OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

NHS
Buckinghamshire Healthcare
NHS Trust

Meeting: Trust Board Meeting in Public

Date: 25 September 2024

Agenda item	Integrated Performance Report (IPR)
Board Lead	Raghuv Bhasin, Chief Operating Officer
Author	Wendy Joyce, Director of Performance & Planning
Appendices	IPR August 2024
Purpose	Assurance
Previously considered	EMC 17.09.2024

Executive summary

The Integrated Performance and Quality Report provides a monthly update on Trust performance based on the latest information available. The document also includes reporting on actions being taken to address performance issues.

Page 3 of the report provides an executive summary for the month with information on the use of Statistical Process Control (SPC) charts on pages 4-6.

EMC considered this report on 17 September and noted the positive progress on a wide range of measures. It also discussed the productivity improvements that have been made and how we best articulate the drivers to our teams.

A verbal update of the discussion held at the Finance & Business Performance Committee on 19 September 2024 will be provided to Board.

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 & Clinical Governance Committee on a monthly basis
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
Financial	The productivity metrics in the IPR are key to the financial sustainability of the Trust

Compliance	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

August 2024

CQC rating (July 2022) - GOOD

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

- Health and Development Reviews
- Very Brief Advice training for smoking cessation
- 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

Median waiting times for acute and community waiting lists split by adults and paeds and by Opportunity Bucks and Non Opportunity Bucks patients.

Removed

Changed

Revised trajectory for ED 12 hour waits
Revised trajectory for diagnostic breaches

Executive Summary

Buckinghamshire Healthcare NHS Trust

August's IPR shows continued progress against the Trust's breakthrough and operating plan objectives with the expected seasonality in demand and capacity impacting services. Urgent Care metrics show improvement across the Board with a change to the Emergency Department middle grade rota coupled with reduced demand seeing improvements in performance and reductions in the number of patients waiting over 12 hours to below trajectory. The test will be in maintaining this improvement through September which traditionally sees a dip in performance as demand significantly increases.

Our planned care metrics show continued progress with reductions in the waiting list, waiting times, numbers waiting over 65 weeks and improvements in RTT performance. Diagnostic performance improvement has stalled slightly as the size of the overall waiting list reduces and therefore those areas where more specialist provision is needed and there is a shortage - e.g. MRI for pacemaker patients and Cardiac CT scans - have a greater impact on performance. This is being addressed through new equipment installation in the autumn. Cancer metrics all improved in July although we are expecting a reduction in performance in August and September due to capacity constraints in skin - our largest tumour site - as referrals far outstrip demand - recovery plans are in place.

Our quality metrics remain steady and we continue to be on trajectory for the delivery of the clinical accreditation breakthrough objective. The volume of activity associated with PSIRF is increasing as it becomes embedded in the Trust with one incident recommended for a Patient Safety Incident Investigation. The rest of the quality metrics are showing common cause variation.

Our healthy communities metrics show delivery of the breakthrough objectives around attendance rates for Health and Development Review. We should be able to report on the Outpatient blood pressure monitoring metric in next month's IPR. We have also included in this section our waiting times comparing the Opportunity Bucks wards, where the majority of the most deprived patients in our community live, against the rest of the county. This shows that we are generally comparable between the two area and this is important to track over the coming months and years.

Our great place to work metrics remain relatively stable with a slight increase in turnover explainable in terms of individual circumstances of leavers.

Our productivity metrics show significant improvements in productivity through to the end of June with the Trust moving into the top quartile nationally in terms of productivity compared to 19/20. This has been driven by continuing high levels of activity and reductions in length of stay as we constrain workforce growth.

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.

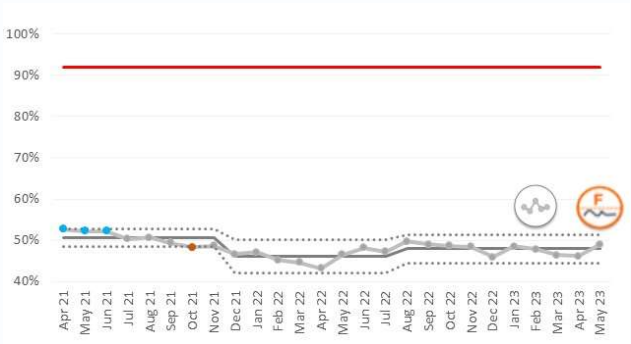
In these charts, where it looks like there has been some kind of change in the variability or average result in the reported data, the limits and the central line have been adjusted to indicate when it appears - statistically - that the change happened. This should be a prompt for users of the chart 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.

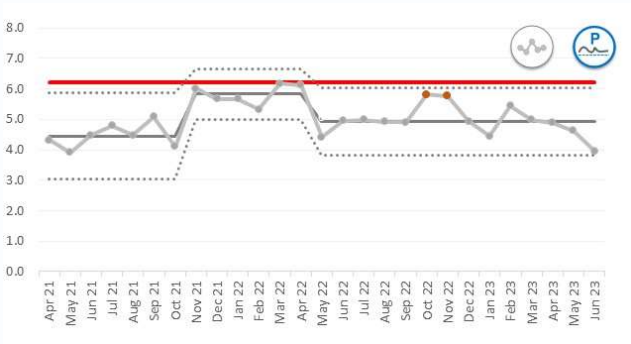
Either way, users of the charts should take care not to directly attribute causal factors to changes in the charts without further investigation.

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.

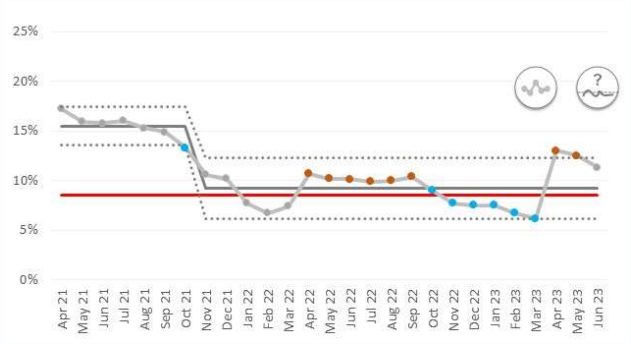
Target line is above the upper limit for this indicator (higher is better) showing that it will not be achieved consistently without a change to the process.



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: ○
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

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

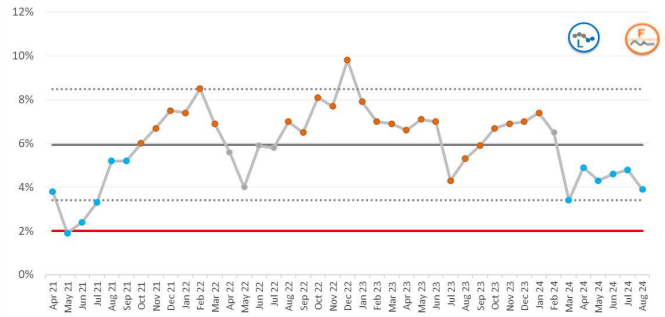
	Assurance: P	Assurance: ?	Assurance: F	Assurance: (blank)
↗				Acute waiting list size Cancer referrals Elective activity WTEs in the trust Substantive staffing
↘				Community waiting list size Temporary staffing
(blank)				Acute open pathway 65 week risks Elective activity against plan New OP activity against plan Substantive staffing against plan Temporary staffing against plan Staff completing VBA training for smoking cessation

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).

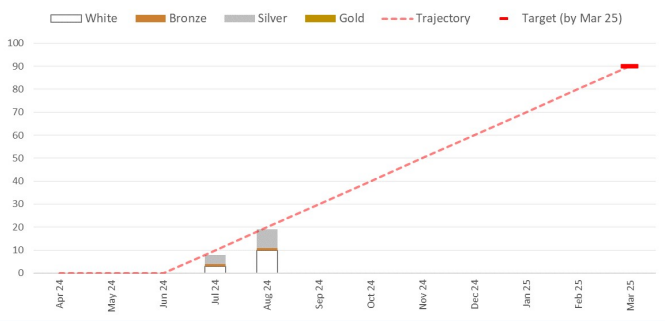


NHS Productivity measure

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

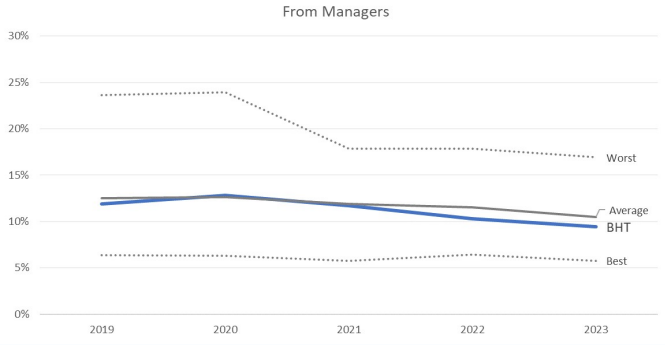
Clinical accreditation

The cumulative total number of accreditations awarded in month. Reset for 2024-25 year.



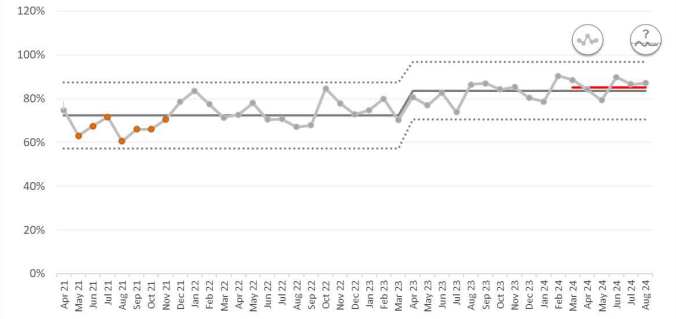
Behaviour

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, acute, adult outpatients having their blood pressure taken.

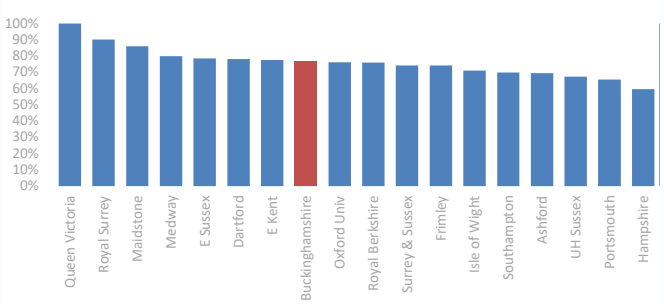
Chart for BP checks

Benchmarking Summary for South-East Region

Buckinghamshire Healthcare NHS Trust

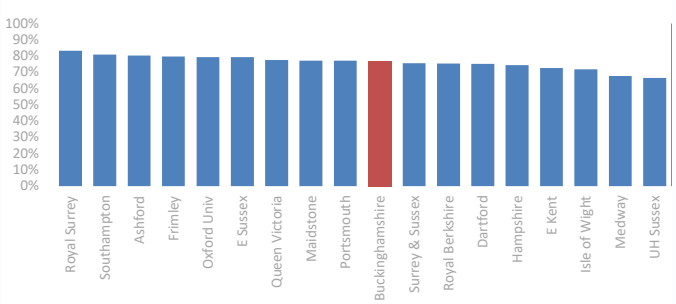
ED 4 hour performance

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



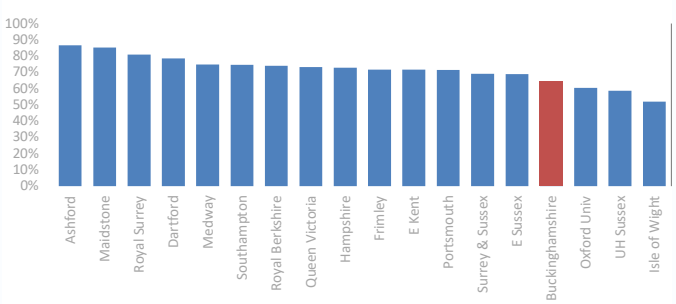
Faster diagnosis standard cancer

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



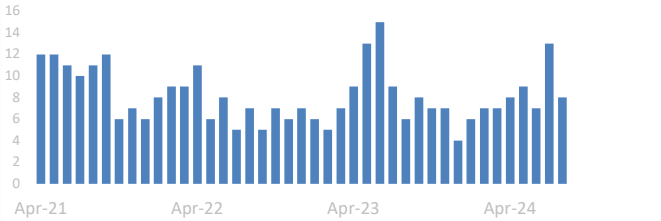
62 day wait cancer

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



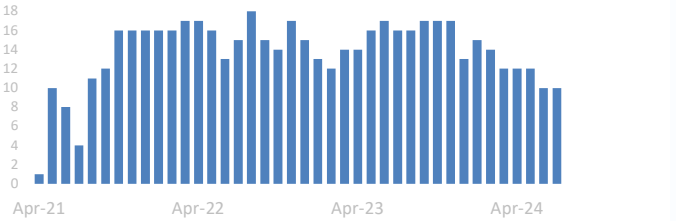
ED 4 hour performance ranking

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



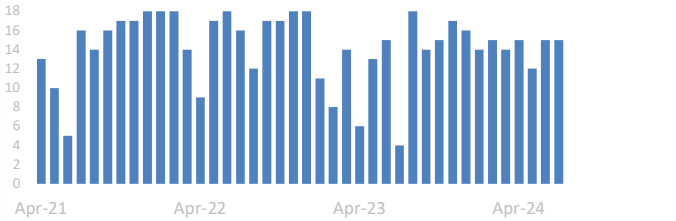
Faster diagnosis standard cancer

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.

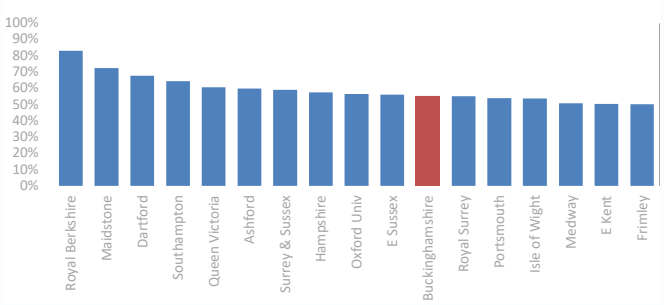
Source: NHS England - https://www.england.nhs.uk/statistics/statistical-work-areas/

Benchmarking Summary for South-East Region

Buckinghamshire Healthcare NHS Trust

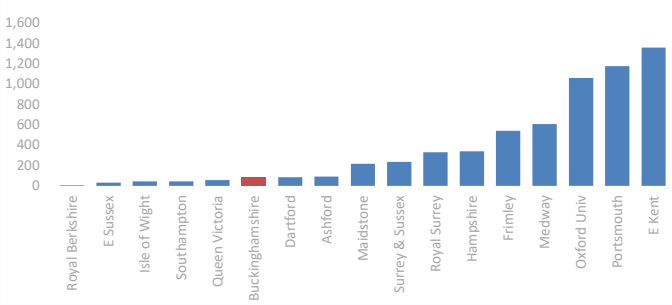
RTT performance

South East RTT performance benchmarking - Jul-24



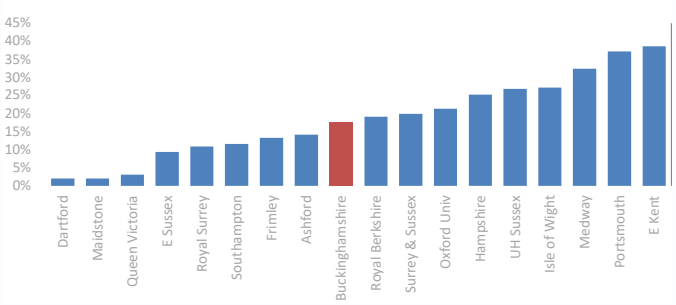
65 week waits

South East over 65 week waits benchmarking - Jul-24



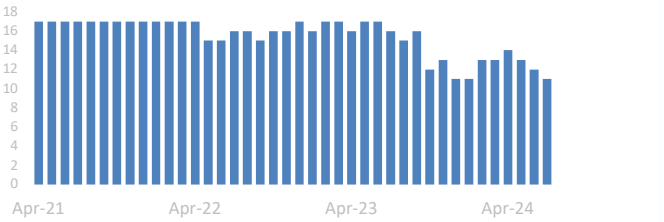
Diagnostic performance

South East diagnostic performance benchmarking - Jul-24



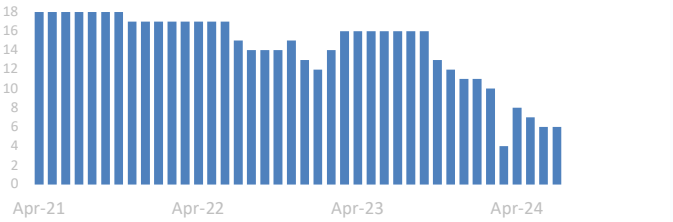
RTT performance ranking

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



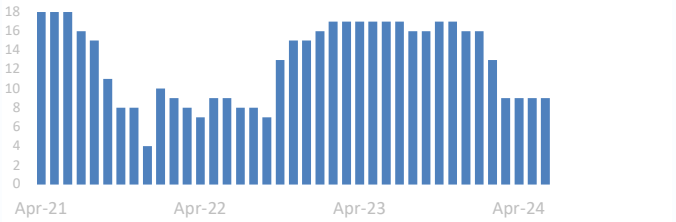
65 week waits ranking

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	Aug 24	3.9%	2.0%			5.9%	3.4%	8.5%
Driver metrics								
Conversion rate to admission	Aug 24	10.9%	-			10.9%	8.8%	12.9%
ED 4 hour performance	Aug 24	76.5%	78.0%			72.3%	66.7%	77.9%
Discharges by 2pm	Aug 24	26.9%	-			25.5%	21.5%	29.4%
Urgent & emergency care								
Ambulance handovers within 30 mins	Aug 24	94.4%	95.0%			85.5%	75.9%	95.1%
Urgent 2 hour response - community	Aug 24	92.0%	70.0%			91.8%	86.0%	97.6%
Urgent community response referrals	Aug 24	323	-			376	276	476
Patients without Criteria to Reside	Aug 24	88	-			76	48	103
Bed days lost for patients without Criteria to Reside	Aug 24	2183	-			2479	2091	2867
Hospital at home utilisation	29 Aug 24	84.7%	80.0%			83.0%	64.2%	101.9%

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

Aug-24	Variance Type	Target	Achievement
3.9%	Special cause variation - improvement	2.0%	Incapable process - likely to consistently fail to meet the target

How we are performing

August saw improvement in this metric driven by better flow in the organisation related to reduced demand and continued improvements against our emergency care improvement plan.
There has been a delay to the opening of our new ward and associated reconfiguration of our emergency floor from August to November due to unforeseen estate challenges. The improvement trajectory has been changed to reflect this.

