

Trust operational performance report

Month 11

February 2025 data (except Cancer – January)

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 11 (February 2025)

#	KPI Slide Description	Sentinel Metric	Expected level (annual)	M11 Expected level	M11 Actual	SPC Trend
1	Ambulance Handover Waits	30 minute performance	95.0%	95.0%	95.0%	Common cause
2	Urgent & Emergency Department Waits	4 hour performance	78% By March 2025	76.8%	74.8%	Common cause
3	Urgent & Emergency Department Long Waits	12 hour performance	2.0%	2.0%	5.1%	Common cause
4	Referral to Treatment Waits	Waits > 52 weeks	2,483 By March 2025	2,635	2,251	Special cause - improvement
5	Access to Diagnostics	Waits > 6 weeks	5% By March 2025	5%	8.9%	Special cause - improvement
6	28 Day General Faster Diagnosis Standard	28 day faster diagnosis performance	77% By March 2025	77.0%	80.1%	Common cause
7	31 Day General Treatment Standard	31 day performance	96.0%	96.0%	96.5%	Special cause - improvement
8	62 Day General Standard	62 day performance	70.0% National operating target for 2024/25	82.2% Local stretch target	71.9% against national operating target	Common cause
9	Theatre Utilisation	Uncapped Theatre Utilisation	85.0%	85.0%	83.8%	Common cause

Scorecard – month 11 (February 2025)

Census date: At 18 March 2025

Operating Plan Performance (Volumes)

#	KPI Slide Description	Sentinel Metric	M11 Expected level	M11 Actual		YTD Expected level	YTD Actual	
11	Day Case Spells - ERF	% Achievement of operational activity plan	9,293	9,547	102.7%	105,273	108,307	102.9%
10	Elective Inpatient (Ordinary) Spells - ERF	% Achievement of operational activity plan	1,340	1,239	92.5%	15,119	14,173	93.7%
12	Outpatient New (First) attendances without a procedure - ERF	% Achievement of operational activity plan	22,428	23,706	105.7%	250,216	253,191	101.2%
13	Outpatient Follow-up attendances without a procedure - ERF	% Achievement of operational activity plan	45,095 or less	48,313	107.1%	515,855 or less	553,484	107.3%
14	Outpatient Procedures - ERF	% Achievement of operational activity plan	15,218	16,136	106.0%	167,085	189,576	113.5%

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**

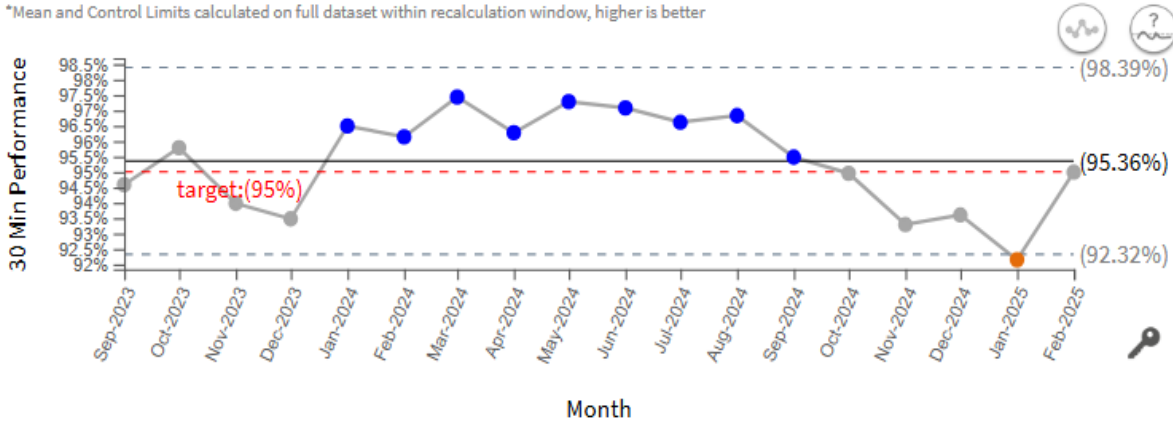
3.

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

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. In February, for the Trust as a whole, 66.8% of ambulance handovers were completed within 15 minutes (against the target of 65%) and 95.0% 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 expanding the use of direct referral routes and direct booking.

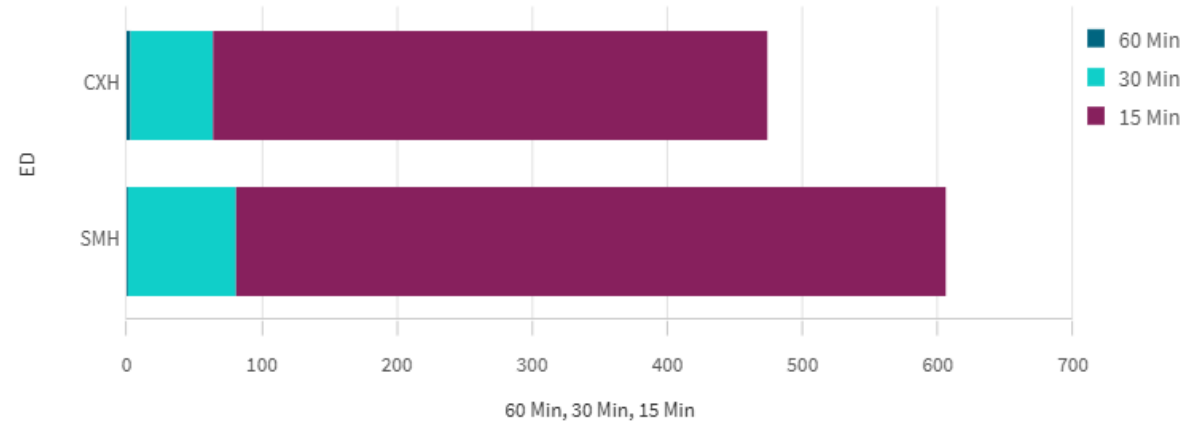
Improvements: 45-minute performance has been tracked and validated as part of a London Ambulance Service operating procedure. Trust performance for February 2025 was 99.1%.

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

Current Performance: Ambulance handover delays -Feb/25

Site	Total Handovers	30 Min Performance	Difference from Target	15m + Delays	30m + Delays	60m + Delays
Trust	2,816	95.0%	-0.01%	935	141	4
CXH	1,310	95.3%	0.34%	410	61	3
SMH	1,506	94.7%	-0.31%	525	80	1

Stratification



Share of waits longer than standard

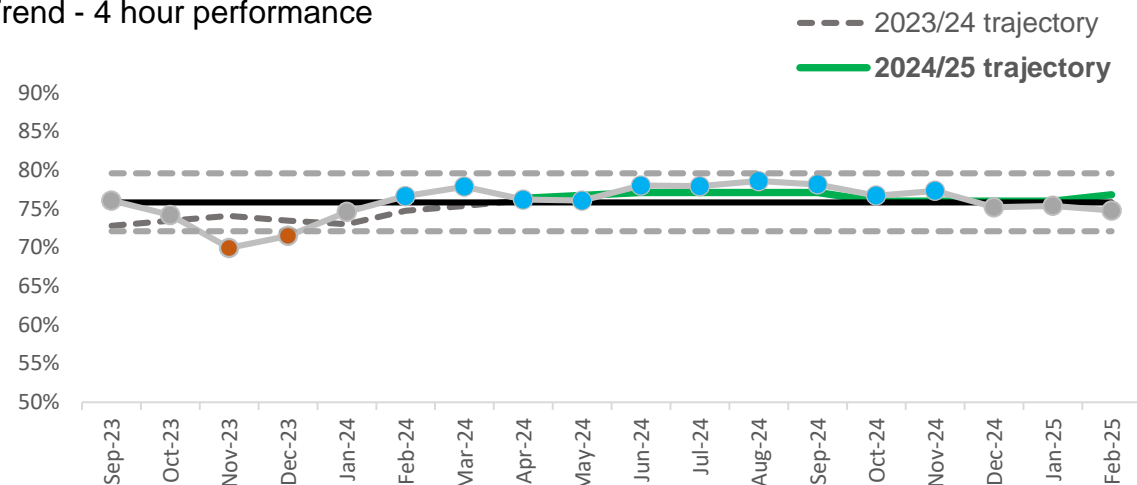
Governance

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

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

Data Assurance: These figures are provided by LAS

Trend - 4 hour performance



Performance: Four-hour performance did not change significantly between December 2024 and February 2025. 74.8% of patients were admitted, transferred, or discharged within four hours of their arrival, against our improvement trajectory target of 76.8% for the month. Increased demand and operational pressures are contributing to longer waits in the emergency department.

Recovery plan: Efforts continue to improve our emergency department waiting times to meet the national 78% operating plan standard. Our urgent and emergency care action plan is designed to improve four areas across the urgent and emergency pathways: inpatient flow, ED flow, redirection and discharge. Our four-hour performance has been improving during March 2025.

