NE&Y Analytics

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NHS England

A&E Provider Flow Pack 2025/26

Gateshead Health NHS Trust

Aug-25

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A&E Flow
Gateshead Health NHS Trust

Improving the key drivers at each stage of the UEC pathway will improve C2 response and 4 Hr Performance, resulting in better outcomes for the North East and Yorkshire.

NHS England

Aug-25

NEAS

Shorter handover times increase ambulance availability for C2 response

13:29 min - Trust
18:57 min - Regional
25:34 min - National

82.3% Trust Performance

77.3% Regional Performance

75.9% National Performance

Lower conveyance rates increase availability for C2 response

60.7% - NEAS
59.5% - Regional
52.7% - National

Front door streaming reduces ED crowding

0.0% - Trust
6.5% - Regional
8.2% - National

Lower No Criteria to Reside rates increase bed availability and improve patient outcomes

11.1% - Trust
13.2% - Regional
14.2% - National

Fewer 12 Hour waits in department reduces harm

0.3% - Trust
5.1% - Regional
8.9% - National

Lower mean waiting times reduce harm

Admitted:
333 min - Trust
353 min - Regional
486 min - National

Non-Admitted:
154 min - Trust
183 min - Regional
203 min - National

Shorter 1+ Non-Elective lengths of stay increase bed availability

7.7 days - Trust
7.7 days - Regional
8.0 days – National

Jul-25

Introduction & Contents

The following A&E flow pack is designed to highlight areas of interest and opportunity for Trusts and ICBs and is intended to support conversations to improve the Urgent and Emergency Care pathway.

The pack looks at each stage of the patients A&E journey, from Ambulance Arrival, to A&E wait and then to Discharge from an Inpatient setting. Summary pages are provided for each of these three themes, followed by pages containing further detail for driver metrics.

This pack will be issued monthly based on provider data submitted to ECDS and sitreps. Further information on data sources can be found at the end of this pack.

Further information relating to your pathways can be found within your SEDIT and SAPIT data.

Contents:

Gateshead Health NHS Trust
Executive Summary

Crude projections for 2025/26 across key operational planning metrics suggest that if metrics follow the same trajectory as last year:

• Activity may increase by 8.1% (9,156) compared to 2024/25. Type 1 attendances at this Trust may increase by 3.3% (2,368).

• The Trust could deliver a performance of 84.6% in March 2026. This would be an increase of 10.1% compared to March 2025. Type 1 performance at this Trust may increase by 14.5%.

• The Trust could deliver a % 12 Hour performance of 0% in March 2026. This would be a decrease of -1.2% compared to March 2025.

• The Trust may deliver an Average Handover performance of below 15 minutes in March 2026.

• The Trust could deliver a % Discharged on Discharge Ready Date performance of 66.8% in March 2026. This would be an increase of 8.3% compared to March 2025.

Gateshead Health NHS Trust performed below the target in some headline metrics for Aug-25. Key areas of focus are: Inpatient Flow.
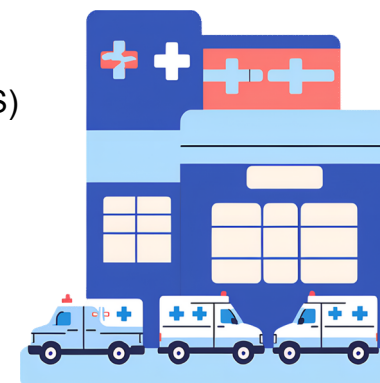
Recommended Driver Metrics to focus on are listed below:

A&E Performance Driver Metrics:
• Type 1 Performance
• Admitted Performance

Inpatient Flow Driver Metrics:
• % NCtR Bed Occupancy
• Hospital Process Delays (14+ LOS)
• Long Stay Occupancy (21+ LOS)
• Discharges pre 5pm

# Gateshead Health NHS Trust

Ambulance Handovers

NHS England

Ambulance Handovers Times are key metrics for assessing the timeliness of care in Emergency Departments. Average handover time has a large impact on Category 2 response time. Some of the key drivers metrics are summarised below.

Average Handover

00:13:29

Gateshead Health NHS Trust was ranked at No.3 of 22 providers for Average Ambulance Handover Time in Aug-25.

······· Region — National

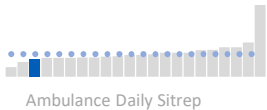Ambulance Daily Sitrep
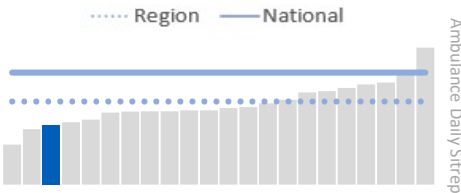
Average Handover to ED

00:13:28 Below National Target.

Ambulance Daily Sitrep

Average Handover to Non-ED

00:14:05 Below National Target.

Ambulance Daily Sitrep

Longest Handover to ED

00:30:19 Below National Target.

Ambulance Daily Sitrep

Longest Handover to Non-ED

00:23:19 Below National Target.

Ambulance Daily Sitrep
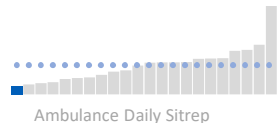
Handovers Over 45 Min - ED

0 Meeting National Target.

Ambulance Daily Sitrep

Handovers Over 45 Min - Non-ED

0 Meeting National Target.

Ambulance Daily Sitrep

Gateshead Health NHS Trust

Average Handover to ED

Aug-25

Latest: 00:13:28

Change from 24/25: -00:00:07

Mar26: (Projected) 00:14:00

Legend: 2024/25 Actual — 2025/26 Projection — 2025/26 Actual

Ambulance Daily Sitrep
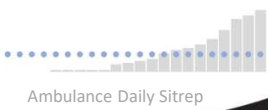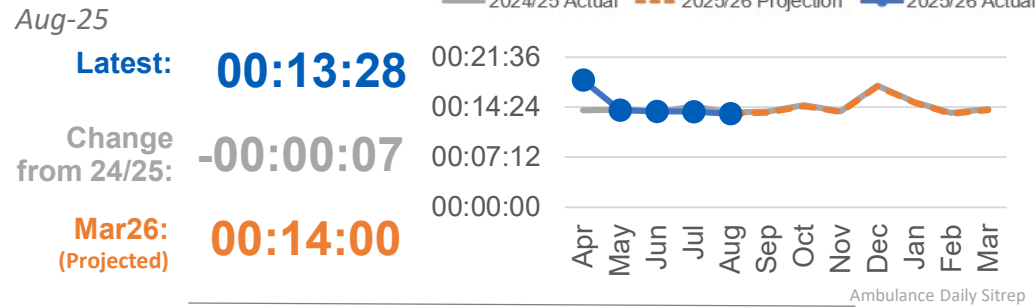
The hour of arrival for patients arriving by ambulance is illustrated below:

ECDS

Bar chart: Arrivals by Hour of arrival (0–23)
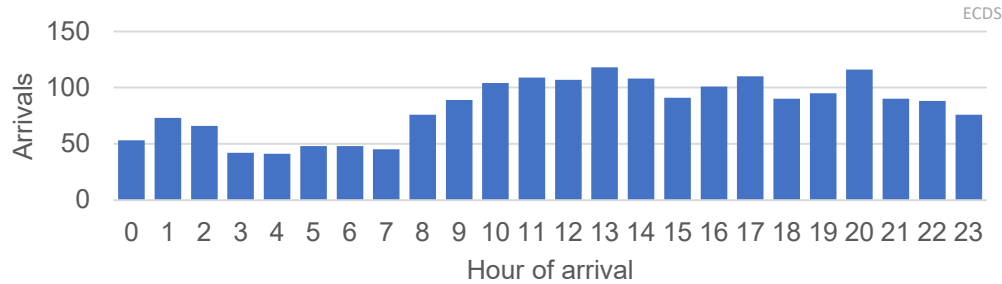
Patients wait longest on a Thursday to be handed from ambulance crews to Trust staff, this is also the day where the highest number of ambulance arrivals occurred.

Legend: Weekday Average — Monthly Average / Average Ambulance Arrivals

Ambulance Daily Sitrep

Average Handover to Non-ED

Aug-25

Latest: 00:14:05

Change from 24/25: 00:01:03

Mar26: (Projected) 00:14:28

Legend: 2024/25 Actual — 2025/26 Projection — 2025/26 Actual

Ambulance Daily Sitrep
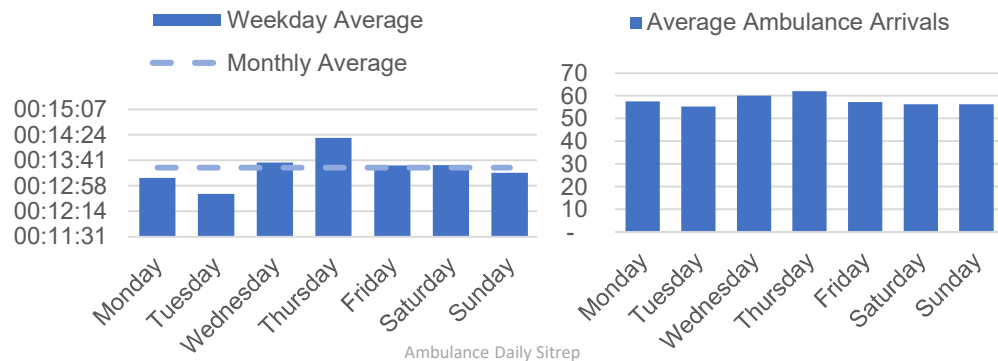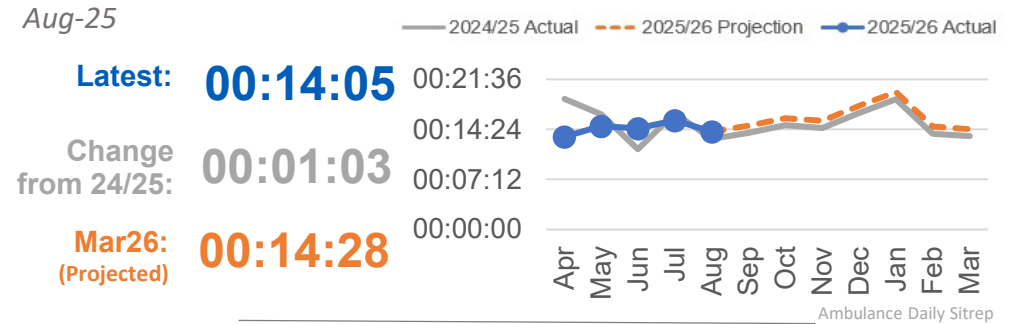
Non-ED ambulance handover time has an impact on the total ambulance handover time. This is relevant for the purposes of monitoring against the Operational Plan for 2025/26. For this Trust, Non-ED average handover time increases the total handover time by:

Ambulance Daily Sitrep

00:00:01   (25 Total Arrivals to Non-ED)

