



North East and North Cumbria

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	
Official: Sensitive Commercial		Provides assurance	✓
Official: Sensitive Personal		For information only	

BOARD
28 March 2023

Report Title:	North East and North Cumbria (NENC) ICB: Integrated Delivery report – February 2023
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Purpose of report

The NENC Integrated Delivery Report provides an ICS overview of quality, performance and finance, highlighting any significant changes, areas of risk and mitigating actions. The report encompasses key elements of the 2022/23 planning priorities, NHS Oversight Framework (NHS OF) metrics, some NHS Long Term Plan (LTP) and NHS People Plan commitments. The performance and finance elements of the report are discussed in detail at the Finance Performance and Investment Committee, and the Quality elements at the Quality and Safety Committee. The report is also received by the ICB Executive Committee and the NENC ICB Board.

The report uses published performance and quality data covering December 2022 for most metrics and January 2023 for others, unless otherwise specified. The finance update is at January 2023.

Key points

Quality - key changes from previous report

CQC Inspection and updates	<p>North Cumbria Integrated Care NHS Foundation Trust (NCICFT) – the CQC has classed the Trust as high risk particularly in relation to the medical wards. Concerns include repeated incidents with similar themes and concerns about sharing lessons to reduce reoccurrence.</p> <p>South Tyneside and Sunderland NHS Foundation Trust (STSFT) received an overall rating of <i>'requires improvement'</i> from the CQC. The report published on 3 February 2023 showed the Trust was rated as requires improvement across the domains of Safe, Effective,</p>
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Responsive and Well-led. Caring continued to be rated as good. The Trust's response and action plan will be shared with the ICB via the Quality Review Group (QRG) arrangements.

North East Ambulance Service (NEAS) received an overall rating of 'requires improvement' from the CQC. The report published on 1 February 2023 showed the Trust was rated as requires improvement across the domains of Safe and Effective, Well-led was rated as inadequate and Caring and Responsive were rated as good. The Trust's response and action plan will be shared with the ICB via the QRG arrangements.

BPAS Middlesborough CQC Inspection Report: The provider has undertaken an extensive improvement programme and completed the required actions outlined in the CQC report. The conditions imposed on the registration have now been removed and the associated Contract & Performance Notice has been lifted.

**NEAS
Independent
Enquiry**

The planned timescale for the completion of the national independent enquiry was expected by the end of 2022. However, the publication of the report has been pushed back due to ongoing external factors. This report is now expected to be published in March 2023.

**Independent
Provider**

An independent mental health provider notified the ICB of a serious incident involving a locum consultant undertaking attention deficit hyperactivity disorder (ADHD) assessments, who was found to be working below acceptable standards. A full investigation is underway, and a number of interim measures have been introduced.

Quality – other areas of note/risk

**Tees Esk
and Wear
Valley FT**

Quality Board and support arrangements remain in place associated with CQC rating of 'Requires improvement' and NHS Oversight framework segment 3 status. Further discussions have taken place to understand if an operational group is required to discuss operational issues within the Trust.

A Risk Summit has been held at the Trust in relation to 3 ligature deaths in the past 4 weeks.

**North
Cumbria
Integrated
Care FT**

Quality Board and support arrangements remain in place associated with CQC rating of 'Requires improvement' and NHS Oversight framework segment 3 status.

**South Tees
Hospitals FT**

Enhanced surveillance remains in place associated with current CQC rating of 'Requires improvement' and NHS Oversight framework segment 3 status. A Board to Board meeting with NHS E is planned in May to review the position against the segment 3 exit criteria, the

outcome of the recent CQC inspection will also be known at that point.

NEAS

A Board to Board meeting with NHSE took place on 2 February 2023 to discuss CQC recommendations and it was confirmed that the trust would move to segment 3.

Workforce and capacity in health and social care

Significant issues in relation to workforce are impacting on capacity to source placements in the community (packages of care).

System flow

Significant pressures across health and social care system resulting in pressures on emergency departments and ambulance waits.

CHC

Financial risks in relation to CHC fee rates in Northumberland which are being managed centrally in the ICB, some capacity risks relating to a mixed model of CHC service delivery in the North relating to capacity.

CHC Fragility in Domiciliary Care market: Continued concerns in North Cumbria with multiple domiciliary providers.

SEND

Special Educational Needs and Disability (SEND) health funding and Inspection Framework: Publication of the revised SEND inspection framework is fuelling activity in preparation for an anticipated round of inspections commencing Spring 2023. Revised guidance on locality authority (LA) high needs budgets is presenting a financial risk to the ICB in Newcastle Gateshead regarding funding to meet health needs in Special Schools. This issue has potential ICB wide implications.

