Integrated Performance & Quality Report

September 2025

CQC rating (July 2022) - GOOD

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

Introduction & Contents

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Buckinghamshire Healthcare
NHS Trust

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

Narrative is included where

Trajectories are used

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, Patient Experience, Maternity

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

Removed

Changed

Executive Summary

Performance metrics have seen an improving trend for the number of cancer patients treated within 62 days for the month of September and the number of patients waiting for treatment against the referral to treatment (18 week) standard has reduced.

The Trust is now responsible for managing the urgent treatment centre on the Stoke Mandeville Hospital site in addition to the main Emergency Department. This took place in early October and there is an active management plan in place to address some of the patient flow issues that need to be addressed. This is very achievable and the Team are working to address them.

Quality metrics remain stable with continued strong performance across safety indicators, including high incident reporting with low harm or no harm and a falls rate below the national median. SHMI remains statistically lower than expected, and the launch of the bespoke Quail AI tool on the Federated Data Platform marks progress in enhancing patient experience and quality auditing ahead of new quality and safety metrics being introduced this autumn.

Our priority focus is on further actions to support our workforce plan delivery, in support of operational and financial plans. Our vacancy and turnover data is beginning to reflect the impact of our Mutually Agreed Resignation Scheme (MARS) leavers, which will continue to be seen through to November.

Sickness absence management and mitigating sickness through comprehensive wellbeing support continues, however we are already seeing the impact of seasonal viruses. The roll out of our vaccination programme will help mitigate this.

The annual National Staff Survey launched on 6 October. The programme to address our Trust breakthrough objective of reducing bullying & harassment remains a focus.

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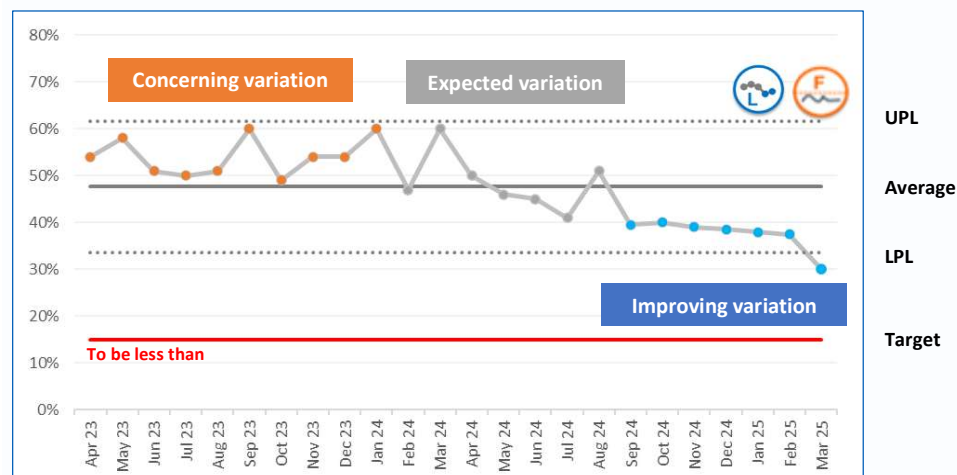
The dotted lines on SPC charts (upper and lower process limits) describe the range of variation that can be expected.

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

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

Icon	Technical description	What does this mean?	What should we do?
Variation / performance Icons			
	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 a **CONCERNING** nature.	**Something's going on!** Something, a one-off or a continued trend or shift of numbers in the wrong direction	**Investigate** 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 **IMPROVING** nature.	**Something good is happening!** 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. **Celebrate** the improvement or success. Is there **learning** that can be shared to other areas?

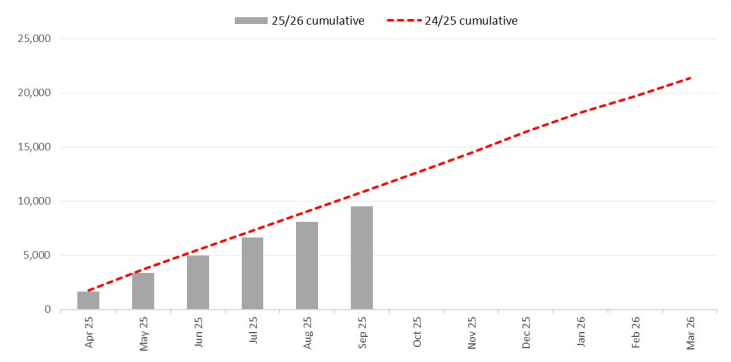| Icon	Technical description	What does this mean?	What should we do?
Assurance icons			
	This process will not consistently **HIT OR MISS** the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or 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.	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.	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.

Understanding the matrix

ASSURANCE

	P	**?**	**F**	**No Target**	**↑**
H / L (high/low)	**Excellent** Celebrate and learn	**Good** Celebrate and understand	**Concerning** Celebrate but take action	**Excellent** Celebrate	**Unsure** Investigate and understand
VARIATION (mean)	**Good** Celebrate and understand	**Average** Investigate and understand	**Concerning** Investigate and take action	**Average** Understand	**↓**
H / L (high/low)	**Conerning** Investigate and understand	**Concerning** Investigate and take action	**Very concerning** Investigate and take action	**Concerning** Investigate	**Unsure** Investigate and understand

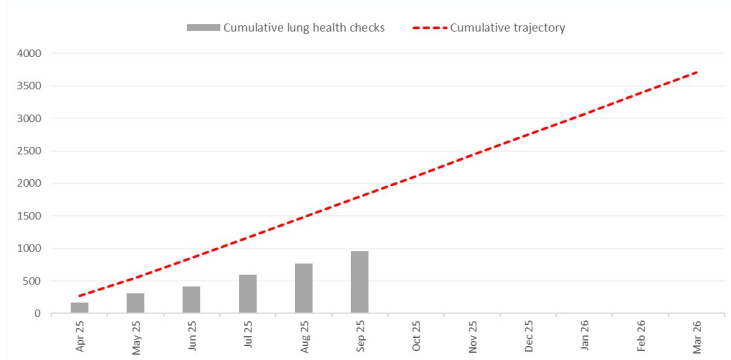# Breakthrough objectives

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Fewer people need a bed in an emergency

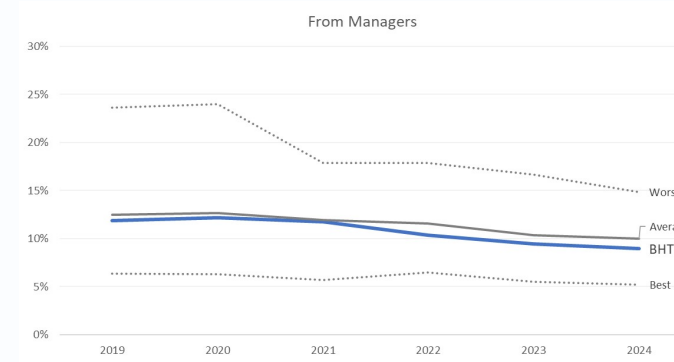*Adult & Paediatric emergency admissions to a General & Acute bed. Cumulative for 2025/26 against 2024/25.*

## Behaviour

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

Target lung health check completion

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

## 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.
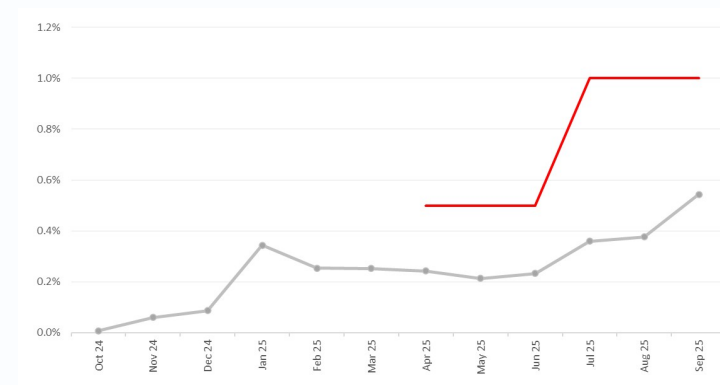
Breakthrough objectives

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.
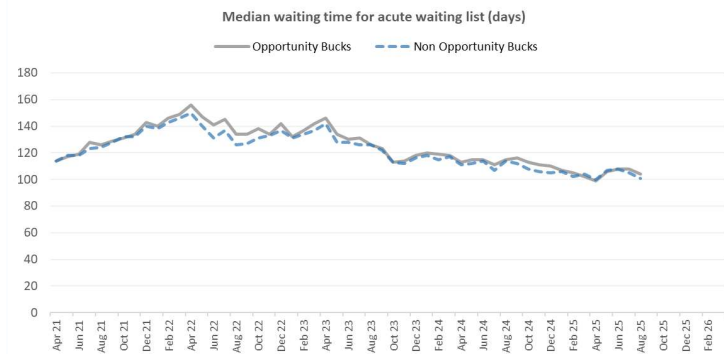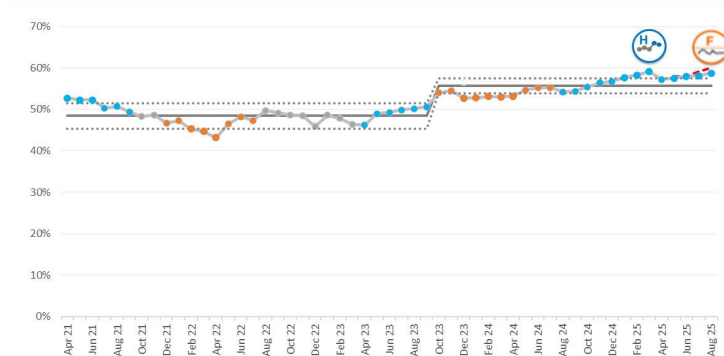

Median waiting time for community waiting list in days Opp Bucks split

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.
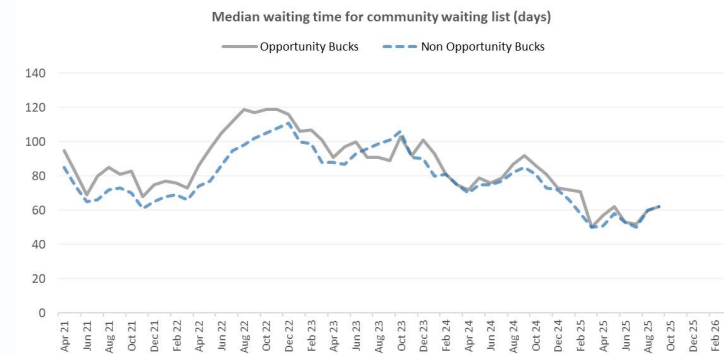
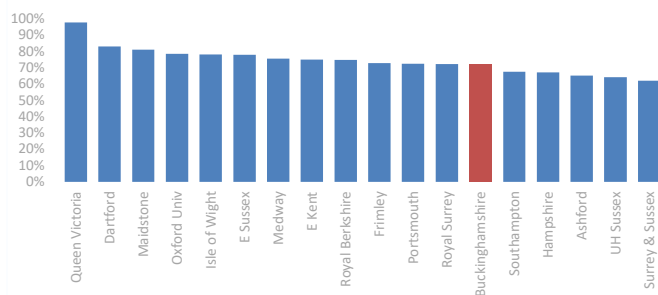## Acute open pathway RTT performance

Percentage of patients waiting less than 18 weeks on an incomplete RTT pathway at the end of the month.
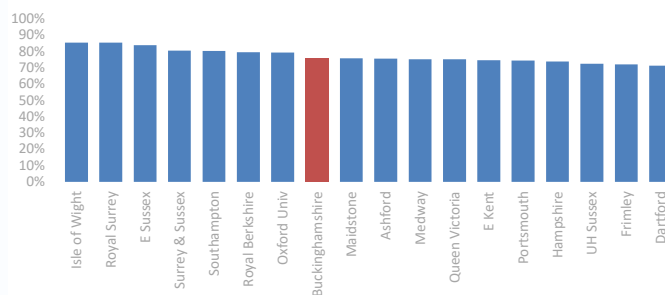
Benchmarking Summary for South-East Region

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ED 4 hour performance

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

Bars (left to right): Queen Victoria, Dartford, Maidstone, Oxford Univ, Isle of Wight, E Sussex, Medway, E Kent, Royal Berkshire, Frimley, Portsmouth, Royal Surrey, Buckinghamshire, Southampton, Hampshire, Ashford, UH Sussex, Surrey & Sussex

Faster diagnosis standard cancer

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

Bars (left to right): Isle of Wight, Royal Surrey, E Sussex, Surrey & Sussex, Southampton, Royal Berkshire, Oxford Univ, Buckinghamshire, Maidstone, Ashford, Medway, Queen Victoria, E Kent, Portsmouth, Hampshire, UH Sussex, Frimley, Dartford

62 day wait cancer

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

Bars (left to right): Maidstone, Ashford, Frimley, Surrey & Sussex, Royal Surrey, Royal Berkshire, Queen Victoria, E Kent, Southampton, Medway, E Sussex, Hampshire, Isle of Wight, Portsmouth, UH Sussex, Dartford, Buckinghamshire, Oxford Univ
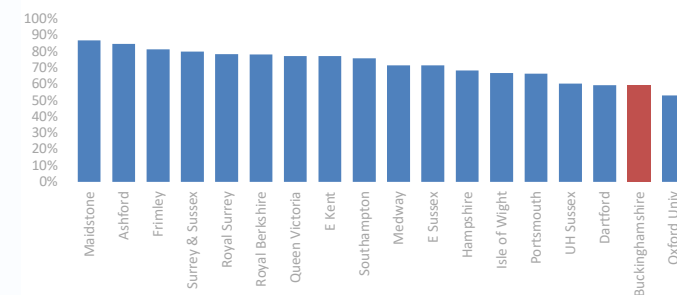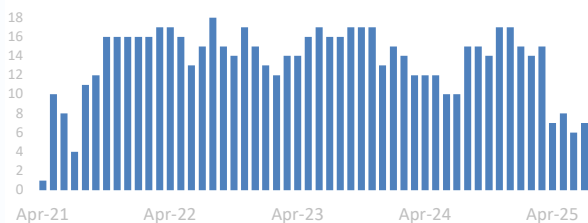
ED 4 hour performance ranking

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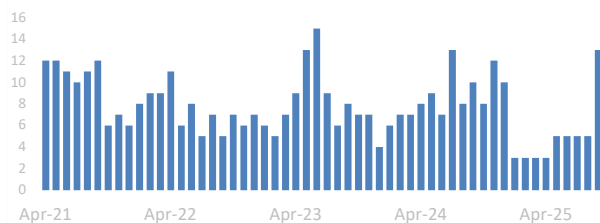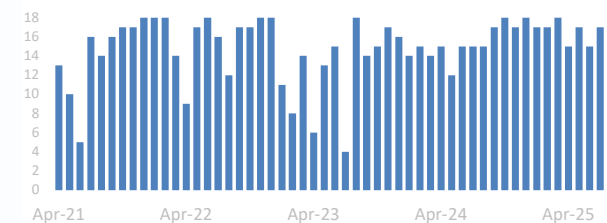

Faster diagnosis standard cancer

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
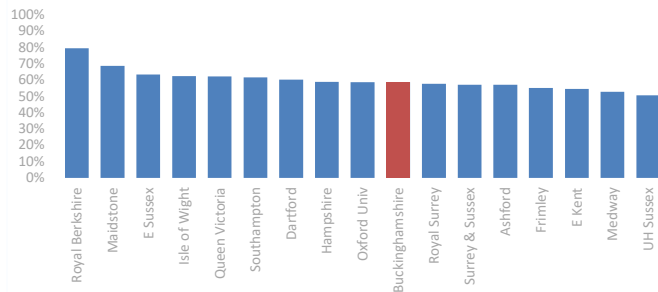

Frimley Health & Portsmouth Hospitals do not report 4 Hour performance as they are part of the Clinical Services Review.

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

Benchmarking Summary for South-East Region

NHS
Buckinghamshire Healthcare
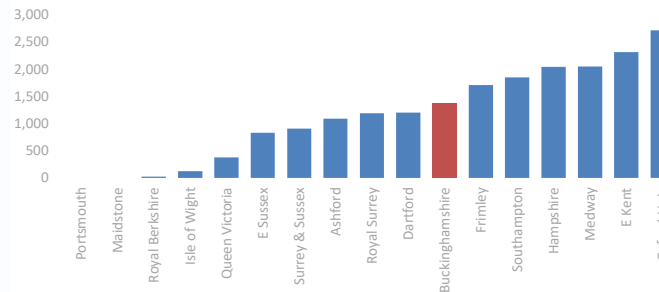NHS Trust

RTT performance

South East RTT performance benchmarking - Aug-25
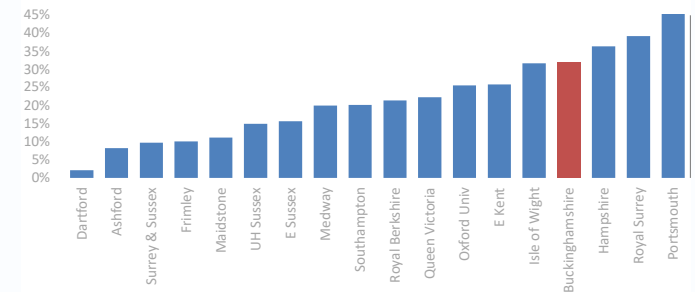

52 week waits

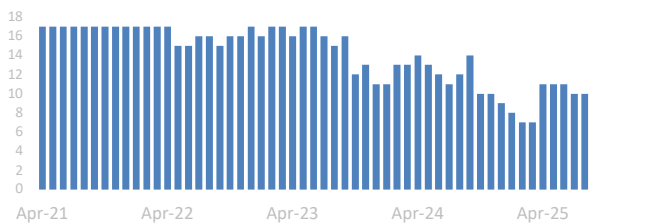*South East over 52 week waits benchmarking - Aug-25*

Diagnostic performance

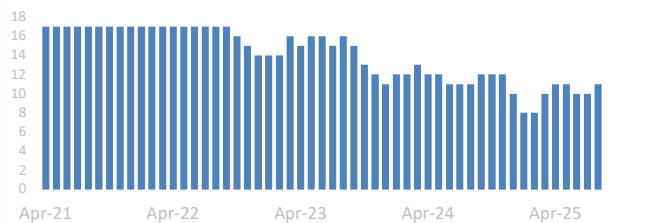*South East diagnostic performance benchmarking - Aug-25*

RTT performance ranking

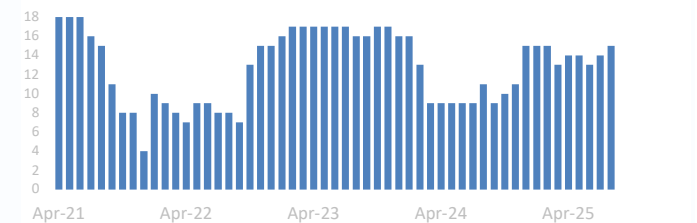*South East RTT performance benchmarking - historic rankings currently out of 18*

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

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

Urgent care

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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
Breakthrough objective								
Fewer people need a bed in an emergency	Sep 25	9508	10824					
Driver metrics								
12 hour waits in ED	Sep 25	5.3%	4.0%		?	No significant change	9.8%	
Conversion rate to admission	Sep 25	10.0%	-	L		Data point outside of control limits		
ED 4 hour performance	Sep 25	72.1%	78.8%		F	No significant change	0.3%	
Urgent & emergency care								
Ambulance handovers within 30 mins	Sep 25	92.8%	95%	H	?	2 out of 3 data points close to control limit	0.5%	
Urgent 2 hour response - community	Sep 25	92.0%	70%		P	No significant change	100.0%	
Urgent community response referrals	Sep 25	561	-	↑		Data point outside of control limits		
Patients without Criteria to Reside	Aug 25	61	-					
Average days from discharge ready date to discharge	Jul 25	1	-					
Discharges by 2pm	Sep 25	26.0%	-			No significant change		
Hospital at home utilisation	25 Sep 25	79.7%	80%		?	No significant change	90.2%	
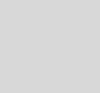
Urgent care

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A S S U R A N C E

	P	?	F	No Target	⬆
H / L		Ambulance handovers within 30 mins		Conversion rate to admission	Urgent community response referrals
(VARIATION)	Urgent 2 hour response - community	12 hour waits in ED Hospital at home utilisation	ED 4 hour performance	Patients without Criteria to Reside Discharges by 2pm	⬇
H / L					

Urgent care

Narrative for metrics due for review.

