

Exception Report 1: A&E 4 Hour Performance %

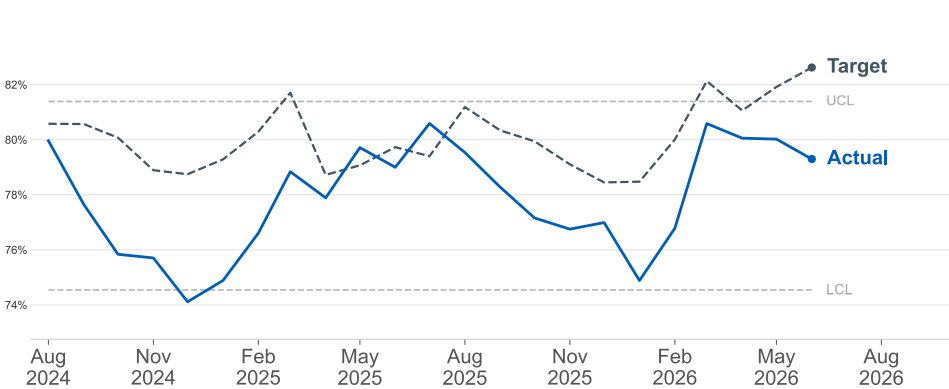
NENC Performance	Performance against plan & benchmark		
79.3%	Plan: 82.6% ❌	EOY Target: 83.8% ❌	Benchmark: 75% ✅

What is the problem?

4 Hour Performance within A&E has been **Consistently Off Target** since August 2025.

The trend is following seasonal variation but does not indicate a likelihood of hitting monthly targets soon.

A&E 4-hour performance falls below planned trajectory
Percentage of patients seen within 4 hours in A&E



Source: National Sitrep

Why is there a problem?

- **Two of eight Trusts performed above** both the system position and the 82.0% national ambition: NHFT at 91% and NTHFT at 85%.
- NENC compares strongly nationally, ranking **4th of 36 ICB systems**.
- Six of eight Trusts performed below the system average, with NCFT lowest at **67%**.
- Only **2 of 8 Trusts** achieved their Jun-26 plan: NTHFT and STSFT.
- **Four of eight Trusts were more than 5 percentage points below plan** in Jun-26: GHFT, NuTH, CDDFT and NCFT.

What are we doing to resolve the problem?

- Performance is reviewed through ICB forums, including LAEDBs, the UECN Board and contracting meetings. However, improvement discussions are currently being led by NHSE colleagues.
- NCFT is under regional and national scrutiny across a range of measures, including UEC performance, with improvement plans in place.
- NuTH is under regional scrutiny and has recently developed a recovery plan.

Metric Owner	Craig Blair/Andrew Rowlands
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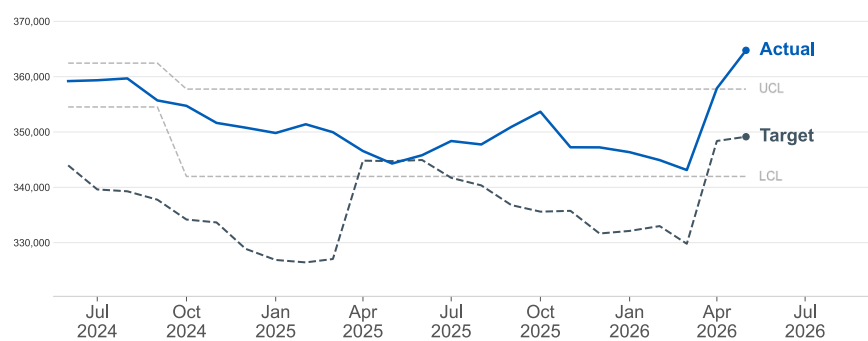
Exception Report 2: Waiting List Metrics

NENC Performance	Performance against plan & benchmark		
364,765 <i>Total Waiting List</i>	Plan: 349,140 ✖	EOY Target: 321,465 ✖	Benchmark: N/A

What is the problem?

The number of patients on the RTT Incomplete Waiting List is showing a trend of **high concern** due to increasing above expected process limits. The process is currently **Hit or Miss** against plan due to lying within process limits, but on current trend could start to fail.

Overall RTT waiting list continues to grow
Total patients on incomplete pathways



Source: National Sitrep

Why is there a problem?

- Growth is concentrated in five providers, including **10k CDDFT patients linked to incorrect data recording**. Northumbria and STSFT are materially above plan (+5.3k and +4.9k), suggesting challenging trajectories.
- At NuTH and Northumbria, **clock starts exceed clock stops**, contributing to list growth.
- Referrals are rising faster than capacity, with increased primary care access leading to higher demand.
- For **>52-week waits**, Gateshead, NuTH and CDDFT are above plan, while other providers are ahead of plan and overall ICB performance is improving monthly.
- Across the system, the specialties with the longest **>52-week waits** are **General Surgery, Dermatology, Neurology, Cardiothoracic Surgery, Gynaecology, T&O and Plastics**.

What are we doing to resolve the problem?

1. Provider transformation and best practice

The provider collaborative is leading outpatient transformation to manage rising demand, focusing on reducing follow-ups and DNAs, and expanding A&G, SPOA and PIFU. The ICB monitors delivery through contract management.

2. Demand management

ICB teams are working with providers to shift appropriate activity into community settings, including Orthopaedics, Dermatology, ENT, Ophthalmology, weight management and Gynaecology. Neighbourhood services will support more proactive community care.

3. Capacity

The ICB has allocated all available funding to providers and commissioned **5.7% additional activity**.

Metric Owner	Paul Turner/Kaye McEntee
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