

Item: 12

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	
Official: Sensitive Commercial		Provides assurance	✓
Official: Sensitive Personal		For information only	

**BOARD**  
**25 MARCH 2025**

**Report Title:** North East & North Cumbria (NENC) ICB: Integrated Delivery Report February 2025

**Purpose of report**

The NENC Integrated Delivery Report (IDR) provides an overview of quality and performance, highlighting any significant changes, areas of risk and mitigating actions.

The report uses published performance and quality data covering December 2024 for most metrics and January 2025 for others, unless otherwise specified. Finance data is for January 2025 (Month 10).

**Key points**

The executive summary of the report notes key changes from the previous report, other areas of note/risk and includes a dashboard that provides an overview of current objectives in 3 parts:

Part 1 - Recovering core services and improving productivity – national objectives 2024/25  
 Part 2 - NHS Long Term Plan and transformation – national objectives 2024/25  
 Part 3 – National safety metrics

The system oversight section includes an overview of CQC ratings, NHS Oversight Framework segmentation and a high-level overview of the ICB performance against the Oversight Framework metrics.

A broad range of metrics are reviewed and monitored through strategic programmes and through ICB oversight and contracting arrangements. Key updates are included in the delivery section of the report.

The report has been reviewed by a number of ICB Committees:

**Finance, Performance and Investment Committee – 6 March 2025**

The Committee noted the following:

- NHSE have escalated South Tees NHST FT into tier 2 escalation / support for Cancer and Newcastle upon Tyne Hospitals NHS FT (NUTH) for both Cancer and Diagnostics. It is anticipated that Diagnostics tier support will be a short-term arrangement for NuTH due to a significant improvement in diagnostic performance over the last 3 months.
- NENC demonstrated a deteriorating position for the number of GP appointments and inconsistency of robust data collection across general practice was noted. A recent deep dive highlighted some activity that had not been counted, such as online triaging and consultation, and that NENC had in fact offered more face-to-face GP appointments in comparison to other areas in the country. Further narrative has been requested at Primary Care Strategy and Delivery Committee to be included in future integrated delivery reports.

- NENC have returned to position as best performing ICB in December 2024 for RTT performance with 69% of people on the waiting list for elective treatment waiting less than 18 weeks. The 52+ week wait list position had improved and was at its lowest post COVID-19.
- Mental Health, Learning Disability and Autism (MHLDA): Due to the growth in volume of referrals, pressures continued within adult and children and young people waiting times. All-age ADHD and Autism pathway transformation group has been established to focus on capacity and demand. The committee were reminded that ADHD targets and funding stream information had not been included in 2025-26 national planning guidance.
- The number of patients with learning disabilities and autism in in-patient care remained static although it was noted that some long-term in-patients had recently been discharged. Due to the significant progress made with the transforming care programme, NHSE have reduced the frequency of oversight meetings to a quarterly basis and will showcase NENC work with the national team. Work will continue to focus on long-term inpatient stays.
- Continuing Healthcare (CHC): It was noted that the IDR report had included data for continuing healthcare for 2 consecutive months and will include further dashboard supporting narrative moving forward.

### ICB Executive Committee (11 March 2025) – comments/actions

The committee received the report for assurance.

### Quality and Safety Committee (6 March 2025) – comments/actions

The committee received the report for assurance.

## Risks and issues

The overarching risk as detailed in the ICB risk register is failure to deliver the 2024/25 operational planning objectives; specific risks and issues are detailed within the report.

## Assurances and supporting documentation

- Review by ICB Committees.
- Oversight framework being implemented across NENC.
- Actions being undertaken as highlighted in body of report.
- Further detailed actions available through local assurance processes.

## Recommendation/action required

Board members are asked to receive the report for information and assurance.

