



**North Central London ICB and North West London ICB  
Meeting in Common  
28<sup>th</sup> January 2026**

|   |   |   |            |                          |     |  |  |  |  |
|---|---|---|------------|--------------------------|-----|--|--|--|--|
| <b>Report Title</b>                                 | December 2025 - Joint WNL Performance Report Summary  | <b>Date of report</b>   | 28/01/2026 | <b>Agenda Item</b>       | 3.1 |  |  |  |  |
| <b>Lead Director / Manager</b>                      | Steve Bloomer – Chief Finance Officer and Deputy CEO  | <b>Email / Tel</b>  |            | Stephen.bloomer@nhs.net  |     |  |  |  |  |
| <b>Board Member Sponsor</b>                         | Kunal Patel – Performance Committee Chair   |   |            |                          |     |  |  |  |  |
| <b>Report Author</b>                                | Ben Okoye (NCL), George Absi (NWL) and James Mackenzie (NWL)  | <b>Email / Tel</b>  |            | James.mackenzie3@nhs.net |     |  |  |  |  |
| <b>Name of Authorising Finance Lead</b>             | Not applicable.   | <b>Summary of Financial Implications</b><br><br>Not applicable. |            |                          |     |  |  |  |  |
| <b>Report Summary</b>                               | <p>The joint North Central London and North West London Integrated Care System Performance Report Summary outlines the latest themes and key messages for system key performance indicators for the combined West and North London system and within the two systems.</p> <p>The updates are sourced from the existing performance report formats across the respective systems (which are included as appendices to the joint summary report and combined West and North London slides).</p> <p>The report is being presented to the joint NCL and NWL Performance Committee on 22<sup>nd</sup> January 2026.</p>  |   |            |                          |     |  |  |  |  |
| <b>Recommendation</b>                               | Members are asked to note the performance against the key indicators outlined in the report and discuss any areas where additional scrutiny or clarification are required.  |   |            |                          |     |  |  |  |  |
| <b>Identified Risks and Risk Management Actions</b> | <ul style="list-style-type: none"> <li>As winter pressures increase there is a risk that UEC services, particularly in sites which have historically struggled with demand, may be required to deliver non-optimal care (e.g. corridor care) with the associated clinical and dignity risks. This is being mitigated through a structured set of agreed escalation thresholds and accompanying whole system management plans.</li> <li>The reduction of the Total Waiting List size across West and North London is off plan. There is a risk that quarter 4 drive to reduce the waiting list, with a particular focus on treating those waiting the longest will have a knock-on impact on delivering the 18 week RTT plan.</li> </ul> |   |            |                          |     |  |  |  |  |
| <b>Conflicts of Interest</b>                        | Not applicable.   |   |            |                          |     |  |  |  |  |

|   |   |
|---|---|
| <b>Resource Implications</b>            | Not applicable.   |
| <b>Engagement</b>                       | Not applicable.   |
| <b>Equality Impact Analysis</b>         | Not applicable.   |
| <b>Report History and Key Decisions</b> | Not applicable.   |
| <b>Next Steps</b>                       | Not applicable (standing report).   |
| <b>Appendices</b>                       | <ul style="list-style-type: none"> <li>• North Central London ICS Operational Performance Report.</li> <li>• North West London ICS Operational Performance Report.</li> </ul> |

## **December 2025 - Joint West and North London Performance Report Summary**

### **Introduction**

The joint North Central London and North West London Integrated Care System Performance Report Summary outlines the latest themes and key messages for system key performance indicators across the two systems.

The updates are sourced from the existing performance report formats across the respective systems (see appendices). Work is planned through the latter part of quarter 3 and quarter 4 to develop a fit for purpose performance report for the merged system.

2026/27 planning processes are underway with the first joint ICB submission submitted on the 17<sup>th</sup> December. The interaction of planning with this in-year performance report is that under-performance against the 2025/26 plans for constitutional standards will have a detrimental impact on 2026/27 starting point.

### **Performance Headlines**

#### **Key messages and risks**

In October 2025, the reduction of the total waiting list (PTL) across West and North London is off plan by 12,500 incomplete pathways. There are Quarter 4 'sprints' planned, supported by non-recurrent NHS England investment (£1.5 million for the WNL system), which is aiming to increase capacity for the patients who have been waiting the longest for treatment. The ambition is to reach 1% of the entire PTL is 52 week waiters.

This leads to three risks:

1. West and North London is currently non-compliant with expectations around reducing the PTL to a sustainable size by 2028/29. Under-delivery against planned PTL in 2025/26 exacerbates this.
2. West and North London may not reach the 52 week waiters 1% of PTL target by end of March 2026.
3. The quarter 4 drive to reduce the waiting list, with a particular focus on treating those waiting over 52 weeks will have a knock-on impact on delivering the 18 week RTT plan.

In November, the West and North London system is reporting a financial deficit to plan. This is primarily driven by the NCL ICS reporting a £47m deficit which is a £23.6m variance to the submitted deficit plan.

However, overall West and North London combined delivery against the 4 hour A&E, 18 week RTT, and 62-day and Faster Diagnosis cancer standards remains broadly on track. In terms of patient experience, the Friends and Family test data, albeit only one lens into patient experience, remains generally positive across the system.

## Managing the primary physical and mental health needs of residents

***Operational indicators that are used to understand the care and experience of patients with on-going or non-urgent health and care needs.***

NCL:

- NCL continues to provide a high percentage of same day appointments above the national average – 9.3% over this value for November 2025. NCL also performs well against the national expectation that 90.0% of primary care appointments are booked within two weeks. This is the case now for 11 of the last 12 months.
- Performance for Children and Young People requiring treatment for mental health conditions within 4 weeks has been steady and remains above target.
- Performance for Talking Therapies 2+ contacts and discharge remains challenged in NCL, although reliable improvement and reliable recovery targets were achieved at the end of Q2 2025/26. Engagement with digital providers is underway to see how a digital front door option will improve access, signposting and increase efficiency and productivity and a targeted DNA reduction strategy is in place.

NWL:

- The number of GP appointments delivered monthly remains above plan, as well as the percentage of appointments delivered same/next day and within 14 days. Approximately 66% of appointments are delivered face-to-face.
- In November 29.2% of people requiring mental health support experienced waits of over 12 hours in NW London emergency departments against a stretched target of 20%. This is an improvement on the 33.7% in October but remains an area of challenge for the system.
- The reliable recovery rate for Improving Access to Psychological Therapies (IAPT) services was 47.6% (48% plan), meaning patients have moved from a clinical level of anxiety or depression to a non-clinical level of anxiety or depression. 69.4% (67% target) of patients showed a reliable improvement, which is a significant but not complete recovery. NWL are forecasting the plan for both of these indicators will be met in March 2026.

## System Flow

***Operational indicators that are used to understand the care and experience of patients with unplanned healthcare needs and how well the unplanned care system is coping with demand.***

The NCL and NWL systems are under increasing pressure on key system flow indicators with the performance direction deteriorating as we continue through the winter months, with a particular focus on discharge delays, ICC discharge hub staffing and increases in patients being conveyed to hospital by ambulance.

### West and North London (WNL):

- In November, 78.4% of people attending emergency departments in West and North London spent less than 4 hours in the department compared to 78% target.
- Performance for type 1 attendances also improved from 64.6% in October to 65.2% in November (plan 59.4%).
- Key winter actions being taken by providers to improve performance includes redirection of patients to pharmacy first and GP enhanced access services for suitable conditions.

The ICC is also supporting appropriate patients being conveyed to EDs therefore helping to reduce ED demand.

- It is anticipated that the Operating Plan 4 hour A&E targets will be met in March 2026.

NCL:

- AE attendance activity continues to be above the forecasted level of demand, across almost all NCL sites. Notably, there was a significant increase in ambulance conveyances in Q3 of 2025/26, demonstrating the higher acuity of patient attendances. This has contributed to an increase in admitted patient flow and subsequently impacted breaches.
- NHS 111 direct to GP bookings continues to improve access to primary care appointments.
- Primary care winter schemes are focussed on proactive care for those with long term conditions, delivering vaccinations and increasing capacity for paediatrics.
- Virtual ward occupancy rates performance has been below plan for the last 3 months, but the latest data for October 2025 shows an improvement from the previous month to 78% against a plan of 80.1%.

NWL:

- Although winter pressures are impacting on system flow indicators, performance improved in November with winter plans starting to take effect. Four hour ED performance improved to 77.3% in November (from 75.3% in October), as well as a small improvement in ambulance handover times.
- It is anticipated that the 4 hour and 12 hour A&E Operating Plan targets will be met in March 2026.
- Virtual ward occupancy rates have improved and are now meeting the target. Providers have increased their utilisation, as well as de-commissioning / re-purposing underutilised pathways. A review is taking place to identify whether virtual wards could be also utilised for admission avoidance.

The key mitigation across both systems remains the continued implementation of the NCL and NWL winter plan interventions. Monitoring arrangements against a set of defined escalation triggers for key indicators have been established. Individual partners have their own organisation governance monitoring, with system wide monitoring undertaken via the respective System Coordination Centres (daily system monitoring), weekly gold meetings (from mid-November) and additional scrutiny through A&E Delivery Boards and System Flow oversight arrangements.

### **Planned Care and Waiting Times**

*Operational indicators that are used to understand the care and experience of patients with planned healthcare needs and how well the planned care system is delivering agreed expectations on access, demand management and performance.*

NCL and NWL patients are still waiting longer than we would like for planned treatments, diagnostic assessments and cancer treatment. However improvements in reducing the number of patients who have been waiting the longest are continuing.

**West and North London (WNL):**

Referral to Treatment Time (RTT) 18 week standard:

- The overall West and North London Elective recovery remains broadly on track (52 week and 65 week targets expected to be met in March 2026), although the target for a reduction in the overall Patient Tracking list size will most likely not be met.
- There is a degree of risk to the delivery of the 2025/26 RTT 18 weeks plan, with the percentage of patients waiting under 18 weeks in NCL reported as 60.5% against a plan of 61.8% based on validated published data for October 2025. The NW London position in October 2025 was reported as 60.6% against a plan of 58.6% and providers are currently forecasting delivery of the 2025/26 plan by March 2026.
- There are Quarter 4 'sprints' planned, supported by non-recurrent NHS England investment (£1.5 million for the WNL system), which is aiming to increase capacity for the patients who have been waiting the longest for treatment. The ambition is to reach 1% of the entire PTL is 52 week waiters – there is a risk that West and North London may not reach 1% by end of March.

Cancer 62 day treatment and Faster Diagnosis Standards:

- The West and North London ambition to treat patients within 62 days of a confirmed diagnosis continue to see improvement, albeit we are currently 3.6% below our plan. In October 2025, NCL performance was above plan at 77.1% (plan 75.7%) and NWL performance was below plan, although equivalent to NCL at 77.2% (plan 83.9%).
- The Faster Diagnosis standard is currently on plan.

NCL:

- Across all NCL providers there has been a general uplift in referral demand which is impacting the delivery of RTT indicators. This has resulted in the need for increased activity levels to meet performance, while managing the availability of workforce and financial constraints.
- The NCL system total Patient Tracking List (PTL) has continued to decrease month on month during 2025/26 and in October was 9,000 ahead of plan (198,491 compared to a plan of 207,554). Primary care colleagues are incentivised to use Advice & Guidance to reduce the need for referrals.
- NCL diagnostic 6 week waits remain challenged. Backlog performance moved adversely to 17.1% in October 2025. 2025/26 has seen an increase in backlog volumes for some modalities, and a reduction in waiting list initiatives resulting from financial constraints among providers. The most challenged modalities remain as NOUS, MRI and neurophysiology.
- Eating Disorders: Urgent treatment referral times for CYP eating disorders remains at 100.0% in September 2025. For routine referrals, performance remains above 90.0% in Q2 and Q3, but short of the 95.0% standard.
- Mental health Children & Young People (CYP) waiting times: Performance for CYP treated within 4 weeks has been steady and remains above target.
- Community 52 week waits remain above plan in Q2. In September 2025 there were 998 patients waiting for CYP services (mainly in autism, and also speech and language therapies), and 45 patients waiting for adult services (mainly in rehabilitation and pain management).

NWL:

- Elective recovery remains broadly on track (52 week and 65 week targets expected to be met in March 2026), although the target for the overall Patient Tracking list size will not

be met. In October, the total Patient Tracking List (PTL) decreased from 289,569 patients in September to 287,436 patients in October. There was a decrease in list sizes at ICHT, LNNUHT and THHT. A small increase was reported at CWHFT. It is unlikely that the Operating Plan target will be met in March 2026, with a predicted end of year position around 284,000 patients.

- Diagnostics performance (although improved in October) remains a concern, whilst 62 day cancer performance and mental health CYP waiting times remain areas for improvement. There has been additional investment into the latter with performance expected to improve in Q4 and Q1.
- There were Residential Doctors strikes in November and December which were comprehensively managed by providers, ensuring as little disruption as possible to patient care.
- Community 52 week waits remain well ahead of plan. There are now 45 patients across NW London waiting for treatment from 507 patients in August.
- Cancer Waiting Times: The 62 day cancer standard and 2WW performance remains below plan. Recovery plans (providing additional support) are in place across breast, urology and colorectal pathways. Additional funding is being re-prioritised around clinical need. A digital first pathway is being introduced for urgent suspected cancer pathways breast, GI, urology and gynaecology, with implementation overseen by The Royal Marsden Partners (RMP).

