

Integrated Delivery report

Apr 2025

(Reporting period March/February 2025)

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Executive Summary

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

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

This report reports on end of year March 2025 position for some metrics and February 2025 position for others. Finance data is at month 11 (February 2025).

Key changes from previous report

Complaints The final quarter 4 report will be reviewed by the Quality & Safety Committee (QSC) meeting on 08 May 2025 and submitted to the Board on 3 June 2025.

During quarter 4 the complaints service continued to be managed through two separate teams, however as of 01 April 2025 the in-housing of the ICB complaints function from North of England Commissioning Support (NECS) has now successfully integrated. The team will now manage the future reporting combined of ICB and Primary Care complaints in quarter 1 of 2025.

Work has been undertaken on the current processes to seek improvements in the ways of working and to ensure alignment of the complaints function into one streamlined function and enable a more robust integrated reporting structure. As such to avoid duplication, the full complaints report will be reported via the QSC and subsequently to the ICB Board rather than through this report.

Key performance updates

A&E 4 hr waits Mar25 A&E performance at 78.8% remains above the national average of 75.0% however behind the NENC Mar25 plan (81.7%). The NENC system therefore achieved the national ambition set at 78.0% in Mar25.

Ambulance Handover Delays (AHDs) Ambulance handover delays improved throughout 2024/25 with 2.7% of arrivals waiting over 1 hour as at Mar25. Processes to support improvements in handover delays have been developed via Strategic Co-ordination Centre (SCC) and a system-wide group established bringing together system partners (Acute Trusts, Ambulance Trusts and ICB) to implement new ways of working at a system level.

Focus remains on the winter priorities that were agreed across the system, via the UEC Network Board, including improvements in navigation, capacity and alternatives to ED to support avoidance of inappropriate admissions.

Patients who no longer meet the criteria to reside The proportion of patients in NENC not meeting the criteria to reside was 9.8% of the patients occupying hospital beds as at Mar25. Despite being above the Mar25 plan of 7.7%, performance remains the best in NEY and below the national position. Two of our providers report above the NEY average and focussed work continues through LAEDBs and the Living and Ageing Well Partnership (LAWP). Actions are in place locally with partners across the health and care system via the Better Care Fund to reduce the number of patients in hospital who are fit for discharge.

NEAS Cat 2 response Ambulance response time Cat 2 mean continues to improve and in Mar25 (20 mins 54 seconds) NENC YTD performance has achieved plan. NEAS national ranking for Cat2 performance was 1/11 in Mar25 and across the whole of 2024/25.

Children and Young People's (CYPS) Access to Mental Health Services Whilst the national ambition has not yet been met as at Feb25, we continue to see an increase in the number of CYPS with at least one contact. It is anticipated that this will continue to grow as Mental Health Support Teams (MHST) in schools increase and as we further support our smaller VCSE providers to submit activity via MHSDS.

Elective long waits NENC have maintained their position as the best performing ICB (1/42) in Feb25 for RTT performance with 69.5% of people on the waiting list for elective (non-urgent) treatment waiting less than 18 weeks. This compares to national performance of 59.2%.

Published data for Dec24 shows continued delivery well above the value weighted activity plan recording 126.4% against a plan of 110%

Published Feb25 data for the ICB reported <5 104+ week waiters.

The number of 78+ww continues to decrease.

Pressures covering workforce, capacity and patient choice continue to impact 65+ww performance although notable improvements are anticipated for the Mar25 reporting period. Elimination of 65+ww continues to prove challenging. Targeted ICB/provider meetings continue with NUTH, South Tees and NCIC.

As at Feb25 there were 4,754 52+ week waiters across NENC which represents one of the lowest reporting reported monthly numbers post COVID.

Cancer 62 day performance and 28 day Faster Diagnosis Cancer 62 day performance was at 67.3% (Feb25) dropping below the Operational Plan of 71.6%. The drop in performance is predominantly due to a notable focus in reduction of cancer 62 day backlog in month; cancer backlog volume and 62 day performance are intrinsically linked with the improvement in one often meaning the deterioration in the other. February has also seen a reduction in treatment volumes due to fewer working days. Performance is expected to improve in Mar25.

Most challenged pathways for 62 day performance in Feb25 include; Lung (54.8%), Urological (55.0%) and Lower GI (56.9%). Improvement plans are in place which include transformation and financial support from the

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

Cancer Faster Diagnosis continues to improve in NENC and as at Feb25 was at 82.6%, surpassing both the national expectation of 77% by Mar25 and the Operational planning trajectory of 79.4%. This performance is a 12 month best.

Other areas of note/risk

2025/26 NHS Operational Plan

During February to April 2025, NENC ICB developed and submitted its 2025/26 NHS Operational Plan which included a suite of workforce, finance, activity performance plans. Plans have been reviewed by NHS England and final submissions were made on 30 April 2025. A separate paper detailing the NHS Operational Plan requirements and submissions will be reviewed by the Executive Committee and the ICB Board. The June 2025 IDR will be updated to take into account the submitted trajectories.

Community waiting lists

The total number of patients on a community waiting list continued to increase in Mar25. Improvement is expected due to some targeted work with providers around data quality. The wait time is also expected to reduce for children which is a key national priority. An improvement plan is being developed to support this work via the Living and Ageing Well Partnership.

Community Mental Health Waiting times

Pressures remain within adult and CYPs waiting times, specifically relating to neurodevelopmental pathways. An all-age ADHD and Autism pathway transformation group has been established. The group are working across the system to address key issues in terms of capacity and demand, looking at pathway transformation to ensure a timelier and appropriate patient experience. In addition the group are also considering the implications that "right to choose" poses as the numbers of patients opting for this pathway increases. NHSE are expected to release national reporting methodologies in the coming weeks which will support our local desire to have a standardised reporting position across Neurodevelopmental pathways.

Operational plan delivery - summary dashboard

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

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

The dashboard is in three parts:

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

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

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

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

Part 3 – National safety metrics
















This includes important metrics/data linked to patient safety.

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

Executive Oversight for each Objective is as follows:

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

DASHBOARD KEY

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

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

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

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

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

	National objective	March 25 Plan	Plan (Month)	Actual	Trend	Benchmark
Urgent and emergency care	A&E waiting times within 4 hrs	81.7%	81.7%	78.8%		75.0% 6/42
	Category 2 ambulance response times	26:18	23:52	20:54	Improving	28:34 1/11
	Adult general and acute bed occupancy	92.5%	92.5%	91.8%		94.3%
Community health services	2-hr urgent community response	70.0%	70.0%	79.9%	Worsening	83.2%
	Urgent Community Response Referrals	7,980	7,923	9,008		
	Virtual Ward (Hospital@Home) Occupancy (Mar-25)	78.2%*	95.9%	58.0%	Improving	
	Community Beds Occupancy (Mar-25)	92.0%	92.0%	95.9%		
	Community Waiting List > 52 Wks Children	519	519	819		
	Community Waiting List > 52 Weeks Adults	306	306	537	Worsening	
Primary care	Proportion of GP practice appointments within two weeks	85.5%	85.5%	79.3%	Worsening	80.1%
	Proportion appointments same or next day			61.9%	Worsening	63.7%
	Monthly Appointments in General Practice	1.5m	1.83m	1.65m		
	UDA delivered as proportion of UDA contracted (Mar-25)	80.0%	80.0%	78.4%		81.1%
	Percentage of unique patients seen by NHS dentist (adult) - rolling 24m (Mar-25)	42.6%	42.6%	41.1%		35.3%
	Percentage of unique patients seen by NHS dentist (child) - rolling 12m (Mar-25)	73.6%	73.6%	60.7%		56.9%
Elective care	No. patients waiting > 104 weeks - ICB	0	0	<5	Improving	14/42
	No. patients waiting > 78 weeks - ICB	0	0	23	Improving	17/42
	No. patients waiting > 65 weeks - ICB	0	0	326	Improving	15/42
	No. patients waiting > 52 weeks - ICB	4,190	4,440	4,754	Improving	4/42
	Deliver 109% value weighted activity (Dec-24)	110.6%	110.7%	126.4%		
Cancer	Cancer 62-day standard to 70% by Mar 25	72.7%	71.6%	67.3%		67.0%
	Cancer faster diagnosis standard 77% by Mar 25 – ICB	79.4%	79.4%	82.6%		80.2%
Diagnostics	% diagnostic tests < 6wks (Mar 25 95%) (24/25 ICB plan required 9/15 modalities)	92.7%	91.1%	93.2%	Improving	82.5%
Use of Resources	ICB financial position (surplus)/deficit (Feb-25)		(£3.30m)	(£10.00m)		
	Reduce agency spend across 24/25 (Feb-25)		£74.48m	£64.00m		

*NENC Plan does not meet or exceed the national objective

Reporting period covered:

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

February 2025 – all other standards unless otherwise specified.

Finance is at month 11.

