



North East and
North Cumbria

Integrated Delivery Report

February 2026

North East & North Cumbria ICB

Performance highlights...

12 February 2026 published data

Data used is aligned to the ICB integrated delivery report



North East and North Cumbria

KEY Arrows - based on Statistical Process Control (SPC) trend: Green = Improving Red = Worsening | Targets - based against submitted plan: Green = on track Red = off track

Urgent and emergency care

(Reporting period January 26)



Average Category
Two ambulance
response time:

Cat 2 Improved to 23:52 mins
Ranked 1 of 11 ★



Proportion of A&E
Waiting Times
within 4 hours:

74.9%
Ranked 10 of 42 ICBS

National benchmark: 72.5 %



Proportion of
attendances in A&E
over 12 hours:

8.9% ↑

National benchmark: 13.0 %

Cancer

(Reporting period December 25)

71.5% of people treated within 62 days
National benchmark: 71.9 %

72.8% meeting the faster diagnosis
standard (FDS) within 28 days
National benchmark: 77.4 % ↓

Mental health

(Reporting period December 25)



2,011 Mental health bed days per 100,000
head of population

6 Total number of inappropriate Out of Area
(OOA) Placements

68.2% Talking Therapies - reliable improvement

47.3% Talking Therapies - reliable recovery ↓

59,140 children and young people
accessing mental health services

2,385 accessed perinatal mental health
support

2,235 people received Individual Placement
Support (IPS)

Learning disability and autism

(Reporting period January 26)



167 Inpatient beds for people who are
autistic and/or adults with a
learning disability

Planned elective care

(Reporting period December 25)



Waiting times:

70.1% of patients receiving treatment within
18 weeks from referral
National benchmark: 61.5 % ↑

1.1% of patients waiting over one year
National benchmark: 1.9 % ↓

15.6% of people waiting over six weeks for a
diagnostic procedure or test
National benchmark: 18.1 %

Primary and community care

(Reporting period December - January 26)

GP appointments:

Monthly appointments in general practice per working day: 80,591

70.6% Virtual Ward occupancy rate | 4% Patients waiting 52+ weeks
for community services ↑

Dementia diagnosis rate at: 69.5% ↑

Dentistry:

40.4% Percentage of unique patients seen by an NHS dentist (adult)

62.7% Percentage of unique patients seen by an NHS dentist (child)

Section	Page	Page Number
Executive Summary	Key Changes and Points of Note	4
	Areas of Good Practice	5
	Key Challenges	5
	Summary Overview Dashboard	6
	SPC Icon Descriptions	9
Delivery of 25/26 Objectives	Urgent and Emergency Care (UEC)	10
	Elective, Cancer and Diagnostics	11
	Primary Care	12
	Community Care	13
	Mental Health Care	14
	People with Learning Disabilities and/or Autism	15
Improving population health, prevention and LTCs	Outcomes	16
	Prevention and Management of Long Term Conditions	17
Quality and Inequalities	Workforce	18
	Patient Experience	19
	Safety	20
	Reducing Inequality	21
Other	Finance	22
Appendices	1. Oversight Summary & CQC	23
	2. 25/26 Objective Descriptions	24

Executive Summary

Key Changes and Points of Note

The NENC Integrated Delivery Report (IDR) provides an overview of quality, performance and finance and aligns to the new [NHS Oversight Framework \(NOF\) for 2025/26](#). This report is the second edition of the Bi-Annual Report which incorporates all monthly, quarterly and annually reported metrics.

The number of metrics and supporting narrative in the 2025/26 IDR has been streamlined taking into account suggestions within NHSE's [An Insightful Board](#). It is anticipated that any further detail will be included where appropriate within detailed reports within a given programme area.

Further detailed analysis on each metric is available on the [NENC ICB Insight Exchange](#). Each metric within the Summary Overview table (pages 6 & 7) contain direct links to the relevant section and reports on the Insight Exchange.

This report uses published data covering periods Dec25 & Jan26. Finance is at Jan26 (M10).

CQC - Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTWFT)

In Au25, the CQC visited Child and Adolescent Mental Health Service (CAMHS) inpatient wards across 2 locations. The report was published in Jan26 with a rating of 'Requires Improvement' and identified 5 breaches of regulation in relation to safe care and treatment, safeguarding service users from abuse and improper treatment, person-centred care, staffing and good governance. The Trust have developed an overarching action plan in response to the concerns identified.

CQC - South Tyneside and Sunderland NHS Foundation Trust (STSFT)

In Nov25, the CQC undertook a planned inspection with a focus on Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) at the Sunderland Royal Hospital site. The Trust reports that CQCs visit and their subsequent report provides positive assurance around compliance with IR(ME)R, and any areas identified for improvement are complete or in progress.

CQC - Independent Provider – Everyturn Mental Health, Gateshead

Due to concerns from staff and service users, the CQC carried out a responsive assessment in May25, followed by an unannounced assessments later in May25.

The report was published in Jan26, and the site was rated as 'Inadequate'. The CQC identified 7 breaches of regulations relating to safe care and treatment, safeguarding service users from abuse and improper treatment, premises and equipment, receiving and acting on complaints, good governance, staffing and fit and proper persons employed.

A new leadership team, including new Directors, were taking up posts during the CQC visit, and as a result no enforcement action was initiated. An action plan has been developed and is being monitored.

Urgent and Emergency Care - There is clear direction that NHSE will increase the scrutiny of key UEC performance metrics, leading up to and throughout Mar26, to support delivery and with a particular focus on achieving the A&E national ambition for A&E 4hr performance of 78.0% in Mar26.

Increased level of scrutiny from NHSE also continues around performance against operational plans, with particular focus on over 45-minute Ambulance Handover Delays, with outliers (STSFT and NCIC) receiving increasing levels of scrutiny. As a result of this we have added over 45-minute Ambulance Handover Delays as % of ambulance arrivals, to the IDR from Jan26.

Tier 3 NHSE/ICB meetings have been established with STSFT to review A&E performance, AHO >45 mins and NCTR and will look to support the Trust in developing and implementing their improvement plans, building on their 'Guiding you home' programme. Discussions remain on-going, with NCIC and NHSE, as to whether this Tier 3 arrangement should also be introduced.

Q4 elective recovery - Significant focus on elective delivery across NENC with all providers participating in a selection of sprint programmes aimed specifically at improving RTT, reducing long waits, waiting list validation and improving cancer performance; significant resource has been released to providers to support an improved position. Additional capacity has been secured through WLIs, insourcing and outsourcing activity, super clinics, recruitment and theatre productivity. Elective delivery continues to be a top priority over the next three years with providers recently submitting their final Operational Planning Trajectories covering 26/27-28/29.

Out of Area Placements - There has been an increase in OAPs in December; against a plan of 0 the reported position is 6. The majority of these placements can be attributed to a complex Psychiatric Intensive Care Unit (PICU) patient, since this time all other patients have now been repatriated and are in area.

Executive Summary

Key Challenges

- **A&E Attendances >12 hours** – this has risen since Oct25, with a sharp increase in Jan26 (8.9% vs 6.8% plan). YTD is 5.2% vs 4.8% plan but remains below the 10% national ambition.
- **Handovers >45 mins** – The proportion of ambulance arrivals waiting >45 minutes has grown steeply over the last four months (9.3% in Jan26). Targeted work continues with Trusts to improve flow and internal processes. Trusts and NEAS are progressing call-before-convey approaches and using Care Coordination Hubs to direct patients to alternative services where appropriate.
- **Elective Recovery** – challenges remain in RTT plan, reducing >52-week waits (approx. 4,000 patients), reducing waiting list, and completing pathways. Industrial action, workforce gaps, sickness, theatre refurbishments and equipment issues have added pressure. Q4 sprint programmes aim to support RTT improvement, reduce long waits, and stabilise waiting lists.
- **Diagnostics** – Performance fell in Dec25 largely due to two low-performing modalities (Neurophysiology & Sleep Studies) at NCIC. Distance from plan is highest YTD (+10.1%), with wide variation across providers (0.8%–47.3%). Recovery plans for underperforming CDCs and DM01 modalities are in progress. Final NENC trajectories submitted Feb26 are 9.5% (Mar27), 6.3% (Mar28) and 4.2% (Mar29).
- **Cancer** – NHSE-led escalation continues with NCIC (Tier 1) and S Tees/N Tees (Tier 2). Improvements were seen in Dec25 for the 62-day standard (71.5%) and Faster Diagnosis (72.8%), though both remain below plan (2.6% and 9.7%). Additional Q4 resources and continued tiering work aim to accelerate recovery. Breast and skin pathways remain pressured, with system-wide redesign underway.
- **Urgent Dental Appointments** – National requirements include delivery of NENC's share (+57,559) of the 700K additional urgent appointments. NENC is progressing local urgent care and general access re-commissioning schemes and engaging in national reform to meet the stretch target. Actual urgent appointments remain above baseline but below the stretch level due to several mitigating factors. The ICB has exceeded its obligation to make available its share of appointments.
- **Community Services WLS** – Waiting list growth continues, driven by counting changes and data quality issues. Potential over-reporting at NCIC (694 patients) is under investigation. Opportunities through Community Sprint Funding are being explored to support targeted data quality improvements and reduce waiting lists.
- **Talking Therapies Reliable Recovery** – Performance improved by 1.1% in Dec25 but remains 1.7% below plan at 47.3%. Performance variation throughout the year continues to pose a risk to year-end delivery.
- **Average Length of Stay (Adult MH)** – Performance has worsened, increasing from 55.3 in Nov to 57.1 in Dec. Contributing factors include leave periods to support discharge, a small number of patients under hospital orders with restrictions & delays linked to complex discharge needs.
- **Learning Disabilities & Autism Inpatient Beds** – Performance remains off target. Discharge-focused actions continue, including expanding Everyturn capacity and ongoing case reviews.
- **Sickness Absence** – NENC ESR sickness rose again in Oct25, remaining above plan and national benchmark. Workforce remains a core focus within the three-year recovery plan, overseen by the System Workforce Board.

Areas of Good Practice

- Whilst **UEC performance** this winter is clearly very pressured, as it is every winter, analysis shows for the period Oct25-Jan26 compared to Oct24-Jan25, an improvement in A&E 4-hour and 12-hour performance, a four minute improvement in average ambulance handover time and eight minute improvement in Cat2 performance.
- Four Acute Trusts (GHFT, NUTH, CDDFT, STSFT) are in the **GIRFT Further Faster 30** programme, receiving targeted support through to Mar26. The GIRFT team have expanded the offer to these Trusts to cover **Alternatives to ED (A-tED)** where review of the DoS will lead to increased offer in the Community. Trusts will continue to implement the recommendations made through these programmes of work.
- YTD position to Jan26 reports **NEAS as the top performing ambulance trust for all 4 response time metrics**, including the priority metric of Cat2.
- Providers have maintained a consistent focus on closing RTT pathways through national validation sprint periods (Q1-Q3); the scheme continues to run in Q4 (15 Dec25 - 29 Mar26) with continued success.
- All providers participating in a selection of sprint programmes aimed specifically at improving RTT, reducing long waits and waiting list validation; significant resource has been released to providers to support an improved position. Additional capacity has been secured through WLS, insourcing and outsourcing activity, super clinics, recruitment and theatre productivity.
- Nationally there is an ask to provide stretched capacity to include NENC share of a required 700K national additional Urgent Dental appointments. The NENC is exceeding this requirement and is having some success in re-commissioning activity from contract hand-backs. Actual numbers of Urgent Dental appointments continue to report below plan but there are several mitigating factors for this.
- **Individual placement Support (IPS)** - There has been a month on month increase in access to IPS, the position remains positive and is noted as 2,235 against the monthly plan of 2,182. It is anticipated that access will continue to grow throughout the year with year end target of 2,429 being reached.
- **Perinatal Access** - Perinatal access remains over plan in Dec25. Against a target of 2,380, the position is recorded as 2,385. Performance continues to improve month on month.
- **Percentage of patients who describe their experience of their GP as good (overall experience)** – Performance at 78.9% in Mar25 has improved from Mar24 (77.1%) and is above the national average of 75.4%.
- **Dementia Diagnosis Rate** - Rate remains on track and reported as 69.8% against an ambition of 66.7%, which is 3.1% above plan.
- Cardiovascular risk factor management (lipids, hypertension) below ambition, creating long-term outcome risk.
- **Deprivation Gap in Early Cancer Diagnosis** - Targeting interventions using deprivation, ethnicity and risk stratification data to address variation across the deprivation gradient and improve reach into underserved populations. For example Targeted Lung Health Checks.