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

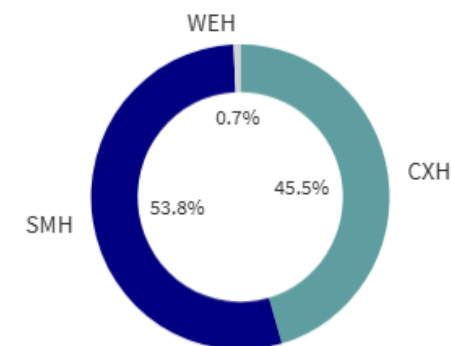
Forecast risks: Increases in demand and continued discharge delays for medically optimised patients.

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

Site	Total Attendances	4 Hour Performance	Difference from Trajectory	4 Hour Delays (All types)	Type 1-2 Breaches	Type 1-2 Performance	Type 3 Breaches	Type 3 Perform...
Trust	21,334	74.8%	-2.0%	5,382	5,021	65.2%	361	94.8%
CXH	7,370	66.8%	-10.0%	2,449	2,358	50.7%	91	96.5%
HH	431	100.0%	23.2%	0	0	-	0	100.0%
SMH	10,166	71.5%	-5.3%	2,894	2,624	58.3%	270	93.0%
WEH	3,367	98.8%	22.0%	39	39	98.8%	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)

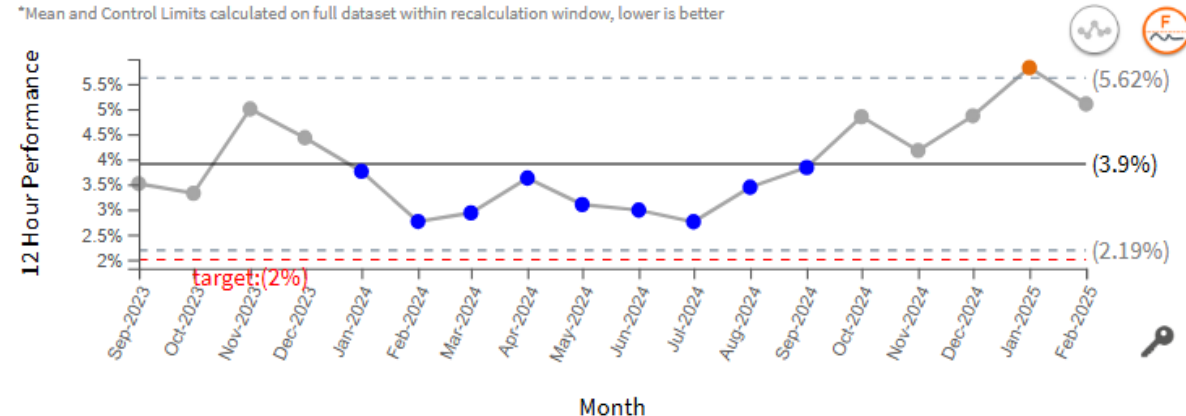
Data Assurance: These figures are provided by LAS

UEC waits – 12 hours waits from arrival

Trend

12 Hour Performance

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



Performance: In February, 5.1% of patients spent more than 12 hours in the emergency department from arrival at A&E (1,088 patients). This was less than the previous month, which was 5.8% (1,371 patients).

Recovery plan: All actions within the Trust's full capacity protocol are being implemented to manage patient flow throughout the hospital. Alongside efforts to improve four-hour performance, work is also ongoing across various initiatives to reduce extended wait times in the emergency department, particularly for patients awaiting assessment from or admission to a mental health service.

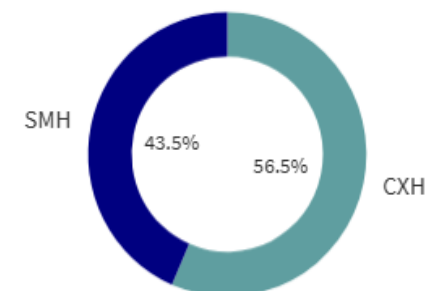
Forecast risks: Increases in demand, continued delays with discharge for medically optimised patients, continued delays for patients waiting for admission to mental health beds.

Current Performance: 12 hour waits from arrival - Feb/25

Site	Total Attendances	12 Hour Performance	Difference from Target	12H + Delays
Trust	21,334	5.1%	-3.1%	1,088
CXH	7,370	8.3%	-6.3%	615
HH	431	0.0%	0.0%	0
SMH	10,166	4.7%	-2.7%	473
WEH	3,367	0.0%	0.0%	0

Stratification

% of all 12 Hour Breaches



Governance

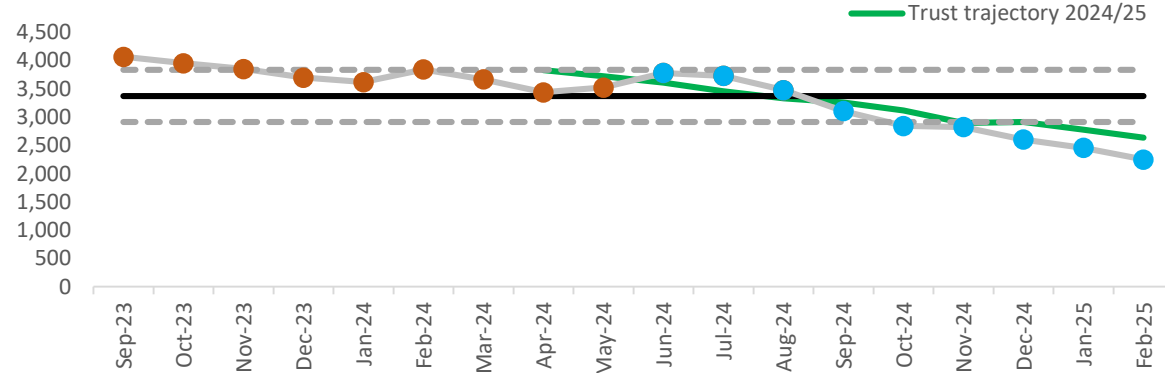
Senior Responsible Owner: Frances Bowen (Divisional Director, MIC)

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

Data Assurance: These figures are provided by LAS

Referral to Treatment – long waiters

Trend - 52 week waits



Performance: The long waiter performance was as follows:

- 52ww = 2,251 against a trajectory of 2,635 (-206 on the previous month)
- 65ww = 258 with 210 capacity related and 48 patient choice (-1 on the previous month)
- Eleven patients were identified in February via routine audit as waiting over 104 weeks, linked to incorrect application of waiting list rules earlier in the pathway. 7 patients have since been discharged following treatment, and 2 transferred to another provider, and 2 patients have treatment planned for April, both patient choice.

Recovery plan: 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

Significant challenges remain in neurosurgery across both our admitted and non-admitted pathways and this is a risk to 65 week wait reduction (this specialty accounts for over 50% of 65 week waits). There are similar but smaller challenges in neurology and ENT. We are working alongside NHSE to mitigate these.

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

Forecast risks: Significant risk to ongoing delivery with bed pressures and high volumes of trauma and Priority 2 patients.

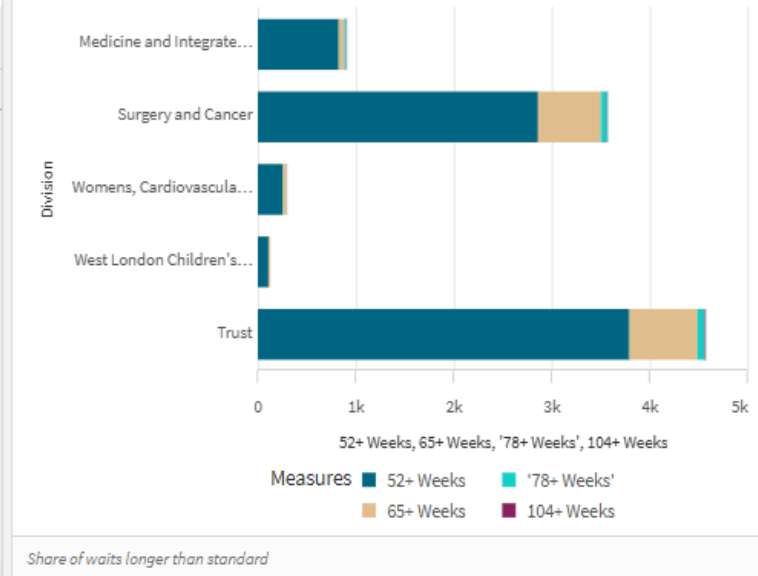
Current Performance: Referral to Treatment - Feb/25

Division <input type="text" value="Q"/>	Values						
	Total Waiting List Size	Waits >52 Weeks	Difference from Trajectory	52+ Weeks	65+ Weeks	78+ Weeks	104+ Weeks
Trust	88,834	2.5%	-384	2,251	258	65	11
Medicine and Integrated Care	28,121	2.7%	563	761	58	17	6
Surgery and Cancer	39,222	3.2%	-1060	1,241	196	46	4
Womens, Cardiovascular and Clinical Support	15,819	1.4%	102	229	2	2	1
West London Children's Hospital	5,653	0.35%	11	20	2	-	-

