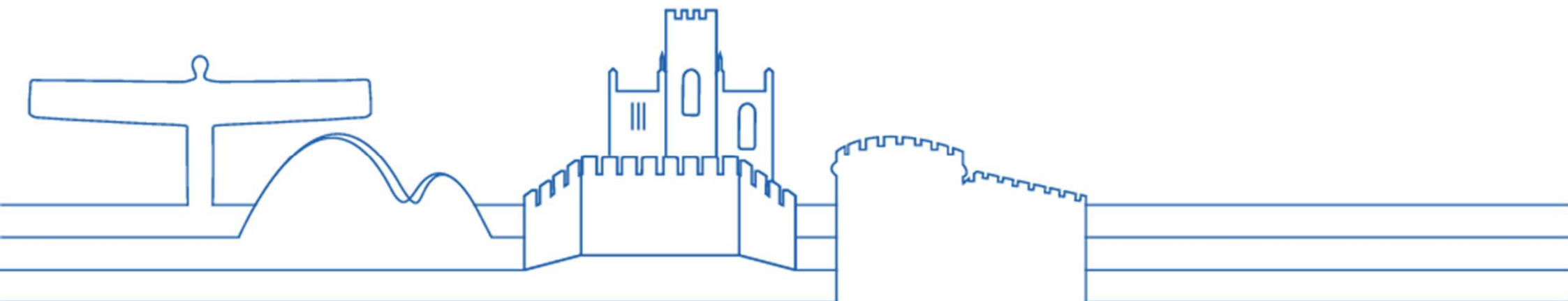




**North East &
North Cumbria**

North East & North Cumbria (NENC) ICS: Integrated Delivery report

1st July 2022



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NENC ICS: Executive Summary



Introduction

This report encompasses the recommendations of the Francis review so that quality and safety are reviewed alongside performance and finance to ensure a parallel view of quality performance, finance and leadership. Published data is at April 2020 or May 22 unless otherwise specified. Finance will be included in future versions of the report.

System Oversight Framework (SOF)

The SOF delivers oversight to ensure delivery of the planning priorities and monitoring of the Long Term plan (LTP) commitments and encompasses quality, access and outcomes. This report provides the NENC position in relation to the NHS planning priorities is aligned to the SOF.

Outcomes and Health Inequalities – A key focus in NENC is to address the health inequalities gap and improve outcomes for our populations through prevention, engagement with our communities and population health management.

Quality

Quality Dashboard for FTs set out by Area with Quality Exceptions narrative for the ICS.

Exception Reporting

This report highlights key performance priority areas linked to the delivery of the Long Term Plan and any associated risks, achievements and mitigations.

Finance Overview – A finance update will be included in future reports

NENC ICS: Executive Summary – Report Highlights

System key Achievements :

- FIT testing rolled out across ICS
- Substantial Echo-cardiography backlog cleared at Newcastle upon Tyne Hospitals NHS FT (NUTH)
- Targeted Lung Health Check Programme implementation
- North Cumbria Integrated Care NHS FT (NCIC FT) has been successful in hitting and maintaining zero 104 week waiters.
- Learning Disability Health checks achievement

System Key Challenges :

- Workforce pressures
- Spinal 104+ waiters NUTH
- Urgent care and discharges remains pressured across the NENC ICS
- Ambulance response times and handover delays
- Cancer 62 day backlogs



**North East &
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NHS System Oversight Framework (SOF) 2021/22 and 2022/23 Planning Priorities: NENC

NENC ICS: NHS System Oversight Framework NENC 2021/22 and 2022/23

System Oversight Framework

The System Oversight Framework (SOF) applies to all Integrated Care Systems (ICSs), NHS Trusts and Foundation Trusts and is aligned to the NHS planning priorities to provide oversight of our delivery of the NHS Long Term Plan (LTP) commitments.

This report provides the NENC position in relation to the themes set out in the **2021/22** SOF (as below) and we are currently awaiting publication of the SOF for 2022/23:

- Quality of care, Outcomes and access
- Preventing ill health and reducing inequalities
- People
- Leadership and capability
- Finance and use of resources
- Local Strategic Priorities

Segmentation

To provide an overview of the level and nature of support required across systems, inform oversight arrangements and target support capacity as effectively as possible, ICSs and trusts have been 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).

In **2021/22** NENC ICS has been allocated segment 2, as have the providers within NENC ICB, with the exception of Newcastle upon Tyne Hospitals NHS FT, Cumbria, Northumberland, Tyne and Wear NHS FT (CNTW FT) and Northumbria Healthcare NHS FT who have been allocated segment 1 and South Tees NHS FT, North Cumbria Integrated Care NHS FT (NCIC FT) and Tees, Esk and Wear Valleys NHS FT (TEWV) segment 3.



North East & North Cumbria

System Oversight Framework (SOF) metrics Quality, access and outcomes, Health Inequalities and People : NENC ICS as at June 2022

NHS OF Metric Name Full	Period	Amb Provider	CCG	ICS	MH Provider	Provider
S001a: Appointments in general practice	w/e 30/01/2022		367,077			
S005a: Daily discharges - as % of patients who no longer meet the criteria to reside in ho..	w/e 15/05/2022			54.2%		
S006a: Overall size of the waiting list	2022 Q3			298,320		
S009a: Patients waiting more than 52 weeks to start consultant-led treatment	2022 Q3			6,492		
S010a: Cancer - first treatments	2022 Q3			1,696		
S010b: Cancer - urgent referrals seen	2022 Q3			13,101		
S011a: Cancer - people waiting longer than 62 days	w/e 01/05/2022					1,485
S012a: Cancer - % meeting faster diagnosis standard	2022 Q3			78%		
S013a: Diagnostic activity levels - Imaging	2022 Q3		82,570			81,664
S013b: Diagnostic activity levels - Physiological measurement	2022 Q3		7,698			7,696
S013c: Diagnostic activity levels - Endoscopy	2022 Q3		6,903			6,982
S014a: Cancer - proportion of people that survive cancer for at least 1 year after diagno..	2018			72.5%		
S016a: Outpatient - Specialist Advice (including A&G) activity levels	2022 Q2			10.6%		
S016b: Outpatient - Patient Initiated Follow-Up activity levels	2022 Q2			0.46%		
S017a: Outpatient - % of all activity delivered remotely via telephone or video consultation	2022 Q2					18.8%
S019a: Ambulance handover delays greater than 30 minutes (as reported by NHS Acute T..	2021 Q3					1,189
S021a: Maternity - % women on continuity of care pathway	2021 12			16.1%		
S022a: Maternity - number of stillbirths per 1,000 total births	2019			3.5 per 1,000		
S023a: Maternity - number of neonatal deaths per 1,000 live births	2019			1.66 per 1,000		
S026a: Proportion of ED patients who turn up unheralded	2022 Q4			95.6%		
S029a: Reliance on specialist inpatient care for adults with a learning disability and/or autism	21-22 Q3			69 per 1,000,000		
S030a: Percentage of people aged 14+ on the GP learning disability register receiving an an..	21-22 Q4		75.4%			
S031a: Number of personalised care interventions	21-22 Q3			182,652		
S032a: Personal Health Budgets	21-22 Q3			4,715		
S033a: Social Prescribing unique patient referrals	21-22 Q3			58,381		
S037a: Patient experience of GP services	2021			85.4%		
S039a: National Patient Safety Alerts not completed by deadline	2022 Q4					1
S040a: Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infections	2022 Q3		1			0
S041a: Clostridium difficile infections	2022 Q3		55			30
S042a: E. coli blood stream infections	2022 Q3		213			80
S044a: Antimicrobial resistance: appropriate prescribing of antibiotics in primary care	Mar 2021 - Feb 2022		103.2%			
S044b: Antimicrobial resistance: appropriate prescribing of broad spectrum antibiotics in pr..	Mar 2021 - Feb 2022		8.11%			
S045a: COVID-19 - % adults vaccinated	w/e 10/04/2022			92.4%		

Rank Banding
 ■ Highest performing quartile
 ■ Interquartile range
 ■ Lowest performing quartile

System Oversight Framework (SOF) metrics Quality, access and outcomes, Health Inequalities and People : NENC ICS as at June 2022



North East & North Cumbria

NHS OF Metric Name Full	Period	ICS CUMBRIA AND NORTH EAST ICS (QHMI)			
		Amb Provider	CCG	ICS	MH Provider
S073a: Nursing vacancy rate	2021 12				6.36%
S081a: IAPT access (total numbers accessing services)	21-22 Q3			16,775	
S082a: IAPT recovery rate (%)	21-22 Q3			51.4%	
S083a: Estimated diagnosis rate for people with dementia	2022 Q3			65.3%	
S084a: Children and young people (ages 0-17) mental health services access (number with 1..	2022 Q2			51,230	
S085a: People with severe mental illness receiving a full annual physical health check a..	21-22 Q4			13,335	
S086a: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (inter..	Dec2021 - Feb 2022			985	
S086b: Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (exte..	Dec2021 - Feb 2022			1	
S087a: Rate per 100,000 population of people in adult acute mental health beds with a lengt..	2022 Q2			6.8 per 100,000	
S087b: Rate per 100,000 population of people in older adult acute mental health care with a ..	2022 Q2			8.1 per 100,000	
S088a: Number of women accessing specialist community perinatal mental health services	Mar 2021 - Feb 2022			6.02%	
S089a: Waiting times for Urgent Referrals to Children and Young People's Eating Disorder..	Apr 2021 - Mar 2022			74.5%	
S089b: Waiting times for Routine Referrals to Children and Young People Eating Disorder ..	Apr 2021 - Mar 2022			71.7%	
S046a: Population vaccination coverage - MMR for two doses (5 years old) to reach the ..	21-22 Q2		92.3%		
S047a: Percentage of people aged 65 and over who received a flu vaccination	2022 Q2		85.5%		
S050a: Cancer - cervical screening coverage, females aged 25-64, attending screening with..	21-22 Q2		74.8%		
S051a: Number of people supported through the NHS Diabetes Prevention programme	21-22 Q4			34.4%	
S052a: Diabetes patients that have achieved all the NICE recommended treatment targets ..	2020-21		34.1%		
S055a: General Practice Referrals to NHS Digital Weight Management Programme - Cru..	21-22 Q4		138.3 per 100,000		
S067a: Leaver rate	2022 Q2			12.6%	
S068a: Sickness absence (working days lost to sickness)	2021 12			6.98%	
S070a: Number of people working in the NHS who have had a flu vaccination	2022 Q2	51.5%			66% 68.6%

Rank Banding
■ Highest performing quartile
■ Interquartile range
■ Lowest performing quartile

System Oversight Framework metrics: NENC ICS exceptions in lowest performing quartile nationally

