OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

NHS
Buckinghamshire Healthcare
NHS Trust

Meeting: Trust Board Meeting in Public

Date: 29 May 2024

Agenda item	Integrated Performance Report (IPR)
Choose an item.	Raghuv Bhasin, Chief Operating Officer
Author	Wendy Joyce
Appendices	IPR April 2024
Purpose	Select from List
Previously considered	EMC 21 May

Executive summary

This is the first version of the new IPR to reflect the Trust's breakthrough objectives and operating plan commitments for 2024/25.

It provides a more streamlined set of indicators that are specifically tied to the top-level objectives for the organisation and provides greater focus on key actions to deliver or maintain improvement.

This IPR was discussed at EMC on 21 May where the focus of the conversation was on the clarity on the delivery plans for the breakthrough objectives with further detail on trajectories and action plans due in June. In addition, EMC raised questions around the significant growth in the acute elective waiting list which is being reviewed in detail and with a focused report provided in June.

Decision	The Committee is requested to take assurance from the report		
Relevant strategic priority			
Outstanding Care ☒	Healthy Communities ☒	Great Place to Work ☒	Net Zero ☐
Relevant objective			
☒ Improve waiting times in ED ☒ Improve elective waiting times ☒ Improve safety through clinical accreditation	☒ Give children living in most deprived communities the best start in life ☒ Outpatient blood pressure checks	☒ Zero tolerance to bullying	

Implications / Impact

Patient Safety	The Integrated Performance Report reflects the full suite of performance measures for the Trust. The quality and safety measures are discussed in detail at the Quality Committee.
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Principal Risk 1: Failure to provide care that consistently meets or exceeds performance and quality standards Type related risk in box
Financial	The productivity metrics in the IPR are key to the financial sustainability of the Trust

Compliance Select an item. Select CQC standard from list.	Public and Board accountability
Partnership: consultation / communication	The IPR reflects programmes run in partnership with ICB and Place partners.
Equality	The IPR contains a focus, through our Healthy Communities metrics, on reducing health inequalities
Quality Impact Assessment [QIA] completion required?	Not required

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Integrated Performance & Quality Report

April 2024

CQC rating (July 2022) - GOOD

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Introduction & Contents

Buckinghamshire Healthcare NHS Trust

The Buckinghamshire Healthcare Trust Integrated Performance and Quality Report is aimed at providing a monthly update on the performance of the Trust based on the latest performance information available and reporting on actions being taken to address any performance issues with progress to date.

Outstanding Care

Provide outstanding cost effective care

Operational Standards

Access and performance

- Waiting Lists
- ED Performance
- Ambulance Handovers
- Urgent 2 hour response
- Cancer
- Diagnostics
- Activity

Productivity

- Length of stay
- Theatres
- Outpatients

Quality and Safety

- Incidents
- Infection Control
- Patient Safety
- Patient Experience
- Maternity

Healthy Communities

Taking a lead role in our community

- Cardiology referrals
- Smoking in pregnancy

A Great Place to Work

Ensuring our people are listened to, safe and supported

- Vacancy rates
- Turnover
- Sickness
- Training

Report changes this month

Metrics that have been added to or removed from the report since last month

Added

Removed

Changed

Executive Summary

Buckinghamshire Healthcare NHS Trust

This IPR is the first in a new format that reflects the priorities for the Trust over 2024/25 and gives particular prominence to our Breakthrough Objectives - the six key objectives for the organisation to deliver against as a whole. The narratives for these breakthrough objectives set out clear actions to maintain or improve delivery and risks to be managed. The breakthrough objectives are supported by key driver metrics - those metrics that if improved upon will most strongly drive performance on the overall metric. These changes have been made to enable greater scrutiny of Trust performance and future plans by the Board and the public.

The IPR shows that the Trust has largely maintained the gains made in March in terms of Urgent and Emergency Care performance but needs further improvement through the Urgent and Emergency Care Plan to deliver consistently the national 78% target and beyond. There are clear actions in place over the coming three months that should ensure delivery of this standard consistently.

On Planned Care the IPR shows the delivery of the Trust's plan across long waits, cancer and diagnostics. The Trust was the most improved for Planned Care metrics of any Trust in the South East over 2023/24 with very significant reductions in waiting times for patients. The Trust is largely on its activity plan for April and seeking to continue this momentum through 24/25 although the challenges of late budget setting will have some impact on performance in the April figures that will be seen next month.

Our productivity metrics show continued improved through the second half of last year. There is a significant data lag in the overall metric - the Trust is working on internal more contemporeanous measures - however driver metrics show that these improvedments have been sustained through the end of 23/24 and into 24/25.

Our quality metrics maintain their positive trend with the Trust achieving it's breakthrough objective for clinical accreditation in 2023/24. The slight increases in term admissions to the neonatal unit and preterm birth rate have been reviewed in detail and are within expected levels.

We continue to progress initiatives to make BHT a great place to work and ensure that our people are listened to, safe and supported. Our key focus is developing our approach to this year's people breakthrough objective "to improve the experience of working at BHT by reducing bullying and harassment, becoming best in class within two years". The metrics set out in the workforce section are the key drivers for this overall objective.

We have developed workforce plans for f/y 2024-25, which set out month by month the workforce - substantive, bank and agency – to deliver services set out in our operational plans, within the Trust's financial envelope.

Our healthy communities plans focus on our two breakthrough objectives in this area where we are seeking to expand the influence of the Trust on the overall health of the Buckinghamshire population through focusing on ensuring our children have the best start in life and on the biggest cause of mortality in the county - cardiovascular disease. Plans and actions for these and other breakthrough objectives are being finalised with a more complete set of trajectories to be added in the IPR for next month.

SPC Charts

Buckinghamshire Healthcare NHS Trust

Metrics are represented by Statistical Process Control (SPC) charts, with target and latest month's performance highlighted.

These SPC charts are based on three years' worth of data to show the post Covid period (where back data is available).

SPC charts are used to monitor whether there is any real change in the reported results.

The two limit lines (grey dotted lines) around the central average (grey solid line) show the range of expected variation in reported results based on what has been observed before. New results that fall within that range should not be taken as representing anything different from the norm. i.e. nothing has changed.

However, there are certain patterns of new results which it is unlikely will have occurred randomly if nothing has changed on the ground. For example a run of several points on one side of the average or a significant change in the level of variability between one point and the next.

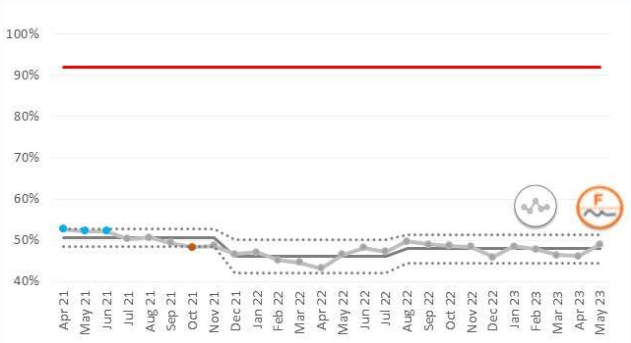
In these charts, where it looks like there has been some kind of change in the variability or average result in the reported data, the limits and the central line have been adjusted to indicate when it appears - statistically - that the change happened. This should be a prompt for users of the chart to look for factors which may have effected the change in the reported data. These may have been changes in the way things were done or external factors e.g. bad weather causing more accidents and therefore an increase in demand/change in case mix.

Likewise, if there is no change in overall average result or variability this suggests that actions taken to improve performance have not had the desired effect.

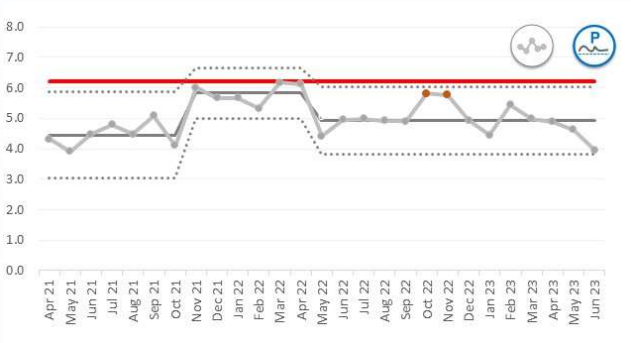
Either way, users of the charts should take care not to directly attribute causal factors to changes in the charts without further investigation.

Target lines are also plotted on the charts. This allows users of the charts to see whether targets can be expected to be achieved consistently, whether achievement in the current month is due to common cause or special cause variation or whether the target cannot be achieved unless there is a change in the process.

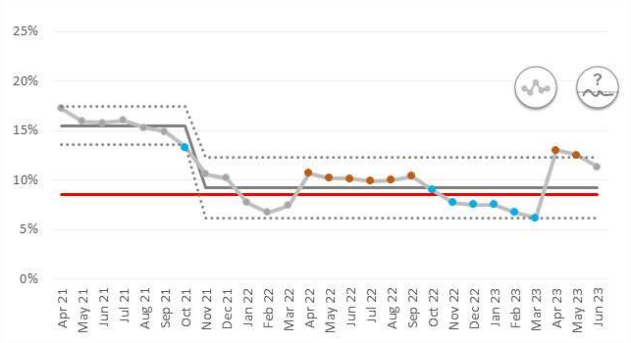
Target line is above the upper limit for this indicator (higher is better) showing that it will not be achieved consistently without a change to the process.



Target line is above the upper limit for this indicator (lower is better) showing that it will be achieved consistently without a change to the process.



Target line is between the control limits for this indicator (lower is better) showing that the process will hit or miss the target without a change.



Key to variation and assurance icons

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	Variation/Performance Icons		
Icon	***Technical Description***	***What does this mean?***	***What should we do?***
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is **currently not changing significantly**. It shows the level of natural variation you can expect from the process or system itself.	**Consider if the level/range of variation is acceptable**. If the process limits are far apart you may want to change something to reduce the variation in performance.
	Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.	**Something's going on!** Your aim is to have low numbers but you have some high numbers – something one-off, or a continued trend or shift of high numbers.	**Investigate** to find out what is happening/ happened. Is it a one off event that you can explain? Or do you need to change something?
	Special cause variation of an CONCERNING nature where the measure is significantly LOWER.	**Something's going on!** Your aim is to have high numbers but you have some low numbers - something one-off, or a continued trend or shift of low numbers.	
	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.	**Something good is happening!** Your aim is high numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	Find out what is happening/ happened. **Celebrate** the improvement or success. Is there **learning** that can be shared to other areas?
	Special cause variation of an IMPROVING nature where the measure is significantly LOWER.	**Something good is happening!** Your aim is low numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	
	Special cause variation of an increasing nature where UP is not necessarily improving nor concerning.	**Something's going on!** This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of high numbers.	**Investigate** to find out what is happening/ happened. Is it a one off event that you can explain? Do you need to change something? Or can you celebrate a success or improvement?
	Special cause variation of an increasing nature where DOWN is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of low numbers.	

	Assurance Icons		
Icon	***Technical Description***	***What does this mean?***	***What should we do?***
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **within** those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **outside of those limits in the wrong direction** then you know that the target cannot be achieved.	**You need to change something in the system or process if you want to meet the target.** The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **outside of those limits in the right direction** then you know that the target can consistently be achieved.	**Celebrate the achievement**. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Key to matrix

Buckinghamshire Healthcare NHS Trust

Variation/Performance	Assurance: P	Assurance: ?	Assurance: F	Assurance: none
H	**Excellent** — Celebrate and Learn • This metric is improving. • Your aim is high numbers and you have some. • You are consistently achieving the target because the current range of performance is above the target.	**Good** — Celebrate and Understand • This metric is improving. • Your aim is high numbers and you have some. • Your target lies within the process limits so we know that the target may or may not be achieved.	**Concerning** — Celebrate but Take Action • This metric is improving. • Your aim is high numbers and you have some. • HOWEVER your target lies above the current process limits so we know that the target will not be achieved without change.	**Excellent** — Celebrate • This metric is improving. • Your aim is high numbers and you have some. • There is currently no target set for this metric.
L	**Excellent** — Celebrate and Learn • This metric is improving. • Your aim is low numbers and you have some. • You are consistently achieving the target because the current range of performance is below the target.	**Good** — Celebrate and Understand • This metric is improving. • Your aim is low numbers and you have some. • Your target lies within the process limits so we know that the target may or may not be achieved.	**Concerning** — Celebrate but Take Action • This metric is improving. • Your aim is low numbers and you have some. • HOWEVER your target lies below the current process limits so we know that the target will not be achieved without change.	**Excellent** — Celebrate • This metric is improving. • Your aim is low numbers and you have some. • There is currently no target set for this metric.
—	**Good** — Celebrate and Understand • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • HOWEVER you are consistently achieving the target because the current range of performance exceeds the target.	**Average** — Investigate and Understand • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • Your target lies within the process limits so we know that the target may or may not be achieved.	**Concerning** — Investigate and Take Action • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • HOWEVER your target lies outside the current process limits and the target will not be achieved without change.	**Average** — Understand • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • There is currently no target set for this metric.
H	**Concerning** — Investigate and Understand • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • HOWEVER you are consistently achieving the target because the current range of performance is below the target.	**Concerning** — Investigate and Take Action • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • Your target lies within the process limits so we know that the target may or may not be missed.	**Very Concerning** — Investigate and Take Action • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • Your target lies below the current process limits so we know that the target will not be achieved without change	**Concerning** — Investigate • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • There is currently no target set for this metric.
L	**Concerning** — Investigate and Understand • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • HOWEVER you are consistently achieving the target because the current range of performance is above the target.	**Concerning** — Investigate and Take Action • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • Your target lies within the process limits so we know that the target may or may not be missed.	**Very Concerning** — Investigate and Take Action • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • Your target lies above the current process limits so we know that the target will not be achieved without change	**Concerning** — Investigate • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • There is currently no target set for this metric.
↗				**Unsure** — Investigate and Understand • This metric is showing a statistically significant variation. • There has been a one off event above the upper process limits; a continued upward trend or shift above the mean. • There is no target set for this metric.
↘				**Unsure** — Investigate and Understand • This metric is showing a statistically significant variation. • There has been a one off event below the lower process limits; a continued downward trend or shift below the mean. • There is no target set for this metric.
—				**Unknown** — Watch and Learn • There is insufficient data to create a SPC chart. • At the moment we cannot determine either special or common cause. • There is currently no target set for this metric

Overall Performance Summary

Buckinghamshire Healthcare NHS Trust

Variation/Performance	Assurance (P)	Assurance (?)	Assurance (F)	Assurance (○)
High	Urgent 2 hour response		Acute open pathway RTT performance	NHSE productivity
Low	HSMR	Maternity smoking at delivery Trust overall vacancy rate Nursing and midwifery vacancy rate	Acute open pathway 65 week breaches Diagnostic compliance	Conversion rate to admission Acute open pathway 52 week breaches Median acute waiting time adults & paeds Median community waiting time paeds Community waiting list 52 week breaches Temp staffing levels
	Turnover rate Statutory & Mandatory training	Theatre utilisation CWT - FDS general standard CWT - 62 day general standard Incidents that are low/no harm Falls per 1,000 bed days Clostridioides difficile Complaints response rate Daycase rate Stillbirths - total cases Term admissions to neonatal unit Pre term birth rate Maternity smoking at time of booking Attendance rates for Health and Development Review	12 hour waits in ED ED 4 hour performance Ambulance handovers within 30 mins Theatre cases per 4 hours planned time Outpatient DNA rate CWT - 31 day general standard	Discharges by 2pm Patients without Criteria to Reside Bed days lost for patients without Criteria to Reside Median community waiting time adults Cancer referrals Urgent community response referrals New OP activity Average LOS community hospitals 14 day LOS - acute & community 14 day LOS - acute Community contacts - Community Therapies Incidents reported Pressure ulcers per 1,000 bed days Complaints received
High		Sickness		Acute waiting list size
Low				Cardiology referrals from deprived wards

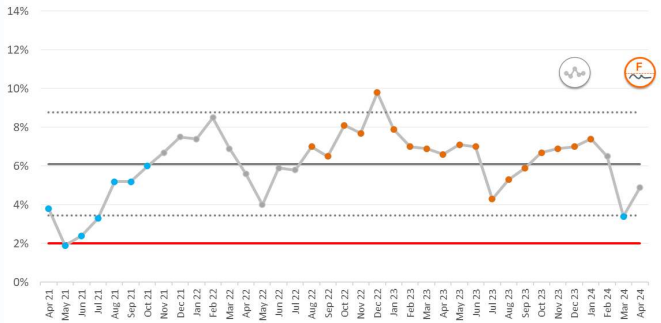
Variation	Assurance (P)	Assurance (?)	Assurance (F)	Assurance (○)
↗				Elective activity WTEs in the trust Substantive staffing Community contacts - District Nursing
↘				Community waiting list size Temporary staffing
○				Acute open pathway 65 week risks Hospital at home utilisation Elective activity against plan New OP activity against plan Substantive staffing against plan Temporary staffing against plan

Breakthrough objectives

Buckinghamshire Healthcare NHS Trust

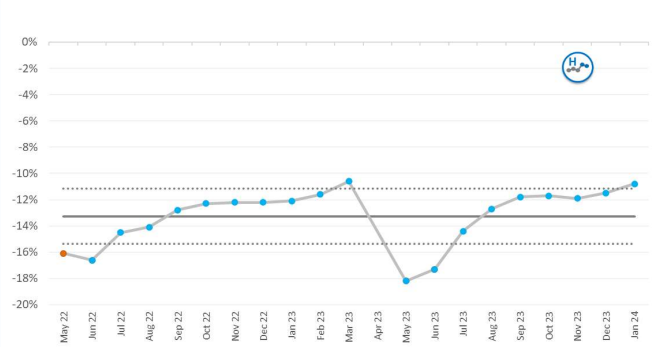
12 hour waits in ED

Percentage of patients spending more than 12 hours in Stoke ED from arrival to departure (over all types departures in the month).



