

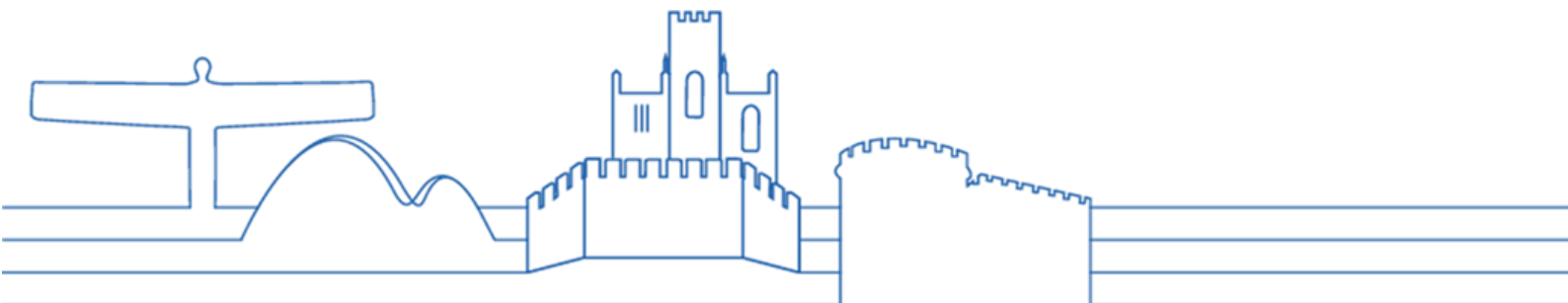


# Integrated Delivery Report



**April 2023**

(Reporting period  
February/March 2023)



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## 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:

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

February 2023 – all other standards unless otherwise specified.

### Key changes from previous report

#### **NHS E escalation**

Two very positive changes in escalation in April:

CDDFT were initially placed in Tier 2 for elective care in January 2023 because the trust was significantly behind plan on eliminating 78 week waits (ww). The trust had a range of schemes in place and made significant progress to successfully deliver their plan of 0 at the end of March 2023. In addition, at the April Tier 2 meeting the trust outlined their plans to sustain the 78ww position for 23/24 and to eliminate 65 ww. The ICB and NHS E felt assured that the plan was deliverable, and the trust has subsequently been removed from Tier 2.

NUTH was placed in Tier 2 for cancer backlog in summer 2022, a significant amount of work has been undertaken since then and the trust successfully delivered within their plan at the end of March 2023. A cancer plan is in place for 2023/34 with support from the Northern Cancer Alliance and the trust has been removed from Tier 2 for cancer.

#### **A&E 4 hour**

Deterioration in ranking:

March 23 data shows A&E performance for England remained at 71.5%, however NENC performance dipped to 75.2% (from 76.7% last month). NENC continue to perform above the national position however the ICS rank position has deteriorated and NENC have moved from the top 25% to the upper middle 25%, ranking 14<sup>th</sup> (compared to 8<sup>th</sup> last month). March 23 saw 2 providers in NENC with performance below the England position – NCIC and South Tees. With the exception of NUTH and Gateshead all other providers saw a decrease in performance from Feb to March.

#### **Cancer**

As an Alliance/ICB the 28 day faster diagnosis (FDS) standard has been achieved in all 8 Trusts for the first time and as a system achieved over 80% (local ambition), also for the first time. NENC February performance is 81.9% against 75% nationally. In addition, the March 2023 cancer backlog plan has been delivered within plan. Both these metrics have an improving trend and benchmark positively with the national position.

<b>78+ and 104+ waiters - achievement of March 23 plan</b>	Significant improvement has been made at our Trusts in Q4 of 22/23 in the reduction of long waiters. Although the national ambition was not reached to eliminate 78+ and 104+ waiters within 22/23, NENC met the planned trajectories of 21 104+ waiters (30 plan) and 163 78+ waiters (180 plan) at the end of March 23. Plans are in place to eliminate all 78+ and 104 + throughout 23/24.
<b>Finance</b>	National capital resource has been identified to support delivery of the Urgent and Emergency Care Strategy. The ICB will submit proposals linked to areas of greatest need.

### Other areas of note/risk

<b>NHS E escalation – elective/ cancer</b>	NUTH remains in Tier 1 for elective care. NCIC remain in Tier 2 for cancer with a plan to review this position at the end of April given the positive progress that has been made.
<b>Industrial action</b>	Industrial action continues to present a risk to delivery of safe staffing levels, activity and performance standards.
<b>Finance</b>	Material financial pressures in prescribing and Continuing Healthcare (CHC) and section 117 packages of care.
<b>NHS E escalation – urgent and emergency care</b>	NHS E is introducing a Tiering system for urgent and emergency care (UEC) similar to the existing system for elective care. However for UEC, ICBs will be allocated to Tiers rather than trusts. Like elective, Tier 1 involves national support and Tier 2 regional support from NHS E. NENC ICB has not been recommended for Tier 1 or 2 support.
<b>ICB Annual assessment</b>	NHS E is responsible for undertaking an annual assessment of ICBs to determine how well they have met their statutory duties. The 22/23 assessment will be completed largely using the ICB Annual Report and feedback from Health and Well Being Boards. The assessment does not result in a rating, but the ICB will receive a letter from NHS E providing some feedback. The letter is likely to be issued in July.

### Comments and actions from Finance Performance and Investment Committee 6 April 2023

The Finance, Performance and Investment Committee noted the content of the report for assurance. Committee members FPIC requested a specific detailed update on access to children and young peoples' mental health services at a future meeting, likely to be June/July, to update on the work underway to improve access for children and young people in mental health services. A request was also made to progress work to include broader information regarding waiting lists and times for children and young people into mental health care services within the report.

### Comments and actions from Quality and Safety Committee

The Committee meets bimonthly, no meeting scheduled during April.

## 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 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 only include 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>	Brief description of the national objective and associated timeframe, most aim for achievement by end of March 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.						
<b>Plan – March 2024</b>	NENC's plan for end of March 2024 (Taken from the operational planning submission in April 2023, there is a further submission in May and possibility that there may be some changes).						
<b>Plan – month</b>	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						
<b>Actual</b>	<p>The number represents the actual performance in the most recent reported month. In this report it is March data for Urgent and Emergency Care and learning disability and autism service metrics and February data for other standards unless otherwise specified. This may be monthly published data or where available more timely weekly data.</p> <p>The colour shading in the 'actual' column relates to whether or not the 'plan' was successfully met in that month.</p> <table border="1"> <tr> <td style="background-color: green;"></td> <td>Met</td> </tr> <tr> <td style="background-color: red;"></td> <td>Not met</td> </tr> </table>		Met		Not met		
	Met						
	Not met						
<b>Trend</b>	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.						
<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"> <tr> <td style="background-color: green;"></td> <td>NENC compares favourably</td> </tr> <tr> <td style="background-color: red;"></td> <td>NENC does not compare favourably</td> </tr> <tr> <td style="background-color: gray;"></td> <td>No comparative data available</td> </tr> </table>		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** - this report has moved to the 2023/24 format for reporting but the reporting period for most metrics is February/March 22/23 and therefore not all metrics in the dashboard will have a planned performance noted. This will become more complete in the May and June reports. Also, 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%		75.1%	Worsening	71.5%
	Category 2 ambulance response times (average of 30 minutes)	30 min		36.2m		6/11
	*Adult general and acute bed occupancy to 92% or below	92.1%	86.3%	91.5%	Worsening	
Community health services	2-hour urgent community response (standard 70%)	70%	70%	78%		
	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			83.5%		81.2%
				67%		66.2%
	More appointments in general practice by March 2024	1.57m	1.44m	1.47m		
	Additional Roles Reimbursement Scheme by March 2024	1526		1181		
	Improving units of dental activity (to pre-pandemic levels)	100% 2.13m		Jan 23 77.6%	Improving	84.4%
Elective care	*Eliminate waits of over 65 weeks (by March 2024)	14		1143 w/e 9.4.23		
	Deliver 109% value weighted activity	109%				
Cancer	Reduce the number of patients waiting over 62 days	800	960	952	Improving	
	Cancer faster diagnosis standard 75% by March 2024	77.6%	75%	82%	Improving	75%
	Early diagnosis ambition 75% by 2028					
Diagnostics	Diagnostic test within six weeks 95% by March 2025	89.4%	95%	85.3%	Improving	74.9%
	Diagnostic activity levels to support recovery	109%	106%	97%		
Maternity	Reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury					
	Still births per 1000 births			3.13	Improving	3.29
	Neonatal deaths per 1000 live births			1.5	Improving	1.5
	Increase fill rates for maternity staff					
Use of Resources	Deliver a balanced net system financial position for 2023/24	£0.00m	£0.00m	Mar 23 Forecast (£0.38)m		

