OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

NHS
Buckinghamshire Healthcare
NHS Trust

Meeting: Trust Board Meeting in Public

30 October 2024

Agenda item	BHT Operational Winter Plan
Board Lead	Raghuv Bhasin, Chief Operating Officer
Type name of Author	Raghuv Bhasin, Chief Operating Officer Helen Byrne, Care Group Director Elaine Baldwin, Programme Manager
Attachments	BHT Operational Winter Plan 24/25
Purpose	Approval
Previously considered	EMC 08.10.2024 F&BPC 29.10.2024

Summary

This paper sets out the operational winter plan for BHT for 24/25. It builds on the current Urgent and Emergency Care Improvement Plan for the Trust.

The plan is a subset of the wider Bucks Place UEC Plan that includes actions for all partners as well as our wider vaccination and public communications plan.

This paper was approved by EMC who noted the comprehensiveness of the plan and requested further detail included in the paper regarding the expected impact of winter pressures and how the actions in the plan will mitigate against these.

A verbal update will be provided to Trust Board following consideration at the Finance & Business Performance Committee on 29 October 2024.

Decision	The Board is requested to approve the operational winter plan

Relevant strategic priority

Outstanding Care ☒	Healthy Communities ☒	Great Place to Work ☒	Net Zero ☐

Relevant objective

☒ Improve waiting times in ED ☐ Improve elective waiting times ☐ Improve safety through clinical accreditation	☐ Give children living in most deprived communities the best start in life ☐ Outpatient blood pressure checks	☐ Zero tolerance to bullying

Implications / Impact

Patient Safety	Good planning for winter is crucial for maintaining patient safety.
Risk: (BAF/CRR)	Principal Risk 1: Failure to provide care that consistently meets or exceeds quality/performance standards
Financial	Interventions in the winter plan are within budgets
Compliance CQC Standards Safety	Safety
Partnership: consultation / communication	This winter plan is part of a wider Place UEC plan.
Equality	This plan will ensure improved access for all.
Quality Impact Assessment [QIA] completion required?	Conducted on a case by case basis for individual initiatives.

Executive Summary

1. The attached operational winter plan sets out a series of interventions that have been implemented or are to be implemented ahead of December to deliver safe, effective patient care over winter. This is the culmination of a significant work over the past eighteen months through the Trust's Urgent and Emergency Care Improvement programme.

2. The key focus of this year's winter plan is to optimise the use of the significant amounts of capacity we have built in acute and community services to provide the best care for our patients first time and minimise risks to quality and safety from corridor care.

3. Key interventions include:
    a. The opening of our new ward (7 November) which facilitates a wider redesign of our emergency floor across November
    b. The creation of an integrated front door team that will provide a physical presence for our community teams at the front door from October to support use of community and hospital@home pathways
    c. The reopening of Olympic Lodge in November to provide 22 additional beds for patients without a criteria to reside
    d. A clearer trust wide escalation plan for Opel 4

4. Modelling shows that the Trust will see a peak in occupied beds in November at 10% higher than September levels with an average of a 5% increase across the months of November to February. Our winter plan interventions provide a net increase of just under 6.6% in beds through the new ward and Olympic Lodge but importantly also additional assessment spaces, discharge lounge spaces and a different way of working to reduce admissions and length of stay in the organisation. In addition, dedicated escalation spaces will be available at Wycombe and Stoke to deal with the most acute pressures.

5. This paper also contains a short assessment against the recommendations for NHS Trusts from NHS England to manage safety during winter and the actions being taken regarding guidance on the use of Temporary Escalation Spaces.

6. The Committee is asked to approve the operational winter plan.

Impact on beds

7. Regional modelling suggests a 10% increase in the number of beds occupied during this winter compared to September with the peak in November. Over November to February the average occupancy increase is 5%. A 10% increase in occupancy is the equivalent to c.40 acute beds.

8. Our interventions provide for an increase of physical beds/assessment spaces of:

Area	**Date**	**Increase**
Acute beds through new ward	From 7 November	Five beds
Olympic Lodge	By 18 November	22 beds
Frailty SDEC	From 11 November	Six assessment spaces
Discharge Lounge	From 11 November	Six bed spaces

9. In addition, our winter plan includes:
    a. An increase in Hospital@Home 'beds' of twenty by the end of December focused on Frailty.
    b. Significant changes to improve flow and admission avoidance including the new Integrated Front Door Team (starting in November); the expansion of the Surgical Floor to better manage surgical flow (as part of the new ward changes); and the introduction in January of ConnectedCare Patient Segmentation at the Front Door to best allocate clinical resources to those who most need them.

10. It is planned therefore through a mixture of increased physical beds, increased assessment and flow (e.g. discharge lounge) space and reductions in admissions through new and expanded ways of working to be able to bridge the majority of the modelled bed gap with particular pressure expected in November as the new emergency floor model is implemented.

11. It is worth noting that in September there were c.15-20 people awaiting a bed in our Emergency Department and Surgical Assessment Unit at any one time. This can lead to care in temporary spaces. The interventions particularly focused on internal flow – such increased assessment spaces, discharge lounge spaces, integration with community, focus on speeding up Pathway 0 discharges are particularly targeted at reducing this number.

12. There will be, as with any winter, peaks of pressure which will require additional escalation (through defined escalation spaces) and potentially a change in risk-based decision making as set out in our Opel 4 plan.

<u>Assessment against NHSE asks</u>

13. NHS England has is yet to issue formal winter guidance. However, it is clear there will be a significant focus on reducing the volume of patients treated in 'escalation areas' (corridor care) and ensuring quality and safety for those patients if in those areas. A recent letter from NHS England[1] asked NHS Trusts six questions which are listed below with a response on each.

    a. *review general and acute core and escalation bed capacity plans:*
        - *with board assurance on delivery by the peak winter period*

    We know that the Stoke Mandeville site is under-bedded. Our new ward with the increased assessment spaces will help bridge part of the gap with Olympic Lodge covering the majority of the remainder. Defined escalation areas will be used at periods of peak pressure.

- *review and test full capacity plans:*
    - *this should be in advance of winter*
    - *in line with our letter of 24 June 2024, this should include ensuring care outside of a normal cubical or ward environment is not normalised; it is only used in periods of elevated pressure; it is always escalated to an appropriate member of the executive and at system level; and it is used for the minimum amount of time possible*

    We have a clear Opel 4 criteria and actions that have been agreed across care groups and with clinicians. This will ensure rapid de-escalation of during

[1] NHS England » Winter and H2 priorities

significant periods of elevated pressure. It is envisaged that an Opel 4 scenario will last for 48 hours and will involve system escalation.

- *ensure the fundamental standards of care are in place in all settings at all times:*
    - *particularly in periods of full capacity when patients might be in the wrong place for their care*
    - *if caring for patients in temporary escalation spaces, do so in accordance with the principles for providing safe and good quality care in temporary escalation spaces*

  We provide care for patients in escalation areas in accordance with the guidance from NHSE. These escalation areas – which are in ED and CSRU – are kept under in-day review through ED and CSRU huddles respectively, the daily site meetings with care in these areas reported up to the UEC Programme Board.

- *ensure appropriate senior clinical decision-makers are able to make decisions in live time to manage flow:*
    - *including taking risk-based decisions to ensure ED crowding is minimised and ambulances are released in a timely way*

  We have a clear consultant led RAT (rapid assessment and treatment) approach for ambulance patients between 8am and 10pm each day with additional training underway for middle grade doctors to ensure consistency during other period. Stoke Mandeville has delivered sustained improvement in handover times as a result.

  Our Opel 4 plans will bring additional senior decision makers into the ED to make these risk based decisions led by our Care Group Clinical Directors.

- *ensure plans are in place to maximise patient flow throughout the hospital, 7 days per week:*
    - *with appropriate front door streaming, senior decision-making, regular board and ward rounds throughout the day, and timely discharge, regardless of the pathway through which a patient is leaving hospital or a community bedded facility*

  This is in place and supported through the electronic whiteboards. Oversight is maintained through the Care Groups and UEC Programme Board. There is significant focus on bringing discharges earlier in the day through the new electronic whiteboards, criteria-led discharge and discharge lounge.

  The ED department is particularly focusing in October on reducing variation in early senior decision making and streaming. Additional ward rounds have been introduced in our Acute Medical Unit in line with GIRFT best practice and will be in place in our new Emergency Medicine Receiving Unit to facilitate continual flow.

14. In addition clear guidance has also been set out about the use of ‘temporary escalation areas[2]’ also known colloquially as ‘corridor care.’ An assessment is underway of those areas which are used for escalation. This will take place over November and report back to CNO and COO through the Urgent and Emergency Care Board.

[2] https://www.england.nhs.uk/long-read/principles-for-providing-safe-and-good-quality-care-in-temporary-escalation-spaces/#:~:text=TES%20do%20not%20include%20spaces,no%20longer%20'in%20extremis'.

15. The temporary escalation areas that are the focus of this review are:

    a. The Emergency Department
    b. Cardiac Stroke Receiving Unit
    c. Acute Medical Unit
    d. Surgical Assessment Unit

16. In addition, as we agree any additional defined escalation areas for winter they will also be part of this review.

Conclusion

17. The Board is asked to approve the attached operational plan for winter and take assurance from the detail above.

Buckinghamshire Healthcare NHS Trust

Winter Operational Plan 2024/25

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Our winter plan this year is focused on using our increased capacity and Emergency Floor most effectively to avoid admissions and facilitate discharge

Our winter plan has four key themes

1. **Managing same day pressures –** through our enhanced emergency floor and working with system partners.

2. **Reducing admission levels –** through increased and better co-ordinated admission avoidance services across acute and community.

3. **Improving flow through the system** – through more effective discharge planning and working with system partners.

4. **Effective planning for and management of surges** – building on what has been effective in the past

Main areas of focus for this year

1

- Expansion of SDEC – hot clinics and bookable slots
- New rota for ED to better map capacity to demand
- Hot lab for the emergency floor
- Patient segmentation (Connected Care) to deploy resources more effectively
- SCAS directly conveying to SAU

2

- New Emergency Medical Receiving Unit
- Expanded Frailty SDEC
- New team of community colleagues based at the front-door
- Further expansion of hospital at home – respiratory, frailty
- Increased bed capacity for surgery/surgical assessment

3

- Olympic Lodge re-opens in November
- Electronic patient flow whiteboards in all wards
- New expanded discharge lounge
- Integrated Pathway One team with the council
- Dedicated pharmacy discharge team

4

- New trustwide Opel 4 plan
- Defined escalation plans for Stoke and Wycombe
- ‘Floating’ acute medic available January to March

1

Managing same day pressures – through our enhanced emergency floor and working with system partners.

Why focus on this?

- There is significant challenge and complexity in how to access NHS services resulting in a large number of patients coming to our ED instead of the optimal service for them.
- We know that on the day pressures can contribute to increased corridor care and risks of patient harm

What we have already done?

- ED consultant and middle grade rota flexed to better meet demand pressures through the week
- Dedicated consultant in ambulance RAT to reduce hospital handover delays. Significant improvements have been made since the start of the year.
- Opened our new Clinical Decision Unit to ensure patients at risk at admission get the right specialty input before a decision is made
- Significantly expanded SDEC capacity including hot clinics to provide increased alternatives to ED

What we will do?

- Dedicated clinician in the Clinical Decision Unit to ensure continued flow (October)
- New Paediatric Emergency Medicine Consultant to improve management of Paediatric pressures (October)
- Create a mini ops centre within ED to support action driven huddles and surge management (November)
- Introduce booked slots into SDEC to enable appropriate patients to return to an allocated appointment slot the following day incl hot clinics (November)
- Expansion of Surgical Assessment Capacity (November)
- Create a hot lab at our front door to provide more rapid information for decision making (December)
- Increased Urgent Community Response capacity (January)

2

Reducing admission levels – through increased and better co-ordinated admission avoidance services across acute and community.

Why focus on this?

- Regional data shows we have high levels of admissions for our population size
- We have successfully reduced admissions during the day but there is more to do in the evening and overnight
- Our acute and community services could be better joined up

What we have already done?

- Increased our Hospital at Home capacity to 140
- Restructured the Urgent Community Response service to increase volumes of patients seen and responsiveness across the county
- Introduced a Single Point of Access for GPs and SCAS for all admission avoidance services with senior clinical triage – 7 days per week 8am-8pm
- Added Cardiology and Paediatrics to our virtual wards to provide more alternatives to admission in these specialties

What we will do?

- Expand Hospital at Home capacity to 160. Respiratory Hospital at Home expansion with focus on Pneumonia & flu (October-December)
- Create an integrated front door team to improve access to community services 8am to 8pm (November)
- Open a new 21 bedded Emergency Medicine Receiving Unit run by Acute Medicine (November)
- Implement expanded service for frailty SDEC (November)
- Follow-up clinics for acute medicine in place (November)
- Increased Paediatric consultant cover for Clinical Observation Unit and Children's Emergency Department (November)
- Increase throughput for emergency surgery through Day Surgery following opening of new ICU beds (November)
- Introduction of 'criteria to admit' to support decision making (November)

3

Improving flow through the system – through more effective discharge planning and working with system partners.

Why focus on this?

- At any one time there are c.80 patients across our acute and community beds who are medically fit to leave the hospital
- Our discharges often happen late in the day which can drive up corridor care in our Emergency Department

What we have already done?

- Introduced a new Acute Medicine model in our AMU to facilitate discharges through the day in line with GIRFT best practice
- Introduced a Transfer of Care Hub to better co-ordinate discharge across all partners
- Conducted regular MADEs with schedule developed for further events for remainder of year
- Established a Care Coordination Centre at Stoke Mandeville
- Commenced roll out of digital board rounds utilising electronic white boards across all adult wards
- Implemented criteria led discharge to support earlier discharges in the day

What we will do?