LeDeR

Learning from Death Reviews(LeDeR): Risks remain around the availability of reviewers. NECS were commissioned to undertake a number of reviews late last year and these are progressing well. It is anticipated however that NECs may take on further cases due to continual increases in caseload. NENC ICB is currently reviewing the long term plan for LeDeR workforce.

Quality and Safety Committee – comments/actions

The Quality and Safety Committee met on 16 February and received the January Integrated Delivery report and updates from the 4 Area Directors of Nursing. Committee members noted the key changes and key risks, particularly in relation to CQC ratings. It was confirmed that the detailed surveillance and discussions around quality takes place in the 4 area quality and safety sub committees with reporting by exception to the ICB Quality and Safety Committee to highlight areas of good practice, progress, risk, learning and any areas where support is needed. The risks that were highlighted by the area quality assurance activity are noted in this report.

Committee members noted the continuing performance challenges in relation to long waits for elective care and pressures in urgent and emergency care pathways, it was requested going forward that the report draws out the quality impact of relevant performance metrics.

The Committee received a separate report on the Clinical Negligence Scheme for Trusts (CNST), a scheme which incentivises ten maternity safety actions. The ICB has the responsibility to confirm the self-declaration of the eight maternity providers. Four trusts in NENC are currently declaring full compliance and 4 are declaring non-compliance. The Trusts that have declared elements of non-compliance have submitted action plans and will provide a quarterly report on progress to the NENC LMNS. NENC ICB held a session with all providers using local intelligence and data to provide the assurance that all declared positions were accurate.

Performance - Key Changes from Previous Report

Handover delays	Following a rapid process improvement workshop (RPIW) in November 2022, a new approach whereby NEAS crews will leave patients in the care of ED staff at 59 minutes has gone live from February 2023. Handover performance has significantly improved w/e 18 February 2023 with an average of 20 hours lost per day. In addition, 88.7% of handovers were under 30 minutes compared to a 95% standard, and 92.2% under 60 minutes (expected standard of zero >60 mins). These compare favourably to previously reported levels as at w/e 15 January of 76.3% and 86.2% respectively.
12 hour delays in A&E from decision to admit	Patients waiting in A&E more than 12 hours following decision to treat has decreased significantly in January to 1583 following a significant increase to 2347 in December across NENC.
Ambulance Response times	Ambulance response times were extremely challenging through December 2022 but have shown improvements in January 2023. Category 2 mean performance has since improved from 1:36:22 in December to 32:24 in January 2023.
78+ week waiters	Although 78+ waiters have plateaued in December 2022 compared to November levels, unvalidated weekly data shows a decrease in recent weeks across NENC to 990 (w/e 29 Jan), with a particular reduction at South Tees. The majority of the long waiters which remain are at NUTH and CDDFT.
Reducing Reliance on IP for people with Learning Disabilities	Reducing Reliance on inpatient care (IP) care trajectories is off track overall as at 13/2/23, with a total of 168 patients in IP care, working towards no more than 71 adults in NENC by 2023/24. There is a significant risk to achievement of the end of year trajectory in NENC with an expected outcome of +10 above trajectory.

Diagnostics waiting times >6 weeks The number of patients waiting greater than 6 weeks for one of the 15 key diagnostic tests has deteriorated across NENC in December and continues below the requirement of 1%, with 20.3% patients waiting over 6 weeks for a diagnostic test compared to 16.1% in November 2022. There was a comparable deterioration in the England average.

Performance – other areas of note/risk

Children and Young People (CYP) Mental Health Waiting times 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. 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.

NHSE Escalation NENC ICB has 3 trusts which remain in Tier 2 escalation:

- NUTH – elective and cancer
- CDDFT – elective
- NCIC – cancer

Finance - key changes from previous report

The ICB is forecasting surplus of £2.7m after expected retrospective central funding of £8.9m relating to the Primary Care Additional Roles Reimbursement Scheme (ARRS). The financial plan of the ICB required an overall efficiency target of £48.4m and the ICB is on track to deliver this.

Finance – other areas of note/risk

Mitigations have been identified to manage the majority of risks, and in month 10 there is no unmitigated risk within the ICB. A number of potential risks to the wider ICS financial position have also been identified for NHS provider trusts, with unmitigated financial risk assessed at £7m.

Finance, Performance and Investment Committee – key updates, actions and learning

The Finance, Performance and Investment Committee met on 2 March and received the February Integrated Delivery report.

Committee members noted that a schedule of oversight meetings with providers is underway and advance provision of data packs by Trust had led to quality and value

added discussions and an increased level of assurance. Transparency was recognised as a critical success factor to the oversight process.

Key changes in CQC ratings were highlighted and a description given of the recent memorandum of understanding between Northumbria Healthcare Foundation Trust and North East Ambulance Service to develop governance and organisational development approach.

