

# Integrated Performance & Quality Report

## August 2025

*CQC rating (July 2022) - GOOD*

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK



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

## Outstanding Care

Provide outstanding cost effective care

Reviewed by: Finance & Business Planning Committee

## Urgent and Planned Care

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

## Productivity

Length of stay, Theatres, Outpatients, Staffing levels

Reviewed by: Quality Committee

## Quality and Safety

Incidents, Infection Control, Patient Safety,

## Healthy Communities

Taking a lead role in our community

Reviewed by: Healthy Communities Programme Group

Health and Development Reviews, Blood pressure checks, Referrals to lifestyle support services, Target lung health checks, Infant feeding, School immunisations

## A Great Place to Work

Ensuring our people are listened to, safe and supported

Reviewed by: Strategic People Committee

Behaviours, Vacancy rates, Turnover, Sickness, Training

## Report changes this month

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

### Added

Average days from discharge ready date to date of discharge (inc 0 day delays)

### Removed

Bed days lost for patients without Criteria to Reside

### Changed

## Executive Summary

August's IPR reflects a continuation of progress in delivery from previous months. The Trust remains on track to deliver its UEC ambitions and breakthrough priority however remains challenged on elective and cancer care priorities. On cancer the Trust is largely hitting its recovery trajectories and is also on track against its recovery trajectory for RTT but is unlikely to meet its plan for the overall size of the waiting list given the significant unplanned growth in the waiting list in Q1 due to rectifying triage backlogs. Fortnightly tiering meetings with region are underway for cancer and RTT respectively to maintain close oversight of this performance improvement.

Looking at the Healthy Communities breakthrough objectives there is performance improvement month on month but the Trust remains well below trajectory reflecting the wider cultural challenges in implementing this new way of working. Learning and reflections on delivery have taken place to improve the performance in the second half of the year and build into future planning.

Our quality metrics are relatively static with continued strong performance overall. New quality and safety metrics will be introduced into the IPR in the autumn to better reflect patient outcomes across our services.

Actions to support the delivery of our workforce plan, that also supports our financial and operational delivery plans, are in place, including our Mutually Agreed Resignation Scheme (MARS) which will impact our workforce metrics in September through to November.

Our people metrics demonstrate the need to continue our strong focus on sickness absence management and mitigating sickness through comprehensive wellbeing support.

The programme to address our Trust breakthrough objective of reducing bullying & harassment continues, with specific action plans progressing with the 30 most challenged areas to drive improvements.

## Interpreting SPC Charts

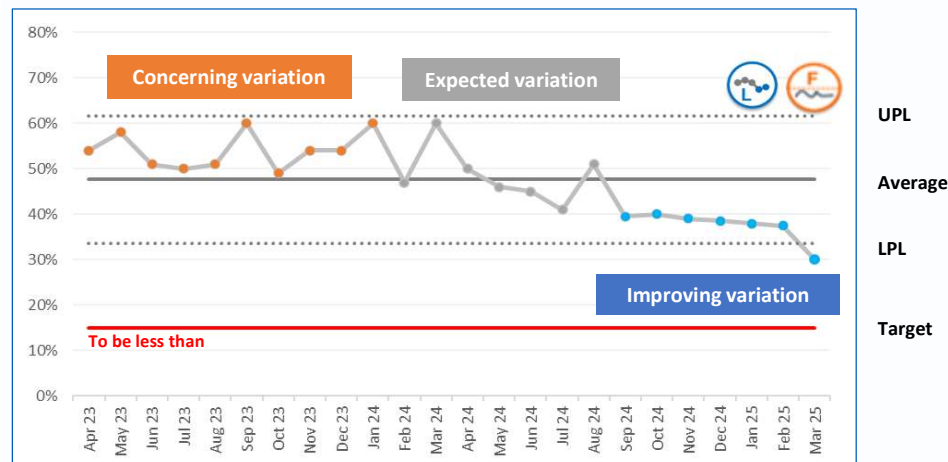
A statistical process control (SPC) chart is a useful tool to help distinguish between signals (which should be reacted to) and noise (which should not as it is occurring randomly).

The following colour convention identifies important patterns evident within the SPC charts in this report.

**Orange** – there is a concerning pattern of data which needs to be investigated and improvement actions implemented.

**Blue** – there is a pattern of improvement which should be learnt from.

**Grey** – the pattern of variation is to be expected. The key question to be asked is whether the level of variation is acceptable.



The dotted lines on SPC charts (upper and lower process limits) describe the range of variation that can be expected.

Process limits are very helpful in understanding whether a target or standard (the **red** line) can be achieved always, never (as in this example) or sometimes.




SPC charts therefore describe not only the type of variation in data, but also provide an indication of the likelihood of achieving target.




Summary icons have been developed to provide an at-a-glance view. These are described on the following page.













## Interpreting summary icons

These icons provide a summary view of the important messages from SPC charts.

Variation / performance Icons			
Icon	Technical description	What does this mean?	What should we do?
	Common cause variation, <b>NO SIGNIFICANT CHANGE.</b>	This system or process is <b>currently not changing significantly</b> . It shows the level of natural variation you can expect from the process or system itself.	<b>Consider if the level/range of variation is acceptable.</b> If the process limits are far apart, you may want to change something to reduce the variation in performance.
	Special cause variation of a <b>CONCERNING</b> nature.	<b>Something's going on!</b> Something, a one-off or a continued trend or shift of numbers in the wrong direction	<b>Investigate</b> to find out what is happening / has happened. Is it a one-off event that you can explain? Or do you need to change something?
	Special cause variation of an <b>IMPROVING</b> nature.	<b>Something good is happening!</b> Something, a one-off or a continued trend or shift of numbers in the right direction. Well done!	Find out what is happening / has happened. <b>Celebrate</b> the improvement or success. Is there <b>learning</b> that can be shared to other areas?

Assurance icons			
Icon	Technical description	What does this mean?	What should we do?
	This process will not consistently <b>HIT OR MISS</b> 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 <b>within</b> 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 <b>FAIL</b> to meet the target.	If a target lies <b>outside of those limits in the wrong direction</b> , then you know that the target cannot be achieved.	<b>You need to change something in the system or process if you want to meet the target.</b> 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 <b>PASS</b> the target if nothing changes.	If a target lies <b>outside of those limits in the right direction</b> , then you know that the target can consistently be achieved.	<b>Celebrate the achievement.</b> 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.

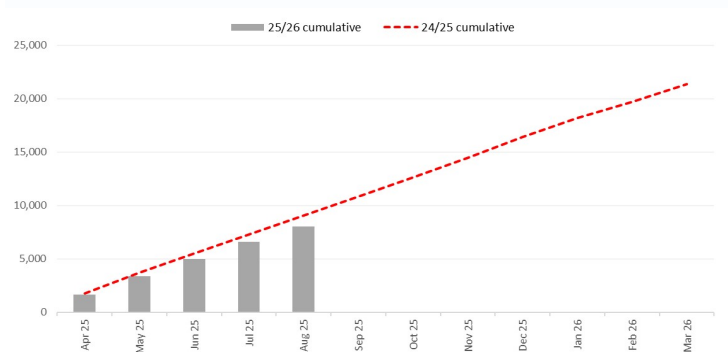
## Understanding the matrix

		ASSURANCE			
					No Target
VARIATION	 	Excellent Celebrate and learn	Good Celebrate and understand	Concerning Celebrate but take action	Excellent Celebrate
		Good Celebrate and understand	Average Investigate and understand	Concerning Investigate and take action	Average Understand
	 	Concerning Investigate and understand	Concerning Investigate and take action	Very concerning Investigate and take action	Concerning Investigate
					
		Unsure Investigate and understand			
					
		Unsure Investigate and understand			

# Breakthrough objectives

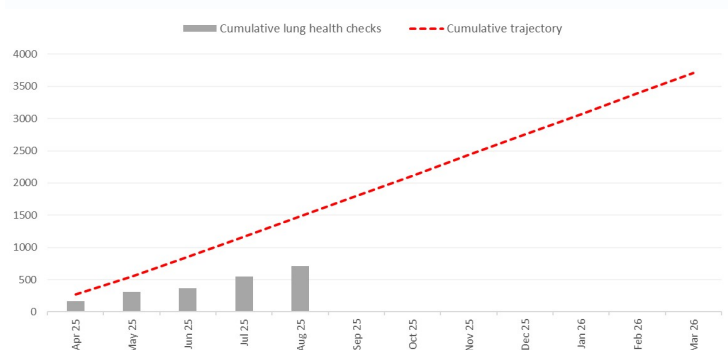
## Fewer people need a bed in an emergency

Adult & Paediatric emergency admissions to a General & Acute bed. Cumulative for 2025/26 against 2024/25.



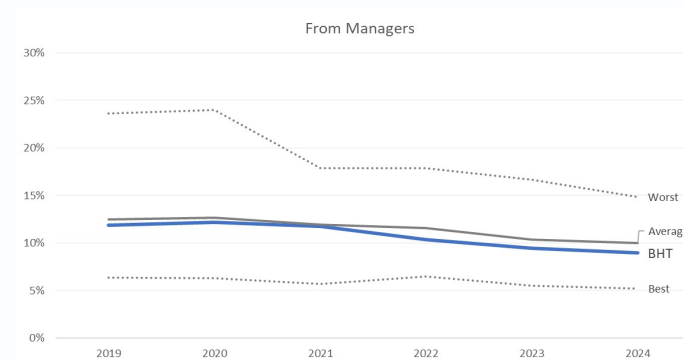
## Target lung health check completion

Number of patients who attended a targeted lung health check in month.



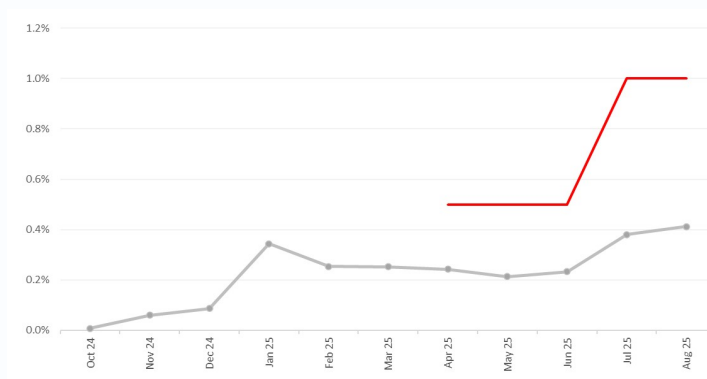
## Behaviour

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



## Increase referrals to lifestyle support services (Be Healthy Bucks)

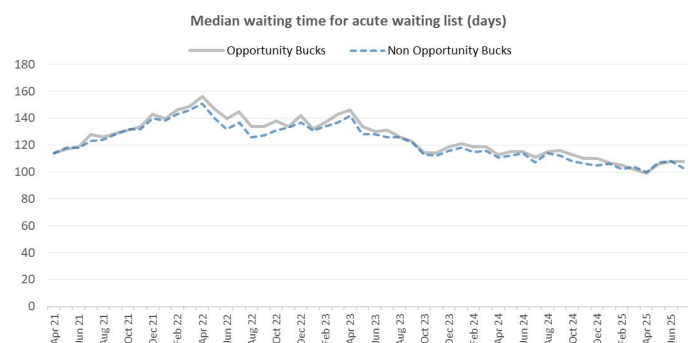
Number of people referred to Be Healthy Bucks divided by number of referrals to BHT outpatients.



# Breakthrough objectives

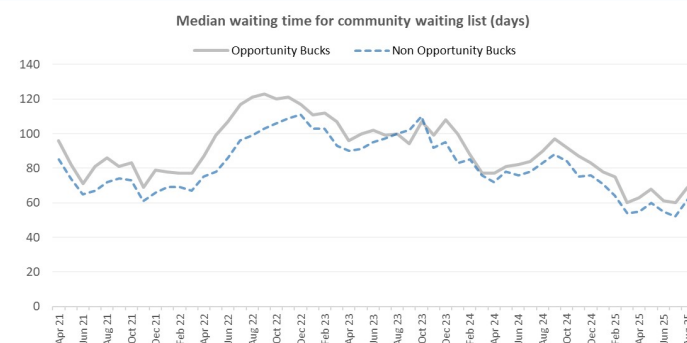
## Median waiting time for acute waiting list in days Opp Bucks split

Median waiting time in days between referral and month end snapshot for patients on the acute waiting list by opportunity bucks and non opportunity Bucks.



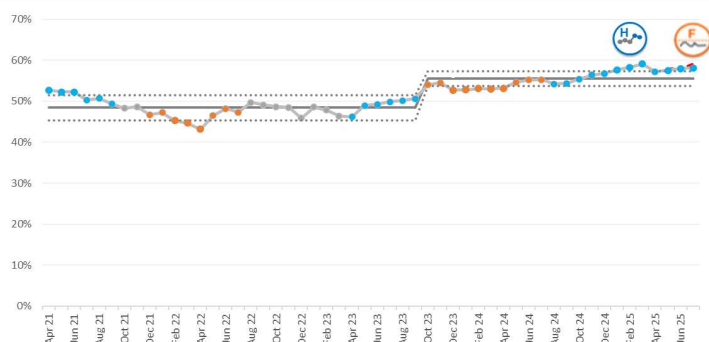
## Median waiting time for community waiting list in days Opp Bucks split

Median waiting time in days between referral and month end snapshot for patients on the community waiting list by opportunity bucks and non opp Bucks.



## Acute open pathway RTT performance

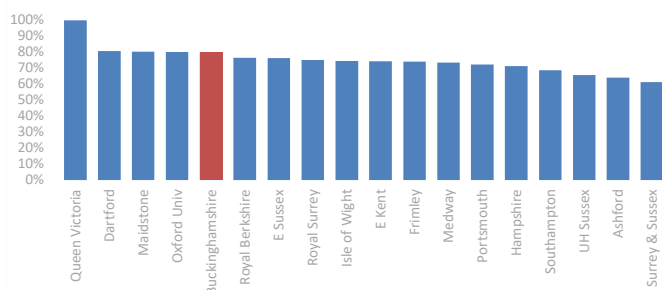
Percentage of patients waiting less than 18 weeks on an incomplete RTT pathway at the end of the month.



# Benchmarking Summary for South-East Region

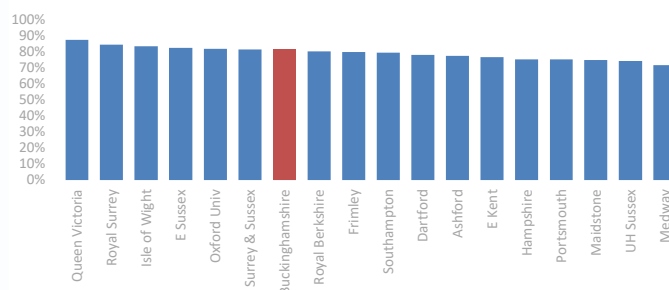
## ED 4 hour performance

South East A&E 4 hour performance benchmarking - Aug-25



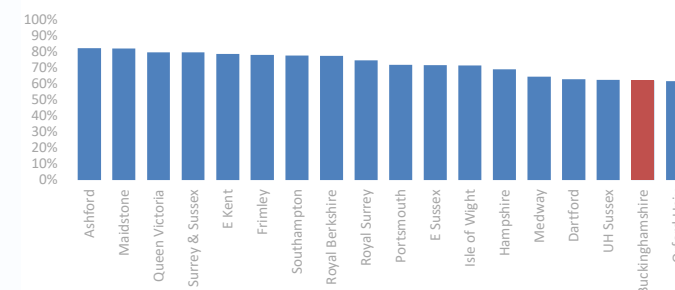
## Faster diagnosis standard cancer

South East region faster diagnosis standard cancer benchmarking - Jul-25



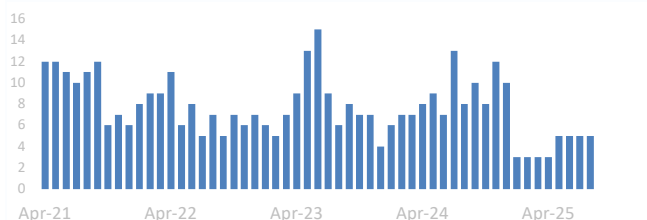
## 62 day wait cancer

South East region 62 day wait cancer benchmarking - Jul-25



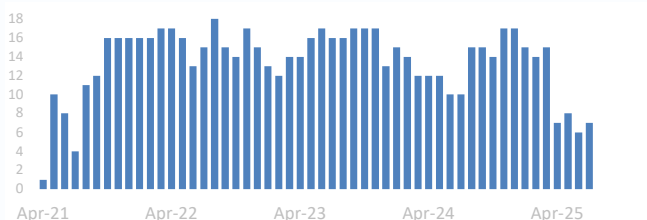
## ED 4 hour performance ranking

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



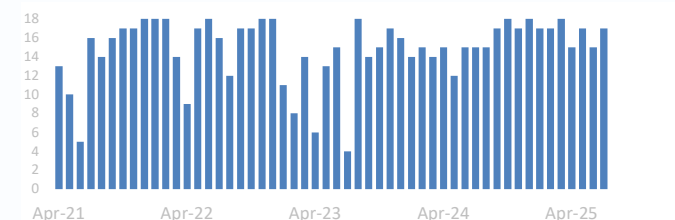
## Faster diagnosis standard cancer

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



## 62 day wait cancer ranking

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



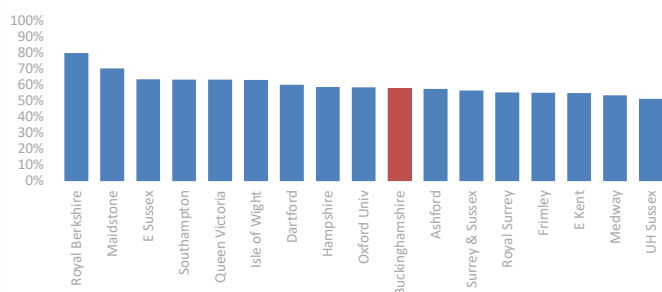
Frimley Health & Portsmouth Hospitals do not report 4 Hour performance as they are part of the Clinical Services Review.

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

# Benchmarking Summary for South-East Region

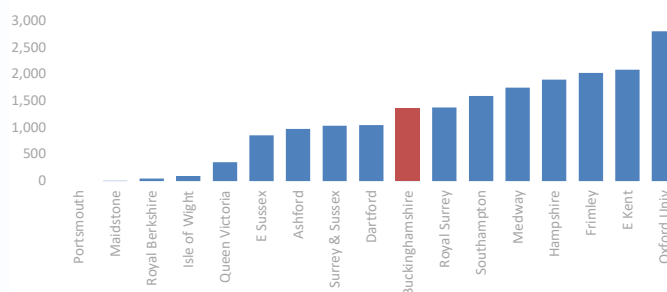
## RTT performance

South East RTT performance benchmarking - Jul-25



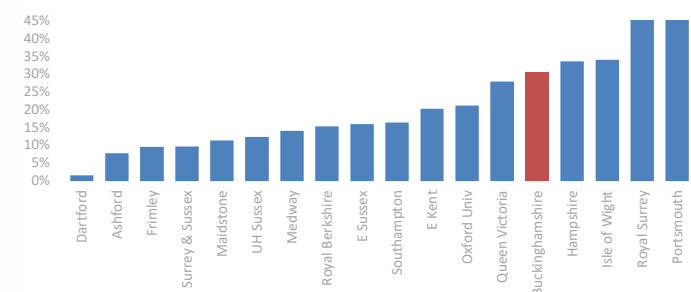
## 52 week waits

South East over 52 week waits benchmarking - Jul-25



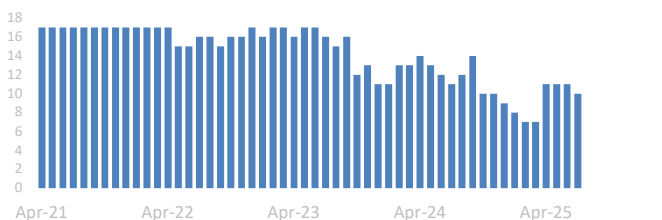
## Diagnostic performance

South East diagnostic performance benchmarking - Jul-25



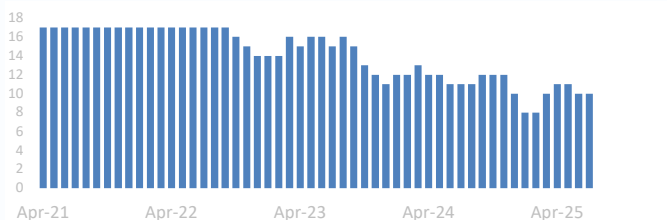
## RTT performance ranking

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



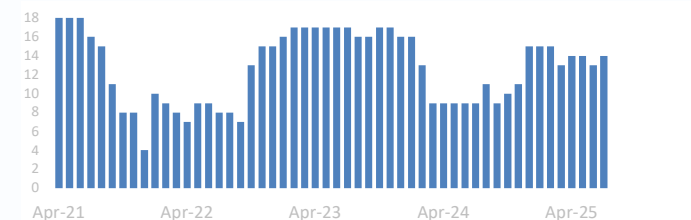
## 52 week waits ranking

South East over 52 week waits benchmarking - historic rankings currently out of 18



## Diagnostic performance ranking

South East diagnostic performance benchmarking - historic rankings out of 18



# Urgent care

**SRO:** Integrated Medicine Care Group Director

**Governance forums:** UEC board, Monthly Care Group governance meeting






**Trust forums:** Transformation Board, Executive Management Committee, Finance & Business Planning committee, Private & Public Board

KPI	Latest month	Measure	Target	Variation	Assurance	What the data shows	Likely to meet the target (% of the time)	Metric for review
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## Breakthrough objective

Fewer people need a bed in an emergency	Aug 25	8059	9081					
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## Driver metrics

12 hour waits in ED	Aug 25	4.8%	4.0%			6 or more data points below the central line	2.2%	
Conversion rate to admission	Aug 25	10.0%	-			Data point outside of control limits		
ED 4 hour performance	Aug 25	79.9%	80.8%			Data point outside of control limits	0.0%	

## Urgent & emergency care

Ambulance handovers within 30 mins	Aug 25	94.2%	95%			No significant change	0.5%	
Urgent 2 hour response - community	Aug 25	90.0%	70%			No significant change	100.0%	
Urgent community response referrals	Aug 25	532	-			Data point outside of control limits		
Patients without Criteria to Reside	Jul 25	66	-					
Average days from discharge ready date to discharge	Jun 25	1.1	-					
Discharges by 2pm	Aug 25	24.0%	-			No significant change		
Hospital at home utilisation	17 Jul 25	81.2%	80%			No significant change	90.7%	

## Urgent care

		ASSURANCE				
VARIATION	 				No Target	
			12 hour waits in ED	ED 4 hour performance	Conversion rate to admission	Urgent community response referrals
	 	Urgent 2 hour response - community	Ambulance handovers within 30 mins Hospital at home utilisation		Discharges by 2pm	
	 					



## Fewer people need a bed in an emergency

**Definition:** Adult & Paediatric emergency admissions to a General & Acute bed. Cumulative for 2025/26 against 2024/25. Includes patients on observations wards with a length of stay > 23 hours.

