



North Central London
Integrated Care Board



North West London

**North Central London ICB and North West London ICB
Meeting in Common
24th March 2026**

Report Title	February 2026 - Joint WNL Performance Report Summary	Date of report	10/03/2026	Agenda Item	3.1.a
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Name of Authorising Finance Lead	Not applicable.	Summary of Financial Implications			
		Not applicable.			
Report Summary	<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 was presented to the joint NCL and NWL Performance Committee on 10th March 2026.</p>				
Recommendation	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.				
Identified Risks and Risk Management Actions	<ul style="list-style-type: none"> 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. The reduction of the Total Waiting List size across West and North London is off plan. There is a funded quarter 4 'sprint' underway to reduce the waiting list, with a particular focus on treating those who have been waiting the longest. 				
Conflicts of Interest	Not applicable.				

Resource Implications	Not applicable.
Engagement	Not applicable.
Equality Impact Analysis	Not applicable.
Report History and Key Decisions	NCL and NWL Performance Committee on 10 th March 2026 – Reviewed and assured.
Next Steps	Not applicable (standing report).
Appendices	<ul style="list-style-type: none"> • North Central London ICS Operational Performance Report. • North West London ICS Operational Performance Report.

March 2026 - 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 taking place to determine a fit for purpose performance report for the merged system.

There was a second joint ICB Operating Plan submission to NHSE on the 12th February 2026. Plans have taken into account national ambitions and feedback from NHSE on the first submission. The ICB teams worked together to ensure a consistent approach was taken.

Performance Headlines

Access: In primary care, WNL continues to provide a high percentage of same day appointments above the national average and also performs well against the national expectation that 90% of primary care appointments are booked within two weeks.

In terms of Community Service Access, 52 week waits remain above plan in Q3 in NCL (mainly in autism, and speech and language therapies for CYP and rehabilitation and pain management for adults). 52 week waits remain below plan in NWL (with 37 patients across waiting for treatment from 507 patients in August).

Economic and Social Development: ICBs are expected to demonstrate measurable contribution to reducing economic inactivity and improving population-level social and economic outcomes. There is already significant activity happening in relation to this priority area:

- **WorkWell:** This intervention is performing at 111% of target with 93% participant satisfaction.
- **Anchor institutions:** Anchor Institution commitments are embedded across NWL, with Living Wage accreditation fully achieved and social value clauses in place across ICB procurement.
- **Voluntary Sector:** VCSE partnerships, supported by 3ST, have enabled additional investment into the sector and developed shared infrastructure, including an Impact Framework and Contract Portal that enables effective and efficient management of multiple small contracts.

The ICB merger provides both opportunities and risks. The opportunities lie in the economies of scale on offer as a single ICB as well as the opportunity to share best practice. The main foreseeable risks are funding arrangements, contract extensions and decision-making authority which are all in a period of uncertainty ahead of April 2026.

Urgent and Emergency care: Winter pressures continue to impact the 4 hour ED performance and ambulance handover times. This a combination of front-door demand with high volumes of conveyances and back-door flow with challenges to pathway 1 and 3 discharges.

In January, 76.4% of people attending emergency departments in West and North London spent less than 4 hours in the department compared to the 77.7% target.

The daily average for the number of patients remaining in hospital who no longer meet the criteria to reside increased in January to 844 (compared to 791 in December and 788 in November). Mitigating actions include funded 'bridging' interventions to allow people to be discharged whilst care needs are assessed.

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 Integrated Care Coordination (ICC) hubs are 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.

Diagnostic 6-week performance: The national ambition is for no more than 5% of patients should wait six weeks or more for a diagnostics test.

- In NCL, performance moved adversely to 21.7% (December 2025). There has been an increase in backlog volumes for some modalities during 2025/26, and a reduction in waiting list initiatives resulting from financial constraints among providers. The most challenged modalities remain as NOUS, MRI and neurophysiology.
- In NWL, performance moved adversely to 25% (December 2025), primarily due to additional winter pressures and workforce shortages. Ongoing vacancies for specialised staff (e.g. for Paediatric Audiology, Sleep studies, Neurophysiology) make it difficult to implement the recovery plan, even with mutual aid. Additional activity is in place, aiming for a performance improvement by 5% at the end of Q4. Trusts provided an updated year end forecast: ICHT - 5%, CWHFT – 20%, THHT - 22%, LNWUHT - 30%, by the end of March 2026.

In December, the London average was 25.8%. There is variation across London with NCL and SWL performing around 21%, whereas SEL are at 35%. The national average is 25.5%.

Elective Recovery: The elective performance (52 week waiters and overall waiting list size) risks flagged last month remain with Provider colleagues continuing to focus on delivering the Quarter 4 sprint to improve the starting point for 2026/27.

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.

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.

NHS Oversight Framework - NCL & NWL Q3 Segmentation: The key changes between the Q2 position (reported in the slide pack) and the Q3 position are:

- London North West from Segment 3 to Segment 1 as they are no longer subject to the financial override.
- Hillingdon have improved in a number of areas and are no longer subject to the financial override and so have moved from Segment 3 to Segment 2.
- LAS have returned to Segment 3 because of their Cat 2 response time moved back above 30 minutes.
- Whittington, GOSH and Royal Free are restricted to Segment 3 because of the financial override, as in Q1 (they would be in segment 2).

Finance: In January, the NCL system reported a £46.1m deficit which is a £27.3m variance to the submitted deficit plan. The NWL system reported a favourable variance of £1.5m on the breakeven plan.