Drivers of performance

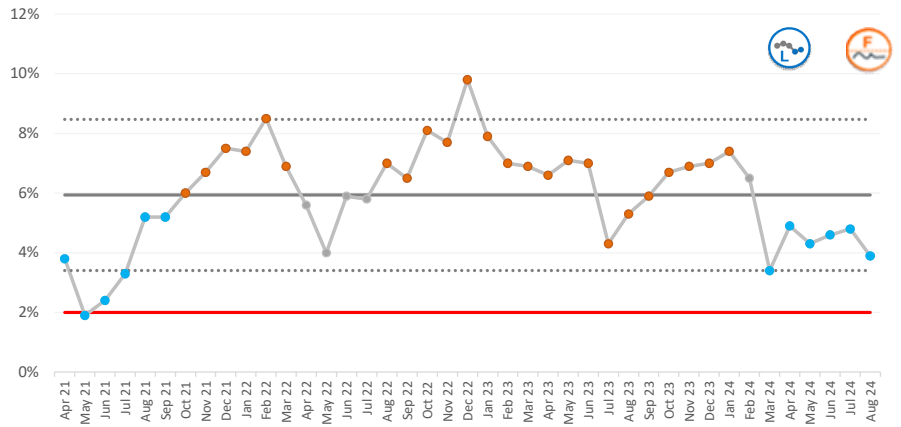
Lack of bed capacity on the Stoke site
Long ED waiting times through the night mean late referrals to specialties
Inappropriate admissions overnight due to fewer senior decision makers and alternatives to admission
Minimal number of discharges in the mornings leads to congestion in the Department
Lack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

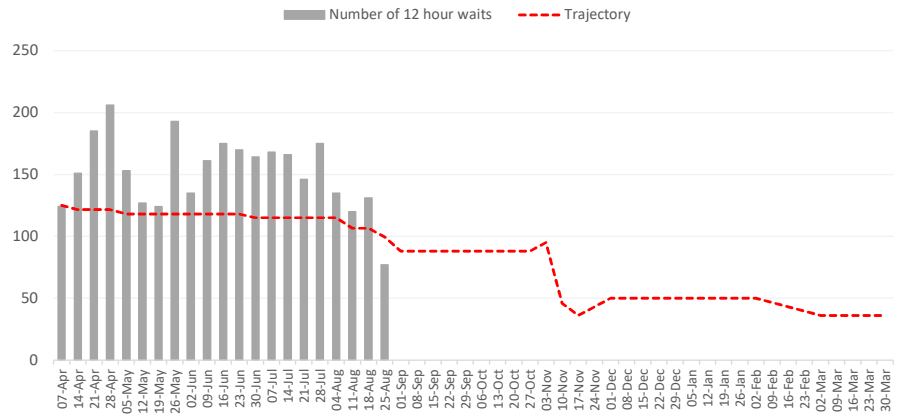
Actions to maintain or improve performance

Planned stocktake in September against all performance indicators with focus alongside the ED team in October to drive down waits in that Department.
We remain on track for the new ward opening in November 2024 and are introducing changes to ways of working ahead of the physical estate changes such as extended consultant hours in our Acute Medical Unit and an expansion of the criteria of patients who can be referred to frailty services. These changes were introduced at the end of August/start of September.

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.
Delay in ward opening until November 24.



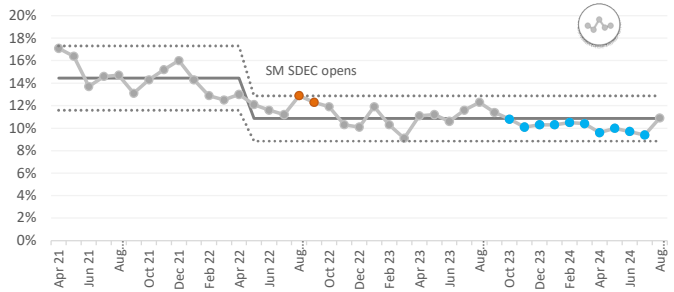


Driver metrics

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.

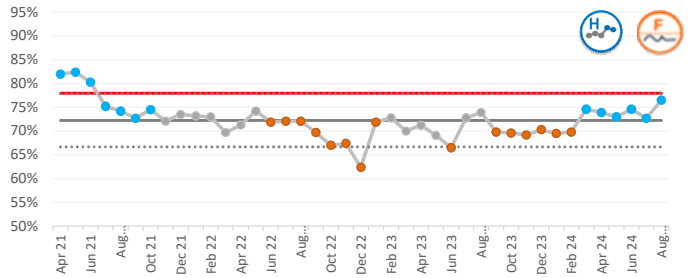
Aug-24	Variance Type	Target	Achievement
10.9%	Common cause variation	-	N/A



ED 4 hour performance

The percentage of patients spending 4 hours or less in ED from arrival to departure over all types of in month departures from ED.

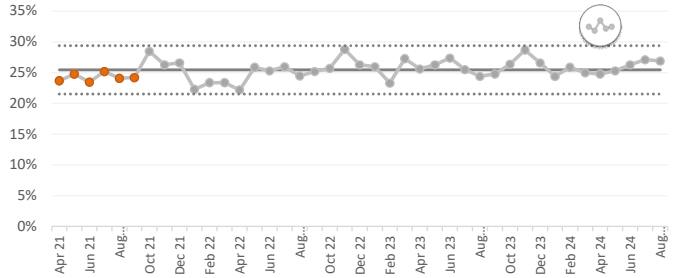
Aug-24	Variance Type	Target	Achievement
76.5%	Special cause variation - improvement	78%	Incapable process - likely to consistently fail to meet the target



Discharges by 2pm

Proportion of inpatients discharged between 5am - 2pm of all discharges. Excludes maternities, deceased, purely elective wards and patients not staying over midnight.

Jul-24	Variance Type	Target	Achievement
27.1%	Common cause variation	-	N/A



How we are performing

Conversion rate to admission: This metric is experiencing common cause variation i.e. no significant change.

ED 4 hour performance: This metric is experiencing special cause variation of an improving nature with the last six data points falling above the central line.
However the target lies above the current control limits and so cannot be achieved unless something changes in the process.

Discharges by 2pm: This metric is experiencing common cause variation i.e. no significant change.

Drivers of performance

Expansion of SDEC hours has faciltated this reduction in admissions.
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.
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

Actions to maintain or improve performance

Increased use of CDU improving 4 hours performance in A&E

Review of UTC leadership to be concluded in June.
New middle grade rota in ED from August to move more colleagues later in the day

New ED clinical leads driving focus on clinician productivity. Impact expected in August.

New electronic whiteboards to facilitate Board Rounds and clarify next discharge steps rollout started and to be completed by end September.

Expanded discharge lounge with ability for patients to move there without a TTOs to go live in November
Multi Agency Discharge Event (MADE) in September.

Risks and mitigations

Limited control over patient attendances, however we continue to work with ICB on alternative pathways and redirection pathways through the UEC programme.

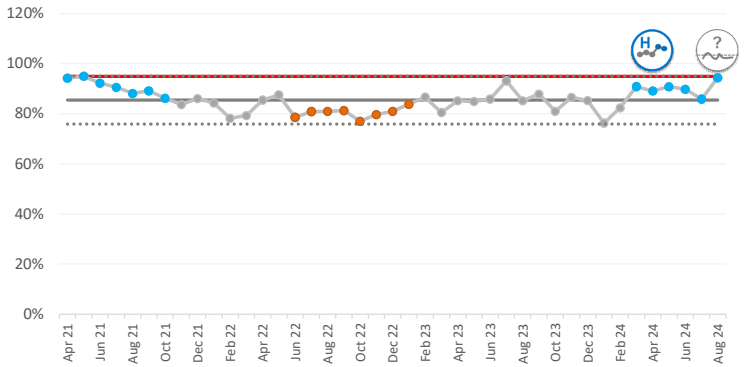
Cultural changes to working practices can take time to be accepted and embed and this is being supported through an external provider.

There have been a number of previous attempts to implement new ward round processes including digital input. Learning has been taken from these attempts and a more deliberate, phased and better resourced approach is in place to ensure success.

Ambulance handovers within 30 mins

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

Aug-24	Variance Type	Target	Achievement
94.4%	Special cause variation - improvement	95.0%	Unreliable process - may or may not meet the target consistently

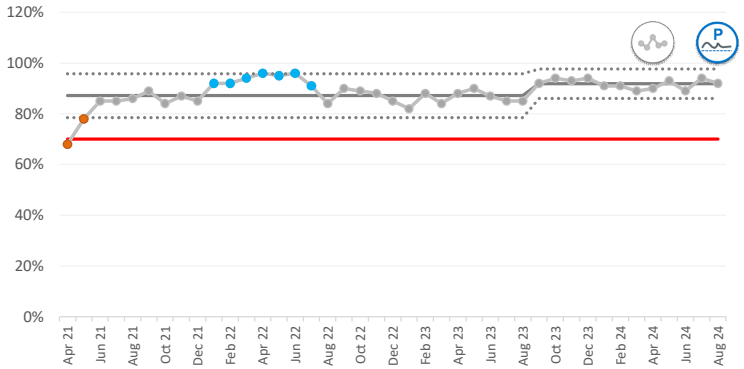


This metric is experiencing special cause variation of an improving nature with the last six data points falling above the central line.
The target lies just below the upper control limit and so is very unlikely be achieved unless something changes in the process.

Urgent 2 hour response - community

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

Aug-24	Variance Type	Target	Achievement
92.0%	Common cause variation	70%	Capable process - likely to always meet the target

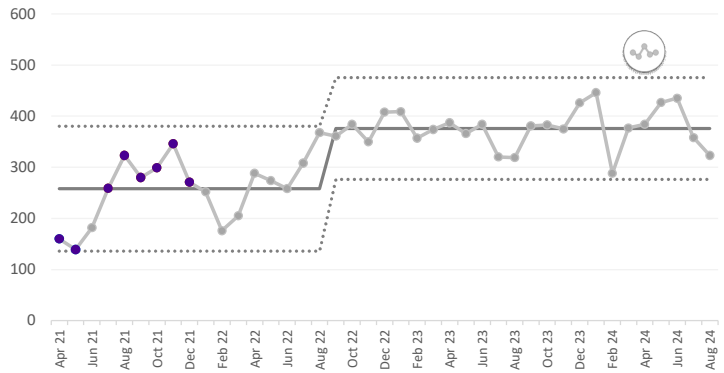


From the data, there appears to have been a step change in September 2023 nature with the last twelve data points falling above the central line so the limits have been recalculated at this point.
This metric is now experiencing common cause variation i.e. no significant change.
The target lies below 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.

Aug-24	Variance Type	Target	Achievement
323	Common cause variation	-	N/A

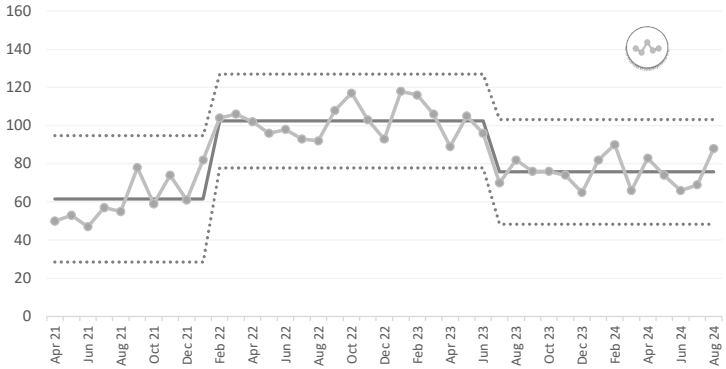


This metric is experiencing common cause variation i.e. no significant change.

Patients without Criteria to Reside

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

Aug-24	Variance Type	Target	Achievement
88	Common cause variation	-	N/A

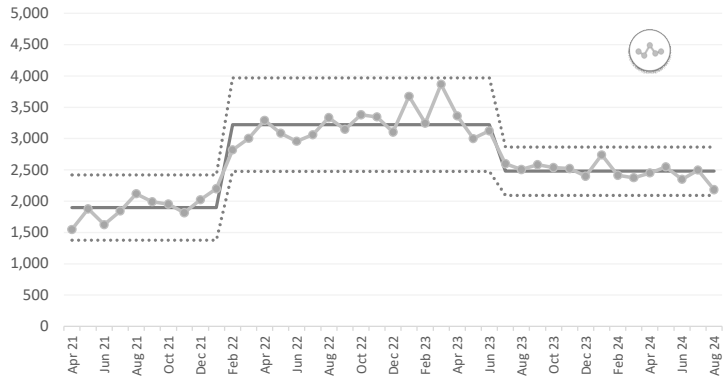


From the data, there appears to have been a step change in July 2023 so the limits have been recalculated at this point.
This metric is now experiencing common cause variation i.e. no significant change.

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.

Aug-24	Variance Type	Target	Achievement
2183	Common cause variation	-	N/A

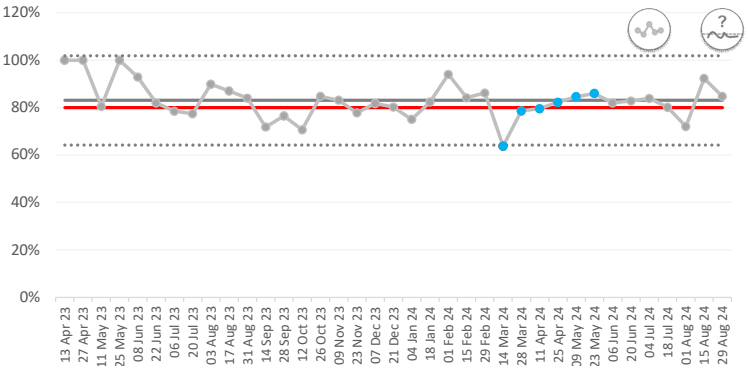


From the data, there appears to have been a step change in July 2023 so the limits have been recalculated at this point.
This metric is now experiencing common cause variation i.e. no significant change.

Hospital at home utilisation

Bucks Hospital at Home current patients using the service divided by number of open beds. Fortnightly snapshot.