Legend: Weekday Average — Monthly Average

Bar chart: Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday

Ambulance Daily Sitrep

Gateshead Health NHS Trust

Longest Handover to ED

Aug-25

Latest: **00:30:19**

Change from 24/25: **-00:16:09**
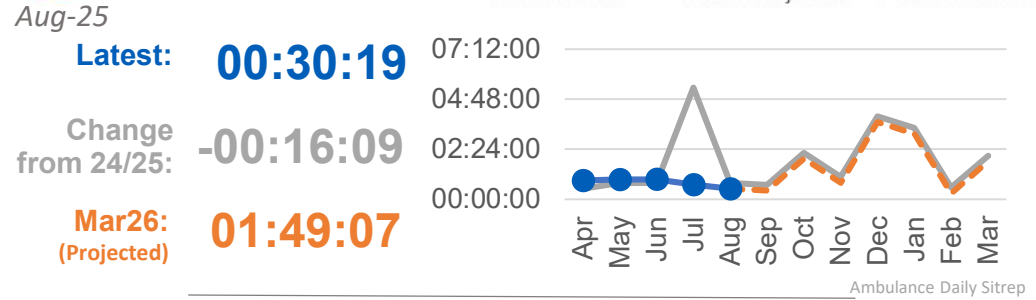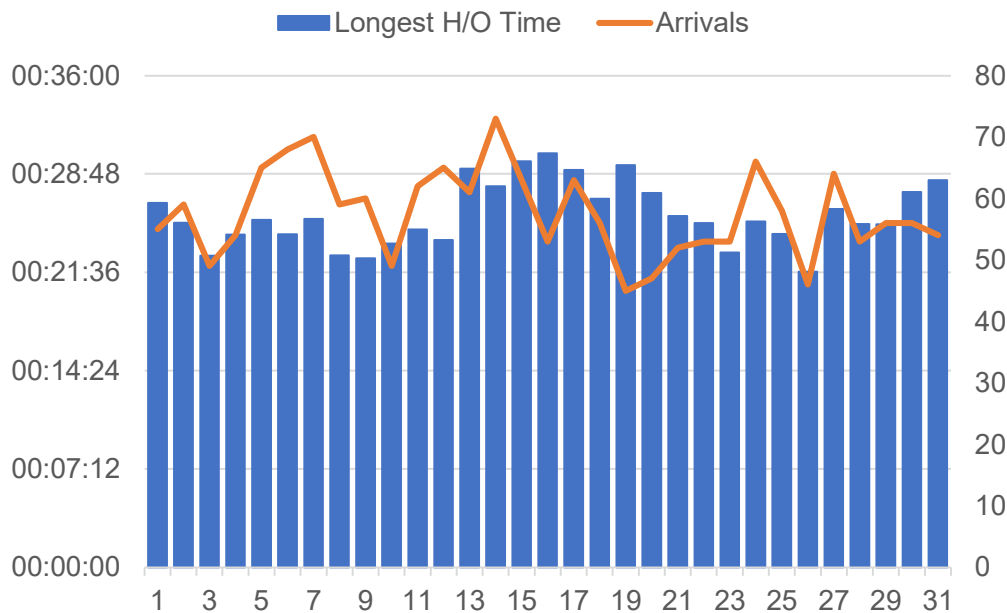
Mar26: (Projected) **01:49:07**

Legend: 2024/25 Actual — 2025/26 Projection — 2025/26 Actual

07:12:00
04:48:00
02:24:00
00:00:00

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
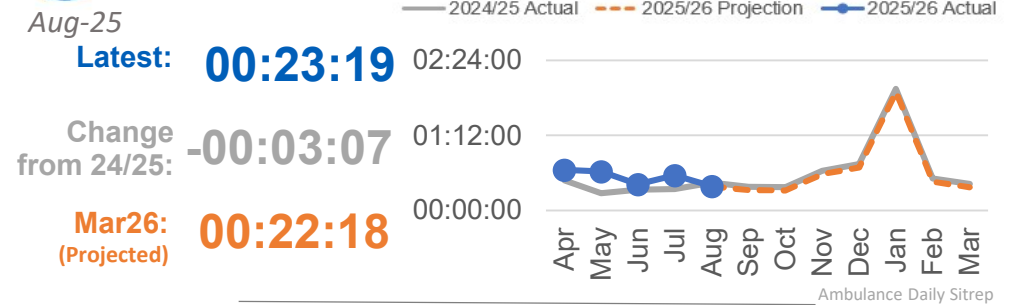
Ambulance Daily Sitrep
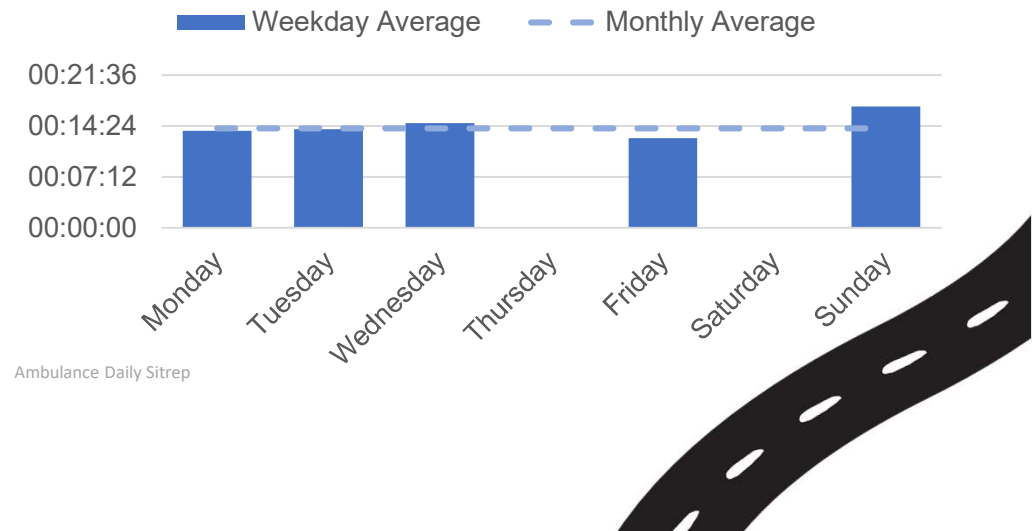
The longest ambulance handover time to ED per day for the last month is illustrated below. The longest delays do not always occur on the same days as the most arrivals, indicating that reduced demand does not necessarily always result in shorter delays.

Legend: Longest H/O Time — Arrivals

00:36:00
00:28:48
00:21:36
00:14:24
00:07:12
00:00:00

80
70
60
50
40
30
20
10
0

1 3 5 7 9 11 13 15 17 19 21 23 25 27 29 31

Ambulance Daily Sitrep

Longest Handover to Non-ED

NHS England

Aug-25

Latest: **00:23:19**

Change from 24/25: **-00:03:07**

Mar26: (Projected) **00:22:18**

Legend: 2024/25 Actual — 2025/26 Projection — 2025/26 Actual

02:24:00
01:12:00
00:00:00

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

Ambulance Daily Sitrep

Handover delays to Non-ED includes arrivals at UTCs, SDEC, EAU, and other non-Emergency Department location Types.

The longest handover time to Non-ED since Apr24 at this Trust was: **01:56:41**

Crude projections suggest that the longest Non-ED handover time in the coming months may be: **01:53:34**

0.5% **of patients arriving at this Trust's Type 3 department were brought by ambulance (20). Arrivals may have occurred at SDEC, EAU or other non-ED locations, however this is not always reported in ECDS.**
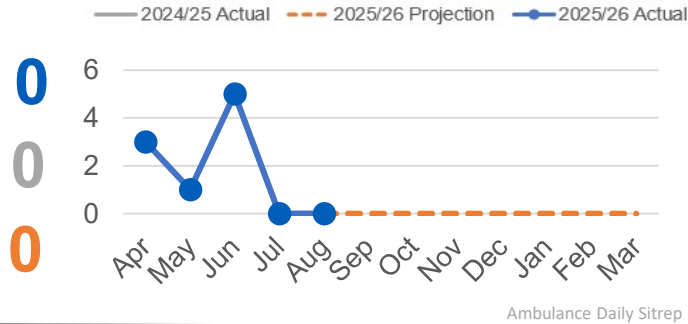
Gateshead Health NHS Trust

Handovers Over 45 Min - ED

NHS England

Aug-25

Latest: 0

Change from 24/25: 0

Mar26: (Projected) 0

2024/25 Actual — 2025/26 Projection — 2025/26 Actual
Ambulance Daily Sitrep

Handovers Over 45 Min - Non-ED

Aug-25

Latest: 0

Change from 24/25: 0

Mar26: (Projected) 0

2024/25 Actual — 2025/26 Projection — 2025/26 Actual
Ambulance Daily Sitrep

45 minute handover delays are a key focus in the 2025/26 UEC plan, and must be reduced to zero. The percentage of over 45 minute delays this month was:

0.0%

Outcomes for patients conveyed to Type 1 ED are shown to the right. Non-Admitted patients may have a lower severity.

49% Admitted

33% Non-admitted

18% Unknown
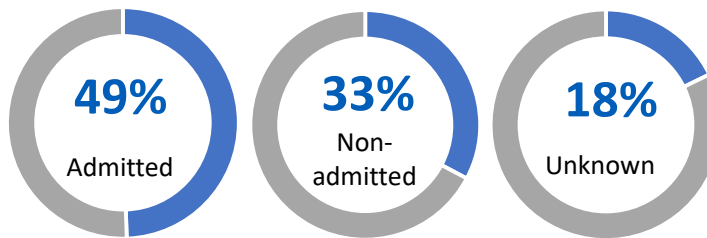
Most common diagnoses for patients arriving by ambulance to Type 1 ED:

Admitted:
- Respiratory: 15%
- Cardiac: 12%
- Mental health: 7%

Non-Admitted:
- Cardiac: 10%
- Respiratory: 9%
- Drug / alcohol: 9%

29% of records were submitted with no diagnosis code or a 'not applicable' diagnosis. These have been excluded.
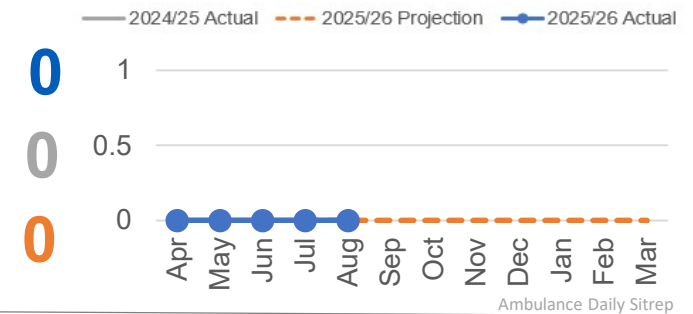
Handover delays to Non-ED includes arrivals at UTCs, SDEC, EAU, and other non-Emergency Department location Types.

45 minute delays at non-ED are generally notably lower than 45 minute delays at ED. This may indicate that there is more capacity for receipt of patients.

There may be a cohort of patients conveyed to Type 1 ED that are appropriate for other locations. The number of patients conveyed to this Trusts Type 1 ED, who were recorded as having No Significant Investigation and No Significant Treatment is:

21

HRG accuracy is determined by the completeness of Trust coding, specifically around Investigations and Treatments in A&E. This varies per Trust and is therefore an indicative position.

Gateshead Health NHS Trust

Aug-25

A&E Performance

NHS England

A&E Performance is a key metric for assessing the timeliness of care in Emergency Departments. There are multiple factors impacting on 4 hour performance, some of the key driver metrics are summarised below.
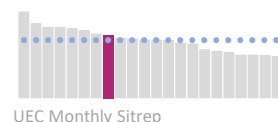
······ Region ——— National

Performance

82.3%

Gateshead Health NHS Trust was ranked at No.6 of 22 providers for A&E Performance in Aug-25.

