

Trust operational performance report

Month 5

August 2024 data (except Cancer – July)

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 5 (August 2024)

#	KPI Slide Description	Sentinel Metric	Expected level (annual)	M5 Expected level	M5 Actual	SPC Trend
1	Ambulance Handover Waits	30 minute performance	95.0%	95.0%	96.8%	Special cause - improvement
2	Urgent & Emergency Department Waits	4 hour performance	78% By March 2025	77.1%	78.6%	Special cause - improvement
3	Urgent & Emergency Department Long Waits	12 hour performance	2.0%	2.0%	3.4%	Common cause
4	Referral to Treatment Waits	Waits > 52 weeks	2,483 By March 2025	3,331	3,479	Common cause
5	Access to Diagnostics	Waits > 6 weeks	5% By March 2025	5%	19.1%	Special cause - concern
6	28 Day General FDS (V12)	28 day faster diagnosis performance	77% By March 2025	76.0%	84.7%	Common cause
7	31 Day General Treatment Standard (V12)	31 day performance	96.0%	96.0%	96.8%	Common cause
8	62 Day General Standard (V12)	62 day performance	70.0% By March 2025	81.0% (local target)	74.5%	Common cause
9	Theatre Utilisation	Theatre utilisation (Hrs)	85.0%	85.0%	79.9%	Common cause

Scorecard – month 5 (August 2024)

Operating Plan Performance (Volumes)

#	KPI Slide Description	Sentinel Metric	M5 Expected level	M5 Actual		YTD Expected level	YTD Actual	
11	Day Case Spells - ERF	% Achievement of operational activity plan	8,806	9,596	108.97%	46,767	48,250	103.17%
10	Elective Inpatient (Ordinary) Spells - ERF	% Achievement of operational activity plan	1,274	1,213	95.22%	6,683	6,295	94.20%
12	Outpatient New (First) attendances without a procedure - ERF	% Achievement of operational activity plan	21,280	21,949	103.15%	108,990	113,978	104.58%
13	Outpatient Follow-up attendances without a procedure - ERF	% Achievement of operational activity plan	42,851 or less	46,971	109.62%	231,826 or less	254,483	109.77%
14	Outpatient Procedures - ERF	% Achievement of operational activity plan	14,500	12,556	86.59%	71,463	69,876	97.78%

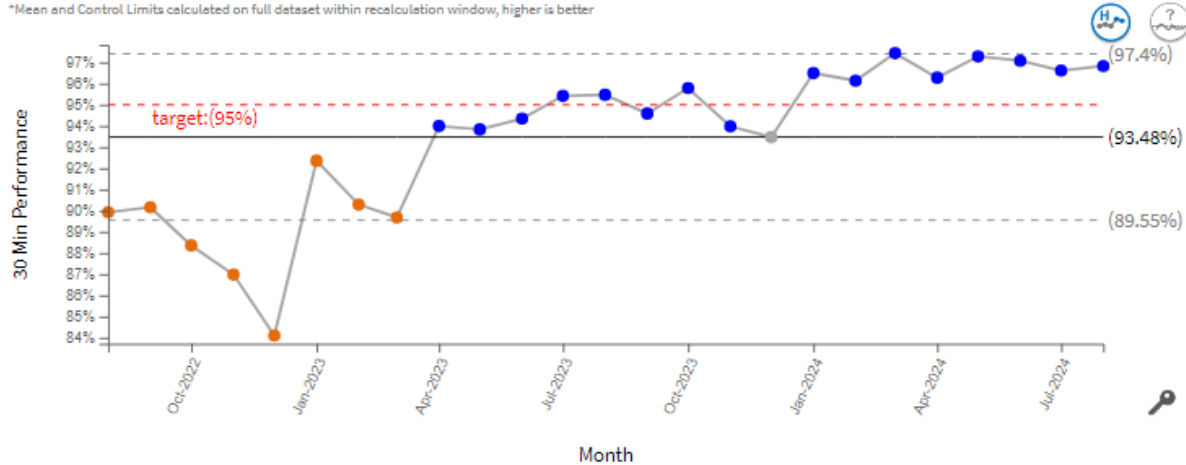
NOTES

- Key indicators 11 to 14 are based on activity volumes within scope of the elective recovery fund (ERF) for 2024/25
- % Achievement is calculated using **Actual activity** vs **Planned activity**
- 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



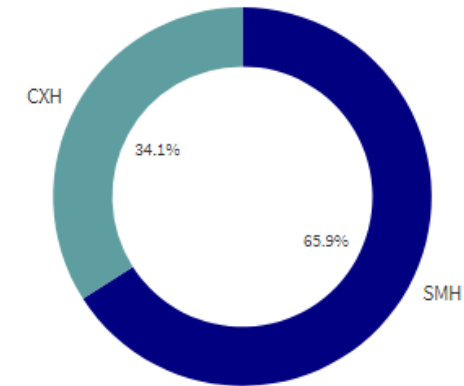
Current Performance

LAS Handover Waits to be seen within thirty minute standard - Aug/24

Site	Total Handovers	30 Min Performance	Difference from Target	15m + Delays	30m + Delays	60m + Delays
Trust	2,871	96.8%	1.83%	872	91	0
SMH	1,499	96.0%	1.00%	502	60	0
CXH	1,372	97.7%	2.74%	370	31	0

Stratification

% of all 30 minute breaches



Performance: The Trust continues to have some of the fastest ambulance handover times in London. Ambulance handover performance within 30 minutes exceeded the 95% national operating standard, achieving 96.8% in August 2024.

Recovery plan: The focus is 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 new London Ambulance Service operating procedure. The process has been embedded and Trust performance for August 2024 was 99.4%.

Forecast risks: Potential for an increase in the number of conveyances, challenges to flow across our sites increases the risk of ambulance handover delays.

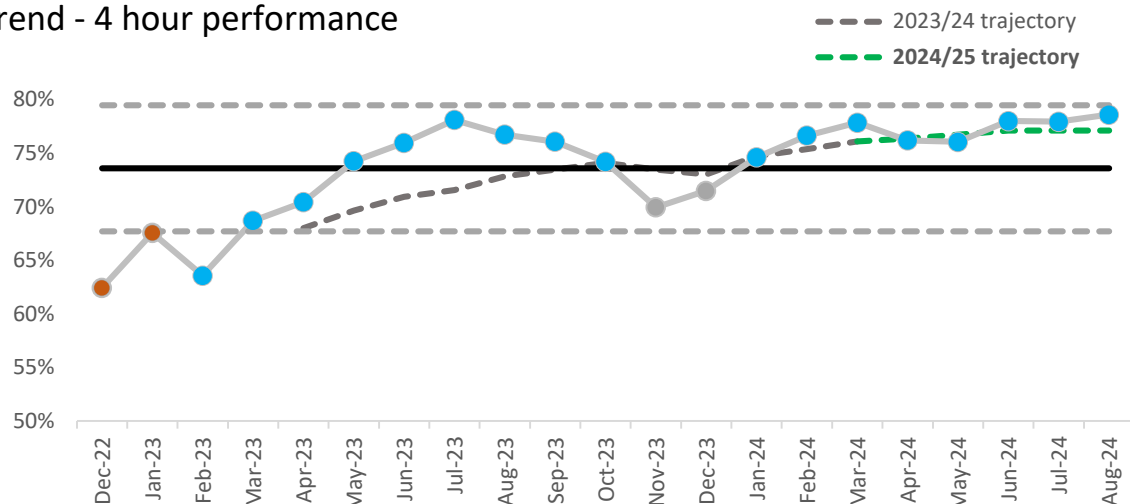
Governance

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: In August 2024, 78.6% of patients attending A&E were admitted, transferred or discharged within four hours. This exceeded not only our improvement trajectory target of 77.1% for the month but also the 78% national standard which we are expected to meet by March 2025.

Recovery plan: We have a robust plan in place to improve, and most 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.

