

Integrated Delivery report

Feb 2025

(Reporting period January/December 2024/25)

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

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Executive Summary

The NENC Integrated Delivery Report provides an overview of quality and performance, highlighting any significant changes, areas of risk and mitigating actions. The report also provides an overview of the ICS position on the NHS Oversight Framework and CQC ratings of organisations.

The report focusses on the objectives specified within the 2024/25 operational planning requirements; this encompasses a wide range of recovery objectives as well as some NHS Long Term Plan (LTP) and NHS People Plan commitments. The report is discussed in detail at the Finance Performance and Investment Committee and the Quality and Safety Committee. The report is also received by the ICB Executive Committee and the NENC ICB Board.

Reporting period covered:

January 2025 – A&E metrics, bed occupancy, handover delays, ambulance response times, cancer 62 day backlog and metrics for learning disability and autism services. – all other standards unless otherwise specified.

Key changes from previous report

CQC

County Durham and Darlington NHS FT:

The CQC undertook an inspection of the Trusts' Urgent and Emergency Care services at both Darlington Memorial Hospital and University Hospital of North Durham between 17 June to 12 August 2024. The reports were published Jan25 and services rated as 'Good'. The reports acknowledge that staff provide safe and compassionate care with evidence of strong leadership in the departments. There is no change to the Trust's overall CQC rating of 'Good'.

Tees, Esk and Wear Valleys NHS FT:

From the 11 to 25 June 2024, the CQC undertook an unannounced assessment of the crisis service and health-based place of safety. Overall, the service was rated as 'Good' but 'Requires Improvement' in the well-led domain. Regulatory breaches were found in relation to staffing and governance, an action plan has been requested.

CQC inspections to Bankfields Court (Middlesbrough) are currently taking place, and a report will be published once the review is complete.

CYPS Eating Disorders (Routine)

Despite being below target, there has been a monthly consistent improvement in the number of children and young people who are accessing support within 4 weeks.

Learning Disabilities and Autism: In patient Care

Positive progress continues to be made in relation to patients being discharged however the number of patients with a Learning Disability and/or who are autistic in inpatient care remains at 170 as at Jan25 compared to an end of year target of 154. This period, we are reporting a number of long stay discharges.

NHSE Tier 2 status: Cancer, Diagnostics and Elective

Following consultation with NENC ICB, NHSE have escalated South Tees NHS FT into tier 2 escalation/support for Cancer, and NUTH NHS FT for both Cancer and Diagnostics. NCIC NHSFT have been stepped down from tiering for elective but remain in tiering for cancer. Cancer/Diagnostics tier 2 meetings are due to commence in March 25 for NUTH and South Tees NHS FTs.

Primary Care appointments

The number of appointments in general practice have dropped below plan to 1.57m in Dec24 (compared to 1.7m Nov24). We continue the roll out of Modern General Practice Access, utilising digital tools to improve access,

using outcomes/data to inform planning and future priorities, and sharing good practice/lessons learnt. The delivery of GP Services to patients is impacted by GP collective action, limiting the number of GP consultations per session.

Key performance updates

A&E 4 hr waits	Jan25 A&E performance at 74.9% remains above the national average of 73.0% however behind the NENC Jan25 plan (79.3%). NENC has seen an improvement from Dec24 of 0.6% (up from 74.3%).
Ambulance Handover Delays (AHDs)	<p>Ambulance handovers improved in Jan25 (8.6% of arrivals waiting over 1 hour), compared to Dec24, but risks remain around the volume of handover delays across 6 of our 8 Acute Providers. Processes to support improvements in handover delays are being developed via Strategic Co-ordination Centre (SCC) and a system-wide group has been established bringing together system partners (Acute Trusts, Ambulance Trusts and ICB) to implement new ways of working at a system level. Targeted bilateral conversations, with NHSE, are taking place with 2 of our most challenged providers.</p> <p>Focus remains on the winter priorities that were agreed across the system, via the UEC Network Board, including improvements in navigation, capacity and alternatives to ED to support avoidance of inappropriate admissions.</p>
NEAS Cat 2 response	Ambulance response time Cat 2 mean has improved in Jan25 (27 mins 51 seconds) compared to Dec24. YTD performance remains ahead of plan. NEAS national ranking for Cat2 performance was 4/11 in Jan25, but 1/11 at a YTD position.
Elective long waits	<p>NENC have returned to their position as the best performing ICB (1/42) in Dec24 for RTT performance with 69.0% of people on the waiting list for elective (non-urgent) treatment waiting less than 18 weeks. This compares to national performance of 58.9%.</p> <p>Published data for Oct24 shows continued delivery above the value weighted activity plan recording 114.2% against a plan of 109.9%</p> <p>Published Dec24 data for the ICB reported <5 104+ week waiters.</p> <p>The number of 78+ww decreased from 33 to 28 (Dec24)</p> <p>Further improvement in the number of 65+ww from 241 (Nov24) to 214 (Dec24) making it seven consecutive reporting decreases. Despite the decrease this represents a continued challenge to eliminate these long waiters. Targeted ICB/provider meetings continue with NUTH, South Tees and NCIC noting NCIC have recently been stepped out of Tier 2 elective support structure.</p> <p>Dec24 data for 52+ww shows a further drop from the previous reporting period down from 5,049 (Nov24) to 4,423 (Dec24); that makes four consecutive reporting decreases. Not only does this improvement deliver below plan it is the lowest reported position post COVID.</p>
Cancer 62 day performance and 28 day Faster Diagnosis	<p>Cancer 62 day performance increased from 70.5% (Nov24) to 72.3% (Dec24) surpassing the plan of 70.6% and recording a 12 month high.</p> <p>Most challenged pathways for 62 day performance in Dec24 include; Sarcoma (53.3%), Head and Neck (58%), Lower GI (58.9%) and Upper GI (61.7%). Improvement plans are in place which include transformation and</p>

financial support from the Northern Cancer Alliance and via regional and national support offers including the Intensive Support Team (IST).

Cancer Faster Diagnosis performance increased from 80.0% (Nov24) to 81.8% (Dec24) putting performance above the national expectation of 77% by Mar25 and the Operational planning trajectory of 78.5%.

Other areas of note/risk

Patients who no longer meet the criteria to reside	The proportion of patients not meeting the criteria to reside increased in Jan25 to 9.9% of patients occupying hospital beds. Despite being above plan, performance remains the best in NEY and below the national position. 2 of our providers report above the NEY average and focussed work continues through LAEDBs and the Living and Ageing Well Partnership (LAWP). Actions are in place locally with partners across the health and care system via the Better Care Fund to reduce the number of patients in hospital who are fit for discharge.
Community waiting lists	The total number of patients on a community waiting list increased for 2nd month in a row in Jan25. Improvement is expected due to some targeted work with providers around data quality. The wait time is also expected to reduce for children which is a key national priority. An improvement plan is being developed to support this work including engagement with the Getting it Right First Time Community Musculoskeletal programme.
Community Mental Health Waiting times	Pressures remain within adult and CYPs waiting times, specifically relating to neurodevelopmental pathways. An all-age ADHD and Autism pathway transformation group has been established. The group are working across the system to address key issues in terms of capacity and demand, looking at pathway transformation to ensure a more timelier and appropriate patient experience. In addition the group are also considering the implications that "right to choose" poses as the numbers of patients opting for this pathway increases.
Out of Area Placements	The national definition for the out of area placements metric has been amended in 2024/25 to count the number of people out of area, compared to total number of out of area bed days which was the measure in 2023/24 as has been reported in previous reports. The plan for Nov24 is 3 placements across NENC, however given data below 5 is suppressed, we are unable to formally confirm that plan has been met. Local providers have indicated that they are facing seasonal pressures in relation to this metric and have had a larger number of patients who are clinically ready for discharge (CRFD) which is impacting on inpatient capacity and subsequent need for out of area placements.
CHC Reporting	Following discussion at the Executive Committee in relation to the management of Continuing Health Care within NENC, it was agreed to include key performance indicators (KPIs) within the IDR report for oversight. Quality issues continue to be managed through the Quality and Safety Committee. Metrics in relation to CHC were first reported within the January IDR and we aim to include accompanying narrative from the March report.

Operational plan delivery - summary dashboard

A broad range of metrics are reviewed and monitored through strategic programmes and through ICB oversight and contracting arrangements. This supports the delivery of standards and improvement. Where appropriate this is underpinned using a Statistical Process Control (SPC) approach which is considered best practice to enable systems to understand where there is significant variation and most risk and therefore focus attention on those areas that require improvement support.

This report includes a sub-set of those metrics primarily focussed on the national objectives for 2024/25. The metrics are reported at ICB level, and the narrative refers to place or organisations by exception. Other metrics, not routinely included in this report, will be added by exception if there is significant improvement or deterioration or concern about progress. These will be escalated via programme or oversight routes.

The dashboard is in three parts:

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

These are the key metrics specified in the 2024/25 priorities and operational planning guidance for the NHS to support recovery of core services and improve productivity. They predominantly link to access or responsiveness of services and patient experience but some link to effectiveness/outcomes e.g., cancers diagnosed at an earlier stage are more likely to result in a better outcome. Others have a link to safety e.g., the maternity metrics. Use of resources is also included in this section given the importance of delivering a balanced net position to recovery and sustainability.

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

These metrics are also specified in the 2024/25 priorities and operational planning guidance but link to commitments from the NHS Long Term Plan and service transformation. Many of these link to access to services, effectiveness, improving outcomes and personalisation.

Part 3 – National safety metrics
















This includes important metrics/data linked to patient safety.

The dashboard Part 1 and 2 includes the metrics that are listed as objectives in the national planning guidance, however the delivery section later in the report also includes some additional metrics, either associated with the actions in the operational planning guidance or local priorities.

Executive Oversight for each Objective is as follows:

Executive Lead	Portfolio Area
Levi Buckley	Community Care Mental Health Learning Disability and Autism Primary Care (Excluding Pharmacy, Optometry and Dentistry)
David Chandler	Use of Resources
David Gallagher	Pharmacy, Optometry and Dentistry – David Gallagher
Jacqueline Myers	Elective Care (including Cancer and Diagnostics)
Dr Neil O'Brien	Mortality Prevention and Reducing Health Inequalities Urgent and Emergency Care
Kelly Angus Hilary Lloyd	Workforce Never Events and Health Care Acquired Infections, CHC

DASHBOARD KEY

National objective	<p>This provides a brief description of the national objective and associated timeframe, most aim for achievement by end of March 2025 and have a local month by month trajectory. Some objectives have a longer time frame. A full description of the objectives is included in Appendix 1.</p> <p>The dashboard also includes 2022/23 objectives linked to elective care long waits that have not yet been achieved (104 and 78 week waits).</p>						
Plan – March 2025	NENC's plan for end of March 2025 (From the final operational planning submission in June 2024)						
Plan – month	This specifies the NENC operational planning trajectory or national required standard for the month that is reported against in the report. The reporting period varies between metrics e.g., UEC metrics have more recently published data than other metrics.						
Actual	<p>This number represents the actual performance in the most recent reported month. This is primarily monthly published data, where more recent unpublished data is available the narrative later in the report often uses this to provide an indication of the direction of travel.</p> <p>The colour shading in the 'actual' column draws attention to those metrics that are well ahead or well behind plan in that month. Colour coding is not applied where the plan has been met or missed by a small margin.</p> <table border="1"> <tr> <td></td> <td>Met – well ahead of plan</td> </tr> <tr> <td></td> <td>Not met – well behind plan</td> </tr> </table>		Met – well ahead of plan		Not met – well behind plan		
	Met – well ahead of plan						
	Not met – well behind plan						
Trend	<p>This indicates whether performance over time is improving or worsening. Where Statistical Process Control (SPC) is used, the trend category relates to the variation output generated by SPC and therefore indicates significant improvement or deterioration. Where SPC is not appropriate a number of data points are used to ensure it reflects a trend rather than normal variation.</p>						
Benchmark	<p>Where possible the NENC performance is compared with the England or North East and Yorkshire (NEY) position as a benchmark. The number represents the England position unless otherwise stated and the colour shading indicates:</p> <table border="1"> <tr> <td></td> <td>NENC compares favourably</td> </tr> <tr> <td></td> <td>NENC does not compare favourably</td> </tr> <tr> <td></td> <td>No comparative data available</td> </tr> </table> <p>For ambulance response times the bench mark is expressed as a ranking position out of the 11 ambulance providers.</p>		NENC compares favourably		NENC does not compare favourably		No comparative data available
	NENC compares favourably						
	NENC does not compare favourably						
	No comparative data available						

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

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

January 2025 – A&E metrics, bed occupancy, virtual wards, handover delays, ambulance response times, cancer 62 day backlog and metrics for learning disability and autism IP services, Never events. UDA
December 2024 – all other standards unless otherwise specified.

