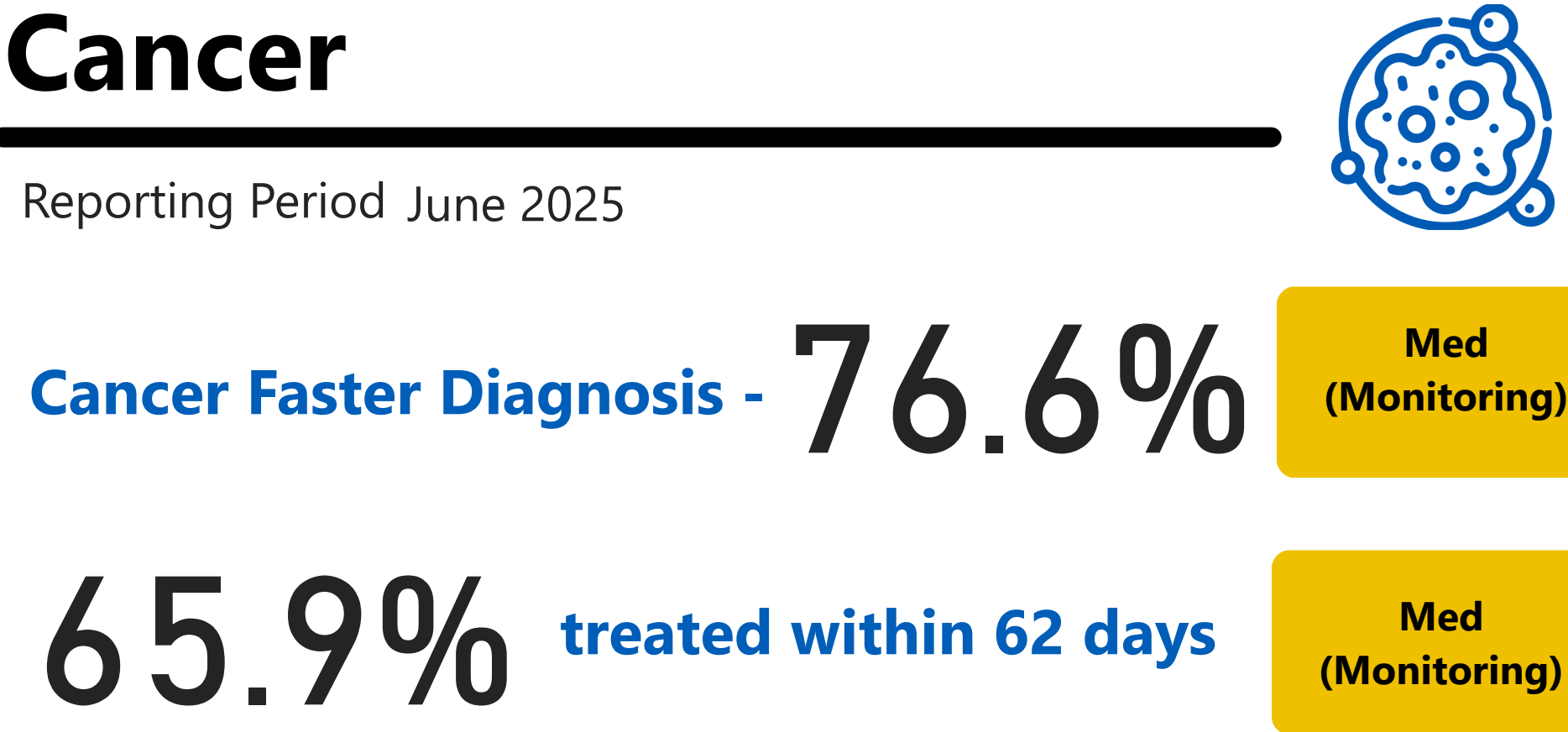
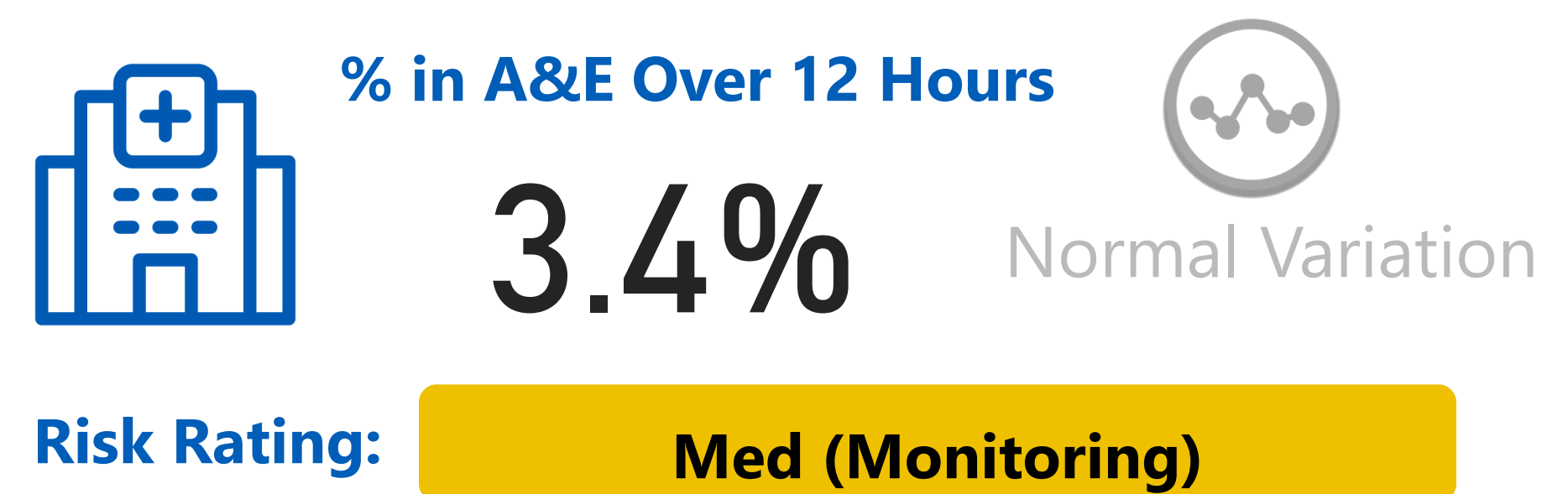
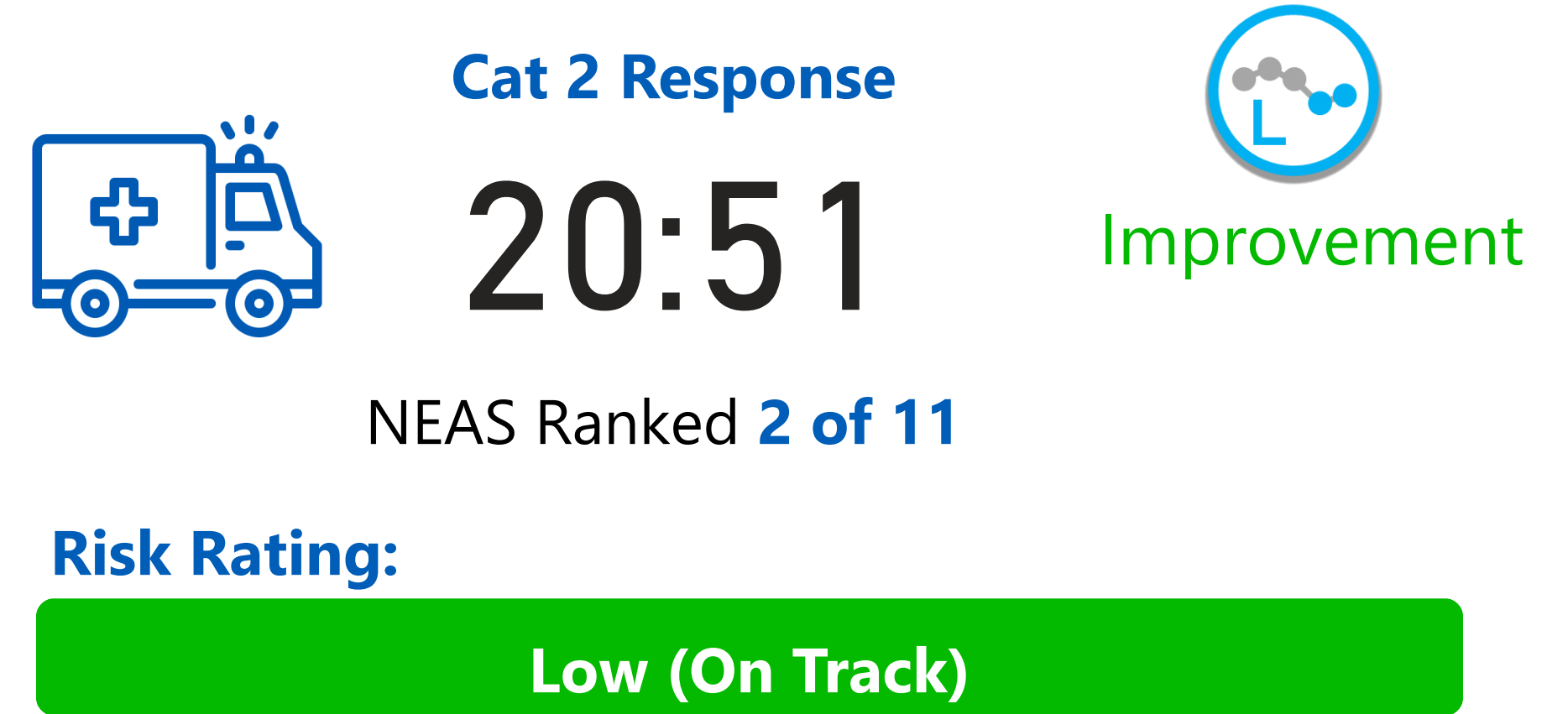
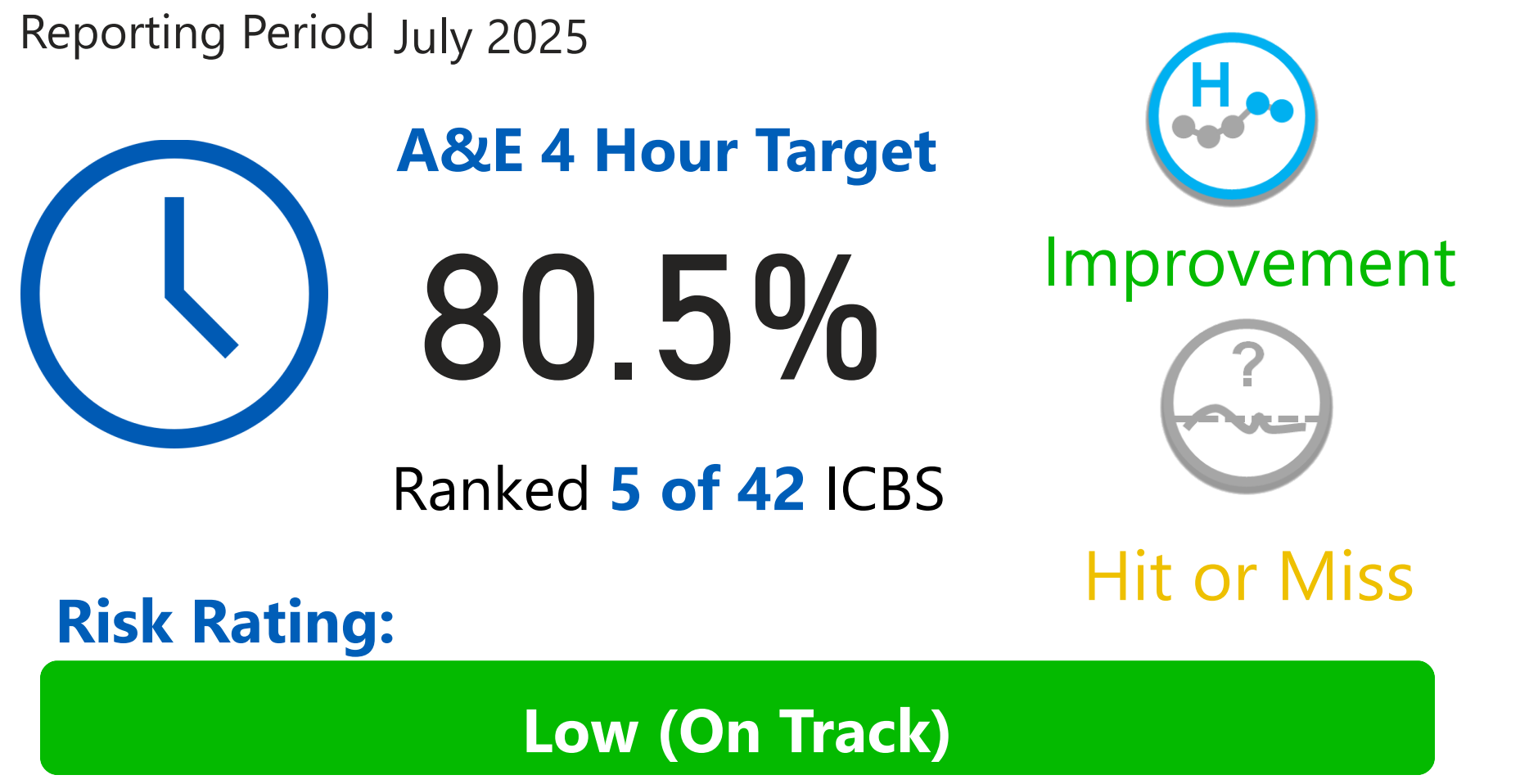


