

Integrated Delivery Report

October 2025
North East & North Cumbria ICB

Performance highlights...

09 October 2025 published data

Data used is aligned to the ICB integrated delivery report



Arrows - based on Statistical Process Control (SPC) trend: Green = Improving

Red = Worsening | **Targets** - based against submitted plan: **Green** = on track

Urgent and emergency care

(Reporting period September 25)



Average Category Two ambulance response time:

National benchmark: 18 mins

Worsened to 20:50 mins



Ranked 1 of 11 🖈



Proportion of A&E Waiting Times within 4 hours:

National benchmark: 75.0 %



Ranked 6 of 42 ICBS



Proportion of attendances in A&E over 12 hours:

National benchmark: 12.0 %

4.5%



Cancer



(Reporting period August 25)

68.4%

of people treated within 62 days

National benchmark: 69.1 %

72.5%

meeting the faster diagnosis standard (FDS) within 28 days

National benchmark: 74.6 %

Mental health



(Reporting period August 25)

1,739 Mental health bed days per 100,000 head of population

Total number of inappropriate Out of Area (OOA) Placements

69_1% Talking Therapies - reliable improvement

48.5% Talking Therapies - reliable recovery

59,815 children and young people accessing mental health services

accessed perinatal mental health 2,310

people received Individual Placement Support (IPS)

Learning disability and autism



(Reporting period September 25)

169

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

Planned elective care



(Reporting period August 25)

Waiting times:

70.2%

of patients receiving treatment within



National benchmark: 61.0 %

1.4%

of patients waiting over one year

National benchmark: 2.6 %



of people waiting over six weeks for a diagnostic procedure or test

National benchmark: 16.0 %

Primary and community care



(Reporting period August - September 25)

GP appointments:

Monthly appointments in general practice per working day: 74.810

51.7% Virtual Ward occupancy rate



2.1% Patients waiting 52+ weeks for community services



Dementia diagnosis rate at: 69.4%





40.8% Percentage of unique patients seen by an NHS dentist (adult)

Dentistry:

61.5% Percentage of unique patients seen by an NHS dentist (child)

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Executive Summary



Key Changes and Points of Note —

The NENC Integrated Delivery Report (IDR) provides an overview of quality, performance and finance and

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.

All monthly reported metrics will be included within the IDR on a monthly basis, twice a year (Aug & Feb) the report will be expanded to incorporate a wider suite of quarterly and annual metrics.

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 Aug25 & Sept25. Finance is at Sept25 (M6).

CQC – Cygnet Appletree, Durham

• April's report (published 8 Aug25) rated the provider as Requires Improvement in safety and leadership. An action plan is requested.

Cancer

• In response to the specific Cancer challenges being faced across NENC a structured and collaborative response has been implemented by way of local oversight meetings ('Tier 3') which review progress, share best practice, target recovery support and provide robust data-driven management to monitor key standards and address barriers to delivery. This approach is being progressed in partnership with the NCA and is underpinned by transformation and workforce development with a strong emphasis on early diagnosis, reducing health inequalities and engaging staff. Specific capacity challenges are being addressed through regional strategies and collaboration while continuous quality and safety oversight ensures a focus on high standards of care.

Elective Recovery

- NENC has a clear focus on elective recovery, targeting reductions in long waits, waiting list size and validation (Q3 validation sprint) and completion of patient treatment pathways. Weekly surveillance and routine Tier 3 elective recovery meetings provide assurance through challenge and support. Recovery trajectories for Trusts under plan highlight specific actions including insourcing and outsourcing activity, super clinics, recruitment and theatre productivity. Elective recovery groups in place across NENC through the Provider Collaborative.
- Diagnostic recovery plans underway with proposals developed for digital diagnostic priorities for NENC (26/27).

All Age Continuing Care

• A dedicated All Age Continuing Care (AACC) Task Force has been established to coordinate the system's response to AACC challenges. This group brings together key stakeholders from across the ICB to collectively address issues such as performance, process variation, and demand pressures. The Task Force is supported by subgroups focused on data, reporting, and insight, with a priority on understanding the current position across localities and modelling the impact of proposed changes. This includes deep-dive analyses to understand local context and trajectories for improvement.

NHS Medium-Term Planning

• The ICB has initiated the development of its plans in accordance with the NHS Five Year Planning Framework. Programmes within the ICB are actively formulating ambitions and priorities. A planning launch workshop in Sept25 established the foundation for this year's planning process, ensuring strategic alignment with the ICS Strategy, Better Health and Wellbeing for All, and the 10 Year Health Plan, maintaining a focus on financial sustainability.

Executive Summary

Key Challenges

- **Elective Recovery** NENC faces challenges in reducing >52-week waits, overall list size, and completing treatment pathways, while staying within 25/26 financial activity limits. Industrial action, workforce gaps, sickness, theatre refurbishments, and equipment issues have impacted YTD elective activity.
- Cancer NCIC and South Tees remain Tier 2 for Cancer. Recovery plans are ongoing. 62-day and FDS performance are below plan, with 25/26 targets proving difficult.
- Urgent & Emergency Care (UEC) NENC performs well nationally on UEC metrics. A&E 4hr performance exceeded national ambition (78%) May—Sept25 but missed trajectory in 4/6 months. Current YTD is 79.2% vs plan of 79.7%.
- Ambulance handover delays >45 mins remain a challenge. Work continues via SROG and the System Resilience Framework.
- Community Services Waiting Lists Growth in CS WL driven by counting changes and increased waits for a national provider (only 9% of patients from NENC). A deep dive was presented to the Board.
- Virtual Wards Sep25 occupancy was 51.7% (vs 66.2% plan), an increase from Aug25. Care Coordination Hubs are being developed to improve utilisation and shift focus to activity-based reporting.
- SDEC (Same Day Emergency Care) Sep25 activity below plan but above 24/25 levels. Increasing SDEC use is a winter priority, with work underway to standardise direct access from Ambulance and Primary Care.
- Dental NENC's 25–27 Oral Health & Dental Strategy prioritises expanding urgent dental appointments. NENC ICB has exceeded its obligation to make available its share of the 700K additional appointments.



Areas of Good Practice

- All NENC acute providers continue to focus on closing RTT pathways following successful **Q1 and Q2 national validation sprints**. Trusts are aiming to maintain momentum during the **Q3 sprint** running 3 Nov25 to 14 Dec25.
- YTD position to Sep25 NEAS have maintained their strong Cat2 performance, across 25/26 so far, in being one of the top performing Ambulance Trusts, for all 4 response time metrics (ranked 1st for all 4 cat response times across the 11 Ambulance Trusts in England Sep 25)
- Achievement of the **Dementia Diagnosis rate** continually remains above target at 69.4% for Aug25 against a plan of 66.7% which is expected to continue throughout the year.
- Within last month's report we have re-introduced a key Dental metric 'Percentage of unique patients seen by NHS dentist (child) rolling 12m'. This will sit alongside the 'Adults' metric already included and ensure full oversight of our population. Performance for this metric sits at 0.9% above plan and 3.9% above the national benchmark and identifies our strong performance for this metric.
- **Urgent & Emergency Care (UEC)** ICB winter plan was approved 30 Sept, aligned to national UEC goals. Board Assurance Statement submitted to NHSE and additional further assurances given around Primary and Social Care. Four Acute Trusts (GHFT, NUTH, CDDFT, STSFT) are in the GIRFT Further Faster 30 programme, receiving targeted support through Mar26. Alternatives to ED (A-tED) scoping meetings held in Oct25; feedback due Nov25.
- **Dental -** Urgent Dental Access Centre (UDAC) rollout is ahead of schedule. Aug–Sept25 targets exceeded with 5,070 (Aug25) and 5,980 (Sept25) extra urgent slots. Once complete, 111,280 annual bookable appointments will be available—79,040 new capacity supporting the Manifesto pledge.
- **Mental Health** There continues to be a fluctuating position for the number of out of area placements. However, Aug position is on track and is reported as 0. Despite this good performance, significant pressures do remain against achievement of this metric with mitigation in place with the two local providers, CNTW and TEWV.