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

	National objective	March 25 Plan	Plan (Month)	Actual	Trend	Benchmark
Urgent and emergency care	A&E waiting times within 4 hrs	81.7%	79.3%	74.9%		73.0% 11/42
	Category 2 ambulance response times	26:18	28:08	27:51		4/11
	Adult general and acute bed occupancy	92.5%	93.2%	93.7%		95.6%
Community health services	2-hr urgent community response	70.0%	70.0%	79.2%		83.2%
	Urgent Community Response Referrals	7,980	7,811	11,805		
	Virtual Ward (Hospital@Home) Occupancy	78.2%*	90.0%	68.8%	Improving	
	Community Beds Occupancy	92.0%	92.0%	96.4%		
	Community Waiting List > 52 Wks Children	519	526	931		
	Community Waiting List > 52 Weeks Adults	306	314	579		
Primary care	Proportion of GP practice appointments within two weeks	85.5%	85.5%	81.0%	Worsening	81.5%
	Proportion appointments same or next day			64.2%	Worsening	65.9%
	Monthly Appointments in General Practice	1.5m	1.83m	1.57m		
	UDA delivered as proportion of UDA contracted (Dec-24)	80.0%	80.0%	74.4%		80.9%
	Percentage of unique patients seen by NHS dentist (adult) - rolling 24m (Jan-25)	42.6%	42.6%	41.4%		35.4%
	Percentage of unique patients seen by NHS dentist (child) - rolling 12m (Jan-25)	73.6%	73.6%	60.4%		56.6%
Elective care	No. patients waiting > 104 weeks - ICB	0	0	<5	Improving	17/42
	No. patients waiting > 78 weeks - ICB	0	0	28	Improving	12/42
	No. patients waiting > 65 weeks - ICB	0	0	214	Improving	5/42
	No. patients waiting > 52 weeks - ICB	4,190	4,807	4,423	Improving	3/42
	Deliver 109% value weighted activity (Oct-24)	110.6%	109.9%	114.2%		
Cancer	Cancer 62-day standard to 70% by Mar 25	72.7%	70.6%	72.3%	Improving	71.3%
	Cancer faster diagnosis standard 77% by Mar 25 – ICB	79.4%	78.5%	81.8%		78.1%
Diagnostics	% diagnostic tests < 6wks (Mar 25 95%) (24/25 ICB plan required 9/15 modalities)	92.7%	88.3%	88.3%	Improving	77.2%
Use of Resources	ICB financial position (surplus)/deficit (Jan-25)		(£3.0m)	(£8.02m)		
	Reduce agency spend across 24/25 (Jan-25)		£68.10m	£58.28m		

*NENC Plan does not meet or exceed the national objective

Reporting period covered:

January 2025 – A&E metrics, bed occupancy, virtual wards, handover delays, ambulance response times, cancer 62 day backlog and metrics for learning disability and autism IP services, Never events, UDA.

December 2024 – all other standards unless otherwise specified.

Finance is at month 10.

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

	National objective	March 25 Plan	Plan	Actual	Trend	Benchmark
Workforce	Improve retention (turnover) (Oct-24)		12.1%	9.4%		10.7%
	Improve staff attendance (sickness) (Sep-24)		5.6%	5.5%		5.0%
Mental health	Number of CYP accessing MH Services*	59,632	59,148	58,610		
	Access to Transformed PCN Community Mental Health Services for Adults with SMI Number of 2+ contacts (Sep-24)	30,000	20,076	29,355	Improving	
	Talking Therapies Access: Number of patients discharged having received at least 2 treatment appointments, that meet caseness at the start of treatment	2,934	2,880	2,444		
	Talking Therapies - Reliable Recovery	50.0%	50.0%	47.9%	Worsening	
	Talking Therapies - Reliable Improvement	68.5%	68.2%	67.8%	Worsening	
	Recover the dementia diagnosis rate to 66.7%	69.8%	69.4%	69.1%	Improving	65.6%
	People with SMI receiving full physical health check in primary care (Sep-24)	69.5%	63.1%	61.3%	Improving	57.0%
	Access to perinatal mental health services*	2,500	2,467	2,360		
	Total number of inappropriate Out of Area (OOA) Placements** (Nov-24)	0	3	<5		404
People with a learning disability and autistic people	Annual health check and plan for people on GP LD registers	75%	51.2%	49.9%		51.1%
	Reduce reliance on in-patient care – adults (ICB and Secure)* (Jan-25)	154 (Q4)	154	170		
	Reduce reliance on inpatient care <18s (Jan-25)	0	0	6	Improving	
Prevention and Health Inequalities - Adult	Core20+5 Objective	Target (2030)	Plan (Month)	Actual	Inequality gap (deprivation)	Inequality gap (ethnicity)
	% 18+ with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age-appropriate treatment threshold. (Sep-24)	80%		71.2%	2.1%	8.1%
	% patients 18+ with Atrial Fibrillation currently being treated (Sep-24)	95%		92.2%	0.0%	3.5%
	% 18+ with 20%+ QRISK score (risk of CVD) currently on lipid lowering statins (Sep-24)	75%	65%	65.2%	-7.2%	-7.1%
	% Covid vaccination uptake (Jan-25)			41.9%	20.9%	27.7%
	Proportion of people with COPD receiving a seasonal flu vaccination (Jan-25)			69.9%	16.5%	
	NENC Breast cancer screening uptake Slope index of inequality (ages 50-70 Oct24)	8%			16.3%	
	NENC Bowel screening uptake Slope index of inequality (ages 60-74 Oct24)	6%			13.3%	
Prevention and Health Inequalities - Children & Young People (CYP)	Rate unplanned admissions for asthma -children aged 0-17 (per 100,000 population) (Nov-24)			180.8		
	Elective waiting list for children (<10) awaiting IP tooth extraction (Oct-24)			221		
	% CYP with type2 Diabetes receiving a Health Check (Dec-24)			45.4%	-0.4%	1.6%
	% CYP with type1 Diabetes accessing Hybrid closed loop (HCL) systems (Dec-24)			51.3%	6.5%	4.6%
	Pre-term births <37 weeks Slope Index of inequality (rolling 12months Aug24)	3.1%			3.0%	
	Number of CYP accessing mental Health Services	59,632	59,148	58,610		

*NENC Plan does not meet or exceed the national objective

**Adults MH - Total number of inappropriate Out of Area (OOA) Placements – number suppressed as less than 5.

Reporting period covered:

January 2025 – A&E metrics, bed occupancy, handover delays, ambulance response times, and metrics for learning disability & autism services.

December 2024 – all other standards unless otherwise specified.

Health Inequalities Definitions

Slope index of inequality – measure of social gradient ie difference in score between the least and most deprived IMD in NENC

Inequality Gap Deprivation – % Difference between score in the least deprived and most deprived IMD across NENC

Inequality Gap Ethnicity - % Difference between white and non-white ethnic background across NENC

Part 3 – Core safety metrics – January 2025/December 2024

	National objective	Latest Period	Plan	YTD Plan	Actual	YTD Actual
Never Events	Number of Serious Incident Never Events reported	Jan-25	0	0	0	18
Infection Prevention Control	Incidence of MRSA - Nov 24	Dec-24	0	0	8	48
	Incidence of C Difficile - Nov 24	Dec-24	85	765	77	897
	Incidence of E Coli - Nov 24	Dec-24	235	2,117	252	2,304
Mortality	One Trust (CDD FT) is showing higher than the expected range for SHMI					
Continuing Healthcare (CHC) (Dec-24)	Metric	March 25 plan	Plan	Actual	Trend	Benchmark
	Total CHC Referrals Completed			762		
	CHC Assessments Completed			3,072		
	Referrals completed within 28 Days	80.0%	80.0%	66.2%		75.5%
	Incomplete referral requests exceeding 28 days at the end of the quarter			125		
	Incomplete CHC referrals delayed by > 12 weeks	0	0	37		
	Percentage of Decision Support Tool (DST) assessments taking place in an acute setting	15.0%	15.0%	0.3%		0.4%
	Fast Track CHC referral conversion rate	90.0%	90.0%	92.1%		93.4%

* The definitions for these targets have been updated in 2024/25 [NHS Standard Contract 2024/25: AMR Targets](#) and have been reflected in the report this month and moving forward.

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

Mortality

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

STSFT - is no longer showing higher than the expected range for SHMI. The ICB Quality and Safety Committee continues to review regular reports on mortality for improvement and assurance.

Clinical Coding Data quality

The ICB Insights team are actively exploring the deployment of a tool and external company that can help improve the levels of clinical coding for planned care which would help with SHMI reporting in the future.

Reporting period covered:

January 2025 – A&E metrics, bed occupancy, handover delays, ambulance response times, and metrics for learning disability and autism services.
December 2024 – all other standards unless otherwise specified.

System Oversight

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NHS Oversight Framework (NHS OF) Summary

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

NHS Oversight Framework Segmentation and CQC ratings

ICs and trusts were allocated to one of four 'segments' in 2021/22. A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4) and influences the oversight arrangements that are established. NHS England holds the responsibility to review and change segmentation, this is undertaken regularly by the North East and Yorkshire Regional Support Group. Oversight of trusts in segment 1 and 2 is led by the ICB and oversight of trusts in segment 3 or 4 is undertaken by NHS England in partnership with the ICB.

NENC ICB is in segment 2, the table below shows the trust level overview of segmentation, CQC rating and any other support/escalation in place.

Provider	NHS OF segment	Oversight arrangements	Additional escalation/support	CQC overall rating/recent warning notices. Other external reviews of significance.
Northumbria Healthcare NHSFT	1	ICB led		Outstanding (2019) Maternity services – good overall (safe domain also good)
Cumbria, Northumberland, Tyne and Wear NHSFT	2	ICB led	*Action plan monitored via the Quality Review Group.	Outstanding (2022) (Learning disability and autism services - requires improvement Aug 2022*)
North East Ambulance Service NHSFT	2	NHSE Quality Improvement Board	Range of support including NECS support for incident reporting.	Requires improvement (2023) Awaiting outcome of independent review
North Tees and Hartlepool NHSFT	2	ICB led	National maternity Safety Support Programme.	Requires improvement (2022) Maternity services – Requires Improvement (2022)
Sunderland and South Tyneside NHSFT	2	ICB led	Progress against CQC action plan provided through the Quality Review Group. National maternity Safety Support Programme.	Requires Improvement (2023) Maternity services – Requires Improvement (2023)
County Durham and Darlington NHSFT	3	NHS E/ICB led	Removed from Tier 2 Elective (12.4.23).	Good (2019) Maternity services at UHND and DMH rated as requires improvement (March 24). UEC rated as Good Jan 25
Newcastle Upon Tyne Hospital NHSFT	3	ICB led	Removed from Tier 1 (Apr 24) for Elective & Cancer ICB Elective focus meetings in place Northern Cancer Alliance and GIRFT support in place.	Requires Improvement overall – caring good, well-led inadequate) (Jan 2024) (Warning notice Dec 22 re healthcare provided to patients with a mental health need, learning disability or autism). Maternity services rated as requires improvement (May 23).
Gateshead Health NHSFT	3	ICB led	Enhanced finance oversight/ support led by NHS E.	Good (2019) Maternity services – Good overall (2023)
North Cumbria Integrated Care NHSFT	3	ICB led from Nov 23	Escalated to Tier 2 Cancer to ICB/NCA monitoring and support (Apr 24). ICB Elective focus meetings in place Enhanced finance oversight.	Requires Improvement (Nov 2023) Maternity services – good overall (Safe domain – requires improvement)
South Tees NHSFT	3	NHSE/ICB oversight of finance	Quality - supported by ICB/NHSE. Enhanced finance oversight. Removed from Tier 2 – elective (Apr 24). ICB Elective focus meetings in place	Good overall (May 2023) Maternity (Jan 24): James Cook requires improvement overall, and for being safe and well-led; Friarage Hospital requires improvement overall and for being well-led, and good for being safe (Jan 24)
Tees, Esk and Wear Valleys NHSFT	3	NHSE Quality Board	Support and additional capacity from the wider NHS to progress programme of improvement work across services.	Requires Improvement (Oct 2023)

CQC Inspections for Adult Social Care, Primary Medical Care and Hospitals Services

The Care Quality Commission publishes a weekly report on services which have been inspected by specialist teams of inspectors. The report lists those inspections by CQC sector, i.e. Adult Social Care, Hospitals, and Primary Medical Care and include any additional detail in relation to enforcement. An overview of CQC ratings for General Practice, residential and community social care is given below.

