

# Integrated Delivery report

**June 2024**

(Reporting period April/May 2024)

**Better health  
and wellbeing for all...**

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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 2024/25 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 2024 – A&E metrics, bed occupancy, handover delays, ambulance response times, cancer 62 day backlog and metrics for learning disability and autism services.

April 2024 – all other standards unless otherwise specified.

### Key changes from previous report

#### Planning

The ICS submitted its final 2024/25 operational plan on Wednesday 12<sup>th</sup> June 2024. This followed on from a meeting between the ICB, ICS senior representatives and NHS England on Wednesday 22<sup>nd</sup> May 2024 where plans were reviewed and scrutinised by NHS England.

Final plan submissions included technical adjustments related to final finance plans and some minor (known and accounted for) data quality corrections for workforce and a small number of activity and performance indicators.

Key headlines from the final submission note an overall high level of achievement of the national requirements with some remaining challenges related to Mental Health waiting times and reducing reliance on inpatient care.

#### CQC

**Independent Providers: British Pregnancy Advisory Service (BPAS)** on the 6 June the CQC published their report following a reinspection of the organisations well led elements and to seek assurances around the Section 29 warning notice issued in May 2023. The CQC were satisfied that BPAS had met the requirements of the S29 warning notice which has subsequently been removed.

**Independent Providers: Priory, Darlington**

The CQC inspection visit report was published on 3 June 2024 with an overall rating of requires improvement. The hospital has been rated as requires improvement for safe and well led domains. Caring, effective and responsive have been rated good.

#### Summary Hospital-level Mortality Indicator (SHMI)

STSFT is no longer showing higher than the expected range for SHMI The overall trust figures had included a hospice and the trust has requested the hospice data is extracted from the overall trust data. NHS Digital has now confirmed the removal of the hospice data from the indicator.

CDD NHS FT continues to show higher than the expected range for SHMI.

**NEAS Cat 2 response** Ambulance response times Cat 2 mean response have deteriorated in May-24 compared to 27.02 in Apr-24, however NEAS has improved rank to 4/11 of ambulance providers nationally (NEAS also ranked 1/11 for Cat 1, 3, and 4 mean response).

**Elective long waits** NENC continues to be the best performing ICS in April 24 for RTT performance with 68.4% of patients on the waiting list for elective (non-urgent) treatment waiting less than 18 weeks.

There was zero 104+ week waiters at the end of April 24 with the focus now on delivering the national ambition of eradicating 65+ week waiters by the end of September 24. Nationally, there is a more pressing expectation to deliver zero 78+ week waiters by the end of June 24 with NENC reporting 15 in April 24 with risks to delivery in North Cumbria Integrated Care NHS Foundation Trust (NCIC) particularly in urology.

There were 850 65+ week waiters in April 24, against a trajectory of 906 and 6,106 52+ week waiters against a trajectory of 6,746, both improving on the previous month.

**Cancer 62 day Backlog and 62 day performance** As previously reported, the cancer PTL backlog March 2024 target was achieved across NENC providers. For 24/25 this has been retired from the National Cancer performance reporting schedule with a move back to the CWT measures. This will continue to be monitored in year however to ensure the March 2024 level is sustained.

Cancer 62-day performance dropped from 69.6% (Mar24) to 66.1% (Apr24); this is below the Operational Plan trajectory of 66.4%

Most challenged pathways include, Lung, Urology, Lower GI, with performance below 60%.

**Mental Health Services: Out of Area Placements (bed days)** The number of Out of Area Placements (OAP) bed days reduced significantly across NENC from July 23 following a peak in June 23. This reduction has been maintained until Q4 2023/24 where there has been an increase in the 3-month rolling total (910 Jan24-Mar24) and the year end 23/24 plan of 162 bed days for Jan-March 24 has not been met.

NENC ICB continue to explore the pressures with all partners. Actions include robust case management, embedding clinically ready for discharge reporting and discharge facilitation.

**Severe Mental Illness (SMI) Health Checks** The number of people in NENC with SMI receiving a full physical health check in primary care (Mar-24) was 20,406. Although there was no operational plan for March 2024, the end of year outturn was in excess of the internal ICB plan for March 2025 of 18,671.

<b>Learning Disabilities Annual Health Checks</b>	The 2023-24 target of 75% was achieved across NENC. An additional 1,608 checks above target were achieved.
<b>Units of Dental Activity (UDA)</b>	<p><b>Dental UDAs</b> currently not on track to meet Q1 plan of 1.02m, currently at 515,923 May YTD.</p> <p>The national dental recovery plan incentives are in place, including incentive for practices to see new patients from March 24. Contract changes complete to implement national minimum UDA rate.</p>

**Other areas of note/risk**

<b>Mental health waiting times</b>	Adult and older adult (AMD) MH Waiting Times and Children and Young People (CYP) MH waiting times remain a risk. Reporting is to move to the new national standard throughout 24/25 once this is supported by accurate MHSDS submissions.
<b>Learning Disabilities and Autism: IP Care</b>	<p><b>Reducing reliance on inpatient care (IP)</b> – The Q1 combined ICB and secure trajectory of 165 is currently at risk at 180 May YTD.</p> <p>In-patient Quality Transformation (IPQT) development session with providers, stakeholders, and partners to be held early June 2024. This will discuss feedback on KLOEs and inform the final submission of the ICBs IPQT plan.</p>
<b>Virtual Ward occupancy</b>	NENC Providers currently reporting 30.7% Apr 24 compared to 61.5% plan for virtual ward (Hospital@Home). There are currently gaps in Hospital@Home data and the ICB Insights team are currently exploring.
<b>Community waiting lists &gt;52 weeks</b>	<b>Community services waiting times</b> demonstrate long median waits in Adult Podiatry for NCIC (57 weeks), CYP Therapy interventions: Occupational Therapy (OT) for NUTH (49 weeks) and adult weight management & obesity services for South Tees (37 weeks).

## 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 2024/25**

These are the key metrics specified in the 2024/25 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 2024/25**
















These metrics are also specified in the 2024/25 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 includes 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	<p>This provides a brief description of the national objective and associated timeframe, most aim for achievement by end of March 2025 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.</p> <p>The dashboard also includes 2022/23 objectives linked to elective care long waits that have not yet been achieved (104 and 78 week waits).</p>						
Plan – March 2025	NENC's plan for end of March 2025 (From the final operational planning submission in June 2024)						
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>This number represents the actual performance in the most recent reported month. 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"> <tr> <td></td> <td>Met – well ahead of plan</td> </tr> <tr> <td></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	<p>This indicates whether performance over time is <b>improving</b> or <b>worsening</b>. 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.</p>						
Benchmark	<p>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:</p> <table border="1"> <tr> <td></td> <td>NENC compares favourably</td> </tr> <tr> <td></td> <td>NENC does not compare favourably</td> </tr> <tr> <td></td> <td>No comparative data available</td> </tr> </table> <p>For ambulance response times the bench mark is expressed as a ranking position out of the 11 ambulance providers.</p>		NENC compares favourably		NENC does not compare favourably		No comparative data available
	NENC compares favourably						
	NENC does not compare favourably						
	No comparative data available						

Data flow is not yet established against some of the new objectives and will be included as soon as possible.

### Please note - Reporting period covered in this month's dashboards:

May 2024 – A&E metrics, bed occupancy, virtual wards, handover delays, ambulance response times, cancer 62 day backlog and metrics for learning disability and autism IP services, Never events. UDA April 2024 – all other standards unless otherwise specified.

## Part 1 Recovering core services and improving productivity – national objectives 2024/25

	National objective	March 25 Plan	Plan (Month)	Actual	Trend	Benchmark
Urgent and emergency care	A&E waiting times within 4 hrs	81.7%	77.7%	76.9%		74.4% 16/42
	Category 2 ambulance response times	26:18	31:10	28:10		5/11
	Adult general and acute bed occupancy	92.5%	91.5%	91.6%		95.1%
Community health services	2-hr urgent community response (Mar-24)	70.0%	70.0%	80.1%		83.2%
	Urgent Community Response Referrals	7,980	7,377	8,081		
	Virtual Ward (Hospital@Home) Occupancy	78.2%*	61.5%	30.7%		
	Community Beds Occupancy	92.0%	92.0%	87.3%		
	Community Waiting List > 52 Wks Children	519	540	860		
	Community Waiting List > 52 Weeks Adults	306	330	311		
	Community Services Waiting List > 52 Wks	825	870	1,171		
Primary care	Proportion of GP practice appointments within two weeks	85.5%	85.5%	79.6%		
	Proportion appointments same or next day			63.7%		
	Monthly Appointments in General Practice	1.5m	1.66m	1.70m		
	Additional Roles Reimbursement Scheme - All Roles (Mar-24)		1,526	1,700	Improving	
	Improving Units of dental activity (UDA)	4.09m	1.02m (Q1)	515,923		
	Unique Patients seen by a dentist (Adults)					
	Unique Patients seen by a dentist (CYP)					
Elective care	No. patients waiting > 104 weeks - ICB	0	0	0	Improving	1/42
	No. patients waiting > 104 weeks - Provider	0	0	0		
	No. patients waiting > 78 weeks - ICB	0	0	15	Improving	1/42
	No. patients waiting > 78 weeks - Provider	0	0	21		
	No. patients waiting > 65 weeks - ICB	0	906	850	Improving	5/42
	No. patients waiting > 65 weeks - Provider	0	976	918		
	No. patients waiting > 52 weeks - ICB	4,190	6,746	6,106	Improving	2/42
	No. patients waiting > 52 weeks - Provider	4,582	7,465	6,610		
	Deliver 109% value weighted activity	110.6%	103%	102%		
Cancer	Cancer 62-day standard to 70% by Mar 25	72.7%	66.4%	66.1%		66.6%
	Cancer faster diagnosis standard Provider	79.1%	77.2%	78.7%		
	Cancer faster diagnosis standard 77% by Mar 25 – ICB	79.4%	77.5%	78.7%		
Diagnostics	% diagnostic tests < 6wks (Mar 25 95%) (24/25 ICB plan required 9/15 modalities)	92.7%	83.5%	81.3%		
Maternity & Womens Health	3 year delivery plan for maternity and neonatal services. <i>Metrics in development</i>					
	Establish and develop at least one women's health hub by Dec 24.					
Use of Resources	ICB financial position (surplus)/deficit		(£8.93m)	(£8.94m)		
	Reduce agency spend across 24/25		£14.20m	£13.66m		

\*NENC Plan does not meet or exceed the national objective

### Reporting period covered:

May 2024 – A&E metrics, bed occupancy, virtual wards, handover delays, ambulance response times, cancer 62 day backlog and metrics for learning disability and autism IP services, Never events, UDA.

