



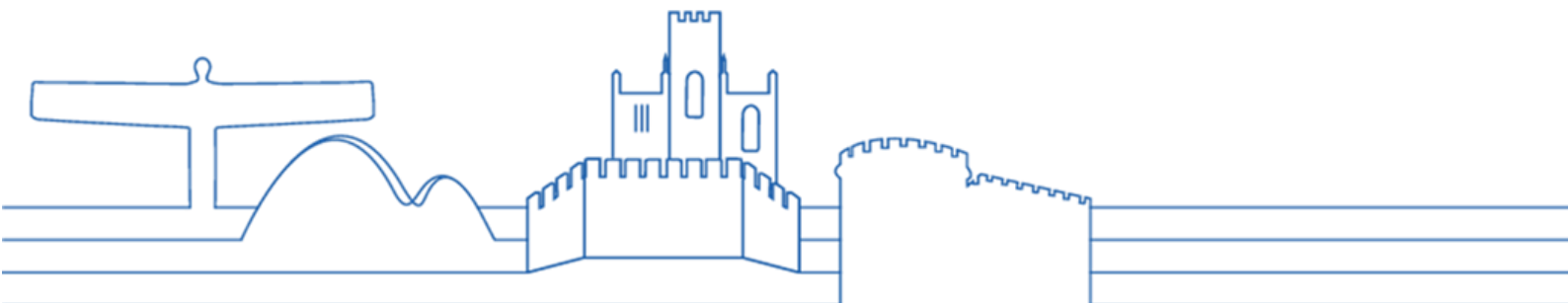
Integrated Delivery

Report



June 2023

(Reporting period
April/May 2023)



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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:

May 2023 – A&E metrics, bed occupancy, handover delays, ambulance response times, cancer 62 day backlog and metrics for learning disability and autism services.

April 2023 – all other standards unless otherwise specified.

Key changes from previous report

NHS E escalation

A positive change in escalation in May - NCIC was placed in Tier 2 for cancer backlog in summer 2022, a significant amount of work has been undertaken since then and the trust successfully delivered within their plan at the end of March 2023. A cancer plan is in place for 2023/34 with support from the ICB and the Northern Cancer Alliance and the trust has been removed from Tier 2 for cancer.

CQC

South Tees NHS FT has been rated as "Good". The CQC carried out unannounced inspections of a number of areas within the Trust (November 2022 – January 2023). The inspection found that the Trust had made significant improvement since the last CQC inspection and throughout the pandemic, particularly in critical care. As a result, the Trust overall rating improved from "requires improvement" to "good". The CQC however identified 13 "must-do" actions. An interim improvement plan was developed which will now be reviewed following publication of the final report.

The CQC has recently visited North East Ambulance Service (April/May 2023) to re-inspect unscheduled care services and the outcome is awaited.

NUTH Maternity services rated as "Requires Improvement":

The CQC has rated the Trust's maternity services as '*requires improvement*' following a two-day inspection in January 2023 as part of their national maternity inspection programme looking at maternity care provided across the country. The report published on 12 May 2023 identified three areas of improvement that the Trust 'must' take action to improve and a further seven areas where action 'should' be taken.

A number of other maternity inspections have taken place as part of the CQC's maternity inspection programme and reports are awaited:

- Gateshead Health NHS FT inspection (February 2023)
- North Cumbria Integrated Care Hospital (NCIC) (March 2023)
- County Durham and Darlington FT (March 2023)
- Northumbria Healthcare NHS FT inspection (April 2023)

CQC also inspected the Emergency Department and Medical wards at NCIC in June 2023 and Well-led interviews are planned early in July 2023.

British Pregnancy Advisory service (BPAS) – CQC published a report published in June 2023, following a well-led inspection of their Head Office in February 2023, the report identified 5 'must do' improvements and a further 4 'should' do. BPAS is working closely with NHSE through an assigned Improvement Director to develop and deliver a comprehensive improvement plan.

Oversight Segmentation	NUTH has been moved from segment 1 to segment 2 due to ongoing challenges in relation to elective recovery.
Cancer Backlog	Although the 2022/23 target for backlog reduction was achieved in NENC, April 23 into May has become more pressured with only 3/8 Trusts achieving their planned backlog in April. Backlog as at 11/06/23 is 1,123 against a June plan of 1,007. Main specialities in cancer backlog are gastrointestinal patients and urology patients. This is mirrored nationally.
65+ week waits	NENC is ahead of plan in April on reducing the number of people that wait over 65 weeks for an elective procedure with 1,550 vs 2,426 plan. At trusts level only South Tees NHS FT are notably adrift of plan.
Waiting list	An internal RRT reporting error has been identified and corrected which relates to the outpatient element of RTT and has resulted in the automatic exclusion of patients from some areas in error. This will cause a notable jump in the waiting list number though is not present in the latest published data included in this report (Apr23); weekly data suggests a step change from circa 6,000 that will appear in data to published in coming months

Other areas of note/risk

CYP waiting times	Pressures in Children and Young People's mental health services have been noted in previous reports and work continues to secure routine visibility of waiting times, support children and families while waiting and transform services.
NHS E escalation – elective/ cancer	NUTH remains the only NENC trust in the elective tiering system, currently in Tier 1 for elective care.
NHSE Cancer Alliance Assurance meeting	An NHSE Cancer Alliance assurance meeting took place on 11 th May. The outcome of the meeting was the NCA was fully assured. Key highlights noted were: the reduced backlog in Q4; NCA has been the top alliance in the last 3 months for Faster Diagnosis Standard performance; and plans finalised for age extension bowel screening for year 3. Challenges were noted around treatment variation work (lung project) due to team capacity; non-specific symptoms pathway under trajectory in 22/23; best practice timed pathway data collection. Plans are in place for 23/24 to address these challenges, with risks also highlighted by the NCA in relation to capacity (Alliance core team) and workforce (particularly for diagnostics, non-surgical oncology and specialist cancer nursing).
Trust Quality Accounts	Organisations are required under the Health Act 2009 and subsequent Health and Social Care Act 2012 to produce Quality Accounts if they deliver

services under an NHS Standard Contract, have staff numbers over 50 and NHS income greater than £130k per annum.

Providers are required to publish their Quality Accounts for 2022/23 by 30 June 2023. ICBs have the responsibility for the review and scrutiny of Quality Accounts and providers are currently sharing these with area quality teams within the NENC ICB for comment prior to these being published. Quality Accounts are discussed at the ICB Quality Review Groups and a separate paper on quality accounts will also be received at each Area Quality and Safety Sub-Committee.

ICB Focus meeting

An ICB focus meeting has taken place with NHSE on 22nd May. It was noted that good system working will be key to support the delivery of operational plans during 2023/24 including finance, activity and workforce plans.

2023/24 operational planning

The ICB has received a formal letter from NHS E acknowledging receipt of the final operating plan for 2023/24. The letter highlighted issues for the ICB to keep under review and/or that require specific action including delivery of key objectives linked to UEC, elective and cancer and an ask to improve the rigour of outpatient transformation plans. The letter noted that ICB mental health plans did not meet several national objectives and that these will be areas of ongoing oversight and focus. As expected, with a deficit plan, the letter confirmed a number of conditions linked to finance and the requirement to develop a medium term financial plan.

Comments and actions from Finance Performance and Investment Committee 4 May 2023 (no meeting in June)

The committee noted that small numbers of patients in ophthalmology were experiencing long waits due to the limited availability of corneal tissue nationally.

Ongoing work in relation to a broader range of metrics was referenced. Progress against longer term objectives underpinning the Integrated Care Partnership Strategy and Joint Forward Plan will be reported via a separate report to Board, possibly on a six monthly basis and will incorporate the ICBs Better Health Fairer Health programme objectives.

Comments and actions from Quality and Safety Committee 11th May (no meeting in June)

The report was received for information and assurance; it was agreed that a detailed review, from a quality perspective, would be undertaken in one trust linked to C Difficile.

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 only include 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	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. The dashboard also includes 2022/23 objectives linked to elective care long waits that have not yet been achieved (104 and 78 week waits).						
Plan – March 2024	NENC's plan for end of March 2024 (From the final operational planning submission in May 2023)						
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>The number represents the actual performance in the most recent reported month. In this report it is May data for Urgent and Emergency Care and learning disability and autism service metrics and April data for other standards unless otherwise specified. 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" data-bbox="395 1077 874 1151"> <tr> <td style="background-color: green; width: 20px;"></td> <td>Met – well ahead of plan</td> </tr> <tr> <td style="background-color: red; width: 20px;"></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	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.						
Benchmark	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: <table border="1" data-bbox="395 1554 1046 1664"> <tr> <td style="background-color: green; width: 20px;"></td> <td>NENC compares favourably</td> </tr> <tr> <td style="background-color: red; width: 20px;"></td> <td>NENC does not compare favourably</td> </tr> <tr> <td style="background-color: grey; width: 20px;"></td> <td>No comparative data available</td> </tr> </table>		NENC compares favourably		NENC does not compare favourably		No comparative data available
	NENC compares favourably						
	NENC does not compare favourably						
	No comparative data available						

Please note - data flow is not yet established against some of the new objectives and will be included as soon as possible.

