Trust operational performance report

Month 08

November 2025 data (except Cancer – October)

Report includes site level summaries

Trust Performance Summary

Core operational performance standards – TRUST LEVEL

#	KPI Slide Description	Sentinel Metric	Submitted 2025/26 performance trajectory	Expected level (annual)	Expected level (at month 8)	Actual level (at month 8)	SPC Trend
1	Ambulance Handover Waits	15-minute performance	No	65.0%	65.0%	58.6%	Special cause - concern
2	Urgent & Emergency Department Waits	4-hour performance	Yes	78.0% by March 2026	78.0%	77.7%	Common cause
3	Urgent & Emergency Department Long Waits	12-hour performance (T1)	Yes	9.5% by March 2026	7.7%	10.4%	Common cause
4	Referral to Treatment Waits - 18 Weeks	Waits < 18 weeks	Yes	62.7% by March 2026	61.0%	62.6%	Special cause - improvement
5	Referral to Treatment Waits - Long Waits	Waits > 52 weeks	Yes	2,511 by March 2026	2,498	772	Special cause - improvement
6	Access to Diagnostics	Waits > 6 weeks	Yes	5.0% by March 2026	5.0%	13.3%	Common cause
7	Outpatient did not attend rates	% OP DNA (all appointments)	No	tbc	tbc	9.3%	Special cause - improvement
8	28 Day General Faster Diagnosis Standard	28-day faster diagnosis performance	Yes	80.0% by March 2026	80.0%	82.3%	Common cause
9	31 Day General Treatment Standard	31-day performance	No	96.0%	96.0%	96.4%	Common cause
10	62 Day General Standard	62-day performance	Yes	75.0% by March 2026 National operating target	75.0%	72.7%	Common cause
11	Theatre Utilisation	Uncapped theatre utilisation	No	85.0%	85.0%	87.0%	Common cause

Trust Performance Summary

Delivery of elective activity volumes - % achievement against plan

Month 8 (October 2025)

| KPI	M8 Performance			YTD Performance		
%	Actual	Plan	%	Actual	Plan	%
Day Case Spells	9,828	9,485	103.6%	81,940	78,882	103.9%
Elective Inpatient (Ordinary) Spells	1,264	1,159	109.1%	9,971	9,618	103.7%
Outpatient New (First) attendances **without a procedure**	22,515	23,749	94.8%	179,142	197,316	90.8%
Outpatient Follow-up attendances **without a procedure**	50,060	48,940	102.3%	399,403	406,961	98.1%
Outpatient New (First) attendances **with a procedure**	4,742	5,188	91.4%	42,149	43,064	97.9%
Outpatient Follow-up attendances **with a procedure**	11,626	11,975	97.1%	100,648	99,414	101.2%

Notes

Activity vs Plan M1 - M8

Plan = Contract plan (118%)

Excludes CDC (from activity and plan)

Site overviews – executive summary

|	
CXH	No significant change in Total ED attendances. T1 attendances were up 5.9% on the same month last year (+281), continuing the trend which appears to be linked to increased T1 walk-ins (relative to the same point last year). • Compared to the same month last year, T1 attendances via Ambulance were up 3.8% (+63 attendances) and non-Ambulance T1 attendances (walk-ins) were up 7.0% (+218) attendances). Four-hour ED performance increased to 73.3% (from 70.8% in the previous month). The number and percentage of 12-hour waits decreased, standing at 14% for the month (T1 only). Ambulance handover compliance appears stable. Long-stay patients (>21 days) averaged 123 in the three months to November 25, up from 108 a year ago.
HH	Long-stay patients (>21 days) averaged 67 in the last three months, down from 73 in the same period last year.
SMH & WEH	No significant change in Total ED attendances. T1 attendances were up 0.4% % on the same month last year (+30). • Compared to the same month last year, T1 attendances via Ambulance were down 1.5% (-30 attendances) and non-Ambulance T1 attendances (walk-ins) were up 1.2% (+60) attendances). Four-hour ED performance increased to 73.4% (from 71.7% in the previous month). The number and percentage of 12-hour waits decreased, standing at 8.5% for the month (T1 only). Ambulance handover compliance recovered by around 5 percentage points (to 53% within 15 mins and 90% with 30 mins). Long-stay patients (>21 days) averaged 102 in the three months to November 2025, up from 74 in the same period last year. This highlights persistent discharge challenges for longer stay patients, typically awaiting intermediate or step-down care.

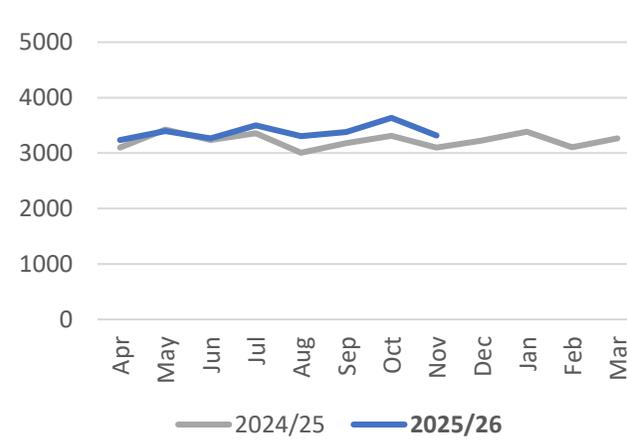# T1 activity against the same month last year
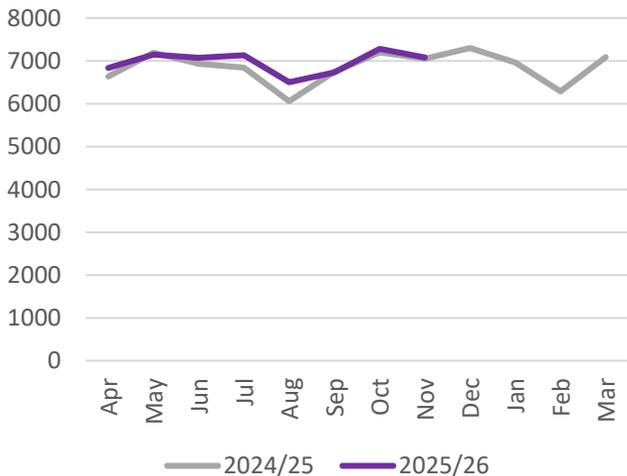
CXH - All Type 1 Attendances
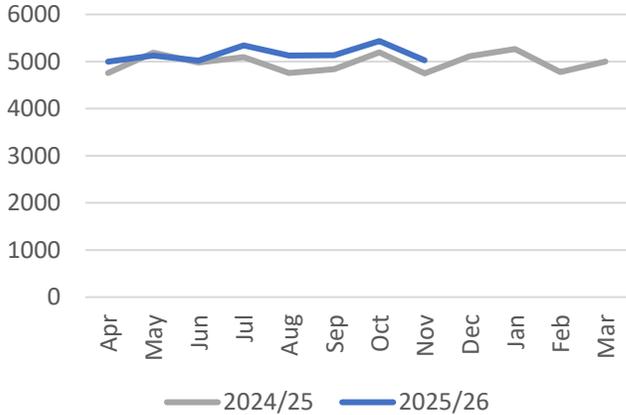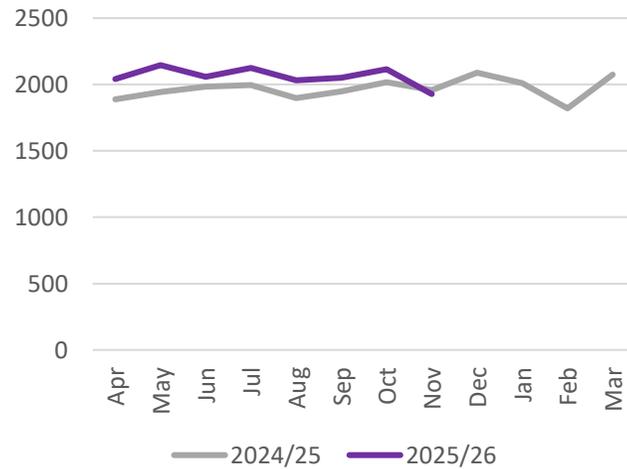
CXH - T1 Attendances via Ambulance
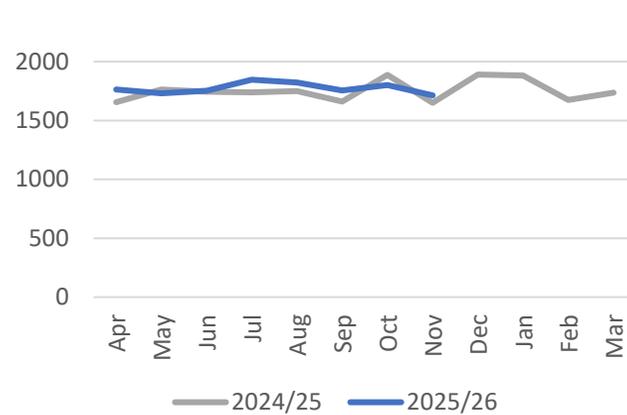
CXH - T1 Attendances (Non-Ambulance)

SMH - All Type 1 Attendances

SMH - T1 Attendances via Ambulance

SMH - T1 Attendances (Non-Ambulance)

T1 Attendances via Ambulance: Ambulance, Air Ambulance, Blue Light. LAS and non-LAS, including St John's
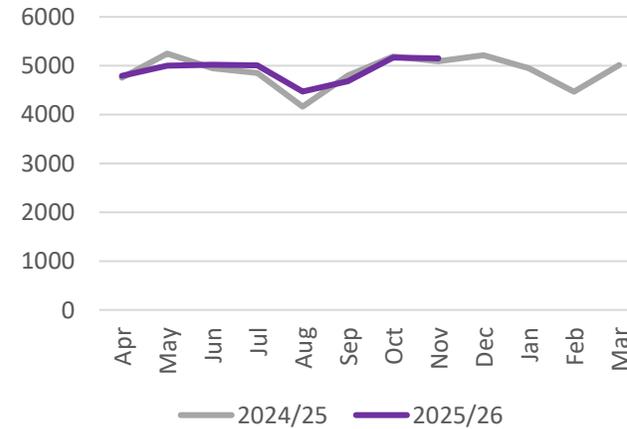
Site overview – selected metrics for CXH