### How we are performing

While full-year data is still emerging, the Trust remains committed to holding emergency admission numbers at 2024/25 levels despite the increasing demand pressures. Our performance is being actively monitored against key indicators, with particular attention to frailty-related admissions and avoidable bed days.

### Drivers of performance

Emergency hospital admissions, especially among frail patients—are associated with poorer outcomes, including higher mortality rates and long-term dependency on health and care services. The Trust’s strategy centres on absorbing the predicted growth in non-elective demand through optimised use of alternative pathways. This includes expanded use of Same Day Emergency Care (SDEC), improved triage and admission criteria, and strengthened community and social care partnerships.

### Actions to maintain or improve performance

To maintain performance and enhance patient outcomes, a number of targeted actions are underway:

- Trial a Children’s SDEC
- Expansion of SDEC – hot clinics and bookable slots
- Point of Care Testing for the Emergency Floor
- Expand hours of UCR to include weekends
- Embed SCAS call before convey
- Implement a new emergency urology clinic
- Move to an 8am to 8pm model for TAU

### Risks and mitigations

Key risks have been identified that could impact our ability to deliver on this objective:

SDEC Bed Pressure: Utilisation of SDEC for inpatient overflow risks reducing its intended function. Mitigation involves safeguarding SDEC capacity and enforcing admission criteria.

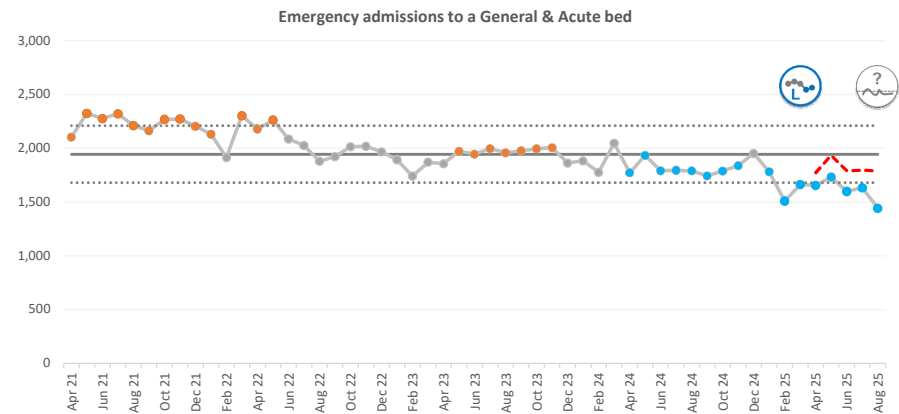
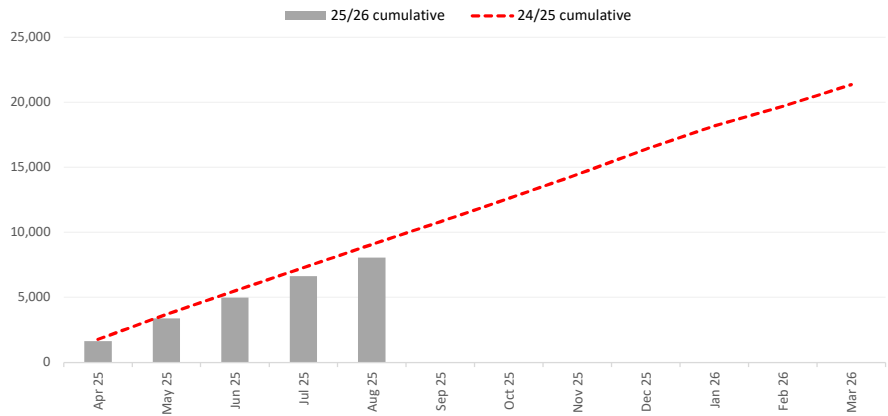
Night-time Processes: A gap in effective overnight pathways and decision-making is being addressed through new SOPs and improved access to senior clinical support.

Frailty Identification: A training programme is being rolled out to ensure early recognition and appropriate triage of frailty at point of entry to emergency services.

**Target:** Maintain or lower than 24/25 emergency admission rate.

**Owner:** Chief Operating Officer  
**Committee:** Finance and Business Performance

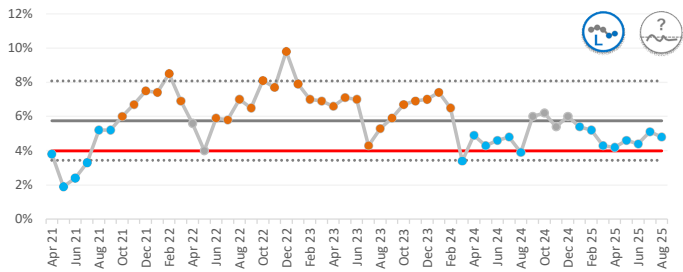
Aug-25	Variance Type	Aug-24	Achievement
8059	N/A	9081	N/A



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).

Aug-25	Variance Type	Target	Achievement
4.8%	Special cause variation - improvement 6 or more data points below the central line	4%	Unreliable process Will meet the target 2.2% of the time



How we are performing

**12 hour waits in ED:** This metric is experiencing special cause variation with the last eight data points falling below the central line. The target lies just inside the current control limits and so is unlikely to be achieved unless something changes in the process.

**Conversion rate to admission:** This metric is experiencing special cause variation of an improving nature with the last twelve data points falling below the central line and the last seven data points falling below the lower control limit.

**ED 4 hour performance:** This metric is experiencing special cause variation of an improving nature with the last eight data points falling above the central line and the last data point falling above the upper control limit. The target lies just above the upper control limit and so is very unlikely to be achieved unless something changes in the process.

Drivers of performance

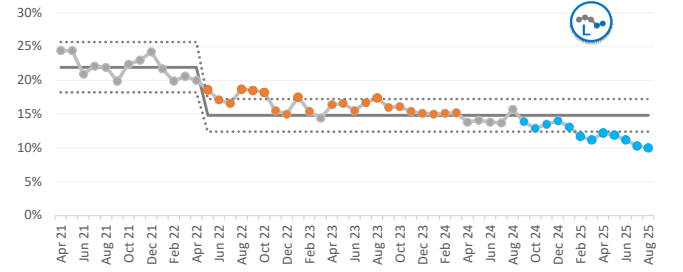
Real-time bed boards which improve flow and visibility across the system. Integrated community support (Virtual Wards, UCR, social care) helps avoid admissions and supports timely discharge.

Focus on reducing 12-hour ED waits through the 2 hourly huddles, discussing alternative pathways for patients in the ED footprint.

Conversion rate to admission

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

Aug-25	Variance Type	Target	Achievement
10.0%	Special cause variation - improvement Data point outside of control limits	-	N/A



Actions to maintain or improve performance

Streamlined access to SDEC (adult/frailty) for assessment and reduced admissions.

Increase Virtual Wards and UCR to manage more patients safely at home.

Enhanced use of live bed boards and dashboards to support flow decisions.

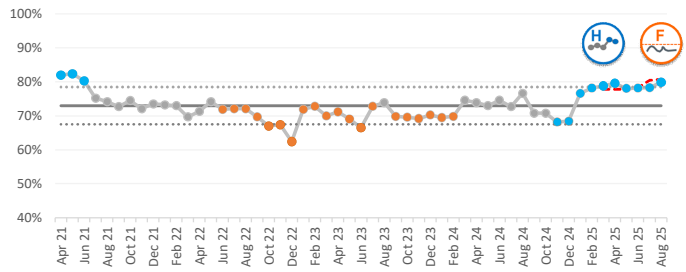
Morning discharge huddles and early TTOs to speed up patient discharge.

System-wide collaboration to reduce ED breaches and improve patient experience.

ED 4 hour performance

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

Aug-25	Variance Type	Trajectory	Achievement
79.9%	Special cause variation - improvement Data point outside of control limits	80.8%	Unreliable process Will meet the target 0% of the time



Risks and mitigations

Delayed discharges due to late TTO's and or transport booking, improve coordination.

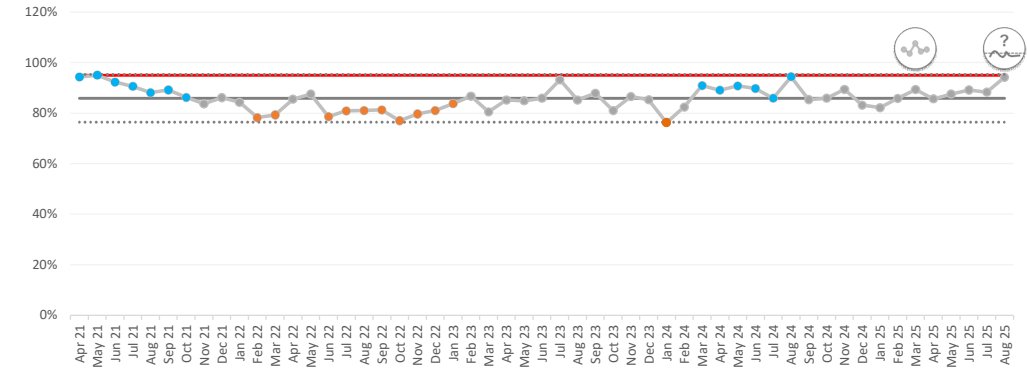
Inconsistent frailty identification at the front door, introduce training.

Urgent & emergency care

Ambulance handovers within 30 mins

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

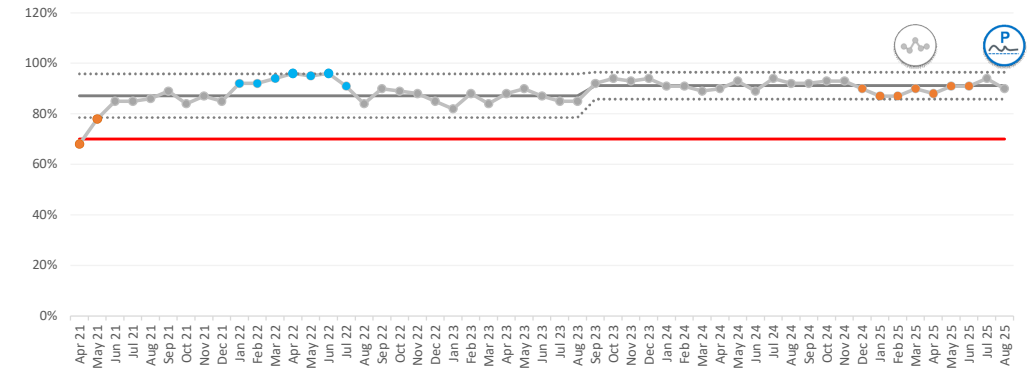
Aug-25	Variance Type	Target	Achievement	For review
94.2%	<b>Common cause variation</b>	95%	<b>Unreliable process</b>	
	No significant change		Will meet the target 0.5% of the time	



Urgent 2 hour response - community

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

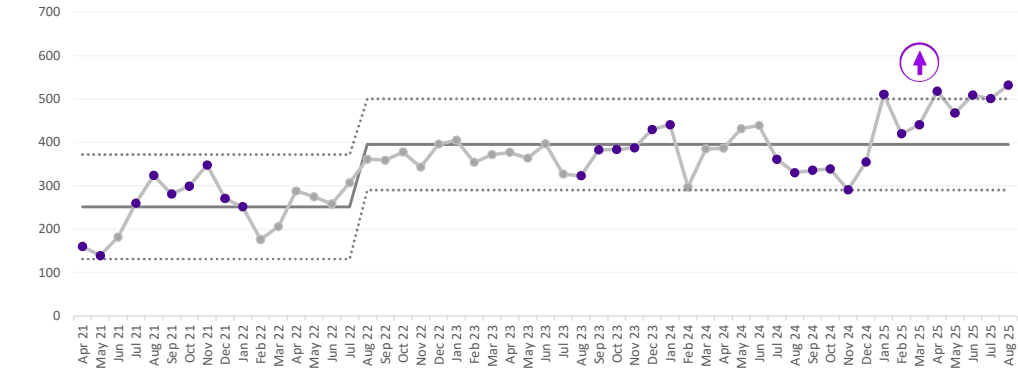
Aug-25	Variance Type	Target	Achievement	For review
90.0%	<b>Common cause variation</b>	70%	<b>Capable process</b>	
	No significant change		Will meet the target 100% of the time	



Urgent community response referrals

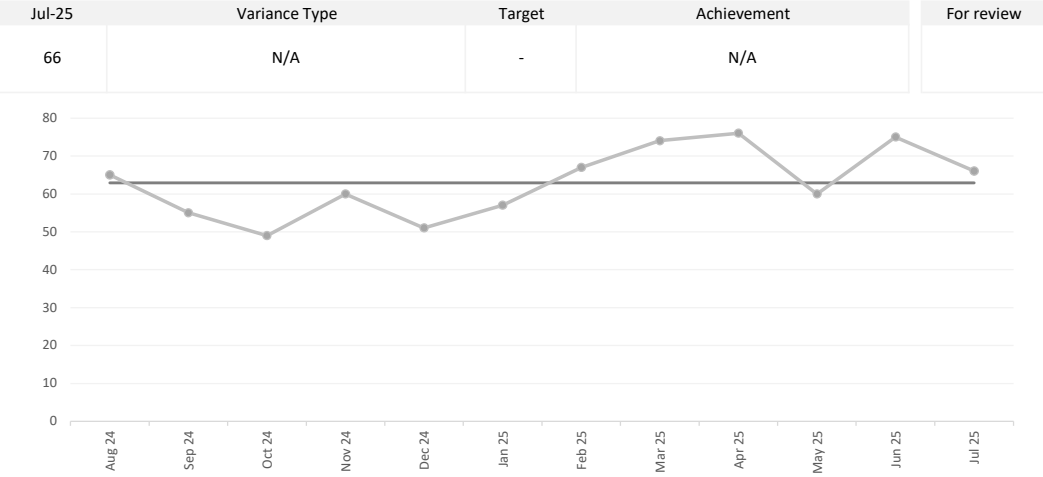
Number of urgent referrals (2 hour) from community services or 111 received.

Aug-25	Variance Type	Target	Achievement	For review
532	<b>Special cause variation - neither concerning nor improvement</b>	-	N/A	
	Data point outside of control limits			



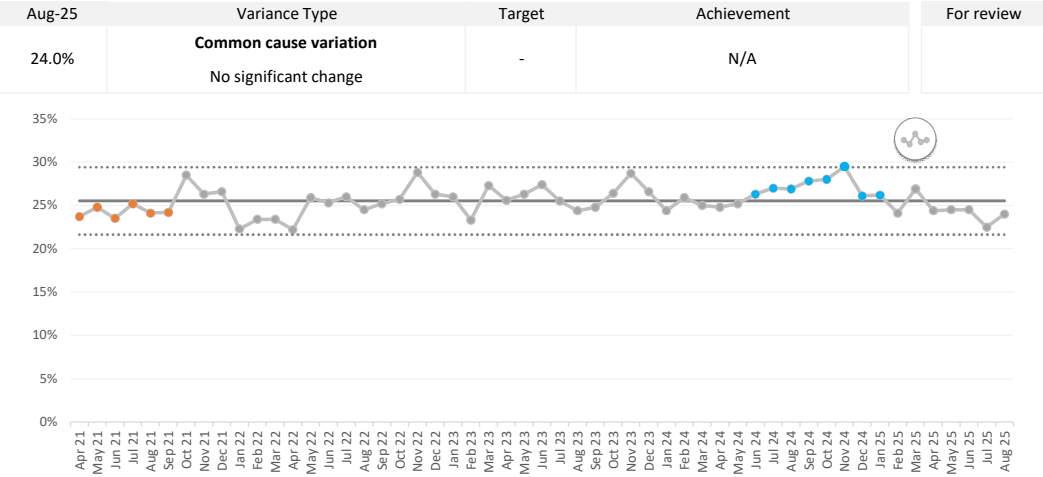
Patients without Criteria to Reside

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



Discharges by 2pm

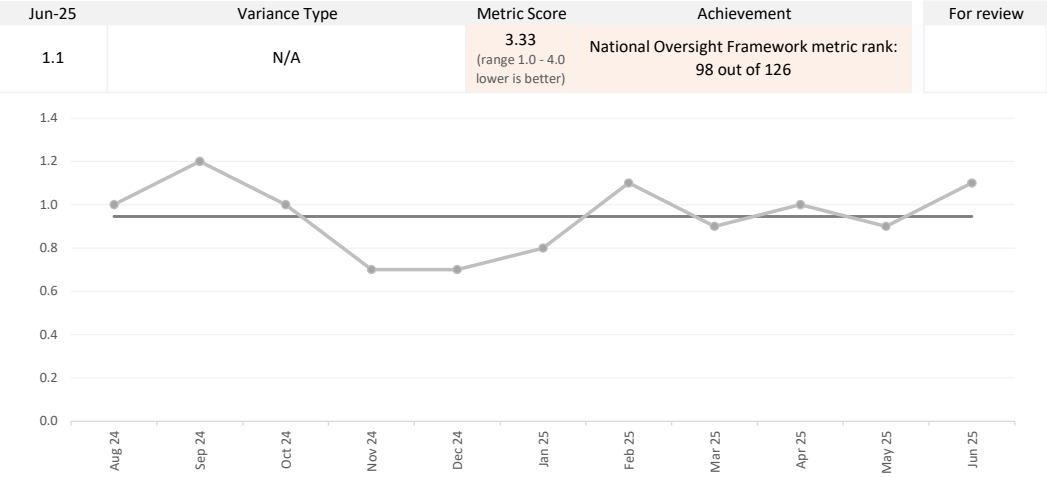
Proportion of inpatients discharged between 5am - 2pm of all discharges. Excludes maternities, deceased, purely elective wards and patients not staying over midnight.



Average days from discharge ready date to discharge

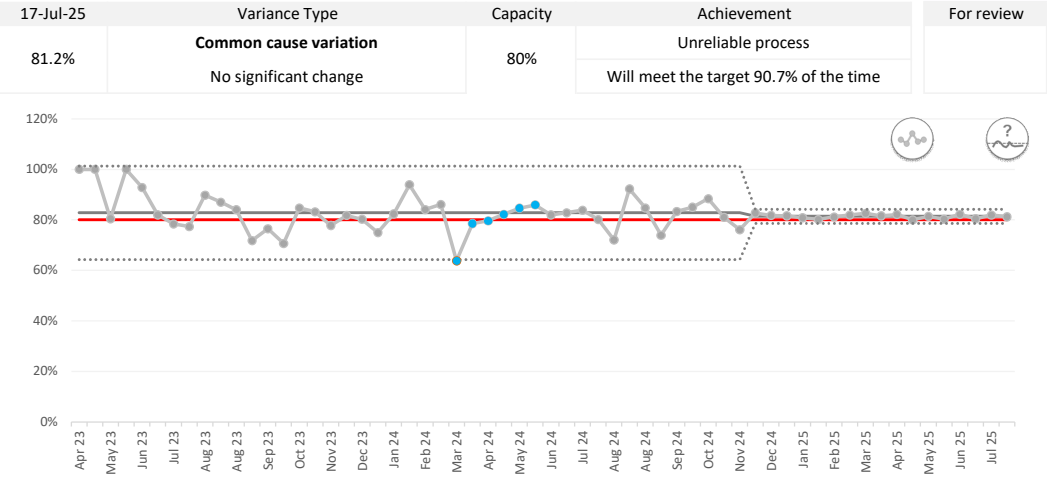
Average number of bed days from discharge ready date to date of discharge (including 0 day delays).