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

	National objective 2023/24	March 24 Plan	Plan (month)	Actual	Trend	Benchmark
Urgent and emergency care	A&E waiting times within 4 hours (76% by March 2024)	80.8%	77.7%	77.1%	Worsening	74%
	Category 2 ambulance response times (average of 30 minutes)	30 min	34.0m	33.9m		7/11
	*Adult general and acute bed occupancy to 92% or below	92.1%	91.7%	90.5%	Worsening	94.5%
Community health services	2-hour urgent community response (standard 70%) April 23 provisional	70%	70%	82.9%		
	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			81.9%		79.9%
				64.3%		63.3%
	More appointments in general practice by March 2024	1.57m	1.5m	1.30m		
	Additional Roles Reimbursement Scheme by March 2024 (March 23)	1526		1246		
	Improving units of dental activity (to pre-pandemic levels)	100% 2.13m		May 23 74.4%	Improving	76.8%
Elective care	*Eliminate waits of over 104 weeks (by July 2022)	0	13	20		
	*Eliminate waits of over 78 weeks (by April 2023)	0	114	169		
	*Eliminate waits of over 65 weeks (by March 2024)	14	2426	1550		
	Eliminate waits of over 52 weeks (by March 2025)	5142	8379	8112		
	Deliver 109% value weighted activity * 4/6/23	109%	107%	81%		
Cancer	Reduce the number of patients waiting over 62 days w/e /11/6/23	800	1007	1123		
	Cancer faster diagnosis standard 75% by March 2024	77.6%	76%	75.3%		71.3%
	Early diagnosis ambition 75% by 2028					
Diagnostics	Diagnostic test within six weeks 95% by March 2025	89.4%	85.1%	83.3%	Improving	
	Diagnostic activity levels to support recovery 4/6/23	109%	103%	103%		
Maternity	Maternal mortality rate per 1000					
	Still births per 1000 births			3.39	Improving	3.52
	Neonatal deaths per 1000 live births			1.86	Improving	1.6
	Increase fill rates for maternity staff					
Use of Resources	Deliver a balanced net system financial position for 2023/24	£49.87 m	£28.66 m	£30.46m		

*NENC Plan does not meet or exceed the national objective

Reporting period covered:

May 2023 – A&E metrics, bed occupancy, handover delays, ambulance response times, cancer 62 day backlog and metrics for learning disability and autism services.

April 2023 – all other standards unless otherwise specified.

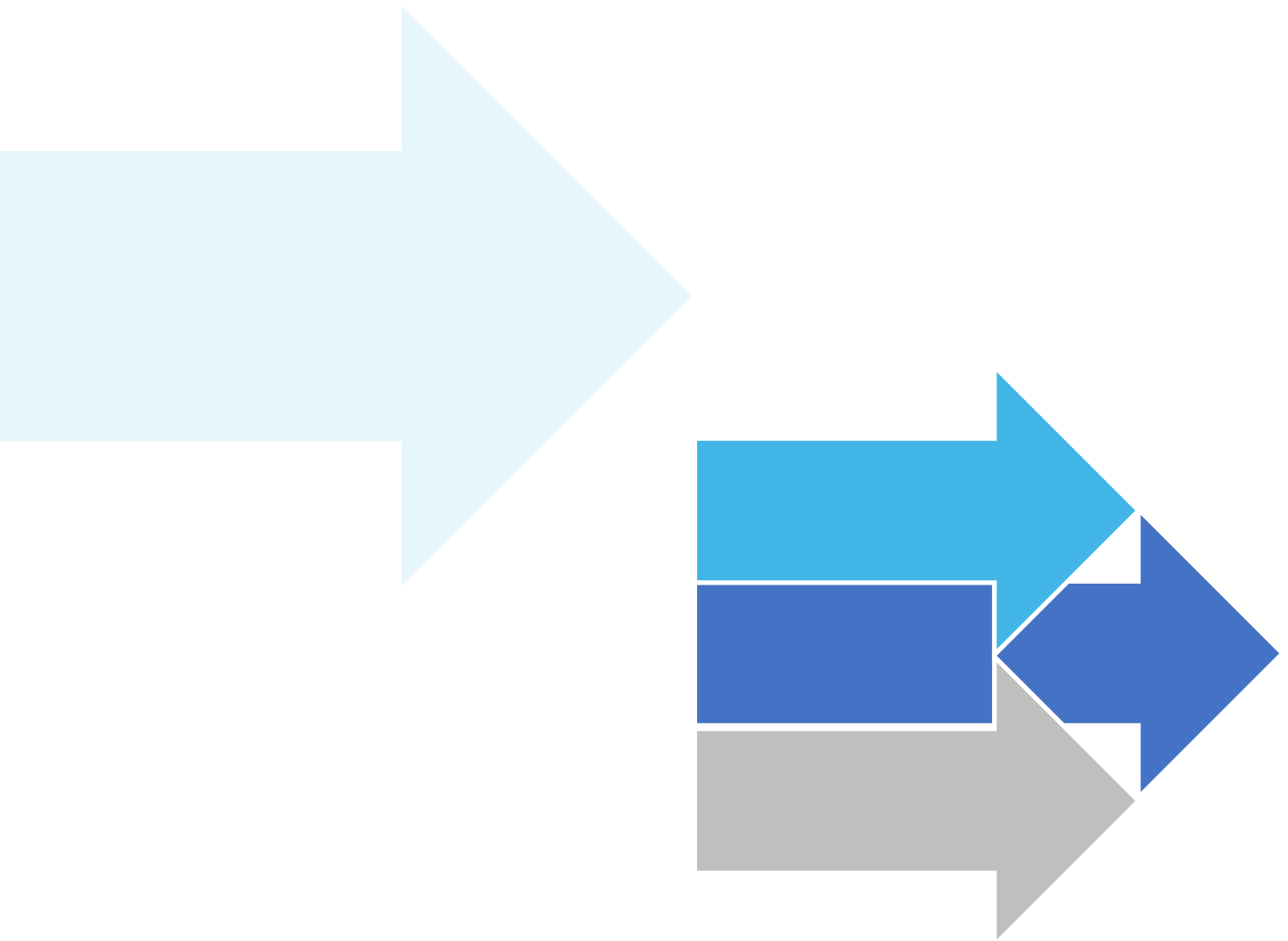
Part 2 NHS Long Term Plan and transformation – national objectives 2023/24

	National objective 2023/24	March 24 plan	Plan	Actual	Trend	Bench mark
Workforce	Improve retention (turnover)	12.1%		12.7		
	Improve staff attendance (sickness)	5.6%		5.5%		5%
Mental health	*Improve access to mental health support for CYP (Apr 23)	53,245	51,343	54,105	Improving	
	Increase the number of people accessing Talking Therapies for anxiety (TTAD) (Apr 23)	22,540	7,246	4,930		
	*Community mental health services (5% increase) 2+ contacts	34,855	33,208	35,645		
	*Out of area placements (March)	162		900		
	Recover the dementia diagnosis rate to 66.7% (Mar 23)	67%	66.7%	67.5%	Improving	
	Access to perinatal mental health services (Apr 23)			2,245	Improving	
People with a learning disability and autistic people	Annual health check and plan for people on GP LD registers (75% March 2024) (Cumulative)	77%	3.9%	2.7%		
	*Reduce reliance on inpatient care -adults (ICB) 26/5/23	52	80	84		
	*Reduce reliance on inpatient care -adults (secure)26/5/23	61	77	77		
	Reduce reliance on inpatient care – under 18s 26/5/23	8	8	9		
Prevention and health inequalities Adults Children & Young People (CYP)	Hypertension (77% by March 2024) Mar 22	77%		65.9%		60.4%
	Use of lipid lowering therapies (60%)	60%				
	Increase uptake of COVID vaccines (Winter programme ended 12/2/23)			64.7%		
	Increase uptake of flu vaccines (Flu season programme ended 5/2/23)			63%		
	Increase uptake of pneumonia vaccines					
	Increase uptake of SMI health checks (Cumulative)		16,325	14,592	Improving	
	Ensure continuity of care for women from BAME communities and the most deprived groups					
	75% Cancers Diagnosed at stage 1&2 by 2028					
	CYP: Asthma – address over reliance of medications					
	CYP: Decrease the number of asthma attacks					
	CYP: Increase access to glucose monitors and insulin pumps					
	CYP: Proportion of diabetes patients receiving 8 NICE care processes for type 2			46.5%		46.7%
	CYP: Access to epilepsy specialist nurses					
	CYP: Reduce tooth extractions due to decay children admitted as IP in hospital aged +10					
	Improve access rates to CYP mental health service for 0-17 years		100%	94.6%		

*NENC Plan does not meet or exceed the national objective

Part 3 – Core safety metrics – April/May 23

	National objective	Mar 24 plan	Plan (YTD)	Actual Month	Actual YTD	Trend	Benchmark	
Never events	Zero	0	0	1	2			
Serious incidents	Number of SIs reported (May)			70	152			
	Proportion of SIs reported within 2 days	Range from 36.4% to 100% across our FTs						
Infection prevention control	MRSA (Apr 23)	0	0	4	4	Worsening		
	C Diff (Apr 23)		50	50	50			
	E Coli (Apr 23)		75	96	96			
Mortality		All trusts are within expected range.						



