

Meeting: Trust Board Meeting in Public

Date: 25 September 2024

Agenda item	Month 5 2024/25 Finance Report
Board Lead	Jon Evans, Chief Finance Officer
Author	Philip Blandford, Head of Financial Management Sharmila Rajanayagam, Deputy Head of Financial Control
Appendices	Month 5 2024/25 Finance Report
Purpose	Assurance
Previously considered	EMC 17.09.2024 Finance Committee 19.09.2024

Executive summary

The Trust planned a deficit of £14.7m YTD to August 2024 and reported an actual deficit of £16.0m, a worse than plan position of £1.3m due to the impact of additional cost and lost income related to industrial action in June and July 2024.

This is against the full year £22.9m deficit plan in line with the submission to NHSE on 12th June 2024.

As at Month 5, the Trust has delivered £10.3m of the £33.3m 2024/25 Capital plan.

The closing Cash balance at the end of Month 5 2024/25 was £2.0m.

The Trust will need to submit an application for further support in Q3, and requires Finance Committee and Board approval. The Committee are requested to approve submission up to the value of the cumulative deficit to the end of M9, less support received to date.

This report was considered by the Executive Management Committee and the Finance & Business Performance Committee on 17 and 19 September respectively and a verbal update of discussions will be provided to the Board.

Decision	The Board is requested to take assurance from this report. The Board is requested to approve the deficit support application.
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Relevant strategic priority

Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input type="checkbox"/>
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Relevant objective

<input type="checkbox"/> Improve waiting times in ED	<input type="checkbox"/> Give children living in most deprived communities the best start in life	<input type="checkbox"/> Zero tolerance to bullying
<input type="checkbox"/> Improve elective waiting times	<input type="checkbox"/> Outpatient blood pressure checks	
<input type="checkbox"/> Improve safety through clinical accreditation		

Implications / Impact

Patient Safety	Maintaining patient safety whilst living within our financial means
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Principal Risk 2: Failure to deliver our annual financial plan
Financial	Achieving our financial targets for 2024/25
Compliance Select an item. Select CQC standard from list.	Achieving the NHSE approved 2024/25 financial plan
Partnership: consultation / communication	Achieving BHT element of BOB ICB 2024/25 financial plan
Equality	Equality is considered in all aspects of financial planning, support and reporting
Quality Impact Assessment [QIA] completion required?	N/A

Finance Report Month 5 - 31st August, 2024

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

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Executive Summary

Table 1 - Income and Expenditure Summary

£m	Annual Plan	Year to Date			In Month		
		Plan	Actuals	Variance	Plan	Actuals	Variance
I&E Surplus / (Deficit)	(22.9)	(14.7)	(16.0)	(1.3)	(2.5)	(2.5)	0.0

The Trust planned a deficit of £(14.7)m in Month 5 and reported an actual deficit of £(16.0)m, worse than plan by £1.3m. £1.2m of this is explained by additional costs and estimated lost efficiency and income from Industrial Action (IA) in June and the start of July.

Key drivers of performance to date are:

Description (£m)	Variance	Narrative
Pay efficiency under-delivery	(2.3)	Pay efficiency £4.5m against efficiency plan £6.8m, excluding IA impact on Pay
Pay investments not yet made	1.2	Pay investments phased in 12ths
Prior year VAT refund	1.3	VAT refund received in Q1 and M5 related to prior year
Non Pay one off benefit	2.0	PFI Deed of Variation
Industrial Action	(1.2)	Costs of Industrial Action, including pay, lost efficiency and income (incl pay saved, est c£60k)
Income & Activity risk (net)	(2.1)	Risk of misalignment in reporting
Prior year costs	(0.8)	Care Group Prior Year expenditure
Activity over-performance	0.4	Expected income for activity over-performance
Other	0.2	
I&E Surplus / (Deficit)	(1.3)	

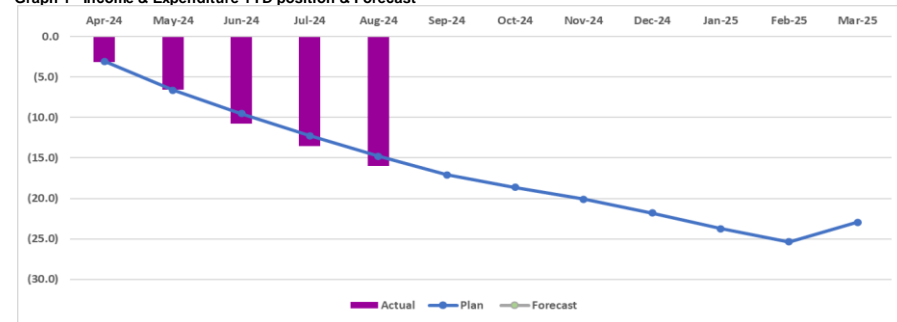
Summary financial performance:

The YTD financial performance shows the Trust is delivering its financial plan, excluding the impact of IA £(1.3)m, due to a combination of non recurrent items coming in earlier than planned, £2.0m PFI deed of variation and £1.3m prior year VAT rebate, offsetting unplanned prior year costs £(0.8)m and activity / contract risk £(2.1)m and lower than planned efficiency savings.

The overall position, by subjective, is:

- Pay has reduced compared to last year's average but is over plan YTD by £(3.1)m at M5 due to £(0.3)m (net) IA costs, consultant and middle grade pay awards, £(1.5)m (offset in income), net of lower than planned pay efficiencies £(2.3)m and investments £1.2m and increased costs to support clinical activity overperformance.
- Non-pay has been reducing, with a further reduction in M5, and is £1.8m better than plan YTD due to £2.0m PFI Deed of Variation benefit (earlier than plan), prior year VAT benefit £1.3m, offset by utility costs £(0.7)m, £(0.8)m prior year costs and outsourcing £(1.3)m and passthrough drugs £0.4m and in-tariff drugs £(0.7)m.
- Income is better than plan by £0.3m due to activity overperformance of £0.4m, Medical staff pay awards funding of £1.5m, offset by £(2.1)m net activity risk, and other items including pass through drugs £(0.4m) and non contract and LVA income £0.7m

Graph 1 - Income & Expenditure YTD position & Forecast



Drivers and outlook:

- The financial plan assumes a steady and consistent reduction in pay costs throughout the year (see Page 15 for phasing). In scale terms, compared to M1-5, this is a further improvement of c£6.5m over the remainder of the year, with c£4.3m to be delivered through Pay, based on current performance. This excludes the one-off items assumed in Month 12.
- Plans, controls and interventions continue to be developed to achieve this, but will need continued focus and a stepped change in interventions and delivery to achieve.
- A continued focus, reconciliation and alignment of outsourced, insourced and WLI activity is required to ensure appropriate reporting and value for money.

Efficiencies:

- Reported efficiencies are £9.5m, £(2.4)m adverse against the year to date plan of £11.9m. This includes pay savings of £4.1m
- Additional financial margin from activity and £2.0m PFI deed of variation are not part of the efficiency programme.
- Sustained and recurrent reduction in pay is required, as is delivery of operational plan

Workforce (including Agency):

- Pay spend is £163.0m YTD, £(3.1)m adverse to plan, with £(0.3)m net costs of IA, £(1.5)m medical staff pay awards (offset in income) and £1.2m budget for investments not yet implemented offsetting wider efficiency delivery.
- WTEs in 2024/25 M5 total 6,761 in comparison to 2023/24 M5 of 6,738 worked WTEs - an increase of 23 WTE in the past 12 months
- Agency spend is £2.8m YTD, 1.7% of total pay spend of £163.0m and is also lower than the £0.85m per month average in 2023/24.

Key assumptions in reported performance:

- Commissioning income as per M5 plan (see Page 5), adjusted for high cost drugs, variable contract performance, pay awards and Income and Activity risk £(2.1)m.
- Pay award inflation for substantive staff has been assumed at 2.1%, per national planning guidance, and accrued at a cost of £(3.0)m in M5. No impact from recently announcement national pay awards (AFC and Junior Doctors) has been assumed or accrued (per national guidance)
- Consultant and middle grade doctors pay awards have been accounted for against Pay and Income, as directed by NHS England
- PFI Deed of Variation of £2.0m has been accounted for in M2, earlier than planned (M12)

Issues, risks and opportunities:

- Delivery of workforce plan and pay efficiency plan, with a requirement to deliver recurrently and within the planned phasing, including ongoing Trade Union negotiations and the assumption that national Pay Awards are fully funded (i.e. no additional cost to Trust). All to be confirmed.
- Recurrent delivery of the non-pay efficiency plan
- Management of overall Care Group budgets in line with activity plans and quality requirements for clinical teams
- Management of investments to ensure delivery of benefits, productivity and / or cost reductions
- Delivery of activity to earn planned over performance income, and appropriate recording of activity to prevent financial penalties (not assumed)
- Industrial Action which has not been included in the plan

Capital and cash:

- £10.3m capital spent to date, £5.3m behind plan.
- Forecasts and profiling are being reviewed with project leads and assessed at CMG.
- Cash receipts in M5 totalled £60.7m which were lower than the forecast at £63.2m. Cash payments were £61.0m which were lower than forecast at £63.6m resulting in a net cash flow close to forecast (the Trust's minimum permissible balance of £1.9m).
- The applications for Revenue Support PDC and Capital Support PDC has been submitted in line with national timetable and Revenue Support PDC of £5m was received in M4, with a further £5m in M5. Further support has been requested in M6.

On 17/9/24 it was confirmed that deficit support funding equivalent to 97% (£22.2m) of the Trust's planned deficit would be provided through the ICB. Profiling is in the process of being agreed, but this means the planned Q3 Revenue Support PDC application will not be required. The planned Capital Support PDC application will still need to be progressed.

Capital Expenditure (£m)	Annual Plan (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)
Medical Equipment	0.9	0.3	0.2	0.1
Property Services	16.8	9.9	5.0	4.9
Information Technology	10.5	3.2	3.0	0.2
General	5.1	2.1	2.1	0.1
Total Capital Expenditure	33.3	15.5	10.3	5.3

Financial performance

Table 1 - Income and expenditure summary

(£m)	In Mth Plan	In Mth Actuals	In Mth Variance	YTD Plan	YTD Actuals	YTD Variance	Annual Plan
Income from Activities	49.30	47.61	(1.69)	244.56	244.62	0.06	588.62
Other Operating income	2.40	2.90	0.50	12.01	12.29	0.29	28.82
Total income	51.70	50.51	(1.19)	256.57	256.91	0.35	617.44
Pay	(31.60)	(32.84)	(1.24)	(159.88)	(162.97)	(3.08)	(380.09)
Non-pay	(19.17)	(16.95)	2.22	(95.83)	(94.07)	1.76	(219.80)
Total operating expenditure	(50.77)	(49.79)	0.98	(255.71)	(257.03)	(1.32)	(599.89)
EBITDA	0.93	0.71	(0.21)	0.85	(0.12)	(0.97)	17.54
Non Operating Expenditure	(3.11)	(3.00)	0.11	(13.92)	(14.83)	(0.92)	(36.38)
Surplus / (Deficit)	(2.19)	(2.29)	(0.10)	(13.06)	(14.95)	(1.89)	(18.84)
Donated Assets adjustment	0.01	0.12	0.12	0.04	0.62	0.59	0.09
PFI adjustment	(0.34)	(0.34)	0.00	(1.70)	(1.70)	0.00	(4.11)
Adjusted Surplus / Deficit (NHSE control total)	(2.52)	(2.50)	0.02	(14.73)	(16.03)	(1.30)	(22.85)

Financial Performance Summary

- The Trust is reporting a deficit position £16.0m on a control total basis YTD, which is £1.3m adverse to plan. This is mainly driven by Industrial Action costs from prior months.
- The M5 capital spend is £10.3m against a plan of £15.5m. The profiling of the budget is still under a process of refinement as more information on schemes becomes apparent.
- Contract Income variation is based on activity for 2024/25 M1-4, which will reflect Trust agreements for 2024/25 funding with BOB ICB (as yet not finalised), NHSE Specialised Commissioning and expected income from Associate Commissioners. Over performance of £0.3m on variable income / activity assumed based on internal reporting. However, in M5 we have also included an Income and Activity risk adjustment of £2.1m.
- Other operating income totals £12.3m YTD against a plan of £12.0m.
- Pay costs for M5 2024/25 total £(32.84)m, this is £(1.2)m adverse to the plan. M5 YTD plan includes £6.0m of pay savings target. 2.1% pay award has been accrued for all substantive staff, in line with plan and at a cost of £(3.0)m YTD. YTD pay spend is £3.1m over plan, including £1.5m consultant and middle grade pay award (funded by commissioning income).
- Non-pay has been reducing, with a further reduction in M5, and is £1.8m better than plan YTD due to £2.0m PFI Deed of Variation benefit (earlier than plan), prior year VAT benefit £1.3m, offset by utility costs £(0.7)m, £(0.8)m prior year costs and outsourcing £(1.3)m and passthrough drugs £0.4m and in-tariff drugs £(0.7)m.

Key Highlights: Income

NHS Income and Activity

• The Income from Activities position totals £245m at M5 2024/25 which is £0.06m favourable to the M5 YTD plan, which is based on offers from BOB ICB, planning assumptions on ERF and for other commissioners. High cost drugs, devices and activity overperformance have been accrued at M5. The almost break even position £0.06m is based on accrual for consultant pay award funding £1.3m, with overall favourable £2.7m variances for high cost drugs and activity offset by a net Income and Activity Risk adjustment of £2.1m.

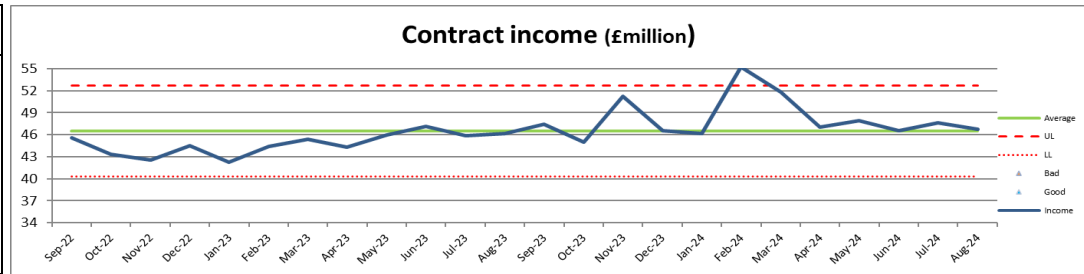
• No further information has been received regarding ERF for 2023/24.

• The Statistical Process Control Chart (Graph 3) for Contract Income shows income is close to the mean in M4 2024/25. The increase in December 2022 relates to the additional Specialist Commissioner income for Elective and Non Elective ERF totalling £2.8m for 2022/23. In June 2023, additional income was recognised for the backdated Agenda for Change pay award and similarly in September 2023 for the Medical pay award. November 2023 shows the receipt of £4.3m Industrial Action funding, normalising in the following months. February 2024 increases significantly mainly due to an additional £7.1m YTD system deficit funding.

Table 2 - Breakdown of Income from Activities

Commissioner (£m)	Annual Budget Total 2024/25	YTD Budget	YTD Actuals	YTD Variance
ICBs	470.99	196.25	195.26	0.99
Local Authorities	18.57	7.74	7.87	-0.14
NHS England & DHSC	85.66	35.69	36.57	-0.88
NHS Other	0.13	0.05	0.07	-0.02
NHS Trust	4.25	1.83	2.14	-0.31
Non-NHS Overseas Visitors	0.46	0.24	0.28	-0.04
Non-NHS Private Patients	6.04	1.71	1.25	0.46
Non-NHS: Other	1.29	0.54	0.73	-0.19
Road Traffic Act	1.22	0.51	0.44	0.07
Total	588.62	244.56	244.62	-0.06

Graph 3 - Contract Income Statistical Process Control (SPC) Charts



Other Income

Table 3 - Breakdown of other operating income

Category (£m)	Annual Budget Total 2024/25	YTD Budget	YTD Actuals	YTD Variance
Education and Training	15.94	6.64	7.10	-0.46
Research	2.24	0.93	0.80	0.13
Charitable income	1.50	0.62	0.68	-0.05
Non patient care income	1.65	0.69	0.47	0.22
Other income	7.50	3.12	3.24	-0.12
Total	28.82	12.01	12.29	-0.29

Other operating Income is £0.3m favourable to plan. This is mainly because of prior year income benefit £199k and an overachievement of Bucks Academy £81k.

Key Highlights: Expenditure (Non Pay)

Table 5 - YTD non-pay operating position

Non-Pay category (£m)	Annual Budget	YTD Budget	YTD Actuals	YTD Variance
Drugs	58.24	24.27	24.70	(0.43)
Clinical Supplies	48.51	20.28	18.18	2.10
General Supplies	1.79	0.75	0.83	(0.08)
Establishment Expenses	4.63	1.93	2.13	(0.20)
CNST	16.86	7.03	7.14	(0.12)
Premises & Fixed Plant	40.49	16.50	15.75	0.74
PFI	28.47	12.15	11.47	0.69
Miscellaneous	20.79	12.92	13.86	(0.94)
Total Expenditure	219.80	95.83	94.07	1.76

Non-pay operating expenditure totals £(94.07)m YTD. This is £1.8m favourable to plan YTD. This is mainly due to £2.0m PFI Deed of Variation received earlier than planned. YTD the plan includes £(2.4)m of non pay savings target. Key drivers of the non pay position are:

- Drugs are adverse YTD by £(0.43)m with a significant reduction in spend in August due to reduced activity. Non pass through PBR drugs are overspent by £(0.7)m while high cost drugs are underspent by £0.4m. The non pass through PBR drugs overspend has an impact on the position and there is work progressing to ensure that there are not any high cost pass through drugs erroneously coded.
- Specialist Services have a non pay overspend of £(2.8)m YTD, key drivers in the care group are:
 - Drugs use within cancer are £(1.3)m over budget, with £(0.7)m to relate to high cost pass through drugs
 - Gynaecology is overspent by a total of £(0.5)m on outsourcing, drugs and clinical supplies, which supports the delivery of activity plan.
 - Pathology is £(0.3)m overspent, mainly relating to prior year costs.
- PFI favourable to plan £0.7m YTD, but includes a £2.0m benefit accounted for earlier in M2.

Table 6 - YTD drugs position

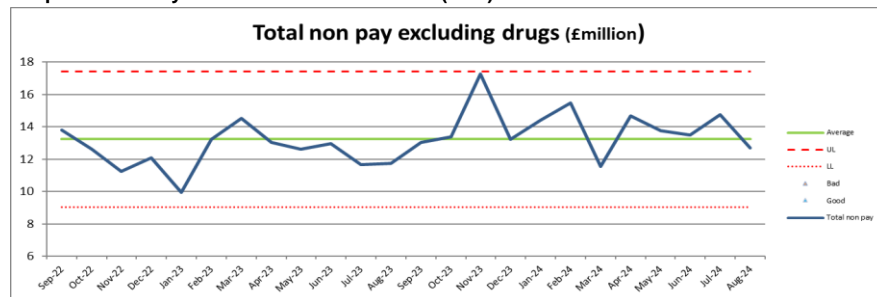
Drug Categories (£m)	Annual Budget	YTD Budget	YTD Actuals	YTD Variance
PBR Drugs	12.37	5.15	5.90	(0.74)
PBR excluded Drugs	44.13	18.39	17.95	0.43
Other Drug Items	1.74	0.73	0.85	(0.12)
Total expenditure	58.24	24.27	24.70	(0.43)

There are no items of note for the Statistical Process Control chart below.