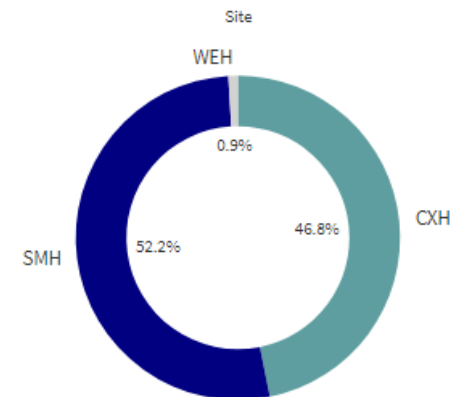
Current Performance

Time spend in Emergency Department: 4-Hour Standard – Aug/24

Site	Total Attendances	4 Hour Performance	Difference from Trajectory Target	4 Hour Delays (All types)	Type 1-2 Breaches	Type 1-2 Performance	Type 3 Breaches	Type 3 Performance
Trust	22,220	78.6%	1.5%	4,758	4,499	69.3%	259	96.6%
CXH	7,769	71.3%	-5.8%	2,229	2,183	54.1%	46	98.5%
HH	401	100.0%	22.9%	0	0	-	0	100.0%
SMH	10,203	75.7%	-1.4%	2,484	2,271	62.5%	213	94.9%
WEH	3,847	98.8%	21.7%	45	45	98.8%	0	-

Stratification

% of all 4 Hour Breaches



Governance

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

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

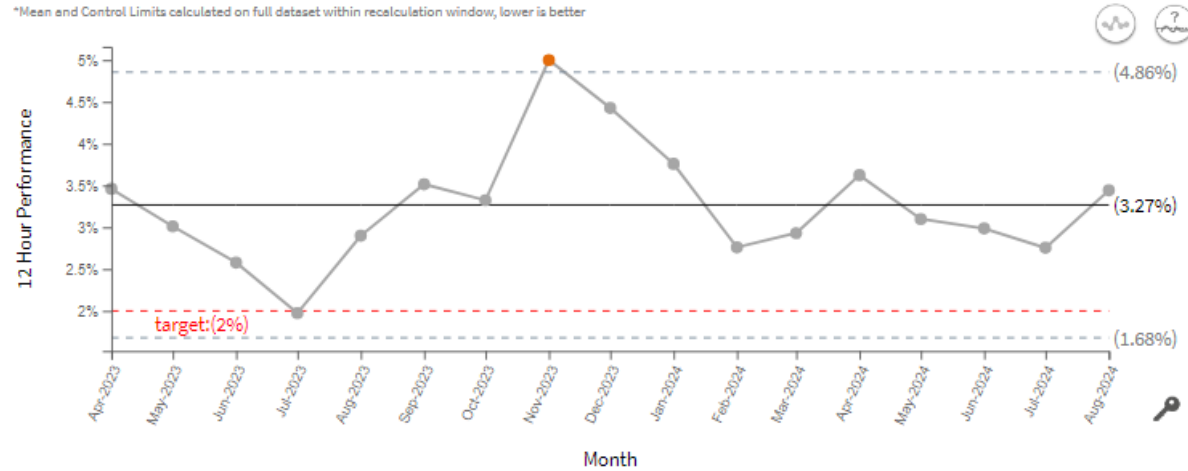
Data Assurance: These figures are validated ahead of a monthly performance return and the performance data is published by NHSE

UEC waits – 12 hours

Trend

12 Hour Performance

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



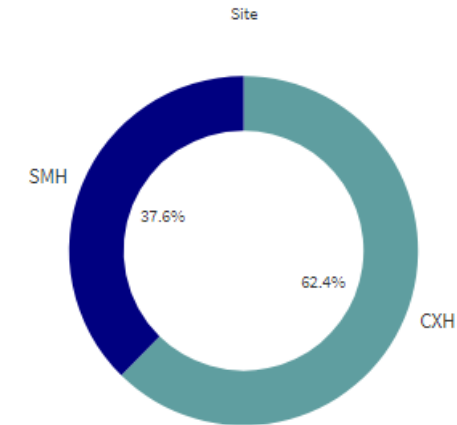
Current Performance

Unacceptable Waits for Treatment: 12-Hour waits - Aug/24

Site	Total Attendances	12 Hour Performance	Difference from Target	12H + Delays
Trust	22,220	3.4%	-1.4%	765
CXH	7,769	6.1%	-4.1%	477
HH	401	0.0%	0.0%	0
SMH	10,203	2.8%	-0.8%	288
WEH	3,847	0.0%	0.0%	0

Stratification

% of all 12 Hour Breaches



Performance: The total number of patients waiting more than 12 hours from their time of arrival increased to 765 (+106 from the previous month), the equivalent of 3.4% of attendances., following a reduction in the previous three months.

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.

Governance

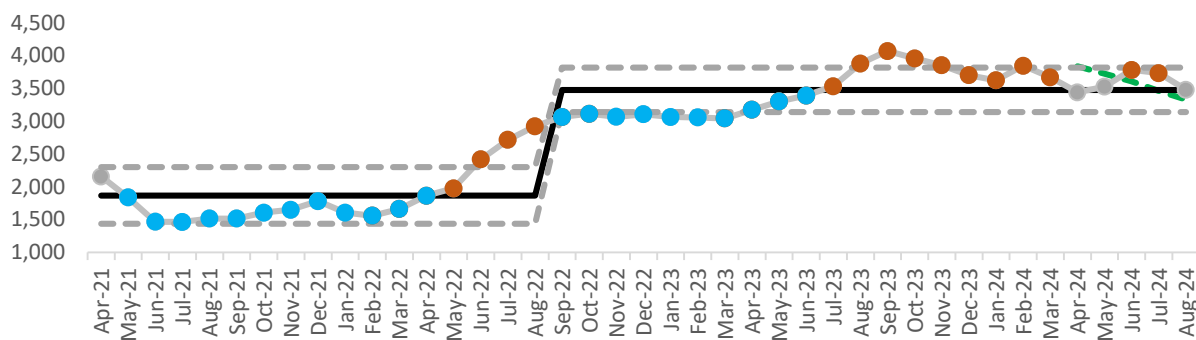
Senior Responsible Owner: Frances Bowen (Divisional Director, MIC)

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

Trend - 52 week waits



Performance: The overall size of the RTT waiting list has been gradually reducing and is down by 10,520 patient pathways or 10% from its peak in August 2023. However, the Trust missed the long waiter improvement trajectories for the month.

- 78ww = 44 against a trajectory of 0 (+25 on the previous month)
- 65ww = 650 against a trajectory of 196 (+63 on the previous month)
- 52ww = 3,479 against a trajectory of 3,331 (-253 on the previous month)

Unfortunately, one patient was submitted as waiting over 104 weeks, identified as part of routine audit (incorrect application of RTT rules earlier in the pathway). The patient has since received their treatment and has been discharged.

Recovery plan: Theatre list cancellation due to staffing unavailability in August have impacted elective activity and the overall long waiting position. There is now a risk of not meeting the 65 week wait trajectory for September.

Improvements: The Trust is actively supporting London North West Trust with mutual aid activity for Dermatology and Oral Surgery long-waiter patients and Kings Hospital with Vascular. We continue to prioritise cancer and high clinical priority patients.

Forecast risks: Significant risk to ongoing delivery with anaesthetic staffing shortages and high volumes of trauma and Priority 2 patients.

Current Performance August 2024

	Total Waiting List Size	Waits >52 Weeks	Difference from Trajectory	52+ Weeks	65+ Weeks	78+ Weeks	104+ Weeks
Trust	95,672	3.6%	148	3,479	650	44	1
Surgery and Cancer	42,806	5.8%	-233	2,496	587	44	1
Medicine and Integrated Care	29,878	2.1%	267	623	39	0	0
Womens, Cardiovascular and Clinical Support	16,701	1.5%	45	256	5	0	0
West London Children's Hospital	6,228	1.7%	69	104	19	0	0

Stratification

TreatmentFunctionLocal	Q	Number of all 52 week breaches
Totals		3,479
150 - Neurosurgery		551
104 - Colorectal Surgery		456
120 - ENT		424
100 - General Surgery		421
400 - Neurology		421
107 - Vascular Surgery		199
502 - Gynaecology		182
110 - Trauma & Orthopaedics		172
317 - Allergy		90
215 - Paediatric Ear Nose & Throat		88
130 - Ophthalmology		81
160 - Plastic Surgery		75