Performance
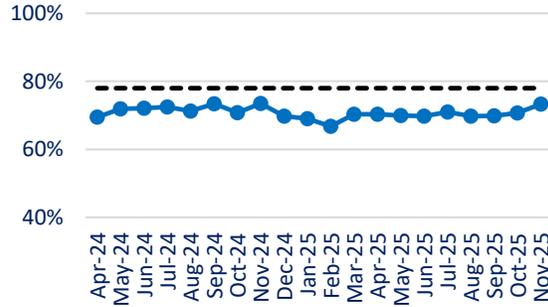Operational standard

NHS
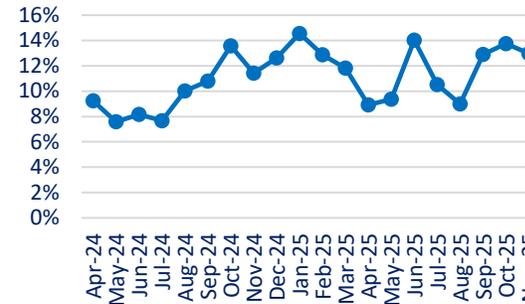Imperial College Healthcare
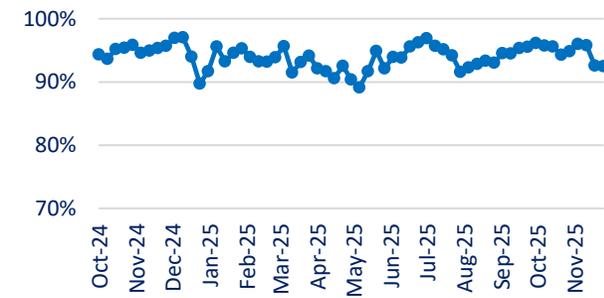NHS Trust

CXH - Ambulance handovers within 15 mins

CXH - A&E 4 hour performance

CXH - % 12 hours from arrival T1

CXH - % Bed Occupancy (weekly census)

CXH - % Critical Care Occupancy (weekly census)

CXH - Theatre utilisation % (uncapped)

CXH - Theatre cancellations on the day (non-clinical reasons)

ALL OTD non-clinical
OTD with Bed reason

Nov-25 due to Bed capacity (Ward / ICU) = **12**

CXH - Average number of medically optimised patients

CXH - Daycases

CXH - Elective Inpatient

CXH - Average number of patients waiting over 21 days
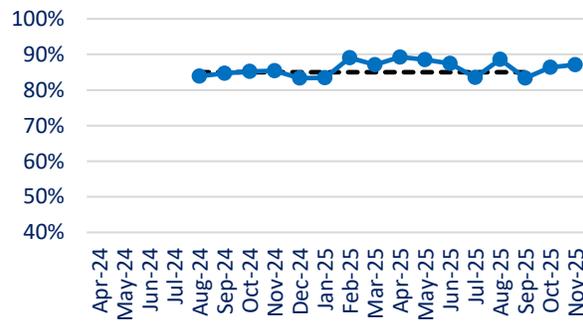
Site overview – selected metrics for HH

HH - % Bed Occupancy (weekly census)

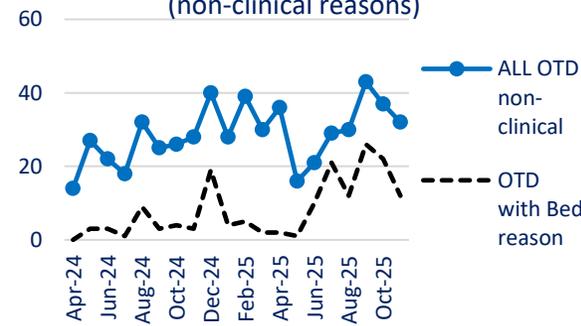HH - % Critical Care Occupancy (weekly census)
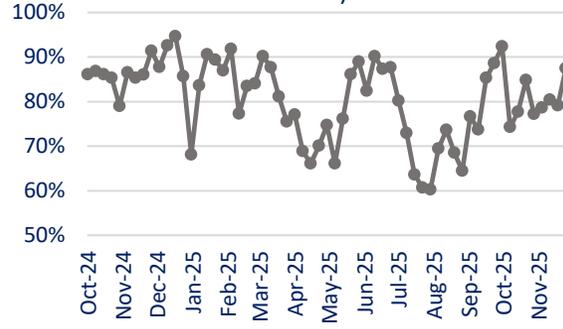
HH - Theatre utilisation % (uncapped)
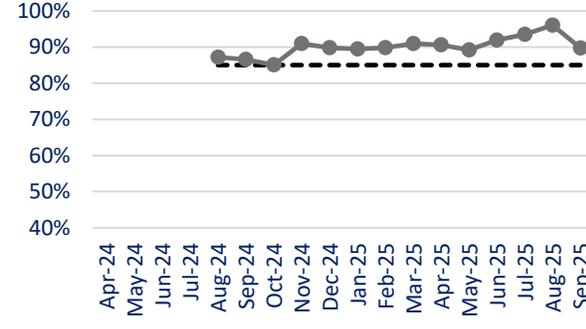
HH - Theatre cancellations on the day (non-clinical reasons)

All OTD non-clinical

OTD bed reason

Nov-25 due to Bed capacity (Ward / ICU) = 10

HH - Average number of medically optimised patients
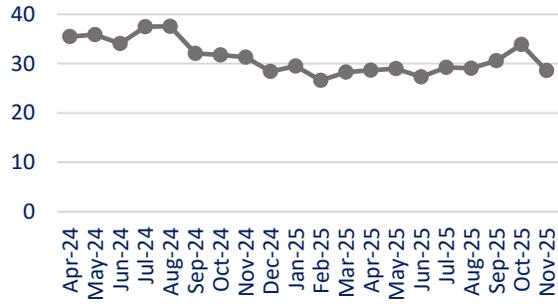
HH - Average number of patients waiting over 21 days
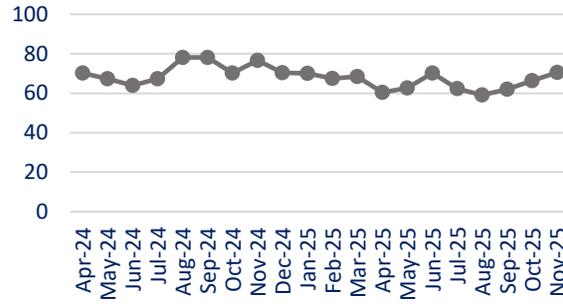
HH - Daycases

HH - Elective Inpatient

Site overview – selected metrics for SMH

SMH - Ambulance handovers within 15 mins

SMH - A&E 4 hour performance
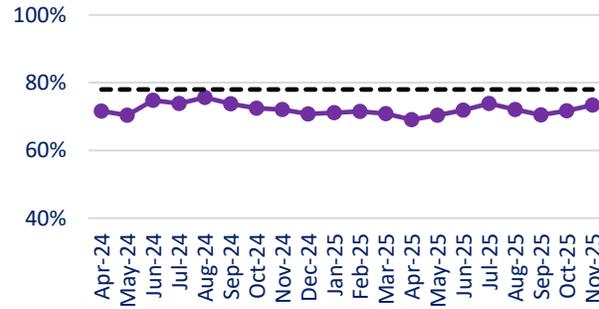
SMH - % 12 hours from arrival T1
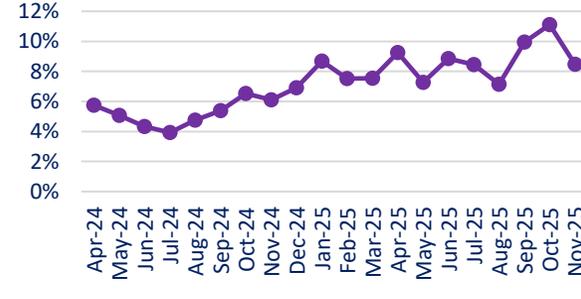
SMH - % Bed Occupancy (weekly census)

SMH - % Critical Care Occupancy (weekly census)
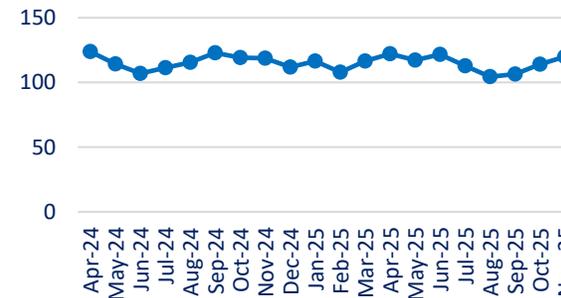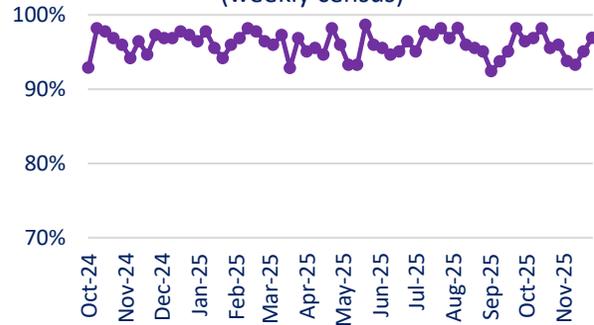
SMH - Theatre utilisation % (uncapped)
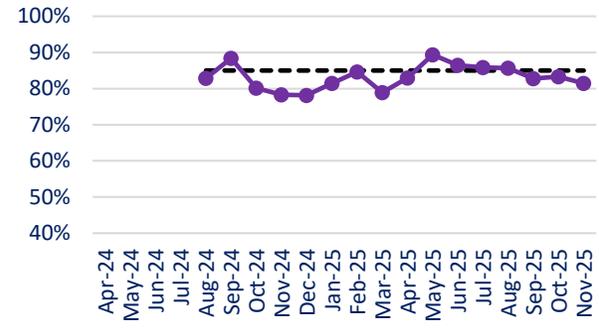
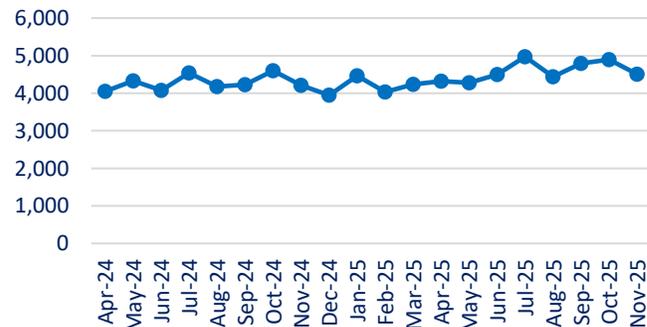SMH - Theatre cancellations on the day (non-clinical reasons)