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.

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

Owner: Chief Operating Officer
Committee: Finance and Business Performance

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.

Sep-25	Variance Type	Sep-24	Achievement
9508	N/A	10824	N/A

Legend: 25/26 cumulative — 24/25 cumulative

Emergency admissions to a General & Acute bed
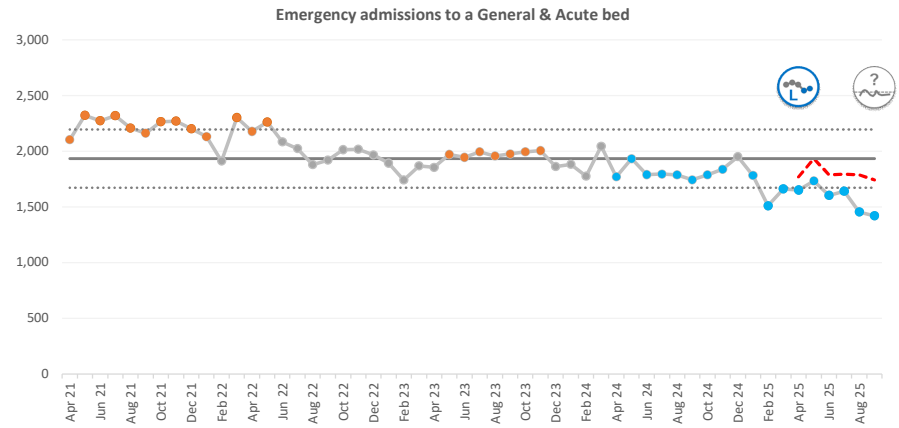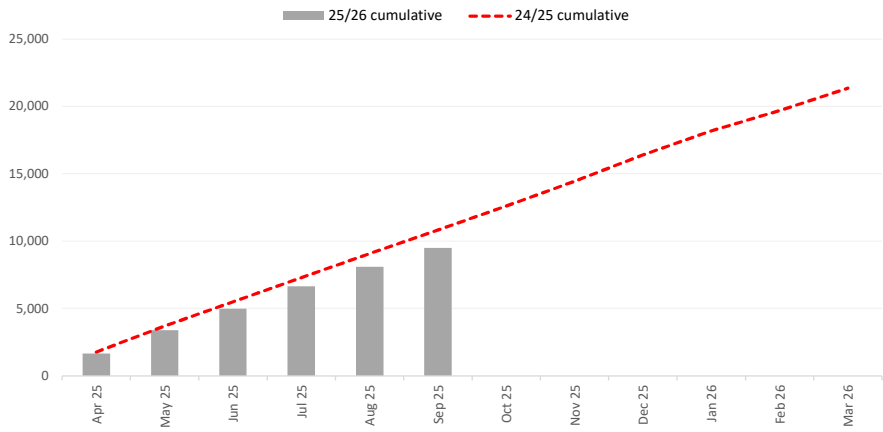
12 hour waits in ED

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

Sep-25	Variance Type	Target	Achievement
5.3%	**Common cause variation** No significant change	4%	**Unreliable process** Will meet the target 9.8% of the time

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.

Sep-25	Variance Type	Target	Achievement
10.0%	**Special cause variation - improvement** Data point outside of control limits	-	N/A
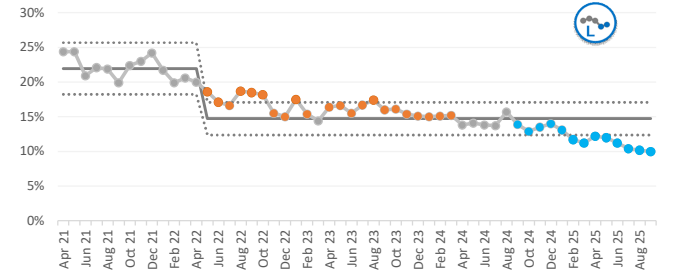
ED 4 hour performance

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

Sep-25	Variance Type	Trajectory	Achievement
72.1%	**Common cause variation** No significant change	78.8%	**Unreliable process** Will meet the target 0.3% of the time

How we are performing

Drivers of performance

Actions to maintain or improve performance

Risks and mitigations

12 hour waits in ED: From the data, there appears to have been a step change in February 2024 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 inside the current control limits and will be achieved about 10% of the time unless something changes in the process.

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

ED 4 hour performance: This metric is now experiencing common cause variation i.e. no significant change. The target lies just above the upper control limit and so is very unlikely be achieved unless something changes in the process.

Ambulance handovers within 30 mins

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

Sep-25	Variance Type	Target	Achievement	For review
92.8%	**Special cause variation - improvement** 2 out of 3 data points close to control limit	95%	**Unreliable process** Will meet the target 0.5% of the time	
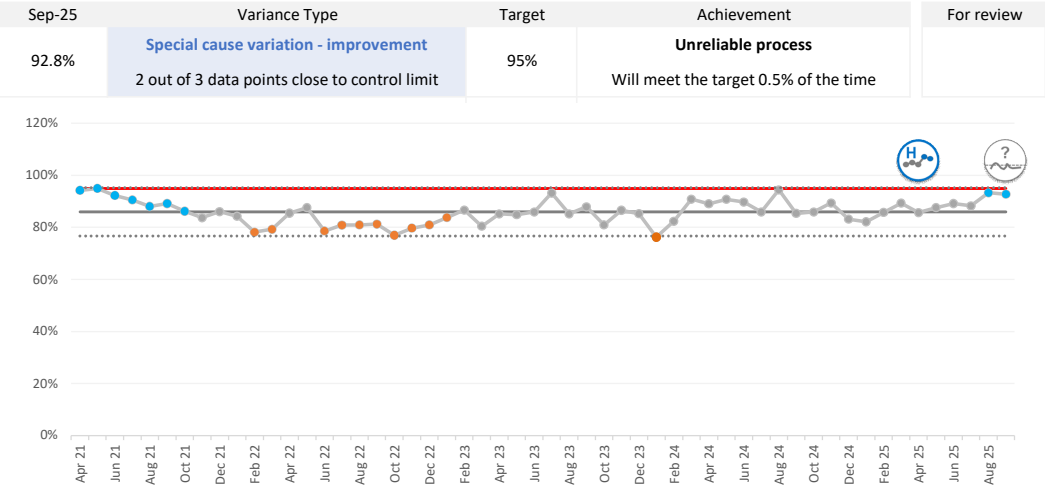
Urgent 2 hour response - community

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

Sep-25	Variance Type	Target	Achievement	For review
92.0%	**Common cause variation** No significant change	70%	**Capable process** Will meet the target 100% of the time	
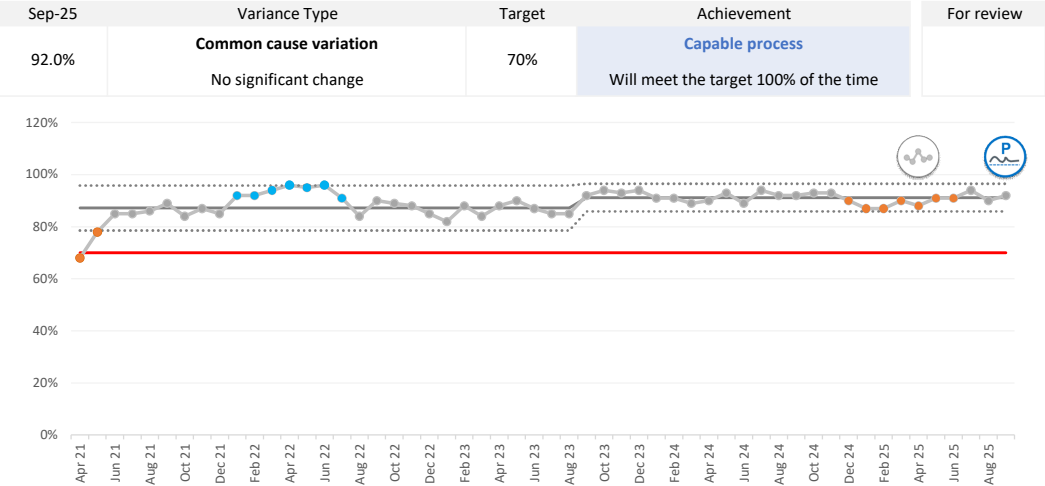
Urgent community response referrals

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

Sep-25	Variance Type	Target	Achievement	For review
561	**Special cause variation - neither concerning nor improvement** Data point outside of control limits	-	N/A	
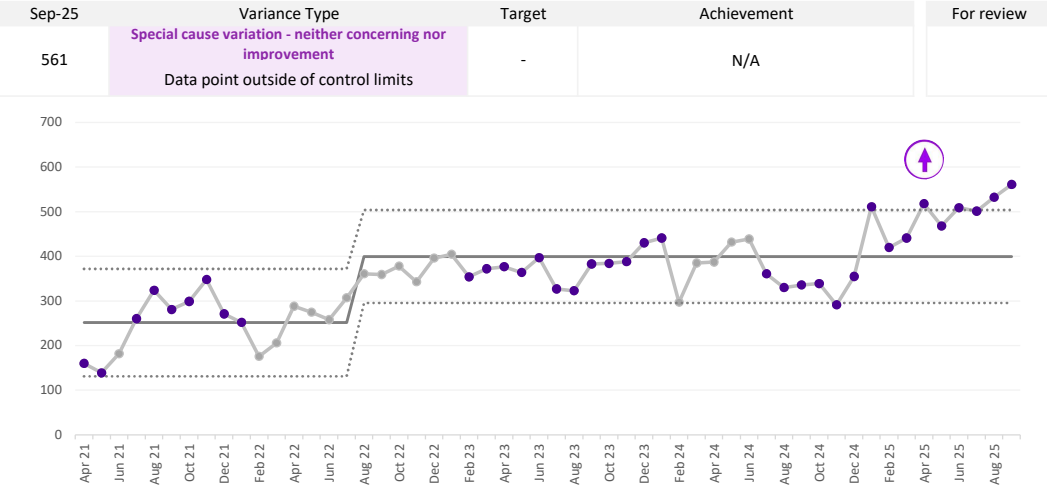
Patients without Criteria to Reside

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

Aug-25	Variance Type	Target	Achievement	For review
61	N/A	-	N/A	

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.

Jul-25	Variance Type	Metric Score	Achievement	For review
0.8	N/A	3.33 (range 1.0 - 4.0 lower is better)	National Oversight Framework metric rank: 98 out of 126	

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.

Sep-25	Variance Type	Target	Achievement	For review
26.0%	**Common cause variation** No significant change	-	N/A	
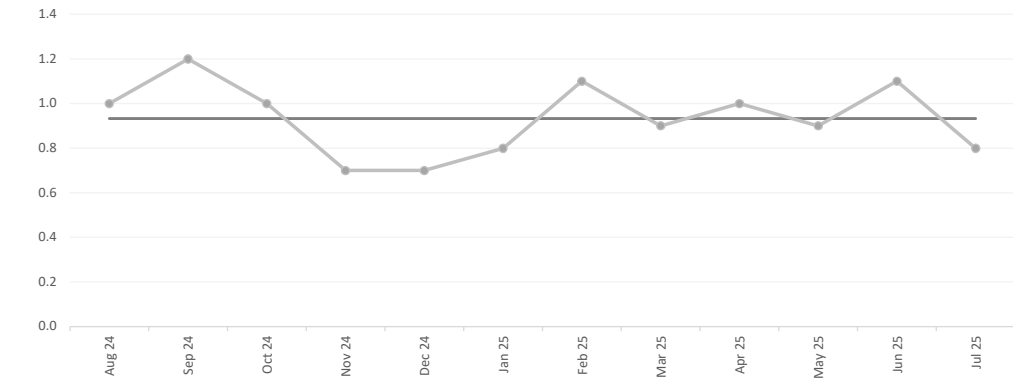
Hospital at home utilisation

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

25-Sep-25	Variance Type	Capacity	Achievement	For review
79.7%	**Common cause variation** No significant change	80%	Unreliable process / Will meet the target 90.2% of the time	

Planned care

NHS
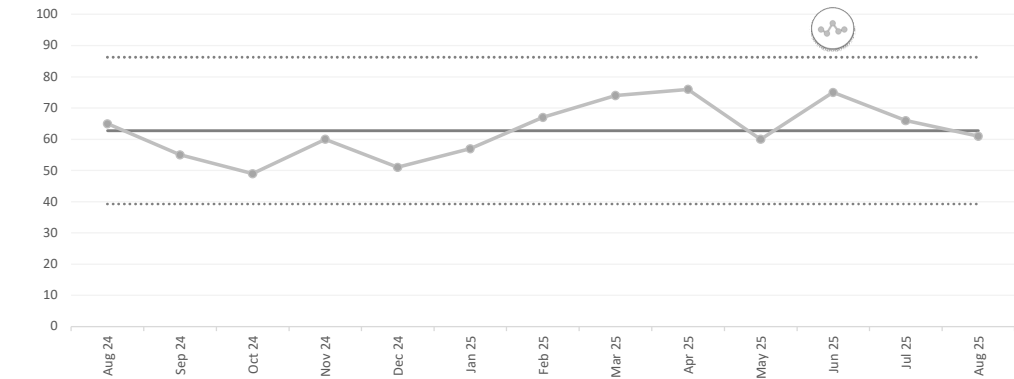**Buckinghamshire Healthcare**
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SRO: Director of Performance & Planning
Governance forums: Access Performance Management group, Planned Care board
Trust forums: Transformation Board, Executive Management Committee, Finance & Business Planning committee, 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
Breakthrough objective								
Median waiting time for acute waiting list in days Opp Bucks split	Aug 25	104 Opp Bucks	101 Non Opp Bucks					
Median waiting time for community waiting list in days Opp Bucks split	Sep 25	62 Opp Bucks	62 Non Opp Bucks					
Acute open pathway RTT performance	Aug 25	58.7%	60.0%	(H)	(F)	Data point outside of control limits	0.0%	
Planned care								
Percentage of patients waiting no longer than 18 weeks for a first appointment	Sep 25	54.8%	62%	(~)	(F)	No significant change	0.0%	
Acute waiting list size	Aug 25	50258	44600	(H)	(F)	Data point outside of control limits	0.0%	
Community waiting list size	Sep 25	6068	-	(↓)		6 or more data points below the central line		
Acute open pathway 52 week breaches	Aug 25	1382	0	(L)	(F)	6 or more data points below the central line	0.0%	
Acute open pathway 52 week risks	Sep 25	13549	16366					

Planned care

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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

Planned care continued

KPI	Latest month	Measure	Target	Variation	Assurance	What the data shows	Likely to meet the target (% of the time)	Metric for review
Community waiting list 65 week breaches	Sep 25	79	0	L	F	Data point outside of control limits	0.0%	
Community waiting list 52 week breaches	Sep 25	139	0	L	F	Downward trend of 6 or more data points	0.0%	
Median waiting time for acute waiting list in days (adults)	Aug 25	103	-	L		6 or more data points below the central line		
Median waiting time for acute waiting list in days (paediatrics)	Aug 25	88	-	L		6 or more data points below the central line		
Median waiting time for community waiting list in days (adults)	Sep 25	51	-	L		6 or more data points below the central line		
Median waiting time for community waiting list in days (paediatrics)	Sep 25	78	-	L		6 or more data points below the central line		
Diagnostic compliance	Aug 25	32.1%	1.0%	H	F	Data point outside of control limits	0.0%	
CWT 28 Day General Faster Diagnosis Standard	Aug 25	76.0%	80.0%	H	?	2 out of 3 data points close to control limit	1.0%	
CWT 31 Day General Treatment Standard	Aug 25	83.5%	90.0%		?	No significant change	0.9%	
62 Day General Treatment Standard	Aug 25	59.2%	75.0%		?	No significant change	1.0%	
Cancer referrals	Sep 25	2788	-	↑		6 or more data points above the central line		

Planned care

NHS Buckinghamshire Healthcare NHS Trust

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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
Planned care continued								
Elective activity	Sep 25	4465	4425	⬆		6 or more data points above the central line		
Elective activity against plan	Sep 25	-1.9%	0.0%					
New outpatient activity	Sep 25	19266	19956	⌁		No significant change		
New outpatient activity against plan	Sep 25	0.1%	0.0%					

Planned care

NHS Buckinghamshire Healthcare NHS Trust

ASSURANCE

	P	?	F	No Target	↑
H / L (blue)		CWT 28 Day General Faster Diagnosis Standard CWT 28 Day against trajectory	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
(grey)		CWT 31 Day General Treatment Standard 62 Day General Treatment Standard 62 day cancer against trajectory	Percentage of patients waiting no longer than 18 weeks for a first appointment	New outpatient activity New outpatient activity against plan	↓
H / L (orange)			Acute waiting list size Diagnostic compliance		Community waiting list size

VARIATION

Planned care

Acute waiting list size

The majority of referral backlog has been resolved with appropriate patients on a single central waiting list.   This has caused an increase in the size of the waiting list in recent months but is now stable and expected to reduce in the second half of the year.

52 week breaches

The number of patients at risk of breaching 52 weeks by March 2026 are reducing in line with trajectory, however the number already breaching 52 weeks remains high indicating we are treating patients later in their pathway.   We aim to increase the number of patients seen within 18 weeks and improve validation of those who have already attended clinic.

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.