29-Aug-24	Variance Type	Capacity	Achievement
84.7%	Common cause variation	80.0%	Unreliable process - may or may not meet the target consistently



This metric is 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.

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	Jul 24	55.3%	92.0%	H	F	53.9%	52.3%	55.4%
Acute waiting list size	Jul 24	48687	-	↑		48320	46229	50412
Acute open pathway 65 week breaches	Jul 24	77	-	L	F	828	547	1110
Acute open pathway 65 week risks	Aug 24	320	702			-	-	-
Acute open pathway 52 week breaches	Jul 24	1600	-	L		3096	2346	3847
Median waiting time for acute waiting list for adults (days)	Jul 24	111	-	L		118	109	126
Median waiting time for acute waiting list for paediatrics (days)	Jul 24	98	-	L		123	111	136
Community waiting list size	Aug 24	7900	-	↓		8473	8035	8911
Community waiting list 65 week breaches	Aug 24	803	-	L		989	851	1128
Community waiting list 52 week breaches	Aug 24	1047	-	L		8473	8035	8911
Median waiting time for community waiting list for adults (days)	Aug 24	67	-	L		989	851	1128
Median waiting time for community waiting list for paediatrics (days)	Aug 24	144	-	L		1357	1196	1518

Access & Performance

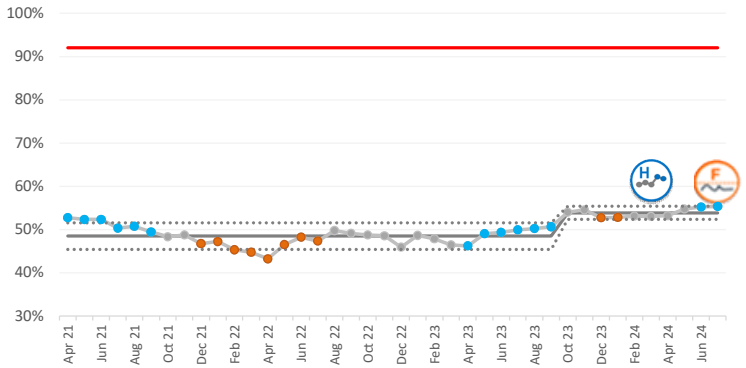
Buckinghamshire Healthcare NHS Trust

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Planned care continued								
Diagnostic compliance	Jul 24	17.4%	5.0%			35.5%	27.0%	44.0%
CWT 28 Day General Faster Diagnosis Standard	Jul 24	76.8%	75.0%			68.8%	57.3%	80.2%
CWT 31 Day General Treatment Standard	Jul 24	85.9%	96.0%			82.0%	74.0%	90.0%
CWT 62 Day General Treatment Standard	Jul 24	64.3%	70.0%			62.7%	46.1%	79.3%
Cancer referrals	Jul 24	2599	-			2244	1693	2795
Elective activity	Aug 24	4495	-			4060	3228	4893
Elective activity against plan	Aug 24	1.7%	0.0%			-	-	-
New outpatient activity	Aug 24	17280	-			18932	14283	23580
New outpatient activity against plan	Aug 24	-3.8%	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.

Jul-24	Variance Type	Target	Achievement
55.3%	Special cause variation - improvement	92.0%	Incapable process - likely to consistently fail to meet the target



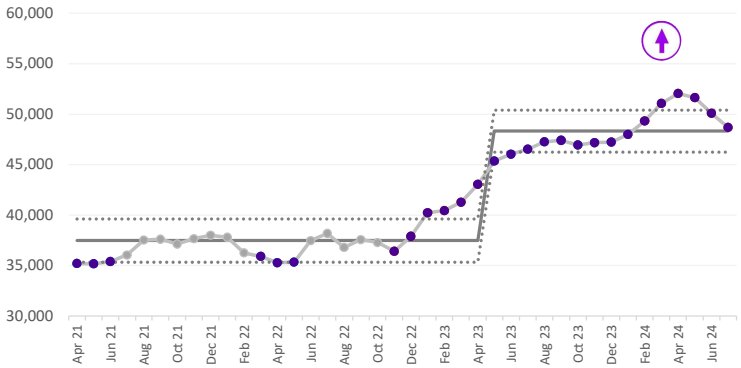
From the data, there appears to have been a step change in October 2023 so the limits have been recalculated at this point.
This metric is experiencing special cause variation of an improving nature with the last two out of three data points close to or above the upper control limit.
However the target still lies above the upper control limit and is unlikely to be acheived without a change in the process.

RTT performance remains stable as the Trust continues to focus on our long waiting patients.

Acute waiting list size

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

Jul-24	Variance Type	Target	Achievement
48687	Special cause variation - neither concerning nor improvement	-	N/A



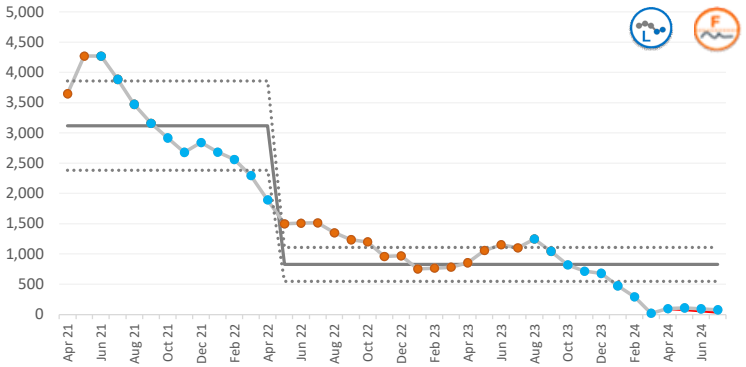
This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last six data points falling above the central line.

Activity is increasing this year and this has a positive effect on the number of patients on the waiting list. We aim to continue this work throughout 24/25.

Acute open pathway 65 week breaches

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

Jul-24	Variance Type	Target	Achievement
77	Special cause variation - improvement	40	Incapable process - likely to consistently fail to meet the target



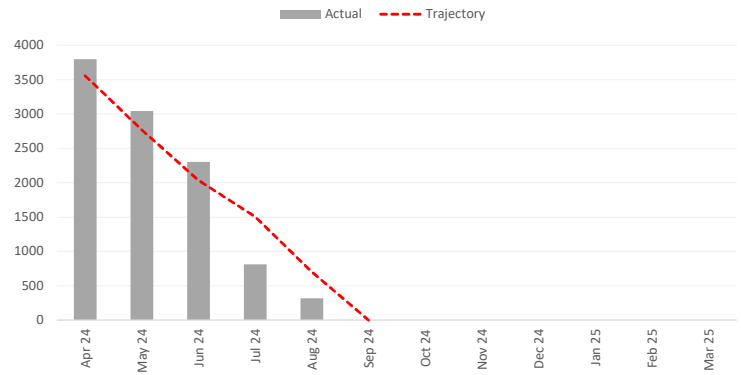
This metric is experiencing special cause variation of an improving nature with the last seven data points falling below the lower control limit.

On track to eliminate open pathways beyond 65 weeks wait by end of September.

Acute open pathway 65 week risks

The number of patients who will breach 65 week waiting time by September 2024.

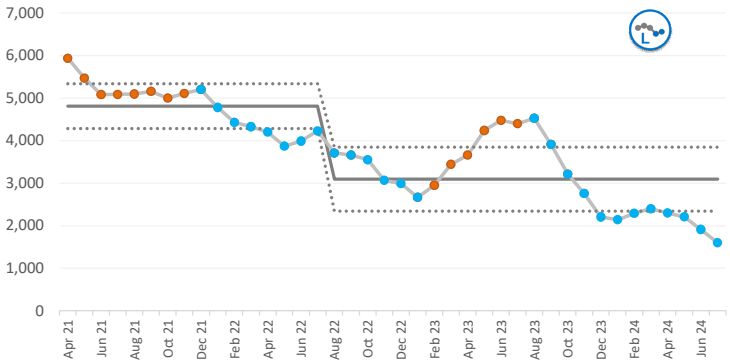
Aug-24	Variance Type	Plan	Achievement
320	N/A	702	N/A



Acute open pathway 52 week breaches

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

Jul-24	Variance Type	Target	Achievement
1600	Special cause variation - improvement	-	N/A

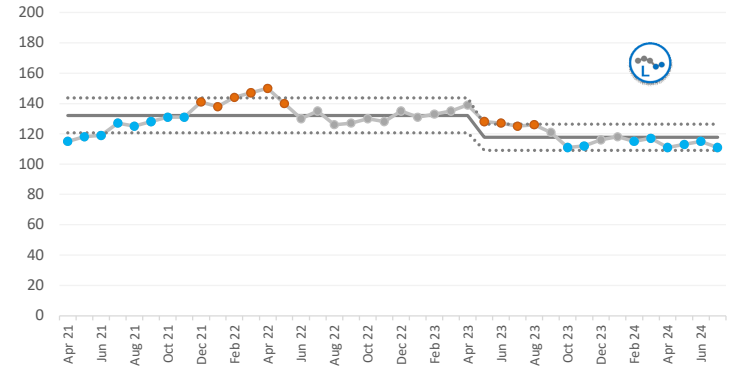


This metric is experiencing special cause variation of an improving nature with the last eight data points falling below the lower control limit.

Median waiting time for acute waiting list for adults (days)

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.

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

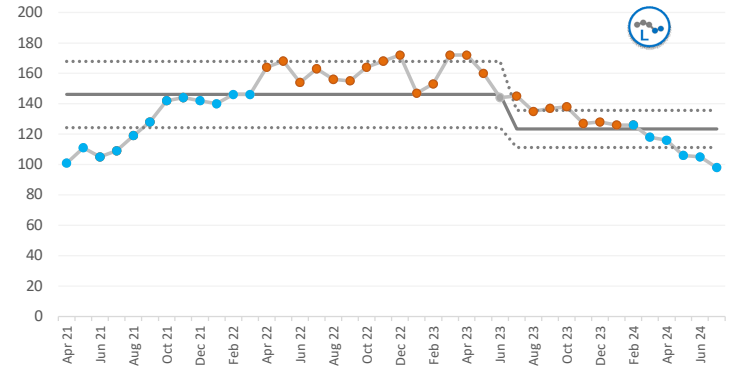


This metric is experiencing special cause variation of an improving nature with the last six data points falling below the central line.

Median waiting time for acute waiting list for paediatrics (days)

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.

Jul-24	Variance Type	Target	Achievement
98	Special cause variation - improvement	-	N/A



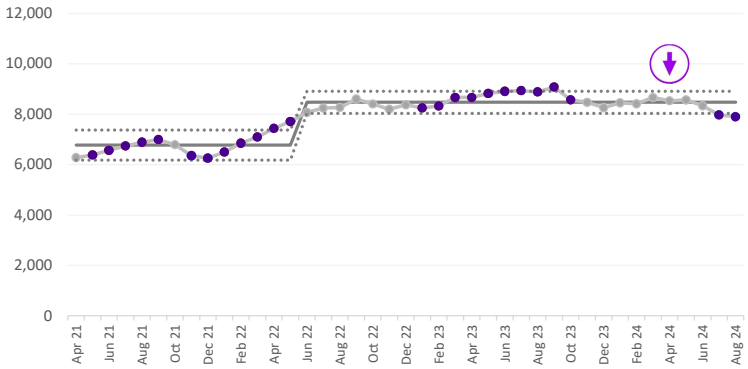
This metric is experiencing special cause variation of an improving nature with the last three data points falling below the lower control limit.

Community waiting list size

Number of patients waiting on the community waiting list at the end of the month. Excludes universal referrals (i.e. health visitors, school nurses, looked after children, and family nurse partnership) and includes community paediatrics under 18 week pathway rules.

Aug-24	Variance Type	Target	Achievement
7900	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 below the lower control limit.

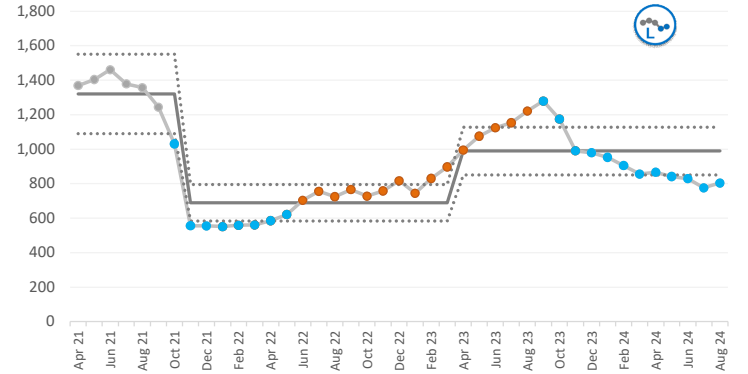


Community waiting list 65 week breaches

Number of patients waiting over 65 weeks on the community waiting list at the end of the month. Excludes universal referrals (i.e. health visitors, school nurses, looked after children, and family nurse partnership) and includes community paediatrics under 18 week pathway rules.

Aug-24	Variance Type	Target	Achievement
803	Special cause variation - improvement	-	N/A

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

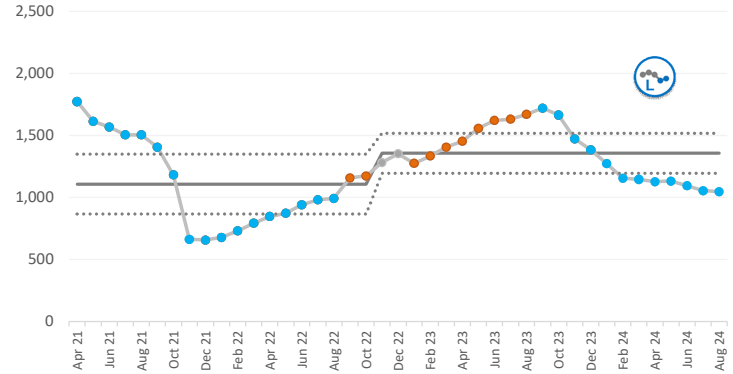


Community waiting list 52 week breaches

Number of patients waiting over 52 weeks on the community waiting list at the end of the month. Excludes universal referrals (i.e. health visitors, school nurses, looked after children, and family nurse partnership) and includes community paediatrics under 18 week pathway rules.

Aug-24	Variance Type	Target	Achievement
1047	Special cause variation - improvement	-	N/A

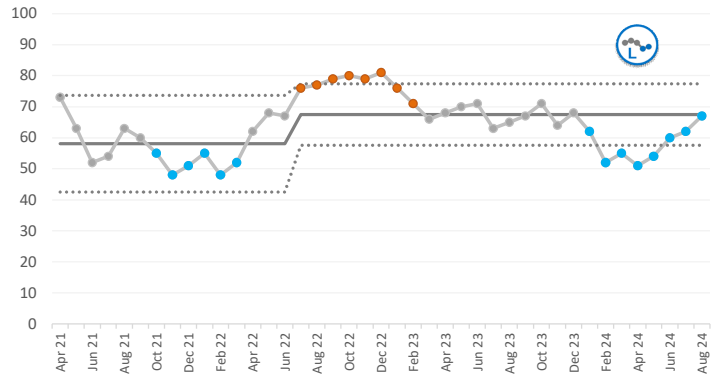
This metric is experiencing special cause variation of an improving nature with the last seven data points falling below the lower control limit.



Median waiting time for community waiting list for adults (days)

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. Excludes universal referrals (as above) and includes community paediatrics under 18 week pathway rules.

Aug-24	Variance Type	Target	Achievement
67	Special cause variation - improvement	-	N/A

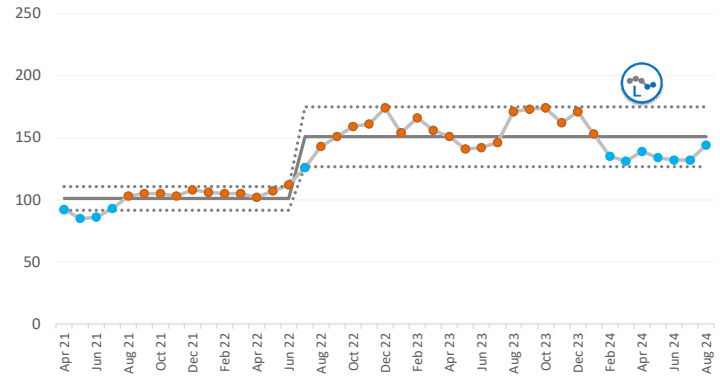


This metric is experiencing special cause variation of an improving nature with the last two of three data points falling close to or below the lower control limit and the last eight data points falling below the central line.