Integrated Delivery Report - Summary Overview



Metric	Period	Variation	Assurance	Value	Plan	+/ - Plan	Target	Benchmark	Risk Ratings
A&E 4 Hour Performance % (National Sitrep)	Sep 2025	Improvement	Consistently Off Target	78.1%	80.3%	-2.2%	82.1%	75.%	Med (Monitoring)
C2 Average Response Time	Sep 2025	Improvement	Hit or Miss	20:50	23:44	-02:54	24:24		Low (On Track)
% of Attendances in A&E over 12 Hours	Sep 2025	Improvement	Hit or Miss	4.5%	4.4%	+0.0%	4.3%	12.%	Low (On Track)
Number of patients on waiting list (RTT incomplete)	Aug 2025	Normal Variation	Consistently Off Target	347,905	340,353	+7,552.0	329,799		High (Action)
% patients waiting for initial treatment on incomplete pathways within 18 weeks	Aug 2025	Improvement	Consistently Off Target	70.2%	70.9%	-0.7%	74.%	61.%	Med (Monitoring)
% patients waiting more than 52 weeks for treatment (Incomplete pathways only)	Aug 2025	Normal Variation	Consistently Off Target	1.4%	1.%	+0.4%	0.5%	2.6%	High (Action)
% Patients waiting more than 6 weeks from referral for a diagnostic test (9 core tests)	Aug 2025	Normal Variation	Hit or Miss	15.3%	6.3%	+9.0%	5.1%	16.%	Med (Monitoring)
% of patients FDS within 28 days	Aug 2025	Normal Variation	Hit or Miss	72.5%	80.1%	-7.5%	82.9%	74.6%	Med (Monitoring)
% of patients treated within 62 days of referral for suspected cancer	Aug 2025	Normal Variation	Hit or Miss	68.4%	70.7%	-2.3%	76.8%	69.1%	Med (Monitoring)
Proportion of cancer diagnosed at stages 1 or 2 - Rolling 12 Months	Jun 2025	SPC n/a	SPC n/a	57.3%	75.%	-17.7%	75.%		Not Available
Primary Care Appointments per Working Day	Aug 2025	Normal Variation	Hit or Miss	74,810	79,338	-4,527.6	87,482		Med (Monitoring)
Number of Urgent Dental Appointments Delivered	Aug 2025	Normal Variation	Consistently Off Target	18,570	23,845	-5,275.0	26,208		High (Action)
Percentage of unique patients seen by NHS dentist (adult) - rolling 24m	Aug 2025	SPC n/a	SPC n/a	40.8%	41.6%	-0.8%	42.%	35.3%	Not Available
Percentage of unique patients seen by NHS dentist (child) - rolling 12m	Aug 2025	SPC n/a	SPC n/a	61.5%	60.6%	+0.9%	61.%	57.8%	Not Available
Dementia diagnosis rate (as % expected prevalence)	Aug 2025	Improvement	Consistently Hits Target	69.4%	66.7%	+2.7%	66.7%	66.1%	Low (On Track)
Community services waiting list over 52 weeks (All)	Aug 2025	Concern	Hit or Miss	1,997	1,104	+893.0	1,022		High (Action)
Latest reported Virtual Ward occupancy rate (snapshot closest to end of month)	Sep 2025	Normal Variation	Consistently Off Target	51.7%	66.2%	-14.5%	71.8%		High (Action)
SDEC Activity Across NENC Providers (Currently Only 4 Providers)	Sep 2025	Improvement	Consistently Off Target	9,012	9,376	-364.0	9,680		Med (Monitoring)
Time Spent at Home (Care Home Residents/All Aged 75+) - Rolling 12m	Aug 2025	SPC n/a	SPC n/a	362					Not Available
Talking Therapies Reliable Recovery Rate	Aug 2025	Normal Variation	Hit or Miss	48.5%	48.%	+0.5%	49.5%		Med (Monitoring)
Talking Therapies Reliable Improvement Rate	Aug 2025	Normal Variation	Hit or Miss	69.1%	68.%	+1.1%	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)	Aug 2025	SPC n/a	SPC n/a	1,739	2,055	-316.4	1,914		Not Available
Percentage of adult inpatients discharged with a length of stay exceeding 60 days	Aug 2025	Normal Variation	Target Unavailable	15.5%					Low (On Track)
Number of people accessing Individual Placement Support services	Aug 2025	SPC n/a	SPC n/a	1,795	1,852	-57.0	2,429		Not Available
Total number of inappropriate Out of Area (OOA) Placements	Aug 2025	Normal Variation	Hit or Miss	0	0	+0.0	0		Med (Monitoring)
No of CYP accessing support by NHS funded community services (rolling 12 months)	Aug 2025	SPC n/a	SPC n/a	59,815	58,164	+1,651.0	60,897		Not Available
Number of women accessing specialist community perinatal mental health services (rolling 12 months)	Aug 2025	SPC n/a	SPC n/a	2,310	2,355	-45.0	2,355		Not Available
LDA Inpatient Beds Occupied by Adults & Older Adults (from the AT database)	Sep 2025	Normal Variation	Hit or Miss	169	163	+6.0	153		Med (Monitoring)
Percentage of people with an open suspected autism referral for over 13 weeks that have not had a care contact appointment recorded	Jun 2025	Normal Variation	Target Unavailable	73				83	Low (On Track)
	A&E 4 Hour Performance % (National Sitrep) C2 Average Response Time **Or Attendances in A&E over 12 Hours Number of patients on waiting list (RTT incomplete) **patients waiting for initial treatment on incomplete pathways within 18 weeks **patients waiting more than 52 weeks for treatment (Incomplete pathways only) **Patients waiting more than 6 weeks from referral for a diagnostic test (9 core tests) **patients PDS within 28 days **patients FDS within 28 days **pratients treated within 62 days of referral for suspected cancer Proportion of cancer diagnosed at stages 1 or 2 - Rolling 12 Months *Primary Care Appointments per Working Day Number of Urgent Dental Appointments Delivered *Percentage of unique patients seen by NHS dentist (adult) - rolling 24m Percentage of unique patients seen by NHS dentist (child) - rolling 12m Dementia diagnosis rate (as % expected prevalence) Community services waiting list over 52 weeks (All) Latest reported Virtual Ward occupancy rate (snapshot closest to end of month) SDEC Activity Across NENC Providers (Currently Only 4 Providers) Time Spent at Home (Care Home Residents/All Aged 75+) - Rolling 12m Talking Therapies Reliable Recovery Rate Talking Therapies Reliable Reprovement Rate Rate per 100k Population of MH Bed Days for Discharges from adult acute, older adult acute and PICU beds (18+ Only, Rolling Quarter) Percentage of adult inpatients discharged with a length of stay exceeding 60 days Number of people accessing Individual Placement Support services Total number of inappropriate Out of Area (OOA) Placements No of CYP accessing support by NHS funded community services (rolling 12 months) Number of women accessing specialist community perinatal mental health services (rolling 12 months)	A88 & Hour Performance % (National Sirep) Sep 2025 C2 Average Response Time Sep 2025 % of Attendances in A&E over 12 Hours Sep 2025 Number of patients on waiting list (RTT incomplete) Aug 2025 % patients waiting for initial treatment on incomplete pathways within 18 weeks Aug 2025 % patients waiting more than 52 weeks for treatment (Incomplete pathways only) Aug 2025 % Patients waiting more than 6 weeks from referral for a diagnostic test (9 core tests) Aug 2025 % of patients 19DS within 28 days Aug 2025 % of patients PDS within 28 days Aug 2025 Primary Care Appointments PDF within 62 days of referral for a suspected cancer Aug 2025 Primary Care Appointments per Working Day Aug 2025 Number of Urgent Dental Appointments Delivered Aug 2025 Percentage of unique patients seen by NH5 dentist (adult) -rolling 24m Aug 2025 Percentage of unique patients seen by NH5 dentist (child) -rolling 12m Aug 2025 Community services waiting list over 52 weeks (All) Aug 2025 DEC Activity Across NENC Providers (Currently Only 4 Providers) Aug 2025 Talking Therapies Reliable (amprovement Rate Aug 2025 Talking Therapies Reliable	ARE 4 Hour Performance % (National Sitrep) Are 6 Attendances in A&E over 12 Hours Are 6 Attendances in A&E over 12 Hours Are 10 Hours of patients on waiting list (RTT incomplete) Are 10 Hours of patients waiting for initial treatment on incomplete pathways within 18 weeks A patients waiting more than 52 weeks for treatment (Incomplete pathways only) A patients waiting more than 52 weeks for treatment (Incomplete pathways only) A patients waiting more than 52 weeks for treatment (Incomplete pathways only) A patients waiting more than 52 weeks for treatment (Incomplete pathways only) A patients waiting more than 52 weeks for treatment for a diagnostic test (9 core tests) A ug 2025 A bromal Variation A ug 2025 A promal Variation A ug	Aké 4 Hour Performance % (National Streph) 22 Average Response Time 23 Average Response Time 24 Average Response Time 25 Average Response Time 26 Average Response Time 27 Average Response Time 28 Appleties Martin General Heurs 28 Appleties Statiff International Complete pathways within 18 weeks 29 Appleties Martin for initial treatment on incomplete pathways within 18 weeks 29 Appleties Walting for initial treatment on incomplete pathways within 18 weeks 29 Appleties Walting for initial treatment on incomplete pathways within 18 weeks 29 Appleties Walting more than 52 weeks for treatment (Incomplete pathways only) 29 Appleties Walting more than 52 weeks for treatment (Incomplete pathways only) 20 Appleties Walting more than 6 weeks from referral for a diagnostic test (9 core tests) 20 Appleties FDS within 28 days 20 Appleties Tests within 28 days 20 Appleties Te	AEE 4 Hour Performance % (National Sitrep) Assert Assert Montrol Sitrep) Consistently Off Target 78.1% C2 Average Response Time Sep 2025 Improvement Hit or Miss 2.5% % of Attendances in ASE over 12 Hours Sep 2025 Improvement Child or Miss 2.5% Number of patients on waiting list (RTT incomplete) Aug 2025 Improvement Consistently Off Target 3.47,305 % patients waiting more than 52 weeks for treatment (incomplete pathways within 18 weeks Aug 2025 Improvement Consistently Off Target 7.1% % patients waiting more than 52 weeks for treatment (fromplete pathways within 18 weeks Aug 2025 Normal Variation Hit or Miss 17.3% % patients waiting more than 6 weeks from referral for a diagnostic test (9 core tests) Aug 2025 Normal Variation Hit or Miss 17.3% % of patients treated within 62 days or referral for suspected cancer Aug 2025 Normal Variation Hit or Miss 17.3% Word patients treated within 62 days or freferral for suspected cancer Aug 2025 Normal Variation Hit or Miss 6.24.4 Promoter Can Eduganced at stages 1 or 2 - 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Integrated Delivery Report - Summary Overview