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

How we are performing

Waiting time for acute adult patients from Opportunity Bucks is the slightly higher than that for non-Opportunity Bucks areas – target not met
Waiting time for community patients from Opportunity Bucks is the same as that of non-Opportunity Bucks patients – target met

Aug-25		Sep-25	
Opportunity Bucks - acute	Non Opportunity Bucks - acute	Opportunity Bucks - comm	Non Opportunity Bucks - comm
104	101	62	62

Drivers of performance

Median waiting time for acute waiting list (days)
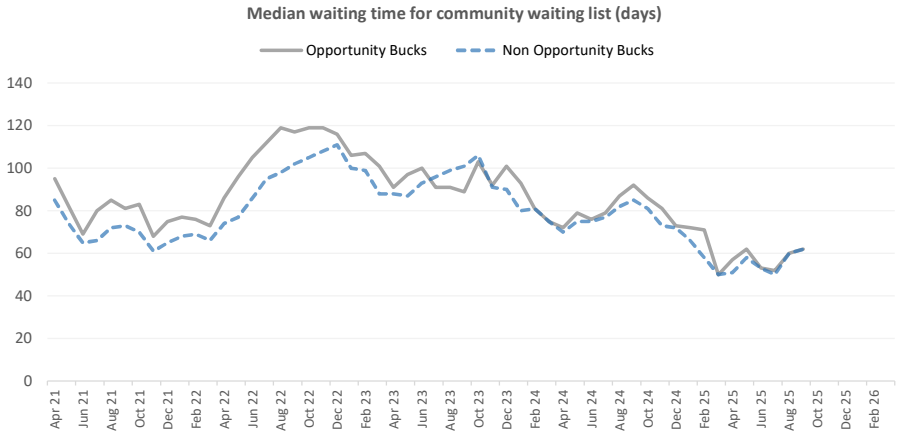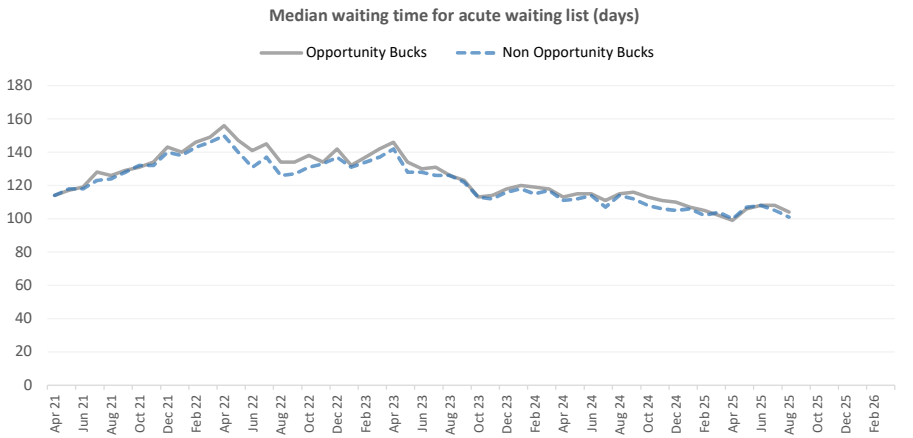

Actions to maintain or improve performance

- Monthly data on waiting time shared with Caregroup leads. CDUs with higher waiting time for Opportunity Bucks are highlighted to help with focused actions.
- Mid-year review with transformation managers to review progress and identify if there are any issues that need escalation.
- CDUs where outpatient appointments are booked by team administrators to develop actions to address issues with appointment invitations and reminders.

Median waiting time for community waiting list (days)

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 this in Care flow and Rio.

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
Below trajectory in August but reducing the variance month on month

Aug-25	Variance Type	Trajectory	Achievement
58.7%	Special cause variation - improvement	60.0%	Incapable process

Drivers of performance
Improvement in recording of outcomes
Reduction in backlog to be added to waiting list

Actions to maintain or improve performance
Ensure all referrals are added to the waiting list before 8 weeks
All cashing up completed
Specialty agree plans to improve RTT in H2
Any additional funding requests submitted and approved

Risks and mitigations
Mutual aid patients accepted from local areas in a breach position
Additional capacity not available when required.

Mitigations: Care Groups to work up individual area risks and staffing levels to continue level of activity
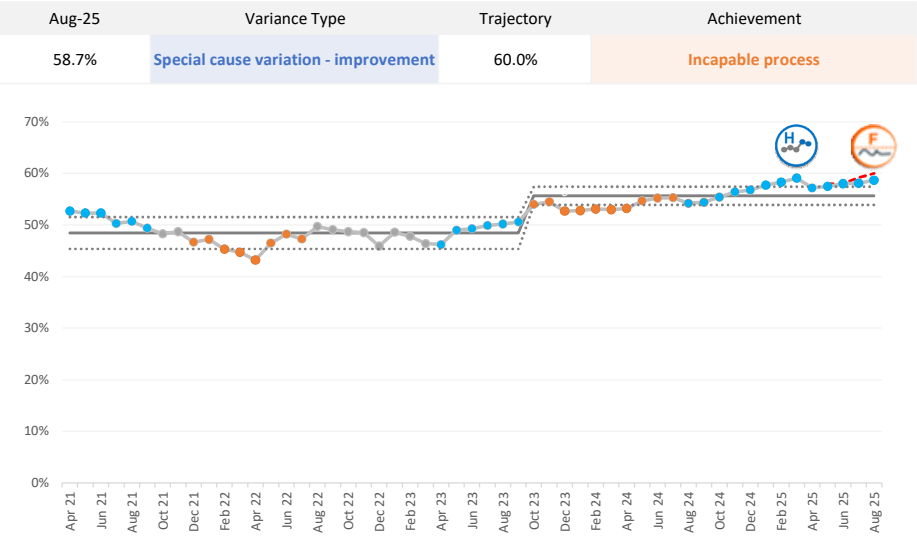
Percentage of patients waiting no longer than 18 weeks for a first appointment

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.
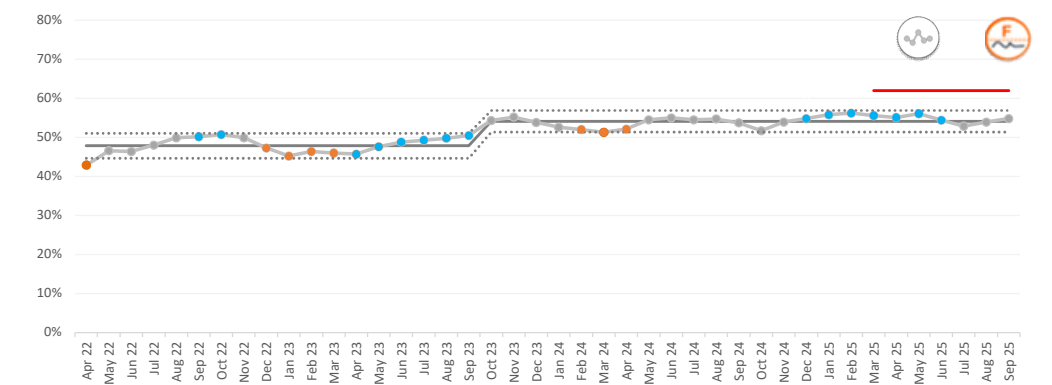
Sep-25	Variance Type	Target	Achievement	For review
54.8%	**Common cause variation** No significant change	62%	**Incapable process** Will meet the target 0% of the time	

Acute waiting list size

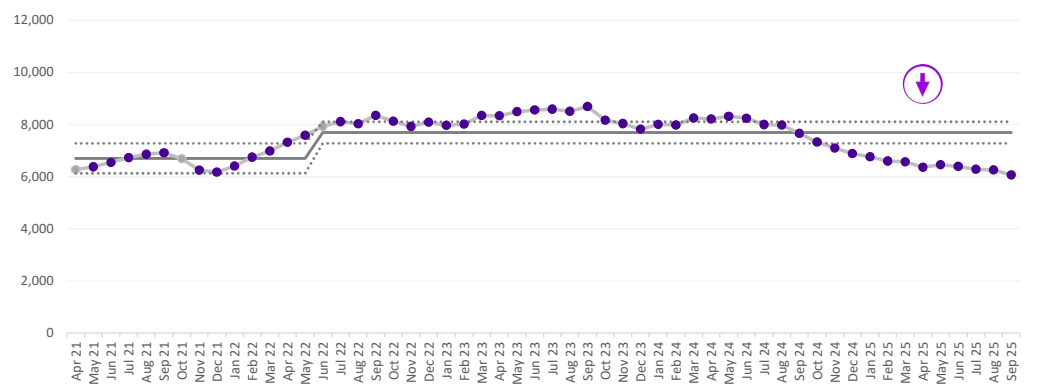The number of acute incomplete RTT pathways (patients waiting to start treatment) at the end of the reporting period.

Aug-25	Variance Type	Trajectory	Achievement	For review
50258	**Special cause variation - concerning** Data point outside of control limits	44600	**Incapable process** Will meet the target 0% of the time	
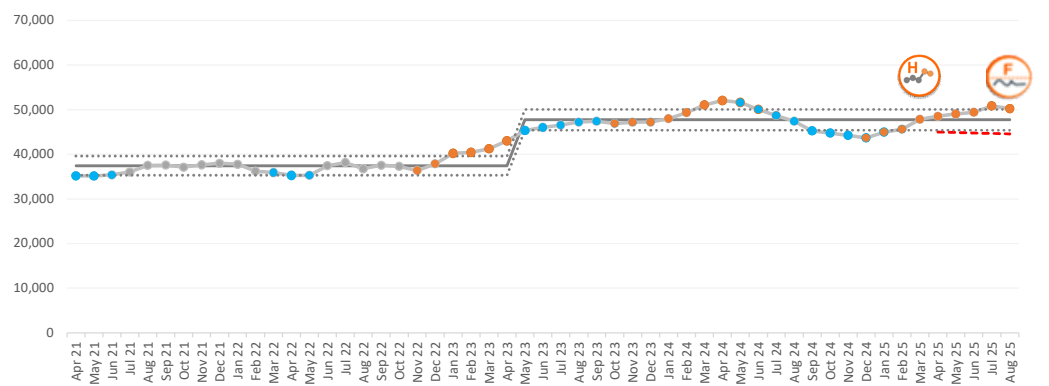
Community waiting list size

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.

Sep-25	Variance Type	Target	Achievement	For review
6068	**Special cause variation - neither concerning nor improvement** 6 or more data points below the central line	-	N/A	

Acute open pathway 52 week breaches

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

Aug-25	Variance Type	Target	Achievement	For review
1382	Special cause variation - improvement 6 or more data points below the central line	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.

Sep-25	Variance Type	Trajectory	Achievement	For review
13549	N/A	16366	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.
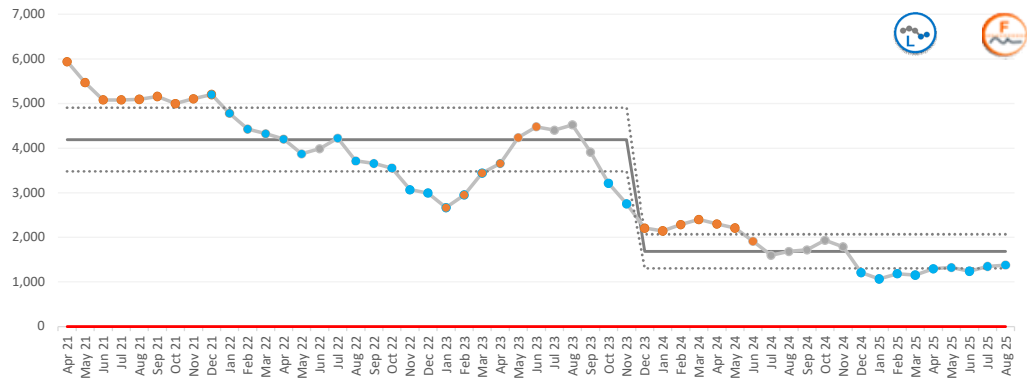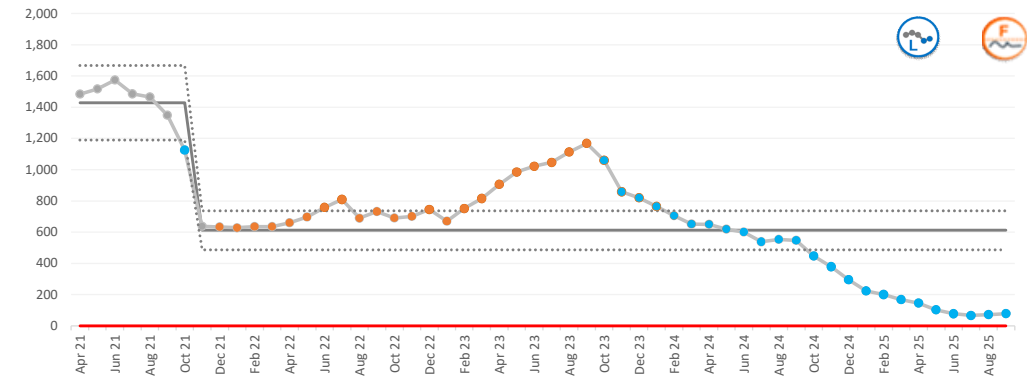
Sep-25	Variance Type	Target	Achievement	For review
79	Special cause variation - improvement Data point outside of control limits	0	Incapable process Will meet the target 0% of the time	

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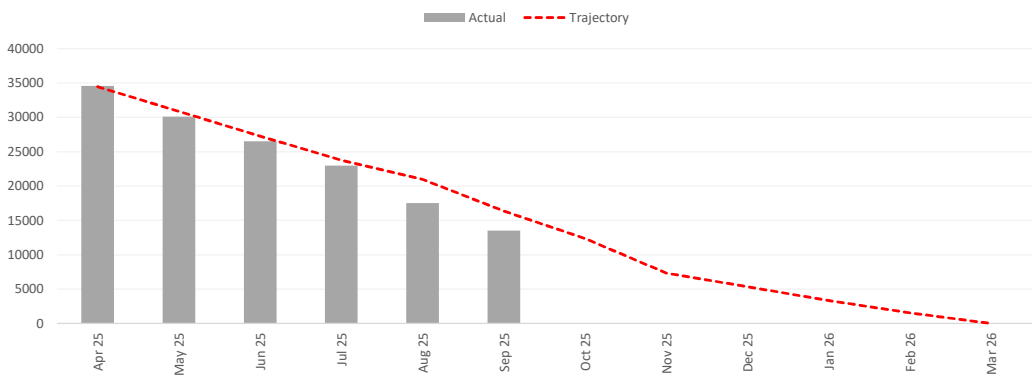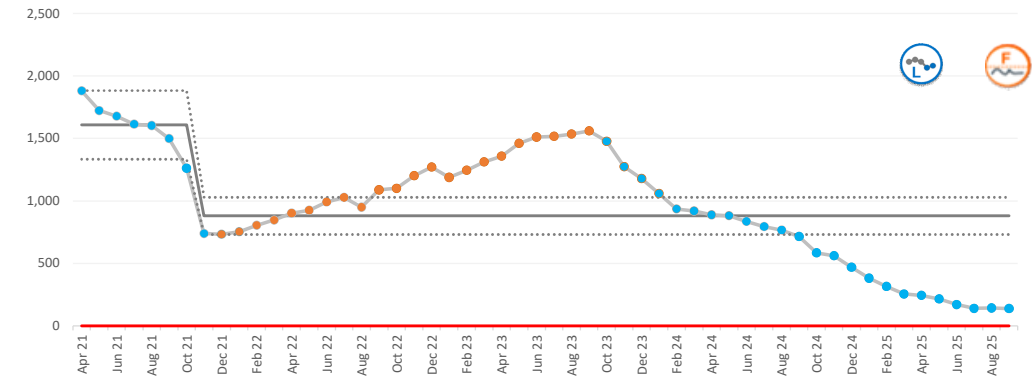
| Sep-25	Variance Type	Target	Achievement	For review
139	Special cause variation - improvement Downward trend of 6 or more data points	0	Incapable process Will meet the target 0% of the time	

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.

Aug-25	Variance Type	Target	Achievement	For review
103	**Special cause variation - improvement** 6 or more data points below the central line	-	N/A	
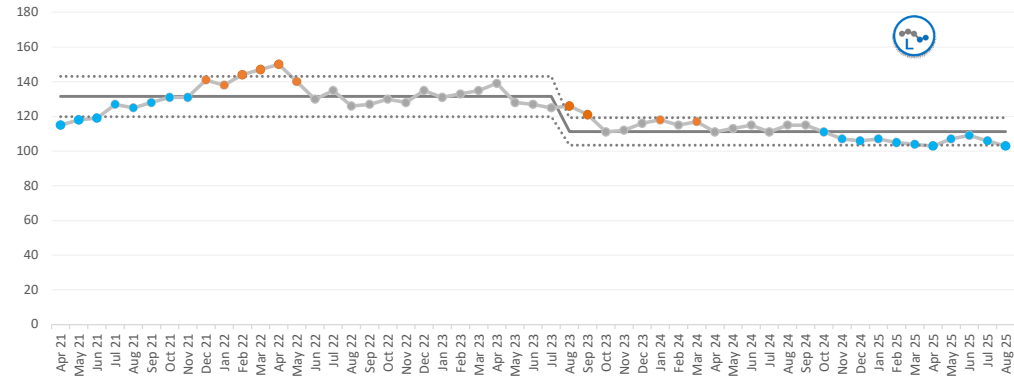
Median waiting time for acute waiting list in days (paediatrics)

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.

Aug-25	Variance Type	Target	Achievement	For review
88	**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)

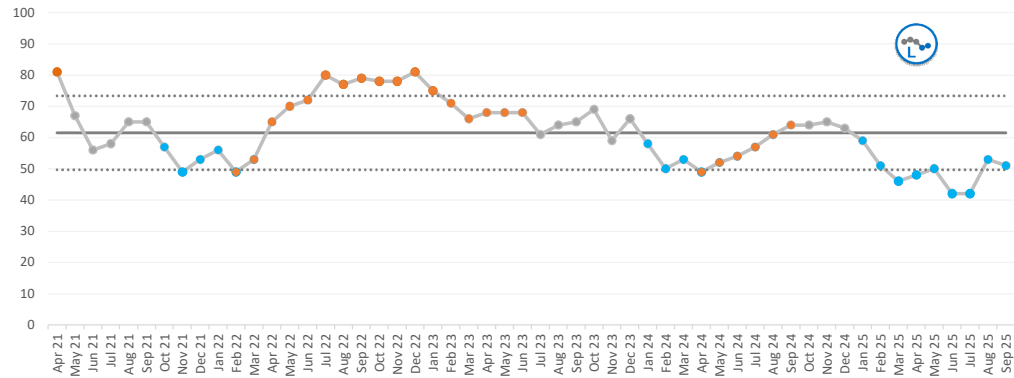Median waiting time in days between referral and month end snapshot for adult patients on the community waiting list. Patients are aged 16 years and over. Excludes universal referrals (as above) and includes community paediatrics under 18 week pathway rules.
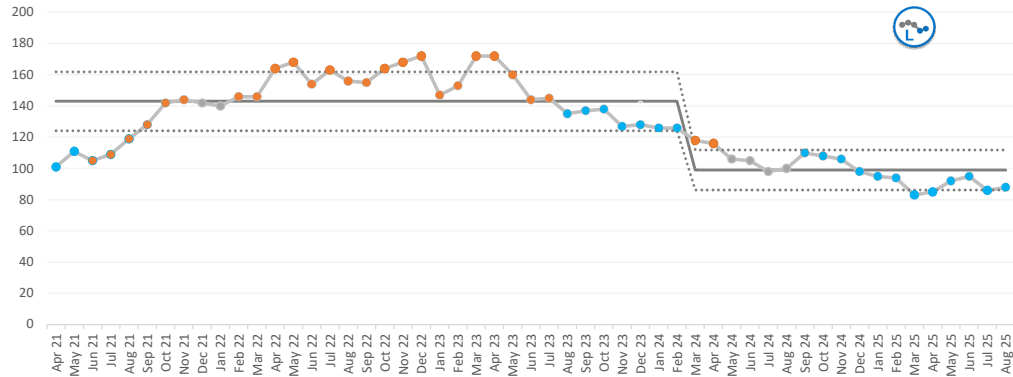
Sep-25	Variance Type	Target	Achievement	For review
51	**Special cause variation - improvement** 6 or more data points below the central line	-	N/A	

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.