Integrated Delivery Report - Summary Overview

	Metric	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
U & EC	A&E 4 Hour Performance % (National Sitrep)	Jan 2026	Normal Variation	Hit or Miss	74.9%	78.5%	-3.6%	82.1%	72.5%	Med (Monitoring)
	C2 Average Response Time	Jan 2026	Improvement	Hit or Miss	23:52	28:17	-04:25	24:24		Low (On Track)
	% of Attendances in A&E over 12 Hours	Jan 2026	Concern	Hit or Miss	8.9%	6.8%	+2.1%	4.3%	13%	High (Action)
	% of Handovers to take over 45 Minutes	Jan 2026	Concern	Consistently Off Target	9.3%	0.0%	+9.3%	0.0%	18%	High (Action)
Elective, Cancer & Diagnostics	Number of patients on waiting list (RTT incomplete)	Dec 2025	Normal Variation	Consistently Off Target	347,222	331,653	+15,569.0	329,799		High (Action)
	% patients waiting for initial treatment on incomplete pathways within 18 weeks	Dec 2025	Improvement	Consistently Off Target	70.1%	72.4%	-2.2%	74.0%	61.5%	Med (Monitoring)
	% patients waiting more than 52 weeks for treatment (Incomplete pathways only)	Dec 2025	Improvement	Consistently Off Target	1.1%	0.7%	+0.4%	0.5%	1.9%	Med (Monitoring)
	% Patients waiting more than 6 weeks from referral for a diagnostic test (9 core tests)	Dec 2025	Normal Variation	Consistently Off Target	15.6%	5.5%	+10.1%	5.1%	18.1%	High (Action)
	% of patients FDS within 28 days	Dec 2025	Concern	Hit or Miss	72.8%	82.5%	-9.7%	82.9%	77.4%	High (Action)
	% of patients treated within 62 days of referral for suspected cancer	Dec 2025	Normal Variation	Hit or Miss	71.5%	74.2%	-2.6%	76.8%	71.9%	Med (Monitoring)
	Proportion of cancer diagnosed at stages 1 or 2 - Rolling 12 Months	Oct 2025	SPC n/a	SPC n/a	58.6%	75.0%	-16.4%	75.0%		Not Available
Primary Care	Primary Care Appointments per Working Day	Dec 2025	Normal Variation	Hit or Miss	80,591	78,788	+1,803.5	87,482		Med (Monitoring)
	Number of Urgent Dental Appointments Delivered	Jan 2026	Normal Variation	Consistently Off Target	23,172	27,034	-3,862.0	26,510		High (Action)
	Percentage of unique patients seen by NHS dentist (adult) - rolling 24m	Jan 2026	SPC n/a	SPC n/a	40.4%	42.0%	-1.6%	42.0%	35.5%	Not Available
	Percentage of unique patients seen by NHS dentist (child) - rolling 12m	Jan 2026	SPC n/a	SPC n/a	62.7%	61.0%	+1.7%	61.0%	59%	Not Available
	Dementia diagnosis rate (as % expected prevalence)	Dec 2025	Improvement	Consistently Hits Target	69.5%	66.7%	+2.8%	66.7%	66.3%	Low (On Track)
	Proportion of people on GP SMI register receiving full physical health check in primary care setting	Sep 2025	Improvement	Consistently Off Target	60.8%	75.0%	-14.2%	75.0%	58%	Med (Monitoring)
Community	Proportion of LD aged 14+ receiving Health Check YTD	Dec 2025	SPC n/a	SPC n/a	50.9%	60.0%	-9.1%	76.0%	52%	Not Available
	Community services waiting list over 52 weeks (All)	Dec 2025	Concern	Consistently Off Target	2,784	1,042	+1,742.0	1,022		High (Action)
	Latest reported Virtual Ward occupancy rate (snapshot closest to end of month)	Jan 2026	Normal Variation	Hit or Miss	70.6%	76.7%	-6.1%	71.8%		Med (Monitoring)
	SDEC Activity Across NENC Providers (Currently Only 5 Providers)	Jan 2026	Improvement	Consistently Off Target	8,962	9,770	-808.0	9,680		Med (Monitoring)
	Time Spent at Home (Care Home Residents/All Aged 75+) - Rolling 12m	Dec 2025	SPC n/a	SPC n/a	363					Not Available
	Percentage of standard CHC referrals completed in 28 days	Dec 2025	SPC n/a	SPC n/a	81.6%	80.0%	+1.6%	80.0%	76.8%	Not Available
	Incomplete CHC referrals delayed by > 12 weeks	Dec 2025	SPC n/a	SPC n/a	6	0	+6.0	0		Not Available
Mental Health	The proportion of people 65+ discharged from hospital into reablement and who remained in the community within 12 weeks of discharge* experimental new metric	Mar 2025	SPC n/a	SPC n/a	61.1%				60.7%	Not Available
	Talking Therapies Reliable Recovery Rate	Dec 2025	Concern	Hit or Miss	47.3%	49.0%	-1.7%	49.5%		High (Action)
	Talking Therapies Reliable Improvement Rate	Dec 2025	Normal Variation	Hit or Miss	68.2%	68.5%	-0.3%	68.8%		Med (Monitoring)
	Rate per 100k Population of MH Bed Days for Discharges from adult acute, older adult acute and PICU beds (18+ Only, Rolling Quarter)	Dec 2025	SPC n/a	SPC n/a	2,011	2,005	+6.3	1,914		Not Available
	Average length of stay for adult acute mental health inpatient services	Dec 2025	Concern	Hit or Miss	57.2	52.8	+4.4	52.5	54	High (Action)
	Number of people accessing Individual Placement Support services	Dec 2025	SPC n/a	SPC n/a	2,235	2,182	+53.0	2,429		Not Available
	Total number of inappropriate Out of Area (OOA) Placements	Dec 2025	Normal Variation	Hit or Miss	6	0	+6.0	0		Med (Monitoring)
	No of CYP accessing support by NHS funded community services (rolling 12 months)	Dec 2025	SPC n/a	SPC n/a	59,140	60,642	-1,502.0	60,897		Not Available
Learning Disabilities & Autism	Number of women accessing specialist community perinatal mental health services (rolling 12 months)	Dec 2025	SPC n/a	SPC n/a	2,385	2,380	+5.0	2,355		Not Available
	LDA Inpatient Beds Occupied by Adults & Older Adults (from the AT database)	Jan 2026	Normal Variation	Consistently Off Target	167	153	+14.0	153		High (Action)
	Percentage of people with an open suspected autism referral for over 13 weeks that have not had a care contact appointment recorded	Dec 2025	Concern	Target Unavailable	76				85	Med (Monitoring)

Integrated Delivery Report - Summary Overview

	Metric	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Outcomes	▲									
	Average number of years people live in healthy life - Females (3 year rolling)	Dec 2023	SPC n/a	SPC n/a	58				62	Not Available
	Average number of years people live in healthy life - Males (3 year rolling)	Dec 2023	SPC n/a	SPC n/a	57				62	Not Available
Prevention and Management of LTCs	Percentage of diabetes patients to receive all eight care processes YTD (Type 2 and other)	Sep 2025	SPC n/a	SPC n/a	23.2%				28.3%	Not Available
	Percentage of diabetes patients to receive all eight care processes YTD (Type 1)	Sep 2025	SPC n/a	SPC n/a	14.9%				18.3%	Not Available
	CVDP007HYP: Percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age appropriate treatment threshold	Sep 2025	SPC n/a	SPC n/a	72.7%	80.0%	-7.3%	80.0%	68.7%	Not Available
	CVDP003CHOL: Percentage of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 20% or more, on lipid lowering therapy	Sep 2025	SPC n/a	SPC n/a	66.6%	75.0%	-8.4%	75.0%	64.0%	Not Available
	NHS Bowel Cancer Screening Programme: KPI BCS1: uptake	Sep 2025	SPC n/a	SPC n/a	68.0%	52.0%	+16.0%	52.0%	63.2%	Not Available
	NHS Cervical Screening Programme: KPI CS1: coverage under 50 years and KPI CS2: coverage 50 years and above	Jun 2024	SPC n/a	SPC n/a	73.2%			80.0%	69.7%	Not Available
	NHS Breast Screening Programme: KPI BS1: uptake	Sep 2025	SPC n/a	SPC n/a	72.6%	70.0%	+2.6%	70.0%	67.7%	Not Available
	Percentage of eligible children to receive two doses of the MMR vaccine by age 5	Sep 2025	SPC n/a	SPC n/a	90.8%	95.0%	-4.2%	95.0%	83.5%	Not Available
	Smoking at Time of Delivery	Sep 2025	SPC n/a	SPC n/a	5.5%	6.0%	-0.5%	6.0%	4.3%	Not Available
	Tier 3 weight management referrals as a percentage of QOF Obesity Register (ages 18+) (North East only)	Dec 2025	SPC n/a	SPC n/a	0.2%	0.5%	-0.3%	0.5%		Not Available
Safety	Incidence of C Difficile	Dec 2025	Normal Variation	Hit or Miss	79	78	+0.7	78		Med (Monitoring)
	Incidence of E Coli	Dec 2025	Normal Variation	Hit or Miss	245	219	+26.5	219		Med (Monitoring)
	Incidence of MRSA	Dec 2025	Normal Variation	Hit or Miss	4	0	+4.0	0		Med (Monitoring)
	Percentage of children (aged 0 – 9) prescribed antibiotics in the last 12 months	Nov 2025	SPC n/a	SPC n/a	23.1%				28.6%	Not Available
	Stillbirths per 1,000 live births and stillbirths (12m rolling)	Aug 2025	SPC n/a	SPC n/a	4				3	Not Available
	Neonatal deaths per 1,000 live births (12m rolling)	Mar 2025	SPC n/a	SPC n/a	1					Not Available
Workforce	NHS Staff Survey - Raising Concerns (Sub-Score)	Dec 2024	SPC n/a	SPC n/a	7				6	Not Available
	Staff Absence Rate	Oct 2025	Normal Variation	Consistently Off Target	6.4%	4.9%	+1.5%	4.6%	5.7%	High (Action)
	Staff Turnover Rate (last 12 months)	Nov 2025	SPC n/a	SPC n/a	8.8%	9.4%	-0.6%	9.6%	10.0%	Not Available
	GP Leaver Rate - Percentage of GPs to leave in the last 12 months	Dec 2025	SPC n/a	SPC n/a	7.5%				8.5%	Not Available
Patient Experience	NHS Staff Survey - Engagement Theme Score	Dec 2024	SPC n/a	SPC n/a	6				6	Not Available
	Percentage of patients who describe their experience of their GP as good (overall experience)	Mar 2025	SPC n/a	SPC n/a	78.9%				75.4%	Not Available

