quartile		
S069a: Staff survey engagement theme score	ICB	2021	6.07/10	Increase		Highest Performing Quartile			



NHS Oversight Framework (NHS OF) - Quality, Access and Outcomes Mental Health

Rank Banding
■ Highest performing quartile
■ Interquartile range
■ Lowest performing quartile

Sub Category	Indicator	Aggregation	Period	Value	Direction	National Value	Rank Banding	Standard	Standard Met
Cancer	S010a: Total patients treated for cancer compared with the same point in 2019/20	ICB	2022 09	99.60%	Increase		Lowest Performing Quartile	100%	Not Met
	S011a: Cancer - percentage of patients on the waiting list who have been waiting more than 62 days	Provider	w/e 30/10/2022	10.10%	Decrease	11.50%	Interquartile Range		
	S012a: Proportion of patients meeting the faster cancer diagnosis standard	ICB	2022 09	71.80%	Increase	66.70%	Highest Performing Quartile	75%	Not Met
Leadership	S060a: Aggregate score for NHS staff survey questions that measure perception of leadership culture	ICB	2021	6.87/10	Increase		Interquartile Range		
Maternity and children's health	S022a: Stillbirths per 1,000 total births	ICB	2020	3.13 per 1,000	Decrease	3.29 per 1,000	Interquartile Range		
	S104a: Neonatal deaths per 1,000 total live births	ICB	2020	1.41 per 1,000	Decrease	1.5 per 1,000	Interquartile Range		
Mental health services	S081a: Access rate for IAPT services	ICB	22-23 Q1	63.60%	Increase		Lowest Performing Quartile	100%	Not Met
	S084a: Number of children and young people accessing mental health services as a % of population	ICB	2022 06	94.90%	Increase		Interquartile Range	100%	Not Met
	S085a: Proportion of people with severe mental illness receiving a full annual physical health check and follow up interventions	ICB	2022 09	79.40%	Increase	74.50%	Interquartile Range	100%	Not Met
	S086a: Inappropriate adult acute mental health placement out of area placement bed days	ICB	Jun 2022 - Aug 2022	1,720	Decrease		Lowest Performing Quartile	0	Met
	S110a: Access rates to community mental health services for adult and older adults with severe mental illness	ICB	2022 06	96.90%	Increase		Interquartile Range	100%	Not Met
Safe, high quality care	S037a: Percentage of patients describing their overall experience of making a GP appointment as good	ICB	2022	58.70%	Increase	56.20%	Interquartile Range		
	S040a: Methicillin resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	Provider	2022 09	6	Decrease	260	Interquartile Range	0	Met
		SubICB	2022 09	27	Decrease	731	Lowest Performing Quartile	0	Met
	S041a: Clostridium difficile infection rate	Provider	2022 09	100.70%	Decrease	114.20%	Highest Performing Quartile	100%	Met
		SubICB	2022 09	98.40%	Decrease	109%	Highest Performing Quartile	100%	Not Met
	S042a: E. coli bloodstream infection rate	Provider	2022 09	104.30%	Decrease	108.60%	Interquartile Range	100%	Met
		SubICB	2022 09	103.30%	Decrease	106.50%	Interquartile Range	100%	Met
	S044a: Antimicrobial resistance: total prescribing of antibiotics in primary care	SubICB	Sep 2021 - Aug 2022	108.60%	Decrease	88.90%	Lowest Performing Quartile	87.10%	Met
	S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	SubICB	Sep 2021 - Aug 2022	7.61%	Decrease	8.38%	Highest Performing Quartile	10%	Not Met
	S121a: NHS Staff Survey compassionate culture people promise element sub-score	ICB	2021	7.2/10	Increase		Interquartile Range		
	S121b: NHS Staff Survey raising concerns people promise element sub-score	ICB	2021	6.7/10	Increase		Highest Performing Quartile		
	S123a: Adult general and acute type 1 bed occupancy (adjusted for void beds)	Provider	2022 10	92.20%	Decrease	95.90%	Highest Performing Quartile		
	S124a: Percentage of beds occupied by patients who no longer meet the criteria to reside	Provider	2022 10	10.60%	Decrease	15.30%	Highest Performing Quartile		



Sub Category	Indicator	Aggregation	Period	Value	Direction	National Value	Rank Banding	Standard	Standard Met
Elective care	S007a: Total elective activity undertaken compared with 2019/20 baseline	ICB	2022 07	99.50%	Increase		Interquartile Range	104%	Not Met
	S007b: Elective Activity : Completed pathway elective activity growth	ICB	2022 09	109.20%	Increase		Highest Performing Quartile	110%	Not Met
	S009a: Total patients waiting more than 52 weeks to start consultant led treatment	Provider	2022 09	8,857	Decrease	381,413	Interquartile Range		
		SubICB	2022 09	8,579	Decrease	366,930	Interquartile Range		
	S009b: Total patients waiting more than 78 weeks to start consultant led treatment	Provider	2022 09	845	Decrease	48,231	Interquartile Range		
		SubICB	2022 09	790	Decrease	46,080	Interquartile Range		
	S009c: Total patients waiting more than 104 weeks to start consultant led treatment	Provider	2022 09	24	Decrease	1,975	Interquartile Range	0	Met
		SubICB	2022 09	19	Decrease	2,066	Interquartile Range	0	Met
	S013a: Diagnostic activity levels: Imaging	Provider	2022 09	103.20%	Increase	102.90%	Interquartile Range	120%	Not Met
		SubICB	2022 09	102.50%	Increase	100.90%	Interquartile Range	120%	Not Met
	S013b: Diagnostic activity levels: Physiological measurement	Provider	2022 09	108.30%	Increase	99.50%	Interquartile Range	120%	Not Met
		SubICB	2022 09	109.20%	Increase	98%	Interquartile Range	120%	Not Met
	S013c: Diagnostic activity levels: Endoscopy	Provider	2022 09	79.10%	Increase	90.30%	Lowest Performing Quartile	120%	Not Met
		SubICB	2022 09	76.50%	Increase	87.90%	Lowest Performing Quartile	120%	Not Met
S013d: Diagnostic activity levels: Total	Provider	2022 09	101.70%	Increase	101.70%	Interquartile Range	120%	Not Met	
	SubICB	2022 09	100.80%	Increase	99.70%	Interquartile Range	120%	Not Met	
Outpatient transformation	S101a: Outpatient follow up activity levels compared with 2019/20 baseline	ICB	2022 10	95.80%	Decrease		Interquartile Range	75%	Met
Personalised care	S031a: Rate of personalised care interventions	ICB	22-23 Q2	110.18 per 1,000	Increase	75.33 per 1,000	Highest Performing Quartile		
	S032a: Personal health budgets	ICB	22-23 Q1	1.13 per 1,000	Increase	1.45 per 1,000	Interquartile Range		
Primary care and community services	S001a: Number of general practice appointments per 10,000 weighted patients	ICB	2022 08	4231.35 per 10,000	Increase	4305.54 per 10,000	Interquartile Range		
	S106a: Available virtual ward capacity per 100k head of population	ICB	2022 10	9.5 per 100,000	Increase	13.4 per 100,000	Interquartile Range	40 per 100,000	Not Met
	S107a: Percentage of 2-hour Urgent Community Response referrals where care was provided within two hours	ICB	2022 08	80.10%	Increase	82.60%	Interquartile Range	70%	Met
	S108a: Number of Completed Referrals to Community Pharmacist Consultation Service (CPCS) from a general practice	ICB	2022 03	28.9 per 100,000	Increase		Interquartile Range		
	S108b: Number of Completed Referrals to Community Pharmacist Consultation Service (CPCS) from NHS111 per 100,000 population	ICB	2022 03	94.2 per 100,000	Increase		Highest Performing Quartile		
	S109a: Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted	ICB	2022 09	67.10%	Increase	70.20%	Interquartile Range	100%	Not Met
Screening, vaccination and immunisation	S046a: Population vaccination coverage: MMR for two doses (5 year olds)	SubICB	21-22 Q4	92.30%	Increase	85.90%	Highest Performing Quartile	95%	Not Met
	S047a: Proportion of people over 65 receiving a seasonal flu vaccinatio	SubICB	2022 02	85.50%	Increase	82.30%	Highest Performing Quartile	85%	Met
	S050a: Cervical screening coverage : % females aged 25 : 64 attending screening within the target period	SubICB	21-22 Q4	74.70%	Increase	70.80%	Highest Performing Quartile	75%	Not Met



System Outcome Measures



Domain	Indicator	Metric Period	Northumberland	Newcastle upon Tyne	Gateshead	North Tyneside	Cumbria	South Tyneside	Sunderland	County Durham	Darlington	Stockton-on-Tees	Hartlepool	Middlesbrough	Redcar and Cleveland	NE&C	England
A reduction in health inequalities and an increase in healthy life years	Inequality in life expectancy at birth (Female) (PHOF A02a)	3 Years - 2017-19	▲ 9.9	▼ 8.4	▲ 9.6	▼ 10.6	▲ 8	▼ 6.9	▲ 8.7	▲ 7.9	▲ 9.7	▼ 13.3	■ 10.4	▼ 11	▲ 8.6	N/A	▲ 7.6
	Inequality in life expectancy at birth (Male) (PHOF A02a)	3 Years - 2017-19	▲ 11.2	▼ 12.6	▲ 10.7	▲ 11.7	▼ 8.5	▲ 10.3	▼ 11	▲ 9.8	▼ 11.9	▼ 14.3	▲ 13.1	▲ 12.9	▲ 13.6	N/A	▼ 9.4
Every child has the best start in life	6-8 week breast feeding rate (PHOF 2.02ii)	Annual - 2019/20	▲ 38.8%	▲ 50.9%	38.7%	42.2 %	N/A	N/A	▼ 25.7%	▼ 27.8%	▼ 33.5%	N/A	N/A	▲ 32.6%	▲ 27.6%	▲ 34.6%	▲ 48%
	Inequality in attainment between children eligible and not eligible for free school meals	Annual - 2019	▼ 26%	▲ 19%	▲ 22%	▲ 24%	▲ 25%	▼ 21%	▲ 20%	■ 22%	▼ 17%	N/A	▲ 29%	▲ 22%	▼ 19%	N/A	▼ 21%
	Inequality in attainment between children eligible and not eligible for free school meals (Achievement of KS2 (RWM) pupils eligible for free school meals (Expected Level))	Annual - 2019	▲ 45%	▼ 53%	▼ 51%	▼ 47%	▼ 44%	▲ 50%	▼ 52%	▼ 48%	▲ 53%	N/A	▼ 48%	▼ 49%	▲ 56%	N/A	▲ 47%
	Inequality in attainment between children eligible and not eligible for free school meals (Achievement of KS2 (RWM) pupils not eligible for free school meals (Expected Level))	Annual - 2019	▲ 71%	▼ 72%	▼ 73%	■ 71%	▲ 69%	▼ 71%	▼ 72%	▼ 70%	▲ 70%	N/A	▲ 77%	▲ 71%	■ 75%	N/A	■ 68%
	Number of children living in poverty (PHOF B05)	Annual - 2021	▲ 25.6%	▲ 32.2%	▲ 28.9%	▲ 23.9 %	▼ 15.6%	▲ 31.1 %	▲ 30.8%	▲ 28.8%	▲ 28.5%	N/A	▲ 30.1%	▲ 42.4%	▲ 30.7%	N/A	▼ 18.5%
	School readiness % children with free school meals achieving a good level of development at the end of reception (PHOF B02a - free school meals)	Annual - 2019	▲ 61%	■ 61%	■ 53%	▼ 54%	▼ 50%	▼ 60%	▲ 63%	▼ 55%	▲ 61%	N/A	▲ 62%	▲ 55%	▼ 53%	N/A	■ 57%
	Smoking at time of delivery (PHOF C06)	Annual - 2019/20	▲ 13.8%	▼ 12.8%	▼ 12.8%	▲ 11.7 %	▲ 13.6%	▼ 13.9 %	▲ 18.3%	▼ 16.8%	▲ 16.4%	▼ 16.5%	▼ 16.5%	▼ 16.5%	▼ 16.5%	▼ 15%	▼ 10.4%
	Unemployment rate	Annual - 2022	▲ 5.2%	▲ 7.6%	■ 5.9%	▲ 5.6%	▲ 3.1%	▼ 6.3%	▼ 5.9%	▲ 5.3%	■ 5.3%	■ 5.6%	■ 6.8%	▼ 7.3%	▲ 5.9%	N/A	N/A
Increased focus across the system on prevention and early help	Deaths from drug misuse (PHOF C19d)	Annual - 2017-19	▲ 6.1	▲ 10.3	▼ 9.8	▼ 7.4	▲ 6.8	▲ 8.2	▲ 9.5	▼ 7.4	▲ 8.8	▲ 10.1	▲ 15.5	▲ 16.3	▲ 11	▲ 8.1	▲ 4.7
	Prevalence of children in year 6 of excess weight (PHOF C09a)	Annual - 2020	▲ 33%	▼ 40.2%	▲ 38.7%	▲ 35.7 %	▲ 34.3%	▲ 40%	▼ 36.7%	▼ 37.6%	▼ 37.6%	N/A	▼ 40.3%	▲ 40.2%	▲ 39.3%	N/A	▲ 35.2%
People and families are supported to live in their communities and to be as independent as possible	People with a learning disability supported into paid employment (ASCOF 1E)	Annual - 2020/21	▼ 4%	▲ 4.5%	▲ 10%	▲ 5.1%	▼ 2.5%	▼ 4.7%	▼ 3.2%	▼ 0.4%	▼ 4.4%	▼ 3.8%	▼ 21.8%	▼ 1.5%	▼ 6.4%	▲ 4.1%	▼ 4.8%
	Percentage of adult social care users who have as much social contact as they would like (ASCOF 1I)	Annual - 2019/20	▲ 100%	▲ 100%	▲ 100%	▲ 100 %	▲ 100%	▲ 100%	▲ 100%	▲ 100%	▲ 100%	▲ 100%	▲ 100%	▲ 100%	▲ 100%	▲ 100%	▲ 100%
	The proportion of adults with a learning disability who live in their own home or with their family (ASCOF 1G)	Annual - 2020/21	▼ 86.1%	▲ 88.6%	▲ 84.2%	▲ 94%	▼ 71.4%	▲ 86.4 %	▲ 93.7%	▼ 81.3%	▼ 95.3%	▲ 75.7%	▲ 91.5%	▲ 83.5%	▲ 85.9%	▲ 84.5%	▲ 78.8%
People experience excellent co-ordinated care with dignity and respect	Self-reported user experience (ADSC users survey)	Annual - 2019/20	▲ 64.7	▼ 62.7	▲ 64.2	▲ 66.4	▲ 74.4	▲ 65.9	▲ 72.2	▲ 69.6	N/A	▲ 70.2	▲ 69.3	▼ 70.2	▼ 68	N/A	▼ 64.2
Reduce avoidable disease/death	Under 75 mortality rate for cancers (persons) (PHOF E05a)	3 Years - 2017-19	▼ 125	▼ 157.9	▼ 157.2	▼ 147.3	▼ 122.8	▼ 155.5	▲ 165.1	▼ 145.5	▲ 137.4	▼ 146.8	▼ 160.1	▼ 175.1	▼ 150.8	▼ 152.5	▼ 129.2
	Under 75 mortality rate for circulatory disease (persons) (PHOF E04a)	3 Years - 2017-19	▼ 69.9	▲ 87.9	▼ 86	▼ 77.7	▲ 75.5	▲ 90.3	▲ 89	▲ 78.9	▼ 74.3	▼ 73.1	▲ 99.1	▼ 100.8	▼ 88	▲ 85	▼ 70.4
	Under 75 mortality rate for respiratory disease (persons) (PHOF E07a)	3 Years - 2017-19	▲ 31.3	▼ 46.3	▲ 48.2	▲ 40	▼ 27.8	▼ 54.3	▲ 45.3	▲ 43	▲ 47.3	▼ 42	▲ 49.4	▲ 69.3	▲ 49	▲ 44	▼ 34.2



System outcome measures are being developed with health and Local Authority (LA) partners at place, requiring partners to work together to deliver the prevention agenda and address health inequalities. Metrics within an agreed framework (Gateshead System Partnership) linked to the Health and Wellbeing priorities have been pulled into Power BI and illustrated at ICS level and place where available (North Cumbria is not available currently therefore Cumbria has been utilised as a proxy measure). This section will be developed in line with NENC strategic outcome measures once these are agreed. Summary of key themes against the health and wellbeing domains:

Reduction in Health inequalities

- Inequality in life expectancy at birth (Female) is widest in Stockton on Tees at 13.3 years (although an improving picture) compared to County Durham (7.9 years) and the national (7.6 years).
- Inequality in life expectancy at birth (Males) is widest in Stockton (14.3 years) compared to 8.5 years in Cumbria and 9.5 national.

Every child has the best start in life

- The number of mothers still breast feeding at 6-8 weeks is highest in Newcastle (50.9%) and lowest in Sunderland at 25.7%. NB this data is not available for 4 of our LAs. The national value is 48% compared to NENC 34.6%.
- Inequality in attainment between children eligible and not eligible for school meals is highest in Northumberland (26%) compared to 17% in Darlington. The national value is 21%.
- The number of children living in poverty is lowest in Cumbria (15.6% improving) and highest in Newcastle upon Tyne (32.2% worsening) and South Tyneside (31.1% worsening). Nationally this is 18.5%.
- % children with free school meals achieving a good level of attainment at the end of reception is highest in Sunderland (63% improving) and lowest in Cumbria (50%), Gateshead (53%) and Redcar and Cleveland (53% worsening). Nationally this is 57%.
- % of mothers smoking at the time of delivery is lowest in Gateshead and Newcastle (12.8% and improving) and highest in Sunderland (18.3% - worsening). The national value is 10.4% compared to NENC 15%.

Families and communities

- Unemployment rate is highest in Newcastle (7.6 and worsening) and Hartlepool 6.8% and lowest in Cumbria 3.1%

Prevention and Early help

- Deaths from drug misuse is highest in Middlesbrough (16.3 per 100,000 population) and Hartlepool (15.5 per 100,000 population) and lowest in Northumberland (6.1 per 100,000). Nationally this is 4.1 per 100,000.
- Prevalence of children in year 6 of excess weight is highest in Hartlepool 40.3% and Middlesbrough 40.2% and lowest in Northumberland (33%) . Nationally this is 35.2%.

Supporting people and families to be independent

- People with LD in suitable accommodation and supported into paid employment is lowest in Durham (0.7%) and highest in Hartlepool (22.3%)
- % of adult social care users who have as much social contact as they would like is highest in Sunderland (55%) and lowest in Newcastle (46.5%)
- Proportion of adults with a learning disability who live in their own home or with family is highest in Darlington (95.8%) and lowest in Stockton (72%)

Coordinated care

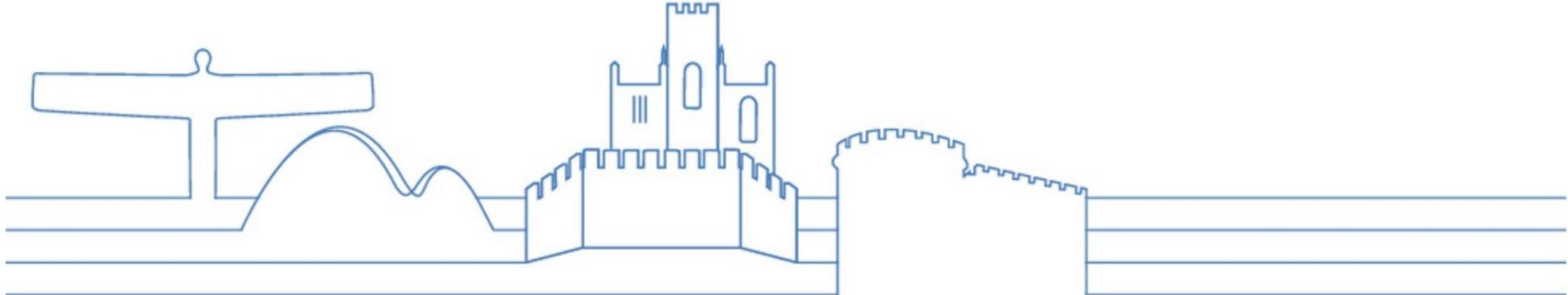
- Self reported survey scores for users of adult social care were highest in Sunderland 72.2 and lowest in Newcastle 62.7 . Nationally this was 64.2.