General Practice CQC ratings overview – Feb 2025

The table below shows the current range of CQC ratings for general practice by area. The picture is generally positive with 36 practices rated as Outstanding, 297 as Good, 1 rated as Inadequate and 7 as Requires Improvement. Support arrangements are in place for those rated as Inadequate or Requires Improvement.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	8	24	1	
Darlington	1	10		
Durham	7	52	2	
Gateshead	1	23	1	
Hartlepool	1	10		
Middlesbrough		19		
Newcastle	2	25	1	
North Tyneside	4	18	1	
Northumberland	4	32		
Redcar and Cleveland		15		
South Tyneside	1	19		
Stockton	4	17		
Sunderland	3	33	1	1
ICB total	36	297	7	1

Residential Social Care Provider Overall Rating by Local Authority – Feb 2025

The table below shows the current range of CQC ratings for residential social care providers by Local Authority. Residential care providers include care home services with nursing (CHN), care home services without nursing (CHS), and Specialist college service (SPC). Examples of providers which fit under the residential social care provider category are Nursing home, Residential home, rest home, convalescent home with or without nursing, respite care with or without nursing, mental health crisis house with or without nursing. The picture is generally positive with 44 providers rated as Outstanding, 606 as Good and 1 rated as Inadequate and 72 Requires Improvement.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	4	73	7	0
Northumberland	4	66	15	0
North Tyneside	1	34	4	0
Newcastle upon Tyne	6	46	6	0
Gateshead	4	31	7	1
South Tyneside	1	26	0	0
Sunderland	6	73	1	0
County Durham	11	110	14	0
Stockton-on-Tees	3	33	6	0
Hartlepool	0	22	2	0
Darlington	2	24	3	0
Middlesbrough	2	34	2	0
Redcar and Cleveland	0	34	5	0
Total	44	606	72	1

Community Social Care Provider Overall Rating by Local Authority – Jan 2025

The table below shows the current range of CQC ratings for residential social care provider by Local Authority. Community Social care category includes Domiciliary care services including those provided for children (DCC), Extra house services (ECX), Supported living services (SLS), and Shared Lives (formerly known as Adult Placement) (SHL).

The picture is generally very positive with 30 providers rated as Outstanding, 328 as Good, 18 rated as Requires Improvement and 1 rated as Inadequate.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	0	35	5	1
Northumberland	8	33	1	0
North Tyneside	4	23	0	0
Newcastle upon Tyne	5	33	1	0
Gateshead	0	37	2	0
South Tyneside	2	13	1	0
Sunderland	2	35	0	0
County Durham	4	44	4	0
Stockton-on-Tees	1	21	2	0
Hartlepool	0	10	0	0
Darlington	2	14	1	0
Middlesbrough	1	18	1	0
Redcar and Cleveland	1	12	0	0
Total	30	328	18	1

ICB position on oversight framework metrics

The NHS Oversight Framework (NHS OF) includes a number of metrics across the domains of preventing ill health and inequalities; people; and quality, access and outcomes. In August 2023 the number of metrics within the NHS OF was reduced from 89 to 65. ICBs continue to be ranked according to their performance on 39 of these individual metrics and reported as being in the highest quartile, interquartile or lowest quartile range for each indicator. There is a large cross over between the oversight framework metrics and the objectives in the executive summary dashboards so individual metrics are not repeated here but the high-level summary in the table below outlines the distribution across the quartiles by domain and notes how many standards were met in this latest data period.

Domain (Total number of indicators)	Number of indicators in highest quartile	Number of indicators in Interquartile range	Number of indicators in lowest quartile	Number met against those with identified standard
Preventing ill health & reducing inequalities (11 down to 5)	4	1	0	1 of 5
People (9)	4	4	1	0 of 0
Quality, access and outcomes (50 down to 27)	6	18	8	3 of 17
TOTAL	14	23	9	4 of 22

Actions

Trust oversight meetings provide an important mechanism to discuss and understand challenges associated with delivery of oversight framework metrics as well as identify any common themes and actions. Recent meetings are noted in the section below.

ICB Oversight Meetings

Cumbria, Northumberland Tyne and Wear NHS FT – 2nd December 2024

- The Trust continues to take positive steps to improve quality and safety for patients and staff, with good arrangements in place around continued reporting and information sharing.
- Significant work has been undertaken around physical health, with a focus on managing choking incidents to ensure a greater understanding of the underlying causes, with measures now in place to identify at risk patients. Joint work is underway with North Cumbria on the Eating Disorder Pathway, looking at developing skills within acute hospitals to manage eating disorders to ensure mutual support and joined up care.
- Good progress has been made around prone restraints and mechanical restraint reporting, benchmarking and interpretation, with a Trust ambition of zero prone restraints welcomed by the Oversight Group.
- Work is being done to reduce waits on the Neurodevelopment Pathway, with a focus on complex patients who may sit on multiple pathways. Work to be undertaken will include upskilling staff on ADHT and Autism Assessment.
- The Trust has made good progress with regards to PCREF with regular meetings taking place to look at priorities for 2025/26, including the implementation of a Mental Health plan.
- A new Community Transformation Model is being developed, with further work to be undertaken focussing on planning, engagement with primary care and the voluntary sector, implementation and how this will align to the Provider Collaborative Strategy.

ICB Complaints and Healthwatch Themes

Complaints

This update provides the complaints position for quarter 3 of 2024/25. As previously updated, responsibility for the complaints function has moved to the Director of Corporate Governance and Board Secretary. The service is currently managed through two separate teams due to historic arrangements, however, we are working towards an integrated team to manage all complaints from April 2025. This includes the in-housing of the ICB complaints function from North of England Commissioning Support (NECS). Presently:

- NECS via a service level agreement manage complaints relating to the ICB itself and its commissioning functions. This arrangement was in place prior to the delegation of primary care commissioning from NHS England to the ICB in July 2023.
- The primary care complaints team manages complaints relating to primary care services including, general practice, dental, pharmaceutical and ophthalmic contractors (responsibility for which transferred from NHS England following the full delegation of primary care commissioning to the ICB in July 2023).

Since the transfer of the management of primary care complaints we have experienced significant volumes of enquiries and formal complaints which has created a backlog of contacts that we continue to work through. We have appointed two Band 5 fixed term complaints officers, who started in post in January 2025, and this has doubled the capacity in the primary care complaints element of the team. The new complaints officers are focusing on new cases, allowing existing staff to focus on the backlog.

Alongside this there is a review of the current processes for managing complaints to identify efficiencies, to streamline ways of working and to development of a more comprehensive governance structure for reporting of complaints activity to provide greater detail and assurance going forward. Reporting arrangements will include identifying areas of learning and improvement from completed complaints.

Summary of the complaints data is set out below.

Complaints 2024/25 Q3	Cases referred to other organisations	ICB Cases	Primary Care Cases	TOTAL
RECEIVED				
Formal complaints	47	50	23	120
Enquiries/concerns	35	45	219	299
TOTAL	82	95	242	419
CLOSED				
Formal complaints	47	57	18	122
Enquiries/concerns	38	44	185	267
TOTAL	85	101	203	389
REOPENED				
	4	26	0	30

In relation to the ICB complaints, of the 95 cases:

- 33 were about access to NHS dental services,
- 31 were about Continuing Health Care (CHC),
- 31 related to other commissioning issues including ADHD diagnosis, shared care arrangements, access to weight management treatment and Covid vaccination.

The subject of complaints/concerns received about primary care are wide-ranging. Some of the more common themes continue to be clinical care, registration/removal, prescribing issues, failure to refer and access. In addition to the data in the table above, the primary care complaints team received 248 telephone calls, the majority of which were enquiries/concerns.

Whilst we are addressing capacity constraints, it is not possible at this current time, for all primary care complaints, concerns and enquiries received to be processed in a timely manner. The number of primary care 'formal complaints' will increase significantly, as cases are processed, when appropriate consent to act is received from complainants.

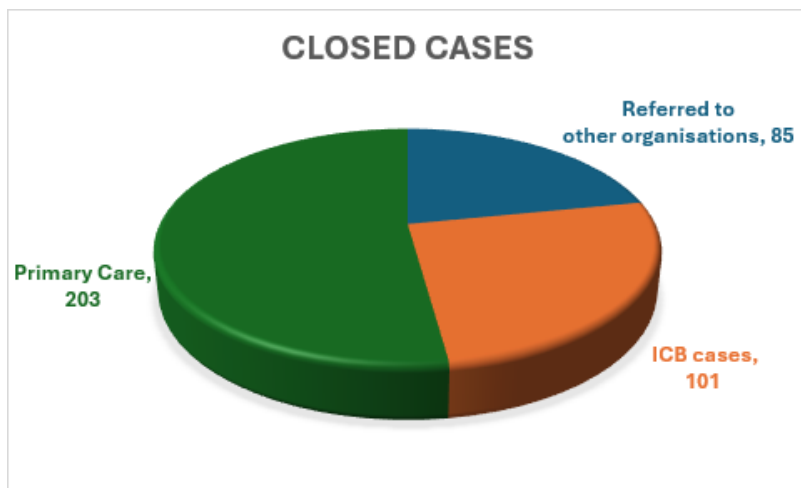
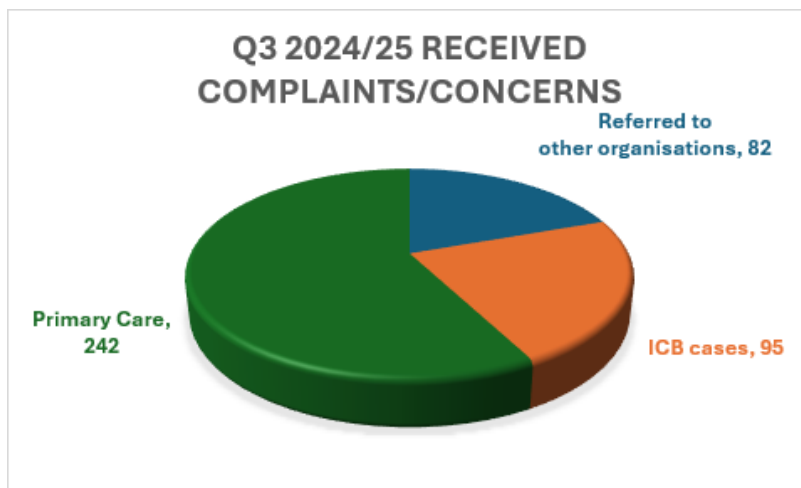
As set out in the *Local Authority Social Services and National Health Service Complaints Regulations 2009*, patients and service users are entitled to complain about the provider or commissioner of primary care services, including GPs, dentists, pharmacists and optometrists. We continue to encourage complainants to liaise directly with the providers as they are best

placed to investigate the concerns that they have. We also work to resolve as many concerns as possible, without the need to go down the formal complaints process.

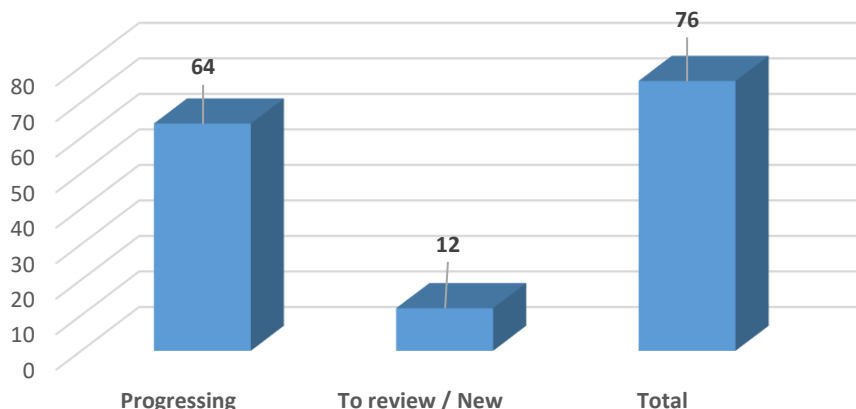
Performance against key performance indicators

All new ICB cases received in quarter 3 were acknowledged within the three working day target. The ICB aims to respond to single-agency complaints within 60 working days of receipt (or of receipt of consent or agreement of the complaint plan, where applicable). Where this cannot be met, a revised date is agreed with the complainant. This key performance indicator (KPI) was met for complaints against the ICB. Work is ongoing to improve the position in relation to complaints against primary care.