April 2024 – all other standards unless otherwise specified.



## Part 2 NHS Long Term Plan and transformation – national objectives 2024/25

	National objective	March 25 Plan	Plan	Actual	Trend	Benchmark
<b>Workforce</b>	Improve retention (turnover) (Feb-24)		12.1%	9.0%	Improving	10.9%
	Improve staff attendance (sickness) (Jan-24)		5.6%	6.4%	Worsening	5.5%
<b>Mental health</b>	Number of CYP accessing Mental Health Services* (Mar-24)	59,632	52,786	58,390	Improving	
	Number of people accessing Talking Therapies for anxiety (TTAD) services			5,980		
	Talking Therapies - Reliable Recovery (Apr-24)	50.0%	50.0%	47%		
	Talking Therapies - Reliable Improvement (Apr24)	68.5%	68.5%	68%		
	Community mental health services with 2+ contacts (5% increase) * (Mar-24)	30,000	34,030	36,240		
	Total number of inappropriate Out of Area (OOA) Bed days* (Mar-24)		162	910	Improving	
	Total number of inappropriate Out of Area (OOA) Placements (Apr-24)	0	13			
	Recover the dementia diagnosis rate to 66.7%	69.8%	68.2%	68.0%	Improving	63.8%
	People with SMI receiving full physical health check in primary care (Mar-24)	18,671		20,406		
	Access to perinatal mental health services* (Mar-24)	2,500		2,335	Improving	
<b>People with a learning disability and autistic people</b>	Annual health check and plan for people on GP LD registers (75% March 2024) (Mar-24)	75%	75.0%	78.2%		
	Reduce reliance on in-patient care – adults (ICB and Secure)* 31 May 24	154 (Q4)	165 (Q1)	180		
	Reduce reliance on inpatient care – under 18s (May-24)	Tbc	Tbc	10		
<b>Prevention and Health Inequalities - Adult</b>	Percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age-appropriate treatment threshold. (Dec-23)	77%	77%	71.0%		67% (England)
	% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins (Dec-23)	65%	60%	63.4%		60.1% (England)
	Proportion of people over 65 receiving a seasonal flu vaccination (Feb-24)		85%	81.0%		77.8%
	% of pregnant women from BAME groups on continuity of carer pathway BY 29 weeks (Mar-24)			20%	Improving	
	% of pregnant women from 20% most deprived areas on continuity of carer pathway by 29 weeks (Mar-24)			23%	Improving	
<b>Prevention and Health Inequalities - Children &amp; Young People (CYP)</b>	Rate of unplanned admissions for asthma for children aged 0-17 (per 100,000 population) (Apr-24)	Tbc		6		
	Rate of tooth extraction procedures undertaken within an inpatient setting for those aged <10 per 100,000 population (Apr-24)	N/A		36	Worsening	
	Elective waiting list for children (10 years and under) awaiting IP tooth extraction (May-24)	Tbc		235	Worsening	
	Number of CYP accessing mental Health Services (Mar-24)	59,632	52,786	58,390	Improving	

\*NENC Plan does not meet or exceed the national objective

### Reporting period covered:

May 2024 – A&E metrics, bed occupancy, handover delays, ambulance response times, cancer 62 day backlog and metrics for learning disability and autism IP services, Never events. UDA

April 2024 – all other standards unless otherwise specified.

## Part 3 – Core safety metrics – May/April 2024

	National objective	March 25 Plan	Latest Period	Plan	YTD Plan	Actual	YTD Actual	Trend	Benchmark
	Implement the Patient Safety Incident Response Framework (PSIRF)								
<b>Never Events</b>	Number of Serious Incident Never Events reported		May-24	0	0	1	20		
<b>Infection Prevention Control</b>	Incidence of MRSA -		Apr-24	0	0	1	27		
	Incidence of C Difficile		Apr-24	0	549	55	723		
	Incidence of E Coli		Apr-24	0	854	87	1,119		
<b>Mortality</b>	One Trust (CDD FT) is showing higher than the expected range for SHMI								

NB The data on the number of serious incidents is no longer reported. Providers are now underway with their transition to PSIRF and will cease the application of the former serious incident framework. Regular updates regarding PSIRF implementation, and any shared learning, will be received in the bimonthly PSIRF updates to the Quality and Safety Committee.

### Mortality

CDDFT - early analysis shows the main underlying cause is a data quality issue associated with coding and the use of a new electronic patient record system. This will take time to address, and it may be many months before the impact is seen in SHMI data. Progress will be monitored through quality review mechanisms as well as seeking assurance on quality of clinical care through mortality reviews and any serious incidents.

### Reporting period covered:

May 2024 – A&E metrics, bed occupancy, handover delays, ambulance response times, cancer 62 day backlog and metrics for learning disability and autism IP services, Never events.

April 2024 – all other standards unless otherwise specified.

# System Oversight

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## 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) Maternity services – good overall (safe domain also good)
North Tees and Hartlepool NHSFT	2	ICB led	National maternity Safety Support Programme.	Requires improvement (2022) Maternity services – Requires Improvement (2022)
Sunderland and South Tyneside NHSFT	2	ICB led	Progress against CQC action plan provided through the Quality Review Group. National maternity Safety Support Programme.	Requires Improvement (2023) Maternity services – Requires Improvement (2023)
County Durham and Darlington NHSFT	3	NHS E/ICB led	Removed from Tier 2 Elective (12.4.23).	Good (2019) Maternity services at UHND and DMH rated as inadequate (Sept 23). Warning notice issued re improvements to managing each maternity service.
Newcastle Upon Tyne Hospital NHSFT	3	ICB led	Removed from Tier 1 (Apr 24) for Elective & Cancer ICB Elective focus meetings in place Northern Cancer Alliance and GIRFT support in place.	Requires Improvement overall – caring good, well-led inadequate (Jan 2024) (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).
Gateshead Health NHSFT	3	ICB led	Enhanced finance oversight/ support led by NHS E.	Good (2019) Maternity services – Good overall (2023)
North Cumbria Integrated Care NHSFT	3	ICB led from Nov 23	Escalated to Tier 2 Cancer to ICB/NCA monitoring and support (Apr 24). ICB Elective focus meetings in place Enhanced finance oversight.	Requires Improvement (2020) Maternity services – good overall (Safe domain – requires improvement)
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/NHSE. Enhanced finance oversight. Removed from Tier 2 – elective Apr 24). ICB Elective focus meetings in place	Good overall (May 2023) Maternity (Jan 24): James Cook requires improvement overall, and for being safe and well-led; Friarage Hospital requires improvement overall and for being well-led, and good for being safe (Jan 24)
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 publishes 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 – June 2024

The table below shows the current range of CQC ratings for general practice by area. The picture is generally positive with 36 practices rated as Outstanding, 300 as Good, 1 rated as Inadequate and 4 as Requires Improvement. Support arrangements are in place for those rated as Inadequate or Requires Improvement.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	8	25	0	0
Darlington	1	10	0	0
Durham	7	52	2	0
Gateshead	1	23	1	0
Hartlepool	1	10	0	0
Middlesbrough	0	19	0	0
Newcastle	2	25	1	0
North Tyneside	4	19	0	0
Northumberland	4	32	0	0
Redcar and Cleveland	0	15	0	0
South Tyneside	1	19	0	0
Stockton	4	17	0	0
Sunderland	3	34	0	1
<b>ICB total</b>	<b>36</b>	<b>300</b>	<b>4</b>	<b>1</b>

### Residential Social Care Provider Overall Rating by Local Authority - June 2024

The table below shows the current range of CQC ratings for residential social care providers 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 positive with 45 providers rated as Outstanding, 631 as Good and 4 rated as Inadequate and 87 Requires Improvement.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	4	76	7	0
Northumberland	4	68	17	1
North Tyneside	2	35	4	0
Newcastle upon Tyne	6	49	11	1
Gateshead	4	32	9	1
South Tyneside	1	28	1	0
Sunderland	6	76	1	0
County Durham	11	111	14	0
Stockton-on-Tees	3	39	9	0
Hartlepool	0	23	3	0
Darlington	2	23	3	1
Middlesbrough	2	39	2	0
Redcar and Cleveland	0	32	6	0
<b>Total</b>	<b>45</b>	<b>631</b>	<b>87</b>	<b>4</b>