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

	National objective	March 25 Plan	Plan	Actual	Trend	Benchmark
Workforce	Improve retention (turnover) (Dec-24)		12.1%	9.3%		11.0%
	Improve staff attendance (sickness) (Nov-24)		5.6%	6.2%		5.4%
Mental health	Number of CYP accessing MH Services*	59,632	59,472	59,175		
	Access to Transformed PCN Community Mental Health Services for Adults with SMI Number of 2+ contacts (Jan-25)	30,000	26,692	30,400	Improving	
	Talking Therapies Access: Number of patients discharged having received at least 2 treatment appointments, that meet caseness at the start of treatment	2,934	2,930	2,841		
	Talking Therapies - Reliable Recovery	50.0%	50.0%	48.0%	Worsening	
	Talking Therapies - Reliable Improvement	68.5%	68.5%	67.2%	Worsening	
	Recover the dementia diagnosis rate to 66.7%	69.8%	69.7%	68.7%	Improving	65.4%
	People with SMI receiving full physical health check in primary care (Dec-24)	69.5%	65.8%	61.7%	Improving	59.0%
	Access to perinatal mental health services*	2,500	2,489	2,275		
	Total number of inappropriate Out of Area (OOA) Placements** (Feb-25)	0	2	<5		404
People with a learning disability and autistic people	Annual health check and plan for people on GP LD registers	75%	67.1%	69.9%		71.0%
	Reduce reliance on in-patient care – adults (ICB and Secure)* (Mar-25)	154 (Q4)	154	165		
	Reduce reliance on inpatient care <18s (Mar-25)	0	0	7		
Prevention and Health Inequalities - Adult	Core20+5 Objective	Target (2030)	Plan (Month)	Actual	Inequality gap (deprivation)	Inequality gap (ethnicity)
	% 18+ with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age-appropriate treatment threshold. (Sep-24)	80%		71.2%	2.1%	8.1%
	% patients 18+ with Atrial Fibrillation currently being treated (Sep-24)	95%		92.2%	0.0%	3.5%
	% 18+ with 20%+ QRISK score (risk of CVD) currently on lipid lowering statins (Sep-24)	75%	65%	65.2%	-7.2%	-7.1%
	Proportion of people with COPD receiving a seasonal flu vaccination (Jan-25)			70.1%	16.3%	
	NENC Breast cancer screening uptake Slope index of inequality (ages 50-70 Jan-25)	8%			15.6%	
	NENC Bowel screening uptake Slope index of inequality (ages 60-74 Jan-25)	6%			17.8%	
Prevention and Health Inequalities - Children & Young People (CYP)	Rate unplanned admissions for asthma -children aged 0-17 (per 100,000 population) (Jan-25)			172.2		
	Elective waiting list for children (<10) awaiting IP tooth extraction (Oct-24)			221		
	% CYP with type2 Diabetes receiving a Health Check (Dec-24)			45.4%	-0.4%	1.6%
	% CYP with type1 Diabetes accessing Hybrid closed loop (HCL) systems (Dec-24)			51.3%	6.5%	4.6%
	Pre-term births <37 weeks Slope Index of inequality (rolling 12months Nov-24)	3.1%			3.0%	
	Number of CYP accessing mental Health Services	59,632	59,472	59,175		

*NENC Plan does not meet or exceed the national objective

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

Reporting period covered:

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

February 2025 – all other standards unless otherwise specified.

Health Inequalities Definitions

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

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

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

Part 3 – Core safety metrics – Dec 2024 – Feb 2025

	National objective	Latest Period	Plan	YTD Plan	Actual	YTD Actual
Never Events	Number of Serious Incident Never Events reported	Mar-25	0	0	2	23
Infection Prevention Control	Incidence of MRSA	Feb-25	0	0	5	62
	Incidence of C Difficile	Feb-25	85	935	88	1,074
	Incidence of E Coli	Feb-25	235	2,588	226	2,789
Mortality	One Trust (CDD FT) is showing higher than the expected range for SHMI					
Continuing Healthcare (CHC) (Dec-24)	Metric	March 25 plan	Plan	Actual	Trend	Benchmark
	Total CHC Referrals Completed			762		
	CHC Assessments Completed			3,072		
	Referrals completed within 28 Days	80.0%	80.0%	66.2%		75.5%
	Incomplete referral requests exceeding 28 days at the end of the quarter			125		
	Incomplete CHC referrals delayed by > 12 weeks	0	0	37		
	Percentage of Decision Support Tool (DST) assessments taking place in an acute setting	15.0%	15.0%	0.3%		0.4%
	Fast Track CHC referral conversion rate	90.0%	90.0%	92.1%		93.4%

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

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

Mortality

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

CHC metrics reported quarterly - narrative included within the Safety Programme update

Reporting period covered:

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

System Oversight

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NHS Oversight Framework (NHS OF) Summary

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

NHS Oversight Framework Segmentation and CQC ratings

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

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

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

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

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

General Practice CQC ratings overview – April 2025

The table below shows the current range of CQC ratings for general practice by area. The picture is generally positive with 36 practices rated as Outstanding, 292 as Good, 1 rated as Inadequate and 8 as Requires Improvement. Support arrangements are in place for those rated as Inadequate or Requires Improvement.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	8	24	1	
Darlington	1	10		
Durham	7	53	1	
Gateshead		22	2	
Hartlepool	1	10		
Middlesbrough		19		
Newcastle	2	25	1	
North Tyneside	4	15	1	
Northumberland	4	32		
Redcar and Cleveland		15		
South Tyneside	1	19		
Stockton	4	16	1	
Sunderland	4	32	1	1
ICB total	36	292	8	1

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

The table below shows the current range of CQC ratings for residential social care providers by Local Authority. Residential care providers include care home services with nursing (CHN), care home services without nursing (CHS), and Specialist college service (SPC). Examples of providers which fit under the residential social care provider category are Nursing home, Residential home, rest home, convalescent home with or without nursing, respite care with or without nursing, mental health crisis house with or without nursing. The picture is generally positive with 44 providers rated as Outstanding, 599 as Good and 1 rated as Inadequate and 67 Requires Improvement.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	4	72	7	0
Northumberland	4	64	15	0
North Tyneside	1	34	4	0
Newcastle upon Tyne	6	46	5	0
Gateshead	4	31	6	1
South Tyneside	1	27	0	0
Sunderland	6	73	1	0
County Durham	11	109	12	0
Stockton-on-Tees	3	31	6	0
Hartlepool	0	22	2	0
Darlington	2	22	3	0
Middlesbrough	2	34	2	0
Redcar and Cleveland	0	34	4	0
Total	44	599	67	1

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

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

The picture is generally very positive with 29 providers rated as Outstanding, 326 as Good, 18 rated as Requires Improvement and 0 rated as Inadequate.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	0	34	5	0
Northumberland	8	34	1	0
North Tyneside	3	23	0	0
Newcastle upon Tyne	5	32	1	0
Gateshead	0	37	2	0
South Tyneside	2	13	1	0
Sunderland	2	34	0	0
County Durham	4	43	4	0
Stockton-on-Tees	1	21	2	0
Hartlepool	0	10	0	0
Darlington	2	16	1	0
Middlesbrough	1	17	1	0
Redcar and Cleveland	1	12	0	0
Total	29	326	18	0

ICB position on oversight framework metrics

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

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

Actions

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

ICB Oversight Meetings

NEAS NHS FT Oversight Meeting – 17th February 2025

The Trust continues to take positive steps to improve quality and safety for patients and staff and as a result of good system partner working and being open to innovative and open approaches, the Trust continues to be one of the best performing ambulance services in the country.

Despite 2024/25 being a challenging year, the Trust is in a very strong financial position to deliver the improvement programme planned, in particular around handover times and pathway and flow issues. Significant work has also been undertaken on an optimisation programme, focusing on validation of Cat 2 segmentation of 999 calls and DOS outcomes.

Work is also being undertaken to reduce health inequalities, as a significant anchor institution employing staff all across the North East and North Cumbria. A significant piece of work is being undertaken in terms of reasonable adjustments across the whole organisation to ensure a centralised process is in place. In addition, the Trust continues to demonstrate examples of effective approaches in terms of career development for its workforce.

The approach to population health and the effective use of data has included the placement of defibrillators and community first responders within areas of higher social deprivation, demonstrating how data can be used effectively to save lives.

While they recognised the need for further work, the NEAS executive team were commended for their collective leadership in responding to the many challenges they faced and leading the organisation through positive change, including their improved position in NHSE's operating framework segmentation.

CDDFT Oversight Meeting – 4th March 2025

The ICB is collaborating closely with the trust to implement immediate improvements and address broader findings from the recent peer review concerning breast surgery services. To focus specifically on these findings and enhance service quality, a quality improvement sub-group has been formed between the trust and the ICB.

The trust has committed to sharing progress timelines as they work through governance processes, while also ensuring an independent review of fine needle aspirations takes place. The key lessons learned from this incident will be communicated to the Provider Leadership Board, and there are plans to engage with Newcastle Hospitals to gain insights from their experiences.

During the meeting, the ICB discussed SHIMI data and mortality indicators, recognising the importance of collaborating with the trust to assure quality of care, especially in light of identified coding issues. The trust also provided updates on the timeline for appointing a new chief executive and expressed intentions to assess the Board's capacity and capabilities. Additionally, an audit of the trust's LLP governance is currently underway, reflecting the issues highlighted in the breast services review.

In the meeting and subsequent to it, CDDFT were asked to work closely with the ICB teams to ensure agreement of a robust and sustainable financial plan and to firm up plans to reduce waiting times over 12 hours in their emergency departments.

There is a strong emphasis on developing integrated community teams in County Durham and enhancing collaboration with local organisations in Darlington. The importance of cooperation across the system was highlighted, and further discussions are planned with the Chief Executive and Chair of South Tyneside and Sunderland FT to prioritise clinical pathways, expected outcomes, and explore broader collaboration opportunities.

Given the quality challenges the FT is facing, the ICB will be working with NHSE to ensure oversight and support of the necessary improvements.

ICB Complaints and Healthwatch Themes

Complaints

The final quarter 4 report will be reviewed by the Quality & Safety Committee (QSC) meeting on 08 May 2025 and submitted to the Board on 03 June 2025.

During quarter 4 the complaints service has continued to be managed through two separate teams, however as of 01 April 2025 the in-housing of the ICB complaints function from North of England Support (NECS) has now successfully integrated. The team will now manage the future reporting combined of ICB and Primary Care complaints in quarter 1 of 2025.