Metric score and achievement taken from National Oversight Framework scores and rankings.



Hospital at home utilisation

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



# Planned care



**SRO:** Director of Performance & Planning

**Governance forums:** Access Performance Management group, Planned Care board









**Trust forums:** Transformation Board, Executive Management Committee, Finance & Business Planning committee, Private & Public Board

KPI	Latest month	Measure	Target	Variation	Assurance	What the data shows	Likely to meet the target (% of the time)	Metric for review
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## Breakthrough objective

Median waiting time for acute waiting list in days Opp Bucks split	Jul 25	108 Opp Bucks	103 Non Opp Bucks					
Median waiting time for community waiting list in days Opp Bucks split	Aug 25	69 Opp Bucks	62 Non Opp Bucks					
Acute open pathway RTT performance	Jul 25	58.1%	59.2%			Data point outside of control limits	0.0%	

## Planned care

Percentage of patients waiting no longer than 18 weeks for a first appointment	Aug 25	53.9%	62%			No significant change	0.0%	
Acute waiting list size	Jul 25	50836	44700			Upward trend of 6 or more data points	0.0%	
Community waiting list size	Aug 25	6626	-			6 or more data points below the central line		
Acute open pathway 52 week breaches	Jul 25	1352	0			Data point outside of control limits	0.0%	
Acute open pathway 52 week risks	Aug 25	17521	20966					

# Planned care


















**SRO:** Director of Performance & Planning

**Governance forums:** Access Performance Management group, Planned Care board

**Trust forums:** Transformation Board, Executive Management Committee, Finance & Business Planning committee, Private & Public Board

KPI	Latest month	Measure	Target	Variation	Assurance	What the data shows	Likely to meet the target (% of the time)	Metric for review
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## Planned care continued



Community waiting list 65 week breaches	Aug 25	265	0			Downward trend of 6 or more data points	0.0%	
Community waiting list 52 week breaches	Aug 25	353	0			Downward trend of 6 or more data points	0.0%	
Median waiting time for acute waiting list in days (adults)	Jul 25	106	-			6 or more data points below the central line		
Median waiting time for acute waiting list in days (paediatrics)	Jul 25	86	-			6 or more data points below the central line		
Median waiting time for community waiting list in days (adults)	Aug 25	54	-			6 or more data points below the central line		
Median waiting time for community waiting list in days (paediatrics)	Aug 25	97	-			6 or more data points below the central line		
Diagnostic compliance	Jul 25	30.5%	1.0%			Data point outside of control limits	0.0%	
CWT 28 Day General Faster Diagnosis Standard	Jul 25	81.7%	80.0%			Data point outside of control limits	0.8%	
CWT 31 Day General Treatment Standard	Jul 25	88.2%	90.0%			No significant change	0.8%	
62 Day General Treatment Standard	Jul 25	62.2%	75.0%			No significant change	1.1%	
Cancer referrals	Aug 25	2604	-			6 or more data points above the central line		

# Planned care










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**Governance forums:** Access Performance Management group, Planned Care board  
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KPI	Latest month	Measure	Target	Variation	Assurance	What the data shows	Likely to meet the target (% of the time)	Metric for review
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### Planned care continued

Elective activity	Aug 25	4367	4351			6 or more data points above the central line		
Elective activity against plan	Aug 25	-2.5%	0.0%					
New outpatient activity	Aug 25	16642	18601			No significant change		
New outpatient activity against plan	Aug 25	-0.7%	0.0%					

# Planned care

		ASSURANCE				
VARIATION				No Target		
	 	CWT 28 Day General Faster Diagnosis Standard	Acute open pathway RTT performance Acute open pathway 52 week breaches Community waiting list 65 week breaches Community waiting list 52 week breaches	Median waiting time for acute waiting list in days (adults) Median waiting time for acute waiting list in days (paediatrics) Median waiting time for community waiting list in days (adults) Median waiting time for community waiting list in days (paediatrics)	Cancer referrals Elective activity	
		CWT 31 Day General Treatment Standard 62 Day General Treatment Standard	Percentage of patients waiting no longer than 18 weeks for a first appointment	New outpatient activity New outpatient activity against plan		
	 		Acute waiting list size Diagnostic compliance		Community waiting list size	



# Planned care

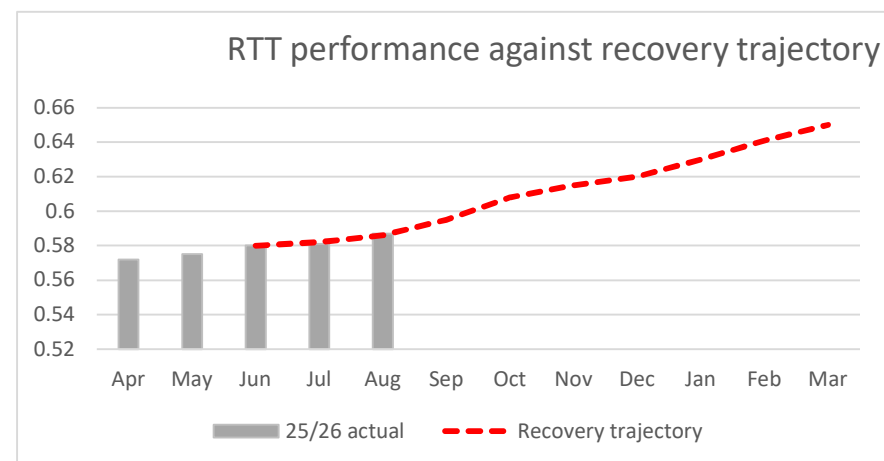
62 days: 56.67 % against a trajectory of 63.9%. The drivers are urology, lower GI and skin.

The following actions are in place:

- Urology – additional capacity in theatre, ringfenced MRI slots, CNS will be fully trained in Dec.
- Lower GI – additional capacity in theatre, ringfenced CTVC slots. Funding received for additional Speciality Dr to help with capacity.
- Skin – Additional capacity for minor operating procedures.
- Fortnightly meeting with region re: tiering meeting for improvements.
- Inhealth PET delays – escalated to TVCA. Aiming at having PET CT at Amersham in Jan 2026.

DM01 performance is adverse to plan due to capacity challenges linked to non-obstetric ultrasound (staffing and third party provider related); specialist CT for cardiac patients (limited availability of staff with required specialist skills to undertake imaging of patients with cardiac implants); and endoscopy (capacity issues). Other modalities are generally performing as planned.

RTT performance had drifted below trajectory with a greater number of referrals added as long waiters. Focus is on recovering RTT performance over coming months and ensuring open pathway waiting lists do not rise.



## Median waiting time for acute and community waiting list in days - Opportunity Bucks split

**Definition:** Median waiting time in days between referral and month end snapshot patients on the acute and community waiting lists. Split by Opportunity Bucks and Non-opportunity Bucks.

### How we are performing

Waiting time for acute patients from Opportunity Bucks is the same as that for non-Opportunity Bucks areas – target met. Waiting time for community patients from Opportunity Bucks has reduced from previous month, needs further improvement( reduction in days) to meet target.

### Drivers of performance

### Actions to maintain or improve performance

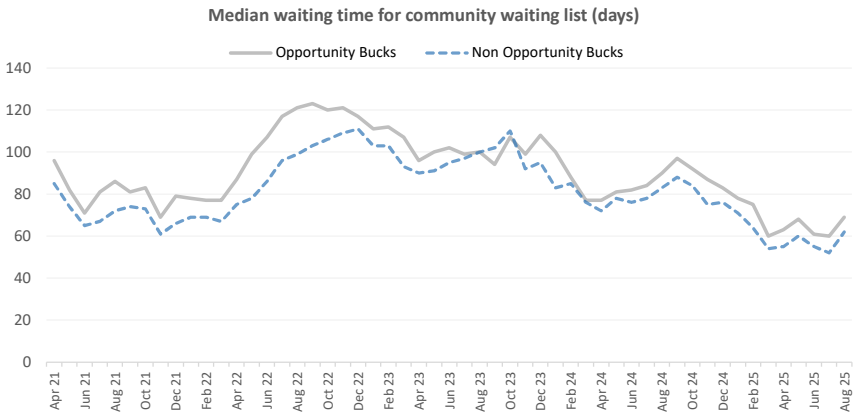
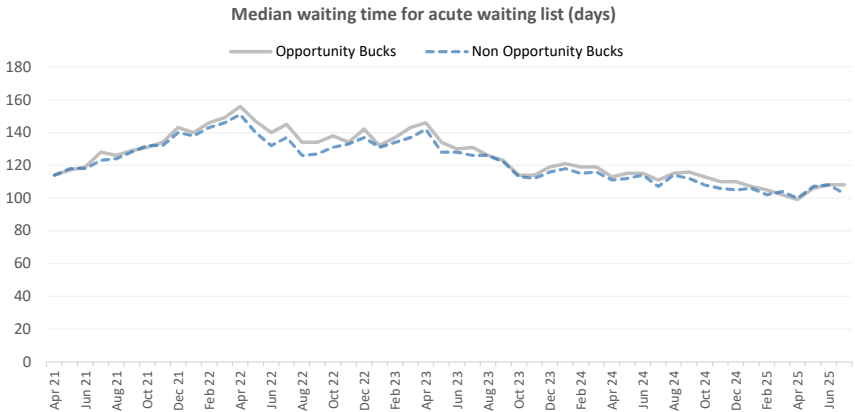
Monthly data on waiting time shared with Caregroup leads. CDUs with higher waiting time for Opportunity Bucks are highlighted to help with focused actions. Care groups developing actions to address the findings from patient survey report on DNA in opportunity Bucks areas. Central outpatient team formulating actions to address issues with appointment invitations and reminders. CDUs where outpatient appointments are booked by team administrators to develop actions to address issues with appointment invitations and reminders

### Risks and mitigations

BI support needed to respond to data queries from clinical directorate. Rio data is not included in Health Inequalities dashboard, and this causes delays to respond to data queries. Capacity constraints of teams impacting engagement with the workstream. Data and details of the workstream shared with care group triumvirate to drive engagement. Care group transformation managers to support progress within care groups. CDUs have requested process to highlight referrals from Opportunity Bucks areas to plan appointments effectively. Support required to implement tis in Care flow and Rio.

**Target:** Waiting time for Opp Bucks to be the same or less than for Non-opp Bucks  
**Owner:** Chief Operating Officer  
**Committee:** Finance & Business Performance

Jul-25		Aug-25	
Opportunity Bucks - acute	Non Opportunity Bucks - acute	Opportunity Bucks - comm	Non Opportunity Bucks - comm
108	103	69	62



## Acute open pathway RTT performance

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

**Target:** 65%

**Owner:** Chief Operating Officer  
**Committee:** Finance & Business Performance

### How we are performing

Lower than agreed trajectory but slowly improving

### Drivers of performance

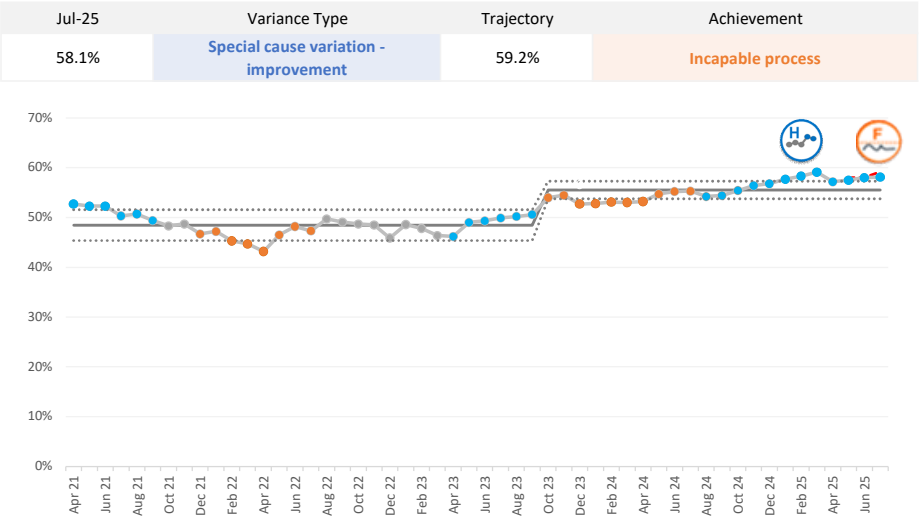
Delay in triaging of referrals and subsequent adding to PTL Apr-June

### Actions to maintain or improve performance

- Reduce triage time to 8 weeks
- Robust validation
- External analysis of PTL
- Individual SDU work to combine an overall Trust improvement

### Risks and mitigations

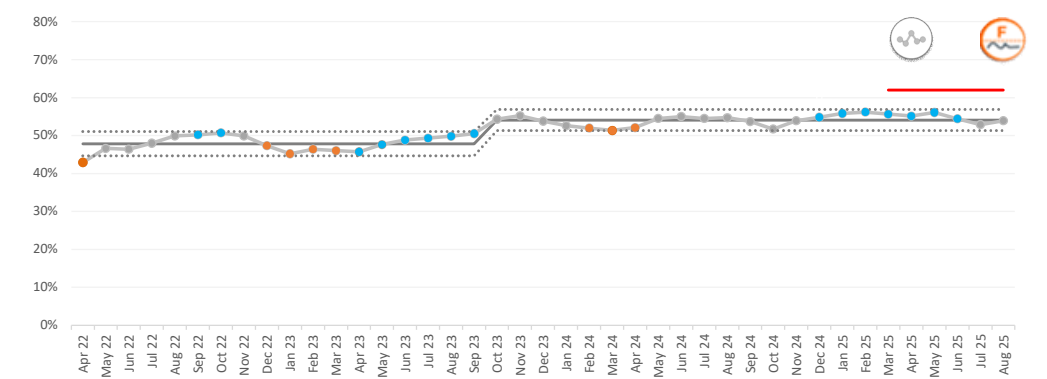
- Job planning triage allocation not adequate
  - Care Groups to manage demand and capacity
- Validation demands remain above capability
  - Operational teams to be trained on individual areas



Percentage of patients waiting no longer than 18 weeks for a first appointment

Number of patients waiting no longer than 18 weeks for a first appointment over all patients waiting for a first appointment. Snapshot at the Sunday closest to month end.

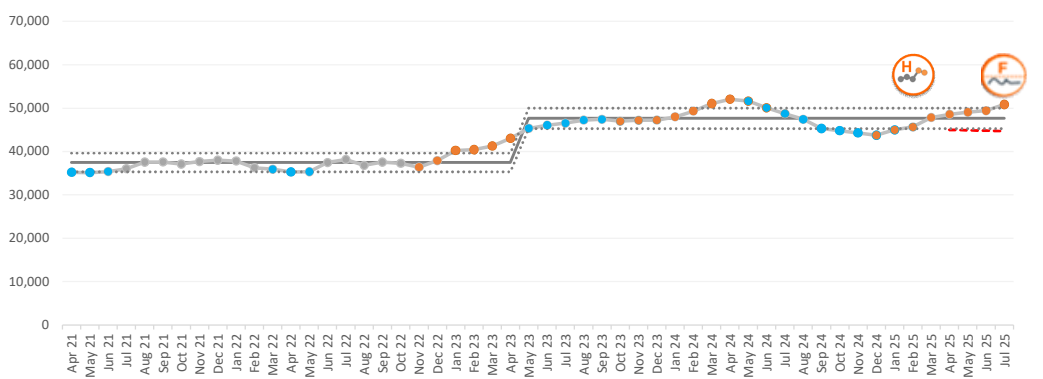
Aug-25	Variance Type	Target	Achievement	For review
53.9%	Common cause variation No significant change	62%	Incapable process Will meet the target 0% of the time	



Acute waiting list size

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

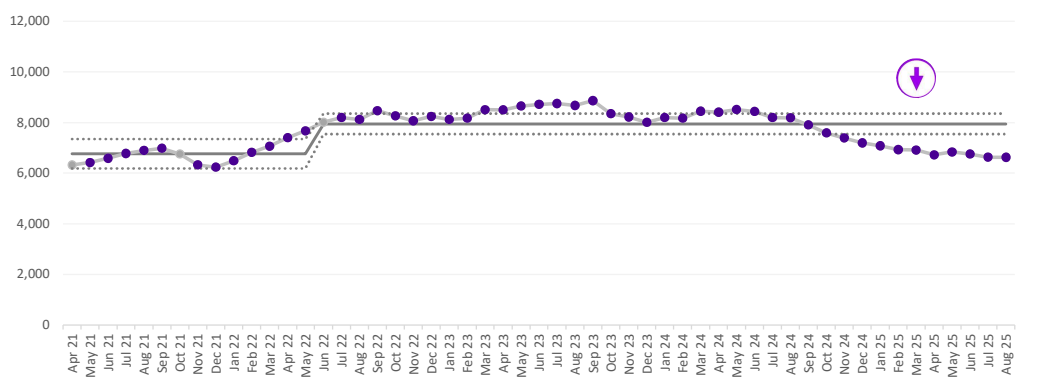
Jul-25	Variance Type	Trajectory	Achievement	For review
50836	Special cause variation - concerning Upward trend of 6 or more data points	44700	Incapable process Will meet the target 0% of the time	



Community waiting list size

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

Aug-25	Variance Type	Target	Achievement	For review
6626	Special cause variation - neither concerning nor improvement 6 or more data points below the central line	-	N/A	

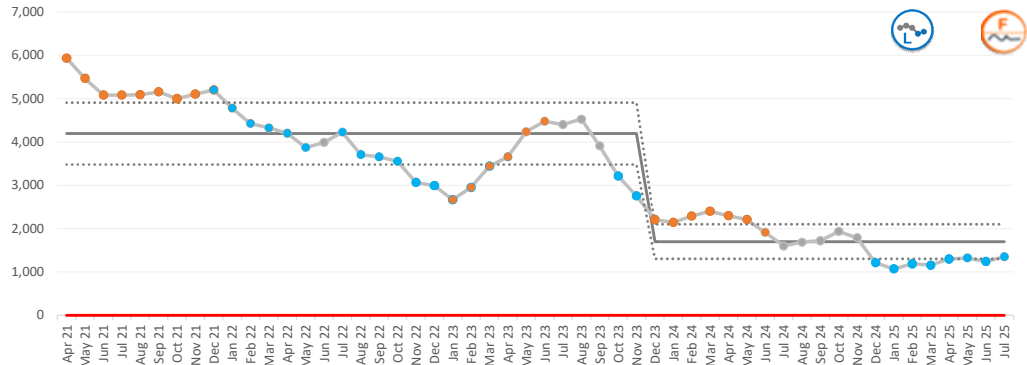


Planned care

Acute open pathway 52 week breaches

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

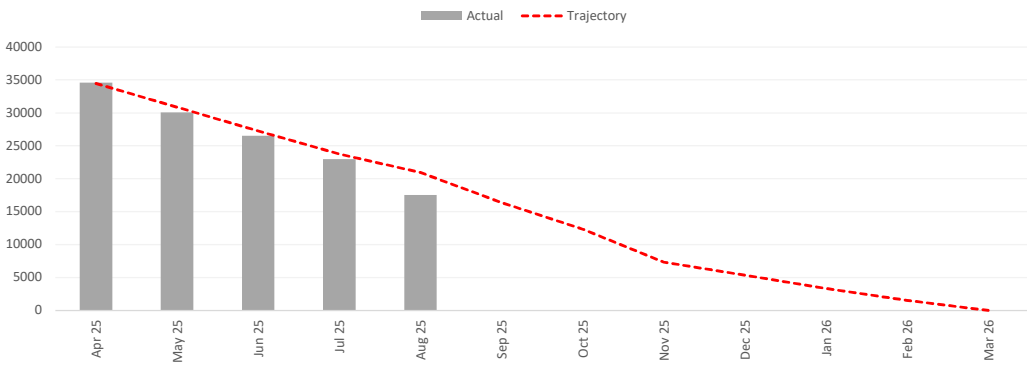
Jul-25	Variance Type	Target	Achievement	For review
1352	Special cause variation - improvement Data point outside of control limits	0	Incapable process Will meet the target 0% of the time	



Acute open pathway 52 week risks

The number of patients who will breach 52 week waiting time by March 2026.

