

# **Integrated Delivery Report**

## **February 2023**



## Contents

		Page
<b>Executive summary</b>		3
<b>System Oversight</b>	NENC System oversight, CQC and Oversight summary	9
	NHS Oversight Framework (NHS OF) metrics summary	10
<b>Quality</b>	Quality Summary	13
	Quality exceptions and concerns by trust	15
	Quality metrics overview	19
	Quality exceptions by theme	20
<b>Performance</b>	Performance Summary	23
	Performance metrics overview	24
	Performance metrics issues, risks and mitigations	25
<b>Finance</b>	Executive Summary	38
	ICB Financial Position	39
<b>Appendices</b>	1. NENC NHS Oversight Framework metrics dashboard summary	41
	2. Statistical process control (SPC) icons and descriptions	43
	3. Quality metrics by trust	44
	4. Performance Metrics SPC Charts:	
	Primary care	47
	Ambulance Handover	48
	Accident and Emergency	49
	Ambulance response times	50
	Patient Flow and Discharge	51
	Elective waiting list and long waiters	52
	Diagnostic waiting list	54
	Cancer	55
	Mental Health: Adults and Children	56
	Learning Disabilities and Autism	59

## Executive Summary

The NENC Integrated Delivery Report provides an ICS overview of quality and performance, highlighting any significant changes, areas of risk and mitigating actions. The report encompasses key elements of the 2022/23 planning priorities, NHS Oversight Framework (NHS OF) metrics, some NHS Long Term Plan (LTP) and NHS People Plan commitments. The performance elements of the report are discussed in detail at the Finance Performance and Investment Committee, and the Quality elements at the Quality and Safety Committee. The report is also received by the ICB Executive Committee and the NENC ICB Board.

The report uses published performance and quality data covering December 2022 for most metrics and January 2023 for others, unless otherwise specified.

### Quality - key changes from previous report

#### **CQC Inspection and updates**

North Cumbria Integrated Care NHS Foundation Trust (NCICFT) – the CQC has classed the Trust as high risk particularly in relation to the medical wards. Concerns include repeated incidents with similar themes and concerns about sharing lessons to reduce reoccurrence.

South Tyneside and Sunderland NHS Foundation Trust (STSFT) received an overall rating of '*requires improvement*' from the CQC. The report published on 3 February 2023 showed the Trust was rated as requires improvement across the domains of Safe, Effective, Responsive and Well-led. Caring continued to be rated as good. The Trust's response and action plan will be shared with the ICB via the Quality Review Group (QRG) arrangements.

North East Ambulance Service (NEAS) received an overall rating of '*requires improvement*' from the CQC. The report published on 1 February 2023 showed the Trust was rated as requires improvement across the domains of Safe and Effective, Well-led was rated as inadequate and Caring and Responsive were rated as good. The Trust's response and action plan will be shared with the ICB via the QRG arrangements.

BPAS Middlesborough CQC Inspection Report: The provider has undertaken an extensive improvement programme and completed the required actions outlined in the CQC report. The conditions imposed on the registration have now been removed and the associated Contract & Performance Notice has been lifted.

#### **NEAS Independent Enquiry**

The planned timescale for the completion of the national independent enquiry was expected by the end of 2022. However, the publication of the report has been pushed back due to ongoing external factors. This report is now expected to be published in March 2023.

#### **Independent Provider**

An independent mental health provider notified the ICB of a serious incident involving a locum consultant undertaking attention deficit hyperactivity disorder (ADHD) assessments, who was found to be working below acceptable standards. A full investigation is underway, and a number of interim measures have been introduced.

## Quality – other areas of note/risk

<b>Tees Esk and Wear Valley FT</b>	<p>Quality Board and support arrangements remain in place associated with CQC rating of 'Requires improvement' and NHS Oversight framework segment 3 status. Further discussions have taken place to understand if an operational group is required to discuss operational issues within the Trust.</p> <p>A Risk Summit has been held at the Trust in relation to 3 ligature deaths in the past 4 weeks.</p>
<b>North Cumbria Integrated Care FT</b>	<p>Quality Board and support arrangements remain in place associated with CQC rating of 'Requires improvement' and NHS Oversight framework segment 3 status.</p>
<b>South Tees Hospitals FT</b>	<p>Enhanced surveillance remains in place associated with current CQC rating of 'Requires improvement' and NHS Oversight framework segment 3 status. A Board to Board meeting with NHS E is planned in May to review the position against the segment 3 exit criteria, the outcome of the recent CQC inspection will also be known at that point.</p>
<b>NEAS</b>	<p>A Board to Board meeting with NHSE took place on 2 February 2023 to discuss CQC recommendations and it was confirmed that the trust would move to segment 3.</p>
<b>Workforce and capacity in health and social care</b>	<p>Significant issues in relation to workforce are impacting on capacity to source placements in the community (packages of care).</p>
<b>System flow</b>	<p>Significant pressures across health and social care system resulting in pressures on emergency departments and ambulance waits.</p>
<b>CHC</b>	<p>Financial risks in relation to CHC fee rates in Northumberland which are being managed centrally in the ICB, some capacity risks relating to a mixed model of CHC service delivery in the North relating to capacity.</p> <p>CHC Fragility in Domiciliary Care market: Continued concerns in North Cumbria with multiple domiciliary providers.</p>
<b>SEND</b>	<p>Special Educational Needs and Disability (SEND) health funding and Inspection Framework: Publication of the revised SEND inspection framework is fuelling activity in preparation for an anticipated round of inspections commencing Spring 2023. Revised guidance on locality authority (LA) high needs budgets is presenting a financial risk to the ICB in Newcastle Gateshead regarding funding to meet health needs in Special Schools. This issue has potential ICB wide implications.</p>
<b>LeDeR</b>	<p>Learning from Death Reviews(LeDeR): Risks remain around the availability of reviewers. NECS were commissioned to undertake a number of reviews late last year and these are progressing well. It is anticipated however that NECs may take on further cases due to continual increases in caseload. NENC ICB is currently reviewing the long term plan for LeDeR workforce.</p>

## Performance - Key Changes from Previous Report

<b>Handover delays</b>	Following a rapid process improvement workshop (RPIW) in November 2022, a new approach whereby NEAS crews will leave patients in the care of ED staff at 59 minutes has gone live from February 2023. Handover performance has significantly improved w/e 18 February 2023 with an average of 20 hours lost per day. In addition, 88.7% of handovers were under 30 minutes compared to a 95% standard, and 92.2% under 60 minutes (expected standard of zero >60 mins). These compare favourably to previously reported levels as at w/e 15 January of 76.3% and 86.2% respectively.
<b>12 hour delays in A&amp;E from decision to admit</b>	Patients waiting in A&E more than 12 hours following decision to treat has decreased significantly in January to 1583 following a significant increase to 2347 in December across NENC.
<b>Ambulance Response times</b>	Ambulance response times were extremely challenging through December 2022 but have shown improvements in January 2023. Category 2 mean performance has since improved from 1:36:22 in December to 32:24 in January 2023.
<b>78+ week waiters</b>	Although 78+ waiters have plateaued in December 2022 compared to November levels, unvalidated weekly data shows a decrease in recent weeks across NENC to 990 (w/e 29 Jan), with a particular reduction at South Tees. The majority of the long waiters which remain are at NUTH and CDDFT.
<b>Reducing Reliance on IP for people with Learning Disabilities</b>	Reducing Reliance on inpatient care (IP) care trajectories is off track overall as at 13/1/23, with a total of 168 patients in IP care, working towards no more than 71 adults in NENC by 2023/24. There is a significant risk to achievement of the end of year trajectory in NENC with an expected outcome of +10 above trajectory.
<b>Diagnostics waiting times &gt;6 weeks</b>	The number of patients waiting greater than 6 weeks for one of the 15 key diagnostic tests has deteriorated across NENC in December and continues below the requirement of 1%, with 20.3% patients waiting over 6 weeks for a diagnostic test compared to 16.1% in November 2022. There was a comparable deterioration in the England average.

## Performance – other areas of note/risk

<b>Children and Young People (CYP) Mental Health Waiting times</b>	Waiting times for children and young people entering treatment for mental health problems have shown an increase in NENC. This pressure has exacerbated since the pandemic, due to the increased demand and the shortage of qualified mental health staff in the region. The ICB is working hard to improve the pathway for our patients, as well as investing in extra support to help children who have additional emotional, mental health and wellbeing needs. The ICB is making progress in improving services, with further work underway to address any variation within the region.
--	---

**NHSE  
Escalation**

NENC ICB has 3 trusts which remain in Tier 2 escalation:

- NUTH – elective and cancer
- CDDFT – elective
- NCIC - cancer

**Finance – key changes from previous report**

The ICB is forecasting surplus of £2.7m after expected retrospective central funding of £8.9m relating to the Primary Care Additional Roles Reimbursement Scheme (ARRS).

The financial plan of the ICB required an overall efficiency target of £48.4m and the ICB is on track to deliver this.

**Finance – other areas of note/risk**

Mitigations have been identified to manage the majority of risks, in month 10 there is no unmitigated risk within the ICB. A number of potential risks to the wider ICS financial position have also been identified for NHS provider trusts, with unmitigated financial risk assessed at £7m.

## NENC Quality, Access & Outcomes

### OPERATIONAL PERFORMANCE

- = Standard met
- = Standard partially met
- = Standard not met



Indicator (and target)		Actual
<b>A&amp;E 4hr wait (95%) January 23</b>	<span style="color: red;">■</span>	<b>75.1%</b>
<b>Ambulance handovers</b>		
< 30+ mins delays (95%) Feb 23	<span style="color: red;">■</span>	<b>90.4%</b>
<b>% Patients not meeting criteria to reside (Oct) (9.2%)</b>	<span style="color: red;">■</span>	<b>9.2%</b>
<b>Ambulance response</b> NEAS		
C1 Mean (7 mins) Jan 23	<span style="color: red;">■</span>	<b>7:07</b>
C2 Mean (18 mins) Jan 23	<span style="color: red;">■</span>	<b>32:24</b>
<b>Bed occupancy (85%) (Jan 23)</b>	<span style="color: red;">■</span>	<b>91.8%</b>
<b>104+ waiters (0 March 23; 37 end Jan plan)</b>	<span style="color: green;">■</span>	29 (w/e- 29 Jan)
<b>78+ waiters (0 by April 2023; 492 Jan plan)</b>	<span style="color: red;">■</span>	<b>990</b> (w/e 29 Jan)
<b>52+ waiters (0 by 2025; 4231 Jan plan)</b>	<span style="color: red;">■</span>	<b>8701</b> (w/e 29 Jan)
<b>Diagnostics 6 week wait (1%) Dec</b>	<span style="color: red;">■</span>	<b>20.3%</b>
<b>Cancer FDS (75%) December 22</b>	<span style="color: green;">■</span>	<b>77.7%</b>
<b>Cancer 62 Days backlog (Feb 23 plan 1078)</b>	<span style="color: red;">■</span>	<b>1222</b> (w/e 5/2/23)

### PRIMARY CARE ACTIVITY

Indicator (and target)		Actual
GP appointments (December 22) Operational plan target 1.49m	<span style="color: orange;">■</span>	<b>1.45m</b>
GP attendances (December 22)	Increasing	1.37m
DNA rate (Dec 22) 5.1% (national 5.2%)	<span style="color: green;">■</span>	5.1%
Face to Face appointment rate 72.1% (national level 67.3% Dec 22)	<span style="color: green;">■</span>	72.1%

### MENTAL HEALTH

- = Standard met
- = Standard partially met
- = Standard not met



Indicator (and target)		Actual
<b>IAPT Access</b>		
Patients accessing treatment within 6 weeks (75%)	<span style="color: green;">■</span>	<b>96.4%</b>
Patients accessing treatment within 18 weeks (95%)	<span style="color: green;">■</span>	<b>99.3%</b>
<b>IAPT Moving to recovery (50%)</b>	<span style="color: green;">■</span>	<b>50.6%</b>
<b>Proportion of patients waiting for treatment from first to second treatment &gt;90 days (10%) Sept 22</b>	<span style="color: red;">■</span>	<b>33.3%</b>
<b>SMI Health checks (16,260 Mar 23 ;16325 Dec)</b>	<span style="color: green;">■</span>	<b>14,592</b>
<b>Children and Young People Eating Disorders (95%) Sept 22</b>		
Urgent patients seen in 1 week NENC	<span style="color: orange;">■</span>	<b>89.9%</b>
Routine patients seen in 4 weeks NENC	<span style="color: orange;">■</span>	<b>74.3%</b>
<b>Dementia (67%) Sept 22</b>	<span style="color: orange;">■</span>	<b>65.4%</b>

### LEARNING DISABILITY & AUTISM

- = Standard met
- = Standard partially met
- = Standard not met

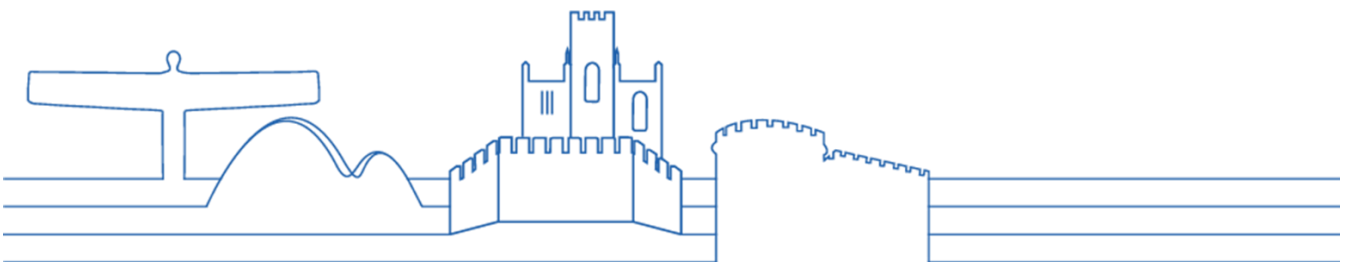


Indicator (and target)		Actual
<b>Learning Disability health checks (73% 22/23)</b>	<span style="color: green;">■</span>	<b>47%</b> YTD
<b>Reduction in ICS IP beds (69 beds)</b>	<span style="color: red;">■</span>	<b>85</b> (Dec)
<b>Reduction in Secure Services IP beds (76 beds)</b>	<span style="color: orange;">■</span>	<b>75</b> (Dec)

### QUALITY

Indicator (and target)		Actual
<b>Never events (zero tolerance)</b>	<span style="color: red;">■</span>	<b>17</b> YTD
<b>MRSA (zero tolerance)</b>	<span style="color: orange;">■</span>	<b>9</b> YTD
<b>Serious incidents 2 day reporting (95% target)</b>		2 trusts outside the target in month
<b>C Difficile Infection</b>		5 Trusts over trajectory

# System oversight





## NHS Oversight Framework (NHS OF) Summary

This section of the report provides an overview of the current segmentation and support arrangements and the ICB position against the NHS Oversight Framework metrics.

### Segmentation

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. Oversight of trusts in segment 1 and 2 is led by the ICB and oversight of segment 3 or 4 trusts is undertaken by NHS England in partnership with the ICB.

NENC ICB is in segment 2, as are most of the NHS trusts within NENC ICB, with the exception of three trusts in segment 1 (NUTHFT, CNTWFT and NHCFT) and four trusts in segment 3 (STFT, NCICFT, TEVWFT and NEASFT). Following a Board to Board meeting with NHSE on 2 February to discuss oversight segmentation NEAS was moved to segment 3. There are no trusts in segment 4.

The table below shows the trust level overview of segmentation, CQC rating and any other escalation in place.

Provider	CQC Rating	Oversight framework segment	Oversight arrangements	Tier Escalation
County Durham and Darlington NHSFT	Good (2019)	2	ICB led Oversight Meeting	Tier 2 – elective
Cumbria, Northumberland, Tyne and Wear NHSFT	Outstanding (2022)	1	ICB led Oversight Meeting	N/A
Gateshead Health NHSFT	Good (2019)	2	ICB led Oversight Meeting	None
Newcastle Upon Tyne Hospital NHSFT	Outstanding (2019)	1	ICB led Oversight Meeting	Tier 2 – Elective Tier 2 – Cancer
North Cumbria Integrated Care NHSFT	Requires Improvement (2020)	3	NHSE Quality Board	Tier 2 - Cancer
North East Ambulance Service	Requires improvement, Visit in July and inspection in September 2022	3	Quality Improvement Board in place	N/A
North Tees and Hartlepool NHSFT	Requires improvement, inspected 2022	2	ICB led Oversight Meeting	None
Northumbria Healthcare NHSFT	Outstanding (2019)	1	ICB led Oversight Meeting	None
South Tees NHSFT	Requires Improvement (2019) Well Led inspection Jan 23 report expected March 23	3	Trust in quality escalation no longer led by a Board, but supported by ICB and NHSE	None
Sunderland and South Tyneside NHSFT	Inspection June 2022 report published Feb 23 Requires Improvement	2	ICB led Oversight Meeting Quality Board to be established	None
Tees, Esk and Wear Valleys NHSFT	Requires Improvement (2021)	3	Quality Board	N/A

### Recent oversight meetings

NENC ICB is currently undertaking a schedule of oversight meetings with providers. A meeting was held with CDDFT on 10 February. Areas of good practice were discussed that would be helpful to share more widely e.g., the approach to health inequalities, engagement with members and patient/carer experience work including a real time 'Call for concern' phone line. Maternity services were discussed in some detail and the ICB Executive Director of Nursing will support the trust in related improvement work.

## ICB position on oversight framework metrics

Appendix 1 summarises the position against the ICB level metrics within the NHS Oversight Framework for NENC. For each indicator the dashboard shows current performance alongside the national position and the standard, where there is a specified standard. The dashboard also provides a benchmark demonstrating if the ICB is ranked in the highest quartile, interquartile or lowest quartile range for each indicator.

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 (12)	7	5	0	1 of 8
People (12)	4	6	2	1 of 3
Quality, access and outcomes (52)	11	35	6	15 of 34

Metrics within the highest and lowest performing quartile for each of the reported domains include:

### **Preventing ill health and reducing inequalities domain:**

#### ***Highest performing quartile***

- Number of people supported through the NHS diabetes prevention programme as a proportion of patients profiled (71.6% compared to 32.5% nationally)
- % of hypertension patients which are treated to target as per NICE guidance (65.9% compared to national 60.4%)
- % of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins (NENC 58% compared to national value of 56.9%)
- Proportion of maternity settings offering tobacco dependence services (25% compared to 13% nationally)
- Population vaccination coverage: MMR for 2 doses (5 year olds) 91.9% compared to 84.4% nationally)
- Proportion of people over 65 receiving a seasonal flu vaccination (68.9% compared to 65.4% nationally)
- Cervical screening coverage - % females aged 25-64 attending screening within the target period 74.7% compared to 70.8% nationally)

#### ***Lowest performing quartile***

- None

### **People domain:**

#### ***Highest performing quartile***

- Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age.
- Growing for the future – FTE GP per 10,000 weighted patients
- Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from managers
- Staff survey engagement theme score

### ***Lowest performing quartile***

- Proportion of staff in senior leadership roles who are from a BME background (MH Provider)
- Sickness absence rate

### **Quality, access and outcomes domain:**

#### ***Highest performing quartile***

##### Access related:

- Total elective activity undertaken compared to 19/20 baseline
- Number of general practice appointments per 10,000 weighted patients
- Rate of personalised care interventions (110.18 per 100,000 compared to 75.33 per 100,000 nationally)
- Number of completed referrals to community pharmacist consultation service (CPCS) from NHS 111 per 100,000 population
- Proportion of patients meeting the faster diagnosis standard (76.9% compared to 69.7% national Nov 22)
- Adult acute length of stay over 60 days as % of total discharges (16.8% NENC compared to national 20.1% October 22)

##### Quality related:

- Antimicrobial resistance proportion of broad spectrum antibiotic prescribing in primary care (7.6% compared to 8.4% national)
- NHS Staff survey: raising concerns people promise element sub score

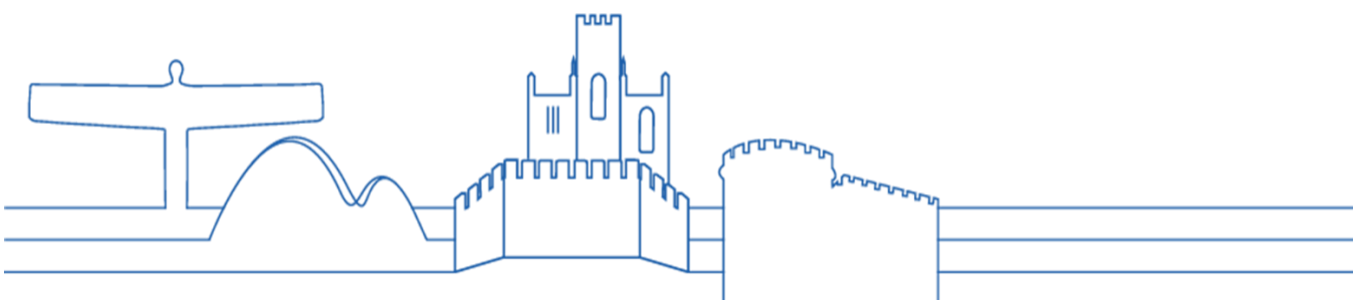
##### Screening, immunisation and vaccination related:

- Population vaccination coverage MMR for 2 doses (5 year olds) (91.9% compared to 84.4% nationally)
- Proportion of people over 65 receiving a seasonal flu vaccination – (68.9% compared to 65.4% nationally)
- Cervical screening coverage - % females aged 25-64 attending screening within the target (74.7% compared to 70.8% nationally)

#### ***Lowest performing quartile (assurance provided in later sections of the report)***

- % of patients on the waiting list who have been waiting more than 62 days
- Access rate for IAPT services (Appendix 12)
- Inappropriate adult acute mental health placement out of area placement bed days (Appendix 13)
- MRSA infection rate – commissioner (Appendix 3)
- Antimicrobial resistance total prescribing of antibiotics in primary care commissioner
- Total patients waiting more than 104 weeks to start consultant led treatment (Appendix 9)

# Quality



## Quality Summary

### Quality - key changes from previous report

#### **CQC Inspection and updates**

North Cumbria Integrated Care NHS Foundation Trust (NCICFT) – the CQC has classed the Trust as high risk particularly in relation to the medical wards. Concerns include repeated incidents with similar themes and concerns about sharing lessons to reduce reoccurrence.