	▲ Metric	Period	Variation	Assurance	Value	Plan	+/ - Plan	Target	Benchmark	Risk Ratings
>	Incidence of C Difficile	Aug 2025	Normal Variation	Hit or Miss	86	78	+7.7	78		Med (Monitoring)
Safety	Incidence of E Coli	Aug 2025	Normal Variation	Hit or Miss	273	219	+54.5	219		Med (Monitoring)
0)	Incidence of MRSA	Aug 2025	Normal Variation	Hit or Miss	8	0	+8.0	0		Med (Monitoring)
Çe	Percentage of children (aged 0 – 9) prescribed antibiotics in the last 12 months	Jul 2025	SPC n/a	SPC n/a	23.5%				29.3%	Not Available
rkfor	Staff Absence Rate	May 2025	Improvement	Hit or Miss	5.6%	5.4%	+0.2%	4.6%	4.7%	Low (On Track)
Mo	Staff Turnover Rate (last 12 months)	Jun 2025	SPC n/a	SPC n/a	8.6%	9.2%	-0.6%	9.6%	11.%	Not Available
	ICS financial position (+ Deficit / - Surplus)	Sep 2025	SPC n/a	SPC n/a	£25.09m	£31.13m	-£6.04m			High (Action)
nce	ICB financial position (+ Deficit / - Surplus)	Sep 2025	SPC n/a	SPC n/a	-£7.19m	-£5.92m	-£1.27m			Med (Monitoring)
Fina	Agency spend	Sep 2025	SPC n/a	SPC n/a	£27.55m	£25.87m	+£1.68m			Med (Monitoring)
	ICS Total Efficiency savings	Sep 2025	SPC n/a	SPC n/a	£267.34m	£265.62m	+£1.72m			High (Action)

SPC Variation and Assurance Icon Descriptions



Variation



Special Cause Improvement Measure Significantly Higher



Special Cause Improvement Measure Significantly Lower



Common Cause Variation No Significant Change



Special Cause Concerning Measure Significantly Higher



Special Cause Improvement Measure Significantly Lower Aiming to have high performance and we're seeing significant improvement in the process

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

No significant change in the data during the reporting period

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

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



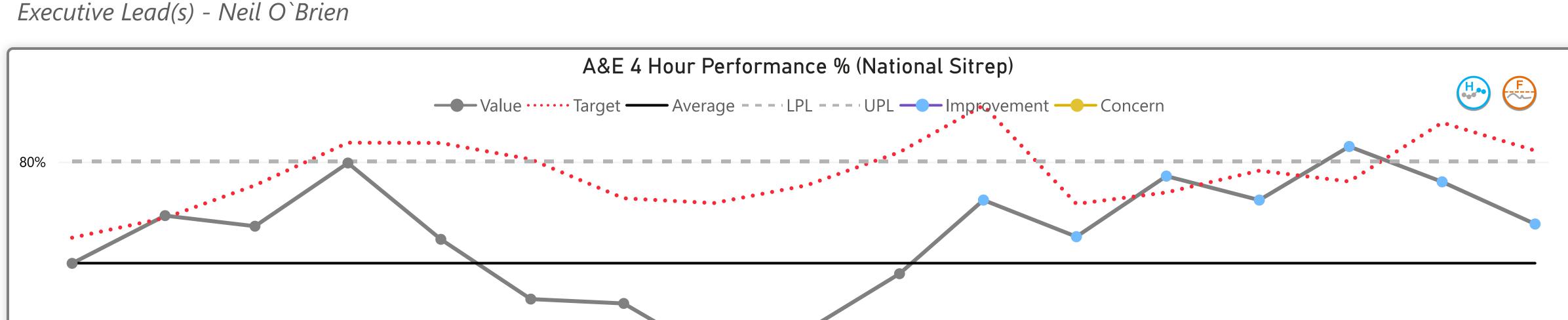
Trajectory Failing

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

May 2024



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
A&E 4 Hour Performance % (National Sitrep)	Sep 2025	Improvement	Consistently Off Target	78.1%	80.3%	-2.2%	82.1%	75.%	Med (Monitoring)
C2 Average Response Time	Sep 2025	Improvement	Hit or Miss	20:50	23:44	-02:54	24:24		Low (On Track)
% of Attendances in A&E over 12 Hours	Sep 2025	Improvement	Hit or Miss	4.5%	4.4%	+0.0%	4.3%	12.%	Low (On Track)

Jan 2025

Mar 2025

Link to Strategic Priorities

Jul 2024

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

Nov 2024

Improving the % of patients who spend less than 4 hours in an A& department

Sep 2024

- 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 the NENC system performance in Sep25 was reported as 78.1%, this is below the Sep25 plan of 80.3% and above the National average of 74.2%, ranking us as 6/42 across England.
- Cat2 NEAS Cat2 performance in Sep25 was reported as 20:50, this is within the Sep25 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 Sep25 was reported as 4.5%, this is above the Sep25 plan of 4.4% but below both the national ambition of 10.0% and regional ambition of 5.0%.