Overview



ICB Complaints Current Cases



Healthwatch themes and engagement work across NENC

The NENC Healthwatch Network includes the fourteen Healthwatch organisations from each local authority area. Each Healthwatch is independent and local Boards set priorities based on feedback from residents.

The Network provides an invaluable function within the Integrated Care System by collating key emerging priorities and independently representing the voices of those living and working in our communities, whether it be locally, sub-regionally or regionally. The Network also has a range of robust and comprehensive methods of information gathering, with particular reference to those who are seldom heard and disadvantaged, which helps us to priority areas of work.

The NENC Healthwatch network covers rural, urban and coastal communities including the most deprived communities in the country. Common themes and trends in our work include:

Social Care priorities:

- Nursing/Care Home settings - It is sometimes felt the care sector and the dignity that needs to be afforded to patients/residents is not given the priority required compared to the health sector. 7 of our Healthwatch organisations (Gateshead, North Tyneside, South Tyneside, Westmorland & Furness, Hartlepool, Middlesbrough and Redcar & Cleveland) are now looking at the provision & quality of care with Nursing/Care Home settings compared to only 3 in the previous year.
- Domiciliary care - Northumberland, South Tyneside and Hartlepool
- Other areas to be covered are reablement/intermediate care (Hartlepool), the Adult Social care Team (Newcastle & Redcar), Carers (North Tyneside), a directory/guide for Social Care (Sunderland) plus we now have Westmorland & Furness looking at safeguarding within their work programme.

Health Sector priorities:

- GP access – the majority of Healthwatch still have concerns relating to GP access. There are 10 of the Healthwatch raising this as an item within their work programmes with a further Healthwatch considering this for inclusion.
- Dentistry Access – this still remains one of the highest reasons residents are contacting Healthwatch for help & guidance. The Healthwatch Network has concluded a NENC engagement exercise on Dentistry but remains a feature on now 6 of the 14 work programmes. This may increase depending on the outcome of our most recent Network-wide engagement that has been shared with the ICB.
- Pharmacy is beginning to feature more in the concerns by Healthwatch given many pharmacies are removing their supplementary hours. 8 Healthwatch have this within their work programmes.
- Hospital discharge - identified by a further 2 Healthwatch compared to the previous reporting in September.
- Community mental health services – There are now 10 Healthwatch looking at this area which is a further increase.
- Learning Disability & Autism - there is a great deal of concern across the Network looking at the provision of services. In some areas this will examine performance in Primary Care of ensuring Annual Health checks are carried out in a timely manner.
- Access for those with a sensory disability - continues to be an area of concern as does the wider concern in ensuring all Health & Care services adhere to the Accessibility Information Standard.
- 12 of the 14 Healthwatch (exc. North Cumbria) have worked with the NEAS and VONNE to review the Trust's Clinical Strategy. Place based engagement events have been held across the NENC region with our final report & recommendations presented to the Trust in November.

Operational Planning Priorities 2024/25

Urgent and Emergency Care – Jan 25

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
A&E waiting times < 4hrs (78% by March 25)	81.7%	79.3%	74.9%		73.0% 11/42
Category 2 ambulance response (NEAS)	26:18	28:08	27:51		4/11
Adult G&A bed occupancy	92.5%	93.2%	93.7%		95.6%
Patients not meeting the criteria to reside (CtR)	8.9%	8.4%	9.9%		
Ambulance handovers >59mins:59s	0	0	8.6%	Worsening	
111 Call Abandonment (NEAS plan)	3%	3%	0.9%	Improving	2.0%
Mean 999 call answering time	<10s	9s	0.5s	Improving	3.2s

Observations

- In month A&E performance at 74.9% remains above the national average of 73.0% however behind the NENC Jan25 plan (79.3%). NENC has seen an improvement from Dec24 of 0.6% (up from 74.3%).
- Ambulance response times Cat 2 mean response has significantly improved in Jan25 compared to Dec24 and performance remains ahead of plan. NEAS national ranking is 4/11 (NEAS also ranked 1/11 for Cat 1 & 3, and 2/11 for Cat 4 mean response).
- Bed occupancy compares favourably to the national and regional position but has deteriorated from Dec24 and is behind plan.
- Patients not meeting Criteria to Reside (CtR) continues to be behind plan and has slightly deteriorated in Jan25, but remains lower than the NEY and national position.
- Ambulance handover delays over 1 hour decreased in Jan24 compared to Dec24 but remain higher than all other months in 24/25 (8.6% of arrivals).

Actions/interventions/learning/risks

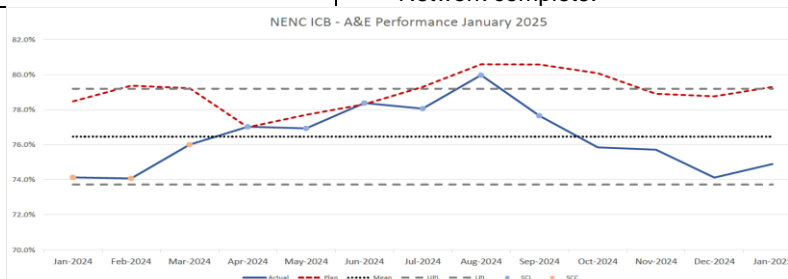
- In Dec-24 all Trusts submitted, to NHSE, a revised A&E plan (waterfall trajectories), showing detailed actions on how they will achieve 78.0% (or above) by Mar-25. From Feb-25 a NHSE weekly 'delivery pack' is being shared with the system, identifying where performance is not in line with the waterfall trajectories, with KLOEs and requirements for Trusts to provide assurance/mitigation.
- Continued focus on escalation processes for ambulance handover delays. Ambulance Handover System Working Group established. Immediate Release Procedure in place. Revised Cohorting and Divert/Deflect processes drafted.
- NEAS are continuing to recruit to their CAS and clinical validation team, early evidence shows improvement in Hear & Treat.
- Revised discharge reporting including delays per pathway enabling further level of granularity to identify opportunities and barriers.
- Acute Respiratory Infection Hubs – Activity data received from all PCNs however, clinical template extraction not in place across all. Action to tighten up contract variation for 25/26 if ARI hubs funded.
- Ambulance focus on high impact actions such as HCP triage process, additional clinical capacity and validation and recruitment of paramedics.
- NHSE monthly flow packs (A&E, Ambulance) shared with 5 x NENC Local Accident and Emergency Delivery Boards (LAEDB) and are routinely discussed within meetings.

Quality and Health inequality implications

- Continued focus on reducing ambulance handover delays. Specific working group established to identify improvements. Individual Trust trajectories to be agreed for reduction in long handover delays and reduction in average handover time. Focused discussions between ICB/NHSE regional team and most pressured Trusts to develop improvement plan through to end of 24/25.
- Development of Urgent and Emergency Care (UEC) model of care to focus on patient pathways and health inequalities and enabling 'left shift' principles. Will support strategic ambition over next 5 years. To be discussed at UECN in March.

Recovery/delivery

- Winter priority initiatives ongoing including improvements in navigation, capacity and alternatives to ED to support avoidance of inappropriate admissions.
- SDEC improvements ongoing following community of practice event. DOS profiles and exclusion criteria being agreed per Trust. Single number to enable call before convey.
- Acute Respiratory Infection Hubs – Place based ARI hubs to continue until end Feb. Current average utilisation across NENC of 84%.
- Integrated Care Coordination – supporting shift out of hospital – developing plan across primary, community and UEC. ICB Urgent Responsive Care group has been expanded to cover Urgent Community Response, Virtual Wards and Care co-ordination Hub oversight and support with the aim of co-ordinating a combined increase in community activity and a divert away from secondary care acute activity – to meet the national minimum standards and local key principles and outcomes for delivery.
- Review of UEC governance by Urgent and Emergency Care Network complete.



Primary and Community Care – Dec 24 (except *data)

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Monthly Appointments in General Practice	1.51m	1.83m	1.57m		
Proportion of GP practice appointments within two weeks and	85.5%	85.5%	81.0%	Worsening	81.5%
Proportion of appointments the same or next day			64.2%	Worsening	65.9%
Additional Roles Reimbursement Scheme - All Roles (Mar24)			1,691	Improving	
UDA delivered as proportion of UDA contracted	80.0%	80.0%	74.4%		80.9%
Percentage of unique patients seen by NHS dentist (adult) - rolling 24m (Jan25)	42.6%	42.6%	41.4%		35.4%
Percentage of unique patients seen by NHS dentist (child) - rolling 12m (Jan25)	73.6%	73.6%	60.4%		56.6%
2-hour urgent community response (UCR)	70.0%	70.0%	79.2%		83.2%
Increase referrals to UCR services	7,980	7,811	11,805		
Improve access to virtual wards by ensuring utilisation is consistently above 80% (Jan-25)	78.2%*	90.0%	68.8%	Improving	
Community Beds Occupancy (Jan-25)	92.0%	92.0%	96.4%		
Community Waiting List > 52 Wks Children	519	526	931		
Community Waiting List > 52 Weeks Adults	306	314	579		
Percentage of palliative care register, dying in preferred place of death			19.6%		
Percentage of C3 and C4 calls conveyed to hospital			28.0%		

Observations

GP appts Dec24 actual appts were significantly lower than plan.

ARRs plan was met Mar24, not included in 24/25 plans.

Dental UDAs Q3 actual is below plan and under England average of 80.9%.

UCR: 2 hr standard and activity targets exceeded but with a downward trend in % within 2-hrs

Virtual wards: Below plan but improving trend.

Community services waiting times long median waits in Adult Podiatry for NCIC, Children Young People Therapy interventions: OT for NUTH and adult weight management & obesity STHFT

Actions/interventions/learning/risks

NENC ICB Primary Care Access Recovery plan (PCARP): Continued roll out of Modern General Practice Access, utilising digital tools to improve access, using outcomes/data to inform planning and future priorities, sharing good practice/lessons learnt.

GP Collective Action Risk: The delivery of GP Services to patients is impacted by GP collective action, limiting the number of GP consultations per session.

System Development Funding (SDF): Schemes for 2024/25 funding have been approved. **Issue:** Due to new contractual requirements most schemes delayed with continuation of existing schemes at risk. Mitigations identified.

Patient Experience Survey: Data shows positive progress against PCARP aims and the national requirements, analysis from the survey indicates further work required to correlate delivery of change and positively impact patient experience when accessing primary care services. Working Group established to develop themes and more targeted work. Quality & Safety Committee deep dive to be presented 18 Feb 2025.

National dental recovery plan, in addition to initiatives previously reported, approval has recently been given for the roll out of urgent dental access centres as well as a plan to commissioning additional general dental access. In the interim non-recurrent funding continues to be used to fund UDA over-performance/additional activity where possible but delivery is impacted by contract hand backs.

Integrated Care Coordination: ICB Urgent Responsive Care group has been expanded to cover Urgent Community Response, Virtual Wards and Care co-ordination Hub oversight, targeting increase in community activity and divert away from secondary care.

Quality and Health inequality implications

ICB wide Primary Care quality reporting system in place and LDTs determining arrangements for actioning and feeding into wider ICB quality reporting.

Integrated Care Co-ordination: develop greater integration in our communities, support to remain at home.

Recovery/delivery

PCARP: Implementation of Modern General Practice Access continuing.

Greater use of NHS App and digital access, 90% of practices offering key App functions.

