

# Integrated Delivery

## Report



**October 2023**

(Reporting period

August/September 2023)

## Contents

		Page
<b>Executive summary</b>	Key changes from previous report	3
	Other areas of note/risk	5
	Dashboard – national objectives and patient safety dashboard	9
<b>System Oversight</b>	NHS Oversight Framework segmentation and CQC summary	14
	NHS Oversight Framework metrics summary	17
<b>Delivery of 23/24 objectives</b>	Urgent and Emergency Care (UEC)	19
	Primary Care	20
	Elective care	21
	Cancer and diagnostics	22
	Maternity	23
	Use of resources	24
	Workforce	25
	Mental health – adults	26
	Mental health – children	27
	People with a learning disability and autistic people	28
	Prevention and health inequalities - adults	29
	Prevention and health inequalities - children	30
	Safety	31
<b>Appendices</b>	1. National Objectives description summary	32

## 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:

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

August 2023 – all other standards unless otherwise specified.

Finance is at month 6 (September 23).

### Key changes from previous report

#### CQC

#### Update to CQC ratings

**North Cumbria Integrated Care NHS FT** - An inspection of the Emergency Department (ED) and Medical wards was carried out June 2023, with the Well-Led interviews July 2023; the report has now been received by the Trust for factual accuracy checking.

A CQC Ionising Radiation (Medical Exposure) Regulation inspection took place in the Nuclear Medicine Department September 2023, no immediate issues were raised, and the report is expected.

The CQC focussed report on Maternity services was published in September 2023, overall services were rated as 'Good' but Requires Improvement for the safe domain on both sites. The areas the CQC highlighted were where the teams were already taking action including medicines management; resuscitation training and staff support with professional development.

[Cumberland Infirmary Maternity \(cqc.org.uk\)](https://www.cqc.org.uk)

**Northumbria Healthcare NHS FT** -The CQC inspection of maternity services was carried out in April 2023 at Hexham General Hospital (HGH) and Northumbria Specialist Emergency Care Hospital (NSECH). Reports were published on the 6 September 2023. The maternity services at HGH were overall rated as 'good' with the safe and well-led domains also rated as 'good'. The overall rating of HGH remained as outstanding. The maternity services at NSECH were overall rated as 'good' with the safe and well-led domains also rated as 'good'.

A number of areas of outstanding practice were noted in both visits and there were three areas where the maternity services at NSECH 'should' take action to improve.

The overall CQC rating for the trust remains as outstanding.

[Hexham GH CQC Maternity report](#)

[NSECH Maternity report](#)

**County Durham and Darlington NHS FT** – The CQC report on maternity services at CDDFT was published on 15 September 2023 and rates the Trust's maternity services as "inadequate".

Maternity services at University Hospital North Durham (UHND) and Darlington Memorial Hospital (DMH) were inspected and the ratings for safe and well-led on both sites have gone down from good to inadequate which means the overall rating for maternity services at both is inadequate.

CQC issued a warning notice to focus the trust's attention on rapidly making the necessary improvements to how they were managing each maternity service. Including, urgently mitigating the negative impact of understaffing and ensuring compliance with national screening standards or internal screening policies. The CQC also noted it was positive that staff were kind and worked well together, often under pressure, to benefit those in their care.

The ICB have placed the Trust's maternity services into an enhanced surveillance process. Completion of CQC actions will be closely monitored.

The overall CQC rating for the trust remains as good.

[UHND Maternity report](#)

[DMH Maternity report](#)

**Out of Area Placements: Bed days**

Previous reports have reported a deteriorating position in relation to Out of Area Placements. Current data for July however demonstrates a reduction to 470 (compared to a plan of 276) which is a reduction from a peak in June 2023 of 840. As of 13<sup>th</sup> October, CNTW have 0 inappropriate OOA placements and TEWV are also reporting an improved position.

NENC ICB have initiated a deep dive to explore the issues causing the underperformance and mitigating actions with all partners to recover the target. Actions include:

**TEWV:** Embedding the Clinically Ready for Discharge Reporting, Trust-wide re-implementation of the Purposeful Inpatient Admission process (PIPA) Central Bed Management Policy & restructuring of the central bed management team.

**CNTW:** Enhanced Bed Management team ensuring robust case management of OAPs. There is an intense approach to managing patients who could be repatriated against those awaiting allocation of bed, based on needs, priority and risk. The bed management team covers all localities with discharge facilitation, in-reach work and enable localities to have more responsibility for repatriating patients from their locality.

<b>Elective long waits</b>	<p>Progress in reducing 78 week waits has stalled over the last three months with the majority of patients at NUTH NHS FT. Pain management pressures at South Tees NHS FT are contributing to the backlog also.</p> <p>NENC has fallen behind plan in August on reducing the number of people that wait over 65 weeks for an elective procedure, with 1949 vs 1762 plan. More recent unvalidated data demonstrates this trend to have continued only Northumbria HC, CDDFT and N Tees are within their monthly planned levels.</p> <p>Industrial action is hampering 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.</p> <p>There continues to be a significant number of 52+ week waiters with 8,721 at the end of August, and this is above the plan of 7,320 for August.</p>
<b>Cat 2 Ambulance Response</b>	<p><b>Ambulance response times</b> continue to be strong for Cat 1,3 &amp; 4 ranking 1/11 of ambulance providers for Cat1 and Cat4 response. Cat 2 mean response has improved slightly in Sept 23 to 34:29 compared to 35:35 in August 23 and NEAS is ranked 5/11 of all ambulance providers but with a worsening forecast for end of year.</p>
<b>Primary Care Appointments</b>	<p>The number of GP appointments has fallen below plan in August 23. The ICB is currently undertaking a programme of work as part of the national requirements for Primary Care Access Recovery. This entails all practices and PCNs reviewing their access models and digital tools to support patients in accessing services and tackling the "8am rush". A System Plan related to this will be presented to Board in November 2023.</p>
<b>Cancer 62 day backlog</b>	<p>NENC has fallen behind plan for backlog reduction which is in excess of 200 above the September target. The areas with greatest challenge are Skin, Urology, Upper &amp; Lower GI. Skin has demonstrated an increase in referrals across a number of sites and there has been a software failure for dermatoscopes that has also impacted on delivery.</p>
<b>SMI Physical Health Checks</b>	<p>SMI Physical Health checks: have decreased below target in Q2 in part driven by a data issue in North Cumbria which is being addressed.</p>
<b>LEDER</b>	<p><b>LeDeR:</b> An increase in reported deaths and impact on ability to consistently achieve KPIs has been reported. The ICB is non-compliant, with a backlog of reviews needing to be completed. The limited resource currently available to carry out increased number of reviews is highlighted on the ICB risk register.</p>
<b>Learning Disabilities and Autism: IP Care</b>	<p><b>Reducing reliance on inpatient care</b> - the end of Q2 trajectory (137 total) was not met with a continuing deteriorating position. NENC ICB total was 28 over target; secure services total was 10 over target.</p>

### Other areas of note/risk

<b>NHS E escalation – elective/ cancer</b>	<p>NUTH remains the only NENC trust in the elective tiering system, currently in Tier 1 for elective care.</p>
--	--

NHS England has reviewed trusts that are not in the Tiering system but are well behind plan, South Tees FT is one of these trusts and whilst they have not been recommended for Tier 2 support, a monthly monitoring meeting has been established led by the ICB with NHS E involvement.

**Mortality SHMI** The Summary Hospital-level Mortality Indicator (SHMI) reports on mortality at Trust level using a standardised approach. It measures the ratio between the actual number of patients who die following hospitalisation and the number that would be expected to die on the basis of average England figures. CDD NHS FT have been reporting as a negative outlier over recent months with a rate of 114.7 over the 12 month period May 22-Apr 23. The main underlying cause is a data quality issue associated with coding and the use of a new electronic patient record system. This will take time to address, and it may be many months before the impact is seen in SHMI data. Progress will be monitored through quality review mechanisms as well as seeking assurance on quality of clinical care through mortality reviews and any serious incidents.

**Changes to cancer waiting times** Changes from October 2023, include the removal of the two-week wait standard in favour of a focus on the new Faster Diagnosis Standard, with the intention of earlier treatment for those who need it and reassurance for the majority of people who do not have cancer. The existing 62 and 31 day standards are to be rationalised into two headline measures.

- The 28-day Faster Diagnosis Standard (75%)
- One headline 62-day referral to treatment standard (85%)
- One headline 31-day decision to treat to treatment standard (96%)

**Maternity: Still Births and Neo-natal deaths** 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 Oversight Framework. The Local and Maternity Neonatal System (LMNS) provide a report for the Quality and Safety Committee which will provide assurances and outline current processes underway to address this as follows:

- Providers complete quarterly perinatal return, which contains mortality data, trends and themes and staff/patient experience. Perinatal Mortality Review Tool (PMRT) reports included in returns. All Healthcare Safety Investigation Branch and SI reports shared with LMNS and reviewed and themed.
- Clinical Negligence Scheme for Trusts documents submitted to confirm compliance with safety action 1 (PMRT) and Safety Action 10 (NHSR) and Safety Action 9 (safety champion).
- LMNS quality and safety lead and nursing/medical director conduct quarterly dashboard meeting to discuss return and quality improvement (QI)/learning and issues for escalation.
- Maternal deaths, stillbirths and infant deaths data (MBRRACE data) interrogated at Quality and Safety LMNS meeting.
- Dashboard with Maternity Services Data Set (MSDS) and MBRRACE data for ICB.
- Clinical networks support QI, particularly compliance with Saving Babies Lives Care Bundle (version 3).
- Ockenden assurance visits currently underway – comprehensive agenda, including focus on Freedom to Speak Up Guardian (FTSUG), culture and staff experience.

