



**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	

<b>NORTH EAST &amp; NORTH CUMBRIA ICB BOARD MEETING</b> <b>31 January 2023</b>	
<b>Report Title:</b>	<b>North East &amp; North Cumbria (NENC) ICB Integrated Delivery Report</b>
<b>Purpose of report</b>	
<p>The NENC Integrated Delivery Report provides an ICS overview of Quality, Performance and Finance. 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. Due to the data publication dates and the sequence of meeting dates sometimes the reports in the same cycle have included different data. Going forward the Board will always receive report content that has been to the Finance and Performance Committee.</p>	
<b>Key points</b>	
<p>The integrated delivery report is structured around the 2022/23 planning priorities and linked to the NHS Oversight framework (NHS OF) which applies to all Integrated Care Systems (ICSs), NHS Trusts and Foundation Trusts to provide oversight of our delivery of the NHS Long Term Plan (LTP) commitments, the NHS People Plan and operational planning priorities.</p> <p>This report provides the NENC position in relation to the 2022/23 planning priorities and the themes set out in the 2022/23 NHS OF. Published data is available for October and November 2022 unless otherwise stated.</p> <p>The Performance and Quality elements of this report have been discussed at the NENC ICB Executive Committee Meeting on 10 January 2023. The report was not discussed at the Finance and Performance Committee in January due to the focus on the publication of the NHS Operational planning guidance for 2023/24 at this meeting. <a href="#">NHS England » NHS operational planning and contracting guidance</a>.</p> <p>The finance summary within the report is at month 8 (November 2022).</p>	

**Key changes from previous report - Quality**

<b>CQC – South Tees</b>	The CQC undertook a further inspection to South Tees Hospital NHS Foundation Trust in November 2022 and a well led inspection is planned for January 2023. The Trust will remain in the inspection window until after this time with the final inspection report expected by March 2023.
<b>Maternity – South Tyneside and Sunderland</b>	South Tyneside & Sunderland FT: reopened their Midwifery Led Birthing Unit (MLBU) from 1 November 2022, after it was temporarily closed earlier in the year. The enhanced surveillance of maternity services was stood down in October 2022 owing to the level of assurance gained.
<b>Contract performance notice</b>	A contract performance notice has been issued to an independent provider in relation to their unauthorised use of Patient Group Directives, including Mifepristone, for cervical preparation. Recommendation on the next steps were considered and accepted by the ICB Executive Board. The ICB has requested that the provider delivers written assurance on a number of immediate and remedial actions, with set deadlines.

**Key changes from the previous report - Performance**

<b>Handover delays</b>	A rapid process improvement workshop (RPIW) took place in November 2022 led by the NENC Urgent and Emergency Care Network. It was agreed that a different approach was needed to address the issue of handover delays and the impact on patients waiting in the community. A draft report has been prepared which includes two approaches. The ICB Chief Executive has requested to meet with all Trusts regarding the plan and a 'go live' date is to be confirmed.
<b>NHSE escalation for cancer and elective</b>	<p>County Durham and Darlington NHS FT is under enhanced national surveillance due to the 78+ week waiters reduction being behind plan. The Trust anticipate 78+ week waiters to peak at the end of December before reducing in Q4. NHS E has confirmed that the trust will be moved into Tier 2 escalation to support recovery with the first meeting in January.</p> <p>North Tees &amp; Hartlepool NHS FT had moved into Tier 2 escalation for cancer and the first support meeting was held on 16 December and positive improvement was demonstrated to the extent that the trust has now been moved out of Tier 2.</p> <p>North Cumbria Integrated Care NHS FT - Notable progress continues in the cancer 62 day backlog and following review the trust has been moved from Tier 1 into Tier 2 escalation.</p>
<b>12 hour delays in A&amp;E from decision to admit</b>	Patients waiting in A&E more than 12 hours following decision to treat continues to increase, from 1106 in October to 1393 in November across NENC. Challenges across the health and social care system continue to impact, with increased levels of urgent and emergency care activity, increased ambulance arrivals and patients with high acuity placing significant demands on ED departments. Ongoing challenges in social care and high bed occupancy continue to impact on patient flow. Evidence-based process improvement work in this area remains a priority across NENC.

**Cancer 62 day performance (85% standard)** Currently 59.8% patients are waiting longer than 62 days compared to the 85% standard in NENC, this is a deteriorating position and is slightly below the national at 60.3% for October.

### **Key themes of the report and areas of focus - Quality**

#### **NEAS Independent Enquiry Update**

The planned timescale for completion is the end of the year. Support continues to be offered to NEAS from the ICB and system.

