

Meeting: Trust Board Meeting in Public

Date: 27 November 2024

Agenda item	Integrated Performance Report (IPR)
Board Lead	Raghuv Bhasin, Chief Operating Officer
Author	Wendy Joyce, Director of Performance & Planning
Appendices	IPR October 2024
Purpose	Assurance
Previously considered	Executive Management Committee (EMC) 19.11.2024 Finance & Business Performance Committee (F&BPC) 26.11.2024

Executive summary

The Integrated Performance and Quality Report provides a monthly update on Trust performance based on the latest information available. The document also includes reporting on actions being taken to address performance issues.

Page 3 of the report provides an executive summary for the month with information on the use of Statistical Process Control (SPC) charts on pages 4-6.

Decision	The Committee is requested to take assurance from the report
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Relevant strategic priority

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

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

Implications / Impact

Patient Safety	The Integrated Performance Report reflects the full suite of performance measures for the Trust. The quality and safety measures are discussed in detail at the Quality Committee.
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Principal Risk 1: Failure to provide care that consistently meets or exceeds performance and quality standards
Financial	The productivity metrics in the IPR are key to the financial sustainability of the Trust
Compliance	Public and Board accountability
Partnership: consultation / communication	The IPR reflects programmes run in partnership with ICB and Place partners.
Equality	The IPR contains a focus, through our Healthy Communities metrics, on reducing health inequalities
Quality Impact Assessment [QIA] completion required?	Not required

Integrated Performance & Quality Report

October 2024

CQC rating (July 2022) - GOOD

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK



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

Outstanding Care

Provide outstanding cost effective care

Operational Standards

- Access and performance
 - Waiting Lists
 - ED Performance
 - Ambulance Handovers
 - Urgent 2 hour response
 - Cancer
 - Diagnostics
 - Activity

Productivity

- Length of stay
- Theatres
- Outpatients

Quality and Safety

- Incidents
- Infection Control
- Patient Safety
- Patient Experience
- Maternity

Healthy Communities

Taking a lead role in our community

- Health and Development Reviews
- Very Brief Advice training for smoking cessation
- Smoking in pregnancy
- Acute and community waits

A Great Place to Work

Ensuring our people are listened to, safe and supported

- Vacancy rates
- Turnover
- Sickness
- Training

Report changes this month

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

Added

52 week risks to March 25.

Removed

Changed

65 week risks to September 24 changed to 65 week risks to March 25.

Executive Summary

October's IPR shows continued progress against the Trust's Operating Plan and Breakthrough Objectives. Performance and waiting times on emergency care stabilised after a challenging September with conversion rates to admission continuing to reduce and the number of patients discharged before 2pm increasing month on month as a result of improvement measures taken over the course of the year. The expansion of the Emergency Floor with the opening of our new Emergency Medicine Receiving Unit at the start of November will drive further improvements in waiting times and performance.

Progress continues to be made in reducing elective waits across acute, community and diagnostic waiting lists with further progress expected on the latter measure with new CT and MRI scanners coming online in November and December. Cancer remains challenged particularly around the 62-day standard which is driven by (a) challenges on the skin pathway as demand has outstripped capacity with a recovery plan in place and (b) capacity constraints in Oncology and delays on the treatment pathway in Urology and Lower GI which are being addressed through a new tumour site performance oversight and escalation process based on those from the top performing Trusts in the South East region.

Our quality metrics show a stable position. We continue to make good progress in our clinical accreditation programme and in the rollout of PSIRF. At the outset of winter the Trust is increasingly focused on ensuring the best possible experience, quality and safety in our temporary escalation spaces that may be necessary to use during winter and also on infection prevention and control measures to minimise the spread of infection.

We have included data on our breakthrough objective to measure blood pressures in outpatient settings for the first time with significant progress needing to be made over the remainder of the year to meet our target.

Workforce and productivity metrics remain stable which is a positive sign given the increased operational pressure the Trust is under as we head into the winter period.

SPC Charts

Metrics are represented by Statistical Process Control (SPC) charts, with target and latest month's performance highlighted.

These SPC charts are based on three years' worth of data to show the post Covid period (where back data is available).

SPC charts are used to monitor whether there is any real change in the reported results.

The two limit lines (grey dotted lines) around the central average (grey solid line) show the range of expected variation in reported results based on what has been observed before. New results that fall within that range should not be taken as representing anything different from the norm. i.e. nothing has changed.

However, there are certain patterns of new results which it is unlikely will have occurred randomly if nothing has changed on the ground. For example a run of several points on one side of the average or a significant change in the level of variability between one point and the next.

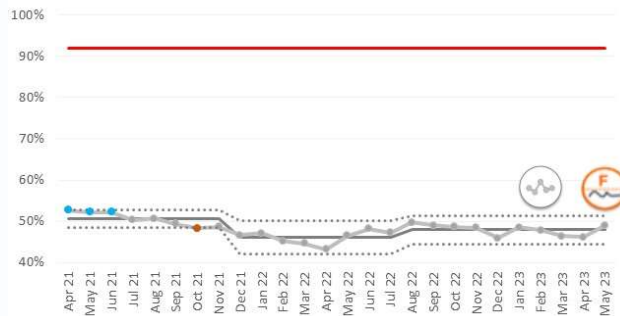
In these charts, where it looks like there has been some kind of change in the variability or average result in the reported data, the limits and the central line have been adjusted to indicate when it appears - statistically - that the change happened. This should be a prompt for users of the chart to look for factors which may have effected the change in the reported data. These may have been changes in the way things were done or external factors e.g. bad weather causing more accidents and therefore an increase in demand/change in case mix.

Likewise, if there is no change in overall average result or variability this suggests that actions taken to improve performance have not had the desired effect.

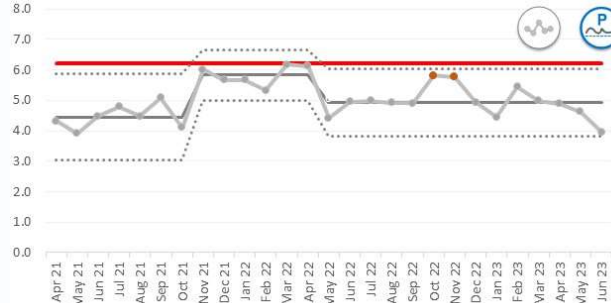
Either way, users of the charts should take care not to directly attribute causal factors to changes in the charts without further investigation.

Target lines are also plotted on the charts. This allows users of the charts to see whether targets can be expected to be achieved consistently, whether achievement in the current month is due to common cause or special cause variation or whether the target cannot be achieved unless there is a change in the process.

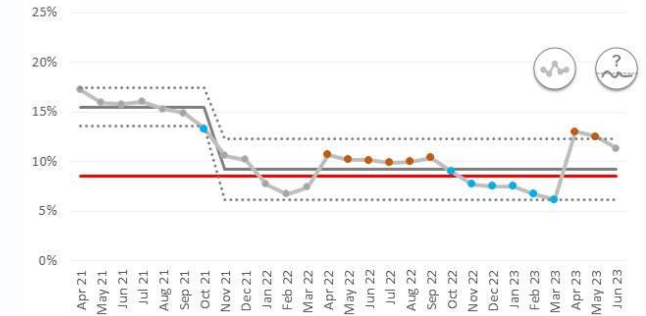
Target line is above the upper limit for this indicator (higher is better) showing that it will not be achieved consistently without a change to the process.













Target line is above the upper limit for this indicator (lower is better) showing that it will be achieved consistently without a change to the process.



Target line is between the control limits for this indicator (lower is better) showing that the process will hit or miss the target without a change.



Key to variation and assurance icons

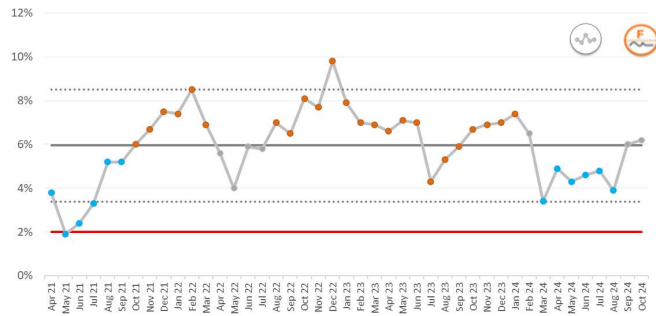
Variation/Performance Icons			
Icon	Technical Description	What does this mean?	What should we do?
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is currently not changing significantly . It shows the level of natural variation you can expect from the process or system itself.	Consider if the level/range of variation is acceptable. If the process limits are far apart you may want to change something to reduce the variation in performance.
	Special cause variation of an CONCERNING nature where the measure is significantly HIGHER .	Something's going on! Your aim is to have low numbers but you have some high numbers – something one-off, or a continued trend or shift of high numbers.	Investigate to find out what is happening/ happened. Is it a one off event that you can explain? Or do you need to change something?
	Special cause variation of an CONCERNING nature where the measure is significantly LOWER .	Something's going on! Your aim is to have high numbers but you have some low numbers - something one-off, or a continued trend or shift of low numbers.	
	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER .	Something good is happening! Your aim is high numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	Find out what is happening/ happened. Celebrate the improvement or success. Is there learning that can be shared to other areas?
	Special cause variation of an IMPROVING nature where the measure is significantly LOWER .	Something good is happening! Your aim is low numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	
	Special cause variation of an increasing nature where UP is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of high numbers.	Investigate to find out what is happening/ happened. Is it a one off event that you can explain? Do you need to change something? Or can you celebrate a success or improvement?
	Special cause variation of an increasing nature where DOWN is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of low numbers.	
Assurance Icons			
Icon	Technical Description	What does this mean?	What should we do?
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies within those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies outside of those limits in the wrong direction then you know that the target cannot be achieved.	You need to change something in the system or process if you want to meet the target. The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies outside of those limits in the right direction then you know that the target can consistently be achieved.	Celebrate the achievement. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

		Assurance				
Variation/Performance		Excellent Celebrate and Learn • This metric is improving. • Your aim is high numbers and you have some. • You are consistently achieving the target because the current range of performance is above the target.	Good Celebrate and Understand • This metric is improving. • Your aim is high numbers and you have some. • Your target lies within the process limits so we know that the target may or may not be achieved.	Concerning Celebrate but Take Action • This metric is improving. • Your aim is high numbers and you have some. • HOWEVER your target lies above the current process limits so we know that the target will not be achieved without change.	Excellent Celebrate • This metric is improving. • Your aim is high numbers and you have some. • There is currently no target set for this metric.	
		Excellent Celebrate and Learn • This metric is improving. • Your aim is low numbers and you have some. • You are consistently achieving the target because the current range of performance is below the target.	Good Celebrate and Understand • This metric is improving. • Your aim is low numbers and you have some. • Your target lies within the process limits so we know that the target may or may not be achieved.	Concerning Celebrate but Take Action • This metric is improving. • Your aim is low numbers and you have some. • HOWEVER your target lies below the current process limits so we know that the target will not be achieved without change.	Excellent Celebrate • This metric is improving. • Your aim is low numbers and you have some. • There is currently no target set for this metric.	
		Good Celebrate and Understand • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • HOWEVER you are consistently achieving the target because the current range of performance exceeds the target.	Average Investigate and Understand • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • Your target lies within the process limits so we know that the target may or may not be achieved.	Concerning Investigate and Take Action • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • HOWEVER your target lies outside the current process limits and the target will not be achieved without change.	Average Understand • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • There is currently no target set for this metric.	
		Concerning Investigate and Understand • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • HOWEVER you are consistently achieving the target because the current range of performance is below the target.	Concerning Investigate and Take Action • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • Your target lies within the process limits so we know that the target may or may not be missed.	Very Concerning Investigate and Take Action • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • Your target lies below the current process limits so we know that the target will not be achieved without change.	Concerning Investigate • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • There is currently no target set for this metric.	
		Concerning Investigate and Understand • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • HOWEVER you are consistently achieving the target because the current range of performance is above the target.	Concerning Investigate and Take Action • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • Your target lies within the process limits so we know that the target may or may not be missed.	Very Concerning Investigate and Take Action • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • Your target lies above the current process limits so we know that the target will not be achieved without change.	Concerning Investigate • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • There is currently no target set for this metric.	
						Unsure Investigate and Understand • This metric is showing a statistically significant variation. • There has been a one off event above the upper process limits; a continued upward trend or shift above the mean. • There is no target set for this metric.
						Unsure Investigate and Understand • This metric is showing a statistically significant variation. • There has been a one off event below the lower process limits; a continued downward trend or shift below the mean. • There is no target set for this metric.
					Unknown Watch and Learn • There is insufficient data to create a SPC chart. • At the moment we cannot determine either special or common cause. • There is currently no target set for this metric.	

Breakthrough objectives

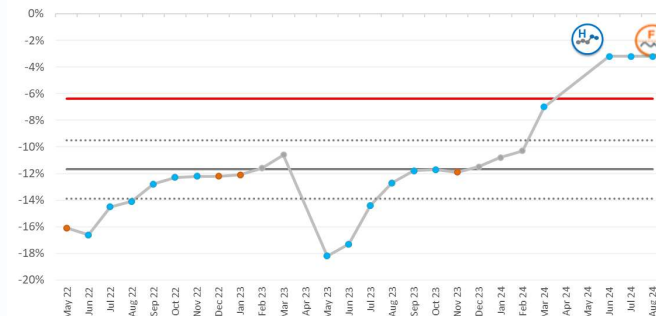
12 hour waits in ED

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



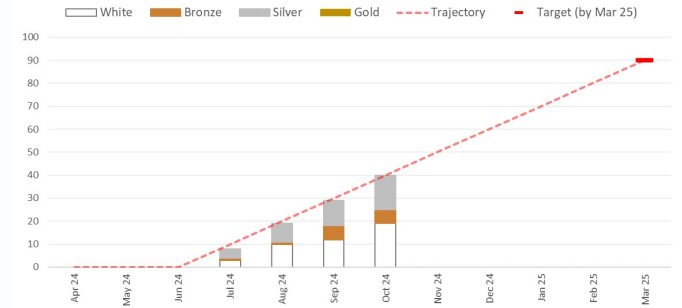
NHS Productivity measure

Comparison between the cost base and weighted activity provided in our acute settings in 23/24, against equivalent periods in 19/20.



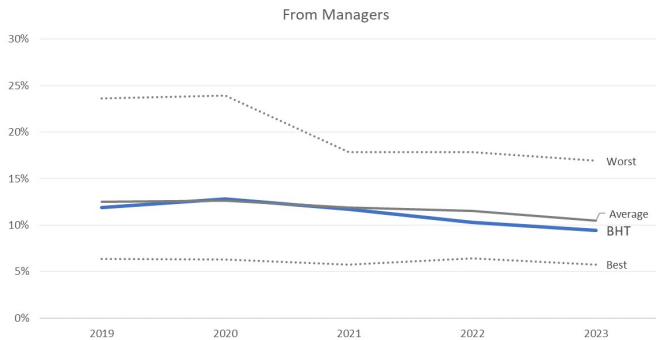
Clinical accreditation

The cumulative total number of accreditations awarded in month. Reset for 2024-25 year.



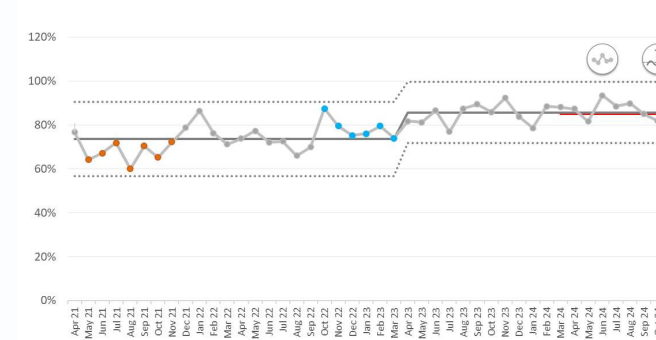
Behaviour

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



School readiness

Percentage of children in opportunity Bucks wards that attend a 12-month health and development review by the time they're 15 months.



BP checks

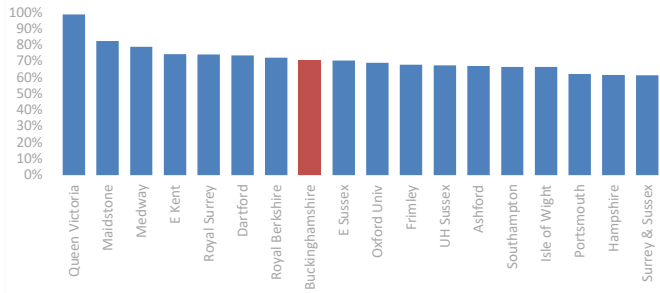
The percentage of face to face, acute, adult outpatients having their blood pressure taken.

Chart for BP checks

Benchmarking Summary for South-East Region

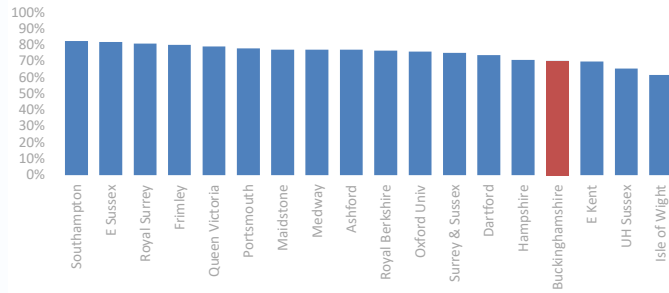
ED 4 hour performance

South East A&E 4 hour performance benchmarking - Oct-24



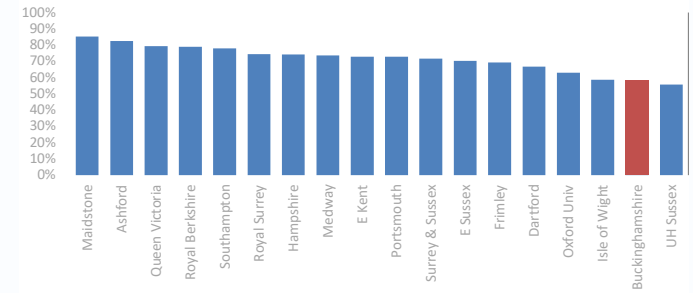
Faster diagnosis standard cancer

South East region faster diagnosis standard cancer benchmarking - Sep-24



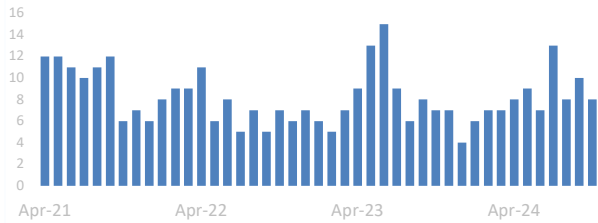
62 day wait cancer

South East region 62 day wait cancer benchmarking - Sep-24



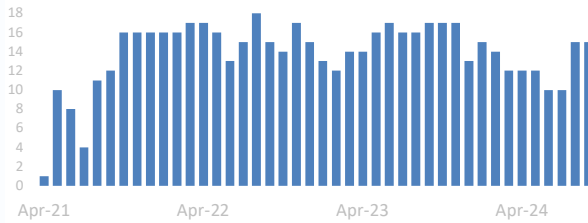
ED 4 hour performance ranking

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



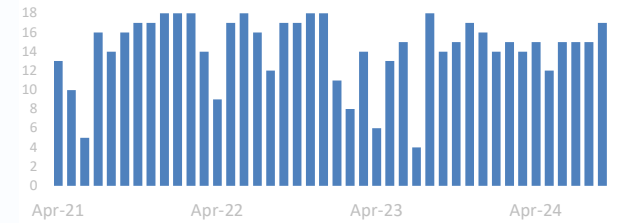
Faster diagnosis standard cancer

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



62 day wait cancer ranking

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

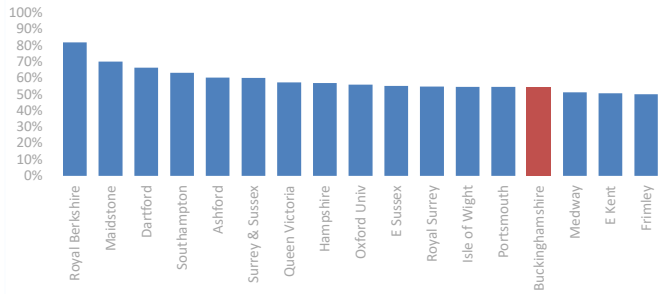


Frimley Health & Portsmouth Hospitals do not report 4 Hour performance as they are part of the Clinical Services Review.

Benchmarking Summary for South-East Region

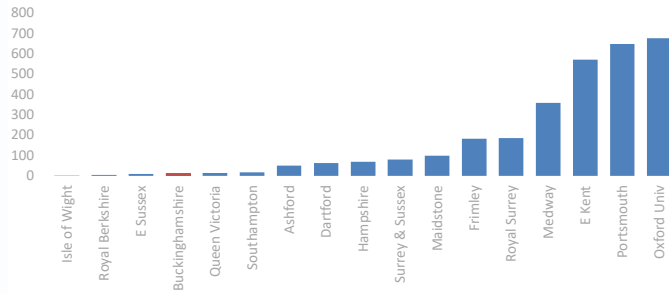
RTT performance

South East RTT performance benchmarking - Sep-24



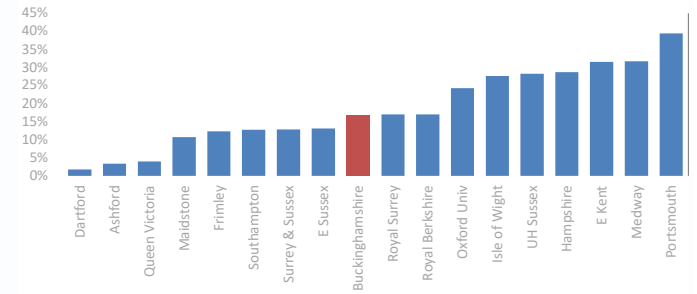
65 week waits

South East over 65 week waits benchmarking - Sep-24



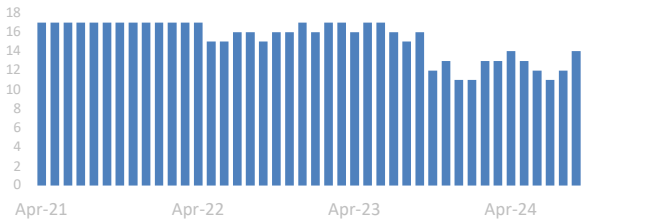
Diagnostic performance

South East diagnostic performance benchmarking - Sep-24



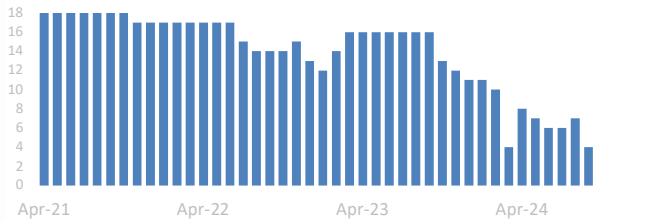
RTT performance ranking

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



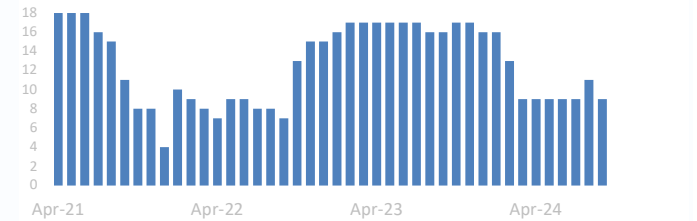
65 week waits ranking

South East over 65 week waits benchmarking - historic rankings currently out of 18



Diagnostic performance ranking

South East diagnostic performance benchmarking - historic rankings out of 18



Access & Performance



SRO: Integrated Medicine Care Group Director

Governance forums: UEC board, Monthly Care Group governance meeting


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

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
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Breakthrough objective

12 hour waits in ED	Oct 24	6.2%	2.0%			5.9%	3.4%	8.5%
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Driver metrics

Conversion rate to admission	Oct 24	8.6%	-			10.7%	8.6%	12.8%
ED 4 hour performance	Oct 24	70.6%	78.0%			72.2%	66.5%	77.9%
Discharges by 2pm	Oct 24	28.4%	-			25.6%	21.8%	29.4%

Urgent & emergency care

Ambulance handovers within 30 mins	Oct 24	85.9%	95.0%			85.5%	75.8%	95.2%
Urgent 2 hour response - community	Oct 24	93.0%	70.0%			91.9%	86.8%	97.0%
Urgent community response referrals	Oct 24	332	-			372	280	465
Patients without Criteria to Reside	Oct 24	65	-			74	50	97
Bed days lost for patients without Criteria to Reside	Oct 24	2079	-			2427	2063	2792
Hospital at home utilisation	24 Oct 24	88.4%	80.0%			83.0%	64.4%	101.6%

12 hour waits in ED

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

How we are performing

This metric is experiencing common cause variation i.e. no significant change. The target lies below the current control limits and so cannot be achieved unless something changes in the process.

Drivers of performance

- Lack of bed capacity on the Stoke site
- Long ED waiting times through the night mean late referrals to specialties
- Inappropriate admissions overnight due to fewer senior decision makers and alternatives to admission
- Minimal number of discharges in the mornings leads to congestion in the Department
- Lack of effective & consistent use of our pathways.

Actions to maintain or improve performance

Planned stocktake in September against all performance indicators with focus alongside the ED team in October to drive down waits in that Department. We remain on track for the new ward opening in November 2024 and are introducing changes to ways of working ahead of the physical estate changes such as extended consultant hours in our Acute Medical Unit and an expansion of the criteria of patients who can be referred to frailty services. These changes were introduced at the end of August/start of September.

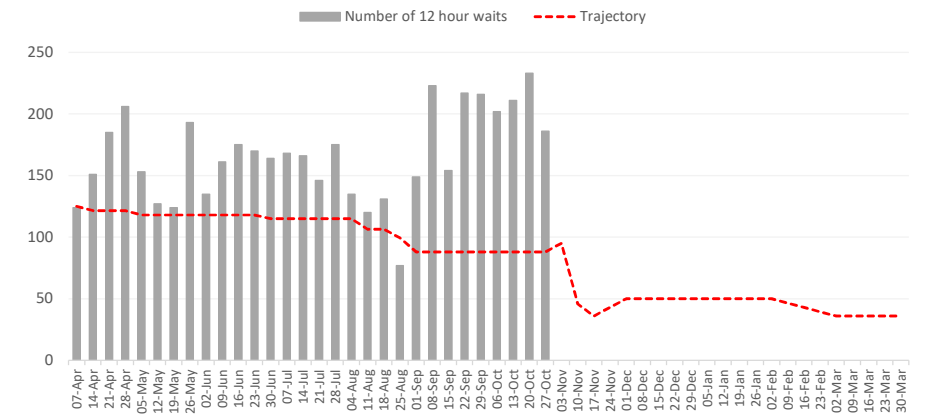
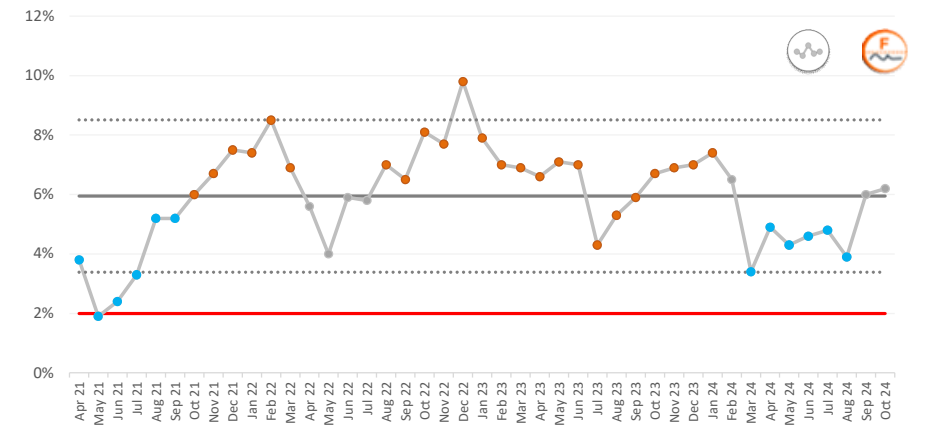
Risks and mitigations

Limited control over patient attendances. **Mitigation** - we continue to work with Buckinghamshire Place pathways on alternative pathways and redirection pathways through the Buckinghamshire Place Board. This has resulted in the continued investment in the Primary Care Clinical Assessment Service for 2024/25. Constraints on out of hospital care funding in the NHS and social care may inhibit reduction of non-criteria to reside patients. **Mitigation** - we are working closely with system partners to improve discharge processes and manage capacity collectively. Winter pressures will bring increased demand. **Mitigation** - we are planning now for increased capacity with Olympic Lodge and increased integration of our community services to support admission avoidance. Delay in ward opening until November 24.