Key Actions

Jul 2025

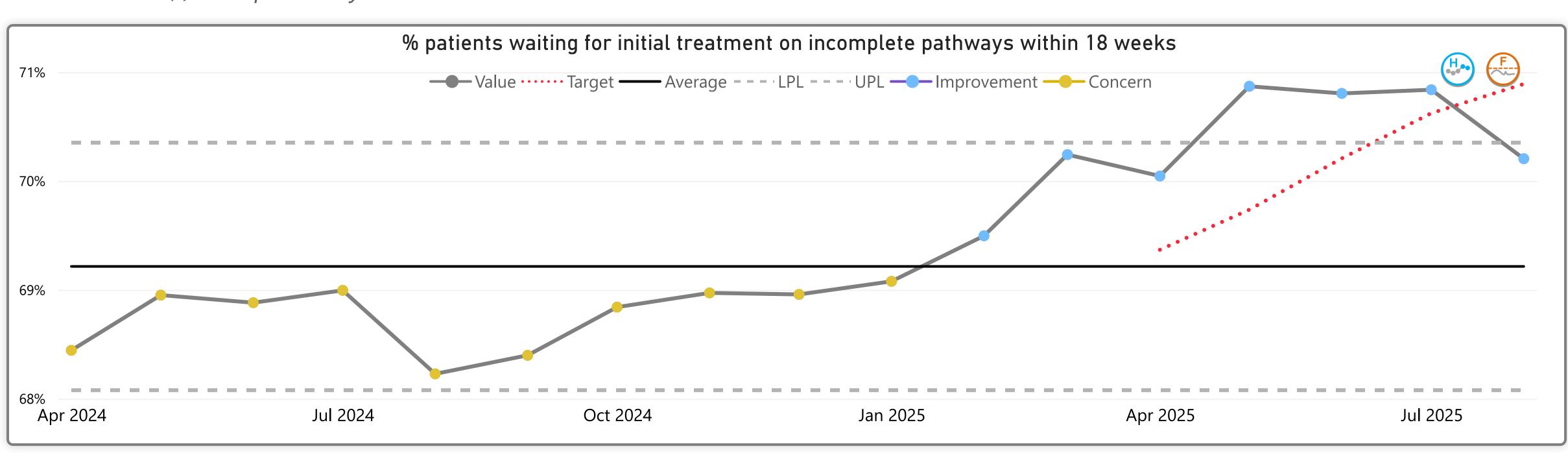
May 2025

Sep 2025

• The ICB winter plan was approved 30 Sept25, aligned to national UEC goals. Board Assurance Statement submitted to NHSE and additional further assurances given around Primary and Social Care. Monitoring will use dashboards and templates. Four Acute Trusts (GHFT, NUTH, CDDFT, STSFT) are in the GIRFT Further Faster 30 programme, receiving targeted support through Mar26. Alternatives to ED (AtED) scoping meetings held in Oct25; feedback due Nov25.

Elective Care Diagnostics and Cancer

Executive Lead(s) - Jacqueline Myers



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Number of patients on waiting list (RTT incomplete)	Aug 2025	Normal Variation	Consistently Off Target	347,905	340,353	+7,552.0	329,799		High (Action)
% patients waiting for initial treatment on incomplete pathways within 18 weeks	Aug 2025	Improvement	Consistently Off Target	70.2%	70.9%	-0.7%	74.%	61.%	Med (Monitoring)
% patients waiting more than 52 weeks for treatment (Incomplete pathways only)	Aug 2025	Normal Variation	Consistently Off Target	1.4%	1.%	+0.4%	0.5%	2.6%	High (Action)
% Patients waiting more than 6 weeks from referral for a diagnostic test (9 core tests)	Aug 2025	Normal Variation	Hit or Miss	15.3%	6.3%	+9.0%	5.1%	16.%	Med (Monitoring)
% of patients FDS within 28 days	Aug 2025	Normal Variation	Hit or Miss	72.5%	80.1%	-7.5%	82.9%	74.6%	Med (Monitoring)
% of patients treated within 62 days of referral for suspected cancer	Aug 2025	Normal Variation	Hit or Miss	68.4%	70.7%	-2.3%	76.8%	69.1%	Med (Monitoring)
Proportion of cancer diagnosed at stages 1 or 2 - Rolling 12 Months	Jun 2025	SPC n/a	SPC n/a	57.3%	75.%	-17.7%	75.%		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 A slight decrease in waiting list size is welcome however represents a notable distance above plan recording the largest margin 25/26 YTD. RTT fell in Aug25 moving performance below plan for the first time in 25/26 though did maintain a strong ranked position of 2/42. The % of patients waiting >52 weeks has increased moving further from the planned position recording the largest margin 25/26 YTD; local management data indicates no improvement in Sep25.
- **Diagnostic performance** A worsening position recording the largest margin from plan 25/26 YTD at 9% above plan.
- Cancer A slight drop in cancer 62-day performance has maintained a reported position below plan (by -2.3%). Cancer FDS performance has dropped in two consecutive months recording the greatest difference from plan YTD, (-7.5%) and a 12-month low.

Key Actions

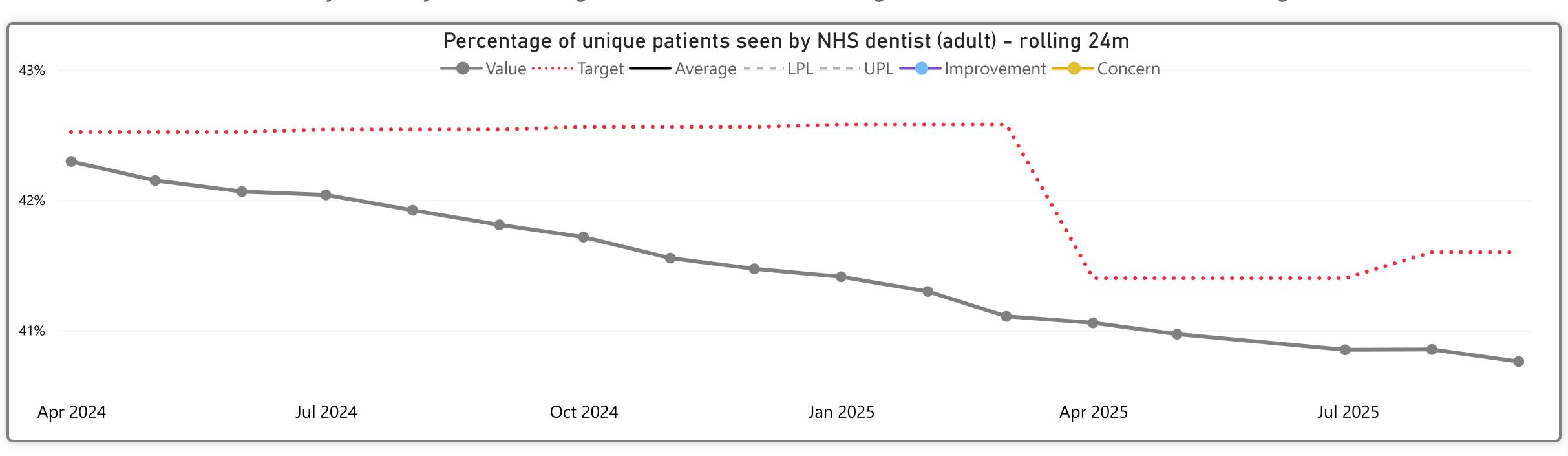
• Waiting Times - Focus on elective recovery for NENC including reductions in long waits, waiting list size, waiting list validation (Q3 validation sprint) and completion of patient treatment pathways. Weekly surveillance and routine/ad-hoc Tier 3 elective recovery meetings with providers help us understand the issues, recovery actions and timescales providing assurance through challenge and support. Trusts behind their operational plans have recently submitted recovery trajectories to return to plan by Dec25. Specific actions to recover include additional capacity through; WLIs, insourcing and outsourcing activity, super clinics, recruitment and theatre productivity.