Integrated Delivery Report - Summary Overview

	Metric	Period	Variation	Assurance	Value	Plan	+ / - Plan	Target	Benchmark	Risk Ratings
Reducing Inequality	Deprivation Gap in Early Cancer Diagnosis	Sep 2025	Normal Variation	Target Unavailable	6.1%					Low (On Track)
	Percentage deprivation gap in stroke admissions	Mar 2025	SPC n/a	SPC n/a	17.2%					Not Available
	Percentage deprivation gap in myocardial infarction admissions	Mar 2025	SPC n/a	SPC n/a	22.9%					Not Available
	Pre-Term Births Under 37 Weeks Slope Index of Inequality (SII) Time Series (%) - rolling 12m	Aug 2025	SPC n/a	SPC n/a	3.0%				2.7%	Not Available
	Breast Cancer Screening Uptake (ages 50-70) Slope Index of Inequality (SII) Time Series (%) - 36m cumulative and rolling	Apr 2025	SPC n/a	SPC n/a	13.9%			8.0%	14.0%	Not Available
	Bowel Cancer Screening Uptake (ages 60-74) Slope Index of Inequality (SII) Time Series (%) - 36m cumulative and rolling	Apr 2025	SPC n/a	SPC n/a	15.1%			6.0%	16.9%	Not Available
Finance	ICS financial position (+ Deficit / - Surplus)	Jan 2026	SPC n/a	SPC n/a	£11.87m	£19.49m	-£7.62m			High (Action)
	ICB financial position (+ Deficit / - Surplus)	Jan 2026	SPC n/a	SPC n/a	-£23.02m	-£9.87m	-£13.15m			Med (Monitoring)
	Running cost position	Jan 2026	SPC n/a	SPC n/a	£42.44m	£48.29m	-£5.85m			Med (Monitoring)
	Capital funding	Jan 2026	SPC n/a	SPC n/a	£135.66m	£132.21m	+£3.45m			Med (Monitoring)
	Agency spend	Jan 2026	SPC n/a	SPC n/a	£43.23m	£38.86m	+£4.37m			Med (Monitoring)
	ICS Total Efficiency savings	Jan 2026	SPC n/a	SPC n/a	£459.39m	£476.33m	-£16.94m			High (Action)

SPC Variation and Assurance Icon Descriptions

Variation



**Special Cause
Improvement
Measure Significantly
Higher**

Aiming to have high performance and we're seeing significant improvement in the process



**Special Cause
Improvement
Measure Significantly
Lower**

Aiming to have low performance and we're seeing significant improvement in the process



**Common Cause
Variation
No Significant Change**

No significant change in the data during the reporting period



**Special Cause
Concerning
Measure Significantly
Higher**

Aiming to have low performance and we're seeing significant concern in the process



**Special Cause
Improvement
Measure Significantly
Lower**

Aiming to have high performance and we're seeing significant concern in the process

Assurance



Trajectory Passing

The process is capable and will consistently pass the assigned trajectory



Trajectory Hit or Miss

Performance is not consistent, and the trajectory is regularly being hit or missed



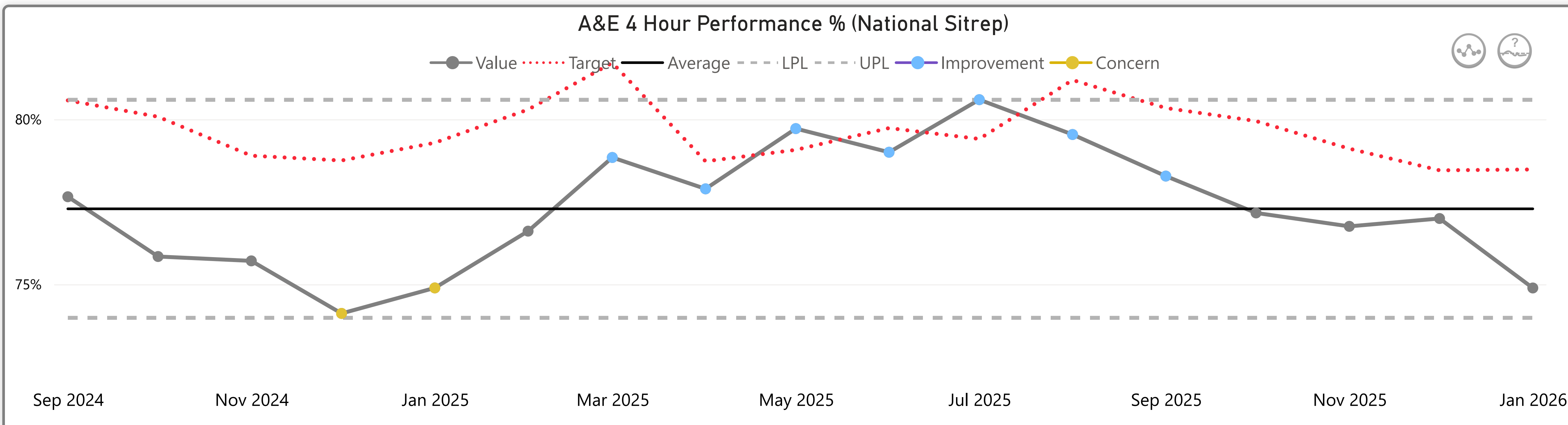
Trajectory Failing

The process is not capable and will consistently fail the assigned trajectory

SPC Analysis is not provided where data is cumulative or based on rolling periods of data. It is also not available where a metric has fewer than 12 periods of data.

Urgent and Emergency Care

Executive Lead(s) - Neil O'Brien



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
A&E 4 Hour Performance % (National Sitrep)	Jan 2026	Normal Variation	Hit or Miss	74.9%	78.5%	-3.6%	82.1%	72.5%	Med (Monitoring)
C2 Average Response Time	Jan 2026	Improvement	Hit or Miss	23:52	28:17	-04:25	24:24		Low (On Track)
% of Attendances in A&E over 12 Hours	Jan 2026	Concern	Hit or Miss	8.9%	6.8%	+2.1%	4.3%	13.0%	High (Action)
% of Handovers to take over 45 Minutes	Jan 2026	Concern	Consistently Off Target	9.3%	0.0%	+9.3%	0.0%	18.0%	High (Action)

Link to Strategic Priorities

We will improve patient outcomes in 25/26 through reductions in time people wait for urgent and emergency care

- Improving the % of patients who spend less than 4 hours in an A&E department
- Reducing the % attendances at type 1 A&E departments where the patient spent more than 12 hours
- Reducing the time patients wait in the community for a Category 2 ambulance response

Observations and Risk

- A&E 4hr** – Across NENC system performance in Jan26 was reported as 74.9%, this is below the Jan26 plan of 78.5% but above the National average of 71.4%, however ranking us at a decline in position of 10/42 across England.
- Cat2** – NEAS Cat2 performance in Jan26 was reported as 23:52, this is within the Jan26 plan and maintains NEAS strong position and the best performing ambulance Trust across England (1/11).
- A&E 12 hour waits** – Across the NENC system performance in Jan26 was reported as 8.9%, this is above the Jan26 plan of 6.8% and regional ambition of 5%, but below the national ambition of 10.0%.
- Ambulance Handovers >45 mins** – there has been a steep increase over the last 4 months in the % of ambulance arrivals waiting >45 minutes for handover (9.3% in Jan26).

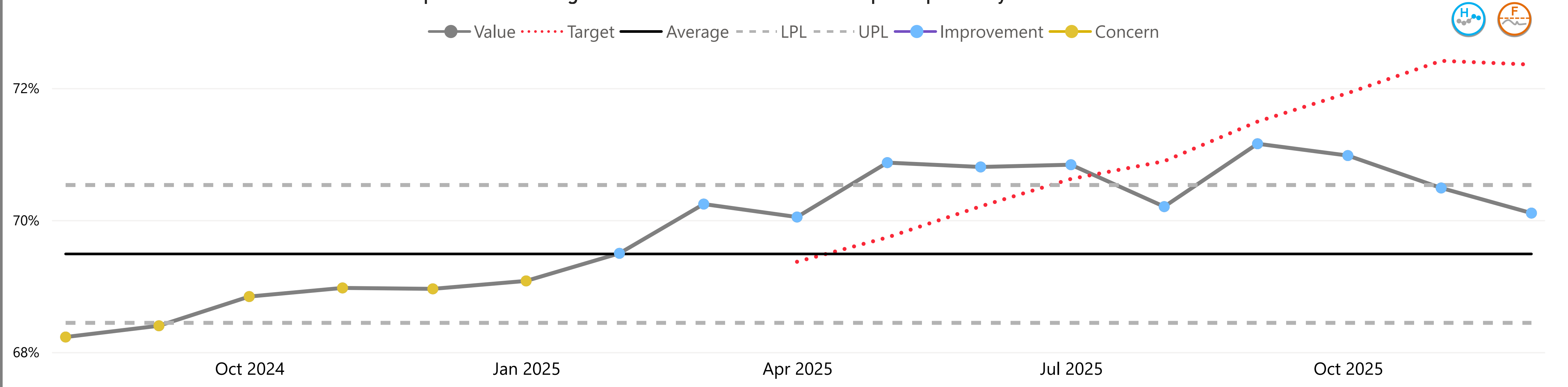
Key Actions

- An increasing level of scrutiny from NHSE continues around performance against operational plans, particularly challenged Trusts continue to provide Winter Recovery Waterfalls where they remain significantly off A&E 4 hr plan (GHFT, NuTH, NCIC). There also continues to be an increased focus on over 45-minute AH delays, with outliers (STSFT and NCIC) receiving increasing levels of scrutiny.
- Tier 3 NHSE/ICB meetings have been established with STSFT to review A&E performance, AHO >45 mins and NCTR and will look to support the Trust in developing and implementing their improvement plans, building on their 'Guiding you home' programme.
- LAEDBs across our system receive and discuss current performance in every meeting, to agree local actions to mitigate performance challenges. All LAEDB system partners will support delivery of those actions where appropriate.
- The Winter Planning Assurance & Delivery Group, chaired by the ICB Chief Medical Officer, is driving delivery of the ICS Winter Plan and identifying key risks and issues through routine monitoring of performance. The group will implement remedial actions with system partners to address any areas of concern.

Elective Care Diagnostics and Cancer

Executive Lead(s) - Jacqueline Myers

% patients waiting for initial treatment on incomplete pathways within 18 weeks



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Number of patients on waiting list (RTT incomplete)	Dec 2025	Normal Variation	Consistently Off Target	347,222	331,653	+15,569.0	329,799		High (Action)
% patients waiting for initial treatment on incomplete pathways within 18 weeks	Dec 2025	Improvement	Consistently Off Target	70.1%	72.4%	-2.2%	74.0%	61.5%	Med (Monitoring)
% patients waiting more than 52 weeks for treatment (Incomplete pathways only)	Dec 2025	Improvement	Consistently Off Target	1.1%	0.7%	+0.4%	0.5%	1.9%	Med (Monitoring)
% Patients waiting more than 6 weeks from referral for a diagnostic test (9 core tests)	Dec 2025	Normal Variation	Consistently Off Target	15.6%	5.5%	+10.1%	5.1%	18.1%	High (Action)
% of patients FDS within 28 days	Dec 2025	Concern	Hit or Miss	72.8%	82.5%	-9.7%	82.9%	77.4%	High (Action)
% of patients treated within 62 days of referral for suspected cancer	Dec 2025	Normal Variation	Hit or Miss	71.5%	74.2%	-2.6%	76.8%	71.9%	Med (Monitoring)
Proportion of cancer diagnosed at stages 1 or 2 - Rolling 12 Months	Oct 2025	SPC n/a	SPC n/a	58.6%	75.0%	-16.4%	75.0%		Not Available

Link to Strategic Priorities

- We will improve patient outcomes in 25/26 through reductions in time people wait for elective care by:
 - Improving the % of patients waiting <18weeks delivering a minimum 5% improvement by Mar26
 - Reducing the % of patients waiting >52weeks to less than 1% of the total waiting list by Mar26
 - Improving performance for cancer 62-day and 28-day Faster Diagnosis Standard (FDS) 75% and 80% respectively by Mar26
 - Reducing the number of patients waiting >6 weeks for a diagnostic test

