

Integrated Delivery report

April 2024

(Reporting period February/March 2024)

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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 2024 – A&E metrics, bed occupancy, handover delays, ambulance response times, cancer 62 day backlog and metrics for learning disability and autism services.

February 2024 – all other standards unless otherwise specified.

Finance is at month 12 (March 24).

Key changes from previous report

Planning

NHSE has published its operational planning guidance on 27 March 24 and the first final full planning submission is due 2 May 2024.

Local submissions have been provided to the ICB on 23 April 24 for agreement by the ICB Board ahead of the full final submission deadline to NHSE.

Key headlines from the final submission note an overall high level of achievement of the national requirements with some remaining challenges related to Mental Health waiting times and reducing reliance on inpatient care.

CQC

Independent Providers: Barchester Billingham Grange Mental Health Act Monitoring visit for Grange Ward took place in November 23. Some areas for improvement were highlighted within the report by the CQC to which Barchester has responded with an action statement highlighting areas which have been addressed. The report has been shared with the ICB.

Hospice - St Cuthberts: Rated as "requires improvement" January 24 and the hospice has shared its CQC action plan with the ICB. The key issues surround management of risk and risk mitigation, policy and documentation.

Priory, Darlington

The CQC conducted an unannounced inspection in December 23 and the published report is awaited.

Category 2 mean end of year (NEAS) The Cat 2 mean plan for March 24 was not met, at 33 minutes 20 seconds compared to a plan of 27:05.

Elective long waits NENC was the best performing ICS in February 24 for RTT performance with 68.4% of patients on the waiting list for elective (non-urgent) treatment waiting less than 18 weeks.

There was one 104+ week waiter at end of February 24, a Urology patient at NCIC who has now been seen (16 April 24). This patient will present as a 104+ week waiter for February and March 24.

There were 198 78+ week waiters compared to a 191 plan at the end of February 24 (provider aggregate excluding the Independent Sector (IS)). Although the plan was not met for February 24, more recent unvalidated data has demonstrated a further decrease to 10 and subsequent achievement of the year end plan of 167 for March 23/24.

There were 1647 65+ week waiters as at the end of February 24 (provider aggregate excluding IS) compared to a plan of 1516. Although the plan has not been met for February 24, more recent unvalidated data indicates that the year end plan for March 23/24 of 1145 was met across NENC with 920 patients waiting 65+ weeks.

There were 7451 52+ week waiters as at the end of February 24 compared to a plan of 5467. More recent unvalidated data demonstrates this to have reduced further to 7252 as at the end of March 24, although this remains above the March 23/24 plan of 5135.

NUTH and South Tees NHS FT have recently been recommended for de-escalation from NHSE tiering, subject to ratification on 23 April 24.

Cancer 62 day Backlog NENC ICB has achieved the planned cancer 62 day backlog performance standard for March 2024, achieving 810 compared to a plan of 817.

NHS Escalation action (Tiering) A review has taken place nationally between NHSE and the national team as to which trusts are to remain in tiering for quarter 1. NUTH and S Tees have recently been recommended for de-escalation from NHSE tiering, subject to ratification on 23 April 24.

NCIC met their year end backlog reduction through continued support from the NCA and ICB, achieving 83 compared to a plan of 101. This is a significant achievement. The Trust are not currently under NHSE escalation although this is under consideration due to the impact of the backlog reduction on their 62 day performance.

NHSE Focus meeting NHSE regional team held a focus meeting with NENC ICB executive on 17 April 24. Key points of discussion included:

- ICB and ICS 23/24 year-end financial position which is expected to be in line with our control total, this was positively received.

- Further consideration of the 24/25 operational plans, with a specific focus on Finance, Activity, Performance and Workforce including key risks to delivery and planned mitigation.
- 23/24 Performance outturn including highlighting improvements in UEC and Elective recovery metrics.
- Consideration of the latest position in terms of quality of care and outcomes including key risks and mitigations
- An opportunity to highlight specific hot-topics to the NHSE Regional Team including; Engagement meetings with local MPs, Changes to our local ICP arrangements and service/provider developments.

Mental Health Services: Out of Area Placements (beddays)

The number of Out of Area Placements (OAP) bed days reduced significantly across NENC from July 23 following a peak in June 23. This reduction has been maintained until January 24 where there has been an increase in the 3 month rolling total (995 Nov23-Jan24) which is a significant risk to achievement of the year end 23/24 plan of 162 beddays for Jan-March 24.

NENC ICB continue to explore the pressures with all partners. Actions include robust case management, embedding clinically ready for discharge reporting and discharge facilitation.

Learning Disabilities and Autism: IP Care

Reducing reliance on inpatient care (IP) – The end of Q4 trajectory of 113 (ICB 52; Secure 61) was not achieved. Actual position at end of Q4: 174 (ICB 95; Secure 79), this is 61 over target (ICB 43; Secure 18).

The NENC Mental Health and LDA In-patient Quality Transformation Programme (IPQT) interim plan is being developed with the final plan to be submitted following a June 24 development session.

Other areas of note/risk

Mental health waiting times

Adult and older adult (AMD) MH Waiting Times: As at January 24 across NENC, 36,353 adults have been waiting for a 1st MH Direct contact, 31.4% have been waiting <18 weeks; 18.1% 104+ weeks.

Children and Young People (CYP) MH waiting times: At the end of January 24 across NENC, 25,707 CYP (15,837 CYP autism and neurodevelopment patients) had been waiting for a 2nd contact, 35.5% CYP waiting <18 weeks, 10.6% CYP (8.2% CYP autism, neurodevelopmental) 104+ weeks. Further analysis in relation to <18 week, 18-26 week, 53-104 week and 104+ trends is available in the report appendices. The waiting time position continues to worsen.

Data Quality

Mental Health Services Data Set (MHSDS) is subject to variable data quality between providers. All providers, including VCS providers, MH Trusts and acute Trusts who are submitting to MHSDS are included in this waiting times data. Definitions as below are open to differences in interpretation, particularly as to what is defined as a contact. Reporting is to move to the new national standard throughout 24/25 once this is supported by accurate MHSDS submissions.

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

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

Both CNTW and TEWV are now working towards the national standard and are no longer monitoring performance against this old method. This transition is being discussed with the national team as they are still finalising the metric definitions for the new standard. TEWV also went live with a new electronic patient record, and this may have also impacted the waiting times calculations.

A variety of transformation work is underway and reviewed by the NENC Mental Health and Learning Disability Sub-Committee. Further analysis of waiting time data will be coordinated through the NENC MHLDA Performance and Oversight Group the Care Group Board, CYP outcomes metrics continue to improve. The CNTW redesigned pathway for CYP neurodevelopmental has been presented to the oversight group. CYP services diagnostic waiting times rapid improvement work is underway.

Dental Access recovery (including Units of Dental Activity (UDA) compared to plan)

Dental access recovery is underway across NENC and is being addressed in three streams:

- Immediate actions to stabilise services.
- A more strategic approach to workforce and service delivery
- Developing an oral health strategy to improve oral health and reduce the pressure on dentistry.

NENC Commissioned activity

NENC has commissioned 15,000 additional appointment slots to date across the patch, **and** 48,200 appointments have been secured from existing practice capacity for patients in greatest clinical need. In addition

- 908.5 hours of additional dental clinical triage call handling capacity is now available in 2023-24.
- 836 additional sessions have been commissioned from dental out of hours providers until the end of March 24.

NENC has also commissioned additional treatment capacity:

- 39,080 additional Units of Dental Activity in 23/24
- 53,537 additional Units of Dental Activity for 24/25

(this will be made recurrent in 25/26 if providers can demonstrate delivery).

Units of dental activity contracted against operational plan:

Performance for February 24 year to date is 3.59m compared to a March 24 plan of 5.31m.

Incentive scheme and flexible commissioning capacity as at 15 February 24:

- Appointment slots commissioned (2023-24) = 77,311
- Appointment slots delivered = 44,120 (used for clinical treatment)
- Patients who Did not Attend (DNA) or Failed to Attend (FTA) = 9,542 appointment slots (ie slot booked but patient failed to attend or were late cancellations therefore slot could not be refilled).

Healthwatch is helping assess progress so far with patient satisfaction and mystery shopping assessments of services newly commissioned.

Two urgent dental access services are being commissioned in N Cumbria and Darlington while longer term services are procured.