Integrated Delivery Report

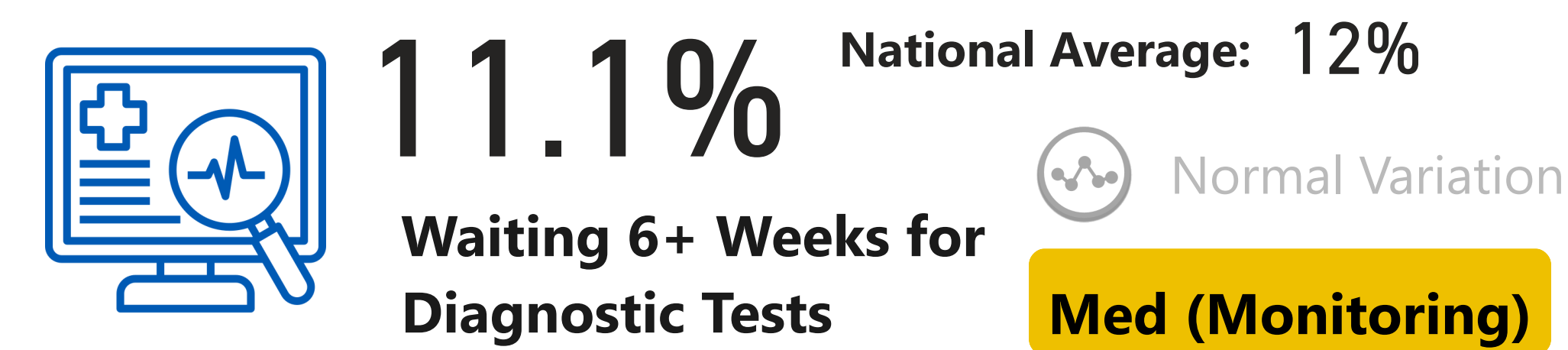
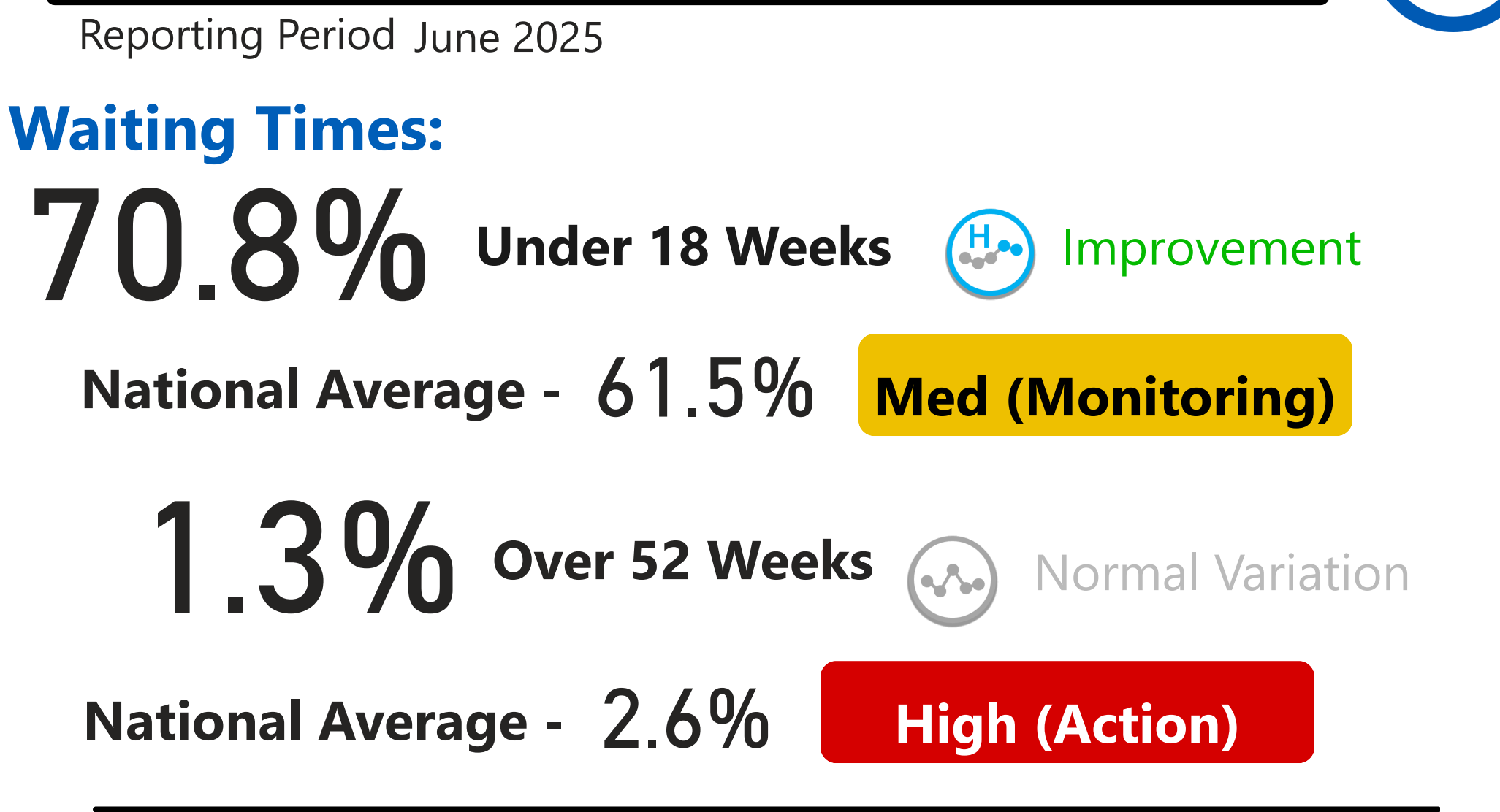
August 2025

North East & North Cumbria ICB

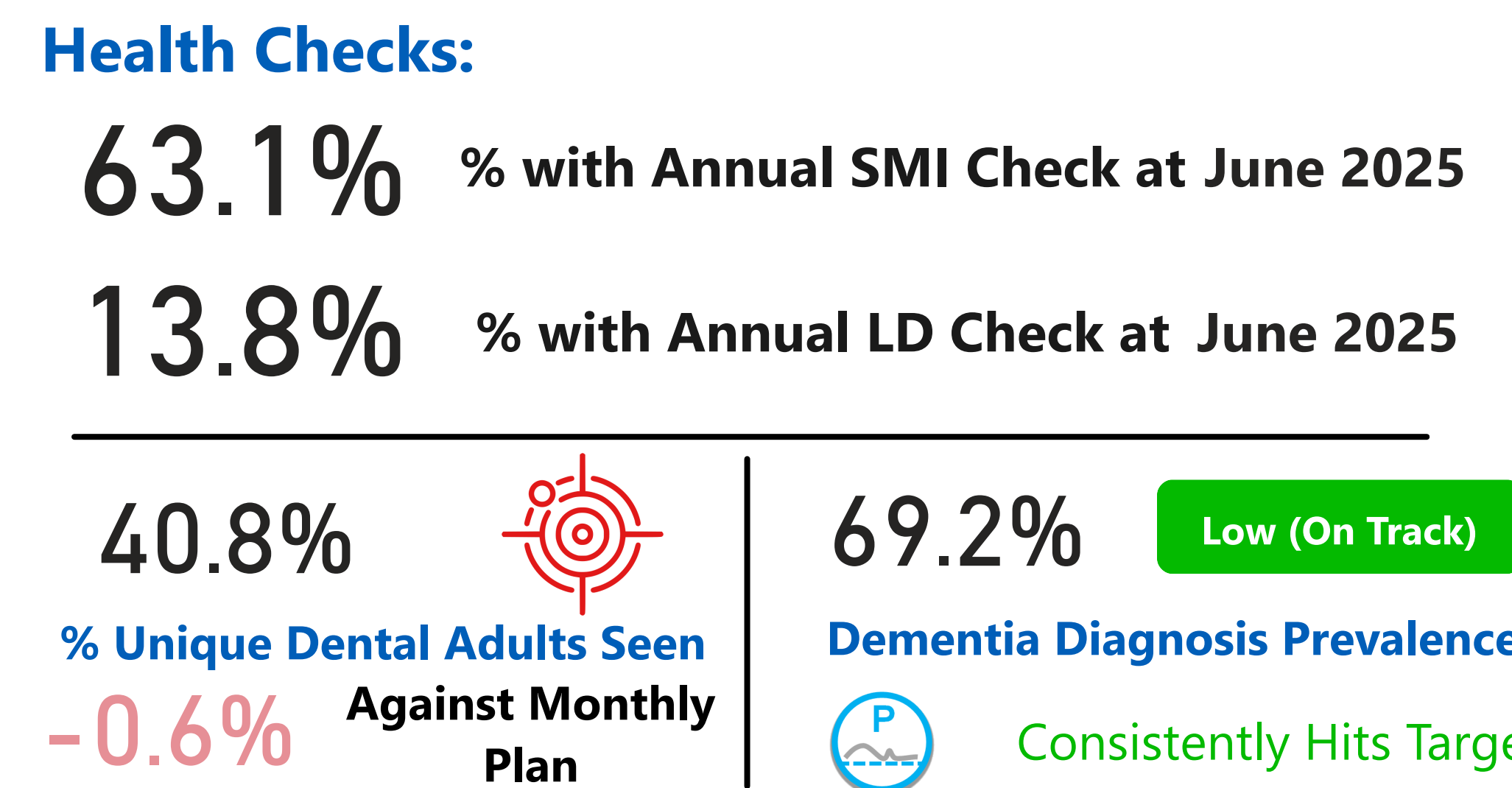
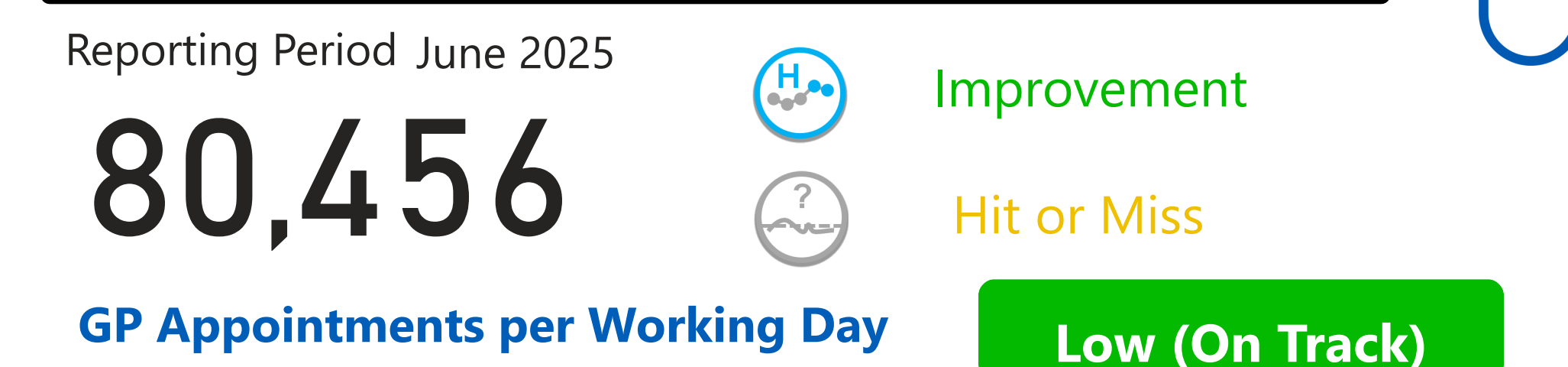
Urgent and Emergency Care



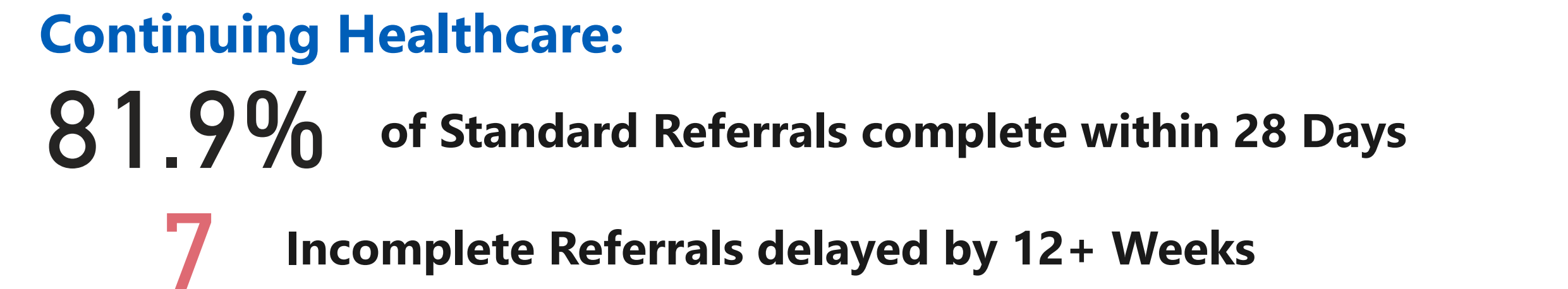
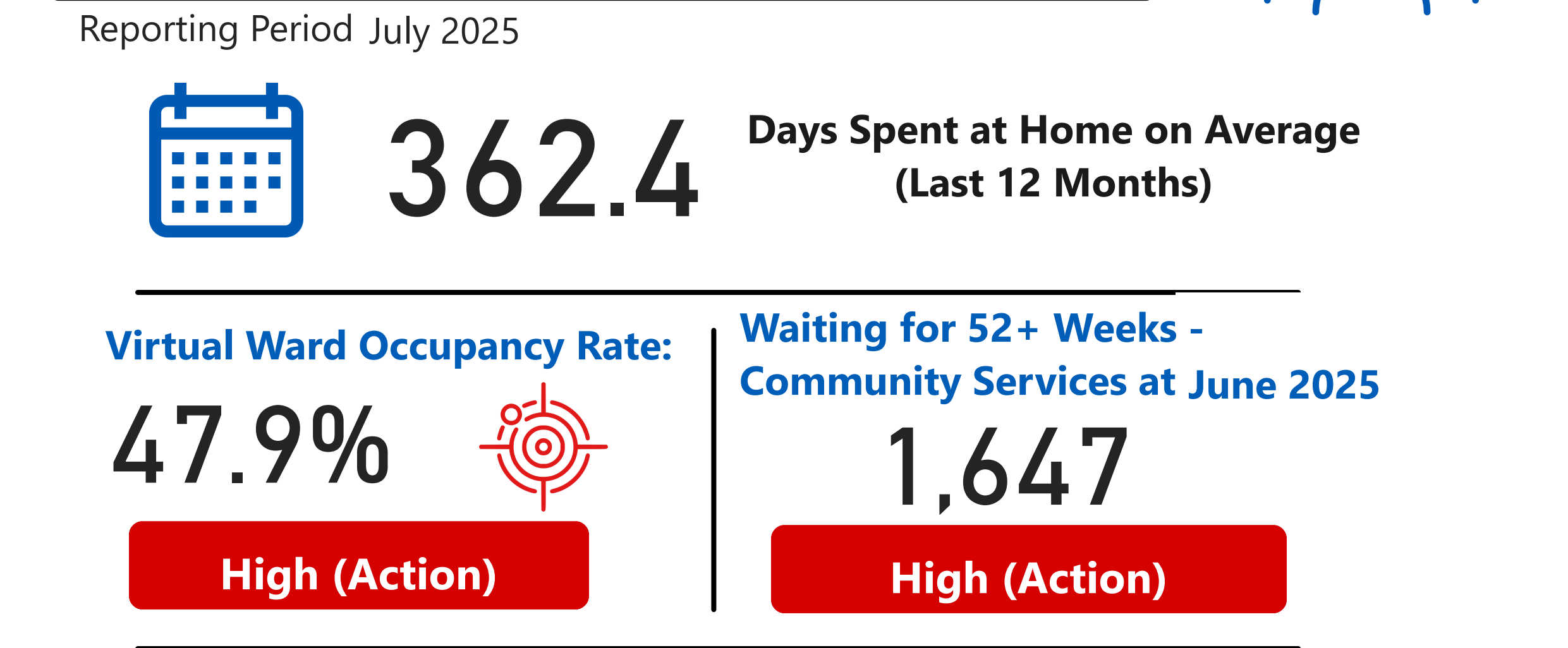
Elective Care & Diagnostics



