NHS
Buckinghamshire Healthcare
NHS Trust

Integrated Performance & Quality Report

October 2025

CQC rating (July 2022) - GOOD

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

Introduction & Contents

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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, 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

The data version of the October IPR was discussed and agreed at EMC on the 18th November 2025

For the operational standards in the IPR, EMC highlighted the following issues:

1   The Trust is delivering broadly on plan (either to the national standard +/- on track with its internal trajectory) on 3 indicators – Faster Diagnostics, 31 day cancer standard and Diagnostics (DM01). The Trust is not on plan on the following indicators – urgent and emergency 4 hour standard, Referral to treatment standards for 18, 52 and 65 weeks and the overall waiting list size and the cancer 62-day waiting time.

2   Of particular note is the number of patients waiting over 12 hours (6.1% of total patients) on the emergency pathway plus the average non-elective length of stay at 10.9 days. The Trust has established plans to address each of these issues.

3   The Planned Care section of the IPR will be updated to reflect the month 7 activity through Theatres (which is encouraging) and how Theatre utilisation is recorded.

Our priority focus is on further actions to enable delivery of our workforce plan, in support of operational and financial plans.

Sickness absence has risen significantly due to the impact of seasonal viruses; the success of our vaccination programme will help mitigate this. Our focus on reducing avoidable absence continues, with some improvement in targeted areas. We are launching Trust-wide support to maintain winter wellbeing and ensure effective delivery of our new Wellbeing and Attendance Policy.

The annual National Staff Survey is underway, with our response rate broadly in line with last year. The programme to address our Trust breakthrough objective of reducing bullying & harassment remains a focus.
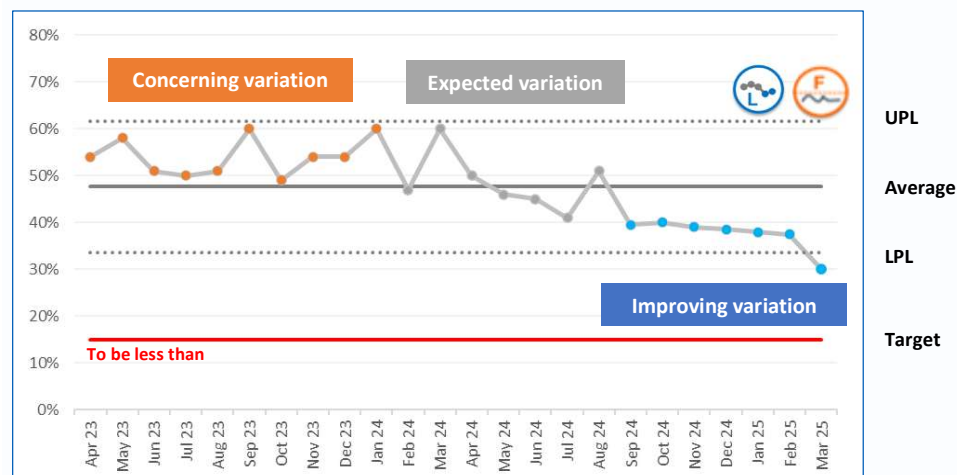
Interpreting SPC Charts

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.

	Variation / performance Icons		
Icon	**Technical description**	**What does this mean?**	**What should we do?**
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is **currently not changing significantly**. It shows the level of natural variation you can expect from the process or system itself.	**Consider if the level/range of variation is acceptable**. If the process limits are far apart, you may want to change something to reduce the variation in performance.
	Special cause variation of 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?

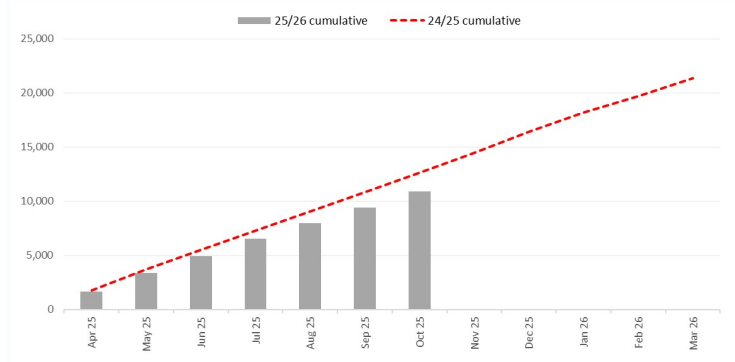|	Assurance icons		
Icon	**Technical description**	**What does this mean?**	**What should we do?**
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **within** those limits, then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	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

NHS Buckinghamshire Healthcare NHS Trust

ASSURANCE

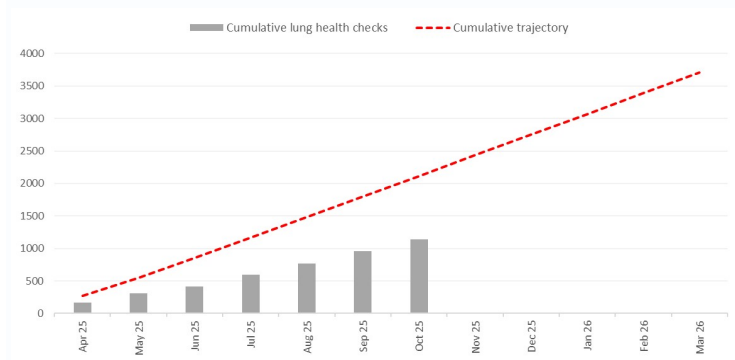|	**P**	**?**	**F**	**No Target**	**↑**
H / L	Excellent Celebrate and learn	Good Celebrate and understand	Concerning Celebrate but take action	Excellent Celebrate	Unsure Investigate and understand
(average)	Good Celebrate and understand	Average Investigate and understand	Concerning Investigate and take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

VARIATION

Breakthrough objectives

Fewer people need a bed in an emergency

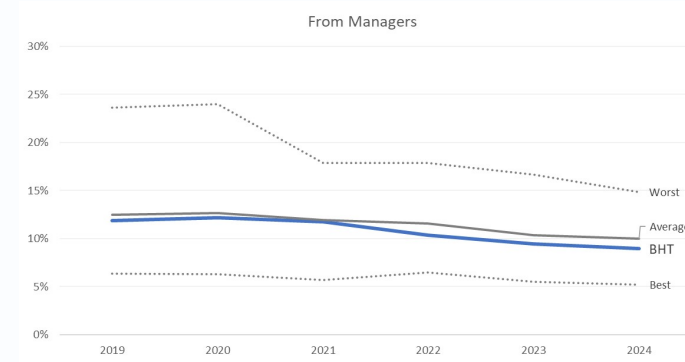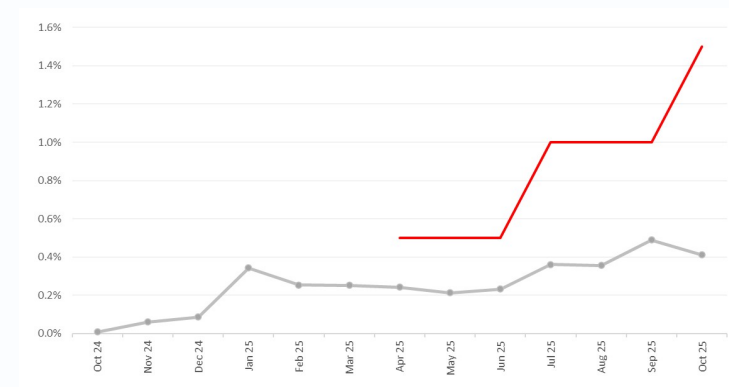*Adult & Paediatric emergency admissions to a General & Acute bed. Cumulative for 2025/26 against 2024/25.*

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)

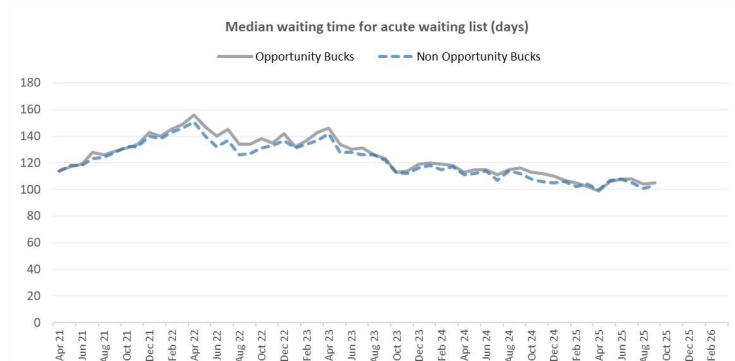*Number of people referred to Be Healthy Bucks divided by number of referrals to BHT outpatients.*
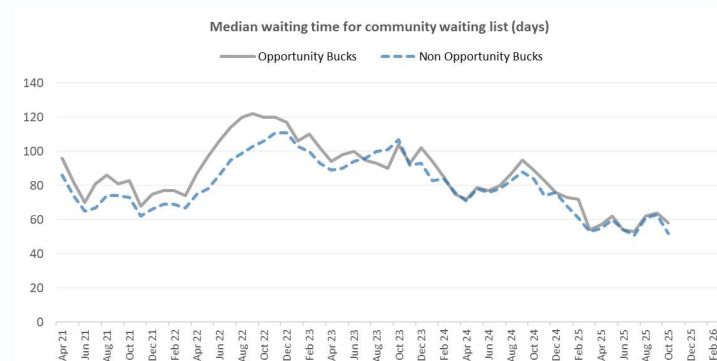
Breakthrough objectives

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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.
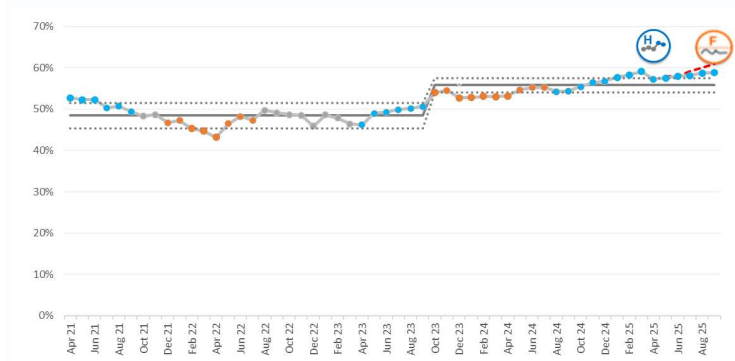

Median waiting time for community waiting list in days Opp Bucks split

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.
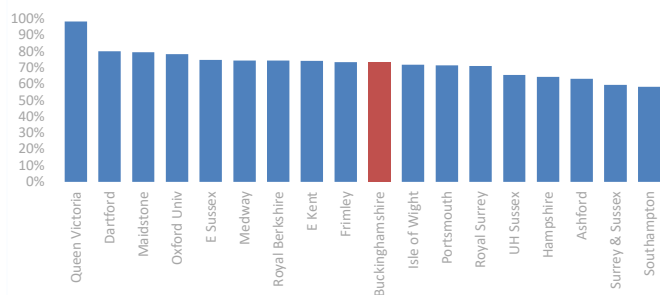

Acute open pathway RTT performance

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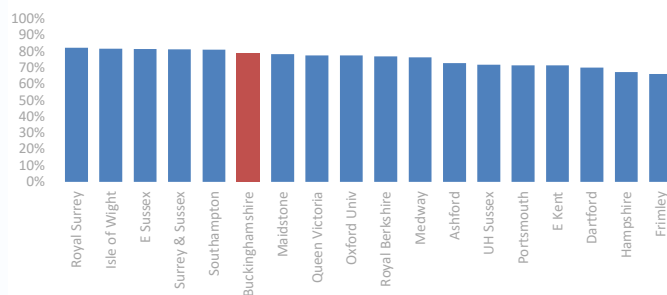
Benchmarking Summary for South-East Region

ED 4 hour performance

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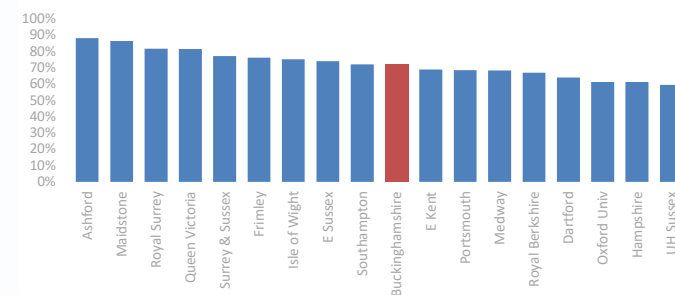

Faster diagnosis standard cancer

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

62 day wait cancer

South East region 62 day wait cancer benchmarking - Sep-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

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 - Sep-25

52 week waits

South East over 52 week waits benchmarking - Sep-25

Diagnostic performance

South East diagnostic performance benchmarking - Sep-25

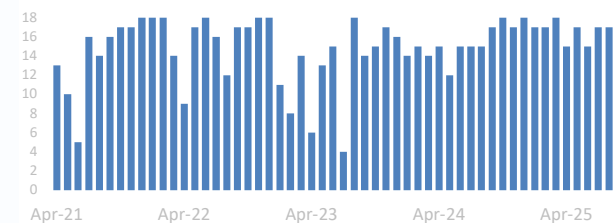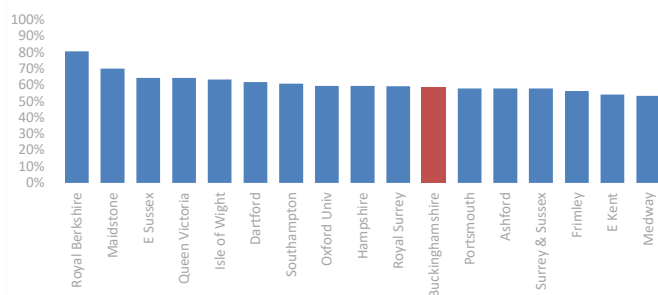## RTT performance ranking

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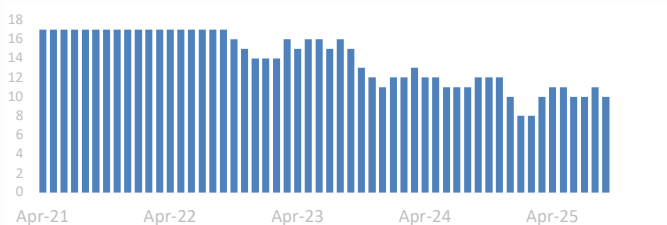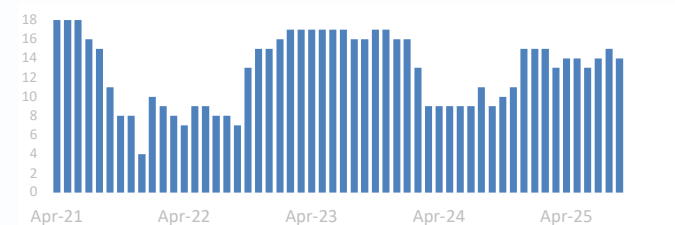**Trust forums:** Transformation Board, Executive Management Committee, Finance & Business Planning committee, Private & Public Board

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	Oct 25	10924	12612					

Driver metrics

12 hour waits in ED	Oct 25	6.1%	4.0%			No significant change	8.7%	
Conversion rate to admission	Oct 25	10.9%	-			Data point outside of control limits		
ED 4 hour performance	Oct 25	73.3%	75.7%			No significant change	10.5%	

Urgent & emergency care

Ambulance handovers within 30 mins	Oct 25	87.1%	95%			6 or more data points above the central line	0.5%	
Urgent 2 hour response - community	Oct 25	91.0%	70%			No significant change	100.0%	
Urgent community response referrals	Oct 25	548	-			Data point outside of control limits		
Patients without Criteria to Reside	Sep 25	62	-					
Average days from discharge ready date to discharge	Aug 25	1	-					
Discharges by 2pm	Oct 25	24.0%	-			No significant change		
Hospital at home utilisation	23 Oct 25	90.6%	80%			Data point outside of control limits	88.5%	

Urgent care

ASSURANCE

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

Urgent care

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

Buckinghamshire is facing a projected 15% rise in healthcare demand over the next five years, with a significant proportion of that increase driven by the frailty cohort, who are expected to account for 50% of non-elective hospital admissions. This stark trend highlights the urgent need for a shift in how care is delivered, moving away from bed-based, reactive care towards more proactive, community-led solutions. The Trust's breakthrough objective for 2025–26, *"Fewer people will need a bed in an emergency"*, captures this transformation goal.

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), including community 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:
- Operational Improvements: Enhanced workforce planning, digital tools (e.g. real-time bed boards and shared care records), and standard operating procedures to streamline flow across the Emergency Floor.
- Integrated System Response: Strengthened collaboration with social care, Urgent Community Response (UCR), virtual wards, and voluntary sector partners to deliver timely and appropriate care in the community.
- Primary Care Engagement: Focused work with primary care to tackle health inequalities and reduce avoidable acute presentations. Introduction of a community SDEC in a single GP practice in Aylesbury.
- Working collaborative across emergency, medical and frailty teams.

