

BOARD MEETING

Date of Meeting: 21 March 2023	Agenda item: 11
---------------------------------------	------------------------

Title of Paper: Draft 2023/24 Operational Plan

Paper is for: (Please ✓)	Discussion	✓	Decision		Information	✓
---------------------------------	-------------------	---	-----------------	--	--------------------	---

<p>Executive Summary</p> <p>The paper aims to provide the Board with a summary of the draft 2023/24 Operational plan submission. The final plan must be submitted to NHS England (NHSE) on 30 March 2023. The paper seeks formal delegation to the Chief Executive Officer to approve the final Integrated Care Board submission working with NHS system partners, the Executive team and briefing board members as appropriate.</p> <p>Across the Integrated Care System (ICS), NHS partners' draft plans include:</p> <ul style="list-style-type: none"> • Workforce growth of 1.8% • Delivering 95.4% of value weighted elective activity when compared to the 2019/20 activity level. The national target is 109%. • Eliminate waits for elective treatment of more than 65 weeks by March 2024 as per national ambition. • Improving delivery of the 4-hour standard to 76% • An expansion of virtual wards and urgent community response capacity • Increased primary care appointments and an increase in appointments offered within two weeks. • An improvement in cancer care access times • Targeted investment in health inequalities
--

<p>Action Required</p> <p>The Board Members are asked to</p> <ul style="list-style-type: none"> • Note the contents of the draft operational plan submissions across ICS NHS partners. • Approve delegated authority to CEO for submission of final ICB plans.

<p>Date and Name of Committee/meeting at which Paper Reviewed:</p> <p>Development of the plan has been considered at Board workshops, the System Productivity Committee and the Executive Management Committee.</p>
--

Author: Ben Gattlin, Head of Planning and Programmes

Executive Lead/Senior Responsible Officer: Matthew Tait, Interim Chief Delivery Officer
--

Date of Paper: 8 March 2023

Conflicts of Interest

The agreement of the Operational Plan will have an impact on organisations led by members of the Board (NB, NM) and ICB funding contributes to the pooled budgets managed by Oxfordshire County Council and the contract held by GP practices, so SC and SJ are potentially conflicted. The perspective of these members is an important aspect to development of our priorities and plans.

No conflict identified

Conflict noted: conflicted party can participate in discussion and decision

✓

Conflict noted, conflicted party can participate in discussion but not decision

Conflict noted, conflicted party can remain but not participate in discussion

Conflict noted, supported paper withheld from conflicted party e.g. pecuniary benefit

Conflicted party is excluded from discussion

DRAFT 2023/24 OPERATIONAL AND FINANCIAL PLAN

Introduction and purpose of the paper

1. The purpose of this paper is to provide an overview of the Buckinghamshire, Oxfordshire & Berkshire West Operational and Financial Plan for 2023/24. Our plan aligns with the national 23/24 operational planning guidance. A RAG (Red, Amber, Green) rating has been applied to indicate a high-level risk assessment for ICS plans compared with the national ambitions, Annex 1.

Context and background

2. The system has been on a recovery trajectory from the effects of COVID-19 on our activity and waiting lists. The focus through 2023/24 is to continue this recovery by using resources effectively, recruiting, training, and retaining staff.
3. The plans are draft and will continue to be reviewed and refined before final submission, with significant focus on reducing the potential deficit position.

Service area highlights and delivery

Elective

4. The system is planning to continue to build additional activity beyond pre-pandemic levels. The focus for 2023/24 will be to continue to reduce long waiters, cutting to zero the numbers of patients waiting 65 weeks or longer by March 2024 and reducing the number of patients waiting more than 52 weeks.
5. Draft plans show that the overall waiting list for elective care will increase from 128,000 to 138,000.
6. Our outpatients programme aims to increase the uptake of advice and guidance (A&G) along with virtual consultations and patient initiated follow ups (PIFU).