Waits over 52 weeks

TreatmentFunctionLocal <input type="text" value="Q"/>	Waits > 52 weeks
Totals	2,251
400 - Neurology	570
150 - Neurosurgery	366
120 - ENT	241
502 - Gynaecology	156
104 - Colorectal Surgery	151
100 - General Surgery	124
107 - Vascular Surgery	93
110 - Trauma & Orthopaedics	90
341 - Sleep Studies	88
320 - Cardiology	70
160 - Plastic Surgery	60
317 - Allergy	52
101 - Urology	39
130 - Ophthalmology	30

Stratification



Governance

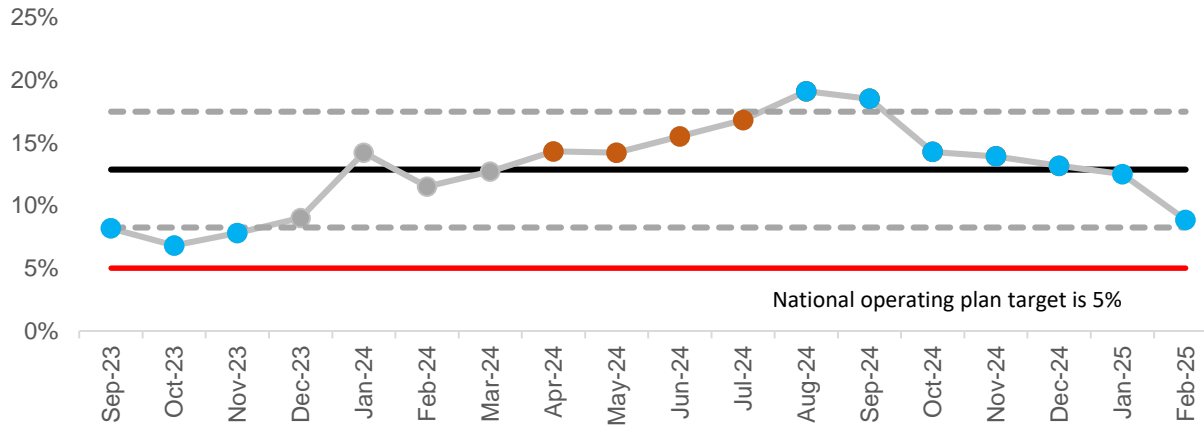
Senior Responsible Owner: Raj Bhattacharya (Divisional Director, SC)

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

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

Access to Diagnostics

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



Performance and Recovery: In February, 8.9% of patients were waiting for their diagnostic test or procedure for over six weeks. Imaging, neurophysiology, and echocardiography accounted for 99% of breaches. The recovery plans to increase capacity and reduce the backlog is leading to performance improvement in these services.

- **Imaging:**
 - MRI - improvement in the position due to the mobile scanner coming online at CXH along with the on-going extended operational hours project.
 - Non-obstetric ultrasound – breaches numbers now improving through focusing on extra lists and improvements in management oversight.
- **Neurophysiology:** Following the commencement of insourcing in October 2024, there has been ongoing improvement in the overall waiting list and breach numbers.
- **Echocardiography:** Following the commencement of insourcing in October 2024, there has been ongoing improvement in the overall waiting list and breach numbers with performance remaining in line with the internal trajectory.

Risks: MRI – ongoing risk due to unplanned downtime and delays to the replacement programme.

Current performance, against 1% breach tolerance

Modality		Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Imaging	WL	12503	12944	13087	12350	12895	13374
	Breaches	1286	1216	1554	1474	1648	1165
	%	10.3%	9.4%	11.9%	11.9%	12.8%	8.7%
Endoscopy	WL	1649	1870	1769	1668	1935	1848
	Breaches	29	20	27	5	20	4
	%	1.8%	1.1%	1.5%	0.3%	1.0%	0.2%
Cystoscopy	WL	345	317	347	250	191	231
	Breaches	5	2	11	6	11	5
	%	1.4%	0.6%	3.2%	2.4%	5.8%	2.2%
Urodynamics	WL	162	168	133	134	121	109
	Breaches	1	1	2	1	3	0
	%	0.6%	0.6%	1.5%	0.7%	2.5%	0.0%
Cardiology - Echocardiography	WL	2285	1671	1267	1144	1124	1090
	Breaches	740	654	311	258	198	135
	%	32.4%	39.1%	24.5%	22.6%	17.6%	12.4%
Cardiology - Electrophysiology	WL	28	25	23	23	15	15
	Breaches	8	5	2	2	2	0
	%	28.6%	20.0%	8.7%	8.7%	13.3%	0.0%
Neurophysiology	WL	2201	1496	1136	961	949	848
	Breaches	1614	838	652	481	321	297
	%	73.3%	56.0%	57.4%	50.1%	33.8%	35.0%
Audiology	WL	493	446	454	409	366	519
	Breaches	12	11	22	28	13	9
	%	2.4%	2.5%	4.8%	6.8%	3.6%	1.7%
Sleep Studies	WL	354	366	339	228	153	233
	Breaches	8	7	1	4	6	2
	%	2.3%	1.9%	0.3%	1.8%	3.9%	0.9%
Total	WL	20020	19303	18555	17167	17749	18267
	Breaches	3703	2754	2582	2259	2222	1617
	%	18.5%	14.3%	13.9%	13.2%	12.5%	8.9%

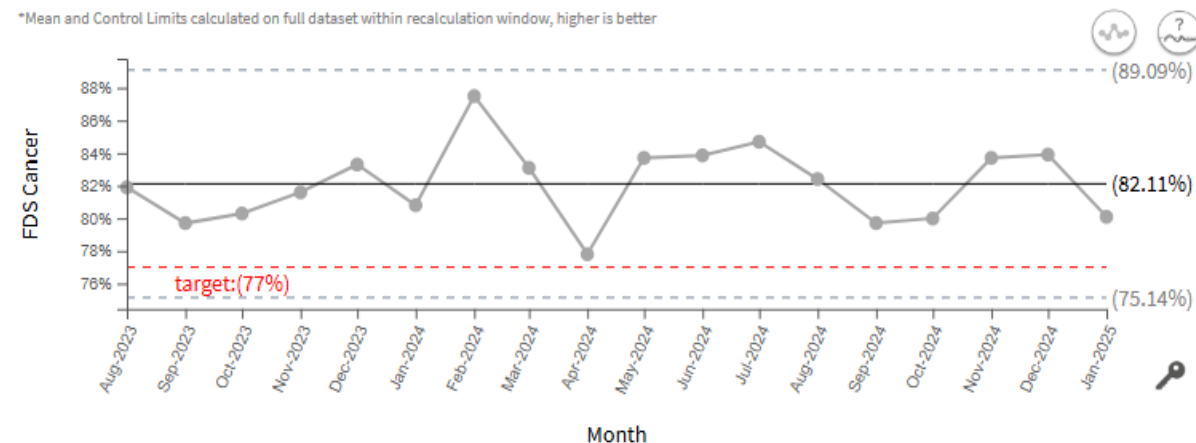
- Senior Responsible Owner: Amrish Mehta (Divisional Director, WCCS)
- Committee: ICHT Executive Management Board (Chair: Tim Orchard)
- Data Assurance: These figures are validated ahead of a monthly performance return (DM01) and the performance data are published by NHSE

Access to cancer care – 28 day faster diagnosis standard

Trend

% Contacted within FDS Cancer standard

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



Performance: The Trust continues 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 performance of 80.1% in January. Following validation, February performance is expected to be between 82-85%.

Recovery plan: Haematology and lung had unusually challenged months. Longer term challenges remain in gynaecology, thyroid, HPB and urology. Key issues include:

- MRI resilience at CXH, particularly impacting urology
- External diagnostic turn around times, particularly impacting lung
- Pathology turn around times, particularly impacting gynaecology, urology and skin

Improvements: There were month on month improvements in Skin and Renal.

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

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

Headline Standard

Values

	Total Seen / Treated	Total Compliant	Accountable over target	Total Breached	% Meeting Standard
Totals	2,694	2,159	535	534	80.1%
2WW	2,477	2,035	442	441	82.2%
SCREENING	217	124	93	93	57.1%