All OTD non-clinical

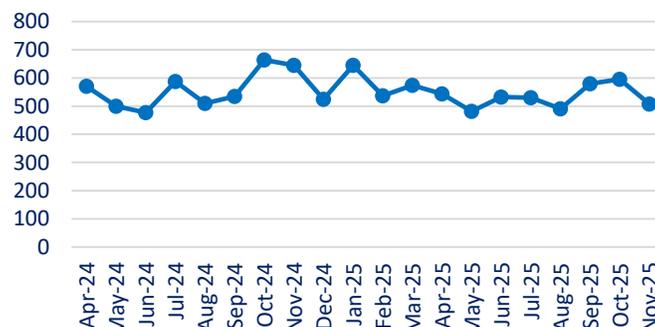OTD bed reason
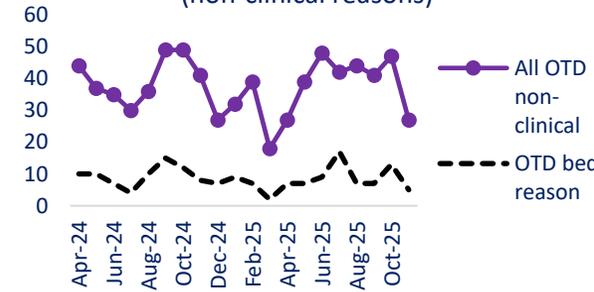
Nov-25 due to Bed capacity (Ward / ICU) = 5
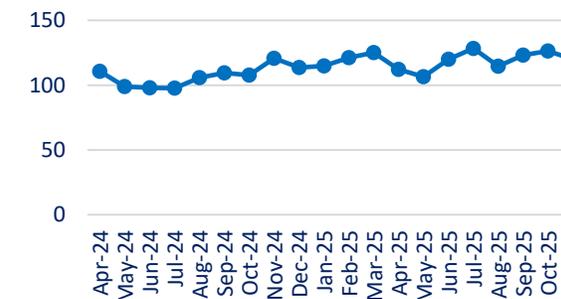
SMH - Average number of medically optimised patients
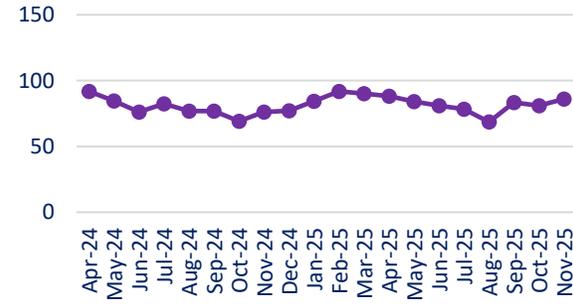
SMH - Daycases
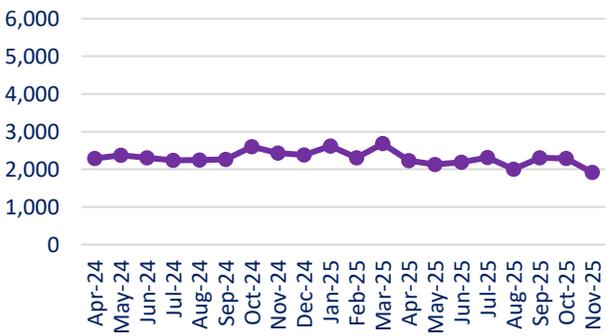
SMH - Elective Inpatient
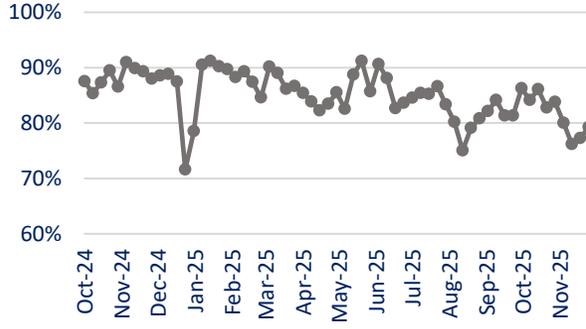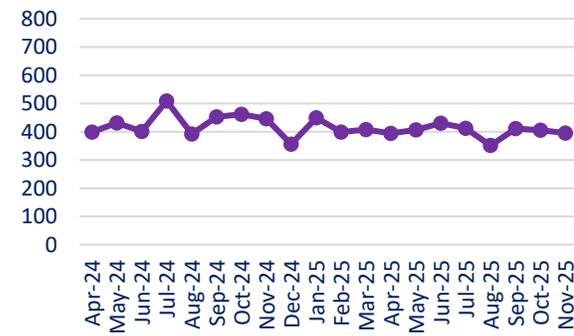
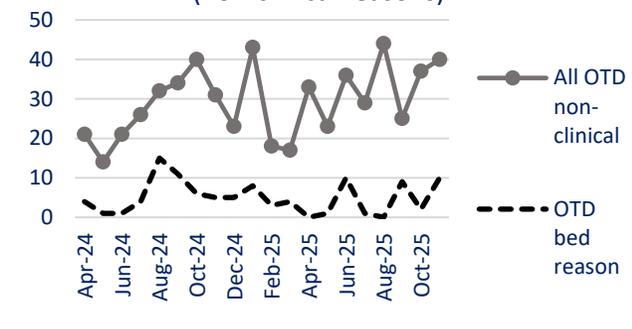SMH - Average number of patients waiting over 21 days

Main KPI Reports

Ambulance Handover Waits

NHS Imperial College Healthcare NHS Trust

Trend
15 Min Breach Performance

Mean and Control Limits calculated on full dataset within recalculation window, higher is better

target:(65%)

(71.13%)
(63.03%)
(54.94%)

Y-axis: 15 Min Performance (54% to 70%)
X-axis: Month (Jun-2024 to Nov-2025)
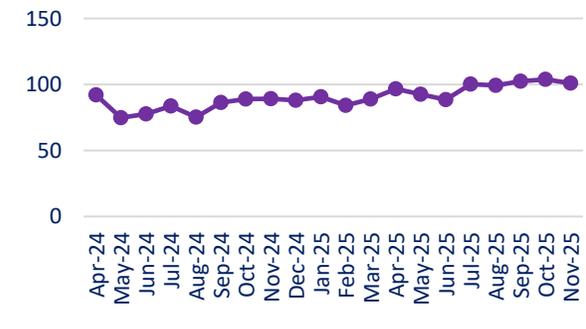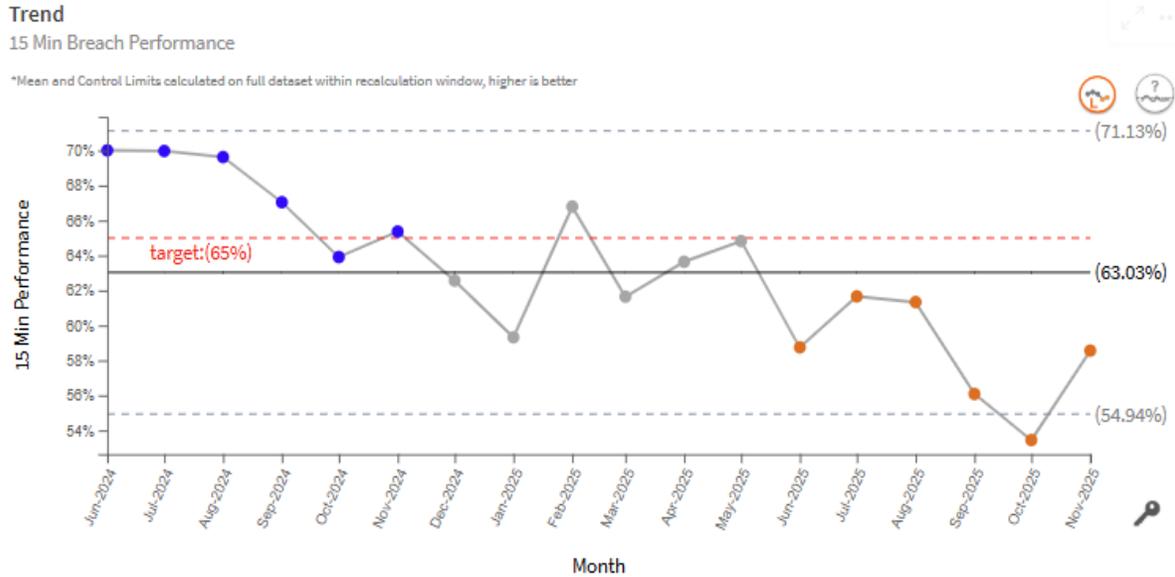
Current Performance: Ambulance handover delays -Nov/25

Site	Total Handovers	15m + Delays	15 Min Performance	30m + Delays	30 Min Performance	60m + Delays
Trust	2,570	1,065	58.6%	183	92.9%	6
SMH	1,370	640	53.3%	130	90.5%	5
CXH	1,200	425	64.6%	53	95.6%	1

Stratification

Legend: 60 Min, 30 Min, 15 Min
X-axis: 60 Min, 30 Min, 15 Min (0 to 800)
Y-axis (ED): CXH, SMH
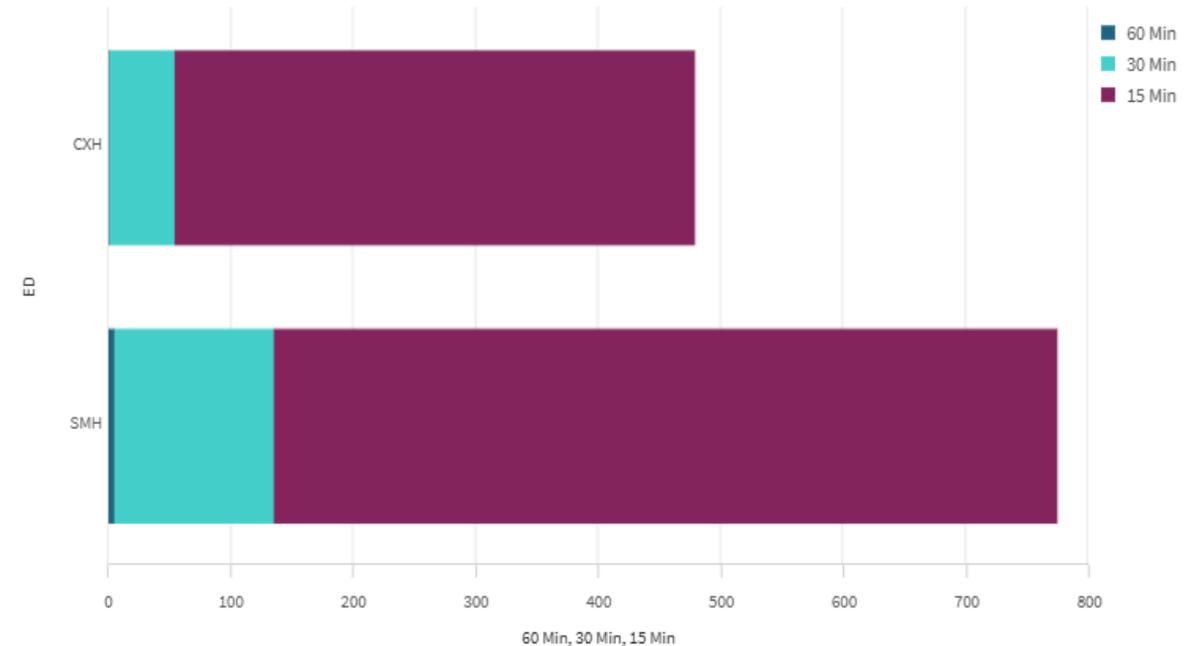
Share of waits longer than standard

Performance: The Trust continues to have some of the best ambulance handover times across London. The November performance increased as follows: 58.6% completed within 15 minutes (from 53.4% in the previous month, target 65%), 92.9% completed within 30 minutes (from 88.6% in the previous month, target 95%).