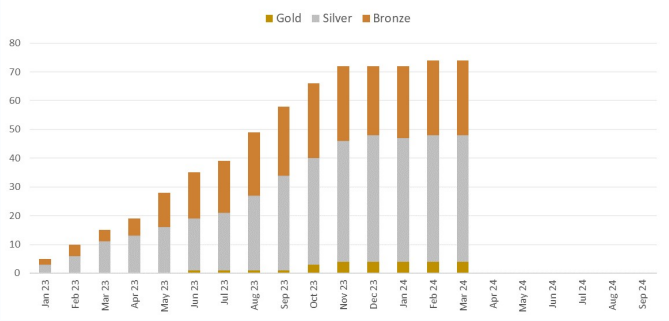
NHS Productivity measure

Comparison between the cost base and weighted activity provided in our acute settings in 23/24, against equivalent periods in 19/20.



Clinical accreditation

The cumulative total number of accreditations awarded in month.

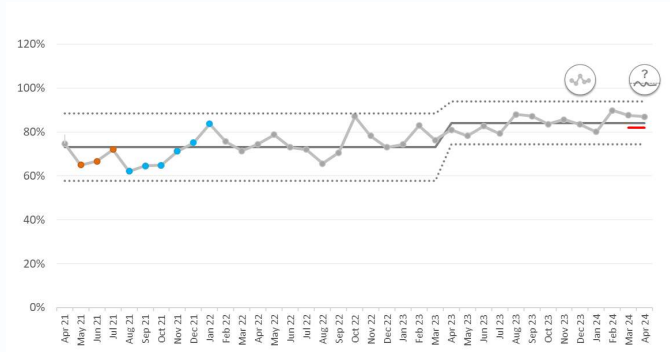


Behaviours

Percentage of staff saying they experienced at least one incident of bullying, harassment or abuse from managers.

School readiness

Percentage of children in opportunity Bucks wards that attend 12-month health and development review by the time they're 15 months.



BP checks

The percentage of face to face, adult outpatients having their blood pressure taken.

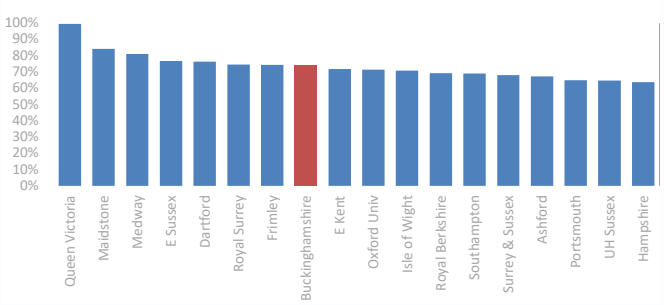
Chart for BP checks

Benchmarking Summary for South-East Region

Buckinghamshire Healthcare NHS Trust

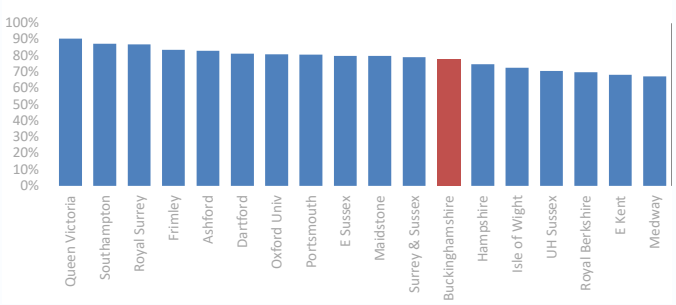
ED 4 hour performance

South East A&E 4 hour performance benchmarking - Apr-24



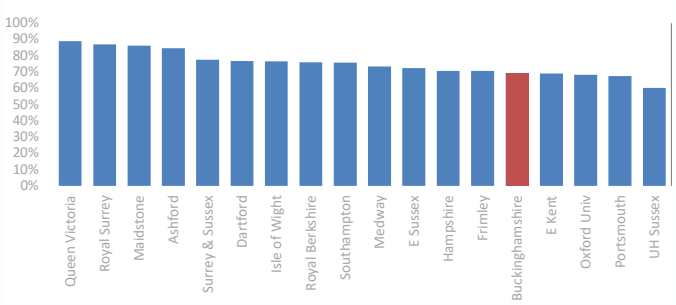
Faster diagnosis standard cancer

South East region faster diagnosis standard cancer benchmarking - Mar-24



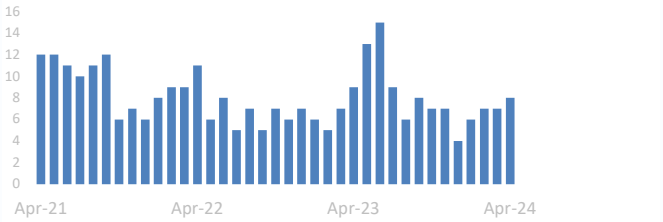
62 day wait cancer

South East region 62 day wait cancer benchmarking - Mar-24



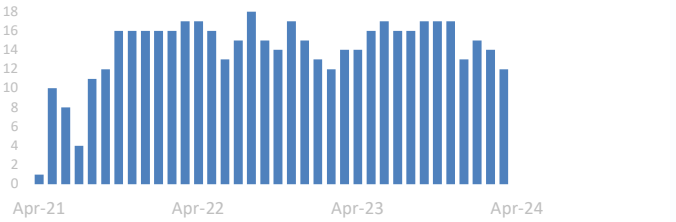
ED 4 hour performance ranking

South East A&E 4 hour performance benchmarking - historic rankings out of 16



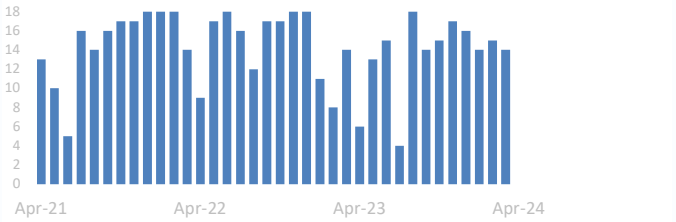
Faster diagnosis standard cancer

South East region faster diagnosis standard cancer benchmarking - historic rankings out of 18



62 day wait cancer ranking

South East region 62 day wait cancer benchmarking - historic rankings out of 18



Frimley Health & Portsmouth Hospitals do not report 4 Hour performance as they are part of the Clinical Services Review.

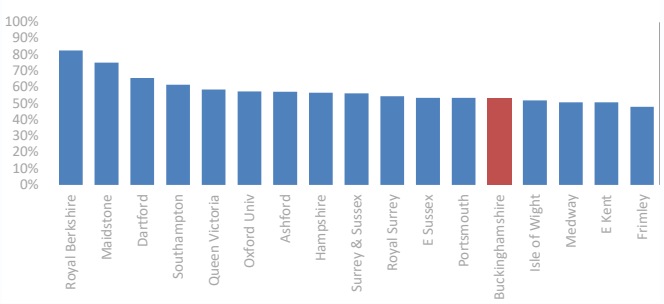
Source: NHS England - https://www.england.nhs.uk/statistics/statistical-work-areas/

Benchmarking Summary for South-East Region

Buckinghamshire Healthcare NHS Trust

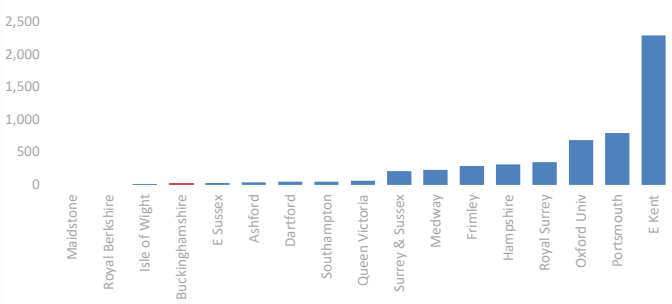
RTT performance

South East RTT performance benchmarking - Mar-24



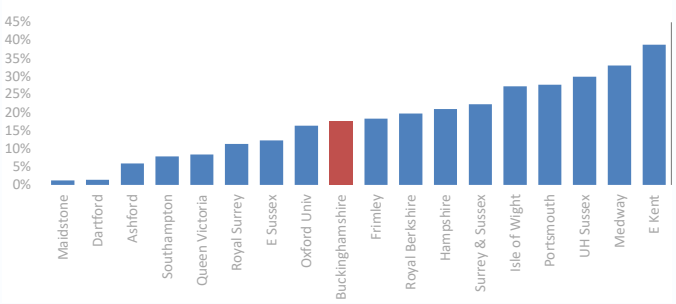
65 week waits

South East over 65 week waits benchmarking - Mar-24



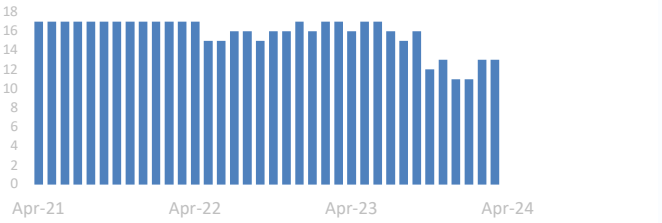
Diagnostic performance

South East diagnostic performance benchmarking - Mar-24



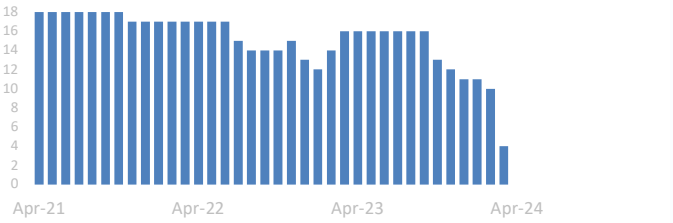
RTT performance ranking

South East RTT performance benchmarking - historic rankings currently out of 18



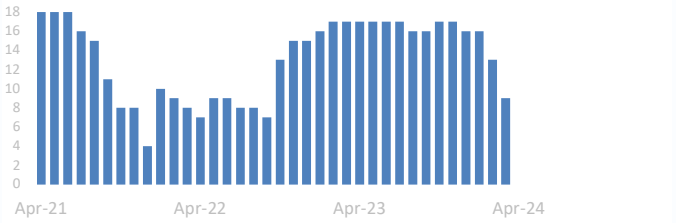
65 week waits ranking

South East over 65 week waits benchmarking - historic rankings currently out of 18



Diagnostic performance ranking

South East diagnostic performance benchmarking - historic rankings out of 18



Source: NHS England - https://www.england.nhs.uk/statistics/statistical-work-areas/

Access & Performance

Buckinghamshire Healthcare NHS Trust

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Breakthrough objective								
12 hour waits in ED	Apr 24	4.9%	2.0%		F	6.1%	3.4%	8.8%
Driver metrics								
Conversion rate to admission	Apr 24	9.6%	-	L		11.0%	8.9%	13.1%
ED 4 hour performance	Apr 24	73.9%	78.0%		F	72.0%	66.4%	77.7%
Discharges by 2pm	Apr 24	24.9%	-			25.4%	21.2%	29.5%
Urgent & emergency care								
Ambulance handovers within 30 mins	Apr 24	89.1%	95.0%		F	85.0%	75.5%	94.5%
Urgent 2 hour response - community	Apr 24	90.0%	70.0%	H	P	88.2%	80.2%	96.1%
Urgent community response referrals	Apr 24	384	-			374	276	472
Patients without Criteria to Reside	Apr 24	84	-			77	49	104
Bed days lost for patients without Criteria to Reside	Apr 24	2452	-			2513	2178	2848
Hospital at home utilisation	Apr 24	97	118			-	-	-

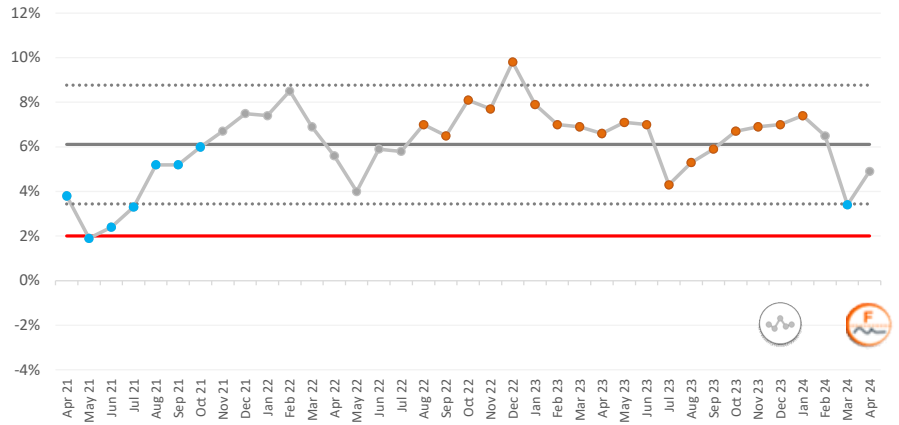
12 hour waits in ED

Definition: Percentage of patients spending more than 12 hours in Stoke Emergency Department (ED) from arrival to departure (over all types departures in the month).

Target: In March 2025 no more than 2% of patients spend more than 12 hours in Stoke Mandeville ED

Owner: Chief Operating Officer
Committee: Finance and Business Performance

Apr-24	Variance Type	Target	Achievement
4.9%	Common cause variation	2.0%	Incapable process - likely to consistently fail to meet the target



How we are performing

This metric is experiencing common cause variation i.e. no significant change.
However the target lies below the current control limits and so cannot be achieved unless something changes in the process.

Drivers of performance

- Lack of bed capacity on the Stoke site
- Long ED waiting times through the night mean late referrals to specialties
- Inappropriate admissions overnight due to fewer senior decision makers and alternatives to admission
- Minimal number of discharges in the mornings leads to congestion in the Department

Actions to maintain or improve performance

- New ward on the Stoke site opens at the end of June
- ED culture programme starts in June with external provider to focus on internal ED improvements to flow
- Change to middle grade rota in ED from the start of August to move more clinicians to later in the day to maintain consistent wait times in ED
- Increased assessment capacity from the end of June facilitated by the new ward. Expansion of frailty provision and same day emergency care and acute medical capacity.
- New electronic whiteboards rolled out from the start of June to improve the quality of discharge information and facilitate earlier discharges through an expanded discharge lounge (to be facilitated by the new ward).

Risks and mitigations

- Limited control over patient attendances. **Mitigation -** we continue to work with Buckinghamshire Place pathways on alternative pathways and redirection pathways through the Buckinghamshire Place Board. This has result in the continued investment in the Primary Care Clinical Assessment Service for 2024/25.
- Constraints on out of hospital care funding in the NHS and social care may inhibit reduction of non-criteria to reside patients. **Mitigation -** we are working closely with system partners to improve discharge processes and manage capacity collectively.
- Winter pressures will bring increased demand. **Mitigation** - we are planning now for increased capacity with Olympic Lodge and increased integration of our community services to support admission avoidance.

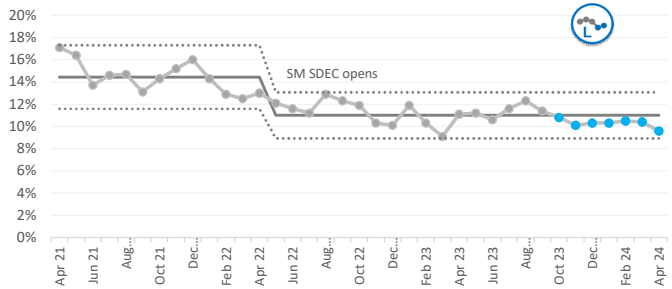
Driver metrics

Buckinghamshire Healthcare NHS Trust

Conversion rate to admission

Number of patients admitted to a General & Acute (G&A) bed (directly or indirectly) from Stoke Mandeville ED over total number of type 1 ED attendances during the month.

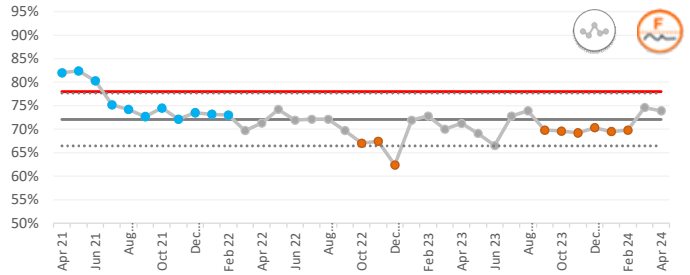
Apr-24	Variance Type	Target	Achievement
9.6%	Special cause variation - improvement	-	N/A



ED 4 hour performance

Number of theatre cases per four hours of planned theatre time during the month.