UEC Monthly Sitrep
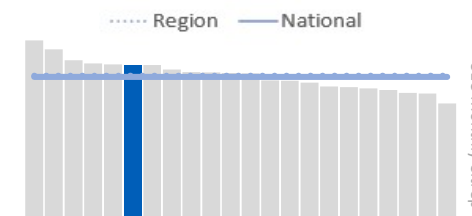
Type 1 Performance

69.4% Below Regional Aspiration. Suggested area of focus.

UEC Monthly Sitrep

Type 3 Performance

99.3% Above Regional Aspiration.

UEC Monthly Sitrep

Paediatric Performance

97.5% Above Regional Aspiration.

UEC Daily Sitrep
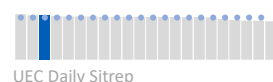
% 12 Hours in Dept

0.3% Below Regional Aspiration.
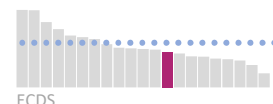
UEC Monthly Publication
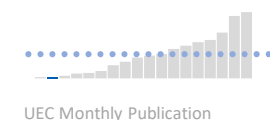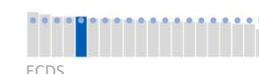
Admitted Performance

38.8% Below Regional Aspiration. Suggested area of focus.

ECDS

Non-Admitted Performance

88.1% Above Regional Aspiration.

ECDS

ECDS is used to calculate admitted and non-admitted performance. Some Trusts do not submit all of their Type 3 activity to ECDS, or may submit records with no admission/non-admission code.
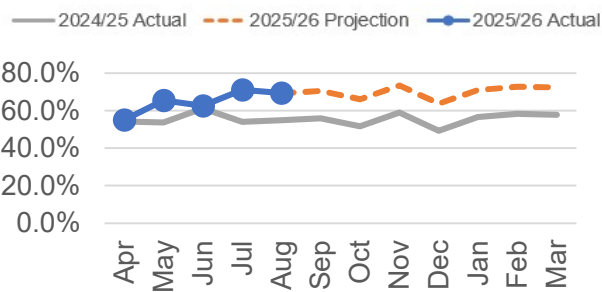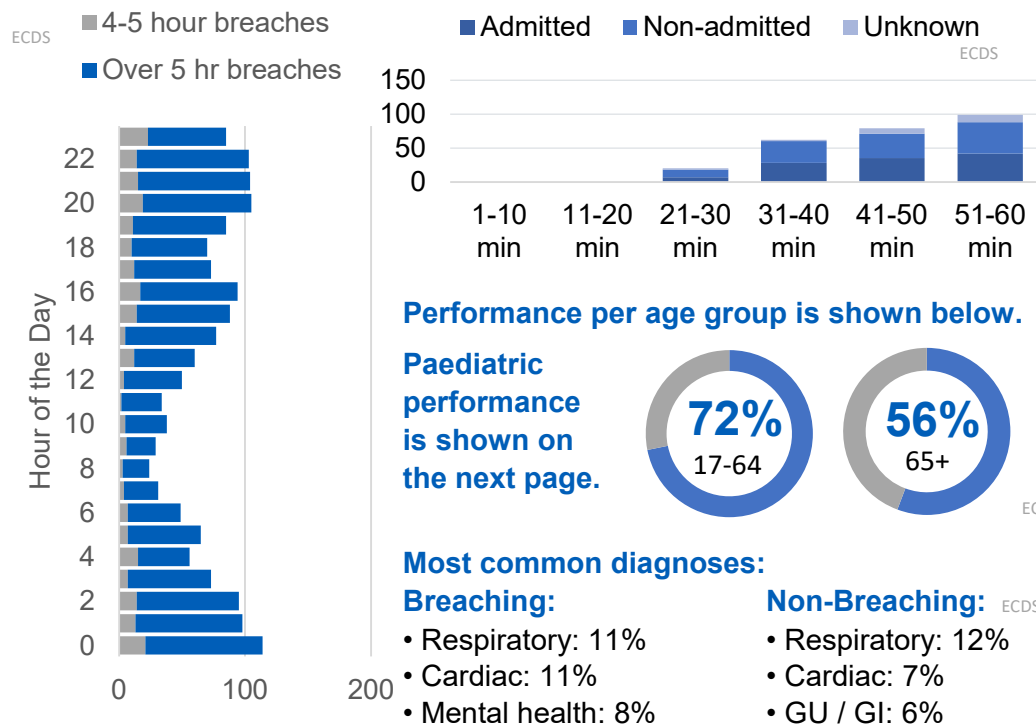
Gateshead Health NHS Trust

Type 1 Performance

Aug-25

Latest: **69.4%**

Change from 24/25: **14.5%**

Mar26: (Projected) **72.4%**

Legend: 2024/25 Actual — 2025/26 Projection — 2025/26 Actual

UEC Monthly Sitrep

Performance is lowest on a Saturday (65.3%). Breach times across Aug, and wait length breakdowns for 4-5 hour waiters are shown below:

Legend: 4-5 hour breaches, Over 5 hr breaches | Admitted, Non-admitted, Unknown

ECDS

Hour of the Day chart (0 to 22)

Breach time distribution: 1-10 min, 11-20 min, 21-30 min, 31-40 min, 41-50 min, 51-60 min

Performance per age group is shown below.

Paediatric performance is shown on the next page.

72% 17-64   **56%** 65+

ECDS

Most common diagnoses:

Breaching:
- Respiratory: 11%
- Cardiac: 11%
- Mental health: 8%

Non-Breaching:
- Respiratory: 12%
- Cardiac: 7%
- GU / GI: 6%

ECDS

39% of records were submitted with no diagnosis code or a 'not applicable' diagnosis. These have been excluded.

Type 3 Performance

Aug-25

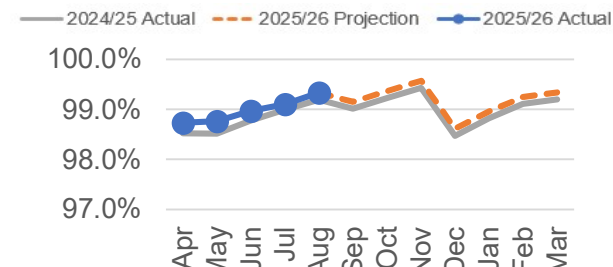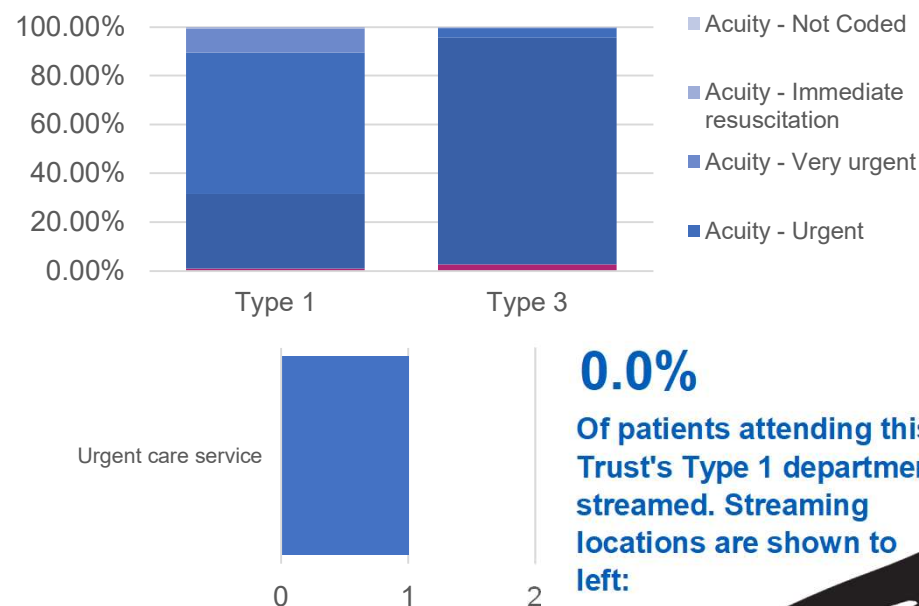**Latest:** **99.3%**

Change from 24/25: **0.1%**

Mar26: (Projected) **99.3%**

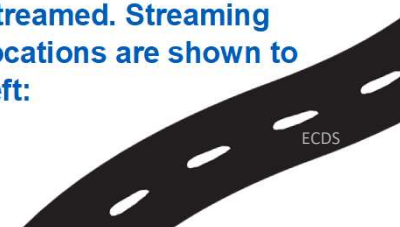Legend: 2024/25 Actual — 2025/26 Projection — 2025/26 Actual

UEC Monthly

Shown below are the submitted acuity level for patients attending this Trust and, for comparison, the department type that patients were treated in. Type 3 departments may be more appropriate than Type 1 for non-urgent or standard acuity activity.

ECDS

Legend:
- Acuity - Not Coded
- Acuity - Immediate resuscitation
- Acuity - Very urgent
- Acuity - Urgent

Urgent care service

0.0%

Of patients attending this Trust's Type 1 department are streamed. Streaming locations are shown to left:
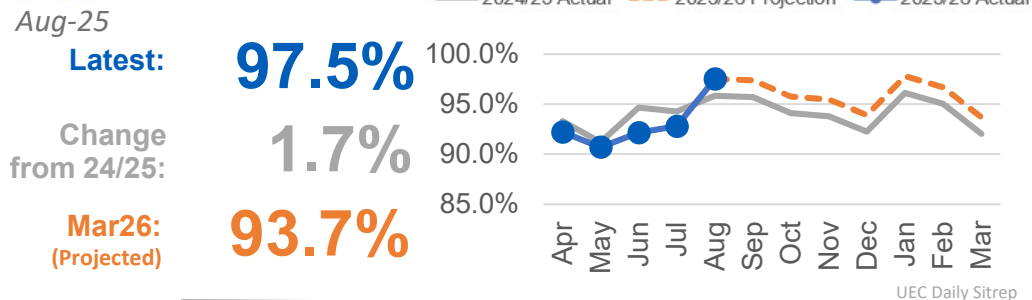
ECDS

Acuity is an indicative measure only. This data should be used with caution due to its subjective and variable nature.

NHS England

Paediatric Performance

Aug-25

Latest: **97.5%**

Change from 24/25: **1.7%**

Mar26: (Projected) **93.7%**

Chart legend: 2024/25 Actual — 2025/26 Projection — 2025/26 Actual

UEC Daily Sitrep

% 12 Hours in Dept

Aug-25

Latest: **0.3%**

Change from 24/25: **-7.1%**

Mar26: (Projected) **0.0%**

Chart legend: 2024/25 Actual — 2025/26 Projection — 2025/26 Actual

UEC Monthly Publication
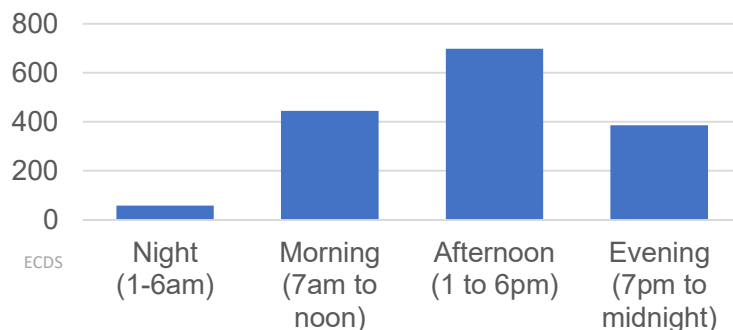
Paediatric patients most commonly arrive during the Afternoon (1 to 6pm), in Aug this represented 44% of patients aged 0-16.