Reduce Avoidable disease/death

- Under 75 mortality rate for cancer highest in Middlesbrough (175.1 per 100,000) and lowest in Cumbria (122.8) and Northumberland (125). Nationally this was 129.2 compared to NENC overall 152.5.
- Under 75 mortality for circulatory disease is highest in Middlesbrough (100.8 per 100,000) and lowest in Northumberland (69.9 per 100,000) . The national value is 70.4 compared to NENC overall 85..
- Under 75 mortality rate for respiratory disease is highest in Middlesbrough (69.3 per 100,000) and lowest in Cumbria (27.8 per 100,000). The national value was 34.2 compared to NENC overall 44.



Quality



Performance

Healthcare Acquired Infections

- MRSA - one case (hospital onset) was reported in October 2022, which brings the year to date (YTD) total across the region to 5 cases (4 hospital onset (STHFT, NHCFT, NUTH, STSFT and 1 community onset at STHFT).
- Clostridium Difficile - four Trusts are exceeding their YTD national thresholds for the number of infections reported.
- E. Coli - five Trusts are exceeding their YTD national thresholds for the number of cases reported.
- Klebsiella pneumoniae - six Trusts are exceeding their YTD national thresholds for the number of cases.
- Pseudomonas. Aeruginosa - two Trusts are exceeding their YTD national thresholds for the number of cases.

• All providers are signed up to a set of principles for the management of COVID-19 Infection, Prevention and Control (IPC) and there is a system wide approach to antimicrobial resistance (AMR)

Serious Incident (SI) Reporting

- 15 never events have been reported across the region YTD (30 November 2022) and these will continue to be monitored via SI processes.
- One Trust (STSFT) remains in quality escalation in relation to never events and has undertaken a thematic review of incidents to identify wider organisational learning. This will be presented at the next quality review group (QRG) meeting.

Sickness absence Rates

Ten Trusts across NENC were above the England average (6.05%) in July 2022. Workforce pressures continue due to sickness absence and vacancies, although some improvement has been seen. Measures are in place to ensure operational challenges are managed, safe staffing levels are in place and support is offered to staff to maintain their health and wellbeing.

Patient Safety Alerts

One Trust is showing with an alert open past its completion deadline. This will be raised with the Trust to seek confirmation this has been actioned and closed.

Mortality

All Trusts are showing within the 'expected range' for the Summary Hospital-level Mortality Indicator (SHMI). STSFT was previously an outlier, but their position has improved and remains on a reducing trend, which is expected to reduce further once hospice data is excluded from their SHMI data.

Friends and Family Test

Five Trusts had recommendation scores below the England average.

CQC Inspections

Two Trusts have had recent CQC inspections and outcome from this is awaited as follows:

- STSFT: Unannounced inspection took place in June 2022 and a well-led assessment in August 2022. The CQC process remains ongoing and as yet there is no date on when inspection report will be published.
- STHFT: CQC undertook a further inspection in November 2022 with a well led inspection planned for January 2023. The Trust will remain in the inspection window until after this time with the final inspection report expected by March 2023.

Handover Delays

A rapid process improvement workshop (RPIW) took place in November 2022 regarding handover delays, which was led by the NENC Urgent and Emergency Care Network. It was agreed that a different approach was needed to address the issue of handover delays and a draft report has been prepared which includes two approaches. ICB Chief Executive has requested to meet with all Trusts regarding the plan and a 'go live' date is to be confirmed.

NEAS Independent Enquiry Update

The planned timescale for completion is the end of the year. Support continues to be offered to NEAS from the ICB and system.

Maternity Safety

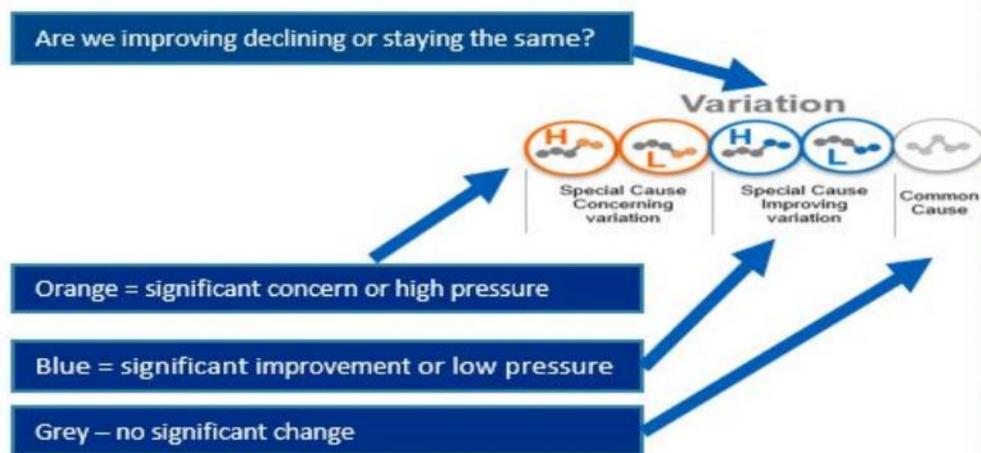
STSFT: reopened their Midwifery Led Birthing Unit (MLBU) from 1 November 2022, after it was temporarily closed earlier in the year. Bookings up until late January 2023 have all been transferred to Sunderland Royal Hospital owing to choice and clinical reasons, however the unit is open for new bookings. Staffing pressures remain due to sickness absence and further midwifery recruitment is underway. The enhanced surveillance of maternity services was stood down in October 2022 owing to the level of assurance gained.

TEWVFT Patient Safety Team

There are staffing pressures in the patient safety team and there are currently 40 unallocated serious incident reviews. The Trust has advertised posts on a number of occasions, but recruitment has been challenging. The Trust is trying to recruit from abroad and also develop a bank workforce that could be used in the patient safety team.

Independent Providers

A contract performance notice has been issued to an independent provider in relation to their unauthorised use of Patient Group Directives, including Mifepristone, for cervical preparation. The provider submitted an options appraisal to the commissioners which was considered by clinical, contracting, commissioning and quality leads from the ICB and NECS. Recommendation on the next steps were considered and accepted by the ICB Executive Board. The ICB has requested that the provider provides written assurance on a number of immediate and remedial actions, with set deadlines.



Variation	Assurance	Description
		Special cause of a concerning nature where the measure is significantly HIGHER . This occurs where there is higher pressure in the process or deteriorating performance. This process is not capable. It will FAIL the target without process redesign.
		Special cause of a concerning nature where the measure is significantly HIGHER . This occurs where there is higher pressure in the process or worse performance. However despite deterioration the process is capable and will consistently PASS the target.
		Special cause of a concerning nature where the measure is significantly HIGHER . This occurs where there is higher pressure in the process or worse performance. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Special cause of a concerning nature where the measure is significantly LOWER . This process is not capable. It will FAIL the target without process redesign.
		Special cause of a concerning nature where the measure is significantly LOWER . However the process is capable and will consistently PASS the target.
		Special cause of a concerning nature where the measure is significantly LOWER . This process will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.
		Common cause variation, no significant change. This process is capable and will consistently PASS the target.
		Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

Variation	Assurance	Description
		Special cause of an improving nature where the measure is significantly HIGHER . This process is still not capable. It will FAIL the target without process redesign.
		Special cause of an improving nature where the measure is significantly HIGHER . This process is capable and will consistently PASS the target.
		Special cause of an improving nature where the measure is significantly HIGHER . This process will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Special cause of an improving nature where the measure is significantly LOWER . This process is still not capable. It will FAIL the target without process redesign.
		Special cause of an improving nature where the measure is significantly LOWER . This process is capable and will consistently PASS the target.
		Special cause of an improving nature where the measure is significantly LOWER . This process will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Special cause variation where UP is neither improvement or concern
		Special cause variation where DOWN is neither improvement or concern

Quality exceptions and concerns including CQC visits

Performance

Risks, Actions and Identified Learning

STSFT

Unannounced CQC Inspection: There was an unannounced inspection visit to the Trust in June 2022 and a well-led assessment in August 2022. The CQC process remains ongoing and as yet there is no date on when the inspection report will be released.

CQC inspection: Report will be published in due course.

Maternity: The Midwifery Led Birthing Unit (MLBU), which was temporarily closed earlier in the year, reopened from 1 November 2022. Bookings between then and late January 2023 have all been transferred to Sunderland Royal Hospital owing to choice and clinical reasons however the unit is an option for new bookings. Staffing pressures remain due to sickness absence and further midwifery recruitment is underway.

Maternity: The work is on track with the proposal for a Director of Midwifery role and a Consultant Midwife post has been agreed. The enhanced surveillance of maternity services was able to be stood down in October 2022 owing to the level of assurance gained.

Staff flu vaccinations: As of December 2022, there has been poor performance regarding staff flu vaccination uptake. This is in part related to issues with NHS Professionals who were initially being used to support the campaign.

Staff flu vaccinations: The Trust has an improvement plan underway to increase the roll out and uptake of staff flu vaccinations.

NTHFT

CQC inspection Report (published September 2022): An overall rating of 'requires improvement' was awarded. The Safe, Effective and Well-led domains were all rated 'requires improvement' and the caring and responsive domains were rated as 'good'.

CQC inspection (published September 2022): The Trust's improvement action plan was discussed at the CQRG in December 2022 and regular progress updates will continue to be provided.

STHFT

Unannounced CQC inspection: The CQC conducted a focused inspection on a small number of wards at James Cook University Hospital and Friarage Hospital in February 2022. The CQC issued a Section 29A warning notice identifying improvements required in relation to ward-based documentation, nutrition, and hydration, MCA/DOLS and discharge. The Trust were already acting on these areas as part of its clinically led recovery from the winter Omicron surge and feedback from a follow-up visit in September 2022 was positive. The CQC undertook a further inspection in November 2022 with a well led inspection planned for January 2023. The Trust will remain within the inspection window until after this time with the final inspection report expected by March 2023.

The Trust continue to work to embed the improvements identified at the initial visit in February 2022 and awaits feedback from the ongoing visit.

NEAS

National Independent Enquiry: The Secretary of State for Health and Social Care has confirmed that the NHS will hold a full independent review into the allegations made against NEAS.

Independent Review: The planned timescale for completion of the enquiry is the end of 2022. Support continues to be offered to the Trust via the QRG, ICB and wider system.

Handover delays: A rapid process improvement workshop (RPIW) took place in November 2022 regarding handover delays, which was well attended by stakeholders. This event was led by the NENC Urgent and Emergency Care Network and facilitated by NECS colleagues. It was agreed that a different approach was needed to address the issue of handover delays and the impact on patients waiting in the community.

Handover Delays: A draft report has been prepared which includes two approaches. Firstly, NEAS crews will leave patients in the care of ED staff at 59 minutes; it is suggested that Trusts have clinical responsibility for patients starting at 15 minutes from arrival (i.e., handover timescale target). Secondly, cohorting of patients in ED which will enable NEAS crews to be released sooner; the plan for this is under development and the system-risk posed by this approach is accepted. The ICB Chief Executive has requested to meet with all Trusts regarding the plan and a 'go live' date is to be confirmed.

Quality exceptions and concerns including CQC visits

	Performance	Risks, Actions and Identified Learning
CNTWFT	18 Week Waiters: there has been an increase in patient waiting longer than 18 weeks to be seen in the Older Persons Services and Children and Young People Services.	Localities have committed to meeting quality standards by the end of Q4 2022/23 which includes a focus on underperforming contract requirements. The Access and Waiting Times group has taken on more of a performance management role and an updated reporting proforma has been developed for localities to highlight issues and provide key action points for areas of improvement. Localities provide monthly updates on key deliverables and issues.
TEWVFT	<p>Patient Safety team: there are staffing pressures within the patient safety team, there has been three full time reviewers leave in a short period of time. There are currently 40 unallocated Serious Incident Reviews.</p> <p>Quality Board and Governance: The Quality Improvement Board has been meeting regularly to support the Trust with the risks identified within the organisation, further discussions have taken place to understand if an operational group is required to discuss operational issues within the Trust. NECS, NHS England and TEWVFT are going to meet to discuss all the current meetings in place and the scope of each one to highlight if there are any gaps.</p>	<p>Patient Safety team: The Trust has advertised the posts on a number of occasions, but recruitment is challenging due to low applications, applicants not having the right skills and successful applicants then being offered alternative employment. The Trust are trying to recruit from abroad and also develop a bank workforce of band 7's that could be used within the patient safety team.</p> <p>Quality Board and Governance: NECS, NHS England and TEWVFT are going to meet to discuss all the current meetings in place and the scope of each one to highlight if there are any gaps.</p>
North Cumbria Update	<p>Adult Safeguarding - a thematic review has been undertaken on the 17 domestic homicide review cases currently open and in review.</p> <p>DOLS assessments – a detailed recovery plan is being developed for the backlog of cases identified which have waited beyond 24 months for review.</p> <p>Children Looked after Service: Is in 'business continuity' due to workforce challenges.</p> <p>Asylum Seekers: A third hotel has opened in Carlisle.</p>	<p>Adult Safeguarding: The review did not identify any specific overarching themes and anticipates a review over a larger scale may yield more learning.</p> <p>DOLS assessments: This is now being escalated and added to the risk register. A more detailed separate briefing paper is being prepared.</p> <p>Children Looked after Service: An action plan is being developed by the provider to give assurance on how they will ensure that the statutory functions are prioritised during this time. The key risk areas are the growing backlog of Review Health Assessments (RHA) and lack of assurance from NCICFT to support the medical advisor role for fostering and adoption.</p> <p>Asylum Seekers: Cumbria Health on Call and Primary Care are providing health screening and the maternity service has also been asked to give support.</p>
Independent Providers	<p>Butterwick Hospices: Updated CQC (August) report for Stockton site, all domains now rated as good apart from safe which requires improvement.</p> <p>Alice House: Two serious incidents have been reported, one fall which resulted in a fracture, and another was a perforated bowel post PEG insertion. Both are currently in the SI process and waiting to be presented at panel. There are ongoing medical staffing vacancies, which appears to reflect the national shortage of palliative care specialists across both medicine and nursing.</p> <p>BPAS Middlesbrough CQC Inspection: The CQC undertook a comprehensive unannounced follow-up inspection of BPAS Middlesbrough in April 2022 and conditions imposed on the providers registration in respect of regulated activities remained.</p> <p>BPAS Patient Group Directives (PGD) for Cervical Preparation: A Contract Performance Notice (CPN) covering all services commissioned by the ICB has been issued to BPAS. This was in response to concerns around their unauthorised use of PGDs, including the use of Mifepristone for cervical preparation, which is not legally permitted.</p>	<p>Butterwick Hospices: The provider continues to meet with the ICB on a regular basis in contract and recovery meetings to discuss overarching service improvement plan.</p> <p>Alice House: Both are currently in the SI process and waiting to be presented at panel.</p> <p>BPAS Middlesbrough: has undertaken an extensive improvement programme and have completed the required actions outlined within the CQC improvement plan. This has been communicated with the CQC and a formal request to review the conditions placed on the provider has now been submitted. Regular contract and quality meetings continue.</p> <p>BPAS: Tees Valley ICB representatives met with BPAS, and it was agreed that they would provide an options appraisal to the commissioners for consideration, which has now been received. This was considered by clinical, contracting, commissioning and quality leads from the ICB and NECS, and recommendations on the next steps were considered and accepted by the ICB Executive Board. The ICB has requested written assurance from BPAS on a number of immediate and remedial actions, with set deadlines. Once received this will be considered and if appropriate the CPN will be withdrawn/closed. BPAS has confirmed they are working at pace to implement the use of Patient Specific Directions (PSD) for the use of cervical preparation in their systems and teams, with a go live date of 20 December 2022.</p>

Quality - North and North Cumbria



Indicator	Value	NCIC				Northumbria				NuTH				Gateshead FT			
		Traj.	Var	Ass.	Value	Traj.	Var	Ass.	Value	Traj.	Var	Ass.	Value	Traj.	Var	Ass.	
Quality - Serious Incidents	Proportion of incidents submitted within 60 days - November 2022	50%				20%				52.2%				0%			
	Proportion of incidents reported within 2 days - November 2022	100%				85.7%				63%				100%			
	Number of Serious Incidents reported - November 2022	3				7				27				4			
	Number of Serious Incident Never Events reported - November 2022	0				0				0				0			
Quality - Mortality	Summary Hospital-level Mortality Indicator (SHMI) value - July 2022	1.1015				0.956				0.9149				0.9353			
Quality - HCAI	Incidence of P. aeruginosa - October 2022	2	1			1	1			5	3			0	1		
	Incidence of MSSA - October 2022	5				5				12				2			
	Incidence of MRSA - October 2022	0	0			0	0			0	0			0	0		
	Incidence of Klebsiella spp - October 2022	3	2			2	4			9	13			4	2		
	Incidence of E Coli - October 2022	7	8			5	11			17	17			4	6		
	Incidence of C Difficile - October 2022	7	4			9	4			20	14			1	3		

Indicator	Value	NCIC				Northumbria				NuTH				Gateshead FT			
		Traj.	Var	Ass.	Value	Traj.	Var	Ass.	Value	Traj.	Var	Ass.	Value	Traj.	Var	Ass.	
Quality - Staff	Staff Absence Rate - July 2022	6.4%				6.8%				6.7%				6.2%			
	Staff Turnover Rate - August 2022	1.4%				1.4%				1.5%				1.6%			
Quality - Friends and Family	Proportion of service users that would recommend Community Health Services - October 2022	97.9%				93.2%				92.1%				100%			
	Proportion of service users that would recommend Emergency Department - October 2022	75.2%				82.6%				85.7%				70.4%			
	Proportion of service users that would recommend Inpatient Services - October 2022	98.7%				93.6%				97.4%				94.6%			
	Proportion of service users that would recommend Maternity Services - October 2022	50%				66.3%				89.3%				0%			
	Proportion of service users that would recommend Mental Health Services - October 2022					87.5%								100%			
	Proportion of service users that would recommend Outpatient Services - October 2022	98.8%				95.4%				97.2%				93.3%			



Quality - Central and South

Indicator	Value	STSFT				CDDFT				NTHFT				STHFT			
		Traj.	Var	Ass.	Value	Traj.	Var	Ass.	Value	Traj.	Var	Ass.	Value	Traj.	Var	Ass.	
Quality - Serious Incidents	Proportion of incidents submitted within 60 days - November 2022	66.7%				0%				0%				14.3%			
	Proportion of incidents reported within 2 days - November 2022	100%				100%				66.7%				85.7%			
	Number of Serious Incidents reported - November 2022	1				4				3				14			
	Number of Serious Incident Never Events reported - November 2022	0				0				0				1			
Quality - Mortality	Summary Hospital-level Mortality Indicator (SHMI) value - July 2022	1.1085				1.1141				0.9919				1.0715			
Quality - HCAI	Incidence of P. aeruginosa - October 2022	4	2			0	1			3	1			1	1		
	Incidence of MSSA - October 2022	10				6				1				2			
	Incidence of MRSA - October 2022	0	0			0	0			0	0			1	0		
	Incidence of Klebsiella spp - October 2022	4	4			5	3			2	2			4	4		
	Incidence of E Coli - October 2022	16	10			3	9			5	6			12	12		
	Incidence of C Difficile - October 2022	14	5			4	5			7	4			18	9		
Quality - Staff	Staff Absence Rate - July 2022	5.9%				6.9%				6.9%				6.8%			
	Staff Turnover Rate - August 2022	1.2%				1.5%				1.1%				1.3%			
Quality - Friends and Family	Proportion of service users that would recommend Community Health Services - October 2022	100%				100%				95.1%				99.1%			
	Proportion of service users that would recommend Emergency Department - October 2022	75%				82.5%				71.6%				77.9%			
	Proportion of service users that would recommend Inpatient Services - October 2022	95.3%				95.5%				89.4%				97.4%			
	Proportion of service users that would recommend Maternity Services - October 2022	87%				99%				85.7%				91.4%			
	Proportion of service users that would recommend Mental Health Services - October 2022	95.6%															
	Proportion of service users that would recommend Outpatient Services - October 2022	95.2%				98.1%				95%				95.6%			



	Indicator	NEAS				TEWV				CNTW			
		Value	Traj.	Var	Ass.	Value	Traj.	Var	Ass.	Value	Traj.	Var	Ass.
Quality - Serious Incidents	Proportion of incidents submitted within 60 days - November 2022					0%				60%			
	Proportion of incidents reported within 2 days - November 2022	100%				100%				100%			
	Number of Serious Incidents reported - November 2022	5				5				2			
	Number of Serious Incident Never Events reported - November 2022	0				0				0			
Quality - Staff	Staff Absence Rate - July 2022	9.1%				6.5%				7.3%			
	Staff Turnover Rate - August 2022	1%				1.1%				1.1%			
	Quality - Friends and Family	Proportion of service users that would recommend Mental Health Services - October 2022					92.7%				85.4%		

Performance

Healthcare Associated Infections (HCAI) (published data – October 2022)

MRSA: STHFT reported 1 MRSA (hospital onset) case. This brings the year to date (YTD) total across the region to n=5 including 4 hospital onset (NHCFT, NuTHFT, STSFT and STHFT) and 1 community-onset (STHFT).