- Equity and Equality Group established.
- Comprehensive Public Health and Prevention in maternity workstream with a focus on smoking in pregnancy.

**CYP Waiting times**

Pressures in Children and Young People's mental health services have been noted in previous reports, a mental health dashboard has been developed that secures routine visibility of waiting times.

**Mental health services**

The numbers of people accessing Talking Therapies for anxiety (TTAD) and use of out of area placements continue well behind plan.

**Gender dysphoria services**

Northern Region Gender Dysphoria Service (NRGDS) provided by CNTW has temporarily paused all new referrals and transfers to the service.

Referrals to the NRGDS have increased significantly year-on-year with the service struggling to respond to increases in demand and blockages in the pathway. Over recent years NRGDS have worked closely with NHS England to develop new roles in line with service development. This includes recruiting peer support workers which allows service users access to support whilst awaiting treatment.

The trust is working with partners on the future development needs of the service to ensure that standards for access to responsive services from a quality and safety perspective are maintained. Although new referrals are suspended, the NRGDS will remain open to support existing service users and those already accepted onto the waiting list.

The service is commissioned by NHS England and some high level waiting time figures for the NRGDS have been shared. These indicate that there are over 2,200 people waiting and the longest wait is over 5 years. It is important to note that these figures are the total waiting list and include NENC residents but also anyone that has been referred from other areas. The ICB is seeking further information about waiting times at neighbouring services in Yorkshire and waiting times for NENC referrals.

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

The data on the number of serious incidents will no longer be reported in future reports as 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

**PIDMAS**

Patient Initiated Digital Mutual Aid System (PIDMAS) – It is the responsibility of the ICB to take all reasonable steps to identify an alternative provider for patients waiting more than 18-weeks. NENC have developed an assurance plan for the PIDMAS programme and are currently working with providers for its implementation.

## 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

<b>National objective</b>	<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>						
<b>Plan – March 2024</b>	<p>NENC's plan for end of March 2024 (From the final operational planning submission in May 2023)</p>						
<b>Plan – month</b>	<p>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</p>						
<b>Actual</b>	<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" data-bbox="397 992 876 1064"> <tr> <td style="background-color: #008000; width: 20px;"></td> <td>Met – well ahead of plan</td> </tr> <tr> <td style="background-color: #ff0000; width: 20px;"></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						
<b>Trend</b>	<p>This indicates whether performance over time is <b>improving</b> or <b>worsening</b>. 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>						
<b>Benchmark</b>	<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" data-bbox="397 1469 1046 1576"> <tr> <td style="background-color: #008000; width: 20px;"></td> <td>NENC compares favourably</td> </tr> <tr> <td style="background-color: #ff0000; width: 20px;"></td> <td>NENC does not compare favourably</td> </tr> <tr> <td style="background-color: #cccccc; width: 20px;"></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						

**Please note -** data flow is not yet established against some of the new objectives and will be included as soon as possible.

## 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)	80.8%	79.9%	77.1%		71.6% (4/42)
	Category 2 ambulance response times (average of 30 minutes)	30 min	30m	34.5m	Improving	5/11
	*Adult general and acute bed occupancy to 92% or below	92.1%	91.8%	90.1%		94.4%
Community health services	2-hour urgent community response (standard 70%)	70%	70%	79.2%		
	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			80.7%	Worsening	80%
				67.9%		67.4%
	More appointments in general practice by March 2024	1.57m	1.52m	1.48m		
	Additional Roles Reimbursement Scheme by March 2024	1526		1468	Improving	
	Improving units of dental activity (to pre-pandemic levels)	100%		86.4%		92.3%
Elective care	*Eliminate waits of over 104 weeks (by July 2022)	0	11	9		28/42
	*Eliminate waits of over 78 weeks (by April 2023)	0	17	168		11/42
	*Eliminate waits of over 65 weeks (by March 2024)	14	1762	1949		
	Eliminate waits of over 52 weeks (by March 2025)	5142	7320	8721		
	Deliver 109% value weighted activity 1/10/23 NB Target amended to 107% due to industrial action impact.	107%		104%		
Cancer	Reduce the number of patients waiting over 62 days w/e 1/10/23	800	976	1288		
	Cancer faster diagnosis standard 75% by March 2024	77.6%	76%	78%		71.6%
	Stage at diagnosis ambition 75% by 2028					
Diagnostics	Diagnostic test within six weeks 95% by March 2025	89.4%	85.1%	83.4%	Improving	72.5%
	Diagnostic activity levels to support recovery 1/10/23	109%	113%	107%		
Maternity	Maternal mortality rate per 1000					
	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					
Use of Resources	Deliver a balanced net system financial position for 2023/24	£49.87 m	£44.20 m	£65.69m		

\*NENC Plan does not meet or exceed the national objective

### Reporting period covered:

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

Aug 2023 – all other standards unless otherwise specified.

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

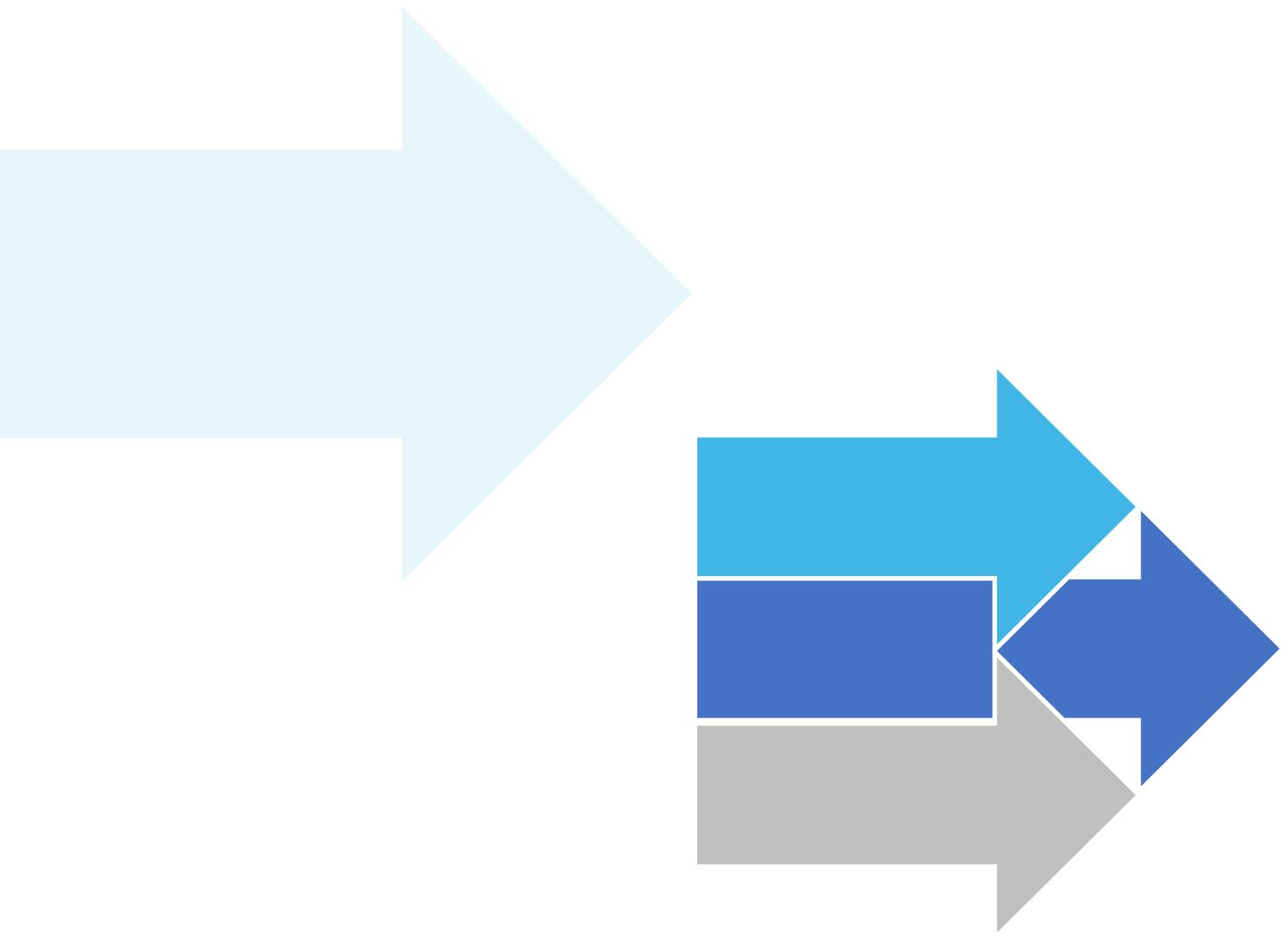
	National objective 2023/24	March 24 plan	Plan	Actual	Trend	Bench mark	
<b>Workforce</b>	Improve retention (turnover)	12.1%		10.1%	Improving	12%	
	Improve staff attendance (sickness)	5.6%		5.1%	Improving	4.5%	
<b>Mental health</b>	*Improve access to mental health support for CYP	53,245	51,793	55,215	Improving		
	Increase the number of people accessing Talking Therapies for anxiety (TTAD)	22,540	7,335	4,760			
	*Community mental health services (5% increase) 2+ contacts	34,855	33,515	38,135	Improving		
	*Total number of inappropriate Out of Area (OOA) Bed days (July)	162	276	470			
	Recover the dementia diagnosis rate to 66.7% (July 23)	67%	67%	68.3%	Improving	63.8%	
	Access to perinatal mental health services			2,320	Improving		
<b>People with a learning disability and autistic people</b>	Annual health check and plan for people on GP LD registers (75% March 2024) (Cumulative Aug23)	75%	24%	25%			
	*Reduce reliance on inpatient care -adults (ICB) Sept23	52	70	98			
	*Reduce reliance on inpatient care -adults (secure) Sept23	61	67	77			
	Reduce reliance on inpatient care – under 18s Sept23	8	8	8			
<b>Prevention and health inequalities</b>	Hypertension (77% by March 2024)	77%	77%	77%		60.4%	
	Use of lipid lowering therapies (60%)	60%	60%	62%			
	<b>Adults</b>	Increase uptake of COVID vaccines (Winter programme ended 12/2/23, new programme to be reported in future reports)			64.7%		
		Proportion 65+ receiving flu vaccination (Q2)	85%	85%	83.6%		79.9%
		Increase uptake of pneumonia vaccines					
		Increase uptake of SMI health checks (Cumulative)		16,325	14,592		
	% pregnant women from BAME groups on continuity of care pathway by 29 weeks		N/A	26%			
	75% Cancers Diagnosed at stage 1&2 by 2028						
<b>Children &amp; Young People (CYP)</b>	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 Sept 23		N/A	7			
	CYP: Increase access to glucose monitors and insulin pumps						
	CYP: Proportion of diabetes patients receiving 8 NICE care processes for type 2 Q4 23		N/A	46.5%		46.7%	
	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	26	Worsening		
	CYP: Elective WL <10 awaiting IP tooth extraction.			239	Worsening		
	CYP accessing mental health service for 0-17 years		51,793	55,215	Improving		

