

Meeting: Trust Board Meeting in Public

27 March 2024

Agenda item	Integrated Performance Report		
Board Lead	Raghuv Bhasin, Chief Operating Officer		
Type name of Author	Wendy Joyce, Director of Performance		
Attachments	Trust IPR February 2024		
Purpose	Assurance		
Previously considered	n/a		

Executive Summary

Attached to this paper is the Trust's Integrated Performance Report (IPR) which is due to be discussed at Transformation Board and the Finance & Business Performance Committee on 26 March 2024. A verbal update will be provided to Trust Board following considerations by these groups.

The Quality metrics are considered on a monthly basis by the Executive Management Committee and the Quality & Clinical Governance Committee. The Strategic People Committee consider the most recent People metrics at each meeting (alternate months).

The IPR reflects positive progress on the majority of measures despite continued external pressures in the organisation and wider NHS.

The IPR is undergoing review ahead of the new financial year to reflect priorities for 2024/25.

Decision The Board is requested to consider performance and risk impact.

Relevant strategic priority

Outstanding Care Healthy Communities Great Place to Work Net Zero

Relevant objective

<input checked="" type="checkbox"/> Improve waiting times	<input checked="" type="checkbox"/> Improve access and effectiveness of Trust services for communities experiencing the poorest outcomes	<input type="checkbox"/> Improve the experience of our new starters
<input checked="" type="checkbox"/> Improve safety		<input checked="" type="checkbox"/> Upskill operational and clinical managers
<input checked="" type="checkbox"/> Improve productivity		

Implications / Impact

Patient Safety	Quality and Safety Metrics are a core part of the IPR
Risk: link to Board Assurance Framework (BAF)/Risk Register	Principal Risk 1; Failure to provide care that consistently meets or needs performance and quality standards. Principal Risk 4; Failure to provide consistent access to high quality care for CYP Principal Risk 5; Failure to support improvements in local population health and a reduction in health inequalities. Principal Risk 6; Failure to deliver on our people priorities.
Financial	Financial reporting outlined in the outstanding care section of the report
Compliance NHS Regulation	Well Led - Operational planning is a statutory requirement of NHS Trusts.
Partnership: consultation / communication	The report is produced in conjunction with divisional and BI colleagues.
Equality	Reducing health inequalities is a core part of our strategy and a core part of the planning requirements for the NHS. Health inequalities metrics included in the health Communities part of the IPR.

**Quality Impact Assessment [QIA]
completion required?**

No

Integrated Performance & Quality Report

February 2024

CQC rating (July 2022) - GOOD

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK



Integrated Performance & Quality Report

Introduction & Contents

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.

The contents of the report are defined by the Trust’s three strategic objectives and the Trust Improvement Programme.

Outstanding Care

Provide outstanding cost effective care

Operational Standards

- Urgent Emergency Care Recovery
- ED Performance
- Ambulance Handovers
- Emergency Admissions
- Length of stay
- Urgent 2 hour response

Elective Recovery

- Waiting List
- Activity
- Theatres
- Outpatients
- Community waiting list
- Cancer
- Diagnostics

Quality and Safety

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

Healthy Communities

Taking a lead role in our community

- Community Contacts
- Cardiology referrals from deprived wards
- Maternity smoking & breastfeeding
- New Birth Visits Within 14 Days
- Child health reviews

A Great Place to Work

Ensuring our people are listened to, safe and supported

People

- Vacancies
- Turnover
- Occupational Health
- Sickness
- Training

Report changes this month

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

Added

Removed

Changed

Integrated Performance & Quality Report

Executive Summary

February's IPR shows continued improvement on a range of operational measures although in spite of the challenges posed by five days of Junior Doctor Industrial Action. Urgent and Emergency Care Performance remained relatively static month on month although showed improvements towards the end of February. February did see our Urgent Community Response response times within two hours hit six months of concerted improvement which should be noted.

Our long waits for elective treatment continue to reduce as we aim for zero 65 week waiters by the end of March 2024 - an ambition that has already been achieved for adult community services. Our open pathway (RTT) performance and number of 52 week waiters (in both acute and community) are both showing statistically significant improvement as is theatre utilisation. Cancer performance was challenged in January which this report covers although February has seen significant improvement and the Trust remains on track to deliver diagnostic performance improvements as committed to at the start of the year.

A Great Place to Work

- The people metrics demonstrate initiatives to stabilise of our substantive workforce and reduce the temporary staff demand Trust wide, specific actions for Ward based nursing have been this month's focus.
- Initiatives to support the improvements colleagues experience and making BHT 'A Great Place to Work', include:
 - Our people promise programme, which we will continue to embed as a 'Golden Thread' to our People Directorate work and is the impact of which is reflected positively in our staff survey results.
 - The first-year turnover reduction is work in progress and we will continue the programme into a second year to gain benefit of initiatives recently put in place.
 - Our Education and training opportunities focus on supporting new starters and ongoing career development.
- Occupational Health and Wellbeing focus remains on development of proactive initiatives to prevent ill health, in particular MSK and Mental Health conditions. We are also working with IPC in regard to Measles management.

Quality and Safety

- The trust went live in February 2024 for uploading all patient safety incidents into the new national reporting system; Learn from Patient Safety Events (LFPSE).
- The trust transition from serious incident framework (SIF) to Patient Safety Incident Response Framework (PSIRF) starts from 1st April. Ongoing training with regards to different learning responses for patient safety incidents in line with the trust PSIRF policy and plan.
- Increase in category 2 PU in hospital and community pressure ulcer including those that are found to be present on admission to hospital.
- Set targets for accreditation as part of breakthrough objectives for 2023-24 has been achieved. Plan in place for roll out of the CAP in community areas in 2024-25.

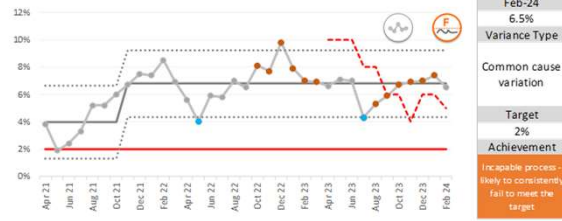
Integrated Performance & Quality Report

Breakthrough objectives

Outstanding Care

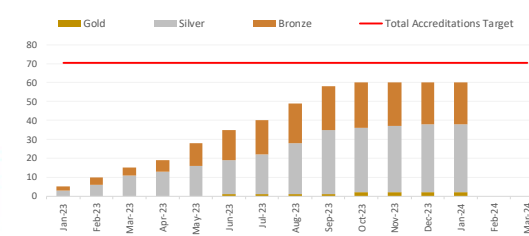
12 hour waits in ED

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



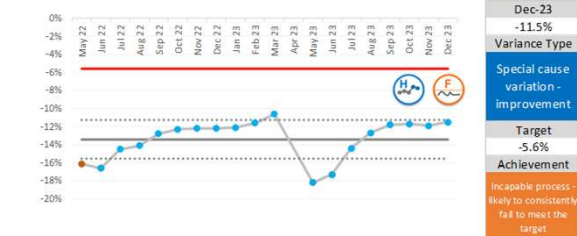
CAP trajectory - total accreditations

The cumulative total number of accreditations awarded in month.



Overall NHSE measure of productivity

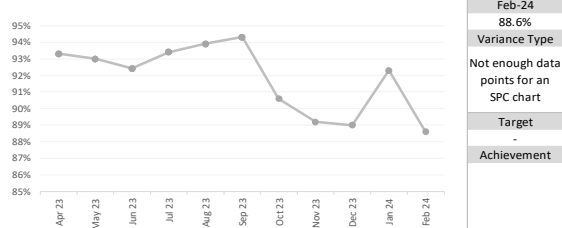
Comparison between the cost base and weighted activity provided in our acute settings in 23/24, against equivalent periods in 19/20.



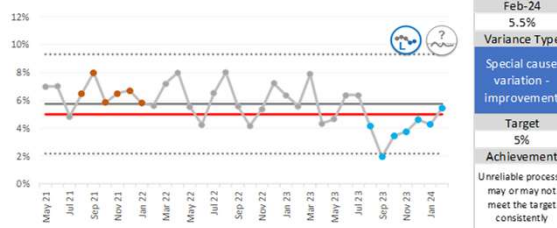
Healthy Communities

Frailty

Patients aged 65+ coming into ED having a documented frailty score, over all patients aged 65+ coming into ED.

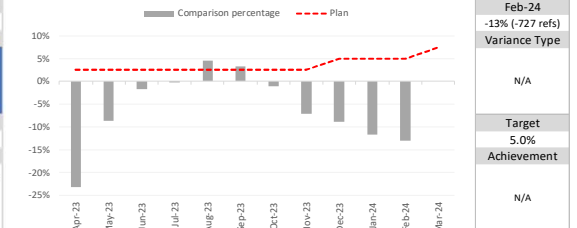


Maternity smoking at time of delivery



Cardiology referrals from deprived wards against plan

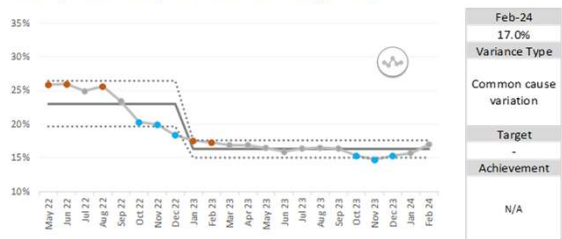
The year to date number of patients being referred to cardiology services from the most deprived areas in 2023 over the same period in 2022.



Place to work

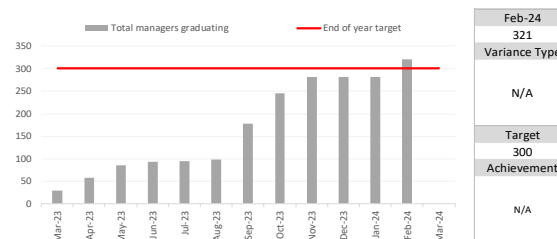
Leavers < 1 year service

Number of leavers with <1 year service with BHT. Rolling 12 months.



Peaks programmes

Number of managers graduating from the Peaks programmes - year to date.



Integrated Performance & Quality Report

SPC Charts

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

These SPC charts are based on two 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.

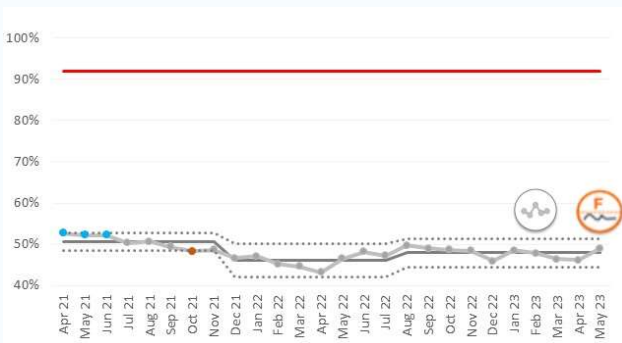
In these charts, where it looks like there has been some kind of change in the variability or average result in the reported data, the limits and the central line have been adjusted to indicate when it appears - statistically - that the change happened. This should be a prompt for users of the chart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

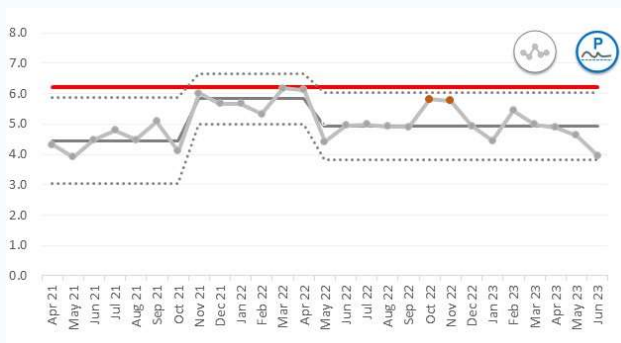
Either way, users of the charts should take care not to directly attribute causal factors to changes in the charts without further investigation.

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.

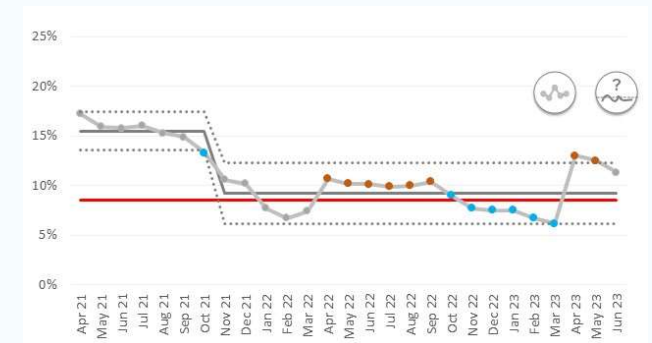
Target line is above the upper limit for this indicator (higher is better) showing that it will not be achieved consistently without a change to the process.



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

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.

Integrated Performance & Quality Report

Key to Matrix

		Assurance			
					
Variation/Performance		Excellent Celebrate and Learn <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> This metric is improving. Your aim is high numbers and you have some. There is currently no target set for this metric.
		Excellent Celebrate and Learn <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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.
		Concerning Investigate and Understand <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> This metric is deteriorating. Your aim is low numbers and you have some high numbers. There is currently no target set for this metric.
		Concerning Investigate and Understand <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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.

Integrated Performance & Quality Report

Overall Performance Summary



Assurance				
	Urgent 2 hour response Statutory & Mandatory training	Theatre utilisation	Acute open pathway performance NHSE productivity	
	HSMR Turnover rate	Maternity smoking at delivery Trust overall vacancy rate Nursing and midwifery vacancy rate	Acute open pathway 52 week breaches Acute open pathway 65 week breaches Community waiting list 52 week breaches Diagnostic compliance Endoscopic patients waiting > 6 weeks Non endoscopic DM01 breaches	Medically optimised for discharge bed days lost 14 day LOS - acute
	VTE assessment Term birth <10th centile Pre term birth < 24 weeks Corporate induction	New OP Reduce OP follow up Cancer waiting times - 62 day waits Cancer wait times - 31 days to first treatment Cancer screening Faster dianosis standard (28 days) Incidents that are low/no harm Medication incidents as SIs Falls per 1,000 bed days SIs declared as never events MRSA bacteraemia Clostridioides difficile E Coli bacteraemia MSSA bacteraemia Pseudomonas aeruginosa bacteraemia Klebsiella spp bacteraemia Treatment escalation plan compliance Early warning score Complaints response rate Complaints outstanding at 90 days Stillbirths - total cases Neonatal deaths Term admissions to neonatal unit Pre term birth Pre term birth >24 weeks Maternity smoking at time of booking Breastfeeding at birth Breastfeeding at discharge Average time to replace vacancies OH Management referrals	12 hour waits in ED Senior decision maker seen within 60 mins Ambulance handovers within 15 & 30 mins Ambulance handovers over 60mins Theatre cases per 4 hours planned time Cancer waiting times - 104 day waits Data security awareness training	Number of patients seen in SDEC Number of admissions - conversion from attendance Ambulance arrivals Medically optimised for discharge patients Community hospitals average LOS Occupancy Discharges by 5pm Discharges by 12 noon 14 day LOS - elective & non elective & community Urgent community response referrals Cancelled elective operations Elective activity Patient initiated follow up Community waiting list 65 week breaches Incidents reported Medication incidents Medication incidents per 1,000 bed days SIs confirmed Inpatient falls Pressure ulcers - cat 4 Excellence reporting Complaints received PALS contacts Community contacts Leavers < 1 year service Referrals to OH - stress
		Sickness	Outpatient DNA rate	Acute waiting list size Mean waiting time for first OP appointment Pressure ulcers - cat 2 & 3 Sickness - mental health
			ED 4 hour performance ED 4 hour type 1 performance Cancer performance - 62 day pathway	Cardiology referrals from deprived wards

Variation/Performance

Assurance				
				ED attendances Diagnostic activity levels
				Advice & guidance Community waiting list size
				PALS response Frailty

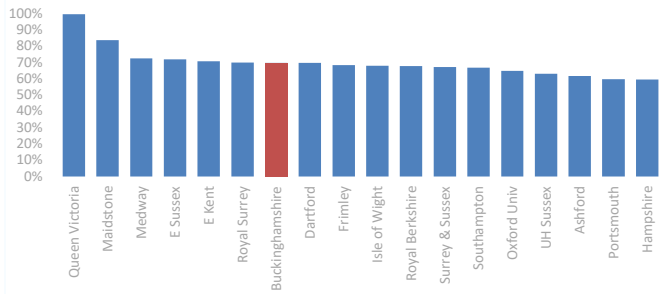
Variation

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Benchmarking Summary for South-East Region

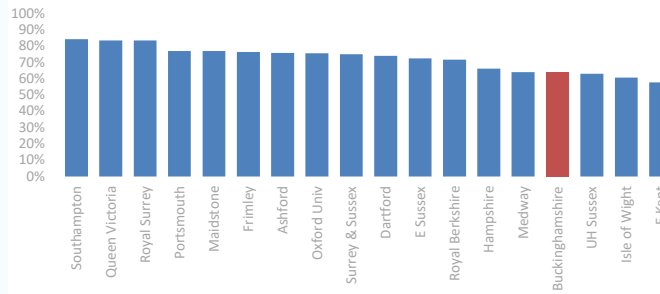
ED 4 hour performance

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



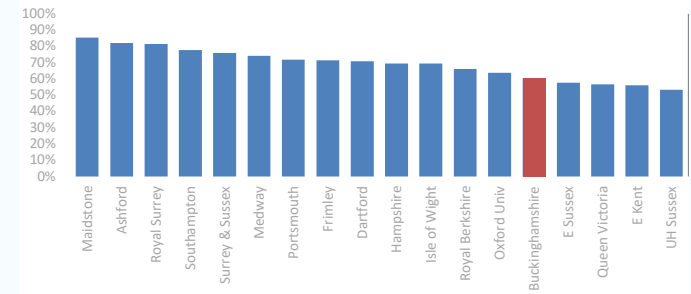
Faster diagnosis standard cancer

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



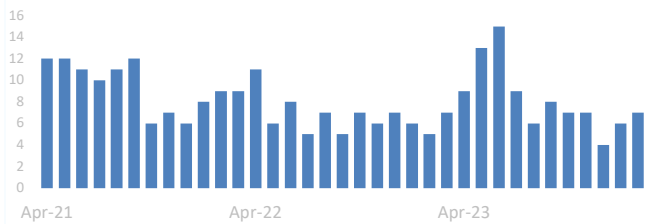
62 day wait cancer

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



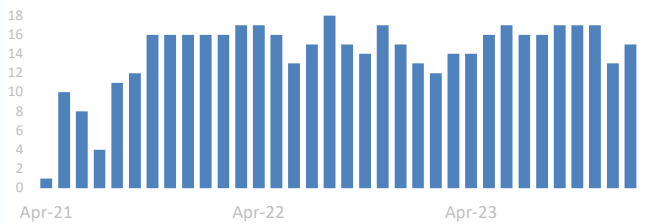
ED 4 hour performance ranking

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



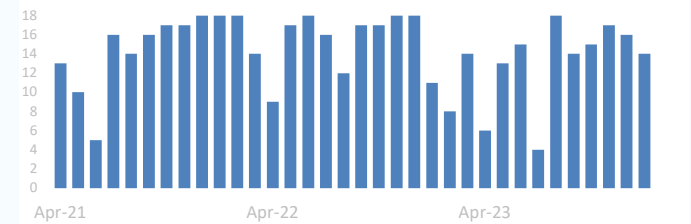
Faster diagnosis standard cancer

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.

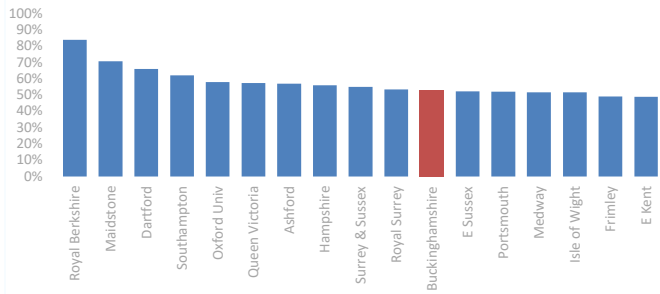
Source: NHS England - <https://www.england.nhs.uk/statistics/statistical-work-areas/>

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Benchmarking Summary for South-East Region

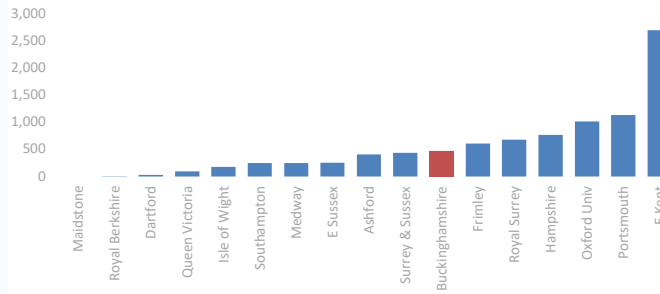
RTT performance

South East RTT performance benchmarking - Jan-24



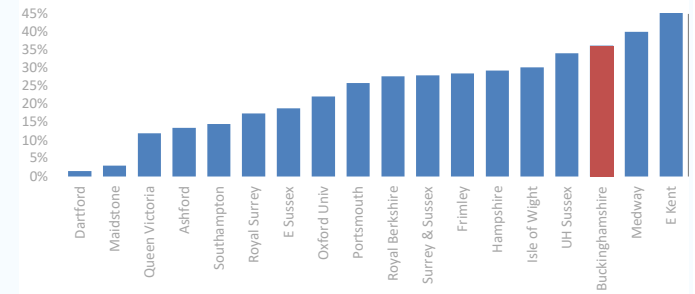
65 week waits

South East over 65 week waits benchmarking - Jan-24



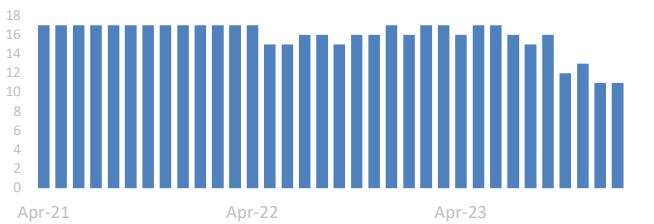
Diagnostic performance

South East diagnostic performance benchmarking - Jan-24



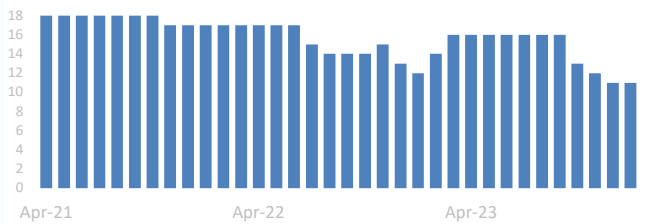
RTT performance ranking

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



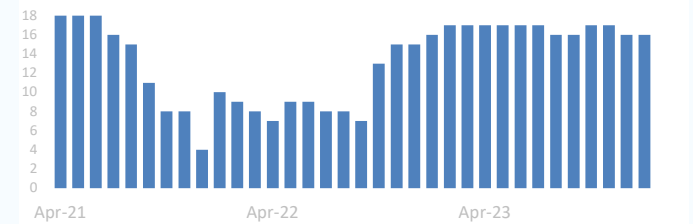
65 week waits ranking

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/>

Outstanding Care

Operational Standards - Urgent Emergency Care

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
ED 4 hour performance	Feb 24	69.8%	95.0%			71.9%	66.4%	77.4%
ED 4 hour type 1 performance	Feb 24	57.1%	-			59.9%	52.9%	66.8%
12 hour waits in ED	Feb 24	6.5%	2.0%			6.8%	4.3%	9.2%
ED attendances	Feb 24	13814	13187			12944	10712	15175
Senior decision-maker seen within 60 minutes	Feb 24	19.6%	100.0%			22.7%	16.8%	28.5%
Number of patients seen in SDEC	Feb 24	1704	-			1698	1360	2035
Number of admissions - conversions from attendance	Feb 24	10.1%	-			11.1%	8.9%	13.2%
Ambulance handovers within 15 mins	Feb 24	34.2%	65.0%			35.1%	18.4%	51.7%
Ambulance handovers within 30 mins	Feb 24	82.4%	95.0%			83.2%	72.9%	93.5%
Ambulance handovers over 60 mins	Feb 24	58	0			87	1	172
Ambulance arrivals	Feb 24	1986	-			2055	1834	2276
Urgent 2 hour response - community	Feb 24	91.0%	70.0%			88.1%	79.9%	96.3%
Urgent community response referrals	Feb 24	289	-			373	283	463
Medically optimised for discharge patients	Feb 24	104	-			95	68	122
Medically optimised for discharge bed days lost	Feb 24	2414	-			3004	2335	3673
14 day LOS - acute	Feb 24	106	-			133	99	167
Occupancy	Feb 24	94.5%	-			93.2%	81.9%	104.4%
Average LOS - community hospitals	Feb 24	20.3	-			20.1	13.4	26.8
Discharges by 5pm	Feb 24	46.9%	-			49.4%	44.8%	54.0%
Discharges by 12 noon	Feb 24	15.3%	-			15.1%	11.7%	18.6%

What the charts show us

ED 4 hour performance & ED Type 1 4 hour performance: Both these metrics are experiencing special cause variation of a concerning nature with the last six data points falling below the central line for each. Both targets lie above the current control limits and so cannot be achieved unless something changes in the processes.