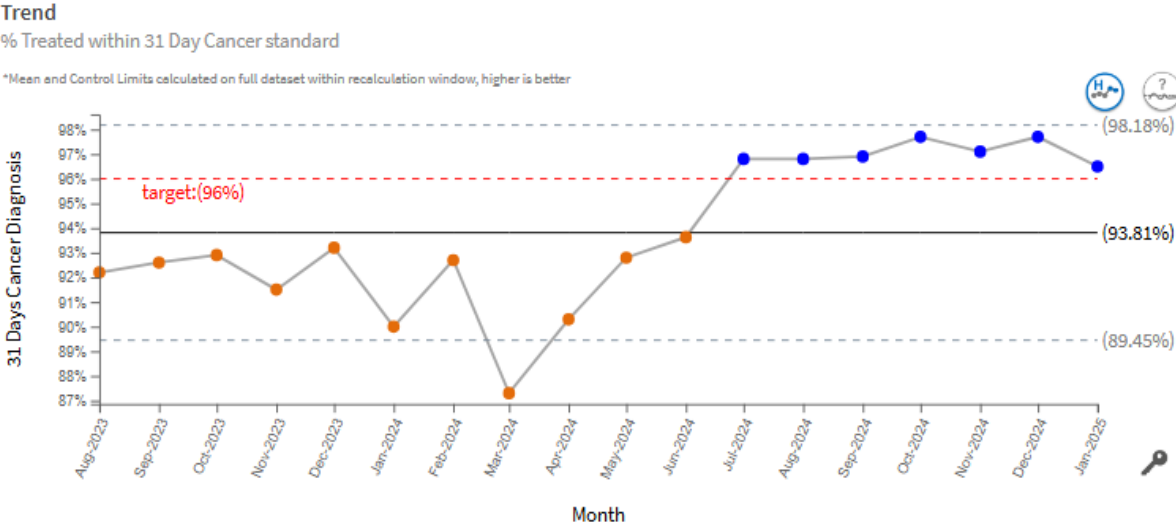
Cancer Site

Tumour Site

Values

	Total Seen / Treated	Total Compliant	Accountable over target	Total Breached	% Meeting Standard
BRAIN	32	29	3	3	90.6%
BREAST	726	637	89	89	87.7%
COLORECTAL	381	304	77	77	79.8%
GYNAECOLOGY	255	161	94	94	63.1%
HAEMATOLOGY	22	15	7	7	68.2%
HEAD AND NECK	290	256	34	34	88.3%
HEAD AND NECK - THYROID	29	18	11	11	62.1%
LUNG	86	62	24	24	72.1%
OTHER - NSS	45	39	6	6	86.7%
PAEDIATRIC	23	21	2	2	91.3%
SKIN	432	390	42	41	90.3%
UPPER GI	1	0	1	1	0.0%
UPPER GI - HPB	22	7	15	15	31.8%
UPPER GI - OG	144	106	38	38	73.6%
UROLOGY - BLADDER	83	54	29	29	65.1%
UROLOGY - PROSTATE	109	52	57	57	47.7%
UROLOGY - RENAL	8	5	3	3	62.5%
UROLOGY - TESTICULAR	6	3	3	3	50.0%

Cancer 31 day performance



Performance: In January, the 31-day treatment standard performance was 96.5%, against the national operating standard of ensuring that 96% of patients receive first or subsequent treatment within 31 days of a treatment decision. Following validation, it is anticipated that this standard will continue to be met for February 2025.

Challenges: 24 of the 29 breaches in January were surgical delays, four related to radiotherapy and one chemotherapy. There was a specific surgical challenge in renal which made up x of the 24 surgical breaches.

Improvements: Oncology continues to perform well, with 98% of patients receiving drug or radiotherapy treatment within 31 days of a decision to treat. Prostate shows sustained improved performance with zero breaches in the month compared with 46 in April 2024.

Risks: Surgical delays.

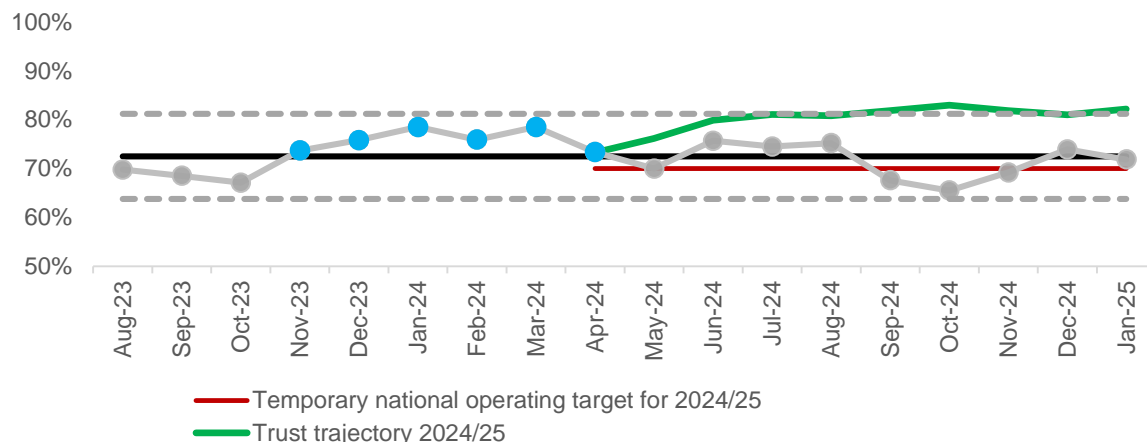
Current Performance: Cancer 31 day decision to treatment combined standard) -Jan/25

Headline Standard	Values			
	No. of people receiving treatment	Total Breached (31+ day waits)	% Meeting Standard	62+ Day Waits
Totals	835	29	96.5%	1
FIRST TREATMENT	323	22	93.2%	1
SUBSEQUENT TREATMENT	512	7	98.6%	0

Cancer Site

Tumour Site	Values			
	No. of people receiving treatment	Total Breached (31+ day waits)	% Meeting Standard	62+ day waits
BRAIN	22	1	95.5%	0
BREAST	174	4	97.7%	0
COLORECTAL	45	3	93.3%	0
CUP	1	0	100.0%	0
GTD GERM CELL	12	0	100.0%	0
GYNAECOLOGY	94	2	97.9%	0
HAEMATOLOGY	79	0	100.0%	0
HEAD AND NECK	25	0	100.0%	0
HEAD AND NECK - THYROID	20	0	100.0%	0
LUNG	67	3	95.5%	0
OTHER	2	0	100.0%	0
SARCOMA	1	0	100.0%	0
SKIN	25	1	96.0%	0
UPPER GI - HPB	34	2	94.1%	0
UPPER GI - OG	27	0	100.0%	0
UROLOGY - PROSTATE	153	0	100.0%	0
UROLOGY - RENAL	32	11	65.6%	1
UROLOGY - TESTICULAR	4	0	100.0%	0
UROLOGY - UROTHELIAL	18	2	88.9%	0

Trend - 62 day general treatment standard



Performance: The January 2025 62-day referral to first treatment performance was 71.9%, a 2.0% decrease on the previous month. The national target for 2024/25 is 70% and the Trust has an agreed local target of 85% in February 2025. Following validation, it is anticipated that performance for February will be between 65% to 69%. Underperformance is due to patient choice and capacity related delays through the Christmas period.

Recovery: Improvement is required across most cancer sites to achieve 85% as a Trust, particularly breast, colorectal, lung and urology as key volume drivers. Tumour site actions plans are in place, and a new performance framework for cancer is being implemented to support these services to make the improvements needed.

Improvement: January 2025 saw month-on-month improvements for haematology, thyroid, oesophageal and prostate.

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)-Jan/25

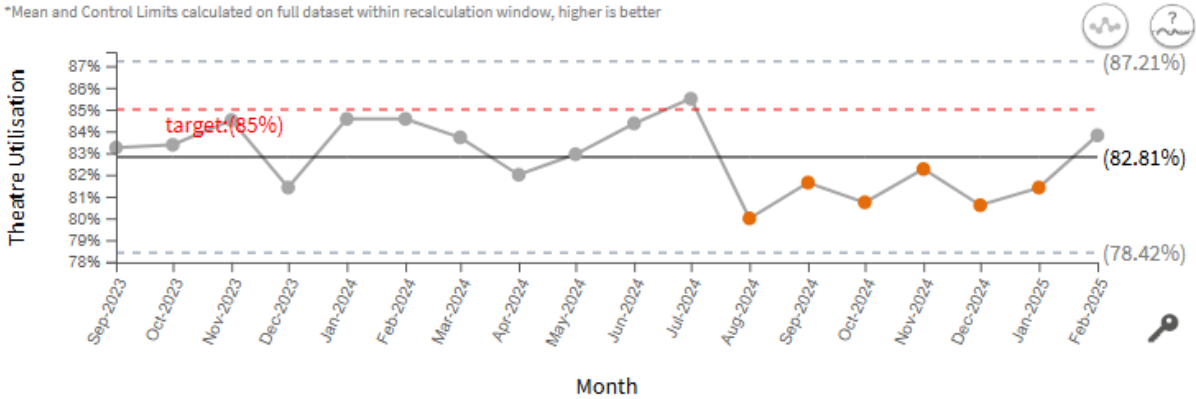
Headline Standard <input type="text"/>	Values					
	Total Seen / Treated	Total Compliant	Accountable over target	Total Breached	% Meeting Standard	104+ Day Waits
Totals	310	200.5	78.5	84	71.9%	16
2WW	131	82.5	40	42	67.3%	8
NULL	1	0	0	0	-	0
SCREENING	31	11.5	14.5	16	44.2%	2
UPGRADE	147	106.5	24	26	81.6%	6