The Committee acknowledged positive improvement in ambulance handover delays, ambulance response times and 12 hour delays from decision to admit.

The Committee discussed the significant risk to achievement of the end of year reducing reliance on inpatient care trajectory due to an increase in admissions of people with learning disabilities. Related work of the Mental Health, Learning Difficulties and Autism transformation team to develop a strategy framework to create suitable packages of care, which include support with additional case managers, complex management case hubs, was felt to be important.

Risks and issues

- Please see above

Assurances

- Review by ICB Committees.
- Oversight framework being implemented across NENC.
- Actions being undertaken as highlighted in body of report.
- Further detailed actions available through local assurance processes.

Recommendation/action required

The Board is asked to receive this report for information and assurance. Actions are being undertaken at a local level or as part of the ICB strategic work programmes. The Board is invited to note any observations or suggested actions including identifying any areas where a more detailed review of assurance would be helpful. The format and content of the report is currently under review and further development is planned, any suggestions in this regard are also welcome.

Acronyms and abbreviations explained

- **AMR** - Antimicrobial resistance
- **CAS** – Central Alerting System
- **C. Difficile** – Clostridium Difficile
- **CDDFT** – County Durham and Darlington NHS Foundation Trust
- **CNST** – Clinical Negligence Scheme for Trusts
- **CNTWFT** – Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
- **CQC** – Care Quality Commission – independent regulator of health and social care in England
- **CYPS** – Children and Young People Service
- **E.Coli** – Escherichia coli
- **FFT** - Friends and Family Test
- **FT** - Foundation Trust
- **GHFT** - Gateshead Health NHS Foundation Trust
- **GNBSI** – Gram-Negative bloodstream Infections

- **GP** - General Practitioner
- **HCAI** – Healthcare Associated Infections
- **IAPT** – Improving Access to psychological Therapies – NHS service designed to offer short term psychological therapies to people suffering from anxiety, depression and stress.
- **IPC** - Infection Prevention and Control
- **MRSA** – Methicillin-resistant Staphylococcus aureus
- **MSSA** – Methicillin-sensitive Staphylococcus aureus
- **NCICFT** – North Cumbria Integrated Care Foundation Trust
- **NEAS** – North East Ambulance Service Foundation Trust
- **NENC** - North East and North Cumbria
- **NHCFT** – Northumbria Healthcare NHS Foundation Trust
- **NHS LTP** – Long Term Plan – the plan sets out a number of priorities for healthcare over the next 10 years, published in 2019.
- **NHS OF** – NHS Oversight Framework which outlines NHSE’s approach to NHS Oversight and is aligned with the ambitions set in the NHS Long Term Plan
- **NTHFT** – North Tees and Hartlepool NHS Foundation Trust
- **NuTHFT** – Newcastle upon Tyne Hospitals NHS FT
- **SPC** – Statistical Process Control – An analytical technique which plots data over time, it helps us understand variation and in doing so guides us to take the most appropriate action.
- **STSFT** South Tyneside and Sunderland NHS FT
- **STHFT** – South Tees Hospitals NHS FT
- **TEWVFT** – Tees, Esk and Wear Valleys NHS FT
- **QIPP** – Quality, Innovation, Productivity and prevention – Large scale programme introduced across the NHS to ensure the NHS delivers more for the same funding
- **QRG** – Quality Review Groups
- **RCA** – Root Cause Analysis
- **SI** – Serious Incident
- **SIRMS** – Safeguard Incident Risk Management System
- **UEC** – Urgent and Emergency Care
- **YTD** – Year to date

Executive Committee Approval	14 March 2023
Sponsor/approving executive director	Jacqueline Myers – Executive Chief of Strategy and Operations Lucy Topping - Director of Performance and Improvement
Report author	Claire Dovell, Performance and Planning Manager
Link to ICB corporate aims (please tick all that apply)	
CA1: Improve outcomes in population health and healthcare	✓
CA2: tackle inequalities in outcomes, experience and access	✓
CA3: Enhance productivity and value for money	✓
CA4: Help the NHS support broader social and economic development	✓
Relevant legal/statutory issues	
Note any relevant Acts, regulations, national guidelines etc	

Item: 8.1

Any potential/actual conflicts of interest associated with the paper? (please tick)	Yes		No		N/A	✓
If yes, please specify						
Equality analysis completed (please tick)	Yes		No		N/A	✓
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick)	Yes		No		N/A	✓
Key implications						
Are additional resources required?	N/A					
Has there been/does there need to be appropriate clinical involvement?	N/A					
Has there been/does there need to be any patient and public involvement?	N/A					
Has there been/does there need to be partner and/or other stakeholder engagement?	N/A					