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.

Oct-25	Variance Type	Oct-24	Achievement
10924	N/A	12612	N/A

Legend: ▬ 25/26 cumulative ----- 24/25 cumulative

Emergency admissions to a General & Acute bed

Driver metrics

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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).

Oct-25	Variance Type	Target	Achievement
6.1%	**Common cause variation** No significant change	4%	**Unreliable process** Will meet the target 8.7% 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.

Oct-25	Variance Type	Target	Achievement
10.9%	**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.

Oct-25	Variance Type	Trajectory	Achievement
73.3%	**Common cause variation** No significant change	75.7%	**Unreliable process** Will meet the target 10.5% of the time

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How we are performing

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 9% 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 nine 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.

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.
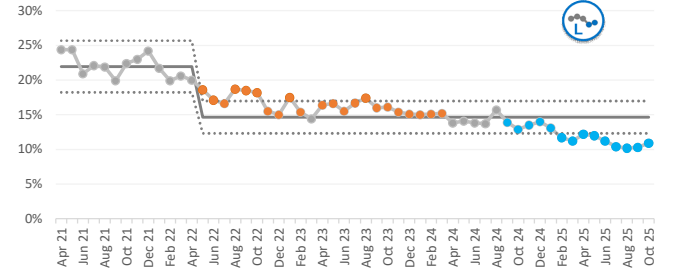
Key drivers for reducing conversion to admission include effective use of SDEC pathways and strengthened out-of-hospital services.

Two hourly huddles across the emergency floor.

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.
Aim to reduce the number of patients classed as 'No Criteria to Reside' by working collaboratively with our therapy, discharge, community and social care teams.
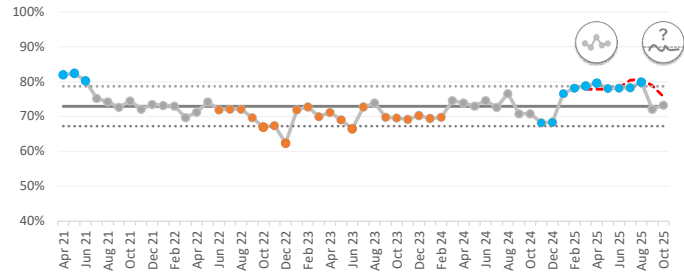
Further expansion of SDEC, including the community SDEC.
Implementation of the criteria to admit. Increasing number of hot clinics.

Reduce variability of performance over 24-hour period (particularly overnight)
Implemented appointment slots into SDEC.
Focus on Paediatrics, implement a SDEC
Implement a see and treat in the UTC pathway.
Robust breach validation
Care group leadership team will maintain a visible presence on the floor to offer support, gain insight into operational challenges, and coach teams in real time.
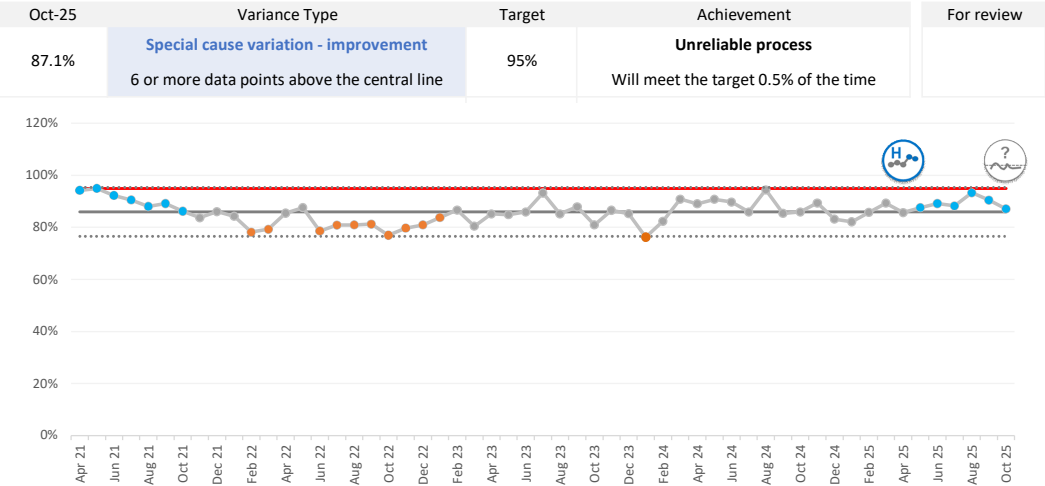
Risks and mitigations

Increase estates footprint required to enable expansion of service. Expansion of community-based care.

Delayed discharges due to late TTO's and or transport booking, improve coordination.
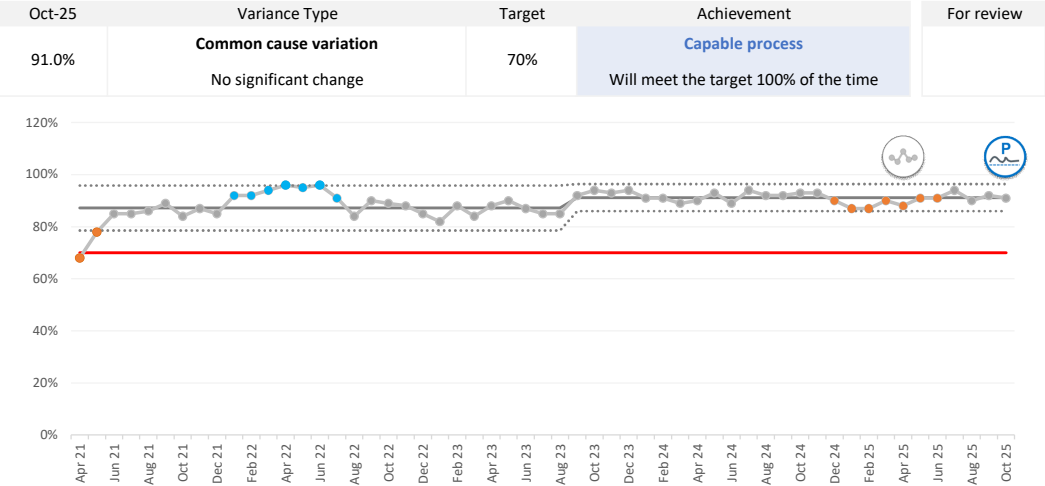Inconsistent frailty identification at the front door, introduce training.

Ambulance handovers within 30 mins

The percentage of ambulance handovers during the month taking 30 minutes or less, over all handovers in the month.
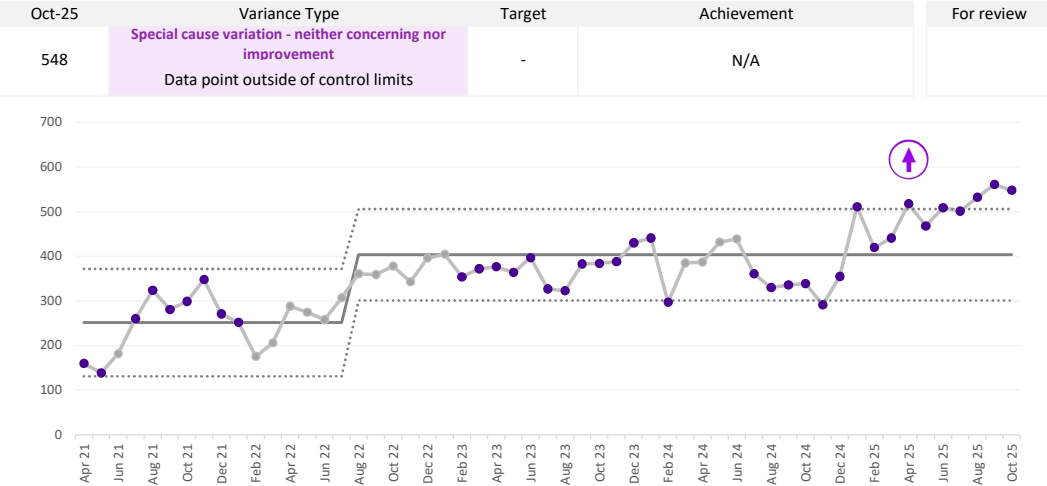
Oct-25	Variance Type	Target	Achievement	For review
87.1%	**Special cause variation - improvement** 6 or more data points above the central line	95%	**Unreliable process** Will meet the target 0.5% of the time	

Urgent 2 hour response - community

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

Oct-25	Variance Type	Target	Achievement	For review
91.0%	**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.

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

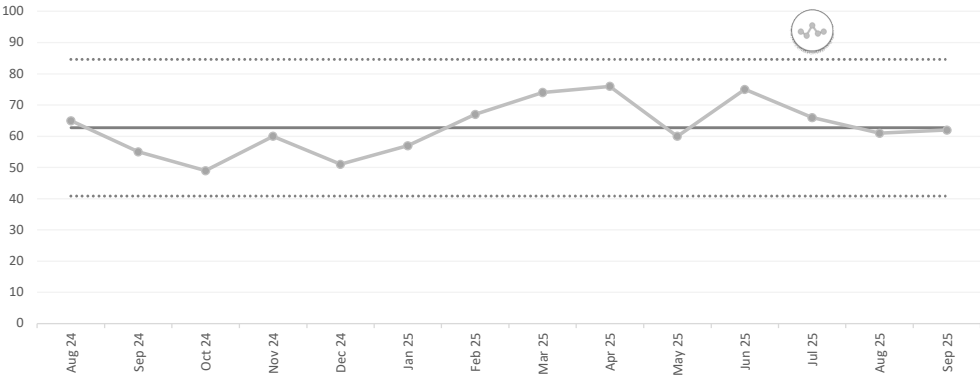## Patients without Criteria to Reside

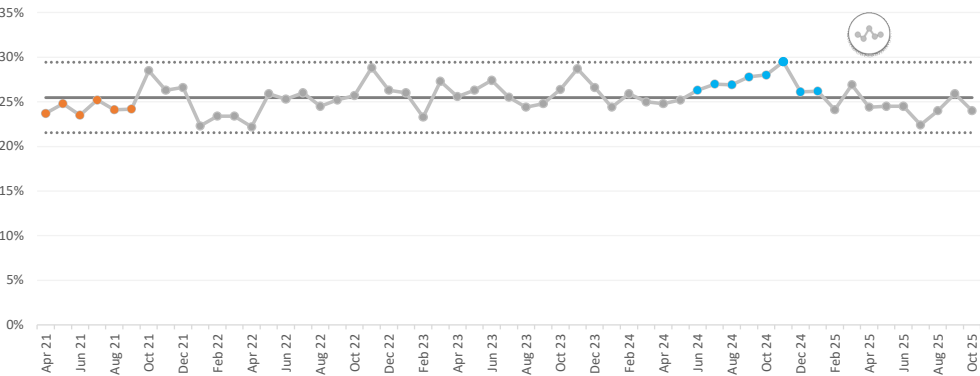The number of patients in hospital who do not meet the criteria to reside. Snapshot taken at month end.

Sep-25	Variance Type	Target	Achievement	For review
62	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.

Aug-25	Variance Type	Metric Score	Achievement	For review
0.9	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.
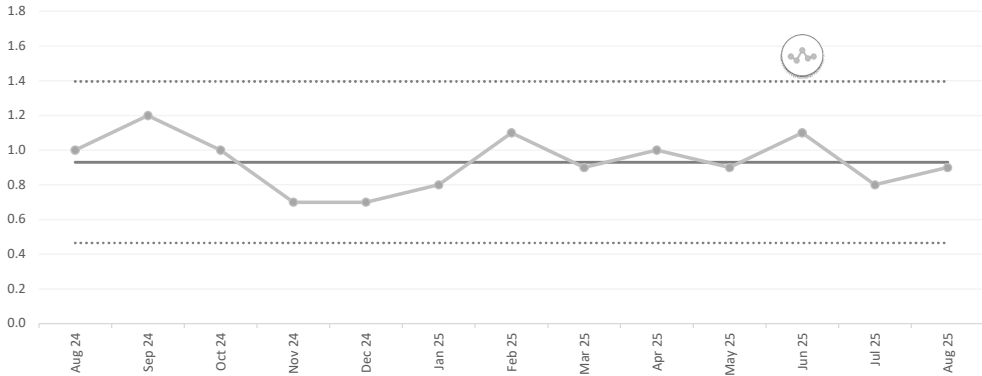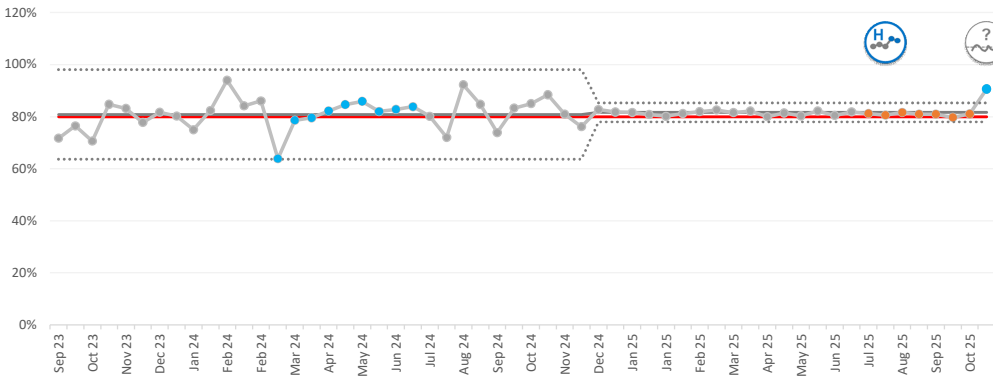
Oct-25	Variance Type	Target	Achievement	For review
24.0%	Common cause variation No significant change	-	N/A	

Hospital at home utilisation

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

23-Oct-25	Variance Type	Capacity	Achievement	For review
90.6%	Special cause variation - improvement Data point outside of control limits	80%	Unreliable process Will meet the target 88.5% of the time	

Planned care

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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	Sep 25	105 Opp Bucks	103 Non Opp Bucks					
Median waiting time for community waiting list in days Opp Bucks split	Oct 25	58 Opp Bucks	52 Non Opp Bucks					
Acute open pathway RTT performance	Sep 25	58.8%	61.0%	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	Oct 25	56.5%	62%	⬤	F	No significant change	0.0%	
Acute waiting list size	Sep 25	48893	44500	H	F	6 or more data points above the central line	0.0%	
Community waiting list size	Oct 25	6265	-	⬇		6 or more data points below the central line		
Acute open pathway 52 week breaches	Sep 25	1351	0	L	F	6 or more data points below the central line	0.0%	
Acute open pathway 52 week risks	Oct 25	10966	12366					

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								
Community waiting list 65 week breaches	Oct 25	177	0	L	F	Data point outside of control limits	0.0%	
Community waiting list 52 week breaches	Oct 25	247	0	L	F	Downward trend of 6 or more data points	0.0%	
Median waiting time for acute waiting list in days (adults)	Sep 25	104	-	L		6 or more data points below the central line		
Median waiting time for acute waiting list in days (paediatrics)	Sep 25	88	-	L		6 or more data points below the central line		
Median waiting time for community waiting list in days (adults)	Oct 25	50	-	L		6 or more data points below the central line		
Median waiting time for community waiting list in days (paediatrics)	Oct 25	65	-	L		6 or more data points below the central line		
Diagnostic compliance	Sep 25	28.8%	1.0%	H	F	2 out of 3 data points close to control limit	0.0%	
CWT 28 Day General Faster Diagnosis Standard	Sep 25	78.7%	80.0%	H	?	2 out of 3 data points close to control limit	1.1%	
CWT 31 Day General Treatment Standard	Sep 25	86.9%	90.0%		?	No significant change	1.0%	
62 Day General Treatment Standard	Sep 25	72.2%	75.0%		?	No significant change	1.3%	
Cancer referrals	Oct 25	3074	-	↑		6 or more data points above the central line		

Planned care

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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
Planned care continued								
Elective activity	Oct 25	4722	4693	⬆		6 or more data points above the central line		
Elective activity against plan	Oct 25	-1.2%	0.0%					
New outpatient activity	Oct 25	20359	22069	⬍		No significant change		
New outpatient activity against plan	Oct 25	0.5%	0.0%					

Planned care

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ASSURANCE

VARIATION

	(P)	(?)	(F)	No Target	(↑)
H / L		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
(neutral)		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			Acute waiting list size Diagnostic compliance		Community waiting list size

Planned care

Theatres:

- Oct sees an unvalidated (data) position of 78.9% inter-session capped utilisation against a KPI of 85%.
- Elective hub at WGH is at 79.3 % for comparison
- 3 reasons in Oct for lower capped utilisation compliance, (1) higher than usual DNA/ pts not wanting their procedure, highest reason for Cx on days in last few months (deep dive underway). (2) Estate challenges at end of Oct (infection control issues related to flies in theatres due to poor estate maintenance externally). (3) Data validation
- Despite above - 2 of the 3 drivers of productivity (triad of optimisation) were performing well (1) Session utilisation continues at its highest in the last 5 yrs of 94% against a national target of >85% (2) Session Booking efficiency was also at an average of >95% against a national target of >90% (BHT have now set a target of >105% to allow for DNAs etc)
- In addition to other metrics, we have hit the lowest prompt starts metrics (favourable) for on time starts and reducing early finishes in lists since records began
- As a result of 2 of the 3 drivers being met or exceeded and prompt starts work – BHT has hit an all-time high trend since 2019/20 of cases being completed per month (Oct sees c.1,900 cases)
- Run charts attached as to illustrate above detail

No of cases Completed

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 has increased for adult patients from both Opportunity Bucks and non-Opportunity Bucks areas , with slightly higher waiting time for opportunity Bucks patients than non-opportunity Bucks patients.
Waiting time has decreased for community patients from both Opportunity Bucks and non-Opportunity Bucks areas, with slightly higher waiting time for opportunity Bucks patients than non-opportunity Bucks patients .

