

EXECUTIVE SUMMARY
REPORT TO THE COUNCIL OF GOVERNORS
BEING HELD ON 20 JUNE 2023

Subject	2023/24 Business Plan
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Status¹	N

PURPOSE OF THE REPORT

This paper sets out a summary of the Trust's 2023/24 business plans, the priorities within Sheffield and South Yorkshire as required by the national planning guidance.

KEY POINTS

Trust Plans

Activity plan

- A final activity plan has been submitted to the ICB, which indicates our plan to deliver in line with the elective recovery fund (ERF) rules, 107% of 2019/20 activity by March 2024 (first, electives and daycases).
- The methodology used is 103% average per month for each point of delivery (although follow ups are not part of the ERF calculation) and each month the 98% is increased incrementally by 0.75% to achieve 107% by March 2024. This methodology meets the planning target set for the Trust.
- A number of counting and coding changes were requested, and those that have now been confirmed relate to the Clinical Decisions Unit, Bowel Screening and MSK services.
- The Trust has an activity target, which is set as 2019/20 activity levels with the nationally derived uplift for March 2020, agreed counting and coding changes, funded cost pressures and a 4 working day adjustment.

Financial Plan

- The Trust now has a balanced 2023/24 Financial Plan however, there are a range of significant risks which need to be closely managed to deliver this position.
- The Trust can only deliver the balanced plan if it is able to deliver the 103% (of 2019/20 by value) elective activity target, although overperformance would bring additional funding.
- The Trust has again invested in recurrent cost pressures/service developments but there is very little flexibility to cope with unexpected expenditure or income loss.
- The Trust will therefore need to improve its efficiency delivery and its financial and operational management in 2023/24 if it is to deliver the Financial Plan.
- The 2024/25 financial year is likely to be even more challenging and therefore it is essential that the organisation maintains a break-even position recurrently in 2023/24.

Workforce plan

- A final workforce return has been submitted populated with content from Directorate workforce

plans. Additional information from Medical HR, including BPT medical approvals and known/planned recruitment of appointments Jan 2023 onwards is included.

- Central nursing changes include international, domestic, clinical support workers and midwifery staff.
- Workforce changes arising from specific service/programme funding if/when confirmed e.g., maternity, virtual wards, pathology network, cancer are included.
- The plan also includes projected monthly data for sickness and turnover, a narrative section and describes the supply routes for staff.
- The Trust plans for no growth in agency or bank usage but equally no expectation these will reduce given activity/operational pressures. There is a planned increase in substantive staff representing a growth of 2%, which aligns with our activity and financial plans.

Contribution to National, ICB and Place Priorities

- The Trust has developed its overall plans on the basis of national priority areas and they align to our internal priorities (recovery planning, elective care, cancer, diagnostics, productivity & efficiency, urgent & emergency care, virtual wards, out of hospital services and reducing avoidable admissions).
- All national priorities are included in **Appendix 1**, which also provides details of where these will be subject to oversight at a local and regional level.
- The Trust has contributed to the development of plans within Sheffield (Place Plan) and the South Yorkshire ICS in the form of the Joint Forward Plan that remains in development.
- The top 5 local priorities within Sheffield (**Appendix 2**) have been confirmed as;
 - Discharge and Home First
 - Same Day Access to Care
 - Mental Health Crisis (All Ages)
 - Children and Young People Neurodiversity
 - Building a Model Neighbourhood
- The Trust has membership in each of the groups within the Sheffield Health and Care Partnership that will oversee these priorities in Sheffield.

IMPLICATIONS

Aim of the STHFT Corporate Strategy		✓ Tick as appropriate
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Create a Sustainable Organisation	✓
6	Deliver Excellent Research, Education and Innovation	✓

RECOMMENDATIONS

Council of Governors are asked to note the update.