Work has been undertaken on the current processes to seek improvements in the ways of working and to ensure alignment of the complaints function into one streamlined function and enable a more robust integrated reporting structure. As such to avoid duplication, the full complaints report will be reported via the QSC and subsequently to the ICB Board rather than the IDR.

The complaint's function continues to be monitored with urgent work underway to address the capacity issues and to integrate both teams from 01 April 2025 to manage all ICB and primary care complaints going forward.

Healthwatch themes and engagement work across NENC

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

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

Healthwatch continues to operate within each 'Place' and is currently updating their respective priority work across the 14 organisations that make up the NENC Healthwatch Network. Funding from the ICB has enabled the Network to formalise working arrangements so that it can systematically represent the views of service users, families, and carers with partners across the system.

The Network has four Area Coordinators that represent their local Healthwatch on the sub-regional Integrated Care Partnership (ICP) boards in the North and Central, South and North Cumbria. This enables the identification and analysis of trends and issues from engagement and feedback to ensure key themes can be collated and shared with the ICB and ICP. Priorities within each individual Healthwatch are subject to change based on quarterly monitoring and patient feedback.

The main themes of feedback, in addition to the constant around dentistry and accessing a GP, relate to waiting lists with provider trusts for example cancer care and mental health services.

In addition to previously reported dental access engagement and the women's health 'The Big Conversation', the Healthwatch Network has supported the ICB with the national Change NHS engagement and held 'workshop in a box' (WIAB) events across the North East and North Cumbria.

Working with VONNE, North East Healthwatch worked together with VONNE to engage with public and patients as part of the North East Ambulance Service's (NEAS) review of their clinical strategy. VONNE undertook additional engagement within voluntary sector focus groups and attracted almost 1700 responses. The Healthwatch Network has drawn findings across the region together in a final report that has been provided to NEAS for consideration.

Operational Planning Priorities 2024/25

Urgent and Emergency Care – Mar 25

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
A&E waiting times < 4hrs (78% by March 25)	81.7%	81.7%	78.8%		75.0% 6/42
Category 2 ambulance response (NEAS)	23:52	23:52	20:54	Improving	28:34 1/11
Adult G&A bed occupancy	92.5%	92.5%	91.8%		94.3%
Patients not meeting the criteria to reside (CtR)	7.7%	7.7%	9.8%		
Ambulance handovers >59mins:59s	0	0	2.7%	Improving	
111 Call Abandonment (NEAS plan)	3%	3%	3.6%	Improving	3.0%
Mean 999 call answering time	<10s	9s	0.6s	Improving	2.3s

Observations

- In month A&E performance at 78.8% remains above the national average of 75.0% however behind the NENC Mar25 plan (81.7%). NENC has seen an improvement from Feb25 of 1.9% (up from 76.9%).
- Ambulance response times Cat 2 mean response has continued to improve, in Mar25 compared to Feb25 and performance for 24/25 as a whole is below the annual plan. NEAS national ranking is 1/11 (NEAS also ranked 1/11 for Cat 1, Cat 3 and Cat 4 mean response for 24/25 year).
- Bed occupancy compares favourably to the national and regional position. Performance has also improved from Feb25 and is ahead of plan.
- Patients not meeting Criteria to Reside (CtR) continues to be behind plan but has improved from Feb25 and remains lower than the NEY and national position.
- Ambulance handover delays over 1 hour continued to decrease.

Actions/interventions/learning/risks

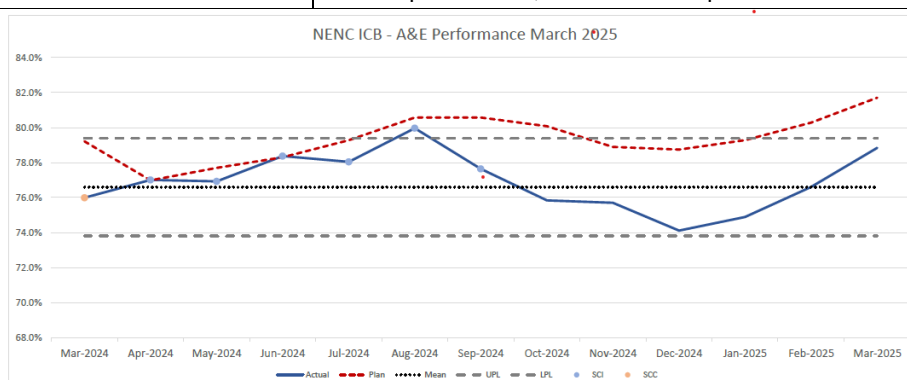
- In Dec-24 all Trusts submitted, to NHSE, a revised A&E plan (waterfall trajectories), showing detailed actions on how they will achieve 78.0% (or above) by Mar-25. From Feb-25 a NHSE weekly 'delivery pack' was shared with the system, identifying where performance is not in line with the waterfall trajectories,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

Quality and Health inequality implications

- Continued focus on reducing ambulance handover delays. Specific working group established to identify improvements. Focus remains on reduction in long handover delays and reduction in average handover time. Focussed discussions between ICB/NHSE regional team and most pressured Trusts continued throughout Mar25.
- Development of Urgent and Emergency Care (UEC) model of care to focus on patient pathways and health inequalities and enabling 'left shift' principles. Will support strategic ambition over next 5 years. To be discussed at UECN & LAWP in May.

Recovery/delivery

- Evaluation of all winter priority initiatives to be presented at April UECN.
- SDEC improvements ongoing. DOS profiles and exclusion criteria agreed by 5 Trusts. Single number to enable call before convey.
- Front Door system principles developed, to be agreed at April UECN.
- Acute Respiratory Infection Hubs – Place based ARI hubs evaluation and plan for 25/26 to April UECN. Average of 85% utilisation across system with circa 38k appointments taking place
- Integrated Care Coordination – supporting shift out of hospital – developing plan across primary, community and UEC. Care co-ordination Hub oversight and support with the aim of co-ordinating a combined increase in community activity and a divert away from secondary care acute activity – to meet the national minimum standards and local key principles and outcomes for delivery.
- Development of winter cycle of business underway to include role, responsibilities, escalation and process.



Primary and Community Care – Feb 25 (except *data)

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Monthly Appointments in General Practice	1.51m	1.83m	1.65m		
Proportion of GP practice appointments within two weeks and	85.5%	85.5%	79.3%	Worsening	80.1%
Proportion of appointments the same or next day			61.9%	Worsening	63.7%
Additional Roles Reimbursement Scheme - All Roles			1,722	Improving	
UDA delivered as proportion of UDA contracted (Mar-25)	80.0%	80.0%	78.4%		81.1%
Percentage of unique patients seen by NHS dentist (adult) - rolling 24m (Mar-25)	42.6%	42.6%	41.1%		35.3%
Percentage of unique patients seen by NHS dentist (child) - rolling 12m (Mar-25)	73.6%	73.6%	60.7%		56.9%
2-hour urgent community response (UCR)	70.0%	70.0%	79.9%	Worsening	83.2%
Increase referrals to UCR services	7,980	7,923	9,008		
Improve access to virtual wards by ensuring utilisation is consistently above 80% (Mar-25)	78.2%*	95.9%	58.0%	Improving	
Community Beds Occupancy* (Mar-25)	92.0%	92.0%	95.9%		
Community Waiting List > 52 Weeks Children	519	519	819		
Community Waiting List > 52 Weeks Adults	306	306	537	Worsening	
Percentage of palliative care register, dying in preferred place of death			19.4%		
Percentage of C3 and C4 calls conveyed to hospital (Apr-25)			32.3%		

Observations

GP appts Feb25 actual appts were significantly lower than plan.
ARRs plan was met Mar24, not included in 24/25 plans.
Dental UDAs Q4 actual is below plan and under England average of 81.1%.
UCR: 2 hr standard and activity targets exceeded but with a downward trend in % within 2-hrs
Virtual wards: Below plan but improving trend.
Community services waiting times long median waits in Adult Podiatry for NCIC, Children Young People Therapy interventions: OT for NUTH and adult weight management & obesity

Actions/interventions/learning/risks

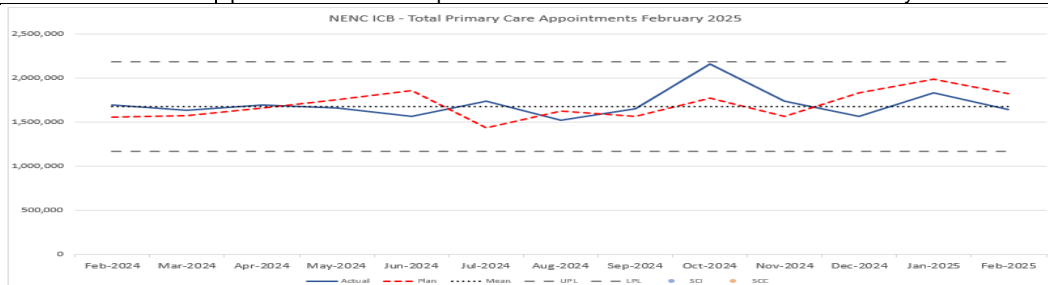
NENC ICB Primary Care Access Recovery plan (PCARP): Continued roll out of Modern General Practice Access, utilising digital tools to improve access, using outcomes/data to inform planning and future priorities, sharing good practice/lessons learnt.
GP Collective Action Risk: The delivery of GP Services to patients is impacted by GP collective action, limiting the number of GP consultations per session.
Patient Experience: Data shows positive progress against PCARP aims and the national requirements, analysis from the Patient Experience survey indicates further work required to correlate delivery of change and positively impact patient experience when accessing primary care services. Patient experience continues to be gathered including a case study of practice progress in North Cumbria.
National dental recovery plan, in addition to initiatives previously reported, approval has recently been given for the roll out of urgent dental access centres as well as a plan to commissioning additional general dental access. In the interim non-recurrent funding continues to be used to fund UDA over-performance/additional activity where possible but delivery is impacted by contract hand backs.
Integrated Care Coordination: ICB Urgent Responsive Care group has been expanded to cover Urgent Community Response, Virtual Wards and Care co-ordination Hub oversight, targeting increase in community activity and divert away from secondary care.