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

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

Senior decision maker seen within 60 minutes: From the data, there appears to have been a step change in February 2023 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 above the current control limits and so cannot be achieved unless something changes in the process.

Ambulance handovers within 15 minutes and within 30 minutes: These metrics are experiencing common cause variation i.e. no significant change. However the targets lie above the current control limits and so cannot be achieved unless something changes in the processes.

Ambulance handovers over 60 minutes: This metric is experiencing common cause variation i.e. no significant change. However the target lies below the current control limits and so cannot be achieved unless something changes in the process.

Urgent 2 hour response - community: 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 below the current control limits and so can be consistently achieved unless something changes in the process.

Medically optimised for discharge bed days lost: This metric is experiencing special cause variation of an improving nature with the last eight data points falling below the central line.

14 day LOS - acute: This metric is experiencing special cause variation of an improving nature with the last nine data points falling below the central line.

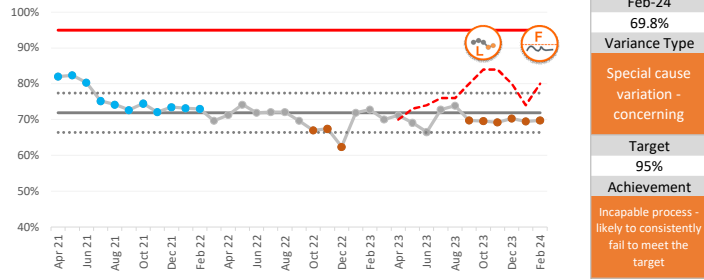
All other metrics are showing common cause variation i.e. no significant change.

Outstanding Care

Operational Standards - Urgent Emergency Care

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.



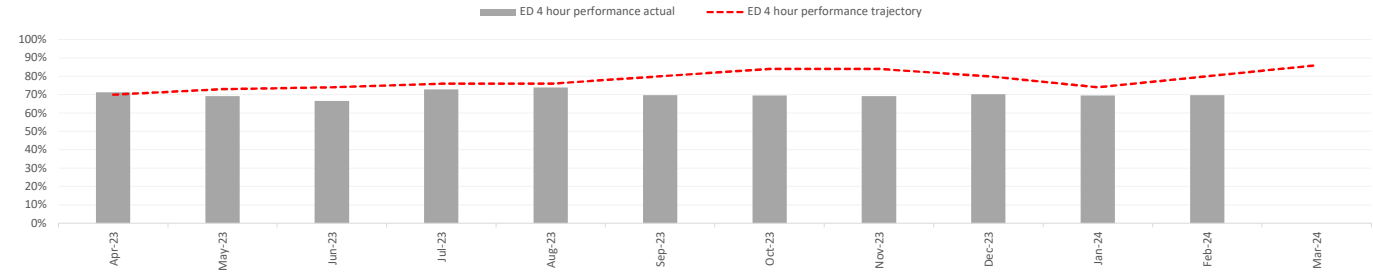
Summary:

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

The target lies above the current control limits and so cannot be achieved unless something changes in the process.

Since September the trajectory has largely fallen above the upper control limit and so cannot be achieved unless something changes in the process.

ED 4 hour performance trajectory



Actions to achieve trajectory:

8th March 2024: Anticipated further reduction in pressures and improvement in flow.

March 2024: Significant management oversight and support into the Emergency Department

Assurance:

Plans continue to progress in line with those outlined in the action to achieve trajectory.

We continue to embed the improvements / processes specified in the three pillars of work proposed for the front door and informed through the UEC Programme Board for assurance.

There is a specific focus on the culture and productivity in the Emergency Department working with the new consultant body and bringing in other specialty colleagues.

In December '23 the Senior Care Group Leadership Team commenced a series of days to show Leadership / management of the Emergency Floor, regarding flow, case management and wider organisational support. The method has been adopted by the wider team which is shown in the improvement in this key indicator.

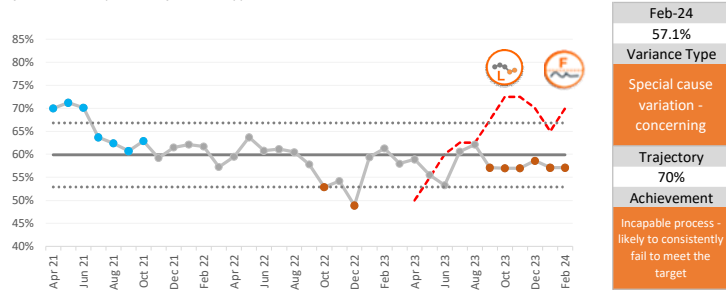
We aim to return to trajectory by end of March.

Outstanding Care

Operational Standards - Urgent Emergency Care

ED 4 hour type 1 performance

The percentage of patients spending 4 hours or less in ED type 1 from arrival to departure over all types of in month departures from ED type 1.

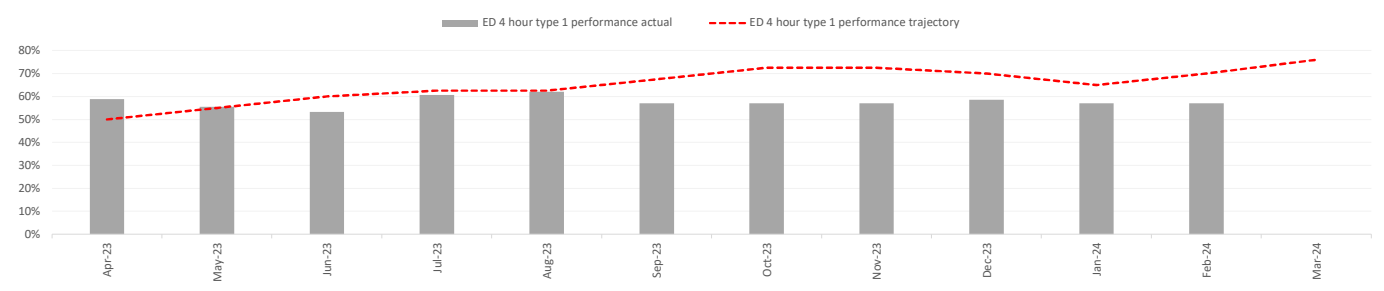


Summary:

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

Since September the trajectory has largely fallen above the upper control limit and so cannot be achieved unless something changes in the process.

ED 4 hour type 1 performance trajectory



Actions to achieve trajectory:

8th March 2024: Anticipated further reduction in pressures and improvement in flow.

March 2024: Significant management oversight and support into the Emergency Department

Assurance:

Plans continue to progress in line with those outlined in the action to achieve trajectory.

We continue to embed the improvements / processes specified in the three pillars of work proposed for the front door and informed through the UEC Programme Board for assurance.

There is a specific focus on the culture and productivity in the Emergency Department working with the new consultant body and bringing in other specialty colleagues.

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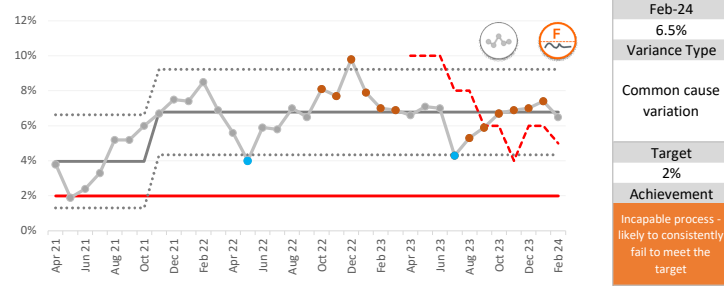
We aim to return to trajectory by end of March.

Outstanding Care

Operational Standards - Urgent Emergency Care

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).



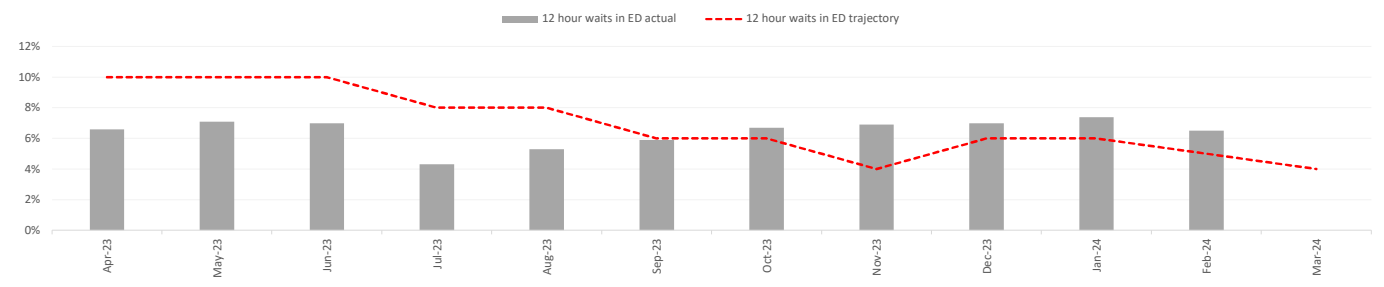
Summary:

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.

The trajectory lies within the current control limits and so the metric will consistently hit or miss the trajectory.

12 hour waits in ED trajectory



Actions to achieve trajectory:

8th March 2024: Anticipated further reduction in pressures and improvement in flow.

March 2024: Significant management oversight and support into the Emergency Department

Assurance:

Plans continue to progress in line with those outlined in the action to achieve trajectory.

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In December '23 the Senior Care Group Leadership Team commenced a series of days to show Leadership / management of the Emergency Floor, regarding flow, case management and wider organisational support. The method has been adopted by the wider team which is shown in the improvement in this key indicator.

We aim to return to trajectory by end of March.

Outstanding Care

Operational Standards - Urgent Emergency Care

Seen by a Senior decision maker within 60 mins

This metric is under review as part of the IPR overall review ahead of the new financial year.

Same Day Emergency Department (SDEC)

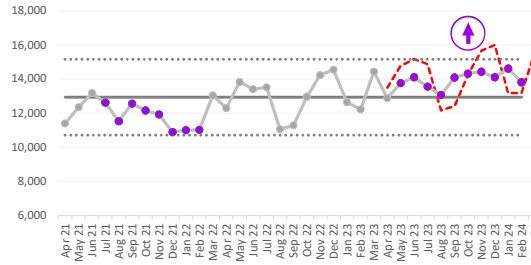
The Same Day Emergency Department is a collaborative care delivery approach between Acute and Emergency teams.

Since June 2023 when we increased the opening hours of the Same Day Emergency Care Department as the workforce model was optimised, we have seen a consistent increase in activity going through this service.

Plans in progress to evolve the services provided with hot clinics, chest pain clinic, virtual ward pathways and a hot lab.

ED attendances

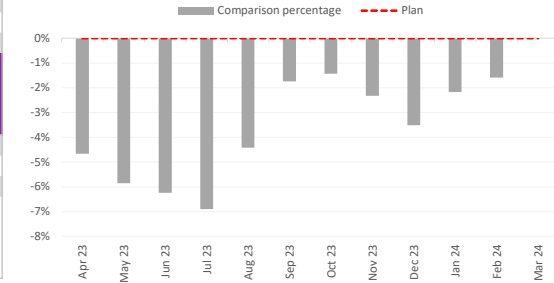
The number of patients attending ED (all types) during the month.



Feb-24	13,814
Variance Type	Special cause variation - neither concerning nor improvement
Plan	13,187
Achievement	
	N/A

ED attendances against plan

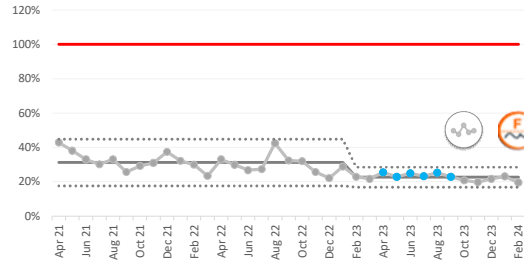
The year to date number of ED attendances over year to date plan for the same period. For financial year 2023/24.



Sep-23	-1.6%
Variance Type	
	N/A
Plan	0%
Achievement	
	N/A

Senior decision-maker seen within 60 minutes

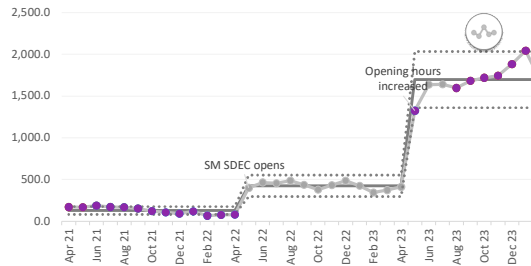
The percentage of Stoke Mandeville ED attendances who were seen by a senior decision-maker within 60 minutes of arrival.



Feb-24	19.6%
Variance Type	Common cause variation
Target	100%
Achievement	
	Incapable process - likely to consistently fail to meet the target

Number of patients seen in SDEC

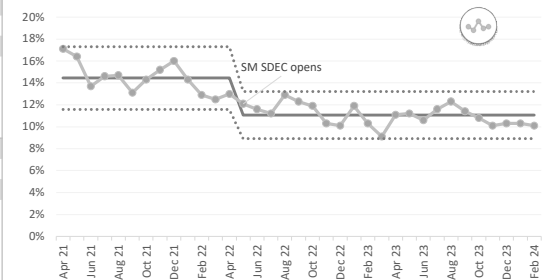
Total number of ward stay episodes on SM SDEC or SM Frailty SDEC in month.



Feb-24	1,704
Variance Type	Common cause variation
Target	-
Achievement	
	N/A

Number of admissions - conversions from attendance

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



Feb-24	10.1%
Variance Type	Common cause variation
Target	-
Achievement	
	N/A

Outstanding Care

Operational Standards - Urgent Emergency Care

Ambulance handovers

In this reporting period ambulance conveyances to Stoke Mandeville Hospital handovers > 15 mins, >30 mins and > 60mins have seen a slight improvement.

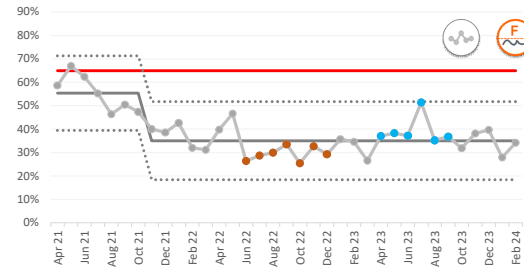
This is a real focus of the 2 hourly huddles in ED, Ambulance colleagues have been invited to join to give wider context of pressures external to our department.

We continue to review and modify our processes and pathways.

There is ongoing work within ED to regain the position as part of the improvement programme focussing on consistent senior decision makers and redirecting activity to SDEC and Frailty.

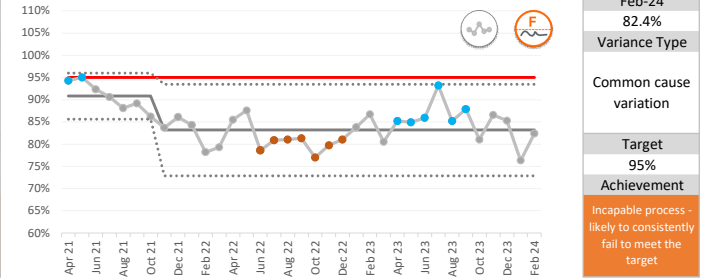
Ambulance handovers within 15 mins

The percentage of ambulance handovers during the month taking 15 minutes or less, over all handovers in the month.



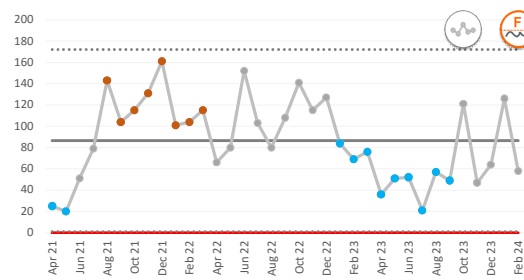
Ambulance handovers within 30 mins

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



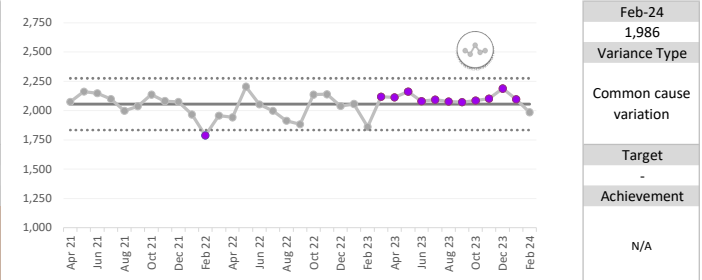
Ambulance handovers over 60 mins

The number of ambulance handovers in the month taking longer than 60 minutes.



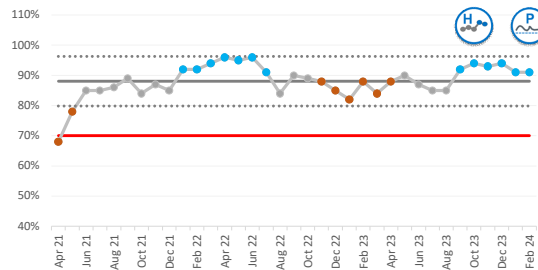
Ambulance arrivals

The number of ambulance arrivals at Stoke Mandeville ED in the month.



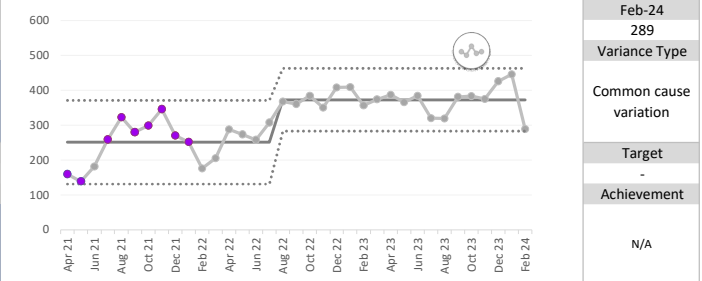
Urgent 2 hour response - community

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



Urgent community response referrals

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

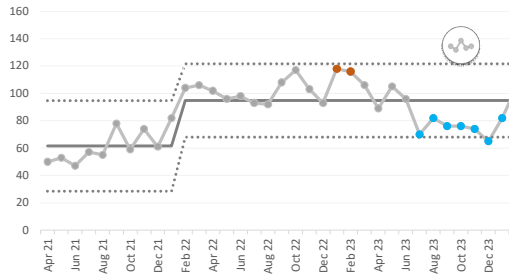


Outstanding Care

Operational Standards - Urgent Emergency Care

Medically optimised for discharge patients

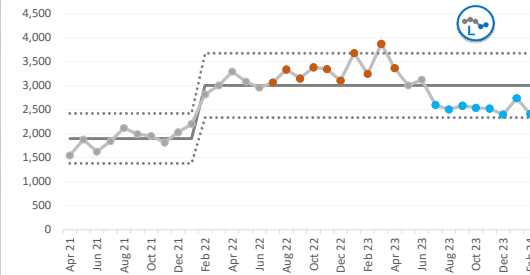
The number of patients in hospital who are medically optimised for discharge. Snapshot taken at month end.



Feb-24	104
Variance Type	Common cause variation
Target	-
Achievement	N/A

Medically optimised for discharge bed days lost

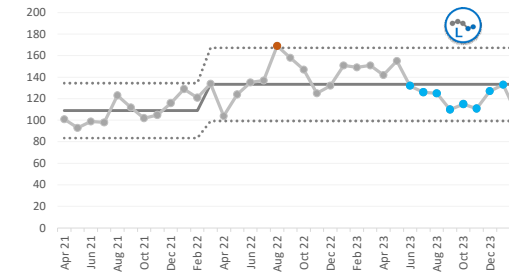
The number of bed days lost during the month for patients who were medically optimised for discharge but not discharged.



Feb-24	2414
Variance Type	Special cause variation - improvement
Target	-
Achievement	N/A

14 day LOS - acute

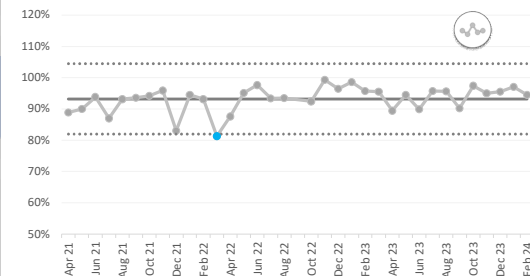
Count of patients in an acute bed (Stoke and Wycombe only) at the end of the month who have a total length of stay of more than 14 days. Based wards included in the daily Sitrep.



Feb-24	106
Variance Type	Special cause variation - improvement
Target	-
Achievement	N/A

Occupancy

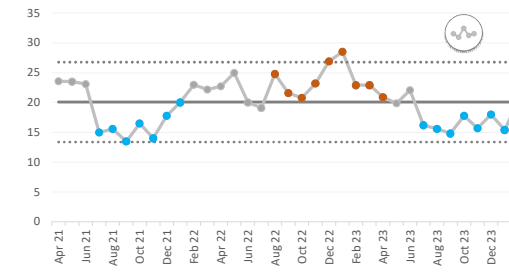
Number of patients occupying a G&A bed divided by number of available G&A beds (including escalation beds). Taken from Daily SITREP snapshots over the month.