Operational plan delivery - summary dashboard

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

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

The dashboard is in three parts:

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

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

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

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

Part 3 – National safety metrics

This includes important metrics/data linked to patient safety.

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

DASHBOARD KEY

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

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

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

March 2024 – A&E metrics, bed occupancy, handover delays, ambulance response times, cancer 62 day backlog and metrics for learning disability and autism IP services, Never events, Finance
February 2024 – all other standards unless otherwise specified.

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

	National objective 2023/24	March 24 Plan	Plan (month)	Actual	Trend	Bench mark
Urgent and emergency care	A&E waiting times within 4 hours (76% by March 2024) *	79.2% (81%)	79.2%	76.0%		74.2% 16/42
	Category 2 ambulance response times (average 30 mins)	30 m (avg)	27:05 m:s	33:20 m:s		6/11
	Adult general and acute bed occupancy 92% or less	92.1%	92.2%	91.5%		95.5%
Community health services	2-hour urgent community response (standard 70%)	70%	70%	83.0%	Improving	83.2%
	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%		80.8%
				64.8%		64.8%
	More appointments in general practice by Mar 24	1.6m	1.55m	1.70m		
	Additional Roles Reimbursement Scheme by Mar 24	1,526	0	1,717	Improving	
	Improving units dental activity (UDA) contracted (Q3)	5.31m	5.31m	3.59m		
Elective care	Eliminate waits of over 104 weeks (by July 2022) ICB	0		1		9/42
	Eliminate waits of over 104 weeks (by July 2022) Provider aggregate (No H2 submission)	0	0	1		
	Eliminate waits of over 78 weeks (by April 2023) ICB plan (No H2 submission)	0	0	186		11/42
	*Eliminate waits of over 78 weeks (by April 2023) Provider Aggregate plan (Nov 23 H2 submission)	167	191	198		
	Eliminate waits of over 65 weeks (by March 2024) ICB Plan (No H2 submission)	14	368	1,522		2/42
	*Eliminate waits of over 65 weeks (by March 2024) Provider aggregate plan (Nov 23 H2 resubmission)	1,145 (14)	1,516	1,647		
	Eliminate waits of over 52 weeks (by March 2025) ICB Plan (No H2 submission)	5,142	5,468	6,892	Improving	2/42
	Eliminate waits of over 52 weeks (by March 2025) Provider aggregate (No H2 submission)	5,135	5,467	7,451	Improving	
	Deliver 109% value weighted activity (amended to 105%) 28/1/24	105%		102%		
Cancer	*Reduce the number of patients waiting over 62 days *Mar 24 (H2 resubmission)	817 (800)	817	810	Improving	
	Cancer faster diagnosis standard 75% by March 2024 ICB Plan (No H2 submission)	77%		83.2%		78.1%
	*Cancer faster diagnosis standard 75% by March 24 Provider aggregate Plan (Nov23 resubmission) H2	77.2% (77.6%)	78.4%	83.0%		
	Stage at diagnosis ambition 75% by 2028					
Diagnostics	Diagnostic test within six weeks 95% by March 2025	89.4%	89.5%	88.1%		79.2%
	Diagnostic activity levels to support recovery 28/1/24	109%	108%	103%		
Maternity	Maternal mortality rate per 1000					
	Still births per 1000 births (2021)			3.61	Worsening	
	Neonatal deaths per 1000 live births (2021)			1.61	Improving	
	Increase fill rates for maternity staff					
Use of Resources	Deliver a balanced net system financial position for 2023/24	£14.87 m	£14.87 m	(£0.43m)		

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

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

	National objective 2023/24	March 24 plan	Plan (Month)	Actual	Trend	Bench mark
Workforce	Improve retention (turnover)	12.1%		9.2%	Improving	11.0%
	Improve staff attendance (sickness)	5.6%		6.0%	Worsening	5.3%
Mental health	*Improve access to mental health support for CYP	53,245	52,786	57,580	Improving	
	Increase the number of people accessing Talking Therapies for anxiety (TTAD)	22,540	7,513	5,345		
	*Community mental health services (5% increase) 2+ contacts	34,855	34,030	38,280	Improving	
	*Total number of inappropriate Out of Area Placements (OAP) Bed days (Nov-Jan 24)	162		995		
	Recover the dementia diagnosis rate to 66.7% Jan24	67%	67%	68.1%	Improving	63.8%
People with a learning disability and autistic people	Annual health check and plan for people on GP LD registers (75% March 2024) (Cumulative Nov23)	75%	67.9%	67.5%		
	*Reduce reliance on inpatient care -adults (ICB)	52	52	95		
	*Reduce reliance on inpatient care -adults (secure)	61	61	79		
	Reduce reliance on inpatient care – under 18s	8	8	10		
Prevention and health inequalities	Hypertension (77% by March 2024) Sept 23	77%	77%	71%		
	Use of lipid lowering therapies (60%) Sept 23	60%	60%	63%		
Adults	Increase uptake of COVID vaccines (highest priority group as@ 17/12/23)			63.8%		
	65+ receiving flu vaccination (as @17/12 23)	85%		83.6%		
	Increase uptake of pneumonia vaccines					
Children & Young People (CYP)	Increase uptake of SMI health checks (Cumulative) December 23		16,325	16,002		
	% pregnant women from BAME groups on continuity of care pathway by 29 weeks Nov23 (@Jan24)		N/A	43%	Improving	
	75% Cancers Diagnosed at stage 1&2 by 2028					
	CYP: Asthma: address over reliance of medications					
	CYP: Decrease the number of asthma attacks Proxy: Rate of unplanned admissions for asthma 0-17 yr olds, per 100,000		N/A	4		
	CYP: Increase access to glucose monitors and insulin pumps					
	CYP: Access to epilepsy specialist nurses					
	CYP: Rate tooth extractions due to decay children admitted as IP in hospital aged <10 per 100,000		N/A	27	Worsening	
	CYP: El. WL <10 awaiting IP tooth extraction Mar24			216	Worsening	
	CYP accessing mental health service for 0-17 years	53,245	52,786	57,580	Improving	

*NENC Plan does not meet or exceed the national objective

Reporting period covered:

March 2024 – A&E metrics, bed occupancy, handover delays, ambulance response times, cancer 62 day backlog and metrics for learning disability and autism IP services, Never events, Finance
February 2024 – all other standards unless otherwise specified.

Part 3 – Core safety metrics – February 2024

	National objective	Mar 24 plan	Plan (YTD)	Actual Month	Actual YTD	Trend	Benchmark
Never events	Zero	0	0	0	18		
Infection prevention control	MRSA	0	0	3	25		
	C Diff		507	69	618		
	E Coli		787	69	944		
Mortality		Two trusts (CDDFT and STSFT) are showing higher than the expected range for SHMI.					

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

Mortality

CDDFT - early analysis shows 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.

STSFT - the overall trust figures include a hospice and the trust has requested the hospice data is extracted from the overall trust data. NHS Digital has confirmed the removal of the hospice data from the indicator although no date has been set. The ICB continue monitor through surveillance and attend the trust's mortality review meeting.

Reporting period covered:

March 2024 – A&E metrics, bed occupancy, handover delays, ambulance response times, cancer 62 day backlog and metrics for learning disability and autism IP services, Never events, Finance.

February 2024 – all other standards unless otherwise specified.

