

Integrated Delivery report

December 2023

(Reporting period October/November 2023)

**Better health
and wellbeing for all...**

Contents

		Page
Executive summary	Key changes from previous report	3
	Other areas of note/risk	5
	Dashboard – national objectives and patient safety dashboard	9
System Oversight	NHS Oversight Framework segmentation and CQC summary	14
	NHS Oversight Framework metrics summary	16
	Update from oversight meetings and Quality Improvement Boards	17
	ICB Complaints and Healthwatch Themes	19
Delivery of 23/24 objectives	Urgent and Emergency Care (UEC)	22
	Primary Care	23
	Elective care	24
	Cancer and diagnostics	25
	Maternity	26
	Use of resources	27
	Workforce	28
	Mental health – adults	29
	Mental health – children	30
	People with a learning disability and autistic people	31
	Prevention and health inequalities - adults	32
	Prevention and health inequalities - children	33
Safety	34	
Appendices	1. National Objectives description summary	35

Executive Summary

The NENC Integrated Delivery Report provides an overview of quality and performance, highlighting any significant changes, areas of risk and mitigating actions. The report also provides an overview of the ICS position on the NHS Oversight Framework and CQC ratings of organisations.

The report focusses on the objectives specified within the 2023/24 operational planning requirements; this encompasses a wide range of recovery objectives as well as some NHS Long Term Plan (LTP) and NHS People Plan commitments. The report is discussed in detail at the Finance Performance and Investment Committee and the Quality and Safety Committee. The report is also received by the ICB Executive Committee and the NENC ICB Board.

Reporting period covered:

November 2023 – A&E metrics, bed occupancy, handover delays, ambulance response times, cancer 62 day backlog and metrics for learning disability and autism services.

October 2023 – all other standards unless otherwise specified.

Finance is at month 8 (November 23).

Key changes from previous report

Planning

A mid year national planning exercise took place during November on key elements of the 23/24 operational plan with a number of revised trajectories at a provider aggregate level (rather than ICB commissioned) being submitted on 22 November. These have been reviewed by NHS E and relevant trajectories in this report have been amended accordingly. The report will now monitor both provider aggregate and ICB commissioned data for cancer FDS standard and numbers of patients waiting 104+, 78+, 65+ and 52+ weeks.

CQC

The Newcastle upon Tyne Hospitals NHS FT has had their CQC ratings suspended on their website. A recent inspection found there to be significant discrepancies between the current rating and their findings at their recent inspection. The public statement is also suspended. The CQC will update the public statement and publish ratings once they have published the inspection report.

Tees Esk and Wear Valley NHS FT – The CQC undertook unannounced and short notice inspections of 4 adult inpatient units and 2 community mental health services between 18/4/23 and 2/6/23. The inspections were carried out due to concerns identified in previous inspections and the final report was published on 25/10/23. The CQC found evidence of improvement since the last inspection, however areas for further improvement were identified and the Trust overall rating remained unchanged as "Requires Improvement".

North Cumbria Integrated Care NHS FT - The CQC published their findings on 20 November 23 after they carried out inspections of UEC and Medical Care services in June and July 23. They have also published findings after they carried out a "well-led" inspection. Which was rated by inspecting the Trust management team. The Trust's overall ratings have remained the same, "requires improvement", however, the CQC notes that they have seen clear improvements since their last inspection in 2020. The rating of "good" for caring was retained.

In UEC, safety ratings at both sites have improved to "requires improvement" and at West Cumberland Hospital (WCH) the well-led rating has also improved to "Good".

A report is awaited on the CQC Ionising Radiation (Medical Exposure) Regulations IR(ME)R inspection.

Independent Providers – Hospice Alice House – The CQC conducted an unannounced visit to conduct two inspections one risk based and one time based on the 3-4 November. The on-site inspection identified nothing which required immediate escalation or improvements subject to any review of evidence requested. The CQC report was published on 4 December and the hospice received "good" overall and for all domains.

Hospice St Cuthberts: The CQC conducted an unannounced visit across 2 days 10-11 Nov 23. Post inspection feedback highlighted 5 initial areas of concern with requests for additional evidence pending review.

Priory, Darlington: Unannounced inspection 13 December. Awaiting report.

Barchester Billingham Grange Mental Health Act Monitoring visit for Grange Ward took place 23 November. Report awaited.

**NHS
Oversight
Framework -
Provider
Segmentation**

Newcastle upon Tyne Hospitals NHS FT has been moved from Segment 2 to Segment 3 with identified needs for mandated support following a recent assessment by NHSE, in consultation with NENC ICB. This change has been driven by the requirements for increased monitoring and support in response to intelligence about clinical governance and cultural concerns. The decision is informed by the recent action taken by the CQC to suspend the current "Outstanding rating" ahead of the impending inspection report being published.

County Durham and Darlington NHS FT has also been moved from segment 2 to segment 3 with identified needs for mandated support. This change has been driven by the requirements for increased monitoring and support in response to the inspection findings in maternity services in the organisation.

NENC ICB will work with NHSE and both FTs to determine the actions required to provide the basis for a de-escalation back into segment 2. Additional support and oversight and any formal regulatory actions required will be determined in collaboration between the NENC ICB, the Trusts and NHSE.

**NHSE
Escalation
Elective and
Cancer**

Newcastle upon Tyne Hospitals NHS FT: following a review of elective and cancer performance NUTH will remain in Tier 1 for Elective and has been escalated to Tier 1 for Cancer. This will continue to involve regular (at least fortnightly) meetings, chaired by NHS England, to discuss delivery progress and any required support from the relevant parts of NHS England. The Trust remains within Tier 1 for elective in reflection of the ongoing risks to delivery of the elective recovery target for March 2024. The Trust has been escalated to Tier 1 for cancer in respect of its performance against the 62-day combined standard and the reduction required to be delivered during quarter 4 to deliver the backlog fair shares target.

South Tees FT: due to ongoing pressure in relation to 65+ and 78+ week waits the trusts has been escalated to Tier 2 for elective care. Regular meetings will be held with the trust chaired by the ICB with NHS E colleagues in attendance.

Combined cancer 62 standard

An interim national ambition to achieve 70% for the monthly cancer 62 day performance by March 24 was introduced from October 2023. It should be noted that this will be negatively impacted as we focus our work to achieve the 62 day backlog reduction. ICB performance in October was 63%.

Other areas of note/risk

Mental health waiting times

Trends in mental health waiting times across NENC ICB have been incorporated into the report from this month. The mental health appendices provide further trend analysis in relation to <18 week waits, 18-26 week waits, 27-52 week waits, 53-104 week waits and 104+ waits. A variety of transformation work is underway and further analysis of this will be coordinated through the NENC MHLDA Performance and Oversight group.

NB MHSDS data is subject to variable data quality between providers. All providers submitting to MHSDS are included. Definitions as below open to differences in interpretation, particularly as to what is defined as a contact. Reporting to move to new national standard once supported by MHSDS submissions.

Adult "People with an accepted referral waiting for a 1st direct or indirect contact".

Children "Children and Young People (0-17) with an accepted referral waiting for a 1st or 2nd direct or indirect contact".

Adult Mental Health – At the end of October 23, 34,339 adults are waiting for a 1st MH Direct contact, 34% have been waiting under 18 weeks and 16% over 104 weeks.

Children and Young People Mental Health – At the end of October 23, 24,782 CYP (15,073 CYP autism and neurodevelopment patients) had been waiting for a 2nd contact, 33% of CYP waiting have been waiting under 18 weeks, and 9% of CYP (6.7% CYP autism, neurodevelopmental) waiting over 104 weeks.

Mental health services: Talking Therapies

The numbers of people accessing Talking Therapies for anxiety (TTAD) continues to be behind plan. The multi-disciplinary Transformation Team are undertaking a deep dive to agree credible options/recommendations for future commissioning of TTAD services.

Mental health services: Out of Area Placements (bed days)

The number of Out of Area Placements (OAP) bed days reduced significantly in July following a peak in June. This reduction has been maintained in September, although this remains behind plan at 360 OAP Bed days compared to a September plan of 276 across NENC. As of October, CNTW have 0 inappropriate OOA placements and TEWW reporting an improved position at 5.

NENC ICB continue to explore the issues causing the underperformance and mitigating actions with all partners to recover the target. Actions include robust case management, embedding clinically ready for discharge reporting and discharge facilitation.

Learning Disabilities and Autism: IP Care

Reducing reliance on inpatient care (IP) – At the end of November 23 both the ICB target and secure services target remain at risk for Q3.

NENC System Performance Improvement and Oversight Group

A NENC Systemwide performance, Improvement and Oversight meeting has been established by the NENC ICB Executive committee. The purpose of the group is to maintain oversight of overall system and individual provider performance against the NHS operational performance waiting times standards and agreeing actions to support improvement in performance. The group will consider both NHS constitutional standards and any recovery standards set by NHSE via the annual operational planning guidance.

The first meeting of this group met on 6 December with a detailed discussion in relation to UEC pressures with an action to establish an ambulance data task and finish group across the system.

Elective long waits

Complex spinal surgery remains a pressure at Newcastle upon Tyne Hospitals NHS FT with small numbers of patients remaining that have waited over 104 or 78 weeks. Ophthalmology, dermatology and orthopaedics are other specialities at the trust that have pressures in relation to elimination of 78+ week waits. NUTH continues to secure support from neighbouring trusts to reduce waiting times for patients where possible.

NENC continues behind plan in October on reducing the number of people that wait over 65 weeks for an elective procedure, with a slight decrease in October to 2229 vs 1367 plan. More recent unvalidated data demonstrates this the number of 65+ week waiters to have increased following this slight decrease.

The recently submitted H2 plan at provider level for 65+ and 78+ week waiters will report against a revised provider plan from November, it should be noted however that the ICB plan has not been amended for 65+ and this report will monitor a provider and ICB commissioned level of performance moving forward. NUTH and South Tees FTs have the greatest challenge to eliminate 65+ waits, the ICB and Provider Collaborative are working together to consider how the wider system could support delivery of this ambition.

Industrial action has hampered elective activity and there are some specialty specific pressures that have emerged. Despite this, all trusts are making every effort to minimise impact on their plans.

There continues to be a significant number of people waiting over 52 weeks with 8281 at the end of October, and this is above the plan of 6653 for October, although there is a decreasing trend.

**NHSE
Statement on
Health
Inequalities**

Tackling inequalities in outcomes, experiences and access is one of the four key purposes of ICSs. Good quality robust data enables us to understand more about the populations we serve and identify groups at risk of poorer access to healthcare, poor experiences or outcomes, and deliver targeted action to reduce healthcare inequalities.

NHSE published a statement on 27 November 2023 setting out a description of the powers available to relevant NHS bodies to collect, analyse and publish information in connection with health inequalities for the period 1 April 2023 to 31 March 2025, with a view to being reviewed initially every 2 years. This will encourage better quality data, completeness and increased transparency and drive improvement in the provision of good quality services and in reducing inequalities across our system.

The first statement focuses on a small number of data indicators aligned to the [5 priority areas](#) for addressing healthcare inequalities set out in the 2023/24 priorities and operational planning guidance and the [CORE20PLUS5](#) approach for adults and children and young people and are to be disaggregated where available by age, sex deprivation and ethnicity. ICBs and NHS Trusts should use this statement to identify key information on health inequalities and set out how they have responded to the statement in annual reports. NENC ICB are currently working to coordinate a system level response which will be set out in the February version of this report.