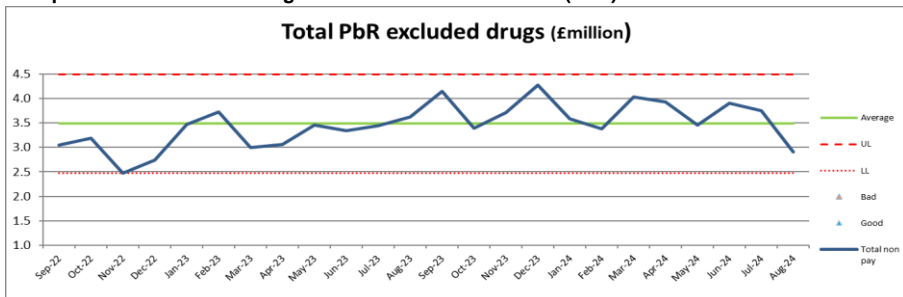
Statistical Process Control charts (SPC) for non pay and high cost pass through drugs spend are detailed below (Graphs 8 & 9).

- March 2023 and March 2024 costs included the impact of non-recurrent year end balance sheet adjustments.

Graph 8 - Non Pay Statistical Process Control (SPC) Chart



Graph 9 - Pbr Excluded Drugs Statistical Process Control (SPC) Chart



Key Highlights: Pay Growth 19/20 to 24/25

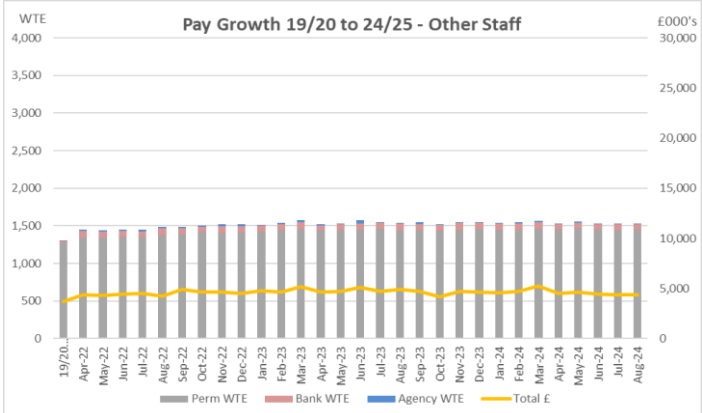
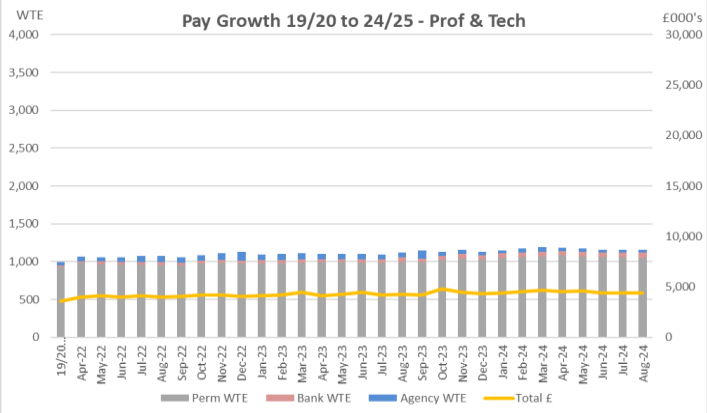
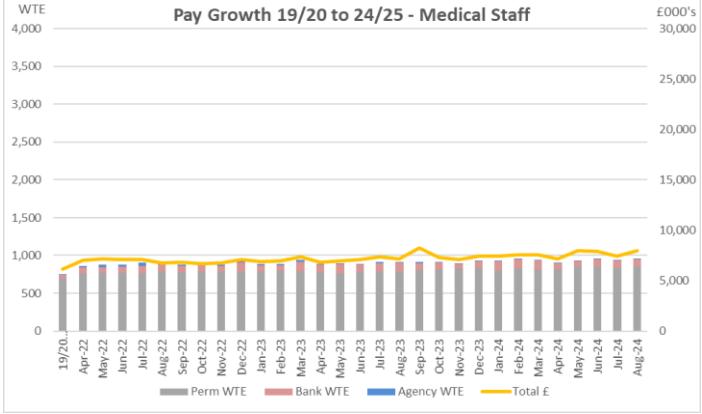
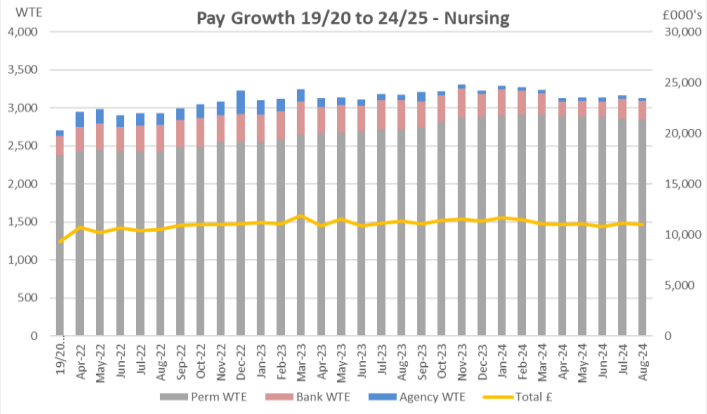
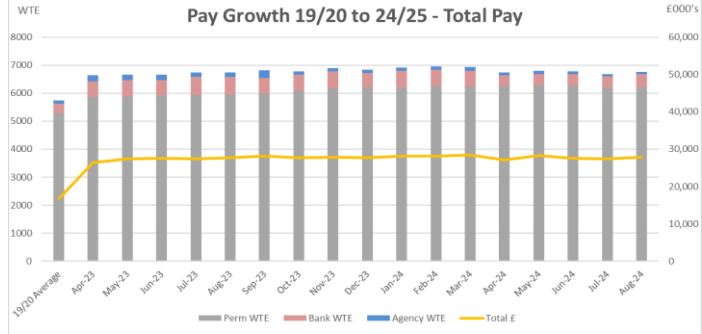
August 2024 pay includes 2.1% pay award for substantive staff at a cost of £(3.0)m and the backdated consultants and middle grade pay awards since April 24 at a total cost of £(1.5)m.

Total pay is £32.8m in August 2024, an increase of £0.4m compared to July. Mainly because of backdated middle grade doctor pay award (£0.2m) that was paid in month.

A decrease in WTEs worked was reported in M5 compared to last month of 11 WTEs with Temp staff reducing by (29) WTEs while substantive staff increased by 17 WTEs, mainly medical staff. Compared to last month, nursing WTE decreased by (29) WTE, while Medical staff increased by 20 WTEs.

The worked WTEs was 6,761 in August, which is 92 more than the budget of 6,669.

The graphs show actual WTE and pay spend average 2019/20 and then April 23 to August 24.



Care Group Positions

Breakdown of financial position by Care Group and division

Table 7 - Divisional income and expenditure

Care Groups / Divisions (£m)	Annual Budget	YTD Budget	YTD Actuals	YTD Variance against Plan	Current Month Run Rate					
					M01	M02	M03	M04	M05	Var M4v5
Community & Rehabilitation	(87.74)	(36.84)	(36.29)	0.55	(7.5)	(7.6)	(7.2)	(7.0)	(7.0)	0.0
Integrated Medicine	(105.87)	(44.72)	(45.81)	(1.09)	(8.9)	(9.1)	(9.5)	(8.9)	(9.4)	0.5
Specialist Clinical Services	(115.08)	(48.48)	(50.48)	(2.00)	(10.7)	(10.2)	(10.5)	(9.1)	(10.0)	0.9
Surgery And Critical Care	(122.57)	(51.89)	(55.25)	(3.36)	(10.5)	(11.2)	(10.6)	(11.6)	(11.4)	(0.1)
Total Clinical Divisions	(431.26)	(181.94)	(187.83)	(5.89)	(37.5)	(38.1)	(37.8)	(36.5)	(37.9)	1.3
Chief Executive	(3.83)	(1.60)	(1.66)	(0.06)	(0.3)	(0.4)	(0.3)	(0.3)	(0.3)	(0.0)
Chief Operating Officer	(10.46)	(4.28)	(4.12)	0.16	(0.8)	(0.8)	(0.8)	(0.8)	(0.9)	0.1
Division Of Information Technology	(23.61)	(9.84)	(9.63)	0.21	(1.7)	(2.2)	(1.9)	(2.0)	(1.8)	(0.2)
Finance Directorate	(5.57)	(2.43)	(2.12)	0.31	(0.5)	(0.5)	(0.3)	(0.5)	(0.3)	(0.2)
Human Resources	1.49	0.63	1.24	0.61	0.5	(0.2)	0.2	(0.2)	0.9	(1.1)
Medical Director	(0.63)	(0.27)	(0.30)	(0.03)	(0.0)	(0.2)	0.0	(0.1)	(0.0)	(0.1)
Nursing Director	(22.26)	(9.30)	(9.18)	0.12	(1.7)	(1.9)	(1.8)	(1.8)	(1.9)	0.0
Property Services	(66.41)	(27.59)	(28.13)	(0.54)	(5.9)	(5.5)	(5.6)	(5.7)	(5.5)	(0.3)
PDC And Depreciation	(28.08)	(11.59)	(12.01)	(0.42)	(2.6)	(2.1)	(2.5)	(2.5)	(2.4)	(0.0)
Total Corporate	(159.36)	(66.27)	(65.90)	0.37	(13.0)	(13.9)	(13.0)	(13.9)	(12.2)	(1.7)
Contract Income	563.50	234.85	235.13	0.28	47.1	47.0	46.6	47.7	46.8	0.9
Corporate Services / Provisions	9.49	0.30	3.65	3.35	0.1	2.1	0.3	0.2	1.0	(0.8)
Surplus / (Deficit)	(17.63)	(13.06)	(14.95)	(1.89)	(3.4)	(2.9)	(3.8)	(2.6)	(2.3)	(0.3)
Donated Assets adjustment	0.09	0.04	0.62	0.59	0.1	0.1	0.1	0.2	0.1	0.0
PFI adjustment	(4.11)	(1.70)	(1.70)	0.00	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	0.0
Adjusted Surplus / Deficit (NHSE control total)	(21.64)	(14.73)	(16.03)	(1.30)	(3.6)	(3.1)	(4.1)	(2.7)	(2.5)	(0.3)

Integrated Medicine - £(1.1)m adverse
 Drivers include:
 Industrial Action pay costs - £240k adverse
 Pay plan overspend due to CIP gap, partially offset by nursing underspends - net £730k adverse.
 Prior year benefit mostly relating to backdated Renal recharge - £300k favourable
 Independent sector spend supporting activity delivery across Dermatology and Gastro - £200k adverse
 Cardiology - £350k adverse income due to underperformance, offset by favourable non pay underspend of £300k
 In total, IM had £455k adverse income adjustment due to activity below plan.

Community & Rehab - £0.6m favourable
 Olympic Lodge budget phased in 1/12ths, creating favourability of £0.4m YTD that will be eliminated by year end.
 Recruitment delays for CYPITS contract and MFOP have YTD favourability of £0.4m
 RRIC SCAS currently favourable £0.1m, plans progressing to review and assess viability of inhousing.
 Spinal SDU is reviewing increasing medical staff spend in parts driven by Health Rota issues, offset by ward areas. £(0.1)m adverse YTD
 Bed hire renegotiation adverse impact YTD (£0.1m)
 In total, C&R had £40k favourable income adjustment due to activity above plan.

Surgery & Critical Care - £(3.4)m adverse
 The overspend is driven by income £(1.8)m due to lower income for high cost drugs £(1.0)m that while non pay overall is overspent taking into account an underspend on HCD £1.0m and activity which is lower than plan £(0.7)m.
 Pay is also £(1.3)m adverse to plan due to unallocated CIPs £(1.6)m and Medical staff cost on WLI £(0.3)m and IA £(0.1)m offset by underspend on Nursing £(0.4)m.
 Overall, surgery run rate has improved by £(0.1)m in M5 compared to M4. Mainly because of Drugs reduction in August £(0.3m) offset by increase in Medical staff £(0.2)m due to middle grade backdated pay award.
 Almost all SDUs are delivering overspends with biggest challenges reported on Theatres £(1.2)m and General Surgery £0.8m with Plastics & Burns £(0.4)m adverse to plan, Anaesthetics £(0.4)m, T&O and Ophthalmology £(0.3)m and Urology £(0.2)m.
 In total, Surgery had £707k adverse income adjustment due to activity below plan.

Specialist Clinical Services - £(2.0)m adverse
 Gynae £1.3m adverse to plan. £0.4m insourcing spend and £0.96m pay/nonpay not producing additional elective income.
 Prior year costs of £0.8m expected to recover by year end.
 Radiology WLI £0.2m adverse and pathology £0.1m adverse.
 Clinical Haematology £0.3m favourable due to additional elective activity.
 CDC adverse variance £0.2m due to timing of CIP allocation - benefit to be realised in H2.
 In total, SCS had £1,450k favourable income adjustment due to activity above plan.

Property Services - £(0.5)m adverse
 Overspend £(0.7)m to date relating to £(0.3)m Maintenance, £(0.5)m PFI due to CIP delivery. This is partially offset with savings year to date on utility costs.

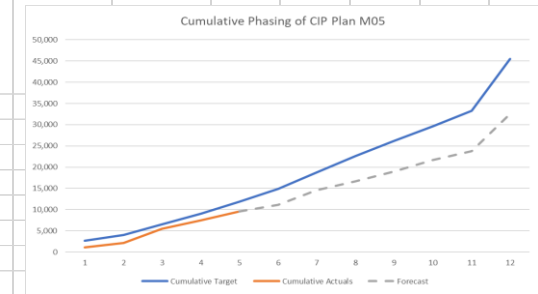
Finance - £0.3m Favourable
 £111k relating to underspends on pay, mainly in commercial, £220k fav variance in non-pay due to VAT recovery in the month.

HR - £0.6m Favourable
 £186k underspend on pay costs, £131k non pay & £295k favourable income to date. It should be recognised that amendments to HEE income are still expected as we progress through the year.

2024/25 Efficiencies

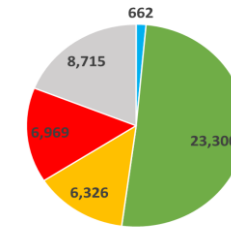
2024/25 Efficiency plan development

Care Group	Exec Lead	Total Plan Target (£'000)	YTD Plan (£'000)	YTD Actual (£'000)	YTD Variance from Plan (£'000)	YTD RAG	Total Forecast (£'000)	Total Forecast Variance (£'000)	Forecast RAG
Integrated Medicine	HB	5,447	1,886	1,281	(604)	A	2,510	(2,937)	R
Community & Rehabilitation	WD	3,656	1,238	2,139	901	G	5,094	1,438	G
Specialist Services	ID	6,117	2,116	753	(1,362)	R	2,408	(3,708)	R
Surgery & Critical Care	JB	6,692	2,337	687	(1,650)	R	2,678	(4,014)	R
Clinical Total		21,912	7,576	4,861	(2,715)	R	12,691	(9,221)	R
Chief Executive	NM	181	63	20	(43)	R	181	(0)	G
Chief Operating Officer	RB	583	207	265	58	G	583	(0)	G
Digital and Transformation	DD	1,428	538	407	(131)	A	1,428	(0)	G
Finance Dept	JE	425	152	518	366	B	640	215	G
Property Services	CH	1,861	752	3	(749)	R	1,869	8	G
People Directorate	BoK	922	323	542	219	G	922	(0)	G
Medical Director	AM	55	19	-	(19)	R	-	(55)	R
Nursing Director	KB	302	103	-	(103)	R	222	(80)	A
Total Corporate		5,758	2,158	1,755	(402)	A	5,845	87	G
Central - Financial Technical Items	JE	6,830	73	825	752	G	7,478	648	G
Central - ICS Schemes	JE	1,500	-	-	-	R	1,500	-	G
Central - ICS Stretch	All	4,472	-	-	-	R	-	(4,472)	R
Central - ERF	RB	5,000	2,083	2,083	-	G	5,000	-	G
Total Central Schemes		17,802	2,156	2,908	752	G	13,978	(3,824)	A
Total (excl. Commercial Other)		45,472	11,890	9,525	(2,365)	A	32,514	(12,958)	A
Commercial Other	JE	N/A	-	8	8		19		
Grand Total		45,472	11,890	9,533	(2,357)	A	32,533	(12,939)	A



M05 Delivery Risk against Identified Plan Value

M05 Delivery Risk against Identified Plan Value (£'000)*



RAG Rating	Percentage
R	<65%
A	65% - 95%
G	95% >
B	Delivered full plan
U	Unidentified

Year to date efficiencies are £9.5m; £2.4m adverse to plan.

-YTD Care Groups £2.7m adverse to plan - £0.4m attributed to IA expenditure; M01-M05 £1.25m Consultant Pay Award now in Care Group budgets.

-YTD Corporate delivery £0.4m adverse to plan – Property Services, Digital & Transformation, Medical Director and Nursing Director

-YTD delivery of Central Schemes £0.8m favourable to plan due to early delivery against profile

-Actual delivery of efficiency savings in month are £2.0m - this is in line with actual delivery of efficiency savings in M4 of £2.0m, however the planned efficiency in M5 is £0.2m higher than previous month.

Forecast efficiencies are £32.5m against a full year plan of £45.5m.

-ICS stretch of £4.5m not yet in the forecast as plans are being developed. Plan phased in Q3 and Q4.

-M05 forecast includes £9.6m pay savings. £11.0m of the total forecast gap to full year plan relates to Pay as full Pay plans are still in development.

-For Corporate schemes and Care Group non-pay, £11.2m has been forecast against a target of £9.8m.

-The Forecast Outturn efficiencies have improved by £2.2m in M5 due to reassessment of Financial Technical Items and Pay Savings more in line with improved run rate.

