

Trust operational performance report

Month 02

May 2025 data (except Cancer – April)

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 (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

Scorecard – month 2 (May 2025)

Core operational performance standards

#	KPI Slide Description	Sentinel Metric	Submitted 2025/26 performance trajectory	Expected level (annual)	Expected level (at month 2)	Actual level (at month 2)	SPC Trend
1	Ambulance Handover Waits	15 minute performance	-	65.0%	65.0%	64.8%	Common cause
2	Urgent & Emergency Department Waits	4 hour performance	Yes	78.0% by March 2026	76.5%	75.5%	Common cause
3	Urgent & Emergency Department Long Waits	12 hour performance (T1)	Yes	9.5% by March 2026	5.9%	8.1%	Special cause - concern
4	Referral to Treatment Waits - 18 Weeks	Waits < 18 weeks	Yes	62.7% by March 2026	58.5%	60.3%	Special cause - improvement
5	Referral to Treatment Waits - Long Waits	Waits > 52 weeks	Yes	2,511 by March 2026	2,383	1,729	Special cause - improvement
6	Access to Diagnostics	Waits > 6 weeks	Yes	5.0% by March 2026	5.0%	17.1%	Common cause
7	28 Day General Faster Diagnosis Standard	28 day faster diagnosis performance	Yes	80.0% by March 2026	80.0%	81.1%	Common cause
8	31 Day General Treatment Standard	31 day performance	-	96.0%	96.0%	97.1%	Special cause - improvement
9	62 Day General Standard	62 day performance	Yes	75.0% by March 2026 National operating target	85.0% Local stretch target	73.4%	Common cause
10	Theatre Utilisation	Uncapped theatre utilisation	-	85.0%	85.0%	89.1%	Common cause

Scorecard – month 2 (May 2025)

Operating Plan Performance (Volumes) - % Achievement of operational activity plan

#	KPI Slide Description	M2 Performance			YTD Performance		
		Actual	Expected	%	Actual	Expected	%
11	Day Case Spells	9,768	9,272	105.4%	19,830	18,081	109.7%
12	Elective Inpatient (Ordinary) Spells	1,181	1,124	105.0%	2,441	2,193	111.3%
13	Outpatient New (First) attendances without a procedure – ERF definition	22,287	21,912	101.7%	43,922	42,730	102.8%
14	Outpatient Follow-up attendances without a procedure – ERF definition	48,617	49,765	97.7%	97,145	97,047	100.1%
15	Outpatient Procedures – ERF definition	16,564	16,564	100.0%	34,116	32,300	106.6%

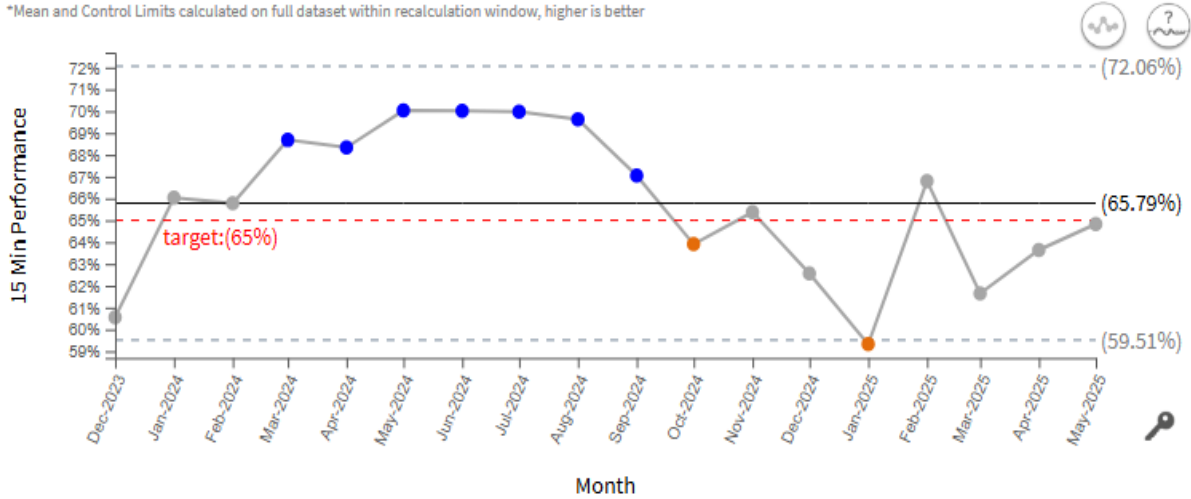
NOTES

- These key indicators reflect activity volumes within scope of the 2025/26 operational planning guidance for 2025/26, using the same technical definitions as 2024/25
- The expected levels are from the Trust's submitted activity plans to the ICB on 27 March 2025 and these are based on delivering a Value Weighted Activity (VWA) of 115%
- % Achievement is calculated using **Actual activity** vs **Planned activity**
- For indicator 14 - the aim is to reduce follow up attendances activity to the level of the operational plan or below

Trend

15 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 May 2025 for the Trust as a whole, the performance was 64.8% completed handovers within 15 minutes (against the operating standard of 65%) and 93.6% within 30 minutes (against the operating standard 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.

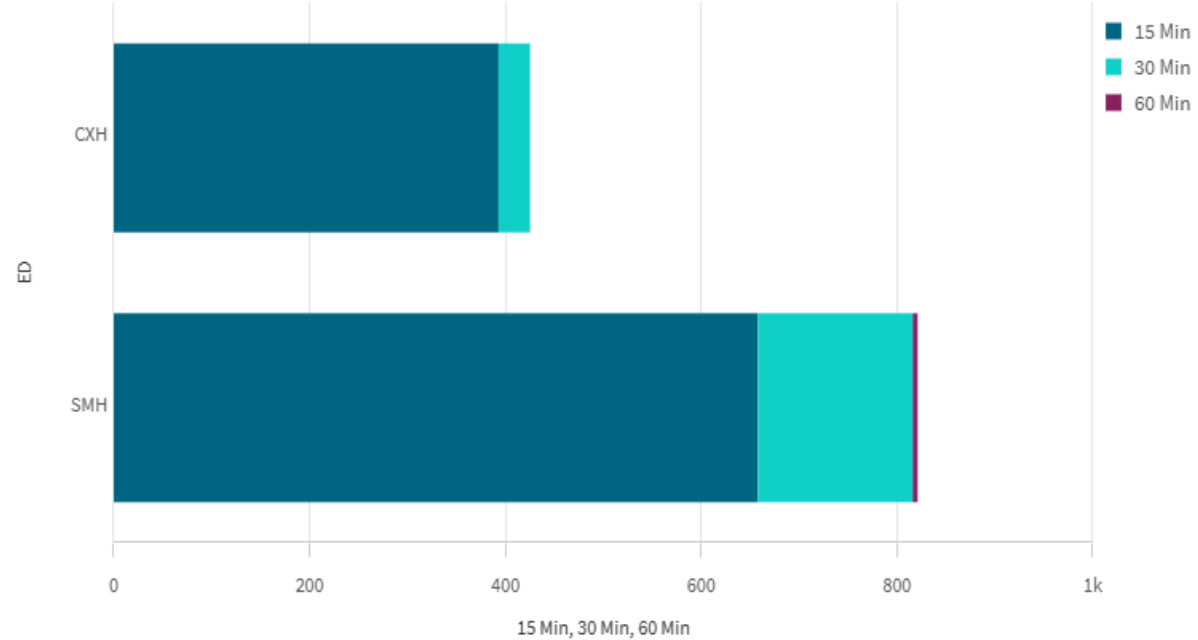
Improvements: 45-minute performance has been tracked and validated as part of a London Ambulance Service operating procedure. Trust performance for May 2025 was 98.6%.

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.

Current Performance: Ambulance handover delays -May/25

Site	Total Handovers	15m + Delays	15 Min Performance	30m + Delays	30 Min Performance	60m + Delays
Trust	2,988	1,051	64.8%	190	93.6%	5
SMH	1,700	658	61.3%	158	90.7%	5
CXH	1,288	393	69.5%	32	97.5%	0

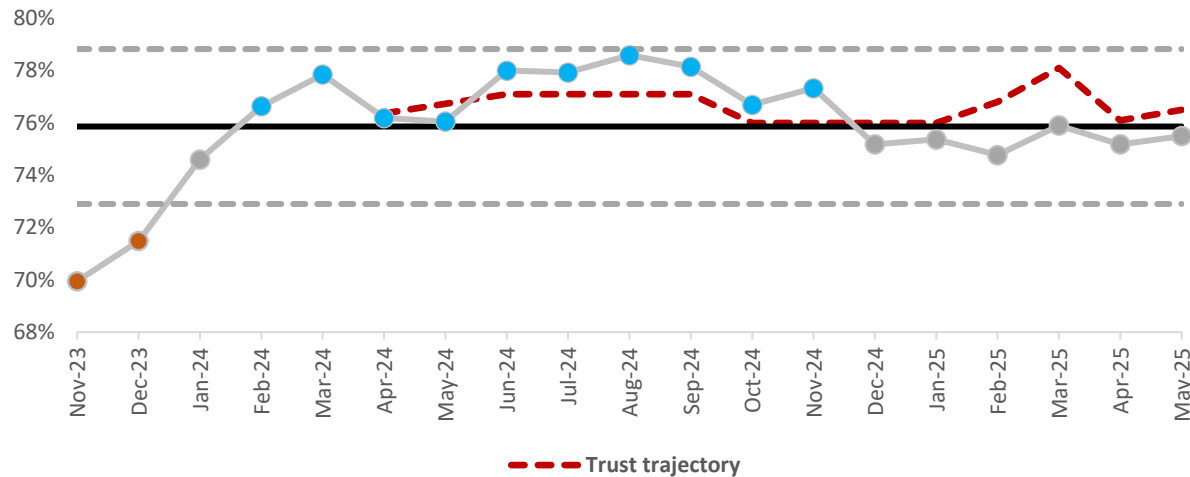
Stratification



Share of waits longer than standard

UEC waits – 4 hours

Trend - 4 hour performance



Performance: 75.5% of patients were admitted, transferred, or discharged within four hours of their arrival, against our operating plan target of 76.5% for the month.