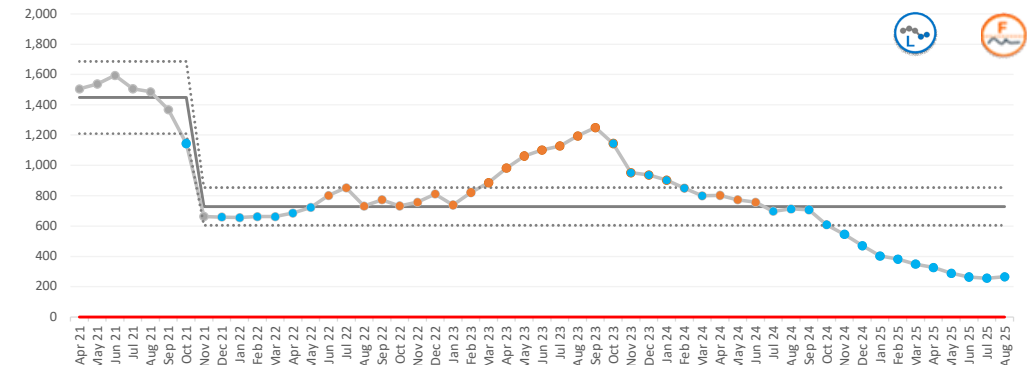
Aug-25	Variance Type	Trajectory	Achievement	For review
17521	N/A	20966	N/A	



Community waiting list 65 week breaches

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

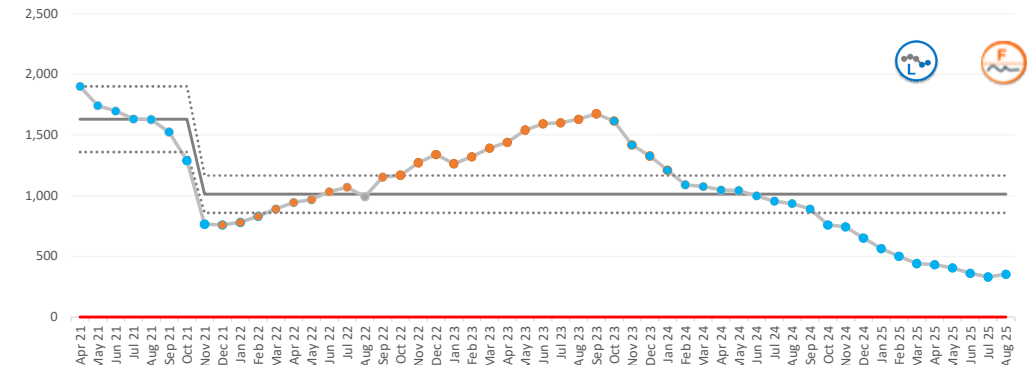
Aug-25	Variance Type	Target	Achievement	For review
265	Special cause variation - improvement Downward trend of 6 or more data points	0	Incapable process Will meet the target 0% of the time	



Community waiting list 52 week breaches

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

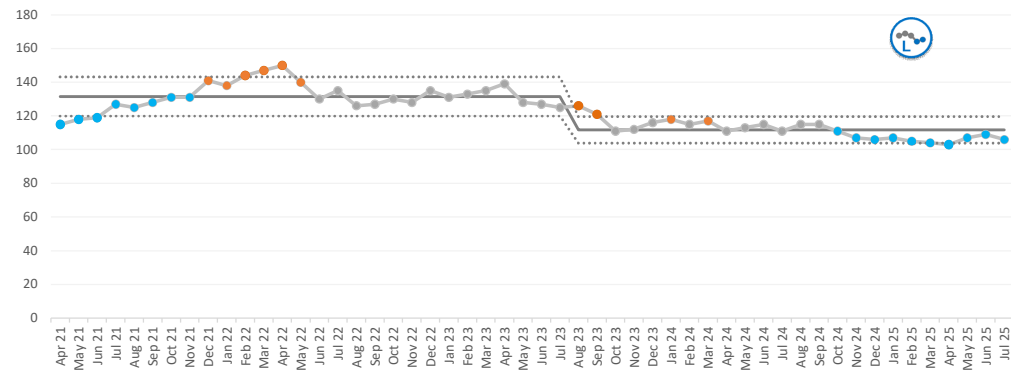
Aug-25	Variance Type	Target	Achievement	For review
353	Special cause variation - improvement Downward trend of 6 or more data points	0	Incapable process Will meet the target 0% of the time	



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

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

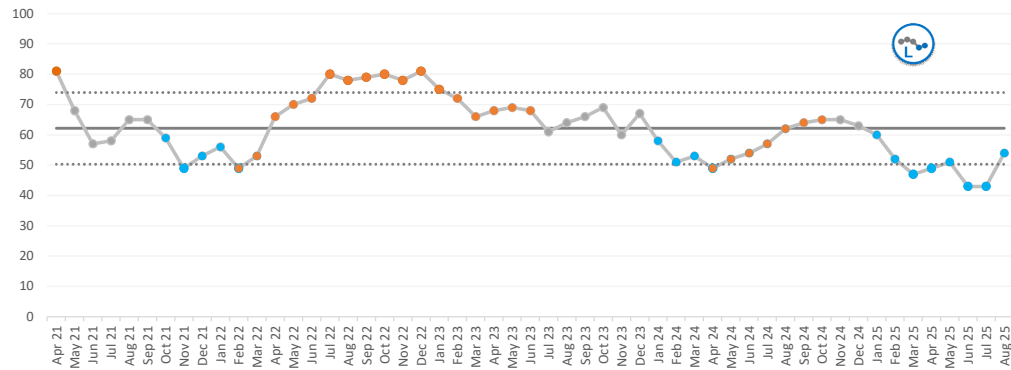
Jul-25	Variance Type	Target	Achievement	For review
106	Special cause variation - improvement 6 or more data points below the central line	-	N/A	



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

Median waiting time in days between referral and month end snapshot for adult patients on the community waiting list. Patients are aged 16 years and over. Excludes universal referrals (as above) and includes community paediatrics under 18 week pathway rules.

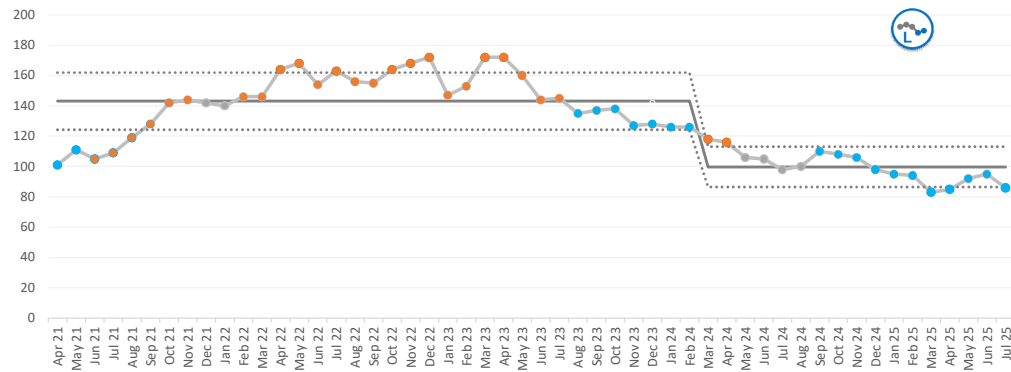
Aug-25	Variance Type	Target	Achievement	For review
54	Special cause variation - improvement 6 or more data points below the central line	-	N/A	



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

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

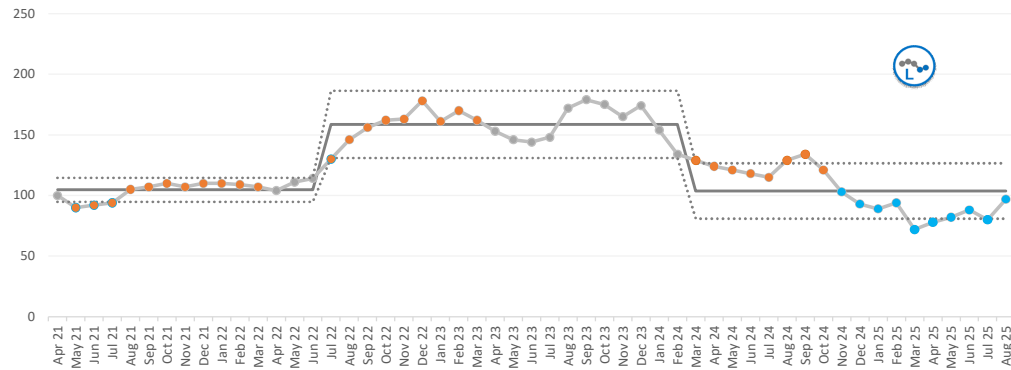
Jul-25	Variance Type	Target	Achievement	For review
86	Special cause variation - improvement 6 or more data points below the central line	-	N/A	



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

Median waiting time in days between referral and month end snapshot for paediatric patients on the community waiting list. Patients are aged under 16 years. Excludes universal referrals (as above) and includes community paediatrics under 18 week pathway rules.

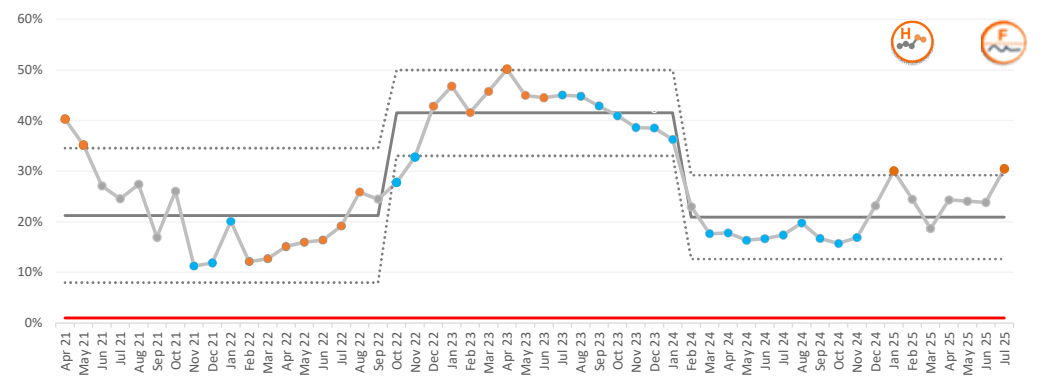
Aug-25	Variance Type	Target	Achievement	For review
97	Special cause variation - improvement 6 or more data points below the central line	-	N/A	



Diagnostic compliance

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

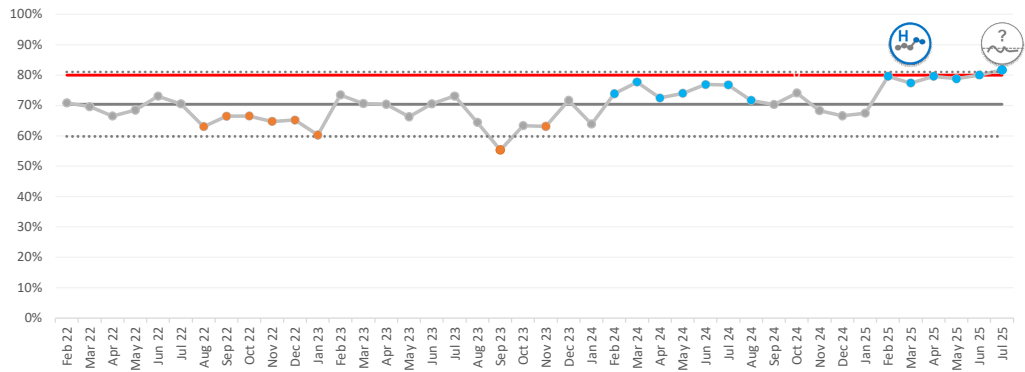
Jul-25	Variance Type	Target	Achievement	For review
30.5%	Special cause variation - concerning Data point outside of control limits	1.0%	Incapable process Will meet the target 0% of the time	



CWT 28 Day General Faster Diagnosis Standard

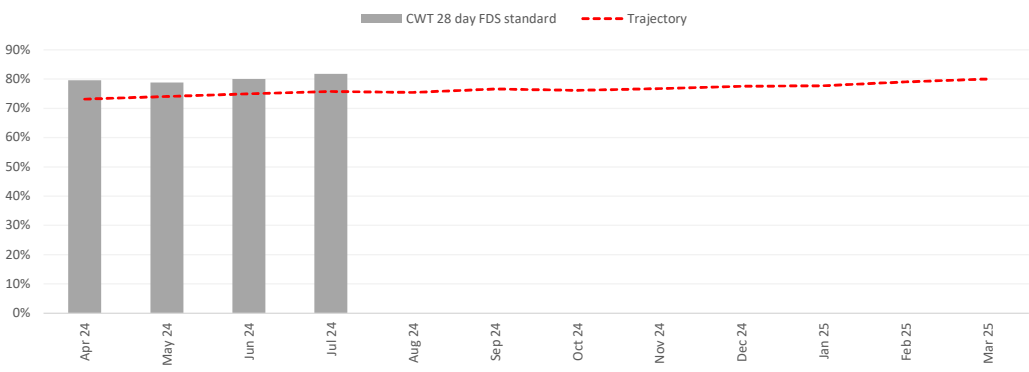
Maximum four weeks (28 days) from receipt of urgent GP (or other referrer) referral for suspected cancer, breast symptomatic referral or urgent screening referral, to point at which patient is told they have cancer, or cancer is definitively excluded.

Jul-25	Variance Type	Target	Achievement	For review
81.7%	Special cause variation - improvement Data point outside of control limits	80.0%	Unreliable process Will meet the target 0.8% of the time	



CWT 28 Day trajectory

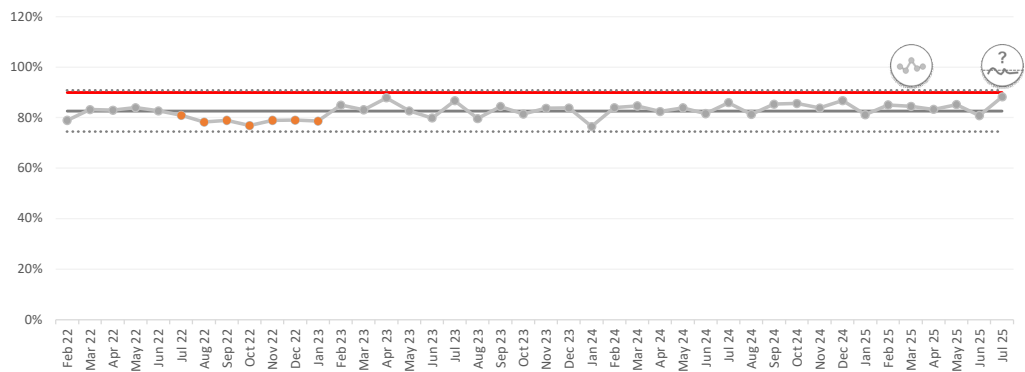
Jul-25	Variance Type	Trajectory	Achievement	For review
81.7%	N/A	75.8%	N/A	



CWT 31 Day General Treatment Standard

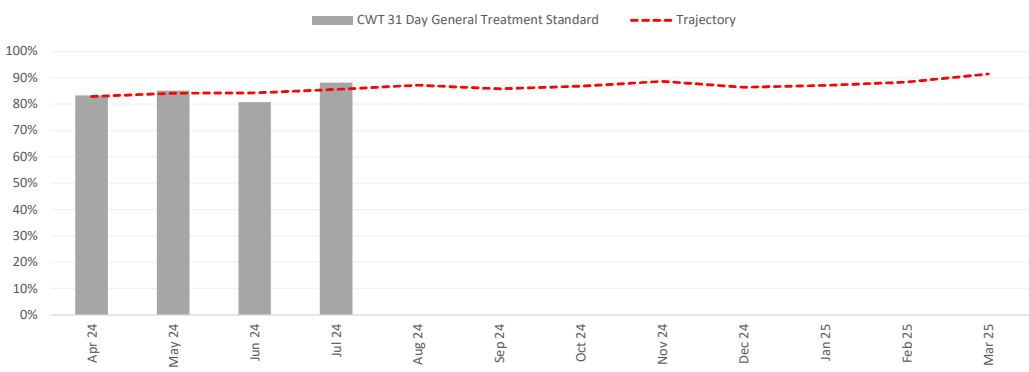
Maximum 31 days from Decision To Treat/Earliest Clinically Appropriate Date to Treatment of cancer.

Jul-25	Variance Type	Target	Achievement	For review
88.2%	Common cause variation No significant change	90.0%	Unreliable process Will meet the target 0.8% of the time	



CWT 31 Day trajectory

Jul-25	Variance Type	Trajectory	Achievement	For review
88.2%	N/A	85.6%	N/A	

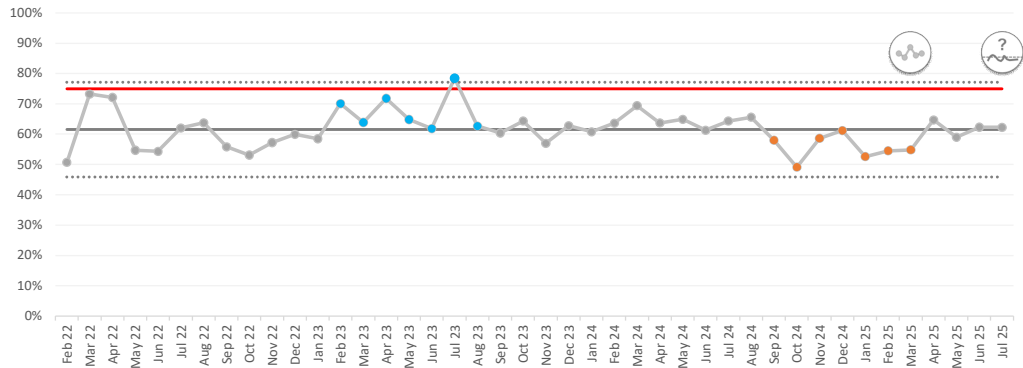




62 Day General Treatment Standard

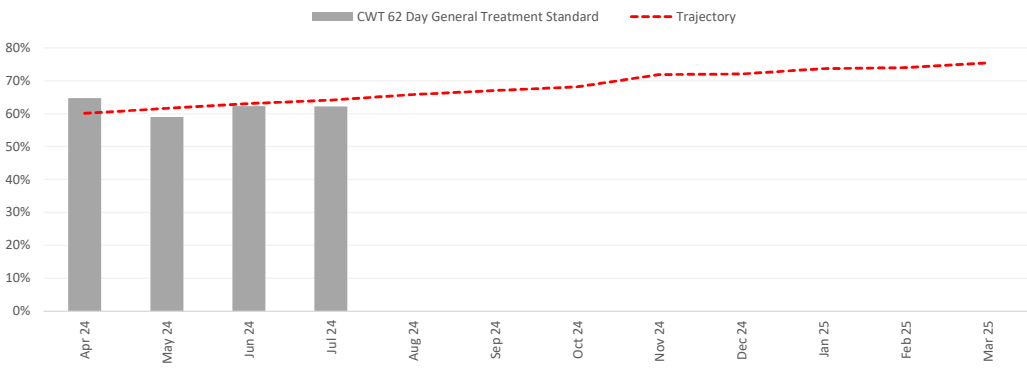
Maximum 62-day from receipt of an urgent GP (or other referrer) referral for urgent suspected cancer, breast symptomatic referral, urgent screening referral or consultant upgrade to First Definitive Treatment of cancer.

Jul-25	Variance Type	Target	Achievement	For review
62.2%	Common cause variation	75.0%	Unreliable process	
	No significant change		Will meet the target 1.1% of the time	



CWT 62 day trajectory

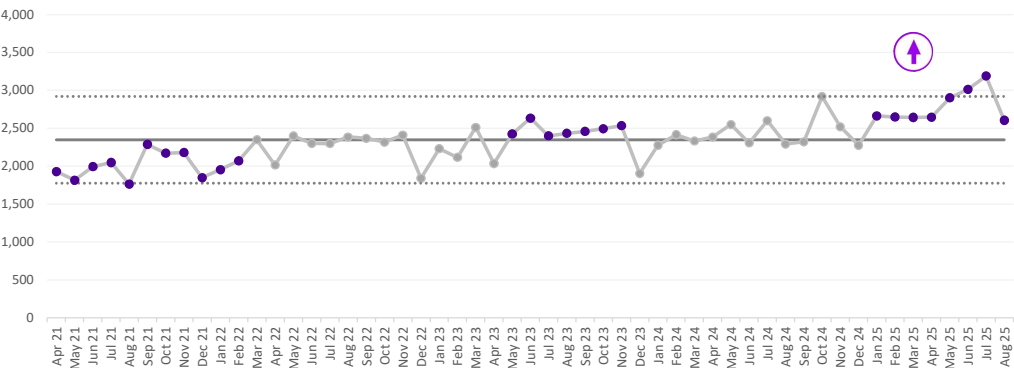
Jul-25	Variance Type	Target	Achievement	For review
62.2%	N/A	64.1%	N/A	



Cancer referrals

Number of patients referred each month on a cancer pathway

Aug-25	Variance Type	Target	Achievement	For review
2604	Special cause variation - neither concerning nor improvement	-	N/A	
	6 or more data points above the central line			

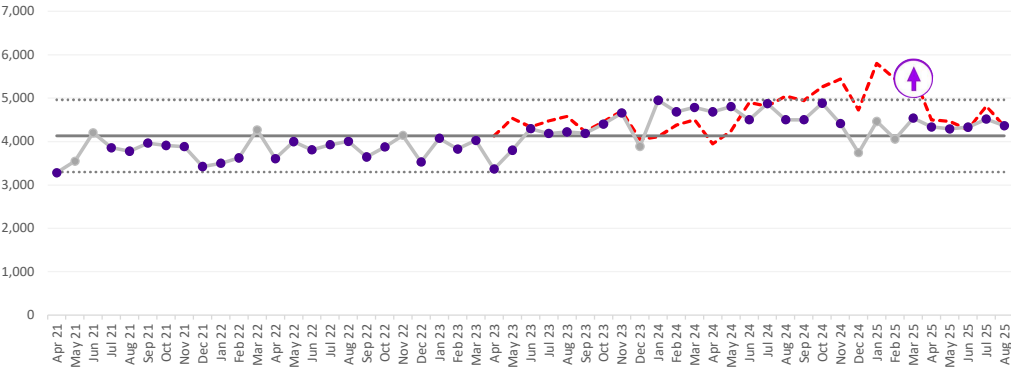


Planned care

Elective activity

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

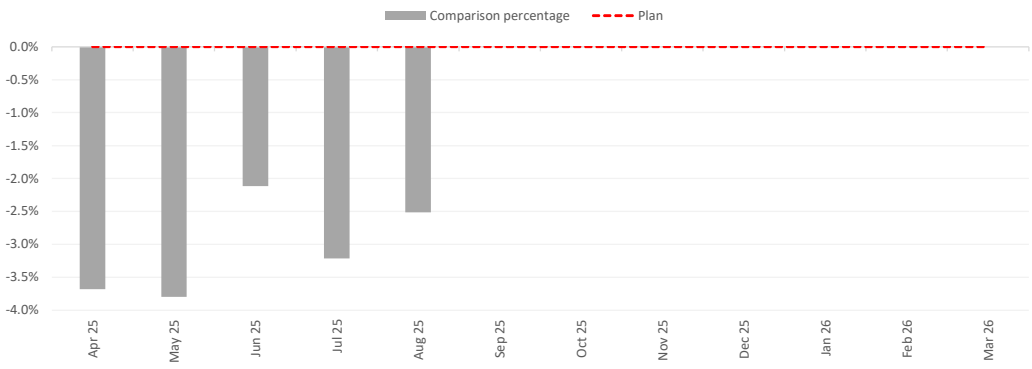
Aug-25	Variance Type	Plan	Achievement	For review
4367	Special cause variation - neither concerning nor improvement 6 or more data points above the central line	4351	N/A	



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 2025/26. This shows the YTD variance against the annual plan.

