

Item: 10.2
Enclosure:



**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	

NENC ICB BOARD MEETING

28 November 2023

Report Title:

**North East & North Cumbria (NENC) ICB:
Integrated Delivery Report October 2023**

Purpose of report

The NENC Integrated Delivery Report (IDR) provides an overview of quality and performance, highlighting any significant changes, areas of risk and mitigating actions.

The report uses published performance and quality data covering August 2023 for most metrics and September 2023 for others, unless otherwise specified. Finance data is for September 23 (Month 6).

Key points

Executive summary

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:

- 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

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.

A broad range of metrics are reviewed and monitored through strategic programmes and ICB oversight and contracting arrangements. Key updates from the main programme areas are detailed in the delivery section of the report.

The report has been reviewed by a number of ICB Committees:

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Finance, Performance and Investment Committee (2 November) – comments/actions

The quality and style of the performance presentation was commended. A request was made to clearly indicate the assurances and interventions alongside the actions and learnings in the report.

Further assurance was requested regarding data for County Durham and Darlington NHS FT (CDDFT) that had reported a higher than expected hospital mortality indicator (SHMI) and it was agreed that this would be addressed at the next Quality and Safety Committee. Further assurance was provided; firstly, that discussions are underway regarding the data variation due to digital and data migration, transfer to a new electronic patient record system (Cerna) and related coding; and secondly, that the issue had also been discussed by Executive Directors at the formal oversight meeting with the Trust.

ACTION: NENC ICB Quality and Safety Committee Chair and Deputy Chair to link regarding CDDFT reporting a higher than expected summary hospital mortality indicator (SHMI).

Committee members asked for clarification of which committee should address business related to infection prevention control.

ACTION: NENC ICB Quality and Safety Committee Chair to establish which committee is responsible for business related to infection prevention control.

Cancer backlog has not improved and further information with regard to cancer 62 day performance was requested.

ICB Executive Committee (14 November) – comments/actions

The committee received the report.

Quality and Safety Committee (9 November) – comments/actions

The committee received the report.

Additional key updates since the report was written:

CQC ratings

The Newcastle upon Tyne Hospitals NHS FT has had its Care Quality Commission rating suspended due to significant discrepancies between the current assessment and findings at a recent inspection. The updated public statement and ratings will be published in due course.

Elective care - patient choice

A national system that enables patients who have been waiting more than 40 weeks to initiate a request to move hospital (PIDMAS) opened on 31 October, it is the responsibility of the ICB to identify if there is an alternative provider with capacity to see the patient more quickly. It is possible that there will be extremely limited opportunities to offer earlier treatment and that patients' expectations may have been raised. This has been added to the ICB risk register.

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

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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
- **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
- **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	n/a					
Sponsor/approving executive director	Jacqueline Myers, Executive Chief of Strategy and Operations					
Date approved by executive director	26 October 2023					
Report author	Coordinated by Claire Park, 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						
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					