Cancer Site

Tumour Site <input type="text"/>	Values					
	Total Seen / Treated	Total Compliant	Accountable over target	Total Breached	% Meeting Standard	104+ Day Waits
BRAIN	11	11	0	0	100.0%	0
BREAST	53	29	20	21	59.2%	3
COLORECTAL	18	5.5	12	12	31.4%	1
GTD GERM CELL	1	1	0	0	100.0%	0
GYNAECOLOGY	25	15.5	2	2	88.6%	0
HAEMATOLOGY	23	20.5	1	1	95.3%	0
HEAD AND NECK	14	10.5	2	2	84.0%	0
HEAD AND NECK - THYROID	7	7	0	0	100.0%	0
LUNG	41	22	16	17	57.9%	5
OTHER	2	2	0	0	100.0%	0
SARCOMA	1	0.5	0	0	100.0%	0
SKIN	18	16.5	1	1	94.3%	0
UPPER GI - HPB	13	8	2	2	80.0%	1
UPPER GI - OG	13	8.5	2	2	81.0%	0
UROLOGY - PROSTATE	37	27.5	8	9	77.5%	2
UROLOGY - RENAL	24	9	10.5	13	46.2%	2
UROLOGY - TESTICULAR	3	2.5	0	0	100.0%	0
UROLOGY - UROTHELIAL	6	4	2	2	66.7%	2

Trend

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



Performance: In February 2025, the Trust's theatre utilisation increased to 83.8%, returning to normal levels after a drop between August 2024 to January 2025 when Trust performance reduced to just over 80% (averaging 81% across the period). The improvement has continued into March. The drop was the result of several factors, predominantly reduced % utilisation of the Western Eye Hospital theatres in the first part of this period, due partly to a reduction in cataract demand and the need to realign theatre capacity in response to this. More broadly across this period, our focus on increasing the number of scheduled sessions will be a factor - many of these took place on weekends which can appear underutilised, but proved to be very efficient and led to higher case numbers. The impact of now resolved anesthetist staffing and a seasonal decline during the Christmas and New Year period will also be contributing factors.

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. We are also 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. All scheduling will be done using this solution from 1 April 2025.

Improvements: Scheduling improvements have been made through better communication and more flexible staff allocation. This has led to a decrease in cancellations and unbooked case capacity. There is also increased use of FDP tools (see above), and the digital preoperative assessment questionnaire is reducing the time needed to assess patient fitness for surgery.

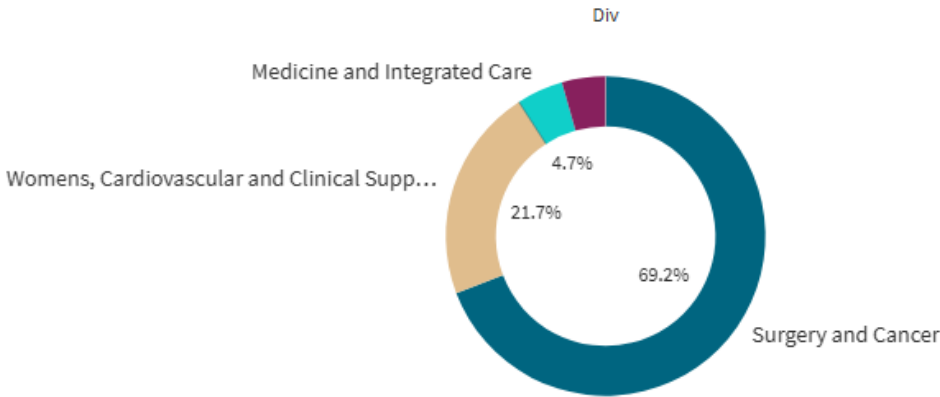
Forecast risks: WEH is operating on a reduced baseline, with a theatre closed due to a reduction in referrals for routine phacoemulsification cataracts. Additionally, estate issues, such as lift breakdowns at WEH have intermittently affected operations.

Current Performance: Theatre Utilisation -Feb/25

Division	Planned Operating Time (Hours)	Theatre Utilisation	Difference from Target	Unused Time (Hours)
Trust	5,196.00	83.82%	-1.2%	840.87
Medicine and Integrated Care	321.75	87.65%	2.6%	39.75
Surgery and Cancer	3,645.00	84.04%	-1.0%	581.90
Womens, Cardiovascular and Clinical Support	1,083.25	83.19%	-1.8%	182.13
Other	146.00	74.60%	-10.4%	37.08

Stratification

Theatre utilisation



Governance

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

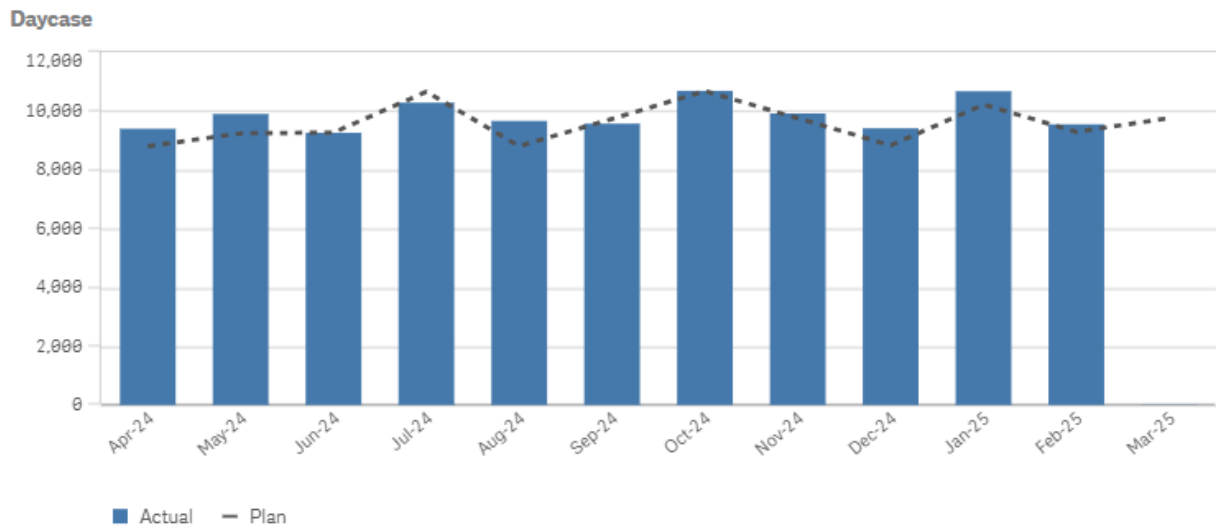
Committee: ICHT Executive Management Board (Chair: Tim Orchard)

Data Assurance: TBC

Operating Plan Performance (volumes) – Day Case

Census date: At 18 March 2025

Desired trend 



Performance: The number of day cases delivered in February was above plan, driven by an over-performance within the MIC, SC and WCCS divisions. The YTD delivery continued to exceed plan at 102.9%. Although WLCH remained below both their in-month and YTD targets, the case mix adjustment (or value-weighted activity adjustment) means that they are still meeting their financial plan.

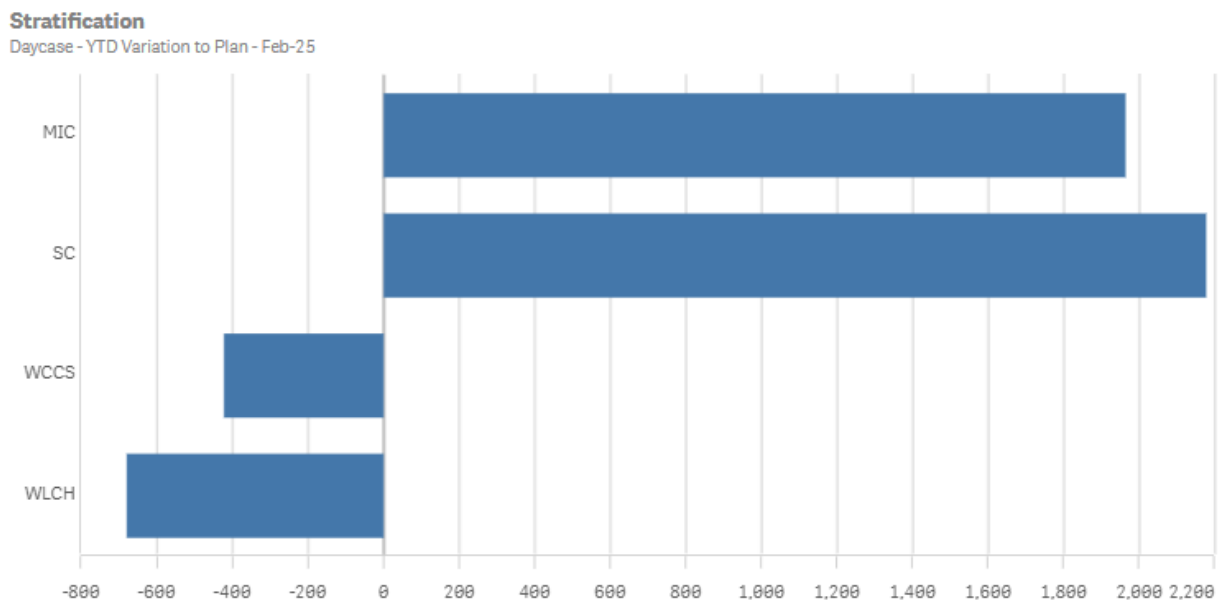
Recovery plan: At this stage we not expect to recover the overall level of day case activity any further this financial year. Based on month 11 YTD, the projected achievement for 2024/25 is 102.7% of the activity plan. The focus for 2025/26 will be delivering activity within financial constraints and this is unlikely to deliver over-performance above the agreed plan.