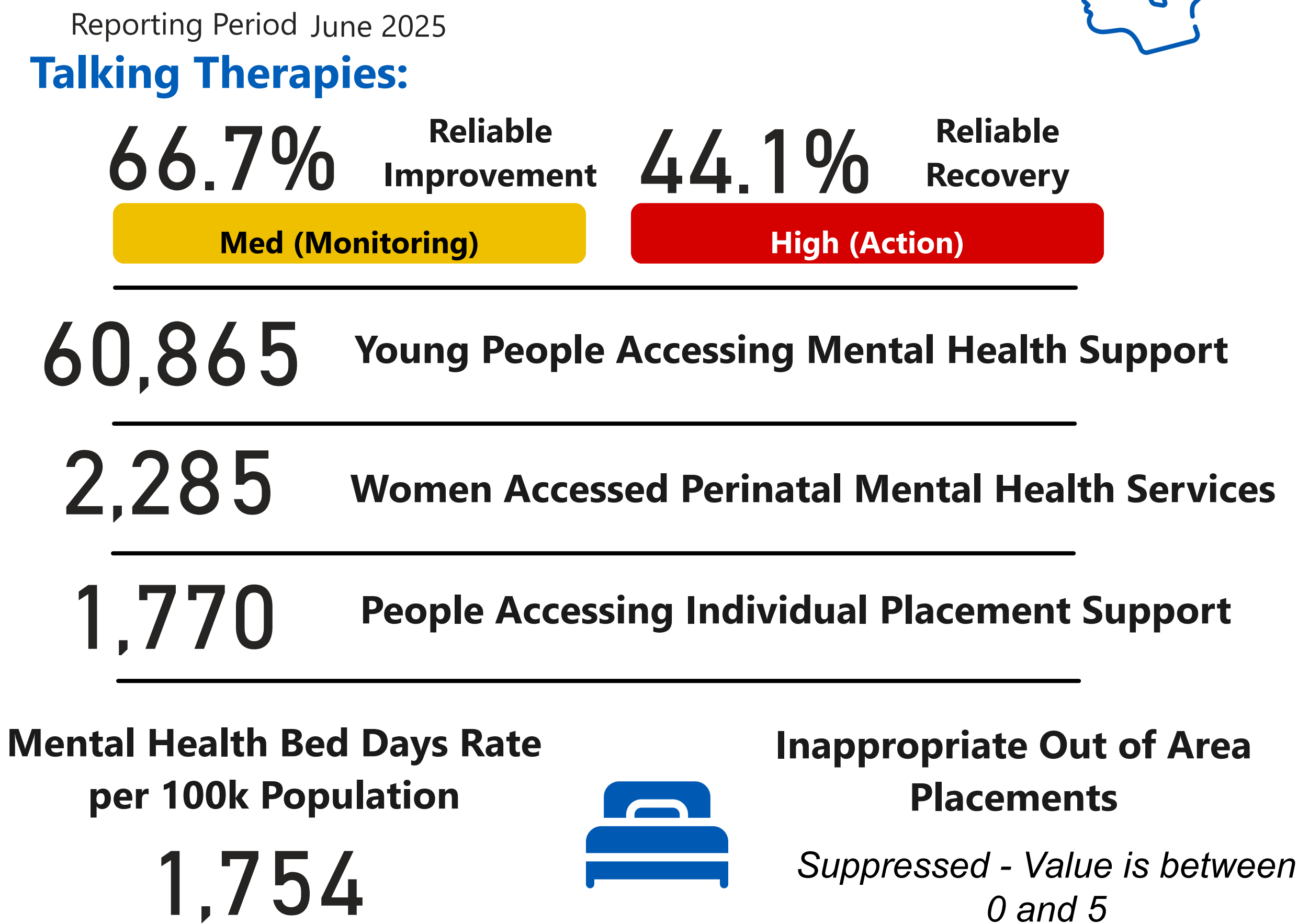
Primary Care



Community



Mental Health



Performance Highlights

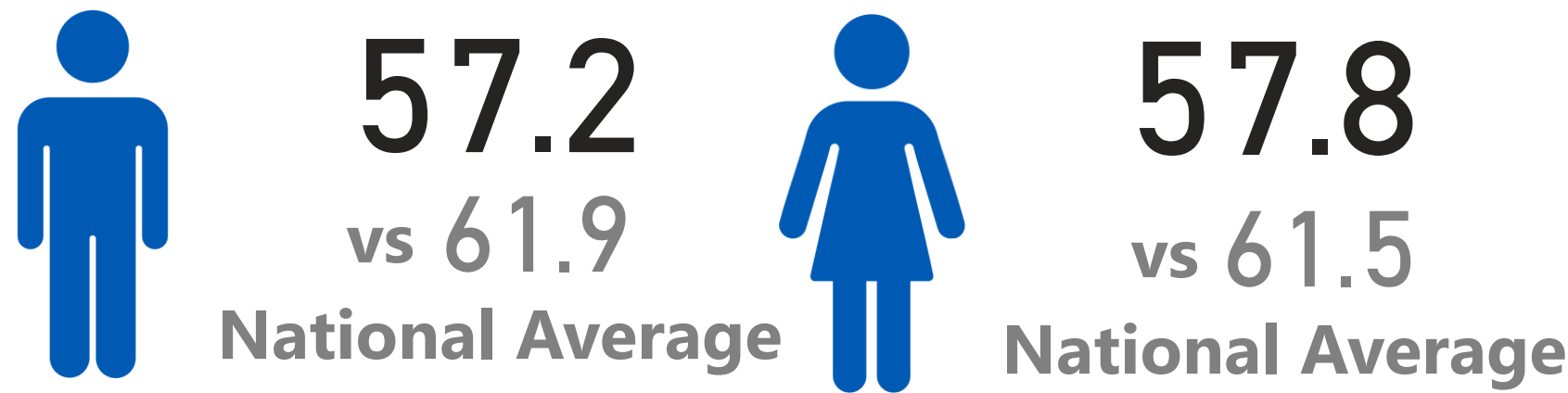
Key: SPC Icon Descriptions provided on previous page. Risk Ratings; Low (On Track) - Hitting Target/Improving Variation, Med (Monitoring) - Normal Variation/Not Consistently Hitting Target, High (Action) - Not Hitting Target or Concerning Variation with Inconsistent Assurance.

Improving Population Health, Prevention and LTCs

Outcomes

Reporting Period December 2023

Average Number of Years People Live in Health Life



Prevention and Management of LTCs

Reporting Period March 2025



MMR Vaccination Uptake by Age 5

91.3% +6.8% On National Uptake
National Uptake - 84.5%

At Risk Patients Treated with Lipid Lowering Therapies

66.2% +2.5% On National Average
National Average - 63.6%



Hypertension Patients Treated to Target

73.1% +2.8% On National Average
National Average - 70.3%

Quality

Safety

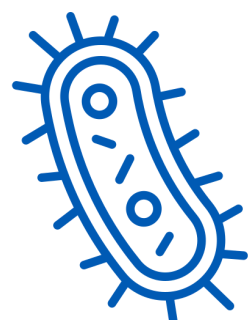
Incidence of C Difficile

Reporting Period June 2025

91



Hit or Miss



Med (Monitoring)

+12.7

Against Monthly Plan

Children (Aged 0-9) Prescribed Antibiotics in Primary Care

Reporting Period May 2025

24.2%

-6.2%

On National Average

National Average - 30.4%

Patient Experience

Reporting Period March 2025



Patients Describing Their Overall GP Experience as Good

78.9%

+3.6%

On National Value

National Value - 75.4%

Workforce and People (ICB/ICS)

Staff Absence -

5.7%



Hit or Miss



Reporting Period March 2025

National Average - 4.9%

Med (Monitoring)

Staff Turnover -

9.4%

-1.8%

On National Value

Reporting Period April 2025

Inequalities

Reducing Inequalities



Slope Index of Inequality (SII):

Variation of an indicator based on deprivation

Pre-Term Births - 3.4%

Reporting Period November 2024

Breast Cancer Screening Uptake - 16.5%

Reporting Period July 2024

Bowel Cancer Screening Uptake - 15.6%

Reporting Period July 2024

Deprivation Gaps:

Percentage Gap between Most and Least Deprived 20% in the Population

Early Stage Cancer Diagnosis - 5.9%

Reporting Period March 2025

Emergency Stroke Admission Rates - 17.2%

Reporting Period March 2025

Myocardial Infarction Admission Rates - 22.7%

Reporting Period March 2025

Section	Page	Page Number
Executive Summary	Key Changes and Points of Note	5
	Areas of Good Practice	6
	Key Challenges	6
	Summary Overview Dashboard	7
	SPC Icon Descriptions	10
Delivery of 25/26 Objectives	Urgent and Emergency Care (UEC)	11
	Elective, Cancer and Diagnostics	12
	Primary Care	13
	Community Care	14
	Mental Health Care	15
	People with Learning Disabilities and/or Autism	16
Improving population health, prevention and LTCs	Outcomes	17
	Prevention and Management of Long Term Conditions	18
Quality and Inequalities	Workforce	19
	Patient Experience	20
	Safety	21
	Reducing Inequality	22
Other	Finance	23
Appendices	1. Oversight Summary & CQC	24
	2. 25/26 Objective Descriptions	25

Key Changes and Points of Note

This report is the first edition of the newly formatted NENC Integrated Delivery Report (IDR) for 2025/26, of which incorporates the full suite of metrics to be reported on for 2025/26. The report provides an overview of quality, performance and finance and aligns to the new 2025/26 operating framework and draft NHS Performance Assessment Framework (NPAF) for 2025/26. This report incorporates all monthly, quarterly and annually reported metrics.

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

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

This report uses published data covering periods June & July 25. Finance is at July 25 (M4).

CQC - North Cumbria Integrated Care NHS Foundation Trust (NCICFT)

- The expected Special Educational Needs and Disability (SEND) inspection for the Cumberland Authority, commenced on the 23rd Jun 25, and took place over a three-week period. The inspection focused on Cumberland County Council and involved NCIC services. The Trust are currently waiting for formal feedback from the inspection.
- Key areas of discussion related to collaborative partnership, effectiveness of leadership with the Local Authority, safeguarding governance structures and Speech and Language Therapy data related to reablement.

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

- The Trust have been notified that the CQC will be undertaking a full well led CQC inspection of all services in Sept 25

Planned Care

- NENC has seen a slight increase in the overall waiting list size however this still represents the second lowest position over the last 12 months as well as maintaining the best RTT performance nationally. However, there are some key planned care metrics tracking outside of plan: Patients waiting >52 weeks, cancer 62 day, cancer faster diagnosis and diagnostics.

Urgent and Emergency Care

- The draft of the ICB winter plan was presented to the ICB Board on the 29th July and reflected national UEC requirements, underpinned by an extensive programme of work to deliver improvements across urgent and emergency care. During August and September local and regional testing of plans will take place and the final ICB plan will be taken to ICB Board on 30th September. This plan, along with our NENC primary care and elective recovery plans, and the broader strategic and operational plans and priorities for the NHS, provides a firm basis for preparing for the 2025/26 winter period.
- 4 of our Acute Trusts, GHFT, NUTH, CDDFT & STSFT, are participating in the UEC Getting it Right First Time (GIRFT) Further Faster 30 programme as part of the first Cohort of 10 sites. Initial scoping visits from the GIRFT team have taken place and those Trusts will be receiving targeted support and resources over the coming months (to Mar26) to support improvement of performance.

Dental

Roll out of the local UDAC infrastructure is currently ahead of schedule. The plan for August and September of 3,943 appointments per month being available was exceeded in August by 5,070 and September by 5,980 additional and new dedicated urgent care appointments being available. Once this structured network is fully rolled out we currently anticipate it will provide 111,280 urgent care directly bookable appointments for public access and of which +79,040 of those annually from 2026-27 will be new urgent care capacity commissioned to support the Manifesto pledge agenda with the remaining 32,240 being legacy in hours urgent care provision that pre-existed.

Key Challenges

- Challenged **elective recovery** across NENC attempting to achieve targeted reductions in patients waiting >52 weeks, waiting list size and completion of patient treatment pathways whilst ensuring providers work within indicative activity plan limits imposed by financial restrictions in 2025/26.
- Periods of industrial action have impacted planned elective activity.
- NCIC, and S Tees remain in **NHSE tiering** for **Cancer** (tier 2) and recovery plans continue to be developed and implemented. NUTH has been de-escalated following the NHSE Quarter 2 review of tiering and a subsequent confirmation letter (13th August 2025).
- Across the NENC system we perform comparatively well in relation to **No Criteria to Reside (NCTR)**, having the top 5 performing Trusts across NEY and an ICS performance position 3.8% better than the NEY average, however we do have 2 Trusts who continue to report above the NEY average (STSFT – 18.7% & NCIC – 18.7%) for w/e 17th August 2025.
- Whilst NENC ICS continue to perform comparably at a regional and national level, in relation to all UEC metrics, we remain focused on driving further improvement. During Apr-Jul 25 we have consistently reported above the national ambition of 78.0% (by Mar26) for 4hr A&E performance but we have fallen below our planned trajectory in 2/4 months and are currently reporting just above our YTD plan of 79.2%, reporting 79.4%.
- Within the National UEC Plan for 2025/26, issued on 6th June 25, there was an ambition to eradicate over 45 minute Ambulance Handover delays, we acknowledge that this is a very challenging ambition and continue to work with all providers to monitor agreed plans for delivering this.
- Local Delivery Teams have been asked to develop their plan to reduce **Community Service Waiting List** Times across their patch.
- **Virtual Ward occupancy rate** – Performance in Jul25 at 47.9% remains below plan (66.2%) and has reduced from Jun25. The ongoing development and implementation of Care Co-ordination Hubs across our system will ensure better utilisation of our Virtual Wards ahead of Winter. This is a key priority within the ICB and our Trusts Winter Plans.
- **SDEC Activity** – Performance in Jul25 is below plan, but has seen an increasing trend in each of the last 4 months. Increasing activity through our SDEC's is a key priority within the ICB and our Trusts Winter Plans, with work on-going to standardise direct access from Ambulance and Primary Care. Increasing activity will also be supported through the implementation of the Care Co-ordination Hubs.
- NENC have published their 2025-27 **Oral Health and Dental Strategy** with a key priority to increase the amount of urgent dental appointments being provided.
- There has been a drop in performance against the **Talking Therapies Reliable Recovery Rate**. May performance was recorded at 51.1% (3.1% above target) whereas June is noted as 44.1% (3.9% under target). It is anticipated that performance will improve as the year progresses following additional investment into trainee posts to increase capacity within teams.

Areas of Good Practice

- **Continuing Health Care** - There has been an improved position in the number of referrals completed within 28 days and a reduced number of referrals which have been delayed over >12 weeks.
- All NENC acute providers continue to focus on closing RTT pathways through the **Q2 national validation sprint running** 7th July to 28th Sept 2025.
- Whilst in month for Jul25 NEAS dropped to 2/11 nationally for Cat2 performance, as at the **YTD position to Jul25, NEAS** have maintained their performance across the whole of 24/25 in being the **top performing Ambulance Trust, for all 4 response time metrics** (Cat1, 2, 3 & 4), across the 11 Ambulance Trusts in England.
- NENC has seen an improvement across 6 key **GP patient experience** metrics in Mar-25 compared to Mar-24. We have also maintained our position above the national average for all 6. They include, experience of GP practice, needs met, involvement in decisions, contacting your GP via phone, contacting your GP via website, use of pharmacy services.
- **Prevention and Long Term Conditions** - Breast screening uptake for ages 50–70 is above the 70% acceptable threshold in NENC. 7 of 8 sub-ICBs met it; 1 reached the 80% achievable level.
- Bowel screening uptake for ages 60–74 exceeds both the 55% acceptable and 60% achievable thresholds.