## Community Social Care Provider Overall Rating by Local Authority – June 2024

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 31 providers rated as Outstanding, 352 as Good, 23 rated as Requires Improvement and 1 rated as Inadequate.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	0	38	5	1
Northumberland	9	37	2	0
North Tyneside	3	25	0	0
Newcastle upon Tyne	5	36	2	0
Gateshead	0	37	4	0
South Tyneside	2	14	1	0
Sunderland	2	36	0	0
County Durham	5	47	4	0
Stockton-on-Tees	1	25	3	0
Hartlepool	0	11	0	0
Darlington	2	14	1	0
Middlesbrough	1	18	1	0
Redcar and Cleveland	1	14	0	0
<b>Total</b>	<b>31</b>	<b>352</b>	<b>23</b>	<b>1</b>

## ICB position on oversight framework metrics

The NHS Oversight Framework (NHS OF) includes a number of metrics across the domains of preventing ill health and inequalities; people; and quality, access and outcomes. In August 2023 the number of metrics within the NHS OF was reduced from 89 to 65. ICBs continue to be ranked according to their performance on 39 of these 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 down to 5)	4	1	0	1 of 5
People (9)	5	3	1	0 of 0
Quality, access and outcomes (50 down to 27)	10	17	6	2 of 20
<b>TOTAL</b>	<b>19</b>	<b>21</b>	<b>7</b>	<b>3 of 25</b>

### 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.

## **ICB Complaints and Healthwatch Themes**

### **Complaints**

An update on NENC ICB Complaints for Q4 will be provided in the August 24 report.

### **Healthwatch themes and engagement work across NENC**

The NENC Healthwatch Network includes the fourteen Healthwatch organisations from each local authority area. Each Healthwatch is independent and local Boards set priorities based on feedback from residents. There has been no further update since the last report therefore a more detailed update will be included in the August 2024 report.

# Operational Planning Priorities 2024/25

**Better health  
and wellbeing for all...**



# Urgent and Emergency Care – May 24 (except \*data)

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
A&E waiting times < 4hrs (78% by March 25)	81.7%	77.7%	76.9%		74.4% 16/42
Category 2 ambulance response (NEAS)	26:18	31:10	28:10		5/11
Adult G&A bed occupancy	92.5%	91.5%	91.6%		95.1%
Patients not meeting the criteria to reside (CtR)	8.9%	9.6%	10.0%		
Ambulance handovers >59mins:59s*	0	0	4.1%		
111 Call Abandonment (NEAS plan)*	3%	3%	1.6%		
Mean 999 call answering time*	<10s	10s	0.7s		

## Observations

- A&E performance at 76.9% remains above the national average of 74.4% however behind the NENC May-24 plan (77.7%). Deterioration from Apr-24 in NENC (0.1%) has resulted in national ICB ranking dropping from 8/42 in Apr-24 to 16/42 in May-24.
- Ambulance response times Cat 2 mean response have deteriorated in May-24 compared to 27.02 in Apr-24, however this remains well ahead of plan and NEAS has maintained rank of 5/11 of ambulance providers nationally (NEAS also ranked 1/11 for Cat 1, 3, and 4 mean response).
- Patients not meeting CtR continues to be behind plan and on a worsening trajectory.
- Ambulance handover delays – slight increase from 3.9% in Apr-24.
- Bed occupancy compares favourably to the national & regional position and continues an improving trend and is only 0.1% behind our May-24 ICB plan 91.5%

## Actions/interventions/learning/risks

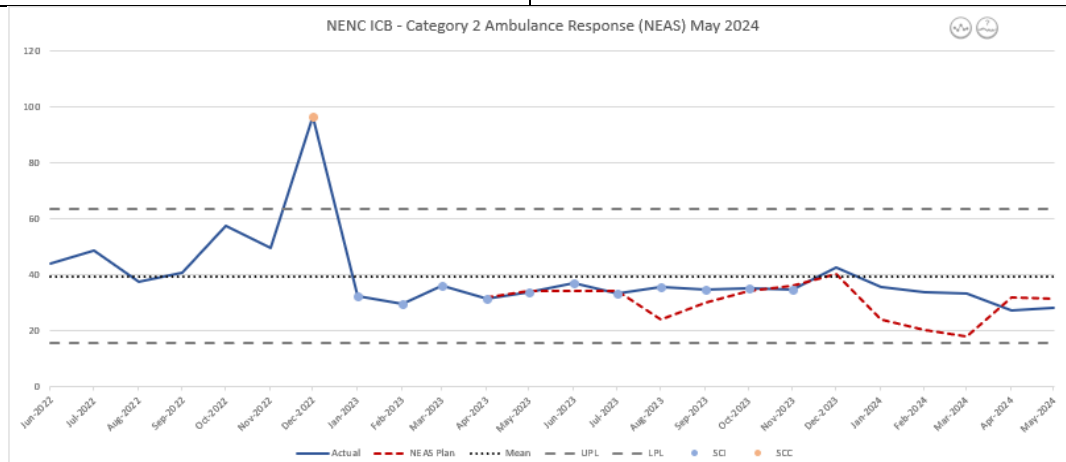
- Focus on A&E performance and NENC achieving the plan of 81.7% by March 25 (National target of 78%).
- Continued focus on escalation processes for ambulance handover delays. System Resilience Event considered further escalation measure to support decompression at CAG.
- Front Door navigation pilot concluded end May 24. Full evaluation to UECN in July. Early indication of improvement in time to treat and time to assess.
- ARI Hubs – 38 ARI hubs with 34K attendances and 87% utilisation. Evaluation identified need to step up from Sept 24 (subject to funding approval).
- C2 – plan achieved, significant improvements against 22/23 have been seen. Focus on fewer high impact actions such as HCP triage process, additional clinical capacity in EOC and recruitment of paramedics.

## Quality and Health inequality implications

- Continued focus on reducing ambulance handover delays. Average arrival to handover times continue to reduce. Breach report supporting ongoing review.
- Proposed UEC strategic planning to focus on patient pathways and health inequalities to determine priorities

## Recovery/delivery

- Focus on reducing inappropriate variation through learning and improvement approach. QE model shared across system.
- Consideration of winter priorities at System Resilience Event including integration of services to support avoidance of inappropriate admissions.
- SDEC steering group focus on standardising and improving access.
- ARI hubs next steps to focus on ICB principles for service offer.
- Focus of step-up from community directly into Hospital at Home services and avoiding hospital route.
- Implementation of Living Ageing Well Oversight Group.



# Primary and Community Care – April 24 (except \*data)

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Monthly Appointments in General Practice	1.51m	1.66m	1.70m		
Proportion of GP practice appointments within two weeks and Proportion of appointments the same or next day	85.5%	85.5%	79.3%	<b>Worsening</b>	
Additional Roles Reimbursement Scheme - All Roles (Mar-24)		1,526	1,700	<b>Improving</b>	
Improving Units of dental activity (UDA) (May YTD)	4.09m	1.02m (Q1)	515,923		
Number of Unique Patients seen by a dentist (CYP)					
Number of Unique Patients seen by a dentist (Adults)					
2-hour urgent community response (UCR) (Mar-24)	70.0%	70.0%	80.1%		83.2%
Increase referrals to UCR services	7,980	7,377	8,081	<b>Improving</b>	
Improve access to virtual wards by ensuring utilisation is consistently above 80% (May-24)	78.2%*	61.5%	30.7%	<b>Worsening</b>	
Community Beds Occupancy (May-24)	92.0%	92.0%	87.3%		
Improve community services waiting times, with a focus on reducing long waits - All	825 Q4	870	1,171		

## Observations

**GP appts** continues above plan although appts within 2 wks below standard.  
**ARRs** plan was met Mar24, not included in 24/25 plans.  
**Dental UDAs** not on track to meet Q1 plan  
**Virtual wards:** Hospital@Home data skewed  
**UCR response/referrals:** 2 hr standard met Mar24 with a continued upward trend.  
**Community services waiting times** long median waits in Adult Podiatry for NCIC (57 weeks), CYP Therapy interventions: OT for NUTH (49 weeks) and Adult weight management & obesity services for South Tees (37 weeks).

## Actions/interventions/learning/risks

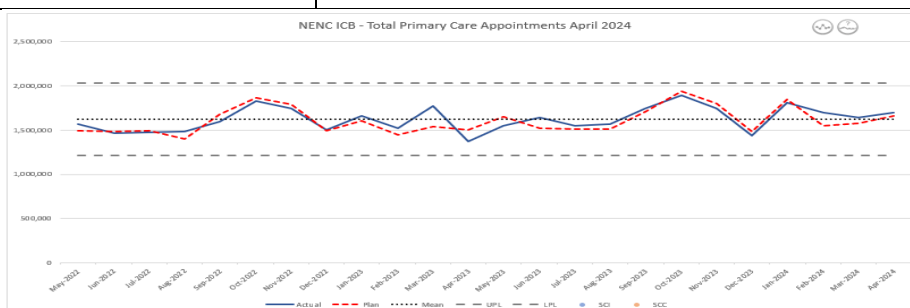
**NENC ICB Primary Care Access Recovery plan:** Greater focus on outcomes and self referral pathways, primary & 2ndry care interface. Additional clinical space through premises survey.  
**National dental recovery plan** incentives in place, incentive for practices to see new patients from Mar24. Contract changes complete to implement national minimum UDA rate.  
 Local procurement process undertaken to replace lost NHS capacity – review to be undertaken following outcome to inform next steps.  
 Phase 3 Transformation to stabilise NHS dental provision longer term agreed.  
**Virtual wards:** Gaps in Hospital@Home data not pulling through to Sit Rep, Insights team exploring. Digital platform project commenced.  
**UCR:** work ongoing to improve data quality and increase referral activity.  
**Community waiting times:** Work has commenced to review the data and target specific providers to understand issues. This will lead to engagement with specific teams such as LDTs given the scope of services within community.