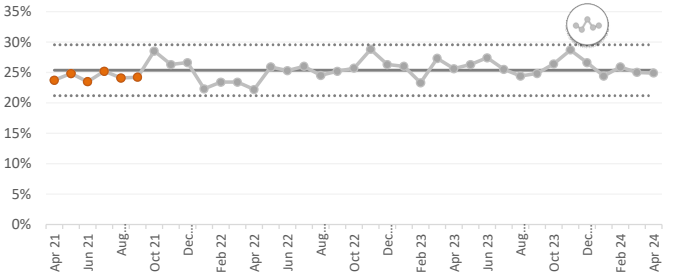
Apr-24	Variance Type	Target	Achievement
73.9%	Common cause variation	78%	Incapable process - likely to consistently fail to meet the target



Discharges by 2pm

Proportion of inpatients discharged between 5am - 12 noon of all discharges. Excludes maternities, deceased, purely elective wards and patients not staying over midnight.

Mar-24	Variance Type	Target	Achievement
25.0%	Common cause variation	-	N/A

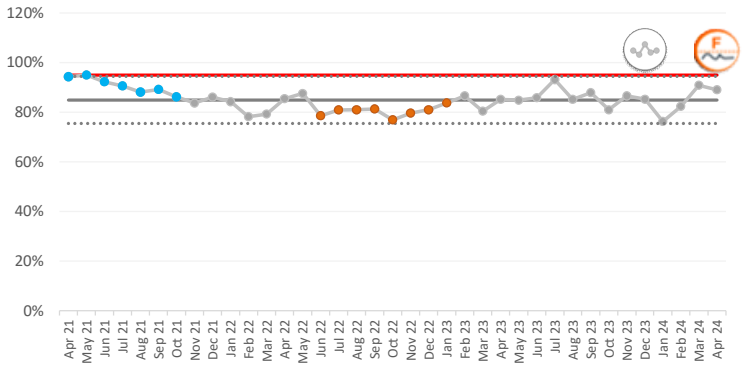


How we are performing	Drivers of performance	Actions to maintain or improve performance	Risks and mitigations
Conversion rate to admission: This metric is experiencing special cause variation of an improving nature with the last seven data points falling below the central line.	Expansion of SDEC hours has faciltated this reduction in admissions.	Further expansion of Fraility SDEC in June with the new ward and increased space for medical admissions.	Limited control over patient attendances, however we continue to work with ICB on alternative pathways and redirection pathways through the UEC programme.
ED 4 hour performance: This metric is experiencing common cause variation i.e. no significant change. However the target lies above the current control limits and so cannot be achieved unless something changes in the process.	Challenges in consistently delivering high performance at the Stoke Mandeville Urgent Treatment Centre. Increased waiting times in ED in the evenings and then overnight which are challenging to recover during the day.	Review of UTC leadership to be concluded in June. New middle grade rota in ED from 1 August to move more colleagues later in the day New ED clinical leads driving focus on clinician productivity.	Cultural changes to working practices can take time to be accepted and embed and this is being supported through an external provider.
Discharges by noon: This metric is experiencing common cause variation i.e. no significant change.	Inconsistent processes across wards can lead to late discharges including lack of clarity on the key steps needed for a discharge. Delays due to length process to write TTOs (drug prescriptions) for patients	New electronic whiteboards to facilitate Board Rounds and clarify next discharge steps go live on 3 June. Expanded discharge lounge with ability for patients to move there without a TTOs to go live in July.	Changes to practice on the wards can take time to be accepted and embed. New whiteboards and data therein provides transparency on discharge processes. Best practice team assembled to provide peer support to wards to improve processes.

Ambulance handovers within 30 mins

The percentage of ambulance handovers during the month taking 30 minutes or less, over all handovers in the month.

Apr-24	Variance Type	Target	Achievement
89.1%	Common cause variation	95.0%	Incapable process - likely to consistently fail to meet the target



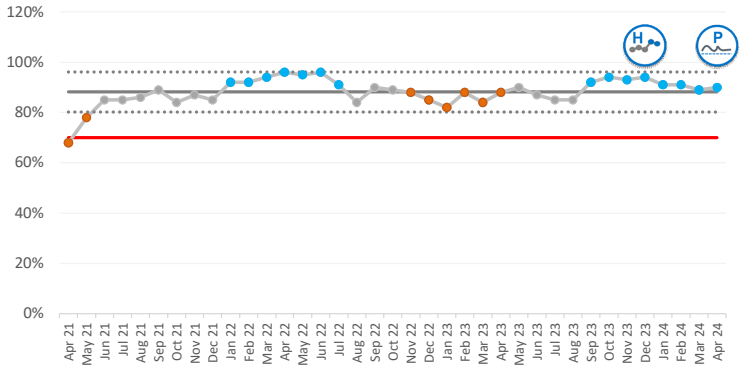
This metric is experiencing common cause variation i.e. no significant change.
The target lies just above the current control limits and so cannot be achieved unless something changes in the process.

New processes being trialled in ED under new clinical leads to facilirate consistent rapid ambulance handover.

Urgent 2 hour response - community

Percentage of urgent referrals (2 hour) from community services or 111 that are seen within 2 hours.

Apr-24	Variance Type	Target	Achievement
90.0%	Special cause variation - improvement	70%	Capable process - likely to always meet the target

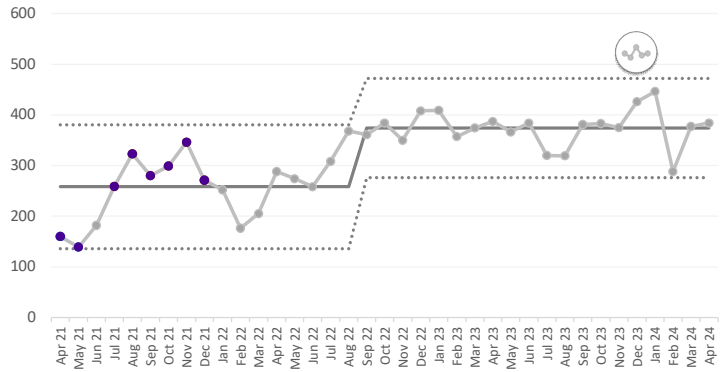


This metric is experiencing special cause variation of an improving nature with the last eight data points falling above the central line.
The target lies below the current control limits and so can be consistently achieved unless something changes in the process.

Urgent community response referrals

Number of urgent referrals (2 hour) from community services or 111 received.

Apr-24	Variance Type	Target	Achievement
384	Common cause variation	-	N/A



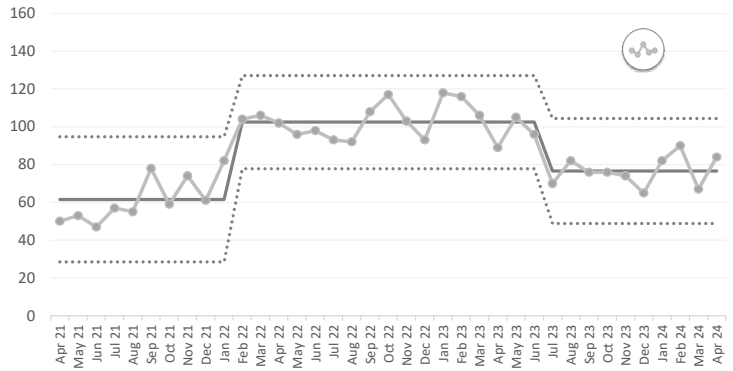
This metric is experiencing common cause variation i.e. no significant change.

Integration work with Urgent Community Response and Hospital @ Home is underway to facilirate increased referrals.

Patients without Criteria to Reside

The number of patients in hospital who do not meet the criteria to reside. Snapshot taken at month end.

Apr-24	Variance Type	Target	Achievement
84	Common cause variation	-	N/A



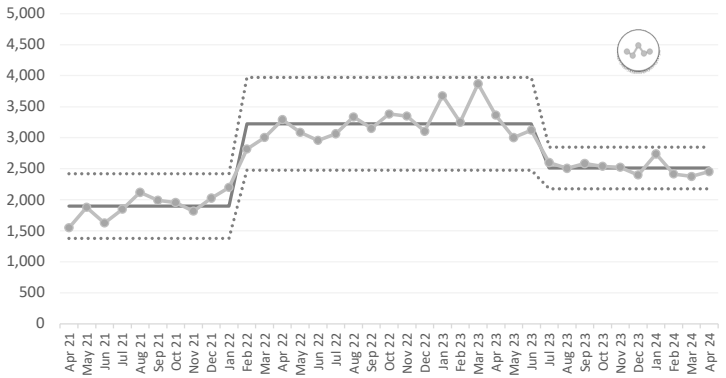
From the data, there appears to have been a step change in July 2023 so the limits have been recalculated at this point.
This metric is now experiencing common cause variation i.e. no significant change.

This metric replaces the Medically Optimised for Discharge metric in line with the national approach to measure delays in hospital.

Bed days lost for patients without Criteria to Reside

The number of bed days lost during the month for patients who did not meet the criteria to reside but were not discharged.

Apr-24	Variance Type	Target	Achievement
2452	Common cause variation	-	N/A

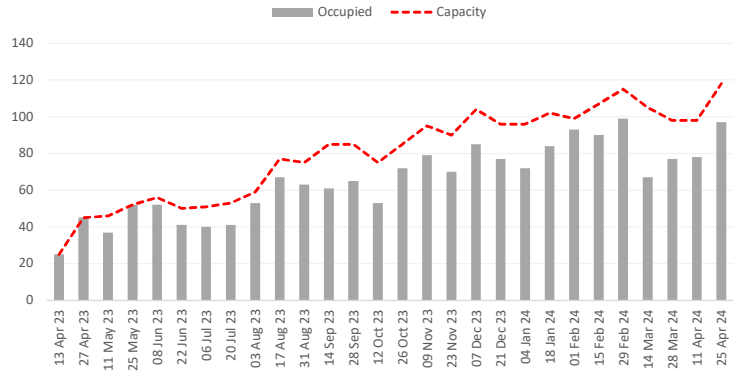


From the data, there appears to have been a step change in July 2023 so the limits have been recalculated at this point.
This metric is now experiencing common cause variation i.e. no significant change.

Hospital at home utilisation

Bucks Hospital at Home current patients using the service against number of open beds.

25-Apr-24	Variance Type	Capacity	Achievement
97	N/A	118	N/A



A utilisation target of 80% has been set nationally for Hospital@Home services.

The Trust achieved 82% utilisation at the end of April.

This graph will be altered to show utilisation % in the coming months.

Access & Performance

Buckinghamshire Healthcare NHS Trust

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Planned care								
Acute open pathway RTT performance	Apr 24	53.2%	92.0%	H	F	49.4%	46.4%	52.3%
Acute waiting list size	Apr 24	52058	-	↑		47866	46019	49713
Acute open pathway 65 week breaches	Apr 24	97	-	L	F	920	608	1233
Acute open pathway 65 week risks	Apr 24	26370	-			-	-	-
Acute open pathway 52 week breaches	Apr 24	2302	-	L		3266	2496	4036
Diagnostic compliance	Mar 24	17.6%	5.0%	L	F	39.8%	29.6%	50.0%
Median waiting time for acute waiting list for adults	Apr 24	111	-	L		119	110	128
Median waiting time for acute waiting list for paediatrics	Apr 24	116	-	L		130	119	141
Community waiting list size	Apr 24	14262	-	↓		15235	14517	15953
Community waiting list 52 week breaches	Apr 24	116	-	L		130	119	141
Median waiting time for community waiting list for adults	Apr 24	14262	-			15235	14517	15953
Median waiting time for community waiting list for children	Apr 24	4509	-	L		4741	4538	4944

Access & Performance

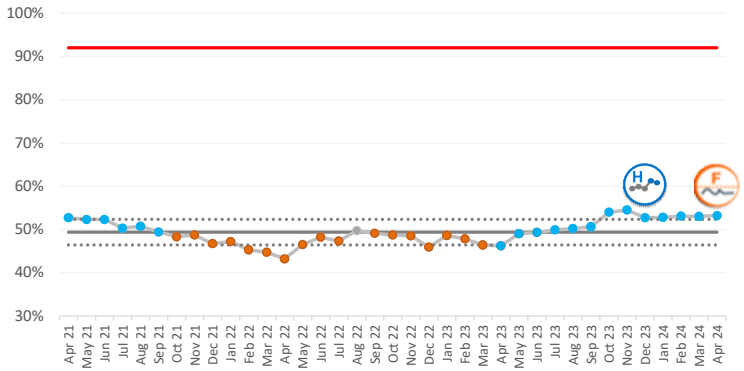
Buckinghamshire Healthcare NHS Trust

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Planned care continued								
CWT 28 Day General Faster Diagnosis Standard	Mar 24	77.8%	75.0%			67.8%	55.6%	80.1%
CWT 31 Day General Treatment Standard	Mar 24	84.6%	96.0%			81.8%	73.6%	90.0%
CWT 62 Day General Treatment Standard	Mar 24	69.4%	70.0%			62.6%	44.7%	80.4%
Cancer referrals	Mar 24	2331	-			2220	1664	2777
Elective activity	Apr 24	4671	3946			3994	3153	4835
Elective activity against plan	Apr 24	18.4%	0.0%			-	-	-
New outpatient activity	Apr 24	18296	18802			18807	14270	23343
New outpatient activity against plan	Apr 24	-2.7%	0.0%			-	-	-

Acute open pathway RTT performance

Percentage of patients waiting less than 18 weeks on an incomplete RTT pathway at the end of the month.

Apr-24	Variance Type	Target	Achievement
53.2%	Special cause variation - improvement	92.0%	Incapable process - likely to consistently fail to meet the target



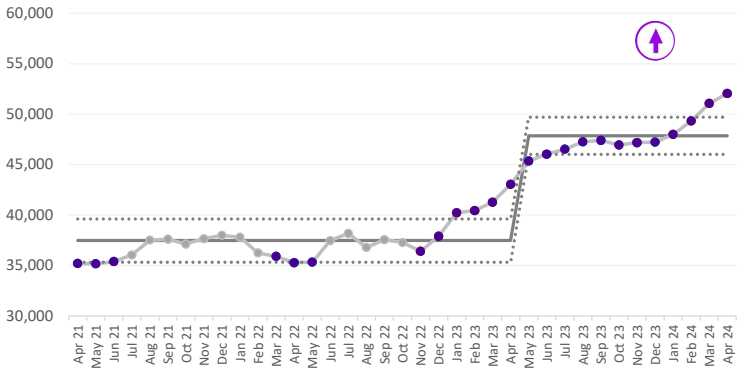
This metric is experiencing special cause variation of an improving nature with the last seven data points falling above the central line. However the target lies above the upper control limit and is unlikely to be acheived without a change in the process.

We continue to improve RTT compliance slowly however the priority remains reducing the waiting time for patients referred to the Trust. RTT will improve as waiting times reduce.

Acute waiting list size

The number of acute incomplete RTT pathways (patients waiting to start treatment) at the end of the reporting period.

Apr-24	Variance Type	Target	Achievement
52058	Special cause variation - neither concerning nor improvement	-	N/A



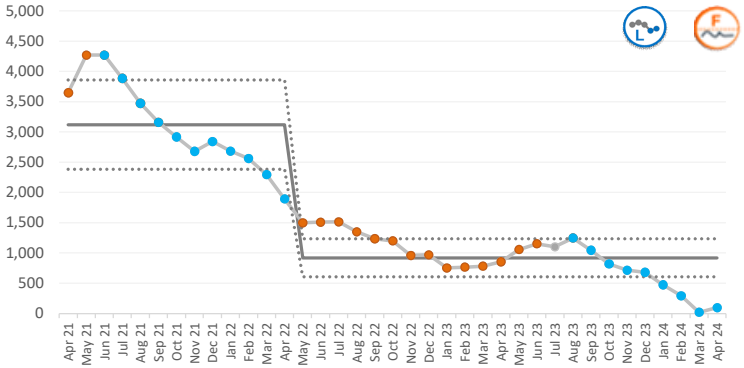
This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last two data points falling above the upper control limit.

We are experiencing a large increase in patients on our waiting list. A deep dive is underway and will be reported back to the Board as to the drivers and actions to address this.

Acute open pathway 65 week breaches

Number of patients waiting over 65 weeks on an incomplete RTT pathway at the end of the month.

Apr-24	Variance Type	Target	Achievement
97	Special cause variation - improvement	100	Incapable process - likely to consistently fail to meet the target



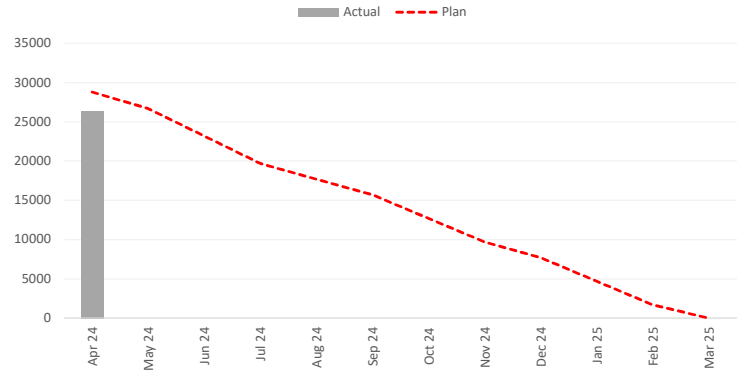
This metric is experiencing special cause variation of an improving nature with the last four data points falling below the lower control limit.