Integrated Delivery Report - Summary Overview

	Metric	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
U & EC	A&E 4 Hour Performance % (National Sitrep)	Jul 2025	Improvement	Hit or Miss	80.5%	79.4%	+1.1%	82.1%	76.4%	Low (On Track)
	C2 Average Response Time	Jul 2025	Improvement	Hit or Miss	20:51	23:24	-02:27	24:24		Low (On Track)
	% of Attendances in A&E over 12 Hours	Jul 2025	Normal Variation	Hit or Miss	3.4%	3.9%	-0.4%	4.3%	7.5%	Med (Monitoring)
Elective, Cancer & Diagnostics	Number of patients on waiting list (RTT incomplete)	Jun 2025	Improvement	Hit or Miss	345,839	344,934	+905.0	329,799		Low (On Track)
	% patients waiting for initial treatment on incomplete pathways within 18 weeks	Jun 2025	Improvement	Consistently Off Target	70.8%	70.2%	+0.6%	74.%	61.5%	Med (Monitoring)
	% patients waiting more than 52 weeks for treatment (Incomplete pathways only)	Jun 2025	Normal Variation	Consistently Off Target	1.3%	1.1%	+0.1%	0.5%	2.6%	High (Action)
	% Patients waiting more than 6 weeks from referral for a diagnostic test (9 core tests)	Jun 2025	Normal Variation	Hit or Miss	11.1%	7.1%	+4.0%	5.1%	12.%	Med (Monitoring)
	% of patients FDS within 28 days	Jun 2025	Normal Variation	Hit or Miss	76.6%	80.%	-3.4%	82.9%	76.8%	Med (Monitoring)
	% of patients treated within 62 days of referral for suspected cancer	Jun 2025	Normal Variation	Hit or Miss	65.9%	69.9%	-4.0%	76.8%	67.1%	Med (Monitoring)
	Proportion of cancer diagnosed at stages 1 or 2 - Rolling 12 Months	Apr 2025	SPC n/a	SPC n/a	56.8%	75.%	-18.2%	75.%		Not Available
Primary Care	Primary Care Appointments per Working Day	Jun 2025	Improvement	Hit or Miss	80,456	77,958	+2,497.5	87,482		Low (On Track)
	Number of Urgent Dental Appointments Provided	Jul 2025	Normal Variation	Consistently Off Target	20,220	23,289	-3,069.0	26,208		High (Action)
	Percentage of unique patients seen by NHS dentist (adult) - rolling 24m	Jun 2025	SPC n/a	SPC n/a	40.8%	41.4%	-0.6%	42.%		Not Available
	Dementia diagnosis rate (as % expected prevalence)	Jun 2025	Improvement	Consistently Hits Target	69.2%	66.7%	+2.5%	66.7%	65.8%	Low (On Track)
	Proportion of people on GP SMI register receiving full physical health check in primary care setting	Jun 2025	Improvement	Consistently Off Target	63.1%	75.%	-11.9%	75.%	60.%	Med (Monitoring)
	Proportion of LD aged 14+ receiving Health Check YTD	Jun 2025	SPC n/a	SPC n/a	13.8%	15.%	-1.2%	76.%	13.3%	Not Available
Community	Community services waiting list over 52 weeks (All)	Jun 2025	Concern	Hit or Miss	1,647	1,194	+453.0	1,022		High (Action)
	Latest reported Virtual Ward occupancy rate (snapshot closest to end of month)	Jul 2025	Normal Variation	Consistently Off Target	47.9%	66.2%	-18.3%	71.8%		High (Action)
	SDEC Activity Across NENC Providers (Currently Only 4 Providers)	Jul 2025	Normal Variation	Consistently Off Target	8,436	9,665	-1,229.0	9,680		High (Action)
	Time Spent at Home (Care Home Residents/All Aged 75+) - Rolling 12m	Jun 2025	SPC n/a	SPC n/a	362					Not Available
	Percentage of standard CHC referrals completed in 28 days	Jun 2025	SPC n/a	SPC n/a	81.9%	80.%	+1.9%	80.%	75.6%	Not Available
	Incomplete CHC referrals delayed by > 12 weeks	Jun 2025	SPC n/a	SPC n/a	7					Not Available
Mental Health	Talking Therapies Reliable Recovery Rate	Jun 2025	Concern	Hit or Miss	44.1%	48.%	-3.9%	49.5%		High (Action)
	Talking Therapies Reliable Improvement Rate	Jun 2025	Normal Variation	Hit or Miss	66.7%	67.%	-0.3%	68.8%		Med (Monitoring)
	Rate per 100k Population of MH Bed Days for Discharges from adult acute, older adult acute and PICU beds (18+ Only, Rolling Quarter)	Jun 2025	SPC n/a	SPC n/a	1,754	2,001	-246.6	1,914		Not Available
	Percentage of adult inpatients discharged with a length of stay exceeding 60 days	Jun 2025	Normal Variation	Target Unavailable	18.1%					Low (On Track)
	Number of people accessing Individual Placement Support services	Jun 2025	SPC n/a	SPC n/a	1,770	1,769	+1.0	2,429		Not Available
	Total number of inappropriate Out of Area (OOA) Placements	Jun 2025	Normal Variation	Hit or Miss	4					Med (Monitoring)
	No of CYP accessing support by NHS funded community services (rolling 12 months)	Jun 2025	SPC n/a	SPC n/a	60,865	58,348	+2,517.0	60,897		Not Available
	Number of women accessing specialist community perinatal mental health services (rolling 12 months)	Jun 2025	SPC n/a	SPC n/a	2,285	2,310	-25.0	2,355		Not Available
Learning Disabilities & Autism	LDA Inpatient Beds Occupied by Adults & Older Adults (from the AT database)	Jul 2025	Improvement	Hit or Miss	160	163	-3.0	153		Low (On Track)
	Percentage of people with an open suspected autism referral for over 13 weeks that have not had a care contact appointment recorded	Jun 2025	Normal Variation	Target Unavailable	73				83	Low (On Track)

Integrated Delivery Report - Summary Overview

	Metric	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Outcomes	▲									
	Average number of years people live in healthy life - Females (3 year rolling)	Dec 2023	SPC n/a	SPC n/a	58				62	Not Available
	Average number of years people live in healthy life - Males (3 year rolling)	Dec 2023	SPC n/a	SPC n/a	57				62	Not Available
Prevention and Management of LTCs	Percentage of diabetes patients to receive all eight care processes YTD (Type 2 and other)	Mar 2025	SPC n/a	SPC n/a	53.5%					Not Available
	Percentage of diabetes patients to receive all eight care processes YTD (Type 1)	Mar 2025	SPC n/a	SPC n/a	35.2%					Not Available
	CVDP007HYP: Percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age appropriate treatment threshold	Mar 2025	SPC n/a	SPC n/a	73.1%				70.3%	Not Available
	CVDP003CHOL: Percentage of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 20% or more, on lipid lowering therapy	Mar 2025	SPC n/a	SPC n/a	66.2%				63.6%	Not Available
	NHS Bowel Cancer Screening Programme: KPI BCS1: uptake	Mar 2025	SPC n/a	SPC n/a	68.7%				64.8%	Not Available
	NHS Cervical Screening Programme: KPI CS1: coverage under 50 years and KPI CS2: coverage 50 years and above	Jun 2024	SPC n/a	SPC n/a	73.2%				69.7%	Not Available
	NHS Breast Screening Programme: KPI BS1: uptake	Mar 2025	SPC n/a	SPC n/a	71.9%				67.6%	Not Available
	Percentage of eligible children to receive two doses of the MMR vaccine by age 5	Mar 2025	SPC n/a	SPC n/a	91.3%				84.5%	Not Available
	Smoking at Time of Delivery	Mar 2025	SPC n/a	SPC n/a	6.9%				6.%	Not Available
	Tier 3 weight management referrals as a percentage of QOF Obesity Register (ages 18+) (North East only)	Jun 2025	SPC n/a	SPC n/a	0.1%					Not Available
Safety	Incidence of C Difficile	Jun 2025	Normal Variation	Hit or Miss	91	78	+12.7	78		Med (Monitoring)
	Incidence of E Coli	Jun 2025	Normal Variation	Hit or Miss	258	219	+39.5	219		Med (Monitoring)
	Incidence of MRSA	Jun 2025	Normal Variation	Hit or Miss	7					Med (Monitoring)
	Percentage of children (aged 0 – 9) prescribed antibiotics in the last 12 months	May 2025	SPC n/a	SPC n/a	24.2%				30.4%	Not Available
	Stillbirths per 1,000 live births and stillbirths (12m rolling)	Feb 2025	SPC n/a	SPC n/a	4					Not Available
	Neonatal deaths per 1,000 live births (12m rolling)	Mar 2025	SPC n/a	SPC n/a	1					Not Available
Workforce	NHS Staff Survey - Raising Concerns (Sub-Score)	Dec 2024	SPC n/a	SPC n/a	7				6	Not Available
	Staff Absence Rate	Mar 2025	Normal Variation	Hit or Miss	5.7%	5.6%	+0.1%	4.6%	4.9%	Med (Monitoring)
	Staff Turnover Rate (last 12 months)	Apr 2025	SPC n/a	SPC n/a	9.4%	9.2%	+0.2%	9.6%	11.2%	Not Available
	GP Leaver Rate - Percentage of GPs to leave in the last 12 months	Jun 2025	SPC n/a	SPC n/a	6.2%				7.5%	Not Available
Patient Experience	NHS Staff Survey - Engagement Theme Score	Dec 2024	SPC n/a	SPC n/a	6				6	Not Available
	Percentage of patients who describe their experience of their GP as good (overall experience)	Mar 2025	SPC n/a	SPC n/a	78.9%				75.4%	Not Available

Integrated Delivery Report - Summary Overview

	Metric	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Reducing Inequality	▲									
	Deprivation Gap in Early Cancer Diagnosis	Mar 2025	Normal Variation	Target Unavailable	5.9%					Low (On Track)
	Percentage deprivation gap in stroke admissions	Mar 2025	SPC n/a	SPC n/a	17.2%					Not Available
	Percentage deprivation gap in myocardial infarction admissions	Mar 2025	SPC n/a	SPC n/a	22.7%					Not Available
	Pre-Term Births Under 37 Weeks Slope Index of Inequality (SII) Time Series (%) - rolling 12m	Nov 2024	SPC n/a	SPC n/a	3.4%					Not Available
	Breast Cancer Screening Uptake (ages 50-70) Slope Index of Inequality (SII) Time Series (%) - 36m cumulative and rolling	Jul 2024	SPC n/a	SPC n/a	16.5%					Not Available
	Bowel Cancer Screening Uptake (ages 60-74) Slope Index of Inequality (SII) Time Series (%) - 36m cumulative and rolling	Jul 2024	SPC n/a	SPC n/a	15.6%					Not Available
Finance	ICS financial position (+ Deficit / - Surplus)	Jul 2025	SPC n/a	SPC n/a	£24.99m	£28.19m	-£3.20m			High (Action)
	ICB financial position (+ Deficit / - Surplus)	Jul 2025	SPC n/a	SPC n/a	-£5.21m	-£3.95m	-£1.26m			Med (Monitoring)
	Running cost position	Jul 2025	SPC n/a	SPC n/a	£13.75m	£15.86m	-£2.11m			Med (Monitoring)
	Capital funding	Jul 2025	SPC n/a	SPC n/a	£57.22m	£45.08m	+£12.14m			Med (Monitoring)
	Agency spend	Jul 2025	SPC n/a	SPC n/a	£18.93m	£17.59m	+£1.34m			Med (Monitoring)
	ICS Total Efficiency savings	Jul 2025	SPC n/a	SPC n/a	£172.10m	£176.50m	-£4.40m			High (Action)

Variation



**Special Cause
Improvement
Measure Significantly
Higher**

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



**Special Cause
Improvement
Measure Significantly
Lower**

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



**Common Cause
Variation
No Significant Change**

No significant change in the data during the reporting period



**Special Cause
Concerning
Measure Significantly
Higher**

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



**Special Cause
Improvement
Measure Significantly
Lower**

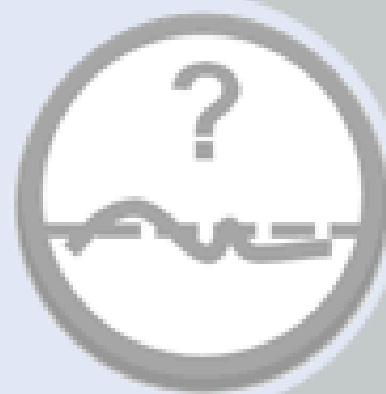
Aiming to have high performance and we're seeing significant concern in the process

Assurance



Trajectory Passing

The process is capable and will consistently pass the assigned trajectory



Trajectory Hit or Miss

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



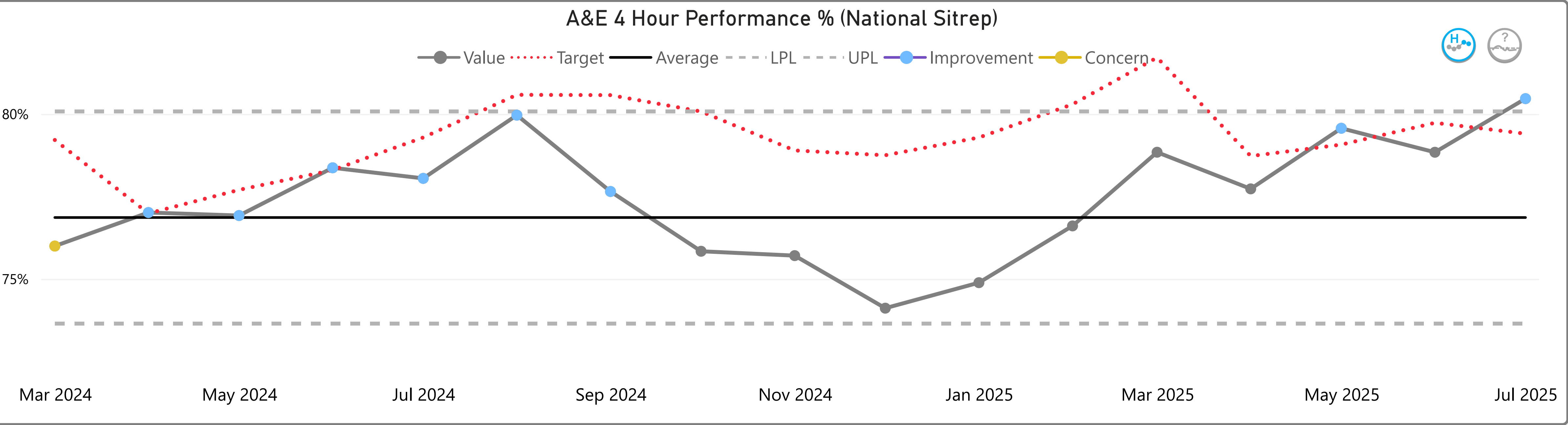
Trajectory Failing

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

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

Urgent and Emergency Care

Executive Lead(s) - Neil O`Brien



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
A&E 4 Hour Performance % (National Sitrep)	Jul 2025	Improvement	Hit or Miss	80.5%	79.4%	+1.1%	82.1%	76.4%	Low (On Track)
C2 Average Response Time	Jul 2025	Improvement	Hit or Miss	20:51	23:24	-02:27	24:24		Low (On Track)
% of Attendances in A&E over 12 Hours	Jul 2025	Normal Variation	Hit or Miss	3.4%	3.9%	-0.4%	4.3%	7.5%	Med (Monitoring)

Link to Strategic Priorities

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

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

Observations and Risk

A&E 4hr – Across the NENC system performance in Jul25 was reported as 80.5%, this is above the Jul25 plan of 79.4% and above the National average of 76.4%, ranking us as 5/42 across England.