System Oversight

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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.
Cumbria, Northumberland, Tyne and Wear NHSFT	1	ICB led	*Action plan monitored via the Quality Review Group.	Outstanding (2022) (Learning disability and autism services - requires improvement Aug 2022*)
Northumbria Healthcare NHSFT	1	ICB led		Outstanding (2019) Maternity services – good overall (safe domain also good)
North Tees and Hartlepool NHSFT	2	ICB led	National maternity Safety Support Programme.	Requires improvement (2022) Maternity services – Requires Improvement (2022)
Sunderland and South Tyneside NHSFT	2	ICB led	Progress against CQC action plan provided through the Quality Review Group. National maternity Safety Support Programme.	Requires Improvement (2023) Maternity services – Requires Improvement (2023)
County Durham and Darlington NHSFT	3	NHS E/ICB led	Removed from Tier 2 Elective (12.4.23).	Good (2019) Maternity services at UHND and DMH rated as inadequate (Sept 23). Warning notice issued re improvements to managing each maternity service.
Newcastle Upon Tyne Hospital NHSFT	3	ICB led	Tier 1 – Elective & Cancer Northern Cancer Alliance and GIRFT support in place.	Requires Improvement overall – caring good, well-led inadequate (Jan 2024) (Warning notice Dec 22 re healthcare provided to patients with a mental health need, learning disability or autism). Maternity services rated as requires improvement (May 23).
Gateshead Health NHSFT	3	ICB led	Enhanced finance oversight/ support led by NHS E.	Good (2019) Maternity services – Good overall (2023)
North Cumbria Integrated Care NHSFT	3	ICB led from Nov 23	Removed from Tier 2 Cancer to ICB/NCA monitoring and support (May 23). Enhanced finance oversight.	Requires Improvement (2020) Maternity services – good overall (Safe domain – requires improvement)
North East Ambulance Service NHSFT	3	NHSE Quality Improvement Board	Range of support including NECS support for incident reporting.	Requires improvement (2023) Awaiting outcome of independent review
South Tees NHSFT	3	NHSE/ICB oversight of finance	Quality - supported by ICB/NHSE. Enhanced finance oversight. Tier 2 – elective.	Good overall (May 2023) Maternity (Jan 24): James Cook requires improvement overall, and for being safe and well-led; Friarage Hospital requires improvement overall and for being well-led, and good for being safe (Jan 24)
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 publishes 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 - April 2024

The table below shows the current range of CQC ratings for general practice by area. The picture is generally positive with 36 practices rated as Outstanding, 300 as Good, 1 rated as Inadequate and 4 as Requires Improvement. Support arrangements are in place for those rated as Inadequate or Requires Improvement.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	8	25	0	0
Darlington	1	10	0	0
Durham	7	52	2	0
Gateshead	1	23	1	0
Hartlepool	1	10	0	0
Middlesbrough	0	19	0	0
Newcastle	2	25	1	0
North Tyneside	4	19	0	0
Northumberland	4	32	0	0
Redcar and Cleveland	0	15	0	0
South Tyneside	1	19	0	0
Stockton	4	17	0	0
Sunderland	3	34	0	1
ICB total	36	300	4	1

Residential Social Care Provider Overall Rating by Local Authority - April 2024

The table below shows the current range of CQC ratings for residential social care providers 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 positive with 45 providers rated as Outstanding, 634 as Good and 6 rated as Inadequate and 86 Requires Improvement.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	4	75	7	1
Northumberland	4	69	17	1
North Tyneside	2	36	4	0
Newcastle upon Tyne	6	47	11	1
Gateshead	4	32	9	1
South Tyneside	1	29	1	1
Sunderland	6	76	1	0
County Durham	11	112	13	0
Stockton-on-Tees	3	39	8	0
Hartlepool	0	22	3	0
Darlington	2	23	3	1
Middlesbrough	2	39	3	0
Redcar and Cleveland	0	35	6	0
Total	45	634	86	6

Community Social Care Provider Overall Rating by Local Authority – April 2024

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, 357 as Good, 22 rated as Requires Improvement and 2 rated as Inadequate.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	0	39	5	1
Northumberland	9	39	2	0
North Tyneside	3	24	0	1
Newcastle upon Tyne	5	37	2	0
Gateshead	0	37	3	0
South Tyneside	2	14	1	0
Sunderland	2	36	0	0
County Durham	5	47	4	0
Stockton-on-Tees	1	25	3	0
Hartlepool	0	11	0	0
Darlington	2	14	1	0
Middlesbrough	1	19	1	0
Redcar and Cleveland	1	15	0	0
Total	31	357	22	2

ICB position on oversight framework metrics

The NHS Oversight Framework (NHS OF) includes a number of metrics across the domains of preventing ill health and inequalities; people; and quality, access and outcomes. In August 2023 the number of metrics within the NHS OF was reduced from 89 to 65. ICBs continue to be ranked according to their performance on 39 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	17	6	2 of 20
TOTAL	19	21	7	3 of 25

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.

Gateshead Place Oversight meeting – 28th March 2024

A positive discussion took place with the opportunity to reflect on the progress of the Gateshead place plan in relation to three key themes: Improved Emergency Department (ED)/ambulance performance and links with wider community out of hospital model; Children and Young Peoples mental health; and Prevention and Inequalities.

Gateshead Health was acknowledged as making strong progress within the North East with regards to ED standards and ambulance handover performance with a key focus on sustaining this as a system. The consultation and engagement in respect of Children and Young People's mental health aimed to improve communication between services and families with a focus on the wider offer to families, including a review of the single point of access (SPA) within Gateshead. The need to strengthen data analysis within Gateshead was noted and a health needs assessment would be picked up in future meetings. The impact of the Covid pandemic and cost of living crisis has heightened inequality in relation to outcomes within Gateshead and although positive work to address this is underway, the need for a focused and more targeted approach to prevention within our communities was noted.

ICB Complaints and Healthwatch Themes

Complaints

An update on NENC ICB Complaints for Q4 will be provided in the May 24 report.

Healthwatch themes and engagement work across NENC

The NENC Healthwatch Network includes the fourteen Healthwatch organisations from each local authority area. Each Healthwatch is independent and local Boards set priorities based on feedback from residents. There has been no further update since the last report therefore a more detailed update will be included in the June 2024 report.

Operational Planning Priorities 2023/24

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

Urgent and Emergency Care - March 24 (except *data)

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Benchmark
A&E waiting times < 4hrs (76% by March 24)	79.2%* (81%)	79.2%	76.0%		74.2% 16/42
Category 2 ambulance response (NEAS)	30 min av	27:05	33:20		6/11
Adult G&A bed occupancy	92.1%	92.2%	91.5%		95.5%
Patients not meeting the criteria to reside (CtR)		8.2%	8.3%		
Ambulance handovers >59mins:59s*w/e 01/04/24	0	0	229		
111 Call Abandonment (NEAS plan)	3%	12%	8.6%	Improving	
Mean 999 call answering time	<10s	9s	3.3s	Improving	4.5s

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

Observations

- A&E performance** at 76.0% remains above the national average of 74.2% although is short of the NENC March plan (79.2%). However greater improvements in other parts of the country have resulted in NENC dropping to the middle upper quartile of performing ICS's, ranking 16th out of 42 ICS's in March.
- Ambulance response times** Cat 2 mean response has improved in March 24 to 33.20 compared to 42:29 at its peak in Dec 23, and NEAS is ranked 6/11 of all ambulances providers.
- Ambulance handover delays** - reducing percentage over 60 minutes but deterioration in average under 60 minutes to 49.4 hours per day
- Bed occupancy** compares favourably to the national/ regional position

Actions/interventions/learning

- National focus on meeting 76% waiting times by March24. ICB worked collaboratively with each Trust to proactively address patient flow issues.
- Escalation Process for Ambulance Handover delays - whole system focus on managing undifferentiated risk and trigger now in place (Dec to March) to Silver/ Gold & Strategic Command for handovers > 2 and 3 hours.
- Front Door navigation and MDT working in A&E – variation of paramedic and senior nurse resources across 11 sites – evaluation on-going.
- Acute Respiratory Hubs system evaluation underway.
- Increase in utilisation of Virtual Wards across system and plan for integrated models with Urgent Community Response services for 2024/25 - model in development.

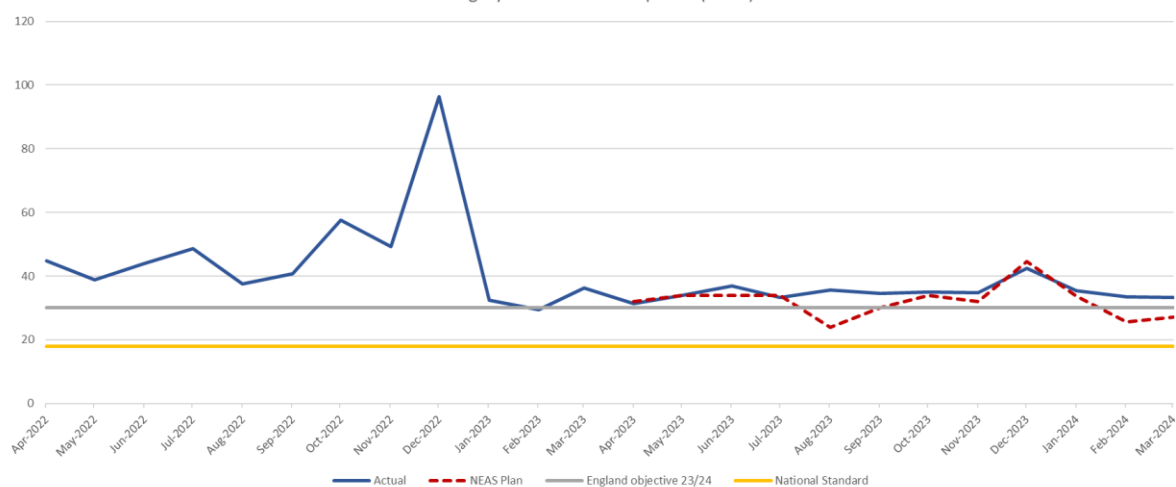
Quality implications/risks

- Sustained focus on reducing ambulance delays and getting vehicles back on the road including immediate release policy development & sign off.
- Risk of harm and death for patients with long waits – whole system focus on reducing long waits in all parts of the system.