Feb-24	94.5%
Variance Type	Common cause variation
Target	-
Achievement	N/A

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.



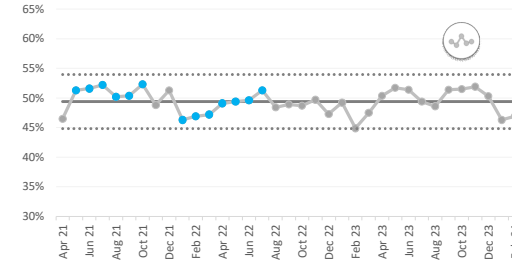
Feb-24	20.3
Variance Type	Common cause variation
Target	-
Achievement	N/A

Outstanding Care

Operational Standards - Urgent Emergency Care

Discharges by 5pm

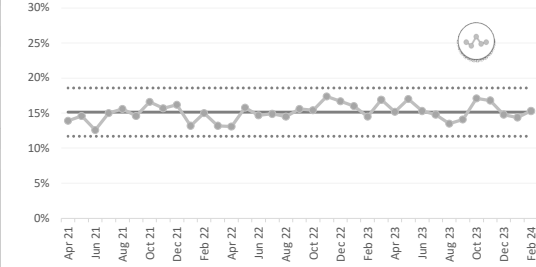
Proportion of inpatients discharged between 5am - 5pm of all discharges. Excludes maternities, deceased, purely elective wards and patients not staying over midnight.



Feb-24	46.9%
Variance Type	Common cause variation
Target	-
Achievement	N/A

Discharges by 12 noon

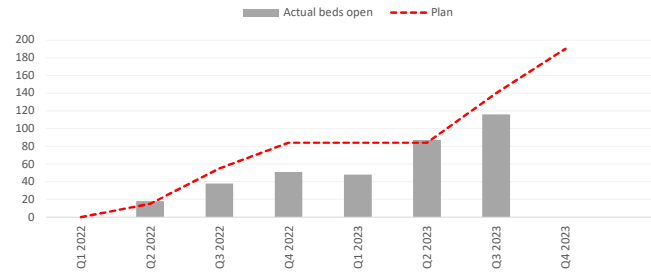
Proportion of inpatients discharged between 5am - 12 noon of all discharges. Excludes maternities, deceased, purely elective wards and patients not staying over midnight.



Feb-24	15.3%
Variance Type	Common cause variation
Target	-
Achievement	N/A

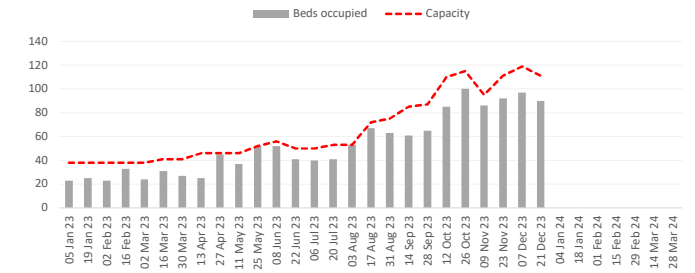
Hospital at home open beds

Bucks Hospital at Home current open beds against plan.



Hospital at home utilisation

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



Outstanding Care

Operational Standards - Elective Recovery

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Acute waiting list size	Jan 24	47995	-			45146	43221	47071
Acute open pathway performance	Jan 24	52.8%	92.0%			49.7%	46.7%	52.6%
Acute open pathway 52 week breaches	Jan 24	2145	0			3422	2571	4272
Acute open pathway 65 week breaches	Jan 24	462	0			1016	713	1318
Theatre utilisation	Feb 24	85.5%	85.0%			82.6%	79.5%	85.7%
Theatre cases per 4 hours planned time	Feb 24	2.4	3.0			2.4	2.2	2.6
Cancelled elective operations	Feb 24	24	-			30	-2	62
Elective activity	Feb 24	4686	4380			3952	3079	4825
Outpatient DNA rate	Feb 24	7.6%	5.0%			7.1%	6.2%	8.0%
Mean waiting time for first outpatient appointment	Feb 24	66.7	-			60.0	47.0	73.0
Reduce OP follow up	Feb 24	26853	23797			25928	19228	32628
New OP	Feb 24	18030	19503			18798	14034	23563
Advice & Guidance	Feb 24	1473	-			1706	1084	2328
Patient initiated follow up (PIFU)	Feb 24	944	-			945	592	1298
Community waiting list size	Feb 24	14057	-			15314	14559	16069
Community waiting list 52 week breaches	Feb 24	4498	-			4768	4543	4993
Community waiting list 65 week breaches	Feb 24	3999	-			3938	3755	4122

What the charts show us

Acute waiting list size: This metric is experiencing special cause variation of a concerning nature with the last nine data points falling above the central line and the last six data points falling above the upper control limit.

Acute open pathway performance: This metric is experiencing special cause variation of an improving nature with the last seven data points falling above the central line and the last four data points falling above the upper control limit. However the target lies above the current control limits and so cannot be achieved unless something changes in the process.

Acute open pathway 52 week breaches: This metric is experiencing special cause variation of an improving nature with a downward run of the last six data points and the last two data points falling below the lower control limit. The target lies below the current control limits and so cannot be achieved unless something changes in the process.

Acute open pathway 65 week breaches: This metric is experiencing special cause variation of an improving nature with a downward run of the last six data points and the last three data points falling below the lower control limit. The target lies below the current control limits and so cannot be achieved unless something changes in the process.

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

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.

Outpatient DNA rate: This metric is experiencing special cause variation of a concerning nature with the last six data points falling above the central line. The target lies below the current control limits and so cannot be achieved unless something changes in the process.

Mean waiting time for first outpatient appointment: This metric is experiencing special cause variation of a concerning nature with the last seven data points falling above the central line.

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

Community waiting list size: This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last seven data points falling below the central line and the last four data points falling below the lower control limit.

All other metrics are showing common cause variation i.e. no significant change.

Outstanding Care

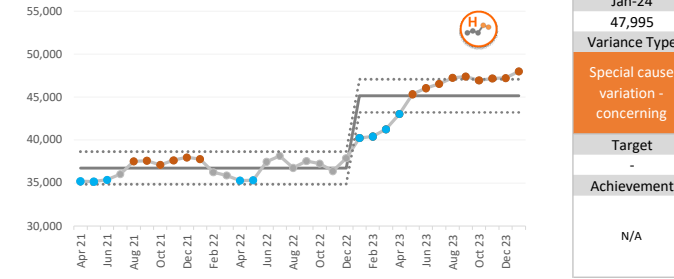
Operational Standards - Elective Recovery

Acute waiting list size

This has continued to rise as the Trust works to add the backlog of referrals on the electronic referral system to a single waiting list. This ensures all referrals are managed equitably and dependent on clinical need. This work is due to finish in March 24 and evidence a true and stable waiting list from which to base our 24/25 capacity requirements on.

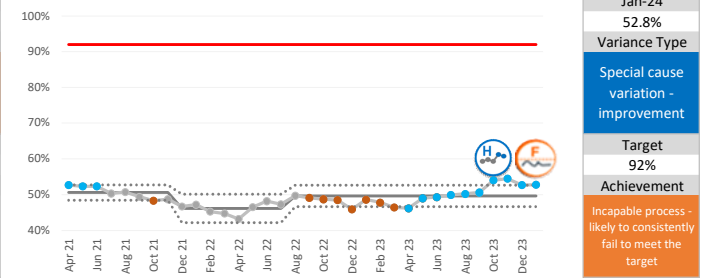
Acute waiting list size

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



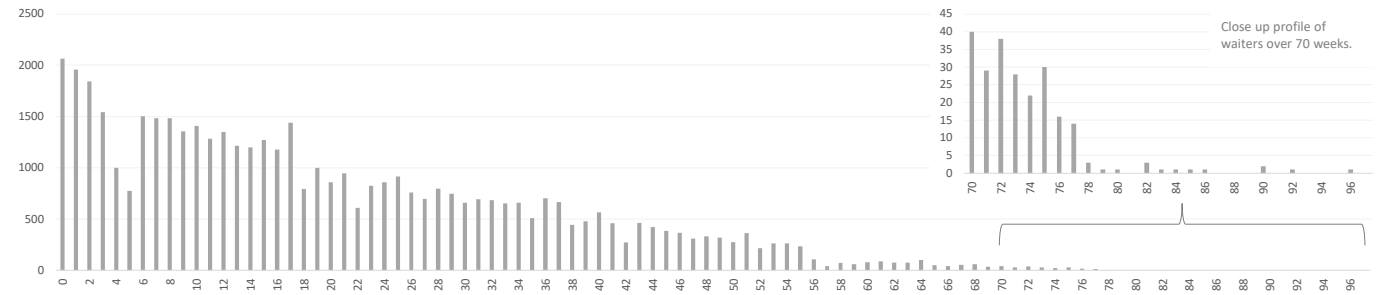
Acute open pathway performance

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



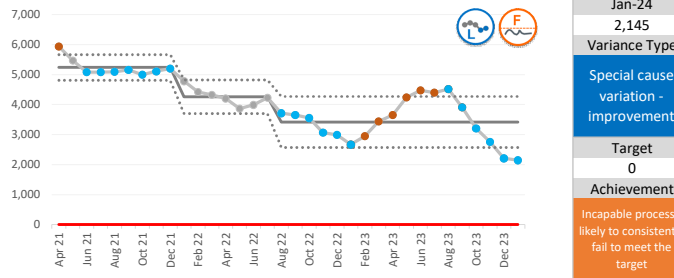
Acute open pathways by weeks wait

The number of incomplete RTT pathways (patients waiting to start treatment) at the end of the month (Jan-24) by weeks waited from clock start date.



Acute open pathway 52 week breaches

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

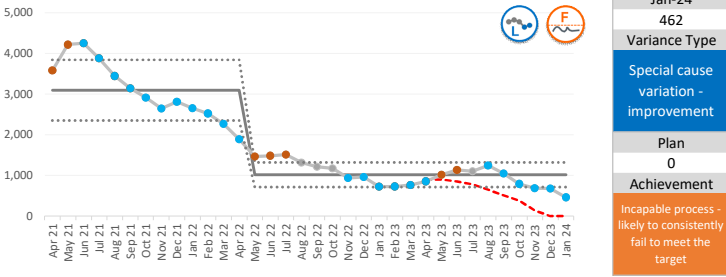


Outstanding Care

Operational Standards - Elective Recovery

Acute open pathway 65 week breaches

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



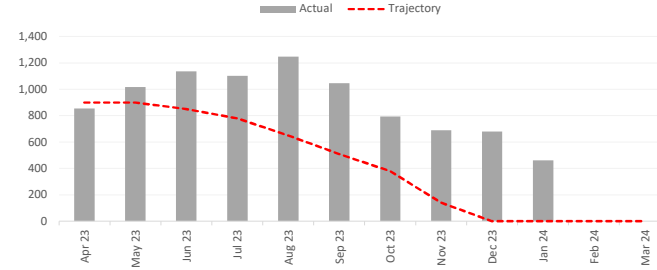
Summary:

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

The trajectory lies below the current control limits and so cannot be achieved unless something changes in the process.

Acute open pathway 65 week breaches trajectory

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



Actions to achieve trajectory:

DMAS: Requesting mutual aid, including from out of area IS providers

Independent sector: In sourcing and outsourcing, using existing contracts

WLLs: Providing activity through waiting list initiatives, including existing plans

Validation: Validating 90% of the PTL, removing approx. 2120 non-admitted and 290 admitted pathways

Cadence improvements: 3 x weekly long wait oversight meeting reviewing the booking profile including new dedicated out-pts focus group

New Pre-op Triage tool: 1st in BOB to adopt Graphnet, allowing faster assessment and great throughput overall.

Acute open pathway 65 week risks trajectory

The total number of patients on an incomplete RTT pathway who will breach 65 weeks waiting time by March 24.



Assurance:

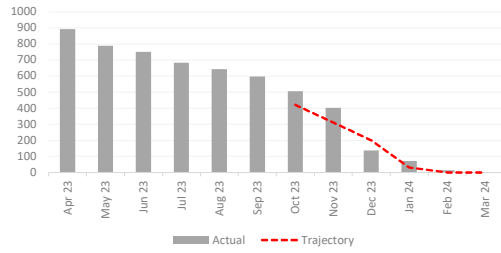
Outstanding Care

Operational Standards - Elective Recovery

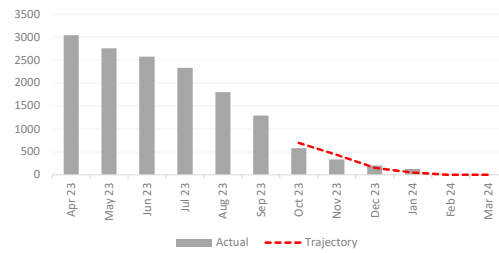
Acute open pathway 65 week risk trajectories by specialty

The total number of patients on an incomplete RTT pathway who will breach 65 weeks waiting time by March 24.

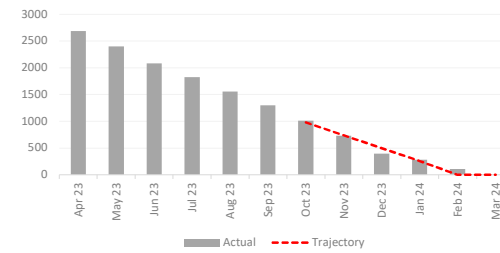
Dermatology



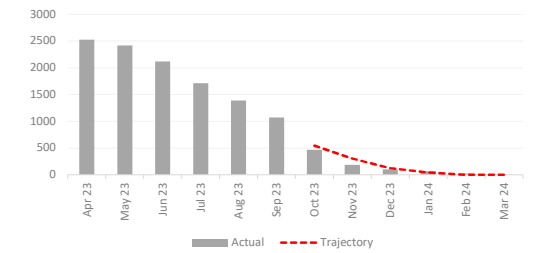
ENT



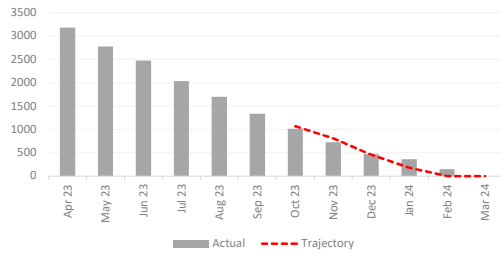
Gynaecology



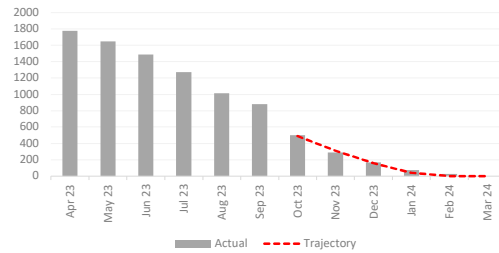
Ophthalmology



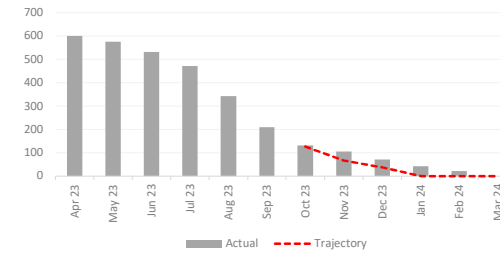
Trauma & Orthopaedics



Urology



Vascular Surgery



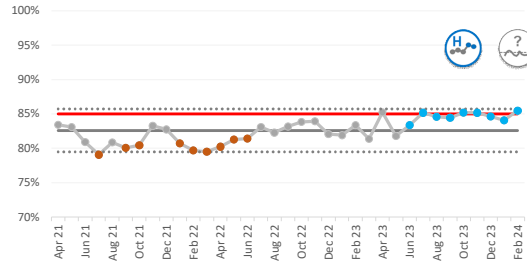
Outstanding Care

Operational Standards - Elective Recovery

Theatre utilisation calculation methodology has been reviewed and changed to bring it in line with Model Hospital reporting.

Theatre utilisation

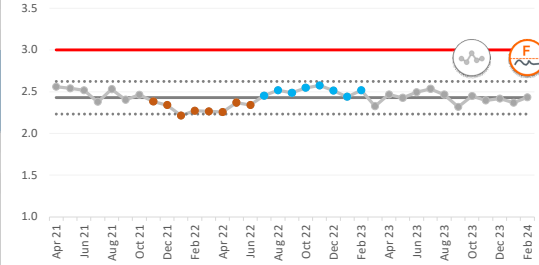
Total run time of theatre lists as a percentage of total planned time.



Feb-24	85.5%
Variance Type	Special cause variation - improvement
Target	85%
Achievement	Unreliable process - may or may not meet the target consistently

Theatre cases per 4 hours planned time

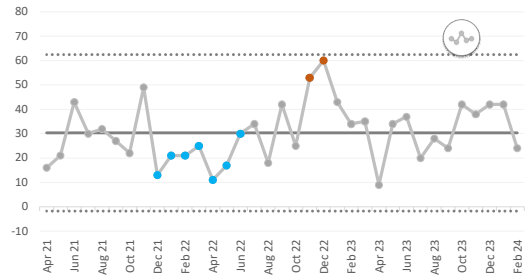
Number of theatre cases per four hours of planned theatre time during the month.



Feb-24	2.4
Variance Type	Common cause variation
Target	3.0
Achievement	Unreliable process - likely to consistently fail to meet the target

Cancelled elective operations

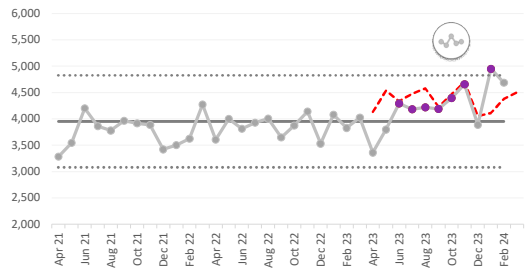
Number patients cancelled due to elective, non-clinical, hospital initiated cancellations on the day of procedure.



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

Elective activity

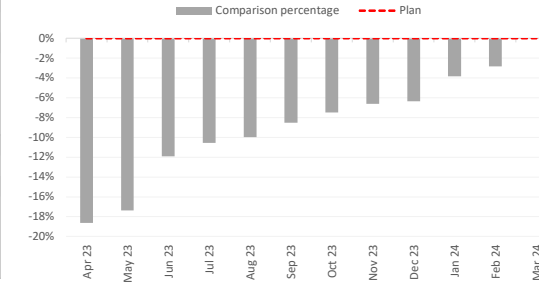
The number of elective inpatient and day case admissions during the month.



Feb-24	4,686
Variance Type	Common cause variation
Plan	4,380
Achievement	N/A

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 2023/24.



Feb-24	-2.8%
Variance Type	N/A
Plan	0%
Achievement	N/A

Outstanding Care

Operational Standards - Elective Recovery

Outpatient DNA rate

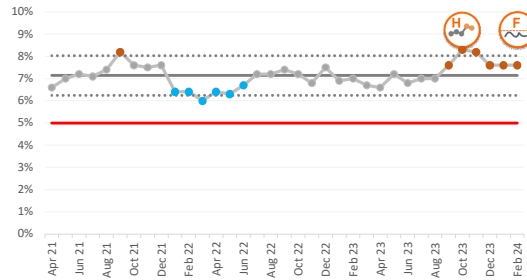
While this remains stable, it is higher than the 5% we aim for. We are progressing towards two way texting to improve communication with the patient and work towards mutually agreed appointments. This will reduce DNA rates and wasted appointments. A date to role out two way texting will be shared when the trialling of systems is complete.

Mean waiting time for first outpatient appointments

Currently at 66.7 days. This is very dependent on the split of capacity used by cancer and urgent patients who have a shorter waiting time, and our long waiting patients. It is coming down as we reduce waiting times and this will continue to be a work in progress throughout 24/25.

Outpatient DNA rate

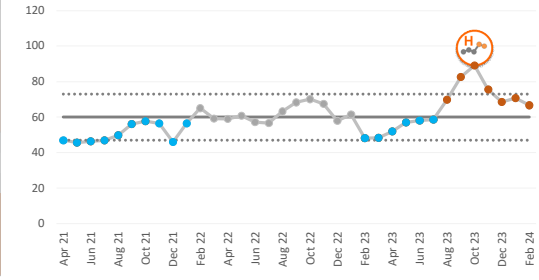
Percentage of patients who did not attend outpatients over all outpatient attendances and DNAs during the month.



Feb-24	7.6%
Variance Type	Special cause variation - concerning
Target	5%
Achievement	Incapable process - likely to consistently fail to meet the target

Mean waiting time for first outpatient appointment

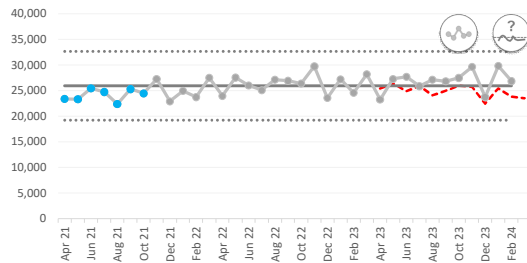
Mean waiting time in days between referral date and first outpatient appointment date for appointment dates in month. Includes attendances and did not attends.



Feb-24	66.7
Variance Type	Special cause variation - concerning
Target	-
Achievement	N/A

Reduce OP follow up

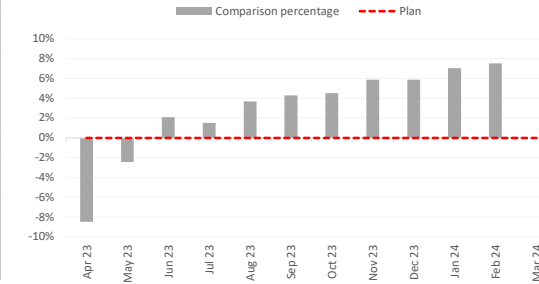
Total number of follow up attendances during the month.



Feb-24	26,853
Variance Type	Common cause variation
Target	23,797
Achievement	N/A

Follow up OP activity against plan

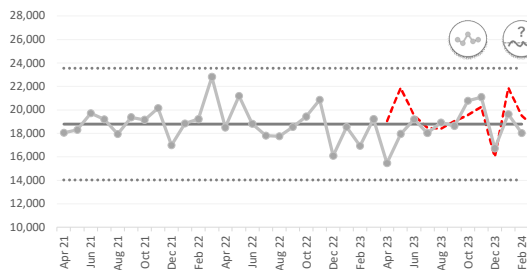
The year to date number of follow up outpatient attendances over year to date plan for the same period. For financial year 2023/24.



Feb-24	7.5%
Variance Type	N/A
Plan	0%
Achievement	N/A

New OP

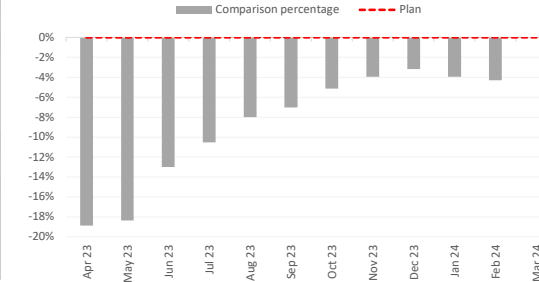
Total number of new attendances during the month.