Recovery plan: Efforts continue to improve our emergency department waiting times to meet the national goal of 78% by March 2026. Our urgent and emergency care action plan is designed to improve four areas across the 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.

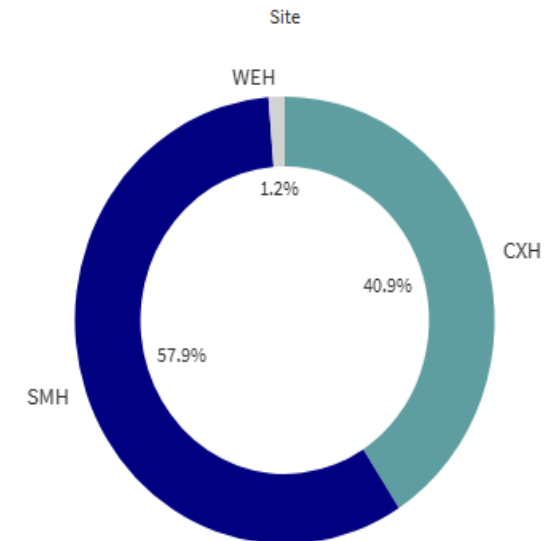
Forecast risks: Increases in demand and continued discharge delays for medically optimised patients.

Current Performance: Time spent in the emergency department (four hour standard) -May/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 Performance
Trust	24,340	75.5%	-1.0%	5,968	5,525	66.3%	443	94.4%
CXH	8,103	69.9%	-6.6%	2,438	2,334	54.5%	104	96.5%
HH	489	100.0%	23.5%	0	0	-	0	100.0%
SMH	11,656	70.4%	-6.1%	3,456	3,117	56.4%	339	92.5%
WEH	4,092	98.2%	21.7%	74	74	98.2%	0	-

Stratification

% of all 4 Hour Breaches



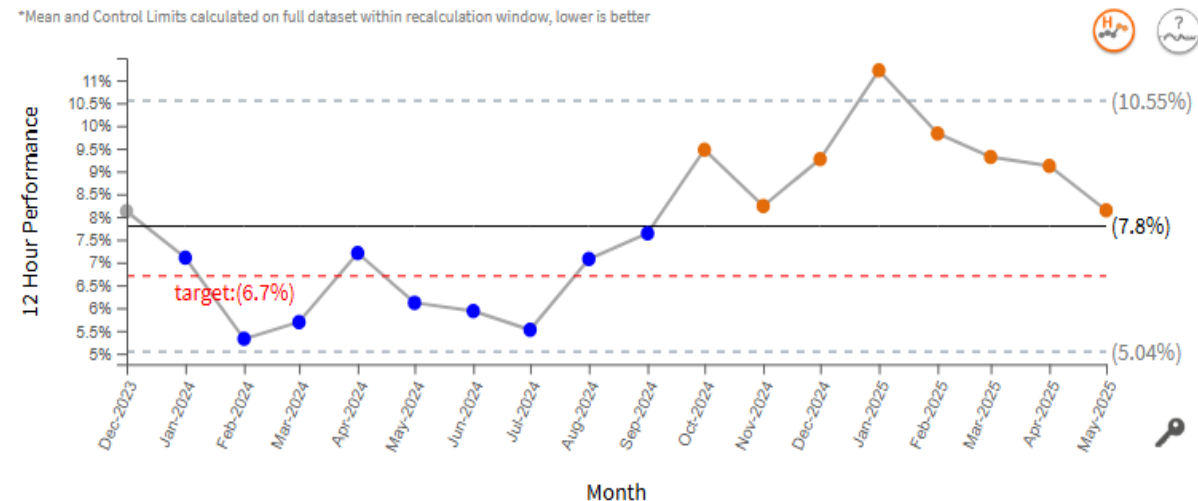
Share of waits longer than standard

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

Trend

12 Hour Performance (Type 1 attendances)

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



Performance: In May 2025, 8.1% of patients spent more than 12 hours in the emergency department from their time of arrival.

Recovery plan: All actions outlined in the Trust's full capacity protocol are being implemented to manage patient flow throughout the hospital. In addition to efforts to improve four-hour performance, initiatives are ongoing to reduce extended wait times in the emergency department, particularly for patients awaiting assessment or admission to a mental health service. The new Trust Integrated Flow Programme will develop a detailed action plan to recover and reduce our 12-hour waits.

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

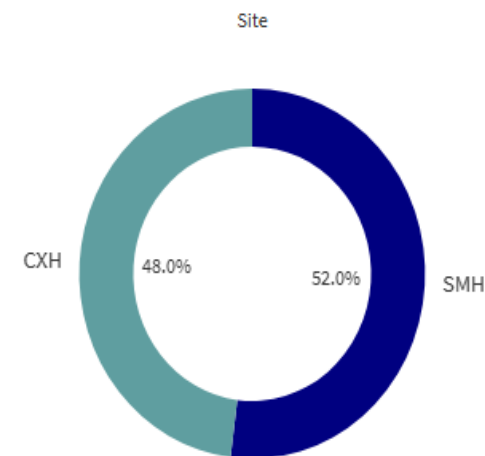
Current Performance: Time spent in the emergency department (12 hour waits from arrival) -May/25

Type 1 attendances only

Site	Total Attendances	12H + Delays	12 Hour Performance	Difference from Trajectory Target
Trust	12,279	1,000	8.14%	2.6%
CXH	5,130	480	9.36%	0.8%
HH	0	0	-	0.0%
SMH	7,149	520	7.27%	2.2%
WEH	0	0	-	0.0%

Stratification

% of all 12 Hour Breaches



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

Trend - Percentage of patients waiting 18 weeks or less

18 Week Performance %

Trajectory target for May 25 = 58.5%

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



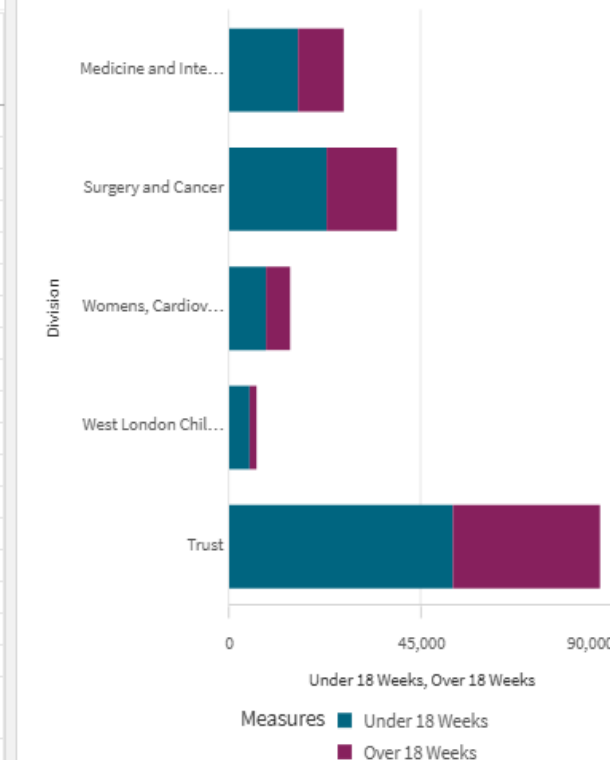
Current Performance: 18 Week Performance % - May/25

	RTT Waiting List	Under 18 Weeks	Over 18 Weeks	18 Week Performance
Trust	86,817	52,362	34,455	60.3%
Medicine and Integrated Care	26,814	16,113	10,701	60.1%
Surgery and Cancer	39,280	22,799	16,481	58.0%
Womens, Cardiovascular and Clinical Support	14,276	8,622	5,654	60.4%
West London Children's Hospital	6,409	4,795	1,614	74.8%

Over 18 Weeks & 18 Week Performance % by TFC

	Over 18 Weeks	18 Week Performance
320 - Cardiology	3,350	57.3%
120 - ENT	2,771	60.1%
400 - Neurology	2,632	46.5%
150 - Neurosurgery	2,264	37.0%
502 - Gynaecology	2,134	63.6%
341 - Respiratory Physiology	1,993	25.0%
104 - Colorectal Surgery	1,775	54.9%
302 - Endocrinology	1,765	55.9%
107 - Vascular Surgery	1,722	46.6%
130 - Ophthalmology	1,581	71.3%
110 - Trauma & Orthopaedics	1,471	50.1%
330 - Dermatology	1,324	62.7%
101 - Urology	1,283	59.1%
100 - General Surgery	1,167	48.9%
160 - Plastic Surgery	979	48.1%
340 - Respiratory Medicine	903	66.0%
317 - Allergy	833	52.4%
191 - Pain Management	746	42.4%
215 - Paediatric Ear Nose And Throat	512	61.6%
255 - Paediatric Clinical Immunology And Allergy	496	57.2%

Stratification



Performance: We are meeting expectations for the 18-week referral to treatment standard with 60.3% of patients waiting 18 weeks or less for treatment at the end of May.