Recovery/ delivery

- Variation** - main work area for whole of UEC is to understand and then reduce inappropriate variation through a learning and improvement approach.
- Peer review process planed for Discharge and Transfers of Care across the NENC system.
- Continued focus on non-admitted pathways ensuring patients are in the correct service for their needs.

NENC ICB - Category 2 Ambulance Response (NEAS) March 2024



Primary and Community Care – February 24 (except *data)

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Benchmark
2-hour urgent community response (UCR) *Jan24	70%	70%	83.0%	Improving	83.2%
Reduce unnecessary GP appts: direct referral community optometrists/self-referral					
Proportion of GP practice appointments within two weeks (where appt been requested within 2 weeks)			80.7%		80.8%
More appointments in general practice by March 24	1.6m	1.55m	1.70m		
Additional Roles Reimbursement Scheme (ARRS)	1526		1,717	Improving	
Improving units of contracted dental activity (UDA) Q3	5.315m	5.315m	3.59m		
Proportion of appointments the same or next day			64.8%		64.8%
2-hour UCR first care contacts attended*Feb24			4895		

Observations

- NENC ICB met the planned number of appointments in general practice for Feb 24 which is in excess of the end of March 24 plan.
- Performance for February 24 year to date is 3.59m units of dental activity contracted compared to a March 24 plan of 5.31m.

In addition Incentive scheme and flexible commissioning capacity as at 15.2.24;

- Appointment slots commissioned 2023/24) = 77,311 Appointment slots delivered = 44,120
- Patients who Did not Attend (DNA) or Failed to Attend (FTA) = 9,542 appointment slots
- To increase access to UDA activity the ICB is funding schemes in areas with access issues.
- Urgent Crisis Response (UCR) exceeding 70% threshold – all Trusts are now publishing data via the National UCR Dashboard.
- Continued upward trend in UCR referrals.

Actions/interventions/learning/risks

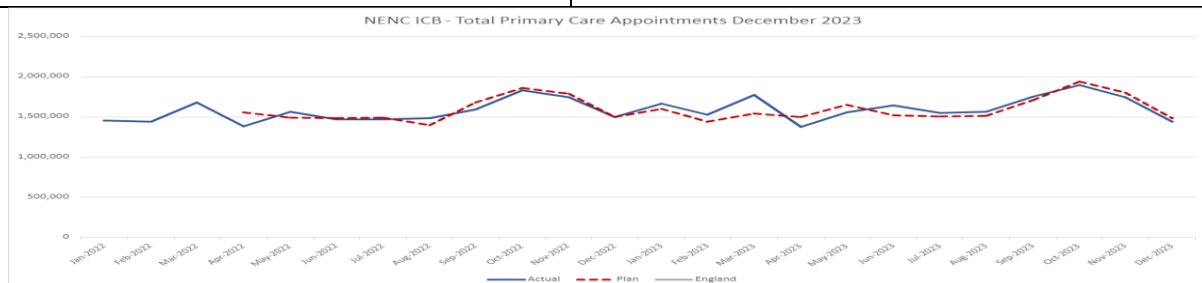
- NENC ICB Primary Care Access Recovery plan - Ongoing into 24/25 as 2nd year of initial 2 year programme.
- New digital framework, some delay and NENC ICB are working with Practices to understand requirements.
- Establishment of a working group to develop a plan to capture and report patient experience.
- ICB working with local Healthwatch's to inform the regions NHS dental recovery plan. Report expected April/May24 to develop a communications plan for accessing dental services.
- National dental recovery plan incentives in place, including new dental registrations from March. Contract changes complete to increase baseline UDA rates.
- Local procurements commenced to replace lost NHS contracts due to contract hand backs.
- Phase 3 Transformation plan in early stages, with the aim to stabilise NHS dental provision longer term.
- Focus continues on data quality for UCR, in particular ambulance referrals for UCR.

Quality implications

- ICB wide Primary Care quality reporting system in place and Local Delivery Teams determining arrangements for actioning and feeding more fully into wider ICB quality reporting. Extracts to feed into routine reporting.

Recovery/delivery

- Primary Care access recovery plan actions include:
- a) practices underway with improvement programme.
 - b) first cohort of analogue practices converting to digital.
 - c) launch of the pharmacy first scheme.
 - d) development of the Primary to secondary care interface groups to look at reducing bureaucracy.



Elective care – February 24 Actual data displayed at provider aggregate level.

Objective	Plan Mar24	Plan (Month)	Actual	Trend	Bench mark
52 week waits (eliminate by Mar 25) (No H2)	5,135	5,467	7452	Improving	
65 week waits (0 by end of Mar24) *	1,145 (14)	1,516	1,647		
Value weighted Activity levels (105%) *17/04/24	105%		102%		
78 week waits (0 by end Mar 23) *	167	191	198		
104 week waits (0 by end of Mar 22)	0	0	1		
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 reversed, decreasing Aug23 – Feb24.
- NENC best performing ICS in Feb 24 for RTT performance with 68.4% on the waiting list for elective (non-urgent) treatment waiting less than 18 weeks.
- NENC ranked 2/42 for 65+ and 52+ww.
- One 104+ week waiter at end of Feb24 (Urology patient at NCIC who has now been seen 16/4/24).
- 78+ww decreasing volumes seen in Feb & March 24. NUTH and S Tees have recently been recommended for de-escalation from NHSE tiering, subject to ratification 23 Apr.
- Decrease in 65+ww following growing trend since April 23. Providers set a plan to reach zero by Sept 24.
- Decreasing volume of 52+ww continues. Providers have set a 24/25 plan to reduce further over the year.

Actions/interventions/learning

- **24/25 Operational planning** guidance recently published with main areas of focus:
 - Eliminate **65ww** as soon as possible & by **Sept 24**
 - Deliver / exceed **system activity target of 107%**
 - **Increase proportion of Outpatient (OP) attendances** (first and follow up) that attract a **procedure tariff**
- Final national **Operational planning** submission scheduled for 2 May including elective care trajectories
- **Mutual Support:** Weekly meetings held with focus on 65ww & 52ww targets
- Patient initiated mutual support (**PIDMAS**) second cohort likely to commence during Q1 24/25
- **Medium Term Financial Plan (MTFP)** elective programme underway with focus on;
 - **Outpatient Transformation** including focus on Advice and Guidance, Missed Appointments and PIFU.
 - **System Pathway Transformation** including Clinical Alliances and **pathway development** in Ophthalmology, ENT, T&O, Urology and Dermatology.
 - **System Demand and Capacity** building on Mutual Support.
 - **Value-based Commissioning** linking to national Evidence Based Intervention (EBI) programme.
 - Trusts continuing work across Further Faster GIRFT programme.

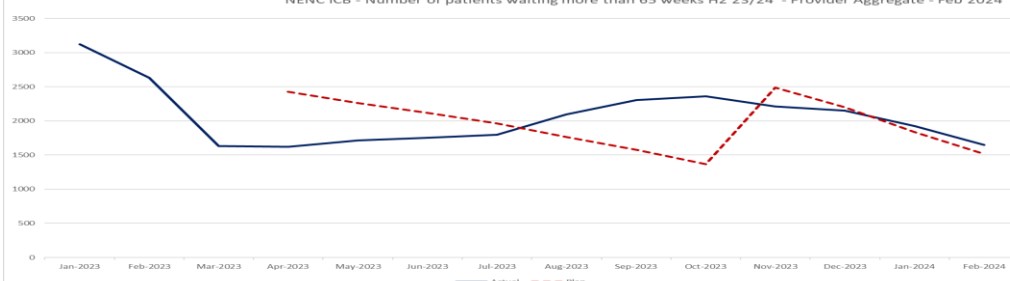
Quality implications/risks

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

Recovery/delivery

- Recovery impacted by several periods of Industrial action.
- Work on validation continues across trusts.