Feb-24	18,030
Variance Type	Common cause variation
Plan	19,503
Achievement	N/A

New OP activity against plan

The year to date number of new outpatient attendances over year to date plan for the same period. For financial year 2023/24.



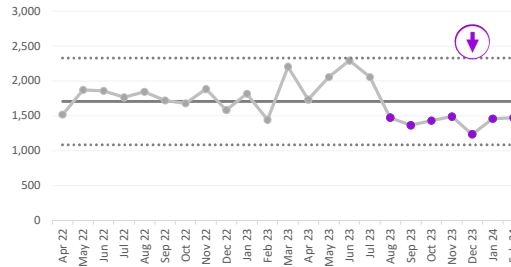
Feb-24	-4.3%
Variance Type	N/A
Plan	0%
Achievement	N/A

Outstanding Care

Operational Standards - Elective Recovery

Advice & Guidance

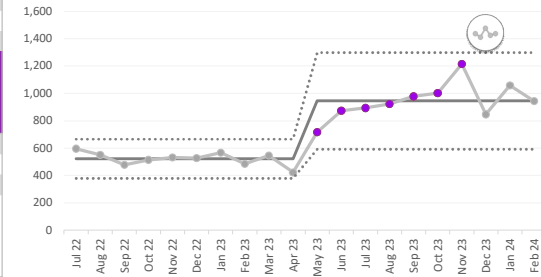
Total number of requests for advice and guidance received in month.



Feb-24	1,473
Variance Type	Special cause variation - neither concerning or improvement
Target	-
Achievement	-
N/A	

Patient initiated follow up (PIFU)

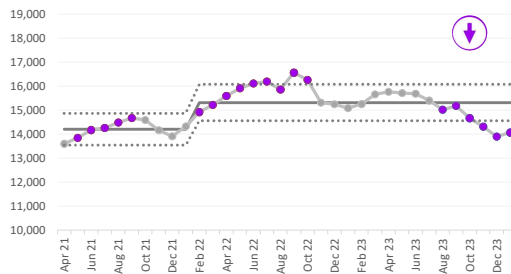
The number of episodes moved to a PIFU pathway as an outcome of their attendance in month.



Feb-24	944
Variance Type	Common cause variation
Target	-
Achievement	-
N/A	

Community waiting list size

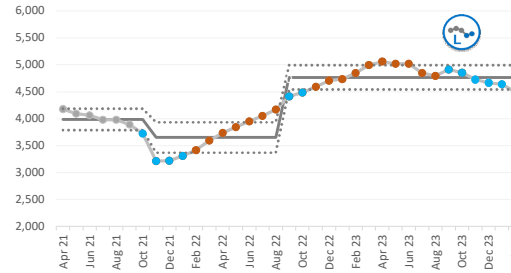
Number of patients waiting over 65 weeks on the community waiting list at the end of the month.



Feb-24	14,057
Variance Type	Special cause variation - neither concerning or improvement
Target	-
Achievement	-
N/A	

Community waiting list 52 week breaches

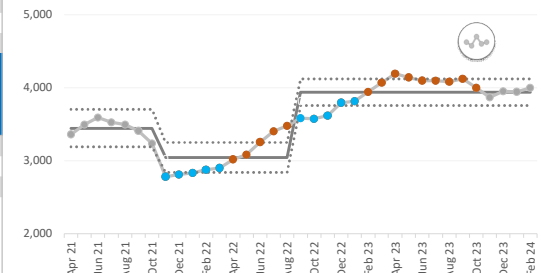
Number of patients waiting over 52 weeks on the community waiting list at the end of the month.



Feb-24	4,498
Variance Type	Special cause variation - improvement
Target	-
Achievement	-
N/A	

Community waiting list 65 week breaches

Number of patients waiting over 65 weeks on the community waiting list at the end of the month.



Feb-24	3,999
Variance Type	Common cause variation
Target	-
Achievement	-
N/A	

Outstanding Care

Operational Standards - Diagnostics

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Diagnostic compliance	Jan 24	36.3%	5.0%			42.4%	34.3%	50.6%
Diagnostic activity levels	Jan 24	14212	-			12019	9125	14912
Endoscopic patients waiting > 6 weeks	Jan 24	727	0			969	586	1353
Non-endoscopic DM01 breaches	Jan 24	2330	0			3578	2741	4414

By modality

Magnetic resonance imaging	Jan 24	1555	-			2069	1485	2654
Computed tomography	Jan 24	273	-			228	154	301
Non-obstetric ultrasound	Jan 24	277	-			482	10	954
DEXA scan	Jan 24	89	-			20	-19	59
Audiology - audiology assessments	Jan 24	29	-			37	-41	114
Cardiology - echocardiography	Jan 24	54	-			96	17	174
Respiratory physiology - sleep studies	Jan 24	0	-			0	0	0
Urodynamics - pressures & flows	Jan 24	53	-			14	-5	33
Colonoscopy	Jan 24	259	-			334	232	436
Flexi sigmoidoscopy	Jan 24	127	-			162	104	219
Cystoscopy	Jan 24	109	-			154	87	220
Gastroscopy	Jan 24	232	-			343	167	520

What the charts show us

Diagnostic compliance: From the data, there appears to have been a step change in October 2022 so the limits have been recalculated at this point. This metric is experiencing special cause variation of an improving nature with a downward run of the last seven data points. The target still lies below the current control limits and so cannot be achieved unless something changes in the process.

Diagnostic activity levels: 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.

Endoscopic patients waiting >6 weeks: This metric is experiencing special cause variation of an improving nature with the last six data points falling below the central line. However, the target lies below the current control limits and so cannot be achieved unless something changes in the process.

Non-endoscopic DM01 breaches: From the data, there appears to have been a step change in October 2022 so the limits have been recalculated at this point. This metric is experiencing special cause variation of an improving nature with the last two data points falling below the lower control limit. The target still lies below the current control limits and so cannot be achieved unless something changes in the process.

For patients waiting > 6 weeks for a diagnostic test:

Computed tomography: is showing special cause variation of a concerning nature with the last seven data points falling above the central line.

DEXA scan: is showing special cause variation of a deteriorating nature with the last data point falling above the upper control limit.

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

Urodynamics: is showing special cause variation of a deteriorating nature with the last data point falling above the upper control limit.

Gastroscopy: is showing special cause variation of an improving nature with the last six data points falling below the central line.

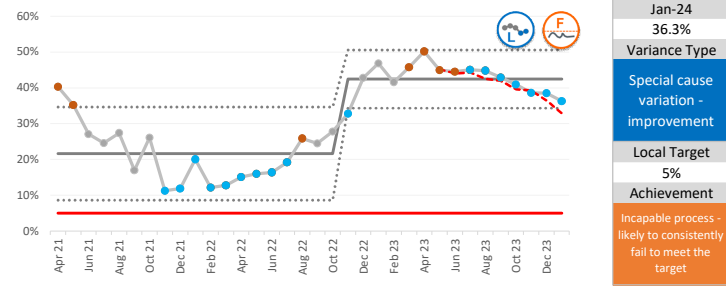
All other metrics are showing common cause variation i.e. no significant change.

Outstanding Care

Operational Standards - Diagnostics

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.



Summary:

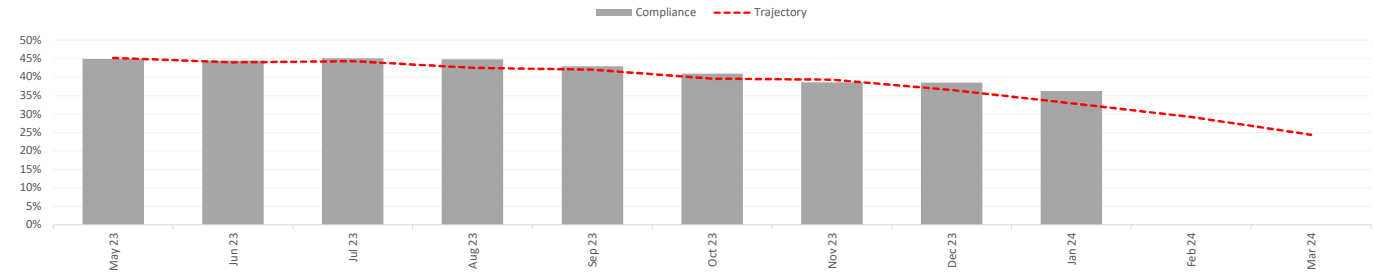
From the data, there appears to have been a step change in October 2022 so the limits have been recalculated at this point.

This metric is experiencing special cause variation of an improving nature with a downward run of the last seven data points.

The trajectory lies below the current control limits and so cannot be achieved unless something changes in the process.

The target still lies below the current control limits and so cannot be achieved unless something changes in the process.

Diagnostic compliance trajectory



Actions to achieve trajectory:

Non Obstetric ultrasound: Continue to outsource using ICB contract until December

MRI: Implement mobile MRI scanner November

CT: Continue to outsource to external provider
Implement PET CT scanner in January 2024

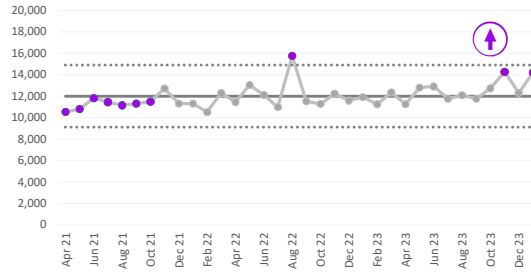
Assurance:

Outstanding Care

Operational Standards - Diagnostics

Diagnostic activity levels

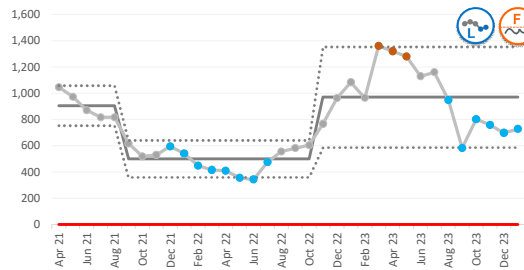
The number of diagnostic tests or procedures carried out in the period. Based on DM01 definitions.



Jan-24	14,212
Variance Type	Special cause variation - neither concerning or improvement
Target	-
Achievement	N/A

Endoscopic patients waiting > 6 weeks

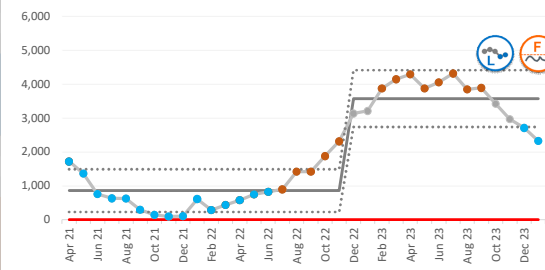
The number of patients waiting more than 6 weeks at month end for an Endoscopic procedure.



Jan-24	727
Variance Type	Special cause variation - improvement
Target	0
Achievement	Incapable process - likely to consistently fail to meet the target

Non-endoscopic DM01 breaches

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



Jan-24	2,330
Variance Type	Special cause variation - improvement
Target	0
Achievement	Incapable process - likely to consistently fail to meet the target

Outstanding Care

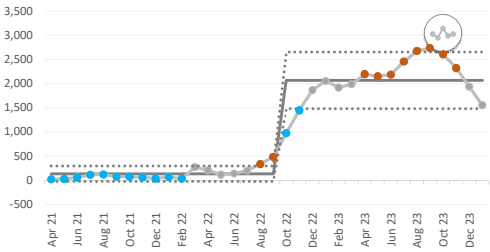
Operational Standards - Diagnostics

Diagnostic waiters > 6 weeks by modality (test)

The number of patients waiting more than 6 weeks at month end by modality (test).

Imaging

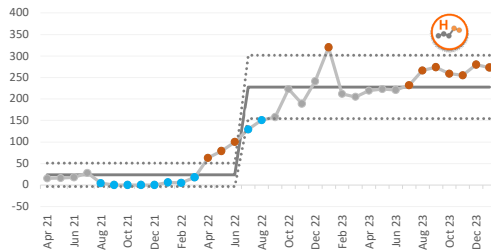
Magnetic resonance imaging



Waiting list size



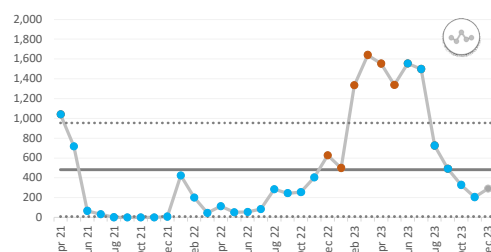
Computed tomography



Waiting list size



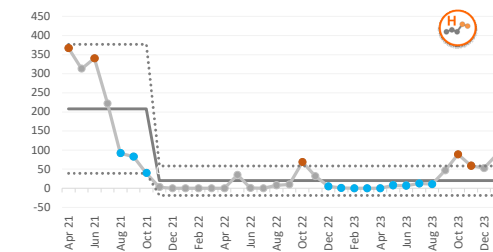
Non-obstetric ultrasound



Waiting list size



DEXA scan

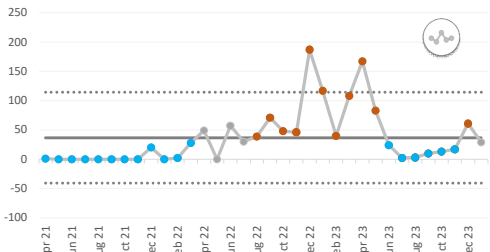


Waiting list size



Physiological measurement

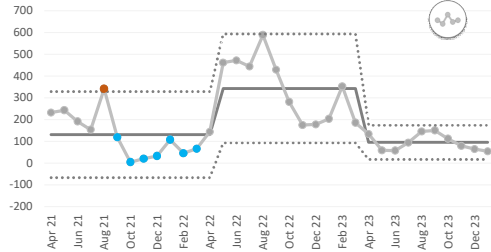
Audiology - audiology assessments



Waiting list size



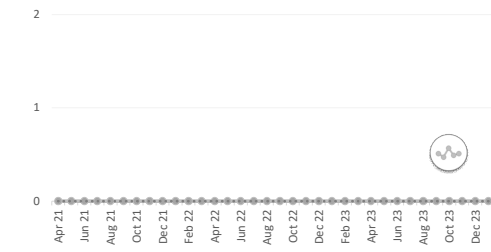
Cardiology - echocardiography



Waiting list size



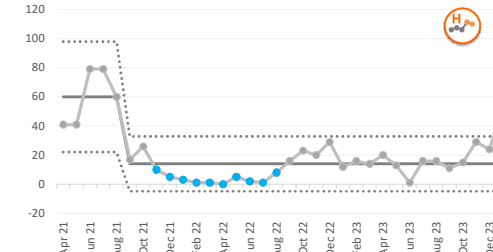
Respiratory physiology - sleep studies



Waiting list size



Urodynamics - pressures & flows



Waiting list size



Outstanding Care

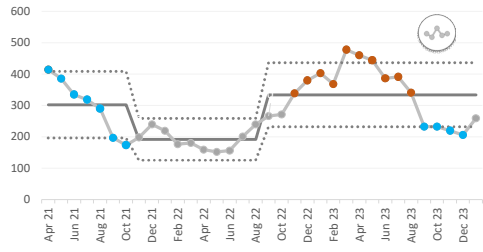
Operational Standards - Diagnostics

Diagnostic waiters > 6 weeks by modality (test)

The number of patients waiting more than 6 weeks at month end by modality (test).

Endoscopy

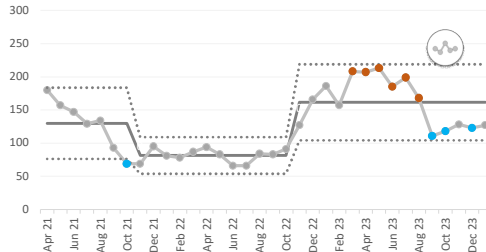
Colonoscopy



Waiting list size



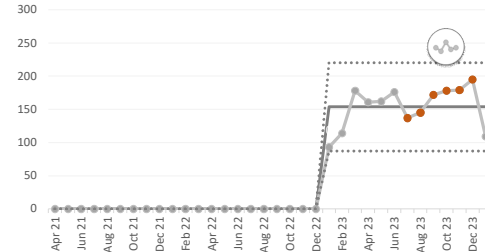
Flexi sigmoidoscopy



Waiting list size



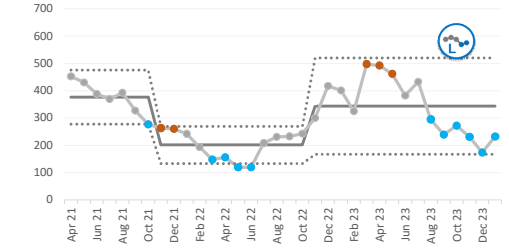
Cystoscopy



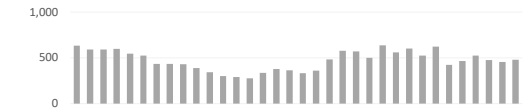
Waiting list size



Gastroscopy



Waiting list size



Outstanding Care

Operational Standards - Cancer

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Cancer Performance 62 day pathway	Jan 24	54.3%	85.0%			60.7%	39.8%	81.7%
Cancer Wait Times 62 day waiters	Dec 23	200	-			190	132	249
Cancer Wait Times - 31 days to first treatment	Jan 24	78.6%	96.0%			83.2%	70.4%	96.1%
Cancer Wait Times - 104 days	Feb 24	48	0			42	19	65
Cancer screening	Jan 24	78.3%	90.0%			74.0%	42.3%	105.8%
Faster diagnostic standard (28 days)	Jan 24	60.0%	75.0%			68.0%	55.1%	81.0%

Faster diagnosis standard by tumour site

Breast	Jan 24	95.9%	75.0%			92.6%	70.1%	115.1%
Lung	Jan 24	77.8%	75.0%			73.5%	37.5%	109.6%
Haematological	Jan 24	50.0%	75.0%			45.6%	-18.9%	110.1%
Upper GI	Jan 24	61.1%	75.1%			49.4%	20.1%	78.7%
Lower GI	Jan 24	54.0%	75.0%			40.7%	14.6%	66.7%
Skin	Jan 24	73.7%	75.0%			75.2%	40.0%	110.4%
Gynaecological	Jan 24	23.0%	75.0%			53.5%	15.6%	91.3%
Urological	Jan 24	38.0%	75.0%			49.2%	20.0%	78.3%
Testicular	Jul 23	100.0%	75.0%			70.9%	-15.3%	157.1%
Head & Neck	Jan 24	58.9%	75.0%			60.2%	31.5%	89.0%
Sarcoma	Jun 23	0.0%	75.0%			0.0%	0.0%	0.0%
Prostate	Dec 23	0.0%	75.0%			9.7%	-21.6%	41.1%
Brain	Jan 24	0.0%	75.0%			41.4%	-83.0%	165.9%
Paediatric	Jan 24	60.0%	75.0%			82.4%	39.5%	125.4%
Pancreatic	Jan 23	0.0%	75.0%			2.4%	-4.6%	9.4%
Non specific symptoms	Jan 24	6.7%	75.0%	Not enough data for an SPC chart				

What the charts show us

Cancer performance 62 day pathway: This metric is experiencing special cause variation of a concerning nature with the last six data points falling below the central line. However the target lies just above the current control limits and so cannot be achieved unless something changes in the process.

Cancer waiting times - 104 days: From the data, there appears to have been a step change in February 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 below the current control limits and so cannot be achieved unless something changes in the process.

Faster diagnosis by tumour site:

Breast: 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 within the current control limits and so the metric will consistently hit or miss the target.

Lower GI: 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.

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

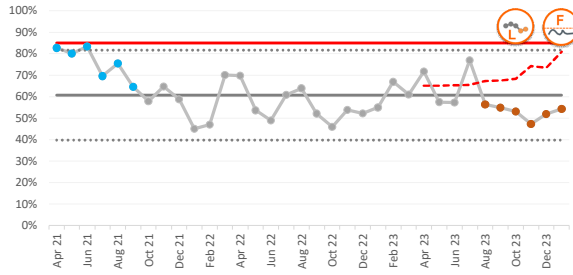
All other metrics are showing common cause variation i.e. no significant change or there have not been any cases in the reporting month.

Outstanding Care

Operational Standards - Cancer

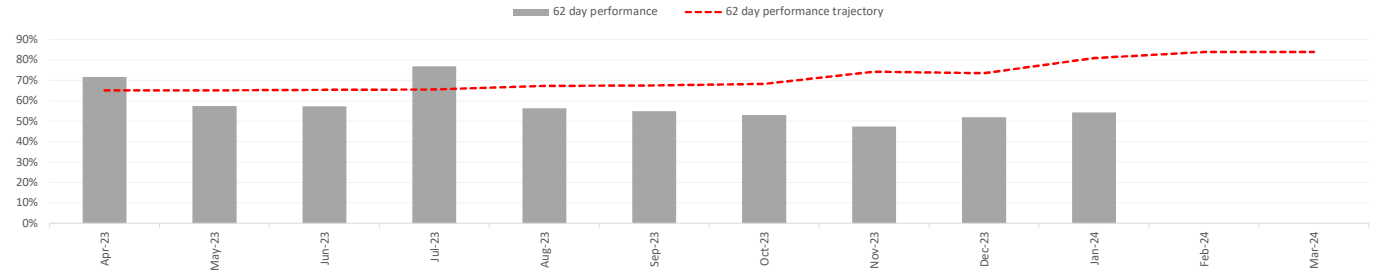
Cancer performance 62 day pathway

The percentage of patients treated in month within 62 days of being referred for suspected cancer over all patients treated in month. For 62 day pathway patients.



Jan-24	54.3%
Variance Type	Special cause variation - concerning
Target	85%
Achievement	Incapable process - likely to consistently fail to meet the target

Cancer performance 62 day trajectory



Summary:

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

The target lies just above the current control limits and so cannot be achieved unless something changes in the process.

The trajectory lies within the current control limits (but only just for Jan 24) and so the metric will consistently hit or miss the trajectory.

Actions to achieve trajectory:

A number of Drs has been recruited across specialties such as dermatology, Head & Neck, Urology. 2 physician associates in Gynae to free consultants' time.

Dermatology MOPs capacity limited. A surgeon has been recruited due to start in July.