Target: In March 2025 no more than 2% of patients spend more than 12 hours in Stoke Mandeville ED

Owner: Chief Operating Officer
Committee: Finance and Business Performance

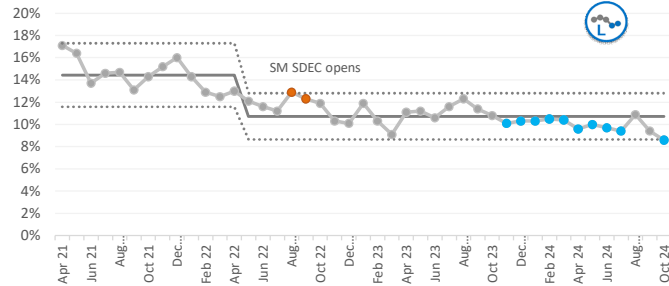
Oct-24	Variance Type	Target	Achievement
6.2%	Common cause variation	2.0%	Incapable process - likely to consistently fail to meet the target



Conversion rate to admission

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

Oct-24	Variance Type	Target	Achievement
8.6%	Special cause variation - improvement	-	N/A



How we are performing

Conversion rate to admission: This metric is experiencing special cause variation of an improving nature with the last two out of three data points falling close to the lower control limit.

Drivers of performance

Expansion of SDEC hours has facilitated this reduction in admissions. Challenges in consistently delivering high performance at the Stoke Mandeville Urgent Treatment Centre.

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

Increased waiting times in ED in the evenings and then overnight which are challenging to recover during the day. Inconsistent processes across wards can lead to late discharges including lack of clarity on the key steps needed for a discharge.

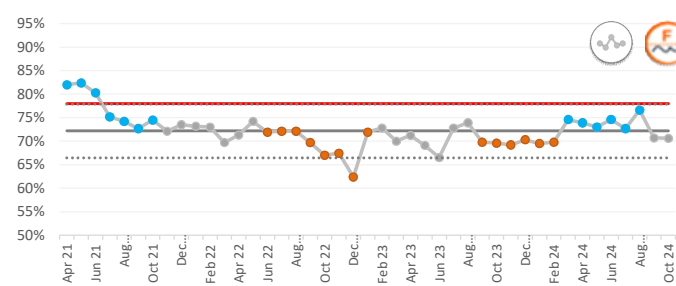
Discharges by 2pm: This metric is experiencing common cause variation i.e. no significant change.

Delays due to length process to write TTOs (drug prescriptions) for patients

ED 4 hour performance

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

Oct-24	Variance Type	Target	Achievement
70.6%	Common cause variation	78%	Incapable process - likely to consistently fail to meet the target



Actions to maintain or improve performance

Increased use of CDU improving 4 hours performance in A&E

Review of UTC leadership to be concluded in June. New middle grade rota in ED from August to move more colleagues later in the day

New ED clinical leads driving focus on clinician productivity. Impact expected in August.

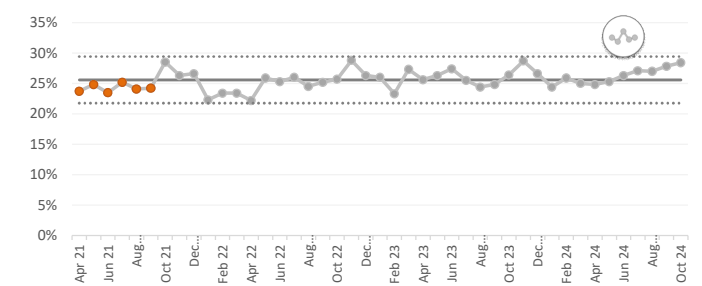
New electronic whiteboards to facilitate Board Rounds and clarify next discharge steps rollout started and to be completed by end September.

Expanded discharge lounge with ability for patients to move there without a TTOs to go live in November

Discharges by 2pm

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

Sep-24	Variance Type	Target	Achievement
27.8%	Common cause variation	-	N/A



Risks and mitigations

Limited control over patient attendances, however we continue to work with ICB on alternative pathways and redirection pathways through the UEC programme.

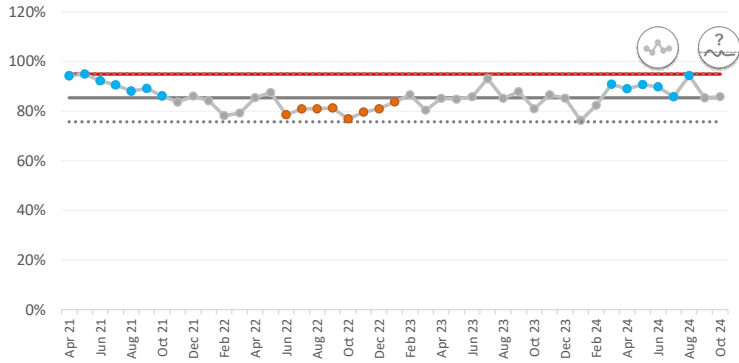
Cultural changes to working practices can take time to be accepted and embed and this is being supported through an external provider.

There have been a number of previous attempts to implement new ward round processes including digital input. Learning has been taken from these attempts and a more deliberate, phased and better resourced approach is in place to ensure success.

Ambulance handovers within 30 mins

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

Oct-24	Variance Type	Target	Achievement
85.9%	Common cause variation	95.0%	Unreliable process - may or may not meet the target consistently

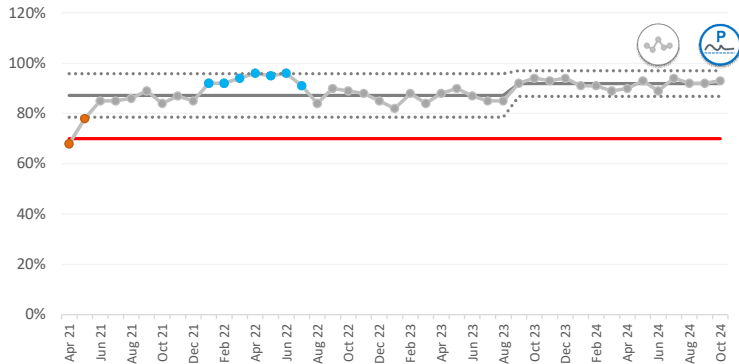


This metric is experiencing common cause variation i.e. no significant change. The target lies just below the upper control limit and so is very unlikely be achieved unless something changes in the process.

Urgent 2 hour response - community

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

Oct-24	Variance Type	Target	Achievement
93.0%	Common cause variation	70%	Capable process - likely to always meet the target

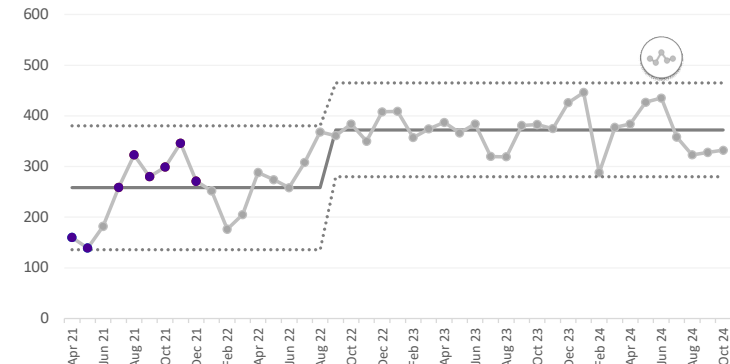


This metric is experiencing common cause variation i.e. no significant change. The target lies below the current control limits and so can be consistently achieved unless something changes in the process.

Urgent community response referrals

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

Oct-24	Variance Type	Target	Achievement
332	Common cause variation	-	N/A



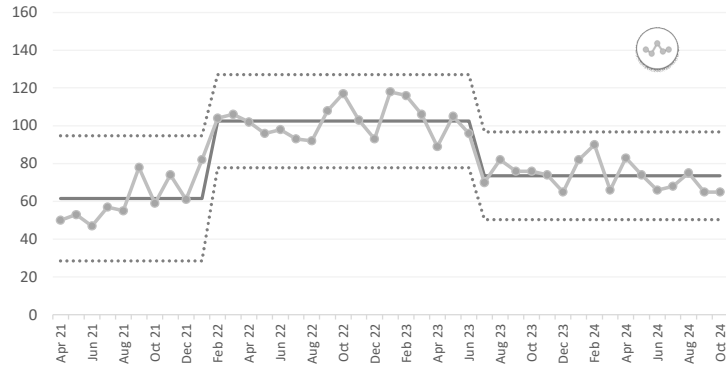
This metric is experiencing common cause variation i.e. no significant change.

Patients without Criteria to Reside

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

Oct-24	Variance Type	Target	Achievement
65	Common cause variation	-	N/A

This metric is experiencing common cause variation i.e. no significant change.

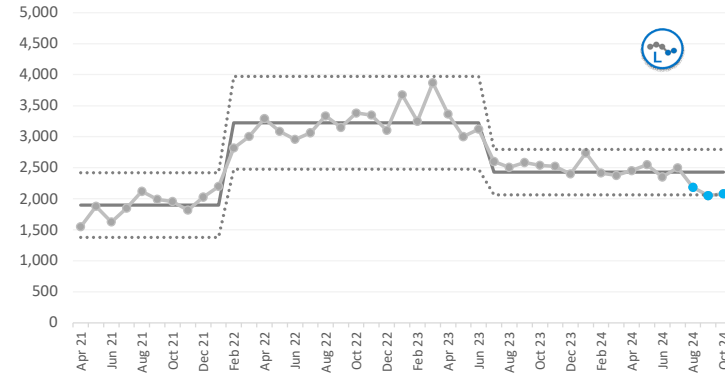


Bed days lost for patients without Criteria to Reside

The number of bed days lost during the month for patients who did not meet the criteria to reside but were not discharged.

Oct-24	Variance Type	Target	Achievement
2079	Special cause variation - improvement	-	N/A

This metric is experiencing special cause variation of an improving nature with the last two out of three data points falling close to the lower control limit.



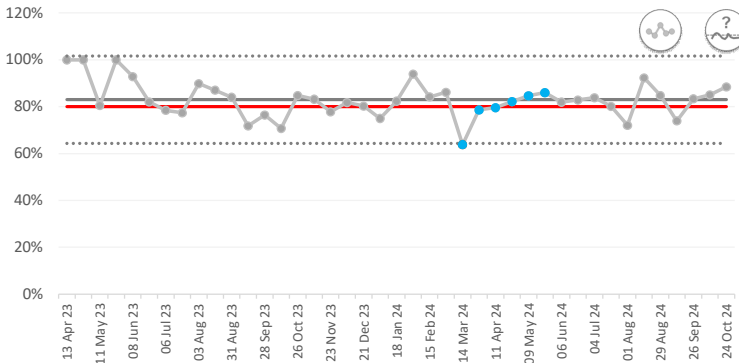
Hospital at home utilisation

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

24-Oct-24	Variance Type	Capacity	Achievement
88.4%	Common cause variation	80.0%	Unreliable process - may or may not meet the target consistently

This metric is experiencing common cause variation i.e. no significant change.

However the target lies within the current control limits and so the metric will consistently hit or miss the target.



Access & Performance

SRO: Director of Performance & Planning

Governance forums: Access Performance Management group, Planned Care board

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

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
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






Planned care

Acute open pathway RTT performance	Sep 24	54.4%	92.0%			53.9%	52.4%	55.5%
Acute waiting list size	Sep 24	45274	-			48087	45690	50485
Acute open pathway 65 week breaches	Sep 24	12	-			774	507	1042
Acute open pathway 65 week risks	Oct 24	4987	5700			-	-	-
Acute open pathway 52 week breaches	Sep 24	1721	-			2989	2286	3692
Acute open pathway 52 week risks	Oct 24	11990	11000					
Median waiting time for acute waiting list for adults (days)	Sep 24	115	-			117	109	126
Median waiting time for acute waiting list for paediatrics (days)	Sep 24	110	-			121	108	134
Community waiting list size	Oct 24	7628	-			8474	8021	8927
Community waiting list 65 week breaches	Oct 24	709	-			963	827	1100
Community waiting list 52 week breaches	Oct 24	882	-			8474	8021	8927
Median waiting time for community waiting list for adults (days)	Oct 24	73	-			963	827	1100
Median waiting time for community waiting list for paediatrics (days)	Oct 24	116	-			1321	1156	1486

Access & Performance

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
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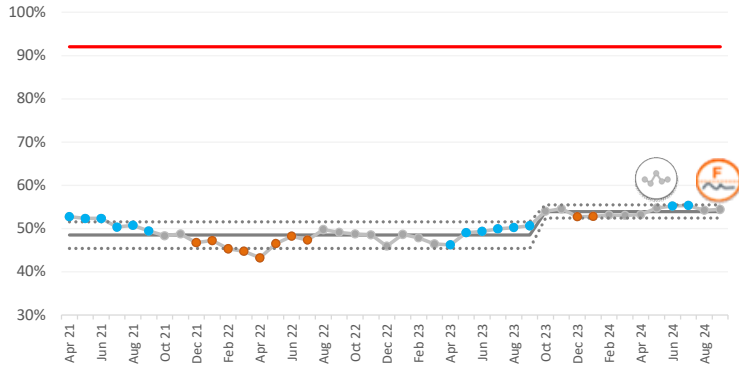
Planned care continued

Diagnostic compliance	Sep 24	16.7%	5.0%			34.0%	25.6%	42.4%
CWT 28 Day General Faster Diagnosis Standard	Sep 24	70.3%	75.0%			68.9%	57.6%	80.2%
CWT 31 Day General Treatment Standard	Sep 24	85.3%	96.0%			82.1%	73.9%	90.3%
CWT 62 Day General Treatment Standard	Sep 24	58.0%	70.0%			62.7%	46.4%	79.0%
Cancer referrals	Sep 24	2321	-			2247	1701	2793
Elective activity	Oct 24	4871	-			4090	3269	4910
Elective activity against plan	Oct 24	-1.3%	0.0%			-	-	-
New outpatient activity	Oct 24	20264	-			19029	14525	23533
New outpatient activity against plan	Oct 24	-2.4%	0.0%			-	-	-

Acute open pathway RTT performance

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

Sep-24	Variance Type	Target	Achievement
54.4%	Common cause variation	92.0%	Incapable process - likely to consistently fail to meet the target



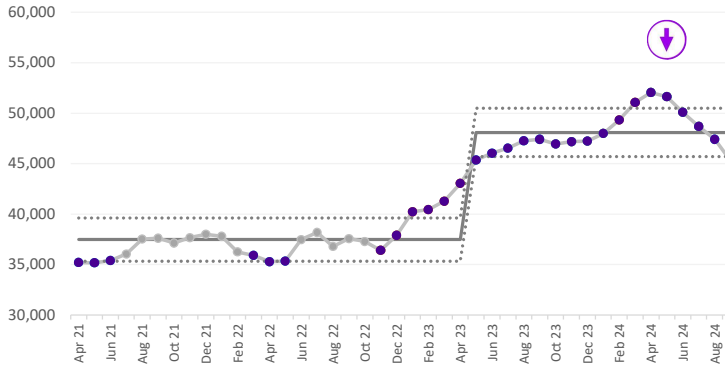
This metric is experiencing common cause variation i.e. no significant change. However the target still lies above the upper control limit and is unlikely to be achieved without a change in the process.

We expect Referral to Treatment within 18 weeks compliance to remain stable this year while BHT focus on patients waiting the longest. This will see an improvement in 25/26 as recovery continues.

Acute waiting list size

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

Sep-24	Variance Type	Target	Achievement
45274	Special cause variation - neither concerning nor improvement	-	N/A



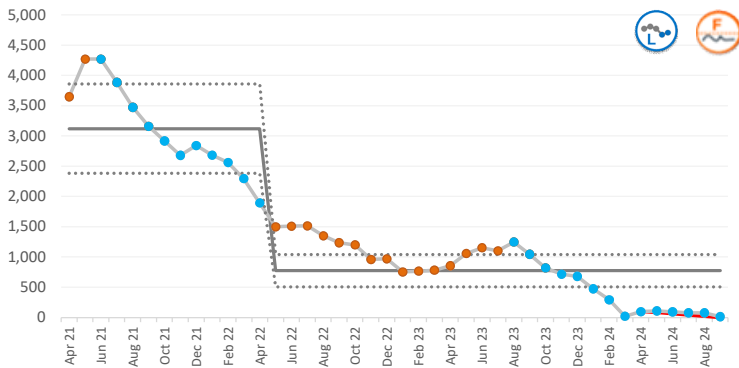
This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last data point falling below the lower control limit and a downward run of the last six data points.

The number of patients on the elective waiting list is reducing this year. Activity levels remain higher than previous years and this is having a positive impact on reducing waiting list size.

Acute open pathway 65 week breaches

Number of patients waiting over 65 weeks on an incomplete RTT pathway at the end of the month.

Sep-24	Variance Type	Target	Achievement
12	Special cause variation - improvement	0	Incapable process - likely to consistently fail to meet the target



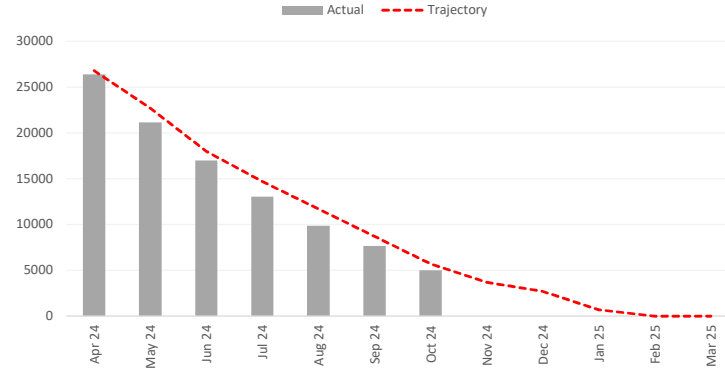
This metric is experiencing special cause variation of an improving nature with the last nine data points falling below the lower control limit.

At the end of September 24 only 12 patients were waiting 65 weeks or more for their treatment, and all had an agreed appointment in October. Our work continues to sustain waiting times below 65 weeks for the rest of the year.

Acute open pathway 65 week risks

The number of patients who will breach 65 week waiting time by March 2025.

Oct-24	Variance Type	Plan	Achievement
4987	N/A	5700	N/A

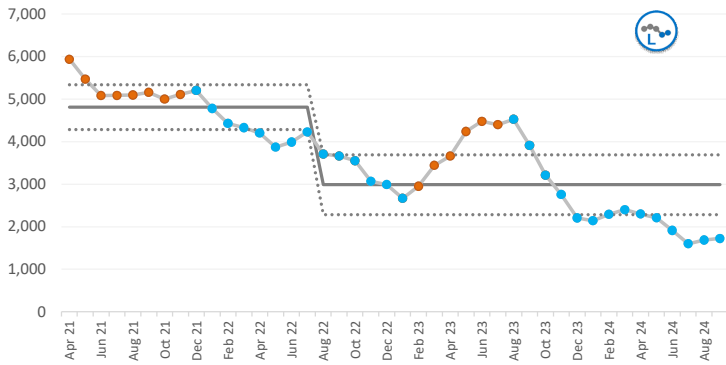


There continues to be some patients at risk of breaching 65 week waiting by March 25 but all are managed via cadence meetings and regular discussion to ensure all first appointments are booked and subsequent treatments are prioritised.

Acute open pathway 52 week breaches

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

Sep-24	Variance Type	Target	Achievement
1721	Special cause variation - improvement	-	N/A

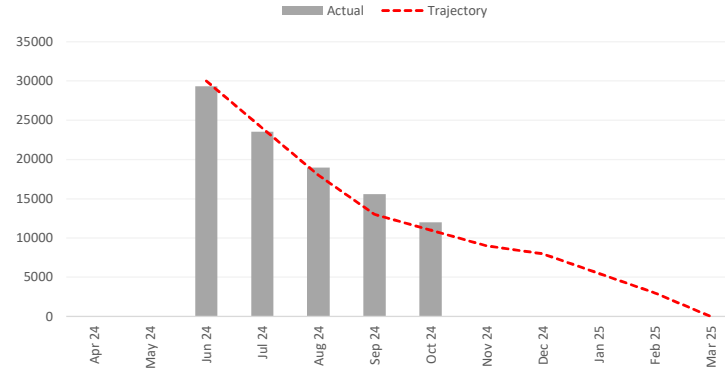


This metric is experiencing special cause variation of an improving nature with the last five data points falling below the lower control limit.

Acute open pathway 52 week risks

The number of patients who will breach 52 week waiting time by March 2025.

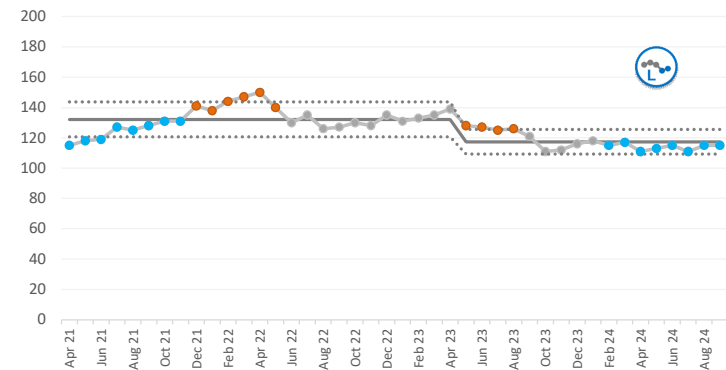
Oct-24	Variance Type	Plan	Achievement
11990	N/A	11000	N/A



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

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

Sep-24	Variance Type	Target	Achievement
115	Special cause variation - improvement	-	N/A

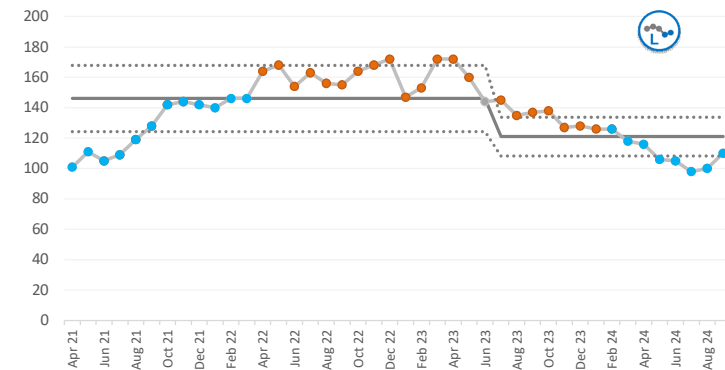


This metric is experiencing special cause variation of an improving nature with the last eight data points falling below the central line.

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

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

Sep-24	Variance Type	Target	Achievement
110	Special cause variation - improvement	-	N/A

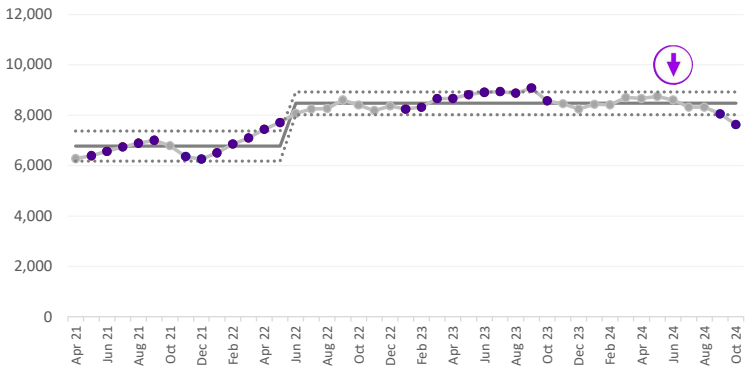


This metric is experiencing special cause variation of an improving nature with the last two of three data points falling close to or below the lower control limit.

Community waiting list size

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

Oct-24	Variance Type	Target	Achievement
7628	Special cause variation - neither concerning nor improvement	-	N/A

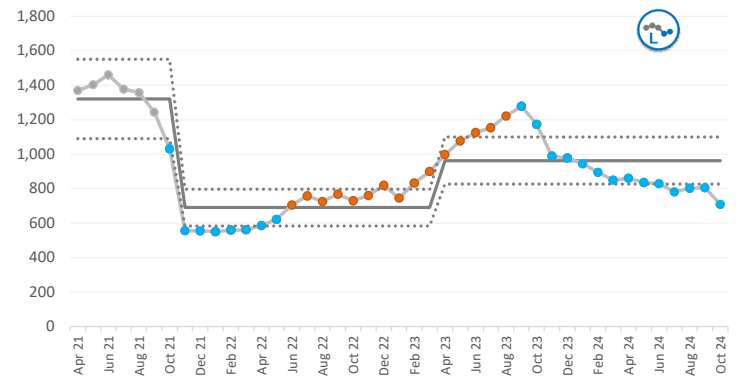


This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last data point falling below the lower control limit.

Community waiting list 65 week breaches

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

Oct-24	Variance Type	Target	Achievement
709	Special cause variation - improvement	-	N/A

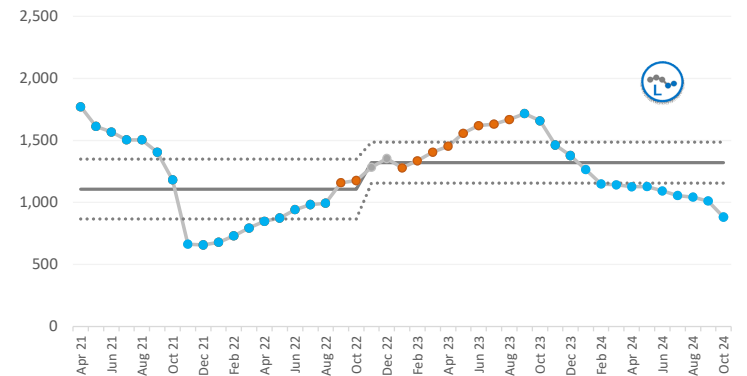


This metric is experiencing special cause variation of an improving nature with the last four data points falling below the lower control limit.

Community waiting list 52 week breaches

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

Oct-24	Variance Type	Target	Achievement
882	Special cause variation - improvement	-	N/A



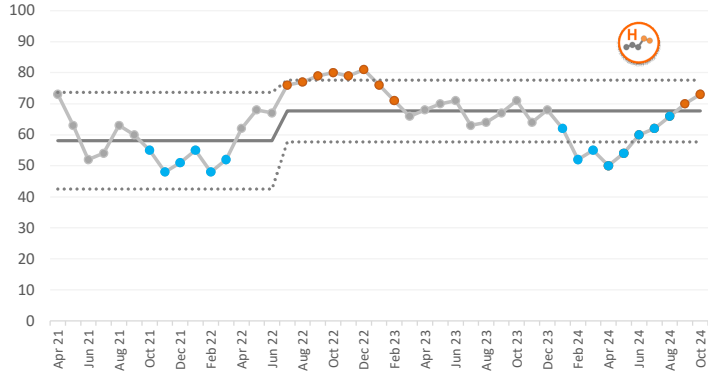
This metric is experiencing special cause variation of an improving nature with the last nine data points falling below the lower control limit.

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

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

Oct-24	Variance Type	Target	Achievement
73	Special cause variation - concerning	-	N/A

This metric is experiencing special cause variation of a concerning nature with a run of seven points in an upward trend.

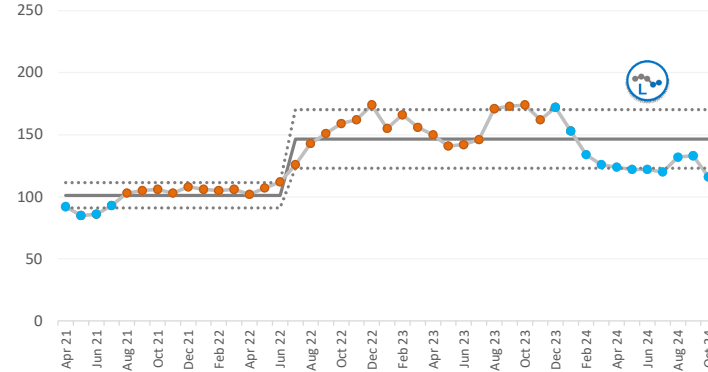


Median waiting time for community waiting list for paediatrics (days)

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

Oct-24	Variance Type	Target	Achievement
116	Special cause variation - improvement	-	N/A

This metric is experiencing special cause variation of an improving nature with the last nine data points falling below the central line.

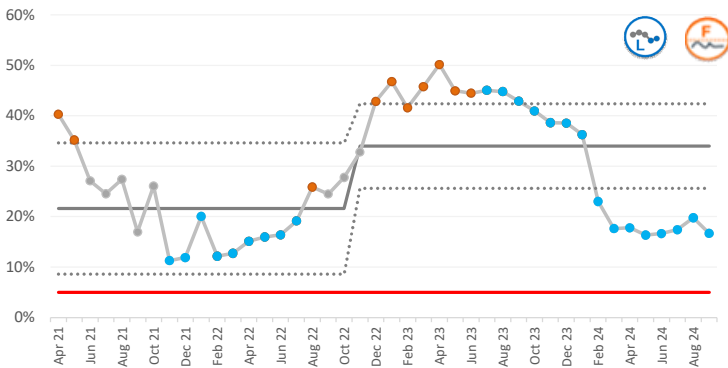


Diagnostic compliance

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

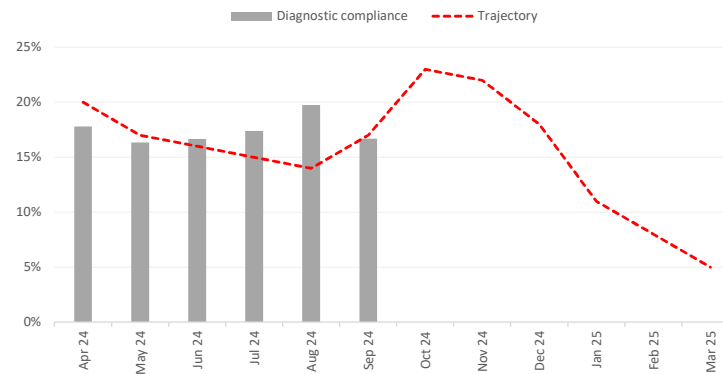
Sep-24	Variance Type	Target	Achievement
16.7%	Special cause variation - improvement	5%	Incapable process - likely to consistently fail to meet the target

This metric is experiencing special cause variation of an improving nature with the latest eight data points falling below the lower control limit. The target still lies below the current control limits and so cannot be achieved unless something changes in the process.