Table 1. Draft plan vs 2019/20 baseline

Organisation	Plan (against 19/20 baseline)						waits	
	Elective	Daycase	Outpatients 1st	Outpatients FUP	wgt activity	completed pathways	52s	65s
<i>Berkshire Healthcare NHS Foundation Trust</i>								
<i>Buckinghamshire Healthcare NHS Trust</i>	74%	86%	113%	99%		87%	2,110	0
<i>Oxford Health NHS Foundation Trust</i>								
<i>Oxford University Hospitals NHS Foundation Trust</i>	82%	88%	104%	108%		93%	1,605	0
<i>Royal Berkshire NHS Foundation Trust</i>	82%	98%	111%	106%		74%	50	0
Buckinghamshire, Oxfordshire & Berkshire West ICB	81%	89%	113%	101%	95.4%	85%	4,142	0

Table 2. Draft plan vs 2022/23 actuals

Organisation	Plan (against 22/23 actual)			
	Elective	Daycase	Outpatients 1st	Outpatients FUP
Berkshire Healthcare NHS Foundation Trust				
Buckinghamshire Healthcare NHS Trust	103%	106%	106%	99%
Oxford Health NHS Foundation Trust				
Oxford University Hospitals NHS Foundation Trust	99%	99%	99%	99%
Royal Berkshire NHS Foundation Trust	95%	106%	106%	99%
Buckinghamshire, Oxfordshire & Berkshire West ICB	103%	100%	101%	100%

Based on M1-M6 22/23 actual vs M1-M6 23/24 plan.

- The system will focus on outpatient activity and productivity in quarter one and will also ensure waiting lists are accurate and effectively support prioritisation.

Cancer

- Whilst the system has submitted a trajectory that reduces the number of people waiting 62 days or more for cancer treatment (to 771) these plans do not meet the national ambition of reducing to the February 2020 level (of 514). We have seen substantial improvement and significant reductions in waiting lists over the last few weeks and Trusts will be reviewing the trajectories before final submission. As a system we plan to achieve the Faster Diagnostic Standard (FDS).C

Diagnostics

- Through 2022/23 the system has achieved almost 110% of diagnostic activity vs the 2019/20 baseline, although it should be noted this is below the national ambition of 120%. As a system, our draft submission for 2023/24 has been entered incorrectly showing a decrease in total waiting list and increase in those waiting more than six weeks. This will be rectified in our final submission. Our activity plans for 2023/24 reflect an increase in imaging modality activity, 108% compared with 2019/20 and a lower level of endoscopy modalities 89% compared with 2019/20. Additional capacity is associated with the continuation of Community Diagnostic Centres and broader Trust growth plans.

Urgent and Emergency Care and Community Care

- The system aims to improve Emergency Department (ED) 4-hour performance to deliver the minimum ambition of 76% during 2023/24. Hospital flow is key to delivering improvement in the ED. Our acute partners have implemented several strategies to improve flow from ED and have shared their ideas with each other to enable wider benefit across the ICS. Initiatives to improve flow are already underway and will continue through 2023/24. Bed occupancy remains high within the ICS providers and while discharge initiatives and funding have been targeted at reducing this, the plans for 2023/24 reflect a general and acute bed occupancy of more than 95%. These plans and initiatives will be reviewed before final submission.
- Through 2022/23 the ICB has focused on the adoption and use of Virtual Wards. BOB ICS partners expect to have 300 beds in place by April 2023. Having recently successfully recruited to several posts with staff due to start in the next three months, we feel confident about increasing this capacity to 430 beds by December 2023 and 460 beds by April 2024.

Primary Care

12. Improved access to primary care is a key focus for the system through 2023/24 despite already recovering appointments to pre-pandemic levels. Continued improvements in digital technology will support further advances and improvements in patient care together with wider roll-out of the Community Pharmacist Consultation Service and projects for same day urgent access to provide wider choices (111, urgent care centres, PCN (Primary Care Network) urgent access hubs). We are working to strengthen and increase workforce associated with the Additional Role Reimbursement Scheme (ARRS).
13. We are planning to increase the percentage of patients seen within two weeks as per the national ambition through 2023/24.