Observations and Risk

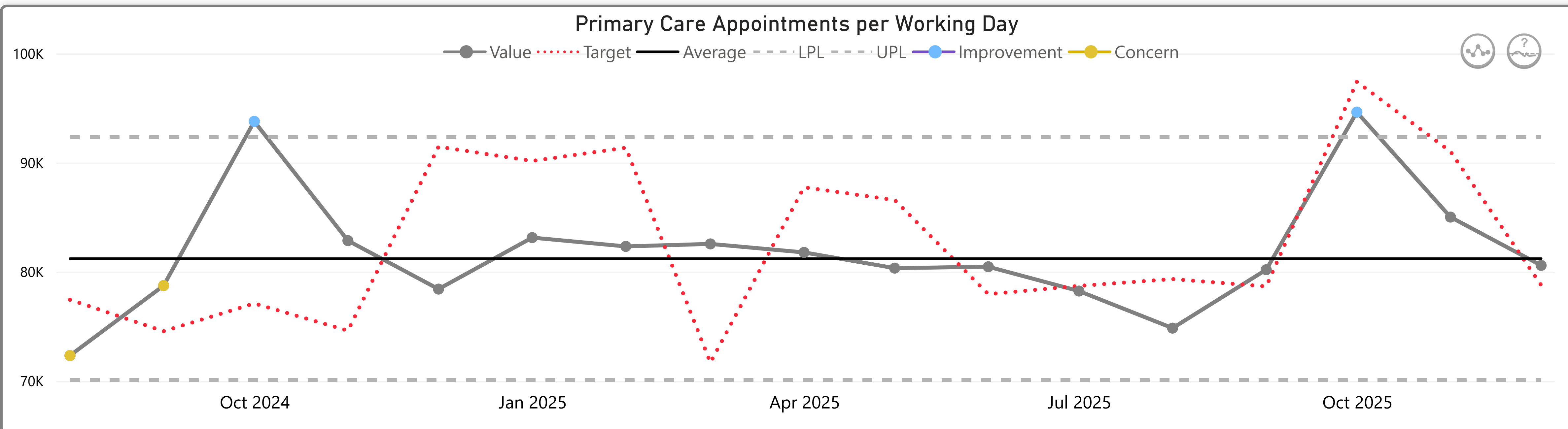
- Waiting times** - NENC WL size has decreased by -6,446 from Oct25 to Dec25 though remains above plan (347,222 vs 331,653). RTT performance dropped for a 3rd consecutive month in Dec25 to 70.1% (-2.2% below plan) however the relative high performance maintains a ranked position of 2/42 (England 61.5%). The % of patients waiting >52 weeks has improved from 1.3% (Oct25) to 1.1% (Dec25). Providers are participating in numerous Q4 25/26 sprint initiatives with expected improvements in RTT and long waiters.
- Diagnostic performance** - A worsening position across NENC moving from 13.0% (Oct25) to 15.6% (Dec25) of patients waiting over 6 weeks. The distance from plan is the highest YTD at +10.1%. The deterioration is driven by very poor performance at NCIC.
- Cancer** - Strong improvement in cancer 62-day performance from 68.6% (Oct25) to 71.5% (Dec25), the best monthly performance YTD; performance remains below plan however by 2.6%. Improvements were also seen for Cancer FDS moving from 72.0% (Oct25) to 72.8% (Dec25) though is still well below plan by 9.7%.

Key Actions

- Waiting Times** - Significant focus on elective delivery in Q4 25/26 across NENC with all providers participating in a selection of sprint programmes aimed specifically at improving RTT, reducing long waits and waiting list validation; significant resource has been released to providers to support an improved position. Additional capacity has been secured through WLIs, insourcing and outsourcing activity, super clinics, recruitment and theatre productivity. Challenges and recovery actions continue through formal Tiering meetings, as well as routine/ad-hoc Tier 3 elective recovery meetings and surveillance of data/reports.
- Diagnostics** - Support through diagnostic programme team continues and noting efforts to secure modality reporting at NCIC for Neurophysiology & Sleep Studies. NCIC are the most challenged trust with diagnostic recovery actions a notable feature in T1 meetings. The diagnostic team are working through recovery and sustainability plans for all modalities, some are more advance than others.
- Cancer** - NCIC, S Tees and N Tees remain in NHSE tiering process for Cancer (Tier 2). Detailed recovery plans continue to be developed and implemented. Urology pathway action plans developed and revision to breast pathway models of care continues.

Primary Care

Executive Lead(s) - Levi Buckley (Primary care including dementia, SMI and Learning Disabilities and Autism) / Dave Gallagher (Dental)



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Primary Care Appointments per Working Day	Dec 2025	Normal Variation	Hit or Miss	80,591	78,788	+1,803.5	87,482		Med (Monitoring)
Number of Urgent Dental Appointments Delivered	Jan 2026	Normal Variation	Consistently Off Target	23,172	27,034	-3,862.0	26,510		High (Action)
Percentage of unique patients seen by NHS dentist (adult) - rolling 24m	Jan 2026	SPC n/a	SPC n/a	40.4%	42.0%	-1.6%	42.0%	35.5%	Not Available
Percentage of unique patients seen by NHS dentist (child) - rolling 12m	Jan 2026	SPC n/a	SPC n/a	62.7%	61.0%	+1.7%	61.0%	59.0%	Not Available
Dementia diagnosis rate (as % expected prevalence)	Dec 2025	Improvement	Consistently Hits Target	69.5%	66.7%	+2.8%	66.7%	66.3%	Low (On Track)
Proportion of people on GP SMI register receiving full physical health check in primary care setting	Sep 2025	Improvement	Consistently Off Target	60.8%	75.0%	-14.2%	75.0%	58.0%	Med (Monitoring)
Proportion of LD aged 14+ receiving Health Check YTD	Dec 2025	SPC n/a	SPC n/a	50.9%	60.0%	-9.1%	76.0%	52.0%	Not Available

Link to Strategic Priorities

We will improve patient outcomes in 25/26 through:

- Tackling unwarranted variation with General Practice
- Delivery of the Government's 700,000 Additional Urgent Dental Appointment Manifesto pledge
- ICB Oral health and Dental Strategy – improving access to urgent and routine dental care for patients.

Observations and Risk

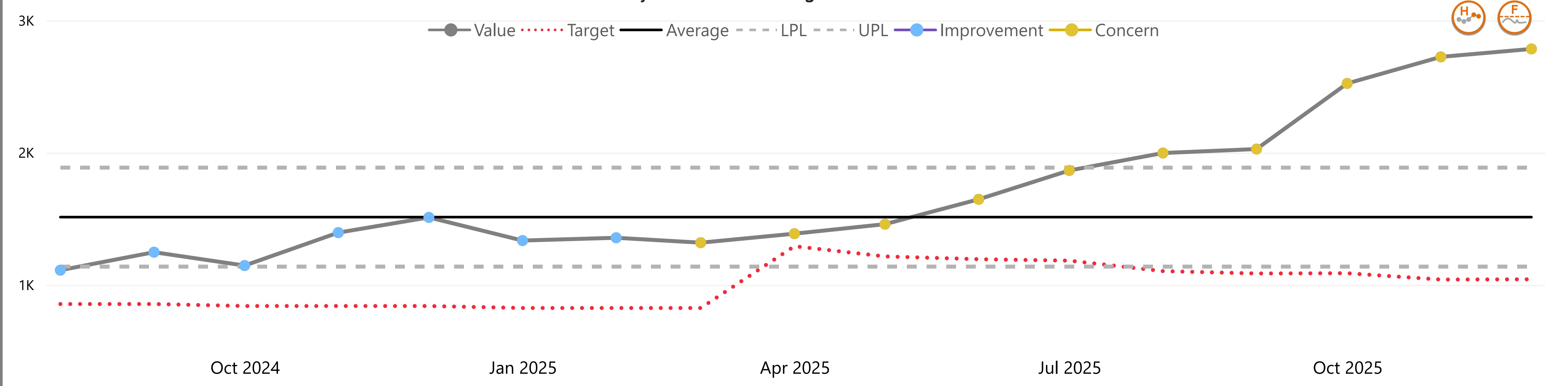
- **PC Appointments per Working Day** – Average of 80,591 PC appts were provided per day in Dec25, this is above plan however a decrease in trend since Oct25.
- **Urgent Dental Appointments Delivered** – Performance in Jan26 continues to be below plan and has seen a decrease since Sep25. ICB is performing within the top 5 nationally and has delivered our share of the 700K of additional appointments through the UDAC roll out.
- **Patients seen by NHS dentist (adult)** – 40.4% against a plan of 42%, however this is above the England position.
- **Patients seen by NHS dentist (child)** – 62.7% achieving against a plan of 61% and above the England position
- **Dementia Diagnosis Rate** – high performance continues, current position is 69.5%.
- **GP SMI Health Check** - Whilst performance is under plan, 60.8% against ambition of 75%, we know we will see an increase in performance later in the year.
- **LD Health Check** - 50.9% against a 60% target. Again, we expect to see an increase in uptake at the latter part of the year.

Key Actions

- The General Practice action plan (Jun25) focuses on reducing unwarranted variation, improving contract oversight and strengthening commissioning. The ICB has issued a compliance framework for new GP contract requirements and continues to work with practices to confirm compliance and develop action plans, including follow-up on eDEC findings.
- UDAC rollout remains on track for Nov25, with commissioning completed to replace lost NHS dental capacity. The Incentivised Access Scheme runs to Mar26, and all eligible practices have been offered the Urgent Dental Care initiative. Additional UDAs have been commissioned to address gaps, with options to over-perform where needed. Stabilisation measures—loyalty payments and the true cost of care initiative—aim to reduce contract handbacks. NENC's 25–27 Oral Health & Dental Strategy prioritises improved urgent and routine access.
- The LD Network has supported improved Annual Health Check uptake through refreshed Diamond Standards, a Reasonable Adjustment campaign, targeted PCN support, practical tools and rollout of the Reasonable Adjustment Digital Flag.

Executive Lead(s) - Levi Buckley (Community) / Hilary Lloyd (CHC)

Community services waiting list over 52 weeks (All)



Observations and Risk

- **Community services waiting list over 52 weeks (All)** – Waiting list in Dec25 stands at 2,784, significantly above plan of 1,042. Increase of 493 reported since Oct25, this is data quality issue and is expected to be resolved in time for the next report.
- **Virtual Ward occupancy rate** – Performance in Jan26 at 70.6% remains below plan (76.7%) but has seen an increase in trend since Aug25
- **SDEC Activity** – Performance in Jan26 is below plan, a continued decrease since Oct25
- **Time Spent at Home** – NENC 75+ and Care Home Population on average spend 363 days per year at home (rolling 12 months to Dec25), remaining static since last month.

Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Community services waiting list over 52 weeks (All)	Dec 2025	Concern	Consistently Off Target	2,784	1,042	+1,742.0	1,022		High (Action)
Latest reported Virtual Ward occupancy rate (snapshot closest to end of month)	Jan 2026	Normal Variation	Hit or Miss	70.6%	76.7%	-6.1%	71.8%		Med (Monitoring)
SDEC Activity Across NENC Providers (Currently Only 5 Providers)	Jan 2026	Improvement	Consistently Off Target	8,962	9,770	-808.0	9,680		Med (Monitoring)
Time Spent at Home (Care Home Residents/All Aged 75+) - Rolling 12m	Dec 2025	SPC n/a	SPC n/a	363					Not Available
Percentage of standard CHC referrals completed in 28 days	Dec 2025	SPC n/a	SPC n/a	81.6%	80.0%	+1.6%	80.0%	76.8%	Not Available
Incomplete CHC referrals delayed by > 12 weeks	Dec 2025	SPC n/a	SPC n/a	6	0	+6.0	0		Not Available
The proportion of people 65+ discharged from hospital into reablement and who remained in the community within 12 weeks of discharge* experimental new metric	Mar 2025	SPC n/a	SPC n/a	61.1%				60.7%	Not Available

Key Actions

- The Living Ageing Well Partnership (LAWP) is now routinely receiving Community metric data and is being used as a forum to discuss and tackle variation across our system with a key focus on NCTR and 52wk CWL.
- Over performance of 52wk Community WL is linked to community paediatrics and CYP therapies, linked to neuro-developmental disorders. Opportunities are being explored around Community Sprint Funding, which if secured could support with some targeted activities to improve DQ and reduce waiting lists.
- There is a national NHSE programme rolling out Virtual Ward patient level MDS scheduled to be in place by April 2026.
- SDEC – system level improved pathways into SDEC from paramedics and primary care
- Urgent responsive care group providing system level oversight of place level delivery.
- STSFT Tier 3 meeting has a key focus on NCTR with the STS system programme of work, 'Guiding you home', being a key enabler to improving performance.

