Cover Sheet

Trust Board Meeting in Public: Wednesday 8 May 2024

TB2024.36

Title:	**2024/25 Annual Plan – Performance**

Status:	**For Discussion**
History:	**April IAC – IAC2024.24**
	March Trust Board – TBC2024.26

Board Lead:	**Chief Finance Officer**
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Confidential:	**Yes**
Key Purpose:	**Performance**

Executive Summary

1. The paper provides an update on the Trust plan for 2024/25, those elements that are submitted to the ICB/NHSE on performance, finance, and workforce.
2. The timing of the paper follows the final submission made by Trust to the ICB ahead of its submission to NHSE on 2nd May.
3. The national planning process has been impacted by a delay to the sign-off of contract and planning guidance for 2024/25.
4. The guidance indicates a moderation of some of the activity and performance targets that were first issued as part of two-year guidance in 2023. This is a result impact of Industrial Action on elective recovery and increasing financial constraints.
5. For urgent care we are asked to improve ED performance to a minimum of 78%. For elective care we are asked to eliminate waits of over 65 weeks by the end of September and deliver the same as this year on elective activity volumes i.e. an increase of 7% on 2019/20 levels. On cancer performance the target is to improve 62-day performance to 70% and the 28-day Faster Diagnosis target to 77%. The final guidance has no target on 52-week waiters or waiting list size.
6. There has been no change to the headline financial target, the ICS must deliver a balanced net system financial position for 2024/25. This is the cascaded target to ICS organisations.
7. Guidance also indicates that we should assume no impact from Industrial Action in 2024/25, a position that is already at risk.
8. As part of the development of the Trust's strategy and multi-year plans, additional and more stretching performance targets have been drafted as priorities for 2024/25 as part of the 3-year plan. These are set within a framework of People, Patient Care, Performance and Partnership priorities. The content of this paper and the plan template submissions map to the Performance dimension. Our plans to deliver the other priorities are being developed in parallel.
9. The Trust's submission to the ICB has made the following statements in terms of key performance areas:
    - We would have no 65 week waits by the end of September 2024 (underpinned by a recovery of activity from Industrial Action)
    - We would achieve the Cancer targets as set out by March 2025; 70% 62-day wait and 77% faster diagnosis rate.
    - We could deliver +7% on 2019/20 activity (on a value weighted basis). Subject no Industrial Action and a recovery of that lost activity.
    - ED performance of 78%, supported by new investment by the ICB.

- We have a current forecast Cu of £16.5m, with an assumed efficiency target of 6%. At the equivalent point in planning last year the Trust had submitted a forecast £21.7m deficit.

10. The ICB's consolidated submission to NHSE is a deficit in the region of £92m.
11. As a result of the 23/24 system outturn deficit position and the 24/25 plan deficit, the ICS has entered a System Recovery Programme, as required by NHSE. The ICB have appointed a Director of Financial Improvement to support this. The BOB ICS chairs, and chief executives met with the CFO of NHSE on 20th March 2024 where they were instructed to agree additional financial controls within 24 hours. On 21st March 2024 BOB ICB responded with a letter agreeing a set of controls following input from all BOB providers. NHSE also conducted a rapid review of the draft plan process.
12. With the submission of a non-compliant ICB/ICS plan (on finance) the Board should note that there may be additional submissions required beyond this one as an outcome of the NHSE scrutiny and assurance process.
13. There remain significant risks to the delivery of the Trust plan, as follows:

    - **Finance**: The delivery of a 6% efficiency requirement will require greater control and reduction of actual cost. While the Trust has been successful in over delivery of its target in 23/24 this has been supported by commercial upside, income generation and one-off benefits. While these will still be pursued in 24/25 there is an increased need for cost reduction.
    - Cash modelling indicates that the Trust will maintain a positive cash balance throughout the year and not require cash support (with its associated consequences of assurance oversight). However, the margins here are fine and are dependent on delivery of the I&E profile forecast for the year and implicit delivery of the efficiency requirement as well as overall cost control. Cash management (approach, risk and mitigations) will be rigorously tested in the June Audit Committee.
    - **Workforce:** Delivery of the 700 wte reduction in temporary staffing by the end of September 2024. This will require continued focus and effort, however, progress in the year to date is good with a reduction of c262 wte (as measured against the December 2023 baseline).
    - **Performance and Activity:** Final delivery plans are still being worked through by divisions, this is to assure delivery at speciality and sub-speciality level based on anticipated capacity.
    - ED performance requires an improvement stretch beyond the investment made by the ICB in overnight senior staffing. Positive signs of this are evident in recently monthly trends.

14. Recommendations

The Trust Board is asked to:

- Note the outcome of the Trust's final plan submission to NHSE as approved under delegation to the Chair following the meeting of the Board on 24th April.
- Note the key issues from the planning process, namely the deficit financial plan position, the context of the wider ICB/ICS financial position and the remaining risks to delivery of operational and financial performance.
- Note the proposals for ongoing oversight and assurance of delivery of the plan.