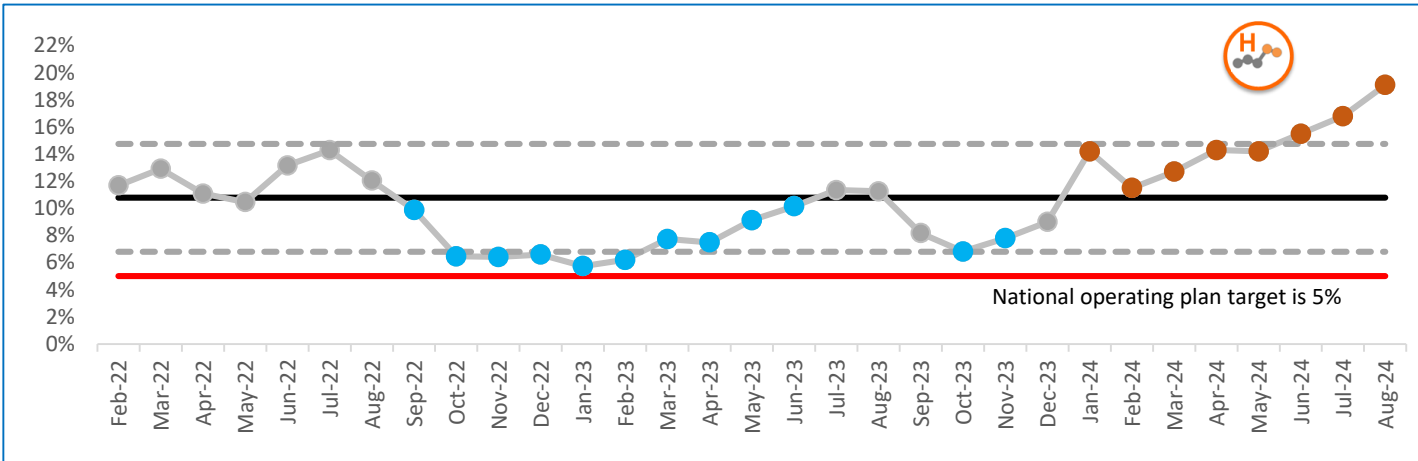
Governance

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 August 2024, 19.1% of patients were waiting for their diagnostic test or procedure for over six weeks. The main contributors were Neurophysiology, Imaging, and Cardiology (Echo), which accounted for 99% of the breaches in August.

The Executive Management Board approved business cases to reduce backlog and improve waiting time performance for these areas in August 2024. We anticipate services will recover by March 2025.

- **Imaging:** MRI accounted for 38% of the Imaging breaches. Unplanned downtime affected performance in the month. The MRI DM01 recovery trajectory, as agreed at EMB in August 2024, will be phased to deliver additional examinations each month, and improvement is expected from the end of Quarter 3.
- **Imaging:** Non-obstetric ultrasounds accounted for 59% of the Imaging breaches. The team are working to optimise the outsourcing workflow with Healthshare to ensure patient choice delays are fully reflected in the data, as this has impacted performance in August.
- **Neurophysiology:** Improvement is expected from October 2024 based on the recovery plan for internal capacity to be supplemented through insourcing, as agreed at EMB in August 2024.
- **Cardiology (echocardiography tests):** The impact of ongoing recruitment issues on capacity and performance continues to be a significant challenge. The business case to insource additional capacity, agreed at EMB in August 2024, is set to commence early in October.

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

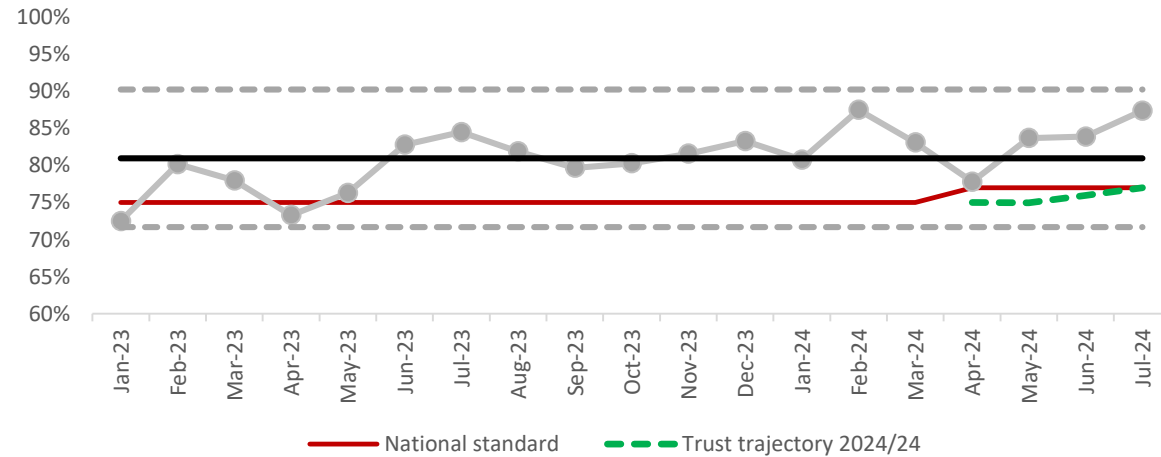
Current performance, against 1% breach tolerance

Modality		Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Imaging	WL	11797	11695	12329	13067	13048	12455
	Breaches	819	1024	951	1400	1355	1429
	%	6.9%	8.8%	7.7%	10.7%	10.4%	11.5%
Endoscopy	WL	1132	1441	1468	1277	1538	1517
	Breaches	2	0	3	1	2	9
	%	0.2%	0.0%	0.2%	0.1%	0.1%	0.6%
Cystoscopy	WL	284	301	345	281	295	312
	Breaches	11	5	9	10	5	3
	%	3.9%	1.7%	2.6%	3.6%	1.7%	1.0%
Urodynamics	WL	126	132	108	126	131	162
	Breaches	7	8	5	3	0	0
	%	5.6%	6.1%	4.6%	2.4%	0.0%	0.0%
Cardiology - Echocardiography	WL	1885	1850	1970	1803	1608	1901
	Breaches	537	510	541	447	551	649
	%	28.5%	27.6%	27.5%	24.8%	34.3%	34.1%
Cardiology - Electrophysiology	WL	43	49	45	32	35	33
	Breaches	27	31	31	12	11	9
	%	62.8%	63.3%	68.9%	37.5%	31.4%	27.3%
Neurophysiology	WL	1104	1411	1666	1878	2150	2249
	Breaches	644	848	1062	1080	1364	1581
	%	58.3%	60.1%	63.7%	57.5%	63.4%	70.3%
Audiology	WL	580	490	498	476	504	523
	Breaches	62	32	22	14	19	26
	%	10.7%	6.5%	4.4%	2.9%	3.8%	5.0%
Sleep Studies	WL	323	299	386	461	366	300
	Breaches	77	66	55	31	4	4
	%	23.8%	22.1%	14.2%	6.7%	1.1%	1.3%
Total	WL	17274	17668	18815	19401	19675	19452
	Breaches	2186	2524	2679	2998	3311	3710
	%	12.7%	14.3%	14.2%	15.5%	16.8%	19.1%

- 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 performance of 84.7% in July 2024.

Recovery plan: Challenges remain across some specialties (Colorectal, Gynae, Thyroid, HPB and Prostate). Key challenges include:

- MRI resilience at Charing Cross Hospital – impact on Prostate
- Colorectal straight-to-test (STT) capacity
- Gynaecology hysteroscopy capacity

Improvements: The average time to the first outpatient appointment is stable at approximately nine days from referral. The improved pathology performance has been sustained since histopathology outsourcing was initiated in June.

Risks: These include MRI resilience, and NW London Pathology workforce challenges.