Alongside capacity, productivity and transformation mitigations, the ICBs are leading a joint collaborative system-wide programme of work to assess elective referral demand and demand management across West & North London. This has been undertaken in partnership with Acute Trusts and primary care to understand referral growth, analyse variation, and agree mitigating steps to ensure equitable and sustainable pathways across the system. The longer term ambition is to reduce the proportion of outpatient activity delivered in hospitals, with a gradual shift towards delivery in neighbourhood settings over time.

## **Financial Delivery**

### **North Central London ICS:**

- In November, the NCL system reported a £47m deficit which is a £23.6m variance to the submitted deficit plan.

### **North West London ICS**

- The ICS November position is a £0.05m surplus, made up of providers £5.05m deficit offset by ICB £5.1m surplus (deterioration of £2.3m since M6).

# West and North London Integrated Care System

## Operational Performance Report December 2025

North Central London ICB and North West London ICB Meeting in  
Common – 28<sup>th</sup> January 2026

Steve Bloomer, Chief Financial Officer

| RAG<br>Direction | KPI ID  | KPI name   | Latest Value | Target or plan | Variance to target | Unit   |  | Health score (0-100) | Latest data | Goal |
|------------------|---------|--|--------------|----------------|--------------------|--------|---|----------------------|-------------|------|
|                  |         |  |              |                |                    |        |   |                      |             |      |
| G                | ↗ UE078 | % of ED (all types) attendances seen within 4 hours of arrival to ED | 78.4         | 77.2           | 1.2                | %      |  | 88                   | Nov 25/26   | ↗    |
| G                | ↗ UE079 | % of ED (type 1) attendances seen within 4 hours of arrival to ED    | 65.2         | 59.4           | 5.9                | %      |  | 100                  | Nov 25/26   | ↗    |
| G                | ↗ EL112 | % RTT incomplete pathways less than 18 weeks                         | 60.6         | 60.0           | 0.5                | %      |  | 100                  | Oct 25/26   | ↗    |
| A                | ↘ EL069 | RTT total incomplete waiting list                                    | 485,929.0    | 473,341.0      | 12,588.0           | People |  | 54                   | Oct 25/26   | ↘    |
| G                | ↘ EL024 | RTT incomplete Pathways > 52 Weeks                                   | 1.7          | 1.7            | 0.0                | %      |  | 46                   | Oct 25/26   | ↘    |
| A                | ↗ CA008 | 62-day Standard Attainment   | 77.2         | 80.8           | (3.6)              | %      |  | 54                   | Oct 25/26   | ↗    |
| A                | ↗ CA010 | Cancer - 28 day faster diagnosis standard (FDS) Attainment           | 80.2         | 80.4           | (0.2)              | %      |  | 54                   | Oct 25/26   | ↗    |

**Urgent and Emergency Care:**

- In November, 78.4% of people attending emergency departments in West and North London spent less than 4 hours in the department compared to 78% target.
- Performance for type 1 attendances also improved from 64.6% in October to 65.2% in November (plan 59.4%).
- Key winter actions being taken by providers to improve performance includes redirection of patients to pharmacy first and GP enhanced access services for suitable conditions. The ICC is also supporting appropriate patients being conveyed to EDs therefore helping to reduce ED demand.
- It is anticipated that the Operating Plan 4 hour A&E targets will be met in March 2026.

**Referral to Treatment Time (RTT) 18 week standard:**

- The overall West and North London Elective recovery remains broadly on track (52 week and 65 week targets expected to be met in March 2026), although the target for a reduction in the overall Patient Tracking list size will most likely not be met.
- There is a risk to the delivery of the 2025/26 RTT 18 weeks plan, with the percentage of patients waiting under 18 weeks in NCL reported as 60.5% against a plan of 61.8% based on validated published data for October 2025. The NW London position in October 2025 was reported as 60.6% against a plan of 58.6% and providers are currently forecasting delivery of the 2025/26 plan by March 2026.
- There are Quarter 4 'sprints' planned, supported by non-recurrent NHS England investment (£1.5 million for the WNL system), which is aiming to increase capacity for the patients who have been waiting the longest for treatment. The ambition is to reach 1% of the entire PTL is 52 week waiters – there is a risk that West and North London may not reach 1% by end of March.

**Cancer 62 day treatment and Faster Diagnosis Standards:**

- The West and North London ambition to treat patients within 62 days of a confirmed diagnosis continue to see improvement, albeit we are currently 3.6% below our plan. In October 2025 NCL performance was above plan at 77.1% (plan 75.7%) and NWL performance was below plan, although equivalent to NCL at 77.2% (plan 83.9%).
- The Faster Diagnosis standard is broadly on plan.

|   |  | Acute trusts                               |                         |  |   |                                     |  |                                  |                             |  |  |
|---|--|--|-------------------------|--|---|-------------------------------------|--|----------------------------------|-----------------------------|--|--|
| Indicators                              |  | Great Ormond Street Children Hospital      | Moorfields Eye Hospital | Royal Free London                          | The Royal National Orthopaedic Hospital | University College London Hospitals | The Whittington Hospital                   | Chelsea and Westminster Hospital | Imperial College Healthcare | London NorthWest Healthcare                | The Hillington Hospital                    |
| Average score                           |  | 3 (Below average and/or financial deficit) | 1 (High performing)     | 3 (Below average and/or financial deficit) | 1 (High performing)                     | 1 (High performing)                 | 3 (Below average and/or financial deficit) | 1 (High performing)              | 1 (High performing)         | 3 (Below average and/or financial deficit) | 3 (Below average and/or financial deficit) |
| Current financial deficit               |  | Yes  | No                      | Yes  | No                                      | No                                  | Yes  | No                               | No                          | Yes  | Yes  |
| Rank (Q1 ranking shown in the brackets) |  | 50 (40)                                    | 3 (1)                   | 62 (95)                                    | 2 (2)                                   | 13 (10)                             | 42 (41)                                    | 13 (28)                          | 11 (11)                     | 36 (23)                                    | 75 (105)                                   |
| Performance domains                     |  |  |                         |  |   |                                     |  |                                  |                             |  |  |
| Access to Services                      |  | Below average                              | High performing         | Above average                              | Above average                           | Above average                       | Above average                              | High performing                  | High performing             | Above average                              |  |
| Finance and productivity                |  | Below average                              | Above average           | Low performing                             | High performing                         | High performing                     | Below average                              | High performing                  | Above average               | High performing                            | Above average                              |
| Effectiveness and experience            |  | High performing                            | High performing         | Above average                              | High performing                         | High performing                     | Below average                              | High performing                  | Above average               | Above average                              | Above average                              |
| Patient safety                          |  | Below average                              | High performing         | Below average                              | High performing                         | Above average                       | Above average                              | Above average                    | Below average               | Low performing                             |  |
| People and workforce                    |  | High performing                            | High performing         | High performing                            | Below average                           | High performing                     | High performing                            | High performing                  | High performing             | Below average                              |  |

- NOF meetings between NHSE and each provider are currently taking place through Quarter 4. ICB representatives are attending the meetings with providers with a summary report to be presented to the ICB Executive team. NHSE have stated that improvements to the process and indicators will be made during 2026/27. A provider who is in financial deficit automatically is placed in segmentation 3.
- The 'low performing' rating for Royal Free relates to the indicator: Finance and productivity - planned surplus / deficit and variance year to date to financial plan
- The 'low performing' rating for THHT relates to the indicator: Patient safety - E.Coli bacteraemia and C.Difficile rates.
- In Q2, ICHT CWHFT, CNWL and WLT remain top performing trusts. Due to financial deficit, LNWUHT dropped into segmentation 3. Some indicators have improved at THHT (financial deficit remains), which has resulted in a move into segmentation 3.

| Indicators                              | London Ambulance Service | Central London Community Healthcare | Central North West London | North London NHS Foundation Trust          | West London NHS Trust | The Tavistock and Portman        |
|---|--------------------------|-------------------------------------|---------------------------|--|-----------------------|----------------------------------|
| Average score                           | Above average            | 1 (High performing)                 | 1 (High performing)       | 3 (Below average and/or financial deficit) | 1 (High performing)   | Unavailable at time of reporting |
| Current financial deficit               | No                       | No                                  | No                        | Yes  | No                    |                                  |
| Rank (Q1 ranking shown in the brackets) | 5 (7)                    | 2nd highest community services      | 7 (14)                    | 42 (61)                                    | 4 (10)                |                                  |
| Performance domains                     |                          |                                     |                           |  |                       |                                  |
| Access to Services                      | High performing          | High performing                     | High performing           | Not shown                                  | High performing       |                                  |
| Finance and productivity                | Above average            | Above average                       | High performing           | Above average                              | High performing       |                                  |
| Effectiveness and experience            | Low performing           | High performing                     | High performing           | Below average                              | High performing       |                                  |
| Patient safety                          | High performing          | High performing                     | Above average             | Low performing                             | Above average         |                                  |
| People and workforce                    | Low performing           | High performing                     | High performing           | Below average                              | Above average         |                                  |

- NOF meetings between NHSE and each provider are currently taking place. ICB representatives are attending the meetings with providers with a summary report to be presented to the ICB Executive team.
- NHSE have stated that as this is a new process, improvements will be made during 2026/27.
- A provider who is in financial deficit automatically is placed in segmentation 3.
- All the West and North London Trusts improved their ranking between Q1 and Q2.
- The 'low performing' rating for LAS relates to the indicators:
  - LAS - Effectiveness & experience - % of ambulance patients conveyed to emergency department
  - LAS - People and workforce - Sickness absence rate
- The 'low performing' rating for NLFT relates to the indicator: Patient Safety - NHS staff survey - raising concerns (2024 survey).

## North Central London



### System Flow:

- AE attendance activity continues to be above the forecasted level of demand, across almost all NCL sites. Notably, there was a significant increase in ambulance conveyances in Q3 of 2025/26, demonstrating the higher acuity of patient attendances. This has contributed to an increase in admitted patient flow and subsequently impacted breaches.
- NHS 111 direct to GP bookings continues to improve access to primary care appointments.
- Primary care winter schemes are focussed on proactive care for those with long term conditions, delivering vaccinations and increasing capacity for paediatrics.

### Waiting Times:

- Across all NCL providers there has been a general uplift in referral demand which is impacting the delivery of RTT indicators. This has resulted in the need for increased activity levels to meet performance, while managing the availability of workforce and financial constraints.

### IPC and Patient Experience:

- Friends and Family test data, albeit only one lens into patient experience, remains generally positive.
- There has been a slight deterioration in the maternity unit score from 92.5% to 89.3%.

### Finance & Operating Plan Delivery:

- In November, the NCL system reported a £47m deficit which is a £23.6m variance to the submitted deficit plan.

## North West London



### System Flow:

- Although winter pressures are impacting on system flow indicators, performance improved in November with winter plans starting to take effect with four hour ED performance improving to 77.3% in November (from 75.3% in October), as well as a small improvement in ambulance handover times.
- It is anticipated that the 4 hour and 12 hour A&E Operating Plan targets will be met in March 2026.

### Waiting Times:

- Elective recovery remains broadly on track (52 week and 65 week targets expected to be met in March 2026), although the target for the overall Patient Tracking list size will not be met.
- Diagnostics performance (although improved in October) remains a concern, whilst 62 day cancer performance and mental health CYP waiting times remain areas for improvement. There has been additional investment into the latter with performance expected to improve in Q4 and Q1.
- Community 52 week waits remain well below plan. There are now 45 patients across NW London waiting for treatment from 507 patients in August.

### Patient Experience:

- In October, NW London performed the same as or better than the London and national averages in the acute hospital tests (apart from maternity antenatal services which was lower by a percent).

### Finance & Operating Plan Delivery:

- The ICS November position is a £0.05m surplus, made up of providers £5.05m deficit offset by ICB £5.1m surplus (deterioration of £2.3m since M6).

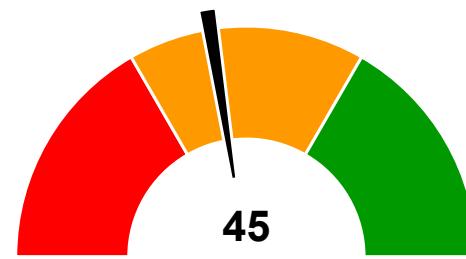
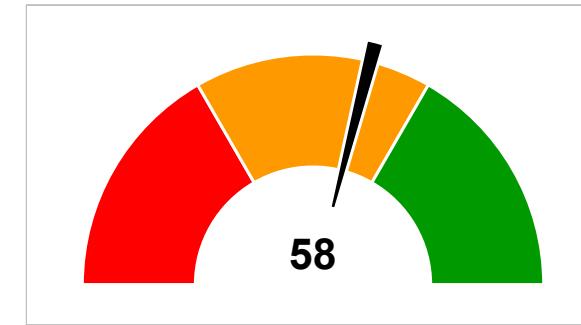
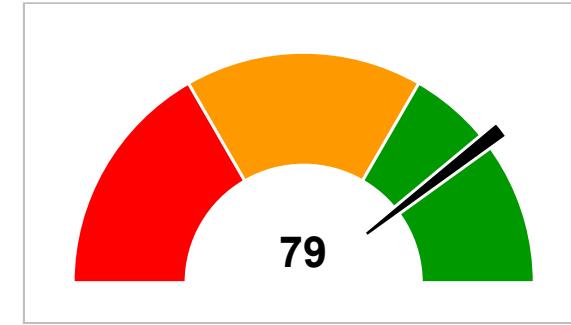
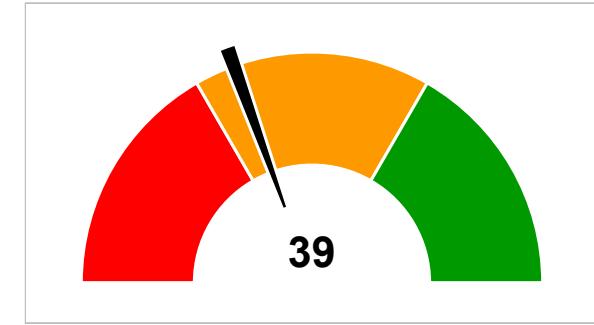


# North Central London Integrated Care System

## Operational Performance Report

November 2025

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**System Flow****Waiting Times****Patient Experience****Finance, Activity, W/F****System Flow:**

- AE attendance activity continues to be above the forecasted level of demand, across almost all NCL sites. Notably, there was a significant increase in ambulance conveyances in Q4 of 2025/26, demonstrating the higher acuity of patient attendances. This has contributed to an increase in admitted patient flow and subsequently impacted breaches.
- NHS 111 direct to GP bookings continues to improve access to primary care appointments.
- Primary care winter schemes are focussed on proactive care for those with long term conditions, delivering vaccinations and increasing capacity for paediatrics.