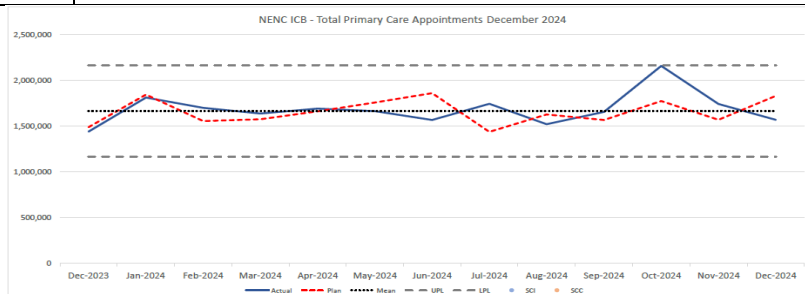
Pharmacy services continuing to expand - Pharmacy First delivered by 99% pharmacies.

Estates supporting priority practices to utilise funding to provide 22 additional clinical rooms (16 complete, 6 in progress)

Peer Ambassadors Programme: Three NENC Peer ambassadors have been identified, who will support with the implementation of Modern General Practice Access and Transformation Projects

UCR: Focus remains on increasing UCR referrals, including 999/111, TEC responders and care homes. Co-ordinated focus at ICB level within Urgent Responsive Care group.

Virtual Wards: In-depth stock-take of services and 1:1s with providers to discuss current position, future ambitions and barriers to delivery with a view to alignment of future planning outcomes, equity of provision and resource allocations in context of service reform financial balance requirements.



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

Elective care – Dec 24 Actual data displayed at commissioner aggregate level

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Number of patients waiting > 104 weeks	0	0	<5	Improving	17/42
Number of patients waiting > 78 weeks	0	0	28	Improving	12/42
Number of patients waiting > 65 weeks (0 by Sep24)	0	0	214	Improving	5/42
Number of patients waiting > 52 weeks	4,190	4,807	4,423	Improving	3/42
The number of incomplete Referral to Treatment (RTT) pathways (waiting list)	327,044	328,883	350,801		
Proportion of patients on the waiting list who have been waiting for less than 18 weeks (92%)			69.0%		58.9%
Deliver 109% value weighted activity (Oct-24)	110.6%	109.9%	114.2%		
Increase the proportion of all OP attendances that are for 1st or FU appointments attracting a procedure tariff to 46% (NENC 46.6%) across 2024/25* (Nov-24)	44.5%		43.3%		
Make significant improvement towards the 85% day case rate (Aug24)	87.3%		87.7%		

Observations

- Whilst the waiting list is above plan it has stabilised from May24 and has been decreasing month on month since Aug24 and remains lower than the peak in 23/24.
- NENC ICS continue to be the best performing across the country in Dec24 for RTT performance with 69.0% of people on the waiting list for elective (non-urgent) treatment waiting less than 18 weeks.
- Published Dec24 data reported <5 104+ week waiters.
- The number of 78+ww decreased from 33 to 28 (Dec24)
- Further improvement in the number of 65+ww from 241 (Nov24) to 214 (Dec24) making it seven consecutive reporting decreases. Despite the decrease this represents a continued challenge to eliminate these long waiters.
- Dec24 data for 52+ww shows a further drop from the previous reporting period down from 5,049 (Nov24) to 4,423 (Dec24); that makes four consecutive reporting decreases. Not only does this improvement deliver below plan (i.e. positive performance), but it is also the lowest reported position post COVID.
- Improved RTT validation levels from Aug24 to date
- 25/26 Operational planning focuses on Referral to Treatment (RTT) improvements, reduction in long waits and an improvement in the percentage of patients having their 1st outpatient appointment within 18 weeks.

Actions/interventions/learning/risks

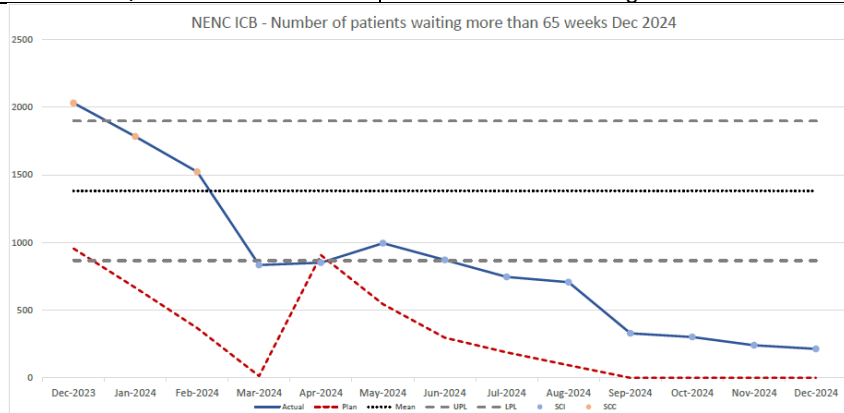
- Focus on elective recovery for NENC including reductions in long waits, waiting list size and completion of patient treatment pathways.
- Targeted meetings continue with NuTH and S Tees in conjunction with GIRFT Further Faster 20 (FF20).
- Mutual Support Coordination Group (MSCG) facilitated conversations regarding over 1,900 patients across 20 specialities, fostering a collaborative environment where providers can learn from each other and implement best practice, supporting requests across pressured specialities over 52ww for over 600 patients so far in 24/25.
- Implementing a system for regular tracking of theatre utilisation and platform for sharing of fallow system capacity. This will involve monitoring booked versus actual utilisation, analysing reasons for cancellations, and assessing overall theatre productivity.
- Theatre and Peri-operative group continues to explore early risk stratification and low risk pathways to efficiently assess and select patients who can benefit from digital pre-op assessments and utilisation of elective hubs.
- Establishing a task and finish group to develop a comprehensive strategy to review and optimise Independent Sector (IS) activity, encompassing both insourcing and outsourcing across all parts of the care pathway, including Primary Care.
- Implementing the Specialist Advice Operational Delivery Framework, enhancing triage processes and ensuring more timely, accurate and appropriate referrals reach secondary care.
- Facilitating the sharing of best practice and digital innovations aimed at predicting DNAs and maximising patient attendance at appointments.

Quality and Health inequality implications

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

Recovery/delivery

- Recovery impacted by seasonal urgent and emergency care demands
- Targeted ICB/provider meetings continue with NUTH, South Tees and NCIC
- Focus on minimising the number of 65+ww across NENC by Mar25



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

Cancer & Diagnostics – Dec 24 Actual data displayed at commissioner aggregate level

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Improve performance against the headline 62-day standard to 70% by Mar25	72.7%	70.6%	72.3%	Improving	71.3%
Cancer faster diagnosis standard 77% by Mar25 - ICB	79.4%	78.5%	81.8%		78.1%
Number of patients waiting over 62 days (Jan-25)	817	817	856	Improving	
31 days from decision to treat/earliest clinically appropriate date to treatment of cancer (96% target)			86.2%	Worsening	
Lower GI (at least 80% of referrals accompanied by a FIT result)	80.5%	80.5%	87.8%	Improving	84.7%
Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2030 (12 month rolling, Oct24)			55.4%		
% of patients that receive a diagnostic test within six weeks in line with the Mar25 ambition of 95% (24/25 ICB plan required for 9/15 modalities only)	92.7%	88.3%	88.3%	Improving	87.5%

Observations

Cancer

- 55.4% of cancers diagnosed in the 12 months to Oct24 were at stages 1 and 2, against a planning ambition of 75% early diagnosis by 2030. (*see appendices)
- 28-day faster diagnosis (81.8%, Dec24) maintained its position above the national standard (75%), and above Operational plan trajectory (77.7%).
- 31-day performance decreased from 87.2% (Nov24) to 86.2% (Dec24) and remains below the national standard (96%). Radiotherapy treatments are most challenged with performance below 70%.
- Cancer 62-day performance increased from 70.5% (Nov24) to 72.3% (Dec24) above the ICB Plan trajectory (70.6%).
- Most challenged pathways include, Lung, Upper GI, Lower GI & Head and Neck, with 62-day performance below 65%.
- Cancer PTL backlog has been retired from the National Cancer performance reporting schedule with a move back to the CWT measures. This will continue to be monitored by the Northern Cancer Alliance.

Diagnostics

- Fourth month of improvement and best performance since pandemic.
- Improvements in Audiology and MRI
- The Newcastle upon Tyne and North Cumbria Integrated Care Trusts are showing sustained improvement.

Actions/interventions/learning/risks

Cancer

- Work to improve early diagnosis continues to focus on health and healthcare inequalities and includes; Behavioural Science Awareness campaigns, Mobile Cervical Screening pilot into areas of deprivation, "Know your lemons" breast cancer work with South Asian community, continued and effective use of FIT testing and Targeted Lung Health Checks.
- Working with the Trusts and NDRS team to improve staging data completeness at tumour level.
- Unmet need call focused on Early diagnosis is now complete with successful bidders now being contacted.
- NCIC remains part of NHS E tiering process for Cancer as a tier 2 provider. NUTH and South Tees will also be added to the Tier 2 providers from Feb 25, discussions with trust, ICB and the cancer alliance are ongoing with action plans to be developed.
- Breast pain pathway live in all but one provider, removing people from triple assessment clinics and reducing unnecessary imaging.

Faster Diagnosis Standard:

- Strong performance at provider level with 6/8 providers achieving 77% England 24/25 objective for FDS standard
- Challenges still exist at tumour level – Urology being the furthest away from trajectory.

Diagnostics

- Some deterioration expected in Jan25 with operational pressures
- Pressures seen in the provision of Echo services; related to workforce issues with a planned review of referral criteria.
- Performance reviews with trusts have identified opportunities to share good practice and provide mutual support.

Quality and Health inequality implications

Cancer

- Currently unable to monitor reduction in health inequality in cancer pathways, we are working with the ICB Healthcare inequalities group to develop a meaningful measure

Diagnostics

- Improved equity in access to diagnostic services
- Timely diagnosis improves treatment opportunity.

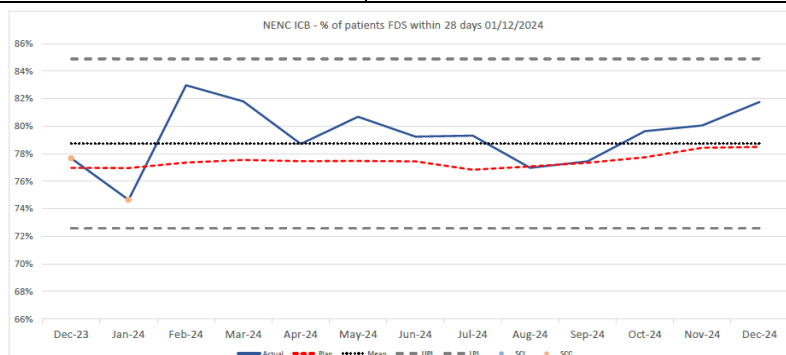
Recovery/delivery

Cancer

- FDS strong performance continues in 2024/25.
- 62-day performance has been improving with the last 2 months achieving the 70% operational plan trajectory.

