

BOB ICB BOARD MEETING

Title	Operational Plan Quarter 1 Review		
Paper Date:	18 August 2023	Meeting Date:	19 September 2023
Purpose:	Information	Agenda Item:	11.2
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Executive Summary			
<p>On 4 May 2023, the system completed Operational Plans for 2023/24. These consisted of multiple templated submissions for activity and performance, workforce and finance. This paper provides an overview of the delivery against those plans by programme area and by provider.</p> <p>The annual operational planning round follows publication of guidance¹ which highlights national priorities for the year ahead. Key metrics across programmes are outlined within templates that the system coordinates completion of, in discussion and agreement with providers. Whilst the programmes have various transformation projects within them and are tracked within programme Boards and ICB committees this paper provides a high-level quantitative overview of the key programme metrics.</p> <p>Industrial Action (IA) has been a key feature of Q1 with 22 working days affected. With crucial services prioritised for patient safety, routine elective activity has been suppressed and the number of long waiting patients has increased. This increases the risk to delivering the target of having no patients waiting over 65-weeks at the end of March 2024 alongside providing a financial risk. The Elective Recovery Fund (ERF) was released for 2023/24 with BOB receiving £69.3m. Guidance outlines that 16% (£11.1m) of this fund could be held back if BOB does not achieve its elective activity value target of c.£479m.</p> <p>Finance will not be covered in this report in any more detail than to give the headline year-to-date figures at the end of Q1. Workforce will receive the same treatment with an overview of total workforce by whole time equivalents (WTE) and a further split out of agency and bank.</p>			
Action Required			
<p>The board are asked to:</p> <ul style="list-style-type: none"> • Note and discuss the contents of the paper 			
Conflicts of Interest:	Conflict noted: conflicted party can participate in discussion and decision.		
<p>The delivery of the Operational Plan involves work by on organisations that members of the Board (Steve MacManus, Partner member – NHS Trusts/Foundation Trusts; Minoo Irani, Member for Mental Health) lead/are employed by and ICB funding contributes to the pooled budgets managed by Buckinghamshire Council and the contract held by GP practices, so RS and GG are potentially conflicted. The perspective of these members is an important aspect to delivery of our priorities and plans.</p>			
Date/Name of Committee/ Meeting, Where Last Reviewed:	30/08/2023 ICB Performance & Assurance Meeting		

¹ <https://www.england.nhs.uk/publication/2023-24-priorities-and-operational-planning-guidance/>

Operational Plan Quarter 1 Review

Context

1. Quarter 1 (Q1) has seen an expected seasonal improvement in emergency department (ED) performance amidst higher-than-expected attendances. Elective care has been challenged with suppressed activity levels and growth in numbers of patients waiting over 65 weeks. Primary care has delivered more appointments than planned and increasing the proportion of appointments undertaken within 14 days. Mental Health delivery is challenged in relation to the operational planning guidance however it should be noted at the time of writing most data for Q1 has not been published with latest data points (Q4 2022/23) taken as indication of performance vs plan.

Urgent & Emergency Care

2. Planning for Urgent & Emergency Care centred on three key measures with national targets assigned to them a) improving A&E waiting times so at least 76% of patients are seen within 4 hours b) improve category 2 ambulance response times to an average of 30 mins c) reduce adult general and acute bed occupancy to 92% or below.
3. BOB acute emergency departments saw 128,848 attendances through Q1 this was 4,150 more than planned. Buckinghamshire Healthcare Trust (BHT) saw fewer attendances than plan whilst Royal Berkshire Foundation Trust (RBFT) and Oxfordshire University Hospitals (OUH) saw more than planned the latter by almost 10%. Despite seeing more attendances than planned through Q1, performance against the 4-hour standard was ahead of plan for BHT and OUH, whilst RBFT were 2% off plan it should be noted the performance was the highest of the acute providers and their plan was to achieve the 76% target from the outset.
4. Category 2 response times is a measure owned by South Central Ambulance Service (SCAS), delivery of the 30-minute response time was consistent prior to the beginning of Q1 and has been maintained throughout Q1. The measure is also reported monthly in the ICB Performance & Quality Report.
5. Despite a decreasing trajectory adult bed occupancy has remained challenged across all three acute Trusts. There were infrequent days where adult general and acute (G&A) bed occupancy dipped below 92% however in the main adult bed occupancy fluctuated between 92-96%