	North	South	Central	Cumbria
Waiting list size	<p>See Slide 29. Utilising GIRFT/Model Hospital, the system will look to reduce clinical variation across teams and increase efficiency in support of delivering increased activity levels and reducing number of waiters. There is commitment across all NENC NHS providers to deliver at least 104% of pre-pandemic levels across all specialities. The system is continuing to develop process and procedures to optimise existing NHS capacity (e.g. through new ways of working, hub sites, "consultant passports" etc). All providers undertake rigorous, clinically led validation processes for their RTT lists, as the number of Long waiters reduce the focus is now on patients with the potential to breach 78 weeks by the 22/23.</p>			
Cancer 62 day backlog	<p>See slide 30. Largest backlogs: lower GI, prostate and skin, with two of our providers featuring consistently on the table of top 20 cancer backlogs nationally. The launch of the NENC endoscopy network will focus work specifically on the endoscopy backlog. Providers are being supported to balance the challenges in the system caused by overall workforce pressures, however there is an inherent tension in providers focussing on elective recovery, driving down the backlog and concurrently diagnosing new patients on the pathway more quickly, so achievement of cancer standards more broadly will be challenging. Workforce issues are particularly acute in non-surgical oncology (NSO), cancer nursing, diagnostic staff and in lung, urology and gynae-oncology pathways. As well as routine performance management support will also be provided via existing and mature place-based cells processes. These systems have been able to identify pressures and ensure mutual aid throughout the COVID-19 period and can be stood up or down at pace in response to system pressures.</p>			
Cancer 1 yr survival	<p>Cancer survival is a key priority with improvement work focussed on early identification and diagnosis. NCA have commissioned cancer champions working into the communities/groups to break down barriers to accessing services. We will also roll out our local lung cancer case finding in North Cumbria in Q2, with continuation of the projects in Durham and North Tyneside and work into all three cancer screening programmes by Q3. Continued work with NHSEI PHPT to maximise the uptake of screening programmes especially by addressing health inequalities in access to those programmes in recognition of their contribution to the earlier diagnosis of cancer. To recover referral rates, NCA will develop specific plans to ensure TLHC and cancer screening volumes improve for most at-risk population groups. Delivery of improvement against the 31d and 62d standards by the end of March 2023 and deliver the new Faster Diagnosis Standard (FDS).</p>			
Remote outpatient appointments	<p>Provider Trusts are committed to improving the usage of virtual consultations, which can provide improved patient experience, greater convenience, and a reduced need to take time out of a patient's normal routine. The current aggregated provider plan is 25% virtual appointments. Work continues to improve and increase the virtual offer including:</p> <ul style="list-style-type: none"> • Work closely with Providers experiencing low levels of data recording to improve position and further contribute to system levels of virtual consultations. • Support specialty services to adopt or increase video consultations where clinically appropriate. • Replace older IT equipment to provide better, enhanced, virtual functionality. • Ensure training and support is available to embed virtual consultations. • Maintain Attend Anywhere as the digital enabler of virtual appointments. • Improved configuration of EPR (Electronic Patient Record) letters and clinic templates, and setting up text message reminders for video appointments. 			

System Oversight Framework metrics: NENC ICS exceptions in lowest performing quartile nationally

	North	South	Central	Cumbria
Ambulance handovers	See Slide 28			
LD IP beds	See Slide 32			
MRSA/Cdiff/Ecoli	See Slide 19			
Appropriate prescribing of anti-biotics	<p>Newcastle Gateshead CCG in the middle range nationally where as Northumberland and North Tyneside CCGs in the lowest performing quartile. Historically a low baseline for North CCGs therefore this remains a high priority area for all CCGs. Significant improvements through medicines optimisation teams and focussed work with PCNs and practices continues. North Tyneside CCG has established a AMS committee that meets regularly with key contacts from across the health economy to discuss and this has featured on the Practice Engagement scheme. for several years</p>	<ul style="list-style-type: none"> - Audits planned to raise awareness of prescribing issues in practices – acute prescribing, repeat prescribing and 3c prescribing - Education sessions planned for the next 3 locality time outs in August - Linking into national and tailored local public facing awareness campaign this autumn - Promoting antibiotic prescribing resources to prescribers at every opportunity 	<p>Antimicrobial prescribing is a high priority area for PCNs within Central Area</p>	<p>Antimicrobial prescribing is a high priority area for PCNs and the new Primary Care Network Directed Enhanced Service (PCN DES) which encourages AMS quality improvement. Monitoring is done quarterly using the AMS EPACT 2 dashboards and high prescribing GP practices are encouraged to audit their antibiotic prescribing and identify areas for improvement.</p>

System Oversight Framework metrics: NENC ICS exceptions in lowest performing quartile nationally

	North	South	Central	Cumbria
Patients supported through diabetes programme	<p>North CCG's are currently active participants in the National Diabetes prevention Programme. High uptake in NGCCG. Engagement through GP time out sessions and bulletins to encourage uptake. Northumberland CCG has Implemented a new t2 structured education service to increase uptake and worked with the rest of the North ICP to implement a diabetes footcare pathway for earlier vascular intervention with the aim of reducing limb amputations. Northumberland's Health Improvement Group continues to undertake health management to drive forward LTP high impact actions for vulnerable populations. North Tyneside CCG continue to support primary care through the provision of structured education opportunities and has also commissioned a bespoke diabetes structured education programme for people with learning disabilities.</p>	<p>Tees Valley CCG has the highest uptake in NENC. Further actions to build on this include: Engagement with GP Practices following the pandemic to reinvigorate awareness of the programme. A comms programme is planned for social media aimed at both medical and non-medical such as LAs and local businesses promoting the Diabetes UK Know Your Risk self-referral route.</p>	<p>NHS Diabetes Prevention Programme - Service has steady stream of referrals. Procurement completed for new service provider. Reed identified as new provider for NENC. Mobilisation currently underway, with start date in August 22. WW will continue to accept referrals until June 22. Plans being developed to do some targeted work with those who have a learning disability through engagement of the physical health hub. NHS digital weight management services - launched with primary care in July 2021. Service has steady stream of referrals from the majority of practices. Practices with no referrals to date of single figure referrals have been identified and targeted work will be undertaken via PCN Health Inequalities leads.</p>	<p>Currently progressing through the provider transition period from WW to Reed and are working with both providers to ensure a smooth transition.</p> <p>As the CCG changes providers it is expected to see a drop of in referrals and CCG working with PCNs and on a comms plan to mitigate this as much as possible.</p> <p>Reed will begin taking referrals from 1st July and will start delivery at the beginning of August.</p>
Workforce: Sickness absence	<p>Overall sickness rate plan to reduce to 5.5% by March 23. There is a robust staff wellbeing and resilience offer through the ICS Wellbeing Hub and strategic work scoping a future model of occupational health services. Continued communication is needed to promote NENC Wellbeing Hub wider across the system and all sectors especially Primary Care and Social Care. Wellbeing conversation and compassionate conversation training is available and promoted widely across the ICS and this will be continued across the ICS. Starting to explore sickness absence and staff wellbeing through a health inequalities lens; led by the NENC Social Partnership Forum</p>			
Flu vaccination	<p>NEAS work ongoing</p>			

NENC ICS: Planning Priorities 2022/23

This report gives assurance of local progress against the 2022/23 priority areas within NHS Long Term plan (LTP) as detailed in the 2022/23 Operational Planning Guidance [NHS Planning Guidance 22/23](#) and is aligned to the System Oversight Framework.

The September Board will receive a RAG rated assessment for each sub-area across NENC for Q1 2022/23 in relation to the 2022/23 priority areas A-I below. Where further detail is provided for each of the priorities throughout the report this is also cross-referenced below:

- A. Invest in our workforce -with more people and new ways of working – see quality slides 15-22
- B. Respond to COVID-19 ever more effectively –SOF slide metric SO45a slide 7
- C. Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards – see SOF slides 6-11 and Performance slides 29 & 30
- D. Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity – see SOF slides 6-11 and slides 26-28.
- E. Improve timely access to primary care – see SOF slide metric 1001a slide 7 and slide 25
- F. Improve mental health services and services for people with a learning disability and /or autistic people – SOF slides 6-11 and slide 31
- G. Develop our approach to population health management, prevent ill-health and address inequalities – see SOF slides 6-11 and slide 32
- H. Exploit the potential of digital technologies to transform the delivery of care and patient outcomes – planning update to follow in September report
- I. Effective Use of Resources - a finance update will be included in the integrated report for September to ensure a parallel view of Quality, Performance and Finance.



**North East &
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NENC Outcomes and Health Inequalities

NENC ICS: Outcome measures and Health Inequalities



North East & North Cumbria

Metric		2014 - 16	2015 - 17	2016 - 18	2017 - 19	Gap	ICB Trend
Healthy life expectancy (Male)	Best Performance	Northumberland	Northumberland	Cumbria	Cumbria	Getting Bigger	
	Gap (years)	3.5	3.7	4.1	4.2		
	Worst Performance	Middlesbrough	Middlesbrough	Middlesbrough	Middlesbrough		
Healthy life expectancy (Female)	Best Performance	Cumbria	Cumbria	Cumbria	Cumbria	Getting Bigger	
	Gap (years)	3.4	3.0	2.8	2.9		
	Worst Performance	Middlesbrough	Middlesbrough	Middlesbrough	Middlesbrough		
Metric		2016/17	2017/18	2018/19	2019/20	Gap	ICB Trend
Childhood obesity	Best Performance	North Tyneside	North Tyneside	Northumberland	Northumberland	Getting Smaller	
	Gap (%)	3.9	4.9	11.5	7.0		
	Worst Performance	South Tyneside	Sunderland	Hartlepool	Middlesbrough		
Metric		2016	2017	2018	2019	Gap	ICB Trend
Smoking Prevalence	Best Performance	Stockton-on-Tees	Northumberland	Northumberland	Northumberland	Getting Smaller	
	Gap (%)	7.2	4.2	8.1	6.4		
	Worst Performance	Hartlepool	Hartlepool	Sunderland	Hartlepool		
Metric		2017/18	2018/19	2019/20	2020/21	Gap	ICB Trend
Depression Prevalence	Best Performance	Newcastle Gateshead	Newcastle Gateshead	Newcastle Gateshead	Newcastle Gateshead	Getting Bigger	
	Gap (%)	3.2	3.8	4.1	4.2		
	Worst Performance	North Cumbria	North Cumbria	North Cumbria	North Cumbria		
Metric		2017/18	2018/19	2019/20	2020/21	Gap	ICB Trend
Ambulatory care sensitive admissions (rate per 100k)	Best Performance	Eden	Eden	Eden	Eden	Getting Smaller	
	Gap (per 100k)	456	753	770	465		
	Worst Performance	Hartlepool	Hartlepool	Hartlepool	South Tyneside		
Metric		2015	2016	2017	2018	Gap	ICB Trend
Proportion of cancers diagnosed at stages 1 and 2	Best Performance	Redcar and Cleveland	Darlington	Redcar and Cleveland	Stockton-on-Tees	Getting Bigger	
	Gap (%)	8.4	5.3	7.1	7.8		
	Worst Performance	Middlesbrough	Redcar and Cleveland	Sunderland	Sunderland		

Commentary

- Key outcome measures demonstrate the inequality gap between places within the ICS
- An ICB trend demonstrates progress of metric for NENC.
- Key points:
 - Life expectancy is improving across NENC although the inequality gap is widening
 - NB for life expectancy the county wide position for Cumbria has been used; for Ambulatory Care it is a district position Eden
- Childhood obesity levels are increasing overall and the inequality gap (although reducing) is 7% across NENC. Note this data does not include data throughout the pandemic.
- Smoking prevalence is improving
- Prevalence of depression is worsening and the inequality gap across the ICS is widening
- Cancer early diagnosis is gradually improving although there is variation across the ICS
- Local outcomes frameworks are being developed across place.
- Work continues across the ICS and at place in relation to population health management to understand variation at local level.
- A NENC CORE20plus5 dashboard is in development and will be included in the September 2022 report.
- The SOF metrics (slides 7-11) include health inequalities measures to demonstrate progress for the NENC ICS in comparison to the national.