Contents

2024/25 Annual Plan – Performance

1. Purpose

1.1. The purpose of this paper is to present to the Board final Trust plan submission made to the ICB and NHSE on 2nd May.

1.2. The content of this paper and the plan submissions to the ICB/NHSE (template submissions) is a subset of the Trust's Performance Priorities for 2024/25. In some areas our internal ambition may exceed national targets. Plans for the priorities in each domain (People, Patient Care, Performance and Partnerships) are to be worked up in parallel with the technical plan submission.

1.3. As a result of a delay to the national NHS 2024/25 planning and contracting guidance our internal planning process has also been delayed.

1.4. The scope of this paper is the presentation of the final plans and the risks to delivery. Further assurance of this plan and delivery will be tested via:

- June Audit Committee for cash management given the current forecast (low) cash balances; and
- TME, IAC and Trust Board for performance and delivery.
- Investment Committee for the capital plan.

2. Background

2.1. The paper describes the activity, workforce, and finance template submissions provided to the ICB ahead of its 2nd May submission to NHSE. This was the second full template submission for the ICS and has been delayed by the late issue of NHS planning guidance.

2.2. Final planning guidance was issued on 27th March. A summary of the key performance targets is attached as Appendix 1.

2.3. The draft guidance updates and appears to moderate the ambition on operational performance targets that were originally trailed in 2023/24 guidance (as two-year planning guidance). This is likely a result of the operational and financial impact of the national Industrial Action affecting NHS services.

2.4. In addition to the headline performance target the guidance also contains a significant number of supporting 'asks' of systems. One of the key themes of these is improved productivity. These continue to be reviewed to understand our current performance, if any of these are new and if there are resource impacts linked to their delivery.

2.5. Other important points in the guidance are:

- Assume no impact from Industrial Action in 2024/25 (something that is already at risk in planning).
- COVID-19 related demand continues at a similar level as experienced over 2023/24.
- Maintain the peak increase in capacity agreed through operating plans in 2023/24. This includes acute G&A beds, virtual ward beds, intermediate care (rehabilitation, reablement and recovery services that are either bedded or non-bedded).
- System specific value weighted activity targets are the same as those agreed at the start of 2023/24, consistent with a national value weighted activity target of 107% for 2024/25.
- The ERF will operate in a similar way to how it has operated in 2023/24.
- System workforce numbers must be aligned to the financial resources available. Substantive staffing growth should come with commensurate and demonstrable reductions in temporary staffing use.

2.6. A summary of the 2023/24 plan and forecast performance is shown in the following table:

	Trust Plan 23/24	Trust FOT 23/24	24/25 Target	24/25 Plan
4 hr standard	77.1%	65.0%	78.0%	78.0%
65 wk waits /wait reduction %	0	486	0	0
62 cancer week waits	70.1%	63.9%	70%	70%
Faster Diagnosis standard	77.5%	78.3%	77%	77%
Workforce growth (overall)	0.1%	3.8%	(1.0)%	(3.5)%
Workforce growth (substantive)	3.1%	3.5%	Tbc	1.4%
Workforce growth (temporary)	(35.0)%	8.0%	Tbc	(59.7)%

Surplus/(deficit) %	(0.2)%	(0.7%)	0% (b/even)	(1.1)%
Efficiencies as % of income	4.0%	5.7%	6%	5.9%

2.7. The appendices to this document mirror those produced for the Board for 2023/24. For comparison, most elements of the plan are compared to 2023/24 outturn performance, but also 2019/20 which remains widely used by NHSE as a benchmark for performance unaffected by the Covid-19 pandemic.

2.8. In addition to the asks of the national planning guidance a 3-year plan, led by the Chief Executive Officer, has been developed through the Chief Officer team. This is framed within the vision of the OUH to 'be an exemplar in healthcare delivery that is compassionate and enabled by the highest levels of research and innovation.'

2.9. Building on the previous Trust Strategy 2020 – 2025, achievement of the vision remains centred on the OUH values: Learning, Respect, Delivery, Excellence, Compassion, and Improvement, and is underpinned by four strategic pillars: People, Patient care, Performance and Partnerships. The 3-year plan is aligned to the Clinical Strategy 2023-28.

2.10. The 3-year plan also includes work in the enabling themes and functions which are: Digital, Estates, and Assurance & Risk

2.11. The annual plan for 2024-25 is set out in summary at Appendix 2.

3. Final Submission

3.1. The second and final (as set out in guidance) submission, including provider level detail, was made on 2nd May, by the ICB to NHSE.

3.2. The ICS submission was compliant in most the key target areas that the Trust influences, namely, A&E performance, Cancer performance, elimination of over 65ww and value weighted activity levels. However, the known exception was the financial plan performance.