Community Health Services

6. The key measures here were to consistently meet the 2-hour urgent community response (UCR) standard and reduce unnecessary GP appointments by streamlining direct access pathways and setting up new local pathways to receive direct referrals.
7. The system has continued to perform well with almost 90% delivery against the 2-hour standard. Consistently one of the top two Systems across the Southeast.
8. The system continues to leverage partnerships with community pharmacy and continue improving trajectory of referral numbers into community pharmacy from both general practice and 111. This has grown from c.2 per 100k in 2022 to more than c.40 per 100k in 2023.

Primary Care

9. The focus of primary care plan through 2023/24 was to enable more patients access to primary care in a timely manner. BOB already provides a high number of appointments per head of the population. This has continued to grow through Q1 with each month in Q1 2023/24 seeing more appointments taking place than in Q1 2022/23. Whilst increasing the number of appointments undertaken BOB has also increased the proportion of patients seen within 14 days of an appointment being booked from 82.2% in April 2023 to 83.9% in June 2023. Through Q1 general practice delivered 2,437,480 vs a plan of 2,400,276.
10. Additional Roles Reimbursement Scheme (ARRS), BOB continues to increase direct patient care (DPC) roles supporting the national ambition of recruiting an additional 26k more roles by March 2024. Q1 2023/24 marked the 13th consecutive quarter of increase in full time equivalent (FTE) roles.
11. In relation to dental the measure used is units of dental activity against contract. BOB started low with only 53% of contracted activity being undertaken in April however returning this to 83% by the end of the quarter. At the end of June 2023 604,598 patients had been seen over the past 12 months. At the same time last year the figure stood at 541,498 an increase in patients seen over a 12-month period of more than 63k.

Elective Care

12. Reducing the elective backlog has been the cornerstone of planning following the pandemic. Initial target was to eliminate waits of over 104 weeks then came 78 weeks and the target outlined in the operational planning guidance for 2023/24 is to have no patients waiting over 65 weeks at the end of March 2024 unless they choose to do so. BOB providers planned to achieve this target with a trajectory reducing the number of patients waiting over 65 weeks month by month. Unfortunately, through Q1 the actual number at each month end has risen. Whilst in isolation April showed all our providers ahead of plan 1,399 over 65 weeks vs a plan of 1,906 the reverse became true for OUH at the end of May and then BHT at the end of June with only RBFT despite increasing month on month still ahead of planned trajectory.
13. To achieve the reduction of long waiting patients systems were allocated an Elective Recovery Fund (ERF), with BOB allocated £69.3m to deliver 109% of 2019/20's activity by value. A letter released in July 2023 reduced this 109% target by 2% to 107%. With BOB not delivering the 107% there is a risk that 16% of the £69.3m is held back potentially risking a deteriorating financial position for BOB.

Cancer

14. Following the pandemic the number of patients waiting on the cancer patient tracking list over 62 days increased to double the pre-pandemic number (500). The ambition nationally is to return to less than that number by March 2024. BOB has made great inroads into the backlog over the past six months and Q1 saw a reduction from 595 to 559.
15. The faster diagnosis standard is another key metric in tracking the effectiveness of cancer pathways in BOB. The national target here is for 75% of patients urgently referred by their GP for suspected cancer to either be diagnosed or have cancer ruled out within 28 days. BOB has historically performed well here and has maintained that through Q1, ending June with a figure of 78.4%.