- Finalise rollout of digital boards and discharge dashboards (November)
- Re-open Olympic Lodge with 22 beds from mid-November through to end March (November)
- New brokerage service available for self-funding patients (November)
- New discharge performance rhythm focused on Pathway 0 patients introduced (November)
- New Discharge lounge open with bedded and seated space – 8 chair spaces, 2 x male beds, 2 x female beds (December)
- Develop a single integrated discharge process to support people out of hospital on pathway one (December)
- Dedicated pharmacy discharge team in January and the first half of February (January)

Effective planning for and management of surges – building on what has been effective in the past

Why focus on this?

- There will be times where the pressures on the Trust will be at their greatest and we need to step up our response to maintain safety for patients
- We have learned what has made an impact in the past that can be used going forwards

What we have already done?

- Agreed prospective Opel 4 plan with Care Groups and clinical teams
- Agreed escalation process with system partners
- Developed monitoring and review of patients being treated in corridors to ensure quality and safety is maintained

What we will do?

- Defined escalation plans and spaces in Wycombe and Stoke Mandeville with review of use of these spaces in line with guidance (November)
- Critical Care Outreach Team recruitment means consistent 24/7 cover for Stoke and Wycombe (November)
- ‘Floating’ acute medic to be in place from January to March to support additional medical pressures
- Specific support plan for ED agreed across the organisation (particularly from corporate and supporting services) for period of particular pressure (November)
- Build on existing wellbeing support to provide specific sessions to support colleagues during times of significant pressure

Our new Emergency Floor – opening in November - will be crucial to managing pressures

The various changes summarised below will result in a net increase of:

- 5 beds/trollies
- 6 assessment spaces
- 6 discharge lounge spaces/beds

Area	Future use	Notes
Acute Medical unit (26 beds)	Acute Medical Unit	
Ward 10 (25 beds)	Frailty SDEC (12 spaces) and Short Stay (13 beds)	Frailty take to run through Ward 10 – looking to extend hours of Frailty SDEC
St Joseph's (14 beds and two discharge lounge beds)	Medical Day Unit (MDU), Discharge Lounge (8 beds)	
Ward 18 (currently 11 beds and MDU)	Surgical ward (21 beds)	Should also cover T&O assessment space
New ward (21 beds/trollies)	Emergency Medical Receiving Unit	Medical take to run through this unit
Frailty SDEC (6 spaces)	Operational hub/space for teams	

Opel 4 Plan

Plan for the day

1. CMO to brief clinicians on clinical risk in the organisation, request for differential risk decisions re: admission and discharge and reasons we have moved into Opel 4.
2. IM and C&R Clinical Directors and Directors of Ops to deploy to emergency floor clinically to see if we can turn more patients around and augment teams
3. Surgery Care Group team to deploy to emergency floor/surgical floor to co-ordinate actions around management of surgery pressures
4. Consultant teams to ensure at least two clinicians reviewing patients on each ward and availability of clinicians for rapid in-reach into the ED/Emergency Floor (coming off SPA where needed)
5. All Directors of Nursing to deep dive on wards for discharge with matrons focused on patients with a NEWS of <2 and patients with an EDD in the past/next 48 hours. List to be generated by Site Team
6. CNO Office to free up a senior nurse to attach to IM DoN to focus on ensuring patient experience/safety around the emergency floor
7. CMO Office to free up a Deputy CMO (if on CMO day) to attach to IM Clinical Director to support senior clinical review in medicine
8. Senior therapy presence at front door to manage and prioritise reviews across the Trust
9. Pharmacy to deploy a prescribing pharmacist to the Discharge Lounge/Site Team to support with TTO writing
10. Escalation meeting with Deputy COO and council/ICB to unblock discharges
11. COO to manage site meetings and senior huddles through the day supported by Head of Site as overall troubleshooter

Meeting: Trust Board Meeting in Public

30 October 2024

Agenda item	Digital Health Programme (EPR) update
Board Lead	Chief Medical Officer
Type name of Author	Digital Health joint Programme Directors Digital Health Acute Programme Manager
Appendices	Accompanying PowerPoint
Purpose	Assurance
Previously considered	Digital Health Programme Board (DHPB) 16/10/24 Transformation Board 22/10/24 F&BP Committee 29/10/24

Executive Summary

This paper provides an update on the Digital Health (EPR) Programme

National business case approval and programme finances

On 9th October 2024 the national EPR Investment Board (EPRIB) approved our EPR business case with conditions. These conditions are ones we expected and can work to. We are awaiting the formal letter which will specify these conditions, at the same time as we have submitted our Investment Agreement which is the mechanism to draw down national funds.

Two weeks in advance of EPRIB we were asked to revise the business case from a 10-year case to a 5.5 year case (the current end date of our System C contract).

Programme delivery

We have confirmation that two essential upgrades required for next steps will now be happening. These are

- Upgrade to Pharmacy Stock Control server on 21st October. This will enable the build and development of our EPMA solution. **Successfully completed 21st October**
- Upgrade to main Careflow Patient Admin System (PAS) and Bluespier Theatres system on 26th October. This will allow the rollout of Clinical Narrative to enable the build of digital forms replacing paper. **On track**

Other programme delivery is continuing in line with the plans set out in the Full Business Case (FBC) and as per the programme summary attached.

Assurance, and approval

The Board/Committee is asked to *take assurance from* the programme delivery plan and *note* the national approval of our full business case.

Decision	The Board is requested to take assurance from the update.

Relevant Strategic Priority

Outstanding Care ☒	Healthy Communities ☒	Great Place to Work ☒	Net Zero ☒

Relevant objective

☒ Improve waiting times in ED ☒ Improve elective waiting times ☒ Improve safety through clinical accreditation	☒ Give children living in most deprived communities the best start in life ☒ Outpatient blood pressure checks	☒ Zero tolerance to bullying

Implications / Impact	
Patient Safety	Patient safety benefits include more efficient administration (less people not attending outpatient appointments), more efficient and accurate electronic prescribing, digital patient record immediately available everywhere, reduction in length of stay (and the correlation to patient outcomes)
Risk: link to Board Assurance Framework (BAF)/Risk Register	Principal Risk 7: Failure to provide adequate buildings and facilities
Financial	Significant Trust spend supported by £19m NHSE Frontline Digitisation funds (over 3 years)
Compliance NHS Regulation Select CQC standard from list.	Compliance with NHSE mandates to be a 'digital hospital'
Partnership: consultation / communication	Our EPR strategy is subject to both NHSE regional and central approval, and agreement with the ICB
Equality	Will have a positive impact for patients in Acute and Community settings, service users and staff building on the patient safety points above. An EQIA assessment is required and is being completed
Quality Impact Assessment [QIA] completion required?	Each significant programme e.g., EPMA will complete a QIA.

NHS
Buckinghamshire Healthcare
NHS Trust

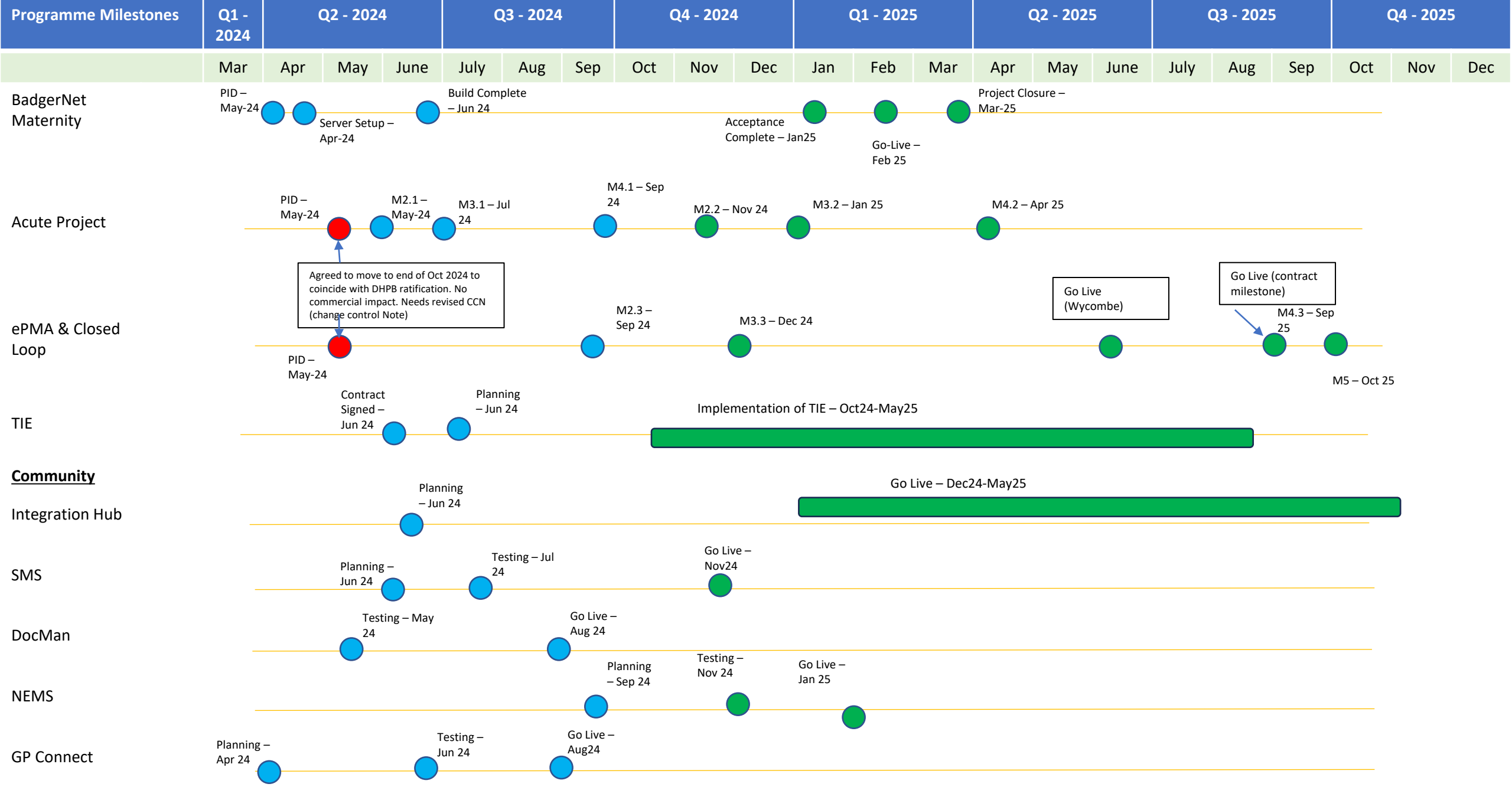
Digital Health Programme update
22nd October 2024

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Executive summary

Buckinghamshire Healthcare NHS Trust

- **Acute Project** CareFlow upgrade (with Bluespier Theatres) date confirmed as 26th October. Narrative Build and testing Oct 24 – Initial Narrative Go Live November – ED noting launch planned Dec 24. Agreed scope to include Workspace and Spinal Services assessments. **Deep Dive – Dec DHPB**
- **Maternity** Testing continues – no major showstopping issues and majority of change requests accepted by supplier for delivery for LIVE. Staff rostering for training commenced. Options for floorwalking and Go live support being prepared. **Deep Dive – Nov DHPB**
- **ePMA** – Pharmacy Stock Control transfer successfully completed 22nd October. Project kick off 18th for ePMA on site with supplier. As is processes completed (ahead of schedule). Significant nursing and clinical support engaged to support project. **Deep Dive – Mar 25 DHPB**
- Go Lives in **Community** for Docman this period, testing with GP connect in parallel. SMS workstream due to Go Live Nov 24 **Deep Dive – Oct 24 DHPB**
- **Enabling Technologies** – PID approved at Oct DHPB meeting **Deep Dive – Feb 25 DHPB**
- **BI workstream –** work underway to constitute formal governance arrangements, develop PID
- **Programme recruitment continues** – CNIO (Chief Nursing Information Officer) start date 4/11, Programme manager started 9/9, other roles (clinical and programme) being filled in line with project expectations
- **Internal Audit -** programme controls completed during July/early August – reviewed at Sept DHPB, submitted to Audit Committee members October 2024
- **EPRIB approval** – NHSE approved Full Business Case (to Sept 2028) 9th October 2024
- Top **programme risks** are:
  - **Clinical engagement** – Mitigation - working groups for Acute and ePMA projects set up – both from medical and nursing areas. Specialist clinical groups set up for Digitisation of forms, Nursing focus groups to support Acute programme
  - Trust commitment and management of the behavioural and **cultural changes** required to realise the programme benefits (as evidenced by recent Operation Flow work)
  - **Capacity and ability to deliver training** – ability for Trust to release clinical and administrative staff to support key clinical systems implementation


Programme Milestones
Q1 - 2024
Q2 - 2024
Q3 - 2024
Q4 - 2024
Q1 - 2025
Q2 - 2025
Q3 - 2025
Q4 - 2025
Mar
Apr
May
June
July
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
June
July
Aug
Sep
Oct
Nov
Dec
BadgerNet Maternity
PID – May-24
Server Setup – Apr-24
Build Complete – Jun 24
Acceptance Complete – Jan25
Go-Live – Feb 25
Project Closure – Mar-25
Acute Project
PID – May-24
M2.1 – May-24
M3.1 – Jul 24
M4.1 – Sep 24
M2.2 – Nov 24
M3.2 – Jan 25
M4.2 – Apr 25
ePMA & Closed Loop
Agreed to move to end of Oct 2024 to coincide with DHPB ratification. No commercial impact. Needs revised CCN (change control Note)
PID – May-24
M2.3 – Sep 24
M3.3 – Dec 24
Go Live (Wycombe)
Go Live (contract milestone)
M4.3 – Sep 25
M5 – Oct 25
TIE
Contract Signed – Jun 24
Planning – Jun 24
Implementation of TIE – Oct24-May25
Community
Integration Hub
Planning – Jun 24
Go Live – Dec24-May25
SMS
Planning – Jun 24
Testing – Jul 24
Go Live – Nov24
DocMan
Testing – May 24
Go Live – Aug 24
NEMS
Planning – Sep 24
Testing – Nov 24
Go Live – Jan 25
GP Connect
Planning – Apr 24
Testing – Jun 24
Go Live – Aug24

Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25

Jul 2024: Community DocMan Go-Lives commence
Sep 2024: Community GP Connect Go-Live
So What?
- Real time information sent digitally to GPs saving print costs
- View GP patient information within RiO

Nov/Dec 2024: Clinical Narrative initial Go-Lives
So What?
- Select ED/Inpatient documentation will be complete digitally
- Efficiencies in some digital assessments will provide more 'time to care'

Training?
Clinical staff will be required to undertake training from *October/November 2024*

(Phase 2 will deploy inpatient assessment forms up until April 2025)

Jan 2025: Community NEMS Go-Live
Mar 2025: Community Integration Hub

So What?
- Patient data to be transferred across the Trust into RiO
- Read only view of child health messages into RiO

June –Sept 2025: ePMA Go-Live
The initial area (Wycombe) will go live with ePMA June, with further areas going live Trust wide following review/lessons learned
So What?
- Removal of 'Yellow Drug Charts'
- Reduced prescription errors
- Improved drug administration process

Training?
All prescribers, administrators and pharmacists from *May 2025*

June 2024: SMH Wards commence Go-Live with Whiteboards
So What?
- Allow staff to collect real time data to support patient flow and reduce the discharge times

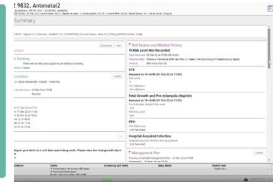
Training?
Early adopter wards will be required to complete training by July 2024

Nov 2024: Community SMS Virtual Assistant Go-Live
Dec 2024: Hospital at Home (community virtual wards)
So What?
- Two-way messaging to patients to confirm attendance or request rebook / cancellation
- Freeing up capacity to treat at home

Nov 2024: New Trust Integration Engine Initial Go-Live
So What?
- Reduction in duplicate keying of patient information
- Real time data sharing across the workplace

Feb 2025: BadgerNet Maternity Go-Live
So What?
- 'Purple' Patient Notes will become digitised
- The Maternity booking process will become streamlined

Training?
Doctors, Nurses and Midwives will need to undertake BadgerNet training *December 2024-January 2025*



Risk Title	Risk Description	Risk - Latest Update	Datix	US	CS
R_003 – Cyber Risk	That the programme is impacted by cyber attacks resulting in loss of data, delays, and rectification.	09.10.2024: Pharmacy Stock Control on schedule for 21/10 Go Live (will remove at risk server). Other plans ongoing.	689	20	15
R_005 – Deployment not achieving funding commitment targets	That the deployment underachieves on delivery of clinical and operational benefits and does not deliver on funding commitments. This would not achieve a BHT acceptable solution that matches the DCF requirement.	09.10.2024: meetings with senior stakeholders being arranged to review benefits through October/November	693	16	9
R_009 – Degree of Transformation	That the degree of transformation and necessary cultural and behavioural change required to deliver anticipated benefits is beyond the capacity/capability of the organisation. This may result in the anticipated benefits not being achieved due to staff not engaging or optimally using the systems.	09.10.2024: Nurse Digital focus groups established to support Acute project (and ePMA). Additional support levied for Maternity (doctors) and invite to SDUs to support ePMA on top of existing high levels of support through the project	690	16	12
R_010 – Lack of Capacity Trust	That BHT does not have the capacity to release staff to engage with or work on the programme, resulting in a delay to implementation, suboptimal configuration and/or untrained users.	09.10.2024: additional recruitment in progress for operational nurse support for Operation Flow. CNIO to commence 4/11, "discovery" exercise to ascertain programme training resource commenced	691	16	9
R_012 – Full programme funding not being provided, or being delayed	That the programme is not fully funded or funding is delayed, resulting in a lack of resources deployed on programme.	09.10.2024: EPRIB approval from NHSE for BHT Digital Business case - reduce score and recommend to review and close when confirmation and funding is in place	692	16	9
R_013 - Lack of Capacity - Suppliers	That suppliers do not have the capacity to work with us on the timescales required to deliver DCF compliance by the target date.	09.10.2024: series of calls/face to face meetings with senior System c staff - new programme manager in post, progress on Upgrades and other projects. Similar discussions with Daisy - monitor	732	16	8
R_014 – Impact of Pandemics, OPEL4, Winter Pressures	That the Trust's capacity to undertake EPR transformation will be severely impeded by the need to divert resources, effort and management attention to manage operational/clinical pressures e.g. OPEL4, pandemics and winter pressures.	03.09.2024: Go Lives for October and November 2024 still holding - any delays will have an impact as will require to be rescheduled outside Winter pressures period - close monitoring of projects affected (Upgrade, Acute and ePMA) - maintain rollout schedules in OpFLOW and Community	695	16	12
R_020 – That training delivery is insufficient / inadequate	That training delivery is insufficient/inadequate, resulting in both clinical and operational staff who are not enabled to utilise the new system resulting in poor adoption and poor data quality.	03.09.2024: discussions with external parties to supplement training provision to mitigate lack of recruitment in trainer areas. Rostering for Maternity for BNM Go Live to be agreed for December by end Sept - utilisation of backfill monies to maximise training for clinical staff	696	16	9
R_025 – Clinical Buy In	That the clinical senior team will not buy into the transformation required by colleagues to implement the optimisations and enhancements resulting in sub-optimal clinical workflows	12.08.2024: CNIO start date confirmed (Nov 24). Increased clinical engagement with senior Nurse teams to identify ePMA links by Care Groups. Specialist clinical groups being established for Acute project. Decision forum to be established Sept 2024 onwards.	697	16	9
R_132 – Data Quality if not complete or accurate	The current data quality and the extended digital data capture solutions may contain inaccurate or incomplete patient data	03.09.2024: Awaiting formal launch of BI workstream in September to be able to articulate and agree clear mitigation actions to address this risk - date moved to accommodate late start in this workstream	698	16	9

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

NHS
Buckinghamshire Healthcare
NHS Trust

Meeting: Trust Board Meeting in Public

Date: 30 October 2024

Agenda item	Month 6 2024/25 Finance Report
Board Lead	Jon Evans – Chief Finance Officer
Author	Katherine Archer – Deputy CFO, Financial Management Sharmila Rajanayagam – Deputy Head of Financial Control
Appendices	Month 6 2024/25 Finance Report
Purpose	Assurance
Previously considered	EMC 15.10.2024 F&BPC 29.10.2024

Executive summary

The Trust has improved the 2024/25 financial plan by £22.2m, in line with deficit support funding received via BOB, £11.1m of this plan improvement and actual funding has been accounted for in M6.

After deficit support funding, the Trust planned a deficit of £5.9m YTD to September 2024 and reported an actual deficit of £6.7m, a worse than plan position of £0.8m due to the residual cost of the impact of additional cost and lost income related to industrial action in June and July 2024 of £1.3m, offset by £0.5m funding received in M6.

This is against the revised full year £0.7m deficit plan in line with the submission to NHSE on 12th June 2024 and revised PFR in M6.

As at Month 6, the Trust has delivered £12.2m of the £33.9m 2024/25 Capital plan.

The closing Cash balance at the end of Month 6 2024/25 was £1.9m.

Deficit support funding of £11.1m plus additional payments for pay award related inflation on contracts and overperformance will be paid in October, therefore the planned Q3 Revenue Support PDC application will not be required.

The Executive Management Committee were assured by the report on 15 October 2024. A verbal update will be provided to Trust Board following consideration by the Finance & Business Performance Committee on 29 October 2024.

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

Relevant strategic priority

Outstanding Care ☒	Healthy Communities ☒	Great Place to Work ☒	Net Zero ☐

Relevant objective

☐ Improve waiting times in ED ☐ Improve elective waiting times ☐ Improve safety through clinical accreditation	☐ Give children living in most deprived communities the best start in life ☐ Outpatient blood pressure checks	☐ Zero tolerance to bullying

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 Type related risk in box
Financial	Achieving our financial targets for 2024/25
Compliance	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

Buckinghamshire Healthcare NHS Trust

Finance Report Month 6 - 30th September, 2024

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Contents

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)	**(0.7)**	(5.9)	(6.7)	**(0.8)**	8.8	9.5	**0.7**

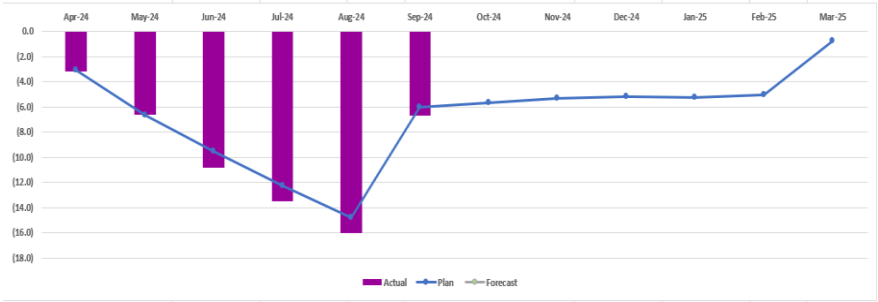
The Trust planned a deficit of £(5.9)m to Month 6 and reported an actual deficit of £(6.7)m, worse than plan by £(0.8)m. £(0.8)m of this is explained by additional costs and estimated lost efficiency from Industrial Action (IA) in June and the start of July, not been funded by industrial action funding received in M6 (£0.5m).

**** BHT now in receipt of Deficit Support Funding, which totals £11.1m in/to M6 and £22.2m full year. Plan and actuals have both been adjusted, so has nil impact on variances.***

Key drivers of performance to date are:

Description (£m)	Variance	Narrative
Deficit support funding	0.0	No impact on variance - improved plan in line with income
Pay efficiency under-delivery	(3.9)	Pay efficiency £4.85m against efficiency plan £8.8m
Pay investments not yet made	1.4	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 costs / impact	(1.2)	Costs of Industrial Action, including pay, lost efficiency and income (incl pay saved, est c£60k)
Industrial Action funding	0.5	IA funding received and recognised in M6
Income & Activity risk (net)	(2.9)	Risk of misalignment in reporting
Prior year costs	(0.8)	Care Group Prior Year expenditure
Activity over-performance	0.6	Expected income for activity over-performance to date
2024/25 contract benefit	1.3	Income related to ICBs, Specialist Commissioner and LVAs in line with agreed contract values
Other	0.8	
I&E Surplus / (Deficit)	**(0.8)**	

Graph 1 - Income & Expenditure YTD position & Forecast



Summary financial performance:

The YTD financial performance shows the Trust is delivering its financial plan, excluding the net impact of IA £(0.8)m, due to a combination non recurrent items £2.0m PFI deed of variation and £1.3m prior year VAT rebate, increased contract income due to 2024/25 contract agreements, offsetting unplanned prior year costs £(0.8)m and activity / contract risk £(2.9)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 £(3.9)m at M6 due to £(0.3)m (net) IA costs, consultant and middle grade pay awards, £(1.8)m (offset in income), net of lower than planned pay efficiences £(3.9)m and investments £1.4m and increased costs to support clinical activity overperformance.
- Non-pay has increased in month but remains better than plan by £0.8m YTD due to £2.0m PFI Deed of Variation benefit (earlier than plan assumed (M12)), prior year VAT benefit £1.3m, offset by utility costs £(0.7)m, £(0.8)m prior year costs, outsourcing £(1.1)m, passthrough drugs £0.3m and in-tariff drugs £(1.3)m.
- Income is better than plan by £2.4m due to the receipt of £0.5m Industrial Action funding, £0.6m 24/25 commissioning overperformance YTD, benefit of £1.3m linked to 24/25 contracts with BOB ICB, Associate Commissioners and Specialist Commissioning. This has been offset by an Income and Activity risk adjustment of £2.9m and other items including pass through drugs and non contract income.

Drivers and outlook:

- The revised financial plan includes a Deficit Support Funding of £22.2m, phased in 1/12ths. No other changes have been made to the financial plan which assumes a steady and consistent reduction in pay costs throughout the year (see Page 15 for phasing). In scale terms, compared to M1-6, this is a further improvement of c£9.0m over the remainder of the year, with c£4.5m to be delivered through run rate changes and £4.5m through specfic items.
- Plans, controls and interventions continue to be developed to achieve this for both substantive and temporary staffing, 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 £13.1m, £(1.8)m adverse against the year to date plan of £14.9m. This includes pay savings of £4.8m.
- Sustained and recurrent reduction in pay is required, as is delivery of operational plan activity within current budgets.

Workforce (including Agency):

- Pay spend is £195.3m YTD, £(3.9)m adverse to plan, with £(0.3)m net costs of IA, £(1.8)m medical staff pay awards (offset in income) and £1.4m budget for investments not yet implemented offsetting wider efficiency delivery.
- WTEs in 2024/25 M6 total 6,711 in comparison to 2023/24 M6 of 6,817 worked WTEs - a decrease of 106 WTE in the past 12 months
- Agency spend is £3.2m YTD, 1.7% of total pay spend of £195.3m and 48% lower than the £6.1m spent YTD 2023/24.