Balance Sheet

Statement of financial position

Table 9 - Balance Sheet summary

Statement of financial position / (£m)	Planned Position	YTD Position	Variance to Plan	Change from Prior Month
Non-current assets	390.19	382.49	(7.7)	(1.0)
Cash and cash equivalents	1.94	2.05	0.1	(0.3)
Trade and other current assets	39.96	44.76	4.8	(2.7)
Total Assets	432.1	429.3	(2.8)	(4.0)
Current Borrowing	(10.2)	(6.0)	4.1	0.8
Other Current liabilities	(71.2)	(78.6)	(7.4)	6.0
Non Current Borrowing	(48.9)	(56.0)	(7.0)	0.0
Other Non-current liabilities	(1.6)	(1.1)	0.5	0.0
Total Liabilities	(131.9)	(141.7)	(9.8)	6.7
TOTAL NET ASSETS	300.2	287.6	(12.6)	2.7
PDC and Revaluation reserve	468.5	458.2	(10.3)	5.0
Income and Expenditure Reserve	(168.3)	(170.6)	(2.3)	(2.3)
TOTAL EQUITY	300.2	287.6	(12.6)	2.7

- Non Current assets have decreased by £1m from the prior month. This is due to in month capital expenditure of £0.7m being more than offset by in month depreciation of £1.7m. Non current assets are behind plan due to capital spend being behind projections.
- Trade and other current assets have decreased by £2.7m compared to the prior month. This is due to the reduction in accrued income as part of the usual quarterly cycles.
- The Trust has received revenue support of £5m in form of PDC explaining the increase in PDC and Revaluation reserve. However, it was anticipated that higher amounts of Revenue and Capital Support PDC would have been able to have been accessed by this point in the year, which leads to the variance to Plan in both Current Liabilities and PDC and Revaluation Reserve.
- The change in Income and Expenditure reserve of £2.7m from the prior month is consistent with the planned position for M5.

Accounts Receivable

Table 10 - Accounts Receivable

Month 5

(£m)	Current	31-60 days	61-180 days	6 mths - 1 year	1 year - 2 years	More than 2 years	Total
NHS	1.8	0.8	2.6	0.5	0.1	0.0	5.8
Non-NHS	0.8	0.4	0.6	0.5	0.2	0.5	3.0
Total	2.6	1.2	3.1	1.0	0.3	0.5	8.8
% of total	29%	14%	36%	11%	4%	6%	100%

- Debtors have increased in M5 by £0.3m.
- The value of outstanding debt outside payment terms is £6.2m which is £0.6m higher than the previous month's total of £5.6m.

- Top 5 overdue debts at month 5 are:
 - 1 - Oxford University Hospitals Nhs Ft £1.8m
 - 2 - Nhs Bucks, Oxfordshire And Berks West Icb £1.4m
 - 3 - The Shelbourne Hospital £0.4m
 - 4 - Imperial College Healthcare Nhs Trust £0.2m
 - 5 - Oxford Health Nhs Foundation Trust £0.1m

Month 4

(£m)	Current	31-60 days	61-180 days	6 mths - 1 year	1 year - 2 years	More than 2 years	Total
NHS	1.4	0.8	2.0	0.4	0.1	0.0	4.8
Non-NHS	1.4	0.6	0.5	0.5	0.1	0.5	3.7
Total	2.9	1.4	2.5	0.9	0.2	0.5	8.5
% of total	33%	16%	28%	10%	3%	6%	100%

The Trust 'matches' payments of receivables and payables with OUH so these amounts are paid in line with our AP payments. Disputed items with BOB are in the process of being reviewed and agreed.

*values have been taken from detailed reports to enable a clear audit trail to underlying subsidiary reports and therefore some arithmetic rounding errors will occur when the information is presented in millions.

Balance Sheet (continued)

Accounts Payable

Table 11 - Accounts Payable

Approved Creditors

(£m)	Current	31-60 days	61-90 days	91-120 days	>120 days	Total
NHS	1.7	2.3	0.4	0.2	0.1	4.6
Non-NHS	9.2	4.5	0.7	0.1	0.0	14.4
Total	10.9	6.7	1.1	0.3	0.1	19.1

The creditors table to the left reflects invoices which have been approved for payment and would be included in the next appropriate payment run.

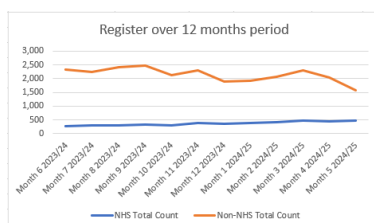
Of the £19.1m on the ledger, £10.9m (month 4 £5.8m) is for current invoices, including those which may not have fallen due. The increase in approved invoices which have not been paid is directly linked to the cash position and means that supplier payments need to be closely managed and prioritised to prevent operational issues.

Invoice Register

(£m)	Current	31-60 days	61-180 days	6 months - 1 year	More than 1 year	Total
NHS	1.4	0.6	1.6	1.1	0.9	5.6
Non-NHS	3.4	1.3	3.3	0.7	0.5	9.2
Total	4.8	1.9	4.9	1.7	1.4	14.8

The invoice register contains invoices that have been received by the Trust but have not yet been approved. This is due to a number of reasons - the invoices are currently being processed, there is not a valid PO in place, the goods and services have not been received as being received or the invoices are in dispute. As at the end of month 5, there are 472 NHS invoices (month 4 459) and 1,581 Non-NHS invoices (month 4 2,045) on the register.

Table 12 - Number of Outstanding Invoices on the Register



Overview (NHS/Non-NHS)

The Register decreased by 13% on Value and by 18% on Count between Month 4 and Month 5. The Accounts Payable team has made some progression on identifying and receipting Purchase orders for Non NHS invoices held on the register but the majority of NHS supplier invoices still do not have a Purchase order raised which is out of the AP teams influence to arrange. On the top two Suppliers - Oxford University Hospital has a number of Purchase orders in the process of being raised for the majority of the cost due. Abbotts Laboratories has a Purchase order now raised but receipting allowing payment is still being undertaken.

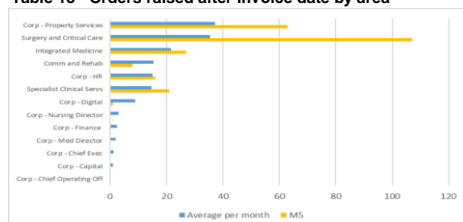
Top 3 NHS Suppliers with Invoice(s) Value>=100k (£3.27m) - 104 Invoices

- Oxford University Hospitals NHS Ft - £2.00m
- South Central Ambulance Service NHS Ft - £0.64m
- NHS Professionals - £0.63m

Top 6 non-NHS Suppliers with Invoice(s) Value>=100k (4.13m) - 46 Invoices

- Abbott Laboratories Ltd - £1.8m
- Xograph Healthcare Ltd - £0.6m
- Fedbucks Ltd - £0.7m
- 8x8 UK Ltd - £0.4m
- Gutcare.Org Ltd - £0.32m
- Rackspace Ltd - £0.31m

Table 13 - Orders raised after Invoice date by area



As mentioned above, in order for an invoice to be paid within terms, it is vital that a valid Purchase Order and confirmation of goods/services receipt has been entered onto the system. This allows the invoice to be matched and paid.

In month 5 there were 243 (month 4 186) Purchase Order lines that were raised after the date of the invoice to which the PO relates. This means that the AP team needed to work with the department concerned to get the PO raised, which is inefficient and delays payments to suppliers.

The table on the left shows the current month performance and the average number, per month, of PO lines which were raised after the date of the invoice the PO relates to, for months 1-5 by Care Group and Corporate Area.

Property Services and Surgery and Critical Care are the areas with the higher averages and in-month issues, so work with be undertaken to understand the reasons why orders could not have been raised in a timely way.

Better Payment Practice Code

Table 14 - BPPC by Count of Invoices

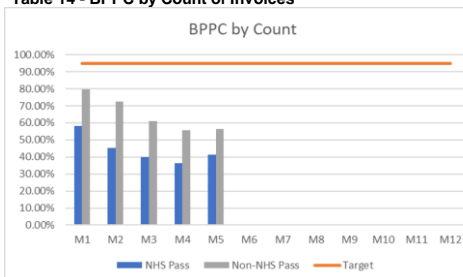
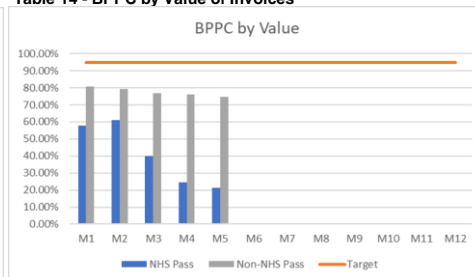


Table 14 - BPPC by Value of Invoices



The Trust is required to pay 95% of its suppliers within 30 days of receipt of a valid invoice. If invoices are disputed, this is recorded on the system, and these invoices are excluded from the measurement of performance.

The ability to pay on time is impacted by a number of factors, of which not having valid POs and goods/services receipted on the system are usually the most significant. However, the Trust is currently needing to apply for Revenue Support PDC to support its planned I&E deficit, and in order to maintain payments for its liabilities. The Trust has not received the full amount requested and it is therefore had to delay the payment of approved invoices.

The Trust prioritises those payments where a delay may lead to the supplier deferring the provision of goods and services. Other than these prioritised payments, it has managed this cash shortfall by paying invoices due up to a certain date. This allows for the majority of invoices to be paid in a reasonable timeframe, but outside terms i.e. all invoices up to 5 days overdue may be paid. The Trust also prioritises non-NHS payments, as these suppliers are most likely to defer goods and services, which is impacting on BPPC.

Cash Position

Cash
Table 13 - Cash summary position

£'000	Actual Mar-24	Actual Apr-24	Actual May-24	Actual Jun-24	Actual Jul-24	Actual Aug-24	forecast Aug-24	forecast Sep-24	forecast Oct-24	forecast Nov-24	forecast Dec-24	forecast Jan-25	forecast Feb-25	forecast Mar-25	24/25
INCOME															
Contract Clinical Income	52,673	47,457	46,433	45,640	48,984	47,015	46,742	47,129	47,129	47,129	47,129	47,129	47,129	47,129	565,432
Clinical Income top up / Covid / Growth	0	4,500	4,000	0				3,000						5,000	16,500
Education and Training	0	3,500	0	0	3,289			3,300				3,300			13,389
Other Income	2,873	3,359	3,100	1,811	2,016	1,602	1,754	1,750	1,750	1,750	1,750	1,750	1,750	1,750	24,138
HMRC vat reclaim	0	2,246	5,440	0	2,136	6,242	5,000	1,300	1,550	1,550	1,550	1,550	1,550	1,550	26,664
Payroll Support	752	0	0	0				7,305	1,043	1,043	1,043	1,043	1,043	1,043	12,520
PDC capital	28,467	0	0	0		0	1,607	0	11,008	1,607	1,608	1,607	1,607	3,488	20,925
Revenue PDC	0	0	0	0	5,000	5,000	7,185	2,000							12,000
Deficit support funding through the ICB	7,700	0	0	0					18,013	1,424	1,659	1,073			22,169
Other Receipts	872	1,124	1,647	2,792	756	839	950	910	910	910	910	910	910	910	13,528
TOTAL RECEIPTS	93,338	62,187	60,620	50,243	62,181	60,698	63,238	53,089	93,965	55,413	55,649	58,362	53,989	60,870	727,265
PAYMENTS															
Pay Costs - Substantive	(29,847)	(30,075)	(29,793)	(29,885)	(29,510)	(29,519)	(30,272)	(30,272)	(31,456)	(31,456)	(31,456)	(31,456)	(31,456)	(31,456)	(367,790)
Back dated Payroll	0	0	0	0		-			(9,839)						(9,839)
Pay Costs - Temporary Staffing	(4,691)	(1,472)	(710)	(2,971)	(2,582)	(2,998)	(4,000)	(3,000)	(3,750)	(3,100)	(3,100)	(2,500)	(2,500)	(2,500)	(31,183)
Creditors	(23,945)	(12,834)	(12,215)	(10,623)	(20,213)	(20,692)	(20,193)	(7,891)	(23,677)	(14,236)	(14,236)	(14,905)	(14,905)	(14,236)	(180,663)
Creditors - Capital Spend	(24,160)	(7,373)	(6,233)	(1,813)	(2,549)	(595)	(1,976)	(976)	(1,976)	(1,976)	(1,976)	(2,571)	(1,976)	(1,976)	(31,990)
NHSLA		(1,780)	(1,781)	(1,780)	(1,781)	(1,781)	(1,781)	(1,781)	(1,781)	(1,781)	(1,781)	(1,781)	(1,781)		(17,809)
PDC Dividends	(4,551)		0			0		(3,826)							(9,078)
PFI CHARGE	(5,294)	(5,410)	(11,905)	(5,271)	(5,290)	(5,440)	(5,450)	(5,450)	(5,450)	(5,450)	(5,450)	(5,450)	(5,450)	(5,450)	(71,466)
TOTAL PAYMENTS	(92,488)	(58,944)	(62,637)	(52,343)	(61,925)	(61,025)	(63,672)	(53,196)	(77,929)	(57,999)	(57,999)	(58,663)	(56,287)	(60,870)	(719,817)
NET CASH FLOW IN PERIOD	850	3,243	(2,017)	(2,100)	256	(327)	(434)	(107)	16,037	(2,586)	(2,350)	(300)	(2,298)	1	7,449
OPENING CASH BALANCE	2,142	2,992	6,235	4,218	2,118	2,374	2,374	2,047	1,940	17,977	15,391	13,040	12,740	10,441	2,992
CLOSING CASH BALANCE	2,992	6,235	4,218	2,118	2,374	2,047	1,940	1,940	17,977	15,391	13,040	12,740	10,441	10,442	10,441

The cashflow above reflects the June Plan submission, and therefore makes assumptions regarding delivery of efficiencies. It also assumes that the applications for Revenue and Capital PDC support are approved. There is likely to be the ongoing requirement to manage creditor payments throughout the remainder of the year, as the requirement is to maintain a minimum cash balance of £1.9m at the end of each month. Some items of income and expenditure are not incurred on a monthly basis (Education Income and PDC Dividend payments) and the Trust is not permitted to reserve cash against these fluctuations.

Specific points to be taken into account in the cashflow forecast are:

- Income in M5 was £2.5m lower than forecast. Clinical Income and the VAT reclaim was higher than forecast. This was offset by significantly lower than forecast PDC receipts. Capital PDC is, in part, matched by capital spend, which has not been incurred to the extent of the forecast.
- Expenditure was also significantly lower than forecast, which was primarily due to lower than forecast capital spend.

It has been assumed that backdated pay rises will be paid in October, and that additional funding will be available for pay settlements above the increase allowed for in financial plans of 2%.

The Trust has applied for Revenue Support PDC and will need to apply for Capital Support PDC in 2024/25 in order to support the revenue position and finance its planned capital programme. Although the maximum value of Revenue Support PDC that can be applied for is the planned deficit, the Trust has been advised that there will be additional deficit support funding available through the ICB in October. The Trust will not require to submit any further applications in 2024/25. The Trust's internally generated Capital resources (primarily depreciation and any receipts for asset sales) are insufficient to cover lease repayments and the Capital allocation from the ICB. Capital Support PDC in addition to the PDC that is anticipated for the EPR programme will be required.

Capital Position

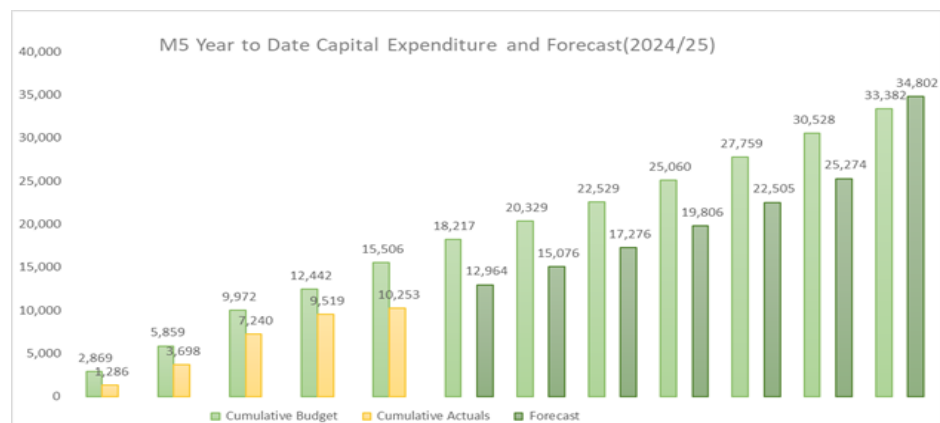
Table 16: Capital Overview - M5 2024/25

Capital Expenditure (£M)	Annual Plan (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)	Forecast Spend (£m)	Forecast Variance (£m)
Medical Equipment	0.9	0.3	0.2	0.1	1	0.0
Property Services	16.8	9.9	5.0	4.9	18.1	(1.3)
Information Technology	10.5	3.2	3.0	0.2	10.7	(0.2)
General	5.1	2.1	2.1	0.1	5.1	0.1
Total Capital Expenditure	33.3	15.5	10.3	5.3	34.8	(1.4)

Table 17: Capital Overview - M5 2024-25 Full Year

Capital (£m)	Full Year Forecast
Funding Streams	
Funded By Trust	19.0
Funded By PDC/External Allocations	8.7
PFI	5.1
Funded by Donations / Grants	0.4
Total Capital Funding	33.3
Expenditure	
Medical Equipment	0.9
Property Services	18.1
Information Technology	10.7
General	5.1
Total Capital Expenditure	34.8
	(1.5)

Table 18: 2024/25 Profile Budget and Spend



Funding

The Trust has a total Capital Programme for 2024/24 of £33.3m. This does not include the costs of capitalising leases under IFRS16.

The Trust's allocation within the system Capital envelope is £19.0m. In addition, there are anticipated PDC allocations of £8.7m for Digital schemes: the most significant of which is for EPR of £8.3m.

The PFI value of £5.1m is for Lifecycle costs for both the South Bucks and Stoke Mandeville schemes.

Charity-funded schemes are recognised at the point that expenditure is incurred. £0.3m of the £0.4m is for Spinal Patient Monitoring.

The Trust's internally-generated resources of depreciation and disposal proceed are insufficient to meet the Capital Programme, so the Trust will need to apply for Capital Support PDC of c£12m.

Commentary

The Medical Equipment budget was set at £500k, and this has increased to £889k due to some Charitable Funds additions. At month 5, only £161k of the £500k budget has been spent. It will be vital to optimise the contribution of Charitable Funds in order to meet medical equipment requirements.

The year-to-date Property Services budget of £9.9m is underspent by £4.9m. This is due to the profiling of expenditure on some of the main schemes, including Innovation Centre, Front Door Bedded Unit and the Cardiac CT at Wycombe. It is anticipated that the full amount of spend will be recognised in the next few months. There is a forecast overspend of £1.3m, with further work to confirm forecast spend. CMG will be reviewing the forecast to ensure the Trust does not overspend against its CRL.

Digital schemes are underspent by £0.2m. Although there are offsetting variances on other schemes, the main reason for the overspend is recognition of YTD EPR expenditure. There is a forecast overspend of £0.2m in this area, but this will be managed in the remainder of the year.

The 'General' schemes are the lifecycle costs of the PFI and are on budget YTD.

Key Highlights: Plan phasing 2024/25

The overall Financial plan is phased in 12ths - with the exception of expected one offs in M12, utilities (additional costs in winter), PFI (linked to days per month) and efficiencies.