Drivers of performance
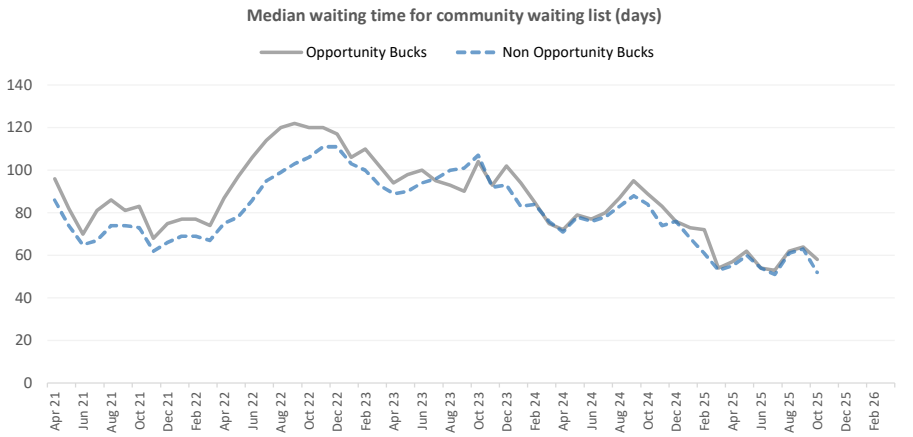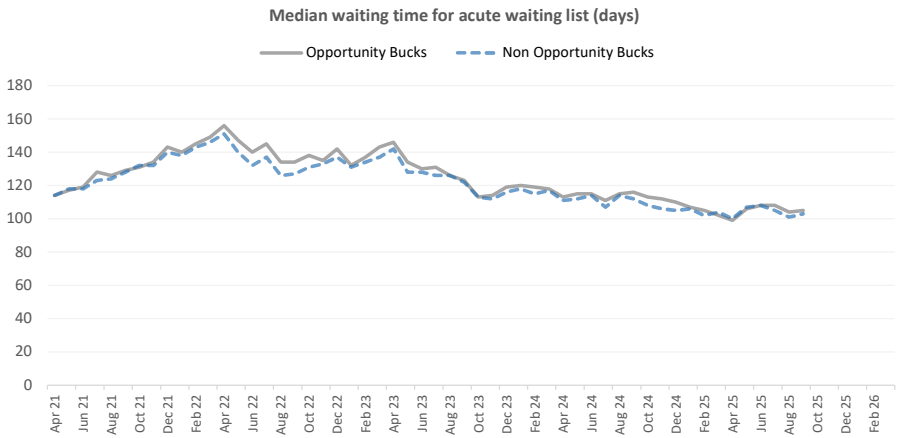
Actions to maintain or improve performance
Monthly data on waiting time shared with Caregroup leads. CDUs with higher waiting time for Opportunity Bucks are highlighted to help with focused actions.
Mid-year meeting completed with transformation managers to review progress. Focused work in progress in all CDUs with the higher waiting time for opportunity Bucks areas.
DNA rate has improved in many CDUs for opportunity Bucks patients.

Risks and mitigations
BI support needed to respond to data queries and resolve issues on Health Inequalities dashboard. 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.

	Sep-25		Oct-25	
Opportunity Bucks - acute	Non Opportunity Bucks - acute	Opportunity Bucks - comm	Non Opportunity Bucks - comm
105	103	58	52

Median waiting time for acute waiting list (days)

— Opportunity Bucks   - - - Non Opportunity Bucks

Median waiting time for community waiting list (days)

— Opportunity Bucks   - - - Non Opportunity Bucks

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
Slightly below plan in September by 2.2%.

Sep-25	Variance Type	Trajectory	Achievement
58.8%	Special cause variation - improvement	61.0%	Incapable process

Drivers of performance
Lower level of activity in September
Higher number of cancer patients being treated in month.

Actions to maintain or improve performance
Refocus activity levels to ensure long waiting capacity is not reduced
Expedite all first outpatient appointments for long waiting patients
Weekly updates to Care Groups with actions

Risks and mitigations
Demands on urgent care supersede elective capacity requirements
Industrial action reduces staff availability for clinics

Mitigations:
Plans in place to enable elective capacity to remain on track
All options to cover clinics to be resourced.

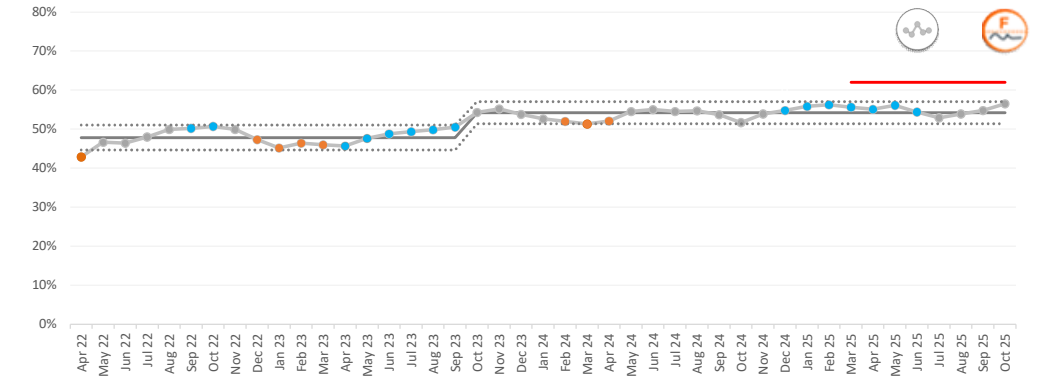## Percentage of patients waiting no longer than 18 weeks for a first appointment

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.
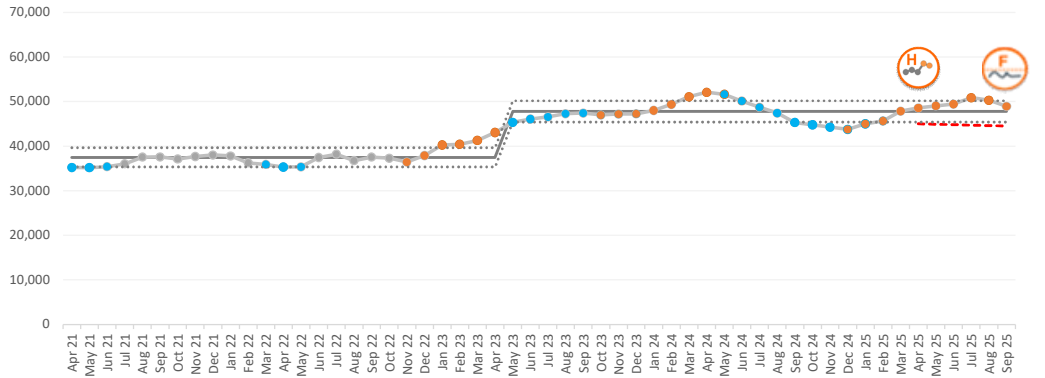
Oct-25	Variance Type	Target	Achievement	For review
56.5%	**Common cause variation** No significant change	62%	**Incapable process** Will meet the target 0% of the time	

Acute waiting list size

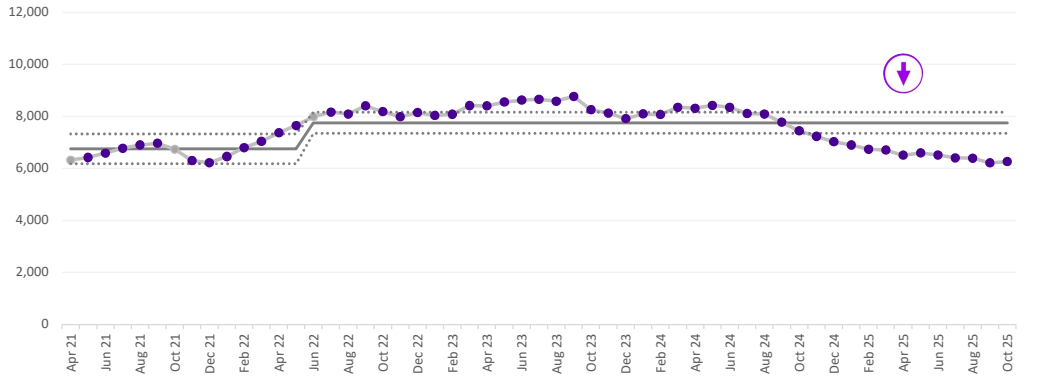The number of acute incomplete RTT pathways (patients waiting to start treatment) at the end of the reporting period.

Sep-25	Variance Type	Trajectory	Achievement	For review
48893	**Special cause variation - concerning** 6 or more data points above the central line	44500	**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.

Oct-25	Variance Type	Target	Achievement	For review
6265	**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.

Sep-25	Variance Type	Target	Achievement	For review
1351	**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.

Oct-25	Variance Type	Trajectory	Achievement	For review
10966	N/A	12366	N/A	

Community waiting list 65 week breaches

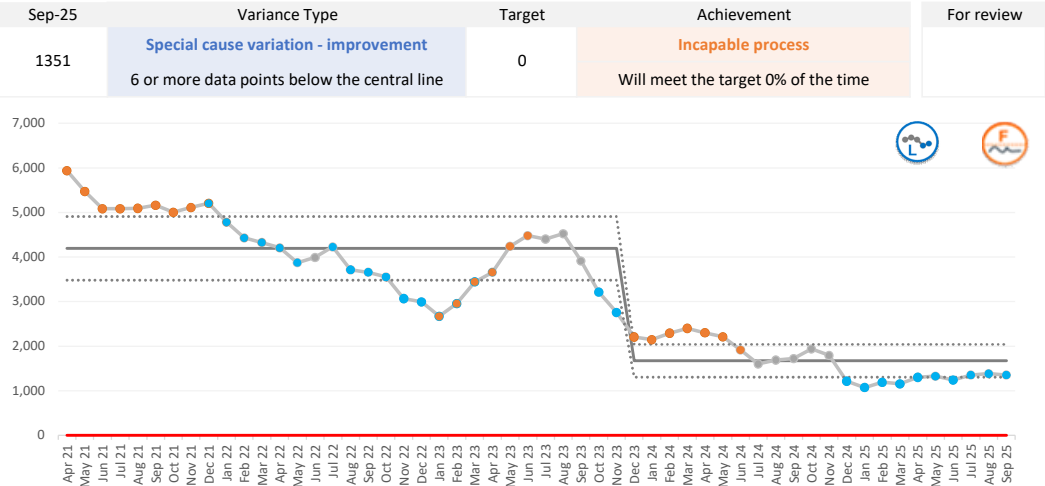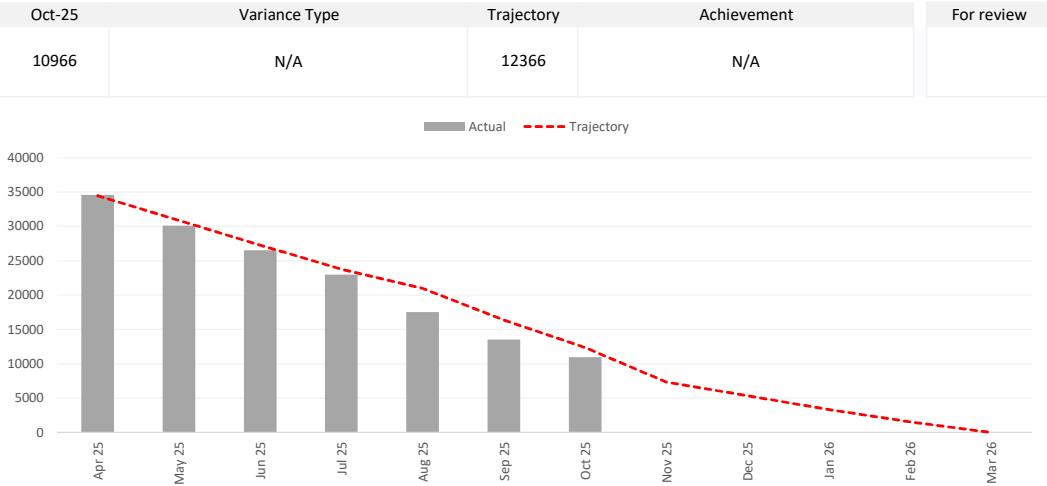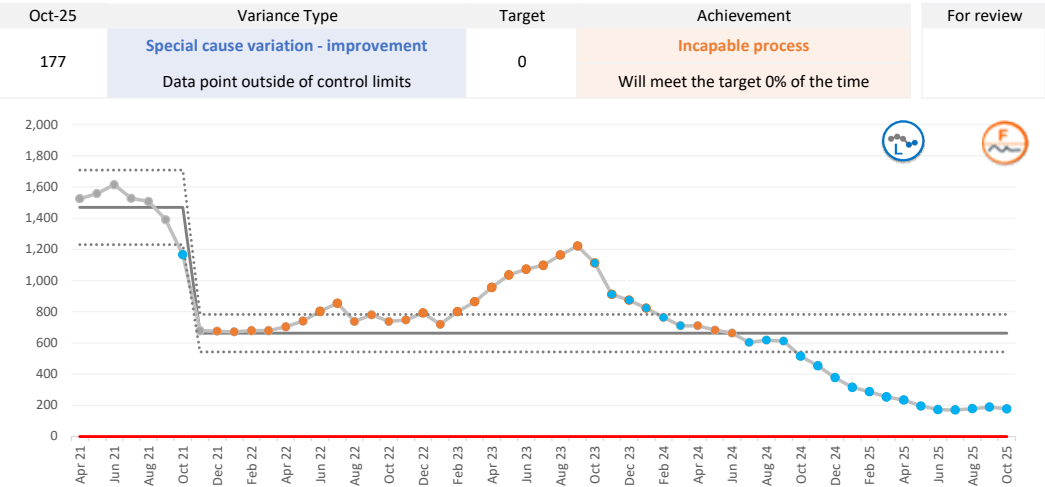Number of patients waiting over 65 weeks on the community waiting list at the end of the month. Excludes universal referrals (i.e. health visitors, school nurses, looked after children, and family nurse partnership) and includes community paediatrics under 18 week pathway rules.