#### **Mortality**

All Trusts are showing within the 'expected range' for the Summary Hospital-level Mortality Indicator (SHMI). STSFT was previously an outlier, but their position has improved and remains on a reducing trend, which is expected to reduce further once hospice data is excluded from their SHMI data.

#### **Serious Incident (SI) Reporting**

- 15 never events have been reported across the region YTD (30 November 2022) and these will continue to be monitored via SI processes. STHFT have reported 6 never events YTD.
- One Trust (STSFT) remains in quality escalation in relation to never events and has undertaken a thematic review of incidents to identify wider organisational learning. This will be presented at the next quality review group (QRG) meeting.

#### **Healthcare Acquired Infections**

- MRSA - one case (hospital onset) was reported in October 2022, which brings the year to date (YTD) total across the region to 5 cases (4 hospital onset (STHFT, NHCFT, NUTH, STSFT and 1 community onset at STHFT).
- Clostridium Difficile - four Trusts are exceeding their YTD national thresholds for the number of infections reported.
- E. Coli - five Trusts are exceeding their YTD national thresholds for the number of cases reported.
- Klebsiella pneumoniae - six Trusts are exceeding their YTD national thresholds for the number of cases.
- Pseudomonas. Aeruginosa - two Trusts are exceeding their YTD national thresholds for the number of cases.
- All providers are signed up to a set of principles for the management of COVID-19 Infection, Prevention and Control (IPC) and there is a system wide approach to antimicrobial resistance (AMR)

#### **Patient Safety Alerts**

One Trust (STHFT) is showing with an alert open past its completion deadline. This will be raised with the Trust to seek confirmation this has been actioned and closed.

#### **Sickness absence Rates**

Ten Trusts across NENC were above the England average (6.05%) in July 2022. Workforce pressures continue due to sickness absence and vacancies, although some improvement has been seen. Measures are in place to ensure operational challenges are managed, safe staffing levels are in place and support is offered to staff to maintain their health and wellbeing.

#### **Friends and Family Test**

Five Trusts had recommendation scores below the England average.

## **Key themes of the report and areas of focus - Performance**

### **Primary care**

- GP appointment levels at pre-pandemic levels continue to increase, with a total of 1.7m during October 22 which is within planned trajectory for October and a marked increase on September (1.5m).
- DNAs as a proportion of all appointments remain high at 5.5% in October, an increase on September (5%) but below the national rate (5.9%).
- Practices routinely offering face to face appointments where clinically necessary and they continue to increase, up to 75.3% of total appointments delivered in October. This exceeds the level nationally at 70.1%

### **Urgent and emergency care (UEC):**

- Pressures due to high level of attendances, high bed occupancy and delays with social care discharges continue resulting in sustained pressure on UEC pathways. High levels of medically optimised patients is an ongoing feature across the system. NENC system is working hard to increase capacity and operational resilience with a continued focus on ambulance performance and response and discharge.
- Ambulance response times continue to be a pressure although NEAS is meeting C1 mean and 90th Centile for November. Cat 2 mean and 90th percentile standards continue to not be met although November performance has improved from 57:34 in October to 49m:18 in November. This is higher than the national however, which has also significantly improved in November to 41:21.
- Handover delays continue, resulting in 98.9 average hours lost per day across NENC as at December 2022 compared to a target of 60.9. 80.1% of handovers took place under 30 minutes compared to a 95% standard, and 88.8% of handovers were under 60 minutes in December 2022 (expected standard of zero >60 mins). It should be noted that only 65.3% of ambulance arrivals with a handover time were recorded in NENC which will skew the data.
- Although not meeting the 95% standard, NENC performance is performing favourably compared to the national for November (all types) at 72.9%, compared to 61.4% nationally.
- Patients waiting in A&E more than 12 hours following decision to treat has increased significantly from 1106 in October to 1393 in November. The % of patients waiting longer than 12 hours from arrival to discharge is above the 2% standard for September at 3% in NENC.
- Patients who no longer meet the criteria to reside and whose discharge is delayed is at 7.6% compared to the target level of 9.2% in NENC in October. Pressures with social care discharges continue to create considerable pressure in hospital bed occupancy and flow.
- Type 1 General and Acute bed occupancy remains high and has increased significantly to 91.5% in November. This is above the 85% national expectation, and above the operational plan level in NENC.