**Waiting Times:**

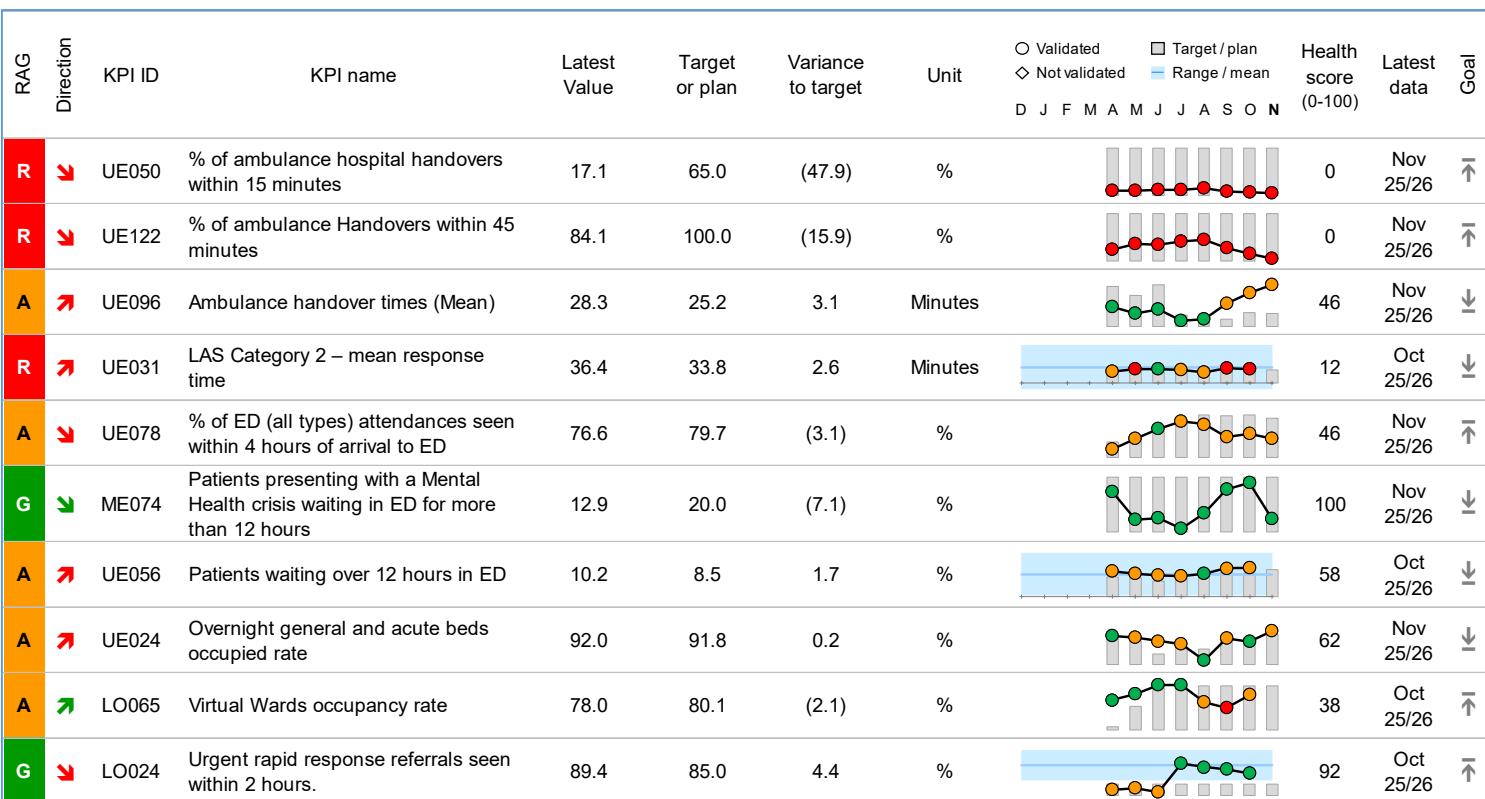
- Across all NCL providers there has been a general uplift in referral demand which is impacting the delivery of RTT indicators. This has resulted in the need for increased activity levels to meet performance, while managing the availability of workforce and financial constraints.

**IPC and Patient Experience:**

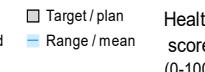
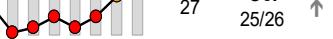
- Friends and Family test data, albeit only one lens into patient experience remains generally positive.
- There has been a slight deterioration in the maternity unit score from 92.5% to 89.3%.

**Finance & Operating Plan Delivery:**

- In November, the NCL system reported a £47m deficit which is a £23.6m variance to the submitted deficit plan. This is the primary driver of the Finance, Activity and Workforce score.



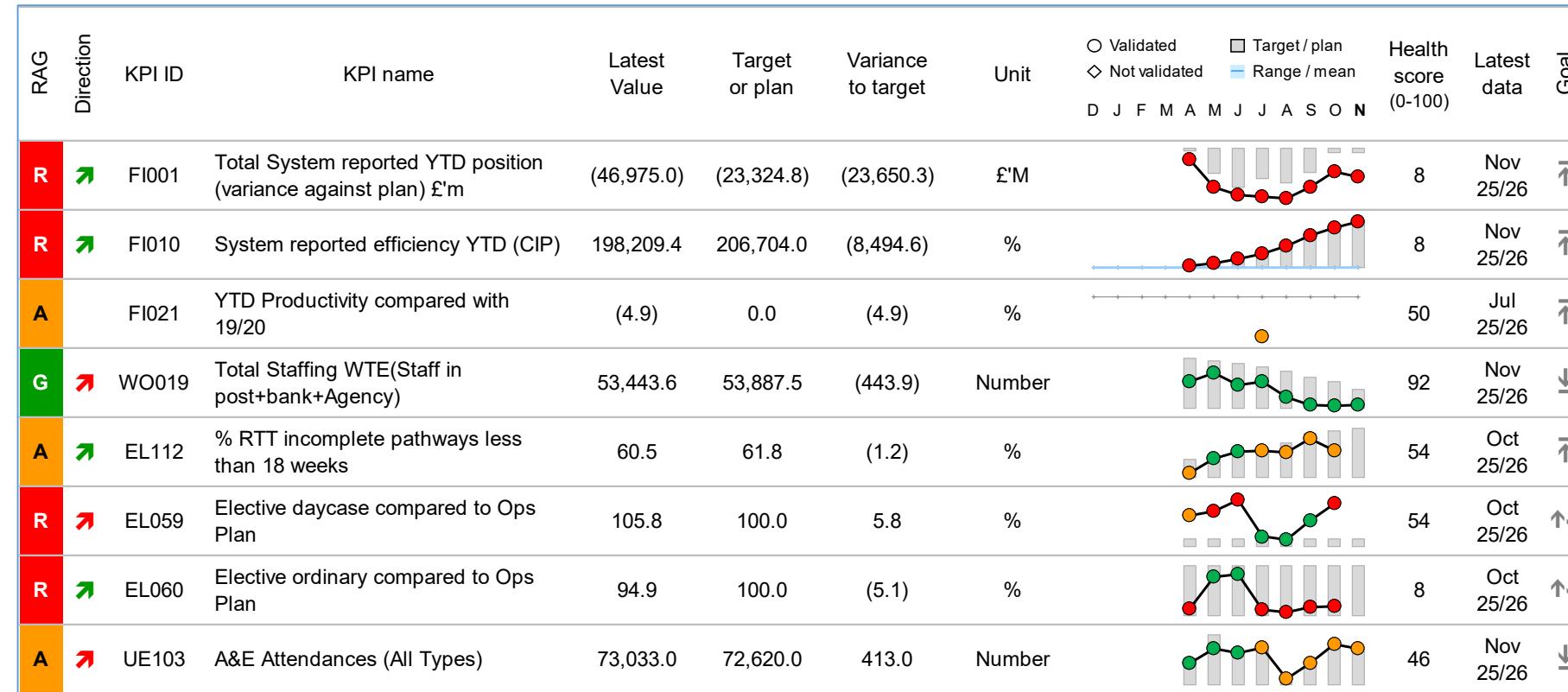
- Urgent and Emergency Care:** In November 2025, A&E performance was 76.6% (3.1% off target). This was down from 77.3% in October 2025. The percentage of patients waiting 12 hours or more had been on target throughout 2025/26 but fell below plan in September and October 2025. Current performance was reported 1.7% off target at 10.2%. All NCL providers have mobilised their local winter plans, whilst system-level demand management initiatives and schemes supporting flow at the front door are also in progress.
- Ambulance Services:** For December 2025, performance for handovers within 15 and 45 minutes both improved from the previous month. The Integrated Care Coordination (ICC) Hub is progressing with integrating the urgent community response service and ICC based learnings from Hertfordshire. The ICC moved to 7-day working in December 2025, to support winter pressures.
- G&A Bed Occupancy:** Average adult bed occupancy has been equal to or within the optimal threshold of 92.0% across NWL sites during all of 2025/26.
- Mental Health:** In November 2025, 12.9% of people requiring mental health support experienced waits of over 12 hours at NCL provider sites. The Mental Health Crisis Assessment Service continues to divert patients with mental health only needs to more appropriate settings. The GP front of house initiative at the NMUH site of RFL is fully operational, offering 28 appointments per day, with a 90% utilisation rate.
- Virtual Ward (VW) Occupancy Rates:** Performance has been below plan for the last 3 months, but the latest data for October 2025 shows an improvement from the previous month. NCL VW repatriation pathways for Islington and Haringey residents (WH VW) from RFH and BGH launched in November 2025, building on existing VW repatriation pathways to NMUH (Enfield), Barnet (Barnet) and Camden Hospital at Home services. These will all work towards reducing variation and supporting equity in NCL.
- Urgent Rapid Response < 2 Hours:** Performance has slowed in recent months but remains above target. Actions in place across NCL include (1) improving the accuracy of CSDS recording and submission; (2) ensuring the capture all qualifying urgent responses per national guidance; (3) a drive on productivity gains e.g., Doc Abode; (4) utilising increased referrals via SPOA and LAS pathways.

| RAG<br>Direction | KPI ID | KPI name  | Latest<br>Value | Target<br>or plan | Variance<br>to target | Unit   |    | Health<br>score<br>(0-100) | Latest<br>data | Goal |   |
|------------------|--------|---|-----------------|-------------------|-----------------------|--------|---|----------------------------|----------------|------|---|
|                  |        |   |                 |                   |                       |        |   | D                          | J              | F    | M |
| G ↘              | EL069  | RTT total incomplete waiting list   | 198,491.0       | 207,554.0         | (9,063.0)             | People |    | 100                        | Oct 25/26      | ↓    |   |
| A ↗              | EL112  | % RTT incomplete pathways less than 18 weeks  | 60.5            | 61.8              | (1.2)                 | %      |    | 54                         | Oct 25/26      | ↑    |   |
| R ↘              | EL089  | Number of RTT incomplete Pathways > 65 Weeks  | 137.0           | 0.0               | 137.0                 | Number |    | 8                          | Oct 25/26      | ↓    |   |
| R ↘              | EL024  | RTT incomplete Pathways > 52 Weeks  | 1.8             | 1.3               | 0.5                   | %      |    | 8                          | Oct 25/26      | ↓    |   |
| R ↗              | DI011  | Patients waiting over 6 weeks for a diagnostic test                                 | 17.1            | 5.0               | 12.1                  | %      |    | 0                          | Oct 25/26      | ↓    |   |
| A ↗              | CA010  | Cancer - 28 day faster diagnosis standard (FDS) Attainment                          | 79.8            | 81.0              | (1.2)                 | %      |    | 65                         | Oct 25/26      | ↑    |   |
| G ↗              | CA008  | 62-day Standard Attainment  | 77.1            | 75.7              | 1.4                   | %      |    | 100                        | Oct 25/26      | ↑    |   |
| G ↗              | ME082  | % MH CYP 1st seen within 4 weeks  | 94.0            | 58.3              | 35.7                  | %      |    | 100                        | Oct 25/26      | ↑    |   |
| G ↗              | ME031  | Urgent Referral to Treatment Waiting Times for CYP with an eating disorder          | 100.0           | 95.0              | 5.0                   | %      |    | 100                        | Sep 25/26      | ↑    |   |
| A ↗              | ME033  | Routine Cases : 95% of CYP with eating disorders accessing treatment within 4 weeks | 91.9            | 95.0              | (3.1)                 | %      |  | 27                         | Oct 25/26      | ↑    |   |
| G ↘              | PC022  | % of Primary Care Appointments within 14 days                                       | 91.4            | 90.0              | 1.4                   | %      |  | 77                         | Nov 25/26      | ↓    |   |