Non Pay efficiencies are phased in 12ths, with the exception of one offs in M12 and £4.5m additional efficiency phased across M7-M12.

Pay efficiencies are phased in line with the workforce plan.

24/25 Plan Phasing	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total planned deficit
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Income	51,232	51,511	51,371	51,472	51,472	51,472	51,673	51,674	51,674	51,774	51,774	51,774	618,873
Non Pay	-22,666	-22,038	-22,355	-22,455	-22,455	-22,458	-21,906	-21,907	-21,909	-22,008	-22,007	-18,311	-262,475
Pay	-31,649	-33,006	-31,875	-31,758	-31,541	-31,325	-31,279	-31,233	-31,474	-31,683	-31,384	-31,051	-379,258
Total Plan as per Jun. subm.	-3,083	-3,533	-2,859	-2,741	-2,524	-2,311	-1,512	-1,466	-1,709	-1,917	-1,617	2,412	-22,860
Total Plan as per Apr. subm.	-2,749	-2,852	-2,666	-2,837	-3,141	-2,859	-3,068	-3,187	-2,790	-2,775	-2,258	3,164	-28,018
Variance	-334	-681	-193	96	617	548	1,556	1,721	1,081	858	641	-752	5,158

24/25 Efficiency Plan	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total efficiencies phasing
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Pay	912	1,076	1,457	1,575	1,790	2,006	2,051	2,097	1,857	1,648	1,949	5,080	23,498
Non Pay	361	361	361	361	361	361	1,106	1,106	1,106	1,106	1,106	6,411	14,107
Income	655	655	655	655	655	655	656	656	656	656	656	657	7,867
Grand Total	1,928	2,092	2,473	2,591	2,806	3,022	3,813	3,859	3,619	3,410	3,711	12,148	45,472

24/25 Workforce Plan (WTEs)	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Mar 24 to Mar 25 reduction
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Total Substantive	6,338	6,343	6,342	6,324	6,312	6,300	6,288	6,275	6,263	6,251	6,239	6,226	6,214	-124
Total Bank	451	356	389	336	322	289	257	257	257	306	354	306	257	-194
Total Agency	105	82	89	80	80	80	80	80	80	85	85	85	80	-25
Total Workforce (WTE)	6,894	6,781	6,820	6,740	6,714	6,669	6,625	6,612	6,600	6,642	6,678	6,617	6,551	-343

Glossary and Definitions

A&E	Accident and Emergency
API	Aligned Payment and Incentive (variable element of contract)
BHT	Buckinghamshire Healthcare NHS Trust
BOB	Buckinghamshire, Oxfordshire, Berkshire West
BPPC	Better Payment Practice Code
CEA	Clinical Excellence Awards
CRL	Capital Resource Limit
CIP	Cost Improvement Plan
DH	Department of Health
ERF	Elective Recovery Fund
HEE	Health Education England
HMRC	Her Majesty's Revenue and Customs
HSLI	Health System Led Investment
ICB	Integrated Care Board
ICS	Integrated Care System
NHS	National Health Service
NHSE	NHS England
NHSE	NHS England & Improvement
NHSI	NHS Improvement
NHSLA	NHS Litigation Authority
OUH	Oxford University Hospital
PBR	Payment by results
PBR excluded	Items not covered under the PBR tariff
PDC	Public Dividend Capital
PFI	Private Finance Initiative
PP	Private Patients
ROE	Retention of Earnings (relating to staff under Trust PFI agreements)
WLI	Waiting List Initiative
WTE	Whole Time Equivalent
VWA	Value Weighted Activity
YTD	Year to Date

Appendix 1: API Month 4 YTD Variable Payments by Care Group against Plan

Table 17: BHT Wider Variable Payment by Care Groups, Month 4 YTD

Care Group	SDU	POD	24/25 Activity Plan	24/25 Actual Activity	24/25 Value Plan	24/25 Actual Value	Activity variance	Value variance
Integrated Medicine	Cardiology	Elective	749	478	£1,207,536	£819,042	-271	-£388,494
		Outpatient	6,554	6,711	£1,085,308	£1,129,270	157	£43,962
	Dermatology	Elective	413	259	£389,050	£290,211	-154	-£98,839
		Outpatient	8,910	8,601	£1,492,917	£1,428,180	-309	-£64,737
	Diabetes & Endocrinology	Elective	41	55	£21,778	£25,984	14	£4,206
		Outpatient	965	971	£220,728	£226,065	6	£5,337
	Emergency	Elective	168	14	£136,001	£14,881	-154	-£121,120
	Gastroenterology	Elective	4,613	4,478	£2,799,685	£2,741,644	-135	-£58,041
		Outpatient	1,552	1,643	£339,441	£367,247	91	£27,806
	General Medicine	Elective	614	156	£484,766	£106,866	-458	-£377,900
		Outpatient	896	2,266	£196,947	£510,356	1,370	£313,409
	Neurology	Elective	138	161	£81,652	£96,346	23	£14,694
		Outpatient	1,789	1,511	£414,295	£404,680	-278	-£9,615
	Respiratory Medicine	Elective	145	171	£169,528	£217,467	26	£47,939
		Outpatient	2,124	2,786	£476,313	£630,267	662	£153,954
	Rheumatology	Elective	137	165	£74,237	£98,662	28	£24,425
		Outpatient	1,198	1,284	£318,889	£345,363	86	£26,474
	Stroke Medicine	Elective	2	3	£12,130	£17,255	1	£5,125
		Outpatient	718	707	£282,114	£278,651	-11	-£3,463
	Specialist Services	Cancer	Elective	1,950	2,296	£677,907	£784,011	346
Outpatient			3,518	3,991	£784,161	£907,592	473	£123,431
Clinical Haematology		Elective	1,517	1,552	£908,318	£1,254,054	35	£345,736
		Outpatient	2,169	2,707	£494,789	£663,054	538	£168,265
Gynaecology		Elective	554	614	£1,172,388	£1,102,685	60	-£69,703
		Outpatient	4,837	4,434	£1,262,139	£1,277,041	-403	£14,902
Obstetrics		Elective	2	1	£7,763	£3,138	-1	-£4,625
Paediatrics		Elective	241	230	£217,930	£176,628	-11	-£41,302
		Outpatient	5,486	5,800	£1,155,736	£1,229,853	314	£74,117
Pathology		Outpatient	134	1,171	£22,757	£207,897	1,037	£185,140
		Pathology Tests	1,101	446	£174,344	£77,365	-655	-£96,979
Radiology		Elective	236	200	£345,087	£268,878	-36	-£76,209
		Outpatient	23	356	£11	£98,478	333	£98,467
		Radiology OP Unbundle	37,069	42,200	£2,722,224	£3,337,491	5,131	£615,267
CLINICAL PSYCHOLOGY		Outpatient	37	72	£8,221	£15,288	35	£7,067

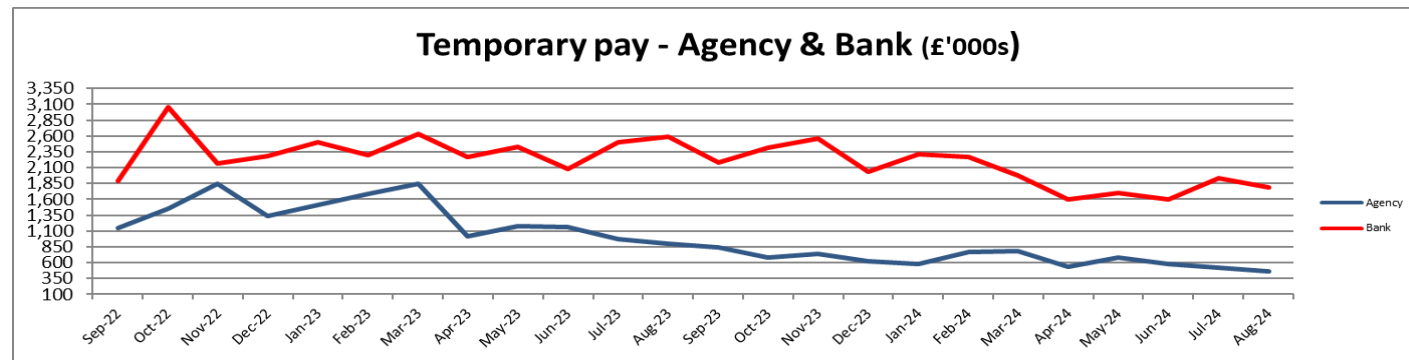
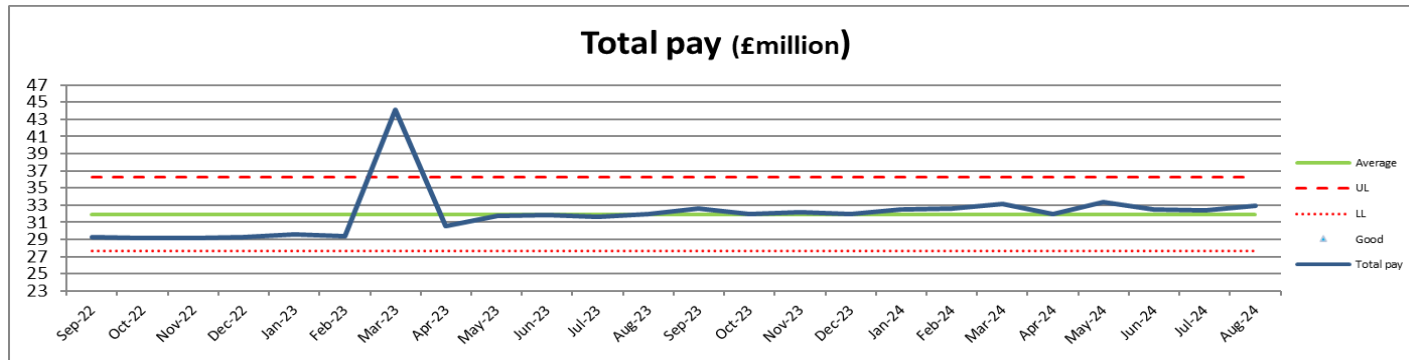
Appendix 1: API Month 4 YTD Variable Payments by Care Group against Plan

Table 17: BHT Wider Variable Payment by Care Groups, Month 4 YTD

Care Group	SDU	POD	24/25 Activity Plan	24/25 Actual Activity	24/25 Value Plan	24/25 Actual Value	Activity variance	Value variance
Surgery and Critical Care	Anaesthetics and Critical Care	Elective	449	223	£369,550	£196,111	-226	-£173,439
		Outpatient	4,698	4,830	£838,092	£834,856	132	-£3,236
	E.N.T.	Elective	285	316	£422,701	£486,453	31	£63,752
		Outpatient	5,442	7,948	£735,085	£1,112,085	2,506	£377,000
	General Surgery	Elective	1,042	977	£3,030,132	£2,788,245	-65	-£241,887
		Outpatient	6,351	6,539	£1,338,380	£1,386,691	188	£48,311
	Ophthalmology	Elective	2,008	1,973	£2,653,923	£2,535,591	-35	-£118,332
		Outpatient	20,717	19,115	£2,821,015	£2,580,212	-1,602	-£240,803
	Oral & Maxillofacial Surgery	Elective	321	210	£330,596	£215,881	-111	-£114,715
		Outpatient	3,405	2,792	£583,043	£483,083	-613	-£99,960
	Plastic Surgery and Burns	Elective	1,119	987	£1,917,286	£1,646,541	-132	-£270,745
		Outpatient	5,006	4,759	£1,060,929	£1,030,984	-247	-£29,945
	Urology	Elective	865	871	£1,676,427	£1,689,703	6	£13,276
		Outpatient	4,203	4,403	£918,341	£971,370	200	£53,029
Trauma and Orthopaedics	Elective	1,257	1,365	£4,404,037	£4,500,654	108	£96,617	
	Outpatient	5,024	4,724	£962,054	£896,028	-300	-£66,026	
Community and Rehabilitation	Sexual Health Therapies	Outpatient	19	23	£3,661	£4,511	4	£850
		Outpatient	3,065	2,950	£140,456	£138,153	-115	-£2,303
	Spinal Injuries	104	118	£3,272	£3,739	14	£467	
	MFOP	Elective	378	359	£187,251	£173,226	-19	-£14,025
		Outpatient	540	719	£144,772	£184,407	179	£39,635
	Palliative Care	Elective	1	49	£0	£14,121	48	£14,121
Outpatient		3		£1,785		-3	-£1,785	
	Community Paediatrics	Elective	0	4	£340	£3,384	4	£3,044
Grand Total			156,901	164,744	£44,700,217	£45,027,919	7,843	£327,702

Appendix 2: Pay Detail

Graphs 4 & 5 - Pay Statistical Process Control (SPC) Charts



Meeting: Trust Board Meeting in Public

12 September 2024

Agenda item	Organisational Risk Report
Board Lead	Joanna James, Head of Corporate Governance
Type name of Author	Joanna James, Head of Corporate Governance
Attachments	Appendix 1 - Corporate Risk Register (CRR) Report Appendix 2 - Board Assurance Framework Report (BAF)
Purpose	Assurance
Previously considered	EMC 03.09.2024 Audit Committee 12.09.2024

Executive Summary

Organisational Risk

This report provides an overview of current risk within the organisation, considering both strategic and operational risks as well as the Trust's risk appetite for each of the strategic objectives.

At the time of writing the report, the Trust was carrying a high level of risk related to finance, people, quality and performance and estates and facilities, above the Board's appetite for such risk.

Risk Management Update

Risk management processes across the organisation are under review with a proposal due for presentation by end September 2024.

The Board Assurance Framework (BAF) has been successfully migrated to the new 4risk platform (see appendix 2 for revised reporting).

Corporate Risk Register

On 3 September 2024, the Executive Management Committee (EMC) were asked to consider the following risks:

- Risk 719: Risk of legionella, Wycombe water pipes (escalation)
- Risk 394: Pharmacy capacity, ageing robotics infrastructure (escalation)
- Risk 575: Lifts, Wycombe site (escalation)
- Risk 711: Trust wide infection prevention & control capacity (escalation)
- Risk 119: 'On-hold' patients (de-escalation)

Progress has been made in both the review and management of actions related to CRR risks.

EMC Discussion

Following consideration and discussion, all the above risks were approved for escalation/de-escalation with the following points to note:

Risk 719 – new risk.

Risk 394 – escalated risk from Pharmacy risk register.

Risk 575 – whilst there were challenges with lifts across the site, the lifts within Wycombe Tower provided the greatest degree of risk. The Committee agreed it was appropriate for this particular risk to be escalated. Risks related to risks within other parts of the estate were logged as part of the Estates risk register.

Risk 711 – further detail was required on this risk, however, the Committee were aware of the current position related to IPC and agreed to escalate. The Committee requested this remain

separate from risk 655 (consultant microbiologist staffing), recognising there was some crossover. **Risk 119** – whilst the plan would be for this risk to be de-escalated, this should not be done until there were risks clearly articulated within Care Group risk registers reflecting the current position related to ‘on hold’ patients within relevant services and processes to monitor harm and patient experience, recognising the link between this cohort and higher incidences of complaints.

Following completion of a large piece of work related to estates compliance, there would likely be significant change to the risk picture related to the Trust estate. This would be presented with an accompanying action plan, recognising the Board would be required to consider its tolerance to risk in this area. The Committee also discussed the need to monitor the effectiveness of controls in place across the board.

Audit Committee Discussion

Following consideration on 12 September, the Audit Committee took assurance from the report, noting the current risk portfolio within the organisation. The Committee discussed suggested amendments to the report including greater detail on the effectiveness of controls and the need for a top down discussion regarding global risks at either the next Committee meeting or the Board seminar planned for October. The Committee noted the plan for greater triangulation with legislation compliance and external reviews. More detailed consideration was requested related to risks surrounding children’s services. The role of the other Board Committees was noted in understanding risks related to workforce including the impact on our people, the financial position of the Trust and quality metrics. Controls were noted to be in place to deal with the legionella related risk.

Decision	The Committee is requested to: <ul style="list-style-type: none"> a) Note the contents of the report and use this information to support risk-based discussions and decision making. b) Consider and approve the escalation/de-escalation of risks as above. 		
Relevant Strategic Priority			
Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input checked="" type="checkbox"/>
Relevant objective			
<input checked="" type="checkbox"/> Improve waiting times in ED <input checked="" type="checkbox"/> Improve elective waiting times <input checked="" type="checkbox"/> Improve safety through clinical accreditation	<input checked="" type="checkbox"/> Give children living in most deprived communities the best start in life <input checked="" type="checkbox"/> Outpatient blood pressure checks	<input checked="" type="checkbox"/> Zero tolerance to bullying	
Implications / Impact			
Patient Safety	There are a significant number of operational mapped to the Trust ambition to ‘meet/exceed quality and performance standards’.		
Risk: link to Board Assurance Framework (BAF)/Risk Register	This paper attempts to highlight and map risks from the Corporate Risk Register (CRR) aligned to the Trust’s strategic objectives and principal risks.		
Financial	Two risks from the CRR are mapped against the objective to ‘deliver a financially sustainable plan’.		
Compliance CQC Standards Good Governance	An effective, comprehensive process is required to be in place to identify, understand, monitor and address current and future risks to the organisation		

Partnership: consultation / communication	No CRR risks have been mapped against the objective to 'work with partners and engage people'.
Equality	Specific attention to issues related to equality are considered in relation to the Trust ambition to 'reduce health inequalities' and 'deliver people priorities'.
Quality Impact Assessment [QIA] completion required?	n/a

1 Introduction

The purpose of this report is to provide a summary of current risk within the organisation considering the detail of both those risks within the Corporate Risk Register (CRR) and the Board Assurance Framework (BAF).

2 Risks mapped to Strategic Objectives

The table below lists the nine Strategic Objectives of the Trust as documented in the BHT Strategy 2025. For each objective, the risk appetite of the Board is noted, the number of high scoring operational risks within the CRR and the risk rating of the relevant Principal and CRR risks (maximum, minimum and average for the latter).

This is intended to provide a more global overview of the risk portfolio in each area.