### **Tier 1 and Tier 2 Meetings – NHSE escalation for cancer/elective**

The allocation of providers to tiers in relation to their elective and cancer backlog positions is a relatively new process initiated by NHS England. Trusts who are placed in Tier 1 will have regular (usually fortnightly) escalation meetings initiated by the NHS NEY Regional Team. For trusts placed in Tier 2 similar meetings will be initiated by the ICB. The ICB will work with colleagues from the Regional Team to ensure these meetings are arranged to include all the relevant parties and focused on identifying and deploying high-quality support to aid rapid performance improvement. In NENC the following Trusts are in Tiers 1 and Tier 2:

#### **Tier 2:**

**North Cumbria – Cancer**

- Notable progress continues in the cancer 62-day backlog and following review the trust has been moved from Tier 1 into Tier 2 escalation.
- The trust has a range of actions in place linked to validation, pathways and diagnostics
- NHS England has allocated funds to the Northern Cancer Alliance to support NCIC in implementing rapid improvement plans for diagnostics and histopathology.

#### **Newcastle – Cancer & Elective**

- Tier 2 cancer and elective escalation; meeting chaired by ICB Executive Director of Place with NHS E, ICB and trust representation.
- The trust has implemented and sustained a range of improvements linked to validation, pathways and diagnostics.
- The trust has a number of initiatives to increase capacity including the opening of the day treatment centre in September and maximising use of the independent sector.
- Some progress has been made in reducing the cancer 62-day backlog.
- There has been a sustained and significant reduction in the number of people waiting beyond 104 weeks for elective procedures, complex spinal procedures being the remaining area of pressure. This has slightly increased however over recent weeks due to a national blood products issue impacting planned procedures which has now been resolved although planned industrial action may impact further.
- There is a growing pressure of over 78 week waits demonstrated by more current weekly unvalidated data. Dermatology, Orthopaedics and Spinal are key areas of risk.

#### **County Durham & Darlington FT**

- County Durham and Darlington NHS FT is under enhanced national surveillance due to the 78+ week waiters reduction being behind plan.
- The Trust anticipated that 78+ week waiters would peak at the end of December before reducing in Q4.
- NHS E has confirmed that the trust will be moved into Tier 2 escalation to support recovery with the first meeting in January.

#### **Non-tiered:**

##### **North Tees & Hartlepool – Cancer**

- North Tees & Hartlepool NHS FT had moved into Tier 2 escalation for cancer and the first support meeting was held on 16 December and positive improvement was demonstrated to the extent that the trust has now been moved out of Tier 2.
- An initial meeting was positive, noting continued improvement at the Trust and a shared commitment to understand the challenges with demand and supportive initiatives to manage this.
- **South Tees** has also been stepped down from Tier 2 for Cancer due to notable improvements
- Both North and South Tees Trusts are committed to a collaborative approach, with pressures across Urology and Lung.

#### **Elective care:**

- The total number of patients on the waiting list continues to grow, exceeding the operational plan trajectory for October 22 and is at an all-time high for NENC at 327,379. More recent weekly unvalidated data shows a further increase in waiting list size across NENC from 344,489 (w/e 30 Oct) to 353,345 w/e 4 December).
- There were 23 104+ week waiters as at end of October 2022, the key pressure are being spinal patients at Newcastle upon Tyne Hospitals NHS FT. This is within the planned level for NENC (48 plan). The Trust continues to manage patients and seek additional capacity including through the independent sector (IS) providers. It is anticipated that this level will be at 22 by the end of March 2023. It should be noted however that more

recent unvalidated data has shown this to have increased to 27 w/e 4th December, with 1 at NCIC, in addition to those spinal patients at NUTH. This has been impacted by a national shortage of blood products.

- 78+ waiters are increasing in NENC after a continual reduction over recent months and are now above planned levels in October (896 compared to 419 plan). The majority of 78+ waiters are at NUTH, with a proportion at South Tees, and CDDFT in addition. More recent unvalidated weekly data shows a continued increase across NENC to data 1005 (w/e 4 Dec).
- 52+ week waiters continue to increase and are above planned levels, this is the seventh consecutive monthly increase observed. Of the 8467 in total as at the end of October, the majority were at NUTH, followed by South Tees, and CDDFT. Pressures exist across high volume specialties at NUTH including T&O, Dermatology, Ophthalmology and Plastic Surgery. The plan is expected to be maintained at this level through to March 2023 with a significant focus at NUTH on 78+ waiters. More recent unvalidated weekly data shows a further increase in NENC through October to 9451 (w/e 4 Dec).
- Diagnostics > 6 week performance for the 15 key diagnostic tests is relatively stable across NENC and continues below the requirement for 1% of patients to wait longer than 6 weeks, with 17.2% patients waiting over 6 weeks for a diagnostic test in October 2022, compared to 27.5% nationally. Key pressure areas include Echo-cardiography, Endoscopy and Audiology.