Diagnostic trajectory

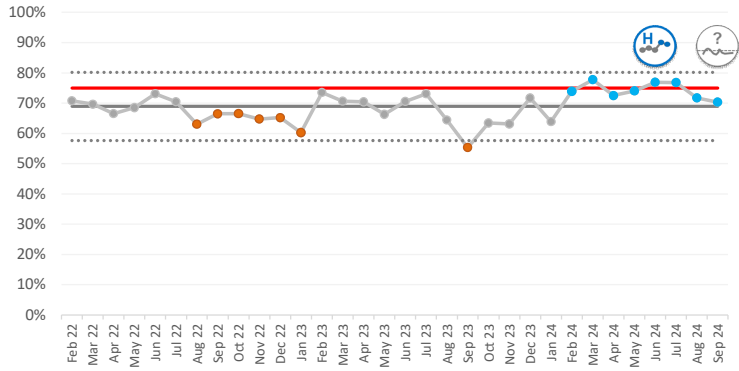
Sep-24	Variance Type	Trajectory	Achievement
85.3%	N/A	88.3%	N/A



CWT 28 Day General Faster Diagnosis Standard

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

Sep-24	Variance Type	Target	Achievement
70.3%	Special cause variation - improvement	75%	Unreliable process - may or may not meet the target consistently

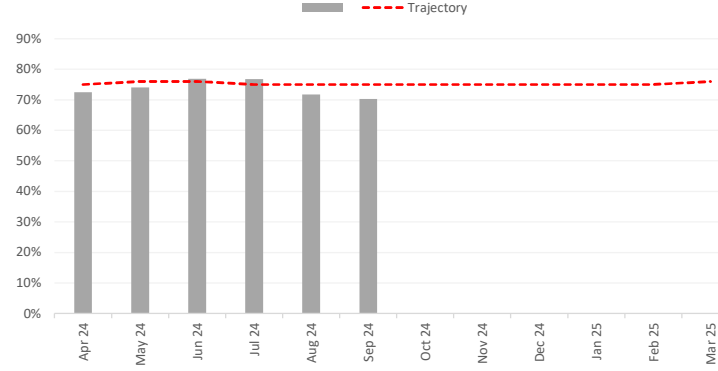


This metric is experiencing special cause variation of an improving nature with the latest eight data points falling above the central line. The target lies within the current control limits, but just below the upper control limit and so the target is unlikely be achieved unless something changes in the process.

Performance has dropped due to:
 Skin - due to the seasonal variation in demand and increase requirement for face to face appointments as a consequence of implementing of teledermatology and AI.
 LGI - In sufficient capacity to report increase CTVC activity.
 Gynae - Increase demand for OPH capacity and reporting
 NSS - due to the number of further information requested to GPs and

CWT 28 Day trajectory

Sep-24	Variance Type	Trajectory	Achievement
70.3%	N/A	75.0%	N/A

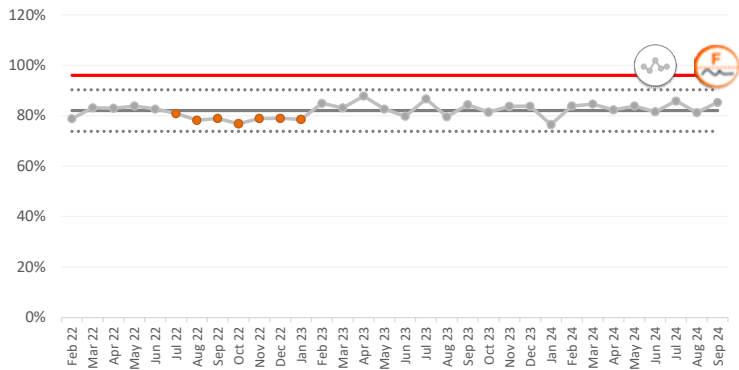


Mitigations:
 Skin - There was an improvement in polling and number of OPA required due to additional workforce. The team is now working on a sustainability plan. TVCA may fund the recovery plan and resources required to support the telederm/Al pathway.
 LGI - CTVC reporting has improved with outsourcing in place
 Gynae - New Locum started in Oct which will increase capacity for OPH. Reviewing the PMB- HRT pathway, by implementing triage in this pathway will release some OPH capacity.
 NSS - Referral form revised and plan to attend GP webinar to discuss information required on this pathway in Jan 2025. With additional CT scanner in place, plan to book CT within 7 days from referral.
 Path delays - weekly escalations in place and additional slots in place

CWT 31 Day General Treatment Standard

Maximum 31 days from Decision To Treat/Earliest Clinically Appropriate Date to Treatment of cancer. Percentage of patients receiving a first definitive treatment or subsequent treatment for cancer within 31 days in the reporting period over all patients receiving treatment.

Sep-24	Variance Type	Target	Achievement
85.3%	Common cause variation	96%	Incapable process - likely to consistently fail to meet the target

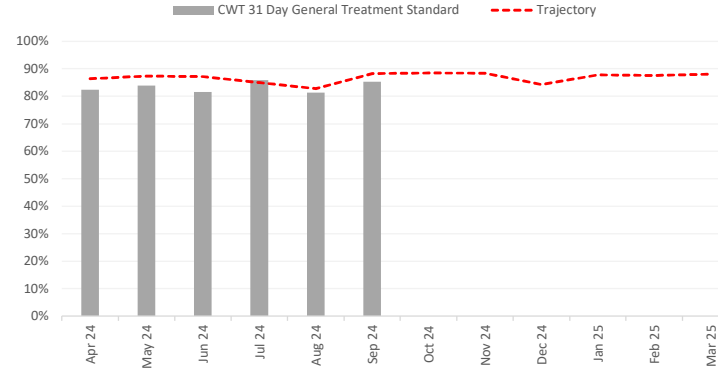


This metric is experiencing common cause variation i.e. no significant change.

The target lies above the current control limits and so cannot be achieved unless something changes in the process.

CWT 31 Day trajectory

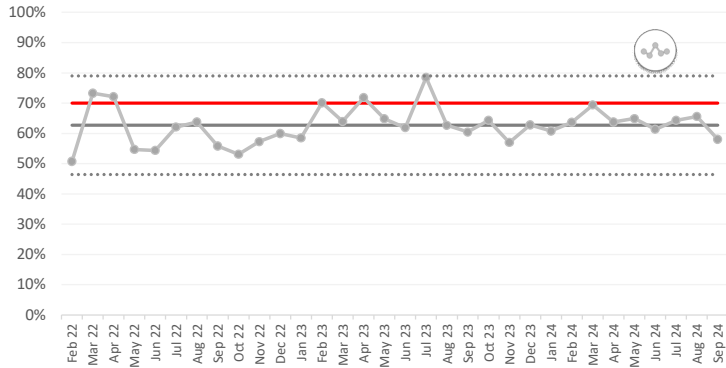
Sep-24	Variance Type	Trajectory	Achievement
85.3%	N/A	88.3%	N/A



CWT 62 Day General Treatment Standard

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

Sep-24	Variance Type	Target	Achievement
58.0%	Common cause variation	70.0%	Unreliable process - may or may not meet the target consistently

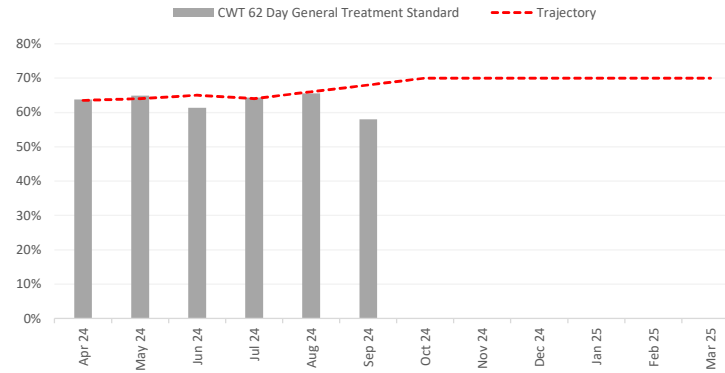


This metric is experiencing common cause variation i.e. no significant change. The target lies within the current control limits and so the metric will consistently hit or miss the target.

Performance has dropped due to:
 Urology: complex pathways, PET PSMA delays and workforce capacity for theatre sessions, oncology capacity
 Lung: Delays in PET CT and complex pathways, patients needing multiple diagnostics and some from tertiary centres
 Gynae: elective capacity and pre op fitness waits due to complex morbidities
 Breast: complex pathways, patients' choices and chemo delays
 Pre op delays increase in demand and complexity of patients
 Oncology increase demand and reduction in consultant capacity due to sickness.

CWT 62 day trajectory

Sep-24	Variance Type	Trajectory	Achievement
58.0%	N/A	68.0%	N/A

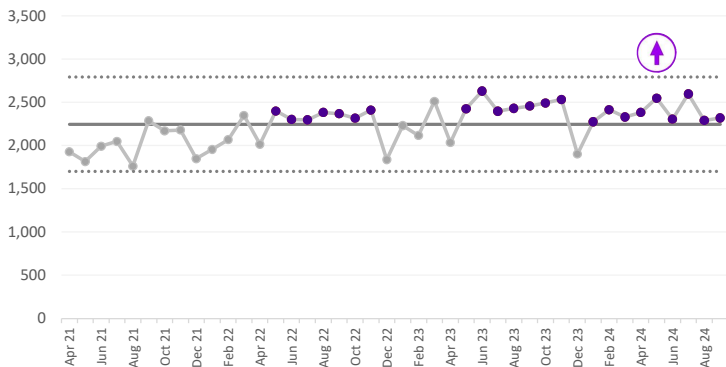


Mitigations:
 Urology: Surgeon started in Oct will increase capacity in robotic surgeries from Jan 2025, 2 robotic cases will be done per list instead of 1. Request made to OUH to provide additional clinics for Urology Clinical Oncology.
 Lung: PET CT to be commenced from Amersham from Jan 2025 will potentially reduce waiting time
 Gynae: Locum started in Oct will increase capacity for theatre cases; process in place to update on pre op fitness
 Breast: review and monitor complex pathways. Chemo requests escalated on a regular basis. Discussion with an outsourcing company re: additional SACT provision ongoing.
 Pre – op: Written note on e-TCI card that patient is on USC pathway
 Oncology – Plan to have an additional locum for medical oncology and service improvement programme in place.

Cancer referrals

Number of patients referred each month on a cancer pathway.

Sep-24	Variance Type	Target	Achievement
2321	Special cause variation - neither concerning nor improvement	-	N/A



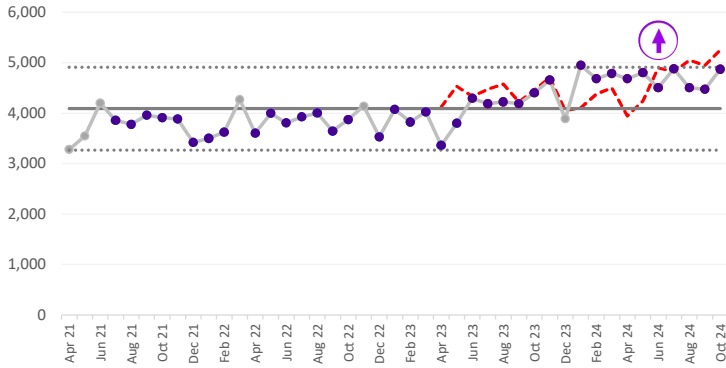
This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last nine data points falling above the central line.

Elective activity

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

Oct-24	Variance Type	Plan	Achievement
4871	Special cause variation - neither concerning nor improvement	4948	Unreliable process - may or may not meet the target consistently

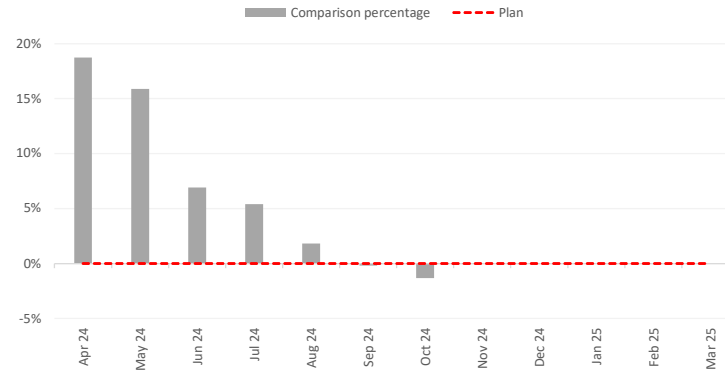
This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last ten data points falling above the central line.



Elective activity against plan

The year to date number of elective inpatient and day case admissions over year to date plan for the same period. For financial year 2024/25.

Oct-24	Variance Type	Target	Achievement
-1.3%	N/A	0%	N/A

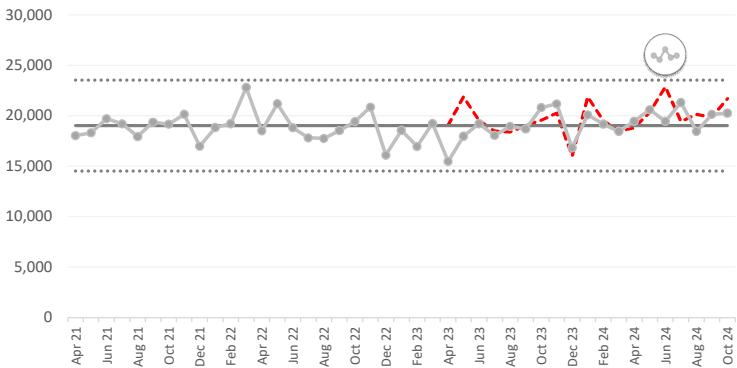


New outpatient activity

Total number of new outpatient attendances during the month.

Oct-24	Variance Type	Plan	Achievement
20264	Common cause variation	21705	N/A

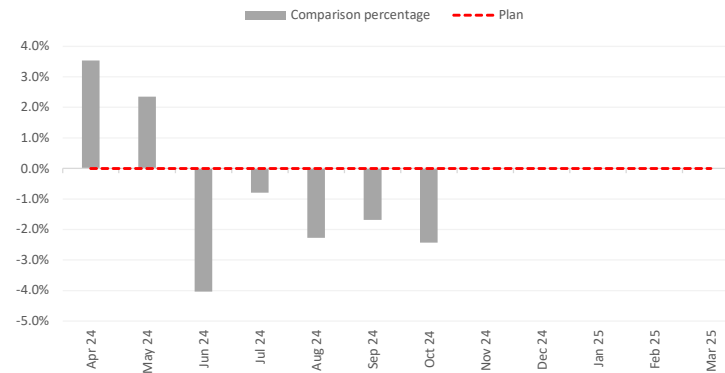
This metric is experiencing common cause variation i.e. no significant change.



New outpatient activity against plan

The year to date number of new outpatient attendances over year to date plan for the same period. For financial year 2024/25.

Oct-24	Variance Type	Target	Achievement
-2.4%	N/A	0%	N/A



Clinical accreditation

SRO: Deputy Chief Nurse

Governance forums: Quality Committee

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

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
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Breakthrough objective

Clinical accreditation	Oct 24	40	-			-	-	-
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Driver metrics

Incidents that are low/no harm	Oct 24	97.2%	98.0%			98.3%	96.8%	99.8%
Complaints responded to within 25 days	Sep 24	84.0%	85.0%			78.2%	50.8%	105.6%
Falls per 1,000 bed days	Oct 24	4.4	6.2			4.9	3.5	6.3

Quality & safety

Incidents reported	Oct 24	1449	-			1229	963	1494
Pressure ulcers per 1,000 days	Sep 24	2.03	-			2.87	1.41	4.33
HSMR	Jul 24	90.9	100.0			91.4	87.4	95.4
Clostridioides difficile	Oct 24	3	4			4	-3	10
Complaints received	Oct 24	68	-			42	9	75
Perinatal mortality (over 24 weeks)	Oct 24	2	0			1	-2	5
Term admissions to the neonatal unit	Oct 24	4.1%	5.0%			4.3%	0.7%	7.8%
Overall preterm birth rate	Oct 24	8.7%	6.0%			6.0%	2.0%	10.0%

Clinical accreditation

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
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Patient Safety Incident Response Framework

After Action Reviews	Oct 24	14	-			-	-	-
Multi Disciplinary Team reviews	Oct 24	13	-			-	-	-
Patient Safety Incident Investigations	Oct 24	0	-			-	-	-

Clinical accreditation

Definition: The cumulative total number of accreditations awarded by month end and the cumulative total number of areas in the trust with a silver (or higher) accreditation at month end. (Resetting baseline to zero in April 2024.)

How we are performing

In October, 12 areas were scheduled for accreditation assessment comprising of 10 reassessments and 2 new assessments. We've completed 11 assessments, and the outcomes of these assessments are as follows: Silver: 4, Bronze: 0, White: 7

Drivers of performance

Our performance continues to be influenced by several key factors:

- **Adherence to Core Quality and Safety Standards:** Ensuring that all wards and departments follow established quality and safety protocols and regulatory and legislative Standards.
- **Consistent Governance:** Maintaining oversight through Care Group quality governance systems, including regular audits, reviews, and accountability measures.
- **Focus on High Behavioural Standards and Empowerment:** Upholding professionalism, teamwork, and ethical conduct while fostering an environment where colleagues feel safe and empowered to voice any concerns without fear of reprisal.
- **Culture of Continuous Improvement:** Encouraging every team member to actively seek and implement improvements in processes and workflows.
- **Data-Driven Decision-Making:** Utilizing comprehensive data analytics to monitor key performance metrics, such as patient outcomes and compliance rates, enabling informed decisions that drive continuous quality and safety improvements.

Actions to maintain or improve performance

- The Cycle 2 accreditation programme is proceeding on schedule, with 3 areas being accredited weekly. To support this process, nursing leadership teams across care groups are actively involved in conducting the accreditation assessments as per the established rota.
- At the end of each month, an impact assessment will be conducted, identifying areas for potential improvement based on the assessment results. This targeted approach will ensure that any gaps or weaknesses are addressed promptly. The ongoing improvements resulting from this accreditation process will continue to be monitored and reported through the IPR.

Risks and mitigations

Resourcing Challenges: The programme faces challenges due to financial constraints affecting resource allocation.

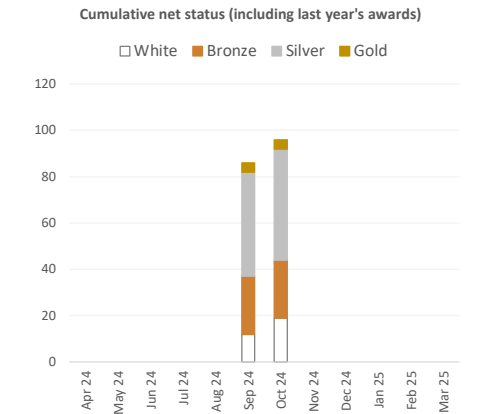
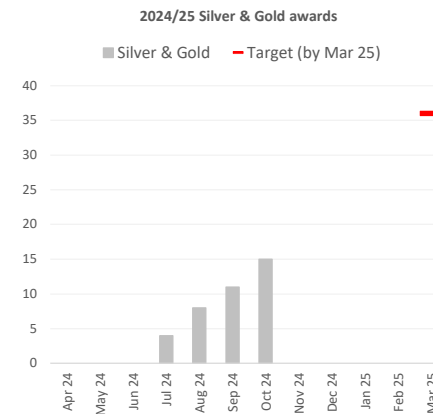
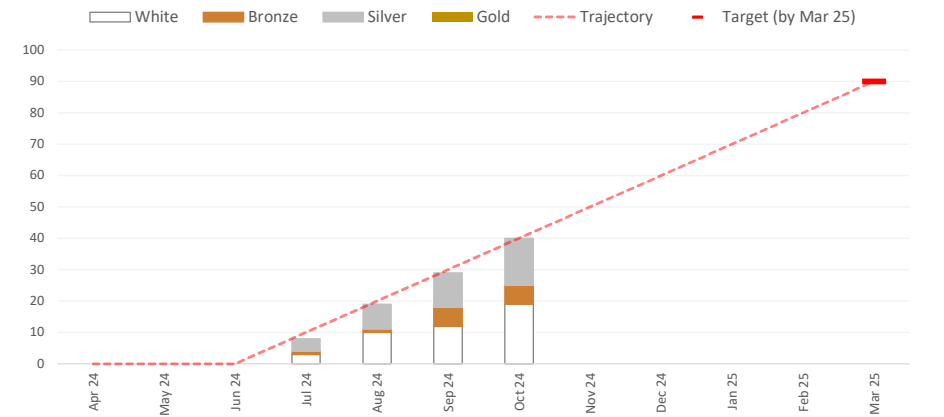
Mitigation: The Transformation Team is currently reviewing resource allocation to explore additional support options for the programme. Additional resource to the team in line with the trust governance and patient safety consultation outcome.

Target: All acute areas undergo clinical accreditation and at least 40% achieve a silver award

Owner: Chief Nursing Officer

Committee: Quality and Clinical Governance

Oct-24	Variance Type	Trajectory	Achievement
40	N/A	40	N/A

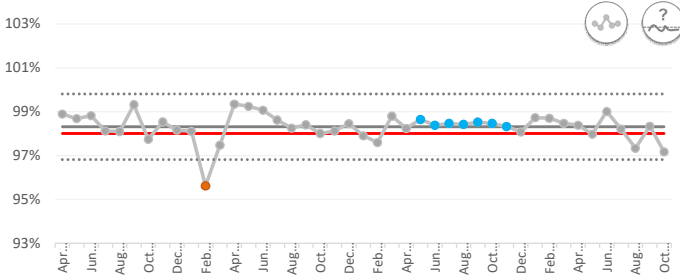


Driver metrics

Incidents that are low/no harm

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

Oct-24	Variance Type	Target	Achievement
97.2%	Common cause variation	98%	Unreliable process - may or may not meet the target consistently



How we are performing

Incidents that are low/no harm: This metric is experiencing common cause variation i.e. no significant change. The target lies within the current control limits and so the metric will consistently hit or miss the target.

Complaints responded to within 25 days: This metric is experiencing special cause variation of an improving nature with the last six data points falling above the central line. The target lies within the current control limits and so the metric will consistently hit or miss the target.

Falls per 1,000 bed days: This metric is experiencing common cause variation i.e. no significant change. The target lies within the current control limits however it is close to the upper control limit and so the metric is likely to achieve the target most of the time unless there is a change to the process.

Drivers of performance

Implementation of Patient Safety Incident Response Framework (PSIRF) promoting incidents reporting for learning

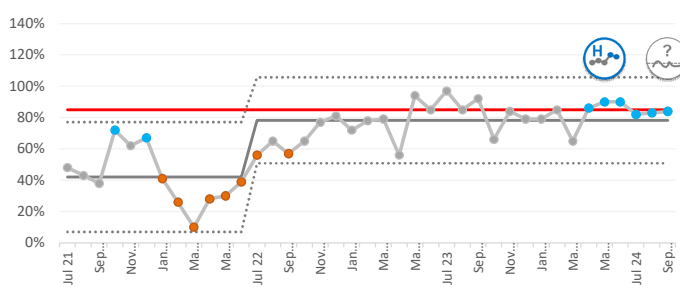
Usage of Quail (AI enabled complaints dashboard) for better oversight and tracking of complaints performance, themes, and action monitoring.

Harm Free Care Group theming of incidents by Care Group and subsequent development of local and trust wide quality improvement plan.

Complaints responded to within 25 days

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

Sep-24	Variance Type	Target	Achievement
84.0%	Common cause variation	85%	Unreliable process - may or may not meet the target consistently



Actions to maintain or improve performance

Continue to embed PSIRF principle as a learning organisation and promote psychological safety and Just culture.

Weekly Patient Safety Forum attended by Care Groups for shared learning and triangulation of data with complaints, PALS contacts, claims, and litigation.

PSIRF training provided by NHS England accredited training provider.

Care Group performance review to monitor incidents reporting culture.

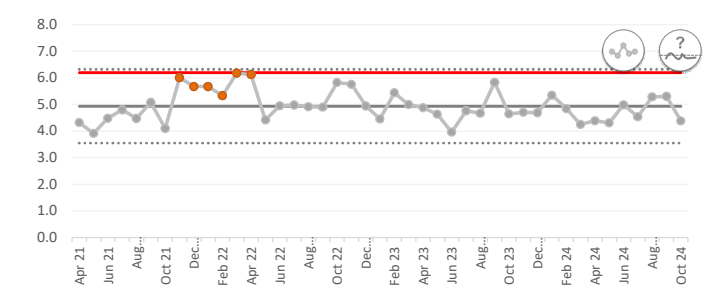
Complaints performance oversight through Care Groups monthly governance meeting, Patient Experience Board and Care Group performance review.

Theming of incidents and learning responses presentation by Care Groups to the Patient Safety Forum and Harm Free Care Group meetings.

Falls per 1,000 bed days

Rate of inpatient falls incidents reported per 1,000 inpatient bed days.

Oct-24	Variance Type	Target	Achievement
4.4	Common cause variation	6.2	Unreliable process - may or may not meet the target consistently



Risks and mitigations

Cultural transformation in line with transition from serious incident framework (SIF) to PSIRF.

Mitigation:
NHSE accredited training on Creating a Just Learning Culture.
Senior leadership behavioural framework
Recruitment of patient safety investigators and family liaison officer.

Embedding the usage of the complaints tool -Quail in specialty and Care Group governance meeting to identify themes and quality improvement development.

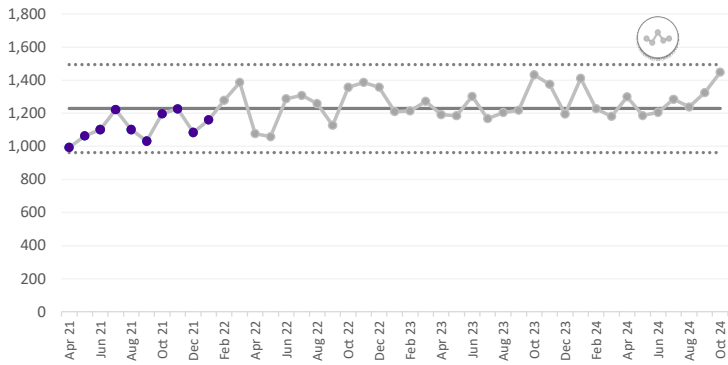
Short term sickness leading to staffing shortfall for 1:1 specialising for patients at high risk of fall.

Mitigations:
Safety huddle and staffing redeployment based on patients' acuity and dependency.
Enhanced Care Supervision policy in place.

Incidents reported

Total number of incidents reported on DATIX during the month.

Oct-24	Variance Type	Target	Achievement
1449	Common cause variation	-	N/A

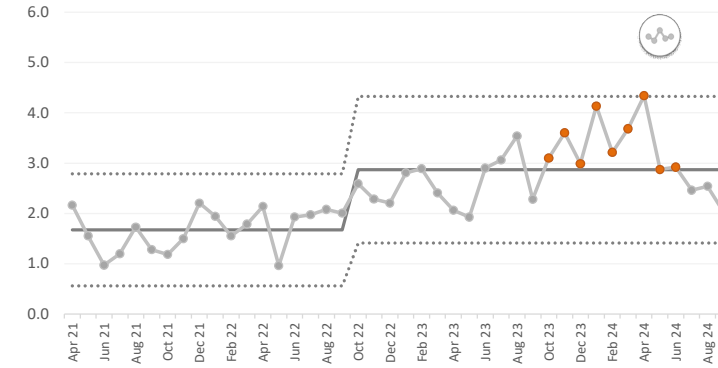


This metric is experiencing common cause variation i.e. no significant change.

Pressure ulcers per 1,000 days

Rate of pressure ulcer incidents reported per 1,000 inpatient bed days. Includes all pressure ulcer categories.

Sep-24	Variance Type	Target	Achievement
2.03	Common cause variation	-	N/A

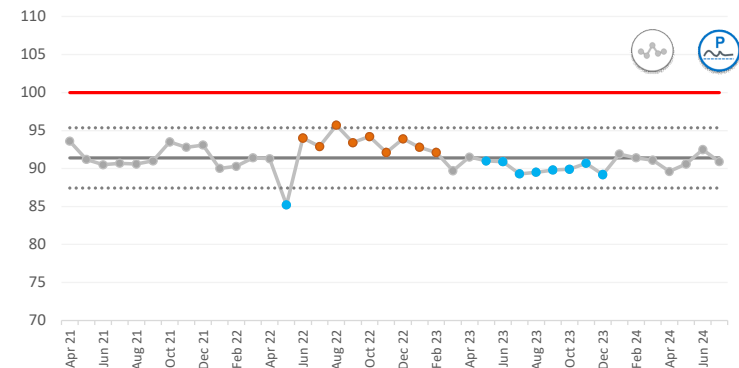


This metric is experiencing common cause variation i.e. no significant change.