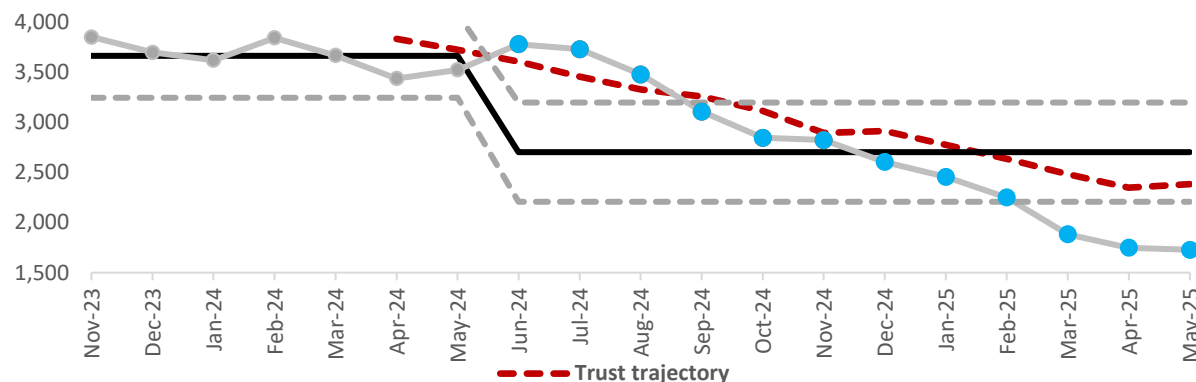
Recovery plan: The Trust's performance trajectory for 2025/26 is to reach a minimum performance of 62.7% by March 2026. While working within our core capacity, the focus will be on improvements in patient and list management, consistent application of the RTT rules, increasing productivity and ensuring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

We are taking part in a national 12-week RTT validation sprint and a further 12-week sprint is scheduled to commence between July and September 2025.

Forecast risks: There may be a temporary decrease in 18-week wait performance due to increased clock stops in the lower time bands during the validation sprints.

Referral to Treatment – long waiters

Trend - 52 week waits



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

- 52ww = 1,729 against our trajectory of 2,383 or less for the month (-20 on the previous month)
- 65ww = 122 with 94 capacity related and 28 patient choice (-13 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
- Ongoing clinical review and virtual clinics to reduce delays in decision-making
- Reducing time to first outpatient appointment

Challenges remain in Neurosurgery and Neurology which together account for over three quarters of the 65 week waits. We are working alongside NHSE to mitigate all risks.

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

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

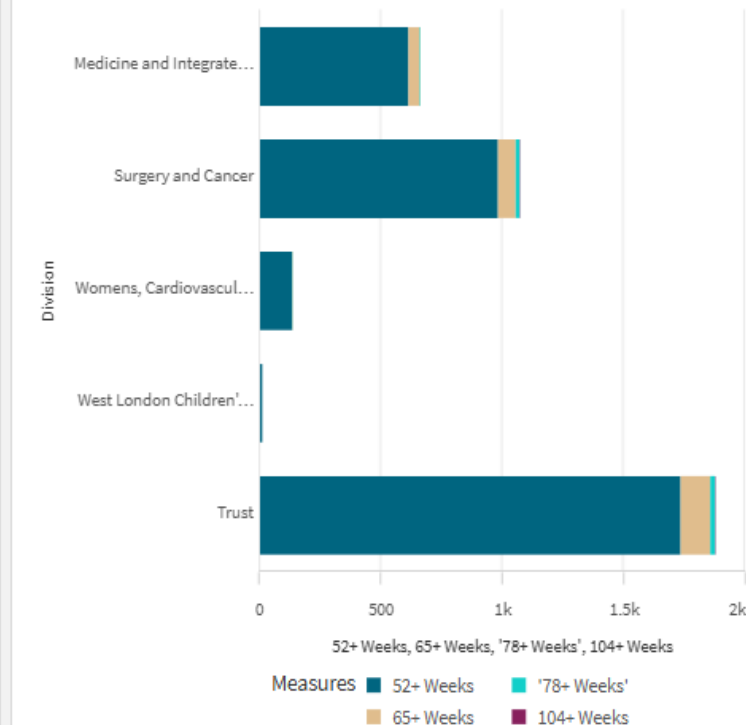
Current Performance: Referral to Treatment Long Waits May/25

Division	Values					
	Waiting List Size	52+ Weeks	Difference from Trajectory	52 Week waits as % of RTT WL	65+ Weeks	78+ Weeks
Trust	86,817	1,729	-654	2%	122	20
Medicine and Integrated Care	26,814	610	-	2.3%	47	3
Surgery and Cancer	39,280	978	-	2.5%	73	16
Womens, Cardiovascular and Clinical Support	14,276	132	-	0.92%	2	1
West London Children's Hospital	6,409	9	-	0.14%	-	-

Waits over 52 weeks

TreatmentFunctionLocal	Waits > 52 weeks
Totals	1,729
400 - Neurology	412
120 - ENT	267
150 - Neurosurgery	205
341 - Sleep Studies	130
104 - Colorectal Surgery	109
107 - Vascular Surgery	109
110 - Trauma & Orthopaedics	77
502 - Gynaecology	65
320 - Cardiology	64
100 - General Surgery	56
160 - Plastic Surgery	47
101 - Urology	43
130 - Ophthalmology	29
302 - Endocrinology	26
10001 - Endocrine Surgery	19
30201 - Endo Bariatrics (sub)	15
317 - Allergy	15
105 - Hepatobiliary & Pancreatic	9
215 - Paediatric Ear Nose & Throat	5

Stratification

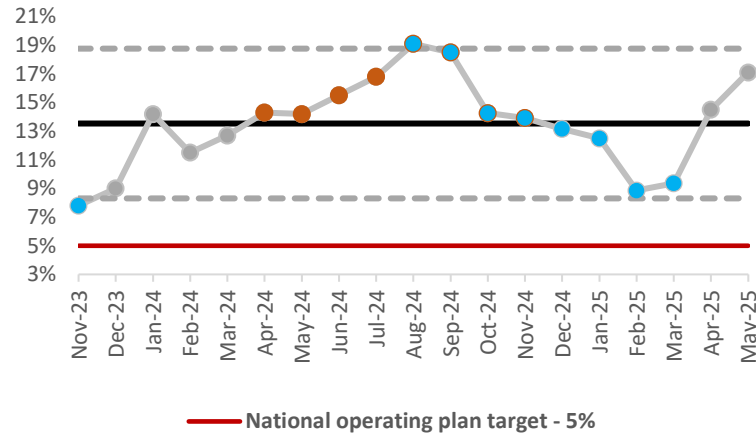


Share of waits longer than standard

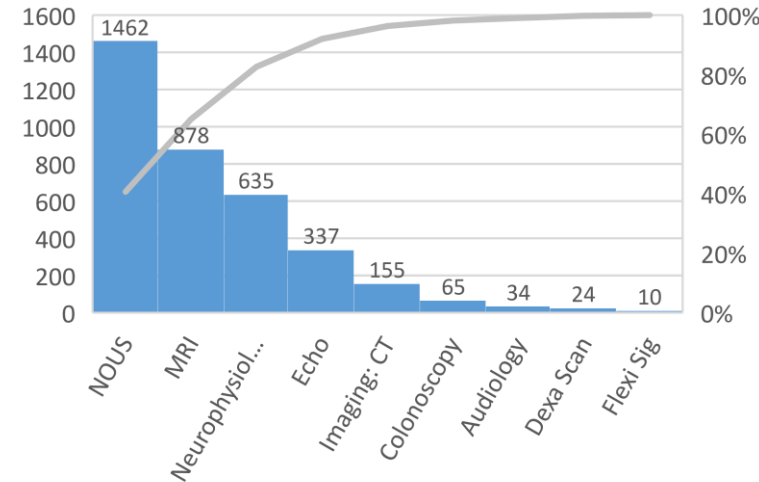
Access to Diagnostics

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

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



Pareto chart – May 2025 DM01 breaches (modalities with less than 10 breaches hidden from view)



Performance and Recovery: In May, 17.1% of patients were waiting for their diagnostic test or procedure for over six weeks. Imaging, neurophysiology, and echocardiography accounted for 96% of breaches. Recovery plans are being discussed pending funding agreement. The above Pareto shows the individual modality breakdown of breaches in May and cumulative contribution to the overall performance.

Imaging:

- MRI – Performance continues to be affected due to the loss of capacity at the CDC as a result of the machine repairs. MRI performance improved slightly in month despite increase in overall waiting list demand.
- Non-obstetric ultrasound (NOUS) – Reduction in additional lists have contributed to performance this month; focus has been on FDS and urgent referrals.

Neurophysiology: Ongoing prioritisation of RTT continues to impact performance. Service have recruited to vacancies which will be filled from September 2025 after which time performance is expected to improve.