3.3. On finance, the system has submitted a deficit plan of £92m, which equates to 2.7% of system allocation. The ICB itself has submitted a £27m deficit plan and all providers have submitted deficit positions. The largest deficits are within BHT, OUH and RBFT. The drivers of the deficit are predominately underlying deficit run rate plus removal of non-recurring funding. The ICB deficit reflects the withholding of growth funding from the providers which has been used to reduce the ICB deficit.

3.4. As a result of the draft plan submission(s), in addition to the 23/24 outturn deficit, the system has been the subject of a Rapid Plan Review by NHSE, an escalation meeting with Julian Kelly (NHSE CFO) and has entered into a System Recovery Programme.

3.5. The Trust has sought to improve its financial position in response to this system position and approach. This has been done through the implementation of the financial controls agreed by the system and also our internal work to (a) confirm income assumptions in the plan and (b) to identify further opportunities for savings/financial upside.

3.6. The Trust's position in the final plan submission is set out in the following sections.

4. Activity

Current Position

4.1. The key national planning priorities are achieved.

4.2. Significant work has been done between Operations and Finance to confirm the affordability of the required urgent care and elective capacity.

4.3. Achievement of 78% ED performance has been supported by investment by the ICB. Delivery to 78% also requires an improvement stretch beyond the gain from this investment and current performance trends (from February 24), indicate this this is being delivered but needs to be sustained, especially through the pressures of winter.

4.4. Elimination of 65-week waits requires the delivery of more elective activity than is gained from assuming no further Industrial Action into 24/25. While we have positive indications to support our submission, the ability to deliver this continues to be tested with divisions, along with the resource requirements to achieve this (as set within the financial plan).

4.5. The elective waiting list size is forecast to increase because of prioritisation of the 65-week and P2 patient cohorts. The increase includes a rise in over 52 weeks waiters to circa 3,300 by the end of March 2025. This has consequences going forward to 2025/26.

4.6. The modelling of elective activity for the plan estimated that the absence of industrial action would improve overall Value Weighted Activity (VWA) to 107% of 2019/20 levels. 2023/24 final performance is likely to be c.103% (coding of activity is not finalised until end May).

4.7. £15.4m has been budgeted for targeted investments, as in 2023/24, to address capacity gaps to treat long waiting patients.

4.8. The activity planned to deliver the waiting list targets, supported by this investment and approached business cases is expected to add at least 2%

to VWA which is therefore estimated to be a minimum of 109% although this will not be confirmed until full activity plans are loaded into our activity monitoring system.

Key assumptions

4.9. ED performance assumes:

- a level of internally driven improvement in our performance
- that a key driver of performance remains non-admitted breaches overnight. With ICB committed funding of c£2.0m the Trust can invest in the extra overnight workforce capacity which modelling indicates will allow delivery of 78% by March 2025.
- that the UEC funding remains in place for the current level of funded beds. This is now confirmed.
- there is no reduction in community or social care capacity reducing discharges.
- that Oxfordshire's two Urgent Care Centres remain in place.
- target bed occupancy below 95%.

4.10. Elective performance assumes:

- additional activity required to clear P2 and surveillance backlogs incorporated in projection.
- adding back lost activity for IA.
- Availability of investment in capacity
- The ability to prioritise and schedule patients in the 65-week cohort over the cohort of patients within the 52-week cohort (but not P2 or cancer patients) remains key to delivery along with the ability to increase activity to required levels for the 65-week cohort. This will impact on the number of patients waiting over 52 weeks, leading to an increase in 2024/25.
- continuing demand and capacity modelling within sub-specialties and alignment with workforce and finance.

4.11. The increase in activity required in 2024/25 to deliver the 65-week target is modelled to be 7.8%, overall, for admitted activity and 2.8%, overall, for outpatient activity. However, the increase is more significant and concentrated in specific specialties, and this is where the organisation will continue to be challenged. Excluding the effect of IA, within admitted pathways, there are 23 specialties with growth over 5 percent; including Orthopaedics (+12.9%), Urology (+8.1%) Paediatric ENT (+20.2%) and ENT+11.3%). In non-admitted (outpatient) pathways, there are 15

specialties with growth over 5%; including Paediatric Ophthalmology (+14.8%), Maxillo Facial Surgery (+10.0%), Paediatric ENT (+26.5%) and Orthopaedics (+7.9%).

4.12. The key risk is continuing to ensure that there is sufficient capacity across divisions/specialties to allow delivery. Plans and further options include:

- Option to utilise ICS capacity (BHT theatres and beds)
- Independent sector capacity
- Internal capacity funding through ERF income
- The better alignment of anaesthetic and surgical capacity

4.13. This must be delivered within the parameters of the finance and workforce plans.

4.14. Overall diagnostic activity is up by approximately 22% compared to 2019/20. The capital plan for 2024/25 continues to add diagnostic capacity in the Trust.