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

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

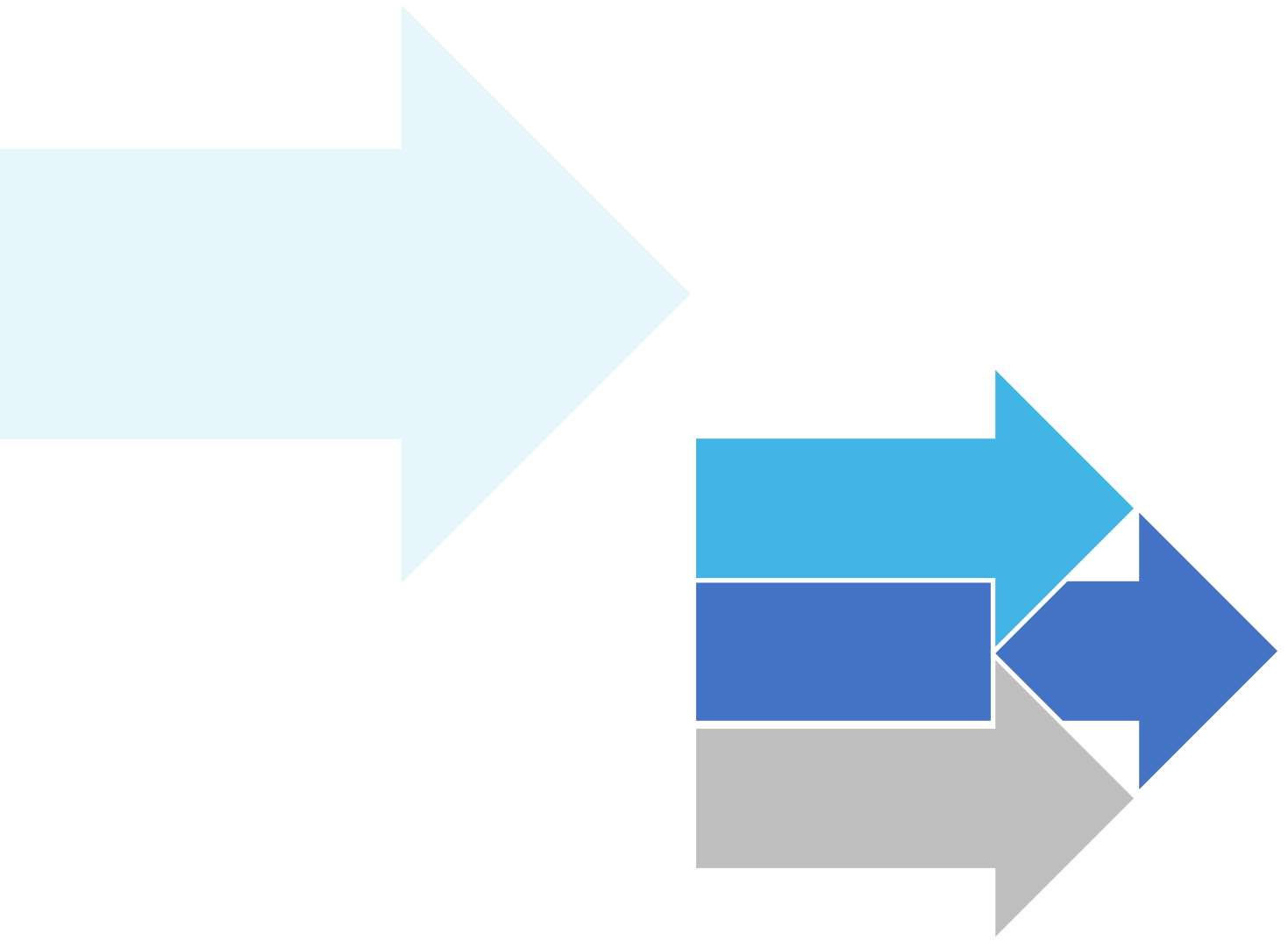
	National objective 2023/24	March 24 plan	Plan	Actual	Trend	Bench mark
<b>Workforce</b>	Improve retention (turnover)	12.1%		12.8%		
	Improve staff attendance (sickness)	5.6%		5.9%		
<b>Mental health</b>	*Improve access to mental health support for CYP	53,245	53,341	53,565	Improving	
	Increase the number of people accessing IAPT	22,540	6607	5485		
	*Community mental health services (5% increase) 2+ contacts	34,855				
	*Out of area placements	147	0	405		
	Recover the dementia diagnosis rate to 66.7%	67%	66.1%	65.4%		
	Access to perinatal mental health services		3156	2195	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)	77%		68.7%	Improving	
	*Reduce reliance on inpatient care -adults (ICB)	52	57	83	Worsening	
	*Reduce reliance on inpatient care -adults (secure)	61	68	79	Worsening	
	Reduce reliance on inpatient care – under 18s	8	9	7		
<b>Prevention and health inequalities</b>  <b>Adults Children &amp; Young People (CYP)</b>	Hypertension (77% by March 2024)	77%		65.9%		
	Use of lipid lowering therapies (60%)	60%				
	Increase uptake of COVID vaccines (Winter programme ended 12/2/23)			64.7%		
	Increase uptake of flu vaccines (Flu season programme ended 5/2/23)			63%		
	Increase uptake of pneumonia vaccines					
	Increase uptake of SMI health checks (Cumulative)		16325	14592	Improving	
	Ensure continuity of care for women from BAME communities and the most deprived groups					
	75% Cancers Diagnosed at stage 1&2 by 2028					
	CYP: Asthma – address over reliance of medications					
	CYP: Decrease the number of asthma attacks					
	CYP: Increase access to glucose monitors and insulin pumps					
	CYP: Proportion of diabetes patients receiving 8 NICE care processes for type 2			46.5%		46.7%
	CYP: Access to epilepsy specialist nurses					
	CYP: Reduce tooth extractions due to decay children admitted as IP in hospital aged +10					
	Improve access rates to CYP mental health service for 0-17 years		100%	94.6%		

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



### Part 3 – Core safety metrics

	National objective	Mar 24 plan	Plan (YTD)	Actual Month	Actual YTD	Trend	Benchmark	
<b>Never events</b>	Zero	0	0	4	18			
<b>Serious incidents</b>	Number of SIs reported			82	793			
	Proportion of SIs reported within 2 days	Range from 36.4% to 100% across our FTs						
<b>Infection prevention control</b>	MRSA	0	0	3	14	Worsening		
	C Diff		487	46	615	Worsening		
	E Coli		748	91	898			
<b>Mortality</b>		All trusts are within expected range.						



# 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.

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.
County Durham and Darlington NHSFT	2	ICB led	Removed from Tier 2 Elective (12.4.23)	Good (2019)
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*)
Gateshead Health NHSFT	2	ICB led		Good (2019)
Newcastle Upon Tyne Hospital NHSFT	1	ICB led	Tier 1 – Elective Removed from Tier 2 Cancer 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).
North Cumbria Integrated Care NHSFT	3	NHSE Quality Board	Tier 2 – Cancer (Inc. Northern Cancer Alliance support) 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 in development.	Requires improvement (2023) Awaiting outcome of independent review
North Tees and Hartlepool NHSFT	2	ICB led		Requires improvement (2022)
Northumbria Healthcare NHSFT	1	ICB led		Outstanding (2019)
South Tees NHSFT	3	NHSE/ICB oversight of finance	Quality - supported by ICB and NHSE	Requires Improvement (2019) Well Led inspection (Jan 23) – awaiting report
Sunderland and South Tyneside NHSFT	2	ICB led	Progress against CQC action plan provide through the Quality Review Group.	Requires Improvement (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 is given below and future reports will aim to include adult social care to provide a system view.

## General Practice CQC ratings overview

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 34 practices rated as Outstanding, 311 as Good and only one 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
NHS Northumberland	5	32	0	0
NHS North Cumbria	8	27	0	0
NHS North Tyneside	3	19	0	0
NHS Newcastle Gateshead	4	52	1	0
NHS South Tyneside	1	20	0	0
NHS County Durham	6	52	2	1
NHS Sunderland	3	35	1	0
NHS Tees Valley	4	74	1	0
ICB total	34	311	5	1

## Recent oversight meetings

An oversight meeting was held with South Tyneside and Sunderland NHS FT on 29 March, discussions were positive, and many areas of good practice recognised including reduction in long waits for elective care and health inequalities related work e.g. health literacy. The meeting attendees recognised the significant impact of the large volume of patients in hospital that are ready for discharge and reconfirmed system support to improve the position. Pressures in non-obstetric ultrasound were noted and the ICB committed to support work linked to referral criteria and mutual aid.