## Quality and Health inequality implications

ICB wide Primary Care quality reporting system in place and Local Delivery Teams determining arrangements for actioning and feeding more fully into wider ICB quality reporting.  
 Integrated Care Co-ordination: develop greater integration in our communities, support to remain at home for a co-ordinated approach.

## Recovery/delivery

a) Practices underway with improvement programme.  
 b) Majority of practices identified have converted to digital telephony systems and launch of the pharmacy first scheme.  
 c) Project planning to evolve primary secondary care interface  
 d) Further survey work and prioritisation for premises  
**Virtual Wards:** Exploring measurement, data quality and evaluation approaches with Providers - building on our NENC Hospital@Home Dashboard.  
**UCR:** Focus remains on increasing UCR referrals from a range of sources, including 999/111, TEC responders and care homes.



\*NENC ICB 24/25 Plan does not meet national planning objective

# Elective care – April 24 Actual data displayed at provider aggregate level.

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Number of patients waiting > 104 weeks	0	0	0	Improving	
Number of patients waiting > 78 weeks	0	0	21	Improving	
Number of patients waiting > 65 weeks (0 by Sept24)	0	976	918	Improving	
Number of patients waiting > 52 weeks	4,190	7,465	6,610	Improving	
Deliver 109% value weighted activity	110.6%	103%	102%		
Increase the proportion of all OP attendances that are for 1st or FU appointments attracting a procedure tariff to 46% (NENC 46.6%) across 2024/25*	44.5%				
Make significant improvement towards the 85% day case rate	87.3%				

### Observations

- Long standing upward trend in waiting list size continues to decrease with reductions in six out of the last seven reporting periods (Sep23 – Mar24)
- NENC ICS continue to be the best performing across the country in Mar24 for RTT performance with 67.6% of people on the waiting list for elective (non-urgent) treatment waiting less than 18 weeks
- Published Mar24 data reported a single 104+ week waiter
- Mar24 data welcomed a substantial decrease in 78+ww down to a 23/24 low of 11: notable improvement from a 23/24 high of 376
- Mar24 also welcomed a substantial decrease in 65+ww down to a 23/24 low of 895: notable improvement from a 23/24 high of 2,360. Providers have set 24/25 monthly trajectory for this cohort of patients with a plan to reach zero by Sep24
- A further decrease in 52+ww confirmed a sixth consecutive drop to 6,937. Providers have set 24/25 monthly trajectory for this cohort of patients with a reducing plan over the year
- 24/25 operational plan introduced a new Outpatient metric focussing on the proportion of all OP attendances that are for 1st or FU appointments attracting a procedure tariff. Guidance also reinforced progress towards a day case rate greater than 85%
- 24/25 Operational planning guidance focussed on elective recovery including reductions in long waits, waiting list size and completion of patient treatment pathways.

### Actions/interventions/learning/risks

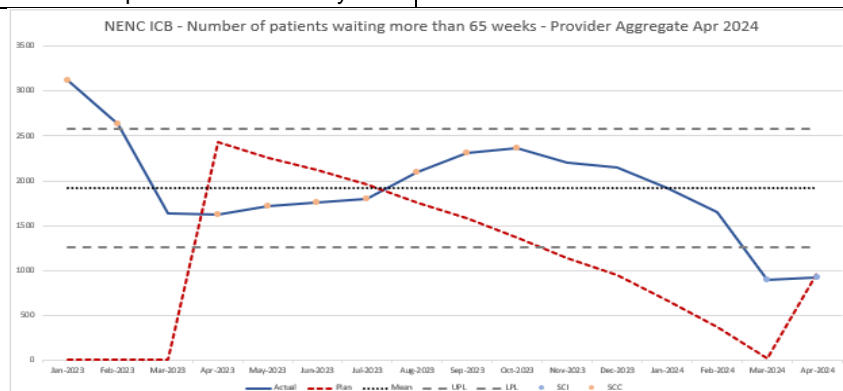
- Focussed elective care trajectories (ICB and provider) have been submitted as part of the Final national Operational planning submission process.
- Future cohorts of Patient Initiated mutual support on hold until after general election.
- Mutual Support Coordination Group (MSCG) continues to meet weekly with representatives from all Trusts. Work undertaken to understand capacity across system including estate, workforce, and clinical support (diagnostic etc). 3 key priority areas for the Group being identified in line with Strategic Elective Care Board (SECB) governance overview.
- Development of Theatre and Peri-operative group with Terms of Reference; senior leadership identified, and group membership being progressed.
- A review and relaunch of the GIRFT Co-ordination group is underway and support being provided to Trust organisational and Clinical GIRFT leads.
- MSK and Eye Care Alliances: Continue to engage in the development of work plans for the alliances to support the elective care delivery plan and overarching strategy.
- Children and Young People (CYP) Steering group: Data packs highlighted and development on workplan moving forwards to support CYP recovery. Group membership also being reviewed in line with the new SECB governance structure.
- Gynaecology Alliance overview reframed and preparations underway for GIRFT system visit on 11<sup>th</sup> September 2024.

### Quality and Health inequality implications

- Patient choice may result in treatment being deferred and impact on the ability to improve the overall waiting list position.
- Work on shared approaches to validation (Clinical, Digital and Administrative), access policies and patient support to ensure access to services are equitable across the system

### Recovery/delivery

- Recovery impacted by several periods of Industrial action.
- Work on validation continues across trusts
- Step up ICB to provider meetings established with a focus on eliminating 78+ww and 65+ww



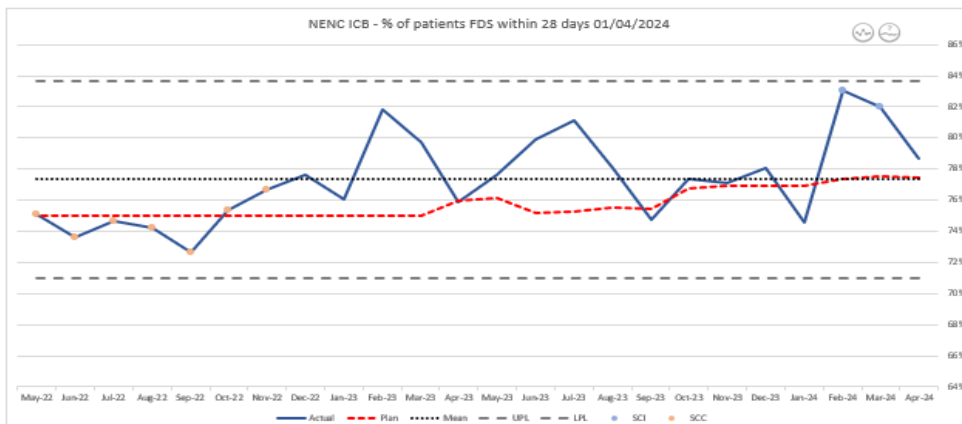
\*NENC ICB 24/25 plan does not meet national planning objective

# Cancer & Diagnostics – April 24 Actual data displayed at provider aggregate level.

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Improve performance against the headline 62-day standard to 70% by March 2025	72.7%	66.4%	66.1%		66.6%
Number of patients waiting over 62 days (May 24)			831	Improving	
Cancer faster diagnosis standard 77% by March 2025 - Provider Aggregate	79.1%	77.2%	78.7%		
Cancer faster diagnosis standard 77% by March 2025 - ICB	79.4%	77.5%	78.7%		
Lower GI (at least 80% of referrals accompanied by a FIT result)	80.5%	80.5%	81.0%	Improving	
Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95% (24/25 ICB plan required for 9/15 modalities only)	92.7%	83.5%	81.3%		

Observations	Actions/interventions/learning/risks
<p><b>Cancer</b></p> <ul style="list-style-type: none"> <li>Cancer PTL backlog has been retired from the National Cancer performance reporting schedule with a move back to the CWT measures. This will continue to be monitored.</li> <li>Cancer 62-day performance dropped from 69.6% (Mar24) to 66.1% (Apr24); this is below the Operational Plan trajectory of 66.4%</li> <li>Most challenged pathways include, Lung, Urology, Lower GI, with performance below 60%</li> <li>28-day faster diagnosis (78.7%, Apr24) maintained its position above the national standard (75%) and above Operational plan trajectory (77.2%)</li> </ul> <p><b>Diagnostics</b></p> <ul style="list-style-type: none"> <li>There has been a deterioration in position this month, largely driven by Audiology, Non-Obstetric Ultrasound and Echo.</li> <li>Endoscopy continues to improve, with Colonoscopy now at 95.5%.</li> </ul>	<p><b>Cancer</b></p> <ul style="list-style-type: none"> <li>NCIC is part of NHS E tiering process for Cancer as a tier 2 provider. Regional NHS E and ICB oversight of recovery action plans is in place with Biweekly meetings.</li> <li>IST support visit is planned for June 2024</li> </ul> <p><b>Faster Diagnosis Standard:</b></p> <ul style="list-style-type: none"> <li>Strong performance at provider level with 6 out of 8 providers achieving new 77% FDS standard (Apr24).</li> <li>Patients diagnosed with cancer at 28 days dropped from 61.3% (Mar24) to 56.0% (Apr24)</li> <li>Challenges still exist at tumour level – Urology being the furthest away from trajectory.</li> </ul> <p><b>Diagnostics</b></p> <ul style="list-style-type: none"> <li>Diagnostic Programme continues to engage with providers through Mutual Support Co-ordination group.</li> <li>Audiology continues to be a risk with staffing pressures across all providers.</li> <li>NENC Audiology Group is working with service leads and with regional colleagues.</li> </ul>