Oncology – Clinic utilisation work in progress, demand and capacity. Forward clinic utilisation process review in place to manage capacity

Chemo nurses recruitment in progress, working with BOB and TVCA

Assurance:

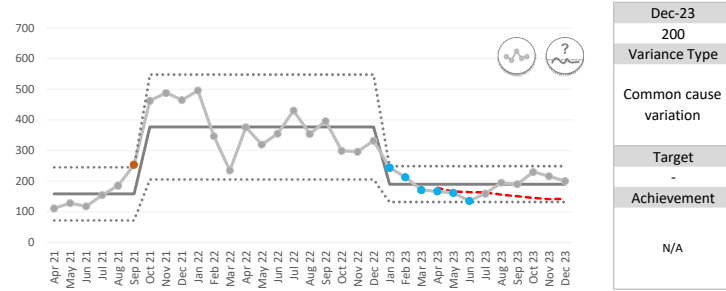
Weekly cancer highlight report
Daily PTL tracking and escalations
Cancer Board

Outstanding Care

Operational Standards - Cancer

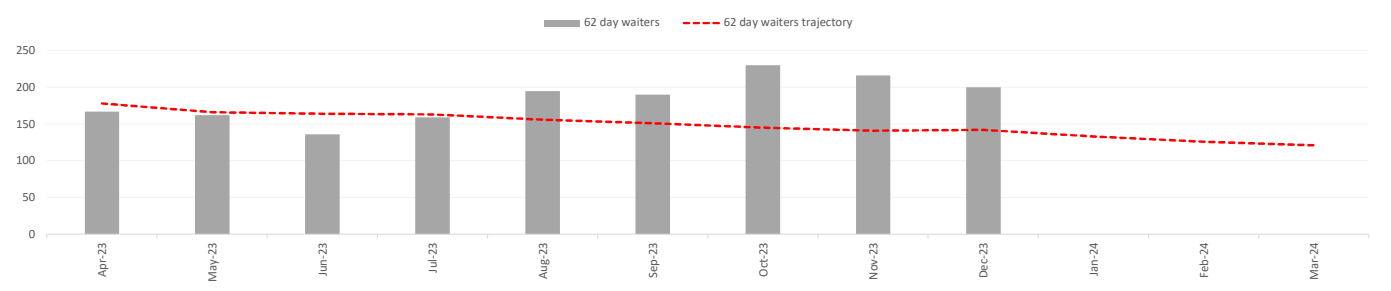
Cancer Wait Times 62 day waiters

The number of cancer open pathways waiting > 62 days after an urgent suspected cancer referral at month end.



Dec-23
200
Variance Type
Common cause variation
Target
-
Achievement
N/A

Cancer 62 day waiters trajectory



Summary:

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

The trajectory lies within the current control limits and so the metric will consistently hit or miss the trajectory.

Actions to achieve trajectory:

Issue: Delays in TCIs procedures.

Action: Recruit a number of doctors across specialties such as Dermatology, Head & Neck, Urology.
Recruit two physician associates in Gynaecology to free consultants' time.

Issue: Chemotherapy delays

Action: Nurse recruitment. Expect an improvement in chemo waiting time.

Issue: Oncology appointment delays

Action: Explore partnership working with OUH.
Work with TVCA/NHSE on international recruitment due to national locum shortage.

Assurance:

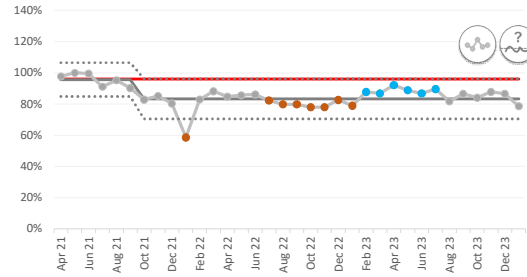
Weekly cancer highlight report
Daily PTL tracking and escalations
Cancer Board

Outstanding Care

Operational Standards - Cancer

Cancer Wait Times - 31 days to first treatment

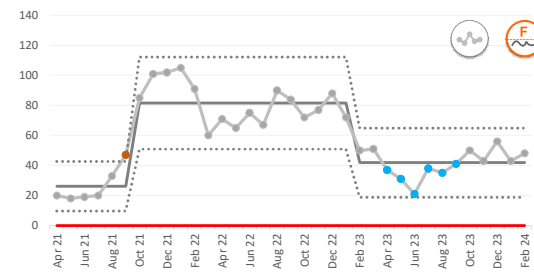
Percentage of patients treated who began first definitive treatment within 31 days of receiving their cancer diagnosis. Over all patients who began first definitive treatment in month.



Jan-24	78.6%
Variance Type	Common cause variation
Target	96%
Achievement	Unreliable process - may or may not meet the target consistently

Cancer Wait Times - 104 days

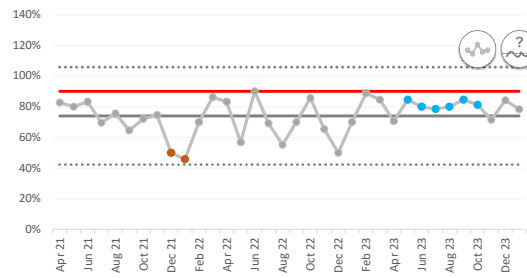
The number of cancer patients waiting 104 days or more from referral to first treatment at month end. Taken from weekly report closest to month end.



Jan-24	43
Variance Type	Common cause variation
Target	0
Achievement	Incapable process - likely to consistently fail to meet the target

Cancer screening

Percentage of the NHS Cancer Screening Programmes' urgent referrals for suspected cancer starting first treatment <62 days.



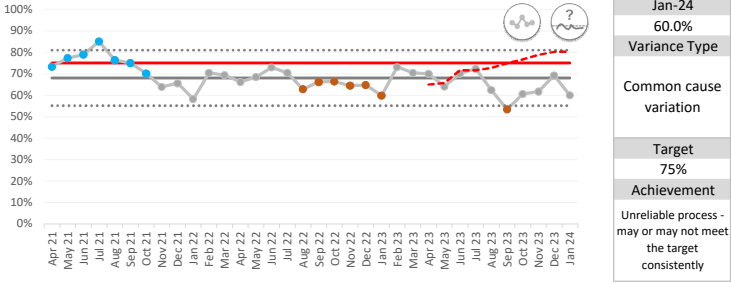
Jan-24	78.3%
Variance Type	Common cause variation
Target	90%
Achievement	Unreliable process - may or may not meet the target consistently

Outstanding Care

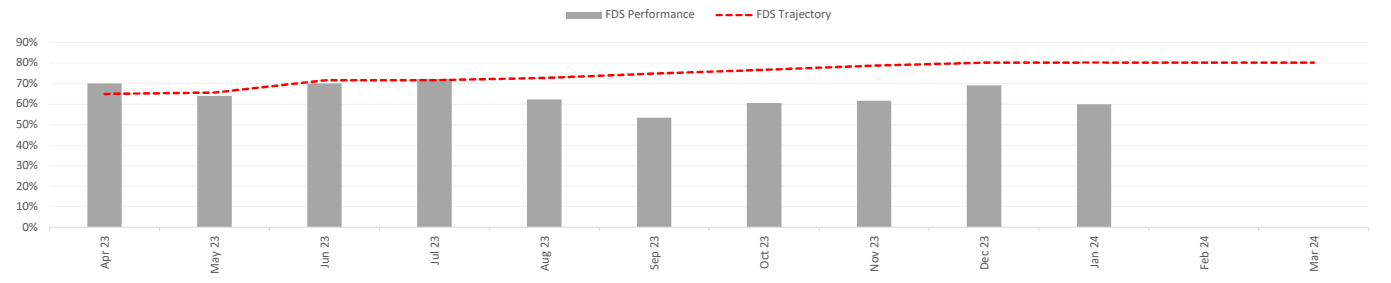
Operational Standards - Cancer

Faster diagnostic standard (28 days)

Percentage of patients receiving a diagnosis/ruling out for cancer or a decision to treat within 28 days following referral.



Faster diagnosis standard (28 days) trajectory



Summary:

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

The target lies within the current control limits and so the metric will consistently hit or miss the target.

The trajectory lies within the current control limits and so the metric will consistently hit or miss the trajectory.

Actions to achieve trajectory:

- Radiology**
 - Mobile MRI in place at SMH from Nov 2023 providing additional capacity
 - MRI/CT for CDC will be in place by September 2024
 - CT at WGH October 24
 - PET CT at WGH delayed, date TBC
- Dermatology**
 - Teledermatology and photography at Amersham CDC delayed now to commence April 24
 - See and Treat model expanded
- Gynaecology**
 - Investment in scopes to run additional MyoSure and OPH clinics
 - Insourcing company in place until end April 24
- Colorectal**
 - Implement new templates
 - Ongoing work to secure increase in endo capacity
 - Ongoing work to secure ringfenced Radiology slots
 - FIT testing education to GPs
 - LGI referral form revised and fully implemented
- Urology**
 - MRI demand ringfenced
 - Training of junior doctors continue to undertake TP biopsies, future training for ACP's to undertake this training is in discussion. Additional weekend TP lists to continue until workforce fully trained.
 - Workforce review to deliver a 5 day per week flexible cystoscopy service. Will need a doctor, nurse and equipment i.e. scopes
- Upper GI**
 - Review pre op capacity limitations
 - Gone out to advert for 2 clinical endoscopists
 - Secure locum within price cap
- PET CT/ PET PSMA OUH**
 - Criteria to refer to PSMA revised
 - Delays due to national issue with PSMA tracer. OUH is outsourcing to another company to increase capacity. Ongoing review.
 - PET CT – request to mark cancer referrals on form
- Pathology**
 - Additional reporting capacity on line

Assurance:

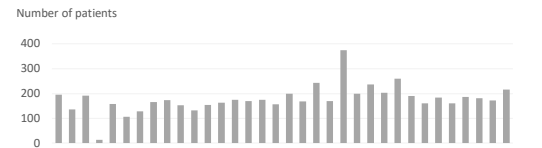
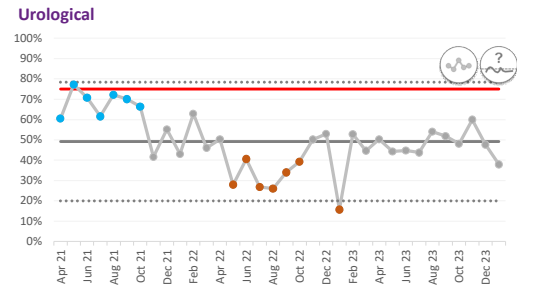
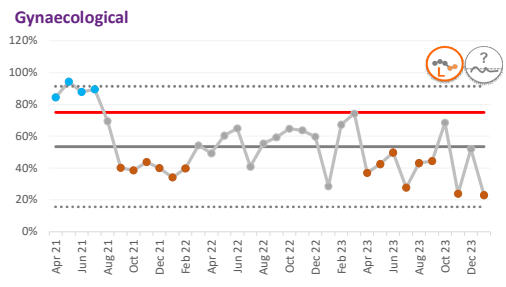
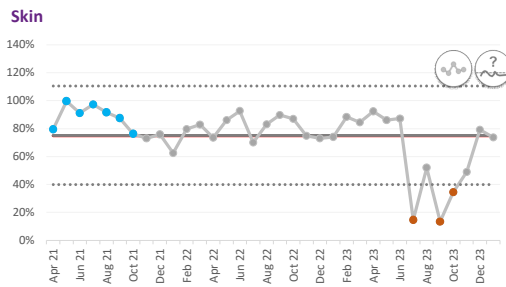
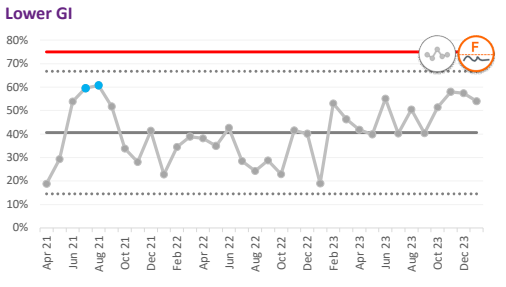
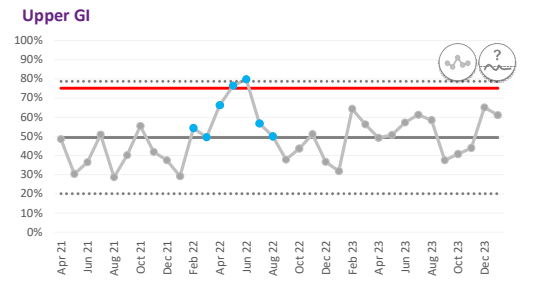
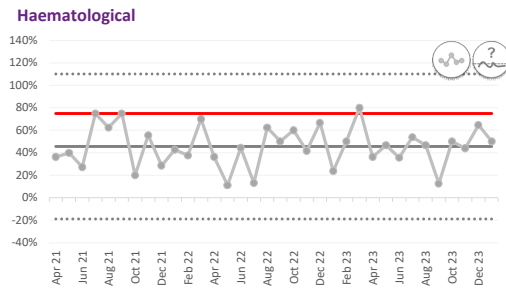
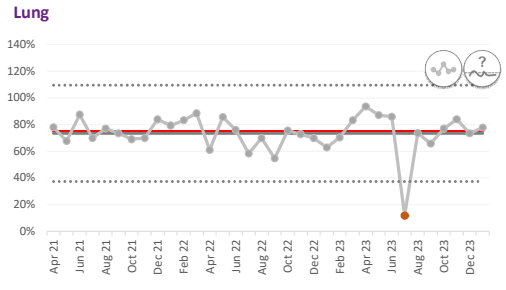
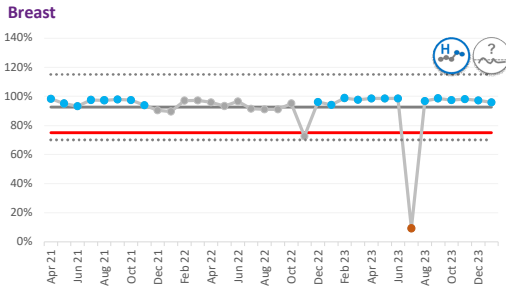
- Weekly cancer highlight report
- Daily PTL tracking and escalations
- Cancer Board

Outstanding Care

Operational Standards - Cancer

Faster diagnosis standard by tumour site

Percentage of patients receiving a diagnosis/ruling out for cancer or a decision to treat within 28 days following referral. Split by tumour site.

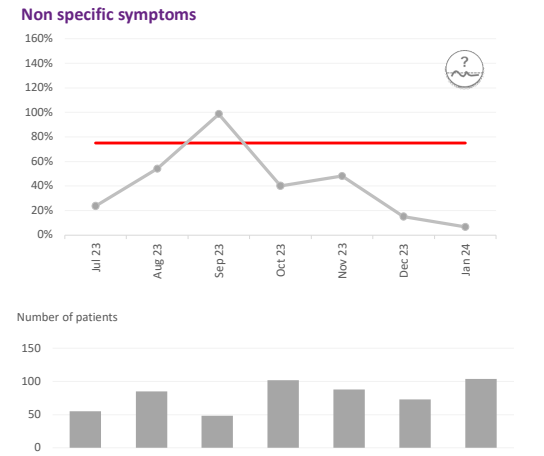
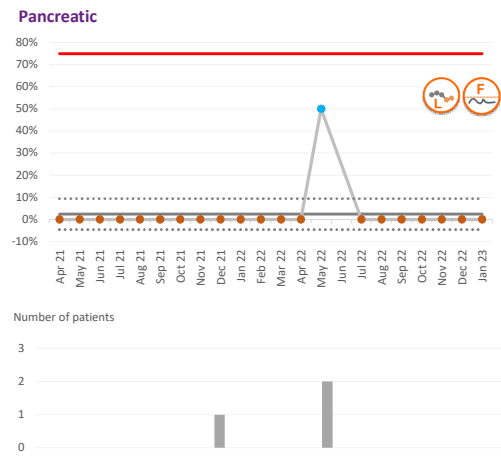
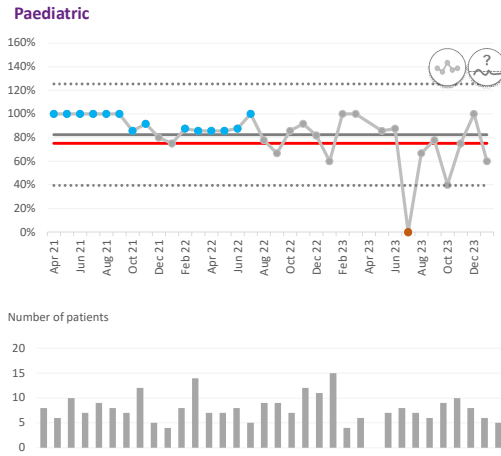
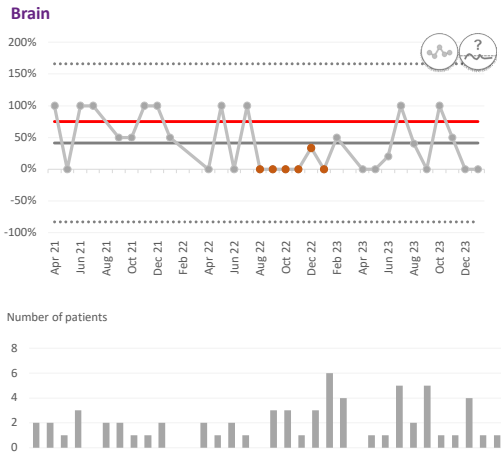
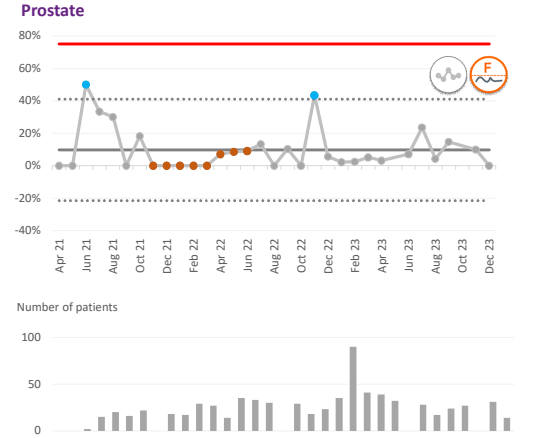
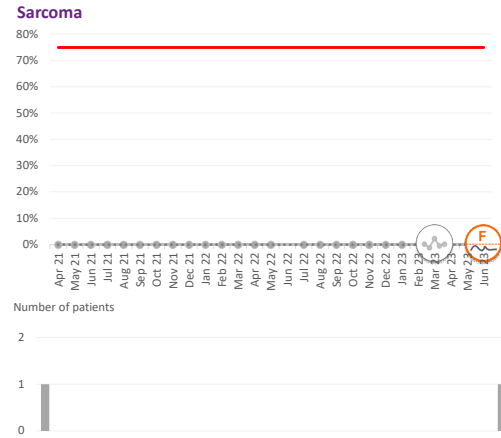
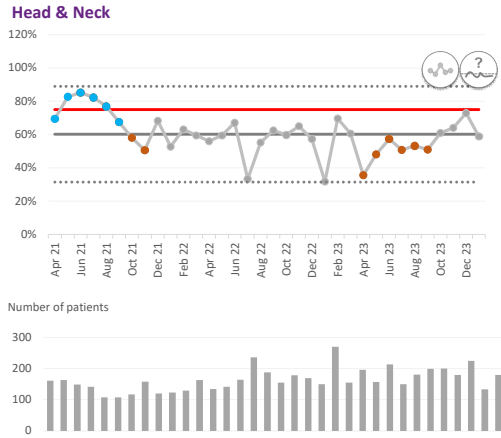
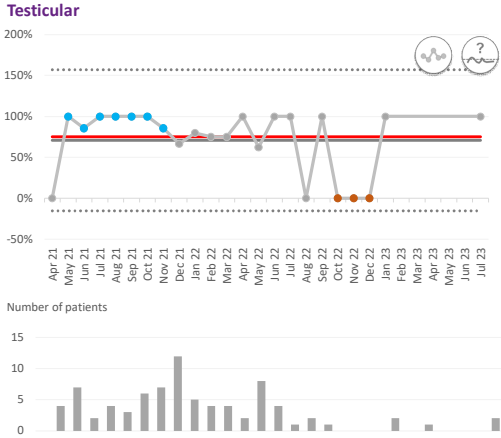


Outstanding Care

Operational Standards - Cancer

Faster diagnosis standard by tumour site

Percentage of patients receiving a diagnosis/ruling out for cancer or a decision to treat within 28 days following referral. Split by tumour site.



Outstanding Care

Operational Standards - Quality & Safety

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Incidents reported	Feb 24	1232	-			1219	942	1497
Incidents that are low/no harm	Feb 24	98.5%	98.0%			98.3%	96.9%	99.8%
Medication incidents	Feb 24	94	-			99	53	145
Medication incidents per 1,000 bed days	Feb 24	4.6	-			4.8	2.5	7.1
Medication incidents as SIs	Feb 24	0	0			0	-1	1
Inpatient falls	Feb 24	98	-			103	72	134
Falls per 1,000 bed days	Feb 24	4.8	6.2			5.0	3.6	6.4
SIs confirmed	Feb 24	1	-			4	1	8
SIs declared as never events	Feb 24	0	0			0	-1	1
Pressure ulcers - category 2	Jan 24	74	-			39	13	64
Pressure ulcers - category 3	Jan 24	8	-			2	-3	8
Pressure ulcers - category 4	Jan 24	0	-			0	-1	2
MRSA bacteraemia	Feb 24	0	0			0	-1	1
Clostridioides difficile	Feb 24	6	4			4	-3	10
MSSA bacteraemia	Feb 24	3	0			2	-2	6
E Coli bacteraemia	Feb 24	4	5			6	-2	14
Pseudomonas aeruginosa bacteraemia	Feb 24	3	1			1	-1	3
Klebsiella spp bacteraemia	Feb 24	1	3			3	-2	8
HSMR	Sep 23	89.8	100.0			91.6	87.3	95.9
VTE assessment	Jan 24	97.9%	95.0%			96.7%	95.2%	98.2%
Treatment escalation plan compliance	Feb 24	84.0%	90.0%			87.9%	75.9%	100.0%
Early warning score	Feb 24	99.0%	99.0%			99.1%	98.7%	99.4%
Excellence reporting	Feb 24	93	-			112	15	209

What the charts show us

Pressure ulcers category 2: This metric is experiencing special cause variation of a concerning nature with the latest data point falling above the upper control limit.

Pressure ulcers category 3: This metric is experiencing special cause variation of a concerning nature with the latest two data points falling above the upper control limit.

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

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

All other metrics are showing common cause variation i.e. no significant change.

Outstanding Care

Operational Standards - Quality & Safety

Incidents reported

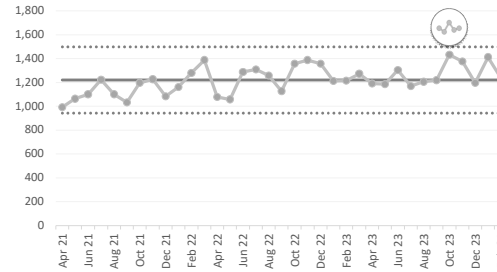
Patent safety incidents showing common cause variation.

The local incident reporting system DATIX has been updated and the trust went live in February 2024 for uploading all patient safety incidents into the national reporting system Learn from Patient Safety Events (LFPSE).

Ongoing training with regards to different learning response for patient safety incidents in line with the trust Patient Safety Incident Response Framework (PSIRF) policy and plan for implementation. The trust transition from serious incident framework to PSIRF starts from 1st April 2024.

Incidents reported

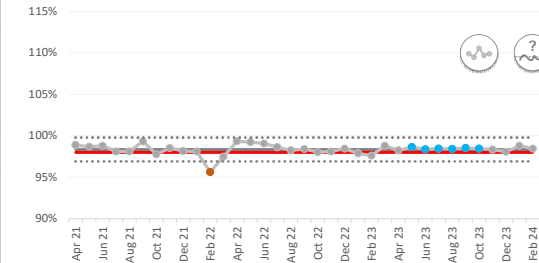
Total number of incidents reported on DATIX during the month.