## ICB position on oversight framework metrics

The NHS Oversight Framework includes a large number of metrics across the domains of preventing ill health and inequalities; people; and quality, access and outcomes. ICBs are ranked according to their performance on 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)	6	5	0	1 of 7
People (9)	4	4	1	0 of 0
Quality, access and outcomes (50)	10	32	6	12 of 30

## 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. This mechanism will be extended as oversight meetings for strategic programmes and places are established in the coming months.

# ICB Complaints

## Numbers of complaints

The NECS Complaints Team handled a total of 171 new complaints/concerns and 16 compliments during January – March 2023 on behalf of the ICB:

Number of complaints/concerns	Action/outcome
131	complaints were referred to other organisations for investigation and response.
40	complaints/concerns related to ICB actions/decisions and were managed as ICB complaints.
21	ICB cases were managed as formal complaints, the remainder were addressed as informal enquiries or concerns.
19	formal complaints led by the ICB were responded to during the quarter. Of these, 11 were upheld/partially upheld and 6 were not upheld. 2 further complaints were withdrawn.

The main categories of ICB complaints/concerns were Continuing Healthcare (CHC) and Individual Funding Requests/eligibility criteria.

## Learning from complaints

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

- CHC complaints resulted in learning in a range of areas such as appropriate representatives being asked to attend review meetings as well as initial meetings, review of outgoing letters, data protection training, clear rationale at beginning of CHC fast track process and importance of accuracy of recording of details to avoid delays.
- Concerns raised about access to mental health services has resulted in improvements in access to mental health practitioners and mental health wellbeing coaches in GP practices in Hartlepool.
- Commissioning of section 117 packages – following concerns being raised, team managers recommended to speak with social workers within their teams to advise that any significant change such as a move, should always involve close contact with the individual, their family, the provider, and appropriate clinical team to ensure that all planning remains on track, prior to any move to taking place.

## Performance against key performance indicators for complaints management

- all new cases received during the quarter were acknowledged within the 3 working day target with the exception on one.
- 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 all complaints closed during the quarter.

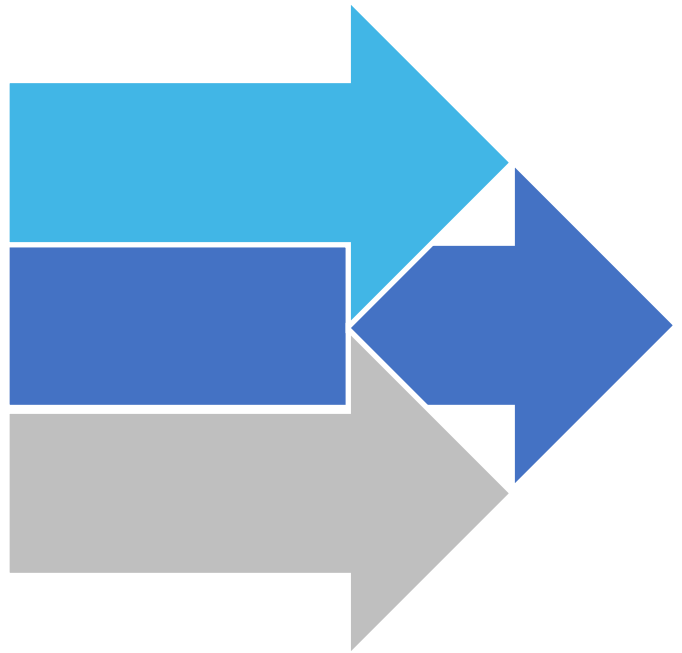
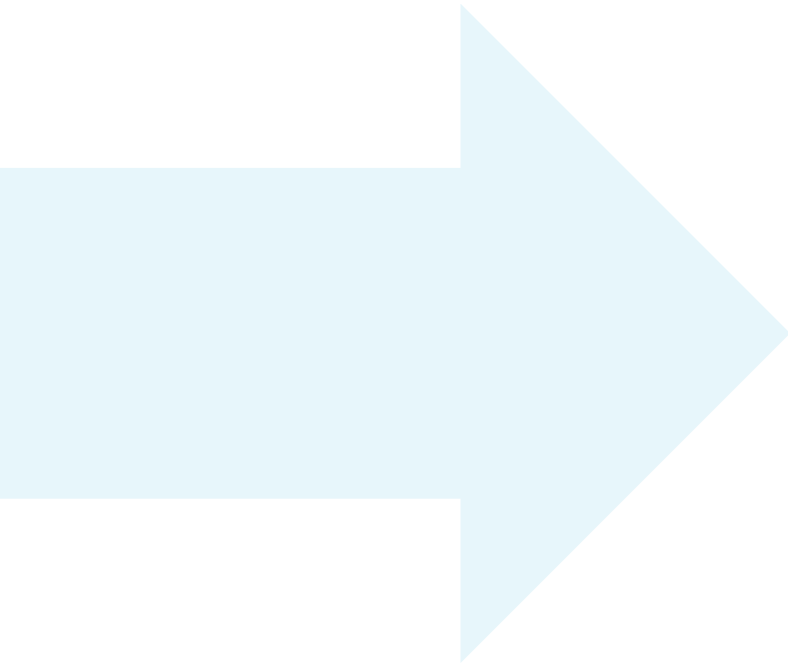
The transfer of accountability of primary care complaints from NHS England to ICBs was effective from 1 April 2023 and staff/resources will transfer on 1 July 2023. The ICB is working with NHS England to manage the transition between 1 April and 30 June 2023, including the process for managing the clinical review of complaints about clinical care.

## **Healthwatch themes and engagement work across NENC**

The NHS NENC ICB is committed to collecting the views from a range of residents, including patients, the public, carers, and stakeholders from across the region. Healthwatch gives citizens and communities a stronger voice to influence and challenge how health and social care services are provided.

Current Healthwatch priorities across NENC include:

- Primary Care – GP access and enhanced access
- Dental – access
- Mental Health (community based) – access to services, inaccurate signposting within pathways leading to patients incurring longer waits when assigned to an inappropriate pathway, limited sessions
- Service for people with Learning Disability and/or Autism
- Discharge
- Young people (engagement through Youthwatch/mental health).



# Delivery of 2023/24 objectives

## Urgent and Emergency Care - March 23 (except \*data w/e 1/4/23)

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Benchmark
A&E waiting times < 4hrs	80.8%		75.1%	<b>Worsening</b>	71.5%
Cat2 ambulance response	30 min		36.2 m		6/11
Adult G&A bed occupancy	92.1%	86.3%	<b>91.5%</b>	<b>Worsening</b>	
Patients not meeting the criteria to reside*			8.3%	<b>Improving</b>	
Ambulance handovers >59mins:59s*	0	0	4.1%	<b>Improving</b>	
111 Call Abandonment*	3%	3%	<b>13.5%</b>	<b>Improving</b>	
Mean 999 call answering time*	<20s	<20s	5.8s	<b>Improving</b>	

### Observations

- **A&E 4 hour** – 75.1% in NENC against 71.5% nationally and 72.1% across NEY. NENC ICS ranked 14/42. Whilst SPC highlights this metric as worsening since Q4 20/21, more recent trend over the past year show this to be relatively static.
- **Ambulance response times** – NEAS is ranked 1/11 for Cat 1 and Cat 4, 6/11 for Cat 2 and 2/11 for Cat 3.
- **% not meeting the criteria to reside** – at the beginning of April the proportion of acute adult beds occupied by patients who no longer meet the criteria to reside (CtR) was 8.3% in NENC (trust range from 5.4% to 22%).
- **Handover delays over 59:59** – improving position since new Standard Operating Procedure introduced on 1 Feb 2023 – but further work to do to reduce down to 15 minutes.

### Actions/learning

- **A&E 4 hour**-High level of variation across NENC (currently 68.4% to 89.3%). Work required to reduce variation and improve individual organisations' positions.
- **Category 2 responses** – the ability for NEAS to meet the 30 minute Cat 2 response relies on three other operating areas: creation of a triage process for Health Care Professional Calls to reduce the volume; ability of Trusts to manage handovers lower than currently; increased ambulance staff recruitment & improved sickness levels.
- Share best practice for discharge to reduce % of patients not meeting criteria to reside at trusts where CtR is > than 10%.
- Acute and community ward teams, from April, will record Discharge Ready Date for inpatients with a stay >1 night .