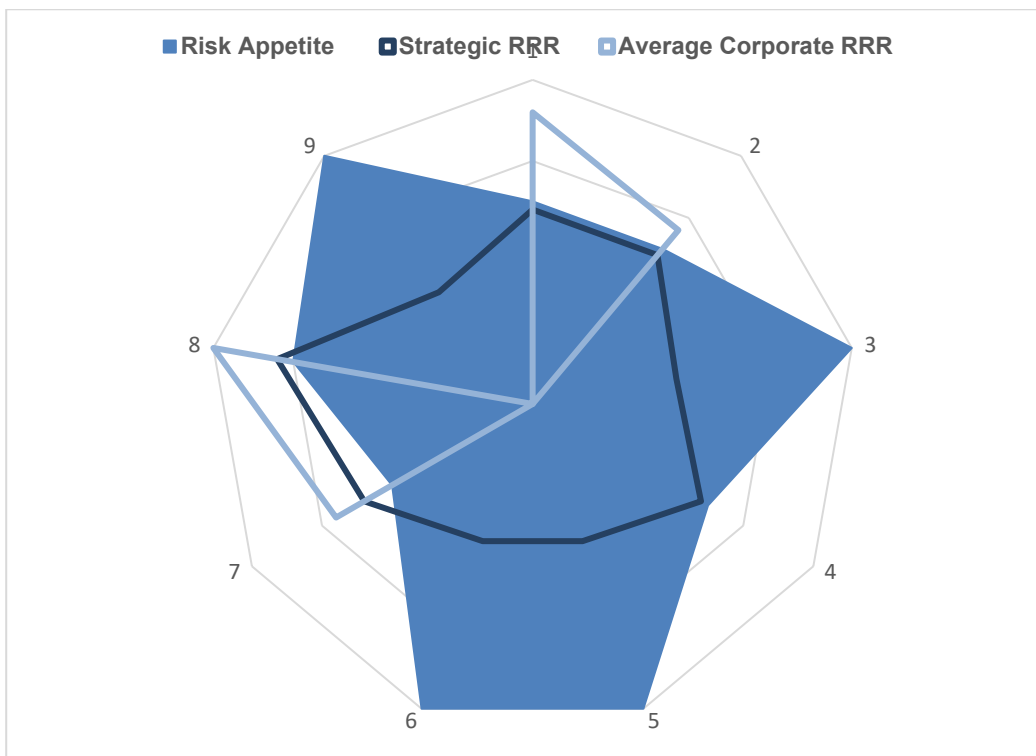
No.	Strategic Objective	Risk Appetite (max. 5)	Principal Risk RR*	No. of Corporate Risks mapped to Objective	Maximum RRR** (Corporate Risks)	Minimum RRR (Corporate Risks)	Average RRR - Mean (Corporate Risks)
1	Consistently meet or exceed quality and performance standards	2.5	12	5	25	9	18 Decreased
2	Deliver a financially sustainable plan	2.5	12	2	16	12	14 Decreased
3	Work with partners and engage people	4	9	0	-	-	- No change
4	Ensure children get the best start in life	2.5	12	0	-	-	- No change
5	Use population health analytics to reduce health inequalities and improve outcomes	4	9	0	-	-	- No change
6	Improve the wellbeing of communities						
7	Deliver People priorities	2	12	4	15	12	14 Decreased
8	For buildings and facilities to be great places to work	3	16	6	20	20	20 No change
9	Maximise opportunities for improving, sharing good practice and learning	4	9	0	-	-	- No change

*RR – Risk Rating; **RRR – Residual Risk Rating
No change in any Principal Risk Ratings.

The amber and red colouring is intended to highlight those areas of most significant risk.

3 Risk Appetite

The diagram overleaf displays the residual ratings for each strategic risk and the average risk ratings of corporate risks against the Trust risk appetite, demonstrating where these are aligned/misaligned.



The diagram indicates the Trust is carrying higher risk than set out in the risk appetite in relation to quality and performance, finance, people and buildings and facilities. The Trust is open to more risk in relation to working with partners, healthy communities and innovation and learning.

The Trust risk appetite statement is below, this will be reviewed at the annual risk workshop later in 2024 (scheduled October).

Buckinghamshire Healthcare NHS Trust recognises that its long-term sustainability depends upon the delivery of its strategic objectives and its relationships with its patients, the public and strategic partners.

The Trust has the lowest tolerance for risks that materially impact on the safety of our patients and colleagues and we will not accept these. We recognise that decisions about our level of exposure to risk must be taken in context but are committed to a proactive approach. We have a greater appetite for risk where we are persuaded there is potential for benefit to patient outcomes/experience, service quality and/or value for money. The Trust has the greatest appetite to pursue innovation and challenge current working practices where such positive gains can be anticipated whilst operating within appropriate governance arrangements and regulatory constraints.

Where we engage in risk strategies, we will ensure they are actively monitored and managed and would not hesitate to withdraw our exposure if benefits fail to materialise. Our risk appetite statement is dynamic and its drafting is an iterative process that reflects the challenging environment facing the Trust and the wider NHS. The Trust Board will review the risk appetite statement annually.

4 Risk Management

4.1 Organisation wide-risk management

Risk management processes within the organisation are acknowledged to require improvement and are currently under review with a proposal due for presentation by end September 2024. This will include the following:

- Accurate mapping of risk across the organisation including corporate services.
- Appropriate articulation of risks with registers.
- How risk is changing across the organisation.
- Robust processes for the management of actions.
- A review of the Risk & Compliance Monitoring Group.

4.2 Board Assurance Framework (BAF) – 4risk

The BAF was successfully migrated onto the web-based 4risk platform (see appendix 2 for reporting). Feedback is welcome on the content of the report. Further work is underway to use the full functionality of this system and future reports aim to provide further detail on the effectiveness of those controls in place and the three lines of assurance supporting these.

The use of the 4action platform in the management of compliance with legislation and external reviews will allow greater links and triangulation with organisational risk.

Executive leads and risk owners are now able to update and manage risks and actions independently within this system which supports timely updates alongside a robust audit trail.

4.3 Corporate Risk Register

Appendix 1 provides details of the most recent update for all risks and requests consideration of 4 risks for escalation to the CRR and 1 risk for de-escalation.

4.4 BOB ICB Risk Register

The Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB) risk report was shared with EMC and Audit Committee as an appendix to the previous report in July 2024. This will be appended to the organisational risk paper on a 6 monthly paper with a summary of the content including any areas for Committee discussion.

5 KPI Dashboard

The table overleaf provides high level information on how risk is being managed each month.

For more detail on each specific risk, the CRR and BAF papers are included as an appendix.

Month	% Strategic Risks reviewed	% Operational Risks reviewed	% Actions Overdue Operational risks	Balance of assurance Internal v External	Number of new risks	Number of removed risks Closed/de-escalated from CRR	% risks with increased scores Strategic	% risks with reduced scores Strategic	% risks with static scores Strategic	% risks with increased scores Operational	% risks with reduced scores Operational	% risks with static scores Operational
Feb 2024	88%	50%	70%	Med	1	0	0%	0%	100%	0%	0%	100%
Mar 2024	88%	69%	62%	Med	0	1	0%	0%	100%	0%	0%	100%
Apr 2024	100%	53%	75%	Med	1	3	0%	0%	100%	0%	0%	100%
May 2024	88%	57%	77%	Med	0	0	0%	0%	100%	0%	0%	100%
Jun 2024	75%	87%	25%	Med	0	0	0%	0%	100%	0%	0%	100%
Jul 2024	75%	87%	33%	Med	1	1	0%	0%	100%	0%	27%	73%

6 Emerging Risks; Board and Committees

The table overleaf summarises those new/emerging risks identified at Board and Board Committee meetings during the months of July and August.

Month	Meeting	Risks Noted
July 2024	Audit	None new.
	F&BPC	- Achievement of pay savings as year progresses. - System discussions related to finalisation of ERF and high-cost drug income allocations. - Worsening system deficit; risk of further oversight/monitoring.
	Q&CGC	None new.
	SPC	- Full impact of societal changes following the pandemic and the impact on sickness absence levels.
	Public Board	- Impact of potential GP action on secondary care services. - Cash position.
	Private Board	- Potential changes related to the ICB Operating Model, particularly those affecting Place. - Financial implication potential Band 2 changes.
August 2024	F&BPC	- Unknown impact of GP collective action on secondary care services in full. - Cash position and challenges related to recent application; risk of delay in deficit funding/full receipt of cash.
	Q&CGC	- GP collective action, recognising efforts in place to monitor quality impact and challenges with gaining such intelligence.

No Board meetings held in August.

Where risks are highlighted in grey, these are not currently reflected within the CRR or BAF. The table below pulls together actions held by the Board and Committees where these have been set to address the identified risks.

Risk(s)	Action Details	Committee	Owner	Due Date
GP collective action	No formal action – full impact of action not yet understood, to continue to monitor	Q&CGC	n/a	n/a
ICB Operating Model	No formal action – await final outputs	Board	n/a	n/a
Financial implication of potential Band 2 changes	No formal action – work ongoing with oversight through Trust governance	EMC	n/a	n/a

7 Action required from the Board/Committee

The Committee is requested to:

- a) Note the contents of the report and use this information to support risk-based discussions and decision making.
- b) Consider the escalation/de-escalation to and from the CRR as outlined in Appendix 1.

APPENDICES

Appendix 1: Corporate Risk Register (CRR) Update Report

Appendix 2: Board Assurance Framework (BAF) Report

Appendix 1: Corporate Risk Register Report

1. Purpose

This report provides an update on risks on the Corporate Risk Register (CRR).

2. Background

The CRR is reviewed monthly with the risk owner or relevant representative to consider the score, mitigations, gaps in control, actions update and progress update. Additionally, monthly reviews are completed with executive directors for risks within their portfolios.

The process for the CRR is that all new and current risks scored at 15 or above on the Care Group and Corporate Service risk registers are reviewed and reported on at the Risk and Compliance Monitoring Group (RCMG) every month. The RCMG review guides the Executive Management Committee (EMC) in moderating risks for escalation or de-escalation onto and from the CRR.

3. Updates

There are currently 15 risks on the CRR. Quality assurance work (including updates) is carried out monthly through RCMG as per the policy. The table overleaf details updates to individual risks.

4. Risk & Compliance Monitoring Group (RCMG)

Following recent RCMG meetings, EMC were asked to consider the following, all of which were approved:

a) Risks for escalation to the CRR

- Risk 719: Risk of legionella, Wycombe water pipes
- Risk 394: Pharmacy capacity, ageing robotics infrastructure
- Risk 575: Lifts, Wycombe site
- Risk 711: Trust wide infection prevention & control capacity

b) Risks for de-escalation/removal from the CRR

- Risk 119: 'On-hold' patients

Minutes of RCMG meetings are provided to EMC for information.

A verbal update of the EMC discussion will be provided to Audit Committee.

5. Risk actions

Risk actions are monitored monthly during RCMG meetings. Risks where actions are not articulated continue to be reviewed as a part of the risk quality assurance work.

6. Action required from the Committee

The Committee are required to:

- a) Note and take assurance from the updates to the CRR.
- b) Consider those risks for escalation/de-escalation to the CRR.

Risk ID	Risk Title	Risk Description	Most Recent Update	Rating (Initial)	Rating (current)	Last 2 Key Movement of risks
51	Workforce - nursing	A shortage of registered and unregistered nursing staff, which results in high reliance on temporary staffing (Bank and Agency) in some areas which could impact on the quality of patient care, the wellbeing of permanently employed colleagues and the Trust financial position.	August 2024 – ongoing work to identify and articulate specific areas of nursing risk prior to de-escalation.	15	12	↔↓
184	The ageing WH tower Block is showing signs of interior deterioration, which is challenging to maintain	The ageing WH tower Block is showing signs of interior deterioration which is challenging to maintain in a condition suitable for modern healthcare provision.	09/07/2024 - Improvements made to Ward 2 and small improvements made for other clinical services who continue to use the tower block. SH now left Trust awaiting new Director of Capital Planning.	25	20	↔↔
189	Risk of industrial action in relation to national pay award	Risk of industrial action in relation to national pay awards. Patient care may be impacted if the industrial action takes place.	August 2024 – ongoing monitoring of the situation. ?for de-escalation; to be discussed at RCMG. Awaiting confirmation of whether Junior Doctors accept the offered pay deal (ballot closed 15 September 2024).	12	12	↓↓
224	There is a risk that Trust Capital Resourcing is insufficient to support operational objectives for 2024/25	<p>The Trust has a significant backlog maintenance requirement, without an identified source of finance or plan to address it.</p> <p>System (ICS) capital funding allocations are now based on historic depreciation charges, so there is no allowance for new investment, which is only possible through a separate bidding / allocation / business case process.</p> <p>Using the system capital allocation for new equipment / developments means there is not adequate funding for replacement of existing assets.</p>	August 2024 – The Trust has a total capital requirement of £128.8m split between property services £104.4m, IT £18.2m and Medical Equipment £6.4m. BOB ICS has allocated a notional £21m capital envelope for BHT, which is only a sixth of the total requirement, leaving a funding shortfall of £108.8m. As in previous years, further funding streams may become available later in the year, but it would not be prudent to factor this in at this stage	25	16	↔↓
225	There is a risk of disruption to Trust technology systems and services caused by cyberattack.	There is a risk that the Trust is vulnerable to a cyber attack as we currently have a number of aged applications running on out-of-date Microsoft servers, networks, and telephony systems. As a result, they are no longer receiving vendor security updates. If a cyber attack were to occur, the impact would be the loss of all IT or a significant amount of IT. There could also be the potential loss of part of or all of the phones.	25/03/2024 - Reviewed with MC. Updated key Controls and Gaps in control, risk rating is unchanged.	20	20	↔↔

Risk ID	Risk Title	Risk Description	Most Recent Update	Rating (Initial)	Rating (current)	Last 2 Key Movement of risks
234	There is a risk to the delivery of the Financial Plan due to unplanned financial pressures	Trust cannot define/live within its agreed financial envelope, impacting its ability to resource/deliver clinical, operational and strategic priorities (operational/revenue risk).	09/08/2024 – Risk reviewed and updated by CFO.	20	12	↔↔↔
410	Wycombe Hospital Site - Marlow & Main THs block	<p>Marlow Theatres: The ventilation and overall infrastructure are outdated, requiring a full refurbishment, including the recovery space, which is inadequate. The site does not meet GPAS/RCoA guidelines or modern HTM 03-01 standards. While Theatres 1 and 3 are maintained to HTM standards, Theatre 2 cannot be brought up to these standards. Breakdowns and downtimes are becoming increasingly frequent.</p> <p>Wycombe Main Theatres: The Anaesthesia Rooms in Theatres 1, 2, and 3 no longer meet minimum or derogation standards, and therefore have been decommissioned presently. Anaesthesia induction is being conducted inside main theatres where HTM standards are being met. The entire suite requires a full refurbishment, including infrastructure, ventilation, and electrical systems, as it is no longer able to meet required standards, with breakdowns occurring regularly. Additionally, the ageing water supply systems across the phase 3 site presents a Legionella risk, therefore is being mitigated via point of use filters to maintain safety.</p>	14/08/2024 - main theatres anaesthetic rooms are all now non compliance and general infrastructure is falling below HTM and HBN standards. There is an action plan in place to refurbish/repair ventilation and general estates in this area supported by CEFO and estates team. Briefing held with anaesthetic body and theatres team end of July	20	20	↔↔↔
415	New Wing Theatres Block (1-5)	<p>New Wing Theatres block SMH (THs 1-5) currently at the end-of-life stage, and in need of full refurbishment in the next 12-24 months.</p> <p>Currently ventilation not meeting HTM standards in TH4 Anaes RM, and risk of electrical failure and ventilation failure in all theatres.</p> <p>Additionally heating coils and boilers at end of life and have frequent failures resulting in downtime and loss of service.</p>	14/08/2024 - Action plan in place to refurbish/repair ventilation and general estates in this area - supported by new Chief Estates and Facilities Officer and Estates Team. Briefing held with anaesthetic body and main theatre teams at the end of July . New CEFO conducting full trust wide compliance review and action plan to maintain derogated compliance levels. THR 4 Anaes Rm 4 now compliant and in use.	20	20	↔↔↔
320	Risks of Endoscopy Waiting Lists Leading to Delays in Procedures and Diagnosis.	Currently short of capacity in Endoscopy. This has been made worse by COVID. Delays in surveillance appointments, which means that there have been delays in removing polyps, which have now turned into cancer. Number of patients have been diagnosed with cancer, which may have been avoidable.	28/08/2024 – Review of risk by General Manager for Gastroenterology & Endoscopy.	25	25	↔↔↔

Risk ID	Risk Title	Risk Description	Most Recent Update	Rating (Initial)	Rating (current)	Last 2 Key Movement of risks
48	Ageing/failing Plant Equipment in SM Endoscopy Decontamination	<p>We have a aging plant. The electronic washer disinfectors are coming to an end of life cycle, requiring more frequent maintenance and breakdown causing disruption to the service. Breakdowns include drainage, pumps, washers etc. Currently there are only 3 out of 4 chambers in a working condition; however the 3 working chambers are also coming to an end of the life cycle.</p> <p>The most recent breakdown led to a RIDDOR reportable incident (ID 2377). Frequent breakdowns lead to compromised washing facilities and reduced lists. Delays in engineer response and appropriate maintenance.</p> <p>The plant room is not fit for purpose as the heat exchange is insufficient to cool resulting in the need to open the door risking exposure to aerosolised contaminate.</p> <p>The extract system is also insufficient and does not meet HTM 01-03 for extract in case of chemical leak.</p> <p>The system is build on a single circuit resulting in no failsafe, and no business contingency. there is no available monitoring method to allow assessment of thermal disinfection efficacy or occurrence. any modifications would now fall into the latest htm standards resulting in a major refurbishment of the whole unit.</p>	07/05/2024 - Approved for inclusion on Corporate Risk Register. Director of Ops to consider whether one risk related to endoscopy capacity would be more appropriate than maintaining two separate risks (48 and 320).	20	20	↔↔
597	Lack of Commissioned TVN service for the Community	<p>Under resourced team have approached the ICB for funding to support the service across winter months. The current service does not have the capacity to meet demand being asked particularly supporting referrals received from GP Practices and Nursing Homes.</p> <p>If patients in the community are not provided the necessary care and support this could lead to an increase in ED visits/Hospital admissions for wound infections/complex leg and pressure ulcers etc.</p> <p>30 patients from nursing homes on the waiting list for assessments.</p> <p>Clinics have been put on hold for GP patients.</p>	20/08/2024 – Review of risk by Associate Chief Nurse	25	20	↔↔

Risk ID	Risk Title	Risk Description	Most Recent Update	Rating (Initial)	Rating (current)	Last 2 Key Movement of risks
		<p>Current staffing situation of both senior TVNs leaving in March and April 24. Without suitable recruitment there is a significant risk to service provision.</p> <p>The team have noted a increase in staff stress and related sickness, and as a result the team are now only able to offer email advice to care homes and GP practices.</p>				
287	Maintenance of safe staffing levels	A shortage of registered and unregistered midwifery staff, which results in high reliance on temporary staffing (Bank and Agency) in some areas which could impact on the quality of patient care, the wellbeing of permanently employed colleagues and the Trust financial position.	16/07/2024 – Full review of risk by Director of Midwifery	15	15	↔↔
388	Misapplication of the Mental capacity act including unlawful deprivations of liberty.	<p>There is a risk that people may be deprived of their liberty unlawfully which could lead to risk of liability to Trust including risk of breach of Human Rights. This could to a delay in pursuing appropriate legal avenues including application to the court of protection. This could lead to unlawful detention in hospital, increased length of stay and poor patient experience. Risk of making decisions on behalf of an adult without legal framework to do so.</p> <p>The safeguarding team do not have capacity to review all MCA assessments linked to Deprivation of Liberty Applications.</p> <p>BHT have become aware through an individual case that the Local Authority have delays in being able to review applications for Deprivation and therefore granting the appropriate application. If a patient is actively objecting the Supervisory Body (Local Authority) should assess with a Best Interest Assessment.</p> <p>There is a risk that colleagues will not recognise the application of the MCA for 16 & 17 year olds.</p>	11/07/2024 – Review of risk by Safeguarding Team	15	15	↔↔
119	There is a risk that patients are not being followed up properly due to being on hold	<p>Review of data (captured in June 2022) demonstrates 116,575 “on hold” records affecting a total of 108,458 patients. This has since reduced to 30,000 for patients with an appointment due before 31/03/23. There is a potential for unmanaged clinical risk unless the status of these patients are understood and actioned appropriately.</p>	<p>23/07/2024 – This is the overarching on hold risk which was originally raised due to the high number of patients on the on hold risk that had not been validated etc.</p> <p>This risk is now well controlled with all pre April 2023 patients</p>	20	9	↓↑