System oversight

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)
County Durham and Darlington NHSFT	2	ICB led	Removed from Tier 2 Elective (12.4.23).	Good (2019)
Gateshead Health NHSFT	2	ICB led	Enhanced finance oversight/support.	Good (2019)
Newcastle Upon Tyne Hospital NHSFT	2	ICB led	Tier 1 – Elective Removed from Tier 2 Cancer (April 2023) Northern Cancer Alliance and GIRFT support in place.	Outstanding (2019) (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).
North Tees and Hartlepool NHSFT	2	ICB led		Requires improvement (2022)
Sunderland and South Tyneside NHSFT	2	ICB led	Progress against CQC action plan provided through the Quality Review Group.	Requires Improvement (2023)
North Cumbria Integrated Care NHSFT	3	NHSE Quality Board	Removed from Tier 2 Cancer to ICB/NCA monitoring and support (May 23). NHS E Intensive Support Team input associated with segment 3.	Requires Improvement (2020)
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 and NHSE	Good (May 2023)
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 now publish 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 as at 1 June 2023

The table below shows the current range of CQC ratings for general practice by area. This is reported on the previous CCG footprints but hopefully will change to align with new ICB arrangements in time.

The picture is generally very positive with 35 practices rated as Outstanding, 308 as Good and only one rated as Inadequate and 6 as Requires Improvement. Support arrangements are in place for those rated as Inadequate or Requires Improvement.

	Outstanding	Good	Requires improvement	Inadequate
NHS Northumberland	5	32	0	0
NHS North Cumbria	8	25	1	0
NHS North Tyneside	4	19	0	0
NHS Newcastle Gateshead	4	51	1	0
NHS South Tyneside	1	20	0	0
NHS County Durham	6	52	2	1
NHS Sunderland	3	35	1	0
NHS Tees Valley	4	74	1	0
ICB total	35	308	6	1

Residential Social Care Provider Overall Rating by Local Authority as at 1 June 2023

The table below shows the current range of CQC ratings for residential social care provider 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 very positive with 47 LAs rated as Outstanding, 719 as Good and 6 rated as Inadequate and 76 Requires Improvement.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	5	121	14	0
Northumberland	5	74	14	2
North Tyneside	2	37	3	0
Newcastle upon Tyne	6	51	6	2
Gateshead	4	38	6	0
South Tyneside	1	30	2	0
Sunderland	6	77	1	0
County Durham	10	128	7	1
Stockton-on-Tees	3	37	10	1
Hartlepool	0	24	2	0
Darlington	3	26	3	0
Middlesbrough	2	40	2	0
Redcar and Cleveland	0	36	6	0
Total	47	719	76	6

Community Social Care Provider Overall Rating by Local Authority as at 1 June 2023

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 33 LAs rated as Outstanding, 390 as Good and only 1 rated as Inadequate and 19 Requires Improvement.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	2	68	4	0
Northumberland	9	38	2	0
North Tyneside	3	22	2	0
Newcastle upon Tyne	5	38	0	0
Gateshead	0	39	2	0
South Tyneside	2	14	1	0
Sunderland	2	38	2	0
County Durham	5	44	2	0
Stockton-on-Tees	1	26	2	1
Hartlepool	0	12	0	0
Darlington	2	16	0	0
Middlesbrough	1	18	2	0
Redcar and Cleveland	1	17	0	0
Total	33	390	19	1

ICB position on oversight framework metrics

The NHS Oversight Framework includes a large number of metrics across the domains of preventing ill health and inequalities; people; and quality, access and outcomes. ICBs are ranked according to their performance on 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)	7	5	0	1 of 8
People (9)	4	2	2	0 of 0
Quality, access and outcomes (50)	9	28	7	12 of 29
Leadership	0	1	0	0 of 2

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. Work is underway to extend this

mechanism to strategic programmes and places with the intention to begin oversight meetings in quarter 2 now that plans have been developed.

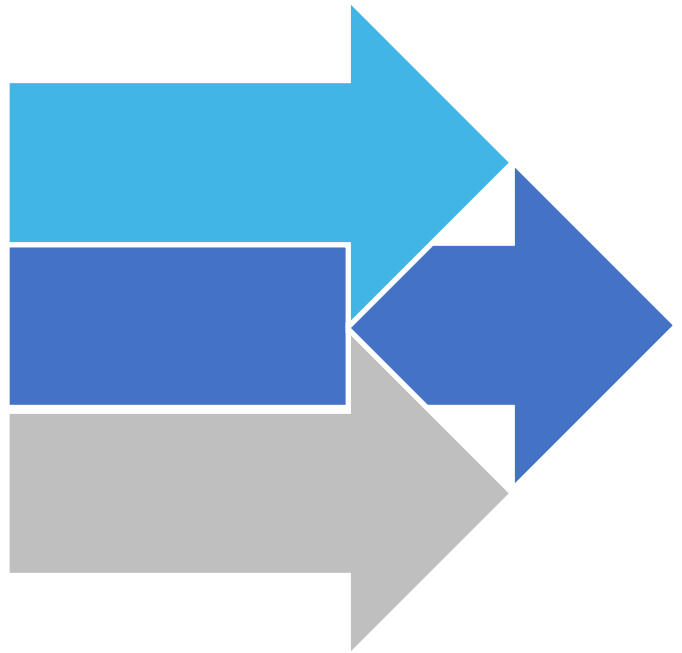
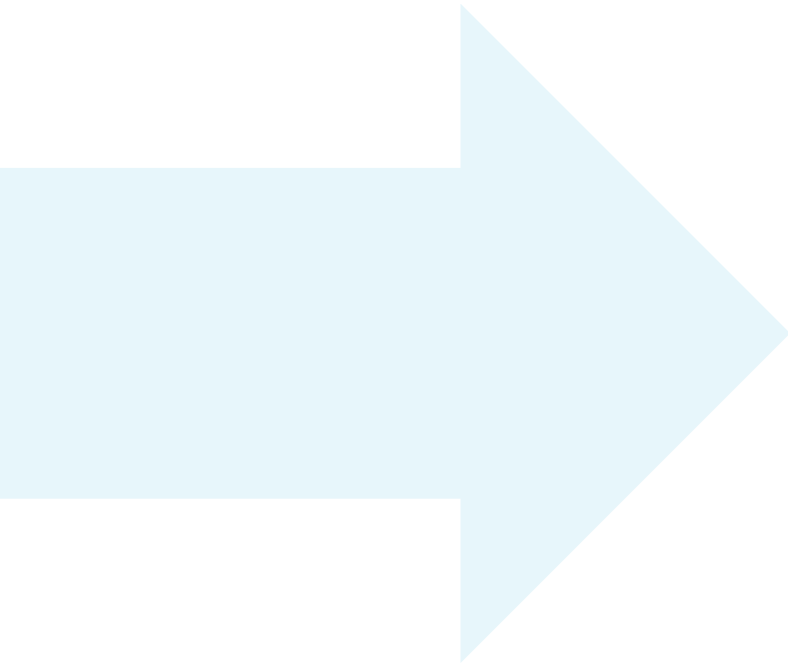
Recent oversight meetings

An oversight meeting was held with Gateshead Health NHS FT on 20 April, and with North Tees NHS FT on 19 May. At Gateshead Health discussions were positive, and many areas of good practice recognised including a new operating model developed across unscheduled care and elective/planned recovery, and ongoing transformation in elective theatre utilisation and diagnostics. The meeting attendees recognised the need for the development of the Trust Health Inequalities ambitions using the Health Inequalities toolkit. A discussion was held over the two year financial recovery plan and its associated pressures, with a further meeting to be organised between Trust and ICB to understand plans in more detail.

At North Tees discussions were also positive, with a very strong performance in relation to elective care waiting times and activity noted. The Trust also shared its good practice in relation to identifying and addressing inequalities in access to its services.

ICB Complaints and Healthwatch Themes

Complaints and themes from Healthwatch are reported quarterly and will be included in the August Integrated Delivery Report.



Delivery of 2023/24 objectives

Urgent and Emergency Care - April/May23 (except *data)

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Benchmark
A&E waiting times < 4hrs May	80.8%	77.7%	77.1%	Worsening	74% ENG
Cat2 ambulance response May (NEAS)	30 min	34m	33.9m		7/11
Adult G&A bed occupancy May	92.1%	91.7%	90.5%	Worsening	94.5%
Patients not meeting the criteria to reside (Ctr)* w/e11/6/23		9%	14.9%		
Ambulance handovers >59mins:59s*w/e 5/6	0	0	129		
111 Call Abandonment (NEAS plan)	3%	27%	14.8%		
Mean 999 call answering time*	<10s	<20s	9.8s		8.8 ENG

Observations

- **A&E 4 hour performance** Whilst SPC highlights this metric as worsening since Q4 20/21, more recent trends over the past year show this to be relatively static. NENC has improved performance ranking from 15th in April to 14th out of 42 ICSs in May. Trust level performance ranges from 72% - 92%.
- **Handover delays** - continue to improve from Mar23 to May 23 for delays 30-60mins and 60+ minutes after a challenged winter period.
- **NEAS Response Times** – NEAS remains a strong performer nationally, ranking 1/11 of ambulance providers for Cat1 and Cat4 response. However, Cat 2 mean response has deteriorated slightly in May 23 and NEAS is ranked 7/11 of all ambulance providers nationally.