Bar chart categories: Night (1-6am), Morning (7am to noon), Afternoon (1 to 6pm), Evening (7pm to midnight)

ECDS

78.6% of 12 hour delays in the Type 1 department at this Trust were for patients in the 17-64 age group. The age group with the lowest 12 hour delays was 0-16, with 0.0%.
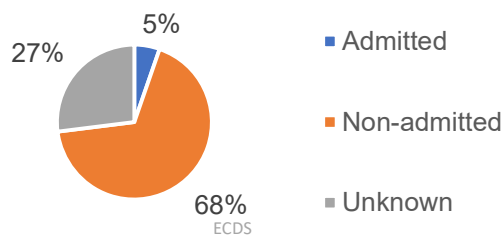
ECDS

Most common diagnoses for breaching and non breaching patients:

Breaching:
- Paediatric : medical: 14%
- Gastroenterology: 14%
- Closed fracture: 9%

Non-Breaching:
- Wound : lac / incised / bite: 12%
- Closed fracture: 12%
- Respiratory: 11%

ECDS

44% of records were submitted with no diagnosis code or a 'not applicable' diagnosis. These have been excluded.

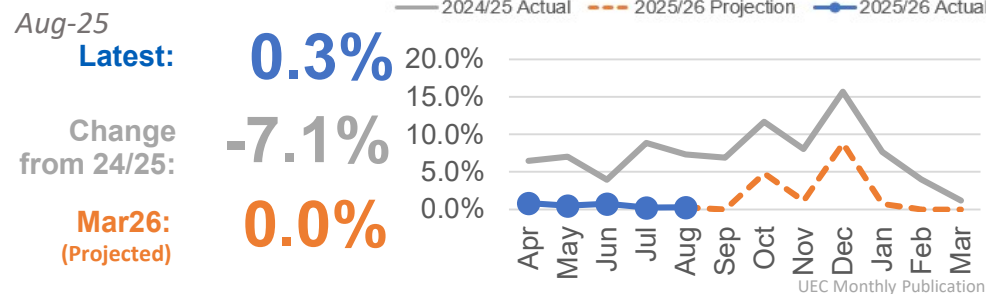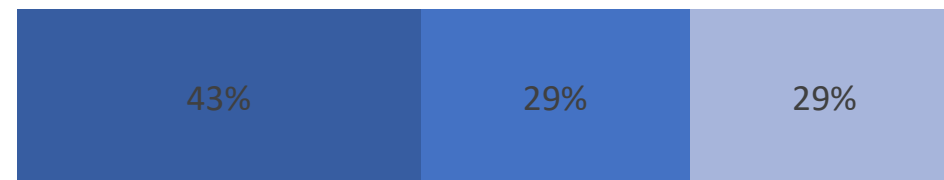Pie chart: Admitted 5%, Non-admitted 68%, Unknown 27%

ECDS

The majority of paediatric patients were discharged with no admission. 2.1% of those children waited over 4 hours in department.

Admitted/Non-admitted outcome breakdown for 12 hour delays in A&E:

Legend: Admitted, Non-admitted, Unknown

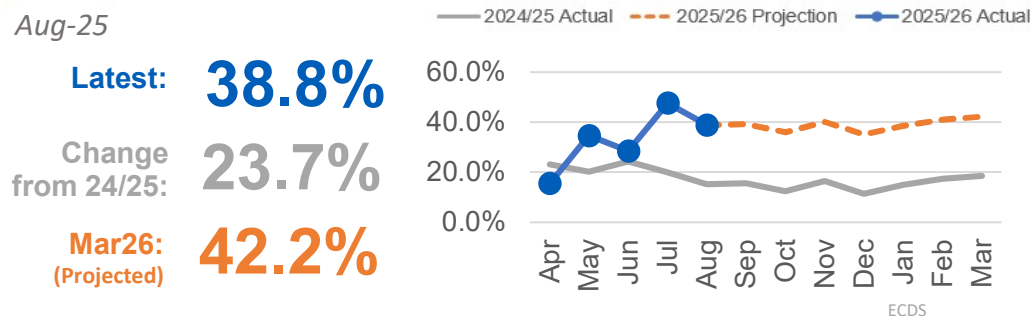Bar: Admitted 43% | Non-admitted 29% | Unknown 29%

ECDS

Most common diagnoses for 12 hour delays:
- Mental health: 50%
- Systemic / CNS: 10%
- Respiratory: 10%

ECDS

29% of records were submitted with no diagnosis code or a 'not applicable' diagnosis. These have been excluded.

Gateshead Health NHS Trust

🛏️ Admitted Performance

Aug-25

Latest: **38.8%**

Change from 24/25: **23.7%**

Mar26: **42.2%**
(Projected)

Legend: 2024/25 Actual — 2025/26 Projection — 2025/26 Actual

ECDS

Mean time in department for Admitted patients (minutes):

ECDS

Legend: 2024/25 — 2025/26 — 4 Hours

ECDS

Legend: 0-16 | 17-64 | 65+

Pie: 56% | 39% | 5%

The 65+ age group acounts for 56% of all attendances resulting in an admission in this Trust. 0-16 accounts for the lowest percentage (5%).

Most common diagnoses for admitted patients:
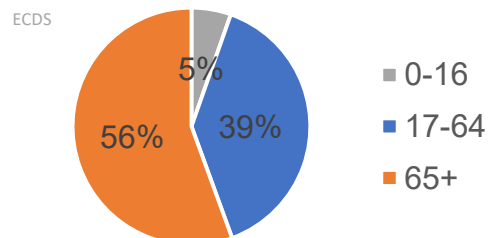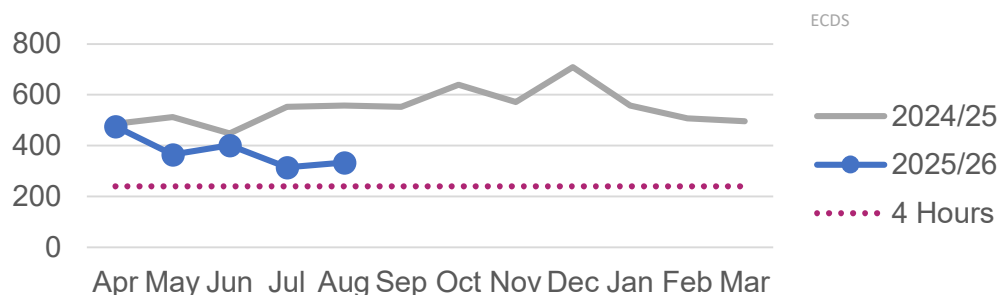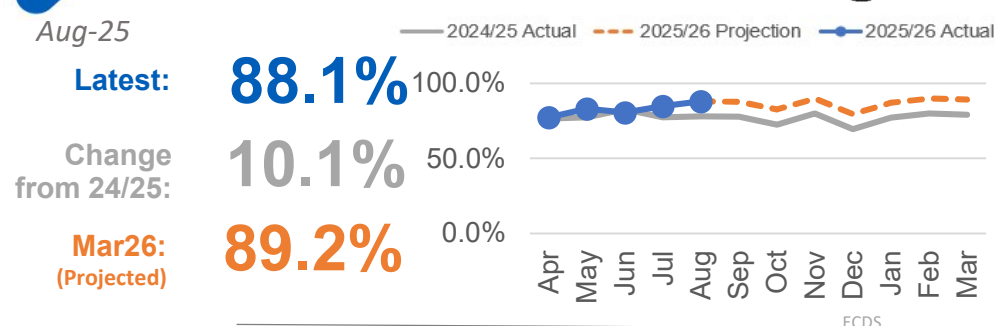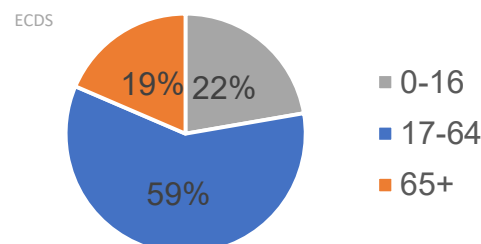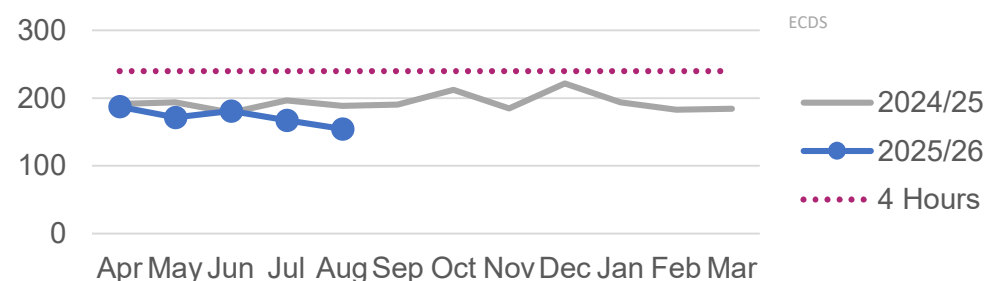
ECDS
- Respiratory: 14%
- Cardiac: 12%
- Mental health: 7%

24% of records were submitted with no diagnosis code or a 'not applicable' diagnosis. These have been excluded.

🩹 Non-Admitted Performance

Aug-25

Latest: **88.1%**

Change from 24/25: **10.1%**

Mar26: **89.2%**
(Projected)

Legend: 2024/25 Actual — 2025/26 Projection — 2025/26 Actual

ECDS

Mean time in department for Non-admitted patients (minutes):

ECDS

Legend: 2024/25 — 2025/26 — 4 Hours

ECDS

Legend: 0-16 | 17-64 | 65+

Pie: 22% | 59% | 19%

The 17-64 age group acounts for 59% of all attendances with no admission in this Trust. 65+ accounts for the lowest percentage (19%).

Most common diagnoses for non-admitted patients:

ECDS
- Wound : lac / incised / bite: 13%
- Respiratory: 7%
- Closed fracture: 7%

39% of records were submitted with no diagnosis code or a 'not applicable' diagnosis. These have been excluded.

Gateshead Health NHS Trust

Aug-25

Inpatient Flow

NHS England

The percentage of patients discharged on their discharge ready date is a key metric for assessing the timeliness of discharges from an inpatient setting. There are multiple factors impacting on inpatient flow, some of the key driver metrics are summarised below.

······ Region ——National

Inpatient SUS

Discharged on DRD

64.4%

Gateshead Health NHS Trust was ranked at No.21 of 22 providers for % Patients Discharged on their Discharge Ready Date in Jul-25.
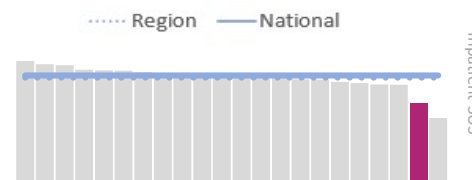
% NCtR Bed Occupancy

11.1% Above Regional Aspiration. Suggested area of focus.

Acute Discharge Sitrep
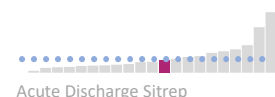
Average Delay Length

3.7 Below Regional Average.

Inpatient SUS

Hospital Process Delays (14+ LOS)

14.2% Above Regional Aspiration. Suggested area of focus.

Acute Discharge Sitrep

Long Stay Occupancy (21+ LOS)

16.3% Above Regional Aspiration. Suggested area of focus.