Key assumptions in reported performance:

- Deficit support funding and Industrial Action funding accrued in line with NHSE guidance, to be paid 15th October 2024 with Deficit Support Funding also changing the YTD and annual financial plan.
- Commissioning income has been aligned to final contracts with BOB, Associate Commissioners, LVA and NHSE Specialist Commissioners, plus overperformance based on internal assessment of delivery up to M5. This has not been reconciled to national ERF values as this information is not yet available.
- Pay award inflation for substantive staff has been assumed at 2.1%, per national planning guidance, and accrued at a cost of £(3.6)m in M6. No impact from recently announcement national pay awards (AfC and Junior Doctors) has been assumed or accrued (per national guidance).
- Consultant and associate specialist 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)
- Employee relations settlement and impact
- Finalisation of contracts with North West London ICB, who remain in dispute with BOB ICB (risk of £0.5m not accounted for)

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 M6 totalled £53.2m which were lower than the forecast at £55.5m. Cash payments were £53.3m which were lower than forecast at £55.6m resulting in a net cash flow close to forecast (the Trust's minimum permissable balance of £1.9m).

The applications for Revenue Support PDC were submitted in line with national timetable and Revenue Support PDC of £12m has been received to date.

It has been confirmed that deficit support funding equivalent to 97% (£22.2m) of the Trust's planned deficit would be provided through the ICB, and the Trust will receive an additional £12.9m in M07, with a further £1.9m each month. 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	1.5	0.6	0.1	0.5
Property Services	16.8	10.8	5.6	5.2
Information Technology	10.6	4.2	3.9	0.3
General	5.1	2.6	2.5	0.1
Total Capital Expenditure	**33.9**	**18.3**	**12.2**	**6.1**

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	60.03	62.33	2.30	304.59	306.95	2.36	610.82
Other Operating income	2.40	2.57	0.17	14.41	14.86	0.45	28.82
Total income	**62.44**	**64.90**	**2.46**	**319.00**	**321.81**	**2.81**	**639.63**
Pay	(31.42)	(32.28)	(0.86)	(191.30)	(195.25)	(3.94)	(380.09)
Non-pay	(18.98)	(19.99)	(1.01)	(114.81)	(114.06)	0.76	(219.80)
Total operating expenditure	**(50.40)**	**(52.27)**	**(1.87)**	**(306.12)**	**(309.30)**	**(3.19)**	**(599.89)**
EBITDA	**12.03**	**12.63**	**0.60**	**12.89**	**12.51**	**(0.38)**	**39.74**
Non Operating Expenditure	(2.91)	(3.10)	(0.18)	(16.83)	(17.93)	(1.10)	(36.38)
Surplus / (Deficit)	**9.12**	**9.53**	**0.41**	**(3.94)**	**(5.42)**	**(1.48)**	**3.36**
Donated Assets adjustment	0.01	0.26	0.25	0.04	0.76	0.72	0.09
PFI adjustment	(0.34)	(0.34)	0.00	(2.04)	(2.04)	0.00	(4.11)
Adjusted Surplus / Deficit (NHSE control total)	**8.80**	**9.46**	**0.66**	**(5.94)**	**(6.70)**	**(0.76)**	**(0.66)**

Financial Performance Summary

• The Trust is reporting a deficit position £6.70m on a control total basis YTD, which is £0.76m adverse to plan. The in month position is a surplus of £9.46m, against a plan of £8.80m due to the receipt of £11.1m of deficit support funding in month, impacting both plan and actuals. Annual plan has improved by £22.20m to £0.66m deficit.

• The M5 capital spend is £12.2m against a plan of £18.3m. Future profiling is under a process of refinement as more information on schemes becomes apparent.

• Contract Income is favourable in month and YTD due to the receipt of £0.52m Industrial Action funding, £0.6m 24/25 overperformance YTD, benefit of £1.34m linked to 24/25 contracts with BOB, Associate Commissioners and Specialist Commissioning. This has been offset by an Income and Activity risk adjustment of £2.87m.

• Other operating income totals £14.86m YTD against a plan of £14.41m, with no significant changes in month.

• Pay costs for M6 2024/25 total £(32.28)m, this is £(0.86)m adverse to plan. M6 YTD plan includes £7.8m of pay savings target. 2.1% pay award has been accrued for all substantive staff. YTD pay spend is £3.94m over plan, including £1.8m consultant and middle grade pay award (funded by commissioning income).

• Non-pay operating expenditure totals £(114.06)m YTD, this is £0.76m favourable to plan YTD. This is mainly due to £2.0m PFI Deed of Variation received earlier than planned. Unallocated non pay savings total £(2.8)m year to date.

Key Highlights: Income

NHS Income and Activity

• There have been a significant number of changes in the M6 contract income position.
- £11.1m of deficit support funding has been accounted for. This has also resulted in the YTD plan increasing by £11.1m, with the FY plan improving by £22.2m to a £(0.66)m deficit position.
- £0.52m of Industrial Action funding has been accounted for, this is a proportion of £2.6m received by the system. No further funding for IA is expected.
- £1.34m of additional contract income has been accounted for in relation to agreed contracts with BOB benefit of £0.20m, NHSE specialist commissioning benefit of £0.59m and associate commissioners and LVA benefit of £0.55m.
- 2024/25 activity related overperformance has increased by £0.2m in month from £0.4m to £0.6m with increased activity and improved coding of activity in previous months.
- Some areas of risk remain outstanding with BOB and associate commissioners, therefore this is offset by a risk adjustment of £(2.87)m, an increase of £(0.77)m in month.

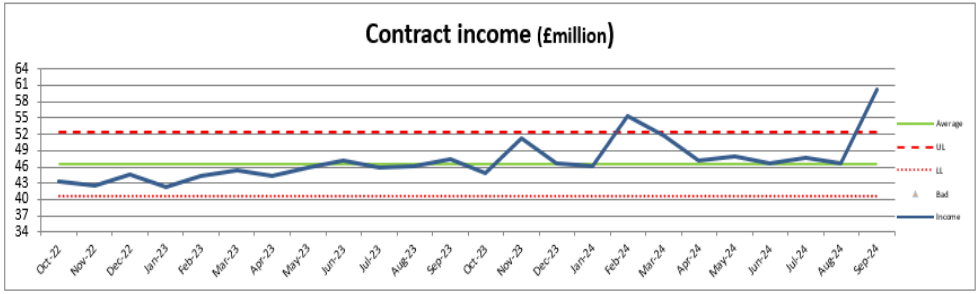
• High cost drugs have been accrued at M6. The accrual for the consultant pay award and associate specialist pay award funding has continued at a value of £1.8m. This will be resolved with the uplift to contract values for pay award related inflation in M7.
• Additional information has been received regarding ERF 2023/24, £0.1m adverse movement has been shown in the M6 position to relfect the movement in the 2023/24 year end accruals.

• The Statistical Process Control Chart (Graph 3) for Contract Income shows income is close to the mean in M5 2024/25 and increases significantly in M6 in line with the deficit support funding of £11.1m received in M6. 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	493.19	246.60	247.88	-1.29
Local Authorities	18.57	9.29	9.46	-0.18
NHS England & DHSC	85.66	42.83	44.01	-1.17
NHS Other	0.13	0.06	0.08	-0.01
NHS Trust	4.25	2.18	2.45	-0.27
Non-NHS Overseas Visitors	0.46	0.27	0.30	-0.03
Non-NHS Private Patients	6.04	2.11	1.49	0.63
Non-NHS: Other	1.29	0.65	0.81	-0.17
Road Traffic Act	1.22	0.61	0.47	0.14
Total	**610.82**	**304.59**	**306.95**	**-2.36**

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	7.97	8.55	-0.58
Research	2.24	1.12	1.20	-0.08
Charitable income	1.50	0.75	0.77	-0.02
Non patient care income	1.65	0.82	0.57	0.25
Other income	7.50	3.75	3.78	-0.03
Total	**28.82**	**14.41**	**14.86**	**-0.45**

Other operating Income is £0.45m favourable to plan. This is mainly because of prior year income benefit £0.20m and an overachievement of Bucks Academy £0.80m.

Key Highlights: Expenditure (Pay & Workforce)

Table 4 - YTD pay position

Pay category (£m)	YTD Budget	YTD Spend	YTD Variance	% of Total Pay Bill	Last Year YTD Spend	Last Year % of Total Pay Bill
Substantive	194.2	176.8	17.5	90.5%	163.7	86.1%
Bank	3.0	10.4	(7.4)	5.3%	14.1	7.4%
Locum	0.6	4.8	(4.2)	2.5%	6.4	3.4%
Agency	1.3	3.2	(1.9)	1.7%	6.1	3.2%
Pay Savings Target	(7.8)	0.0	(7.8)	N/A	N/A	N/A
Total	**191.3**	**195.2**	**(3.9)**	**100.0%**	**190.2**	**100.0%**

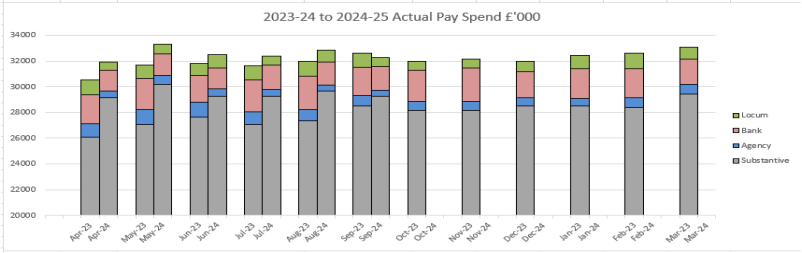
• Pay costs for M6 2024/25 total £(32.28)m, this is £(0.86)m adverse to plan. The YTD plan includes £7.8m of pay savings target. 2.1% pay award has been accrued for all substantive staff, in line with plan, as well as costs related to the consultant and associate specialist pay awards already paid.
• The 24/25 pay plan increases in difficulty through the financial year. The M6-M11 pay budget reduces on average £0.5m per month compared to the plan in M1-M5. Further reductions to pay run rate will be key to staying on plan.

Key pressure areas in pay include:
• Medical Staffing adverse variance of £2.39m YTD is driven by £1.80m consultant and associate specialist pay award, plus £0.30m Industrial Action costs. At SDU level, overspends are focused in a few areas: Emergency £0.40m adv; Cardiology & Stroke £0.28m adv; Obs & Gynae £0.53m; Radiology £0.28m. According to M5 income data, Radiology is currently generating additional income over plan, but other areas listed are not. Care groups have pay budget for medical pay awards already incurred, offset centrally.
• Nursing is favourable to budget by £4.25m YTD excluding CIP targets.There are specific areas that are currently overspending, including Theatres £0.13m and T&O £0.11m.
• A&C is currently underspent by £0.50m excluding CIPs. 18 SDUs are overspent, however Specialist Clinical Services is the only care group overspent in total - by £0.20m YTD.
• Prof and Tech is currently underspent by £1.28m. The main area of pressure for total pay is Community Paeds, which is overspent by £0.15m.

• There has been a year-on-year increase in actual WTEs from 2019/20 to 2024/25, as shown in Graph 7.

• The Pay Statistical Process Control Charts can now be found in the Appendices of this report

Graph 6 - 2023/24 to 2024/25 Total Pay Expenditure



Graph 7 - 2019/20 to 2024/25 Actual WTE

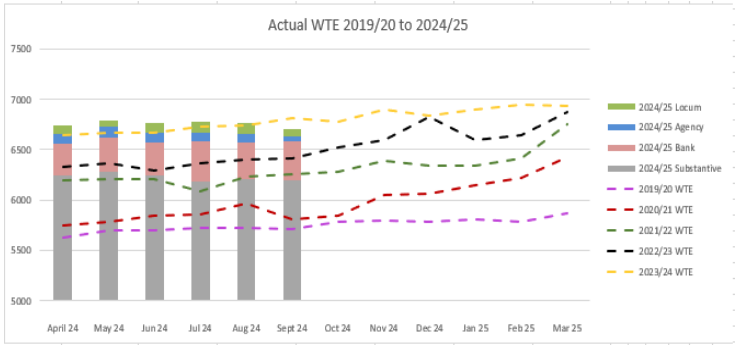


Table 5 - 2024/25 Workforce analysis

Workforce (£m) - 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
Total Workforce (£m)		**31.65**	**33.01**	**31.83**	**31.80**	**31.60**	**31.42**	***31.40***	***31.36***	***31.57***	***31.76***	***31.49***	***31.20***	**380.09**
Total Substantive		32.48	32.49	32.09	32.49	32.27	32.38	*32.38*	*32.38*	*32.38*	*32.38*	*32.38*	*32.38*	388.49
Total Bank (Incl Locum)		0.57	0.66	0.67	0.51	0.60	0.58	*0.60*	*0.60*	*0.60*	*0.60*	*0.60*	*0.60*	7.17
Total Agency		0.24	0.24	0.18	0.22	0.22	0.20	*0.22*	*0.22*	*0.22*	*0.22*	*0.22*	*0.22*	2.59
Pay Saving Target		-1.64	-0.38	-1.11	-1.42	-1.48	-1.74	*-1.79*	*-1.83*	*-1.62*	*-1.44*	*-1.70*	*-1.99*	-18.15

Workforce (£m) - ACTUAL	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	Total
Total Workforce (£m)	**34.44**	**31.93**	**33.31**	**32.51**	**32.38**	**32.84**	**32.28**							**195.24**
Total Substantive	30.75	29.13	30.18	29.26	29.25	29.65	29.28							176.74
Total Bank (Incl Locum)	2.91	2.27	2.44	2.66	2.61	2.73	2.55							15.26
Total Agency	0.78	0.53	0.69	0.58	0.52	0.46	0.45							3.24
Pay Saving Target	0	0.00	0.00	0.00	0.00	0.00	0.00							0.00

Workforce (£m) - VARIANCE		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
Total Workforce (£m)		**-0.28**	**-0.30**	**-0.68**	**-0.58**	**-1.24**	**-0.86**							**-3.94**
Total Substantive		3.35	2.31	2.83	3.24	2.61	3.11							17.46
Total Bank (Incl Locum)		-1.70	-1.78	-1.99	-2.11	-2.13	-1.97							-11.68
Total Agency		-0.29	-0.45	-0.40	-0.30	-0.25	-0.25							-1.94
Pay Saving Target		-1.64	-0.38	-1.11	-1.42	-1.48	-1.74							-7.78

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	29.12	30.05	(0.93)
Clinical Supplies	48.51	24.31	22.86	1.46
General Supplies	1.79	0.90	0.95	(0.06)
Establishment Expenses	4.63	2.32	2.26	0.06
CNST	16.86	8.43	8.57	(0.14)
Premises & Fixed Plant	40.49	19.75	18.73	1.02
PFI	28.47	14.47	14.01	0.46
Miscellaneous	20.79	15.51	16.63	(1.11)
Total Expenditure	**219.80**	**114.81**	**114.06**	**0.76**

Non-pay operating expenditure totals £(114.06)m YTD. This is £0.8m favourable to plan YTD. This is mainly due to £2.0m PFI Deed of Variation received earlier than planned. Unallocated non pay savings total £(2.8)m year to date. Key drivers of the non pay position are:

• Drugs are adverse YTD by £(0.9)m with the significant reduction in spend in August due to reduced activity, back to trend level of spend in September. Non pass through PBR drugs are overspent by £(1.25)m while high cost drugs are underspent by £0.3m. 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 the most significant non pay overspend of £(3.8)m YTD, key drivers in the care group are:
- Drugs use within cancer are £(1.4)m over budget, with £(1.1)m related to high cost pass through drugs
- Gynaecology is overspent by a total of £(0.6)m on outsourcing, drugs and clinical supplies, some of which supports the delivery of income generating activity.
- Pathology is £(0.6)m overspent, relating to prior year costs and in year catch up from Abbott and OUH.
- Specialist Services Management is £(0.9)m overspent due to unallocated non pay savings target.