Actions/learning

- **National UEC Ten Point Recovery Framework** now launched. ICB is fully participating
- **Variation** - priority to understand and then reduce inappropriate variation at Place, LADB and Organisational levels through a learning and improvement approach
- **Setting the top 3 system planning priorities** for Winter 2023/24 is now underway with plans for a laser-like focus on what will deliver the best pathways for patients across the system
- **Transfers of care programme** main work areas will be:
 1. Improving joint discharge processes
 2. Scaling up intermediate care
 3. Scaling up social care services
- **Major focus on neuro rehabilitation** to streamline pathways and explore capacity needs.

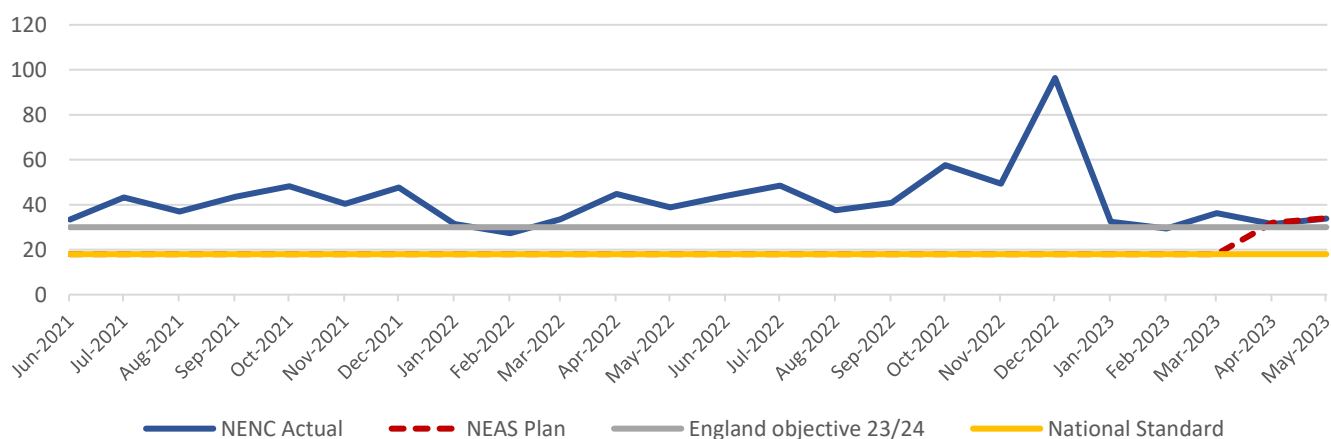
Quality implications

- Reduction in ambulance handover delays and the improvement in Cat 2 responses will significantly increase the quality and safety of care for patients.
- Reducing patients who no longer meet the Ctr will reduce stranded patients in hospital and the harmful effects of long stays; whilst increasing system flow.

Recovery/ delivery

- **Handover delays** - work requires further focus to reduce to 15 minutes national target – working with three outlier Trusts to improve local positions
- **Cat 2 response** – handovers, extra staff and healthcare professional call improvements required
- **Virtual wards** – plan for Community of Practice event to improve utilisation of this resource and support better flow and bed occupancy in the system

Category 2 Ambulance Response (NEAS) May 2023



Primary and Community Care - April 23

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Benchmark
2-hour urgent community response* (UCR) (Jan 23)	70%	70%	82.9%		
Reduce unnecessary GP appts: direct referral community optometrists/self-referral					
Proportion of GP practice appointments within two weeks			81.9%		79.9%
More appointments in general practice by March 24	1.57m	1.5m	1.30m		
Additional Roles Reimbursement Scheme (ARRS)	1526		1246		
Improving units of dental activity (UDA) to pre-pandemic levels	100% 2.13m		May 23 74.4%	Improving	76.8%
Proportion of appts the same or next day			64.3%		63.3%
2-hour UCR first care contacts delivered		4160	2515	Improving	

Observations

- GP appointment numbers continue to increase.
- NENC above NE&Y for same day appointments in general practice, but lower for % of patients seen next day.
- NENC performs better than the benchmark for patients seen within 2 weeks for an appointment, above NEY.
- NENC on trajectory to deliver more appointments by March24.
- Large underspend for ARRS against 22/23 funding.
- Challenges due to dental contracting model leading to reduction in dental UDAs.
- UCR exceeding 70% threshold – data for one trust yet to be published via the national dashboard, expected to be resolved for future data release. Increase in activity levels expected in April reporting due to inclusion of additional service type codes, including district nursing.

Actions/learning

- Work to improve data quality of GP appt/UCR
- Challenges to PCNs maximising use of funding including workforce, estates, on-costs, clinical supervision requirements, employment models.
- ICB engaging with national dental reform programme to improve usage.
- Risk identified of dental contracts being given up where contractual obligations cannot be fulfilled.
- Data on UCR 2-hr standard - low data completeness and quality; work ongoing.
- UCR Monitoring Report developed for NENC ICB

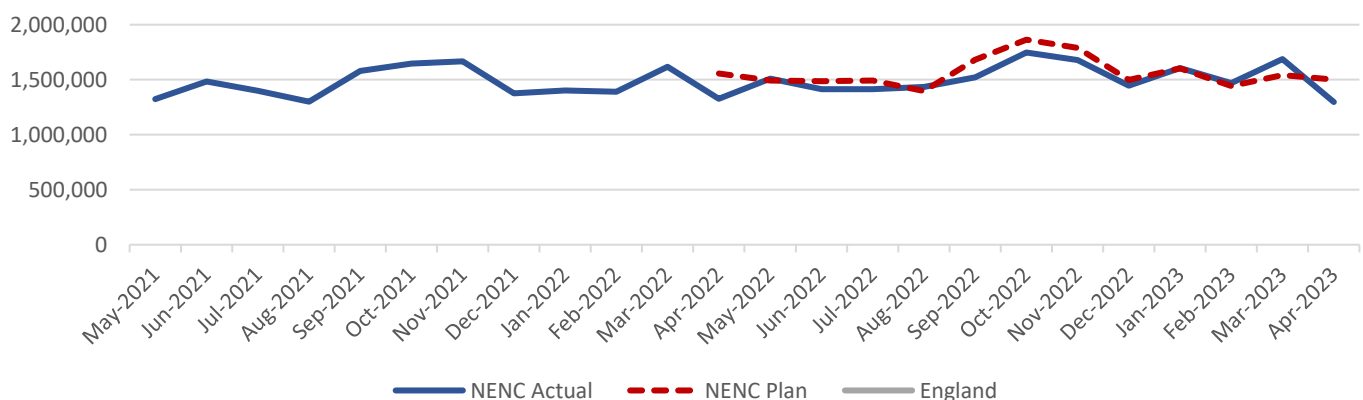
Quality implications

- Project to develop standardised quality metrics in progress.
- Issues with access can result in poor patient experience.

Recovery/delivery

- Work underway to reduce barriers facing PCNS and increase employment in 23/24
- Focus on increasing UCR referrals, including from 999/111, TEC responders and care homes.
- UCR forecast a 13% increase 23/24.

Total Primary Care Appointments April 2023



Elective care - April 23

Objective	Plan Mar24	Plan (Month)	Actual	Trend	Benchmark
52 week waits (eliminate by March 2025)	5142	8379	8112		
65 week waits (0 by end of Mar24)	14	2426	1550		
Value weighted Activity levels FOP (109%) 4/6/23	109%	107%	81%		
78 week waits (0 by end Mar 23)	0	114	169	Improving	
104 week waits (0 by end of Mar 22)	0	13	20		
Reduce outpatient follow ups by 25% * (4/6/23)	75%	96%	79%		
FFT – outpatients (trust range)			94.7% - 100%		
FFT – inpatient care (trust range)			89.8% - 99%		

Observations

- Waiting lists continue to increase month on month across NENC and are above plan.
- Demand continues to outpace capacity in majority of providers and specialities.
- Activity was affected by Industrial Action and bank holidays in April.
- Specific risk at Newcastle upon Tyne Hospitals (NUTH) including spines, Orthopaedics, Dermatology and Ophthalmology.
- April plan for 78 weeks waits at NUTH is 114, the trust is behind plan at 164. In addition there were a small number of 78ww at South Tees FT and 1 at South Tyneside and Sunderland (due to national supply issues of corneal tissue) bringing the April total to 169.

Actions/learning/risks

- **Workforce and industrial action** – risk pressures being managed through CEOs and COOs and an agreement that allows staff to move between Trusts.
- **Children and Young People (CYP)** – national campaign now underway supported by Trust specific data to ensure recovery in CYP is equitable to adult services.
- **Spinal services** – June event to develop standard Single Point of Access Pathways for Spinal Services across NENC.
- **Outpatient (OP) transformation** – July workshop planned to share learning and consider how to maximise opportunities across the ICS, further event planned for September.
- **Patient Choice** – national letter published in May outlining actions for primary care, secondary care and ICBs. This will be considered as part of OP transformation.