HSMR

Hospital Standardised Mortality Ratio (rolling 12 months).

Jul-24	Variance Type	Target	Achievement
90.9	Common cause variation	100.0	Capable process - likely to always meet the target

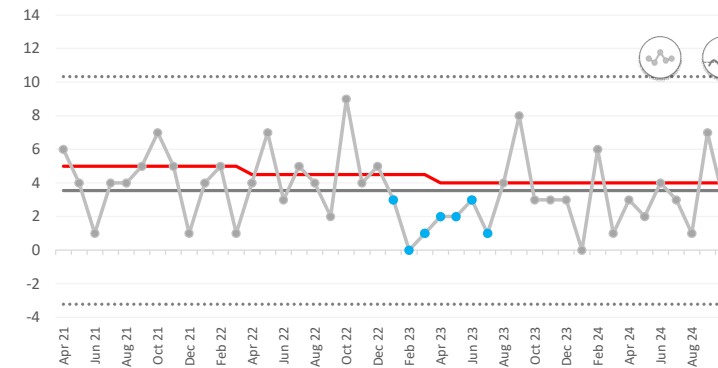


This metric is experiencing common cause variation i.e. no significant change. The target lies above the current control limits and will be consistently achieved unless something changes in the process.

Clostridioides difficile

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

Oct-24	Variance Type	Target	Achievement
3	Common cause variation	4	Unreliable process - may or may not meet the target consistently



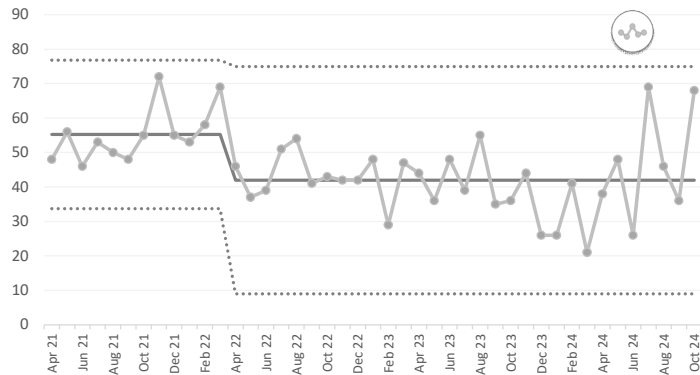
This metric is experiencing common cause variation i.e. no significant change. The target lies within the current control limits and so the metric will consistently hit or miss the target.

Complaints received

Number of complaints received during the month.

Oct-24	Variance Type	Target	Achievement
68	Common cause variation	-	N/A

This metric is experiencing common cause variation i.e. no significant change.

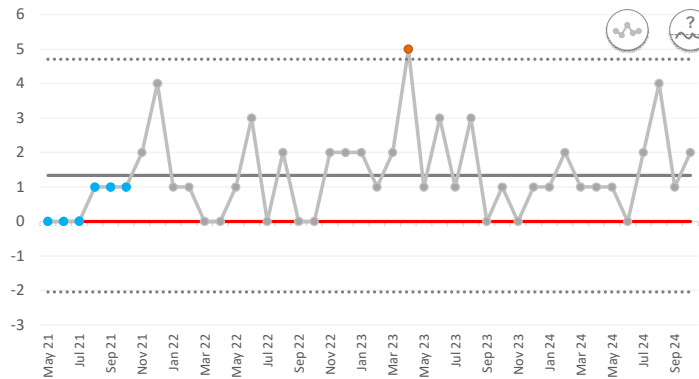


Perinatal mortality (over 24 weeks)

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

Oct-24	Variance Type	Target	Achievement
2	Common cause variation	0	Unreliable process - may or may not meet the target consistently

This metric is experiencing common cause variation i.e. no significant change. The target lies within the current control limits and so the metric will consistently hit or miss the target.

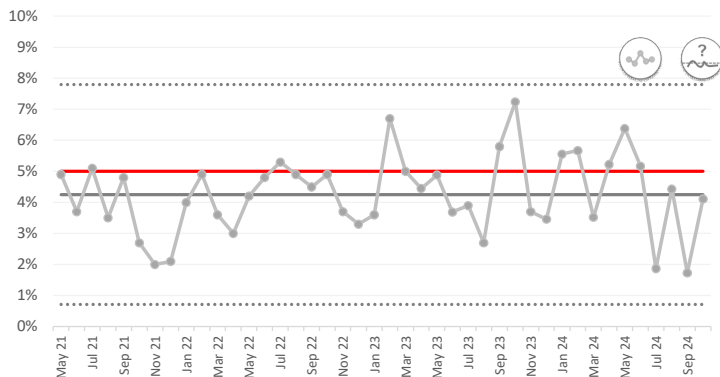


Term admissions to the neonatal unit

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

Oct-24	Variance Type	Target	Achievement
4.1%	Common cause variation	5%	Unreliable process - may or may not meet the target consistently

This metric is experiencing common cause variation i.e. no significant change. The target lies within the current control limits and so the metric will consistently hit or miss the target.

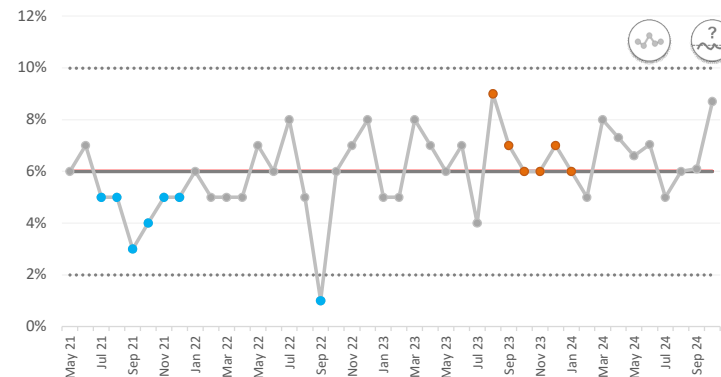


Overall preterm birth rate

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

Oct-24	Variance Type	Target	Achievement
8.7%	Common cause variation	6%	Unreliable process - may or may not meet the target consistently

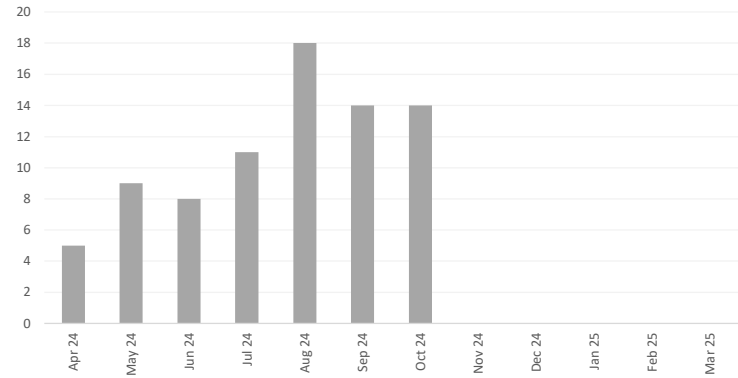
This metric is experiencing common cause variation i.e. no significant change. The target lies within the current control limits and so the metric will consistently hit or miss the target.



After Action Reviews

Number of After Action Reviews (AAR) underway.

Oct-24	Variance Type	Target	Achievement
14	N/A	-	N/A

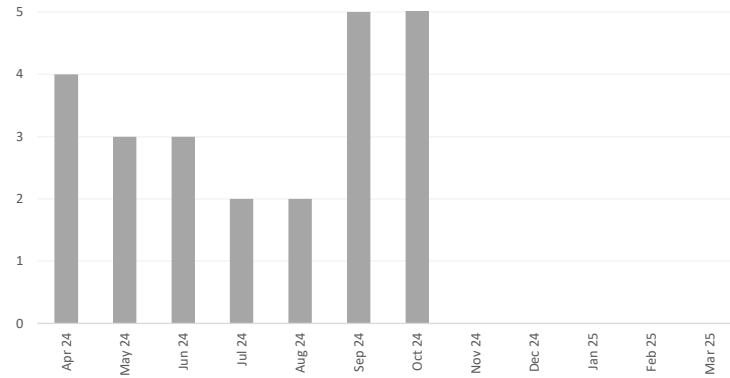


Not enough data for an SPC chart.

Multi Disciplinary Team reviews

Number of Multi Disciplinary Team (MDT) reviews underway.

Oct-24	Variance Type	Target	Achievement
13	N/A	-	N/A

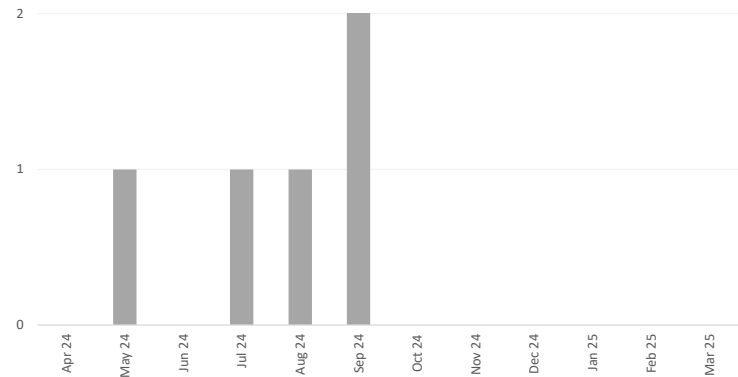


Not enough data for an SPC chart.

Patient Safety Incident Investigations

Number of Patient Safety Incident Investigations (PSII) underway.

Oct-24	Variance Type	Target	Achievement
0	N/A	-	N/A



Not enough data for an SPC chart.

Healthy Communities

SRO: Director of Strategic Delivery

Governance forums: Healthy Communities Programme Group

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

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
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Breakthrough objectives

Attendance rates for Health and Development Review	Oct 24	81.9%	85.0%			85.7%	71.8%	99.7%
Number of blood pressure checks at outpatient appointments	Oct 24	3.0%	-					

Driver metrics

Expected level of achievement with Health and Development Review ASQSE	Oct 24	92.7%	90.0%			93.4%	82.4%	104.3%
Expected level of achievement with Health and Development Review ASQ3	Oct 24	80.3%	90.0%			79.6%	70.6%	88.5%

Healthy communities

Staff completing very brief advice training for smoking cessation	Oct 24	69.1%	75.0%			-	-	-
Maternity smoking at time of booking	Oct 24	3.9%	5.0%			6.0%	1.6%	10.4%
Maternity smoking at time of delivery	Oct 24	4.2%	5.0%			4.2%	1.6%	6.8%

Attendance rates for Health and Development Review

Definition: Percentage of children from opportunity Bucks that attend 12-month Health and development review by the time they're 15 months (over all children from opportunity Bucks who turn 15 months old during the reporting month.)

How we are performing

From the data, there appears to have been a step change in April 2023 with the last thirteen data points falling above the central line so the limits have been recalculated at this point. This metric is experiencing common cause variation i.e. no significant change. The target lies within the current control limits and so the metric will consistently hit or miss the target.

Drivers of performance

Actions to maintain or improve performance

Parent engagement work in November – pilot parent forum, following this work with local “Sparkles” group for parents with children with Downs Syndrome. Questionnaires being given to parents in clinics in Opp Bucks areas & HVs asking parents who don’t bring their child to review to see if there any learning on service accessibility and improving our service delivery. HVs a full partner in Bucks Baby Week beginning 18th November to promote our service.

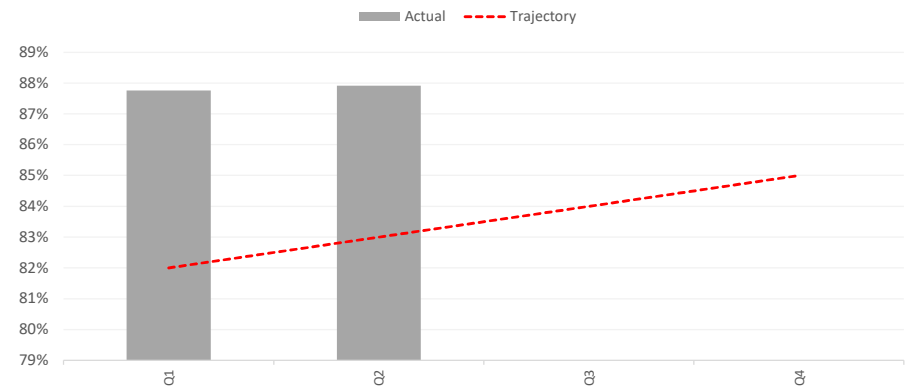
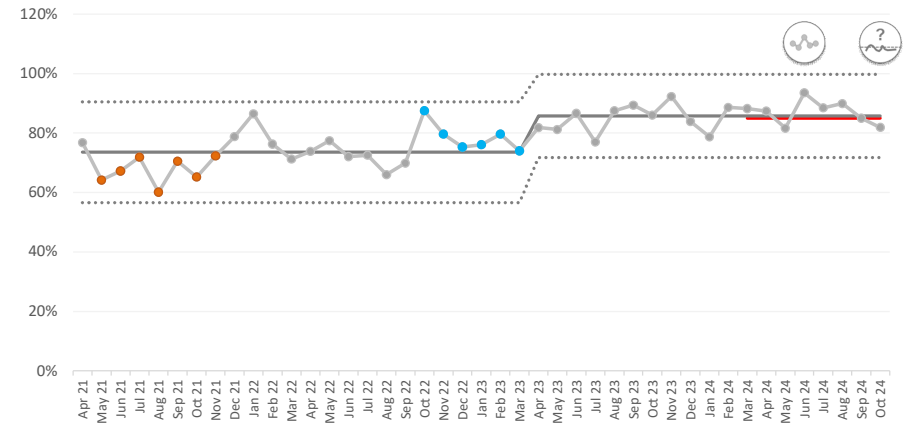
Risks and mitigations

Target: Deliver at least 85% by the end of 2024/25

Owner: Chief Digital and Transformation Officer

Committee: Finance and Business Performance

Oct-24	Variance Type	Target	Achievement
81.9%	Common cause variation	85%	Unreliable process - may or may not meet the target consistently



Number of blood pressure checks at outpatient appointments

Definition: The number of blood pressure readings recorded on Evolve over number of face to face adult outpatient attendances at Wycombe, Stoke Mandeville or Amersham. (Excludes maternity).

How we are performing

The delivery of this project has been delayed. This paper sets out progress to date, including causes of delay and lessons learnt and sets out key recover actions and an update trajectory.

Drivers of performance

Time from Exec approval to readiness for deployment. Once approval was given via executive team to purchase the blood pressure monitors (£15,000) it took 4 more committees to approve the spend, delaying the project by 7 weeks.

Mobilisation. There was a 6 and a half week delay between the machines being and calibrated on 14/08/2024 to roll out of the initial machines on 30 Sept, and the remainder by 18 Oct 2024

Actions to maintain or improve performance

- Communication to all care groups. Care groups now receive written updates weekly, and are invited to weekly meetings about progress.
 - Evolve form updated so only BP needs to be completed, making data recording quicker for staff.
 - CMO to communicate to all consultants the importance of this work, to encourage ownership at SDU level.
 - Support clinics with additional IT
 - Signage to be put in place to encourage and inform pts about the importance of BP checks.
 - Working with QI team to map the pathway to understand reasons for where BP is not being recorded.
- A revised performance trajectory is shown below:

30-Nov	31-Dec	31-Jan	28-Feb	31-Mar
10%	15%	30%	50%	75%

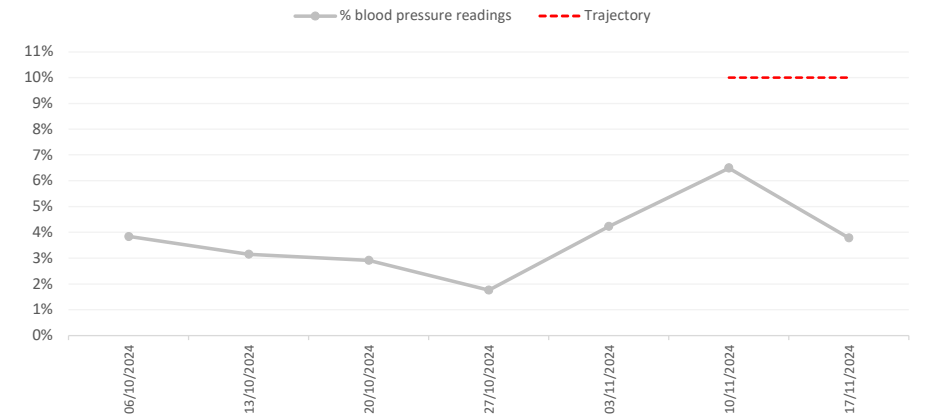
Risks and mitigations

Target: Deliver at least 75% by the end of 2024/25

Owner: Chief Medical Officer

Committee: Finance and Business Performance

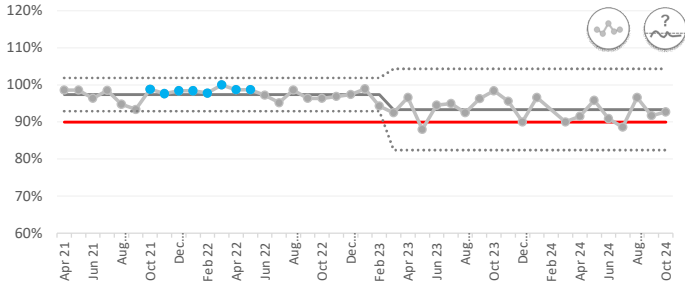
Oct-24	Variance Type	Target	Achievement
3.0%	N/A	-	N/A



Expected level of achievement with Health and Development Review ASQSE

Percentage of children attending the 12-month HDR who achieve the expected level or above for all areas on ASQ-SE (over all children with a review in month.) Children from opportunity Bucks only.

Oct-24	Variance Type	Target	Achievement
92.7%	Common cause variation	90%	Unreliable process - may or may not meet the target consistently



How we are performing

Drivers of performance

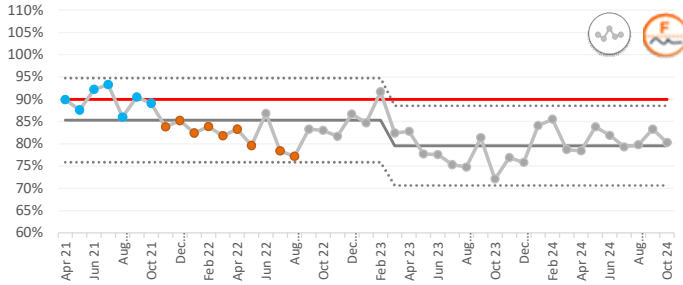
Expected level of achievement with HDR ASQ-SE: This metric is experiencing common cause variation i.e. no significant change. The target lies within the current control limits and so the metric will consistently hit or miss the target.

Expected level of achievement with HDR ASQ3: This metric is experiencing common cause variation i.e. no significant change. The target lies above the current control limit and is unlikely to be achieved without a change in the process.

Expected level of achievement with Health and Development Review ASQ3

Percentage of children attending the 12-month HDR who achieve the expected level or above for all areas on ASQ3 (over all children with a review in month.) Children from opportunity Bucks only.

Oct-24	Variance Type	Target	Achievement
80.3%	Common cause variation	90%	Unreliable process - may or may not meet the target consistently



Actions to maintain or improve performance

Risks and mitigations

ASQ-SE: Ages & Stages Questionnaires - Social Emotional:

Screens children in seven areas of social-emotional development—self-regulation, compliance, social-communication, adaptive functioning, autonomy, affect, and interaction with people.

ASQ3: Ages & Stages Questionnaires 3:

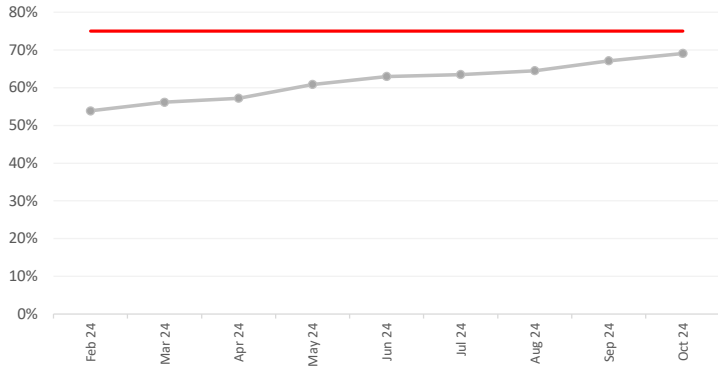
Screens children in the five areas of communication, gross motor, fine motor, problem solving, and personal-social.

Staff completing very brief advice training for smoking cessation

The percentage of patient facing staff have completed Very Brief Advice (VBA) training for smoking cessation. Data collection commenced February 2024.

Oct-24	Variance Type	Target	Achievement
69.1%	N/A	75.0%	N/A

Not enough data for an SPC chart.

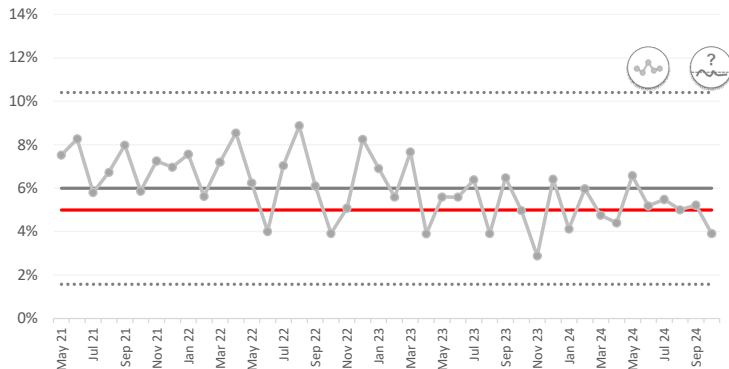


Maternity smoking at time of booking

Percentage of overall women who book in month who are current smokers.

Oct-24	Variance Type	Target	Achievement
3.9%	Common cause variation	5.0%	Unreliable process - may or may not meet the target consistently

This metric is experiencing common cause variation i.e. no significant change. The target lies within the current control limits and so the metric will consistently hit or miss the target.

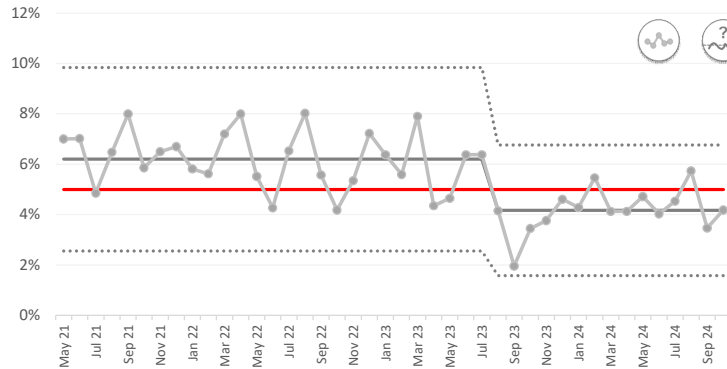


Maternity smoking at time of delivery

Percentage of overall women who deliver in month who are current smokers.

Oct-24	Variance Type	Target	Achievement
4.2%	Common cause variation	5.0%	Unreliable process - may or may not meet the target consistently

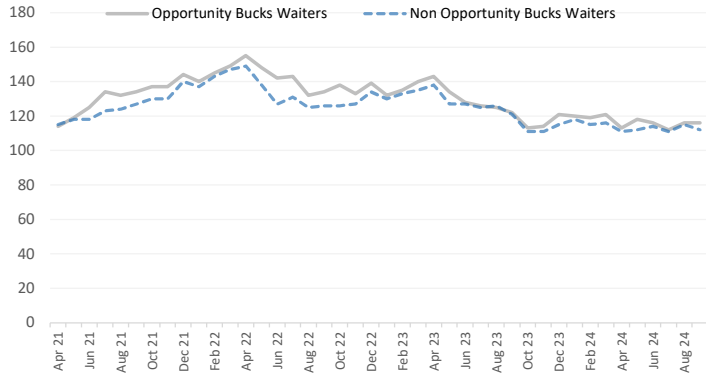
From the data, there appears to have been a step change in August 2023 so the limits have been recalculated at this point. This metric is now experiencing common cause variation i.e. no significant change. However the target still lies within the current control limits and so the metric will consistently hit or miss the target.



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

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

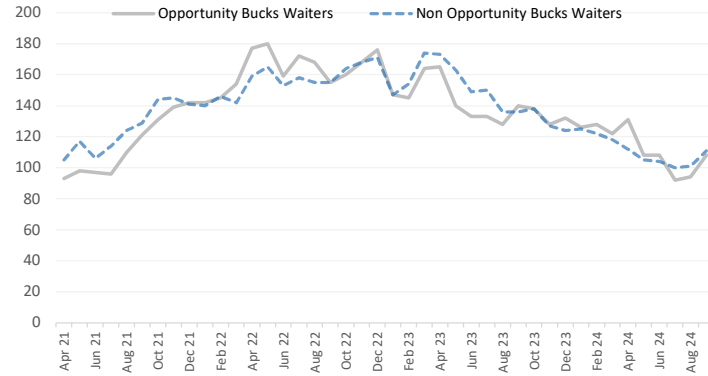
Sep-24	Activity Type	Sep-24	Activity Type
116	Opportunity Bucks	112	Non Opportunity Bucks



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

Median waiting time in days between referral and month end snapshot for adult patients on the acute waiting list. Patients are aged under 16 years split by Opportunity Bucks and Non Opportunity Bucks patients.

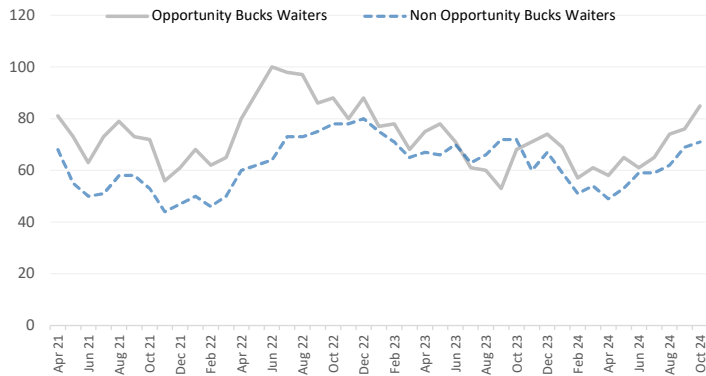
Sep-24	Activity Type	Sep-24	Activity Type
108	Opportunity Bucks	111	Non Opportunity Bucks



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

Median waiting time in days between referral and month end snapshot for adult patients on the community waiting list. Patients aged 16 years and over split by Opportunity Bucks and Non Opportunity Bucks. Excludes universal referrals and includes Community Paediatrics.

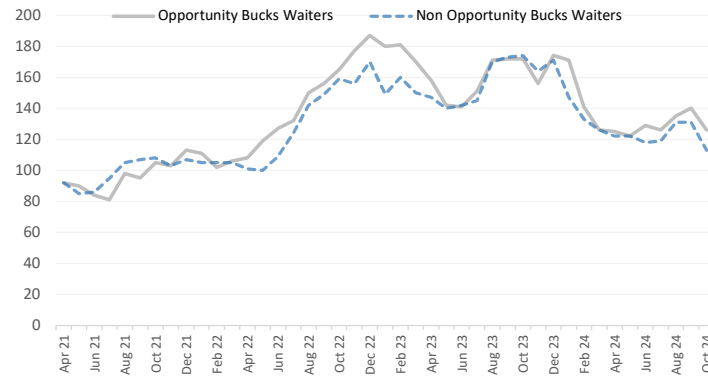
Oct-24	Activity Type	Oct-24	Activity Type
85	Opportunity Bucks	71	Non Opportunity Bucks



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

Median waiting time in days between referral and month end snapshot for paediatric patients on the community waiting list. Patients aged under 16 years split by Opportunity Bucks and Non Opportunity Bucks. Excludes universal referrals and includes Community Paediatrics.