UEC Daily Sitrep
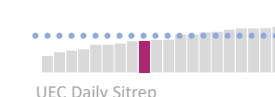
Discharges pre 5pm

46.1% Below Regional Average. Suggested area of focus.

Acute Discharge Sitrep
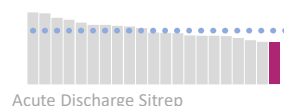
Average Length of Stay (NEL 1+)

Jul-25

7.7 Below Regional Average.
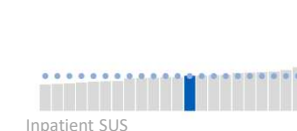
Inpatient SUS

Inpatient SUS data is for Jul-25 due to data lag.
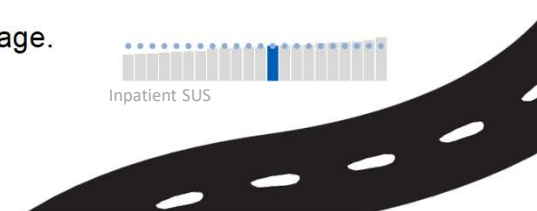
Gateshead Health NHS Trust

% NCtR Bed Occupancy

Aug-25

Latest: **11.1%**

Change from 24/25: **0.5%**

Mar26: (Projected) **11.3%**

Legend: —— 2024/25 Actual - - - 2025/26 Projection —●— 2025/26 Actual

Discharge Sitrep
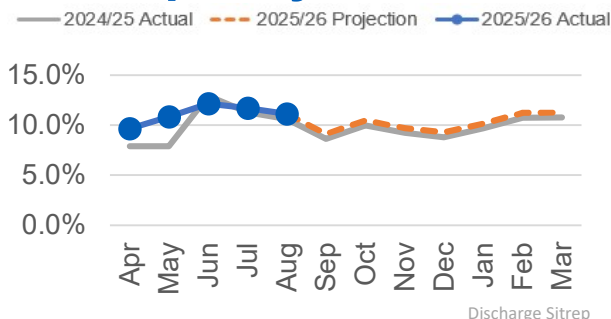
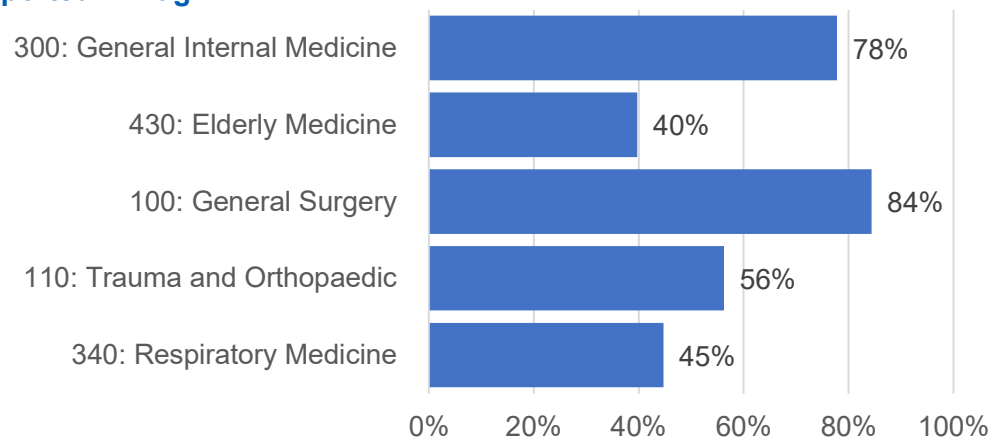**The Treatment Function with the most discharges reported in Aug is:**

300: General Internal Medicine

78%

of patients discharged from 300: General Internal Medicine were discharged on their discharge ready date.

Inpatient SUS

The percentage of patients discharged in their discharge ready date is shown below for the 5 treatment functions with the most discharges reported in Aug.
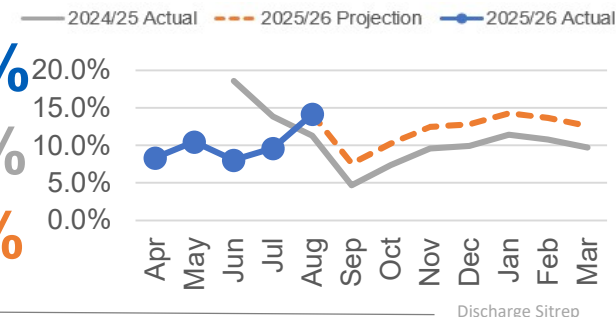

- 300: General Internal Medicine — 78%
- 430: Elderly Medicine — 40%
- 100: General Surgery — 84%
- 110: Trauma and Orthopaedic — 56%
- 340: Respiratory Medicine — 45%

Inpatient SUS

Inpatient SUS data is for Jul-25 due to data lag.

Hospital Process Delays (14+ LOS)

Aug-25

NHS England

Latest: **14.2%**

Change from 24/25: **2.9%**

Mar26: (Projected) **12.6%**

Legend: —— 2024/25 Actual - - - 2025/26 Projection —●— 2025/26 Actual

Discharge Sitrep

Hospital process delays can be caused by various factors. A breakdown of those reported is displayed below:

- Awaiting medical review of need for supported discharge — 10
- Awaiting therapy review of need for supported discharge — 5
- Awaiting referral to care transfer hub for supported discharge — 2
- Awaiting patient transport services — 1
- Awaiting medicines to take home, discharge letter or other… — 1
- Remaining in hospital due to infection prevention and control… — 0
- Awaiting formal decision to discharge (inc diagnostic test… — 0

Number of patients

Discharge Sitrep

NHS England

🕐 Discharges pre 5pm

Aug-25

Latest: **46.1%**

Change from 24/25: **-8.6%**

Mar26: (Projected) **45.4%**

— 2024/25 Actual - - 2025/26 Projection —●— 2025/26 Actual

Discharge Sitrep

The percentage of patients discharged by noon or by 5pm is shown below for the 10 treatment functions with the largest number of discharges in the month.

■ Pre Noon ■ Pre 5pm

Treatment Function	Pre Noon	Pre 5pm
300: General Internal Medicine	6%	43%
430: Elderly Medicine	8%	47%
100: General Surgery	4%	40%
110: Trauma and Orthopaedic	10%	58%
340: Respiratory Medicine	6%	37%
320: Cardiology	5%	38%
301: Gastroenterology	6%	39%
502: Gynaecology	10%	46%
503: Gynaecological Oncology	10%	29%
328: Stroke Medicine	10%	45%

Inpatient SUS

Inpatient SUS data is for Jul-25 due to data lag.

𝍷𝍷 Average Delay Length

Jul-25

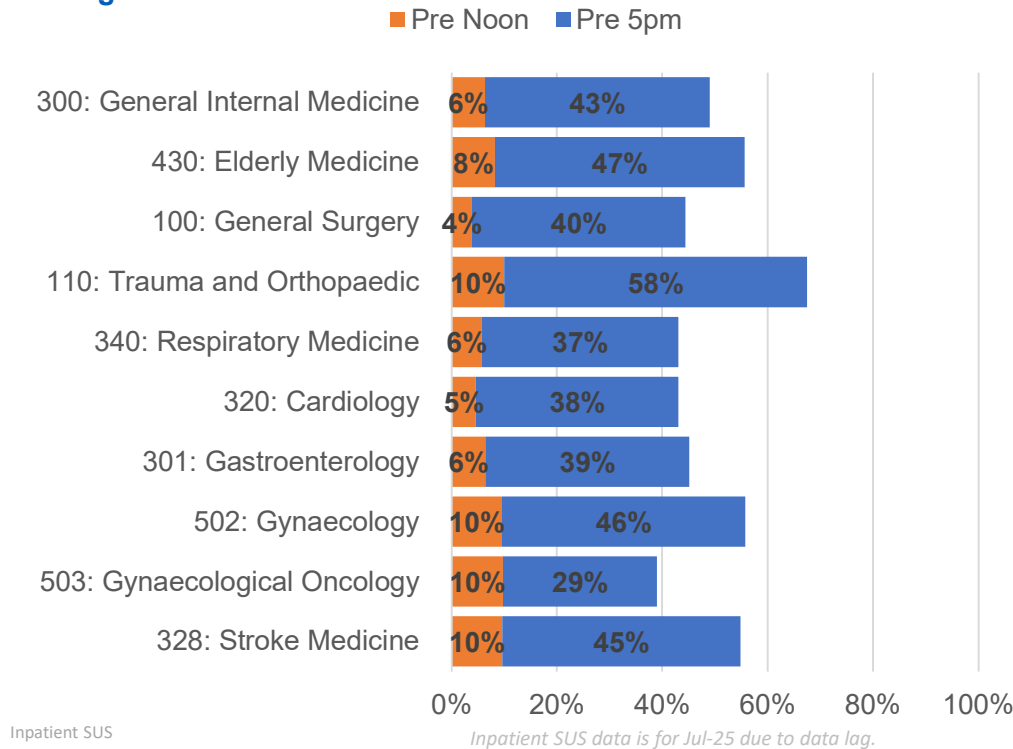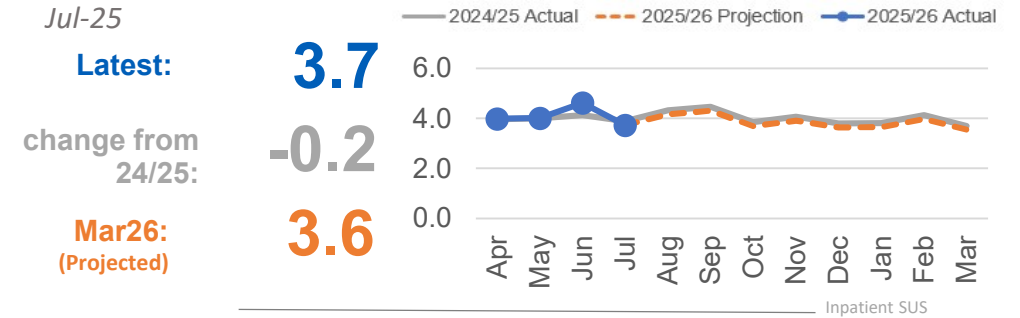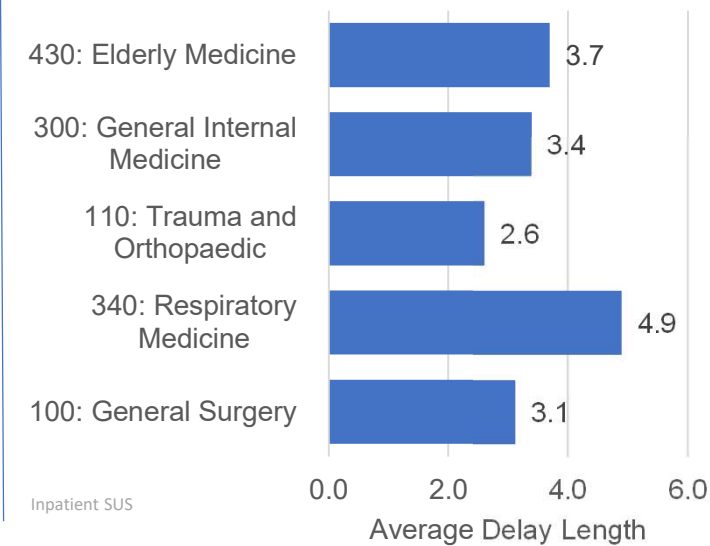Latest: **3.7**

change from 24/25: **-0.2**

Mar26: (Projected) **3.6**

— 2024/25 Actual - - 2025/26 Projection —●— 2025/26 Actual

Inpatient SUS

The Treatment Function with the most delayed discharges reported at this Trust is:

Inpatient SUS

430: Elderly Medicine

In this Treatment Function there were:

182 delays in Jul

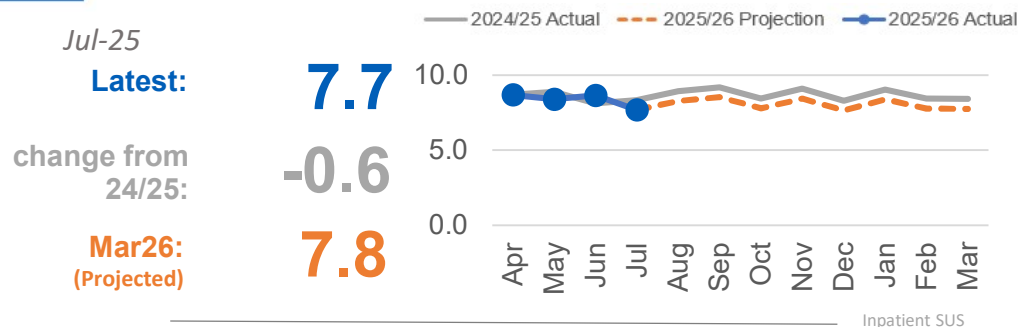| Treatment Function	Average Delay Length
430: Elderly Medicine	3.7
300: General Internal Medicine	3.4
110: Trauma and Orthopaedic	2.6
340: Respiratory Medicine	4.9
100: General Surgery	3.1

Inpatient SUS

The average delay length for the treatment functions with the most delays are illustrated to the left. There may be longer delays in other areas, but these will be affected by small numbers.
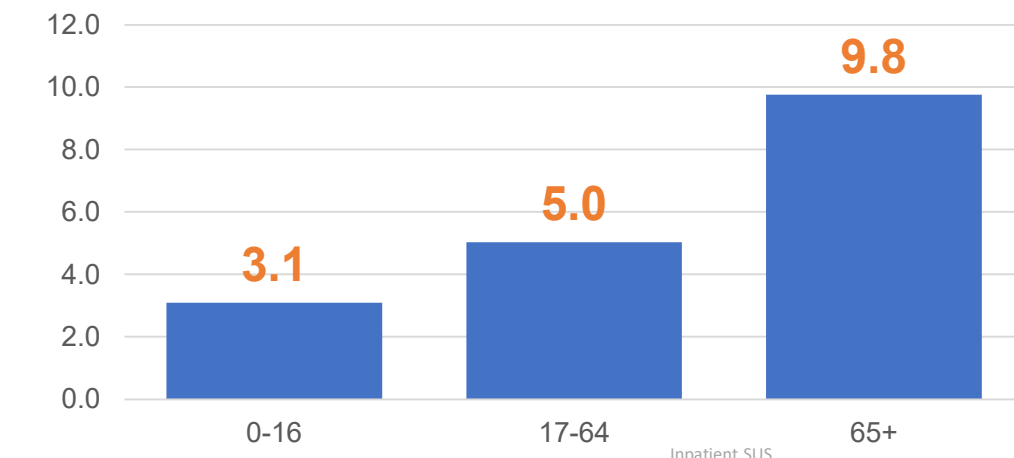
Inpatient SUS data is for Jul-25 due to data lag.

Gateshead Health NHS Trust

Average Length of Stay (NEL 1+)

NHS England

Jul-25

Latest: **7.7**

change from 24/25: **-0.6**

Mar26: (Projected) **7.8**

Chart legend: 2024/25 Actual — 2025/26 Projection — 2025/26 Actual

Inpatient SUS
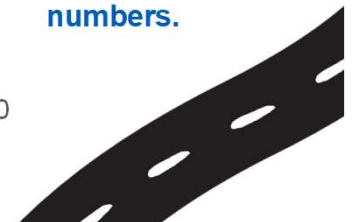
Longer lengths of stay reduce bed capacity for elective care and urgent patients in need of a bed. Although the length of stay does not necessarily indicate a delay, long stays may indicate opportunities to adjust processes to reduce the time patients spend in hospital.
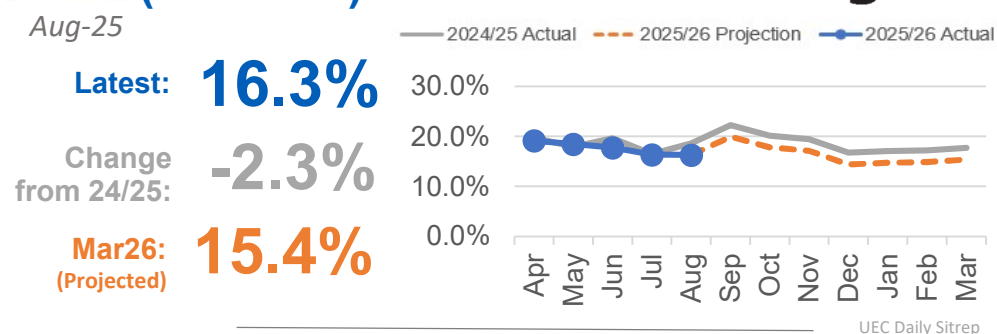
Lengths of stay for non elective patients staying in hospital for one night or more vary per age group. Average lengths of stay per age group for this Trust are illustrated below:

Bar chart (Inpatient SUS):
- 0-16: **3.1**
- 17-64: **5.0**
- 65+: **9.8**

Inpatient SUS data is for Jul-25 due to data lag.

Long Stay Occupancy (21+ LOS)

Aug-25

Latest: **16.3%**

Change from 24/25: **-2.3%**

Mar26: (Projected) **15.4%**

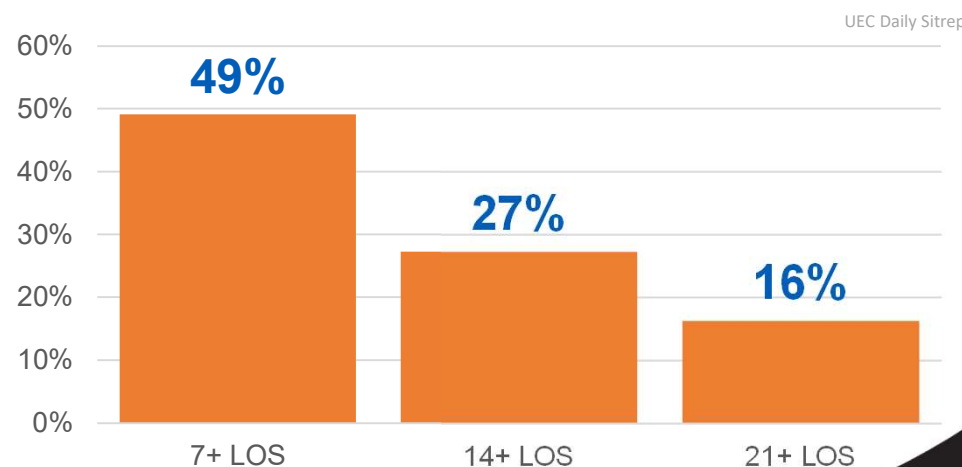Chart legend: 2024/25 Actual — 2025/26 Projection — 2025/26 Actual

UEC Daily Sitrep

The average number of occupied beds per day at Gateshead Health NHS Trust in Aug was: **403**

UEC Daily Sitrep

The below chart displays the percentages of those occupied beds which are occupied by long stay patients:

UEC Daily Sitrep

Bar chart:
- 7+ LOS: **49%**
- 14+ LOS: **27%**
- 21+ LOS: **16%**

Please note: Each cohort is a subset of the previous cohort. I.e.: Patients with a length of stay of 21+ Days are also included in the number of patients with LOS 14+ and 7+, and patients with LOS 14+ are included in the number of patients 7+.

Plan Vs Actual

The following pages display the year to date activity or performance against the Operational Plans submitted for UEC metrics in April 2025.

Crude projections are also provided to indicate how trends may look across the rest of 2025/26.
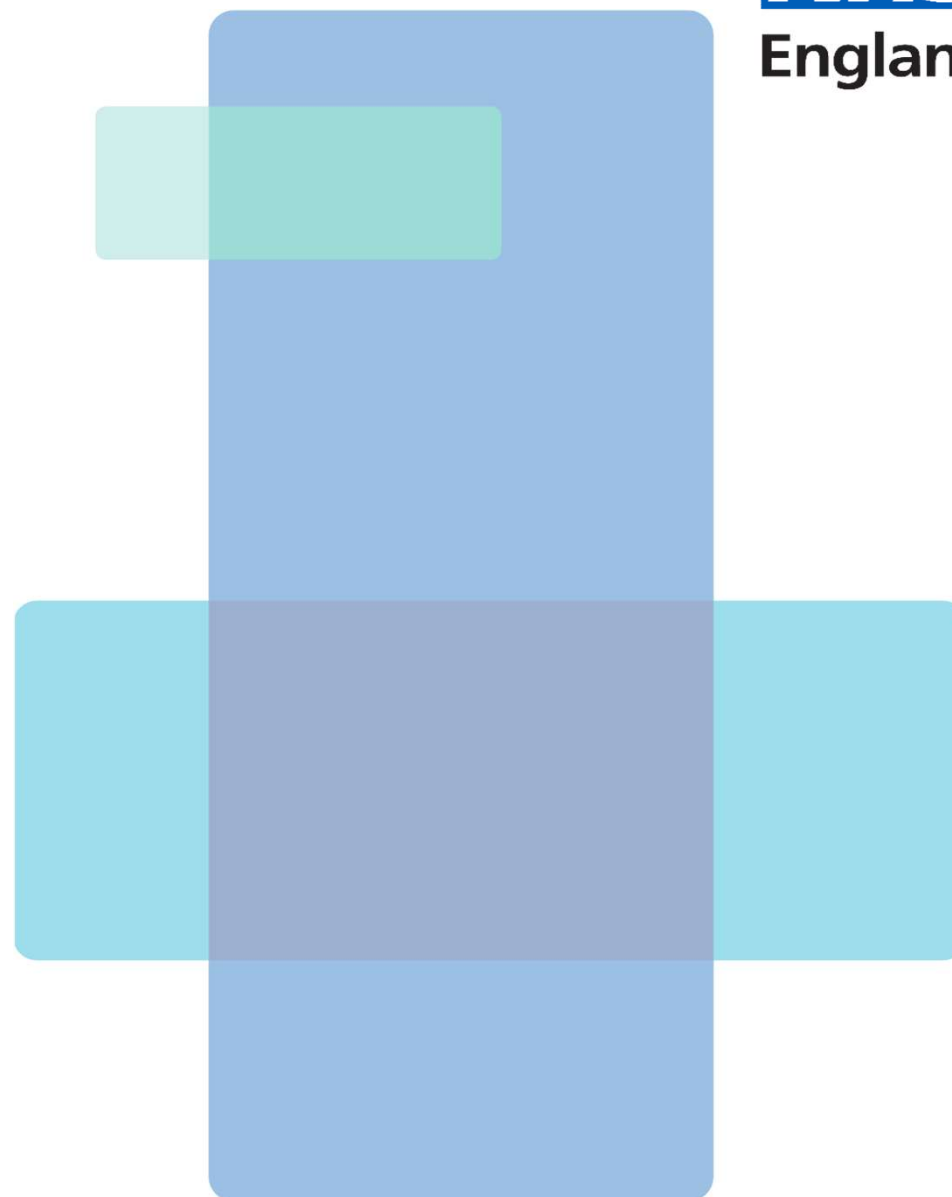
Gateshead Health NHS Trust
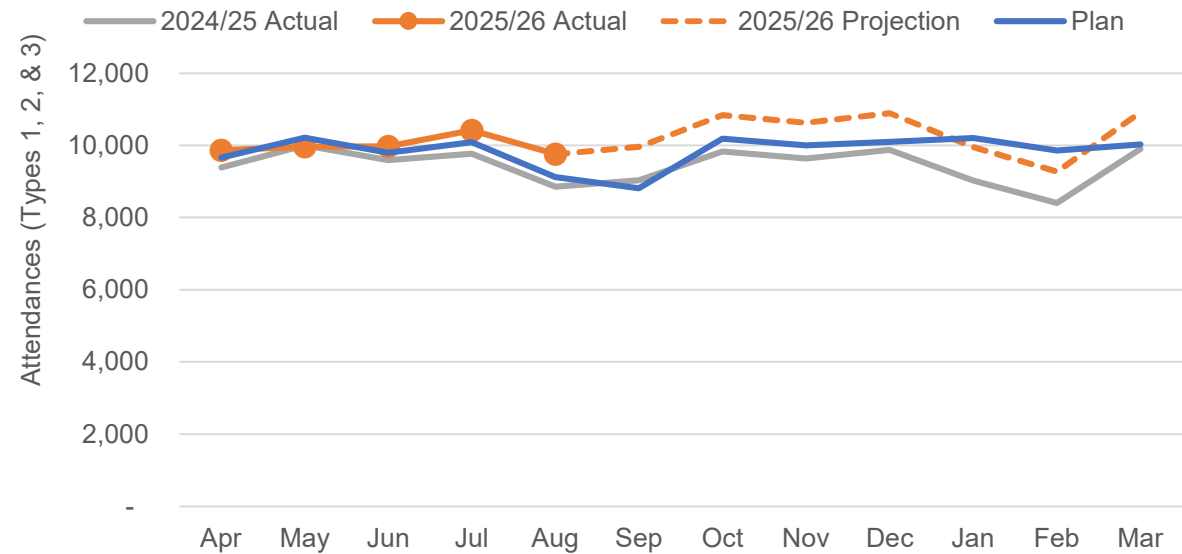## Attendance Projection & Plan