Feb-24	1,232
Variance Type	Common cause variation
Target	-
Achievement	N/A

Incidents that are low/no harm

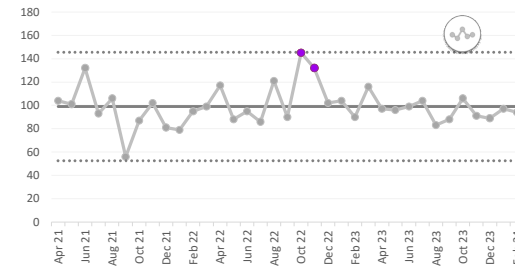
Percentage of incidents classed as low or no harm in the month - over all incidents reported.



Feb-24	98.5%
Variance Type	Common cause variation
Target	98%
Achievement	Unreliable process - may or may not meet the target consistently

Medication incidents

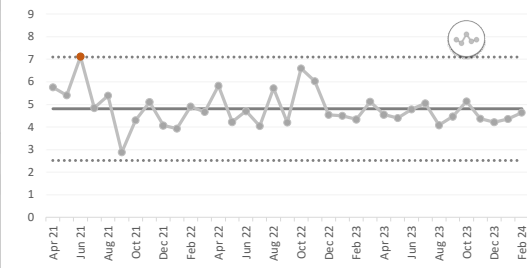
Total number of medication incidents reported on DATIX during the month.



Feb-24	94
Variance Type	Common cause variation
Target	-
Achievement	N/A

Medication incidents per 1,000 bed days

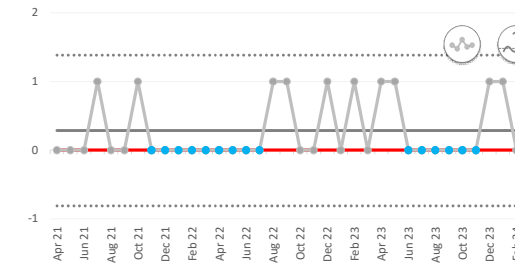
Rate of medication incidents reported per 1,000 inpatient bed days.



Feb-24	4.6
Variance Type	Common cause variation
Target	-
Achievement	Unreliable process - may or may not meet the target consistently

Medication incidents as SIs

Total number of medication incidents reported on DATIX that have been declared as Serious Incidents during the month.



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

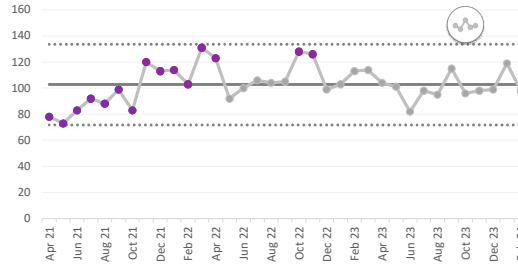
Outstanding Care

Operational Standards - Quality & Safety

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

Inpatient falls

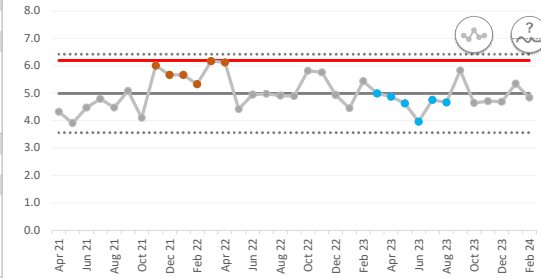
Total number of inpatient falls reported on DATIX.



Feb-24	98
Variance Type	Common cause variation
Target	-
Achievement	N/A

Falls per 1,000 bed days

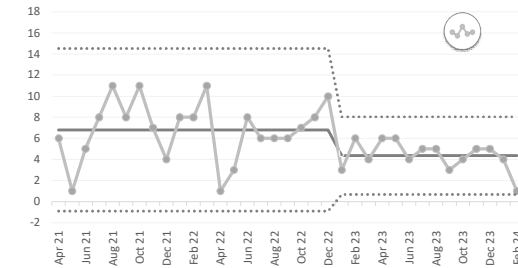
Rate of Inpatient Falls Incidents reported per 1,000 inpatient bed days.



Feb-24	4.8
Variance Type	Common cause variation
Target	6.2
Achievement	Unreliable process - may or may not meet the target consistently

SIs confirmed

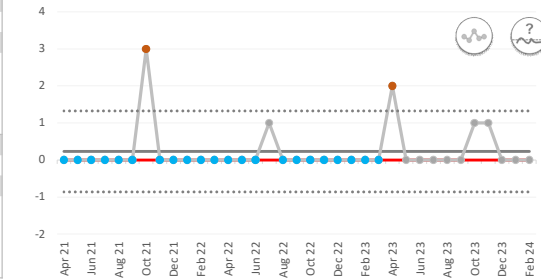
The total number of Serious Incidents confirmed during the month.



Feb-24	1
Variance Type	Common cause variation
Target	-
Achievement	N/A

SIs declared as never events

The total number of Serious Incidents declared as Never Events during the month.



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

Outstanding Care

Operational Standards - Quality & Safety

Pressure Ulcers

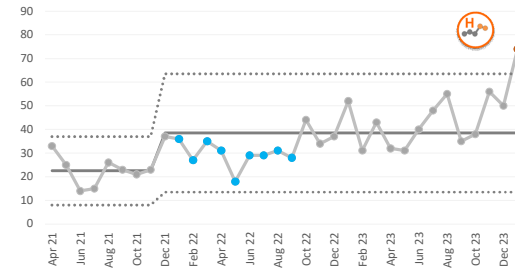
The category 3 PU metric demonstrating special cause variation with the latest two data points falling above the upper control limit. This is due to changes in the national guidance whereby previous unstageable PU is added as category 3 pressure ulcer.

Increase in category 2 PU in hospital and community apportioned pressure ulcer including those that are found to be present on admission to hospital. Recruitment of tissue viability nurse lead ongoing for replacement of previous post holder who has now retired from NHS.

Newly appointed Director of Nursing for community and rehabilitation allocated to oversee quality improvement development with regards to community PU incidents.

Pressure ulcers - category 2

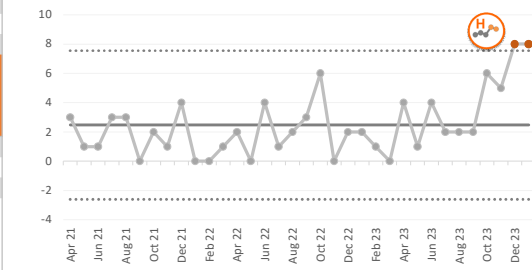
Number of acquired category 2 pressure ulcers.



Jan-24	74
Variance Type	Special cause variation - concerning
Target	-
Achievement	N/A

Pressure ulcers - category 3

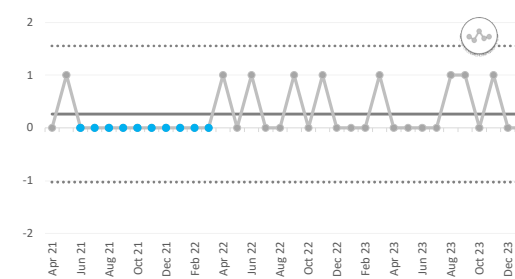
Number of acquired category 3 pressure ulcers.



Jan-24	8
Variance Type	Special cause variation - concerning
Target	-
Achievement	N/A

Pressure ulcers - category 4

Number of acquired category 4 pressure ulcers.



Jan-24	0
Variance Type	Common cause variation
Target	-
Achievement	N/A

Outstanding Care

Operational Standards - Quality & Safety

Six *Clostridioides difficile* infection (CDI) cases were reported in February 2024. To date, BHT has reported 35 cases against the trajectory of 49 this year. Three cases of *Methicillin-sensitive Staphylococcus aureus* (MSSA) were reported in February. Year to date, BHT reported 18 cases of MSSA. There is no trajectory for MSSA provided by NHSE.

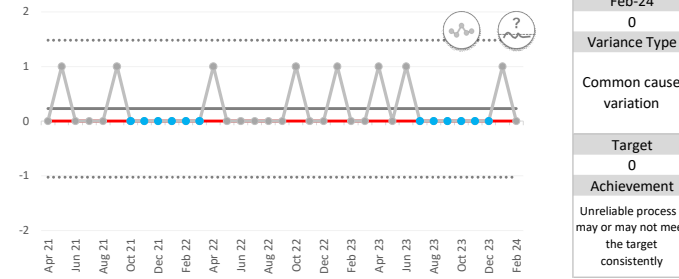
In February 2024, there were eight cases of Gram-negative bloodstream infection (GNBSI), four of those cases being *E. coli*, which makes up to 71 years to date and exceeds the annual trajectory of 65.

Three cases of *Pseudomonas aeruginosa*. This brings year-to-date cases to 15 and exceeds trajectory 9 for this year. Additionally, there was a case of *Klebsiella*, bringing the year-to-date total to 25, below the threshold of 32.

Indwelling urinary catheter passport standardised across BOB ICB and awaiting system roll out and implementation.

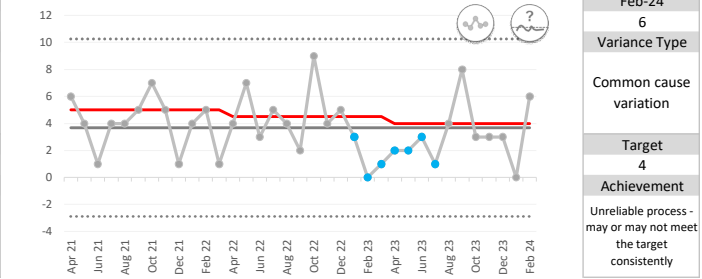
MRSA bacteraemia

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



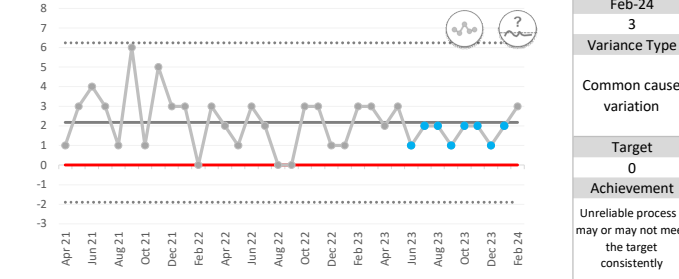
Clostridioides difficile

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



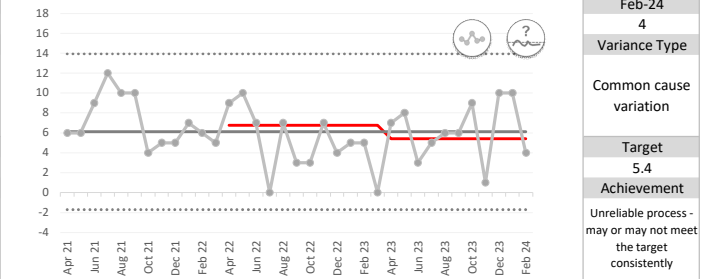
MSSA bacteraemia

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



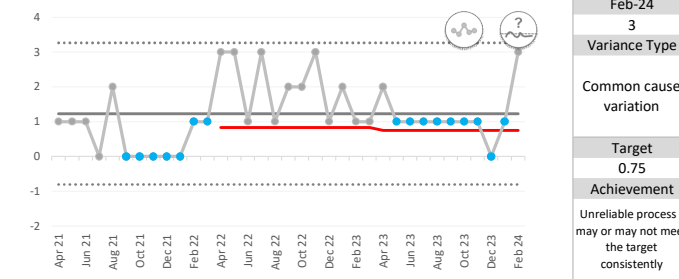
E Coli bacteraemia

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



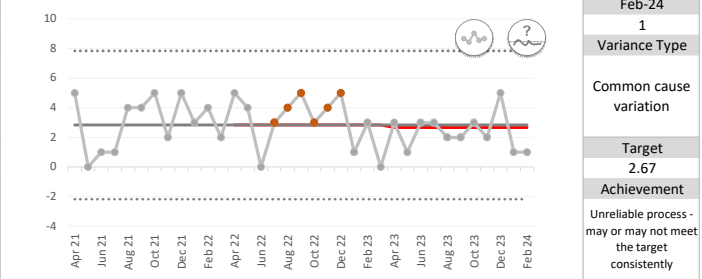
Pseudomonas aeruginosa bacteraemia

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



Klebsiella spp bacteraemia

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



Outstanding Care

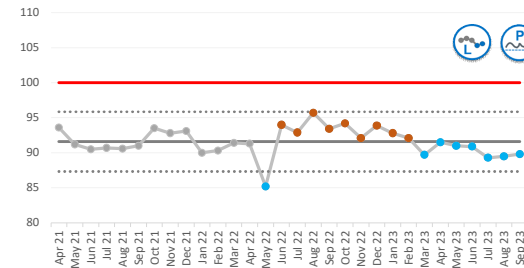
Operational Standards - Quality & Safety

Rolling 12-month HSMR for November 2023 is 90.7 and classified as "lower than expected". This metric is experiencing special cause variation of an improving nature.

All other metrics are showing common cause variation.

HSMR

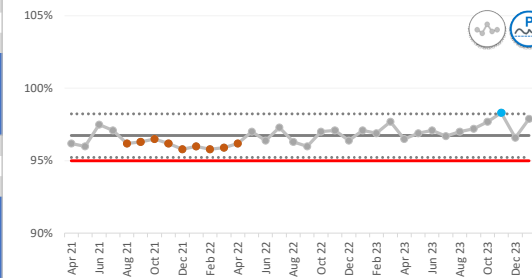
Hospital Standardised Mortality Ratio (rolling 12 months).



Aug-23	89.5
Variance Type	Special cause variation - improvement
Target	100
Achievement	Capable process - likely to always meet the target

VTE assessment

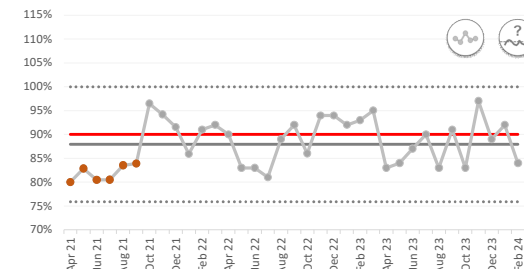
The percentage of patients aged 16 and over, admitted within the month, assessed for risk of VTE on admission.



Feb-24	#N/A
Variance Type	Common cause variation
Target	95%
Achievement	Capable process - likely to always meet the target

Treatment escalation plan compliance

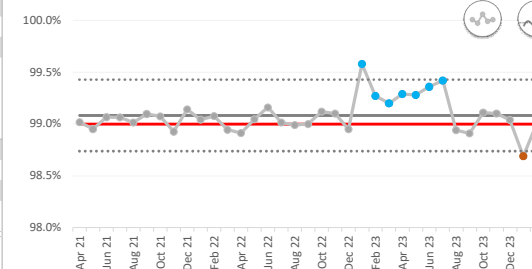
Treatment Escalation Plan completion rate based on documentation audit conducted via Tendable app.



Feb-24	84.0%
Variance Type	Common cause variation
Target	90%
Achievement	Unreliable process - may or may not meet the target consistently

Early warning score

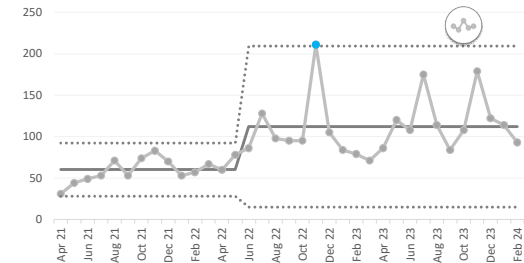
Percentage compliance with early warning score (EWS) completion for adult acute inpatient wards.



Feb-24	99.0%
Variance Type	Common cause variation
Target	99%
Achievement	Unreliable process - may or may not meet the target consistently

Excellence reporting

Total number of positive examples of great practice and care observed and reported via electronic Excellence form in month.



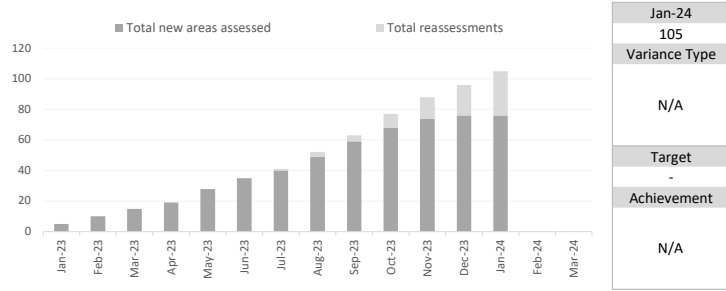
Feb-24	93
Variance Type	Common cause variation
Target	-
Achievement	N/A

Outstanding Care

Operational Standards - Quality & Safety

Clinical Accreditation Programme

The cumulative total number of assessments completed in month.

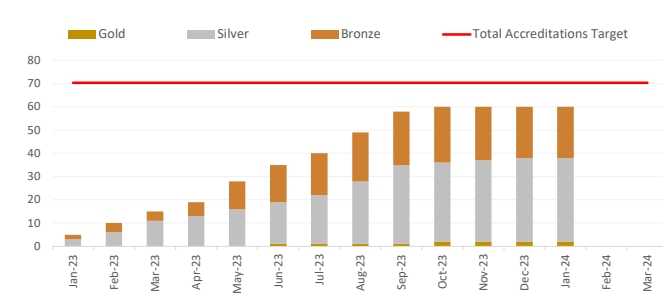


Summary:

As of January 2024, a total of 105 clinical assessment completed and this includes areas that had repeat assessments since CAP started in January 2023. Sixty areas had accreditation awards and 35 awaiting accreditation outcomes.

CAP trajectory - total accreditations

The cumulative total number of accreditations awarded in month.

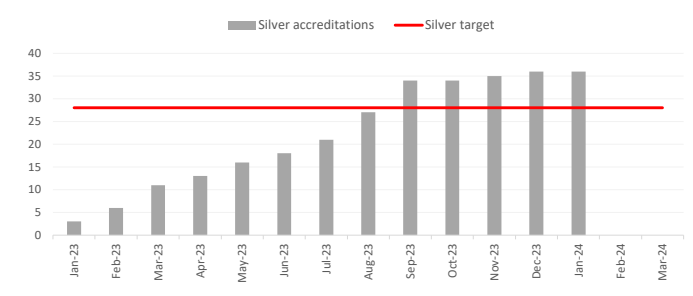


Actions to achieve trajectory:

Continue weekly CAP assessments. Rota developed for weekly assessment which includes matrons, senior clinical colleagues, non-clinical colleagues, patient representatives and members of the Executive team. Roll out of the CAP in community areas.

CAP trajectory - silver accreditations

The cumulative total number of silver accreditations awarded in month.



Assurance:

Set targets for accreditation as part of breakthrough objectives has been achieved.

Outstanding Care

Operational Standards - Patient Experience

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Complaints received	Feb 24	41	-			41	18	65
Complaints response rate	Jan 24	79.0%	85.0%			76.2%	45.6%	106.7%
Complaints outstanding at 90 days	Feb 24	0	0			0	-1	1
PALS contacts	Feb 24	362	-			387	237	538
PALS responses	Feb 24	85.5%	85.0%	Not enough data points for an SPC chart				

What the charts show us

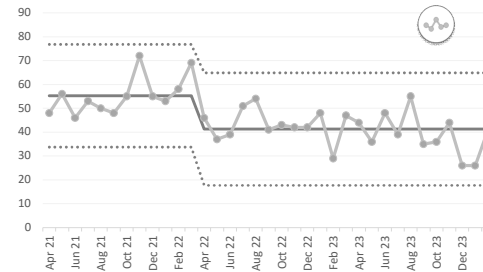
All metrics are showing common cause variation i.e. no significant change.

Outstanding Care

Operational Standards - Patient Experience

Complaints received

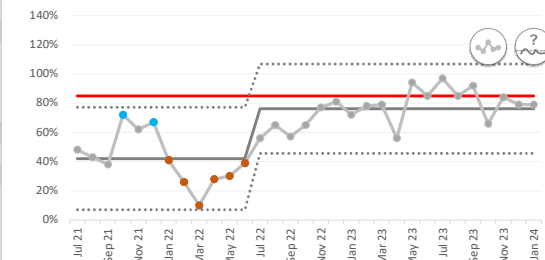
Number of complaints received during the month.



Feb-24	41
Variance Type	Common cause variation
Target	-
Achievement	-
N/A	

Complaints response rate

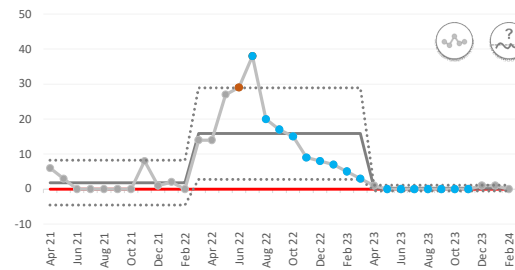
Percentage of complaints responded to within 25 days of receipt.
Reporting suspended until July 21 due to Covid.



Jan-24	79.0%
Variance Type	Common cause variation
Target	85%
Achievement	-
Unreliable process - may or may not meet the target consistently	

Complaints outstanding at 90 days

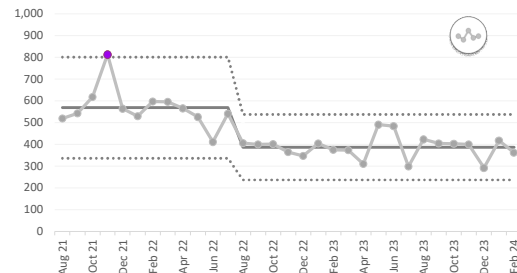
Number of complaints still open after 90 days.



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

PALS contacts

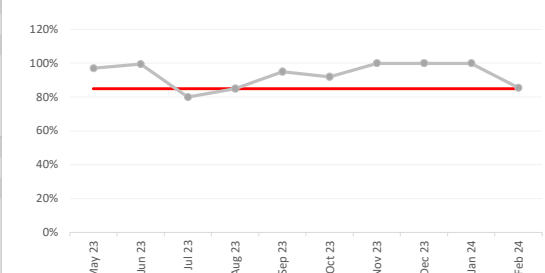
Total number of contacts and queries received by PALS during the reporting month.



Feb-24	362
Variance Type	Common cause variation
Target	-
Achievement	-
N/A	

PALS responses

The proportion of PALS emails answered within 3 working days of receipt.



