

Item: 13

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	
Official: Sensitive Commercial		Provides assurance	✓
Official: Sensitive Personal		For information only	

BOARD

26 NOVEMBER 2024

Report Title:

**North East & North Cumbria (NENC) ICB:
Integrated Delivery Report October 2024**

Purpose of report

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

The report uses published performance and quality data covering September 2024 for most metrics and August 2024 for others, unless otherwise specified. Finance data is for September 24 (Month 6).

Key points

The executive summary of the report notes key changes from the previous report, other areas of note/risk and includes a dashboard that provides an overview of current objectives in 3 parts:

- Part 1 - Recovering core services and improving productivity – national objectives 2024/25
- Part 2 - NHS Long Term Plan and transformation – national objectives 2024/25
- Part 3 – National safety metrics

The system oversight section includes an overview of CQC ratings, NHS Oversight Framework segmentation and a high-level overview of the ICB performance against the Oversight Framework metrics.

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

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

Finance, Performance and Investment Committee (7 November 2024) – comments/actions

- A discussion took place in relation to UEC performance overall and the committee noted the deterioration of some metrics post summer, noting however the headline measure (4hr) was maintained. The committee also noted that the winter planning work was underway with LAEDBs leading this work at a local system level with a review of plans at UEC network level. It was noted that preparation and planning for visits to NCIC, STSFT, CDDFT and South Tees to review UEC pathways was underway.
- The Committee noted that electives pressures continue around RTT recovery and the under-performance against the 65week wait ask at the end of September despite good progress towards this. It was also noted that NHSE have a revised ask for delivery by 22nd December 2024, with the NENC forecast shows 3 Trusts anticipating 65 week waits at that point (NUTH for Spinal and Ophthalmology, South Tees for Neuro and ST&SFT for Ophthalmology). The Committee also noted work taking place across the patch to consider mutual support to reduce waits and support seeing long wait patients. The discussion also included the positive movement on Cancer 62 day performance with key pressures around Urology and Lung pathways.

- The Committee noted a recent submission to NHSE in relation to Community Mental Health wait times - the 104+ week challenge which was an exercise focused around improving data quality and addressing the longest of waits. This was noted as a positive piece around understanding our providers positions and the differences we have across providers in terms of how they have interpreted and subsequently counted wait times.

The Committee agreed that a UEC deep dive would be shared at the next Board Meeting and the Committee proposed a forward programme of deep dives including Planned Care and Primary/Community.

ICB Executive Committee (12 November 2024) – comments/actions

The committee received the report for review and assurance.

Quality and Safety Committee (14 November 2024) – comments/actions

The committee received the report for assurance.

Risks and issues

The overarching risk as detailed in the ICB risk register is failure to deliver the 2024/25 operational planning objectives; specific risks and issues are detailed within the report.

Assurances and supporting documentation

- Review by ICB Committees.
- Oversight framework being implemented across NENC.
- Actions being undertaken as highlighted in body of report.
- Further detailed actions available through local assurance processes.

Recommendation/action required

Board members are asked to receive the report for information and assurance.

Acronyms and abbreviations explained

- **Caseness** - Caseness is the term used when a referral is assessed as being a clinical case. This is determined by the scores which are recorded using tools designed to measure anxiety and depression. If patients score above the clinical/non-clinical cut-off for anxiety, depression or both, they are classified as clinical cases.
- **AMR** - Antimicrobial resistance
- **CAS** – Central Alerting System
- **C. Difficile** – Clostridium Difficile
- **CDDFT** – County Durham and Darlington NHS Foundation Trust
- **CNST** – Clinical Negligence Scheme for Trusts
- **CNTWFT** – Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
- **CQC** – Care Quality Commission – independent regulator of health and social care in England
- **CYP** – Children and Young People
- **E.Coli** – Escherichia coli
- **FFT** - Friends and Family Test
- **FT** - Foundation Trust
- **GHFT** - Gateshead Health NHS Foundation Trust
- **GNBSI** – Gram-Negative bloodstream Infections
- **GP** - General Practitioner
- **HCAI** – Healthcare Associated Infections
- **TTAD**– Talking Therapies for Anxiety and Depression – NHS service designed to offer short term psychological therapies to people suffering from anxiety, depression and stress.
- **IPC** - Infection Prevention and Control
- **MRSA** – Methicillin-resistant Staphylococcus aureus
- **MSSA** – Methicillin-sensitive Staphylococcus aureus
- **NCICFT** – North Cumbria Integrated Care Foundation Trust
- **NEAS** – North East Ambulance Service Foundation Trust
- **NENC** - North East and North Cumbria
- **NHCFT** – Northumbria Healthcare NHS Foundation Trust
- **NHS LTP** – Long Term Plan – the plan sets out a number of priorities for healthcare over the next 10 years, published in 2019.

- **NHS OF** – NHS Oversight Framework which outlines NHSE’s approach to NHS Oversight and is aligned with the ambitions set in the NHS Long Term Plan
- **NTHFT** – North Tees and Hartlepool NHS Foundation Trust
- **NuTHFT** – Newcastle upon Tyne Hospitals NHS FT
- **PSIRF** – Patient Safety Incident Response Framework
- **Recovery (TTAD)**: A patient moves to recovery if their symptoms were considered a clinical case at the start of their treatment (that is, their symptoms exceed a defined threshold as measured by scoring tools) and not a clinical case at the end of their treatment.
- **Reliable improvement (TTAD)**: A patient has shown reliable improvement if there is a significant improvement in their condition following a course of treatment, measured by the difference in their first and last score.
- **Reliable Recovery (TTAD)**: A patient has ‘reliably recovered’ if they meet the criteria for both recovery and reliable improvement.
- **SPC** – Statistical Process Control – An analytical technique which plots data over time, it helps us understand variation and in doing so guides us to take the most appropriate action.
- **STSFT** South Tyneside and Sunderland NHS FT
- **STHFT** – South Tees Hospitals NHS FT
- **TEWVFT** – Tees, Esk and Wear Valleys NHS FT
- **TTAD** - Talking Therapies for Anxiety and Depression
- **QIPP** – Quality, Innovation, Productivity and prevention – Large scale programme introduced across the NHS to ensure the NHS delivers more for the same funding
- **QRG** – Quality Review Groups
- **RCA** – Root Cause Analysis
- **SI** – Serious Incident
- **SIRMS** – Safeguard Incident Risk Management System
- **UEC** – Urgent and Emergency Care
- **YTD** – Year to Date

Executive Committee Approval	N/A
Sponsor/approving executive director	Jacqueline Myers, Chief Strategy Officer
Date approved by executive director	13/11/2024
Report author	Claire Park, Strategic Head of Planning and Performance

Link to ICP strategy priorities (please tick all that apply)

Longer and Healthier Lives	✓
Fairer Outcomes for All	✓
Better Health and Care Services	✓
Giving Children and Young People the Best Start in Life	✓

Relevant legal/statutory issues

Note any relevant Acts, regulations, national guidelines etc

Any potential/actual conflicts of interest associated with the paper? (please tick)	Yes		No		N/A	✓
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N/A

Equality analysis completed (please tick)	Yes		No		N/A	✓
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick)	Yes		No		N/A	✓

Key considerations

Financial implications and considerations	N/A
Digital implications	N/A
Clinical involvement	N/A
Health inequalities	N/A
Patient and public involvement	N/A
Partner and/or other stakeholder engagement	N/A
Other resources	N/A