Sep-25	Variance Type	Target	Achievement	For review
78	**Special cause variation - improvement** 6 or more data points below the central line	-	N/A	
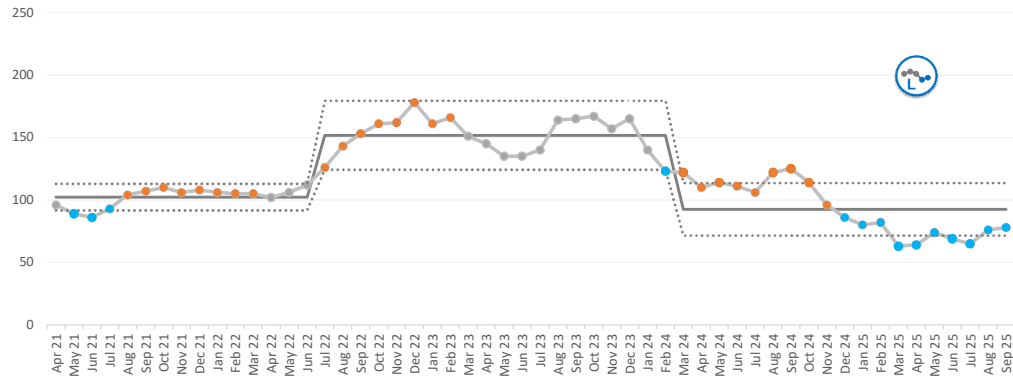
Diagnostic compliance

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.
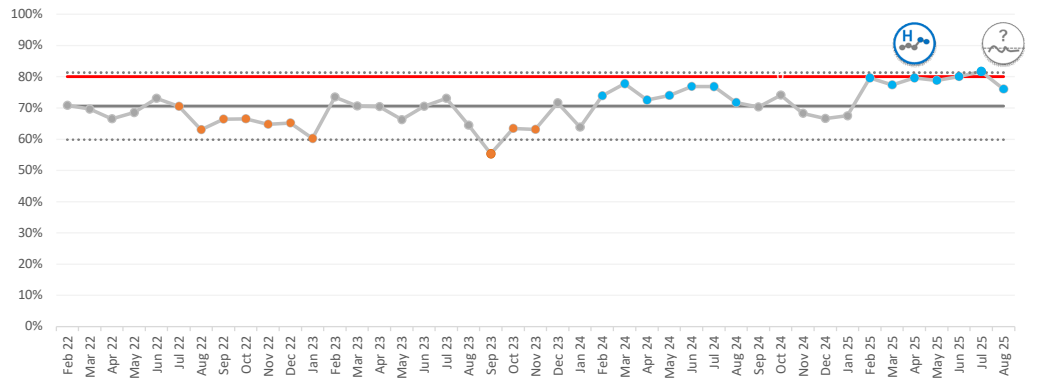
Aug-25	Variance Type	Target	Achievement	For review
32.1%	**Special cause variation - concerning** Data point outside of control limits	1.0%	**Incapable process** Will meet the target 0% of the time	

NHS
Buckinghamshire Healthcare
NHS Trust
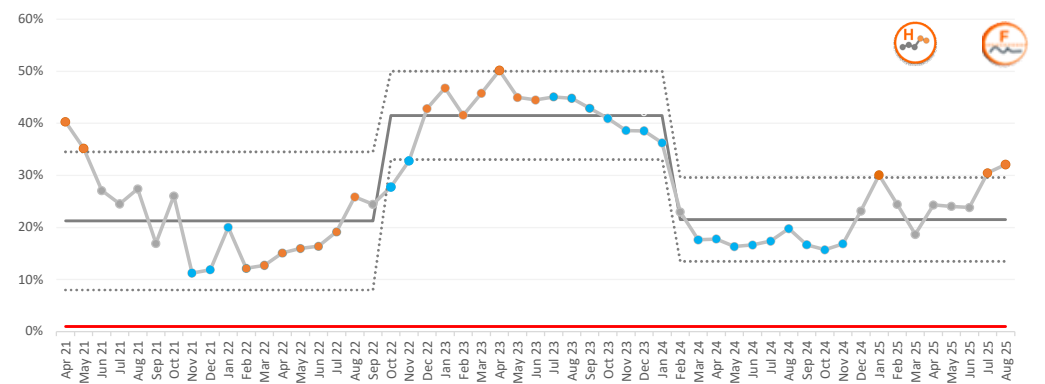
## CWT 28 Day General Faster Diagnosis Standard

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.

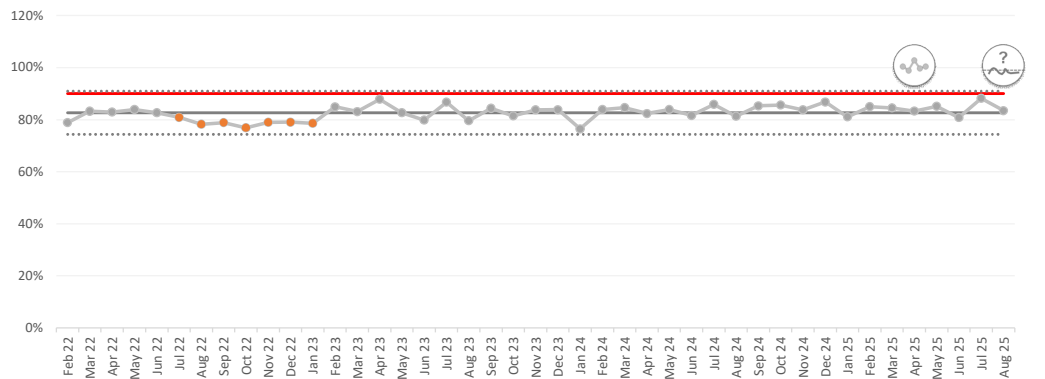| Aug-25	Variance Type	Target	Achievement	For review
76.0%	**Special cause variation - improvement** 2 out of 3 data points close to control limit	80.0%	**Unreliable process** Will meet the target 1% of the time	

CWT 28 Day trajectory

Aug-25	Variance Type	Trajectory	Achievement	For review
76.0%	N/A	75.5%	N/A	
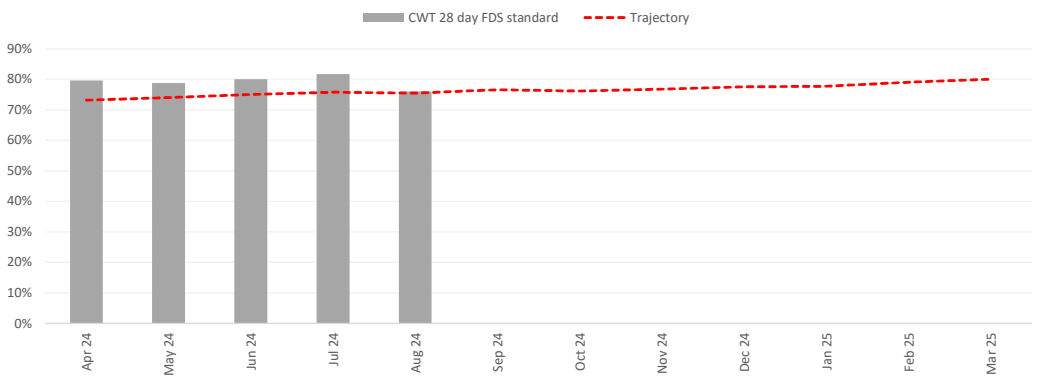
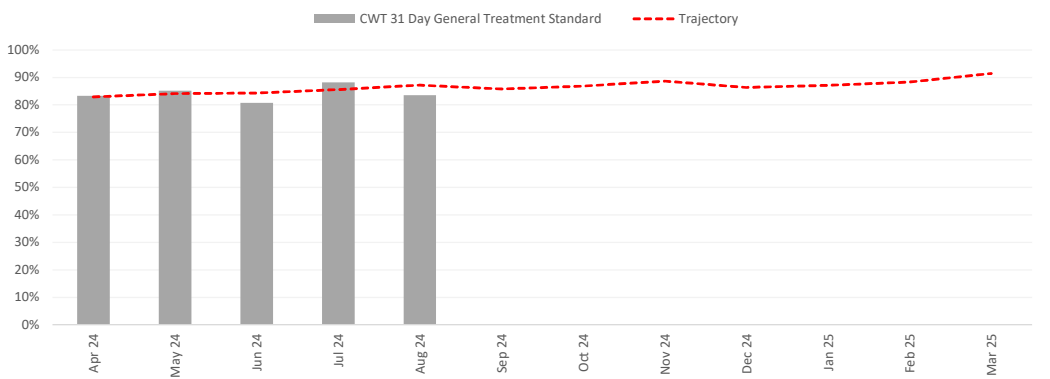## CWT 31 Day General Treatment Standard

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

Aug-25	Variance Type	Target	Achievement	For review
83.5%	**Common cause variation** No significant change	90.0%	**Unreliable process** Will meet the target 0.9% of the time	

CWT 31 Day trajectory

Aug-25	Variance Type	Trajectory	Achievement	For review
83.5%	N/A	87.2%	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.

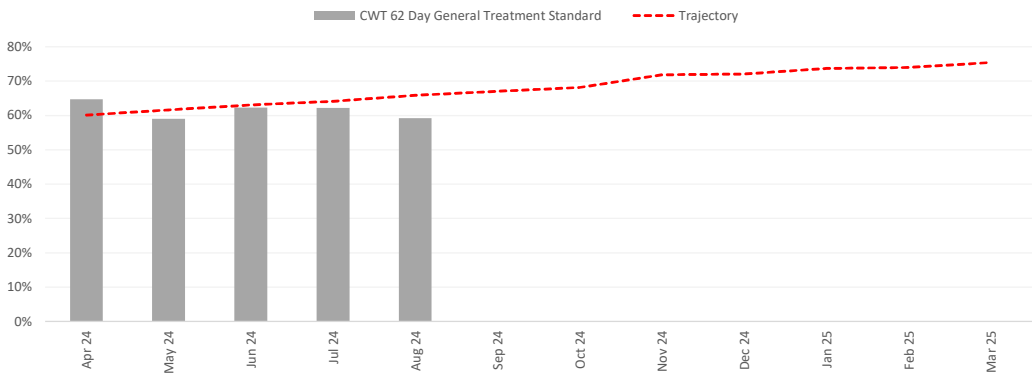| Aug-25	Variance Type	Target	Achievement	For review
59.2%	**Common cause variation** No significant change	75.0%	**Unreliable process** Will meet the target 1% of the time	
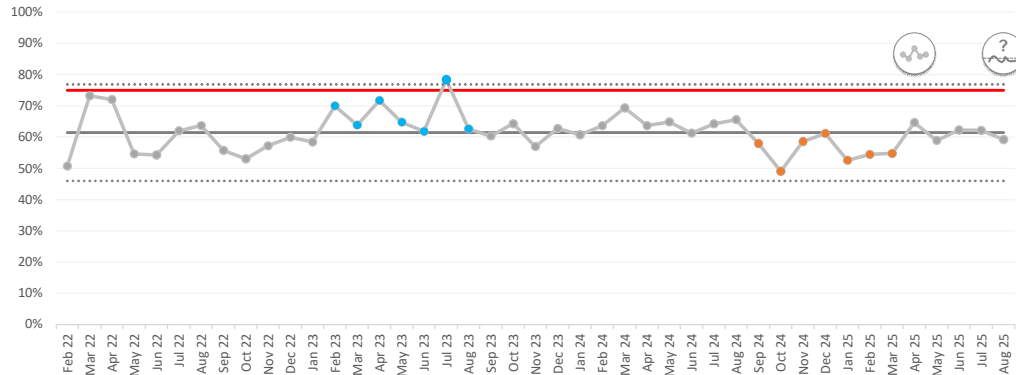
CWT 62 day trajectory

Aug-25	Variance Type	Target	Achievement	For review
59.2%	N/A	65.8%	N/A	

Cancer referrals

Number of patients referrred each month on a cancer pathway

| Sep-25	Variance Type	Target	Achievement	For review
2788	**Special cause variation - neither concerning nor improvement** 6 or more data points above the central line	-	N/A	
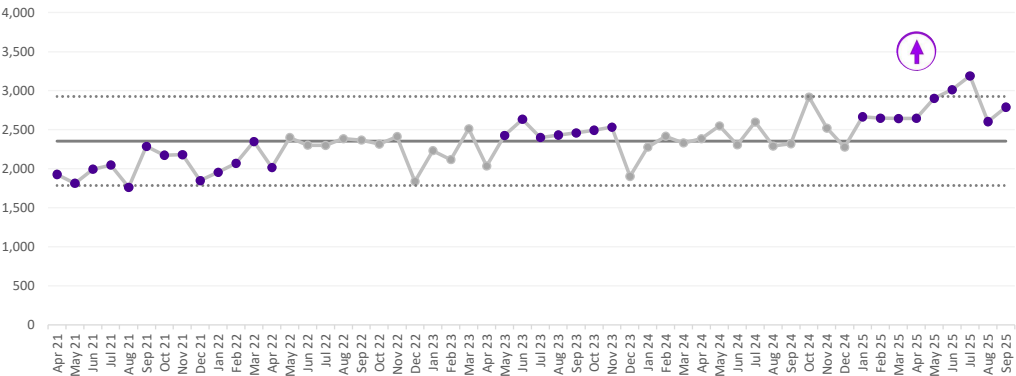
Elective activity

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

Sep-25	Variance Type	Plan	Achievement	For review
4465	Special cause variation - neither concerning nor improvement 6 or more data points above the central line	4425	N/A	
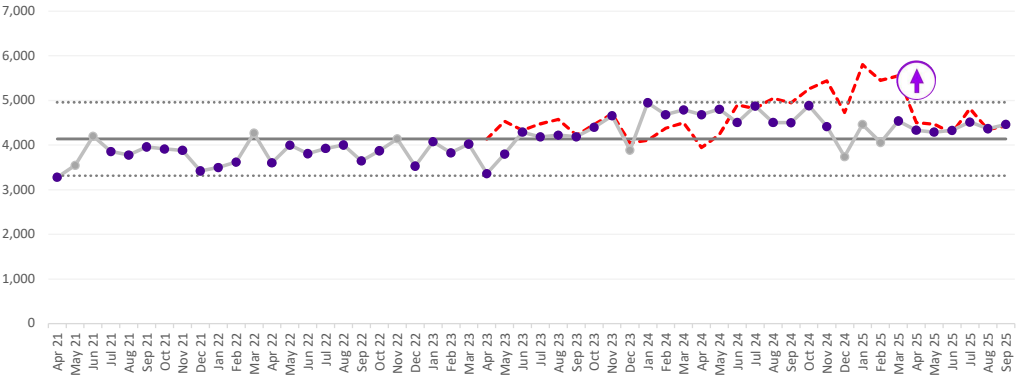
Elective activity against plan

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.
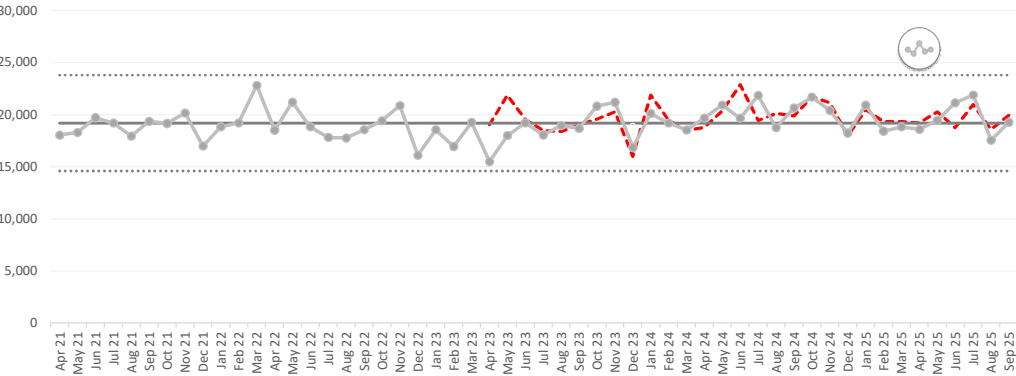
Sep-25	Variance Type	Target	Achievement	For review
-1.9%	N/A	0.0%	N/A	
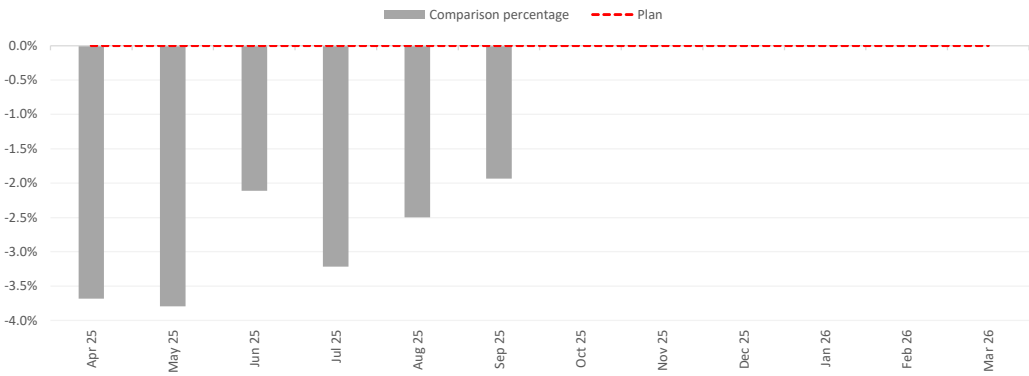
New outpatient activity

Total number of new outpatient attendances during the month.

Sep-25	Variance Type	Target	Achievement	For review
19266	Common cause variation No significant change	19956	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.

Sep-25	Variance Type	Target	Achievement	For review
0.1%	N/A	0.0%	N/A	

Quality

KPI	Latest month	Measure	Target	Variation	Assurance	What the data shows	Likely to meet the target (% of the time)	Metric for review
Quality & safety								
Incidents per 1,000 bed days	Sep 25	64.9	-	↑		6 or more data points above the central line		
Incidents that are low/no harm	Aug 25	98.0%	98%	~	?	No significant change	75.2%	
Falls per 1,000 bed days	Sep 25	3.6	6.2	~	P	6 or more data points below the central line	99.9%	
Pressure Ulcers per 1,000 days	Aug 25	4	-	~		No significant change		
Complaints responded to within 25 days	Aug 25	77%	85%	~	?	No significant change	41.7%	
Complaints received	Sep 25	51	-	~		No significant change		
HSMR+	May 25	102.1	100.0					
SHMI	Apr 25	0.80	1.00					
Clostridioides difficile per 1000 bed days	Sep 25	27.2	-	~		No significant change		
Clostridioides difficile cases	Sep 25	5.0	2.5	~	?	No significant change	31.5%	
E. Coli bacteraemia per 1000 bed days	Sep 25	27.2	-	~		No significant change		
E. Coli bacteraemia cases	Sep 25	5	6	~	?	No significant change	47.2%	
Readmissions within 30 days	Aug 25	4.9%	-	~	?	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
Maternity								
Perinatal mortality (over 24 weeks)	Sep 25	0	0	🔵	?	No significant change	13.6%	
Term admissions to the neonatal unit	Sep 25	4.2%	5.0%	🔵		No significant change	72.9%	
Overall preterm birth rate	Sep 25	7.3%	6.0%	🔵	?	No significant change	43.1%	
Maternal ICU admissions	Last event	09 Sep 25	-			No significant change		

Quality

ASSURANCE

	P	?	F	No Target	↑
H / L (blue)	Falls per 1,000 bed days				Incidents per 1,000 bed days
(grey, common cause)		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	↓
H / L (orange)					

VARIATION

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 remains below the national median, supported by local Quality Improvement initiatives and regular review at the Harm Free Care Group.