South Tyneside and Sunderland NHS Foundation Trust (STSFT) received an overall rating of *'requires improvement'* from the CQC. The report published on 3 February 2023 showed the Trust was rated as requires improvement across the domains of Safe, Effective, Responsive and Well-led. Caring continued to be rated as good. The Trust's response and action plan will be shared with the ICB via the Quality Review Group (QRG) arrangements.

North East Ambulance Service (NEAS) received an overall rating of *'requires improvement'* from the CQC. The report published on 1 February 2023 showed the Trust was rated as requires improvement across the domains of Safe and Effective, Well-led was rated as inadequate and Caring and Responsive were rated as good. The Trust's response and action plan will be shared with the ICB via the QRG arrangements.

BPAS Middlesborough CQC Inspection Report: The provider has undertaken an extensive improvement programme and completed the required actions outlined in the CQC report. The conditions imposed on the registration have now been removed and the associated Contract & Performance Notice has been lifted.

#### **NEAS Independent Enquiry**

The planned timescale for the completion of the national independent enquiry was expected by the end of 2022. However, the publication of the report has been pushed back due to ongoing external factors. This report is now expected to be published in March 2023.

#### **Independent Provider**

An independent mental health provider notified the ICB of a serious incident involving a locum consultant undertaking attention deficit hyperactivity disorder (ADHD) assessments, who was found to be working below acceptable standards. A full investigation is underway, and a number of interim measures have been introduced.

## Quality – other areas of note/risk

<b>Tees Esk and Wear Valley FT</b>	Quality Board and support arrangements remain in place associated with CQC rating of 'Requires improvement' and NHS Oversight framework segment 3 status. Further discussions have taken place to understand if an operational group is required to discuss operational issues within the Trust. A Risk Summit has been held at the Trust in relation to 3 ligature deaths in the past 4 weeks.
<b>North Cumbria Integrated Care FT</b>	Quality Board and support arrangements remain in place associated with CQC rating of 'Requires improvement' and NHS Oversight framework segment 3 status.
<b>South Tees Hospitals FT</b>	Enhanced surveillance remains in place associated with current CQC rating of 'Requires improvement' and NHS Oversight framework segment 3 status. A Board to Board meeting with NHS E is planned in May to review the position against the segment 3 exit criteria, the outcome of the recent CQC inspection will also be known at that point.
<b>NEAS</b>	A Board to Board meeting with NHSE took place on 2 February 2023 to discuss CQC recommendations and it was confirmed that the trust would move to segment 3.
<b>Workforce and capacity in health and social care</b>	Significant issues in relation to workforce are impacting on capacity to source placements in the community (packages of care).
<b>System flow</b>	Significant pressures across health and social care system resulting in pressures on emergency departments and ambulance waits.
<b>CHC</b>	Financial risks in relation to CHC fee rates in Northumberland which are being managed centrally in the ICB, some capacity risks relating to a mixed model of CHC service delivery in the North relating to capacity.  CHC Fragility in Domiciliary Care market: Continued concerns in North Cumbria with multiple domiciliary providers.
<b>SEND</b>	Special Educational Needs and Disability (SEND) health funding and Inspection Framework: Publication of the revised SEND inspection framework is fuelling activity in preparation for an anticipated round of inspections commencing Spring 2023. Revised guidance on locality authority (LA) high needs budgets is presenting a financial risk to the ICB in Newcastle Gateshead regarding funding to meet health needs in Special Schools. This issue has potential ICB wide implications.
<b>LeDeR</b>	Learning from Death Reviews(LeDeR): Risks remain around the availability of reviewers. NECS were commissioned to undertake a number of reviews late last year and these are progressing well. It is anticipated however that NECs may take on further cases due to continual increases in caseload. NENC ICB is currently reviewing the long term plan for LeDeR workforce.

## Quality Exceptions and concerns including CQC visits by provider

### North Cumbria

<b>Quality Exception</b>	<b>Risks, Actions and Identified learning</b>
<p>System Flow Pressures: Significant pressures across Health and Social Care system resulting in pressures on Emergency Depts and Ambulance waits.</p> <p>NCICFT – CQC has classed the Trust as high risk particularly in relation to the medical wards.</p> <p>CHC Fragility in Domiciliary Care market – continued concerns with multiple domiciliary providers.</p>	<p>NCICFT is a significant outlier in relation to A&amp;E waits with 50% of patients waiting in excess of 4hrs from a decision to admit and 21% of patients waiting in excess of 12 hrs from a decision to admit. NCICFT discharged proportionally less patients (than England average) when they no longer meet the criteria to reside, with 77% of patients remaining in hospital at the end of the day during Q2. Patient harms are appearing as a result of these treatment delays but many more are likely not meeting the threshold for moderate harm reporting.</p> <p>Concerns include repeated incidents with similar themes and concerns about sharing lessons to reduce reoccurrence. Concerns raised about preceptorship and induction for overseas nurses, agency and locum staff. Environmental risk from patients being able to climb over balustrades at high level and concerns over fundamental standards of care.</p> <p>Patients with one care agency had to be relocated as an emergency and the company is now in liquidation. Care had been delivered as single carers despite receiving funding for double ups and many visits had been missed. There are quality and safety concerns with another company who do not have a local CQC registration. Overall, the market is very fragile with a number of providers using their head office registration with no local oversight from the CQC.</p>

### Gateshead Health NHS Foundation Trust (GHFT)

<b>Quality Exception</b>	<b>Risks, Actions and Identified learning</b>
<p>Pathology Laboratory incidents: A number of IT programming issues have occurred which have impacted significantly on primary care. Most recently in January 2023 a technical fault which resulted results requiring amendment and reissuing to GP practices. The issue was promptly identified and rectified.</p>	<p>The Trust is fully investigating this incident and some immediate steps have been taken including introducing more frequent quality control checks and asking Roche engineers to review the issue. This will be discussed at the next QRG meeting in May 2023 to seek further assurance that lessons from these incidents are being learned and embedded within the Pathology Laboratory. The regional Clinical Safety Officer is also formalising a clinical safety process that all organisations in NENC will need to follow when an informatics/digital event occurs.</p>

### County Durham and Darlington NHS Foundation Trust (CDDFT)

<b>Quality Exception</b>	<b>Risks, Actions and Identified learning</b>
<p>Maternity Services: Due to pressures within the maternity departments the home birthing service remains suspended.</p>	<p>ICB colleagues are sighted on the pressures and associated rationale underpinning this decision and continue to work with the Trust and system partners in relation to the issue.</p>

### South Tyneside and Sunderland NHS Foundation Trust (STSFT)

<b>Quality Exception</b>	<b>Risks, Actions and Identified learning</b>
<p>CQC Inspection: The CQC report was published on 3 February 2023 following an inspection of maternity services and medical wards at both Sunderland Royal and South Tyneside District Hospitals in June 2022. A further inspection of core services was undertaken in August 2022. The overall rating is 'requires improvement' which was also the rating for the domains of Safe, Effective, Responsive and Well-led. The report identifies 44 areas of improvements that STSFT must take action to improve and a further 2 areas that have been assessed as should do's.</p>	<p>The Trust's response and action plan will be discussed at the QRG meeting in March 2023.</p> <p>Following the inspection in June 2022, STSFT has kept the ICB informed of the service and quality improvements being undertaken and have participated in enhanced surveillance arrangements.</p>

#### **North Tees and Hartlepool NHS Foundation Trust (NTHFT)**

<b>Quality Exception</b>	<b>Risks, Actions and Identified learning</b>
<p>CQC inspection Report (published September 2022): An overall rating of 'requires improvement' was awarded. The Safe, Effective and Well-led domains were all rated 'requires improvement' and the Caring and Responsive domains were rated as 'good'.</p>	<p>The Trust's improvement action plan was discussed at the CQRG in December 2022 and routine engagement meetings with the CQC.</p>

#### **South Tees Hospitals NHS Foundation Trust (STHFT)**

<b>Quality Exception</b>	<b>Risks, Actions and Identified learning</b>
<p>Unannounced CQC inspection in November 2022 of the following clinical areas medicine, surgery, Emergency Department and ITU. The Well-led component of the inspection was undertaken in January after being delayed due to national strike action.</p> <p>The Trust was stepped down from NHS England Quality Board in January 2021 however remains in escalation in relation to never events.</p> <p>C Difficile performance year on year improving, although still over trajectory.</p>	<p>The Trust are awaiting feedback from the recent visit and the CQC has informed that the final report can be expected March 2023.</p> <p>The provider has received substantial support from NHS England and NENC ICB Tees Valley Place team. Associated improvement work remains a priority and progress is reported via routine contract and clinical governance processes.</p> <p>A programme of deep cleaning/de-fogging of wards has been completed at the Friarage Hospital Northallerton site and some priority areas within the James Cook site. Initial results are positive with no further cases reported on wards where this process has been completed, however, the process has been paused during January due to bed pressures.</p>

#### **North East Ambulance Service NHS Foundation Trust (NEAS)**



<b>Quality Exception</b>	<b>Risks, Actions and Identified learning</b>
<p>National Independent Enquiry: The Secretary of State for Health and Social Care committed to hold a full independent review into the allegations made against NEAS.</p> <p>The CQC Inspection Report was published on 1 February 2023 following an inspection in July and September 2022. The Trust received an overall rating of 'requires improvement', which was also the rating for the domains of Safe and Effective, the Well-led domain was rated as inadequate and Caring and Responsive were rated as good. The CQC has identified 17 areas of improvements that the Trust 'must' take action to improve and a further 12 areas have been identified as 'should do's'. The Trust were previously rated as good.</p>	<p>The planned timescale for completion of the enquiry was the end of 2022. Publication of the report has been pushed back due to ongoing external factors. The report is now expected to be published in March 2023. Support continues to be offered to the Trust via the QRG, ICB and wider system.</p> <p>Action plans are to be formulated and submitted on the 'must do' actions by 20 February 2023. Work streams are already in place and are being overseen by a director. These will feed into the CQC quality review group and updates will be provided at QRG. Work has started around access to medicines, and NEAS are currently reviewing systems and processes. A medicines safety officer has been appointed and is in post, they have undertaken internal audits and identified further practices that are recommended to change to improve safe practice and patient care. NEAS are currently applying to change their controlled drugs licence due to the recommendations around practice/storing of controlled drugs (there is a 16-week lead time for sign off by the relevant authority).</p>

#### **Cumbria Northumberland Tyne and Wear NHS Foundation Trust**

<b>Quality Exception</b>	<b>Risks, Actions and Identified learning</b>
<p>18 Week Waiters: There has been an increase in patient waiting longer than 18 weeks to be seen in the Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) pathways, Older Persons Services and Children and Young People Services.</p>	<p>Localities have committed to meeting quality standards by the end of Q4 2022/23 which includes a focus on underperforming contract requirements. The Access and Waiting Times group has taken on more of a performance management role and an updated reporting proforma has been developed for localities to highlight issues and provide key action points for areas of improvement. Localities provide monthly updates on key deliverables and issues.</p>

#### **Tees, Esk and Wear Valleys NHS Foundation Trust (TEWVFT)**

<b>Quality Exception</b>	<b>Risks, Actions and Identified learning</b>
<p>The Quality Board remains in place and meeting regularly to support the Trust with the risks identified. Discussions are ongoing between the ICB, NHSE and NECS to agree a forum for routine surveillance and how new key risks will be escalated to the Quality Board.</p>	<p>Further discussions are taking place in the next couple of weeks to agree next actions and a process for routine surveillance.</p>

#### **Tees Valley - Quality Review Group update**

<b>Quality Exception</b>	<b>Risks, Actions and Identified learning</b>
<p>STHFT and NTHFT: The first Joint Tees Clinical QRG took place in December 2022.</p>	<p>The meeting was very positive and both Trusts were very keen for collaborative working going forward. Discussions are ongoing to agree schedule and terms of reference for future quality meetings.</p>

#### **Independent Sector Providers**

Quality Exception	Risks, Actions and Identified learning
<p>Psychiatry UK: notified the ICB of a serious incident involving a locum consultant who was found to be working below acceptable standards. A number of contracts are in place with the provider. A small number of patients were affected.</p> <p>Butterwick Hospices: Updated CQC (August) report for Stockton site, all domains now rated as good apart from safe which requires improvement. The provider continues to meet with the ICB on a regular basis in contract &amp; recovery meetings to discuss overarching service improvement plan.</p> <p>BPAS Middlesbrough CQC Inspection: The CQC undertook a comprehensive unannounced follow-up inspection of BPAS Middlesbrough in April 2022 and conditions imposed on the providers registration in respect of regulated activities remained.</p> <p>BPAS Patient Group Directives (PGD): Concerns were raised around BPAS PGD processes including the unauthorised use of PGDs and the use of Mifepristone for cervical preparation, which is not legally permitted.</p> <p>Patient Transport and Mental Health Conveyance: The ICS has been alerted that the CQC has issued an independent ambulance provider with a Section 31 notice.</p>	<p>Provider has contacted all affected patients, who have been allocated a new consultant, who will review and initiate a change in treatment plan, if necessary. The provider is also contacting every patient seen by locum to offer additional support and the opportunity to provide feedback. An investigation is underway, and a number of immediate interim measures have been introduced. Provider has notified relevant external agencies and communication teams to advise that they will be making a public statement.</p> <p>New interim Chief Executive has been appointed. The contract meeting has highlighted a number of quality issues, suggested to review improvement action plan to incorporate SMART objectives to provide assurance in relation to the status of ongoing actions.</p> <p>BPAS has undertaken an extensive improvement programme and completed the required actions outlined within the CQC improvement plan. The conditions imposed on the registration have now been removed and associated Contract &amp; Performance Notice has been lifted.</p> <p>With support of ICB and NECS colleagues the provider has reviewed all PGD's to ensure they meet the necessary legal and best practice guidance. The updated PGDs are now being reviewed for ICB sign-off. BPAS has removed the PGD relating to Mifepristone following concerns that this was not within the legal guidelines. A Patient Specific Directive (PSD) has been developed for this medication which was implemented as of 21 December 2022.</p> <p>Contingency arrangements are being put in place and the issue is being explored by provider management</p>

## Quality Metrics

A range of quality metrics aligned to the National Quality Board metrics are reviewed and monitored at trust level and shown in detail at Appendix 3. This is underpinned using a Statistical Process Control (SPC) approach which is considered best practice to enable Boards and systems to understand where there is significant variation and most risk and therefore focus attention on those areas that require improvement support. None of the quality standards are consistently passed or failed and performance is relatively stable. A small number of metrics are showing an improving position:

- Incidence of MRSA – NCICFT, GHFT, CDDFT
- Proportion of serious incidents reported in 2 days – NCICFT, GHFT, STSFT, CNTWFT
- SHMI indicator value – NHCFT, NuTHFT, GHFT, STSFT, NTHFT
- Friends and Family Test (FFT) Emergency Dept (ED) - CDDFT
- FFT Outpatients – STSFT
- FFT maternity - CDDFT

A small number of metrics listed below show a deteriorating position and are included in the exception reporting on the subsequent pages:

- Incidence of MRSA – NTHFT, STHFT
- SHMI indicator value – NCICFT, CDDFT (Import to note that this is still within expected range)
- Staff absence rate – NHCFT, GHFT, STHFT
- Staff Turnover – NuTHFT, TEWVFT
- Proportion of RCAs submitted within 60 days – TEWVFT, CDDFT, NTHFT

## Quality Metric Exceptions

### Healthcare Associated Infections (HCAI) (published data – December 2022)

Quality Exception	Risks, Actions and Identified learning
<p><b>MRSA:</b> There have been 9 MRSA cases reported in NENC 22/23 to date (8 hospital onset, 1 community).</p> <p><b>MSSA:</b> 332 cases have been reported across the region 22/23 to date.</p> <p>Several trusts are exceeding their thresholds for one or more of the healthcare associated infections:</p> <ul style="list-style-type: none"> <li>• C.Difficile</li> <li>• E. Coli</li> <li>• Klebsiella spp</li> <li>• P. Aeruginosa</li> </ul> <p>Trust level performance against thresholds is shown in Appendix 3a and 3b.</p>	<p>No specific risks identified.</p> <p>All providers are signed up to a set of principles for the management of Covid Infection, Prevention and Control (IPC), and there is a systemwide approach to antimicrobial resistance (AMR).</p> <p>Performance data is reviewed at the Area Quality review Groups and the NENC Infection Prevention Control Board and related actions agreed/monitored as necessary.</p>

### Never Events

Quality Exception	Risks, Actions and Identified learning
<p>NENC ICS year to date (YTD) total n=17 as at 13 February.</p> <ul style="list-style-type: none"> <li>• STHFT has reported n=7</li> <li>• The others were from a range of Trusts/providers n=10</li> </ul> <p>No never events were reported in January 2023. However, it should be noted to date in February two never events have been reported and are included in the above YTD total.</p> <p>STHFT remains in quality escalation in relation to Never Events.</p>	<p>Never events continue to be monitored via serious incident management processes.</p> <p>The Trust has received substantial NHSE/I support, and this supportive approach is now continuing through the NENC ICB Tees Place. Associated improvement work remains a priority for provider and commissioner colleagues and progress is reported via routine contract and clinical governance processes.</p>

**Serious Incident (SI) reporting (January 2023)**

Quality Exception	Risks, Actions and Identified learning
<p>2-day reporting: Two Trust's (CDDFT, TEWVFT) were outside the 95% threshold for reporting serious incidents within two days of identification</p> <p>STHFT Lost to Follow Up theme: The Trust has previously reported a significant number of SI's relating to lost to follow-up. A number of these remain open whilst awaiting evidence of assurance of improvement to enable closure.</p> <p>NTHFT: Continuing concern relating to serious incidents relating to care of deteriorating patients.</p>	<p>Regular discussion on SI performance takes place at all Trust QRG meetings and ICB SI panels to gain assurance there are processes in place to manage the backlog of any cases.</p> <p>Quality team colleagues continue to seek assurance in relation to the improvement work associated with long standing open serious incidents. These incident investigations are unable to be closed until this is received.</p> <p>Thematic improvement work continues.</p>

**NHS Sickness Absence rates**

Quality Exception	Risks, Actions and Identified learning
<p>All Trusts in NENC were above the England average for September 2022 (5.0%). Workforce pressures continue due to sickness absence and vacancies, although some improvement has been seen.</p>	<p>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. Safe staffing updates are provided at QRG meetings.</p>

**Outstanding Patient Safety Alerts Open on Central Alerting System (CAS) January 2023**

Quality Exception	Risks, Actions and Identified learning
<p>Two Trusts are showing with outstanding patient safety alerts that were due to be completed in November.</p>	<p>Further discussions have taken place with both Trusts to seek assurance that the alert has been actioned as required. Both Trusts have confirmed that all actions have been completed and the alert will be closed off on the national CAS system.</p>

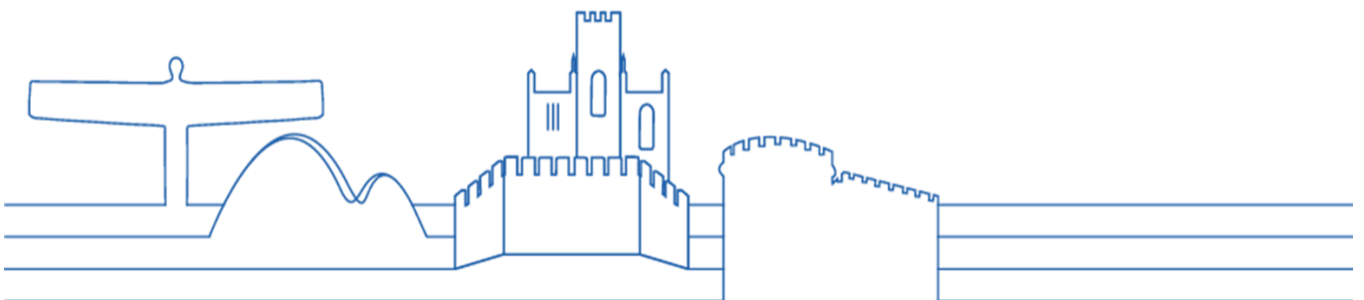
**Mortality – Summary Hospital-level Mortality Indicator (SHMI)**

Quality Exception	Risks, Actions and Identified learning
<p>All Trusts are showing within the 'expected range' of deaths for SHMI based on the most recently published data, which covers the October 2021 to September 2022 data.</p>	



**North East and  
North Cumbria**

# Performance



## Performance Summary

### Performance - Key Changes from Previous Report







<b>Handover delays</b>	Following a rapid process improvement workshop (RPIW) in November 2022, a new approach whereby NEAS crews will leave patients in the care of ED staff at 59 minutes has gone live from February 2023. Handover performance has significantly improved w/e 18 February 2023 with an average of 20 hours lost per day. In addition, 88.7% of handovers were under 30 minutes compared to a 95% standard, and 92.2% under 60 minutes (expected standard of zero >60 mins). These compare favourably to previously reported levels as at w/e 15 January of 76.3% and 86.2% respectively.
<b>12 hour delays in A&amp;E from decision to admit</b>	Patients waiting in A&E more than 12 hours following decision to treat has decreased significantly in January to 1583 following a significant increase to 2347 in December across NENC.
<b>Ambulance Response times</b>	Ambulance response times were extremely challenging through December 2022 but have shown improvements in January 2023. Category 2 mean performance has since improved from 1:36:22 in December to 32:24 in January 2023.
<b>78+ week waiters</b>	Although 78+ waiters have plateaued in December 2022 compared to November levels, unvalidated weekly data shows a decrease in recent weeks across NENC to 990 (w/e 29 Jan), with a particular reduction at South Tees. The majority of the long waiters which remain are at NUTH and CDDFT.
<b>Reducing Reliance on IP for people with Learning Disabilities</b>	Reducing Reliance on inpatient care (IP) care trajectories is off track overall as at 13/1/23, with a total of 168 patients in IP care, working towards no more than 71 adults in NENC by 2023/24. There is a significant risk to achievement of the end of year trajectory in NENC with an expected outcome of +10 above trajectory.
<b>Diagnostics waiting times &gt;6 weeks</b>	The number of patients waiting greater than 6 weeks for one of the 15 key diagnostic tests has deteriorated across NENC in December and continues below the requirement of 1%, with 20.3% patients waiting over 6 weeks for a diagnostic test compared to 16.1% in November 2022. There was a comparable deterioration in the England average.

