

Exception Report 3: Staff Absence Rate

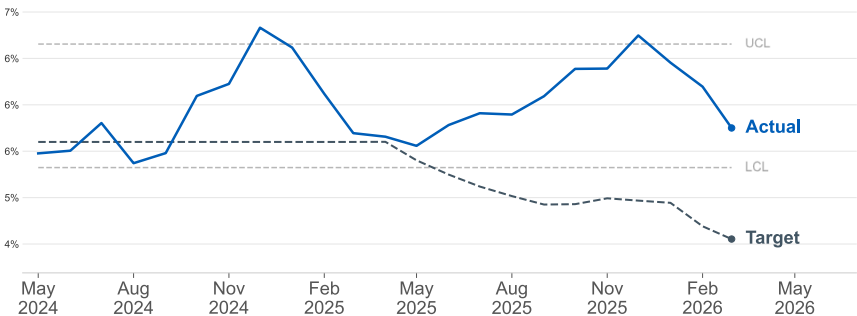
NENC Performance	Performance against plan & benchmark		
5.8%	Plan: 4.6% ✗	EOY Target: 5.4% ✗	Benchmark: 5.1% ✓

What is the problem?

Staff Absence Rates across NENC providers are currently **Consistently Off Target**.

The trend is **improving** in recent months following a winter peak however is normal and within expected process limits thus is likely to **remain off target**.

Staff absence rate tracks consistently above target levels
Proportion of staff absent, May 2024 to March 2026



Source: National Sitrep

Why is there a problem?

- High absence rates in Mental Health and Ambulance services continue to drive the overall NENC sickness absence rate.
- Mental health-related absence remains a key factor, accounting for **36% of all absence in April 2026**.
- "Support to Clinical" staff recorded a 7.4% sickness absence rate in April 2026, making a significant contribution to the system position.

What are we doing to resolve the problem?

- A **system-wide Sickness Project Group** is reviewing absence trends, sharing best practice and coordinating action across NENC.
- Trusts are delivering **local action plans and wellbeing initiatives**, with learning shared through the group.
- The **Staff Wellbeing Hub** is increasing engagement across Trusts; referrals are rising and early evaluation shows positive outcomes.
- A **Work Well Advisor pilot** has launched, providing social prescribing support to Trust employees.

Metric Owner	Claire Riley/Jayne Aitken
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Not Escalated to Board - For information only

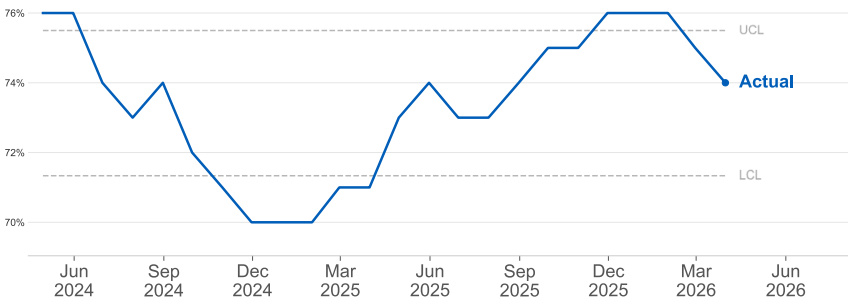
Exception Report 4: Autism Referrals Waiting >13 Weeks Without a Care Contact

NENC Performance	Performance against plan & benchmark		
74%	Plan: Not Set	EOY Target: Not Set	Benchmark: 83% ✓

What is the problem?

Open Autism Referrals waiting for over 13 weeks with no care contact are currently showing **Concerning variation**, with several continuous periods above the process mean. No assurance against a plan is available for this metric.

High volume of suspected autism referrals lack care contact
Percentage waiting >13 weeks without recorded appointment



Source: National Sitrep

Why is there a problem?

- Autism waits locally and nationally remain long, with demand continuing to exceed available capacity.
- The ICB commissions **40+ Right to Choose providers**, alongside NHS and local paediatric services, making consistency harder to achieve.
- Growth in the RTC market creates additional **quality and assurance challenges**.
- Providers should maintain contact with people waiting, but there is currently **insufficient ICB-wide assurance** that this happens consistently.
- Validation is needed to confirm provider coverage, recording quality and whether RTC is included.

What are we doing to resolve the problem?

- The ICB will **validate the >13-week no-care-contact metric**, including provider coverage, pathways, age groups, recording through MHSDS and inclusion of Right to Choose activity.
- Providers will be required to evidence effective **keeping-in-contact arrangements**, including monitoring changes in need/risk, reviewing priority and escalation.
- Wider commissioning changes, including **RTC quality assurance, referral management and waiting-list management**, will support more consistent oversight across providers.

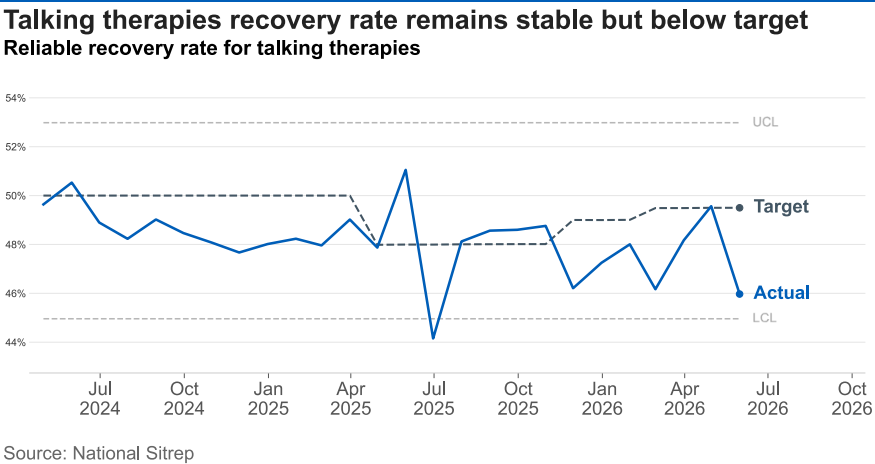
Metric Owner	Peter Rooney/Kimm Lawson
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Exception Report 5: Talking Therapies Reliable Recovery Rate

NENC Performance	Performance against plan & benchmark		
46.0%	Plan: 49.5% ✖	EOY Target: 51.0% ✖	Benchmark: Not available

What is the problem?

The Talking Therapies Reliable Recovery rate is currently **performing below plan**; however, this is hit or miss as it **did meet the monthly plan in April**. Variation is normal and is not showing any consistent increasing or decreasing trends.



Why is there a problem?

- NENC is below the national trajectory for **completed treatment, reliable recovery and reliable improvement**, with the main challenge being treatment completions.
- An NHSE deep dive has informed a recovery plan, now progressing through ICB governance.
- Key causes are **workforce capacity, pathway flow, patient complexity, investment and commissioning complexity**.

What are we doing to resolve the problem?

- The recovery plan focuses on **improving productivity and growing the workforce**.
- Delivery depends on key enablers: **strategic commissioning approval, increased NHSE funding and trainee placements, and ICB investment**.
- The commissioning plan will review future contractual arrangements to support **sustainable recovery, service transformation and improved outcomes**.

Metric Owner	Peter Rooney / Erin Harvey
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