- Elective performance:** NCL provider performance continues to be monitored through the Planned Care Deliver Group, with oversight from the Operational Implementation Group.
- Elective Waiting List:** The NCL system total Patient Tracking List (PTL) has continued to decrease month on month during 2025/26. Primary care colleagues are incentivised to use Advice & Guidance to reduce the need for referrals.
- Referral to Treatment (RTT) performance:** Performance is showing an upward trend during 2025/26. NCL Trusts have maximised use of validation and RTT rules to aid RTT recovery, and compliance with the 2025/26 RTT performance objectives. The validation sprints through Q1-Q3 have provided additional funding for reducing the PTL size, either through validation or activity above baseline.
- Diagnostic 6-week performance:** Backlog performance moved adversely to 17.1% in October 2025. 2025/26 has seen an increase in backlog volumes for some modalities, and a reduction in waiting list initiatives resulting from financial constraints among providers. The most challenged modalities remain as NOUS, MRI and neurophysiology.
- Cancer Waiting Times:** Faster Diagnosis Standard attainment has been close to or on plan all year, while 62-day achievement remains on plan. Challenges remain for skin pathways at WH, although the NCL Cancer Alliance have committed to fund 4 WLIs. For breast services at RFL, changes to the staffing model to provide greater nurse-led capacity for one-stop have been implemented. Increased capacity through radiology recruitment and an improvement programme focused on breast radiology was launched in October 2025.
- Eating Disorders:** Urgent treatment referral times for CYP eating disorders remains at 100.0% in September 2025. For routine referrals, performance remains above 90.0% in Q2 and Q3, but short of the 95.0% standard.
- Mental health Children & Young People (CYP) waiting times:** Performance for CYP treated within 4 weeks has been steady and remains above target.
- Primary care:** NCL GP appointments were 734,371 for November 2025 and have averaged over 725,000 a month during 2025/26. NCL continues to provide a high percentage of same day appointments above the national average – 9.3% over this value for November 2025. NCL also performs well against the national expectation that 90.0% of primary care appointments are booked within two weeks. This is the case now for 11 of the last 12 months.

| RAG<br>Direction | KPI ID | KPI name  | Latest<br>Value | Target<br>or plan | Variance<br>to target | Unit | ○ Validated   | □ Target / plan | Health<br>score<br>(0-100) | Latest<br>data | Goal |
|------------------|--------|---|-----------------|-------------------|-----------------------|------|---|-----------------|----------------------------|----------------|------|
|                  |        |   |                 |                   |                       |      | ◊ Not validated   | ■ Range / mean  |                            |                |      |
|                  |        |   |                 |                   |                       |      | D J F M A M J J A S O N   |                 |                            |                |      |
| G ↗              | QU049  | Friends and Family Test- Inpatients             | 95.7            | 91.0              | 4.7                   | %    |           | 92              | Oct 25/26                  | ↗              |      |
| G ↗              | QU029  | Friends and Family Test - Outpatients           | 94.4            | 93.0              | 1.4                   | %    |           | 92              | Oct 25/26                  | ↗              |      |
| G ↗              | QU028  | Friends and Family Test - A&E                   | 80.1            | 80.0              | 0.1                   | %    |           | 92              | Oct 25/26                  | ↗              |      |
| G ↗              | QU032  | Friends and Family Test - Maternity antenatal   | 93.3            | 90.0              | 3.3                   | %    |           | 73              | Oct 25/26                  | ↗              |      |
| A ↘              | QU046  | Friends and Family Test - Maternity units       | 89.3            | 94.0              | (4.7)                 | %    |           | 46              | Oct 25/26                  | ↗              |      |
| G ↗              | QU047  | Friends and Family Test- Postnatal Ward setting | 96.0            | 92.0              | 4.0                   | %    |           | 100             | Oct 25/26                  | ↗              |      |
| G ↗              | PC024  | FFT % positive responses - Primary Care         | 91.1            | 90.0              | 1.1                   | %    |           | 88              | Oct 25/26                  | ↗              |      |
| G ↗              | QU030  | Friends and Family Test - Community Health      | 96.4            | 94.0              | 2.4                   | %    |           | 100             | Oct 25/26                  | ↗              |      |
| G ↗              | QU031  | Friends and Family Test - Mental Health         | 89.8            | 85.0              | 4.8                   | %    |           | 100             | Oct 25/26                  | ↗              |      |

- Friends and Family test data, albeit only one lens into patient experience remains generally positive.
- There has been a slight deterioration in the maternity unit score from 92.5% to 89.3%. Patient experience performance has been below the 94.0% target across every month except July 2025.
- Maternity ante-natal patient experience performance was on or above target each month April – July 2025 but fell below target in August and September 2025, before recovering back to 3.3% above target in October 2025.
- Primary care patient experience performance was below target April – June 2025, before improving in subsequent months. Performance has been at least 89.0%, which is just 1.0% below the target of 90.0%.
- Community health patient experience performance has been consistently above target across every month except for July 2025 when performance at 93.8% was just 0.2% below target.



- In Month 7, the NCL system reported a £47.0m deficit which is a £23.7m variance to the submitted deficit plan.
- Current RTT performance for the percentage of patients waiting under 18 weeks is off target based on validated published data for October 2025.
- Based on weekly unvalidated data flows, the NCL expectation is that during November 2025, it is unlikely that there will be a material change in the reported position. This is likely to be the case up to March 2026.
- 18ww performance has been detrimentally affected by the recent focus on reducing the longest waiting patients, specifically to eradicate 65ww and further reduce beyond plan 52ww patients to and below 1.0% of the PTL size.

# NHSE Operating Plan 2025/26 performance

# NCL Key Operating Plan Performance (1/3)

| RAG | Direction | KPI ID | KPI name   | Latest Value | Target or plan | Variance to target | Unit   | ○ Validated     | □ Target/plan | Range / mean | Health score (0-100) | Latest data | Goal |
|-----|-----------|--------|--|--------------|----------------|--------------------|--------|-----------------|---------------|--------------|----------------------|-------------|------|
|     |           |        |  |              |                |                    |        | ◊ Not validated | ■             | —            |                      |             |      |
| G   | ↗         | CA008  | 62-day Standard Attainment                                 | 77.1         | 75.7           | 1.4                | %      |                 |               |              | 100                  | Oct 25/26   | ↑    |
| A   | ↗         | CA010  | Cancer - 28 day faster diagnosis standard (FDS) Attainment | 79.8         | 81.0           | (1.2)              | %      |                 |               |              | 65                   | Oct 25/26   | ↑    |
| G   | ↗         | CA023  | 31 day 1st Treatment standard (From DTT)                   | 95.2         | 93.2           | 2.0                | %      |                 |               |              | 85                   | Oct 25/26   | ↑    |
| R   | ↗         | DI003  | Diagnostic Tests - CT                                      | 22,743.0     | 20,844.0       | 1,899.0            | Number |                 |               |              | 0                    | Oct 25/26   | ↑↓   |
| A   | ↗         | DI004  | Diagnostic Tests - MRI                                     | 15,715.0     | 15,217.0       | 498.0              | Number |                 |               |              | 62                   | Oct 25/26   | ↑↓   |
| R   | ↗         | DI005  | Diagnostic Tests - NOUS                                    | 26,700.0     | 28,131.0       | (1,431.0)          | Number |                 |               |              | 23                   | Oct 25/26   | ↑↓   |
| A   | ↗         | DI012  | Diagnostic Tests 6-week performance - MRI                  | 7.1          | 6.5            | 0.6                | %      |                 |               |              | 65                   | Oct 25/26   | ↓    |
| G   | ↗         | DI013  | Diagnostic Tests 6-week performance - CT                   | 2.8          | 6.9            | (4.1)              | %      |                 |               |              | 100                  | Oct 25/26   | ↓    |
| R   | ↗         | DI014  | Diagnostic Tests 6-week performance - NOUS                 | 20.6         | 5.6            | 15.0               | %      |                 |               |              | 0                    | Oct 25/26   | ↓    |
| R   | ↗         | DI021  | Diagnostic Tests Activity - Colonoscopy                    | 1,743.0      | 1,653.0        | 90.0               | Number |                 |               |              | 42                   | Oct 25/26   | ↑    |

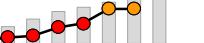
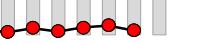
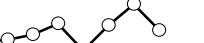
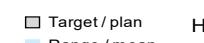
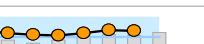
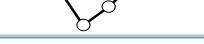
| RAG | Direction | KPI ID | KPI name  | Latest Value | Target or plan | Variance to target | Unit   | ○ Validated     | □ Target/plan | Range / mean | Health score (0-100) | Latest data | Goal |
|-----|-----------|--------|---|--------------|----------------|--------------------|--------|-----------------|---------------|--------------|----------------------|-------------|------|
|     |           |        |   |              |                |                    |        | ◊ Not validated | ■             | —            |                      |             |      |
| G   | ↗         | DI022  | Diagnostic Tests Activity - Flexi sigmoidoscopy                       | 377.0        | 388.0          | (11.0)             | Number |                 |               |              | 69                   | Oct 25/26   | ↑↓   |
| R   | ↗         | DI023  | Diagnostic Tests Activity - Gastroscopy                               | 2,039.0      | 1,922.0        | 117.0              | Number |                 |               |              | 31                   | Oct 25/26   | ↑↓   |
| R   | ↗         | DI024  | Diagnostic Tests Activity - Cardiology - echocardiography             | 5,267.0      | 4,892.0        | 375.0              | Number |                 |               |              | 38                   | Oct 25/26   | ↑↓   |
| R   | ↗         | DI025  | Diagnostic Tests Activity - DEXA                                      | 1,727.0      | 1,541.0        | 186.0              | Number |                 |               |              | 8                    | Oct 25/26   | ↑↓   |
| R   | ↗         | DI026  | Diagnostic Tests Activity - Audiology                                 | 1,974.0      | 1,639.0        | 335.0              | Number |                 |               |              | 0                    | Oct 25/26   | ↑↓   |
| R   | ↗         | DI027  | Diagnostic Tests, 6-week waiting time - Colonoscopy                   | 14.6         | 6.4            | 8.2                | %      |                 |               |              | 27                   | Oct 25/26   | ↓    |
| R   | ↗         | DI028  | Diagnostic Tests, 6-week waiting time - Flexi sigmoidoscopy           | 10.0         | 4.5            | 5.5                | %      |                 |               |              | 27                   | Oct 25/26   | ↓    |
| R   | ↗         | DI029  | Diagnostic Tests, 6-week waiting time- Gastroscopy                    | 17.7         | 6.2            | 11.5               | %      |                 |               |              | 0                    | Oct 25/26   | ↓    |
| R   | ↗         | DI030  | Diagnostic Tests, 6-week waiting time - Cardiology – echocardiography | 15.5         | 2.9            | 12.6               | %      |                 |               |              | 8                    | Oct 25/26   | ↓    |
| G   | ↗         | DI031  | Diagnostic Tests, 6-week waiting time - DEXA                          | 1.0          | 1.3            | (0.3)              | %      |                 |               |              | 73                   | Oct 25/26   | ↓    |
| R   | ↗         | DI032  | Diagnostic Tests, 6-week waiting time - Audiology                     | 23.2         | 11.5           | 11.7               | %      |                 |               |              | 8                    | Oct 25/26   | ↓    |

# NCL Key Operating Plan Performance (2/3)

| RAG<br>Direction | KPI ID | KPI name  | Latest Value | Target or plan | Variance to target | Unit   | ○ Validated<br>◇ Not validated | □ Target/plan<br>■ Range / mean | Health score (0-100) | Latest data | Goal | D J F M A M J J A S O N |   |   |   |   |   |   |   |   |   |   |  |
|------------------|--------|---|--------------|----------------|--------------------|--------|--------------------------------|---------------------------------|----------------------|-------------|------|-------------------------|---|---|---|---|---|---|---|---|---|---|--|
|                  |        |   |              |                |                    |        |                                |                                 |                      |             |      | D J F M A M J J A S O N |   |   |   |   |   |   |   |   |   |   |  |
| R ↘              | EL024  | RTT incomplete Pathways > 52 Weeks  | 1.8          | 1.3            | 0.5                | %      | ●                              | ■                               | 8                    | Oct 25/26   | ⬇    | ●                       | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |  |
| R ↘              | EL108  | Outpatient first attendances without a procedure - ERF scope                | 83.6         | 100.0          | (16.4)             | %      | ●                              | ■                               | 31                   | Oct 25/26   | ⬇    | ●                       | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |  |
| R ↘              | EL109  | Outpatient follow up attendances without procedure - ERF scope              | 89.7         | 100.0          | (10.3)             | %      | ●                              | ■                               | 31                   | Oct 25/26   | ⬆    | ●                       | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |  |
| R ↗              | EL059  | Elective daycase compared to Ops Plan                                       | 105.8        | 100.0          | 5.8                | %      | ●                              | ■                               | 54                   | Oct 25/26   | ⬇    | ●                       | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |  |
| R ↗              | EL060  | Elective ordinary compared to Ops Plan                                      | 94.9         | 100.0          | (5.1)              | %      | ●                              | ■                               | 8                    | Oct 25/26   | ⬆    | ●                       | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |  |
| G ↘              | EL069  | RTT total incomplete waiting list   | 198,491.0    | 207,554.0      | (9,063.0)          | People | ●                              | ■                               | 100                  | Oct 25/26   | ⬇    | ●                       | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |  |
| A ↘              | EL107  | Outpatient procedures - ERF scope   | 96.3         | 100.0          | (3.7)              | %      | ●                              | ■                               | 42                   | Oct 25/26   | ⬇    | ●                       | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |  |
| R ↗              | EL116  | RTT - The number of completed admitted RTT pathways in the reporting period | 10,074.0     | 10,443.0       | (369.0)            | Number | ●                              | ■                               | 8                    | Oct 25/26   | ⬆    | ●                       | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |  |