**North East &
North Cumbria**

NENC Quality



North East & North Cumbria

Quality Exceptions – North & North Cumbria Areas

Key Performance Area	Indicator	Period	Threshold	GHFT	Movement	NHCFT	Movement	NuTHFT	Movement	NCICFT	Movement
HCAI	MRSA Assignment Following PIR Process	Apr-22	0	0		0		0		0	
	C Difficile	Apr-22	Individual to Trust	2		3		12		0	
	MSSA	Apr-22	No Threshold Set	0		3		12		3	
	E Coli	Apr-22	Individual to Trust	2		9		17		10	
Incidents	Never Events	May-22	0	0		0		2		0	
	Serious Incidents	May-22	N/A	11		7		32		5	
	NHSI SI Framework: 2 Day Reporting	Q4 21/22	95%	75.0%		100.0%		95.0%		0.0%	
	NHSI SI Framework: 60 Day Reporting	Q4 21/22	95%	29.0%		50.0%		61.0%		33.0%	
	Safeguard Incident Risk Management (SRMS)	May-22	N/A	35		42		52		26	
Staffing	Absence rate	Jan-22	6.69%	8.00%		9.46%		8.83%		6.57%	
	Staff Turnover	Jan-22	N/A	1.4%		0.9%		1.0%		1.0%	
Alerts	Patient safety alerts open past deadline	May-22	0	1		0		0		0	
Mortality	Summary Hospital-level Mortality Indicator (SHMI)	Dec-21	*Individual Trust ratio	1.035		0.985		0.980		1.071	
	Hospital Standardised Mortality Ratio (HSMR)	Sep-21	Individual Trust ratio	117.5		109.9		94.7		103.4	
Friends and Family	FFT - A&E Recommended score	Apr-22	75.0%	81.0%		85.0%		67.0%		75.0%	
	FFT - Inpatient Recommendation Rate	Apr-22	94.0%	84.0%		95.0%		98.0%		97.0%	
	FFT - Outpatient Recommendation Rate	Apr-22	93.0%	95.0%		94.0%		96.0%		99.0%	
	FFT - Mental Health Recommendation Rate	Apr-22	86.0%	Nil		Nil					
	FFT - Staff. Recommended for Care	Staff Survey 2021	66.9%	75.1%		83.8%		85.4%		48.8%	
	FFT - Staff. Recommended for Work	Staff Survey 2021	58.4%	64.7%		77.6%		65.0%		46.0%	
CQUIN		Q1									
		Q2									
		Q3									
		Q4									

* SHMI – is the ratio between the actual number of patients who die following hospitalisation at the Trust or within 30 days of discharge and the number that would be expected to die on the basis of average England figures. Trust's whose SHMI value falls above the upper control limit are categorised as 'higher than expected' and are showing as an outlier (red) on the dashboard.

Quality Exceptions – Central and South Areas

Quality Indicators Overview	Key Performance Area	Indicator	Period	Threshold	CDDFT	Movement	STSFT	Movement	NTHFT	Movement	STFT	Movement
Safe	HCAI	MRSA Assignment Following PIR Process	Apr-22	0	0		0		0		0	
		C Difficile	Apr-22	Individual to Trust	8		9		3		14	
		MSSA	Apr-22	No Threshold Set	5		3		3		6	
		E Coli	Apr-22	Individual to Trust	9		16		9		11	
	Incidents	Never Events	May-22	0	0		1		0		0	
		Serious Incidents	May-22	N/A	2		14		1		5	
		NHSI SI Framework: 2 Day Reporting	Q4 21/22	95%	77.0%		94.0%		92.0%		100.0%	
		NHSI SI Framework: 60 Day Reporting	Q4 21/22	95%	27.0%		78.0%		100.0%		87.0%	
		Safeguard Incident Risk Management (SIRMS)	May-22	N/A	85		37		5		38	
	Staffing	Absence rate	Jan-22	6.69%	9.56%		6.60%		9.32%		8.58%	
		Staff Turnover	Jan-22	N/A	1.2%		0.9%		1.2%		1.2%	
	Alerts	Patient safety alerts open past deadline	May-22	0	0		0		0		0	
	Effective	Mortality	Summary Hospital-level Mortality Indicator (SHMI)	Dec-21	*Individual Trust ratio	1,097		1,144		0.944		1,144
Hospital Standardised Mortality Ratio (HSMR)			Sep-21	Individual Trust ratio	94.2		135.5		91.3		102.8	
Caring	Friends and Family	FFT - A&E Recommended score	Apr-22	75.0%	100.0%		56.0%		79.0%		78.0%	
		FFT - Inpatient Recommendation Rate	Apr-22	94.0%	97.0%		97.0%		89.0%		96.0%	
		FFT - Outpatient Recommendation Rate	Apr-22	93.0%	100.0%		95.0%		94.0%		96.0%	
		FFT - Mental Health Recommendation Rate	Apr-22	86.0%			95.0%					
		FFT - Staff: Recommended for Care	Staff Survey 2021	66.9%	59.6%		64.9%		69.5%		75.7%	
		FFT - Staff: Recommended for Work	Staff Survey 2021	58.4%	51.3%		55.6%		61.4%		59.5%	
Responsive & Well-Led	CQUIN		Q1									
			Q2									
			Q3									
			Q4									

* SHMI – is the ratio between the actual number of patients who die following hospitalisation at the Trust or within 30 days of discharge and the number that would be expected to die on the basis of average England figures. Trust's whose SHMI value falls above the upper control limit are categorised as 'higher than expected' and are showing as an outlier (red) on the dashboard.

Quality Exceptions – Mental Health and Ambulance Trusts

Quality Indicators Overview	Key Performance Area	Indicator	Period	Threshold	CNTWFT	Movement	TEWFT	Movement	NEASFT	Movement	NWASFT	Movement
Safe	Incidents	Never Events	May-22	0	0		0		0		Unknown	
		Serious Incidents	May-22	N/A	5		4		3		Unknown	
		NHSISI Framework: 2 Day Reporting	Q4 21/22	95%	100%		92.0%		Nil		Unknown	
		NHSISI Framework: 60 Day Reporting	Q4 21/22	95%	68%		22.0%		Nil		Unknown	
		Safeguard Incident Risk Management (SIRMS)	May-22	N/A	8		11		11		2	
	Staffing	Absence rate	Jan-22	6.69%	9.80%		7.95%		12.68%		13.65%	
		Staff Turnover	Jan-22	N/A	0.8%		1.0%		1.4%		0.9%	
Caring	Friends and Family	FFT - Mental Health Recommendation Rate	Apr-22	86.0%	87.0%		93.0%					
		FFT - Patient Transfer Service Recommendation Rate	Apr-22	80.0%					100.0%		94.0%	
		FFT - Staff: Recommended for Care - Mental Health	Staff Survey 2021	64.9%	67.0%		53.7%					
		FFT - Staff: Recommended for Care - Ambulance	Staff Survey 2021	63.5%					66.0%		63.5%	
		FFT - Staff: Recommended for Work - Mental Health	Staff Survey 2021	63.2%	64.0%		52.8%					
		FFT - Staff: Recommended for Work - Ambulance	Staff Survey 2021	46.1%					38.3%		47.7%	

* SHMI – is the ratio between the actual number of patients who die following hospitalisation at the Trust or within 30 days of discharge and the number that would be expected to die on the basis of average England figures. Trust's whose SHMI value falls above the upper control limit are categorised as 'higher than expected' and are showing as an outlier (red) on the dashboard.

NENC Quality Exceptions - Safe

Healthcare Acquired Infections (HCAI)

- **MRSA:** CDDFT reported 4 cases in 2021/22. CCG's Infection Prevention and Control (IPC) Team attends the Trust's bacterium meetings to offer support and challenge.
- **C Difficile Infection :** In 2021/22 NuTHFT, NHCFT, NCICFT and STHFT exceeded annual trajectories. Trusts have mechanisms to investigate and identify any lapses in care and implement learning.
- **MSSA & E. coli :** NuTHFT reported 110 and 206 cases of MSSA and e-coli respectively in 2021/22, the highest reporter in the region. The Trust continues to review themes within directorate action plans. The IPC Team offers targeted support and training to reinforce and ensure compliance with standard IPC practice. Ecoli improvement plan in place at NCIC.
- **Vancomycin-resistant enterococci (VRE) outbreaks:** CDDFT had an outbreak on a ward at Bishop Auckland General Hospital in January 2022, which is now under control.
- **Carbapenemase Producing Enterobacteriaceae (CPE):** CDDFT has ongoing issues with CPE associated with the Darlington Memorial Hospital (DMH) site. A number of patients have been reported as having infections or colonisations with IMP producing CPE since June 2021. The Trust is an outlier. UKHSA has hosted monthly meetings with CDDFT to identify possible causes and solutions.
- **Cryptosporidium Risk:** CDDFT reported an issue which occurred at the Broken Scar Water Treatment works in Darlington on 01/02/22. The issue affected the DMH site and was quickly resolved.
- **Legionella in water at DMH - CDDFT:** High levels had been high reported and mitigating actions included communications to GPs and supported from PHE and commissioners. The Water Tank project is due for completion at the end of July 2022 / beginning of August 2022. This will conclude all engineering works and the Trust will continue to monitor the water supply.

Never Events

- **NuTHFT** reported 2 never events in May 2022; both relating to a retained guidewire. Total number of never events 2022/23 YTD n=2.
- **STSFT** reported 1 never event in May 2022 relating to a retained vaginal tampon. Total number of never events 2022/23 YTD n=2.
- **STHFT** remains in quality escalation for never events. Clear themes include wrong site, retention of items and NG tube related. CCGs remain sighted on the progress.
- Between October 2020 and April 2021 Spire Healthcare reported 3 Never Events (2 wrong site surgery, 1 wrong prosthesis).

Serious Incident (SI) reporting

- **2 day reporting :** Six trusts were outside the 95% threshold for the reporting of serious incidents within two days of identification.
- **60 day reporting:** The 60 day deadline for the submission of reports was paused nationally during the pandemic. Regular discussion on serious incident performance takes place at all Trust Quality Review Group (QRG) meetings and commissioner serious incident panels to gain assurance there are processes in place to manage the backlog of any cases.
- **NuTHFT Ophthalmology Lost to Follow-Up (LTFU) Theme:** Transformation workstream in place and a comprehensive improvement plan following a number of serious incidents.
- **STHFT Lost to Follow-Up (LTFU) Theme:** Programme of improvement work to address themes including staffing pressures, diagnostic reporting processes, incident identification and reporting.
- **NCICFT** Key theme from SIs in the last quarter has been Treatment Delays
- **NTHFT:** Concerns in relation to diagnostic delays. A review group established with regular review by commissioners.
- **TEWVFT Serious Incidents and DATIX:** Joint working NHSEI to support with a review of the serious incident and organisational learning processes.
- **Affective Disorders Team** - A 'deep dive' into the caseload of around 800 patients was undertaken in 2021 following several serious incidents following which the Trust agreed to provide a more detailed report including evidence of improvement actions and outcomes.
- **Peri-Natal** - thematic review of incidents undertaken and identified learning in relation to the referral process and education, safeguarding, collaborative working and information sharing.
- **Sexual Safety Inpatients** - An external review has been undertaken and led by NHSEI. Actions include focused huddle processes, staff education and CCTV upgrades.
- **Crisis Team** - Trust commissioned an internal thematic review of cases.
- **Circle Health Group** - A joint serious incident involving Circle Health Group, CDDFT and GP practice regarding sight loss has been closed and learning actions have been implemented

NENC Quality Exceptions: Maternity: Ockendon update

All Trusts continue to offer progress updates in relation to the recommendations of the Immediate Essential Actions (IEAs) following the Ockendon review at QRG meetings and report progress within their board meetings.

North

GHFT: Gap analysis concludes key risk around safe staffing as a consequence of COVID-19 absence/isolation, vacancies and inability to recruit. Daily escalation and safe staffing levels maintained with increased bank use. A full staffing review is underway. Time is to be built into job plans for fetal monitoring and MDT training – this has been added to the risk register.