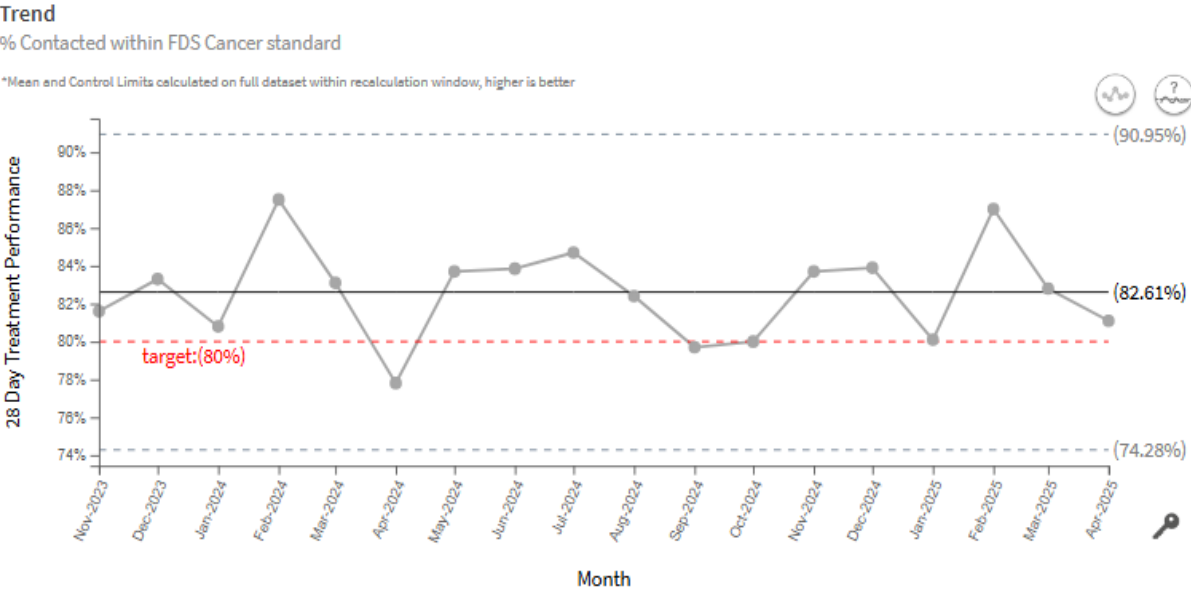
Echocardiography: Performance declined in month following additional complex lists being stood down due to financial constraints. Increase in demand currently exceeding baseline capacity.

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

Current performance, by diagnostic modality

Modality		Feb-25	Mar-25	Apr-25	May-25
Imaging	WL	13374	14463	14863	14819
	Breaches	1165	1318	2218	2522
	%	8.7%	9.1%	14.9%	17.0%
Endoscopy	WL	1848	1958	1980	2194
	Breaches	4	5	68	84
	%	0.2%	0.3%	3.4%	3.8%
Cystoscopy	WL	231	228	219	231
	Breaches	5	4	1	7
	%	2.2%	1.8%	0.5%	3.0%
Urodynamics	WL	109	157	113	75
	Breaches	0	0	0	0
	%	0.0%	0.0%	0.0%	0.0%
Cardiology - Echocardiography	WL	1090	1206	1356	1430
	Breaches	135	204	232	337
	%	12.4%	16.9%	17.1%	23.6%
Cardiology - Electrophysiology	WL	15	15	20	29
	Breaches	0	1	1	2
	%	0.0%	6.7%	5.0%	6.9%
Neurophysiology	WL	848	838	1025	1415
	Breaches	297	300	395	635
	%	35.0%	35.8%	38.5%	44.9%
Audiology	WL	519	581	576	655
	Breaches	9	12	44	34
	%	1.7%	2.1%	7.6%	5.2%
Sleep Studies	WL	233	262	234	293
	Breaches	2	1	0	0
	%	0.9%	0.4%	0.0%	0.0%
Total	WL	18267	19708	20386	21141
	Breaches	1617	1845	2959	3621
	%	8.9%	9.4%	14.5%	17.1%

Access to cancer care – 28 day faster diagnosis standard



Performance: April 2025 performance was 81.1% against the national target of 80.0%. The unvalidated May 2025 position is c. 81%.

Recovery plan: Long term challenges remain in gynaecology, thyroid, HPB and urology. Key issues include:

- MRI resilience at CXH, particularly impacting urology
- Endoscopy capacity through June and July
- External diagnostic turn around times, particularly impacting lung
- Pathology turn around times, particularly impacting gynaecology, urology and skin

Improvements: Performance remains strong on most cancer pathways.

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

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

Headline Standard	Values				
	Total Seen / Treated	Accountable	Compliant	Breach Allocated	% Meeting Standard
Totals	2,830	2830	2,294	536	81.1%
2WW	2,596	2596	2,129	467	82.0%
SCREENING	234	234	165	69	70.5%

Cancer Site

Tumour Site	Values				
	Total Seen / Treated	Accountable	Compliant	Breach Allocated	% Meeting Standard
BRAIN	33	33	32	1	97.0%
BREAST	639	639	527	112	82.5%
COLORECTAL	471	471	361	110	76.6%
GYNAECOLOGY	275	275	172	103	62.5%
HAEMATOLOGY	36	36	28	8	77.8%
HEAD AND NECK	352	352	315	37	89.5%
HEAD AND NECK - THYROID	16	16	10	6	62.5%
LUNG	57	57	48	9	84.2%
OTHER - NSS	47	47	45	2	95.7%
PAEDIATRIC	15	15	15	0	100.0%
SKIN	569	569	518	51	91.0%
UPPER GI - HPB	22	22	11	11	50.0%
UPPER GI - OG	142	142	108	34	76.1%
UROLOGY - PROSTATE	91	91	56	35	61.5%
UROLOGY - RENAL	8	8	6	2	75.0%
UROLOGY - TESTICULAR	1	1	1	0	100.0%
UROLOGY - UROTHelial	56	56	41	15	73.2%

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: In April 2025, the 31-day treatment standard performance was 97.1% against the national operating standard of ensuring that 96% of patients receive first or subsequent treatment within 31 days of a treatment decision. The unvalidated May 2025 position is c. 96%.

Challenges: Of 21 breaches in April 13 were surgical delays, 6 radiotherapy and 2 chemotherapy. There was a temporary increase in Prostate breaches due to a global shortage of High Intensity Focused Ultrasound (HIFU) consumables in March and April. This issue is now resolved although there remains supply chain risk.

Improvements: Oncology continues to perform well, with 98.7% of patients receiving drug or radiotherapy treatment within 31 days of a decision to treat.

Risks: Surgical capacity. HIFU consumable availability.

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

Headline Standard

Values

	Total Seen / Treated	Accountable	Compliant	Breach Allocated	% Meeting Standard	62+ Day Waits
Totals	725	725	704	21	97.1%	0
FIRST TREATMENT	262	262	252	10	96.2%	0
SUBSEQUENT TREATMENT	463	463	452	11	97.6%	0

Cancer Site

Tumour Site

Values

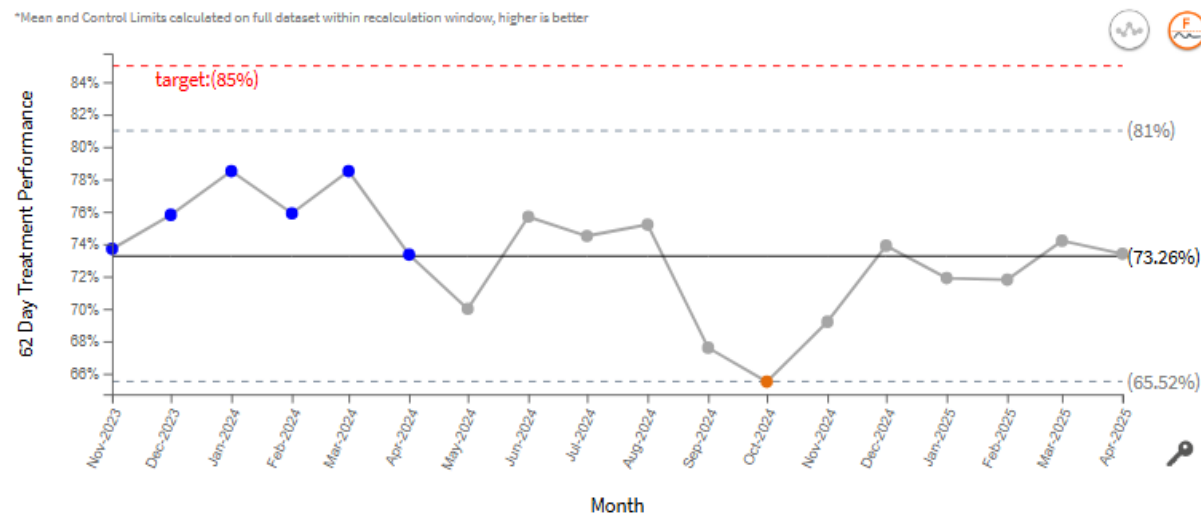
	Total Seen / Treated	Accountable	Compliant	Breach Allocated	% Meeting Standard	62+ Day Waits
BRAIN	12	12	12	0	100.0%	0
BREAST	167	167	166	1	99.4%	0
COLORECTAL	36	36	35	1	97.2%	0
CUP	6	6	6	0	100.0%	0
GTD GERM CELL	11	11	11	0	100.0%	0
GYNAECOLOGY	77	77	76	1	98.7%	0
HAEMATOLOGY	61	61	61	0	100.0%	0
HEAD AND NECK	21	21	21	0	100.0%	0
HEAD AND NECK - THYROID	8	8	7	1	87.5%	0
LUNG	73	73	70	3	95.9%	0
OTHER	4	4	4	0	100.0%	0
SKIN	25	25	25	0	100.0%	0
UPPER GI - HPB	28	28	28	0	100.0%	0
UPPER GI - OG	28	28	26	2	92.9%	0
UROLOGY - PROSTATE	117	117	109	8	93.2%	0
UROLOGY - RENAL	30	30	28	2	93.3%	0
UROLOGY - TESTICULAR	2	2	2	0	100.0%	0
UROLOGY - UROTHELIAL	19	19	17	2	89.5%	0

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



Performance: April 2025 62-day referral to first treatment performance was 73.4% against a local target of 85.0% and a national target of 75.0%. The unvalidated April 2025 position is c. 70-75%.

Recovery: Improvement is required across most tumour sites to achieve 85% as a Trust, particularly breast, colorectal, lung, upper GI and urology as key volume drivers. Tumour site action plans are in place, and an internal performance framework for cancer was launched in January 2025.

Improvement: April 2025 saw month-on-month improvements for breast, colorectal and OG.