NENC ICB – Number of patients waiting more than 65 weeks H2 23/24 – Provider Aggregate – Feb 2024



Cancer and Diagnostics – February 24 (except *data)

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Bench mark
Reducing 62 Day Backlog *Mar-24 ***H2	817 (800)	817	810	Improving	
Faster Diagnosis Standard (FDS) ***	77.2% (77.6%)	78.4%	83.0%		78.1%
Stage at diagnosis ambition 75% by 2028					
Monthly Cancer 62 Day Performance**			60.4%		63.9%
% Receiving diagnostic test < 6 weeks (by Mar25)	89.4%	89.5%	88.1%		79.2%
Diagnostic activity against plan *28/1/24	109%	108%	103%		

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

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

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

Observations

- The backlog reduction standard was met for March 2024 across NENC which is a significant achievement. Greatest challenge in urology, skin, upper & lower gastrointestinal. Skin referrals dropped since October and urology remains the biggest ICB pressure.
- NENC ICB Faster Diagnosis Standard demonstrates continued high performance at aggregate level, and the March 24 standard has been surpassed in February24 across NENC.

Diagnostics

- An improved position is noted in February, with a reduction of 3021 patients waiting more than 6 weeks for a diagnostic test compared to January 2024.
- The highest number of patients waiting more than 6 weeks are in MRI and Audiology
- There is a continued improvement in Colonoscopy performance and reduction in 13 week waits

Actions/interventions/learning

- Significant effort in backlog recovery sustained into 23/24 with support from NCA, ICB and NHS England.
- It has been proposed that NUTH tiering support for cancer will be dropped for 24/25 subject to ratification.
- NCIC met their year end backlog reduction and continue regular support from the ICB, a significant achievement. Not currently under NHSE escalation although this is under consideration due to the impact of the backlog reduction on 62 day performance.

Diagnostics

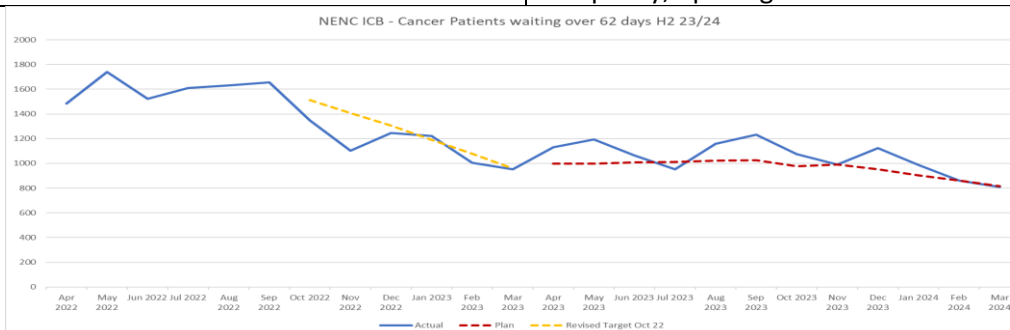
- MRI demand analysis and imaging capacity under review with Imaging Network.
- Ongoing expansion of training academies in endoscopy, imaging and pathology.
- Digital innovations e.g. decision support tool for imaging referrals, AI to speed interpretation of scans and sharing of digital images slides and scans.
- NENC Audiology group establishing workstreams to standardise policies and procedures.

Quality implications/risks

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

Recovery/delivery

- FDS strong performance expected to continue, interim planned level for Mar 25 to 79.1%.
- Interim plan cancer 62 performance to 72.7% Mar 25
- Recovery expected Mar 25 (diagnostics standard).
- Implementation of diagnostic workforce strategies, working to identify expansion in training.
- Expansion Community Diagnostic Centre (CDC) capacity, opening of new CDC hubs in 2024/2025.



Maternity – March 2022

Objective	Plan Mar24	Plan (month)	Actual	Trend	Benchmark
Maternal mortality					
Still births per 1000 births			3.61	Worsening	
Neonatal deaths per 1000 live births			1.61	Improving	
Increase fill rates for maternity staff					
Proportion of maternity settings offering tobacco dependence services			50%	Improving	
FFT: Maternity services	Range from 63.6% to 96.6% who would recommend the service across our providers.				

Observations

- Still births demonstrate a slightly worsening position across NENC in March 22 compared to March 21. Small improvement in neonatal death rate in March 22 compared to March 21. Data at provider level is published through the [National Maternity Dashboard](#) on an annual basis and through the NHS Oversight Framework.
- Seven Quality Improvement workstreams identified, planning for delivery commenced.
- Choice and Control Workshop attended by service users and maternity professionals from across the ICB in March 2024, focusing on personalised care and informed consent to ensure better embedded within maternity services.
- Maternity Neonatal Independent Senior Advocate pilot launched.

Actions/interventions/learning

- North Tees & Hartlepool and South Tyneside & Sunderland FTs remain under the national Maternity Safety Support Programme. Both units received positive progress reports from NHSE, plan to review exit criteria for South Tyneside & Sunderland in June 2024.
- South Tees, Newcastle Hospitals and North Cumbria Integrated Care FTs are being supported by the ICB following Maternity CQC rating of 'Requires Improvement'. All services are making positive progress but have no immediate plans to exit the support programme.
- Recruitment and retention of multi-disciplinary team (MDT) staffing across our providers is a pressure – collaboration across NENC in workforce capacity modelling is underway.
- Implementation of Saving Babies Lives Care Bundle v3, 7 Trusts achieved full compliance by the end of March 2024 following an LMNS assurance process.

Quality implications

- The dissolution of the Maternity Clinical Network as part of the NEY Regional Maternity Team organisational change process poses a risk due to the loss of clinical expert groups, the LMNS will need to establish a clinical function to support system improvements, work is ongoing.
- Continued focus on the quality and safety of maternity and neonatal services to provide safe and compassionate care.
- Maternal Mental Health access target not currently achieved.
- Three Trusts not fully compliant with Year 5 Maternity Incentive Scheme.
- MNVP national guidance published, NENC modelling ongoing.

Recovery/delivery

- Continue to use the learning health system model to combine data, collaboration and quality improvement techniques towards collective improvement.
- Work closely with other LMNSs across the country.
- Task and finish groups to review Maternal Mental Health model to commence to inform commissioned model.

Use of resources Data period M12 (March 24)

	Month 12 Annual plan	2023/24 Outturn
ICS financial position (surplus)/deficit	£14.87m	(£0.43m)
ICB financial position (surplus)/deficit	(£32.40m)	(£4.49m)
Running cost position	£62.37	£60.81m
Capital funding	£250.61m	£252.10m
QIPP/Efficiency savings	£408.36m	£409.87m
Mental health investment standard	8.93%	9.00%

Observations

- The ICS is reporting a slight year end outturn surplus position of £0.4m. This compares to a planned deficit of £14.9m, following receipt of an additional funding allocation of £35m from NHSE in month 11.
- The ICB is reporting an outturn position of a £4.5m surplus. ICB Board agreed in March 2024 to reduce the planned ICB surplus by £28m, with that funding used to support an equivalent reduction in provider deficit positions, providing wider system benefits with no impact on the overall ICS position.
- Running costs - the ICB has delivered an underspend of £1.6m against running cost budgets.
- The ICS is reporting a small capital overspend against confirmed capital allocation of £1.5m relating to the impact of IFRS16 (lease accounting). Additional capital funding was agreed with NHSE in March 2024 and the overall position has been managed at a regional level with NHSE.
- The ICS is reporting efficiency savings slightly in excess of plan, however this includes significant non-recurring efficiency savings. The ICB is reporting delivery of the MHIS target for 2023/24 with total growth in spend of 9%.