**Reporting of
Serious
Incidents and
implementation
of PSIRF**

The data on the number of serious incidents is no longer reported. Providers are now underway with their transition to Patient Safety Incident Response Framework (PSIRF) and will cease the application of the former serious incident framework. Regular updates regarding PSIRF implementation, and any shared learning will be received in the bimonthly PSIRF updates to the Quality and Safety Committee.

**Elective Care
Patient Choice**

A national system that enables patients who have been waiting more than 40 weeks to initiate a request to move hospital (PIDMAS) opened on 31 October, it is the responsibility of the ICB to identify if there is an alternative provider with capacity to see the patient more quickly. Approximately 400 patients have requested a transfer, in the majority of instances no quicker alternative has been secured however not all transfer discussions have concluded so there is not yet a full picture of transfers from this first cohort of patients. There has been some movement of patients e.g. 10 ophthalmology patients from NUTH to South Tyneside and Sunderland FT however this would have happened as part of mutual support arrangements anyway for a larger cohort of patients.

Operational plan delivery - summary dashboard

A broad range of metrics are reviewed and monitored through strategic programmes and through ICB oversight and contracting arrangements. This supports the delivery of standards and improvement. Where appropriate this is underpinned using a Statistical Process Control (SPC) approach which is considered best practice to enable systems to understand where there is significant variation and most risk and therefore focus attention on those areas that require improvement support.

This report includes a sub-set of those metrics primarily focussed on the national objectives for 2023/24. The metrics are reported at ICB level, and the narrative refers to place or organisations by exception. Other metrics, not routinely included in this report, will be added by exception if there is significant improvement or deterioration or concern about progress. These will be escalated via programme or oversight routes.

The dashboard is in three parts:

Part 1 - Recovering core services and improving productivity – national objectives 2023/24

These are the key metrics specified in the 2023/24 priorities and operational planning guidance for the NHS to support recovery of core services and improve productivity. They predominantly link to access or responsiveness of services and patient experience but some link to effectiveness/outcomes e.g., cancers diagnosed at an earlier stage are more likely to result in a better outcome. Others have a link to safety e.g., the maternity metrics. Use of resources is also included in this section given the importance of delivering a balanced net position to recovery and sustainability.

Part 2 - NHS Long Term Plan and transformation – national objectives 2023/24

These metrics are also specified in the 2023/24 priorities and operational planning guidance but link to commitments from the NHS Long Term Plan and service transformation. Many of these link to access to services, effectiveness, improving outcomes and personalisation.

Part 3 – National safety metrics

This includes important metrics/data linked to patient safety.

The dashboard Part 1 and 2 includes the metrics that are listed as objectives in the national planning guidance, however the delivery section later in the report also includes some additional metrics, either associated with the actions in the operational planning guidance or local priorities.

DASHBOARD KEY

National objective	<p>This provides a brief description of the national objective and associated timeframe, most aim for achievement by end of March 2024 and have a local month by month trajectory. Some objectives have a longer time frame. A full description of the objectives is included in Appendix 1.</p> <p>The dashboard also includes 2022/23 objectives linked to elective care long waits that have not yet been achieved (104 and 78 week waits).</p>						
Plan – March 2024	NENC's plan for end of March 2024 (From the final operational planning submission in May 2023 or the November 23 H2 submission where relevant)						
Plan – month	This specifies the NENC operational planning trajectory or national required standard for the month that is reported against in the report. The reporting period varies between metrics e.g., UEC metrics have more recently published data than other metrics.						
Actual	<p>This number represents the actual performance in the most recent reported month. This is primarily monthly published data, where more recent unpublished data is available the narrative later in the report often uses this to provide an indication of the direction of travel.</p> <p>The colour shading in the 'actual' column draws attention to those metrics that are well ahead or well behind plan in that month. Colour coding is not applied where the plan has been met or missed by a small margin.</p> <table border="1"> <tr> <td style="background-color: #008000;"></td> <td>Met – well ahead of plan</td> </tr> <tr> <td style="background-color: #ff0000;"></td> <td>Not met – well behind plan</td> </tr> </table>		Met – well ahead of plan		Not met – well behind plan		
	Met – well ahead of plan						
	Not met – well behind plan						
Trend	<p>This indicates whether performance over time is improving or worsening. Where Statistical Process Control (SPC) is used, the trend category relates to the variation output generated by SPC and therefore indicates significant improvement or deterioration. Where SPC is not appropriate a number of data points are used to ensure it reflects a trend rather than normal variation.</p>						
Benchmark	<p>Where possible the NENC performance is compared with the England or North East and Yorkshire (NEY) position as a benchmark. The number represents the England position unless otherwise stated and the colour shading indicates:</p> <table border="1"> <tr> <td style="background-color: #008000;"></td> <td>NENC compares favourably</td> </tr> <tr> <td style="background-color: #ff0000;"></td> <td>NENC does not compare favourably</td> </tr> <tr> <td style="background-color: #cccccc;"></td> <td>No comparative data available</td> </tr> </table> <p>For ambulance response times the bench mark is expressed as a ranking position out of the 11 ambulance providers.</p>		NENC compares favourably		NENC does not compare favourably		No comparative data available
	NENC compares favourably						
	NENC does not compare favourably						
	No comparative data available						

Data flow is not yet established against some of the new objectives and will be included as soon as possible.

Please note - Reporting period covered in this month's dashboards:

November 2023 – A&E metrics, bed occupancy, handover delays, ambulance response times, cancer 62 day backlog and metrics for learning disability and autism IP services, Never events, Finance
 October 2023 – all other standards unless otherwise specified.

Part 1 Recovering core services and improving productivity – national objectives 2023/24

	National objective 2023/24	March 24 Plan	Plan (month)	Actual	Trend	Benchmark
Urgent and emergency care	A&E waiting times within 4 hours (76% by March 2024) *	79.2% (81%)	76.4%	74.8%		69.7% (5/42)
	Category 2 ambulance response times (average 30 mins)	30 m (avg)	33:37 m:s	34.:51m	Improving	4/11
	Adult general and acute bed occupancy 92% or less	92.1%	92.2%	92.7%		95.5%
Community health services	2-hour urgent community response (standard 70%)	70%	70%	82.0%	Improving	
	Reduce unnecessary GP appointments: a) Direct referral from community optometrists and b) Self referral routes					
Primary care	a) GP practice appointments within two weeks and b) Urgent appointments the same or next day			83.9%		82.4%
				66.5%	Worsening	65.9%
	More appointments in general practice by Mar 24	1.6m	1.76m	1.90m		
	Additional Roles Reimbursement Scheme by Mar 24	1526		1543	Improving	
	Improving units dental activity (pre-pandemic level)	100%		78.2%		83%
Elective care	Eliminate waits of over 104 weeks (by July 2022) ICB	0		7		22/42
	Eliminate waits of over 104 weeks (by July 2022) Provider aggregate (No H2 submission)	0	8	14		22/42
	Eliminate waits of over 78 weeks (by April 2023) ICB plan (No H2 submission)	0	13	261		14/42
	*Eliminate waits of over 78 weeks (by April 2023) Provider Aggregate plan (Nov 23 H2 submission)	167	N/A	292		14/42
	Eliminate waits of over 65 weeks (by March 2024) ICB Plan (No H2 submission)	31	1353	2229		
	*Eliminate waits of over 65 weeks (by March 2024) Provider aggregate plan (Nov 23 H2 resubmission)	1145 (14)	N/A (1367)	2361		
	Eliminate waits of over 52 weeks (by March 2025) ICB Plan (No H2 submission)	5142	6653	8281		
	Eliminate waits of over 52 weeks (by March 2025) Provider aggregate (No H2 submission)	5135	6677	8720		
	Deliver 109% value weighted activity (amended to 105%) 3/12/23	105%		101%		
Cancer	*Reduce the number of patients waiting over 62 days w/e 10/12/23 (H2 resubmission)	817 (800)	951	1037		
	Cancer faster diagnosis standard 75% by March 2024 ICB Plan (No H2 submission)	77%	76%	77.3%		71.1%
	*Cancer faster diagnosis standard 75% by March 24 Provider aggregate Plan (Nov23 resubmission) H2	77.2% (77.6%)	N/A (76.1%)	77.4%		71.1%
	Stage at diagnosis ambition 75% by 2028					
Diagnostics	Diagnostic test within six weeks 95% by March 2025	89.4%	89.5%	87.3%		
	Diagnostic activity levels to support recovery 3/12/23	109%	113%	108%		
Maternity	Maternal mortality rate per 1000 (Mar23)					
	Still births per 1000 births (Mar23)			3.39		3.52
	Neonatal deaths per 1000 live births (Mar23)			1.86		1.6
	Increase fill rates for maternity staff					
Use of Resources	Deliver a balanced net system financial position for 2023/24	£49.87 m	£48.62 m	£29.68m		

*H2 Provider resubmission. March 24 plan as per H2; Monthly plan to commence from Nov 23 data. (denotes original plan).

Part 2 NHS Long Term Plan and transformation – national objectives 2023/24

	National objective 2023/24	March 24 plan	Plan (Month)	Actual	Trend	Bench mark	
Workforce	Improve retention (turnover)	12.1%		9.5%	Improving		
	Improve staff attendance (sickness)	5.6%		5.5%		4.8%	
Mental health	*Improve access to mental health support for CYP	53,245	52,243	56,190	Improving		
	Increase the number of people accessing Talking Therapies for anxiety (TTAD)	22,540	7,424	5,570			
	*Community mental health services (5% increase) 2+ contacts	34,855	33,761	38,380	Improving		
	*Total number of inappropriate Out of Area Placements (OAP) Bed days (September 23)	162	276	360			
	Recover the dementia diagnosis rate to 66.7%	67%	67%	68.7%	Improving	63.8%	
People with a learning disability and autistic people	Annual health check and plan for people on GP LD registers (75% March 2024) (Cumulative Oct23)	75%	24%	38%			
	*Reduce reliance on inpatient care -adults (ICB)	52	60	92			
	*Reduce reliance on inpatient care -adults (secure)	61	64	77			
	Reduce reliance on inpatient care – under 18s	8	8	4			
Prevention and health inequalities	Hypertension (77% by March 2024) June 23	77%	77%	71%			
	Use of lipid lowering therapies (60%) June 23	60%	60%	63%			
	Adults	Increase uptake of COVID vaccines (highest priority group as@ 17/12/23)			63.8%		
		65+ receiving flu vaccination (as @17/12/23)	85%		76.8%		
		Increase uptake of pneumonia vaccines					
	Children & Young People (CYP)	Increase uptake of SMI health checks (Cumulative) Sept 23		16,325	15,539		
		% pregnant women from BAME groups on continuity of care pathway by 29 weeks Sept23		N/A	27%		
		75% Cancers Diagnosed at stage 1&2 by 2028					
		CYP: Asthma: address over reliance of medications					
		CYP: Decrease the number of asthma attacks Proxy: Rate of unplanned admissions for asthma 0-17 yr olds, per 100,000		N/A	7		
CYP: Increase access to glucose monitors and insulin pumps							
CYP: Access to epilepsy specialist nurses							
CYP: Rate tooth extractions due to decay children admitted as IP in hospital aged <10 per 100,000		N/A	20	Worsening			
CYP: Elective WL <10 awaiting IP tooth extraction.			280	Worsening			
	CYP accessing mental health service for 0-17 years	53,245	52,243	56,190	Improving		

*NENC Plan does not meet or exceed the national objective

Reporting period covered:

November 2023 – A&E metrics, bed occupancy, handover delays, ambulance response times, cancer 62 day backlog and metrics for learning disability and autism IP services, Never events, Finance
October 2023 – all other standards unless otherwise specified.