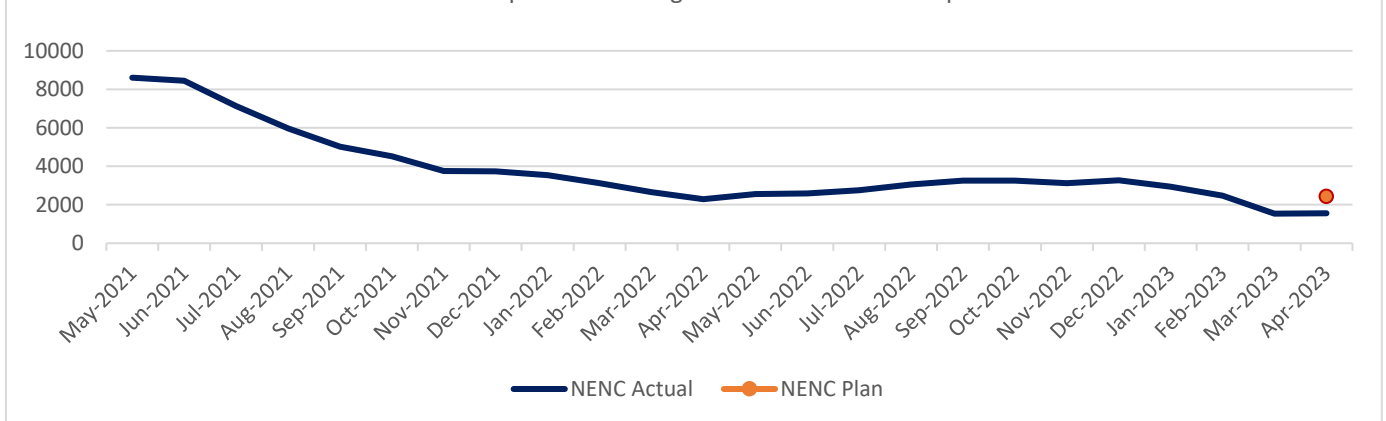
Quality implications

- All providers assess risk in the management of their waiting list
- 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 Industrial action in April.
- Work on validation continues across trusts and learning in relation to use of robotics and Artificial Intelligence underway.
- Work continues through the Tier 1 elective meetings with NUTH to monitor trajectories to clear 78+ and 104+ waiters throughout 23/24. Reliance on mutual support across the system to support this.

Number of patients waiting more than 65 weeks - Apr 2023



Cancer and Diagnostics - April 23

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Benchmark
Reducing 62 Day Backlog (11/06/23)	800	1007	1123		
Faster Diagnosis Standard (FDS)	77.6%	76%	75.3%	Improving	71.3%
Early Diagnosis ambition					
Monthly Cancer 62 Day Performance	85%	85%	63%	Worsening	61%
% Receiving diagnostic test < 6 weeks (by Mar25)	89.4%	85.1%	83.3%	Improving	
Diagnostic activity against plan *4/6/23	109%	103%	103%		

Observations

- Cancer backlog remains above the 19/20 average.
- May 2023 ICB continues to be behind plan for backlog reduction, only 3/8 Trusts are achieving trajectory.
- Main specialities in cancer backlog are Urology patients, and upper and lower GI patients.
- FDS performance continues to be strong in April at 77.6% (*through local reporting), compared to a national position of 71.3%.
- FDS has been archived 7 months in a row.
- Best Practice Timed Pathway data collection for prostate and Colorectal completed for April.

Diagnostics

- >6 week waiters deteriorated in April, driven by reduction in capacity due to industrial action.
- Trusts reporting referral growth, particularly imaging.
- Activity 6% above trajectory in all modalities except Endoscopy.

Actions/learning/Risk

- Significant effort in backlog recovery to be sustained into 23/24 from Trusts with support from NCA and ICB and NHS England.
- No organisations in NHS E tiering system therefore local ICB processes in place to ensure oversight.
- *Data submission issues for FDS for Newcastle and Northumbria, FDS position of 75.3% reported nationally is incorrect. Local reports updated to 77.6%.
- Continue to share best practice amongst providers.

Diagnostics

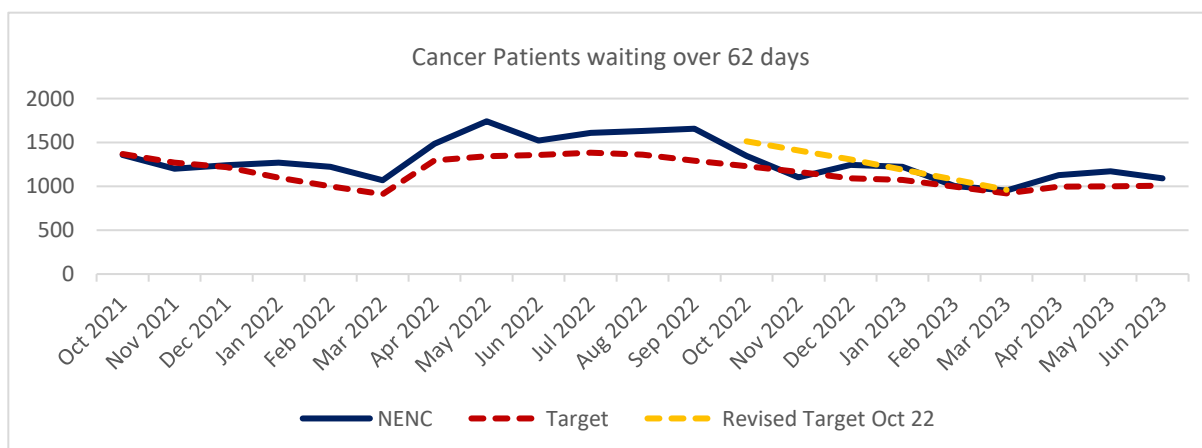
- NENC audiology group established.
- Focus on mutual aid for diagnostics with large backlogs.
- FT diagnostic recovery plans in place supported by diagnostic performance meetings.
- Proposals to increase echocardiographer training.

Quality implications

- Reducing long waits and the cancer backlog improves quality of life for patients.
- 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

- 2022/23 cancer backlog trajectory met but April behind plan - provider assurance of improvement.
- FDS strong performance expected to continue.
- Recovery expected Mar 25 for diagnostics standard.
- Implementation of diagnostic workforce strategies, working to identify expansion in training.
- Improving position expected 23/24.



Maternity – March 2023

Objective	Plan Mar24	Plan (month)	Actual	Trend	Benchmark
Maternal mortality					
Still births per 1000 births			3.13	Improving	3.29
Neonatal deaths per 1000 live births			1.5	Improving	1.5
Increase fill rates for maternity staff					
Proportion of maternity settings offering tobacco dependence			50%	Improving	18.7%
FFT: Maternity services	Range from 63.6% to 96.6% who would recommend the service across our providers.				

<p>Observations</p> <ul style="list-style-type: none"> The Local Maternity and Neonatal System (LMNS) has developed a dashboard. Still births, neo-natal deaths and proportion of our providers offering tobacco dependence services compare favourable to national and demonstrate an improving position. Two maternity units (North Tees & Sunderland & South Tyneside) remain under the National Maternity Support Scheme. Five other maternity units have been inspected during 2023 so far with only South Tees awaiting their inspection. NUTH report was published in May receiving a rating of 'Requires Improvement' for maternity. 	<p>Actions/Learning/risks</p> <ul style="list-style-type: none"> Non-recurrent funding streams require continuous financial planning and modelling and flexible staff resources. Recruitment and retention of multi-disciplinary team (MDT) maternity and neonatal staffing is a pressure; collaboration across NENC in workforce capacity underway. Introduction of the Independent Senior Advocate Role in NENC, a requirement from the first Ockenden Report. Contract awarded to People First Independent Advocacy, the service is due to commence on the 1st August 23. The 'Help shape our Maternity & Neonatal Services' event was held on 10th May. Eight common key themes were identified. Outputs currently being mapped against the NHS England Maternity and Neonatal Three Year Delivery Plan. Coordination of Enhanced Continuity of Care data for 3 Trusts for submission to NHS England National Team to enable 23/24 funding to be issued.
<p>Quality implications</p> <ul style="list-style-type: none"> Continued focus to provide safe and compassionate care of women and babies All 8 Trusts have now agreed a date for their 2023 Ockenden visits, which will be carried out by the LMNS and led by ICB Executive Director of Nursing between Sept – Nov 23. National guidance on maternity incident reporting system (PSIRF) awaited. LMNS have organised a maternity/neonatal workshop in Durham planned for 12th July. The CNST Year 5 Core Competency Framework was released on the 31st May 23. Saving babies lives care bundle v3 published 1st June 2023, adding a 6th element 'Management of pre existing diabetes in pregnancy'. 	<p>Recovery/delivery</p> <ul style="list-style-type: none"> A Maternity and Neonatal Alliance has been created Continue to use the learning health system model to combine data, collaboration and quality improvement techniques towards collective improvement. Look to improve NENC maternity and neonatal services, evaluate projects using a research approach by working with the Academic Health Science Network and local universities. Work closely with other LMNSs across the country. Partnership arrangements being strengthened with Higher Education Institutes that provide maternity courses in an aim to reduce midwifery student attrition rates.