Improvements: CXH ASM continued to deliver above their in-month plan for a consecutive month. Gynae also improved their in-month position and returned to above plan, delivering their highest number of day cases since November 2024.

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. We are currently developing our operating plan for 2025/26 which will see a rebasing of activity to within core capacity which in turn will reduce our overall level of activity in line with the national cap on the elective recovery fund.

Current Performance
Daycase - Feb-25

Division	Q	Actual	Target	Var	Achievement %	YTD Actual	YTD Target	YTD Var	YTD Achievement %
Trust		9,547	9,293	254	102.73%	108,307	105,273	3,034	102.88%
MIC		3,341	3,196	145	104.53%	38,091	36,130	1,961	105.43%
SC		4,853	4,713	140	102.98%	55,939	53,765	2,174	104.04%
WCCS		664	653	11	101.74%	6,835	7,257	-422	94.18%
WLCH		689	732	-43	94.17%	7,442	8,121	-679	91.64%



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)

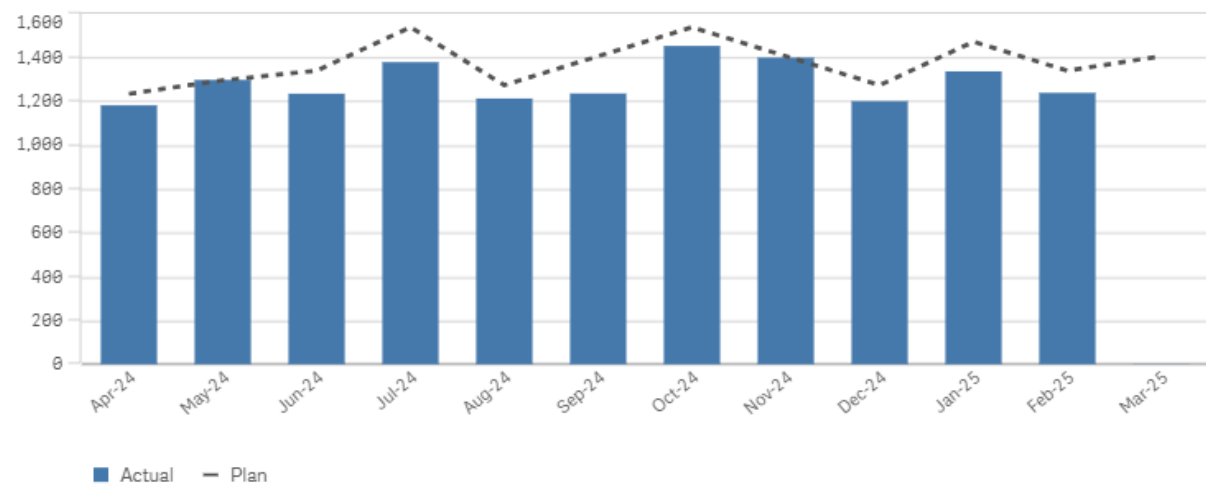
Source: These activity figures are based on weekly SUS data extracts from Cerner

Operating Plan Performance (volumes) – Elective Inpatient

Census date: At 18 March 2025

Desired trend 

Elective(Ordinary)



Performance: In-month elective activity was below plan, driven by an under-performance in SC and WCCS.

Recovery plan: We not expect to recover the overall level of Ordinary (overnight) elective spells any further this financial year. Based on month 11 YTD, the projected achievement for 2024/25 is 93.6% of the activity plan. The focus for 2025/26 will be delivering activity within financial constraints and delivering to the agreed ceiling of the 2025/26 plan.

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

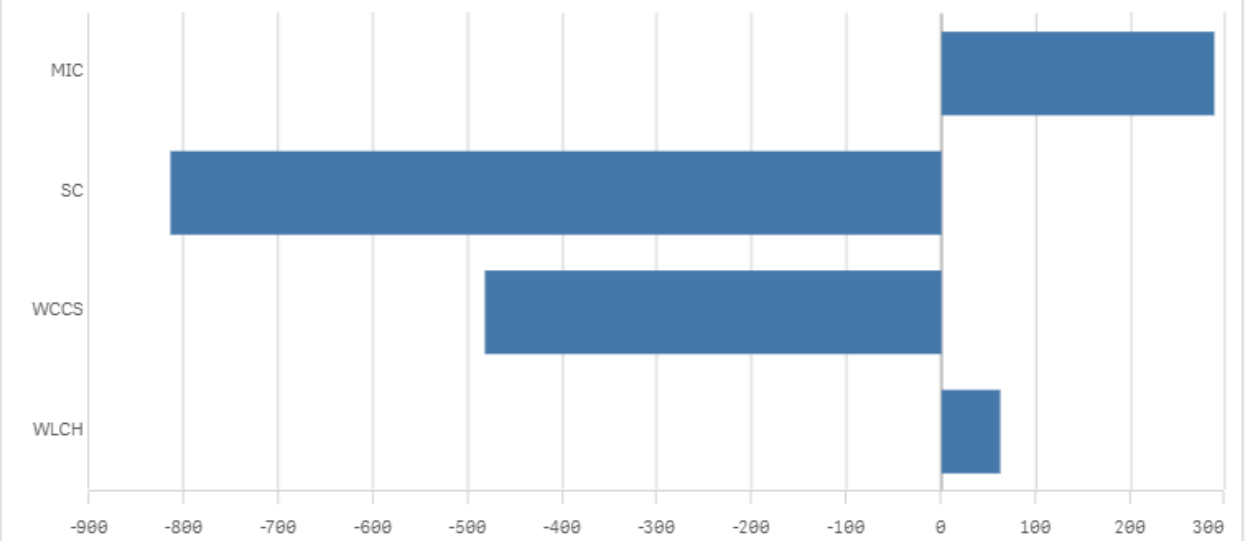
Forecast risks: We are currently developing our operating plan for 2025/26 which will see a rebasing of activity to within core capacity which in turn will reduce our overall level of activity in line with the national cap on the elective recovery fund.

Current Performance
Elective(Ordinary) - Feb-25

Division	Q	Actual	Target	Var	Achievement %	YTD Actual	YTD Target	YTD Var	YTD Achievement %
Trust		1,239	1,340	-101	92.47%	14,173	15,119	-946	93.74%
MIC		204	187	17	108.95%	2,381	2,093	288	113.76%
SC		680	730	-50	93.12%	7,504	8,318	-814	90.21%
WCCS		274	320	-46	85.73%	3,048	3,530	-482	86.34%
WLCH		81	103	-22	78.76%	1,240	1,178	62	105.30%

Stratification

Elective(Ordinary) - YTD Variation to Plan - Feb-25



Governance

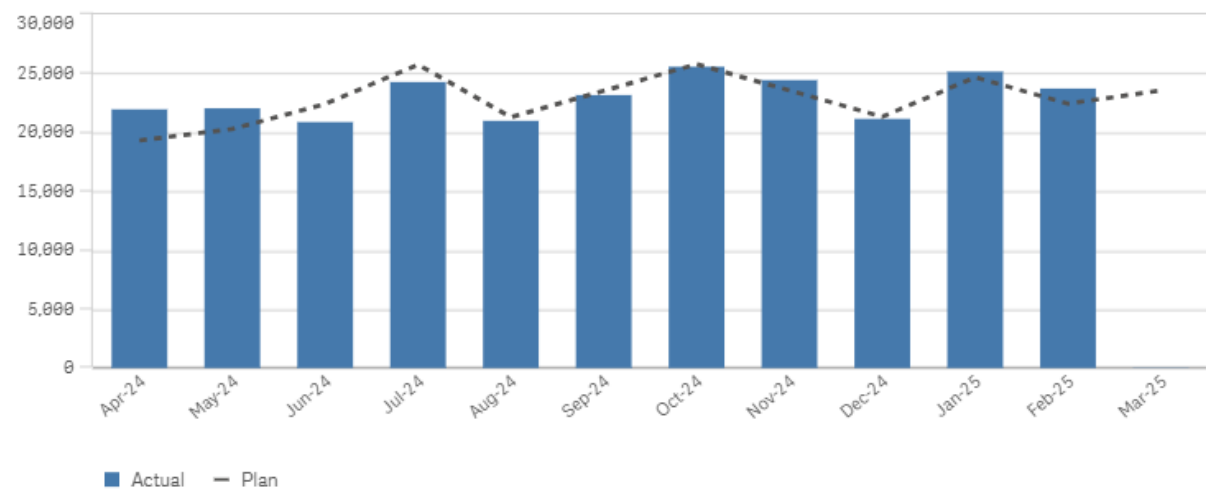
Senior Responsible Owner(s): Frances Bowen (Divisional Director, MIC); Raj Bhattacharya (Divisional Director, SC); Amrish Mehta (Divisional Director, WCCS)
Committee: ICHT Executive Management Board (Chair: Tim Orchard)
Source: These activity figures are based on weekly SUS data extracts from Cerner

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

Census date: At 18 March 2025

Desired trend 

New OP no proc



Performance: Our in-month and YTD positions continued to over-perform against plan. The projected full 2024/25 % achievement against the activity plan is 101.0% (based on M11 YTD).