NHCFT: Fully compliant with all the IEAs in the first Ockenden report. The benchmarking for the second report has been completed and a robust action plan developed, which will be presented to Trust board.

NuTHFT: Robust escalation and business continuity plans in place to ensure staffing remains at optimum levels to maintain patient safety. Early recruitment of student midwives expected to join in October 2022. Financial support to recruit five international midwives through NHSEI international recruitment initiative. A detailed gap analysis and revised action plan will be presented to the Trust Board in July 2022. The maternity team preparing for an assurance visit from NHSEI regional team, in partnership with NENC Local Maternity and Neonatal System (LMNS) scheduled for 17/06/22.

N. Cumbria

NCICT: The current establishment and vacancy rate indicated that the Trust was not currently able to meet the safe staffing requirement for the further roll out of Continuity of Carer programme.

Central

CDDFT: Full compliance on three IEAs and partial compliance on four reported to the Trust Board. Work is ongoing within the Trust to be fully compliant with all of the IEAs.

STSFT: The Midwifery Led Birthing Unit (MLBU) in South Tyneside remains temporarily closed due to ongoing staffing pressures, working to re-open the unit as soon as possible. Antenatal care delivered as usual from both hospital sites. A new cohort of staff is in place and inductions have continued to go ahead whilst the MLBU remains closed. MLBU staff have been working with the consultant led staff to ensure future flexibility of cover. Successful recruitment of Maternity Support Workers, with further recruitment planned. The Trust is also undertaking international recruitment of midwives. A maternity service single item quality surveillance group was scheduled in May 2022 with representation from NHSEI, CCGs, Trust and the chief executive designate for the NENC ICB.

South

NTHFT: The maternity team has initiated a review of the recommendations of the final Ockenden report in order to identify any gaps where improvements are required.

STHFT: Demand pressures in line with the region. Diversion and/or closure of the MLBU due to staffing pressures. Associated risks registered at NENC Executive Transitional (Maternity Services) Network and LMNS. The Trust has had a successful recent Ockenden Review visit undertaken by NHSEI and LMNS.

Quality Exceptions – Safe and Caring

Staffing and workforce

NHS Sickness Absence Rates: Ten trusts were above the England average for January 2022 (6.69%). Continued workforce pressures due to sickness absence and vacancies; although some improvement has been seen. A range of measures are in place to ensure operational challenges are managed, safe staffing levels are in place and support is being offered to staff to maintain their health and wellbeing. Regular safe staffing updates are provided at QRG.

Patient Safety Alerts

GHFT has one alert not completed within the deadline. *NatPSA/2021/009/NHSPS - Infection risk when using FFP3 respirators with valves or Powered Air Purifying Respirators during surgical and invasive procedures'* (deadline 25/11/21). This alert is being led by QE Facilities and leads have been asked to provide an update. This is being monitored via the QRG with regular updates provided..

Mortality

Summary Hospital-level Mortality Indicator (SHMI): STSFT and STHFT continue to be negative outliers, reporting more deaths than expected. Site ratios for STSFT show it is the number of deaths at St Benedict's Hospice which is impacting on the overall organisational SHMI value and banding position. STSFT has sought an independent opinion from NEQOS on the impact of removal of COVID-19 deaths and the reduction in activity which concluded this had negatively impacted on the SHMI.

Hospital Standardised Mortality Ratio (HSMR): NHSEI has decommissioned the reporting of HSMR with immediate effect as this provides no value over SHMI data.

Friends and Family Test (FFT)

GHFT: A drop in FFT recommendation score for inpatients and day cases had been noted. During the national pause in FFT data collection the Trust developed and introduced a digital solution which went live across the Trust early in 2022, with the exception of community and maternity services. FFT is now an automated text messaging service system, with cards for those without access to a smart phone. Since introducing FFT messaging service the number of responses has significantly reduced and the Trust is planning a deep dive into this.

NuTHFT: A drop in the A&E recommendation score has been noted this month. This is a decrease compared to February's data which showed 93% satisfaction and was above national average of 77%. This will be explored further with the Trust via the QRG.

NCIC: NCICFT has been consistently on track in its scores from the Friends and Family test for inpatient, maternity and community services. The Trust has not, however, achieved the target A&E recommendation score.

Staff FFT: The NHS Staff Survey Results published in March 2022 show that four Trusts were below the national average for staff recommending the Trust to a relative needing care/treatment and five Trusts were below the national average for recommending the Trust as a place to work. The findings from the staff survey are discussed via the respective QRG meetings and action plans requested for any areas of improvement needed. The NCICFT Listening Into Action staff engagement programme was launched in May.

Quality Exceptions and Concerns including CQC Visits

Gateshead Health

Echocardiography test results - In June 2022 an IT issue in relation to echocardiograms requested by primary care and reported via ICE resulted in temporary measures which will remain in place until a permanent technical fix is obtained. Communication has been sent to GP Practices. The Trust has reported this as a serious incident and is in the process of undertaking a full investigation.

STSFT

Radiology X-Ray Access Issues with waiting times of up to six weeks and variation in service provision between the two hospital sites with no primary care access to spinal MRI's across Sunderland. This issue has been escalated to the Trust Medical Director and a task and finish group is to be established.

Radiology Sunderland Royal Hospital (SRH): In March the Trust was alerted to an incident (outside their control) at one of their Picture Archiving and Communication System (PACS) suppliers. The Trust has scoped a number of alternative technical sources to retain these studies.

NEAS -

Adverse Media Coverage – in response to the recent adverse media coverage and allegations made about the sharing of information with the coroner, Northumberland CCG as lead commissioner has been working closely with the ICS executive team, NHSEI and North East CCGs to assess/review the situation and seek assurance. A team of CCG Directors of Nursing have carried out a high level desktop review of documents made available by the Trust. A further and more detailed review of the documents shared by the Trust is currently in progress. An enhanced surveillance process is being finalised and arranged, the findings of this review will inform the final written report and any action to be taken. There will be further review meetings with commissioners, NHSEI and NEASFT in the coming weeks. The Secretary of State for Health and Social Care has confirmed that the NHS will hold a full independent review into the allegations made against NEAS.

CNTW

Rose Lodge (learning disability specialist assessment inpatient unit) - ongoing pressures associated with the acuity and complexity of patients has led to the temporary closure to new admissions. **Regulation 28 Report to Prevent Future Deaths:** Sunderland Coroner has issued the Trust with a Regulation 28 in May 2022.

Low compliance with Safeguarding Level 3 Adults Training - training was paused during to the pandemic to allow all staff to focus on care delivery

Independent Providers -Concerns raised about Cygnet sites regarding agency staff sleeping during observations, patients ingesting items and safeguarding alerts not reported to the relevant authorities. An ICS wide CQRG was put in place to provide oversight across the NENC Cygnet sites.

South Tees - In 2019 a CQC inspection rated the Trust as requires improvement – an extensive improvement plan continues.

TEWV

- In January 2021 the acute wards for adults of working age and Psychiatric Intensive Care Unit services were rated as “inadequate” in safe and well led domains. A follow-up inspection resulted in a change of categorisation to ‘requires improvement’. Between June - August 2021 the CQC carried out unannounced and short notice inspections of forensic inpatient wards and community mental health services resulting in an overall rating for the Trust “requires improvement” in December 2021.

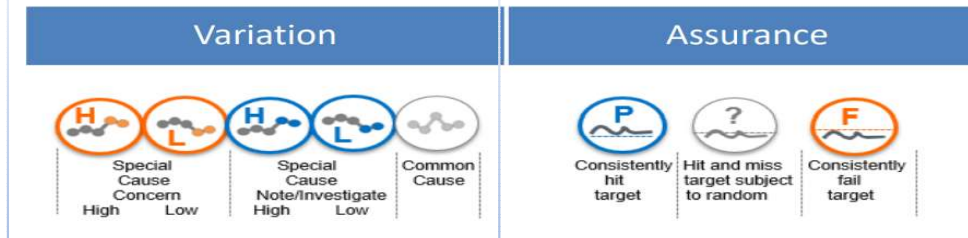


**North East &
North Cumbria**

NENC: Performance Exceptions

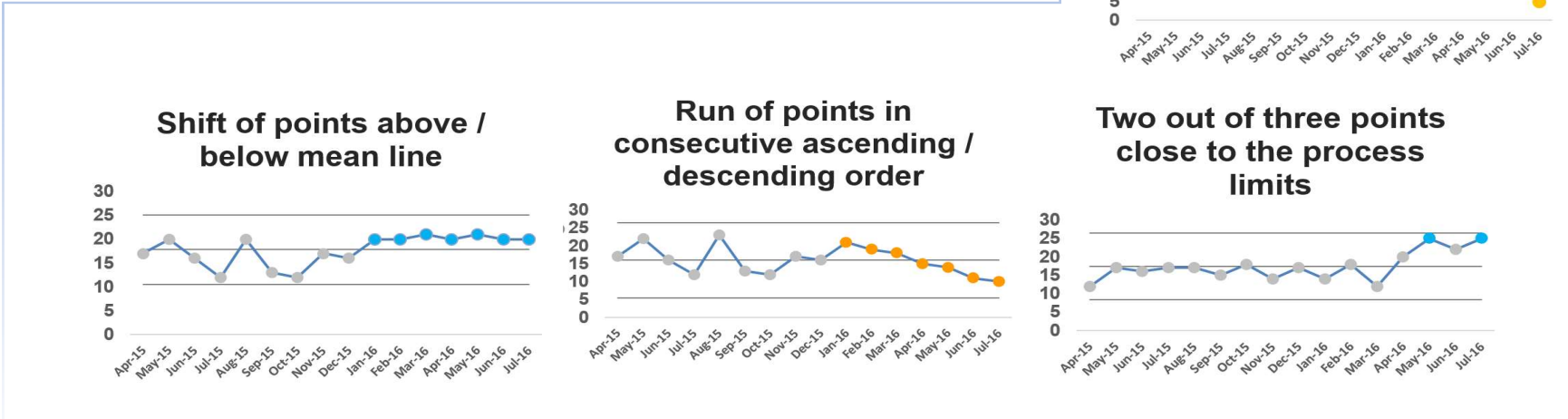
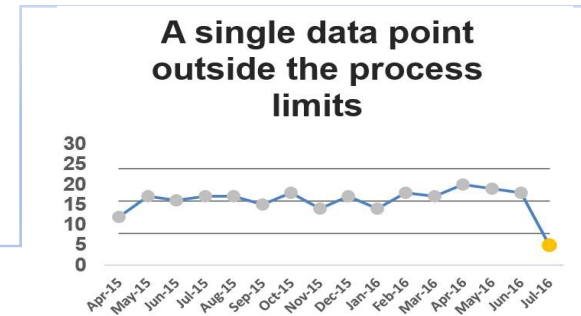
SPC Guidance Notes

