

Operational guidance: Addressing the significant financial challenges created by industrial action in 2023/24, and immediate actions to be taken

This note sets out the specific requirements of the rapid two-week exercise that all integrated care boards (ICBs) and trusts were asked to undertake in the letter of 8 November on [addressing the significant financial challenges created by industrial action in 2023/24, and immediate actions to be taken](#).

The exercise is focused on confirming existing plans that trusts and ICBs have developed and agreed with NHS England, on the basis that there are no further junior doctor or consultant strikes. It has three elements:

	Requirement	Deadline	Additional information
1. Board confirmation	Formal ICB and trust board sign-off of key finance, performance and capacity commitments	22 November 2023	Templates will be issued individually to each system populated with the relevant ICB and provider plan information. ¹
2. Plan updates	Confirmation of proposed plans and key finance information.	22 November 2023	Each system will be issued with a submission template pre-populated with its existing plan data at ICB and provider level for the relevant performance and capacity metrics. A linked finance submission will also be required.
3. Review meeting	ICB / provider executive meeting with NHS England Executive to discuss any plan revisions and agree actions	From 27 November 2023 with specific dates to be confirmed	Key lines of enquiry will be shared ahead of each meeting. Systems should be able to describe the actions being taken to deliver on their key commitments, the rationale for any changes to commitments and the impact of further industrial action, including steps to minimise additional costs.

¹ 4-hour performance, G&A bed numbers and virtual ward capacity are from system winter plans. Category 2 performance and ambulance capacity trajectories are from plans agreed with ambulance trusts.

Finance

ICB and partner trust and foundation trust boards are being asked to confirm that they plan to deliver on the system financial targets for the year. Boards are asked to confirm that they have considered the quality impact assessment of plans and assured themselves of appropriate clinical involvement in decision making. Further details on the specific targets and further finance technical guidance will be communicated via regional teams.

Operational performance

2023/24 operational plans included trajectories for urgent and emergency care (UEC), cancer and long waits performance. Winter plans submitted in September provided an opportunity to revise UEC capacity and performance trajectories for H2 2023/24. In parallel, ambulance trusts revised Category 2 performance trajectories, and systems were asked to confirm the maximum level of ambulance handover delays they were planning for to support Category 2 performance.

Board confirmation

ICB and provider partners are now being asked to provide formal board sign-off of their commitment to delivering the core elements of these plans. Specifically, boards are required to sign off their commitment to deliver against their plans for the following headline objectives:

Urgent and emergency care (UEC)

- 4-hour A&E performance as described in winter plans
- Average Category 2 performance as described in ambulance service plans.

Elective and cancer

- The March 2024 62-day backlog reduction, set out in 2023/24 operational plans
- Faster Diagnosis Standard performance, set out in 2023/24 operational plans

Winter plan and linked ambulance trust submissions also included trajectories against key enablers of the headline UEC objectives. We are asking ICB and trust boards to sign off on planned delivery of the components of their winter plans and the high impact interventions including:

- core G&A bed capacity growth; capacity should not drop below the level of core capacity that is committed to within plans
- escalation capacity, to be opened as required to deliver on the core UEC recovery targets

- ambulance handover delays, which are to be kept below the thresholds required at a system level to enable delivery of ambulance trust Category 2 performance trajectories
- ambulance hours on the road that are required to enable the delivery of ambulance Category 2 performance trajectories
- virtual ward capacity and use.

Systems must also continue to focus on the timely discharge of patients, maximising flow through inpatient acute and community settings. Due to the move to the new Discharge Ready Date metric, we are asking boards to confirm either that:

- a discharge ready date metric **was** published for the trust in November, and the trust board is regularly reviewing this metric as part of a performance dashboard to drive improvement

Or:

- a discharge ready date metric **was not** published for the trust in November, and the trust board has confirmed the date of expected publication (this should be pre-March 2024).

And:

- confirmation any gaps between intermediate care demand and capacity, or any additional gap due to demand that may occur over and above forecast levels, were closed in the revised Better Care Fund (BCF) demand and capacity plans submitted at the end of October.²

ICB boards will be required to provide monthly assurance of delivery of UEC objectives to regional and national teams. This will include progress on implementing the 10 high impact interventions detailed in the winter letter issued to systems in July 2023.

Plan updates

If an ICB or trust board is unable to confirm their ability to deliver against the deliverables set out above, this should be immediately escalated to their regional team. Any revisions will need to be agreed with NHS England and submitted using the plan update template.

We are also asking:

- systems to confirm, at individual acute provider, the maximum level of ambulance handover delays that they are planning for to support Category 2 performance. Where

² The BCF plans were developed at Health and Wellbeing Board level, so systems should confirm that any gaps have been closed across their ICB population.

the overall system position is different from that previously submitted, it should be agreed with the relevant NHS England regional team, to ensure any variance is consistent with delivery across the wider ambulance service footprint.

- providers to provide updated trajectories for the number of 65-week waiters and total waiting list. We will continue to hold Tier 1 and Tier 2 providers, in particular, to account for making maximum progress on 65-week waits and the levels of activity that they can deliver within their core capacity and financial envelope.
- ICBs to provide updated ERF activity trajectories.