Current Performance

Access to Cancer Care (28 Day General FDS) - Jul/24

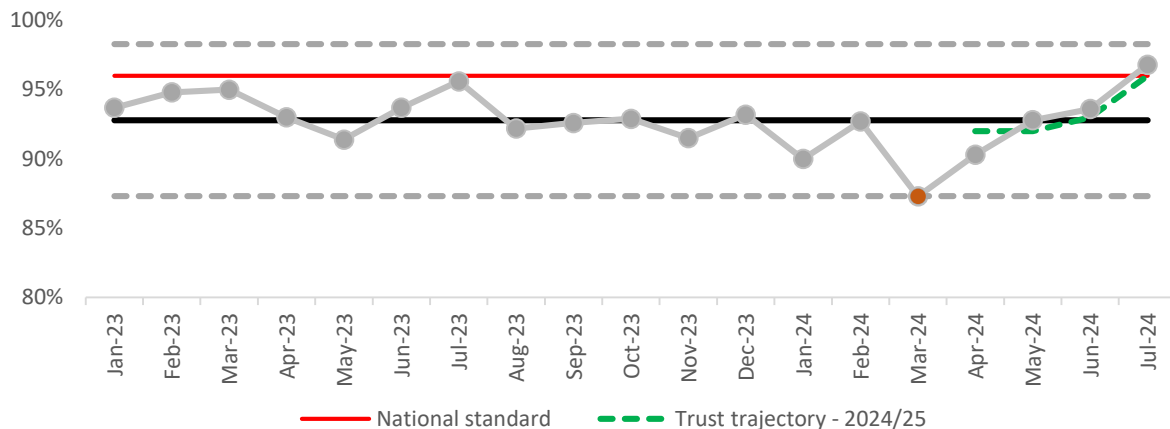
Headline Standard <input type="text"/>	Values			
	Total Seen / Treated	Total Compliant	Total Breached	% Meeting Standard
Totals	3,242	2,746	496	84.7%
2WW	2,927	2,467	460	84.3%
NULL	14	10	4	71.4%
SCREENING	236	209	27	88.6%
SYMPTOMATIC	65	60	5	92.3%

Current Performance - Performance by Cancer Site

Jul/24

Tumour Site <input type="text"/>	Values			
	Total Seen / Treated	Total Compliant	Total Breached	% Meeting Standard
BRAIN	30	27	3	90.0%
BREAST	803	762	41	94.9%
COLORECTAL	462	327	135	70.8%
GYNAECOLOGY	269	190	79	70.6%
HAEMATOLOGY	31	23	8	74.2%
HEAD AND NECK	366	320	46	87.4%
HEAD AND NECK - THYROID	22	9	13	40.9%
LUNG	75	66	9	88.0%
OTHER - NSS	29	29	0	100.0%
PAEDIATRIC	24	21	3	87.5%
SKIN	741	655	86	88.4%
UPPER GI	1	1	0	100.0%
UPPER GI - HPB	19	11	8	57.9%
UPPER GI - OG	152	128	24	84.2%
UROLOGY	3	3	0	100.0%
UROLOGY - PROSTATE	109	80	29	73.4%
UROLOGY - RENAL	13	9	4	69.2%
UROLOGY - TESTICULAR	6	5	1	83.3%

Trend - 31 day general treatment standard



Performance: The 31-day treatment standard was 96.8% (+3.2% from the previous month). This exceeded, for the first time, the national operating standard of ensuring that 96% of patients receive first or subsequent treatment within 31 days of a decision to treat.

Recovery: Prostate remains the most challenged cancer site, however, the number of 31 day urology treatment breaches has significantly reduced to 9 out of 26 breaches (from 26 out of 46 total breaches in the previous month). Of the 9, four were High-intensity focused ultrasound (HIFU) and five were Cryotherapy.

Improvements: Month-on-month improvements in Colorectal, Head & Neck, HPB, and Prostate.

Risks: Urology treatment capacity.

Current Performance

Cancer First Treatment from Diagnosis (31 day general treatment standard) - Jul/24

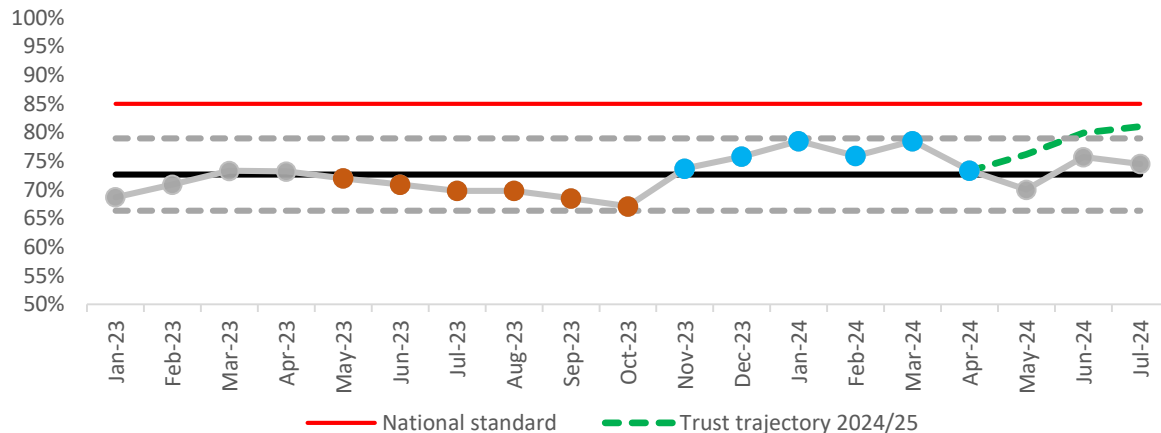
Headline Standard <input type="text"/>	Values			
	No. of people receiving treatment	Total Breached (31+ day waits)	% Meeting Standard	62+ Day Waits
Totals	806	26	96.8%	8
FIRST TREATMENT	335	13	96.1%	0
SUBSEQUENT TREATMENT	471	13	97.2%	8

Current Performance - Performance by Tumour Site

Jul/24

Tumour Site <input type="text"/>	Values			
	No. of people receiving treatment	Total Breached (31+ day waits)	% Meeting Standard	62+ day waits
BRAIN	27	1	96.3%	0
BREAST	126	1	99.2%	0
COLORECTAL	61	1	98.4%	0
CUP	8	0	100.0%	0
GTD GERM CELL	14	0	100.0%	0
GYNAECOLOGY	88	1	98.9%	0
HAEMATOLOGY	70	0	100.0%	0
HEAD AND NECK	35	0	100.0%	0
HEAD AND NECK - THYROID	14	0	100.0%	0
LUNG	81	1	98.8%	0
OTHER	6	0	100.0%	0
SKIN	37	1	97.3%	0
UPPER GI - HPB	22	1	95.5%	0
UPPER GI - OG	25	1	96.0%	0
UROLOGICAL - OTHER	1	0	100.0%	0
UROLOGY - PROSTATE	125	9	92.8%	7
UROLOGY - RENAL	35	4	88.6%	1
UROLOGY - TESTICULAR	8	1	87.5%	0
UROLOGY - UROTHELIAL	23	4	82.6%	0

Trend - 62 day general treatment standard



Performance: The 62-day referral to first treatment performance was 74.5%.

The temporary national target for 2024/25 is 70%, with an expectation that it will improve across the year to 85%. Imperial has agreed a local target to achieve 85% from February 2025.

Recovery: Improvement is required across most cancer sites to achieve 85% as a Trust. One of the key challenge areas is Breast which is experiencing +10% demand versus the previous year. Speciality-level trajectories and improvement plans have been agreed and put in place. The Cancer Recovery Group oversees these.

Improvement: Month-on-month improvements for Colorectal, Head & Neck, Prostate and Renal.

Risks: Long pathways from faster diagnosis to decision to treat (DTT) in some tumour sites (breast and lung for example). These are caused by multiple additional diagnostics and outpatient appointments before DTT. Work is on-going to develop plans with the clinical teams. Late transfers of care from other providers and patient choice are also a risk to performance.

Current Performance

Unacceptable Waits for treatment of Cancer: 62 day general standard - Jul/24

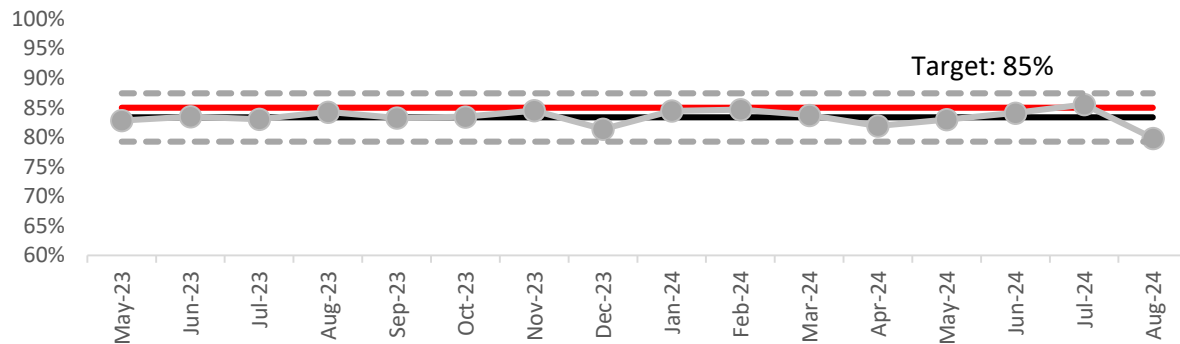
Headline Standard	Values					
	Total Seen / Treated	Total Compliant	Account... over target	Total Breached	% Meeting Standard	104+ Day Waits
Totals	255	168	57.5	64	74.5%	24
2WW	128	90.5	27.5	32	76.7%	14
NULL	1	0	0	0	-	0
SCREENING	28	13.5	11.5	12	54.0%	3
SYMPTOMATIC	1	0	1	1	0.0%	1
UPGRADE	97	64	17.5	19	78.5%	6