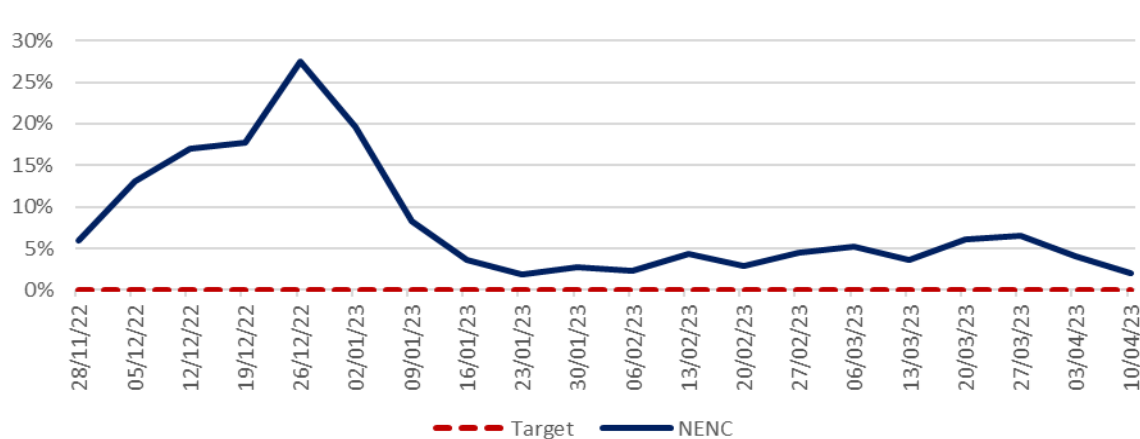
### Quality implications

- 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

- Handover delays work requires further focus to reduce to 15 minutes national target – working with three outlier Trusts to improve local positions.
- Discharge Summit actions – Improving data quality; engaging with partners on place-based issues; improving timeliness and quality of care delivery.

Handover between ambulance and A&E over 59 Minutes





## Primary and Community Care - Feb 23

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Benchmark
2-hour urgent community response (UCR)	70%	70%	78%		Eng 79%
Reduce unnecessary GP appts: Direct referral community optometrists/Self referral					
Proportion of GP practice appointments within two weeks			83.5%		81.2%
More appointments in general practice by March 24	1.57m	1.44m	1.47m		
Additional Roles Reimbursement Scheme (ARRS)	1526		1181		
Improving units of dental activity (to pre-pandemic levels)	100% 2.13m		Jan 23 77.6%	Improving	84.4%
Proportion of appts the same or next day			67%		66.2%
2-hour UCR first care contacts delivered		4160	2515	Improving	

### Observations

- GP appt numbers continue to increase following a reduction during pandemic and at pre-pandemic levels
- Large underspend for ARRS against 22/23 available funding
- Challenges due to dental contracting model leading to reduction in dental UDAs.
- UCR routinely exceeding the 70% threshold.
- UCR Activity remains under plan, but position improving.
- 100% coverage UCR in all nine clinical conditions, with exception of unpaid carer. One area reporting 2- hour response pathway commissioned via ASC with option to refer to UCR if further health care intervention identified.

### Actions/learning

- Work to improve data quality of GP appt/UCR reporting
- Challenges to PCNs maximising use of funding including workforce, estates, on-costs, clinical supervision requirements, employment models.
- ICB took on delegated commissioning responsibility for dental from 1<sup>st</sup> April and engaging with national dental reform programme to improve usage.
- UCR Data Quality follow-ups with acute trusts have resulted in further increases in 2-hour UCR referrals.
- The gap between projections and dashboard data for UCR continues to be explained by service type / team codes (such as District Nursing code 12) not being included in scope by the national team.
- Expected National UCR policy will allow for all codes.

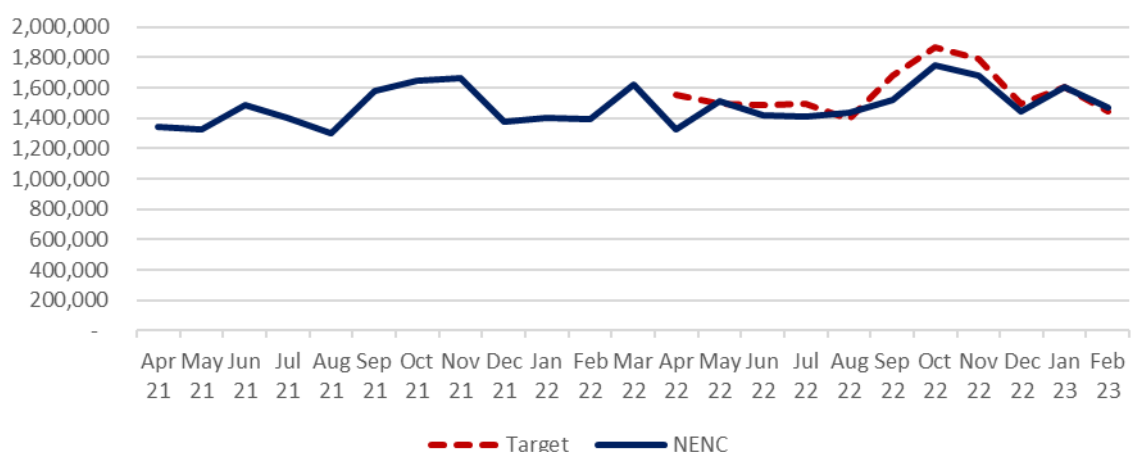
### Quality implications

Project to develop standardised quality metrics in progress.

### Recovery/delivery

- Work underway to understand and reduce barriers facing PCNS and increase employment in 23/24
- Focus on increasing UCR referrals from all sources, including 999/111, TEC responders and care homes.
- UCR trajectories for 23/24 forecast a 13% increase.

Primary Care Appointments



## Elective care - Feb 23

Objective	Plan Mar24	Plan (Month)	Actual	Trend	Benchmark
65 week waits (0 by end of Mar24)	14		1143 (w/e 9/4/23)		
Value weighted Activity levels (109%)	109%				
78 week waits (0 by end Mar 23)	0	229	687	Improving	
104 week waits (0 by end of Mar 22)	0	33	36		
Reduce outpatient follow ups by 25%	75%	91%	97%		
FFT – outpatients (trust range)			94.7% - 100%		
FFT – inpatient care (trust range)			89.8% - 99%		

### Observations

- Waiting lists continue to increase across NENC although more recently this trend is stabilising.
- NENC had 36 patients (Feb 23) waiting over 104 weeks (plan of 33), however more recent unpublished data demonstrates a further reduction to 21 at the end of March 23 which is within March planned levels (30).
- NENC had 687 patients (Feb 23) waiting over 78+ weeks, more recent data indicates improvement to 163 at the end of March, within plan.
- Individual trust position is variable, with specific pressures in Spinal, Orthopaedics, Dermatology and Ophthalmology, particularly at Newcastle upon Tyne Hospitals NHS FT (NUTH).

### Actions/learning/risks

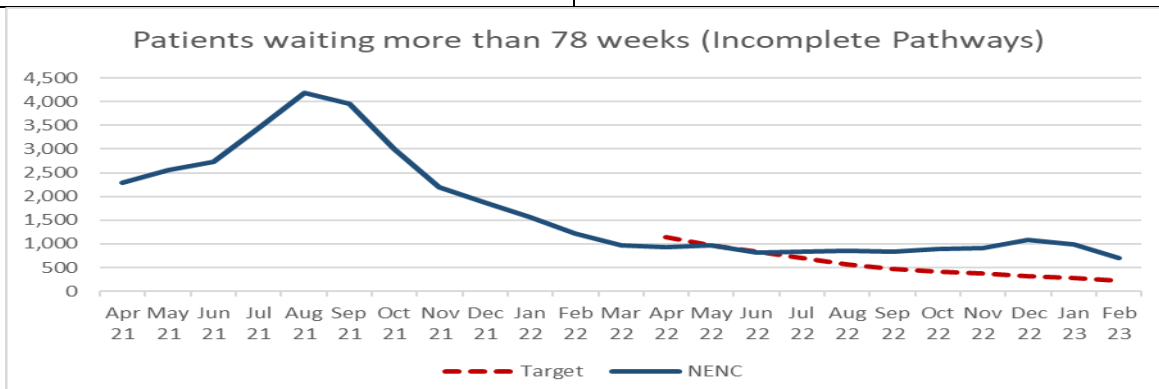
- **Specialty** based work delivery and improvement plans, and alliances are in place.
- Processes for short term mutual aid are being implemented and agreement with Trust CEOs on principles for a longer-term system wide approach.
- **NHS E** support and national work on Outpatients to identify improvements, eg to alleviate spinal service pressures and implement a single point of access.
- **Workforce and industrial action** - risk to elective activity managed by executive teams. Portability agreement implemented to allow staff to move between Trusts.
- **Finance** - finance drivers for elective work to limit adverse impact on systemwide collaboration.
- **Digital** - system working to ensure funding is secured, a consistent approach is applied and learning shared.