Oct-24	Activity Type	Oct-24	Activity Type
126	Opportunity Bucks	113	Non Opportunity Bucks



Great place to work

SRO: Chief People Officer

Governance forums: Strategic People Committee

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

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
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Breakthrough objective

Staff experiencing bullying from managers	2023	9.4%	8.4%			10.5% (avg)	5.8% (best)	16.9% (worst)
Staff experiencing bullying from other colleagues	2023	17.7%	15.7%			19.3% (avg)	12.3% (best)	26.1% (worst)

Great place to work

Trust overall vacancy rate	Oct 24	6.7%	10.0%			7.4%	5.2%	9.6%
Nursing and midwifery vacancy rate	Oct 24	5.8%	10.0%			8.3%	5.9%	10.7%
Turnover	Oct 24	11.1%	12.0%			11.1%	10.4%	11.7%
Sickness	Sep 24	4.0%	3.5%			3.8%	3.2%	4.5%
Statutory and Mandatory training	Oct 24	91.7%	90.0%			91.6%	90.3%	92.9%

Behaviours

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

How we are performing

Instances of bullying and harassment will be measured annually through the national staff survey (NSS). The most recent data available is from the 2023 NSS is 17.7% colleagues report experiencing bullying from other colleagues, while 9.4% reported experiencing bullying from their managers. Our target is to be best in class in the 2025 NSS results, for which we will need a reduction of 4% by colleagues and 2% by managers. We are putting in place processes to monitor reports of B&H from a new behaviour reporting system monthly (started in September, but paused to incorporate other behaviour reporting such as sexual safety and violence & aggression until 18th November)

Drivers of performance

Lead Indicators

Non-medical appraisal completion rate: 88.5% (October 24)
 Sickness rate: 4.05% (September 24)
 Vacancy rate: 6.7% (October 24)
 Excellence reports: 20 (October 24)
 Peaks completion: 182 year to date by end of October

Lag Indicators

Behaviour reports: 4 in October 24 (the reporting tool was taken off-line to be upgraded to include sexual safety reporting too. Target is to relaunch by the end of November.)
 Freedom to Speak Up Guardian report: 23 concerns about behaviour received in Q2
 Employee relations cases from resolution policy – 7 cases opened in October 24
 Staff survey – first data from 2024 survey will be available in December 2024 (embargoed until March 2025).

Actions to maintain or improve performance

- Behaviour reporting tool triage
- See me First campaign launch
- Monthly dates for awareness Webinars
- Senior Leadership Forum sessions on bullying & harassment
- Launch of posters and screen savers about violence & aggression and bullying & harassment
- Articles on B&H + V&A in GPTW Mondays
- Trolley dashes to promote staff survey and raise awareness of the reporting tool.
- Team Brief topic
- Bi-weekly posts in social media
- Leadership brief (Equality, Diversity & Inclusion)
- Specific reflective sessions for younger colleagues

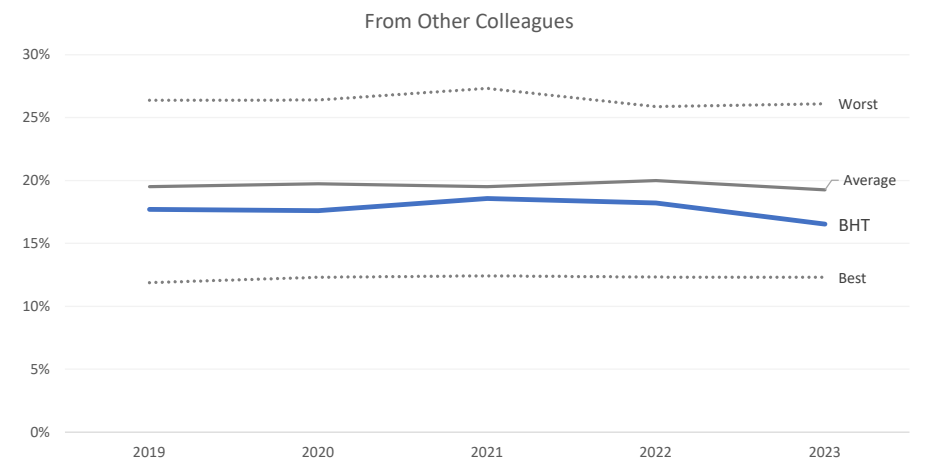
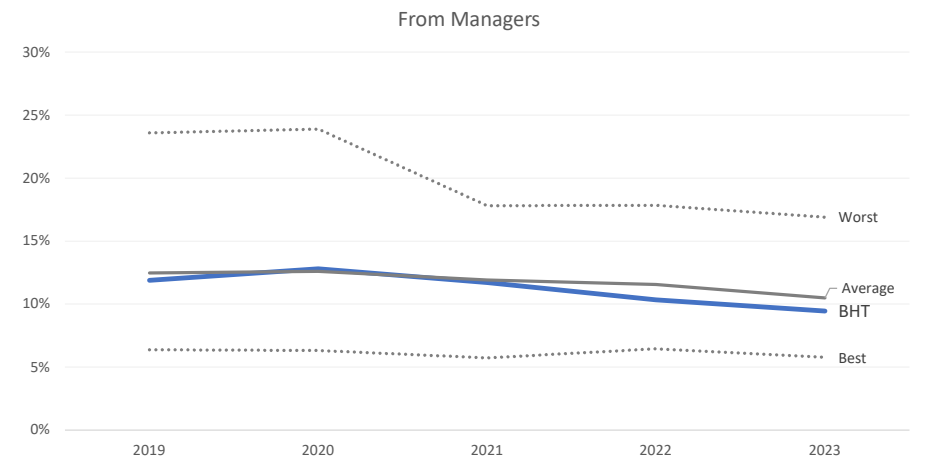
Risks and mitigations

Key Risks: Operational pressures impacting on engagement with the programme
Mitigation: Ensure sustained communications campaign with simple, clear and consistent messaging. Sign posting to resources & tool to support managers
 Prioritise & mandate events

Target: No more than 8.4% of staff experiencing bullying from managers and 15.7% of staff experiencing bullying from colleagues by December

Owner: Chief People Officer

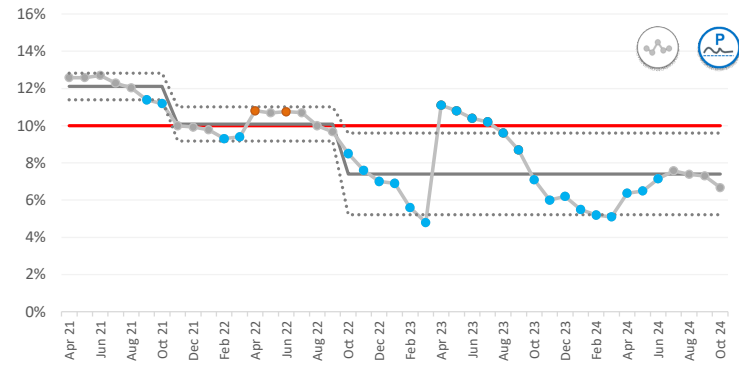
Committee: Strategic People



Trust overall vacancy rate

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

Oct-24	Variance Type	Target	Achievement
6.7%	Common cause variation	10.0%	Capable process - likely to always meet the target



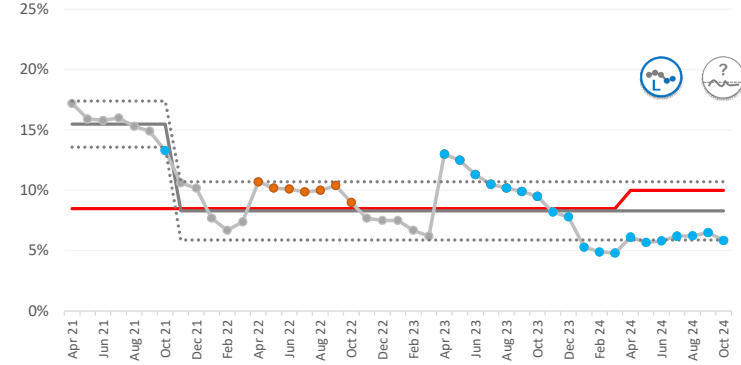
This metric is experiencing common cause variation i.e. no significant change. The target lies above the current control limits and will be consistently achieved unless something changes in the process.

We continue to be below (better) than the 10% threshold. Primarily driven by the recruitment of our student midwives and eight additional medics in the October medical rotation. Turnover has also reduced.

Nursing and midwifery vacancy rate

Percentage of vacant N&M FTE positions in Trust vs number of N&M FTE positions (occupied and vacant) in the Trust.

Oct-24	Variance Type	Target	Achievement
5.8%	Special cause variation - improvement	10.0%	Unreliable process - may or may not meet the target consistently



This metric is experiencing special cause variation of an improving nature with the last two out of three data points falling close to the lower control limit. The target lies within the current control limits and so the metric will consistently hit or miss the target.

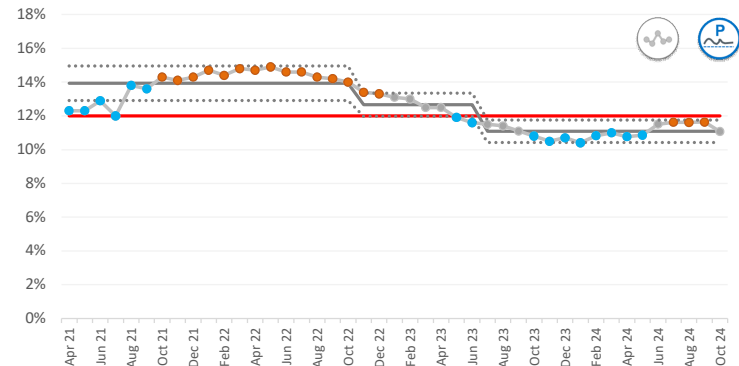
Nursing and Midwifery vacancy rate remains stable and below (better than) the threshold.

The decrease in vacancy rate is primarily driven by the recruitment of our student midwives who joined us in October.

Turnover

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

Oct-24	Variance Type	Target	Achievement
11.1%	Common cause variation	12.0%	Capable process - likely to always meet the target



This metric is experiencing common cause variation i.e. no significant change.

The target lies above the current control limits and will be consistently achieved unless something changes in the process. Turnover fell in October and remains below (better than) threshold.

The total number of leavers, excluding those leaving at the end of fixed term contracts, fell by c50% compared with September '24.

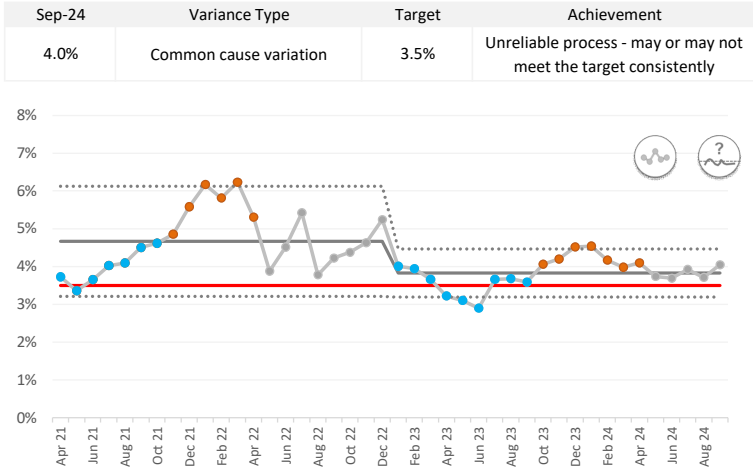
Relocation continues to be the main driver for colleagues choosing to leave BHT – primarily those with less than 5 years' service.

Our working flexibly programme is positively impacting retention, with fewer leavers citing work life balance as their reason for leaving.

6 colleagues retired in October, with one returning. We will continue to promote working and retiring flexibly.

Sickness

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



This metric is experiencing common cause variation i.e. no significant change. The target lies within the current control limits and so the metric will consistently hit or miss the target.

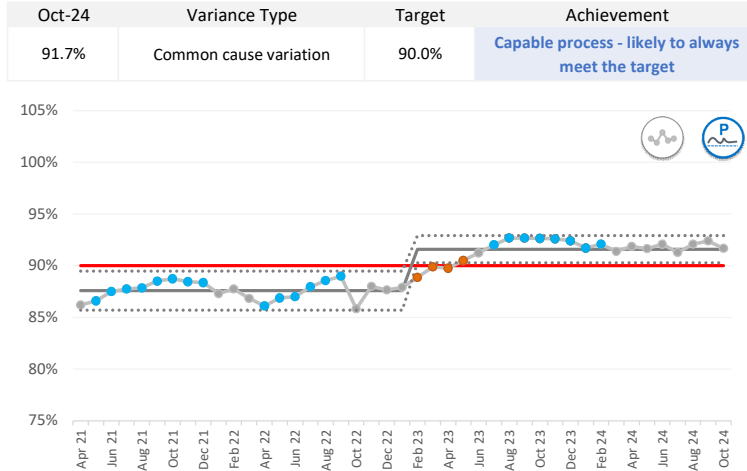
Sickness has increased overall. A main driver is the increase in seasonal viruses.

Mental health and MSK pro-active initiatives and supportive interventions remain a priority.

Our comprehensive sickness management and support programme continues, and we have seen a decrease in long term sickness as a proportion of overall sickness.

Statutory and Mandatory training

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



This metric is experiencing common cause variation i.e. no significant change.

The target lies just below the current control limits so is likely to be consistently achieved unless something changes in the process.

Compliance overall remains above Trust target of 90%. The Education team monitors compliance against individual modules.

Productivity



SRO: Head of QI & Transformation

Governance forums:



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

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
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






Breakthrough objective

Overall NHSE measure of productivity	Aug 24	-3.2%	-6.4%			-11.7%	-13.9%	-9.5%
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Driver metrics

14 day length of stay - acute & community	Oct 24	175	-			195	158	231
Theatre cases per 4 hours planned time	Oct 24	2.4	2.8			2.4	2.2	2.6
WTEs in the Trust	Oct 24	6323.5	6676.0			6201.3	6114.9	6287.7





Productivity

14 day length of stay - acute	Oct 24	140	-			154	123	185
Average LOS - community hospitals	Oct 24	15.3	-			19.5	12.9	26.0
Theatre utilisation	Oct 24	84.1%	85.0%			84.7%	82.7%	86.8%
Daycase rate	Oct 24	85.3%	85.0%			84.4%	81.5%	87.2%
Face to face contacts delivered by Community Therapy	Oct 24	599.0	-			444.3	224.9	663.6
Face to face contacts delivered by District Nursing	Oct 24	3882.9	-			3637.4	3264.3	4010.5
Outpatient DNA rate	Oct 24	7.1%	5.0%			7.1%	6.2%	7.9%

Productivity

KPI	Latest month	Measure	Plan	Variation	Assurance	Mean	Lower process limit	Upper process limit
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Productivity continued

Temporary staffing levels (spend £)	Sep 24	3001659.44	-			4109276.26	2967909.38	5250643.14
Substantive staffing	Oct 24	6323.5	6324.6			6201.3	6114.9	6287.7
Substantive staffing against plan	Oct 24	-1.0%	-			-	-	-
Temporary staffing	Sep 24	481.2	337.0			582.9	498.6	667.3
Temporary staffing against plan	Sep 24	17.7%	-			-	-	-

Overall NHSE measure of productivity

Definition: Comparison between the cost base and weighted activity provided in our acute settings in 23/24, against equivalent periods in 19/20. Year to date figures.

How we are performing

Trust Acute productivity is measured by the national NHS England productivity report. Data is normally provided monthly, latest data is M3* 2024/25. *M4 & M5 Data was sent out but challenge around data quality. Assumed flat lined until resolved. The position shows at M03 2024/25, we are 3.2% less productive compared to 19/20; and 15.9% more productive than 2023/24.

Drivers of performance

Elective activity in the first part of 2024/25 coupled with reduced pay spend, and continued focus on length of stay have maintained this productivity improvement.

Actions to maintain or improve performance

Theatre utilisation and average case per list is being managed on a weekly basis with improvement targets at individual team level for both metrics. Theatre maintenance work last year should minimise downtimes due to estates issues. Temporary staffing and workforce controls continue with weekly oversight through EMC. The rollout of new electronic patient whiteboards continues which will further support improved flow and reductions in length of stay. Key productivity metrics for each Care Group monitored monthly with a breakdown of the NHSE productivity metric by Care Group still in development.

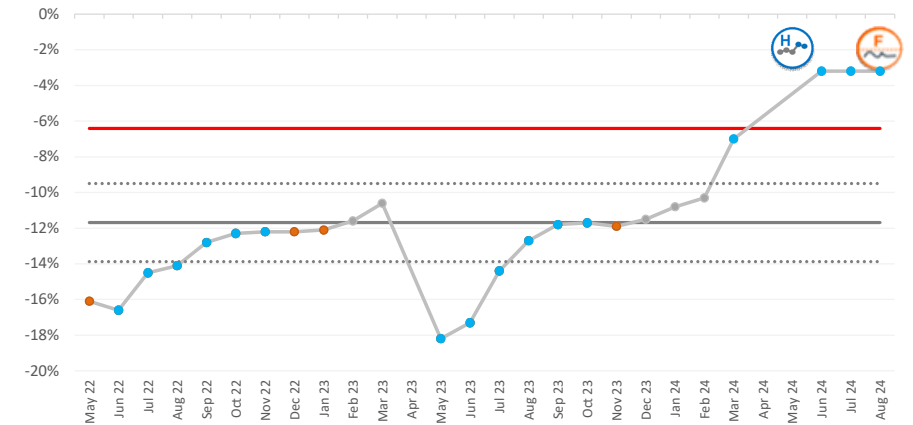
Risks and mitigations

Our limited capital allocation may prevent the volume of remedial work needed to maintain theatres. Mitigation: We are developing a prospective maintenance plan across operations and estates to minimise risks. Financial constraints may hinder recruitment to key roles to support high volume activity through theatres. Mitigation: We are ensuring that where there is a clear productivity benefit from recruitment, supported through the control process. Clinical variation within teams may inhibit the delivery of consistently high cases per list and/or increase in outpatient clinic activity. Mitigation: Productivity improvement is being supported through our cross-cutting Planned Care programme; including a focus on Further Faster, a national GIRFT programme to deliver rapid clinical transformation with the aim of reducing 52-week waits.

Target: 5% improvement on 2023/24 productivity position

Owner: Chief Finance Officer
Committee: Finance and Business Performance

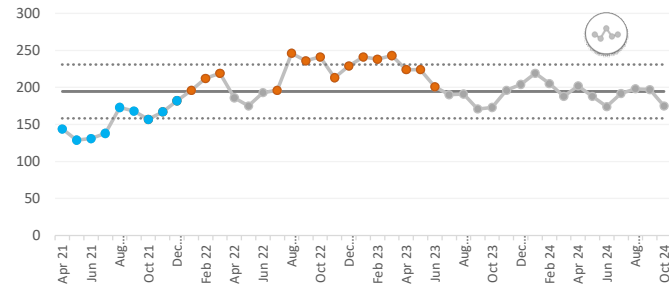
Aug-24	Variance Type	Target	Achievement
-3.2%	Special cause variation - improvement	-6.4%	Incapable process - likely to consistently fail to meet the target



14 day length of stay - acute & community

Count of patients in beds over 14 days in either Stoke Mandeville or Wycombe hospitals (excluding Spinal) or community beds (Chartridge, Waterside and Buckingham wards). Month end snapshot.

Oct-24	Variance Type	Target	Achievement
175	Common cause variation	-	N/A



How we are performing

14 day LOS - acute & community: This metric is experiencing common cause variation i.e. no significant change.

Theatre cases per 4 hours planned time: This metric is experiencing common cause variation i.e. no significant change. However the target lies above the current control limits and so cannot be achieved unless something changes in the process.

WTEs in the Trust: This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last two out of three data points falling close to the upper control limit.

Drivers of performance

Admission rates continue to decline
 Numbers of patients who do not meet the criteria to reside
 Early identification of discharges and clarity on discharge processes
 Effective escalation process for our longest staying patients
 EDD training completed with discharge team

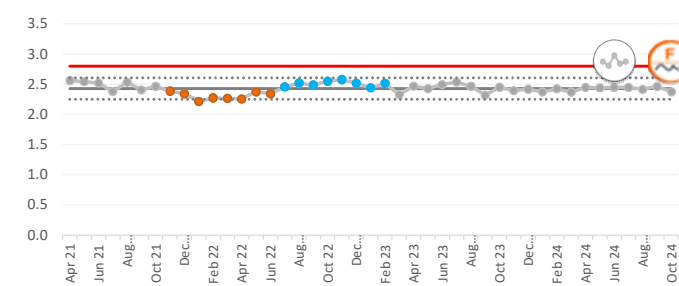
Top quartile of ACPL nationally
 Booking density levels at 100%+
 Slight decrease in lists starting on time.

Control over temporary staffing and substantive recruitment
 Turnover has decreased significantly from 11.5% to 11% (this is equivalent to 31 WTE less leavers)
 Sickness has increased from 4% to 4.5%

Theatre cases per 4 hours planned time

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

Oct-24	Variance Type	Target	Achievement
2.4	Common cause variation	2.8	Incapable process - likely to consistently fail to meet the target



Actions to maintain or improve performance

Continued roll-out of digital board rounds (now at Wycombe & Amersham)
 LLOS review meeting recommencing in Nov
 Criteria led discharge training started in early adopter wards
 Golden patient pathways relaunched

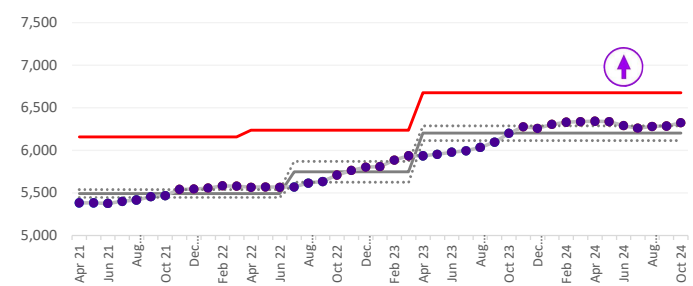
Individual SDU by SDU plans developed and agreed for standardisation of lists
 Increases in booking density and improved theatre booking, prompt start and standby patient lists

Continued weekly scrutiny of WTE levels and temporary staffing spend
 Action plan to address rise in Bank usage
 Continued development of Care Group pay plans

WTEs in the Trust

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

Oct-24	Variance Type	Establishment	Achievement
6323.5	Special cause variation - neither concerning nor improvement	6676.0	N/A



Risks and mitigations

Financial constraints across the system may inhibit the efficient flow of patients. Mitigation - transparent review of data with partners and clear escalation processes.

Alcon unit Closure in October, all work moved into existing theatres, QI team engaged to review turnaround times.

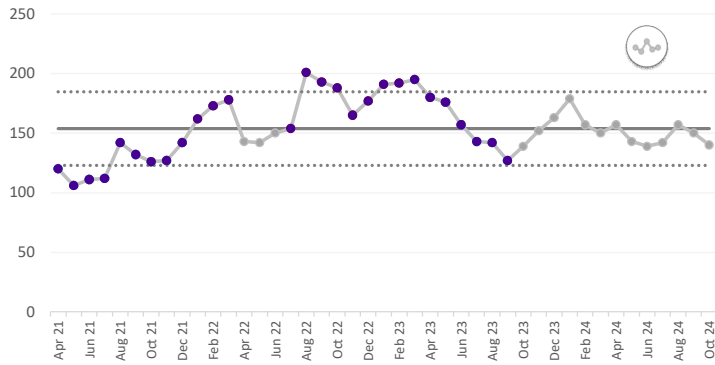
WTE and pay savings are challenging to make. Mitigation - detailed planning with support from the People team underway across all areas. Focus on key areas for consideration of restructures and rotas to deliver more efficiently. Programme launched to drive improvements and help support management of sickness.

14 day length of stay - acute

Count of patients in a bed at either Stoke Mandeville or Wycombe hospitals at the end of the month who have a total length of stay of more than 14 days. Excludes Spinal patients.

Oct-24	Variance Type	Target	Achievement
140	Common cause variation	-	N/A

This metric is experiencing common cause variation i.e. no significant change.

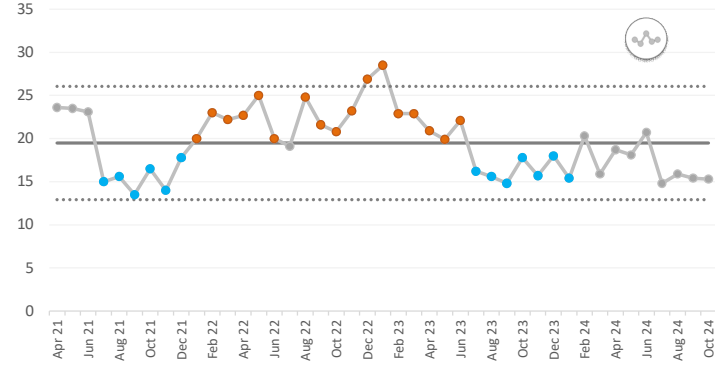


Average LOS - community hospitals

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

Oct-24	Variance Type	Target	Achievement
15.3	Common cause variation	-	N/A

This metric is experiencing common cause variation i.e. no significant change.

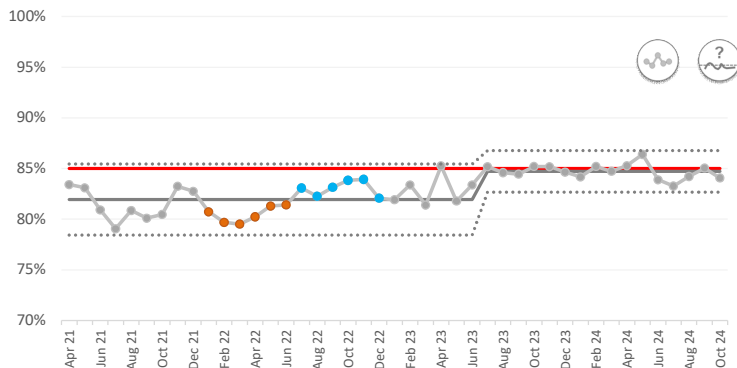


Theatre utilisation

Total run time of theatre lists as a percentage of total planned time.

Oct-24	Variance Type	Target	Achievement
84.1%	Common cause variation	85%	Unreliable process - may or may not meet the target consistently

From the data, there appears to have been a step change in July 2023 so the limits have been recalculated at this point. This metric is now experiencing common cause variation i.e. no significant change. However the target lies within the current control limits and so the metric will consistently hit or miss the target.

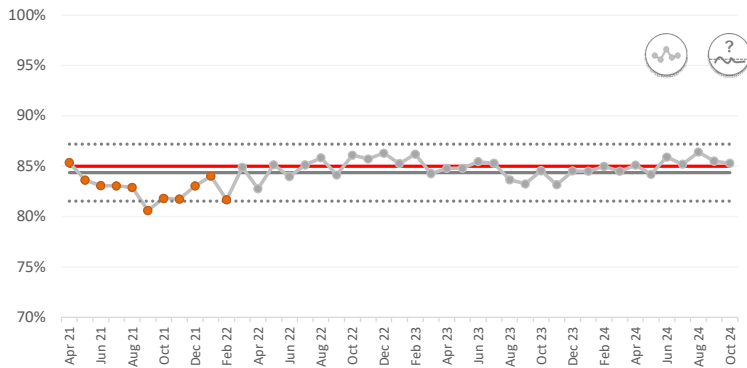


Daycase rate

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

Oct-24	Variance Type	Target	Achievement
85.3%	Common cause variation	85%	Unreliable process - may or may not meet the target consistently

This metric is experiencing common cause variation i.e. no significant change. The target lies within the current control limits and so the metric will consistently hit or miss the target.

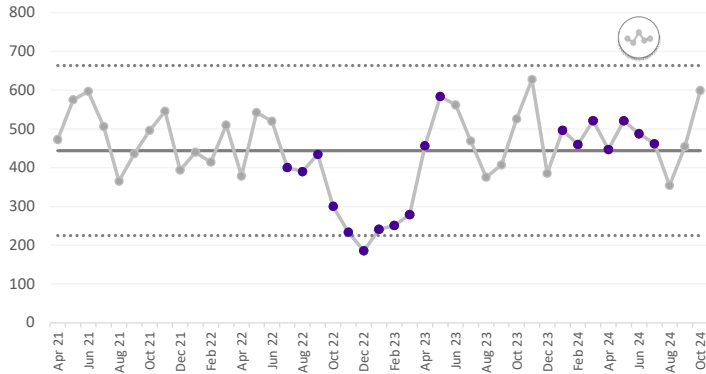


Face to face contacts delivered by Community Therapy

The total number of face to face contacts during the reporting month delivered by Community Therapy (Physiotherapy and Occupational Therapy) per 100,000 of the population.

Oct-24	Variance Type	Target	Achievement
599.0	Common cause variation	-	N/A

This metric is now experiencing common cause variation i.e. no significant change.

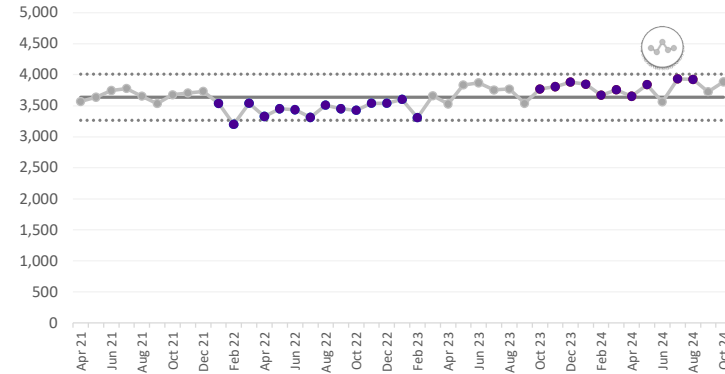


Face to face contacts delivered by District Nursing

The total number of face to face contacts during the reporting month delivered by Community/District Nursing services per 100,000 of the population. (Excluding Health Visiting and Specialist Nursing.)

