

# Trust operational performance report

Month 8

November 2024 data (except Cancer – October)

# Layout of slides for each key performance indicator

## Trend

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

## Summary

This quadrant shows the current month of data by division or site for a range of related metrics

## Narrative

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

## Stratification

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

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

# Scorecard – month 8 (November 2024)

#	KPI Slide Description	Sentinel Metric	Expected level (annual)	M8 Expected level	M8 Actual	SPC Trend
1	Ambulance Handover Waits	30 minute performance	95.0%	95.0%	93.3%	Common cause
2	Urgent & Emergency Department Waits	4 hour performance	78% By March 2025	76.0%	77.3%	Special cause - improvement
3	Urgent & Emergency Department Long Waits	12 hour performance	2.0%	2.0%	4.2%	Common cause
4	Referral to Treatment Waits	Waits > 52 weeks	2,483 By March 2025	2,895	2,824	Special cause - improvement
5	Access to Diagnostics	Waits > 6 weeks	5% By March 2025	5%	13.9%	Special cause - concern
6	28 Day General FDS (V12)	28 day faster diagnosis performance	77% By March 2025	77.0%	80.0%	Common cause
7	31 Day General Treatment Standard (V12)	31 day performance	96.0%	96.0%	97.7%	Special cause - improvement
8	62 Day General Standard (V12)	62 day performance	70.0% National target by March 2025	82.9% Local target	65.5%	Special cause - concern
9	Theatre Utilisation	Theatre utilisation (Hrs)	85.0%	85.0%	82.2%	Common cause

# Scorecard – month 8 (November 2024)

## Operating Plan Performance (Volumes)

#	KPI Slide Description	Sentinel Metric	M8 Expected level	M8 Actual		YTD Expected level	YTD Actual	
11	Day Case Spells - ERF	% Achievement of operational activity plan	9,755	9,842	100.9%	76,932	78,476	102.0%
10	Elective Inpatient (Ordinary) Spells - ERF	% Achievement of operational activity plan	1,406	1,406	100.0%	11,033	10,407	94.3%
12	Outpatient New (First) attendances without a procedure - ERF	% Achievement of operational activity plan	23,544	24,438	103.8%	181,818	183,342	100.8%
13	Outpatient Follow-up attendances without a procedure - ERF	% Achievement of operational activity plan	47,333 or less	51,992	109.8%	378,326 or less	404,299	106.9%
14	Outpatient Procedures - ERF	% Achievement of operational activity plan	15,937	17,248	108.2%	120,712	136,305	112.9%

### NOTES

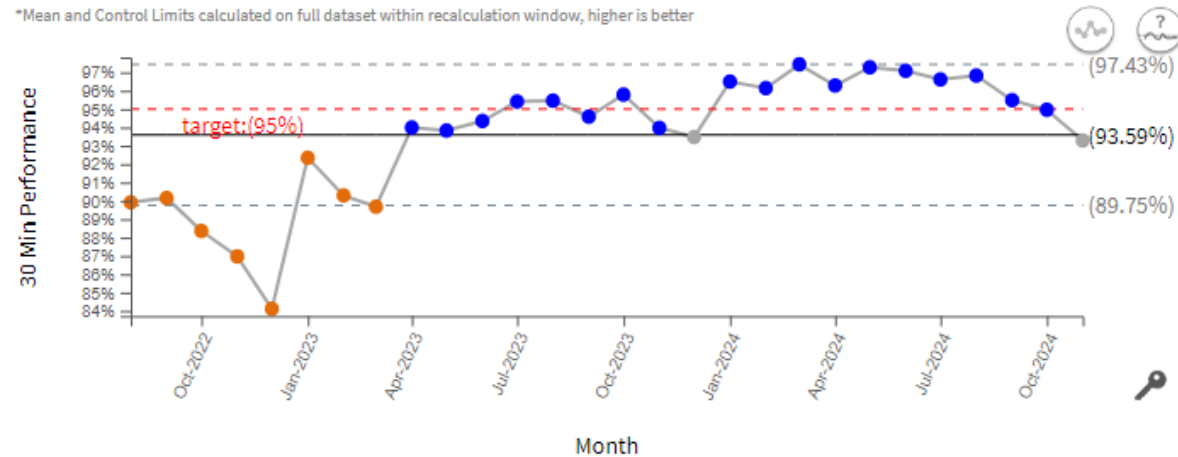
1. Key indicators 11 to 14 are based on activity volumes within scope of the elective recovery fund (ERF) for 2024/25
2. % Achievement is calculated using **Actual activity** vs **Planned activity**
3. For indicator 13 - Outpatient follow-up activity without a procedure - the aim is to reduce activity to the level of the operational plan or below

# Ambulance Handover Waits

## Trend

### 30 Min Breach Performance

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



**Performance:** The Trust continues to have some of the best ambulance handover times across London. However, there has been a decrease in 30 minute handover performance in recent months, linked to increased delays at Charing Cross Hospital. In November 2024, 65.4% of Ambulance handovers took place within 15 minutes against the target of 65% and 93.3% of handovers took place within 30 minutes against the target of 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 to expand the use of direct referral routes and direct booking.

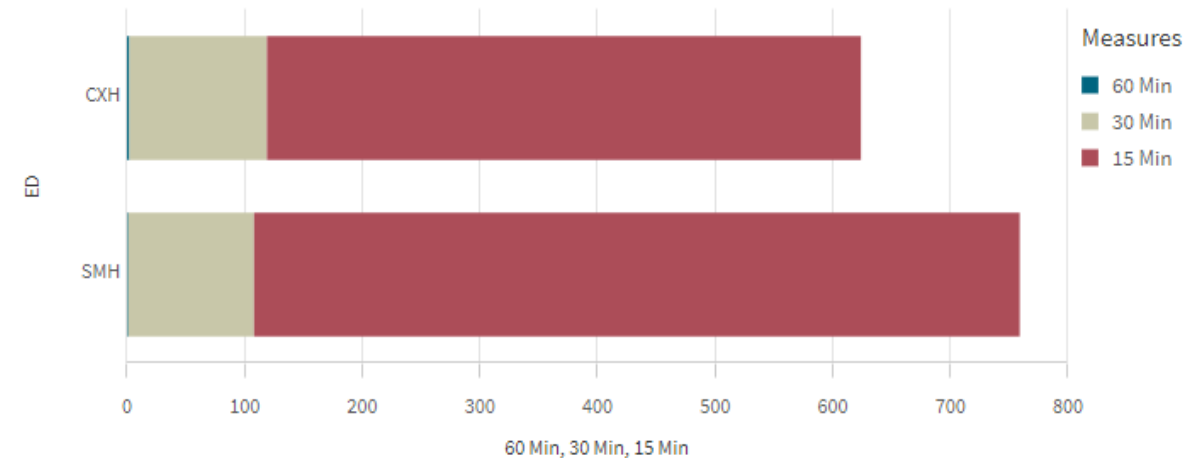
**Improvements:** 45-minute performance has been tracked and validated as part of a London Ambulance Service operating procedure. Trust performance for November 2024 was 98.5%.

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

## Current Performance: Ambulance handover delays - Nov/24

Site	Total Handovers	30 Min Performance	Difference from Target	15m + Delays	30m + Delays	60m + Delays
Trust	3,338	93.3%	-1.71%	1,156	224	3
CXH	1,503	92.2%	-2.78%	505	117	2
SMH	1,835	94.2%	-0.83%	651	107	1

## Stratification



Share of waits longer than standard

## Governance

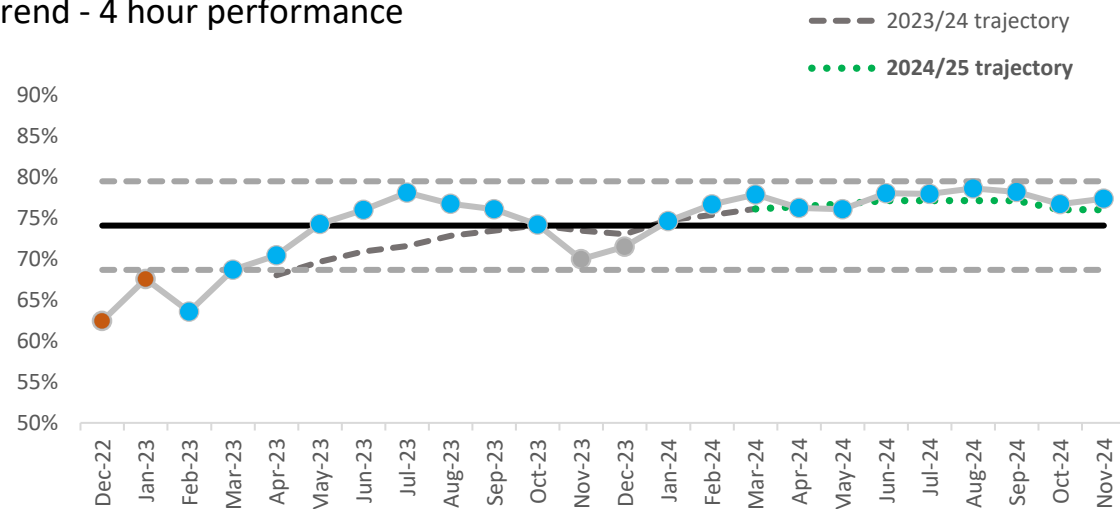
Senior Responsible Owner: Frances Bowen (Divisional Director, MIC)

Committee: ICHT Executive Management Board (Chair: Tim Orchard)

Data Assurance: These figures are provided by LAS

# UEC waits – 4 hours

## Trend - 4 hour performance



**Performance:** In November 2024, 77.33% of patients attending A&E were admitted, transferred or discharged within four hours, meeting our improvement trajectory target of 76.0% for the month. There were more people attending our A&E departments in November 2024 than in the corresponding month last year (total attendances were 3.5% higher than in November 2023).