• PFI is favourable to plan £0.5m YTD, including a £2.0m benefit accounted for in M2.

Table 6 - YTD drugs position

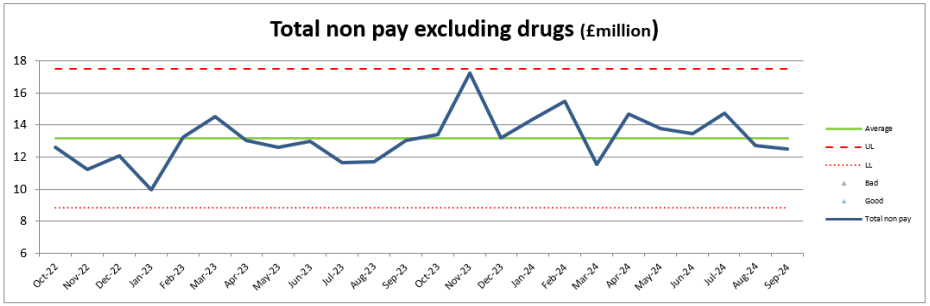
Drug Categories (£m)	Annual Budget	YTD Budget	YTD Actuals	YTD Variance
PBR Drugs	12.37	6.18	7.35	(1.16)
PBR excluded Drugs	44.13	22.07	21.70	0.36
Other Drug Items	1.74	0.87	1.00	(0.13)
Total expenditure	**58.24**	**29.12**	**30.05**	**(0.93)**

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

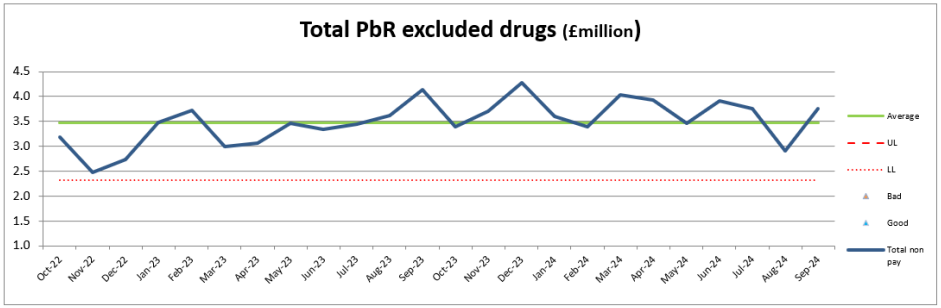
Statistical Process Control charts (SPC) for non pay and high cost pass through drugs spend are detailed below (Graphs 8 & 9).

- 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



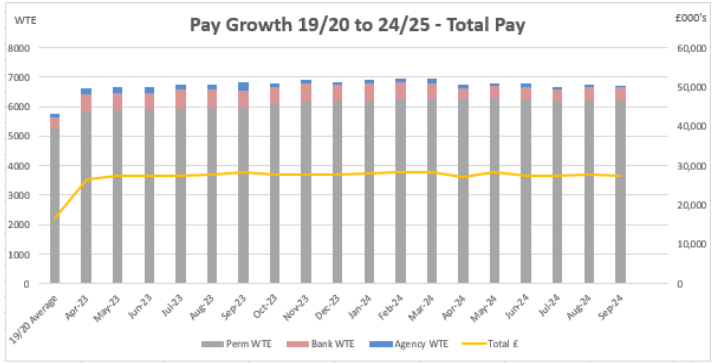
Key Highlights: Pay Growth 19/20 to 24/25

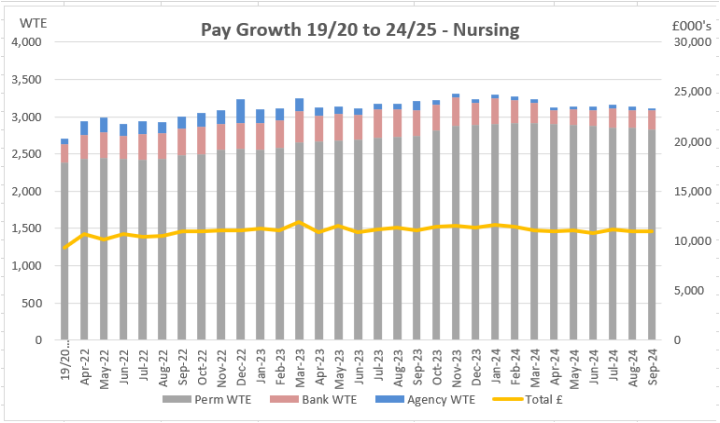
September 2024 pay includes 2.1% pay award for substantive staff at a cost of £(3.6)m and the backdated consultants and middle grade pay awards since April 24 at a total cost of £(1.8)m.

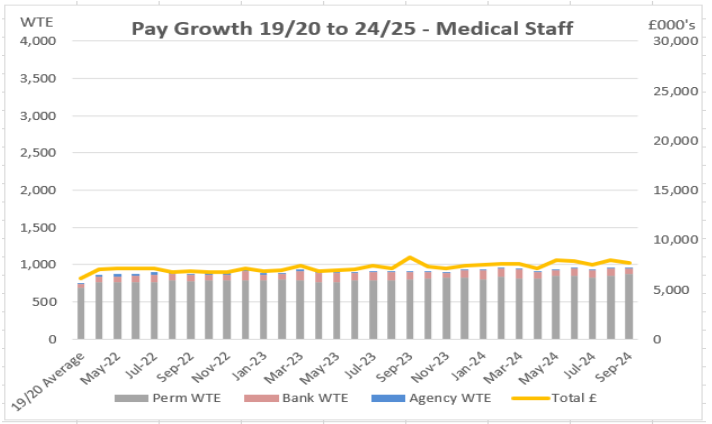
Total pay is £32.3m in September 2024, a decrease of £0.6m compared to August, partly due to backdated middle grade doctor pay award (£0.2m) that was paid in August and a reduction in substantive Admin and Clerical and Nursing costs in September.

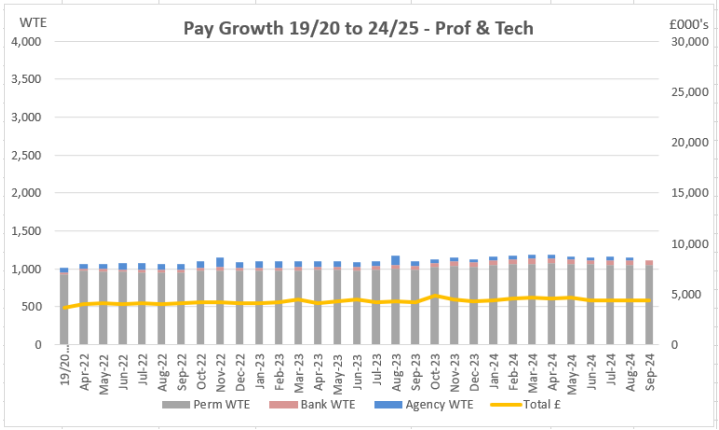
A decrease in WTEs worked was reported in M6 compared to M5 of (50)WTEs with temporary staff, including locums, reducing by (46) WTEs while substantive staff decreased by (4)WTEs.

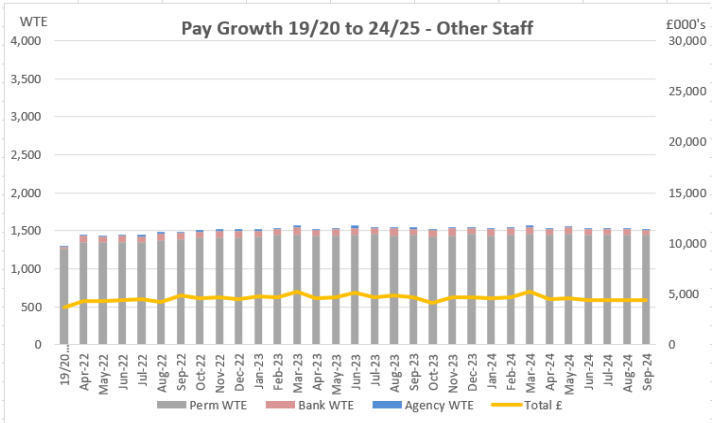
Compared to last month, substantive nursing WTE decreased by (19)WTE, while Medical staff increased by a further 25WTEs.
The worked WTEs was 6,711 in September, which is 77 WTE less than the budget of 6,788 WTE.
The graphs show actual WTE and pay spend average 2019/20 and then April 23 to September 24.











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	M06	Var M5v6
Community & Rehabilitation	(87.74)	(44.11)	(43.16)	0.95	(7.5)	(7.6)	(7.2)	(7.0)	(7.0)	(6.9)	(0.2)
Integrated Medicine	(106.01)	(53.50)	(54.77)	(1.27)	(8.9)	(9.1)	(9.5)	(8.9)	(9.4)	(9.0)	(0.4)
Specialist Clinical Services	(115.13)	(58.03)	(60.93)	(2.90)	(10.7)	(10.2)	(10.5)	(9.1)	(10.0)	(10.4)	0.5
Surgery And Critical Care	(122.56)	(62.07)	(66.26)	(4.19)	(10.5)	(11.2)	(10.6)	(11.6)	(11.4)	(11.0)	(0.4)
Total Clinical Divisions	**(431.44)**	**(217.71)**	**(225.13)**	**(7.41)**	**(37.5)**	**(38.1)**	**(37.8)**	**(36.5)**	**(37.9)**	**(37.3)**	**(0.6)**
Chief Executive	(3.83)	(1.92)	(1.99)	(0.08)	(0.3)	(0.4)	(0.3)	(0.3)	(0.3)	(0.3)	0.0
Chief Operating Officer	(10.46)	(5.14)	(4.95)	0.20	(0.8)	(0.8)	(0.8)	(0.8)	(0.9)	(0.8)	(0.0)
Division Of Information Technology	(23.61)	(11.81)	(11.27)	0.54	(1.7)	(2.2)	(1.9)	(2.0)	(1.8)	(1.6)	(0.2)
Finance Directorate	(5.57)	(2.93)	(2.70)	0.23	(0.5)	(0.5)	(0.3)	(0.5)	(0.3)	(0.6)	0.3
Human Resources	(5.93)	(2.96)	(2.40)	0.56	(0.4)	(0.5)	(0.4)	(0.5)	(0.3)	(0.3)	0.1
Training And Education	7.42	3.71	3.98	0.27	0.93	0.32	0.63	0.29	1.13	0.68	0.5
Medical Director	(0.63)	(0.32)	(0.40)	(0.08)	(0.0)	(0.2)	0.0	(0.1)	(0.0)	(0.1)	0.1
Nursing Director	(22.26)	(11.15)	(10.93)	0.22	(1.7)	(1.9)	(1.8)	(1.8)	(1.9)	(1.8)	(0.1)
Property Services	(66.41)	(32.94)	(33.32)	(0.38)	(5.9)	(5.5)	(5.6)	(5.7)	(5.5)	(5.2)	(0.3)
PDC And Depreciation	(28.08)	(13.95)	(14.47)	(0.53)	(2.6)	(2.1)	(2.5)	(2.5)	(2.4)	(2.5)	0.0
Total Corporate	**(159.38)**	**(79.40)**	**(78.44)**	**0.96**	**(13.0)**	**(13.9)**	**(13.0)**	**(13.9)**	**(12.2)**	**(12.5)**	**0.3**
Contract Income	585.70	292.90	295.31	2.41	47.1	47.0	46.6	47.7	46.8	60.2	(13.4)
Corporate Services / Provisions	8.47	0.27	2.84	2.57	0.1	2.1	0.3	0.2	1.0	(0.8)	1.8
Surplus / (Deficit)	**3.36**	**(3.94)**	**(5.42)**	**(1.48)**	**(3.4)**	**(2.9)**	**(3.8)**	**(2.6)**	**(2.3)**	**9.5**	**(11.8)**
Donated Assets adjustment	0.09	0.04	0.76	0.72	0.1	0.1	0.1	0.2	0.1	0.1	0.0
PFI adjustment	(4.11)	(2.04)	(2.04)	0.00	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	0.0
Adjusted Surplus / Deficit (NHSE control total)	**(0.66)**	**(5.94)**	**(6.70)**	**(0.76)**	**(3.6)**	**(3.1)**	**(4.1)**	**(2.7)**	**(2.5)**	**9.3**	**(11.8)**

Integrated Medicine - £(1.3)m adverse
YTD Drivers include:
Industrial Action pay costs - £240k adverse.
Remaining net pay overspend £750k; driven by unallocated CIP targets, offset by increased controls across Nursing resulting in underspends across the Care Group.
One-off prior year benefit relating to backdated Renal recharge - £300k favourable.
Independent sector spend supporting delivery of activity targets across Dermatology and Gastro - £200k adverse.
In total IM has £480k adverse income ERF adjustment due to elective activity below plan, though this is partially offset by associated non pay spend reductions. Work is on-going to confirm coding is capturing all activity, in particular across SDEC, which may improve the position in future months.
£(185)k adverse in month, key driver is Medical staffing overspend (£120k), due to Cardiology junior increases to support training requirements, and Gastro locum spend linked to WLI.