Diagnosics

16. Delivering diagnostics in a timely manner is key to completing elective recovery. The focus for 2023/24 has been to increase diagnostic activity to support the backlog recovery and continue to measure diagnostics by the six-week standard in that only 5% of the waiting list should be waiting over 6 weeks at any time. On the former BOB has performed very well running at between 110% and 120% of 2019/20 activity levels. Through Q1 BOB delivered 141,904 against a plan of 138,957. The only modality in which all providers are not reaching planned levels is in flexi-sigmoidoscopy. The nuance here is imaging activity has vastly increased and proportion over 6-weeks has reduced whereas endoscopy activity has not grown to the same degree and the proportion waiting over 6 weeks is much higher.

Maternity

17. Two key statements were made in national guidance relating to maternity services the first is to make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal, mortality and serious intrapartum brain injury. The second is to increase fill rates against funded establishment for maternity staff.

18. All trusts provide regular updates on their progress of the 2023/24 Saving Babies Lives care Bundle (SBLCB) v3 via the NHSE SBLCBv2 implementation tool. This national guidance will reduce perinatal mortality and will continue to be monitored for compliance. In 2022/23 OUH were fully compliant with SBLCBv2 whilst RBFT/BHT were compliant with most elements.

19. Other national drivers like Ockenden, East Kent will also support the implementation of a wide range of intermediate and essential actions which will improve the quality and safety of maternity and neonatal services. All 3 trusts are working towards Clinical negligence scheme for Trusts (CNST) compliance with OUH fully compliant with Y4 Maternity incentive scheme, RBH and BHT partially but almost compliant. Going forward we will be monitoring cases of Hypoxic-ischaemic encephalopathy (HIE), infant neonatal and maternal mortality and stillbirths on an ongoing basis as we set up an ongoing Local Maternity and Neonatal System (LMNS) data strategy and operations group from September 2023 onwards. Quality surveillance is a significant feature of the LMNS work as we review serious incidents at panels and share learning across BOB to avoid future injuries and deaths from incidents. Patient safety incidents reporting framework (PSIRF) will provide a renewed vision regarding the approach to learning from patient safety incidents.

20. The LMNS hosts a monthly 1 to 1 meeting with each trust to discuss birthrate alongside establishment vs staff in post, vacancies, leavers, trends, exit interviews, staff in the pipeline, gaps, and requirements in staff provision. Quarterly system meetings take place with workforce leads to share ideas.

21. The LMNS workforce strategy has been aligned with the 3Y maternity and neonatal delivery plan. Mapping exercise of maternity workforce across the system completed. The LMNS have funded a maternity specific placement expansion post to increase midwifery student places across the system. The ICB & LMNS have supported 3 recruitment events across the system. 3 health education institutes have been invited to share their programmes for new apprenticeships into midwifery with the Trust maternity workforce leads. A succession planning programme steering group commenced. The LMNS have supported trusts to take up return to practice and return to midwifery programme. Support given to trusts to embed the building blocks for Maternity Continuity of Carer.

Use of resources

22. At M3, BOB Integrated Care System (ICS) has reported a £32.8m deficit which is £17.3m behind plan. The main driver of the year to date (YTD) ICS adverse variance is OUH at £13.7m with smaller adverse variances at the ICB £3.9m and RBFT £1.0m. The underlying run rate at OUH in the prior year was around £2.5m deficit per month. In 2023/24 this has increased to circa £6m deficit per month. The main drivers of the OUH adverse variance to plan are the slow start up of efficiency schemes, the impact of industrial action and inflationary pressures. The ICB variance is driven by prescribing pressures, Continuing Health Care (CHC), high value mental health placements, and independent sector usage driven by patient choice. The RBFT variance is due to additional costs resulting from industrial action (£390k) with the balance due to additional expenditure on clinical supplies.