Key: SPC Icons



— Target
— Mean

Variation that will be flagged



NENC ICS: Primary Care Activity: April 2022

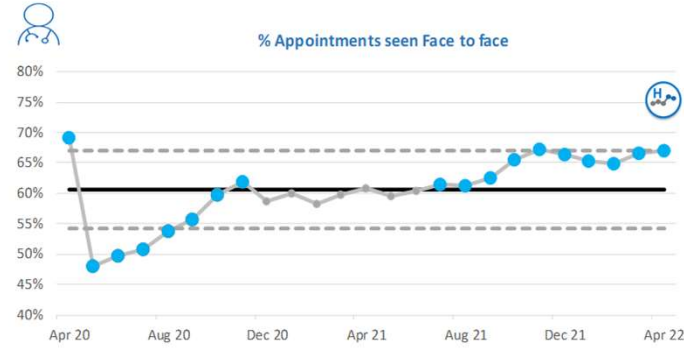
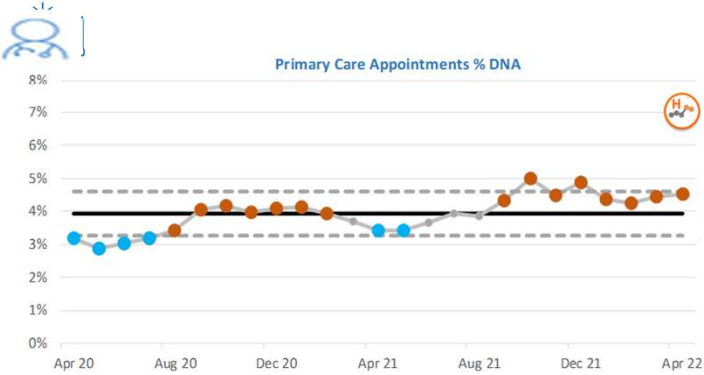
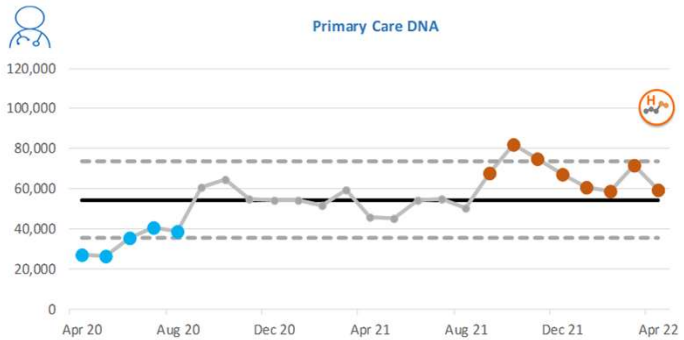
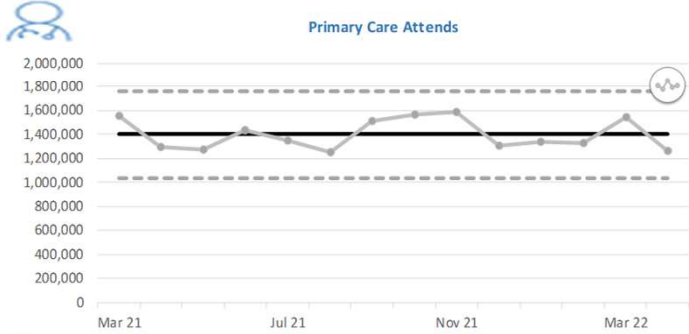
Primary Care	Latest month	Measure	Target	Assurance	Variation	Mean	Lower process limit	Upper process limit
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Commentary

- 1 Primary Care Attends
- 2 Primary Care DNA
- 3 Primary Care Appointments % DNA
- 4 % Appointments seen Face to face

Apr 22	1265804	N/A			1400543	1039501	1761584
Apr 22	59756	N/A			54637	35455	73819
Apr 22	5%	N/A			4%	3%	5%
Apr 22	67%	N/A			61%	54%	67%

- Increased and continued patient demand for all primary care services
- Primary Care appointment levels total of 1.2m during April 22
- 59,756 DNAs in April and increasing % (5% April 22)
- Increased patient need for mental health services
- Workforce pressures
- Practices and PCNs have been working hard to deal with pandemic backlog
- Practices routinely offering face to face appointments where clinically necessary and they continue to increase, – 67% of all appointments were face to face in April 2022
- Practices and PCNs supported to review their Health Inequalities



NENC ICS: Hospital length of stay and Discharge April 22

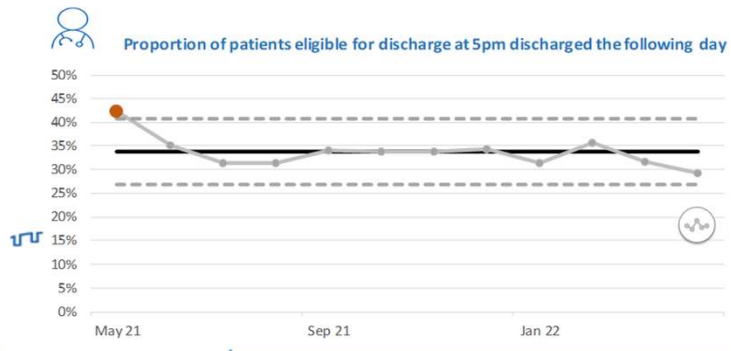
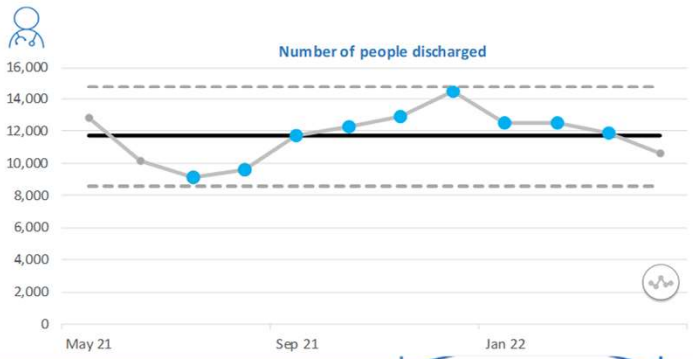
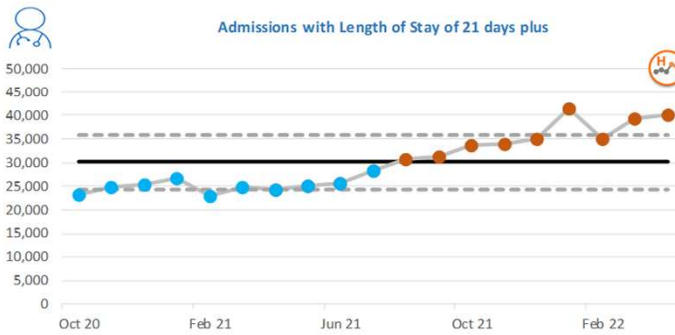
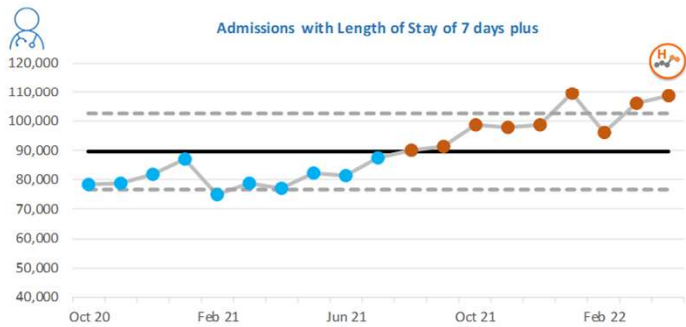
Community Response

- Admissions with Length of Stay of 7 days plus
- Admissions with Length of Stay of 21 days plus
- Number of people discharged
- Proportion of patients eligible for discharge at 5pm discharged the following day

Latest month	Measure	Target	Assurance Variation	Mean	Lower process limit	Upper process limit
Apr 22	Admissions with Length of Stay of 7 days plus	0		89755	76780	102730
Apr 22	Admissions with Length of Stay of 21 days plus	0		30068	24397	35739
Apr 22	Number of people discharged	0		11702	8587	14817
Apr 22	Proportion of patients eligible for discharge at 5pm discharged the following day	0%		34%	27%	41%

Commentary

- Length of stay for patients residing in hospital over 7 and 21 days has continued to increase.
- Total discharges and patients eligible for discharge at 5pm and discharged the following day remains stable and subject to random variation.
- Plans are underway to transform and build community services capacity to deliver more care at home and improve hospital discharge across NENC ICS.
- The ICS is committed to implementing new and enhancement of current virtual wards to support plans for elective recovery and improvement of UEC pathways.
- Local systems with their partners are making sure that their Urgent Crisis Response (UCR) models are part of the wider local health and care integration redesign. UCR data is being standardised across the ICS and will be included in future reports to ensure delivery of the 2 hour standard across the ICS.
- Both a Virtual wards and Urgent crisis response work plan has been established together with ICS wide working groups to explore and share pathway models to standardise across the ICS.



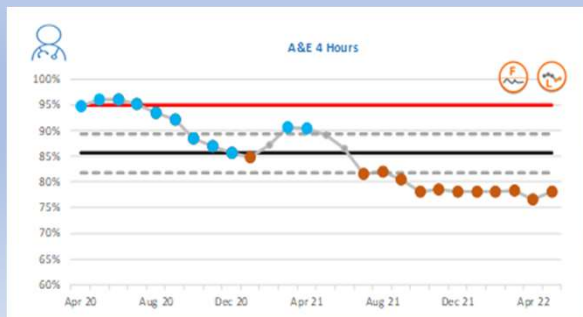
NENC ICS A&E : May 2022

Accident and Emergency

- A&E 4 Hours
- Trolley waits in A&E longer than 12 hours
- A&E 4 Hours (T1 only)

Latest month	Measure	Target	Assurance	Variation	Mean	Lower process limit	Upper process limit
May 22	A&E 4 Hours	95%	🟡	🟡	86%	82%	89%
May 22	Trolley waits in A&E longer than 12 hours	0	🟡	🟡	95	10	180
May 22	A&E 4 Hours (T1 only)	95%	🟡	🟡	78%	72%	84%

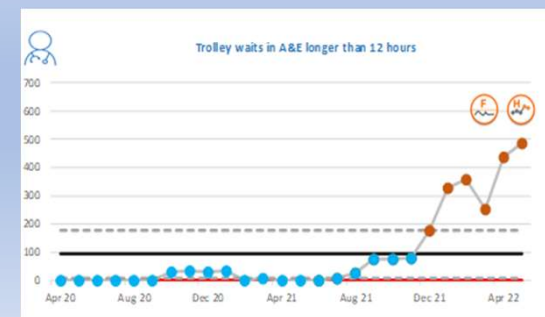
A&E Waits



A&E Waits Type 1 (T1 only)



A&E 12 hour breaches



Risks and Mitigations

A&E four hour wait performance continues to be a pressure due to volatile activity levels in the urgent care system with Type 1 performance still under significant pressure. Ongoing pressures result from increased attendance and admission rates together with persistently high levels of medically optimised patients persists across the system. Although not meeting the 95% standard, NENC performance has stabilised and is performing favourably compared to the national performance for May for all providers which stood at 73% (all types) and 60% nationally for Type 1 with a total of 19,053 12 hour breaches nationally.

Central - Performance for providers in the ICP continues to deteriorate and local A&E Delivery Boards continue to focus on actions to improve flow and performance which includes reducing ambulance handovers and long stay patients. Winter planning sessions have taken place to prepare for the seasonal pressures later in the year, but workforce challenges continue to be a concern.

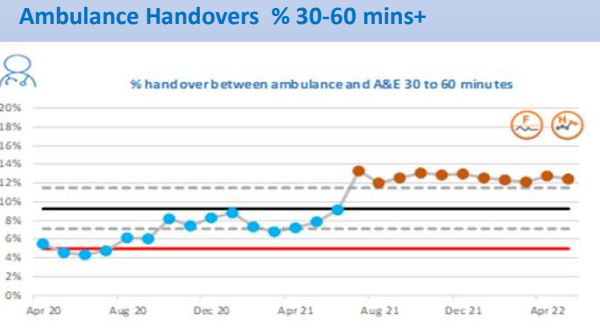
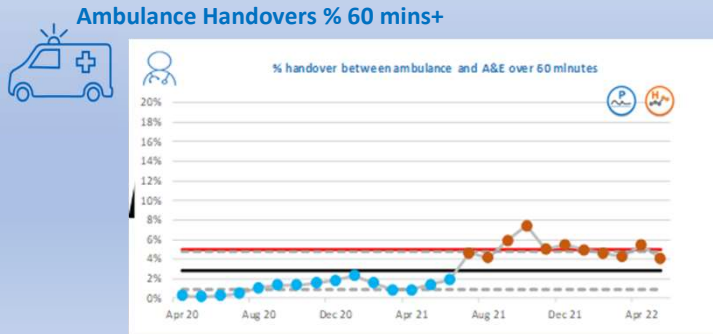
South - STHFT have been supported by ECIST with developing an implementing an improvement plan. Key actions include: Estate expansion and reconfiguration to create additional cubicle capacity, development of full capacity protocol, which is now in place and piloting increased use of SDEC and extended opening hours (10 bedded trolley bay 22:00-08:00). NTHFT do not report against the 4 hour standard due to participation in the National CRS pilot.