### **Cancer**

- NENC are not currently achieving the faster diagnosis standard for October 22 which stands at 75.6% v the 75% target, a slight improvement since September. This compares favourably to the national performance (68.5%). Variation between Trusts exists with highest performance at CDD FT, (88.7%) and Gateshead at 81.2% and lowest at NCIC (64.8%).
- 31 day treatment standard and the 62 days referral to treatment standards are not currently being met across NENC. Currently 59.8% patients waiting longer than 62 days compared to the 85% standard in NENC, this is a deteriorating position and is slightly below the national at 60.3% for October. Variation between Trust 62-day performance ranges from 73.5% at Northumbria HC to 45.3% at NUTH.
- South Tees, North Tees, NUTH, and North Cumbria have recently submitted revised trajectories for monitoring against the proportion of patients on cancer PTLs waiting longer than 62 days. There is current focus for Trusts on cancer performance through tier 1 & 2 cancer meetings at NUTH and NCIC FTs.

### **Mental Health:**

Please note Mental Health data has not been updated this month due to changes with the NHSE Publication.

- IAPT % waits greater than 90 days is above the 10% standard in NENC and continues to increase to 37.89%
- Patients accessing IAPT services is below plan
- Dementia Diagnosis rate is at 65.3% as at August, below the trajectory of 66.1%
- Proportion of people on SMI register receiving a full Health check continues to increase towards the end of year standard and is currently on plan.

### **Learning Disabilities and Autism**

- Reducing Reliance on inpatient (IP) care trajectories are on track overall for September, with a total of 146 patients in IP care, working towards no more than 71 adults in NENC by 2023/24.
- Learning Disability Health checks is a cumulative target and as at August YTD NENC has completed 24% of the register which is a 20% increase on this time last year.

**Key themes of the report and areas of focus – Finance month 8**

- For the financial year 2022/23 the ICS, including the Q1 position of the NENC CCGs is on track to deliver the planned breakeven position reporting a small surplus of £0.04m at month 8.
- The ICB is reporting a year to date variance of £3.15m and an outturn variance of £5.55m, prior to expected retrospective funding adjustments of £11.22m – Deficit/(Surplus)
- The ICB is reporting an outturn variance of £5.68m, after expected retrospective funding adjustments of £11.22m, an improved position of £3.05m against the planned surplus of £2.63m – Deficit/(Surplus)
- The ICB is reporting a year to date and forecast outturn underspend of £1.37m and £1.96m respectively compared with the submitted financial plan
- The ICS is reporting a forecast outturn against the capital allocation in line with plan for primary care and £13.88m over on provider capital. At month 8 there is a year to date underspend against the capital allocation of £50.19m.
- The ICS is reporting year to date QIPP savings of £141.2m and forecast savings of £246.21m with the ICB delivering £48.72m which is slightly over the submitted QIPP/Efficiency plan. Providers are currently forecasting an under-delivery against target of £2.91m.
- The ICB is on track to achieve the MHIS target for 2022/23 (growth in spend of 6.68%), the target now includes the impact of the pay award and additional uplift.

**Risks and issues**

- Growing Health Inequalities
- Systemwide workforce pressures
- Spinal 104+ waiters and increasing 78+ week waiters
- Urgent care and discharges remain pressured across the NENC ICS
- Ambulance response times and handover delays
- Cancer 62-day backlogs

**Assurances**

- 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**

This report is for information and assurance only. Actions are being undertaken at a local level.

**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

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- 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

<b>Sponsor/approving director</b>	Jacqueline Myers, Executive Chief of Strategy and Operations Lucy Topping, Director of Performance and Improvement
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<b>Report author</b>	Claire Dovell, Planning and Performance Manager
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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
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Note any relevant Acts, regulations, national guidelines etc
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<b>Any potential/actual conflicts of interest associated with the paper?</b> (please tick)	<b>Yes</b>		<b>No</b>		<b>N/A</b>	✓
If yes, please specify						
<b>Equality analysis completed</b> (please tick)	<b>Yes</b>		<b>No</b>		<b>N/A</b>	✓
<b>If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken?</b> (please tick)	<b>Yes</b>		<b>No</b>		<b>N/A</b>	✓
<b>Key implications</b>						
<b>Are additional resources required?</b>	N/A					
<b>Has there been/does there need to be appropriate clinical involvement?</b>	N/A					
<b>Has there been/does there need to be any patient and public involvement?</b>	N/A					
<b>Has there been/does there need to be partner and/or other stakeholder engagement?</b>	N/A					