Organisation / System Name	Year to Date			Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
BOB ICB	0.0	(3.9)	(3.9)	0.0	0.0	0.0
Berkshire Healthcare NHS Foundation Trust	(0.7)	0.1	0.8	1.3	1.3	0.0
Buckinghamshire Healthcare NHS Trust	(8.7)	(8.3)	0.4	(12.1)	(12.1)	0.0
Oxford Health NHS Foundation Trust	0.9	0.9	0.1	3.3	3.3	0.0
Oxford University Hospitals NHS Foundation Trust	(3.4)	(17.1)	(13.7)	(2.9)	(2.9)	0.0
Royal Berkshire NHS Foundation Trust	(3.5)	(4.5)	(1.0)	(10.1)	(10.1)	0.0
BOB ICS Total	(15.5)	(32.8)	(17.3)	(20.4)	(20.4)	0.0

23. BOB submitted a plan with 4.4% efficiencies, more than the 2.2% required by the operational planning guidance. YTD actual is £21.3m which is £8.0m behind plan and 12.4% of full year plan. The adverse variance is driven by OUH (£5.1m adverse). The Trust have phased £60m of their planned efficiencies evenly across the year. Discussions with the Trust indicate that efficiency delivery is unlikely to improve in the short term. OUH planned efficiencies account for 41% of the ICS total.

24. As per the 2023/24 planning close down letter, as the system did not submit a breakeven plan, it is required to implement several additional financial controls across the ICB and all providers.

Workforce

25. Through Q1, BOB ICS providers have reported 38,256 WTE, this is 716 (0.2%) more than plan. Two providers are below plan. OHFT are below plan with reliance on bank staff 34% below plan and agency 60% above plan resulting in a net -134 WTE. RBFT with a substantive workforce as planned through Q1 and reliance on bank 15% lower than plan and agency at just 50% of plan making up the majority of the -133. The on-going IA is a significant contributing factor to the slight increase in WTE across the acute providers. The use of agency workers across the system, apart from OHFT, has steadily reduced and is under the 3.7% target at the end of M3.

Organisation	Q1 Average			
	Plan (WTE)	Actual (WTE)	Variance	% Variance
Berkshire Healthcare NHS Foundation Trust	4,774	4,819	45	1%
Buckinghamshire Healthcare NHS Trust	6,586	6,638	52	1%
Oxford Health NHS Foundation Trust	6,675	6,541	-134	-2%
Oxford University Hospitals NHS Foundation Trust	13,976	14,249	273	2%
Royal Berkshire NHS Foundation Trust	6,142	6,009	-133	-2%
BOB ICS Total	38,153	38,256	103	0%

26. BOB is part of the Southeast Temporary Staffing Programme, which has been expanded to include all systems in the region. The initial focus, of the collaborative, has been on reducing agency usage. The next phase of the Programme includes analysing the impact, of reducing the use of agency workers, on bank usage and the substantive workforce numbers and subsequently agreeing actions and control measures.

Mental health

27. Multiple metrics were assigned to mental health in the operational planning guidance, across children and young people accessing services, improving access to psychological therapies (IAPT), increasing number of adults supported by community mental health services, eliminating inappropriate out of area placements, recovering the dementia diagnosis rate, and improving access to perinatal mental health. Through the planning round, despite the operational pressures, BOB was ambitious in laying down plans for the year ahead. Overall, there is an absence of data for Q1 with an indication provided by April's published data.
28. In April, the 12-month rolling position for both children and young people and women accessing mental health and perinatal mental health services respectively was lower than the previous year. Through Q4 of 2022/23 and into Q1 2023/24 the number of inappropriate out of area placements and the dementia diagnosis rates have remained relatively flat, that is, not meeting the national targets or planned trajectories.

Learning Disabilities & Autism

29. Learning disabilities and autism metrics centred on the number of health checks completed as a percentage of patients on the register alongside the numbers of adults and children with a learning disability and/or autistic.
30. BOB ended 2022/23 having completed health checks for 81% of those registered. Up to the end of Q1 11% of the registered list have received a health check this is in line with the planned trajectory of 10.4%.
31. Although BOB has not achieved the reduction of inpatients with learning disability and/or autism to the levels targeted progress has been made with over 43 adults per million as inpatients at the start of the year compared with 35 at the end of Q1 (target 30). 37 under 18-year-olds per million at the start of the year down to 27 at the end of Q1 (target 12-15).