**Recovery plan:** We have a robust plan in place to improve, and more importantly sustain, four-hour performance to meet the national NHS objective of 78% by March 2025.

Our urgent and emergency care prioritised action plan is designed to improve four areas across the urgent and emergency (UEC) pathways: inpatient flow, ED flow, redirection and discharge.

**Improvements:** Work continues across the North West London UEC programme to reduce demand and waits across the pathway.

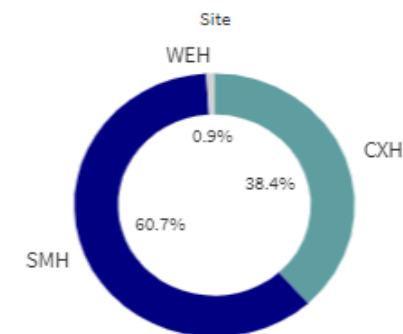
**Forecast risks:** Increases in demand and continued delays with discharge for medically optimised patients.

## Current Performance: Time spent in the emergency department (four hour standard) -Nov/24

Site	Total Attenda...	4 Hour Perform...	Difference from Trajectory Target	4 Hour Delays (All types)	Type 1-2 Breaches	Type 1-2 Performa...	Type 3 Breaches	Type 3 Perform...
Trust	23,292	77.3%	1.3%	5,280	4,824	68.8%	456	94.2%
CXH	7,642	73.5%	-2.5%	2,027	1,979	58.3%	48	98.3%
HH	487	100.0%	24.0%	0	0	-	0	100.0%
SMH	11,483	72.1%	-3.9%	3,203	2,795	60.4%	408	90.8%
WEH	3,680	98.6%	22.6%	50	50	98.6%	0	-

## Stratification

% of all 4 Hour Breaches



Share of waits longer than standard

## Governance

Senior Responsible Owner: Frances Bowen (Divisional Director, MIC)

Committee: ICHT Executive Management Board (Chair: Tim Orchard)

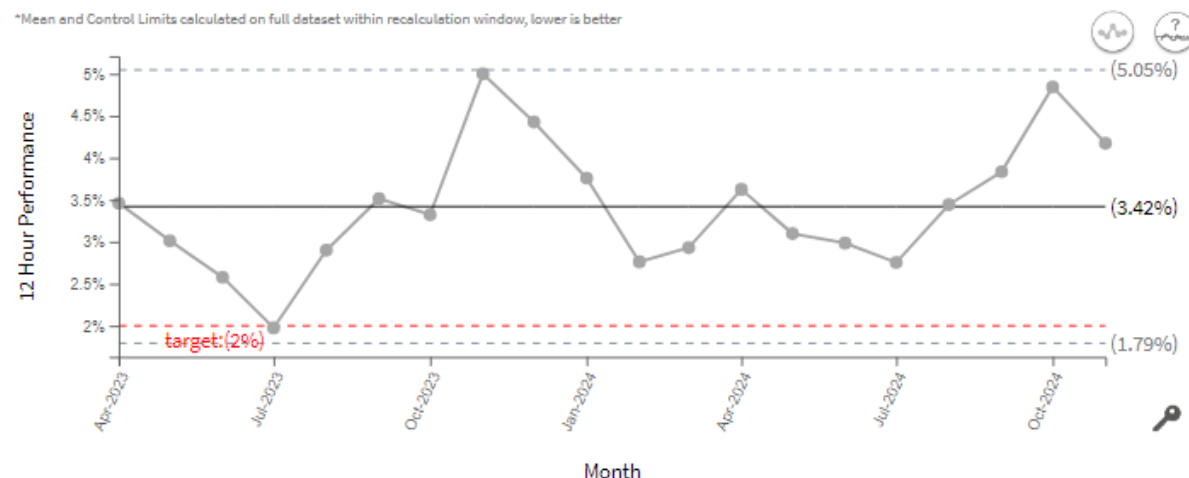
Data Assurance: These figures are validated ahead of a monthly performance return and the performance data is published by NHSE

# UEC waits – 12 hours

## Trend

### 12 Hour Performance

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



**Performance:** The total number of patients waiting more than 12-hours from their time of arrival decreased to 972 (-203 from the previous month), the equivalent of 4.2% of attendances.

**Recovery plan:** As with four hour performance, work continues across a range of work streams to reduce waits within the emergency department, including mental health delays, and to improve flow through the hospital.

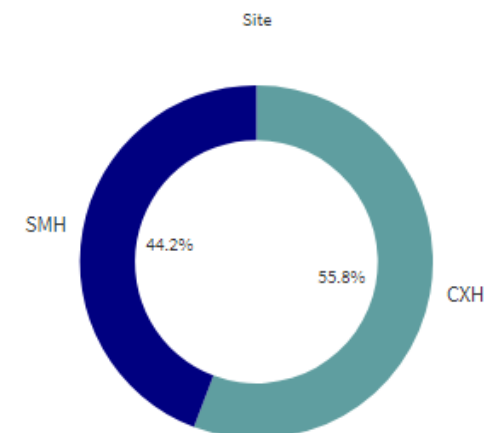
**Forecast risks:** Increases in demand, continued delays with discharge for medically optimised patients, continued delays for patients waiting for admission to mental health beds.

## Current Performance: Time spent in the emergency department (12 hour waits from arrival) -Nov/24

Site	Total Attendances	12 Hour Performance	Difference from Target	12H + Delays
Trust	23,292	4.2%	-2.2%	972
CXH	7,642	7.1%	-5.1%	542
HH	487	0.0%	0.0%	0
SMH	11,483	3.7%	-1.7%	430
WEH	3,680	0.0%	0.0%	0

## Stratification

% of all 12 Hour Breaches



## Governance

Senior Responsible Owner: Frances Bowen (Divisional Director, MIC)

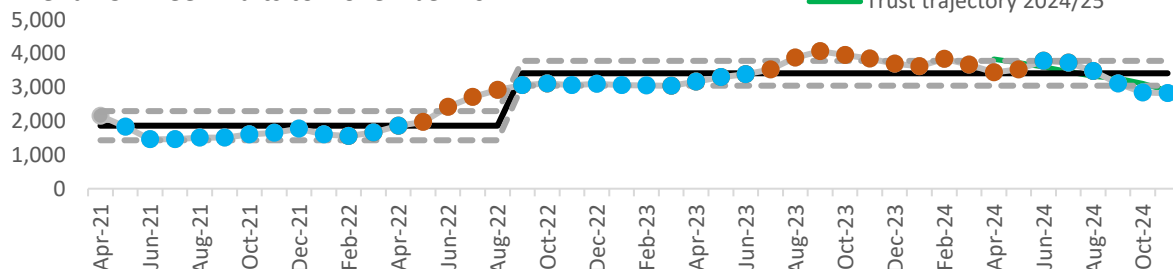
Committee: ICHT Executive Management Board (Chair: Tim Orchard)

Data Assurance: These figures are validated ahead of a monthly performance return and the performance data is published by NHSE

# Referral to Treatment – long waiters

Based on the provisional  
November position (national  
submission is 18 December)

## Trend - 52 week waits to November 2024



**Performance:** The overall size of the RTT waiting list has continued to reduce. The long waiter performance was as follows:

- 78ww = 58 against a trajectory of 0 (+20 on the previous month)
- 65ww = 261 against the revised trajectory of 220 (-96 on the previous month)
- 52ww = 2,824 against a trajectory of 2,895 (-22 on the previous month)

One patient was identified via routine audit as waiting over 104 weeks. The patient is booked for treatment in December.

**Recovery plan:** A recovery trajectory has been agreed, with the goal of significantly reducing the level of patients waiting over 65 weeks by December 2024. The key plans for the longest-waiting specialties include:

- Additional operating capacity agreed to run intensive weekend theatre lists
- Continuation of insourcing and outsourcing until a sustainable position is achieved
- Ongoing clinical review and virtual clinics to reduce delays in decision-making
- Reducing time to first outpatient appointment, as part of outpatient transformation

**Improvements:** 52 week waits reduced in most of the highest contributing specialties. Imperial have agreed to mutual aid support to King's Hospital for Vascular and to London North West Hospital for Nephrology. Hillingdon have agreed to mutual aid support to Imperial for General Surgery. Mutual aid support options for Neurosurgery with other London NHS Trusts are being explored.