Quality and Health inequality implications	Recovery/delivery
<p><b>Cancer</b></p> <ul style="list-style-type: none"> <li>FDS provides a timely diagnosis and improves opportunity for treatments.</li> </ul> <p><b>Diagnostics</b></p> <ul style="list-style-type: none"> <li>Improved equity in access to diagnostic services</li> <li>Reducing backlog improves quality of life</li> <li>Timely diagnosis improves treatment opportunity.</li> </ul>	<p><b>Cancer</b></p> <ul style="list-style-type: none"> <li>FDS strong performance continues in 2024/25.</li> </ul> <p><b>Diagnostics</b></p> <ul style="list-style-type: none"> <li>Currently off track against trajectory but data suggests that improvement is expected in May position.</li> </ul>



# Maternity & Women's Health 2024/25 metrics in development

Objective	Plan Mar 25	Plan (month)	Actual	Trend	Benchmark
Continue to implement the 3 year delivery plan for maternity and neonatal services. <i>Metrics in development</i>					
Establish and develop at least one women's health hub in every ICB by December 24. <i>Metrics in development</i>					

<p><b>Observations</b></p> <ul style="list-style-type: none"> <li>As part of the Healthier and Fairer programme transfer to the ICB, the Public Health and Prevention in Maternity function has transferred to the LMNS from the 01/04/2024. The work programme has been realigned to have a strong focus on Infant Feeding, Maternal Healthy Weight and Pregnancy Anticipatory Care. Metrics are being developed for future reports.</li> <li>Following restructure of the NHS England Maternity Clinical Network, the Clinical Expert and Advisory Group function has transferred into the LMNS, working is ongoing to ensure a smooth transition.</li> <li>The LMNS PMO team are currently planning the 24/25 Perinatal Quality Surveillance Annual Assurance Peer Review visits to the eight NENC provider Trusts. These visits will take place between September and December 2024.</li> <li>The LMNS are in the process of appointing an Obstetric Clinical Lead to increase their obstetric clinical leadership capacity.</li> <li>The LMNS now have a dedicated Digital, Data and Technology (DDaT) Obstetric Clinical Lead in post, and are currently in the process of appointing a DDaT Midwifery Clinical Lead.</li> </ul>	<p><b>Actions/interventions/learning/risks</b></p> <ul style="list-style-type: none"> <li>Three maternity units (North Tees &amp; Hartlepool, Sunderland &amp; South Tyneside and Country Durham and Darlington) remain under the national Maternity Safety Support Programme.</li> <li>Recruitment and retention of multi-disciplinary team (MDT) staffing across our providers is a pressure – development and collaboration across NENC in workforce capacity continues.</li> <li>The LMNS received its funding allocation letter in April 2024 which outlines the 24/25 funding allocation. A large proportion of funding has now been confirmed as recurrent.</li> <li>The LMNS continue to support the 8 NENC Provider Trusts to evidence assurance with the Maternity Incentive Scheme.</li> <li>The LMNS identified 7 Quality Improvement Projects following the Ockenden Peer Review Assurance Visits in 23/24, this QI projects are now commencing and have been taken into account in the design of the LMNS Governance Meeting Structure ensuring appropriate clinical oversight and programme support.</li> </ul>
<p><b>Quality and Health inequality implications</b></p> <ul style="list-style-type: none"> <li>The LMNS have realigned their governance meeting structure to enable the LMNS Equity and Equality group to transition from a delivery group to a strategic delivery group to enable a stronger focus on the delivery of the Equity and Equality action plan.</li> <li>Continued focus on the quality and safety of maternity and neonatal services to provide safe and compassionate care of women and babies across NENC.</li> <li>Listening to women and their families, understanding, and acting will help improve maternity outcomes and experiences, improve safety, ensure personalised care and address health inequalities.</li> <li>NENC continues to utilise evidence from national reviews and reports to improve services and to support staff continuously to improve care that is delivered.</li> <li>The Maternity and Neonatal Senior Advocacy Service pilot commenced in March 2024 and are now receiving referrals. The LMNS are working closely with the NHSE national team regarding future arrangements.</li> <li>Work is ongoing to ensure equitable commissioning arrangements across the NENC for Perinatal Pelvic Health Services.</li> <li>The LMNS has now launched the NENC Maternity Migrant Pathway is designed to identify specific additional needs for migrant women using NENC maternity services.</li> </ul>	<p><b>Recovery/delivery</b></p> <ul style="list-style-type: none"> <li>Continue to the use the learning health system model to combine data, collaboration and quality improvement techniques towards collective improvement.</li> <li>Work closely with other LMNSs across the country.</li> <li>The LMNS has recently bid for funding from NHSE to support the 8 NENC Provider Trusts in implementation for the recently refreshed Maternity Support Worker framework.</li> <li>There is continued support from the 8 NENC Provider Trusts in successful application of the Maternity and Neonatal Escalation Policy.</li> <li>All 8 NENC Provider Trusts have now gone live with a Maternity Electronic Patient Record (BadgerNet) which enables sharing of the maternity patient record across the NENC Provider Trusts, contributing to safer and more equitable care.</li> </ul>



## Use of resources Data period M2 (May 24)

	Month 2 YTD plan	Month 2 YTD actual
ICS financial position (surplus)/deficit	£24.67m	£26.76m
ICB financial position (surplus)/deficit	(£8.93m)	(£8.94m)
Running cost position	£7.48m	£7.48m
Capital funding	Not reported at M2	Not reported at M2
Reduce agency spending across the NHS, max 3.2% total pay bill across 24/25	£14.20m	£13.66m
QIPP/Efficiency savings	£64.34m	£61.63m

### Observations

- As at 31 May 2024, the ICS is reporting a year to date deficit of £26.76m compared to a planned deficit of £24.67m, an adverse variance of £2.1m.
- Forecast positions are not being reported at month 2 but will be available from month 3. 2024/25 financial plans were resubmitted on 12 June 2024 and forecast positions are expected to be in line with the plan submissions at this stage.
- The ICB is reporting a year-to-date surplus of £8.94m, broadly in line with plan.
- Running costs - the ICB is reporting a breakeven position against running cost budgets.
- Capital spending is not reported at month 2. The financial plan for 2024/25 shows a potential £20m pressure relating to rectification work which has been discussed with regional and national NHSE teams.
- The ICS is reporting efficiency savings of £61.63m at month 2, which is slightly below original planned levels. Of additional concern is an under-delivery reported against recurrent efficiency savings of £9.2m which is being offset by additional non-recurrent savings.

### Actions/interventions/learning/risks

- 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.
- As financial plans were resubmitted on 12 June 2024, forecast positions are not required at month 2.
- The submitted 2024/25 plan including significant unmitigated financial risks across the ICS, totalling almost £161m.
- This includes unmitigated net risks of £26.6m for the ICB, predominantly relating to prescribing, CHC and delivery of efficiencies, along with £134.3m unmitigated net risk across providers.
- Work continues across the system to manage these potential risks and identify additional mitigations.

### Quality and Health inequality implications

Good financial management supports delivery of high-quality services and reduction of health inequalities.

All efficiency plans across the system are subject to quality impact assessments. Specific health inequalities funding is included within budgets for 2024/25.

### Recovery/delivery

Work is continuing across the system on the medium-term financial strategy and delivery of related financial recovery plans via the System Recovery Board.

# Workforce – Jan/Feb 2024 24/25 metrics in development

Objective	Plan Mar 25	Plan (Month)	Actual	Trend	Benchmark
Improve the working lives of all staff and increase staff retention (Feb-24)		12.1%	9.0%	Improving	10.9%
Improve the working lives of all staff and increase staff attendance (Jan-24)		5.6%	6.4%	Worsening	5.5%
Improve the working lives of doctors in training by increasing choice and flexibility in rotas					
Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS LT Workforce Plan					

## Observations

### Sickness

The nationally reported in-month ESR recorded sickness rate for M10 has deteriorated from 6% to 6.4% which is higher than target and a concern.

### Turnover

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 continues to improve their turnover rate with another small decrease from 9.2% to 9% turnover rate against a plan of 12.1%.

### Data

Work is continuing to understand the different sources of reporting of this information to ensure consistency of reporting and monitoring across the ICB.

