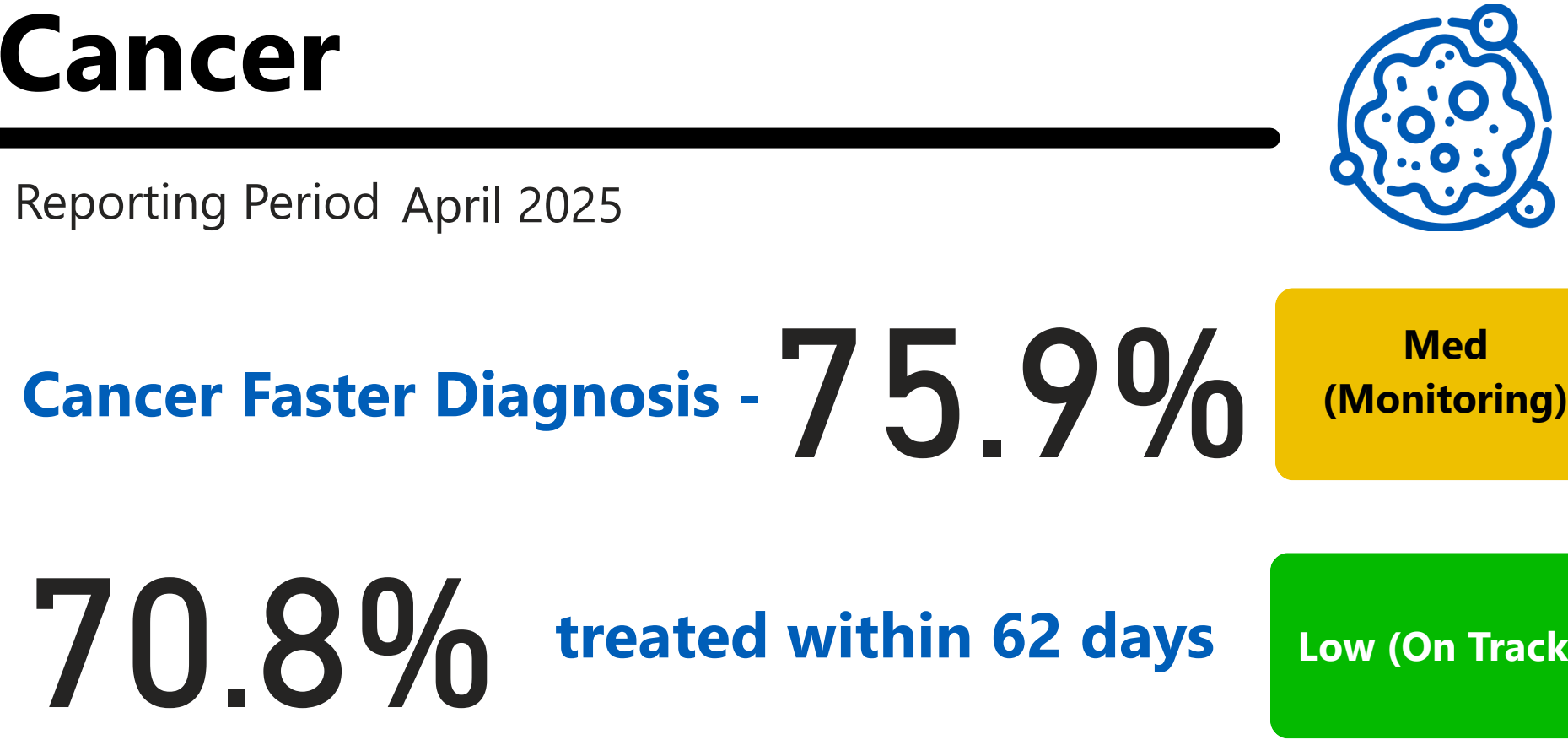
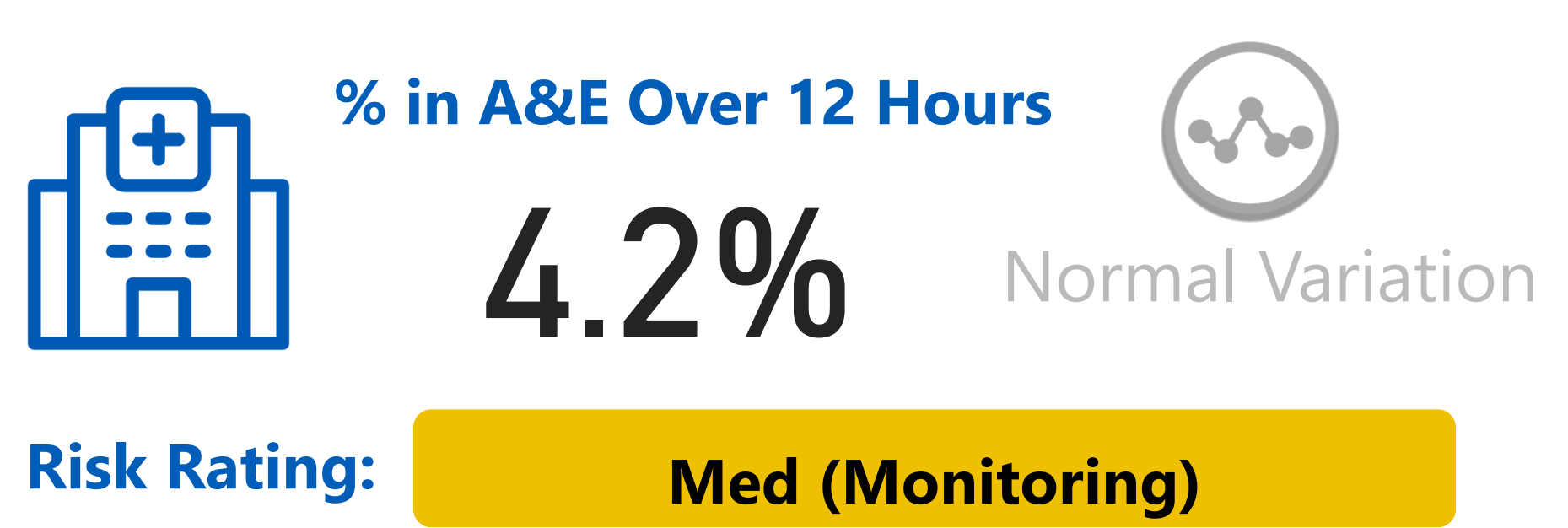
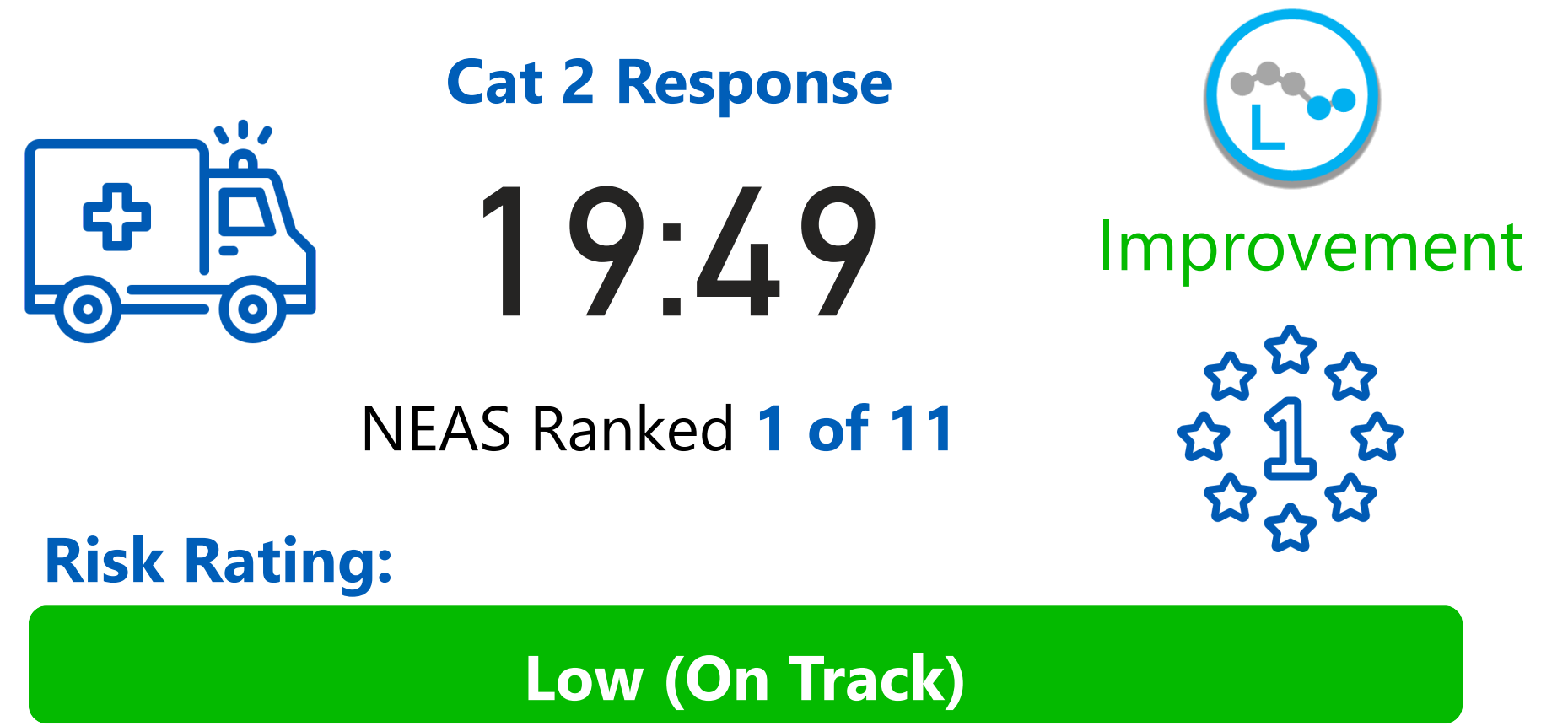
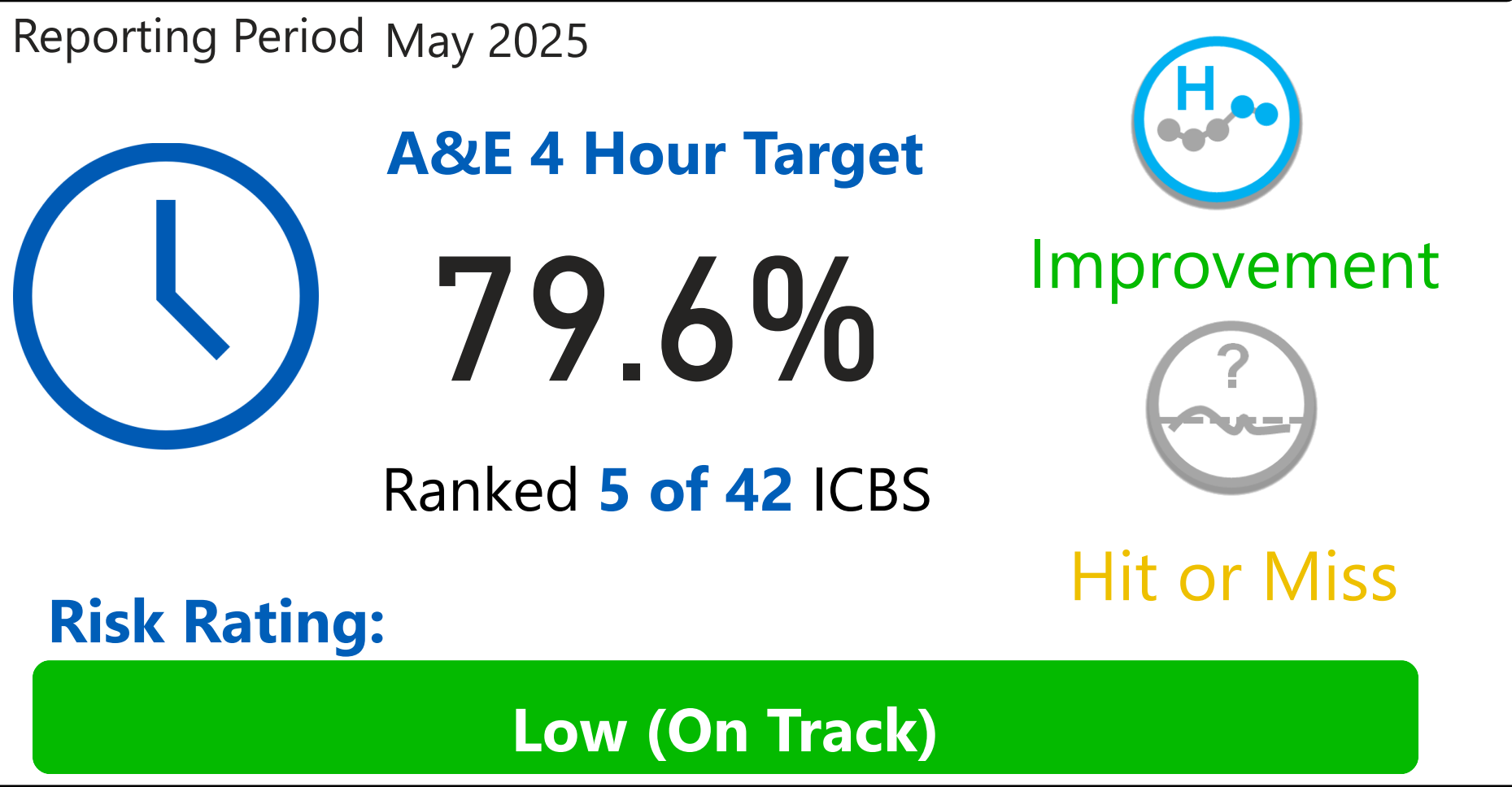