Quality and Health inequality implications

ICB wide Primary Care quality reporting system in place and LDTs determining arrangements for actioning and feeding into wider ICB quality reporting.
 Integrated Care Co-ordination: develop greater integration in our communities, support to remain at home.

Recovery/delivery

PCARP: Implementation of Modern General Practice Access continuing.
Greater use of NHS App and digital access, 90% of practices offering key App functions.
Pharmacy services continue expansion including the use of Pharmacy First.
Estates have supported General Practice to deliver 12 additional clinical rooms in priority practices during 2024/25. Due to a variety of planning and contractual issues this was below the additional number of rooms previously anticipated.
Peer Ambassadors Programme: Three NENC Peer ambassadors have been identified, who will support with the implementation of Modern General Practice Access and Transformation Projects
UCR: Focus remains on increasing UCR referrals, including 999/111, TEC responders and care homes. Co-ordinated focus at ICB level within Urgent Responsive Care group.
Virtual Wards: All FT providers are reviewing their use of virtual wards and alignment of opportunities to further expand via care co-ordination arrangements as part of ongoing developmental plans at place level. Funding arrangements have been confirmed to FTs via the financial mandate contract baseline setting process and service specifications will be included in contracts from May 2025.



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

Elective care – Feb 25 Actual data displayed at commissioner aggregate level

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Number of patients waiting > 104 weeks	0	0	<5	Improving	14/42
Number of patients waiting > 78 weeks	0	0	23	Improving	17/42
Number of patients waiting > 65 weeks (0 by Sep24)	0	0	326	Improving	15/42
Number of patients waiting > 52 weeks	4,190	4,440	4,754	Improving	4/42
The number of incomplete Referral to Treatment (RTT) pathways (waiting list)	327,044	326,432	351,422	Improving	
Proportion of patients on the waiting list who have been waiting for less than 18 weeks (92%)			69.5%		58.2%
Deliver 109% value weighted activity (Dec-24)	110.6%	110.7%	126.4%		
Increase the proportion of all OP attendances that are for 1st or FU appointments attracting a procedure tariff to 46% (NENC 46.6%) across 2024/25* (Dec-24)	44.5%		44.2%		
Make significant improvement towards the 85% day case rate (Jan25)	87.3%		88.5%		

Observations

- Whilst the waiting list is above plan it has stabilised from May24 and has been generally decreasing month on month since Aug24 and remains lower than the peak in 23/24.
- NENC ICS continue to be the best performing across the country in Feb25 for RTT performance with 69.5% of people on the waiting list for elective (non-urgent) treatment waiting less than 18 weeks. This is the best reported position since Nov22
- Published Feb25 data reported <5 104+ week waiters.
- The number of 78+ww decreased from 24 (Jan25) to 23 (Feb25)
- Pressures covering workforce, capacity and patient choice contributed to a rise in 65+ww from 274 (Jan25) to 326 (Feb25) though notable improvements are anticipated for the Mar25 reporting period
- Feb25 data for 52+ww increased slightly from 4,742 (Jan25) to 4,754 (Feb25) though still represents one of the lowest reporting reported monthly numbers post COVID.
- Improved RTT validation levels from Aug24 to date
- Published data for Dec24 shows continued delivery well above the value weighted activity plan recording 126.4% against a plan of 110.6%
- 25/26 Operational planning focuses on Referral to Treatment (RTT) improvements, reduction in long waits and an improvement in the percentage of patients having their 1st outpatient appointment within 18 weeks.

Actions/interventions/learning/risks

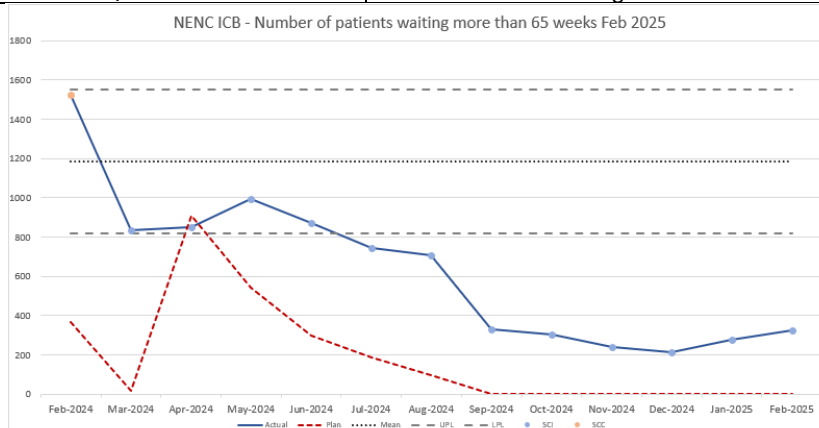
- Focus on elective recovery for NENC including reductions in long waits, waiting list size and completion of patient treatment pathways.
- Targeted meetings continue with NuTH and S Tees in conjunction with GIRFT Further Faster 20 (FF20).
- Mutual Support Coordination Group (MSCG) facilitated conversations regarding over 2,000 patients across 20 specialities, fostering a collaborative environment where providers can learn from each other and implement best practice, supporting requests across pressured specialities over 52ww for over 800 patients in 24/25, constituting over a 150% increase on 23/24.
- Implementing a system for regular tracking of theatre utilisation and platform for sharing of fallow system capacity. This will involve monitoring booked versus actual utilisation, analysing reasons for cancellations, and assessing overall theatre productivity.
- Theatre and Peri-operative group continues to explore early risk stratification and low risk pathways to efficiently assess and select patients who can benefit from digital pre-op assessments and optimisation of elective hubs.
- Developing a comprehensive strategy to review and optimise Independent Sector (IS) activity, encompassing both insourcing and outsourcing across all parts of the care pathway, including Primary Care, with an initial focus on cataracts.
- Implementing the Specialist Advice Operational Delivery Framework, enhancing triage processes and ensuring more timely, accurate and appropriate referrals reach secondary care.
- Facilitating the sharing of best practice and digital innovations aimed at predicting DNAs and maximising patient attendance at appointments.

Quality and Health inequality implications

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

Recovery/delivery

- Recovery impacted by seasonal urgent and emergency care demands
- Targeted ICB/Provider meetings continue with NUTH, South Tees and NCIC
- Focus on minimising the number of 52+ww across NENC by Mar26



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

Cancer & Diagnostics – Feb 25 Actual data displayed at commissioner aggregate level

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Improve performance against the headline 62-day standard to 70% by Mar25	72.7%	71.6%	67.3%		67.0%
Cancer faster diagnosis standard 77% by Mar25 - ICB	79.4%	79.4%	82.6%		80.2%
Number of patients waiting over 62 days (Mar25)	817	817	728	Improving	
31 days from decision to treat/earliest clinically appropriate date to treatment of cancer (96% target)			85.9%	Worsening	
Lower GI (at least 80% of referrals accompanied by a FIT result)	80.5%	80.5%	88.3%	Improving	86.4%
Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2030 (12 month rolling, Oct24)			55.4%		
% of patients that receive a diagnostic test within six weeks in line with the Mar25 ambition of 95% (24/25 ICB plan required for 9/15 modalities only)	92.7%	91.1%	93.2%	Improving	82.5%

Observations

Cancer

- 55.4% of cancers diagnosed in the 12 months to Oct24 were at stages 1 and 2, against a planning ambition of 75% early diagnosis by 2030. (*see appendices)
- 28-day faster diagnosis (82.6%, Feb25) maintained its position above the national standard (75%), and above Operational plan trajectory (79.4%).
- 31-day performance increased from 82.4% (Jan25) to 85.9% (Feb25) although remains below the national standard (96%). Radiotherapy treatments are most challenged with performance below 60%.
- Cancer 62-day decreased from 71.3% (Jan25) to 67.3% (Feb25) below the ICB Plan trajectory (71.6%).
- Challenged pathways include, Lung, Gynaecological, Lower GI & Urological, with 62-day performance below 60%.
- Cancer PTL backlog has been retired from the National Cancer performance reporting schedule with a move back to the CWT measures. This will continue to be monitored by the Northern Cancer Alliance.

Diagnostics

- Continued improvement and now ranked 4th /42 ICB
- Three trusts are now meeting the ambition of 95% of patients waiting no more than 6 weeks
- The number of patients waiting over 6 weeks has reduced by 10,225 since April 24, and within this the number waiting over 13 weeks has reduced by 2,522

Actions/interventions/learning/risks

Cancer

- Work to improve early diagnosis continues to focus on health and healthcare inequalities and includes; Continued and effective use of FIT testing and Targeted Lung Health Checks.
- Working with the Trusts and NDRS team to improve staging data completeness at tumour level.
- Unmet need call focused on Early diagnosis is now complete with successful bidders now being contacted.
- NCIC remains part of NHS E tiering process for Cancer as a tier 2 provider. NUTH and South Tees have also been added to the Tier 2 providers from Feb 25. Discussions with trust, ICB and the cancer alliance are ongoing with action plans now developed.
- Breast pain pathway now live in all but one provider, removing people from triple assessment clinics (reducing imaging).