Median waiting time for community waiting list for paediatrics (days)

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. Excludes universal referrals (as above) and includes community paediatrics under 18 week pathway rules.

Aug-24	Variance Type	Target	Achievement
144	Special cause variation - improvement	-	N/A

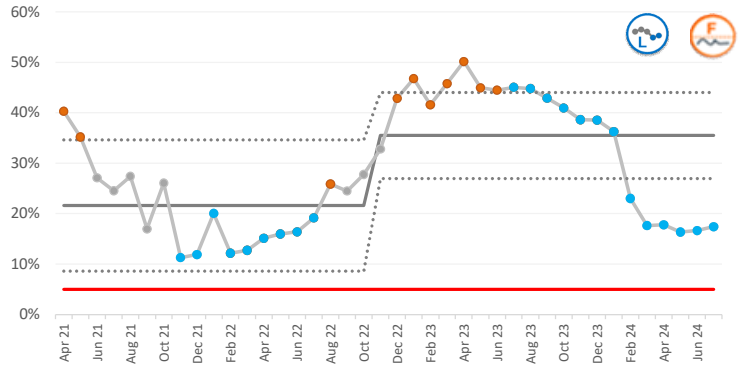


This metric is experiencing special cause variation of an improving nature with the last seven data points falling below the central line.

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.

Jul-24	Variance Type	Target	Achievement
17.4%	Special cause variation - improvement	5%	Incapable process - likely to consistently fail to meet the target

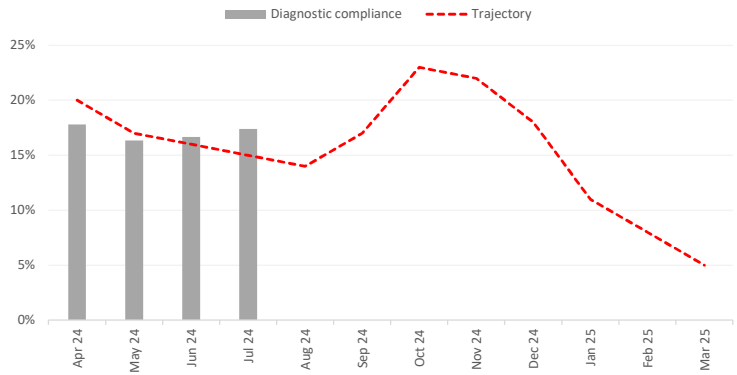


This metric is experiencing special cause variation of an improving nature with the latest six data points falling below the lower control limit. The target still lies below the current control limits and so cannot be achieved unless something changes in the process.

Diagnostic compliance remains stable but the number of patients waiting for a diagnostic procedure has vastly reduced.

Diagnostic trajectory

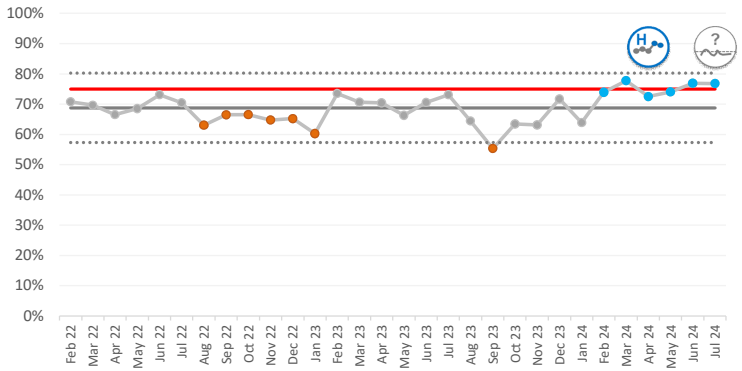
Jul-24	Variance Type	Trajectory	Achievement
17.4%	N/A	15.0%	N/A



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.

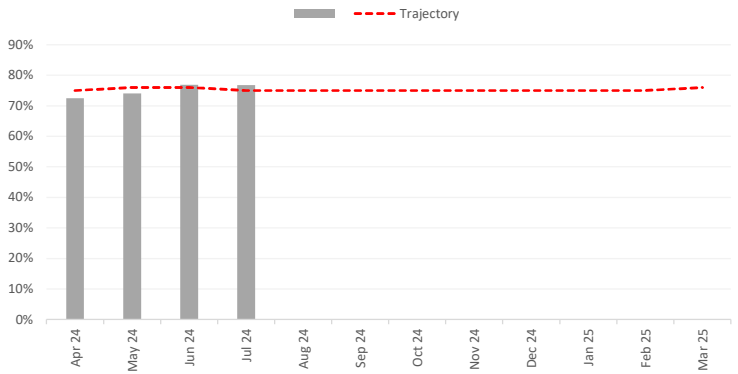
Jul-24	Variance Type	Target	Achievement
76.8%	Special cause variation - improvement	75%	Unreliable process - may or may not meet the target consistently



This metric is experiencing special cause variation of an improving nature with the latest six data points falling above the central line.
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.

CWT 28 Day trajectory

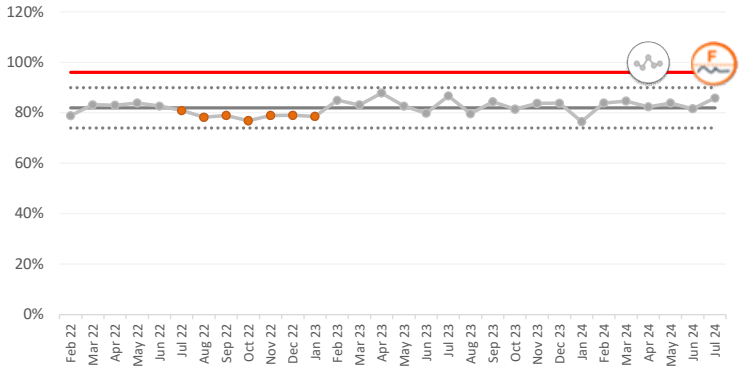
Jul-24	Variance Type	Trajectory	Achievement
76.8%	N/A	75.0%	N/A



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.

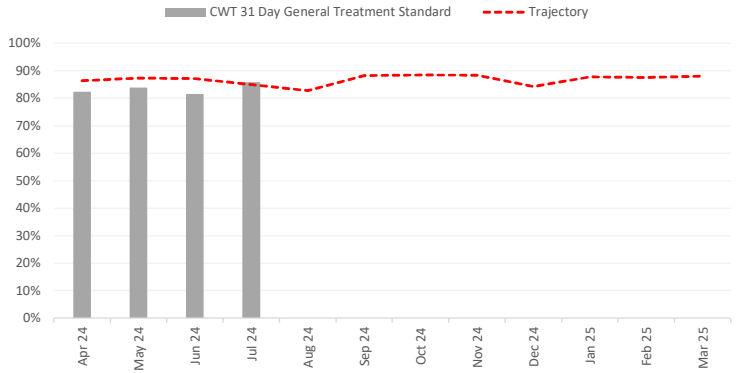
Jul-24	Variance Type	Target	Achievement
85.9%	Common cause variation	96%	Incapable process - likely to consistently fail to meet the target



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.

CWT 31 Day trajectory

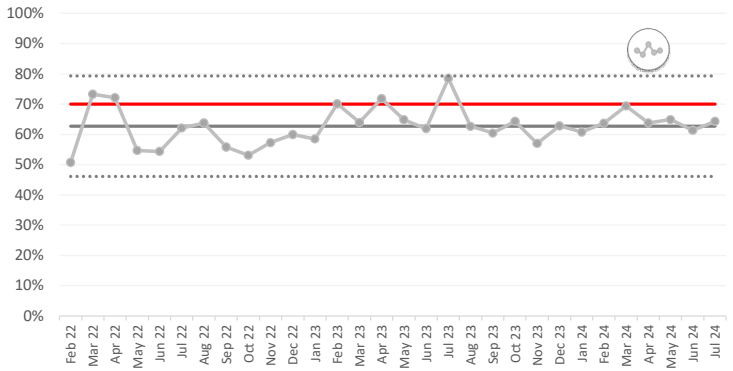
Jul-24	Variance Type	Trajectory	Achievement
85.9%	N/A	85.0%	N/A



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

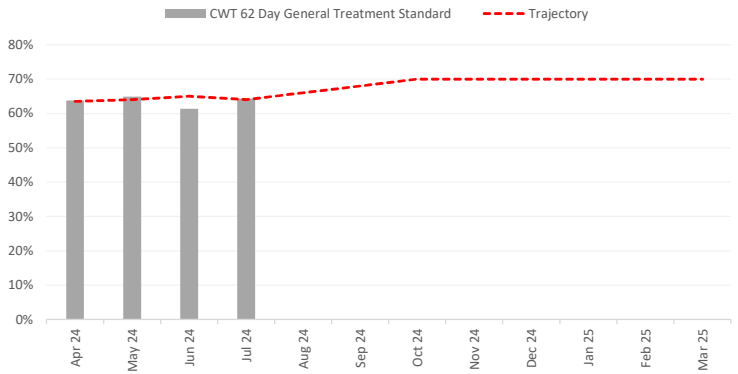
Jul-24	Variance Type	Target	Achievement
64.3%	Common cause variation	70.0%	Unreliable process - may or may not meet the target consistently



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.

CWT 62 day trajectory

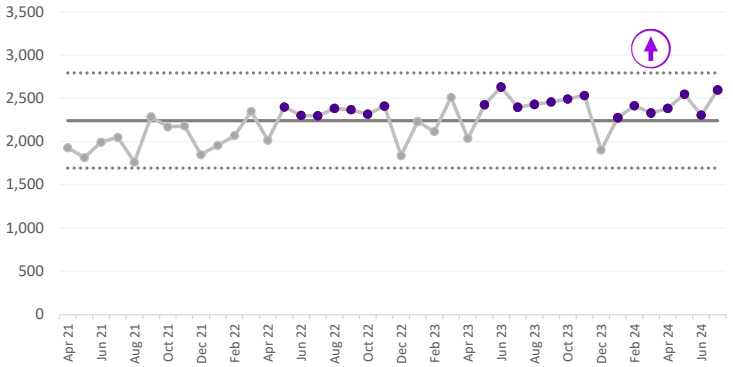
Jul-24	Variance Type	Trajectory	Achievement
64.3%	N/A	64.0%	N/A



Cancer referrals

Number of patients referrred each month on a cancer pathway.

Jul-24	Variance Type	Target	Achievement
2599	Special cause variation - neither concerning nor improvement	-	N/A



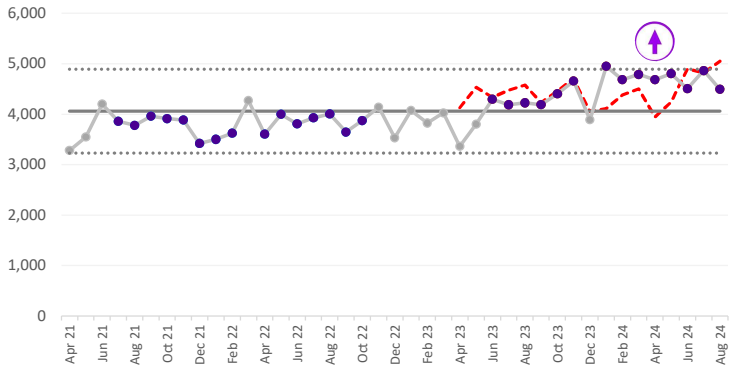
This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last seven data points falling above the central line.

Elective activity

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

Aug-24	Variance Type	Plan	Achievement
4495	Special cause variation - neither concerning nor improvement	4820	Unreliable process - may or may not meet the target consistently

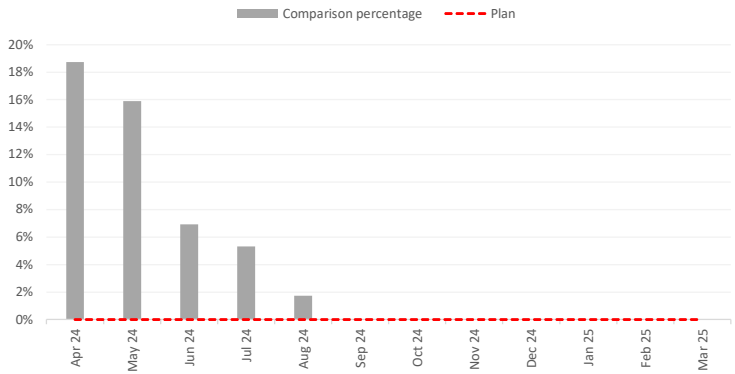
This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last eight data points falling above the central line.



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.

Aug-24	Variance Type	Target	Achievement
1.7%	N/A	0%	N/A

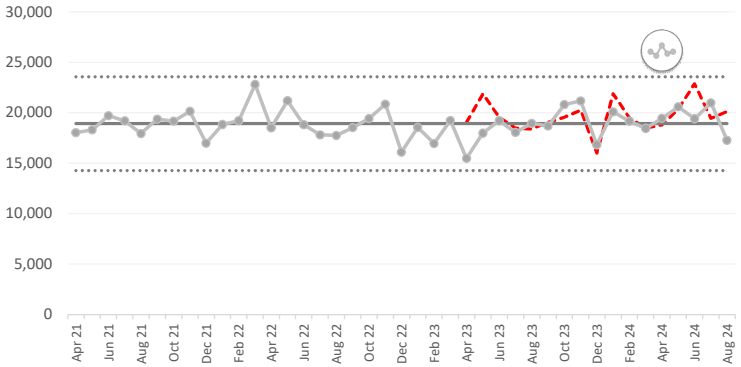


New outpatient activity

Total number of new outpatient attendances during the month.

Aug-24	Variance Type	Plan	Achievement
17280	Common cause variation	20127	N/A

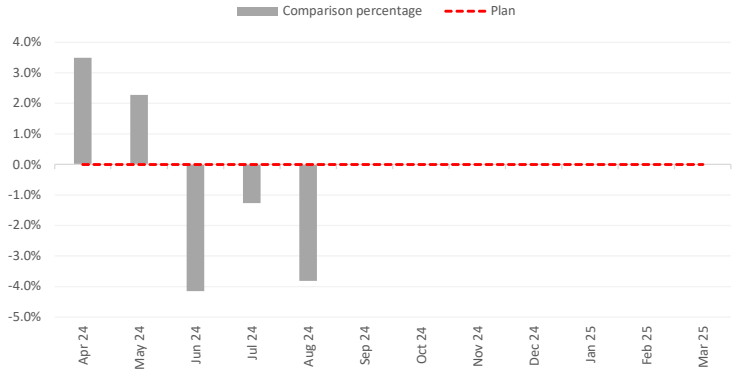
This metric is experiencing common cause variation i.e. no significant change.



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.

Aug-24	Variance Type	Target	Achievement
-3.8%	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	Aug 24	19	-			-	-	-
Driver metrics								
Incidents that are low/no harm	Aug 24	97.3%	98.0%			98.3%	96.9%	99.8%
Complaints responded to within 25 days	Jul 24	82.0%	85.0%			77.8%	48.3%	107.3%
Falls per 1,000 bed days	Aug 24	5.3	6.2			4.9	3.5	6.3
Quality & safety								
Incidents reported	Aug 24	1238	-			1221	957	1486
Pressure ulcers per 1,000 days	Jul 24	2.46	-			2.92	1.40	4.44
HSMR	May 24	90.6	100.0		P	91.4	87.4	95.3
Clostridioides difficile	Aug 24	1	4			3	-3	10
Complaints received	Aug 24	46	-			41	10	73
Perinatal mortality (over 24 weeks)	Aug 24	4	0			1	-2	5
Term admissions to the neonatal unit	Aug 24	4.4%	5.0%			4.3%	0.9%	7.7%
Overall preterm birth rate	Aug 24	6.0%	6.0%			5.9%	1.9%	9.9%

Clinical accreditation

Buckinghamshire Healthcare NHS Trust

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Patient Safety Incident Response Framework								
After Action Reviews	Aug 24	18	-			-	-	-
Multi Disciplinary Team reviews	Aug 24	2	-			-	-	-
Patient Safety Incident Investigations	Aug 24	1	-			-	-	-

Clinical accreditation

Definition: The cumulative total number of accreditations awarded by month end and the cumulative total number of areas in the trust with a silver (or higher) accreditation at month end. (Resetting baseline to zero in April 2024.)