\*NENC Plan does not meet or exceed the national objective

### Part 3 – Core safety metrics – August/Sept 23

	National objective	Mar 24 plan	Plan (YTD)	Actual Month	Actual YTD	Trend	Benchmark	
<b>Never events</b>	Zero	0	0	0	8			
<b>Serious incidents</b>	Number of SIs reported (September) *			80	460			
	Proportion of SIs reported within 2 days	68% across our FTs						
<b>Infection prevention control</b>	MRSA (June 23)	0	0	0	7			
	C Diff (June 23)		238	62	264			
	E Coli (June 23)		368	90	435			
<b>Mortality</b>		<b>One trust is showing higher than the expected range for SHMI.</b>						

\* The data on the number of serious incidents will no longer be reported in future reports as 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.



# System oversight

## 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)
County Durham and Darlington NHSFT	2	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	2	ICB led	Tier 1 – Elective Removed from Tier 2 Cancer (April 2023) Northern Cancer Alliance and GIRFT support in place.	Outstanding (2019) (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).
North Tees and Hartlepool NHSFT	2	ICB led		Requires improvement (2022)
Sunderland and South Tyneside NHSFT	2	ICB led	Progress against CQC action plan provided through the Quality Review Group.	Requires Improvement (2023)
Gateshead Health NHSFT	3	ICB led	Enhanced finance oversight/support led by NHS E.	Good (2019)
North Cumbria Integrated Care NHSFT	3	NHSE Quality Board	Removed from Tier 2 Cancer to ICB/NCA monitoring and support (May 23). NHS E Intensive Support Team input associated with segment 3.	Requires Improvement (2020)
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 and NHSE	Good (May 2023)
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 October 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, 303 as Good, 2 rated as Inadequate and 3 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	1	1
Gateshead	1	24		
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	303	3	2

### Residential Social Care Provider Overall Rating by Local Authority as at October 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 47 providers rated as Outstanding, 680 as Good and 5 rated as Inadequate and 73 Requires Improvement.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	4	77	6	0
Northumberland	4	75	13	0
North Tyneside	1	35	4	0
Newcastle upon Tyne	6	49	6	2
Gateshead	4	33	7	0
South Tyneside	1	28	2	1
Sunderland	6	77	1	0
County Durham	10	117	11	0
Stockton-on-Tees	3	38	7	1
Hartlepool	0	23	3	0
Darlington	3	24	2	1
Middlesbrough	2	39	2	0
Redcar and Cleveland	0	35	6	0
<b>Total</b>	<b>47</b>	<b>680</b>	<b>73</b>	<b>5</b>

### Community Social Care Provider Overall Rating by Local Authority as at October 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 31 providers rated as Outstanding, 363 as Good and 20 rated as Requires Improvement.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	0	42	3	0
Northumberland	8	40	2	0
North Tyneside	4	25	1	0
Newcastle upon Tyne	5	38	0	0
Gateshead	0	38	3	0
South Tyneside	2	14	1	0
Sunderland	2	38	0	0
County Durham	5	48	3	0
Stockton-on-Tees	1	22	4	0
Hartlepool	0	11	0	0
Darlington	2	14	1	0
Middlesbrough	1	16	2	0
Redcar and Cleveland	1	17	0	0
<b>Total</b>	<b>31</b>	<b>363</b>	<b>20</b>	<b>0</b>

## 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. As at August 2023 the number of metrics within the NHS OF has 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.

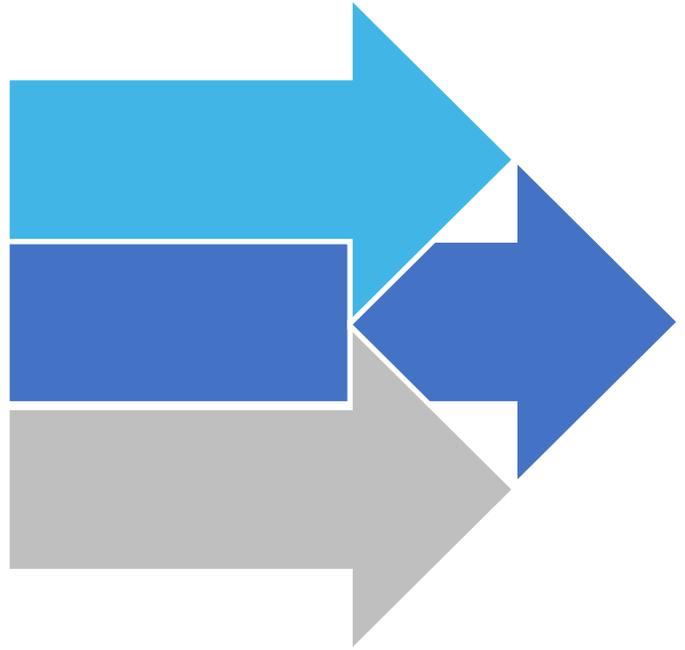
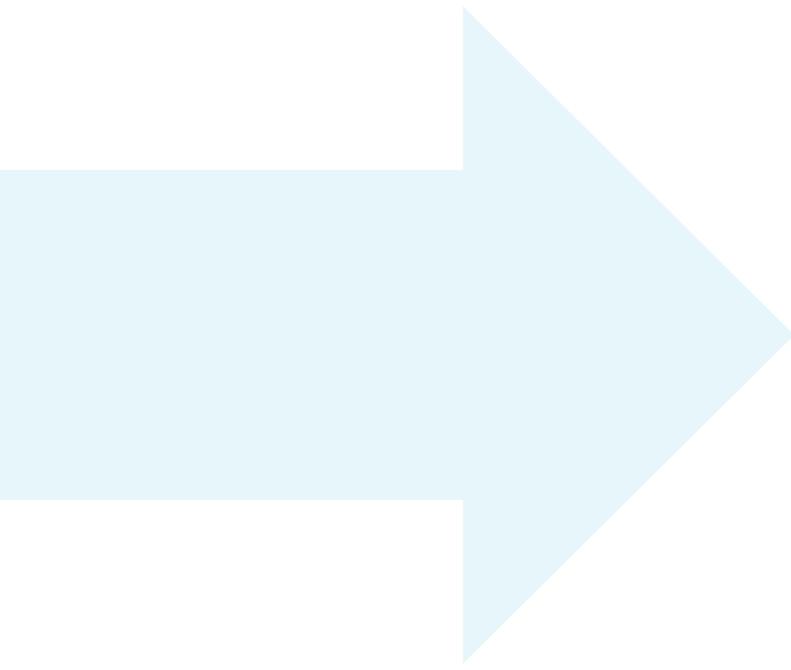
Domain (Total number of indicators)	Number of indicators in highest quartile	Number of indicators in Interquartile range	Number of indicators in lowest quartile	Number met against those with identified standard
Preventing ill health & reducing inequalities (11 down to 5)	4	1	0	1 of 5
People (9)	5	3	1	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
<b>TOTAL</b>	<b>20</b>	<b>36</b>	<b>9</b>	<b>13 of 39</b>

### **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 underway to extend this mechanism to strategic programmes and places with the intention to begin oversight meetings in quarter 3 now that plans have been developed.