### Quality implications

- All providers assess risk in the management of their waiting list
- 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 challenges; national steer expected on choice.
- NENC continues to minimise any inequity of waiting times where possible.

### Recovery/delivery

- CDDFT has made significant progress and has now been removed from Tier 2 for elective care.
- NENC did not meet the national standard to eliminate 78+ waiters by the end of March 23, the agreed plan was met however, based on significant pressures in spines particularly, a national issue.
- Work continues through the Tier 1 elective meetings with NUTH to monitor trajectories to clear 78+ and 104+ waiters throughout 23/24. Reliance on mutual aid to support this.
- NENC is currently working towards the 23/24 ambition to eliminate 65+ week waiters.



## Cancer and Diagnostics - Feb 23

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Benchmark
Reducing 62 Day Backlog (19/03/23)	861	960 (Mar23)	952	Improving	
Faster Diagnosis Standard (FDS)	77.6%	75%	81.9%	Improving	75%
Early Diagnosis ambition					
Monthly Cancer 62 Day Performance	85%	85%	60.3%	Worsening	58.2%
% Receiving diagnostic test < 6 weeks (by Mar25)	95% (Mar 25)	95%	85.3%	Improving	74.9%
Diagnostic activity against plan	109%	106%	97%	Stable	

### Observations

- Cancer backlog remains above the 19/20 average.
- March 2022/23 target for backlog reduction achieved.
- Main specialities in cancer backlog are gastrointestinal patients (36%) and urology patients (33.11%).
- FDS Feb 23 achieved as a system, NENC at 81.9%, and across all trusts for the first time.
- NCA overall FDS performance is above the national average of 75% and ranked 1/21 alliances nationally.

### Diagnostics

- Improved Feb position particularly in Endoscopy.
- Increasing backlogs noted in MRI and Echo.
- Variation in size of modality backlogs across NENC.

### Quality implications

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

### Actions/learning/Risk

- Significant provider effort in backlog recovery.
- Support from NCA and ICB and NHS England.
- Action plans in place for tiered organisations with targeted Cancer Alliance funding.
- Recovery needs to be sustained in to 2023/24.

### FDS:

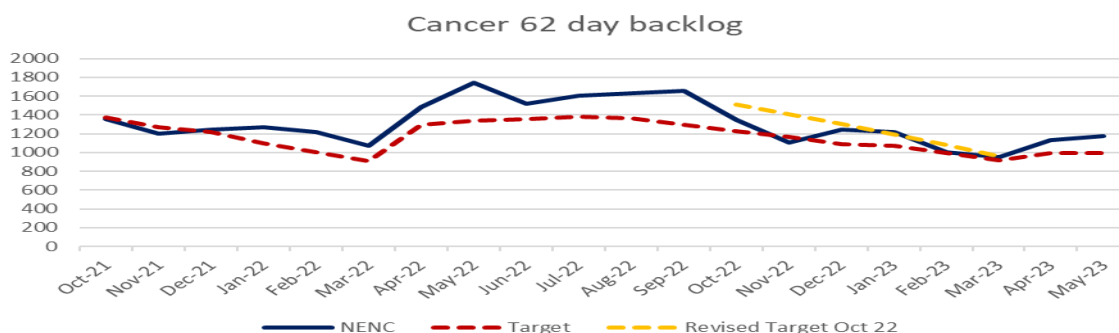
- Strong performance at provider level with 5 out of 8 providers routinely achieving FDS
- Challenges still exist at tumour level
- Share best practice amongst providers

### Diagnostics

- Ultrasound task and finish group in place
- Continue to explore mutual aid and use of DMAS
- FT diagnostic recovery plans
- Ongoing workforce shortages
- Impact of junior doctor strikes in March

### Recovery/delivery

- Cancer backlog trajectory met in 2022/23
- FDS trajectory met between October 22 and Jan23
- Recovery expected Mar 25 for diagnostics standard
- Implementation of diagnostic workforce strategies, working with NEY region and HEE to identify new models of working and expansion in training
- Working with FTs, DOFs and CFOs to model the ongoing costs and agreement of local funding arrangements.



## Maternity - Feb 23

Objective	Plan Mar24	Plan (month)	Actual	Trend	Benchmark
Reduce stillbirth, neonatal mortality, maternal mortality & serious intrapartum brain injury					
Still births per 1000 births			3.13	Improving	3.29
Neonatal deaths per 1000 live births			1.5	Improving	1.5
Increase fill rates for maternity staff					
Proportion of maternity settings offering tobacco dependence			50%	Improving	18.7%
FFT: Maternity services	Range from 63.6% to 96.6% who would recommend the service across our providers.				

<p><b>Observations</b></p> <p>The three year delivery plan for maternity and neonatal service aims to make care safer, more personalised and more equitable through the following deliverables:</p> <ul style="list-style-type: none"> <li>• Listening to women and families</li> <li>• Supporting our workforce</li> <li>• Developing and sustaining a culture of safety</li> <li>• Meeting and improving standards and structures</li> </ul> <p>A NENC maternity dashboard populated with Maternity Services Data Set (MSDS) data is currently being improved in relation to the data quality and metrics within. Data above (NHS OF) is the mean average of performance of NENC providers therefore cannot be used as assurance in relation to individual trust performance which is ongoing through the LMNS.</p>	<p><b>Actions/Learning/risks</b></p> <ul style="list-style-type: none"> <li>• Maternity plan seeks to implement the challenges and recommendations of the Ockenden and East Kent independent reviews of maternity services.</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) maternity staffing across our providers is a pressure – development and collaboration across NENC in workforce capacity underway.</li> <li>• Strengthening of the NENC Maternity Suspension guidance and ensuring adherence to the guidance by our providers through collaboration.</li> </ul>
<p><b>Quality implications</b></p> <ul style="list-style-type: none"> <li>• Continued focus on the quality and safety of maternity and neonatal services to provide safe and compassionate care of women and babies across NENC.</li> <li>• Listening to women and their families, understanding, and acting will help improve maternity outcomes and experiences, improve safety, ensure personalised care and address health inequalities.</li> <li>• NENC continues to utilise evidence from national reviews and reports to improve services and to support staff continuously to improve care that is delivered.</li> <li>• Implementation of the NENC LMNS equity and equality plan to seek and ensure that Maternity Voices Partnerships and staff reflect the communities they serve.</li> </ul>	<p><b>Recovery/delivery</b></p> <ul style="list-style-type: none"> <li>• LMNS Governance arrangements to continue, whilst undertaking a review of developing a wide maternity and neonatal alliance within the NENC ICB.</li> <li>• Continue to the use the learning health system model to combine data, collaboration and quality improvement techniques towards collective improvement.</li> <li>• Look to improve NENC maternity and neonatal services, evaluate projects using a research approach by working with the Academic Health Science Network and local universities.</li> <li>• Work closely with the three LMNSs in Yorkshire and beyond.</li> </ul>