Feb-24	85.5%
Variance Type	Not enough data points for an SPC chart
Target	85%
Achievement	-
N/A	

Outstanding Care

Operational Standards - Maternity

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Stillbirths - total cases	Feb 24	1	0			1	-2	5
Neonatal deaths	Feb 24	1	0			0	-1	2
Term birth <10th centile	Feb 24	4.8%	7.0%			3.4%	0.7%	6.0%
Term admissions to neonatal unit	Feb 24	5.7%	5.0%			4.3%	1.3%	7.3%
Preterm birth	Feb 24	4.5%	6.0%			5.7%	1.7%	9.8%
Preterm birth <24 weeks	Feb 24	0.0%	6.0%			0.0%	0.0%	0.0%
Preterm birth >24 weeks	Feb 24	4.5%	6.0%			5.7%	1.8%	9.6%

Pre term birth optimisation

Place of birth achieved	Jan 24	100%	80%			98%	91%	105%
Magnesium sulphate achieved	Jan 24	100%	80%			94%	68%	120%
Antibiotics achieved	Jan 24	100%	80%			93%	73%	114%
Steroids achieved	Jan 24	0%	80%			53%	-68%	174%
Optimal cord management achieved	Jan 24	50%	80%			60%	-32%	152%
Thermoregulation achieved	Jan 24	100%	80%			87%	29%	145%
Expressed breastmilk achieved	Jan 24	25%	80%			73%	9%	138%

What the charts show us

Term birth < 10th centile: 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.

Pre term birth < 24 weeks: This metric is experiencing common cause variation i.e. no significant change. However the target lies above the current control limits and will be consistently achieved unless something changes in the process.

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

Pre term birth optimisation - magnesium sulphate achieved: This metric is experiencing special cause variation of an improving nature with the last eight data points falling above the central line. The target lies within the current control limits and so the metric will consistently hit or miss the target.

Pre term birth optimisation - antibiotics achieved: From the data, there appears to have been a step change in October 2022 so the limits have been recalculated at this point. This metric is again experiencing special cause variation of an improving nature with the last eight data points falling above the central line. The target lies within the current control limits and so the metric will consistently hit or miss the target.

All other metrics are showing common cause variation i.e. no significant change.

Outstanding Care

Operational Standards - Maternity

Stillbirth

There was one stillbirth in February. This was a first-time mother who experienced spontaneous rupture of membranes at 22 weeks. The pregnancy continued to 30 weeks when the mother presented to triage, during her admission there was deterioration of fetal wellbeing, and the baby was not able to be resuscitated at birth. This is currently subject to an investigation.

Term birth <10th centile

Term births less than the 10th centile remains stable, within common cause variation and below target.

Neonatal death

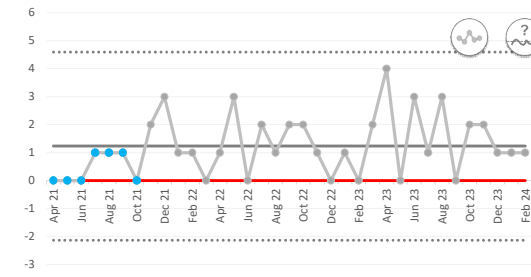
There was one neonatal death in February. The mother was brought in by ambulance in her second pregnancy at 31 weeks with an antepartum haemorrhage. The baby was born by emergency Caesarean section in very poor condition and was resuscitated. Sadly, the baby died 3 days later. This is subject to an investigation.

Term admissions to the neonatal unit

Term admissions to the neonatal unit remain within common cause variation and slightly above target at 5.6%.

Stillbirths - total cases

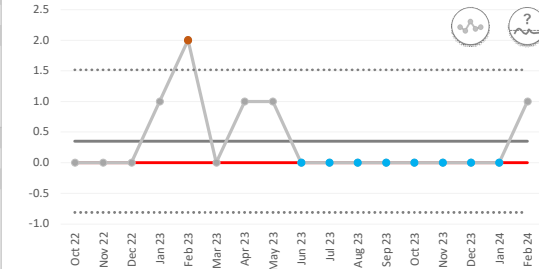
Number of cases of stillbirths at 24 weeks or later in month.



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

Neonatal deaths

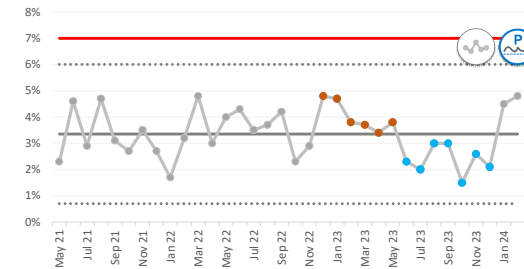
Actual number of neonatal deaths in month. Reporting commenced October 2022.



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

Term birth <10th centile

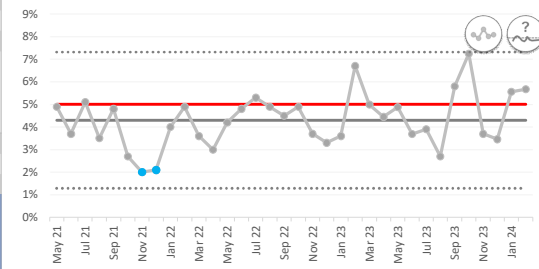
The number of babies born after 37 week gestation with a weight below the 10th centile over all births in month.



Feb-24	4.8%
Variance Type	Common cause variation
Target	7.0%
Achievement	Capable process - likely to always meet the target

Term admissions to neonatal unit

The number of babies born after 37 week gestation who were admitted to the neonatal unit over all births in month.



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

Outstanding Care

Operational Standards - Maternity

Preterm birth <24 weeks

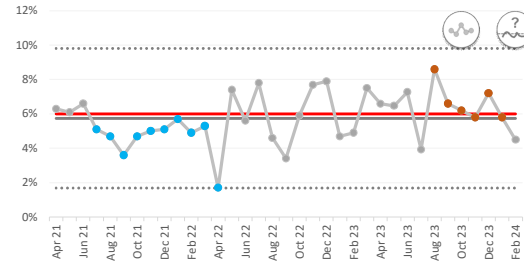
Preterm birth less than 24 weeks has remained at 0% since November 2022.

Preterm birth >24 weeks

Preterm birth rates were previously showing special cause variation, deterioration. Data for February is back below target at 4.5%

Preterm birth

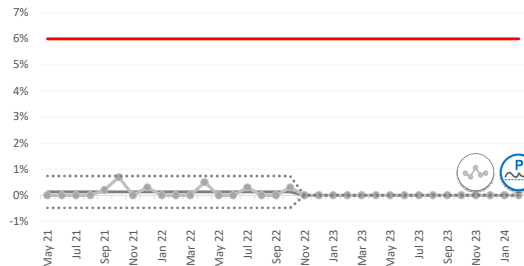
The number of babies born before 37 weeks gestation over all births in the month.



Feb-24	4.5%
Variance Type	Common cause variation
Target	6.0%
Achievement	Unreliable process - may or may not meet the target consistently

Preterm birth <24 weeks

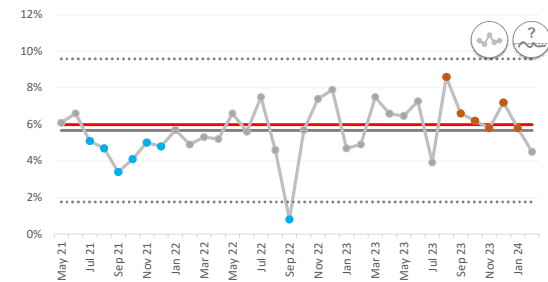
The number of babies born before 24 weeks gestation over all births in the month.



Feb-24	0.0%
Variance Type	Common cause variation
Target	6.0%
Achievement	Capable process - likely to always meet the target

Preterm birth >24 weeks

The number of babies born between 24 and 37 weeks gestation over all births in the month.



Feb-24	4.5%
Variance Type	Common cause variation
Target	6.0%
Achievement	Unreliable process - may or may not meet the target consistently

Outstanding Care

Operational Standards - Maternity

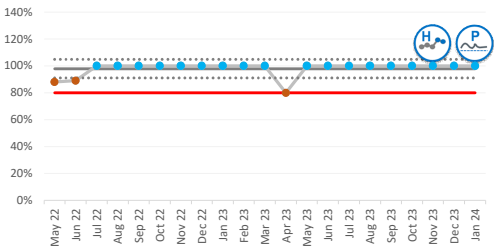
Pre term birth optimisation

Percentage of pre term birth optimisation elements achieved.

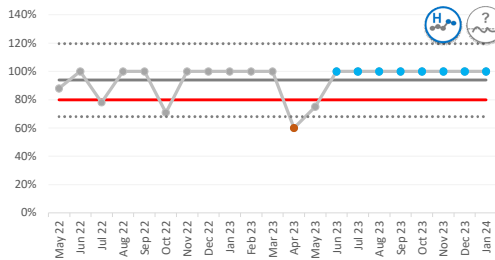
Preterm birth optimisation

The optimisation bundle is presented one month in arrears. There were four preterm births that met the criteria for optimisation in January. Optimal cord management was contraindicated in 50% of these births and timely steroid administration was not achieved owing to the method of administration and the rapid progression to birth from admission.

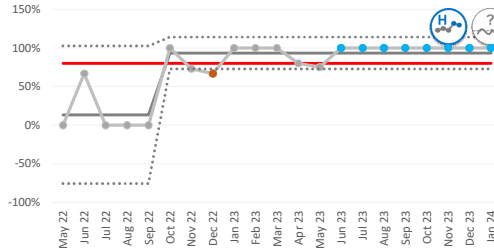
Place of birth achieved



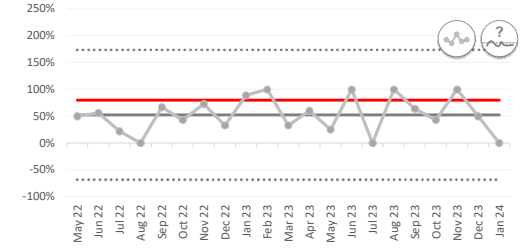
Magnesium sulphate achieved



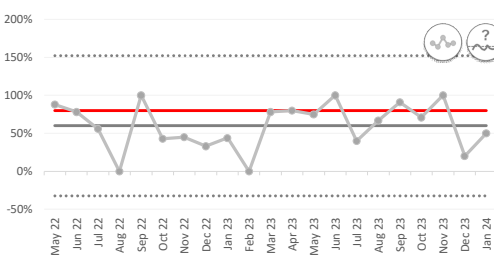
Antibiotics achieved



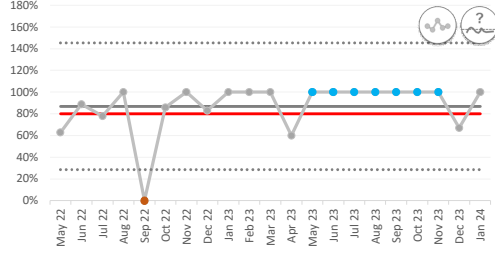
Steroids achieved



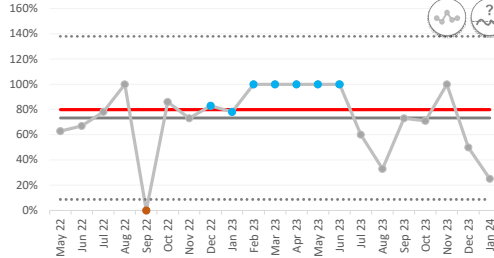
Optimal cord management achieved



Thermoregulation achieved



Expressed breastmilk achieved



Healthy Communities

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Community Contacts	Feb 24	54560	-			50476	42186	58767
Frailty	Feb 24	88.6%	-	Not enough data points for an SPC chart				
Maternity smoking at time of booking	Feb 24	6.0%	5.0%			6.2%	1.3%	11.1%
Maternity smoking at time of delivery	Feb 24	5.5%	5.0%			5.7%	2.2%	9.3%
Breastfeeding at birth	Feb 24	69.8%	80.0%			73.0%	62.2%	83.7%
Breastfeeding at discharge	Feb 24	78.7%	80.0%			81.9%	69.5%	94.2%
Health visitor appointments - 14 days								
Breastfeeding at 6-8weeks								
Children having 1 year health review								
Children having 2 year health review								
Cardiology referrals from deprived wards	Feb 24	418	-			484	309	658

What the charts show us

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

Cardiology referrals from deprived wards: This metric is experiencing special cause variation of a concerning nature with the last six data points falling below the central line.

All other metrics are showing common cause variation i.e. no significant change.

Smoking at time of booking

Smoking at time of booking was 6% in February and remained within common cause variation and at target. 97% of women had their CO recorded at booking and 100% of women who smoke were referred to smoking cessation services.

Smoking at time of delivery

Smoking at time of delivery was 5% in February and continues to show special cause variation of an improving nature.

Breastfeeding at birth

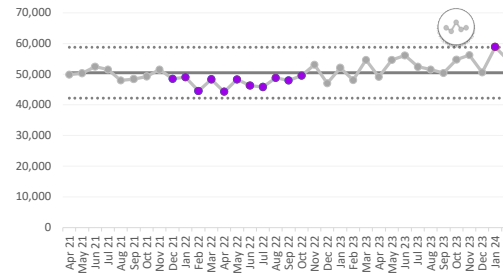
Breastfeeding at birth remains within common cause variation

Breastfeeding at discharge

Breastfeeding at discharge continues to show specific cause variation of an improving nature.

Community Contacts

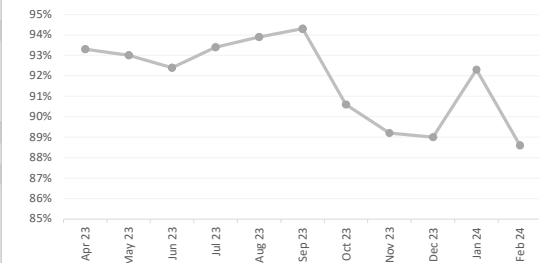
Total number of attended community contacts in the month.



Feb-24	54,560
Variance Type	Common cause variation
Target	-
Achievement	-
N/A	

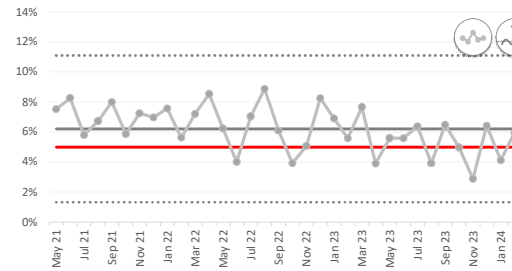
Frailty

Patients aged 65+ coming into ED having a documented frailty score, over all patients aged 65+ coming into ED.



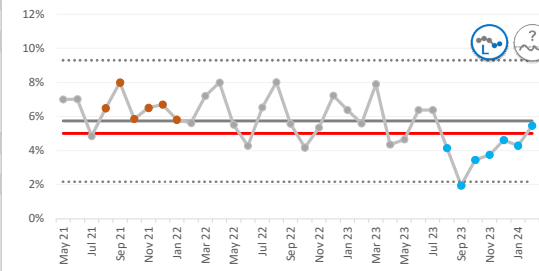
Feb-24	88.6%
Variance Type	Not enough data points for an SPC chart
Target	-
Achievement	-

Maternity smoking at time of booking



Feb-24	6.0%
Variance Type	Common cause variation
Target	5%
Achievement	Unreliable process - may or may not meet the target consistently

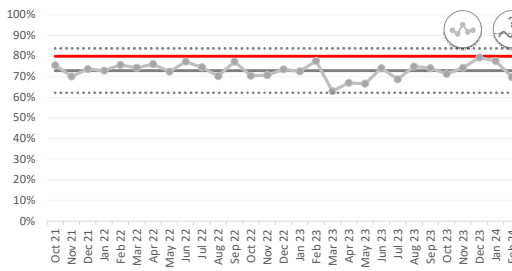
Maternity smoking at time of delivery



Feb-24	5.5%
Variance Type	Special cause variation - improvement
Target	5%
Achievement	Unreliable process - may or may not meet the target consistently

Breastfeeding at birth

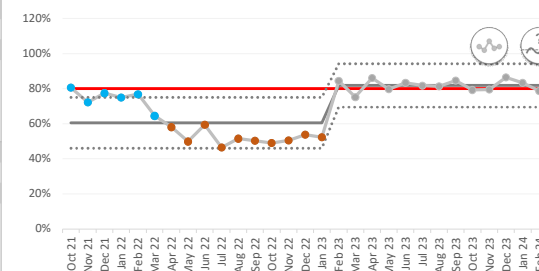
The percentage of babies receiving maternal breastmilk for first feed over all babies born in month



Feb-24	69.8%
Variance Type	Common cause variation
Target	80%
Achievement	Unreliable process - may or may not meet the target consistently

Breastfeeding at discharge

The percentage of babies having breastmilk at the point of discharge over all babies discharged in month.



Feb-24	78.7%
Variance Type	Common cause variation
Target	80%
Achievement	Unreliable process - may or may not meet the target consistently

Cardiology referrals from deprived wards

In February 2024 there 727 (12.5%) less referrals from Opportunity Bucks wards YTD, however, there has been an improving position with more referrals in February than in the previous three months. Work is continuing to engage with GPs, work with public health so people can identify signs and risk factors of cardiovascular disease including increasing blood pressure checking in the community, and people from Opportunity Bucks wards who have has a previous cardiac event and have high cholesterol are being invited to a lipid lowering clinic to develop a plan to reduce their cholesterol levels including Inclisiran if appropriate, to provide a targeted approach to people in Opportunity Bucks with a high risk factors for cardiovascular disease. 74 patients from Opportunity Bucks Wards have been invited to this clinic to help reduce their cardiovascular risk, which is in addition to those referred to cardiology appointments.

Health visitor appointments - 14 days

Under review

Breastfeeding at 6-8weeks

Under review

Children having 1 year health review

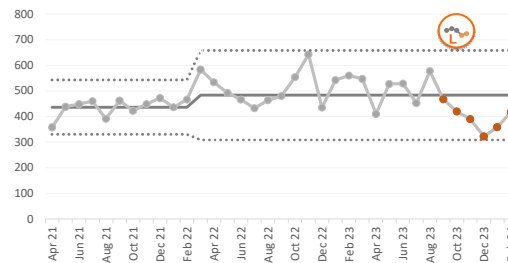
Under review

Children having 2 year health review

Under review

Cardiology referrals from deprived wards

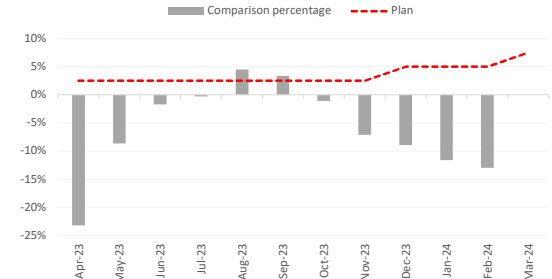
The number of patients being referred to cardiology services in month from the most deprived areas in Bucks.



Feb-24	418
Variance Type	Special cause variation - concerning
Target	.

Cardiology referrals from deprived wards against plan

The year to date number of patients being referred to cardiology services from the most deprived areas in 2023 over the same period in 2022.



Feb-24	-13% (-727 refs)
Variance Type	N/A
Target	5.0%
Achievement	N/A

A Great Place to Work

Ensuring our people are listened to, safe and supported

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Trust overall vacancy rate	Feb 24	5.2%	10.0%			7.7%	5.0%	10.4%
Nursing and midwifery vacancy rate	Feb 24	4.9%	8.5%			9.0%	6.2%	11.8%
Turnover rate	Feb 24	10.8%	12.5%			11.8%	11.1%	12.5%
Average time to replace vacancies	Feb 24	40.1	56.0			47.6	36.0	59.2
Leavers < 1 year service	Feb 24	17.0%	-			16.3%	15.0%	17.6%
Sickness	Jan 24	4.5%	3.5%			3.8%	3.1%	4.4%
Sickness - mental health	Jan 24	0.83%	-			0.65%	0.43%	0.86%
Occupational health management referrals	Feb 24	94%	95%			94%	85%	102%
Referrals into OH and Wellbeing - stress	Feb 24	90	-			114	84	143
Data security awareness training	Feb 24	90.6%	95.0%			90.1%	87.7%	92.4%
Statutory and Mandatory training	Feb 24	92.1%	90.0%			91.5%	90.3%	92.7%
Corporate induction	Nov 23	98.3%	95.0%			99.0%	96.8%	101.2%
Peaks programmes			-					

What the charts show us

Trust overall vacancy rate: This metric is experiencing special cause variation of an improving nature with two of the last three data points falling close to the lower control limit. The target lies just below the upper control limit and so the metric will achieve the target most of the time.

Nursing and midwifery vacancy rate: This metric is experiencing special cause variation of an improving nature with a downward run of the last eleven data points and the latest two points falling below the lower control limit. The target lies within the current control limits and so the metric will consistently hit or miss the target.

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

Sickness: From the data there appeared to have been a change from January 23 so a step change has been added to the chart from this point. This metric is experiencing special cause variation of a concerning nature with the last two data points falling above the upper control limit. The target lies within the current control limits and so the metric will consistently hit or miss the target.

Sickness - mental health: From the data there appeared to have been a change from February 23 with nine data points falling below the original control limits. A step change has been added to the chart from this point. This metric is experiencing special cause variation of a concerning nature with two of the last three data points falling close to the upper control limit.

Data security awareness training: From the data there appeared to have been a change from February 23 with ten data points falling above the central line. A step change has been added to the chart from this point. This metric is now 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.

Statutory and Mandatory trainings: From the data there appeared to have been a change from February 23 with ten data points falling above the central line. A step change has been added to the chart from this point. This metric is still experiencing special cause variation of an improving nature with the last eight data points falling above the upper control limit. The target now lies below the current control limits and will be consistently achieved unless something changes in the process.

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

All other metrics are showing common cause variation i.e. no significant change.

A Great Place to Work

Ensuring our people are listened to, safe and supported

Vacancy rate

Vacancy rate has fallen again, a continued reflection of the success of our Trust-wide recruitment of HCAs and Internationally educated Nurses. Our focus for the new financial year will be recruitment to specific, specialist areas.

Nursing and midwifery vacancy rate

The final cohorts of internationally educated nurses have arrived at the Trust.

Turnover

Turnover increased slightly in February, but it remains below (better) than the Trust target.

We continue to implement improvements across the Trust to improve the retention of our workforce through the People Promise programme

National Staff Survey results demonstrate the improvement to morale, staff engagement and People Promise theme scores.

Average time to hire

Performance continues to be good – focus is on improving the process of creating and advertising vacancies.

Leavers < 1 year service

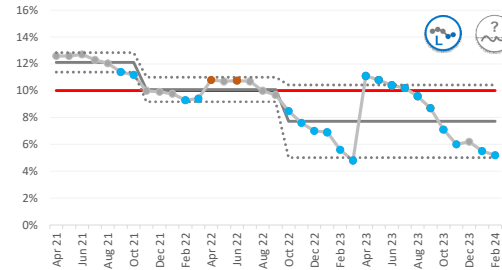
In February, turnover of leavers with less than 1 year's experience rose to 17% (15 colleagues).

This programme of work will continue into a second year, in particular focussing on specific groups of colleagues, so that the benefits of work in progress can be realised.

A bespoke programme for HCAs is showing a reduction in leavers for this group in their first year.

Trust overall vacancy rate

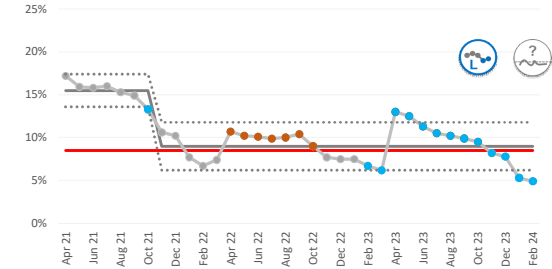
% number of all vacant FTE positions in Trust vs number of all FTE positions (occupied and vacant) in the Trust.