Data included in this report is based on the nationally available data through reporting by NHSE (NHS Digital)

## Actions/interventions/learning/risks

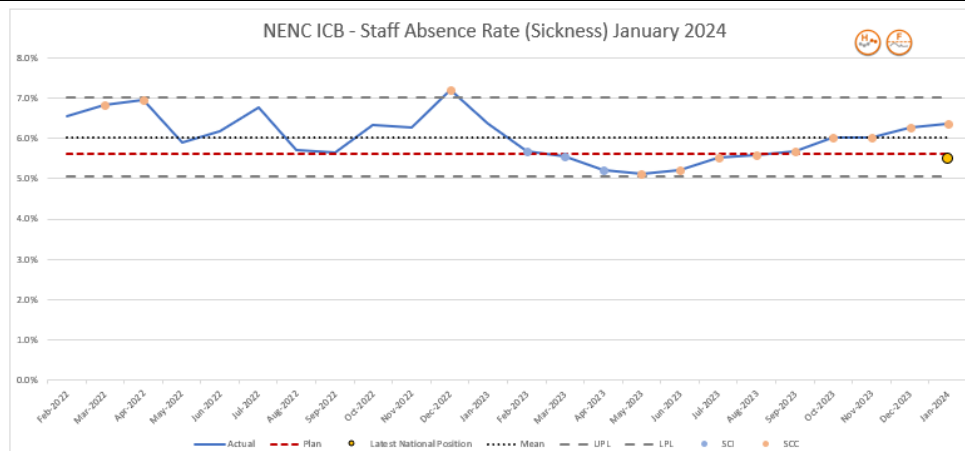
- Sickness and turnover rates continue as trust priorities.
- There is a risk linked to pressure on remaining staff due to sickness and turnover having a detrimental impact on their health and wellbeing. Staff health and wellbeing has been identified as a key priority within the ICB People & Culture Strategy and the agreed continuation of the Health and Wellbeing Hub to the end of March 2025.
- The NENC People and Culture Strategy is being actioned
- Health and Wellbeing promise "We are Safe and Healthy" has been identified as a priority area with focus on Menopause, meaningful wellbeing conversations and sign posting support services correctly.
- Usage of the Wellbeing hub and key themes / areas are a regular item for update at the ICS People Partnership Forum meetings, shared by the lead for the Wellbeing hub. Work is ongoing with the system to look to provide a more sustainable offer of the hub following the end of funding in March 2025.

## Quality and Health inequality implications

- Higher levels of sickness affect patient safety & quality with increased reliance on agency staff.
- Staff turnover impacts quality due to: 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.
- Provider trusts have all articulated they have plans in place to reduce sickness absence, improve retention and reduce turnover and agreed to provide mutual support across all organisational boundaries where there are particular pressures on service areas.
- Trusts have developed and are monitoring against individual plans to achieve a reduction on the reliance and cost of agency staff.

## Recovery/delivery

- Final Planning submissions (12<sup>th</sup> June 2024) continuing to reduce sickness and absence rates across NENC.
- Trusts have exceeded targets for improving retention however will work to continue to sustain. Trusts continue to work to improve the deterioration of the sickness levels to return back in line with the targeted 5.6%. Monitoring in place for the People Promise Exemplar sites and work ongoing to support with identified interventions from the NHSE programme,
- Learning from the People Promise Exemplar sites in cohort 2 is shared with the System retention network group to help aid retention and in turn improve staff sickness rate.



# Mental Health Adults – March 24 unless otherwise specified

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Number of people accessing Talking Therapies for anxiety (TTAD) services (Apr-24)			5,980		
Talking Therapies - Reliable Recovery (Apr-24)	50.0%	50%	47%		
Talking Therapies - Reliable Improvement (Apr-24)	68.5%	68.5%	68%		
SMI Health Checks (March 24)	18,671		20,406		
Community MH (CMHT) 2+ contacts (Mar24)	30,000	34,030	36,240		
Inappropriate Out of Area Bed Days (Mar 24)		162	910		
Inappropriate Out of Area Placements (Apr 24)	0	13			
Dementia Diagnosis Rate (Apr-24)	69.8%	68.2%	68.0%	Improving	63.8%
Perinatal Mental Health* (March 24)	2,500		2,335	Improving	
MH Adults waiting >52 weeks for 1 <sup>st</sup> Direct appt**			17,222	Worsening	

## Observations

**OOA Placements:** End of year 3 month aggregate plan was not met. CNTW: April have not had any out of area placements. TEVV 30<sup>th</sup> April 2024, 1 active out of area placement (attributed to a North Yorkshire patient). Bed occupancy remains a challenge in TEVV which is being impacted by the high levels of Clinically Ready for Discharges in AMH services due to ongoing system capacity to absorb patients who are ready for discharge (specifically around accommodation). Plan for 24/25 moves from bed days to actual placements.

**SMI Health Checks** Although no plan for Mar 24, NENC achieved 20,406, above plan for Mar 25.

**CMHT** Mar 24 standard was met

**MH Waiting times** awaiting national definitions \*\*

## Actions/interventions/learning/risks

The Mental Health, Learning Disability, Neurodevelopmental, and Wider Determinants Transformation Team, and ICB Delivery Teams are working collaboratively to align future work.

All-age transformation priorities for 2024/25 are:

- Community Mental Health Transformation
- Inpatient Quality Transformation
- Urgent and Emergency Care
- Building the Right Support
- Neurodiversity
- Healthier and Fairer Population Health

A newly proposed governance structure for Mental Health, Learning Disability, and Neurodevelopmental services has been developed and discussions are currently underway regarding its potential implementation.

## Quality and Health inequality implications

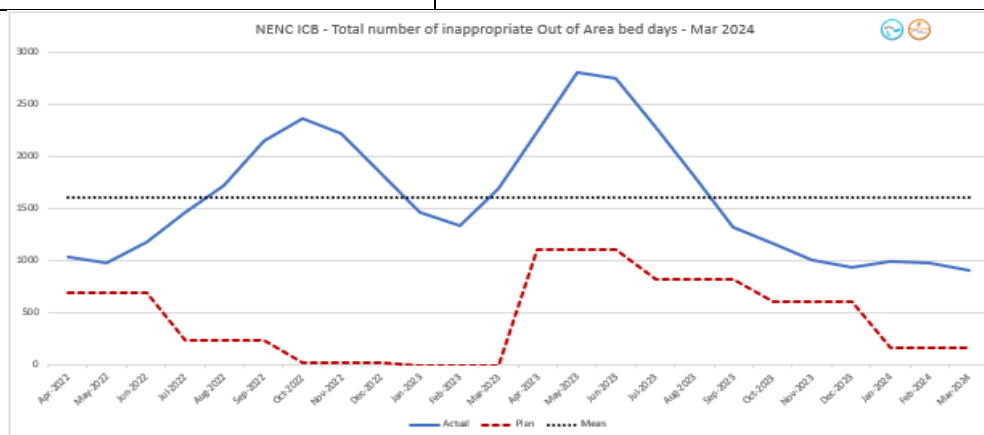
- Negative impact on mental health whilst waiting.
- Patients awaiting repatriation to their home area have poorer outcomes and less likely to receive frequent family visits due to distance.
- Resettlement/rehabilitation may not be as timely as when placed in home area.

SMI health checks are important to identify physical health needs and support access to services.

## Recovery/delivery

**\*\*Adult and older adult (AMD) Mental Health Waiting Times:** CNTW and TEVV working towards the national definitions which are being finalised nationally. TEVV went live with a new electronic patient record system which may have impacted the waiting times calculations.

**OOA Placements: TEVV:** Embedding the Clinically Ready for Discharge Reporting, Trust-wide re-implementation of the Purposeful Inpatient Admission process (PIPA) underway. **CNTW:** Enhanced Bed Management team ensuring robust case management of OAPs. Intense approach to managing patients based on needs, priority and risk.



\*NENC ICB 24/25 Plan does not meet national planning objective

\*\*MHSDS data subject to variable data quality between providers. All providers submitting to MHSDS included. Definition "Children and Young People (0-17) with an accepted referral waiting for 1st or 2nd direct or indirect appointment" open to differences in interpretation. Reporting to move to new national standard.



# Mental Health: CYP – March 24 unless otherwise specified

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Number of CYP accessing Mental Health Services*	59,632	52,786	58,390	Improving	
CYP Eating disorders (ED) - urgent within 1 week	95%		75%		
CYP Eating disorders (ED) – routine within 4 weeks	95%		81%		
MH CYP waiting time (WT) for 2nd contact >52 weeks**			9,828	Worsening	
MH CYP WT Autism & Neurodevelopmental >52 weeks**			7,313	Worsening	

## Observations

**CYP Access** – NENC exceeded the plan for March 24. Moving into 24/25 the plan for March 25 is marginally below the national objective.

**CYP Waiting Times** \*\* CNTW and TEVV working towards the national definitions which are being finalised nationally. TEVV went live with a new electronic patient record system which may have impacted the waiting times calculations.

## Actions/interventions/learning/risks

The Mental Health, Learning Disability, Neurodevelopmental, and Wider Determinants Transformation Team, and ICB Delivery Teams are working collaboratively to align future work.

All-age transformation priorities for 2024/25 are:

- Community Mental Health Transformation
- Inpatient Quality Transformation
- Urgent and Emergency Care
- Building the Right Support
- Neurodiversity
- Healthier and Fairer Population Health

A newly proposed governance structure for Mental Health, Learning Disability, and Neurodevelopmental services has been developed and discussions are currently underway regarding its potential implementation.