These graphs display A&E attendances over 2024/25 and 2025/26 to date against the submitted operational plan. This is the Apr25 submitted plan.

Also included is a crude projection of attendances across the remaining months of 2025/26. This has been calculated using the previous years trends and the current year to date actuals, and is a simplified position intended to promote conversation.
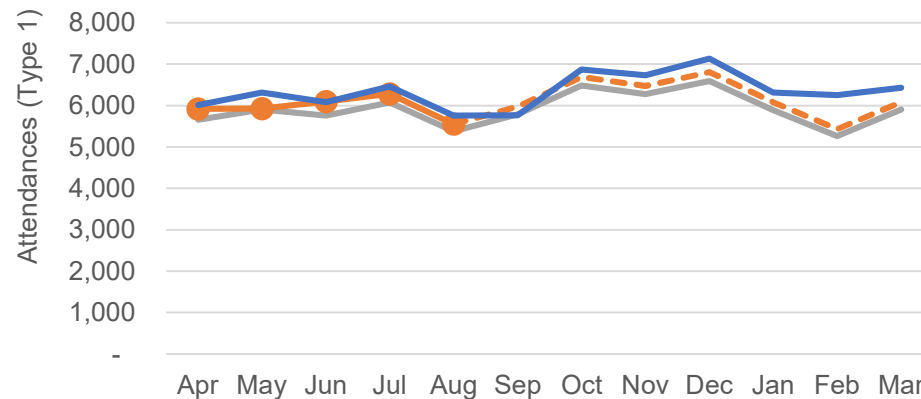
Projections and actuals are Monthly Sitrep data as submitted by Trusts in order to align with the submitted plans. This information does not include any mapping or uplifts and therefore matches the published provider attendances, not the published acute footprint attendances.
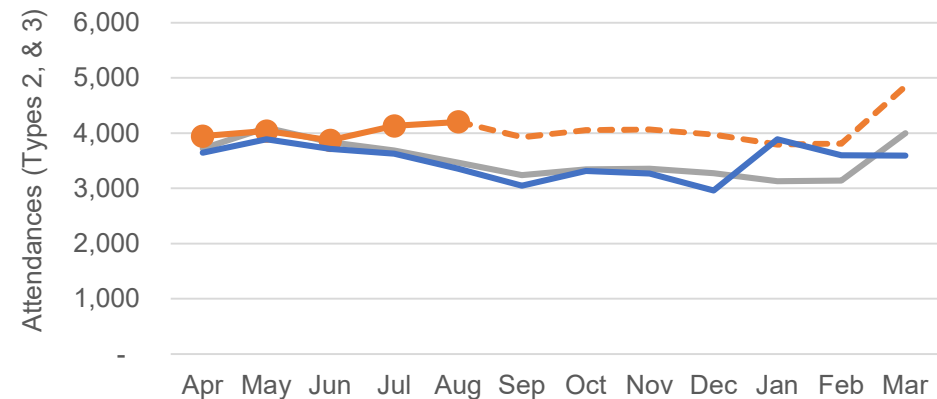
Aug-25

Gateshead Health NHS Trust - All Types A&E Attendances: Actuals, Plans and Projections

Type 1 A&E Attendances: Actuals, Plans and Projections

Types 2 & 3 A&E Attendances: Actuals, Plans and Projections
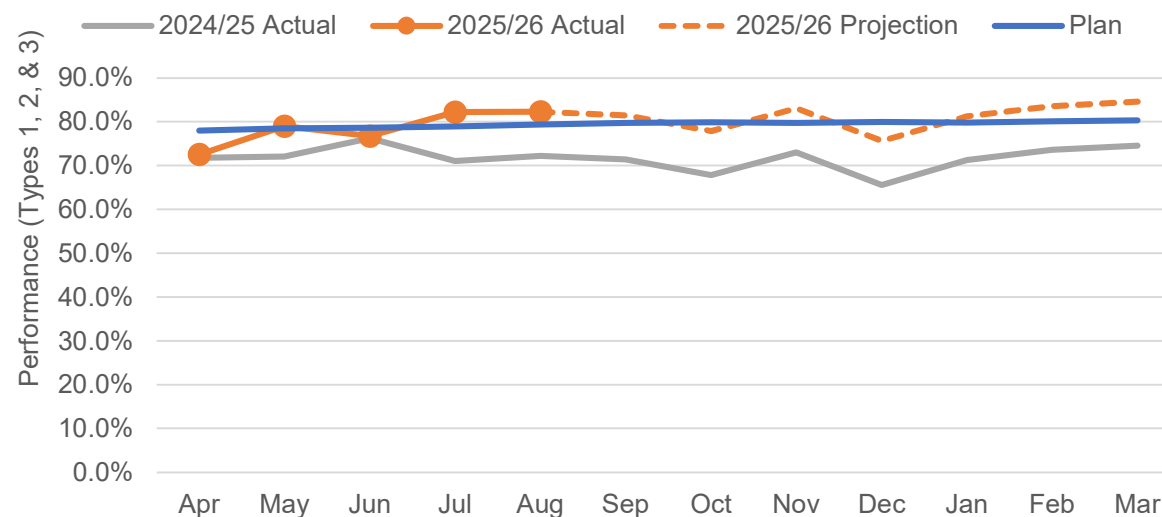
Gateshead Health NHS Trust

Performance Projection & Plan

These graphs display A&E Performance over 2024/25 and 2025/26 to date against the submitted operational plan. This is the Apr25 submitted plan.
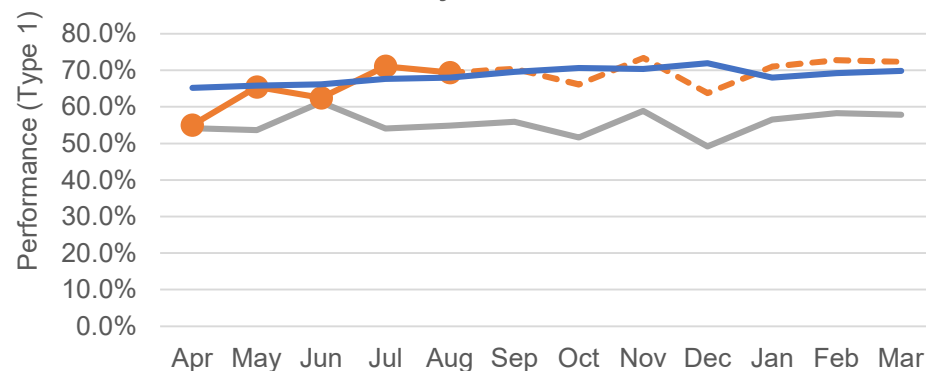
Also included is a crude projection of performance across the remaining months of 2025/26. This has been calculated using the previous years trends and the current year to date actuals, and is a simplified position intended to promote conversation.

Projections and actuals are Monthly Sitrep data as submitted by Trusts in order to align with the submitted plans. This information does not include any mapping or uplifts and therefore matches the published provider performance, not the published acute footprint performance.
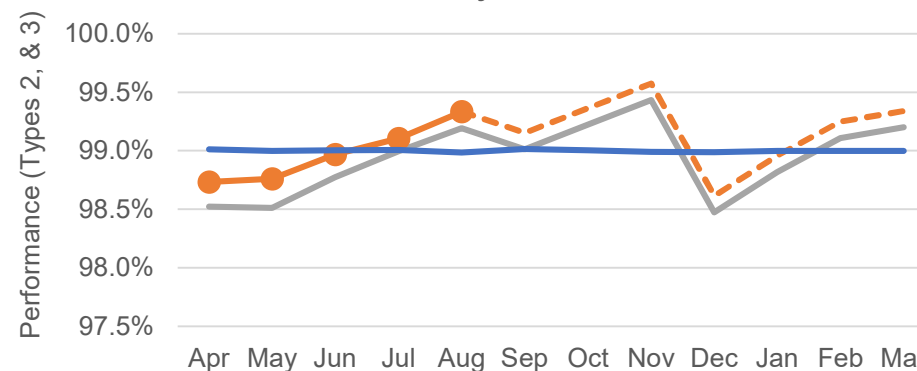
NHS England

Aug-25

Gateshead Health NHS Trust - All Types A&E Performance: Actuals, Plans and Projections

Type 1 A&E Performance: Actuals, Plans and Projections

Types 2 & 3 A&E Performance: Actuals, Plans and Projections

Gateshead Health NHS Trust
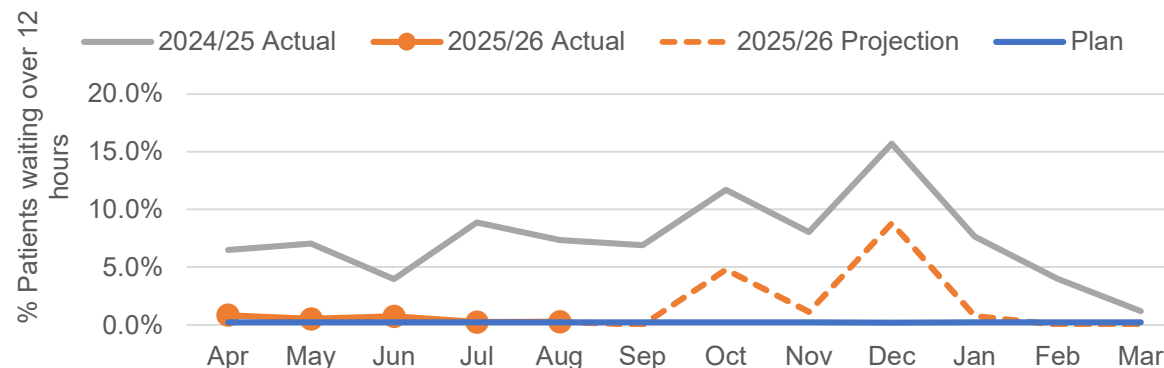
% 12 Hours in Department Projection & Plan

This graph displays A&E % 12 Hour in Dept Performance over 2024/25 and 2025/26 to date against the submitted operational plan. This is the Apr25 submitted plan.