### Performance – other areas of note/risk

<b>NHSE Escalation</b>	NENC ICB has 3 trusts which remain in Tier 2 escalation: <ul style="list-style-type: none"><li>• NUTH – elective and cancer</li><li>• CDDFT – elective</li><li>• NCIC - cancer</li></ul>
------------------------	--

## Performance Metrics

### Overview

		<b>ASSURANCE – is the standard/plan achieved or not?</b>		
		<b>Standard or plan consistently achieved</b> 	<b>Hit and Miss – not consistently achieved</b> 	<b>Standard or plan consistently failed</b> 
<b>VARIANCE – is there special cause variation?</b>	<b>Getting better</b> (Special cause improvement) 		Primary Care appointments F2F	SMI Health checks
			Mean 999 call answering time	CYP access
			IAPT < 18 weeks	% of 111 calls abandoned
			Diagnostic WL	Diagnostic 6+ waits
				52+ waiters
	<b>Stable</b> (Common cause variation) 	IAPT <6 weeks	Primary Care attendances	Dementia Diagnosis
		104+ waiters (compared to plan)	Primary Care appointments % DNA	Inappropriate Out of Area bed days
			Primary Care Appointments	
			IAPT Access, IAPT recovery All & BAME	
			CYP ED routine <1 week, <4 weeks	
			Ambulance response C2 mean & 90 <sup>th</sup> centile, C3,C4	
			% Handover <15 min	
			Faster diagnosis standard 28 days	
			Delayed discharges	
	<b>Getting worse</b> (Special cause Concern) 	EIP within 2 weeks	% Handover <30 mins	IAPT in-treatment waits >90 days
		Ambulance response C1 90 <sup>th</sup> centile	% handover <60 mins	% A&E waits <4 hrs (T1 & all types)
		Ambulance handovers – average hours lost	Ambulance response times C1.	12 hr waits DTA
			% A&E waits >12 hrs	Incomplete waiting list
			>31 days cancer first treatments	Urgent cancer referrals >62 days
			Urgent cancer patients on PTL >62 day	
			78+ waiters	
			LOS 7+ & 21 days+	
			Bed occupancy	

\*A full description of the SPC icons is included in Appendix 2.



A range of performance metrics, aligned to the NHSE Operational Planning Metrics, are reviewed and monitored and shown in detail in appendices 4 -15. This is underpinned using a Statistical Process Control (SPC) approach which is considered best practice to enable Boards and systems to understand where there is significant variation and most risk and therefore focus attention on those areas that require improvement support. The performance metrics are reported at ICB level, and the summary table above provides an overview of the position using the most recently published data. A small number of metrics in the green shaded areas where the standard or plan is consistently met. The areas of special cause concern and those areas which are failing are highlighted in the red shaded boxes and further detail is included in the exception reporting on the subsequent pages.

### ***Urgent and Emergency Care Appendices 5-8***

**Ambulance Response – appendix 7**

Cat 2 mean response (18m)

**NEAS 32m:24s**

#### **Performance**

- Urgent and Emergency Care (UEC) continues to be a significant pressure and NENC is working hard to increase capacity and operational resilience with a continued focus on ambulance performance and response.

#### **NEAS:**

- Response times continue to be a pressure and are not meeting the national standards in January, although there have been significant improvements over recent weeks following a significant deterioration in all standards in December where critical incidents were noted.
- Although Cat1 mean was met in January, Cat 2 mean and C2, C3, C4 90th percentile standards continue to not be met in January, although Cat2 mean performance has improved from 1:36:22 in December to 32m:24s. This remains slightly above the national level at 32:06.
- NEAS have been impacted by the industrial strike action. Support has centred around patient transport services and trying to free up capacity where possible to utilise 3<sup>rd</sup> party providers to support.

#### **NWAS:**

- Response times remain challenged in January although there was improvement in the category 2 and 4 responses.
- NWAS performance in North Cumbria continues to be notably better than other areas of the North West.

#### **Mitigations NEAS & NWAS**

- National work to review Category 2 calls with a focus on improving safety for patients waiting for an ambulance to ensure all patients receive the right response for their clinical presentation.
- A review is currently underway regarding Healthcare professional calls, care homes calls that result in Cat2 response, and calls requiring an interpreter.

- 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.
- Recruitment of additional paramedics, Clinical Care Assistants, and health advisors
- Implementation of sickness absence plan focused on mental health and wellbeing
- RPIW focussing on increasing Clinical Assessment Service across the system and increasing alternative dispositions via 2UCR.
- NWAS Improvement plan continues to be implemented but high activity levels, industrial action and long handover delays prevent consistent achievement of ARP standards.

**Ambulance Handovers – appendix 5**

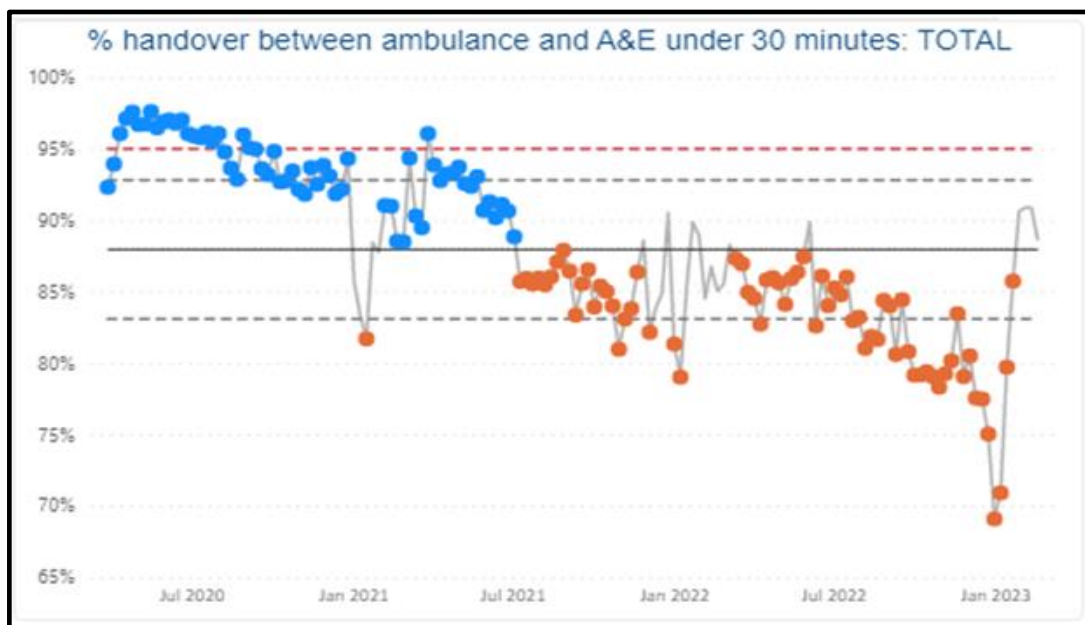
Handovers <30 mins (95%)

**NENC 88.7%**

**Performance**

- Handover delays continue, although have significantly improved w/e 18 February at 20 average hours lost per day, compared to a target of 57.4.
- The overall percentage of handovers w/e 18 February which took place under 30 minutes compared to a 95% standard has also improved at 88.7% of all handovers.
- 92.2% of handovers were under 60 minutes (expected standard of zero >60 mins). These had previously been reported as 76.3% <30 mins and 86.2% <60 mins w/e 15 January 2023.

The chart below demonstrates the recent improved position in relation to the % of handovers which take place within 30 minutes at NENC, despite remaining below target levels.



- STHFT are a regional outlier for the number of Ambulance handover Delays
- These delays are felt by both Ambulance Providers who utilise the JCUH site, Northeast Ambulance Service and Yorkshire Ambulance Service. This results in an unacceptable number of hours lost to the Ambulance Services.

## Mitigations

### NEAS:

A rapid process improvement workshop (RPIW) took place in November 2022 regarding handover delays, which was led by the NENC Urgent and Emergency Care Network. Two approaches have been agreed:

- NEAS crews will leave patients in the care of ED staff at 59 minutes; it is suggested that Trusts have clinical responsibility for patients starting at 15 minutes from arrival (i.e., handover timescale target). Reporting is being developed.
- Cohorting of patients in ED which will enable NEAS crews to be released sooner.
- The plan went live 1 February 2023.
- Funding is via the Winter Fund.
- Work is underway with Acute Trusts regarding physical space, equipment and different staffing models
- In Tees Valley partners are working with NEAS and other partners in the region to extend the Urgent Crisis Response model where community nursing teams direct patients to more appropriate places in the community.

### NWAS:

Performance remains extremely variable and there are still issues at times of surge and when access to beds in the wider hospital is an issue. NCIC continues to work collaboratively with NWAS to implement fit to sit, conveyance direct to SDEC and cohorting to reduce ambulance delays to get crews back on the road quickly.

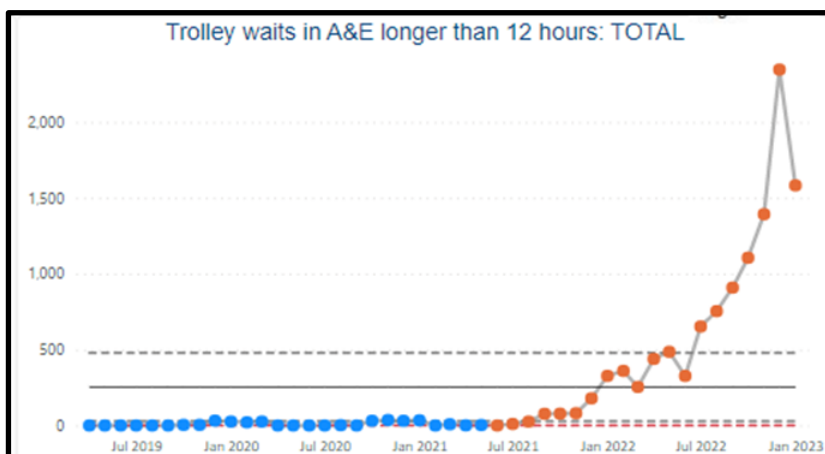
### Accident and emergency – appendix 6

>4 hr waits (95%)  
No. waiting >12 hrs

NENC 75.1%  
NENC 1583

## Performance

- January 23 A&E 4 hour wait performance continues to be a pressure.
- Although not meeting the 95% standard, NENC performance is performing favourably compared to the national for January 2023 (all types) at 75.1%, compared to 64.6% nationally. This is an improvement on December performance.
- The % of patients waiting longer than 12 hours from arrival to discharge is above the 2% standard for October at 4% in NENC.
- Patients waiting in A&E more than 12 hours following decision to treat has decreased significantly from 2347 in December to 1583 in January 2023 across NENC. This is shown in the chart below.



## Mitigations

### Central:

Performance has started to improve, and local A&E Delivery Boards continue to focus on actions to improve flow. Winter planning sessions have taken place. Additional bed capacity has been commissioned for STSFT using the various national funding arrangements with integrated discharge arrangements in place to support flow across the health and care system. Locally, work has commenced on an integrated discharge model and community bed model for Sunderland. In Durham CDDFT performance has improved due to streaming more patients to SDEC and to SDUC (same day urgent care formally GP hub). The Trust are working to ensure that they are moving patients to the most appropriate place for care and continue to implement their winter plan.

### Tees Valley:

STHFT emergency care performance is below the regional and national position. The impact of challenges across the health and social care system continues to be observed at STHFT. Actions include the ECIST improvement project, and estate expansion and reconfiguration. NTHFT continue to receive a high number of ambulance divers and is reviewing the operational model.

### North Cumbria:

Urgent and emergency care remain extremely pressured, surge calls for North Cumbria held daily currently. Medically optimised patients remain very high due to the ongoing pressure in ASC and lack of home care across the county. Extremely long waits for beds for patients in ED with patients being nursed in corridors. Due to the number and high acuity of patients, discharge profile is very poor daily which has significant impact on flow within the department. Day surgery has been opened as an inpatient ward and has had up to 10 patients. 12 hour breaches are high with no real opportunity to improve this currently.

### 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. Pressures continue to be particularly acute at GH who continue to report the highest level of bed occupancy in NENC area with significant 12 hour breaches and delays in the department, although these are improving. High bed occupancy, lower social care and discharges. has caused additional challenges in the managing and placing of patients.

### ***Patient Flow and Discharge – appendix 8***

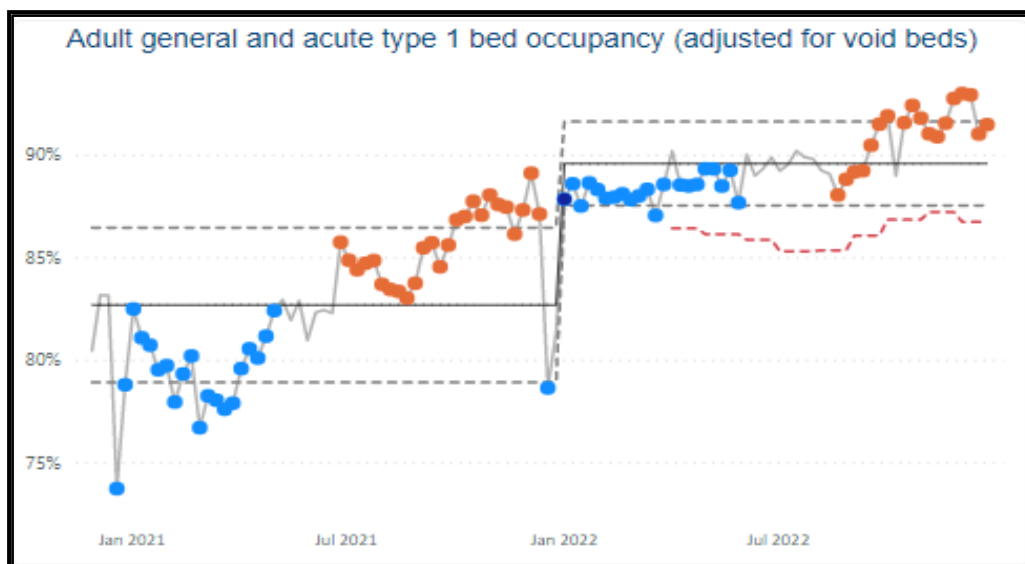
Bed occupancy (85%)  
Delayed discharge

**NENC 91.8%**  
**NENC 8.1%**

## Performance

- Although some UEC pressures have eased slightly in January 2023, pressures due to high level of attendances has meant high bed occupancy continues across NENC.
- Length of stay for patients residing in hospital over 7 and 21 days has continued to increase and is above trajectory.
- Patients who no longer meet the criteria to reside and whose discharge is delayed is at 8.1% w/e 11 February 23 with some improvements seen over recent weeks.

- Type 1 General and Acute bed occupancy remains high increasing further to 91.8% in January 2023, as demonstrated in the chart below.
- This is above the 85% national expectation, and above the operational plan level in NENC.
- Trusts have recently been asked to submit updated trajectories which will be monitored locally. For the purposes of this report we will continue to monitor against the operational planning trajectories.



### Mitigations

- 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 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.

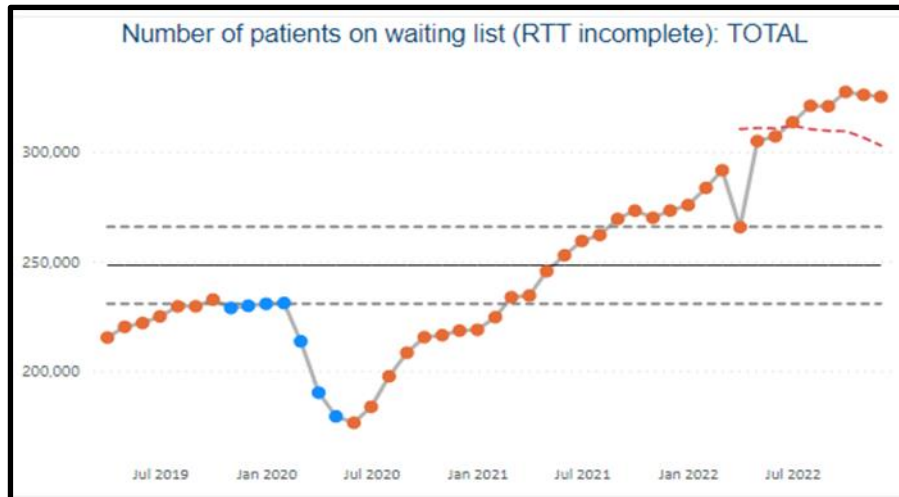
**Elective Care – appendix 9**

>78 week waits (367)

**NENC :990**

### Referral to Treatment

- The total number of patients on the waiting list has plateaued over recent months, although continues to exceed the operational plan trajectory for December 22 in NENC at 325,193. This is demonstrated in the chart below. More recent weekly unvalidated data shows a further increase in waiting list size across NENC to 350,773 w/e 29 Jan 2023).



- There were 23 104+ week waiters as at end of December 2022, the key pressure being spinal patients at Newcastle upon Tyne Hospitals NHS FT. This is within the planned level for NENC (44 plan) however. The Trust continues to manage patients and seek additional capacity including through the independent sector (IS) providers, and although current unvalidated weekly data shows this to have increased slightly to 29 w/e 29 January, it is anticipated that this level will be at 20 by the end of March 2023.
- 78+ waiters have plateaued in NENC and remain above planned levels in December (1079 compared to 327 plan). The majority of 78+ waiters are at NUTH, with a proportion at CDDFT and South Tees in addition. More recent unvalidated weekly data shows a decrease in recent weeks across NENC to 990 (w/e 29 Jan), with a particular reduction at South Tees. All trusts other than NUTH expect to reach 0 by end of March.
- 52+ week waiters have plateaued across NENC but remain above planned levels in December 8520 compared to a plan of 4485). Of the 4485 in total as at the end of December, the majority were at NUTH, followed by CDDFT, and South Tees. Pressures exist across high volume specialties at NUTH including T&O, Dermatology, Ophthalmology and Plastic Surgery. The plan is expected to maintain this level through to March 2022 with a significant focus at NUTH on 78+ waiters. More recent unvalidated weekly data shows a further increase in NENC to 8701 (w/e 29 Jan), although this has appeared to have peaked and showing a gradual improvement over recent weeks.

## Mitigations

### North:

Additional sessions through waiting list initiatives at NUTH, 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 was opened at the end of September and is creating additional capacity, as well as utilisation of the IS and local providers. Capacity alerts to distribute demand have been implemented in key specialties. NUTH is currently participating in regular tier 2 meetings which are focussed on identifying and deploying high-quality support to aid rapid performance improvement. Feedback from a Getting it right first time (GIRFT) Spinal review in January notes some areas of work are exemplar and the trust's recovery plan was robust, with some short/medium term improvement recommendations anticipated.

**Tees Valley:**

The focus remains on the longest waiters at STHFT– maintaining a zero position with 104 week waits, eliminating 78 week waits and reducing 52 week waits. Actions to manage 52ww remain in place; tracking, validation and appropriate prioritisation which are now impacting positively on position. NTHFT maintains its trajectory position in line with NHSE phase 1 and 2 elective recovery and reports no patients waiting more than 78 and 104 weeks. 90% of elective 78+ week waiters have been booked in before March 2023. The Trust continues to see an increase in referrals, with a quarterly increase of 6% compared to 2019/20 levels and whilst the overall waiting list size continues to grow this has plateaued over recent months.

**Central:**

CDDFT have been moved into tier 2 escalation due to an increasing number of 78+ waiters and the Trust has submitted an improved plan for zero 78+ waiters by March 2023, and to deliver 0 52+ by March 24. Additional elective recovery schemes approved and being operationalised. Key pressure areas General Surgery and Gynaecology in relation to 78+ waits. Access to the I.S. across the Central patch continues with providers sub-contracting to secure additional capacity within pressure specialties such as orthopaedics and general surgery. Across Durham additional theatre capacity has been put in place to support recovery with a continued focus on clinical prioritisation and maximising capacity. The Trust are reviewing the service model within Respiratory Medicine.

**North Cumbria:**

NCIC is continuing to focus on elimination of 78 week waits by the end of the current financial year and are ahead of trajectory according to data for the end of January, although the position has remained static during the month. NCIC has reduced 52 week waits by 65% since March 21 but the reduction has slowed and is now off track against plan. Large reductions in orthopaedics and urology are being offset by increases across other specialties. The areas experiencing an increase are being supported to recover the plan, with additional insourced activity planned. Pathways at risk of breaching 104ww, 78ww and 52ww by the end of March 2023 are monitored weekly through RTT and Waiting List Elective Recovery Operational Subgroup.

***Elective Waiting List – Inequalities***

Work continues across NENC to analyse the waiting list in accordance with ethnicity and deprivation.