Faster Diagnosis Standard:

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

31-day Standard:

- A comprehensive radiotherapy action plan in place, supported by the Radiotherapy ODN and monitored through the Tier 2 Cancer Meetings, and there are signs of improvement.

Diagnostics

- CT and MRI performance is expected to deteriorate going into 25/26 due to an ongoing incident at Gateshead Health and reduction in capacity at North Cumbria Integrated Health
- 25/26 trajectories suggest an improvement in performance.
- Tees Valley CDC opened to patients in April 25, providing additional imaging and physiological science capacity

Quality and Health inequality implications

Cancer

- We are working with the ICB Healthcare inequalities group to develop a meaningful measure

Diagnostics

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

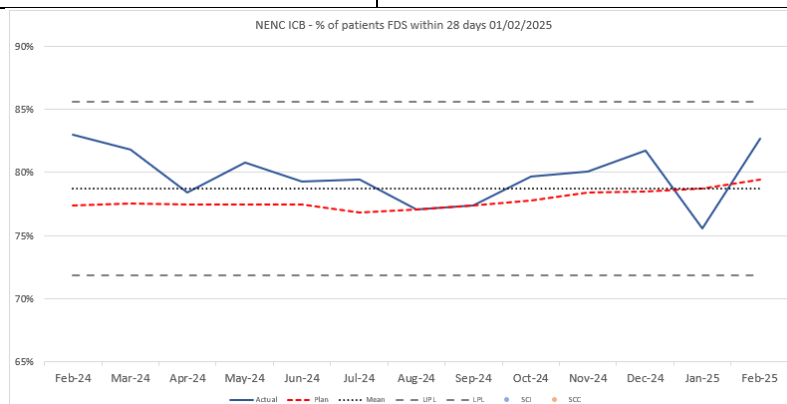
Recovery/delivery

Cancer

- FDS strong performance continues in 2024/25.
- 62-day performance has been improving with 3 out of the last 4 months achieving the 70% operational plan trajectory.

Diagnostics

- On track to deliver end of year trajectory



Maternity and Neonatal

Objective	RAG Rating
Perinatal Pelvic Health Services are operational and available in line with the service specification across the ICB	Orange
Agreement is in place to sustainably commission Perinatal Pelvic Health Services from Apr-24	Orange
Maternal Mental Health Services are operational and available across the whole of the ICB	Red
Agreement is in place to sustainably commission Maternal Mental Health Services from Apr-24	Orange
7 Day Bereavement services in place in all Trusts	Orange
Publication of Maternity equity and equality action plans	Green
Are all Providers compliant with Saving Babies' Lives Safety Action 6	Orange

<p>Observations</p> <p>Perinatal Pelvic Health Service (PPHS)</p> <ul style="list-style-type: none"> PPHS services went live across each of the 8 NENC Provider Trusts on the 1st October 2024. Further work is required in respect how women self refer into the service is being undertaken inline with information governance requirements. <p>Maternal Mental Health Services (MMHS)</p> <ul style="list-style-type: none"> Commissioning of MMHS provision is led by the ICB Mental Health Transformation Team and not the LMNS. There are currently 3 services being delivered by North Cumbria, Northumbria and South Tyneside and Sunderland Trusts. <p>Seven Day Bereavement Services</p> <ul style="list-style-type: none"> All 8 NENC Provider Trusts provide 7-day bereavement services, assurance regarding delivery will be provided at perinatal quality surveillance meetings. <p>Publication of Maternity Equity & Equality Action Plans</p> <ul style="list-style-type: none"> Complete, ongoing monitoring of plan is through the NENC LMNS Equity and Equality steering group with assurance provided via NENC LMNS Board. <p>Compliance with the Saving Babies Lives Care Bundle</p> <ul style="list-style-type: none"> The Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) Year 6 ICB & LMNS Assurance Framework outlines the evidence required to be shared with the ICB and Local Maternity and Neonatal System (LMNS) to fulfil the requirements of the MIS guidance and technical specification. <p>Other Relevant Programme Updates</p> <p>LMNS Quarter 2 2024/25 Perinatal Quality Surveillance Provider Meetings have all taken place.</p> <p>These are two meetings with each of the trusts, chaired by an LMNS Clinical Lead to review the trust quarterly perinatal quality surveillance provider reporting submission and to discuss saving babies lives care bundle version 3 and Maternity Incentive Scheme Year 6 progress and compliance. A report is shared with each trust following the meeting which highlights key discussion points and identifies any issues raised including mitigation and what needs to be done to rectify the risk.</p>	<p>Actions/interventions/learning/risks</p> <p>Perinatal Pelvic Health Service (PPHS)</p> <ul style="list-style-type: none"> Training requirements have been agreed and incorporated into the NENC LMNS Training Faculty as part of the 25/26 training year. 25/26 funding is yet to be agreed by the ICB therefore agreements to sustainably commission PPHS in 25/26 and beyond has been moved to an amber RAG rating. <p>Maternal Mental Health Services (MMHS)</p> <ul style="list-style-type: none"> The ICB previously committed £1,660,000 worth of funding till March 2026 to enable the establishment of equitable provision across NENC. However, this requires review in line with recent funding announcement hence the RAG rating changing to amber. <p>Seven Day Bereavement Services</p> <ul style="list-style-type: none"> LMNS Perinatal Bereavement Delivery Group by end of May 2025 In 24/25 each Trust received funding from the LMNS to fund bereavement support as nationally mandated. 25/26 funding yet to be agreed by the ICB, which will impact on bereavement support delivered by Trusts, meaning this has been rated amber for RAG. Newcastle Hospitals mortuaries and autopsy service was inspected by the Human Tissue Authority (HTA) in March 2024 in relation to the Trusts post-mortem licence. During the inspection it was highlighted that training in relation to taking consent for perinatal and paediatric postmortem did not meet the required standard NUTH is currently in the process of ratifying NENC perinatal and paediatric post mortem training and competency assessment package. This is currently progressing through Newcastle Hospitals internal processes and will be shared with Trusts via the Local Maternity & Neonatal System, Operational Delivery Network and other networks, it is expected to be available March 2025. Interim assurance has been provided that all requests from Trusts have been made by a clinician who is on the approved list, and has received appropriate training. <p>Compliance with the Saving Babies Lives Care Bundle</p> <ul style="list-style-type: none"> Audit compliance is reviewed at a quarterly joint meeting between the LMNS and Provider Trust. <p>Other Relevant Programme Updates</p> <ul style="list-style-type: none"> Since April 2024 here have been nine maternal deaths in six/seven trusts (Ghead, STSFT, CDDFT, NCumbria, N'bria and NTees/STees). Low APGAR Scores <7 at 5 minutes seen in four trusts. South Tyneside & Sunderland has had two 'alarms' on the LMNS maternity dashboard and Newcastle has had two 'alerts' which have triggered an investigation for both trusts. North Tees and South Tees have both had one alert in 2024/25 in quarter 1. Following the South Tyneside and Sunderland presentation of audit and deep dive findings of term APGAR scores <7 at 5 minutes at LMNS Quality and Safety Group, the Trust has been requested to audit additional metrics identified for further analysis. This will be joint work with Newcastle Hospitals.
<p>Quality and Health inequality implications</p> <p>Maternal Mental Health Services (MMHS)</p> <ul style="list-style-type: none"> The NENC ICB/LMNS is not expected to fully achieve this deliverable until 1 April 2026. <p>Compliance with the Saving Babies Lives Care Bundle</p> <ul style="list-style-type: none"> Audit compliance is reviewed at a quarterly joint meeting between the LMNS and Provider Trust. <p>Other Relevant Programme Updates</p> <p>Recruitment and retention of multi-disciplinary team (MDT) staffing remains a pressure – development and collaboration across NENC continues.</p>	<p>Recovery/delivery</p> <p>Other Relevant Programme Updates</p> <ul style="list-style-type: none"> Three maternity units (North Tees & Hartlepool, Sunderland & South Tyneside and Country Durham and Darlington) remain under the national Maternity Safety Support Programme (MSSP) Following a diagnostic assessment by the MSSP national team, it has been agreed that South Tees will also join the programme on the basis of the group model with North Tees and Hartlepool. Any learning from 9 maternal deaths be shared by the NENC Maternity and Neonatal Patient Safety Learning Network in due course.

Use of resources Data period M11 (February 2025)

	Month 11 YTD plan	Month 11 YTD actual	2024/25 Annual plan	2024/25 Forecast
ICS financial position (surplus)/deficit	£13.48m	£14.70m	£0.00m	£0.00m
ICB financial position (surplus)/deficit	(£3.30m)	(£10.00m)	(£3.60m)	(£12.17m)
Running cost position	£45.54m	£43.28m	£54.94m	£48.60m
Capital funding	£220.89m	£169.95m	£301.15m	£299.92m
Agency spend	£74.48m	£64.00m	£80.93m	£70.01m
Efficiency savings	£458.27m	£448.71m	£520.80m	£519.34m
Mental health investment standard	6.60%	6.60%	6.60%	6.64%

Observations

- The full year ICS financial plan is a breakeven position following receipt of deficit support funding of £49.95m.
- As at 28 February 2025, the ICS is reporting a year to date deficit of £14.7m compared to a planned deficit of £13.5m, a slight improvement compared to the previous month. The forecast ICS position continues to be breakeven.
- The position continues to include a number of financial pressures, in particular cost pressures linked to the pay award, efficiency under-delivery and pressures on drugs and devices.
- In month 10 there was an agreed reduction in the ICB planned surplus of £50m with a corresponding improvement in provider positions.
- The ICB is now reporting a year to date surplus of £10.0m compared to a plan of £3.3m, and a forecast surplus of £12.2m compared with a revised full year plan surplus of £3.6m.
- The improvement in the ICB forecast position compared to plan was agreed to offset a deterioration in the overall ICS provider position.
- Running costs – an underspend is expected on running cost budgets (£6.4m forecast). This helps to mitigate pressures on programme budgets and the impact of allocation reductions for 25/26.
- Capital spending figures now include the impact of IFRS 16. Funding has been received to cover the residual IFRS 16 impact, with overall capital spending forecasts now in line with capital allocations, with a small forecast underspend of £1.2m.
- Agency spend continues to be below plan and forecast to be well within the system level agency ceiling of £101.3m.
- The ICS is reporting efficiency savings which are slightly behind planned levels overall, with forecast under-delivery of £1.5m. Within this however there is an increasing under-delivery reported against recurrent efficiency savings (£49.5m year to date and £56.7m forecast).