Cat2 – NEAS Cat2 performance in Jul25 was reported as 20:51, this is below the Jul25 plan and maintains NEAS strong position and the 2nd best performing ambulance Trust across England (2/11).

A&E 12 hour waits – Across the NENC system performance in Jul25 was reported as 3.4%, this is below the Jul25 plan of 3.9% and below both the national ambition of 10.0% and regional ambition of 5.0%.

Key Actions

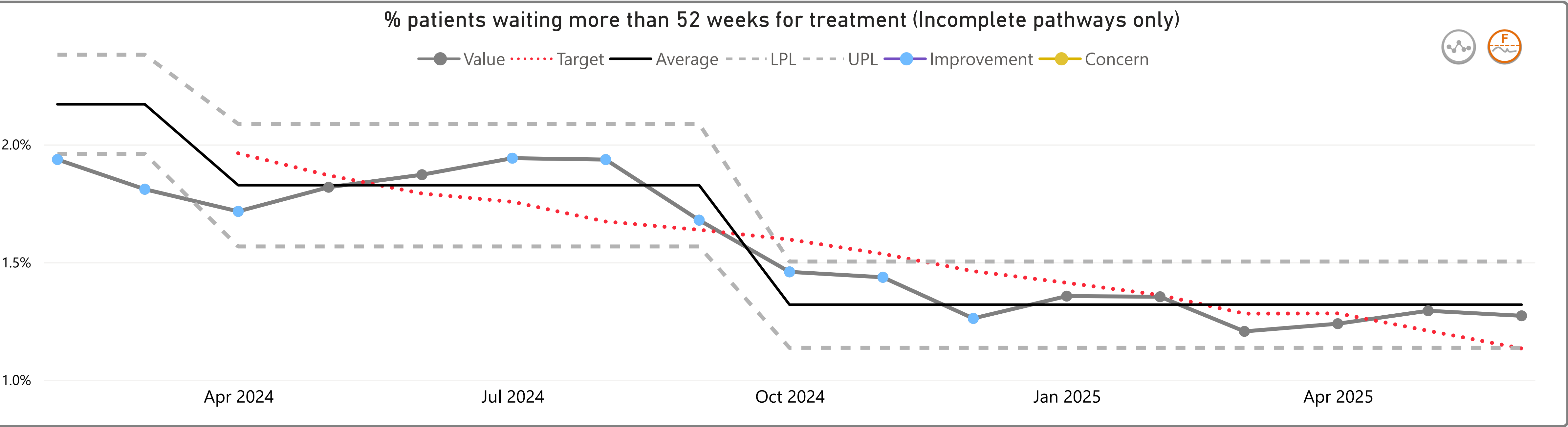
- On 6th June 2025 NHSE released the 'Urgent and Emergency care plan 2025/26'. Included within were details of 7 priorities that will have the biggest impact on UEC performance this coming winter:
- 1) Cat 2 – below 30 mins, 2) Eradicate over 45-minute Ambulance delays, 3) A&E 4hr above 78%, 4) Reducing 12 hour waits in A&E, 5) Reducing over 24 hr waits in A&E for patients awaiting a Mental Health Admission, 6) Tackling discharge delays, particularly those waiting 21+ days after discharge ready date, 7) Increasing the number of children seen in A&E within 4 hours
- The ICB has already established a Winter Planning Assurance and Delivery Group and this group will ensure the recent guidance is built into existing work, albeit all areas were already included within emerging Winter plans.

Elective Care Diagnostics and Cancer

Executive Lead(s) - Jacqueline Myers

Observations and Risk

- Waiting times** - We have seen a slight increase in overall waiting list size in the latest reporting period however this still represents the second lowest position over the last 12 months as well as maintaining the best RTT performance in the country. The % of patients waiting >52 weeks has increased above planned position and local management data indicates a worsening position against the reducing plan set for 25/26.
- Diagnostic performance** - An improvement from the previous month however is 4% above plan.
- Cancer** - Two consecutive drops in Cancer 62-day performance recording the joint 12 month lowest level in Jun25 drifting 4% below plan. Cancer FDS has improved in Jun25 however is 3.4% below plan.



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Number of patients on waiting list (RTT incomplete)	Jun 2025	Improvement	Hit or Miss	345,839	344,934	+905.0	329,799		Low (On Track)
% patients waiting for initial treatment on incomplete pathways within 18 weeks	Jun 2025	Improvement	Consistently Off Target	70.8%	70.2%	+0.6%	74.0%	61.5%	Med (Monitoring)
% patients waiting more than 52 weeks for treatment (Incomplete pathways only)	Jun 2025	Normal Variation	Consistently Off Target	1.3%	1.1%	+0.1%	0.5%	2.6%	High (Action)
% Patients waiting more than 6 weeks from referral for a diagnostic test (9 core tests)	Jun 2025	Normal Variation	Hit or Miss	11.1%	7.1%	+4.0%	5.1%	12.0%	Med (Monitoring)
% of patients FDS within 28 days	Jun 2025	Normal Variation	Hit or Miss	76.6%	80.0%	-3.4%	82.9%	76.8%	Med (Monitoring)
% of patients treated within 62 days of referral for suspected cancer	Jun 2025	Normal Variation	Hit or Miss	65.9%	69.9%	-4.0%	76.8%	67.1%	Med (Monitoring)
Proportion of cancer diagnosed at stages 1 or 2 - Rolling 12 Months	Apr 2025	SPC n/a	SPC n/a	56.8%	75.0%	-18.2%	75.0%		Not Available

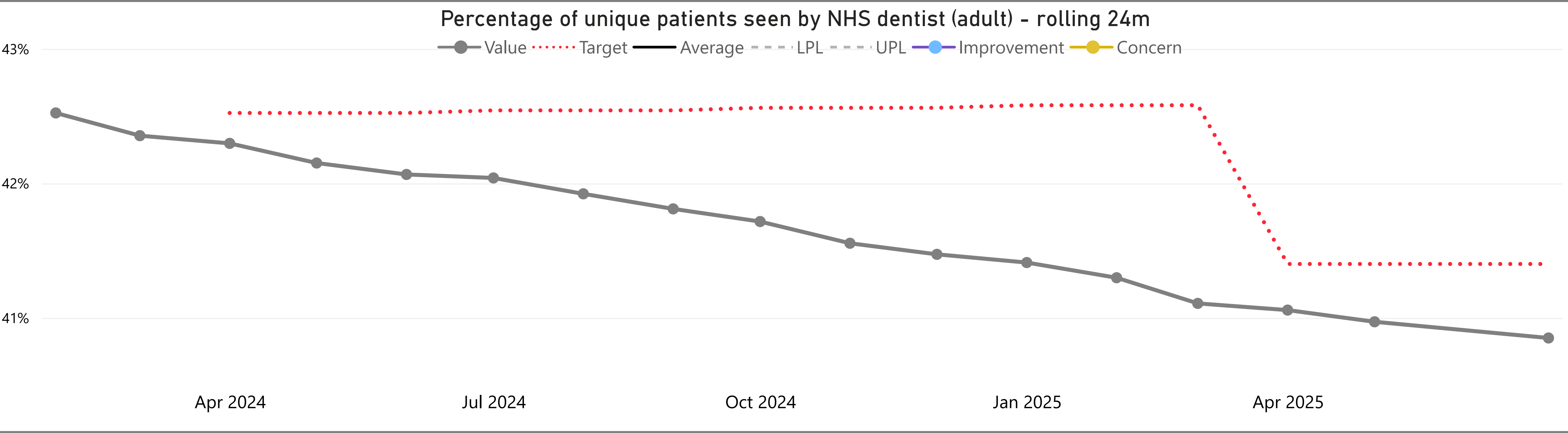
Link to Strategic Priorities

- We will improve patient outcomes in 2025/26 through reductions in time people wait for elective care by:
 - Improving the % of patients waiting <18weeks delivering a minimum 5% improvement by Mar26
 - Reducing the % of patients waiting >52weeks to less than 1% of the total waiting list by Mar26
 - Improving performance for cancer 62-day and 28-day Faster Diagnosis Standard (FDS) 75% and 80% respectively by March 2026
 - Reducing the number of patients waiting >6 weeks for a diagnostic test

Key Actions

- Waiting Times** - Focus on elective recovery for NENC including reductions in long waits, waiting list size, waiting list validation (Q2 validation sprint) and completion of patient treatment pathways. Weekly surveillance and routine/ad-hoc Tier 3 elective recovery meetings with providers help us understand the issues, recovery actions and timescales providing assurance through challenge and support. Specific actions to target patients waiting >52 weeks include additional capacity through; WLIs, insourcing and outsourcing activity, super clinics and recruitment. Trusts are also working closely with the GIRFT program and targeting theatre productivity
- In addition we have a comprehensive range of elective recovery groups driving change and improvements through the Provider Collaborative governance infrastructure including implementing the Specialist Advice Operational Delivery Framework, enhancing triage processes and ensuring more timely, accurate and appropriate referrals reach secondary care.
- Diagnostics** - Tees Valley Community Diagnostics Centre opened to patients in April 25, providing additional capacity.
- Cancer** - NCIC and S Tees remain in NHSE tiering process for Cancer (tier 2). NUTH have been de-escalated following an NHSE quarter 2 review. Recovery plans continue to be developed and implemented.

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



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Primary Care Appointments per Working Day	Jun 2025	Improvement	Hit or Miss	80,456	77,958	+2,497.5	87,482		Low (On Track)
Number of Urgent Dental Appointments Provided	Jul 2025	Normal Variation	Consistently Off Target	20,220	23,289	-3,069.0	26,208		High (Action)
Percentage of unique patients seen by NHS dentist (adult) - rolling 24m	Jun 2025	SPC n/a	SPC n/a	40.8%	41.4%	-0.6%	42.0%		Not Available
Dementia diagnosis rate (as % expected prevalence)	Jun 2025	Improvement	Consistently Hits Target	69.2%	66.7%	+2.5%	66.7%	65.8%	Low (On Track)
Proportion of people on GP SMI register receiving full physical health check in primary care setting	Jun 2025	Improvement	Consistently Off Target	63.1%	75.0%	-11.9%	75.0%	60.0%	Med (Monitoring)
Proportion of LD aged 14+ receiving Health Check YTD	Jun 2025	SPC n/a	SPC n/a	13.8%	15.0%	-1.2%	76.0%	13.3%	Not Available

Link to Strategic Priorities

We will improve patient outcomes in 25/26 through:

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

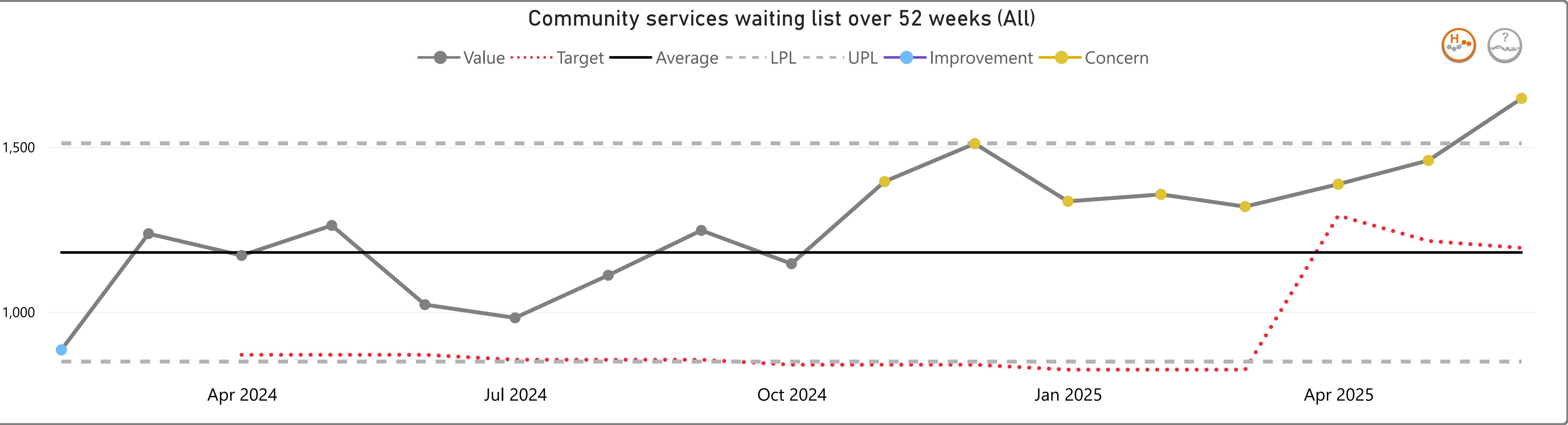
Observations and Risk

- **PC Appointments per Working Day** – An average of 80,456 Primary Care appts were provided per day, in Jun25 across NENC, this is above plan and an increase from May25.
- **Urgent Dental Appointments** – Performance in Jul25 is below plan but a significant increase on Apr25.
- **Patients seen by NHS dentist (adult)** – Performance in Jun25 was 40.8% against a plan of 41.4%.
- **Dementia Diagnosis rate** – Performance in Jun25 is reported as 69.2%, 2.5% above plan of 66.7%.
- **GP Severe Mental Illness (SMI) & Learning Disabilities 14+ health check** – Performance in Jun25 was significantly below plan
- Learning Disabilities Health check historical activity demonstrates increased uptake as the year progresses, so expectation that targets will be achieved through targeted work with practices.

Key Actions

- A general practice action plan has been developed across NENC and submitted to NHSE in June, setting out 1) tackling unwarranted variation, 2) Improving Contract Oversight, 3) Improving Commissioning and transformation.
- Urgent Dental actions - UDAC roll out by Sep25 across NENC, Local commissioning exercise to replace lost NHS Dentistry capacity, Continuation of our Incentivised Access Scheme to Mar26.
- Dental access - Performance for children - currently 60.9% against a plan of 60.4%, Practices delivering additional UDAs above contracted levels, Extending the local incentivised access scheme until the end of Mar26, Loyalty bonus to support retention of our most experienced NHS dentists, ICB's true cost of care initiative, reduce contract hand-backs.
- NENC have published their 2025-2027 Oral Health & Dental Strategy with a key priority to increase the number of urgent dental appointments.