C Difficile Infection: YTD 412 cases have been reported across the region, with four Trusts (NHCFT, CDDFT, STSFT, STHFT) exceeding their YTD national thresholds.

E. Coli: YTD 576 cases have been reported across the region, with five Trusts (NuTHFT, NCICFT, STSFT, CDDFT NTHFT) exceeding their YTD national thresholds.

MSSA: YTD 250 cases have been reported across the region. NuTHFT is the highest reporter (64 cases).

Klebsiella spp: YTD 265 cases have been reported across the region. Six Trusts (GHFT, NHCFT, NCICFT, STSFT, STHFT, NTHFT) are exceeding their YTD national thresholds.

P. Aeruginosa: YTD 77 cases reported across the region. Two Trusts (NuTHFT, NTHFT) are exceeding their YTD national thresholds.

Risks, Actions and Identified Learning

All providers are signed up to a set of principles for the management of Covid Infection, Prevention and Control (IPC), and there is a systemwide approach to antimicrobial resistance (AMR).

STHFT - Regular Trust panels are held to discuss cases in more detail and identify learning, of which the place-based commissioners are involved. Following prolonged discussion and planning the Trust is undertaking fogging across all wards. Monitoring and surveillance of primary care prescribing continues.

NuTHFT - the Gram-Negative Bacteraemia Blood Stream Infections (GNBSI) Steering Group continues to monitor and review a wide range of ongoing Quality Improvement (QI) projects. The Trust's IPC team were recently awarded the Infection Prevention Society national gold award for their initiative to reduce glove use and support hand hygiene, which has maintained a significant reduction in glove use.

CDDFT - as part of their overall HCAI reduction plans for C-Difficile and Carbapenamase-Producing Enterobacteriaceae a full mattress and pillow audit was to be completed in September/October 2022 due to concerns of potential contamination. The audit at University Hospital of North Durham (UHND) is now complete, with 50 mattresses being changed. The audit at Darlington Memorial Hospital and Bishop Auckland Hospital has not yet been completed.

STSFT - Combined South Tyneside/Sunderland place based HCAI/AMR action plan is in place and the Trust is operating a business-as-usual process for the management of E. Coli, C. Difficile and MRSA. NENC AMR/HCAI Board are aware of increasing activity of C. Difficile and consideration is being given to support an approach. The place-based Directors of Nursing have escalated to the Chief Nurse, the need for a NENC system wide approach to address increasing GNBSI and C. Difficile activity. In the meantime, central areas IPC teams are promoting and offering educational work in the community around C. Difficile and E. Coli and are also raising awareness about other seasonal infections.

Never events continue to be monitored via the serious incident management processes. STHFT remains in quality escalation in relation to never events and has undertaken a thematic review of incidents to identify wider organisational learning. Progress against the findings and recommendations from the thematic review is to be presented at the next QRG.

Regular discussion on SI performance takes place at all Trust QRG meetings and commissioner SI panels to gain assurance there are processes in place to manage the backlog of any cases.

STHFT LTFU Theme: A programme of improvement work has commenced to address themes including staffing pressures, diagnostic reporting processes, incident identification and reporting. This has been included in the Trust Recovery Program and a report has been prepared which is currently going through the Trust internal governance processes. The report is expected in January 2023.

CDDFT Electronic Patient Record (EPR) System: Since EPR go live there has been a recognised generic issue where patient discharge letters/ED discharge letters have not been sent to GPs. Over recent weeks continued work, support and training has been undertaken by the Trust to remove this error and ensure the correct discharge workflow has been followed. Examples of this include inpatient/outpatients, and the recording of deaths. Multiple efforts have been made to work through outstanding discharges to ensure GPs have updated patient information and documentation following a patient discharge. The Trust reported this as a SI in December 2022.

NTHFT Deteriorating patient The Trust continues with the Deteriorating Patient Steering Group and improvement work. The Trust has a number of SI's which have involved patients with Autism, as part of their action plan they are reviewing the potential of becoming a pilot site for the 'Worries and Concerns' initiative. They have employed two Deteriorating Patient Specialist nurses to implement the improvement work.

Never Events

NENC ICS year to date (YTD) total n=15 as at 30.11.2022

STHFT reported a further never event in November 2022 involving wrong site surgery (8th and 9th rib sutured in error as opposed to 9th and 10th rib). YTD the Trust has reported 6 never events.

Serious Incident (SI) reporting (September 2022)

2-day reporting: Four Trusts (NuTHFT, NTHFT, NHCFT and STHFT) were outside the 95% threshold for reporting serious incidents within two days of identification.

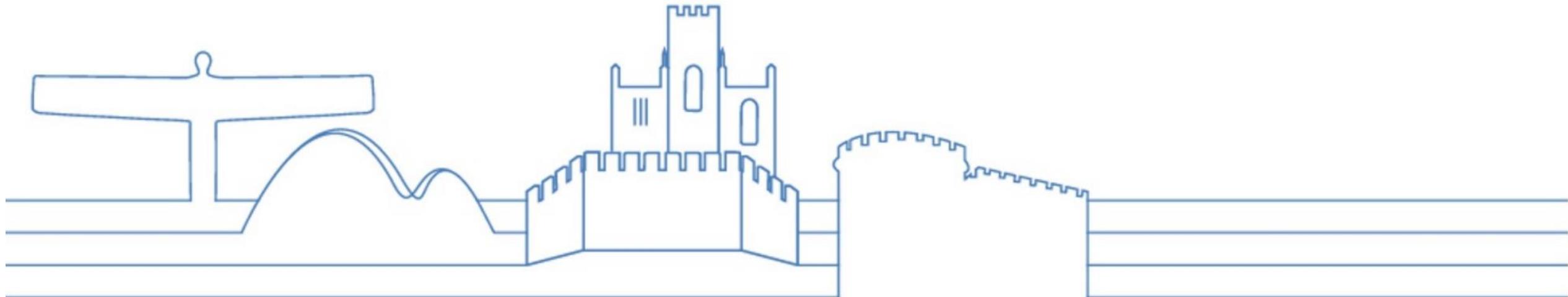
60-day reporting: The 60-day timeframe is no longer a requirement under SI framework/Patient Safety Incident Response Framework (PSIRF). The timeframe was suspended at the start of the pandemic and has since been permanently removed. However, timescale remains in place as a measure for monitoring submission of reports.

Performance

Risks, Actions and Identified Learning

NHS Sickness Absence Rates	Ten Trusts were above the England average for July 2022 (6.05%). Workforce pressures continue due to sickness absence and vacancies, although some improvement has been seen.	A range of measures are in place to ensure operational challenges are managed, safe staffing levels are in place and support is being offered to staff to maintain their health and wellbeing. Safe staffing updates are provided at QRG meetings.
Outstanding Patient Safety Alerts Open on Central Alerting System (CAS) -- December 2022	One Trust (STHFT) is showing with an outstanding patient safety alert open on the national CAS system. This relates to 'NatPSA/2022/009/MHRA Prenoxad 1mg/ml Solution for Injection in a pre-filled syringe, McCarthy's Laboratories, (Aurum Pharmaceuticals Ltd), caution due to potential needles in sealed kits', which was issued on 10.11.22 with a completion date of 17.11.22.	This will be raised with the Trust to seek assurance that the alert has been actioned and closed.
Mortality – Summary Hospital-level Mortality Indicator (SHMI)	All Trusts are showing within the 'expected range' of deaths for SHMI. As previously reported STSFT was showing as an outlier for this measure, however this position has improved. STSFT SHMI data for the 12-month period August 2021 to July 2022 is now within the expected range with a value of 110.85 and remains on a reducing trend. This is anticipated to reduce further once the hospice data is excluded from their SHMI data.	
Family and Friends Test	GHFT: A drop in FFT recommendation score for A&E has been noted this month. NTHFT: A drop in FFT recommendation score for inpatients and A&E has been noted this month. NHCFT and NuTHFT: A drop in FFT recommendation score for community services has been noted this month. CNTWFT: A drop in FFT recommendation score for mental health services has been noted this month.	Trusts continue to monitor positive and negative comments received via FFT on a regular basis to ensure that issues or concerns are acted upon to reduce the recurrence of similar issues in the future.

Performance



Performance

Primary Care

- GP appointment levels at pre-pandemic levels continue to increase, with a total of 1.7m during October 22 which is within planned trajectory for October and a marked increase on September (1.5m).
- DNAs as a proportion of all appointments remain high at 5.5% in October, an increase on September (5%) but below the national rate (5.9%).
- Practices routinely offering face to face appointments where clinically necessary and they continue to increase, up to 75.3% of total appointments delivered in October. This exceeds the level nationally at 70.1%

Urgent and Emergency Care (UEC)

- Pressures due to high level of attendances, high bed occupancy and delays with social care discharges continue resulting in sustained pressure on UEC pathways. High levels of medically optimised patients is an ongoing feature across the system. NENC system is working hard to increase capacity and operational resilience ahead of winter with a continued focus on ambulance performance and response and discharge.
- Ambulance Response times continue to be a pressure although NEAS is meeting C1 mean and 90th Centile for November. Cat 2 mean and 90th percentile standards continue to not be met although November performance has improved from 57:34 in October to 49m:18 in November. This is higher than the national however, which has also significantly improved in November to 41:21.
- Handover delays continue, resulting in 98.9 average hours lost per day across NENC as at December 2022 compared to a target of 60.9. 80.1% of handovers took place under 30 minutes compared to a 95% standard, and 88.8% of handovers were under 60 minutes in December 2022 (expected standard of zero >60 mins). It should be noted that only 65.3% of ambulance arrivals with a handover time were recorded in NENC which will skew the data.
- Although not meeting the 95% standard, NENC performance is performing favourably compared to the national for November (all types) at 72.9%, compared to 61.4% nationally.
- Patients waiting in A&E more than 12 hours following decision to treat has increased significantly from to 1106 in October to 1393 in November. The % of patients waiting longer than 12 hours from arrival to discharge is above the 2% standard for September at 3% in NENC.
- Patients who no longer meet the criteria to reside and whose discharge is delayed is at 7.6% compared to the target level of 9.2% in NENC in October. Pressures with social care discharges continue to creating considerable pressure.
- Type 1 General and Acute bed occupancy remains high and has increased significantly to 91.5% in November. This is above the 85% national expectation, and above the operational plan level in NENC.

Elective Care

- The total number of patients on the waiting list continues to grow, exceeding the operational plan trajectory for October 22 and is at an all-time high for NENC at 327,379. More recent weekly unvalidated data shows a further increase in waiting list size across NENC from 344,489 (w/e 30 Oct) to 353,345 w/e 4 December).

There were 23 104+ week waiters as at end of October 2022, the key pressure are being spinal patients at Newcastle upon Tyne Hospitals NHS FT . This is within the planned level for NENC (48 plan). The Trust continues to manage patients and seek additional capacity including through the independent sector (IS) providers. It is anticipated that this level will be at 22 by the end of March 2022. It should be noted that more recent unvalidated data has shown this to have increased to 27 w/e 4th December, with 1 at NCIC, in addition to those spinal patients at NUTH. This has been impacted by a national shortage of blood products.

- 78+ waiters are increasing in NENC after a continual reduction over recent months and are now above planned levels in October (896 compared to 419 plan). The majority of 78+ waiters are at NUTH, with a proportion at South Tees, and CDDFT in addition. More recent unvalidated weekly data shows a continued increase across NENC to data 1005 (w/e 4 Dec).
- 52+ week waiters continue to increase and are above planned levels, this is the sixth consecutive monthly increase observed. Of the 8467 in total as at the end of October, the majority were at NUTH, followed by South Tees, and CDDFT. Pressures exist across high volume specialties at NUTH including T&O, Dermatology, Ophthalmology and Plastic Surgery. The plan is expected to maintain this level through to March 2022 with a significant focus at NUTH on 78+ waiters. More recent unvalidated weekly data shows a further increase in NENC to 9451 (w/e 4 Dec).
- Diagnostics >6 week performance for the 15 key diagnostic tests is relatively stable across NENC and continues below the requirement for 1% of patients to wait longer than 6 weeks, with 17.2% patients waiting over 6 weeks for a diagnostic test in October 2022 compared to 27.5% nationally. Key pressure areas include Echo-cardiography, Endoscopy and Audiology.

Performance

Cancer

- NENC are currently achieving the faster diagnosis standard for October 22 which stands at 75.6% v the 75% target, a slight improvement since September. This compares favourably to the national performance (68.5%). Variation between Trusts exists with highest performance at CDD FT (88.7%) and Gateshead at 81.2% and lowest at NCIC (64.8%).
- 31 day treatment standard and the 62 days referral to treatment standards are not currently being met. Currently 59.8% patients waiting longer than 62 days compared to the 85% standard in NENC, this is a deteriorating position and is slightly below the national at 60.3% for October. Variation between Trust 62 day performance ranges from 73.5% at Northumbria HC to 45.3% at NUTH.
- South Tees, North Tees, NUTH, and North Cumbria have recently submitted revised trajectories for monitoring against the proportion of patients on cancer PTLs waiting longer than 62 days. There is current focus for Trusts on cancer performance through tier 1 & 2 cancer meetings at NUTH, North Tees and Hartlepool and NCIC FTs.

Mental Health

Please note Mental Health data has not been updated this month due to changes with the NHSE Publication.

- IAPT % waits greater than 90 days is above the 10% standard in NENC and continues to increase to 37.89%
- Patients accessing IAPT services is below plan
- Dementia Diagnosis rate is at 65.3% as at August, below the trajectory of 66.1%
- Proportion of people on SMI register receiving a full Health check continues to increase towards the end of year standard and is currently on plan.

Learning Disabilities and Autism:

- Reducing Reliance on IP care trajectories are on track overall for September, with a total of 146 patients in IP care, working towards no more than 71 adults in NENC by 2023/24.
- Learning Disability Health checks is a cumulative target and as at August YTD NENC has completed 24% of the register which is a 20% increase on this time last year.

Performance

Overview

The allocation of providers to tiers in relation to their elective and cancer backlog positions is a relatively new process initiated by NHS England. Trusts who are placed in Tier 1 will have regular (usually fortnightly) escalation meetings initiated by the NHS NEY Regional Team. For trusts placed in Tier 2 similar meetings will be initiated by the ICB. The ICB will work with colleagues from the Regional Team to ensure these meetings are arranged to include all the relevant parties and focussed on identifying and deploying high-quality support to aid rapid performance improvement.

In NENC the following Trusts are in Tiers 1 and Tier 2:

Tier 2

North Cumbria – Cancer

- North Cumbria Integrated Care NHS FT - Notable progress continues in the cancer 62 day backlog and following review the trust has been moved from Tier 1 into Tier 2 escalation.
- the trust has a range of actions in place linked to validation, pathways and diagnostics
- NHS England has allocated funds to the Northern Cancer Alliance to support NCIC in implementing rapid improvement plans for diagnostics and histopathology

Tier 2

Newcastle – Cancer & Elective

- Tier 2 cancer and elective escalation; meeting chaired by ICB Executive Director of Place with NHS E, ICB and trust representation
- the trust has implemented and sustained a range of improvements linked to validation, pathways and diagnostics
- the trust has a number of initiatives to increase capacity including the opening of the day treatment centre in September and maximising use of the independent sector in particular for dermatology
- some progress has been made in reducing the cancer 62 day backlog
- there has been a sustained and significant reduction in the number of people waiting beyond 104 weeks for elective procedures, complex spinal procedures being the remaining area of pressure. This has slightly increased however over recent weeks due to a national blood products issue impacting planned procedures which has now been resolved.
- there is a growing pressure of over 78 week waits demonstrated by more currently weekly unvalidated data. Dermatology, Orthopaedics and Spinal are key areas of risk.

County Durham and Darlington - Elective

County Durham and Darlington NHS FT is under enhanced national surveillance due to the 78+ week waiters reduction being behind plan. The Trust anticipate 78+ week waiters to peak at the end of December before reducing in Q4. NHS E has confirmed that the trust will be moved into Tier 2 escalation to support recovery with the first meeting in January.

Non-Tiered

North Tees & Hartlepool NHS FT had moved into Tier 2 escalation for cancer and the first support meeting was held on 16 December and positive improvement was demonstrated to the extent that the trust has now been moved out of Tier 2.