SHMI remains statistically lower than expected.

BHT's bespoke Quail AI patient experience tool and quality audit went live on the Federated Data Platform (FDP) since 01 October 2025.

Incidents per 1,000 bed days

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

Sep-25	Variance Type	Target	Achievement	For review
64.9	**Special cause variation - neither concerning nor improvement** 6 or more data points above the central line	-	N/A	
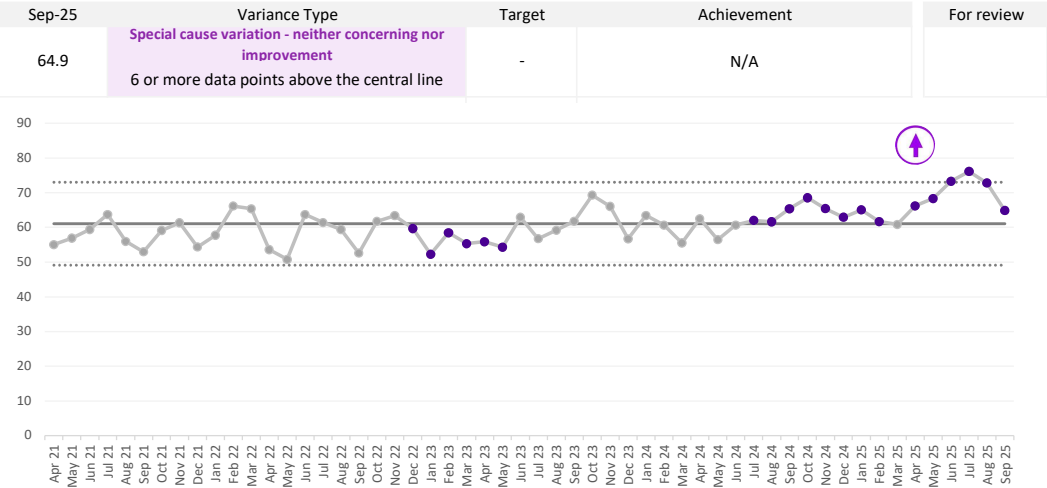
Incidents that are low/no harm

Percentage of incidents classed as low or no harm in the month - over all incidents reported.
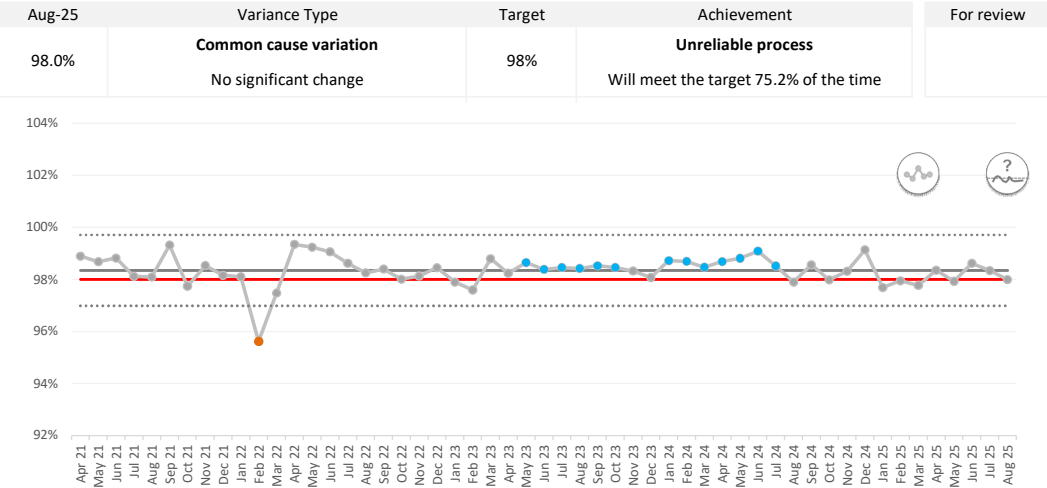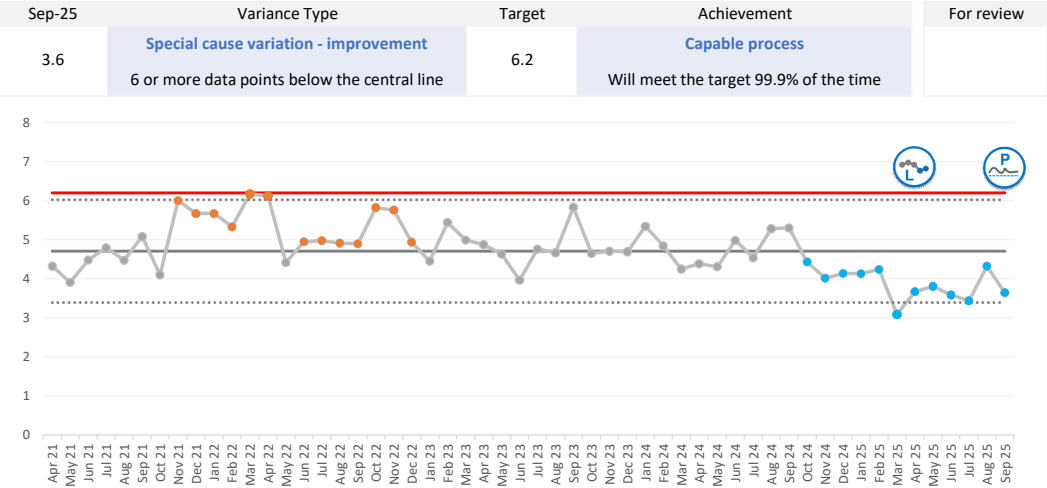
Aug-25	Variance Type	Target	Achievement	For review
98.0%	**Common cause variation** No significant change	98%	**Unreliable process** Will meet the target 75.2% of the time	

Falls per 1,000 bed days

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

Sep-25	Variance Type	Target	Achievement	For review
3.6	**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	

Pressure Ulcers per 1,000 days

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

Aug-25	Variance Type	Target	Achievement	For review
3.7	**Common cause variation** No significant change	-	N/A	
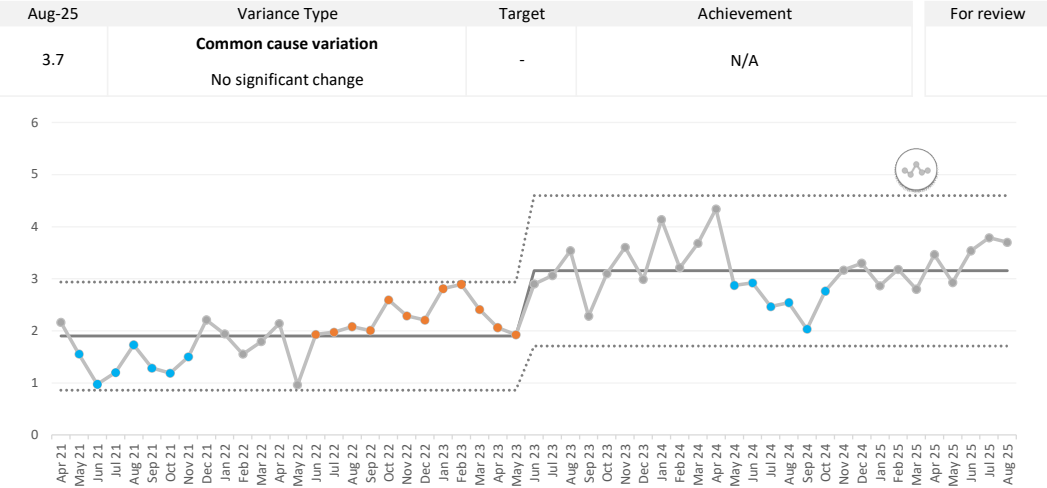
Complaints responded to within 25 days

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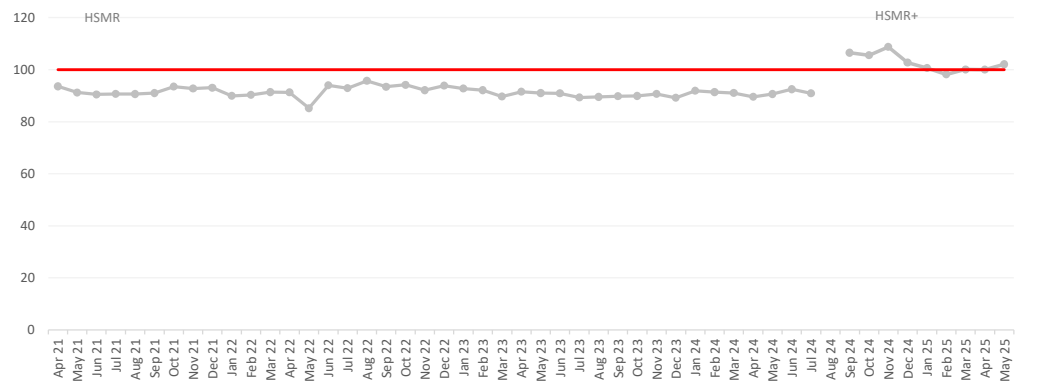Reporting suspended until July 21 due to Covid.

Aug-25	Variance Type	Target	Achievement	For review
77.0%	**Common cause variation** No significant change	85.0%	**Unreliable process** Will meet the target 41.7% of the time	

Complaints received

Number of 25 day complaints received during the month.

Sep-25	Variance Type	Target	Achievement	For review
51	**Common cause variation** No significant change	-	N/A	
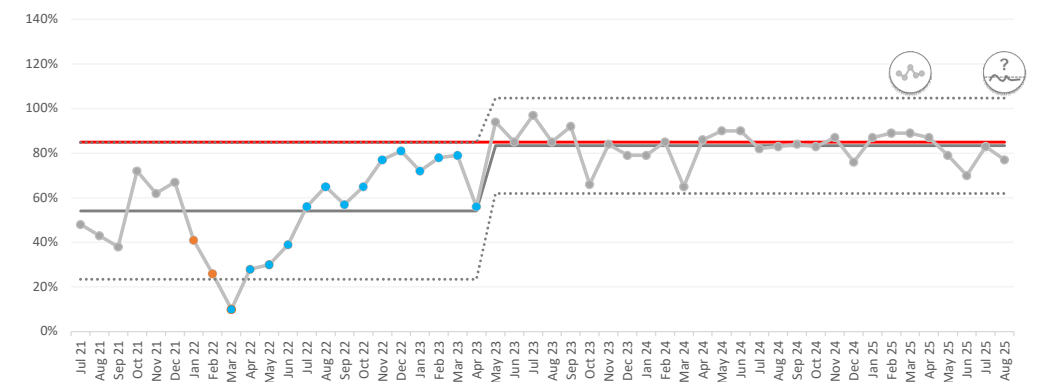
HSMR+

Hospital Standardised Mortality Ratio (rolling 12 months) changing to Hospital Standardised Mortality Ratio + (rolling 12 months) in September 2024.
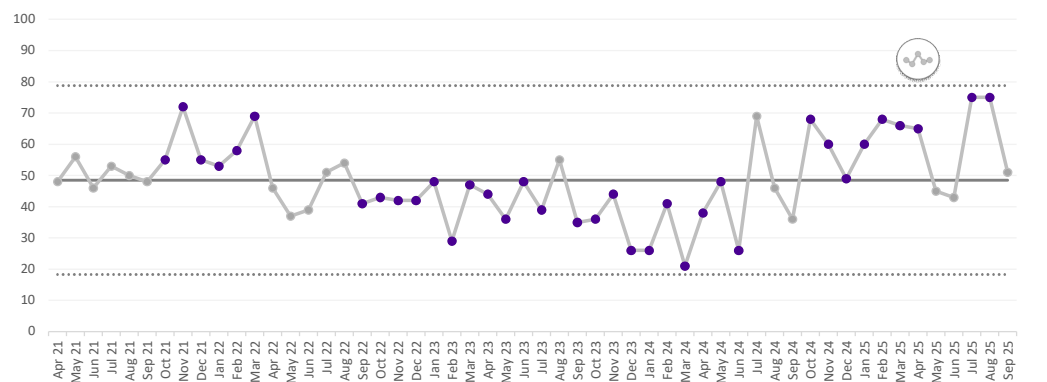
May-25	Variance Type	Target	Achievement	For review
102.1	N/A	100	Within expected	

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.

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

Change in SHMI methodology
(now excludes hospice deaths)

NHS
Buckinghamshire Healthcare
NHS Trust
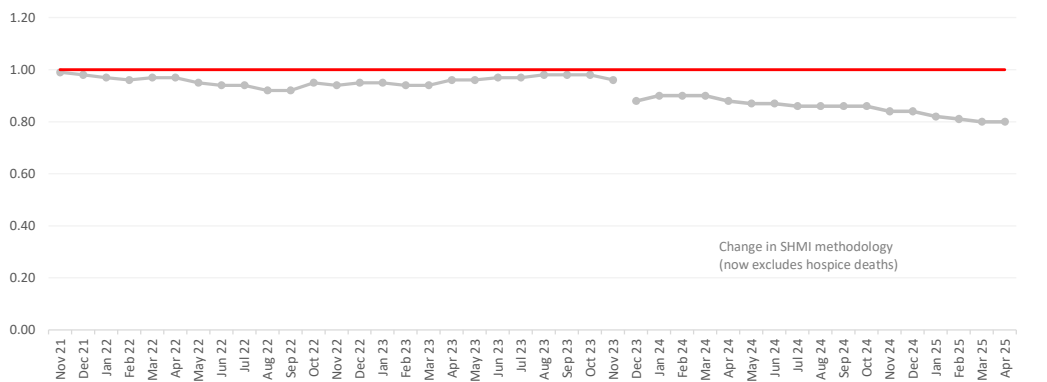
Clostridioides difficile per 1000 bed days

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.

Sep-25	Variance Type	Target	Achievement	For review
27.2	**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.

Sep-25	Variance Type	Target	Achievement	For review
5	**Common cause variation** No significant change	2.5	**Unreliable process** Will meet the target 31.5% of the time	
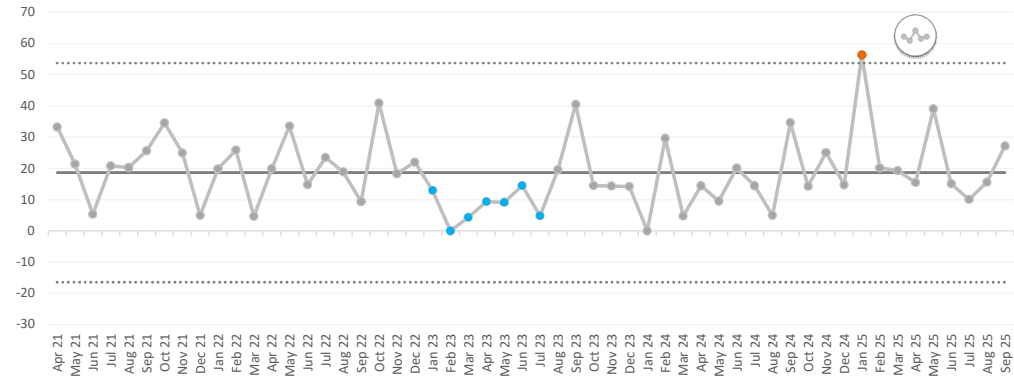
E. Coli bacteraemia per 1000 bed days

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.
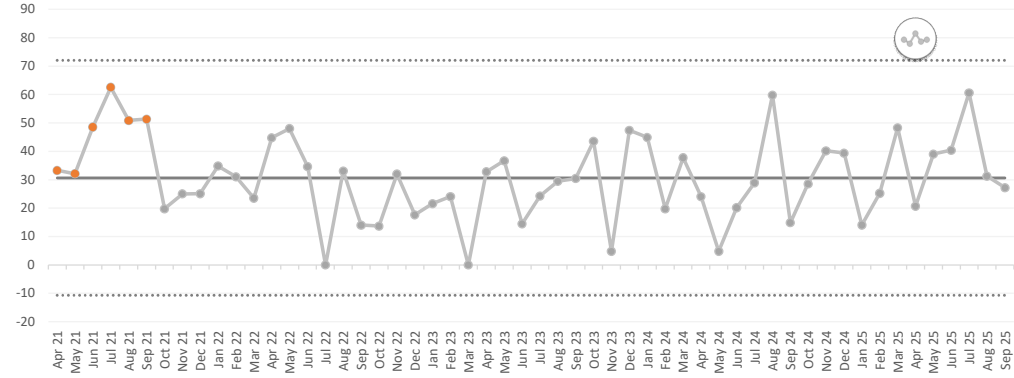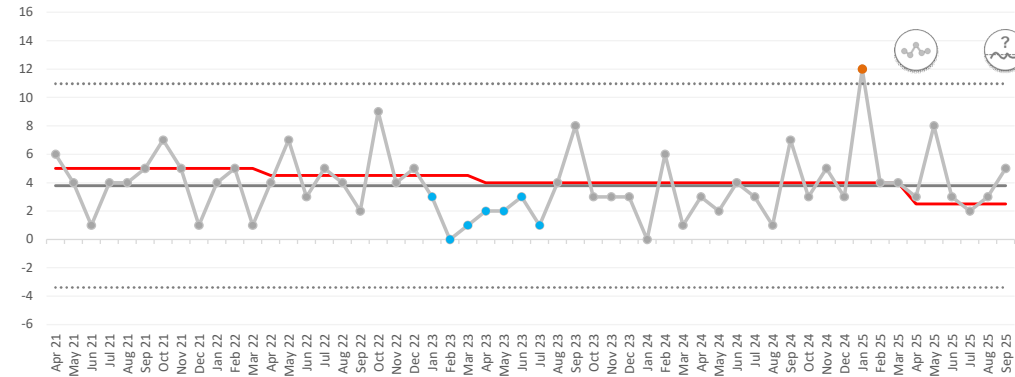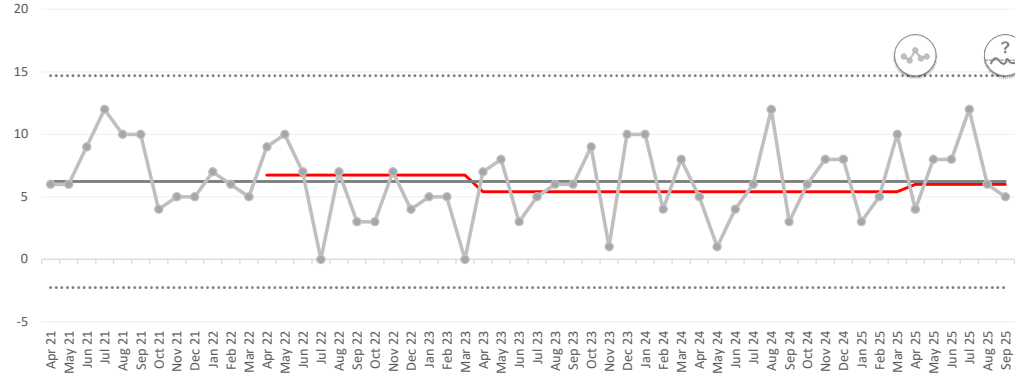
Sep-25	Variance Type	Target	Achievement	For review
27.21	**Common cause variation** No significant change	-	N/A	

E. Coli bacteraemia cases

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

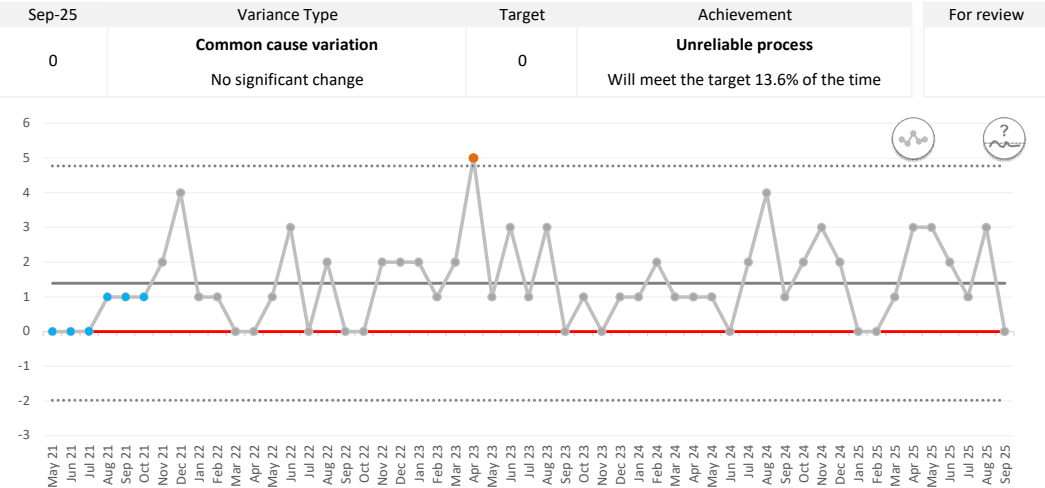| Sep-25	Variance Type	Target	Achievement	For review
5	**Common cause variation** No significant change	6.0	**Unreliable process** Will meet the target 47.2% of the time	

Readmissions within 30 days

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.