As the waiting list continues to grow, the numbers of patients within the Trusts who have an unknown ethnicity status has increased.

Index of multiple deprivation (IMD) classifies the relative deprivation levels of small areas, with 1 being the most deprived through to 10 being the most affluent. Work is underway to review the waiting list by IMD level. Initial findings as demonstrated in the charts in appendix 9b that there is little difference between the areas with highest deprivation levels when compared to the areas with least deprivation in terms of waiting list growth.

Diagnostics >6 week performance for the 15 key diagnostic tests has deteriorated across NENC in December and continues below the requirement for 1% of patients to wait longer than 6 weeks, with 20.3% patients waiting over 6 weeks for a diagnostic test compared to 16.1% in November 2022. This has also deteriorated nationally which stands at 31.3%. Key pressure areas include Echo-cardiography, Endoscopy and Audiology and performance ranges from 4.4% (Northumbria HC) to 33.1% at North Tees NHS FT.

ICs have been asked to develop a local diagnostic performance improvement plan that delivers 95% achievement of the 6ww diagnostic target by March 25. The NENC Diagnostics workstream has recently set trajectories with FTs with a focus on a subset of 8 of the key diagnostic tests.

### **Mitigations**

ICs have been asked to review the national improvement plan and explore collaborative solutions to address current backlog progress which is to be reported through the diagnostic programme board.

Specific actions include:

#### **Central:**

The diagnostic position continues to improve overall with the number of long waiters decreasing. Significant progress has been made in echocardiography due to the increased capacity secured in 2022/23. Pressures now remain in some areas of imaging and in sleep studies where additional resources have been agreed to improve performance. Non-obstetric ultrasound is now a key pressure and subject to performance escalation.

#### **North:**

Significant echo backlogs have been cleared at NUTH through additional capacity. Gateshead continue with insourcing to clear echo backlog with a trajectory to do so in 2023. Cystoscopies continue to be a pressure at Northumbria with review of the Urology pathway across the North and Audiology workforce pressures are significant. A paper is being reviewed to understand how pathway changes in audiology could positively impact the position at NUTH.

#### **North Cumbria:**

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. Endoscopy activity has improved through a mobile unit, although a backlog of complex patients remains.

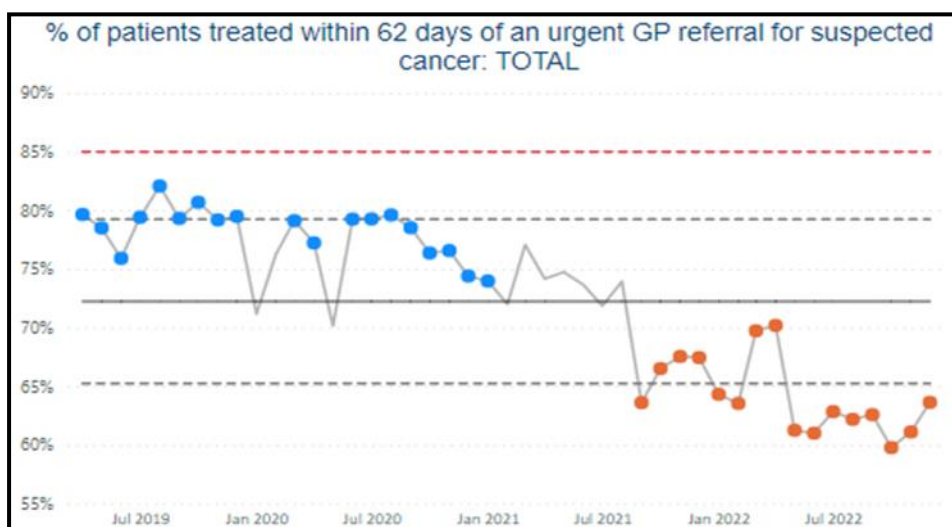
#### **Tees Valley:**

Diagnostic access has improved at STHFT, tests for waiting list patients are being balanced against increasing volumes of urgent demand and surveillance. Additional capacity has improved the Endoscopy position at JCUH and FHN. Performance at NTHFT has seen a slight improvement in November. Non obstetric ultrasound has seen an improved position in long waiters, with a further increase in capacity anticipated by March 2023.



**Performance**

- NENC are currently achieving the faster diagnosis standard for December 22 which stands at 77.7% v the 75% target, a further slight improvement. This compares favourably to the national performance (70.7%). Variation between Trusts exists with highest performance at NUTH at 83.2% and lowest at NCIC (69.9%).
- Currently 63.6% patients are waiting less than 62 days from referral to initial treatment compared to the 85% standard in NENC, this is slightly below the national at 61.8% for December. Variation between Trust 62 day performance ranges from 86% at Northumbria HC, the only Trust achieving the standard in NENC in December to 50.9% at NUTH.
- NENC planned to have reduced the number of people waiting for 62 days or more for cancer treatment to 1189 in January 2023; at w/e 29 January performance was slightly behind plan.
- The chart below demonstrates the deterioration in the % of patients who are currently treated within 62 days in NENC compared to the 85% standard.



**Mitigations**

Key pressure areas are Urology, Lung , skin and Colorectal. 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.

**Central:** An improvement plan is being developed by ATB which is impacting positively on chest x-ray performance. To support the personalised care agenda, additional roles have been recruited by PCNs across the ICP.

**N. Cumbria** - NCIC continues to receive additional support from NHS England through Tier 2 meetings, and improved performance has seen NCIC move out of the lowest performing Trusts. Key actions include a robust clinical harm process for 104-day breaches, cancer education days held in October, completion of pathway analysis for Prostate, Skin and Lower GI and the successful recruitment of ACPs and Band 7s.

**Tees Valley** – Both North and South Tees have now moved out of tier 2 escalation for cancer due to significant improvements in reducing backlog. The Trusts remain committed to a collaborative approach through the Cancer cell initiative, ensuring equitable access to treatment for all patients. Initiatives include additional lists, cancer delivery groups led by lead clinicians and specialist nurses and cancer navigator posts in all tumour groups. Key pressures remain in Gynaecology, Urology and upper and lower GI.

**North** - NUTH remains in tier 2 for cancer support, key pressures in Skin, Urology, Upper and Lower GI. Mitigations continuing including additional 2ww sessions, additional CT capacity for colorectal, and 4th endoscopy room for backlog. A Urology Task & Finish group across the North is currently looking to review MDT and MRI straight to test pathway.

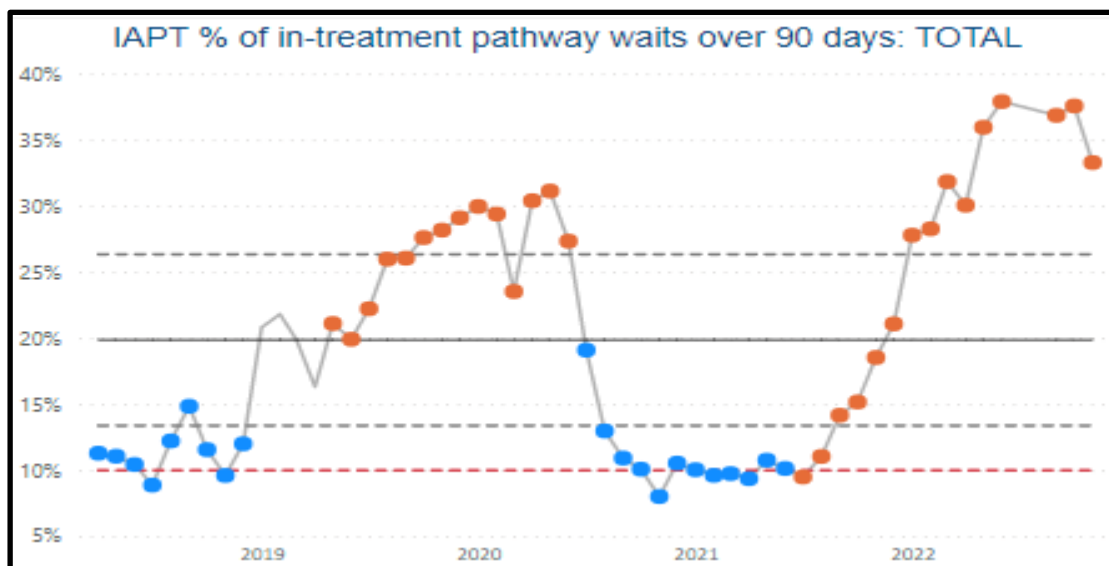
**Mental Health – appendix 12-14**

IAPT % waits >90 days (10%)  
Dementia diagnosis (67%)

**NENC 33.3%**  
**NENC 65.4%**

**Adult mental health – IAPT Performance – appendix 12**

- Access rates continue to be sporadic and have been below plan and target. Over more recent months the IAPT access numbers have started to increase and more in line with pre-pandemic numbers.
- Moving to recovery rates are above the 50% expectation in NENC for all patients and above the national at 49.5%. The recovery rate for black, Asian or minority groups is slightly lower at 45%.
- % of in treatment waits over 90 days continue above the 10% standard in Nov 22, at 33.3%, above the national at 22.4%, and demonstrated in the chart below.



**Mitigations**

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%. Actions across the ICS include: mobilisation of the NENC ICS IAPT Delivery & Oversight Group, as well as publicity,

targeting pathways such as older persons, DNA initiatives as well as recruitment drives, and subcontracting.

### ***Adult Mental Health – Dementia diagnosis and health checks performance – appendix 13***

- Dementia diagnosis is slightly below the 67% standard for NENC at 65.4% for September 22 and continues to increase. There was a dip in performance throughout the pandemic and teams are working to recover.
- The Number of SMI Health checks completed has started to increase throughout 21/22 and into 22/23 and although below the 22/23 standard it is progressing above plan in NENC.

#### **Mitigations**

SMI health checks - deployment of portable testing equipment, continued mobilisation of community mental health transformation models at place and local support to PCNs and clinical teams to ensure continued focus.

### ***Children and Young People (CYP) Mental Health – appendix 14***

#### **CYP Access - Performance**

- The number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact is showing some improvement in NENC throughout 22/23. In December 22 CYP access is above plan but below target.
- The % of CYP with urgent eating disorders across NENC ICS starting treatment within 1 week of referral has deteriorated throughout 20/21 and into 21/22. However from September 21 onwards there has been a continual improvement. Current performance at September 22 is at 89.9% against the 95% target which is above the operational planned levels.
- The % routine CYP patients with eating disorders across NENC ICS starting treatment within 4 weeks of referrals has deteriorated throughout 20/21 and continues to do so. Current performance at September 22 is at 74.3% against the 95% target which is below planned levels.

#### **Mitigations**

Place based actions to review pressure points and determine need include waiting list recover plans, alternative model implementation and pathway design. Workforce initiatives including recruitment and retention projects are also underway as well as system level digital action plans in place to support interoperability.

Sunderland - As a result of increased demand into CYP MH services, work has commenced on the mobilisation of a single point of access for CYP MH services. This is expected to be live April'23 and will ensure needs are met and CYP access the most appropriate services. The THRIVE model was also launched in November'22 which will change the way services are delivered in Sunderland for the long term. Additional support to schools via MH Support Teams is also in the process of being implemented.

## **Performance**

Reducing Reliance on IP care trajectories is off track overall as at 13/1/23, with a total of 168 patients in IP care, working towards no more than 71 adults in NENC by 2023/24. 85 are ICB commissioned and 75 secure services, and 7 CAMHS. There is a significant risk to achievement of the end of year trajectory in NENC with an expected outcome of +10 above trajectory.

Ability to achieve the trajectories is impacted by:

- Availability of independent care sector providers; retention and recruitment across the system
- Blocked care pathways; including the impact of MM Judgement
- Unavoidable admissions to hospital
- Complexity of caseload

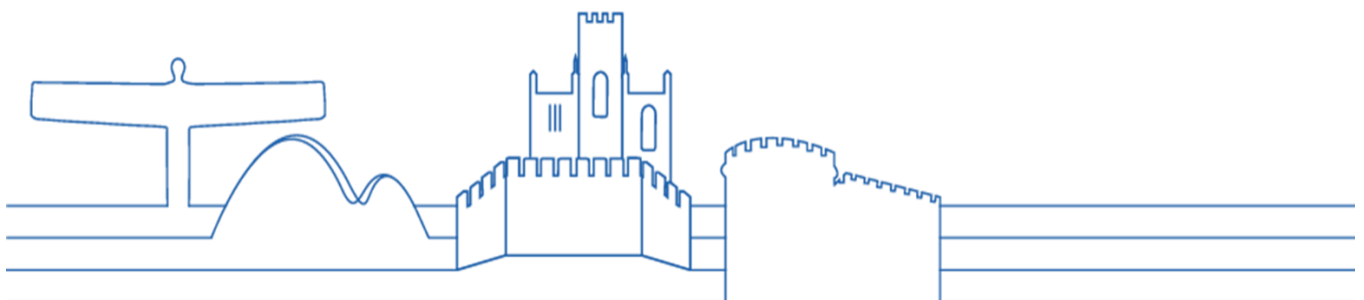
## **Mitigations**

- Use of 12 point discharge plan, escalation processes, RCA completion and development of Dynamic Support Systems. Detailed housing market analysis and Accommodation Plan in place; consideration of alternative accommodation, care and support solutions. Exploring Care Pathways and the use of rehabilitation wards; Operational Delivery Network work with NW&Y; meeting with MOJ and legal advice re the impact of MM.
- ICB Learning Disability and Autism Team established April 2022 onwards to focus on delivery of Building the Right Support through an increase in capacity and expertise in stimulating the provider market and case management. Joint project with ADASS.



**North East and  
North Cumbria**

# Finance



# Executive Summary

Executive Summary					
M10 - January 2023			YTD	Forecast	
Key Statutory Financial Duties	<b>Overall ICS 2022/23 In Year Financial Position - (Surplus) / Deficit</b>				
	For the financial year 2022/23 the ICS, including the Q1 position of the NENC CCGs, is on track to deliver the planned breakeven position reporting a small surplus of £0.4m at Month 10	Plan		£6.29 m	£0.00 m
		Actual		£19.06 m	(£0.38) m
	<b>Overall ICB 2022/23 In Year Financial Position - (Surplus) / Deficit</b>				
	<b>Overall ICB 2022/23 In Year Financial Position prior to retrospective funding - (Surplus) / Deficit</b>				
	The ICB is reporting a year to date variance of £6.61m and an outturn variance of £6.20m, prior to expected retrospective funding adjustments of £8.93m - Deficit / (Surplus)	Plan		(£1.75) m	(£2.63) m
		Actual		£6.61 m	£6.20 m
	<b>Expected ICB 2022/23 In Year Financial Position after retrospective funding - (Surplus) / Deficit</b>				
	The ICB is reporting an outturn variance of £2.74m, after expected retrospective funding adjustments of £8.93m, an improved position of £0.1m against the planned surplus of £2.63m - Deficit / (Surplus)	Plan		(£1.75) m	(£2.63) m
		Actual		£4.09 m	(£2.74) m
<b>ICB Running Costs Position - July 2022 to March 2023</b>					
The ICB is reporting a year to date and forecast outturn underspend of £2.48m and £3.93m respectively, compared with the submitted financial plan	Plan		£34.78 m	£46.06 m	
	Actual		£32.30 m	£42.12 m	
	Variance		(£2.48) m	(£3.93) m	
<b>Overall ICS 2022/23 Capital Funding</b>					
The ICS is reporting a forecast outturn against the capital allocation in line with plan for primary care and £4.74m over on provider capital. At Month 10 there is a year to date underspend against the capital allocation of £57m.	Allocation		£175.78 m	£201.89 m	
	Actual		£118.78 m	£206.63 m	
	Variance		(£57.00) m	£4.74 m	
Other Financial Performance Metrics	<b>Overall ICS 2022/23 QIPP/Efficiency</b>				
	The ICS is reporting year to date QIPP savings of £188.26m and forecast savings of £241.94m with the ICB delivering £48.46m which is slightly over the submitted QIPP/Efficiency plan. Providers are currently forecasting an under-delivery against target of £6.92m.	Plan		£202.85 m	£248.83 m
		Actual		£188.26 m	£241.94 m
		Variance		(£14.59) m	(£6.89) m
<b>Overall 2022/23 Mental Health Investment Standard (MHIS)</b>					
The ICB is on track to achieve the MHIS target for 2022/23 (growth in spend of 6.68%), the target now includes the impact of the pay award and additional uplift.			6.68%	6.68%	

# ICB Financial Position - Overview

Month 10 - January 2023	YTD Plan	YTD Actual	YTD Variance	2022/23 Annual Plan	2022/23 Forecast Outturn	2022/23 Forecast Variance	
	£000s	£000s	£000s	£000s	£000s	£000s	
<b>Revenue Resource Limit</b>	(3,919,259)			(5,104,564)			The ICB is forecasting surplus of £2.7m after expected retrospective central funding of £8.9m relating to the Primary Care Additional Roles Reimbursement Scheme (ARRS).
<b>Programme</b>							The main factors driving the ICB position are:
Acute Services	1,986,124	2,003,898	17,774	2,545,999	2,569,195	23,195	•Acute overspend mainly relating to Independent Sector provider activity where Elective Recovery Fund income has not been assumed.
Mental Health Services	473,081	477,070	3,989	609,679	613,442	3,763	•Mental Health overspend in particular pressures on s117 packages and specialist packages of care.
Community Health Services	387,223	377,185	(10,038)	496,478	489,068	(7,409)	•Continuing Healthcare pressures, in particular backdated high cost packages of care, partially mitigated by release of prior year accruals.
Continuing Care	232,090	233,565	1,476	300,420	303,535	3,116	•Prescribing overspend based on latest Prescription Pricing Data showing continued pressures from price concessions and Cat M impacts.
Prescribing	333,535	348,015	14,480	427,842	442,908	15,066	•Management of reserves to balance overall ICB position and release of non-recurring benefits across a number of budget areas.
Primary Care	65,618	60,232	(5,386)	86,827	79,018	(7,808)	
Primary Care Co-Commissioning	324,399	330,642	6,243	418,894	426,874	7,981	
Other Programme Services	32,392	31,985	(406)	44,459	44,258	(201)	
Other Commissioned Services	16,614	16,685	71	21,406	20,895	(511)	
Programme Reserves	13,505	(299)	(13,804)	81,650	61,944	(19,705)	
Contingency	3,563	0	(3,563)	4,725	0	(4,725)	
<b>Total ICB Programme Costs</b>	<b>3,868,145</b>	<b>3,878,980</b>	<b>10,835</b>	<b>5,038,377</b>	<b>5,051,139</b>	<b>12,762</b>	The financial plan of the ICB required an overall efficiency target of £48.4m and the ICB is on track to deliver this.
<b>Admin</b>							The main areas of risk and uncertainty for the ICB arises from non NHS activity, in particular prescribing and continuing healthcare costs.
Running Costs	34,781	32,304	(2,477)	46,055	42,123	(3,932)	
<b>Total ICB Admin Costs</b>	<b>34,781</b>	<b>32,304</b>	<b>(2,477)</b>	<b>46,055</b>	<b>42,123</b>	<b>(3,932)</b>	
(Surplus) / Deficit	1,750	0	(1,750)	2,632	0	(2,632)	
<b>Total In Year ICB Financial Position</b>	<b>3,904,676</b>	<b>3,911,283</b>	<b>6,608</b>	<b>5,087,064</b>	<b>5,093,262</b>	<b>6,198</b>	Mitigations have been identified to manage the majority risks, in month 10 there is no unmitigated risk within the ICB. A number of potential risks to the wider ICS financial position have also been identified for NHS provider trusts, with unmitigated financial risk assessed at £7m.
Central Funding expected for ARRS costs	2,517	0	(2,517)	8,934	0	(8,934)	
<b>Total In Year ICB Financial Position after expected retrospective funding</b>	<b>3,907,193</b>	<b>3,911,283</b>	<b>4,091</b>	<b>5,095,998</b>	<b>5,093,262</b>	<b>(2,736)</b>	

# Appendices



## Appendix 1a: NHS Oversight Framework (NHS OF) – Preventing ill health and reducing inequalities domain

Sub Category	Indicator	Aggregation	Period	Value	Direction	National Value	Rank Banding	Standard	Standard Met
Prevention and long term conditions	S051a: Number of people supported through the NHS diabetes prevention programme as a proportion of patients profiled	ICB	22-23 Q2	71.6%	Increase	32.5%	Highest Performing Quartile		
	S053a: % of atrial fibrillation patients with a record of a CHA2DS2-VASc score of 2 or more who are treated with anticoagulation drug therapy	SubICB	2021-22	89.8%	Increase	89%	Interquartile Range	90%	Not Met
	S053b: % of hypertension patients who are treated to target as per NICE guidance	SubICB	2021-22	65.9%	Increase	60.4%	Highest Performing Quartile	80%	Not Met
	S053c: % of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	SubICB	22-23 Q1	59.4%	Increase	57.2%	Highest Performing Quartile	45%	Met
	S055a: Number GP referrals to NHS Digital weight management services per 100k population	SubICB	22-23 Q2	71.4 per 100,000	Increase	63.8 per 100,000	Interquartile Range		
	S115a: Proportion of diabetes patients that have received all eight diabetes care processes	ICB	21-22 Q4	46.5%	Increase	46.7%	Interquartile Range		
	S116a: Proportion of adult inpatient settings offering tobacco dependence services	ICB	2022 10	20%	Increase	14.3%	Interquartile Range	100%	Not Met
	S116b: Proportion of maternity settings offering tobacco dependence services	ICB	2022 10	25%	Increase	13%	Highest Performing Quartile	100%	Not Met
	S117a: Proportion of patients who have a first consultation in a post covid service within six weeks of referral	Provider	2022 12	37.2%	Increase	47.8%	Interquartile Range		
	Screening, vaccination and immunisation	S046a: Population vaccination coverage: MMR for two doses (5 year olds)	SubICB	22-23 Q1	91.9%	Increase	84.4%	Highest Performing Quartile	95%
S047a: Proportion of people over 65 receiving a seasonal flu vaccination		SubICB	2022 10	68.9%	Increase	65.4%	Highest Performing Quartile	85%	Not Met
S050a: Cervical screening coverage : % females aged 25 : 64 attending screening within the target period		SubICB	21-22 Q4	74.7%	Increase	70.8%	Highest Performing Quartile	75%	Not Met