Part 3 – Core safety metrics – October/November 23

	National objective	Mar 24 plan	Plan (YTD)	Actual Month	Actual YTD	Trend	Benchmark
Never events	Zero November 2023	0	0	3	14		
Infection prevention control	MRSA October 23	0	0	4	13		
	C Diff October 23		330	59	394		
	E Coli October 23		510	74	615		
Mortality	Two trusts (CDDFT) and STSFT are showing higher than the expected range for SHMI.						

NB The data on the number of serious incidents is no longer be reported. Providers are now underway with their transition to PSIRF and will cease the application of the former serious incident framework. Regular updates regarding PSIRF implementation, and any shared learning, will be received in the bimonthly PSIRF updates to the Quality and Safety Committee.

Reporting period covered:

November 2023 – A&E metrics, bed occupancy, handover delays, ambulance response times, cancer 62 day backlog and metrics for learning disability and autism IP services, Never events, Finance.

October 2023 – all other standards unless otherwise specified.

System Oversight

**Better health
and wellbeing for all...**

NHS Oversight Framework (NHS OF) Summary

This section of the report provides an overview of the current oversight segmentation and support arrangements and the ICB position against the NHS Oversight Framework metrics.

NHS Oversight Framework Segmentation and CQC ratings

ICBs and trusts were 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) and influences the oversight arrangements that are established. NHS England holds the responsibility to review and change segmentation, this is undertaken regularly by the North East and Yorkshire Regional Support Group. Oversight of trusts in segment 1 and 2 is led by the ICB and oversight of trusts in segment 3 or 4 is undertaken by NHS England in partnership with the ICB. The only change since the last report is the movement of Gateshead to segment 3.

NENC ICB is in segment 2, the table below shows the trust level overview of segmentation, CQC rating and any other support/escalation in place.

Provider	NHS OF segment	Oversight arrangements	Additional escalation/support	CQC overall rating/recent warning notices. Other external reviews of significance.
Cumbria, Northumberland, Tyne and Wear NHSFT	1	ICB led	*Action plan monitored via the Quality Review Group.	Outstanding (2022) (Learning disability and autism services - requires improvement Aug 2022*)
Northumbria Healthcare NHSFT	1	ICB led		Outstanding (2019) Maternity services – good overall (safe domain also good)
North Tees and Hartlepool NHSFT	2	ICB led	National maternity Safety Support Programme.	Requires improvement (2022) Maternity services – Requires Improvement (2022)
Sunderland and South Tyneside NHSFT	2	ICB led	Progress against CQC action plan provided through the Quality Review Group. National maternity Safety Support Programme.	Requires Improvement (2023) Maternity services – Requires Improvement (2023)
County Durham and Darlington NHSFT	3	ICB led	Removed from Tier 2 Elective (12.4.23).	Good (2019) Maternity services at UHND and DMH rated as inadequate (Sept 23). Warning notice issued re improvements to managing each maternity service.
Newcastle Upon Tyne Hospital NHSFT	3	ICB led	Tier 1 – Elective & Cancer Northern Cancer Alliance and GIRFT support in place.	CQC has suspended rating and public statement from website. Awaiting publication of report (Nov 23). (Warning notice Dec 22 re healthcare provided to patients with a mental health need, learning disability or autism). Maternity services rated as requires improvement (May 23).
Gateshead Health NHSFT	3	ICB led	Enhanced finance oversight/ support led by NHS E.	Good (2019) Maternity services – Good overall (2023)
North Cumbria Integrated Care NHSFT	3	ICB led from Nov 23	Removed from Tier 2 Cancer to ICB/NCA monitoring and support (May 23). Enhanced finance oversight.	Requires Improvement (2020) Maternity services – good overall (Safe domain – requires improvement)
North East Ambulance Service NHSFT	3	NHSE Quality Improvement Board	Range of support including NECS support for incident reporting.	Requires improvement (2023) Awaiting outcome of independent review
South Tees NHSFT	3	NHSE/ICB oversight of finance	Quality - supported by ICB/NHSE. Enhanced finance oversight. Tier 2 – elective.	Good (May 2023) Maternity – Good – with an Outstanding rating for leadership (2022)
Tees, Esk and Wear Valleys NHSFT	3	NHSE Quality Board	Support and additional capacity from the wider NHS to progress programme of improvement work across services.	Requires Improvement (2021)

CQC Inspections for Adult Social Care, Primary Medical Care and Hospitals Services

The Care Quality Commission now publish a weekly report on services which have been inspected by specialist teams of inspectors. The report lists those inspections by CQC sector, i.e. Adult Social Care, Hospitals, and Primary Medical Care and include any additional detail in relation to enforcement. An overview of CQC ratings for General Practice, residential and community social care is given below.

General Practice CQC ratings overview as at December 2023

The table below shows the current range of CQC ratings for general practice by area. This is reported on the previous CCG footprints but hopefully will change to align with new ICB arrangements in time. The picture is generally very positive with 37 practices rated as Outstanding, 302 as Good, 1 rated as Inadequate and 5 as Requires Improvement. Support arrangements are in place for those rated as Inadequate or Requires Improvement.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	8	26		
Darlington	1	10		
Durham	7	52	2	
Gateshead	1	23	1	
Hartlepool	1	10		
Middlesbrough		19		
Newcastle	3	25	1	
North Tyneside	4	20		
Northumberland	4	32		
Redcar and Cleveland		14	1	
South Tyneside	1	20		
Stockton	4	17		
Sunderland	3	34		1
ICB total	37	302	5	1

Residential Social Care Provider Overall Rating by Local Authority as at December 2023

The table below shows the current range of CQC ratings for residential social care provider by Local Authority. Residential care providers include care home services with nursing (CHN), care home services without nursing (CHS), and Specialist college service (SPC). Examples of providers which fit under the residential social care provider category are Nursing home, Residential home, rest home, convalescent home with or without nursing, respite care with or without nursing, mental health crisis house with or without nursing. The picture is generally very positive with 44 providers rated as Outstanding, 648 as Good and 5 rated as Inadequate and 73 Requires Improvement.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	4	77	6	0
Northumberland	4	72	15	0
North Tyneside	1	36	4	0
Newcastle upon Tyne	6	50	5	2
Gateshead	4	35	8	0
South Tyneside	1	28	1	1
Sunderland	6	77	0	0
County Durham	10	116	13	0
Stockton-on-Tees	3	38	8	1
Hartlepool	0	22	3	0
Darlington	3	24	2	1
Middlesbrough	2	39	2	0
Redcar and Cleveland	0	34	6	0
Total	44	648	73	5

Community Social Care Provider Overall Rating by Local Authority as at December 2023

The table below shows the current range of CQC ratings for residential social care provider by Local Authority. Community Social care category includes Domiciliary care services including those provided for children (DCC), Extra house services (ECX), Supported living services (SLS), and Shared Lives (formerly known as Adult Placement) (SHL).

The picture is generally very positive with 32 providers rated as Outstanding, 357 as Good, 22 rated as Requires Improvement and 1 rated as Inadequate.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	0	37	5	1
Northumberland	9	40	2	0
North Tyneside	4	23	1	0
Newcastle upon Tyne	5	38	1	0
Gateshead	0	37	3	0
South Tyneside	2	14	1	0
Sunderland	2	37	0	0
County Durham	5	47	3	0
Stockton-on-Tees	1	24	3	0
Hartlepool	0	11	0	0
Darlington	2	14	1	0
Middlesbrough	1	17	2	0
Redcar and Cleveland	1	18	0	0
Total	32	357	22	1

ICB position on oversight framework metrics

The NHS Oversight Framework (NHS OF) includes a number of metrics across the domains of preventing ill health and inequalities; people; and quality, access and outcomes. In August 2023 the number of metrics within the NHS OF was reduced from 89 to 65. ICBs continue to be ranked according to their performance on 41 of these individual metrics and reported as being in the highest quartile, interquartile or lowest quartile range for each indicator. There is a large cross over between the oversight framework metrics and the objectives in the executive summary dashboards so individual metrics are not repeated here but the high-level summary in the table below outlines the distribution across the quartiles by domain and notes how many standards were met in this latest data period.

Domain (Total number of indicators)	Number of indicators in highest quartile	Number of indicators in Interquartile range	Number of indicators in lowest quartile	Number met against those with identified standard
Preventing ill health & reducing inequalities (11 down to 5)	4	1	0	1 of 5
People (9)	5	3	1	0 of 0
Quality, access and outcomes (50 down to 27)	10	9	8	4 of 20
Leadership (2 down 0)	0	1	0	0 of 0
TOTAL	20	36	9	13 of 39

Actions

Trust oversight meetings provide an important mechanism to discuss and understand challenges associated with delivery of oversight framework metrics as well as identify any common themes and actions. Recent meetings are noted in the section below. Work is progressing to extend this mechanism to strategic programmes and places; the first place oversight meeting was with Sunderland in November and the first programme oversight meeting is planned for the Urgent and Emergency Care Programme in January 24.

Update from oversight meetings and Quality Improvement Boards

A number of ICB or NHS E led oversight meetings have taken place since the last report to Board, these are noted below:

Cumbria Northumberland Tyne and Wear FT

An ICB led Oversight meeting was held on 6 November where a positive discussion on key improvements and challenges for the Trust was noted. Reference was made to the Rapid Improvement event to support Children and Young Peoples Access to mental health services, following which the ICB has identified systemwide actions including demand management and transformational work with the Local Authority.

The Trust welcomed the opportunity for the discussion, and it was agreed that a further meeting be held in 4 months` time with a focus on partnership integration and models of care.

Sunderland Place

The first of the ICB Place oversight meetings took place on 13 November with Sunderland, where a helpful systemwide conversation was held between partners. Sunderland Place was recognised as having a mature way of working across the system, with a strong awareness of key challenges and mechanisms in place to mitigate against these. Examples of good practice suggested to be shared across NENC could include the system diagnostics with Newton Europe where Information Governance (IG) arrangements had been established around data sharing and pulling together case review groups for discharge to inform priorities for the BCF.

Gateshead Health FT

An ICB led Oversight meeting took place on 27 November where the continual improvements of the Trust on elective recovery and Urgent an Emergency Care were acknowledged. The positive work of the trust in relation to quality resulting in the Trust being stepped down from enhanced quality surveillance was recognised, as was the positive approach to financial challenges, also noted through the current monthly finance meetings between the Trust and the ICB.

Newcastle upon Tyne Hospitals FT

An ICB led meeting was held on 11 December. Progress on quality and finance issues were considered, in the context of the trust having been moved into segment 3 of the NHS Oversight Framework. Assurance was provided in relation to the trusts serious incident process and the importance of increasing the level of recurrent cost improvement initiatives was acknowledged. Continued pressures in relation to elective recovery were noted together with the impact of industrial action. It was acknowledged the trust is working to optimise pathways where possible to reduce pressure and the ICB is exploring further plans for mutual aid across the system with the provider collaborative for mutual aid.