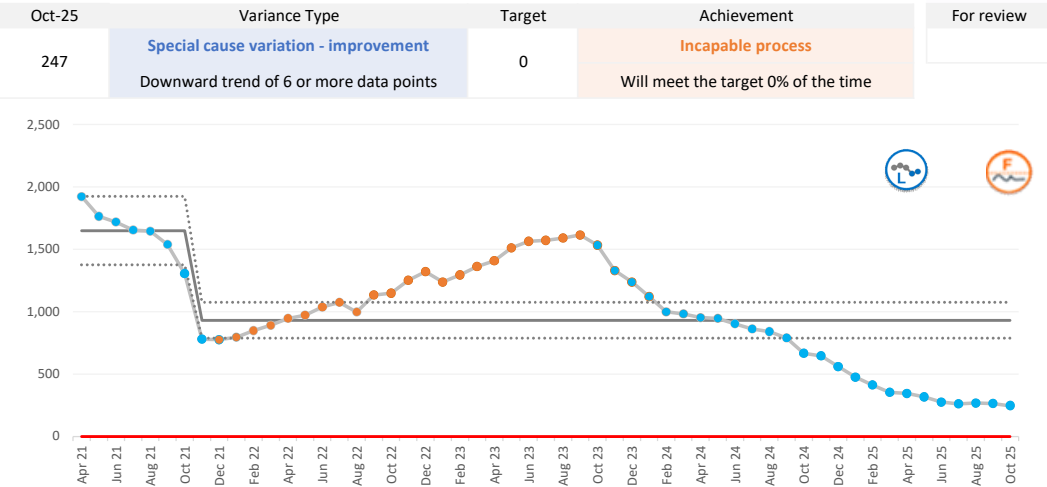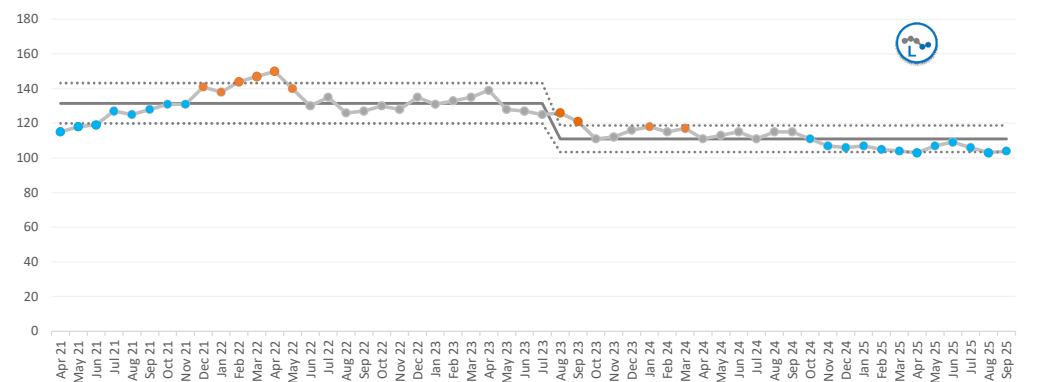| Oct-25	Variance Type	Target	Achievement	For review
177	**Special cause variation - improvement** Data point outside of control limits	0	**Incapable process** Will meet the target 0% of the time	

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.

Oct-25	Variance Type	Target	Achievement	For review
247	**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.
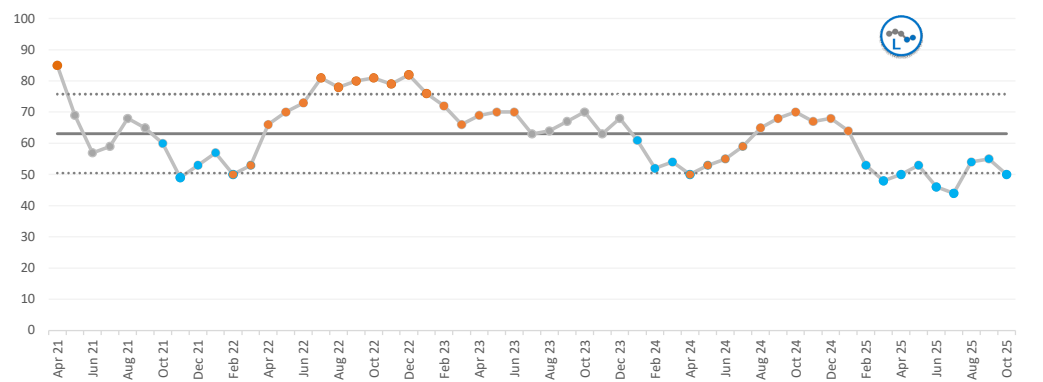
Sep-25	Variance Type	Target	Achievement	For review
104	**Special cause variation - improvement** 6 or more data points below the central line	-	N/A	

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.

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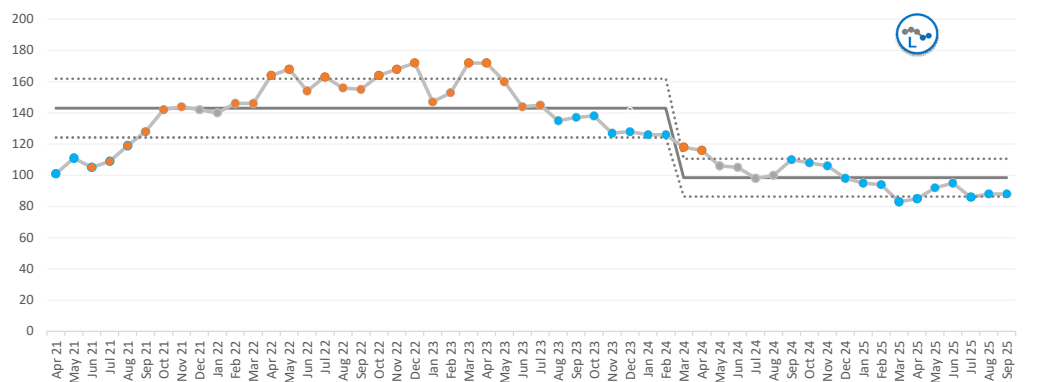
Oct-25	Variance Type	Target	Achievement	For review
50	**Special cause variation - improvement** 6 or more data points below the central line	-	N/A	

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

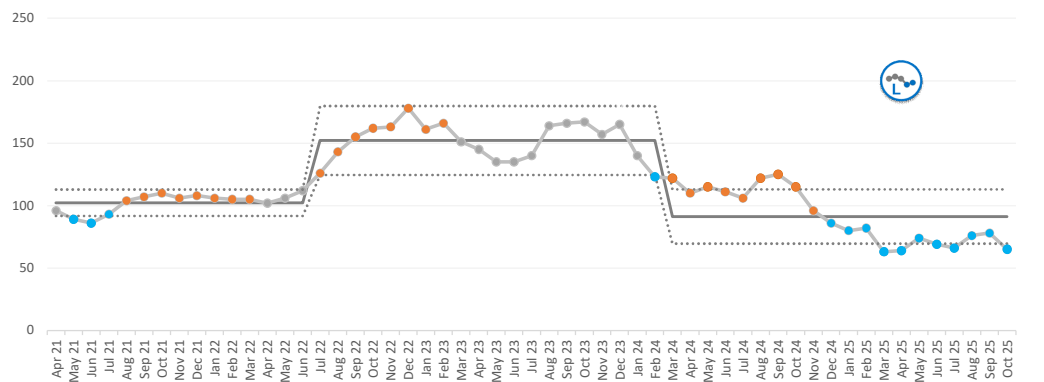Median waiting time in days between referral and month end snapshot for paediatric patients on the community waiting list. Patients are aged under 16 years. Excludes universal referrals (as above) and includes community paediatrics under 18 week pathway rules.
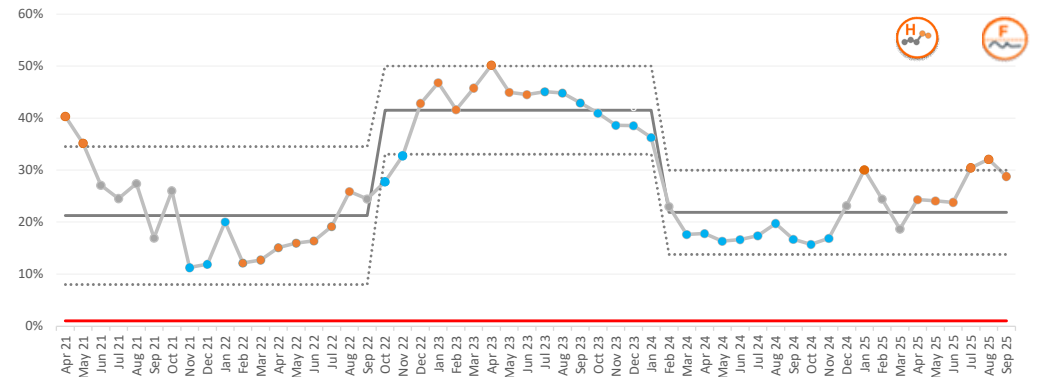
Oct-25	Variance Type	Target	Achievement	For review
65	**Special cause variation - improvement** 6 or more data points below the central line	-	N/A	

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.
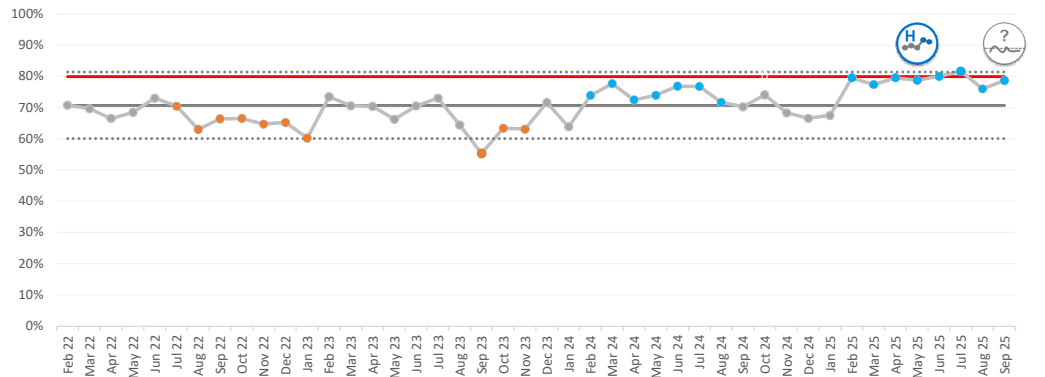
Sep-25	Variance Type	Target	Achievement	For review
28.8%	**Special cause variation - concerning** 2 out of 3 data points close to control limit	1.0%	**Incapable process** Will meet the target 0% of the time	

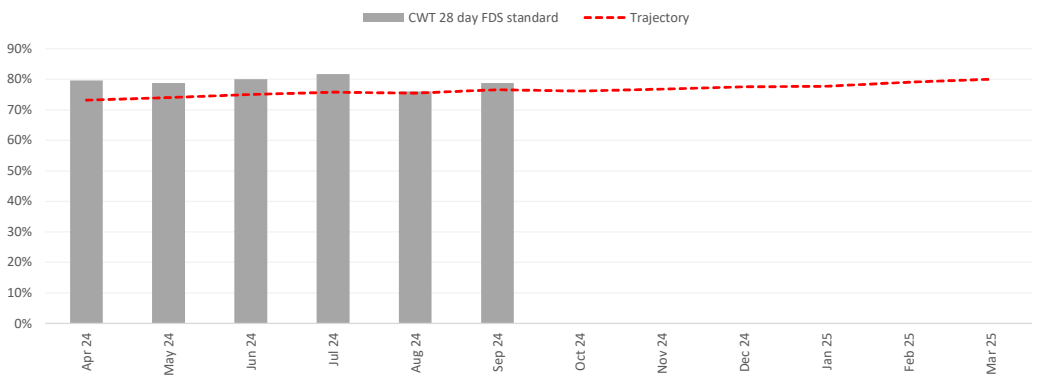## CWT 28 Day General Faster Diagnosis Standard

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.

Sep-25	Variance Type	Target	Achievement	For review
78.7%	**Special cause variation - improvement** 2 out of 3 data points close to control limit	80.0%	**Unreliable process** Will meet the target 1.1% of the time	

CWT 28 Day trajectory

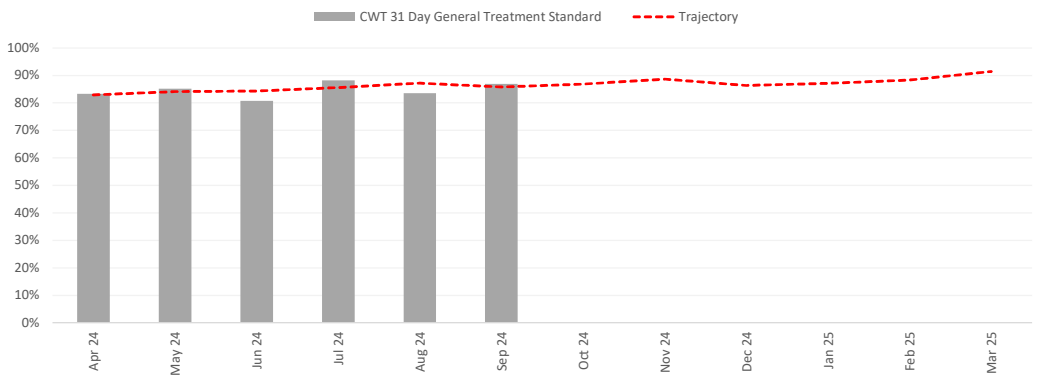| Sep-25	Variance Type	Trajectory	Achievement	For review
78.7%	N/A	76.6%	N/A	

CWT 31 Day General Treatment Standard

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

Sep-25	Variance Type	Target	Achievement	For review
86.9%	**Common cause variation** No significant change	90.0%	**Unreliable process** Will meet the target 1% of the time	

CWT 31 Day trajectory

Sep-25	Variance Type	Trajectory	Achievement	For review
86.9%	N/A	85.8%	N/A	

NHS
Buckinghamshire Healthcare
NHS Trust

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.

Sep-25	Variance Type	Target	Achievement	For review
72.2%	**Common cause variation** No significant change	75.0%	**Unreliable process** Will meet the target 1.3% of the time	

CWT 62 day trajectory

Sep-25	Variance Type	Target	Achievement	For review
72.2%	N/A	67.0%	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.

Oct-25	Variance Type	Plan	Achievement	For review
4722	**Special cause variation - neither concerning nor improvement** 6 or more data points above the central line	4693	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.
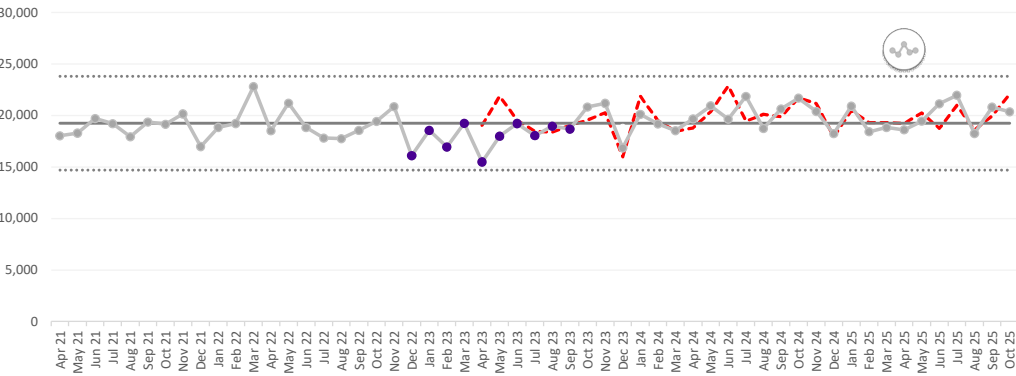
Oct-25	Variance Type	Target	Achievement	For review
-1.2%	N/A	0.0%	N/A	

New outpatient activity

Total number of new outpatient attendances during the month.

Oct-25	Variance Type	Target	Achievement	For review
20359	**Common cause variation** No significant change	22069	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.

Oct-25	Variance Type	Target	Achievement	For review
0.5%	N/A	0.0%	N/A	

Quality

NHS
Buckinghamshire Healthcare
NHS Trust

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
Quality & safety								
Incidents per 1,000 bed days	Oct 25	78.0	-	⬆		6 or more data points above the central line		
Incidents that are low/no harm	Sep 25	97.8%	98%	⬨	?	No significant change	75.2%	
Falls per 1,000 bed days	Oct 25	3.8	6.2	⬇	P	6 or more data points below the central line	99.9%	
Pressure Ulcers per 1,000 days	Sep 25	3	-	⬨		No significant change		
Complaints responded to within 25 days	Sep 25	70%	85%	⬨	?	No significant change	39.5%	
Complaints received	Oct 25	74	-	⬆		No significant change		
HSMR+	Jun 25	102.6	100.0					
SHMI	May 25	0.82	1.00					
Clostridioides difficile per 1000 bed days	Oct 25	20.9	-	⬨		No significant change		
Clostridioides difficile cases	Oct 25	4.0	2.5	⬨	?	No significant change	30.8%	
E. Coli bacteraemia per 1000 bed days	Oct 25	26.1	-	⬨		No significant change		
E. Coli bacteraemia cases	Oct 25	5	6	⬨	?	No significant change	48.2%	
Readmissions within 30 days	Oct 25	4.0%	-	⬨	?	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)	Oct 25	3	0			No significant change	13.7%	
Term admissions to the neonatal unit	Oct 25	2.2%	5.0%			No significant change	73.6%	
Overall preterm birth rate	Oct 25	7.6%	6.0%			No significant change	42.3%	
Maternal ICU admissions	Last event	09 Sep 25	-			No significant change		

Quality

ASSURANCE

	(P)	(?)	(F)	No Target	(↑)
(H) (L)	Falls per 1,000 bed days				Incidents per 1,000 bed days Complaints received
(·)		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 Clostridioides difficile per 1000 bed days E. Coli bacteraemia per 1000 bed days Readmissions within 30 days	
(H) (L)					(↓)

VARIATION

Quality

Incident Reporting: Reporting remains above the central line, reflecting a positive reporting culture. Notably, 98% of incidents were classified as no harm or low harm.