Oct-24	Variance Type	Target	Achievement
3882.9	Common cause variation	-	N/A

This metric is now experiencing common cause variation i.e. no significant change.

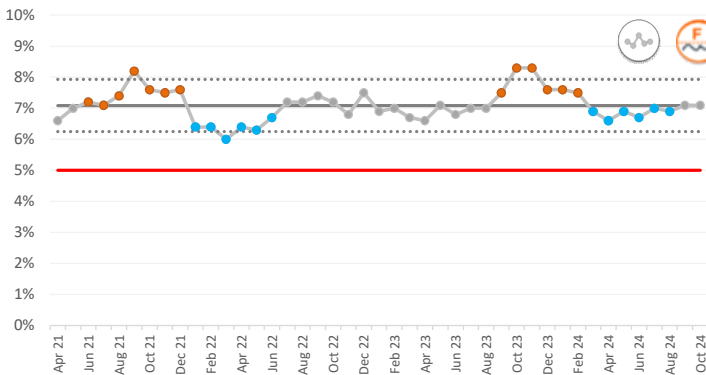


Outpatient DNA rate

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

Oct-24	Variance Type	Target	Achievement
7.1%	Common cause variation	5%	Incapable process - likely to consistently fail to meet the target

This metric is experiencing common cause variation i.e. no significant change. The target lies below the current control limits and so cannot be achieved unless something changes in the process.

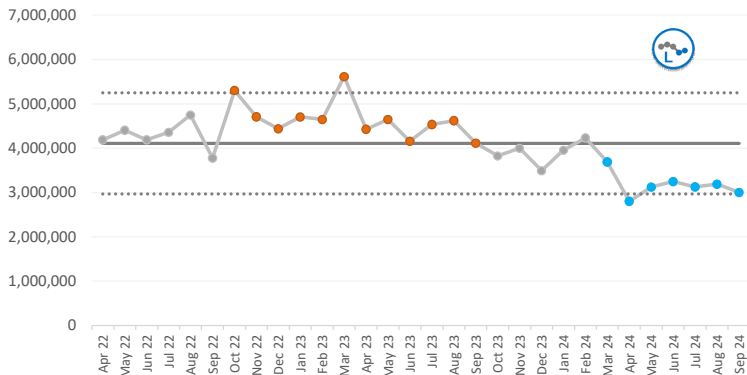


Temporary staffing levels (spend £)

Temporary staffing spend. Includes bank and agency staff.

Sep-24	Variance Type	Target	Achievement
£3,001,659.44	Special cause variation - improvement	-	N/A

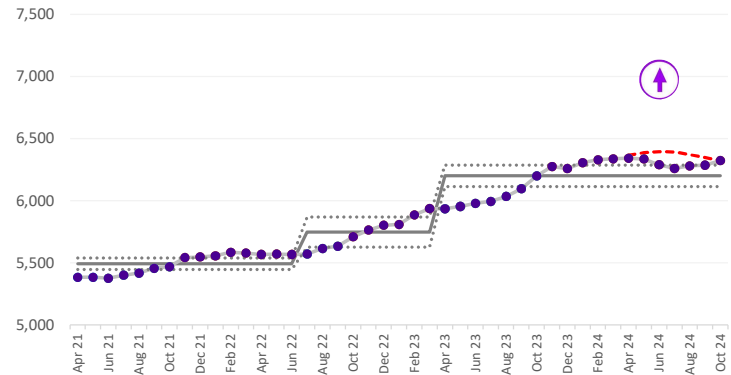
This metric is experiencing special cause variation of an improving nature with the last two out of three data points falling close to the lower limit and the last seven data points falling below the central line.



Substantive staffing

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

Oct-24	Variance Type	Plan	Achievement
6323.5	Special cause variation - neither improving nor a concerning nature	6324.6	N/A

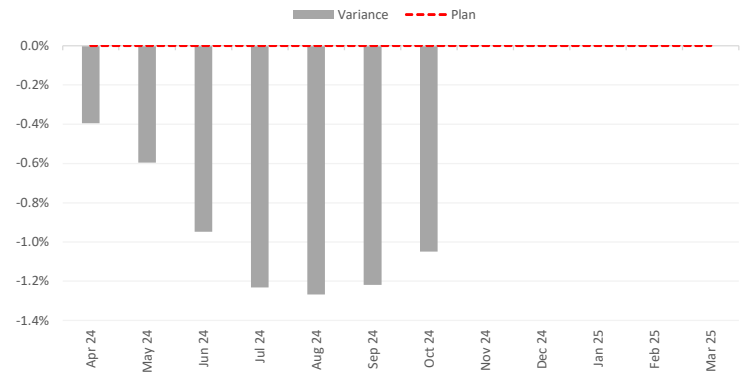


This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last two out of three data points falling close to the upper control limit.

Substantive staffing against plan

Snapshot at month end of substantive Whole Time Equivalent (WTE) staff in post over year to date plan for the same period. For the financial year 2024/25.

Oct-24	Variance Type	Plan	Achievement
-1.05%	N/A	0%	N/A



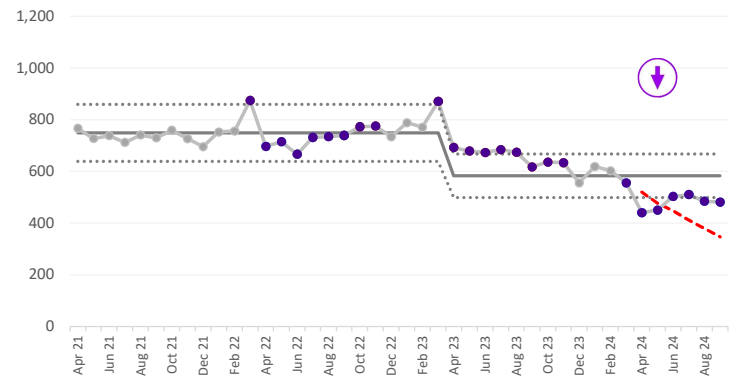
Overall workforce numbers are 213 WTE above plan. We remain below plan for our agency usage.

We continue to work with our peers across the BOB ICS to ensure good practice with temporary staffing is adhered to.

Temporary staffing

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

Sep-24	Variance Type	Plan	Achievement
481.2	Common cause variation	347.0	N/A

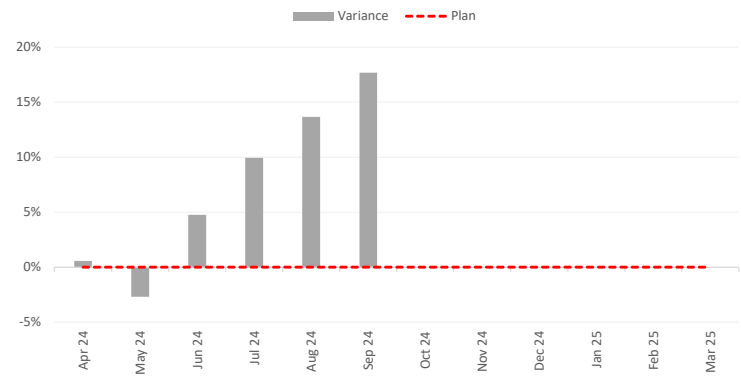


This metric is experiencing special cause variation of neither an improving nor a concerning nature with the last two data points falling below the lower control limit.

Temporary staffing against plan

Snapshot at month end of bank and agency Whole Time Equivalent (WTE) staff in post over year to date plan for the same period. For the financial year 2024/25.

Sep-24	Variance Type	Plan	Achievement
17.69%	N/A	0%	N/A



Meeting: Trust Board Meeting in Public

Date: 27 November 2024

Agenda item	Month 7 2024/25 Finance Report
Choose an item.	Jon Evans – Chief Finance Officer
Author	Katherine Archer – Deputy CFO, Financial Management Sharmila Rajanayagam – Deputy Head of Financial Control
Appendices	Month 7 2024/25 Finance Report
Purpose	Assurance
Previously considered	EMC 19.11.2024 FBPC 26.11.2024

Executive summary

The Trust planned a deficit of £5.66 YTD to October 2024 and reported an actual deficit of £6.20m, a worse than plan position of £0.54m mainly 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 £0.53m funding received in M6 and other run rate improvements.

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. The M7 PFR submission that includes updates on income and pay plans due to pay awards and CUF uplifts, assumes no movement to the overall Trust’s planned deficit position.

As at Month 7, the Trust has delivered £14.1m of the £34.2m 2024/25 Capital plan.

The closing Cash balance at the end of Month 7 2024/25 was £11.3m.

Deficit support funding of £12.9m plus additional payments for pay award related inflation on contracts and overperformance were be paid in October with further payments also expected in November, therefore the planned Q3 Revenue Support PDC application will not be required.

The report has been considered by the Executive Management Committee, with a request for an updated assessment of year end to be presented in December, following planned performance meetings in the coming fortnight. A verbal update of the discussion held by the Finance & Business Performance Committee on 26 November 2024 will be provided to Trust Board.

Decision	The Board is requested to take assurance from this report.		
Relevant strategic priority			
Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input type="checkbox"/>
Relevant objective			
<input type="checkbox"/> Improve waiting times in ED <input type="checkbox"/> Improve elective waiting times <input type="checkbox"/> Improve safety through clinical accreditation	<input type="checkbox"/> Give children living in most deprived communities the best start in life <input type="checkbox"/> Outpatient blood pressure checks	<input type="checkbox"/> Zero tolerance to bullying	

Implications / Impact	
Patient Safety	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 Risks 234 and 224; Revenue & Capital
Financial	Achieving our financial targets for 2024/25
Compliance <small>Select an item. Select CQC standard from list.</small>	Achieving the NHSE approved 2024/25 financial plan
Partnership: consultation / communication	Achieving BHT element of BOB ICB 2024/25 financial plan
Equality	Equality is considered in all aspects of financial planning, support and reporting
Quality Impact Assessment [QIA] completion required?	N/A

Finance Report Month 7 - 31st October, 2024

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

Contents

Page 3	Executive Summary
Page 4	Financial performance
Page 5	Key Highlights: Income
Page 6	Key Highlights: Expenditure (Pay & Workforce)
Page 7	Key Highlights: Expenditure (Non Pay)
Page 8	Key Highlights: Pay Growth 19/20 to 24/25
Page 9	Care Group Positions
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Page 11	Balance Sheet
Page 12	Balance Sheet
Page 13	Cash Position
Page 14	Capital Position
Page 15	Key Highlights: Plan phasing 2024/25
Page 16	Glossary and Definitions
Page 17	Appendix 1: API Month 6 YTD Variable Payments by Care Group against Plan
Page 18	Appendix 2: Pay Detail

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)	(5.7)	(6.2)	(0.5)	0.4	0.8	0.4

The Trust planned a deficit of £(5.7)m to Month 7 and reported an actual deficit of £(6.2)m, worse than plan by £(0.5)m. This is in part due to additional £0.7m costs from Industrial Action (IA) in June and the start of July, which have not been covered by industrial action funding received in M6, now partially offset by improved run rate elsewhere.

Key drivers of performance to date are:

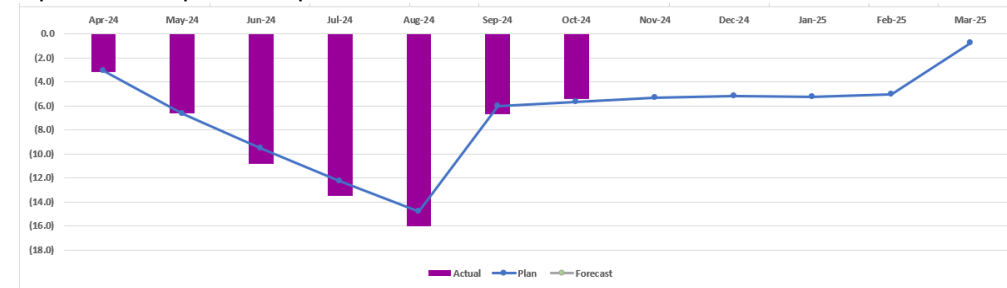
Description (£m)	Variance	Narrative
Pay award funding and costs	0.0	No impact on variance - increased income, pay and non pay plan
Pay efficiency under-delivery	(2.6)	Pay efficiency £8.2m against efficiency plan £10.8m, excluding IA impact on Pay
EPR funding received	1.0	Unplanned NHSE business case income, phased in 12ths
Prior year VAT refund	0.7	VAT refund received in Q1 and M5 related to prior year
Non Pay one off benefit	2.0	PFI Deed of Variation, recognised earlier than plan (M12)
Industrial Action	(0.7)	Impact of Industrial Action (£(1.3)m) less income received (£0.5m)
Income & Activity risk (net)	(2.4)	Risk of misalignment in reporting
Prior year costs	(0.8)	Care Group prior year expenditure
Activity over-performance	0.5	Estimated income for activity over-performance
2024/25 contract benefit	3.5	Increased income (ICBs and other commissioners) in line with agreed contracts, in 12ths
Other	(1.7)	Increased costs within Property services £0.3m, increased non pay efficiency target £0.8m
I&E Surplus / (Deficit)	(0.5)	

Summary financial performance:

The YTD financial performance shows the Trust is delivering its financial plan, excluding the net impact of IA £(0.7)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, activity / contract risk £(2.3)m and lower than planned efficiency savings.

- Pay has increased in month in line with the pay awards for 2023/24 and 2024/25, including accruing for pay awards to be paid in November 2024. Aside from in-year pay awards, pay is over plan by £(2.6)m YTD, due to unachieved efficiency and higher than plan activity levels. Offset in month and YTD by Non Pay and Income.
- Non-pay is £3.0m over plan YTD, including £0.8m related to an increased efficiency target in month. Increased spend in month on clinical supplies, outsourced services and drugs, which in the main will be offset by increased ERF income related to activity. The YTD position includes £2.0m PFI Deed of Variation benefit (earlier than planned), prior year VAT benefit £1.3m.
- Income is better than plan by £4.2m due to the receipt of £0.5m Industrial Action funding, £0.5m 24/25 activity overperformance YTD, £3.5m from 24/25 contracts, plus one off income related to a new ACCT contract £1.1m (£0.8m one-off payment) and one off EPR related income £1.0m. Income has significantly increased in month linked to CUF uplift from all NHS commissioners. This has been offset by an Income and Activity risk adjustment of £2.4m and other items including case through drugs and non contract income.

Graph 1 - Income & Expenditure YTD position & Forecast



Drivers and outlook:

- The M7 financial plan includes £18.8m of additional income with £18.6m increase to pay budget and £0.2m related to non pay contracts in relation to additional Cost Uplift Factor (CUF) to fund the 24/25 pay awards. Y
- The financial plan also includes Deficit Support Funding of £22.2m accounted for in M6, phased in 1/12ths. No other changes have been made to the overall 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 M1-7, this is a further improvement of c£8.5m over the remainder of the year, with c£4.0m to be delivered through run rate changes and £4.5m through specific items.
- Y Plans, controls and interventions, in particular those agreed as part of the mid-year review exercise, 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.

Efficiencies:

- Reported efficiencies are £18.5m, £(0.2)m lower than plan of £18.7m. This includes pay savings of £8.2m.
- The phasing of delivery increases in H2 (as detailed on Page 15).
- Sustained and recurrent reduction in pay is required, as is delivery of operational plan activity within current budgets.

Workforce (including Agency):

- Pay spend is £236.3m YTD, £(2.6)m adverse to plan, with £(0.3)m net costs of IA but otherwise driven by underachievement of efficiency savings and higher than plan activity levels.
- Total WTEs in 2024/25 M7 total 6,748 WTE, an increase of 31 WTE in comparison to 2024/25 M6, of which 26 WTE increase is in substantive staffing.
- Agency spend is £3.7m YTD, 1.6% of total pay spend of £236.3m and is also lower than the £0.85m per month average in 2023/24.

Key assumptions in reported performance:

- Cost Uplift Factor (CUF) applied as per guidance for BOB, Specialist Commissioners and LVA contracts as well as NHS England Workforce, Training and Education (was Health Education England) and Local Authorities (LA). National clarity on LA funding payment still to be provided.
- Pay award inflation, still to be paid in November 2024, has been assumed as per pay costing guidance and has been accounted for along with pay awards paid in October 2024.
- In addition to the CUF 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 M7. In line with national ERF values published for 2024/25 M1-4.
- No income has been accounted for ERF for Advice and Guidance in 2023/24 or 2024/25 as discussions with BOB ICB are ongoing.
- Deficit Support funding is being received on a monthly basis in line with the plan as amended in M6.

Issues, risks and opportunities:

- Delivery of workforce plan and pay efficiency plan, with a requirement to deliver recurrently and within the planned phasing (i.e. Q4 plan run rate), including the assumption that national Pay Awards are fully funded (i.e. no additional cost to Trust).
- Recurrent delivery of the non-pay efficiency plan.
- Management of overall Care Group budgets in line with agreed in-year forecasts, 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 FY not accounted for).

Capital and cash:

- £14.1m capital has been spent to M07 which is £6.3m less than plan.
- Forecasts and profiling are being reviewed with project leads and assessed at CMG, for finalisation and re-prioritisation by end-Dec. This includes additional £1.8m Critical Infrastructure funding, announced in November.
- The Trust received cash payments relating to deficit support funding (£12.9m) and additional clinical income for ERF in M7, which enabled it to bring creditor payments up to date, together with funding the pay award. Pay arrears for some staff groups were paid in M7, with the remainder to be paid in M8.
- The Trust will be submitting an application for Capital Support PDC in November and, following the approval of the EPR Business Case, is anticipating the receipt of an MOU. This will enable the draw down of PDC funding for this programme.

Capital Expenditure (£m)	Annual Plan (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)
Medical Equipment	1.7	0.8	0.5	0.3
Property Services	16.8	11.6	6.2	5.4
Information Technology	10.6	5.1	4.6	0.5
General	5.1	3.0	2.9	0.1
Total Capital Expenditure	34.2	20.5	14.1	6.3

Financial performance

Table 1 - Income and expenditure summary

(£m)	In Mth Plan	In Mth Actuals	In Mth Variance	YTD Plan	YTD Actuals	YTD Variance	Annual Plan
Income from Activities	61.41	62.41	1.01	366.00	369.37	3.37	628.68
Other Operating income	2.95	3.35	0.40	17.36	18.22	0.86	29.76
Total income	64.36	65.77	1.41	383.36	387.58	4.22	658.44
Pay	(42.30)	(41.05)	1.25	(233.69)	(236.30)	(2.61)	(398.86)
Non-pay	(18.35)	(20.97)	(2.62)	(133.16)	(135.03)	(1.86)	(219.65)
Total operating expenditure	(60.65)	(62.02)	(1.37)	(366.85)	(371.32)	(4.47)	(618.52)
EBITDA	3.71	3.75	0.04	16.51	16.26	(0.24)	39.92
Non Operating Expenditure	(2.98)	(3.04)	(0.06)	(19.81)	(20.97)	(1.16)	(36.57)
Surplus / (Deficit)	0.73	0.71	(0.02)	(3.30)	(4.71)	(1.40)	3.36
Donated Assets adjustment	0.01	0.41	0.39	0.04	0.90	0.86	0.09
PFI adjustment	(0.34)	(0.34)	0.00	(2.40)	(2.40)	0.00	(4.11)
Adjusted Surplus / Deficit (NHSE control total)	0.40	0.77	0.38	(5.66)	(6.20)	(0.54)	(0.66)

Financial Performance Summary

• The Trust is reporting a deficit position £6.2m on a control total basis YTD, which is £0.54m adverse to plan. The in month position is a surplus of £0.77m, against a plan of £0.40m. Annual plan remained at £0.66m deficit, however plan has been updated in line with 2024/25 pay awards with an increase in Income from Activities, Pay and Non Pay. There is nil net impact across all these spend types.

• The M7 capital spend is £14.1m against a plan of £20.5m. CMG is reviewing and monitoring both year to date and forecast spend to ensure that the Trust's CRL is met.

• 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 £3.45m linked to 24/25 contracts with BOB, Associate Commissioners and Specialist Commissioning. This has been offset by an Income and Activity risk adjustment of £2.35m.

• Other operating income totals £18.22m YTD against a plan of £17.36m, with £1.0m income related to EPR funding accounted for in month.

• Pay costs for M7 2024/25 total £(41.05)m, this is £1.25m favourable to plan. M7 YTD plan includes £10.8m of pay savings target. 2024/25 pay awards, as well as remaining 2023/24 pay awards, have been paid or accounted for in month for substantive staff, this includes consultant pay award which had not previously been within planned expenditure. YTD pay spend is £2.61m over plan, including industrial action related costs, but otherwise driven by underachievement of efficiency savings and higher than plan activity levels.

• Non-pay operating expenditure totals £(135.03)m YTD, this is £(1.86)m adverse to plan YTD and adverse to plan by £(2.62)m in month, of which £(0.8)m is related to increased efficiency target and £(0.4)m is related to PbR excluded drugs, offset in income. There was increased spend relating to activity in clinical supplies and non pass through drugs £(0.9)m, but also increased costs in Property Services relating to maintenance and utilities £(0.3)m.

Key Highlights: Income

NHS Income and Activity

- In month 7 we also had a significant number of changes in contract income position.
- £11.0m has been accounted for contract uplifts including £10.3m from NHS commissioners, £0.4m from HEE and £0.3m from Local Authorities.
- £1.1m of additional funding has been received in month for the commencement of the ACCT in S&CC.
- £1.0m of additional income has been accounted for EPR business case that has been approved by NHSE.

- 2024/25 activity related overperformance has decreased by £0.1m in month from £0.6m to £0.5m. Further reviews are undergoing in order to ensure accuracy on coding that might lead to a further improvement.
- Some areas of risk remain outstanding with BOB and associate commissioners, therefore this is offset by a risk adjustment of £(2.38)m, a reduction of £(0.46)m in month.

- The in month movement has been offset by the additional funding £13.0m the Trust received in previous month for Deficit support £11.1m, Industrial action £0.52m and main commissioners final contracts alignment £1.34m. Further £1.85m has been accounted for in month for the Deficit Support.

- No additional income has been accounted for in relation to ERF for Advice and Guidance in 2023/24 or 2024/25 as discussions with BOB are ongoing.

- 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

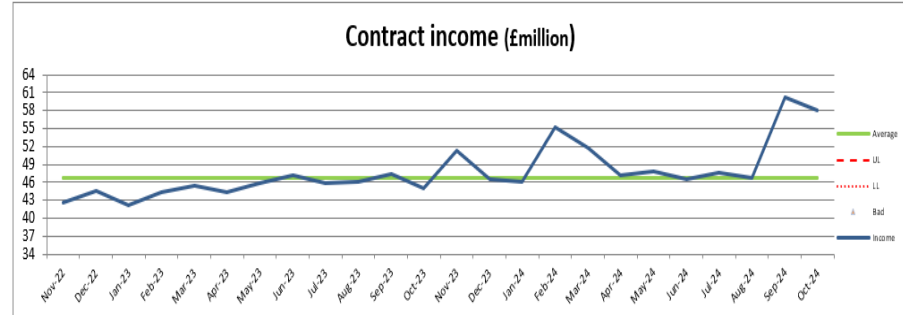
Commissioner (£m)	Annual Budget Total 2024/25	YTD Budget	YTD Actuals	YTD Variance
ICBs	505.64	295.07	297.28	2.20
Local Authorities	20.34	11.86	11.29	-0.58
NHS England & DHSC	88.87	51.98	53.63	1.64
NHS Other	0.13	0.08	0.17	0.10
NHS Trust	4.16	2.52	2.86	0.34
Non-NHS Overseas Visitors	0.46	0.30	0.36	0.06
Non-NHS Private Patients	5.71	2.72	1.69	-1.03
Non-NHS: Other	1.27	0.75	1.49	0.73
Road Traffic Act	1.22	0.71	0.60	-0.11
Total	627.79	366.00	369.37	3.37

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	16.83	9.83	10.61	0.78
Research	2.25	1.32	1.14	-0.18
Charitable income	1.49	0.87	0.86	-0.01
Non patient care income	1.63	0.96	0.69	-0.27
Other income	7.47	4.37	4.91	0.54
Total	29.67	17.36	18.22	0.86

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



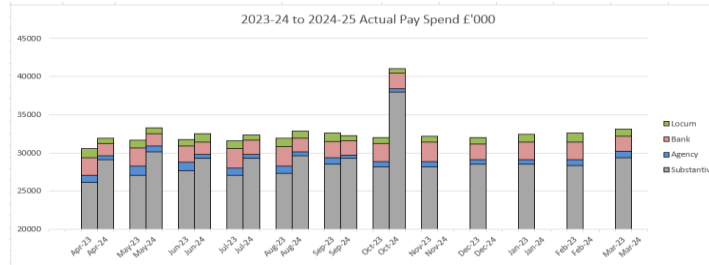
Other operating Income is £0.86m favourable to plan. This is mainly because of prior year income benefit £0.20m and additional training income £0.50m.

Key Highlights: Expenditure (Pay & Workforce)

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

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	237.2	214.7	22.5	90.9%	191.9	86.3%
Bank	3.6	12.5	(8.9)	5.3%	16.5	7.4%
Locum	0.7	5.4	(4.7)	2.3%	7.1	3.2%
Agency	1.6	3.7	(2.1)	1.6%	6.8	3.0%
Pay Savings Target	(9.4)	0.0	(9.4)	N/A	N/A	N/A
Total	233.7	236.3	(2.6)	100.0%	190.2	100.0%



• Pay costs for M7 2024/25 total £(41.05)m, this is £1.25m favourable to plan. In month spend includes pay awards for all staff groups backdated to April 24 at a total cost of £8.1m. It also includes additional budget of £10.9m calculated on budgeted establishments including any vacant posts. The YTD plan includes £9.4m of pay savings target which was not uplifted for the pay awards.

• The 24/25 pay plan increases in difficulty through the second part of the financial year. The M7-M12 pay budget reduces on average £0.5m per month compared to the plan in M1-M6. Further reductions to pay run rate will be key to staying on plan.

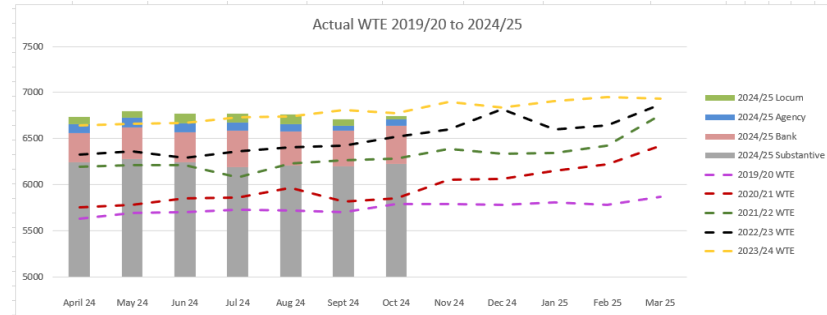
Key pressure areas in pay include:

- Medical Staffing adverse variance of £(0.93)m YTD. At SDU level, overspends are focused in a few areas: Emergency £(0.40)m adv; Cardiology £(0.27)m adv; Obs & Gynae £(0.58)m; Radiology £(0.34)m. According to M6 income data, Radiology is currently generating a significant additional income £0.75m over plan, but other areas listed are not.
- Nursing is favourable to budget by £5.35m YTD excluding CIP targets. There are specific areas that are currently overspending, including Theatres £0.12m and T&O £0.13m.
- A&C is currently underspent by £0.55m excluding CIPs. 12 SDUs are overspent, however Specialist Clinical Services is the only care group overspent in total - by £(0.20)m YTD.
- Prof and Tech is currently underspent by £1.80m. The main areas of pressure are Community Paeds and Radiology, which are overspent by £(0.17)m and £(0.08)m respectively.