## NHS OF – People domain

Sub Category	Indicator	Aggregation	Period	Value	Direction	National Value	Rank Banding	Standard	Standard Met
Belonging in the NHS	S071a: Proportion of staff in senior leadership roles who are from a BME background	Amb Provider	2021	6.9%	Increase	75.2%	Interquartile Range	12%	Not Met
		MH Provider	2021	5.7%	Increase	664.3%	Lowest Performing Quartile	12%	Not Met
		Provider	2021	14%	Increase	1152.1%	Interquartile Range	12%	Met
	S072a: Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age	ICB	2021	60.7%	Increase		Highest Performing Quartile		
Growing for the future	S074a: FTE doctors in General Practice per 10,000 weighted patients	ICB	2022 11	0 per 10,000	Increase	0 per 10,000	Highest Performing Quartile		
	S075a: Direct patient care staff in GP practices and PCNs per 10,000 weighted patients	ICB	22-23 Q1	5.68 per 10,000	Increase	4.98 per 10,000	Interquartile Range		
Looking after our people	S063a: Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from managers	ICB	2021	9.95%	Decrease		Interquartile Range		
	S063b: Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from other colleagues	ICB	2021	16.6%	Decrease		Highest Performing Quartile		
	S063c: Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public	ICB	2021	26.1%	Decrease		Interquartile Range		
	S067a: Leaver rate	ICB	2022 10	8.93%	Decrease	9.07%	Interquartile Range		
	S068a: Sickness absence rate	ICB	2022 08	5.67%	Decrease	5.09%	Lowest Performing Quartile		
	S069a: Staff survey engagement theme score	ICB	2021	6.07/10	Increase		Highest Performing Quartile		

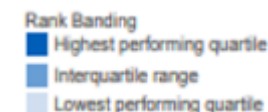
Rank Banding  
■ Highest performing quartile  
■ Interquartile range  
■ Lowest performing quartile

## Appendix 1b: NHS Oversight Framework (NHS OF) - Quality, Access and outcomes domain

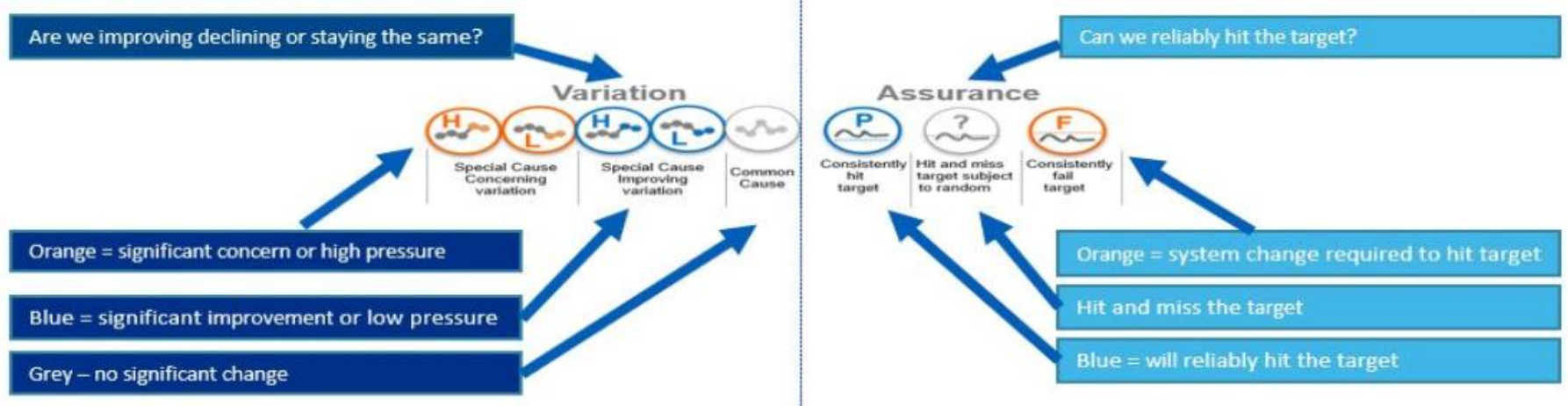
Sub Category	Indicator	Aggregation	Period	Value	Direction	National Value	Rank Banding	Standard	Standard Met
Cancer	S010a: Total patients treated for cancer compared with the same point in 2019/20	ICB	2022 11	103.4%	Increase		Interquartile Range	100%	Met
	S011a: Cancer - percentage of patients on the waiting list who have been waiting more than 62 days	Provider	w/e 08/01/2023	88.7%	Decrease	1771.2%	Lowest Performing Quartile		
	S012a: Proportion of patients meeting the faster cancer diagnosis standard	ICB	2022 11	76.9%	Increase	69.7%	Highest Performing Quartile	75%	Met
Leadership	S060a: Aggregate score for NHS staff survey questions that measure perception of leadership culture	ICB	2021	6.87/10	Increase		Interquartile Range		
Maternity and children's health	S022a: Stillbirths per 1,000 total births	ICB	2020	3.13 per 1,000	Decrease	3.29 per 1,000	Interquartile Range		
	S104a: Neonatal deaths per 1,000 total live births	ICB	2020	1.41 per 1,000	Decrease	1.5 per 1,000	Interquartile Range		
Mental health services	S081a: Access rate for IAPT services	ICB	22-23 Q2	54.3%	Increase		Lowest Performing Quartile	100%	Not Met
	S084a: Number of children and young people accessing mental health services as a % of population	ICB	2022 10	95.1%	Increase		Interquartile Range	100%	Not Met
	S085a: Proportion of people with severe mental illness receiving a full annual physical health check and follow-up interventions	ICB	2022 09	79.4%	Increase	74.5%	Interquartile Range	100%	Not Met
	S086a: Inappropriate adult acute mental health placement out of area placement bed days	ICB	Aug 2022 - Oct 2022	2,360	Decrease		Lowest Performing Quartile	0	Met
	S110a: Access rates to community mental health services for adult and older adults with severe mental illness	ICB	2022 10	94.6%	Increase		Interquartile Range	100%	Not Met
	S125a: Adult Acute LoS Over 60 Days % of total discharges	MH Provider	2022 10	16.8%	Decrease	20.1%	Highest Performing Quartile		
	S125b: Older Adult Acute LoS Over 90 Days % of total discharges	MH Provider	2022 10	37%	Decrease	38.5%	Interquartile Range		
	S037a: Percentage of patients describing their overall experience of making a GP appointment as good	ICB	2022	58.7%	Increase	56.2%	Interquartile Range		
	S040a: Methicillin resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	Provider	2022 11	8	Decrease	265	Interquartile Range	0	Met
	S041a: Clostridium difficile infection rate	SubICB	2022 11	31	Decrease	762	Lowest Performing Quartile	0	Met
Safe, high quality care	S042a: E. coli bloodstream infection rate	Provider	2022 11	105.8%	Decrease	117.2%	Interquartile Range	100%	Met
	S042a: E. coli bloodstream infection rate	SubICB	2022 11	102.6%	Decrease	110.7%	Interquartile Range	100%	Met
	S042a: E. coli bloodstream infection rate	Provider	2022 11	103.4%	Decrease	109.4%	Interquartile Range	100%	Met
	S042a: E. coli bloodstream infection rate	SubICB	2022 11	105.1%	Decrease	107.7%	Interquartile Range	100%	Met
	S044a: Antimicrobial resistance: total prescribing of antibiotics in primary care	SubICB	Nov 2021 - Oct 2022	107.5%	Decrease	88.5%	Lowest Performing Quartile	87.1%	Met
	S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	SubICB	Nov 2021 - Oct 2022	7.58%	Decrease	8.37%	Highest Performing Quartile	10%	Not Met
	S121a: NHS Staff Survey compassionate culture people promise element sub-score	ICB	2021	7.2/10	Increase		Interquartile Range		
	S121b: NHS Staff Survey raising concerns people promise element sub-score	ICB	2021	6.7/10	Increase		Highest Performing Quartile		
	S042a: E. coli bloodstream infection rate	SubICB	2022 11	103.4%	Decrease	109.4%	Interquartile Range	100%	Met
	S042a: E. coli bloodstream infection rate	SubICB	2022 11	105.1%	Decrease	107.7%	Interquartile Range	100%	Met

Sub Category	Indicator	Aggregation	Period	Value	Direction	National Value	Rank Banding	Standard	Standard Met
Elective care	S007a: Total elective activity undertaken compared with 2019/20 baseline	ICB	2022 09	103.7%	Increase		Highest Performing Quartile	104%	Not Met
	S007b: Elective Activity : Completed pathway elective activity growth	ICB	2022 10	102.8%	Increase		Interquartile Range	110%	Not Met
	S009a: Total patients waiting more than 52 weeks to start consultant led treatment	Provider	2022 11	8,853	Decrease	360,656	Interquartile Range		
	S009a: Total patients waiting more than 52 weeks to start consultant led treatment	SubICB	2022 11	8,586	Decrease	347,944	Interquartile Range		
	S009b: Total patients waiting more than 78 weeks to start consultant led treatment	Provider	2022 11	911	Decrease	43,090	Interquartile Range		
	S009b: Total patients waiting more than 78 weeks to start consultant led treatment	SubICB	2022 11	866	Decrease	40,872	Interquartile Range		
	S009c: Total patients waiting more than 104 weeks to start consultant led treatment	Provider	2022 11	29	Decrease	1,152	Lowest Performing Quartile	0	Met
	S009c: Total patients waiting more than 104 weeks to start consultant led treatment	SubICB	2022 11	19	Decrease	1,212	Interquartile Range	0	Met
	S013a: Diagnostic activity levels: Imaging	Provider	2022 11	107%	Increase	106.1%	Interquartile Range	120%	Not Met
	S013a: Diagnostic activity levels: Imaging	SubICB	2022 11	105.6%	Increase	104.6%	Interquartile Range	120%	Not Met
	S013b: Diagnostic activity levels: Physiological measurement	Provider	2022 11	115%	Increase	105%	Interquartile Range	120%	Not Met
	S013b: Diagnostic activity levels: Physiological measurement	SubICB	2022 11	114.7%	Increase	103.4%	Interquartile Range	120%	Not Met
	S013c: Diagnostic activity levels: Endoscopy	Provider	2022 11	83.3%	Increase	92.9%	Interquartile Range	120%	Not Met
	S013c: Diagnostic activity levels: Endoscopy	SubICB	2022 11	81.1%	Increase	90.9%	Interquartile Range	120%	Not Met
	S013d: Diagnostic activity levels: Total	Provider	2022 11	105.7%	Increase	105%	Interquartile Range	120%	Not Met
	S013d: Diagnostic activity levels: Total	SubICB	2022 11	104.3%	Increase	103.5%	Interquartile Range	120%	Not Met
Outpatient transformation	S101a: Outpatient follow up activity levels compared with 2019/20 baseline	ICB	2022 11	101.9%	Decrease		Interquartile Range	75%	Met
Personalised care	S031a: Rate of personalised care interventions	ICB	22-23 Q2	110.18 per 1,000	Increase	75.33 per 1,000	Highest Performing Quartile		
	S032a: Personal health budgets	ICB	22-23 Q1	1.13 per 1,000	Increase	1.45 per 1,000	Interquartile Range		
Primary care and community services	S001a: Number of general practice appointments per 10,000 weighted patients	ICB	2022 11	0 per 10,000	Increase	5349.31 per 10,000	Highest Performing Quartile		
	S106a: Available virtual ward capacity per 100k head of population	ICB	2022 12	13.3 per 100,000	Increase	13.2 per 100,000	Interquartile Range	40 per 100,000	Not Met
	S107a: Percentage of 2-hour Urgent Community Response referrals where care was provided within two hours	ICB	2022 10	78.9%	Increase	81%	Interquartile Range	70%	Met
	S108a: Number of Completed Referrals to Community Pharmacist Consultation Service (CPCS) from a general practice	ICB	2022 03	28.9 per 100,000	Increase	40.7 per 100,000	Interquartile Range		
	S108b: Number of Completed Referrals to Community Pharmacist Consultation Service (CPCS) from NHS111 per 100,000 population	ICB	2022 03	94.2 per 100,000	Increase	71.3 per 100,000	Highest Performing Quartile		
S109a: Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted	ICB	2022 09	67.1%	Increase	70.2%	Interquartile Range	100%	Not Met	
Screening, vaccination and immunisation	S046a: Population vaccination coverage: MMR for two doses (5 year olds)	SubICB	22-23 Q1	91.9%	Increase	84.4%	Highest Performing Quartile	95%	Not Met
	S047a: Proportion of people over 65 receiving a seasonal flu vaccination	SubICB	2022 10	68.9%	Increase	65.4%	Highest Performing Quartile	85%	Not Met
	S050a: Cervical screening coverage : % females aged 25 : 64 attending screening within the target period	SubICB	21-22 Q4	74.7%	Increase	70.8%	Highest Performing Quartile	75%	Not Met



## Appendix 2: Variance and assurance icons



Variation	Assurance	Description
		Special cause of a concerning nature where the measure is significantly HIGHER. This occurs where there is higher pressure in the process or deteriorating performance. This process is not capable. It will FAIL the target without process redesign.
		Special cause of a concerning nature where the measure is significantly HIGHER. This occurs where there is higher pressure in the process or worse performance. However despite deterioration the process is capable and will consistently PASS the target.
		Special cause of a concerning nature where the measure is significantly HIGHER. This occurs where there is higher pressure in the process or worse performance. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Special cause of a concerning nature where the measure is significantly LOWER. This process is not capable. It will FAIL the target without process redesign.
		Special cause of a concerning nature where the measure is significantly LOWER. However the process is capable and will consistently PASS the target.
		Special cause of a concerning nature where the measure is significantly LOWER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.
		Common cause variation, no significant change. This process is capable and will consistently PASS the target.
		Common cause variation, no significant change. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).

Variation	Assurance	Description
		Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.
		Special cause of an improving nature where the measure is significantly HIGHER. This process is capable and will consistently PASS the target.
		Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Special cause of an improving nature where the measure is significantly LOWER. This process is still not capable. It will FAIL the target without process redesign.
		Special cause of an improving nature where the measure is significantly LOWER. This process is capable and will consistently PASS the target.
		Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Special cause variation where UP is neither improvement or concern
		Special cause variation where DOWN is neither improvement or concern

### Appendix 3a: Quality – North & North Cumbria

Indicator	NCIC				Northumbria				NuTH				Gateshead FT				
	Value	Traj.	Var	Ass.	Value	Traj.	Var	Ass.	Value	Traj.	Var	Ass.	Value	Traj.	Var	Ass.	
Quality - Serious Incidents	Proportion of RCAs submitted within 60 days - January 2023	0%	95%			50%	95%			46.2%	95%			0%			
	Proportion of incidents reported within 2 days - January 2023	100%	95%			100%	95%			100%	95%			100%			
	Number of Serious Incidents reported - January 2023	4				7				22				3			
	Number of Serious Incident Never Events reported - January 2023	0				0				0				0			
Quality - Mortality	Summary Hospital-level Mortality Indicator (SHMI) value - September 2022	1.0797				0.9334				0.9105				0.901			
Quality - HCAI	Incidence of P. aeruginosa - December 2022	2	1			1	1			5	3			0	0		
	Incidence of MSSA - December 2022	4				4				5				3			
	Incidence of MRSA - December 2022	0	0			0	0			0	0			0	0		
	Incidence of Klebsiella spp - December 2022	3	2			4	4			9	13			3	2		
	Incidence of E Coli - December 2022	12	7			12	11			10	16			8	5		
	Incidence of C Difficile - December 2022	1	4			7	4			15	14			4	2		
Quality - Staff	Staff Absence Rate - September 2022	5.1%				5.6%				5.2%				5.3%			
	Staff Turnover Rate - October 2022	0.9%				1.2%				1.3%				1.3%			
Quality - Friends and Family	Proportion of service users that would recommend Community Health Services - November 2022	98.2%				92.6%				88.6%				100%			
	Proportion of service users that would recommend Emergency Department - November 2022	77.8%				80.4%								80.3%			
	Proportion of service users that would recommend Inpatient Services - November 2022	97.6%				95.2%				95.9%				94.6%			
	Proportion of service users that would recommend Maternity Services - November 2022	96.2%				71.5%				100%				0%			
	Proportion of service users that would recommend Mental Health Services - November 2022					87.2%											
	Proportion of service users that would recommend Outpatient Services - November 2022	98.6%				92.6%				97.9%				93.6%			

## Appendix 3b Quality – Central and South

Indicator	STSFT				CDDFT				NTHFT				STHFT				
	Value	Traj.	Var	Ass.	Value	Traj.	Var	Ass.	Value	Traj.	Var	Ass.	Value	Traj.	Var	Ass.	
Quality - Serious Incidents	Proportion of RCAs submitted within 60 days - January 2023	0%	95%			16.7%				0%	95%			42.9%	95%		
	Proportion of incidents reported within 2 days - January 2023	100%	95%			66.7%				100%	95%			100%	95%		
	Number of Serious Incidents reported - January 2023	1				6				2				4			
	Number of Serious Incident Never Events reported - January 2023	0				0				0				0			
Quality - Mortality	Summary Hospital-level Mortality Indicator (SHMI) value - September 2022	1.0857				1.0969				0.9791				1.0598			
Quality - HCAI	Incidence of P. aeruginosa - December 2022	2	2			2	1			0	1			2	1		
	Incidence of MSSA - December 2022	7				3				7				7			
	Incidence of MRSA - December 2022	0	0			0	0			1	0			2	0		
	Incidence of Klebsiella spp - December 2022	7	4			2	3			1	2			4	4		
	Incidence of E Coli - December 2022	15	10			4	9			5	6			15	11		
	Incidence of C Difficile - December 2022	5	5			4	5			2	4			11	9		

Indicator	STSFT				CDDFT				NTHFT				STHFT				
	Value	Traj.	Var	Ass.	Value	Traj.	Var	Ass.	Value	Traj.	Var	Ass.	Value	Traj.	Var	Ass.	
Quality - Staff	Staff Absence Rate - September 2022	5.7%				5.6%				5.4%				5.8%			
	Staff Turnover Rate - October 2022	1.2%				1.3%				0.9%				1.2%			
Quality - Friends and Family	Proportion of service users that would recommend Community Health Services - November 2022	96.8%				100%				95.6%				98.3%			
	Proportion of service users that would recommend Emergency Department - November 2022	88.6%				96.8%				71.2%				75.3%			
	Proportion of service users that would recommend Inpatient Services - November 2022	97.7%				97.7%				92%				97.4%			
	Proportion of service users that would recommend Maternity Services - November 2022	76.9%				99.3%				81.8%				88.5%			
	Proportion of service users that would recommend Mental Health Services - November 2022	94.7%															
	Proportion of service users that would recommend Outpatient Services - November 2022	94.5%				99.1%				94.3%				95%			