Use of resources Data period M2 (May 23)

	Month 2 YTD plan	Month 2 YTD actual	2023/24 Annual plan	2023/24 Forecast Outturn
ICS financial position (surplus)/deficit	£28.66m	£30.46m	£49.87m	£49.87m
ICB financial position (surplus)/deficit	(£5.40m)	(£5.38m)	(£32.40m)	(£32.40m)
Running cost position	£9.57m	£9.57m	£57.41	£57.41m
Capital funding	£33.16m	£34.73m	£198.95m	£208.39m
QIPP/Efficiency savings	£47.64m	£43.64m	£408.36m	£408.14m
Mental health investment standard	6.73%	6.73%	6.73%	6.73%

Observations

- As at 31 May 2023, the ICS is reporting a year to date deficit of £30.46m compared to a planned deficit of £28.66m, an adverse variance of £1.8m. The forecast position for the year is a deficit of £49.87m, in line with plan.
- The £1.8m year to date overspend compared to plan reflects pressures in provider positions relating to costs associated with strike action and achievement of elective recovery funding.
- The ICB is reporting a year to date surplus of £5.38m, broadly in line with plan, with a forecast surplus for the year of £32.4m.
- Running costs - the ICB is reporting a breakeven position against running cost budgets. Additional funding has now been confirmed to reflect the final 2023/24 pay award, this is being reviewed to consider any impact on the reported position.
- Capital spending forecasts are currently in line with plan, however this includes an allowable 5% 'over-programming', hence the forecast is £9.44m in excess of the ICS capital allocation. This will need to be managed over the remainder of the year.
- The ICS is reporting efficiency savings of £43.64m at month 2, which is slightly below original planned levels. Forecast savings for the year remain broadly in line with plan. The ICB is currently forecasting delivery of efficiencies in line with plan although this remains a considerable risk. The ICB is expecting to achieve the MHIS target for 2023/24 (growth in spend of 6.73%).

Actions/risk

- At this stage of the year there is always very limited data available which creates a level of risk and uncertainty in the forecast outturn position.
- The submitted 2023/24 plan including significant unmitigated financial risks across the ICS, which remains the case at month 2.
- At month 2, total unmitigated risks of £101.6m are being reported (compared to £102.5m in plan). This includes unmitigated net risks of £26m for the ICB, predominantly relating to prescribing, CHC and delivery of efficiencies, along with £75.6m unmitigated net risk across providers.
- In response to these risks, additional financial controls have been agreed by ICB Executive Committee including a pause on discretionary non-staff spend (alongside vacancy controls already in place) and identification of additional risk mitigations
- Across the system, additional financial controls are being reviewed in line with NHSE requirements following submission of a deficit plan.
- Work continues on the development of the ICB in response to the forthcoming 30% real terms reduction in running cost allowances.

Quality implications

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

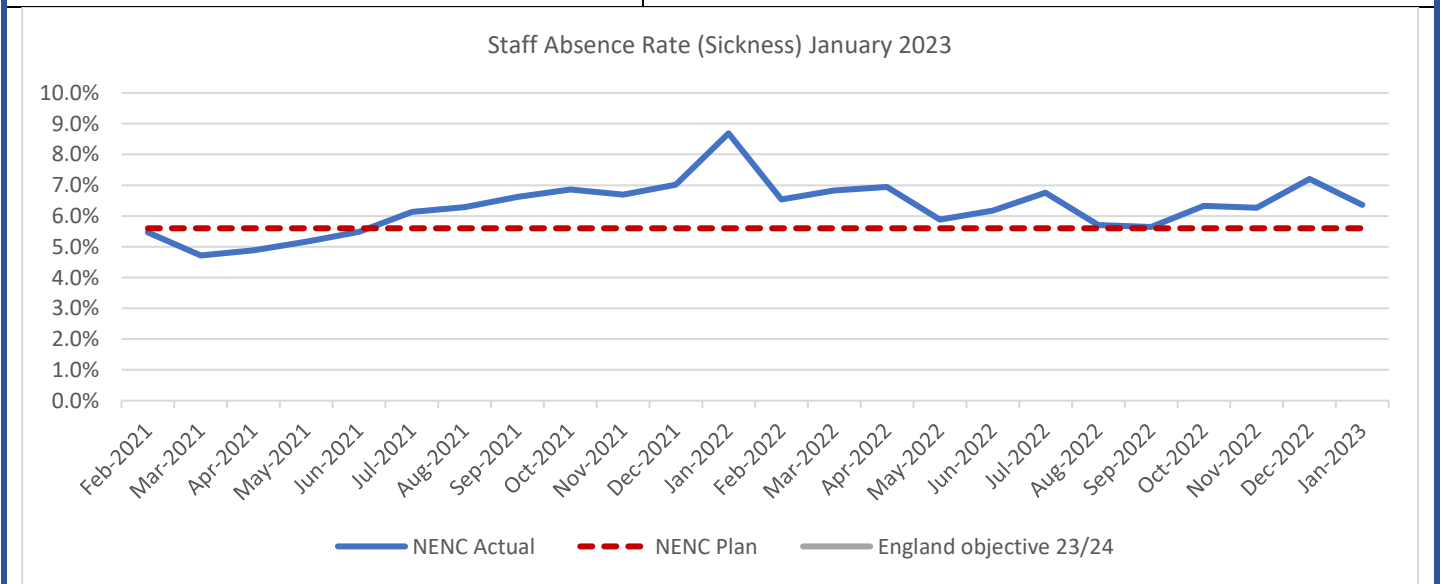
As referenced above, financial controls are being reviewed across the system, with additional controls implemented where necessary to manage potential financial risks.

Work is continuing across the system on the development of a medium term financial strategy and appropriate financial recovery plans.

Workforce – January/February 2023

Objective	Plan Mar 24	Plan (Month)	Actual	Trend	Benchmark
Improve staff retention (turnover systemwide NENC Providers)	12.1%		11.2% Feb23		
Improve staff attendance (sickness systemwide NENC Providers)	5.6%		6.4% Jan 23		

Observations	Actions/learning/risk
<p>Sickness</p> <ul style="list-style-type: none"> Sickness absence continue to progress on a positive trajectory with an in month position 0.4% below plan at the end of March which is an improvement on the latest published data above where it improved further to 5.5%. <p>Turnover</p> <ul style="list-style-type: none"> 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 continue at the lower end of the regional picture at 12.7% March 23 (utilising more timely data). 	<ul style="list-style-type: none"> Work commenced to review the approach to operational planning ensuring ongoing dialogue between ICB and providers linked to budgets and activity. There is a risk if this work is not taken forward that plans will not be realised. This would be mitigated by a better understanding of issues affecting sickness and turnover through ongoing dialogue with providers. Pressure on remaining staff due to sickness and turnover having a detrimental impact on health and wellbeing. This has been identified as a key priority within the ICB People Strategy. Event held on 8th June to bring together key stakeholders across NENC supporting the development of strategic priorities: supply, retention and health and wellbeing. Gateshead Heath FT have undertaken work that has successfully resulted in the reduction of agency staff.
<p>Quality implications</p> <ul style="list-style-type: none"> Higher levels of sickness affect quality as there less staff available to undertake their duties. 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 adding further pressure to existing staff. 	<p>Recovery/delivery</p> <ul style="list-style-type: none"> The operational planning round has indicated that overall, Trusts are aiming to achieve the following from March 23 to March 24: <ul style="list-style-type: none"> to reduce sickness absence by 0.33% to reduce turnover by 0.38% <p>Assurances from Trusts that plans in place to reduce sickness absence, improve retention and reduce turnover. Agreement to provide mutual support across all organisational boundaries where there are particular pressures on service areas.</p>



Mental Health: Adults - March 23

Objective	Plan Mar 24	Plan (month)	Actual	Trend	Benchmark
TTAD access (March 23)	22,540	7246	4930		
Community mental health (CMH) 2+ contacts 5% increase	34,855	33,208	35,645		
Number of out of area (OOA) placements (March 23)	162		900		
Dementia diagnosis rate (March 23)	66.7%	66.7%	67.9%	Improving	
Improve access to perinatal mental health services (Mar)			2245	Improving	

Observations

- **NHS Talking Therapies for Anxiety and Depression (TTAD) access (the new national terminology for IAPT)** remains below plan and target. This is due to workforce pressures, increased acuity, inappropriate referral levels, waiting list backlogs and investment/procurement challenges.
- **CMH** – Locally 22/23 targets were met across County Durham and Tees Valley
- **OOA placements** - Inappropriate bed days have seen an overall decline but numbers remain above the target of 147 by Q4 23/24.
- **Dementia**- improvement throughout 22/23, end of year plan met.
- **Perinatal** below plan in NENC, recovery plan in place - demand lower than LTP projections and investment challenges. Further impacted by the inability to recruit and lack of Maternal MH Services in County Durham and Tees Valley.

Actions/learning

- **TTAD** -Actions include: publicity, system-wide recruitment event in July, engagement with PCNs and primary care referring agents, waiting list and DNA initiatives and exploring recruitment opportunities, engagement with primary care services and utilisation of digital sub-contractors for gaps in service delivery and online booking options. 23/24 ICB review of all delivery contracts and commissioning model underway
- **CMH** - Access to community mental health services has increased and caseloads have been getting larger. NENC achieving revised community contacts target.
- Possible shift in activity to Voluntary and Community Sector now CMHT is being progressed within localities. System and data interoperability workstream underway to improve capture of contacts across multiple support providers.
- **OOA** Placements pressures within the adult acute pathways. Work currently with partners to facilitate discharges back into the community.
- **Perinatal** staffing pressures and DNAs are being reviewed; in the South 1 vacancy filled with teams awareness raising to increase referrals.