Additional Supporting Information:

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 GP appointments were 724,910 for December 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. 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 improved to 100% in November 5% above target.
- Performance for Talking Therapies 2+ contacts and discharge remains challenged in NCL, along with reliable improvement and reliable recovery.
- 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. The 2025/26 Operating Plan target of delivering 17 million appointments is likely to be met.
- In January, 33.3% of people requiring mental health support experienced waits of over 12 hours in NW London emergency departments (the stretch target is 20%).
- The reliable recovery rate for Improving Access to Psychological Therapies (IAPT) services was 47.8% (48% plan), meaning patients have moved from a clinical level of anxiety or depression to a non-clinical level of anxiety or depression. 68% (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.

NCL:

- In January 2026, A&E performance (all type) was 75.0% (5.0% off target). This was down from 76.6% in December 2025. The percentage of patients waiting 12 hours or more had been on target throughout 2025/26 but has remained above plan since September 2025. Current performance was reported 1.8% off target at 10.9%.
- Primary care winter schemes are focussed on proactive care for those with long term conditions, delivering vaccinations and increasing capacity for paediatrics.

- Virtual ward (VW) occupancy rates performance has been below plan for the last 5 months, with current performance reported 2.1% off target at 78.0%. 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 NCUH (Enfield), Barnet (Barnet) and Camden Hospital at Home services. These will all work towards reducing variation and supporting equity in NCL.

NWL:

- In January, the percentage of people being treated within 4 hours of attending emergency departments (all types) improved to 77.8% from 75.3% in December. However, performance for type 1 decreased from 59.4% in December to 58.1% (plan for the month 59.4%). The percentage of patients waiting 12 hours or more has been stable however increased in January 2026 to 12.4%, in part due to changes in the NHSE reporting now including type 2 as well as type 1.
- 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 the target has been met or exceeded since October. Providers have increased their utilisation, as well as de-commissioning / re-purposing some underutilised pathways. Virtual Ward pathways have been used to provide an alternative pathway to admission for flu patients who did not require oxygen. Work is underway to link virtual wards to the ICC and support admissions 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.

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 4.3% below our plan. In December 2025, NCL performance was 79.3% (plan 80.6%) and NWL performance was 77.8% (plan 84%).
- The Faster Diagnosis standard is currently on plan.

NCL:

- Elective 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.

- The NCL system total Patient Tracking List (PTL) decreased month on month during April – October 2025. It rose slightly in November and December 2025 but remains lower than planned levels. 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 21.7% in December 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% in November 2025. For routine referrals, performance improved to 100% in November 2025.
- Mental health Children & Young People (CYP) waiting times: Performance for CYP treated within 4 weeks improved to 100% in November 5% above target.
- Performance for CYP treated within 4 weeks has been steady and remains above target.
- Community 52 week waits remain above plan in Q3. In December there were 1112 patients waiting for CYP services (mainly in autism, and also speech and language therapies), and 160 patients waiting for adult services (mainly in rehabilitation and pain management).

NWL:

- In December 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. The 65 ww cohort reduced to 49 in December and is expected to clear by March 2026.
- The total Patient Tracking List (PTL) decreased to 280,131 from 284,299 in November, and 287,438 in October. There was a decrease in list sizes across all four acute providers. 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 although improving is not meeting the target.
- Community 52 week waits remain well ahead of plan. There are now 38 patients across NW London waiting for treatment from 507 patients in August.
- Cancer Waiting Times: The Faster Diagnosis performance target requiring patients with suspected cancer to receive a definitive diagnosis or ruling out of cancer within 28 days of an urgent referral has been met since September. Royal Marsden Partners (RMP) key areas of focus for 2026/27 include digital rollout (breast, urology & GI) and pathway redesign for gynae, breast, dermatology, lung and head & neck.

West and North London Integrated Care System

Performance Report February 2026

Steve Bloomer, Chief Financial Officer

A

Improve outcomes in population health and health care

- **Urgent and Emergency Care:** Winter pressures are impacting on system flow indicators in January, with 76.4% of people attending emergency departments in West and North London spent less than 4 hours in the department compared to 77.7% target. It is anticipated that the Operating Plan 4 hour A&E targets will be met in March 2026.
- **Elective Recovery:** The overall West and North London Elective recovery remains broadly on track. Nationally supported sprints continue focusing on validation, long waiter clearance and improvement of 18ww RTT performance; additional funds have been supplied by NHSE to support the delivery of additional activity to reduce long waiters and improve RTT position by 31st March.
- **Mental health:** Performance for Talking Therapies 2+ contacts and discharge remains challenged in NCL, along with reliable improvement and reliable recovery. In NWL, the reliable recovery rate for Improving Access to Psychological Therapies (IAPT) services was 47.8% (48% plan), meaning patients have moved from a clinical level of anxiety or depression to a non-clinical level of anxiety or depression.
- **Cancer:** The West and North London ambition to treat patients within 62 days of a confirmed diagnosis continues to see improvement, albeit still below plan. In December 2025 NCL performance was 79.3.4% (plan 80.6%) and NWL performance was 77.8% (plan 84%). The Faster Diagnosis standard was met in November and December.

C

Enhance productivity and value for money

- **Finance:** In January, the NCL system reported a £46.1m deficit which is a £27.3m variance to the submitted deficit plan. The NWL system reported a favourable variance of £1.5m.
- **Productivity:** In October 2025, productivity has grown across WNL, with NWL at 3.8% year to date growth and NCL at 3.4% compared to 2024. Against the pre-pandemic baseline, NWL is 3.6% above 2019/20 levels, while NCL remains 3.8% below.
- **Discharge:** The daily average for the number of patients remaining in hospital who no longer meet the criteria to reside increased in January to 844 (compared to 791 in December and 788 in November). Mitigating actions include 'Winter Gold' operational meetings and funded 'bridging' interventions.
- **Waiting List Reduction:** There has been an improvement in the size of the West and North London Patient Tracking List (PTL) with the total elective waiting list size reducing from 489,335 in October to 482,992 in December. However this remains 12,745 above plan.