Actions/Risk

- All reported outturn figures remain subject to audit.
- Whilst the reported position is a small surplus across the ICS, it is important to note this includes £35m additional funding from NHSE which was intended to offset planned deficits to allow cash flow to the system. From a financial performance perspective, the ICS will still be deemed to have over-spent its funding which is subject to repayment in future years
- There continues to be significant underlying recurrent deficits within the system which will impact the ability to deliver balanced plans for 2024/25 and future years
- Recurring efficiency plans for 2023/24 under-delivered by £62.2m. This is offset by additional non-recurring savings in the current year but will further increase the challenge for 2024/25.

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.

Recovery/delivery

Financial controls have been reviewed across the system, with additional controls implemented where necessary to manage potential financial risks.

Work continues across the system on the medium term financial strategy and delivery of related financial recovery plans and workstreams.

Workforce – Staff Sickness November 23/ Turnover December 23

Objective	Plan Mar 24	Plan (Month)	Actual	Trend	Benchmark
Improve staff retention (turnover systemwide NENC Providers)	12.1%		9.2%	Improving	11.0%
Improve staff attendance (sickness systemwide NENC Providers)	5.6%		6.0%	Worsening	5.3%

Observations

Sickness

- The nationally reported in-month ESR recorded sickness rate for M8 has deteriorated from 5.6% to 6%, which is higher than target.

Turnover

- National methodology has changed. Definition of turnover is leavers, plus other staff who remain in the NHS but who have changed profession or employer in the last 12 months.
- NENC continues to remain stable with a small decrease from 9.3% to 9.2% turnover rate against a plan of 12.1%.

Data

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

Actions/interventions/learning

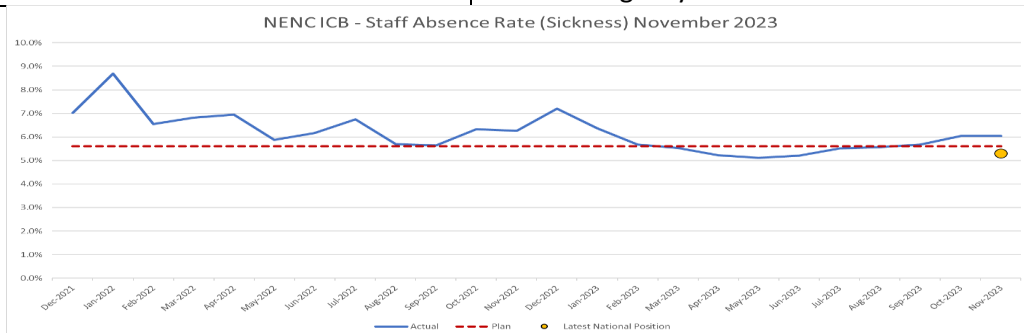
- Both sickness and turnover continue to be trust priorities for action and captured as within the operational plan;
 - There is a risk linked to pressure on remaining staff due to sickness and turnover having a detrimental impact on their health and wellbeing. This will be mitigated as staff health and wellbeing has been identified as a key priority within the ICB People & Culture Strategy and the agreed continuation of the Health and Wellbeing Hub to the end of March 2025 to support staff across health and social care.
 - The NENC People and Culture Strategy is now complete and has been approved by the NENC ICB People Group and has been shared across the system with three of the six priorities being supply, retention and health and wellbeing.
- Following the NHSE People Promise Pilot in NCIC NENC have successfully secured 8 further People Promise Manager posts to support 8 Acute, Ambulance and Primary Care sites. Learning from Cohort 1 sites indicates that the People Promise Programme aids retention.
- 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

Quality implications/risks

- Higher levels of sickness affect patient safety & quality as there are less staff available to undertake their duties and there is an increased reliance on expensive agency staff.
- 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.

Recovery/delivery

- Early planning submissions commit to continuing to reduce sickness and absence rates across NENC.
- Trusts have achieved the targets set for improving retention and will work to continue to maintain these.
- Trusts continue to work to improve the deterioration of sickness levels to return in line with the targeted 5.6%.
- Trusts have developed and are monitoring against individual plans to achieve a reduction on the reliance and cost of agency staff.



Mental Health: Adults – February 24 (*except)

Objective	Plan Mar 24	Plan (month)	Actual	Trend	Benchmark
TTAD access	22,540	7,513	5,345		
Community mental health (CMH) 2+ contacts 5% increase	34,855	34,030	38,280	Improving	
No. inappropriate out of area (OOA) bed days *Jan 24	162		995		
Dementia diagnosis rate	66.7%	67%	68.1%	Improving	
People with SMI receiving physical health check *Dec 23		20,406	16,002	Improving	
MH Adults waiting >104 weeks for 1 st Direct appt** Jan24			6,591	Worsening	
MH Adults waiting >52 weeks for 1 st Direct appt** Jan24			15,218	Worsening	

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

Observations

- **Community Mental Health:** Since April 23 across NENC performance against 2+ contacts remains significantly above plan.
- **OOA Placements:** overall reduction from peak in June 2023 across NENC although increase in Jan24. Bed occupancy remains a challenge in TEWV and is impacted by high levels of clinically ready discharges in Adult mental health services due to ongoing system capacity to absorb patients ready for discharge.
- **Dementia:** diagnosis rate remains in excess of NENC target, a continuing positive trend since May 2023.
- **SMI Physical Health checks:** Significant improvement although below target.
- **Adult and older adult (AMD) MH Waiting Times:** Jan 24, 36,353 adults waiting for a 1st MH Direct contact, 31.4% have been waiting <18 wks; 18.1% 104+ wks. Further analysis available in appendices.

Actions/interventions/learning

Access to community mental health services (CMH):

- Increasing referrals and growing caseloads.
- Data and digital workstream progressing the capturing of VCSE activity to include into the Mental Health Services Data Set (MHSDS), making significant progress on data processing and cleansing.
- Significant progress in PCN data flow compliancy.
- Strong focus on Alternative to Crisis provision, moving toward personalised care, and Right Care Right Person.

Out of Area Placements (bed days). Actions include robust case management, embedding clinically ready for discharge reporting and discharge facilitation.

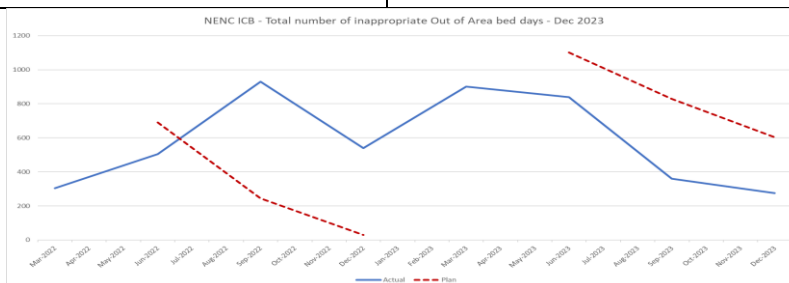
AMH waiting times: NENC IP Quality transformation programme to tackle such challenges underway. Both CNTW and TEWV are now working towards the national standard and are no longer monitoring performance against this old method. This transition is being discussed with the national team as they are still finalising the metric definitions. TEWV also went live with a new electronic patient record, and this may have also impacted the waiting times calculations.

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

- OOA NENC plans submitted to have zero OOA placements by March 2025
- Further analysis of **waiting list** pressures through NENC MHLDA Performance Oversight Group.



Mental health: Children & Young People (CYP) – January 24 (*except)

Objective	Plan Mar 24	Plan (month)	Actual	Trend	Bench mark
Improve access to mental health support for CYP – * Feb 24	53,245	52,786	57,580	Improving	
CYP Eating disorders (ED) - urgent within 1 week	95%	95%	82%		
CYP Eating disorders (ED) – routine within 4 weeks	95%	95%	81%		
MH CYP waiting time (WT) for 2 nd contact >104 weeks**			2,721	Worsening	
MH CYP waiting time (WT) for 2 nd contact >52 weeks**			8,751	Worsening	
MH CYP WT Autism & Neurodevelopmental >104 weeks **			1,303	Worsening	
MH CYP WT Autism & Neurodevelopmental >52 weeks**			6,416	Worsening	

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

Observations

- Access remains above operational plan trajectory showing significant improvement, however, remains below LTP target.
- Demand has increased beyond LTP projections combined with an inability to recruit and retain staff. Recovery plan is submitted and live for this area.
- Challenges in reporting accurate data with transformation work developing to improve this position.
- Pressure remains in **CYP eating disorder** services not meeting the 95% standard (12 month rolling), exacerbation developed in the pandemic and continues. New ways of working and successful recruitment are showing some improvement which is expected to continue.
- **CYP Waiting Times:** At the end of Jan 25,707 CYP (15,837 CYP autism and neurodevelopment patients) had been waiting for a 2nd contact, 35.5% CYP waiting <18 wks, 10.6% CYP (8.2% CYP autism, neurodevelopmental) 104+ wks. Further analysis in relation to <18 wk, 18-26 wk, 53-104 wk and 104+ trends is available in the report appendices. Waiting time position has worsened.