Cumbria The continuing pressure on flow in the Trust has led to significantly high numbers of 12-hour trolley waits, averaging 56 per week in May. The CCG's Nursing and Quality team visited CIC last month and was assured that safety and quality of care was being maintained for these patients.

North - Trust wide urgent and Emergency Care (UEC) action plans are in place corresponding to the national UEC 10 point plan. Key focuses include increasing staffing in both the short term and long term. Through the North ICP Strategic A&E Board and NEAS transformation board we will continue to work with each Trust to refine and develop their SDEC model to provide consultant assessment and diagnosis, rapid treatment and early facilitated discharge.

NENC ICS Ambulance – Handovers and Response Times: May 2022

Ambulance Handover	Latest month	Measure	Target	Assurance	Variation	Mean	Lower process limit	Upper process limit
Handover between ambulance and A&E over 60 minutes	May 22	689	0			645	266	1024
% handover between ambulance and A&E over 60 minutes	May 22	4%	5%			3%	1%	5%
Handover between ambulance and A&E 30 to 60 minutes	May 22	2091	0			1467	1124	1809
% handover between ambulance and A&E 30 to 60 minutes	May 22	12%	5%			9%	7%	11%



Metric	Target	Value	NEAS Variation	Assur.	Value	NWAS Variation	Assur.
C1 Mean (Target 7 Mins)	00:07:00	00:06:56			00:09:04		
C1 90th Centile	00:15:00	00:13:48			00:13:39		
C2 Mean (Target 18 Mins)	00:18:00	00:38:52			00:34:00		
C2 90th centile	00:40:00	01:20:02			01:13:31		
C3 90th centile	02:00:00	05:12:47			06:16:43		
C4 90th centile	03:00:00	04:47:46			09:09:30		

Risks and Mitigations

The ambulance sector is under significant and sustained pressure. Increasing demand and fundamental changes to the nature of health economy are significantly and adversely affecting service performance. NENC handover delays are at a level within the 5% standard for 60+ minute delays but not meeting the 5% standard for 30-60+minute delays.

Handovers

NWAS Area - Despite focus on improving processes in ambulance handovers at both sites there continue to be significant numbers of 30-60 minute and >1 hour handover delays at times during May. All of the pressures affecting A&E performance are contributing to the causes of this. Lack of flow within the hospital due to the extremely high numbers of medically optimised patients and lack of community provision are also having significant repercussions for ambulance targets.

NEAS area- Delays above the 30+ minute and 60+ minute thresholds continue. Arrival to handover - Regional Acute trust visits have taken place. The visits have informed a set of recommendations to be implemented. Local improvement plans will now be developed reflective of the recommendations and other local issues. Delivery of these plans will be governed by the Urgent Emergency Care Network Board. Recommendations include developing Consistent data flows to UEC RAIDR app.

Handover to Clear - Existing improvement plans with in the Ambulance Trust has resulted in the Handover to Clear target being successfully achieved since December.

Response times

NWAS - Response times for North Cumbria CCG remain challenged in May and below standard. C1 mean has been flagged a high concern and consistently failing the target. However, NWAS performance in North Cumbria continues to be notably better than other areas of the North West.

NEAS – Response times continue to be a pressure although NEAS is meeting C1 mean and 90th Centile for May. A three-year programme to increase capacity has been identified to enable patients to be responded to in a timely manner and minimise risk to life and outcomes. Actions include:

- Recruitment of additional paramedics, Clinical Care Assistants, and health advisors
- Implementation of sickness absence plan focused on mental health and wellbeing;

NENC: RTT and Long Waiters April 2022



North East & North Cumbria

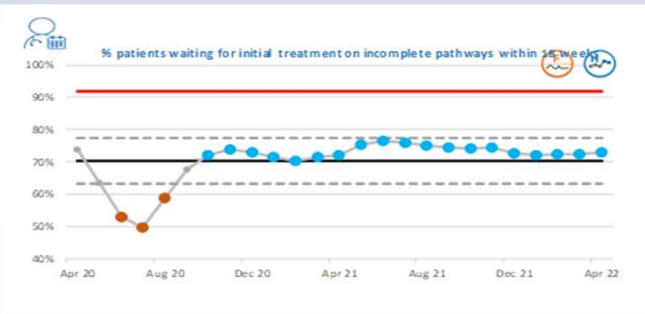
RTT and Diagnostics Waiting Times

- Number patients waiting more than 104 weeks for treatment (incomplete pathways only)
- Number patients waiting more than 52 weeks for treatment (incomplete pathways only)
- % patients waiting for initial treatment on incomplete pathways within 18 weeks
- % Patients waiting more than 6 weeks from referral for a diagnostic test

	Latest month	Measure	Target	Assurance	Variation	Mean	Lower process limit	Upper process limit
Number patients waiting more than 104 weeks for treatment (incomplete pathways only)	Apr 22	67	0	🟡	🟡	275	79	472
Number patients waiting more than 52 weeks for treatment (incomplete pathways only)	Apr 22	5680	0	🟡	🟡	8108	5156	11060
% patients waiting for initial treatment on incomplete pathways within 18 weeks	Apr 22	73%	92%	🟡	🟡	70%	63%	78%
% Patients waiting more than 6 weeks from referral for a diagnostic test	Apr 22	21%	1%	🟡	🟡	28%	20%	36%



Patients waiting for initial treatment on incomplete pathways within 18 weeks



RTT Risks

RTT Performance across NENC is below 92% standard but beginning to stabilise and has been impacted by recent waves of Covid and associated workforce pressures. NENC ICS is within its plan to have no more than 63 104+ week waiters remaining at the end of June, only at Newcastle upon Tyne Hospitals NHS FT (NUTH). 52 week waiters have shown a significant reduction across the ICS, although more recent weekly trends show there has been an increase in 78+ and 52+ weeks at a level above plan and associated increases in waiting lists.

Currently 57 104+ waiters as at 14th June 2022 at NUTH with the majority of these being spinal patients. The trust on track to have minimum 49 104+ week waiters at the end of June, all spinal patients. Additional capacity is being sought from other local and Independent sector (IS) providers.

52+ week waits pressures at NUTH across high volume specialties including Trauma and Orthopaedics, Dermatology, Ophthalmology and Plastic Surgery.

High volumes of referrals into NUTH together with growing workforce pressures as the waiting list continues to grow.

The total NC CCG waiting list has increased reflecting the ongoing prioritisation of long waiters, resulting in longer operating times and lower theatre throughput.



Patients with incomplete waits > 52 weeks > 104 weeks



Following an upgrade to the South Tees HFT Patient Administration system the Trust has been unable to submit April month end position.

RTT Mitigations

North - Additional sessions, implementation of digital pathways in Dermatology, continued use of the Newcastle Westgate Cataract Centre and subcontracting with the IS has helped reduce long waiters. The Newcastle elective treatment centre is likely to open mid-September.

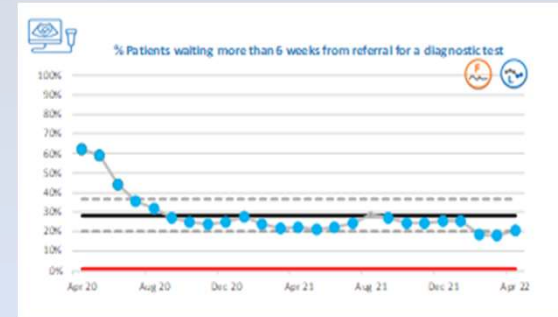
North Cumbria - Validation of the NCIC waiting list continues, theatre improvement programme remains a key priority. External company to provide weekend outpatient clinics to address Urology backlog. Modular endoscopy unit on site, additional elective capacity has been secured from BMI and Nuffield and a sub-contract is in place for Ophthalmology

Central RTT performance continues to be strong in the central area with additional capacity secured via ERF funding and via transfers to the I.S. to maximise elective activity across the ICP.

South. Tees Valley Trusts have been working together to offer the longest waiting spinal surgery patients earlier treatment to maintain focus on the longest waiters and zero tolerance of 104+ waiters. STHFT are increasing validation activity utilising an SLA with Source Group and performance is expected to continue to improve in 2022/23.



% Patients waiting more than 6 weeks from referral for a diagnostic test



Diagnostics Risks

Diagnostics >6 week performance across NENC continues below 1% target at 21% for April 2022, and activity levels are below June plan of 106% pre-Covid levels. Key pressure areas include Echo-cardiography, Endoscopy, Radiology, Audiology and non-obstetric ultrasound and cystoscopy.

Diagnostics Mitigations

Significant echo backlogs have been cleared at NUTH through additional capacity, Gateshead continue with insourcing to clear echo backlog and central area has secured additional capacity through 22/23. An additional cardio-echo machine at West Cumberland Hospital, provides a further 30% capacity in Cumbria.

Community diagnostics funded schemes are increasing capacity in Radiology and endoscopy across NENC as well as additional capacity sought through the Independent sector.

Audiology workforce pressures remain a risk across NENC.

NENC: Cancer April 2022

Cancer Summary

- % of patients treated within 31 days of a cancer diagnosis
- % of patients FDS within 28 days
- % of patients treated within 62 days of an urgent GP referral for suspected cancer
- Proportion of urgent cancer PTL past day 62 target

Latest month	Measure	Target	Assurance Variation	Mean	Lower process limit	Upper process limit
Apr 22	% of patients treated within 31 days of a cancer diagnosis	96%		94%	91%	98%
Apr 22	% of patients FDS within 28 days	75%		76%	70%	83%
Apr 22	% of patients treated within 62 days of an urgent GP referral for suspected cancer	85%		73%	65%	80%
Jun 22	Proportion of urgent cancer PTL past day 62 target	0%		10%	9%	12%

Commentary

NENC are currently achieving the faster diagnosis standard at 76% v the 75% target. Northern Cancer Alliance (NCA) are working towards a local 80% standard. Variation between Trusts exists with highest performance at NUTH, Northumbria and CDD FT.

31 day treatment standard and the 62 days referral to treatment standards are not currently being met. Variation in 62 day performance ranges from NCIC FT 53.9%, and 62.4% at NUTH to 83.9% at Northumbria. The proportion of patients on the waiting list (PTL) who have been waiting longer than 62 days is a particular pressure at NUTH and NCIC FT.

NCA continue to roll out optimal pathways but pressures remain in skin, lung, colorectal and breast, impacted by workforce and capacity pressures. Cancer care coordinators and navigators support rapid diagnostics initiatives as well as enhanced cancer tracking capacity.

Urology is a particular pressure across North Area footprint and a working group is being established to review optimal pathways.

Skin Successful roll out of tele-dermatology pathway at NUTH has eased pressures in skin although seasonal referrals are creating additional pressure.