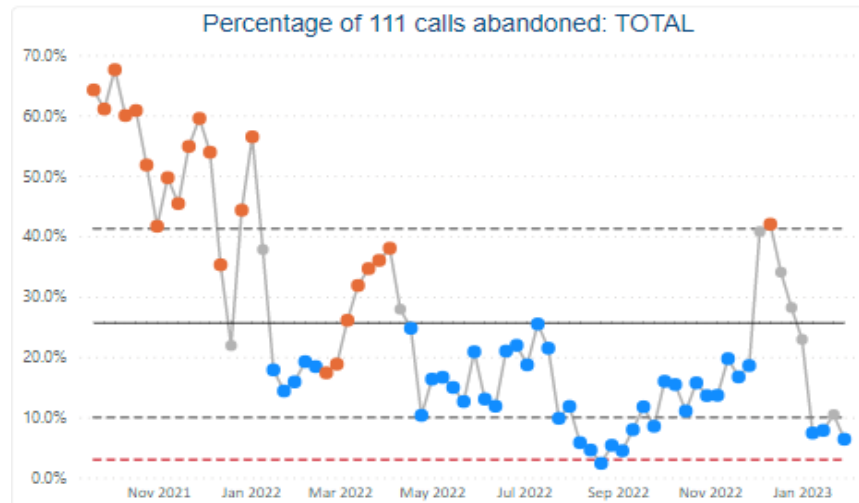
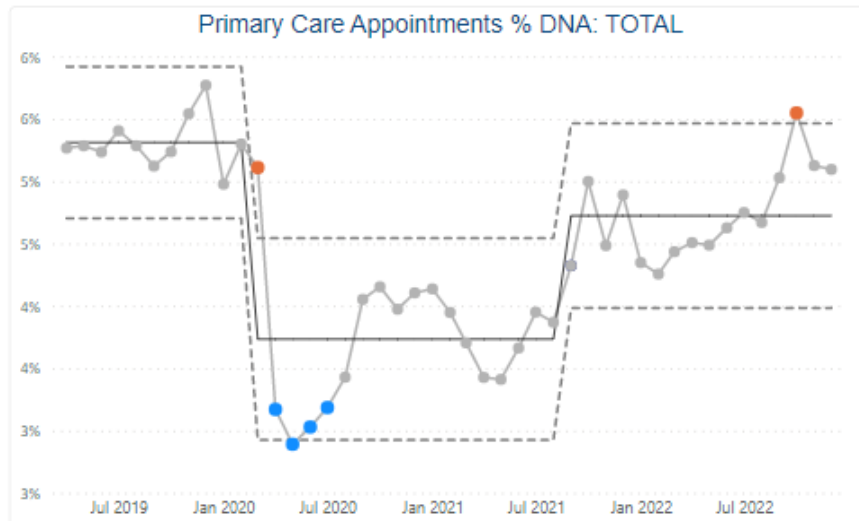
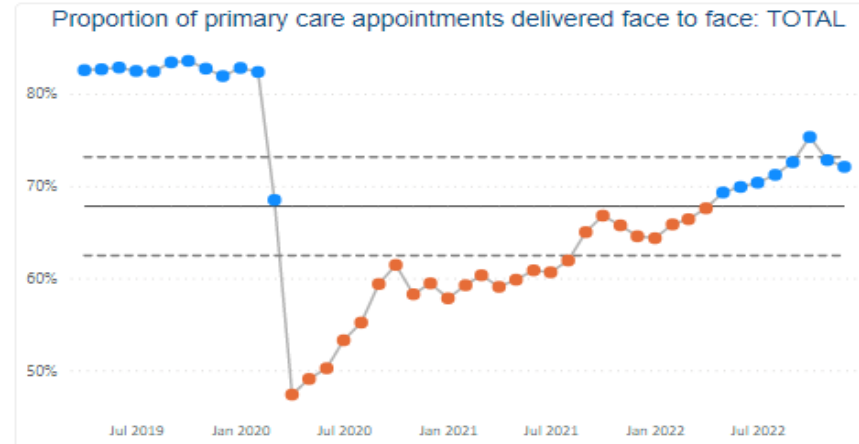
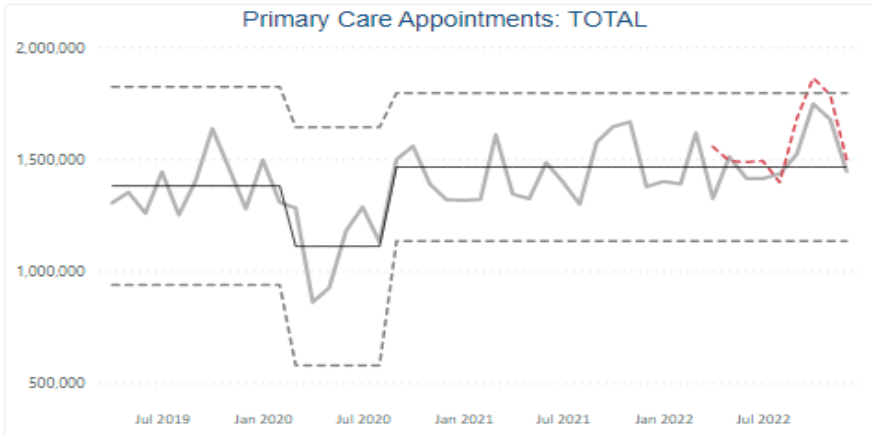
### Appendix 3c: Quality – Mental Health and Ambulance

Indicator	NEAS				TEWV				CNTW				
	Value	Traj.	Var	Ass.	Value	Traj.	Var	Ass.	Value	Traj.	Var	Ass.	
Quality - Serious Incidents	Proportion of RCAs submitted within 60 days - January 2023	0%				0%	95%			100%	95%		
	Proportion of incidents reported within 2 days - January 2023	100%				90.9%	95%			100%			
	Number of Serious Incidents reported - January 2023	7				11				8			
	Number of Serious Incident Never Events reported - January 2023	0				0				0			
Quality - Staff	Staff Absence Rate - September 2022	7.4%				5.6%				6.2%			
	Staff Turnover Rate - October 2022	1.4%				1.1%				1.2%			
Quality - Friends and Family	Proportion of service users that would recommend Mental Health Services - November 2022					91.4%				82%			

# Appendix 4: Primary Care

Target -----

Metric	Latest date	Value	National	Target	Variation	Assurance
Primary Care Attends	Dec-22	1371573			📉	
Primary Care Appointments	Dec-22	1445207		1498466	📉	📉
Primary Care Appointments % DNA	Dec-22	5.1%	5.2%		📉	
Proportion of primary care appointments delivered face to face	Dec-22	72.1%	67.3%		😊	
Percentage of 111 calls abandoned	Jan-23	6.4%		3%	😞	😞

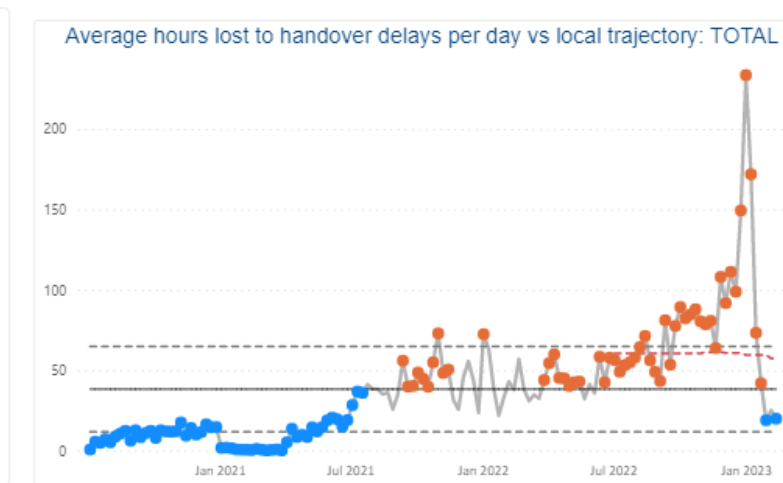
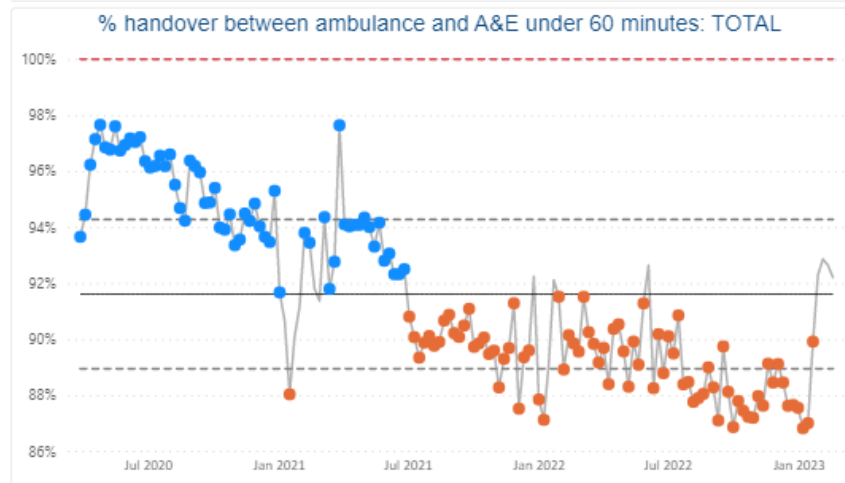
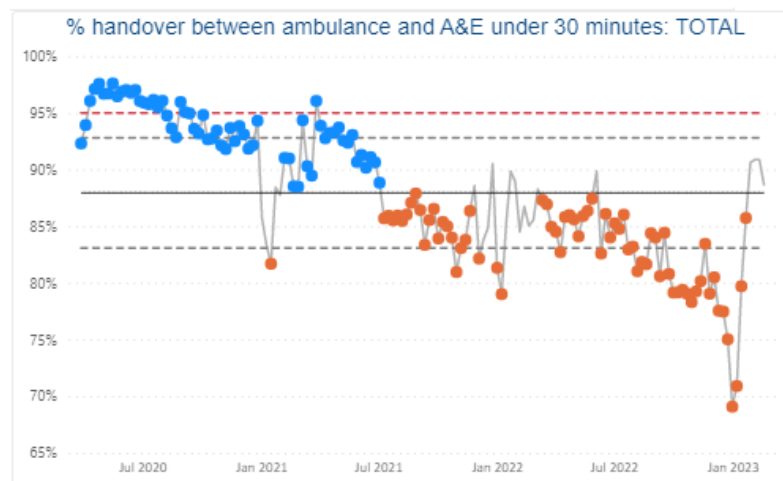
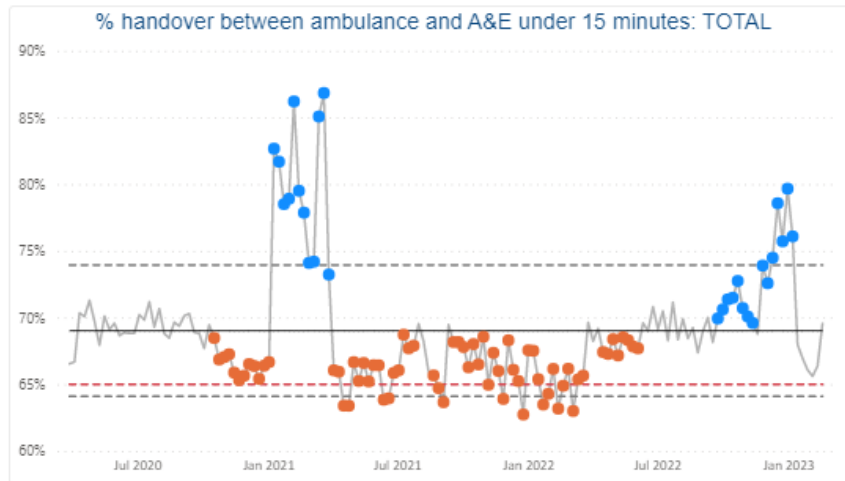


Latest data 29/01/23

## Appendix 5: Ambulance handover

Metric	Latest date	Value	National	Target	Variation	Assurance
Average hours lost to handover delays per day vs local trajectory	Feb-23	20		57.4		
% handover between ambulance and A&E under 60 minutes	Feb-23	92.2%		100%		
% handover between ambulance and A&E under 30 minutes	Feb-23	88.7%		95%		
% handover between ambulance and A&E under 15 minutes	Feb-23	69.6%		65%		

Target

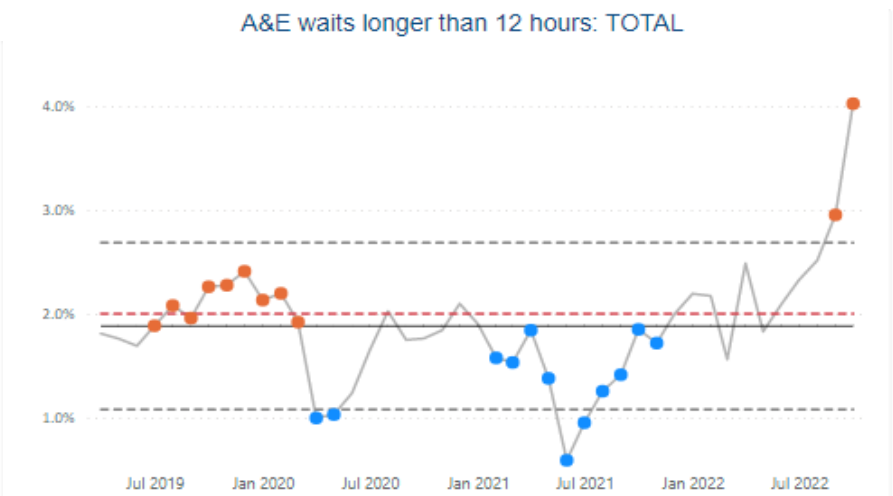
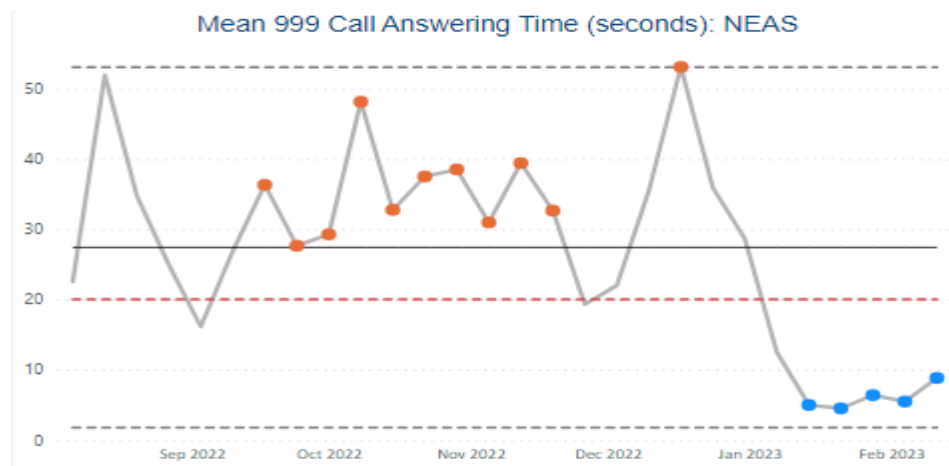
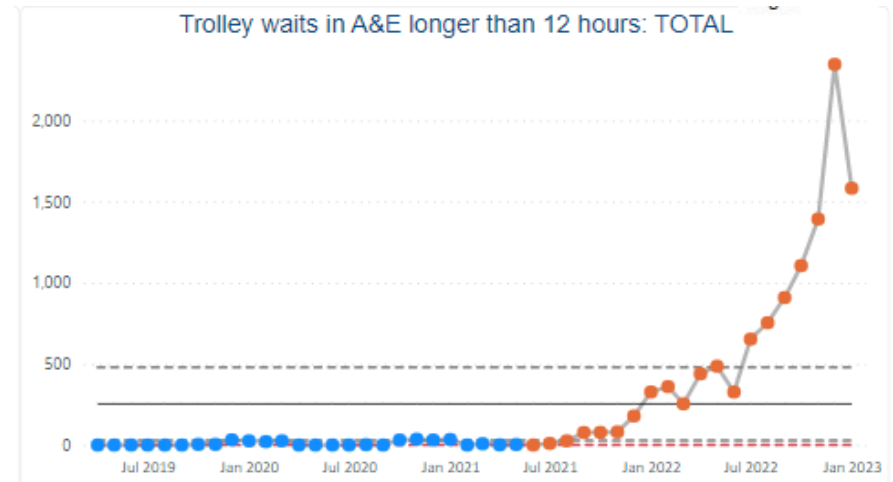
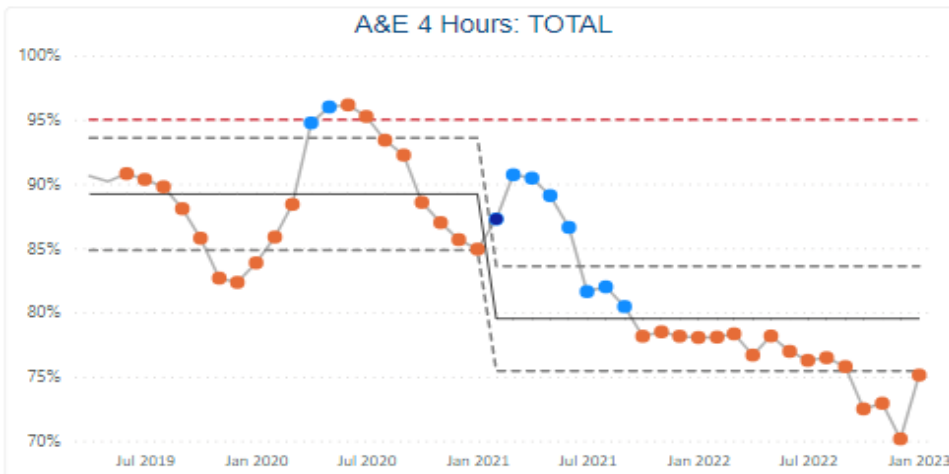


Latest Data 18/02/2023



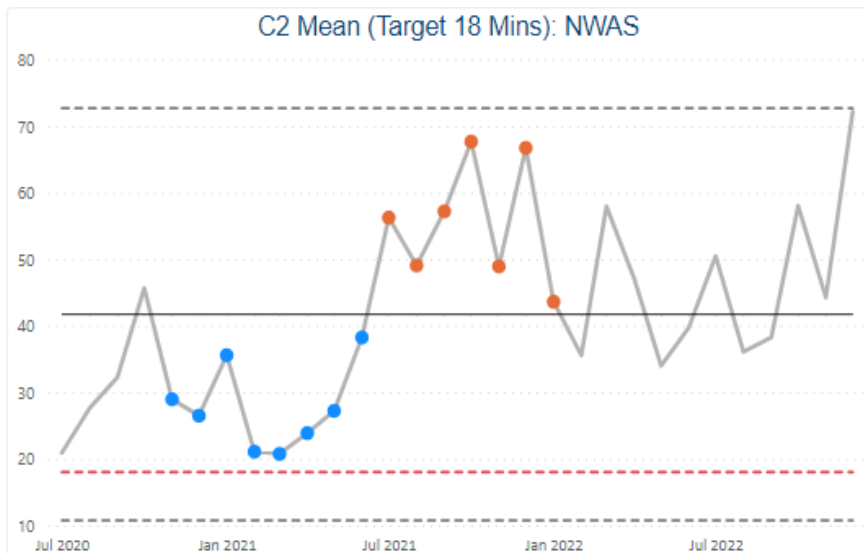
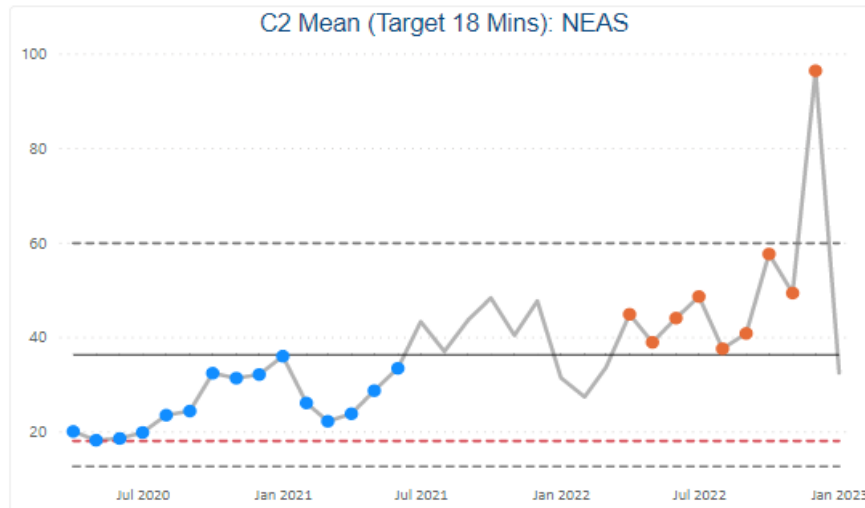
## Appendix 6: Accident and Emergency

Metric	Latest date	Value	National	Target	Variation	Assurance
% Patients spending 4 Hours or less in A&E	Jan-23	75.1%	64.6%	95%	🟡	🟡
A&E 4 Hours (T1 only)	Jan-23	59.2%	50.8%	95%	🟡	🟡
Trolley waits (from DTA) in A&E longer than 12 hours	Jan-23	1583		0	🟡	🟡
% A&E waits from arrival to discharge, admission or transfer longer than 12 hours	Oct-22	4%		2%	🟡	🟡
Mean 999 Call Answering Time (seconds)	Feb-23	8.8		20	🟢	🟡



## Appendix 7: Ambulance response times

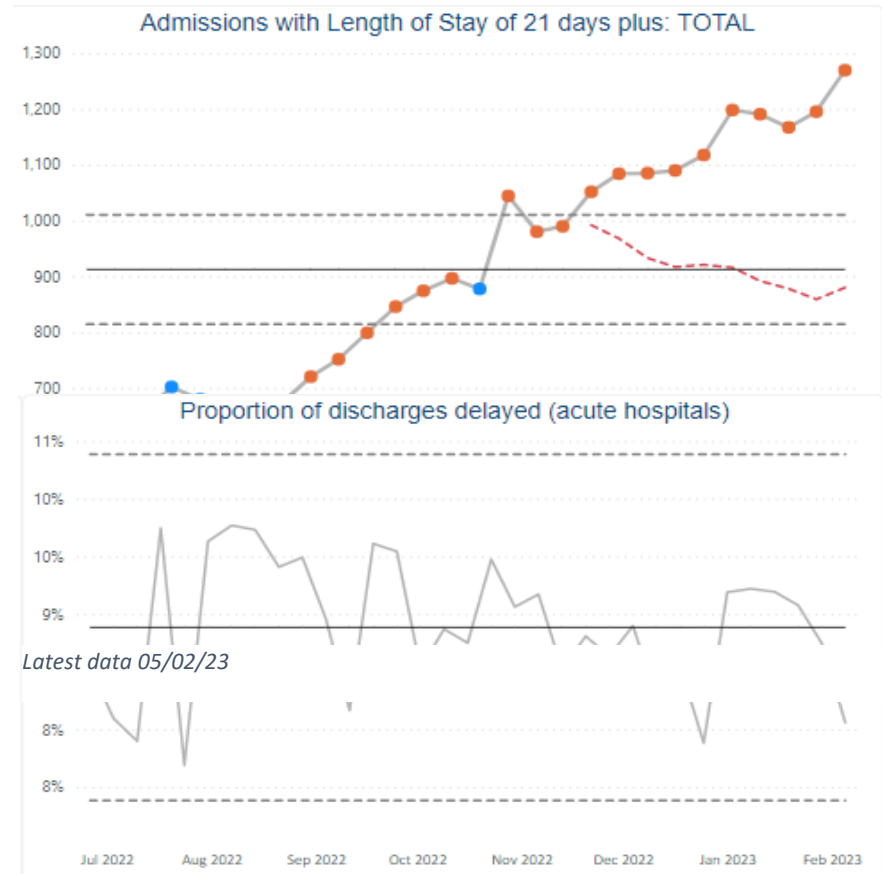
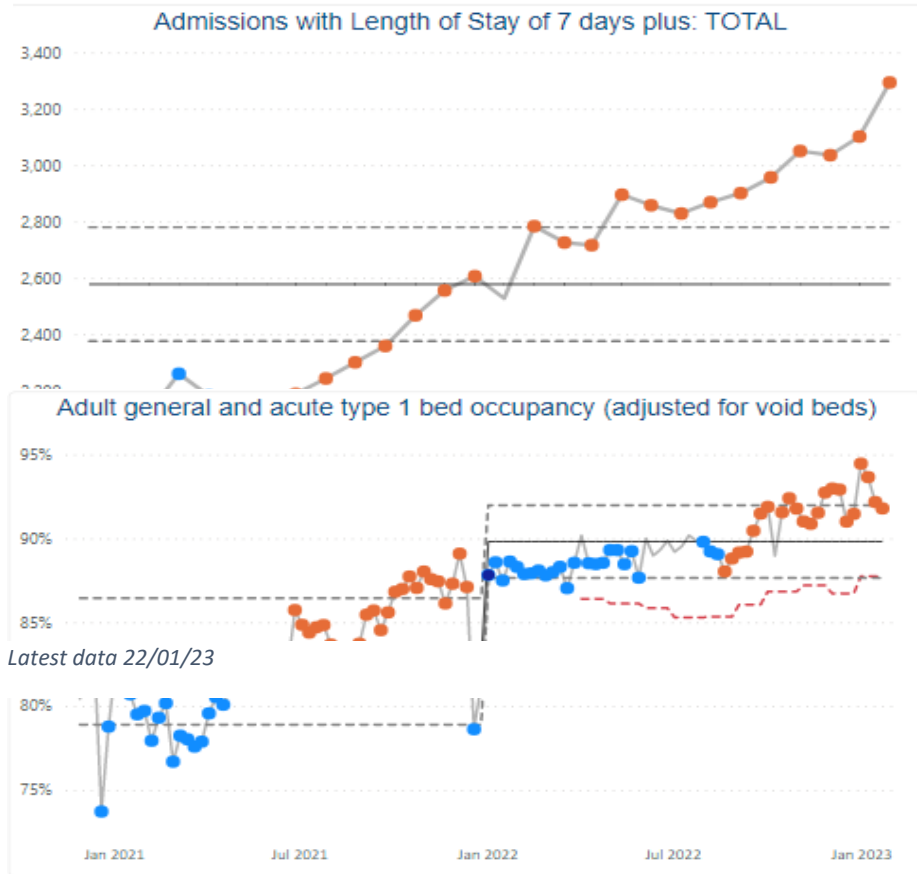
Metric	Latest date	Value	National	Target	Variation	Assurance
Latest data 11/02/23	Dec-22	01:12:11		00:18:00	📉	?
C2 Mean (Target 18 Mins): NEAS	Jan-23	00:32:24	00:32:06	00:18:00	📉	?