Feb-24	5.2%
Variance Type	Special cause variation - improvement
Target	10%
Achievement	Unreliable process - may or may not meet the target consistently

Nursing and midwifery vacancy rate

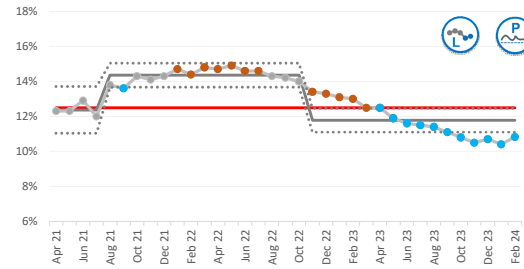
% number of vacant N&M FTE positions in Trust vs number of N&M FTE positions (occupied and vacant) in the Trust.



Feb-24	4.9%
Variance Type	Special cause variation - improvement
Target	9%
Achievement	Unreliable process - may or may not meet the target consistently

Turnover rate

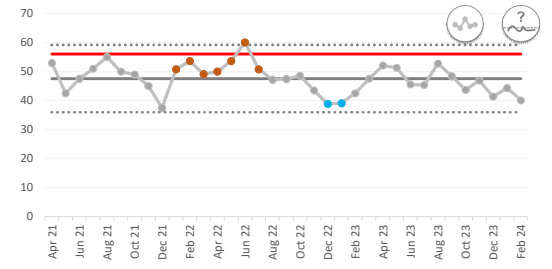
% number of FTE staff that have left the employment of the Trust compared to the total FTE staff employed by the Trust. Rolling 12 months.



Feb-24	10.8%
Variance Type	Special cause variation - improvement
Target	13%
Achievement	Unreliable process - may or may not meet the target consistently

Average time to replace vacancies

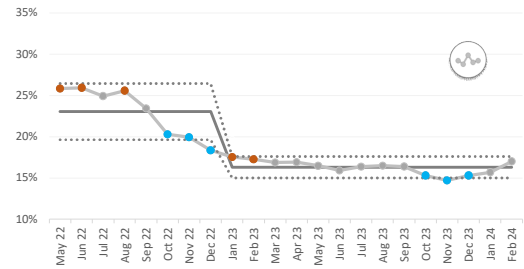
Total average elapsed days to replace vacancies with staff starting in those roles.



Feb-24	40.1
Variance Type	Common cause variation
Target	56
Achievement	Unreliable process - may or may not meet the target consistently

Leavers < 1 year service

Number of leavers with <1 year service with BHT. Rolling 12 months.



Feb-24	17.0%
Variance Type	Common cause variation
Target	-
Achievement	N/A

A Great Place to Work

Ensuring our people are listened to, safe and supported

Sickness

Sickness absence stabilised this month, reflecting seasonal variation, but continues to be above Trust target.

The Wellbeing Team is delivering a series of monthly webinars to proactively support mental health topics, including burnout and management of work-related stress risk assessments.

Occupational Health (OH) – A working group is established with IPC to prepare for potential Measles outbreak.

The OH Physiotherapy proactive activities continue to support prevention of MSK issues.

OH management referrals

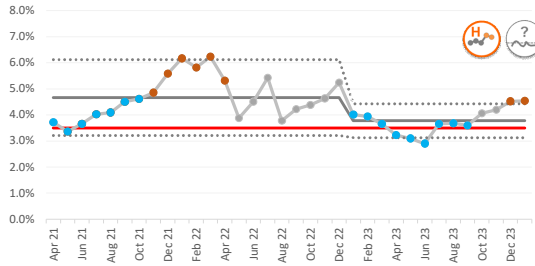
The emphasis on proactive support and the new sickness management policy correlates with a reduction in reactive referrals to 109 in February.

Referrals - Stress

Stress referrals for 'reactive' support have reduced this month, correlating with our increase in proactive work. We will be monitoring this closely for impact on S10 (Mental Health and Stress related absences)

Sickness

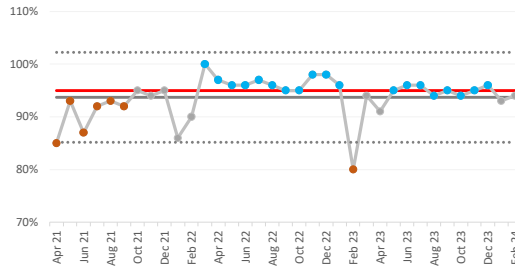
Percentage of total working hours lost because of sickness absences compared to the total working hours undertaken by the Trust.



Jan-24	4.5%
Variance Type	Special cause variation - concerning
Target	3.5%
Achievement	Unreliable process - may or may not meet the target consistently

Occupational health management referrals

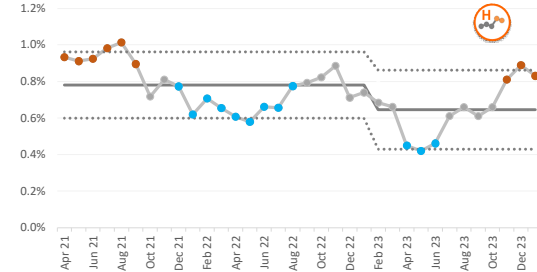
Occupational Health Management Referrals – first appointment offered within 10 working days of receipt.



Feb-24	94%
Variance Type	Common cause variation
Target	95%
Achievement	Unreliable process - may or may not meet the target consistently

Sickness - mental health

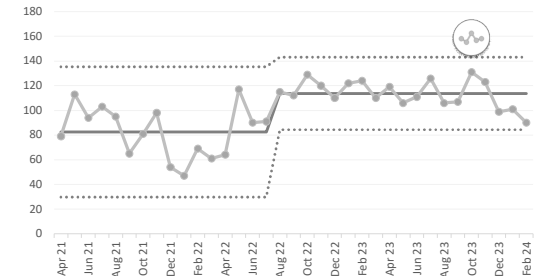
Percentage of total working hours lost because of sickness absences due to mental health illnesses compared to the total working hours.



Jan-24	0.83%
Variance Type	Special cause variation - concerning
Target	-
Achievement	N/A

Referrals into OH and Wellbeing - stress

The number of referrals into Occupational Health and Wellbeing for stress per month.



Feb-24	90
Variance Type	Common cause variation
Target	-
Achievement	N/A

A Great Place to Work

Ensuring our people are listened to, safe and supported

Statutory and Mandatory Training

During February there has been a slight improvement in compliance and all Care Groups remain above the 90% target.

Corporate Induction

The Trust target is being met.

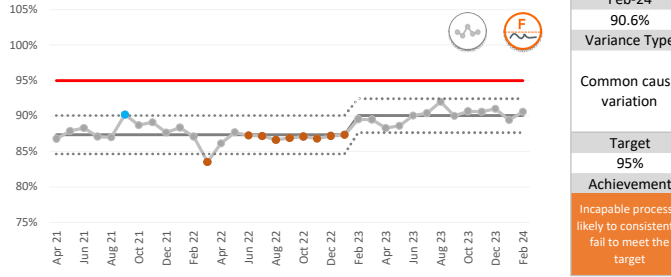
The fifth BHT Connections event was held in February with 90 new starters attending. Positive feedback was received from both stall holders and attendees. The next quarterly BHT connecting event is scheduled for June 2024.

Peaks programme

We have restarted our Peaks training and have had 18 managers graduate Peak 1 and 22 managers graduate Peak 2, exceeding our target of 300 managers participating in management training.

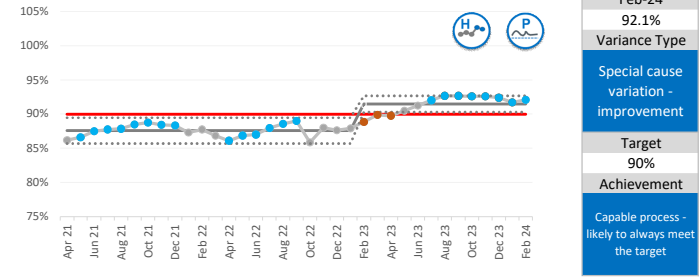
Data security awareness training

The percentage of eligible staff members being up to date with data security awareness training. Snapshot at month end.



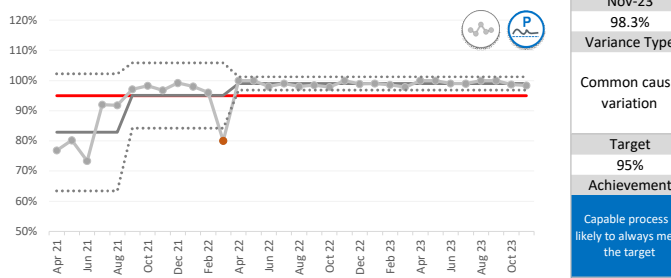
Statutory and Mandatory training

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



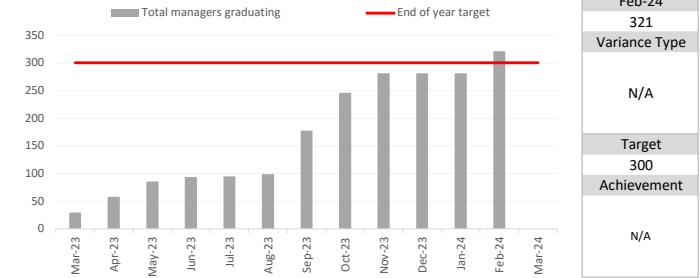
Corporate induction

Percentage of staff attending corporate induction within 3 months of joining the trust. Reported on joining month.



Peaks programmes

Number of managers graduating from the Peaks programmes - year to date.



Outstanding Care

Operational Standards - Productivity

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Overall NHSE measure of productivity	Dec 23	-11.5%	-5.6%			-13.4%	-15.5%	-11.3%
Theatre utilisation	Feb 24	85.5%	85.0%			82.6%	79.5%	85.7%
Theatre cases per 4 hours planned time	Feb 24	2.4	3.0			2.4	2.2	2.6
Outpatient DNA rate	Feb 24	7.6%	5.0%			7.1%	6.2%	8.0%
Outpatients utilisation								
Tests per population (Radiology & Pathology)								
14 day LOS - Elective	Feb 24	6	-			6	-1	13
14 day LOS - Non-Elective	Feb 24	140	-			149	116	181
14 day LOS - Community	Feb 24	48	-			45	34	57
Number of admissions - conversions from attendance	Feb 24	10.1%	-			11.1%	8.9%	13.2%
Bed utilisation			-					
A&E activity	Feb 24	13814	13187			12944	10712	15175
Non-Elective activity			-					
Elective activity	Feb 24	4686	4380			3952	3079	4825
New outpatient activity	Feb 24	18030	19503			18798	14034	23563
Follow up outpatient activity	Feb 24	26853	23797			25928	19228	32628
Headcount			-					

What the charts show us

Overall NHSE measure of productivity: This metric is experiencing special cause variation of an improving nature with the last two out of three data points falling close to the upper control limit. However the target lies above the current control limits and so cannot be achieved unless something changes in the process.

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

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.

Outpatient DNA rate: This metric is experiencing special cause variation of a concerning nature with the last six data points falling above the central line. The target lies below the current control limits and so cannot be achieved unless something changes in the process.

A&E Activity: This metric is experiencing special cause variation of neither an improving nor a concerning nature with the latest ten data points falling above the central line.

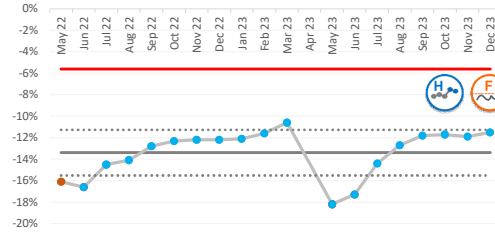
All other metrics are showing common cause variation i.e. no significant change.

Outstanding Care

Operational Standards - Productivity

Overall NHSE measure of productivity

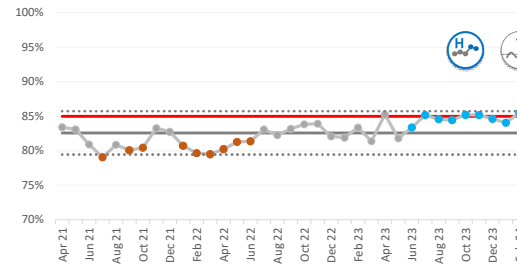
Comparison between the cost base and weighted activity provided in our acute settings in 23/24, against equivalent periods in 19/20.



Dec-23	-11.5%
Variance Type	Special cause variation - improvement
Target	-5.6%
Achievement	Incapable process - likely to consistently fail to meet the target

Theatre utilisation

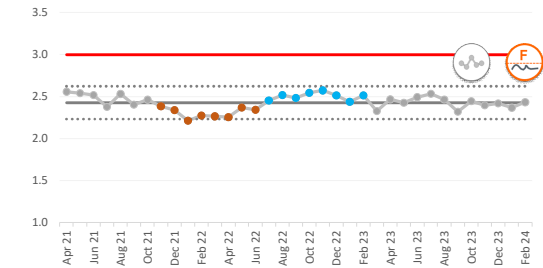
Total run time of theatre lists as a percentage of total planned time.



Feb-24	85.5%
Variance Type	Special cause variation - improvement
Target	85%
Achievement	Unreliable process - may or may not meet the target consistently

Theatre cases per 4 hours planned time

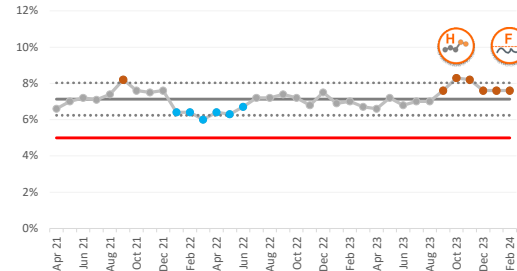
Number of theatre cases per four hours of planned theatre time during the month.



Feb-24	2.4
Variance Type	Common cause variation
Target	3.0
Achievement	Incapable process - likely to consistently fail to meet the target

Outpatient DNA rate

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



Feb-24	7.6%
Variance Type	Common cause variation
Target	5%
Achievement	Incapable process - likely to consistently fail to meet the target

Outpatient utilisation

Awaiting definition

Outstanding Care

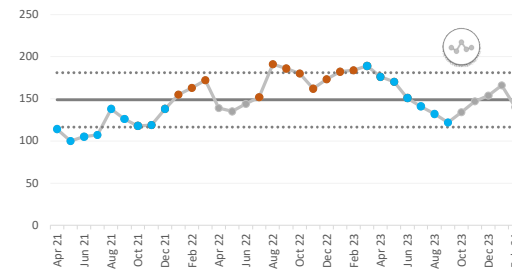
Operational Standards - Productivity

Tests per population (Radiology & Pathology)

Awaiting definition

14 day LOS - Non-Elective

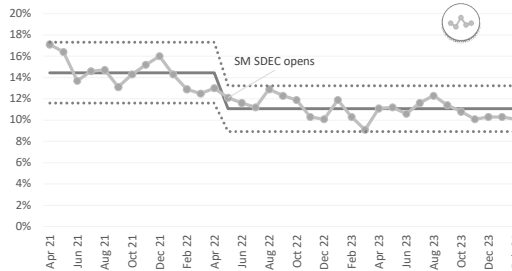
Snapshot month end figure of number of patients in beds over 14 days in Stoke Mandeville or Wycombe hospital who were admitted as a non-elective inpatient. Excludes spinal patients.



Feb-24	140
Variance Type	Common cause variation
Target	-
Achievement	-
N/A	N/A

Number of admissions - conversions from attendance

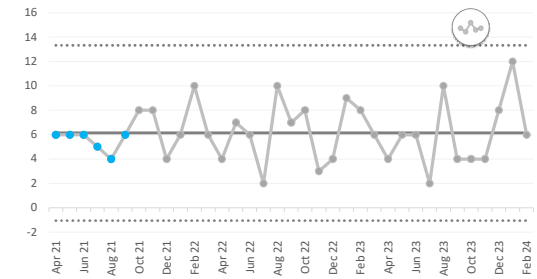
Number of patients admitted to a G&A bed (directly or indirectly) from Stoke Mandeville ED over total number of type 1 ED attendances during the month.



Feb-24	10.1%
Variance Type	Common cause variation
Target	-
Achievement	-
N/A	N/A

14 day LOS - Elective

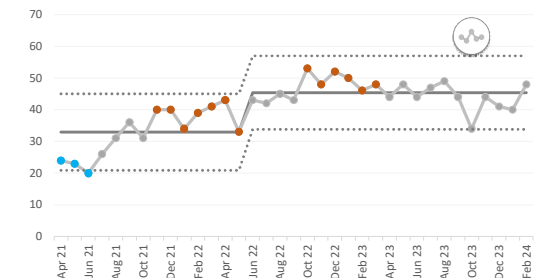
Snapshot month end figure of number of patients in beds over 14 days in Stoke Mandeville or Wycombe hospital who were admitted as an elective inpatient. Excludes spinal patients.



Feb-24	6
Variance Type	Common cause variation
Target	-
Achievement	-
N/A	N/A

14 day LOS - Community

Snapshot month end figure of number of patients in community beds over 14 days. Includes Chartridge, Waterside and Buckingham wards.



Feb-24	48
Variance Type	Common cause variation
Target	-
Achievement	-
N/A	N/A

Bed utilisation

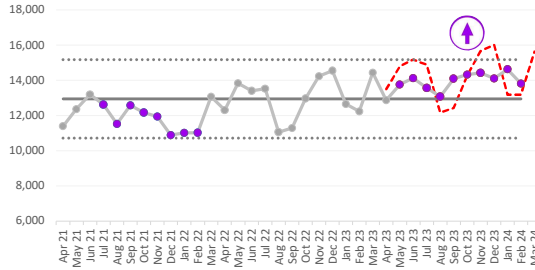
Awaiting definition

Outstanding Care

Operational Standards - Productivity

A&E activity

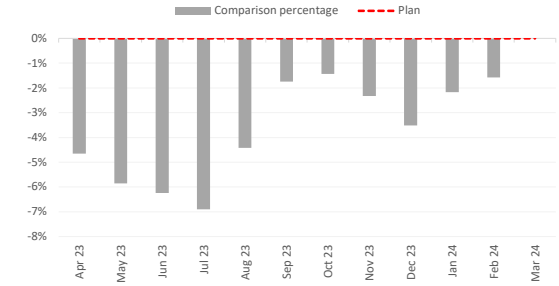
The total number of patients attending ED during the month. All ED types.



Feb-24	13,814
Variance Type	Special cause variation - neither concerning nor improvement
Plan	13,187
Achievement	N/A

A&E activity against plan

The year to date number of ED attendances over year to date plan for the same period. For financial year 2023/24.



Feb-24	-2.8%
Variance Type	N/A
Target	0%
Achievement	N/A

Non-Elective activity

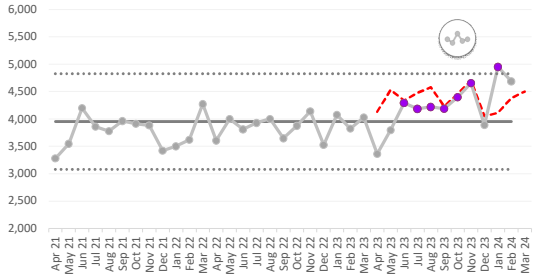
Awaiting definition

Non-Elective activity against plan

Awaiting definition

Elective activity

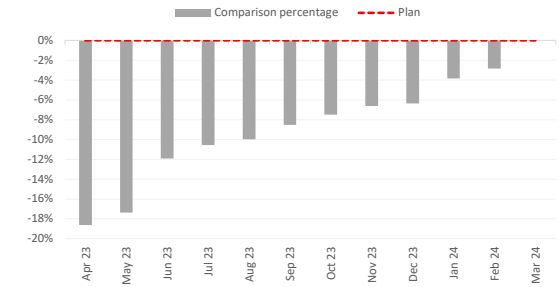
The number of elective inpatient and day case admissions during the month.



Feb-24	4,686
Variance Type	Common cause variation
Plan	4,380
Achievement	N/A

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 2023/24.



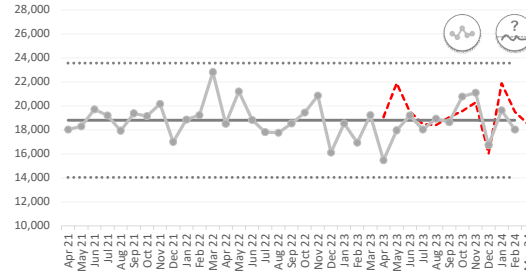
Feb-24	-2.8%
Variance Type	N/A
Target	0%
Achievement	N/A

Outstanding Care

Operational Standards - Elective Recovery

New outpatient activity

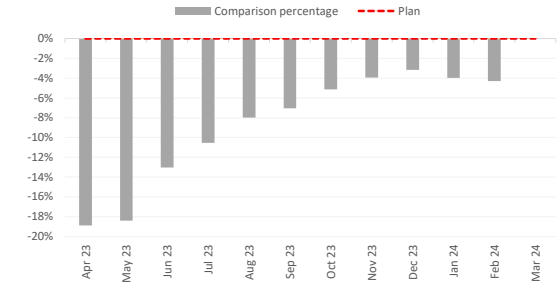
Total number of new attendances during the month.



Feb-24	18,030
Variance Type	Common cause variation
Plan	19,503
Achievement	N/A

New outpatient activity against plan

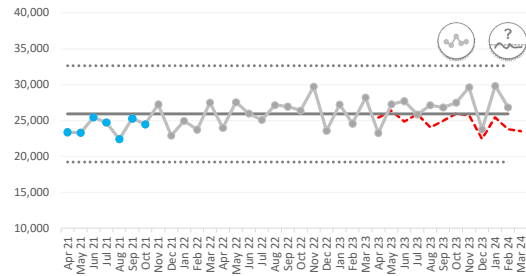
The year to date number of new outpatient attendances over year to date plan for the same period. For financial year 2023/24.



Feb-24	-4.3%
Variance Type	N/A
Plan	0%
Achievement	N/A

Follow up outpatient activity

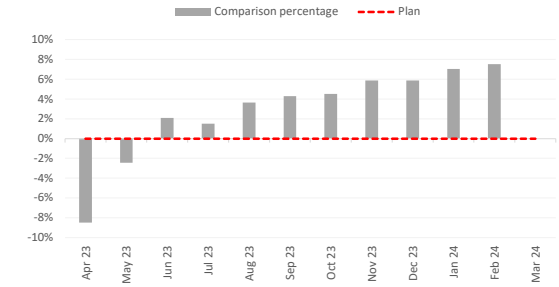
Total number of follow up attendances during the month.



Feb-24	26,853
Variance Type	Common cause variation
Plan	23,797
Achievement	N/A

Follow up OP activity against plan

The year to date number of follow up outpatient attendances over year to date plan for the same period. For financial year 2023/24.



Feb-24	7.5%
Variance Type	N/A
Plan	0%
Achievement	N/A

Headcount

Awaiting definition