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



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Community services waiting list over 52 weeks (All)	Jun 2025	Concern	Hit or Miss	1,647	1,194	+453.0	1,022		High (Action)
Latest reported Virtual Ward occupancy rate (snapshot closest to end of month)	Jul 2025	Normal Variation	Consistently Off Target	47.9%	66.2%	-18.3%	71.8%		High (Action)
SDEC Activity Across NENC Providers (Currently Only 4 Providers)	Jul 2025	Normal Variation	Consistently Off Target	8,436	9,665	-1,229.0	9,680		High (Action)
Time Spent at Home (Care Home Residents/All Aged 75+) - Rolling 12m	Jun 2025	SPC n/a	SPC n/a	362					Not Available
Percentage of standard CHC referrals completed in 28 days	Jun 2025	SPC n/a	SPC n/a	81.9%	80.0%	+1.9%	80.0%	75.6%	Not Available
Incomplete CHC referrals delayed by > 12 weeks	Jun 2025	SPC n/a	SPC n/a	7					Not Available

Link to Strategic Priorities

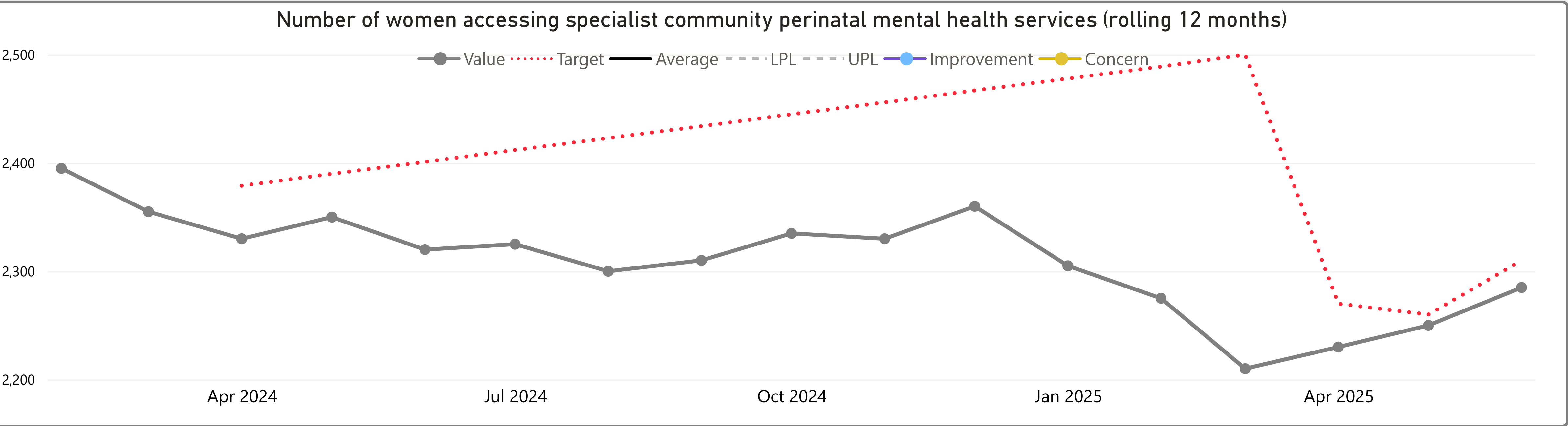
- Integrated Neighbourhood Health components – urgent care and intermediate care.
- To support the 'left shift' it is essential that we ensure our Community Services are working as efficiently as possible and with capacity utilised appropriately.

Observations and Risk

- **Community services waiting list over 52 weeks (All)** – Waiting list in Jun25 stands at 1,647, significantly above plan of 1,194
- **Virtual Ward occupancy rate** – Performance in Jul25 at 47.9% remains below plan (66.2%) and has reduced from Jun25
- **SDEC Activity** – Performance in Jul25 is below plan, but has seen an increasing trend in each of the last 4 months
- **Time Spent at Home** – NENC 75+ and Care Home Population on average spend 362.4 days per year at home (rolling 12 months to Jun25). This is a slight reduction from the last reported position (rolling 12 months to May25) where it was reported as 362.6.
- **Percentage of standard CHC referrals completed in 28 days** – Performance in Jun25 of 81.9% remains above the plan of 80.0%

Key Actions

- The Living Ageing Well Partnership (LAWP) is now routinely receiving Community metric data and is being used as a forum to discuss and tackle variation across our system.
- The ICB is undertaking a deep dive to review the current over performance against community services waiting lists >52 weeks. Over performance is linked to community paediatrics and CYP therapies, linked to neuro-developmental disorders. Recovery plans have been requested from Trusts who are reporting pressure.
- There is a national NHSE programme rolling out Virtual Ward patient level MDS scheduled to be in place by April 2026.
- SDEC – system level improved pathways into SDEC from paramedics and primary care
- Urgent responsive care group providing system level oversight of place level delivery on H&H, UCR and CCH developments.
- 52 week wait and NCTR (criteria to reside) performance is a key agenda item at August LAWP for system level oversight and understanding.
- In addition, provider trusts of any services with significant cohorts of long waiters have been asked for a recovery plan for those services.



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Talking Therapies Reliable Recovery Rate	Jun 2025	Concern	Hit or Miss	44.1%	48.%	-3.9%	49.5%		High (Action)
Talking Therapies Reliable Improvement Rate	Jun 2025	Normal Variation	Hit or Miss	66.7%	67.%	-0.3%	68.8%		Med (Monitoring)
Rate per 100k Population of MH Bed Days for Discharges from adult acute, older adult acute and PICU beds (18+ Only, Rolling Quarter)	Jun 2025	SPC n/a	SPC n/a	1,754	2,001	-246.6	1,914		Not Available
Percentage of adult inpatients discharged with a length of stay exceeding 60 days	Jun 2025	Normal Variation	Target Unavailable	18.1%					Low (On Track)
Number of people accessing Individual Placement Support services	Jun 2025	SPC n/a	SPC n/a	1,770	1,769	+1.0	2,429		Not Available
Total number of inappropriate Out of Area (OOA) Placements	Jun 2025	Normal Variation	Hit or Miss	4					Med (Monitoring)
No of CYP accessing support by NHS funded community services (rolling 12 months)	Jun 2025	SPC n/a	SPC n/a	60,865	58,348	+2,517.0	60,897		Not Available
Number of women accessing specialist community perinatal mental health services (rolling 12 months)	Jun 2025	SPC n/a	SPC n/a	2,285	2,310	-25.0	2,355		Not Available

Link to Strategic Priorities

- Negative impact on mental health whilst waiting
- Patients awaiting repatriation to their home area have poorer outcomes and less likely to receive frequent family visits due to distance.
- Resettlement/rehabilitation may not be as timely as when placed in home area.
- CYPS may miss education whilst understanding, and struggling with, their concerns.
- Economic impact on individuals unable to gain or maintain. employment whilst receiving care to improve their mental health.

Observations and Risk

- Talking Therapies:** Reliable Recovery has seen a drop in achievement in June following a consistent run of good performance. Reliable improvement, has also noted a small drop in attainment this period, but has still met its target.
- Perinatal Mental Health Access:** There has been a month on month increase in access to Perinatal service over the last four months and whilst this is positive, the increase can be attributed to improved data submissions as more providers are mobilised. Funding has now been confirmed to support further roll out of teams across the NENC footprint for Maternal Mental Health.
- Individual Placement Support:** Despite a small drop in performance in May, access has increased again in June. It is anticipated that access will continue to increase as teams expand across 25/26 following dedicated funding for staffing.

Key Actions

- CYPS Access:** Inline with NHSE directions, NENC have developed a plan to expand Mental Health Support Teams in Schools (MHSTs). Whilst this will cause significant financial pressures, the system does recognise the benefits the services bring. Further roll out of teams in 25/26 are planned within Durham (x2 teams), North Tyneside (x1 team) and Sunderland (x2 teams). Once fully mobilised this will provide full coverage of both Sunderland and North Tyneside of all educational settings.
- Out of Area Placements (OAPs):** We continue to see a fluctuating position against the number of OAPs. Whilst pressures are being faced by both Trusts, it is primarily CNTW where OAPS are reported. A remedial action plan has been developed which includes a focus on the highest impact areas by pathway for Clinically Ready for Discharge (CRFD) patients, development of a social care model to support patients in rehabilitation wards with social care/residential care needs, reviewing the recent changes to the admission pathway through Acute Hospitals Emergency Departments, and enhance the discharge facilitator teams to support patient pathways.

NHS
**North East and
North Cumbria**

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

Legend: Value (solid grey line with circles), Target (dotted red line), Average (solid black line), LPL (dashed grey line), UPL (dashed grey line), Improvement (blue circle), Concern (yellow circle).

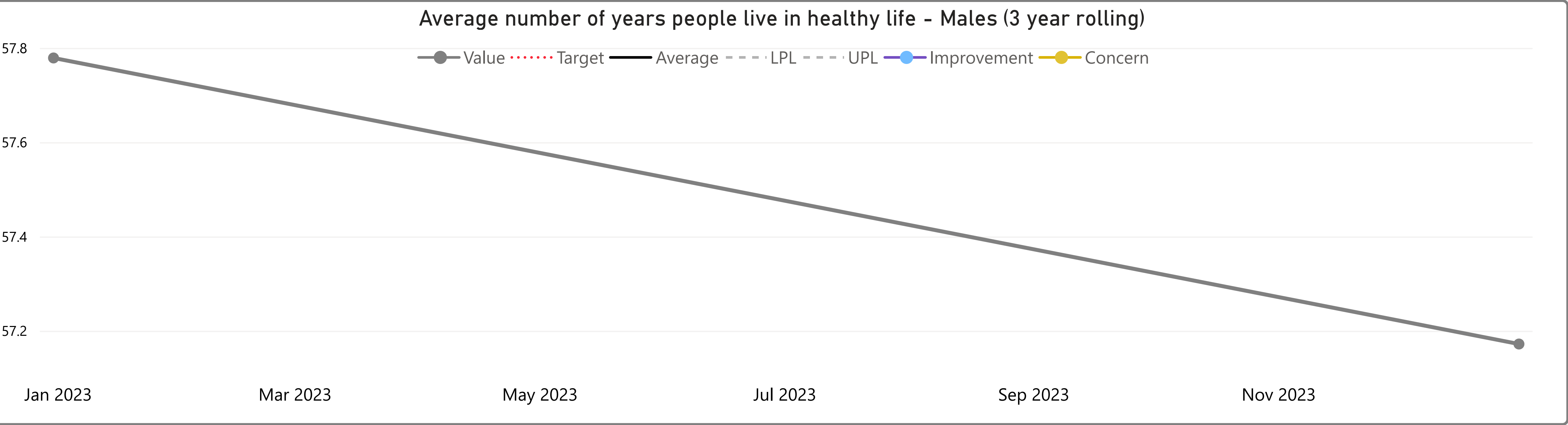
Month	Value	Target	Average	LPL	UPL	Improvement	Concern
May 2024	175	165	170	160	180		
Jun 2024	165	165	170	160	180		
Jul 2024	180	165	170	160	180		
Aug 2024	178	165	170	160	180		
Sep 2024	180	162	170	160	180		
Oct 2024	182	162	170	160	180		
Nov 2024	172	158	170	160	180		
Dec 2024	170	158	170	160	180		
Jan 2025	170	158	170	160	180		
Feb 2025	172	155	170	160	180		
Mar 2025	168	155	170	160	180		
Apr 2025	165	155	170	160	180		
May 2025	162	165	170	160	180		
Jun 2025	163	165	170	160	180		
Jul 2025	161	165	170	160	180		
Aug 2025	160	162	170	160	180		

Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
LDA Inpatient Beds Occupied by Adults & Older Adults (from the AT database)	Jul 2025	Improvement	Hit or Miss	160	163	-3.0	153		Low (On Track)
Percentage of people with an open suspected autism referral for over 13 weeks that have not had a care contact appointment recorded	Jun 2025	Normal Variation	Target Unavailable	73				83	Low (On Track)

- **Inpatient Adults – Admissions:** There have been 15 admissions during June and July which includes the readmission of 6 patients. 23 Community Care and Treatment Reviews (CTRs), Local Area Emergency Protocol (LAEPs), MDT+ reviews were reported for June 2025. The outcome for only 3 was an admission to hospital
- **Inpatient Adults – Discharges:** 13 discharges have taken place during June and July for both ICB and secure commissioned beds, these numbers include discharges with Length of Stay (LoS) of a high period of extended years.

- Weekly interface meetings take place with relevant Trusts.
- Discharge forecasting continues for 2025/26 for all Learning Disability and Autism in-patients has been completed for effective monitoring of progress.
- Additional service commissioned, from Everyturn, to facilitate effective and timely discharge.
- A review of the Dynamic Support Register (DSR) and CTR processes and practices is underway.

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



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

Observations and Risk

- Average number of years people live in healthy life Females at Dec 2023: 57.8 compared to benchmark 61.9.
Average number of years people live in healthy life Males Dec 23: 57.2 compared to benchmark 61.5
- Healthy life expectancy in NENC is lower than the national healthy life expectancy in both males and females. Healthy life expectancy in NENC is lower for males than it is for females.
- Two key contributors to the inequality gap in life expectancy within NENC are CVD and cancer.
- CVD prevention metrics continue to demonstrate an improvement at population level and in the inequality gap by deprivation.
- The early detection of cancer (at stage 1 or 2) is improving in NENC but remains lower than the England average. There is inequity gap in cancer screening but there are clear plans to address this.

Key Actions

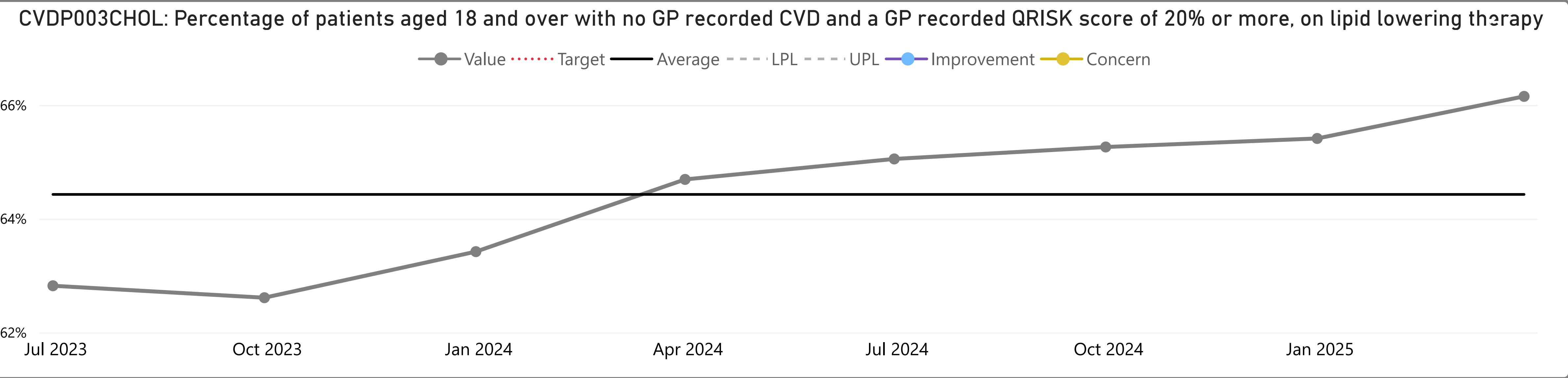
- NENC Strategic goals set out to achieve Longer Healthier lives, Fairer outcomes for all, Better Health and Care services and Giving Children and Young people the Best Start in Life, all of which contribute to a healthier life expectancy.
- Work to give Children the best start in life is supported by the Children and Young Person programme of work and the Local Maternity and Neonatal System.
- Inequalities within the elective waiting list and the NHS contribution to reducing social and economic inequalities programme contributes to the delivery of fairer outcomes for all through Healthy Communities and Social prescribing, Health Literacy, Poverty Proofing and Digital Inclusion projects, working with providers to ensure access to services and patient experience is considered through a wider determinants lens.