The number of patients waiting 65 weeks or more are prioritised for treatment after cancer and urgent patients. This is managed at weekly meetings and patients offered appointments as soon as possible.

Acute open pathway 65 week risks

The number of patients who will breach 65 week waiting time by March 25.

Apr-24	Variance Type	Plan	Achievement
26370	N/A	28800	N/A

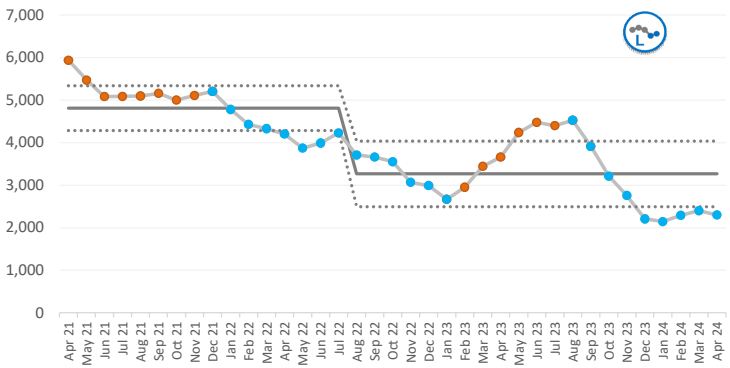


65 week breach risks are closely managed on a weekly basis.

Acute open pathway 52 week breaches

Number of patients waiting over 52 weeks on an incomplete RTT pathway at the end of the month.

Apr-24	Variance Type	Target	Achievement
2302	Special cause variation - improvement	-	N/A



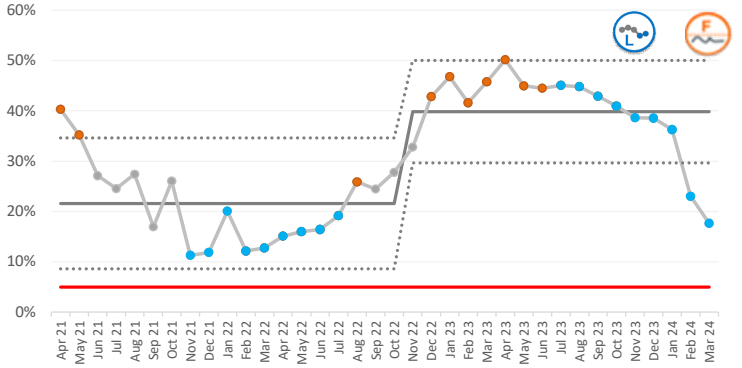
This metric is experiencing special cause variation of an improving nature with the last five data points falling below the lower control limit.

The number of patients breaching 52 weeks on the waiting list is likely to see improvement in the second half of this year, following the eradication of 65 week breaches.

Diagnostic compliance

The number of patients waiting more than 6 weeks at month end for Imaging, Physiological Measurement or Endoscopy tests over all patients waiting at month end for tests.

Mar-24	Variance Type	Target	Achievement
17.6%	Special cause variation - improvement	5%	Incapable process - likely to consistently fail to meet the target



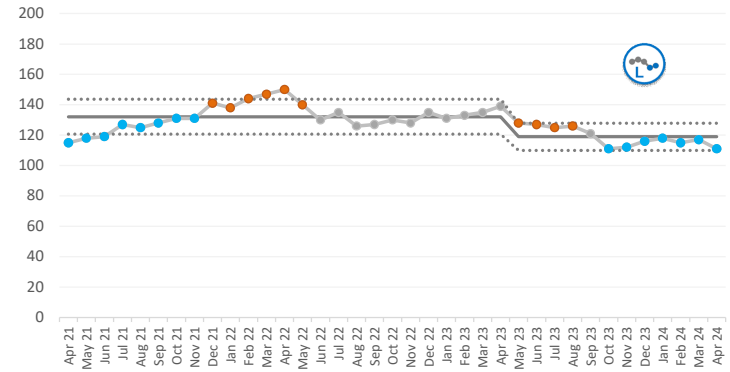
This metric is experiencing special cause variation of an improving nature with the latest two data points falling below the lower control limit and a downward run of the last nine data points.
The target still lies below the current control limits and so cannot be achieved unless something changes in the process.

There has been significant improvement in MRI and Non Obstetric Ultrasound waiting times that have driven this reduction in waiting times for patients with further improvements expected through the year as new capacity comes online.

Median waiting time for acute waiting list for adults

Median waiting time in days between referral and month end snapshot for adult patients on the acute waiting list. Patients are aged 16 years and over.

Apr-24	Variance Type	Target	Achievement
111	Special cause variation - improvement	-	N/A



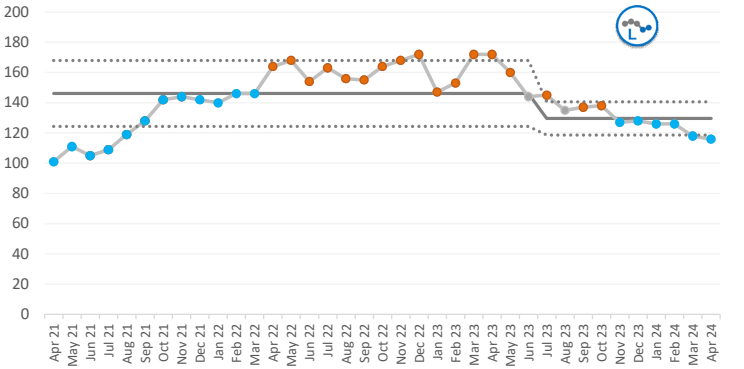
This metric is experiencing special cause variation of an improving nature with the last seven data points falling below the central line.

This metric includes patients treated within 62 days on the cancer pathway and urgent patients. We anticipate it will continue to reduce with shorter waiting lists.

Median waiting time for acute waiting list for paediatrics

Median waiting time in days between referral and month end snapshot for paediatric patients on the acute waiting list. Patients are aged under 16 years.

Apr-24	Variance Type	Target	Achievement
116	Special cause variation - improvement	-	N/A

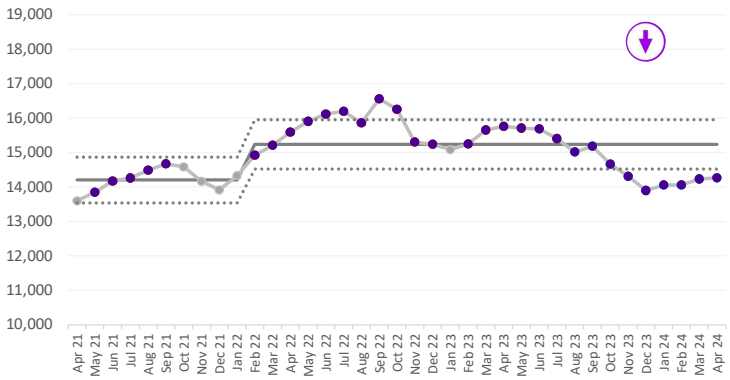


This metric is experiencing special cause variation of an improving nature with the last six data points falling below the central line and the last two data points falling below the lower control limit.

Community waiting list size

Number of patients waiting on the community waiting list at the end of the month.

Apr-24	Variance Type	Target	Achievement
14262	Special cause variation - neither concerning nor improvement	-	N/A



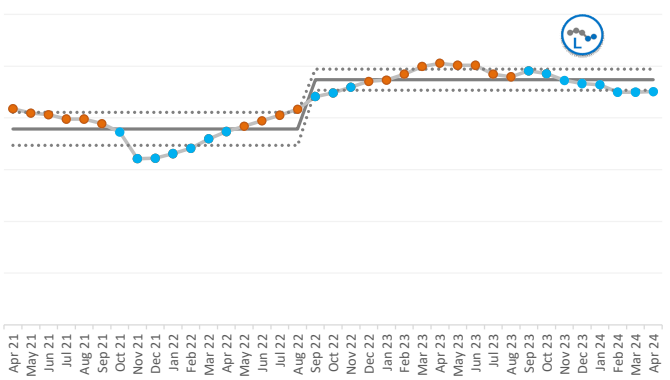
This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last six data points falling below the lower control limit.

A programme of validation of the community waiting list has commenced to ensure reporting is accurate and new and follow up patients are identified appropriately.

Community waiting list 52 week breaches

Number of patients waiting over 52 weeks on the community waiting list at the end of the month.

Mar-24	Variance Type	Target	Achievement
4499	Special cause variation - improvement	-	N/A



This metric is experiencing special cause variation of an improving nature with the last three data points falling below the lower control limit.

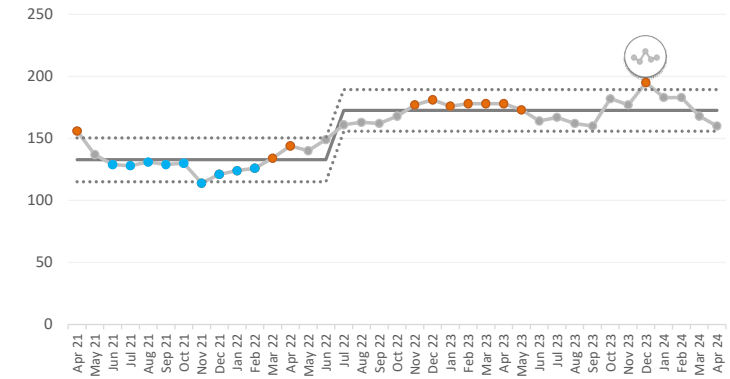
This data includes a mixture of data covering both those waiting for treatment and those on a caseload for services such as Health Visitors.

The data will be revised from next month so that is solely represents the waiting list.

Median waiting time for community waiting list for adults

Median waiting time in days between referral and month end snapshot for adult patients on the community waiting list. Patients are aged 16 years and over.

Apr-24	Variance Type	Target	Achievement
160	Common cause variation	-	N/A



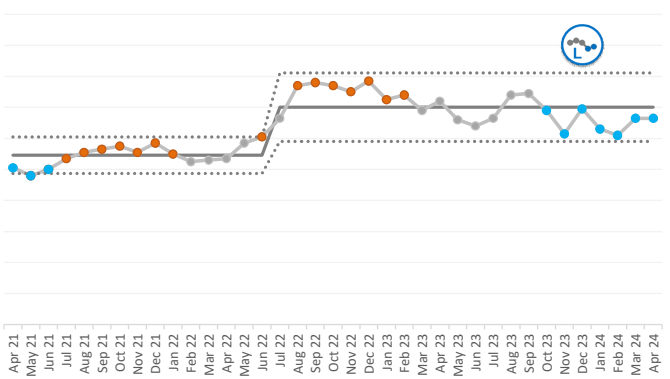
This metric is experiencing common cause variation i.e. no significant change.

Awaiting validation results prior to planning improvement.

Median waiting time for community waiting list for children

Median waiting time in days between referral and month end snapshot for paediatric patients on the community waiting list. Patients are aged under 16 years.

Apr-24	Variance Type	Target	Achievement
133	Special cause variation - improvement	-	N/A

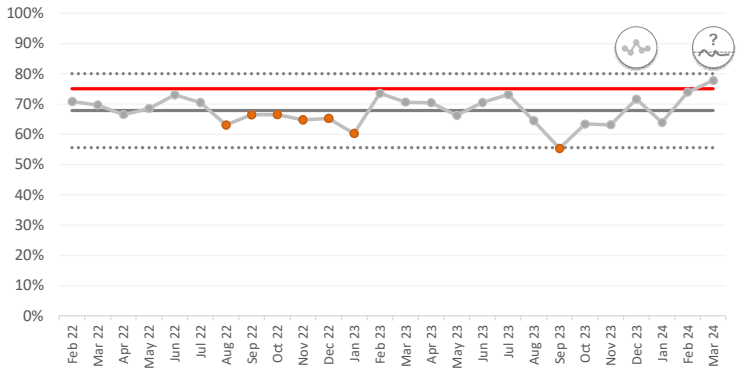


This metric is experiencing special cause variation of an improving nature with the last seven data points falling below the lower control limit.

CWT 28 Day General Faster Diagnosis Standard

Maximum four weeks (28 days) from receipt of urgent GP (or other referrer) referral for suspected cancer, breast symptomatic referral or urgent screening referral, to the point at which the patient is told they have cancer, or cancer is definitively excluded.

Mar-24	Variance Type	Target	Achievement
77.8%	Common cause variation	75%	Unreliable process - may or may not meet the target consistently



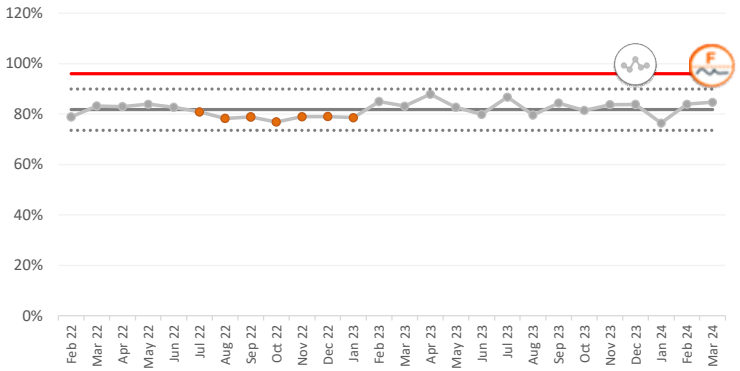
This metric is experiencing common cause variation i.e. no significant change.
The target lies within the current control limits, but just below the upper control limit and so the target is unlikely be achieved unless something changes in the process.

Significant improvements have been made in Skin Cancer and Urology to deliver these improvements.

CWT 31 Day General Treatment Standard

Maximum 31 days from Decision To Treat/Earliest Clinically Appropriate Date to Treatment of cancer. Percentage of patients receiving a first definitive treatment or subsequent treatment for cancer within 31 days in the reporting period over all patients receiving treatment.

Mar-24	Variance Type	Target	Achievement
84.6%	Common cause variation	96%	Incapable process - likely to consistently fail to meet the target



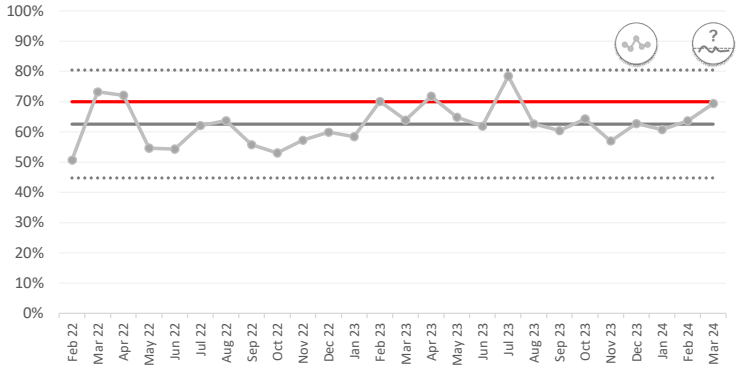
This metric is experiencing common cause variation i.e. no significant change.
The target lies above the current control limits and so cannot be achieved unless something changes in the process.

Further work is needed to close the Dermatology minor operations capacity gap to improve performance.

CWT 62 Day General Treatment Standard

Maximum 62-day from receipt of an urgent GP (or other referrer) referral for urgent suspected cancer, breast symptomatic referral, urgent screening referral or consultant upgrade to First Definitive Treatment of cancer

Mar-24	Variance Type	Target	Achievement
69.4%	Common cause variation	70%	Unreliable process - may or may not meet the target consistently



This metric is experiencing common cause variation i.e. no significant change.
The target lies within the current control limits and so the metric will consistently hit or miss the target.

There have been recognised delays in TCIs procedures and Chemotherapy plus Oncology appointment delays. Recruitment to address these issues is ongoing across specialities.

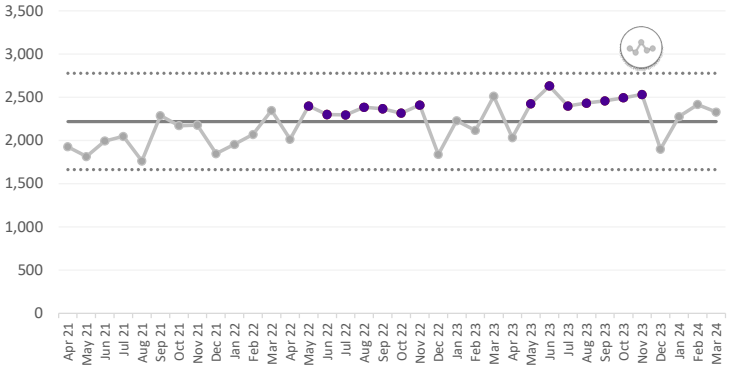
Weekly meetings with key specialties focus on resolving delays.

Theatre capacity has improved.