Diagnostics

- On track to deliver end of year trajectory



Maternity and Neonatal

Objective	RAG Rating
Perinatal Pelvic Health Services are operational and available in line with the service specification across the ICB	Green
Agreement is in place to sustainably commission Perinatal Pelvic Health Services from Apr-24	Green
Maternal Mental Health Services are operational and available across the whole of the ICB	Red
Agreement is in place to sustainably commission Maternal Mental Health Services from Apr-24	Green
7 Day Bereavement services in place in all Trusts	Green
Publication of Maternity equity and equality action plans	Green
Are all Providers compliant with Saving Babies' Lives Safety Action 6	Orange
<p>Observations</p> <p>Perinatal Pelvic Health Service (PPHS)</p> <ul style="list-style-type: none"> PPHS services went live across each of the 8 NENC Provider Trusts on the Oct24. Further work is being undertaken in relation to the pathways across NENC for women who require supporting in respect Obstetric Anal Sphincter Injury (OASI). <p>Maternal Mental Health Services (MMHS)</p> <ul style="list-style-type: none"> Commissioning of MMHS provision is led by the ICB Mental Health Transformation Team and not the LMNS. There are currently 3 services being delivered by N Cumbria, N'bria and STSFT The ICB has committed £1,660,000 worth of funding till Mar26 to enable establishment of equitable provision across NENC. <p>Seven Day Bereavement Services</p> <ul style="list-style-type: none"> All 8 NENC Provider Trusts provide 7-day bereavement services, assurance regarding delivery will be provided at perinatal quality surveillance meetings. <p>Publication of Maternity Equity and Equality Action Plans</p> <ul style="list-style-type: none"> Complete, ongoing monitoring of plan is through the NENC LMNS Equity and Equality steering group with assurance provided via NENC LMNS Board. <p>Compliance with the Saving Babies Lives Care Bundle</p> <ul style="list-style-type: none"> The Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) Year 6 ICB & LMNS Assurance Framework outlines the evidence required to be shared with the ICB and LMNS to fulfil the requirements of the MIS guidance and technical specification. 	<p>Actions/interventions/learning/risks</p> <p>Perinatal Pelvic Health Service (PPHS)</p> <ul style="list-style-type: none"> 24/25 Fair share funding allocations have been agreed based on BadgerNet data in line with national service specification requirements jointly agreed with NENC provider trusts. Following launch of the services, training requirements will be presented at the NENC LMNS Training Faculty with a view to incorporation into the 25/26 training year as part of the core competency framework. <p>Maternal Mental Health Services (MMHS)</p> <ul style="list-style-type: none"> Development of a standard service specification including workforce modelling options and local funding requirements is being established during Q4 24/25. <p>Seven Day Bereavement Services</p> <ul style="list-style-type: none"> The plan to establish a NENC LMNS Perinatal Bereavement Delivery Group by the end of May 2025. This will be led by the LMNS Quality and Safety Programme Lead which is currently being recruited to. <p>Compliance with the Saving Babies Lives Care Bundle</p> <ul style="list-style-type: none"> Further work is required between Nov24 and Mar25 to support the 8 Provider Trusts in ensuring data inputted via BadgerNet is consistent across NENC to ensure audit compliance. Audit compliance is reviewed at a quarterly joint meeting between the LMNS and Provider Trust. <p>Other Relevant Programme Updates</p> <ul style="list-style-type: none"> Since April 2024 there have been nine maternal deaths in six/seven trusts (Ghead, STSFT, CDDFT, NCumbria, N'bria and NTees/STees). Low APGAR Scores <7 at 5 mins seen in four trusts. STSFT has had two 'alarms' on the LMNS maternity dashboard and NuTH has had two 'alerts' which have triggered an investigation for both trusts. NTees and STees have both had one alert in 2024/25 in quarter 1. Following the STSFT presentation of audit and deep dive findings of term APGAR scores <7 at 5 minutes at LMNS Quality and Safety Group, the Trust has been requested to audit additional metrics identified for further analysis. This will be joint work with NuTH.
<p>Quality and Health inequality implications</p> <p>Maternal Mental Health Services (MMHS)</p> <ul style="list-style-type: none"> The NENC ICB/LMNS is not expected to fully achieve this deliverable until 1 April 2026. <p>Compliance with the Saving Babies Lives Care Bundle</p> <ul style="list-style-type: none"> The audit requirement to assure compliance with the safety actions are comprehensive, and as such, requires significant staff time and resource to compile. Reflecting on the MIS Year 5 submissions, the approach taken to audit, and the methodology, was variable providing varying degrees of assurance. Audit compliance is reviewed at a quarterly joint meeting between the LMNS and Provider Trust. <p>Other Relevant Programme Updates</p> <ul style="list-style-type: none"> Recruitment and retention of multi-disciplinary team (MDT) staffing across our providers is a pressure – development and collaboration across NENC in workforce capacity continues. 	<p>Recovery/delivery</p> <p>Other Relevant Programme Updates</p> <ul style="list-style-type: none"> Three maternity units (North Tees & Hartlepool, STSFT and CCDFT) remain under the national Maternity Safety Support Programme (MSSP) Following a diagnostic assessment by the MSSP national team, it has been agreed that STees will also join the programme on the basis of the group model with NTees & Hartlepool. Any learning from 9 maternal deaths be shared by the NENC Maternity and Neonatal Patient Safety Learning Network in due course.

Use of resources Data period M10 (January 2025)

	Month 10 YTD plan	Month 10 YTD actual	2024/25 Annual plan	2024/25 Forecast
ICS financial position (surplus)/deficit	£19.30m	£21.82m	£0.00m	£0.00m
ICB financial position (surplus)/deficit	(£3.0m)	(£8.02m)	(£3.60m)	(£12.17m)
Running cost position	£41.20m	£39.05m	£54.94m	£49.12m
Capital funding	£182.11m	£140.74m	£300.80m	£300.80m
Agency spend	£68.10m	£58.28m	£80.93m	£69.66m
Efficiency savings	£406.17m	£398.93m	£520.80m	£524.74m
Mental health investment standard	6.60%	6.60%	6.60%	6.60%

Observations

- The full year ICS financial plan is a breakeven position following receipt of deficit support funding of £49.95m.
- As at Jan-25, the ICS is reporting a year to date deficit of £21.8m compared to a planned deficit of £19.3m, a slight deterioration compared to the previous month.
- The position continues to include a number of financial pressures, in particular cost pressures linked to the pay award, efficiency under-delivery and pressures on drugs and devices.
- The YTD deficit position is expected to be recovered over the second half of the year, reflecting the phasing of efficiency plans.
- At month 10, there has been an agreed reduction in the ICB planned surplus of £50m with a corresponding improvement in provider positions.
- The ICB is now reporting a YTD surplus of £8.0m compared to a plan of £3.0m, and a forecast surplus of £12.2m compared with a revised full year plan surplus of £3.6m.
- The improvement in the ICB forecast position compared to plan was agreed to offset a deterioration in the overall ICS provider position.
- Running costs – an underspend is expected on running cost budgets (£5.8m forecast). This helps to mitigate pressures on programme budgets and the impact of allocation reductions for 25/26.
- Capital spending figures now include the impact of IFRS 16. Funding has been received to cover the residual IFRS 16 impact, with overall capital spending forecasts now in line with capital allocations.
- Agency spend continues to be below plan and forecast to be well within the system level agency ceiling of £101.3m.
- The ICS is reporting efficiency savings which are slightly ahead of planned levels overall, with forecast over-delivery of £3.9m. Within this however there is an increasing under-delivery reported against recurrent efficiency savings (£44.5m year to date and £59.9m forecast).

Actions/interventions/learning/risks

- The ICS must deliver the agreed financial plan or if not will need to repay the £49.95m of deficit support funding.
- The submitted 2024/25 plan including significant unmitigated financial risks across the ICS, totalling almost £161m.
- The level of unmitigated financial risk has reduced over recent months and at month 10 was estimated at £17.8m (a further reduction from £36.1m at month 9).
- A number of financial risks materialised in the position in month 10 resulting in a deterioration in the forecast of one organisation, however this has been offset by non-recurring mitigations and improvements elsewhere in the ICS.
- Work continues across the system to manage the remaining potential risks and identify additional mitigations.
- To support delivery of the financial position, an independent review of financial grip and control measures across all organisations within the ICS was undertaken. The review was intended to both provide assurance around controls in place as well as identifying areas for potential improvement and agreeing resulting actions for individual organisations and across the system. Action plans are being developed both at an individual organisation and system level, which will be monitored through relevant committees within individual provider organisations and the ICB.

Quality and Health inequality implications

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

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

Recovery/delivery

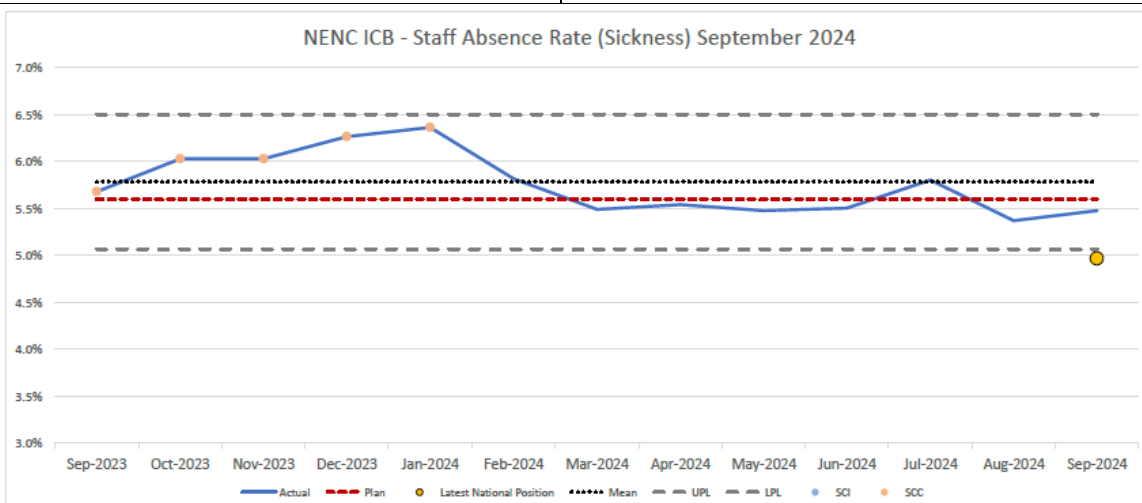
- Work is continuing across the system on the medium term financial strategy and delivery of related financial recovery plans via the System Recovery Board. This includes review of potential difficult decisions that may need to be taken to ensure the system can live within its resources moving forward.

Workforce – Oct/Sep 2024 24/25 metrics in development

Objective	Plan Mar 25	Plan (Month)	Actual	Trend	Benchmark
Improve the working lives of all staff and increase staff retention (Oct-24)		12.1%	9.4%		10.7%
Improve the working lives of all staff and increase staff attendance (Sep-24)		5.6%	5.5%		5.0%

Observations	Actions/interventions/learning/risks
<p>Sickness</p> <ul style="list-style-type: none"> The nationally reported in-month ESR recorded sickness rate has decreased from 5.8% in July 2024 to 5.4% in August 2024. This is under plan (5.6%) but remains above the England actual of 4.8%. This metric shows common cause variation, no significant change. The range of performance against this measure is expected to be between 5.0% and 6.6% with a mean average of 5.8%. <p>Turnover</p> <ul style="list-style-type: none"> Definition of turnover is leavers, plus other staff who remain in the NHS but who have changed profession or employer in the last 12 months. NENC turnover rate has increased from 9.5% in August 2024 to 9.6% in September 2024. However, this remains well below plan and national average. <p>Data</p> <ul style="list-style-type: none"> Work is continuing to understand the different sources of reporting of this information to ensure consistency of reporting and monitoring across the ICB. Data included in this report is based on the nationally available data through reporting by NHSE (NHS Digital). 	<ul style="list-style-type: none"> Sickness and turnover rates continue as priorities in 24/25 and 25/26. NENC are a site for the Health and Growth Accelerator scheme funded through the Government's <i>Get Britain Working</i> white paper. Early focus on health and care staff. Continued promotion and use of the staff NENC Wellbeing Hub with potential expansion being explored as part of the Health and Growth Accelerator. People Promise celebration event held on 6 February 2025 bringing together learning and sharing from all the cohort 2 sites. Draft fertility policy has been through consultation with trust staff side groups and the Fertility Network. Now ready for HR Directors' consideration. Talent and leadership diagnostic in development to assess system development capability to deliver the three shifts outlined in the 10yr Health Plan. Boost improvement community now has over 13,000 members. Phase 2 development includes a People's Hub, to improve interaction with patients and citizens. Oliver McGowan mandatory training (OMMT) negotiations ongoing with Foundation Trusts/other NHS organisations to roll out training. Ongoing negotiation with training provider to seek value for money and flexibility going forward. NEY region (4+1) Anti-Racist workshop held on 30 January 2025, next phase agreed, and event planned for June 2025. Resourcing agreement sought from within the ICBs / NHSE

Quality and Health inequality implications	Recovery/delivery
<ul style="list-style-type: none"> Higher levels of sickness affect patient safety and quality with increased reliance on agency staff. This will remain a key focus for 25/26. Staff turnover impacts quality due to: Lack of continuity of care, staff shortages through vacancies putting pressure on remaining staff, time and effort involved in recruiting, training, and inducting new staff members adding further pressure to existing staff. Provider trusts have all articulated they have plans in place to reduce sickness absence, improve retention, and reduce turnover and agreed to provide mutual support across all organisational boundaries where there are particular pressures on service areas. 	<ul style="list-style-type: none"> We are taking a learning and improvement approach to the delivery of the NENC People & Culture Strategy. Review of strategy is underway to confirm key deliverables for 25/26. Governance arrangements are being reviewed to ensure link into key workstreams in the system. A refreshed narrative is being developed for Boost that will draw together and build upon all previous models for change. Boost learning and improvement conference being held on 24 March 2025 to support developing capacity and capability for improvement across the system. OMMT uptake increasing significantly. Live sessions booked via Boost Learning Academy and targeted at system and ICB staff - 95% mandated completion by 31 March 25.