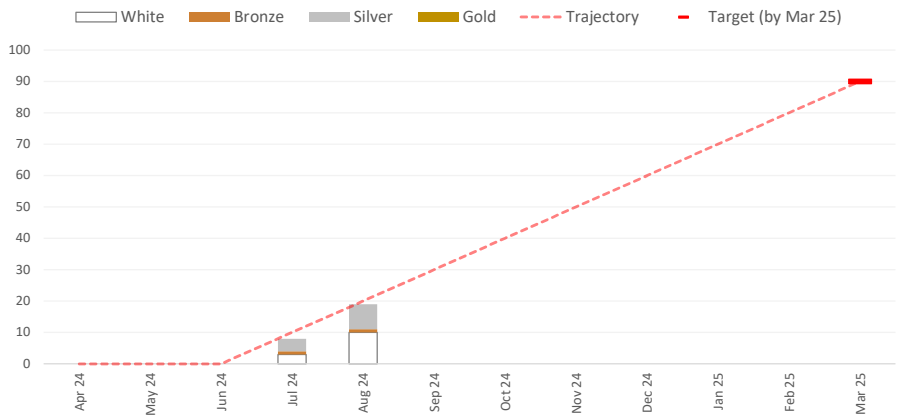
Target: All acute areas undergo clinical accreditation and at least 40% achieve a silver award

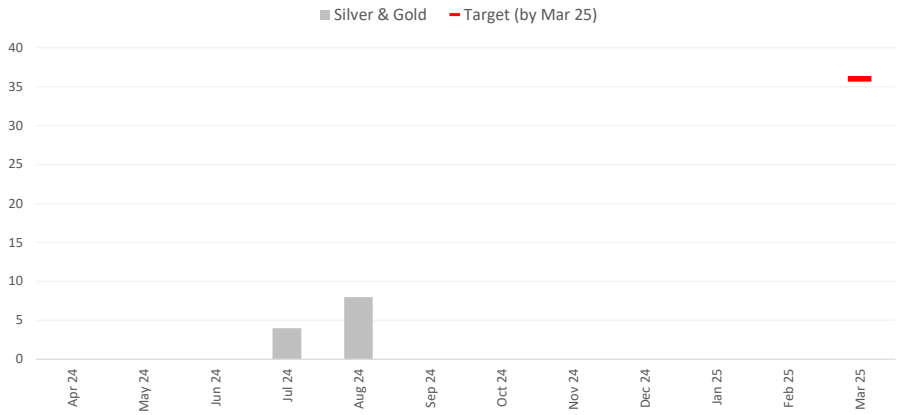
Owner: Chief Nursing Officer
Committee: Quality and Clinical Governance

How we are performing

In August 2024, we completed a total of 11 assessments. The outcomes were as follows: 7 White, 0 Bronze, 4 Silver, and 0 Gold ratings.

Aug-24	Variance Type	Trajectory	Achievement
19	N/A	20	N/A





Drivers of performance

Our performance continues to be influenced by several key factors:
Adherence to Core Quality and Safety Standards: Ensuring that all wards and departments follow established quality and safety protocols and regulatory and legislative Standards.
Consistent Governance: Maintaining oversight through Care Group quality governance systems, including regular audits, reviews, and accountability measures.
Focus on High Behavioural Standards and Empowerment: Upholding professionalism, teamwork, and ethical conduct while fostering an environment where colleagues feel safe and empowered to voice any concerns without fear of reprisal.
Culture of Continuous Improvement: Encouraging every team member to actively seek and implement improvements in processes and workflows.
Data-Driven Decision-Making: Utilizing comprehensive data analytics to monitor key performance metrics, such as patient outcomes and compliance rates, enabling informed decisions that drive continuous quality and safety improvements.

Actions to maintain or improve performance

The Cycle 2 accreditation programme is progressing according to plan, with 3 areas being accredited each week.
A new weekly excellence huddle was introduced at the start of May 2024, providing nursing staff with protected time to return to the floor, identify barriers to success on selected topics, and share best practices and learning.
From September 2024, there will be a focus on tracking clinical accreditation learning, alongside an increased emphasis on quality governance during Care Group Performance Reviews.

Risks and mitigations

Resourcing Challenges: The programme faces challenges due to financial constraints affecting resource allocation.
Mitigation: The Transformation Team is currently reviewing resource allocation to explore additional support options for the programme. Additional resource to the team in line with the trust governance and patient safety consultation outcome.

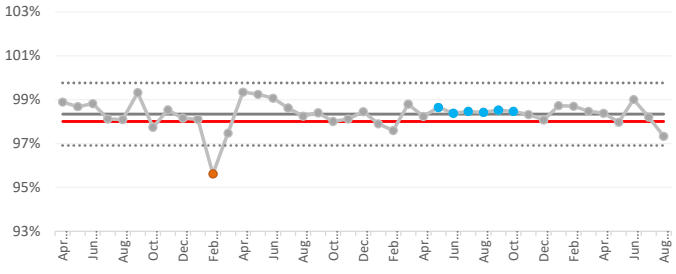
Driver metrics

Buckinghamshire Healthcare NHS Trust

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).

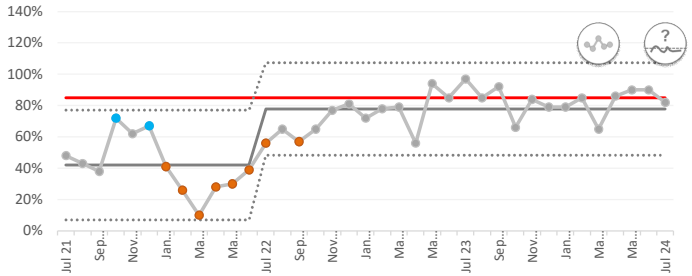
Aug-24	Variance Type	Target	Achievement
97.3%	Common cause variation	98%	Unreliable process - may or may not meet the target consistently



Complaints responded to within 25 days

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

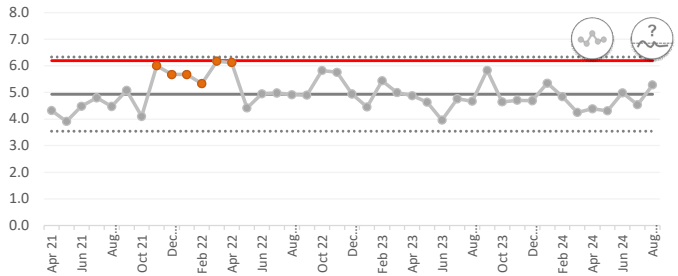
Jul-24	Variance Type	Target	Achievement
82.0%	Common cause variation	85%	Unreliable process - may or may not meet the target consistently



Falls per 1,000 bed days

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

Aug-24	Variance Type	Target	Achievement
5.3	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

Implementation of Patient Safety Incident Response Framework (PSIRF) promoting incidents reporting for learning

Usage of Quail (AI enabled complaints dashboard) for better oversight and tracking of complaints performance, themes, and action monitoring.

Harm Free Care Group theming of incidents by Care Group and subsequent development of local and trust wide quality improvement plan.

Actions to maintain or improve performance

Continue to embed PSIRF principle as a learning organisation and promote psychological safety and just culture

Weekly Patient Safety Forum for Care Groups presentation of patient safety incidents for learning and triangulation of data with complaints, PALS contacts, claims, and litigation.

PSIRF training provided by NHS England accredited training provider.

Complaints performance oversight through Care Groups monthly governance meeting, Patient Experience Board and Care Group performance review.

Theming of incidents and learning responses presentation by Care Groups to the Patient Safety Forum and Harm Free Care Group meetings.

Risks and mitigations

Cultural transformation in line with transition from serious incident framework (SIF) to PSIRF.
Mitigation:
NHSE accredited training on Creating a Just Learning Culture.
Senior leadership behavioural framework
Recruitment of patient safety investigators and family liaison officer.

Embedding the usage of the complaints tool -Quail in specialty and Care Group governance meeting to identify themes and quality improvement development

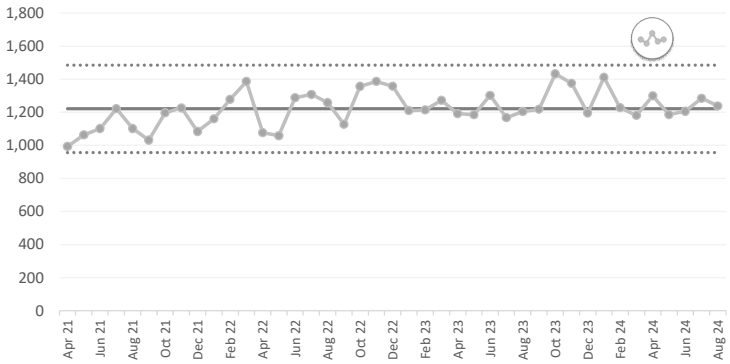
Short term sickness leading to staffing shortfall for 1:1 specialling for patients at high risk of fall.

Mitigations:
Safety huddle and staffing redeployment based on patients' acuity and dependency.
Enhanced Care Supervision policy in place.

Incidents reported

Total number of incidents reported on DATIX during the month.

Aug-24	Variance Type	Target	Achievement
1238	Common cause variation	-	N/A

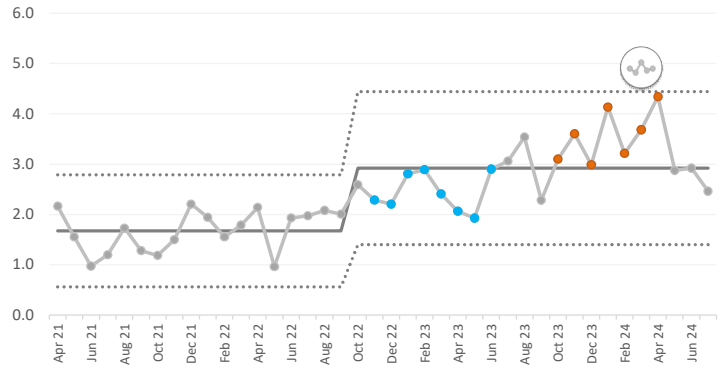


This metric is experiencing common cause variation i.e. no significant change.

Pressure ulcers per 1,000 days

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

Jul-24	Variance Type	Target	Achievement
2.46	Common cause variation	-	N/A

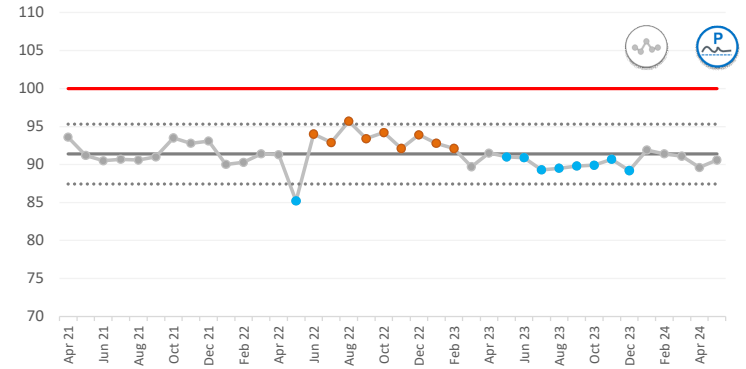


This metric is experiencing common cause variation i.e. no significant change.

HSMR

Hospital Standardised Mortality Ratio (rolling 12 months).

May-24	Variance Type	Target	Achievement
90.6	Common cause variation	100.0	Capable process - likely to always meet the target

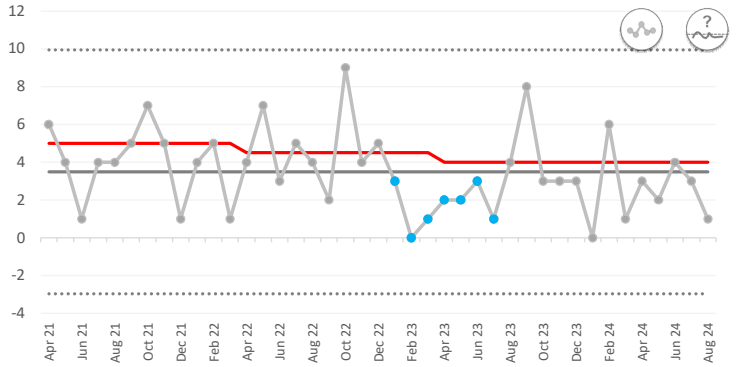


This metric is experiencing common cause variation i.e. no significant change.
The target lies above the current control limits and will be consistently achieved unless something changes in the process.

Clostridioides difficile

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

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

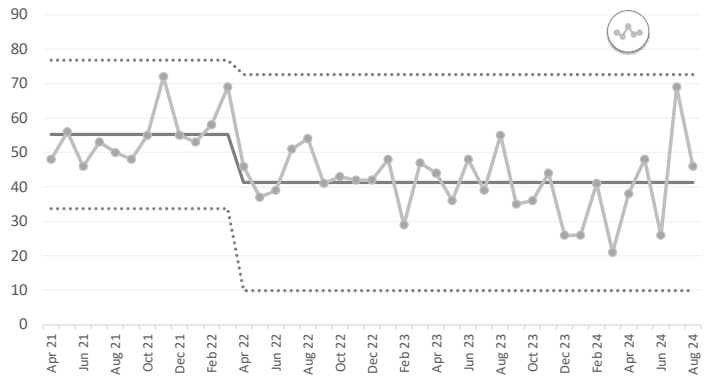


This metric is experiencing common cause variation i.e. no significant change.
The target lies within the current control limits and so the metric will consistently hit or miss the target.

Complaints received

Number of complaints received during the month.

Aug-24	Variance Type	Target	Achievement
46	Common cause variation	-	N/A

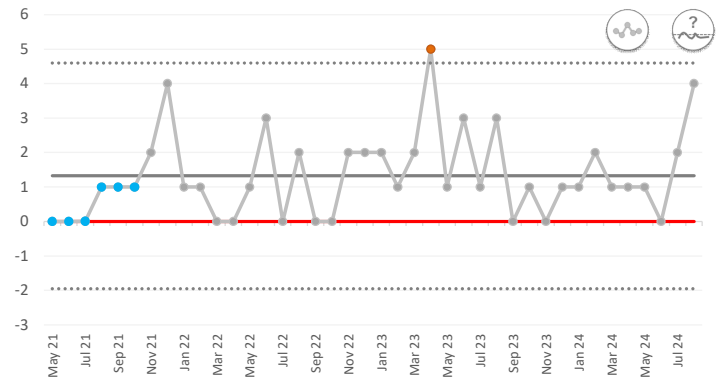


This metric is experiencing common cause variation i.e. no significant change.

Perinatal mortality (over 24 weeks)

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

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

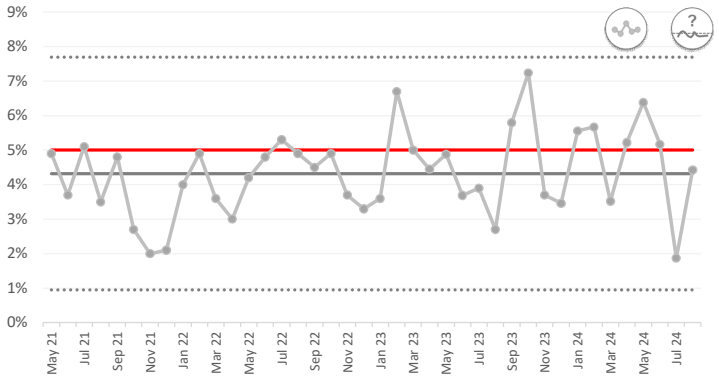


This metric is experiencing common cause variation i.e. no significant change.
The target lies within the current control limits and so the metric will consistently hit or miss the target.

Term admissions to the neonatal unit

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

Aug-24	Variance Type	Target	Achievement
4.4%	Common cause variation	5%	Unreliable process - may or may not meet the target consistently

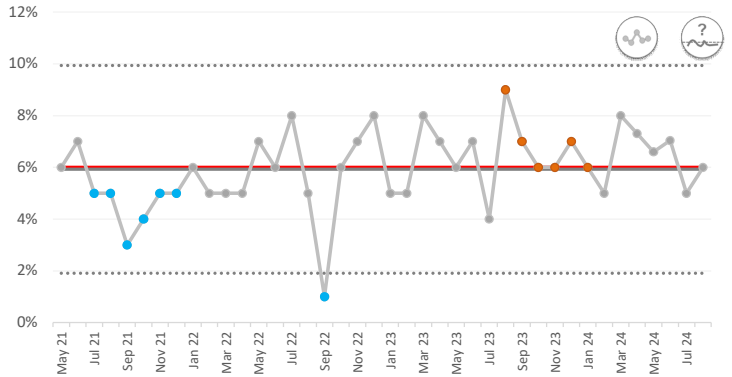


This metric is experiencing common cause variation i.e. no significant change.
The target lies within the current control limits and so the metric will consistently hit or miss the target.