Cancer referrals

Number of patients referrred each month on a cancer pathway.

Mar-24	Variance Type	Target	Achievement
2331	Common cause variation	-	N/A

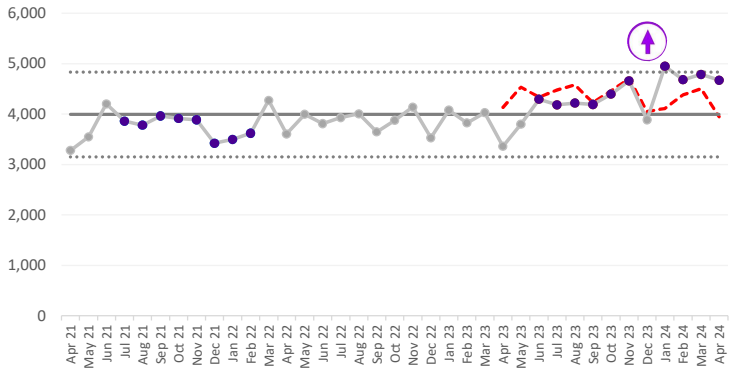


This metric is experiencing common cause variation i.e. no significant change.

Elective activity

The number of elective inpatient and day case admissions during the month.

Apr-24	Variance Type	Plan	Achievement
4671	Special cause variation - neither concerning nor improvement	3946	Unreliable process - may or may not meet the target consistently



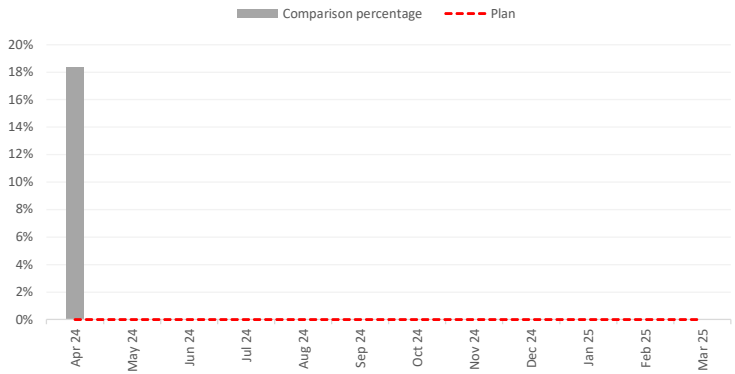
This metric is experiencing special cause variation of neither an improving nor a concerning nature with the two out of three data points falling close to the upper control limit.

Elective activity (day cases and elective inpatients) is above target and we aim to sustain this level to improve performance and provide patient choice.

Elective activity against plan

The year to date number of elective inpatient and day case admissions over year to date plan for the same period. For financial year 2024/25.

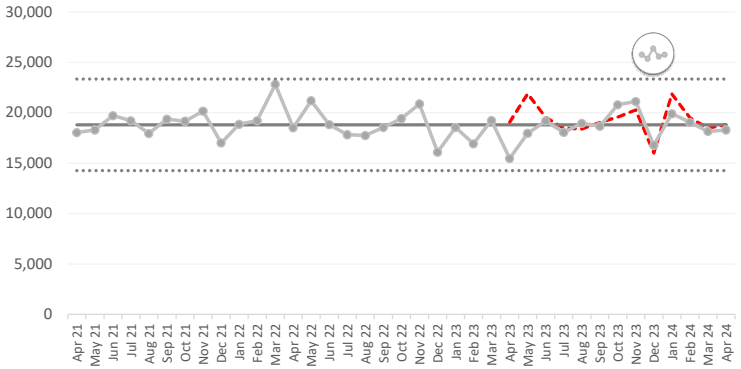
Apr-24	Variance Type	Target	Achievement
18.4%	N/A	0%	N/A



New outpatient activity

Total number of new outpatient attendances during the month.

Apr-24	Variance Type	Plan	Achievement
18296	Common cause variation	18802	N/A



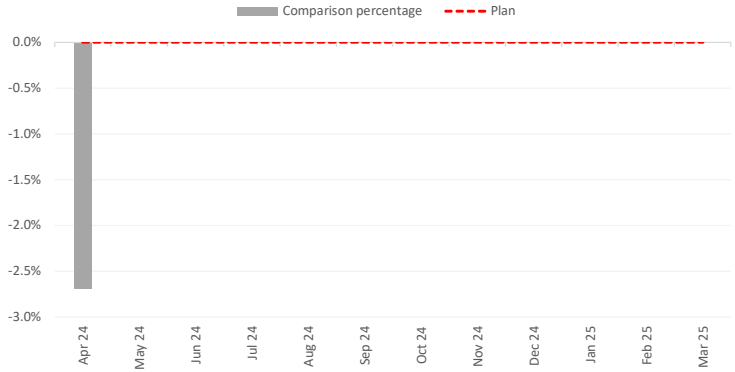
This metric is experiencing common cause variation i.e. no significant change.

Work continues to optimise outpatient clinics and provide appropriate first appointments for patients. Insourcing providers commenced mid month which drove some of the underdelivery against plan and we expect to see the full value in coming months.

New outpatient activity against plan

The year to date number of new outpatient attendances over year to date plan for the same period. For financial year 2024/25.

Apr-24	Variance Type	Target	Achievement
-2.7%	N/A	0%	N/A



Productivity

Buckinghamshire Healthcare NHS Trust

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Breakthrough objective								
Overall NHSE measure of productivity	Jan 24	-10.8%	-			-13.3%	-15.4%	-11.2%
Driver metrics								
14 day length of stay - acute & community	Apr 24	201	-			196	159	232
Theatre cases per 4 hours planned time	Apr 24	2.5	2.8			2.4	2.2	2.6
WTEs in the Trust	Apr 24	6342.7	6676.0			6157.4	6059.7	6255.1
Productivity								
14 day length of stay - acute	Apr 24	156	-			155	123	187
Average LOS - community hospitals	Apr 24	18.7	-			19.9	13.1	26.8
Theatre utilisation	Apr 24	85.3%	85.0%			84.9%	83.5%	86.2%
Daycase rate	Apr 24	84.9%	85.0%			84.2%	81.3%	87.1%
Face to face contacts delivered by Community Therapy	Mar 24	521.3	-			438.3	217.4	659.1
Face to face contacts delivered by District Nursing	Mar 24	3757.7	-			3608.1	3259.8	3956.4
Outpatient DNA rate	Apr 24	6.7%	5.0%			7.1%	6.2%	8.0%

Productivity

Buckinghamshire Healthcare NHS Trust

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Productivity continued								
Temporary staffing levels (spend £)	Mar 24	3691126.35	-			4365985.92	3124173.31	5607798.53
Substantive staffing	Apr 24	6342.7	-			6157.4	6059.7	6255.1
Substantive staffing against plan	Apr 24	-0.4%	-			-	-	-
Temporary staffing	Apr 24	497.9	-			624.6	539.9	709.4
Temporary staffing against plan	Apr 24	-4.2%	-			-	-	-

Overall NHSE measure of productivity

Definition: Comparison between the cost base and weighted activity provided in our acute settings in 23/24, against equivalent periods in 19/20.

Target: 5% improvement on 2023/24 productivity position

Owner: Chief Finance Officer
Committee: Finance and Business Performance

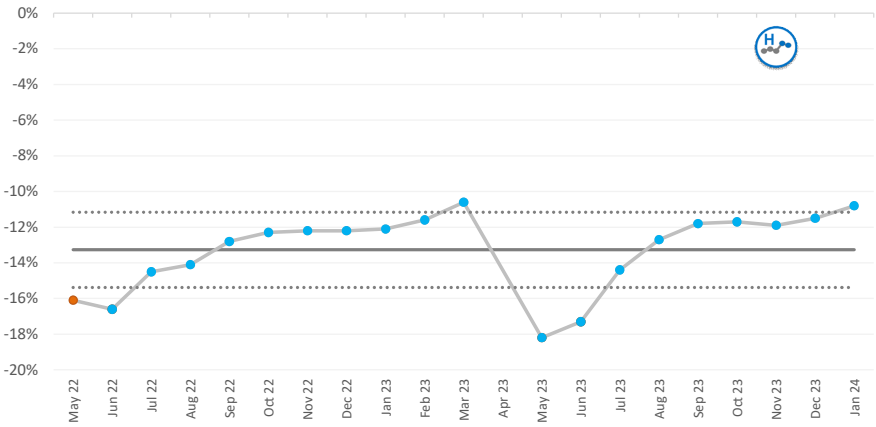
How we are performing

At M10, BHT is reported as being -10.8% less productive than 2019/20. This represents:

- an absolute improvement in performance versus 19/20 of +0.6%, comparing M10 2023/24 to M12 2022/23
- a relative improvement year-on-year of +1.6%, comparing M10 2023/24 and M10 2022/23.

This performance has been despite unexpected and unplanned negative impacts on our activity and costs, from industrial action and theatre downtime.

Jan-24	Variance Type	Target	Achievement
-10.8%	Special cause variation - improvement	-	N/A



Drivers of performance

- Increases in performance have been driven by the re-opening of theatres following estates work in H2 of 23/24 and full opening of the Amersham Skin Cancer Centre in October 2023.
- This coupled with reductions in temporary staffing spend has driven a consistent improvement in productivity which has continued through into 24/25.
- In addition length of stay has reduced in acute and community beds through a focus on reducing the number of patients without a criteria to reside.
- National NHS England reporting of productivity has yet to be updated from M10 / Jan 2023/4. The Trust is developing its own version of this, mirroring the national methodology, to provide more timely reporting. This will be put in place by reporting of Q1.

Actions to maintain or improve performance

- 2024/25 activity plans show a further increase in elective activity and have been overachieved against in April 2024.
- Theatre utilisation and average case per list is being managed on a weekly basis with improvement targets at individual team level for both of these metrics.
- Theatre maintenance work last year should minimise downtimes due to estates issues this year with further maintenance planned through 2024/25.
- Temporary staffing controls have continued and have further reduced pay spend in April 2024.
- The rollout of new electronic patient whiteboards in June will further support improved flow and reductions in length of stay.
- Key productivity metrics for each Care Group monitored monthly with a breakdown of the NHSE productivity metric by Care Group in development.

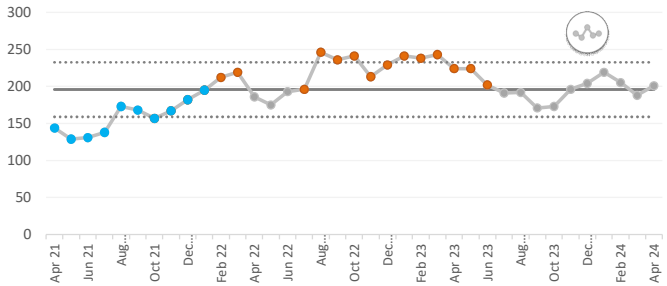
Risks and mitigations

- Our limited capital allocation may prevent the volume of remedial work needed to maintain theatres. **Mitigation:** We are developing a prospective maintenance plan across operations and estates to minimise risks.
- Financial constraints may hinder recruitment to key roles to support high volume activity through theatres. **Mitigation:** We are ensuring that where there is a clear productivity benefit from a recruitment this is supported through the control process.
- Clinical variation within teams may inhibit the delivery of consistently high cases per list and/or increase in outpatient clinic activity. **Mitigation:** Team by team planning supported by GIRFT best practice and the Chief Medical Officer is underway to minimise this clinical variation.

14 day length of stay - acute & community

Count of patients in beds over 14 days in either Stoke Mandeville or Wycombe hospitals (excluding Spinal) or community beds (Chartridge, Waterside and Buckingham wards). Month end snapshot.

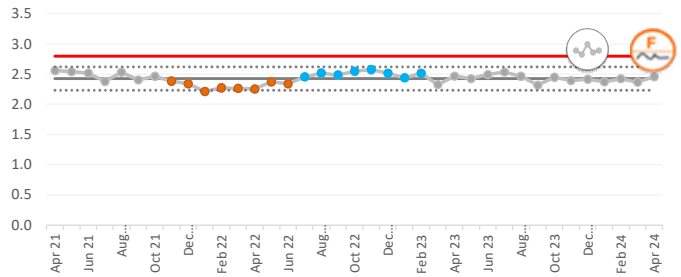
Apr-24	Variance Type	Target	Achievement
201	Common cause variation	-	N/A



Theatre cases per 4 hours planned time

Number of theatre cases per four hours of planned theatre time during the month.

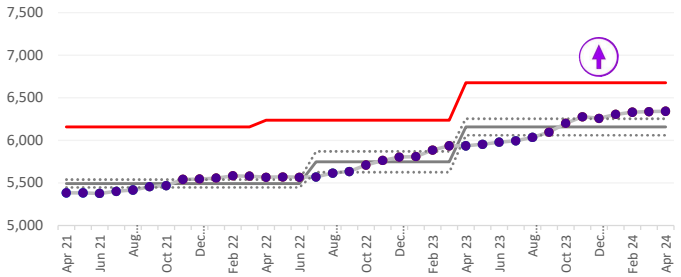
Mar-24	Variance Type	Target	Achievement
2.4	Common cause variation	2.8	Incapable process - likely to consistently fail to meet the target



WTEs in the Trust

Snapshot at month end of substantive Whole Time Equivalent (WTE) staff in post. Excludes bank and agency.

Mar-24	Variance Type	Establishment	Achievement
6338.3	Special cause variation - neither concerning nor improvement	6676.0	N/A



How we are performing

14 day LOS - acute & community: This metric is experiencing common cause variation i.e. no significant change.

Theatre cases per 4 hours planned time: This metric is experiencing common cause variation i.e. no significant change. However the target lies above the current control limits and so cannot be achieved unless something changes in the process.

WTEs in the Trust: This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last six data points falling above the upper control limit.

Drivers of performance

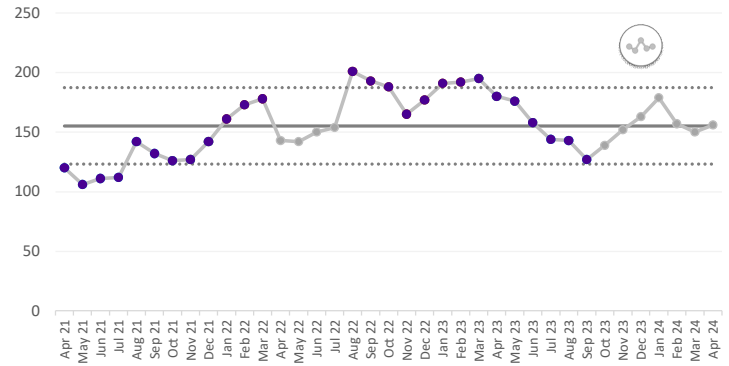
Actions to maintain or improve performance

Risks and mitigations

14 day length of stay - acute

Count of patients in a bed at either Stoke Mandeville or Wycombe hospitals at the end of the month who have a total length of stay of more than 14 days. Excludes Spinal patients.

Apr-24	Variance Type	Target	Achievement
156	Common cause variation	-	N/A



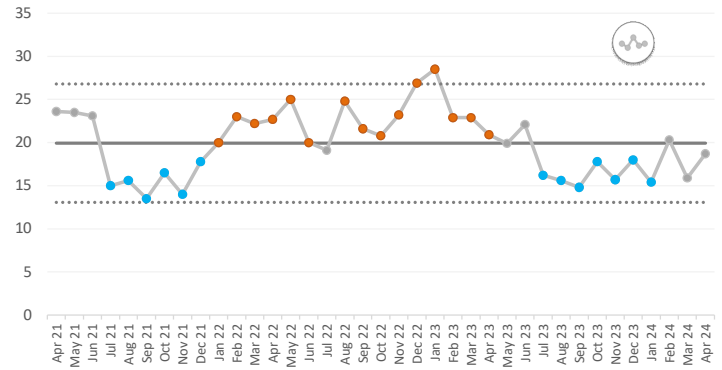
This metric is experiencing common cause variation i.e. no significant change.

This has remained fairly static over recent months with ongoing plans to reduce the number of patients staying 14 days or more being discussed with clinical leads.

Average LOS - community hospitals

Mean length of stay in days in a community bed for patients discharged from a community hospital (Buckingham hospital, Chartridge ward and Waterside ward) during the month.

Apr-24	Variance Type	Target	Achievement
18.7	Common cause variation	-	N/A

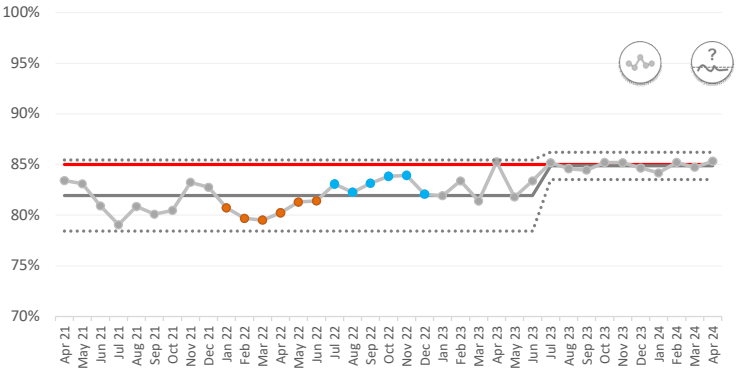


This metric is experiencing common cause variation i.e. no significant change.