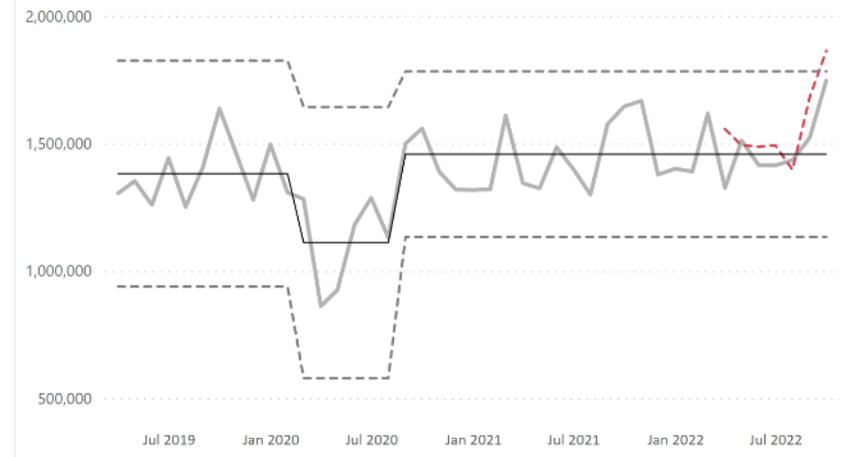
South Tees has been stepped down from Tier 2 for Cancer

Primary care

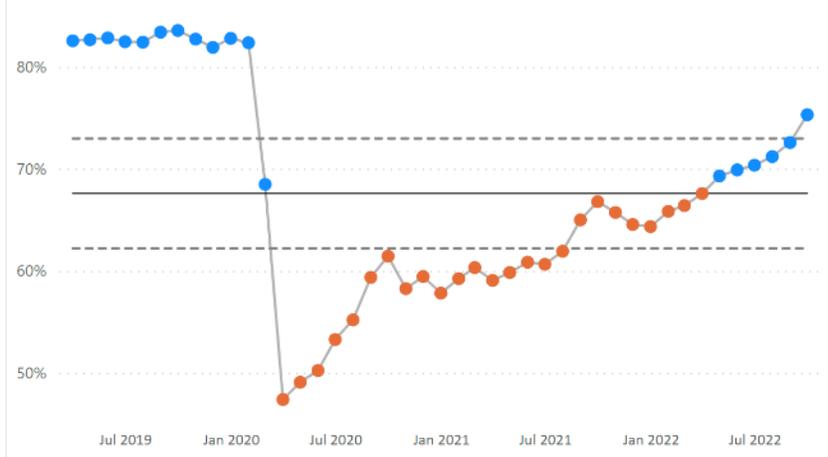
Metric	Latest date	Value	National Target	Variation	Assurance
Primary Care Attends	Oct-22	1650317		🟢	
Primary Care Appointments	Oct-22	1747249	1863570	🟡	🟡
Primary Care Appointments % DNA	Oct-22	5.5%	5.9%	🟡	
Proportion of primary care appointments delivered face to face	Oct-22	75.3%	70.1%	🟢	
Percentage of 111 calls abandoned	Dec-22	37.1%	3%	🟡	🟡

Target - - - - -

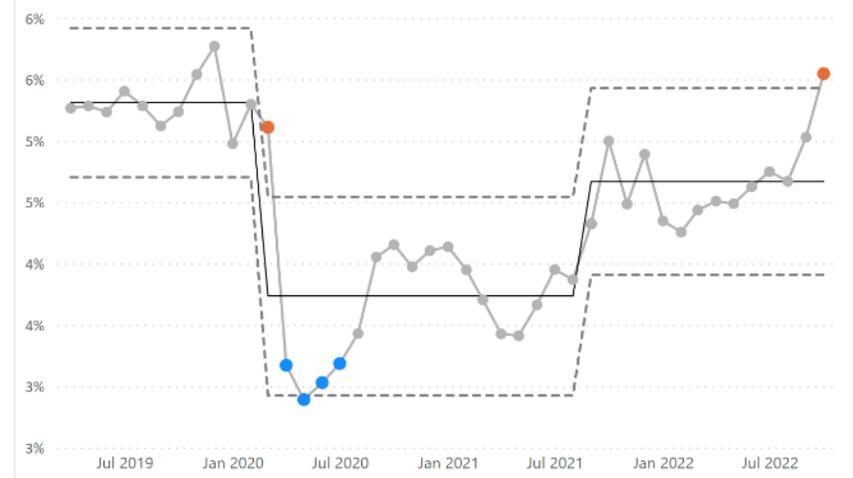
Primary Care Appointments: TOTAL



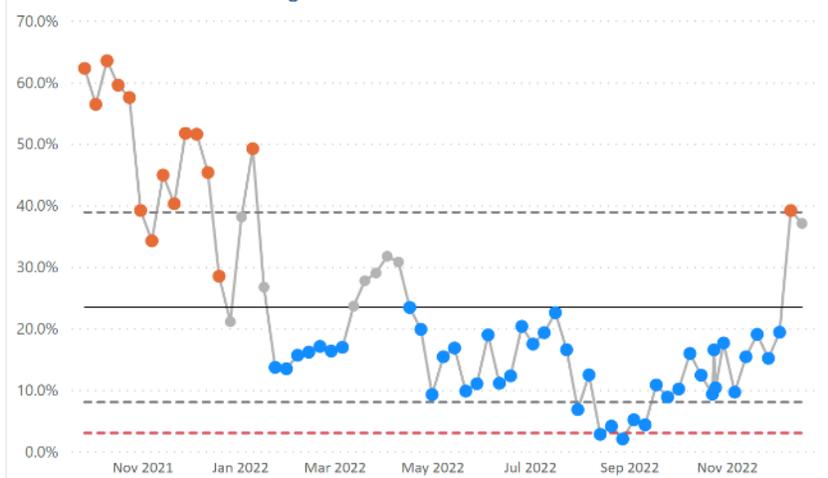
Proportion of primary care appointments delivered face to face: TOTAL



Primary Care Appointments % DNA: TOTAL



Percentage of 111 calls abandoned: TOTAL



Performance

Increased and continued patient demand for all primary care services.

- GP appointment levels at pre-pandemic levels continue to increase, with a total of 1.7m during October 22 which is within planned trajectory for October and a marked increase on September (1.5m).

- DNAs as a proportion of all appointments remain high at 5.5% in October, an increase on September (5%) but below the national rate (5.9%).

- Practices routinely offering face to face appointments where clinically necessary and they continue to increase, up to 75.3% of total appointments delivered in October. This exceeds the level nationally at 70.1%

- Practices and PCNs supported to review their Health Inequalities

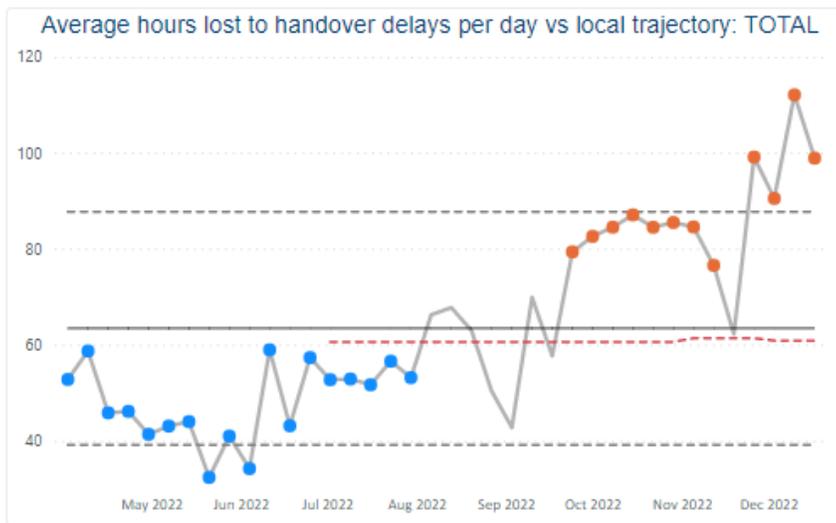
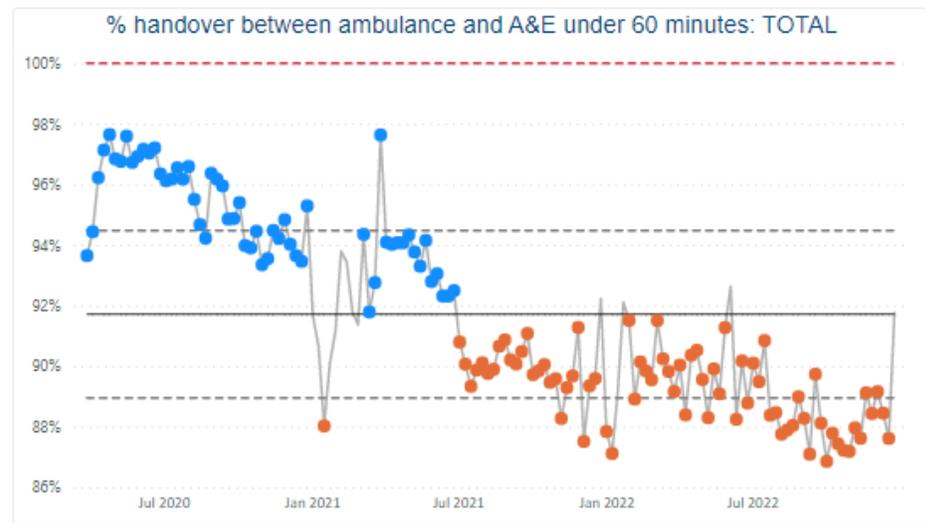
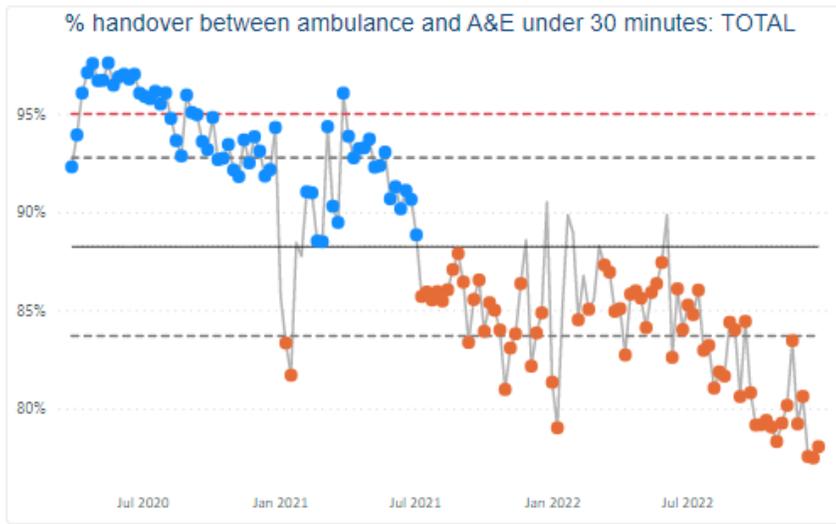
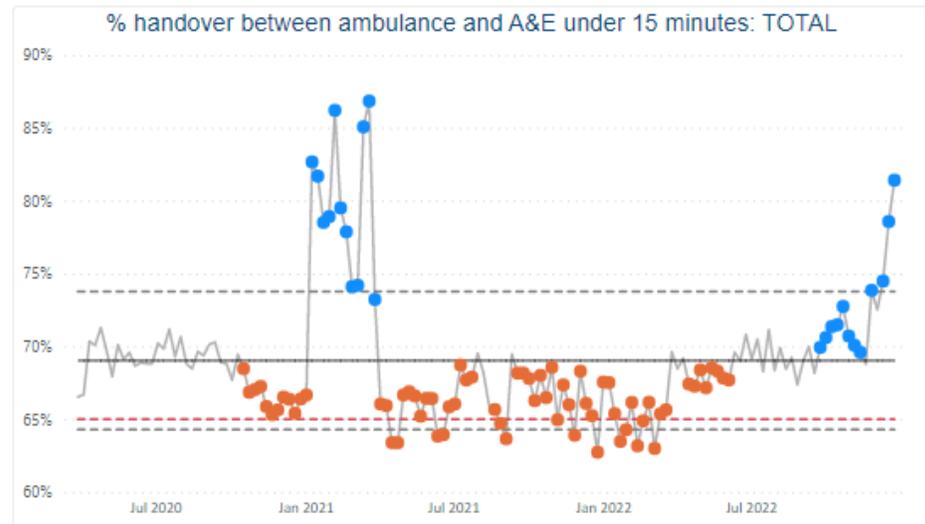
- The percentage of 111 calls abandoned (NEAS only) is at 9.6% in November, compared to the national threshold of 3%. Work is underway to establish a position for NWAS covering North Cumbria.



Ambulance Handover

Metric	Latest date	Value	National	Target	Variation	Assurance
Average hours lost to handover delays per day vs local trajectory	Dec-22	98.9		60.9		
% handover between ambulance and A&E under 30 minutes	Dec-22	78%		95%		
% handover between ambulance and A&E under 15 minutes	Dec-22	81.4%		65%		
% handover between ambulance and A&E under 60 minutes	Dec-22	91.8%		100%		

Target - - - - -



Performance

• NENC are working towards the following standards for ambulance handovers at our FTs: eliminating handover delays of over 60 minutes; ensuring 95% of handovers take place within 30 minutes; ensuring 65% of handovers take place within 15 minutes.

• Handover delays continue, resulting in 98.9 average hours lost per day across NENC as at December 2022 compared to a target of 60.9. 78% of handovers took place under 30 minutes compared to a 95% standard, and 91.8% of handovers were under 60 minutes in December 2022 (expected standard of zero >60 mins). It should be noted that only 65.3% of ambulance arrivals with a handover time were recorded in NENC.

• STHFT are a regional outlier for the number of Ambulance handover Delays. These delays are felt by both Ambulance Providers who utilise the JCUH site, North East Ambulance Service and Yorkshire Ambulance Service. This results in an unacceptable number of hours lost to the Ambulance Services.

Risks and Mitigations

• A rapid process improvement workshop (RPIW) took place in November 2022 regarding handover delays, which was led by the NENC Urgent and Emergency Care Network. It was agreed that a different approach was needed to address the issue of handover delays and the impact on patients waiting in the community. A draft report has been prepared which includes two approaches. The ICB Chief Executive has requested to meet with all Trusts regarding the plan and a 'go live' date is to be confirmed.

NWAS:

• Performance remains extremely variable and there are still issues at times of surge and when access to beds in the wider hospital is an issue. NCIC continues to work collaboratively with NWAS to implement fit to sit, conveyance direct to SDEC and cohorting to reduce ambulance delays to get crews back on the road quickly.

NEAS:

• Regional Acute trust visits have taken place. The visits have informed a set of recommendations to be implemented. Local improvement plans will now be developed reflective of the recommendations and other local issues. Delivery of these plans will be governed by the Urgent Emergency Care Network Board. Recommendations include developing Consistent data flows to UEC RAIDR app. An engagement exercise has commenced to seek patient public views on the implementation of an integrated Urgent Care model at the James Cook site, a QI lead into the Trusts 2 days per week and an IMPACT nurse to clinically manage up to 3 patients in the handover area. STFT are a regional outlier and delays impact both NWAS and YAS providers. Discussions are ongoing at STHFT to determine if the PIN input should be carried out by NEAS or Trust staff.

Note: % of ambulance arrivals with a handover time recorded across NENC is 65.3%

Accident and Emergency

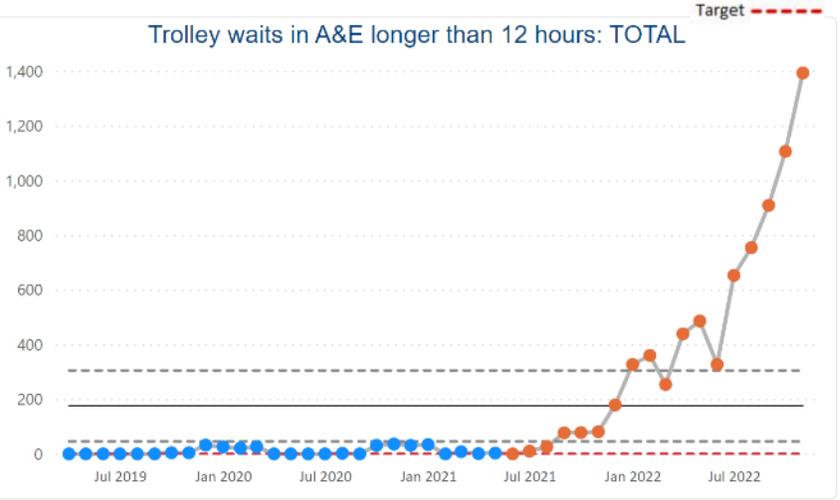
Metric	Latest date	Value	National	Target	Variation	Assurance
Mean 999 Call Answering Time (seconds)	Dec-22	53.1		20	🟢	🟡
% Patients spending 4 Hours or less in A&E	Nov-22	72.9%	61.4%	95%	🟡	🔴
A&E 4 Hours (T1 only)	Nov-22	56.7%	47.6%	95%	🔴	🔴
Trolley waits (from DTA) in A&E longer than 12 hours	Nov-22	1393		0	🔴	🔴
% A&E waits from arrival to discharge, admission or transfer longer than 12 hours	Sep-22	3%		2%	🔴	🟡

Performance

- November 22 A&E 4 hour wait performance continues to be a pressure due to volatile activity levels in the urgent care system with Type 1 performance still under significant pressure (56.7% NENC compared to 47.6% nationally)
- Although not meeting the 95% standard, NENC performance is performing favourably compared to the national for November (all types) at 72.9%, compared to 61.4% nationally.
- Patients waiting in A&E more than 12 hours following decision to treat has increased significantly from to 1106 in October to 1393 in November. The % of patients waiting longer than 12 hours from arrival to discharge is above the 2% standard for September at 3% in NENC.

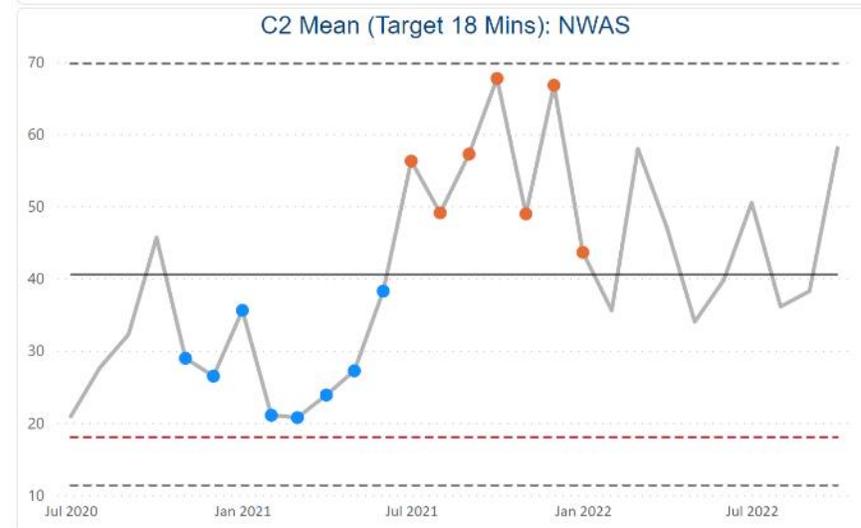
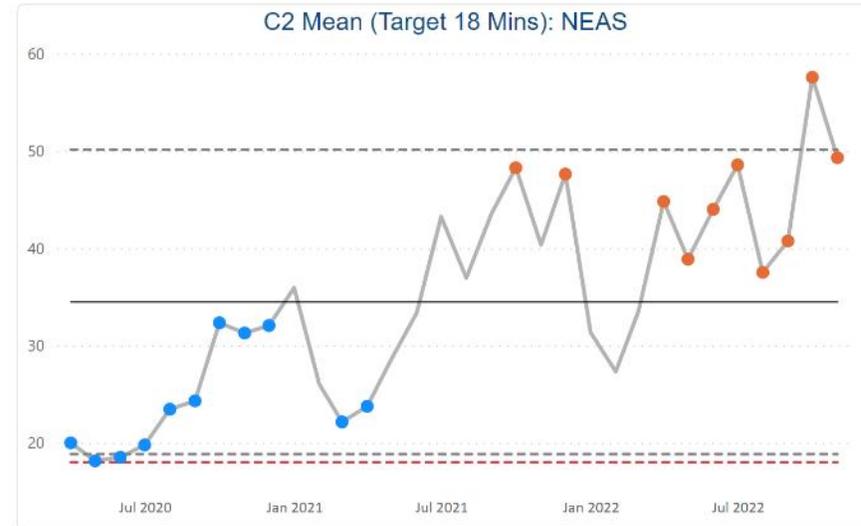
Risks and Mitigations

- Central:**
- Performance continues to deteriorate and local A&E Delivery Boards continue to focus on actions to improve flow. Winter planning sessions have taken place, but workforce challenges continue to be a concern as does the acuity of patients and the impact of mental health presentations which is impacting 12-hour trolley waits. A 7 point plan has been agreed across Sunderland and South Tyneside, work has commenced to co-locate GP OOHs within the UTC and digital streaming is being mobilised. In Durham the focus is on enhanced patient flow and extension of arrangements with discharge.
- Tees Valley:**
- The impact of challenges across the health and social care system continues to be observed at STHFT. Actions include the ECIST improvement project, and estate expansion and reconfiguration. NTHFT continue to receive a high number of ambulance divers and is reviewing the operational model.
- North Cumbria:**
- Levels of medically optimised patients remain high and the system is working with social care colleagues to mitigate this. NCIC is implementing the recommendations from the national Emergency Care Improvement Support Team (ECIST) on Ward Round improvements, Rapid Access and Treatment, additional clinical support from Cardiology and Respiratory has been introduced into the Assessment Medical Unit. Same day Emergency care (SDEC) went operational seven days a week across both sites in November.