## Recent oversight meetings

An oversight meeting was held with County Durham and Darlington NHS FT on 25 September where a positive conversation was held in relation to strong performance on electives, cancer and diagnostics. It was noted that although industrial action has affected capacity there has been innovation by clinical teams and sharing of best practice across teams with priority given to positive patient care. Challenges were noted in relation to Emergency Department performance at the Trust and ongoing positive local authority engagement in relation to discharge and flow continues to mitigate this. Further challenges were noted with regards to the latest staff survey scores demonstrating a deterioration in comparison to previous years, but acknowledgement was given to the Trust's ongoing cultural work to address this.



## Delivery of 2023/24 objectives

## Urgent and Emergency Care - Sept23 (except \*data)

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Benchmark
A&E waiting times < 4hrs	80.8%	79.9%	77.1%		71.6% (4/42)
Cat2 ambulance response (NEAS)	30 min	30m	34.5m	Improving	5/11
Adult G&A bed occupancy	92.1%	91.8%	90.1%		94.4%
Patients not meeting the criteria to reside (CtR)* w/e 2/10		9.7%	8.7%	Improving	
Ambulance handovers >59mins:59s*w/e 2/10	0	0	106		
111 Call Abandonment (NEAS plan)	3%	15%	7.9%	Improving	
Mean 999 call answering time	<10s	<10s	7.7s		11.9s

### Observations

- **A&E performance** at 77.1% remains above the national average. In addition, NENC remains in the top 25% of performing ICS's ranking 4 out of 42
- **Ambulance response times** continue to be strong for Cat 1,3 & 4 ranking 1/11 of ambulance providers for Cat1 and Cat4 response. Cat 2 mean response has improved slightly in Sept 23 to 34:29 compared to 35:35 in August 23 and NEAS is ranked 5/11 of all ambulance providers but worsening forecast.
- **Ambulance handover delays** improved after a challenged winter period for delays 30-60mins and 60+ minutes. Delays have remained at a lower-level April - September 23, better than the same months in 2022 for both delay categories.
- **Bed occupancy** good against national picture but slightly worsening.

### Actions/learning

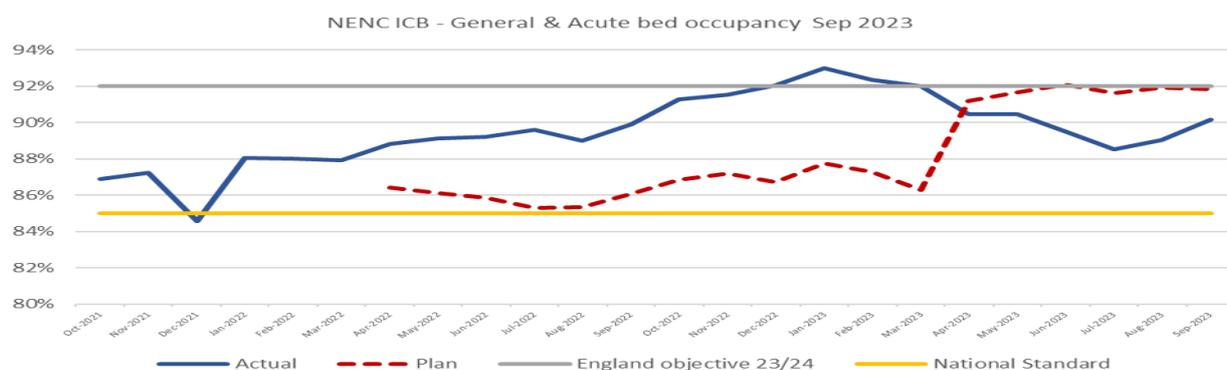
- **Winter Check and Challenge Event** held 12 October 2023 with over 150 attendees.
- **Top 3 system priorities now confirmed as:**
  1. Cat 3 and 4 Clinical Advisory Service and Dispositions and national test site for iUC+
  2. Ambulance Handover delay trajectories down to 15 minutes.
  3. Senior navigation and MDT working in A&E.
- **Variation** - main work area whole of UEC is to understand and then reduce inappropriate variation through a learning and improvement approach.
- **Acute Respiratory Hub** planning across system.
- **Increase in utilisation of Virtual Wards** across system and plan for improvement supported by NHSE in specific areas and acceleration of digital

### Quality implications

- **Reduction in ambulance handover delays** and the improvement in Cat 2 responses will significantly increase the quality and safety of care for patients.
- **Reducing patients** who no longer meet the CtR will reduce stranded patients in hospital and the harmful effects of long stays; whilst increasing system flow.

### Recovery/ delivery

- **A&E** – 26.5% variation across A&E performance in NENC Work continues across the ICB is to understand and reduce variation in performance between sites. Although this range is narrowing, large variation does exist.
- **Ambulance Handovers** - NENC has a local target to minimise handovers which take place over 59 minutes and performance against this metric which increased in Sept to 2.5% (from 1.6% in Aug) of ambulance arrivals Work continues with outlier trusts to improve position



## Primary and Community Care - August 23(except \*data)

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Benchmark
2-hour urgent community response (UCR) *June23	70%	70%	79.2%		
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)			80.7%	Worsening	80%
More appointments in general practice by March 24	1.57m	1.52m	1.48m		
Additional Roles Reimbursement Scheme (ARRS)	1526		1468	Improving	
Improving units of dental activity (UDA) to pre-pandemic levels	100%		86.4%		92.3%
Proportion of appts the same or next day			67.9%		67.4%
2-hour UCR first care contacts delivered		4160	2515	Improving	

### Observations

- Trend in GP appointment numbers has fallen below plan in August 23.
- NENC performs better than the benchmark for patients seen within 2 weeks for an appointment and is in line with the North East and Yorkshire ICB average.
- Large underspend for ARRS confirmed on 22/23 available funding. An underspend is again expected in 23/24 however recruitment and budget have both increased.
- 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.

### Actions/learning

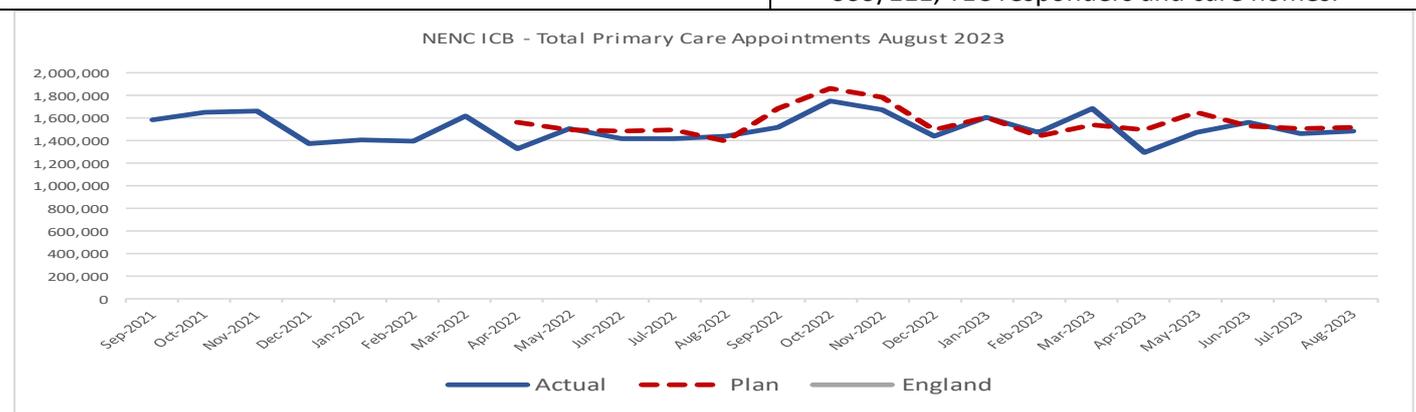
- NENC ICB Primary Care Access Recovery plan – practices, PCNs reviewing access models and digital tools to support patients in accessing services and tackling the "8am rush".
- Ongoing work to address access issues/patient experience through empowering patients, transitioning to modern general access model, building capacity, and cutting bureaucracy.
- ARRS workshops to maximise spend, temporary short term increase in contracts.
- ICB is engaging with national dental reform programme to improve usage and an overall Oral Health Strategy is 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.
- Data on UCR 2-hr standard improvements - current focus is around improving the recording of reason and source of and ethnicity.