# Integrated Delivery Report

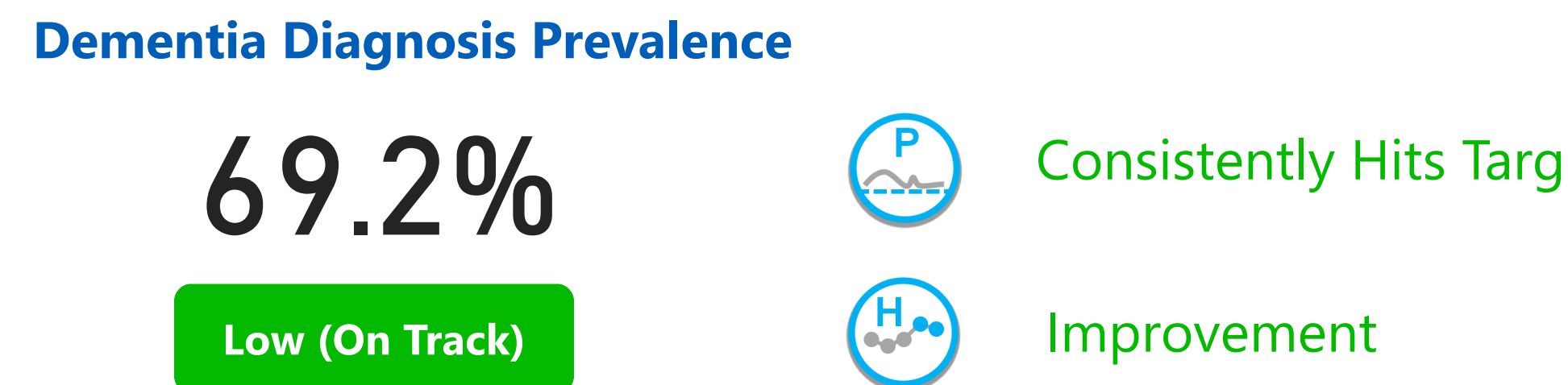
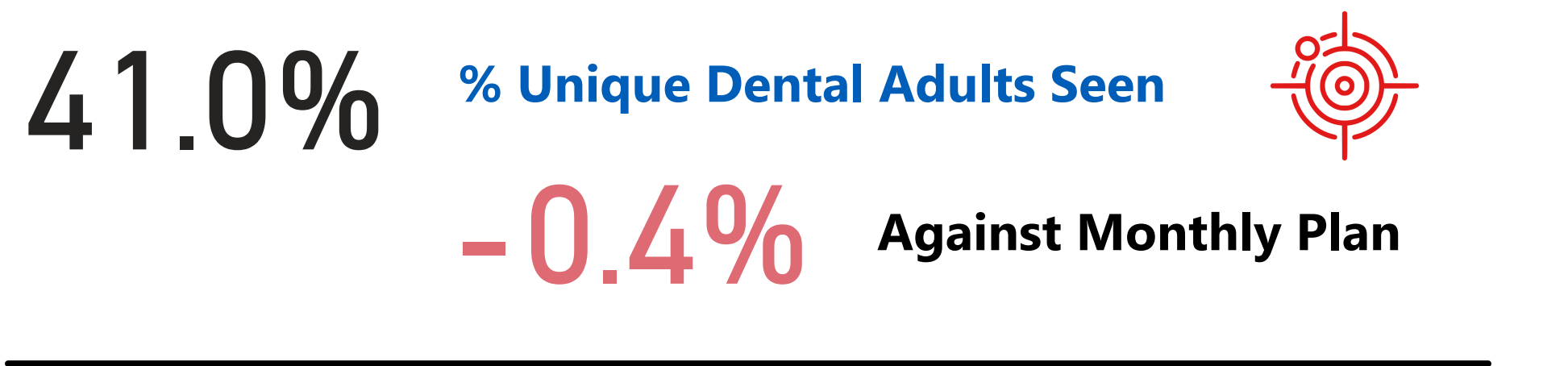
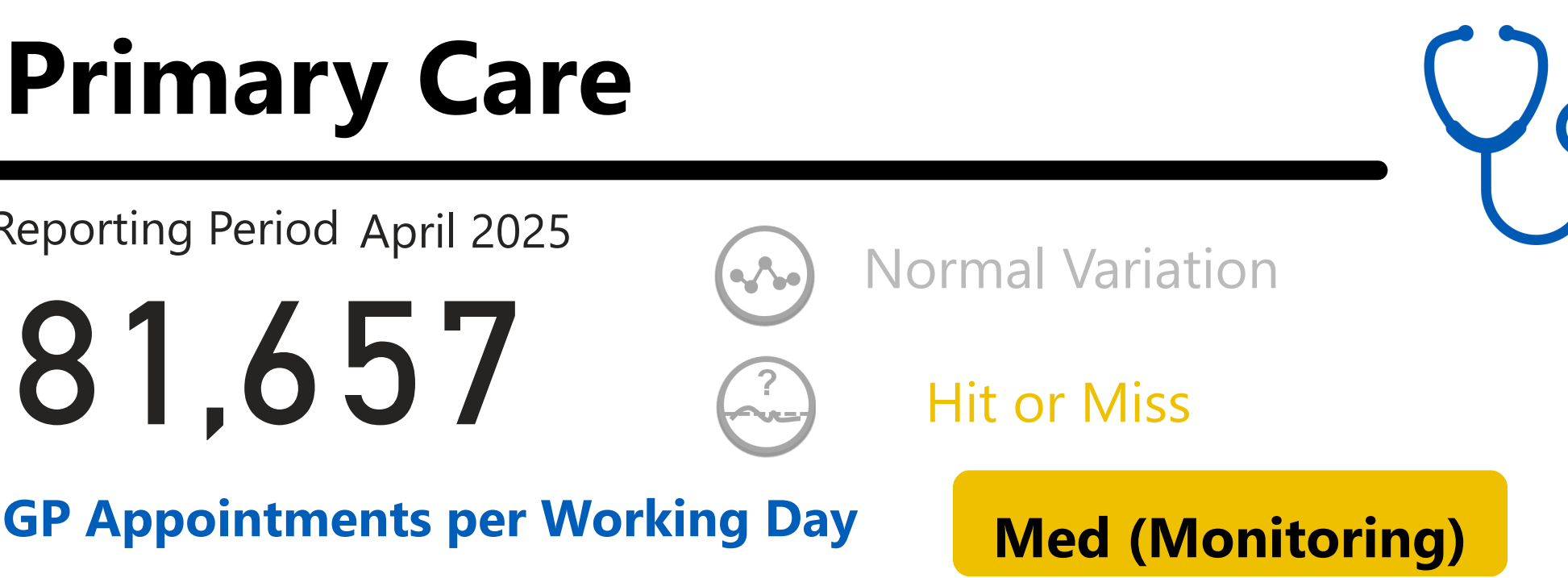
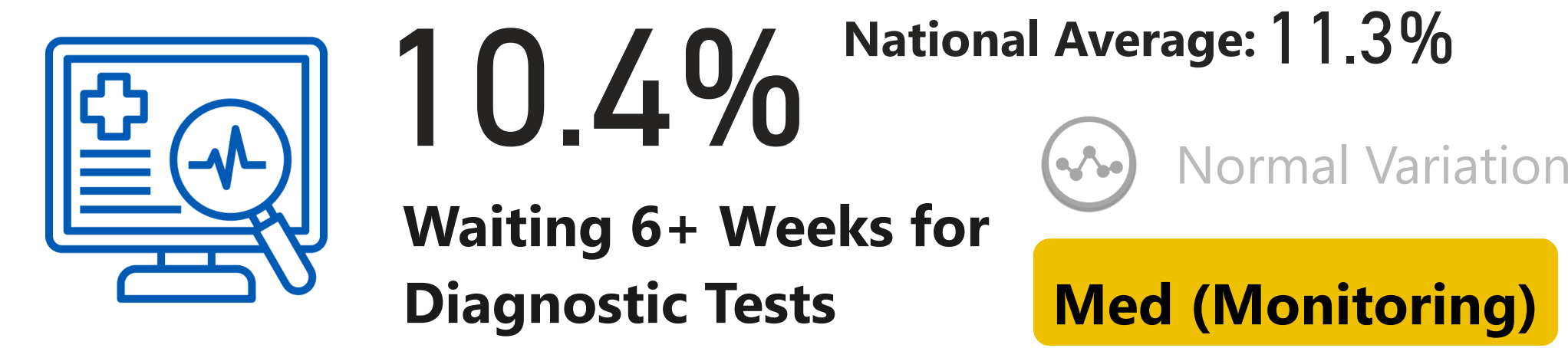
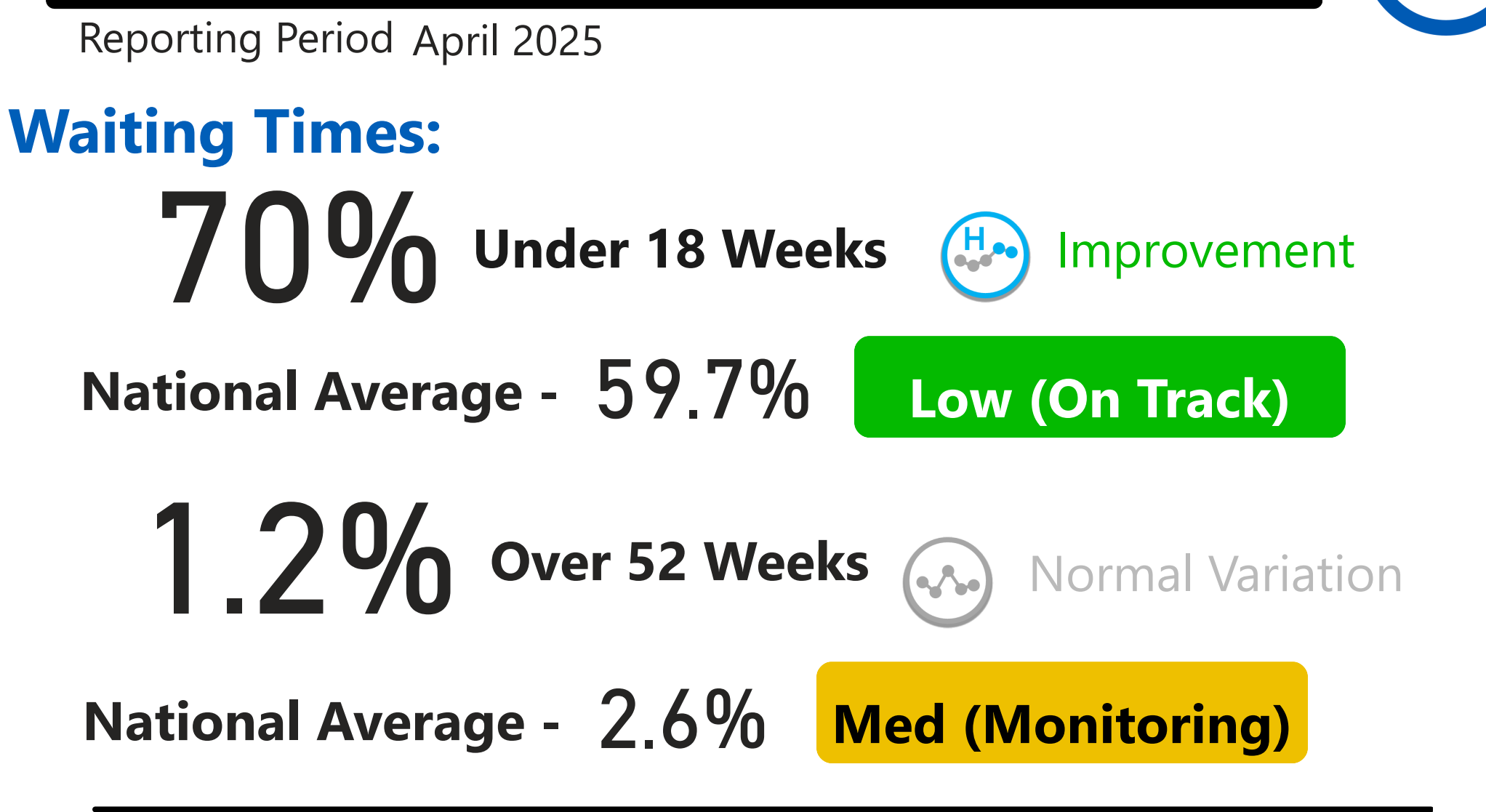
June 2025