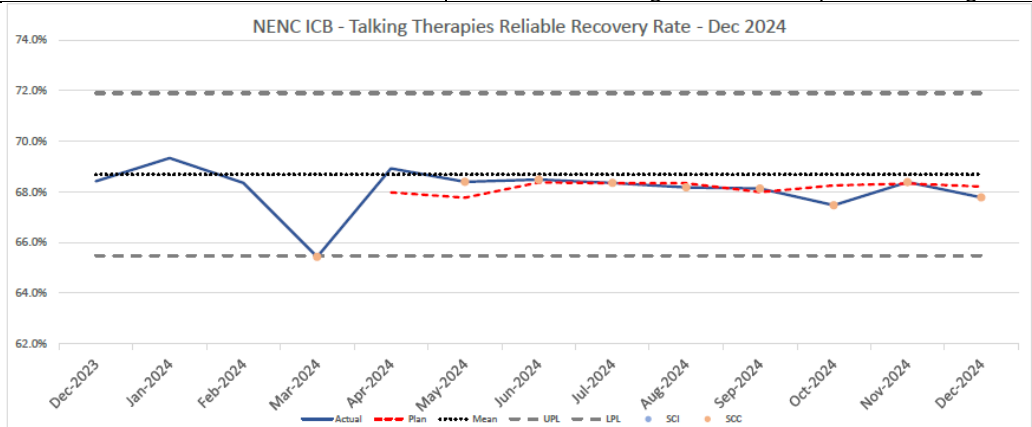


Mental Health Adults – Dec 24 unless otherwise specified.

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Access to Transformed PCN Community Mental Health Services for Adults with SMI Number of 2+ contacts (Sep24)	30,000	20,076	29,355	Improving	
Access: Number of patients discharged having received at least 2 treatment appointments, that meet caseness at the start of treatment	2,934	2,880	2,444		
Talking Therapies - Reliable Recovery	50.0%	50.0%	47.9%	Worsening	
Talking Therapies - Reliable Improvement	68.5%	68.2%	67.8%	Worsening	
Dementia Diagnosis Rate	69.8%	69.4%	69.1%	Improving	65.6%
People with SMI receiving full physical health check in primary care (Sep24)	69.5%	63.1%	61.3%	Improving	
Access to perinatal mental health services*	2,500	2,467	2,360		
Total number of inappropriate Out of Area (OOA) Placements** (Nov24)	0	3	<5		
MHSDS Data Quality Maturity Index (DQMI) Score (Oct24)			62.1	Worsening	66.3
Talking therapies - In treatment waiting times >90 days	10%	10%	39.4%		21.7%

Observations	Actions/interventions/learning
<p>Access to transformed PCNs: The number of 2+ contacts continues to perform well and is over plan following the rise in number of confirmed transformed PCNs.</p> <p>TTAD: Performance has deteriorated in this reporting period for caseness and reliable recovery, however we have seen a slight improvement in the reliable improvement rate. Secondary waits (in-treatment waiting times) remain a pressure across the patch.</p> <p>Dementia: Whilst the national standard has been met this period, the position against the monthly plan has not been achieved.</p> <p>Perinatal: We are continuing to report an increase in access within perinatal, however we are yet to meet the national ambition.</p>	<p>Access to transformed PCNs: Whilst we are over plan against this metric, there are some places which are experiencing difficulties in declaring a PCN as transformed. Discussions are commencing around what additional support is required into those areas</p> <p>Perinatal: A deep dive into Perinatal and Maternal Mental Health took place at the December Mental Health Performance Overview Group which was attended by NHSE colleagues. The groups recognised the areas of good practice that was underway within these pathways and were cognisant of the expansion that is planned following agree investment.</p>

Quality and Health inequality implications	Recovery/delivery
<p>Negative impact on mental health whilst waiting. Patients awaiting repatriation to their home area have poorer outcomes and less likely to receive frequent family visits due to distance. Resettlement/rehabilitation may not be as timely as when placed in home area. Patients with SMI are known to have a reduced life expectancy therefore health checks are important to identify physical health needs and support access to, and engagement, with services.</p>	<p>TTAD: Following system wide event, a number of challenges and opportunities have been identified to take forward transformation work and improve performance within the suite of TT metrics. The focus of this will be to improve the infrastructure of all delivery providers to improve equity of the core offer and ensure that productivity can be enhanced. This includes, the development of a standardised core service model, commissioning and implementation of digital solutions, opportunities around sharing supervision expertise across the NENC and considerations of implementing a "digital front door".</p> <p>AMH Waiting Times: Pressures remain within adult waiting times, specifically relating to neurodevelopmental pathways. An all age ADHD and Autism pathway transformation group has been established to consider remedial actions to address long waits, review pathways and supportive interventions (pre and post diagnosis), consideration of shared care arrangements and implications of right to choose pathways.</p>



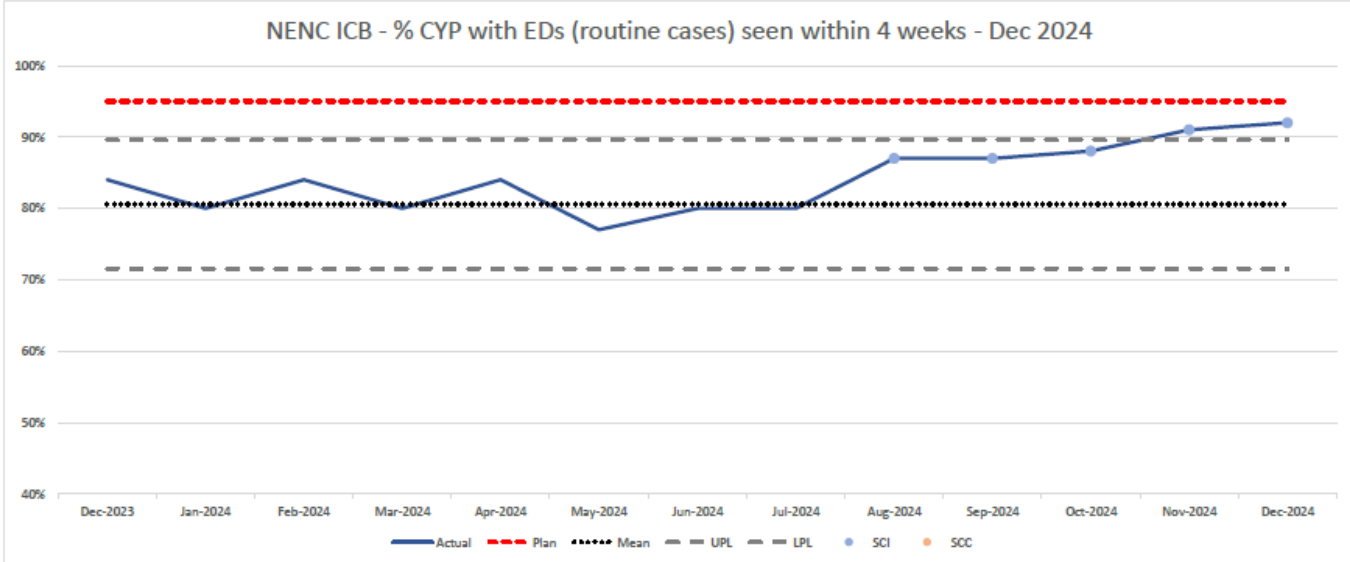
*NENC ICB 24/25 Plan does not meet national planning objective

Mental Health: CYP – Dec 24 unless otherwise specified

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Number of CYP accessing Mental Health Services*	59,632	59,148	58,610		
CYP Eating disorders (ED) - urgent within 1 week	95%		78.0%		
CYP Eating disorders (ED) – routine within 4 weeks	95%		92.0%	Improving	
MH CYP waiting time (WT) for 2nd contact >52 weeks**			15,173	Worsening	
MH CYP WT Autism & Neurodevelopmental >52 weeks**			9,511	Worsening	

<p>Observations</p> <p>CYP Access: access appears to be following a downward trajectory over the last three reporting periods.</p> <p>CYP Waiting Times: Referrals continue to increase, predominantly in Neuro pathways, more so in relation to ADHD, meaning pressures remain within this area.</p> <p>CYP Eating Disorders: Pressures remain in this pathway for patients seen within one week (urgent) and four weeks (routine). However, we are noting improvements in both metrics this period.</p>	<p>Actions/interventions/learning/risks</p> <p>Neurodevelopmental pathways continue to report pressures (this is also applicable to adult MH pathways). Additional financial support has been secured to assist in reducing waiting times in these pathways, however there is recognition that waiting lists/times have grown significantly within Neuro pathways over many years. Subsequently actions instigated to support recovery are not expected to have an immediate impact and may take a prolonged period. Work is continuing with providers to agree expected impact (develop improvement trajectories) and the underpinning actions that will support recovery and improvement.</p>
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<p>Quality and Health inequality implications</p> <p>Children, young people and families may experience exacerbation of difficulties as they wait to be assessed or start treatment.</p>	<p>Recovery/delivery</p> <p>CYP Access: Operational plan trajectory is slightly below, however the long term plan trajectory will not be achieved. It is anticipated that the plan for 24/25 will carry over into 25/26 and is expected to be met. It is anticipated that as we support more smaller community providers with MHSDS submissions, this will increase access.</p> <p>CYP Waiting Times: Pressures remain within CYPS waiting times, specifically relating to neurodevelopmental pathways. An all age ADHD and Autism pathway transformation group has been established to consider remedial actions to address long waits, review pathways and supportive interventions (pre and post diagnosis), consideration of shared care arrangements and implications of right to choose pathways.</p>
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*NENC ICB 24/25 Plan does not meet national planning objective

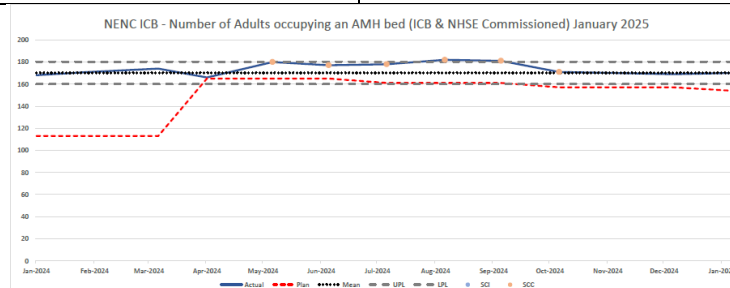
**MHSDS data subject to variable data quality between providers. All providers submitting to MHSDS included. Definition "Children and Young People (0-17) with an accepted referral waiting for 1st or 2nd direct or indirect appointment" open to differences in interpretation. Reporting to move to new national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

People with a learning disability and autistic people – Dec 2024/Jan 2025

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Bench mark
Annual Health Check and plan for people on GP Learning Disability registers	75%	51.2%	49.9%		51.1%
Reduce reliance on in-patient care – adults (ICB and Secure)* (Jan-25)	154 (Q4)	154	170		
Reduce reliance on inpatient care – under 18s (Jan-25)	0	0	6	Improving	
CTRs (Adult) compliance for non-secure (target 75%)	Fully Compliant	December 2024 CTR Metric compliance: Adult pre-post: 44% Non-secure repeat: 68% Secure repeat: 94%		Improving	
CETRs (Children & Young People) compliance	Fully Compliant	December 2024 CETR Metric: Under 18 pre-post: 50% Under 18 repeat: 100%			
Learning from Death Review (LeDeR) compliance – Eligible Reviews	Non-Compliant	January 2025: 16% of reviews are completed within 6 months of notification			
Eligible reviews completed within 6 months of notification	Non-Compliant	January 2025: 13% of completed reviews were focussed			

