

Item: 9.1

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

| BOARD | |
|---|---|
| 4 June 2024 | |
| Report Title: | North East & North Cumbria (NENC) ICB: Integrated Delivery Report April 2024 |
| Purpose of report | |
| <p>The NENC Integrated Delivery Report (IDR) provides an overview of quality and performance, highlighting any significant changes, areas of risk and mitigating actions.</p> <p>The report uses published performance and quality data covering February 2024 for most metrics and March 2024 for others, unless otherwise specified. Finance data is for March 24 (Month 12).</p> | |
| Key points | |
| <p>The executive summary of the report notes key changes from the previous report, other areas of note/risk and includes a dashboard that provides an overview of current objectives in 3 parts:</p> <ul style="list-style-type: none"> Part 1 - Recovering core services and improving productivity – national objectives 2023/24 Part 2 - NHS Long Term Plan and transformation – national objectives 2023/24 Part 3 - National safety metrics <p>The system oversight section includes an overview of CQC ratings, NHS Oversight Framework segmentation and a high-level overview of the ICB performance against the Oversight Framework metrics.</p> <p>A broad range of metrics are reviewed and monitored through strategic programmes and through ICB oversight and contracting arrangements. Key updates are included in the delivery section of the report.</p> <p>The report has been reviewed by a number of ICB Committees:</p> <p>Finance, Performance and Investment Committee (2 May 2024) – comments/actions</p> <ul style="list-style-type: none"> • Planning – A full planning submission was made to NHS England on the 2nd May 24. It was noted that additional planning guidance had been received including a target to increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% (46.6% for NENC) across 2024/25. NENC had responded to this ask but it was acknowledged further work was required. • NHSE tiering– Confirmation has been that South Tees (elective care) and NUTH (cancer and elective care) have been de-escalated out of the formal NHS England Tiering arrangements. NCIC has been entered into tier 2 for cancer care in order to support sustainable delivery of 62 day performance. There are no ICB trusts in the tiering process for UEC. | |

- **Dental** – It was noted that there was a significant gap in achievement of the contracted Units of Dental Activity (UDA) against plan, it was noted that national contract arrangements had inhibited delivery. A further update was requested to the July FPI Committee on implementation dates for urgent dental services in Darlington and North Cumbria, engagement work with Healthwatch, improvements to dental contracting arrangements and metrics to measure access to NHS dental patient lists. The Committee also noted that the Oral Health Strategy would be presented to Board in the coming months.
- **Workforce sickness** – There has been a notable deterioration in performance and the committee requested further information regarding the available staff offer and if specific areas of workforce sickness could be identified.
- **CYP Mental health services** – The committee noted that future reports will include detail of the CYP recovery plan, incorporating detail from local system partners where appropriate. It was noted that a more detailed mental health report will be presented to the committee in June.
- **Maternity** - It was agreed that further information regarding mortality and increase in stillbirths should be addressed at NENC ICB Quality and Safety Committee, with reference to this included in future reports.

ICB Executive Committee (14 May 2024) – comments/actions

The committee received the report for assurance.

Quality and Safety Committee (9 May 2024) – comments/actions

The committee received the report for assurance.

CQC Update

County Durham and Darlington NHS FT -The CQC undertook a follow-up inspection of the maternity services between 23rd and 25th January 2024, as part of their national maternity inspection programme. The reports were published in April 2024 and Maternity services at both Darlington Memorial Hospital (DMH) and University Hospital of North Durham (UHND) were found to have improved and are now rated as requires improvement. There is no change to the Trust's overall CQC rating of Good.

Risks and issues

The overarching risk as detailed in the ICB risk register is failure to deliver the 2023/24 operational planning objectives; specific risks and issues are detailed within the report.

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

Committee and Board members are asked to receive the report for information and assurance.

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
- **CYP** – Children and Young People
- **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
- **TTAD**– Talking Therapies for Anxiety and Depression – 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
- **PSIRF** – Patient Safety Incident Response Framework
- **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
- **TTAD** - Talking Therapies for Anxiety and Depression
- **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

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|---|---|--|-----------|--|------------|---|
| Executive Committee Approval | 14/05/2024 | | | | | |
| Sponsor/approving director | Jacqueline Myers, Chief of Strategy | | | | | |
| Date approved by director | 17/05/2024 | | | | | |
| Report author | Coordinated by Claire Park Strategic Head of Planning and Performance | | | | | |
| Link to ICP strategy priorities (please tick all that apply) | | | | | | |
| Longer and Healthier Lives | | | | | | ✓ |
| Fairer Outcomes for All | | | | | | ✓ |
| Better Health and Care Services | | | | | | ✓ |
| Giving Children and Young People the Best Start in Life | | | | | | ✓ |
| Relevant legal/statutory issues | | | | | | |
| Note any relevant Acts, regulations, national guidelines etc | | | | | | |
| 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 | ✓ |

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| 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 | <input checked="" type="checkbox"/> |
| 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 | | | | | |