Theatre utilisation

Total run time of theatre lists as a percentage of total planned time.

Dec-23	Variance Type	Target	Achievement
84.6%	Common cause variation	85%	Unreliable process - may or may not meet the target consistently



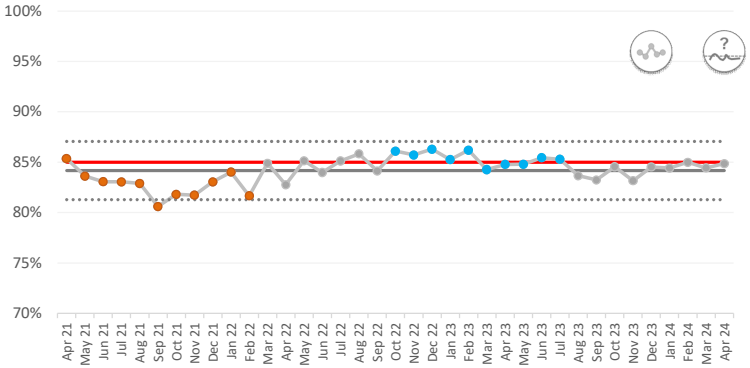
From the data, there appears to have been a step change in July 2023 so the limits have been recalculated at this point.
This metric is now experiencing common cause variation i.e. no significant change.
However the target lies within the current control limits and so the metric will consistently hit or miss the target.

Efforts to optimise theatre utilisation continues with regular 6:4:2 meetings reletting or distributing any late available theatre sessions.

Daycase rate

The percentage of elective patients booked to have a procedure as a day case in month over all elective procedures booked in month.

Apr-24	Variance Type	Target	Achievement
84.9%	Common cause variation	85%	Unreliable process - may or may not meet the target consistently

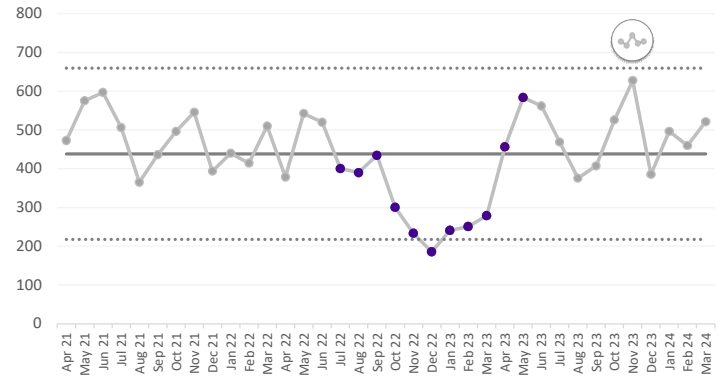


This metric is experiencing common cause variation i.e. no significant change.
The target lies within the current control limits and so the metric will consistently hit or miss the target.

Face to face contacts delivered by Community Therapy

The total number of face to face contacts during the reporting month delivered by Community Therapy (Physiotherapy and Occupational Therapy) per 100,000 of the population.

Mar-24	Variance Type	Target	Achievement
521.3	Common cause variation	-	N/A

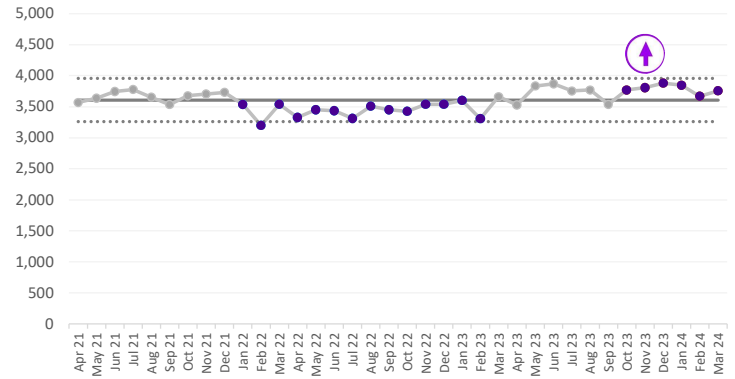


This metric is experiencing common cause variation i.e. no significant change.

Face to face contacts delivered by District Nursing

The total number of face to face contacts during the reporting month delivered by Community/District Nursing services per 100,000 of the population. (Excluding Health Visiting and Specialist Nursing.)

Mar-24	Variance Type	Target	Achievement
3757.7	Special cause variation - neither concerning nor improvement	-	N/A

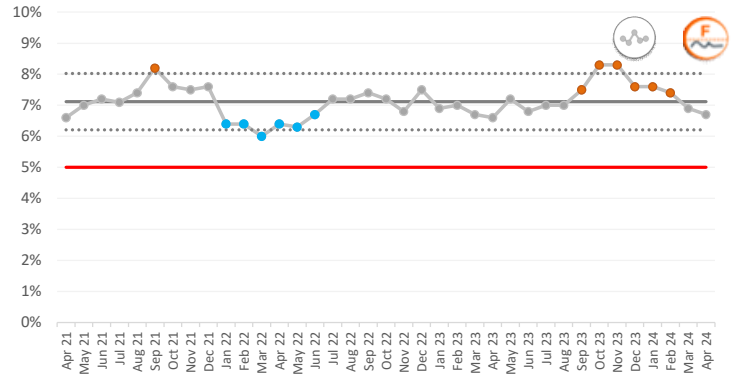


This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last six data points falling above the central line.

Outpatient DNA rate

Percentage of patients who did not attend (DNA) outpatients over all outpatient attendances and DNAs during the month.

Apr-24	Variance Type	Target	Achievement
6.7%	Common cause variation	5%	Incapable process - likely to consistently fail to meet the target



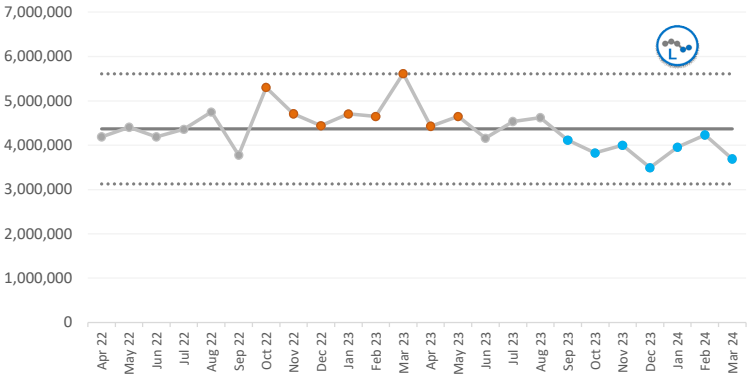
This metric is experiencing common cause variation i.e. no significant change.
The target lies below the current control limits and so cannot be achieved unless something changes in the process.

We continue to improve patient communication to reduce non attendance and ensure appointments are mutually agreed.

Temporary staffing levels (spend £)

Temporary staffing spend against plan.

Mar-24	Variance Type	Target	Achievement
£3,691,126.35	Special cause variation - improvement	-	N/A

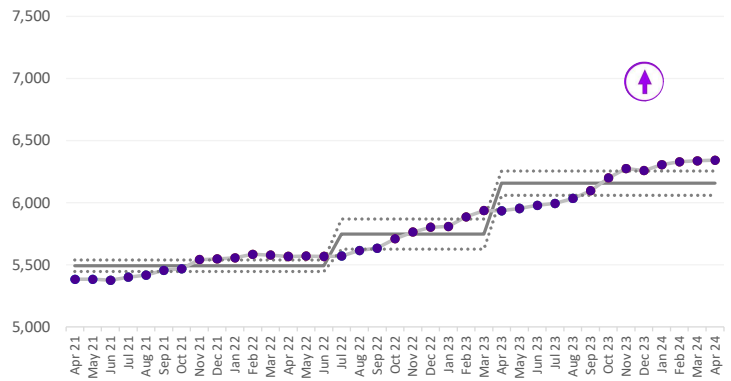


This metric is experiencing special cause variation of an improving nature with the last seven data points falling below the cental line.

Substantive staffing

Snapshot at month end of substantive Whole Time Equivalent (WTE) staff in post.

Apr-24	Variance Type	Plan	Achievement
6342.7	Special cause variation - neither concerning nor improvement	6367.8	N/A



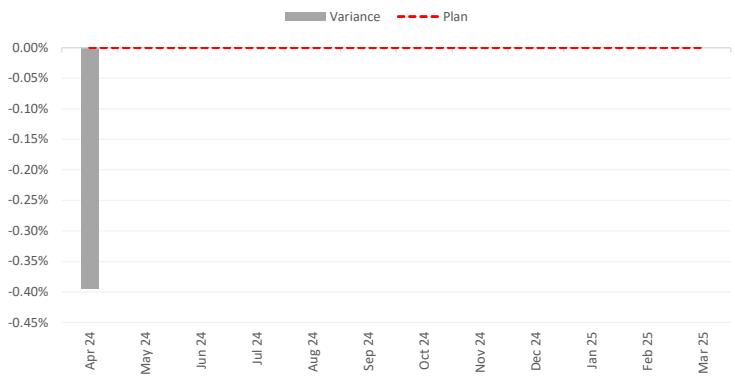
This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last six data points falling above the upper control limit.

We have in place a full year plan for both our substantive and temporary workforce. This will allow us to manage our staffing levels in line with financial establishment and ensure we have the right people, with the right skills, in the right place to deliver our operational plans and high quality care. The progress against plan is reviewed weekly at Executive

Substantive staffing against plan

Snapshot at month end of substantive Whole Time Equivalent (WTE) staff in post over year to date plan for the same period. For the financial year 2024/25.

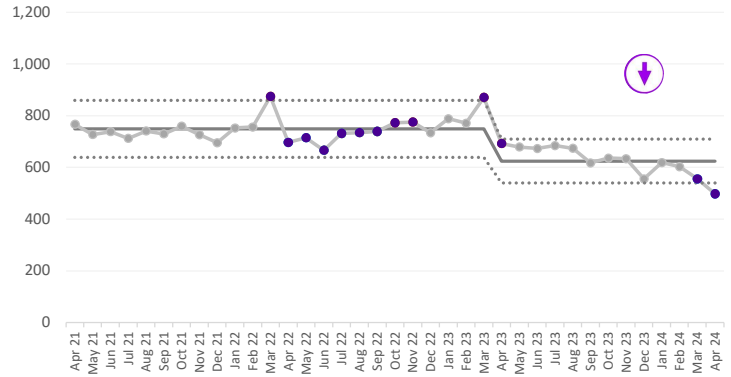
Apr-24	Variance Type	Plan	Achievement
-0.39%	N/A	0%	N/A



Temporary staffing

Snapshot at month end of bank and agency Whole Time Equivalent (WTE) staff in post.

Apr-24	Variance Type	Plan	Achievement
497.9	Common cause variation	519.8	N/A

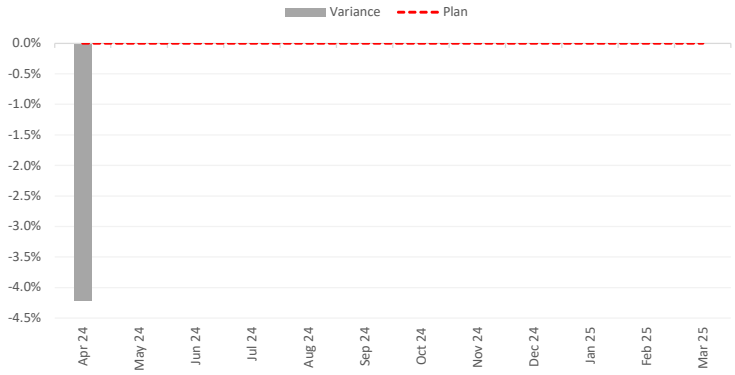


This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last data point falling below the lower control limit.

Temporary staffing against plan

Snapshot at month end of bank and agency Whole Time Equivalent (WTE) staff in post over year to date plan for the same period. For the financial year 2024/25.

Apr-24	Variance Type	Plan	Achievement
-4.21%	N/A	0%	N/A



Clinical accreditation

Buckinghamshire Healthcare NHS Trust

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Breakthrough objective								
Clinical accreditation	Mar 24	74	-			-	-	-
Driver metrics								
Incidents that are low/no harm	Apr 24	98.4%	98.0%			98.4%	97.0%	99.7%
Complaints responded to within 25 days	Mar 24	65.0%	85.0%			76.0%	45.1%	107.0%
Falls per 1,000 bed days	Apr 24	4.4	6.2			5.0	3.6	6.4
Quality & safety								
Incidents reported	Apr 24	1300	-			1220	945	1495
Pressure ulcers per 1,000 days	Mar 24	0.28	-			0.30	-0.07	0.67
HSMR	Dec 23	89.2	100.0			91.4	87.4	95.5
Clostridioides difficile	Apr 24	3	4			4	-3	10
Complaints received	Apr 24	38	-			40	15	66
Stillbirths - total cases	Mar 24	1	0			1	-2	4
Term admissions to the neonatal unit	Apr 24	5.2%	5.0%			4.3%	1.2%	7.4%
Overall preterm birth rate	Apr 24	7.3%	6.0%			5.9%	1.7%	10.1%

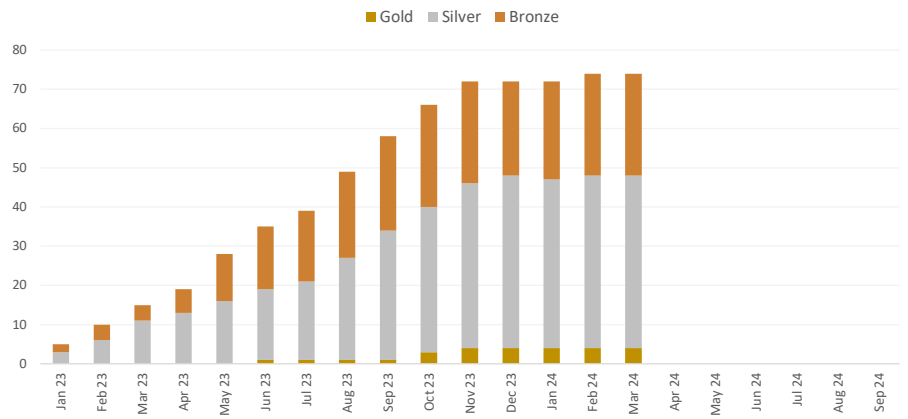
Clinical accreditation

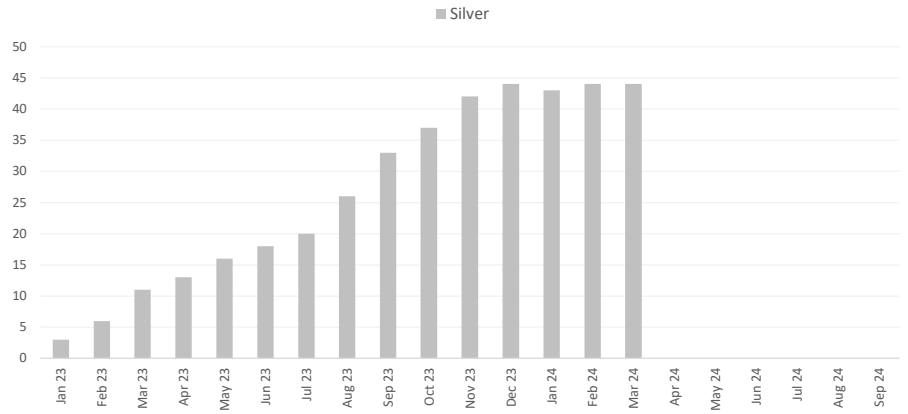
Definition: The cumulative total number of accreditations awarded in month.

Target: All acute areas undergo clinical accreditation and at least 40% achieve a Silver award

Owner: Chief Nursing Officer
Committee: Quality and Clinical Governance

Mar-24	Variance Type	Target	Achievement
74	N/A	N/A	N/A





How we are performing

BHT has 88 areas identified for clinical accreditation. In 2023-24 the Trust's target was to complete 80% (70) of areas to be accredited and an additional 40% target of accredited areas to achieve Silver awards (28 areas out of 70) by March 2024.
This target has now been achieved with 74 areas accredited at least once and 4 areas receiving Gold, 44 areas receiving Silver awards in their accreditations and 26 areas achieved Bronze awards as of March 2024.

Drivers of performance

- Adherence to core quality and safety standards: Ensuring that wards and departments consistently follow established quality and safety standards.
- Consistent governance of these standards through Care Group quality governance systems.
- Focus on upholding the highest behavioral standards and fostering an environment where colleagues feel safe and empowered to speak up about any concerns.
- Foster a culture where every team member is encouraged to continuously seek and implement improvements in processes and workflows.
- Leverage data analytics to monitor performance metrics and make informed decisions that drive quality and safety improvements.

Actions to maintain or improve performance

- The programme is currently under review to incorporate learning from the first cycle of accreditation. Some of the changes from the review include programme process, an in-depth review of accreditation questions to ensure they are relevant to all areas, and changes to the timeline for reassessment. The new review programme will start in June 2024.
- A new weekly excellence huddle was instituted at the start of May 2024, where nursing staff have protected time to go back to the floor, identify barriers to success on a chosen topic, and share best practices and learning.
- Tracking of clinical accreditation learning and an increased focus on quality governance in Care Group Performance Reviews will begin in June 2024.