North East & North Cumbria ICB

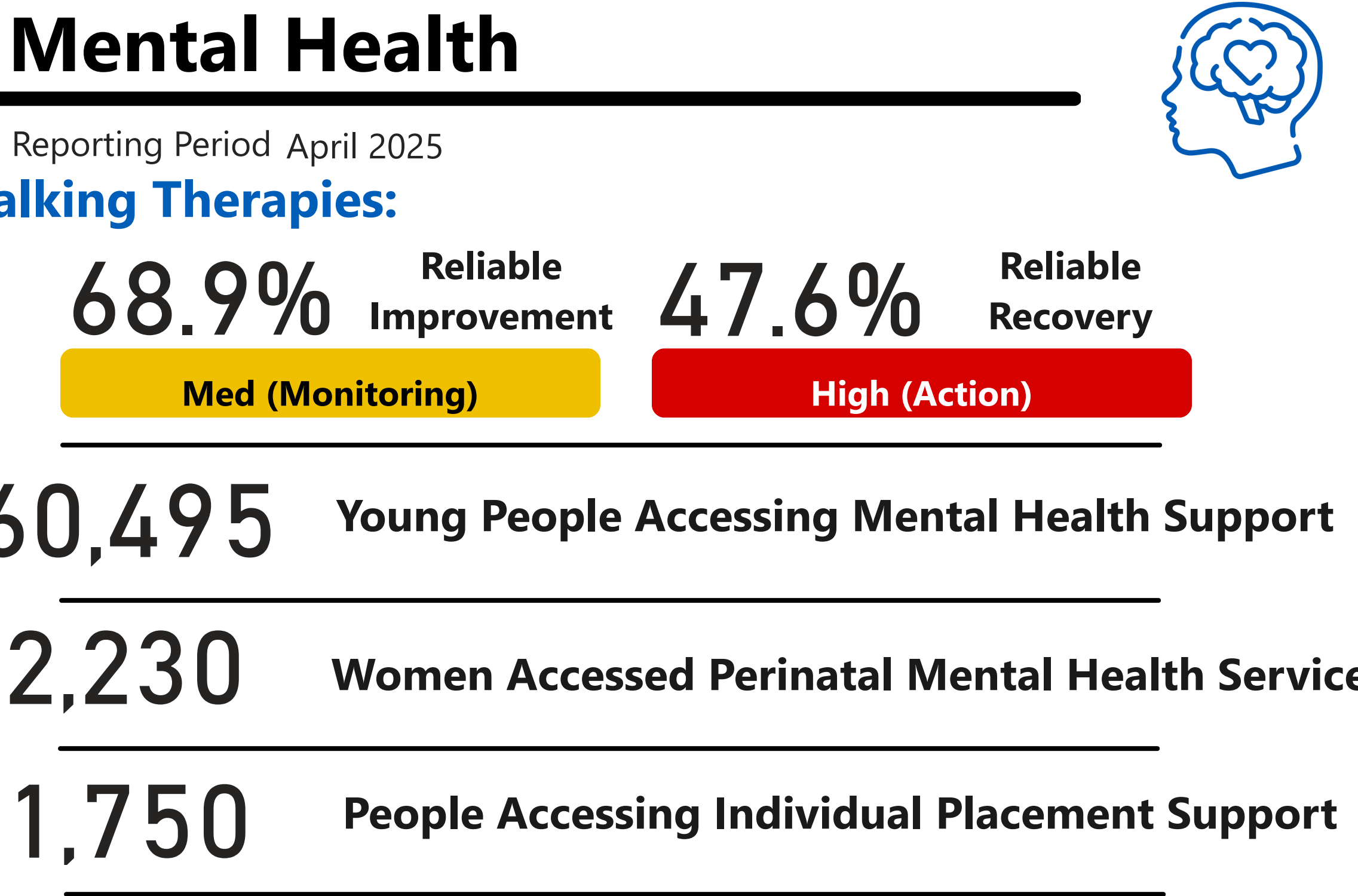
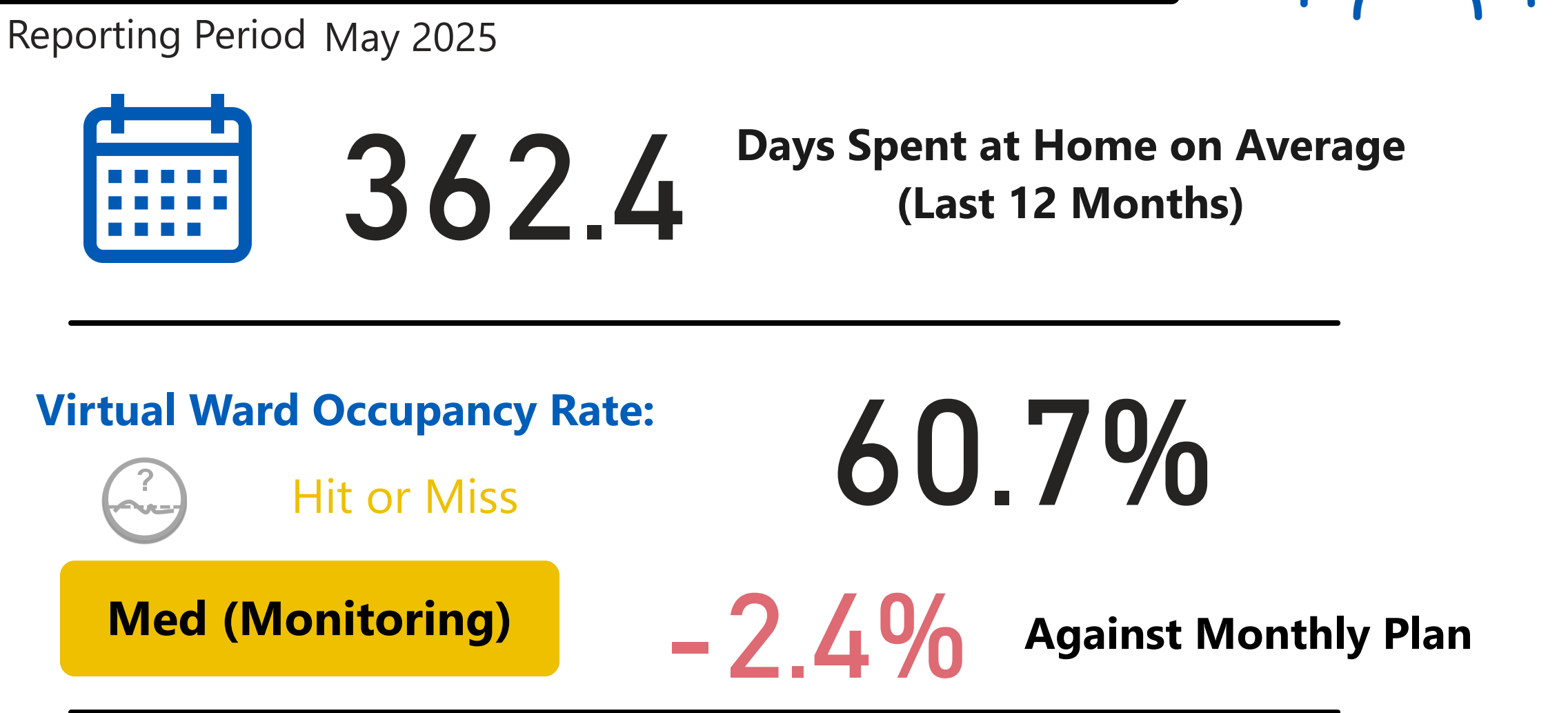
## Urgent and Emergency Care



## Elective Care & Diagnostics



## Community



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## Key Changes and Points of Note

This report is the first edition of the newly formatted NENC Integrated Delivery Report (IDR) for 2025/26. The report continues to provide an overview of quality, performance and finance and aligns to the new 2025/26 operating framework and draft NHS Performance Assessment Framework (NPAF) [NHS England » The NHS Performance Assessment Framework for 2025/26](#) for 2025/26.

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 (August and February) the report will be expanded to incorporate a wider suite of quarterly and annual metrics.

This report uses published data covering the period April and May 2025. Finance is at May 2025 (M2).

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

- The Local Authority (LA) has developed a strategic action plan following April's publication of the Ofsted and CQC joint inspection report. This focused on special educational needs and/or disabilities (SEND) in the Westmorland and Furness LA area.
- Dates are still awaited for an anticipated SEND inspection at Cumberland Authority. LA inspections are scheduled to take place in the Westmorland and Furness, as well as the Cumberland areas, during the week of 23 June 2025. While the inspections won't specifically focus on NCICFT the Trust are engaged in collaborative discussions with partners.

### Individual Placement Support (IPS)

- IPS is an evidence-based approach that helps individuals with mental health conditions find and maintain employment. It focuses on integrating employment support with mental health treatment and provides personalised, intensive support to help individuals find suitable employment. IPS is a new performance metric for 25/26. Funding has been allocated across the patch so that teams can expand to meet access targets. Increased access is expected to be achieved later in the year once teams are at full operational capacity.

### Waiting List and Long waiters

- NENC has seen a further decrease in the overall waiting list size representing the lowest position over the last 12 months as well as recording the best RTT performance nationally. Patients waiting >52 weeks and cancer 62 day performance are tracking in line with plan. Diagnostic and Cancer Faster Diagnosis performance are worse than planned levels.

### Time Spent at Home

- We have developed a new local metric which measures the time that our over 75 population and Care Home residents spend at home across the year. This indicator will be presented to and discussed at the Living and Ageing Well Partnership to consider variation across our system and to support improvement.

## Key Challenges

- **Mental Health Support Teams in Schools (MHST)** - Despite not being included in the national 25/26 operational planning guidance, ICBs are advised they must progress with expansion to achieve 100% school coverage by 2029/30. This will cause significant financial pressures within the ICB. Whilst this may not impact until the latter end of 2025/26 (taking a phased approach), recurrent financial investment (circa £12m) will need to be identified for future years.
- Challenged **elective recovery** across NENC attempting to achieve targeted reductions in long waits, 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.
- NCIC, NUTH and S Tees remain in **NHSE tiering** process for **Cancer** (tier 2); recovery plans developed with implementation being worked through.
- Whilst as a 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, we do have 2 Trusts who continue to report above the NEY average (STSFT – 18.3% and NCIC – 13.7% (improving position) for the week ending 15th June.

## Areas of Good Practice

- **Children and Young Peoples (CYP) Access** - The number of CYPS accessing support has continued to grow over the spring period. An increase of 1,264 has been noted from Mar25 to Apr25. As we continue to expand our coverage of MHSTs, we should expect to see a direct correlation to an increase in activity within the CYPS access metric.