B

Prevent ill health and tackle inequalities in outcomes, experience and access

- **Mental health:** In January, 33.3% of people requiring mental health support experienced waits of over 12 hours in NW London emergency departments (the stretch target is 20%) compared to only 15% in NCL.
- **Primary Care:** WNL continues to provide a high percentage of same day appointments above the national average and also performs well against the national expectation that 90% of primary care appointments are booked within two weeks.
- **Community Services Access:** In NCL, Community 52 week waits remain above plan in Q3 (mainly in autism, and speech and language therapies for CYP and rehabilitation and pain management for adults). 52 week waits remain well below plan in NWL (with 37 patients across waiting for treatment from 507 patients in August).
- **CYP:** IN NCL, children requiring treatment for mental health conditions within 4 weeks improved to 100% in November (5% above target).
- **Patient Experience:** Friends and Family test data, albeit only one lens into patient experience remains generally positive across the West and North London system.
- **Inequalities:** Vaccinations: Residents of Asian heritage have some of the highest rates of flu vaccinations in NWL (43.8%) compared to the Black community with the lowest at 21.3%. The greatest disparity for COVID vaccinations suggest a gap of almost 28% for those in lowest deciles/quintiles when compared against those in the highest. Targeted work is underway to understand drivers and supportive interventions.

D

Support broader economic and social development

- ICBs are expected to demonstrate measurable contribution to reducing economic inactivity and improving population-level social and economic outcomes.
- **WorkWell:** This intervention is performing at 111% of target with 93% participant satisfaction.
- **Anchor institutions:** Anchor Institution commitments are embedded across NWL, with Living Wage accreditation fully achieved and social value clauses in place across ICB procurement.
- **Voluntary Sector:** VCSE partnerships, supported by 3ST, have enabled additional investment into the sector and developed shared infrastructure, including an Impact Framework and Contract Portal that enables effective and efficient management of multiple small contracts.

RAG	Direction	KPI ID	KPI name	Latest Value	Target or plan	Variance to target	Unit	Legend		Health score (0-100)	Latest data	Goal
								○ Validated	□ Target / plan			
A	↘	UE078	% of ED (all types) attendances seen within 4 hours of arrival to ED	76.4	77.7	(1.3)	%	○ Validated	□ Target / plan	62	Jan 25/26	↕
A	↘	UE079	% of ED (type 1) attendances seen within 4 hours of arrival to ED	62.4	65.6	(3.2)	%	◇ Not validated	▬ Range / mean	73	Jan 25/26	↕
A	↗	EL112	% RTT incomplete pathways less than 18 weeks	61.0	61.6	(0.6)	%			81	Jan 25/26	↕
A	↘	EL069	RTT total incomplete waiting list	482,992.0	470,247.0	12,745.0	People			54	Dec 25/26	↘
G	↘	EL024	RTT incomplete Pathways > 52 Weeks	1.4	1.6	(0.2)	%			77	Dec 25/26	↘
A	↗	CA008	62-day Standard Attainment	78.4	82.7	(4.3)	%			54	Dec 25/26	↕
G	↗	CA010	Cancer - 28 day faster diagnosis standard (FDS) Attainment	81.8	80.3	1.5	%			88	Dec 25/26	↕

- Winter pressures are impacting on system flow indicators in January, with 76.4% of people attending emergency departments in West and North London spent less than 4 hours in the department compared to 77.7% target.
- Performance for type 1 attendances dropped from 65.2% in November to 62.4% in January. Both NCL and NWL performance dropped in January. Performance is expected to increase in February and March.
- 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 61% against a plan of 62% based on validated published data for December 2025. The NW London position in December 2025 was reported as 61% against a plan of 60% and providers are currently forecasting delivery of the 2025/26 plan by March 2026.
- Nationally supported sprints continue focusing on validation, long waiter clearance and improvement of 18ww RTT performance; additional funds have been supplied by NHSE to support the delivery of additional activity to reduce long waiters and improve RTT position by 31st March. 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 (FDS):

- The West and North London ambition to treat patients within 62 days of a confirmed diagnosis continues to see improvement, albeit still below plan. In December 2025 NCL performance was 79.3.4% (plan 80.6%) and NWL performance was 77.8% (plan 84%). The Faster Diagnosis standard was met in November and December.

Indicators	Acute trusts									
	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	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	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	High performing	Below average

- **At the time of writing, Q3 detailed data has yet to be published – albeit a summary of the Q3 changes are included in the Joint WNL Performance Report Summary.**
- NOF meetings between NHSE and each provider took place during Quarter 4. The frequency of meetings with each provider will depend on their segmentation rating. ICB representatives attended the meetings with providers. . 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 bacteremia 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)	4 (Low performing)
Current financial deficit	No	No	No	Yes	No	Yes
Rank (Q1 ranking shown in the brackets)	5 (7)	2nd highest community services	7 (14)	42 (61)	4 (10)	61 (43)
Performance domains						
Access to Services	High performing	High performing	High performing	Not shown	High performing	Low performing
Finance and productivity	Above average	Above average	High performing	Above average	High performing	Low performing
Effectiveness and experience	Low performing	High performing	High performing	Below average	High performing	Not rated at time of review
Patient safety	High performing	High performing	Above average	Low performing	Above average	Low performing
People and workforce	Low performing	High performing	High performing	Below average	Above average	Above average

- 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



Waiting Times



Patient Experience



Finance, Activity, W/F



North West London

System Flow



Waiting Times



Patient Experience



Finance, Activity, W/F



System Flow:

- In January 2026, A&E performance was 75.0% (5.0% off target). This was down from 76.6% in December 2025.
- 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 and 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.

Patient Experience:

- Friends and Family test data, albeit only one lens into patient experience remains generally positive.
- There has been improvement in the maternity unit score from 88.5% to 94.4%.