Actions/interventions/learning/risks

- The ICS must deliver the agreed financial plan or if not will need to repay the £49.95m of deficit support funding.
- The submitted 2024/25 plan including significant unmitigated financial risks across the ICS, totalling almost £161m.
- The level of unmitigated financial risk has reduced over recent months. Whilst there are still some remaining financial risks to manage, further mitigations have been identified and there is confidence the planned position will be delivered for 2024/25.
- To support delivery of the financial position, an independent review of financial grip and control measures across all organisations within the ICS was undertaken. The review was intended to both provide assurance around controls in place as well as identifying areas for potential improvement and agreeing resulting actions for individual organisations and across the system. Action plans are being developed both at an individual organisation and system level, which will be monitored through relevant committees within individual provider organisations and the ICB.
- Work is continuing to develop financial plans for 2025/26, which we expect to be a hugely challenging year financially. Currently efficiencies of around 7-8% of turnover would be required to deliver a balanced financial plan for the ICS for 2025/26. Work continues to review further actions that may be required to reduce the gap in financial plans for 2025/26 and ensure the system can live within its resources.

Quality and Health inequality implications

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

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

Recovery/delivery

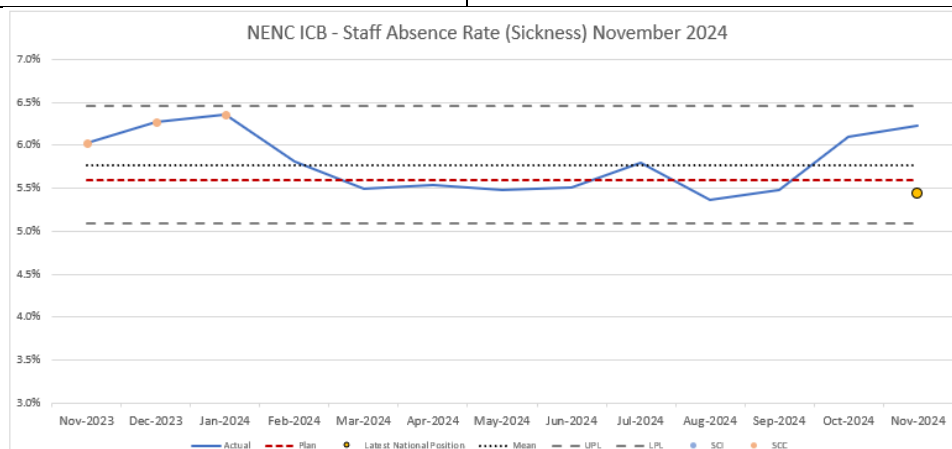
- Work is continuing across the system on the medium-term financial strategy and delivery of related financial recovery plans via the System Recovery Board. This includes review of potential difficult decisions that may need to be taken to ensure the system can live within its resources moving forward.

Workforce – Dec/Nov 2024 24/25 metrics in development

Objective	Plan Mar 25	Plan (Month)	Actual	Trend	Benchmark
Improve the working lives of all staff and increase staff retention (Dec-24)		12.1%	9.3%		11.0%
Improve the working lives of all staff and increase staff attendance (Nov-24)		5.6%	6.2%		5.4%

Observations	Actions/interventions/learning/risks
<p>Sickness</p> <ul style="list-style-type: none"> The nationally reported in-month ESR recorded sickness rate has increased from 6.1% in October 2024 to 6.2% in November 2024. This is above plan (5.6%) and the England actual of 5.4%. This metric shows common cause variation, no significant change. The range of performance against this measure is expected to be between 5.0% and 6.6% with a mean average of 5.8%. <p>Turnover</p> <ul style="list-style-type: none"> Definition of turnover is leavers, plus other staff who remain in the NHS but who have changed profession or employer in the last 12 months. NENC turnover rate is now at 9.3% in November 2024. This remains well below plan and national average. <p>Data</p> <ul style="list-style-type: none"> Work is continuing to understand the different sources of reporting of this information to ensure consistency of reporting and monitoring across the ICB. Data included in this report is based on the nationally available data through reporting by NHSE (NHS Digital). 	<ul style="list-style-type: none"> Sickness and turnover rates continue as priorities in 25/26, with providers committing to reduction. Continued promotion and use of the staff NENC Wellbeing Hub with potential expansion being explored as part of the Health and Growth Accelerator. People Promise learning and sharing session focussed on 'We are compassionate and inclusive' Social care people promise pilot in the early stages of rollout. Draft fertility policy has been approved through Counter Fraud and is currently with staff side for feedback and has been shared with HRDs for consideration. Staff offer being developed to support the current transition programme, including coaching, resilience support, career coaching and interview skills and will be delivered to ICB staff and the wider system. Boost Learning and Improvement community now has 14,500 members from across health and care, and the public. Development of the People's Hub and National Voices to improve interaction with patients and public ongoing. Oliver McGowan mandatory training (OMMT) delivery plans to be agreed. Ongoing discussions with training provider to seek value for money and flexibility of delivery going forward that meets learning outcomes. Learning Academy improvements made to support OMMT and allows training providers to self-administer learning sessions for the wider system. NEY region (4+1) Anti-Racist event planned for June 2025 under review due to transition programme.

Quality and Health inequality implications	Recovery/delivery
<ul style="list-style-type: none"> Higher levels of sickness affect patient safety and quality with increased reliance on agency staff. This is a key focus for 25/26. Staff turnover impacts quality due to: Lack of continuity of care, staff shortages through vacancies putting pressure on remaining staff, time and effort involved in recruiting, training, and inducting new staff members adding further pressure to existing staff. Provider trusts have all articulated they have plans in place to reduce sickness absence, reliance on temporary staffing improve retention, and reduce turnover and agreed to provide mutual support across all organisational boundaries where there are particular pressures on service areas. These plans are monitored through MTFP arrangements. 	<ul style="list-style-type: none"> Oversight of the system workforce programme will be through the system workforce board. NENC Improvement in Health and Care Conference was held on 24 March 2025. Over 200 delegates attending 29 learning and improvement stories from across the region were showcased. Healthy Weight Management Community of Practice launched in March. Scoping work has begun on a new-look interactive Boost website to create a more coherent learning & improvement platform that clearly links to our system priorities. OMMT uptake increasing significantly. 66% of ICB staff completed OMMT by end of March 2025. Live sessions booked via Boost Learning Academy and targeted at system and ICB staff.



Mental Health Adults – Feb 25 unless otherwise specified.

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Access to Transformed PCN Community Mental Health Services for Adults with SMI Number of 2+ contacts (Jan25)	30,000	26,692	30,400	Improving	
Access: Number of patients discharged having received at least 2 treatment appointments, that meet caseness at the start of treatment	2,934	2,930	2,841		
Talking Therapies - Reliable Recovery	50.0%	50.0%	48.0%	Worsening	
Talking Therapies - Reliable Improvement	68.5%	68.5%	67.2%	Worsening	
Dementia Diagnosis Rate	69.8%	69.7%	68.7%	Improving	65.4%
People with SMI receiving full physical health check in primary care (Dec24)	69.5%	65.8%	61.7%	Improving	59.0%
Access to perinatal mental health services*	2,500	2,489	2,275		
Total number of inappropriate Out of Area (OOA) Placements** (Nov24)	0	2	<5		
Talking therapies - In treatment waiting times >90 days	10%	10%	39.3%	Worsening	25.3%

Observations

Access to transformed PCNs: The number of 2+ contacts continues to perform well and is over plan following the rise in number of confirmed transformed PCNs.

TTAD: Despite a significant increase in performance in January, this metric has taken a downward trend and has reduced 3,172 in January to 2,841 in February. Whilst there has been a slight decline in the reliable recovery rate and the local target has not been met, the national target of 48% has been achieved. Secondary waits (in-treatment waiting times) remain a pressure across the patch but has improved from January to February.

Dementia: Whilst the national standard has been met this period, the position against the monthly plan has not been achieved but the position has been maintained this month at 68.7%

Perinatal: Following a continued increase in access over the winter period, the number of women access the service has dropped from 2,305 in January to 2,275 in February. The national ambition has not been met year to date.