## Use of resources Data period M12 (March 23)

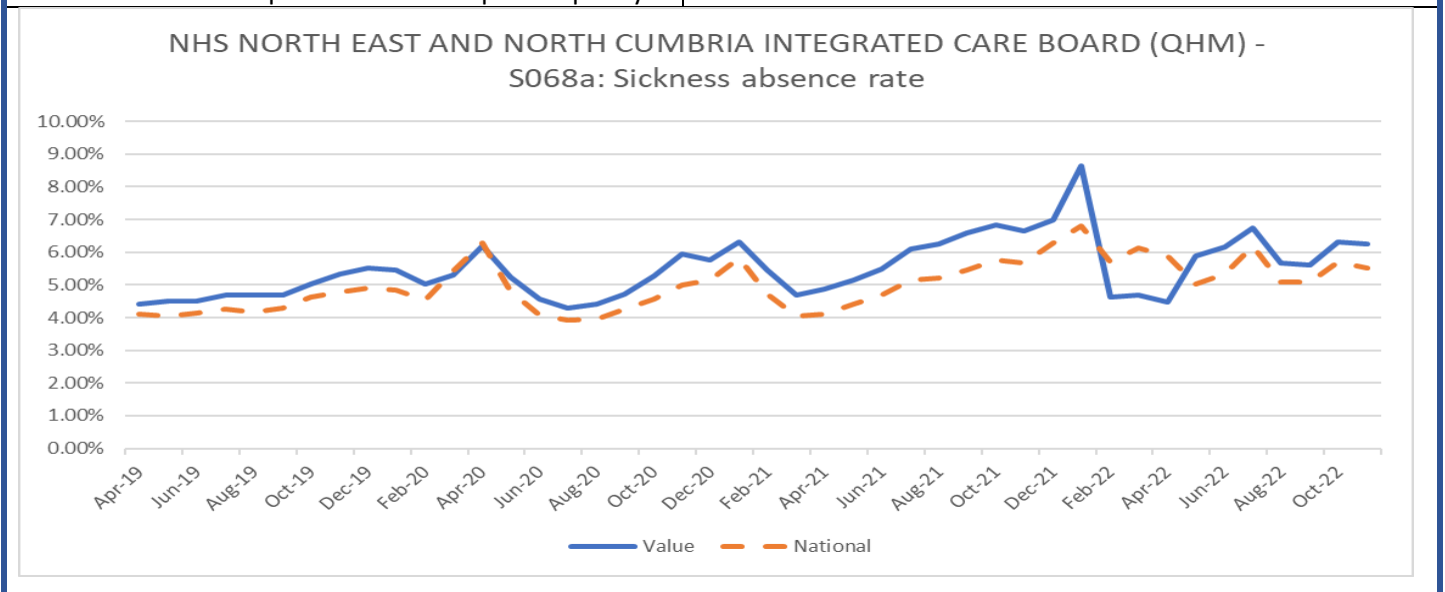
	March 23 plan	March 23 Forecast	YTD Plan	March 23 Outturn
Balanced overall ICS financial position for 2022/23	£0.00m	(£0.38)m		(£58.16)m
ICB surplus position	(£2.63m)	(£2.74m)		(£2.74m)
Running cost position	£46.06	£42.20m		£42.01m
Capital funding	£201.89m	£193.80m		£194.89m
QIPP/Efficiency savings	£248.83m	£245.91m		£244.16m
Mental health investment standard	6.68%	6.68%		6.68%

<p><b>Observations</b></p> <ul style="list-style-type: none"> <li>As at 31 March 2023, the ICS is reporting an outturn surplus of £58.16m compared to a planned breakeven position.</li> <li>This predominantly relates to significant income received by a provider trust following settlement of a legal case in respect of building rectification work.</li> <li>The ICB is reporting an outturn surplus of £2.74m in line with previous forecasts, against a plan of £2.63m.</li> <li>Running costs - the ICB is reporting an underspend largely due to the impact of vacancies. This has effectively allowed additional funding to be spent on frontline healthcare services.</li> <li>An outturn underspend is being reported against the ICS capital allocation of £7.2m.</li> <li>The ICS is reporting efficiency savings of £244.16m which is slightly below original planned levels. The ICB has delivered efficiencies of £48.46m which is slightly higher than planned.</li> <li>The ICB has reported achievement of the MHIS target for 2022/23 (growth in spend of 6.68%).</li> <li>The monthly cash balance for March is within the target set by NHS England. The ICB met the Better Payments Practice Code standard for 95% of NHS and Non NHS invoices to be paid within 30 days.</li> </ul>	<p><b>Actions/risk</b></p> <ul style="list-style-type: none"> <li>The outturn financial position remains subject to audit with final accounts due to be signed in June 2023.</li> <li>A number of potential financial risks were identified for both the ICB and ICS as a whole, which have been successfully managed during the year.</li> <li>Two potential risks previously identified materialised during month 12 which were largely outside of the control of the ICS impacting the final outturn position. This included the receipt of material income by one provider following settlement of a court case, together with unfunded pressures arising from the additional non-consolidated pay-award offer which impacted the position of one provider within the ICS.</li> <li>The ICB running cost position remains a potential risk area on a recurring basis, particularly in light of the forthcoming 30% real terms reduction in funding.</li> <li>A number of significant potential risks have been identified as part of 2023/24 financial plans across the ICS.</li> </ul>
<p><b>Quality implications</b></p> <p>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.</p>	<p><b>Recovery/delivery</b></p> <p>The management of financial risks during 2022/23 reflects collaborative work across organisations to manage the system position and identify additional mitigations.</p> <p>Work is continuing across the system to review potential risks for 2023/24 and develop appropriate financial recovery plans.</p>

# Workforce - November 2022

Objective	Plan Mar 24	Plan (Month)	Actual	Trend	Benchmark
Improve staff retention (turnover systemwide NENC Providers)	12.1%				
Improve staff attendance (sickness systemwide NENC Providers)	5.6%		6.2%		5.5%

Observations	Actions/learning/risk
<p><b>Sickness</b></p> <ul style="list-style-type: none"> <li>Sickness absence across our providers remains above plan and has increased since the COVID-19 pandemic.</li> <li>NENC rate is higher than the national position and among the highest compared to other ICBs ranking 39/42.</li> </ul> <p><b>Turnover</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>NENC ICB compares favourably to the national leaver rate (7/41 ICBs) although this has increased since the pandemic.</li> </ul>	<ul style="list-style-type: none"> <li>Both sickness and turnover have been captured within the required data sets for the 2023/24 operational planning workforce submission.</li> <li>This is the first workforce planning submission since the inception of the ICB and there is a need to set up infrastructure that maintains focus on what the returns mean and the work needed to realise delivery of the plans.</li> <li>There is a risk if this work is not taken forward that plans will not be realised.</li> <li>There is also a risk that these areas have been difficult to achieve in the past and therefore the learning process is needed to understand how impact can be achieved.</li> </ul>
<p><b>Quality implications</b></p> <ul style="list-style-type: none"> <li>Higher levels of sickness affect quality as there less staff available to undertake their duties.</li> <li>Higher levels of staff turnover impact on quality as it takes time to induct new employees and it also means there are vacancies for periods of time which again means less staff available to undertake the required duties for optimal quality.</li> </ul>	<p><b>Recovery/delivery</b></p> <ul style="list-style-type: none"> <li>The operational planning round has indicated that overall, Trusts are aiming to achieve the following from March 23 to March 24:             <ul style="list-style-type: none"> <li>to reduce sickness absence by 0.3%</li> <li>to reduce turnover by 1.3%</li> </ul> </li> </ul>



## Mental Health: Adults - Feb 23

Objective	Plan Mar 24	Plan (month)	Actual	Trend	Benchmark
IAPT access (Feb 23)	22,540	6607	5485		
Community mental health (CMH) 2+ contacts 5% increase	34,855				
Number of out of area (OOA) placements (Jan 23)	147		405		
Dementia diagnosis rate	66.7%	66.1%	65.4%		
Improve access to perinatal mental health services		3156	2195	Improving	

### Observations

- **IAPT access** remain below plan and target. This is due to workforce pressures, demand lower than Long Term Plan (LTP) projections, increased acuity and investment/procurement challenges.
- **OOA placements** - Inappropriate bed days have seen a decrease in Jan, although these do not achieve the plan that was set, and numbers remain above the target of 0.
- **Dementia**- improvement throughout 22/23, remaining slightly below target.
- **Perinatal** below plan in NENC, recovery plan in place - demand lower than LTP projections and investment challenges. Further impacted by the inability to recruit.
- **CMH** – Data quality being explored NENC have not met the plan or target for community MH access in 22/23 to date.

### Actions/learning

- **IAPT** - NENC ICS IAPT Delivery & Oversight Group for strategy and development in place.
- Aims to improve inclusivity and outcomes of people with mental health needs, sharing learning and driving innovation to improve access.
- Actions include: publicity, single point of access, ethnic minority workshops, waiting list and DNA initiatives and exploring recruitment opportunities.
- **CMH** - Access to community mental health services has increased and caseloads have been getting larger.
- Staffing pressures with vacancies and sickness have reduced community capacity.
- **OOA** Placements pressures within the adult acute pathways. Work currently with partners to facilitate discharges back into the community.
- **Perinatal** staffing pressures and DNAs are being reviewed.