Risk ID	Risk Title	Risk Description	Most Recent Update	Rating (Initial)	Rating (current)	Last 2 Key Movement of risks
			<p>having been validated and the number being reduced from 130,000 to 30,000 for the individual CDU's to manage.</p> <p>This aspect of the risk is now well managed and the proposal is that the risk be removed from the RR with individual CDU's managing their on holds as needs been.</p> <p>7 additional risks have been linked to this one for individual on hold risks within CDU's</p>			
655	Consultant Microbiologist Staffing Risk	<p>1 of 4 consultant Microbiologists has left the Trust in October 2023. They covered the IPC role for 1PA. We have been unable to fill the position other than with intermittent high-cost agency locums. The role of an IPC doctor has expanded over recent years and even if we do replace this post we have insufficient time in current job plans to cover the additional duties. According to RCPATH IPC doctor role is 4-6PA per week. The risk is inadequate oversight of IPC aspects of bed management and facilities could increase risk of outbreaks of infectious diseases. Financial risk paying for agency locums (includes out of hours cover).</p> <p>Another full-time microbiology consultant is retiring mid July in 2024. They hold the Antimicrobial Stewardship lead role for 1PA.</p> <p>This leads to 2 microbiology consultants in the hospital and unable to continue the clinical services and on-call rota from July onwards as if the rota gaps are not filled by the locums. This will lead to only 2 consultants (1 WTE, 0.9WTE) for the BHT.</p> <p>The AMS and IPC lead roles are not held by the existing consultants so the duties and responsibilities of these roles are not covered.</p> <p>Clinical risks: 1) Limited clinical services - Cannot attend the MDTs as when there were 4 consultants, delayed response by the micro team for primary care clinical queries. This leads to delay in treatment and clinical decision making. 2) on-call frequency will stay as 1:4 as existing clinicians are not in a capacity to provide on-call below than 1:4. Gaps to be sort out by locum/NHSP 3) Attendance in laboratory quality and accreditation work - unable to oversee this work</p>	<p>29/07/2024 - 1 WTE substantive consultant microbiologist - interview happened 26/07/24 but candidate was not successful. Since 22/07/24 a high-cost locum agency staff started filling the gaps in rota until end of October. Months of September and October - the 4th vacancy will be filled by NHSP/bank staff</p>	12	15	↑↔

Risk ID	Risk Title	Risk Description	Most Recent Update	Rating (Initial)	Rating (current)	Last 2 Key Movement of risks
		<p>4) Increase workload and stress for existing 2 consultants impacting their psychological well-being and potential burnout</p> <p>5) Potential increase in errors and mistake due to increase workload and burnout</p> <p>6) Clinical advisory service - Micro clinicians are unable to get back to primary care by phone/therefore only responding by email for non-urgent queries</p> <p>7) Impact on laboratory and admin staff in the micro department</p> <p>8) Unable to attend regular IPC meetings, but acute IPC queries will be dealt within the role A duties.</p>				
575	Wycombe tower block lift deterioration	<p>All passenger and goods lifts installed in the WH tower block have exceeded their service life and are now becoming obsolete, making parts increasingly difficult to source. Failures are becoming more frequent and are affecting services, particularly the movement of patients in the bed lifts.</p> <p>There is a significant impact on patients having to use the services that are on top floors (i.e. cancer services)</p>	09/07/2024 - New brakes have been installed on Lift C however the brake pads are not sufficient and need upgrading. New supplier has sourced a new brake pad system to be installed. Approx 3 weeks to installation.	20	16	↑
719	Existing water pipework dead legs could breed legionella in the water system at Wycombe Hospital	Due to asbestos being present, we are unable to remove water pipework dead legs thus increasing risk of Legionnaires. Because this affects most areas on the WH site it will require asbestos removal under controlled conditions which will impact greatly on the delivery of clinical services.	New risk – no new update	16	15	(new)
394	Pharmacy capacity risk due to aging robotics infrastructure	<p>The SMH Pharmacy dispensary has a single robot installed around 2008 with an expected life of 10 years, now 6 years past its planned service life.</p> <p>Robotics are essential due to limited space, allowing sufficient storage capacity for medications. Frequent faults cause service disruption, and suppliers only provide reconditioned spare parts.</p> <p>The robot requires replacement with a higher capacity and faster dispensing speed model, especially as it predates the workload shift from WH to SMH.</p> <p>A workflow analysis and ergonomic improvements, along with lifecycle works as part of the PFI structure, are necessary for the refit.</p>	27/06/2024 – Risk reviewed. Business case due for submission to Board October 2024.	12	15	↑

Risk ID	Risk Title	Risk Description	Most Recent Update	Rating (Initial)	Rating (current)	Last 2 Key Movement of risks
711	Risk to infection prevention, control and management activities	Low staffing levels in the IPC team, microbiologists, and antimicrobial pharmacists are impacting infection prevention and management activities. IPC are working on the BCP.	New risk – no new update	20	20	(new)

Heatmap – September 2024

Consequence Likelihood	1	2	3	4	5
5			388 – Application of MCA/DOLs 287 – Midwifery Staffing 655 – Consultant Microbiologist Staffing 394 – <i>Pharmacy Robotics Infrastructure</i>	410 – Wycombe Theatres 415 – SMH Theatres 597 – Lack of commissioned TVN service 48 – Ageing/failing endoscopy decontamination equipment <i>711 – Infection prevention, control and management activities</i>	320 – Risk of endoscopy waiting lists leading to delays in procedures/diagnoses
4			51 – Nursing Workforce	224 – Trust Capital <i>575 – Lifts, Wycombe Hospital</i>	225 – Disruption to Trust technology caused by cyber incidents 184 – Ageing Wycombe tower block (interior)
3					

			119 – 'On hold' Patients	189 – Industrial Action 234 – 2024/25 Financial Plan	719 – Legionella risk, Wycombe Hospital
2					
1					

Generated Date	02 Sep 2024 13:22
Risk Criteria	
Project	Risk Register

1. To consistently meet or exceed quality and performance standards

Reference	Risk Details	Type	Causes & Effects		Inherent Priority	Controls		Actions	
			Title			Summary	Assurance Details Summary	Detail	Variable Target
2301	<p>Principle Risk - Title: Failure to provide care that meets quality and performance standards (elective care)</p> <p>Principle Risk - Further Description: Failure to provide care that consistently meets or exceeds performance and quality standards</p> <p>a) Reducing long waits</p> <p>Strategic Priority: Provide outstanding, high value care ("Outstanding Care")</p> <p>Achieve by 2025: We will see people as early as possible when they need our services, to improve outcomes</p> <p>Risk Appetite: Minimal - Cautious (2-3)</p> <p>Risk Area: Strategic</p> <p>Strategic Objective: 1. To consistently meet or exceed quality and performance standards</p>	Cause	Limitations in capacity and capacity growth due to capital availability	Very High (4-5=20)	<p>Optimisation of available capital investment and development of multi-year plans; prioritisation of business cases for maintenance.</p> <p>PFI investment</p> <p>Planned care transformation programme including focus on elective productivity.</p> <p>Structured harm review process across elective care and cancer.</p> <p>Getting It Right First Time (GIRFT) reviews</p> <p>Monitoring of productivity metrics</p> <p>Flag function on Datix</p> <p>Processes for prioritisation and monitoring of waiting lists</p> <p>System wide working on Cancer and elective performance</p> <p>External review programme (including Trust policy)</p> <p>Monitoring of patient experience</p>	Outputs of Capital Management Group (CMG)	<p>Business Case in development - seeking capital to support endoscopy capacity</p> <p>Business Case in development - seeking capital for suitable outpatient space and capacity on the Stoke Mandeville site</p>	31 Dec 2024	
		Cause	Variation in the productivity of clinical service lines			Regular reporting on outputs of clinical harm process		31 Dec 2024	
		Cause	Continued backlogs from COVID-19 period			Annual Mortality/Learning from Deaths reporting			
		Effect	Harm caused by delayed treatment			Annual Trust litigation reporting			
		Effect	Impact on staff resilience			GIRFT outputs/reporting			
		Effect	Public dissatisfaction and poor patient experience			Outputs of GIRFT Board			
		Effect	Clinical, operational, financial and regulatory consequences			Monthly IPR reviewed by Board and Board Committees			
		Effect	Unable to replace/restore faulty estate and equipment			Productivity Reviews (Finance & Business Performance Committee)			
		Effect	Failure to maximise clinical resources to reduce waiting lists and meet regulatory standards						
		Effect	Political mistrust/lack of confidence in management.						
						Outputs of Care Group and SDU meetings			
						Outputs of Elective Care Board (APC)			
						Outputs of Thames Valley Cancer Alliance (TVCA) meetings			
						Annual reporting to Board and Board Committees			
		Annual National Inpatient Surveys							
		Friends and Family Test							
2302	<p>Principle Risk - Title: Failure to provide care that meets quality and performance standards (urgent care)</p> <p>Principle Risk - Further Description: Failure to provide care that consistently meets or exceeds performance and quality standards</p> <p>b) Providing safe emergency care.</p> <p>Strategic Priority: Provide outstanding, high value care ("Outstanding Care")</p> <p>Achieve by 2025: We will see people as early as possible when they need our services, to improve outcomes</p> <p>Risk Appetite: Minimal - Cautious (2-3)</p> <p>Risk Area: Strategic</p> <p>Strategic Objective: 1. To consistently meet or exceed quality and performance standards</p>	Cause	Inability to control demand for services or primary/social care capacity	Very High (4-5=20)	<p>Urgent and Emergency Care Improvement Plan and monitoring of progress against plan</p> <p>Incident response structure; Gold, Silver, Bronze with policy in place</p> <p>Place-based programmes to integrate care and redesign urgent care offer</p> <p>Monitoring of Infection Prevention & Control (IPC) practices and outcomes</p> <p>Monitoring of patient experience</p> <p>External review programme (including Trust policy)</p> <p>Daily Emergency Department Huddles including consideration of Safe Staffing</p> <p>Monthly monitoring of performance metrics through Integrated Performance Report (IPR)</p> <p>Harm review processes</p> <p>Winter planning including monitoring of performance against plan</p>	Outputs of Urgent and Emergency Care Board	<p>Regular reporting on progress against plan for Operational Improvement Programmes</p> <p>Regular Infection Prevention & Control Reporting</p> <p>Results of cleaning audits</p> <p>Outputs of quarterly Infection Prevention & Control (IPC) Committee</p> <p>Annual Infection Prevention & Control Report</p> <p>Outputs of adhoc Outbreak Meetings</p> <p>Friends and Family Test</p> <p>Annual National Inpatient Survey Results</p> <p>Annual reporting to Board and Board Committees</p> <p>Outputs of huddles</p> <p>Quarterly Safe Staffing Reporting</p> <p>Outputs of Board and Board Committee meetings</p> <p>Annual Trust litigation reporting</p> <p>Annual Mortality/Learning from Deaths reporting</p> <p>Lessons learned reporting</p> <p>Metrics within Integrated Performance Report (IPR)</p>		
		Cause	Inability to reform the urgent care pathway						
		Cause	Inadequate infection, prevention and control due to estates infrastructure						
		Effect	Overcrowding and extended length of stay within the Emergency Department						
		Effect	Ambulance handover delays						
		Effect	Negative impact on staff resilience						
		Effect	Clinical, operational, financial and regulatory consequences						
		Effect	Challenging/costly to clean clinical areas effectively						
		Effect	Potential for hospital acquired infections						
		Effect	Harm caused by delayed treatment						
		Effect	Political mistrust/lack of confidence in management						
		Effect	Poor patient experience						
						Annual National Inpatient Survey			
						Annual reporting to Board and Board Committees			
		Outputs of huddles							
		Quarterly Safe Staffing Reporting							
		Outputs of Board and Board Committee meetings							
		Annual Trust litigation reporting							
		Annual Mortality/Learning from Deaths reporting							
		Lessons learned reporting							
		Metrics within Integrated Performance Report (IPR)							

Reference	Risk Details	Causes & Effects		Inherent Priority	Controls		Actions	
		Type	Title		Summary	Assurance Details Summary	Detail	Variable Target
2303	Principle Risk - Title: Failure to provide care that meets quality and performance standards (risk and governance)	Cause	Variation in clinical service lines	Very High (4-5=20)	Clinical Accreditation Programme	Clinical Accreditation metrics within IPR		
	Principle Risk - Further Description: Failure to provide care that consistently meets or exceeds performance and quality standards a) Management of risk and clinical governance	Cause	Organisational governance not always being easy to navigate and enabling of change		Quality Audits via Tendable	Outputs of Care Group and SDU meetings		
	Strategic Priority: Provide outstanding, high value care ("Outstanding Care")	Effect	Inadequate 'ward to Board' assurance			Care Group Reviews to Quality & Clinical Governance Committee		
	Achieve by 2025: We will see people as early as possible when they need our services, to improve outcomes Risk Appetite: Minimal - Cautious (2-3) Risk Area: Strategic Strategic Objective: 1. To consistently meet or exceed quality and performance standards							
2304	Principle Risk - Title: Failure to provide care that meets quality and performance standards (maternity)	Cause	Maternity and neonatal staffing levels	Very High (4-5=20)	EPR Programme	Monitoring of EPR Programme		
	Principle Risk - Further Description: Failure to provide care that consistently meets or exceeds performance and quality standards d) Maternity and neonatal care	Cause	Data quality		External review programme (including Trust policy)	Annual reporting to Board and Board Committees		
	Strategic Priority: Provide outstanding, high value care ("Outstanding Care")	Cause	Digital immaturity		Recruitment and retention plans			
	Achieve by 2025: We will see people as early as possible when they need our services, to improve outcomes Risk Appetite: Minimal - Cautious (2-3) Risk Area: Strategic Strategic Objective: 1. To consistently meet or exceed quality and performance standards	Cause	Antenatal pathway capacity		Monitoring of safe staffing levels	Twice yearly reporting to Trust Board		
		Cause	Size of bed base within neonatal unit and transitional care		System-wide quality and safety dashboard	Perinatal Quality Surveillance Model (PQSM) Reporting to Board and Board Committees		
		Cause	Increasing complexity of service users		Increased system-based projects	Outputs of Transformation Board		
		Cause	Health inequalities		Compliance with BirthRate Plus recommendations			
		Effect	Staff burnout creating further vacancy owing to attrition and unavailability		Oversight from Board level Maternity and Neonatal Champions			
		Effect	Potential for clinical harm		Oversight of performance against the Maternity Incentive Scheme safety actions			
		Effect	Clinical, operational, financial and regulatory consequences		Implementation of the Local Maternity and Neonatal System (LMNS) Opel classification and escalation processes	Outputs of safety huddles		
		Effect	Ability to plan sustainable services and manage demand and capacity		Dedicated governance structure for maternity, gynaecology and neonates			
		Effect	Negative impact on patient experience		Monitoring of quality and safety KPIs within maternity services	Metrics within monthly Integrated Performance Report (IPR) Quarterly Maternity Safety Reports Quarterly Maternity Quality Reports		
		Effect	Inability to meet information governance standards		Monitoring of patient experience	Annual Picker Survey Quarterly feedback from Maternity and Neonatal Voices Partnership (MVP)		
					Monitoring of action plans through internal maternity governance structure	Relevant reports from external bodies Outputs of Maternity governance meetings		

2. To deliver a financially sustainable plan and improve our benchmarking in model hospital

Reference	Risk Details	Causes & Effects		Inherent Priority	Controls		Actions	
		Type	Title		Summary	Assurance Details Summary	Detail	Variable Target
2164	<p>Principle Risk - Title: Failure to deliver our annual financial plan</p> <p>Principle Risk - Further Description: Failure to deliver a financially sustainable plan and improve our benchmarking in model hospital</p> <p>Strategic Priority: Provide outstanding, high value care (Outstanding Care")</p> <p>Achieve by 2025: We will continuously improve our services and use of resources to deliver value for our residents</p> <p>Risk Appetite: Minimal - Cautious (2-3)</p> <p>Risk Area: Strategic</p> <p>Strategic Objective: 2. To deliver a financially sustainable plan and improve our benchmarking in model hospital</p>	Cause	Fixed, no growth, envelope funding model for urgent and community care	Very High (3:5=15)	Scrutiny from CMG/EMC, Finance and Business Performance Committee, Trust Board including; in-year financial performance, variance analysis,...	Outputs of CMG/EMC/F&BPC/Trust Board. Monthly finance reports Monthly monitoring of CIPs	Assurance Gap: Historic issues underpinning organisational deficit to be addressed as part of joint external review with ICB. Action: Plan to address the deficit as part of annual and medium-term planning (CFO) - Timeline to be agreed with ICB in 2024.	30 Sep 2024
		Cause	Lack of general growth funding due to Commissioner (BOB ICB) prioritisation to other areas					
		Cause	Lack of long-term financial strategy					
		Cause	Structural financial challenges					
		Cause	Mismatch demand and availability of Trust level capital					
		Cause	Inability to improve organisational productivity to pre-pandemic levels and above					
		Cause	Inflationary pressures					
		Effect	Negative impact on ICS financial position					
		Effect	Reduced opportunities for service investment					
		Effect	Block contract for locally commissioned services which does not reflect the increasing activity or cost of meeting regulatory standards.					
		Effect	Inability to plan resourcing long term, to deliver strategic plans and activity at required levels.					
		Effect	Inability to invest in estates and digital improvements.					
		Effect	Inability to support structural shifts in activity between care settings (e.g. hospital to out-of-hospital).					
				Care Group & Corporate Performance Management Framework, with specific focus on financial performance and use of resources.	Output of performance reviews meetings for financial deep dives. Internal audit review of Governance & Performance Framework	Assurance Gap: Historic issues underpinning organisational capital deficit. Action: Need to pursue alternative external capital provision (e.g. PFI bullet payments, MES and asset sales).	30 Sep 2024	
				Reporting/challenge of performance through NHSE Regional, ICB/ICS and APC	Scrutiny of APC Reporting by Transformation Board/Trust Board.. Outputs of alternate monthly APC Board meetings.			
				Annual planning, budget setting in-year forecasting and monitoring processes.	Meetings between CFO and Regional NHSE representative on month end position- outputs of meeting.			
				Continual engagement with NHSE and management of forecasting and budgeting processes.	Outputs of fortnightly system meeting.			
				Continue to seek alternative funding solutions to address the capital funding gap.	Commercial Strategy & review of performance against this.			
				Agreed 2024/25 financial plan through Trust Board and submitted / agreed with BOB ICB/NHSE.				
				Weekly Executive-led Vacancy Control Panel (VCP) and Care Group temporary staffing control meetings.	Scrutiny of weekly workforce performance by EMC			