• 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 7 - 2019/20 to 2024/25 Actual WTE



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

	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	42.30	32.92	33.12	33.31	33.04	32.75	398.74
Total Substantive	32.48	32.49	32.09	32.49	32.27	32.38	43.02	33.66	33.89	33.89	33.89	33.89	406.45
Total Bank (Incl Locum)	0.57	0.66	0.67	0.51	0.60	0.58	0.73	0.56	0.57	0.57	0.57	0.57	7.15
Total Agency	0.24	0.24	0.18	0.22	0.22	0.20	0.28	0.22	0.22	0.22	0.22	0.22	2.68
Pay Saving Target	-1.64	-0.38	-1.11	-1.42	-1.48	-1.74	-1.73	-1.52	-1.56	-1.37	-1.64	-1.93	-17.53

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	41.01	32.92	33.12	33.31	33.04	32.75	236.25
Total Substantive	30.75	29.13	30.18	29.26	29.25	29.65	29.28	37.94	33.66	33.89	33.89	33.89	33.89	214.68
Total Bank (Incl Locum)	2.91	2.27	2.44	2.66	2.61	2.73	2.55	2.63	0.56	0.57	0.57	0.57	17.89	
Total Agency	0.78	0.53	0.69	0.58	0.52	0.46	0.45	0.48	0.22	0.22	0.22	0.22	3.72	
Pay Saving Target	0	0.00	0.00	0.00	0.00	0.00	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	1.29						-2.65
Total Substantive	3.35	2.31	2.83	3.24	2.61	3.11	5.08						22.54
Total Bank (Incl Locum)	-1.70	-1.78	-1.99	-2.11	-2.13	-1.97	-1.90						-13.57
Total Agency	-0.29	-0.45	-0.40	-0.30	-0.25	-0.25	-0.20						-2.14
Pay Saving Target	-1.64	-0.38	-1.11	-1.42	-1.48	-1.74	-1.73						-9.51

Key Highlights: Expenditure (Non Pay)

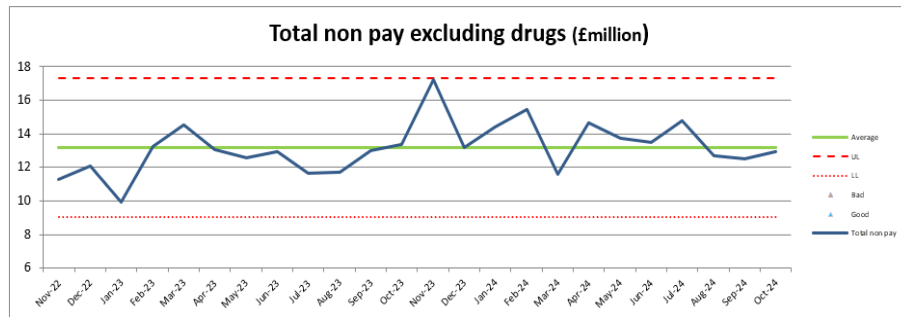
Table 5 - YTD non-pay operating position

Non-Pay category (£m)	Annual Budget	YTD Budget	YTD Actuals	YTD Variance
Drugs	58.17	33.98	35.63	(1.66)
Clinical Supplies	47.66	28.11	27.28	0.83
General Supplies	1.77	1.05	1.16	(0.12)
Establishment Expenses	4.63	2.70	2.68	0.02
CNST	16.86	9.84	10.00	(0.16)
Premises & Fixed Plant	40.70	23.21	22.07	1.14
PFI	28.49	16.89	16.35	0.54
Miscellaneous	36.98	21.45	19.86	1.59
Non Pay Saving	(15.61)	(4.06)	0.00	(4.06)
Total Expenditure	219.65	133.17	135.03	(1.88)

Table 6 - YTD drugs position

Drug Categories (£m)	Annual Budget	YTD Budget	YTD Actuals	YTD Variance
PBR Drugs	12.30	7.22	8.58	(1.36)
PBR excluded Drugs	44.13	25.74	25.79	(0.05)
Other Drug Items	1.74	1.02	1.26	(0.25)
Total expenditure	58.17	33.98	35.63	(1.66)

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

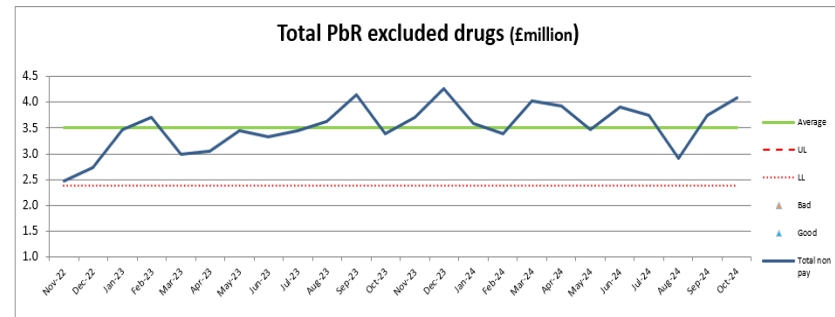


Non-pay operating expenditure totals £135.1m YTD. This is £(1.8)m adverse to plan YTD. This is mainly due to non pass through Drugs £1.6m and unallocated non pay savings total £(4.0)m year to date offset by £2.0m PFI Deed of Variation received earlier than planned.

The position in month (as per table 1 on page 4) is worse by £2.6m. There are a number of factors:

- Non pay savings target of £1.2m. £0.8m of this relates to an increase in the target in M7, with £0.4m underachievement on the base target.
- Drugs overspend of £0.7m is a number of increases is spend:
 - PBR Excl drugs issues are overspent by £0.4m. These are high cost drugs which are matched with income, so there is no net impact to the bottom line.
 - PBR drugs issues are overspent by £0.2m. This is a combination of overspend due to increased activity and prescribing and the process for pharmacy to identify PBR Excl drugs takes time, so proportion changes update in the following month.
 - Medical gases and FP10 expenditure together are £0.1m overspent in month. The YTD overspend for these items combined is £0.2m. Both have exhibited uneven spend in the year and are being investigated to ensure clarity on run rate and identifying actions needed.
- Clinical Supplies are overspent by £0.6m in month, which is across all consumables categories, which is consistent with an increase in activity. Particular categories with in month overspends:
 - Other Clinical Supplies £0.2m overspent, which relates to testing for Radiology, including POCT.
 - Appliances £0.1m overspent. This relates to Surgery and specifically £0.1m for prostheses. This has been checked and is in line with the activity in month.
 - Xray equipment £0.12m overspent, £0.1m due to Community Diagnostics Centre and £0.03m general

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



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

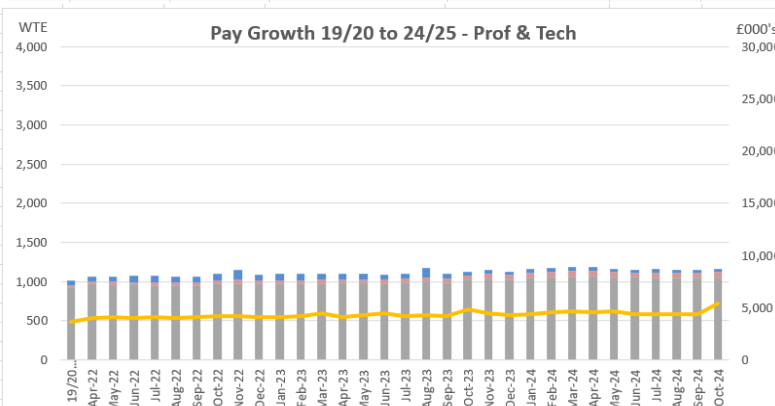
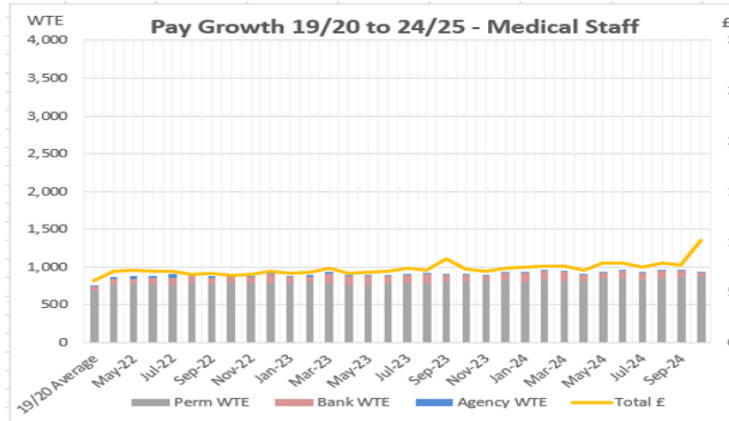
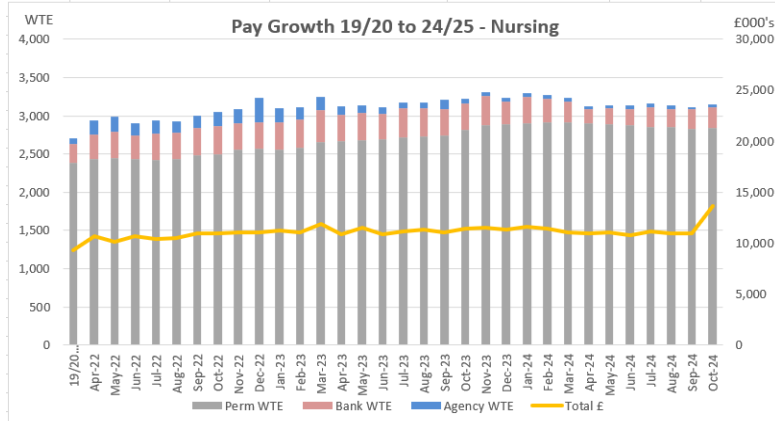
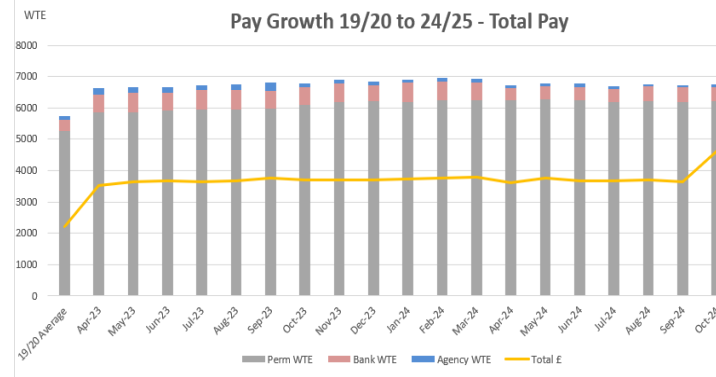
October 2024 pay includes total pay awards for all substantive staff backdated to April 24 at a total cost of £11.5m. £3.6m were already included in the YTD cost as part of the 2.1% pay uplift we were accounting for based on the initial financial plan.

Total pay is £41.0m in October 2024, an increase of £8.8m compared to September, mainly due to backdated pay awards (£8.1m) with an additional increase in substantive staff of £0.8m under Nursing and Medical staff. Within October's total cost we have included the pay awards for Resident doctors, the middle point uplifts on Band 8s and above and Temp staff that will be paid next month.

An increase in WTEs worked was reported in M7 compared to M6 of 31 WTEs. Substantive staff increased by 26 WTEs with temporary staff increasing by 5 WTEs.

Compared to last month, substantive Nursing and Medical WTEs increased by 12 on each staff group, while Prof & Tech staff increased by a further 4 WTEs. The worked WTEs was 6,731 in October, which is 24 WTE less than the budget of 6,773 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 (Actuals)							
					M01	M02	M03	M04	M05	M06	M07	Var M6v7
Community & Rehabilitation	(91.12)	(53.30)	(52.00)	1.30	(7.5)	(7.6)	(7.2)	(7.0)	(7.0)	(6.9)	(8.8)	2.0
Integrated Medicine	(109.17)	(64.18)	(65.80)	(1.62)	(8.9)	(9.1)	(9.5)	(8.9)	(9.4)	(9.0)	(11.0)	2.1
Specialist Clinical Services	(118.59)	(69.56)	(73.02)	(3.46)	(10.7)	(10.2)	(10.5)	(9.1)	(10.0)	(10.4)	(12.1)	1.6
Surgery And Critical Care	(127.61)	(74.70)	(78.64)	(3.93)	(10.5)	(11.2)	(10.6)	(11.6)	(11.4)	(11.0)	(12.4)	1.4
Total Clinical Divisions	(446.49)	(261.74)	(269.45)	(7.71)	(37.5)	(38.1)	(37.8)	(36.5)	(37.9)	(37.3)	(44.3)	7.0
Chief Executive	(3.91)	(2.28)	(2.33)	0.05	(0.3)	(0.4)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	0.0
Chief Operating Officer	(10.66)	(6.18)	(5.90)	(0.28)	(0.8)	(0.8)	(0.8)	(0.8)	(0.9)	(0.8)	(1.0)	0.2
Division of Information Technology	(24.04)	(14.02)	(12.40)	(1.62)	(1.7)	(2.2)	(1.9)	(2.0)	(1.8)	(1.6)	(1.1)	(0.5)
Finance Directorate	(5.80)	(3.51)	(3.24)	(0.27)	(0.5)	(0.5)	(0.3)	(0.5)	(0.3)	(0.6)	(0.5)	(0.1)
Human Resources	(6.04)	(3.52)	(3.23)	(0.29)	(0.4)	(0.5)	(0.5)	(0.5)	(0.2)	(0.4)	(0.8)	0.4
Training And Education	7.01	4.09	4.68	(0.59)	1.0	0.3	0.7	0.3	1.1	0.7	0.6	0.1
Medical Director	(0.71)	(0.42)	(0.56)	0.14	1.0	0.3	0.7	0.3	1.1	0.7	0.6	0.1
Nursing Director	(22.46)	(13.11)	(12.83)	(0.28)	0.0	(0.2)	0.0	(0.1)	0.0	(0.1)	(0.2)	0.1
Property Services	(66.78)	(38.70)	(38.91)	0.21	(1.7)	(1.9)	(1.8)	(1.8)	(1.9)	(1.8)	(1.9)	0.1
PDC And Depreciation	(28.26)	(16.39)	(16.94)	0.55	(5.9)	(5.5)	(5.6)	(5.7)	(5.5)	(5.2)	(5.6)	0.4
Total Corporate	(161.66)	(94.05)	(91.67)	2.38	(9.3)	(11.4)	(9.8)	(11.1)	(8.7)	(12.5)	(13.2)	0.0
Contract Income	609.72	355.71	353.40	(2.31)	47.1	47.0	46.6	47.7	46.8	60.2	58.1	2.1
Corporate Services / Provisions	1.78	(3.22)	3.02	6.24	0.1	2.1	0.3	0.2	1.0	(0.8)	0.2	(1.0)
Surplus / (Deficit)	3.36	(3.30)	(4.71)	(1.40)	0.3	(0.4)	(0.7)	0.2	1.2	9.5	0.7	8.8
Donated Assets adjustment	0.09	0.04	0.90	0.86	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.0
PFI adjustment	(4.11)	(2.40)	(2.40)	0.00	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	0.0
Adjusted Surplus / Deficit (NHSE control total)	(0.66)	(5.66)	(6.20)	(0.54)	0.1	(0.6)	(1.0)	0.0	1.0	9.3	0.5	8.8

Integrated Medicine - £(1.6)m adverse YTD
 YTD Drivers include: Medical staffing is overspent by £451k; due to high locum usage, including Industrial Action pay costs of £240k. Overspends are mostly in ED, where the rota has been revised resulting in run rate reductions from M05.
 Unallocated CIP targets are partially offset by increased controls across Nursing resulting in underspends across the Care Group, and one-off prior year benefits (£300k).
 Independent sector spend supporting delivery of activity targets across Dermatology and Gastro - £219k adverse. However, in total IM has £730k adverse income ERF adjustment due to elective activity below plan, though this is partially offset by associated non pay spend reductions. Work is ongoing to confirm coding is capturing all activity, in particular across MDU, which may improve the position in future months.

Community & Rehab - £1.3m favourable
 Olympic Lodge budget phased in 1/12ths, creating favourability of £0.7m YTD that will be eliminated by year end.
 Impact of pay award funding (vacancies under establishment) £0.3m
 Recruitment delays for CYPITS contract and MFOP have YTD favourability of £0.7m
 RRIC SCAS currently favourable £0.2m, 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. Spinal SDU reviewing job plans to ensure alignment to budget. This will reduce the year end impact.
 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.

Care - £(3.9)m adverse position - £254k favorable.
 Drivers include: Unachieved CIPs of £3.1m between pay and non pay and Independent Sector overspend of £1.9m.
 Partly offset by Clinical Supplies underspends £721k, and additional income for ACCT service £862k.
 Nursing staff are underspend by £698k, while Medical staff are underspend by £99k.
 Private patient income £368k adverse YTD.
 Income of £118k YTD received to offset unbudgeted fixed term pay costs.
 In total, S&CC had £652k adverse income adjustment due to delivered activity being below plan.

Specialist Clinical Services - £(2.9)m adverse
 Gynae £1.8m adverse to plan (£0.2m 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 (0.3m) 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 £0.7m adverse (£0.2m favourable in month) due to additional temp staffing (£0.1m), sendaway testing (£0.2m), managed service contract usage (£0.3m), and outsourced reporting (£0.1m) to support cancer and other activity.
 Clinical Haematology £0.2m favourable due to additional elective activity.
 Included above is £1,808k favourable income adjustment due to activity above plan.

Information Technology
 Underspend year to date £1.6m driven by additional external income received on the EPR Programme to date. This can also be seen by the £500k reduction in run rate at M7.

PDC & Depreciation
 Underspend year to date on depreciation £578k and an overspend against plan of £328k on dividend, partially offset with additional interest to date of £97k.

Training & Education
 Training & Education are underspent to date £590k due to prior year benefits in income £198k and underspends across pay costs to date.

Property Services
 Property Services are overspent to date £212k. This overspend relates to non-pay expenditure which is adverse to budget £688k to date. Additional maintenance costs £313k to date and CIP under delivery £505k to date are the main drivers of this overspend. Property Services have favourable variances to budget against both pay and income to date which are offsetting the overspends on non-pay. It is anticipated that the maintenance costs will continue for the remainder of the year and this is being closely managed with the CEFO.

2024/25 Efficiencies

2024/25 Efficiency plan development

M07 Actual Delivery against Plan - Care Group Breakdown

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	2,922	1,262	(1,660)	R	1,764	(3,684)	R
Community & Rehabilitation	WD	3,656	1,943	3,688	1,744	G	6,337	2,681	G
Specialist Services	ID	6,117	3,280	3,013	(267)	A	6,173	57	G
Surgery & Critical Care	JB	6,692	3,604	1,571	(2,033)	R	2,398	(4,294)	R
Clinical Total		21,912	11,749	9,533	(2,216)	A	16,672	(5,240)	A
Chief Executive	NM	181	97	64	(33)	A	181	(0)	G
Chief Operating Officer	RB	583	316	325	9	A	583	(0)	G
Digital and Transformation	DD	1,428	795	725	(70)	A	1,428	(0)	G
Finance Dept	JE	425	231	495	264	B	585	160	G
Property Services	CH	1,861	1,070	301	(769)	R	304	(1,557)	R
People Directorate	BoK	922	497	761	264	G	922	(0)	G
Medical Director	AM	55	29	-	(29)	R	-	(55)	R
Nursing Director	KB	302	161	251	90	G	302	-	G
Total Corporate		5,758	3,198	2,922	(276)	A	4,305	(1,453)	A
Central - Pay	JE	-	-	505	505	B	505	-	B
Central - Financial Technical Items	JE	6,830	117	825	708	G	7,430	600	G
Central - ICS Schemes	JE	1,500	-	-	-	R	1,500	-	G
Central - ICS Stretch	All	4,472	745	1,658	913	G	5,322	850	G
Central - ERF	RB	5,000	2,917	2,917	-	G	5,000	-	G
Total Central Schemes		17,802	3,779	5,905	2,126	G	19,757	1,955	G
Total (excl. Commercial Other)		45,472	18,726	18,360	(366)	G	40,734	(4,738)	A
Commercial Other	JE	N/A	-	180	180		309	-	
Grand Total		45,472	18,726	18,541	(185)	G	41,043	(4,429)	A

M07 Plan Delivery by Portfolio

Portfolio	Lead	Full Year Target	M07 Actuals	YTD Plan	YTD Actuals	YTD Plan V Actual Variance	Forecast	Total Forecast Variance	Forecast RAG
1.1 Central - Financial Technical Items	JE	6,830	-	117	825	708	7,430	600	G
1.2 Central - ICS Schemes	JE	1,500	-	-	-	-	1,500	-	G
1.3 Central - ICS Stretch	All	4,472	358	745	1,658	913	5,322	850	G
1.4 Central - ERF	RB	5,000	417	2,917	2,917	-	5,000	-	G
Central Schemes Total		17,802	775	3,779	5,400	1,621	19,252	1,450	G
2.1 Non-Pay & Income - Corporate Non-Pay/Income	DD	3,024	420	1,764	1,280	(484)	2,078	(946)	R
2.2 Non-Pay & Income - Care Group Medicines	AM	671	55	391	384	(8)	658	(13)	G
2.3 Non-Pay & Income - Care Group Non-Pay/Income	RB	3,363	743	1,962	3,072	1,110	5,596	2,233	G
2.4 Non-Pay & Income - Commercial Plan Other	JE	-	48	-	180	180	309	309	B
Non-Pay & Income Total		7,058	1,266	4,117	4,916	799	8,641	1,583	G
3.0 Pay - Central	JE	-	949	-	505	505	505	505	B
3.1 Pay - Corporate	DD	2,734	277	1,434	1,663	229	2,263	(471)	A
3.2 Pay - Integrated Medicine	RB	4,419	439	2,323	1,368	(955)	2,344	(2,075)	R
3.3 Pay - S&CC	RB	5,196	677	2,731	931	(1,800)	1,596	(3,600)	R
3.4 Pay - Community & Rehab	RB	3,280	742	1,724	3,007	1,283	5,154	1,874	G
3.5 Pay - Specialist Services	RB	4,983	292	2,619	751	(1,868)	1,287	(3,695)	R
Pay Total		20,612	3,377	10,830	8,224	(2,606)	13,150	(7,462)	R
Total		45,472	5,419	18,726	18,541	(185)	41,043	(4,429)	

Year to date efficiencies are £18.5m; £0.2m adverse to plan.

-YTD Care Groups £2.2m adverse to plan - with £0.4m attributed to IA expenditure;

-YTD Corporate delivery £0.3m adverse to plan – driven by Property Services (£0.8m adverse to plan), offset by Finance (£0.3m favourable) and People (£0.3m favourable).

-YTD delivery of Central Schemes £2.1m favourable to plan due to early delivery against profile

-YTD delivery increased to £18.5m in M07 from £13.1m at M06 due to changes to budgets in relation to the additional pay budgets created in relation to the pay award.

Forecast efficiencies are £41.0m against a full year plan of £45.5m.

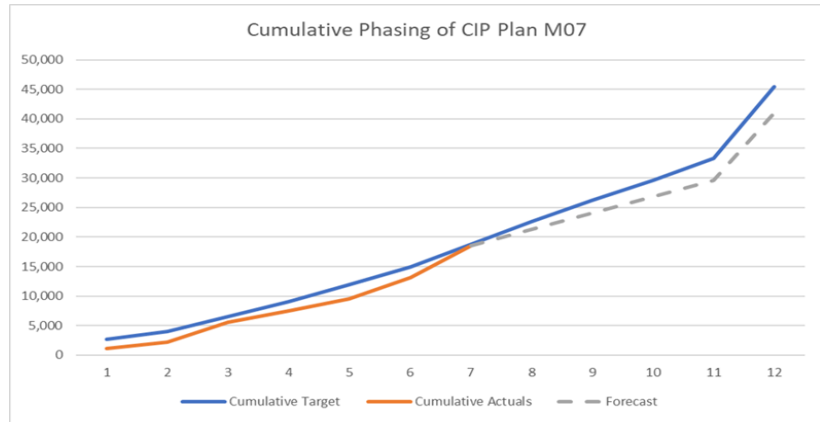
-Pay Forecast assumes M1-M7 run rate continues for the rest of the year. Detailed year end forecasting to be completed following M7 reporting.

-M07 forecast includes £13.2m 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 £19.3m delivery against a £17.8m full year target

-The Forecast Outturn efficiencies have improved by £4.2m in M7 due to benefit of additional pay budgets related to the pay award and additionally identified Financial Technical Items for Central - ICS Stretch.



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

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	390.50	382.91	(7.6)	0.3
Cash and cash equivalents	1.94	11.32	9.4	9.4
Trade and other current assets	39.96	43.83	3.9	(15.2)
Total Assets	432.4	438.1	5.7	(5.5)
Current Borrowing	(10.2)	(4.3)	5.8	0.9
Other Current liabilities	(70.2)	(76.8)	(6.6)	5.3
Non Current Borrowing	(46.1)	(56.0)	(9.9)	0.0
Other Non-current liabilities	(1.6)	(1.1)	0.5	0.0
Total Liabilities	(128.0)	(138.2)	(10.2)	6.3
TOTAL NET ASSETS	304.4	299.9	(4.5)	0.7
PDC and Revaluation reserve	475.8	460.2	(15.7)	0.0
Income and Expenditure Reserve	(171.4)	(160.3)	11.1	0.7
TOTAL EQUITY	304.4	299.9	(4.5)	0.7

- Non Current assets have increased by £0.3m from the prior month. This is due to in month capital expenditure of £2.0m 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 decreased by £15.2m compared to the prior month. This is due to the significant decrease in accrued income which is reflected in the cash balance.
- The Trust has received external cash support of £12.9m and has used this to bring creditors back in line with contractual payment terms.
- The change in Income and Expenditure reserve of £0.7m from the prior month is consistent with the planned position for M7.

Accounts Receivable

Table 10 - Accounts Receivable

Month 7

(£m)	Current	31-60 days	61-180 days	6 mths - 1 year	1 year - 2 years	More than 2 years	Total
NHS	1.5	0.6	1.1	0.9	0.2	0.0	4.4
Non-NHS	2.4	0.7	0.4	0.5	0.3	0.5	4.7
Total	4.0	1.3	1.5	1.4	0.5	0.5	9.1
% of total	43%	14%	17%	15%	5%	6%	100%

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%

- Debtors have decreased in M7 by £1.3m, mostly due to the payment of outstanding invoices to OUH.
- The value of outstanding debt outside payment terms is £5.2m which is £0.6m less than the previous month's total of £5.8m. In percentage terms, the level of debt outside payment terms has reduced by 18%, from 75% to 57%.

- Top 5 overdue debts at month 7 are:
 - 1 - Oxford University Hospitals Nhs Ft £1.2m
 - 2 - Nhs Bucks, Oxfordshire And Berks West Icb £1.1m
 - 3 - University of Buckingham £0.3m
 - 4 - The Shelbourne Hospital £0.2m
 - 5 - Imperial College Healthcare NHS Trust £0.1m

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

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

Balance Sheet (continued)

Accounts Payable

Table 11 - Accounts Payable

Approved Creditors

(£m)	Current	31-60 days	61-90 days	91-120 days	>120 days	Total
NHS	1.7	1.0	0.0	0.0	0.1	2.8
Non-NHS	5.8	1.8	0.2	0.1	0.0	7.8
Total	7.5	2.8	0.2	0.1	0.1	10.6

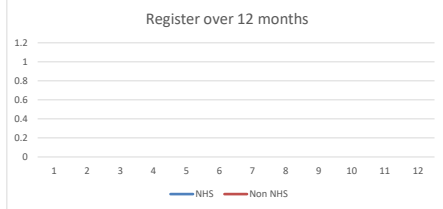
The creditors table to the left reflects invoices which have been approved for payment at AP close down on the 26th October and these would be included in the next appropriate payment run. Of the £10.6m on the ledger, 2.6m cover the PFI and BHPL monthly charges which could not be paid until the 1st of the month. A BACS payment for 2.8m is also not reflected, which clears the Non NHS overdue balances. The NHS 31-60 days was paid out of the bank on the 1st November. With reference to the >120 days Non NHS Credit (-.5m) - AP have worked with the supplier and have had agreement that this will be repaid to the Trust in Month 8. The current invoices being the remainder value of 5.5m which may not have fallen due and will be expected to be paid in M8 2024/25. These would be paid from cash receipts in the next period.

Invoice Register

(£m)	Current	31-60 days	61-180 days	6 months - 1 year	More than 1 year	Total
NHS	1.3	0.4	0.7	0.8	1.1	4.3
Non-NHS	2.6	1.3	1.0	1.0	0.5	6.4
Total	3.9	1.7	1.7	1.8	1.6	10.7

The invoice register contains invoices that have been received by the Trust but have not yet been approved. This is due to a number of reasons - the invoices are currently being processed, there is not a valid PO in place, the goods and services have not been received as being received or the invoices are in dispute. As at the end of month 7, there are 462 NHS invoices and 1,711 Non-NHS invoices on the register.

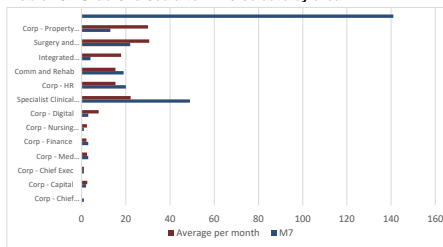
Table 12 - Number of Outstanding Invoices on the Register



The register decreased by 16% on Value but increased by 4% (91 Invoices) on Count between month 6 and the end of month 7. On the NHS Suppliers - Supply chain are consolidated invoices and will clear in month 8. SCAS has a Purchase to cover the cost and once received they will be paid in Month 8. The AP team are working with the Trust departments, incurring the cost, to clear OUH debt but the majority still have NO PO in place to cover the expense. Over 90% of the NHS register have no PO in place and the AP and wider Finance are working on processes to reduce that %. On the Non NHS - the Abbott value has reduced from 459k in month 6 to 410k in month 7 but lack of PO's in place are hampering payment. Both Practice plus and Fedbucks will clear month 8. The 6 top suppliers make up 47% of the value total held.