**Forecast risks:** Significant risk to ongoing delivery with anaesthetic staffing shortages and high volumes of trauma and Priority 2 patients. Capacity and patient choice delay through the Christmas period.

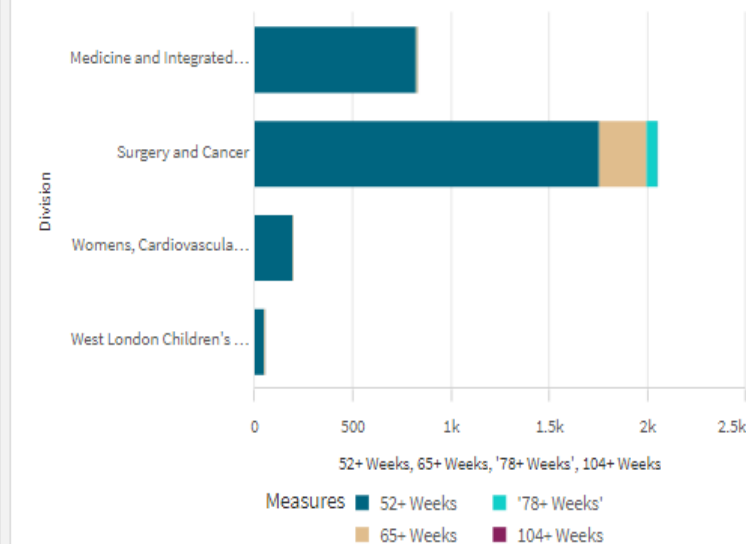
## Current Performance: Referral to Treatment -Nov/24

	Total Waiting List Size	Waits >52 Weeks	52+ Weeks	Difference from 52ww Trajectory	65+ Weeks	78+ Weeks	104+ Weeks
Trust	91,653	3.1%	2,824	-100	261	58	1
Surgery and Cancer	40,046	4.4%	1,758	-698	242	57	1
Medicine and Integrated Care	28,728	2.9%	824	562	9	1	0
Womens, Cardiovascular and Clinical Support	16,760	1.2%	193	37	5	0	0
West London Children's Hospital	6,081	0.81%	49	28	5	0	0

## Waits over 52 weeks

TreatmentFunctionLocal	waits > 52 weeks
Totals	2,824
400 - Neurology	558
150 - Neurosurgery	500
120 - ENT	354
104 - Colorectal Surgery	263
100 - General Surgery	189
341 - Sleep Studies	144
107 - Vascular Surgery	139
502 - Gynaecology	116
110 - Trauma & Orthopaedics	102
317 - Allergy	78
320 - Cardiology	74
130 - Ophthalmology	61
101 - Urology	58
160 - Plastic Surgery	50

## Stratification



Share of waits longer than standard

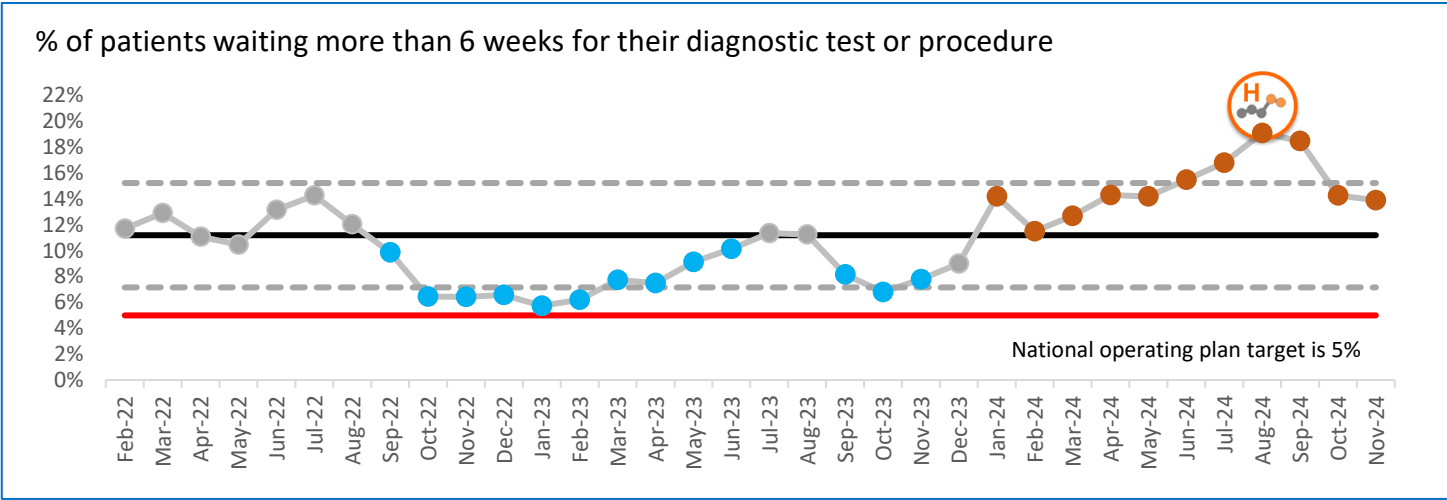
## Governance

Senior Responsible Owner: Raj Bhattacharya (Divisional Director, SC)

Committee: ICHT Executive Management Board (Chair: Tim Orchard)

Data Assurance: These figures are validated ahead of a monthly performance return and the performance data is published by NHSE

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



**Performance and Recovery:** In November 2024, 13.9% of patients were waiting for their diagnostic test or procedure for over six weeks. Imaging, Neurophysiology, and Cardiology (Echo) accounted for 98% of breaches. Recovery plans are in place to increase capacity and reduce the backlog; this has already seen an improvement for Cardiology (Echo) and Neurophysiology.

The trajectories for each service are set to deliver 5% by March 2025.

- Imaging:** MRI six week wait delays increased in number and as a proportion of the waiting list. Unplanned downtime continued to affect performance in the month. A new task and finish group has been established to review the utilisation of capacity, including that provided by the mobile scanner which came into effect from mid-November.
- Neurophysiology:** Neurophysiology waiting list (backlog) and breaches decreased in line with the expectations in the recovery plan, following commencement of insourcing in October.
- Cardiology (echocardiography tests):** Insourcing solution commenced in October, creating additional slots each week; this has seen an improvement in the overall crude waiting list and breach number.