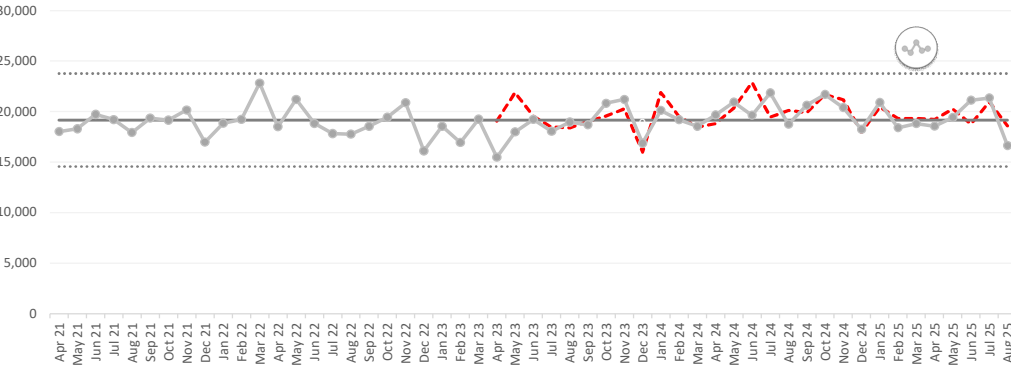
Aug-25	Variance Type	Target	Achievement	For review
-2.5%	N/A	0.0%	N/A	



New outpatient activity

Total number of new outpatient attendances during the month.

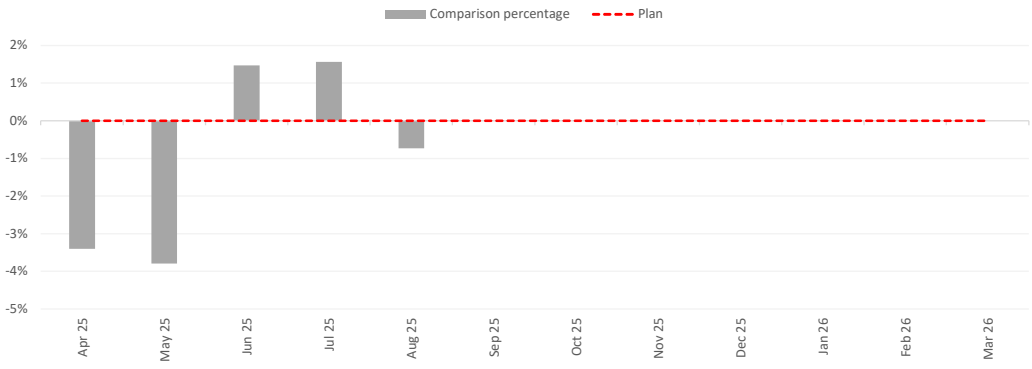
Aug-25	Variance Type	Target	Achievement	For review
16642	Common cause variation No significant change	18601	N/A	



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 2025/26. This shows the YTD variance against the annual plan.

Aug-25	Variance Type	Target	Achievement	For review
-0.7%	N/A	0.0%	N/A	



# Quality

**SRO:** Integrated Medicine Care Group Director

**Governance forums:** UEC board, Monthly Care Group governance meeting

**Trust forums:** Transformation Board, Executive Management Committee, Finance & Business Planning committee, Private & Public Board

KPI	Latest month	Measure	Target	Variation	Assurance	What the data shows	Likely to meet the target (% of the time)	Metric for review
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## Quality & safety






Incidents per 1,000 bed days	Aug 25	73.2	-			Data point outside of control limits		
Incidents that are low/no harm	Jul 25	98.0%	98%			No significant change	74.8%	
Falls per 1,000 bed days	Aug 25	4.3	6.2			6 or more data points below the central line	99.9%	
Pressure Ulcers per 1,000 days	Jul 25	4	-			No significant change		
Complaints responded to within 25 days	Jul 25	83%	85%			No significant change	42.9%	
Complaints received	Aug 25	75	-			No significant change		
HSMR+	Apr 25	100.0	100.0					
SHMI	Mar 25	0.80	1.00					
Clostridioides difficile per 1000 bed days	Aug 25	15.6	-			No significant change		
Clostridioides difficile cases	Aug 25	3.0	2.5			No significant change	31.9%	
E. Coli bacteraemia per 1000 bed days	Aug 25	31.3	-			No significant change		
E. Coli bacteraemia cases	Aug 25	6	6			No significant change	47%	
Readmissions within 30 days	Jul 25	4.8%	-			No significant change		

# Quality

**SRO:** Integrated Medicine Care Group Director  
**Governance forums:** UEC board, Monthly Care Group governance meeting  
**Trust forums:** Transformation Board, Executive Management Committee, Finance & Business Planning committee, Private & Public Board

KPI	Latest month	Measure	Target	Variation	Assurance	What the data shows	Likely to meet the target (% of the time)	Metric for review
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## Maternity

Perinatal mortality (over 24 weeks)	Aug 25	3	0			No significant change	12.5%	
Term admissions to the neonatal unit	Jul 25	3.4%	5.0%			No significant change	72%	
Overall preterm birth rate	Aug 25	8.4%	6.0%			No significant change	43.6%	
Maternal ICU admissions	Last event	27 Aug 25	-			No significant change		

# Quality

		ASSURANCE				
VARIATION						
	 	Falls per 1,000 bed days				Incidents per 1,000 bed days
			Incidents that are low/no harm Complaints responded to within 25 days Clostridioides difficile cases E. Coli bacteraemia cases Perinatal mortality (over 24 weeks) Term admissions to the neonatal unit Overall preterm birth rate		Pressure Ulcers per 1,000 days Complaints received Clostridioides difficile per 1000 bed days E. Coli bacteraemia per 1000 bed days Readmissions within 30 days	
	 					

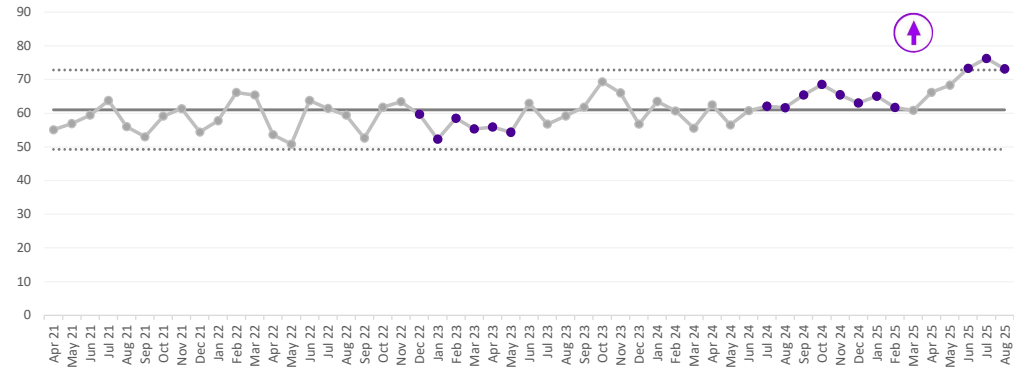
# Quality

- Incident reporting remains above the central line, indicating a positive reporting culture with 98% of the incidents reported as no harm or low harm.
- The falls rate (4.3 per 1,000 bed days) is well below the national median (6.2), supported by local QI initiatives and regular review at the Harm Free Care Group.
- SHMI (Mar 2025) 0.80, statistically lower than expected.
- BHT's bespoke Quail AI patient experience tool and quality audit now available on the Federated Data Platform (FDP). A trust-wide rollout is scheduled in October 2025,

Incidents per 1,000 bed days

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

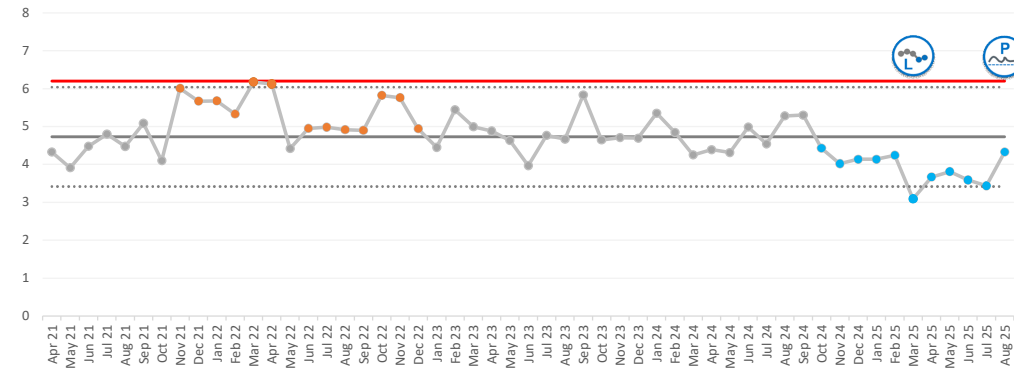
Aug-25	Variance Type	Target	Achievement	For review
73.2	Special cause variation - neither concerning nor improvement Data point outside of control limits	-	N/A	



Falls per 1,000 bed days

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

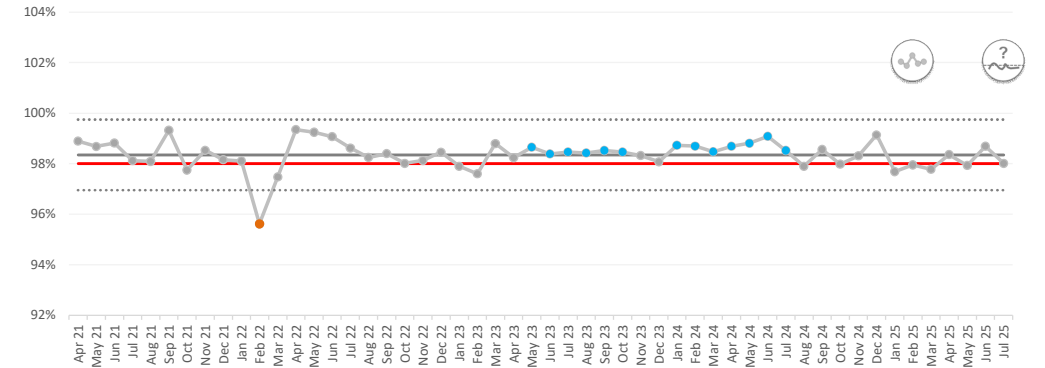
Aug-25	Variance Type	Target	Achievement	For review
4.3	Special cause variation - improvement 6 or more data points below the central line	6.2	Capable process Will meet the target 99.9% of the time	



Incidents that are low/no harm

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

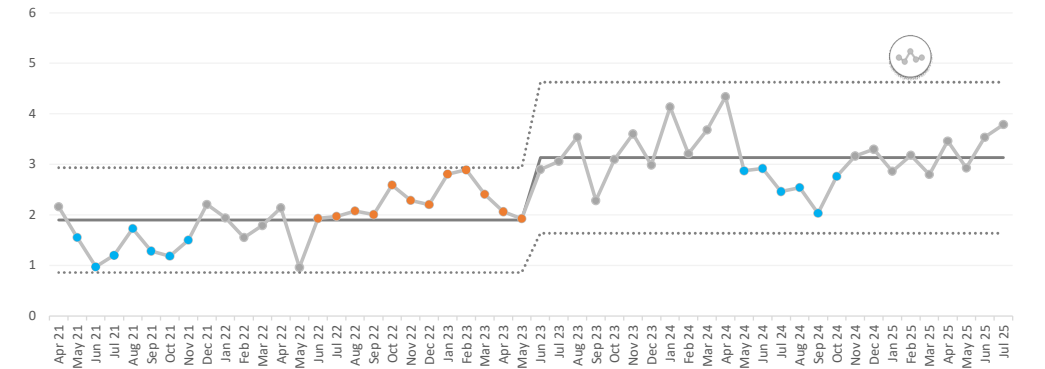
Jul-25	Variance Type	Target	Achievement	For review
98.0%	Common cause variation No significant change	98%	Unreliable process Will meet the target 74.8% of the time	



Pressure Ulcers per 1,000 days

Rate of Pressure Ulcer Incidents reported per 1,000 inpatient bed days.

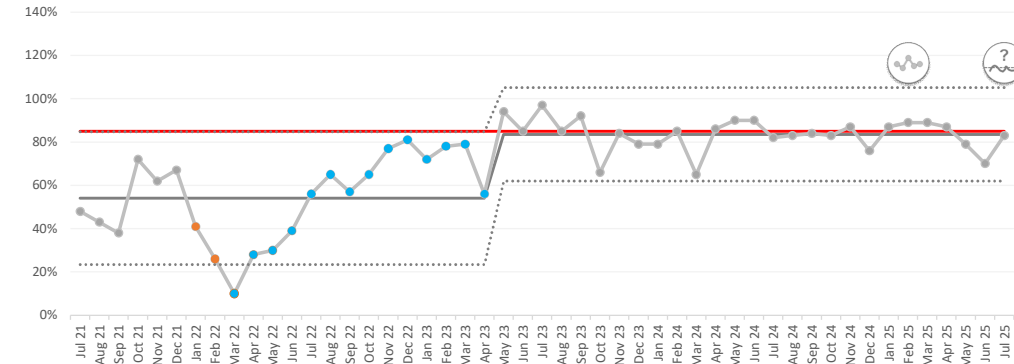
Jul-25	Variance Type	Target	Achievement	For review
3.8	Common cause variation No significant change	-	N/A	



Complaints responded to within 25 days

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

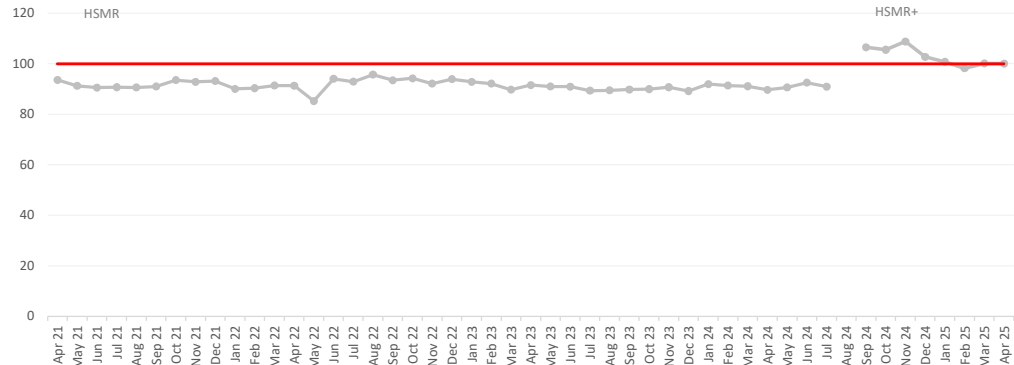
Jul-25	Variance Type	Target	Achievement	For review
83.0%	Common cause variation No significant change	85.0%	Unreliable process Will meet the target 42.9% of the time	



HSMR+

Hospital Standardised Mortality Ratio (rolling 12 months) changing to Hospital Standardised Mortality Ratio + (rolling 12 months) in September 2024.

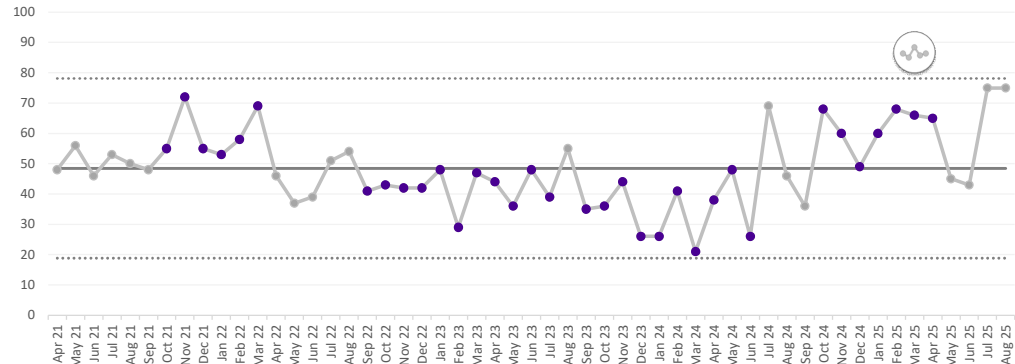
Apr-25	Variance Type	Target	Achievement	For review
100.0	N/A	100	Within expected	



Complaints received

Number of 25 day complaints received during the month.

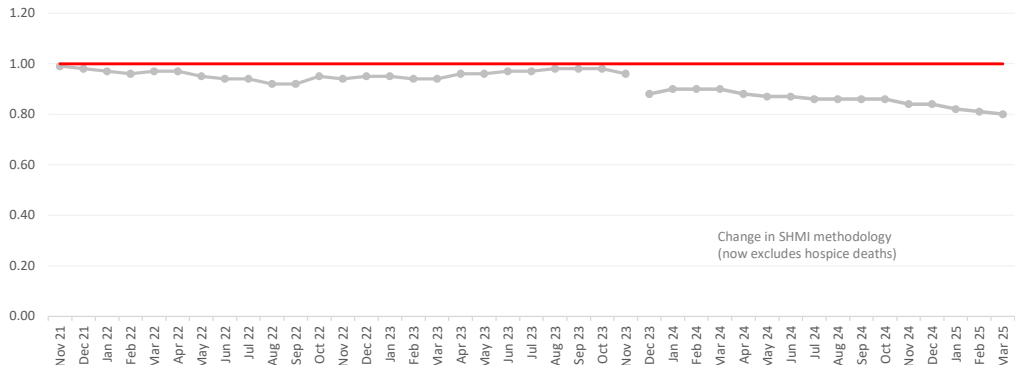
Aug-25	Variance Type	Target	Achievement	For review
75	Common cause variation No significant change	-	N/A	



SHMI

Summary Hospital-level Mortality Indicator (rolling 12 months). The ratio between actual number of patients who die following hospitalisation at the trust and the number that would be expected to die based on average England figures, for the characteristics of the patients treated there.

Mar-25	Variance Type	Target	Achievement	For review
0.80	N/A	1	Lower than expected	

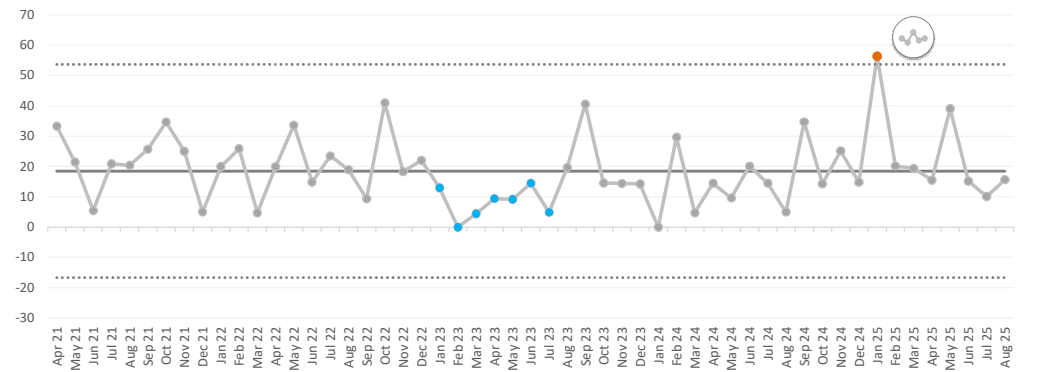




Clostridioides difficile per 1000 bed days

Number of clostridioides difficile cases Healthcare-associated cases (Community onset Healthcare Associated + Hospital onset Healthcare-associated) in the month per 1,000 inpatient bed days.