4.15. Summary operational data for the plan is set out in Appendix 3.

5. Workforce

Current Position

5.1. Workforce modelling requires further progress on demand/capacity modelling and budget setting with divisions.

5.2. For the final submission this reflected the key business cases which finance were including at this point as workforce growth. This was c.185wte. There was a reduction of 700wte temporary staffing across the Trust equally across the 6 months and staff groups. This resulted in a net reduction of 514.6 wte or 3.5%.

Key assumptions

5.3. Growth in overall headcount is the net effect of agreed funded business cases at this point and may be subject to change.

5.4. A temporary staffing reduction of 700wte reflected proportionally across Trust. This may change based on budget setting and confirmation with finance.

5.5. No reduction has been modelled in sickness levels. National guidance suggests assuming the same impact of Covid as in 2023/24.

5.6. Summary workforce data for the plan is set out in Appendix 4.

6. Finance

Current Position

6.1. Deficit of £16.5m (-1.1%) with an expected positive cash balance of £14.7m at the end of the year. The plan does not assume cash support from DHSC will be required.

6.2. EBITDA margin of 5.0% and a (deficit) margin of (-1.1%).

6.3. An ICS capital expenditure allowance of £29.5m, expected to be supplement by PDC awards, PFI life-cycling, charitable grants and grants and capital donations to give a total capital plan of £85.3m.

Key assumptions

6.4. The financial plan for the year:

- Starts from the reported recurrent 2023/24 position, this removes any non-recurrent benefits in-year.
- Removes any income commissioners have indicated is non recurrent, this is mainly within BOB ICS and relates to Covid and recovery funding as well as funding to support specific service developments.
- Includes 2024/24 non-recurrent funding notified by BOB ICS
- Includes inflation. In general, inflation has been applied as per tariff at 1.7%. Additional costs have been included where material on PFI, CNST and rates.
- Includes the national tariff deflator of -1.1%
- Adjusts for a 6% efficiency target on income (-£92m). This value was agreed by the ICB to be in line with ask following the March submission. The 6% includes non-cash releasing efficiencies.
- Additional costs to support elective recovery, based on schemes identified by divisions as required to meet the activity assumptions.
- Additional costs and income related to committed business cases.

6.5. The level of efficiency is stretching; however, it is in line with the achievement in 2023/24 (£88.9m). A significant proportion of the 2023/24 delivery has been non-recurrent (54%). The Trust must focus on identification and delivery of recurrent cash releasing schemes in 2024/25.

6.6. Divisional budgets are near agreement. However, to cap the efficiency requirement at 6% a number of overspend have been agreed to be treated as recurrent, as they also support operational delivery. This approach then requires underspending budgets to repeat that performance during this year. This will be monitored and controlled via performance meetings with the divisions.

6.7. At March Board the Trust agreed a £53m deficit plan, since that point a number of changes were made to improve the position to a £15m deficit, these were:

- Increase the efficiency target from £76m to £92m
- Identification of full year effect benefits to the position
- Identification of non-recurrent benefits from the previous year
- Additional income notified by NHS E and BOB
- Reduction in costs allowed for business cases, based on reviews with divisions

6.8. Two subsequent changes were made to the position. There was an impact from the change to the accounting treatment for the Trust's PFI scheme. The Trust had included £4.7m, the final value was £9.4m. This has had a -£4.7m impact on the final plan taking the deficit to £19.7m. The Audit Committee will be briefed on the detail of this change.

6.9. The ICB was also informed that it would receive additional funding to support increased depreciation. The allocation of this funding was agreed by providers, with the agreement that it would be revisited in any future plans if required. The Trust had included £3.6m of funding in the plan, this was increased to £6.8m of funding. This had a £3.2m impact on the plan taking the deficit to £16.5m.

6.10. A key risk for the Board to note is that the delivery of a 6% efficiency requirement will require greater control and reduction of actual cost. While the Trust has been successful in over delivery of its target in 23/24 this has been supported by commercial upside, income generation and one-off benefits. While these will still be pursued in 24/25 there is an increased need for cost reduction.

Cash

6.11. A full cash analysis has been prepared. The base case indicates that the Trust will not require additional cash support in year. At the end of September cash is forecast to be at its lowest value with a £5m balance. Any deterioration in the I&E position would risk the Trust falling to a negative cash balance. As a result of this the March Board approved an application to NHSE for potential cash support, to enable a drawdown of cash should the need arise. The latest estimates push the potential timing of this to the second quarter of the financial year.

Capital

6.12. The summary financial data is set out in Appendix 6.

6.13. Appendix 6 summarises the capital plan for 2024/25. The plan has been reviewed by IAC at its meeting of 24th April 2024.

6.14. The submitted 2024/25 Gross Capital Expenditure plan is £85.3m. This includes £29.5m expenditure against the 'ICS CDEL' allocation, before the impact of IFRS 16, 'Right of Use' Assets.