Metric	Target	NEAS			NWAS		
		Value	Variation	Assur.	Value	Variation	Assur.
C1 Mean (Target 7 Mins)	00:07:00	00:07:07	H	?	00:09:58	H	F
C1 90th Centile	00:15:00	00:12:18	H	P	00:16:56		?
C2 Mean (Target 18 Mins)	00:18:00	00:32:24		?	01:12:11		?
C2 90th centile	00:40:00	01:08:07		?	02:45:19		?
C3 90th centile	02:00:00	02:19:11		?	12:54:30	H	?
C4 90th centile	03:00:00	02:41:28		?	15:56:11		?

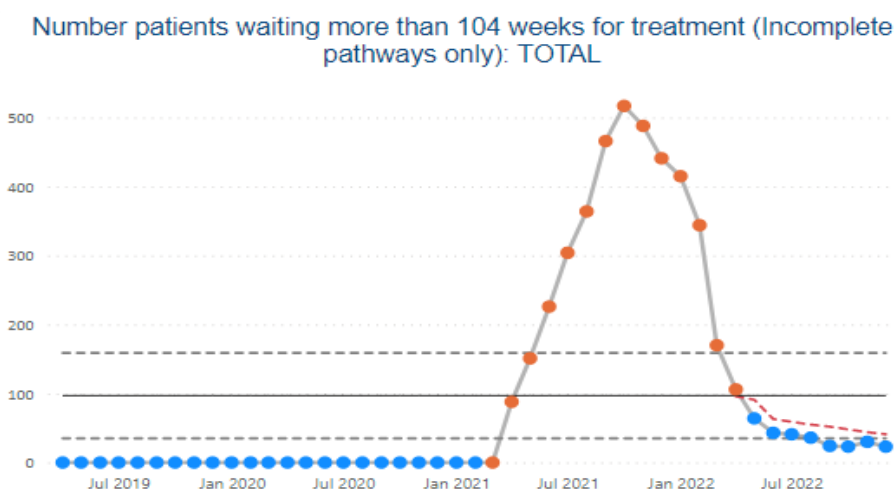
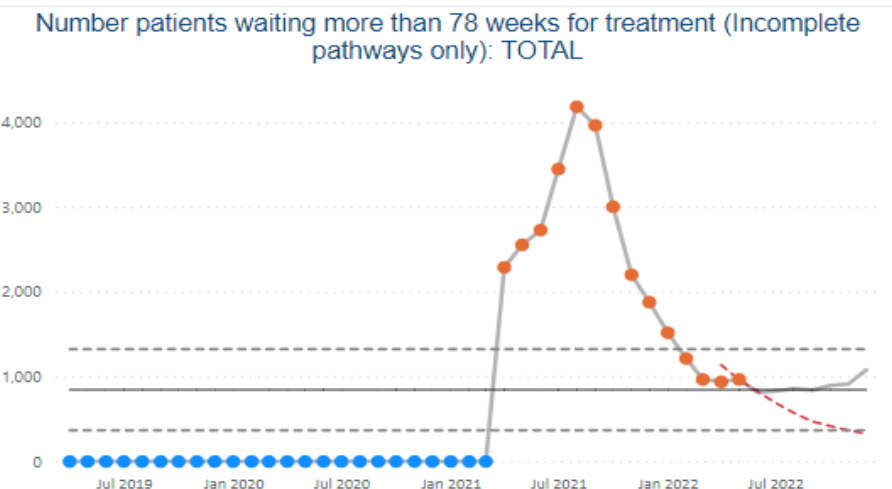
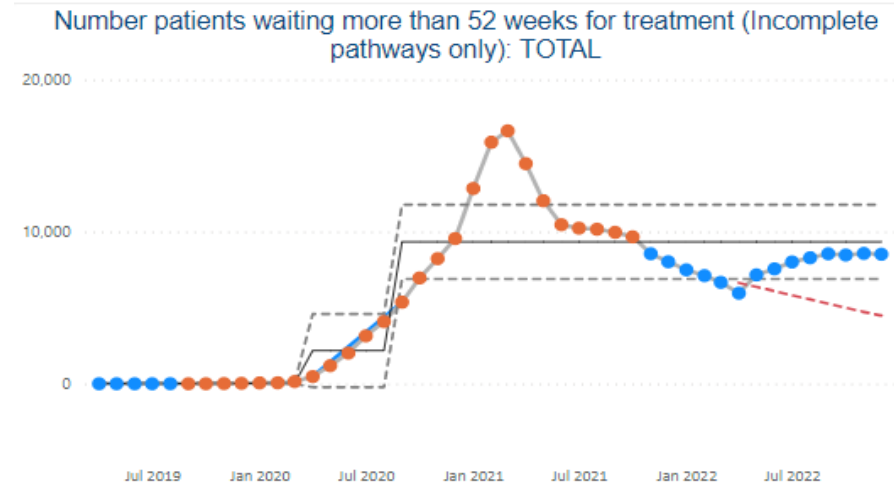
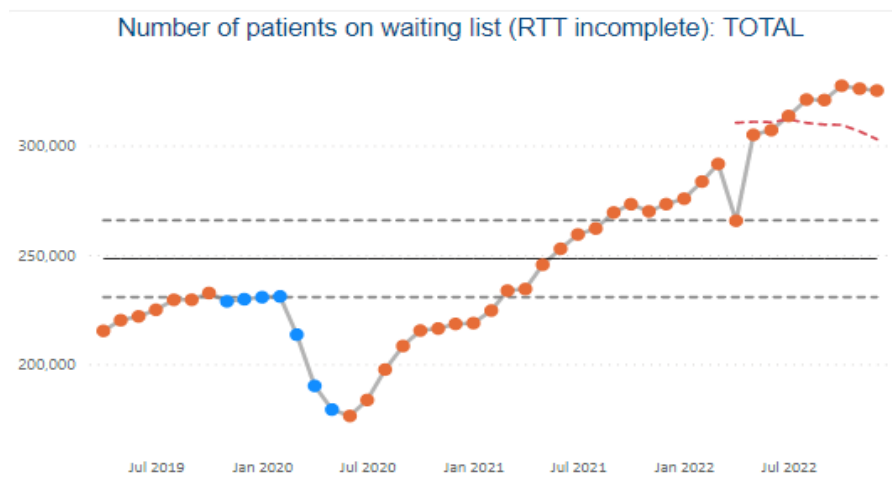
## Appendix 8: Patient Flow and Discharge

Metric	Latest date	Value	National	Target	Variation	Assurance
Admissions with Length of Stay of 21 days plus	Jan-23	1269.5		880		
Admissions with Length of Stay of 7 days plus	Jan-23	3293.5				
Adult general and acute type 1 bed occupancy (adjusted for void beds)	Jan-23	91.8%		87.7%		
Proportion of discharges delayed (acute hospitals)	Feb-23	8.1%				



### Appendix 9a: Elective waiting list and long waiters – Referral to Treatment

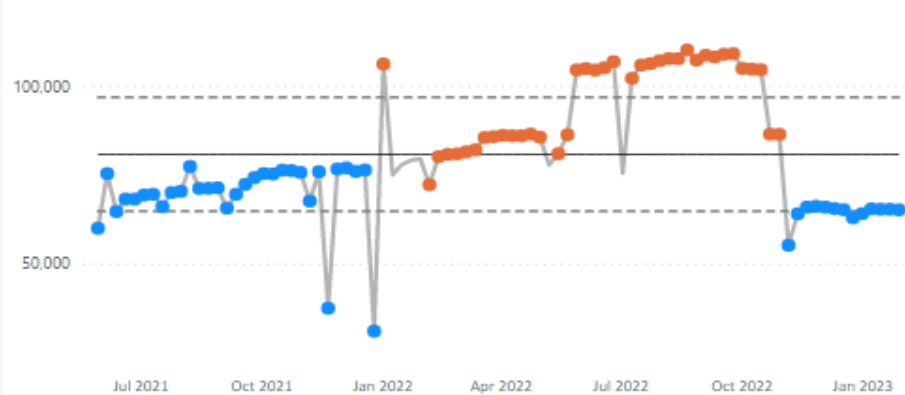
Metric	Latest date	Value	National Target	Variation	Assurance
Number patients waiting more than 52 weeks for treatment (Incomplete pathways only)	Dec-22	8520	4485	🟡	🟡
Number patients waiting more than 78 weeks for treatment (Incomplete pathways only)	Dec-22	1079	327	🟡	🟡
Number patients waiting more than 104 weeks for treatment (Incomplete pathways only)	Dec-22	23	41	🟢	🟢
Number of patients on waiting list (RTT incomplete)	Dec-22	325193	302915	🟡	🟡



## Appendix 9b: Elective Waiting List – health inequalities

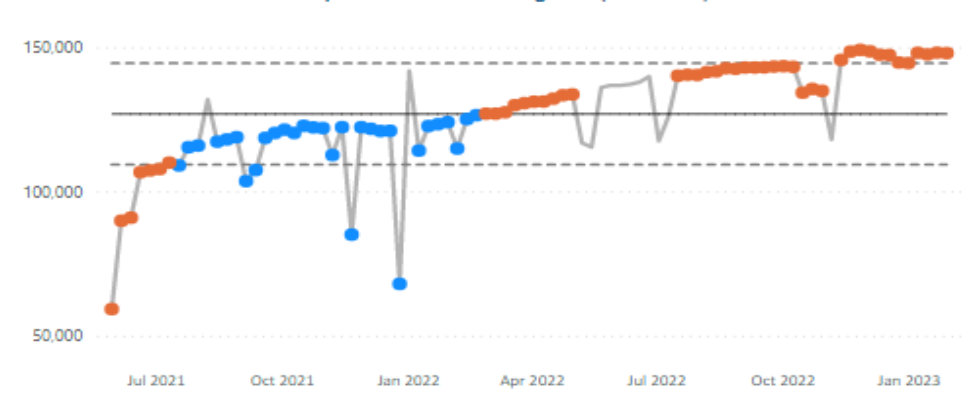
Provider	TOTAL		CDDFT		Gateshead FT		NCIC		Northumbria		NTHFT		NuTH		STHFT		STSFT	
	Val.	Var.	Val.	Var.	Val.	Var.	Val.	Var.	Val.	Var.	Val.	Var.	Val.	Var.	Val.	Var.	Val.	Var.
Number of patients on waiting list (Ethnicity White)	271465	🟡	35984	🟡	9636	🟡	28225	🟡	27470	🟡	14456	🟡	71809	🟡	38351	🟡	45534	🟡
Number of patients on waiting list (Ethnicity BAME)	13441	🟡	669	🟡	274	🟡	436	🟡	349	🟡	1259	🟡	6363	🟡	2289	🟡	1802	🟡
Number of patients on waiting list (Ethnicity Unknown)	65136	🟢	5328	🟡	2840	🟡	8679	🟡	5552	🟢	3435	🟡	22172	🟢	9515	🟡	7615	🟡
Number of patients on waiting list (IMD 1-3)	147969	🟡	18573	🟡	6214	🟡	10787	🟡	10559	🟡	9979	🟡	41909	🟢	19828	🟡	30120	🟡
Number of patients on waiting list (IMD 4-6)	92380	🟡	12177	🟡	3318	🟡	13746	🟡	9995	🟡	3248	🟡	25164	🟢	11428	🟡	13304	🟡
Number of patients on waiting list (IMD 7-10)	104584	🟡	10785	🟡	3042	🟡	12054	🟡	12294	🟡	5781	🟡	31653	🟢	18071	🟡	10904	🟡

Number of patients on waiting list with an ethnicity of Unknown: TOTAL



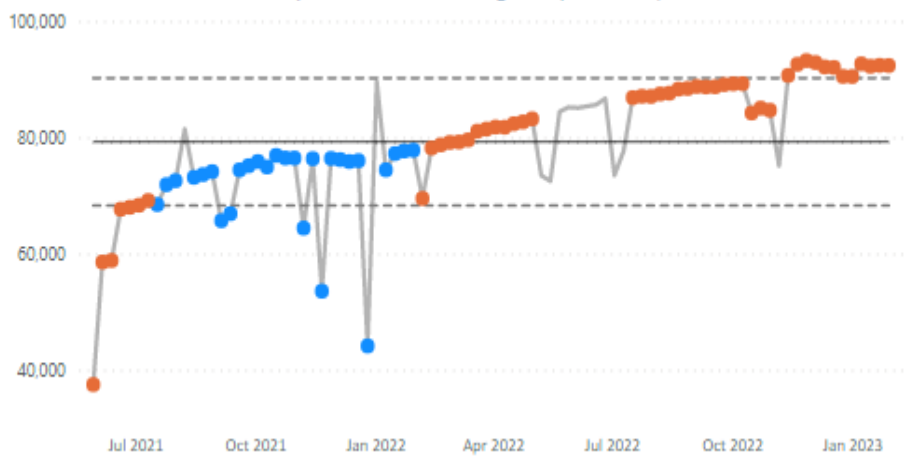
Latest data 29/01/23

Number of patients on waiting list (IMD 1-3): TOTAL



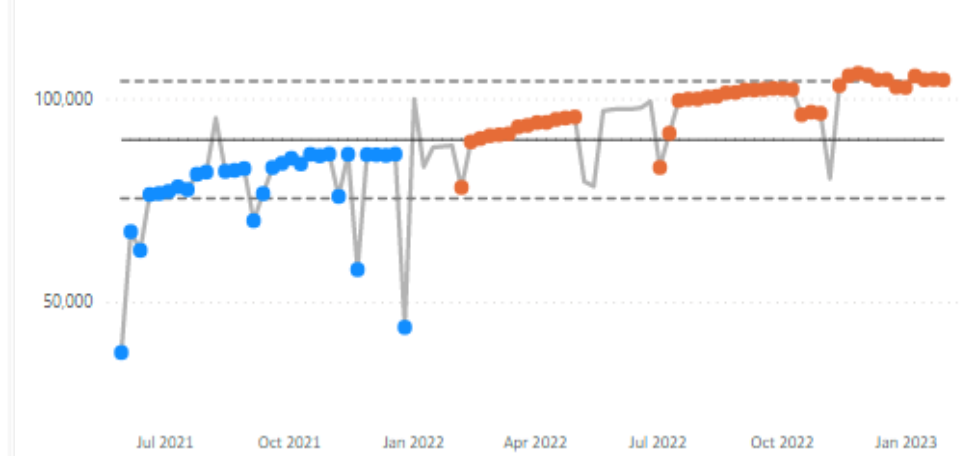
Latest data 29/01/23

Number of patients on waiting list (IMD 4-6): TOTAL



Latest data 29/01/23

Number of patients on waiting list (IMD 7-10): TOTAL



Latest data 29/01/23

## Appendix 10: Diagnostic waiting list

Metric	Latest date	Value	National	Target	Variation	Assurance
Number of patients waiting more than 6 weeks from referral for a diagnostic test	Dec-22	15717				
% Patients waiting more than 6 weeks from referral for a diagnostic test	Dec-22	20.3%	31.3%	1%		

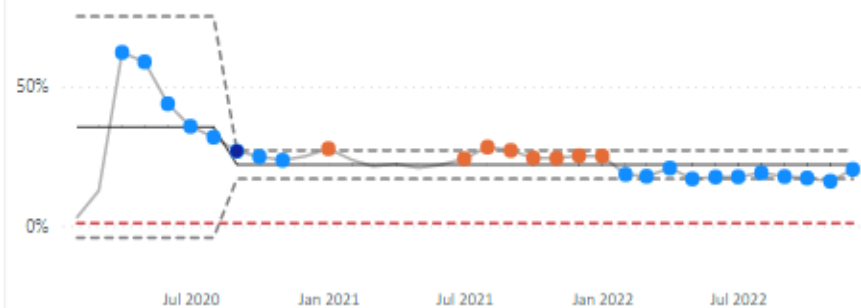
### % Patients Waiting more than 6 weeks for a diagnostic test - by Modality

Metric	% Patients waiting more than 6 weeks from referral for a diagnostic test			Number of patients waiting more than 6 weeks from referral for a diagnostic test		
	Value	Variation	Assur.	Value	Variation	Assur.
AUDIOLOGY_ASSESSMENTS	37.7%			1606		
BARIUM_ENEMA	6%			9		
COLONOSCOPY	28.4%			948		
CT	6.8%			680		
CYSTOSCOPY	21.3%			250		
DEKA_SCAN	8.5%			248		
ECHOCARDIOGRAPHY	34.3%			2773		
ELECTROPHYSIOLOGY	0%			0		
FLEXI_SIGMOIDOSCOPY	28.2%			342		
GASTROSCOPY	31.7%			1223		
MRI	12.6%			1571		
NON_OBSTETRIC_ULTRASOUND	10.7%			2683		
PERIPHERAL_NEUROPHYS	41.3%			532		
SLEEP_STUDIES	24.1%			244		
URODYNAMICS	46.4%			166		

### % Patients Waiting more than 6 weeks for a diagnostic test - by provider

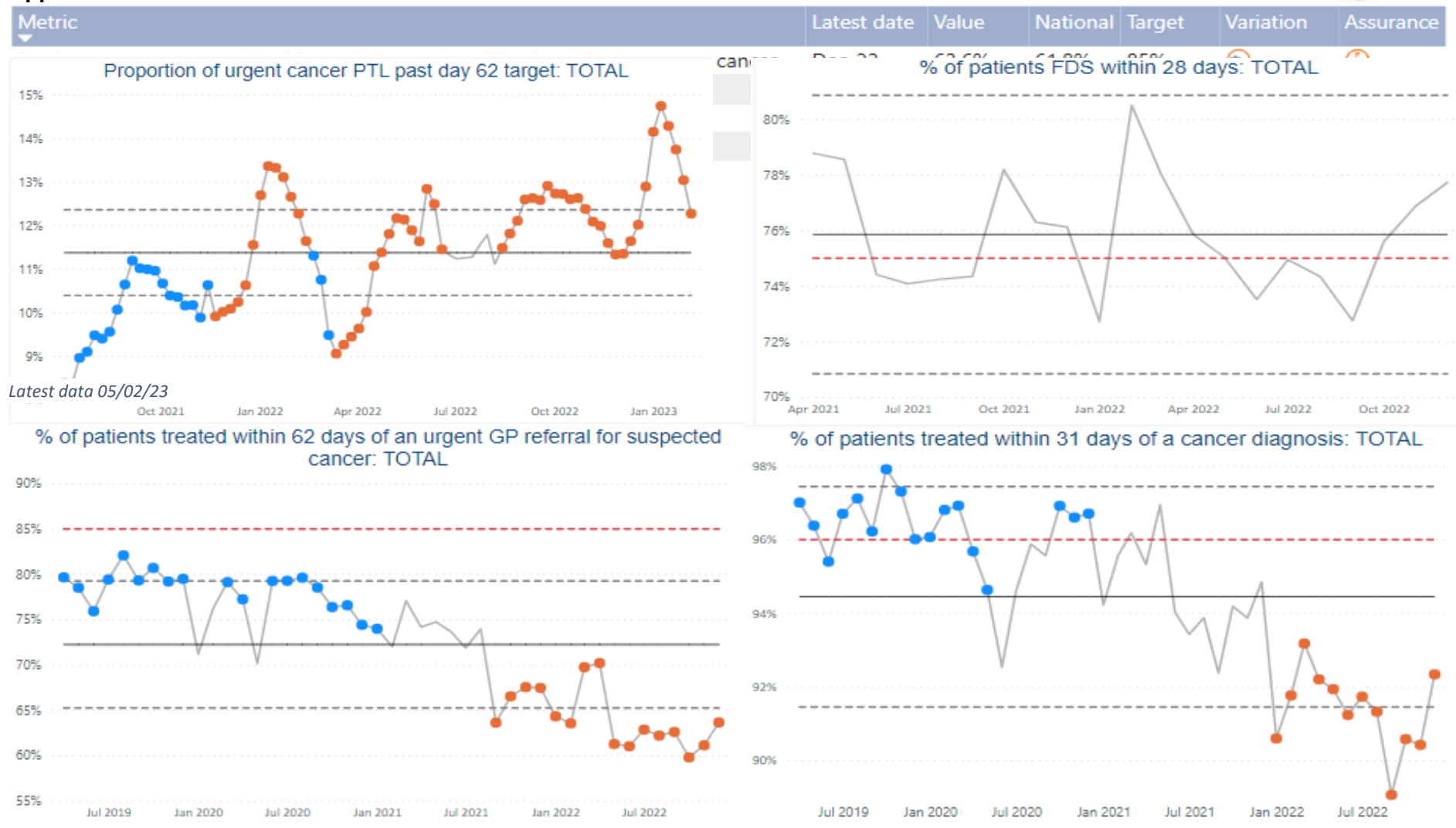
Metric	% Patients waiting more than 6 weeks from referral for a diagnostic test			Number of patients waiting more than 6 weeks from referral for a diagnostic test		
	Value	Variation	Assur.	Value	Variation	Assur.
TOTAL	20.3%			15717		
CDDFT	10.6%			1102		
Gateshead FT	19.2%			931		
NCIC	22.4%			1853		
Northumbria	4.4%			458		
NTHFT	33.1%			3035		
NuTH	25%			3551		
STHFT	26.7%			2705		
STSFT	21.9%			1807		