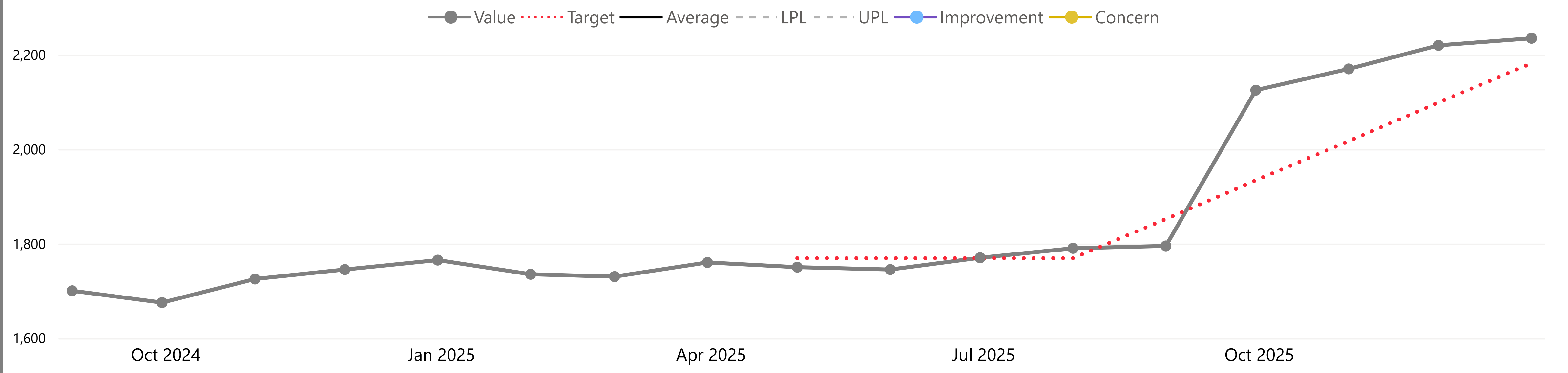
Link to Strategic Priorities

- Integrated Neighbourhood Health components – urgent care and intermediate care.
- To support the 'left shift' it is essential that we ensure our Community Services are working as efficiently as possible and with capacity utilised appropriately.

Mental Health Care

Executive Lead(s) - Levi Buckley

Number of people accessing Individual Placement Support services



Observations and Risk

- **Children and Young People (CYPS):** Following a drop in access in Nov25, NENC has shown an increase to 59,140 in Dec25 against a plan of 60,642 (year end plan 60,897). Access to Mental Health Support Teams is captured in this figure and as teams grow, overall CYPS access will grow.
- **Talking Therapies – Reliable Recovery:** Despite an increase in performance in Dec25 the position is 47.3% and is underplan by 1.7%. Performance has fluctuated throughout the year and is a risk to year end achievement.
- **Talking Therapies – Reliable Improvement (RI):** There is a slight decline in performance in Dec25 and positions is under plan by 0.3%, 68.2% against 68.5%. Despite this decline is it anticipated the year end target of 68.8% will be met.
- **Average Length of Stay (Los):** Performance has deteriorated with LoS increasing to 57.1. This can be attributed to accommodating periods of leave to support discharge and delayed discharges due to challenging/complex presentations.

Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Talking Therapies Reliable Recovery Rate	Dec 2025	Concern	Hit or Miss	47.3%	49.0%	-1.7%	49.5%		High (Action)
Talking Therapies Reliable Improvement Rate	Dec 2025	Normal Variation	Hit or Miss	68.2%	68.5%	-0.3%	68.8%		Med (Monitoring)
Rate per 100k Population of MH Bed Days for Discharges from adult acute, older adult acute and PICU beds (18+ Only, Rolling Quarter)	Dec 2025	SPC n/a	SPC n/a	2,011	2,005	+6.3	1,914		Not Available
Average length of stay for adult acute mental health inpatient services	Dec 2025	Concern	Hit or Miss	57.2	52.8	+4.4	52.5	54	High (Action)
Number of people accessing Individual Placement Support services	Dec 2025	SPC n/a	SPC n/a	2,235	2,182	+53.0	2,429		Not Available
Total number of inappropriate Out of Area (OOA) Placements	Dec 2025	Normal Variation	Hit or Miss	6	0	+6.0	0		Med (Monitoring)
No of CYP accessing support by NHS funded community services (rolling 12 months)	Dec 2025	SPC n/a	SPC n/a	59,140	60,642	-1,502.0	60,897		Not Available
Number of women accessing specialist community perinatal mental health services (rolling 12 months)	Dec 2025	SPC n/a	SPC n/a	2,385	2,380	+5.0	2,355		Not Available

Key Actions

- **Average Length of Stay (LoS) -** Trusts have developed a suite of actions to support improvement against this metric. This includes the introduction of a 40 day plus LoS review process which is overseen by the Group Medical Director and facilitated by the respective Associated Medical Director.
- **Talking Therapies (TT) -** a range of actions are underway to support the TT pathways including developing a standardised service specification (for the core step 2 & 3 pathways) and roll this out across all contracts and sub-contracts; Expand the workforce with Autumn Statement funding and redesign continuous professional development and supervision access; set out a digital innovation plan to contract innovations once across the ICB to improve economy of scale and accessibility.

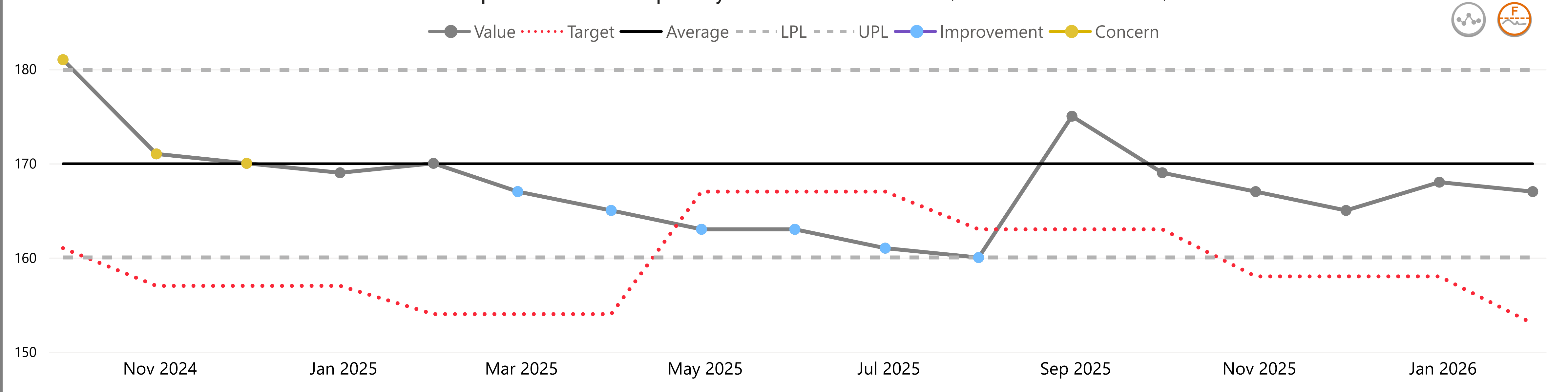
Link to Strategic Priorities

- Negative/deteriorating impact on mental health whilst waiting for first and follow up access/interventions.
- Patients awaiting repatriation to their home area have poorer outcomes and less likely to receive frequent family visits due to distance.

People with a Learning Disability and/or who are Autistic

Executive Lead(s) - Levi Buckley

LDA Inpatient Beds Occupied by Adults & Older Adults (from the AT database)



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
LDA Inpatient Beds Occupied by Adults & Older Adults (from the AT database)	Jan 2026	Normal Variation	Consistently Off Target	167	153	+14.0	153		High (Action)
Percentage of people with an open suspected autism referral for over 13 weeks that have not had a care contact appointment recorded	Dec 2025	Concern	Target Unavailable	76				85	Med (Monitoring)

Observations and Risk

- **Inpatient Adults – Admissions:** There were 17 admissions across Dec25 and Jan26, including 7 readmissions.
- **Inpatient Adults – Discharges:** A total of 15 discharges occurred across Dec25 and Jan26 (ICB and secure commissioned beds). This figure includes a small number of individuals with significantly extended lengths of stay spanning multiple years.
- **Community Oversight Activity:** 64 Community Care and Treatment Reviews (CTRs), Local Area Emergency Protocol (LAEP) meetings and MDT+ reviews were reported for Dec25 and Jan26. Only a very small number of these reviews resulted in hospital admission, indicating that the majority supported admission avoidance and community-based management.

Key Actions

- Work is progressing with the Insights Team to establish a robust performance dashboard for Learning Disabilities and Autism to support improved oversight, trajectory monitoring and KPI reporting.
- Monitoring of the 2025/26 discharge forecast continues. The 2026/27 discharge trajectory will now be developed, incorporating the newly proposed KPIs to strengthen forward planning and accountability.
- A detailed review is underway to assess the requirements, system implications and implementation timeline associated with the Mental Health Act 2025 reforms.
- Structured partnership meetings with Local Authority adult and children's senior leaders are being established to strengthen joint oversight, discharge planning and pathway alignment.

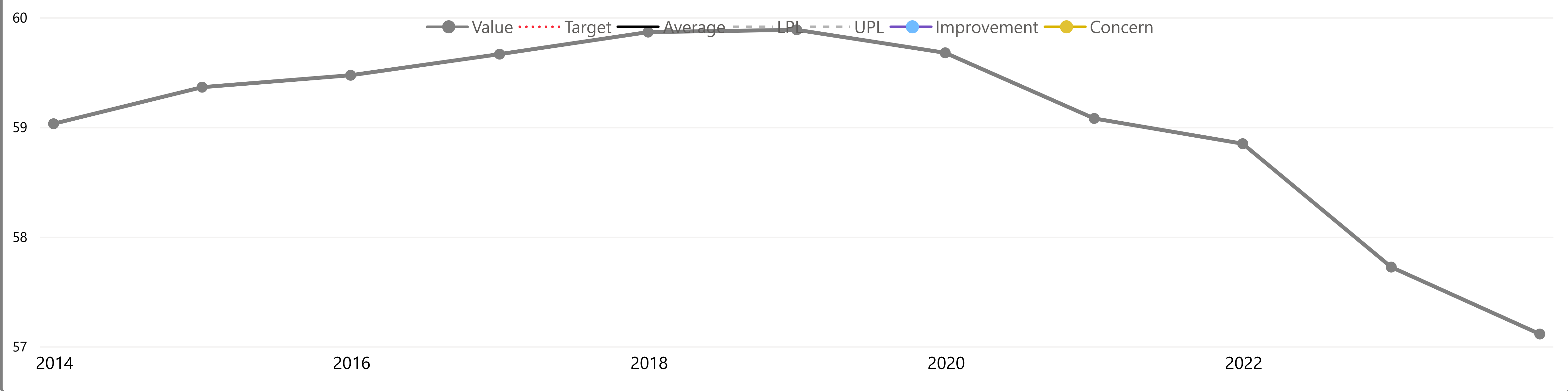
Link to Strategic Priorities

- Continued promotion and use of the Reasonable Adjustment Flag is essential to ensure personalised, compliant and outcome-focused care, improving experience and reducing inequity. A whole-system approach, involving all commissioners and providers, is needed to reduce admissions and detentions in mental health settings by strengthening community alternatives. This work supports the Inpatient Quality Transformation Programme and the Housing, Health & Care Programme, aligning admission reduction, improved discharge processes and the development of sustainable community-based care models.

Outcomes

Executive Lead(s) - Neil O'Brien

Average number of years people live in healthy life - Males (3 year rolling)



Observations and Risk

- Healthy life expectancy remains below benchmark for both males and females.
- Progress is slow due to the long-term nature of the indicator and wider socioeconomic determinants.
- Continued pressure from LTC prevalence, deprivation, and modifiable risk factors may limit improvement trajectory.
- Risk that without sustained prevention focus, gains will plateau.

Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Average number of years people live in healthy life - Females (3 year rolling)	Dec 2023	SPC n/a	SPC n/a	58				62	Not Available
Average number of years people live in healthy life - Males (3 year rolling)	Dec 2023	SPC n/a	SPC n/a	57				62	Not Available

Key Actions

- Maintaining system-wide focus on major drivers of early mortality and ill health including smoking, alcohol harm, obesity and cardiovascular risk.
- Supporting whole-system prevention programmes that address modifiable risk factors and socioeconomic determinants.
- Embedding prevention activity across acute, primary care and community pathways to reduce long-term demand.
- Strengthening cross-system collaboration and clinical leadership through regional networks and communities of practice.
- Using evaluation, insight and intelligence to prioritise interventions with strongest population impact.

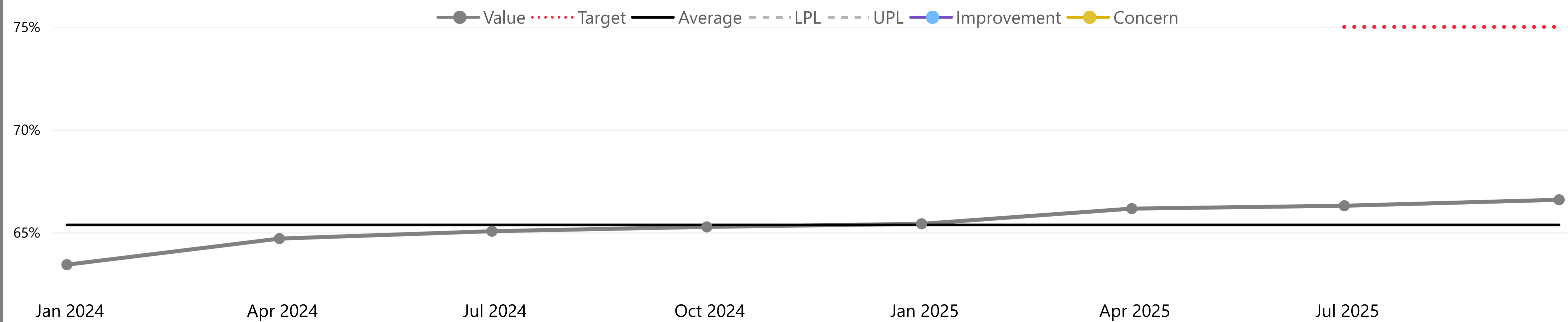
Link to Strategic Priorities

- Healthy life expectancy is a core system outcome metric and a key marker of population health improvement.
- Reflects the cumulative impact of prevention, early diagnosis, and long-term condition management.
- Central to the ICB's long-term ambition to improve quality of life and reduce premature mortality

Prevention and Management of Long Term Conditions

Executive Lead(s) - Neil O'Brien

CVDP003CHOL: Percentage of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 20% or more, on lipid lowering therapy



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Percentage of diabetes patients to receive all eight care processes YTD (Type 2 and other)	Sep 2025	SPC n/a	SPC n/a	23.2%				28.3%	Not Available
Percentage of diabetes patients to receive all eight care processes YTD (Type 1)	Sep 2025	SPC n/a	SPC n/a	14.9%				18.3%	Not Available
CVDP007HYP: Percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age appropriate treatment threshold	Sep 2025	SPC n/a	SPC n/a	72.7%	80.0%	-7.3%	80.0%	68.7%	Not Available
CVDP003CHOL: Percentage of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 20% or more, on lipid lowering therapy	Sep 2025	SPC n/a	SPC n/a	66.6%	75.0%	-8.4%	75.0%	64.0%	Not Available
NHS Bowel Cancer Screening Programme: KPI BCS1: uptake	Sep 2025	SPC n/a	SPC n/a	68.0%	52.0%	+16.0%	52.0%	63.2%	Not Available
NHS Cervical Screening Programme: KPI CS1: coverage under 50 years and KPI CS2: coverage 50 years and above	Jun 2024	SPC n/a	SPC n/a	73.2%			80.0%	69.7%	Not Available
NHS Breast Screening Programme: KPI BS1: uptake	Sep 2025	SPC n/a	SPC n/a	72.6%	70.0%	+2.6%	70.0%	67.7%	Not Available
Percentage of eligible children to receive two doses of the MMR vaccine by age 5	Sep 2025	SPC n/a	SPC n/a	90.8%	95.0%	-4.2%	95.0%	83.5%	Not Available
Smoking at Time of Delivery	Sep 2025	SPC n/a	SPC n/a	5.5%	6.0%	-0.5%	6.0%	4.3%	Not Available
Tier 3 weight management referrals as a percentage of QOF Obesity Register (ages 18+) (North East only)	Dec 2025	SPC n/a	SPC n/a	0.2%	0.5%	-0.3%	0.5%		Not Available

Link to Strategic Priorities

- Supports delivery of the ICB prevention agenda and the shift from treatment to prevention.
- Aligns with CORE20PLUS5 priorities including CVD prevention, cancer early diagnosis and smoking in pregnancy.
- Contributes to neighbourhood health, proactive care and population health management.
- Supports the move toward outcomes-focused strategic commissioning

Observations and Risk

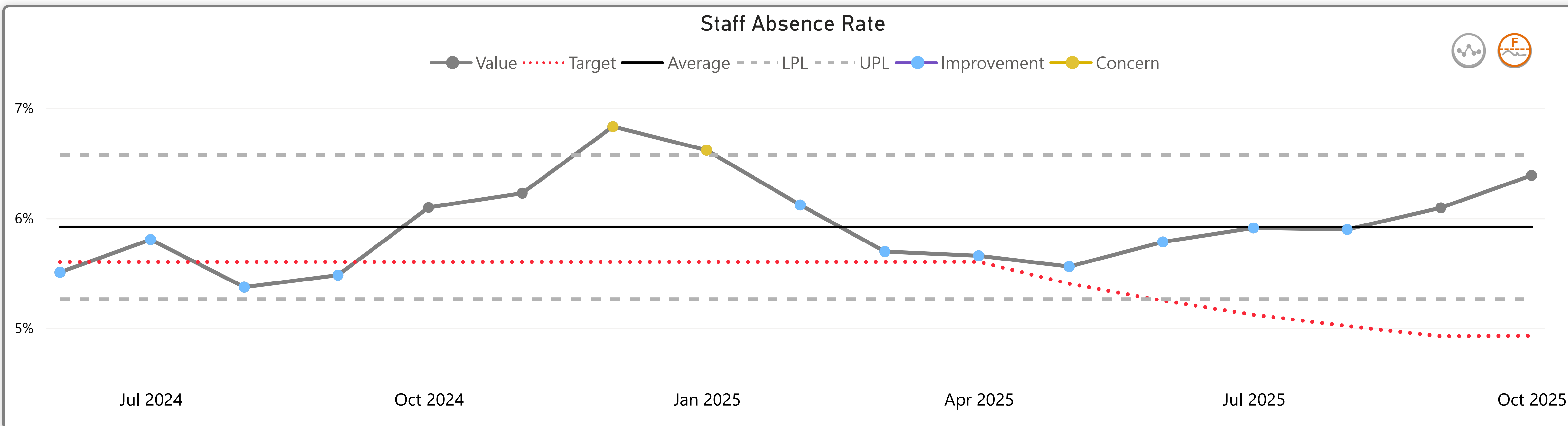
- Mixed performance across screening and prevention indicators with some areas below trajectory.
- Cardiovascular risk factor management (lipids, hypertension) below ambition, creating long-term outcome risk.
- Low engagement with obesity and prevention programmes may sustain future demand pressures.
- Variation across places and practices suggests inconsistent access to prevention and early intervention.
- Risk that prevention impact will take time to translate into measurable system outcomes.
- Continued good performance for smoking at time of delivery offers learning for system approach.
- Performance may be impacted by increasing prevalence of obesity and associated conditions adding extra pressure to services and potentially widening the inequalities gap.

Key Actions

- Expanding population health management approaches to identify and proactively manage high-risk cohorts in primary care.
- Embedding specialist prevention support in acute pathways, including Alcohol Care Teams and tobacco dependency treatment services, to reduce admissions and improve outcomes.
- Scaling targeted identification and brief intervention models in primary care for modifiable risk factors.
- Supporting delivery of digital and community-based prevention programmes to improve access and uptake.
- Developing consistent clinical pathways for earlier identification of high-risk patients (e.g. liver disease, obesity, cardiovascular risk).
- Strengthening workforce capability through BOOST, toolkits and communities of practice to support prevention delivery.
- Continuation and evaluation of Fresh approach to shape future delivery.

Workforce and People (ICB/ICS)

Executive Lead(s) - Michelle Evans / Claire Riley (Staff Survey - Engagement)



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Staff Absence Rate	Oct 2025	Normal Variation	Consistently Off Target	6.4%	4.9%	+1.5%	4.6%	5.7%	High (Action)
Staff Turnover Rate (last 12 months)	Nov 2025	SPC n/a	SPC n/a	8.8%	9.4%	-0.6%	9.6%	10.0%	Not Available
GP Leaver Rate - Percentage of GPs to leave in the last 12 months	Dec 2025	SPC n/a	SPC n/a	7.5%				8.5%	Not Available
NHS Staff Survey - Engagement Theme Score	Dec 2024	SPC n/a	SPC n/a	6				6	Not Available

Link to Strategic Priorities

Workforce is a key component of the NENC system's three-year financial and workforce recovery plan. Oversight of the system workforce programme is managed by the system workforce board.

- Sickness absence, temporary staffing, staff retention and turnover
- Reducing inequalities
- Development of our Boost community

Observations and Risk

- Staff Sickness and turnover rates continue as priorities in 25/26, with providers committing to reduction.
- Staff Sickness absence: The nationally reported in-month ESR sickness rate increased from 5.7% in Jul25 to 6.4% in Oct25, above the 4.9% plan and national benchmark (5.7%).
- Staff turnover: Defined as leavers and staff changing roles/employers within NHS in 12 months.
- NENC staff turnover rate continues to reduce and remains below plan and national benchmark for the same month.
- High staff turnover affects care quality due to disrupted continuity, increased pressure from vacancies, and the burden of recruiting and training new staff.
- Indications from NENC NHS People Promise Cohort 2 sites suggest a reduction in staff turnover.
- Work continues to align reporting sources for consistency across the ICB using NHSE data. Data included in this report is based on the nationally available data through reporting by NHSE.

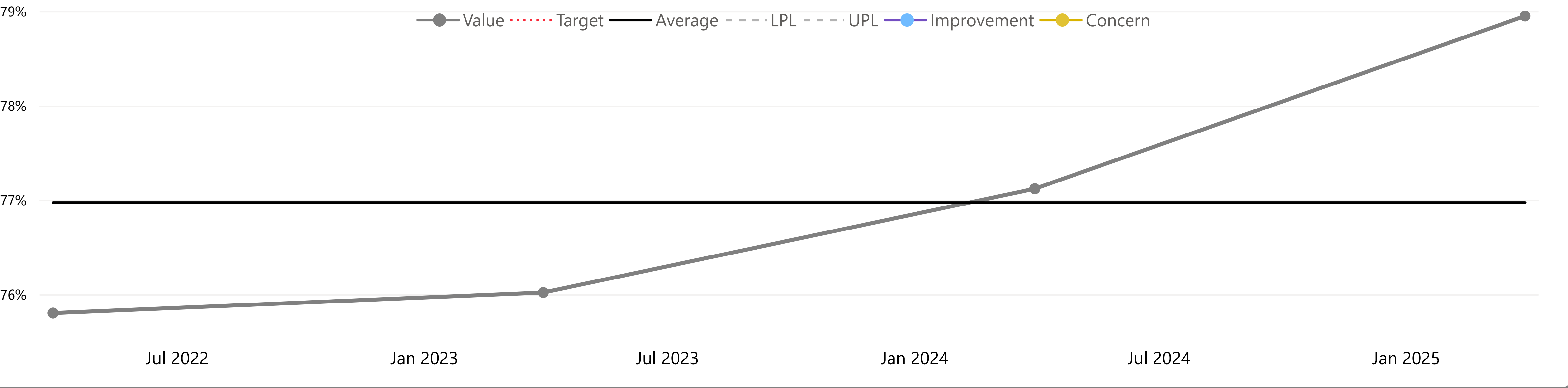
Key Actions

- The NENC ICB voluntary redundancy scheme ended in Dec25, and the staff consultation for the Strategic Commissioning Transition Programme concluded in Jan26. The proposed final structures and operating model were submitted to the ICB Board for approval in Feb26 and was followed by a staff briefing.
- As part of the NHS planning cycle, all NHS providers must submit their final three year workforce plans in Feb26. These submissions allow providers to outline planned workforce changes, ensuring they align with current financial and performance objectives.
- New content on Hate Crime Awareness is now available in the Anti-Racism Hub on the Learning Academy with support from Northumbria Police.