Mental health, Learning disabilities and Autism

14. The ICS has submitted an ambitious trajectory for reducing the number of patients staying in out-of-area placements from 720 bed days per month in April 2023 to 120 in March 2024. This will ensure better patient and family experience and reduce costs to the system.
15. The ICB is collaborating with local authorities to support pathways associated with Special Educational Needs and Disabilities to reduce waiting times during 2023/24 and developing services to address the growing demand and backlogs.
16. We are focusing on unblocking barriers to physical health care and addressing gaps in provision for people with Learning Disabilities and Autism in mental health inpatient settings. We will aim to incorporate mental health care into discharge planning to ensure safe discharge and ongoing physical health monitoring in the community.
17. Although not meeting the national ambition, the ICS aims to increase the number of people with a learning disability and/or autism getting an annual health check while reducing reliance on inpatient care.
18. The ICS has not stated that we will meet the dementia diagnosis rate (66.7%), however we have a planned trajectory to achieve 65% which is likely to be improved for our final submission.

Health Inequalities

19. As part of the 2023/24 plan BOB has allocated £4m of funding to place based partnerships to support the CORE20plus5 approach and targeted local priorities.

Draft Workforce Plans

20. Themes for 2023/24 include increasing rehabilitation, reablement and therapeutic skills: advancing clinical practice, nurse consultants and specialist nurses, and promoting rotational opportunities, virtual working, 'flexible resourcing', 'modular skills', and placement expansion.

Table 3. WTE (Whole Time Equivalent) March 2023 vs Draft plan for March 2024

Organisation	Workforce		
	Staff in post	Planned staff in post	variance
	31/03/2023	31/03/2024	
<i>Berkshire Healthcare NHS Foundation Trust</i>	4807.73	4956.51	3.1%
<i>Buckinghamshire Healthcare NHS Trust</i>	6132.56	5887.26	-4.0%
<i>Oxford Health NHS Foundation Trust</i>	6659.4	6884.76	3.4%
<i>Oxford University Hospitals NHS Foundation Trust</i>	13190.55	13413.59	1.7%
<i>Royal Berkshire NHS Foundation Trust</i>	6130.49	6184.2	0.9%
<i>Buckinghamshire, Oxfordshire & Berkshire West ICB</i>			
<i>Primary Care</i>	4942.15	5279.22	6.8%
Total	41862.88	42605.54	1.8%

21. Draft plans reflect expected growth in relation to ARRS roles in primary care and investment associated with delivery of the Mental Health Investment standard

Risks to the delivery of our plan

22. Increase in COVID-19 rates affecting infection prevention and control measures, limiting time and space for our elective procedures and increasing the time taken to complete pathways through urgent and emergency care.

23. Current instances of industrial action if continued through 2023/24 will affect multiple care settings to varying degrees, depending on the type and breadth of action.

24. Excess winter pressures caused by an increase in number and virulence of flu and other respiratory illnesses.

25. Our workforce - stress, anxiety, depression, and other psychiatric conditions continue to be a significant cause of absence – in some cases it accounts for 30%-50% and reinforces the importance of maintaining a focus on health and wellbeing.

26. Alignment of financial constraints with operational delivery expectations and ensuring a high quality of care is maintained.

Recommendations

27. The Board Members are asked to:

- Note the contents of the draft operational plan submissions across ICS NHS partners.
- Approve delegated authority to CEO for submission of final ICB plans.