- All NENC acute providers have participated in the **Q1 national validation sprint** exercise completing 2% more RTT pathways compared to the same period last year
- In April and May 2025 **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.



# 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)	May 2025	Improvement	Hit or Miss	79.6%	79.1%	0.5%	82.1%	75.4%	Low (On Track)
	C2 Average Response Time (Minutes)	May 2025	Improvement	Hit or Miss	19.8	25	-5.2	34.6		Low (On Track)
	% of Attendances in A&E over 12 Hours	May 2025	Normal Variation	Hit or Miss	4.2%	5.2%	-1%	5%	10.0%	Med (Monitoring)
Elective, Cancer & Diagnostics	Number of patients on waiting list (RTT incomplete)	Apr 2025	Normal Variation	Consistently Off Target	346,581	344,819	+1,762	329,799		High (Action)
	% patients waiting for initial treatment on incomplete pathways within 18 weeks	Apr 2025	Improvement	Hit or Miss	70%	69.4%	0.7%	74%	59.7%	Low (On Track)
	% patients waiting more than 52 weeks for treatment (Incomplete pathways only)	Apr 2025	Normal Variation	Hit or Miss	1.2%	1.3%	0%	0.5%	2.6%	Med (Monitoring)
	% Patients waiting more than 6 weeks from referral for a diagnostic test (9 core tests)	Apr 2025	Normal Variation	Hit or Miss	10.4%	8%	2.3%	5.1%	11.3%	Med (Monitoring)
	% of patients FDS within 28 days	Apr 2025	Normal Variation	Hit or Miss	75.9%	80%	-4.1%	82.9%	76.7%	Med (Monitoring)
	% of patients treated within 62 days of referral for suspected cancer	Apr 2025	Improvement	Hit or Miss	70.8%	68.1%	2.7%	75.1%	69.9%	Low (On Track)
	Proportion of cancer diagnosed at stages 1 or 2 - Rolling 12 Months	Feb 2025	SPC n/a	SPC n/a	57.6%	75%	-17.4%	75%		Not Available
Primary Care	Primary Care Appointments per Working Day	Apr 2025	Normal Variation	Hit or Miss	81,656.5	87,744.6	-6,088.1	87,482.1		Med (Monitoring)
	Number of Urgent Dental Appointments Provided	May 2025	Normal Variation	Consistently Off Target	18,547	23,012	-4,465	26,208		High (Action)
	Percentage of unique patients seen by NHS dentist (adult) - rolling 24m	May 2025	SPC n/a	SPC n/a	41%	41.4%	-0.4%	42%	35.3%	Not Available
	Dementia diagnosis rate (as % expected prevalence)	Apr 2025	Improvement	Consistently Hits Target	69.2%	66.7%	2.5%	66.7%	65.5%	Low (On Track)
Community	Community services waiting list over 52 weeks (All)	Apr 2025	Concern	Hit or Miss	1,387	1,292	+95	1,022		High (Action)
	Latest reported Virtual Ward occupancy rate (snapshot closest to end of month)	May 2025	Normal Variation	Hit or Miss	60.7%	63.2%	-2.4%	71.8%		Med (Monitoring)
	SDEC Activity Across NENC Providers (Currently Only 4 Providers)	May 2025	SPC n/a	SPC n/a	7,651	9,076	-1,425	9,680		Not Available
	Time Spent at Home (Care Home Residents/All Aged 75+) - Rolling 12m	Apr 2025	SPC n/a	SPC n/a	362.4					Not Available
Mental Health	Talking Therapies Reliable Recovery Rate	Apr 2025	Concern	Hit or Miss	47.6%	48%	-0.4%	49.5%		High (Action)
	Talking Therapies Reliable Improvement Rate	Apr 2025	Normal Variation	Hit or Miss	68.9%	67%	1.9%	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)	Apr 2025	SPC n/a	SPC n/a	1,776.8	1,907.8	-131.1	1,913.5		Not Available
	Percentage of adult inpatients discharged with a length of stay exceeding 60 days	Apr 2025	Improvement	Target Unavailable	17.6%					Low (On Track)
	Number of people accessing Individual Placement Support services	Apr 2025	SPC n/a	SPC n/a	1,750	1,769	-19	2,429		Not Available
	Total number of inappropriate Out of Area (OOA) Placements	Apr 2025	Concern	Hit or Miss	13	0	+13	0		High (Action)
	No of CYP accessing support by NHS funded community services (rolling 12 months)	Apr 2025	SPC n/a	SPC n/a	60,495	58,717	+1,778	60,897		Not Available
	Number of women accessing specialist community perinatal mental health services (rolling 12 months)	Apr 2025	SPC n/a	SPC n/a	2,230	2,270	-40	2,355		Not Available
Learning Disabilities & Autism	LDA Inpatient Beds Occupied by Adults & Older Adults (from the AT database)	May 2025	Improvement	Hit or Miss	163	167	-4	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	Mar 2025	Improvement	Target Unavailable	71					Low (On Track)