Community & Rehab - £0.9m favourable
Olympic Lodge budget phased in 1/12ths, creating favourability of £0.6m YTD that will be eliminated by year end.
Recruitment delays for CYPITS contract and MFOP have YTD favourability of £0.6m
RRIC SCAS currently favourable £0.15m, plans progressing to review and assess viability of in housing.
Spinal SDU overspend (£0.3m) includes Health Rota issues and the impact of the bed hire contract negotiations. Work has begun within Spinal SDU to review job plans (9/10) and will be followed up with financial assurance before sign off.
Community and Rehab Care Group is absorbing Onward Care costs of £0.2m.
In total, C&R had £43k favourable income adjustment due to activity above plan.

Surgery & Critical Care - £(4.2)m adverse
M06 position - £825k adverse.
M06 Drivers include: Unachieved CIPs of £523k, Independent Sector overspend of £415k and Medical Locum catch up - £147k.
Partly offset by Clinical Supplies underspends in Ophthalmology, as well as favourable activity income of £173k.Pay overspends due to unachieved CIPs of £2,054k.
Medical staff overspends of £340k, due to WLI overspend £324k YTD and Industrial Action pay costs of £117k, partly offset by Nursing underspends of £501k.
Independent sector non-pay spend supporting activity delivery across E.N.T, Vascular, Ophthalmology and Urology – £1,676k adverse.
Private patient income £179k adverse YTD.
Income of £118k YTD received to offset unbudgeted fixed term pay costs.
In total, S&CC had £534k adverse income adjustment due to activity below plan.

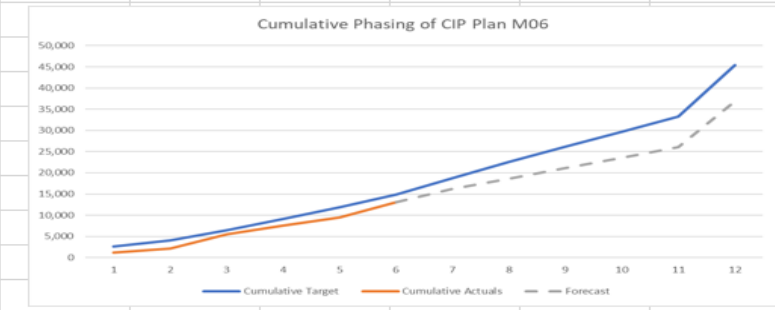
Specialist Clinical Services - £(2.9)m adverse
Gynae £1.6m adverse to plan (£0.3m in month) due to insourcing spend (£0.4m), medical WLI /locums and overestablishment (£0.6m), A&C bank usage (£0.1m), and drugs & clinical supplies (£0.2m) to support activity recovery. However, activity reporting shows the service is behind plan so has an income penalty to reflect under delivery (£0.2m). Prior year costs of £0.7m expected to recover by year end. Radiology £0.6m adverse (£0.4m in month) due to medical WLI (£0.3m) increased volume of clinical consumables (£0.2m) and outsourced cardiac CT scanning (£0.1m).
Pathology £0.6m adverse (£0.4m in month) due to additional temp staffing (£0.1m), sendaway testing (£0.1m), managed service contract usage (£0.3m), and outsourced reporting (£0.1m) to support cancer and other activity.
Clinical Haematology £0.3m favourable due to additional elective activity.
Maternity £0.3m favourable due to ongoing midwife vacancy factor.
Included above is £1,598k favourable income adjustment due to activity above plan.

Property Services
Overspend £(0.4)m to date relating to £(0.44)m maintenance, £(0.67)m PFI due to CIP delivery. This is partially offset with savings year to date £(0.926)m on utility costs.
IT
Underspend £0.538m to date, mainly due to the timing of expenditure on the EPR programme.
Finance
£0.28m favourable to underspends on pay, mainly in commercial. Non pay favourable variance due to VAT recovery.
Human Resources
£560k favourable to date mainly due to underspends on pay £218k and £235k additional income from prior year and nurseries.
Training & Education
Underspend to date £270k, mainly £193k additional income received to date on HEE.
Nursing Directorate
Favourable variance to date £222k relating to pay. Due to phasing of recruitment it is likely that the majority of this spend underspend will be utilised by the end of the year.

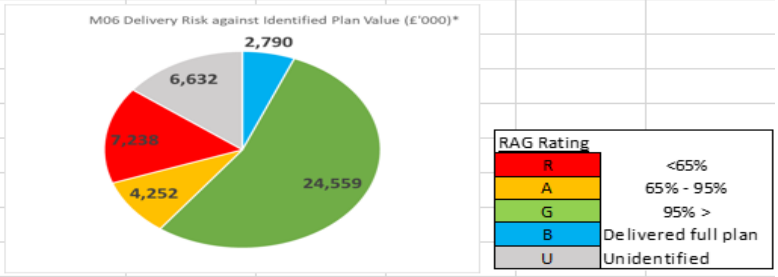
2024/25 Efficiencies

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	2,399	1,035	(1,364)	R	1,724	(3,724)	R
Community & Rehabilitation	WD	3,656	1,587	2,845	1,257	G	5,689	2,033	G
Specialist Services	ID	6,117	2,692	2,483	(209)	A	5,684	(433)	A
Surgery & Critical Care	JB	6,692	2,965	218	(2,746)	R	1,613	(5,079)	R
Clinical Total		**21,912**	**9,643**	**6,581**	(3,062)	A	**14,710**	**(7,202)**	A
Chief Executive	NM	181	80	45	(36)	R	181	-	G
Chief Operating Officer	RB	583	261	360	99	G	583	-	G
Digital and Transformation	DD	1,428	666	575	(91)	A	1,428	-	G
Finance Dept	JE	425	191	544	353	B	642	216	G
Property Services	CH	1,861	911	4	(907)	R	8	(1,854)	R
People Directorate	BoK	922	410	644	234	G	922	-	G
Medical Director	AM	55	24	-	(24)	R	-	(55)	R
Nursing Director	KB	302	132	56	(76)	R	301	(2)	G
Total Corporate		**5,758**	**2,675**	**2,228**	**(447)**	A	**4,064**	**(1,694)**	A
Central - Pay	JE	-	-	(444)	(444)	R	(444)	-	R
Central - Financial Technical Items	JE	6,830	95	825	730	G	7,478	648	G
Central - ICS Schemes	JE	1,500	-	-	-	R	1,500	-	G
Central - ICS Stretch	All	4,472	-	1,300	1,300	R	4,300	(172)	G
Central - ERF	RB	5,000	2,500	2,500	-	G	5,000	-	G
Total Central Schemes		**17,802**	**2,595**	**4,181**	**1,586**	G	**17,834**	**32**	G
Total (excl. Commercial Other)		**45,472**	**14,913**	**12,990**	**(1,923)**	A	**36,608**	**(8,864)**	A
Commercial Other	JE	N/A	-	133	133		265	-	
Grand Total		**45,472**	**14,913**	**13,122**	**(1,791)**	A	**36,873**	**(8,599)**	A



M06 Delivery Risk against Identified Plan Value



Year to date efficiencies are £13.1m; £1.8m adverse to plan.
-YTD Care Groups £3.1m adverse to plan - with £0.4m attributed to IA expenditure;
-YTD Corporate delivery £0.4m adverse to plan – Property Services, Digital & Transformation, Nursing Director, Medical Director and Chief Executive
-YTD delivery of Central Schemes £1.6m favourable to plan due to early delivery against profile
-Actual delivery of efficiency savings in month are £3.6m - due to delivery of £1.3m Central ICS Stretch and £0.6m net over delivery of ERF income to Care Groups

Forecast efficiencies are £36.9m against a full year plan of £45.5m.
-**Pay Forecast assumes M1-M6 run rate continues for the rest of the year.** Detailed year end forecasting to be completed following M6 reporting.
-M06 forecast includes £9.8m pay savings against a full year Pay target of £20.6m with 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.
-Central schemes are forecasting £18.3m delivery against a £17.8m full year target
-The Forecast Outturn efficiencies have improved by £4.3m in M6 due to inclusion of Financial Technical Items for Central - ICS Stretch, linked to EPR funding and benefits against plan for 24/25 NHS contract agreements.

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	390.34	382.62	(7.7)	0.1
Cash and cash equivalents	1.94	1.94	0.0	(0.1)
Trade and other current assets	39.96	59.04	19.1	9.4
Total Assets	**432.2**	**443.6**	**11.4**	**9.5**
Current Borrowing	(10.2)	(5.3)	4.9	0.8
Other Current liabilities	(71.0)	(82.1)	(11.1)	1.3
Non Current Borrowing	(47.5)	(56.0)	(8.5)	0.0
Other Non-current liabilities	(1.6)	(1.1)	0.5	0.0
Total Liabilities	**(130.2)**	**(144.4)**	**(14.2)**	**2.1**
TOTAL NET ASSETS	**302.0**	**299.2**	**(2.8)**	**11.5**
PDC and Revaluation reserve	472.3	460.2	(12.1)	2.0
Income and Expenditure Reserve	(170.2)	(161.0)	9.2	9.5
TOTAL EQUITY	**302.0**	**299.2**	**(2.8)**	**11.5**

• Non Current assets have increased by £0.1m from the prior month. This is due to in month capital expenditure of £1.9m being offset by in month depreciation of £1.8m. Non current assets are behind plan due to capital spend being behind projections.
• Trade and other current assets have increased by £9.4m compared to the prior month. This is due to the significant decrease in accrued income as part of the usual quarterly cycles.
• The Trust has received revenue support of £2m 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 £11.5m from the prior month is consistent with the planned position for M6.

Accounts Receivable

Table 10 - Accounts Receivable

Month 6

(£m)	Current	31-60 days	61-180 days	6 mths - 1 year	1 year - 2 years	More than 2 years	Total
NHS	0.7	0.6	2.2	1.0	0.2	0.0	4.7
Non-NHS	1.3	0.2	0.5	0.4	0.3	0.5	3.1
Total	**2.0**	**0.7**	**2.7**	**1.4**	**0.4**	**0.5**	**7.8**
% of total	25%	10%	34%	19%	5%	6%	100%

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	33%	16%	40%	13%	4%	7%	113%

• Debtors have decreased in M6 by £1m.
• The value of outstanding debt outside payment terms is £5.8m which is £0.4m less than the previous month's total of £6.2m.

• Top 5 overdue debts at month 6 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

The Trust 'matches' payments of receivables and payables with OUH so these amounts are paid in line with our AP payments. A payment of £1.2m took place in early october, which is not reflected in the figures above. 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	1.2	2.2	0.8	0.2	0.9	5.3
Non-NHS	9.0	7.2	1.2	0.3	0.5	18.3
Total	**10.2**	**9.4**	**2.0**	**0.6**	**1.4**	**23.6**

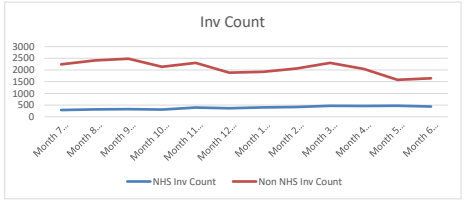
The creditors table to the left reflects invoices which have been approved for payment and would be included in the next appropriate payment run.
Of the £23.6m on the ledger (M05 £19.2m), £10.2m (M05 £10.9m) is for current invoices, including those which may not have fallen due. The increase in approved invoices outside payment terms (£8.3m M05 to £13.4m M06) 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	3.0	0.1	0.8	1.1	0.9	5.8
Non-NHS	2.4	1.6	1.6	0.7	0.6	6.8
Total	**5.4**	**1.7**	**2.3**	**1.8**	**1.5**	**12.6**

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 receipted as being received or the invoices are in dispute. As at the end of month 6, there are 435 NHS invoices (month 5 - 472) and 1,647 Non-NHS invoices (month 5 - 1,581) on the register.