Top 3 NHS Suppliers with Invoice(s): Total Value=>100k (€4.18m) - 103 Invoices		Top 3 non-NHS Suppliers with Invoice(s): Total in Value=>100k (3.73m) - 177 Invoices	
Supply Chain Coordination Ltd (Consumables)	190,504.42	4	Consolidated invoices new will clear Mth 8
South Central Ambulance Service Nhs Ft	205,407.87	3	PO in Place - Not received
Oxford University Hospitals Nhs Ft	2,170,421.25	107	Majority of NO PO in place
Abbott Laboratories Ltd	409,875.41	10	Majority have NO PO
Practice Plus Group Hospitals Ltd	625,817.74	2	PO in Place not received
Fedbucks Ltd	654,025.00	2	Not due and relates to November

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 7 there were 141 (month 6 116) 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 1-7 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

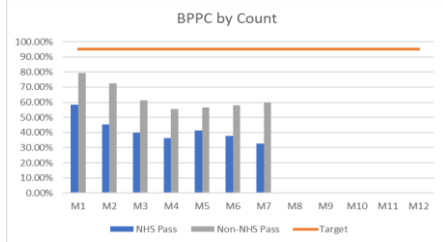
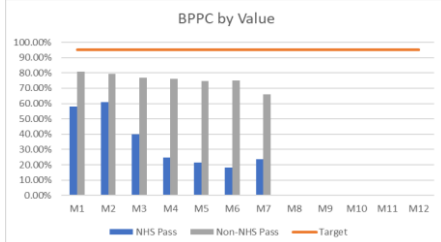


Table 14 - BPPC by Value of Invoices



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 received on the system are usually the most significant. However, the Trust has previously 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 did receive deficit support funding in October and it is anticipated that performance in future months will improve. However, M07 performance was still impacted by the 'catch up' of the number of overdue invoices on the system.

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	Actual Oct-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	52,378	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	3,271					5,000
Education and Training	0	3,500	0	0	3,289			4,852	3,300			3,300		
Other Income	2,873	3,359	3,100	1,811	2,016	1,602	2,397	2,345	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		750	2,000	1,250	1,250	1,250	1,250
Payroll Support	752	0	0	0				7,007	7,002	1,001	1,001	1,001	1,001	1,001
PDC capital	28,467	0	0	0		0			0		11,952	2,571	1,976	1,976
Revenue PDC	0	0	0	0	5,000	5,000	2,000		0					
External Cash Support ICB	7,700	0	0	0				12,948	12,948	1,850	1,850	1,850	1,850	1,850
Other Receipts	872	1,124	1,647	2,792	756	839	578	728	910	1,221	750	750	750	750
TOTAL RECEIPTS	93,338	62,187	60,620	50,243	62,181	60,698	53,152	83,529	78,146	55,451	66,182	60,101	56,206	61,206
PAYMENTS														
Pay Costs - Substantive	(29,847)	(30,075)	(29,793)	(29,885)	(29,510)	(29,519)	(29,369)	(30,055)	(31,456)	(30,789)	(30,789)	(30,789)	(30,789)	(30,789)
Back dated Payroll	0	0	0	0		-		(4,128)	(6,839)	(4,814)				
Pay Costs - Temporary Staffing	(4,691)	(1,472)	(710)	(2,971)	(2,582)	(2,998)	(1,898)	(3,470)	(5,750)	(3,629)	(3,100)	(2,500)	(2,500)	(2,500)
Creditors	(23,945)	(12,834)	(12,215)	(10,623)	(20,213)	(20,692)	(9,512)	(28,131)	(18,262)	(16,300)	(16,300)	(16,300)	(16,300)	(16,300)
Creditors - Capital Spend	(24,160)	(7,373)	(6,233)	(1,813)	(2,549)	(595)	(1,345)	(1,673)	(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)							(5,252)
PFI CHARGE	(5,294)	(5,410)	(11,905)	(5,271)	(5,290)	(5,440)	(5,530)	(4,904)	(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)	(74,143)	(71,514)	(64,739)	(59,396)	(59,391)	(57,015)	(62,267)
NET CASH FLOW IN PERIOD	850	3,243	(2,017)	(2,100)	256	(327)	(107)	9,386	6,633	(9,288)	6,786	711	(809)	(1,060)
OPENING CASH BALANCE	2,142	2,992	6,235	4,218	2,118	2,374	2,047	1,940	1,940	11,326	2,038	8,824	9,534	8,725
CLOSING CASH BALANCE	2,992	6,235	4,218	2,118	2,374	2,047	1,940	11,326	8,573	2,038	8,824	9,534	8,725	7,664

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 M7 was £5.3m higher than forecast for October, which comprised in the Clinical Contract income category. Variances across other income lines offset each other.
- The application for Interim Capital Support PDC will be submitted in November and receipt of the year to date value has been assumed in December.
- The requirement to obtain Revenue Support PDC has significantly impacted on the ability of the Trust to pay its creditors, leading to a substantial 'catch up' payment in October. 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 included allowance for a significant amount of additional cash that was subsequently received from the ICB. This included Deficit Support Funding of £12.9m, Pay Award funding uplift 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 took place in October, with the Resident Doctors pay award and the statutory deductions (HMRC and Pension) for A4C staff being payable in November.
- The additional Deficit Support funding and Overperformance payment allowed the Trust to bring all its approved creditor payments back to being paid within terms. The additional cash received in was immediately translated into increased values for Pay Costs - Temporary Staffing and Creditors.

Capital Position

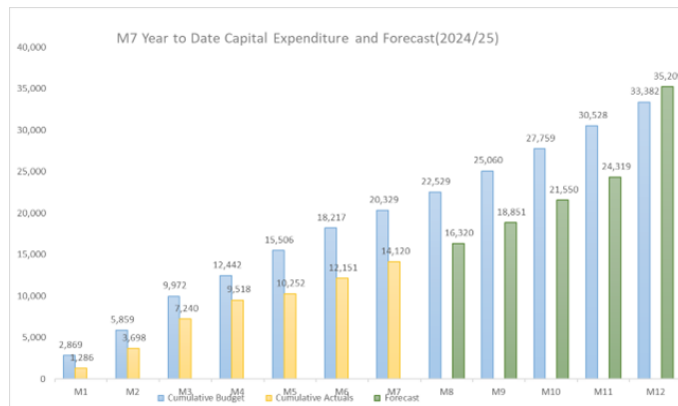
Table 16: Capital Overview - M7 2024/25

Capital Expenditure (£m)	Annual Plan (£m)	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)	Forecast Spend (£m)	Forecast Variance (£m)
Medical Equipment	1.7	0.8	0.5	0.3	2	(0.0)
Property Services	16.8	11.6	6.2	5.4	17.8	(1.1)
Information Technology	10.6	5.1	4.6	0.5	10.6	(0.0)
General	5.1	3.0	2.9	0.1	5.0	0.1
Total Capital Expenditure	34.2	20.5	14.1	6.3	35.2	(1.0)

Table 17: Capital Overview - M7 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	0.9
Total Capital Funding	34.2
Expenditure	
Medical Equipment	1.7
Property Services	17.8
Information Technology	10.6
General	5.0
Total Capital Expenditure	35.2
	(1.0)

Table 18: 2024/25 Profile Budget and Spend



Funding

The Trust has a total Capital Programme for 2024/24 of £34.2m. 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 £9.2m: 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 £0.9m is for Spinal Patient Monitoring. The Trust's internally-generated resources of depreciation and disposal proceed are insufficient to meet the Capital Programme, so the Trust will need to apply for Capital Support PDC of c£12m.

Commentary

The Trust has an underspend of £6.4m (month 6 £6.1m) against its year-to date budget of £20.5m. This is due to the profiling of schemes and expected to be rectified by year end.

The forecast is showing an overspend of £1.0m against the Trust's full year Capital Programme of £34.2m. This is predominately against Property Services schemes, the forecasts of which are in the process of being validated. This will need to be managed by year end so that the Trust does not overspend against its Capital Resource Limit. CMG has discussed risks and mitigations to the forecast and will develop the process around closing down year end and the impact into 2025/26 in December.

There are a number of risks and mitigations to the delivery of the capital programme that are in the process of having values validated and assigned. Most significant of these are to the Property Services forecast, where there is work underway to review compliance projects and assign budgets where necessary. This may require the deferral of some approved schemes in order to ensure that the capital envelope is not exceeded.

An exercise has taken place to review the Corporate Risk Register for capital implications and programme leads have been asked to confirm whether these risks are appropriately covered in the 2024/25 programme, or whether there is a plan to incorporate them in the 2025/26 Capital Plan. This will be presented to Audit Committee in November.

Key Highlights: Plan phasing 2024/25

In M7 BHT allocated £18.4m additional pay budget to cover the pay awards that has been offset by £18.4m of additional income funding from the CUF uplift from the various commissioners. Therefore the revised full year 2024/25 financial plan remained as £0.658m deficit.

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

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

24/25 Plan Phasing	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total planned deficit
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Income	51,232	51,511	51,659	51,478	51,412	62,544	64,465	55,063	55,063	55,164	55,164	55,164	659,919
Non Pay	-22,666	-22,037	-22,689	-22,423	-22,331	-22,336	-21,776	-21,754	-21,785	-21,909	-21,872	-18,136	-261,713
Pay	-31,649	-33,006	-31,829	-31,796	-31,604	-31,508	-42,297	-32,919	-33,131	-33,315	-33,051	-32,759	-398,864
Total Plan as per Oct.	-3,083	-3,532	-2,859	-2,741	-2,523	8,700	392	390	147	-60	241	4,269	-658
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
Pay	912	1,076	1,457	1,575	1,790	2,006	2,051	2,097	1,857	1,648	1,949	5,080	23,498
Non Pay	361	361	361	361	361	361	1,106	1,106	1,106	1,106	1,106	6,411	14,107
Income	655	655	655	655	655	655	656	656	656	656	656	657	7,867
Grand Total	1,928	2,092	2,473	2,591	2,806	3,022	3,813	3,859	3,619	3,410	3,711	12,148	45,472

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

Glossary and Definitions

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

Appendix 1: API Month 6 YTD Variable Payments by Care Group against Plan

Table 17: BHT Wider Variable Payment by Care Groups, Month 6 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	1,110	744	£1,789,995	£1,288,335	-366	£-501,660	
		Outpatient	9,715	10,022	£1,608,810	£1,689,225	307	£80,415	
	Dermatology	Elective	612	358	£576,709	£417,934	-254	£-158,775	
		Outpatient	13,209	12,313	£2,213,030	£2,043,181	-896	£-169,849	
	Diabetes & Endocrinology	Elective	61	63	£32,282	£35,107	2	£2,825	
		Outpatient	1,430	1,445	£327,197	£335,115	15	£7,918	
	Emergency	Elective	249	19	£201,602	£20,675	-230	£-180,927	
	Gastroenterology	Elective	6,838	6,509	£4,150,122	£4,059,637	-329	£-90,485	
		Outpatient	2,300	2,297	£503,171	£521,075	-3	£17,904	
	General Medicine	Elective	910	194	£718,594	£132,890	-716	£-585,704	
		Outpatient	1,328	3,333	£291,945	£757,777	2,005	£465,832	
	Neurology	Elective	205	251	£121,038	£152,788	46	£31,750	
		Outpatient	2,652	2,237	£614,131	£597,382	-415	£-16,749	
	Respiratory Medicine	Elective	215	237	£251,301	£304,396	22	£53,095	
		Outpatient	3,148	4,130	£706,064	£936,006	982	£229,942	
	Rheumatology	Elective	204	236	£110,045	£138,489	32	£28,444	
		Outpatient	1,775	1,932	£472,706	£523,284	157	£50,578	
	Stroke Medicine	Elective	3	4	£17,981	£24,650	1	£6,669	
		Outpatient	1,065	1,060	£418,193	£417,251	-4	£-942	
	Integrated Medicine Total			47,027	47,384	£15,124,914	£14,395,197	357	£-729,717
Specialist Services	Cancer	Elective	2,933	3,368	£1,012,906	£1,162,864	435	£149,958	
		Outpatient	5,265	5,886	£1,170,250	£1,333,619	621	£163,369	
	Clinical Haematology	Elective	2,259	2,349	£1,353,978	£1,910,951	90	£556,973	
		Outpatient	3,290	3,789	£744,819	£923,800	499	£178,981	
	Gynaecology	Elective	821	894	£1,737,892	£1,568,799	73	£-169,093	
		Outpatient	7,170	6,539	£1,870,936	£1,866,419	-631	£-4,517	
	Obstetrics	Elective	3	3	£11,508	£11,513	1	£5	
	Paediatrics	Elective	355	372	£322,387	£330,477	17	£8,090	
	Pathology	Outpatient	8,132	8,293	£1,713,208	£1,758,675	161	£45,467	
		Pathology Tests	1,292	1,324	£33,734	£232,792	1,125	£199,058	
	Radiology	Elective	1,292	653	£199,630	£107,705	-639	£-91,925	
		Outpatient	349	306	£511,540	£431,462	-43	£-80,078	
		Radiology OP Unbundle	34	558	£16	£154,390	525	£154,374	
	CLINICAL PSYCHOLOGY	Outpatient	56,375	61,581	£4,123,791	£4,805,565	5,206	£681,774	
	Specialist Services Total			88,530	96,043	£14,818,782	£16,626,337	7,513	£1,807,555

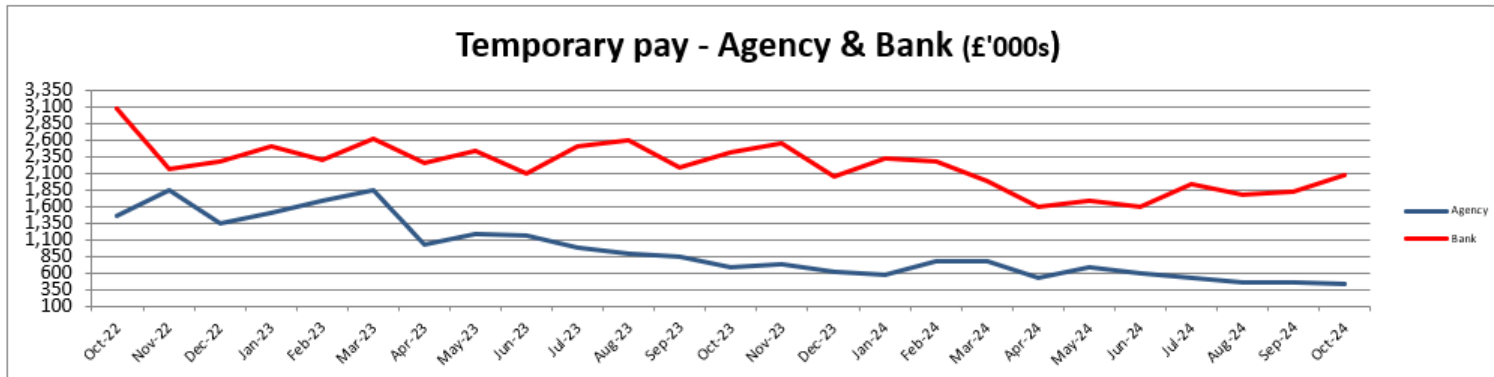
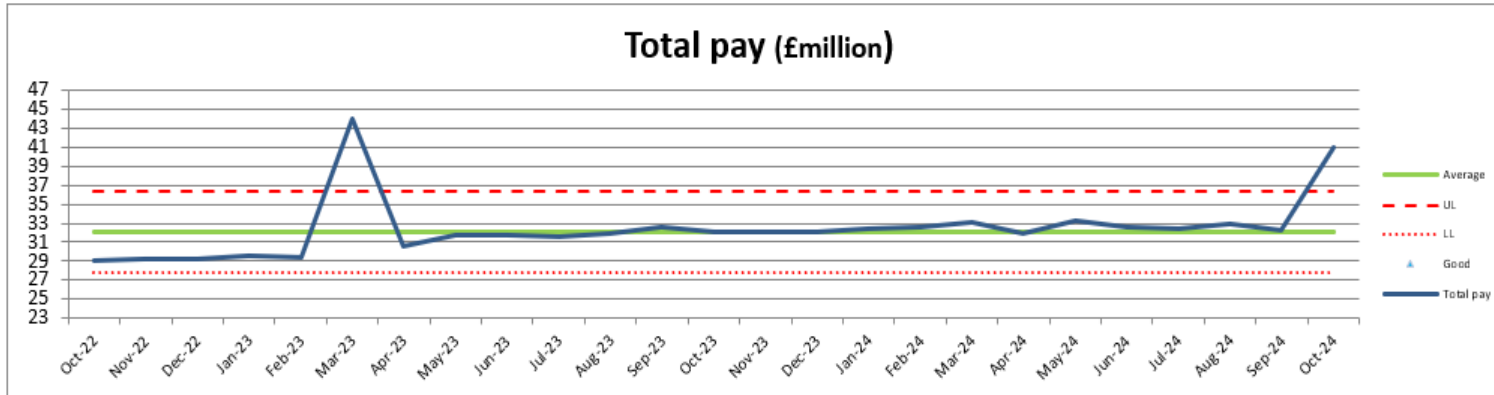
Appendix 1: API Month 6 YTD Variable Payments by Care Group against Plan

Table 17: BHT Wider Variable Payment by Care Groups, Month 6 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	665	385	£547,804	£326,692	-280	-£221,112
		Outpatient	6,964	7,237	£1,242,347	£1,240,924	273	-£1,423
	E.N.T.	Elective	423	478	£626,592	£725,301	55	£98,709
		Outpatient	8,067	12,168	£1,089,655	£1,704,442	4,101	£614,787
	General Surgery	Elective	1,544	1,448	£4,491,725	£4,110,815	-96	-£380,910
		Outpatient	9,414	9,701	£1,983,951	£2,079,044	287	£95,093
	Ophthalmology	Elective	2,977	2,778	£3,934,050	£3,566,747	-199	-£367,303
		Outpatient	30,709	30,638	£4,181,740	£4,146,845	-71	-£34,895
	Oral & Maxillofacial Surgery	Elective	476	354	£490,060	£355,514	-122	-£134,546
		Outpatient	5,048	4,003	£864,276	£689,939	-1,045	-£174,337
	Plastic Surgery and Burns	Elective	1,659	1,545	£2,842,095	£2,557,748	-114	-£284,347
		Outpatient	7,421	7,057	£1,572,671	£1,524,351	-364	-£48,320
	Urology	Elective	1,282	1,310	£2,484,947	£2,572,057	28	£87,110
		Outpatient	6,230	6,316	£1,361,305	£1,413,952	86	£52,647
	Trauma and Orthopaedics	Elective	1,864	1,934	£6,528,337	£6,678,383	70	£150,046
		Outpatient	7,448	6,975	£1,426,104	£1,323,166	-473	-£102,938
Surgery and Critical Care Total			92,191	94,327	£35,667,658	£35,015,920	2,136	-£651,738
Community and Rehabilitation	Sexual Health Therapies	Outpatient	28	29	£5,427	£5,688	2	£261
		Outpatient	4,544	4,330	£208,205	£202,982	-214	-£5,223
	Spinal Injuries MFOP	Outpatient	154	195	£4,851	£6,176	41	£1,325
		Elective	560	590	£277,572	£266,949	30	-£10,623
	Palliative Care	Outpatient	801	1,076	£214,603	£279,558	276	£64,955
		Elective	1	49	£0	£14,121	48	£14,121
	Community Paediatrics	Outpatient	5		£2,646		-5	-£2,646
		Elective	1	5	£505	£4,333	5	£3,828
Community and Rehabilitation †			6,092	6,274	£713,809	£779,807	182	£65,998
Grand Total			233,841	244,028	£66,325,163	£66,817,261	10,187	£492,098

Appendix 2: Pay Detail

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



Meeting: Trust Board Meeting in Public

Date: 27 November 2024

Agenda item	Digital Health Programme (EPR) update
Board Lead	Andrew McLaren, Chief Medical Officer
Author	Digital Health programme director Senior management team
Appendices	Digital Health Programme Summary Powerpoint presentation
Purpose	Assurance
Previously considered	Trust Digital Health Programme Board 11.11.2024 Finance & Business Performance Committee 26.11.2024

Executive summary

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

National business case approval and programme finances

Work continues to respond to NHSE approval letter requests. Programme finances are continuing to track to the agreed budget

Programme delivery

We have completed the major CareFlow and Bluespier Theatres Trust wide upgrade on Saturday 26th October.

The initial Go live for digitisation of forms (Phase 1) was unfortunately delayed from 13th November. A retrospective call was held and an urgent replanning exercise is being undertaken to be presented at next DHPB.

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. A further module for the Community programme is due for delivery into LIVE operation in a pilot service by end November.

Trust CNIO commenced earlier in November and will provide strengthened Digital Nursing leadership to the programme

Assurance, and approval

The Board is asked to *take assurance* from the programme delivery plan and *note* the status on programme finances and training impacts.

A verbal update following discussion at the Finance & Business Performance Committee (FBPC) will be provided to Trust Board.

Decision	The Board is requested to take assurance from this report		
Relevant strategic priority			
Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input checked="" type="checkbox"/>
Relevant objective			
<input checked="" type="checkbox"/> Improve waiting times in ED <input checked="" type="checkbox"/> Improve elective waiting times <input checked="" type="checkbox"/> Improve safety through clinical accreditation	<input checked="" type="checkbox"/> Give children living in most deprived communities the best start in life <input checked="" type="checkbox"/> Outpatient blood pressure checks	<input checked="" type="checkbox"/> Zero tolerance to bullying	
Implications / Impact			

Patient Safety	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) and local or Corporate 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 <small>Select an item. Select CQC standard from list.</small>	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.
Quality Impact Assessment [QIA] completion required?	Each significant programme e.g., EPMA will complete a QIA.

Digital Health Programme update November 2024

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK



Executive summary

- **Acute Project** CareFlow upgrade (with Bluespier Theatres) completed 26th October. Clinical Narrative Go Live postponed from 13th November – replanning to take place. Focus on relaunch of Workspace (now clients rolled out to all clinician devices) **Deep Dive – Dec DHPB**
- **Maternity** Floorwalking options agreed, preparation for final testing November. On track for Feb 2025 Go Live. **Deep Dive – Nov DHPB**
- **ePMA** – Pharmacy Stock Control transfer completed successfully. Build readiness training commenced with supplier. Further training courses agreed for November and December. Majority of "as is" processes signed off. System C "show and tell" event 16th Dec on site. **Deep Dive – Mar 25 DHPB**
- **Community** SMS pilot go-live 26 Nov 24. Phase 2 new forms and [H@H](#) BIRS pilot also the last week on Nov/first week of Dec. Formal project board instigated for November
- **Enabling Technologies** – Work continues in development of key enablers such as EUD strategy, assessment of devices and hardware requirements. Sprint 1 (75% complete). Operation Flow device deployment plan agreed and signed off. **Deep Dive – Feb 25 DHPB**
- **BI workstream** – Work underway to constitute formal governance arrangements and understand dependencies. PID ready for December DHPB approval
- **Programme recruitment continues** – CNIO (Chief Nursing Information Officer) now on board, training lead allocated for ePMA project.
- **EPRIB approval** – follow up activity around NHSE letter for approval
- 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
 - **Capacity to support multiple programme and other projects** – work on getting a programme capacity plan, risk around early 2025 (Jan to March)

Programme Training

Workstream Training Approach

Maternity – As major change to Midwives and other professionals, classroom based training with e-learning, demonstrations, familiarisation and "at the elbow"/"floorwalking" to support around the Operational Go Live

Community – Mixture of e-learning, teams training, SOPs, QRGs and face to face (Total Mobile)

Acute – How Do I Guides and Quick reference guides, bite sized videos, Teams based training – then focussed support at the point and (Trust location) of Go lives

EPMA – based on other Trust experiences, majority e-learning in advance of Go Live. When inpatient and other areas are rolled out, a multi-function deployment team (Pharmacy/Clinical/Digital) will provide training in situ to support early live shifts/periods of time. Training with pharmacy and nursing teams on the associated devices (drug trolleys, closed loop medication devices)

All of the above support by clear communication channels through operational and clinical networks to promote/signpost the training as appropriate

Training plan (Trust staff impacted during month) – note estimates for some workstreams subject to signed off training plans and deployment approach (Acute and ePMA). Numbers based on analysis carried out for an earlier DHPB training report Summer 2024.

	Dec24	Jan25	Feb25	Mar25	Apr25	May25	Jun25	Jul25	Aug25	Sep25	Oct25
Maternity	134	301	20								
Community	600	1400	500	200	300	300	300				
Acute	100	350	300	200	200	200	200	200	200	300	
ePMA						250	250	500	700	600	
Totals	834	2051	820	400	500	750	750	700	900	900	

Training criteria/governance

E-learning – linked to IASPIRE, pass/fail tests built in, pass certificates – pre-cursor to access to systems

Criteria for Go Lives – 80% of critical staff by Go Live minimum threshold, targets higher – (No Go if not achieved). Reports to be circulated to senior stakeholders/Trust operational and clinical teams for managing attendance/completion of training

Go Live support - Agreed Go Live and post Go Live support period resources reviewed and agreed with stakeholders prior to Go Live

Programme Finance

Expenditure on the Programme to date amounts to £5.3m - £3.8m Capital and £1.5m Revenue. Forecast expenditure across both capital and revenue remain on plan for the year with total projected expenditure £11m for the year. This is in line with the business case.



Programme Summary					Funding		
Type of Expenditure	Annual Budget	M7		Forecast Variance to Budget	Plan	Forecast	Variance
		Year to Date Spend	Forecast Spend				
Capital	8,302,000	3,838,513	8,056,410	245,590	8,302,000	9,475,000	-1,173,000
Revenue	3,043,323	1,498,327	2,964,079	79,244	332,000	2,996,000	-2,664,000
Total	11,345,323	5,336,840	11,020,489	324,834	8,634,000	12,471,000	-3,837,000

As per the approved business case, additional funding of £3.8m above plan has been agreed to be received in the year. This includes £1.2m additional capital funding and £2.6m additional revenue.

Contingencies

The business case included contingency both in revenue and capital for 2024/25 - Capital £1.1m and Revenue £338k. Assessment is currently underway on the utilisation of the Capital contingency with an update to be provided in December 2024. Commitments have been made against the revenue contingency for staffing backfill costs for EPR training. These costs are estimated at £134k in year.

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

Early 2025: Clinical Narrative 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 *early 2025*

(Phase 2 will deploy inpatient assessment forms)

Jan 2025: Community NEMS Go-Live
Mar 2025: Community Integration Hub
So What?

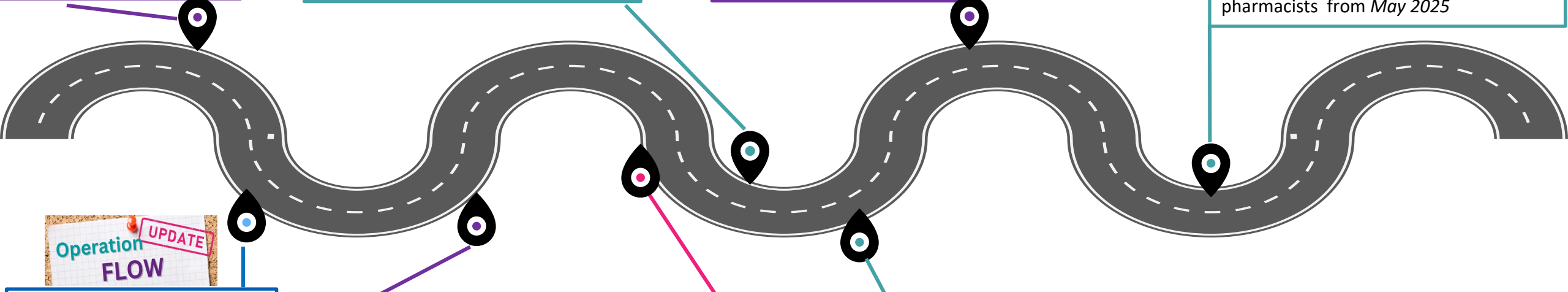
- Patient data to be transferred across the Trust into RiO
- Read only view of child health messages into RiO



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

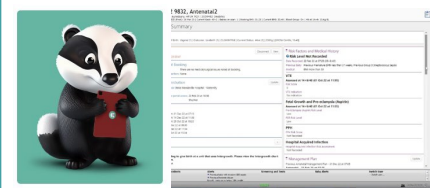
Dec 2024: New Trust Integration Engine Initial Go-Live
So What?

- 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.	06.11.2024: Pharmacy server now transferred - awaiting DPIA from Pharmacy to agree to remove/power down from network	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.	08.11.2024: meetings continue - DHPB will receive updates from project Dec 2024 DHPB on benefits status	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.	08.11.2024: CNIO commenced with Trust - nursing involvement widening into programme. System C "show and tell" session for clinicians arranged for 16/12 (ePMA and other clinical modules)	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.	06.11.2024: CNIO in post, assessment across programme of resources per month to ensure each project adequately resourced - plan by Dec 2024	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.	08.11.2024: final work to respond to NHSE letter to Trust to secure funding in place	692	16	3
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.	08.11.2024: Upgrades completed successfully in October with clear supplier management. Need to maintain pressure with key suppliers - invite to DHPB from Dec 24 to hold to account if necessary	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.	08.11.2024: delay to Narrative initial Go Lives will involve replanning with operational and clinical teams during this period. Upgrades completed by end Oct 2024 - risk across programme lessened	695	16	9
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.	08.11.2024: training discovery continues - ePMA lead trainer appointed from BHT - training commenced Nov 24. Plans to detail project expected training numbers by month across the whole programme - Dec 24	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	08.11.2024: additional clinical involvement across Maternity, Acute and ePMA visible	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