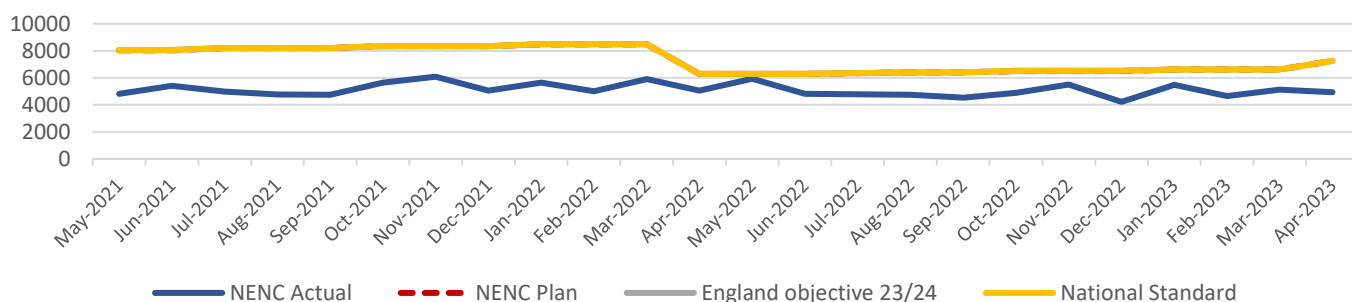
Quality implications

- Increased waiting times have a negative impact on mental health conditions whilst they are 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.

Recovery/delivery

- Challenges in the delivery of key community transformation ambitions in 22/23, linked to financial/workforce pressures, limiting capacity in community to prevent admission and hasten discharge of people clinically ready for discharge.
- The ICB is working hard to improve mental health pathways for patients, and continuing to invest in community support.
- The ICB is making progress in improving services, with further work underway to address any variation within the region.

NHS Talking Therapies for Anxiety and Depression (TTAD) access: number of people entering NHS funded treatment during reporting April 2023



Mental health: Children & Young People – Dec 22/Apr 23

Objective	Plan 24	Plan (month)	Actual	Trend	Bench mark
Improve access to mental health support for CYP (Apr)	53,245	51,343	54,105	Improving	
CYP Eating disorders (ED) - urgent within 1 week (Dec 22 data)	95%	90%	89.9%		
CYP Eating disorders (ED) – routine within 4 weeks (Dec 22 data)	95%	91.1%	74.3%		

Observations

CYP Access

- CYP access remains above operational plan trajectory but below Long Term Plan (LTP) target.
- Need has increased beyond LTP projections combined with an inability to recruit and retention of staff.
- Challenges in reporting accurate data is also noted.
- Services for CYP eating disorders are not meeting the 95% standard (12 month rolling).
- 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.
- Local data indicates excessively long waits for some children referred for assessment for autism and attention deficit hyperactivity disorder (ADHD).

Actions/learning

- Place based actions to review pressure points and determine need underway.
- CYP access achieved and an exercise planned in the South to improve outcomes and equity of access.
- Specific actions include: waiting list initiative/recovery plans, commissioning additional support for particular presentations, single point of access evaluations.
- Workshop took place in the South in January to look at risk/escalation and creation of a decision making matrix to assist acute and MH hospitals in relation to nasogastric feeding in young people with eating disorders.
- Data quality standard operating procedure developed.
- The ICS MH workforce group will share positive practice and drive initiatives to address workforce pressures.

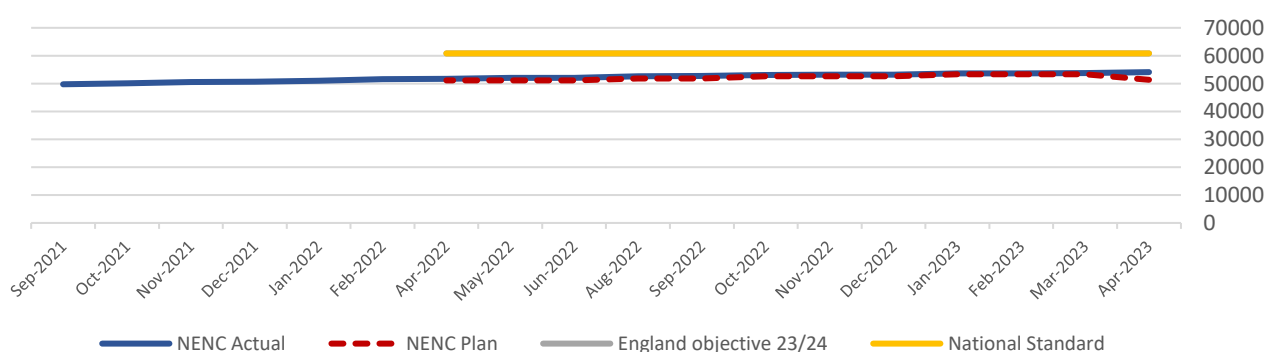
Quality implications

Children, young people and families may experience exacerbation of difficulties/problems as they wait to start treatment.

Recovery/delivery

- 22/23 performance for CYP patients accessing services is currently exceeding planned operational plan trajectory for 22/23, however Long Term Plan trajectory will not be achieved.
- 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.

Number of young people accessing mental health services April 2023



People with a learning disability and autistic people - April 23

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Benchmark
Annual health check and plan for people on GP LD registers (Cumulative 75% March 24)	77%	Cum to 75%	3% Apr		
Reduce reliance on inpatient care adults (ICB) – <i>chart below</i>	52 (21.9 per/m)	80 (June 23)	82 26/5/23		
Reduce reliance on inpatient care -adults (Secure)	61 (25.7 per/m)	72 (June 23)	76 26/5/23		
Reduce reliance on inpatient care – under 18s	8 (13.6 per/m)	8	9 8/5/23		
Care and Treatment Reviews (adults)	Fully Compliant		Apr 23		
Care Education and Treatment Reviews (CYP)	Fully Compliant		Apr 23		
Learning from death review (LeDeR) compliance	Fully Compliant		97%		

Observations

- During May 2023, 11 people were discharged from inpatient care and 8 people admitted.
- 2 ICB discharges and 4 secure setting needed to achieve end of Q1 trajectory

Actions/learning

Case Management development sessions held to:

- Standardise approaches across the ICB
- Implement the dynamic support register/care education and treatment review revised process

Meeting with NEY NHSE Chief Nurse 19th June to review people with no discharge plan/date.

NEY NHSE Programme Oversight and Support Meeting 7th June – performance review meeting. Feedback pending.

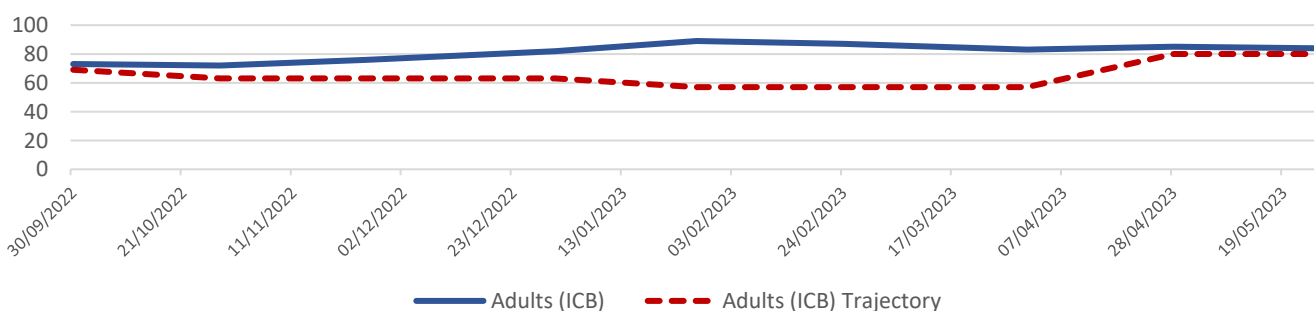
Quality implications

- Oliver McGowan Mandatory Training
- Peer support workers
- Autism Framework and Operating Guidance
- Sensory friendly environments
- Care model review; including inpatient assessment and treatment location and effectiveness
- Care Education and Treatment Review Oversight Panels being set up;
- Mental Health, Learning Disability and Autism Quality Transformation Programme; planning for next session on the 30th June 2023

Recovery/delivery

- Revised governance structure in development
- Forward View draft priority areas – leads assigned
- Senior Intervenor support; 14 people identified requiring external support to discharge; action planning.
- Complex Commissioning Framework drafted, consultation to begi
- Inpatient population data project; priorities clarified
- Housing Strategy and Population Analysis lead – NHSE NEY Housing specialist; aim to meet the needs locally
- Assessment of enhanced community model – action planning in progress; review models at place in relation to consistency and ability to keep people safe and well in the community.

Number of Adults occupying an AMH bed (ICB Commissioned)



Prevention and Health Inequalities including Core20+5: Adults - Mar 2023

Objective	Plan Mar 24	Plan (Month)	Actual	Trend	Benchmark
Hypertension (77% by March 2024)	77%		65.9%		60.4%
Use of lipid lowering therapies (60%)	60%				
60% SMI Health checks		16,325	14,592		
Increase uptake of COVID vaccines			64.7%		
Increase uptake of flu vaccines			63%		
Increase uptake of pneumonia vaccines					
Continuity of carer for women from BAME communities and most deprived groups					
75% cancers diagnosed at stage 1 or 2 by 2028					

Observations

- The development of a NENC Health Inequalities Dashboard covering a range of measures has been undertaken.
- The dashboard supports assessment against the national objectives – providing a broader context to key performance measures.
- The dashboard metrics will be used by both the workstreams and the overarching Healthier and Fairer Advisory Group to monitor progress against plans and support the development of approaches going forward.
- Many of the national objectives do not state specific dates or targets and therefore a NENC approach to develop a defined trajectory to measure the overarching programme against has been undertaken.