Patient experience

Executive Lead(s) - Levi Buckley

Percentage of patients who describe their experience of their GP as good (overall experience)



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Percentage of patients who describe their experience of their GP as good (overall experience)	Mar 2025	SPC n/a	SPC n/a	78.9%				75.4%	Not Available

Observations and Risk

- Percentage of patients who describe their experience of their GP as good (overall experience) – Performance at 78.9% in Mar25 has improved from Mar24 (77.1%) and is above the national average of 75.4%.

Key Actions

- A general practice action plan was developed in Jun25, setting out 1) tackling unwarranted variation, 2) Improving Contract Oversight, 3) Improving Commissioning and transformation.
- The ICB has finalised a framework which sets out the ICBs expectation of practices regarding contract compliance on all new GP contract changes.
- NENC has seen an improvement across 6 key GP patient experience metrics in Mar25 compared to Mar24.
- NENC has also maintained its position above the national average for 6 metrics which include: experience of GP practice, needs met, involvement in decisions, contacting your GP via phone, contacting your GP via website, use of pharmacy services.

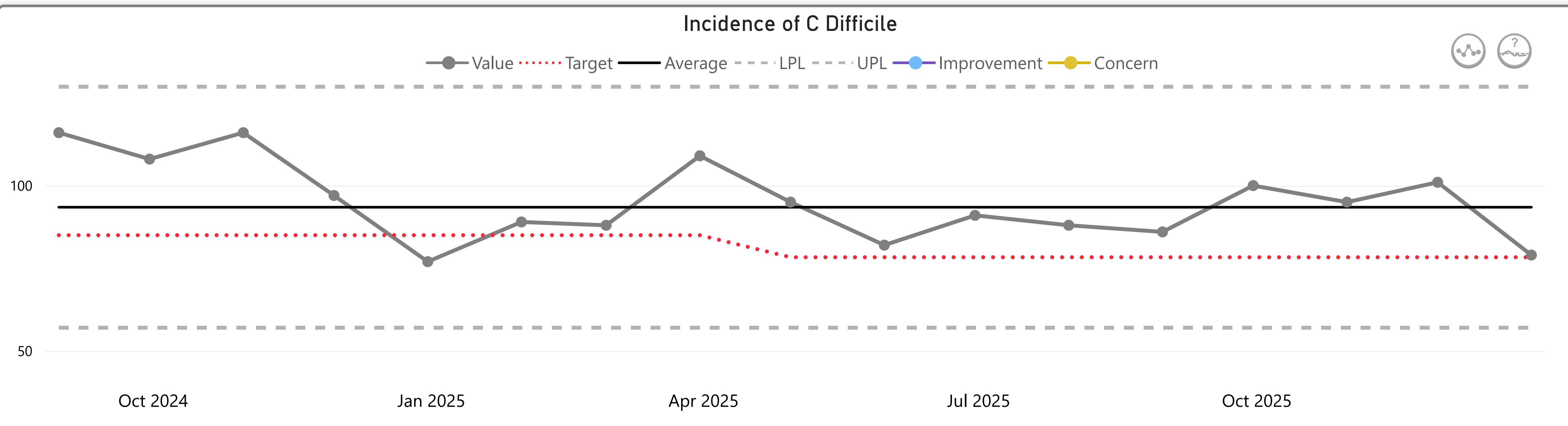
Link to Strategic Priorities

We will improve patient outcomes in 25/26 through:

- Tackling unwarranted variation with General Practice

Patient Safety

Executive Lead(s) - Hilary Lloyd / Kelly Angus (Staff Survey - Raising Concerns)



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Incidence of C Difficile	Dec 2025	Normal Variation	Hit or Miss	79	78	+0.7	78		Med (Monitoring)
Incidence of E Coli	Dec 2025	Normal Variation	Hit or Miss	245	219	+26.5	219		Med (Monitoring)
Incidence of MRSA	Dec 2025	Normal Variation	Hit or Miss	4	0	+4.0	0		Med (Monitoring)
Percentage of children (aged 0 – 9) prescribed antibiotics in the last 12 months	Nov 2025	SPC n/a	SPC n/a	23.1%				28.6%	Not Available
Stillbirths per 1,000 live births and stillbirths (12m rolling)	Aug 2025	SPC n/a	SPC n/a	4				3	Not Available
Neonatal deaths per 1,000 live births (12m rolling)	Mar 2025	SPC n/a	SPC n/a	1					Not Available
NHS Staff Survey - Raising Concerns (Sub-Score)	Dec 2024	SPC n/a	SPC n/a	7				6	Not Available

Observations and Risk

- Increased infections including CPE, C.Difficile and MRSA across NENC.
- Published data shows higher than expected Summary Hospital-level Mortality Indicator (SHMI) for CDDFT (1.27 SHMI value).
- Between Apr25 and Jan26, 23 Never Events, 117 Patient Safety Incidents requiring investigation & 16 Regulation 28s have been issued by the Coroner relating to Trusts/Providers.
- Perinatal mortality rates which include stillbirth and neonatal deaths are stable and comparable to national averages, but higher rates persist among minority groups and older mothers.
- New Maternity & Neonatal Performance Dashboard launched Dec25 sets out metrics that will be used to monitor performance in maternity and neonatal services in all parts of the system, supporting trusts and ICBs to monitor and have insight into their own progress.

Key Actions

- Ongoing oversight of HCAI across NENC via the ICB HCAI/AMR subcommittee where learning and good practice is shared.
- ICB led clinical effectiveness group monitors data relating to mortality and a regional mortality network is 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 appropriate action taken.
- There are plans to establish a LMNS bereavement care group which will focus on the national PMRT recommendations and the implementation of the Stillbirth and Neonatal Death society (SANDS) National Bereavement Care Pathway implementation.
- ICB received a letter from NHSE advising the use of Intergrowth-21 (IG21) should cease by Mar26. A Task and Finish group has been set up to oversee the transition for Trustsvfrom IG21 to the World Health Organisation growth chart.

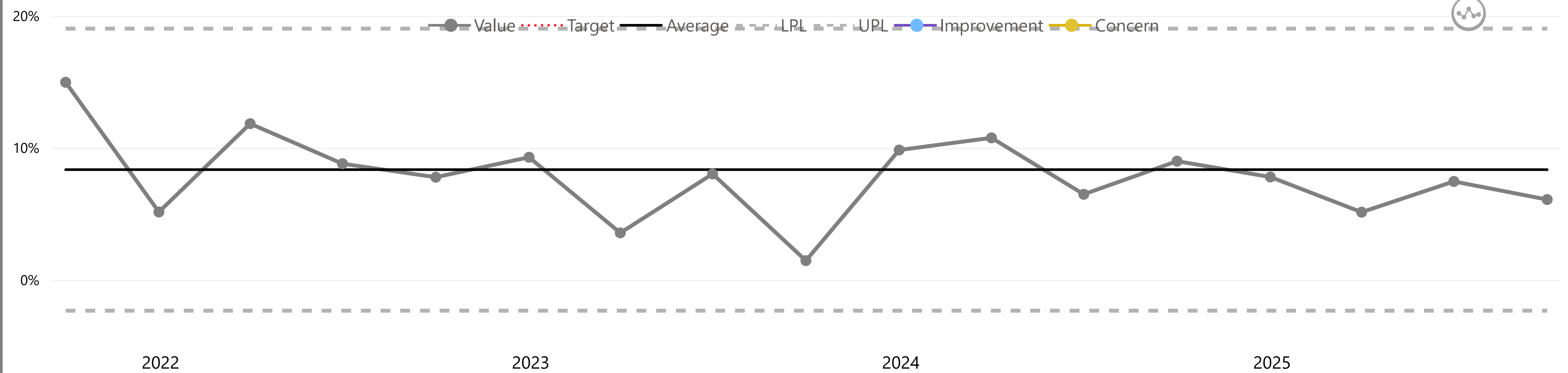
Link to Strategic Priorities

- To achieve longer healthier lives for everyone
- Improving health and care services
- The best start in life for our children and young people
- All trusts are within the 95% confidence stillbirth limit although NENC remain slightly above the national rate of 3 per 1,000 live births and we are currently reporting 4 per 1,000 live births.

Reducing Inequality

Executive Lead(s) - Neil O'Brien

Deprivation Gap in Early Cancer Diagnosis



Observations and Risk

- Inequality indicators continue to show a persistent social gradient across prevention and early diagnosis measures.
- Slope Index of Inequality metrics indicate variation across the whole population distribution, particularly in screening uptake.
- Deprivation gaps in cardiovascular and cancer outcomes remain a significant contributor to poorer system-level health outcomes.
- There is a risk that improvements in overall uptake may not translate into reduced inequality without targeted delivery.
- Wider determinants and access barriers continue to influence engagement in the most deprived communities.

Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Deprivation Gap in Early Cancer Diagnosis	Sep 2025	Normal Variation	Target Unavailable	6.1%					Low (On Track)
Percentage deprivation gap in stroke admissions	Mar 2025	SPC n/a	SPC n/a	17.2%					Not Available
Percentage deprivation gap in myocardial infarction admissions	Mar 2025	SPC n/a	SPC n/a	22.9%					Not Available
Pre-Term Births Under 37 Weeks Slope Index of Inequality (SII) Time Series (%) - rolling 12m	Aug 2025	SPC n/a	SPC n/a	3.0%				2.7%	Not Available
Breast Cancer Screening Uptake (ages 50-70) Slope Index of Inequality (SII) Time Series (%) - 36m cumulative and rolling	Apr 2025	SPC n/a	SPC n/a	13.9%			8.0%	14.0%	Not Available
Bowel Cancer Screening Uptake (ages 60-74) Slope Index of Inequality (SII) Time Series (%) - 36m cumulative and rolling	Apr 2025	SPC n/a	SPC n/a	15.1%			6.0%	16.9%	Not Available

Key Actions

- Targeting interventions using deprivation, ethnicity and risk stratification data to address variation across the deprivation gradient and improve reach into underserved populations.
- Expanding place-based partnership delivery with local authorities, VCSE and public health teams to improve access and engagement across communities with the greatest need.
- Supporting Deep End, Inclusion Health and CORE20PLUS5 aligned approaches to focus delivery in areas experiencing the poorest outcomes.
- Strengthening community-facing services and navigation support to improve uptake and continuity of care, particularly in more deprived neighbourhoods.
- Embedding equity considerations into programme design, workforce training and service specifications to ensure proportionate delivery aligned to population need.
- Developing population dashboards to identify unmet need, monitor inequality trends and track progress across the social gradient over time.