Finance & Operating Plan Delivery:

- In January, the NCL system reported a £46.1m deficit which is a £27.3m variance to the submitted deficit plan. This is the primary driver of the Finance, Activity and Workforce score.

System Flow:

- Winter pressures are impacting on system flow indicators in January, with reduced performance for ambulance handovers, A&E 4 hour (type 1) and percentage of patients presenting with mental health waiting in ED 12 hours or more.
- Actions being taken to improve UEC performance includes redirection of patients to pharmacy first and GP enhanced access services for suitable conditions, with a notable increase in the number of Same Day Emergency Care (SDEC) reported in December.
- Performance for discharge from hospital (pathways 1 and 3) remains challenging. Urgent rapid response, virtual wards and community rehabilitation beds occupancy rates remains strong.
- It is anticipated that key Operating Plan targets for 4 hour and 12 hour A&E, ambulance CAT 2 time and urgent rapid response 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 remains a concern, as it decreased slightly in November and continues to decline in December by 3%. Additional activity is in place, aiming for a performance improvement by 5% at the end of Q4.
- Community 52 week waits remain well below plan. There are now 37 patients across NW London waiting for treatment (with plans in-place) from 507 patients in August.

Finance & Operating Plan Delivery:

- In January, the NWL system reported a favourable variance of £1.5m (M9: 1.7m), comprising providers £1.5m surplus and ICB break even variance.

North Central London Integrated Care System

Operational Performance Report

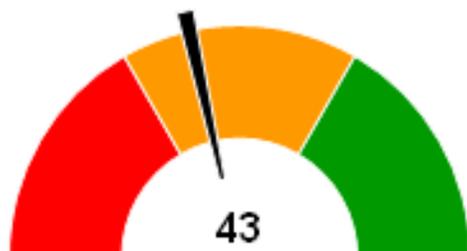
February 2026

North Central London ICB and North West London ICB Finance
Committee and Performance and Finance Committee Meeting in
Common – 10th March 2026

Steve Bloomer, Chief Financial Officer

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System Flow



Last month: 49

Waiting Times



Last month: 60

Patient Experience



Last month: 80

Finance, Activity, W/F



Last month: 40

System Flow:

- In January 2026, A&E performance was 75.0% (5.0% off target). This was down from 76.6% in December 2025.
- 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 and 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 improvement in the maternity unit score from 88.5% to 94.4%.

Finance & Operating Plan Delivery:

- In January, the NCL system reported a £46.1m deficit which is a £27.3m variance to the submitted deficit plan. This is the primary driver of the Finance, Activity and Workforce score.

RAG	Direction	KPI ID	KPI name	Latest Value	Target or plan	Variance to target	Unit	○ Validated ◇ Not validated F M A M J J A S O N D J	Health score (0-100)	Latest data	Goal
R	↘	UE050	% of ambulance hospital handovers within 15 minutes	15.2	65.0	(49.8)	%		0	Jan 25/26	↕
R	↘	UE122	% of ambulance Handovers within 45 minutes	79.2	100.0	(20.8)	%		0	Jan 25/26	↕
R	↗	UE096	Ambulance handover times (Mean)	31.7	25.6	6.1	Minutes		27	Jan 25/26	↘
R	↗	UE031	LAS Category 2 – mean response time	38.6	28.9	9.7	Minutes		23	Jan 25/26	↘
A	↘	UE078	% of ED (all types) attendances seen within 4 hours of arrival to ED	75.0	80.0	(5.0)	%		46	Jan 25/26	↕
R	↘	UE079	% of ED (type 1) attendances seen within 4 hours of arrival to ED	66.8	74.1	(7.3)	%		27	Jan 25/26	↕
G	↗	ME074	Patients presenting with a Mental Health crisis waiting in ED for more than 12 hours	15.0	20.0	(5.0)	%		92	Nov 25/26	↘
A	↗	UE056	Patients waiting over 12 hours in ED	10.9	9.1	1.8	%		46	Jan 25/26	↘
G	↘	UE024	Overnight general and acute beds occupied rate	89.9	91.6	(1.7)	%		88	Jan 25/26	↘
A	→	LO065	Virtual Wards occupancy rate	78.0	80.1	(2.1)	%		46	Dec 25/26	↕
A	↘	LO024	Urgent rapid response referrals seen within 2 hours.	83.0	85.0	(2.0)	%		73	Dec 25/26	↕