6.15. The individual project plans at this stage indicate a Gross Capital Expenditure of £87.4 million, which would exceed the plan by £2.1 million. This variance is expected to be addressed by managing slippage and reprofiling the plan as necessary throughout the year. A new Capital Oversight Committee has been established to monitor and manage this.

6.16. The 2024/25 Capital Plan submitted to NHSE is based upon the Capital affordability of the JR theatres build based on re-prioritisation of the Capital Plan paper approved by Trust Board on 14 Feb 2024, following approval by Investment Committee on 31 Jan 2024.

7. Conclusion

7.1. The Trust submission is compliant of the operational performance requirements in national guidance. Risks remain about securing the capacity for delivery and management plans continue to be worked on with divisions to control these.

7.2. In response to the first ICB/ICS plan submission the Trust has worked to reduce its forecast deficit to the benefit of the consolidated ICS position. This reduction was planned to be £38m, from a deficit of £53m to a final plan of £15m (deficit). However, two late changes have resulted in a final plan deficit of £19.7m.

7.3. The Trust is forecasting a position cash balance through the year, however, at lower levels than desired this will be extremely sensitive to I&E performance (efficiency delivery, spend control and income security) and sound cash management performance. Cash management will be the subject of enhanced oversight through Audit Committee.

7.4. The workforce plan shows a net reduction of 514.6wte following the target of a 700wte reduction in temporary staffing wte. Delivery of this is a key element of the efficiency savings underpinning the financial plan, with the challenge then of mitigating the impact on operational delivery.

8. Recommendations

The Trust Board is asked to:

- Note the outcome of the Trust's final plan submission to NHSE as approved under delegation to the Chairman following the meeting of the Board on 24th April.
- Note the key issues from the planning process, namely the deficit financial plan position, the context of the wider ICB/ICS financial position and the remaining risks to delivery of operational and financial performance.
- Note the proposals for ongoing oversight and assurance of delivery of the plan.

Appendix 1: NHSE 24/25 National Performance Target Summary

Area	Objective
Quality and patient safety	• Implement the Patient Safety Incident Response Framework (PSIRF)
Urgent and emergency care	• Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025
	• Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25
Primary and community services	• Improve community services waiting times, with a focus on reducing long waits
	• Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
	• Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels
Elective care	• Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)
	• Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%
	• Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25
	• Improve patients' experience of choice at point of referral
Cancer	• Improve performance against the headline 62-day standard to 70% by March 2025
	• Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026
	• Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
Diagnostics	• Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
Maternity, neonatal and women's health	• Continue to implement the Three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition and increasing fill rates against funded establishment
	• Establish and develop at least one women's health hub in every ICB by December 2024, working in partnership with local authorities
Prevention and health inequalities	• Increase the % of patients with hypertension treated according to NICE guidance to 80% by March 2025
	• Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025
	• Increase vaccination uptake for children and young people year on year towards WHO recommended levels
	• Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people
Workforce	• Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions
	• Improve the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors
	• Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan
Use of resources	• Deliver a balanced net system financial position for 2024/25
	• Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25

Appendix 2: OUH 3-year Plan - 2024/25 Priorities

2024/25 Annual Plan

Priorities marked * are aligned with the annual planning process and included in the OUH submission made to NHSE.

Completion of priorities without a specified date will be end of 2024/25 financial year.

A) People

The priorities and actions identified under the strategic pillar of People for 2024/25 are:

- Reduce temporary staffing by 700 wte*
- Implementation of ED workforce expansion case* - Consultants, Emergency Nurse Practitioners, Advanced Clinical Practitioners by March 2025
- Implement elimination of bullying and harassment action plan
- IEN and IMG development – comprehensive induction and onboarding programme for international staff – 25% increase in IEN Band 7 and 8 postholders by March 2025
- E-rostering for all medical staff be end of 2024/25
- EDI training for Board, TME, Senior Leaders, Governors
- Delivery of Year 3 People Plan actions and priorities
- QI training and Leadership training (4 cohorts - 96 colleagues) will have completed by end of 2024
- Collaborate with Staff Networks to deliver next phase of EDI Peer Review programme
- Collate Cultural Connectedness and Development Programme progress for OCC and Neonatal Unit

B) Patient Care

The priorities and actions identified under the strategic pillar of Patient Care for 2024/25 are:

- Maximise the use of diagnostic services provided from the Community Diagnostic Centre* Achieve Diagnostic Standard of 95% by end of 2024/25
- Secure funding for the relocation and expansion of the Horton Dialysis Unit
- Expand Structural Cardiology service*