Link to Strategic Priorities

- Directly supports the ICB's Healthier and Fairer agenda and statutory duty to reduce health inequalities.
- Aligns with CORE20PLUS5 by targeting deprivation-related gaps in cancer outcomes, maternal health, and cardiovascular disease.
- Supports system ambition to narrow variation in access, experience, and outcomes across neighbourhoods.
- Reinforces population health management approach focusing on the most disadvantaged communities

Finance

Executive Lead(s) - David Chandler

Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
ICS financial position (+ Deficit / - Surplus)	Jan 2026	SPC n/a	SPC n/a	£11.87m	£19.49m	-£7.62m			High (Action)
ICB financial position (+ Deficit / - Surplus)	Jan 2026	SPC n/a	SPC n/a	-£23.02m	-£9.87m	-£13.15m			Med (Monitoring)
Running cost position	Jan 2026	SPC n/a	SPC n/a	£42.44m	£48.29m	-£5.85m			Med (Monitoring)
Capital funding	Jan 2026	SPC n/a	SPC n/a	£135.66m	£132.21m	+£3.45m			Med (Monitoring)
Agency spend	Jan 2026	SPC n/a	SPC n/a	£43.23m	£38.86m	+£4.37m			Med (Monitoring)
ICS Total Efficiency savings	Jan 2026	SPC n/a	SPC n/a	£459.39m	£476.33m	-£16.94m			High (Action)

Observations and Risk

- As at Jan26 the ICS is reporting a YTD deficit of £11.87m compared to a planned deficit of £19.5m. The favourable variance of £7.6m largely reflects a one-off benefit from a land sale which was expected later in the year. Excluding this, ICS position would be behind plan
- The ICB is reporting YTD surplus of £23.0m which is £13.2m better than plan, largely reflecting underspends on staffing costs due to vacancies, receipt of PFI funding and paused investments. The ICB is forecasting a surplus for the year of £34.8m, a significant improvement of £23m which was agreed to offset an increased deficit in one provider trust.
- Running costs – underspend of £5.8m being reported YTD due to staff vacancies. The £6m forecast underspend is partially funding the strategic commissioning transition and associated restructure costs reported as a pressure within programme spend.
- The ICS reports a small YTD capital overspend and a forecast overspend of £12.1m, driven by provider plans that assume allocations expected in month 11; once received, the position should return to balance.

Key Actions

- In line with NHSE protocol for in-year forecast changes, approval was granted for one provider to worsen its forecast by £24m after full variance analysis, review of uncommitted spend, and development of a robust recovery plan confirmed all reasonable mitigation had been exhausted.
- This deterioration has been offset by improvements elsewhere, particularly within the ICB. A range of non-recurrent in-year benefits, including additional non-recurrent funding, paused investments through discretionary spend controls, and demand-management actions have supported the improved ICB position.
- The 25/26 plan includes £244m in unmitigated financial risks across the ICS.
- Work continues across the system to manage risks and identify further mitigations.
- Further review of run rates is taking place with relevant organisations and additional assurances are being sought from organisations with material recurrent efficiency under-delivery.
- Review of position with Chairs, CEOs, COOs and CFOs across the system to take place early in October to agree any additional actions necessary to deliver plan.

Link to Strategic Priorities

- Achieving financial balance
- Value for money to the taxpayer
- Prioritising investment to local and national needs

Appendix 1 - NHS Oversight Framework (NOF) & CQC Summary

Provider	NOF Segment	CQC Rating	Oversight Arrangements	Additional Escalation/Support	CQC Additional Comments/Other Reviews
North Tees and Hartlepool NHSFT	1	Requires improvement (2022)	ICB led	Range of support including NECS support for incident reporting.	
Northumbria Healthcare NHSFT	1	Outstanding (2019)	ICB led	Elective recovery meetings have been ad-hoc reflecting their performance delivery.	Maternity services – good overall (safe domain also good)
Newcastle Upon Tyne Hospitals NHSFT	2	Requires improvement (2024)	ICB led	Removed from Tier 2 (Aug 25) for Cancer. GIRFT support in place. Fortnightly Tier 3 elective recovery meetings	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).
South Tyneside and Sunderland NHSFT	2	Requires improvement (2023)	ICB led	National maternity Safety Support Programme. Elective recovery meetings have been ad-hoc reflecting their performance delivery	Maternity services – Requires Improvement (2022)
County Durham and Darlington NHSFT	3	Good (2019)	NHS E/ICB led	Removed from Tier 2 Elective (12.4.23). Regular Tier 3 elective recovery meetings.	Maternity services at UHND and DMH rated as Requires Improvement (Apr 24). Warning notice issued re improvements to managing each maternity service.
Gateshead Health NHSFT	3	Good (2019)	ICB led	Enhanced finance oversight/ support led by NHS E. Regular Tier 3 elective recovery meetings with Gateshead with move to fortnight planned.	Maternity services – Good overall (2023)
North East Ambulance Service NHSFT	3	Requires improvement (2023)	ICB led	Progress against CQC action plan provided through the Quality Review Group. National maternity Safety Support Programme. Regular Tier 3 elective recovery meetings	Maternity services – Requires Improvement (2023)
South Tees NHSFT	3	Good (2023)	NHSE/ICB finance	Quality - supported by ICB/NHSE. Enhanced finance oversight. Tier 2 Cancer meetings in place and fortnightly Tier 3 Elective recovery meetings in place	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.	
Cumbria, Northumberland, Tyne and Wear NHSFT	4		NHSE/ICB finance	Escalated to Tier 2 Cancer to ICB/NCA monitoring and support (Apr 24). Fortnightly Tier 3 elective recovery meetings. Enhanced finance support from NHSE.	Maternity services – good overall (Safe domain – requires improvement)
North Cumbria Integrated Care NHSFT	4	Requires improvement (2023)	ICB led	Action plan monitored via the Quality Review Group.	Learning disability and autism services - requires improvement Aug 2022

Further Information on Trust Segmentation and Methodology can be accessed via this link: <https://www.england.nhs.uk/long-read/acute-trust-league>

General Practice CQC Ratings

Local Authority	Outstanding	Good	Requires Improvement	Inadequate
County Durham	6	53	2	1
Cumbria	7	24	1	0
Darlington	1	10	0	0
Gateshead	1	22	2	0
Hartlepool	0	11	0	0
Middlesbrough	0	18	1	0
Newcastle upon Tyne	2	25	1	0
North Tyneside	4	14	2	0
Northumberland	4	31	0	0
Redcar and Cleveland	0	14	0	0
South Tyneside	1	19	0	0
Stockton-on-Tees	0	20	1	0
Sunderland	4	35	0	0
Total	30	296	10	1

Residential Social Care CQC Ratings

Local Authority	Outstanding	Good	Requires Improvement	Inadequate
County Durham	11	113	8	1
Cumbria	3	69	10	0
Darlington	2	20	4	1
Gateshead	3	40	3	1
Hartlepool	0	24	2	0
Middlesbrough	2	37	3	0
Newcastle upon Tyne	7	52	8	0
North Tyneside	0	33	5	0
Northumberland	4	79	10	0
Redcar and Cleveland	0	34	6	0
South Tyneside	1	26	1	0
Stockton-on-Tees	3	44	3	0
Sunderland	6	75	4	0
Total	42	646	67	3

Community Social Care CQC Ratings

Local Authority	Outstanding	Good	Requires Improvement	Inadequate
County Durham	4	49	3	1
Cumbria	0	36	6	0
Darlington	2	17	1	0
Gateshead	0	40	2	0
Hartlepool	0	12	0	0
Middlesbrough	1	17	2	0
Newcastle upon Tyne	4	38	0	0
North Tyneside	4	23	3	1
Northumberland	8	35	2	0
Redcar and Cleveland	1	15	1	0
South Tyneside	2	16	1	0
Stockton-on-Tees	1	25	1	0
Sunderland	2	41	0	0
Total	29	364	22	2

Appendix 2 - 25/26 Objective Descriptions

Subject area	2025/26 Performance Assessment Framework (PAD) Metrics	
Community	% of Standard Continuing Healthcare referrals complete within 28 days	
	Number of incomplete CHC referrals delayed by >12 weeks	
	Number of patients waiting over 52 weeks for community services (Adults and Children)	
	SDEC Activity	
	The proportion of people 65+ discharged from hospital into reablement and who remained in the community within 12 weeks of discharge* experimental new metric	
	Time Spent at Home for Care Home Residents and those Aged 75+ in the last 12 months	
	UEC services at home or community	
Elective Care Diagnostics and Cancer	Percentage of all cancers diagnosed that are diagnosed at stage 1 or 2	
	Percentage of patients treated for cancer within 62 days of referral	
	Percentage of patients treated within 18 weeks	
	Percentage of patients waiting over one year	
	Percentage of people waiting over six weeks for a diagnostic procedure or test	
	Percentage of urgent referrals to receive a definitive diagnosis within 4 weeks	
	The number of incomplete Referral to Treatment (RTT) pathways	
Mental health Care	Access to perinatal mental health services	
	Individual Placement Support	
	Number of CYP accessing Mental Health Services	
	Number of mental health bed days per 100,000 head of population	
	Percentage of adult inpatients discharged with a length of stay exceeding 60 days	
	Talking Therapies - Reliable Improvement	
	Talking Therapies - Reliable Recovery	
	Total number of inappropriate Out of Area (OOA) Placements	
	IP: Beds People who are Autistic and or people with a Learning Disability Adults	
Percentage of people with suspected autism awaiting contact for over 13 weeks		
People with a Learning Disability and/or who are Autistic	IP: Beds People who are Autistic and or people with a Learning Disability Adults	
	Percentage of people with suspected autism awaiting contact for over 13 weeks	
	Primary care	% patients on Learning Disability registers receiving an annual health check
		Dementia Diagnosis
		Growth in the number of emergency dental appointments provided
		Monthly Appointments in General Practice per working day
		Percentage of patients with serious mental illness to receive an annual health check
		Percentage of unique patients seen by NHS dentist (adult)
Percentage of unique patients seen by NHS dentist (child)		
Urgent and emergency care	Average Category Two ambulance response time	
	Percentage of emergency department attendances admitted, transferred or discharged within four hours	
	Percentage of emergency department attendances spending over 12 hours in the department	

Subject area	2025/26 Quality and Inequalities Metrics	
Finance	Agency spend	
	Capital funding	
	ICB financial position (+ Deficit / - Surplus)	
	ICS financial position (+ Deficit / - Surplus)	
	ICS Total Efficiency savings	
	Running cost position	
Outcomes	Average number of years people live in healthy life - Females (3 year rolling)	
	Average number of years people live in healthy life - Males (3 year rolling)	
Patient Experience	Percentage of patients who describe their experience of their GP as good (overall experience)	
Patient safety	% of children prescribed antibiotics in primary care	
	Incidence of C Difficile	
	Incidence of E Coli	
	Incidence of MRSA	
	Neonatal deaths per 1,000 live births (12m rolling)	
	NHS Staff Survey - Raising Concerns (Sub-Score)	
	Stillbirths per 1,000 live births and stillbirths (12m rolling)	
Prevention and Management of Long Term Conditions	CVDP003CHOL: Percentage of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 20% or more, on lipid lowering therapy	
	CVDP007HYP: Percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age appropriate treatment threshold	
	NHS Bowel Cancer Screening Programme: KPI BCS1: uptake	
	NHS Breast Screening Programme: KPI BS1: uptake	
	NHS Cervical Screening Programme: KPI CS1: coverage under 50 years and KPI CS2: coverage 50 years and above	
	Percentage of diabetes patients to receive all eight care processes YTD (Type 1)	
	Percentage of diabetes patients to receive all eight care processes YTD (Type 2 and other)	
	Percentage of eligible children to receive two doses of the MMR vaccine by age 5	
	Smoking at Time of Delivery	
	Tier 3 weight management referrals as a percentage of QOF Obesity Register (ages 18+) (North East only)	
	Reducing Inequalities	Bowel Cancer Screening Uptake (ages 60-74) Slope Index of Inequality (SII) Time Series (%) - 36m cumulative and rolling
		Breast Cancer Screening Uptake (ages 50-70) Slope Index of Inequality (SII) Time Series (%) - 36m cumulative and rolling
		Deprivation Gap in Early Cancer Diagnosis
		Percentage deprivation gap in myocardial infarction admissions
Percentage deprivation gap in stroke admissions		
Pre-Term Births Under 37 Weeks Slope Index of Inequality (SII) Time Series (%) - rolling 12m		
Workforce and people (ICB/ICS)		GP Leaver Rate - Percentage of GPs to leave in the last 12 months
		NHS Staff Survey - Engagement Theme Score
	Percentage of NHS Trust staff to leave in the last 12 months	
	Sickness absence rate	