Ambulance Response Times

Metric	Latest date	Value	National	Target	Variation	Assurance
C2 Mean (Target 18 Mins): NWAS	Oct-22	00:58:03		00:18:00		
C2 Mean (Target 18 Mins): NEAS	Nov-22	00:49:18	00:41:21	00:18:00		



Metric	Target	Value	NEAS		NWAS		
			Variation	Assur.	Value	Variation	Assur.
C1 Mean (Target 7 Mins)	00:07:00	00:07:48			00:09:19		
C1 90th Centile	00:15:00	00:13:51			00:15:54		
C2 Mean (Target 18 Mins)	00:18:00	00:49:18			00:58:03		
C2 90th centile	00:40:00	01:43:39			02:05:56		
C3 90th centile	02:00:00	06:07:42			10:42:42		
C4 90th centile	03:00:00	05:37:56			12:29:37		

Performance

- Urgent and Emergency Care (UEC) continues to be a significant pressure and NENC is working hard to increase capacity and operational resilience ahead of winter with a continued focus on ambulance performance and response.

NWAS:

- Response times for North Cumbria CCG remain challenged in October and below standard. C1 mean has been flagged a high concern and consistently failing the target. However, NWAS performance in North Cumbria continues to be notably better than other areas of the North West. C2 performance is at 58:14 for October compared to the 18 minute standard.

NEAS:

- Response times continue to be a pressure although NEAS is meeting C1 90th Centile for November. Cat 2 mean and 90th percentile standards continue to not be met with November performance improving from 57:34 in October to 49:18 in November. This no longer compares favourably to the national at 41:21 however.

Risks and Mitigations

- National work to review Category 2 calls with a focus on improving safety for patients waiting for an ambulance to ensure all patients receive the right response for their clinical presentation.
- A three-year programme to increase capacity has been identified to enable patients to be responded to in a timely manner and minimise risk to life and outcomes.
- Recruitment of additional paramedics, Clinical Care Assistants, and health advisors
- Implementation of sickness absence plan focused on mental health and wellbeing
- RPIW focussing on increasing Clinical Assessment Service across the system and increasing alternative dispositions via 2UCR.
- NWAS has recently escalated to REAP 4 for short periods with ambulance teams required to complete handovers within 15 minutes otherwise require A&E staff to complete the handover so that they can attend awaiting Cat 1 and 2 calls.



Patient Flow & Discharge

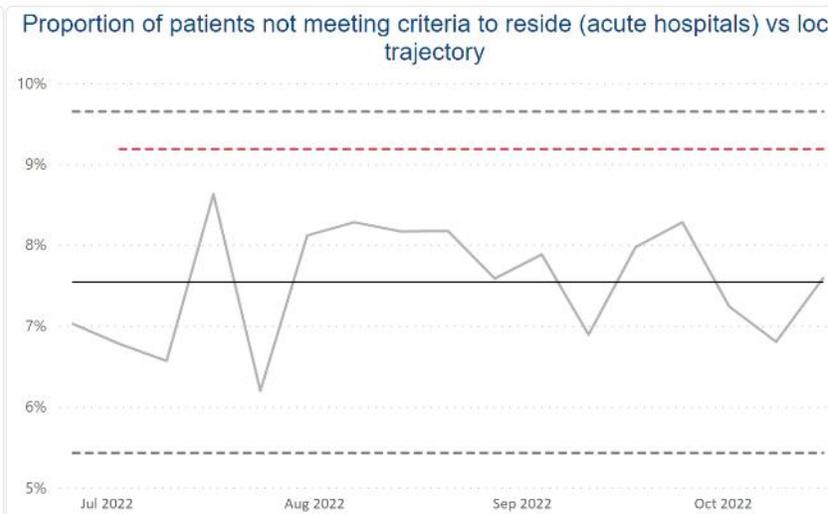
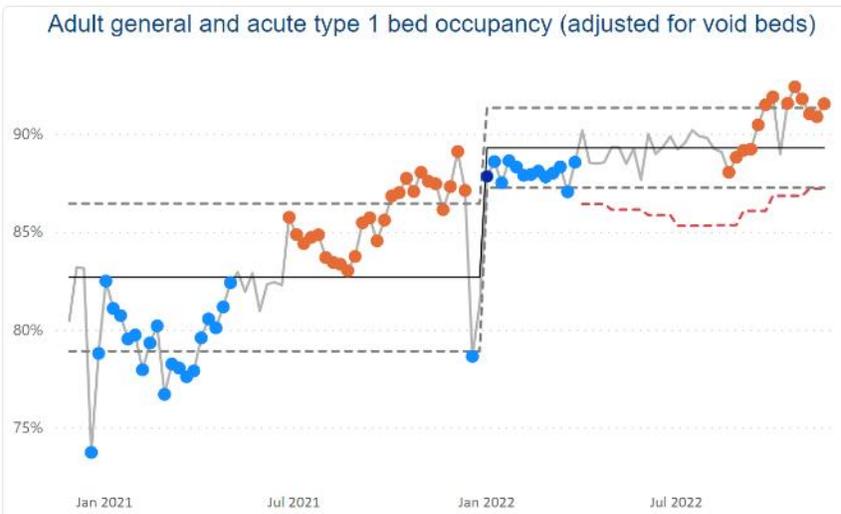
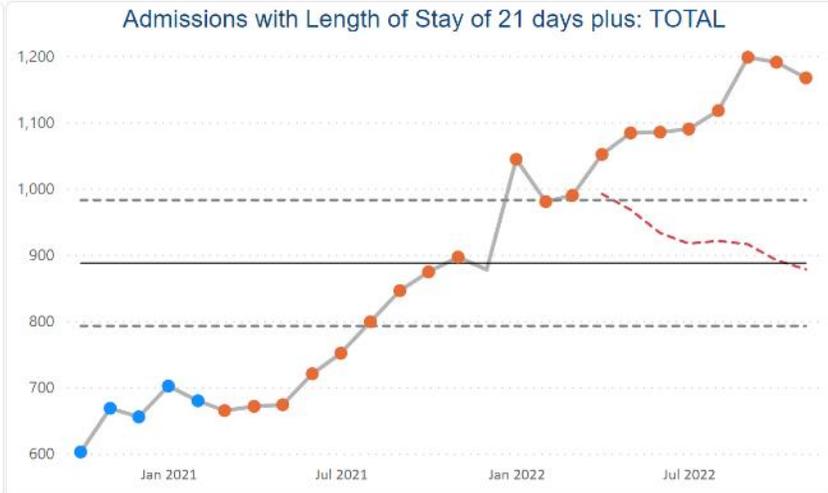
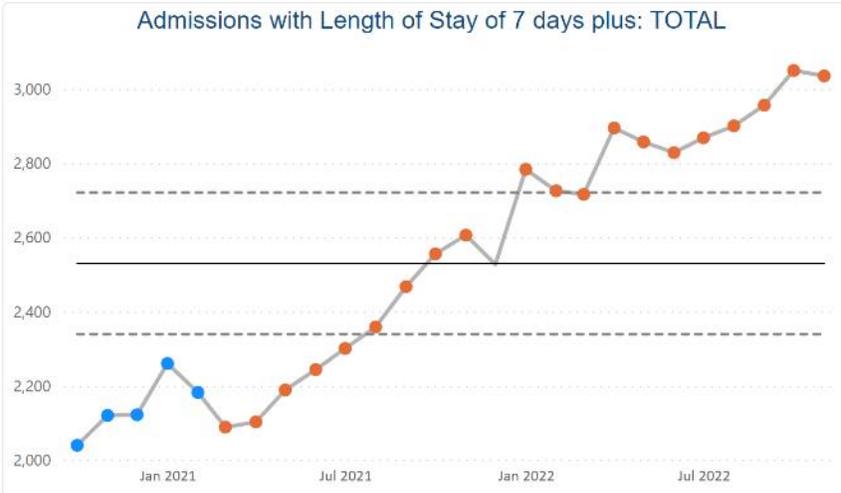
Metric	Latest date	Value	National Target	Variation	Assurance
Admissions with Length of Stay of 21 days plus	Nov-22	1167	878		
Admissions with Length of Stay of 7 days plus	Nov-22	3035.6			
Adult general and acute type 1 bed occupancy (adjusted for void beds)	Nov-22	91.5%	87.2%		
Proportion of patients not meeting criteria to reside (acute hospitals) vs local trajectory	Oct-22	7.6%	9.2%		

Performance

- Pressures due to high level of attendances, high bed occupancy and delays with social care discharges continue.
- Length of stay for patients residing in hospital over 7 and 21 days has continued to increase and is above trajectory.
- Patients who no longer meet the criteria to reside and whose discharge is delayed is at 7.6% compared to the target level of 9.2% in NENC in October. Although this has remained relatively stable since April, the pressures with social care discharges is creating considerable pressure.
- Type 1 General and Acute bed occupancy remains high and has increased significantly to 91.5% in November. This is above the 85% national expectation, and above the operational plan level in NENC.
- Trusts have recently been asked to submit updated trajectories which will be monitored locally. For the purposes of this report we will continue to monitor against the operational planning trajectories.

Risks and Mitigations

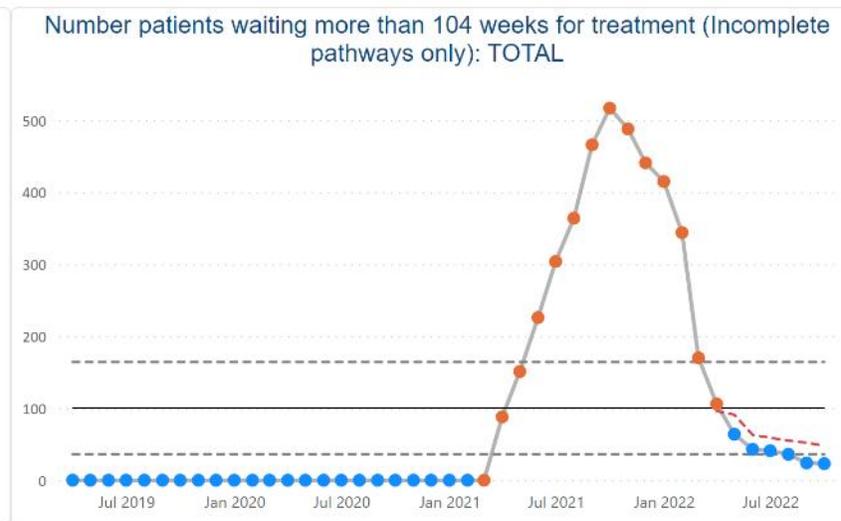
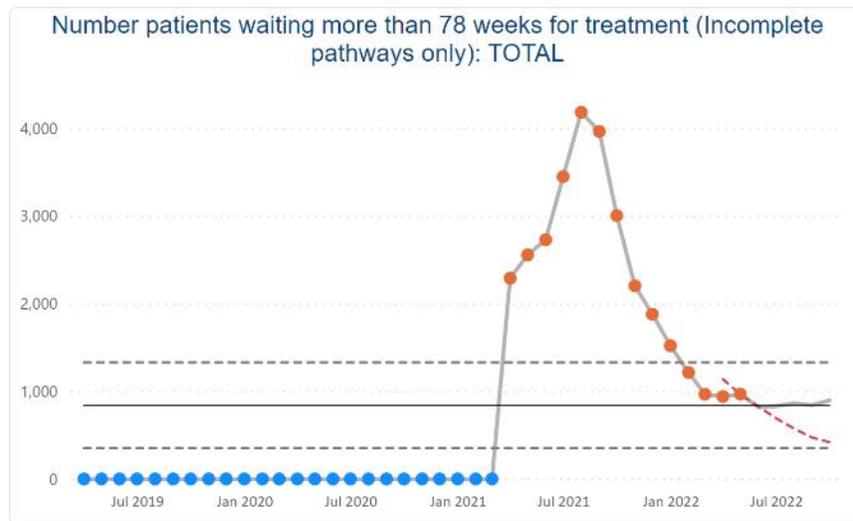
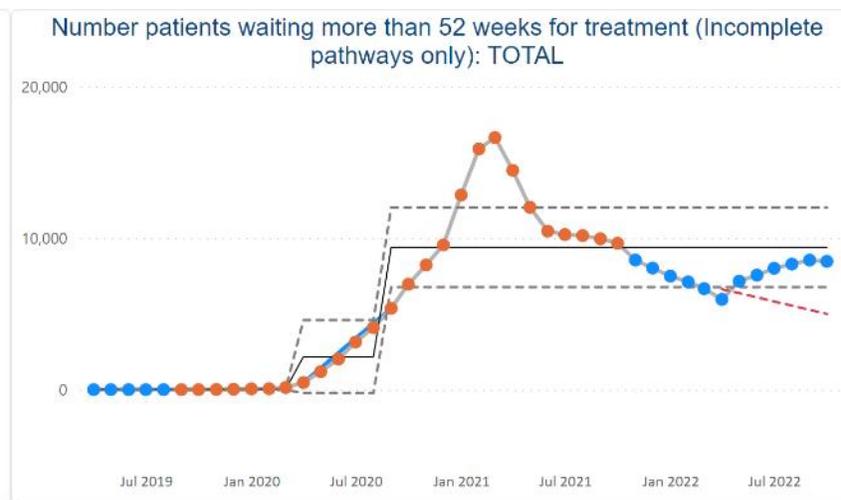
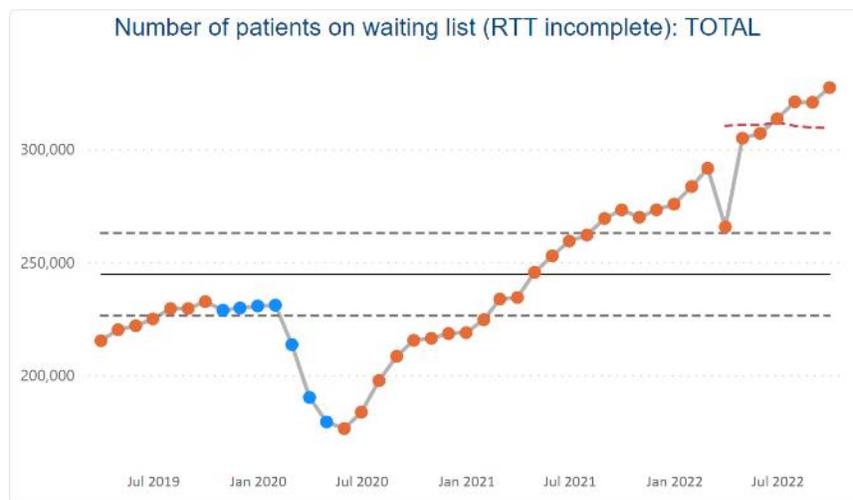
- Plans are underway to transform and build community services capacity to deliver more care at home and improve hospital discharge across NENC ICS.
- The ICS is committed to implementing new and enhancement of current virtual wards to support plans for elective recovery and improvement of UEC pathways.
- Local systems with their partners are making sure that their Urgent Crisis Response (UCR) models are part of the wider local health and care integration redesign. UCR data is being standardised across the ICS and will be included in future reports to ensure delivery of the 2 hour standard across the ICS.
- Both Virtual wards and Urgent crisis response work plan has been established together with ICS wide working groups to explore and share pathway models to standardise across the ICS.



Referral to Treatment and Long Waiters

Metric	Latest date	Value	National	Target	Variation	Assurance
Number patients waiting more than 52 weeks for treatment (Incomplete pathways only)	Oct-22	8467		4996		
Number patients waiting more than 78 weeks for treatment (Incomplete pathways only)	Oct-22	896		419		
Number patients waiting more than 104 weeks for treatment (Incomplete pathways only)	Oct-22	23		48		
Number of patients on waiting list (RTT incomplete)	Oct-22	327379		309472		

Target - - - - -



Performance

- The total number of patients on the waiting list continues to grow, exceeding the operational plan trajectory for October 22 and is at an all-time high for NENC at 327,379. More recent weekly unvalidated data shows a further increase in waiting list size across NENC from 344,489 (w/e 30 Oct) to 353,345 w/e 4 December).

There were 23 104+ week waiters as at end of October 2022, the key pressure are being spinal patients at Newcastle upon Tyne Hospitals NHS FT. This is within the planned level for NENC (48 plan). The Trust continues to manage patients and seek additional capacity including through the independent sector (IS) providers, and current unvalidated weekly data shows this to continue to reduce. It is anticipated that this level will be at 22 by the end of March 2022. It should be noted that more recent unvalidated data has shown this to have increased to 27 w/e 4th December, with 1 at NCIC, in addition to those spinal patients at NUTH. This has been due to a national shortage of blood products.

- 78+ waiters are increasing in NENC after a continual reduction over recent months and are now above planned levels in October (896 compared to 419 plan). The majority of 78+ waiters are at NUTH, with a proportion at South Tees, and CDDFT in addition. More recent unvalidated weekly data shows a continued increase across NENC to data 1005 (w/e 4 Dec).
- 52+ week waiters continue to increase and are above planned levels, this is the sixth consecutive monthly increase observed. Of the 8467 in total as at the end of October, the majority were at NUTH, followed by South Tees, and CDDFT. Pressures exist across high volume specialties at NUTH including T&O, Dermatology, Ophthalmology and Plastic Surgery. The plan is expected to maintain this level through to March 2022 with a significant focus at NUTH on 78+ waiters. More recent unvalidated weekly data shows a further increase in NUTH to 3451 (w/e 4 Dec).

Risks and Mitigations

North:

- Additional sessions through the "November Sprint" at NUTH, implementation of digital pathways in Dermatology, continued use of the Newcastle Westgate Cataract Centre and subcontracting with the IS has helped reduce long waiters. The Newcastle elective treatment centre was opened at the end of September and is expected to create additional capacity, as well as utilisation of the IS and local providers for additional capacity. Capacity alerts to distribute demand have been implemented in key specialties. NUTH is currently participating in regular tier 2 meetings which are focussed on identifying and deploying high-quality support to aid rapid performance improvement.

Tees Valley:

The focus remains on the longest waiters at STHFT- maintaining a zero position with 104 week waits, eliminating 78 week waits and reducing 52 week waits. Actions to manage 52ww remain in place; tracking, validation and appropriate prioritisation which are now impacting positively on position. NTHFT maintains its trajectory position in line with NHSE phase 1 and 2 elective recovery and reports no patients waiting more than 78 and 104 weeks. The Trust continues to see an increase in referrals, with a quarterly increase of 6% compared to 2019/20 levels and whilst the overall waiting list size continues to grow this has plateaued over recent months.

Central:

RTT performance continues to be strong in the Central patch despite increased seasonal pressures resulting in cancelled electives. CDDFT 78+ waiters are behind plan but hopeful for gradual improvements and to achieve end of year plan for 78+ of zero, and to deliver 0 52+ by March 24. Additional elective recovery schemes approved and being operationalised. Key pressure areas General Surgery and Gynaecology in relation to 78+ waits. Access to the I.S. across the Central patch continues with providers sub-contracting to secure additional capacity within pressure specialties such as orthopaedics and general surgery. Across Durham and Sunderland, advice and guidance for dermatology has been strengthened and pathways reaffirmed to ensure that patients are accessing the most appropriate community services to help alleviate pressures in secondary care.

North Cumbria:

- NCIC successfully eliminated 104 week waits in 2021/22 although work is ongoing with validation process checks to eliminate instances where validation errors may occur and result in currently 1 pathway identified as a breach. Focus continues with the elimination of 78 week waits by the end of the current financial year and Trust within plan. Although waiting list continues to grow, NCIC has stretch ambitions to eliminate 52 week waits by the end of the financial year but acknowledge that the reduction is likely to happen at a slower pace than during 2021/22 and data to the end of November shows the Trust off plan for this.