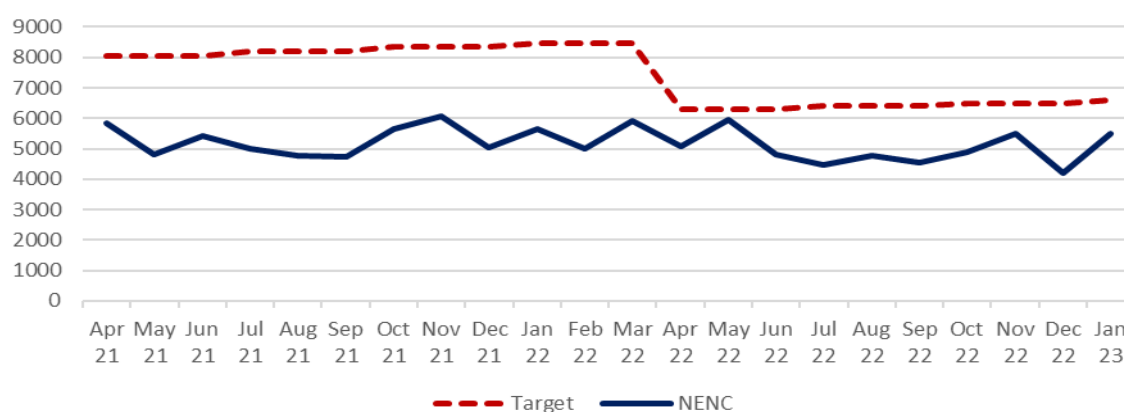
### Quality implications

- Increased waiting times have a negative impact on mental health conditions whilst they are waiting.
- Patients awaiting repatriation to their home area are less likely to receive frequent family visits due to distance.
- Resettlement/rehabilitation may not be as timely as when placed in home area.

### Recovery/delivery

- Challenges in the delivery of key mental health ambitions in 22/23.
- The ICB is working hard to improve mental health pathways for our patients, as well as investing in extra support to meet emotional, mental health and wellbeing needs.
- The ICB is making progress in improving services, with further work underway to address any variation within the region.

IAPT - Number of patients entering NHS funded treatment



# Mental health: Children & Young People - Feb 23

Objective	Plan 24	Plan (month)	Actual	Trend	Benchmark
Improve access to mental health support for CYP	53,245	53,341	53,565		
CYP Eating disorders (ED) - urgent within 1 week (Dec 22 data)	95%	90%	89.9%		
CYP Eating disorders (ED) – routine within 4 weeks (Dec 22 data)	95%	91.1%	74.3%		

## Observations

### CYP Access

- Dec 22 shows the CYP access metric remain above operational plan trajectory but below Long Term Plan (LTP) target.
- NENC ICS submitted a recovery plan
- Demand has increased beyond LTP projections combined with an inability to recruit and retention of staff.
- Challenges in reporting accurate data is also noted.
- Services for CYP eating disorders are not meeting the 95% standard.
- Waiting times for children and young people entering treatment for mental health problems have shown an increase in NENC.
- This pressure has exacerbated since the pandemic, due to the increased demand and the shortage of qualified mental health staff in the region.

## Actions/learning

- Place based actions to review pressure points and determine need underway
- Specific actions include: waiting list initiative/recovery plans, commissioning additional support for particular presentations, single point of access evaluations.
- Alternative model implementation/pathway re-design, CYP mental health support teams in schools.
- Local initiatives to support the workforce including: recruitment and retention projects, working in a more integrated way (e.g. ARRs roles, increase in digital platforms).
- The ICS MH workforce group will share positive practice and drive initiatives to address workforce pressures.
- Baseline assessment underway in relation to dietetics for CYP.

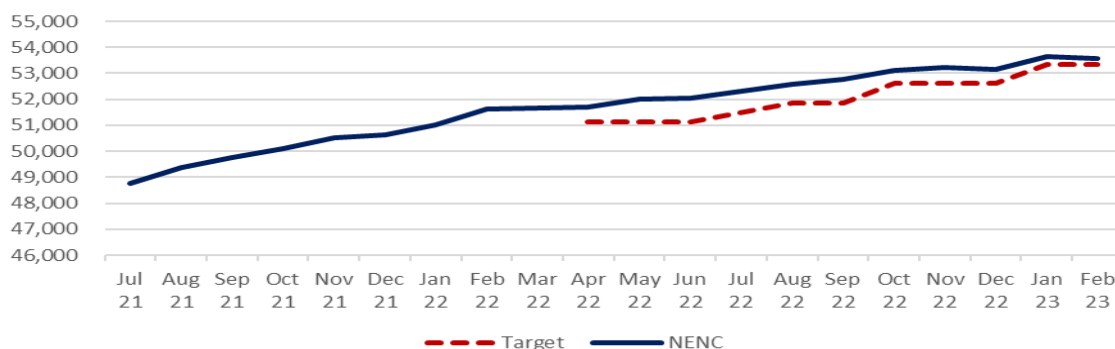
## Quality implications

Children, young people and families may experience exacerbation of difficulties/problems as they wait to start treatment.

## Recovery/delivery

- 22/23 performance for CYP patients accessing services is currently exceeding planned operational plan trajectory for 22/23, however Long Term Plan trajectory will not be achieved.
- The ICB is working hard to improve the pathway for our patients, as well as investing in extra support to help children who have additional emotional, mental health and wellbeing needs. The ICB is making progress in improving services, with further work underway to address any variation within the region.

CYP Access - at least one contact- rolling 12 months





## People with a learning disability and autistic people - March 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)	77%		68.7% (Feb 23)	Improving	
Reduce reliance on inpatient care adults (ICB) – <i>chart below</i>	52 (21.9 per/m)	57	83 Mar 23	Worsening	
Reduce reliance on inpatient care -adults (Secure)	61 (25.7 per/m)	68	79 Mar 23	Worsening	
Reduce reliance on inpatient care – under 18s	8 (13.6 per/m)	9	7 Mar 23		
Care and Treatment Reviews (adults)	Fully Compliant			Compliant all areas	
Care Education and Treatment Reviews (CYP)	Fully Compliant			Compliant all areas	
Learning from death review (LeDeR) compliance	Fully Compliant		96%	Compliant all areas	

### Observations

- There were 19 admissions and 17 discharges in Q4 compared to 30 planned discharges in Q4.
- 20% (6) of discharges planned were achieved in Q4
- 11 additional discharges were achieved in Q4
- Continued admissions of autistic people into mental health beds
- Learning from death review (LeDeR) compliance 96%

### Actions/learning

Case Management development sessions held to:

- Standardise approaches across the ICB.
- Implement the dynamic support register/care education and treatment review (CETR) revised process.

### Quality implications

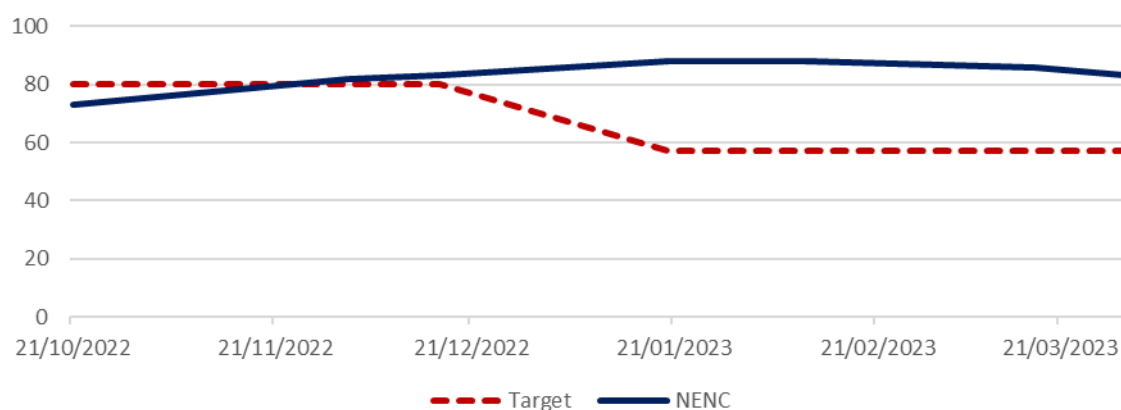
Commitment to improving support and care quality for autistic people:

- Staff training including Oliver McGowan Mandatory Training
- Peer support workers
- Consideration of Autism Framework and Operating Guidance
- Sensory friendly environments

### Recovery/delivery

- Revised governance structure in development
  - 3 Year Plan and Forward View plan complete including finance plan for 23-24
  - Senior Intervenor support; 20 people identified who require external support to discharge
- Mental Health and Learning Disability and Autism Quality Transformation Programme, next meeting 5<sup>th</sup> May.

Reducing Reliance On Inpatient Care - Bed Census - 31/03/2023



## Prevention and Health Inequalities including Core20+5: Adults - Feb 2023

Objective	Plan Mar 24	Plan (Month)	Actual	Trend	Benchmark
Hypertension (77% by March 2024)	77%		65.9%		
Use of lipid lowering therapies (60%)	60%				
60% SMI Health checks		16325	14592		
Increase uptake of COVID vaccines			64.7%		
Increase uptake of flu vaccines			63%		
Increase uptake of pneumonia vaccines					
Continuity of carer for women from BAME communities and most deprived groups					
75% cancers diagnosed at stage 1 or 2 by 2028					

### Observations

- The development of a NENC Health Inequalities Dashboard which will cover a range of measures is underway
- Dashboard will support assessment against the national objectives – providing a broader context to key performance measures.
- The dashboard metrics will be used by both the workstreams and the overarching Healthier and Fairer Advisory Group to monitor progress against plans and support the development of approaches going forward.