# Integrated Delivery Report - Summary Overview

	Metric	Period	Variation	Assurance	Value	Plan	+ / - Plan	Target	Benchmark	Risk Ratings
Workforce	▲									
	Staff Absence Rate	Jan 2025	Concern	Hit or Miss	6.6%	5.6%	1%		5.7%	High (Action)
	Staff Turnover Rate (last 12 months)	Feb 2025	SPC n/a	SPC n/a	9.3%	12.1%	-2.8%		11.3%	Not Available
Safety	Incidence of C Difficile	Apr 2025	Normal Variation	Hit or Miss	95	78.3	+16.7	78.3		Med (Monitoring)
	Incidence of E Coli	Apr 2025	Normal Variation	Hit or Miss	290	218.5	+71.5	218.5		Med (Monitoring)
	Incidence of MRSA	Apr 2025	Normal Variation	Hit or Miss	1	0	+1	0		Med (Monitoring)
	Percentage of children prescribed antibiotics (ages 0-14)	Mar 2025	Normal Variation	Target Unavailable	2.7%				3.2%	Low (On Track)
Finance	ICB financial position (surplus)/deficit	May 2025	SPC n/a	SPC n/a	£3m	£2.0m	£1.0m			Med (Monitoring)
	Agency spend	May 2025	SPC n/a	SPC n/a	£9.5m	£9.1m	£0.4m			Med (Monitoring)

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

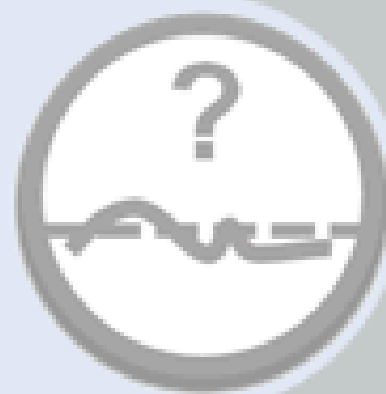
Aiming to have high performance and we're seeing significant concern in the process

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

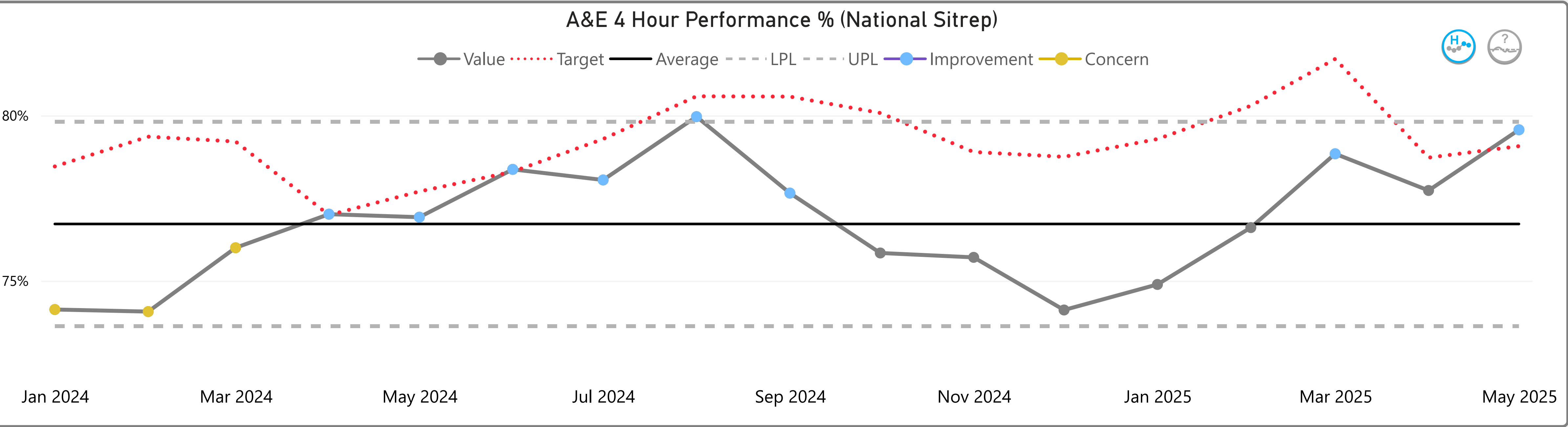


Trajectory Failing

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.**





Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
A&E 4 Hour Performance % (National Sitrep)	May 2025	Improvement	Hit or Miss	79.6%	79.1%	0.5%	82.1%	75.4%	Low (On Track)
C2 Average Response Time (Minutes)	May 2025	Improvement	Hit or Miss	19.8	25	-5.2	34.6		Low (On Track)
% of Attendances in A&E over 12 Hours	May 2025	Normal Variation	Hit or Miss	4.2%	5.2%	-1%	5%	10.0%	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&E department
- Reducing the % attendances at type 1 A&E departments where the patient spent more than 12 hours
- Reducing the time patients wait in the community for a Category 2 ambulance response

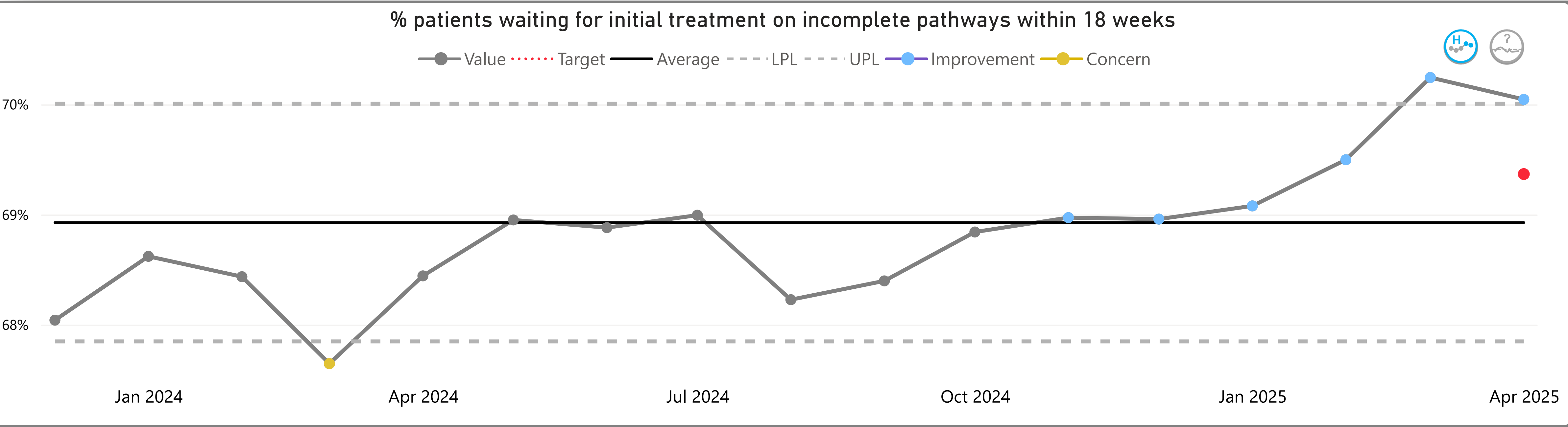
## Observations and Risk

- A&E 4hr** – Across the NENC system performance in May25 was reported as 79.6%, this is above the May25 plan of 79.1% and above the National average of 75.4%, ranking as 5/42 across England.
- Cat2** – NEAS Cat2 performance in May25 was reported as 19:49, this is below the May25 plan and maintains NEAS position as the best performing ambulance Trust across England (1/11).
- A&E 12 hour waits** – Across the NENC system performance in May25 was reported as 4.2%, this is below the May25 plan of 5.2% 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.





Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Number of patients on waiting list (RTT incomplete)	Apr 2025	Normal Variation	Consistently Off Target	346,581	344,819	+1,762	329,799		High (Action)
% patients waiting for initial treatment on incomplete pathways within 18 weeks	Apr 2025	Improvement	Hit or Miss	70%	69.4%	0.7%	74%	59.7%	Low (On Track)
% patients waiting more than 52 weeks for treatment (Incomplete pathways only)	Apr 2025	Normal Variation	Hit or Miss	1.2%	1.3%	0%	0.5%	2.6%	Med (Monitoring)
% Patients waiting more than 6 weeks from referral for a diagnostic test (9 core tests)	Apr 2025	Normal Variation	Hit or Miss	10.4%	8%	2.3%	5.1%	11.3%	Med (Monitoring)
% of patients FDS within 28 days	Apr 2025	Normal Variation	Hit or Miss	75.9%	80%	-4.1%	82.9%	76.7%	Med (Monitoring)
% of patients treated within 62 days of referral for suspected cancer	Apr 2025	Improvement	Hit or Miss	70.8%	68.1%	2.7%	75.1%	69.9%	Low (On Track)
Proportion of cancer diagnosed at stages 1 or 2 - Rolling 12 Months	Feb 2025	SPC n/a	SPC n/a	57.6%	75%	-17.4%	75%		Not Available

## Link to Strategic Priorities

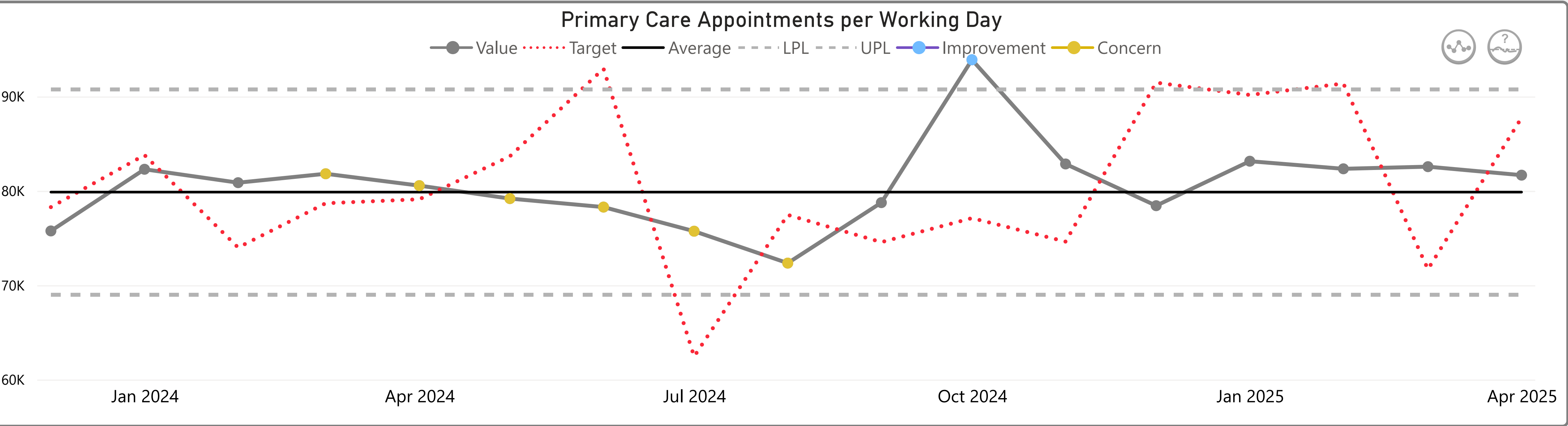
- We will improve patient outcomes in 2025/26 through reductions in time people wait for elective care by:
  - Improving the % of patients waiting <18weeks delivering a minimum 5% improvement by Mar26
  - Reducing the % of patients waiting >52weeks to less than 1% of the total waiting list by Mar26
  - 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

## Observations and Risk

- Waiting times** - We have seen a further decrease in the overall waiting list size, representing the lowest position over the last 12 months, as well as recording the best RTT performance in the country. Patients waiting >52 weeks is tracking in line with plan.
- Diagnostic performance** -Two consecutive months of underperformance now above plan.
- Cancer** - Despite a small drop in Cancer 62-day performance it remains comfortably above the planned level as at April 2025/26. Cancer FDS however has deteriorated for two consecutive months recording below the 12-month average as well as planned levels of performance.

## Key Actions

- Waiting Times** - Focus on elective recovery for NENC including reductions in long waits, waiting list size, waiting list validation and completion of patient treatment pathways.  
Targeted meetings continue with NuTH and S Tees in conjunction with Get It Right First Time Further Faster 20 (FF20).  
  
Comprehensive range of elective recovery groups driving change and improvements through the Provider Collaborative governance infrastructure.  
  
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 imaging and physiological science capacity.
- Cancer** - NCIC, NUTH and S Tees remain in NHS E tiering process for Cancer (tier 2); recovery plans developed and implemented.
- Demand for acute services** - work is progressing led by the Planning Team to develop an ICB wide Demand Management strategy building on existing commissioned services and contract arrangements. Along side this the Contracting Team are deploying Activity Management arrangements with providers.



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Primary Care Appointments per Working Day	Apr 2025	Normal Variation	Hit or Miss	81,656.5	87,744.6	-6,088.1	87,482.1		Med (Monitoring)
Number of Urgent Dental Appointments Provided	May 2025	Normal Variation	Consistently Off Target	18,547	23,012	-4,465	26,208		High (Action)
Percentage of unique patients seen by NHS dentist (adult) - rolling 24m	May 2025	SPC n/a	SPC n/a	41%	41.4%	-0.4%	42%	35.3%	Not Available
Dementia diagnosis rate (as % expected prevalence)	Apr 2025	Improvement	Consistently Hits Target	69.2%	66.7%	2.5%	66.7%	65.5%	Low (On Track)

Observations and Risk

- **Dementia Diagnosis rate** – Performance in Apr25 is reported as 69.2%, 2.5% above plan of 66.7%.
- **Number of Urgent Dental Appointments Provided** – Performance in May25 is below plan but a significant increase on Apr25.
- **Percentage of unique patients seen by NHS dentist (adult) - rolling 24m** – Performance in May25 was 41.0% against a plan of 41.4%.
- **Primary Care Appointments per Working Day** - 81.6K Primary Care appts were provided, per day, in Apr25 across NENC, this is below plan and slightly down on the last 3 months (Jan-Mar), however more appointments than were offered in Apr24.

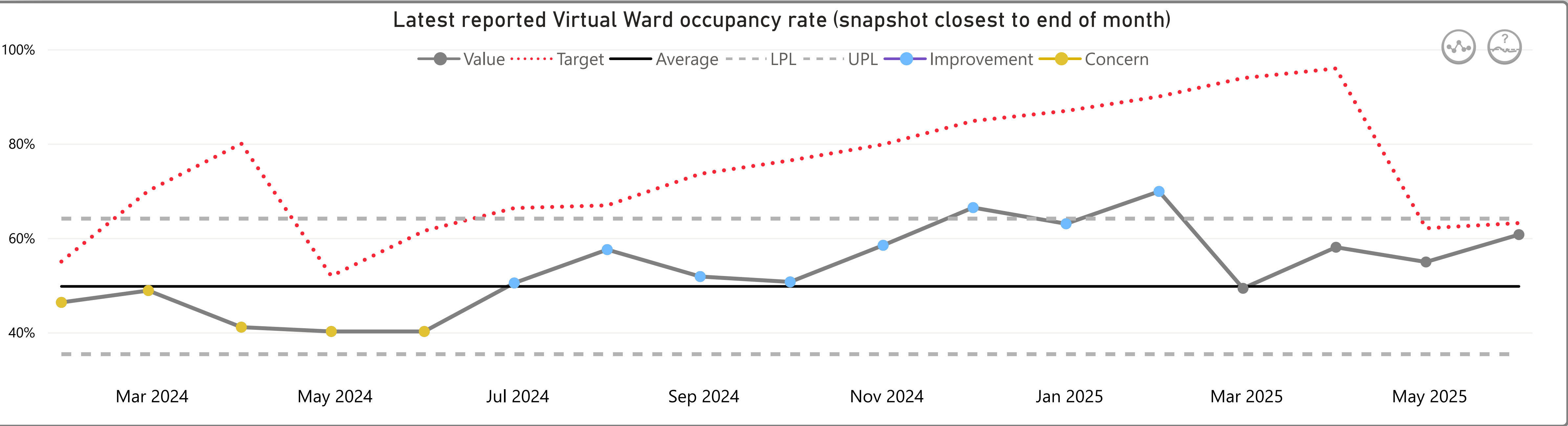
Key Actions

- A general practice action plan is in development across the NENC with a submission deadline to NHSE of 27th June. This plan will set out our systems response to 1) tackling unwarranted variation, 2) Improving Contract Oversight, 3) Improving Commissioning and transformation.
- 30 Urgent Dental Activity (UDAC) surgeries will be rolled out over the next 12 months to support a longer term structured provision of patient controlled, rather than practice controlled, access to unscheduled urgent care, utilising a range of digital technologies and full NHS 111 integration.