Actions/interventions/learning

Access to transformed PCNs: Whilst we are over plan against this metric, there are some places which are experiencing difficulties in declaring a PCN as transformed. Discussions are commencing around what additional support is required into those areas

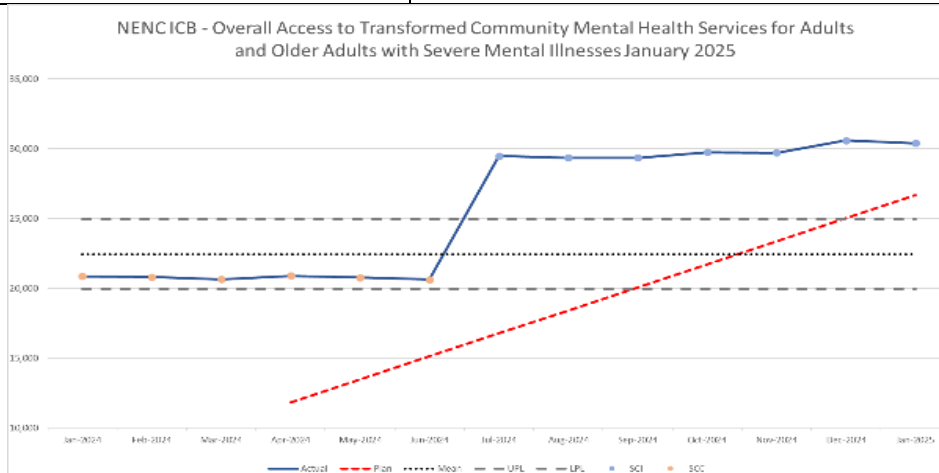
People with SMI receiving full physical health check in primary care: A deep dive into Annual Healthchecks for patients with a Severe Mental Illness (SMI) took place at the January and March Mental Health Performance Overview. The groups recognised the areas of good practice that was underway for this vulnerable cohort of patient including targeted work to outreach to patients with a more flexible approach and in some cases providing home visits. Cumbria Health recently won an award for the SMI check service that they provide. Whilst this target is monitored monthly, achievement is based on a year end position.

Quality and Health inequality implications

Negative impact on mental health whilst waiting. Patients awaiting repatriation to their home area have poorer outcomes and less likely to receive frequent family visits due to distance. Resettlement/rehabilitation may not be as timely as when placed in home area. Patients with SMI are known to have a reduced life expectancy therefore health checks are important to identify physical health needs and support access to, and engagement, with services.

Recovery/delivery

TTAD: Following system wide event, a number of challenges and opportunities have been identified to take forward transformation work and improve performance within the suite of TT metrics. The focus of this will be to improve the infrastructure of all delivery providers to improve equity of the core offer and ensure that productivity can be enhanced. This includes, the development of a standardised core service model, commissioning and implementation of digital solutions, opportunities around sharing supervision expertise across the NENC and considerations of implementing a "digital front door".



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

Mental Health: CYP – Feb 25 unless otherwise specified

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Number of CYP accessing Mental Health Services*	59,632	59,472	59,175		
CYP Eating disorders (ED) - urgent within 1 week	95%		75.0%		
CYP Eating disorders (ED) – routine within 4 weeks	95%		86.0%	Improving	
MH CYP waiting time (WT) for 2nd contact >52 weeks**			15,977	Worsening	
MH CYP WT Autism & Neurodevelopmental >52 weeks**			9,909	Worsening	

Observations

CYP Access: There has been a slight increase in the number of CYPs with at least one contact in this reporting period. January saw 58,755 contacts whereas February is reported at 59,175. This is the highest position since May'24.

CYP Waiting Times: Referrals continue to increase, predominantly in Neuro pathways, more so in relation to ADHD, meaning pressures remain within this area.

CYP Eating Disorders: Pressures remain in this pathway for patients seen within one week (urgent) and four weeks (routine). Whilst there had been a slight improvement in both pathways, this has taken a downward turn in February. For both urgent and routine this was a 1% drop from January.

Actions/interventions/learning/risks

Neurodevelopmental pathways continue to report pressures (this is also applicable to adult MH pathways). Additional financial support has been secured to assist in reducing waiting times in these pathways, however there is recognition that waiting lists/times have grown significantly within Neuro pathways over many years. Subsequently actions instigated to support recovery are not expected to have an immediate impact and may take a prolonged period. Work is continuing with providers to agree expected impact (develop improvement trajectories) and the underpinning actions that will support recovery and improvement.

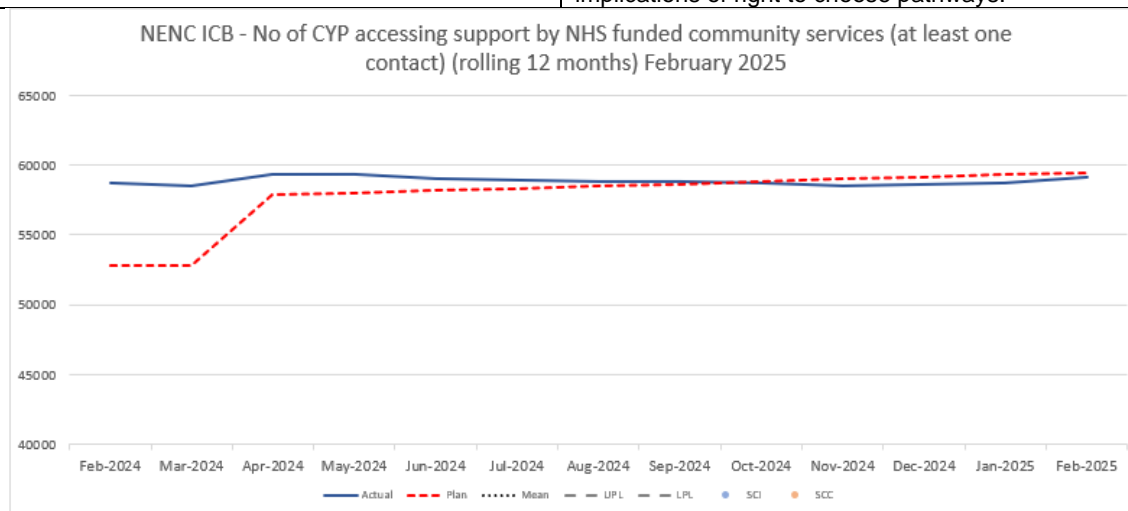
Quality and Health inequality implications

Children, young people and families may experience exacerbation of difficulties as they wait to be assessed or start treatment.

Recovery/delivery

CYP Access: Operational plan trajectory is slightly below, however the long term plan trajectory will not be achieved. It is anticipated that the plan for 24/25 will carry over into 25/26 and is expected to be met. It is anticipated that as we support more smaller community providers with MHSDS submissions, this will increase access. In addition to this, as Mental Health Support Teams in schools continue to grow, this will also support an increased in activity.

CYP Waiting Times: Pressures remain within CYPs waiting times, specifically relating to neurodevelopmental pathways. An all age ADHD and Autism pathway transformation group has been established to consider remedial actions to address long waits, review pathways and supportive interventions (pre and post diagnosis), consideration of shared care arrangements and implications of right to choose pathways.



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

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

People with a learning disability and autistic people – Feb/March 2025

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Bench mark
Annual Health Check and plan for people on GP Learning Disability registers	75%	67.1%	69.9%		71.0%
Reduce reliance on in-patient care – adults (ICB and Secure)* (Mar-25)	154 (Q4)	154	165		
Reduce reliance on inpatient care – under 18s (Mar-25)	0	0	7		
CTRs (Adult) compliance for non-secure (target 75%)	Fully Compliant	December 2024 CTR Metric compliance: Adult pre-post: 44% Non-secure repeat: 68% Secure repeat: 94%			
CETRs (Children & Young People) compliance	Fully Compliant	December 2024 CETR Metric: Under 18 pre-post: 50% Under 18 repeat: 100%			
Learning from Death Review (LeDeR) compliance – Eligible Reviews completed	Compliant	February 2025 – 95% March 2025 – 96%			
Eligible reviews completed within 6 months of notification	Non-Compliant	February 2025 – 22% March 2025 – 23%			
Completed focussed reviews	Non-Compliant	February 2025 – 14% March 2025 – 15%			

Observations

In-patients Adults only, as reported via the Assuring Transformation (AT) database Feb and Mar 2025

- 15 ICB commissioned discharges which is positive has the length of stay was significant.
- 9 admissions from Community (9 ICB)

CTR Compliance – February 2025 Metric:

- Adults: Pre/Post non-compliant (7 of 8) includes 1 now discharged - delays in notification of from the wards continue to affect compliance;. Business Support are now assisting with arranging CTRs.
- Non-secure repeat non-compliant (22 of 72)
- Secure repeat CTRs compliance rate is 94% (62 of 66).

Actions / Interventions / Learning / Risks

- The two new Case Managers are now in post and have begun to pick up chairing CTRs. A newly appointed Case Manager for Northumberland/North Tyneside withdrew their acceptance of the post following the news about ICB running cost reductions.
- Three new Business Support Administrators are now in post, have completed their inductions and have started to work with teams to arrange/co-ordinate CTRs.

Annual Health Checks:

- Planning underway to establish a NENC Annual Health Check Quality Checking programme for delivery 25/26. Is being co-designed with experts with lived experience and will be made available to LDTs for expediting locally.
- AHC awareness campaign for young people aged 14 – 19 being designed for roll out in schools across NENC.
- Utilising MECC approach and resources to support AHC uptake.

Quality and Health inequality implications

LeDeR:

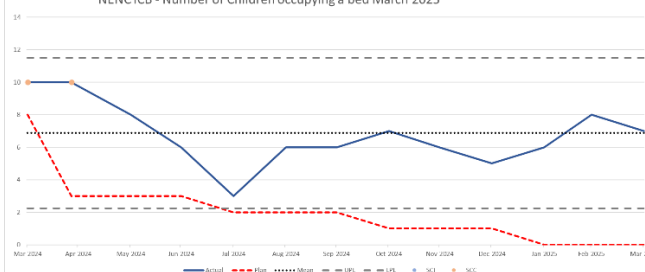
- NECS are on plan for completing 'backlog of reviews' by May 2025. Meetings arranged fortnightly to monitor and address any issues or concerns. Delays to delivery of contract due to availability of notes needed in some Trusts.
- Learning into Action work plan in development for priority areas as a result of learning from LeDeR. Met with EDI team and agreed actions to develop linkages with minoritised communities in Newcastle, Sunderland & Middlesbrough.
- Learning Disability Network has agreed its priorities 25/26 using learning from LeDeR.