North Cumbria Integrated Care FT Quality Board

An NHS E led Quality Board has been in place for a number of years with NCIC, at the last meeting on 28 November NHS E handed the leadership of the meeting over to the ICB. This de-escalation was in recognition of the progress made in relation to quality. The trust remains in segment 3 on the NHS Oversight Framework and NHS E colleagues will join the ICB led oversight meetings going forward.

Tees Esk and Wear Valley FT Quality Board

Key areas relate to the backlog of serious incident investigations:

- As of 12.12.23 there were 106 serious incident reviews open
- 87 investigations progressing
- All inpatient SI's are progressing
- Based on the date the event was identified and reported as a Serious Incident, the oldest unallocated case is from October 2023.

A sustainability plan is in place to ensure no recurrence of backlog.

Since May 2023 the Patient Safety Team have completed and closed 97 SI's with a further 16 due for submission.

Three Regulation 28 Prevention of Future Death reports have been issued by the Coroner for Durham in relation to delays. All have been responded to with the final response submitted 6th December 2023. The Durham Coroner, advised that she believed the SI backlog was being comprehensively addressed and she was assured by the progress being made.

The Duty of Candor Policy has been updated and all families continue to be involved in Serious Incident reviews, contributing to setting the terms of reference for each investigation and reviewing findings through the process.

North East Ambulance Service FT

The Trust remains in Quality Improvement and is working through the 4 key workstreams

- Medicines Management
- Governance
- Culture
- Patient Safety

The CQC have visited the Trust after seeing an increase in serious incidents relating to medicines management. NEAS has delivered an updated action plan to address the concerns. One of the key areas is staff are now actively reporting issues when they occur. 1 issue was related to patient safety and a full investigation is being undertaken.

The ICB are supporting NEAS with the implementation of the Patient Safety Incident Response Framework.

Category 2 response times has been added to the Quality Improvement Group agenda to understand the deterioration in performance in recent weeks.

ICB Complaints and Healthwatch Themes

Complaints

The NECS Complaints Team handled a total of 178 new complaints/concerns and 16 compliments during July – September 2023 on behalf of the ICB:

Number of complaints /concerns	Action/outcome
135	complaints were referred to other organisations for investigation and response.
43	complaints/concerns were managed as NENC ICB cases
21	formal complaints led by the ICB were responded to during the quarter. Of these, 13 were upheld/partially upheld and 7 were not upheld. 1 further complaint was withdrawn.

The main category of ICB complaints/concerns which were upheld/partially upheld following investigation was Continuing Healthcare (CHC) with 9 upheld/partially upheld cases.

Learning from complaints

Examples of learning and service improvements identified from ICB complaints which were upheld/partially upheld in the quarter are noted below:

➤ **Continuing healthcare**

- Improvements in communication with patients' families/representatives eg timeliness of replying to voicemails
- CHC finance eg process for agreeing and confirming funding uplifts
- Quality assurance processes eg verification of information within correspondence to patients/representatives
- Appeals process eg timescale for completion of appeals

➤ **Contract management**

- Assurances from providers around availability of scan results ahead of appointments being booked
- Use of taxis in place of contracted patient transport

Performance against key performance indicators

All new ICB cases received during the quarter were acknowledged within the 3 working day target.

The ICB aims to respond to single-agency complaints within 30 working days of receipt (or of receipt of consent or agreement of the complaint plan, where applicable). Where this cannot be met, a revised date is agreed with the complainant. This KPI was met for ICB complaints closed during the quarter.

Healthwatch themes and engagement work across NENC

The NENC Healthwatch Network includes the fourteen Healthwatch organisations from each local authority area. Each Healthwatch is independent and local Boards set priorities based on feedback from residents.

The Network provides an invaluable service throughout the Integrated Care Service in the collation of their priorities by independently representing the voices of those living and working in our communities, whether it be locally, sub-regionally or regionally. A whole range of robust and comprehensive methods of information gathering have been applied, with particular reference to those who are seldom heard and disadvantaged, when determining our areas of work. This will enable meaningful intelligence to be fed into discussions, at all levels, to help shape and develop service provision for all people in our region.

Social Care themes:

- Nursing/Care Home settings - it is sometimes felt the care sector and the dignity that needs to be afforded to patients/residents is not given the priority required compared to the Health sector. 3 of our Healthwatch organisations (North Tyneside, Northumberland, and Hartlepool) are looking at the provision & quality of care with Nursing/Care Home settings.
- Domiciliary care - North Tyneside, South Tyneside and Sunderland
- Provision of day care - Newcastle, Gateshead and Stockton
- Assessment of care - Gateshead
- Experiences of carers – Middlesbrough, Redcar & Cleveland and Westmorland & Furness
- Adult Social Care Lived Experience Evaluation - Darlington

Health Sector themes:

- GP access – the majority of Healthwatch have raised concerns relating to GP access. Healthwatch Hartlepool focusing on letters re CVD for the >40's
- Dentistry Access – this is still one of the highest reasons residents are contacting Healthwatch for help & guidance. 7 Healthwatch are looking at this currently and 8 Healthwatch were involved in the previous published consultation (January 2022).
- Pharmacy is beginning to feature more in the concerns by Healthwatch given many pharmacies are removing their supplementary hours.
- Hospital discharge - identified by 7 of the Healthwatch and 2 have already published their findings this year based on consultation and research (Hartlepool & Sunderland). Hartlepool is commencing a review of the implementation of their previously published recommendations to North Tees & Hartlepool FT.
- Community mental health services – 7 Healthwatch continue to look at this area.
- Learning Disability & Autism - there is a great deal of work happening across the Network looking at the provision of services. In some areas this will examine performance in Primary Care of ensuring Annual Health checks are carried out in a timely manner.
- Access for those with a sensory disability - continues to be an area of concern as does the wider concern in ensuring all Health & Care services adhere to the Accessibility Standards Framework.
- Emotional support to crisis - work continues to engage with Children & Young People given concerns raised.

South Tyneside Healthwatch is running a series of consultation events to further engage with 'Seldom Heard' groups over multiple dates and at various venues. Middlesbrough Healthwatch & Redcar & Cleveland Healthwatch are engaging with ethnic minority groups plus celebrating their 'Star' awards to showcase best practice across the spectrum of Health & Social settings.

Operational Planning Objectives 2023/24

**Better health
and wellbeing for all...**

Urgent and Emergency Care - November23 (except *data)

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Benchmark
A&E waiting times < 4hrs (76% by March 24)	79.2%* (81%)	76.4%	74.8%		69.7% (5/42)
Cat2 ambulance response (NEAS)	30 min av	33:37 m	34:51s	Improving	4/11
Adult G&A bed occupancy	92.1%	92.2%	92.7%		95.5%
Patients not meeting the criteria to reside (CtR)		9.5%	7.8%	Improving	
Ambulance handovers >59mins:59s*w/e 4/12	0	0	387		
111 Call Abandonment (NEAS plan)	3%	10%	7.8%	Improving	
Mean 999 call answering time	<10s	9s	5.5s		7.7s

*H2 Provider resubmission. March 24 plan as per H2; Monthly plan commenced from Nov 23 data. (denotes original plan).

Observations

- **A&E performance** at 74.8% remains above the national average but short of the NENC Nov plan (76.4%). NENC remains in the top 25% of performing ICS's ranking 5th out of 42 ICS's in November.
- **Ambulance response times** ranking 1/11 of ambulance providers for Cat1 and 2/11 for Cat 4 response. Cat 2 mean response has improved slightly in November 23 to 34:51 compared to 34:54 in October 23.
- **Ambulance handover delays** continue to increase heading into winter for delays 30-60 and 60+ mins
- **Bed occupancy** compares favourably to the national/ regional position but deterioration from October.

Actions/interventions/learning

- **Top 3 system priorities now in place**
 1. Cat 3 and 4 CAS and Dispositions and national test site for iUC+ (a national pilot - Integrated Urgent Care Plus). The aim of the pilot is to develop a single point of access and test and evaluate implementation to inform national roll out and future delivery.
 2. Ambulance Handover delays - whole system focus on managing undifferentiated risk.
 3. Front Door navigation and multi disciplinary team working in A&E – variation of paramedic and senior nurse resources across 11 sites.
- Acute Respiratory Hub across system - now 42 hubs offering over 30,000 appointments.
- Increase in utilisation of Virtual Wards across system and plan for integrated models with Urgent Community Response services for 2024/25.

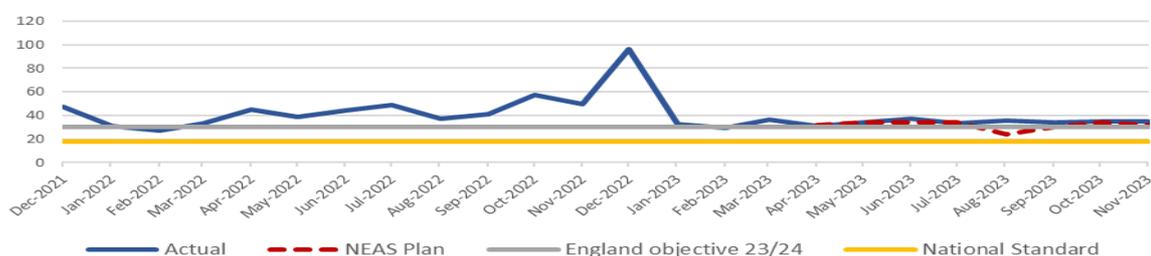
Quality implications/risks

- Working towards system Infection Prevention and Control planning and implementation.
- Ambulance services including NEAS reporting upwards of 50 – 60 minutes MEAN response time to Cat 2 where the original standard was 18 minutes and the ask for this year is 30 minutes.
- Risk of harm and death for patients with long waits – whole system focus on reducing long waits.

Recovery/ delivery

- **Variation** - main work area for whole of UEC is to understand and then reduce inappropriate variation through a learning and improvement approach
- Reliance on all providers playing their part in releasing ambulances to respond to the next undifferentiated patient in communities, and by taking all steps the whole system can to reduce handover delays.

NENC ICB - Category 2 Ambulance Response (NEAS)
November 2023



Primary and Community Care – October 23(except *data)

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Benchmark
2-hour urgent community response (UCR) *Sept23	70%	70%	82%	Improving	
Reduce unnecessary GP appts: direct referral community optometrists/self-referral					
Proportion of GP practice appointments within two weeks (where appt been requested within 2 wks)			83.9%		82.4%
More appointments in general practice by March 24	1.6m	1.76m	1.9m		
Additional Roles Reimbursement Scheme (ARRS)	1526		1543	Improving	
Improving units of dental activity (UDA) to pre-pandemic levels	100%		78.2%		83%
Proportion of appointments the same or next day			66.5%	Worsening	65.9%
2-hour UCR first care contacts attended*Sept23			8385	Improving	

Observations

- Trend in GP appointment numbers Oct 23 demonstrates a 5.4% increase on the previous year and 12% increase on March 2019.
- NENC continues to provide in person appointments above the national average with any health care professional – 76.5% in person which is the highest across NEY.
- Following last year's significant underspend, ARRS spend is closely monitored. For 2023/24, ARRS budget and recruitment have increased however there is still expected to be an underspend.
- Challenges due to dental contracting model leading to reduction in dental UDAs.
- UCR exceeding 70% threshold – all Trusts are now publishing data via the National UCR Dashboard.
- Continued upward trend in UCR referrals.