| RAG<br>Direction | KPI ID | KPI name   | Latest Value | Target or plan | Variance to target | Unit   | ○ Validated<br>◇ Not validated | □ Target/plan<br>■ Range / mean | Health score (0-100) | Latest data | Goal | D J F M A M J J A S O N |   |   |   |   |   |   |   |   |   |   |  |
|------------------|--------|--|--------------|----------------|--------------------|--------|--------------------------------|---------------------------------|----------------------|-------------|------|-------------------------|---|---|---|---|---|---|---|---|---|---|--|
|                  |        |  |              |                |                    |        |                                |                                 |                      |             |      | D J F M A M J J A S O N |   |   |   |   |   |   |   |   |   |   |  |
| A ↘              | EL118  | RTT incomplete Pathways < 18 Weeks for a first appointment %                   | 65.1         | 69.0           | (3.9)              | %      | ●                              | ■                               | 46                   | Oct 25/26   | ↑    | ●                       | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |  |
| G ↗              | EL120  | RTT- The number of completed non-admitted RTT pathways in the reporting period | 50,673.0     | 50,331.0       | 342.0              | Number | ●                              | ■                               | 77                   | Oct 25/26   | ↑    | ●                       | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |  |
| A ↗              | LO065  | Virtual Wards occupancy rate   | 78.0         | 80.1           | (2.1)              | %      | ●                              | ■                               | 38                   | Oct 25/26   | ↑    | ●                       | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |  |
| R ↗              | LO073  | Urgent Community Response (UCR) referrals                                      | 1,704.0      | 2,131.0        | (427.0)            | Number | ●                              | ■                               | 8                    | Oct 25/26   | ↑    | ●                       | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |  |
| R ↗              | LO074  | Community services waiting list over 52 weeks                                  | 1,169.0      | 791.0          | 378.0              | Number | ●                              | ■                               | 0                    | Nov 25/26   | ↓    | ●                       | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |  |
| R ↗              | LO075  | Community services waiting list over 52 weeks - CYP                            | 1,044.0      | 791.0          | 253.0              | Number | ●                              | ■                               | 0                    | Nov 25/26   | ↓    | ●                       | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |  |
| R ↗              | LO076  | Community services waiting list over 52 weeks - Adults                         | 125.0        | 0.0            | 125.0              | Number | ●                              | ■                               | 0                    | Nov 25/26   | ↓    | ●                       | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |  |
| R ↗              | ME014  | CYP with a learning disability or autism in an inpatient setting               | 7.0          | 6.0            | 1.0                | Number | ●                              | ■                               | 54                   | Oct 25/26   | ↓    | ●                       | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |  |
| G ↗              | ME016  | CYP accessing NHS funded mental health services                                | 29,990.0     | 24,726.0       | 5,264.0            | Number | ●                              | ■                               | 100                  | Oct 25/26   | ↑    | ●                       | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |  |
| G ↗              | ME024  | Women receiving access to perinatal services                                   | 2,027.0      | 2,010.0        | 17.0               | Number | ●                              | ■                               | 100                  | Oct 25/26   | ↑    | ●                       | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |  |

# NCL Key Operating Plan Performance (3/3)

| RAG | Direction | KPI ID | KPI name   | Latest Value | Target or plan | Variance to target | Unit    | ○ Validated   | □ Target / plan   | Health score (0-100) | Latest data | Goal |
|-----|-----------|--------|--|--------------|----------------|--------------------|---------|---|---|----------------------|-------------|------|
|     |           |        |  |              |                |                    |         | ◊ Not validated   | ▬ Range / mean  |                      |             |      |
| A   | ↗         | ME032  | Access to Individual Placement and Support Services  | 1,159.0      | 1,211.0        | (52.0)             | Number  |    |    | 42                   | Oct 25/26   | ↑    |
| A   | ↘         | ME060  | % of People with learning disability (14 years old and above) with an annual health check                  | 6.7          | 6.8            | (0.1)              | %       |    |    | 73                   | Nov 25/26   | ↑    |
| A   | ↘         | ME075  | Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs)                               | 1.0          | 0.0            | 1.0                | Number  |    |    | 42                   | Oct 25/26   | ↓    |
| A   | ↘         | ME076  | Reliable recovery rate for those completing a course of treatment and meeting caseness - Talking Therapies | 44.1         | 48.0           | (3.9)              | %       |    |    | 46                   | Oct 25/26   | ↑    |
| R   | ↘         | ME077  | Reliable improvement rate for those completing a course of treatment - Talking Therapies                   | 44.1         | 67.9           | (23.8)             | %       |    |    | 0                    | Oct 25/26   | ↑    |
| R   | ↗         | ME083  | Reliance on mental health inpatient care for adults with a learning disability                             | 18.0         | 16.0           | 2.0                | %       |    |    | 0                    | Oct 25/26   | ↓    |
| -   | ↘         | PC036  | Appointments in general practice   | 734,371.0    | -              | -                  | Number  |    |   | 0                    | Nov 25/26   | ↑    |
| RAG | Direction | KPI ID | KPI name   | Latest Value | Target or plan | Variance to target | Unit    | ○ Validated   | □ Target / plan   | Health score (0-100) | Latest data | Goal |
|     |           |        |  |              |                |                    |         | ◊ Not validated   | ▬ Range / mean  |                      |             |      |
| A   | ↗         | UE056  | Patients waiting over 12 hours in ED   | 10.2         | 8.5            | 1.7                | %       |  |  | 46                   | Oct 25/26   | ↓    |
| A   | ↘         | UE078  | % of ED (all types) attendances seen within 4 hours of arrival to ED                                       | 76.6         | 79.7           | (3.1)              | %       |  |  | 46                   | Nov 25/26   | ↑    |
| A   | ↗         | UE096  | Ambulance handover times (Mean)  | 28.3         | 25.2           | 3.1                | Minutes |  |  | 46                   | Nov 25/26   | ↓    |
| -   | ↗         | UE103  | A&E Attendances (All Types)  | 73,033.0     | -              | -                  | Number  |  |  | 0                    | Nov 25/26   | ↓    |



# Operating Plan Performance Overview – Non-Acute

## **Mental Health – Talking Therapies**

- Performance for 2+ contacts and discharge remains challenged in NCL, although reliable improvement and reliable recovery targets were achieved at the end of Q2 2025/26.
- Engagement with digital providers is underway e.g. Limbic to see how a digital front door option will improve access, signposting and increase efficiency and productivity.
- A targeted DNA reduction strategy is in place reviewing reminder systems (e.g., SMS and calls) and ensuring consistent application of DNA discharge policies across teams.
- Pathway optimisation implementation entails a review of stepped care and triage models to maximise step 2 utilisation. Work with system colleagues continues to consider the demand for step 2 and 3 services and the implications for any potential model changes.

## **Mental Health – Individual Placement Support**

- Performance remains below target throughout 2025/26.
- As vacant posts are being filled following a recruitment process, it will take time for new staff to be onboarded and be able to take on full caseloads. The anticipated timeline of Q2 of 2025/26 for improved performance continues.

## **Mental Health – CYP Access**

- Continued achievement is driven by the North London Foundation Trust (NLFT), where enhanced data capture regarding Mental Health Support Teams has allowed targets to be achieved.

## **Mental Health – Perinatal Access**

- Performance continues to improve despite falling birth rates with work reviewing how to increase referrals into the service.
- NLFT continue to look at how existing resources could be used to offer targeted assessment and interventions for women and families with more complex presentations and reduce DNA rates.

## **Community Services – Waiting List>52w**

- **(CYP):** for under-5s autism services, 100% of additional substantive staff have now been recruited as of August 2025 in Camden, Haringey, and Islington. Progress is also being made in Enfield and Barnet. SLT waits remain high due to workforce shortages, though temporary funding has enabled recruitment of bank and fixed-term staff to increase capacity.
- **(Adults):** NCL is currently updating the Community Outcomes Framework for adult services to better demonstrate its impact. A Task and Finish group has been established to progress the understanding on how to measure outcomes.

## **Community Services – Average Length of Stay**

- NCL has launched initiatives, including **(1)** embedding the NCL ICB clinical and operating model to increase consistency across units, particularly for referral management and screening, alongside early discharge planning; **(2)** service expansion – development of community stroke units for repatriation from hyper-acute stroke units for medically stable patients, bypassing acute stroke units; **(3)** continuing to use the NCL flex criteria to support occupancy and flow.

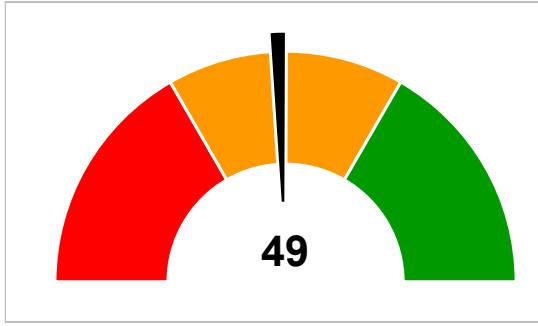
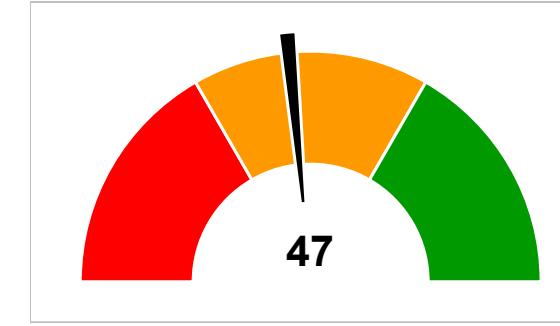
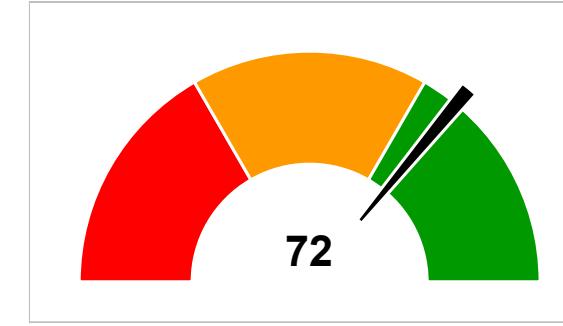
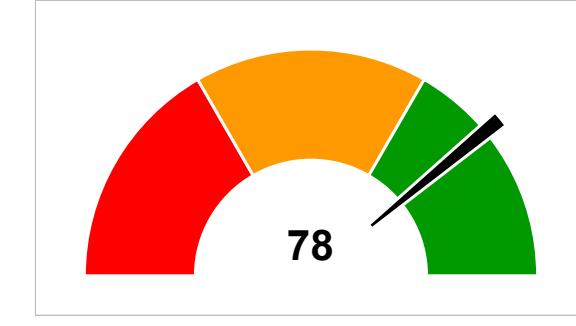
# NW London Integrated Care System

## Operational Performance Report December 2025

Joint ICB Meeting – 28th January 2026

Steve Bloomer, Chief Financial Officer

|     |   |                      |
|-----|---|----------------------|
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| 1.2 | <b>ICS Overview - Assessment of ICS Position</b>            | <b>Slide 3</b>       |
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| 2.3 | <b>Patient Experience</b>                                   | <b>Slide 6</b>       |
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| 4   | <b>Operating Plan 2025/26 Performance</b>                   | <b>Slides 8 - 12</b> |

**System Flow****Waiting Times****Patient Experience****Finance, Activity, W/F****Waiting Times:**

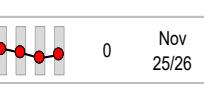
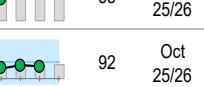
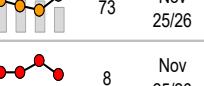
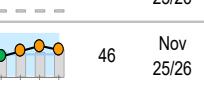
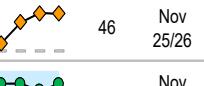
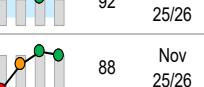
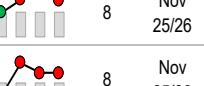
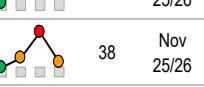
- Elective recovery remains broadly on track (52 week and 65 week targets expected to be met in March 2026), although the target for the overall Patient Tracking list size will not be met.
- Diagnostics performance (although improved in October) remains a concern, whilst 62 day cancer performance and mental health CYP waiting times remain areas for improvement. There has been additional investment into the latter with performance expected to improve in Q4 and Q1.
- There were Residential Doctors strikes in November and December which were comprehensively managed by providers, ensuring as little disruption as possible to patient care.
- Community 52 week waits remain well below plan. There are now 45 patients across NW London waiting for treatment from 507 patients in August.

**Finance & Operating Plan Delivery:**

- The ICS month 7 position is a £0.05m surplus, made up of providers £5.05m deficit offset by ICB £5.1m surplus (deterioration of £2.3m since M6).
- Sixty percent of the Operating Plan metrics are either green (exceeding target) or amber (just below target) rated. Half of the red rated metrics are diagnostics modality related. for 2025/26 we want diagnostic activity to be on plan so significant over performance is assessed as red, as is significant under-performance.