Recovery plan: Each Division continues to work on streamlining clinical pathways and reduce the waiting times for new outpatient appointments. We are currently undertaking a Trust-wide review out outpatient clinic templates with a view to converting follow up capacity to new appointment capacity in 2025/26.

Improvements: WLCH is continuing to maximise activity levels over Month 12. We have started some focussed work on the outpatient sprints and categorisation of all clinics to convert follow ups to new.

Forecast risks: We are currently developing our operating plan for 2025/26 which will see a rebasing of activity to within core capacity which will include converting follow up appointments to new appointments. While we are working at pace to complete this it is a complex exercise which will not deliver from M1 2025/26.

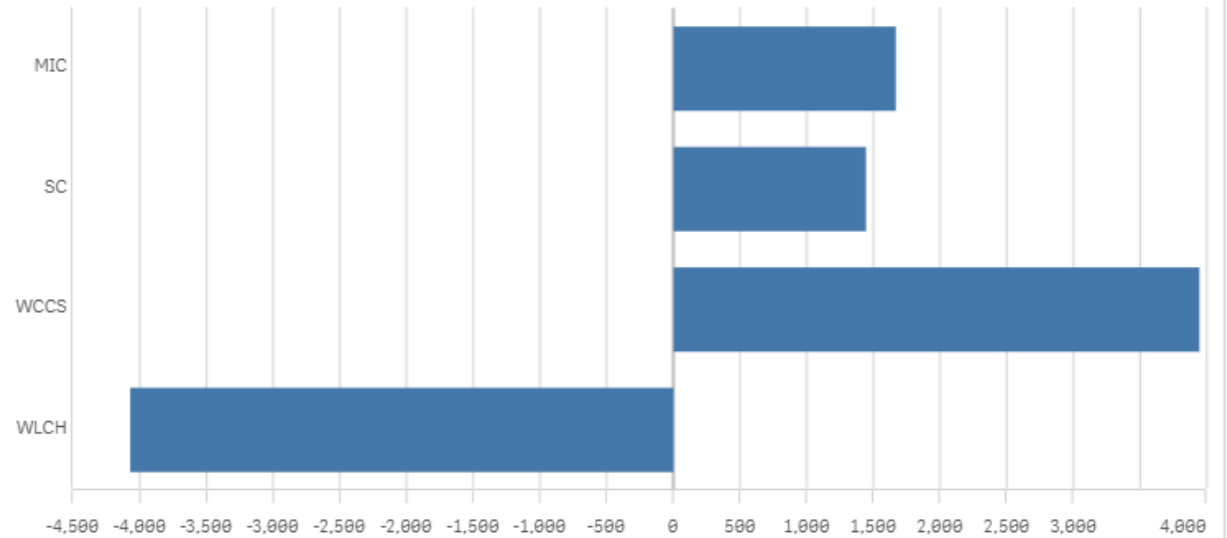
Current Performance

New OP no proc - Feb-25

Division	Q	Actual	Target	Var	Achievement %	YTD Actual	YTD Target	YTD Var	YTD Achievement %
Trust		23,706	22,428	1,278	105.70%	253,191	250,216	2,975	101.19%
MIC		6,928	6,240	688	111.02%	71,004	69,340	1,664	102.40%
SC		10,678	11,080	-402	96.38%	125,093	123,652	1,441	101.17%
WCCS		4,662	3,214	1,448	145.06%	40,568	36,630	3,938	110.75%
WLCH		1,438	1,894	-456	75.92%	16,526	20,594	-4,068	80.25%

Stratification

New OP no proc - YTD Variation to Plan - Feb-25



Governance

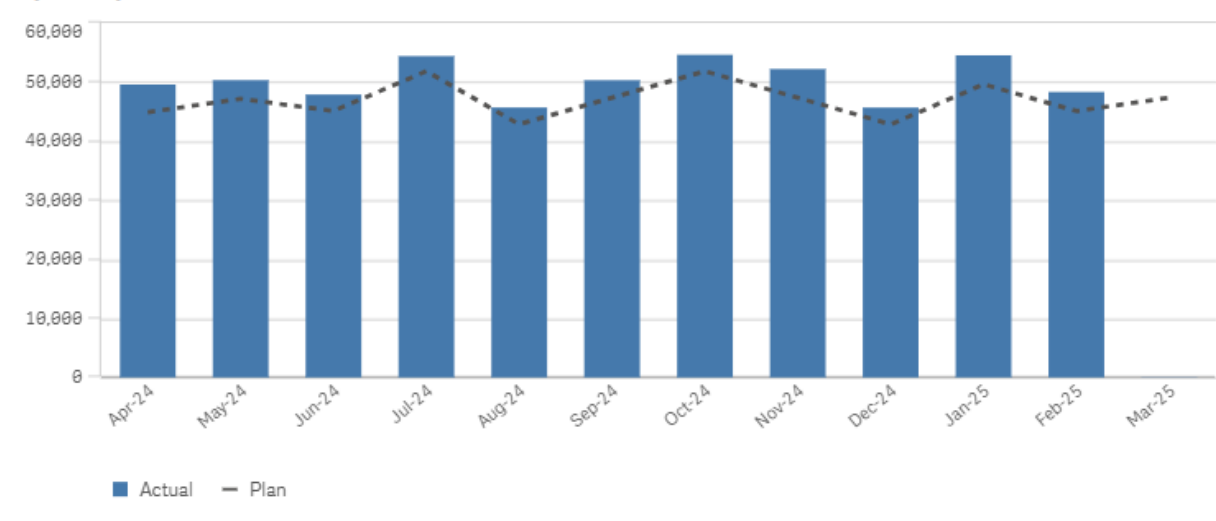
Senior Responsible Owner(s): Frances Bowen (Divisional Director, MIC); Raj Bhattacharya (Divisional Director, SC); Amrish Mehta (Divisional Director, WCCS)
Committee: ICHT Executive Management Board (Chair: Tim Orchard)
Source: These activity figures are based on weekly SUS data extracts from Cerner

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

Census date: At 18 March 2025

Desired trend 

Fup OP no proc



Performance: We did not deliver the planned reduction in follow up appointments without a procedure but are continuing to focus on this; compared to the previous month, we delivered fewer follow up appointments (taking into account the shorter month) and reduced the YTD variance against the plan by over 3,000 appointments. Progress in the MIC division for both in-month and YTD activity remained strong. The projected full 2024/25 % achievement against the activity plan is 107.2% (based on M11 YTD).

Recovery plan: We are currently undertaking a Trust-wide review out outpatient clinic templates with a view to converting follow up capacity to new appointment capacity in 2025/26.

Improvements: Improvement work is monitored as part of the monthly divisional Performance and Accountability Review Meetings. Within SC, all directorates barring Specialist Surgery and Trauma came in under plan.

Forecast risks: Speed of implementation of pathway changes.

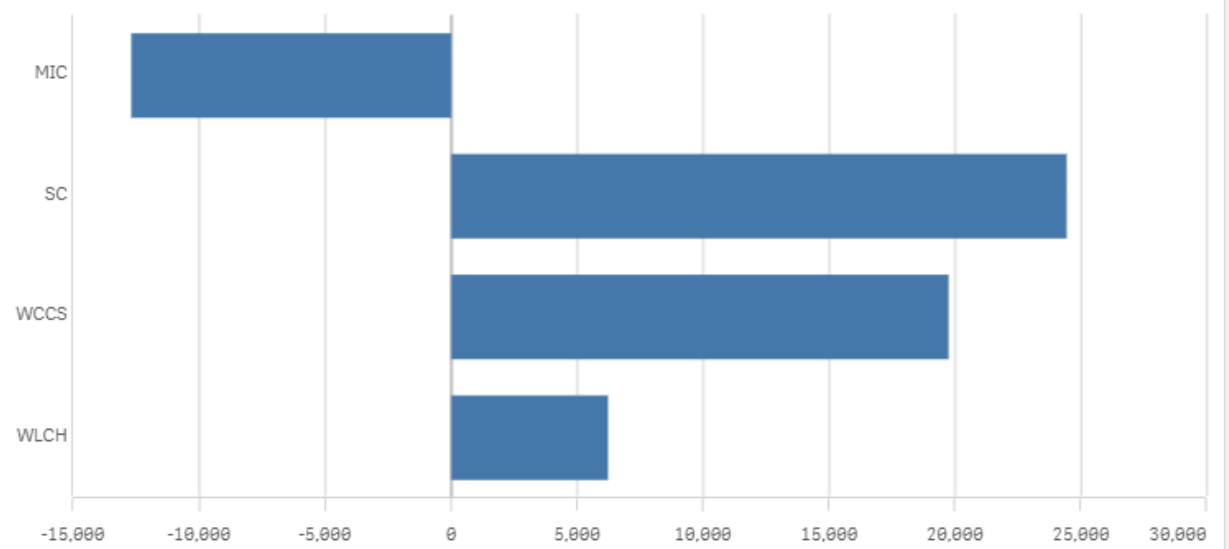
Current Performance

Fup OP no proc - Feb-25

Division	Q	Actual	Target	Var	Achievement %	YTD Actual	YTD Target	YTD Var	YTD Achievement %
Trust		48,313	45,095	3,218	107.14%	553,484	515,853	37,631	107.29%
MIC		15,555	16,671	-1,116	93.31%	177,984	190,669	-12,685	93.35%
SC		23,504	21,316	2,188	110.27%	268,292	243,899	24,393	110.00%
WCCS		6,981	5,093	1,888	137.08%	77,908	58,196	19,712	133.87%
WLCH		2,273	2,016	257	112.72%	29,300	23,089	6,211	126.90%