Also included is a crude projection of performance across the remaining months of 2025/26. This has been calculated using the previous years trends and the current year to date actuals, and is a simplified position intended to promote conversation.

Projections and actuals are the Published Monthly data as submitted by Trusts. This method has been agreed nationally to monitor against operational plans.

Gateshead Health NHS Trust - % 12 Hrs in Dept: Actuals, Plans and Projections

Average Ambulance Handover Time Projection & Plan

This graph displays Average Ambulance Handover Time over 2024/25 and 2025/26 to date against the submitted operational plan. This is the Apr25 submitted plan.

Also included is a crude projection of performance across the remaining months of 2025/26. This has been calculated using the previous years trends and the current year to date actuals, and is a simplified position intended to promote conversation.

Projections and actuals are Ambulance Sitrep data as submitted by Ambulance Trusts.

Gateshead Health NHS Trust - Average Handover Time: Actuals, Plans and Projections

Gateshead Health NHS Trust
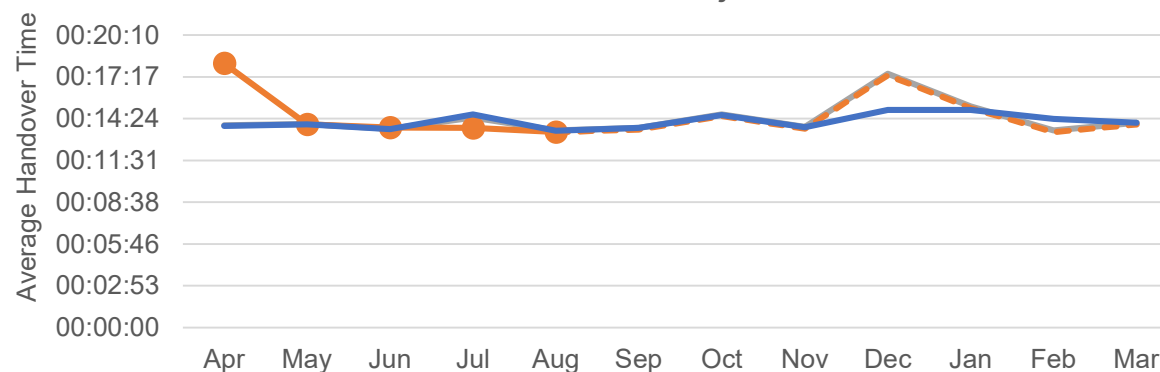
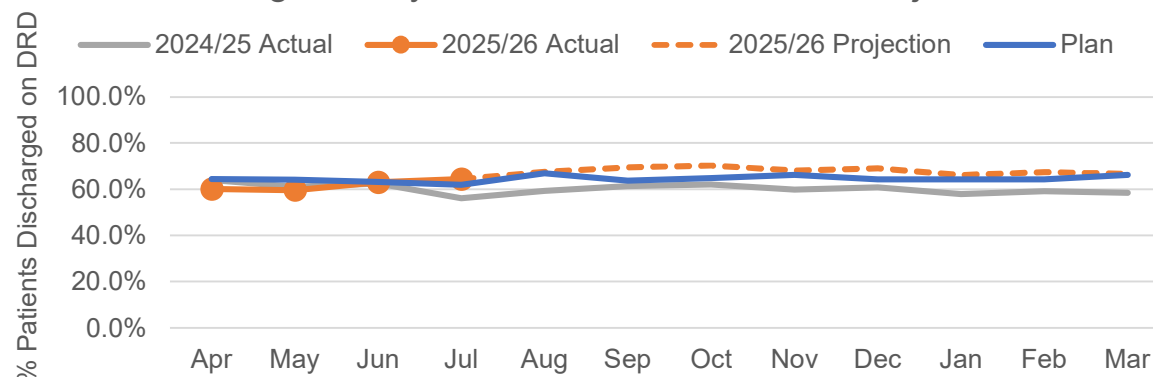## % Discharged on Discharge Ready Date Projection & Plan

This graph displays the % of patients discharged on their discharge ready date over 2024/25 and 2025/26 to date against the submitted operational plan. This is the Apr25 submitted plan.

Also included is a crude projection of performance across the remaining months of 2025/26. This has been calculated using the previous years trends and the current year to date actuals, and is a simplified position intended to promote conversation.

Projections and actuals are Inpatient SUS data as submitted by Trusts in order to align with the submitted plans.

Gateshead Health NHS Trust - % Discharged on Discharge Ready Date: Actuals, Plans and Projections

Data for this metric has a lag of 1 month.

Average Delay Length Projection & Plan

This graph displays Average Discharge Delay Length over 2024/25 and 2025/26 to date against the submitted operational plan. This is the Apr25 submitted plan.

Also included is a crude projection of delay length across the remaining months of 2025/26. This has been calculated using the previous years trends and the current year to date actuals, and is a simplified position intended to promote conversation.

Projections and actuals are Inpatient SUS data as submitted by Trusts in order to align with the submitted plans.

Gateshead Health NHS Trust - Average Discharge Delay Length: Actuals, Plans and Projections
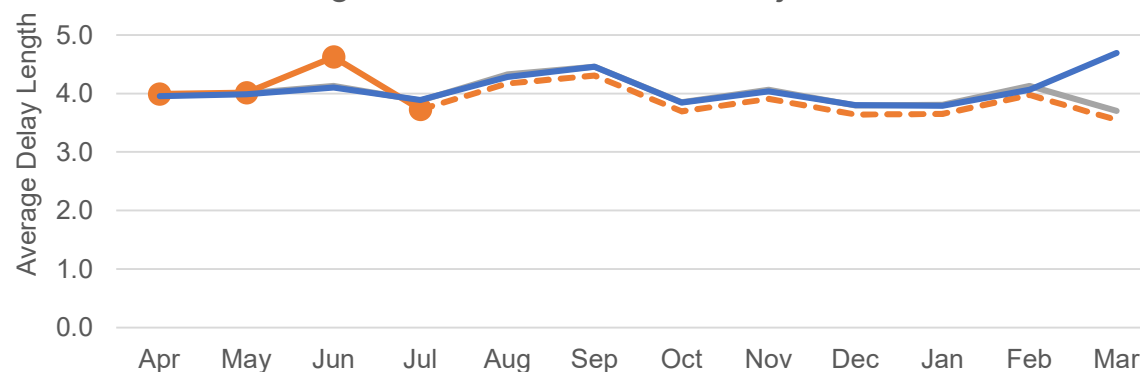
Data for this metric has a lag of 1 month.

Gateshead Health NHS Trust
Targets

The targets used on the Chapter Summary pages of this report are listed below:

Metric Type	Metric Name	Target Figure	Target level	Target Type
Headline Metric	**Ambulance Handover Time - ED&Non-ED**	**00:15:00**	**National**	**Target**
Driver Metric	Average Ambulance H/O Time - ED	00:15:00	National	Target
Driver Metric	Average Ambulance H/O Time - Non-ED	00:15:00	National	Target
Driver Metric	Longest Ambulance Handover Time - ED	00:45:00	National	Target
Driver Metric	Longest Ambulance Handover Time - Non-ED	00:45:00	National	Target
Driver Metric	45 Min Ambulance H/O Delays - ED	0	National	Target
Driver Metric	45 Min Ambulance H/O Delays - Non-ED	0	National	Target
Headline Metric	**4 Hour A&E Performance**	**78%**	**National**	**Target**
Driver Metric	Type 1 performance	78%	Regional	Aspiration
Driver Metric	Type 3 performance	95%	Regional	Aspiration
Driver Metric	Paediatric performance	95%	Regional	Aspiration
Driver Metric	%12 Hours in Dept	5%	Regional	Aspiration
Driver Metric	Admitted performance	78%	Regional	Aspiration
Driver Metric	Non-Admitted performance	78%	Regional	Aspiration
Headline Metric	**% Patients Discharged on DRD**	**90%**	**Regional**	**Aspiration**
Driver Metric	% NCtR occupancy	10%	Regional	Aspiration
Driver Metric	Hospital Process delays (14+ days)	0	Regional	Aspiration
Driver Metric	Discharges Pre 5pm	Current regional average (threshold: 58.7%)	Regional	Current Average
Driver Metric	Average Delay Length	Current regional average (threshold: 5.8)	Regional	Current Average
Driver Metric	21+ LOS Bed Occupancy	0.12	Regional	Aspiration
Driver Metric	Non-Elective 1+ LOS	7.8	Regional	Average (24/25)

Gateshead Health NHS Trust
Notes and Caveats

- Data to inform the infographic is extracted from the following sources:
  - Performance: Monthly sitrep - Provider position, Regional and National performance includes all Trust Types.
  - Conveyance Rates: Ambulance sitrep. Includes conveyances to ED and non-ED.
  - Streamed patients: ECDS, submitted Discharge Status.
  - Average Handover Time: Ambulance sitrep. Includes conveyances and time for ED and non-ED.
  - Mean Time in dept: ECDS, in line with CRS methodology.
  - 12 Hours in dept: Numerator: ECDS. Publihsed Monthly data.
  - NCtR: Discharge sitrep and A&E Daily sitrep.
  - Non-Elective 1+ Day Length of Stay: SUS IP. Specific acute activity only.

- Projections are calculated by applying the month to month variance in historic data to the data submitted for the current year to date. For example: if the Trust had a historic increase of 10% between Apr24 and May24, and submitted 1,000 attendances for Apr25, the projection would increase 1,000 by 10% and project a figure of 1,100 for May25.

- Plan data is as submitted on April 30th 2025.

- Data Sources are listed throughout. ECDS refers to the Daily ECDS flow. ECDS data excludes Type 5 attendances, as not all Trusts submit this data to ECDS and excludes booked attendances.

- A small number of patients cannot be identified as being admitted or non-admitted per CRS methodology. These patients are included throughout with the exception of where admitted/non-admitted cohorts are specifically referenced.

- High level grouping has been applied to Diagnosis codes in ECDS data. This can be found in the ECDS technical specification, in the diagnosis codes tab, under 'ECDS_Group2'.

- Data is included for the full month unless otherwise indicated.

- Inpatient SUS data is 1 month behind other data sources.

Please contact england.analytics-ney@nhs.net or rose.donnelly2@nhs.net with questions or comments.