**National Oversight Framework (NOF):**

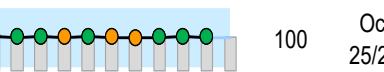
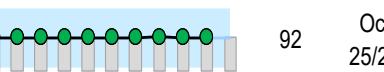
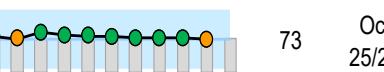
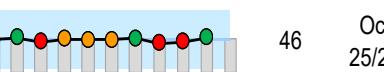
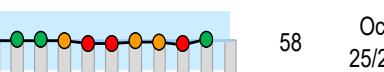
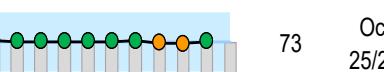
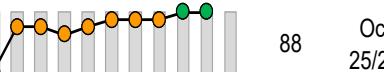
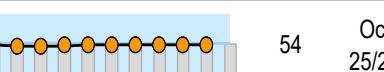
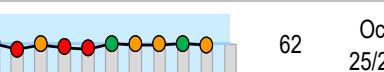
- In Q2, ICHT CWHFT, CNWL and WLT remain top performing trusts. Due to financial deficit, LNWUHT dropped into segmentation 3. Some indicators have improved at THHT (financial deficit remains), which has resulted in a move into segmentation 3.

| RAG<br>Direction | KPI ID | KPI name   | Latest<br>Value | Target<br>or plan | Variance<br>to target | Unit    | ○ Validated   | □ Target/plan   | Health<br>score<br>(0-100) | Latest<br>data | Goal |
|------------------|--------|--|-----------------|-------------------|-----------------------|---------|---|---|----------------------------|----------------|------|
|                  |        |  |                 |                   |                       |         | ◊ Not validated   | ■ Range/mean  |                            |                |      |
| R ↘              | UE050  | % of ambulance hospital handovers within 15 minutes                                  | 46.0            | 65.0              | (19.0)                | %       |    |    | 0                          | Nov 25/26      | ↑    |
| A →              | UE122  | % of ambulance Handovers within 45 minutes   | 95.0            | 100.0             | (5.0)                 | %       |    |    | 31                         | Nov 25/26      | ↑    |
| A ↗              | UE096  | Ambulance handover times (Mean)  | 19.6            | 18.2              | 1.3                   | Minutes |    |    | 58                         | Oct 25/26      | ↓    |
| G ↗              | UE031  | LAS Category 2 – mean response time  | 30.4            | 33.8              | (3.4)                 | Minutes |    |    | 92                         | Oct 25/26      | ↓    |
| A ↗              | UE078  | % of ED (all types) attendances seen within 4 hours of arrival to ED                 | 77.3            | 78.0              | (0.7)                 | %       |    |    | 54                         | Nov 25/26      | ↑    |
| G ↗              | UE079  | % of ED (type 1) attendances seen within 4 hours of arrival to ED                    | 62.2            | 59.4              | 2.9                   | %       |    |    | 73                         | Nov 25/26      | ↑    |
| R ↘              | ME074  | Patients presenting with a Mental Health crisis waiting in ED for more than 12 hours | 29.2            | 20.0              | 9.2                   | %       |    |    | 8                          | Nov 25/26      | ↓    |
| A ↗              | UE056  | Patients waiting over 12 hours in ED   | 9.7             | 9.5               | 0.2                   | %       |   |   | 46                         | Nov 25/26      | ↓    |
| A ↗              | UE024  | Overnight general and acute beds occupied rate                                       | 95.1            | 92.0              | 3.1                   | %       |  |  | 46                         | Nov 25/26      | ↓    |
| G ↗              | LO023  | Occupancy rate in rehab beds   | 90.4            | 85.0              | 5.4                   | %       |  |  | 92                         | Nov 25/26      | ↑    |
| G ↗              | LO065  | Virtual Wards occupancy rate   | 85.0            | 85.0              | 0.0                   | %       |  |  | 88                         | Nov 25/26      | ↑    |
| G ↗              | UE115  | Discharge: Average Delay Days (P0) in Optica   | 0.2             | 1.0               | (0.8)                 | Days    |  |  | 100                        | Nov 25/26      | ↓    |
| R ↘              | UE108  | Discharge: Average Delay Days (P1) in Optica   | 2.5             | 2.0               | 0.5                   | Days    |  |  | 8                          | Nov 25/26      | ↓    |
| R ↘              | UE109  | Discharge: Average Delay Days (P2) in Optica   | 6.0             | 5.0               | 1.0                   | Days    |  |  | 8                          | Nov 25/26      | ↓    |
| A ↗              | UE110  | Discharge: Average Delay Days (P3) in Optica   | 7.7             | 7.0               | 0.7                   | Days    |  |  | 38                         | Nov 25/26      | ↓    |

- Urgent and Emergency Care:** In November, 77.3% (up from 75.3% in October) of people attending emergency departments in NW London spent less than 4 hours in the department compared to 78% plan. Performance for type 1 also improved from 58.7% in October to 62.2% in November (plan 59.4%). The percentage of patients waiting 12 hours or more improved, with performance at 9.7% from 10.9% in October. Actions being taken by providers to improve performance includes redirection of patients to pharmacy first and GP enhanced access services for suitable conditions. The ICC is also supporting appropriate patients being conveyed to EDs therefore helping to reduce ED demand. It is anticipated that the Operating Plan A&E 4 and 12 hour targets will be met in March 2026.
- Ambulance Services:** Handover targets particularly focus on the reduction of waits over 45 minutes. In November 45 minute performance improved. Mitigations in place include the Integrated Care Coordination Hub, optimising referrals into alternative pathways to ED and targeted work on care home calls to 999. Between August and November 2025 a total of 1764 cases were managed by the ICC resulting in 48% of these not being conveyed to an ED. Hear and Treat (25%) and See and Treat (30%) performance remains strong.
- G&A Bed Occupancy:** Bed occupancy is above the optimal threshold (92%) across multiple sites. Additional bed capacity has been commissioned during the winter period.
- Mental Health:** In November, 29.2% of people requiring mental health support experienced waits of over 12 hours in NW London emergency departments compared to 33.7% in October (the stretch target is 20%). The System Flow Board oversees actions being taken to reduce waits for patients, this includes reviewing crisis plans to support people access crisis alternatives, particularly for high Intensity Users (40% of cohort).
- Hospital Discharges:** In November, discharge performance for all pathways remained over target. Delay days are being tracked at borough and pathway level on a monthly basis, reporting into System Flow Oversight Board. Particular areas of focus include pathway1 discharge within the Bi-borough and Hammersmith & Fulham. Equipment provider during this period led to some of the emerging delays, which have since stabilised.
- Virtual ward occupancy rates** have improved and are now meeting the target. Providers have increased their utilisation, aswell as de-commissioning / re-purposing under utilised pathways. A review is taking place to identify whether virtual wards could be also utilised for admission avoidance. This is taking place to some degree in NCL.

| RAG<br>Direction | KPI ID | KPI name  | Latest<br>Value | Target<br>or plan | Variance<br>to target | Unit   | ○ Validated     | □ Target/plan | Health<br>score<br>(0-100) | Latest<br>data | Goal |
|------------------|--------|---|-----------------|-------------------|-----------------------|--------|-----------------|---------------|----------------------------|----------------|------|
|                  |        |   |                 |                   |                       |        | ◊ Not validated | ▬ Range/mean  |                            |                |      |
| D                | J      | F   | M               | A                 | M                     | J      | J               | A             | S                          | O              | N    |
| R ↘              | EL069  | RTT total incomplete waiting list   | 287,438.0       | 266,983.0         | 20,455.0              | People |                 | 0             | Oct 25/26                  | ↓              |      |
| G ↗              | EL112  | % RTT incomplete pathways less than 18 weeks  | 60.5            | 58.6              | 1.9                   | %      |                 | 100           | Oct 25/26                  | ↑              |      |
| R ↘              | EL089  | Number of RTT incomplete Pathways > 65 Weeks  | 157.0           | 0.0               | 157.0                 | Number |                 | 0             | Oct 25/26                  | ↓              |      |
| G ↘              | EL024  | RTT incomplete Pathways > 52 Weeks  | 1.7             | 2.0               | (0.3)                 | %      |                 | 100           | Oct 25/26                  | ↓              |      |
| R ↘              | DI011  | Patients waiting over 6 weeks for a diagnostic test                                 | 21.1            | 5.0               | 16.1                  | %      |                 | 0             | Oct 25/26                  | ↓              |      |
| G ↗              | CA010  | Cancer - 28 day faster diagnosis standard (FDS) Attainment                          | 80.4            | 80.0              | 0.4                   | %      |                 | 73            | Oct 25/26                  | ↑              |      |
| R ↗              | CA008  | 62-day Standard Attainment  | 77.2            | 83.9              | (6.7)                 | %      |                 | 8             | Oct 25/26                  | ↑              |      |
| R ↗              | CA004  | Cancer - two weeks waits  | 81.4            | 93.0              | (11.6)                | %      |                 | 8             | Oct 25/26                  | ↑              |      |
| R ↗              | ME081  | % MH CYP Treated within 18 weeks  | 79.2            | 89.0              | (9.8)                 | %      |                 | 8             | Oct 25/26                  | ↑              |      |
| G ↗              | ME082  | % MH CYP 1st seen within 4 weeks  | 73.1            | 58.3              | 14.8                  | %      |                 | 88            | Oct 25/26                  | ↑              |      |
| G ↗              | ME031  | Urgent Referral to Treatment Waiting Times for CYP with an eating disorder          | 100.0           | 95.0              | 5.0                   | %      |                 | 77            | Oct 25/26                  | ↑              |      |
| G ↗              | ME033  | Routine Cases : 95% of CYP with eating disorders accessing treatment within 4 weeks | 95.5            | 95.0              | 0.5                   | %      |                 | 46            | Oct 25/26                  | ↑              |      |
| G ↗              | PC022  | % of Primary Care Appointments within 14 days                                       | 87.4            | 85.0              | 2.4                   | %      |                 | 92            | Oct 25/26                  | ↑              |      |

- Elective Waiting List:** In October, the total Patient Tracking List (PTL) decreased from 289,569 patients in September to 287,436 patients in October. There was a decrease in list sizes at ICHT, LNWHUHT and THHT. A small increase was reported at CWHFT. It is unlikely that the Operating Plan target will be met in March 2026, with a predicted end of year position around 284,000 patients.
- Referral to Treatment (RTT) performance:** In October the plan for patients waiting 18 weeks or more for treatment was met. NWL are predicting the Operating Plan target will be achieved in March 2026. 52ww volume continues to reduce and is within local target (2%) but exceeds the national 1% goal. Additional funding is being made available by NHSE in Q4 to support additional activity to increase the number of clock stops in the 52ww cohort.
- Residential doctor Industrial Action** remains to be actively managed by providers.
- Diagnostic 6 week performance:** performance improved for the second consecutive month and is now at 19.3% of patients waiting longer than 6 weeks. In August this was at 22%. This is on the back of consistent prior deterioration in performance over the last 3 years. ICHT (5% improvement from September) and THHT (7% improvement from September) drove the improved position, primarily through re-starting WLIs and insourcing arrangements coming online supported shifts in MRI, Ultrasound and Endoscopy.
- Cancer Waiting Times:** The 62 day cancer standard and 2WW performance remains below plan. Recovery plans (providing additional support) are in place across breast, urology and colorectal pathways. Additional funding is being re-prioritised around clinical need. A digital first pathway is being introduced for urgent suspected cancer pathways breast, GI, urology and gynaecology, with implementation overseen by The Royal Marsden Partners (RMP).
- Eating Disorders:** Urgent treatment referral times for CYP eating disorders improved to 100% in September and October, with improved in performance also achieved for routine treatment times (target met in October).
- Mental health Children & Young People (CYP) waiting times:** Performance for CYP treated within 18 weeks has improved. Performance is being tackled at a borough level.
- Primary care:** the number of GP appointments delivered monthly remains above plan, as well as the percentage of appointments delivered same/next day and within 14 days. Approximately 66% of appointments are delivered face-to-face.

| RAG<br>Direction | KPI ID | KPI name  | Latest<br>Value | Target<br>or plan | Variance<br>to target | Unit | ○ Validated   | □ Target / plan | Health<br>score<br>(0-100) | Latest<br>data | Goal |
|------------------|--------|---|-----------------|-------------------|-----------------------|------|---|-----------------|----------------------------|----------------|------|
|                  |        |   |                 |                   |                       |      | ◊ Not validated   | ▬ Range / mean  |                            |                |      |
| D                | QU049  | Friends and Family Test- Inpatients             | 95.0            | 95.0              | 0.0                   | %    |    | 100             | Oct 25/26                  | ↑              |      |
| G                | QU029  | Friends and Family Test - Outpatients           | 94.0            | 93.0              | 1.0                   | %    |    | 92              | Oct 25/26                  | ↑              |      |
| A                | QU028  | Friends and Family Test - A&E                   | 78.0            | 80.0              | (2.0)                 | %    |    | 73              | Oct 25/26                  | ↑              |      |
| G                | QU032  | Friends and Family Test - Maternity antenatal   | 91.0            | 90.0              | 1.0                   | %    |    | 46              | Oct 25/26                  | ↑              |      |
| G                | QU046  | Friends and Family Test - Maternity units       | 96.0            | 94.0              | 2.0                   | %    |    | 58              | Oct 25/26                  | ↑              |      |
| G                | QU047  | Friends and Family Test- Postnatal Ward setting | 94.0            | 92.0              | 2.0                   | %    |    | 73              | Oct 25/26                  | ↑              |      |
| G                | PC024  | FFT % positive responses - Primary Care         | 90.0            | 90.0              | 0.0                   | %    |    | 88              | Oct 25/26                  | ↑              |      |
| A                | QU030  | Friends and Family Test - Community Health      | 93.0            | 94.0              | (1.0)                 | %    |   | 54              | Oct 25/26                  | ↑              |      |
| A                | QU031  | Friends and Family Test - Mental Health         | 82.0            | 85.0              | (3.0)                 | %    |  | 62              | Oct 25/26                  | ↑              |      |

**Patient Experience – Friends and Family Test:**

- In October, NW London performed the same as or better than the London and national averages in the acute hospital tests (apart from maternity antenatal services which was lower by a percent).
- A&E 78% (London 74%, England 77%), inpatients 95% (London 95%, England 94%) and outpatients 94% (London 93%, England 94%). In the maternity services scores were antenatal 91% (London 92%, England 92%), units 96% (London 93%, England 94%) and postnatal 94% (London 93% and England 93%).
- Primary care (90%) scored slightly lower than the London average (91%). The national average was 93%. NW London generally scores well in national and local surveys. The Primary Care Programme Board regularly monitors survey results, with feedback help shaping plans.
- The Community Health score (93%) was just below the 94% target.
- The mental health response rate was extremely low in October (113 responses compared to 1539 responses for NCL). This is being investigated by the NW London quality team. The September performance was above target at 86% (target 85%).