**Risks:** MRI - capacity and unforeseen downtime due to ageing equipment.

Current performance, against 1% breach tolerance

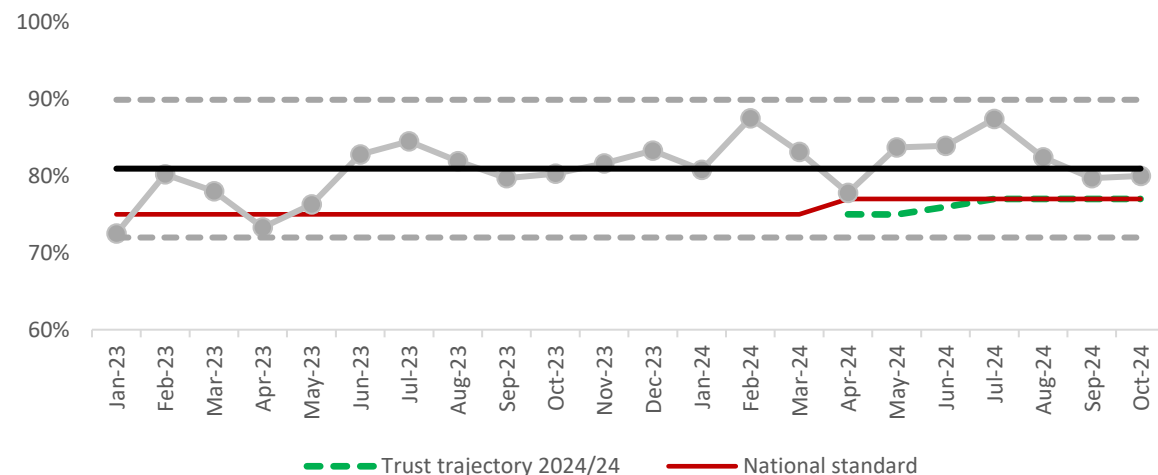
<1%  
>1% but less than 5%  
>5%

Modality		Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Imaging	WL	13067	13048	12455	12503	12944	13087
	Breaches	1400	1355	1429	1286	1216	1554
	%	10.7%	10.4%	11.5%	10.3%	9.4%	11.9%
Endoscopy	WL	1277	1538	1517	1649	1870	1769
	Breaches	1	2	9	29	20	27
	%	0.1%	0.1%	0.6%	1.8%	1.1%	1.5%
Cystoscopy	WL	281	295	312	345	317	347
	Breaches	10	5	3	5	2	11
	%	3.6%	1.7%	1.0%	1.4%	0.6%	3.2%
Urodynamics	WL	126	131	162	162	168	133
	Breaches	3	0	0	1	1	2
	%	2.4%	0.0%	0.0%	0.6%	0.6%	1.5%
Cardiology - Echocardiograph	WL	1803	1608	1901	2285	1671	1267
	Breaches	447	551	649	740	654	311
	%	24.8%	34.3%	34.1%	32.4%	39.1%	24.5%
Cardiology - Electrophysiology	WL	32	35	33	28	25	23
	Breaches	12	11	9	8	5	2
	%	37.5%	31.4%	27.3%	28.6%	20.0%	8.7%
Neurophysiology	WL	1878	2150	2249	2201	1496	1136
	Breaches	1080	1364	1581	1614	838	652
	%	57.5%	63.4%	70.3%	73.3%	56.0%	57.4%
Audiology	WL	476	504	523	493	446	454
	Breaches	14	19	26	12	11	22
	%	2.9%	3.8%	5.0%	2.4%	2.5%	4.8%
Sleep Studies	WL	461	366	300	354	366	339
	Breaches	31	4	4	8	7	1
	%	6.7%	1.1%	1.3%	2.3%	1.9%	0.3%
Total	WL	19401	19675	19452	20020	19303	18555
	Breaches	2998	3311	3710	3703	2754	2582
	%	15.5%	16.8%	19.1%	18.5%	14.3%	13.9%

- Senior Responsible Owner: Amrish Mehta (Divisional Director, WCCS)
- Committee: ICHT Executive Management Board (Chair: Tim Orchard)
- Data Assurance: These figures are validated ahead of a monthly performance return (DM01) and the performance data are published by NHSE

# Access to cancer care – 28 day faster diagnosis standard

## Trend - 28 day general faster diagnosis standard



**Performance:** The Trust continued to exceed the faster diagnosis standard of ensuring at least 77% of patients are given a positive or negative cancer diagnosis within 28 days of referral, with a performance of 79.9% in October 2024. Following validation, the November 2024 performance is expected to be between 83 and 85%.

**Recovery plan:** Challenges remain across some specialities (Colorectal, Gynaecology, Thyroid, HPB and Prostate). Key challenges include:

1. Lung, particularly imaging transfer from screening programme, PET tracer availability, endobronchial ultrasounds (EBUS) capacity at SMH and Royal Brompton navigation bronchoscopy turn-around-times
2. MRI & CT resilience at CXH, particularly impacting Urology
3. Biopsy capacity, particularly impacting Gynaecology and Skin
4. Pathology turnaround times, particularly impacting Gynaecology, Urology and Skin

**Improvements:** Month-on-month improvements in Brain, Colorectal, Gynaecology, Haematology and HPB.

**Risks:** These include imaging resilience at CXH, pathology capacity, endoscopy capacity, and biopsy capacity.

## Current Performance: Access to Cancer Care (28 Day Faster Diagnosis) - Oct/24

Headline Standard	Values				
	Total Seen / Treated	Total Compliant	Accountable over target	Total Breached	% Meeting Standard
Totals	3,247	2,596	651	651	80.0%
2WW	2,966	2,378	588	588	80.2%
NULL	2	1	1	1	50.0%
SCREENING	251	192	59	59	76.5%
SYMPTOMATIC	28	25	3	3	89.3%

## Cancer Site

Tumour Site	Values				
	Total Seen / Treated	Total Compliant	Accountable over target	Total Breached	% Meeting Standard
BRAIN	18	17	1	1	94.4%
BREAST	753	682	71	71	90.6%
COLORECTAL	500	391	109	109	78.2%
GYNAECOLOGY	367	210	157	157	57.2%
HAEMATOLOGY	30	25	5	5	83.3%
HEAD AND NECK	313	257	56	56	82.1%
HEAD AND NECK - THYROID	38	18	20	20	47.4%
LUNG	80	59	21	21	73.8%
NULL	2	1	1	1	50.0%
OTHER - NSS	53	52	1	1	98.1%
PAEDIATRIC	29	29	0	0	100.0%
SKIN	672	570	102	102	84.8%
UPPER GI	2	2	0	0	100.0%
UPPER GI - HPB	19	7	12	12	36.8%
UPPER GI - OG	157	141	16	16	89.8%
UROLOGY - BLADDER	99	73	26	26	73.7%
UROLOGY - PROSTATE	104	54	50	50	51.9%
UROLOGY - RENAL	5	2	3	3	40.0%

# 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



**Performance:** The 31-day treatment standard was 97.7%. This exceeded the national operating standard for the fourth consecutive month, for at least 96% of patients to receive their first or subsequent treatment within 31 days of a decision to treat being made. Following validation, delivery of the standard is expected to be sustained in November.

**Challenges:** Most breaches (11 of 17) were for patients awaiting surgery. Breaches were distributed across a wide range of tumour sites.

**Improvements:** Oncology continues to perform well, with just 6 of 17 breaches relating to chemotherapy or radiotherapy. Prostate sustained much-improved performance, with just two breaches in October 2024 compared with 46 in April 2024.

**Risks:** Surgical capacity through the Christmas period.

## Current Performance: Cancer 31 day decision to treatment combined standard) - Oct/24

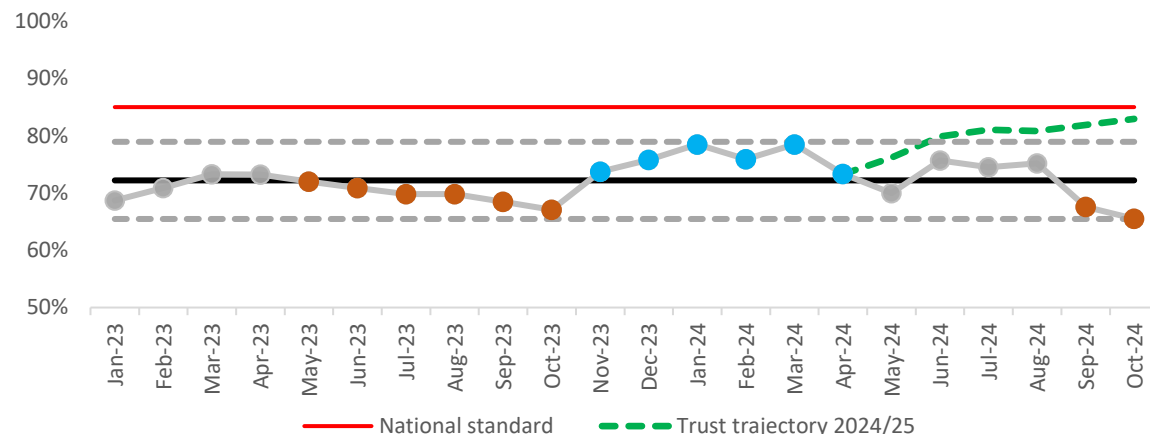
Headline Standard	Values			
	No. of people receiving treatment	Total Breached (31+ day waits)	% Meeting Standard	62+ Day Waits
Totals	753	17	97.7%	2
FIRST TREATMENT	296	9	97.0%	1
SUBSEQUENT TREATMENT	457	8	98.2%	1

## Cancer Site

Tumour Site	Values			
	No. of people receiving treatment	Total Breached (31+ day waits)	% Meeting Standard	62+ day waits
BRAIN	15	1	93.3%	0
BREAST	116	1	99.1%	0
COLORECTAL	62	2	96.8%	0
CUP	6	0	100.0%	0
GTD GERM CELL	6	0	100.0%	0
GYNAECOLOGY	85	3	96.5%	0
HAEMATOLOGY	75	0	100.0%	0
HEAD AND NECK	25	0	100.0%	0
HEAD AND NECK - THYROID	13	1	92.3%	0
LUNG	57	3	94.7%	1
OTHER	4	0	100.0%	0
SKIN	30	1	96.7%	0
UPPER GI - HPB	18	1	94.4%	1
UPPER GI - OG	26	0	100.0%	0
UROLOGY - PROSTATE	143	2	98.6%	0
UROLOGY - RENAL	43	2	95.3%	0
UROLOGY - TESTICULAR	2	0	100.0%	0
UROLOGY - UROTHELIAL	27	0	100.0%	0

# Cancer 62 day performance

## Trend - 62 day general treatment standard



**Performance:** The October 2024 62-day referral to first treatment performance was 65.5% (down 2.1 percentage points from the previous month). The temporary national target for 2024/25 is 70%. Imperial has agreed to a local target of 85% from February 2025. Following validation, the November performance is expected to be between 68% and 70%.

**Recovery:** Improvement is required across most cancer sites to achieve 85% as a Trust. The Cancer Recovery Group reviews pathway-specific improvement plans monthly.