- Eliminate Radiology backlog – trajectory will be developed by end of Quarter 1
- Restart Placenta Accreta service
- Sustainable 24/7 model for mechanical thrombectomy by end of Quarter 3
- Prepare for CQC Well-led review by Quarter 2
- ICU – one workforce and shared governance model; shared governance model in place by end of 2024/25
- Develop outreach team – initial phase to be completed by end of 2024/25
- Involve fully, patients as partners in QI
- Continue Falls and Pressure Ulcer reduction – Achieve 95% compliance in Falls education and training; Achieve 95% compliance in Pressure Ulcer training; Achieve 70% reduction in Grade 3-4, and 95% reduction in Grade 1-2 Pressure Ulcers.
- Improve the fracture NOF pathway at JR – be exemplar pathway by Quarter 4
- Roll out ReSPECT
- Implement Ophthalmology EPR – scoping and development by end of 2024/25
- Implement CapMan – completed in Quarter 1
- Emergency Village scoping
- Reduce moderate and major harms and mortality rates further
- Evaluate efficiency and effectiveness of community Gynaecological and Urology services
- Develop and roll out Paediatric CRF by end of 2024/25
- Opening of Transitional Care unit to support mothers, birthing people and babies to be cared for together
- Update and embed professional standards of emergency care
- Establish KPIs to guide interventions to reduce Health Inequalities
- Learn from PSIRF Thematic reviews
- Scope, develop and rollout remote electronic observations dashboard/SEND by end of 2024/25

C) Performance (the content of the main paper)

The priorities and actions identified for 2024/25 under the strategic pillar of Performance, including measures to meet NHSE operational and financial requirements, are:

- Opening of Radiotherapy satellite unit in Milton Keynes*
- Full transfer of local autologous stem cell transplant patients to local units*
- Roll out mobile lung check service for 50-75yr olds* by the end of Quarter 1
- Develop options for short term solutions to improve estate for Paediatric Intensive Care – by end Quarter 2
- Explore opportunities for robot assisted surgery (Gynaecology and Thoracic)
- Go Live of new Laboratory Information Management System (LIMS)
- Maximise use of automation in Pharmacy for efficiency gains
- Develop models for improving the management of high-risk pregnancies, addressing Health Inequalities and Virtual Ward Neonatal Care
- Deliver the process identified as optimal in meeting current and future demand for hysteroscopy services

Elective

- Zero 65 week waits end of Quarter 2*
- reduction in 52 week waits by 50% by end March 2025
- Digital consent roll out

Outpatients

- 100% outpatients booked and seen to meet standards
- See on Symptoms (SoS) in place of Patient initiated follow up (Pifu)*
- Advice and Guidance external supplier*
- Creation of e-outcome form – pilot in Quarter 1

Cancer

- Achieve 28-day Faster Diagnosis Standard at 78%*
- 31-day Standard - 96% by end of March 2025*

- 62-day Standard - achieve 80% by end of March 2025*

Theatres

- Improve theatres, estates use and productivity*
- Operational Theatre Improvement Plan* – run 46-49 theatres – map recovery actions with LLP and Theatre teams – use of every theatre

Urgent Care

- 78% ED by March 2025*
- Reconfigure Level 1
- Bed occupancy 96% at JR and HGH by end of March 2025*

Diagnostics

- DM01 Standard 95% end of March 2025*
- CDC expansion: Breast one stop shop; Skin biopsies, Pre-operative assessment.

Finance

- Elective Funding will be available for additional activity (at/below tariff) *
- £8m investment fund (if efficiency delivered see below)
- 6% efficiency – 3% cash releasing, 2% non-recurrent*
- Manage the Trust's finance's sustainably delivering our share of the system financial target while providing sufficient resources to deliver safe and timely care in line with national standards

D) Partnerships

- 2 International education/training agreements in place by end of 2024/25
- Strategic Programme Board with Oxford Brookes University
- Strategic Programme Board with University of Oxford
- J&J Memorandum of Understanding and cancer project
- Siemens Memorandum of Understanding – AI and sustainability
- Ellison Institute
- SDE Go Live (Technical Go Live Quarter 3; Service Go Live Quarter 4)

Assurance and Risk

- Board and Governors Induction Programme developed and implemented with a sustainable Training and Development programme in place
- Board engagement exercise to complete BAF review – Quarter 1
- Risk Management Framework kept under review, with updated risk appetite statement and enhanced risk training – Quarter 2
- Scope external accreditation systems with reference to CQC accepted accreditation systems
- Redesign of Corporate Governance intranet function
- University of Oxford interface governance framework operational across all OUH services, with the results shared with both organisations – Quarter 2
- Continue to develop the Board's visibility of the developing System Governance Framework in place for ICS/ICB

Estates and Facilities

- Targeted backlog maintenance
- Net Zero: Continue to improve and deliver net zero savings and reduction in our carbon footprint and net zero targets in all emission scope areas
- Travel and Transport: Implementation of sustainable Travel and Transport Strategy
- Estate Environment: Developments and improvements across our estate and facilities services in replacement of radiology equipment, new build, refurbishments and intrusive backlog to improve our estate and environment
- Hard and Soft FM services: Improvements across our Estates and Facilities operational services to ensure responsive, effective and improved models of delivery
- Commence new Theatres build
- Strategic estate vision and masterplan by end of 2024-2025