- Urgent and Emergency Care:** In January 2026, A&E performance was 75.0% (5.0% off target). This was down from 76.6% in December 2025. The percentage of patients waiting 12 hours or more had been on target throughout 2025/26 but has remained above plan since September 2025. Current performance was reported 1.8% off target at 10.9%. 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 January 2025, performance for handovers within 15 and 45 minutes both worsened 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, 15.0% 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 5 months, with current performance reported 2.1% off target at 78.0%. 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 and has fallen to 2% below target in the latest month. 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	Direction	KPI ID	KPI name	Latest Value	Target or plan	Variance to target	Unit	Legend		Health score (0-100)	Latest data	Goal
								○ Validated	□ Target / plan			
G	↗	EL069	RTT total incomplete waiting list	202,861.0	207,217.0	(4,356.0)	People	○ Validated	□ Target / plan	92	Dec 25/26	↓
A	↗	EL112	% RTT incomplete pathways less than 18 weeks	61.0	62.0	(1.0)	%	◇ Not validated	□ Range / mean	54	Dec 25/26	↑
R	↘	EL089	Number of RTT incomplete Pathways > 65 Weeks	27.0	0.0	27.0	Number			8	Dec 25/26	↓
R	↘	EL024	RTT incomplete Pathways > 52 Weeks	1.6	1.2	0.4	%			8	Dec 25/26	↓
R	↗	DI011	Patients waiting over 6 weeks for a diagnostic test	21.7	5.0	16.7	%			0	Dec 25/26	↓
G	↗	CA010	Cancer - 28 day faster diagnosis standard (FDS) Attainment	81.4	80.8	0.6	%			73	Dec 25/26	↑
A	↗	CA008	62-day Standard Attainment	79.3	80.6	(1.3)	%			81	Dec 25/26	↑
G	↗	ME082	% MH CYP 1st seen within 4 weeks	94.0	58.3	35.7	%			100	Nov 25/26	↑
G	→	ME031	Urgent Referral to Treatment Waiting Times for CYP with an eating disorder	100.0	95.0	5.0	%			100	Nov 25/26	↑
G	↗	ME033	Routine Cases : 95% of CYP with eating disorders accessing treatment within 4 weeks	100.0	95.0	5.0	%			62	Nov 25/26	↑
G	↗	PC022	% of Primary Care Appointments within 14 days	91.9	90.0	1.9	%			88	Dec 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) decreased month on month during April – October 2025. It rose slightly in November and December 2025 but remains lower than planned levels. 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 21.7% in December 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. 62-day achievement fell 1.3% below plan in December 2025. Challenges remain for skin pathways at WH, although the NCL Cancer Alliance have committed to fund 4 WLIs. The service using the outsourcing facilities for reporting and Heart and Lung Health Group (HLH) for specially reporting the MRI prostate. Diagnostic MDT was stood down on 02/12/2025 and MRI will be assessed by consultant or registrar in the designated MRI clinical review slots, which will speed up the pathway
- **Eating Disorders:** Urgent treatment referral times for CYP eating disorders remains at 100% in November 2025. For routine referrals, performance improved to 100% in November 2025.
- **Mental health Children & Young People (CYP) waiting times:** Performance for CYP treated within 4 weeks improved to 100% in November 5% above target.
- **Primary care:** NCL GP appointments were 724,910 for December 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. 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	Direction	KPI ID	KPI name	Latest Value	Target or plan	Variance to target	Unit	○ Validated □ Target / plan ◇ Not validated ▬ Range / mean												Health score (0-100)	Latest data	Goal
								F	M	A	M	J	J	A	S	O	N	D	J			
G	↗	QU049	Friends and Family Test- Inpatients	96.0	91.0	5.0	%													100	Dec 25/26	↑
G	↘	QU029	Friends and Family Test - Outpatients	93.9	93.0	0.9	%													92	Dec 25/26	↑
A	↘	QU028	Friends and Family Test - A&E	79.9	80.0	(0.1)	%													58	Dec 25/26	↑
G	↗	QU032	Friends and Family Test - Maternity antenatal	94.1	90.0	4.1	%													100	Dec 25/26	↑
G	↗	QU046	Friends and Family Test - Maternity units	94.4	94.0	0.4	%													58	Dec 25/26	↑
G	↘	QU047	Friends and Family Test- Postnatal Ward setting	93.5	92.0	1.5	%													92	Dec 25/26	↑
A	↘	PC024	FFT % positive responses - Primary Care	89.3	90.0	(0.7)	%													58	Dec 25/26	↑
A	↘	QU030	Friends and Family Test - Community Health	93.2	94.0	(0.8)	%													73	Dec 25/26	↑
G	↘	QU031	Friends and Family Test - Mental Health	89.2	85.0	4.2	%													92	Dec 25/26	↑

- Friends and Family test data, albeit only one lens into patient experience remains generally positive.
- There has been an improvement in the maternity unit score from 88.5% to 94.4% in December 2025. Prior to this improvement patient experience performance had been below the 94.0% target across every month since July 2025.
- Maternity ante-natal patient experience performance was on or above target each patient experience performance has been above the 90.0% target across every month except August and September 2025.
- Primary care patient experience performance has been at least 89.0% in every month of 2025/26, which is just 1.0% below the target of 90.0%.
- Community health patient experience performance has been above target in seven months out of the past nine. Current performance at 93.2% was just 0.8% below target.

RAG	Direction	KPI ID	KPI name	Latest Value	Target or plan	Variance to target	Unit	Legend		Health score (0-100)	Latest data	Trend										
								○ Validated	□ Target / plan													
								◇ Not validated	— Range / mean													
								F	M	A	M	J	J	A	S	O	N	D	J			
R	↗	FI001	Total System reported YTD position (variance against plan) £'m	(46,115.0)	(18,811.8)	(27,303.3)	£'M			8	Jan 25/26	↕										
R	↗	FI010	System reported efficiency YTD (CIP)	263,372.7	280,998.0	(17,625.3)	%			8	Jan 25/26	↕										
A		FI021	YTD Productivity compared with 19/20	(3.8)	0.0	(3.8)	%			50	Sep 25/26	↕										
G	↘	WO019	Total Staffing WTE(Staff in post+bank+Agency)	53,227.0	53,612.9	(385.9)	Number			100	Dec 25/26	↓										
A	↗	EL112	% RTT incomplete pathways less than 18 weeks	61.0	62.0	(1.0)	%			54	Dec 25/26	↕										
R	↘	EL059	Elective daycase compared to Ops Plan	105.3	100.0	5.3	%			38	Dec 25/26	↕↕										
R	↘	EL060	Elective ordinary compared to Ops Plan	90.9	100.0	(9.1)	%			0	Dec 25/26	↕↕										
A	↘	UE103	A&E Attendances (All Types)	72,295.0	69,794.0	2,501.0	Number			69	Jan 25/26	↓										

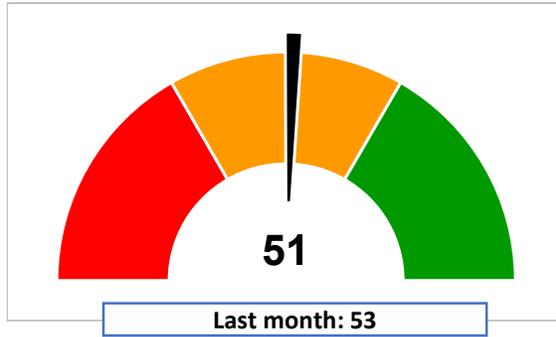
- In Month 10, the NCL system reported a £46.1m deficit which is a £27.3m variance to the submitted deficit plan.
- Current RTT performance for the percentage of patients waiting under 18 weeks is off target based on validated published data for December 2025.
- Based on weekly unvalidated data flows, the NCL expectation is that during January 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.