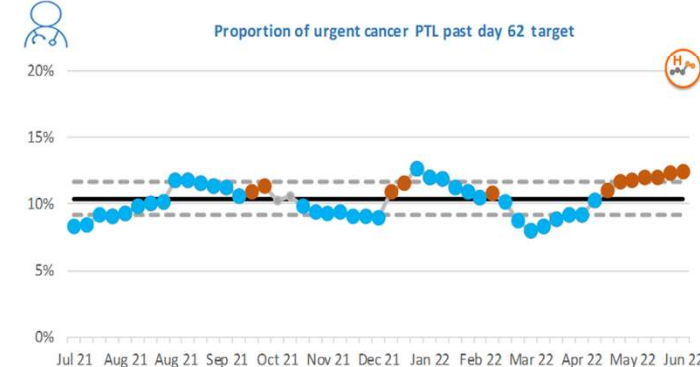
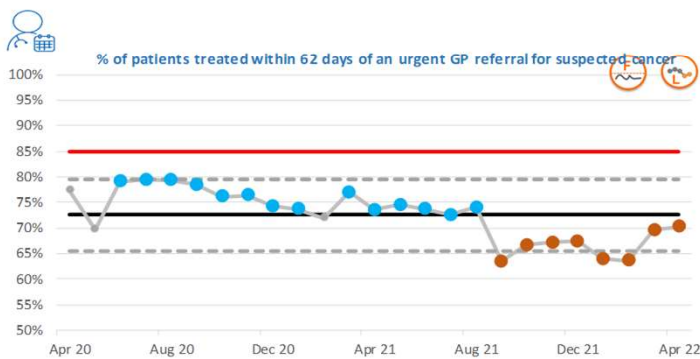
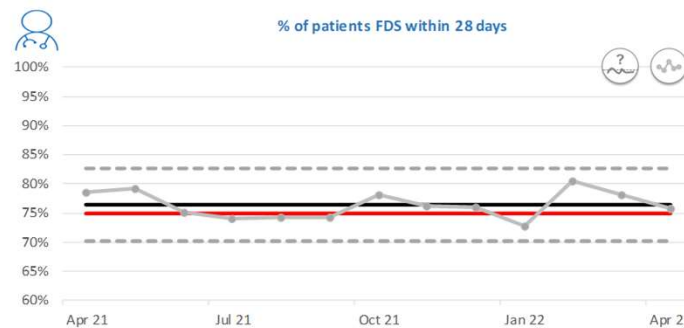
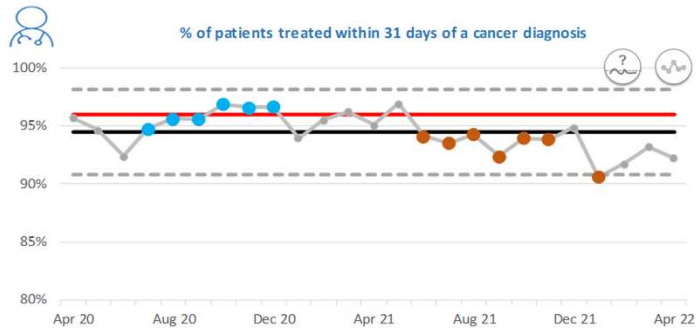
NCA non surgical oncology should improve the equitable and timely delivery of chemotherapy and radiotherapy across the ICS.

Gynae patients from S. Tees continue to be supported by Gateshead and NUTH.

UGI/LGI - variation in endoscopy capacity/backlogs between trusts. Improvement is supported by introduction of the combined abdominal symptoms pathway, increased CTC capacity, and FIT.

Breast -Managed clinical network for breast is working to address historical workforce and capacity pressures.

Lung - Implementation of targeted Lung Health Check (TLHC) initiative.



NENC: Mental Health: March/ April 2022

Mental Health

Latest month	Measure	Target	Assurance	Variation	Mean	Lower process limit	Upper process limit
Mar 22	IAPT recovery rate: % of people that attended at least 2 treatment contacts and are moving to recovery	50%	?	W	52%	48%	56%
Mar 22	Number of people on GP SMI register receiving full physical health check in primary care setting	16260	F	H	9525	6463	12588
Apr 22	% of CYP with eating disorders (urgent cases) seen within 1 week of referral for NICE approved treatment	95%	F	H	24%	0%	54%
Apr 22	% of CYP with eating disorders (routine cases) seen within 4 weeks of referral for NICE approved treatment	95%	F	H	43%	16%	69%

Commentary

IAPT

Access rates continue to be sporadic and have declined from January across NENC. However Recovery rates continue to rise.

IAPT providers in the NENC are working to recovery plans to achieve national standard access rates and improve waiting times from first to second treatment which have remained static and are significantly above the national expectation of 10%. North Cumbria and County Durham CCG are currently within this standard at 0% and 6% respectively.

SMI Health checks

NE&Y region are the best performing region for the proportion of SMI health checks undertaken. NENC ICS continues to be the 2nd best performing in the region. Most CCGs have seen an increase in the number of SMI health checks completed in the 12 months ending Mar 22 compared to the previous 2 years.

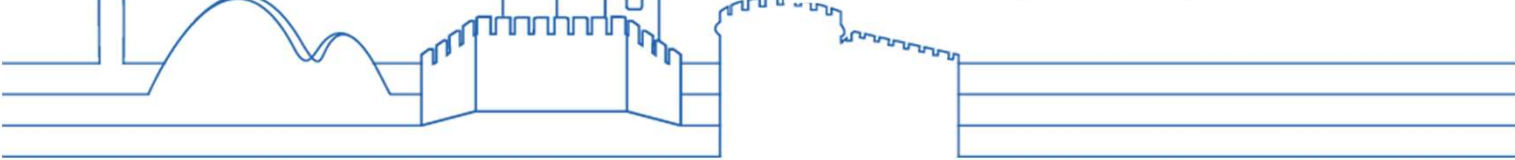
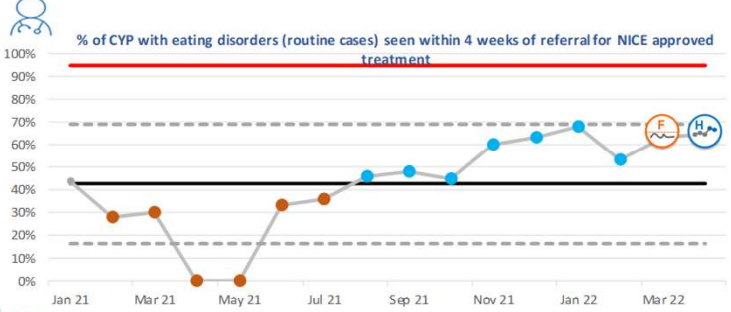
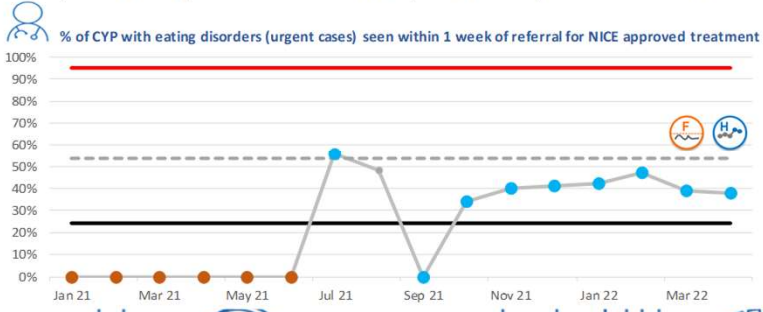
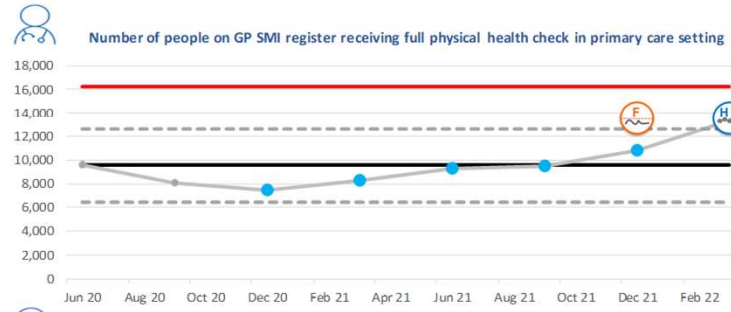
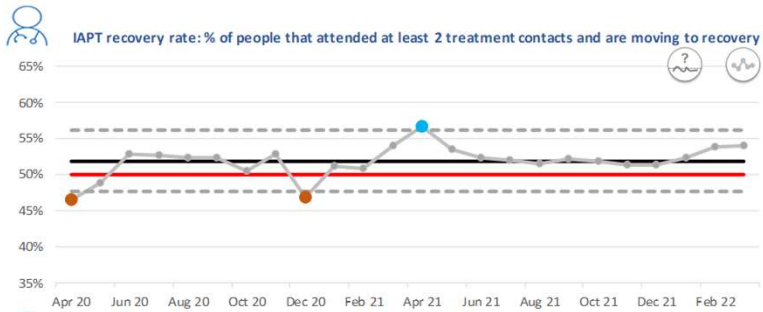
Children and Young People Eating Disorders

Performance is below waiting time standard across NENC for both routine and urgent patients. Service development improvement plan being developed.

Areas of pressure across both MH providers:

- Demand on Children and Young People's services
- Waits within Neurodevelopmental Pathway
- Workforce
- Bed occupancy – higher acuity, long length of stay and delayed discharge impacting out of area placements

- IAPT recovery rate: % of people that attended at least 2 treatment contacts and are moving to recovery
- Number of people on GP SMI register receiving full physical health check in primary care setting
- % of CYP with eating disorders (urgent cases) seen within 1 week of referral for NICE approved treatment
- % of CYP with eating disorders (routine cases) seen within 4 weeks of referral for NICE approved treatment



Long Term Plan commitment or mandate	Current RAG Rating
<p>Reducing reliance on inpatient care</p> <ul style="list-style-type: none"> • By 2023/24 there will be reduction in reliance on inpatient care for people with a learning disability, autism or both to 30 inpatients per million adult population • By 2023/24 no more than 12 to 15 children or young people with a learning disability, autism or both per million, will be cared for in an inpatient facility. 	<p>Total adult inpatient in NCNE as of 10 June 2022 = 149</p> <p>CCG = 71 (4 under trajectory) Specialised Commissioning = 78 (at trajectory) CAMHS = 7</p>
<p>Care (Education) and Treatment Reviews CETRs; compliance with national policy</p>	<p>April 2022: two areas non-compliant:</p> <p>Under 18's: Repeat CETRs = 33% (1 of 3 completed) Under 18's: Pre or Post admission CETRs = 67% (2 of 3 completed)</p>
<p>Learning Disability Mortality Reviews (LeDeR); compliance with national policy</p>	<p>As of 26 April 2022 86% of reviews after June 2020 are complete.</p> <p>LeDeR Implementation Plan and Revised Governance Arrangements submitted based on new ICS working arrangement. A new ICS reporting system is being explored.</p>
<p>Annual health checks</p> <ul style="list-style-type: none"> • By 2023/24 - 75% of people on the learning disability register will have had an annual health check. 	<p>21-22 Long Term Plan Target 70% (achieved 77% in 20-21)</p> <p>Reported data via NECS up to and including March 2022: 15170 reviews completed – which is 77.2% of the register.</p> <p>22-23 Target 73% 23-24 Target 75%</p>



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**NENC: Finance report will be included in the September
NENC ICS Integrated Delivery Report**