Risks and mitigations

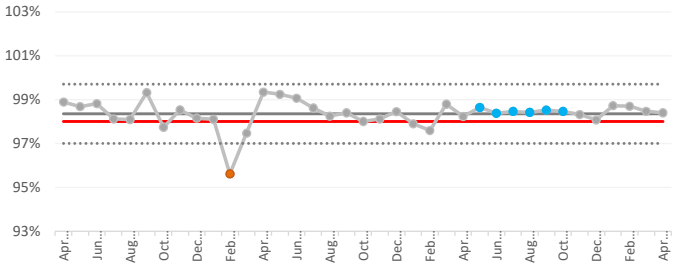
- Resourcing to support the programme is challenged, particularly in light of financial constraints. **Mitigation:** The Transformation Team is reviewing resource allocation to consider what more can be provided to support the programme.

Driver metrics

Incidents that are low/no harm

Percentage of incidents classed as low or no harm in the month (over all incidents reported in the month).

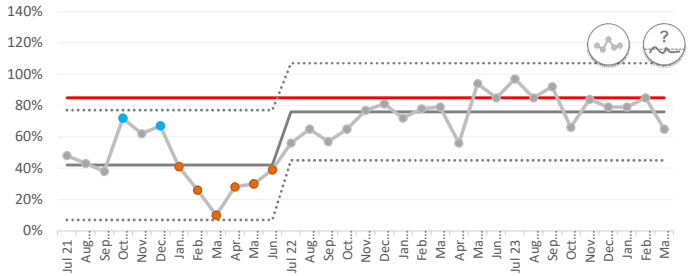
Apr-24	Variance Type	Target	Achievement
98.4%	Common cause variation	98%	Unreliable process - may or may not meet the target consistently



Complaints responded to within 25 days

Percentage of complaints responded to within 25 days of receipt.
Reporting suspended until July 21 due to Covid.

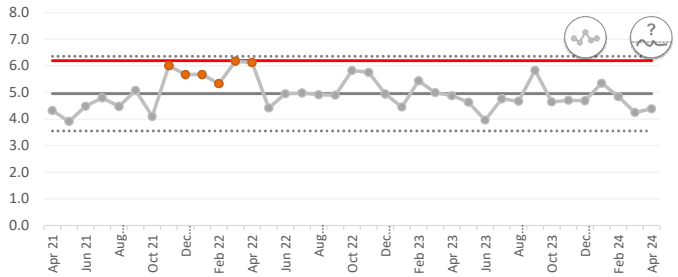
Mar-24	Variance Type	Target	Achievement
65.0%	Common cause variation	85%	Unreliable process - may or may not meet the target consistently



Falls per 1,000 bed days

Rate of inpatient falls incidents reported per 1,000 inpatient bed days.

Apr-24	Variance Type	Target	Achievement
4.4	Common cause variation	6.2	Unreliable process - may or may not meet the target consistently



How we are performing

Incidents that are low/no harm: This metric is experiencing common cause variation i.e. no significant change. The target lies within the current control limits and so the metric will consistently hit or miss the target.

Complaints responded to within 25 days: This metric is experiencing common cause variation i.e. no significant change. The target lies within the current control limits and so the metric will consistently hit or miss the target.

Falls per 1,000 bed days: This metric is experiencing common cause variation i.e. no significant change. The target lies within the current control limits however it is close to the upper control limit and so the metric is likely to acheive the target most of the time unless there is a change to the process.

Drivers of performance

There were six complaints that breaches the 25 days response time target.

Two from estates and facilities. One complaint is now closed whilst the other remained open awaiting final response.

Three from the Integrated Medicine Care Group. Two were submitted for signing but was returned by Executive team for more information.

One from Community and Rehabilitation Care Group

Actions to maintain or improve performance

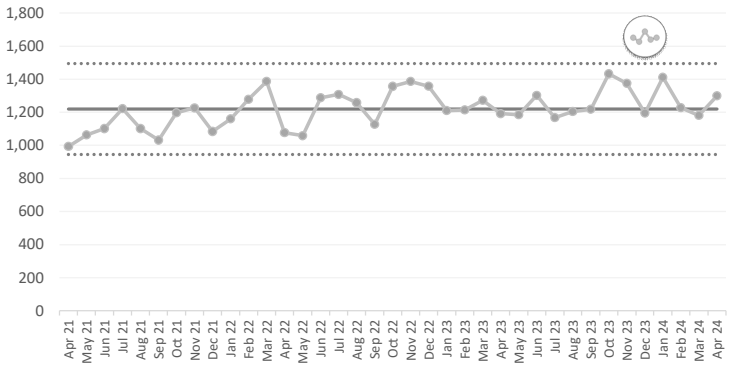
Harm Free Care (HFC) group continue to meet monthly for theming of inpatient falls, pressure ulcers, VTE incidents, medications related incidents, for Care Group and subject matter expert discussion and subsequent trust wide quality improvement development.

Risks and mitigations

Incidents reported

Total number of incidents reported on DATIX during the month.

Apr-24	Variance Type	Target	Achievement
1300	Common cause variation	-	N/A



This metric is experiencing common cause variation i.e. no significant change.

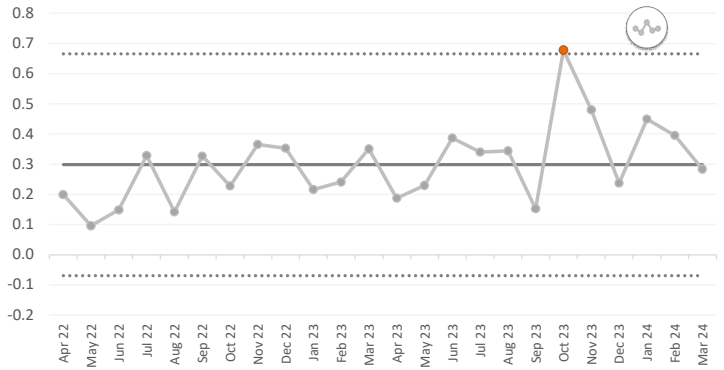
No serious incidents declared in March 2024.

Recruitment of patient safety investigators, family liaison officer and patient safety partners ongoing in line with trust PSIRF implementation.

Pressure ulcers per 1,000 days

Rate of pressure ulcer incidents reported per 1,000 inpatient bed days. Includes all pressure ulcer categories.

Mar-24	Variance Type	Target	Achievement
0.28	Common cause variation	-	N/A



This metric is experiencing common cause variation i.e. no significant change.

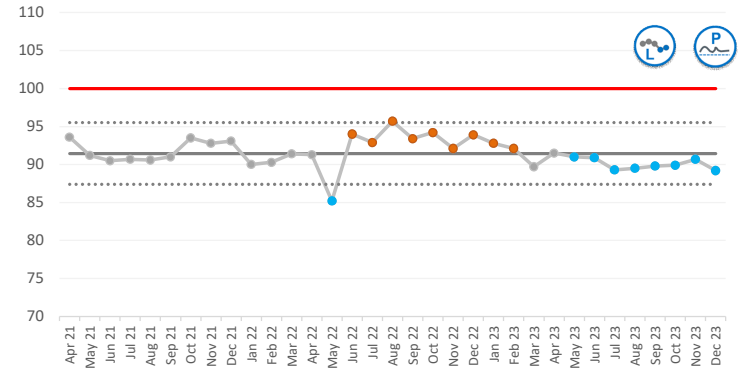
In March 2024, there have been 10 Category 3 PUs reported, with four occurring in hospital settings and seven in the community.

A thematic review of all pressure ulcer (PU) incidents occurring in 2023-24 is currently underway. The findings of this review, along with accompanying quality improvement measures, will be presented to the Emergency Management Committee (EMC) in June 2024.

HSMR

% number of FTE staff that have left the employment of the Trust compared to the total FTE staff employed by the Trust. Rolling 12 months.

Dec-23	Variance Type	Target	Achievement
89.2	Special cause variation - improvement	100.0	Capable process - likely to always meet the target

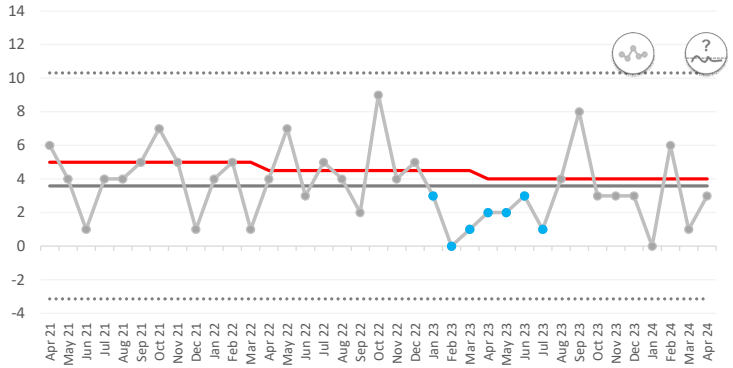


This metric is experiencing special cause variation of an improving nature with the last eight data points falling below the central line. The target lies above the current control limits and will be consistently achieved unless something changes in the process.

Clostridioides difficile

Number of C-diff cases Healthcare-associated cases (Community onset Healthcare Associated + Hospital onset Healthcare-associated) in the month.

Apr-24	Variance Type	Target	Achievement
3	Common cause variation	4	Unreliable process - may or may not meet the target consistently



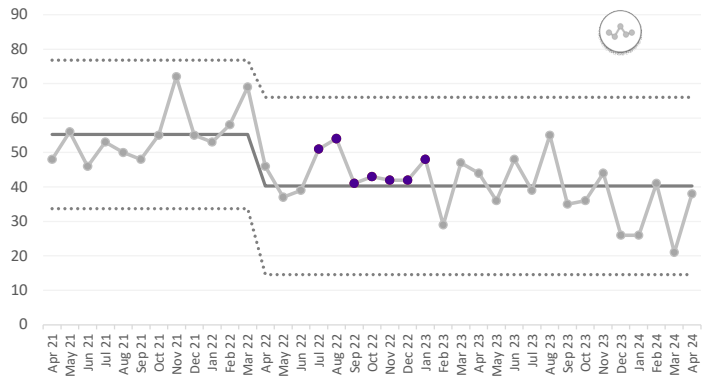
This metric is experiencing common cause variation i.e. no significant change.
The target lies within the current control limits and so the metric will consistently hit or miss the target.

Three cases of *Clostridioides difficile* infections were identified in April, for which the trajectory for this financial year is pending confirmation from the National Health Service England (NHSE).

Complaints received

Number of complaints received during the month.

Mar-24	Variance Type	Target	Achievement
21	Common cause variation	-	N/A

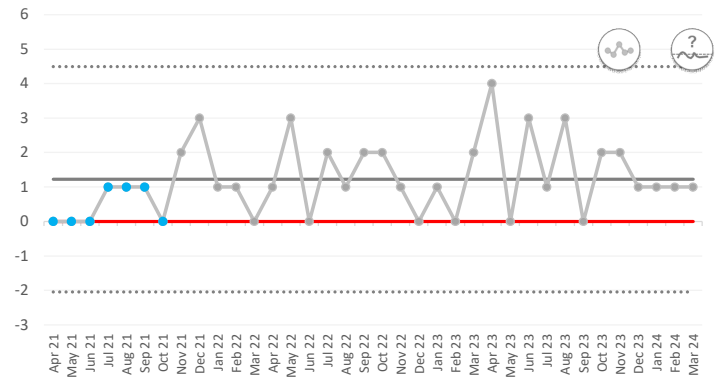


This metric is experiencing common cause variation i.e. no significant change.

Stillbirths - total cases

Number of cases of stillbirths at 24 weeks or later in month.

Mar-24	Variance Type	Target	Achievement
1	Common cause variation	0	Unreliable process - may or may not meet the target consistently



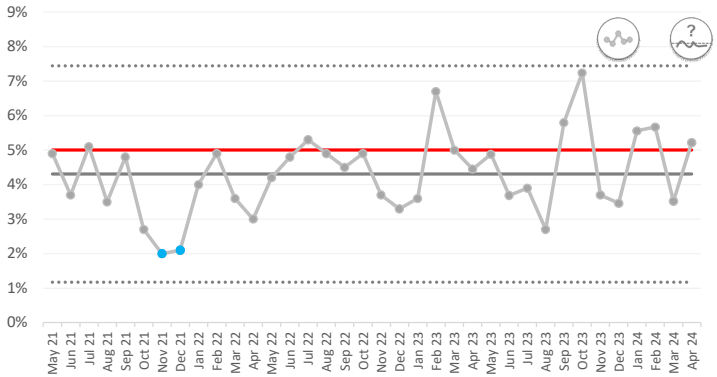
This metric is experiencing common cause variation i.e. no significant change.
The target lies within the current control limits and so the metric will consistently hit or miss the target.

There was one stillbirth in April, this was a late fetal loss at 23 weeks. The pregnancy was affected by placental dysfunction and antepartum haemorrhage.

Term admissions to the neonatal unit

Percentage of admissions to neonatal unit >37 weeks gestation (over all admissions to the neonatal unit in month).

Apr-24	Variance Type	Target	Achievement
5.2%	Common cause variation	5%	Unreliable process - may or may not meet the target consistently



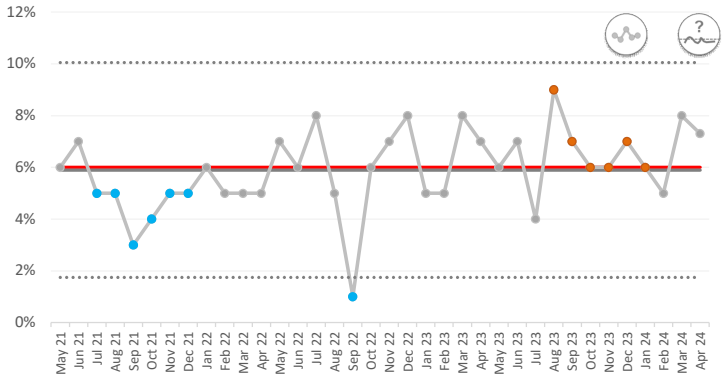
This metric is experiencing common cause variation i.e. no significant change.
The target lies within the current control limits and so the metric will consistently hit or miss the target.

This remains within common cause variation and fluctuates above and below target indicating that there is room for improvement. The increase Caesarean section rate is contributing to increased admissions for respiratory concerns.

Overall preterm birth rate

Percentage of birth that occur <37 weeks gestation (over all births in month).

Apr-24	Variance Type	Target	Achievement
7.3%	Common cause variation	6%	Unreliable process - may or may not meet the target consistently



This metric is experiencing common cause variation i.e. no significant change.
The target lies within the current control limits and so the metric will consistently hit or miss the target.

The education teams from across maternity and neonates have now completed the network wide optimisation simulation study day and will be running the first in situ simulation as a multidisciplinary team in early May.

Great place to work

Buckinghamshire Healthcare NHS Trust

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Breakthrough objective								
Staff experiencing bullying from managers	2023	9.4%				10.5% (avg)	5.8% (best)	16.9% (worst)
Staff experiencing bullying from other colleagues	2023	17.7%				19.3% (avg)	12.3% (best)	26.1% (worst)
Great place to work								
Trust overall vacancy rate	Mar 24	5.1%	10.0%			7.6%	5.0%	10.1%
Nursing and midwifery vacancy rate	Mar 24	4.8%	8.5%			8.8%	6.1%	11.5%
Turnover	Apr 24	10.6%	12.5%			10.9%	10.1%	11.6%
Sickness	Mar 24	4.0%	3.5%			3.8%	3.2%	4.5%
Statutory and Mandatory training	Apr 24	91.9%	90.0%			91.5%	90.2%	92.7%

Behaviours

Definition: Percentage of staff saying they experienced at least one incident of bullying, harassment or abuse out of those who answered the question: In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers/other colleagues?