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, colorectal 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)-Apr/25

Headline Standard	Values					
	Total Seen / Treated	Accountable	Compliant	Breach Allocated	% Meeting Standard	104+ Day Waits
Totals	219	190	139.5	50.5	73.4%	0
2WW	101	94	67	27	71.3%	0
SCREENING	27	21	10	11	47.6%	0
UPGRADE	91	75	62.5	12.5	83.3%	0

Cancer Site

Tumour Site	Values					
	Total Seen / Treated	Accountable	Compliant	Breach Allocated	% Meeting Standard	104+ Day Waits
BRAIN	3	3	3	0	100.0%	0
BREAST	44	37	27	10	73.0%	0
COLORECTAL	14	13.5	10.5	3	77.8%	0
CUP	1	0.5	0.5	0	100.0%	0
GYNAECOLOGY	17	13	11	2	84.6%	0
HAEMATOLOGY	14	14	13	1	92.9%	0
HEAD AND NECK	7	7	5	2	71.4%	0
HEAD AND NECK - THYROID	2	2	2	0	100.0%	0
LUNG	36	31.5	19.5	12	61.9%	0
OTHER	1	0.5	0.5	0	100.0%	0
SKIN	11	11	10	1	90.9%	0
UPPER GI - HPB	17	12.5	5.5	7	44.0%	0
UPPER GI - OG	15	12	10	2	83.3%	0
UROLOGY - PROSTATE	21	19.5	12	7.5	61.5%	0
UROLOGY - RENAL	13	10.5	8	2.5	76.2%	0
UROLOGY - TESTICULAR	1	1	1	0	100.0%	0
UROLOGY - UROTHELIAL	2	1.5	1	0.5	66.7%	0



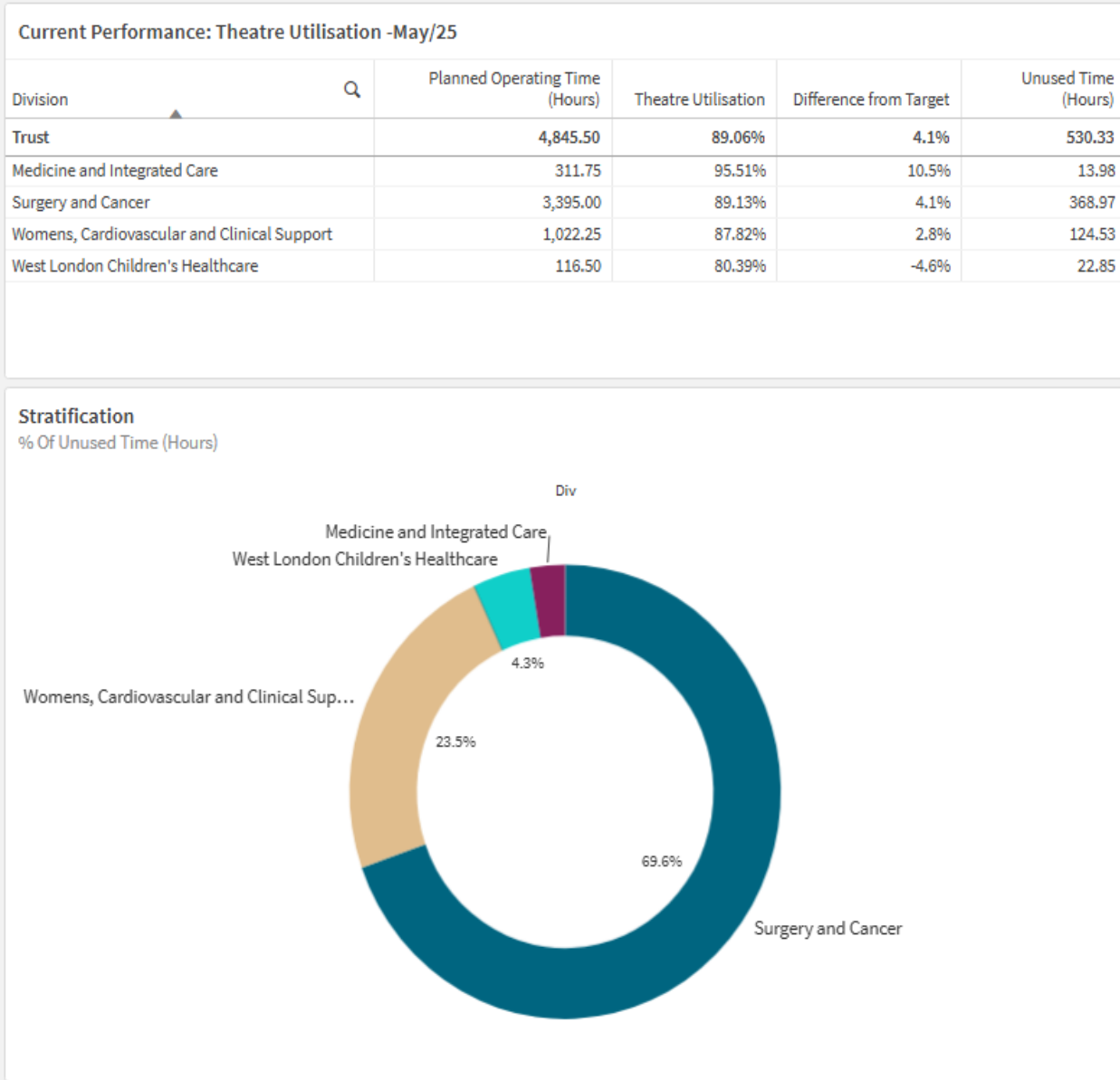
Performance: In May 2025, the Trust's theatre utilisation was 89.1% against the 85% target.

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
- Productivity analysis identified improvement opportunities in DSU and Riverside. Project teams for both sites have been identified and the project is being scoped.
- Productivity project launched in DSU and Riverside.

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. Reverting to the Core Baseline has seen a positive impact on theatre utilisation, with more efficient scheduling of available theatre capacity.

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

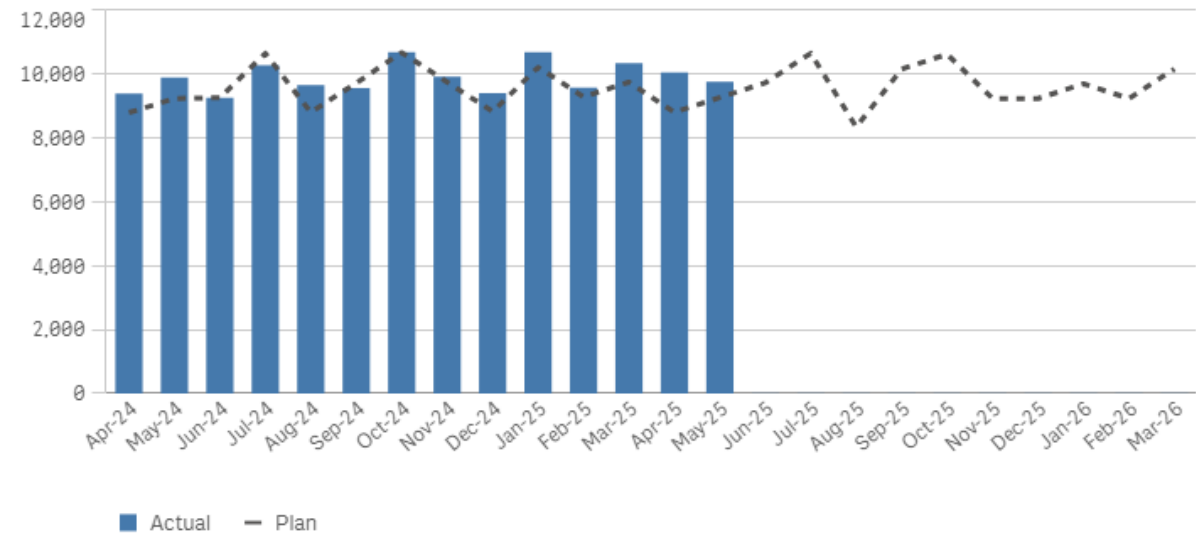


Operating Plan Performance (volumes) – Day Case

Census date: At 11 June 2025

Desired trend 

Daycase



Performance: The achievement for May 2025 exceeded the activity plan at 105.4% and the YTD position is on track.

Recovery plan: The focus for 2025/26 is on increasing productivity within our core capacity.

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. The digital preoperative assessment questionnaire is reducing the time needed to assess patient fitness for surgery.

Forecast risks: Our submitted activity plans for 2025/26 reflect a rebasing of activity to within core capacity.