In addition we have a comprehensive range of elective recovery groups driving change and improvements through the Provider Collaborative.

- **Diagnostics** Recovery plans have been submitted for CDCs falling behind plan and proposals developed for digital diagnostic priorities for NENC (26/27)
- Cancer NCIC and S Tees remain in NHSE tiering process for Cancer (tier 2).
 Recovery plans continue to be developed and implemented. Urology pathway action plans developed and revision to breast pathway models of care under review.

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	Aug 2025	Normal Variation	Hit or Miss	74,810	79,338	-4,527.6	87,482		Med (Monitoring)
Number of Urgent Dental Appointments Delivered	Aug 2025	Normal Variation	Consistently Off Target	18,570	23,845	-5,275.0	26,208		High (Action)
Percentage of unique patients seen by NHS dentist (adult) - rolling 24m	Aug 2025	SPC n/a	SPC n/a	40.8%	41.6%	-0.8%	42.%	35.3%	Not Available
Percentage of unique patients seen by NHS dentist (child) - rolling 12m	Aug 2025	SPC n/a	SPC n/a	61.5%	60.6%	+0.9%	61.%	57.8%	Not Available
Dementia diagnosis rate (as % expected prevalence)	Aug 2025	Improvement	Consistently Hits Target	69.4%	66.7%	+2.7%	66.7%	66.1%	Low (On Track)

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

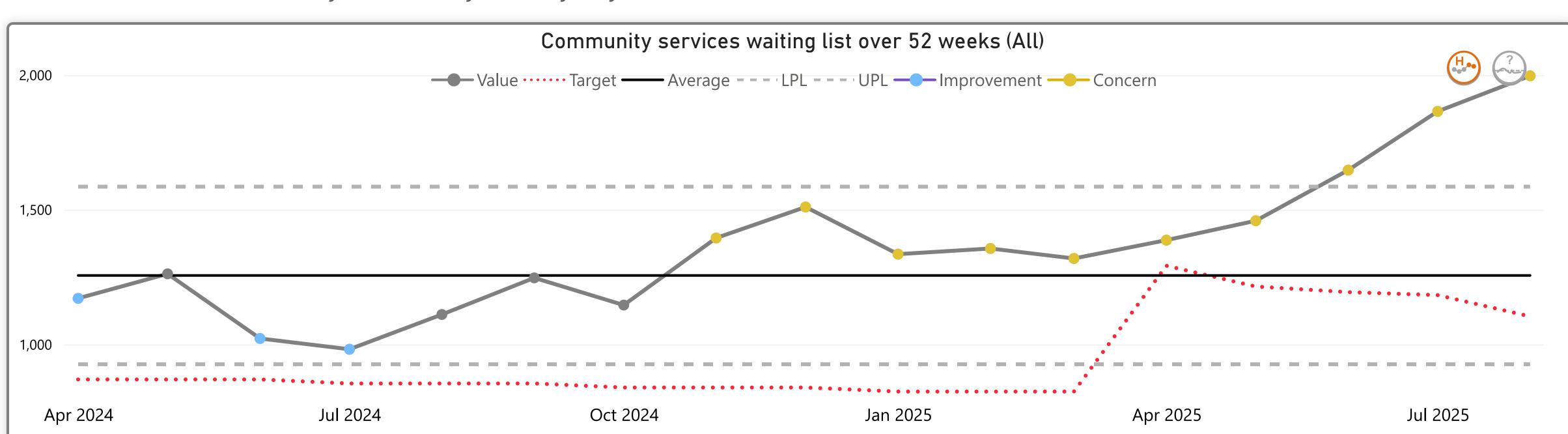
- **PC Appointments per Working Day** An average of 74,810 Primary Care appts were provided per day, in Aug25 across NENC, this is below plan and a reduction since Jul25.
- **Urgent Dental Appointments** Performance in Aug25 is below plan and a significant decrease since Jul25.
- Patients seen by NHS dentist (adult) Performance in Aug25 was 40.8% against a plan of 41.6%.
- Patients seen by NHS dentist (child) Performance in Aug25 was 61.5% against a plan of 60.6%.
- **Dementia diagnosis:** Performance remains consistently on target and the August period is noted as an achievement of 69.4% against a target of 66.7%

Key Actions

- A general practice action plan has been developed across NENC and submitted to NHSE in June, setting out 1) tackling unwarranted variation, 2) Improving Contract Oversight, 3) Improving Commissioning and transformation
- UDAC roll out by Nov25 across NENC, Local commissioning exercise to replace lost NHS Dentistry capacity completed. Continuation of our Incentivised Access Scheme to Mar26. Recently announced National Urgent Dental Care initiative offered to all eligible practices.
- Dental access: Additional UDA commissioned to address identified gaps and all practices given opportunity to deliver UDAs above contracted levels. Continuation of our Incentivised Access Scheme to Mar26. Stabilisation measures to reduce contract hand backs, ie Loyalty payments to support retention of our most experiences NHS dentists, ICBs true cost of care initiative.
- NENC have published their 25-27 Oral Health & Dental Strategy with a key priority to increase the number of urgent dental appointments. NENC ICB has exceeded its obligation to make available its share of the 700K additional appointments.

Community

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



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Community services waiting list over 52 weeks (All)	Aug 2025	Concern	Hit or Miss	1,997	1,104	+893.0	1,022		High (Action)
Latest reported Virtual Ward occupancy rate (snapshot closest to end of month)	Sep 2025	Normal Variation	Consistently Off Target	51.7%	66.2%	-14.5%	71.8%		High (Action)
SDEC Activity Across NENC Providers (Currently Only 4 Providers)	Sep 2025	Improvement	Consistently Off Target	9,012	9,376	-364.0	9,680		Med (Monitoring)
Time Spent at Home (Care Home Residents/All Aged 75+) - Rolling 12m	Aug 2025	SPC n/a	SPC n/a	362					Not Available

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.