Provider	TOTAL		CDDFT		Gateshead FT		NCIC		Northumbria		NTHFT		NuTH		STHFT		STSFT	
	Val.	Var.	Val.	Var.	Val.	Var.	Val.	Var.	Val.	Var.	Val.	Var.	Val.	Var.	Val.	Var.	Val.	Var.
Number of patients on waiting list (Ethnicity White)	273452	🟡	35382	🟡	9523	🟡	28048	🟡	27733	🟡	15029	🟡	72896	🟡	37713	🟡	47128	🟡
Number of patients on waiting list (Ethnicity BAME)	13399	🟡	704	🟡	320	🟡	435	🟡	367	🟡	1352	🟡	6186	🟡	2205	🟡	1830	🟡
Number of patients on waiting list (Ethnicity Unknown)	65884	🟢	5164	🟡	2805	🟡	8991	🟡	5583	🟢	3700	🟡	22284	🟢	9469	🟡	7888	🟡
Number of patients on waiting list (IMD 1-3)	148598	🟡	18222	🟡	6202	🟡	10690	🟡	10478	🟡	10447	🟡	41952	🟡	19641	🟡	30966	🟡
Number of patients on waiting list (IMD 4-6)	92891	🟡	11916	🟡	3251	🟡	13875	🟡	10094	🟡	3437	🟡	25574	🟡	11076	🟡	13668	🟡
Number of patients on waiting list (IMD 7-10)	105776	🟡	10635	🟡	3019	🟡	12149	🟡	12568	🟡	6034	🟡	32023	🟡	17853	🟡	11495	🟡

Performance

Work continues across NENC to analyse the waiting list in accordance with ethnicity and deprivation.

As the waiting list continues to grow, the numbers of patients within the Trusts who have an unknown ethnicity status has increased. Currently 104,815 patient pathways have an unknown ethnicity status which is 25.14% of the total IP waiting list. Work is ongoing to improve coding within the FTs as any further analysis is currently limited.

Index of multiple deprivation (IMD) classifies the relative deprivation levels of small areas, with 1 being the most deprived through to 10 being the most affluent. Work is underway to review the waiting list by IMD level. Initial findings as demonstrated in the charts show that there is little difference between the areas with highest deprivation levels when compared to the areas with least deprivation in terms of waiting list growth.

Number of patients on waiting list with an ethnicity of Unknown: TOTAL



Number of patients on waiting list (IMD 1-3): TOTAL



Number of patients on waiting list (IMD 4-6): TOTAL



Number of patients on waiting list (IMD 7-10): TOTAL



Diagnostic Waiting List

Metric	Latest date	Value	National	Target	Variation	Assurance
Number of patients waiting more than 6 weeks from referral for a diagnostic test	Oct-22	13066				
% Patients waiting more than 6 weeks from referral for a diagnostic test	Oct-22	17.2%	27.5%	1%		

Target -----

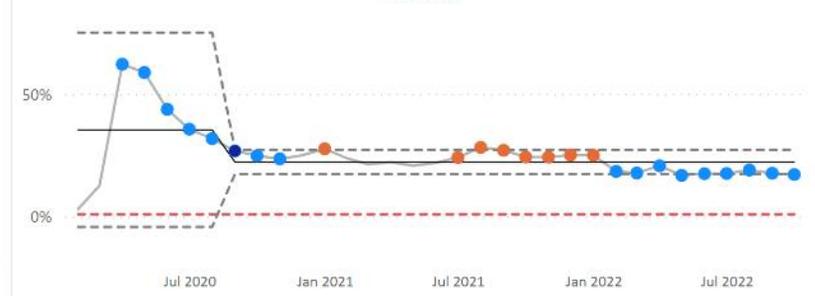
% Patients Waiting more than 6 weeks for a diagnostic test - by Modality

Metric	% Patients waiting more than 6 weeks from referral for a diagnostic test			Number of patients waiting more than 6 weeks from referral for a diagnostic test		
	Value	Variation	Assur.	Value	Variation	Assur.
AUDIOLOGY_ASSESSMENTS	37.7%			1606		
BARIUM_ENEMA	6%			9		
COLONOSCOPY	28.4%			948		
CT	6.8%			680		
CYSTOSCOPY	21.3%			250		
DEXA_SCAN	8.5%			248		
ECHOCARDIOGRAPHY	34.3%			2773		
ELECTROPHYSIOLOGY	0%			0		
FLEXI_SIGMOIDOSCOPY	28.2%			342		
GASTROSCOPY	31.7%			1223		
MRI	12.6%			1571		
NON_OBSTETRIC_ULTRASOUND	10.7%			2683		
PERIPHERAL_NEUROPHYS	41.3%			532		
SLEEP_STUDIES	24.1%			244		
URODYNAMICS	46.4%			166		

% Patients Waiting more than 6 weeks for a diagnostic test - by provider

Metric	% Patients waiting more than 6 weeks from referral for a diagnostic test			Number of patients waiting more than 6 weeks from referral for a diagnostic test		
	Value	Variation	Assur.	Value	Variation	Assur.
TOTAL	17.2%			13066		
CDDFT	10.8%			1063		
Gateshead FT	18.8%			1003		
NCIC	15.9%			1228		
Northumbria	3.2%			335		
NTHFT	25.9%			2430		
NuTH	17.8%			2310		
STHFT	26.4%			2737		
STSFT	20.1%			1660		

% Patients waiting more than 6 weeks from referral for a diagnostic test: TOTAL



Performance

- Diagnostics >6 week performance for the 15 key diagnostic tests is relatively stable across NENC and continues below the requirement for 1% of patients to wait longer than 6 weeks, with 17.2% patients waiting over 6 weeks for a diagnostic test in October 2022 compared to 27.5% nationally. Key pressure areas include Echo-cardiography, Endoscopy and Audiology.
- ICSs have been asked to develop a local diagnostic performance improvement plan that delivers 95% achievement of the 6ww diagnostic target by March 25. The NENC Diagnostics workstream has recently set trajectories with FTs with a focus on a subset of 8 of the key diagnostic tests.

Risks and Mitigations

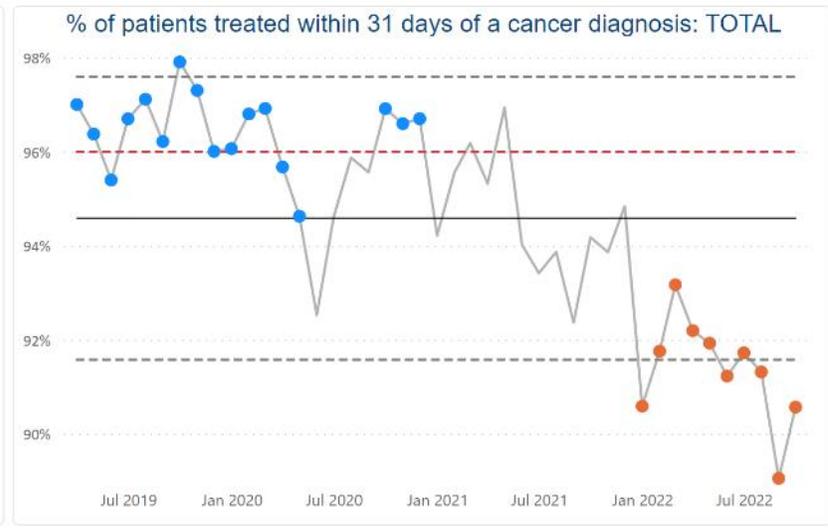
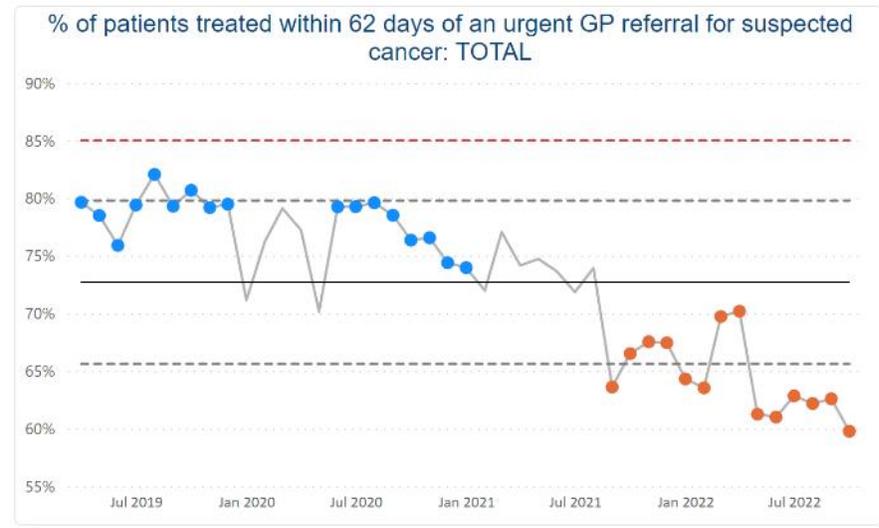
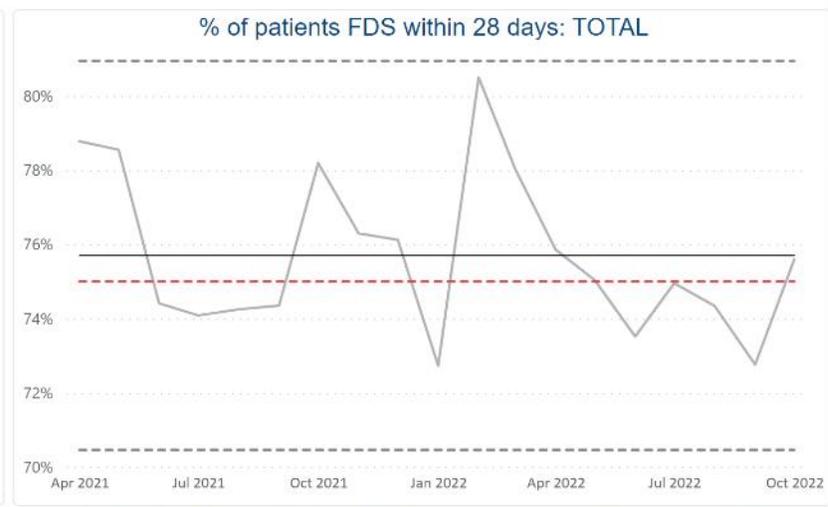
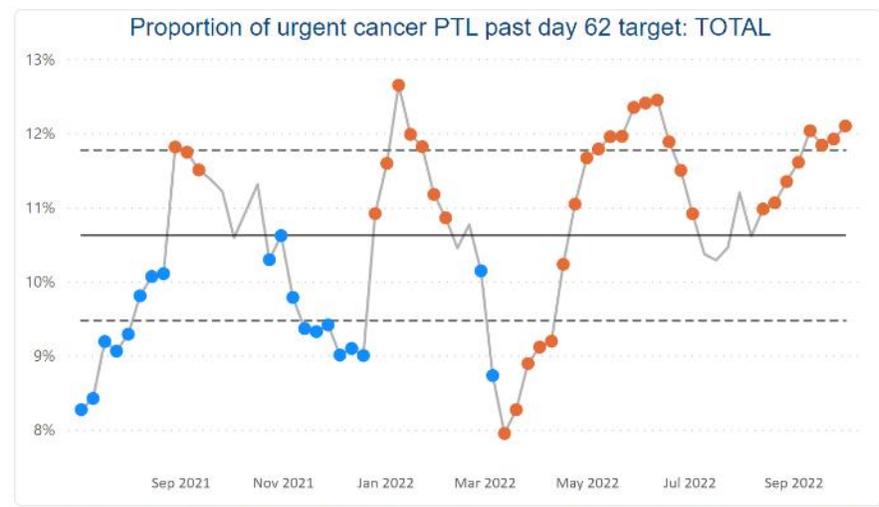
- ICSs have been asked to review the national improvement plan and explore collaborative solutions to address current backlog progress which is to be reported through the diagnostic programme board. Specific actions include:
 - Central:
 - The diagnostic position continues to improve overall with the number of long waiters decreasing. Significant progress has been made in echocardiography due to the increased capacity secured in 2022/23. Pressures now remain in some areas of imaging and in sleep studies where additional resources have been agreed to improve performance.
 - North:
 - Significant echo backlogs have been cleared at NUTH through additional capacity. Gateshead continue with insourcing to clear echo backlog with a trajectory to do so in 2023. Cystoscopies continue to be a pressure at Northumbria with review of the Urology pathway across the North and Audiology workforce pressures are significant. A paper is being reviewed to understand how pathway changes in audiology could positively impact the position at NUTH.
 - North Cumbria:
 - An additional cardio-echo machine at West Cumberland Hospital, provides a further 30% capacity in Cumbria. Community diagnostics funded schemes are increasing capacity in Radiology and endoscopy across NENC as well as additional capacity sought through the Independent sector. Audiology workforce pressures remain a risk across NENC. Endoscopy activity has improved through a mobile unit, although a backlog of complex patients with limited capacity continues to put pressure on this modality.
 - Tees Valley:
 - Action plans are in place per modality and activity and compliance trajectories are discussed with regional diagnostic programme. Additional capacity in endoscopy at both JCUH and FHN has been implemented. This will in turn have a positive impact on Cancer metrics. NTHFT pressures remain primarily related to staffing. The largest impact continues to be seen in non-obstetric Ultrasound. A locum sonographer has been recruited (in August) to support recovery and some additional insourcing has also been arranged. Endoscopy capacity has reduced in September due to staffing issues in Nursing, which has led to an increase in 6-week breaches. Improvement is expected as there is increased capacity from October. Radiology reporting issues continue, outsourcing is still in place, but external providers are now experiencing resource pressures.

Cancer



Metric	Latest date	Value	National	Target	Variation	Assurance
Proportion of urgent cancer PTL past day 62 target	Oct-22	12.1%				
% of patients FDS within 28 days	Oct-22	75.6%	68.5%	75%		
% of patients treated within 62 days of an urgent GP referral for suspected cancer	Oct-22	59.8%	60.3%	85%		
% of patients treated within 31 days of a cancer diagnosis	Oct-22	90.6%	92%	96%		

Target - - - - -



Performance

- NENC are currently achieving the faster diagnosis standard for October 22 which stands at 75.6% v the 75% target, a slight improvement since September. This compares favourably to the national performance (68.5%). Variation between Trusts exists with highest performance at CDD FT,(88.7%) and Gateshead at 81.2% and lowest at NCIC (64.8%).

- 31 day treatment standard and the 62 days referral to treatment standards are not currently being met. Currently 59.8% patients waiting longer than 62 days compared to the 85% standard in NENC, this is a deteriorating position and is slightly below the national at 60.3% for October. Variation between Trust 62 day performance ranges from 73.5% at Northumbria HC to 45.3% at NUTH.

- South Tees, North Tees, NUTH, and North Cumbria have recently submitted revised trajectories for monitoring against the proportion of patients on cancer PTLs waiting longer than 62 days. There is current focus for Trusts on cancer performance through tier 1 & 2 cancer meetings at NUTH, North Tees and Hartlepool and NCIC.

Risks and Mitigations

- Key pressure areas are Urology, Lung and Colorectal. NCA continue to roll out optimal pathways but pressures remain in skin, lung, colorectal and breast, impacted by workforce and capacity pressures. Cancer care coordinators and navigators support rapid diagnostics initiatives as well as enhanced cancer tracking capacity.

- Urology is a particular pressure across North Area footprint and a working group is being established to review optimal pathways with an action plan developed including proposed roll out of prostate straight to MRI.

- Skin - Successful roll out of tele-dermatology pathway at NUTH has eased pressures in skin although seasonal referrals are creating additional pressure.

Central: An improvement plan is being developed by ATB which is impacting positively on chest Xray performance. To support the personalised care agenda, additional roles have been recruited by PCNs across the ICP.

N. Cumbria - NCIC continues to receive additional support from NHS England through Tier 1 meetings, but improved performance which has seen NCIC move out of the bottom 40 worst performing Trusts. Key actions include a robust clinical harm process for 104-day breaches, cancer education days held in October, completion of pathway analysis for Prostate, Skin and Lower GI and the successful recruitment of ACPs and Band 7s. Secondary twice-weekly PTL with Cancer Trackers is now started from Day 35.

Tees Valley - Although STHFT has moved out of tier 2 support for cancer, North Tees has moved into tier 2 for additional support. The Trusts remain committed to a collaborative approach through the Cancer cell initiative, ensuring equitable access to treatment for all patients. Initiatives include, insourcing supporting additional week and weekend lists, cancer delivery groups led by lead clinicians and specialist nurses and cancer navigator posts in all tumour groups.

North - NUTH remains in tier 2 for cancer support, key pressures in Skin, Urology, Upper and Lower GI. Mitigations continuing including additional 2ww sessions, additional CT capacity for colorectal, and 4th endoscopy room for backlog, Urology T&F across the North looking to review MDT and MRI straight to test pathway.



Improving Access to Psychological Therapies (IAPT)

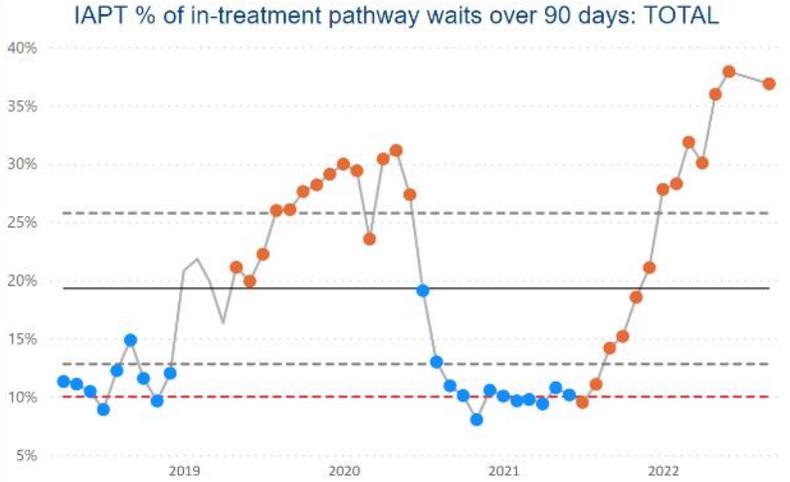
Metric	Latest date	Value	National	Target	Variation	Assurance
IAPT access: number of people entering NHS funded treatment during reporting period	Jun-22	4815		6286	🟡	?
IAPT recovery rate for Black, Asian or Minority Ethnic groups	Sep-22	45%	47.3%	50%	🟡	?
IAPT % of in-treatment pathway waits over 90 days	Sep-22	36.9%	23.4%	10%	🔴	🔴
IAPT recovery rate: % of people that attended at least 2 treatment contacts and are m...	Sep-22	52.9%	49.8%	50%	🟡	?
IAPT % of people receiving first treatment appointment within 6 weeks of referral	Jun-22	97.8%		75%	🟡	🟢
IAPT % of people receiving first treatment appointment within 18 weeks of referral	Jun-22	99.1%		95%	🟡	?

Please note, IAPT data has not been updated due to changes within the NHSE Publication

Target - - - - -

IAPT Recovery by Sub ICB location

Metric	IAPT recovery rate for Black, Asian or Minority Ethnic groups			IAPT recovery rate: % of people that attended at least 2 treatment contacts and are moving to recovery		
	Value	Variation	Assur.	Value	Variation	Assur.
TOTAL	45%	🟡	?	52.9%	🟡	?
Co Durham	48%	🟡	?	52.9%	🟢	?
N Cumbria	50%	🟡	?	60.3%	🟢	?
N Tyneside	66.7%	🟡	?	59.5%	🟢	?
Ncl-Gateshead	43.9%	🟡	?	50%	🟡	?
Northumberland	20%	🟡	?	50%	🔴	?
S Tyneside	33.3%	🟡	?	54.2%	🟡	?
Sunderland	50%	🟡	?	52.6%	🟡	?
Tees Valley	44%	🟡	?	49.1%	🟡	?