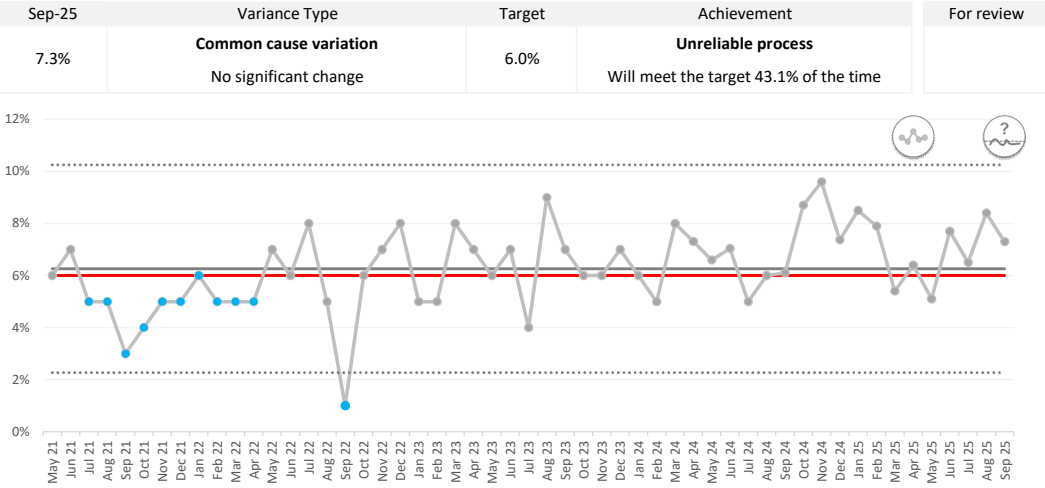| Aug-25	Variance Type	Target	Achievement	For review
4.9%	**Common cause variation** No significant change	-	N/A	
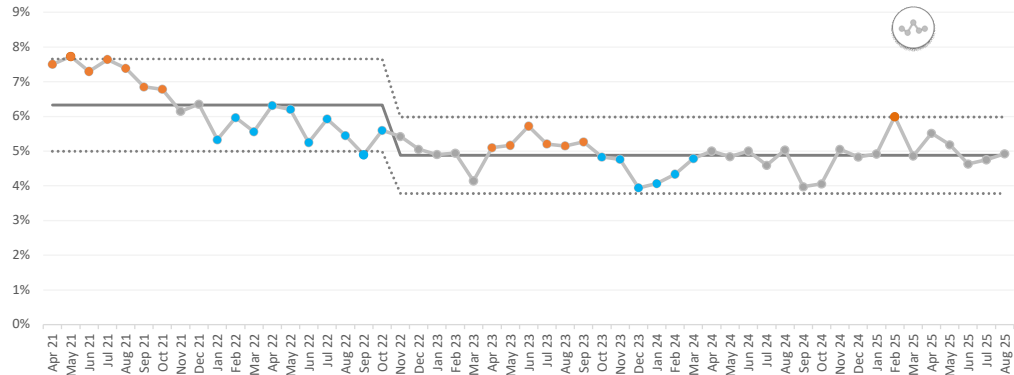
Perinatal mortality (over 24 weeks)

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

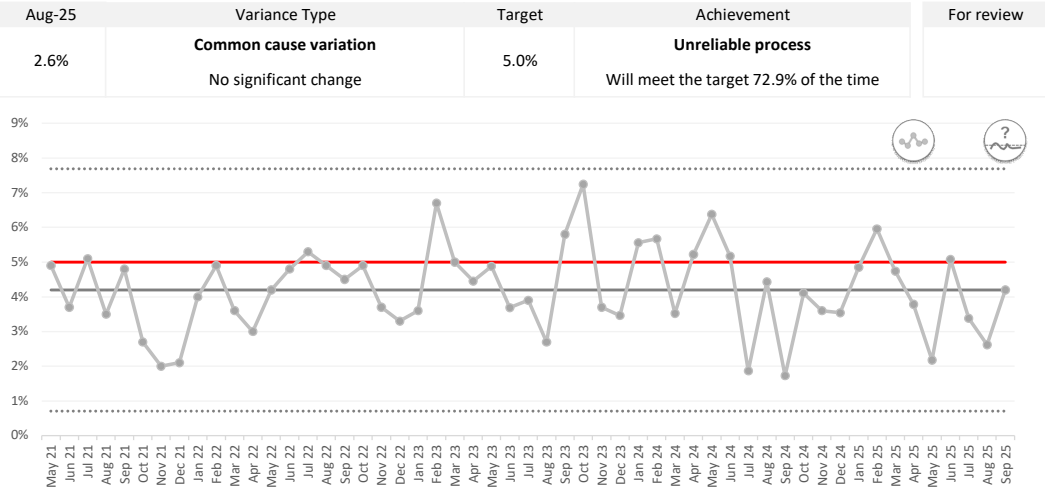| Sep-25	Variance Type	Target	Achievement	For review
0	**Common cause variation** No significant change	0	**Unreliable process** Will meet the target 13.6% of the time	

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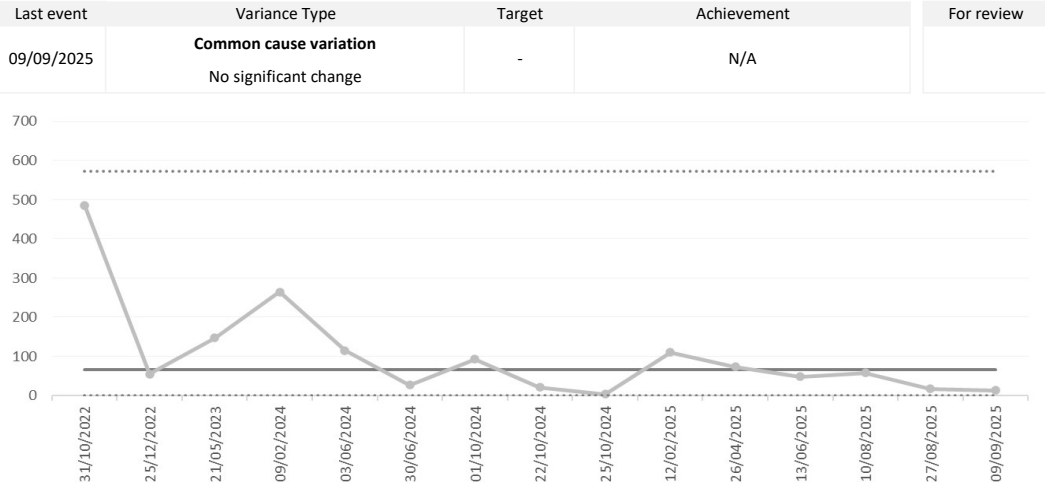
Percentage of admissions to neonatal unit >37 weeks gestation (over all admissions to the neonatal unit in month).

Aug-25	Variance Type	Target	Achievement	For review
2.6%	**Common cause variation** No significant change	5.0%	**Unreliable process** Will meet the target 72.9% of the time	

Overall preterm birth rate

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

Sep-25	Variance Type	Target	Achievement	For review
7.3%	**Common cause variation** No significant change	6.0%	**Unreliable process** Will meet the target 43.1% of the time	

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.

Last event	Variance Type	Target	Achievement	For review
09/09/2025	**Common cause variation** No significant change	-	N/A	

Healthy communities

NHS
Buckinghamshire Healthcare
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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

Breakthrough objective

KPI	Latest month	Measure	Target	Variation	Assurance	What the data shows	Likely to meet the target (% of the time)	Metric for review
Lung cancer screening	Sep 25	191	283		F	Common cause variation	0.0%	
Increase referrals to lifestyle support services (Be Healthy Bucks)	Sep 25	0.5%	1.0%					

Healthy communities

KPI	Latest month	Measure	Target	Variation	Assurance	What the data shows	Likely to meet the target (% of the time)	Metric for review
Blood pressure checks at outpatient appointments	Sep 25	8.7%	75%					
Infant feeding status at 6-8 weeks	Sep 25	56.6% Opp Bucks	61.2% Non Opp Bucks					
School age immunisations			-					
Attendance rates for 2.5 year Health and Development review	Sep 25	71.2%	-			No significant change		
Expected level of achievement with 2.5 year Health and Development review	Sep 25	63.8%	85%	L	?	6 or more data points below the central line	17.9%	

Healthy communities

NHS Buckinghamshire Healthcare NHS Trust

ASSURANCE

	(P)	(?)	(F)	No Target	(↑)
(H/L)		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	(↓)
(H/L)		Expected level of achievement with 2.5 year Health and Development review			

VARIATION

Healthy communities

Blood pressure checks

Community and Rehab Care Group; Completing targeted work in Sexual Health who have self-service machines from Physio

Working with NSIC Outpatients to demonstrate BP is part of their standard clinic process and to understand the low stats

Aiming to work with each Care Group on a targeted piece of improvement work.

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Lung cancer screening

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

Target: 3707 over the financial year 2025/26

Owner: Chief Medical Officer
Committee: Finance and Business Performance

How we are performing
Below trajectory due to staffing challenges.
To date: 8856 invites issued → 955 LHCs performed → 461 initial CT scans → 14 cancers diagnosed (5 at Stage 1), 6 at stage 2, 2 at stage 3 and 1 indeterminate.

Sep-25	Variance Type	Trajectory	Achievement
191	Common cause variation	288	N/A

Drivers of performance
Staffing gaps (vacancies and sickness).
Increased public interest and demand.
Uptake dip in Rise in Sept 2025 (20%).

Actions to maintain or improve performance
Nurse (0.5 WTE) recruited – started Sept 2025.
1 WTE admin post at interview.
Strengthened advertising campaign (digital screens, banners, PCN leaflets).
Additional PCNs being onboarded to widen access.
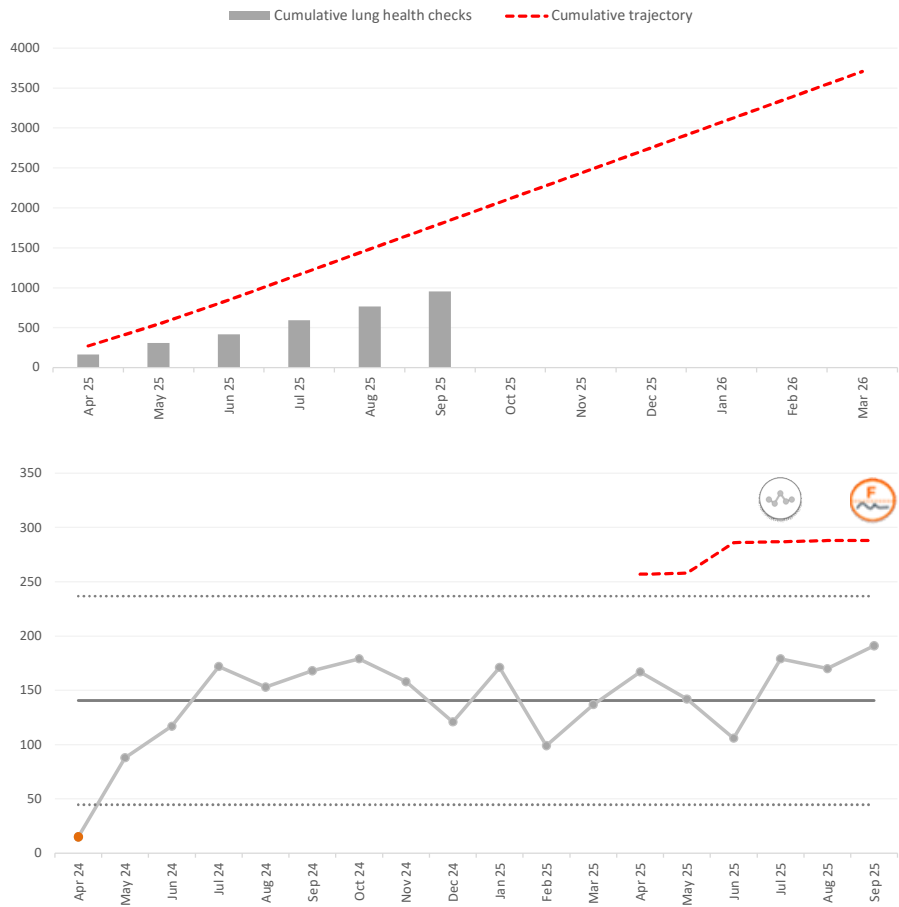Ongoing monitoring and clinic optimisation.

Risks and mitigations
Risk: Further decline if staff turnover/sickness continues.
Mitigation: Recruitment underway; new nurse started Sept 2025; 1 admin vacancy being filled now at interview stage.

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

Legend: Cumulative lung health checks — Cumulative trajectory

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NHS Trust

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.

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

How we are performing
Whilst still behind plan we have seen a significant improvement in September. Referrals have increased from 15 in October 2024 to 113 in September 2025 and increase of over 650% so whilst not meeting target still a significant achievement.

Sep-25	Variance Type	Target	Achievement
0.54%	N/A	1.0%	N/A

Drivers of performance
In addition, for the people who we have referred to smoking cessation since April 63% (119 people) quit smoking at 4 weeks and for adults referred for weight management 71% (88 people have lost weight), providing a life altering impact for patients.

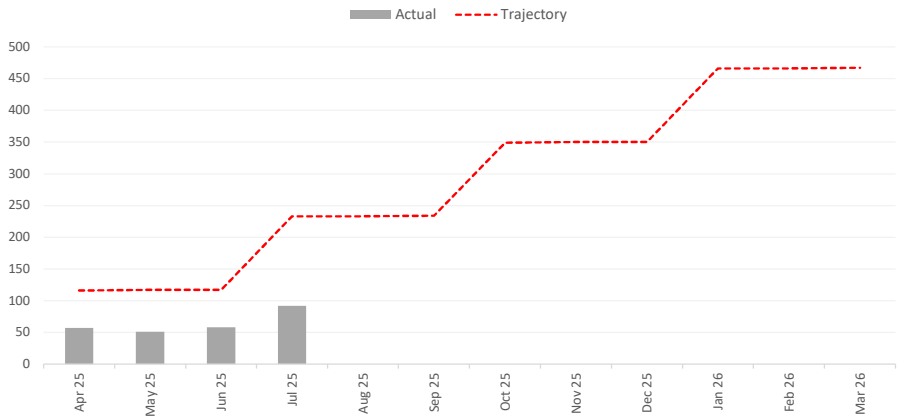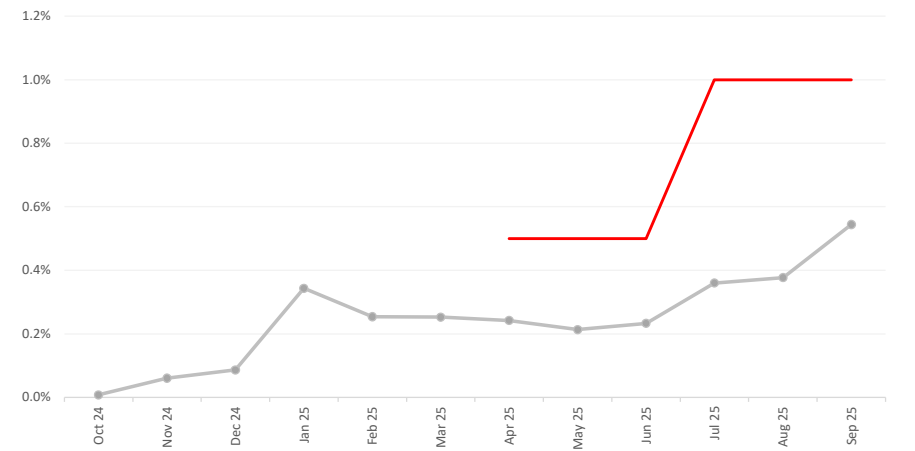## Actions to maintain or improve performance
In October we are:
Stoptober event in rotunda
Sarting a weekly huddle with care groups
Have a promotion event planning in November
Implementing an incentivisation screen
Specific work with sexual health teams to support confidential referral

Risks and mitigations

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.

Sep-25	Variance Type	Target	Achievement	For review
8.7%	N/A	75%	N/A	
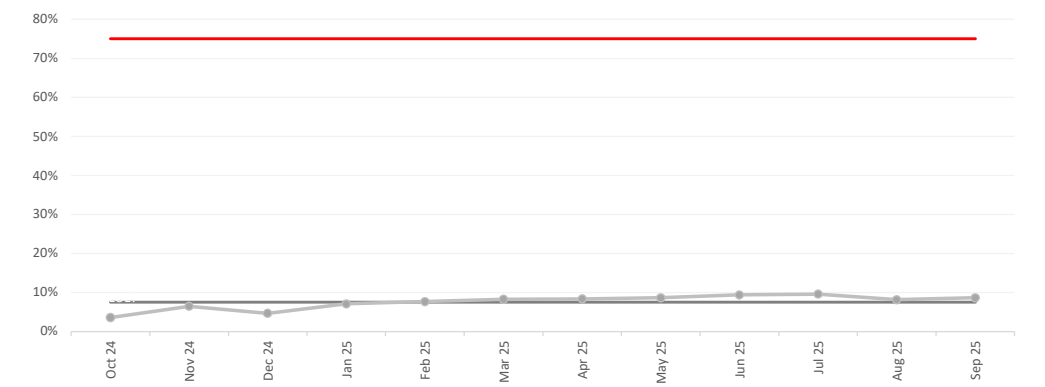
Infant feeding status at 6-8 weeks

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.

| Sep-25	Variance Type	Target	Achievement	For review
56.6%	Opportunity Bucks	50%	N/A	
61.2%	Non Opportunity Bucks			
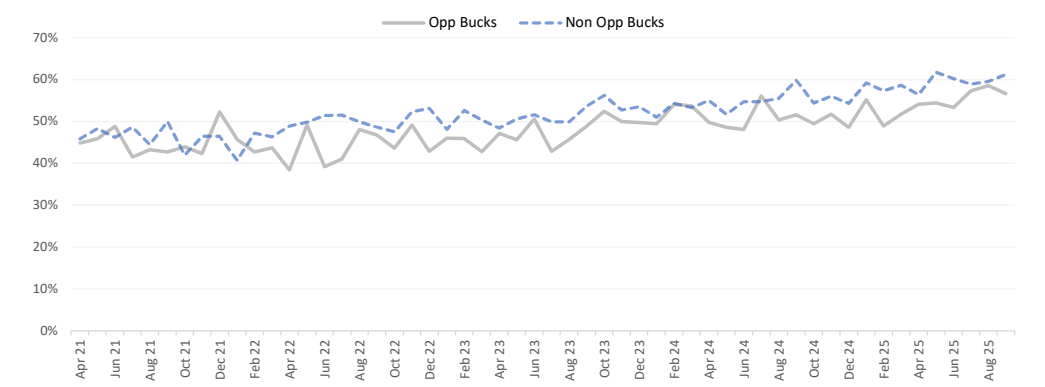
School age immunisations

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.