Appendix 3 – Activity Plan

			2024/25					24/25: Change since	
	2019/20	2023/24	Q1	Q2	Q3	Q4	2024/25 Plan	% 19/20	% 23/24
Urgent Care Activity									
ED attendances	168,904	182,733	46,489	47,000	47,000	45,978	186,467	10.4%	2.0%
Non-elective spells	86,397	95,253	24,639	24,909	24,909	24,368	98,825	14.4%	3.8%
G&A bed occupancy	96.85%	95.49%	93.59	93.49	94.65	95.83	94.39%	-2.5%	-1.1%
Urgent Care Performance									
4hr standard %	83.07%	65.06%	65.6%	63.6%	67.7%	74.3%	78.0%	-5.1%	12.9%
Elective Activity									
Total Outpatients	1,091,013	1,253,199	318,329	328,435	323,382	318,329	1,288,475	18.1%	2.8%
First Outpatients (consultant led)	288,363	341,970	86,937	89,697	88,317	86,937	351,888	22.0%	2.9%
Follow-up Outpatients (consultant led)	518,320	584,366	148,560	153,276	150,918	148,560	601,314	16.0%	2.9%
Admitted spells	19,236	15,555	4,131	4,262	4,196	4,131	16,720	-13.1%	7.5%
Daycase spells	84,922	77,219	20,509	21,159	20,834	20,509	83,011	-2.3%	7.5%
Elective Performance									
Size of the RTT waiting list	49,440	81,390	82,365	83,757	85,845	87,933	88,629	79.3%	8.9%
Patients waiting over 52 weeks	26	3,460	3,265	3,274	3,283	3,292	3,295	12573.1%	-4.8%
Patients waiting over 65 weeks	-	486	263	-	-	-	-	n/a	-100.0%
Cancer Performance									
% of patients receiving first treatment fo	n/a	63.90%	64.9%	66.2%	67.1%	68.5%	70.0%	n/a	9.6%
Faster diagnosis standard	79.85%	78.30%	78.9%	79.2%	79.4%	79.7%	80.1%	0.2%	2.3%
Diagnostics									
Diagnostic activity levels (selected DM0	305,475	325,501	85,899	88,629	87,264	85,899	347,691	13.8%	6.8%

Appendix 4 – Workforce Plan

			2024/25					24/25: Change since	
	2019/20	2023/24	Q1	Q2	Q3	Q4	2024/25	% 19/20	% 23/24
Total Workforce size									
Registered Nursing, Midwifery and Health visiting staff	4,079	4,906	4,759	4,610	4,639	4,667	4,667	14.4%	-4.9%
Registered/ Qualified Scientific, Therapeutic and Technical Staff	1,751	2,048	2,028	2,007	2,010	2,014	2,014	15.0%	-1.7%
Support to Clinical staff	3,955	2,508	2,405	2,303	2,303	2,303	2,303	-41.8%	-8.2%
NHS Infrastructure Support	1,297	2,974	2,952	2,930	2,930	2,930	2,930	125.9%	-1.5%
Medical & Dental	1,954	2,245	2,224	2,202	2,202	2,254	2,254	15.4%	0.4%
Total	**13,036**	**14,683**	**14,368**	**14,052**	**14,083**	**14,168**	**14,168**	**8.7%**	**-3.5%**
Workforce size substantive							-		
Registered Nursing, Midwifery and Health visiting staff	3,521	4,297	4,329	4,359	4,388	4,416	4,416	25.4%	2.8%
Registered/ Qualified Scientific, Therapeutic and Technical Staff	1,656	1,960	1,963	1,967	1,970	1,974	1,974	19.2%	0.7%
Support to Clinical staff	3,643	2,179	2,179	2,179	2,179	2,179	2,179	-40.2%	0.0%
NHS Infrastructure Support	1,207	2,884	2,884	2,884	2,884	2,884	2,884	139.0%	0.0%
Medical & Dental	1,878	2,179	2,179	2,179	2,179	2,232	2,232	18.8%	2.4%
Total	**11,904**	**13,500**	**13,535**	**13,569**	**13,601**	**13,685**	**13,685**	**15.0%**	**1.4%**
Workforce size Bank									
Registered Nursing, Midwifery and Health visiting staff	416	483	339	195	195	195	195	-53.1%	-59.6%
Registered/ Qualified Scientific, Therapeutic and Technical Staff	35	57	41	25	25	25	25	-30.4%	-57.0%
Support to Clinical staff	299	328	226	124	124	124	124	-58.5%	-62.2%
NHS Infrastructure Support	76	90	68	46	46	46	46	-39.8%	-49.1%
Medical & Dental	50	55	36	17	17	17	17	-65.5%	-68.7%
Total	**876**	**1,014**	**710**	**407**	**407**	**407**	**407**	**-53.6%**	**-59.9%**
Workforce size Agency							-		
Registered Nursing, Midwifery and Health visiting staff	142	126	91	56	56	56	56	-60.9%	-55.9%
Registered/ Qualified Scientific, Therapeutic and Technical Staff	60	32	23	15	15	15	15	-74.2%	-51.8%
Support to Clinical staff	13	1	1	0	0	0	0	-99.8%	-96.4%
NHS Infrastructure Support	14	-	-	-	-	-	-	-100.0%	0.0%
Medical & Dental	26	10	8	5	5	5	5	-80.0%	-47.8%
Total	**256**	**169**	**122**	**76**	**76**	**76**	**76**	**-70.2%**	**-54.8%**
Workforce KPIs									
Turnover %	12.7%	11.1%	TBC - not required by NHSE				15.3%	20.1%	37.6%
Sickness %	3.5%	3.8%	TBC - not required by NHSE				3.2%	-9.0%	-15.8%