Actions/interventions/learning/risks

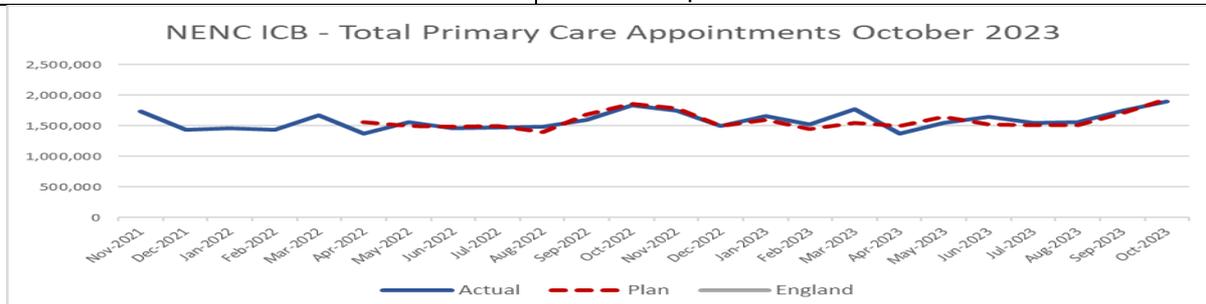
- NENC ICB Primary Care Access Recovery plan – practices, PCNs reviewing access models and digital tools to support patients in accessing services and tackling the "8am rush". Work continues to deliver national and local requirements.
- Ongoing work to address access issues/patient experience, empowering patients, transitioning to modern general access model, building capacity, and cutting bureaucracy.
- ARRS workshops continue as part of plans to support maximising spend. Communication on future contract and financial allocations awaited to support beyond March 2024.
- Primary Care Dental Team structure developed, briefing documents for enquiries and patient interface, Local Authorities and MPs.
- ICB engaging with national dental reform programme to improve usage and overall Oral Health Strategy in development.
- Risk remains of dental contracts being given up where contractual obligations cannot be fulfilled. Any financial resource associated with this will be quickly made available to other providers where there is capacity to deliver.
- UCR Task & Finish group established to review ambulance referrals data flow.

Quality implications

- Project to develop standardised quality metrics in progress.
- Issues with access can result in poor patient experience.

Recovery/delivery

- System plan for Primary Care Access Recovery presented to Public Board Nov 23.
- Focus on increasing UCR referrals, including from 999/111, TEC responders and care homes.



Elective care – October 23 Actual data displayed at provider aggregate level.

Objective	Plan Mar24	Plan (Month)	Actual	Trend	Benchmark
52 week waits (eliminate by Mar 25) (No H2)	5135	6677	8720		
65 week waits (0 by end of Mar24) *	1145 (14)	N/A(1367)	2361		
Value weighted Activity levels (105%) 3/12/23	105%		101%		
78 week waits (0 by end Mar 23) *	167	N/A	292		14/42
104 week waits (0 by end of Mar 22)	0	8	14		22/42
Reduce outpatient follow ups by 25%					
FFT – outpatients (trust range)			94.7% - 100%		
FFT – inpatient care (trust range)			89.8% - 99%		

*H2 Provider resubmission. March 24 plan as per H2; Monthly plan to commence from Nov 23 data. (denotes original plan).

Observations

- NENC best performing Sep23 for RTT (69.1% of people on the waiting list for elective (non-urgent) treatment waiting <18 weeks).
- NENC value weighted activity target adjusted down to 105% in recognition of industrial action effecting planned elective activity.
- 104+ week pressures remain at NUTH with all remaining patients currently adult spinal.
- 78+ww growing with numbers increasing at both NUTH and S Tees; known pressures at S Tees (Pain, Neurology and sleep medicine) could see further increases.
- Growing numbers of 65+ww since Apr23 though significant change to planned trajectory through H2 23/24 planning exercise increases Mar24 plan from 14 to 1,145.
- Stable volume of 52+ww patients since Apr23 though signs of increase over the last 2-4 weeks

Actions/interventions/learning

- **H2 23/24 planning exercise** concluded with changes to 65+ww trajectory as well as a new trajectory for 78+ww.
- **Mutual Support:** co-ordination group established for mutual aid requests, theatre utilisation and capacity across NENC.
- **Patient initiated mutual support (PIDMAS)** processes now live. Around 400 transfer requests to date, however very limited alternative capacity with a shorter waiting time therefore few actual transfers taking place.
- **Clinical Alliances:** support to MSK, Eyecare, Gynaecology and General Surgery. Discussions regarding ENT and Dermatology. Spinal Services plan to standardise system delivery and roll out national backpain pathway.
- **OP transformation:** GIRFT Further Faster NEY launch Jan 24.
- **Children and Young People (CYP):** CYP working group incorporating feedback from surgery in Children Board.
- **GIRFT:** Maximising use of Elective Hubs, learning from Northumbria accreditation visit; Right Procedure, Right Place and Further Faster Guidance Cumbria Medical service visit planned.
- **Pathway Standardisation:** Interface development between Primary & Secondary care; working with primary care collaborative to review pathway systems.

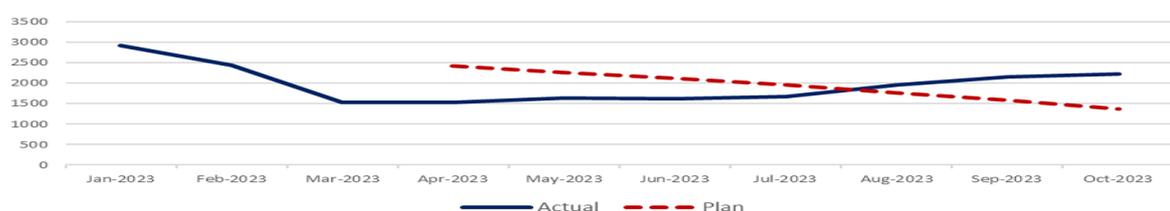
Quality implications/risks

- Patient choice may result in treatment being deferred and impact on the ability to improve the overall waiting list position.
- Patient access policies to be agreed across the system which are inclusive and recognise potential Health Inequalities

Recovery/delivery

- Recovery impacted by several periods of Industrial action.
- Work on validation continues across trusts
- Regular elective recovery meetings with S Tees to monitor progress in eliminating 78+ww
- Work continues through the Tier 1 elective meetings with NUTH to monitor trajectories to clear 78+ and 104+ waiters throughout 23/24.

NENC ICB - Number of patients waiting more than 65 weeks
H2 23/24 - Oct 2023



Cancer and Diagnostics - October 23 (except *data)

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Bench mark
Reducing 62 Day Backlog *3/12/23 ***H2	817 (800)	951	1037		
Faster Diagnosis Standard (FDS) ***	77.2% (77.6%)	N/A (76.1%)	77.4%		71.1%
Stage at diagnosis ambition 75% by 2028					
Monthly Cancer 62 Day Performance**			63%		62.8%
% Receiving diagnostic test < 6 weeks (by Mar25)	89.4%	89.5%	87.3%		72.5%
Diagnostic activity against plan *3/12/23	109%	113%	108%		

**Interim national ambition from October 23 is to achieve 70% (national standard 85%) for 62 day monthly cancer performance by March 24.

NB: FDS Actual and data displayed at Provider aggregate level for FDS.

***H2 operational plans at provider aggregate level for Mar24 and monthly plans to be monitored from Nov23 data onwards () denotes original plan.

Observations

- The ICB continues behind plan for backlog reduction although this has been a slowly improving position since October. Greatest challenge in Urology, Skin, Upper & Lower GI. Skin referrals dropped since October but remain a pressure.
- NENC ICB FDS continues high performance.
- Rapid Cancer Registration Data (RCRD) showing improvement in early diagnosis 2021 & 2022.
- Cancer Waiting Time changes from Oct 23 now in effect: FDS and two headline measures for 62 days and 31 days.

Diagnostics

- % patients waiting more than 6 weeks improved position with highest performance reported since beginning of the pandemic.
- Improvements in echo, non-obstetric ultrasound, endoscopy, urodynamics and sleep studies.
- MRI backlog continues to increase, imaging network working with trusts to understand issues.

Actions/interventions/learning

- Significant effort in backlog recovery to be sustained into 23/24 from Trusts with support from NCA and ICB and NHS England.
- From Jan 24, the NHSE Tier 1 elective escalation meeting for NUTH will include cancer with continued support from the ICB.
- FDS – National focus on all FDS performance and cancers diagnosed via FDS and reducing the gap.
- Significant work has been put into data completeness for Cancer Outcomes and Services Dataset (COSD) data at Trust level, this is focused on Stage at Diagnosis and completeness of data.

Diagnostics

- Quarterly meetings with providers, linking with Place commissioning/contracting colleagues.
- Continuing facilitation of mutual aid discussions.
- Increased mobile MRI provision.
- Impact of industrial action particularly on endoscopy and radiology reporting times.

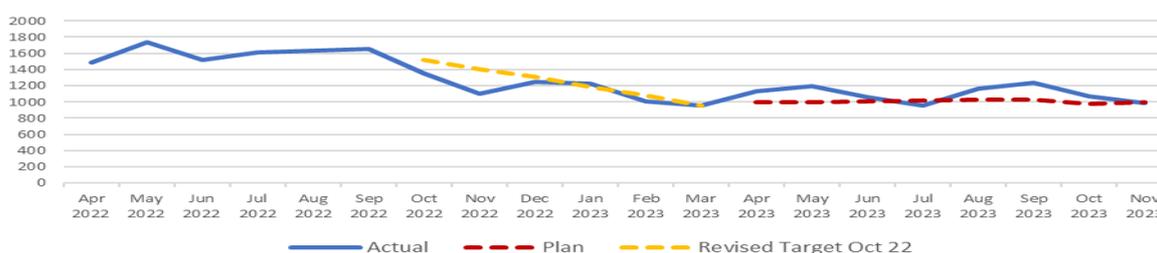
Quality implications/risks

- Reducing long waits and cancer backlog improves quality of life.
- FDS provides a timely diagnosis and improves opportunity for treatments.
- Improved equity in access to diagnostic services.
- Availability of diagnostics impacts on cancer waits and elective recovery.

Recovery/delivery

- 2022/23 cancer backlog trajectory challenged, work on specific pathways via the pathway boards and with Trust with biggest backlogs ongoing.
- FDS strong performance expected to continue.
- Recovery expected Mar 25 for diagnostics standard.
- Implementation of diagnostic workforce strategies, working to identify expansion in training.
- Improving position expected 23/24.

NENC ICB - Cancer Patients waiting over 62 days H2 23/24



Maternity – March 2023

Objective	Plan Mar24	Plan (month)	Actual	Trend	Benchmark
Maternal mortality					
Still births per 1000 births			3.39		3.52
Neonatal deaths per 1000 live births			1.86		1.6
Increase fill rates for maternity staff					
Proportion of maternity settings offering tobacco dependence services			50%	Improving	
FFT: Maternity services	Range from 63.6% to 96.6% who would recommend the service across our providers.				