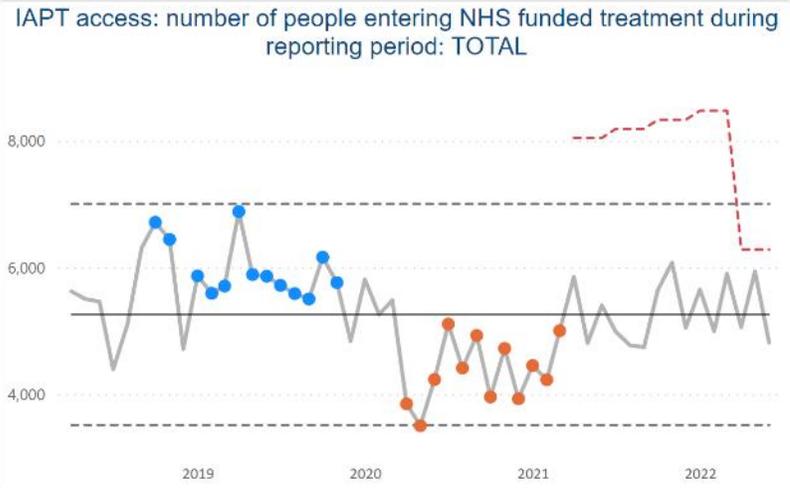
Performance

Access rates continue to be sporadic and have been below plan and target. Over more recent months the IAPT access numbers have started to increase and more in line with pre-pandemic numbers. Contributing factors impacting IAPT delivery include workforce, and demand.

Moving to recovery rates are above the 50% expectation in NENC for all patients, however the recovery rate for black, Asian or minority groups is slightly lower.

Risks and Mitigations

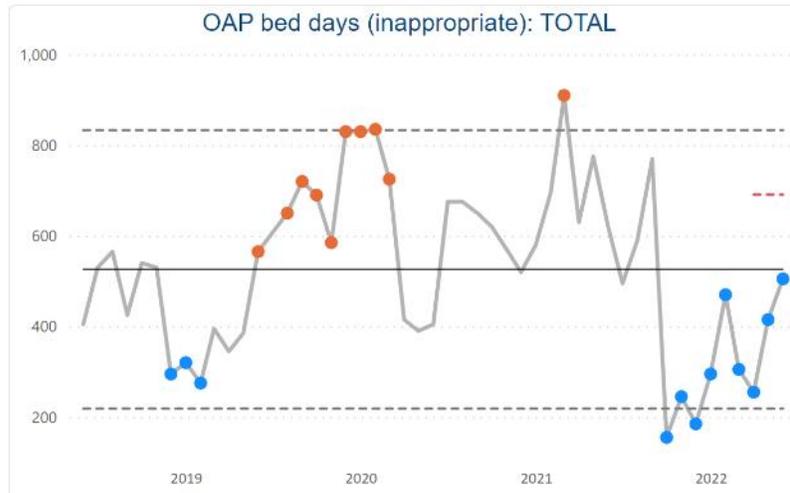
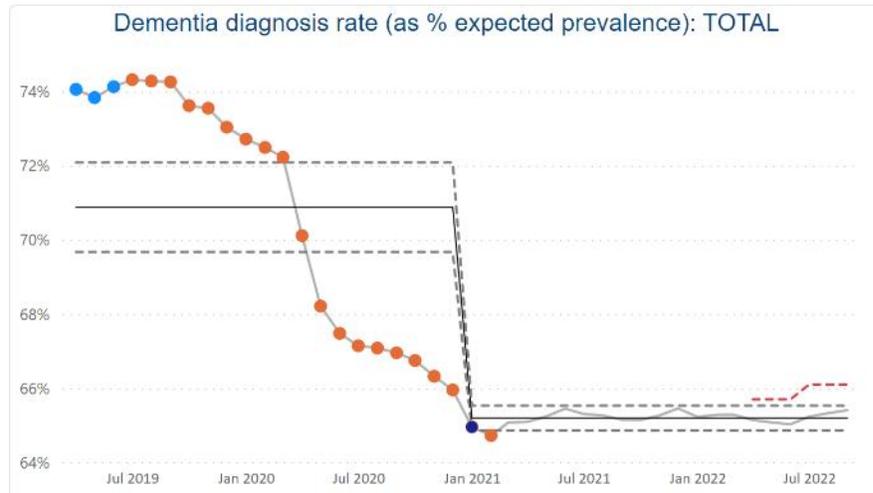
IAPT providers in the NENC are working to recovery plans to achieve national standard access rates and improve waiting times from first to second treatment which have remained static and are significantly above the national expectation of 10% at 37.89% for June. North Cumbria are currently within this standard at 5% Actions across the ICS include: mobilisation of the NENC ICS IAPT Delivery & Oversight Group, as well as publicity, targeting pathways such as older persons, DNA initiatives as well as recruitment drives, and subcontracting.



Mental Health (Adult)

Metric	Latest date	Value	National Target	Variation	Assurance
Total number of inappropriate Out of Area bed days	Jun-22	505	691		
EIP % of people who started treatment within 2 weeks of referral - All ages	Jun-22	64.8%	60.1%		
Number of people on GP SMI register receiving full physical health check in primary care setting	Sep-22	13856	14191		
Dementia diagnosis rate (as % expected prevalence)	Sep-22	65.4%	66.1%		

Please note, MHSDS data has not been updated due to changes within the NHSE Publication

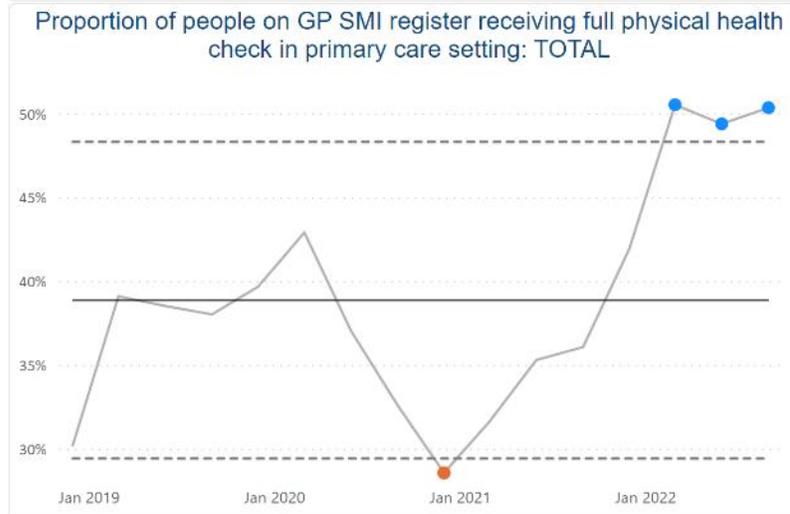
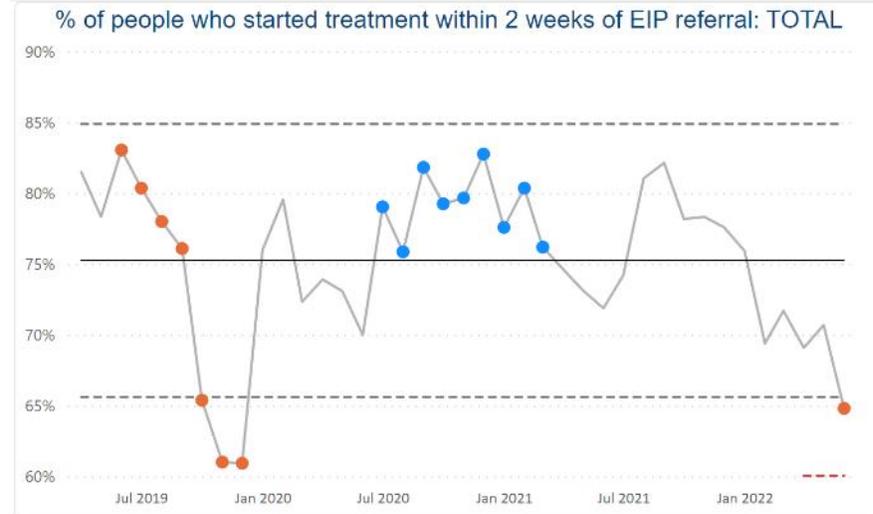


Performance

64.81% people in NENC started treatment within 2 weeks for Early intervention in Psychosis compared to the 60% standard.

Dementia diagnosis is at just below the 67% standard for NENC at 66.4% for Q4 and continues to increase for Q1. There was a dip in performance throughout the pandemic and teams are working to recover.

The number of Out of Area Placement bed days for NENC decreased throughout the pandemic and has been decreasing throughout 21/22 to Dec 21 where we have seen an increase. April and May 22 to date has seen inappropriate bed days decreasing and within local plan although the numbers remain above the target of 0.



Risks and Mitigations

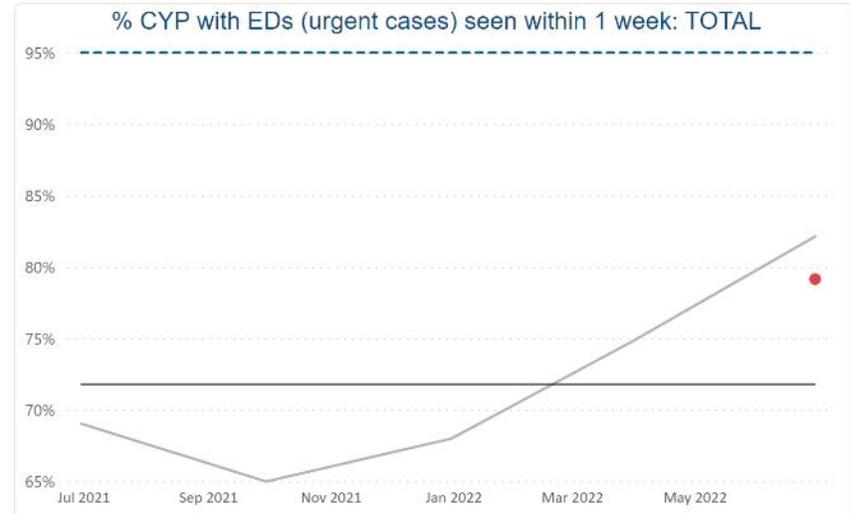
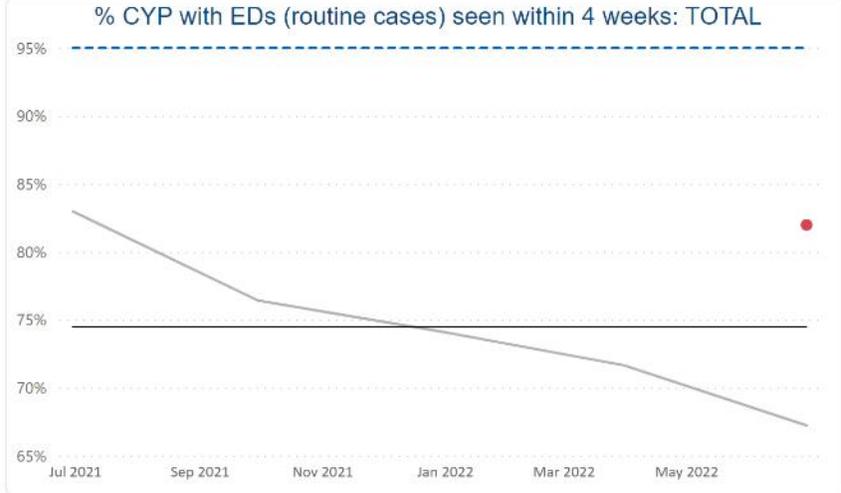
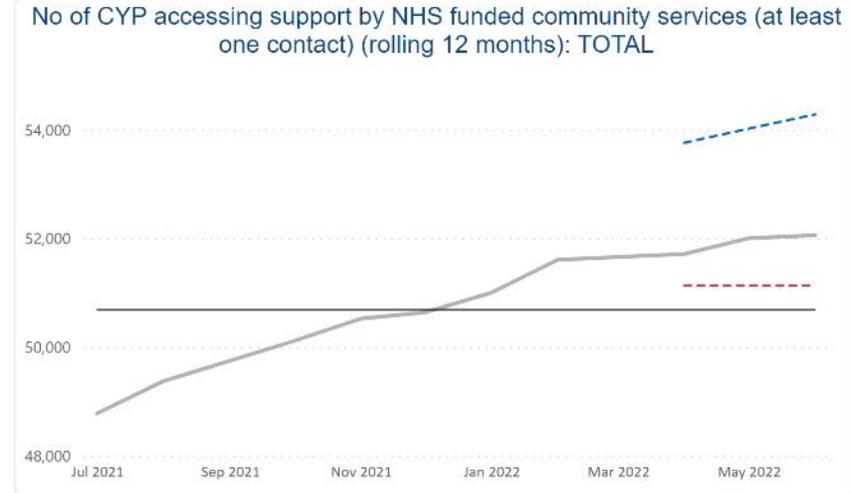
The Number of SMI Health checks completed has started to increase throughout 21/22 and into 22/23 and although below the 22/23 standard it is progressing above plan in NENC. Actions include: deployment of portable testing equipment, continued mobilisation of community mental health transformation models at place and local support to PCNs and clinical teams to ensure continued focus.



Children and Young People Mental Health

Metric	Latest date	Value	National	Target	Variation	Assurance
No of CYP accessing support by NHS funded community services (at least one contact) (rolling 12 months)	Jun-22	52060		51136		
% of CYP with eating disorders (routine cases) seen within 4 weeks of referral for NICE approved treatment	Jun-22	67.2%	81.3%	82%		
% of CYP with eating disorders (urgent cases) seen within 1 week of referral for NICE approved treatment	Jun-22	82.1%	87.5%	79.2%		

Please note, MHSDS data has not been updated due to changes within the NHSE Publication



Target - - - - - National Target - - - - -

Performance

CYP Access

The number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact is showing some improvement in NENC throughout 21/22, although this is not the same rate of growth as the target. May 22 shows the CYP access above plan but below target.

Children and Young People Eating Disorders

The % of urgent patients with Eating disorders across NENC ICS starting treatment within 1 week of referral has deteriorated throughout 20/21 and into 21/22. However from September 21 onwards there has been continual improvements. Current performance is at 82% against the 95% target which is above the operational planned levels.

The % routine patients with eating disorders across NENC ICS starting treatment within 4 weeks of referrals has deteriorated throughout 20/21 and continues to do so. Current performance is at 67% against the 95% target which is also below planned levels.

Risks and Mitigations

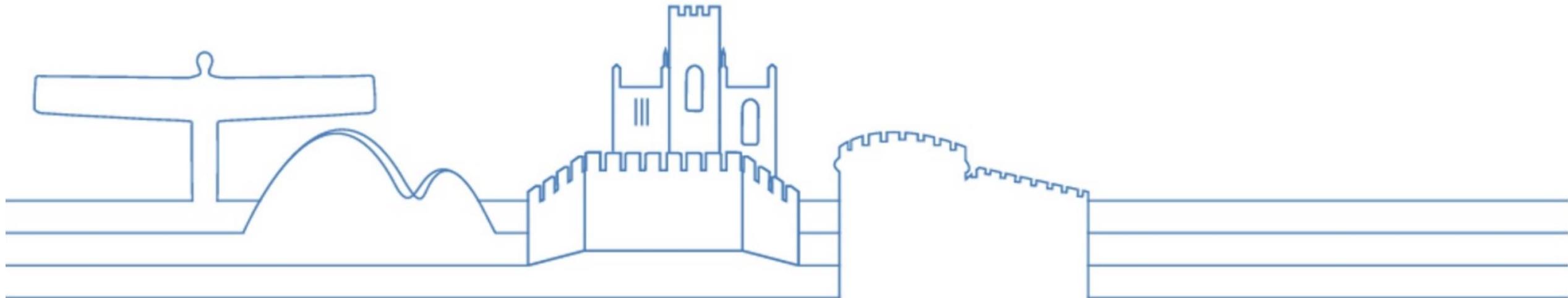
Place based actions to review pressure points and determine need include waiting list recover plans, alternative model implementation and pathway design. Workforce initiatives including recruitment and retention projects are also underway as well as system level digital action plans in place to support interoperability.

Sunderland - As a result of increased demand into CYP MH services, work has commenced on the mobilisation of a single point of access for CYP MH services. This is expected to be live April'23 and will ensure needs are met and CYP access the most appropriate services. The iTHRIVE model was also launched in November'22 which will change the way services are delivered in Sunderland for the long term. Additional support to schools via MH Support Teams is also in the process of being implemented.



Long Term Plan commitment or mandate	Current position	RAG
<p>Reducing reliance on inpatient care:</p> <ul style="list-style-type: none"> By 2023/24 there will be a reduction in reliance on inpatient care for people with a learning disability, autism or both to no more than 30 inpatients per million adult population; i.e. no more than 71 adults in NENC (Secure and ICS commissioned services) By 2023/24 no more than 12 to 15 children or young people with a learning disability, autism or both per million, will be cared for in an inpatient facility; i.e. no more than 8 children or young people in NENC 	<p>Total adult inpatients in NENC as at 30th September 2022 = 146</p> <p>ICS commissioned: 73 (4 above trajectory) Secure Services: 73 (3 under trajectory) Children and young people: 5</p>	
<p>Care (Education) and Treatment Reviews (CETRs); compliance with national policy</p>	<p>2 areas non-compliant as at 31st August 2022</p> <p>Under 18's: Pre or Post admission CETRs = 50% (2 of 4 completed) Adults: Pre or Post admission CTR = 73% (11 of 15 completed)</p>	
<p>Learning from Life and Death Reviews (LeDeR); compliance with national policy</p>	<p>As at 4th August 2022 87% of reviews after June 2020 are complete of which 13% are focussed reviews (target 35% focussed reviews). No issues reported against achievement of 6 month KPI</p> <p>ICS LeDeR annual report to be published via https://neclnetwork.co.uk/ Governance board established and chaired by the ICS Executive Chief Nurse Learning and sharing event 8th November 2022</p>	
<p>Annual health checks</p> <ul style="list-style-type: none"> By 2023/24 - 75% of people on the learning disability register will have had an annual health check. 	<p>2022-23 Long Term Plan Target 73% (achieved 77% in 20-21)</p> <p>Reported data via NECS from April 22 to August 2022: 4741 reviews completed – which is 24% of the register for 22/23 (a 20% increase on this time last year)</p> <p>Annual health checks to be offered to all people who did not receive one in 21/22 by Sept 2022.</p> <p>2023-24 Target 75%</p>	

Finance



Executive Summary

M08 - November 2022		YTD	Forecast	
Key Statutory Financial Duties	Overall ICS 2022/23 In Year Financial Position - (Surplus) / Deficit			
	For the financial year 2022/23 the ICS, including the Q1 position of the NENC CCGs, is on track to deliver the planned breakeven position reporting a small surplus of £0.04m at Month 8	Plan Actual	£3.95 m £24.01 m	£0.00 m (£0.04) m
	Overall ICB 2022/23 In Year Financial Position - (Surplus) / Deficit			
	Overall ICB 2022/23 In Year Financial Position prior to retrospective funding - (Surplus) / Deficit	Plan Actual	(£0.87) m £3.15 m	(£2.63) m £5.55 m
	The ICB is reporting a year to date variance of £3.15m and an outturn variance of £5.55m, prior to expected retrospective funding adjustments of £11.22m - Deficit / (Surplus)			
	Expected ICB 2022/23 In Year Financial Position after retrospective funding - (Surplus) / Deficit	Plan Actual	(£0.87) m £3.15 m	(£2.63) m (£5.68) m
	The ICB is reporting an outturn variance of £5.68m, after expected retrospective funding adjustments of £11.22m, an improved position of £3.05m against the planned surplus of £2.63m - Deficit / (Surplus)			
	ICB Running Costs Position - July 2022 to March 2023			
	The ICB is reporting a year to date and forecast outturn underspend of £1.37m and £1.96m respectively, compared with the submitted financial plan	Plan Actual Variance	£23.92 m £22.55 m (£1.37) m	£44.76 m £42.80 m (£1.96) m
	Overall ICS 2022/23 Capital Funding			
The ICS is reporting a forecast outturn against the capital allocation in line with plan for primary care and £13.88m over on provider capital. At Month 8 there is a year to date underspend against the capital allocation of £50.19m.	Allocation Actual Variance	£128.32 m £78.14 m (£50.19) m	£200.71 m £214.59 m £13.88 m	
Other Financial Performance Metrics	Overall ICS 2022/23 QIPP/Efficiency			
	The ICS is reporting year to date QIPP savings of £141.20m and forecast savings of £246.21m with the ICB delivering £48.72m which is slightly over the submitted QIPP/Efficiency plan. Providers are currently forecasting an under-delivery against target of £2.91m.	Plan Actual Variance	£157.80 m £141.20 m (£16.60) m	£248.83 m £246.21 m (£2.62) m
	Overall 2022/23 Mental Health Investment Standard (MHIS)		6.68%	6.68%
The ICB is on track to achieve the MHIS target for 2022/23 (growth in spend of 6.68%), the target now includes the impact of the pay award and additional uplift.				