Actions/interventions/learning

- Place based reviews underway to improve CYP access: waiting list initiative, evaluation, pathway redesign.
- Recruitment and retention pilots underway including continued commitment to improving access to psychological therapies for CYP.
- ICB wide evaluation developed key areas for consideration in the CYP eating disorders services considering ways to improve waiting times and access. Paper due to Feb MHLDA sub-committee.
- **CYP waiting times:** Range of transformation work underway. TEVV Performance Improvement continues to be monitored through the Care Group Board, CYP outcomes metrics continue to improve. CNTW redesigned pathway for CYP neurodevelopmental presented to oversight group. CYP services diagnostic waiting times, rapid improvement work is underway.

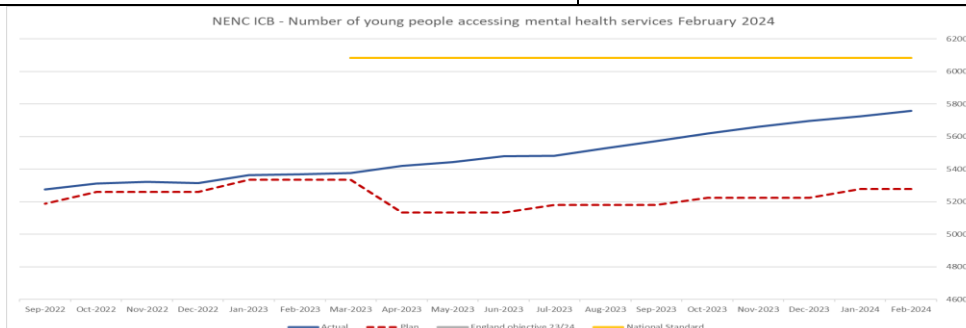
Quality implications

- 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 February 2024



People with a learning disability and autistic people – Data period stated below

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Bench mark
Annual health check and plan for people on GP LD registers (Cumulative 75% March 24) - Feb 24	75%	67.9%	67.5%		
Reduce reliance on inpatient care adults (ICB) - Mar 24	52	52 (Q4)	95		
Reduce reliance on inpatient care -adults (Secure) - Mar 24	61	61 (Q4)	79		
Reduce reliance on inpatient care <18s - Mar 24	8	8	10		
Care and Treatment Reviews (adults) – Dec 23	Compliant			Worsening	
Care Education and Treatment Reviews(CYP) Dec23	Compliant			Worsening	
Learning from death review (LeDeR) compliance	Compliant		91%		
Eligible reviews completed within 6 months of notification	Compliant		21%		

Observations

- 6 discharges (ICB), includes 3 with LOS less than 6 months.
- 1 transfer from ICB commissioned bed to Secure Services.
- 7 admissions (ICB) from community, including 3 re-admissions and 1 Care Treatment Order (CTO) recall.
- 2 admissions from penal establishments, including 1 new diagnosis.
- The end of Q4 trajectory of 113 (ICB 52; Secure 61) was not achieved. Actual position at end of Q4: 174 (ICB 95; Secure 79), this is 61 over target (ICB 43; Secure 18).

Actions/interventions/learning

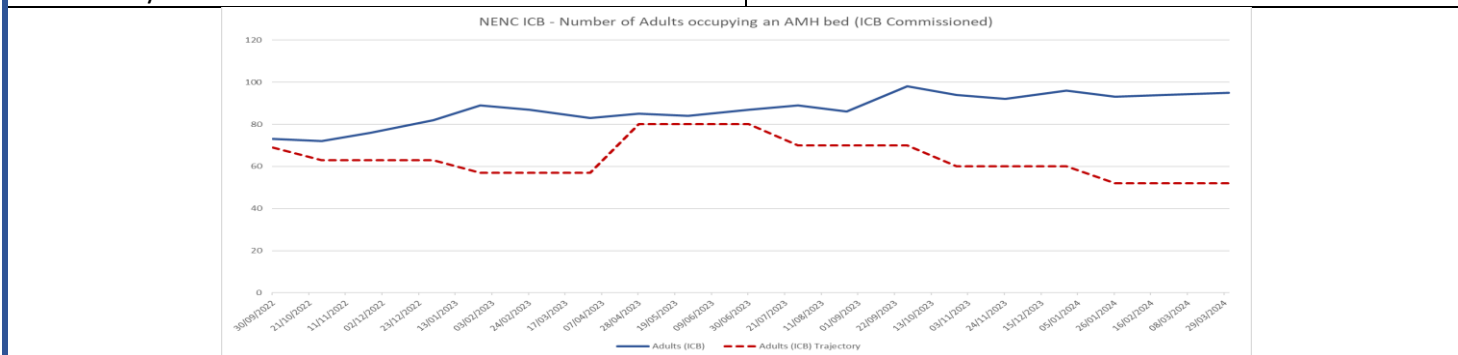
- ICB 2.0 restructure will have an impact on reporting and progress of targets and trajectories.
- In-patient Quality Transformation (IPQT) development session with providers, stakeholders, and partners to be held early June 2024. This will discuss feedback on KLOEs and inform the final submission of the ICBs IPQT plan.
- NEY Region hosted LeDeR Listening event 1st February 2024 and NENC presented examples of best practice.
- NEY NHSE Regional offer CTR / Dynamic support register (DSR) awareness-raising sessions in development - community and in-patient autism services.

Quality implications February / March 2024 - Adults only

- **MH and LDA In-patient Quality Transformation Programme (IPQT):** Interim plan developed Final plan will be submitted following June 2024 development session.
- **Care Education and Treatment Review (CTR) oversight panels:** Establishment of Complex Care Directorate key in next steps.
- **LeDeR:** Eligible reviews completed; Feb 24 92%, impacted by workforce reduction. Plans in development for centralised LeDeR team for outstanding reviews and increased compliance.
- **Reasonable Adjustments digital flag (RADF):** campaign on-going. Working with digital providers locally and nationally to enable roll-out.

Recovery/delivery

- New team structure implemented from 1st April 2024.
- **In-patient data and Care Education and Treatment Reviews (C(e)TRs):** Durham and Tees Valley teams continued to be supported by members of staff from the NENC ICB Transformation Team for learning disabilities, autism and mental health, to help deliver CTRs and oversight visits. Implementation of ICB 2.0 and establishment of Complex Care Directorate will be key in forming next steps in this area.



Prevention and Health Inequalities including Core20+5: Adults

Objective	Plan Mar 24	Plan (Month)	Actual	Trend	Bench mark
Hypertension (77% by March 2024) - Sept 23	77%	77%	71%		
Use of lipid lowering therapies (60%) - Sept 23	60%	60%	63%		
People with SMI receiving a Health check 23 - Dec 23		16,325	16,002		
Increase uptake of COVID vaccines (Highest priority group as @17/12/23)			63.8%		
Increase uptake of flu vaccines 65+ as@17/04/24	85%		83.6%		
Increase uptake of pneumonia vaccines					
% pregnant BAME women on continuity of care pathway by 29 weeks – Jan 24		N/A	43%	Improving	
75% cancers diagnosed stage 1 or 2 by 2028					

Observations

- NENC continue to improve performance in relation to hypertension case finding and the effective treatment. Currently above England average for both and on target.
- Lipid lowering therapies – positive trend continues with a high proportion of at risk patients on lipids across NENC and CVD prevent national audit data saw a slight increase between March and June 23.
- **SMI Physical Health checks** represents 60% of NENC total, ranging from 51% to 79% across localities.
- % Pregnant BAME and CORE20 women on Continuity of Carer pathway continues to increase, however this standard has been removed by the LMNS.