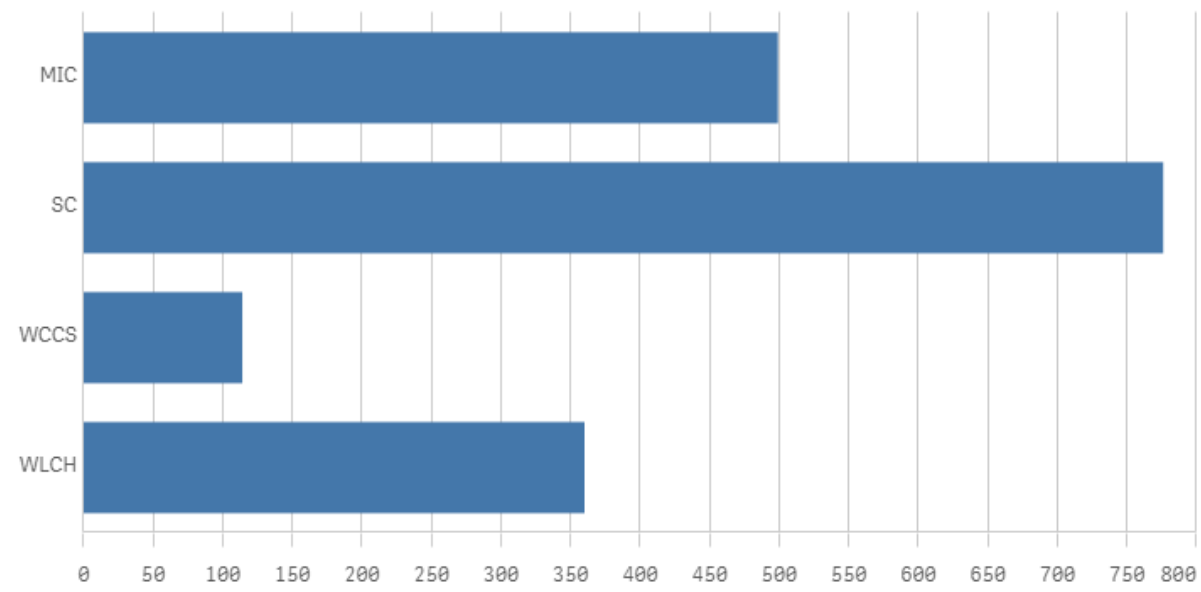
Current Performance

Daycase - May-25

Division	Actual	Target	Var	Achievement %	YTD Actual	YTD Target	YTD Var	YTD Achievement %
Trust	9,768	9,272	496	105.35%	19,830	18,081	1,749	109.67%
MIC	3,439	3,311	128	103.87%	6,957	6,458	499	107.73%
SC	5,008	4,791	217	104.52%	10,119	9,343	776	108.30%
WCCS	598	575	23	103.99%	1,235	1,121	114	110.13%
WLCH	723	594	129	121.67%	1,519	1,159	360	131.09%

Stratification

Daycase - YTD Variation to Plan - May-25

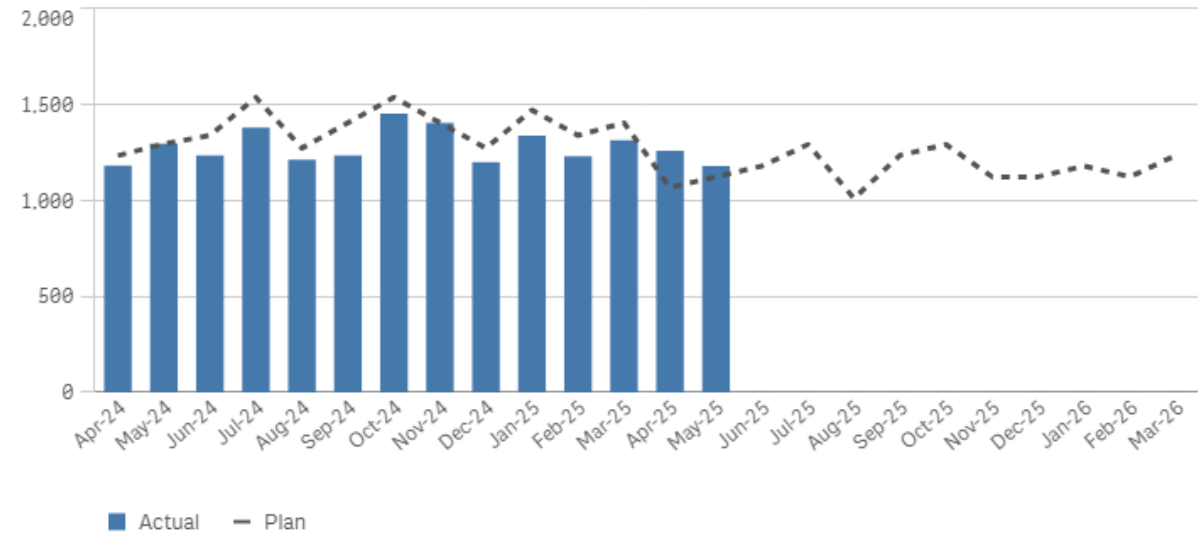


Operating Plan Performance (volumes) – Elective Inpatient

Census date: At 11 June 2025

Desired trend 

Elective(Ordinary)



Performance: The achievement for May 2025 exceeded the activity plan at 105% and the YTD position is on track.

Recovery plan: The focus for 2025/26 is on increasing productivity within our core capacity.

Improvements: We have increased 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. Since the 1st April 2025, all scheduling is being done utilising this solution.

Forecast risks: Our submitted activity plans for 2025/26 reflect a rebasing of activity to within core capacity.

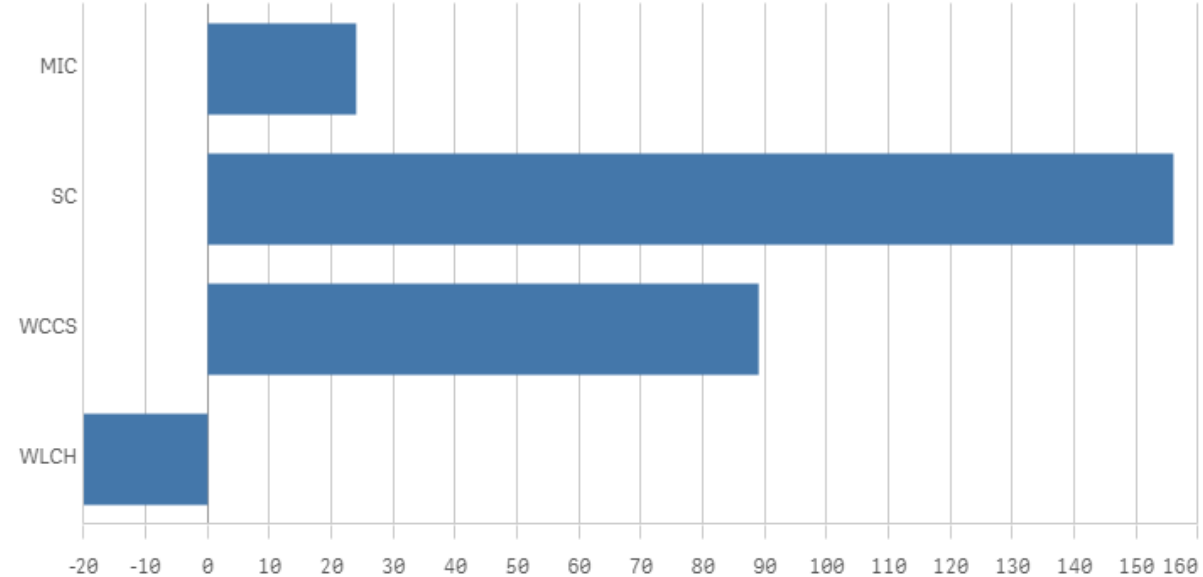
Current Performance

Elective(Ordinary) - May-25

Division	Actual	Target	Var	Achievement %	YTD Actual	YTD Target	YTD Var	YTD Achievement %
Trust	1,181	1,124	57	105.04%	2,441	2,193	248	111.33%
MIC	183	171	12	107.03%	357	333	24	107.08%
SC	617	597	20	103.27%	1,321	1,165	156	113.39%
WCCS	287	246	41	116.83%	568	479	89	118.57%
WLCH	94	110	-16	85.25%	195	215	-20	90.69%


Stratification

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

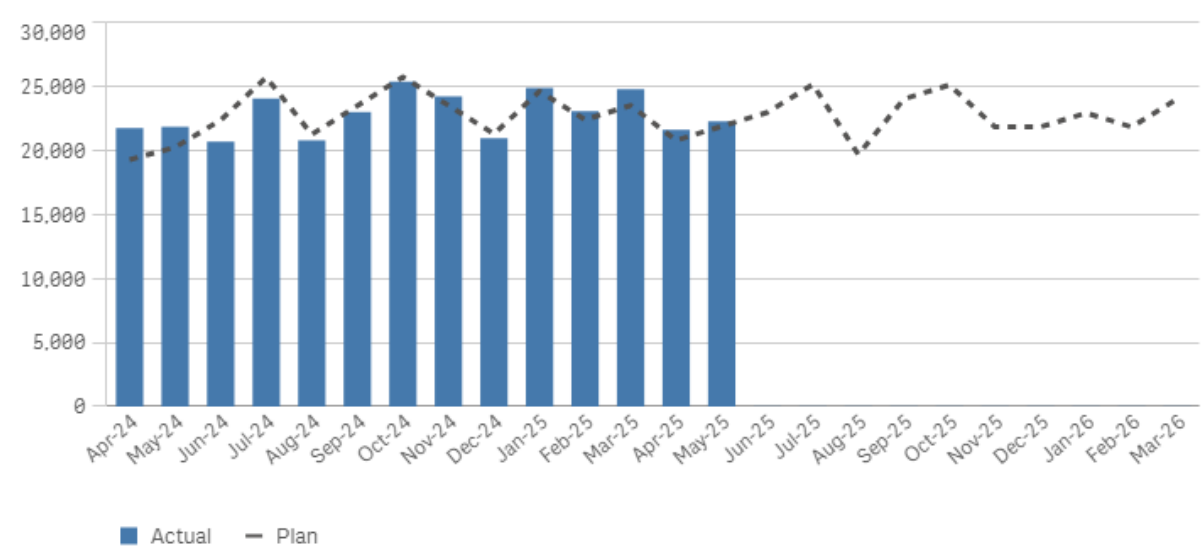


Operating Plan Performance (volumes) – Outpatient New without a procedure (ERF definition)

Census date: At 11 June 2025

Desired trend 

New OP no proc



Performance: The achievement for May 2025 exceeded the activity plan at 101.7% and the YTD achievement is above plan.

Recovery plan: Each Division continues to work on streamlining clinical pathways and reduce the waiting times for new outpatient appointments.