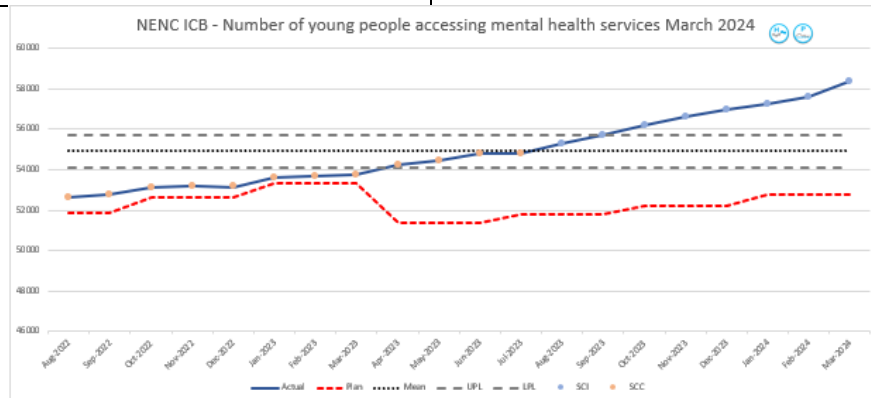
## Quality and Health inequality implications

Children, young people and families may experience exacerbation of difficulties as they wait to be assessed or start treatment.

## Recovery/delivery

**CYP access** operational plan trajectory is currently being exceeded, however the LTP trajectory will not be achieved. The ICB is investing in extra support, where available, to improve CYP access.

The ICB is working in partnership at place to ensure a graduated response is available to support children, young people and families with her emotional, mental health and wellbeing needs.



\*NENC ICB 24/25 Plan does not meet national planning objective

\*\*MHSDS data subject to variable data quality between providers. All providers submitting to MHSDS included. Definition "Children and Young People (0-17) with an accepted referral waiting for 1st or 2nd direct or indirect appointment" open to differences in interpretation. Reporting to move to new national standard.

# People with a learning disability and autistic people – April/May 2024

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Bench mark
Annual Health Check and plan for people on GP Learning Disability registers (Mar-24)	Mar 2024: 75% (15,816)	Cumulative to 75%	78.2% (17,424) March 2024		
Reduce reliance on in-patient care – adults (ICB and Secure)	154 (64.83 per million)	165 (Q1)	180 May 24 (100 ICB; 80 Secure)		
Reduce reliance on in-patient care – under 18s	Tbc	Tbc	10 (May 24)		
CTRs (Adult) compliance for non-secure (target 75%)	Fully Compliant	March 2024 CTR Metric: Adult pre-post: 54% 7 of 13 Non-secure repeat: 50% 37of74 Secure repeat: 97% 61 of 63		<b>Worsening</b>	
CETRs (Children & Young People) compliance	Fully Compliant	March 2024 CETR Metric: Under 18 pre-post: 57% 4 of 7 Under 18 repeat: 83% 5 of 6			
Learning from Death Review (LeDeR) compliance – Eligible Reviews	Fully Compliant	April 2024: 94% completed May 2024: 93% completed			
Eligible reviews completed within 6 months of notification	Fully Compliant	April 2024: 12% within 6 months May 2024: 12% within 6 months			

## Observations

### May 2024 – Adults only, as reported via the Assuring Transformation (AT) database

- 8 discharges (8 ICB), length of stay (LOS) < 6 months.
- 5 discharges (ICB – Newcastle Gateshead) discharged Q3/ Q4 following previously reported delays.
- 3 transfers (2 step down from Secure; 1 step-up from ICB)
- 17 admissions from Community (5 ICB, 1 Secure). Figure Includes 3 delayed AT entries (admitted in 2023-24).
- 2 autism diagnoses whilst an inpatient.

**CTR Compliance - March24 (April data not yet published):** Non-compliance flagged for U18 and Adult pre- or post-admission CETRs and for Adult non-secure Repeat CTRs. Adult secure Repeat CTRs were 97% compliant.

- Tees Valley and County Durham in Business Continuity during March. Focus on pre- and post- admission CTRs. 9 non-compliant.

- Delays updating AT database on-going authorisation issues.

**Annual Health Checks:** 2023-24 target 75% achieved. An additional 1,608 achieved. April 2024 figures not yet available.

## Quality and Health inequality implications

The final IPQT plan will be submitted following the June 2024 development session.

No updates available this month for the following items:  
LeDeR

Reasonable Adjustment Flag

Care Education and Treatment Review (CTR) oversight panels

## Actions/interventions/learning/risks

### April/May 2024

- Complex Care team created 1<sup>st</sup> April 2024 and systems and processes are being reviewed and established.
- Restructuring impacted on reporting and targets in short term.
- New data inputters authorised across NENC-ICB and prioritised throughout April and May 24. Verification of some data underway impacted by vacancies and sickness absence.
- In-patient Quality Transformation (IPQT) development session with providers, stakeholders, and partners to be held early June 2024. This will discuss feedback on KLOEs and inform the final submission of the ICBs IPQT plan.
- NEY NHSE Regional offer of CTR / DSR bespoke awareness-raising sessions under development – community and in-patient autism services. Further details not yet received.

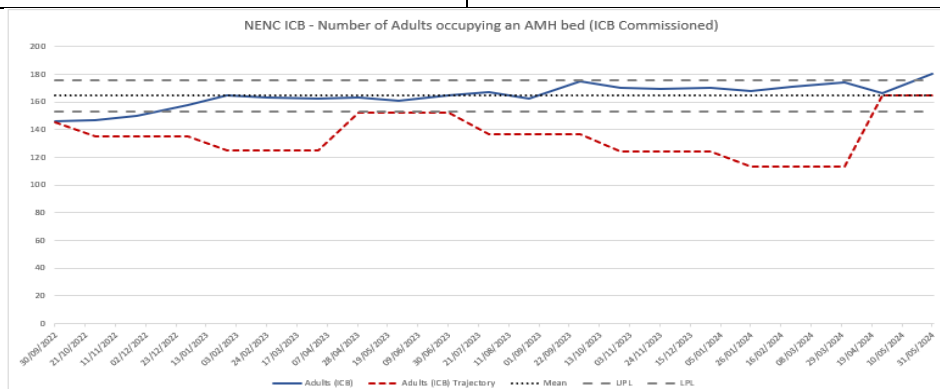
## Recovery/delivery

### April/May 2024

- New Complex Care team now in place and appropriate systems and processes are being developed. Not all posts have yet been filled which has impacted on workflow and resources.

### Care Education and Treatment Reviews:

- CTRs were mainly stood down in April 2024 to allow changes in staffing in the Complex Care team to be embedded and sufficient staff to be in post to cover workload.



\*NENC ICB 24/25 Plan does not meet national planning objective

# Prevention and Health Inequalities including Core20+5: Adults

## 2024/25 metrics in development

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Increase the % of patients hypertension treated according to NICE guidance (80% by March 2025) (Dec-23)	77.0%	77.0%	71.0%		67% (England)
Increase the percentage of patients aged 18 years and over with a CVD risk score > 20% on lipid lowering therapies to 65% by Mar 25 (Dec-23)	65.0%	60.0%	63.4%		60.1% (England)
Proportion of people over 65 receiving a seasonal flu vaccination (Feb-24)		85.0%	81.0%		77.8%
Increase uptake of pneumonia vaccines % of appropriate population receiving flu vaccination within ethnic minority communities	N/A				
% of pregnant women from BAME groups on continuity of carer pathway BY 29 weeks (Mar-24)	N/A		20%	Improving	
% of pregnant women from 20% most deprived areas on continuity of carer pathway by 29 weeks Rate of premature babies (born before 37 weeks gestation) for ethnic minority communities (Mar-24)	N/A		23%	Improving	
Rate of premature babies (born before 37 weeks gestation)	TBC		7%		7.2%
Cancer screening - Breast	TBC		70.5%		68.1% (England)
Cancer screening - Bowel	TBC		74%		71%

### Observations

- Hypertension indicator – Although NENC have reached a higher proportion than the England average, we remain below the target of 77%
- Cancer screening – NENC currently have high rates of cancer screening overall compared with the England average and it has been following an increasing trend.

### Actions/interventions/learning/risks

- Many objectives are based upon 2023/24 metrics, lifted directly from Core20plus5 guidance and will be reviewed from the next report onwards to ensure SMART metrics and to reflect the work undertaken in NENC. Many areas have struggled to measure these aims and NHSE analytics teams have also been unable to provide methodology on how to measure the majority.
- Cancer screening – The core20plus5 aims include increasing the number of cancers identified at stage 1 or 2. Robust data which enables us to look at this through an inequality lens is not currently available. Based on advice from NHSE, cancer screening is being used as a proxy for this aim.
- Following advice from the LMNS, continuity of carer is no longer a metric appropriate within NENC. A specific measure for NENC has been identified as 'Rate of premature babies'

### Quality and Health inequality implications

- Hypertension - Inequalities exist according to IMD quintile. 69% of patients from the most deprived communities currently treated to NICE threshold compared with 73% of patients from the least deprived communities. Only 57% of patients with hypertension from Black communities are achieving NICE treatment thresholds compared with 71% from White communities.
- Cancer screening performance is comparably higher than England average, however inequalities exist for breast and bowel. 67.5% patients 60 -74 from most deprived communities received bowel screening in the last 3 years, 79.5% of patients from most affluent. For breast screening, the variation in 62.5% from the most deprived compared with 77.6% from the least deprived. For breast screening, the inequalities are following an increasing trend.
- Premature babies –NENC rate is similar to England average, however inequalities exist by deprivation. Babies from the most disadvantaged communities within NENC have a rate of 8% compared with 4.8% in the least deprived communities

### Recovery/delivery

- All CORE20Plus5 Clinical Pathways are currently subject to review from a delivery perspective following ICB2.0, including the identification of Direction, Clinical, and Managerial Leads.
- Following identification of these leads further discussion will be taking place to set targets and milestones to reduce the inequality gaps identified within each.
- These targets will form part of the reporting process moving forwards.
- Work has also commenced on ensuring alignment of the CORE20PLUS5 with the ICB Clinical Conditions Strategy given the overlap of these.