Observations and Risk

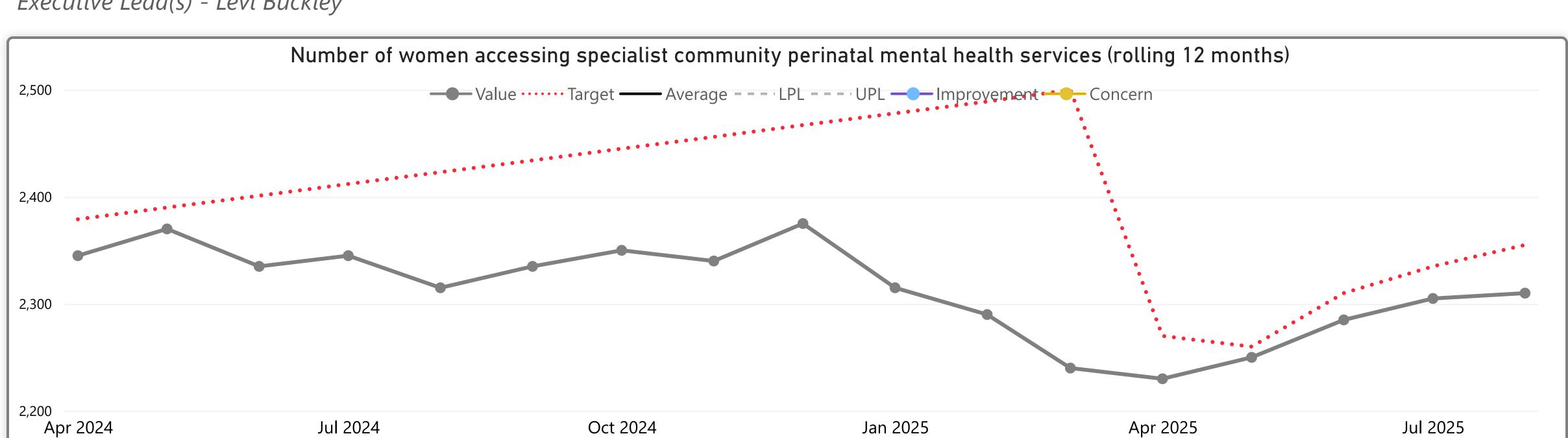
- Community services waiting list over 52 weeks (All) Waiting list in Aug25 stands at 1,997, significantly above plan of 1,104
- Virtual Ward occupancy rate Performance in Sep25 at 51.7% remains below plan (66.1%) but has increased from Aug25
- SDEC Activity Performance in Sep25 is below plan, but has seen an increasing trend over previous months
- **Time Spent at Home** NENC 75+ and Care Home Population on average spend 363.9 days per year at home (rolling 12 months to Aug25). This is a slight increase from the last reported position (rolling 12 months to Jun25) where it was reported as 362.4.

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.
- The ICB is undertaking a deep dive to review the current over performance against community services waiting lists >52 weeks. Over performance is linked to community paediatrics and CYP therapies, linked to neuro-developmental disorders. Recovery plans have been requested from Trusts who are reporting pressure.
- 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 on H&H, UCR and CCH developments.
- 52 week wait and NCTR (criteria to reside) performance is a key agenda item at LAWP for system level oversight and understanding.

Mental Health Care

Executive Lead(s) - Levi Buckley



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Talking Therapies Reliable Recovery Rate	Aug 2025	Normal Variation	Hit or Miss	48.5%	48.%	+0.5%	49.5%		Med (Monitoring)
Talking Therapies Reliable Improvement Rate	Aug 2025	Normal Variation	Hit or Miss	69.1%	68.%	+1.1%	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)	Aug 2025	SPC n/a	SPC n/a	1,739	2,055	-316.4	1,914		Not Available
Percentage of adult inpatients discharged with a length of stay exceeding 60 days	Aug 2025	Normal Variation	Target Unavailable	15.5%					Low (On Track)
Number of people accessing Individual Placement Support services	Aug 2025	SPC n/a	SPC n/a	1,795	1,852	-57.0	2,429		Not Available
Total number of inappropriate Out of Area (OOA) Placements	Aug 2025	Normal Variation	Hit or Miss	0	0	+0.0	0		Med (Monitoring)
No of CYP accessing support by NHS funded community services (rolling 12 months)	Aug 2025	SPC n/a	SPC n/a	59,815	58,164	+1,651.0	60,897		Not Available
Number of women accessing specialist community perinatal mental health services (rolling 12 months)	Aug 2025	SPC n/a	SPC n/a	2,310	2,355	-45.0	2,355		Not Available

Link to Strategic Priorities

- 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.



Observations and Risk

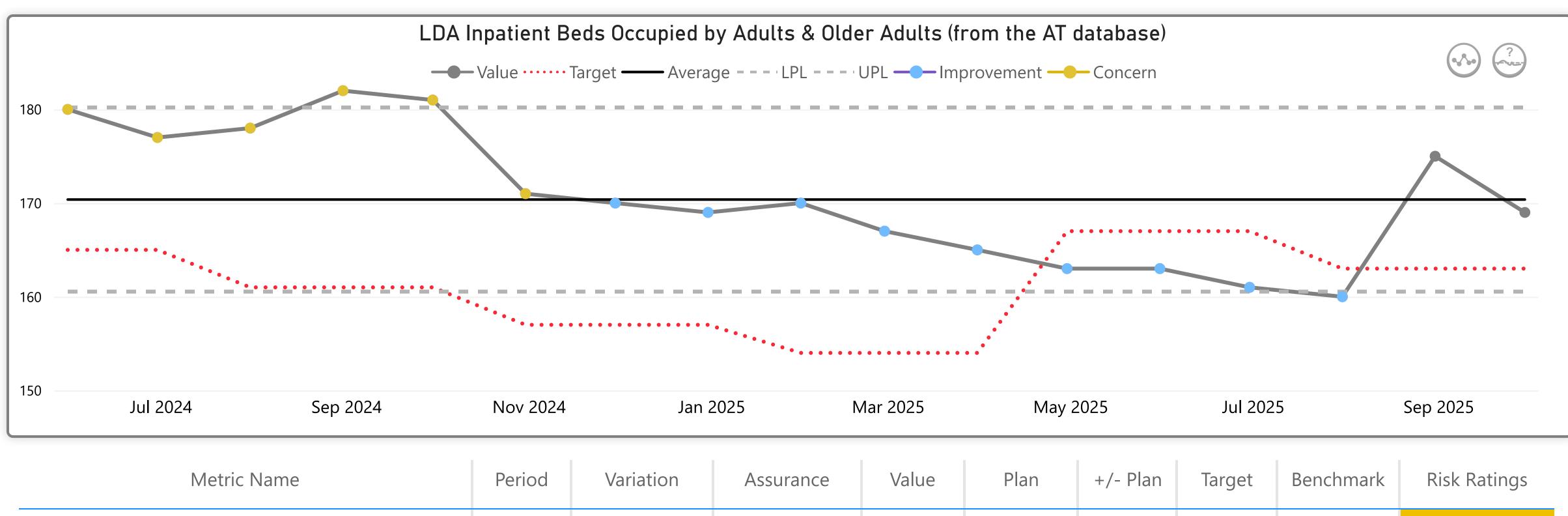
- CYPS: Despite a seasonally small drop in access in August, the ICB remains on track to meet the year end access target of 60,897. The current position is noted as being 1,082 contacts under the year-end target. It is anticipated that as we continue to expand the coverage of Mental Health Support Teams in schools (MHST), the number of CYPS accessing support will grow.
- Talking therapies: Both the reliable improvement and reliable recovery rate dipped over the summer period, but is now improving. For august the position is noted as 48.5% against a target of 49.5% for recovery and 69.1% against a 68.8% target for improvement.

- Perinatal Mental Health Access: There has been a month on month increase in access to Perinatal service over the last four months and whilst this is positive, the increase can be attributed to improved data submissions as more providers are mobilised. Funding has now been confirmed to support further roll out of teams across the NENC footprint for Maternal Mental Health.
- Talking Therapies: 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.