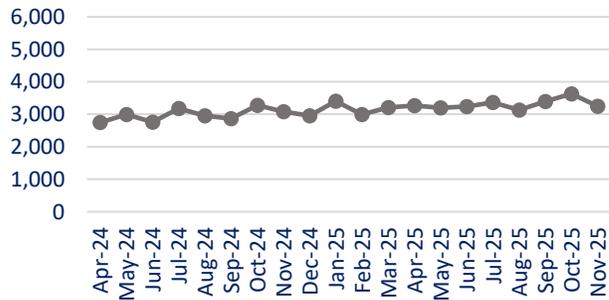**Recovery plan**: The focus is on efficient handover processes to minimise delays, working collaboratively with partners to maximise alternatives to the emergency department (ED) and expanding the use of direct referral routes and direct booking. The comprehensive executive led programme to improve patient flow is also designed to help minimise Ambulance delays. We have also recently agreed a focussed UEC recovery plan with NHSE which will impact on performance across the UEC pathway.

Improvements: The Trust has maintained good performance for handovers within the 45-minute timeframe, consistently achieving over 98%.

Forecast risks: There is the potential for further increases in the number of conveyances. Challenges to flow across our sites also increases the risk of ambulance handover delays.

UEC waits – 4 hours

Trend
4 Hour Performance

*Mean and Control Limits calculated on full dataset within recalculation window, higher is better

target:(78%)

(78.82%)
(76.48%)
(74.14%)

Month

Current Performance: Time spent in the emergency department (four hour standard) -Nov/25

Site	Total Attendances	4 Hour Performance	Difference from Trajectory Target	4 Hour Delays (All types)	Type 1-2 Breaches	Type 1-2 Performance	Type 3 Breaches	Type 3 Performance
Trust	23,245	77.7%	-0.3%	5,184	4,844	69.1%	340	95.5%
CXH	7,713	73.3%	-4.7%	2,058	2,030	59.6%	28	99.0%
HH	598	100.0%	22.0%	0	0	-	0	100.0%
SMH	11,372	73.4%	-4.6%	3,025	2,713	61.7%	312	92.7%
WEH	3,562	97.2%	19.2%	101	101	97.2%	0	-

Stratification
% of all 4 Hour Breaches

Site

WEH 1.9%
CXH 39.7%
SMH 58.4%

Share of waits longer than standard

Performance: 77.7% of patients admitted, transferred, or discharged within 4 hours (vs. 78% target for the month).

Recovery plan: Actions are underway to achieve the national 78% goal by March 2026. Key initiatives include the Urgent and Emergency Care (UEC) action plan focusing on inpatient flow, ED flow, redirection, and discharge. This is being supported by the Integrated Patient Flow Programme (IPFP), an executive-led programme with five workstreams, which is also designed to reduce 4-hour and 12-hour delays. A focused UEC recovery plan has also been agreed with NHSE.

Improvements: Continued collaboration across the North West London UEC programme to reduce demand and waiting times.

Forecast risks: Rising demand and persistent discharge delays for medically optimised patients.

UEC waits – 12 hours waits from arrival (Type 1 only)

Trend
12 Hour Performance (Type 1 attendances)

Trajectory target for November 25 = 7.7%

*Mean and Control Limits calculated on full dataset within recalculation window, lower is better
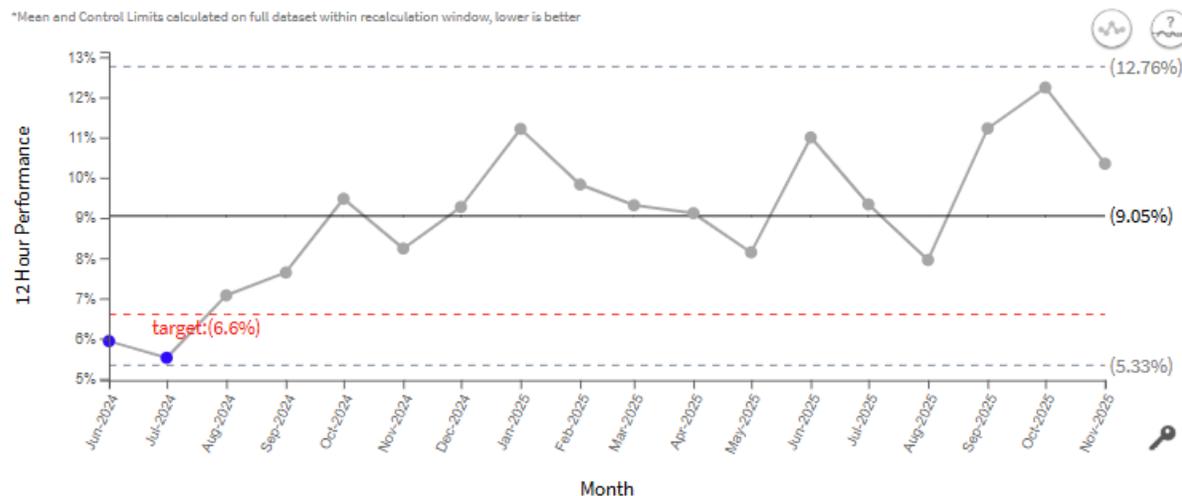
Current Performance: Time spent in the emergency department (12 hour waits from arrival) -Nov/25
Type 1 attendances only

Site	Total Attendances	12H + Delays	12 Hour Performance
Trust	12,110	1,253	10.35%
CXH	5,030	653	12.98%
HH	0	0	-
SMH	7,080	600	8.47%
WEH	0	0	-

Stratification
% of all 12 Hour Breaches

SMH 47.9%   CXH 52.1%
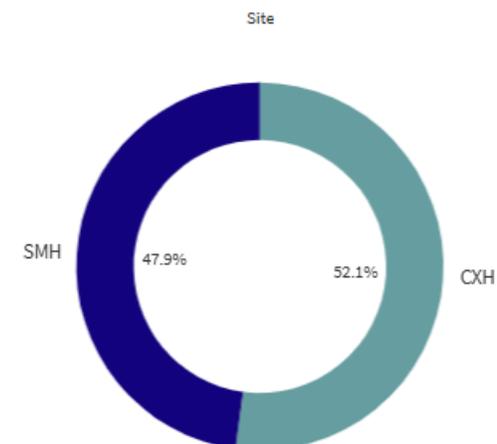
Performance: 10.3% of patients spent more than 12 hours in the emergency department from their time of arrival; 13.4% were related to patients presenting with a mental health condition.

Recovery plan: Alongside improving four-hour performance, we are targeting reductions in extended waits, including for mental health assessments and admissions. The Trust's Integrated Patient Flow Programme is developing detailed actions to identify bottlenecks and reduce 12-hour breaches. Data quality reviews are underway to ensure accurate reporting. A focused UEC recovery plan agreed with NHSE will support improvements across the pathway.

Forecast risks: Rising demand, ongoing discharge delays for medically optimised patients, and continued waits for mental health bed admissions.

As of April 2025, the measurement for this indicator changed to focus solely on Type 1 A&E attendances (from all attendances), in line with the 2025/26 operating plan requirement and our internal monitoring.

Referral to Treatment - patients waiting 18 weeks or less

NHS
Imperial College Healthcare
NHS Trust

Trend - Percentage of patients waiting 18 weeks or less
18 Week Performance %

*Mean and Control Limits calculated on full dataset within recalculation window, higher is better

(61.68%)
(59.64%)
(57.59%)

Month
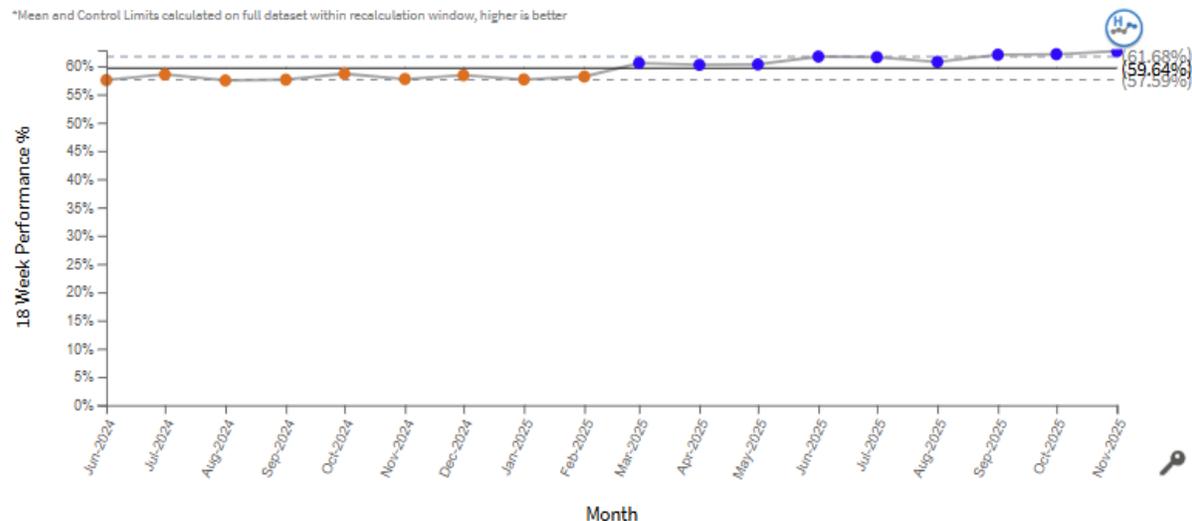
Current Performance: 18 Week Performance % - Nov/25

	RTT Waiting List	Under 18 Weeks	Over 18 Weeks	18 Week Performance
Trust	90,297	56,547	33,750	62.6%
Medicine and Integrated Care	26,607	16,979	9,628	63.8%
Surgery and Cancer	41,465	25,289	16,176	61.0%
Womens, Cardiovascular and Clinical Support	15,573	10,341	5,232	66.4%
West London Children's Hospital	6,609	3,908	2,701	59.1%