**Improvement:** Month-on-month improvements for Brain, Colorectal, Gynaecology, Skin, OG, Renal and Bladder.

**Risks:** Multiple diagnostics / outpatient appointments between FDS clock-stop and Decision to Treat (31d) clock-start - the Corporate Cancer Team is working with key tumour sites (Breast and lung) to streamline processes. The issue of late transfers of care from other providers and patient choice delays.

## Current Performance: Unacceptable waits for the treatment of cancer (62 day combined standard) - Oct/24

Headline Standard 🔍

Values

	Total Seen / Treated	Total Compliant	Accountable over target	Total Breached	% Meeting Standard	104+ Day Waits
Totals	265	150	79	91	65.5%	30
2WW	153	82.5	53.5	63	60.7%	17
NULL	1	0	0	0	-	1
SCREENING	33	14.5	12	13	54.7%	3
UPGRADE	78	53	13.5	15	79.7%	9

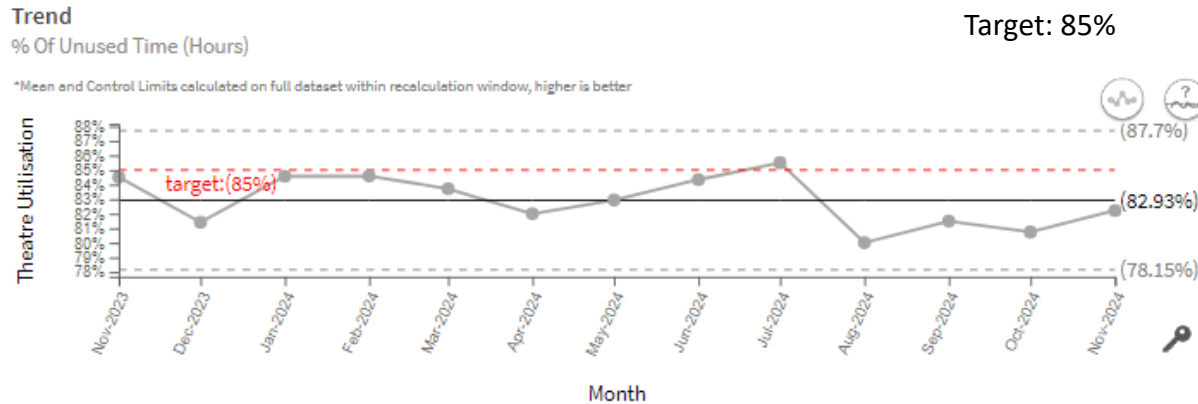
## Cancer Site

Tumour Site 🔍

Values

	Total Seen / Treated	Total Compliant	Accountable over target	Total Breached	% Meeting Standard	104+ Day Waits
BRAIN	3	3	0	0	100.0%	0
BREAST	56	28.5	20.5	22	58.2%	4
COLORECTAL	25	14.5	10	10	59.2%	1
CUP	3	3	0	0	100.0%	0
GYNAECOLOGY	29	12.5	6.5	9	65.8%	2
HAEMATOLOGY	13	10	3	3	76.9%	1
HEAD AND NECK	5	3	2	2	60.0%	0
HEAD AND NECK - THYROID	7	4	2.5	3	61.5%	0
LUNG	35	14.5	14.5	17	50.0%	11
OTHER	2	2	0	0	100.0%	0
SARCOMA	1	0	0.5	1	0.0%	1
SKIN	11	11	0	0	100.0%	0
UPPER GI - HPB	9	2.5	4.5	6	35.7%	4
UPPER GI - OG	11	7.5	1	1	88.2%	1
UROLOGY - PROSTATE	30	20	8	10	71.4%	3
UROLOGY - RENAL	18	8	5.5	6	59.3%	2
UROLOGY - TESTICULAR	2	2	0	0	100.0%	0
UROLOGY - UROTHELIAL	5	4	0.5	1	88.9%	0

# Theatre utilisation



**Performance:** The Trust's uncapped theatre utilisation performance improved to 82.2% in November 2024. The number of elective theatre cases per working day and average cases per session was higher than in the previous month.

**Recovery plan:** Maximising the utilisation of available theatre capacity (both session take-up and utilisation of sessions) remains a key focus area for elective activity recovery. The trust-wide improvement programme is being reviewed to refocus workstreams and expertise for the next phase of improvements across the surgical pathway.

**Improvements:** Previous actions to improve anaesthetic capacity have positively impacted schedule stability and planning. The WEH continues to improve its utilisation, albeit at a more measured rate after the initial surge in October. Hammersmith performed strongly, with uncapped utilisation of 86.5% (up by 5.6% on the previous month), delivering more cases, increasing cases per session, and reducing unbooked case capacity significantly compared with October.

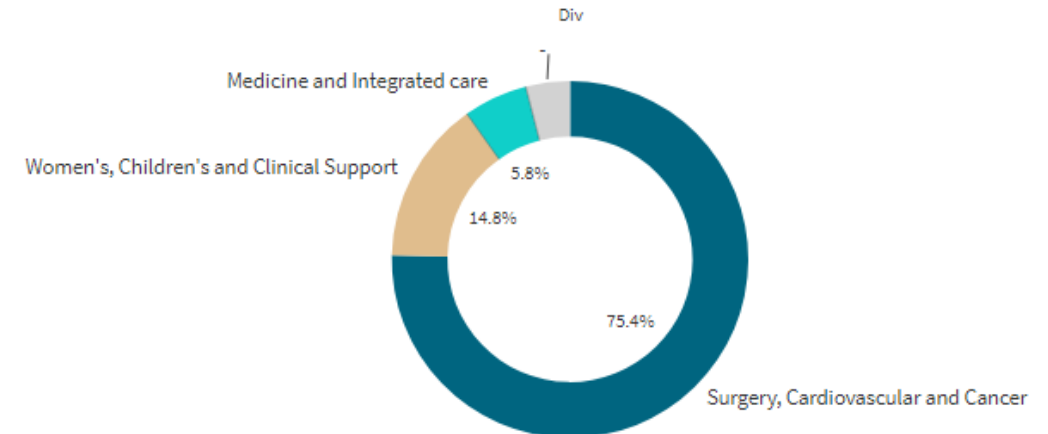
**Forecast risks:** WEH continues to run a reduced Baseline with Theatre 3 lists closed due to a shortage of routine Phacoemulsification Cataracts (linked to reduced referrals). Estate issues are intermittently impacting both WEH (lift breakdowns) and SMH Day Surgery Unit (low temperatures in Theatres).

## Current Performance: Theatre Utilisation -Nov/24

Div	Planned Operating Time (Hours)	Theatre Utilisation	Difference from Target	Unused Time (Hours)
Trust	5,554.25	82.21%	-2.8%	988.00
Medicine and Integrated care	603.50	90.47%	5.5%	57.52
Surgery, Cardiovascular and Cancer	3,842.50	80.63%	-4.4%	744.47
Women's, Children's and Clinical Support	827.25	82.29%	-2.7%	146.48
-	281.00	85.93%	0.9%	39.53

## Stratification

% Of Unused Time (Hours)



## Governance

Senior Responsible Owner: Raj Bhattacharya (Divisional Director, SC)

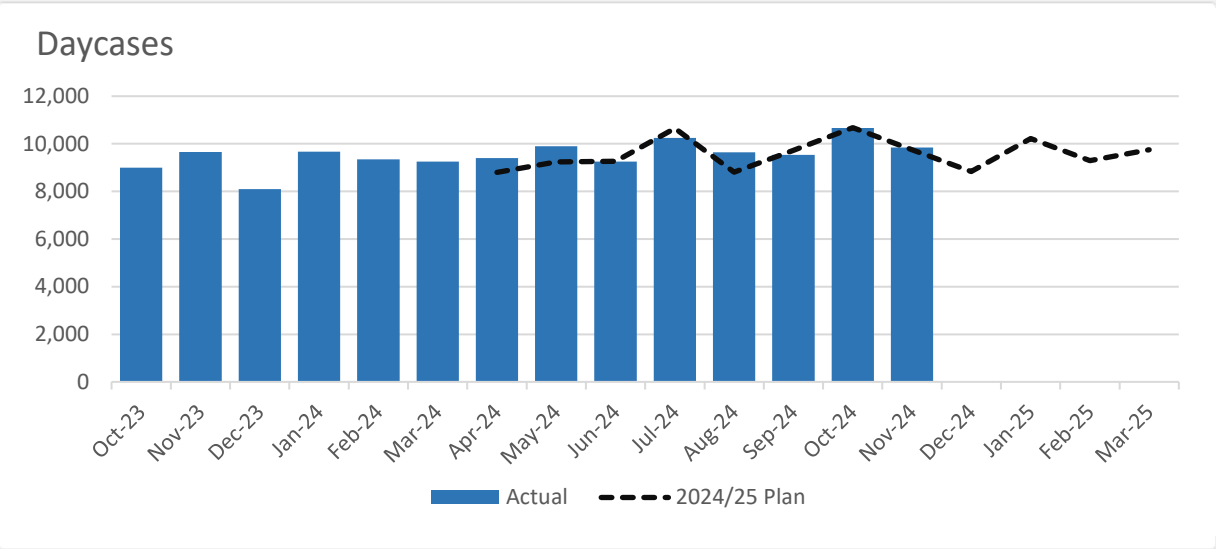
Committee: ICHT Executive Management Board (Chair: Tim Orchard)