Falls: The falls rate continues to remain below the national median, supported by local Quality Improvement initiatives and regular oversight through the Harm Free Care Group.

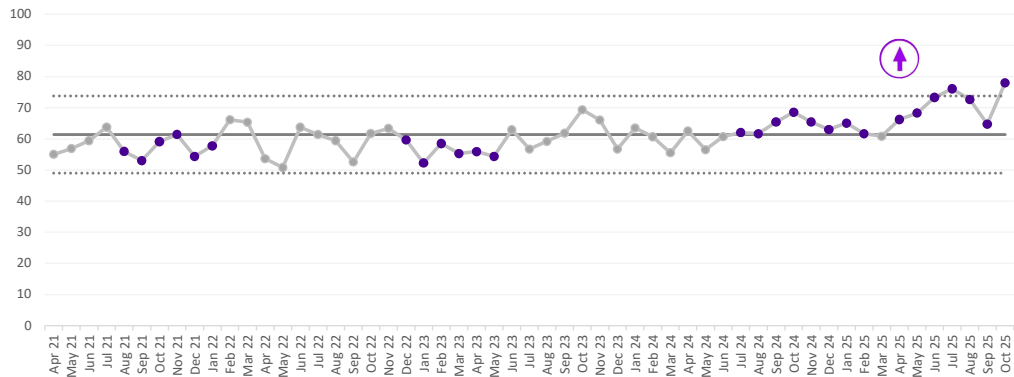**Mortality (**SHMI): SHMI remains statistically lower than expected, indicating strong clinical outcomes.

Complaints: There has been an increase in the number of complaints, with the majority linked to Emergency Department (ED). Common themes relate to waiting times and service accessibility.

A **patient experience workshop** was conducted with the Patient Experience Team and senior nurses, alongside the CEO and Chief Nursing Officer (CNO), to review prioritisation and agree actions to improve patient experience going forward.

Incidents per 1,000 bed days

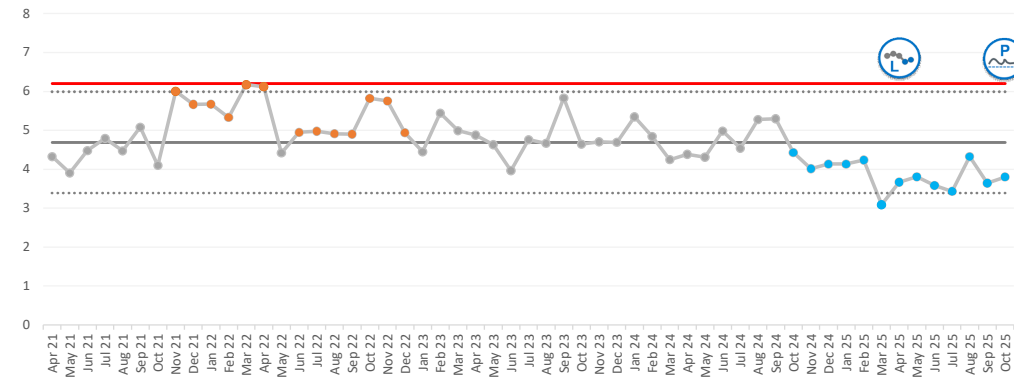Rate of Incidents reported per 1,000 inpatient bed days.

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

Incidents that are low/no harm

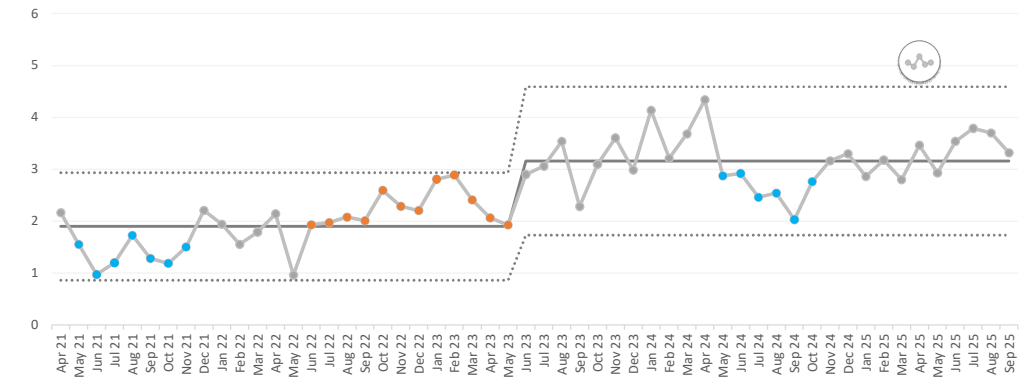Percentage of incidents classed as low or no harm in the month - over all incidents reported.

Sep-25	Variance Type	Target	Achievement	For review
97.8%	**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.

Oct-25	Variance Type	Target	Achievement	For review
3.8	**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

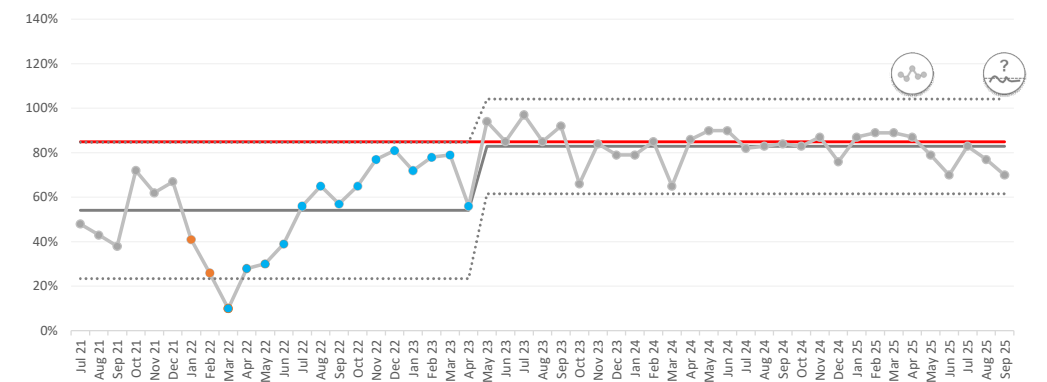Rate of Pressure Ulcer Incidents reported per 1,000 inpatient bed days.

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

Quality & safety

Complaints responded to within 25 days

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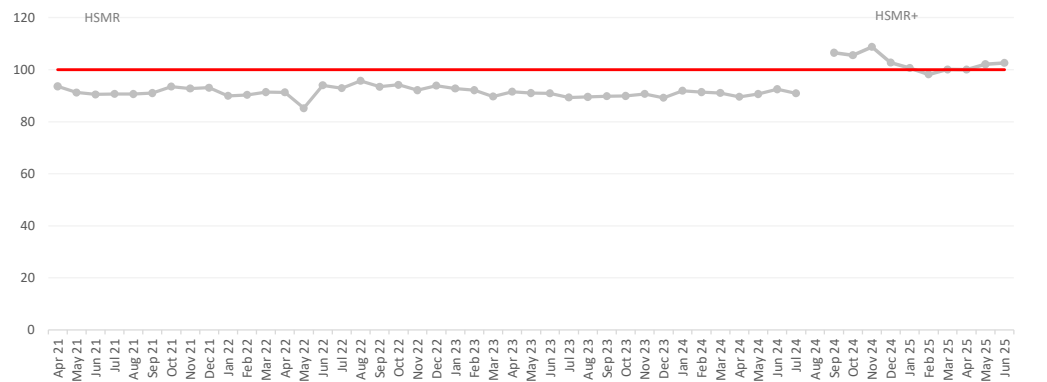Reporting suspended until July 21 due to Covid.

Sep-25	Variance Type	Target	Achievement	For review
70.0%	**Common cause variation** No significant change	85.0%	**Unreliable process** Will meet the target 39.5% of the time	

Complaints received

Number of 25 day complaints received during the month.

Oct-25	Variance Type	Target	Achievement	For review
74	**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.

Jun-25	Variance Type	Target	Achievement	For review
102.6	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.
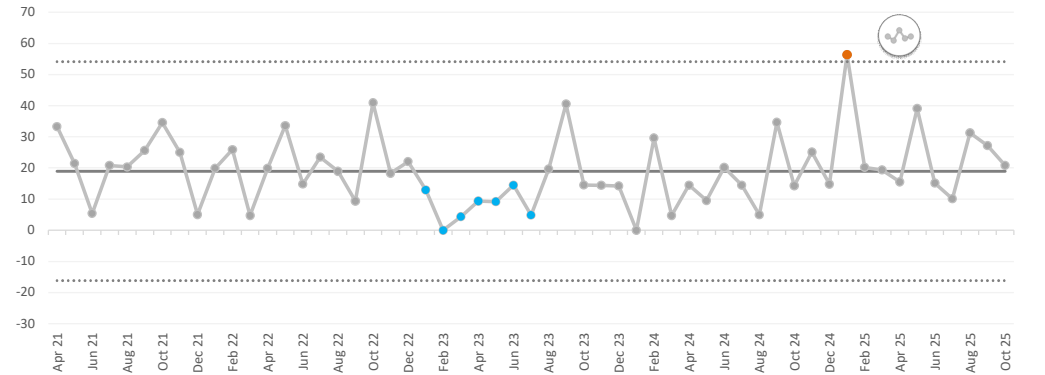
May-25	Variance Type	Target	Achievement	For review
0.82	N/A	1	Lower than expected	

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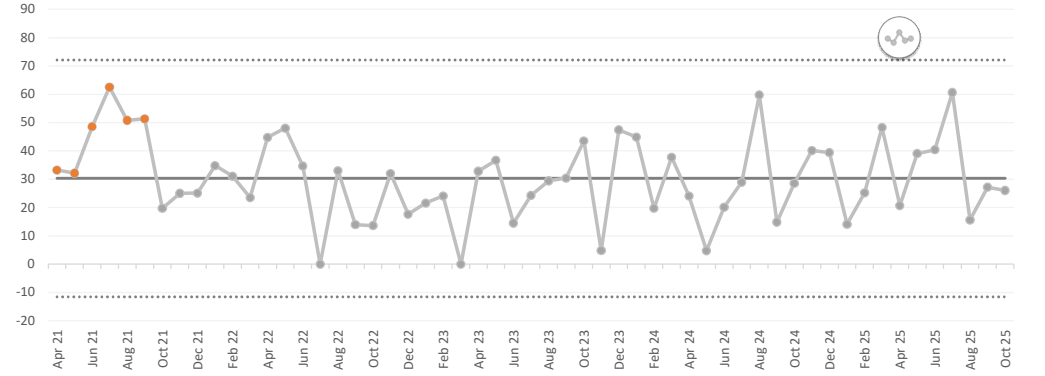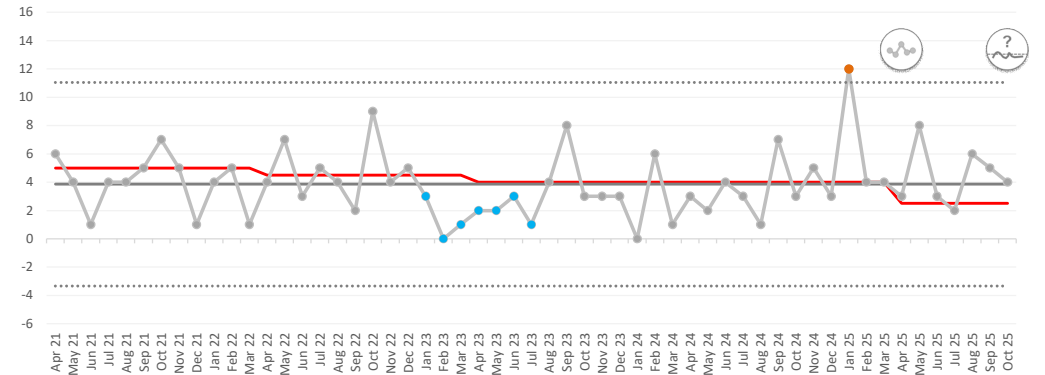
Oct-25	Variance Type	Target	Achievement	For review
20.9	**Common cause variation** No significant change	-	N/A	

Clostridioides difficile cases

Number of clostridioides difficile cases Healthcare-associated cases (Community onset Healthcare Associated + Hospital onset Healthcare-associated) in the month.
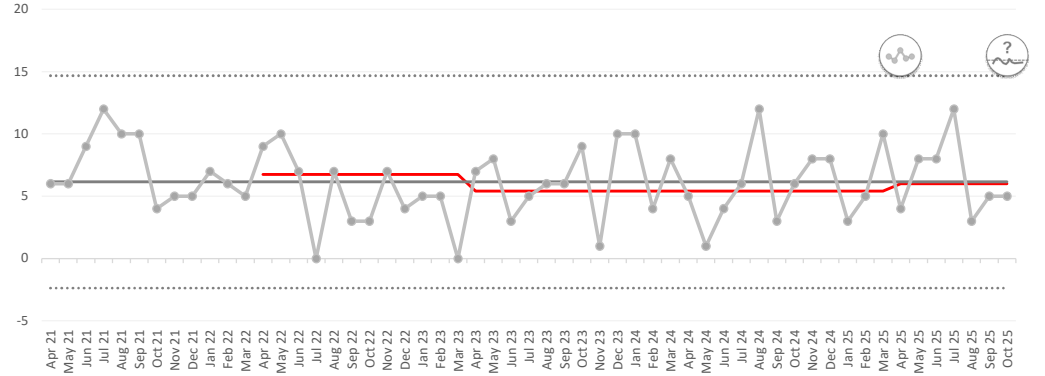
Oct-25	Variance Type	Target	Achievement	For review
4	**Common cause variation** No significant change	2.5	**Unreliable process** Will meet the target 30.8% of the time	

E. Coli bacteraemia per 1000 bed days

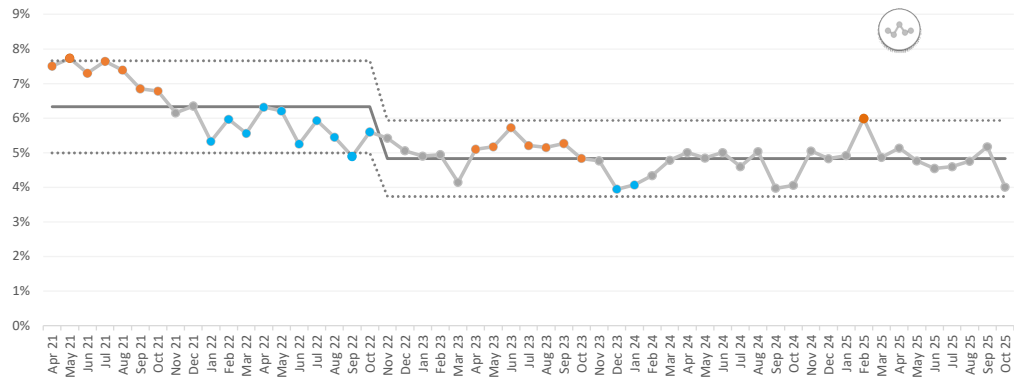Number of E-Coli cases Healthcare-associated cases (Community onset Healthcare Associated + Hospital onset Healthcare-associated) in the month per 1,000 inpatient bed days.

Oct-25	Variance Type	Target	Achievement	For review
26.07	**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.

Oct-25	Variance Type	Target	Achievement	For review
5	**Common cause variation** No significant change	6.0	**Unreliable process** Will meet the target 48.2% of the time	

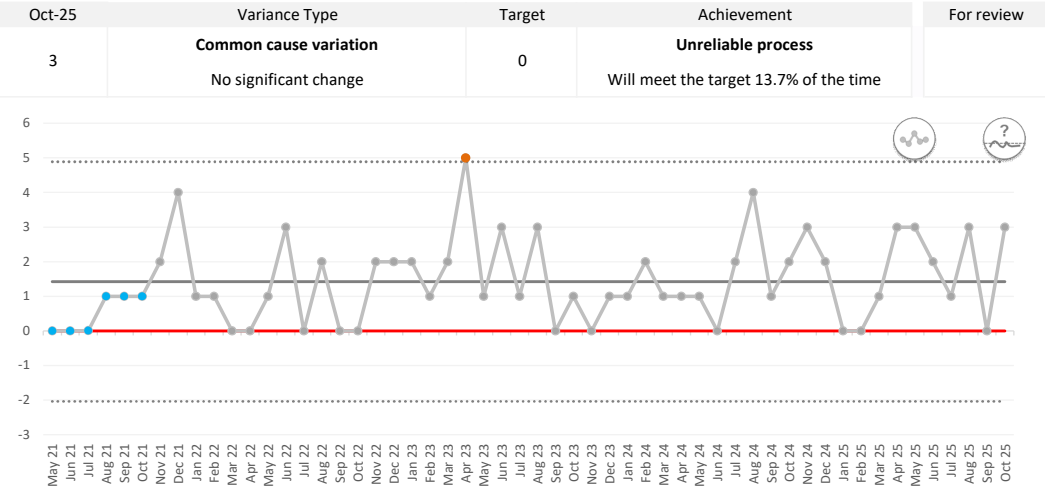## Readmissions within 30 days

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.