Observations

Still births and neo-natal deaths demonstrate a worsening position across NENC. Data at provider level is published through the [National Maternity Dashboard](#) on an annual basis and through the NHS OF.

- Escalation policy for NENC maternity and neonatal units went live 11 December 23. Trusts to submit daily sitrep to enable effective response to escalation issues.
- Ockenden Assurance Peer Review Visits completed. Report which includes areas of good practice, areas in which the LMNS can provide additional support and any immediate action required by the Trust produced. LMNS hosting an event Feb24 to share good practice and learning.
- LMNS Board agreed to appoint a LMNS specific Chief Clinical Information Officer and Chief Midwifery Information Officer.
- LMNS Perinatal Pelvic Health Project Group met 30th November 2023.
- The LMNS hosted Digital Inclusion Workshop Dec23 to reduce digital inequalities in maternity.

Actions/interventions/learning

- North Tees & Sunderland & South Tyneside FTs remain under the national Maternity Safety Support Programme. Both units received positive progress reports from NHSE, but no immediate plans to remove from the programme.
- Funding streams for 24/25 to be confirmed by NHSE for the LMNS, which poses a risk in relation to financial planning.
- Recruitment and retention of multi-disciplinary team (MDT) staffing across our providers is a pressure –collaboration across NENC in workforce capacity underway.
- Awaiting confirmation from NHSE that the Independent Senior Advocate role can commence.
- Implementation of Saving Babies Lives Care Bundle v3, assurance gathering to be undertaken regarding evidence by Dec2023.
- Maternity and Neonatal Service User Voice Representatives survey regarding women's experience of informed consent taken over a 5 year period. Informed Consent a priority focus of the Personalised Care and Support Planning Group and has been added to the ICB risk register.
- LMNS Personalised Care and Support Planning met December 2023.

Quality implications

- Continued focus on the quality and safety of maternity and neonatal services to provide safe and compassionate care.
- Listening to women and their families, continues to address inequalities.
- NENC continues to utilise evidence from national reviews to improve services and support staff for continual improvement.

Recovery/delivery

- Continue to use the learning health system model to combine data, collaboration and quality improvement techniques towards collective improvement.
- Work closely with other LMNSs across the country.
- Task and finish group to understand health and wellbeing of maternity and neonatal staff in development.
- The LMNS are undertaking a review of the clinical governance structure following appointment of a number of new clinical leads, a proposed structure will be presented to the January LMNS Board.

Use of resources Data period M8 (November 23)

	Month 8 YTD plan	Month 8 YTD actual	2023/24 Annual plan	2023/24 Forecast Outturn
ICS financial position (surplus)/deficit	£48.62m	£29.68m	£49.87m	£49.87m
ICB financial position (surplus)/deficit	(£21.60m)	(£23.51m)	(£32.40m)	(£32.40m)
Running cost position	£40.11m	£36.28m	£60.42	£58.90m
Capital funding	£113.15m	£87.07m	£217.08m	£257.93m
QIPP/Efficiency savings	£239.26m	£246.08m	£408.36m	£410.25m
Mental health investment standard	6.73%	6.73%	6.73%	6.73%

Observations

- The month 8 position has improved significantly following receipt of additional non-recurrent support funding and changes to Elective Recovery Fund (ERF) arrangements agreed by NHSE in November 2023. This additional funding helps to offset previously identified overspends arising from industrial action, ERF performance and other pressures.
- The ICS is reporting a year to date (YTD) deficit of £29.68m compared to a planned deficit of £48.62m, a favourable variance of £18.9.
- The forecast position reported at month 8 is a deficit of £49.9m, in line with original plan. A revised forecast plan of £34.6m was approved by Board in November 2023 and this is expected to be reported at month 9 (in line with NHSE guidance).
- The ICB is reporting a YTD surplus of £23.5m, an improvement to plan of £1.9m, with a forecast surplus for the year of £32.4m in line with plan.
- Running costs - the ICB is reporting a small underspend (forecast £1.5m underspend) against running cost budgets.
- Capital spending forecasts now include the impact of IFRS16 (lease accounting) resulting in a forecast overspend of £40m. Some additional funding is expected to help mitigate this pressure and work continues via the Provider Collaborative to manage capital spending plans over the rest of the year.
- The ICS is reporting efficiency savings slightly in excess of plan, however this includes significant non-recurring efficiency savings. The ICB is expecting to achieve the MHIS target for 2023/24 (growth in spend of 6.73%).

Quality impact

Good financial management supports delivery of high quality services and reduction of health inequalities. All programme areas have a named finance to support programme delivery.

Actions/risk

- Due to the time lag of certain cost and activity information, there is still relatively limited data available at this stage of the year which increases the level of uncertainty in the forecast outturn position.
- At month 8, total unmitigated risks have reduced significantly following receipt of additional funding and ERF changes confirmed in November 2023. Net unmitigated risks are now £10m, compared to £88m at month 7.
- It should be noted this does not include the potential impact of further industrial action in the remainder of the year which could pose a further significant risk to the position.
- Across the system, spending controls have been reviewed in line with NHSE requirements following submission of a deficit plan.
- Additional controls have been implemented by ICB Executive Committee including a pause on discretionary non-staff spend (alongside vacancy controls already in place) and identification of additional risk mitigations.
- Work continues on the development of 'ICB 2.0' in response to the forthcoming 30% real terms reduction in running cost allowances.
- Recurring efficiency plans are currently forecast to under-deliver by £63m. This is largely offset by additional non-recurring savings in the current year but will increase the challenge for 2024/25.

Recovery/delivery

Financial controls are being reviewed across the system, with additional controls implemented where necessary to manage potential financial risks. Work continues across the system on the development of the medium term financial strategy and appropriate financial recovery plans.

Workforce – Staff Sickness July 2023/ Turnover Aug 23

Objective	Plan Mar 24	Plan (Month)	Actual	Trend	Benchmark
Improve staff retention (turnover systemwide NENC Providers)	12.1%		9.5%	Improving	
Improve staff attendance (sickness systemwide NENC Providers)	5.6%		5.5%		4.8%

Observations

Sickness

- The nationally reported in-month ESR recorded sickness rate for M4 is 5.5%, a slight increase from M3. This remains under the 5.6% plan.

Turnover

- National methodology has changed. Definition of turnover is leavers, plus other staff who remain in the NHS but who have changed profession or employer in the last 12 months.
- NENC continues to improve showing a 9.5% turnover rate against a plan of 12.1%.

Data

- Work underway to understand the different data sources to ensure consistency of reporting and monitoring across the ICB.
- Data included in this report is based on the nationally available data through NHSE (NHS Digital).

Actions/interventions/learning

- Both sickness and turnover continue to be trust priorities for action and captured as within the operational planning.
- Work ongoing to review approach to operational planning ensuring ongoing dialog between the ICB and providers, linked to budgets and activity. An operational planning workshop developed several agreed actions and principles.
- Bespoke narrative template to be used in this years planning round to supply information relating to the main KPIs.
- Risk linked to pressure on remaining staff due to sickness and turnover having a detrimental impact on their health and wellbeing. This will be mitigated as staff health and wellbeing has been identified as a key priority within the ICB People & Culture Plan and the agreed extension of the Health and Wellbeing Hub to the end of March 24 to support staff across health and social care.
- The NENC People and Culture Plan is now in the final stages of development with three of the six priorities being supply, retention and health and wellbeing.

Quality implications/risks

- Higher levels of sickness affect patient safety & quality as there are less staff available for duty.
- Staff turnover will impact on quality due to: Lack of continuity of care, staff shortages through vacancies putting pressure on remaining staff, time and effort involved in recruiting, training and inducting new staff members adding further pressure to existing staff.
- To mitigate the above risks and issues, provider trusts have all articulated they have plans in place to reduce sickness absence, improve retention and reduce turnover and have also agreed to provide mutual support

Recovery/delivery

- The operational planning round has indicated that overall, the Trusts are aiming from March 23 to March 24
 - to reduce sickness absence by 0.33%
 - to reduce turnover by 0.38%
- Looking at the current reporting period it would appear that trusts have already achieved the targets set and work will continue to maintain or surpass those levels for the remainder of the year

NENC ICB - Staff Absence Rate (Sickness) July 2023



Mental Health: Adults – October 23 (*except)

Objective	Plan Mar 24	Plan (month)	Actual	Trend	Benchmark
TTAD access	22,540	7424	5570		
Community mental health (CMH) 2+ contacts 5% increase	34,855	33,761	38,380	Improving	
No. inappropriate out of area (OOA) beddays *Sept 23	162	276	360		
Dementia diagnosis rate * Nov 23	66.7%	67%	68.7%	Improving	63.8%
People with SMI receiving physical health check *Sept 23		16325	14549		
MH Adults waiting >104 weeks for 1 st Direct appt**			5406		
MH Adults waiting >52 weeks for 1 st Direct appt**			13,232		

MHSDS data subject to variable data quality between providers. All providers submitting to MHSDS included. Definition **Adult "People with an accepted referral waiting for a 1st direct or indirect contact" open to difference in interpretation. Reporting to move to new national standard once supported by MHSDS.

Observations

- **TTAD** - NHS Talking Therapies for Anxiety and Depression (TTAD) access remains below plan and target. Challenges relating to workforce pressures, increased acuity, inappropriate referrals. Recovery targets are consistently met, and most providers are meeting 6 and 18 weeks and recovery targets.
- **Community Mental Health** - Targets met across County Durham and Tees Valley and are increasing in the North areas.
- **OOA Placements:** Out of Area Bed Days reducing from peak in June 2023. As of October, CNTW have 0 inappropriate OOA placements and TEVV reporting an improved position of 5.
- **Dementia:** diagnosis rate remains in excess of NENC target, a continuing trend since May 2023.
- **SMI Physical Health checks:** decreased below target in Q2 data issue in N. Cumbria now been addressed.
- **Adult and older adult (AMD) MH Waiting Times:** As at end Oct 23, 34,339 adults are waiting for a 1st MH Direct contact, 34% have been waiting under 18 weeks and 16% over 104 weeks. Further analysis in relation to <18 wk, 18-26 wk, 53-104 wk and 104+ trends is available in the report appendices.

Actions/interventions/learning

TTAD - Transformation Team undertaking deep dive to agree credible options/recommendations for future commissioning of TTAD services

Access to community mental health services (CMH) – increasing referrals and growing caseloads. Data and Digital workstream progressing capturing VCSE activity to MHSDS

OOA Placements: TEVV: Embedding Clinically Ready for Discharge Reporting, Trust-wide re-implementation of the Purposeful Inpatient Admission process (PIPA); Central Bed Management Policy & restructuring of central bed management team. **CNTW:** Robust case management; Intense management patients who could be repatriated against those awaiting allocation of bed, Discharge facilitation, in-reach work, local repatriation.

AMH waiting times pressures at TEVV eg closure of adult LD beds and increasing los due to lack of care packages in community, challenges with criminal justice system and homelessness. NENC IP Quality transformation programme to tackle such challenges.