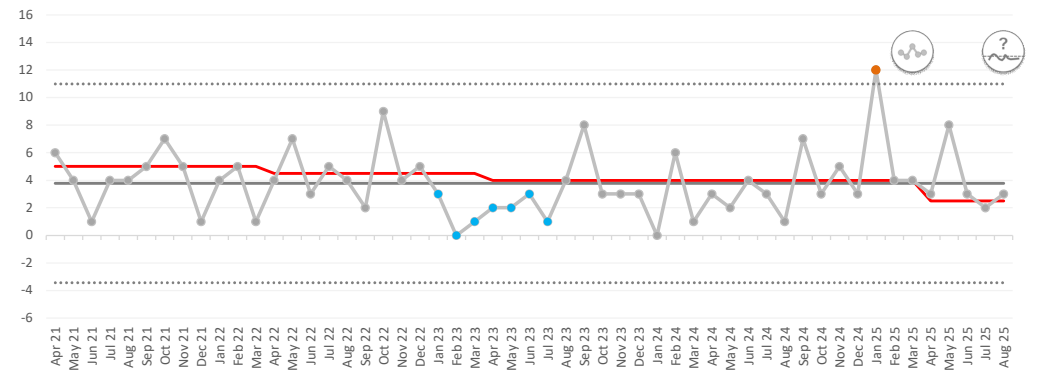
Aug-25	Variance Type	Target	Achievement	For review
15.6	Common cause variation No significant change	-	N/A	



Clostridioides difficile cases

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

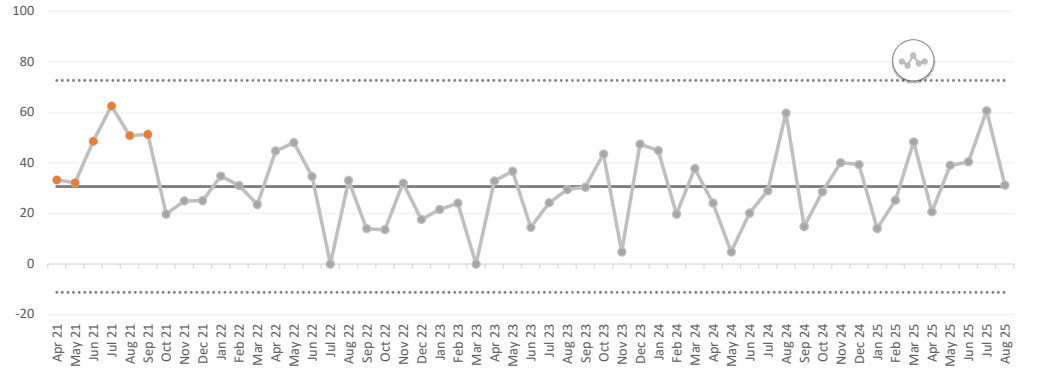
Aug-25	Variance Type	Target	Achievement	For review
3	Common cause variation No significant change	2.5	Unreliable process Will meet the target 31.9% of the time	



E. Coli bacteraemia per 1000 bed days

Number of E-Coli cases Healthcare-associated cases (Community onset Healthcare Associated + Hospital onset Healthcare-associated) in the month per 1,000 inpatient bed days.

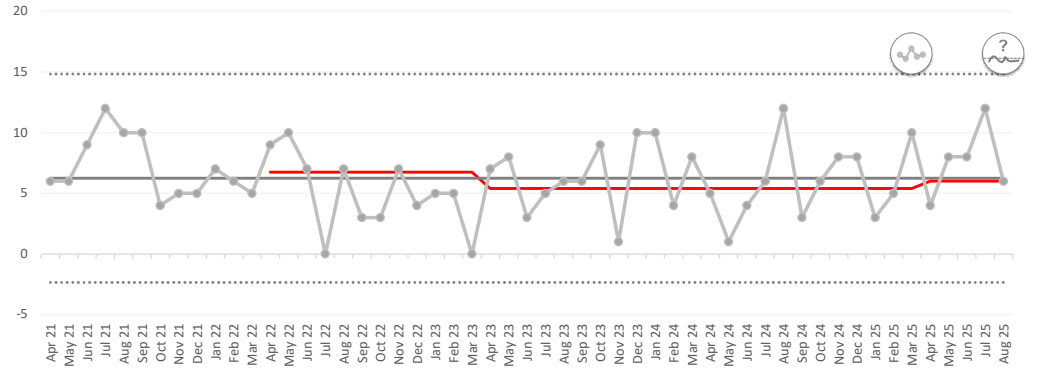
Aug-25	Variance Type	Target	Achievement	For review
31.26	Common cause variation No significant change	-	N/A	



E. Coli bacteraemia cases

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

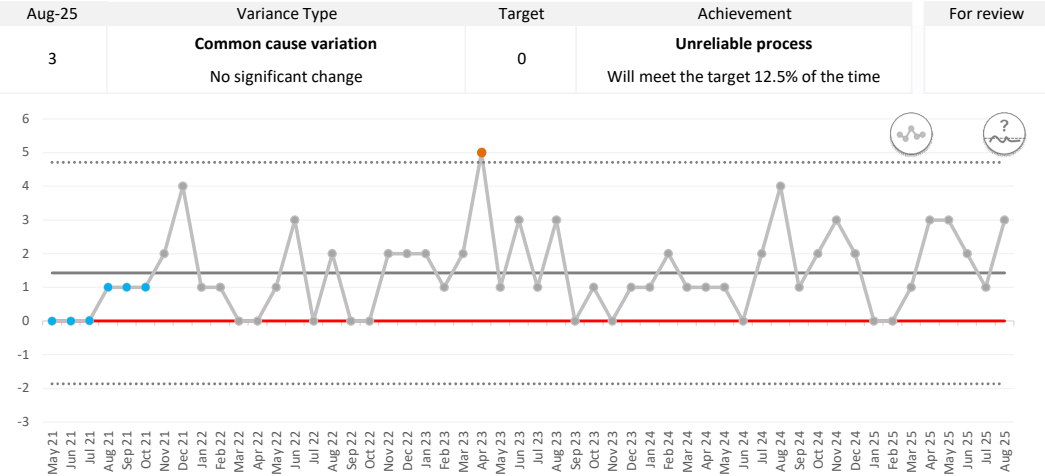
Aug-25	Variance Type	Target	Achievement	For review
6	Common cause variation No significant change	6.0	Unreliable process Will meet the target 47% of the time	



Patients with a General & Acute (G&A) admission who were readmitted as an emergency inpatient for a G&A spell within 30 days of discharge from their first spell. Includes adults and paediatrics. Admissions for first spell includes electives and non-electives, inpatients and day cases.

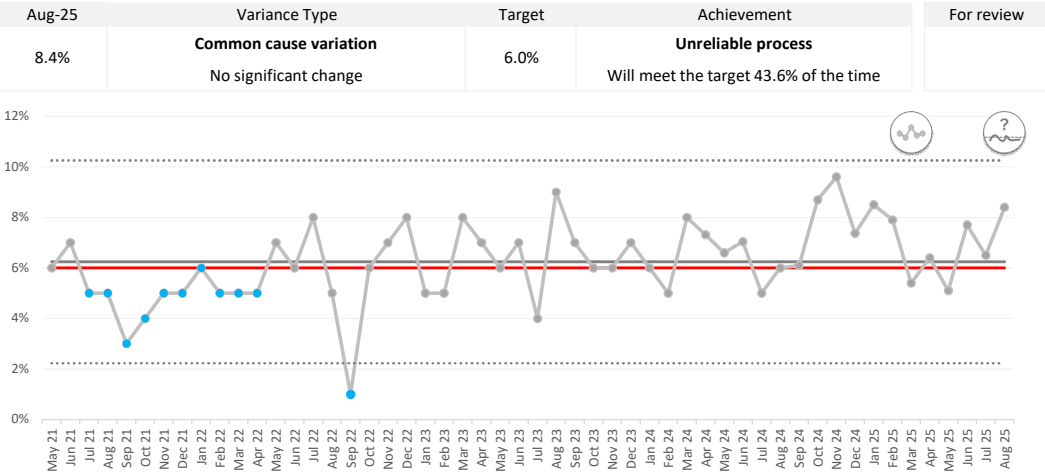
Perinatal mortality (over 24 weeks)

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



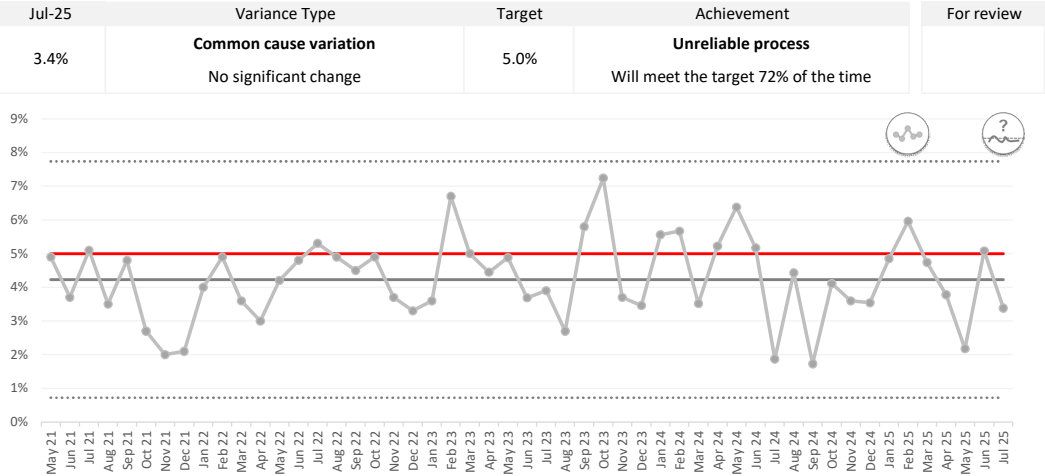
Overall preterm birth rate

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



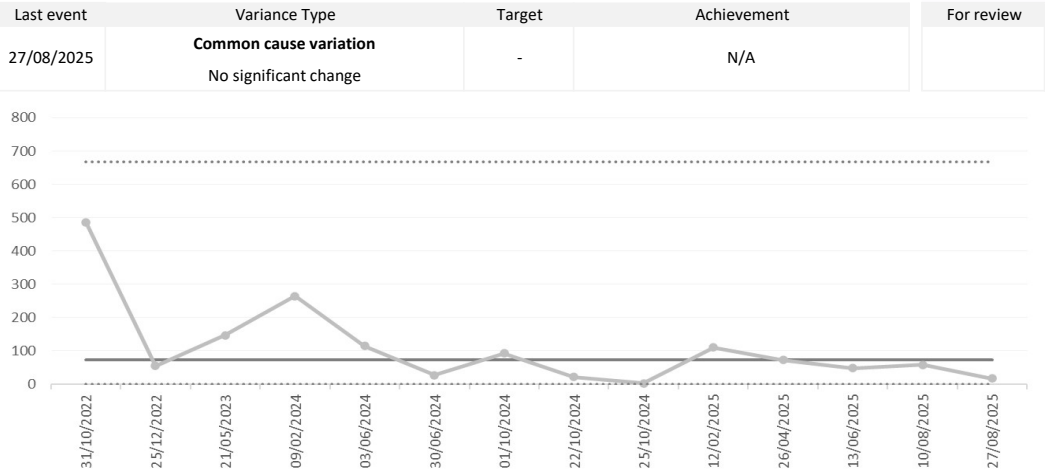
Term admissions to the neonatal unit

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



Maternal ICU admissions

Number of women admitted to ICU during pregnancy or within 6 weeks of childbirth.  
Plotted using a T-chart which looks at the time between events for rare events. Higher is better.



# Healthy communities



**SRO:** Director of Strategic Delivery

**Governance forums:** Healthy Communities Programme Group




**Trust forums:** Transformation Board, Executive Management Committee, Finance & Business Planning Committee, Private & Public Board

KPI	Latest month	Measure	Target	Variation	Assurance	What the data shows	Likely to meet the target (% of the time)	Metric for review
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## Breakthrough objective

Lung cancer screening	Aug 25	170	283			Common cause variation	0.0%	
Increase referrals to lifestyle support services (Be Healthy Bucks)	Aug 25	0.4%	1.0%					

## Healthy communities

Blood pressure checks at outpatient appointments	Aug 25	8.2%	75%					
Infant feeding status at 6-8 weeks	Aug 25	57.3% Opp Bucks	59.5% Non Opp Bucks					
School age immunisations			-					
Attendance rates for 2.5 year Health and Development review	Aug 25	70.4%	-			No significant change		
Expected level of achievement with 2.5 year Health and Development review	Aug 25	71.4%	85%			6 or more data points below the central line	26.2%	

# Healthy communities

		ASSURANCE			
VARIATION					
	 		Infant feeding status at 6-8 weeks		
	 			Lung cancer screening	Attendance rates for 2.5 year Health and Development review Cohort 2 yr reviews Achieve standard
	 		Expected level of achievement with 2.5 year Health and Development review		
					
					

# Lung cancer screening

**Definition:** Number of patients who attended a targeted lung health check.

## How we are performing

Below trajectory due to staffing challenges.  
To date: 7,674 invites issued → 764 LHCs performed → 417 initial CT scans → 12 cancers diagnosed (5× Stage 1).

## Drivers of performance

Staffing gaps (vacancies and sickness).  
Increased public interest and demand.  
Uptake dip in Aug 2025 (17.9%).

## Actions to maintain or improve performance

Nurse (0.5 WTE) recruited – starting Sept 2025.  
1 WTE admin post at shortlisting; another vacancy going out to advert.  
Strengthened advertising campaign (digital screens, banners, PCN leaflets).  
Additional PCNs being onboarded to widen access.  
Ongoing monitoring and clinic optimisation.

## Risks and mitigations

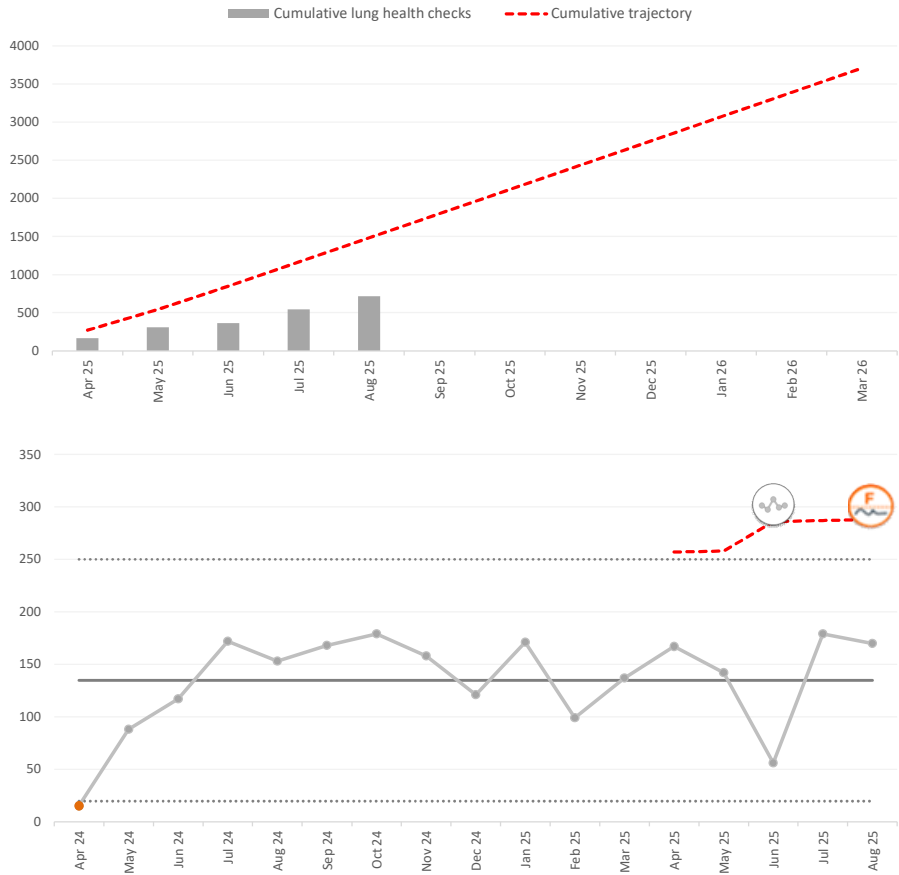
Risk: Further decline if staff turnover/sickness continues.  
Mitigation: Recruitment underway; new nurse starting Sept 2025; admin vacancies being filled.

Risk: Not meeting annual target of 3,707 checks.  
Mitigation: Flexible scheduling, overtime clinics, onboarding of 3 more PCNs.

**Target:** 3707 over the financial year 2025/26

**Owner:** Chief Medical Officer  
**Committee:** Finance and Business Performance

Aug-25	Variance Type	Trajectory	Achievement
170	Common cause variation	288	N/A



## Increase referrals to lifestyle support services (Be Healthy Bucks)

**Definition:** Number of people referred to Be Healthy Bucks divided by number of referrals to BHT outpatients.

### How we are performing

Below trajectory but referral rates are increasing  
65% conversation rate of referrals to patients who stop smoking in August

### Drivers of performance

Cascade and communication of objective and benefits of BHB  
Referral requires log into web site separate to main systems

### Actions to maintain or improve performance

QR Codes for referral page on stickers on the desks in pre-op and outpatients  
Comms plan in development  
Improvement packs with new specialty level data in draft  
Smoking cessation team linked in with Fiona Mills for digital recording of smoking for inpatients  
Improvement group in pre-op kicked off  
Business case for more BP self-service machines drafted

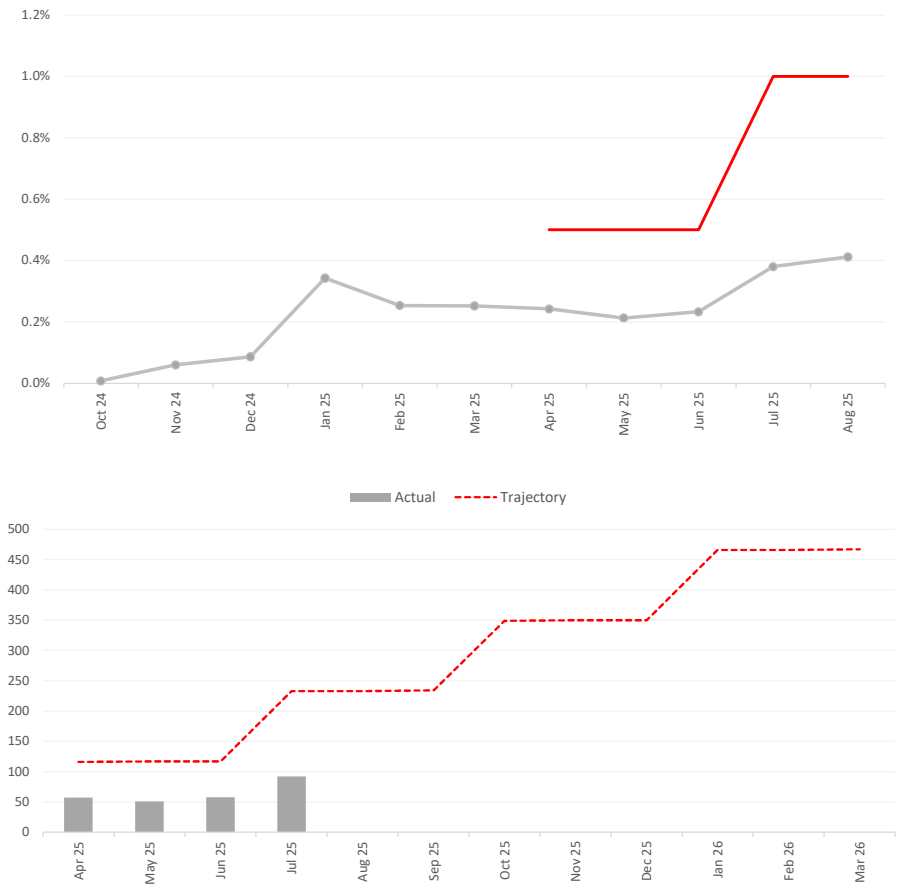
### Risks and mitigations

Awareness of clinical teams of target and benefits

**Target:** 0.5% in Q1, 1% in Q2, 1.5% in Q3 and 2% in Q4

**Owner:** Chief Medical Officer  
**Committee:** Finance and Business Performance

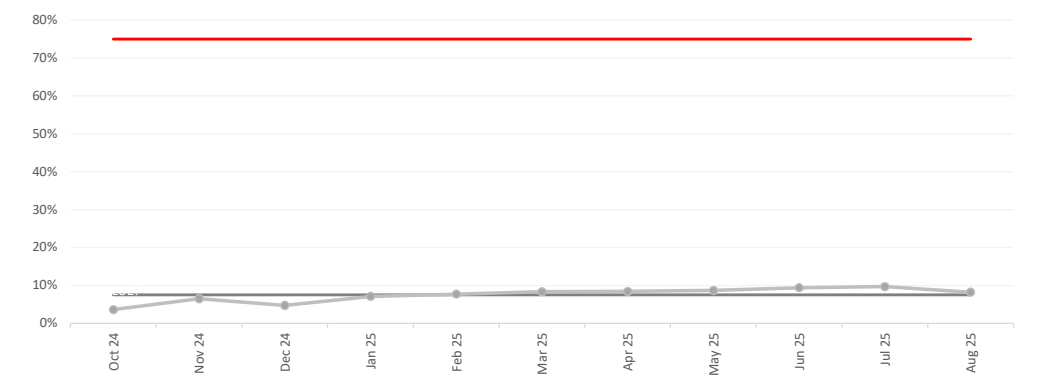
Aug-25	Variance Type	Target	Achievement
0.41%	N/A	1.0%	N/A



Blood pressure checks at outpatient appointments

The percentage of face to face, acute, adult outpatients attendances having their blood pressure taken in an outpatient setting within the last six months. Excluding Same Day Emergency Care and Maternities.