Annex 1 National Operational Plan Metrics 2023/24

Programme Areas	Objectives of the Operational Plan	BOB present outlook and delivery	BOB
Urgent and emergency care	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25	BOB providers have fluctuated between 40% and 60% over the past few challenging months	
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25	SCAS (South Central Ambulance Services) provide the ambulance response for BOB and for planning purposes are aligned to Hampshire and Isle of Wight ICB – current Cat 2 response times are between 1 hour and 1.5 hours (Validated data from Nov 2022 shows an avg. of 28 mins.	
	Reduce adult general and acute (G&A (General & Acute)) bed occupancy to 92% or below	BOB averaged 96.3% through October 2022	
Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard	BOB consistently meets this target (87.9% in September 2022)	
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals	59% patients described making a GP appointment as good (56% National Avg.)	
Primary care	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need	<i>*Data quality issues as new metric - Nov 22 best performing practice 98.1% lowest 59.7% half of all BOB practices 77%-90% patients seen within 2 weeks.</i>	
	Continue the trajectory to deliver 50 million more appointments in general practice by the end of March 2024	BOB currently delivers the highest number of GP appointments per 10k of the population in the SE (Southeast), 5,547 per 10k population (October 2022)	
	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024	Achieved 87% of planned PCN recruitment in 2021 / 2022 Second highest number of ARRS FTE per 100K at 27 (SE average figure of 24)	
	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels	Nov 22 saw BOB deliver 92% of contracted UDAs	
Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)	In June 21 BOB had over 8,000 patients waiting over 65 weeks in Dec 22 that figure has been reduced to 1,722	
	Deliver the system- specific activity target (agreed through the operational planning process)	Presently operating around 100% compared to 2023/24 target of 109%.	

Cancer	Continue to reduce the number of patients waiting over 62 days	Although BOB has shown continuous improvement over the past few months as at the end of November over 12% of patients were waiting over 62 days – the highest proportion in the SE Region.	
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days	BOB trend around the 75% mark, the latest data Oct 22 shows 72.3%.	
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	Plans are recovering towards this target	
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	Has been trending in the wrong direction in BOB through 2022, 16.7% patients waiting over 6 weeks in October 2022.	
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition	Above plan for 7 of 9 months YTD (year to date)	
Maternity	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal, mortality and serious intrapartum brain injury	rate of still births has reduced year on year since 2015	
	Increase fill rates against funded establishment for maternity staff	People Plan and BOB LMNS (Local Maternity and Neo natal System)	
Use of resources	Deliver a balanced net system financial position for 2023/24	Submitted deficit position	
	Meet the 2.2% efficiency target	Submitted 2.5% efficiency plan	
Workforce	Reduce Agency to 3.7% of total wage bill	Dedicated Temporary staffing Programme	
	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise	Followed the national picture of increasing leave rate People Plan has detail on actions	
Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)	Above plan from Apr 21 through to July 22 (cyber-attack)	
	Increase the number of adults and older adults accessing IAPT (Improving Access to Psychological Therapies) treatment	Below target Oct 22, 4-month upward trend (after dropping off July 22 (cyber-attack)	
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services	82.6% Oct 22 (ICB ranked 30/42)	
	Work towards eliminating inappropriate adult acute out of area placements	Increasing numbers through 2022, Oct 22 = 1,545 - some improvement through January	
	Recover the dementia diagnosis rate to 66.7%	Continued upward trend since April 22, 59% as of Sep 22	
	Improve access to perinatal mental health services	Increased by c.40% from June 21 to June 22	

People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024	23.7% in Oct 22 - lower than England average	
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit	Dec 22 43 adult inpatients (per million) 11 under 18s inpatients (per million)	
Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024	58.8% - highest in SE	
	Increase the percentage of patients aged between 25 and 84 years with a CVD (cardiovascular disease) risk score greater than 20 percent on lipid lowering therapies to 60%	51.8% Q1 22/23 (continuous improvement from April 21)	
	Continue to address health inequalities and deliver on the Core20PLUS5 approach	BOB has a well-established Health Inequalities programme setup to achieve our broad ambitions	