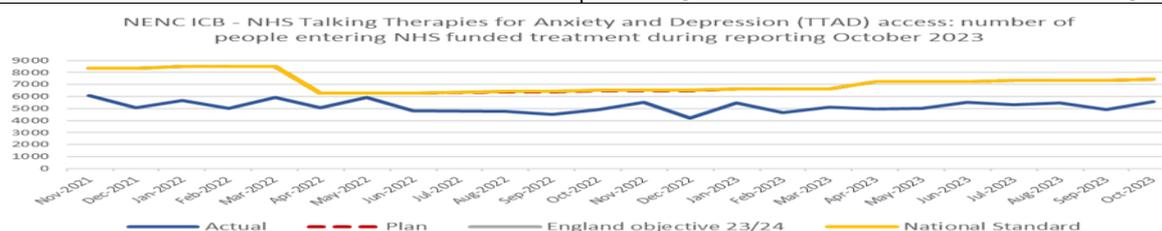
CNTW discussion at recent NENC Oversight meeting, citing pressures in adult ADHD pathways, options considered for assessment relating to workforce. Ongoing improvements in relation to internal discharge processes. N Cumbria action plan resulted in recent improvements.

Quality implications

- Negative impact on mental health whilst waiting.
- Patients awaiting repatriation to their home area have poorer outcomes and less likely to receive frequent family visits due to distance.
- Resettlement/rehabilitation may not be as timely as when placed in home area.
- SMI health checks are important to identify physical health needs and support access to services.

Recovery/delivery

- **TTAD** – Overview and Delivery group and TT Transformation Team working to identify options and recommendations by Jan 24 for consideration by the ICB.
- **CMH:** VCSE Financial pressures impacting community transformation plans 23/24 limiting capacity in community to prevent admissions and facilitate discharge.
- Further analysis **waiting list** pressures to be coordinated through NENC MHLDA Performance Oversight group.



Mental health: Children & Young People (CYP) -June/August/Oct 23

Objective	Plan 24	Plan (month)	Actual	Trend	Bench mark
Improve access to mental health support for CYP - August	53,245	52,243	56,190	Improving	
CYP Eating disorders (ED) - urgent within 1 week – June	95%	95%	71%		
CYP Eating disorders (ED) – routine within 4 weeks - June	95%	95%	67%		
MH CYP waiting time (WT) for 2 nd contact >104 weeks**			2235		
MH CYP waiting time (WT) for 2 nd contact >52 weeks**			8001		
MH CYP WT Autism & Neurodevelopmental >104 wks **			1006		
MH CYP WT Autism & Neurodevelopmental >52 wks**			6007		

**MHSDS data subject to variable data quality between providers. All providers submitting to MHSDS included. Definition "Children and Young People (0-17) with an accepted referral waiting for 1st or 2nd direct or indirect appointment" open to differences in interpretation. Reporting to move to new national standard.

Observations

- CYP access remains above operational plan trajectory showing significant improvement, however, remains below LTP target.
- Demand has increased beyond LTP projections combined with an inability to recruit and retain staff. Recovery plan is submitted and live for this area.
- Challenges in reporting accurate data with transformation work developing to improve this position.
- Pressure remains in CYP eating disorder services not meeting the 95% standard (12 month rolling), exacerbation developed in the pandemic and continues. New ways of working and successful recruitment are showing some improvement which is expected to continue.
- CYP Waiting Times:** As at end Oct 23, 24,782 CYP (15,073 CYP autism and neurodevelopmental patients) had been waiting for a 2nd contact, 33% CYP waiting <18 wks, 9% CYP (6.7% CYP autism, neurodevelopmental) 104+ wks. Further analysis in relation to <18 wk, 18-26 wk, 53-104 wk and 104+ trends is available in the report appendices.

Actions/interventions/learning

- TTAD** Place based reviews underway to improve CYP access eg. waiting list initiative, service evaluation, pathway re-design.
- Recruitment and retention pilots underway including continued commitment to improving access to psychological therapies for.
- ICB wide evaluation has developed key areas for ongoing consideration in the CYP eating disorders services to deliver a consistent offer ICB wide and consider ways to improve waiting times and access.
- CYP waiting times** -A range of transformation work is underway.
TEVV Performance Improvement plans in relation to **CYP waiting times** continue to be monitored through the Care Group Board, CYP outcomes metrics continue to improve. CNTW redesigned pathway for CYP neurodevelopmental presented to oversight group. CYP services diagnostic waiting times - rapid improvement work underway.

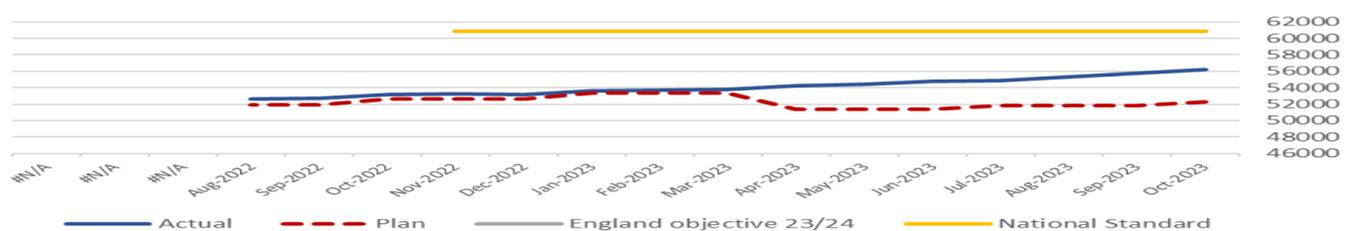
Quality implications

- Children, young people and families may experience exacerbation of difficulties as they wait to be assessed or start treatment.

Recovery/delivery

- CYP access operational plan trajectory is currently being exceeded, however the LTP trajectory will not be achieved.
- The ICB is investing in extra support, where available, to improve CYP access. The ICB is working in partnership at place to ensure a graduated response is available to support children, young people and families with their emotional, mental health and wellbeing needs.

NENC ICB - Number of young people accessing mental health services October 2023



People with a learning disability and autistic people – Oct/Nov 23

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Bench mark
Annual health check and plan for people on GP LD registers (Cumulative 75% March 24) Oct 23	75%	24%	38%		
Reduce reliance on inpatient care adults (ICB) Nov	52	60 (Q3)	92		
Reduce reliance on inpatient care -adults (Secure)	61	64 (Q3)	77		
Reduce reliance on inpatient care <18s Nov 23	8	8	4		
Care and Treatment Reviews (adults)	Compliant		Oct 23	Worsening	
Care Education and Treatment Reviews (CYP) Oct	Compliant		Rep- eat Pre/ post		
Learning from death review (LeDeR) compliance	Compliant		Aug 23		

Observations

November 2023 - Adults only

- 6 discharges (ICB) – includes 1 with LOS over 13 years and 1 with LOS over 7 years.
- 7 admissions (6 ICB and 1 Secure), including 3 readmissions.
- There was 1 step-up transfer from ICB into Low Secure.
- The end of Q3 trajectory of 124 (ICB 60; Secure 64) will not be achieved.

CTR Compliance

- Worsening trend Adult CTRs, workforce pressures across Durham and Tees Valley to complete LeDeR reviews; CTR team staff recruitment ongoing, current support from transformation team.
- Non-compliance continues for pre/post CETR due to 1 CETR not taking place within timeframe.

Actions/interventions/learning

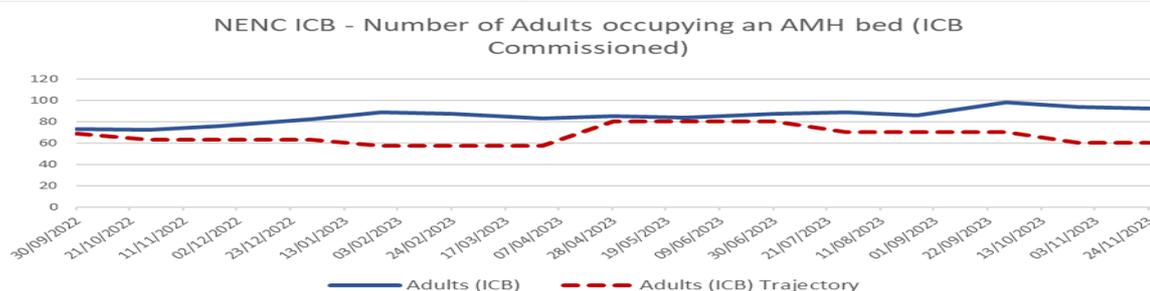
- NHS England Listening Event rescheduled for Jan 2024.
- Reasonable Adjustments Digital Flag webinar took place for providers 8th Dec 23. Event planned for Patients, Voluntary Sector and Community Group 18th Dec 23.
- Stakeholder awareness raising webinar planned for Jan 24 and a Digital Champions masterclass Feb 24.
- NEY NHS England C(E)TR DSR Policy Workshop for Chairs held 6th Oct 23, attended by ICB Experts by Experience.
- Additional dates for experts by experience and clinical experts being arranged in the New Year.
- **In-patient quality transformation programme:** Bed census work nearing completion, ongoing work around patients placed in independent hospitals (in and out of area). Commissioning intentions proposal developed.
- **Care education and treatment review oversight panels:** Outcome of ICB 2.0 required to complete proposal, once completed will go via sub-committee for consideration.

Quality implications

- **LeDeR:** NENC ICB Annual Report 2022/23 and Easy Read Summary has been published [LeDeR Resources « Learning Disability Network \(neclnetwork.co.uk\)](#) - ICS LeDeR dashboard expected to be 'live' by end December 2023.
- **Standard Operating Procedures (SOPs):** Due to inconsistencies with Assuring Transformation data, SOPs have been developed for weekly data collection from place. Draft SOPs will be shared in December for consideration before review and finalisation in Jan 2024.

Recovery/delivery

- **Senior Intervenor** executive group outcome report drafted, discussions underway to take forward the recommendations.
- **Regional Commissioning Framework:** business case and service specification due to ICB Executives for consideration.
- **In-patient data and Care Education and Treatment Reviews:** Durham and Tees Valley teams continue to be supported and recruitment on hold until completion of ICB 2.0.



Prevention and Health Inequalities including Core20+5: Adults

Objective	Plan Mar 24	Plan (Month)	Actual	Trend	Benchmark
Hypertension (77% by March 2024) June 23	77%	77%	71%		
Use of lipid lowering therapies (60%) June 23	60%	60%	63%		
People with SMI receiving a Health check Sept 23		16,325	15,539		
Increase uptake of COVID vaccines (Highest priority group as @17/12/23)			63.8%		
Increase uptake of flu vaccines 65+ as@17/12/23	85%		76.8%		
Increase uptake of pneumonia vaccines					
% pregnant BAME women on continuity of care pathway by 29 weeks Sept23		N/A	27%		
75% cancers diagnosed stage 1 or 2 by 2028					

Observations

- The inequality gap for effective treatment of hypertension is currently smaller in NENC than the England average for individuals aged 18-79. The gap between the most deprived and least deprived if over the age or 80 is greater.
- Lipid lowering therapies – positive trend continues with a high proportion of at risk patients on lipids across NENC and CVD prevent national audit data saw a slight increase between March and June 23.
- **Rapid Cancer Registration Data (RCRD) 2021**, is showing improvement in early diagnosis rates, 2021 and 2022.
- **SMI Physical Health checks:** have decreased below target in Q2 with a data issue in N. Cumbria particularly impacting which has now been addressed.
- % of population receiving a **flu vaccine** is increasing. This will be monitored as the season progresses along with the Covid vaccination rates.
- % Pregnant BAME and CORE20 women on Continuity of Carer pathway continues to increase.