## Finance

| RAG | Direction | KPI ID | KPI name   | Latest Value | Target or plan | Variance to target | Unit | ○ Validated<br>◊ Not validated | □ Target / plan<br>■ Range / mean | Health score (0-100) | Latest data |
|-----|-----------|--------|--|--------------|----------------|--------------------|------|--------------------------------|-----------------------------------|----------------------|-------------|
| G   | ↘         | FI001  | Total System reported YTD position (variance against plan) £'m | 0.0          | 0.0            | 0.0                | £'M  | ●                              | ○                                 | 92                   | Nov 25/26   |
| R   | ↗         | FI010  | System reported efficiency YTD (CIP)                           | 94.0         | 100.0          | (6.0)              | %    | ●                              | ○                                 | 8                    | Nov 25/26   |
| G   | ↗         | FI021  | YTD Productivity compared with 19/20                           | 3.7          | 0.0            | 3.7                | %    | ●                              | ○                                 | 100                  | Jul 25/26   |

## Finance Key messages:

- The ICS November position is a £0.05m surplus, made up of providers £5.05m deficit offset by ICB £5.1m surplus (deterioration of £2.3m since M6).
- Key drivers to the providers £5m variance from plan relate to CIP slippage £14.7m, NI pressures £5.5m, Industrial Action £3.8m, Pathology £3.9m, and inflation £0.5m, partially offset with ERF over performance £7.8m, Non recurrent benefits, higher than expected clinical other income, reduced bank and agency costs and increased vacancies £15.6m.
- The YTD ICS efficiency is 94.3% (90.7% at M6), with unidentified efficiencies at 1.9% (2.5% at M6). The forecast reported to NHSE was £312.9m which is £9m favourable to plan.

## Workforce

| RAG | Direction | KPI ID | KPI name                                      | Latest Value | Target or plan | Variance to target | Unit   | ○ Validated<br>◊ Not validated | □ Target / plan<br>■ Range / mean | Health score (0-100) | Latest data |
|-----|-----------|--------|---|--------------|----------------|--------------------|--------|--------------------------------|-----------------------------------|----------------------|-------------|
| G   | ↘         | WO019  | Total Staffing WTE(Staff in post+bank+Agency) | 66,160.0     | 67,023.0       | (863.0)            | Number | ●                              | ○                                 | 100                  | Sep 25/26   |
| G   | ↗         | WO013  | Agency spend as % of total Paybill            | 0.9          | 2.0            | (1.1)              | %      | ●                              | ○                                 | 100                  | Oct 25/26   |

## Workforce Key messages:

- There is no ICS workforce analyst in post. Workforce performance is being monitored by the Collaboratives.**
- Performance to plan for Month 6 – September 2025 shows a total staffing WTE within plan by 1,013 WTE.
- Agency spend as a % of the total pay bill remains stable and below plan.
- There are currently no escalations.

## Activity

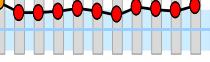
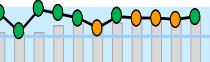
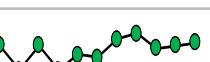
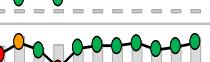
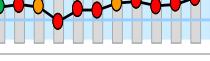
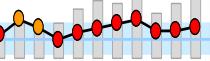
| RAG | Direction | KPI ID | KPI name                               | Latest Value | Target or plan | Variance to target | Unit   | ○ Validated<br>◊ Not validated | □ Target / plan<br>■ Range / mean | Health score (0-100) | Latest data |
|-----|-----------|--------|--|--------------|----------------|--------------------|--------|--------------------------------|-----------------------------------|----------------------|-------------|
| G   | ↘         | EL059  | Elective daycare compared to Ops Plan  | 99.9         | 100.0          | (0.1)              | %      | ●                              | ○                                 | 69                   | Oct 25/26   |
| G   | ↘         | EL060  | Elective ordinary compared to Ops Plan | 101.5        | 100.0          | 1.5                | %      | ●                              | ○                                 | 77                   | Oct 25/26   |
| G   | ↗         | UE103  | A&E Attendances (All Types)            | 105,438.0    | 109,141.0      | (3,703.0)          | Number | ●                              | ○                                 | 81                   | Nov 25/26   |
| A   | ↗         | UE034  | Total SDEC activity                    | 7,221.0      | 8,339.0        | (1,118.0)          | Number | ●                              | ○                                 | 54                   | Nov 25/26   |

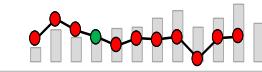
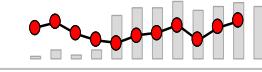
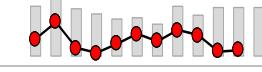
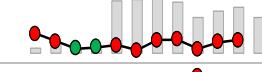
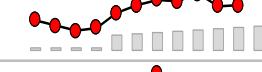
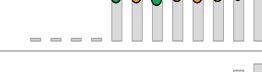
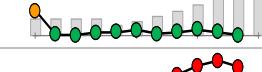
## Activity Key messages:

- RTT activity was to plan in October. In 2025/26 we want activity to be on plan.
- All type A&E attendances were below plan for October and November. Four-hour performance has remained consistent during this time, and improved in November.

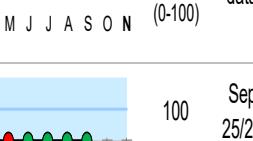
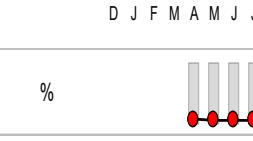
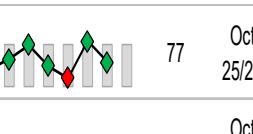
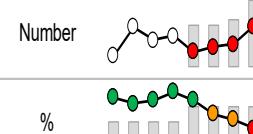
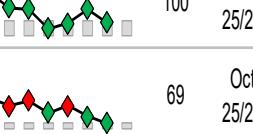
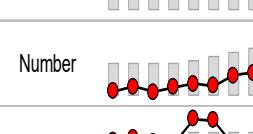
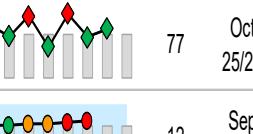
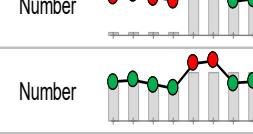
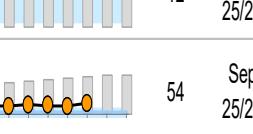
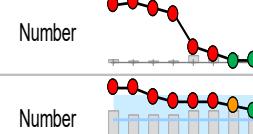
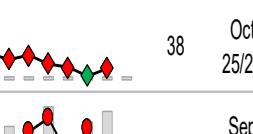
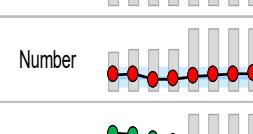
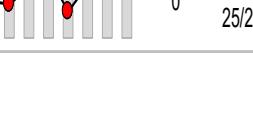
# NHSE Operating Plan 2025/26 performance

# NWL Operating Plan Performance (1/3)

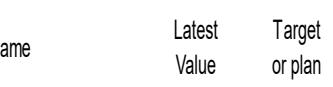
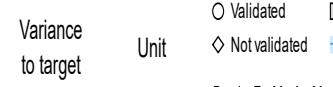
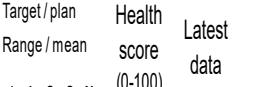
| RAG                     | Direction | KPI ID | KPI name   | Latest Value | Target or plan | Variance to target | Unit   | ○  | Validated                            | □                                     | Target / plan                        | Health score (0-100) | Latest data |
|-------------------------|-----------|--------|--|--------------|----------------|--------------------|--------|--|--------------------------------------|---------------------------------------|--------------------------------------|----------------------|-------------|
|                         |           |        |  |              |                |                    |        | ◊  | Not validated                        | ■                                     | Range / mean                         |                      |             |
| D J F M A M J J A S O N |           |        |  |              |                |                    |        |  |                                      |                                       |                                      |                      |             |
| R                       | ↗         | CA008  | 62-day Standard Attainment                                 | 77.2         | 83.9           | (6.7)              | %      |    | <span style="color: red;">●</span>   | <span style="color: orange;">●</span> | <span style="color: green;">●</span> | 8                    | Oct 25/26   |
| G                       | ↗         | CA010  | Cancer - 28 day faster diagnosis standard (FDS) Attainment | 80.4         | 80.0           | 0.4                | %      |    | <span style="color: green;">●</span> | <span style="color: orange;">●</span> | <span style="color: green;">●</span> | 73                   | Oct 25/26   |
| G                       | ↗         | CA023  | 31 day 1st Treatment standard (From DTT)                   | 97.3         | 96.0           | 1.3                | %      |    | <span style="color: green;">●</span> | <span style="color: orange;">●</span> | <span style="color: green;">●</span> | 100                  | Oct 25/26   |
| G                       | ↗         | DI003  | Diagnostic Tests - CT                                      | 28,098.0     | 28,939.0       | (841.0)            | Number |    | <span style="color: red;">●</span>   | <span style="color: orange;">●</span> | <span style="color: green;">●</span> | 100                  | Oct 25/26   |
| R                       | ↗         | DI004  | Diagnostic Tests - MRI                                     | 14,774.0     | 16,756.0       | (1,982.0)          | Number |    | <span style="color: red;">●</span>   | <span style="color: orange;">●</span> | <span style="color: green;">●</span> | 8                    | Oct 25/26   |
| R                       | ↗         | DI005  | Diagnostic Tests - NOUS                                    | 23,096.0     | 30,175.0       | (7,079.0)          | Number |    | <span style="color: red;">●</span>   | <span style="color: orange;">●</span> | <span style="color: green;">●</span> | 8                    | Oct 25/26   |
| G                       | ↗         | DI012  | Diagnostic Tests 6-week performance - MRI                  | 14.1         | 14.6           | (0.5)              | %      |    | <span style="color: red;">●</span>   | <span style="color: orange;">●</span> | <span style="color: green;">●</span> | 65                   | Oct 25/26   |
| G                       | ↘         | DI013  | Diagnostic Tests 6-week performance - CT                   | 4.5          | 11.6           | (7.1)              | %      |   | <span style="color: red;">●</span>   | <span style="color: orange;">●</span> | <span style="color: green;">●</span> | 100                  | Oct 25/26   |
| G                       | ↘         | DI014  | Diagnostic Tests 6-week performance - NOUS                 | 15.0         | 19.5           | (4.5)              | %      |  | <span style="color: red;">●</span>   | <span style="color: orange;">●</span> | <span style="color: green;">●</span> | 73                   | Oct 25/26   |
| R                       | ↗         | DI021  | Diagnostic Tests Activity - Colonoscopy                    | 1,577.0      | 1,920.0        | (343.0)            | Number |  | <span style="color: red;">●</span>   | <span style="color: orange;">●</span> | <span style="color: green;">●</span> | 8                    | Oct 25/26   |