Prevention & Health Inequalities

32. Work continues within the ICS with more sophisticated approaches to population health, using data to case find and cohort patients and residents to tackle health inequalities. BOB continues delivery on the CORE20PLUS5 approach as per the planning guidance. Within the specific measures related to the programme BOB continues to increase the percentage of patients with hypertension treated to National Institute for health and Care Excellence (NICE)² guidance c.8% year on year – this should see BOB reach the target of 77% by March 2024. BOB also continues to increase the percentage of patients with a cardiovascular risk score of greater than 20%, on lipid lowering therapies to 60%. This has been a slower improvement and whilst the latest data point shows 54.6% there is a risk of falling short of the 60% required by March 2024.

Asks of the Board or of members present

33. Note and discuss the progress against plan so far bearing in mind the direct and indirect impact of industrial action.

Next Steps

34. Delivery against plan will continue to be tracked, including updated mental health measures when available. The impact of industrial action, already seen through Q1 and having taken place through Q2 with additional expected in Q3 does mean trajectories as submitted at plan stage (March 2023) will likely be revised with the risks of industrial action crystallising in year.

² National Institute for Health and Care Excellence

Annex 1
RAG (Red, Amber, Green) Summary by Programme

Programme Areas	Objectives of the Operational Plan	BOB Q1 Update outlook and delivery	BOB Q1	
Urgent and emergency care	Improve A&E waiting times so that at least 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25	BOB providers improved from 60% range into 70% range through Q1. This could reflect seasonality with winter still to come.	Yellow	
	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) has continued to complete category 2 response times to around the 30-minute response target	Yellow	
	Reduce adult general and acute (G&A (General & Acute)) bed occupancy to 92% or below	Adult bed occupancy fluctuated between 92-96%	Red	
Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard	BOB continues to meet this target (88% in June 2023)	Green	
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals	Improved from 1 completed referral per 100k patients to community pharmacy in April 2022 to 75 per 100k in Dec 2022 (current national avg. 73.1 per 100k)	Green	
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	82.2% in April 2023 to 83.9% in June 2023. Higher than England Average	Green	
		Increasing number of appointments per head of the population (already one of the best in the country). 5,104 per 10k patients		
	Continue the trajectory to deliver 50 million more appointments in general practice by the end of March 2024	BOB currently delivers above the Southeast and England average	Green	
	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024	June 2023 - 1,286.5% increase in ARRS funded from March 2019 baseline	Q1 2023/24 Second highest number of Direct Patient Care Roles (DPC) in the southeast ARRS FTE per 100K at 81.48 (SE average figure of 76.1 per 100k)	Green
Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels	January 2023 saw BOB deliver 86% of contracted UDAs. Steep upward trajectory from low of 283k (March 2021) to over 600k (April 2023) *12 month rolling	63k more unique patients seen in 12 months to end June 2023 vs the previous 12 month rolling period.	Green	
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)	Planned to reach zero 65s by end of March 2024 however current increasing trajectory and impacted by industrial action	Yellow	