Link to Strategic Priorities

- We will improve patient outcomes in 25/26 through:Tackling unwarranted variation with General Practice
- Increasing urgent Dental capacity





Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Community services waiting list over 52 weeks (All)	Apr 2025	Concern	Hit or Miss	1,387	1,292	+95	1,022		High (Action)
Latest reported Virtual Ward occupancy rate (snapshot closest to end of month)	May 2025	Normal Variation	Hit or Miss	60.7%	63.2%	-2.4%	71.8%		Med (Monitoring)
SDEC Activity Across NENC Providers (Currently Only 4 Providers)	May 2025	SPC n/a	SPC n/a	7,651	9,076	-1,425	9,680		Not Available
Time Spent at Home (Care Home Residents/All Aged 75+) - Rolling 12m	Apr 2025	SPC n/a	SPC n/a	362.4					Not Available

Observations and Risk

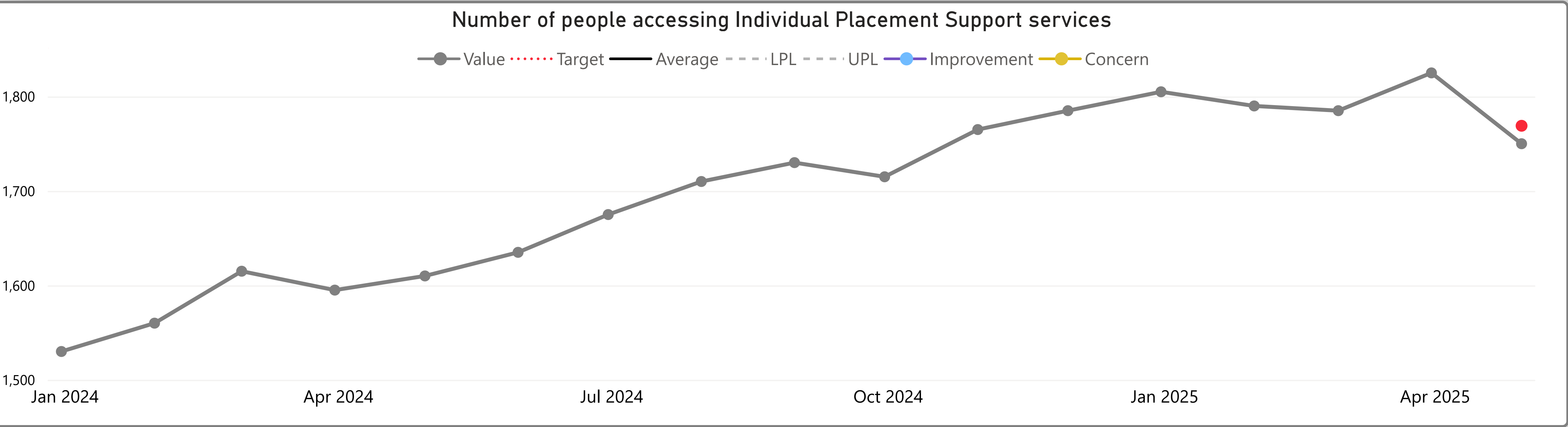
- **Virtual Ward occupancy rate** – Performance in May25 at 60.7% remains below plan (63.2%) however has increased significantly over the last 3 months.
- **Community services waiting list over 52 weeks (All)** – Performance in Apr25 was 1.7% a slight increase from Mar25 but still lower than the peak seen in Dec24.
- **SDEC Activity** – Performance in May25 is below the newly established plan that was implemented from Apr25.
- **Time Spent at Home** – This is a new and developing indicator which shows that our over 75 and Care Home Population, on average, spend 362.4 days per year at home.

Key Actions

- The Living and Ageing well partnership (LAWP) is now routinely receiving all data in relation to Community metrics and is being used as a forum to discuss and tackle variation across our system, across the broad range of Community metrics. This forum also allows the sharing of best practice across our system.
- Data Quality is also a key focus within the LAWP to ensure standardised ways of reporting and accuracy of system partner data submissions.
- Work has commenced to review wait times across providers and where outliers are identified action plans are being sought and managed on an individual provider basis.

Link to Strategic Priorities

- 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.



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Talking Therapies Reliable Recovery Rate	Apr 2025	Concern	Hit or Miss	47.6%	48%	-0.4%	49.5%		High (Action)
Talking Therapies Reliable Improvement Rate	Apr 2025	Normal Variation	Hit or Miss	68.9%	67%	1.9%	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)	Apr 2025	SPC n/a	SPC n/a	1,776.8	1,907.8	-131.1	1,913.5		Not Available
Percentage of adult inpatients discharged with a length of stay exceeding 60 days	Apr 2025	Improvement	Target Unavailable	17.6%					Low (On Track)
Number of people accessing Individual Placement Support services	Apr 2025	SPC n/a	SPC n/a	1,750	1,769	-19	2,429		Not Available
Total number of inappropriate Out of Area (OOA) Placements	Apr 2025	Concern	Hit or Miss	13	0	+13	0		High (Action)
No of CYP accessing support by NHS funded community services (rolling 12 months)	Apr 2025	SPC n/a	SPC n/a	60,495	58,717	+1,778	60,897		Not Available
Number of women accessing specialist community perinatal mental health services (rolling 12 months)	Apr 2025	SPC n/a	SPC n/a	2,230	2,270	-40	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

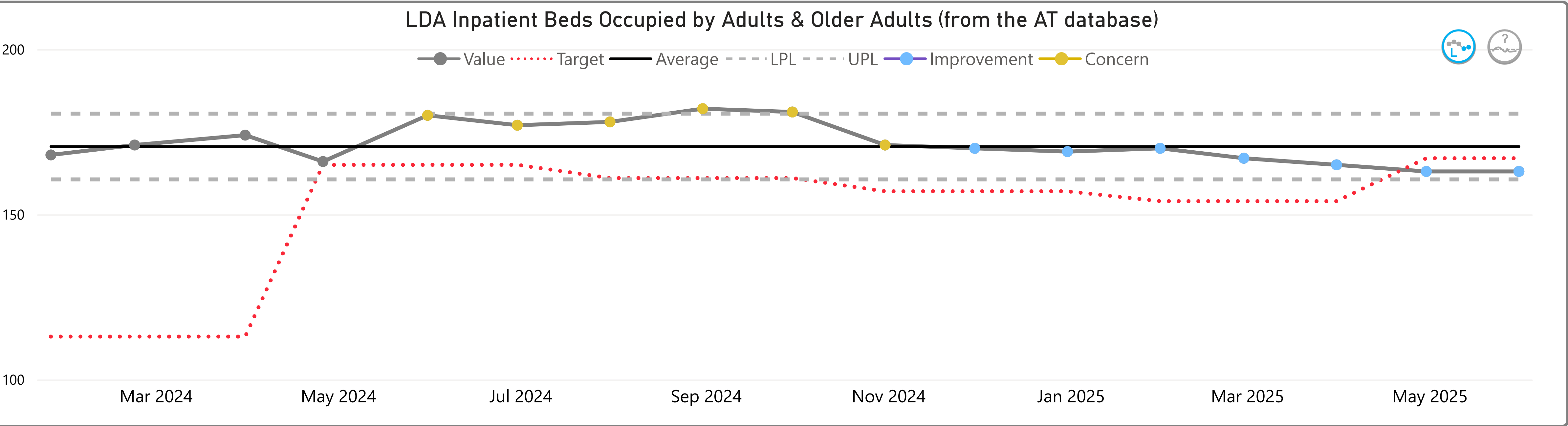
- **Mental Health Support Teams in Schools (MHST)** - Despite not being included in the 25/26 operational planning guidance, ICBs are advised they must progress with expansion to achieve 100% coverage by 2029/30. This will cause significant financial pressures, though due to a phased approach may not impact until 26/27. We would however expect to see an increase in the CYPS access metric.
- **Individual Placement Support** - This is a new performance metric for 25/26. Funding has been allocated to teams within our two local Trusts to allow for workforce expansion. This expansion will support increased access, expected to be achieved later in the year once teams are at full operational capacity.

Key Actions

- **Talking Therapies: Reliable Improvement & Reliable Recovery** - In line with the national programme, additional trainee posts have been identified across NENC via national fair share. Once fully qualified this will equate to an additional 30 High Intensity Therapists (HITs) and 8 Psychological Wellbeing Practitioners. An increased workforce will allow for increased capacity in high intensity pathways which in turn is expected to drive quality outcomes for service users. Qualification achievement will be over a phased period, as such the impact for 25/26 will be part year, with minimal capacity from trainees once recruited and on placement in services across NENC and an additional 3 qualified HITs in post.
- To support increasing access work is progressing through the MHLD Performance Group to understand and deploy additional capacity into the system using esources that remain available.
- **Out of Area Placements (OAPs)** - The number of out of area placements has continued to grow. All April OAPS are with CNTW. As they have seen an increasing number, the Trust are ensuring that daily urgent flow escalation meetings are in place and have developed a supporting action plan focusing on the highest impact areas for patients who are clinically ready for discharge.



# People with a Learning Disability and/or who are Autistic



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
LDA Inpatient Beds Occupied by Adults & Older Adults (from the AT database)	May 2025	Improvement	Hit or Miss	163	167	-4	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	Mar 2025	Improvement	Target Unavailable	71					Low (On Track)

## Observations and Risk

- **Inpatient Adults** – 13 discharges have taken place over April/May for both ICB and secure commissioned beds, these numbers include discharges with LoS of extended years.
- **Education and Training** - The Oliver McGowan training, which is mandatory for all staff, continues to be rolled out.

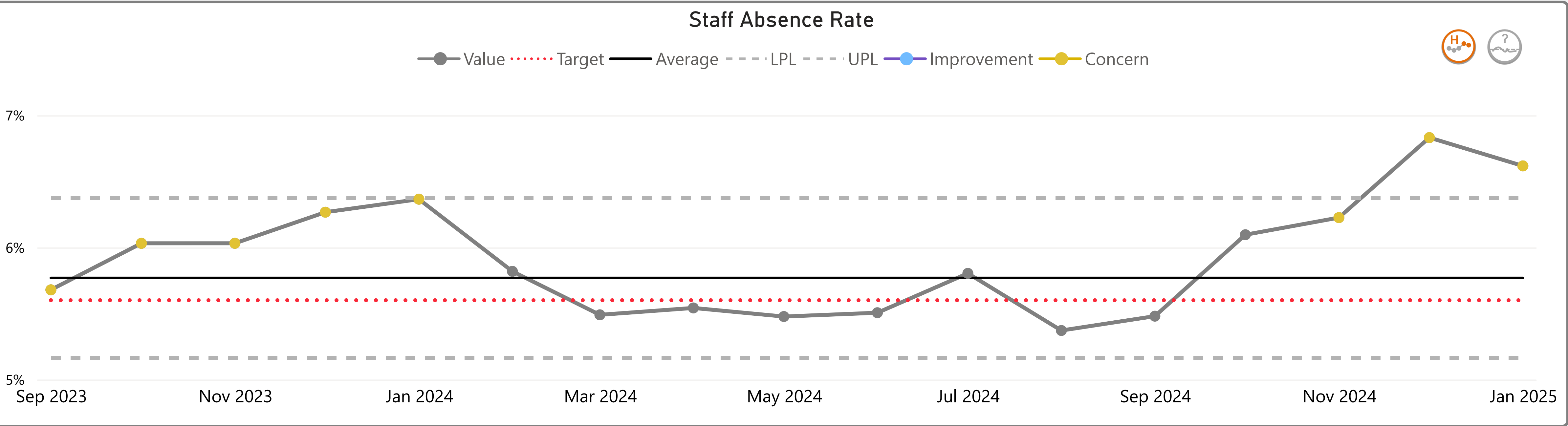
## Key Actions

- Case Managers within the Complex Transition Support Service continue to work on facilitating discharges and carry out the 56 day oversight visits.
- Now able to access the live Assuring Transformation database and produce the weekly snapshots independently.
- Discharge forecasting for 2025/26 for all Learning Disability and Autism in-patients has been completed for effective monitoring of progress.