Current Performance - Performance by Tumour Site

Jul/24

Tumour Site	Values				
	Total Seen / Treated	Total Compliant	Accountable over target	Total Breached	% Meeting Standard
BRAIN	4	4	0	0	100.0%
BREAST	40	25	10.5	11	70.4%
COLORECTAL	22	15.5	6	6	72.1%
CUP	4	3	0	0	100.0%
GYNAECOLOGY	22	12	2.5	3	82.8%
HAEMATOLOGY	11	9	1	1	90.0%
HEAD AND NECK	13	10.5	2	2	84.0%
HEAD AND NECK - THYROID	5	4	1	1	80.0%
LUNG	41	21.5	17	17	55.8%
OTHER	1	0	0	0	-
SKIN	14	12	2	2	85.7%
UPPER GI - HPB	10	5	2.5	3	66.7%
UPPER GI - OG	12	7	3.5	4	66.7%
UROLOGY - PROSTATE	25	20	3	5	87.0%
UROLOGY - RENAL	21	13.5	3.5	5	79.4%
UROLOGY - TESTICULAR	1	0	0.5	1	0.0%
UROLOGY - UROTHELIAL	9	6	2.5	3	70.6%

Theatre utilisation



Performance: The Trust's theatre utilisation performance dipped to 79.9% in August 2024. This is partly linked to staff availability and increased late-notice cancellations and challenges in back-filling these over the summer holiday period. Utilisation of the Western Eye Hospital theatres continues to be affected by the ongoing significant reduction in cataract referrals. The Trust is currently in Quartile 3 of acute NHS trusts nationally for theatre utilisation (Quartile 4 being the best performing and Quartile 1 being the lowest performing) (Source: NHS Model Hospital).

Recovery plan: Maximising the utilisation of available theatre capacity (both session take-up and utilisation of sessions) is a key focus area for elective activity recovery. The Trust-wide improvement programme encompasses initiatives across the full surgical pathway as well as in theatres themselves. A working group has been established specifically to improve theatre utilisation at the Western Eye. This is looking at sub-specialty session allocation, scheduling, and pre-operative assessment processes, but also at wider opportunities to increase activity (e.g. increased private patient sessions).

Improvements: Previous actions to improve anaesthetic capacity showed early signs of positive impact in August. Continued successful recruitment in line with the medium-term plan is still required, however, to sustain this improvement.

Forecast risks: Anaesthetic capacity (see above). Several theatre-related estates issues have action plans underway but represent an ongoing risk in the short-medium term until fully completed. Bed availability for elective theatre patients has had an impact on activity on several occasions. It is too early to establish any clear trends, but there is a risk that this becomes a constraint on maximising utilisation over the winter period.

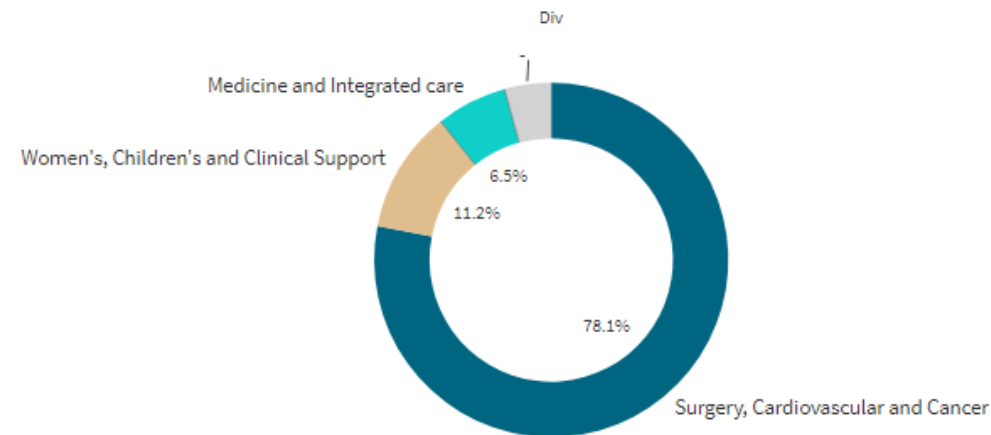
Current Performance

Theatre Utilisation - Aug/24

Div	Planned Operating Time (Hours)	Theatre Utilisation	Difference from Target	Unused Time (Hours)
Trust	5,078.75	79.91%	-5.1%	1,020.52
Medicine and Integrated care	435.75	84.83%	-0.2%	66.08
Surgery, Cardiovascular and Cancer	3,749.75	78.75%	-6.3%	796.83
Women's, Children's and Clinical Support	664.75	82.82%	-2.2%	114.20
-	228.50	81.01%	-4.0%	43.40

Stratification

% Of Unused Time (Hours)



Governance

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

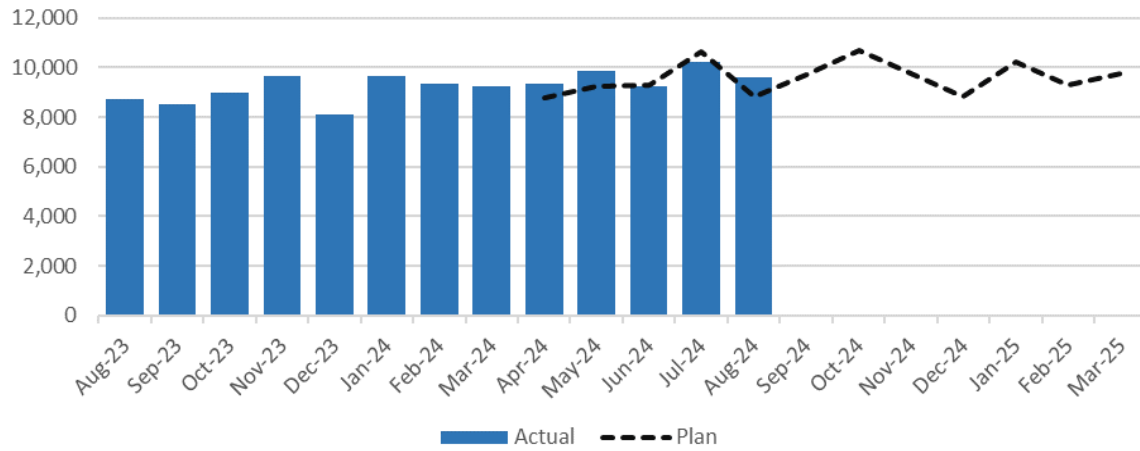
Committee: ICHT Executive Management Board (Chair: Tim Orchard)

Data Assurance: TBC

Operating Plan Performance (volumes) – Day Case

Census date: Wednesday 11 September 2024

Daycases



Performance: YTD over-performance in day case activity was bolstered further by an 8.97% over-performance in August, increasing the overall delivery to 103.17% of plan. The number of day cases in August 2024 was 10% higher than in August 2023.

Recovery plan: The re-opening of the DSU theatre supported an increase in activity levels during the month.

Improvements: WLCH are currently undertaking a deep dive into coding within Paediatrics in order to understand the deficit between planned and actual activity.

Forecast risks: There are ongoing challenges with the resilience of the lifts at the Western Eye Hospital. Whilst there were no issues in August, it remains an ongoing risk.