### 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 to be presented to Board Nov 23.
- Focus on increasing UCR referrals, including from 999/111, TEC responders and care homes.



## Elective care – August 23(except \*data)

Objective	Plan Mar24	Plan (Month)	Actual	Trend	Benchmark
52 week waits (eliminate by March 2025)	5142	7320	8721		
65 week waits (0 by end of Mar24)	14	1762	1949		
Value weighted Activity levels (107%) *1/10/23	107%		104%		
78 week waits (0 by end Mar 23)	0	17	168		11/42
104 week waits (0 by end of Mar 22)	0	11	9		28/42
Reduce outpatient follow ups by 25%					
FFT – outpatients (trust range)			94.7% - 100%		
FFT – inpatient care (trust range)			89.8% - 99%		

### Observations

- Long standing upward trend in waiting list size with each incremental rise generally setting a new all-time high for NENC.
- Activity on long waiters was affected by Industrial Action and a bank holiday in August.
- Impact on elective activity has system value weighted target of 107% at an early risk.
- 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; emerging capacity issues at S Tees in pain and neurology mean this is likely to deteriorate further before improvement is seen.
- Growing numbers of 65ww since Apr23 and with a reducing plan there is potential for the gap to widen with each reporting period
- A reduction in the number of 52ww over the last two reporting periods.

### Actions/learning/risks

- **Mutual Support:** Framework agreed for support between trusts.
- **Patient initiated mutual support (PIDMAS)** processes continued to be developed with NHSE/ICB/Providers ahead of go-live date.
- **Digital:** Implementation of Patient Engagement Portals. Learning shared regarding use of Robotic Process Automation (RPA).
- **Elective recovery self-certifications** completed for recovery including validation, 1<sup>st</sup> Outpatient Appointment, and Follow-up.
- **Clinical Alliances:** support to MSK, Eyecare, Gynaecology and General Surgery. Discussions regarding ENT and Dermatology.
- **Outpatient (OP) transformation:** Development of an OP Transformation work programme underway.
- **Children and Young People (CYP):** CYP working group being formed linking with the Operational Delivery Network
- **Spinal services** – System meeting being held in November to follow up session in summer with support from Provider Collaborative
- **GIRFT:** Development of Elective Hubs, development of Right Procedure, Right Place and Further Faster Guidance
- **Pathway Standardisation:** Learning from other regions alongside process in place from Northumbria for Advice and Guidance. Task and Finish Group has been developed to progress.

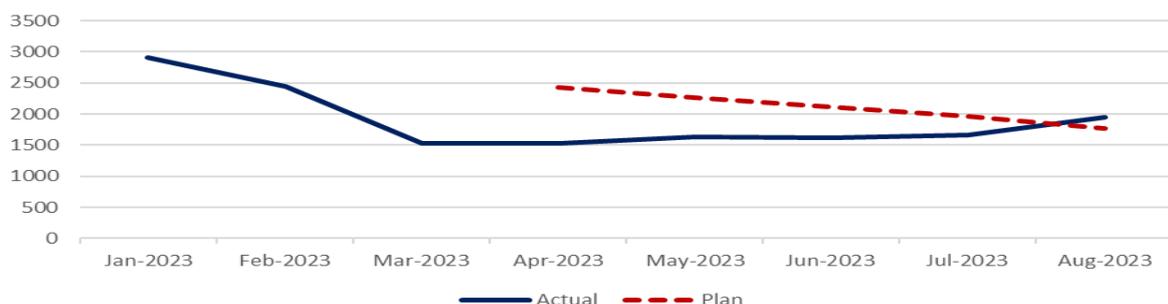
### Quality implications

- 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. Targeted data quality reviews on longer waiting cohorts underway at S Tees
- 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 - Aug 2023



## Cancer and Diagnostics - August 23 (except \*data)

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Benchmark
Reducing 62 Day Backlog *1/10/23	800	976	1288		
Faster Diagnosis Standard (FDS)	77.6%	76%	78%		71.6%
Stage at diagnosis ambition 75% by 2028					
Monthly Cancer 62 Day Performance**			64%		62.8%
% Receiving diagnostic test < 6 weeks (by Mar25)	89.4%	89.3%	83.4%	Improving	72.5%
Diagnostic activity against plan *1/10/23	109%	113%	107%		

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

### Observations

- September 2023 ICB continues to be behind plan for backlog reduction (>200 above September target).
- Greatest challenge in Skin, Urology, Upper & Lower GI. There have been increased Skin referrals across a number of sites and a software failure for dermatoscopes has also impacted on delivery.
- FDS demonstrates continued high performance Aug.
- Rapid Cancer Registration Data (RCRD) 2021, is showing improvement in early diagnosis rates, 2021 and 2022.
- Use of new cancer waiting time targets from Oct23.

### Diagnostics

- % patients waiting more than 6 weeks saw a slight deterioration in August following 3 consecutive months of improvement.
- Increasing numbers of 6WW in MRI and CT.
- Continuing improvement in Colonoscopy.

### Quality implications

- Reducing backlog improves quality of life
- Timely diagnosis improves treatment opportunity.
- Removal of the 2ww standard to focus on Faster Diagnosis, enabling earlier treatment and reassurance for the majority who do not have cancer
- Improved equity in access to diagnostic services.
- Availability of diagnostics impacts on cancer waits and elective recovery.

### Actions/learning/Risk

- Significant effort in backlog recovery to be sustained into 23/24 with support from NCA, ICB and NHSE.
- No organisations in NHS E tiering system therefore local ICB processes in place to ensure oversight.
- FDS - The focus now on reporting all FDS performance and Cancers Diagnosed via FDS and reducing the gap.
- The national ambition to achieve 70% for the monthly cancer 62 day performance by March 24 will be negatively impacted as we focus our work to achieve the 62 day backlog reduction.

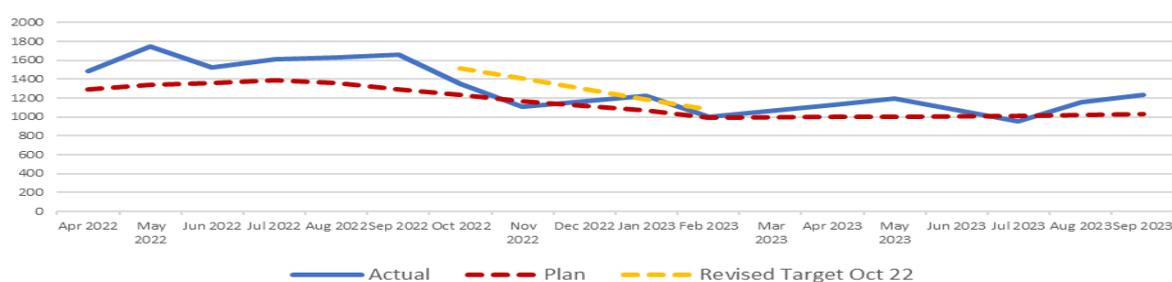
### Diagnostics

- National Focus on Diagnostics Month – October 23.
- Quarterly meetings with providers, linking with Place commissioning/contracting colleagues.
- Continuing facilitation of mutual aid discussions.

### 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



## 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.				

<p><b>Observations</b></p> <p>Still births and neo-natal deaths demonstrate a worsening position across NENC. Data at provider level is published through the <a href="#">National Maternity Dashboard</a> on an annual basis and through the NHS OF.</p> <ul style="list-style-type: none"> <li>• Maternity and Neonatal Alliance established and met 14/08/2023.</li> <li>• The response to the Three-Year Delivery Plan for Maternity and Neonatal Care was presented and agreed 18/07/2023.</li> <li>• 4 clinical leads posts recruited across obstetrics, midwifery neonatal and nursing, to commence Nov 2023.</li> <li>• In September 2023 the LMNS Board approved the development of an additional steering group that will focus on the implementation of Personalised Care across NENC.</li> <li>• The LMNS has received funding from NHSE to support additional obstetric leadership capacity across NENC.</li> </ul>	<p><b>Actions/Learning/risks</b></p> <ul style="list-style-type: none"> <li>• North Tees &amp; Sunderland &amp; 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.</li> <li>• Five other maternity units in NENC have been inspected in 2023, South Tees awaiting their inspection. NUTH report (May23) received rating of 'Requires Improvement'.</li> <li>• County Durham and Darlington maternity units received an "Inadequate" rating and both Northumbria Healthcare maternity units received a "Good" in recent CQC inspections.</li> <li>• Non-recurrent funding streams require continuous financial planning and modelling and flexible staff resources.</li> <li>• Recruitment and retention of multi-disciplinary team (MDT) staffing across our providers is a pressure –collaboration across NENC in workforce capacity underway.</li> <li>• Digital Inclusion Workshop planned December 2023 to understand the impact of digital inequalities in maternity.</li> <li>• Introduction of the Independent Senior Advocate Role in the NENC, a requirement from the first Ockenden Report. Contract awarded to People First Independent Advocacy. The Agency have successfully recruited to the Advocate roles, to commence 29 August 23, service commence following training completion.</li> </ul>
<p><b>Quality implications</b></p> <ul style="list-style-type: none"> <li>• 2023 Ockenden visits to Trusts underway Sept – Nov 23, led by the LMNS with representation ICB, NHSE and peer review teams from FTs.</li> <li>• Listening to women and their families, continues to address inequalities.</li> <li>• NENC continues to utilise evidence from national reviews to improve services and support staff for continual improvement.</li> </ul>	<p><b>Recovery/delivery</b></p> <ul style="list-style-type: none"> <li>• Individual partner commissioning arrangements until the NENC Maternity &amp; Neonatal Alliance formerly begins.</li> <li>• Continue to the use the learning health system model to combine data, collaboration and quality improvement techniques towards collective improvement.</li> <li>• Work closely with other LMNSs across the country.</li> <li>• Engagement with National Student Council Development which brings together students from a range of clinical professions of which 6 are from maternity.</li> <li>• Paper to Maternity and Neonatal Alliance Board 17/10/23 to seek commitment to commission equitable perinatal pelvic health services across NENC.</li> </ul>