| RAG | Direction | KPI ID | KPI name  | Latest Value | Target or plan | Variance to target | Unit   | ○   | Validated     | □ | Target / plan | Health score (0-100) | Latest data |   |   |   |   |   |   |   |   |   |   |   |
|-----|-----------|--------|---|--------------|----------------|--------------------|--------|---|---------------|---|---------------|----------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|
|     |           |        |   |              |                |                    |        | ◊   | Not validated | ▬ | Range / mean  |                      |             |   |   |   |   |   |   |   |   |   |   |   |
|     |           |        |   |              |                |                    |        |   |               |   |               |                      | D           | J | F | M | A | M | J | J | A | S | O | N |
| R   | ↗         | DI022  | Diagnostic Tests Activity - Flexi sigmoidoscopy                       | 460.0        | 502.0          | (42.0)             | Number |    | Validated     | ▬ | Target / plan | 8                    | Oct 25/26   |   |   |   |   |   |   |   |   |   |   |   |
| R   | ↗         | DI023  | Diagnostic Tests Activity - Gastroscopy                               | 2,058.0      | 2,551.0        | (493.0)            | Number |    | Validated     | ▬ | Target / plan | 8                    | Oct 25/26   |   |   |   |   |   |   |   |   |   |   |   |
| R   | ↗         | DI024  | Diagnostic Tests Activity - Cardiology – echocardiography             | 5,580.0      | 6,293.0        | (713.0)            | Number |    | Validated     | ▬ | Target / plan | 8                    | Oct 25/26   |   |   |   |   |   |   |   |   |   |   |   |
| R   | ↘         | DI025  | Diagnostic Tests Activity - DEXA                                      | 1,154.0      | 1,883.0        | (729.0)            | Number |    | Validated     | ▬ | Target / plan | 0                    | Oct 25/26   |   |   |   |   |   |   |   |   |   |   |   |
| R   | ↗         | DI026  | Diagnostic Tests Activity - Audiology                                 | 2,622.0      | 4,508.0        | (1,886.0)          | Number |    | Validated     | ▬ | Target / plan | 8                    | Oct 25/26   |   |   |   |   |   |   |   |   |   |   |   |
| R   | ↘         | DI027  | Diagnostic Tests, 6-week waiting time - Colonoscopy                   | 23.7         | 14.1           | 9.6                | %      |    | Validated     | ▬ | Target / plan | 8                    | Oct 25/26   |   |   |   |   |   |   |   |   |   |   |   |
| A   | ↘         | DI028  | Diagnostic Tests, 6-week waiting time - Flexi sigmoidoscopy           | 17.3         | 12.7           | 4.6                | %      |    | Validated     | ▬ | Target / plan | 27                   | Oct 25/26   |   |   |   |   |   |   |   |   |   |   |   |
| R   | ↘         | DI029  | Diagnostic Tests, 6-week waiting time- Gastroscopy                    | 26.7         | 11.3           | 15.4               | %      |   | Validated     | ▬ | Target / plan | 8                    | Oct 25/26   |   |   |   |   |   |   |   |   |   |   |   |
| A   | ↗         | DI030  | Diagnostic Tests, 6-week waiting time - Cardiology – echocardiography | 37.3         | 34.1           | 3.2                | %      |  | Validated     | ▬ | Target / plan | 46                   | Oct 25/26   |   |   |   |   |   |   |   |   |   |   |   |
| G   | ↘         | DI031  | Diagnostic Tests, 6-week waiting time - DEXA                          | 0.1          | 14.5           | (14.4)             | %      |  | Validated     | ▬ | Target / plan | 100                  | Oct 25/26   |   |   |   |   |   |   |   |   |   |   |   |
| R   | ↘         | DI032  | Diagnostic Tests, 6-week waiting time - Audiology                     | 31.9         | 19.9           | 12.0               | %      |  | Validated     | ▬ | Target / plan | 8                    | Oct 25/26   |   |   |   |   |   |   |   |   |   |   |   |

# NWL Operating Plan Performance (2/3)

| RAG | Direction | KPI ID  | KPI name  | Latest Value | Target or plan | Variance to target | Unit   | ○ Validated             | □ Target/plan           | Health score (0-100) | Latest data | Goal | RAG | Direction | KPI ID | KPI name                                     | Latest Value   | Target or plan | Variance to target | Unit      | ○ Validated   | □ Target/plan   | Health score (0-100) | Latest data |  |
|-----|-----------|---|-----------|--------------|----------------|--------------------|--|-------------------------|-------------------------|----------------------|-------------|------|-----|-----------|--------|--|--|----------------|--------------------|-----------|---|---|----------------------|-------------|--|
|     |           |   |           |              |                |                    |  | ◊ Not validated         | ▬ Range/mean            |                      |             |      |     |           |        |  |  |                |                    |           |   |   |                      |             |  |
|     |           |   |           |              |                |                    |  | D J F M A M J J A S O N | D J F M A M J J A S O N |                      |             |      |     |           |        |  |  |                |                    |           |   |   |                      |             |  |
| G ↗ | EL024     | RTT incomplete Pathways > 52 Weeks  | 1.9       | 2.0          | (0.1)          | %                  |    | 100                     | Sep 25/26               | ↓                    |             |      |     |           | G ↗    | EL118  | RTT incomplete Pathways < 18 Weeks for a first appointment %                   | 61.0           | 60.0               | 1.0       | %   |    | 46                   | Oct 25/26   |  |
| G ↗ | EL108     | Outpatient first attendances without a procedure - ERF scope                | 97.4      | 100.0        | (2.7)          | %                  |    | 77                      | Oct 25/26               | ↑↓                   |             |      |     |           | R ↘    | EL120  | RTT- The number of completed non-admitted RTT pathways in the reporting period | 47,132.0       | 52,251.0           | (5,119.0) | Number  |    | 0                    | Sep 25/26   |  |
| G ↗ | EL109     | Outpatient follow up attendances without procedure - ERF scope              | 99.4      | 100.0        | (0.6)          | %                  |    | 100                     | Oct 25/26               | ↑↓                   |             |      |     |           | G ↗    | LO065  | Virtual Wards occupancy rate   | 85.0           | 85.0               | 0.0       | %   |    | 88                   | Nov 25/26   |  |
| G ↘ | EL059     | Elective daycare compared to Ops Plan                                       | 99.9      | 100.0        | (0.1)          | %                  |    | 69                      | Oct 25/26               | ↑↓                   |             |      |     |           | R ↘    | LO073  | Urgent Community Response (UCR) referrals                                      | 1,335.0        | 2,289.0            | (954.0)   | Number  |    | 0                    | Oct 25/26   |  |
| G ↗ | EL060     | Elective ordinary compared to Ops Plan                                      | 101.5     | 100.0        | 1.5            | %                  |   | 77                      | Oct 25/26               | ↑↓                   |             |      |     |           | G ↗    | LO074  | Community services waiting list over 52 weeks                                  | 45.0           | 813.0              | (768.0)   | Number  |   | 100                  | Oct 25/26   |  |
| R ↗ | EL069     | RTT total incomplete waiting list   | 289,569.0 | 267,340.0    | 22,229.0       | People             |  | 12                      | Sep 25/26               | ↓                    |             |      |     |           | G ↗    | LO075  | Community services waiting list over 52 weeks - CYP                            | 18.0           | 761.0              | (743.0)   | Number  |  | 100                  | Oct 25/26   |  |
| A ↗ | EL072     | Patient Initiated Follow Up discharges                                      | 0.9       | 3.1          | (2.2)          | %                  |  | 54                      | Sep 25/26               | ↑                    |             |      |     |           | G ↗    | LO076  | Community services waiting list over 52 weeks - Adults                         | 27.0           | 52.0               | (25.0)    | Number  |  | 92                   | Oct 25/26   |  |
| R ↗ | EL107     | Outpatient procedures - ERF scope   | 105.4     | 100.0        | 5.4            | %                  |  | 38                      | Oct 25/26               | ↑↓                   |             |      |     |           | G ↗    | ME014  | CYP with a learning disability or autism in an inpatient setting               | 11.0           | 11.0               | 0.0       | Number  |  | 58                   | Oct 25/26   |  |
| R ↘ | EL116     | RTT - The number of completed admitted RTT pathways in the reporting period | 8,069.0   | 8,327.0      | (258.0)        | Number             |  | 0                       | Sep 25/26               | ↑↓                   |             |      |     |           | R ↗    | ME016  | CYP accessing NHS funded mental health services                                | 17,520.0       | 23,940.0           | (6,420.0) | Number  |  | 8                    | Oct 25/26   |  |
| R ↘ | ME024     | Women receiving access to perinatal services                                |           |              |                |                    |  |                         |                         |                      |             |      |     | R ↘       | ME024  | Women receiving access to perinatal services | 1,556.0  | 2,905.0        | (1,349.0)          | Number    |  | 0   | Oct 25/26            |             |  |

# NWL Operating Plan Performance (3/3)

| RAG<br>Direction | KPI ID | KPI name   | Latest Value | Target or plan | Variance to target | Unit    | Health score (0-100)  |               |              |   |   |   |   |   |   |   |   |   | Latest data | Goal |                      |             |
|------------------|--------|--|--------------|----------------|--------------------|---------|---|---------------|--------------|---|---|---|---|---|---|---|---|---|-------------|------|----------------------|-------------|
|                  |        |  |              |                |                    |         | ○ Validated   | □ Target/plan | ■ Range/mean | D | J | F | M | A | M | J | J | A | S           | N    |                      |             |
| R ↘              | ME032  | Access to Individual Placement and Support Services  | 730.0        | 1,743.0        | (1,013.0)          | Number  |   | 8             | Oct 25/26    | ↑ |   |   |   |   |   |   |   |   |             |      |                      |             |
| R ↘              | ME060  | % of People with learning disability (14 years old and above) with an annual health check                  | 29.0         | 51.0           | (22.0)             | %       |  | 23            | Nov 25/26    | ↑ |   |   |   |   |   |   |   |   |             |      |                      |             |
| R ↗              | ME075  | Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs)                               | 9.0          | 0.0            | 9.0                | Number  |  | 0             | Oct 25/26    | ↓ |   |   |   |   |   |   |   |   |             |      |                      |             |
| A ↘              | ME076  | Reliable recovery rate for those completing a course of treatment and meeting caseness - Talking Therapies | 47.6         | 48.0           | (0.4)              | %       |  | 58            | Oct 25/26    | ↑ |   |   |   |   |   |   |   |   |             |      |                      |             |
| G ↗              | ME077  | Reliable improvement rate for those completing a course of treatment - Talking Therapies                   | 69.4         | 67.0           | 2.4                | %       |  | 100           | Oct 25/26    | ↑ |   |   |   |   |   |   |   |   |             |      |                      |             |
| G ↗              | ME083  | Reliance on mental health inpatient care for adults with a learning disability                             | 27.0         | 28.0           | (1.0)              | %       |  | 77            | Oct 25/26    | ↓ |   |   |   |   |   |   |   |   |             |      |                      |             |
| G ↗              | ME085  | MH Adult Acute Inpatient LoS (average)   | 42.0         | 42.5           | (0.5)              | Days    |  | 100           | Aug 25/26    | ↓ |   |   |   |   |   |   |   |   |             |      |                      |             |
| G ↗              | PC036  | Appointments in general practice   | 1775,252.0   | 1699,881.0     | 75,371.0           | Number  |  | 77            | Oct 25/26    | ↑ |   |   |   |   |   |   |   |   |             |      |                      |             |
| A ↗              | UE034  | Total SDEC activity  | 7,221.0      | 8,339.0        | (1,118.0)          | Number  |  | 54            | Nov 25/26    | ↑ |   |   |   |   |   |   |   |   |             |      |                      |             |
| G ↗              | UE053  | Non-elective spells with a length of stay of 1 or more days  | 11,968.0     | 18,630.0       | (6,662.0)          | Number  |  | 100           | Sep 25/26    | ↓ |   |   |   |   |   |   |   |   |             |      |                      |             |
| RAG<br>Direction | KPI ID | KPI name   | Latest Value | Target or plan | Variance to target | Unit    | ○ Validated   | □ Target/plan | ■ Range/mean | D | J | F | M | A | M | J | J | A | S           | N    | Health score (0-100) | Latest data |
| G ↗              | UE054  | Non-elective spells with a length of stay of zero days   | 6,453.0      | 6,920.0        | (467.0)            | Number  |  | 88            | Sep 25/26    |   |   |   |   |   |   |   |   |   |             |      |                      |             |
| A ↗              | UE056  | Patients waiting over 12 hours in ED   | 9.7          | 9.5            | 0.2                | %       |  | 46            | Nov 25/26    |   |   |   |   |   |   |   |   |   |             |      |                      |             |
| A ↗              | UE078  | % of ED (all types) attendances seen within 4 hours of arrival to ED                                       | 77.3         | 78.0           | (0.7)              | %       |  | 54            | Nov 25/26    |   |   |   |   |   |   |   |   |   |             |      |                      |             |
| G ↗              | UE079  | % of ED (type 1) attendances seen within 4 hours of arrival to ED  | 62.2         | 59.4           | 2.9                | %       |  | 73            | Nov 25/26    |   |   |   |   |   |   |   |   |   |             |      |                      |             |
| A ↗              | UE096  | Ambulance handover times (Mean)  | 19.6         | 18.2           | 1.3                | Minutes |  | 58            | Oct 25/26    |   |   |   |   |   |   |   |   |   |             |      |                      |             |
| A ↗              | UE102  | % of ED (all other types except type 1) attendances seen within 4 hours of arrival to ED                   | 97.0         | 97.4           | (0.4)              | %       |  | 46            | Nov 25/26    |   |   |   |   |   |   |   |   |   |             |      |                      |             |
| G ↗              | UE103  | A&E Attendances (All Types)  | 105,438.0    | 109,141.0      | (3,703.0)          | Number  |  | 81            | Nov 25/26    |   |   |   |   |   |   |   |   |   |             |      |                      |             |
| G ↗              | UE106  | Number of specific acute non elective spells in the period   | 18,421.0     | 18,630.0       | (209.0)            | Number  |  | 73            | Sep 25/26    |   |   |   |   |   |   |   |   |   |             |      |                      |             |
| R ↗              | UE107  | Non elective spells with a length of stay of 7 or more days.   | 3,697.0      | 2,971.0        | 726.0              | Number  |  | 8             | Sep 25/26    |   |   |   |   |   |   |   |   |   |             |      |                      |             |

# Operating Plan performance overview

- Of the 59 RAG rated performance metrics, 22 (37%) are green (meeting or exceeding plan), 10 (20%) are amber (just off plan) and 27 (43%) are red (below plan). **This represents a similar position from the last report.**
- Virtual Wards occupancy rates have improvement with increased usage across providers. A review is taking place to identify whether these wards could be further utilised for admission avoidance.
- Half of the red rated metrics are related to diagnostics performance (activity and 6-week). In particular, for 2025/26 we want diagnostic activity to be on plan so significant over performance is assessed as red, as is significant under-performance.
- The Talking Therapies improvement and reliable recovery rates are expected to be achieved in March 2026. The reliable recovery target has been met for each month of 2025/26. Conversations are taking place between NHSE, the ICB and providers to identify required activity levels for 2026/27.
- Plans to improve access to individual placement and support services and reducing inappropriate adult out of area placements are including in the 2026/27 Operating Plan submission.