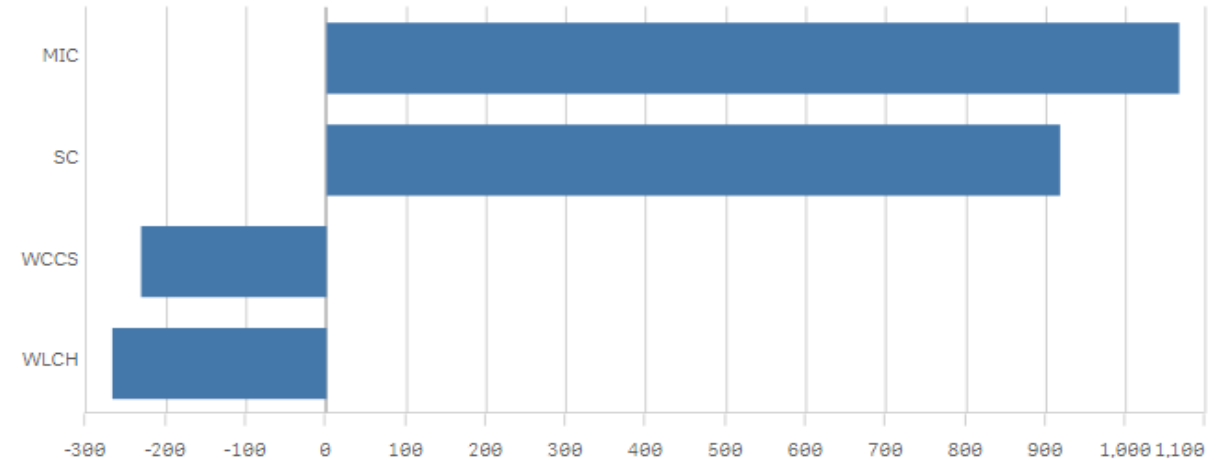
Current Performance

Daycase - Aug-24

Division	Actual	Target	Var	Achievement %	YTD Actual	YTD Target	YTD Var	YTD Achievement %
Trust	9,596	8,806	790	108.97%	48,250	46,767	1,483	103.17%
MIC	3,381	3,015	366	112.14%	17,098	16,032	1,066	106.65%
SC	5,036	4,471	565	112.63%	24,971	24,054	917	103.81%
WCCS	566	620	-54	91.29%	2,914	3,146	-232	92.64%
WLCH	613	700	-87	87.62%	3,267	3,535	-268	92.41%

Stratification

Daycase - YTD Variation to Plan - Aug-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)

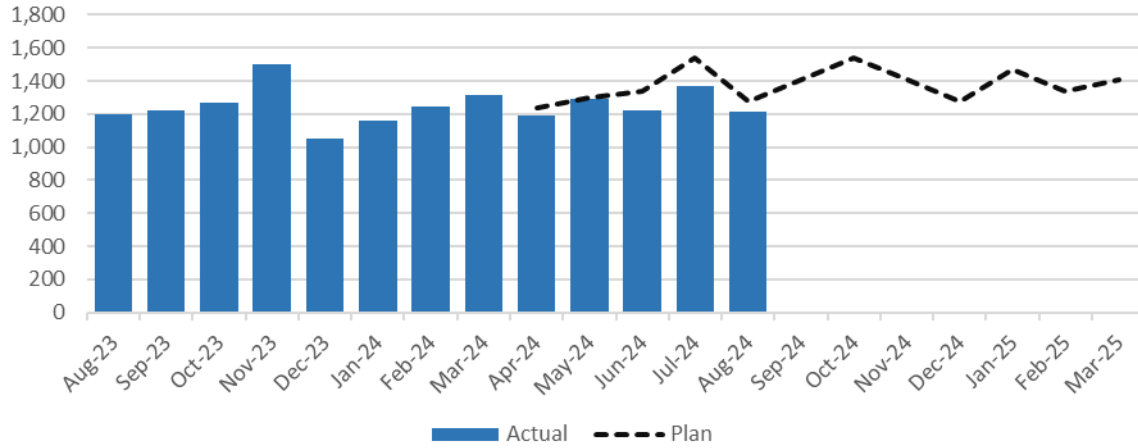
Source: These activity figures are based on weekly SUS data extracts from Cerner

Operating Plan Performance (volumes) – Elective Inpatient

Census date: Wednesday 11 September 2024

Elective (Ordinary)

Desired trend 



Performance: In-month performance against our plan improved compared to July, but our overall level of elective activity in-month was below plan. SC and WCCS improved their in-month positions compared to July, but further improvements are needed to improve the overall YTD position, which is below plan. The number elective (ordinary) spells in August 2024 was more or less the same as in August 2023, at 1% higher.

Recovery plan: Recent anaesthetic recruitment has begun to positively impact on activity rates and will support sustaining the recovery of theatre utilisation levels to those seen during Q4 of 2023/24. Our performance in August was adversely affected by annual leave, with a reduction in colleagues able to undertake additional lists due to the school summer holiday period. Focused directorate recovery plans are in place and are being monitored.

Improvements: We have started to see the benefits of the recent anaesthetic recruitment; this will facilitate the delivery of directorate recovery plans to increase activity and improve overall elective performance.

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 in months 1-5. This will require additional sessions and the greatest risk to this is potential winter pressures as we move into Q3 and 4.

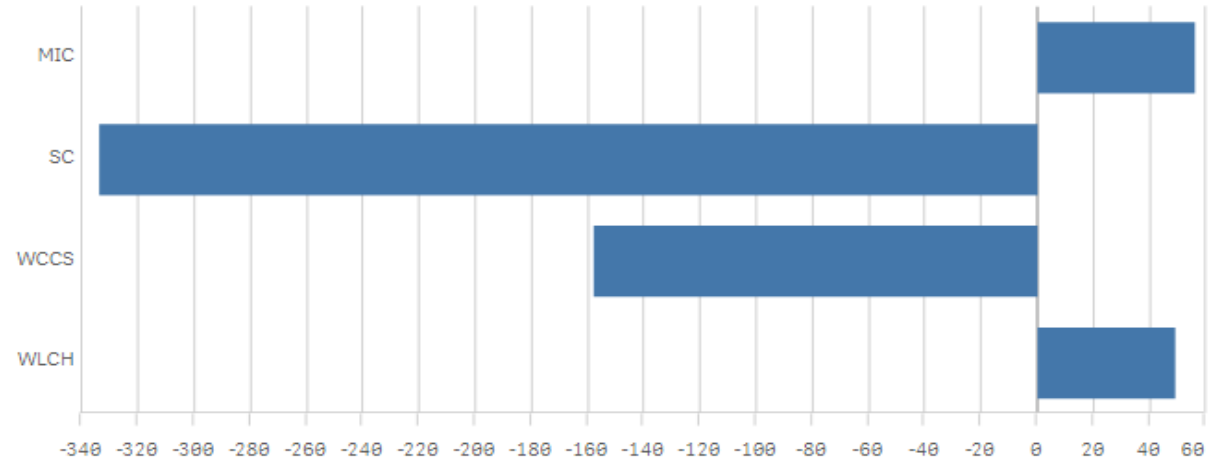
Current Performance

Elective(Ordinary) - Aug-24

Division	Actual	Target	Var	Achievement %	YTD Actual	YTD Target	YTD Var	YTD Achievement %
Trust	1,213	1,274	-61	95.22%	6,295	6,683	-388	94.20%
MIC	168	178	-10	94.45%	969	913	56	106.08%
SC	660	692	-32	95.35%	3,375	3,709	-334	90.99%
WCCS	269	305	-36	88.34%	1,364	1,522	-158	89.62%
WLCH	116	99	17	116.81%	587	538	49	109.10%

Stratification

Elective(Ordinary) - YTD Variation to Plan - Aug-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)

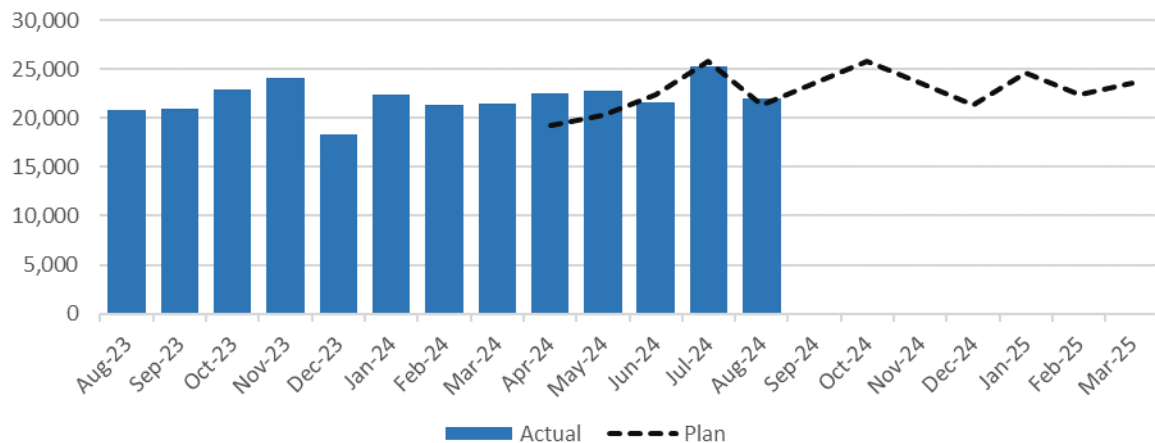
Source: These activity figures are based on weekly SUS data extracts from Cerner

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

Census date: Wednesday 11 September 2024

OP New (no procedures)

Desired trend 



Performance: In-month performance against our plan improved compared to July, but our overall level of elective activity in-month was below plan. SC and WCCS improved their in-month positions compared to July, but further improvements are needed to improve the overall YTD position, which is below plan. The number of new outpatient appointments without a procedure in August 2024 was 6% higher than in August 2023.