Data Assurance: TBC

# Operating Plan Performance (volumes) – Day Case

Census date: At 8 December 2024

Desired trend 



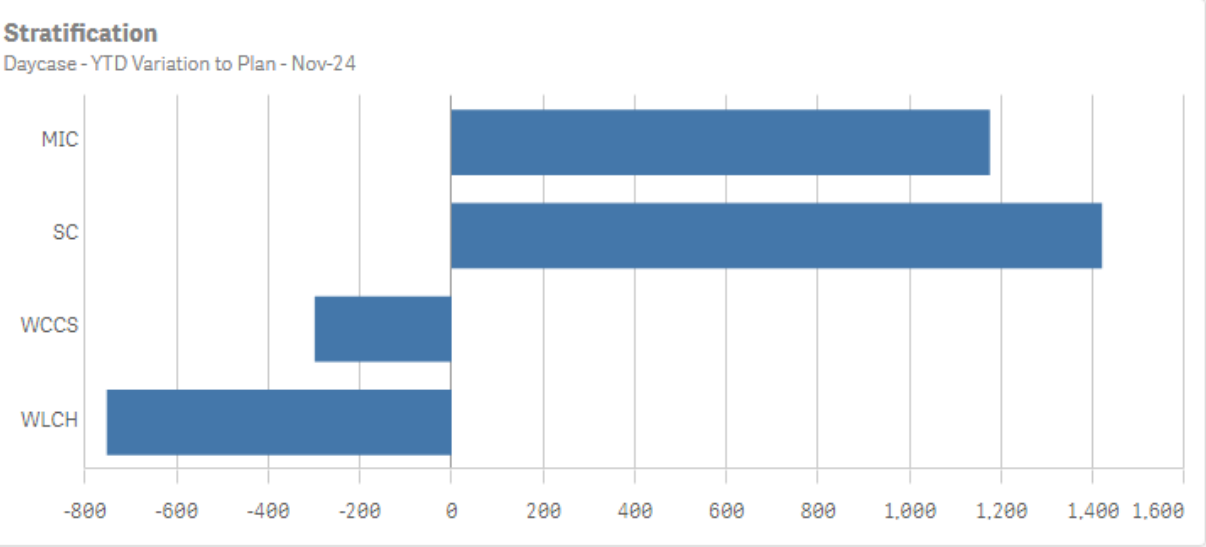
**Performance:** The number of day cases delivered in November was above plan, driven by an over-performance within the MIC and SC divisions, and the YTD delivery continued to exceed plan at 102.01%.

**Recovery plan:** Specific directorate recovery plans continue to focus on increasing day case activity month on month, particularly in Cardiac and WLCH.

**Improvements:** Gynaecology and General & Vascular surgery delivered above plan for a consecutive month, whereas they had previously been below their in-month target.

**Forecast risks:** There are ongoing challenges with the resilience of the lifts at the Western Eye Hospital, which will continue until the replacement works are completed. The provision of cataract surgery under the “any qualified provider” regime is a further risk to the delivery of the plan in Ophthalmology. Meeting our financial recovery plan involves sustaining and further increasing our levels of over-performance.

Current Performance								
Daycase - Nov-24								
Division	Actual	Target	Var	Achievement %	YTD Actual	YTD Target	YTD Var	YTD Achievement %
Trust	9,842	9,755	87	100.89%	78,476	76,932	1,544	102.01%
MIC	3,369	3,354	15	100.46%	27,559	26,384	1,175	104.45%
SC	5,178	4,943	235	104.75%	40,773	39,353	1,420	103.61%
WCCS	672	685	-13	98.06%	4,968	5,267	-299	94.33%
WLCH	623	773	-150	80.57%	5,176	5,929	-753	87.30%



## Governance

Senior Responsible Owner(s): Frances Bowen(Divisional Director, MIC); Raj Bhattacharya (Divisional Director, SC); Amrish Mehta (Divisional Director, WCCS)

Committee: ICHT Executive Management Board (Chair: Tim Orchard)

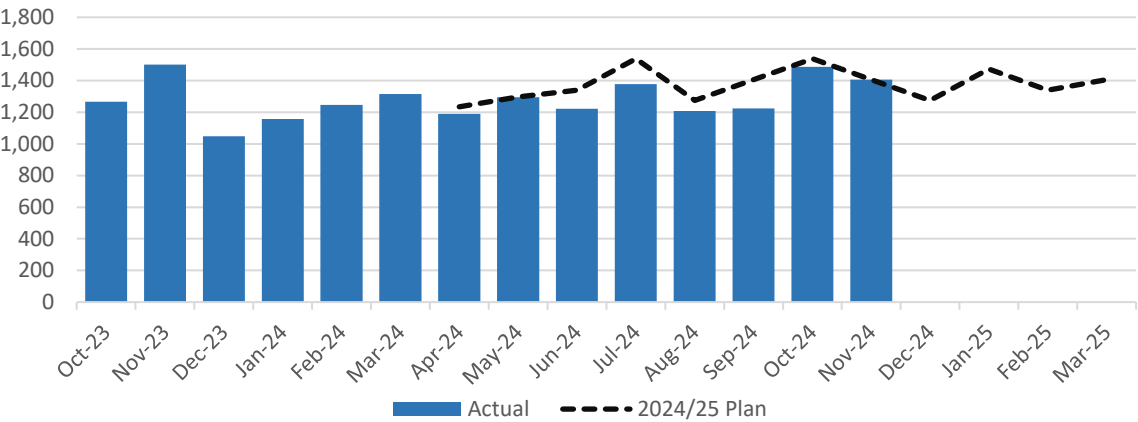
Source: These activity figures are based on weekly SUS data extracts from Cerner

# Operating Plan Performance (volumes) – Elective Inpatient

Census date: At 8 December 2024

Desired trend 

## Elective (Ordinary)



**Performance:** In-month elective activity met our plan, driven by over-performance in MIC and WLCH. However, further improvements are needed to ensure that the overall delivery of elective activity increases throughout the remainder of the year.

**Recovery plan:** Specific directorate recovery plans continue to focus on increasing levels of activity each month.

**Improvements:** The impact of the anaesthetic recruitment will support increased activity levels and the delivery of the improvement plans.

**Forecast risks:** Our recovery plans are predicated on increasing the overall level of activity in the second half of the year to recover lost activity YTD. The greatest risk to this is bed availability during the winter period.

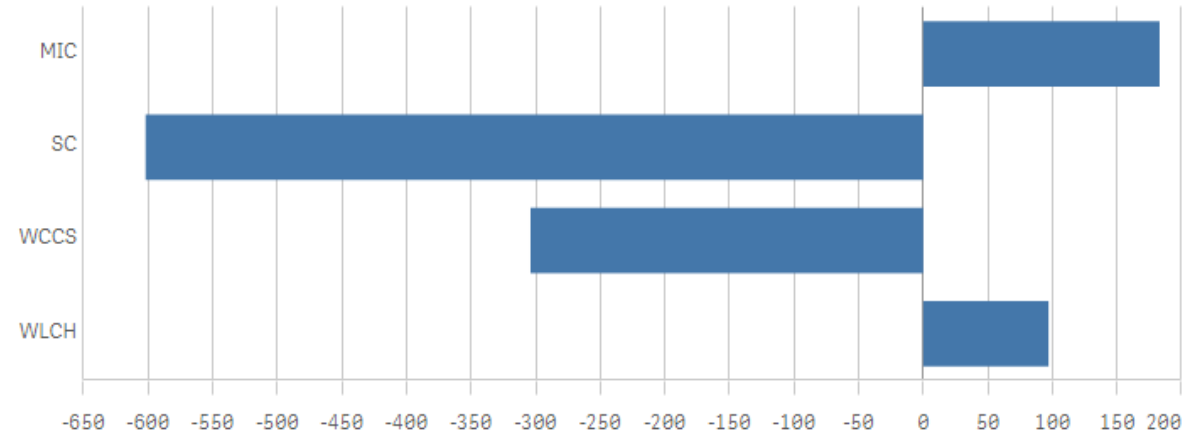
## Current Performance

Elective(Ordinary) - Nov-24

Division	Actual	Target	Var	Achievement %	YTD Actual	YTD Target	YTD Var	YTD Achievement %
Trust	1,406	1,406	-0	99.99%	10,407	11,033	-626	94.33%
MIC	282	197	85	143.44%	1,705	1,522	183	112.02%
SC	703	765	-62	91.89%	5,475	6,077	-602	90.09%
WCCS	309	335	-26	92.32%	2,252	2,556	-304	88.10%
WLCH	112	110	2	102.04%	975	878	97	111.07%