Link to Strategic Priorities

- Healthy life expectancy has been identified as a key outcome measure in assessing the extent to which health is improving and disparities are narrowing.
- It can be defined as a measure of the average number of years a person would expect to live in good health and is key outcome within the NENC Integrated Care Partnership Strategy.

Prevention and Management of Long Term Conditions

Executive Lead(s) - Neil O`Brien



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Percentage of diabetes patients to receive all eight care processes YTD (Type 2 and other)	Mar 2025	SPC n/a	SPC n/a	53.5%					Not Available
Percentage of diabetes patients to receive all eight care processes YTD (Type 1)	Mar 2025	SPC n/a	SPC n/a	35.2%					Not Available
CVDP007HYP: Percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age appropriate treatment threshold	Mar 2025	SPC n/a	SPC n/a	73.1%				70.3%	Not Available
CVDP003CHOL: Percentage of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 20% or more, on lipid lowering therapy	Mar 2025	SPC n/a	SPC n/a	66.2%				63.6%	Not Available
NHS Bowel Cancer Screening Programme: KPI BCS1: uptake	Mar 2025	SPC n/a	SPC n/a	68.7%				64.8%	Not Available
NHS Cervical Screening Programme: KPI CS1: coverage under 50 years and KPI CS2: coverage 50 years and above	Jun 2024	SPC n/a	SPC n/a	73.2%				69.7%	Not Available
NHS Breast Screening Programme: KPI BS1: uptake	Mar 2025	SPC n/a	SPC n/a	71.9%				67.6%	Not Available
Percentage of eligible children to receive two doses of the MMR vaccine by age 5	Mar 2025	SPC n/a	SPC n/a	91.3%				84.5%	Not Available
Smoking at Time of Delivery	Mar 2025	SPC n/a	SPC n/a	6.9%				6.0%	Not Available
Tier 3 weight management referrals as a percentage of QOF Obesity Register (ages 18+) (North East only)	Jun 2025	SPC n/a	SPC n/a	0.1%					Not Available

Link to Strategic Priorities

- Giving children the best start in life
- Longer and Healthier Lives
- Clinical Conditions Strategic Plan

Observations and Risk

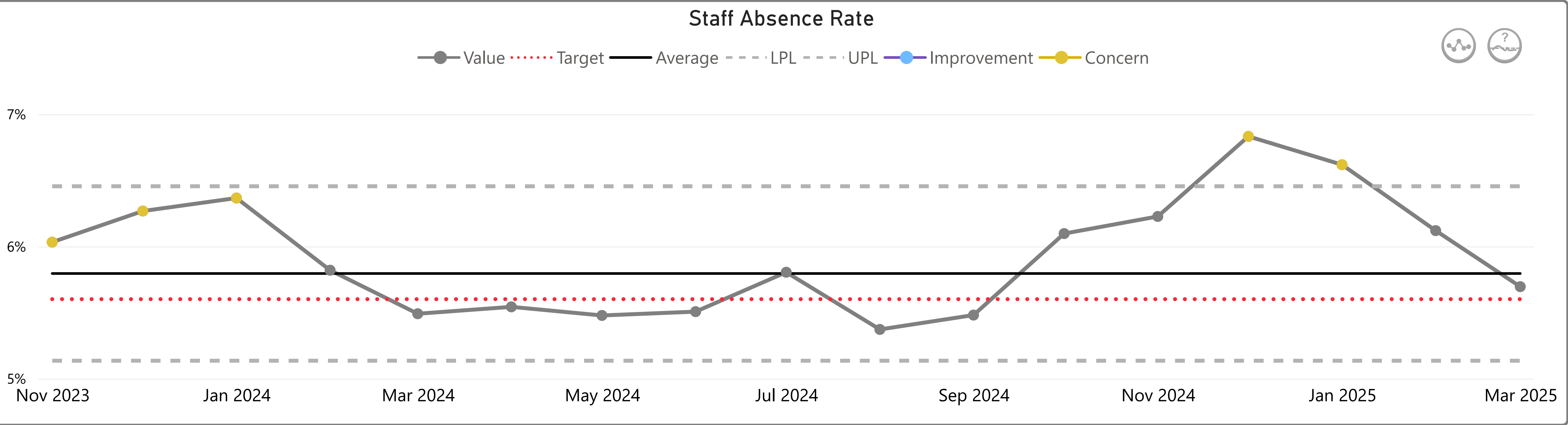
- Rates show no clear trend, making early progress hard to track.
- Improving Type 1 and Type 2 diabetes rates would benefit individuals, families, and the wider system.
- Type 2 diabetes outcomes appear better than Type 1, but this includes early-onset Type 2, an aggressive and growing condition.
- Cervical screening uptake is below the 75% acceptable threshold, although above the national level. Only 4 of 8 sub-ICBs met the target.
- Breast screening uptake for ages 50–70 is above the 70% acceptable threshold. 7 of 8 sub-ICBs met it; 1 reached the 80% achievable level.
- Bowel screening uptake for ages 60–74 exceeds both the 55% acceptable and 60% achievable thresholds.
- MMR vaccine rates <5 yrs are above the national benchmark.

Key Actions

- Establishment of Childhood Immunisation Project through the 6 newly established Local Immunisation Steering Groups and Deep End childhood immunisation catch-up team project
- Focus on Prevention of Type 2 diabetes via CVD and diabetes prevention programmes (some nationally commissioned)
- Local prevention programmes e.g. BP Kiosk, Healthy Hearts
- Promoting improvement in care processes:
 - Via workstreams led by Diabetes steering group
 - Strong links with Healthy Weight and Treating Obesity Programme
 - GIRFT review group
 - Transition pilot

Workforce and People (ICB/ICS)

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



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Staff Absence Rate	Mar 2025	Normal Variation	Hit or Miss	5.7%	5.6%	+0.1%	4.6%	4.9%	Med (Monitoring)
Staff Turnover Rate (last 12 months)	Apr 2025	SPC n/a	SPC n/a	9.4%	9.2%	+0.2%	9.6%	11.2%	Not Available
GP Leaver Rate - Percentage of GPs to leave in the last 12 months	Jun 2025	SPC n/a	SPC n/a	6.2%				7.5%	Not Available
NHS Staff Survey - Engagement Theme Score	Dec 2024	SPC n/a	SPC n/a	6				6	Not Available

Link to Strategic Priorities

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

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

Observations and Risk

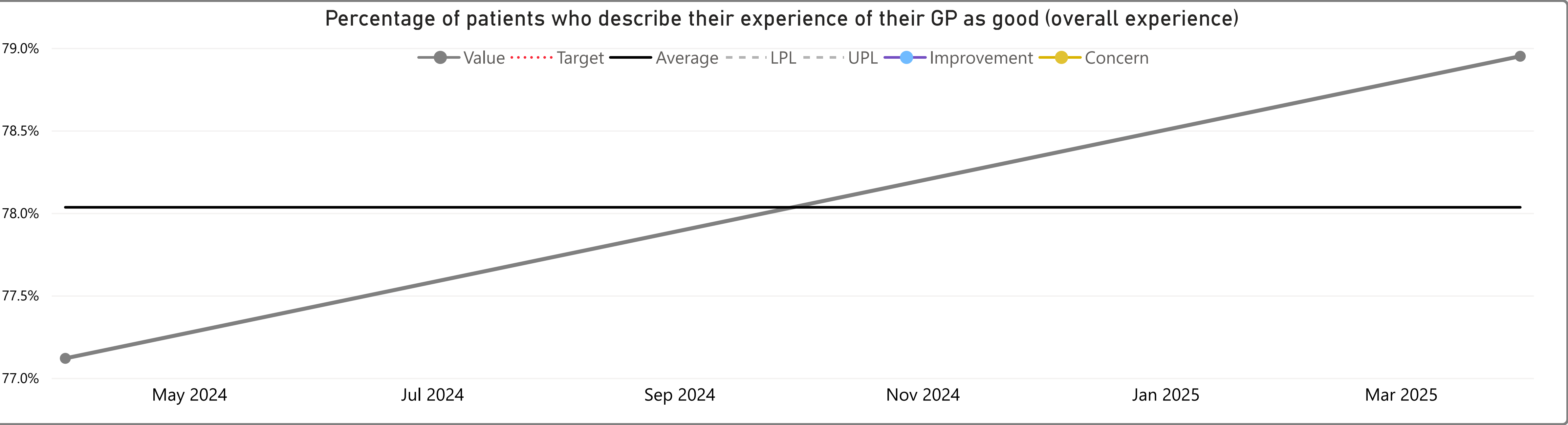
- Sickness and turnover rates continue as priorities in 2025/26, with providers committing to reduction.
- Sickness absence: The nationally reported in-month ESR sickness rate decreased from 6.6% in Jan 25 to 5.7% in Mar 25, above the 5.6% plan (NENC ICS).
- Staff turnover: Defined as leavers and staff changing roles/employers within NHS in 12 months.
- NENC turnover is now 9.4% for Apr 25, which is above the 9.2 monthly plan but below the national average of 11.2%.
- High staff turnover affects care quality due to disrupted continuity, increased pressure from vacancies, and the burden of recruiting and training new staff.
- Indications from NENC NHS People Promise Cohort 2 sites suggest a reduction in staff turnover.
- Data: Work continues to align reporting sources for consistency across the ICB using NHSE data.

Key Actions

- Over 300 staff may be affected by the NENC ICB transition, with formal consultation paused until Autumn 2025.
- Support includes coaching, resilience, and career development for ICB and system staff.
- NHS providers are running individual change programmes.
- The NENC Wellbeing Hub remains active.
- Mid-year Workforce planning submissions are due 1 Sept 2025 to align staffing with financial plans.
- Leadership and improvement training via Boost and AQUA is underway. Boost now has over 17,000 members.
- Oliver McGowan Mandatory Training is being rolled out, with the code of practice becoming official on 6 Sept 25.
- New Learning Academy programmes launched on Mental Health and EDI, including Anti-Racism.

Patient experience

Executive Lead(s) - Levi Buckley



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

Observations and Risk

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

Key Actions

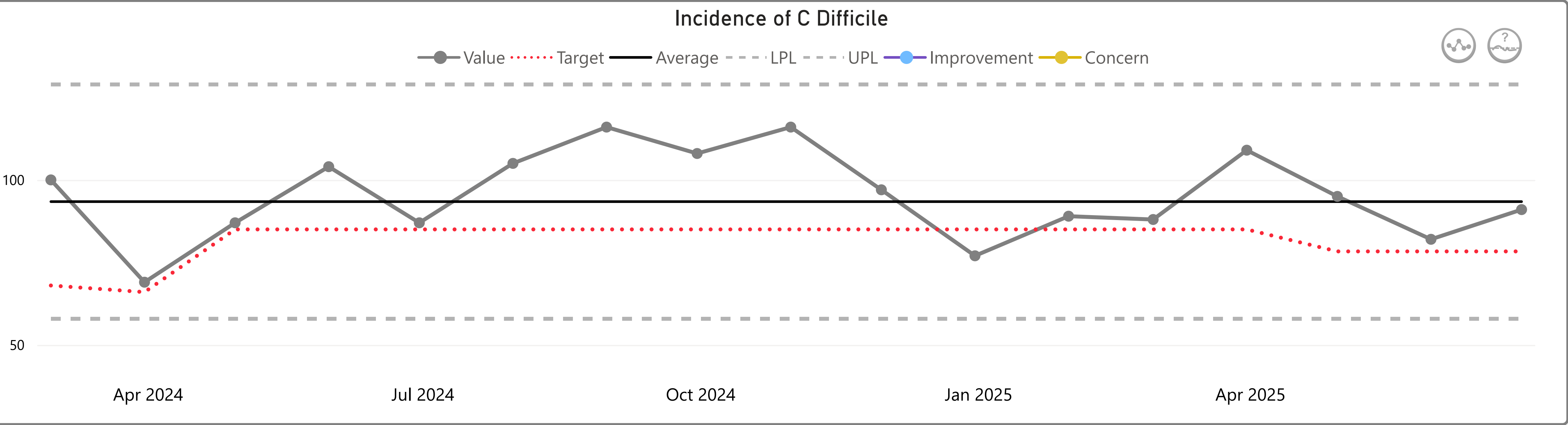
- A general practice action plan has been developed across the NENC and submitted to NHSE on 27th June. This plan set out our systems response to 1) tackling unwarranted variation, 2) Improving Contract Oversight, 3) Improving Commissioning and transformation.
- NENC has seen an improvement across 6 key GP patient experience metrics in Mar-25 compared to Mar-24.
- NENC has also maintained its position above the national average for 6 metrics which include: experience of GP practice, needs met, involvement in decisions, contacting your GP via phone, contacting your GP via website, use of pharmacy services.