Overall preterm birth rate

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

Aug-24	Variance Type	Target	Achievement
6.0%	Common cause variation	6%	Unreliable process - may or may not meet the target consistently

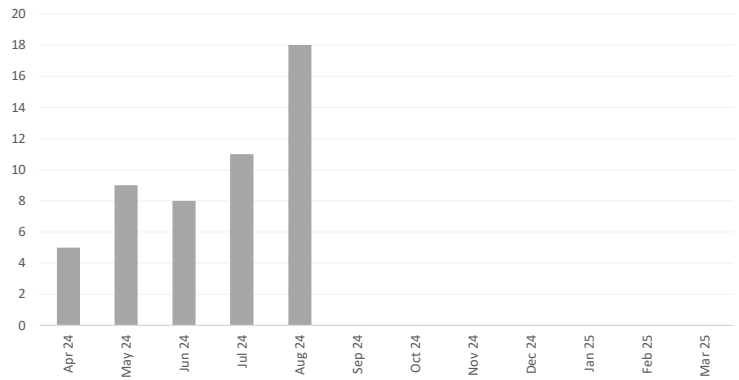


This metric is experiencing common cause variation i.e. no significant change.
The target lies within the current control limits and so the metric will consistently hit or miss the target.

After Action Reviews

Number of After Action Reviews (AAR) underway.

Aug-24	Variance Type	Target	Achievement
18	N/A	-	N/A

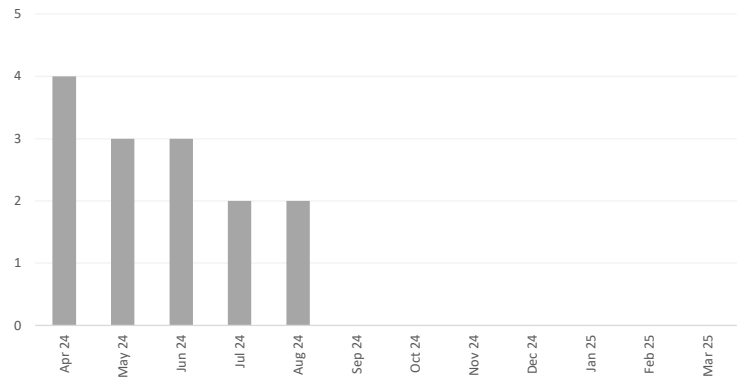


Not enough data for an SPC chart.

Multi Disciplinary Team reviews

Number of Multi Disciplinary Team (MDT) reviews underway.

Aug-24	Variance Type	Target	Achievement
2	N/A	-	N/A

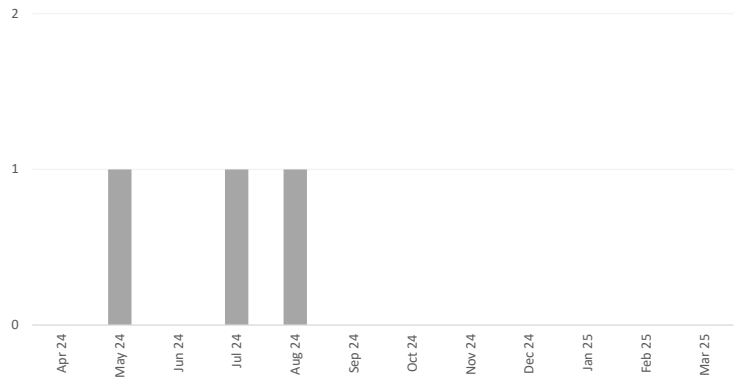


Not enough data for an SPC chart.

Patient Safety Incident Investigations

Number of Patient Safety Incident Investigations (PSII) underway.

Aug-24	Variance Type	Target	Achievement
1	N/A	-	N/A



Not enough data for an SPC chart.

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	Aug 24	87.1%	85.0%			83.7%	70.5%	96.8%
Number of blood pressure checks at outpatient appointments			-					
Driver metrics								
Expected level of achievement with Health and Development Review	Aug 24	94.7%	90.0%			93.7%	85.2%	102.3%
Healthy communities								
Staff completing very brief advice training for smoking cessation	Aug 24	64.5%	75.0%			-	-	-
Maternity smoking at time of booking	Aug 24	5.0%	5.0%			6.1%	1.5%	10.6%
Maternity smoking at time of delivery	Aug 24	5.7%	5.0%			4.2%	1.9%	6.6%

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.)

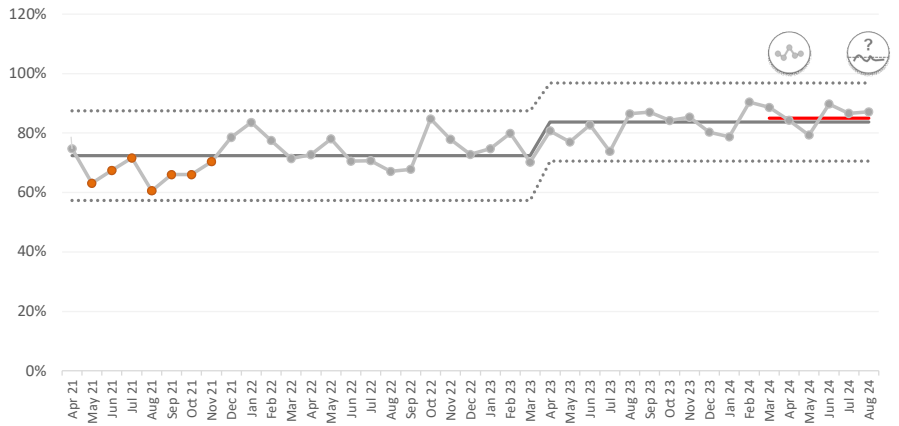
Target: Deliver at least 85% by the end of 2024/25

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

Aug-24	Variance Type	Target	Achievement
87.1%	Common cause variation	85%	Unreliable process - may or may not meet the target consistently

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.

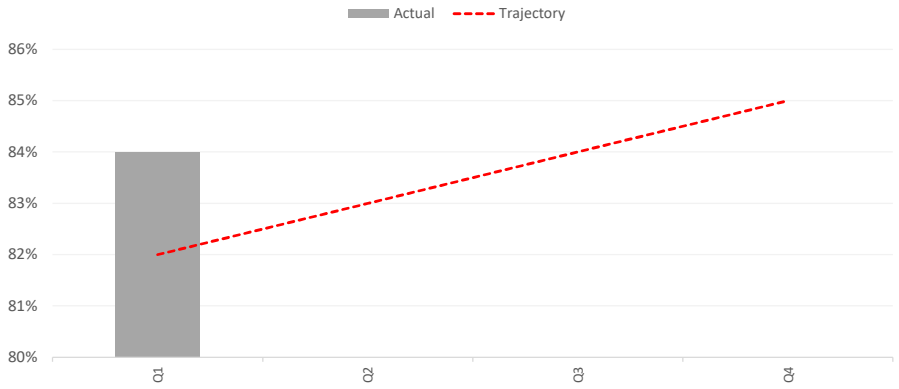


Drivers of performance

Actions to maintain or improve performance

This target continues to show improvement and be above target showing the impact of changes the team have implemented. Work is ongoing to continue communication of the purpose and benefit of the health and development review

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

How we are performing

Aug-24	Variance Type	Target	Achievement

Drivers of performance

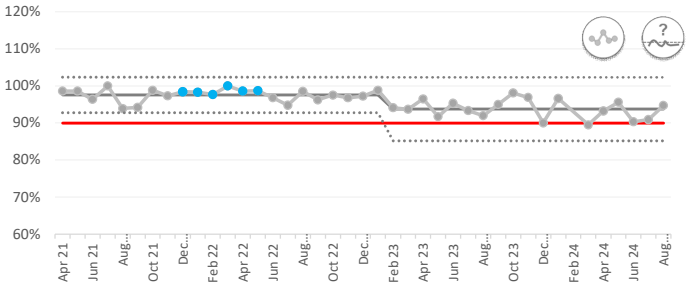
Actions to maintain or improve performance

Risks and mitigations

Expected level of achievement with Health and Development Review

Percentage of children attending the 12-month HDR who achieve the expected level or above for all areas (over all children with a review in month.) Children from from opportunity Bucks only.

Aug-24	Variance Type	Target	Achievement
94.7%	Common cause variation	90%	Unreliable process - may or may not meet the target consistently



How we are performing

Expected level of achievement with HDR: 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.

Drivers of performance

Actions to maintain or improve performance

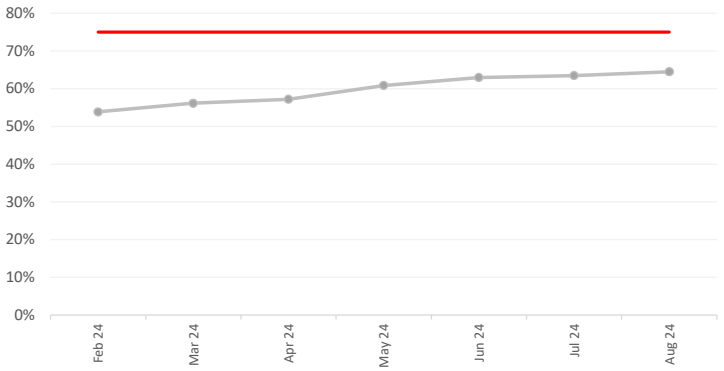
August has shown an improvement with the metric now meeting the target. Work will continue to ensure all children requiring additional support are identified and support is put in place early.

Risks and mitigations

Staff completing very brief advice training for smoking cessation

The percentage of patient facing staff have completed Very Brief Advice (VBA) training for smoking cessation.
Data collection commenced February 2024.

Aug-24	Variance Type	Target	Achievement
64.5%	N/A	75.0%	N/A

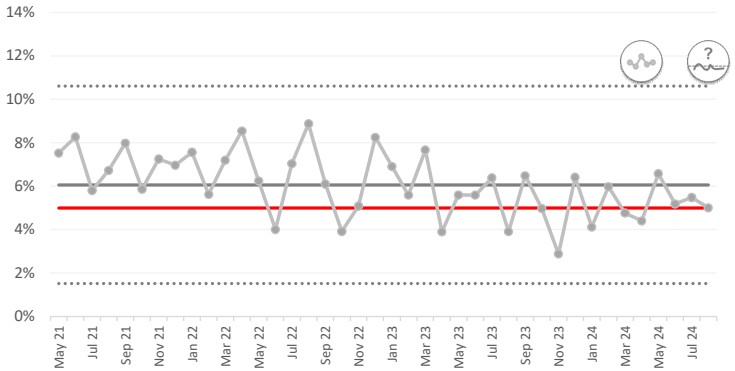


Not enough data for an SPC chart.

Maternity smoking at time of booking

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

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

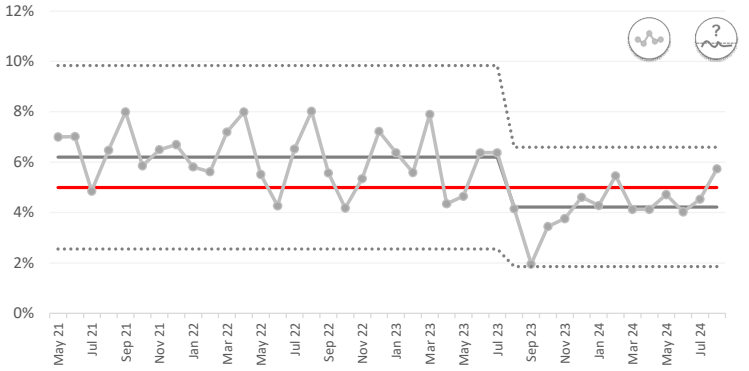


This metric is experiencing common cause variation i.e. no significant change.
The target lies within the current control limits and so the metric will consistently hit or miss the target.

Maternity smoking at time of delivery

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

Aug-24	Variance Type	Target	Achievement
5.7%	Common cause variation	5.0%	Unreliable process - may or may not meet the target consistently

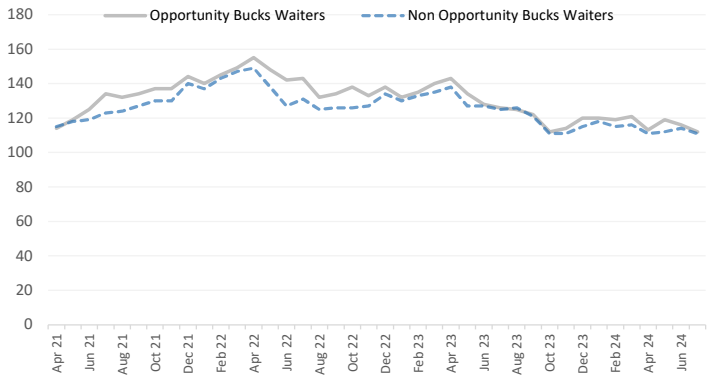


From the data, there appears to have been a step change in August 2023 so the limits have been recalculated at this point.
This metric is now experiencing common cause variation i.e. no significant change.
However the target still lies within the current control limits and so the metric will consistently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

Median waiting time for acute waiting list for adults (days)

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 split by Opportunity Bucks and Non Opportunity Bucks patients.

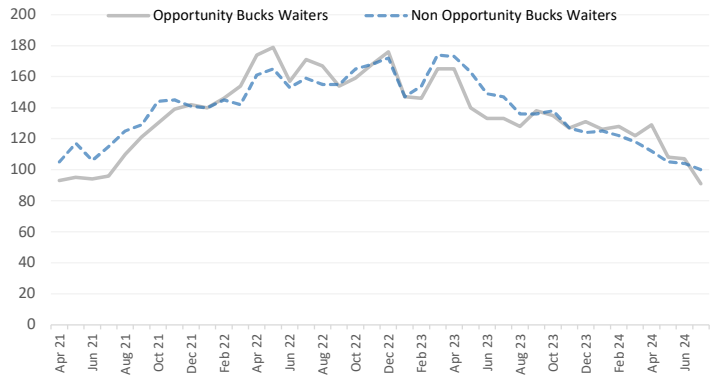
Jul-24	Activity Type	Jul-24	Activity Type
112	Opportunity Bucks	111	Non Opportunity Bucks



Median waiting time for acute waiting list for paediatrics (days)

Median waiting time in days between referral and month end snapshot for adult patients on the acute waiting list. Patients are aged under 16 years split by Opportunity Bucks and Non Opportunity Bucks patients.

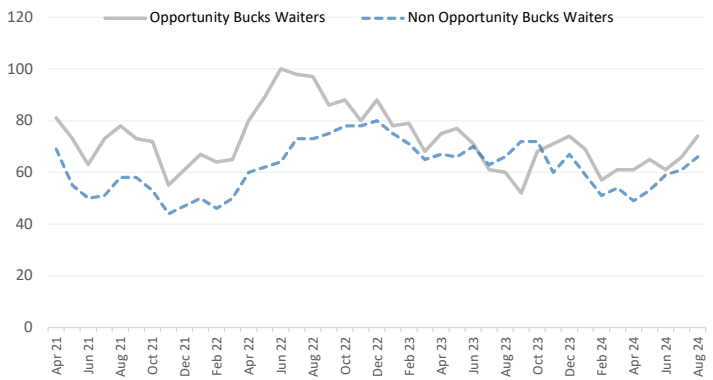
Jul-24	Activity Type	Jul-24	Activity Type
91	Opportunity Bucks	100	Non Opportunity Bucks



Median waiting time for community waiting list for adults (days)

Median waiting time in days between referral and month end snapshot for adult patients on the community waiting list. Patients aged 16 years and over split by Opportunity Bucks and Non Opportunity Bucks. Excludes universal referrals and includes Community Paediatrics.