Appendix 5 – Financial Plan

£m 2dp	2019/20	2023/24	2024/25 Q1	Q2	Q3	Q4	2024/25	24/25: Change since % 19/20	% 23/24
Operating income from patient care	959.54	1,440.26	340.62	344.27	346.41	352.38	1,383.68	44.2%	-3.9%
Other operating income*	160.22	189.38	44.13	44.40	44.55	45.35	178.42	11.4%	-5.8%
Total income	**1,119.76**	**1,629.63**	**384.74**	**388.67**	**390.96**	**397.72**	**1,562.10**	**39.5%**	**-4.1%**
Pay	(705.12)	(949.10)	(227.62)	(223.26)	(222.96)	(220.46)	(894.30)	26.8%	-5.8%
Non pay	(410.00)	(645.31)	(151.97)	(150.86)	(150.10)	(136.73)	(589.65)	43.8%	-8.6%
Total operating expenses	**(1,115.12)**	**(1,594.41)**	**(379.58)**	**(374.12)**	**(373.06)**	**(357.19)**	**(1,483.94)**	**33.1%**	**-6.9%**
EBITDA	**4.64**	**35.22**	**5.16**	**14.56**	**17.91**	**40.53**	**78.16**	**1584.4%**	**121.9%**
EBITDA margin %	*0.4%*	*2.2%*	*1.3%*	*3.7%*	*4.6%*	*10.2%*	*5.0%*		
Depreciation	(27.95)	(44.94)	(13.22)	(13.22)	(13.22)	(13.23)	(52.90)	89.3%	17.7%
Impairments	0.72	28.90					-	-100.0%	-100.0%
Finance expense (net)	(19.63)	(36.90)	(7.22)	(4.45)	(4.45)	(11.42)	(27.53)	40.3%	-25.4%
PDC dividend	(6.56)	(5.70)	(2.26)	(2.26)	(2.26)	(2.26)	(9.05)	38.0%	58.9%
Valuation movements	17.35	5.93					-	-100.0%	-100.0%
Other (Donations and Technical Adjustments)	18.66	6.73	0.44	(2.45)	(2.45)	(0.76)	(5.21)	-127.9%	-177.4%
Surplus/(deficit)	**(12.77)**	**(10.75)**	**(17.10)**	**(7.82)**	**(4.47)**	**12.86**	**(16.54)**	**29.5%**	**53.9%**
Surplus/(deficit) margin %	*-1.1%*	*-0.7%*	*-4.4%*	*-2.0%*	*-1.1%*	*3.2%*	*-1.1%*		
Cash	**36.35**	**46.81**	**10.66**	**5.08**	**10.85**	**14.74**	**14.74**	**-59.5%**	**-68.5%**
Recurrent	10.35	41.21	6.71	16.05	20.33	34.08	77.16	645.5%	87.2%
Non-recurrent	34.63	47.73				12.17	12.17	-64.8%	-74.5%
Efficiency (all types)**	**44.98**	**88.94**	**6.71**	**16.05**	**20.33**	**49.25**	**92.33**	**105.3%**	**3.8%**
*Efficiency % of income***	*4.0%*	*5.5%*	*1.7%*	*4.1%*	*5.2%*	*12.4%*	*5.9%*		

Appendix 6 – Capital Plan

	£m
Gross Capital Expenditure included in Capital Allocation	29,511
IFRS 16 - Right of Use assets/Lease accounting	19,700
ICS allocation and National Funding	49,211
National Funding PDC	4,559
Residual Interest (UK GAAP accounting for PFI life-cycling)	5,400
Capital Department Expenditure Limit (CDEL)	59,170
Charitable and other donations	3,275
Government Grants	12,402
IFRIC 12 - PFI life-cycling (less Residual Interest)	10,404
Gross Capital Expenditure included in Capital Allocation	85,251