	Deliver the system- specific activity target (agreed through the operational planning process)	Target reduced to 107% to reflect loss of working days due to industrial action. BOB activity trending below 107%	
Cancer	Continue to reduce the number of patients waiting over 62 days	BOB providers on an improving trajectory through Q1 (595-559), although not reduced to national target (500 - Feb 2020 level)	
	Meet the cancer faster diagnosis standard (FDS) 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 continues to trend around the 75% mark, the latest data (June 2023) shows 78.4%.	
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	Maintaining the FDS and increased screening ensures the system continues to work towards this	
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	Still the highest it has been since the pandemic (26.4% June 2023) target <5%	
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition	Above planned levels throughout Q1	
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, neonatal mortality reduced in 2021 compared with 2020,	
	Increase fill rates against funded establishment for maternity staff	The LMNS have funded a maternity specific placement expansion post to increase midwifery student places across the system. The ICB & LMNS have supported 3 recruitment events across the system. 3 health education institutes have been invited to share their programmes for new apprenticeships into midwifery with the Trust maternity workforce leads.	
Use of resources	Deliver a balanced net system financial position for 2023/24	£17.3m behind plan	
	Meet the 2.2% efficiency target	£8.0m behind plan	
Workforce	Reduce Agency to 3.7% of total wage bill	Q1 agency under 3.7% of total wage bill	
	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise		
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)	Trajectory adverse to plan	

	Increase the number of adults and older adults accessing IAPT (Improving Access to Psychological Therapies) treatment	Not planning to meet ambitious LTP trajectory. Although maintain high performance in access rates 76.1% (Dec 2022) vs. national avg. 67%	
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services	53% May 2023 (ICB ranked 42/42) compared with 82.6% Oct 2022	
	Work towards eliminating inappropriate adult acute out of area placements	Static through Q4 2022/23 and 1,555 in April 2023	
	Recover the dementia diagnosis rate to 66.7%	Maintained c.60% through Q1	
	Improve access to perinatal mental health services	Number of women accessing over 12 months to April 2023 lower than previous year	
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	11% completed by the end of Q1 this is ahead of plan set at 10.4% and in line with southeast total.	
	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	Jun-23	
		35 adult inpatients (per million)	
		27 under 18s inpatients (per million)	
Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024	Improved to 66.6% (2022/23 – latest data point)	
	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%	Improved to 54.9% Q4 2022/23 (continuous improvement from April 21) (ranked 40/42 ICBs)	
	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	

Annex 2. Activity vs Plan Q1 Summary Table

Organisation	Finance		Workforce			Plan (against Q1 actuals baseline)						End of Q1 Waits				
	Planned (Deficit/ Surplus)	Actual YTD Q1	Planned Staff in post	Actual staff in post	variance	Elective	Daycase	Outpatient s 1st	Outpatient s FUP	Value weighted activity	completed pathways					
	(£000s)	(£000s)	Q1 Avg	Q1 Avg		Plan vs Actual	Plan vs Actual	Plan vs Actual	Plan vs Actual	Q1 Actual vs 19/20*	Plan vs Actual	52s Plan	52s Actual	65s Plan	65s Actual	
<i>Berkshire Healthcare NHS Foundation Trust</i>	1,312	68	4774	4819	0.9%											
<i>Buckinghamshire Healthcare NHS Trust</i>	- 12,149	- 8,271	6586	6638	0.8%	84%	91%	95%	104%		91%	2,891	4,479	911	1154	
<i>Oxford Health NHS Foundation Trust</i>	3,312	945	6675	6541	-2.0%											
<i>Oxford University Hospitals NHS Foundation Trust</i>	- 2,854	- 17,131	13976	14249	1.9%	106%	108%	110%	106%		109%	1,846	2,833	482	711	
<i>Royal Berkshire NHS Foundation Trust</i>	- 10,052	- 4,472	6142	6009	-2.2%	92%	91%	106%	96%		63%	50	18	20	3	
<i>Buckinghamshire, Oxfordshire & Berkshire West ICB</i>	0	- 3,915								103.3%	109%	4,837	7,777	1,484	1,962	
<i>Primary Care</i>			5106	5071	-0.7%											
Total	- 20,431	- 32,776	43259	43327	0.2%											

1. Planned finance is full year
2. PC (Primary Care) workforce plan figure is establishment not staff in post
3. Workforce figures include bank and agency WTEs (Whole Time Equivalent)
4. ICB value weighted activity relates to M1 & M2 only *includes ISP*