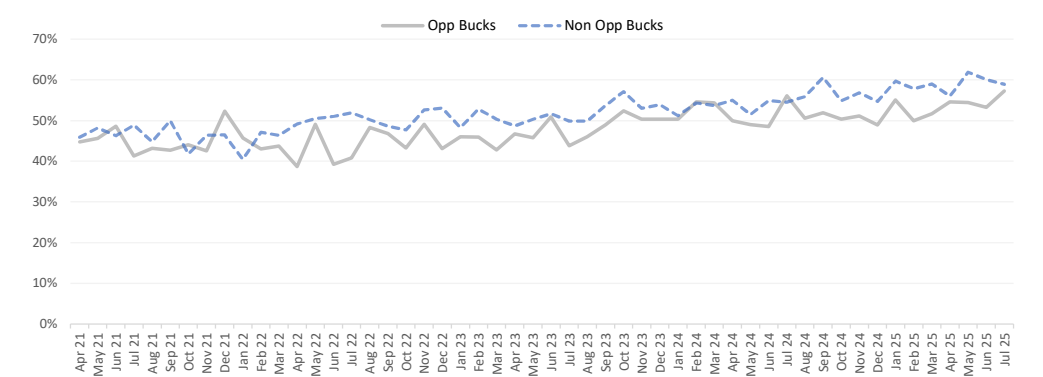
Aug-25	Variance Type	Target	Achievement	For review
8.2%	N/A	75%	N/A	



Infant feeding status at 6-8 weeks

Percentage of babies who have a feeding status of fully or partially breastfed recorded at 6-9 weeks over all babies turning 8 weeks old in the month. Split by Opportunity and Non Opportunity Bucks.

Aug-25	Variance Type	Target	Achievement	For review
57.3%	Opportunity Bucks	50%	N/A	
59.5%	Non Opportunity Bucks			



School age immunisations

Percentage of children who receive the full course of school based immunisations in DQ5 vs DQ1.

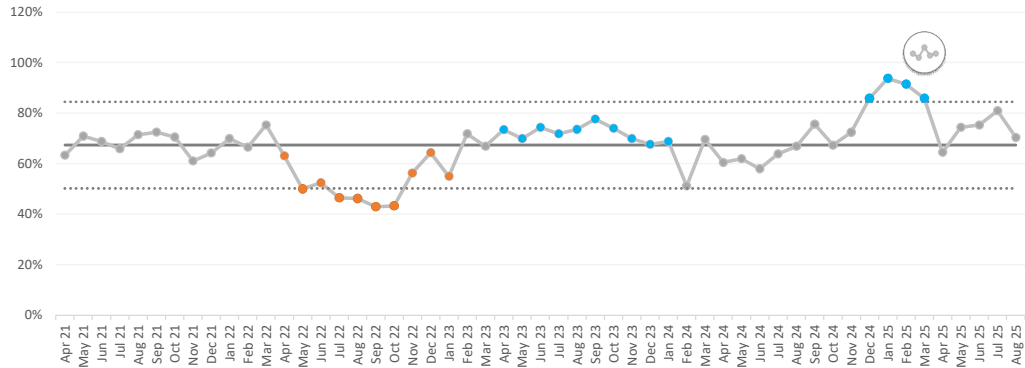
Metric definition and calculation under review.



Attendance rates for 2.5 year Health and Development review

Percentage of children attending a 2-2.5 year developmental assessment over all children who turn 2.5 years old in the period. Children from Opportunity Bucks only.

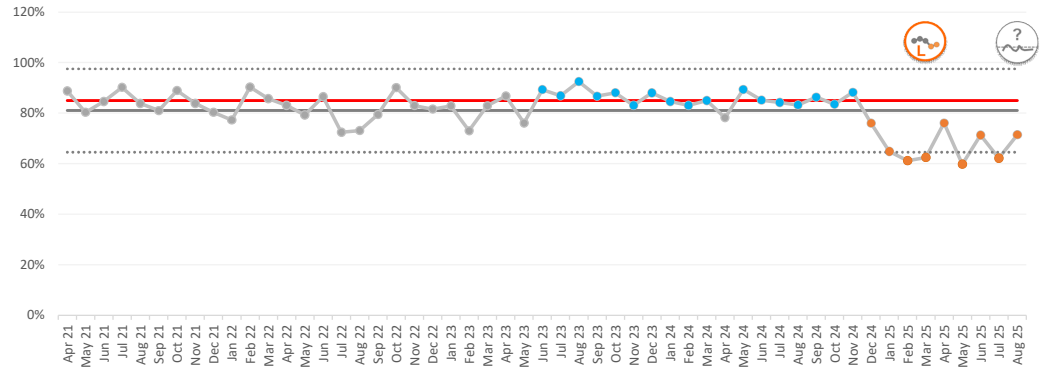
Aug-25	Variance Type	Target	Achievement	For review
70.4%	Common cause variation No significant change	-	N/A	



Expected level of achievement with 2.5 year Health and Development review









Percentage of children achieving at least expected levels in all five areas on their 2-2.5 year developmental assessment (over all children attending a 2-2.5yr review). Children from Opportunity Bucks only.

Aug-25	Variance Type	Target	Achievement	For review
71.4%	Special cause variation - concerning 6 or more data points below the central line	85.0%	Unreliable process Will meet the target 26.2% of the time	














# Great place to work

**SRO:** Chief People Officer  
**Governance forums:** Strategic People committee  
**Trust forums:** Transformation Board, Executive Management Committee, Finance & Business Planning committee, Private & Public Board

KPI	Latest month	Measure	Target	Variation	Assurance	What the data shows	Likely to meet the target (% of the time)	Metric for review
Breakthrough objective								
Staff experiencing bullying from managers	2024	9.0%						
Staff experiencing bullying from other colleagues	2024	16.8%						
Place to work								
Trust vacancy rate	Mar 25	5.5%	10%			No significant change	100.0%	
Nursing & midwifery vacancy rate	Mar 25	4.6%	10%			Data point outside of control limits	100.0%	
Turnover	Aug 25	9.7%	12%				-	\
Sickness	Jul 25	3.9%	3.5%			No significant change	4.0%	
Statutory and Mandatory training	Aug 25	93.0%	90%			6 or more data points above the central line	100%	

# Great place to work

		ASSURANCE			
VARIATION					No Target
	 	Nursing & midwifery vacancy rate Statutory and Mandatory training			
	 	Trust vacancy rate	Sickness		
	 				
					 

# Great place to work

**Vacancy rate:** Vacancy rate reflects our national monthly return data which has been calculated using the WTE establishment, without cost improvement savings for 2025/26 applied. We will review the calculation next month. Applying a 5% reduction, the vacancy rate is 6.4%.

Our operational plan this year is to reduce staff in post (SiP) numbers. As at M5, we are not meeting the planned reduction – SiP numbers have reduced from 6396 WTE at M1 to 6381 WTE at M5. Numbers will reduce further in September and October as the impact of our Mutually Agreed Resignation Scheme impacts. Teams across the Trust are working through further organisational change plans.

**Nursing and Midwifery Vacancy Rate:** Vacancy rate reflects our national monthly return data which has been calculated using the WTE establishment, without cost improvement savings for 2025/26 applied. We will review the calculation next month. Applying a 5% reduction, the vacancy rate is 5.9%. Safe staffing levels are maintained through temporary staffing.

**Turnover:** Turnover fell again in August, maintaining the position of being below threshold. Whilst turnover has been relatively static for some time, with a low number of colleagues leaving, it is expected that there will be a small, managed, rise over the next few months through colleagues leaving via the Mutually Agreed Resignation Scheme (MARS).

**Overall sickness:** July saw a slight increase in sickness rates. While stress and mental health remain the highest reason (by days lost), it is stable and has not increased from last month. We have seen a decrease in cold/flu absences, however we have seen an increase in absence due to musculo-skeletal and gastrointestinal issues.

A new “Wellbeing and Managing Attendance” policy is in place to support the ongoing overarching sickness absence programme. As part of this, there is a focus on areas with high absence correlated with high temporary staff spend.

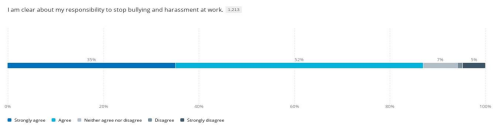
**Temporary staffing against plan:** As at M5, we remain ahead of plan for overall temporary staffing. In relation to the national targets of reducing bank by 10% and agency by 30%, we have achieved a 63% reduction in agency and a 7.5% reduction in bank YoY.

## Behaviours

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

### How we are performing

July 25 data	Aug 2024 Data
Positive responses = 87%	Positive responses = 84%
Negative responses = 13%	Negative responses = 16%



### Drivers of performance

Good progress across all 4 workstreams (Prevention, Reduction, Resolution and Support).

#### PREVENTION workstream:

New sessions developed & delivered – Active Bystander. Session available until end of Dec 25.  
Essential Management Conversations – delivered at Webinar & bitesized sessions planned.  
Review of Peak 1 content carried out with 2 stage evaluation planned.

#### REDUCTION:

Top 30 priority teams – engagement activities continue to be delivered across all teams with a plan to wrap up this programme of work by the end of September 25.  
Pulse surveys delivered with specific teams to hear current experiences.  
Q2 Appraisal implemented with good engagement and feedback

#### RESOLUTION:

Formal investigation training pack and handbook have been finalised and are now available on CAKE.  
ER Questionnaire (FY 24/25) received an 80% response rate & of the responses, 9 related to Resolution investigations, offering valuable feedback.  
Major changes to Resolution policy proposed: clearer timescales, improved ToR management, and alignment with the SoBC Policy.  
ER team was briefed on SoBCP updates.

#### SUPPORT

A set of questions for headers/sections has been established for the “One Stop Shop” platform  
Results from AI analysis (based on engagement) identified the Prevention Workstream could lead a short, targeted session (Essential Management Conversation).

### Actions to maintain or improve performance

Develop strategy for introduction of post course evaluation across ELDI to inform training content is appropriate & effective by having a positive impact on behaviours.

A standardised meeting format has been developed to wrap up engagement activities to reflect on progress, share learning, and plan next steps to ensure sustained improvement.

NSS launch 6th October – planning for introduction and colleague engagement.

To review ER feedback for period April ’25 – September ’25.

Ongoing work to draft up content, links to internal and existing resources of support, advice , information with collaboration with Comms on the resource for CAKE.

### Risks and mitigations

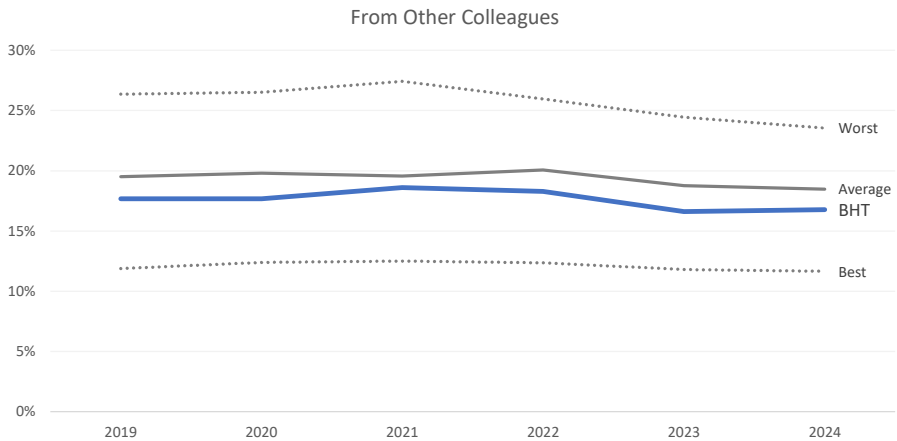
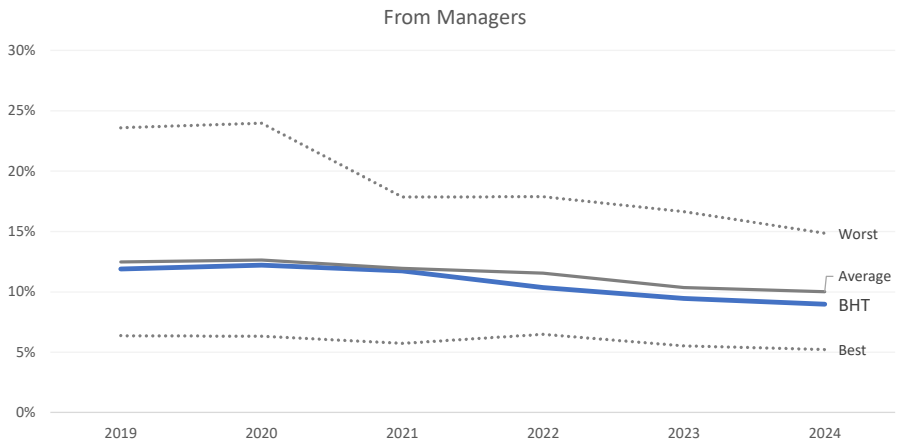
Lack of engagement: mitigated by regular comms to enforce the message about the importance of this topic to health and wellbeing and including it as a key part of team and individual objectives

Accountability at local level: mitigated through incorporation of B&H scores into the team performance data

**Target:** 7.45 (2% reduction from 2023) – managers  
12.62 (4% reduction from 2023) – colleagues

**Owner:** Chief People Officer

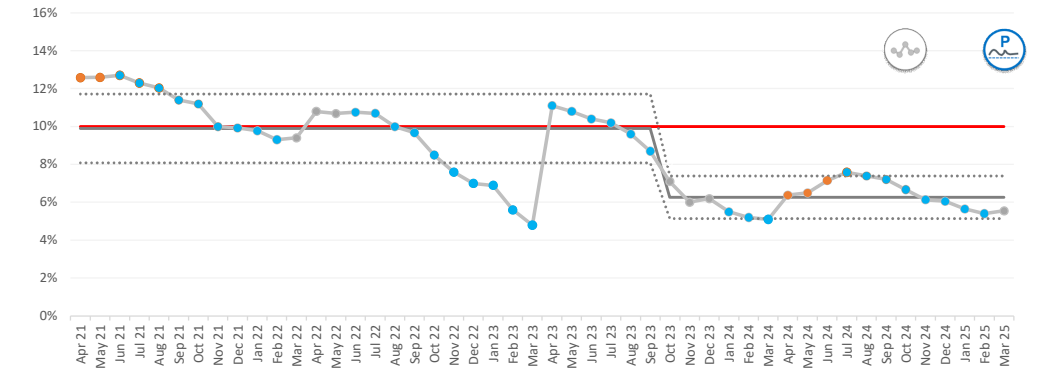
**Committee:** Strategic People



Trust vacancy rate

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

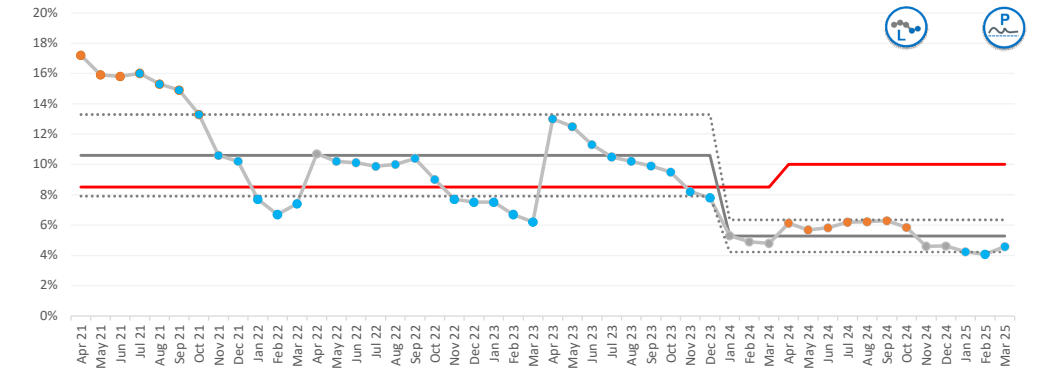
Mar-25	Variance Type	Target	Achievement	For review
5.5%	Common cause variation No significant change	10%	Capable process Will meet the target 100% of the time	



Nursing & 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.

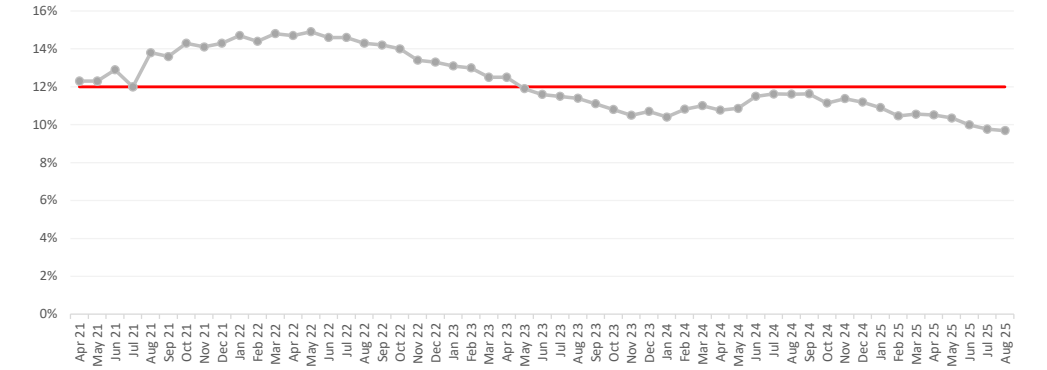
Mar-25	Variance Type	Target	Achievement	For review
4.6%	Special cause variation - improvement Data point outside of control limits	10%	Capable process Will meet the target 100% of the time	



Turnover

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

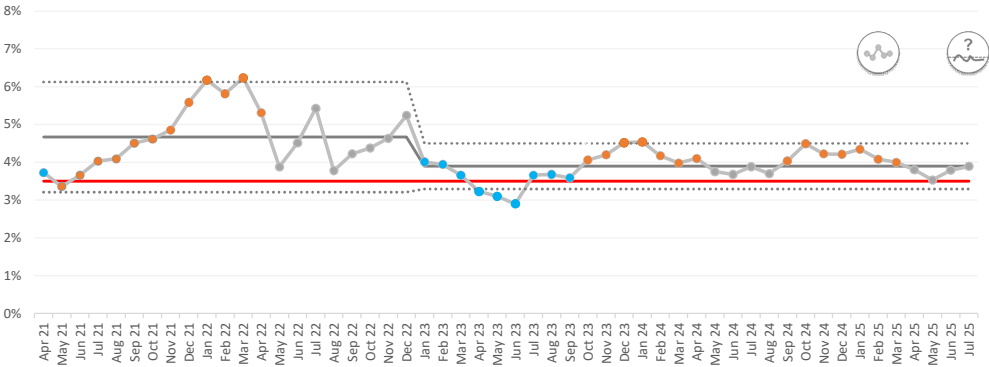
Aug-25	Variance Type	Target	Achievement	For review
9.7%	N/A	12%	N/A	



Sickness

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

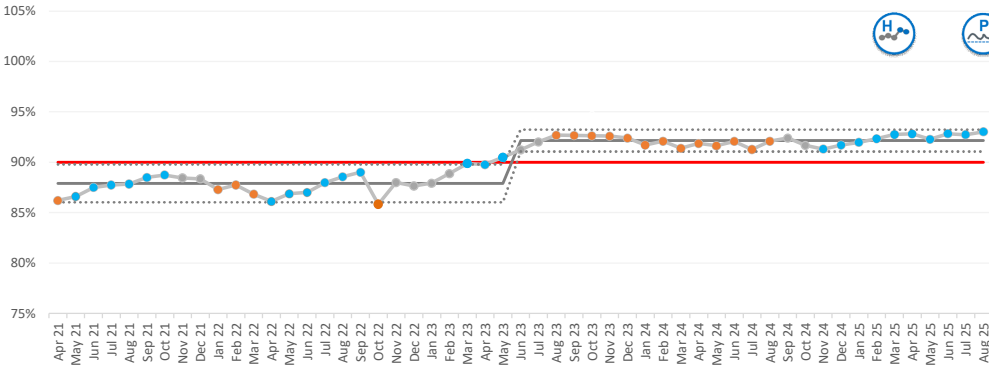
Jul-25	Variance Type	Target	Achievement	For review
3.9%	Common cause variation	3.5%	Unreliable process	
	No significant change		Will meet the target 4% of the time	



Statutory and Mandatory training

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

Aug-25	Variance Type	Target	Achievement	For review
93.0%	Special cause variation - improvement	90%	Capable process	
	6 or more data points above the central line		Will meet the target 100% of the time	



# Productivity












**SRO:** Head of QI & Transformation

**Governance forums:**

**Trust forums:** Transformation Board, Executive Management Committee, Finance & Business Planning Committee, Private & Public Board

KPI	Latest month	Measure	Target	Variation	Assurance	What the data shows	Likely to meet the target (% of the time)	Metric for review
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## Productivity

Overall NHSE measure of productivity			-					
Average length of stay for non-elective inpatients >23 hours	Aug 25	9.8	-			No significant change		
Average length of stay for elective inpatients	Aug 25	6.1	-			No significant change		
Average length of stay for community hospitals	Aug 25	16.4	-			No significant change		
Theatre utilisation	Aug 25	79.1%	85%			Data point outside of control limits	0.0%	
Average case per session	Aug 25	2.7	2.8			6 or more data points above the central line	0.2%	
Daycase rate	Aug 25	85.7%	85%			No significant change	30.0%	
Outpatient DNA rate	Aug 25	6.8%	5%			No significant change	0.0%	
Clinic slot utilisation			-					



# Productivity







**SRO:** Head of QI & Transformation

**Governance forums:**

**Trust forums:** Transformation Board, Executive Management Committee, Finance & Business Planning Committee, Private & Public Board

KPI	Latest month	Measure	Target	Variation	Assurance	What the data shows	Likely to meet the target (% of the time)	Metric for review
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## Productivity continued

WTEs in the Trust	Aug 25	6825.14	6824.84			6 or more data points above the central line		
Substantive staffing levels	Aug 25	6381.8	6354.7			6 or more data points above the central line		
Substantive staffing levels against plan	Aug 25	0.1%	0.0%					
Temp staffing levels	Aug 25	443.3	470.1			No significant change		
Temp staffing levels against plan	Aug 25	-7.3%	0.0%					
Temporary staffing levels spend (£)	Aug 25	2394782.00	-			Data point outside of control limits		

# Productivity

		ASSURANCE			
VARIATION					No Target
	 		Temp staffing levels against plan	Theatre utilisation Average case per session	Temporary staffing levels spend (£)
			Daycase rate Substantive staffing levels against plan Temp staffing levels	Outpatient DNA rate	Average length of stay for non-elective inpatients >23 hours Average length of stay for elective inpatients Average length of stay for community hospitals
	 		WTEs in the Trust Substantive staffing levels		

# Productivity

## WTEs

- M05 adverse to Workforce Plan overall by 0.3 WTE
- Key interventions to support delivery
  - Range of interventions in place to reduce temporary staffing usage
  - Reviewed weekly at EMC
  - Monthly workforce meetings in place with each Care Group to support delivery within workforce plan.