## Use of resources Data period M6 (Sept 23)

	Month 6 YTD plan	Month 6 YTD actual	2023/24 Annual plan	2023/24 Forecast Outturn
ICS financial position (surplus)/deficit	£44.20m	£65.69m	£49.87m	£49.87m
ICB financial position (surplus)/deficit	(£16.20m)	(£6.39m)	(£32.40m)	(£32.40m)
Running cost position	£29.44m	£27.86m	£60.42	£58.90m
Capital funding	£74.40m	£59.21m	£198.95m	£208.38m
QIPP/Efficiency savings	£165.15m	£191.29m	£408.36m	£404.94m
Mental health investment standard	6.73%	6.73%	6.73%	6.73%

### Observations

- As at 30 September 2023, the ICS is reporting a year to date (YTD) deficit of £65.7m compared to a planned deficit of £44.2m, an adverse variance of £21.5m. The forecast position for the year is a deficit of £49.9m, in line with plan.
- The £21.5m YTD overspend compared to plan is an improvement on the previous month (£26.7m YTD variance). This includes an £11.7m pressure in provider positions mainly relating to under achievement on ERF performance and costs associated with industrial action along with pay award and other excess inflation cost pressures.
- ICB reporting a YTD surplus of £6.4m, an adverse variance to plan of £9.8m largely due to prescribing and continuing healthcare costs, 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 are currently in line with plan, however this includes an allowable 5% 'over-programming', hence the forecast is £9.4m in excess of the ICS capital allocation. This will need to be managed over the remainder of the year.
- ICS reporting YTD efficiency savings in excess of plan, a small forecast under-delivery of £3.4m. 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 6, total unmitigated risks of £90m are being reported (compared to £97m last month).
- This includes unmitigated net risks of £22m for the ICB, a reduction from £25m at month 5. Additional net risk across providers amounts to £68m.
- Across the system, spending controls are being reviewed in line with NHSE requirements following submission of a deficit plan.
- Additional controls have been agreed 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 the ICB in response to the forthcoming 30% real terms reduction in running cost allowances.
- Recurring efficiency plans are currently forecast to under-deliver by almost £62m (a further deterioration from month 5). 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. Work is continuing across the system on the development of a medium term financial strategy and appropriate financial recovery plans.

# Workforce – May 2023

Objective	Plan Mar 24	Plan (Month)	Actual	Trend	Benchmark
Improve staff retention (turnover systemwide NENC Providers)	12.1%		10.1%	Improving	12%
Improve staff attendance (sickness systemwide NENC Providers)	5.6%		5.1%	Improving	4.5%

## Observations

### Sickness

- Published data for May shows a sickness rate of 5.1% whereas more timely in-month ESR recorded sickness rate data for July is 5.4%, demonstrating a slight increase on published data. May data shows the 12 month rolling position for Trusts in NENC is 0.1% higher than articulated in the workforce plan KPIs.

### 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 are now the lowest across the NEY region currently.

## Actions/learning/risk

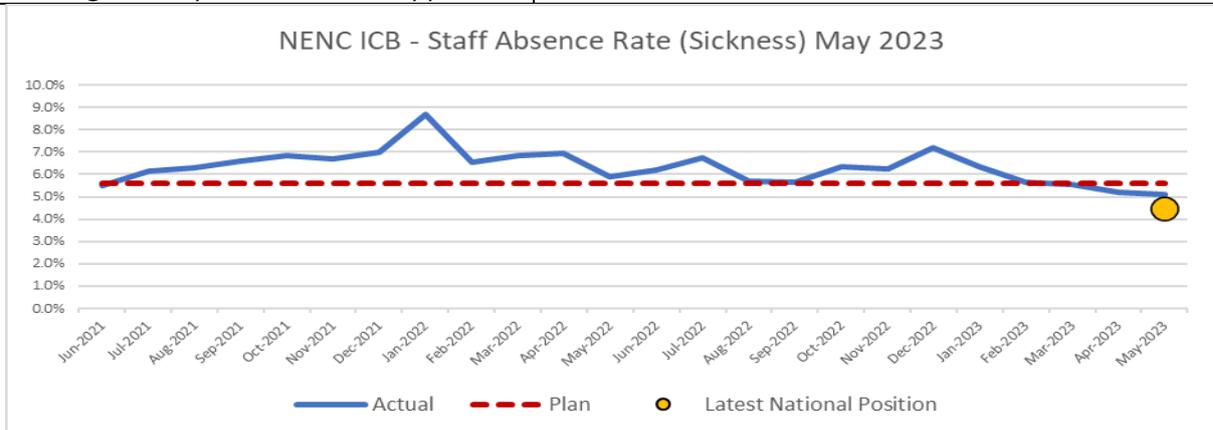
- Both sickness and turnover rates continue to be trust priorities for action.
- An operational planning workshop has taken place where several agreed actions and principles were developed.
- There is a risk if this work is not taken forward that plans will not be realised. This would be mitigated by agreed ongoing dialogue with providers.
- There is a 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 for a further six months 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

- 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



## Mental Health: Adults – August23 (\*except)

Objective	Plan Mar 24	Plan (month)	Actual	Trend	Benchmark
TTAD access	22,540	7335	4760		
Community mental health (CMH) 2+ contacts 5% increase	34,855	33,515	38,135	Improving	
No. inappropriate out of area (OOA) beddays *July 23	162	276	470		
Dementia diagnosis rate	66.7%	67%	68.3%	Improving	63.8%
People with SMI receiving physical health check *June 23		16325	14549		
Improve access to perinatal mental health services			2320	Improving	

### 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. However, 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 13<sup>th</sup> October, CNTW have 0 inappropriate OOA placements and TEVV reporting an improved position.
- **Dementia:** diagnosis rate remains in excess of NENC target, a continuing trend since May 2023.
- **SMI Physical Health checks:** have decreased below target in Q2 with a data issue in N. Cumbria particularly impacting which is being addressed.

### Actions/learning

- **TTAD** - Delivery group reviews issues facing Talking Therapies and implemented initiatives to support engagement, data, recruitment and have collated provider level assurance on key areas of service delivery. A multi discipline Transformation Team are undertaking a deep dive to agree credible options/recommendations for future commissioning of TTAD services.
- **CMH** - Access to community mental health services – increasing referrals and growing caseloads. Data and Digital workstream is making good progress regarding 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 approach to managing patients who could be repatriated against those awaiting allocation of bed, based on needs, priority and risk. Discharge facilitation, in-reach work, greater local repatriation.

### 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.
- **OOA Placements** The ICB have initiated a deep dive to explore the issues causing the underperformance and mitigating actions with all partners to recover the target.



## Mental health: Children & Young People - June/August 23

Objective	Plan 24	Plan (month)	Actual	Trend	Bench mark
Improve access to mental health support for CYP - August	53,245	51,793	55,215	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%		

### Observations

#### CYP Access

- 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.

### Actions/learning

- Place based reviews underway to improve CYP access including waiting list initiative, service evaluation and consideration of pathway re-design.
- Work underway to map what VCSE services could flow data that meets the CYP access target and supporting them to develop the capability to flow data into the MH services data set (MHSDS).
- 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.
- August data for all providers submitting to MHSDS shows total of 2,833 CYP with less than 2 contacts (may or may not have had 1) waiting over 104 weeks. A subset of 902 of this group have the primary reason for referral as suspected autism, diagnosed autism or neurodevelopmental conditions. A range of transformation work is underway.