# Prevention and Health Inequalities including Core20+5: CYP

## 2024/25 metrics in development

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Rate of unplanned admissions for asthma for children aged 0-17 (per 100,000 population) (Apr-24)	TBC		6		
Rate of tooth extraction procedures undertaken within an inpatient setting for those aged <10 per 100,000 population (Apr-24)	N/A		36	<b>Worsening</b>	
Elective waiting list for children (10 years and under) awaiting IP tooth extraction (May-24)	TBC		235	<b>Worsening</b>	
Number of CYP accessing mental Health Services (Mar-24)	59,632	52,786	58,390	<b>Improving</b>	

### Observations

- **Asthma admissions** Between September and December 2023, the rate from the most deprived communities spiked and the rate was more than three times that of the children from the least deprived communities.
- **CYP access to mental health services** – The number of children accessing mental health services within NENC continues to increase.

### Actions/interventions/learning/risks

- Most of the objectives included this month are based upon the metrics selected in 2023/24, and under review for the September report.
- The 2023/24 objective were lifted directly from the Core20plus5 guidance. Discussions held within the programme highlighted that many of those are not smart metrics, resulting in difficulty in demonstrating impact.
- Many areas across the Country have struggled to measure these aims and NHSE analytics teams have also been unable to provide methodology on how to measure the majority. Through discussion with Strategic leaders and programme leads, we have slightly changed the metrics for inclusion so that they reflect the work being undertaken in NENC.

### Quality and Health inequality implications

- **Asthma admissions** – across the year, the rate of unplanned asthma admissions varies monthly and the rate for those from the most deprived communities is higher (approximately twice as high).
- **CYP access to mental health services** – Although the number of children accessing mental health services within NENC continues to increase, the metric included does not measure against the potential level of need, nor does it identify the level of access for children from the most deprived communities compared with the least deprived.

### Recovery/delivery

- All CORE20Plus5 Clinical Pathways are currently subject to review from a delivery perspective following ICB2.0, including the identification of Direction, Clinical, and Managerial Leads.
- Following identification of these leads further discussion will be taking place to set targets and milestones to reduce the inequality gaps identified within each.
- These targets will form part of the reporting process moving forwards.
- Work has also commenced on ensuring alignment of the CORE20PLUS5 with the ICB Clinical Conditions Strategy given the overlap of these.

# Safety Feb/March 24/25 (PSIRF metrics in development)

Objective	Plan Mar 25	Plan YTD	Actual (month)	Actual YTD	Trend	Benchmark
Implement the Patient Safety Incident Response Framework (PSIRF)						
Never events Mar24	0	0	1	20		
MRSA Feb24	0	0	1	27		
C diff Feb24	0	549	55	723		
E coli Feb24	0	854	87	1,119		
Mortality	One Trust (CDD FT) is showing higher than the expected range for SHMI					

### Observations

- NENC is over trajectory for the key HCAI infections.
- Despite good progress pre-pandemic, infection control management progress continues as a challenge with a deteriorating national picture.
- Increased demand on Trust estate and daily challenge to ensure patient flow through the hospitals is adding to current pressures for infection control management.
- One Trust is showing higher than expected for the Summary Hospital Mortality Indicator (SHMI) for data up to December 2023 (published 09.05.2024). All other Trusts are within expected range. NHS Digital has implemented various methodological changes from May 2024, e.g., inclusion of COVID-19 activity (previously excluded), and exclusion of hospice sites operated by Acute Trusts.
- 20 Never Events were reported in 2023/24 by 6 Trusts. Since April 2024, 3 Never Events have been reported by 3 Trusts; these will be managed via PSIRF.
- All Trusts within the NENC area have transitioned to PSIRF and since April 2024, 38 Patient Safety Incident Investigations (PSIIs) have been reported.

### Actions/interventions/learning/risks

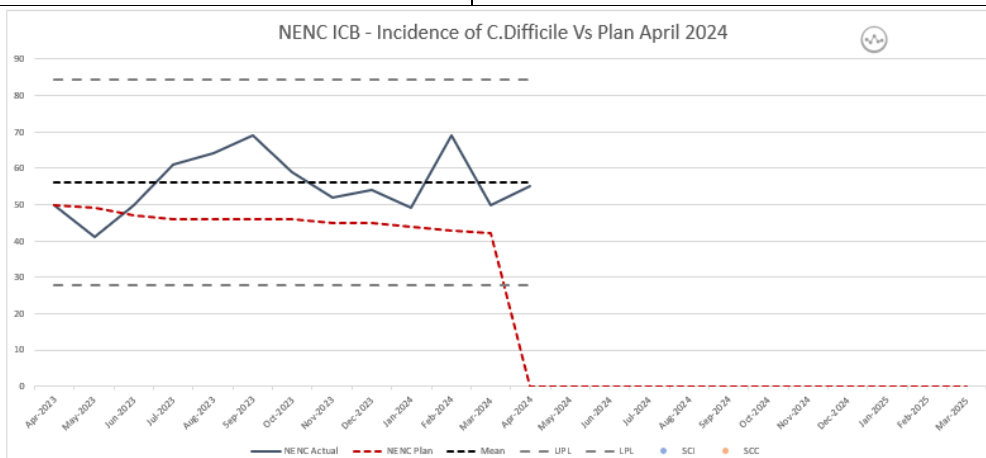
- Oversight across NENC through the AMR/HCAI subcommittee where learning and good practice is shared for discussion at place and local QRGs.
- HCAI and gram-negative improvement plans in place, with some areas looking to complete research.
- Greater communication with patient flow teams and Infection control teams to ensure safe flow through patient pathways without unnecessarily compromising the cleaning standards.
- All our Trusts are raising the importance of the fundamental precautions such as improving hand hygiene and reducing the use of disposable gloves.
- Quality and Safety Committee (QSC) monitor data relating to mortality and there is a regional mortality network in place to support quality improvements.
- Themes for Never Events are monitored by the QSC to gain appropriate assurances to ensure learning has been identified and shared and appropriate action taken.

### Quality and Health inequality 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 is shared through established forums and clinical networks.
- Mortality reviews undertaken, with increased scrutiny being applied through the medical examiner process.

### Recovery/delivery

- The ICB is looking to establish a learning platform to support learning across the region.
- Sound risk assessments have been developed by our Trusts for management of HCAI.





## Appendix 1 – 2024/25 National objectives description

Area	Objective
Quality and patient safety	<ul style="list-style-type: none"> <li>Implement the Patient Safety Incident Response Framework (PSIRF)</li> </ul>
Urgent and emergency care	<ul style="list-style-type: none"> <li>Improve A&amp;E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025</li> <li>Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25</li> </ul>
Primary and community services	<ul style="list-style-type: none"> <li>Improve community services waiting times, with a focus on reducing long waits</li> <li>Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need</li> <li>Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels</li> </ul>
Elective care	<ul style="list-style-type: none"> <li>Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialities)</li> <li>Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%</li> <li>Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25</li> <li>Improve patients' experience of choice at point of referral</li> </ul>
Cancer	<ul style="list-style-type: none"> <li>Improve performance against the headline 62-day standard to 70% by March 2025</li> <li>Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026</li> <li>Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028</li> </ul>
Diagnostics	<ul style="list-style-type: none"> <li>Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%</li> </ul>
Maternity, neonatal and women's health	<ul style="list-style-type: none"> <li>Continue to implement the Three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition and increasing fill rates against funded establishment</li> <li>Establish and develop at least one women's health hub in every ICB by December 2024, working in partnership with local authorities</li> </ul>
Mental health	<ul style="list-style-type: none"> <li>Improve patient flow and work towards eliminating inappropriate out of area placements</li> <li>Increase the number of people accessing transformed models of adult community mental health (to 400,000), perinatal mental health (to 66,000) and children and young people services (345,000 additional CYP aged 0–25 compared to 2019)</li> <li>Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement and 48% reliable recovery</li> <li>Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025</li> <li>Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025</li> </ul>
People with a learning disability and autistic people	<ul style="list-style-type: none"> <li>Ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check in the year to 31 March 2025</li> <li>Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults or 12–15 under 18s for every 1 million population</li> </ul>
Prevention and health inequalities	<ul style="list-style-type: none"> <li>Increase the % of patients with hypertension treated according to NICE guidance to 80% by March 2025</li> <li>Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025</li> <li>Increase vaccination uptake for children and young people year on year towards WHO recommended levels</li> <li>Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people</li> </ul>
Workforce	<ul style="list-style-type: none"> <li>Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions</li> <li>Improve the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors</li> <li>Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan</li> </ul>
Use of resources	<ul style="list-style-type: none"> <li>Deliver a balanced net system financial position for 2024/25</li> <li>Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25</li> </ul>