## Substantive Staffing Levels:

- M05 now adverse to Workforce Plan by 27.1 WTE for substantive staffing
- Key interventions to support delivery, in addition to those above:
  - Delivery of identified efficiency schemes
  - Workforce controls
  - Outcomes of MARS programme to be quantified
- Further action: Continued development of substantive pay reduction plans to meet workforce plan for the remainder of the year

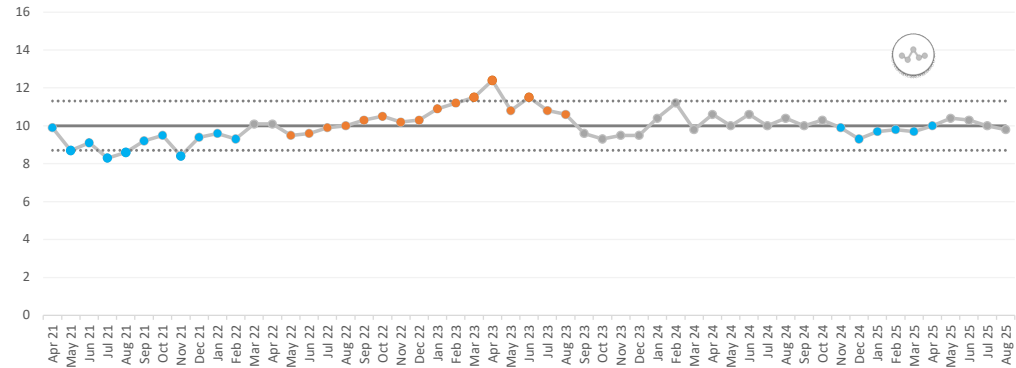
Overall NHSE measure of productivity

Awaiting national report

Average length of stay for non-elective inpatients >23 hours

Mean length of stay in days for patients discharged during the month. For non-elective inpatients staying >23 hours, all sites. Excluding maternity and spinal.

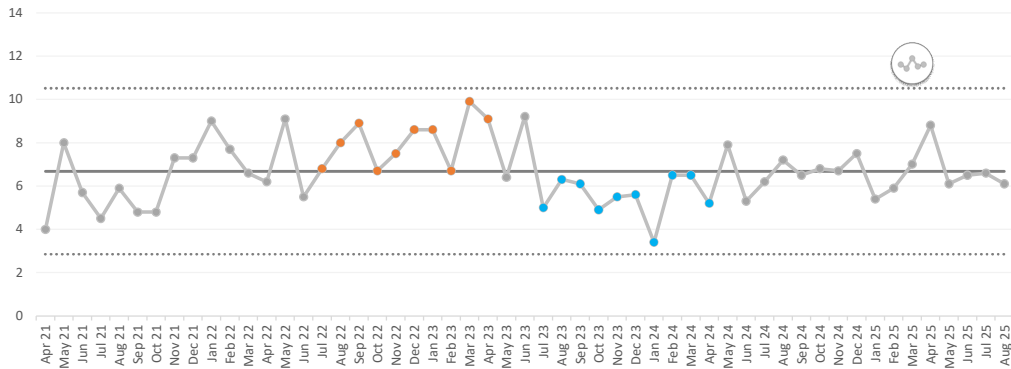
Aug-25	Variance Type	Target	Achievement	For review
9.8	Common cause variation No significant change	-	N/A	



Average length of stay for elective inpatients

Mean length of stay in days for patients discharged during the month. For elective inpatients.

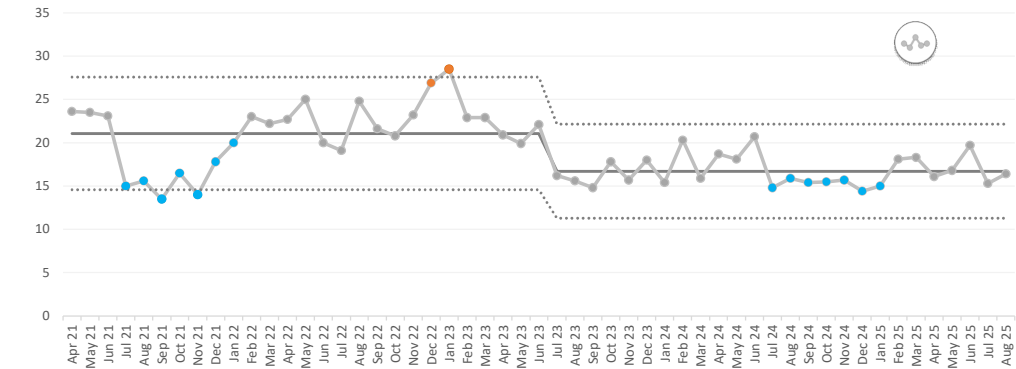
Aug-25	Variance Type	Target	Achievement	For review
6.1	Common cause variation No significant change	-	N/A	



Average length of stay for community hospitals

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

Aug-25	Variance Type	Target	Achievement	For review
16.4	Common cause variation No significant change	-	N/A	

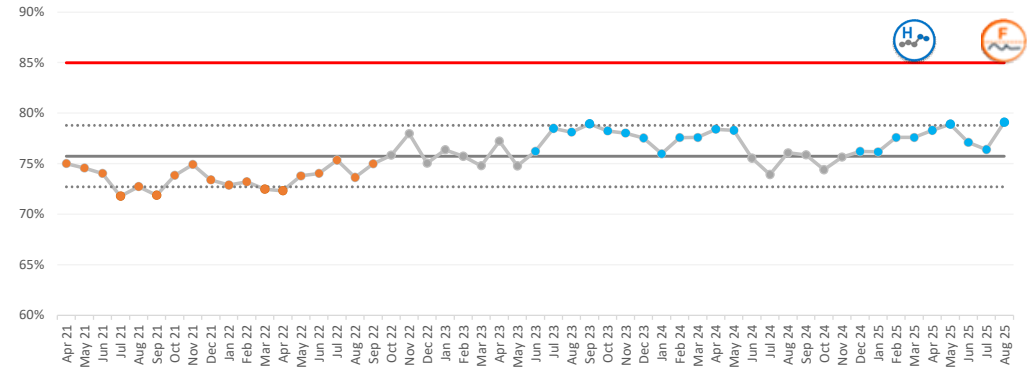


Productivity

Theatre utilisation

Total capped touch time within valid elective sessions as a proportion of total planned theatre session duration.  
Total planned time excluding turnaround time within a planned touchtime session. From procedure start time, excluding turnaround.

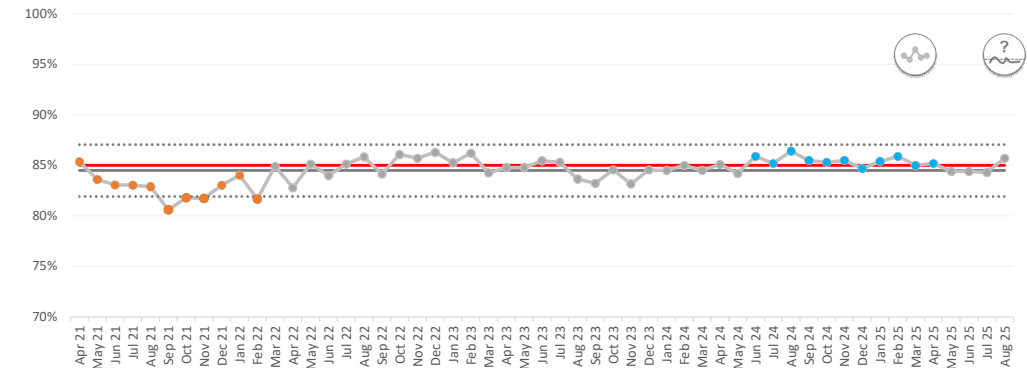
Aug-25	Variance Type	Target	Achievement	For review
79.1%	Special cause variation - improvement Data point outside of control limits	85%	Incapable process Will meet the target 0% of the time	



Daycase rate

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

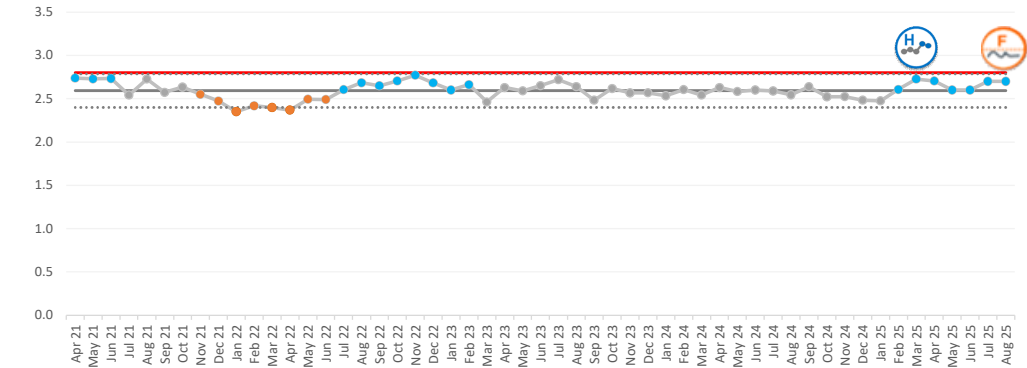
Aug-25	Variance Type	Target	Achievement	For review
85.7%	Common cause variation No significant change	85%	Unreliable process Will meet the target 30% of the time	



Average case per session

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

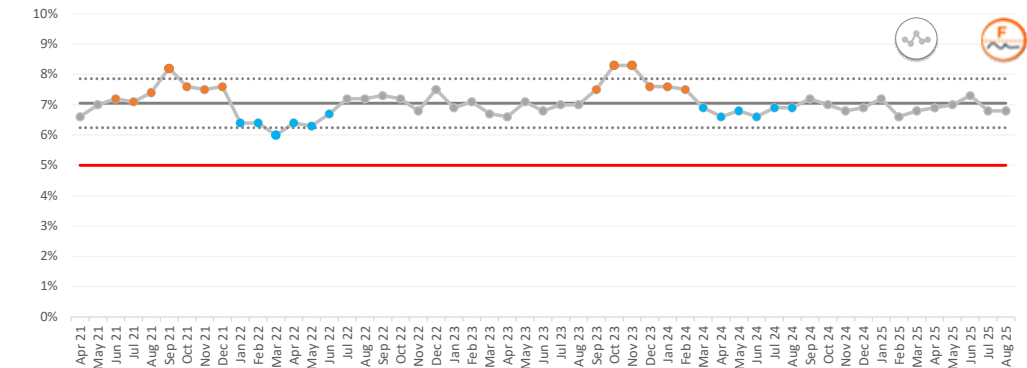
Aug-25	Variance Type	Target	Achievement	For review
2.7	Special cause variation - improvement 6 or more data points above the central line	2.8	Incapable process Will meet the target 0.2% of the time	



Outpatient DNA rate

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

Aug-25	Variance Type	Target	Achievement	For review
6.8%	Common cause variation No significant change	5%	Incapable process Will meet the target 0% of the time	

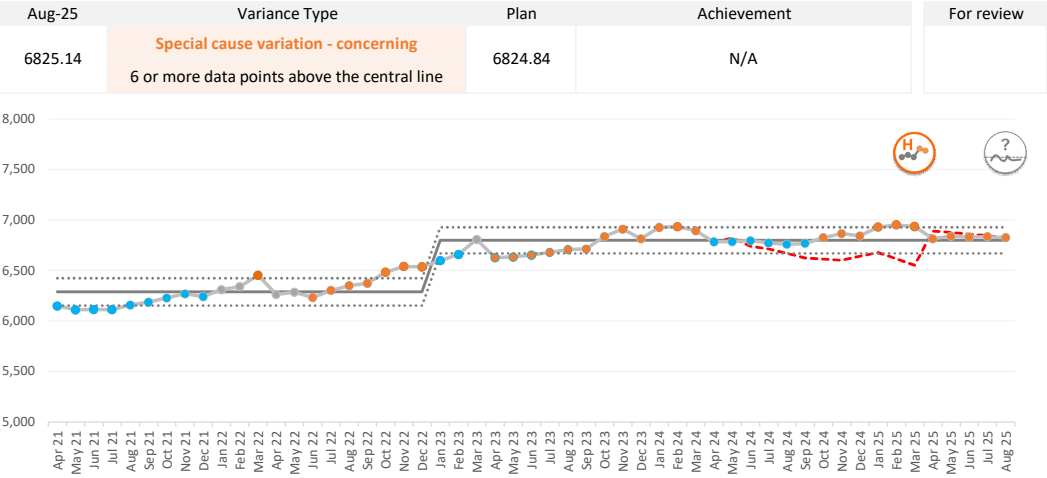


Clinic slot utilisation

Definitions and calculation under review.

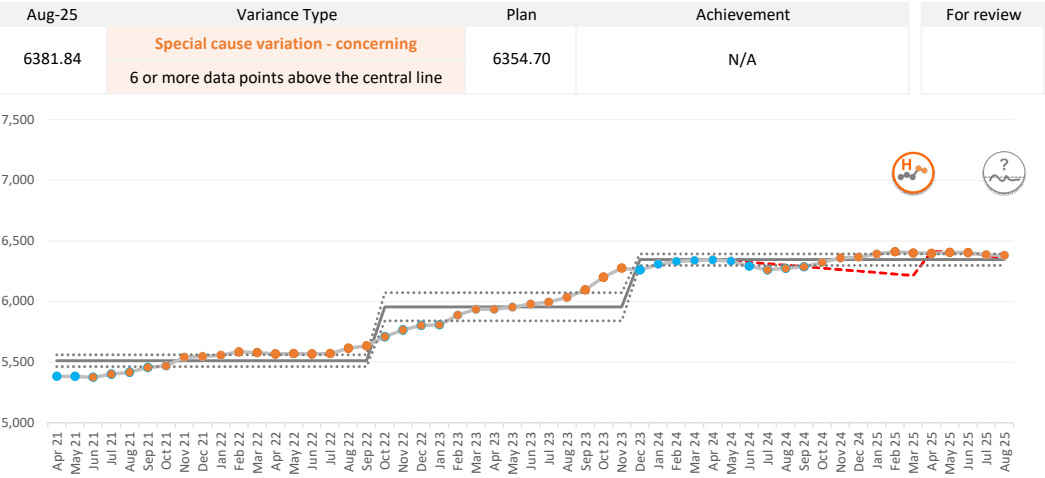
WTEs in the Trust

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



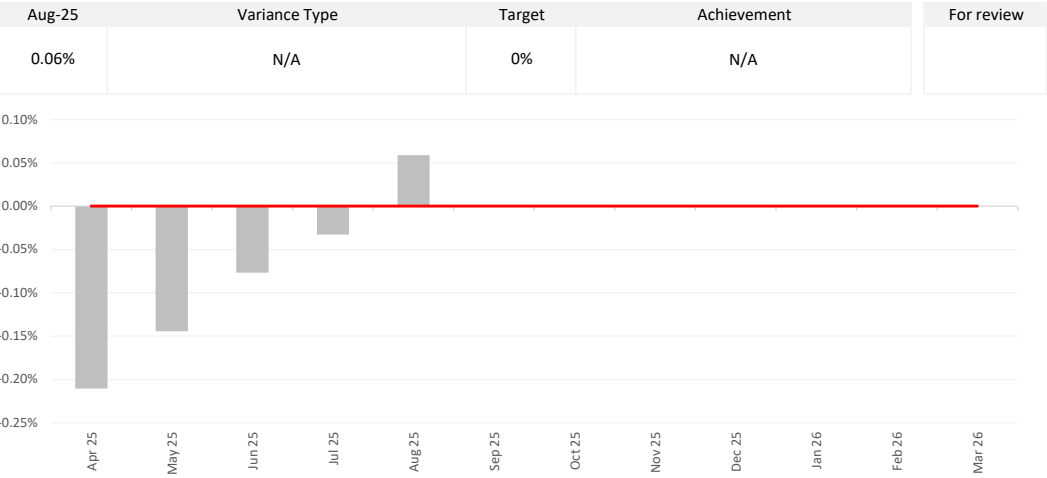
Substantive staffing levels

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



Substantive staffing levels against plan

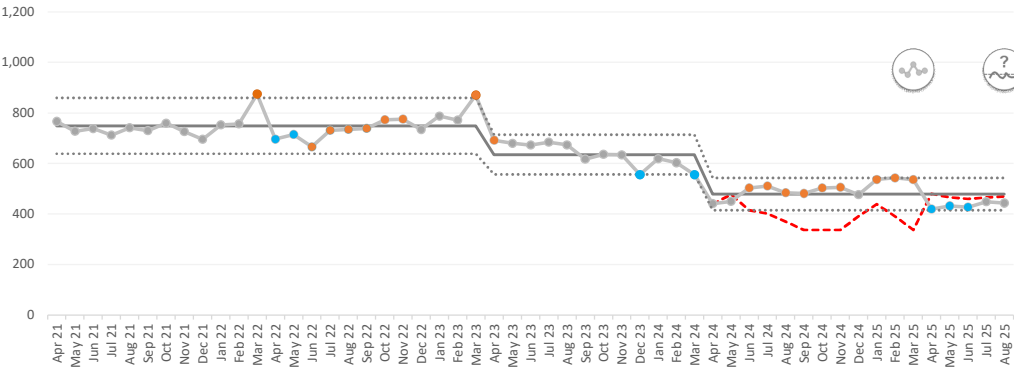
Snapshot at month end of substantive Whole Time Equivalent (WTE) staff in post over year to date plan for the same period. For the financial year 2025/26.



Temp staffing levels

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

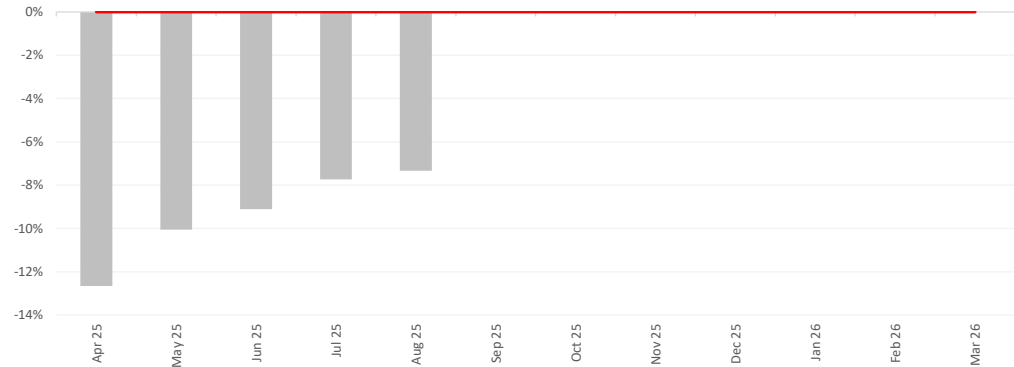
Aug-25	Variance Type	Plan	Achievement	For review
443.30	Common cause variation No significant change	470.14	N/A	



Temp staffing levels against plan

Snapshot at month end of bank and agency Whole Time Equivalent (WTE) staff in post over year to date plan for the same period. For the financial year 2025/26.

Aug-25	Variance Type	Target	Achievement	For review
-7.33%	N/A	0.0%	N/A	



Temporary staffing levels spend (£)

Temporary staffing spend against plan.

Aug-25	Variance Type	Target	Achievement	For review
£2,394,782.00	Special cause variation - improvement Data point outside of control limits	-	N/A	