3. To work with our partners and engage people

Reference	Risk Details	Causes & Effects		Inherent Priority	Controls		Actions							
		Type	Title		Summary	Assurance Details Summary	Detail	Variable Target						
2230	<p>Principle Risk - Title: Failure to work with partners</p> <p>Principle Risk - Further Description: Failure to work effectively and collaboratively with external partners</p> <p>Strategic Priority: Take a leading role in our community ("Healthy Communities")</p> <p>Achieve by 2025: -</p> <p>Risk Appetite: Open (4)</p> <p>Risk Area: Strategic</p> <p>Strategic Objective: 3. To work with our partners and engage people</p>	Cause	Inability to work with partners to deliver new models of proactive and preventative care	Very High (4:5=20)	ICS Senior Leaders and Chairs Groups	Outputs of ICS Senior Leaders and Chairs Groups	Process in place to review clinical strategy (Place Strategy) taking a Buckinghamshire-wide strategy, including Buckinghamshire Executive Partnership (BEP) and the Voluntary, Community and Social Enterprise (VCSE) sector.	31 Jul 2024						
		Cause	Failure to align with Council and Partners for Place Strategy											
		Cause	Local uncertainty											
		Cause	Failure to secure necessary infrastructure changes linked to Buckinghamshire growth strategy											
		Cause	Not realising Trust potential as an anchor institution											
		Effect	Missed opportunities to develop new models of care to improve patient experience and outcomes											
		Effect	Impact on public trust/ confidence											
		Effect	Services not aligned to community needs											
		Effect	Duplication of services and not making full potential of public money											
		Effect	Population health outcomes deteriorate or do not improve											
		Effect	Health inequalities widen											
											Integrated Programme Board	Outputs of Integrated Programme Board		
											Acute Provider Collaborative	Outputs of Acute Provider Collaborative Acute Provider Collaborative MoU	Development of a Delivery Group by the Buckinghamshire Executive Partnership (BEP) focussed on delivering the BEP priorities.	30 Sep 2024
				Integrated Partnership Board	Outputs of Integrated Partnership Board									
				Buckinghamshire Executive Partnership (BEP)	Outputs of Buckinghamshire Executive Partnership (BEP)									
				Health and Wellbeing Strategy	Outputs of Health & Wellbeing Board									
				Opportunity Bucks	Outputs of Opportunity Bucks Board									
				South 4 Pathology Network	South 4 Pathology Board MoU									
				Thames Valley Radiology Network	TVRN Annual Report Thames Valley Radiology Network MoU									
					Regional funding									
				Access to housing development proposals										
				Bucks Estates Group	Outputs of Bucks Estates Group									
				S106 Proforma	S106 Proforma examples									
				One Public Estate Strategy										
				Active role within the local community	PPEDI Records									

4.To ensure children get the best start in life

Reference	Risk Details	Causes & Effects		Inherent Priority	Controls		Actions	
		Type	Title		Summary	Assurance Details Summary	Detail	Variable Target
2262	<p>Principle Risk - Title: Failure to provide care for children & young people</p> <p>Principle Risk - Further Description: Failure to provide consistent access to high quality care for Children and Young People (CYP)</p> <p>Strategic Priority: Taking a leading role in our community ("Healthy Communities")</p> <p>Achieve by 2025: -</p> <p>Risk Appetite: Minimal - Cautious (2-3)</p> <p>Risk Area: Strategic</p> <p>Strategic Objective: 4.To ensure children get the best start in life</p>	Cause	Shortage of Community Paediatricians	Very High (5:5=25)	Scrutiny of CYP Community Services by relevant groups.	Outputs of relevant meetings	Estates plan for relocation of therapies at SMH	31 Mar 2025
		Cause	Waiting times for community paediatric services		Monitoring of the Special Educational Needs and Disability (SEND) Written Statement of Action (WSOA).	Internal Audit review of the SEND WSoA.		
		Cause	Space restrictions; lack of MDT appropriate clinical space within multiple sites		Monthly scrutiny of performance by Commissioners.	Outputs of Care Group Meeting		
		Cause	Ability to manage current demand whilst reducing backlog		Recruitment of appropriate MDT.	Outputs of Commissioner meetings		
		Cause	Lack of digital solution for repeat prescriptions		Outsourcing			
		Effect	Services do not provide care in a timely manner which results in potential clinical harm and a negative patient experience		Monitoring of CYP waiting lists	Outputs of Care Group Performance Reviews		
					Outputs of Care Group and SDU meetings			
					Management of referrals and outpatient capacity	Outputs of Care Group and SDU meetings		
					Patient Initiated Follow Up (PIFU)	Outputs of Care Group and SDU meetings		
					Clinical validation processes for waiting list management	Outputs of Care Group and SDU meetings		
		SEND identified as a priority by the Buckinghamshire Executive Partnership (BEP).						
		Pilot of MDT working model	Evaluation of MDT Working model					
		EPR Programme	Monitoring of EPR Programme					

5. To use population health analytics to reduce health inequalities and improve outcomes in major diseases, 6. To improve the wellbeing of our communities

Reference	Risk Details	Causes & Effects		Inherent Priority	Controls		Actions			
		Type	Title		Summary	Assurance Details Summary	Detail	Variable Target		
2287	<p>Principle Risk - Title: Failure to improve population health and reduce health inequalities</p> <p>Principle Risk - Further Description: Failure to support improvements in local population health and a reduction in health inequalities</p> <p>Strategic Priority: Take a leading role in our community ("Healthy Communities")</p> <p>Achieve by 2025: We will prevent people dying earlier than they should, with a particular focus on addressing inequalities in access and outcomes</p> <p>Risk Appetite: Open (4)</p> <p>Risk Area: Strategic</p> <p>Strategic Objective: 5. To use population health analytics to reduce health inequalities and improve outcomes in major diseases, 6. To improve the wellbeing of our communities</p>	Cause	Inequalities in access to care and outcomes of care	High (3:4=12)	Equality & Quality Impact Assessments (EQIA)	EQIA assurance reporting	Establish Shared Care Record (SCR) working group	31 Aug 2024		
		Cause	Failing to use integrated care records and data to manage population health			EQIA documents			Roll out of Health Inequalities Dashboard to Care Groups	30 Sep 2024
		Cause	Failure to take population health inequalities into account when making decisions about care delivery and the use of resources		Index of Multiple Deprivation Data				Sharing of Population Health Management (PHM) data across the leadership team	30 Sep 2024
		Cause	Not realising Trust potential as an anchor institution		Patient and Public Equality, Diversity and Inclusion (PPEDI) Group	Outputs of PPEDI Group			Development of new Trust clinical strategy using a place-wide approach	31 Dec 2024
		Cause	Failure to work in an integrated way with partners		Monitoring via Integrated Performance Report; use of deprivation and ethnicity reporting	PPEDI Annual Report			Development of the Shared Care Record (SCR): - to support proactive management of patients (including pre-operatively)	30 Sep 2024
		Cause	Lack of simple access to Shared Care Record (SCR) for clinicians		Reporting/benchmarking on population health management	Outputs of Board and Board Committees			- with a place-based approach, including additional health and social care data	
		Cause	Lack of consistency in application of Equality & Quality Impact Assessment (EQIA)		Use of Shared Care Record (SCR)	Public Health reports			Roll out of Connected Care for clinical services	30 Sep 2024
		Effect	Continued growth of the health inequality gap		Health and Wellbeing Strategy	Shared Care Record (SCR) utilisation reports				
		Effect	Preventative health strategies and clinical services not aligned to community needs		Appointment of substantive Director of Strategic Programmes Delivery	Outputs of Health & Wellbeing Board				
		Effect	Some groups continue to receive less care relative to their needs		Collaborative working with partners	See Risk 2230				
		Effect	Some groups continue to have poor experiences, outcomes and health status		Health Inequalities Dashboard					
		Effect	Demand for health care (particularly Urgent and Emergency Care) will increase		Healthy Communities Programme	Outputs of Healthy Communities Programme				
					Tobacco dependency programme	Tobacco Dependency Service activity data				
					Homelessness Clinic	Service activity data				
		Health Inequalities Buckinghamshire Group	Outputs of Health Inequalities Leaders Buckinghamshire Group							

7. To deliver our 5 people priorities

Reference	Risk Details	Causes & Effects		Inherent Priority	Controls		Actions		
		Type	Title		Summary	Assurance Details Summary	Detail	Variable Target	
2297	<p>Principle Risk - Title: Failure to deliver our people priorities</p> <p>Principle Risk - Further Description : Failure to deliver our five people priorities.</p> <p>Strategic Priority : Ensure our workforce are listened to, safe and supported ("A Great Place to Work")</p> <p>Achieve by 2025 : Our people will feel motivated, able to make a difference and be proud to work at BHT. We will attract and retain talented people to build high performing teams with caring and skilled people.</p> <p>Risk Appetite: Minimal (2)</p> <p>Risk Area: Strategic</p> <p>Strategic Objective: 7. To deliver our 5 people priorities</p>	Cause	Inequal experience for BME colleagues	Very High (4.4=16)	Health & Safety Committee	Outputs of Health & Safety Committee			
		Cause	Insufficient levels of qualified, experienced staff and training opportunities				Annual Reports (incl. Health & Safety, Fire and Security)		
		Cause	Cost of living (nationally)			Trust-wide recruitment and retention plans	Monthly monitoring of vacancy rates through Integrated Performance Report (IPR)		
		Cause	Impact on morale, wellbeing and retention resulting from the pandemic, sustained operational pressures and industrial action			Bucks Health & Social Care Academy	Outputs of Transformation Board		
		Cause	Variations in organisational culture and behaviours including staff reporting bullying and harassment			NHS Professionals partnership working	Outputs of contract management meetings		
		Cause	Workforce not always feeling the organisation is safe including staff reporting incidents of violence and aggression from patients, families and service users			Management of temporary staffing	Weekly workforce update to Executive Management Committee Regional System Programme outputs		
		Cause	Organisation is not always inclusive and does not always treat people equally				Internal Audit review		
		Cause	Industrial action (IA)				Care Group level performance reports		
		Effect	Retention challenges			BOB ICS Senior Leadership Group	Outputs of BOB ICS Senior Leadership Group		
		Effect	High levels of temporary staffing			Comprehensive in-house cost of living support package			
		Effect	Low staff resilience and wellbeing negatively contributing to engagement, productivity, happiness at work and potentially the quality of care provided			Comprehensive in-house Occupational Health and Wellbeing offer			
		Effect	Higher levels of bullying			Staff reporting of sickness via Electronic Staff Record (ESR)	Monthly reporting of sickness absence rates through Integrated Performance Report (IPR) Monthly ESR Reporting		
		Effect	Negative impact on staff engagement and productivity			Trust HR policies			
		Effect	Reputational damage			Colleague vaccination programme including monitoring of performance against plan			
		Effect	Consequential impact on patients care			Regular Union meetings (JMISC & JCNC) Staff Networks in place	Outputs of JMISC & JCNC		
						Equality, Diversity & Inclusion (ED&I) Committee	Outputs of ED&I Committee		
						Freedom To Speak Up (FTSU) Service	Regular reporting from FTSUG		
						Violence & Aggression; weekly MDT forum	Outputs of forum Colleague Story to Trust Board		
					ICS People Strategy including monitoring of performance against plan				
					Guardian of Safe Working Hours (GSWH) in place	Regular reporting from GSWH			
					Monitoring of colleague experience at work	Annual Staff Survey & Outputs Outputs of Quarterly Pulse Survey			
						Annual reporting; WRES/WDES, Gender Pay Gap Public Sector Equality Duty (PSED) Report (colleagues)			

8. For our buildings and facilities to be great places to work and contribute to the health and wellbeing of staff

Reference	Risk Details	Causes & Effects		Inherent Priority	Summary	Controls		Actions	
		Type	Title			Assurance Details Summary	Detail	Variable Target	
2298	<p>Principle Risk - Title: Failure to provide an adequate estate</p> <p>Principle Risk - Further Description : a) Failure to provide adequate buildings and facilities; estates</p> <p>Strategic Priority : Ensure our workforce are listened to, safe and supported ("A Great Place to Work")</p> <p>Achieve by 2025 :-</p> <p>Risk Appetite: Cautious (3)</p> <p>Risk Area: Strategic</p> <p>Strategic Objective: 8. For our buildings and facilities to be great places to work and contribute to the health and wellbeing of staff</p>	Cause	Lack of capital	Very High (4.4=16)	Estates and Net Zero Strategy with monitoring of progress against plan	Annual Net Zero/Carbon Footprint Audit			
		Cause	Aging estate			Outputs of oversight Committees			
		Cause	Significant backlog of estate maintenance			Prioritisation through the use of QFM			
		Effect	Low compliance with regulatory requirements			Monitoring of compliance with legislation/regulation	Annual Compliance with Legislation exercise		
		Effect	Staff leave the organisation due to feeling unsafe at work				Premises Assurance Model (PAM) reporting		
		Effect	Loss of confidence of the public				Estates Returns Information Collection (ERIC) Returns		
							Internal Audit review of Health & Safety Legislation Dashboard		
			Outputs of contract meetings						
			Outputs of Space Committee						
			Outputs of Capital Management Group (CMG)						
			Annual reporting to Quality & Clinical Governance Committee						
			Outputs of Health & Safety Committee						
			Annual Reports (incl. Health & Safety, Fire and Security)						
			Use of Model Health System for benchmarking						
2299	<p>Principle Risk - Title: Failure to provide adequate digital facilities</p> <p>Principle Risk - Further Description : b) Failure to provide adequate buildings and facilities; digital</p> <p>Strategic Priority : Ensure our workforce are listened to, safe and supported</p> <p>Achieve by 2025 :-</p> <p>Risk Appetite: Cautious (3)</p> <p>Risk Area: Strategic</p> <p>Strategic Objective: 8. For our buildings and facilities to be great places to work and contribute to the health and wellbeing of staff</p>	Cause	Digital immaturity leading to service disruption and preventing wider service transformation	Very High (4.4=16)	Data Security and Protection Toolkit (DSPT) Audit	Annual reporting ahead of submission (June)			
		Cause	Lack of detailed intelligence to drive quality improvement initiatives			Internal Audit review of DSPT submission			
		Effect	Low compliance with regulatory requirements			Outputs of Digital Health Programme Board			
		Effect	Continued reliance on paper based/manual information flows			EPR Programme and monitoring of progress against plan			
		Effect	Lack of data limits potential improvements			IT performance monitoring against KPIs			
		Effect	Potential clinical harm (e.g. through lack of EPMA)			Outputs of local meetings and Corporate Performance Reviews			
		Effect	Lack of digital literacy amongst colleagues						
Effect	Gaps in infrastructure and unsupported systems								

9. To maximise opportunities for improving, sharing good practice and learning

Reference	Risk Details	Causes & Effects		Inherent Priority	Summary	Controls		Actions	
		Type	Title			Assurance Details Summary	Detail	Variable Target	
2300	<p>Principle Risk - Title: Failure to learn, share good practice and continuously improve</p> <p>Principle Risk - Further Description : Failure to learn, share good practice and continuously improve</p> <p>Strategic Priority : Ensure our workforce are listened to, safe and supported ("A Great Place to Work")</p> <p>Achieve by 2025 :-</p> <p>Risk Appetite: Open (4)</p> <p>Risk Area: Strategic</p> <p>Strategic Objective: 9. To maximise opportunities for improving, sharing good practice and learning</p>	Cause	Gaps in learning following incidents or against best practice	High (3.4=12)	Organisational learning forums.	Explore digitised processes for trend identification and thematic analysis (Datix not yet able to support)		30 Sep 2024	
		Cause	Not being an organisation where innovation and new ideas can always thrive and be easily adapted			Quarterly updates to Executive Management Committee and Quality & Clinical Governance Committee			
		Effect	Missed opportunities to improve patient outcomes/experience			Monthly Patient Safety Board meetings	Outputs of Patient Safety Board		
		Effect	Non-systematic approach to learning			Analysis of Datix incident reporting			
		Effect	Inefficiencies, processes not completed in a timely manner, erosion of desire to innovate and improve			Thematic analysis reports			
		Effect	Inadequate foresight of organisational risk			Executive dashboards			
		Effect	Inability to transform care and clinical models in a way that is fit for the future			Research & Innovation Centre			
			Regular Research & Innovation reports						

Meeting: Trust Board Meeting in Public

Date: 25 September 2024

Agenda item	Maternity Quarterly Quality Report Q1 24/25
Board Lead	Karen Bonner, Chief Nurse
Author	Michelle East, Director of Midwifery
Appendices	Appendix 1 Q1 PQSM report Appendix 2 Q1 ATAIN audit Appendix 3 Q1 Claims scorecard. Appendix 4 Q1 Improvement highlight report. Appendix 5 Q4 Saving Babies Lives Implementation Report Appendix 6 social media <i>All appendices available in the Reading Room</i>
Purpose	Assurance
Previously considered	EMC 06.08.2024 Q&CGC 21.08.2024

Executive summary

This report provides an overview of current maternity quality issues focusing on the following work streams:

- Perinatal mortality and morbidity relating to both woman and fetus/baby.
- Themes relating to litigation, complaints, and serious incidents.
- Performance related to external assurance.
- Indicator of staff culture and service user feedback

In Q1 there were a total of two stillbirths and one neonatal death. The case of the neonatal death was subject to both local case review and after-action review, all deaths will be reviewed via the perinatal mortality review tool (PMRT) in the required timeframes. There were no maternal deaths and one ITU admission. There were no emergency hysterectomies.

MNSI quarterly review continues to demonstrate that BHT had the lowest number of referrals across BOB, with a continued decrease in the number of investigations that have associated safety recommendations.

Smoking data continues to improve with a healthy increase in rates of engagement with the tobacco dependency service this quarter.

Term admission rates to the neonatal unit remain within common cause variation with respiratory related issues continuing to be the most common reason for admission. Overall rates for 23/24 show good performance.

The recently published [report](#) from the All-Party Parliamentary Group for Birth Trauma highlighted the significant impact of unresolved birth trauma for both women and families. The following key findings were identified:

- Inadequate recognition and response to birth trauma by healthcare professionals.
- Lack of consistent training and education on birth trauma for maternity staff.
- Insufficient postnatal support services for affected women.
- Gaps in communication and continuity of care between different healthcare providers.

Results from the SCORE survey relating to culture in maternity and neonatal services has been shared with the quadrumvirate. Burnout has scored high across all areas. A working group has been established with the support of the Wellbeing Service and OD. A detailed report and associated action plan will be prepared for dissemination following the first meeting of the working group.