Over 18 Weeks & 18 Week Performance % by TFC

	Over 18 Weeks	18 Week Performance
120 - Ear Nose and Throat	3,651	57.7%
320 - Cardiology	3,153	61.6%
400 - Neurology	2,315	53.4%
502 - Gynaecology	1,872	72.0%
104 - Colorectal Surgery	1,866	52.5%
130 - Ophthalmology	1,827	68.6%
107 - Vascular Surgery	1,711	46.3%
330 - Dermatology	1,489	59.9%
101 - Urology	1,422	58.4%
302 - Endocrinology	1,365	58.7%
110 - Trauma and Orthopaedics	1,328	54.5%
317 - Allergy	1,295	38.6%
100 - General Surgery	1,147	53.7%
150 - Neurosurgery	1,103	62.3%
215 - Paediatric Ear Nose And Throat	1,004	34.0%
160 - Plastic Surgery	932	52.1%
340 - Respiratory Medicine	710	68.1%
257 - Paediatric Dermatology	650	42.5%
255 - Paediatric Clinical Immunology And Allergy	635	43.1%
301 - Gastroenterology	616	86.5%

Stratification

Division

Medicine and Inte...
Surgery and Cancer
West London Chil...
Womens, Cardiova...
Trust

0   50,000   100,000
Under 18 Weeks, Over 18 Weeks

Measures ■ Under 18 Weeks ■ Over 18 Weeks
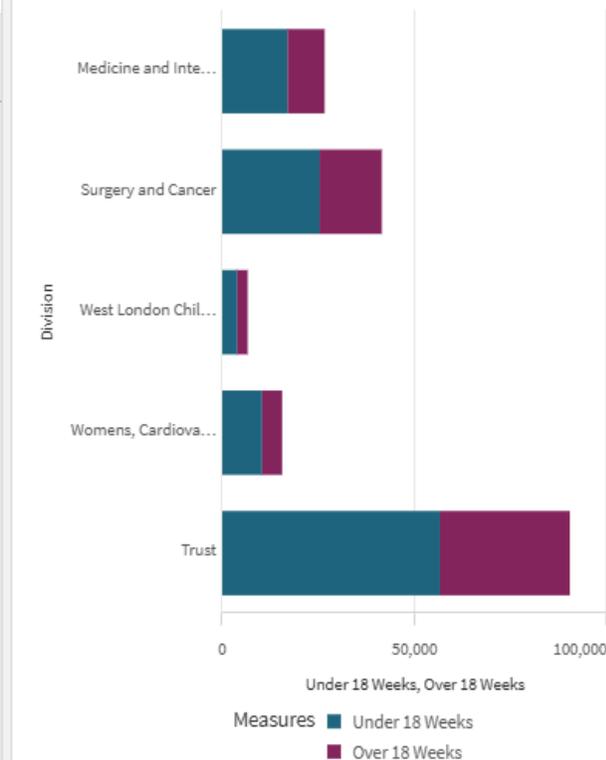
Performance: The Trust is meeting expectations overall for the 18-week referral to treatment standard with 62.6% of patients waiting 18 weeks or less for treatment at the end of November.

Recovery plan: The Trust's performance trajectory for 2025/26 is to reach a minimum performance of 62.7% by March 2026. While working within our core capacity, the focus is on improvements in patient and list management, consistent application of the RTT rules, increasing productivity and ensuring the entire waiting list is accurate.

Forecast risks: Rebasing of activity to within core capacity, particularly for some of the higher volume surgical specialties, is a risk to delivery of 18 week wait performance.

Referral to Treatment – long waiters

Trend -
52 Week Waits

*Mean and Control Limits calculated on full dataset within recalculation window, lower is better
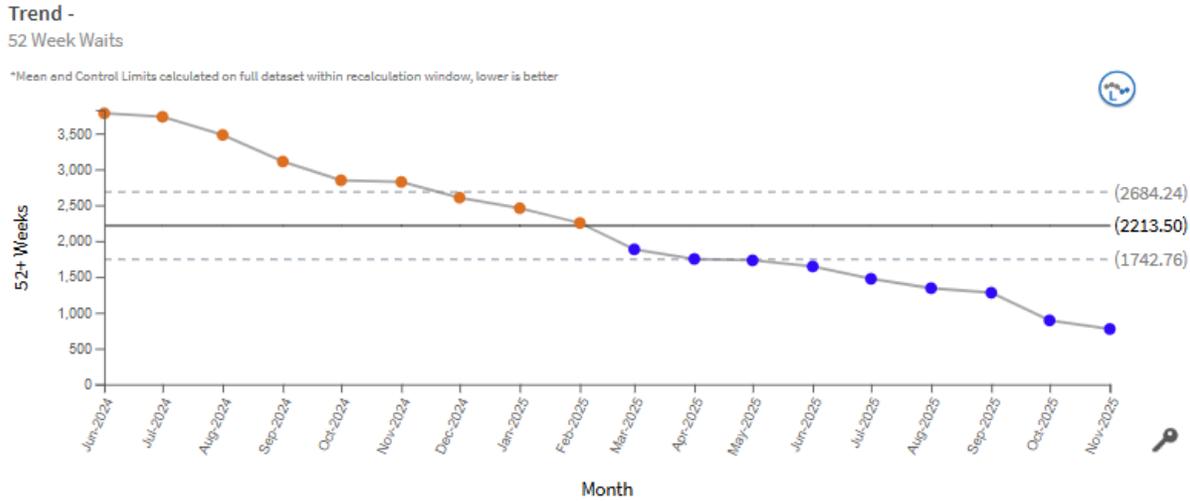
Current Performance: Referral to Treatment Long Waits Nov/25

Division 🔍		Values					
	Waiting List Size	52+ Weeks	Difference from Trajectory	52 Week waits as % of RTT WL	65+ Weeks	78+ Weeks	104+ Weeks
Trust	90,297	772	-1726	0.85%	9	-	-
Medicine and Integrated Care	26,607	296	-	1.1%	6	-	-
Surgery and Cancer	41,465	416	-	1%	3	-	-
Womens, Cardiovascular and Clinical Support	15,573	53	-	0.34%	-	-	-
West London Children's Hospital	6,609	7	-	0.11%	-	-	-

Waits over 52 weeks

TreatmentFunctionLocal 🔍	Waits > 52 weeks ▼
Totals	772
400 - Neurology	196
120 - ENT	176
317 - Allergy	80
150 - Neurosurgery	55
104 - Colorectal Surgery	48
320 - Cardiology	36
107 - Vascular Surgery	35
101 - Urology	32
110 - Trauma & Orthopaedics	29
130 - Ophthalmology	17
502 - Gynaecology	15
160 - Plastic Surgery	14
302 - Endocrinology	11
341 - Sleep Studies	6
215 - Paediatric Ear Nose & Throat	6
100 - General Surgery	6
10001 - Endocrine Surgery	3
30201 - Endo Bariatrics (sub)	1
361 - Nephrology	1

Stratification

Share of waits longer than standard

Performance: The long waiter performance for November 2025 is below.

- 52ww = 772 (-120 on the previous month)
- 65ww = 9 (-10 on the previous month)

Recovery plan: The key plans for the longest-waiting specialties include:

- Additional operating capacity agreed to run intensive weekend theatre lists in Neurosurgery, ENT, T&O and General Surgery
- Ongoing clinical review and virtual clinics to reduce delays in decision-making
- Reducing time to first outpatient appointment
- Neurology - Weekly CEO meetings and additional clinic slots to reach zero 65ww by end December 25

Improvements: 52 week waits reduced in most of the highest contributing specialities.

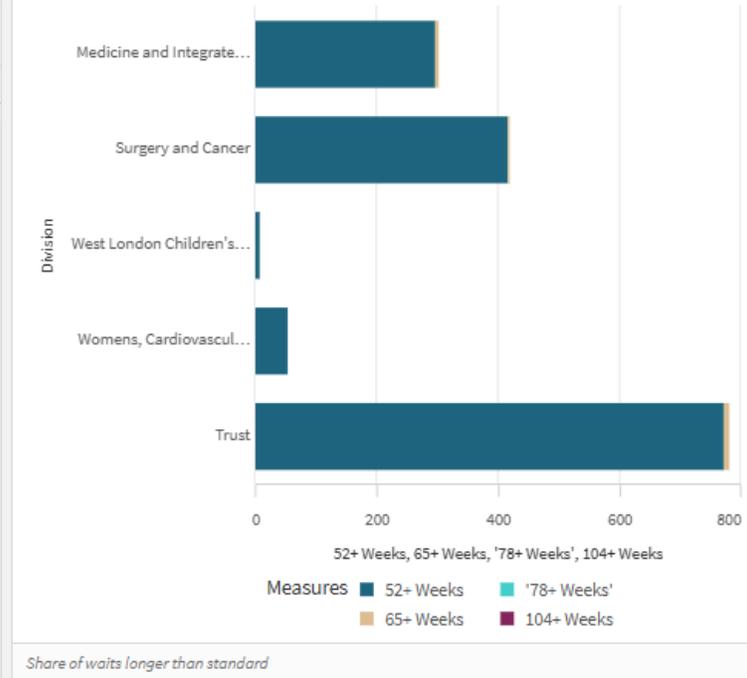**Forecast risks**: Specialties that have seen a reduction in baseline theatre sessions and have cancelled waiting list initiated extra OPA clinics may face increased challenges in meeting long waiter targets.

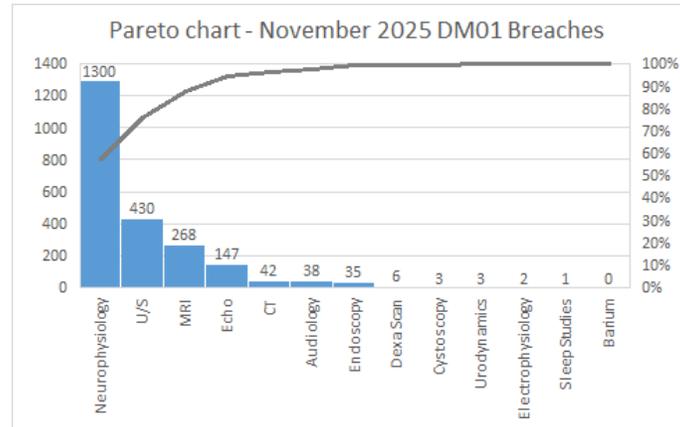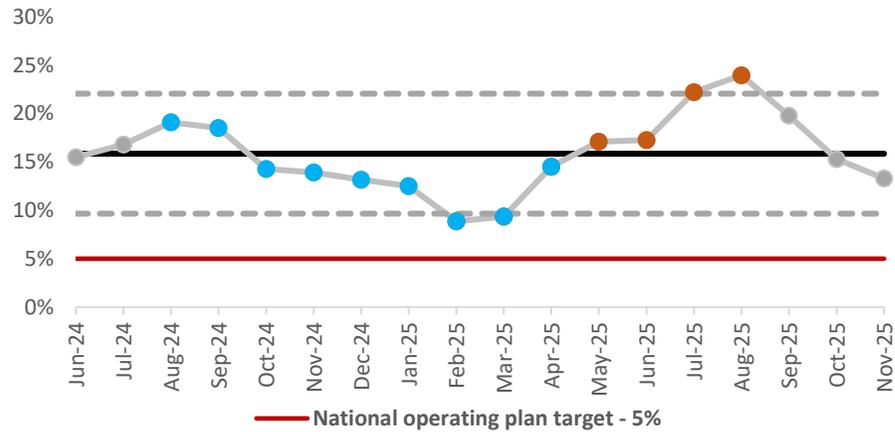**Trend - % of patients waiting more than 6 weeks for their diagnostic test or procedure**