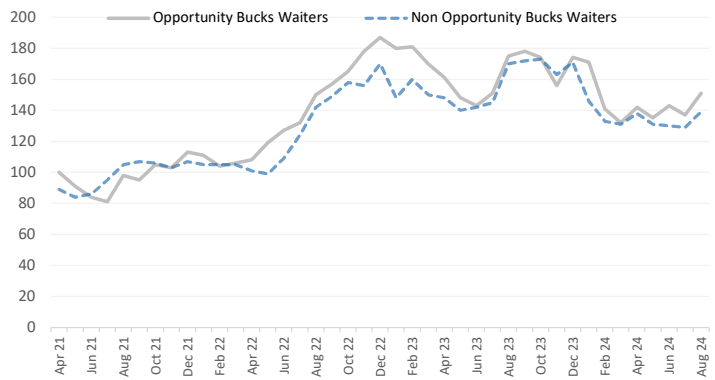
Aug-24	Activity Type	Aug-24	Activity Type
74	Opportunity Bucks	66	Non Opportunity Bucks



Median waiting time for community waiting list for paediatrics (days)

Median waiting time in days between referral and month end snapshot for paediatric patients on the community waiting list. Patients aged under 16 years split by Opportunity Bucks and Non Opportunity Bucks. Excludes universal referrals and includes Community Paediatrics.

Aug-24	Activity Type	Aug-24	Activity Type
151	Opportunity Bucks	139	Non Opportunity Bucks



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%	8.4%			10.5% (avg)	5.8% (best)	16.9% (worst)
Staff experiencing bullying from other colleagues	2023	17.7%	15.7%			19.3% (avg)	12.3% (best)	26.1% (worst)
Great place to work								
Trust overall vacancy rate	Aug 24	7.3%	10.0%		P	7.4%	5.1%	9.8%
Nursing and midwifery vacancy rate	Aug 24	6.2%	10.0%	L	?	8.4%	5.9%	10.9%
Turnover	Aug 24	11.5%	12.0%	H	P	11.0%	10.4%	11.7%
Sickness	Jul 24	3.9%	3.5%		?	3.8%	3.2%	4.5%
Statutory and Mandatory training	Aug 24	92.1%	90.0%		P	91.5%	90.2%	92.9%

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?

Target: No more than 8.4% of staff experiencing bullying from managers and 15.7% of staff experiencing bullying from colleagues by December

Owner: Chief People Officer
Committee: Strategic People

How we are performing

% of colleagues reporting bullying by managers = 9%
% of colleagues reporting bullying by colleagues = 17%

Drivers of performance

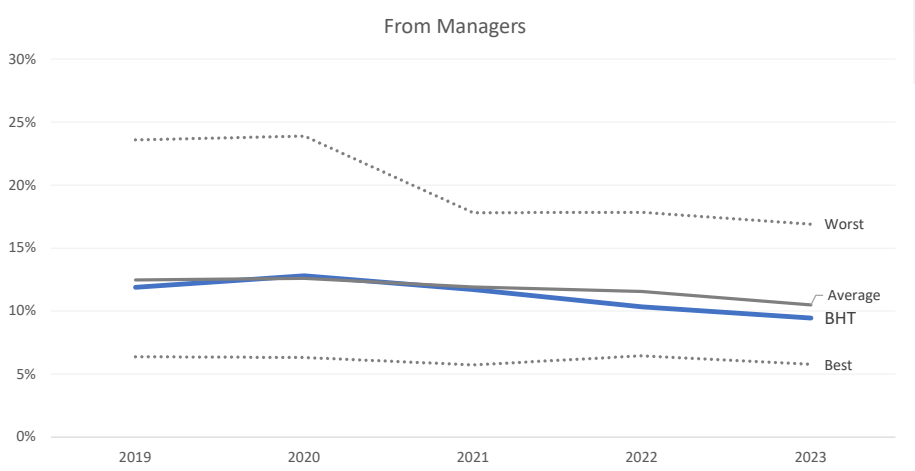
Lead indicators include, low appraisal compliance, high sickness rates, high vacancy rate & low no. of excellence reports, low numbers of managers completing Peaks programmes
Lag indicators include: high number of Datix, higher ER cases, poor NQPS & NSS results

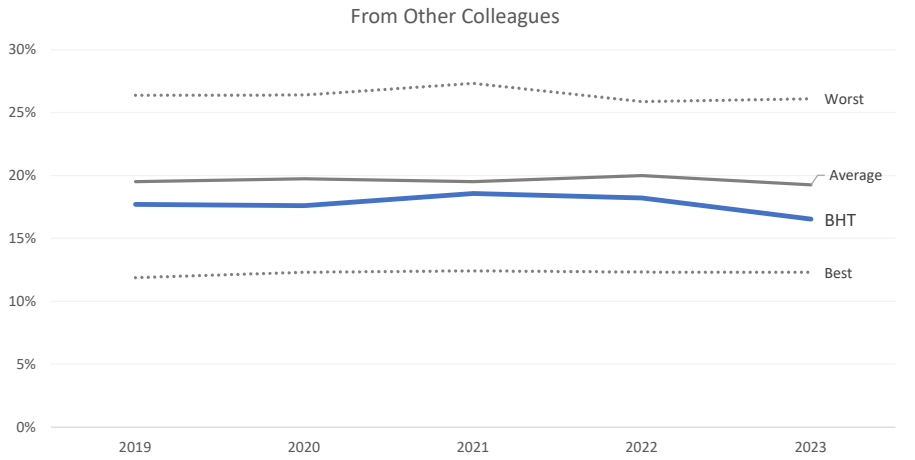
Actions to maintain or improve performance

Difficult Conversation training for Managers designed, scheduled and promoted – supporting managers to approach and facilitate conversations about B&H.
Team tool – 'Introduction to Civility', team meeting session and supporting tools designed with monthly training sessions scheduled for managers.
Reporting tool – designed and currently in testing phase with People Directorate.

Risks and mitigations

Managers not delivering 'Introduction to Civility' session in team meetings. Mitigation – monthly train the manager sessions and support provided as required, with all resources available on CAKE
Resources to respond to incidents raised through reporting tool. Mitigation – key personnel identified across People Directorate with access to tool and time allocated to respond.

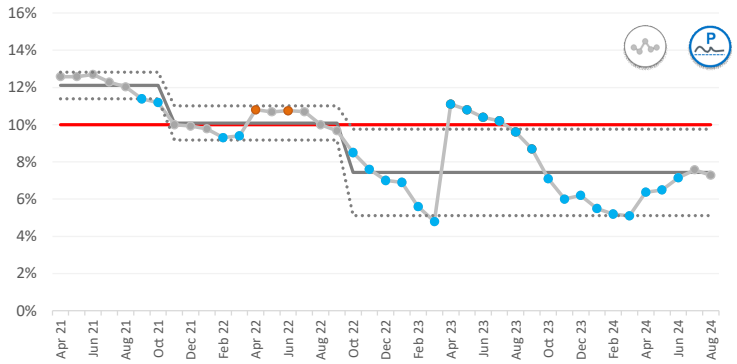




Trust overall vacancy rate

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

Aug-24	Variance Type	Target	Achievement
7.3%	Common cause variation	10.0%	Capable process - likely to always meet the target



This metric is 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.

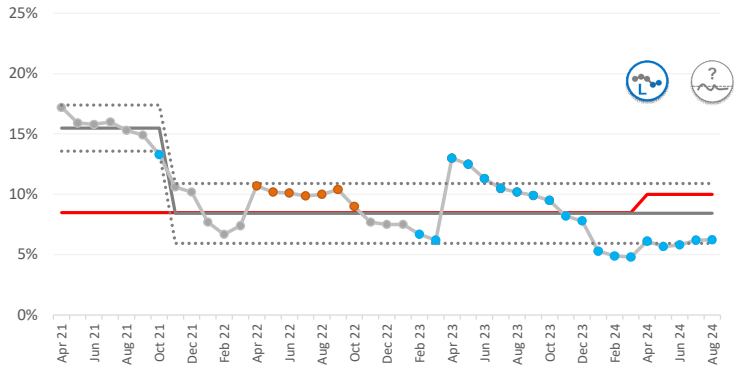
The Trust vacancy rate remains lower (better) than the 10% threshold

We continue to make improvements to time to hire. We are focussing on recruitment plans for hotspot areas, in particular where vacancies are currently covered with temporary staffing.

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.

Aug-24	Variance Type	Target	Achievement
6.2%	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 out of three data points falling close to the lower control limit.
The target lies within the current control limits and so the metric will consistently hit or miss the target.

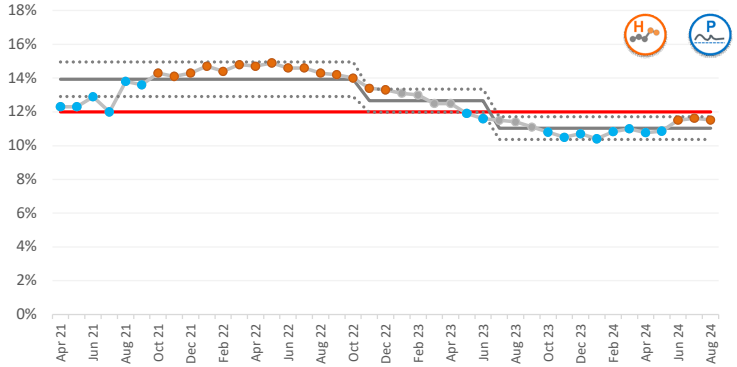
Nursing and Midwifery vacancy rate remains stable and below (better than) the threshold.

Focus remains on the recruitment of graduating nursing students to key areas and recruitment to specialist areas.
We expect to recruit a high proportion of graduating midwives, which will impact positively on that team.

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.

Aug-24	Variance Type	Target	Achievement
11.5%	Special cause variation - concerning	12.0%	Capable process - likely to always meet the target

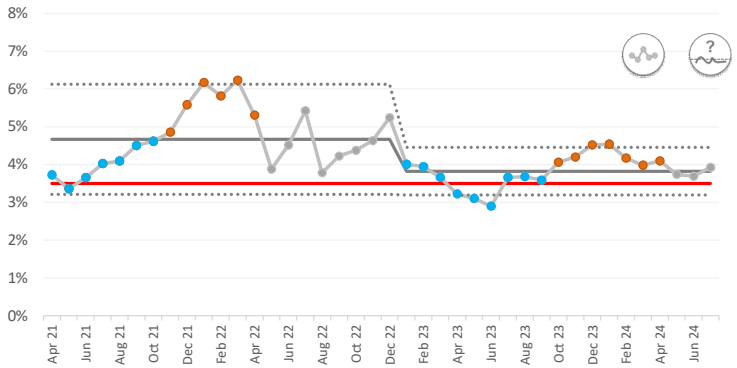


This metric is experiencing special cause variation of a concerning nature with the last two out of three data points falling close to the upper control limit.
The target lies above the current control limits and will be consistently achieved unless something changes in the process.
Turnover remains stable and below (better than) threshold.
Excluding leavers on fixed term contracts, we had 20 fewer leavers in August compared with July.
Main leaver reasons were relocation and then retirement (2 colleagues retire and returned).
We are seeing a reduction in colleagues leaving due to reasons associated with work life balance – a positive impact of our working

Sickness

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

Jul-24	Variance Type	Target	Achievement
3.9%	Common cause variation	3.5%	Unreliable process - may or may not meet the target consistently



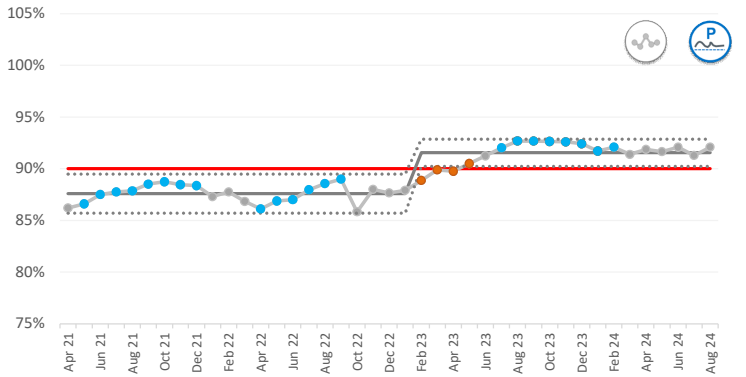
This metric is experiencing common cause variation i.e. no significant change.
The target lies within the current control limits and so the metric will consistently hit or miss the target.

HR, OH and Wellbeing Advice and Guidance surgeries were launched in August to support colleagues and managers with a range of sickness related matters, as part of the Trust sickness absence support and management programme.
Monthly health summits with OH&WB and HR to review long term sickness cases for support and management.
We will monitor the impact of these interventions in future months.

Statutory and Mandatory training

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

Aug-24	Variance Type	Target	Achievement
92.1%	Common cause variation	90.0%	Capable process - likely to always meet the target



This metric is experiencing common cause variation i.e. no significant change.
The target lies just below the current control limits so is likely to be consistently achieved unless something changes in the process.

Compliance has increased since last month.
Oliver McGowan training (not included in the overall figures above) has also increased, with compliance now at 63.1%

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	Jun 24	-3.2%	-6.4%			-12.4%	-14.8%	-10.0%
Driver metrics								
14 day length of stay - acute & community	Aug 24	200	-			195	159	232
Theatre cases per 4 hours planned time	Aug 24	2.4	2.8			2.4	2.2	2.6
WTEs in the Trust	Aug 24	6281.2	6676.0			6189.1	6099.0	6279.3
Productivity								
14 day length of stay - acute	Aug 24	159	-			154	123	186
Average LOS - community hospitals	Aug 24	15.9	-			19.7	12.8	26.5
Theatre utilisation	Aug 24	84.3%	85.0%			84.8%	82.7%	86.8%
Daycase rate	Aug 24	82.0%	85.0%			84.1%	81.1%	87.2%
Face to face contacts delivered by Community Therapy	Aug 24	350.0	-			440.1	225.7	654.5
Face to face contacts delivered by District Nursing	Aug 24	3920.8	-			3629.2	3261.0	3997.5
Outpatient DNA rate	Aug 24	7.1%	5.0%			7.1%	6.2%	8.0%

Productivity

Buckinghamshire Healthcare NHS Trust

KPI	Latest month	Measure	Plan	Variation	Assurance	Mean	Lower process limit	Upper process limit
Productivity continued								
Temporary staffing levels (spend £)	Jun 24	3249098.00	-			4220718.20	2985398.53	5456037.87
Substantive staffing	Aug 24	6281.2	6371.5			6189.1	6099.0	6279.3
Substantive staffing against plan	Aug 24	-1.3%	-			-	-	-
Temporary staffing	Jul 24	512.1	411.7			595.5	505.0	686.1
Temporary staffing against plan	Jul 24	4.5%	-			-	-	-

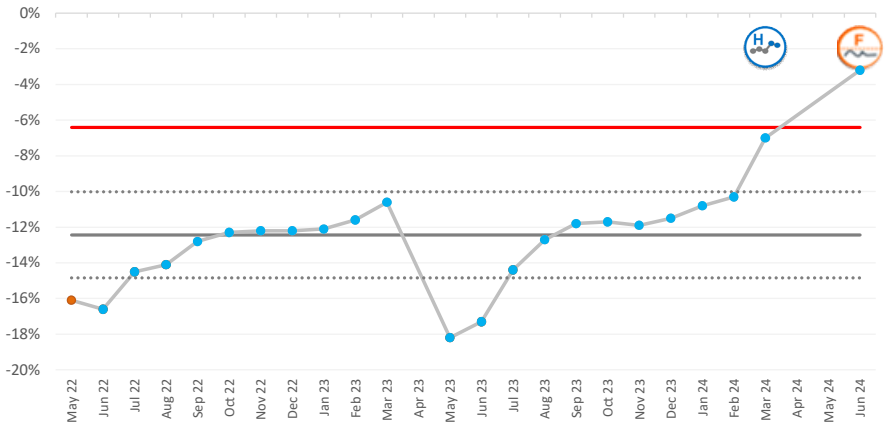
Overall NHSE measure of productivity

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

Target: 5% improvement on 2023/24 productivity position

Owner: Chief Finance Officer
Committee: Finance and Business Performance

Jun-24	Variance Type	Target	Achievement
-3.2%	Special cause variation - improvement	-6.4%	Incapable process - likely to consistently fail to meet the target



How we are performing

Trust Acute productivity is measured by the national NHS England productivity report. Data is normally provided monthly, latest data is M3 2024/25.
The position shows at M03 2024/25, we are 3.2% less productive compared to 19/20; and 15.9% more productive than 2023/24.

Drivers of performance

Elective activity in the first part of 2024/25 coupled with reduced pay spend, and continued focus on length of stay have maintained this productivity improvement.

Actions to maintain or improve performance

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.
Temporary staffing and workforce controls continue with weekly oversight through EMC.
The rollout of new electronic patient whiteboards has started which 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.