Owner: Chief People Officer
Committee: Strategic People

How we are performing

The two KPIs are Q14b and Q14c in Staff Survey relating to bullying by managers and bullying by other colleagues.
Q14b – 9%
Q14c – 17%

Drivers of performance

We have identified some lead and lag indicators as follows;

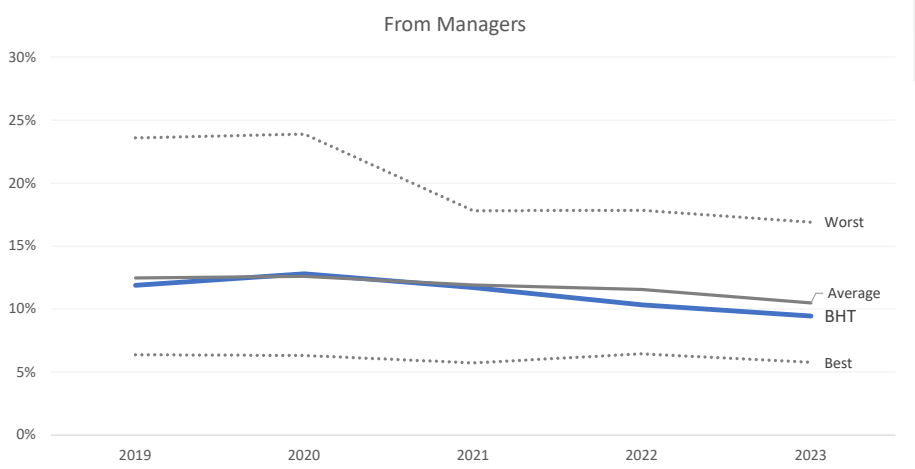
Lead indicators – Appraisal compliance, MaST compliance, Sickness rates & excellence reports
Lag indicators – Datix, ER cases, NQPS &Staff survey results

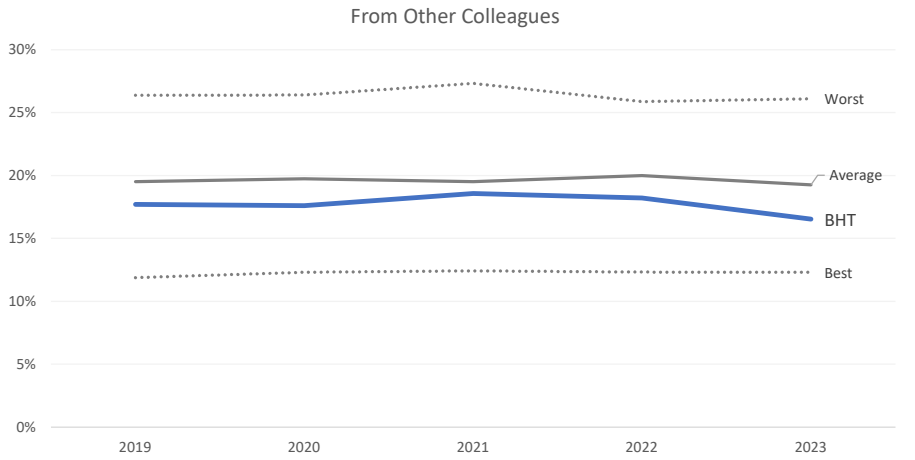
Actions to maintain or improve performance

These are being formulated by the Bullying & Harassment Taskforce
And are broadly in 3 categories (organisational, Team & individual)
They will be ready for next month

Risks and mitigations

They will relate to the actions above and thus ready next month

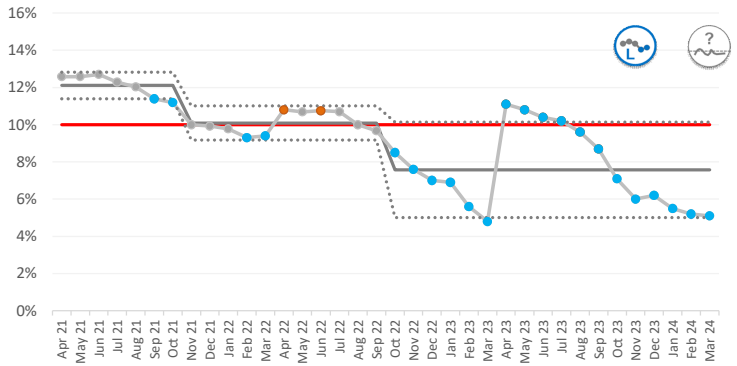




Trust overall vacancy rate

Percentage of all vacant FTE positions in Trust vs number of all FTE positions (occupied and vacant) in the Trust.

Mar-24	Variance Type	Target	Achievement
5.1%	Special cause variation - improvement	10.0%	Unreliable process - may or may not meet the target consistently



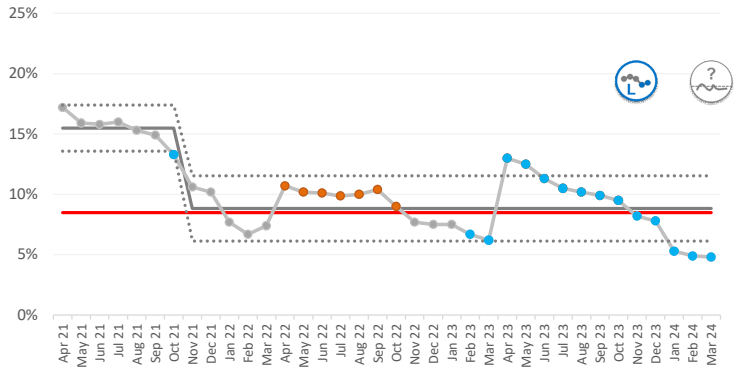
This metric is experiencing special cause variation of an improving nature with the last two data points falling below the lower control limit.
The target lies within the current control limits and so the metric will consistently hit or miss the target.

We are monitoring vacancy rates by area and staffing group to deliver focused recruitment drives where needed and in line with our workforce plan.

Nursing and midwifery vacancy rate

Percentage of vacant N&M FTE positions in Trust vs number of N&M FTE positions (occupied and vacant) in the Trust.

Mar-24	Variance Type	Target	Achievement
4.8%	Special cause variation - improvement	8.5%	Unreliable process - may or may not meet the target consistently



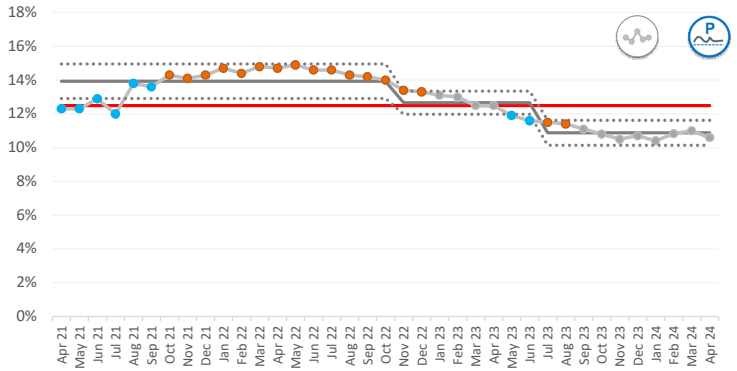
This metric is experiencing special cause variation of an improving nature with the last two data points falling below the lower control limit.
The target lies within the current control limits and so the metric will consistently hit or miss the target.

Plans are currently focussed on the deployment of student nurses and other colleagues gaining professional registration this year, in line with our workforce plan.

Turnover

% number of FTE staff that have left the employment of the Trust compared to the total FTE staff employed by the Trust. Rolling 12 months.

Apr-24	Variance Type	Target	Achievement
10.6%	Common cause variation	12.5%	Capable process - likely to always meet the target



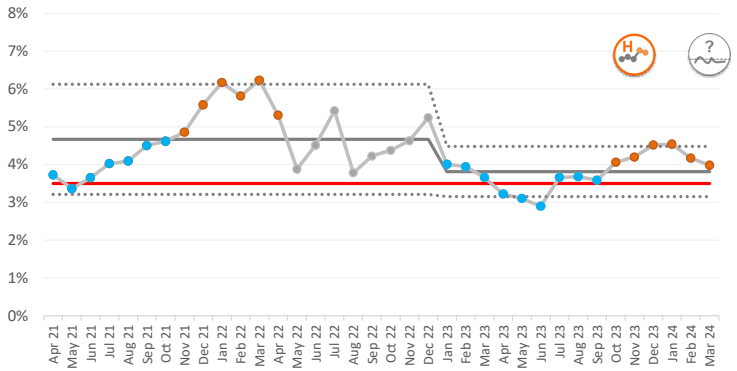
Fom the data there appeared to have been a change from July 23 with ten data points falling below the central line. A step change has been added to the chart from this point. This metric is now experiencing common cause variation i.e. no significant change. The target lies above the current control limits and will be consistently achieved unless something changes in the process.

During April turnover fell and remains below (better) than the Trust target.
Continued focus on improving our working flexibly culture, specifically, progressing plans for request to work flexibly enabled via ESR. To provide organisational oversight of

Sickness

Percentage of total working hours lost because of sickness absences compared to the total working hours undertaken by the Trust.

Mar-24	Variance Type	Target	Achievement
4.0%	Special cause variation - concerning	3.5%	Unreliable process - may or may not meet the target consistently



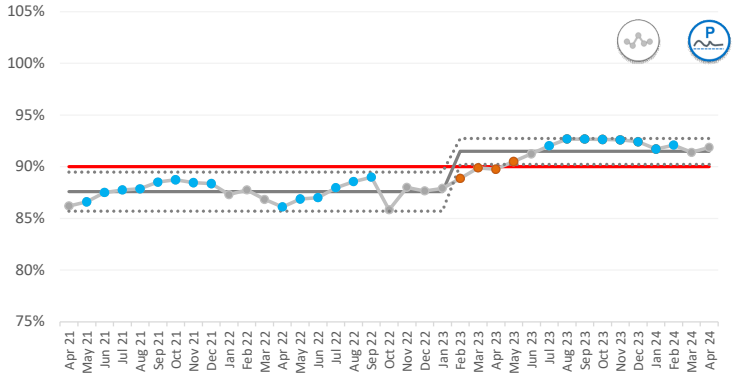
This metric is experiencing special cause variation of a concerning nature with the last six data points falling above the central line.
The target lies within the current control limits and so the metric will consistently hit or miss the target.

Sickness remains above the Trust target but is decreasing, in line with usual seasonal variation.
OH and HR have worked collaboratively to review improvements in the sickness absence management process.

Statutory and Mandatory training

The percentage of eligible staff members being up to date with statutory & mandatory training. Snapshot at month end.

Apr-24	Variance Type	Target	Achievement
91.9%	Common cause variation	90.0%	Capable process - likely to always meet the target



From the data there appeared to have been a change from February 23 with ten data points falling above the central line. A step change has been added to the chart from this point.
This metric is experiencing common cause variation i.e. no significant change.
The target now lies below the current control limits and will be consistently achieved unless something changes in the process.

Trust compliance remains above target.
Specialist Clinical Services have made improvements to reach

Healthy Communities

Buckinghamshire Healthcare NHS Trust

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Breakthrough objectives								
Attendance rates for Health and Development Review	Apr 24	87.0%	82.0%			84.2%	74.4%	93.9%
Number of blood pressure checks at outpatient appointments			-					
Driver metrics								
Expected level of achievement with Health and Development Review			-					
Healthy communities								
Cardiology referrals from deprived wards	Apr 24	317	-			467	306	628
Maternity smoking at time of booking	Apr 24	4.4%	5.0%			6.1%	1.4%	10.9%
Maternity smoking at time of delivery	Apr 24	4.1%	5.0%			5.6%	2.2%	9.1%

Attendance rates for Health and Development Review

Definition: Percentage of children from opportunity Bucks that attend 12-month Health and development review by the time they're 15 months (over all children from opportunity Bucks who turn 15 months old during the reporting month.)

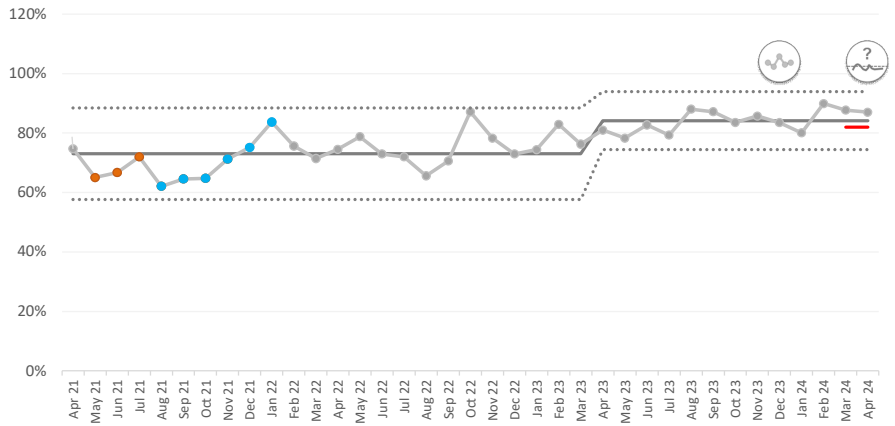
Target: Deliver at least 85% by the end of 2024/25

Owner: Chief Digital and Transformation Officer
Committee: Finance and Business Performance

How we are performing

From the data, there appears to have been a step change in April 2023 with the last thirteen data points falling above the central line so the limits have been recalculated at this point.
This metric is experiencing common cause variation i.e. no significant change.
The target lies within the current control limits and so the metric will consistently hit or miss the target.

Apr-24	Variance Type	Target	Achievement
87.0%	Common cause variation	82%	Unreliable process - may or may not meet the target consistently



Drivers of performance

Actions to maintain or improve performance

Risks and mitigations

Number of blood pressure checks at outpatient appointments

Definition: The percentage of adult outpatients having their blood pressure taken at an face to face outpatient appointment (over all adult face to face outpatient appointments during the reporting month.)

Target: Deliver at least 75% by the end of 2024/25

Owner: Chief Medical Officer
Committee: Finance and Business Performance

Apr-24	Variance Type	Target	Achievement

How we are performing

Drivers of performance

Actions to maintain or improve performance

Risks and mitigations

Driver metrics

Expected level of achievement with Health and Development Review

Percentage of children attending the 12-month health and development review who achieve the expected level or above for all areas (over all children with a review in month.)

Apr-24	Variance Type	Target	Achievement

How we are performing

Drivers of performance

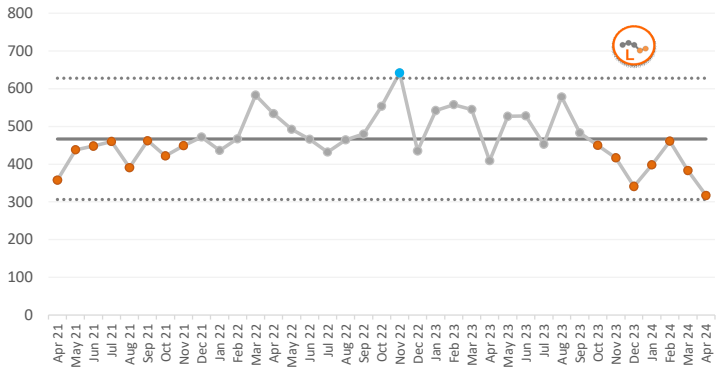
Actions to maintain or improve performance

Risks and mitigations

Cardiology referrals from deprived wards

The number of patients being referred to cardiology services in month from the most deprived areas in Bucks.

Apr-24	Variance Type	Target	Achievement
317	Special cause variation - concerning	-	N/A



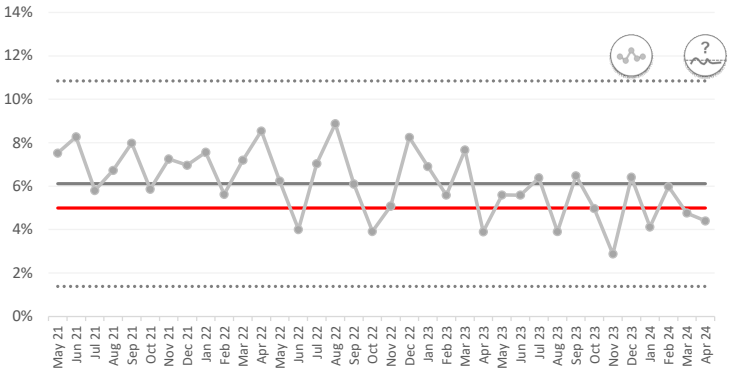
This metric is experiencing special cause variation of a concerning nature with the last seven data points falling below the central line.

The drop in referrals is concerning and is being investigated.

Maternity smoking at time of booking

Percentage of overall women who book in month who are current smokers.

Apr-24	Variance Type	Target	Achievement
4.4%	Common cause variation	5.0%	Unreliable process - may or may not meet the target consistently



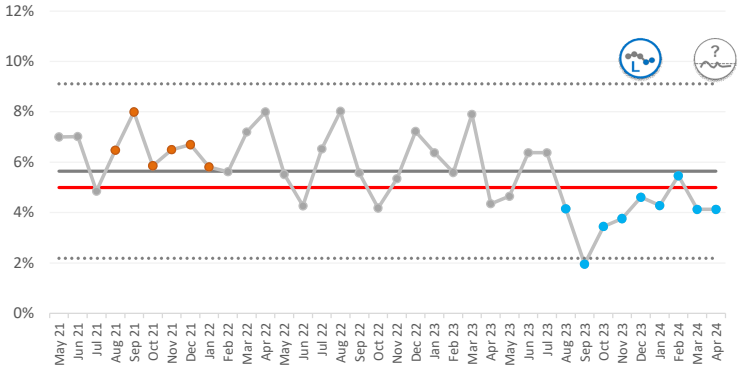
This metric is experiencing common cause variation i.e. no significant change.
The target lies within the current control limits and so the metric will consistently hit or miss the target.

This metric remains better than target

Maternity smoking at time of delivery

Percentage of overall women who deliver in month who are current smokers.

Apr-24	Variance Type	Target	Achievement
4.1%	Special cause variation - improvement	5.0%	Unreliable process - may or may not meet the target consistently



This metric is experiencing special cause variation of an improving nature with the last nine data points falling below the central line.
However the target lies within the current control limits and so the metric will consistently hit or miss the target.

This metric remains better than target