## Stratification

Elective(Ordinary) - YTD Variation to Plan - Nov-24



## Governance

Senior Responsible Owner(s): Frances Bowen(Divisional Director, MIC); Raj Bhattacharya (Divisional Director, SC); Amrish Mehta (Divisional Director, WCCS)

Committee: ICHT Executive Management Board (Chair: Tim Orchard)

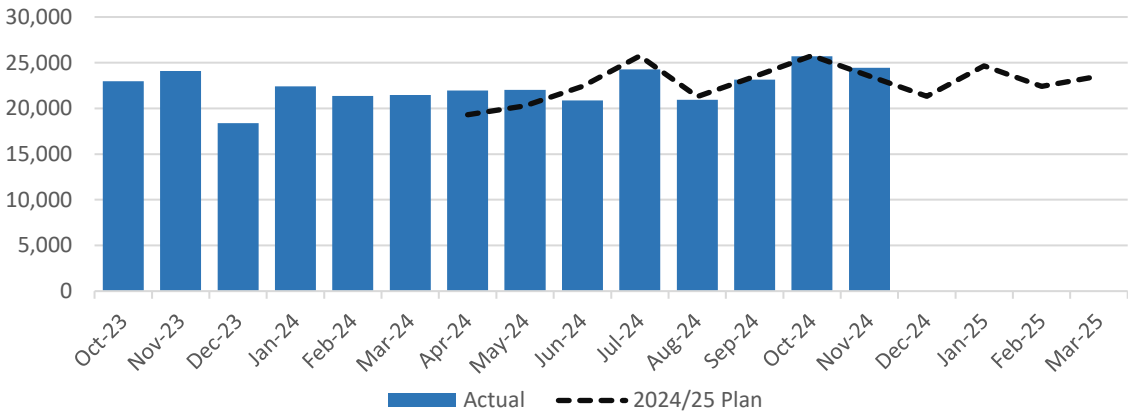
Source: These activity figures are based on weekly SUS data extracts from Cerner

# Operating Plan Performance (volumes) – Outpatient New without a procedure (ERF scope)

Census date: At 8 December 2024

Desired trend 

OP New (no procedures)



**Performance:** Our in-month position continued to over-perform against plan.

**Recovery plan:** Each Division has a plan to streamline clinical pathways and reduce waiting times for new outpatient appointments. These are reviewed as part of the monthly Divisional Performance and Accountability Meetings.

**Improvements:** WLCH is continuing to develop plans to increase activity levels over the course of the remainder of this year.

**Forecast risks:** Meeting our financial recovery plan involves further increasing our levels of over-performance.

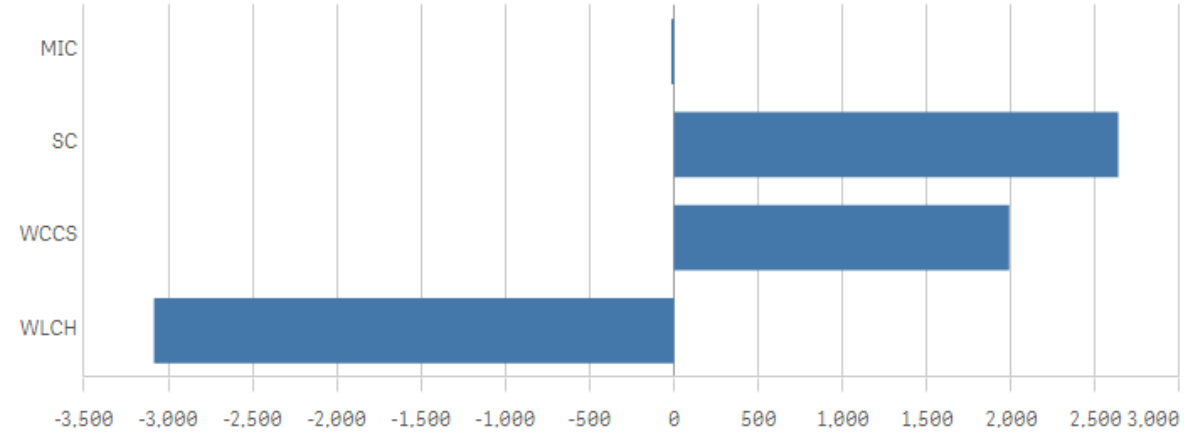
## Current Performance

New OP no proc - Nov-24

Division	Actual	Target	Var	Achievement %	YTD Actual	YTD Target	YTD Var	YTD Achievement %
Trust	24,438	23,544	894	103.80%	183,342	181,818	1,524	100.84%
MIC	7,090	6,548	542	108.27%	50,295	50,311	-16	99.97%
SC	11,604	11,552	52	100.45%	91,883	89,247	2,636	102.95%
WCCS	4,182	3,373	809	123.98%	28,820	26,831	1,989	107.41%
WLCH	1,562	2,070	-508	75.45%	12,344	15,429	-3,085	80.00%

## Stratification

New OP no proc - YTD Variation to Plan - Nov-24



## Governance

Senior Responsible Owner(s): Frances Bowen(Divisional Director, MIC); Raj Bhattacharya (Divisional Director, SC); Amrish Mehta (Divisional Director, WCCS)

Committee: ICHT Executive Management Board (Chair: Tim Orchard)

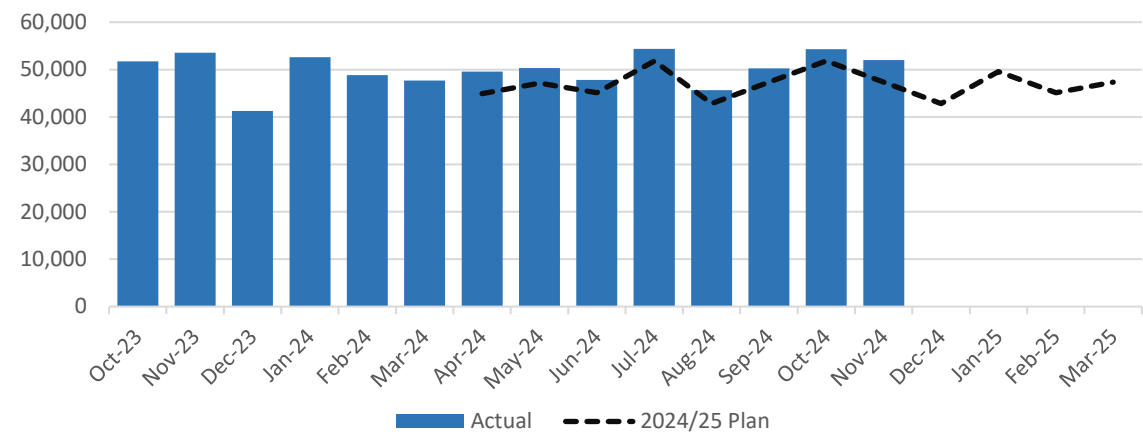
Source: These activity figures are based on weekly SUS data extracts from Cerner

# Operating Plan Performance (volumes) – Outpatient Follow-up without a procedure (ERF scope)

Census date: At 8 December 2024

Desired trend 

OP Follow up (no procedures)



**Performance:** We did not deliver the planned reduction in follow up appointments without a procedure but are continuing to focus on this. Progress in the MIC division for both in-month and YTD remained strong.

**Recovery plan:** Each Division has a plan to streamline clinical pathways and reduce the need for follow up appointments where appropriate.

**Improvements:** Improvement work is monitored as part of the monthly Divisional Performance and Accountability Review Meetings.

**Forecast risks:** There is a risk that we do not implement the pathway changes quickly enough to be able to influence the year-end position significantly.