Sep-25	Variance Type	Target	Achievement	For review
5.2%	**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.

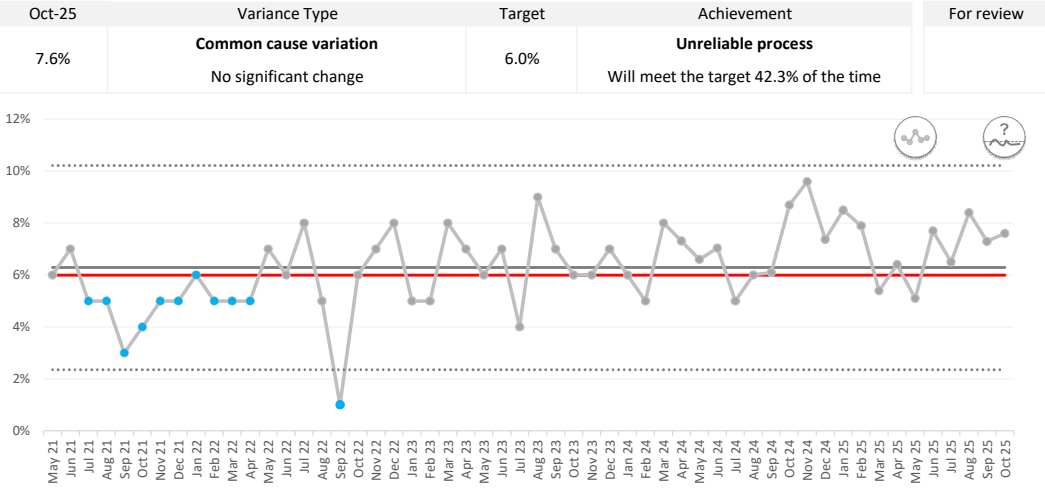| Oct-25	Variance Type	Target	Achievement	For review
3	**Common cause variation** No significant change	0	**Unreliable process** Will meet the target 13.7% of the time	

Term admissions to the neonatal unit

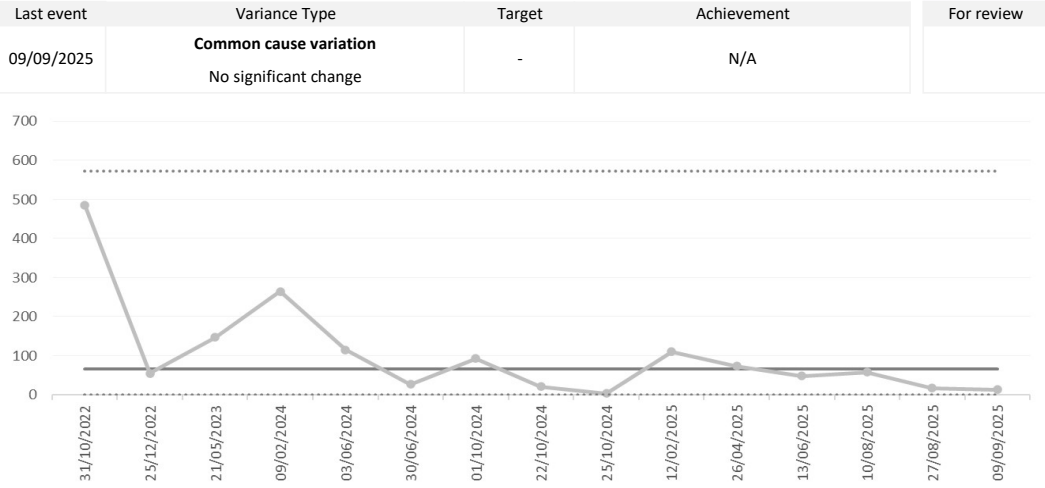Percentage of admissions to neonatal unit >37 weeks gestation (over all admissions to the neonatal unit in month).

Oct-25	Variance Type	Target	Achievement	For review
2.2%	**Common cause variation** No significant change	5.0%	**Unreliable process** Will meet the target 73.6% of the time	

Overall preterm birth rate

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

Oct-25	Variance Type	Target	Achievement	For review
7.6%	**Common cause variation** No significant change	6.0%	**Unreliable process** Will meet the target 42.3% 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 NHS Trust

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								
Lung cancer screening	Oct 25	184	283	(variation icon)	F	Common cause variation	0.0%	
Increase referrals to lifestyle support services (Be Healthy Bucks)	Oct 25	0.4%	1.5%		F			
Healthy communities								
Blood pressure checks at outpatient appointments	Oct 25	8.2%	75%	H	F			
Infant feeding status at 6-8 weeks	Oct 25	49.3% Opp Bucks	53.1% Non Opp Bucks					
School age immunisations			-					
Attendance rates for 2.5 year Health and Development review	Oct 25	49.4%	-					
Expected level of achievement with 2.5 year Health and Development review	Oct 25	66.9%	85%					

Healthy communities

NHS Buckinghamshire Healthcare NHS Trust

	P	?	F	No Target	⬆
H/L (blue)		Infant feeding status at 6-8 weeks	Increase referrals to lifestyle support services (Be Healthy Bucks) Blood pressure checks at outpatient appointments		
(grey)			Lung cancer screening	Cohort 2 yr reviews Achieve standard	⬇
H/L (orange)					

VARIATION

Healthy communities

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: 9,861 invites issued → 1,141 LHCs performed → 520 initial CT scans → 14 cancers diagnosed (5× Stage 1).

Drivers of performance
- Staffing gaps (vacancies and sickness).
- Increased public interest and demand.
- Uptake dip in Oct 2025 (**19.37%**, per slide).

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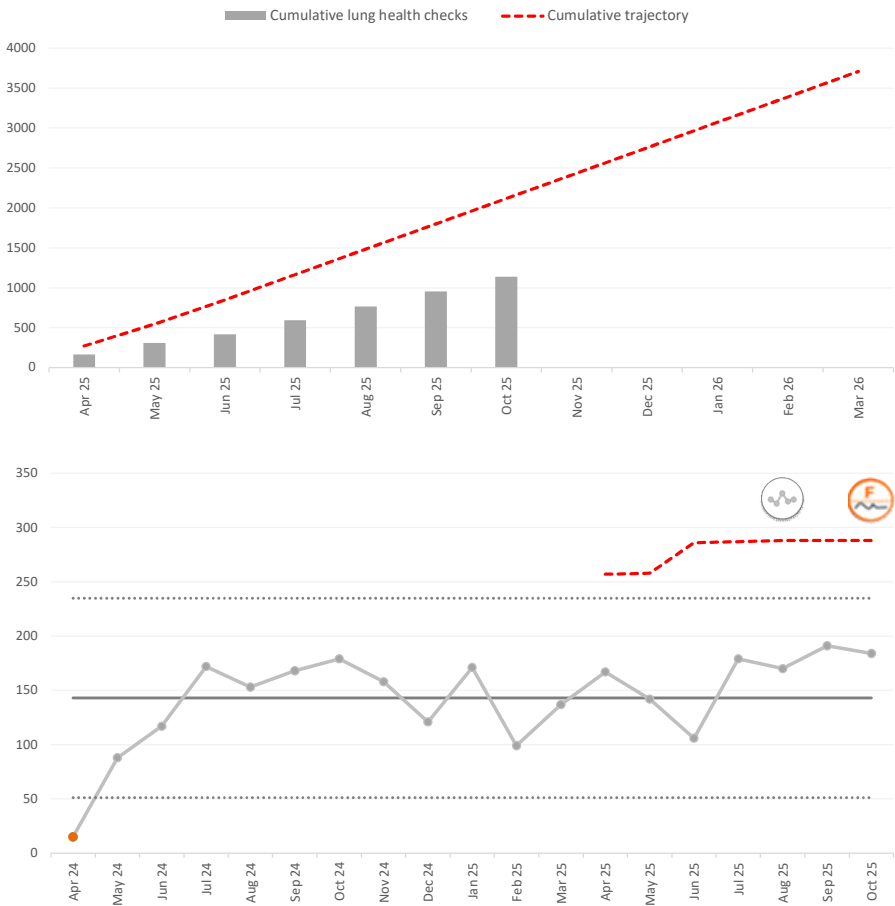- Ongoing monitoring and clinic optimisation.

Risks and mitigations
- Risk: Further decline if staff turnover/sickness continues.
Mitigation: Recruitment underway; new nurse 0.5 WTE started Sept 2025; 1WTE Admin Staff recruited start date being negotiated.

- Risk: Not meeting the annual target of **3,707** checks.
Mitigation: onboarding of 3 more PCNs. Request to National teams to remove invite only rule up to planned activity.

Oct-25	Variance Type	Trajectory	Achievement
184	Common cause variation	288	N/A

NHS
Buckinghamshire Healthcare
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
The adult referrals to Be Healthy Bucks continue to increase Aug;64 Sept;92 Oct;94

Oct-25	Variance Type	Target	Achievement
0.41%	N/A	1.5%	N/A

Drivers of performance
- The graph dips down as there was no child weight management starters class in October.
- BHB Regional Operations Manager; Our partnership with BHT feels more aligned and effective than ever, and it's clear that the work we've all put in is starting to make a tangible difference.
- The BHB Team have run a campaign week in Outpatients at Wycombe and Amersham engaging with colleagues and patients, launching marketing materials.

Blood Pressures
NSIC Outpatient Team have completed a project on a page providing assurance about their processes, taking blood pressure for patient attending the department is standard work
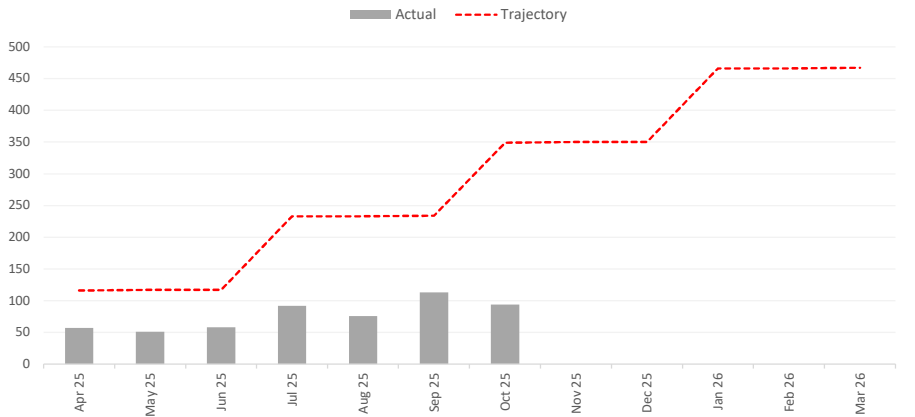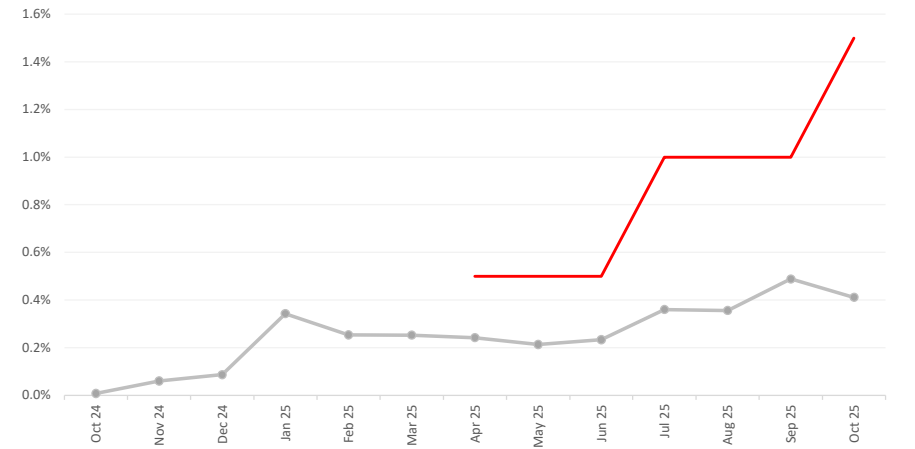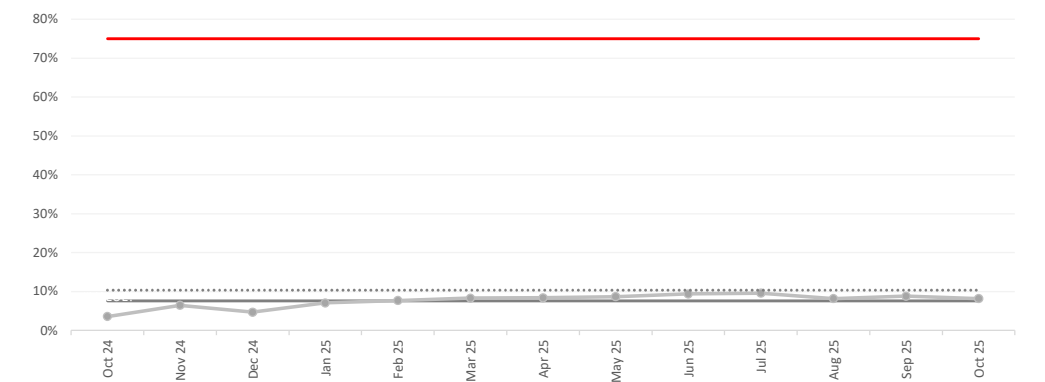
Actions to maintain or improve performance
The team are attending team meetings within Community and Rehabilitation providing education about the service and referral process.

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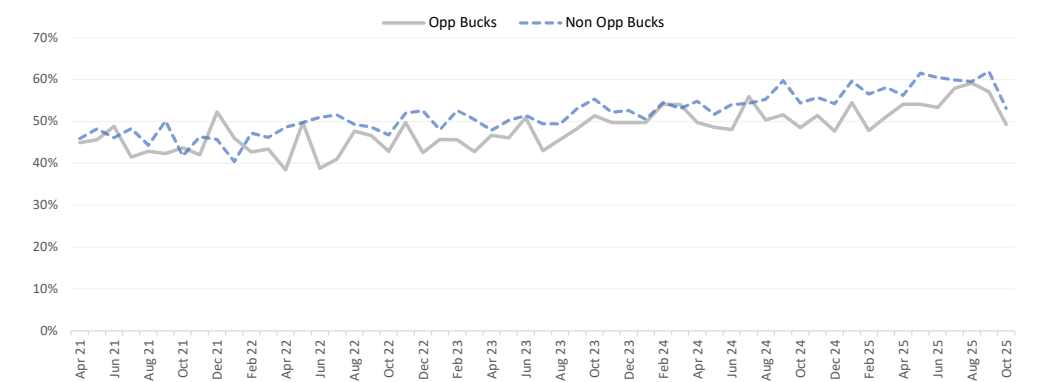
Oct-25	Variance Type	Target	Achievement	For review
8.2%	N/A	75%	N/A	

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.

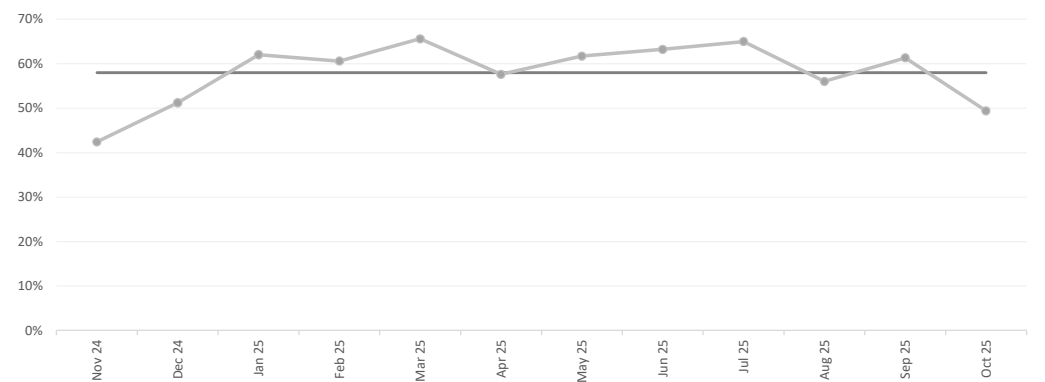| Oct-25	Variance Type	Target	Achievement	For review
49.3%	Opportunity Bucks	50%	N/A	
53.1%	Non Opportunity Bucks			

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.