## Link to Strategic Priorities

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





Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Staff Absence Rate	Jan 2025	Concern	Hit or Miss	6.6%	5.6%	1%		5.7%	High (Action)
Staff Turnover Rate (last 12 months)	Feb 2025	SPC n/a	SPC n/a	9.3%	12.1%	-2.8%		11.3%	Not Available

## 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 6.8% in Dec 2024 to 6.6% in Jan 2025, above the 5.6% plan. High sickness due to seasonal illness, predominantly flu, with Trusts reporting lower uptake of vaccinations during the winter period.
- Staff turnover: Defined as leavers and staff changing roles/employers within NHS in 12 months. NENC turnover dropped to 9.3% since Jan 2025, below plan and national average. Turnover affects care quality, increases pressure on staff, and adds recruitment/training burden.
- Data: Work continues to align reporting sources for consistency across the ICB using NHSE data.

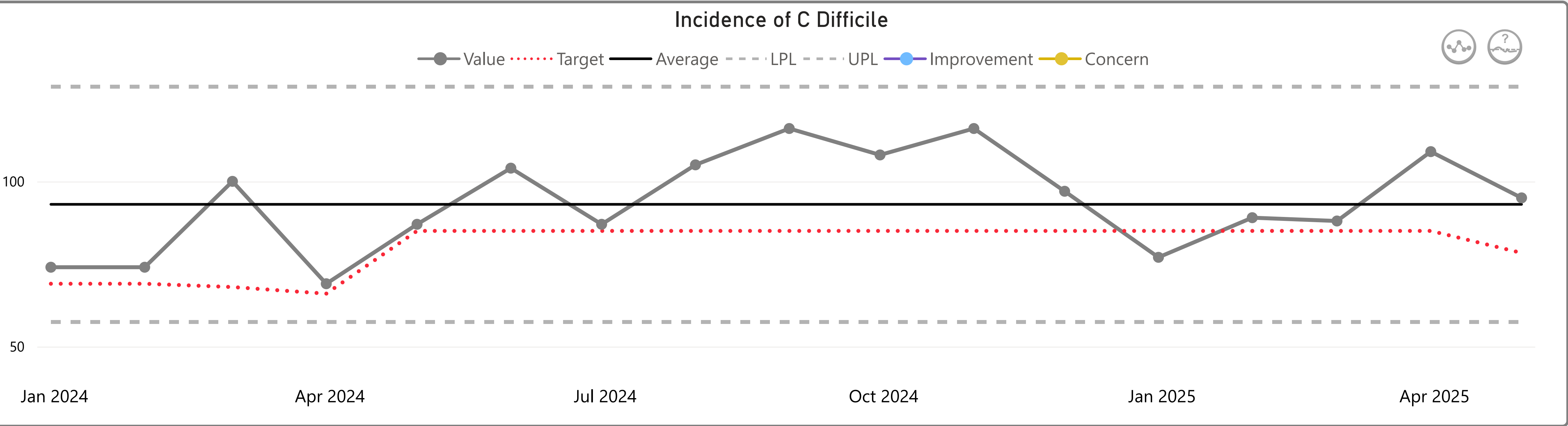
## Key Actions

- Over 300 staff reductions expected from NENC ICB transition. Timeline: design, consultation (Jul–Sept), implementation (Sept–Dec).
- Equality Diversity Inclusion team involved via EQIAs and service changes.
- Staff support includes coaching, resilience, career guidance, and interview skills.
- NENC Wellbeing Hub promoted; new wellbeing offer in development.
- ICB workforce data pack presented in May 2025.
- Social Care People Promise pilot underway.
- Boost leadership cohorts live; Anti-Racism training hub soft-launched.
- Oliver McGowan Mandatory Training rollout and funding plans under review.

## 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



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
Incidence of C Difficile	Apr 2025	Normal Variation	Hit or Miss	95	78.3	+16.7	78.3		Med (Monitoring)
Incidence of E Coli	Apr 2025	Normal Variation	Hit or Miss	290	218.5	+71.5	218.5		Med (Monitoring)
Incidence of MRSA	Apr 2025	Normal Variation	Hit or Miss	1	0	+1	0		Med (Monitoring)
Percentage of children prescribed antibiotics (ages 0-14)	Mar 2025	Normal Variation	Target Unavailable	2.7%				3.2%	Low (On Track)

Observations and Risk

- Infections including Carbapenemase-producing Enterobacteriaceae (CPE), C. Difficile, and MRSA are rising across NENC.
- The Summary Hospital-level Mortality Indicator (SHMI) has increased for CDDFT, now statistically higher than expected (123), driven by DMH and UHND. As a result this is being escalated to QIG and a Data Quality Improvement Plan initiated with the Trust.
- Two Never Events reported in NENC are under Patient Safety Incident Response Framework (PSIRF) review. A Regulation 28 has been issued by the Coroner and is being addressed by relevant 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.
- 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.

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



Metric Name	Period	Variation	Assurance	Value	Plan	+/- Plan	Target	Benchmark	Risk Ratings
ICS financial position (surplus)/deficit	May 2025	SPC n/a	SPC n/a	£19.5m	£22.0m	£-2.5m			High
ICB financial position (surplus)/deficit	May 2025	SPC n/a	SPC n/a	£3m	£2.0m	£1m			Med
Running cost position	May 2025	SPC n/a	SPC n/a	£7.1m	£8.0m	£-0.9m			Med
Capital funding	May 2025	SPC n/a	SPC n/a	£25m	£21.1m	£3.9m			Med
Agency spend	May 2025	SPC n/a	SPC n/a	£9.5m	£9.1m	£0.4m			Med
ICS total efficiency savings	May 2025	SPC n/a	SPC n/a	£82,393k	£87,039k	£4,645k			High

Observations and Risk

- As at 31May25 the ICS is reporting a YTD deficit of £19.5m compared to a planned deficit of £22m. The favourable variance of £2.5m 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 in the two months
- The ICB is reporting a YTD surplus of £2.97m which is £1m 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 £0.9m is being reported YTD due to staff vacancies. There is significant uncertainty around the impact in 2025/26

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.
- While gross risks have reduced at month 2, unmitigated risks have increased. A review at month 3 will address potential double-counting of efficiency risk.
- Work continues across the system to manage risks and identify further mitigations.

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 1 (Apr 24) for Elective & Cancer. ICB Elective focus meetings in place. Northern Cancer Alliance and 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)	ICB led from Nov 23	Escalated to Tier 2 Cancer to ICB/NCA monitoring and support (Apr 24). ICB Elective focus meetings in place	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.	Awaiting outcome of independent review
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. Removed from Tier 2 – elective Apr 24). ICB Elective focus meetings in place	Maternity (Jan 24): James Cook requires improvement overall, and for being safe and well-led; Friarage Hospital requires improvement overall and for being well-led, and good for being safe (Jan 24)
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	6	49	2	0
Cumbria	7	24	0	0
Darlington	1	10	0	0
Gateshead	1	21	1	0
Hartlepool	0	11	0	0
Middlesbrough	0	15	0	0
Newcastle upon Tyne	3	26	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	17	0	0
Sunderland	3	34	0	0
Total	32	287	3	0

## Residential Social Care CQC Ratings

Local Authority	Outstanding	Good	Requires Improvement	Inadequate
▲				
County Durham	11	106	8	0
Cumbria	4	73	7	0
Darlington	2	21	3	0
Gateshead	4	30	6	0
Hartlepool	0	23	2	0
Middlesbrough	2	34	2	0
Newcastle upon Tyne	6	42	4	0
North Tyneside	0	33	4	0
Northumberland	4	62	11	0
Redcar and Cleveland	0	33	3	0
South Tyneside	1	27	0	0
Stockton-on-Tees	3	33	4	0
Sunderland	6	71	1	0
Total	43	588	55	0

## Community Social Care CQC Ratings

Local Authority	Outstanding	Good	Requires Improvement	Inadequate
▲				
County Durham	4	43	4	0
Cumbria	0	34	4	0
Darlington	2	16	1	0
Gateshead	0	36	0	0
Hartlepool	0	11	0	0
Middlesbrough	1	16	1	0
Newcastle upon Tyne	5	33	1	0
North Tyneside	4	21	0	0
Northumberland	9	33	1	0
Redcar and Cleveland	1	12	0	0
South Tyneside	2	14	1	0
Stockton-on-Tees	1	23	2	0
Sunderland	2	33	0	0
Total	31	325	15	0

# Appendix 2 - 25/25 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	Level of confidence in delivery of financialplan
	Planned surplus/deficit
	Rate of productivity
	Variance year-to-date to financial plan
Patient safety	% of children prescribed antibiotics in primary care
	Incidence of C Difficile
	Incidence of E Coli
	Incidence of MRSA
Workforce and people (ICB/ICS)	Percentage of NHS Trust staff to leave in the last 12 months
	Sickness absence rate