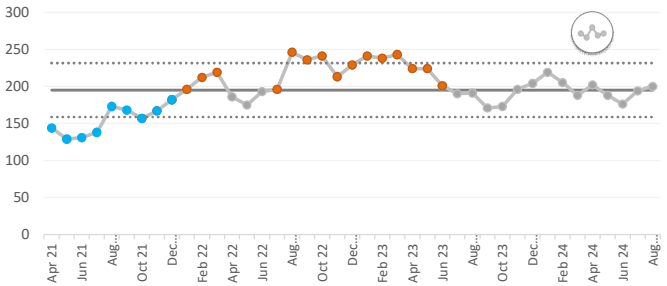
Risks and mitigations

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 recruitment, 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: Productivity improvement is being supported through our cross-cutting Planned Care programme; including a focus on Further Faster, a national GIRFT programme to deliver rapid clinical transformation with the aim of reducing 52-week waits.

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.

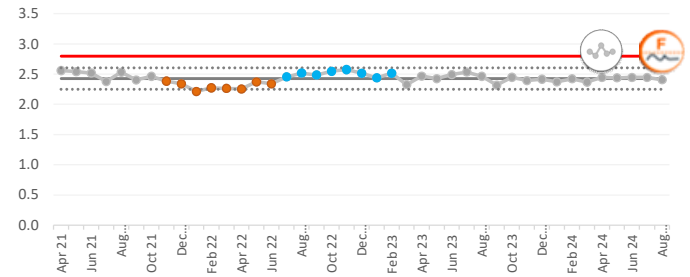
Aug-24	Variance Type	Target	Achievement
200	Common cause variation	-	N/A



Theatre cases per 4 hours planned time

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

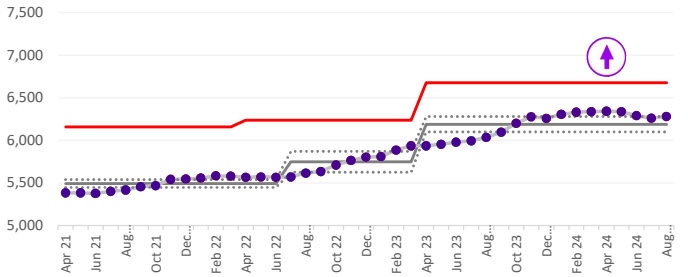
Aug-24	Variance Type	Target	Achievement
2.4	Common cause variation	2.8	Incapable process - likely to consistently fail to meet the target



WTEs in the Trust

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

Aug-24	Variance Type	Establishment	Achievement
6281.2	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 two out of three data points falling close to the upper control limit.

Drivers of performance

LOS
Numbers of patients who do not meet the criteria to reside
Early identification of discharges and clarity on discharge processes
Effective escalation process for our longest staying patients

Theatres Cases Per list
Booking density levels at 100%+
Starting on time and standby patients in case of last minute cancellations
Standardising of lists make-up to ensure higher volumes

WTE
Control over temporary staffing and substantive recruitment

Actions to maintain or improve performance

LOS
Rollout of Patient Flow digital whiteboards started
Escalation meetings with Bucks Council to resolve recent increase in patients with no criteria to reside
More robust escalation process for long staying patients started in June under the Deputy COO

Theatres Cases Per list
Individual SDU by SDU plans developed and agreed for standardisation of lists
Increases in booking density and improved theatre booking, prompt start and standby patient lists

WTE
Continued weekly scrutiny of WTE levels and temporary staffing spend
Action plan to address rise in Bank usage
Continued development of Care Group pay plans

Risks and mitigations

LOS
Financial constraints across the system may inhibit the efficient flow of patients. Mitigation - transparent review of data with partners and clear escalation processes.

Theatres Cases Per list
Culture change needed amongst a wide range of teams and with individuals across the MDT setup. Mitigation - investment in new leadership roles in the Wycombe Elective Centre to help drive change and shape culture.

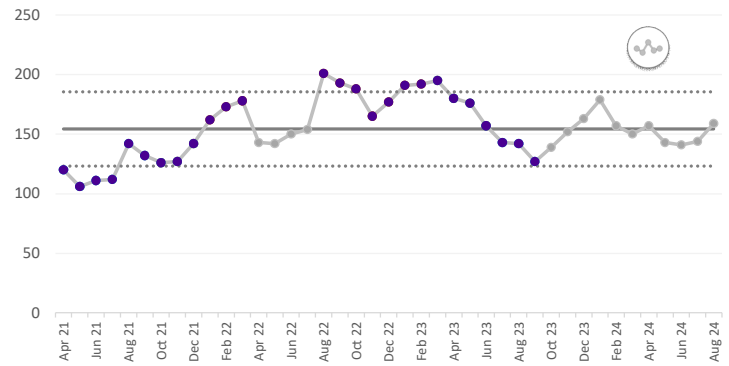
WTE
WTE and pay savings are challenging to make. Mitigation - detailed planning with support from the People team underway across all areas. Focus on key areas for consideration of restructures and rotas to deliver more efficiently.
Unseasonably high sickness rate – programme launched to drive improvements and help support management of sickness.

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.

Aug-24	Variance Type	Target	Achievement
159	Common cause variation	-	N/A

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

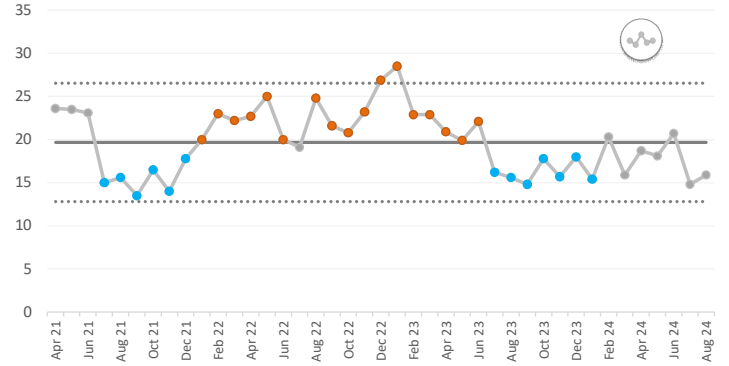


Average LOS - community hospitals

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.

Aug-24	Variance Type	Target	Achievement
15.9	Common cause variation	-	N/A

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

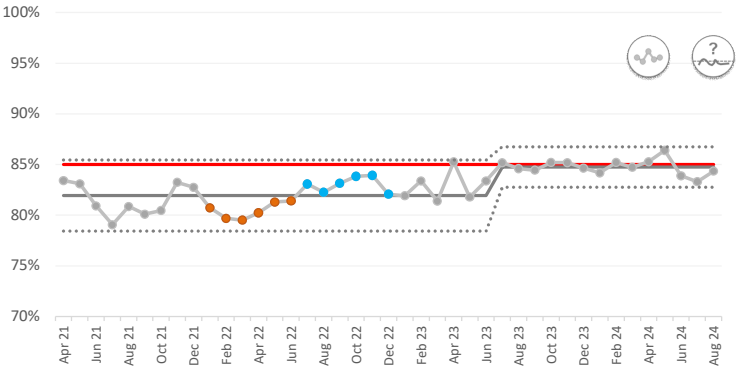


Theatre utilisation

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

Aug-24	Variance Type	Target	Achievement
84.3%	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.

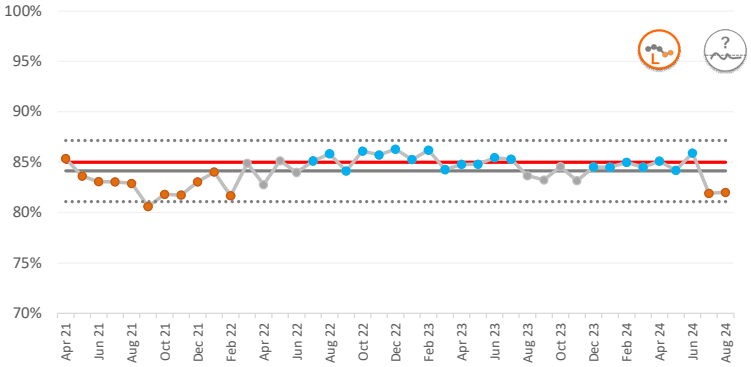


Daycase rate

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

Aug-24	Variance Type	Target	Achievement
82.0%	Special cause variation - concerning	85%	Unreliable process - may or may not meet the target consistently

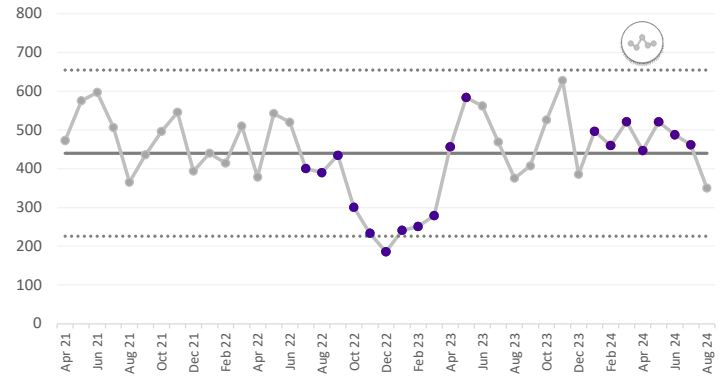
This metric is experiencing special cause variation of a concerning nature with the last two out of three data points falling close to the lower control limit.
The target lies within the current control limits and so the metric will consistently hit or miss the target.



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.

Aug-24	Variance Type	Target	Achievement
350.0	Common cause variation	-	N/A

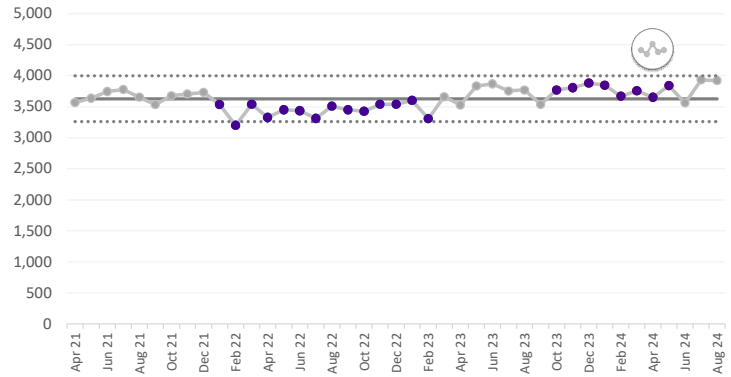


This metric is now experiencing common cause variation i.e. no significant change.

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.)

Aug-24	Variance Type	Target	Achievement
3920.8	Common cause variation	-	N/A

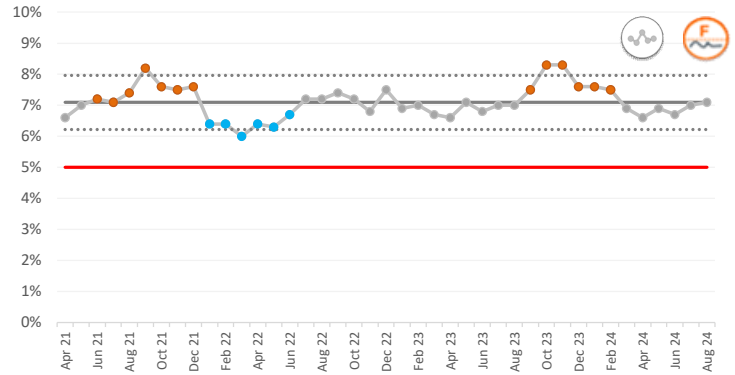


This metric is now experiencing common cause variation i.e. no significant change.

Outpatient DNA rate

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

Aug-24	Variance Type	Target	Achievement
7.1%	Common cause variation	5%	Incapable process - likely to consistently fail to meet the target

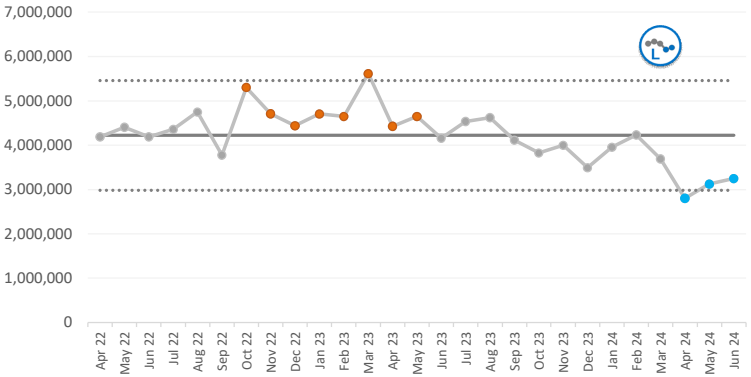


This metric is experiencing common cause variation i.e. no significant change.
The target lies below the current control limits and so cannot be achieved unless something changes in the process.

Temporary staffing levels (spend £)

Temporary staffing spend against plan.

Jun-24	Variance Type	Target	Achievement
£3,249,098.00	Special cause variation - improvement	-	N/A

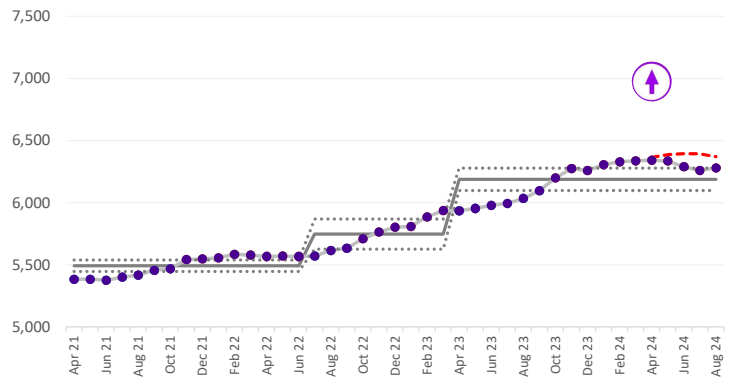


This metric is experiencing special cause variation of an improving nature with the last two out of three data points falling close to the lower limit.

Substantive staffing

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

Aug-24	Variance Type	Plan	Achievement
6281.2	Special cause variation - neither concerning nor improvement	6371.5	N/A

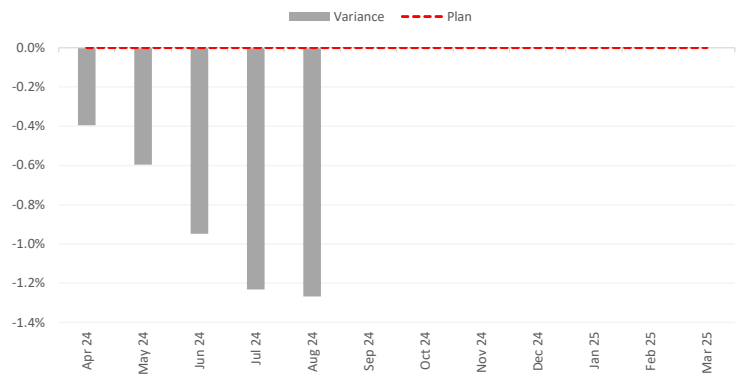


This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last two out of three data points falling close to the upper control limit.

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.

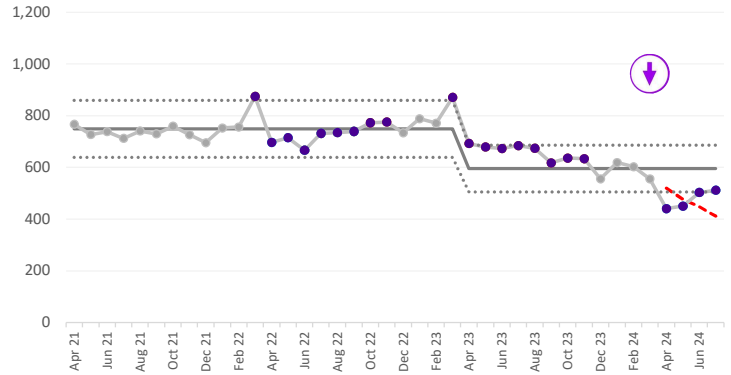
Aug-24	Variance Type	Plan	Achievement
-1.27%	N/A	0%	N/A



Temporary staffing

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

Jul-24	Variance Type	Plan	Achievement
512.1	Common cause variation	411.7	N/A



This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last three data points 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.

Jul-24	Variance Type	Plan	Achievement
4.50%	N/A	0%	N/A