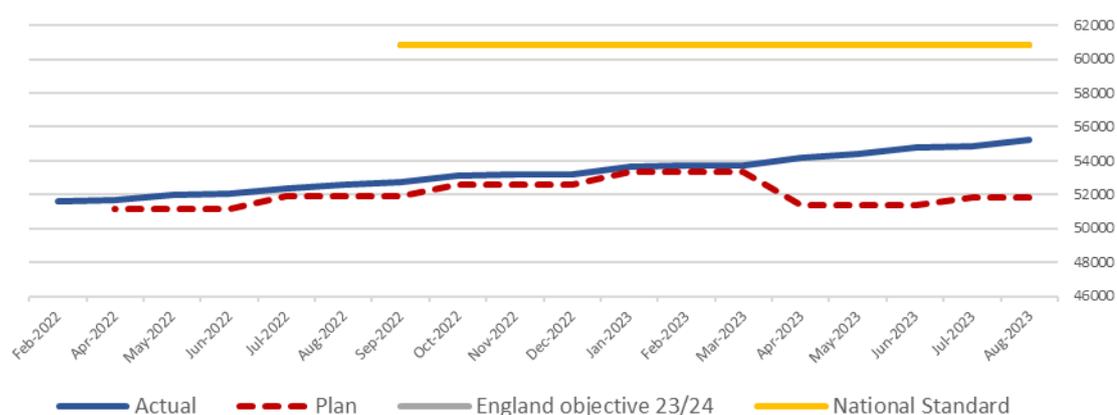
### Quality implications

- 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 her emotional, mental health and wellbeing needs.

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



## People with a learning disability and autistic people – Aug/Sept 23

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Benchmark
Annual health check and plan for people on GP LD registers (Cumulative 75% March 24)	75%	24%	25%		
Reduce reliance on inpatient care adults (ICB)	52	70 (Q2)	98		
Reduce reliance on inpatient care -adults (Secure)	61	67 (Q2)	77		
Reduce reliance on inpatient care <18s Sept 23	8	8	8		
Care and Treatment Reviews (adults)	Compliant		Aug 23		
Care Education and Treatment Reviews (CYP)	Compliant		Aug 23		
Learning from death review (LeDeR) compliance	Compliant		Aug 23		

### Observations

**Reducing reliance on inpatient care** - the end of Q2 trajectory (137 total) was not met. ICB total was 28 over target; secure services total was 10 over target.

#### September 2023 - Adults only

- There were 13 (11 ICB and 2 secure) discharges and 28 admissions reported in September 2023.
- 19 ICB discharges and 11 discharges from secure settings needed to achieve end of Q2 trajectory.

**LeDeR:** An increase in reported deaths and impact on ability to consistently achieve KPIs has been reported. Currently non-compliant, with a backlog of reviews needing to be completed. Limited resource currently available to carry out increased number of reviews. On ICB Corporate Risk Register.

### Actions/Risk

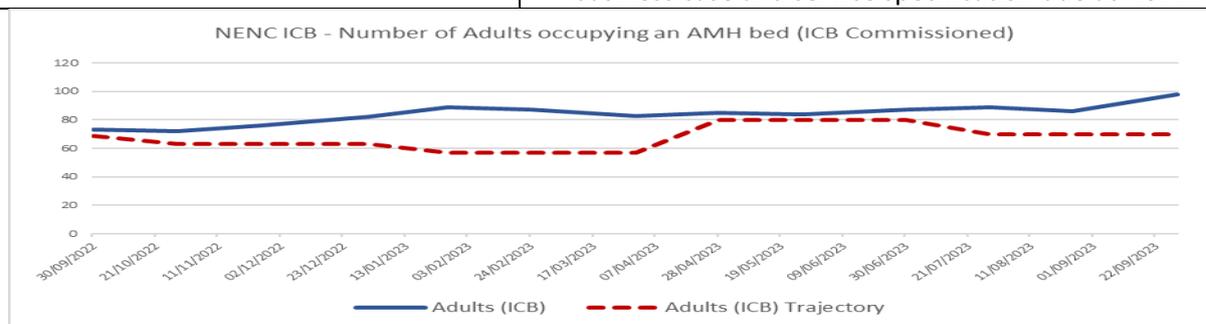
- NEY NHSE Care Education and Treatment Review (C(E)TR) Chair's training held Oct2023. Additional dates arranged Nov/ Dec 2023;
- NEY NHSE C(E)TR key lines of enquiry (KLOE) training Oct 2023;
- **In-patient data:** Durham and Tees Valley now supported by transformation team due to staff shortages. This had affected data timeliness, completion of C(E)TRs/oversight visits, now addressed.
- **LeDeR** - The LeDeR annual report 2022-2023 is now in the final stage of ICB governance, expected end of Nov 2023.
- LeDeR listening events are being arranged for November 2023 by NEY NHS England.
- Workforce proposal developed, Interim plan agreed to support completion of reviews.
- Work underway to address data under-reporting.
- (C(E)TR) **oversight panels:** proposal, once completed will go via sub-committee for consideration.

### Quality implications

- **In-patient quality transformation programme:** Bed census work nearing completion, work ongoing around patients placed in independent hospitals both out of area and in area.

### Recovery/delivery

- **Governance:** Mental health performance group to include learning disability and autism.
- **Senior Intervenor:** Discharge discussion meetings completed (CNTW and TEVV). High level themes completed, work next quarter to establish system-wide report outlining recommendations for system learning and future transformation.
- **Regional Commissioning Framework:** ICB executive report, business case and service specification due at Nov meeting.



## Prevention and Health Inequalities including Core20+5: Adults

Objective	Plan Mar 24	Plan (Month)	Actual	Trend	Benchmark
Hypertension (77% by March 2024) Mar23	77%	77%	77%		60.4%
Use of lipid lowering therapies (60%) Mar23	60%	60%	62%		
People with SMI receiving a Health check June23		16,325	14,592		
Increase uptake of COVID vaccines (winter programme ended 12/2/23)			64.7%		
Increase uptake of flu vaccines 65+ (Q2)	85%	85%	83.6%		79.9%
Increase uptake of pneumonia vaccines					
% pregnant BAME women on continuity of care pathway by 29 weeks July23		N/A	26%		
75% cancers diagnosed stage 1 or 2 by 2028					

### Observations

- Detection of hypertension has increased and with it the proportion of patients who have controlled blood pressure. Detection and effective treatment rate has improved for both the most and least deprived areas.
- Rate of premature mortality from Cardiovascular disease has continued to increase but the inequality gap between NENC and England has widened.
- Rate of premature mortality from respiratory disease has reduced but not at the same level as England. This may potentially result in the inequality gap between NENC and England increasing.
- **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 is being addressed.
- % of population receiving a **flu vaccine** is increasing. This will be monitored as the season progresses along with the Covid vaccination rates.
- The proportion of (all) pregnant women recorded as 'on a continuity of carer pathway by 29 weeks' ranges between 2% at one trust and 50% in another. Significant data quality issues being addressed.

### Quality implications

- NENC ahead of the National curve in relation to measuring and monitoring core 20 plus 5 requirements
- Data flow issues for services and projects commissioned via the Healthier and Fairer programme.
- Assurance metrics now include elements of the Social and Economic determinants programme. These will be incorporated within the H&F performance report.

### Actions/learning

- 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.
- ICB Senior Responsible Officer identified for **CVD** Prevention Programme and launch of CVD prevention dashboard to identify support areas.
- **Cancer** community awareness posts, working with the cancer locality group in each locality, and communities of health inequality, delivering a range of community cancer awareness work eg, HealthWorks in Newcastle/Gateshead. Communication campaigns eg "Help Us Help You" messages and the current Head and Neck campaign into communities underway.
- **SMI Health Checks Toolkit** has been developed that draws together tools and resources for practitioners to support the improvement of the delivery of physical health checks for people with a SMI.
- **COVID and Flu** programme for autumn/winter 2023 in development including local inequalities plans at Place.
- **Maternity** -In September 2023 the LMNS Board approved the development of an additional steering group that will focus on the implementation of Personalised Care across NENC.

### 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 24	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 100,000 Aug 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 Aug 23	N/A	26	<b>Worsening</b>	
CYP: Elective WL <10 awaiting IP tooth extraction. Aug 23	N/A	239	<b>Worsening</b>	
Improve access rates CYP people`s mental health service for: 0-17 yr olds, certain ethnic groups, age, gender and deprivation.	51,793	55,215	<b>Improving</b>	

### Observations

- The development of a NENC Health Inequalities Dashboard covering a range of measures has been undertaken. Many of the national objectives do not state specific dates or targets and therefore a NENC approach to develop a defined trajectory to measure the overarching programme against is underway.
- Work has commenced across the programme with strategic managers and clinical network leads on developing metrics across all domains. Outputs from this work have been published in the dashboard within this report and continues to develop.
- 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 due to decay was reported as 11 per 100,000 children in August, early indications are this has decreased further in Sept, a significant reduction in activity. In addition, the elective waiting list for CYP tooth extraction has increased by 17% between August and September.
- 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.

### Quality implications

- 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.