Sep-25	Variance Type	Target	Achievement	For review
71.2%	**Common cause variation** No significant change	-	N/A	
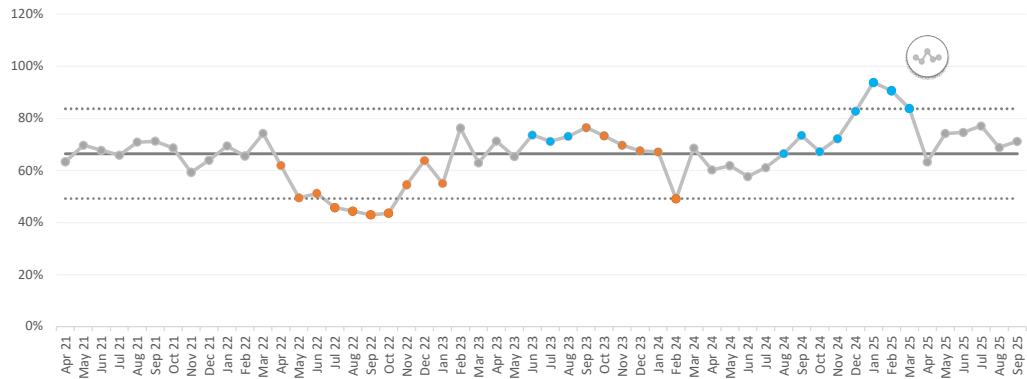
Expected level of achievement with 2.5 year Health and Development review

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.

Sep-25	Variance Type	Target	Achievement	For review
63.8%	**Special cause variation - concerning** 6 or more data points below the central line	85.0%	**Unreliable process** Will meet the target 17.9% of the time	
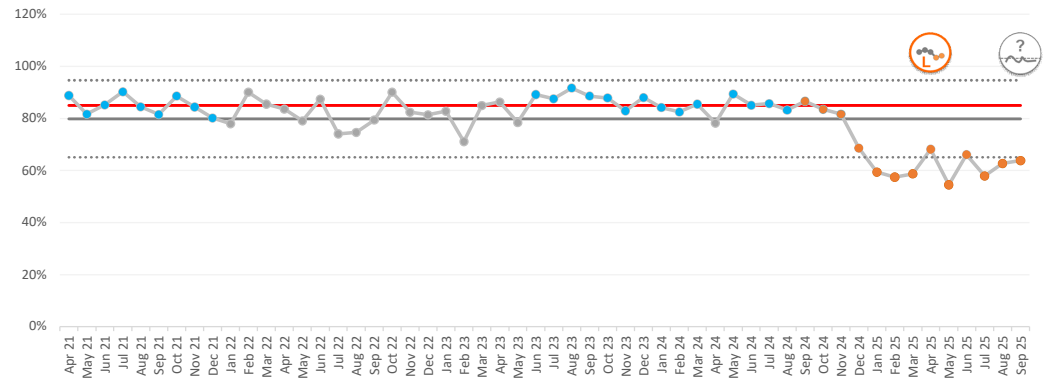
Great place to work

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	Sep 25	11.4%	10%	(~)	(F)	No significant change	0.0%	
Nursing & midwifery vacancy rate	Sep 25	10.3%	10%	(~)	(?)	No significant change	9.1%	
Turnover	Sep 25	9.8%	12%				-	
Sickness	Aug 25	3.9%	3.5%	(~)	(?)	No significant change	3.6%	
Statutory and Mandatory training	Sep 25	92.8%	90%	(H)	(P)	6 or more data points above the central line	100%	

Great place to work

NHS Buckinghamshire Healthcare NHS Trust

ASSURANCE

VARIATION

	P	?	F	No Target	⬆
H / L	Statutory and Mandatory training				
(variation)		Nursing & midwifery vacancy rate Sickness	Trust vacancy rate		
H / L					⬇

Great place to work

Narrative for metrics due for review.

Vacancy rates:

Vacancy rate reflects our national monthly return data which has been calculated using the WTE establishment, without cost improvement savings for 2025/26 applied.

Applying a 5% reduction, the vacancy rate is 6.4%.

The increase in overall vacancy is a result of colleagues leaving, following completion of our MARs programme (Mutually Agreed Resignation Scheme)

Turnover

Turnover saw a slight rise in September, as anticipated due to colleagues leaving as a result of the Mutually Agreed Resignation Scheme (MARS).

Overall Sickness

There has been an increase in seasonal virus absences, however Muscular skeletal absence has decreased and anxiety and stress absences remain stable.

The annual Flu vaccination offer has commenced to support colleagues and will continue through the Winter period.

Support is being prioritised in Wellbeing and Occupational Health Teams, in response to seasonal demands and our dedicated sickness programme focussing on areas with high sickness continues.

Temp Staffing Against Plan

As at M6, we remain ahead of plan for overall temporary staffing.

In relation to the national targets of reducing bank by 10% and agency by 30%, to date this f/y we have achieved a 62% reduction in agency and a 9.5% reduction in bank year on year
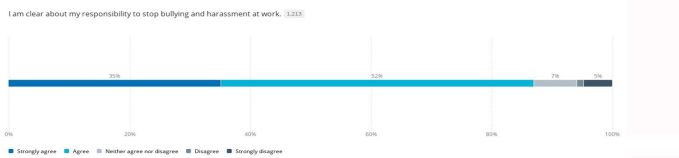
Behaviours

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

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

Owner: Chief People Officer
Committee: Strategic People

How we are performing

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

I am clear about my responsibility to stop bullying and harassment at work.

Drivers of performance

PREVENTION workstream:	Active Bystander session successfully delivered & will continue until end of Dec 25
	Essential Management Conversations – bite sized sessions designed based on feedback
	Review of Peak 1 content carried out with additional content to support new managers
	Programme evaluation rolled out to verify impact of programme
REDUCTION:	Top 30 priority teams – Wrap up and evaluation now in progress. Evaluation ready in December.
	Q2 appraisal conversations implemented with good engagement and feedback – 81% completion
	Developed a themed comms campaign for the National Staff Survey (NSS) launch starting on 6 October to enhance colleague engagement.
RESOLUTION:	Formal investigation training pack and handbook now available on CAKE
SUPPORT	A listening event on discrimination held in early October with 179 attendees

Actions to maintain or improve performance

- Changes to Resolution policy: clearer timescales, improved terms of reference management, and alignment with the Standard of Behaviour Policy.
- Present outcomes & lessons learnt from top 30 teams' programme
- Promote the NSS 25 across the Trust with Trolly dashes, comms campaign and senior managers involvement.
- Publish the one-stop-shop for support material, links to internal and existing resources of support, advice , information with collaboration with Comms on the resource for CAKE.
- Repeat the Trust listening event as per requested
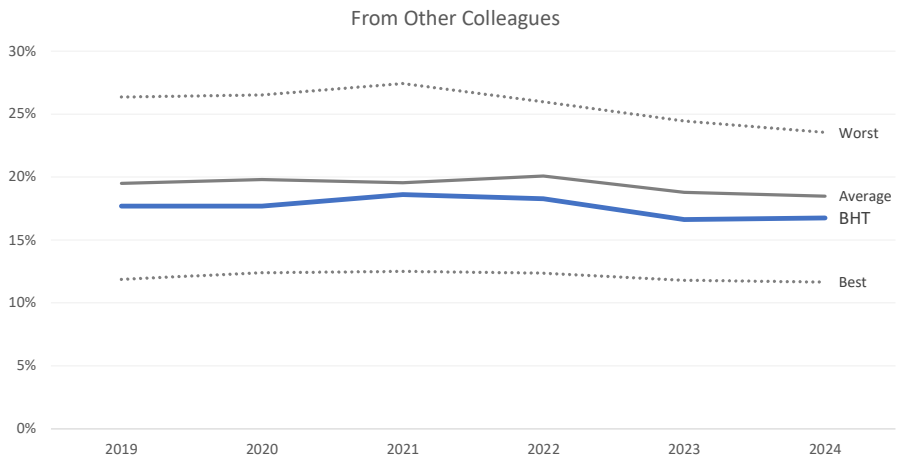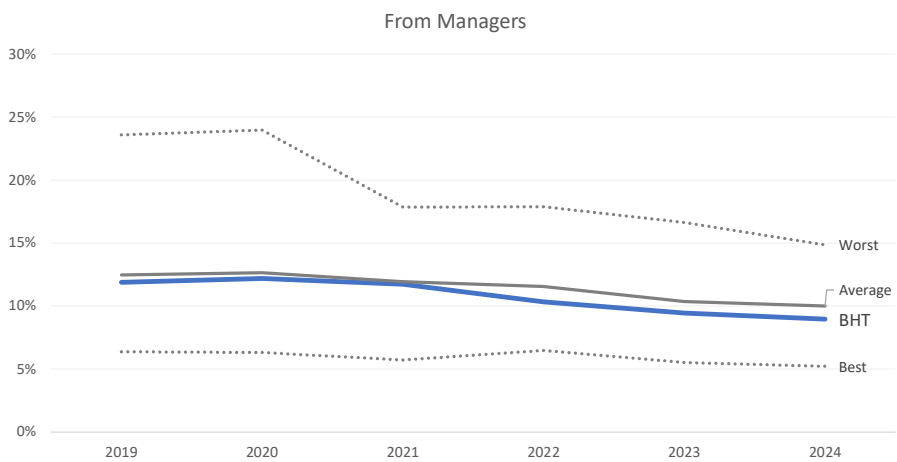- Revised behaviours to support the Trust's new strategy

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

From Managers

From Other Colleagues

Great place to work

 NHS Buckinghamshire Healthcare NHS Trust

Trust vacancy rate

% number of all vacant FTE positions in Trust vs number of all FTE positions (occupied and vacant) in the Trust.
For 2025/26 planned WTE denominators exclude CIP.

Apr-25	Variance Type	Target	Achievement	For review
10.9%	**Common cause variation** No significant change	10%	**Incapable process** Will meet the target 0% 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.
For 2025/26 planned WTE denominators exclude CIP.

| Apr-25	Variance Type	Target	Achievement	For review
10.1%	**Common cause variation** No significant change	10%	**Unreliable process** Will meet the target 9.1% of the time	
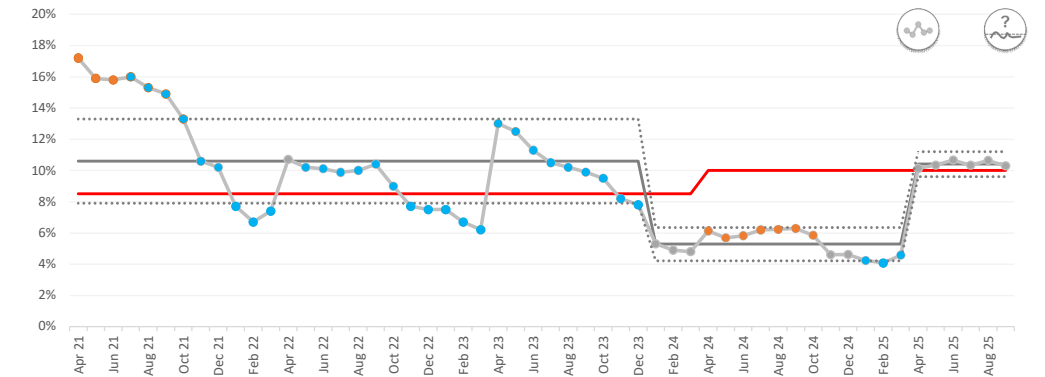
Turnover

% 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.

Sep-25	Variance Type	Target	Achievement	For review
9.8%	N/A	12%	N/A	

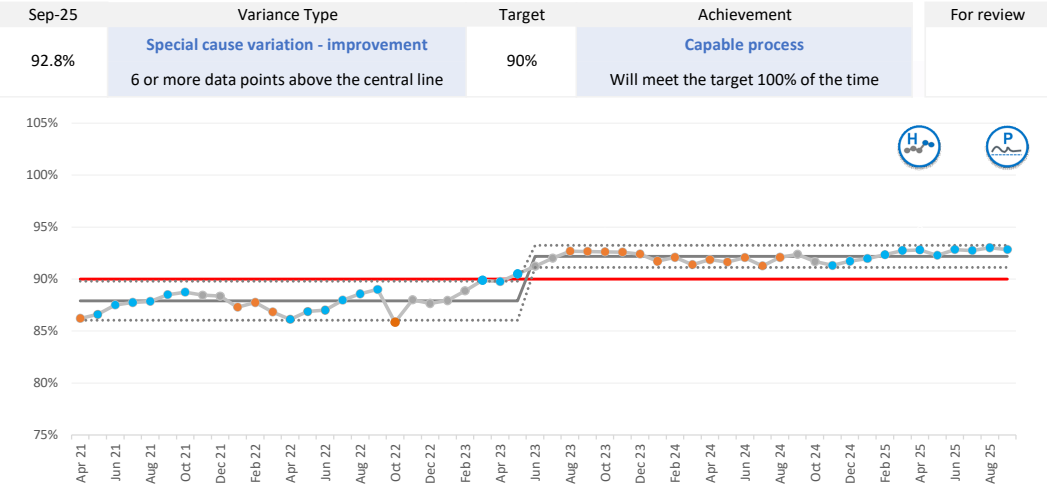# Great place to work

NHS
Buckinghamshire Healthcare
NHS Trust
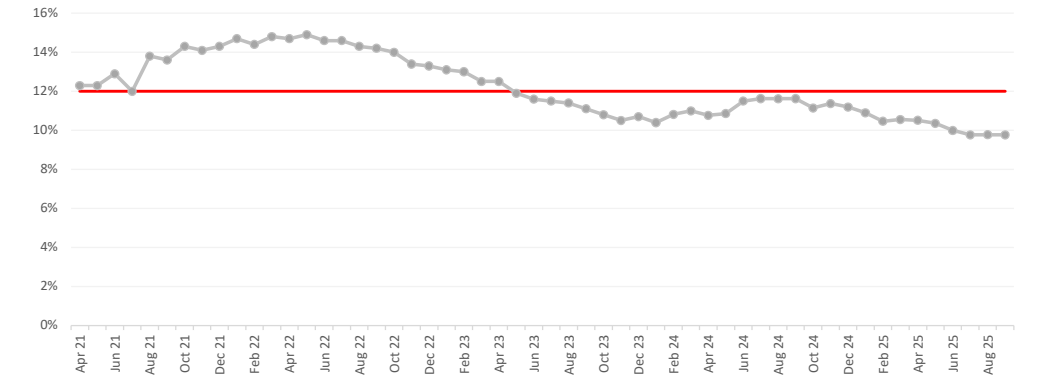
Sickness

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

Aug-25	Variance Type	Target	Achievement	For review
3.9%	**Common cause variation**	3.5%	**Unreliable process**	
	No significant change		Will meet the target 3.6% of the time	
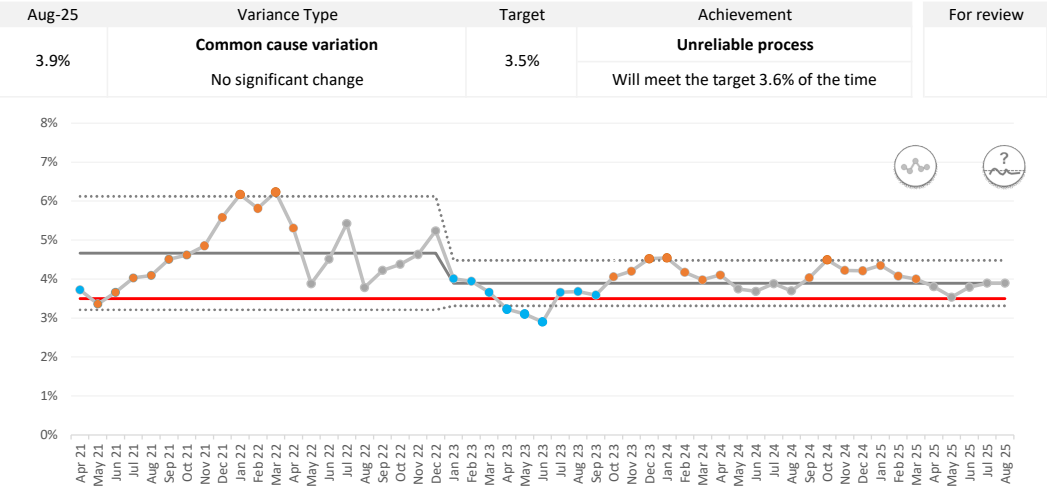
Statutory and Mandatory training

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

Sep-25	Variance Type	Target	Achievement	For review
92.8%	**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
Productivity								
Overall NHSE measure of productivity			-					
Average length of stay for non-elective inpatients >23 hours	Sep 25	11.3	-	(~)		No significant change		
Average length of stay for elective inpatients	Sep 25	9.6	-	(~)		No significant change		
Average length of stay for community hospitals	Sep 25	20.1	-	(~)		No significant change		
Theatre utilisation	Sep 25	79.4%	85%	(H)	(F)	Data point outside of control limits	0.0%	
Average case per session	Sep 25	2.6	2.8	(H)	(F)	6 or more data points above the central line	0.2%	
Daycase rate	Sep 25	85.2%	85%	(~)	(?)	No significant change	30.3%	
Outpatient DNA rate	Sep 25	7.2%	5%	(~)	(F)	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
Productivity continued								
WTEs in the Trust	Sep 25	6776.26	6774.84		?	6 or more data points above the central line		
Substantive staffing levels	Sep 25	6364.2	6314.7	H	?	6 or more data points above the central line		
Substantive staffing levels against plan	Sep 25	0.2%	0.0%					
Temp staffing levels	Sep 25	412.1	460.1	L		6 or more data points below the central line		
Temp staffing levels against plan	Sep 25	-7.9%	0.0%					
Temporary staffing levels spend (£)	Sep 25	2325873.00	-	L		Data point outside of control limits		

Productivity

ASSURANCE

VARIATION

	P	?	F	No Target	⬆
H / L		Temp staffing levels Temp staffing levels against plan	Theatre utilisation Average case per session	Temporary staffing levels spend (£)	
(variation)		Daycase rate WTEs in the Trust	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	⬇
H / L		Substantive staffing levels Substantive staffing levels against plan			

Productivity

Substantive Staffing Levels:

M06 now adverse to Workforce Plan by 49.5WTE (up from 27.4WTE at M05) 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
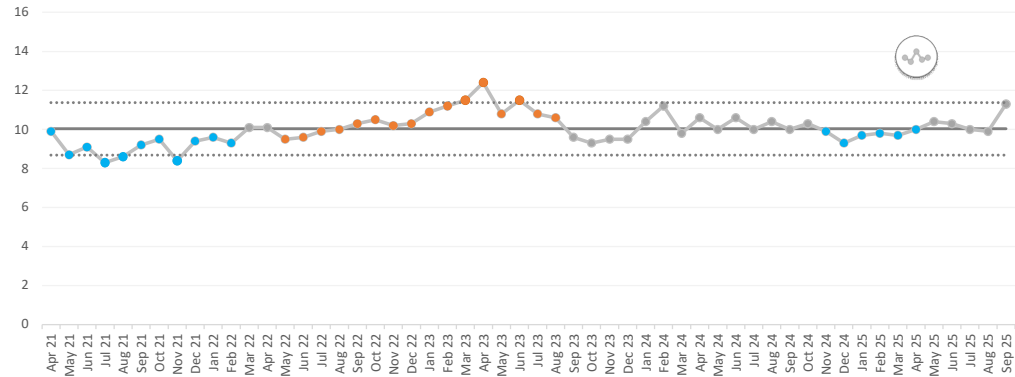
Overall NHSE measure of productivity

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.