Improvements: We are working to identify the best opportunities for making the most of the first appointment by eliminating built-in inefficiencies, such as better triaging of patients, ‘front-loading’ diagnostic tests, and tackling issues that increase the chances of patients not attending appointments.

Forecast risks: Our submitted activity plans for 2025/26 reflect a rebasing of activity to within core capacity. This will include converting follow up appointments to new appointments.

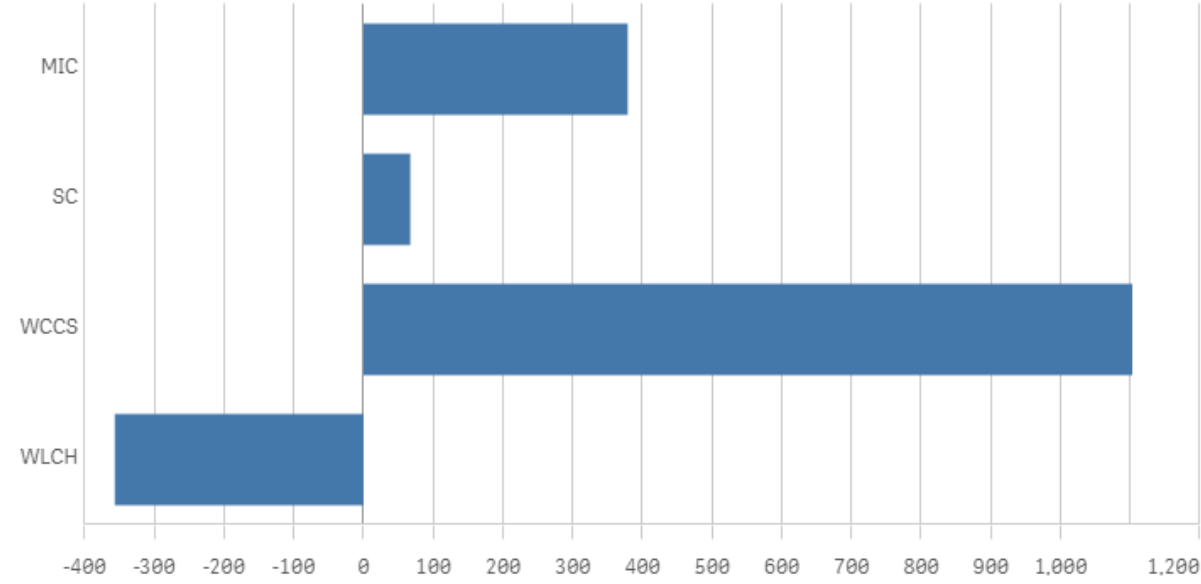
Current Performance

New OP no proc - May-25

Division	Actual	Target	Var	Achievement %	YTD Actual	YTD Target	YTD Var	YTD Achievement %
Trust	22,287	21,912	375	101.71%	43,922	42,730	1,192	102.79%
MIC	6,678	6,565	113	101.73%	13,181	12,802	379	102.96%
SC	10,924	10,990	-66	99.40%	21,498	21,431	67	100.31%
WCCS	3,517	2,933	584	119.90%	6,823	5,720	1,103	119.28%
WLCH	1,168	1,424	-256	82.01%	2,420	2,777	-357	87.14%

Stratification

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

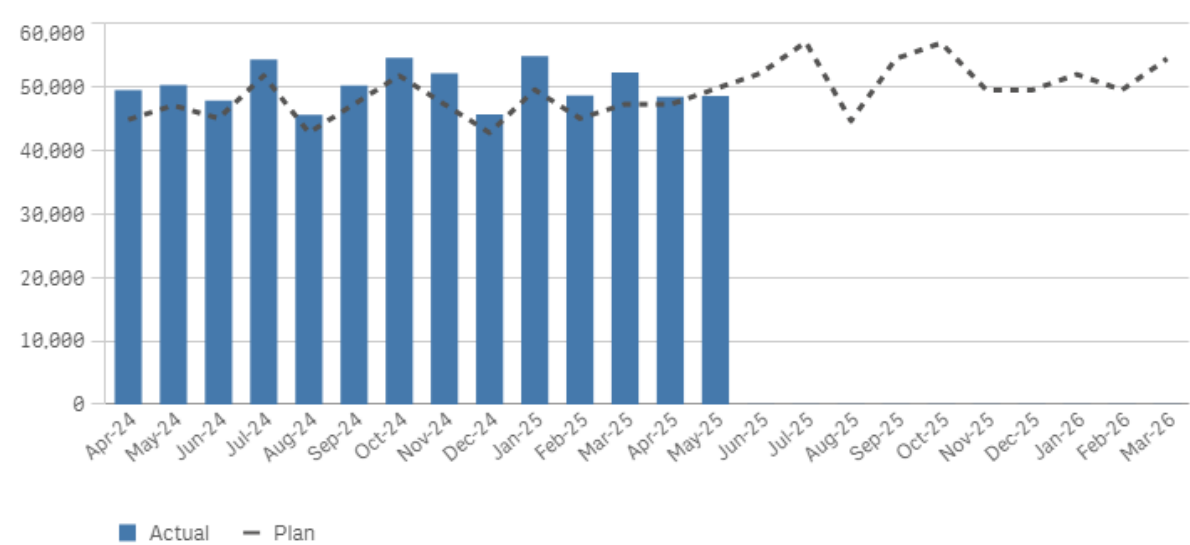


Operating Plan Performance (volumes) – Outpatient Follow-up without a procedure (ERF definition)

Census date: At 11 June 2025

Desired trend 

Fup OP no proc



Current Performance

Fup OP no proc - May-25

Division	Actual	Target	Var	Achievement %	YTD Actual	YTD Target	YTD Var	YTD Achievement %
Trust	48,617	49,765	-1,148	97.69%	97,145	97,047	98	100.10%
MIC	16,075	16,127	-52	99.68%	31,726	31,452	274	100.87%
SC	23,576	23,932	-356	98.51%	47,154	46,667	487	101.04%
WCCS	7,046	7,161	-115	98.39%	14,031	13,967	64	100.46%
WLCH	1,920	2,544	-624	75.46%	4,234	4,961	-727	85.34%

Performance: The achievement for May 2025 met the activity plan at 97.7%, with all clinical divisions contributing to fewer follow up appointments for the month.

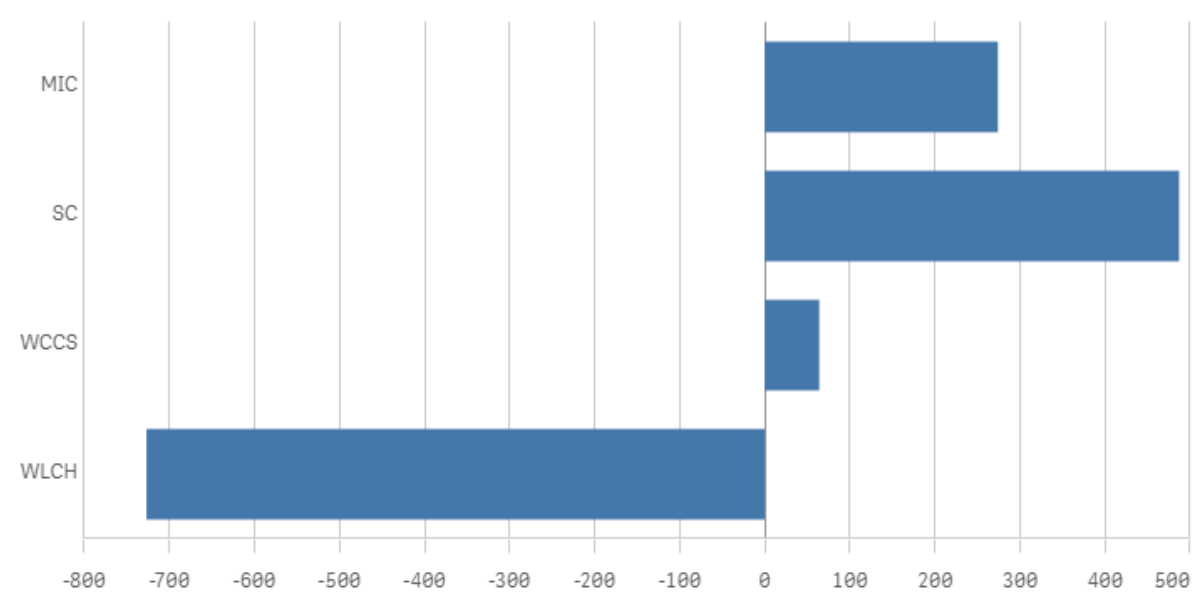
Recovery plan: Improvement work is monitored as part of the monthly divisional Performance and Accountability Review Meetings.

Improvements: To reduce waiting times within our funded capacity, we need to adjust the balance between first appointments and follow-ups. We have identified 11 services that have the greatest potential for creating additional first-appointment capacity or moving patients to Patient Initiated Follow-Up (PIFU) approaches. To support these services, we are offering additional assistance through a series of structured improvement sprints.

Forecast risks: We do not implement the pathway changes quickly enough to affect Q1 in 2025/26.