### Actions/learning

- Five prevention intelligence dashboards now live. Access has been given to all system operational leads.
- Healthier and Fairer Dashboard is complete.
- The **Diabetes** network is improving access to diabetes technology and supporting paediatric diabetes units in overcoming barriers to accessing these.
- Agreement to produce a Healthier and Fairer Performance report to be used in partnership with the dashboard to provide assurance, intelligence/insight.
- Systemwide working between the **oral health** network and colleagues in paediatric dentistry and Newcastle University School of Dental Sciences to explore opportunities to reduce inequalities; work with the CYP elective programme to reduce the extraction backlog.
- **Asthma** - Engagement work continues for the resources for school webinar and the sports club accreditation as well as collaborative work with the Northern Housing Consortium and the UEC Board.
- Place based actions to review pressure points and determine need underway to increase **CYP accessing MH services** to LTP levels.
- The ICB is investing in extra support, where available, to improve CYP access and working in partnership at place to ensure a graduated response is available to support children, young people and families with her emotional, mental health and wellbeing needs.

### Recovery/delivery

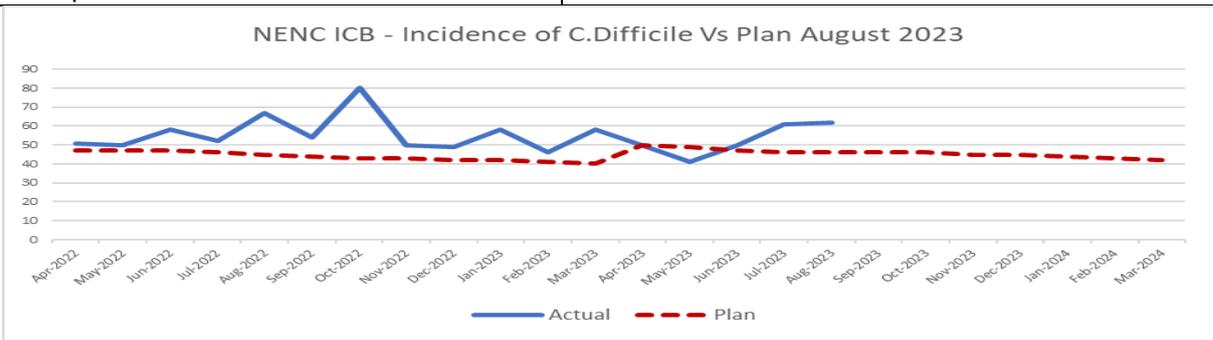
- The Healthy and Fairer contribution to ICB Joint Forward Plan has been reviewed to support the development of detailed workstream plans.
- Individual plans across the 22 project lines reported into the Healthy and Fairer Advisory Group on a bi-monthly basis, with addition of the Intelligence Report.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

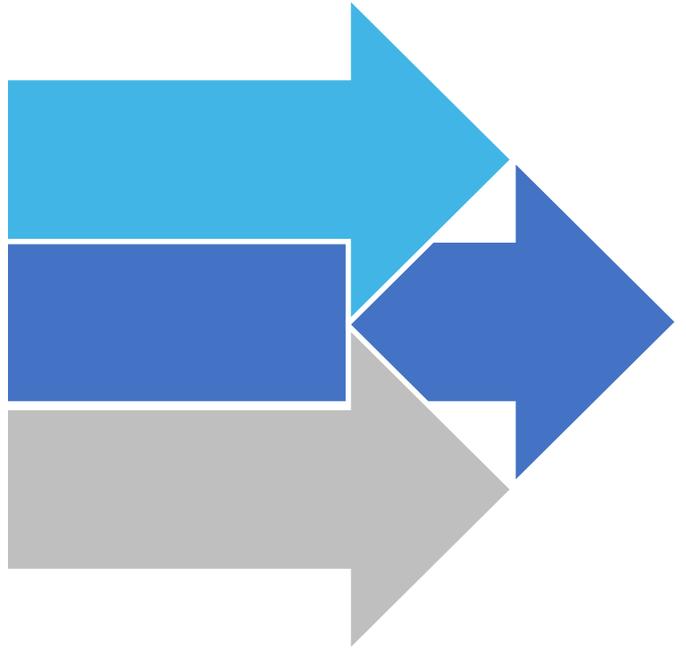
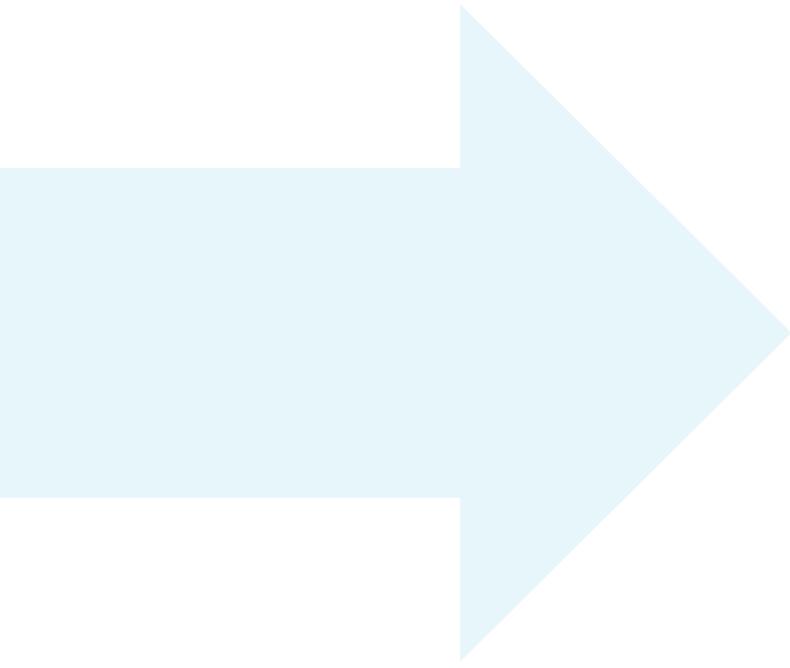
## Safety – Aug/Sept23

	Plan Mar 24	Plan YTD	Actual (month)	Actual YTD	Trend	Benchmark
Never events - Sept23	0	0	0	8		
Serious incidents (SIs) *			80	460		
SIs reported within 2 days*	Range from 36.4% to 100% across our FTs					
MRSA - Aug23	0	0	0	7		
C diff - Aug23		238	62	264		
E coli - Aug23		368	90	435		
Mortality - Aug23	<b>One trust is showing higher than the expected range for SHMI</b>					

\* The data on the number of serious incidents will no longer be reported in future reports as 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.

<p><b>Observations</b></p> <ul style="list-style-type: none"> <li>NENC is over trajectory for key HCAI infections and infection control management progress continues as a challenge with a deteriorating national picture.</li> <li>Increased demand on Trust estate and daily challenge to ensure patient flow through the hospitals adding to current pressures for infection control management</li> <li>One Trust (CDDFT) is showing slightly higher than expected for the Summary Hospital Mortality Indicator (SHMI) for up to May 2023 data. This will be closely monitored. All other Trusts are in the expected range.</li> <li>8 Never Events have been reported since April 2023 from 2 Trusts.</li> <li></li> </ul>	<p><b>Actions/learning</b></p> <ul style="list-style-type: none"> <li>Oversight across NENC through the AMR/HCAI subcommittee where learning and good practice is shared for discussion at place and local QRGs.</li> <li>HCAI and gram-negative improvement plans in place, with some areas looking to complete research.</li> <li>Greater communication with patient flow teams and Infection control teams to ensure safe flow through patient pathways without unnecessarily compromising the cleaning standards.</li> <li>All our Trusts are raising the importance of the fundamental precautions such as improving hand hygiene and reducing the use of disposable gloves.</li> <li>Themes for Never Events are monitored to gain appropriate assurances to ensure learning has been identified and shared.</li> </ul>
<p><b>Quality implications</b></p> <ul style="list-style-type: none"> <li>MRSA cases have been subject to post infection review to explore any lapses in care and learning.</li> <li>Impact of increased infection risk on patient safety and length of stay in hospital.</li> <li>Never event learning shared through established forums and clinical networks.</li> <li>Mortality reviews undertaken, with increased scrutiny being applied through the medical examiner process.</li> </ul>	<p><b>Recovery/delivery</b></p> <ul style="list-style-type: none"> <li>The ICB is looking to establish as a learning platform to support learning across the region.</li> <li>Sound risk assessments have been developed by our Trusts for management of HCAI.</li> <li>Providers are now underway with their transition to PSIRF and will cease the application of the former serious incident framework. Regular updates will be made to the Quality and Safety Committee.</li> </ul>





# Appendices

## Appendix 1 – 2023/24 National objectives description

	<b>Recovering core services and improving productivity</b>
<b>Urgent and emergency care</b>	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
<b>Community health services</b>	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"> <li>• direct referral pathways from community optometrists to ophthalmology services for all urgent and elective eye consultations</li> <li>• 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.</li> </ul>
<b>Primary care</b>	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
<b>Elective care</b>	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)
<b>Cancer</b>	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
<b>Diagnostics</b>	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
<b>Maternity</b>	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
<b>Use of Resources</b>	Deliver a balanced net system financial position for 2023/24

	<b>NHS Long Term Plan and transformation</b>
<b>Workforce</b>	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
<b>Mental health</b>	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
<b>People with a learning disability and autistic people</b>	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
<b>Prevention and health inequalities</b>	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%
	<b>CORE 20PLUS5:</b> 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.