## Acronyms and abbreviations explained

- **AMR** - Antimicrobial resistance
- **CAS** – Central Alerting System
- **Caseness** - Caseness is the term used when a referral is assessed as being a clinical case. This is determined by the scores which are recorded using tools designed to measure anxiety and depression. If patients score above the clinical/non-clinical cut-off for anxiety, depression or both, they are classified as clinical cases.
- **C. Difficile** – Clostridium Difficile
- **CDDFT** – County Durham and Darlington NHS Foundation Trust
- **CNST** – Clinical Negligence Scheme for Trusts
- **CNTWFT** – Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
- **CQC** – Care Quality Commission – independent regulator of health and social care in England
- **CYP** – Children and Young People
- **E.Coli** – Escherichia coli
- **FFT** - Friends and Family Test
- **FT** - Foundation Trust
- **GHFT** - Gateshead Health NHS Foundation Trust
- **GNBSI** – Gram-Negative bloodstream Infections
- **GP** - General Practitioner
- **HCAI** – Healthcare Associated Infections
- **IPC** - Infection Prevention and Control

- **MRSA** – Methicillin-resistant Staphylococcus aureus
- **MSSA** – Methicillin-sensitive Staphylococcus aureus
- **NCICFT** – North Cumbria Integrated Care Foundation Trust
- **NEAS** – North East Ambulance Service Foundation Trust
- **NENC** - North East and North Cumbria
- **NHCFT** – Northumbria Healthcare NHS Foundation Trust
- **NHS LTP** – Long Term Plan – the plan sets out a number of priorities for healthcare over the next 10 years, published in 2019.
- **NHS OF** – NHS Oversight Framework which outlines NHSE`s approach to NHS Oversight and is aligned with the ambitions set in the NHS Long Term Plan
- **NTHFT** – North Tees and Hartlepool NHS Foundation Trust
- **NuTHFT** – Newcastle upon Tyne Hospitals NHS FT
- **PSIRF** – Patient Safety Incident Response Framework
- **QIPP** – Quality, Innovation, Productivity and prevention – Large scale programme introduced across the NHS to ensure the NHS delivers more for the same funding
- **QRG** – Quality Review Groups
- **RCA** – Root Cause Analysis
- **Recovery (TTAD)**: A patient moves to recovery if their symptoms were considered a clinical case at the start of their treatment (that is, their symptoms exceed a defined threshold as measured by scoring tools) and not a clinical case at the end of their treatment.
- **RI TTAD - Reliable improvement (TTAD)**: A patient has shown reliable improvement if there is a significant improvement in their condition following a course of treatment, measured by the difference in their first and last score.
- **SI** – Serious Incident
- **SIRMS** – Safeguard Incident Risk Management System
- **SII - Slope index of inequality** – measure of social gradient ie difference in score between the least and most deprived IMD in NENC
- **SPC** – Statistical Process Control – An analytical technique which plots data over time, it helps us understand variation and in doing so guides us to take the most appropriate action.
- **SCC** - Strategic Co-ordination Centre
- **STSFT** South Tyneside and Sunderland NHS FT
- **STHFT** – South Tees Hospitals NHS FT
- **TEWVFT** – Tees, Esk and Wear Valleys NHS FT
- **TTAD**– Talking Therapies for Anxiety and Depression – NHS service designed to offer short term psychological therapies to people suffering from anxiety, depression and stress.
- **UEC** – Urgent and Emergency Care
- **YTD** – Year to Date

<b>Sponsor/Approving Executive Director</b>	Jacqueline Myers., Chief Strategy Officer
<b>Date approved by Executive Director</b>	18 March 2025
<b>Report author</b>	Claire Park, Strategic Head of Planning and Performance

**Link to ICP strategy priorities (please tick all that apply)**

Longer and Healthier Lives	✓
Fairer Outcomes for All	✓
Better Health and Care Services	✓
Giving Children and Young People the Best Start in Life	✓

**Relevant legal/statutory issues**

Note any relevant Acts, regulations, national guidelines etc

<b>Any potential/actual conflicts of interest associated with the paper?</b> (please tick)	<b>Yes</b>		<b>No</b>		<b>N/A</b>	✓
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<b>Equality analysis completed</b> (please tick)	N/A		No		N/A	✓
<b>If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken?</b> (please tick)	N/A		No		N/A	✓
<b>Essential considerations</b>						
<b>Financial implications and considerations</b>	N/A					
<b>Contracting and Procurement</b>	N/A					
<b>Local Delivery Team</b>	N/A					
<b>Digital implications</b>	N/A					
<b>Clinical involvement</b>	N/A					
<b>Health inequalities</b>	N/A					
<b>Patient and public involvement</b>	N/A					
<b>Partner and/or other stakeholder engagement</b>	N/A					
<b>Other resources</b>	N/A					