NW London Integrated Care System

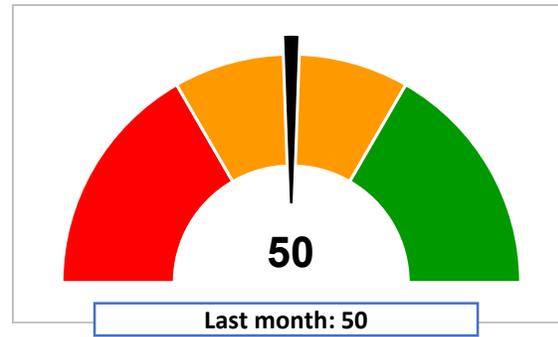
Operational Performance Report February 2026

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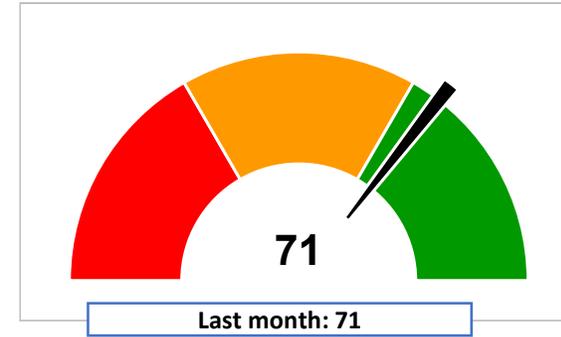
System Flow



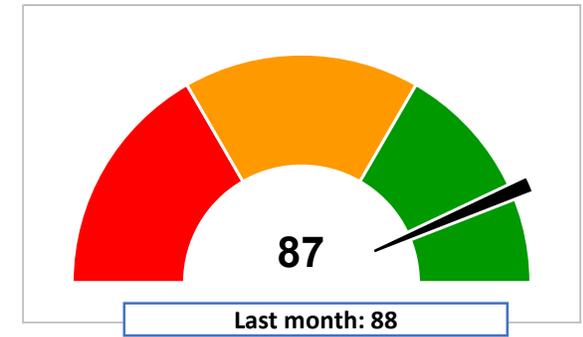
Waiting Times



Patient Experience



Finance, Activity, W/F



System Flow:

- Winter pressures are impacting on system flow indicators in January, with reduced performance for ambulance handovers, A&E 4 hour (type 1) and percentage of patients presenting with mental health waiting in ED 12 hours or more.
- Actions being taken to improve UEC performance includes redirection of patients to pharmacy first and GP enhanced access services for suitable conditions, with a notable increase in the number of Same Day Emergency Care (SDEC) reported in December.
- Performance for discharge from hospital (pathways 1 and 3) remains challenging. Urgent rapid response, virtual wards and community rehabilitation beds occupancy rates remains strong.
- It is anticipated that key Operating Plan targets for 4 hour and 12 hour A&E, ambulance CAT 2 time and urgent rapid response 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 remains a concern, as it decreased slightly in November and continues to decline in December by 3%. Additional activity is in place, aiming for a performance improvement by 5% at the end of Q4.
- Community 52 week waits remain well below plan. There are now 37 patients across NW London waiting for treatment (with plans in-place) from 507 patients in August.

Finance & Operating Plan Delivery:

- In January, the NWL system reported a favourable variance of £1.5m (M9: 1.7m), comprising providers £1.5m surplus and ICB break even variance.
- Approximately 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):

- At the time of writing, Q3 data has yet to be published.

RAG	Direction	KPI ID	KPI name	Latest Value	Target or plan	Variance to target	Unit	○ Validated ◇ Not validated F M A M J J A S O N D J	Health score (0-100)	Latest data	Goal
R	↘	UE050	% of ambulance hospital handovers within 15 minutes	40.3	65.0	(24.7)	%		0	Jan 25/26	↑
R	↘	UE122	% of ambulance Handovers within 45 minutes	92.5	100.0	(7.5)	%		12	Jan 25/26	↑
A	↗	UE096	Ambulance handover times (Mean)	19.7	18.3	1.4	Minutes		46	Dec 25/26	↓
G	↗	UE031	LAS Category 2 – mean response time	32.8	38.4	(5.6)	Minutes		77	Dec 25/26	↓
A	↗	UE078	% of ED (all types) attendances seen within 4 hours of arrival to ED	77.8	78.0	(0.2)	%		54	Jan 25/26	↑
A	↘	UE079	% of ED (type 1) attendances seen within 4 hours of arrival to ED	58.1	59.7	(1.6)	%		73	Jan 25/26	↑
R	↗	ME074	Patients presenting with a Mental Health crisis waiting in ED for more than 12 hours	33.3	20.0	13.3	%		0	Jan 25/26	↓
A	↗	UE056	Patients waiting over 12 hours in ED	12.4	9.1	3.3	%		62	Jan 25/26	↓
A	↘	UE024	Overnight general and acute beds occupied rate	94.3	92.0	2.3	%		54	Jan 25/26	↓
G	↗	LO023	Occupancy rate in rehab beds	93.7	85.0	8.7	%		100	Jan 25/26	↑
G	↗	LO065	Virtual Wards occupancy rate	90.3	85.0	5.3	%		100	Dec 25/26	↑
G	↗	UE115	Discharge: Average Delay Days (P0) in Optica	0.3	1.0	(0.7)	Days		92	Jan 25/26	↓
R	↗	UE108	Discharge: Average Delay Days (P1) in Optica	3.0	2.0	1.0	Days		0	Jan 25/26	↓
G	↘	UE109	Discharge: Average Delay Days (P2) in Optica	4.1	5.0	(0.9)	Days		62	Jan 25/26	↓
R	↗	UE110	Discharge: Average Delay Days (P3) in Optica	9.0	7.0	2.0	Days		12	Jan 25/26	↓
G	↗	LO024	Urgent rapid response referrals seen within 2 hours.	94.6	90.0	4.6	%		73	Dec 25/26	↑