National operating plan target - 5%

Pareto chart - November 2025 DM01 Breaches

Current performance, by diagnostic modality

Modality		Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Imaging	WL	14562	15293	11773	12381	11525	10845
	Breaches	2444	2811	2350	1959	1247	746
	%	16.8%	18.4%	20.0%	15.8%	10.8%	6.9%
Endoscopy	WL	1919	1953	1680	1648	1767	1751
	Breaches	63	118	160	78	76	35
	%	3.3%	6.0%	9.5%	4.7%	4.3%	2.0%
Cystoscopy	WL	227	272	240	255	269	192
	Breaches	8	8	7	4	4	3
	%	3.5%	2.9%	2.9%	1.6%	1.5%	1.6%
Urodynamics	WL	98	133	121	125	134	127
	Breaches	0	0	0	0	0	3
	%	0.0%	0.0%	0.0%	0.0%	0.0%	2.4%
Cardiology - Echocardiography	WL	1567	1373	1782	1461	1482	1276
	Breaches	322	347	342	269	174	147
	%	20.5%	25.3%	19.2%	18.4%	11.7%	11.5%
Cardiology - Electrophysiology	WL	28	19	19	23	25	23
	Breaches	1	3	2	1	1	2
	%	3.6%	15.8%	10.5%	4.3%	4.0%	8.7%
Neurophysiology	WL	1459	1571	1705	1861	1935	1987
	Breaches	712	928	1180	1213	1216	1300
	%	48.8%	59.1%	69.2%	65.2%	62.8%	65.4%
Audiology	WL	577	461	624	633	667	708
	Breaches	28	7	16	23	10	38
	%	4.9%	1.5%	2.6%	3.6%	1.5%	5.4%
Sleep Studies	WL	280	848	620	380	305	205
	Breaches	0	640	391	166	42	1
	%	0.0%	75.5%	63.1%	43.7%	13.8%	0.5%
Total	WL	20717	21923	18564	18767	18109	17114
	Breaches	3578	4862	4448	3713	2770	2275
	%	17.3%	22.2%	24.0%	19.8%	15.3%	13.3%

Performance and Recovery: In November, 13.3% of patients were waiting for their diagnostic test or procedure for over six weeks. Imaging, neurophysiology and echocardiography accounted for 96% of breaches. The above Pareto shows the individual modality breakdown of breaches in November and the cumulative contribution. Recovery actions are ongoing.

- **Imaging**: On-going improvement across the modality, reporting the best position since March 2024.
  - MRI – Continued improvement in performance in line with the trajectory & reporting the lowest number of six-week breaches since February 2024.
  - Non-obstetric ultrasound (NOUS) – Breaches have continued to reduce, and performance has improved and is in line with the recovery trajectory. This is the best performance since March-24.
- **Neurophysiology**: No significant change in the performance level. Demand & capacity work is underway to support recovery; the longer-term recovery timeline is currently under review.
- **Echocardiography**: Performance continued to improve in month and is in line with the internal recovery trajectory. Additional echocardiographers commenced in post in Nov to support on-going improvement.
- **Sleep Studies**: Adult sleep studies have recovered their performance in November which has supported the modality returning to under 1%.
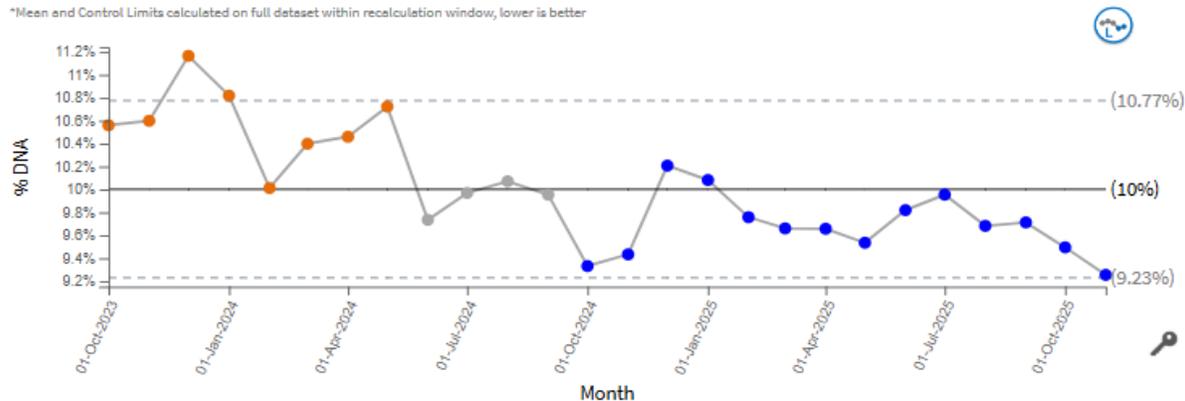
Risks: MRI – ongoing risk due to unplanned downtime and delays to the replacement programme. Industrial action in December may impact performance.

<1%
>1% but less than 5%
>5%

Missed outpatient appointments (DNA)

% OP Did Not Attend(DNA) rates (all appointments)

*Mean and Control Limits calculated on full dataset within recalculation window, lower is better

Performance: Performance has improved since peak levels in 2022/23 and the overall DNA rate continues to reduce.

Recovery plan: The causes of missed outpatient appointments are multifactorial.

Key initiatives include:

- Standardise reminder messages on days 7 and 3, and automated calls on day 5 for key services (ENT, Neurosurgery, cancer).
- The second phase of 'choice booking' (8-6-4-2) for follow-ups begins late December/early January, including Neurology and selected Neurosurgery clinics.
- A trial of this booking approach for new Gynaecology appointments started in late December and will be monitored for 12 weeks before expanding.
- Plans are in place for volunteers and coordinators to support patients in areas with high DNA rates and specific needs to improve access.
- A Trust-wide review of high DNA rates led by the Chief Operating Officer (COO) will focus first on areas over 12% YTD.
- The APC Board has prioritised DNA inequity in the 2025/26 report; data collection is underway.

Improvements: DNA rates fell to 7.5% in November in areas using choice booking, showing ongoing benefits of patient-led scheduling.

Curent performance: OP DNA Nov/25

Division	All OP Appointments	All DNA %	New DNA %	FU DNA %
Trust	109,289	9.3%	11.0%	8.6%
Medicine and Integrated Care	32,326	9.8%	10.3%	9.6%
Surgery and Cancer	43,582	9.5%	13.2%	8.2%
Womens, Cardiovascular and Clinical Support	28,948	8.2%	8.0%	8.2%
West London Children's Healthcare	4,431	10.0%	11.8%	8.9%

% OP DNA (all appointments) by Treatment Function

TFC	All DNA % - Nov 25
Allergy	14.4%
Neurology	14.1%
Ophthalmology	12.0%
Hepatology	11.8%
Paediatric Ear Nose And Throat	11.2%
Plastic Surgery	11.1%
Urology	10.8%
Endocrinology	10.7%
Trauma and Orthopaedics	10.6%
Ear Nose and Throat	10.3%
Cardiology	9.8%
Respiratory Medicine	9.8%
Vascular Surgery	9.7%
Neurosurgery	9.7%
General Surgery	9.0%
Colorectal Surgery	8.4%
Breast Surgery	8.1%
Gastroenterology	7.6%
Gynaecology	7.3%
Dermatology	6.5%

The above table shows DNA rates for the Top 20 highest volume services, ranked by DNA rate for October 2025 (highest to lowest). These 25 services represent 83% of the RTT waiting list.

Access to cancer care – 28 day faster diagnosis standard

NHS
Imperial College Healthcare
NHS Trust

Trend
% Contacted within FDS Cancer standard

*Mean and Control Limits calculated on full dataset within recalculation window, higher is better

Current Performance: Access to Cancer Care (28 Day Faster Diagnosis) -Oct/25

	Total Seen / Treated	Accountable	Compliant	Breach Allocated	% Meeting Standard
Totals	3,049	3049	2,510	539	82.3%
2WW	2,753	2753	2,286	467	83.0%
NULL	1	1	0	1	0.0%
SCREENING	295	295	224	71	75.9%

Cancer Site

	Total Seen / Treated	Accountable	Compliant	Breach Allocated	% Meeting Standard
BRAIN	50	50	45	5	90.0%
BREAST	783	783	669	114	85.4%
COLORECTAL	459	459	377	82	82.1%
GYNAECOLOGY	291	291	229	62	78.7%
HAEMATOLOGY	37	37	29	8	78.4%
HEAD AND NECK	300	300	255	45	85.0%
HEAD AND NECK - THYROID	22	22	14	8	63.6%
LUNG	75	75	66	9	88.0%
NULL	1	1	0	1	0.0%
OTHER	1	1	0	1	0.0%
OTHER - NSS	48	48	43	5	89.6%
PAEDIATRIC	19	19	19	0	100.0%
SKIN	614	614	496	118	80.8%
UPPER GI - HPB	33	33	15	18	45.5%
UPPER GI - OG	155	155	117	38	75.5%
UROLOGY - PROSTATE	94	94	78	16	83.0%
UROLOGY - RENAL	2	2	2	0	100.0%
UROLOGY - TESTICULAR	2	2	2	0	100.0%
UROLOGY - UROTHELIAL	63	63	54	9	85.7%

Performance: October 2025 performance was 82.3% against the national target of 80.0%. The unvalidated November 2025 position is c. 82.0%.

Recovery plan: Long term challenges remain in Thyroid and Upper GI. Key issues include:
- MRI resilience at CXH, particularly impacting urology
- Endoscopy capacity, particularly impacting HPB patients
- Pathology turn around times, particularly impacting urology and skin

Improvements: Performance remains strong on most cancer pathways. There has been a sustained improvement in gynaecology and prostate with performance now at >75%.