Actions/learning

- The Healthier and Fairer Advisory Group was formally established as a subcommittee of the ICB Executive Committee in November 2022.
- The programme integrates and coordinates the work of several pre-existing advisory structures dealing with population health and inequalities (Population Health and Prevention Board, Health Inequalities Advisory Group, Deep End Steering Group).
- Responsibility and accountability of many of the current NHSE national objectives aligned to the Healthier and Fairer programme sit currently with other parts of our system for example Clinical Networks.
- Work has commenced across the programme with Strategic managers and clinical network leads on developing SMART metrics across all domains and will be supported at a Healthy and Fairer development session 23rd June.
- Outputs from the development session will be incorporated into this report in due course.

Quality implications

Governance of the programme has now been developed with 3 key workstreams:

- Prevention,
- Healthcare Inequalities
- NHS contribution to social and economic inequalities.

Recovery/delivery

Supporting the programme are 3 enabling workstreams:

- Population Health Management,
- Workforce
- Community Asset Based approaches.

Each of the workstreams have developed their five year plan and have identified key measures and metrics to monitor delivery against.

These broader plans have been incorporated into a single plan to inform the ICB Joint Forward Plan.

Prevention and Health Inequalities including Core20+5: Children

Objective	Plan 24	Actual	Trend	Benchmark
Asthma – address over reliance of medications				
Decrease the number of asthma attacks				
Increase access to glucose monitors and insulin pumps				
Proportion of diabetes patients (type 2) receiving 8 NICE care processes		46.5%		46.7%
Access to epilepsy specialist nurses				
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 yr olds, certain ethnic groups, age, gender and deprivation.	100%	94.6%		

<p>Observations</p> <p>See Prevention and Health Inequalities: Adults section</p>	<p>Actions/learning</p> <p>See Prevention and Health Inequalities: Adults section</p>
<p>Quality implications</p> <p>See Prevention and Health Inequalities: Adults section</p>	<p>Recovery/delivery</p> <p>See Prevention and Health Inequalities: Adults section</p>

Safety – April/May 2023

	Plan Mar 24	Plan YTD	Actual (month)	Actual YTD	Trend	Benchmark
Never events * (May)	0	0	1	2		
Serious incidents (SIs)			70	152		
SIs reported within 2 days	Range from 36.4% to 100% across our FTs					
MRSA (Apr)	0	0	4	4	Worsening	
C diff		50	50	50		
E coli		75	96	96		
Mortality	All Trusts within expected range.					

Observations

- NENC is over trajectory for the key HCAI infections – 50% FTs for MRSA and 25% for ecoli.
- Despite good progress pre-pandemic, infection control management progress continues as a challenge with a deteriorating national picture.
- NENC is challenged with the number of C-diff cases across the system – 50% FTs over threshold although the FT aggregate is on plan.
- Increased demand on Trust estate and daily challenge to ensure patient flow through the hospitals adding to current pressures for infection control management
- 3 Never events reported since Apr 23 from 2 FTs.
- No Trusts are currently an outlier for mortality
- Themes for SIs are monitored through the serious incident process.

Actions/learning

- Oversight through the NENC Anti Microbial Resistance/Health Care Associated Infections (AMR/HCAI) Subcommittee where learning and good practice is shared for discussion at place and local Quality Review Groups.
- NENC deep dive being undertaken in relation to C-Diff on 21st June. Similar processes to be undertaken for all key infections across the system.
- HCAI and gram-negative improvement plans in place, with some areas looking to complete research.
- Greater communication with patient flow teams and Infection control teams.
- All Trusts raising the importance of the fundamental precautions.
- Work continues to review open caseloads of SIs and Never events to gain assurances.

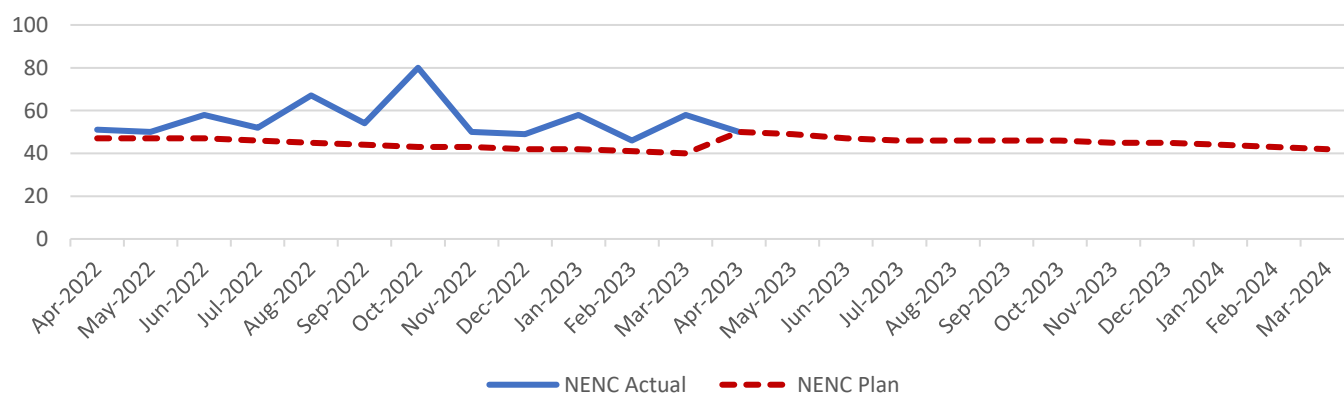
Quality implications

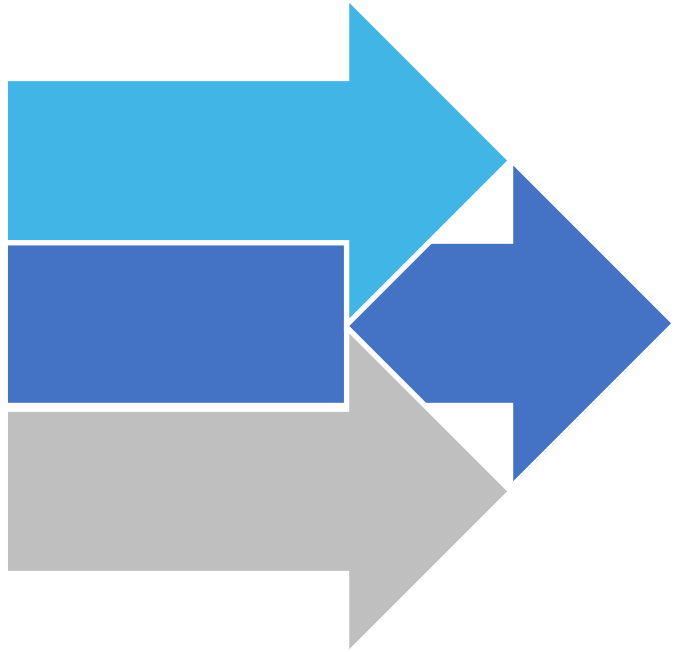
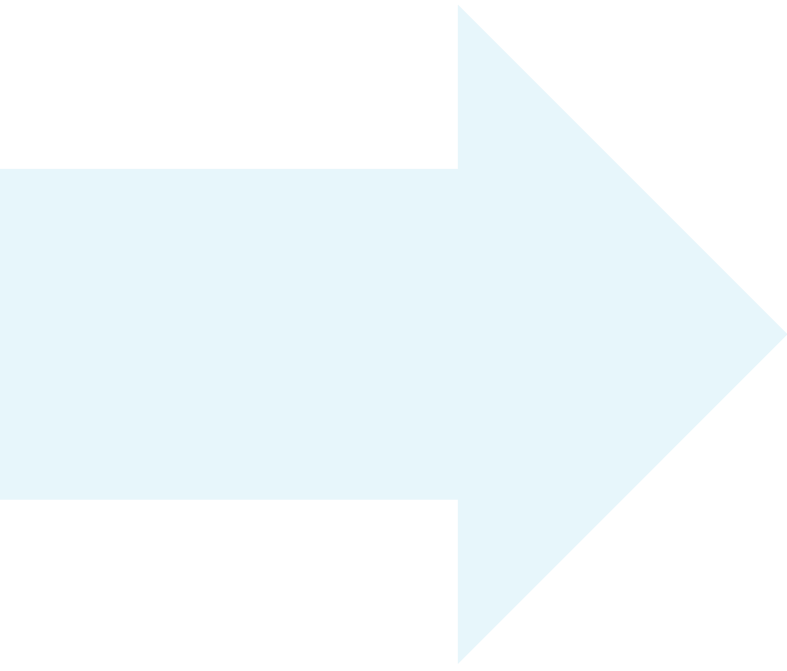
- MRSA cases have been subject to post infection review to explore any lapses in care and learning.
- Impact of increased infection risk on patient safety and length of stay in hospital
- Never event learning shared through established forums and clinical networks
- Mortality reviews undertaken with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

Recovery/delivery

- SIs & Never events – a NENC network meeting has been established supported by the Academic Health Science network
- Work continues to support providers with implementation of patient safety incident response framework (PSIRF)
- Sound risk assessments have been developed by our Trusts for management of HCAI.

Incidence of C.Difficile Vs Plan April 2023





Appendices

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.

Appendix 2 - Supplementary Data Pack attached separately