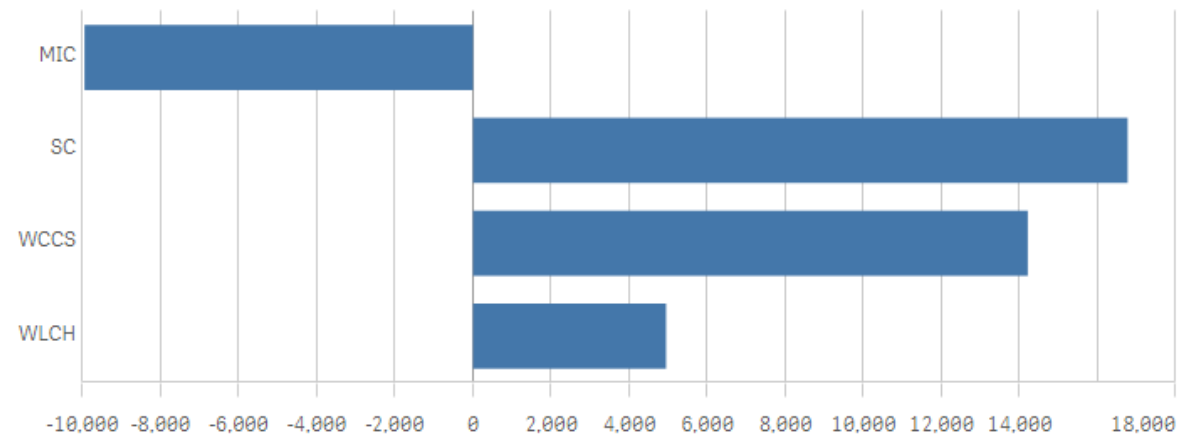
## Current Performance

Fup OP no proc - Nov-24

Division	Actual	Target	Var	Achievement %	YTD Actual	YTD Target	YTD Var	YTD Achievement %
Trust	51,992	47,333	4,659	109.84%	404,299	378,326	25,973	106.87%
MIC	16,665	17,500	-835	95.23%	129,877	139,828	-9,951	92.88%
SC	24,669	22,370	2,299	110.28%	195,565	178,797	16,768	109.38%
WCCS	7,737	5,335	2,402	145.03%	56,884	42,673	14,211	133.30%
WLCH	2,921	2,129	792	137.23%	21,973	17,028	4,945	129.04%

## Stratification

Fup OP no proc - YTD Variation to Plan - Nov-24



## Governance


Senior Responsible Owner(s): Frances Bowen(Divisional Director, MIC); Raj Bhattacharya (Divisional Director, SC); Amrish Mehta (Divisional Director, WCCS)

Committee: ICHT Executive Management Board (Chair: Tim Orchard)

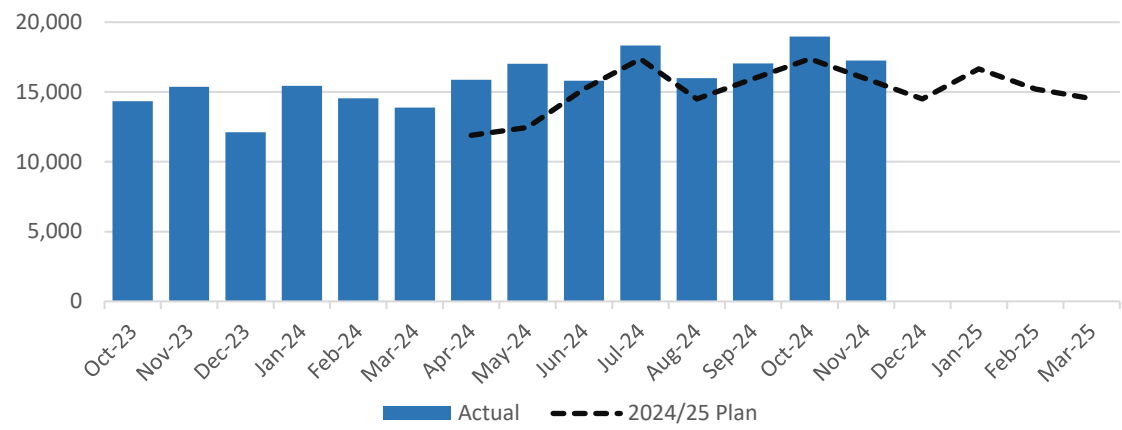
Source: These activity figures are based on weekly SUS data extracts from Cerner

# Operating Plan Performance (volumes) – Outpatient procedures within scope of ERF

Census date: At 8 December 2024

Desired trend 

OP procedures (ERF)



**Performance:** Both the in-month and YTD position remained positive across all of the divisions at the end of November compared to October 2024.

**Recovery plan:** SC Division are developing a plan to further improve performance in Ophthalmology.

**Improvements:** There was an increase in the activity delivered by the SC division compared to the previous month.

**Forecast risks:** Meeting our financial recovery plan involves sustaining and further increasing our levels of over-performance.

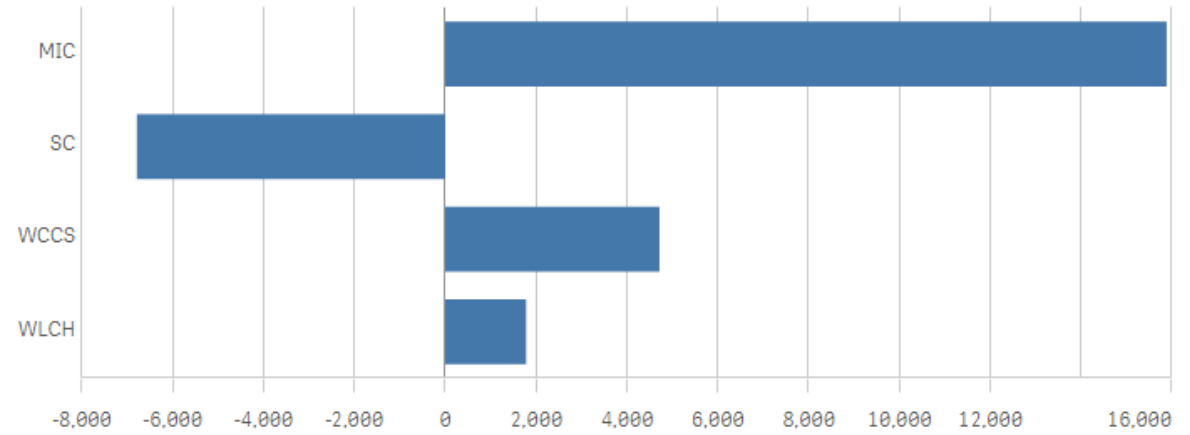
## Current Performance

All OP Procs (ERF) - Nov-24

Division	Actual	Target	Var	Achievement %	YTD Actual	YTD Target	YTD Var	YTD Achievement %
Trust	17,248	15,937	1,311	108.23%	136,305	120,712	15,593	112.92%
MIC	5,820	3,758	2,062	154.85%	45,355	29,469	15,886	153.91%
SC	7,553	8,584	-1,031	87.99%	56,993	63,784	-6,791	89.35%
WCCS	3,475	3,397	78	102.30%	30,597	25,880	4,717	118.23%
WLCH	400	198	202	202.53%	3,360	1,579	1,781	212.82%

## Stratification

All OP Procs (ERF) - YTD Variation to Plan - Nov-24



## Governance

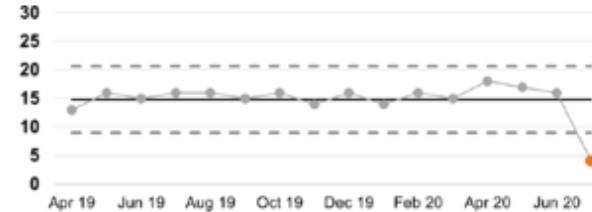
Senior Responsible Owner(s): Frances Bowen(Divisional Director, MIC); Raj Bhattacharya (Divisional Director, SC); Amrish Mehta (Divisional Director, WCCS)

Committee: ICHT Executive Management Board (Chair: Tim Orchard)

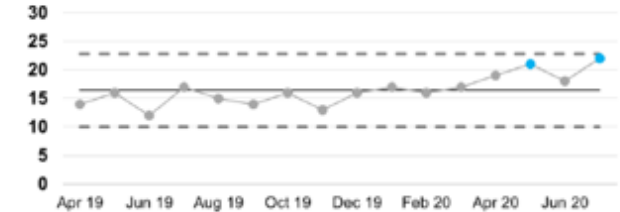
Source: These activity figures are based on weekly SUS data extracts from Cerner

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

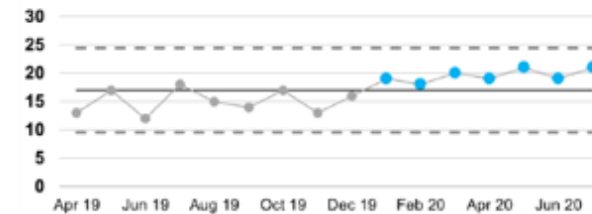
**A single point outside the process limits**



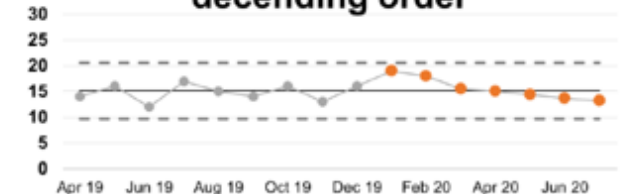
**Two out of three points close to a process limit**



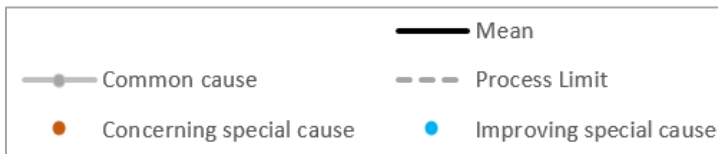
**A shift of points above / below the mean**



**A run of points in consecutive ascending or descending order**



## SPC chart legend



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/>