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NENC: Appendices

**Benchmarking FT Constitution standards
Benchmarking Mental Health and LDA**

Appendices: FT Benchmarking Constitution standards April 2022

Cancer Indicators	Period	Target	GATESHEAD HEALTH NHS FOUNDATION TRUST (RR7)	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST (RTD)	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST (RTF)	SOUTH TYNESIDE & SUNDERLAND NHS FOUNDATION TRUST (ROB)	COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST (RXP)	NORTH CUMBRIA INTEGRATED CARE NHS TRUST (RNN)	SOUTH TEES HOSPITALS NHS FOUNDATION TRUST (RTR)	NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST (RWW)
% of patients seen within 2 weeks of an urgent GP referral for suspected cancer	Apr-22	93.0%	84.7%	78.5%	93.0%	90.0%	74.2%	76.9%	69.6%	82.5%
	YTD		84.7%	78.5%	93.0%	90.0%	74.2%	76.9%	69.6%	82.5%
% of patients seen within 2 weeks of an urgent referral for breast symptoms	Apr-22	93.0%	96.8%	53.2%	89.0%	n/a	79.0%	70.5%	69.2%	88.4%
	YTD		96.8%	53.2%	89.0%	n/a	79.0%	70.5%	69.2%	88.4%
% of patients treated within 62 days of an urgent GP referral for suspected cancer	Apr-22	85.0%	66.4%	62.4%	84.0%	83.3%	69.3%	53.9%	73.1%	69.5%
	YTD		66.4%	62.4%	84.0%	83.3%	69.3%	53.9%	73.1%	69.5%
% of patients treated within 62 days of an urgent GP referral from an NHS Cancer Screening Service	Apr-22	90.0%	95.7%	72.9%	25.0%	100.0%	20.0%	45.5%	45.5%	86.0%
	YTD		95.7%	72.9%	25.0%	100.0%	20.0%	45.5%	45.5%	86.0%
% of patients treated for cancer within 62 days of consultant decision to upgrade status	Apr-22	N/A	100.0%	51.0%	82.4%	98.0%	70.0%	58.3%	95.5%	92.6%
	YTD		100.0%	51.0%	82.4%	98.0%	70.0%	58.3%	95.5%	92.6%
% of patients treated within 31 days of a cancer diagnosis	Apr-22	96.0%	98.2%	85.5%	97.7%	98.5%	93.0%	90.9%	93.3%	96.3%
	YTD		98.2%	85.5%	97.7%	98.5%	93.0%	90.9%	93.3%	96.3%
% of patients receiving subsequent treatment for cancer within 31 days - surgery	Apr-22	94.0%	100.0%	65.7%	100.0%	87.5%	78.9%	50.0%	80.0%	73.3%
	YTD		100.0%	65.7%	100.0%	87.5%	78.9%	50.0%	80.0%	73.3%
% of patients receiving subsequent treatment for cancer within 31 days - drugs	Apr-22	98.0%	100.0%	95.6%	100.0%	100.0%	100.0%	100.0%	96.3%	100.0%
	YTD		100.0%	95.6%	100.0%	100.0%	100.0%	100.0%	96.3%	100.0%
% of patients receiving subsequent treatment for cancer within 31 days - radiotherapy	Apr-22	94.0%	n/a	97.6%	n/a	n/a	n/a	n/a	95.3%	n/a
	YTD		n/a	97.6%	n/a	n/a	n/a	n/a	95.3%	n/a
***Non-clinically justifiable 104 day delays	N/A	0.0%								
N/A	N/A									

RTT	Period	Target	GATESHEAD HEALTH NHS FOUNDATION TRUST (RR7)	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST (RTD)	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST (RTF)	SOUTH TYNESIDE & SUNDERLAND NHS FOUNDATION TRUST (ROB)	COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST (RXP)	NORTH CUMBRIA INTEGRATED CARE NHS TRUST (RNN)	SOUTH TEES HOSPITALS NHS FOUNDATION TRUST (RTR)	NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST (RWW)
% patients waiting for initial treatment on incomplete pathways within 18 weeks	Apr-22	92.0%	74.2%	69.5%	84.3%	82.2%	71.6%	61.1%	-	79.2%
Number of patients waiting more than 52 weeks for treatment	Apr-22	0	52	3,629	35	76	914	963	-	58
	YTD		52	3,629	35	76	914	963	-	58
Mixed Sex accommodation - number of unjustified breaches	Apr-22	0	0	0	0	0	1	11	6	0
	YTD		0	0	0	0	1	11	6	0

Diagnostics	Period	Target	GATESHEAD HEALTH NHS FOUNDATION TRUST (RR7)	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST (RTD)	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST (RTF)	SOUTH TYNESIDE & SUNDERLAND NHS FOUNDATION TRUST (ROB)	COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST (RXP)	NORTH CUMBRIA INTEGRATED CARE NHS TRUST (RNN)	SOUTH TEES HOSPITALS NHS FOUNDATION TRUST (RTR)	NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST (RWW)
% patients waiting less than 6 weeks for the 15 diagnostics tests (including audiology)	Apr-22	99.0%	75.1%	83.2%	84.6%	71.9%	93.2%	69.8%	66.9%	87.2%

A&E	Period	Target	GATESHEAD HEALTH NHS FOUNDATION TRUST (RR7)	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST (RTD)	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST (RTF)	SOUTH TYNESIDE & SUNDERLAND NHS FOUNDATION TRUST (ROB)	COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST (RXP)	NORTH CUMBRIA INTEGRATED CARE NHS TRUST (RNN)	SOUTH TEES HOSPITALS NHS FOUNDATION TRUST (RTR)	NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST (RWW)
% patients spending 4 hrs or less in A&E or minor injury unit	May-22	95.0%	77.9%	82.5%	91.8%	75.2%	74.1%	72.3%	68.6%	100.0%

Appendices: CCG Benchmarking Mental Health March/April 2022

Time Period	Children and Young People				IAPT									Dementia
	CYP access (1+ contact)	A&E waits of 12 hrs or more (CYP)	CYP Eating Disorder Waiting time - Urgent	CYP Eating Disorder Waiting time - Routine	IAPT access - all (monthly)	IAPT access - all (rolling quarter)	IAPT Recovery Rate	IAPT 6 Week Waits	IAPT 18 Week Waits	IAPT 1st to 2nd Treatment > 90 days	IAPT access: Older Adults	IAPT recovery: White British	IAPT recovery: Black, Asian and Minority Ethnic	Dementia Diagnosis Rate
	Monthly	Monthly	Quarterly	Quarterly	Monthly	Rolling Quarter	Monthly	Monthly	Monthly	Monthly	Quarterly	Quarterly	Quarterly	Monthly
Current Standard	53,763		95.0%	95.0%	8,476	25,429	50.0%	75.0%	95.0%	10.0%				66.7%
Most Recent Data	Mar-22	Apr-22	Mar-22	Mar-22	Mar-22	Mar-22	Mar-22	Mar-22	Mar-22	Mar-22	Mar-22	Mar-22	Mar-22	Apr-22
NHS County Durham CCG	10,510	0	59.6%	25.4%	1,240	3,025	55.0%	100.0%	100.0%	12.0%	165	54.0%	53.0%	66.0%
NHS Newcastle Gateshead CCG	6,365	0	100.0%	69.0%	925	2,655	53.0%	98.0%	100.0%	20.0%	115	53.0%	43.0%	73.1%
NHS North Cumbria CCG	3,555	0	100.0%	63.8%	510	1,300	54.0%	100.0%	100.0%	4.0%	100	54.0%	54.0%	55.9%
NHS North Tyneside CCG	2,935	0	92.3%	90.0%	320	940	58.0%	96.0%	100.0%	74.0%	60	62.0%	54.0%	64.4%
NHS Northumberland CCG	4,730	0	100.0%	79.5%	470	1,335	51.0%	68.0%	100.0%	60.0%	120	51.0%	58.0%	59.2%
NHS South Tyneside CCG	3,850	0	100.0%	87.5%	365	1,060	57.0%	96.0%	100.0%	36.0%	85	57.0%	48.0%	66.7%
NHS Sunderland CCG	5,045	0	80.0%	91.2%	590	1,710	63.0%	99.0%	100.0%	68.0%	120	63.0%	67.0%	60.1%
NHS Tees Valley CCG	14,805	0	60.0%	80.2%	1,485	4,525	50.0%	53.0%	75.0%	34.0%	260	51.0%	49.0%	70.3%
NENC ICS	51,545	0	74.8%	71.7%	5,900	16,555	54.0%	88.0%	95.0%	32.0%	1,025	54.0%	49.0%	65.1%
North East & Yorkshire	117,630	10	78.9%	64.5%	18,095	51,805	52.0%	91.0%	98.0%	24.0%	3,065	53.0%	46.0%	63.9%
England	0	0	0.0%	0.0%	0	0	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%	0.0%

Time Period	Adult Mental Health												Perinatal		
	Discharges Followed Up Within 72 Hours	EIP Waiting Times - MHSDS	SMI physical health checks	OAP Bed Days (inappropriate only)	OAP (inappropriate only) - % that are external	Community MH Access (2+ contacts)	Admissions with no prior contact (All patients)	Admissions with no prior contact (White British)	Admissions with no prior contact (Black, Asian and Minority Ethnic)	Adult Acute long length of stay (60+ days)	Older Adult long length of stay (90+ days)	Individual Placement and support	A&E waits of 12 hrs or more (Adults)	Perinatal Access (No. of women)	Perinatal Access year to date
	Monthly	Rolling Quarter	Rolling 12 months	Rolling quarter	Rolling quarter	Rolling 12 months	Rolling quarter	Rolling quarter	Rolling quarter	Rolling quarter	Rolling quarter	Cumulative year to date	Monthly	Rolling 12 months	Financial year to date
Current Standard	80.0%	60.0%	16,260						8.0%	10.75%	1,886			2,726	
Most Recent Data	Mar-22	Mar-22	Mar-22	Mar-22	Mar-22	Mar-22	Mar-22	Mar-22	Mar-22	Mar-22	Mar-22	Mar-22	Apr-22	Mar-22	
NHS County Durham CCG	85.0%	77.6%	2,443	50	100.0%	6,990	13.0%	11.0%	0.0%	6.0%	10.0%	290	35	420	
NHS Newcastle Gateshead CCG	89.0%	73.1%	2,472	205	100.0%	4,925	9.0%	0.0%	0.0%	6.8%	14.4%	285	20	335	
NHS North Cumbria CCG	89.0%	72.2%	1,206	370	100.0%	5,150	6.0%	0.0%	0.0%	8.7%	13.2%	125	10	190	
NHS North Tyneside CCG	89.0%	75.0%	773	20	100.0%	1,530	18.0%	0.0%	0.0%	4.0%	11.9%	70	0	135	
NHS Northumberland CCG	95.0%	61.1%	1,154	170	100.0%	3,570	12.0%	0.0%	0.0%	4.9%	0.0%	90	0	215	
NHS South Tyneside CCG	100.0%	82.4%	1,099	0	0.0%	2,525	0.0%	0.0%	0.0%	14.4%	0.0%	75	0	80	
NHS Sunderland CCG	77.0%	84.0%	1,410	130	100.0%	4,635	16.0%	12.0%	0.0%	7.1%	14.6%	85	10	150	
NHS Tees Valley CCG	95.0%	66.3%	2,778	145	100.0%	5,920	15.0%	13.0%	21.0%	5.5%	12.2%	375	40	440	
NENC ICS	90.0%	72.5%	13,335	1,085	100.0%	35,150	13.0%	11.0%	19.0%	6.6%	10.6%	1,390	120	1,945	
North East & Yorkshire	82.0%	66.5%	37,847	8,615	100.0%	86,745	15.0%	13.0%	20.0%	6.8%	10.7%	3,205	450	5,665	
England	0.0%	0.0%	0	0	0.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0	0	0	



**North East &
North Cumbria**

Thank you