Sep-25	Variance Type	Target	Achievement	For review
11.3	**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.

Sep-25	Variance Type	Target	Achievement	For review
9.6	**Common cause variation** No significant change	-	N/A	
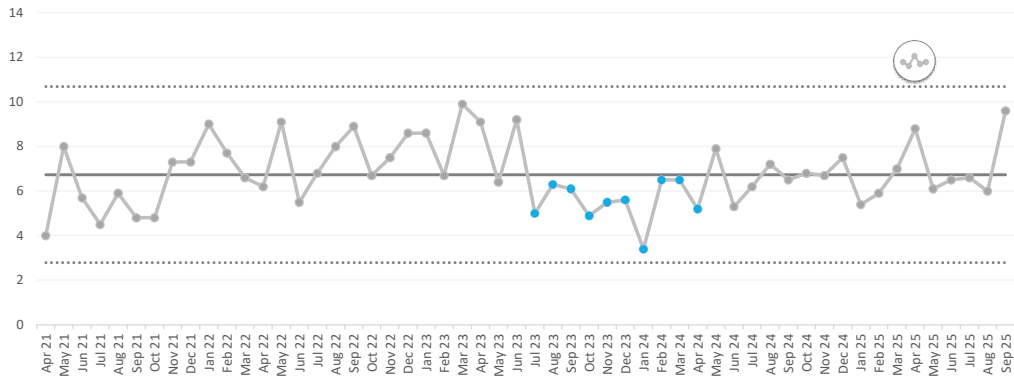
Average length of stay for community hospitals

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.

Sep-25	Variance Type	Target	Achievement	For review
20.1	**Common cause variation** No significant change	-	N/A	
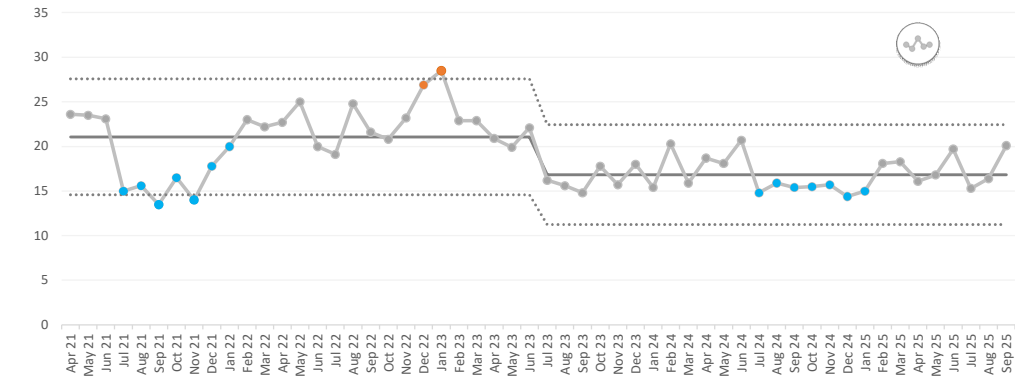
Productivity

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.

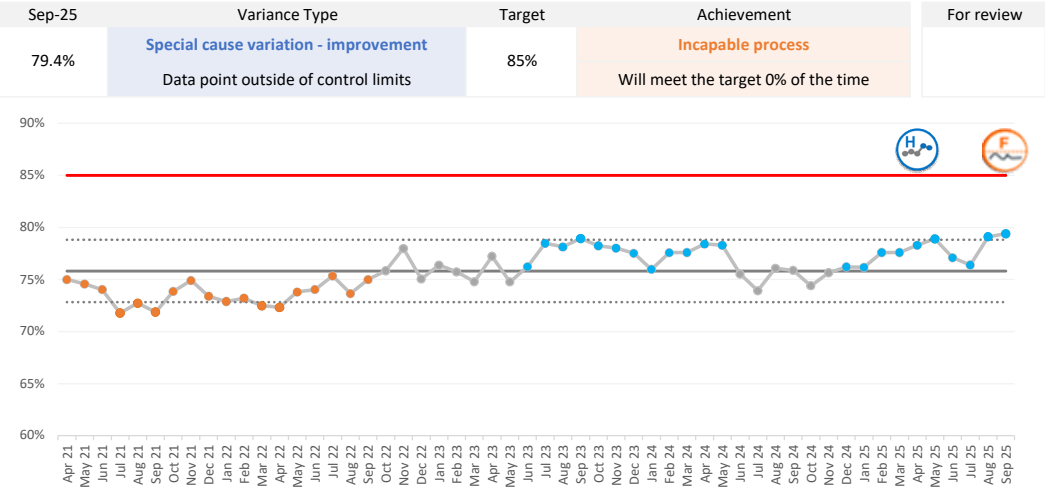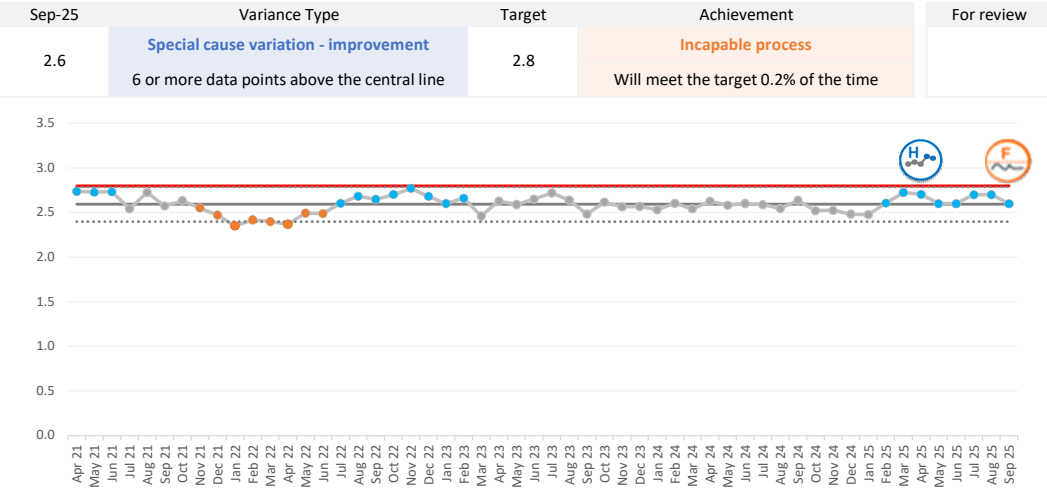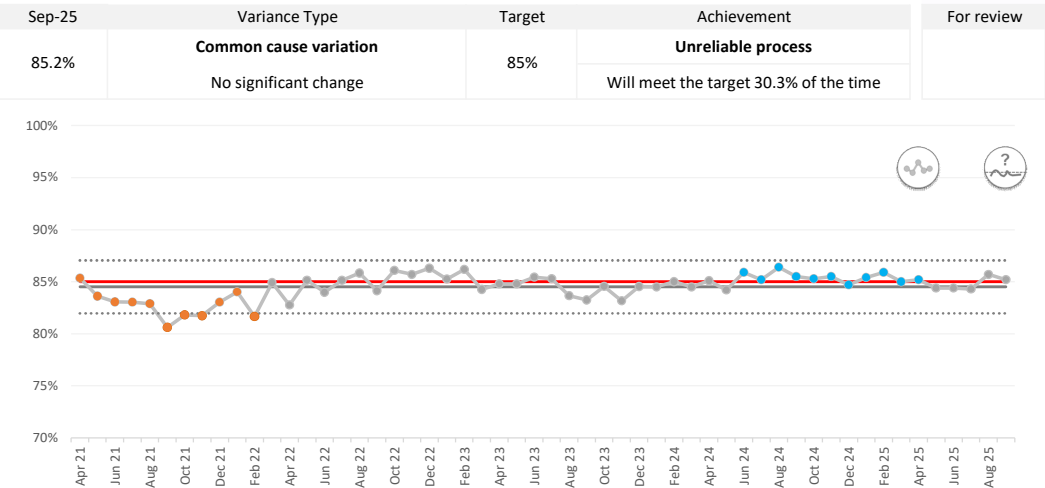| Sep-25	Variance Type	Target	Achievement	For review
79.4%	**Special cause variation - improvement** Data point outside of control limits	85%	**Incapable process** Will meet the target 0% of the time	

Average case per session

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

Sep-25	Variance Type	Target	Achievement	For review
2.6	**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	

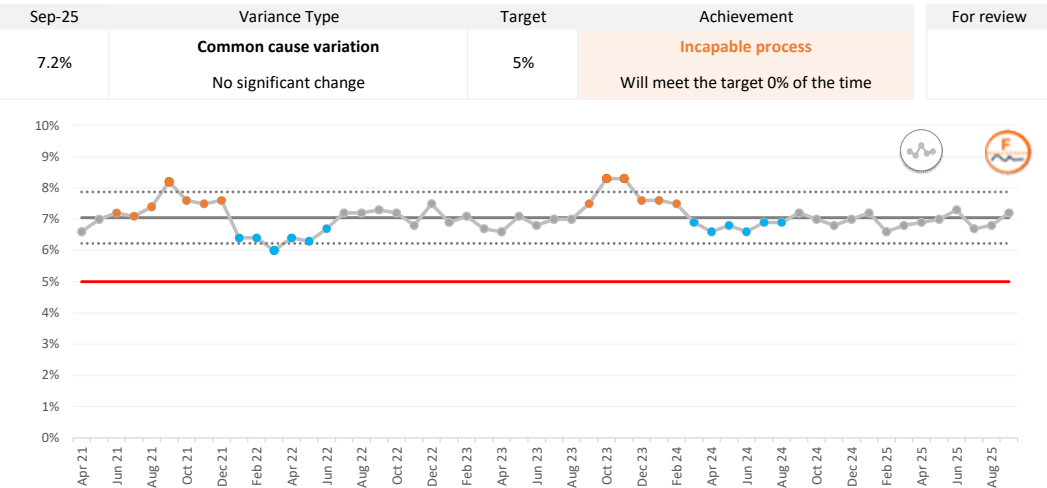## Daycase rate

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

Sep-25	Variance Type	Target	Achievement	For review
85.2%	**Common cause variation** No significant change	85%	**Unreliable process** Will meet the target 30.3% of the time	

Outpatient DNA rate

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

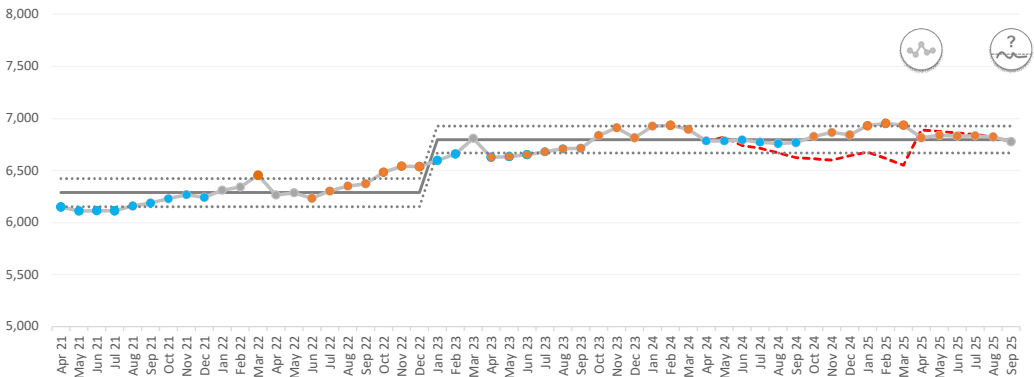| Sep-25	Variance Type	Target	Achievement	For review
7.2%	**Common cause variation** No significant change	5%	**Incapable process** Will meet the target 0% of the time	

Clinic slot utilisation

Definitions and calculation under review.

WTEs in the Trust

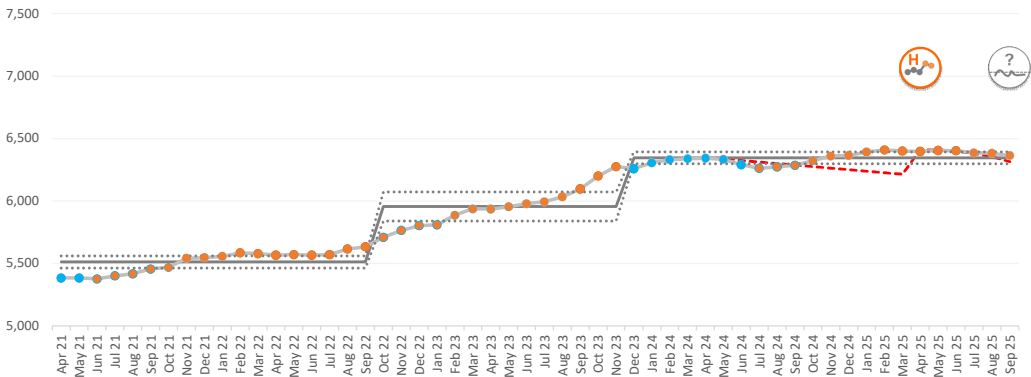Snapshot at month end of substantive Whole Time Equivalent (WTE) staff in post, including bank and agency.

Sep-25	Variance Type	Plan	Achievement	For review
6776.26	**Special cause variation - concerning** 6 or more data points above the central line	6774.84	N/A	

Substantive staffing levels

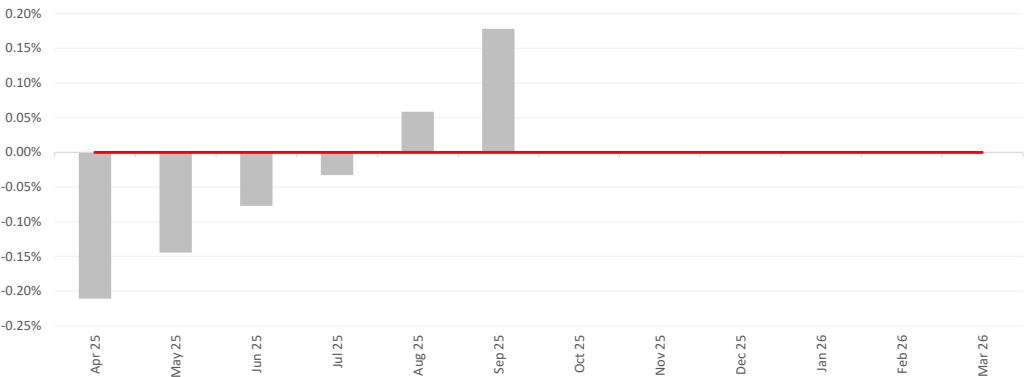Snapshot at month end of substantive Whole Time Equivalent (WTE) staff in post.

Sep-25	Variance Type	Plan	Achievement	For review
6364.16	**Special cause variation - concerning** 6 or more data points above the central line	6314.70	N/A	

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.
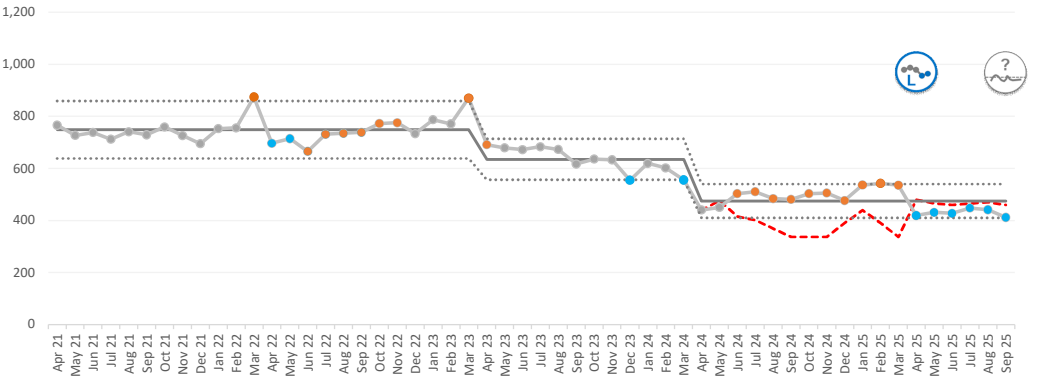
Sep-25	Variance Type	Target	Achievement	For review
0.18%	N/A	0%	N/A	

Productivity

Temp staffing levels

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

Sep-25	Variance Type	Plan	Achievement	For review
412.10	**Special cause variation - improvement** 6 or more data points below the central line	460.14	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.

Sep-25	Variance Type	Target	Achievement	For review
-7.90%	N/A	0.0%	N/A	
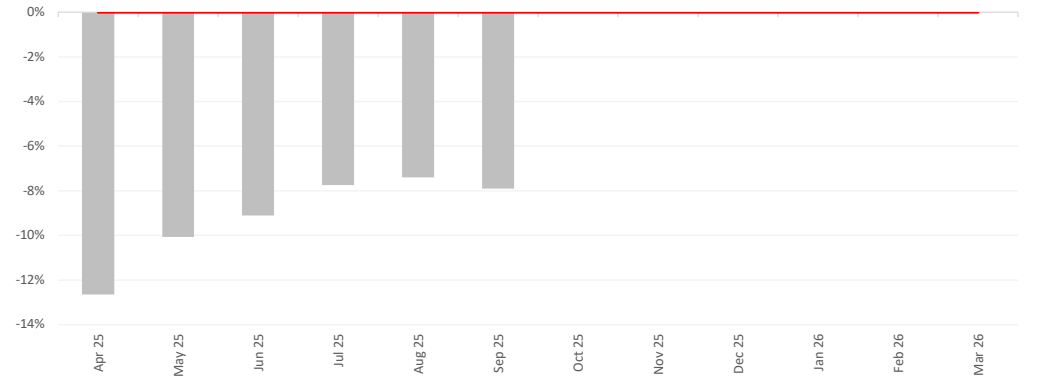
Temporary staffing levels spend (£)

Temporary staffing spend against plan.

Sep-25	Variance Type	Target	Achievement	For review
£2,325,873.00	**Special cause variation - improvement** Data point outside of control limits	-	N/A	