Final report relating to the closure of Wycombe Birth Centre was presented the Health and Adult Social Care committee on 11th July which showed improvement across all metrics identified as part of the previous review. Next steps and outcome of the meeting awaited.

Further to the meeting on 6 August 2024, there was an agreement that a full report relating to the SCORE survey would be presented to the Executive Management Committee which provides greater detail regarding the findings and recommended actions.

The Quality & Clinical Governance Committee considered the reports at the meeting on 21 August 2024. The Committee discussed caesarean rates and associated theatre and ward capacity. Significant achievements related to breastfeeding and rates of smoking in pregnancy were celebrated with the Trust leading in both areas within the Southeast region. *A long term strategy was required to support greater access to perinatal mental health services as well as optimising support for those experiencing birth trauma. The plan to roll out smoking cessation services via the 'Making Every Contact Count' programme was noted.*

Decision		The Board is requested to discuss and take assurance		
Relevant strategic priority				
Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input type="checkbox"/>	
Relevant objective				
<input type="checkbox"/> Improve waiting times in ED. <input type="checkbox"/> Improve elective waiting times. <input type="checkbox"/> Improve safety through clinical accreditation		<input checked="" type="checkbox"/> Give children living in most deprived communities the best start in life. <input type="checkbox"/> Outpatient blood pressure checks		<input type="checkbox"/> Zero tolerance to bullying
Implications / Impact				
Patient Safety		This paper provides updates on patient safety and maternity quality improvement work streams, issues, and any risks to compliance.		
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register		Principal Risk 1: Failure to provide care that consistently meets or exceeds performance and quality standards CRR Midwifery staffing (287)		
Financial		NHSR Maternity Incentive Scheme: Trusts that do not meet the ten-out-of-ten threshold will not recover their contribution to the CNST maternity incentive fund but may be eligible for a small discretionary payment from the scheme to help to make progress against actions they have not achieved. Such a payment would be at a much lower level than the 10% contribution to the incentive fund.		
Compliance CQC Standards Safety		Safety		

	<p>Person centred care Duty of candour Good governance Complaints</p>
Partnership: consultation / communication	<p>Acute paediatrics- neonatal services Local Maternity and Neonatal System Maternity voices partnership Maternity and neonatal safety champions</p>
Equality	<p>It is essential to have an increased focus on reducing health inequalities for Black, Asian and minority ethnic women and women who are affected by social deprivation. Maternal mortality is 4 times greater for Black women and 2 times greater for Asian and mixed ethnicity women than white women (MBRRACE 2023). Perinatal mortality is greater for Black and Asian babies- the highest rates of stillbirth affect Black African and Black Caribbean babies from the most deprived areas; the highest rates of neonatal death affect Pakistani and Black African babies from the most deprived areas (MBRRACE 2023).</p>
Quality Impact Assessment [QIA] completion required?	No

Glossary and Abbreviations

ATAIN	A patient safety programme (an acronym for ' avoiding term admissions into neonatal units ') to reduce avoidable causes of harm that can lead to infants born at term (i.e., $\geq 37+0$ weeks gestation) being admitted to a neonatal unit.
BOB LMNS	Buckinghamshire, Oxfordshire and Berkshire West local maternity and neonatal system - a partnership of maternity and neonatal service providers, commissioners, local authorities and maternity and neonatal voices partnerships, who are working together to transform maternity services
CQC	Care Quality Commission
MIS	Maternity Incentive Scheme - The scheme supports the delivery of safer maternity care through an incentive element to trust contributions to the CNST.
MNVP	Maternity and Neonatal Voices Partnership - is a NHS working group: a team of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care
NHSE	NHS England – leads the national health service for England
NHSR	NHS Resolution- the operating name of NHS litigation authority, is an arm's length body of the department of Health and Social Care
NNU	Neonatal Unit
PCSP	Personalised care and support plan – a holistic person-centred process that enables the person to identify their needs and outcomes
PMRT	Perinatal Mortality Review Tool

PQSM	Perinatal Quality Surveillance Model – a framework for increasing oversight of perinatal clinical quality in the NHS, England
RCOG	Royal College of Obstetrics and Gynaecology
SBAR	A communication tool to convey critical information requiring immediate action and advice
VTE	Venous thromboembolism

1 Introduction/Position

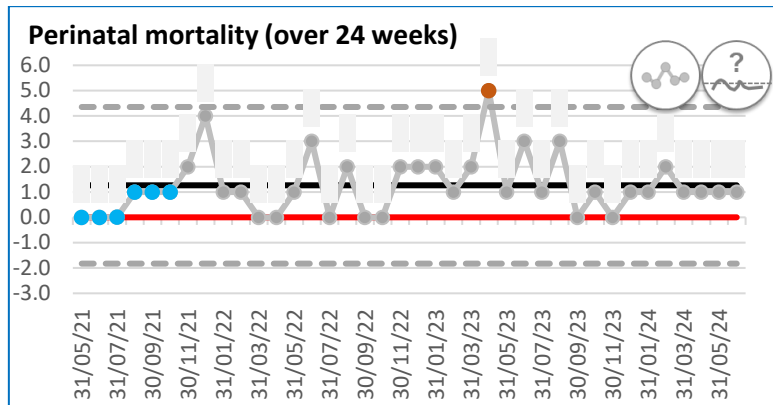
This report provides an overview of current maternity quality issues in line with NHS England (NHSE) guidance on perinatal quality surveillance and NHS Resolution (NHSR) maternity incentive scheme standards. This report will highlight performance against the key drivers to deliver and maintain a safe, high quality maternity service and will focus on the following workstreams:

- Perinatal mortality and morbidity relating to both woman and fetus/baby.
- Themes relating to litigation, complaints, and serious incidents.
- Performance related to external assurance.
- Indicator of staff culture and service user feedback

2 Perinatal Mortality and Morbidity

The BOB local maternity and neonatal system (BOB LMNS) have a defined perinatal quality surveillance reporting model to ensure a standardised reporting process.

Buckinghamshire Healthcare NHS Trust (BHT) perinatal quality surveillance data for this reporting period is detailed in full in Appendix 1.



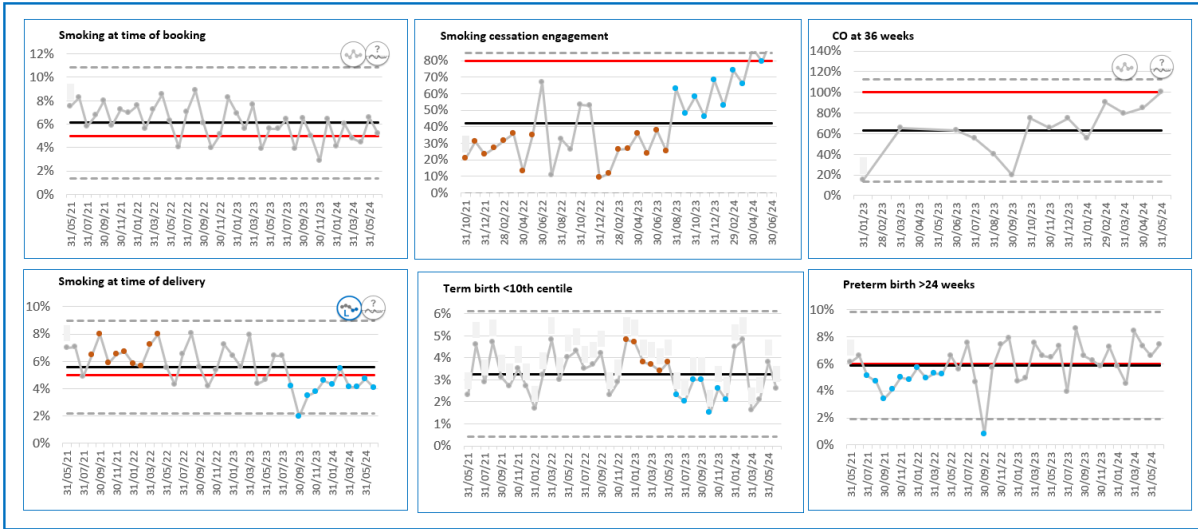
Of the women who experienced a fetal loss during this quarter:

- All were non-smokers.
- One woman was of Pakistani origin and one of Indian origin.
- One woman lived within an Opportunity Bucks Ward.

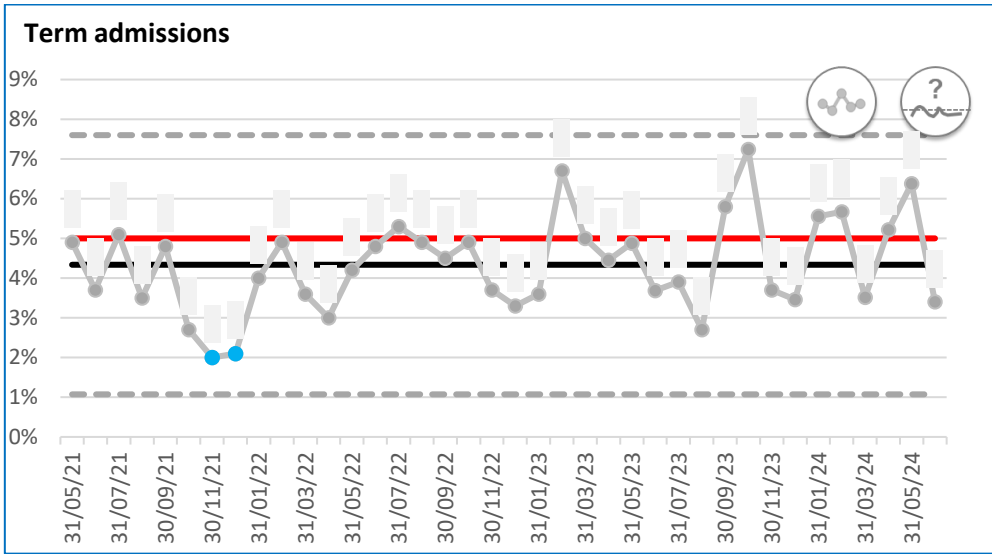
2.1 Fetal/neonatal mortality and morbidity

Indicators for possible fetal or neonatal loss include smoking, ethnicity, deprivation, and risks associated with intrauterine growth restriction (IUGR) and/or preterm birth.

During Q1 average rates of smoking at time of booking are 5.3%, smoking at time of delivery is 4.3%. Engagement with the tobacco dependency service continues to show improvement from 37% in June 2023 to 95% in June 2024.



The ATAIN programme continues to be embedded in practice through the annual ATAIN action plan.

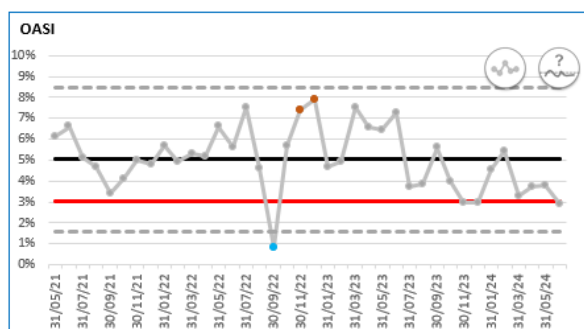
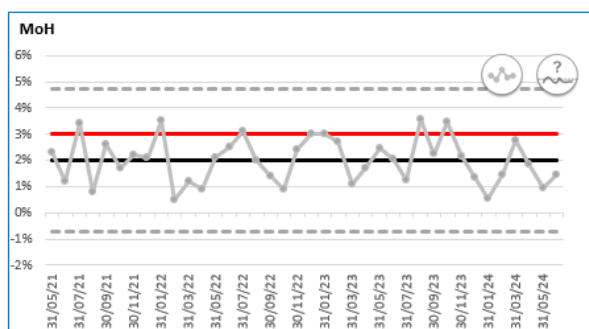


Whilst term admissions to the neonatal unit remains within common cause variation and performing well in Q1, final data for 23/24 shows that the overall term admission rate locally was 4.4% which is below the National target of 5%. Respiratory remains the primary reason for admission in Q1 (53%, this is a decrease from last quarter which was 57%), the majority of which are born by Caesarean section. There has been a reduction in the number of babies admitted with suspected infection (2023-2024 3%, 2022-2023 8.6%, 2021-2022 12%). In this reporting period, there were six admissions for suspected infection (10.2% of all term admissions to the NNU). There is a direct correlation between gestational age and length of stay with early term babies (37 weeks gestation) requiring a significantly longer stay than their slightly more mature counterparts. Whilst this is not unsurprising, indications for delivery at 37 weeks should be closely monitored to ensure timing of birth at this gestation is essential.

2.2 Maternal mortality and morbidity

Indicators for possible maternal mortality or morbidity include venous thromboembolism, massive haemorrhage, obstetric anal sphincter injury and eclampsia. During Q1 all women were risk assessed for pre-eclampsia and VTE. There was no hospital acquired VTE and no cases of eclampsia.

	No of days since
Eclampsia	No cases in past 3 years
ITU admission	27
Hysterectomy	400



The haemorrhage rate remains stable within common cause variation and below target for the majority of months. The OASI rate for Q1 rate is showing improvement and remains within common cause variation.

Birth trauma inquiry

The recently published [report](#) from the All-Party Parliamentary Group for Birth Trauma highlighted the significant impact of unresolved birth trauma for both women and families. The following key findings were identified:

- Inadequate recognition and response to birth trauma by healthcare professionals.
- Lack of consistent training and education on birth trauma for maternity staff.
- Insufficient postnatal support services for affected women.
- Gaps in communication and continuity of care between different healthcare providers.

Key recommendations for Trusts include:

Training and Education:

- Implement mandatory training programs on birth trauma for all maternity staff, including midwives, obstetricians, and support staff.
- Promote awareness and understanding of birth trauma symptoms and appropriate interventions.

Enhanced Support Services:

- Develop and provide comprehensive postnatal support services, including counselling and psychological support for women who have experienced birth trauma.
- Ensure the availability of specialist perinatal mental health services.

Communication and Continuity of Care:

- Improve communication between maternity staff and other healthcare providers to ensure a seamless care pathway for affected women.
- Establish clear guidelines for referral to mental health services when birth trauma is identified.

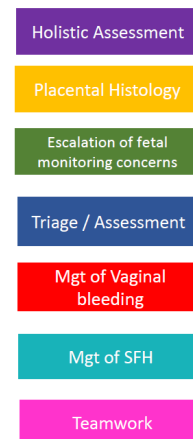
Many of these are being addressed via existing services or ongoing service development. There is opportunity for improvement in the referral process between midwifery, health visiting and GPs. This was discussed at the recent GP interface meeting with the commitment to better understand the challenges via a small working group.

3 Themes relating to litigation, complaints, and serious incidents.

Themes from litigation cases are triangulated with complaints and serious incidents and are reflected in Appendix 3. These themes are driving improvement in multiple internal processes across maternity and neonates.

The recent quarterly MNSI review continued to show improvement in both the number of cases that meet the criteria for referral and the number of investigations that require specific safety recommendations. The chart below demonstrates key themes for each Trust:

Quarter / Year	BHT	OUH	RBFT
Q1 19/20			
Q2 19/20			
Q3 19/20			
Q4 19/20			
Q1 20/21			
Q2 20/21			
Q3 20/21			
Q4 20/21			
Q1 21/22			
Q2 21/22			
Q3 21/22			
Q4 21/22			
Q1 22/23			
Q2 22/23			
Q3 22/23			
Q4 22/23			
Q1 23/24			
Q2 23/24			
Q3 23/24			
Q4 23/24			
Q1 24/25			



4. Performance related to external assurance.

Maternity Incentive Scheme

Activity required for year 6 of the Maternity Incentive Scheme is now underway. As referenced in Appendix 1, all safety actions are on track, Maternity Services Data Set submissions is currently showing as 'in progress' on the basis that the data extraction for this element is not due until Q3.

Single Delivery Plan Progress

There is agreement across the LMNS that key elements of the Single Delivery Plan will be tackled as a system. The workforce consultation within the ICB is preventing these projects from starting. Appendix 1 shows progress against the recommendations.

CQC Maternity Inspection

All 'must do' actions from the 2023 maternity CQC inspection are now complete. The need to continue to develop the estate related to maternity triage remains. The current telephone triage provision is being reviewed with the aim of combining telephone triage for BHT with the maternity services at Oxford and Milton Keynes as an off-site call centre hosted by South Central Ambulance Service (SCAS).

Saving Babies Lives Care Bundle V3

Verification by the ICB has demonstrated that the service is fully compliant with all elements of the care bundle implementation (appendix 5) with stretch targets being met in certain metrics. CO monitoring at every appointment remains an area of focus.

5. Culture

Full findings from the SCORE survey have now been shared with maternity and neonatal teams. Key areas for improvement relate to high levels of burnout, and colleagues' understanding of role expectations as well as opportunities to gain feedback about performance. A project team including the Wellbeing Service and OD had been established. Whilst this group establishes, and objectives are agreed, the following initiatives have been implemented to support the wider team:

- Maternity specific drop-in sessions hosted by the Wellbeing Team
- Automatic follow-up of individuals that have been involved in challenging clinical situations by the Professional Midwifery Advocate (PMA). This has already led to 64 colleagues 'check ins.
- Increased career conversations – 14 conversations taken place in Q1.
- Regular restorative clinical supervision sessions for internationally educated and student midwives. This has led to the facilitation of 23 sessions with 58 colleagues attending.
- Improved celebration and focus on appreciative inquiry – 101 members of staff were nominated as part of the recent International Day of the Midwife Celebrations. All excellence reports generated for the service are displayed monthly for all colleagues to see.
- Wellbeing Team led 'burnout' sessions specific to community midwives and support colleagues.

5.1 Responding to feedback from service users

Appendix 1 highlights service user feedback received during Q1. The maternity Instagram account continues to build in both followers and strength. It is rapidly becoming a conduit for service user feedback – some examples of this can be seen in appendix 6.

6. Improvement initiatives

Appendix 4 highlights the key improvements that have been implemented in Q1.

7. Maternity Transformation

Key priorities for 24/25 include combining maternity and neonatal care delivery units, and the implementation of Badgernet EPR. The neonatal/maternity CDU amalgamation is predicted to be completed by November 2024. The Badgernet EPR implementation remains on track for go live in February 2025. Ancillary projects related to this include the rollout of electronic patient boards on the antenatal and postnatal ward, and a digital poverty project in conjunction with the Good Things Foundation and the digital access lead for BOB. A project team has been assembled and key stakeholders identified to commence scoping for the Women's Health Hub at Wycombe Hospital. This will result in a business case submission with predicted work to commence on establishing the hub during 25/26.

9. Action required from the Board/Committee

The Committee / Board is requested to:

- a) Discuss and take assurance.

APPENDICES

Appendix 1 Q4 PQSM report.

Appendix 2 Q4 ATAIN audit.

Appendix 3 Q4 claims scorecard.

Appendix 4 Q4 Improvement highlight report.

Appendix 5 Q4 Saving Babies' Lives Implementation Report.

Appendix 6 social media.