Healthy communities

NHS
Buckinghamshire Healthcare
NHS Trust

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. Revised following introduction of new RiO forms in October 2024.
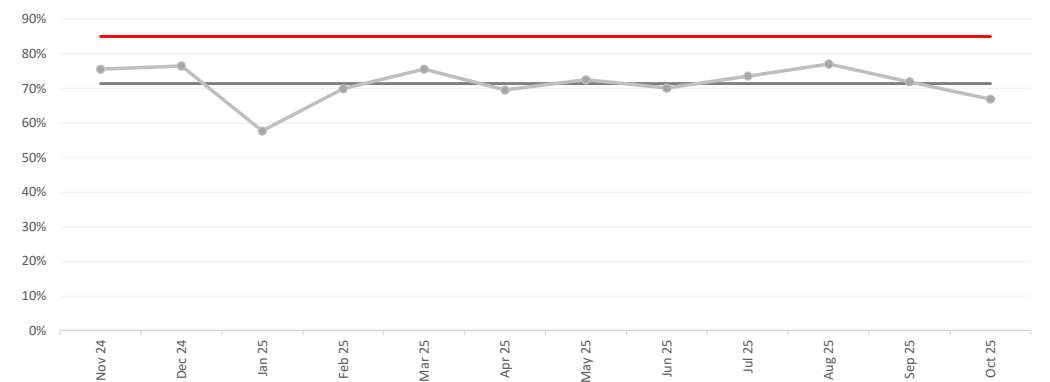
Oct-25	Variance Type	Target	Achievement	For review
49.4%	N/A	-	N/A	

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 ASQ-3 developmental assessment (over all children having an ASQ-3 assessment). Children from Opportunity Bucks only. Revised following introduction of new RiO forms in October 2024.

Oct-25	Variance Type	Target	Achievement	For review
66.9%	N/A	85.0%	N/A	

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	Oct 25	10.9%	10%	(variation)	(F)	No significant change	0.0%	
Nursing & midwifery vacancy rate	Oct 25	9.3%	10%	(variation)	(?)	No significant change	28.1%	
Turnover	Oct 25	9.9%	12%				-	
Sickness	Sep 25	4.3%	3.5%	(variation)	(?)	No significant change	3.5%	
Statutory and Mandatory training	Oct 25	92.8%	90%	(H)	(P)	6 or more data points above the central line	100%	

Great place to work

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NHS Trust

A S S U R A N C E

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

V A R I A T I O N

Great place to work

NHS
Buckinghamshire Healthcare
NHS Trust

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.
Applying a 5% reduction, the vacancy rate is 5.9%.
The reduction in vacancy rates is mainly due to student recruitment of newly qualified nurses and midwives

Turnover
Turnover remains broadly stable, and below threshold

Overall Sickness
Socialisation to support the implementation of the new Wellbeing and Attendance policy is underway through Trustwide webinars.
Seasonal viruses are impacting our sickness and we continue to promote the vaccination programme, and other winter wellbeing initiatives through Occupational Health and Wellbeing.
As part of this years dedicated sickness programme, since August we have targeted 23 priority teams, to date 7 are showing improvements, with 4 teams now achieving absence of less than 3.5%.

Temp Staffing against Plan
As at M7, in relation to the national targets of reducing bank by 10% and agency by 30%, to date this f/y we have achieved a 63% reduction in agency and a 10% 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%

Drivers of performance

PREVENTION workstream: Active Bystander session – 100% aware of how and where to report concerns within BHT. 95% feel more empowered to act after session
Essential Management Conversations –11% V Confident, 72% Confident to conduct conversation following the session. 83% felt better equipped to respond to disclosure of B&H
REDUCTION: Top 30 priority teams – Wrap up complete with actions and initial impact recorded. Full evaluation scheduled for Dec/Jan with first cut of staff survey data. Q3 appraisal conversations implemented with good engagement and feedback.
RESOLUTION: Monthly meeting within HR to support progress with QI involvement
Collaboration with colleagues including resident doctors to feed into policy review
SUPPORT A listening event on discrimination held in early October with 179 attendees. This resulted in a number of local awareness session in clinical teams and a more proactive stance on racism by the trust.
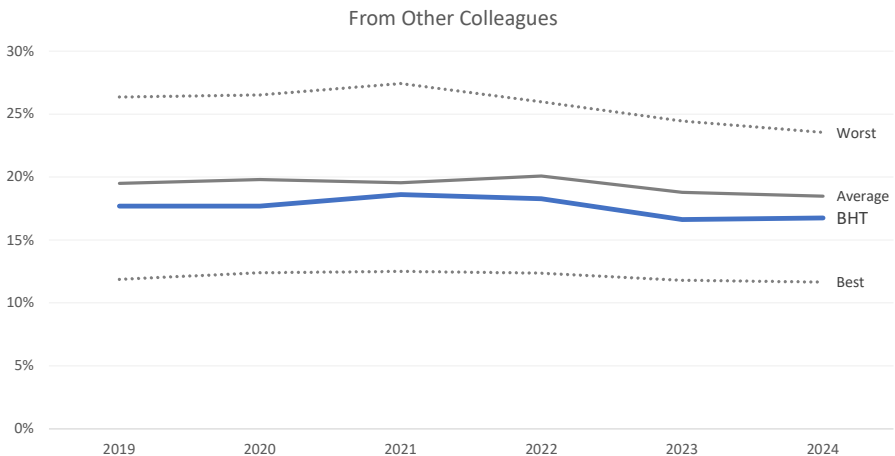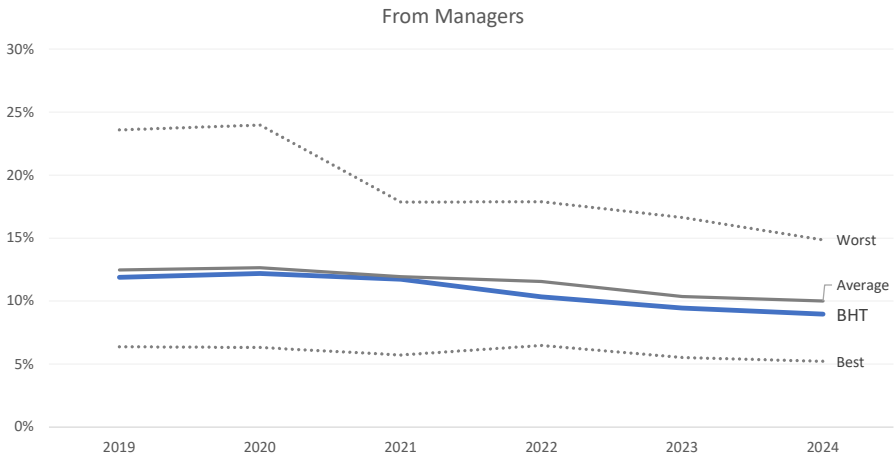
Actions to maintain or improve performance

- 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
- Promotion of the NSS 25 across the Trust with Trolley 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
- Monitoring Datix & ER data for changes in race related issues

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
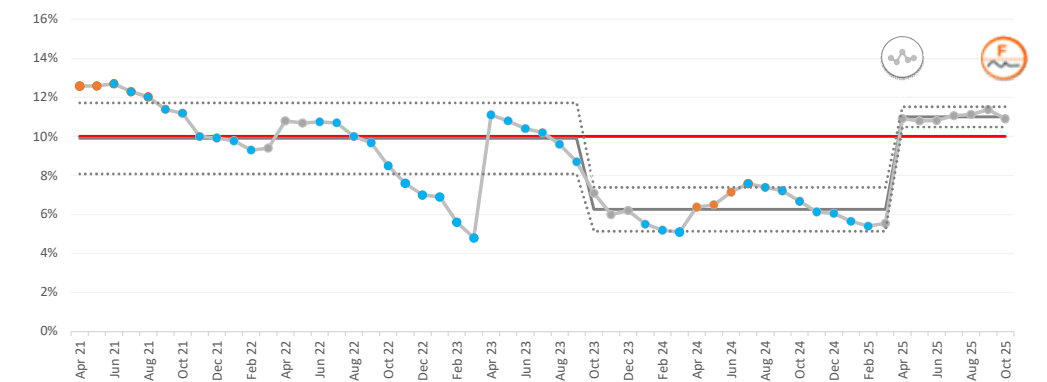

From Managers

From Other Colleagues

Great place to work

Trust vacancy rate

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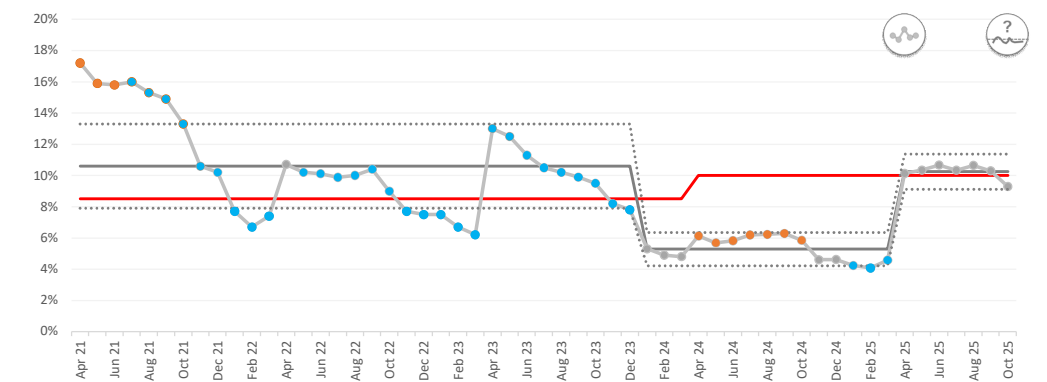For 2025/26 planned WTE denominators exclude CIP.

May-25	Variance Type	Target	Achievement	For review
10.8%	**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.
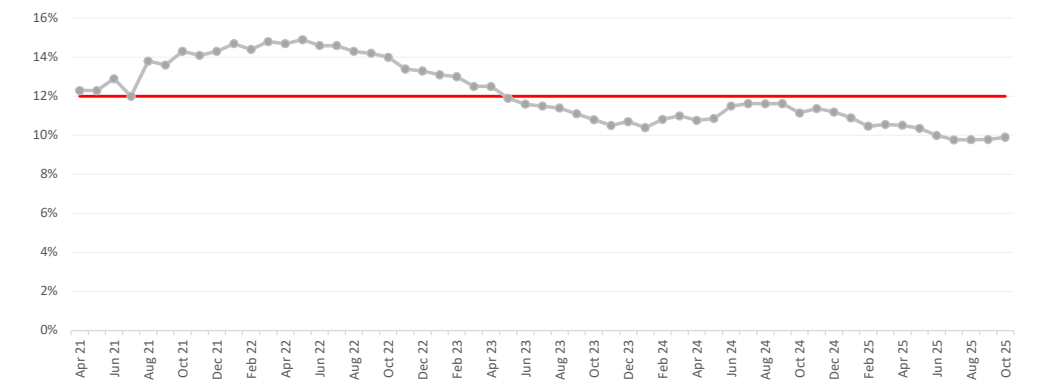For 2025/26 planned WTE denominators exclude CIP.

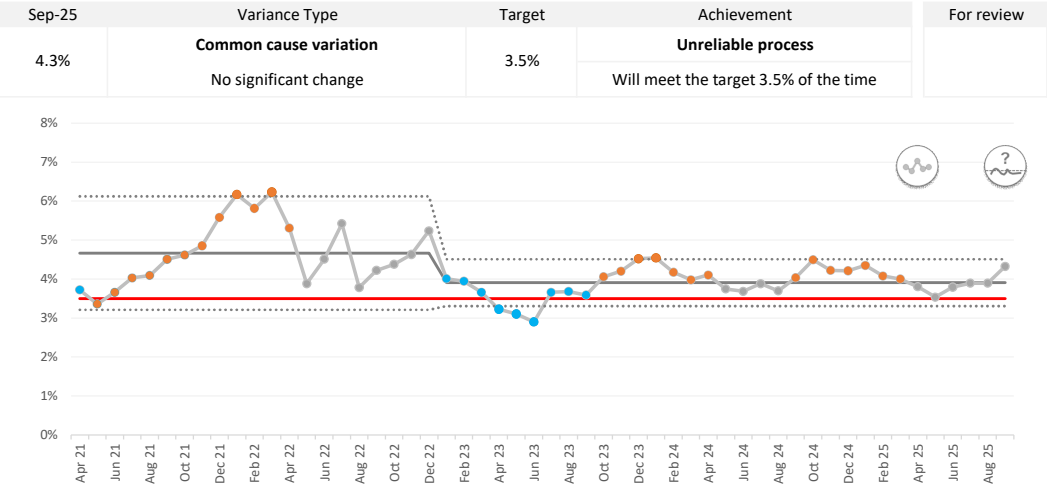| May-25	Variance Type	Target	Achievement	For review
10.4%	**Common cause variation** No significant change	10%	**Unreliable process** Will meet the target 28.1% of the time	

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.

Oct-25	Variance Type	Target	Achievement	For review
9.9%	N/A	12%	N/A	

Great place to work

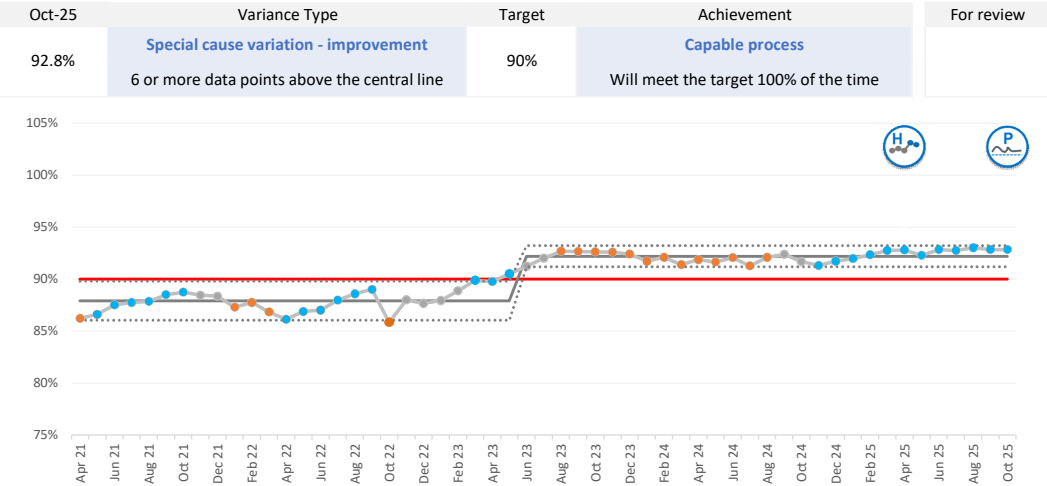## Sickness

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

Sep-25	Variance Type	Target	Achievement	For review
4.3%	**Common cause variation**	3.5%	**Unreliable process**	
	No significant change		Will meet the target 3.5% 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.