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



# Appendix 11: Cancer

Target -----



## Appendix 12: Improving Access to Psychological Therapies

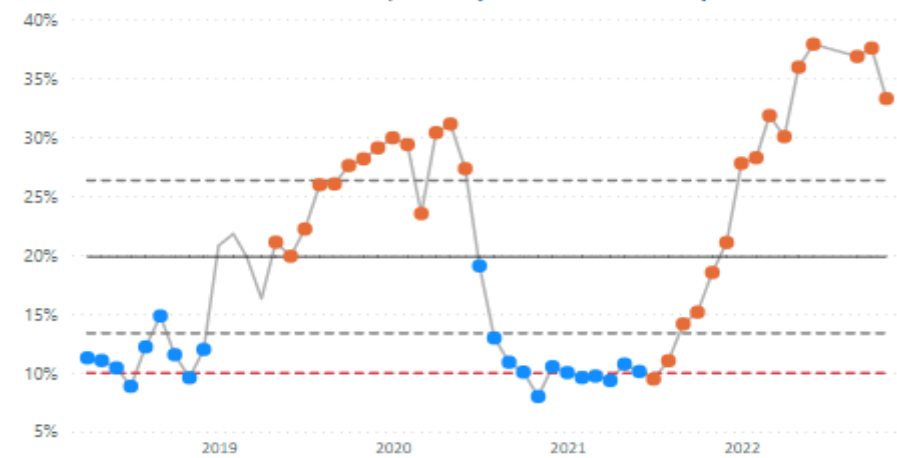
Target - - - - -

Metric	Latest date	Value	National	Target	Variation	Assurance
IAPT access: number of people entering NHS funded treatment during reporting period	Nov-22	5500		6500	🟡	🟡
IAPT recovery rate for Black, Asian or Minority Ethnic groups	Sep-22	45%		50%	🟡	🟡
IAPT % of in-treatment pathway waits over 90 days	Nov-22	33.3%	22.4%	10%	🔴	🔴
IAPT recovery rate: % of people that attended at least 2 treatment contacts and are m...	Nov-22	50.6%	49.5%	50%	🟡	🟡
IAPT % of people receiving first treatment appointment within 6 weeks of referral	Nov-22	96.4%		75%	🟡	🟢
IAPT % of people receiving first treatment appointment within 18 weeks of referral	Nov-22	99.3%		95%	🟢	🟡

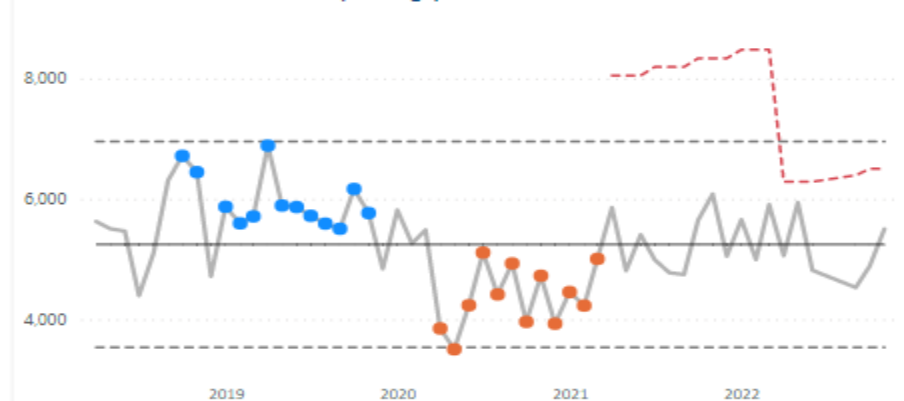
### IAPT Recovery by Sub ICB location

Metric	IAPT recovery rate for Black, Asian or Minority Ethnic groups			IAPT recovery rate: % of people that attended at least 2 treatment contacts and are moving to recovery		
	Value	Variation	Assur.	Value	Variation	Assur.
TOTAL	45%	🟡	?	50.6%	🟡	?
Co Durham	48%	🟡	?	46.1%	🟡	?
N Cumbria	50%	🟡	?	51.7%	🟢	?
N Tyneside	66.7%	🟡	?	57.5%	🟢	?
Ncl-Gateshead	43.9%	🟡	?	56.1%	🟡	?
Northumberland	20%	🟡	?	52.8%	🔴	?
S Tyneside	33.3%	🟡	?	46.3%	🟡	?
Sunderland	50%	🟡	?	54.3%	🟡	?
Tees Valley	44%	🟡	?	47.4%	🟡	?

### IAPT % of in-treatment pathway waits over 90 days: TOTAL



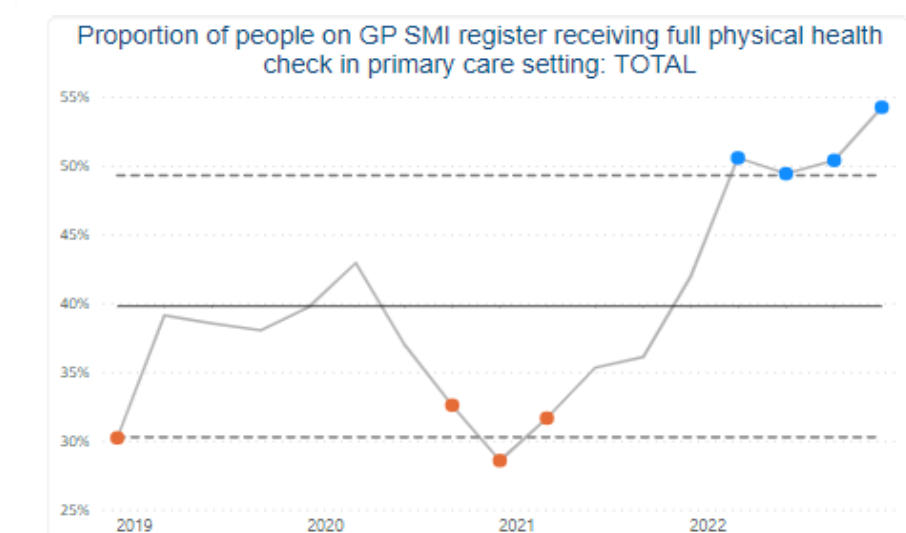
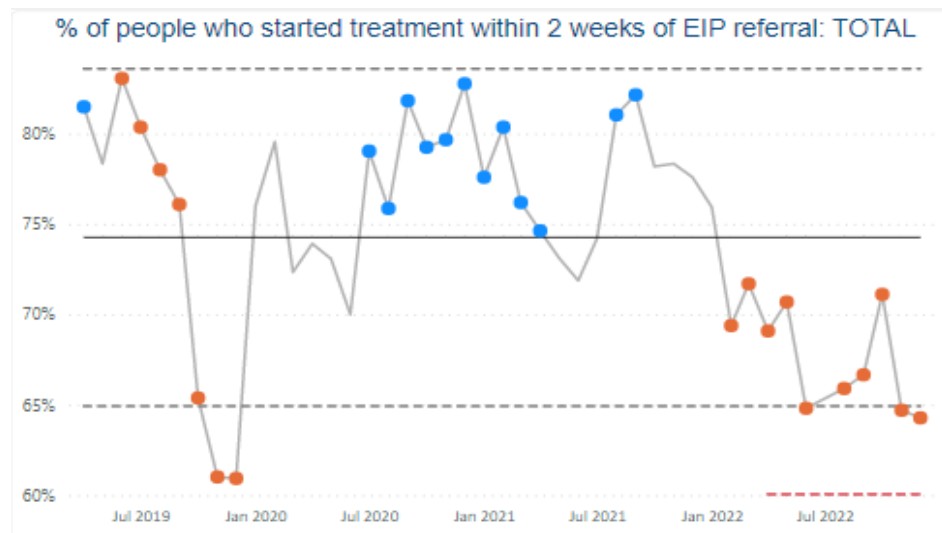
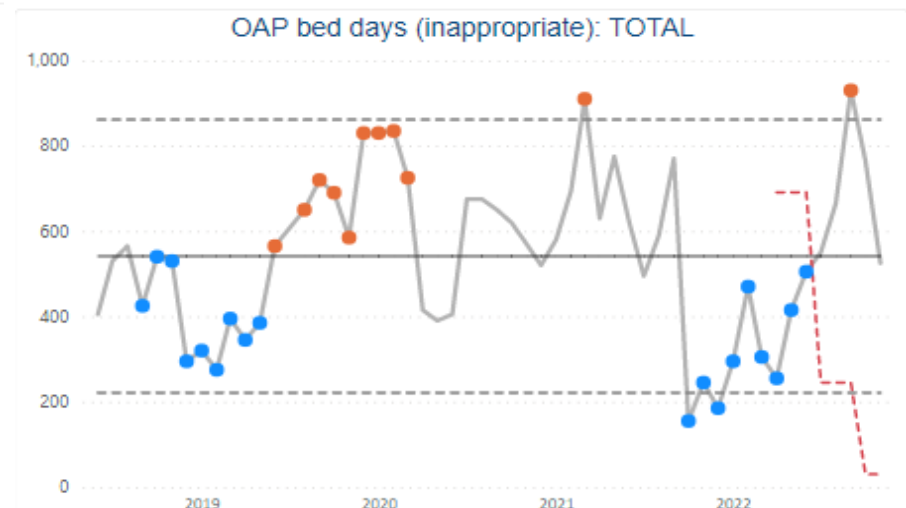
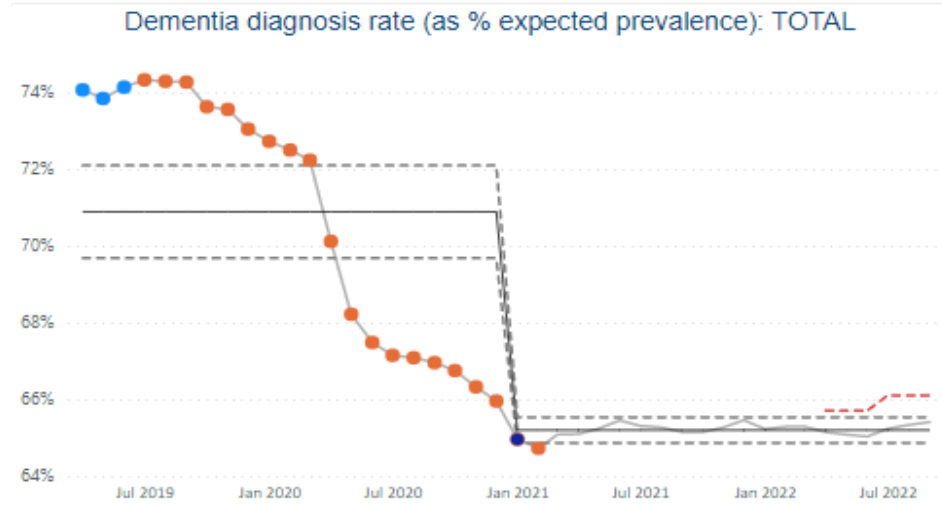
### IAPT access: number of people entering NHS funded treatment during reporting period: TOTAL





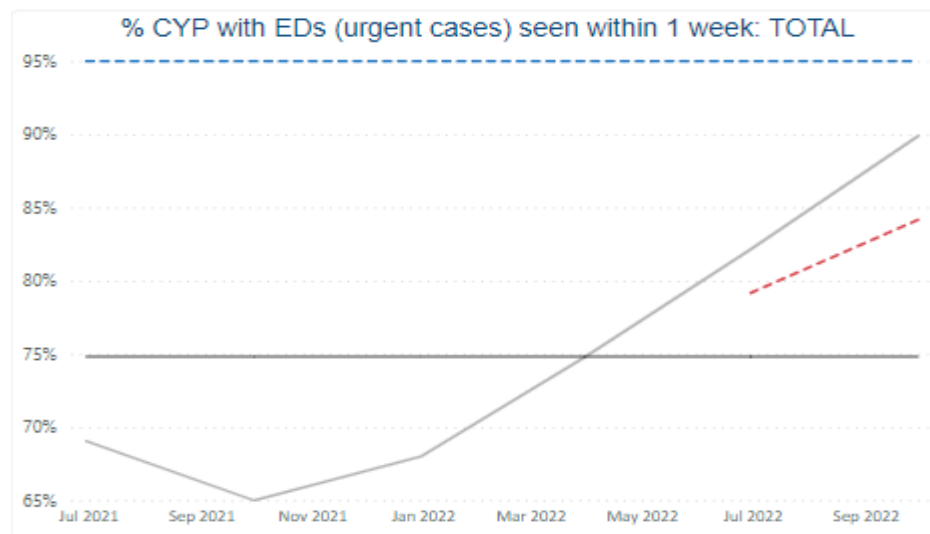
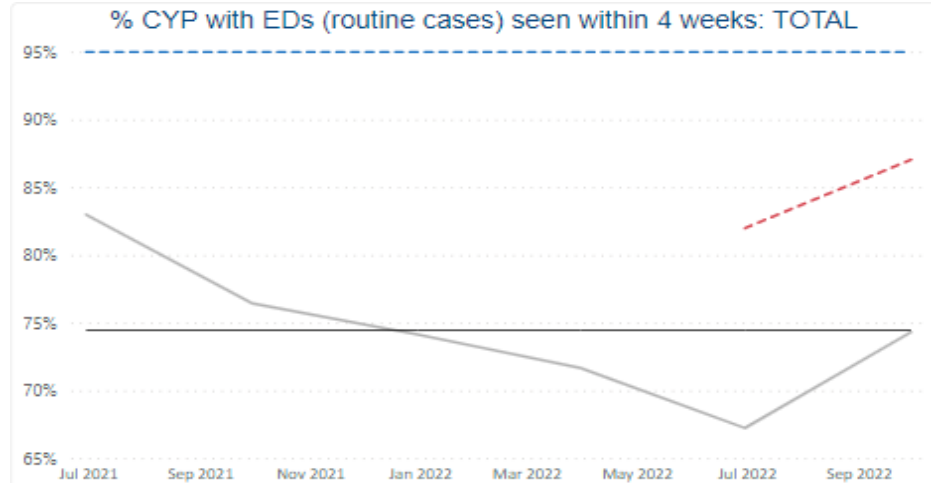
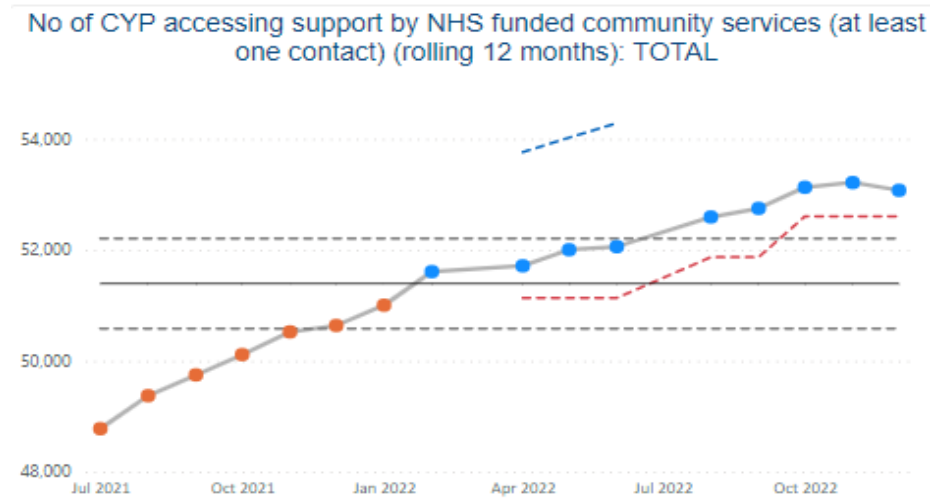
## Appendix 13: Mental Health -Adult

Metric	Latest date	Value	National	Target	Variation	Assurance
EIP % of people who started treatment within 2 weeks of referral - All ages	Dec-22	64.3%	60.1%	60.1%		
Number of people on GP SMI register receiving full physical health check in primary care setting	Dec-22	14592	16325	16325		
Total number of inappropriate Out of Area bed days	Nov-22	525	30	30		
Dementia diagnosis rate (as % expected prevalence)	Sep-22	65.4%	66.1%	66.1%		



## Appendix 14: Mental Health – Children and Young People

Metric	Latest date	Value	Target		Variation	Assurance
			National Target	Target		
No of CYP accessing support by NHS funded community services (at least one contact) (rolling 12 months)	Dec-22	53075	52606		🟡	🟡
% of CYP with eating disorders (routine cases) seen within 4 weeks of referral for NICE approved treatment	Sep-22	74.3%	87%			
% of CYP with eating disorders (urgent cases) seen within 1 week of referral for NICE approved treatment	Sep-22	89.9%	84.2%			



## Appendix 15: Learning Disability Long Term Plan Deliverables

Long Term Plan commitment or mandate	Current Position	Mitigations	RAG
<p>Reducing reliance on inpatient care:</p> <ul style="list-style-type: none"> <li>By 2023/24 there will be a reduction in reliance on inpatient care for people with a learning disability, autism or both to no more than 30 inpatients per million adult population; i.e. no more than 71 adults in NENC (Secure and ICS commissioned services)</li> <li>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; i.e. no more than 8 children or young people in NENC</li> </ul>	<p><b>As at 13/1/2023: NENC ICS Total: 168</b></p> <p>ICB Place based: 84 increase of 2            Secure Services: 76 increase of 1 in month            CAMHS: 8 increase of 1 in month</p> <p><b>Significant risk to achieving the Q4 trajectory, expected +10 above trajectory at end Q4</b></p> <p><b>Ability to achieve the Q4 trajectory is effected by:</b></p> <ul style="list-style-type: none"> <li>Availability of independent care sector providers; retention and recruitment across the system</li> <li>Blocked care pathways; including the impact of MM Judgement</li> <li>Unavoidable admissions to hospital</li> <li>Complexity of caseload</li> </ul>	<ul style="list-style-type: none"> <li>Use of 12 point discharge plan, escalation processes, RCA completion and development of Dynamic Support Systems.</li> <li>Detailed housing market analysis and Accommodation Plan in place; consideration of alternative accommodation, care and support solutions. Exploring Care Pathways and the use of rehabilitation wards; Operational Delivery Network work with NW&amp;Y; meeting with MOJ and legal advice re the impact of MM.</li> <li>ICB Learning Disability and Autism Team established April 2022 onwards to focus on delivery of Building the Right Support through an increase in capacity and expertise in stimulating the provider market and case management.</li> <li>Joint project with ADASS.</li> </ul>	<p style="background-color: red; color: white; text-align: center;">RAG</p>
<p>Care (Education) and Treatment Reviews (CETRs); compliance with national policy</p>	<p>NENC overall compliant with 2 ICB places not meeting the metrics:            1x adult pre or post admission CTR            1x adult repeat CTR</p>	<ul style="list-style-type: none"> <li>Community C(E)TRs are shown to prevent admissions e.g. Q2 53 meetings took place (Leaps/C(E)TRs etc) and 48 admissions were avoided</li> <li>ICB Programme Team increased capacity to support place based teams to maintain compliance.</li> </ul>	<p style="background-color: yellow; text-align: center;">RAG</p>
<p>Annual health checks</p> <ul style="list-style-type: none"> <li>By 2023/24 - 75% of people on the learning disability register will have had an annual health check.</li> </ul>	<p>As of January 2023, 48% of the register for 22/23 has received an Annual Health Check with 6338 still to be completed.            2022-23 Long Term Plan Target 73% by March 23 (achieved 77% in 20-21)            2023-24 Target 75%</p>	<p>The Learning Disability Network lead on the promotion of AHCs and the development of resources to aid Primary Care to deliver e.g. videos, pre-appointment questionnaires etc            The aim is to increase the number and quality of AHCs across the ICB.</p>	<p style="background-color: green; text-align: center;">RAG</p>