Actions/interventions/learning

- Detailed understanding across all metrics where inequalities against deprivation and ethnicity are known is included in the additional health inequalities report.
- A clinically led **NENC Lipids whole pathway network** has been established. GP clinical leadership and project support in place to link with underperforming PCNs through clinical leads and agree action plans to improve diagnosis and management of **Hypertension/Atrial Fibrillation/lipid profile**. Pharmacy recruitment underway.
- **COPD/CVD** -ICB multi-media communications has been specifically directed towards people with COPD and chronic respiratory diseases among the many clinical at risk groups for the flu campaign.
- **SMI Physical Health checks** are being supported through direct funding to GP federations, enhanced approaches to engagement with harder to reach patients, and using AARS roles to support delivery.
- **Maternity** - LMNS Personalised Care and Support Planning met December 2023 with a focus on the implementation of Personalised Care across NENC.

Quality implications

- Implications for not addressing known inequality gaps remain a quality issue in terms of patient access, experience, and outcome. Actions plans to address these can be found in the additional health inequalities report.

Recovery/delivery

- Action plans against each metric where inequalities linked to deprivation and ethnicity are known is included in the additional health inequalities report.

Prevention and Health Inequalities including Core20+5: Children

Objective	Plan Mar 24	Plan Month	Actual	Trend	Benchmark
Asthma – address over reliance of medications					
CYP: Decrease the number of asthma attacks Proxy: Rate of unplanned admissions for asthma 0-17 yr olds, per 100k		N/A	4		
Increase access to glucose monitors and insulin pumps					
Proportion of diabetes patients (type 2) receiving 8 NICE care processes Mar 23			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		N/A	27	Worsening	
CYP: Elective WL <10 awaiting IP tooth extraction. Jan 24			216	Worsening	
Improve access rates CYP people`s mental health service for: 0-17 yr olds, certain ethnic groups, age, gender and deprivation. Oct 23	53,245	52,786	57,580	Improving	

Observations

- **Tooth extraction** rate – No. children <10 awaiting a tooth extraction continues to increase. (85 Mar 22; 216 in Mar 24. Rate tooth extractions per 100,000 population increased but not meeting the level of need.
- Inequity in activity rate by geographical location. County Durham and Tees Valley have greatest number children currently awaiting tooth extraction. Recent increase in activity for children residing in Tees Valley but a reduction for those within County Durham.
- There are currently 22 times more children receiving IP tooth extraction from the most disadvantaged communities than the least disadvantaged.
- 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 but below Long Term Plan (LTP) target. Majority of contacts from most deprived communities, rate increasing at greater rate compared to most affluent communities.

Actions/interventions/learning

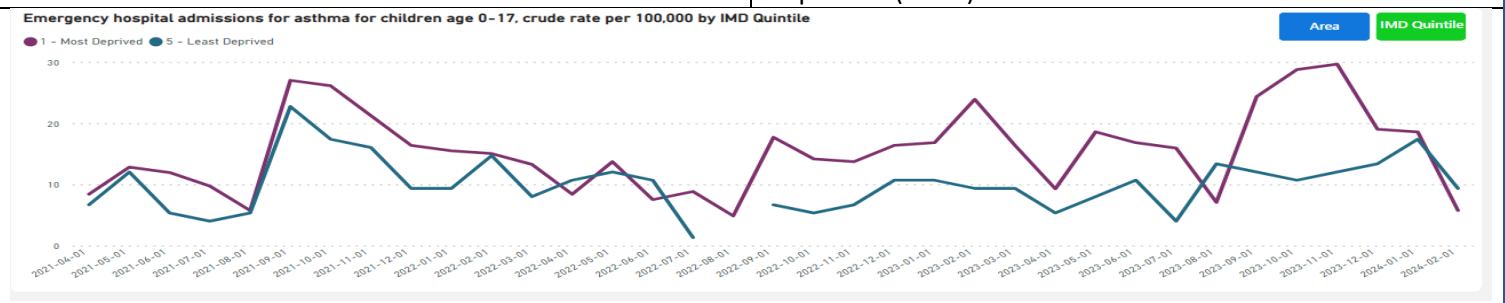
- Work continues to develop and enhance the Alliance for children's epilepsy across primary and secondary care.
- The Community Health Worker (CHW) Network are liaising with **paediatric dentistry** about the work that they are involved in and any potential pieces of work that could be supported re: oral health and health inequalities over and above the extraction backlog.
- **Asthma** - Additional capacity has been recruited to the asthma workstream to support with targeted intervention into primary care, data received from Healthier and Fairer Colleagues which has enabled the identification of 42 practices for further local intervention now taking place before end March 24
- The development work undertaken by the CHW Network Health Inequalities Advisors in support of **CYP with mental health** concerns will help inform approaches that organisations can take to target specific groups who may not currently be accessing services.

Quality implications

Almost all children awaiting tooth extraction from most deprived communities, challenges with accurate data need for development work to address this.

Recovery/delivery

Healthier & Fairer reviewing all metrics as per NHSE legal statement to inform a prioritisation exercise for 25/26 in collaboration with Office for Health improvement and disparities (OHID).



Safety – February/March 2024

Objective	Plan Mar 24	Plan YTD	Actual (month)	Actual YTD	Trend	Benchmark
Never events	0	0	0	18		
MRSA Feb24	0	0	3	25		
C diff Feb24		507	69	618		
E coli Feb24		787	69	944		
Mortality	Two Trusts (CDD FT & STSFT) are showing higher than the expected range for SHMI					

Observations

- NENC Trust positions in respect of HCAI remain over trajectory although they are demonstrating an improvement at year end against last year's position.
- Two Trusts (CDDFT & STSFT) are showing higher than expected for the Summary Hospital Mortality Indicator (SHMI) for up to October 2023 data. This will be closely monitored. All other Trusts are in the expected range.
- 18 Never Events have been reported since April 2023 by 6 Trusts.
- All Trusts transitioned to Patient Safety Incident Response Framework (PSIRF).

Actions/interventions/learning

- The ICB Director of Nursing portfolio lead for HCAI/Infection Prevention & Control (IPC) has worked with all 11 NHSFT's to develop 5 core plans on a page to help Trusts improve their positions.
- The plans on a page include IPC precautions, C-Diff & MRSA reduction, Gram negative Blood Stream infection reduction and Carbapenemase Producing Enterobacteriaceae (CPE) reduction.
- Trusts are challenged with estate that restricts ability to isolate patients in a timely manner this is particularly prevalent in Darlington Memorial Hospital. All Trusts face operational issues with demand for beds resulting in the need to move patients between wards. A workshop is planned for June to better understand and explore solutions to the overall estate issues affecting IPC across the ICB.
- Quality & Safety Committee monitor data relating to mortality, regional mortality network to support quality improvements.
- Themes for Never Events are monitored to gain appropriate assurances to ensure learning has been identified and shared.

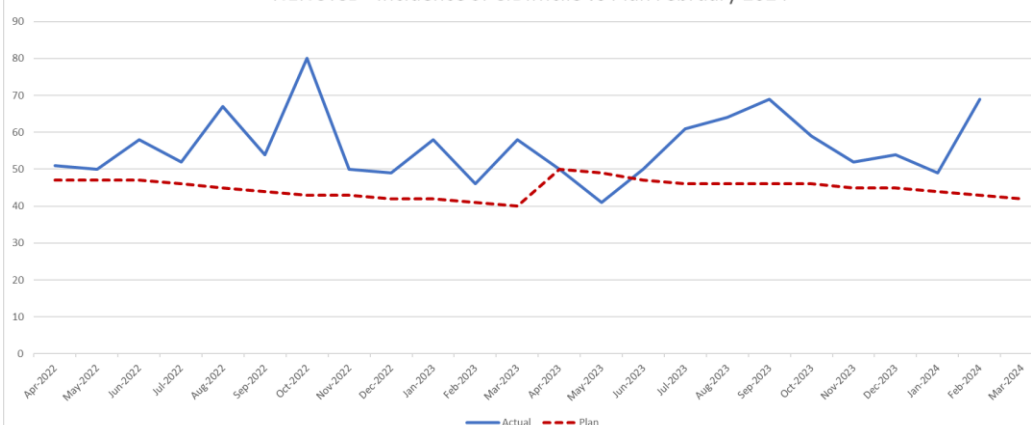
Quality implications

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

Recovery/delivery

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

NENC ICB - Incidence of C.Difficile Vs Plan February 2024



Appendix 1 – 2023/24 National objectives description

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

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