Link to Strategic Priorities

We will improve patient outcomes in 25/26 through:

- Tackling unwarranted variation with General Practice

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



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Incidence of C Difficile	Jun 2025	Normal Variation	Hit or Miss	91	78	+12.7	78		Med (Monitoring)
Incidence of E Coli	Jun 2025	Normal Variation	Hit or Miss	258	219	+39.5	219		Med (Monitoring)
Incidence of MRSA	Jun 2025	Normal Variation	Hit or Miss	7					Med (Monitoring)
Percentage of children (aged 0 – 9) prescribed antibiotics in the last 12 months	May 2025	SPC n/a	SPC n/a	24.2%				30.4%	Not Available
Stillbirths per 1,000 live births and stillbirths (12m rolling)	Feb 2025	SPC n/a	SPC n/a	4					Not Available
Neonatal deaths per 1,000 live births (12m rolling)	Mar 2025	SPC n/a	SPC n/a	1					Not Available
NHS Staff Survey - Raising Concerns (Sub-Score)	Dec 2024	SPC n/a	SPC n/a	7				6	Not Available

Link to Strategic Priorities

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

Observations and Risk

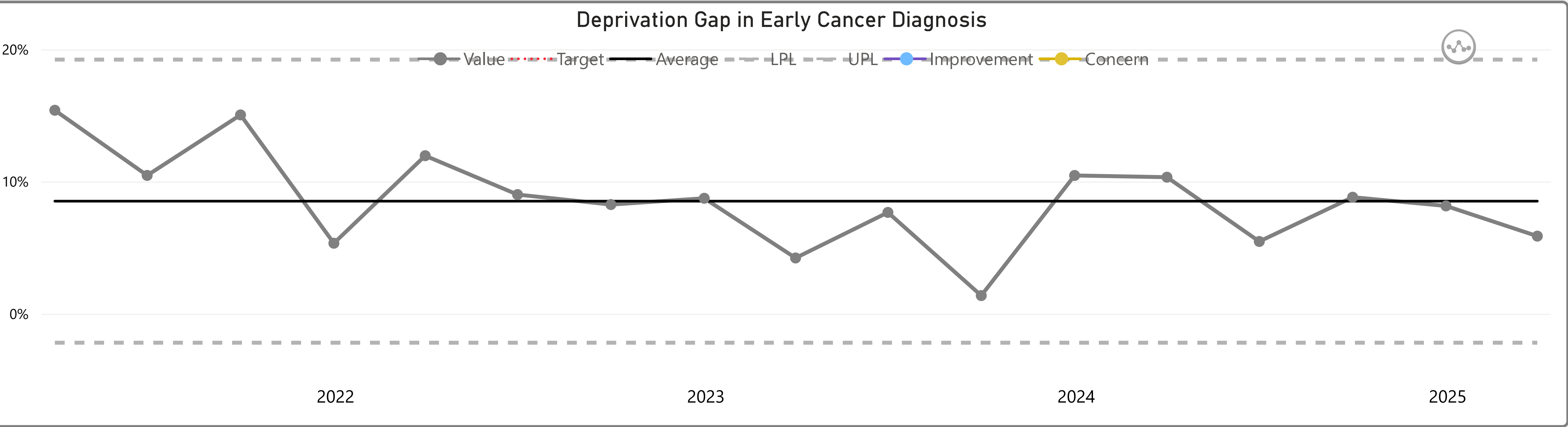
- Increasing infections including Carbapenemase-producing Enterobacteriaceae (CPE), C.Diff and MRSA across NENC.
- Most recent mortality (SHMI) data indicates an increase in SHMI for CDDFT. The Trust is statistically higher than expected (1.26 SHMI value).
- All Never Events reported across NENC and are being managed via the Patient Safety and Incident Response Framework (PSIRF).
- Between 01 Apr 25 and 31 Jul 25: 49 Regulation 28s have been issued by the Coroner relating to Trusts/Providers within the NENC region. These are discussed at the respective quality committees.

Key Actions

- Oversight across NENC is maintained via the AMR/HCAI subcommittee, sharing learning and good practice.
- HCAI and gram-negative improvement plans are in place.
- Communication between patient flow and infection control teams is improving to maintain cleaning standards. Trusts are reinforcing hand hygiene and reducing glove use.
- CDDFT Data quality improvement plan in development to support coding and improve SHMI.
- QSC monitors mortality data and Never Event themes to ensure learning and action.
- Trusts have developed HCAI risk assessments, and improvement plans are in place for Regulation 28s and patient safety incidents.

Reducing Inequality

Executive Lead(s) - Neil O`Brien



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Deprivation Gap in Early Cancer Diagnosis	Mar 2025	Normal Variation	Target Unavailable	5.9%					Low (On Track)
Percentage deprivation gap in stroke admissions	Mar 2025	SPC n/a	SPC n/a	17.2%					Not Available
Percentage deprivation gap in myocardial infarction admissions	Mar 2025	SPC n/a	SPC n/a	22.7%					Not Available
Pre-Term Births Under 37 Weeks Slope Index of Inequality (SII) Time Series (%) - rolling 12m	Nov 2024	SPC n/a	SPC n/a	3.4%					Not Available
Breast Cancer Screening Uptake (ages 50-70) Slope Index of Inequality (SII) Time Series (%) - 36m cumulative and rolling	Jul 2024	SPC n/a	SPC n/a	16.5%					Not Available
Bowel Cancer Screening Uptake (ages 60-74) Slope Index of Inequality (SII) Time Series (%) - 36m cumulative and rolling	Jul 2024	SPC n/a	SPC n/a	15.6%					Not Available

Link to Strategic Priorities

- Giving children the best start in life
- Longer and Healthier Lives

Observations and Risk

- **Percentage of hypertension patients treated to target** – the data trend has started to rise again and has seen more significant increase of 2% in the latest data release. In addition to relevant project work, this could be in relation to end of year QOF activity. NENC is highest performing ICB in the country for this indicator. There is an inequalities gap which favours the least deprived quintiles.
- **Percentage of patients at risk of cardiovascular disease treated with lipid lowering therapies** - the data trend continues to be on the increase, and is higher than the national average and national ambition. Interestingly, there is an inequalities gap which favours the most deprived quintiles.

Key Actions

- **Deprivation and ethnicity gap in pre-term births** - Re-establishment of the Pre-Term Birth Clinical Expert and Advisory Group. Embedding, promotion and assurance of NENC Smoking at time of Delivery pathway, incentive scheme and training. Implementation of the Pregnancy Anticipatory Care (PAC) Model which provides enhanced support to reduce inequalities.
- **Deprivation gap in early cancer diagnosis** - Projects to increase access and uptake for populations with poorer outcomes and history of later diagnosis, e.g. lung cancer
- **Deprivation gap in MI and stroke admissions** - Community blood pressure kiosk project. Healthy heart checks project (with HI NENC). Targeted improvement work in GPs in relation to the diagnosis and management of the ABC conditions
- **Screening metrics** - Targeted action on uptake in screening programmes in CORE20 geographies and inclusion health groups. Targeted work with 'first time' screening cohort. Work to offer screening to populations with BraCA gene. Targeted work to improve rates for the FIT screening test in minority ethnic communities and people with physical disabilities which affect ease of use of the kit

Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
ICS financial position (+ Deficit / - Surplus)	Jul 2025	SPC n/a	SPC n/a	£24.99m	£28.19m	-£3.20m			High (Action)
ICB financial position (+ Deficit / - Surplus)	Jul 2025	SPC n/a	SPC n/a	-£5.21m	-£3.95m	-£1.26m			Med (Monitoring)
Running cost position	Jul 2025	SPC n/a	SPC n/a	£13.75m	£15.86m	-£2.11m			Med (Monitoring)
Capital funding	Jul 2025	SPC n/a	SPC n/a	£57.22m	£45.08m	+£12.14m			Med (Monitoring)
Agency spend	Jul 2025	SPC n/a	SPC n/a	£18.93m	£17.59m	+£1.34m			Med (Monitoring)
ICS Total Efficiency savings	Jul 2025	SPC n/a	SPC n/a	£172.10m	£176.50m	-£4.40m			High (Action)

Observations and Risk

- As at 31Jul25 the ICS is reporting a YTD deficit of £25m compared to a planned deficit of £28.2m. The favourable variance of £3.2m largely reflects a one-off benefit from a land sale which was expected later in the year. Excluding this the ICS position would be behind plan
- Particular pressures are being seen across a number of providers due to under-delivery of efficiencies, pay award and industrial action.
- The ICB is reporting a YTD surplus of £5.2m which is £1.3m better than plan, largely reflecting underspends on staffing costs due to vacancies. The ICB is forecasting a surplus for the year of £11.8m in line with plan
- Running costs – an underspend of £2.1m is being reported YTD due to staff vacancies. There is significant uncertainty around the impact in 2025/26
- The ICS reports a year-to-date capital overspend due to early scheme starts, though forecasts remain within allocation. Despite a 25/26 plan to cut agency spend by 30% and bank spend by 10%, both have exceeded ceilings by month 4, with forecasts of £50.7m (agency) and £165.2m (bank). Efficiency savings are £0.8m ahead overall, but recurrent savings lag by £17.1m YTD and £20.4m forecast.

Key Actions

- At this stage of the year there is limited data, creating risk and uncertainty in the forecast outturn.
- The forecast assumes £33.3m deficit support funding, now conditional on system performance.
- The 2025/26 plan includes £244m in unmitigated financial risks across the ICS.
- Work continues across the system to manage risks and identify further mitigations.
- Further review of run rates is taking place with relevant organisations and additional assurances are being sought from organisations with material recurrent efficiency under-delivery.
- Review of position with Chairs, CEOs, COOs and CFOs across the system to take place early in October to agree any additional actions necessary to deliver plan.

Link to Strategic Priorities

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

Appendix 1 - Oversight Summary & CQC

Provider	CQC Rating	Oversight Arrangements	Additional Escalation/Support	CQC Additional Comments/Other Reviews
County Durham and Darlington NHSFT	Good (2019)	NHS E/ICB led	Removed from Tier 2 Elective (12.4.23).	Maternity services at UHND and DMH rated as Requires Improvement (Apr 24). Warning notice issued re improvements to managing each maternity service.
Cumbria, Northumberland, Tyne and Wear NHSFT		ICB led	Action plan monitored via the Quality Review Group.	Learning disability and autism services - requires improvement Aug 2022
Gateshead Health NHSFT	Good (2019)	ICB led	Enhanced finance oversight/ support led by NHS E.	Maternity services – Good overall (2023)
Newcastle Upon Tyne Hospitals NHSFT	Requires improvement (2024)	ICB led	Removed from Tier 2 (Aug 25) for Cancer. GIRFT support in place.	Warning notice Dec 22 re healthcare provided to patients with a mental health need, learning disability or autism. Maternity services rated as requires improvement (May 23).
North Cumbria Integrated Care NHSFT	Requires improvement (2023)	NHSE/ICB finance	Escalated to Tier 2 Cancer to ICB/NCA monitoring and support (Apr 24). ICB Elective focus meetings in place. Enhanced finance support from NHSE.	Maternity services – good overall (Safe domain – requires improvement)
North East Ambulance Service NHSFT	Requires improvement (2023)	ICB led	Range of support including NECS support for incident reporting.	
North Tees and Hartlepool NHSFT	Requires improvement (2022)	ICB led	National maternity Safety Support Programme.	Maternity services – Requires Improvement (2022)
Northumbria Healthcare NHSFT	Outstanding (2019)	ICB led		Maternity services – good overall (safe domain also good)
South Tees NHSFT	Good (2023)	NHSE/ICB finance	Quality - supported by ICB/NHSE. Enhanced finance oversight. Tier 2 Cancer meetings in place and Elective support meetings (CB led) in place	Maternity (Jan 24): James Cook requires improvement overall, and for being safe and well-led; Friarage Hospital requires improvement overall and for being well-led, and good for being safe (Jan 24)
South Tyneside and Sunderland NHSFT	Requires improvement (2023)	ICB led	Progress against CQC action plan provided through the Quality Review Group. National maternity Safety Support Programme.	Maternity services – Requires Improvement (2023)
Tees, Esk and Wear Valleys NHSFT		NHSE Quality Board	Support and additional capacity from the wider NHS to progress programme of improvement work across services.	

General Practice CQC Ratings

Local Authority	Outstanding	Good	Requires Improvement	Inadequate
▲				
County Durham	5	49	1	0
Cumbria	7	21	0	0
Darlington	1	10	0	0
Gateshead	1	21	0	0
Hartlepool	0	11	0	0
Middlesbrough	0	15	0	0
Newcastle upon Tyne	3	25	0	0
North Tyneside	4	16	0	0
Northumberland	4	31	0	0
Redcar and Cleveland	0	14	0	0
South Tyneside	1	19	0	0
Stockton-on-Tees	2	16	0	0
Sunderland	3	33	0	0
Total	31	281	1	0

Residential Social Care CQC Ratings

Local Authority	Outstanding	Good	Requires Improvement	Inadequate
▲				
County Durham	11	105	7	0
Cumbria	4	67	7	0
Darlington	2	21	2	0
Gateshead	4	28	5	0
Hartlepool	0	23	1	0
Middlesbrough	2	32	2	0
Newcastle upon Tyne	6	42	4	0
North Tyneside	1	30	3	0
Northumberland	4	62	10	0
Redcar and Cleveland	0	31	3	0
South Tyneside	1	24	0	0
Stockton-on-Tees	3	33	3	0
Sunderland	6	72	1	0
Total	44	570	48	0

Community Social Care CQC Ratings

Local Authority	Outstanding	Good	Requires Improvement	Inadequate
▲				
County Durham	4	40	3	0
Cumbria	0	35	4	0
Darlington	2	16	1	0
Gateshead	0	34	1	0
Hartlepool	0	11	0	0
Middlesbrough	1	16	1	0
Newcastle upon Tyne	5	33	0	0
North Tyneside	3	22	0	0
Northumberland	8	33	1	0
Redcar and Cleveland	1	13	0	0
South Tyneside	2	14	0	0
Stockton-on-Tees	1	24	2	0
Sunderland	2	37	1	0
Total	29	328	14	0

Appendix 2 - 25/26 Objective Descriptions

Subject area	2025/26 Performance Assessment Framework (PAD) Metrics
Community	% of Standard Continuing Healthcare referrals complete within 28 days
	Number of incomplete CHC referrals delayed by >12 weeks
	Number of patients waiting over 52 weeks for community services (Adults and Children)
	SDEC Activity
	Time Spent at Home for Care Home Residents and those Aged 75+ in the last 12 months
	UEC services at home or community
Elective Care Diagnostics and Cancer	Percentage of all cancers diagnosed that are diagnosed at stage 1 or 2
	Percentage of patients treated for cancer within 62 days of referral
	Percentage of patients treated within 18 weeks
	Percentage of patients waiting over one year
	Percentage of people waiting over six weeks for a diagnostic procedure or test
	Percentage of urgent referrals to receive a definitive diagnosis within 4 weeks
	The number of incomplete Referral to Treatment (RTT) pathways
Mental health Care	Access to perinatal mental health services
	Individual Placement Support
	Number of CYP accessing Mental Health Services
	Number of mental health bed days per 100,000 head of population
	Percentage of adult inpatients discharged with a length of stay exceeding 60 days
	Talking Therapies - Reliable Improvement
	Talking Therapies - Reliable Recovery
People with a Learning Disability and/or who are Autistic	Total number of inappropriate Out of Area (OOA) Placements
	IP: Beds People who are Autistic and or people with a Learning Disability Adults
	Percentage of people with suspected autism awaiting contact for over 13 weeks
Primary care	% patients on Learning Disability registers receiving an annual health check
	Dementia Diagnosis
	Growth in the number of emergency dental appointments provided
	Monthly Appointments in General Practice per working day
	Number of Unique Dental Patients - Adults (Last 24 Months)
	Percentage of patients with serious mental illness to receive an annual health check
	Percentage of unique patients seen by NHS dentist (adult)
Urgent and emergency care	Average Category Two ambulance response time
	Percentage of emergency department attendances admitted, transferred or discharged within four hours
	Percentage of emergency department attendances spending over 12 hours in the department

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