Stratification

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

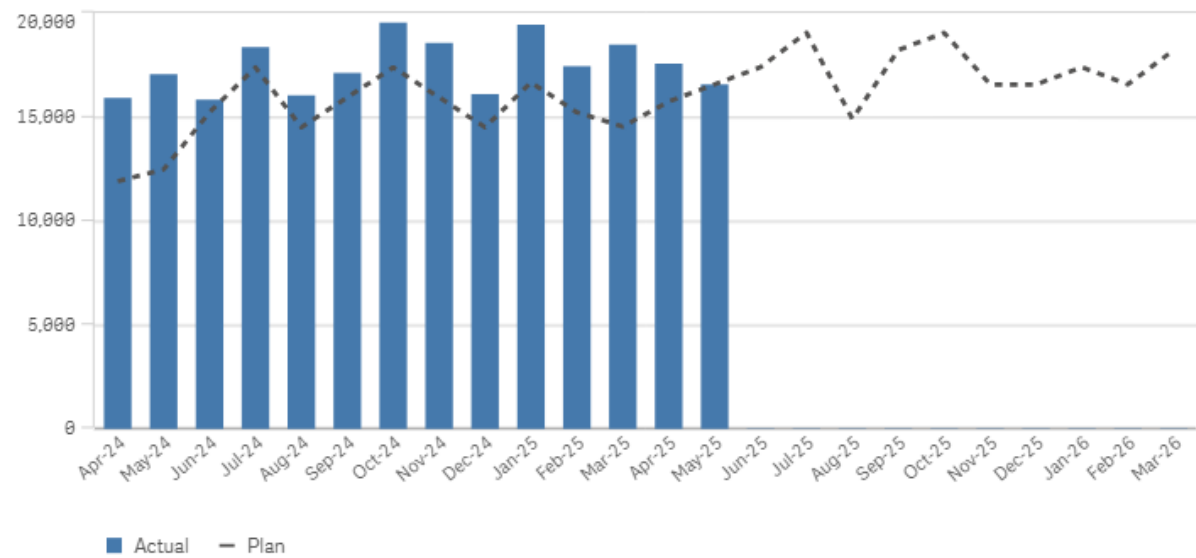


Operating Plan Performance (volumes) – Outpatient procedures (ERF definition)

Census date: At 17 June 2025

Desired trend 

All OP Procs (ERF)



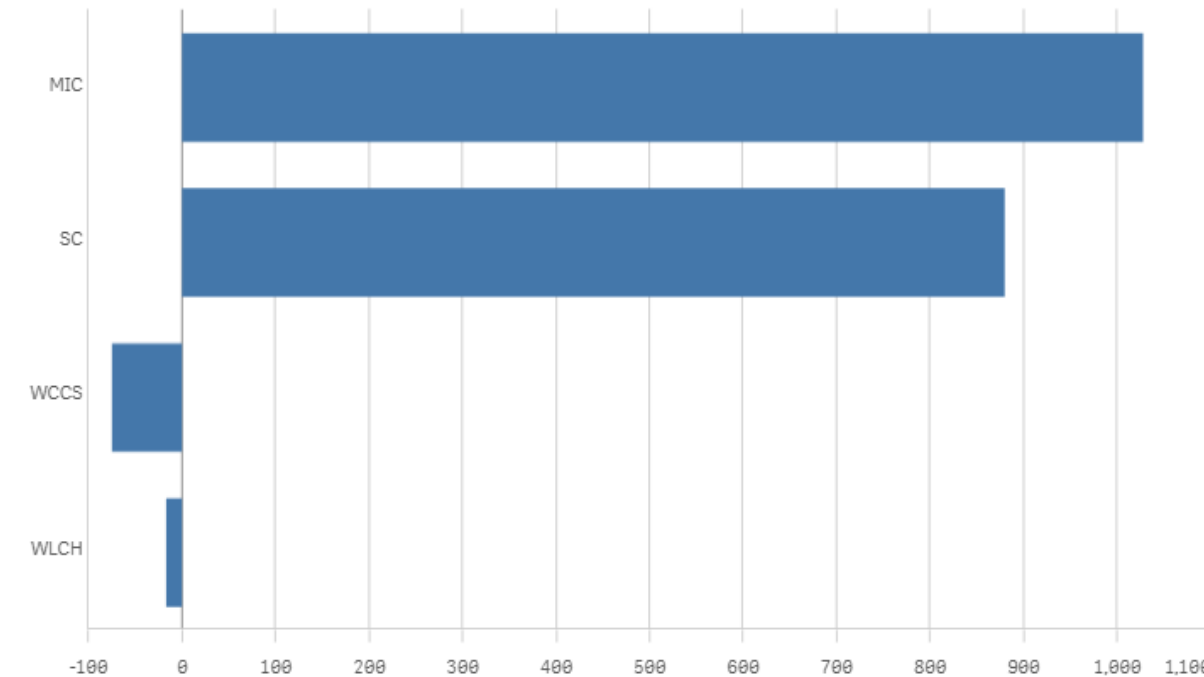
Current Performance

All OP Procs (ERF) - May-25

Division	Actual	Target	Var	Achievement %	YTD Actual	YTD Target	YTD Var	YTD Achievement %
Trust	16,564	16,564	0	100.00%	34,116	32,300	1,816	105.62%
MIC	5,158	4,963	195	103.92%	10,707	9,679	1,028	110.62%
SC	7,661	7,543	118	101.56%	15,589	14,709	880	105.98%
WCCS	3,375	3,689	-314	91.49%	7,119	7,194	-75	98.96%
WLCH	370	368	2	100.48%	701	718	-17	97.62%

Stratification

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



Performance: The achievement for May 2025 met the activity plan at 100.0% and the YTD performance has stayed above plan.

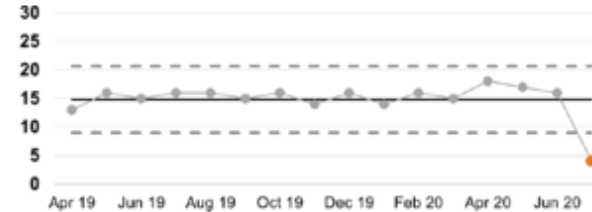
Recovery plan: The focus for 2025/26 will be on increasing productivity within our core capacity and delivering to the agreed ceiling of the 2025/26 plan.

Forecast risks: Our submitted activity plans for 2025/26 reflect a rebasing of activity to within core capacity.

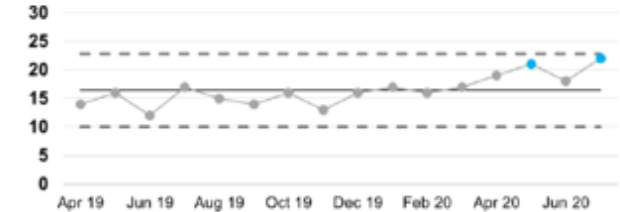
#	KPI Slide Description	Sentinel Metric	Senior Responsible Owner	Committee	Data Assurance
1	Ambulance Handover Waits	<ul style="list-style-type: none"> 15 minute performance 	<ul style="list-style-type: none"> Frances Bowen (Divisional Director, MIC) 	<ul style="list-style-type: none"> ICHT Executive Management Board (Chair: Tim Orchard) 	<ul style="list-style-type: none"> These figures are provided by London Ambulance Service
2	Urgent & Emergency Department Waits	<ul style="list-style-type: none"> 4 hour performance 	<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 12 hour performance 	<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Waits < 18 weeks 	<ul style="list-style-type: none"> Raj Bhattacharya (Divisional Director, SC) 	<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> These figures are validated ahead of the monthly RTT performance return -performance data are published by NHSE
5	Referral to Treatment Waits	<ul style="list-style-type: none"> Waits > 52 weeks 	<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> As above
6	Access to Diagnostics	<ul style="list-style-type: none"> Waits > 6 weeks 	<ul style="list-style-type: none"> Amrish Mehta (Divisional Director, WCCS) 	<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> These figures are validated ahead of the monthly DM01 performance return -performance data are published by NHSE
7	28 Day General Faster Diagnosis Standard	<ul style="list-style-type: none"> 28 day faster diagnosis performance 	<ul style="list-style-type: none"> Raj Bhattacharya (Divisional Director, SC) 	<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 31 day performance 	<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> As above
9	62 Day General Standard	<ul style="list-style-type: none"> 62 day performance 	<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> As above
10	Theatre Utilisation	<ul style="list-style-type: none"> Uncapped Theatre Utilisation 	<ul style="list-style-type: none"> Raj Bhattacharya (Divisional Director, SC) 	<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> Daycases Elective Inpatient Spells Outpatient First Appointments Outpatient Follow up Appointments Outpatient Procedures 	<ul style="list-style-type: none"> Frances Bowen (Divisional Director, MIC) Raj Bhattacharya (Divisional Director, SC) Amrish Mehta (Divisional Director, WCCS) 	<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> 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

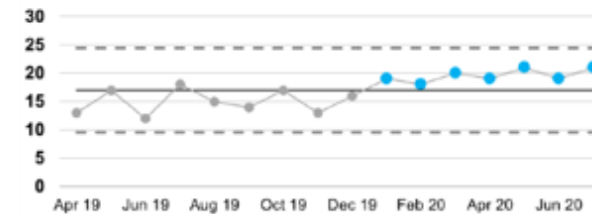
A single point outside the process limits



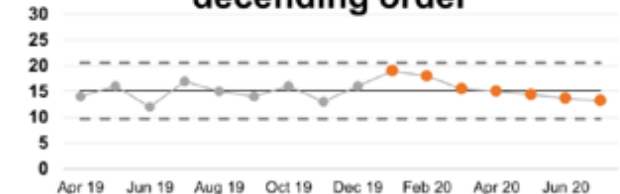
Two out of three points close to a process limit



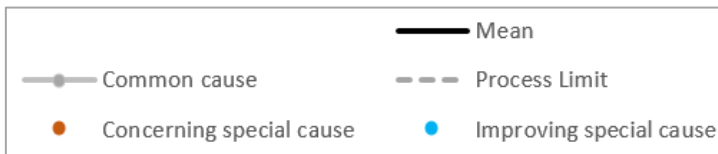
A shift of points above / below the mean



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/>