Actions/interventions/learning

- A clinically led **NENC Lipids whole pathway network** has been established. GP clinical leadership and project support in place to link with underperforming PCNs through clinical leads and agree action plans to improve diagnosis and management of **Hypertension/Atrial Fibrillation/lipid profile**. Pharmacy recruitment underway.
- **COPD/CVD** -ICB multi-media communications has been specifically directed towards people with COPD and chronic respiratory diseases among the many clinical at risk groups for the flu campaign.
- **Cancer** community awareness posts, working with the cancer locality group in each locality, and communities of health inequality. More current and granular Cancer staging data is being sought in order to provide greater understanding of potential inequalities. Extension of the community facing Head and Neck Cancer behavioural science project to reach into primary care.
- **SMI Physical Health checks** are being supported through direct funding to GP federations, enhanced approaches to engagement with harder to reach patients, and using AARS roles to support delivery.
- **COVID and Flu** Seek to adopt the recommendations of the National Vaccination Strategy which has been built into the autumn/winter campaign 23/24
- **Maternity** - LMNS Personalised Care and Support Planning met December 2023 with a focus on the implementation of Personalised Care across NENC.

Quality implications

- The inequality gap for effective treatment of hypertension is currently smaller in NENC than the England average for individuals aged 18-79. The gap between the most deprived and least deprived if over the age or 80 is greater.

Recovery/delivery

- The Healthy and Fairer contribution to ICB Joint Forward Plan has been reviewed to support the development of detailed workstream plans.
- Individual plans across the 22 project lines reported into the Healthy and Fairer Advisory Group on a bi-monthly basis, with addition of the Intelligence Report.
- Work to be undertaken to ensure metrics reflect programme goals.

Prevention and Health Inequalities including Core20+5: Children

Objective	Plan Mar 24	Plan Month	Actual	Trend	Benchmark
Asthma – address over reliance of medications					
CYP: Decrease the number of asthma attacks Proxy: Rate of unplanned admissions for asthma 0-17 yr olds, per 100k Oct 23		N/A	7		
Increase access to glucose monitors and insulin pumps					
Proportion of diabetes patients (type 2) receiving 8 NICE care processes Mar23			46.5%		46.7%
Access to epilepsy specialist nurses					
CYP: Rate tooth extractions due to decay children admitted as IP in hospital aged <10 per 100,000 Oct 23		N/A	20	Worsening	
CYP: Elective WL <10 awaiting IP tooth extraction. Nov 23			280	Worsening	
Improve access rates CYP people`s mental health service for: 0-17 yr olds, certain ethnic groups, age, gender and deprivation. Oct 23	53,245	52,243	56,190	Improving	

<p>Observations</p> <ul style="list-style-type: none"> Using a proxy measure, we know there are inequalities in access to a specialist epilepsy nurse across NENC with 10.1 wte across the ICB, 2 trusts reporting 0. 5/8 acute trusts have referral criteria from epilepsy clinics for children with ‘intellectual disabilities’ and 4 /8 for those with developmental concerns Proportion of diabetes patients (type 2) receiving 8 NICE care processes is at 46.5% almost in line with the national at 46.7% The tooth extraction rate - The number of children age <10 awaiting a tooth extractions continues to increase. Rate of Asthma attacks in CYP demonstrate variation by area with the North of the ICB reporting a slight reducing trend (from April 2023) and the other three areas are reporting a consistent trend. CYP MH access remains above operational plan trajectory but below Long Term Plan (LTP) target. 	<p>Actions/interventions/learning</p> <ul style="list-style-type: none"> Five prevention intelligence dashboards now live. Access has been given to all system operational leads. Healthier and Fairer Dashboard is complete. NHSE funded inequalities project underway to provide reconditioned NHS mobile phones and laptops to children with T2 Diabetes living in income deprived families Agreement to produce a Healthier and Fairer Performance report to be used in partnership with the dashboard to provide assurance, intelligence/insight. The Community Health Worker (CHW) Network are liaising with paediatric dentistry about the work that they are involved in and any potential pieces of work that could be supported re: oral health and health inequalities over and above the extraction backlog. Asthma - Since September 23 further points of engagement and collaboration with Schools North East and South Tees public health colleagues to promote the Beat Asthma Friendly Schools (BAFS) framework. The development work done by the CHW Network Health Inequalities Advisors in support of CYP with mental health concerns will help inform approaches that organisations can take to target specific groups who may not currently be accessing services.
<p>Quality implications</p> <ul style="list-style-type: none"> The inequalities for children and young people within NENC appear to be increasing, with an increase in children living in low income families, an increase in primary school children reported as obese. Almost half of the children on the elective waiting list for a tooth extraction are from those most deprived communities 	<p>Recovery/delivery</p> <ul style="list-style-type: none"> The Healthy and Fairer contribution to ICB Joint Forward Plan has been reviewed to support the development of detailed workstream plans. Individual plans across the 22 project lines reported into the Healthy and Fairer Advisory Group on a bi-monthly basis, with addition of the Intelligence Report. Work to be undertaken to ensure metrics reflect programme goals.

Safety – October/November 2023

Objective	Plan Mar 24	Plan YTD	Actual (month)	Actual YTD	Trend	Benchmark
Never events Nov23	0	0	3	14		
MRSA Oct23	0	0	4	13		
C diff Oct23		330	59	394		
E coli Oct23		510	71	615		
Mortality	Two Trusts (CDD FT & STSFT) are showing higher than the expected range for SHMI					

Observations

- NENC is over trajectory for key HCAI infections and infection control management progress continues as a challenge with a deteriorating national picture.
- Increased demand on Trust estate and daily challenge to ensure patient flow through the hospitals adding to current pressures for infection control management
- Two Trusts (CDDFT & STSFT) are showing higher than expected for the Summary Hospital Mortality Indicator (SHMI) for up to June 2023 data. This will be closely monitored. All other Trusts are in the expected range.
- 16 Never Events have been reported since April 2023 by 4 Trusts.

Actions/interventions/learning

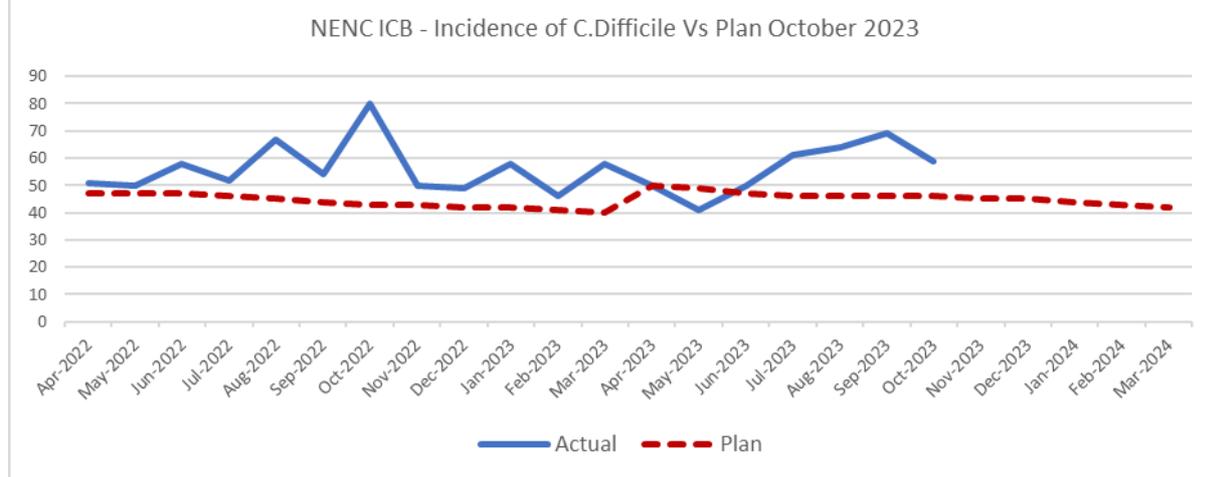
- Oversight across NENC through the AMR/HCAI subcommittee where learning and good practice shared at place and local QRGs.
- Northumbria HC IPC team successfully secured funding from NHSE to further the hydration project for acute and community settings
- The first meeting of community IPCN nurses held October, ongoing work streams to be determined.
- Workbook for care champions underway.
- Joint working with Drug and alcohol team to look at hygiene for Intravenous drug abusers (IVDA) in light of 2 recent MRSA Bacteraemia cases in the community.
- Allocated funding for CDDFT admission testing for Carbapenemase Producing Enterobacteriaceae (CPE) in designated patient groups.
- Quality & Safety Committee monitor data relating to mortality, regional mortality network to support quality improvements.
- Themes for Never Events are monitored to gain appropriate assurances to ensure learning has been identified and shared.

Quality implications

- MRSA cases have been subject to post infection review to explore any lapses in care and learning.
- Impact of increased infection risk on patient safety and length of stay in hospital.
- Never event learning shared through established forums and clinical networks.
- Mortality reviews undertaken, with increased scrutiny being applied through the medical examiner process.

Recovery/delivery

- The ICB is looking to establish as a learning platform to support learning across the region.
- Sound risk assessments have been developed by our Trusts for management of HCAI.
- IPC Patient Safety Incident response (PSIRF) matrix and framework developed. Regular updates to the Quality and Safety Committee.
- ICB wide plan on a page developed and agreed for universal precautions, Clostridium Difficile and Gram Negative Bacterial Infections.



Appendix 1 – 2023/24 National objectives description

	Recovering core services and improving productivity
Urgent and emergency care	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
	Reduce adult general and acute (G&A) bed occupancy to 92% or below
Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals: Expand direct access and self-referral where GP involvement is not clinically necessary. By September 2023, systems are asked to put in place: <ul style="list-style-type: none"> • direct referral pathways from community optometrists to ophthalmology services for all urgent and elective eye consultations • self-referral routes to falls response services, musculoskeletal services, audiology-including hearing aid provision, weight management services, community podiatry, and wheelchair and community equipment services.
Primary care	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
	Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
	Deliver the system- specific activity target (agreed through the operational planning process)
Cancer	Continue to reduce the number of patients waiting over 62 days
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
Maternity	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
	Increase fill rates against funded establishment for maternity staff
Use of Resources	Deliver a balanced net system financial position for 2023/24

	NHS Long Term Plan and transformation
Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
	Increase the number of adults and older adults accessing IAPT treatment
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
	Work towards eliminating inappropriate adult acute out of area placements
	Recover the dementia diagnosis rate to 66.7%
	Improve access to perinatal mental health services
People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults are cared for in an inpatient unit
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
	Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
	CORE 20PLUS5: Increase uptake of COIVD, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions
	Hypertension case finding and optimal management and lipid optimal management
	Asthma – address over reliance of medications
	Decrease the number of asthma attacks
	Increase access to real time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic backgrounds
	Increase proportion of those with type 2 diabetes receiving recommended NICE care processes
	Epilepsy – increase access to epilepsy specialist nurses and ensure access in the first year of care for those with LDA
	Reduce tooth extractions due to decay for children admitted as IP in hospital aged <+10
	Improve access rates to children and young people’s mental health service for 0-17 year olds, certain ethnic groups, age, gender and deprivation.