<p>Observations</p> <p>In-patients Adults only, as reported via the Assuring Transformation (AT) database Dec 2024 and Jan 2025</p> <ul style="list-style-type: none"> 14 ICB commissioned discharges, some long stay discharges this period <p>CTR Compliance - December 2024 Metric:</p> <ul style="list-style-type: none"> the position has improved since the Dec24 metric was extracted. Secure repeat CTRs compliance rate is 94%. Staffing issues continue to impact the scheduling of CTRs but the position on Adult Repeat CTRs is being actively addressed and is improving. 	<p>Actions / Interventions / Learning / Risks</p> <ul style="list-style-type: none"> NENC ICB Complex Care team structure continues to develop. Three Business Support Administrators are now in post. The new Case Manager (Newcastle Gateshead), Senior Complex Care Case Manager (South Tyneside/Sunderland and Head of Complex Care (South) will have joined the team by end February 2025. <p>The Complex Transition Support Service (CTSS) continues to be provided by Everyturn Mental Health Services.</p> <p>Annual Health Checks:</p> <ul style="list-style-type: none"> Planning underway to establish a NENC Annual Health Check Quality Checking programme for delivery 25/26. Is being co-designed with experts with lived experience and will be made available to LDTs for expediting locally. AHC awareness campaign for young people aged 14 – 19 being designed for roll out in schools across NENC.
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<p>Quality and Health inequality implications</p> <p>LeDeR:</p> <ul style="list-style-type: none"> NECS are on plan for completing 'backlog of reviews' by April 2025. Meetings arranged fortnightly to monitor and address any issues or concerns. Learning into Action work plan in development for priority areas as a result of learning from LeDeR. Priority area to raise awareness of LeDeR in minoritised ethnic communities supported by the EDI team. Urgently seeking funding for continuation of Stop People with Learning Disability Dying Too Soon and Cumbria Confirm & Challenge groups – current funding until end March 2025 	<p>Recovery/delivery</p> <p>Care Education and Treatment Reviews:</p> <ul style="list-style-type: none"> By Feb25 the focussed efforts on addressing Repeat In-Patient CTRs within Durham Tees Valley have been successful in clearing the backlog which had built up. Work to review and standardise processes for DSRs and CTRs and improve compliance is underway and a new DSR/CTR Working Group has been established. The Business Support Administrators and additional Case Managers now in post will ease this pressure from reduced staffing capacity in the Complex Care team to support the CTR workload. An independent CTR Chair has been contracted and has started working with Newcastle Gateshead.
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*NENC ICB 24/25 Plan does not meet national planning objective

Prevention and Health Inequalities including Core20+5: Adults

Core20+5 Objective	Target (2030)	Plan (Month)	Actual	Inequality gap (deprivation)	Inequality gap (ethnicity)
% 18+ with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age-appropriate treatment threshold. (Sep-24)	80%		71.2%	2.1%	8.1%
% patients 18+ with Atrial Fibrillation currently being treated (Sep-24)	95%		92.2%	0.0%	3.5%
% 18+ with 20%+ QRISK score (risk of CVD) currently on lipid lowering statins (Sep-24)	75%	65.0%	65.2%	-7.2%	-7.1%
% Covid vaccination uptake (Dec-24)			41.9%	20.9%	27.7%
Proportion of people with COPD receiving a seasonal flu vaccination (Nov-24)			69.9%	16.5%	
NENC Breast cancer screening uptake Slope index of inequality (ages 50-70 Oct-24)	8%			16.3%	
NENC Bowel screening uptake Slope index of inequality (ages 60-74 Oct-24)	6%			13.3%	

Observations

- The format of the report has been updated to reflect a focus on inequalities over overall ICB activity.
- The targets for the reduction of inequalities by 2030 are currently being worked up with ICB Leads, Medical Directors and Directors.
- Plan (Month) will not be disaggregated out of the 2030 target as impacting on inequalities is not a linear process that is demonstrated on a month-by-month change, hence the target being over a 5-year period.
- The inequalities reported within the report will be supplemented with a comprehensive health and healthcare inequalities report, next due in March 25.
- Inequality gaps represented by more appropriate dumbbell charts can be found within the appendices.

Actions/interventions/learning/risks

- No change in narrative from previous submission
- CVD** - Community blood pressure kiosk project / targeted improvement with primary care / Health Inequalities NENC Healthy Hearts Project / Regional Lipid Survey
- COVID / Flu** – regional and national campaigns to increase uptake in low uptake communities.
- Cancer** - there are projects aimed at reducing inequalities in access and uptake of screening for populations with poor outcomes and a history of later diagnosis, including improving access to breast screening and self-examination for South Asian women, mobile cervical screening targeting populations living in areas of high deprivation, the targeted lung health checks with a focus on areas of high deprivation, and participation in the NHS Galleri clinical trial.

Quality and Health inequality implications

- 71% of patients with hypertension across the ICB are reported as treated to threshold against a national ambition of 80%. NENC are currently highest nationally but this is not equal across different communities within the ICB. A smaller proportion of those with hypertension within the most deprived are receiving treatment to threshold compared with the least deprived and a smaller proportion within Ethnic minority communities are treated to threshold than those of white ethnicity.
- 92.3% of people with AF are receiving treatment against a national ambition of 95%. There are currently no inequalities by deprivation for NENC ICB but a lower proportion of those from Ethnic minority communities are receiving treatment compared with those of white ethnicity.
- There is an inverse inequality in people with risk factors who are on Lipid lowering therapy, with more from ethnic minority or deprived communities receiving treatment.
- There are significant inequalities in cancer screening by deprivation.

Recovery/delivery

- All CORE20Plus5 Clinical Pathways are currently subject to review from a delivery perspective, including aligning delivery within the operating model between the Strategy & Transformation Directorate, the Local Delivery Teams, and other ICB teams with lead responsibility for CORE20Plus5 clinical pathway delivery.
- Work has commenced on mapping the journey to 2030. All inequality metrics will be subject to plans on interventions that will either narrow or eliminate the inequality gap. These will be represented through waterfall charts that outline the expected impact of individual interventions.
- The year-end report is due for Executive consideration in March ahead of inclusion in the ICB Annual Report and Accounts.

Prevention and Health Inequalities including Core20+5: CYP

Core20+5 Objective	Target (2030)	Plan (Month)	Actual	Inequality gap (deprivation)	Inequality gap (ethnicity)
Rate unplanned admissions for asthma -children aged 0-17 (per 100,000 population) (Nov-24)			180.8		
Elective waiting list for children (<10) awaiting IP tooth extraction (Oct-24)			221		
% CYP with type2 Diabetes receiving a Health Check (Dec-24)			45.4%	-0.4%	1.6%
% CYP with type1 Diabetes accessing Hybrid closed loop (HCL) systems (Dec-24)			51.3%	6.5%	4.6%
Pre-term births <37 weeks Slope Index of inequality (rolling 12months Aug24)	3.1%			3.0%	
Number of CYP accessing mental Health Services	59,632	59,148	58,610		

Observations

- The format of the report has been updated to reflect a focus on inequalities over overall ICB activity.
- The targets for the reduction of inequalities by 2030 are currently being worked up with ICB Leads, Medical Directors and Directors.
- Plan (Month) will not be disaggregated out of the 2030 target as impacting on inequalities is not a linear process that is demonstrated on a month-by-month change, hence the target being over a 5-year period.
- The inequalities reported within the report will be supplemented with a comprehensive health and healthcare inequalities report, next due in March 25. Inequality gaps represented by more appropriate dumbbell charts can be found within the appendices.

Actions/interventions/learning/risks

- No change in narrative from previous submission
- Work continues in sourcing accurate data flows to determine inequality gaps against ethnicity and deprivation for oral health and epilepsy.
- Project are commencing by the Child Health and Wellbeing Network in partnership with Health Innovation NENC for CYP Asthma and Epilepsy.
- Implementation of hybrid-closed loop technology for CYP diabetes has ensured no inequality gaps in provision for deprivation or ethnicity.

Quality and Health inequality implications

- As of September 2024, 57.7% of children with type 2 diabetes received an annual health check. This relates to relatively small numbers but there were slight inequalities in uptake by deprivation.
- 58% of children with type 1 diabetes were reported as receiving hybrid closed loop therapy in the latest date. There was a 6.6%pt difference between those children from the most deprived communities and those from the least deprived.

Recovery/delivery

- All CORE20Plus5 Clinical Pathways are currently subject to review from a delivery perspective, including aligning delivery within the operating model between the Strategy & Transformation Directorate, the Local Delivery Teams, and other ICB teams with lead responsibility for CORE20Plus5 clinical pathway delivery.
- Work has commenced on mapping the journey to 2030. All inequality metrics will be subject to plans on interventions that will either narrow or eliminate the inequality gap. These will be represented through waterfall charts that outline the expected impact of individual interventions.
- The year-end report is due for Exec consideration in March ahead of inclusion in the ICB Annual Report and Account.

Safety – Jan 2025 / Dec 2024

	National objective	Latest Period	Plan	YTD Plan	Actual	YTD Actual
Never Events	Number of Serious Incident Never Events reported	Jan-25	0	0	0	18
Infection Prevention Control	Incidence of MRSA - Nov 24	Dec-24	0	0	8	48
	Incidence of C Difficile - Nov 24	Dec-24	85	765	77	897
	Incidence of E Coli - Nov 24	Dec-24	235	2,117	252	2,304
Mortality	One Trust (CDD FT) is showing higher than the expected range for SHMI					
Continuing Healthcare (CHC) (Dec-24)	Metric	March 25 plan	Plan	Actual	Trend	Benchmark
	Total CHC Referrals Completed			762		
	CHC Assessments Completed			3,072		
	Referrals completed within 28 Days	80.0%	80.0%	66.2%		75.5%
	Incomplete referral requests exceeding 28 days at the end of the quarter			125		
	Incomplete CHC referrals delayed by > 12 weeks	0	0	37		
	Percentage of Decision Support Tool (DST) assessments taking place in an acute setting	15.0%	15.0%	0.3%		0.4%
	Fast Track CHC referral conversion rate	90.0%	90.0%	92.1%		93.4%

<p>Observations</p> <ul style="list-style-type: none"> NENC is over trajectory for the key HCAI infections. Despite good progress pre-pandemic, infection control management progress continues as a challenge with a deteriorating national picture. Increased demand on Trust estate and daily challenge to ensure patient flow through the hospitals is adding to current pressures for infection control management. 1 Trust is showing higher than expected for the Summary Hospital Mortality Indicator (SHMI) for data up to August 2024 (published 9 January 2025). All other Trusts are within expected range. NHS Digital has implemented various methodological changes from May 2024, e.g., inclusion of COVID-19 activity (previously excluded), and exclusion of hospice sites operated by acute Trusts. <p>Between 01 April 2024 and 31 January 2025:</p> <ul style="list-style-type: none"> 18 Never Events have been reported by 8 Trusts; these will be managed via PSIRF. 29 Regulation 28s have been reported about Trusts/Providers within the NENC region. 	<p>Actions/Interventions/Learning/Risks</p> <ul style="list-style-type: none"> Oversight across NENC through the AMR/HCAI subcommittee where learning and good practice is shared for discussion at place and local QRGs. HCAI and gram-negative improvement plans in place, with some areas looking to complete research. Greater communication with patient flow teams and Infection control teams to ensure safe flow through patient pathways without unnecessarily compromising the cleaning standards. All our Trusts are raising the importance of the fundamental precautions such as improving hand hygiene and reducing the use of disposable gloves. HCAI was an item on the extraordinary Quality Committee on 18th February where the committee explored the data. Heard about the actions being taken by the Trusts and ICB including the impact of these actions with some suggestions for the ICB to consider going forward. Quality and Safety Committee (QSC) monitor data relating to mortality and there is a regional mortality network in place to support quality improvements. Themes for Never Events are monitored by the QSC to gain appropriate assurances to ensure learning has been identified and shared and appropriate action taken.
<p>Quality and Health Inequality Implications</p> <ul style="list-style-type: none"> MRSA cases have been subject to post infection review to explore any lapses in care and learning. Impact of increased infection risk on patient safety and length of stay in hospital. Never Event learning is shared through established forums and clinical networks. Mortality reviews undertaken, with increased scrutiny being applied through the medical examiner process. 	<p>Recovery/Delivery</p> <ul style="list-style-type: none"> The ICB is looking to establish a learning platform to support learning across the region. Sound risk assessments have been developed by our Trusts for management of HCAI.

Appendix 1 – 2024/25 National objectives description

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