- **System Flow** continues to be monitored through the System Flow Oversight Board and Winter Gold meetings.
- **Urgent and Emergency Care:** In January, the percentage of people being treated within 4 hours of attending emergency departments (all types) improved to 77.8% from 75.3% in December. However, performance for type 1 decreased from 59.4% in December to 58.1% (plan for the month 59.4%). The percentage of patients waiting 12 hours or more has been stable however increased in January 2026 to 12.4%, in part due to changes in the NHSE reporting now including type 2 as well as type 1. Actions being taken by providers to improve performance includes redirection of patients to pharmacy first and GP enhanced access services for suitable conditions has started to take effect, with an increased number of Same Day Emergency Care (SDEC) reported in December. It is anticipated that the Operating Plan A&E 4 and 12 hour targets will be met in March 2026.
- **Ambulance Services:** Ambulance conveyances to EDs increased in December and January, with over 16,000 conveyances to ED sites in both months. This has repercussions on the handover of patients in a timely manner. The average handover time across NW London was at 19:39 against a plan of 18:42. This is primarily driven by ambulance handover times at LNWUHT. Mitigations include the NW London Integrated Care Coordination (ICC) Hub, optimising referrals into alternative pathways to ED and targeted work with Health Care Professionals and care home calls to 999.
- **Mental Health:** In January, 33.3% of people requiring mental health support experienced waits of over 12 hours in NW London emergency departments (the stretch target is 20%).
- **Hospital Discharges:** In January, discharge performance improved in pathways 2 and 3. 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, following a cyber attack causing delays in social care capacity and decision making. Equipment provider delays began to stabilise during this period.
- **Virtual ward occupancy rates** has improved and has been meeting or exceeding the target since October. Providers have increased their utilisation, as well as de-commissioning / re-purposing some under utilised pathways. Virtual Ward pathways have been used to provide an alternative pathway to admission for flu patients who did not require oxygen. Work is underway to link virtual wards to the ICC and support admissions avoidance.

RAG	Direction	KPI ID	KPI name	Latest Value	Target or plan	Variance to target	Unit	Health score (0-100)												Latest data	Goal	
								F	M	A	M	J	J	A	S	O	N	D	J			
R	↘	EL069	RTT total incomplete waiting list	280,131.0	264,823.0	15,308.0	People													8	Dec 25/26	↘
G	↗	EL112	% RTT incomplete pathways less than 18 weeks	61.0	60.0	1.0	%													100	Dec 25/26	↗
R	↘	EL089	Number of RTT incomplete Pathways > 65 Weeks	49.0	0.0	49.0	Number													8	Dec 25/26	↘
G	↘	EL024	RTT incomplete Pathways > 52 Weeks	1.3	2.0	(0.7)	%													100	Dec 25/26	↘
R	↗	DI011	Patients waiting over 6 weeks for a diagnostic test	25.4	5.0	20.4	%													0	Dec 25/26	↘
G	↗	CA010	Cancer - 28 day faster diagnosis standard (FDS) Attainment	82.1	80.0	2.1	%													100	Dec 25/26	↗
R	↗	CA008	62-day Standard Attainment	77.8	84.0	(6.2)	%													8	Dec 25/26	↗
R	↗	CA004	Cancer - two weeks waits	84.5	93.0	(8.5)	%													8	Dec 25/26	↗
A	↗	ME081	% MH CYP Treated within 18 weeks	84.6	89.0	(4.4)	%													27	Dec 25/26	↗
G	↘	ME082	% MH CYP 1st seen within 4 weeks	72.6	58.3	14.3	%													92	Dec 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	↗
R	↘	ME033	Routine Cases : 95% of CYP with eating disorders accessing treatment within 4 weeks	79.2	95.0	(15.8)	%													23	Dec 25/26	↗
G	↗	PC022	% of Primary Care Appointments within 14 days	88.7	85.0	3.7	%													100	Nov 25/26	↗

- **Elective performance** continues to be monitored through the Planned Care Board with winter plans in place to add resilience during the winter period.
- **Elective Waiting List:** In December, the total Patient Tracking List (PTL) decreased to 280,131 from 284,299 in November, and 287,438 in October. There was a decrease in list sizes across all four acute providers. It is unlikely that the Operating Plan target will be met in March 2026.
- **Referral to Treatment (RTT) performance:** Nationally supported sprints continue focusing on validation, long waiter clearance and improvement of 18ww RTT performance; additional funds have been supplied by NHSE to support the delivery of additional activity to reduce long waiters and improve RTT position by 31st March.
- In December 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. The 65 ww cohort reduced to 49 in December and is expected to clear by March 2026.
- Detailed review of expected end of year positions for RTT and long waiters to take place in early March, with progress reported to NHSE with planned mitigations where metrics are off trajectory.
- **Diagnostic 6 week performance:** In December, performance deteriorates - 25% of patients waiting longer than 6 weeks, mainly due to the winter season and workforce shortage. Ongoing vacancies for specialised staff, such as Paediatric Audiology, Sleep studies, Neurophys, make it difficult to implement the recovery plan, even with mutual aid. Continuous challenges for ultrasound staffing recruitment. Ongoing use of WLIs and insourcing by all Trusts to improve performance by the end of Q4
- **Cancer Waiting Times:** The Faster Diagnosis performance target requiring patients with suspected cancer to receive a definitive diagnosis or ruling out of cancer within 28 days of an urgent referral has been met since September. Royal Marsden Partners (RMP) key areas of focus for 2026/27 include digital rollout (breast, urology & GI) and pathway redesign for gynae, breast, dermatology, lung and head & neck.
- **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. The 2025/26 Operating Plan target of delivering 17 million appointments is likely to be met.