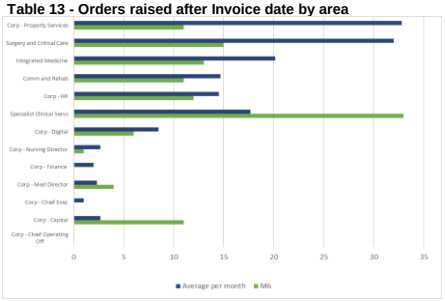
Table 12 - Number of Outstanding Invoices on the Register



Overview (NHS/Non-NHS)
The Register decreased by 14% on Value but increased by 1% (29 Invoices) on Count between month 5 and month 6. On the NHS Suppliers both NHS Prof and Supply chain are consolidated invoices and will clear in month 7 and the AP team are working with the department incurring the cost to clear OUH. A payment of £1.2m was made in early October which is not reflected in this figure.Over 90% in count on the NHS register have no PO in place to authorise the Debt and the AP and wider Finance are working on processes to help reduce that percentage. On the Non NHS -Abbotts lab has reduced from 1.8m in month 5 to 459k in total value in month 6. GE medical will clear in month 7 as it has a PO and is new to the register. Bucks CC has 2 major invoices for rental that have no PO in place to clear the debit at this time. The 6 top suppliers make up 47% of the value total held.
Top 3 NHS Suppliers with Invoice(s) Value>=100k (£4.18m) - 103 Invoices
1. NHS Professionals - £1.79m
2. Oxford University Hospitals NHS Ft - £1.56m
3. Supply Chain Coordination Ltd (Consumables) - £0.81m

Top 3 non-NHS Suppliers with Invoice(s) Value>=100k (£1.72m) - 48 Invoices
1. GE Medical Systems Ltd - £0.76m
2. Buckinghamashire Council - £0.49m
3. Abbott Laboratories Ltd - £0.45m

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 6 there were 117 (month 5 243) 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 1-6 by Care Group and Corporate Area.

Property Services, Surgery and Critical Care are the areas with the higher averages and Specialist Clinical Services with 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

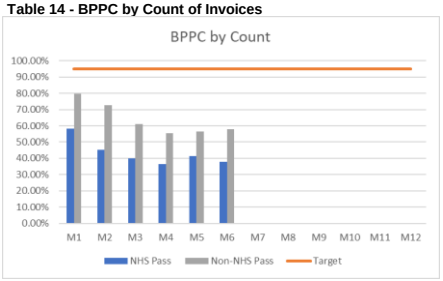
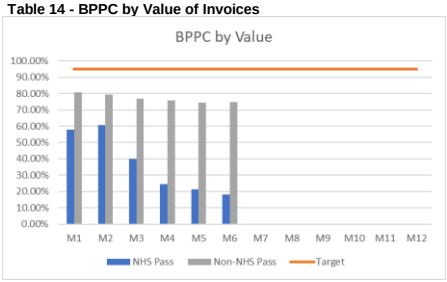


Table 14 - BPPC by Value of Invoices



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 has needed 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	Actual Sep-24	forecast Sep-24	forecast Oct-24	forecast Nov-24	forecast Dec-24	forecast Jan-25	forecast Feb-25	forecast Mar-25
INCOME														
Contract Clinical Income	52,673	47,457	46,433	45,640	48,984	47,015	46,639	47,129	47,129	47,629	47,629	47,629	47,629	47,629
Clinical Income top up / Covid / Growth	0	4,500	4,000	0					3,271					5,000
Education and Training	0	3,500	0	0	3,289				3,300			3,300		
Other Income	2,873	3,359	3,100	1,811	2,016	1,602	2,397	1,750	2,836	1,750	1,750	1,750	1,750	1,750
HMRC vat reclaim	0	2,246	5,440	0	2,136	6,242	1,539	1,300	750	1,550	1,550	1,550	1,550	1,550
Payroll Support	752	0	0	0					7,002	981	981	981	981	981
PDC capital	28,467	0	0	0		0		0	0	9,976	1,976	2,571	1,976	1,976
Revenue PDC	0	0	0	0	5,000	5,000	2,000	4,383	0					
External Cash Support ICB	7,700	0	0	0					12,948	1,850	1,850	1,850	1,850	1,850
Other Receipts	872	1,124	1,647	2,792	756	839	578	910	910	910	910	910	910	910
TOTAL RECEIPTS	**93,338**	**62,187**	**60,620**	**50,243**	**62,181**	**60,698**	**53,152**	**55,472**	**78,146**	**64,646**	**56,646**	**60,541**	**56,646**	**61,646**
PAYMENTS														
Pay Costs - Substantive	(29,847)	(30,075)	(29,793)	(29,885)	(29,510)	(29,519)	(29,369)	(30,272)	(31,456)	(31,456)	(31,456)	(31,456)	(31,456)	(31,456)
Back dated Payroll	0	0	0			-			(6,839)	(3,000)				
Pay Costs - Temporary Staffing	(4,691)	(1,472)	(710)	(2,971)	(2,582)	(2,998)	(1,898)	(3,000)	(5,750)	(3,100)	(3,100)	(2,500)	(2,500)	(2,500)
Creditors	(23,945)	(12,834)	(12,215)	(10,623)	(20,213)	(20,692)	(9,512)	(10,274)	(18,262)	(15,500)	(15,500)	(15,500)	(15,500)	(15,500)
Creditors - Capital Spend	(24,160)	(7,373)	(6,233)	(1,813)	(2,549)	(595)	(1,345)	(976)	(1,976)	(1,976)	(1,976)	(2,571)	(1,976)	(1,976)
NHSLA		(1,780)	(1,781)	(1,780)	(1,781)	(1,781)	(1,780)	(1,781)	(1,781)	(1,781)	(1,781)	(1,781)		
PDC Dividends	(4,551)		0			0	(3,826)	(3,826)						(5,252)
PFI CHARGE	(5,294)	(5,410)	(11,905)	(5,271)	(5,290)	(5,440)	(5,530)	(5,450)	(5,450)	(5,450)	(5,450)	(5,450)	(5,450)	(5,450)
TOTAL PAYMENTS	**(92,488)**	**(58,944)**	**(62,637)**	**(52,343)**	**(61,925)**	**(61,025)**	**(53,259)**	**(55,579)**	**(71,514)**	**(62,263)**	**(59,263)**	**(59,258)**	**(56,882)**	**(62,134)**
NET CASH FLOW IN PERIOD	850	3,243	(2,017)	(2,100)	256	(327)	(107)	(107)	6,633	2,383	(2,617)	1,284	(236)	(487)
OPENING CASH BALANCE	2,142	2,992	6,235	4,218	2,118	2,374	2,047	2,047	1,940	8,573	10,956	8,338	9,622	9,385
CLOSING CASH BALANCE	**2,992**	**6,235**	**4,218**	**2,118**	**2,374**	**2,047**	**1,940**	**1,940**	**8,573**	**10,956**	**8,338**	**9,622**	**9,385**	**8,898**

The cashflow above reflects the June Plan submission, and therefore makes assumptions regarding delivery of efficiencies. It assumes that the applications for Capital PDC support are approved, together with the receipt of deficit support funding from October onwards. There was the requirement to manage creditor payments through the first six months of the year and the requirement 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 M6 was £2.3m lower than forecast in September, as a result of the Revenue PDC application being capped at £2m as opposed to the £4.3m included in the application. Variances across other income lines offest each other.
- The application for Interim Capital Support PDC will be submitted in October and receipt of the year to date value has been assumed in November.
- The limiting of PDC in September significantly impacted on the ability of the Trust to pay its creditors, and these were prioritised to minimise operational issues. Temporary staff spend is not linked to I&E, but relates to the payment of temporary staffing organisations, most specifically NHS Professionals.
- The forecast for October includes allowance for a significant amount of additional cash that is due to be received from the ICB. This includes Deficit Support Funding of £12.9m, Pay Award funding uplifts to contracts of £7m and payment on account of Q1 overperformance of £3.2m.
- The backdated elements of the pay award for Agenda for Change staff will take place in October, with the Resident Doctors pay award and the statutory deductions (HMRC and Pension) for A4C staff being payable in November.
- Expenditure was also significantly lower than forecast, which was primarily due to lower than forecast capital spend and the withholding of creditor payments.
- The additional Deficit Support funding and Overperformance payment will allow the Trust to bring all its approved creditor payments back to being paid within terms. This will take place once the additional cash is received on the 15th October. This is shown in the increased values for Pay Costs - Temporary Staffing and Creditors.

Capital Position

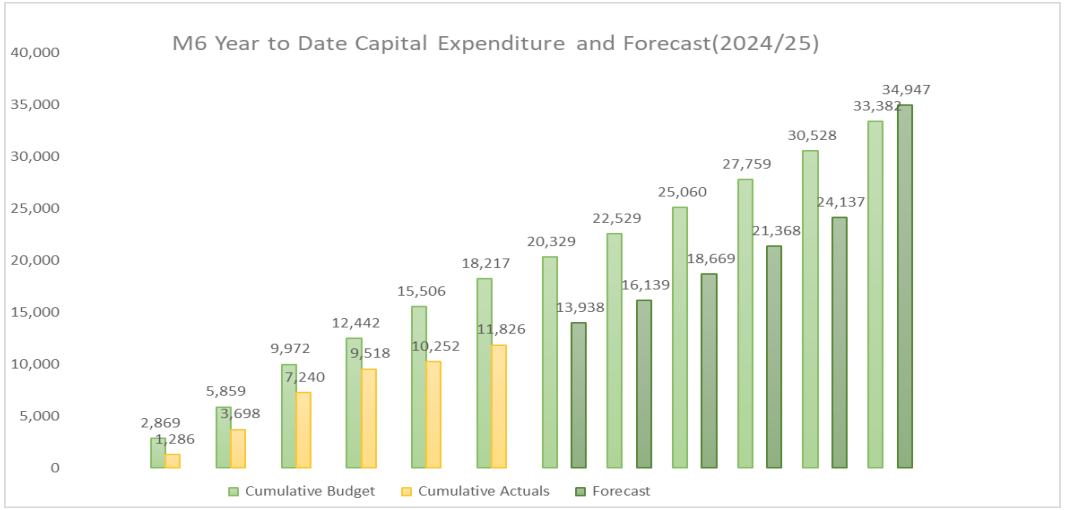
Table 16: Capital Overview - M6 2024/25

Capital Expenditure (£M)	Annual Plan (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)	Forecast Spend (£m)	Forecast Variance (£m)
Medical Equipment	1.5	0.6	0.1	0.8	1	(0.0)
Property Services	16.8	10.8	5.6	5.2	17.8	(1.1)
Information Technology	10.6	4.2	3.9	0.3	10.6	(0.1)
General	5.1	2.6	2.5	0.1	5.0	0.1
Total Capital Expenditure	**33.9**	**18.3**	**12.1**	**6.4**	**34.9**	**(1.0)**

Table 17: Capital Overview - M6 2024-25 Full Year

Capital (£m)	Full Year Forecast
Funding Streams	
Funded By Trust	19.0
Funded By PDC/External Allocations	9.2
PFI	5.1
Funded by Donations / Grants	0.6
Total Capital Funding	**33.9**
Expenditure	
Medical Equipment	1.5
Property Services	17.8
Information Technology	10.6
General	5.0
Total Capital Expenditure	**34.9**
	(1.0)

Table 18: 2024/25 Profile Budget and Spend



Funding

The Trust has a total Capital Programme for 2024/24 of £33.9m. 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 £0.6m 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.

Key Highlights: Plan phasing 2024/25

In M6 BHT were allocated £22.2m of deficit support funding, this has improved the plan by the same value, as part of the BOB system receiving £60m deficit support funding to move to a £nil deficit. Therefore the revised full year 2024/25 financial plan is £0.658m, with an improvement of £11.1m in M6.

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.

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	51,659	51,478	51,412	62,544	53,496	53,496	53,496	53,597	53,597	53,597	641,115
Non Pay	-22,666	-22,037	-22,689	-22,423	-22,331	-22,336	-21,756	-21,751	-21,781	-21,906	-21,869	-18,133	-261,676
Pay	-31,649	-33,006	-31,829	-31,796	-31,604	-31,419	-31,402	-31,362	-31,574	-31,758	-31,494	-31,201	-380,094
Total Plan as per Sept.	**-3,083**	**-3,533**	**-2,859**	**-2,741**	**-2,524**	**8,789**	**338**	**383**	**141**	**-67**	**234**	**4,263**	**-658**
Total Plan as per June	**-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 April	**-2,749**	**-2,852**	**-2,666**	**-2,837**	**-3,141**	**-2,859**	**-3,068**	**-3,187**	**-279**	**-2,775**	**-2,258**	**3,164**	**-25,507**
Variance June to Sept.	**0**	**0**	**0**	**0**	**0**	**11,100**	**1,850**	**1,849**	**1,850**	**1,851**	**1,851**	**1,851**	**22,200**

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

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 5 YTD Variable Payments by Care Group against Plan