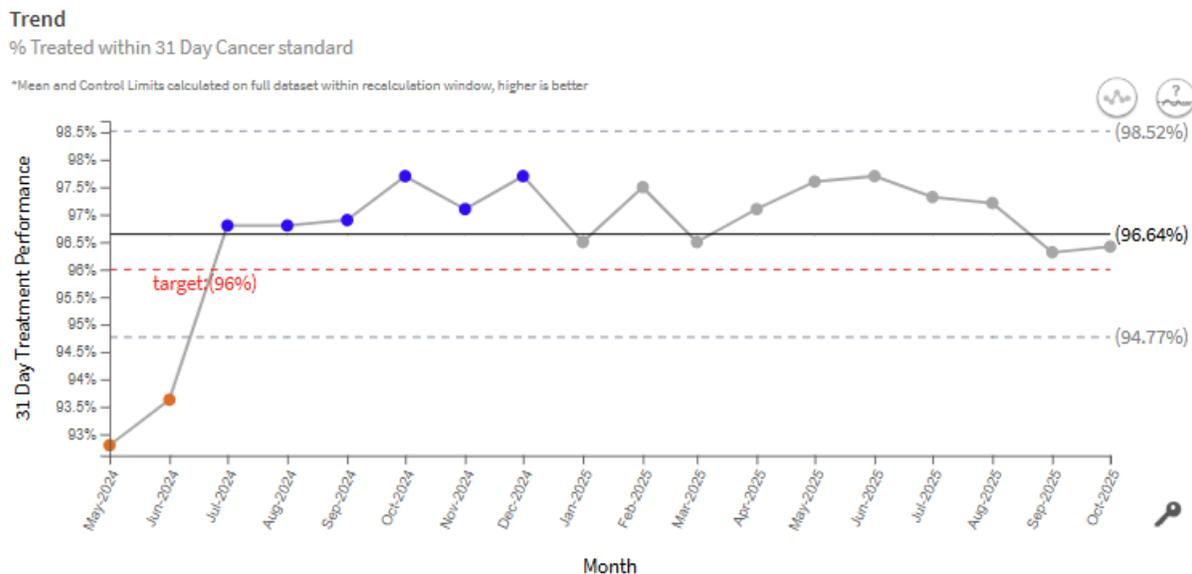**Risks:** Imaging resilience at CXH, pathology capacity, endoscopy capacity.

Cancer 31 day performance

Trend
% Treated within 31 Day Cancer standard

*Mean and Control Limits calculated on full dataset within recalculation window, higher is better

(98.52%)

(96.64%)

target (96%)

(94.77%)

Current Performance: Cancer 31 day decision to treatment combined standard -Oct/25

Headline Standard | Values

	Total Seen / Treated	Accountable	Compliant	Breach Allocated	% Meeting Standard	62+ Day Waits
Totals	893	893	861	32	96.4%	0
FIRST TREATMENT	296	296	280	16	94.6%	0
SUBSEQUENT TREATMENT	597	597	581	16	97.3%	0

Cancer Site

Tumour Site | Values

	Total Seen / Treated	Accountable	Compliant	Breach Allocated	Total Breached (31+ day waits)	% Meeting Standard	62+ Day Waits
BRAIN	21	21	21	0	0	100.0%	0
BREAST	212	212	209	3	3	98.6%	0
COLORECTAL	60	60	60	0	0	100.0%	0
CUP	3	3	3	0	0	100.0%	0
GTD GERM CELL	13	13	13	0	0	100.0%	0
GYNAECOLOGY	85	85	85	0	0	100.0%	0
HAEMATOLOGY	75	75	75	0	0	100.0%	0
HEAD AND NECK	30	30	30	0	0	100.0%	0
HEAD AND NECK - THYROID	13	13	9	4	4	69.2%	0
LUNG	72	72	71	1	1	98.6%	0
OTHER	4	4	4	0	0	100.0%	0
SARCOMA	1	1	1	0	0	100.0%	0
SKIN	20	20	20	0	0	100.0%	0
UPPER GI - HPB	32	32	31	1	1	96.9%	0
UPPER GI - OG	38	38	37	1	1	97.4%	0
UROLOGY - PROSTATE	163	163	147	16	16	90.2%	0
UROLOGY - RENAL	29	29	23	6	6	79.3%	0
UROLOGY - TESTICULAR	2	2	2	0	0	100.0%	0
UROLOGY - UROTHELIAL	20	20	20	0	0	100.0%	0

Performance: In October 2025, the 31-day treatment standard performance was 96.4% against the national operating standard of ensuring that 96% of patients receive first or subsequent treatment within 31 days of a treatment decision.

Challenges: Of 32 breaches in October, 27 were surgical delays, 4 were radiotherapy delays and 1 was a chemotherapy delay. 16 of the surgical breaches were for prostate treatments where there are backlogs for radical prostatectomy and focal therapy procedures. Of the 6 surgical breaches in renal, 2 of these were for renal ablation procedures.

Improvements: Oncology continues to perform well with over 99% of patients receiving drug or radiotherapy treatment within 31 days of a decision to treat in October. Weekly renal ablation lists started in December.
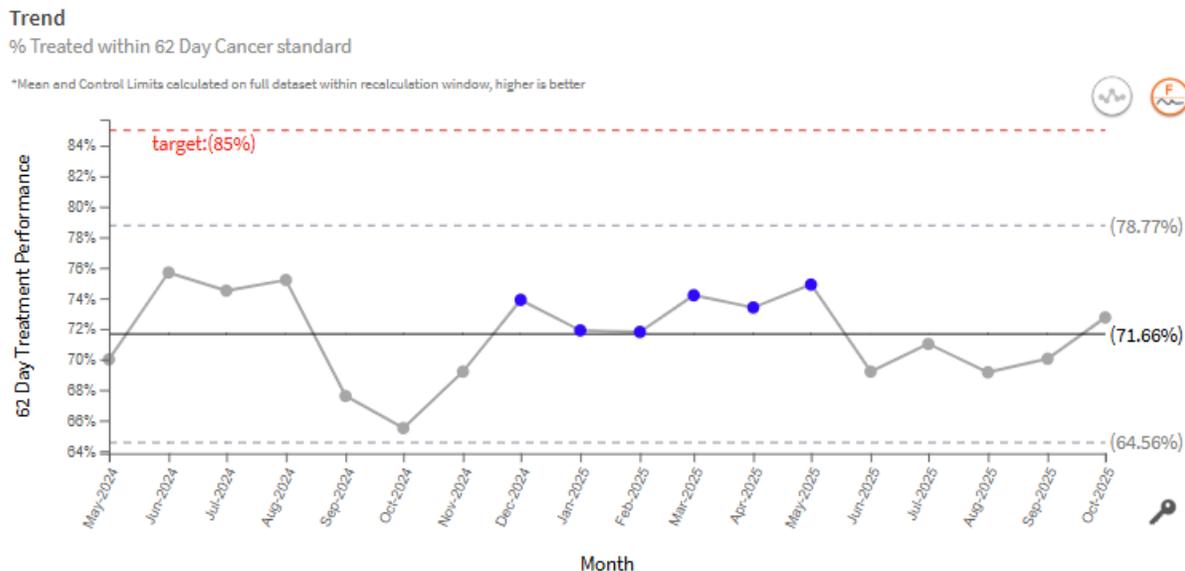
Risks:

• Winter pressures and bed capacity.

• Urology surgical capacity.

Cancer 62 day performance

Trend
% Treated within 62 Day Cancer standard

*Mean and Control Limits calculated on full dataset within recalculation window, higher is better

target:(85%)
(78.77%)
(71.66%)
(64.56%)

62 Day Treatment Performance

Month (May-2024 to Oct-2025)

Performance: October 2025 62-day referral to first treatment performance was 72.7% against a local target of 85.0% and a national target of 75.0%. The 62d position for November is expected to be in the region of 69-74% following validation.

Recovery: Improvement is required across most tumour sites to achieve 85% as a Trust, particularly the high volume breast, prostate and lung pathways. Upper GI, renal and bladder are also challenged. Tumour site action plans are in place and an internal performance framework for cancer was launched in January 2025.

Improvement: Breast time to first appointment significantly improved in October, however the waiting time has increased from November onwards and the screening pathway continues to be challenged. The diagnostic stage of the prostate pathway is improving, however challenges with late ITRs and prostatectomy/ focal therapy capacity remain. Month on month improvements were visible in breast, colorectal, haematology, head and neck, lung, skin, OG and bladder.
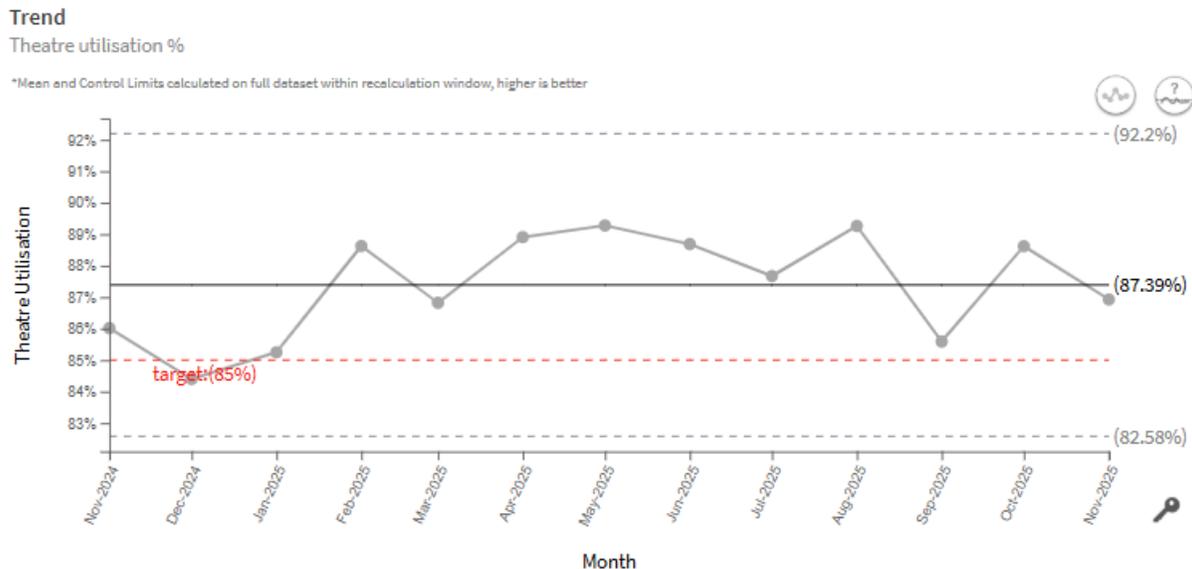
Risks:

- Multiple diagnostics and outpatient appointments between FDS clock-stop and decision to treat (31d) clock-start. The cancer performance team are working with services on the key tumour sites (breast, lung and prostate) to streamline processes.
- Late transfers of care from other providers and patient choice.