People with a Learning Disability and/or who are Autistic

North East and North Cumbria

Executive Lead(s) - Levi Buckley



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	larget	Benchmark	RISK Ratings
LDA Inpatient Beds Occupied by Adults & Older Adults (from the AT database)	Sep 2025	Normal Variation	Hit or Miss	169	163	+6.0	153		Med (Monitoring)
Percentage of people with an open suspected autism referral for over 13 weeks that have not had a care contact appointment recorded	Jun 2025	Normal Variation	Target Unavailable	73				83	Low (On Track)

Link to Strategic Priorities

- Reasonable Adjustment Flag are strongly encouraged to ensure service users care and treatment pathways will be significantly improved to allow for greater outcomes.
- There is a need to adopt a full-system approach in conjunction with all commissioners of care, to reduce the numbers of patients being admitted to, and detained in, mental health hospital settings and reduce the reliance upon inpatient care.
- Supports Inpatient Quality Transformation Programme (IPQT) and Housing Health and Care Programme

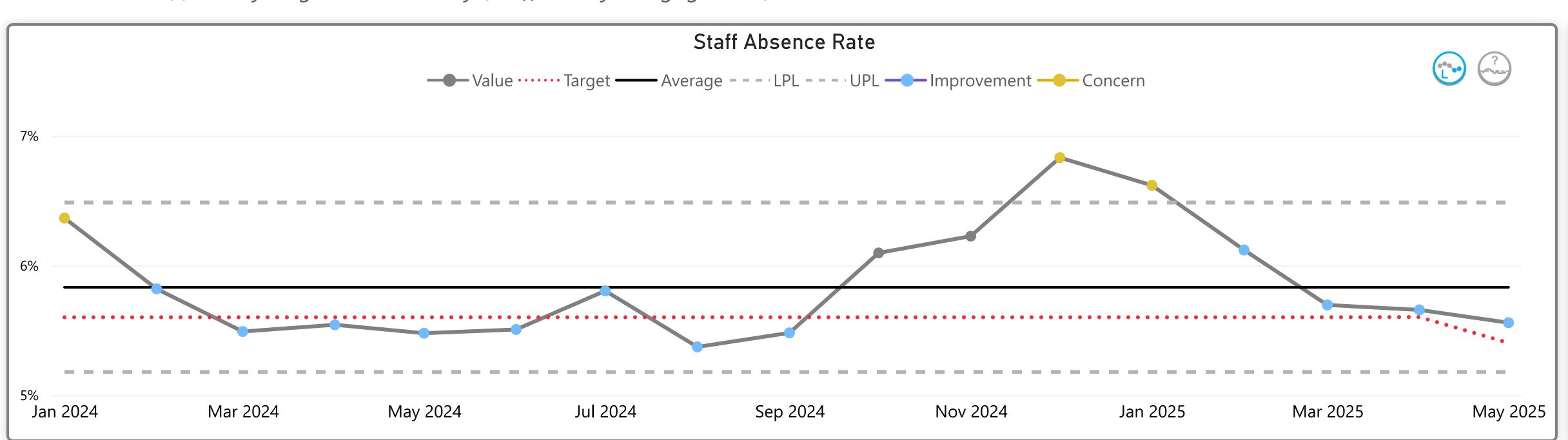
Observations and Risk

- Inpatient Adults Admissions: There have been 13 admissions during August and September 25 which includes the readmission of 7 patients. 29 Community Care and Treatment Reviews (CTRs), Local Area Emergency Protocol (LAEPs), MDT+ reviews were reported for Aug25. The outcome for only a very small number was an admission to hospital.
- Inpatient Adults Discharges: 19 discharges have taken place during August and September for both ICB and secure commissioned beds, these numbers include discharges with Length of Stay (LoS) of a high period of extended years.

- Weekly interface meetings take place with relevant Trusts.
- Discharge forecasting continues for 25/26 for all Learning Disability and Autism inpatients has been completed for effective monitoring of progress.
- Additional service commissioned, from Everyturn, to facilitate effective and timely discharge.
- A review of the Dynamic Support Register (DSR) and CTR processes and practices is underway.

Workforce and People (ICB/ICS)

Executive Lead(s) - Kelly Angus / Claire Riley (Staff Survey - Engagement)



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Staff Absence Rate	May 2025	Improvement	Hit or Miss	5.6%	5.4%	+0.2%	4.6%	4.7%	Low (On Track)
Staff Turnover Rate (last 12 months)	Jun 2025	SPC n/a	SPC n/a	8.6%	9.2%	-0.6%	9.6%	11.%	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



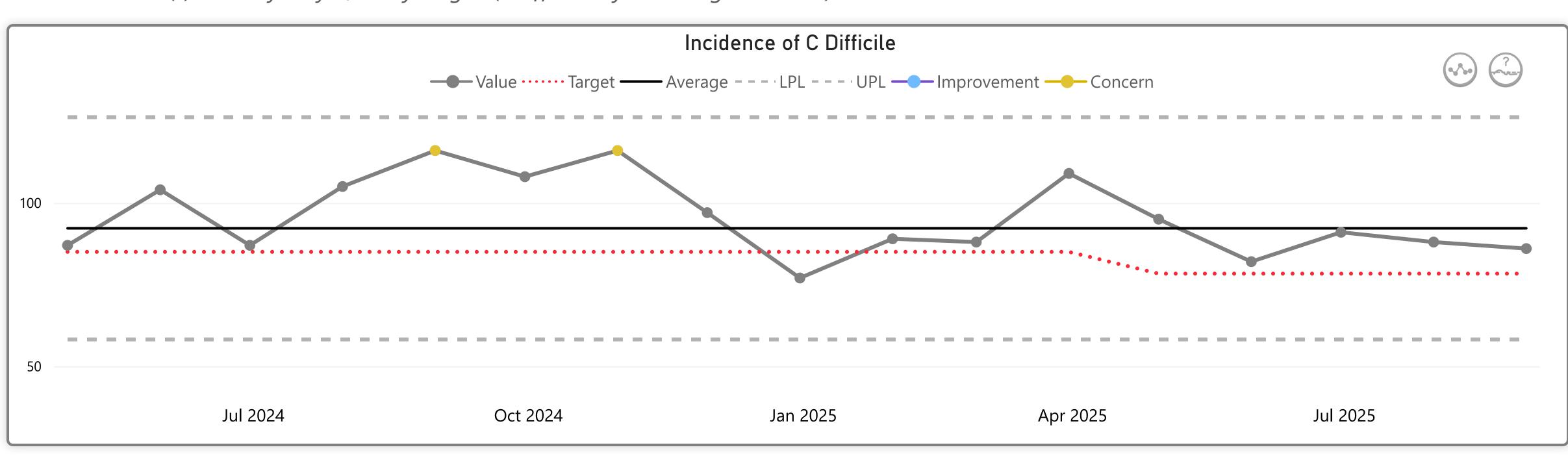
Observations and Risk

- Sickness and turnover rates continue as priorities in 25/26, with providers committing to reduction.
- Sickness absence: The nationally reported in-month ESR sickness rate decreased from 6.6% in Jan25 to 5.6% in May25, above the 5.4% plan (NENC ICS) but an improvement.
- Staff turnover: Defined as leavers and staff changing roles/employers within NHS in 12 months.
- NENC turnover rate has reduced to 8.6% since Feb25. This 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.
- Data: 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 (NHS Digital).

- All providers submitted their mid-year workforce planning documents to NHS England on Sept25. Submissions enabled providers to reflect planned workforce changes, ensuring alignment to in year financial positions.
- NENC health & wellbeing offer for staff/volunteers, hosted on Boost, includes coaching, resilience support & interview skills.
- Use of the NENC Wellbeing Hub is rising. Two weekly Menopause clinics launched.
 A psychiatrist now supports alcohol/substance issues. Drink Coach promotion increased uptake of its free Alcohol Test & coaching.
- A regional T Levels Industry Placement Coordinator, funded by the Department for Education & hosted by Northumbria is driving awareness & sustainable placement growth across NENC.
- NENC Social Care People Promise pilot ends Oct25. New initiatives include a Menopause peer network, manager training, EDI calendars.
- Leadership & improvement training via Boost and AQUA is underway. Boost now has over 19,500 members.