Table 17: BHT Wider Variable Payment by Care Groups, Month 5 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	925	613	£1,491,662	£1,077,918	-312	-£413,744
		Outpatient	8,096	8,186	£1,340,675	£1,376,691	90	£36,016
	Dermatology	Elective	510	311	£480,591	£359,284	-199	-£121,307
		Outpatient	11,007	10,322	£1,844,192	£1,717,754	-685	-£126,438
	Diabetes & Endocrinology	Elective	50	69	£26,902	£33,711	19	£6,809
		Outpatient	1,192	1,207	£272,664	£278,720	15	£6,056
	Emergency	Elective	208	16	£168,002	£18,156	-192	-£149,846
	Gastroenterology	Elective	5,698	5,553	£3,458,435	£3,481,325	-145	£22,890
		Outpatient	1,917	2,002	£419,309	£451,924	85	£32,615
	General Medicine	Elective	758	180	£598,828	£120,903	-578	-£477,925
		Outpatient	1,106	2,847	£243,288	£645,154	1,741	£401,866
	Neurology	Elective	171	204	£100,865	£122,788	33	£21,923
		Outpatient	2,210	1,866	£511,776	£498,451	-344	-£13,325
	Respiratory Medicine	Elective	179	206	£209,418	£262,892	27	£53,474
		Outpatient	2,623	3,335	£588,387	£752,796	712	£164,409
	Rheumatology	Elective	170	201	£91,704	£119,619	31	£27,915
		Outpatient	1,479	1,643	£393,921	£442,409	164	£48,488
	Stroke Medicine	Elective	3	4	£14,984	£19,489	2	£4,505
		Outpatient	887	882	£348,494	£347,408	-5	-£1,086
Specialist Services	Cancer	Elective	2,455	2,851	£848,365	£958,987	396	£110,622
		Outpatient	4,376	4,951	£973,263	£1,124,423	575	£151,160
	Clinical Haematology	Elective	1,894	1,922	£1,130,511	£1,563,632	28	£433,121
		Outpatient	2,715	3,286	£616,835	£804,448	571	£187,613
	Gynaecology	Elective	684	730	£1,448,244	£1,301,091	46	-£147,153
		Outpatient	5,975	5,389	£1,559,113	£1,551,908	-586	-£7,205
	Obstetrics	Elective	2	1	£9,590	£3,138	-1	-£6,452
	Paediatrics	Elective	297	321	£268,885	£282,834	24	£13,949
		Outpatient	6,776	7,015	£1,427,674	£1,483,678	239	£56,004
	Pathology	Outpatient	1,193	568	£184,238	£93,353	-625	-£90,885
		Pathology Tests	166	1,235	£28,112	£217,701	1,069	£189,589
	Radiology	Elective	46,575	51,782	£3,415,307	£4,071,944	5,207	£656,637
		Outpatient	291	249	£426,284	£337,770	-42	-£88,514
		Radiology OP Unbundle	28	450	£13	£126,972	422	£126,959
	CLINICAL PSYCHOLOGY	Outpatient	45	106	£10,155	£22,500	61	£12,345

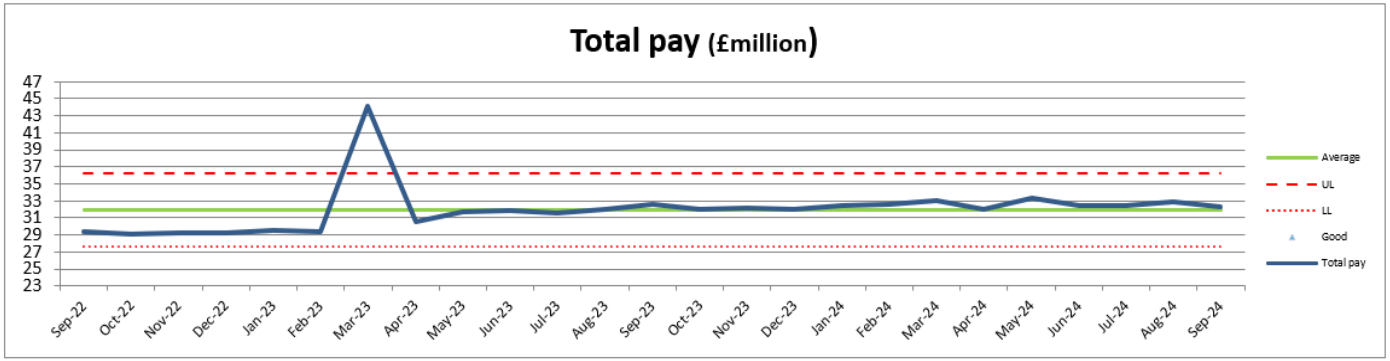
Appendix 1: API Month 5 YTD Variable Payments by Care Group against Plan

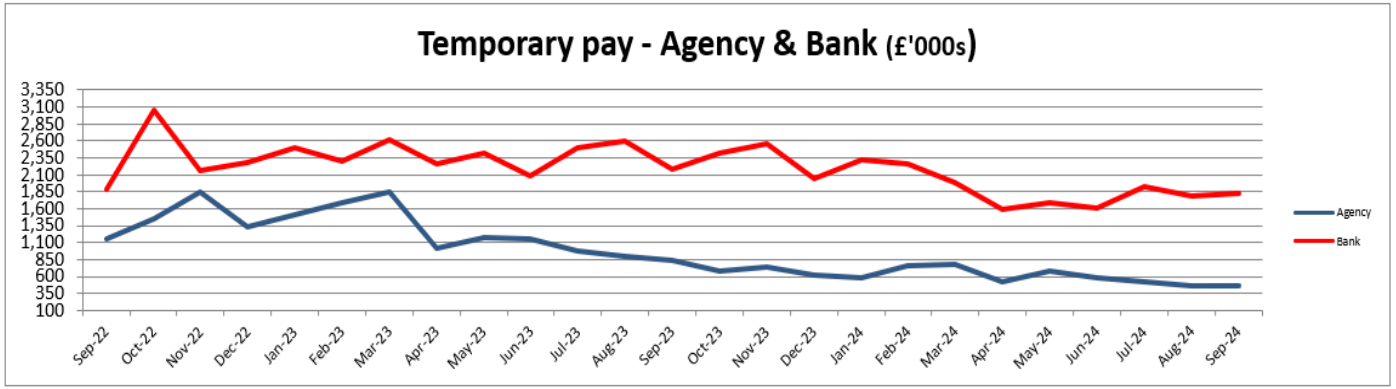
Table 17: BHT Wider Variable Payment by Care Groups, Month 5 YTD

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	555	293	£456,504	£255,295	-262	-£201,209
		Outpatient	5,803	5,973	£1,035,290	£1,030,840	170	-£4,450
	E.N.T.	Elective	352	387	£522,160	£585,866	35	£63,706
		Outpatient	6,723	10,103	£908,046	£1,414,386	3,380	£506,340
	General Surgery	Elective	1,287	1,191	£3,743,104	£3,482,067	-96	-£261,037
		Outpatient	7,845	7,935	£1,653,292	£1,689,346	90	£36,054
	Ophthalmology	Elective	2,480	2,349	£3,278,375	£3,025,366	-131	-£253,009
		Outpatient	25,591	25,273	£3,484,783	£3,420,272	-318	-£64,511
	Oral & Maxillofacial Surgery	Elective	397	295	£408,383	£292,038	-102	-£116,345
		Outpatient	4,206	3,331	£720,230	£576,070	-875	-£144,160
	Plastic Surgery and Burns	Elective	1,383	1,265	£2,368,412	£2,108,425	-118	-£259,987
		Outpatient	6,184	5,870	£1,310,559	£1,265,453	-314	-£45,106
	Urology	Elective	1,069	1,102	£2,070,827	£2,147,888	33	£77,061
		Outpatient	5,192	5,412	£1,134,421	£1,203,007	220	£68,586
	Trauma and Orthopaedics	Elective	1,553	1,650	£5,440,281	£5,599,112	97	£158,831
		Outpatient	6,206	5,772	£1,188,420	£1,093,936	-434	-£94,484
Community and Rehabilitation	Sexual Health	Outpatient	23	27	£4,523	£5,296	4	£773
	Therapies	Outpatient	3,786	3,615	£173,505	£170,159	-171	-£3,346
	Spinal Injuries	Outpatient	128	164	£4,042	£5,196	36	£1,154
	MFOP	Elective	467	469	£231,310	£212,965	2	-£18,345
		Outpatient	667	920	£178,836	£238,021	253	£59,185
	Palliative Care	Elective	1	49	£0	£14,121	48	£14,121
		Outpatient	4		£2,205		-4	-£2,205
	Community Paediatrics	Elective	0	5	£420	£4,230	5	£3,810
Grand Total			**194,564**	**203,953**	**£55,268,611**	**£55,911,126**	**9,389**	**£642,515**

Appendix 2: Pay Detail

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





OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

NHS
Buckinghamshire Healthcare
NHS Trust

Meeting: Trust Board Meeting in Public

Date: 30 October 2024

Agenda item	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) contract: *RXQ00_202425_QU9_ACUTE&COMMUNITY*
Board Lead	Jon Evans, Chief Finance Officer (CFO)
Author	Carol Watkinson, Head of Contracts
Appendices	Contract: *RXQ00_202425_QU9_ACUTE&COMMUNITY*
Purpose	Approval
Previously considered	n/a

Executive summary

Buckinghamshire Healthcare NHS Trust's largest contract for NHS services is with Buckinghamshire, Oxfordshire, Berkshire West (BOB) Integrated Care Board (ICB).

The value of the contract for BOB ICB for 2024/25 is £413,121,000, plus additional amounts for Associate Commissioners.

This paper summarises the key assumptions and financials of the contract, including the governance / approvals main elements of the contract have been reviewed and agreed with.

Decision	The Board is requested to approve the contract for signature

Relevant strategic priority

Outstanding Care ☒	Healthy Communities ☒	Great Place to Work ☐	Net Zero ☐

Relevant objective

☒ Improve waiting times in ED ☒ Improve elective waiting times ☒ Improve safety through clinical accreditation	☐ Give children living in most deprived communities the best start in life ☐ Outpatient blood pressure checks	☐ Zero tolerance to bullying

Implications / Impact

Patient Safety	Any impacts on patient safety are identified and addressed as part of the Trust and Care Group performance review process
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Principal Risk 2: Failure to deliver our annual financial plan
Financial	Agreed contract income levels may be affected if the trust does not achieve the planned activity levels and national targets to achieve ERF (Elective Recovery Fund) income
Compliance NHS Regulation Good Governance	Regular contract meetings are in place with Commissioners
Partnership: consultation / communication	All service spec, policies, quality and reporting requirements are shared with and approved by Trust leads
Equality	Any material equality impacts of contract income are identified and addressed as part of the Trust's operational review process, including for example, Silver and Gold committees.
Quality Impact Assessment [QIA] completion required?	N/A

1. Summary

Buckinghamshire Healthcare NHS Trust's largest contract for NHS services is with Buckinghamshire, Oxfordshire, Berkshire West (BOB) Integrated Care Board (ICB), with additional services commissioned by our Associate Commissioners, Frimley ICB, Hertfordshire and West Essex ICB, Bedfordshire, Luton and Milton Keynes (BLMK) ICB and North West London (NWL) ICB.

The value of the contract for BOB ICB for 2024/25 is £413,121,000, plus additional amounts for Associate Commissioners to approve as follows:

- Frimley ICB, £3,701,985
- Hertfordshire and West Essex ICB, £21,131,459
- Bedfordshire, Luton and Milton Keynes (BLMK) ICB, £12,695,426

The contract does not include:

- North West London ICB contract value to be agreed. Original offer of £2,077,833 had been accepted but this has now been withdrawn as BOB ICB do not have an agreed position with Hillingdon Hospital (in NWL ICS). The Trust is awaiting outcome of arbitration before proceeding and varying the activity into this contract.

2. Key inclusions / assumptions

The contract follows the 2024/25 NHS Standard Contract form and terms, with the following approaches to BOB ICB requested amendments:

- Payment for Planned Care activity will be based on national NHS England (NHSE) Elective Recovery Fund (ERF) reporting data
- No financial impact from monthly challenges
- Phased implementation of Blueteq (high cost drugs) reporting and reconciliation, as agreed with Pharmacy
- Agreed switch to Biosimilar medicines, 100% new patients and 80% of existing patients, within 6 months or sooner, supported by investment (£243k investment in Pharmacy Team to help support transition), as agreed with Pharmacy

Work is required to increase and improve compliance in key areas to prevent financial penalties, if imposed in 2025/26.

Note that for 2024/25, delivery and reporting of nationally mandated CQUIN quality incentive scheme has been paused.

3. Approval / Sign Off of Contract Elements

The following contract schedules have shared and agreed with relevant Trust Leads, including:

- Service Specifications are included in appendix 2A to the contract. Note added to contract: Service Specifications have been rolled over from the previous contract and require review. It is recognised that these specifications are not a true reflection of the services being commissioned or delivered by the provider;
- Virtual Ward Service specification approved by Jenny Ricketts;
- Health Inequalities Action Plan approved by Mitchell Fernandez;
- Indicative Activity Plan approved by Contracts Team and Chief Finance Officer (CFO);
- Activity Planning Assumptions (APA) approved by Contracts Team and CFO; and
- Schedule 6 (contract management, reporting and information requirements) approved by Contracts and BI Team.

4. Payment Schedule

The following summary schedule details the makeup of the contract value for BOB ICB:

- Contract offers have been agreed following a number of negotiation meetings, between respective BOB ICB and BHT Teams
- Contract values include a fixed and variable element, with fixed elements being from block funding arrangements (e.g. Community Services) and national guidance (e.g. Urgent Care).

Total Contract Value	Total Price Actual	Elective Variable Price Actual	Other Variable Price Actual	Fixed/Other Price Actual
	£k	£k	£k	£k
Value @ 22/07	**411,589**	**100,396**	**21,184**	**290,009**
Paediatric Diabetes BPT	500	500		
CNST Uplift	789			789
Biosmilar Switch Uplift 1.5%	243			243
Value @ 28/08	**413,121**	**100,896**	**21,184**	**291,042**
Analysis				
Elective Variable - BHT IAP Items		94,335		
Conversion to VW Activity		6,292		
Elective Variable - Unspecified		- 231		
Sub Total		100,396		
Elective Variable - PD BPT		500		
Other Variable - BHT IAP items			21,184	
Other Variable - Biosimilar Switch				243
Fixed/Other - BHT IAP				215,148
Fixed/Other Non IAP				26,299
Fixed/Other Unspecified				49,352
	413,121	100,896	21,184	291,042
	- 0	-	- 0	- 0

Other Variable	Other Variable Total	PbR Drug Exclusions	PbR Device/Product Exclusions	Radiology Unbundled
	£k	£k	£k	£k
Other Variable Split	**21,184**	**11,234**	**63**	**9,888**

Values and assumptions are consistent with those included in the Trust's financial plan and reporting to date.

5. Recommendation

The Board is requested to approve the contract for signature.