Current Performance: Unacceptable waits for the treatment of cancer (62 day combined standard)-Oct/25

Headline Standard | Values

	Total Seen / Treated	Accountable	Compliant	Breach Allocated	% Meeting Standard	104+ Day Waits
Totals	283	249.5	181.5	68	72.7%	0
2WW	118	105	72	33	68.6%	0
SCREENING	30	26.5	12.5	14	47.2%	0
UPGRADE	135	118	97	21	82.2%	0

Cancer Site

Tumour Site | Values

	Total Seen / Treated	Accountable	Compliant	Breach Allocated	% Meeting Standard	104+ Day Waits
BRAIN	5	5	5	0	100.0%	0
BREAST	39	35	23.5	11.5	67.1%	0
COLORECTAL	24	23.5	18.5	5	78.7%	0
GYNAECOLOGY	33	24	20	4	83.3%	0
HAEMATOLOGY	20	19	18.5	0.5	97.4%	0
HEAD AND NECK	14	12.5	9	3.5	72.0%	0
HEAD AND NECK - THYROID	7	7	6	1	85.7%	0
LUNG	42	38	23	15	60.5%	0
SARCOMA	1	1	1	0	100.0%	0
SKIN	9	9	8	1	88.9%	0
UPPER GI - HPB	18	14.5	8.5	6	58.6%	0
UPPER GI - OG	13	9.5	7.5	2	78.9%	0
UROLOGY - PROSTATE	29	26.5	20	6.5	75.5%	0
UROLOGY - RENAL	20	17	9	8	52.9%	0
UROLOGY - UROTHELIAL	9	8	4	4	50.0%	0

Theatre utilisation

Trend
Theatre utilisation %

*Mean and Control Limits calculated on full dataset within recalculation window, higher is better

(92.2%)

(87.39%)

target:(85%)

(82.58%)

Month

Current Performance: Theatre Utilisation -Nov/25

Division	Planned Operating Time (Hours)	Theatre Utilisation	Difference from Target	Unused Time (Hours)
Trust	4,899.00	86.93%	1.9%	640.52
Medicine and Integrated Care	329.25	91.74%	6.7%	27.20
Surgery and Cancer	3,506.25	87.24%	2.2%	447.25
Womens, Cardiovascular and Clinical Support	963.50	84.01%	-1.0%	154.08
West London Children's Healthcare	100.00	88.02%	3.0%	11.98

Stratification
% Of Unused Time (Hours)

Div

West London Children's Healthcare
Medicine and Integrated Care

Womens, Cardiovascular and Clinical Sup...

4.2%

24.1%

69.8%

Surgery and Cancer
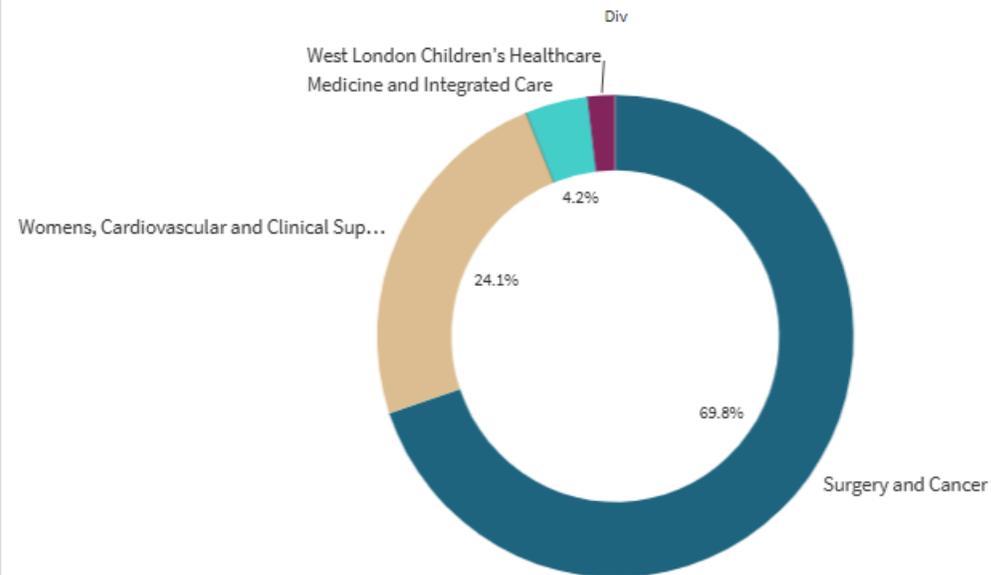
Performance: The Trust is meeting the expectation of 85% theatre utilisation.

Recovery plan:

- Rigorous implementation of the 6-4-2 scheduling model to improve efficiency and productivity through advanced planning and ensuring theatre sessions start on time

- Increasing the use of theatre scheduling through the Care Coordination Solution, as part of the Federated Data Platform (FDP), allowing operational teams to coordinate surgery lists more effectively

Improvements: Scheduling improvements have been made through better communication and flexible staff allocation. The use of FDP tools has increased, and the digital preoperative assessment questionnaire is streamlining patient evaluations for surgery.

Forecast risks: Theatre estates issues such as lift breakdowns at WEH have intermittently affected operations.

Layout of slides for KPI reports

Trend	Summary
This quadrant shows trend data for each sentinel indicator for data at trust level Statistical process control (SPC) is used to demonstrate trends, assurance and forecast The charts are based on the NHS England Making Data Count methodology, which are intended to be used in the NHS to make best use of data and to support good decision making	This quadrant shows the current month of data by division or site for a range of related metrics

Narrative	Stratification
The brief narrative includes commentary on performance; the focus of recovery efforts to tackle any shortfall, any improvements made since the last report and a forecast view on risk to delivery	Provides detail of the factors driving the performance (e.g. Specialty level information) and will be specific to the KPI (TFC, modality, tumour site)

Governance (see separate slide at the end of this pack)

Notes the Senior Responsible Owner for performance, the committee responsible for managing delivery and the data assurance processes in place to confirm the reported performance is accurate

KPI governance

| #	KPI Slide Description	Sentinel Metric	Senior Responsible Owner	Committee	Data Assurance
1	Ambulance Handover Waits	• 15 minute performance	• Frances Bowen (Divisional Director, MIC)	• ICHT Executive Management Board (Chair: Tim Orchard)	• These figures are provided by London Ambulance Service
2	Urgent & Emergency Department Waits	• 4 hour performance	• As above	• As above	• These figures are validated ahead of the Monthly A&E Attendances and Emergency Admissions central performance return and the performance data are published by NHSE
3	Urgent & Emergency Department Long Waits	• 12 hour performance	• As above	• As above	• This data is sourced from the near real-time Emergency Care Dataset (ECDS) and are separate from the data published as part of the Monthly A&E Attendances and Emergency Admissions
4	Referral to Treatment Waits	• Waits < 18 weeks	• Raj Bhattacharya (Divisional Director, SC)	• As above	• These figures are validated ahead of the monthly RTT performance return -performance data are published by NHSE
5	Referral to Treatment Waits	• Waits > 52 weeks	• As above	• As above	• As above
6	Access to Diagnostics	• Waits > 6 weeks	• Amrish Mehta (Divisional Director, WCCS)	• As above	• These figures are validated ahead of the monthly DM01 performance return -performance data are published by NHSE
7	28 Day General Faster Diagnosis Standard	• 28 day faster diagnosis performance	• Raj Bhattacharya (Divisional Director, SC)	• As above	• These figures are validated ahead of the monthly Cancer Waiting Times performance return - performance data are published by NHSE
8	31 Day General Treatment Standard	• 31 day performance	• As above	• As above	• As above
9	62 Day General Standard	• 62 day performance	• As above	• As above	• As above
10	Theatre Utilisation	• Uncapped Theatre Utilisation	• Raj Bhattacharya (Divisional Director, SC)	• As above	• Figures are submitted as part of the monthly national theatre productivity data collection – performance data are published as part of the NHS Model Hospital benchmarking application
11-14	Operating Plan Performance (Volumes)	• Daycases • Elective Inpatient Spells • Outpatient First Appointments • Outpatient Follow up Appointments • Outpatient Procedures	• Frances Bowen (Divisional Director, MIC) • Raj Bhattacharya (Divisional Director, SC) • Amrish Mehta (Divisional Director, WCCS)	• As above	• These activity figures are based on weekly SUS data extracts from Cerner

SPC rules : special cause variation

NHS

Four rules are used to highlight special cause variation within the national Making Data Count methodology
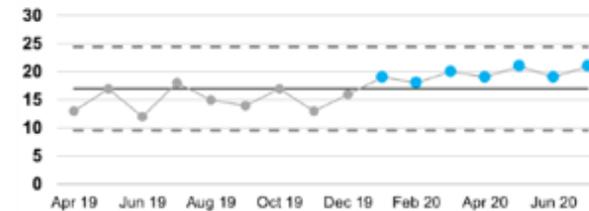

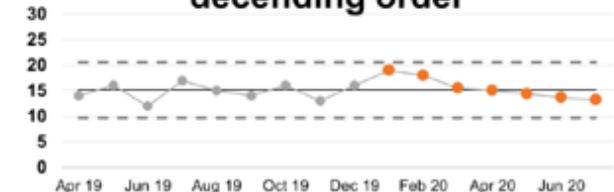**A single point outside the process limits**
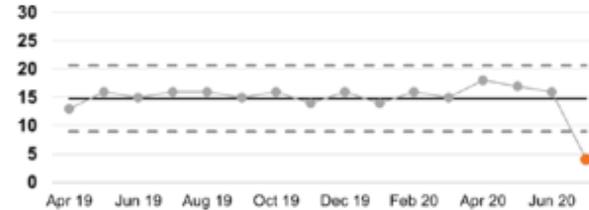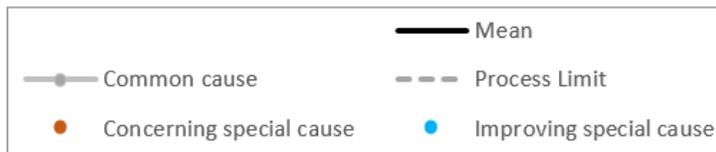
Two out of three points close to a process limit
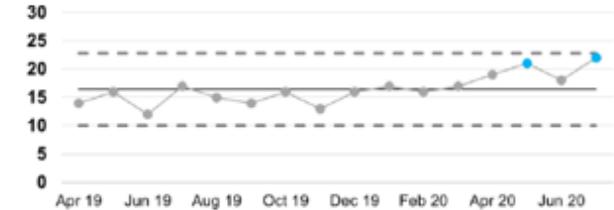
A shift of points above / below the mean

A run of points in consecutive ascending or decending order

SPC chart legend

- Mean
- Common cause
- Process Limit
- Concerning special cause
- Improving special cause

For further information see NHS England Making Data Count website:

https://www.england.nhs.uk/publication/making-data-count/

Making Data Count workspace:
https://future.nhs.uk/