Recovery plan: Recent anaesthetic recruitment has begun to positively impact on activity rates and will support sustaining the recovery of theatre utilisation levels to those seen during Q4 of 2023/24. Our performance in August was adversely affected by annual leave, with a reduction in colleagues able to undertake additional lists due to the school summer holiday period. Focused directorate recovery plans are in place and are being monitored.

Improvements: We have started to see the benefits of the recent anaesthetic recruitment; this will facilitate the delivery of directorate recovery plans to increase activity and improve overall elective performance.

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 in months 1-5. This will require additional sessions and the greatest risk to this is potential winter pressures as we move into Q3 and 4.

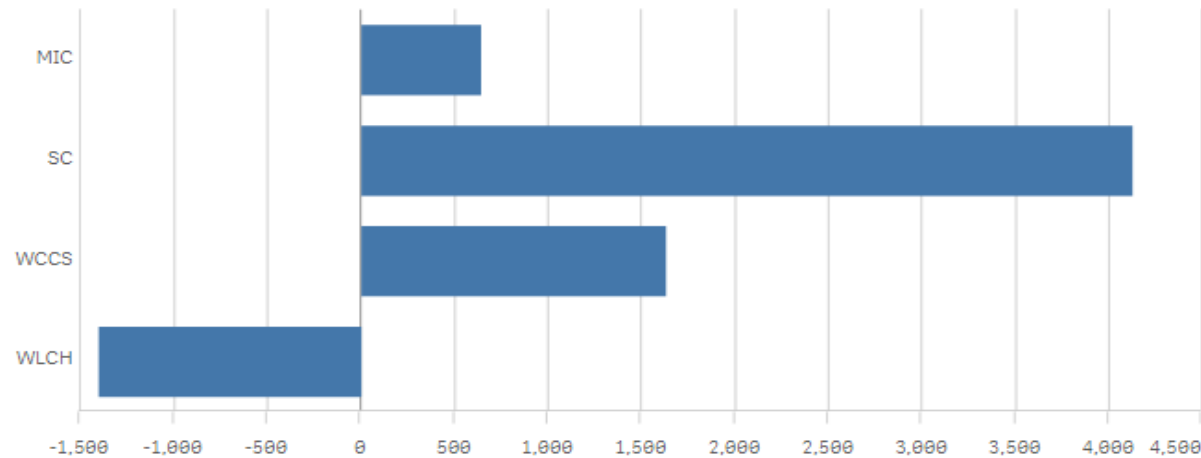
Current Performance

New OP no proc - Aug-24

Division	Actual	Target	Var	Achievement %	YTD Actual	YTD Target	YTD Var	YTD Achievement %
Trust	21,949	21,280	669	103.15%	113,978	108,990	4,988	104.58%
MIC	6,205	5,902	303	105.13%	30,720	30,080	640	102.13%
SC	10,694	10,452	242	102.31%	57,615	53,492	4,123	107.71%
WCCS	3,720	3,052	668	121.89%	18,027	16,398	1,629	109.94%
WLCH	1,330	1,873	-543	71.00%	7,616	9,021	-1,405	84.43%

Stratification

New OP no proc - YTD Variation to Plan - Aug-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

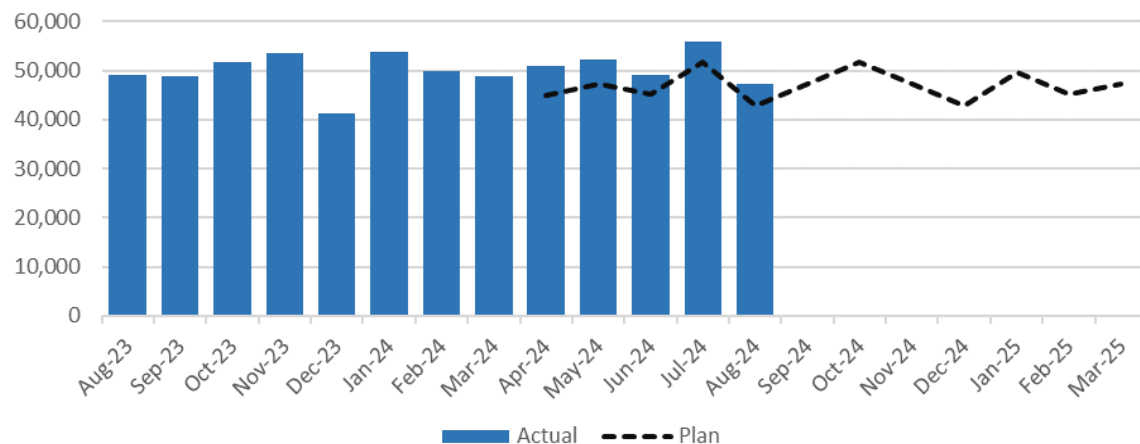
Operating Plan Performance (volumes) – Outpatient Follow-up without a procedure (ERF scope)

Census date: Wednesday 11 September 2024

Desired trend 

OP Follow up (no procedures)

Desired trend 



Performance: We have not delivered the planned reduction in follow up appointments without a procedure. Progress in the MIC division YTD remains strong but while the other divisions did see a month-on-month decrease, more needs to be done to reduce the overall YTD position, which is being overseen via the Outpatient Transformation Programme. The number of outpatient follow-up appointments without a procedure in August 2024 was 4% lower than in August 2023.

Recovery plan: We continue to focus on streamlining our pathways and reducing the number of follow up appointments where it is better for patients to do so, and there are specialty-level initiatives to do this where clinically appropriate. The focus on increasing the number of outpatient first appointments, and a Trust-wide project to reduce the backlog of overdue follow-up appointments, will continue to improve performance.

Improvements: There will be continued improvement work via the Outpatient Transformation Board with a focus on specialist areas that have seen an increase in new referrals.

Forecast risks: Increasing the level of new appointments without the necessary reduction in follow up appointments presents an overall capacity risk.

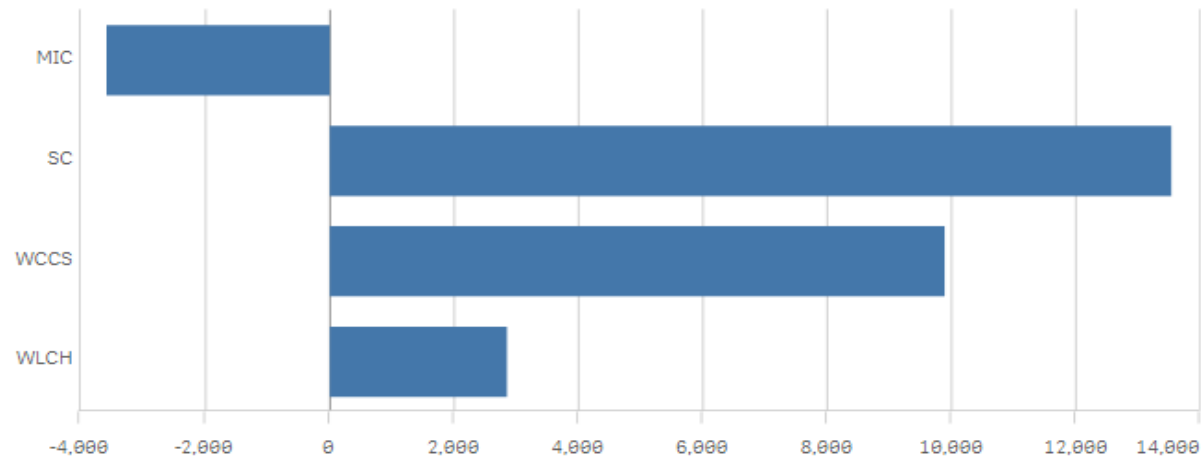
Current Performance

Fup OP no proc - Aug-24

Division	Actual	Target	Var	Achievement %	YTD Actual	YTD Target	YTD Var	YTD Achievement %
Trust	46,972	42,851	4,121	109.62%	254,483	231,826	22,657	109.77%
MIC	15,111	15,841	-730	95.39%	82,083	85,669	-3,586	95.81%
SC	22,520	20,240	2,280	111.26%	123,077	109,558	13,519	112.34%
WCCS	7,096	4,844	2,252	146.49%	36,036	26,158	9,878	137.76%
WLCH	2,245	1,926	319	116.57%	13,287	10,440	2,847	127.27%