Stratification

Fup OP no proc - YTD Variation to Plan - Feb-25



Governance

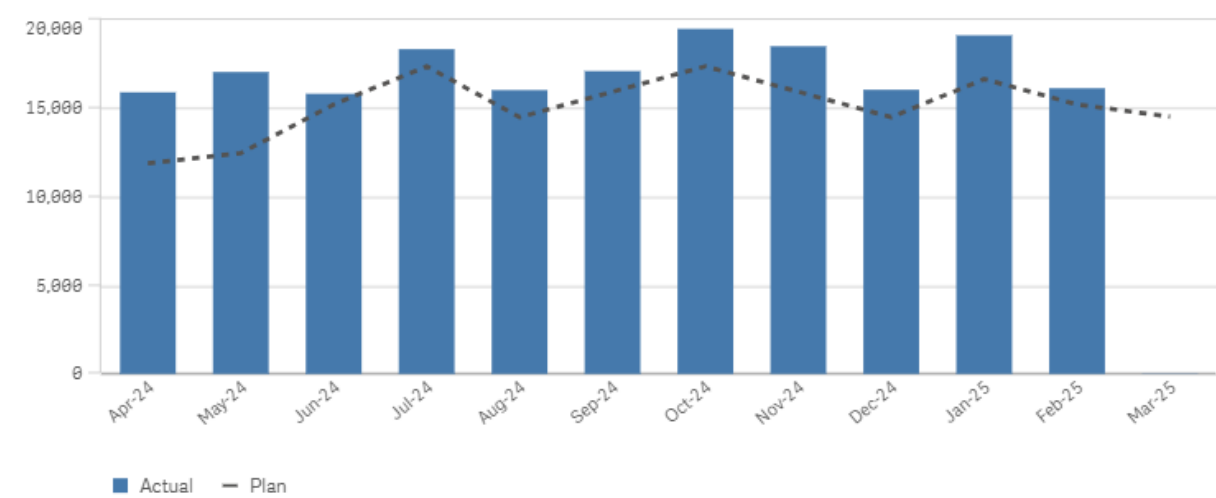
Senior Responsible Owner(s): Frances Bowen (Divisional Director, MIC); Raj Bhattacharya (Divisional Director, SC); Amrish Mehta (Divisional Director, WCCS)
Committee: ICHT Executive Management Board (Chair: Tim Orchard)
Source: These activity figures are based on weekly SUS data extracts from Cerner

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

Census date: At 18 March 2025

Desired trend 

All OP Procs (ERF)



Performance: Our in-month and YTD positions remained above target for February 2025. The projected full 2024/25 % achievement against the activity plan is 113.9% (based on M11 YTD).

Recovery plan: The focus is on sustaining levels of performance for the remainder of the financial year. The focus for 2025/26 will be delivering activity within financial constraints and delivering to the agreed ceiling of the 2025/26 plan.

Forecast risks: Financial pressures and the need to work within core capacity.

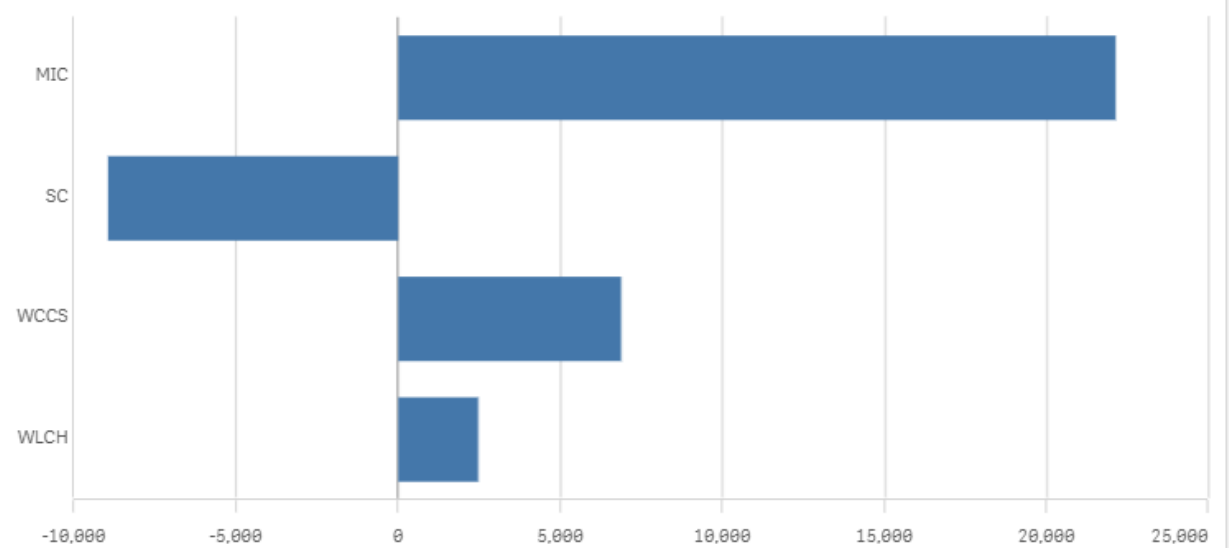
Current Performance

All OP Procs (ERF) - Feb-25

Division	Q	Actual	Target	Var	Achievement %	YTD Actual	YTD Target	YTD Var	YTD Achievement %
Trust		16,136	15,218	918	106.03%	189,576	167,085	22,491	113.46%
MIC		5,096	3,581	1,515	142.32%	62,493	40,389	22,104	154.73%
SC		7,167	8,215	-1,048	87.25%	79,854	88,800	-8,946	89.93%
WCCS		3,429	3,235	194	106.00%	42,615	35,747	6,868	119.21%
WLCH		444	188	256	236.43%	4,614	2,149	2,465	214.68%

Stratification

All OP Procs (ERF) - YTD Variation to Plan - Feb-25

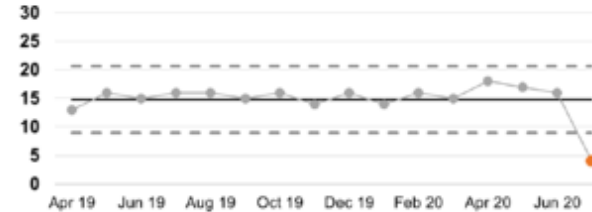


Governance

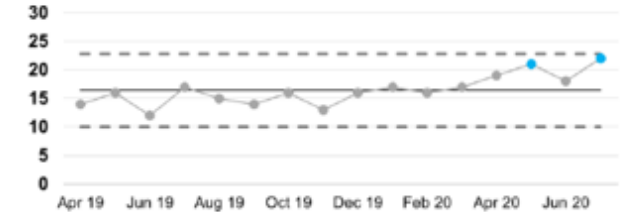
Senior Responsible Owner(s): Frances Bowen (Divisional Director, MIC); Raj Bhattacharya (Divisional Director, SC); Amrish Mehta (Divisional Director, WCCS)
Committee: ICHT Executive Management Board (Chair: Tim Orchard)
Source: These activity figures are based on weekly SUS data extracts from Cerner

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

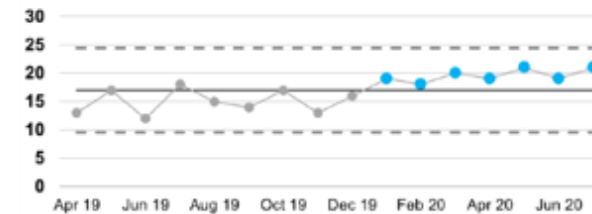
A single point outside the process limits



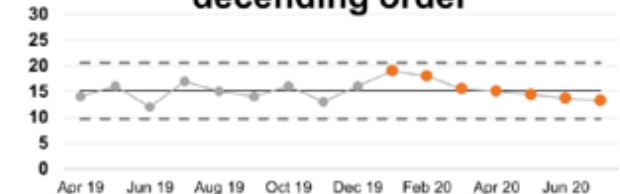
Two out of three points close to a process limit



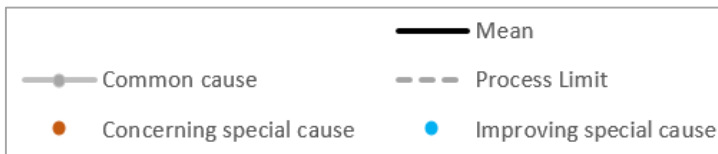
A shift of points above / below the mean



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/>