RAG	Direction	KPI ID	KPI name	Latest Value	Target or plan	Variance to target	Unit	○ Validated ◇ Not validated F M A M J J A S O N D J	Health score (0-100)	Latest data	Goal
G	→	QU049	Friends and Family Test- Inpatients	95.0	95.0	0.0	%		100	Dec 25/26	↕
G	→	QU029	Friends and Family Test - Outpatients	94.0	93.0	1.0	%		100	Dec 25/26	↕
A	↗	QU028	Friends and Family Test - A&E	79.0	80.0	(1.0)	%		54	Dec 25/26	↕
A	↘	QU032	Friends and Family Test - Maternity antenatal	88.0	90.0	(2.0)	%		73	Dec 25/26	↕
A	↘	QU046	Friends and Family Test - Maternity units	91.0	94.0	(3.0)	%		42	Dec 25/26	↕
G	→	QU047	Friends and Family Test- Postnatal Ward setting	94.0	92.0	2.0	%		85	Dec 25/26	↕
A	↘	PC024	FFT % positive responses - Primary Care	89.0	90.0	(1.0)	%		73	Dec 25/26	↕
G	↗	QU030	Friends and Family Test - Community Health	95.0	94.0	1.0	%		73	Dec 25/26	↕
A	↗	QU031	Friends and Family Test - Mental Health	84.0	85.0	(1.0)	%		38	Dec 25/26	↕

Patient Experience – Friends and Family Test:

- In December, NW London performed the same as or better than the London than target for inpatients, outpatients, community health and maternity postnatal ward settings. Performance was amber (just below plan) for A&E, maternity units and antenatal, primary care and mental health.

Comparison to London and national averages:

- A&E FFT score (79%) was higher than both London (76%) and national average (78%).
- Primary care FFT score (89%) was slightly lower the London average (90%) and national average (92%). The senior primary care team feel that the ONS health insight survey is a more accurate indicator. NWL generally performs well in this survey.
- Mental health FFT score (84%) is higher than the London average (81%) however below the national average (88%). Scores have dipped slightly for some of London’s mental health providers during the winter period.

Finance

RAG	Direction	KPI ID	KPI name	Latest Value	Target or plan	Variance to target	Unit	Health score (0-100)	Latest data	Goal
G	↗	FI001	Total System reported YTD position (variance against plan) £'m	1.5	0.0	1.5	£'M	100	Jan 25/26	↑
A	↗	FI010	System reported efficiency YTD (CIP)	99.0	100.0	(1.0)	%	42	Jan 25/26	↑
G	↗	FI021	YTD Productivity compared with 19/20	3.7	0.0	3.7	%	100	Jul 25/26	↑

Finance Key messages:

- Year to date: The £1.5m YTD favourable variance is due to ERF over performance £8.7m, higher than expected clinical other income, non-recurrent benefits/income, reduced bank and agency costs and increased vacancies totalling £6m. These are partly offset by unmitigated NI cost pressure £5.9m, inflationary increases above funded levels £0.9m, CIP under performance £1.4m and NWL Pathology overspends £5m..
- The ICS is forecasting breakeven overall position in M10 .
- The key risk to the achievement of the ICS break even FOT is the £9m income for land sale included in the forecast outturn of LNWHHT. The timing of the sale and value of the proceeds is under discussion and review. However, it is expected that the risk will be fully mitigated from support within the Acute Provider Collaborative.

Workforce

RAG	Direction	KPI ID	KPI name	Latest Value	Target or plan	Variance to target	Unit	Health score (0-100)	Latest data	Goal
G	↗	WO019	Total Staffing WTE(Staff in post+bank+Agency)	66,529.0	66,948.0	(419.0)	Number	92	Dec 25/26	↓
G	→	WO013	Agency spend as % of total Paybill	0.9	2.0	(1.1)	%	100	Jan 25/26	↓

Workforce Key messages:

- Total staffing wte in post remains under plan. NHSE are monitoring year end positions.
- Agency spend as a % of the total pay bill remains stable and well below plan.
- There are currently no escalations.

Activity

RAG	Direction	KPI ID	KPI name	Latest Value	Target or plan	Variance to target	Unit	Health score (0-100)	Latest data	Goal
G	↗	EL112	% RTT incomplete pathways less than 18 weeks	61.0	60.0	1.0	%	100	Dec 25/26	↑
G	↗	EL059	Elective daycase compared to Ops Plan	103.2	100.0	3.2	%	92	Dec 25/26	↔
G	↗	EL060	Elective ordinary compared to Ops Plan	103.3	100.0	3.3	%	92	Dec 25/26	↔
G	↗	UE103	A&E Attendances (All Types)	105,631.0	107,318.0	(1,687.0)	Number	92	Jan 25/26	↓
A	↘	UE034	Total SDEC activity	7,147.0	8,909.0	(1,762.0)	Number	62	Jan 25/26	↑

Activity Key messages:

- RTT activity was over plan in December. In 2025/26 we want activity to be on plan.
- All type A&E attendances have been below plan since September. Four-hour performance has generally remained consistent during this time.