Many of these objectives do not state specific dates or targets and therefore will require a NENC approach to develop a defined trajectory to measure the overarching programme against.

### Actions/learning

- The Healthier and Fairer Advisory Group was formally established as a subcommittee of the ICB Executive Committee in November 2022.
- The programme integrates and coordinates the work of several pre-existing advisory structures dealing with population health and inequalities (Population Health and Prevention Board, Health Inequalities Advisory Group, Deep End Steering Group).
- Responsibility and accountability of many of the current NHSE national objectives aligned to the Healthier and Fairer programme sit currently with other parts of our system for example Clinical Networks.

### Quality implications

Governance of the programme has now been developed with 3 key workstreams:

- Prevention,
- Healthcare Inequalities

NHS contribution to social and economic inequalities.

### Recovery/delivery

Supporting the programme are 3 enabling workstreams:

- Population Health Management,
- Workforce
- Community Asset Based approaches.

Each of the workstreams have developed their five year plan and have identified key measures and metrics to monitor delivery against.

These broader plans have been incorporated into a single plan to inform the ICB Joint Forward Plan.

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

Objective	Plan 24	Actual	Trend	Benchmark
Asthma – address over reliance of medications				
Decrease the number of asthma attacks				
Increase access to glucose monitors and insulin pumps				
Proportion of diabetes patients (type 2) receiving 8 NICE care processes		46.5%		46.7%
Access to epilepsy specialist nurses				
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 yr olds, certain ethnic groups, age, gender and deprivation.	100%	96.4%		

<b>Observations</b> See Prevention and Health Inequalities: Adults section	<b>Actions/learning</b> See Prevention and Health Inequalities: Adults section
<b>Quality implications</b> See Prevention and Health Inequalities: Adults section	<b>Recovery/delivery</b> See Prevention and Health Inequalities: Adults section

## Safety - February 2023

	Plan Mar 24	Plan YTD	Actual (month)	Actual YTD	Trend	Benchmark
Never events	0	0	4	18		
Serious incidents (SIs)			82	793		
SIs reported within 2 days	Range from 36.4% to 100% across our FTs					
MRSA	0	0	4	14	Worsening	
C diff		487	46	615	Worsening	
E coli		748	91	898		
Mortality	All Trusts within expected range.					

### Observations

- NENC is over trajectory for the key HCAI infections
- Despite good progress pre-pandemic, 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
- No Trusts are currently an outlier for mortality
- 4 Never events reported across our trusts in February from 2 Trusts.
- Themes for SIs are monitored through the serious incident process

### Actions/learning

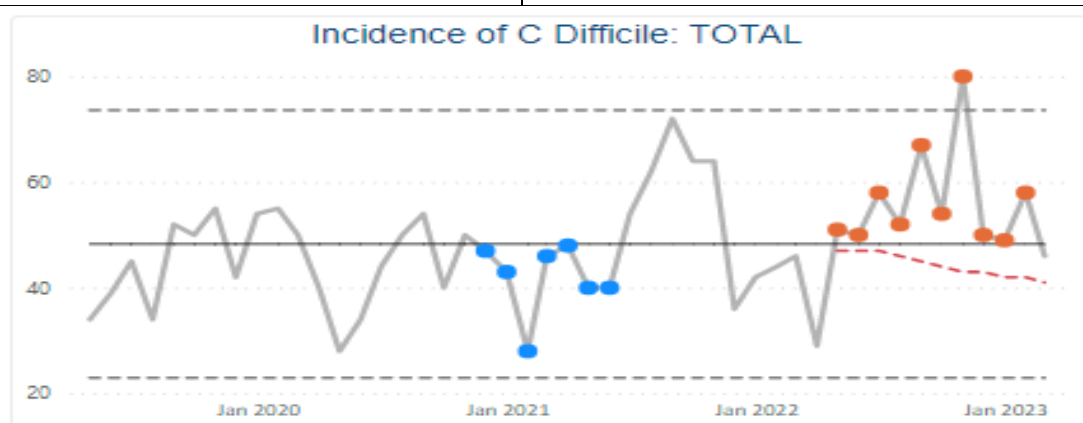
- Oversight across NENC through the AMR/HCAI subcommittee where learning and good practice is shared for discussion at place and local QRGs.
- HCAI and gram-negative improvement plans in place, with some areas looking to complete research
- Greater communication with patient flow teams and Infection control teams to ensure safe flow through patient pathways without unnecessarily compromising the cleaning standards.
- All our Trusts are raising the importance of the fundamental precautions such as improving hand hygiene and reducing the use of disposable gloves
- Work continues to review open caseloads of SIs and Never events across NENC and gain appropriate assurances to ensure learning has been identified and shared.

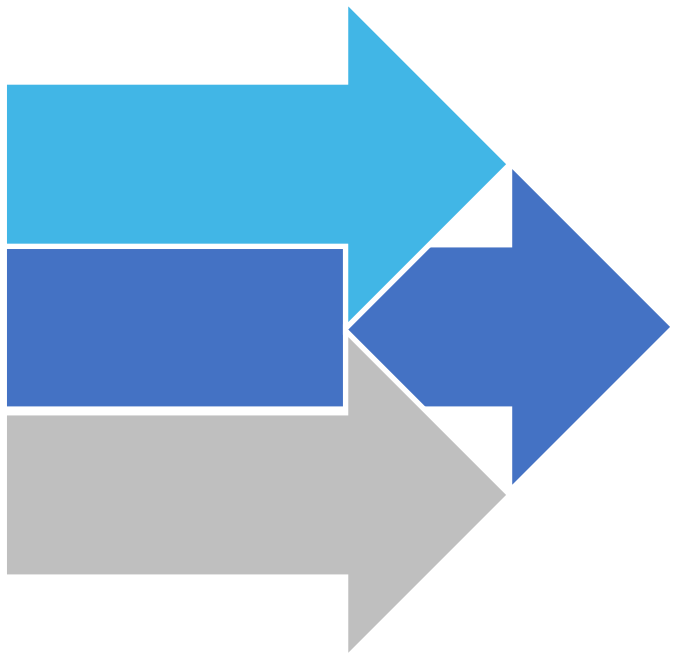
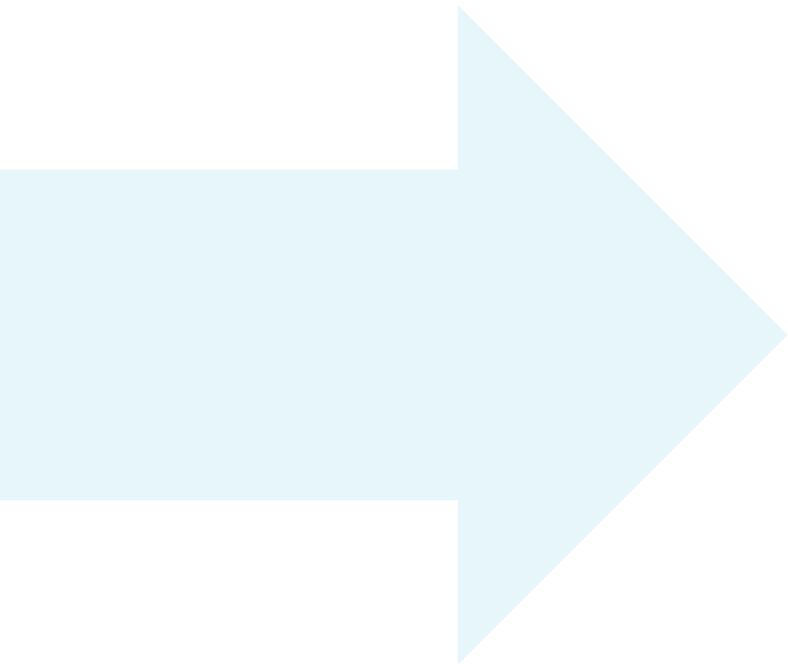
### Quality implications

- 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 through the medical examiner process

### Recovery/delivery

- SIs & Never events – a NENC network meeting has been established supported by the Academic Health Science network
- Work continues to support providers with implementation of patient safety incident response framework (PSIRF)
- Sound risk assessments have been developed by our Trusts for management of HCAI.





# 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.