Recovery/delivery

Care Education and Treatment Reviews:

- The Business Support Administrators and additional Case Managers now in post will ease this pressure from reduced staffing capacity in the Complex Care team to support the CTR workload. An independent CTR Chair has been contracted and has started working with Newcastle Gateshead.
- Work to standardise the CTR referral process across NENC ICB is developing. Work underway with CNTW to remove blockages and delays in the information gathering processes and booking system for clinicians. Once fully operational this should improve compliance with national targets.
- Durham Tees Valley continued to be impacted by staffing capacity in February/March 25 so resource was focussed on repeat CTRs. Business Support now aligned to the team which will help the situation to improve.

NENC ICB - Number of Children occupying a bed March 2025



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

Prevention and Health Inequalities including Core20+5: Adults

Core20+5 Objective	Target (2030)	Plan (Month)	Actual	Inequality gap (deprivation)	Inequality gap (ethnicity)
% 18+ with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age-appropriate treatment threshold. (Sep-24)	80%		71.2%	2.1%	8.1%
% patients 18+ with Atrial Fibrillation currently being treated (Sep-24)	95%		92.2%	0.0%	3.5%
% 18+ with 20%+ QRISK score (risk of CVD) currently on lipid lowering statins (Sep-24)	75%	65.0%	65.2%	-7.2%	-7.1%
Proportion of people with COPD receiving a seasonal flu vaccination (Jan-25)			70.1%	16.3%	
NENC Breast cancer screening uptake Slope index of inequality (ages 50-70 Oct-24)	8%			15.6%	
NENC ENC Bowel screening uptake Slope index of inequality (ages 60-74 Oct-24)	6%			17.8%	

<p>Observations</p> <ul style="list-style-type: none"> The format of the report has been updated to reflect a focus on inequalities over overall ICB activity. The targets for the reduction of inequalities by 2030 have been agreed by ICB Leads, Medical Directors and Directors, and are included in the Bi-Annual Health and Healthcare Inequalities Report The report will be considered by the Exec in May ahead of inclusion in the ICB Annual Report and Accounts. Plan (Month) will not be disaggregated out of the 2030 target as impacting on inequalities is not a linear process that is demonstrated on a month-by-month change, hence the target being over a 5-year period. Inequality gaps represented by more appropriate dumbbell charts can be found within the appendices. 	<p>Actions/interventions/learning/risks</p> <ul style="list-style-type: none"> No change in narrative from previous submission CVD - Community blood pressure kiosk project / targeted improvement with primary care / Health Inequalities NENC Healthy Hearts Project / Regional Lipid Survey COVID / Flu – regional and national campaigns to increase uptake in low uptake communities. Cancer - there are projects aimed at reducing inequalities in access and uptake of screening for populations with poor outcomes and a history of later diagnosis, including improving access to breast screening and self-examination for South Asian women, mobile cervical screening targeting populations living in areas of high deprivation, the targeted lung health checks with a focus on areas of high deprivation, and participation in the NHS Galleri clinical trial.
<p>Quality and Health inequality implications</p> <ul style="list-style-type: none"> 71% of patients with hypertension across the ICB are reported as treated to threshold against a national ambition of 80%. NENC are currently highest nationally but this is not equal across different communities within the ICB. A smaller proportion of those with hypertension within the most deprived are receiving treatment to threshold compared with the least deprived and a smaller proportion within Ethnic minority communities are treated to threshold than those of white ethnicity. 92.3% of people with AF are receiving treatment against a national ambition of 95%. There are currently no inequalities by deprivation for NENC ICB but a lower proportion of those from Ethnic minority communities are receiving treatment compared with those of white ethnicity. There is an inverse inequality in people with risk factors who are on Lipid lowering therapy, with more from ethnic minority or deprived communities receiving treatment. There are significant inequalities in cancer screening by deprivation. 	<p>Recovery/delivery</p> <ul style="list-style-type: none"> All CORE20Plus5 Clinical Pathways are currently subject to review from a delivery perspective, including aligning delivery within the operating model between the Strategy & Transformation Directorate, the Local Delivery Teams, and other ICB teams with lead responsibility for CORE20Plus5 clinical pathway delivery. Work has commenced on mapping the journey to 2030. All inequality metrics will be subject to plans on interventions that will either narrow or eliminate the inequality gap. These will be represented through waterfall charts that outline the expected impact of individual interventions.

Prevention and Health Inequalities including Core20+5: CYP

Core20+5 Objective	Target (2030)	Plan (Month)	Actual	Inequality gap (deprivation)	Inequality gap (ethnicity)
Rate unplanned admissions for asthma -children aged 0-17 (per 100,000 population) (Jan-25)			172.2		
Elective waiting list for children (<10) awaiting IP tooth extraction (Oct-24)			221		
% CYP with type2 Diabetes receiving a Health Check (Dec-24)			45.4%	-0.4%	1.6%
% CYP with type1 Diabetes accessing Hybrid closed loop (HCL) systems (Dec-24)			51.3%	6.5%	4.6%
Pre-term births <37 weeks Slope Index of inequality (rolling 12months Aug24)	3.1%			3.0%	
Number of CYP accessing mental Health Services	59,632	59,472	59,175		

Observations

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

Actions/interventions/learning/risks

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

Quality and Health inequality implications

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

Recovery/delivery

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

Safety – Dec 2024 – Mar 2025

	National objective	Latest Period	Plan	YTD Plan	Actual	YTD Actual
Never Events	Number of Serious Incident Never Events reported	Mar-25	0	0	2	23
Infection Prevention Control	Incidence of MRSA	Feb-25	0	0	5	62
	Incidence of C Difficile	Feb-25	85	935	88	1,074
	Incidence of E Coli	Feb-25	235	2,588	226	2,789
Mortality	One Trust (CDD FT) is showing higher than the expected range for SHMI					
Continuing Healthcare (CHC) (Dec-24)	Metric	March 25 plan	Plan	Actual	Trend	Benchmark
	Total CHC Referrals Completed			762		
	CHC Assessments Completed			3,072		
	Referrals completed within 28 Days	80.0%	80.0%	66.2%		75.5%
	Incomplete referral requests exceeding 28 days at the end of the quarter			125		
	Incomplete CHC referrals delayed by > 12 weeks	0	0	37		
	Percentage of Decision Support Tool (DST) assessments taking place in an acute setting	15.0%	15.0%	0.3%		0.4%
	Fast Track CHC referral conversion rate	90.0%	90.0%	92.1%		93.4%

<p>Observations</p> <ul style="list-style-type: none"> ○ NENC is over trajectory for the key 2024/25 HCAI infections. Concerns re Carbapenemase-producing Enterobacteria (CPE) at a couple of Trusts. ○ Increasing demands on Trust estate and patient flow through the hospitals adds challenge for infection control management. ○ 1 Trust is showing higher than expected for the Summary Hospital Mortality Indicator (SHMI) for data up to October 2024 (published 13 March 2025) ○ Between 01 April 2024 and 31 March 2025: <ul style="list-style-type: none"> ○ 23 Never Events have been reported across NENC and are being managed via the Patient Safety and Incident Response Framework (PSIRF). ● 35 Regulation 28s have been issued by the Coroner relating to Trusts/Providers within the NENC region. These are discussed at the respective quality committees. ● CHC: Increasing trend of referrals in NENC, particularly across Tees area. Impacts the overall eligibility conversion rate due to the high number of inappropriate referrals. ● Incomplete referrals refer to where a decision has not been made and the number of disputes and not necessarily due to the external provider completing backlog review work. Challenge in the financial climate. ● Fast Track approval rate in line with KPI 	<p>Actions/Interventions/Learning/Risks</p> <ul style="list-style-type: none"> ● Oversight across NENC through the AMR/HCAI subcommittee where learning and good practice ● HCAI and gram-negative improvement plans in place. ● Greater communication with patient flow teams and Infection control teams to ensure safe flow through patient pathways without unnecessarily compromising the cleaning standards. ● Quality and Safety Committee (QSC) monitor data relating to mortality and there is a regional mortality network in place to support quality improvements. ● CHC Fast track referrals - NENC ICB get a high number of fast Track referrals when compared to national figures and recent backlog reviews has identified many requiring follow up DST MDT which would indicate the fast track may have been inappropriate initially. ● Timeframes have recently been impacted largely by social worker availability for the backlog review work as well as workforce pressures and sickness. ● Liaison with local authorities continue where there are delays to social worker allocation. ● Business case paper prepared to consider longer term approach to reviews to prevent backlog and release capacity within teams. ● Recruitment has been ongoing with 13 new nurses across the ICB by mid-March.
<p>Quality and Health Inequality Implications</p> <ul style="list-style-type: none"> ● HCAI cases are subject to post infection/incident investigations to explore any lapses in care and learning. ● Increased infection and patient safety risks associated with length of stay in hospital. ● Never Event learning is shared through established forums and clinical networks. 	<p>Recovery/Delivery</p> <ul style="list-style-type: none"> ● Sound risk assessments have been developed by our Trusts for management of HCAI. ● Improvement plans in place for Regulation 28s and patient safety incidents. ● CHC Oversight at the ICB QSC ● AACC Task force is being developed to support the oversight and rapid improvement work required.

Appendix 1 – 2024/25 National objectives description

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