NHS
North East and North Cumbria

Item: 14

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

BOARD 25 NOVEMBER 2025	
Report Title:	**North East & North Cumbria (NENC) ICB: Integrated Delivery Report October 2025**

Purpose of report

This report is a bi-annual version of the newly formatted NENC Integrated Delivery Report (IDR) for 2025/26 which incorporates a full suite of metrics (including quarterly and annual metrics). 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 report uses published performance and quality data largely covering August and September 2025 for the monthly metrics. Less frequently reported metrics specify the latest available data point for reporting purposes. Finance data is for September 2025 (Month 6).

Key points

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. A broader range of metrics are reviewed and monitored through strategic programmes and through ICB oversight and contracting arrangements.

The executive summary of the report notes key changes from the previous report as well as highlighting key points of note, it also details key successes and challenges for this period in NENC.

All monthly reported metrics will be included within the IDR on a monthly basis. Key updates will be received from the programme areas for the detailed report on a bi-monthly basis. In addition, twice a year (August and February) the report will be expanded to incorporate a wider suite of quarterly and annual metrics.

This report was received by the Finance Performance and Investment Committee on 6 November 2025. The following points were noted:

- Seasonal deterioration in UEC metrics observed.
- Influenza season occurring six weeks earlier than last year increasing pressure on providers. Efforts underway to bring forward winter capacity, especially for winter beds.
- Plans to open new urgent treatment centres at Cumberland Infirmary and Royal Victoria Infirmary to improve ambulance handover times.
- Elective Recovery continues to be challenged, August was the first month the RTT (under 18 weeks) plan was not met, with 52 week waiters increasing. Fortnightly tier 3 meetings with challenged providers continue, as well as mutual aid and demand management.
- Cancer Services – concern continues over breast service capacity at CDDFT resulting in additional pressure on other Trusts. Stabilisation plan in place until March 2026 and work ongoing with the Cancer Alliance in relation to new service models.

- A cancer deep dive was requested for a future meeting, focusing on access and outcomes for patients.
- Positive trends were noted for Mental Health Services metrics with zero out of area placements for the second consecutive month
- Dental – NENC ICB has exceeded its obligation to make available its share of the 700K additional appointments.

This report was received by the ICB Executive on 11 November 2025 for review and assurance.

This report was received by the ICB Quality Safety Committee on 13 November 2025 for review and assurance.

A full appendix of all key metrics is available on request.

Risks and issues

The overarching risk as detailed in the ICB risk register is failure to deliver the 2025/26 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

Sponsor/Approving Executive Director	Jacqueline Myers Chief Strategy Officer
Date approved by Executive Director	17 November 2025
Report author	Claire Park, Strategic Head of Planning and Performance

Link to ICP strategy priorities	
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						
Any potential/actual conflicts of interest associated with the paper?	**Yes**		**No**	✓	**N/A**	
Equality analysis completed	**Yes**		**No**		**N/A**	✓
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken?	**Yes**		**No**		**N/A**	✓

Essential considerations	
Financial implications and considerations	N/A
Contracting and Procurement	N/A
Local Delivery Team	N/A

Digital implications	N/A
Clinical involvement	N/A
Health inequalities	N/A
Patient and public involvement	N/A
Partner and/or other stakeholder engagement	N/A
Other resources	N/A