ICB Financial Position - Overview

Month 8 - November 2022	YTD Plan	YTD Actual	YTD Variance	2022/23 Annual Plan	2022/23 Forecast Outturn	2022/23 Forecast Variance
	£000s	£000s	£000s	£000s	£000s	£000s
Revenue Resource Limit	(2,806,592)			(5,066,945)		
Programme						
Acute Services	1,427,328	1,440,051	12,723	2,524,679	2,545,604	20,926
Mental Health Services	338,141	341,358	3,217	604,514	612,049	7,535
Community Health Services	274,717	273,455	(1,262)	485,847	482,448	(3,399)
Continuing Care	165,736	166,523	787	300,822	304,014	3,192
Prescribing	239,228	236,962	(2,266)	427,842	428,484	642
Primary Care	48,416	44,313	(4,103)	84,461	77,998	(6,463)
Primary Care Co-Commissioning	230,629	232,916	2,287	418,169	427,325	9,156
Other Programme Services	26,970	28,508	1,538	45,620	47,922	2,302
Other Commissioned Services	10,595	10,618	23	19,143	19,021	(122)
Programme Reserves	5,682	822	(4,861)	86,231	67,322	(18,909)
Contingency	2,695	0	(2,695)	4,725	0	(4,725)
Total ICB Programme Costs	2,770,139	2,775,527	5,389	5,002,052	5,012,187	10,135
Admin						
Running Costs	23,919	22,551	(1,368)	44,761	42,803	(1,958)
Total ICB Admin Costs	23,919	22,551	(1,368)	44,761	42,803	(1,958)
In Year (Surplus) / Deficit	867	0	(867)	2,632	0	(2,632)
Total In Year ICB Financial Position	2,794,925	2,798,079	3,153	5,049,445	5,054,990	5,545
Central Funding expected for ARRS costs	0	0	0	11,224	0	(11,224)
Total In Year ICB Financial Position after expected retrospective funding	2,794,925	2,798,079	3,153	5,060,669	5,054,990	(5,679)

The ICB is currently reporting a forecast outturn surplus of £5.7m after expected retrospective central funding of £11.22m relating to the Primary Care Additional Roles Reimbursement Scheme (ARRS). This contributes to a balanced forecast position across the ICS.

The main factors driving this performance are:

- Acute overspend mainly relating to Independent Sector provider activity where Elective Recovery Fund income has not been assumed
- Mental Health overspend in particular pressures on s117 packages and specialist packages of care
- Continuing Healthcare pressures, in particular backdated high cost packages of care for children
- Prescribing overspend based on 6 months Prescription Pricing Data
- Management of reserves to balance overall ICB position and release of non-recurring benefits across a number of budget areas.

The financial plan of the ICB required an overall efficiency target of £48.4m and the ICB is slightly above target.

Whilst the ICS is reporting a balanced forecast position, a number of potential financial risks have been identified with total unmitigated financial risk of £35m across the ICS. Work is continuing with ICS partners to manage risks and identify appropriate mitigations.

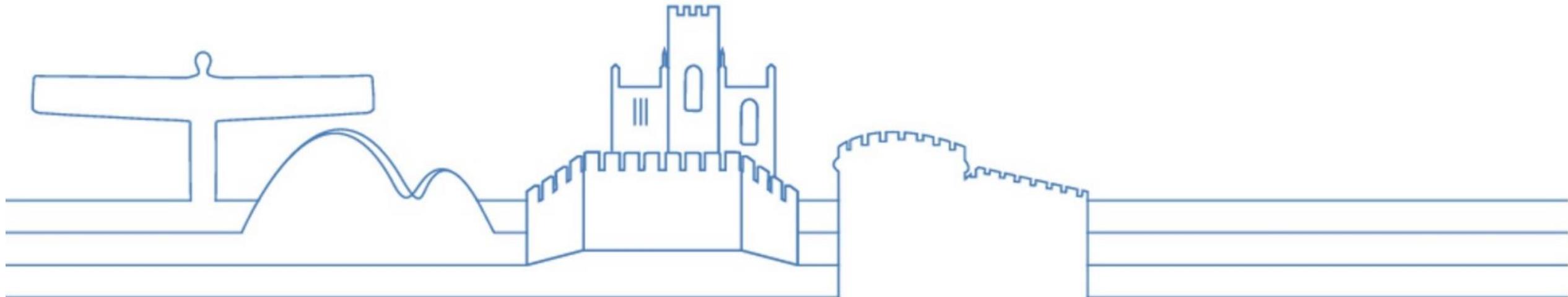
ICB Financial Position – ‘Place/Area’ level

Month 8 - November 2022	YTD Plan	YTD Actual	YTD Variance	2022/23 Annual Plan	2022/23 Forecast Outturn	2022/23 Forecast Variance
	£000s	£000s	£000s	£000s	£000s	£000s
<u>Financial Position at 'Place/Area' level</u>						
North Cumbria	280,378	291,612	11,234	509,441	521,217	11,776
North Cumbria Area	280,378	291,612	11,234	509,441	521,217	11,776
Newcastle	302,656	300,462	(2,194)	542,136	538,184	(3,952)
Gateshead	245,930	244,928	(1,002)	439,828	438,578	(1,250)
North Tyneside	172,916	171,266	(1,650)	310,963	308,992	(1,971)
Northumberland	262,012	264,447	2,435	473,153	476,305	3,152
North Area	983,514	981,104	(2,410)	1,766,080	1,762,058	(4,022)
County Durham	468,388	466,972	(1,415)	855,766	852,503	(3,263)
South Tyneside	139,449	136,357	(3,093)	251,842	247,639	(4,202)
Sunderland	252,069	250,560	(1,509)	452,321	450,016	(2,305)
Central Area	859,906	853,889	(6,017)	1,559,929	1,550,158	(9,771)
Tees Valley	575,005	576,344	1,339	1,041,339	1,044,150	2,811
Tees Valley (South) Area	575,005	576,344	1,339	1,041,339	1,044,150	2,811
System	96,122	95,129	(993)	183,880	177,407	(6,473)
Total ICB Financial Position excl. Allocations	2,794,925	2,798,079	3,153	5,060,669	5,054,990	(5,679)

ICS Overall Financial Position

Month 8 - November 2022	YTD Plan (Surplus) / Deficit	YTD Actual (Surplus) / Deficit	YTD Variance (Surplus) / Deficit	Annual Plan (Surplus) / Deficit	Forecast (Surplus) / Deficit	Forecast Variance (Surplus) / Deficit
	£000s	£000s	£000s	£000s	£000s	£000s
NENC Commissioner (ICB)						
Q1 CCG	22,903	0	(22,903)	22,903	0	(22,903)
Q2-Q4 ICB	(23,770)	3,153	26,924	(25,536)	5,545	31,081
Total In Year ICB Position	(867)	3,153	4,021	(2,633)	5,545	8,178
Central Funding expected for ARRS costs	0	0	0		(11,224)	(11,224)
Total In Year ICB Position after central funding	(867)	3,153	4,021	(2,633)	(5,679)	(3,046)
NENC Providers	4,815	20,861	16,046	2,633	5,642	3,009
Total Provider Position	4,815	20,861	16,046	2,633	5,642	3,009
Total ICS Financial Position 2022/23	3,948	24,014	20,067	0	(37)	(37)

Appendices



Mental Health Core Data Monitoring Summary

Please note, MHSDS data has not been updated due to changes within the NHSE Publication. As a result, MH Core Data Pack measures have not been updated.

Locality	CYP Access (1+ Contact)	A&E Waits of 12+ Hours (CYP)	CYP Eating Disorder Waiting Time - Urgent	CYP Eating Disorder Waiting Time - Routine	IAPT Access - All (Monthly)	IAPT Access - All (Rolling Quarter)	IAPT Recovery Rate	IAPT 6 Week Wait	IAPT 18 Week Wait	IAPT 1st to 2nd Treatment > 90 Days	IAPT Access: Older Persons	IAPT Recovery: White British	IAPT Recovery: BAME	Dementia Diagnosis Rate
County Durham	10,365	0	77.8%	35.5%	870	2,995	52.0%	100.0%	100.0%	38.0%	160	53.0%	47.0%	66.3%
Newcastle Gateshead	6,615	0	100.0%	58.1%	800	2,555	52.0%	97.0%	99.0%	17.0%	125	51.0%	39.0%	73.4%
North Cumbria	3,615	0	100.0%	53.2%	400	1,280	53.0%	100.0%	100.0%	15.0%	105	54.0%	41.0%	55.7%
North Tyneside	3,060	0	100.0%	89.6%	235	890	55.0%	96.0%	99.0%	73.0%	55	57.0%	54.0%	66.1%
Northumberland	4,690	0	87.5%	81.3%	600	1,455	54.0%	53.0%	100.0%	55.0%	150	53.0%	42.0%	58.6%
South Tyneside	3,895	0	100.0%	88.9%	275	1,035	52.0%	92.0%	100.0%	31.0%	105	52.0%	60.0%	68.1%
Sunderland	5,045	0	75.0%	88.1%	670	1,745	57.0%	99.0%	100.0%	58.0%	170	55.0%	39.0%	60.1%
Tees Valley	14,775	0	66.7%	77.3%	965	4,005	55.0%	63.0%	79.0%	48.0%	205	52.0%	45.0%	69.9%
NENC ICS	51,785	5	82.1%	67.2%	4,815	15,960	53.0%	88.0%	96.0%	38.0%	1,065	53.0%	44.0%	65.2%
North East & Yorkshire	119,620	20	71.0%	76.0%	15,612	47,852	52.0%	89.0%	98.0%	28.0%	2,910	53.0%	44.0%	64.0%
England	691,935	295	68.1%	68.9%	98,827	311,673	49.5%	88.9%	98.4%	23.7%	20,018	51.0%	47.8%	62.0%

Locality	Discharges Followed Up within 72 Hours	EIP Waiting Times - MHSDS	SMI Physical Health Checks	OAP Bed Days (Inappropriate)	OAP % External (Inappropriate)	Community MH Access (2+ Contacts)	Admissions with No Prior Contacts (All Patients)	Admissions with No Prior Contacts (White British)	Admissions with No Prior Contacts (BAME)	Adult Acute LOS (60+ Days)	Older Adult Acute LOS (90+ Days)	Individual Placement and Support	A&E waits 12+ Hours (Adults)	Perinatal Access (No. of Women)	Perinatal Access YTD
County Durham	93.0%	58.1%	2,391	245	100.0%	7,160	8.0%	7.0%	0.0%	5.7%	11.8%	130	60	445	230
Newcastle Gateshead	94.0%	67.5%	2,456	230	100.0%	4,765	19.0%	12.0%	40.0%	7.1%	8.4%	130	20	360	175
North Cumbria	91.0%	42.9%	1,242	220	100.0%	5,120	10.0%	10.0%	0.0%	9.8%	10.6%	65	10	210	80
North Tyneside	75.0%	69.2%	778	5	100.0%	1,450	16.0%	0.0%	0.0%	7.3%	0.0%	30	0	140	70
Northumberland	88.0%	53.3%	1,196	90	100.0%	3,440	14.0%	15.0%	0.0%	7.1%	6.3%	45	0	220	105
South Tyneside	95.0%	100.0%	1,022	45	100.0%	2,505	0.0%	0.0%	0.0%	6.7%	16.3%	45	0	90	50
Sunderland	90.0%	94.1%	1,332	195	100.0%	4,665	21.0%	21.0%	0.0%	3.6%	23.7%	40	15	155	80
Tees Valley	86.0%	67.5%	2,693	135	100.0%	5,800	15.0%	13.0%	23.0%	5.5%	13.0%	125	50	465	225
NENC ICS	90.0%	66.2%	13,110	1,160	100.0%	34,800	13.0%	12.0%	24.0%	6.1%	11.7%	610	160	2,060	1,010
North East & Yorkshire	82.0%	71.0%	36,213	7,511	100.0%	86,110	16.0%	15.0%	22.0%	6.9%	10.6%	1,275	540	5,725	2,455
England	75.0%	67.8%	227,076	51,390	99.3%	505,580	14.0%	12.0%	16.0%	8.7%	10.9%	9,770	4,725	45,411	20,514



Cancer Indicators

Indicators	Target	Period	CDDFT	Gateshead FT	NCIC	Northumbria	NTHFT	NuTH	STHFT	STSFT	England
% of patients seen within 2 weeks of an urgent GP referral for suspected cancer	93%	Oct 2022	83.2%	85.3%	80.8%	95%	88.3%	68%	71.8%	91.8%	77.8%
		YTD	76.7%	86.2%	80.9%	94.5%	84.3%	73.1%	60.9%	91.7%	77.8%
% of patients treated within 31 days of a cancer diagnosis	96%	Oct 2022	91%	99.2%	93.5%	98.9%	94.2%	81.5%	93.1%	96.3%	92%
		YTD	94%	98.7%	89.5%	97.5%	95.4%	82%	93.4%	98.1%	92%
% of patients treated within 62 days of an urgent GP referral for suspected cancer	85%	Oct 2022	73.3%	59.5%	53.9%	73.5%	54%	45.3%	63.2%	65.8%	60.3%
		YTD	74.6%	59.1%	49.1%	74.9%	60.9%	51.1%	62%	72.1%	60.3%
% of patients treated within 62 days of an urgent referral from an NHS Cancer Screening Service	90%	Oct 2022	90%	88.7%	76.9%	100%	86.4%	45.6%	50%	60%	67.1%
		YTD	70.3%	90.6%	52%	72.2%	85.9%	50.1%	58.3%	81.5%	67.1%
% of patients treated for cancer within 62 days of consultant decision to upgrade status	N/A	Oct 2022	72.2%	66.7%	52.2%	81.3%	100%	47.2%	84.6%	76%	73.9%
		YTD	72.3%	80%	72%	75%	91.3%	52.8%	78.9%	85.9%	73.9%

RTT

Indicators	Target	Period	CDDFT	Gateshead FT	NCIC	Northumbria	NTHFT	NuTH	STHFT	STSFT
% patients waiting for initial treatment on incomplete pathways within 18 weeks	92%	Oct 2022	65.4%	73.4%	60.4%	82.9%	77.8%	69.8%	66.7%	76.3%
		YTD	69.4%	75%	61.7%	84%	79.9%	70.1%	65.9%	79.9%
Number patients waiting more than 52 weeks for treatment (Incomplete pathways only)	0	Oct 2022	1959	89	758	24	42	4442	1352	113
Number of unjustified mixed sex accommodation breaches	0	Oct 2022	1	0	20	0	0	78	16	0
		YTD	21	0	102	0	0	233	146	0

Diagnostics

Indicators	Target	Period	CDDFT	Gateshead FT	NCIC	Northumbria	NTHFT	NuTH	STHFT	STSFT	England
% patients waiting < 6 weeks for any the 15 Diagnostic Tests	99%	Jul 2022	91.3%	76.6%	78.9%	94.3%	78.8%	85.9%	68.6%	80.5%	72.1%
		YTD	93.2%	76.4%	74.7%	90.1%	84.8%	84.6%	69.6%	76.5%	71.7%

Dementia

Unavailable at Provider Level

A&E (Excl. North Tees)

Indicators	Target	Period	CDDFT	Gateshead FT	NCIC	Northumbria	NuTH	STHFT	STSFT
% Patients spending 4 Hours or less in A&E	95%	Nov 2022	68.5%	71.7%	66.5%	90.7%	75.6%	62.3%	70.2%
		YTD	69.5%	74.5%	69.1%	91.3%	79.4%	67.5%	73.7%

Cancer Indicators

Indicators	Target	Period	Co Durham	N Cumbria	N Tyneside	Newcastle Gateshead	Northumberland	S Tyneside	Sunderland	Tees Valley	England
% of patients seen within 2 weeks of an urgent GP referral for suspected cancer	93%	YTD	79.4%	81%	86.6%	78.2%	86.8%	85%	87.8%	70.9%	77.8%
% of patients treated within 31 days of a cancer diagnosis	96%	YTD	93.6%	88.7%	86.3%	87.4%	86.8%	95.2%	96.9%	94.2%	92%
% of patients receiving subsequent treatment for cancer within 31 days - drugs	98%	YTD	98.5%	96%	98.2%	97.7%	97.7%	100%	99.8%	97.7%	98.8%
% of patients receiving subsequent treatment for cancer within 31 days - surgery	94%	YTD	83.1%	69.3%	67.9%	66.4%	70.8%	76.3%	82.4%	83.2%	80.9%
% of patients receiving subsequent treatment for cancer within 31 days - radiotherapy	94%	YTD	91%	98.4%	100%	96.8%	97.2%	98.1%	97.7%	86.4%	90.8%
% of patients treated within 62 days of an urgent GP referral for suspected cancer	85%	YTD	64.2%	46.8%	68.3%	54.1%	66.8%	70.2%	71.3%	64.2%	60.3%
% of patients treated within 62 days of an urgent referral from an NHS Cancer Screening Service	90%	YTD	83.1%	54.1%	56.1%	69.1%	47.1%	93.8%	85.7%	79.9%	67.1%
% of patients treated for cancer within 62 days of consultant decision to upgrade status	N/A	YTD	77.6%	64%	59.4%	57%	67.2%	82.6%	83.2%	78.8%	73.9%

RTT

Indicators	Target	Period	Co Durham	N Cumbria	N Tyneside	Newcastle Gateshead	Northumberland	S Tyneside	Sunderland	Tees Valley
Number patients waiting more than 52 weeks for treatment (Incomplete pathways only)	0	Oct 2022	1705	907	753	2361	868		306	1360
Number of unjustified mixed sex accommodation breaches	0	Oct 2022	13	22	9	37	14	2	5	10
		YTD	67	124	16	103	38	12	20	105

Diagnostics

Indicators	Target	Period	Co Durham	N Cumbria	N Tyneside	Newcastle Gateshead	Northumberland	S Tyneside	Sunderland	Tees Valley	England
% patients waiting < 6 weeks for any the 15 Diagnostic Tests	99%	Jul 2022	85.7%	79.1%	90.9%	82.3%	90.3%	88.8%	75.5%	75.6%	72.1%
		YTD	88.3%	75.1%	86.8%	82.3%	86.9%	83.8%	73.9%	77.5%	71.7%

Dementia

Indicators	Target	Period	Co Durham	N Cumbria	N Tyneside	Newcastle Gateshead	Northumberland	S Tyneside	Sunderland	Tees Valley
Dementia diagnosis rate (as % expected prevalence)	70%	Sep 2022	66.2%	55.8%	66.9%	73.2%	58.6%	68%	62%	69.8%
		YTD	66%	55.8%	65.7%	73.3%	58.7%	67.7%	60.4%	70%

A&E

Unavailable at Sub-ICB Level