Oct-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

NHS
Buckinghamshire Healthcare
NHS Trust

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	Oct 25	10.9	-	⊙		No significant change		
Average length of stay for elective inpatients	Oct 25	6.5	-	⊙		No significant change		
Average length of stay for community hospitals	Oct 25	18.1	-	⊙		No significant change		
Theatre utilisation	Oct 25	77.2%	85%	H	F	Data point outside of control limits	0.0%	
Average case per session	Oct 25	2.6	2.8	H	F	6 or more data points above the central line	0.2%	
Daycase rate	Oct 25	86.1%	85%	⊙	?	No significant change	31.4%	
Outpatient DNA rate	Oct 25	7.1%	5%	⊙	F	No significant change	0.0%	
Clinic slot utilisation			-					

Productivity

NHS
Buckinghamshire Healthcare
NHS Trust

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	Oct 25	6797.44	6734.84			6 or more data points above the central line		
Substantive staffing levels	Oct 25	6399.1	6274.7	H	F	6 or more data points above the central line		
Substantive staffing levels against plan	Oct 25	0.4%	0.0%					
Temp staffing levels	Oct 25	398.3	460.1	L		6 or more data points below the central line		
Temp staffing levels against plan	Oct 25	-8.7%	0.0%					
Temporary staffing levels spend (£)	Oct 25	2401257.94	-	L		2 out of 3 data points close to control limit		

Productivity

ASSURANCE

VARIATION

	(P)	(?)	(F)	No Target	(↑)
H/L (blue)		Temp staffing levels Temp staffing levels against plan	Theatre utilisation Average case per session	Temporary staffing levels spend (£)	
(grey)		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 (orange)		Substantive staffing levels against plan	Substantive staffing levels		

Productivity

Substantive Staffing Levels:

- M07 now adverse to Workforce Plan by 124.4WTE (up from 49.5WTE at M06) for substantive staffing
- Key interventions to support delivery, in addition to those above:
    - Delivery of identified efficiency schemes
    - Workforce controls
- Further action: Continued development of substantive pay reduction plans to meet workforce plan for the remainder of the year
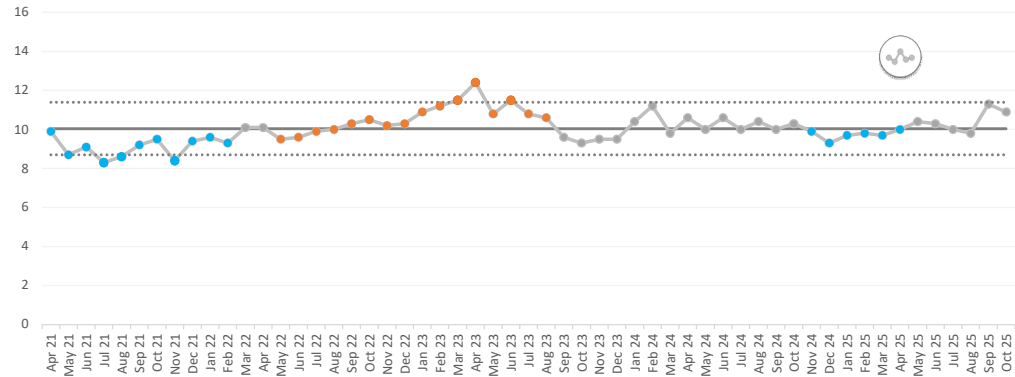
Overall NHSE measure of productivity

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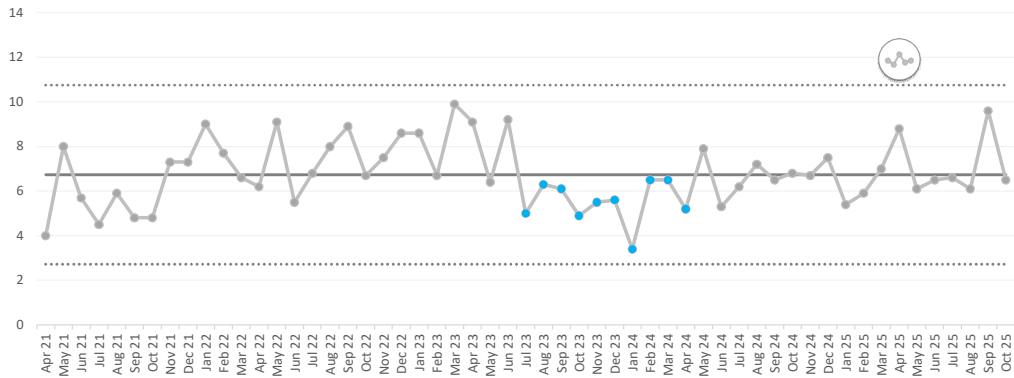
Oct-25	Variance Type	Target	Achievement	For review
10.9	**Common cause variation** No significant change	-	N/A	

Average length of stay for elective inpatients

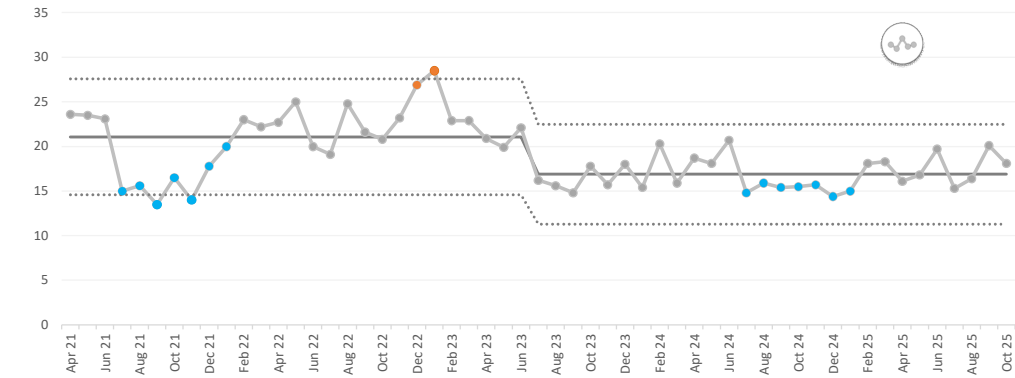Mean length of stay in days for patients discharged during the month. For elective inpatients.

Oct-25	Variance Type	Target	Achievement	For review
6.5	**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.

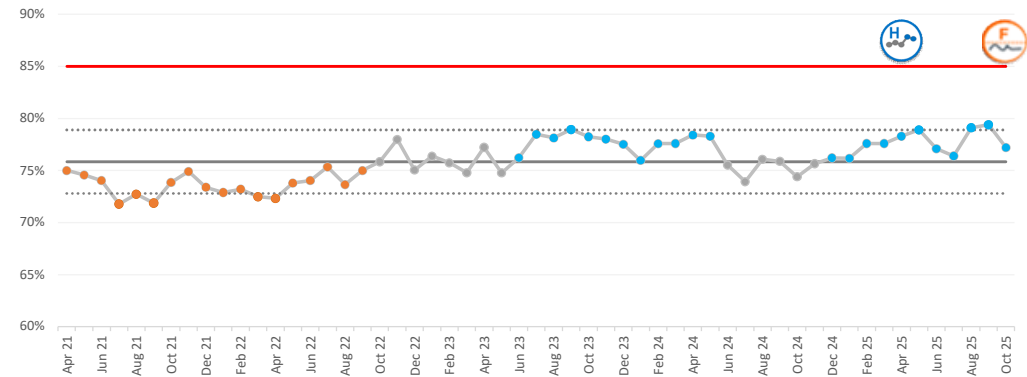| Oct-25	Variance Type	Target	Achievement	For review
18.1	**Common cause variation** No significant change	-	N/A	

Productivity

NHS
Buckinghamshire Healthcare
NHS Trust

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.
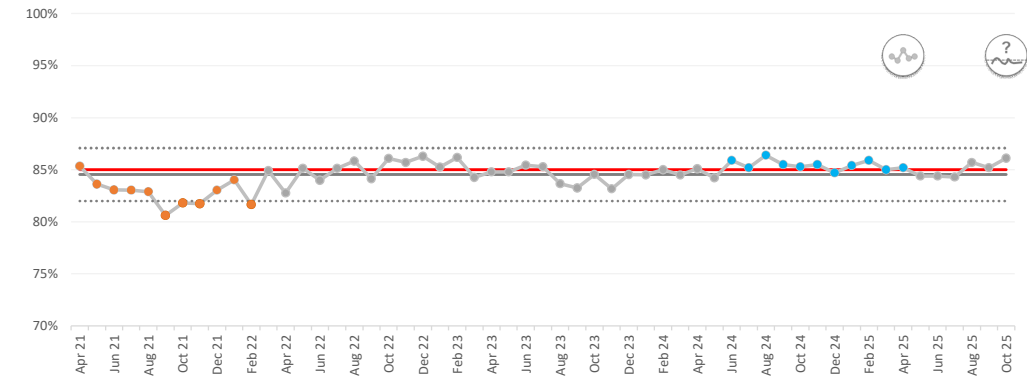
Oct-25	Variance Type	Target	Achievement	For review
77.2%	**Special cause variation - improvement**	85%	**Incapable process**	
	Data point outside of control limits		Will meet the target 0% of the time	

Average case per session

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

Oct-25	Variance Type	Target	Achievement	For review
2.6	**Special cause variation - improvement**	2.8	**Incapable process**	
	6 or more data points above the central line		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.
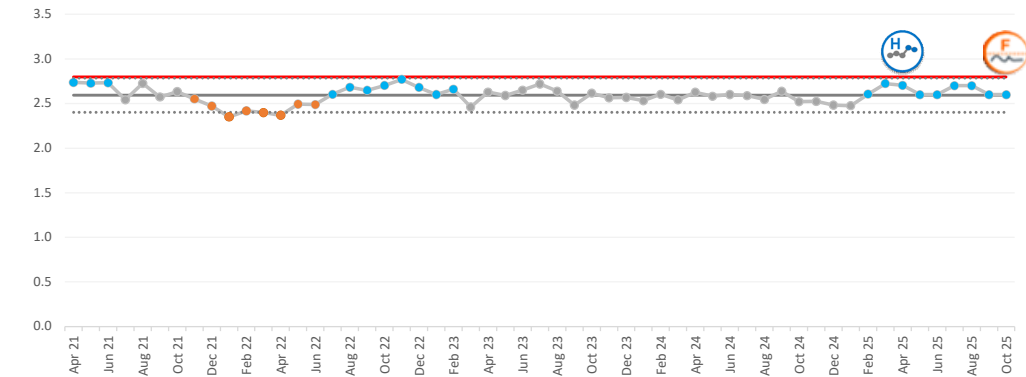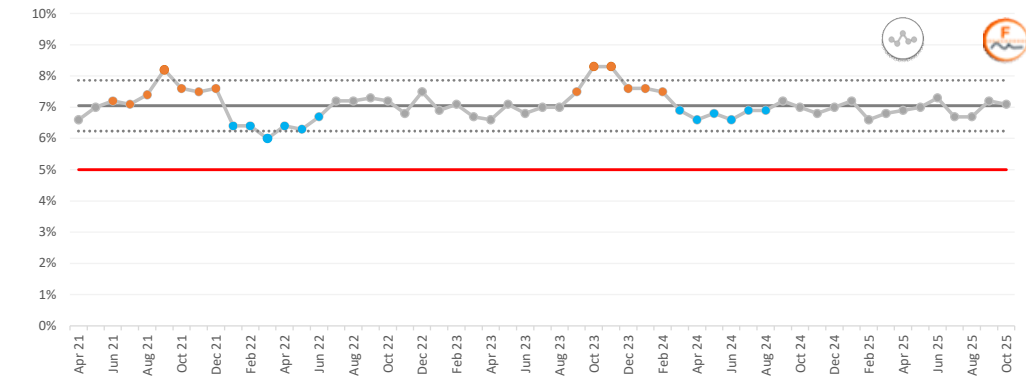
Oct-25	Variance Type	Target	Achievement	For review
86.1%	**Common cause variation**	85%	**Unreliable process**	
	No significant change		Will meet the target 31.4% of the time	

Outpatient DNA rate

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

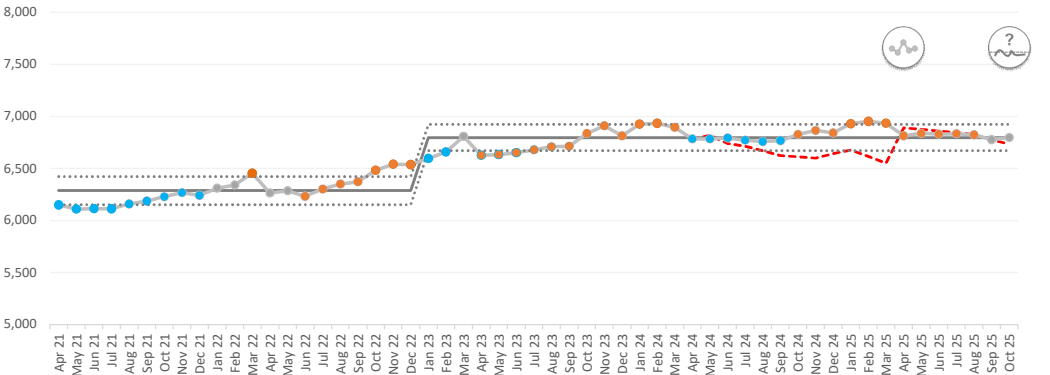| Oct-25	Variance Type	Target	Achievement	For review
7.1%	**Common cause variation**	5%	**Incapable process**	
	No significant change		Will meet the target 0% of the time	

Productivity

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.
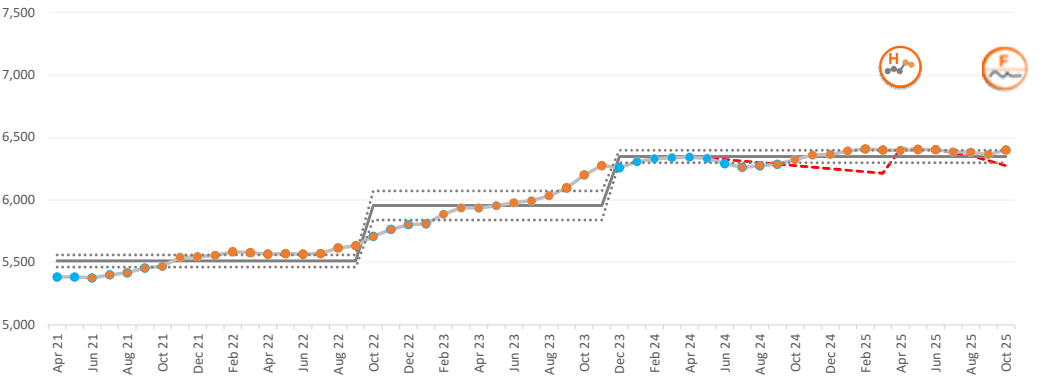
Oct-25	Variance Type	Plan	Achievement	For review
6797.44	**Special cause variation - concerning** 6 or more data points above the central line	6734.84	N/A	

Substantive staffing levels

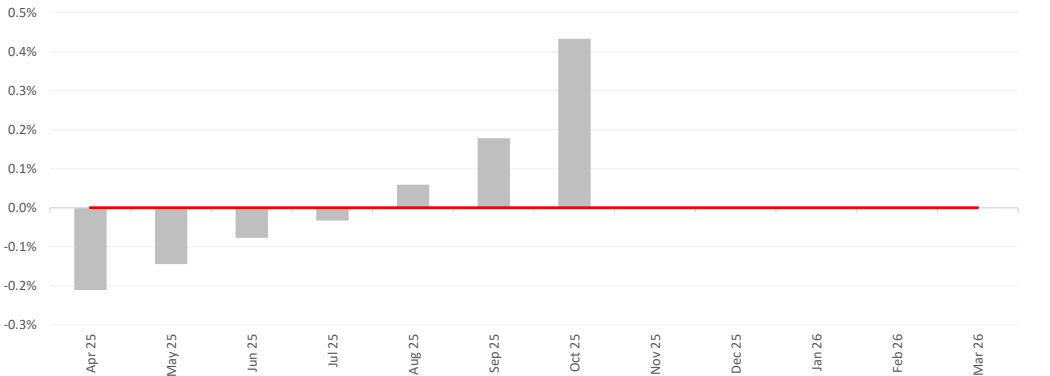Snapshot at month end of substantive Whole Time Equivalent (WTE) staff in post.

Oct-25	Variance Type	Plan	Achievement	For review
6399.14	**Special cause variation - concerning** 6 or more data points above the central line	6274.70	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.
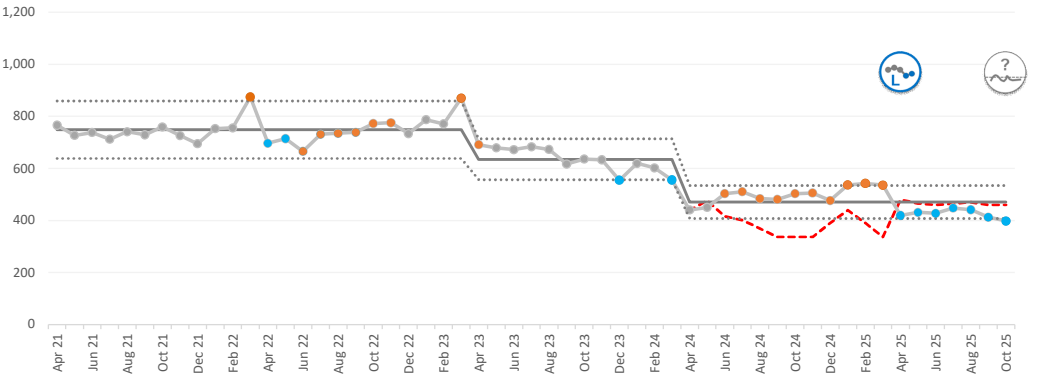
Oct-25	Variance Type	Target	Achievement	For review
0.43%	N/A	0%	N/A	

Productivity

Temp staffing levels

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

Oct-25	Variance Type	Plan	Achievement	For review
398.30	**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.

Oct-25	Variance Type	Target	Achievement	For review
-8.66%	N/A	0.0%	N/A	

Temporary staffing levels spend (£)

Temporary staffing spend against plan.

Oct-25	Variance Type	Target	Achievement	For review
£2,401,257.94	**Special cause variation - improvement** 2 out of 3 data points close to control limit	-	N/A	