Stratification

Fup OP no proc - YTD Variation to Plan - Aug-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)

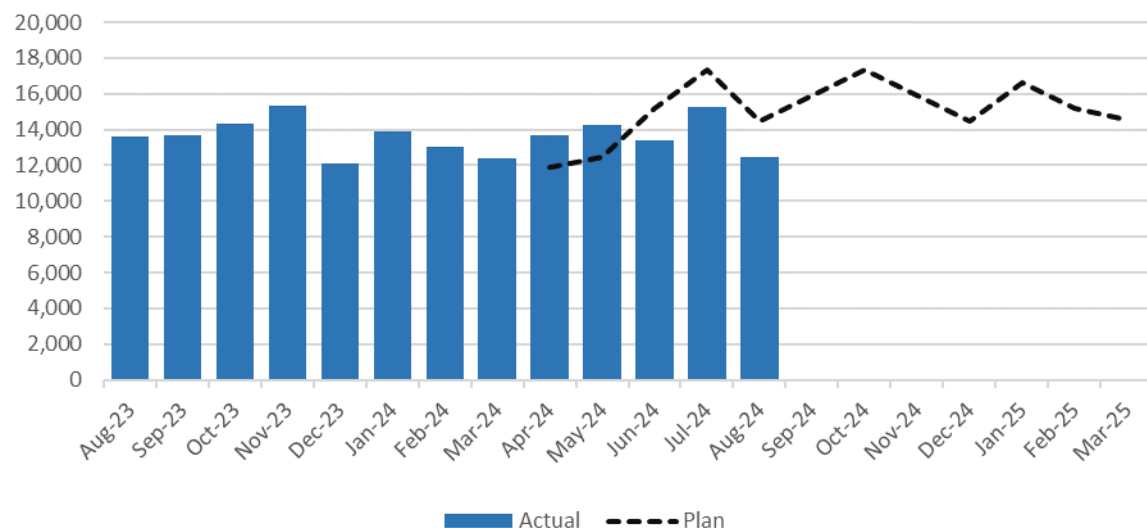
Source: These activity figures are based on weekly SUS data extracts from Cerner

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

Census date: Wednesday 11 September 2024

OP procedures (ERF)

Desired trend 



Performance: Overall the YTD position at the end of August was below plan, following a reduction in activity across MIC, SC and WCCS. Further work is required, especially within the SC division where outpatient procedures have fallen, due largely to the step change in the Ophthalmology plan from June; the shortfall was driven by a slower than anticipated increase in activity at the Stowe Eyecare Centre. There were also smaller but noticeable shortfalls in General & Vascular and Specialist Surgery procedures.

Recovery plan: We are reconciling activity in July and August and expect an increase in coded encounters with procedures. Any increase in income will be in the October position.

Improvements: Divisional and directorate teams are ensuring that all available capacity is being utilised.

Forecast risks: The phased increase in activity at the Stowe Eyecare Centre is under review, and there is a risk that activity take up could remain at the level it has been so far. However, the Ophthalmology directorate remains confident of delivering the full year activity plan.

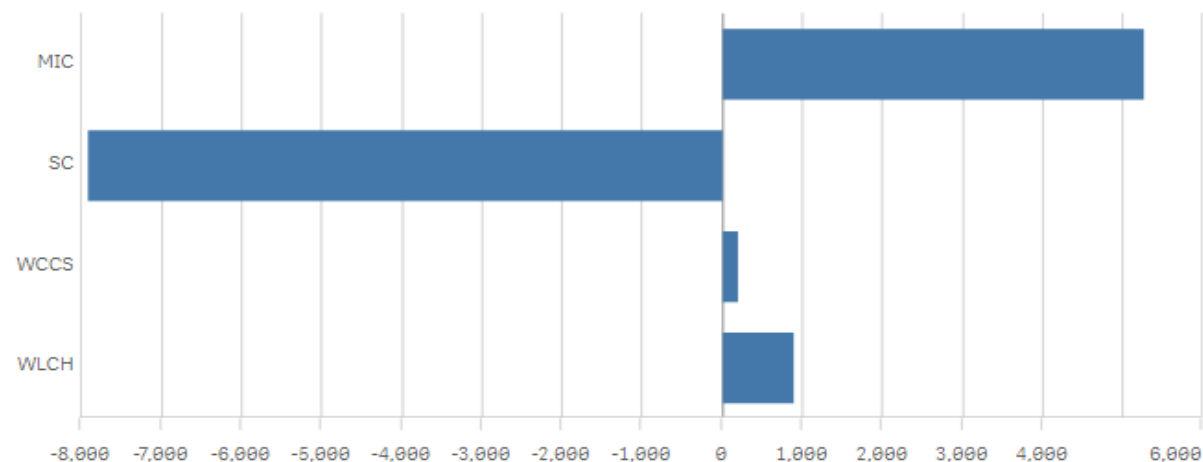
Current Performance

All OP Procs (ERF) - Aug-24

Division	Actual	Target	Var	Achievement %	YTD Actual	YTD Target	YTD Var	YTD Achievement %
Trust	12,556	14,500	-1,944	86.59%	69,876	71,463	-1,587	97.78%
MIC	4,225	3,403	822	124.16%	23,097	17,838	5,259	129.48%
SC	5,371	7,845	-2,474	68.46%	29,369	37,293	-7,924	78.75%
WCCS	2,661	3,073	-412	86.58%	15,556	15,365	191	101.24%
WLCH	299	179	120	167.33%	1,854	967	887	191.64%

Stratification

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



Governance

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

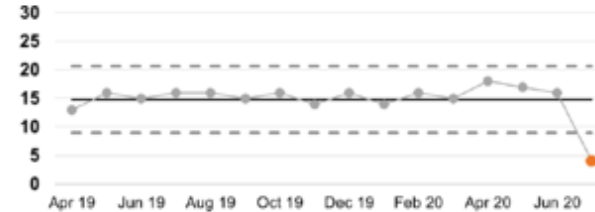
Committee: ICHT Executive Management Board (Chair: Tim Orchard)

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

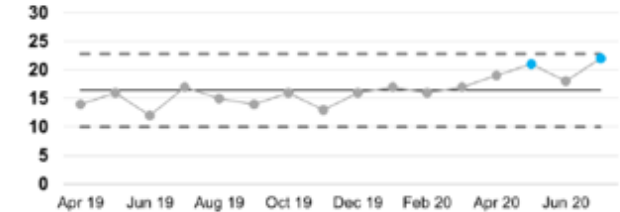
SPC rules : special cause variation

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

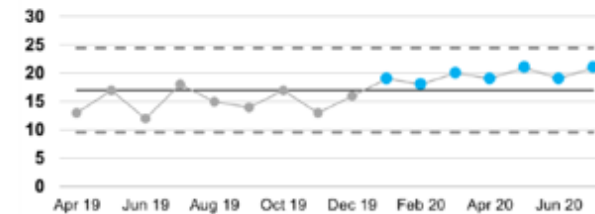
A single point outside the process limits



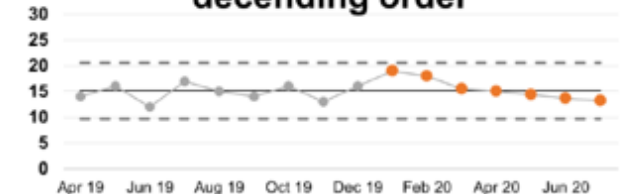
Two out of three points close to a process limit



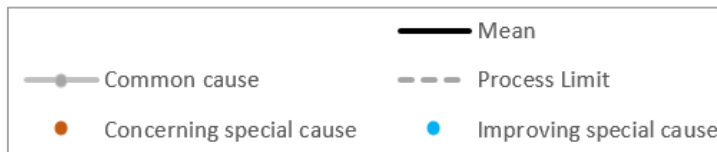
A shift of points above / below the mean



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/>