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	Aug 2025	Normal Variation	Hit or Miss	86	78	+7.7	78		Med (Monitoring)
Incidence of E Coli	Aug 2025	Normal Variation	Hit or Miss	273	219	+54.5	219		Med (Monitoring)
Incidence of MRSA	Aug 2025	Normal Variation	Hit or Miss	8	0	+8.0	0		Med (Monitoring)
Percentage of children (aged 0 – 9) prescribed antibiotics in the last 12 months	Jul 2025	SPC n/a	SPC n/a	23.5%				29.3%	Not Available

Link to Strategic Priorities

- To achieve longer healthier lives for everyone
- Fairer outcomes for all
- Improving health and care services
- The best start in life for our children and young people



Observations and Risk

- Increase infections including CPE, C.Difficile and MRSA across NENC.
- Most recent data shows a higher than expected SHMI for County Durham and Darlington NHS FT (CDDFT) (1.26 SHMI value), and South Tyneside and Sunderland NHS FT (STSFT) (1.18 SHMI value).
- Between 01 Apr25 and 30 Sept25: 78 Patient Safety Incident Investigations (PSIIs)
 have been reported across NENC (including 13 Never Events) and are being
 managed via the Patient Safety and Incident Response Framework (PSIRF).
- 16 Regulation 28s have been issued by the Coroner relating to Trusts/Providers within the NENC region. These are discussed at the respective quality committees and also present to Quality and Safety Committee.

- Oversight across NENC is maintained via the AMR/HCAI subcommittee, sharing learning and good practice.
- HCAI and gram-negative improvement plans are in place.
- Clinical Effectiveness Committee monitor data relating to mortality and there is a regional mortality network in place to support quality improvements.
- CDDFT Data quality improvement plan issued to support to improvements with coding.
- QSC monitors mortality data and Never Event themes to ensure learning and action.
- Trusts have developed HCAI risk assessments, and improvement plans are in place for Regulation 28s and patient safety incidents.

Finance

Executive Lead(s) - David Chandler

Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
ICS financial position (+ Deficit / - Surplus)	Sep 2025	SPC n/a	SPC n/a	£25.09m	£31.13m	-£6.04m			High (Action)
ICB financial position (+ Deficit / - Surplus)	Sep 2025	SPC n/a	SPC n/a	-£7.19m	-£5.92m	-£1.27m			Med (Monitoring)
Running cost position	Sep 2025	SPC n/a	SPC n/a	£20.02m	£23.97m	-£3.95m			Med (Monitoring)
Capital funding	Sep 2025	SPC n/a	SPC n/a	£84.70m	£72.08m	+£12.62m			Med (Monitoring)
Agency spend	Sep 2025	SPC n/a	SPC n/a	£27.55m	£25.87m	+£1.68m			Med (Monitoring)
ICS Total Efficiency savings	Sep 2025	SPC n/a	SPC n/a	£267.34m	£265.62m	+£1.72m			High (Action)

Link to Strategic Priorities

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

North East and North Cumbria

Observations and Risk

- As at 30 Sept25 the ICS is reporting a YTD deficit of £25.1m compared to a planned deficit of £31.1m. The favourable variance of £6.0m largely reflects a one-off benefit from a land sale which was expected later in the year. Excluding this the ICS position would be behind plan
- Particular pressures are being seen across a number of providers due to underdelivery of efficiencies, pay award and industrial action.
- The ICB is reporting a YTD surplus of £7.2m which is £1.3m better than plan, largely reflecting underspends on staffing costs due to vacancies. The ICB is forecasting a surplus for the year of £11.8m in line with plan
- Running costs an underspend of £3.9m is being reported YTD due to staff vacancies. There is significant uncertainty around the impact in 25/26
- The ICS reports a year-to-date capital overspend due to early scheme starts, though forecasts remain within allocation. Despite a 25/26 plan to cut agency spend by 30% and bank spend by 10%, both have exceeded ceilings by month 6, with forecasts of £48.0m (agency) and £170.5m (bank). Efficiency savings are £3.3m ahead overall, but recurrent savings lag by £16.8m YTD and £47.6m forecast.

Key Actions

- At this stage of the year there is limited data, creating risk and uncertainty in the forecast outturn.
- The forecast assumes £33.3m deficit support funding, now conditional on system performance.
- 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.

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



					North Cumbria	
Provider	NOF Segment	CQC Rating	Oversight Arrangements	Additional Escalation/Support	CQC Additional Comments/Other Reviews	
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).	
North East Ambulance Service NHSFT	2	Requires improvement (2023)	ICB led	Range of support including NECS support for incident reporting.		
North Tees and Hartlepool NHSFT	2	Requires improvement (2022)	ICB led	National maternity Safety Support Programme. Elective recovery meetings have been ad-hoc reflecting their performance delivery	Maternity services – Requires Improvement (2022)	
South Tyneside and Sunderland NHSFT	2	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		
Tees, Esk and Wear Valleys NHSFT	2		NHSE Quality Board	Support and additional capacity from the wider NHS to progress programme of improvement work across services.		
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 rimprovements 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)	
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)	
Cumbria, Northumberland, Tyne and Wear NHSFT	4		ICB led	Action plan monitored via the Quality Review Group.	Learning disability and autism services - requires improvement Aug 2022	
North Cumbria Integrated Care NHSFT	4	Requires improvement (2023)	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	Maternity services – good overall (Safe domain – requires improvement)	

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	5	53	2	0
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	3	25	1	0
North Tyneside	4	17	2	0
Northumberland	4	32	0	0
Redcar and Cleveland	0	14	0	0
South Tyneside	1	19	0	0
Stockton-on-Tees	2	18	1	0
Sunderland	4	35	0	0
Total	32	298	10	0

Residential Social Care CQC Ratings

Local Authority	Outstanding	Good	Requires Improvement	Inadequate
County Durham	11	112	9	2
Cumbria	4	71	8	1
Darlington	2	24	4	0
Gateshead	4	37	5	1
Hartlepool	0	24	1	0
Middlesbrough	2	35	5	0
Newcastle upon Tyne	6	51	10	0
North Tyneside	1	33	5	0
Northumberland	4	73	14	0
Redcar and Cleveland	0	35	4	0
South Tyneside	1	26	1	0
Stockton-on-Tees	3	44	3	0
Sunderland	6	77	1	1
Total	44	642	70	5

Community Social Care CQC Ratings

Local Authority	Outstanding	Good	Requires Improvement	Inadequate
County Durham	4	46	4	0
Cumbria	0	36	6	0
Darlington	2	16	1	0
Gateshead	0	38	3	0
Hartlepool	0	11	0	0
Middlesbrough	1	19	2	0
Newcastle upon Tyne	5	38	0	0
North Tyneside	3	24	3	0
Northumberland	8	36	2	0
Redcar and Cleveland	1	13	1	0
South Tyneside	2	15	1	0
Stockton-on-Tees	1	28	2	0
Sunderland	2	40	1	0
Total	29	360	26	0

Appendix 2 - 25/26 Objective Descriptions



Subject area	2025/26 Performance Assessment Framework (PAD) Metrics		
Community	Number of patients waiting over 52 weeks for community services (Adults		
	and Children)		
	SDEC Activity		
	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		
People with a Learning Disability	IP: Beds People who are Autistic and or people with a Learning Disability		
and/or who are Autistic	Adults		
	Percentage of people with suspected autism awaiting contact for over 13		
	weeks		
Primary care	Dementia Diagnosis		
	Growth in the number of emergency dental appointments provided		
	Monthly Appointments in General Practice per working day		
	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
Patient safety	% of children prescribed antibiotics in primary care
	Incidence of C Difficile
	Incidence of E Coli
	Incidence of MRSA
Workforce and people (ICB/ICS)	Percentage of NHS Trust staff to leave in the last 12 months
	Sickness absence rate