APPROVAL PROCESS

Meeting	Date	Approved
Trust Executive Group	15 March; 12 April 2023	Y
Board of Directors	23 May 2023	Y
Council of Governors	20 June 2023	

Appendix 1 - National Priorities and Oversight in South Yorkshire

Area	Priority	Where
1. Urgent and emergency care*	(1a) 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 (1b) 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 (1c) Reduce adult general and acute (G&A) bed occupancy to 92% or below	UEC Alliance and Places
2. Community health services	(2a) Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard (2b) Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals	UEC Alliance and Places Places and Primary Care Alliance
3. Primary care*	(3a) 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	Primary Care Alliance and Places
	(3b) Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024	Primary Care Alliance and Places
	(3c) Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024	Primary Care Alliance and Places
	(3d) Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels	Primary Care Alliance
4. Elective Care	(4a) Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties) (4b) Deliver the system- specific activity target (agreed through the operational planning process)	Acute Federation
5. Cancer	(5a) Continue to reduce the number of patients waiting over 62 days (5b) 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 (5c) Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	Cancer Alliance
6. Diagnostics	(6a) Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95% (6b) Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition	Acute Federation
7. Maternity*	(7a) Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury (7b) Increase fill rates against funded establishment for maternity staff	LNMS
8. Use of Resources	(8a) Deliver a balanced net system financial position for 2023/24	South Yorkshire CFOs
9. Workforce	(9a) Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise	All building blocks
10. Mental Health	(10a) 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) (10b) Increase the number of adults and older adults accessing IAPT treatment (10c) Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services (10d) Work towards eliminating inappropriate adult acute out of area placements (10e) Recover the dementia diagnosis rate to 66.7% (10f) Improve access to perinatal mental health services	MHLDA
11. People with a learning disability and autistic people	(11a) Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024 (11b) 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	MHLDA
12. Prevention and health inequalities	(12a) Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024 (12b) Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60% (12c) Continue to address health inequalities and deliver on the Core20PLUS5 approach	Place and Prevention Programme

Appendix 2 - Sheffield Place Priorities

	Deliverables	Measuring success
Discharge and Home First	<ul style="list-style-type: none"> • Ensure all partners adopt the home first principles • Agree and deliver by November 2023 the optimum model for Discharge to assess across the city • Target investment for discharge at schemes that support and sustain sustainable D2A • Re-procure Domiciliary Care provision that supports 'independence' not 'dependence' • Increase virtual ward capacity to support discharge and avoidable admission • Evaluate and invest in Voluntary sector support for discharge where value is demonstrated. 	<ul style="list-style-type: none"> • Increase in residents who return to normal place of residence after hospital discharge (BCF) • Increase in older people with reablement support • Reduction in length of stay in hospital (BCF) • Carers satisfaction • Decrease in unplanned admissions for chronic ambulatory care sensitive conditions (BCF).
Same Day Access to Care	<ul style="list-style-type: none"> • Develop a new model for same day urgent care across the city (Primary Care, Extended Access, Walk In Centre, GP collaborative, ED) • Improve navigation and signposting across the city access • Improve knowledge of urgent care pathways (staff and patient). • Improve ambulance handover processes, reducing handover delays • Work with community services to enhance opportunities to avoid admission, ensure effective use of SDEC and consider future model of SPA for Urgent Care • Ensure high quality local Directory of Service to ensure we Reduce conveyances to ED 	<ul style="list-style-type: none"> • Improved access points to urgent care pathways across the city; • deliver and then maintain the new 2023 (ambulance handover and ED performance) • Reduction in ambulance handover delays • Patient and carer satisfaction • improving patient experience • reducing hospital admissions • Avoiding unplanned and longer than necessary stays in hospitals, resulting in lower risk of infections and de-conditioning for patients • Sustainable model of Primary care
Mental Health Crisis Response (all age)	<ul style="list-style-type: none"> • Reduce inequalities in access, experience and outcomes of crisis care amongst different groups, and to co-design alternative provision which is tailored to their needs and preferences • Staffing models for these types of services must include peer support workers and will require partnership with voluntary sector providers of all sizes • Development of local care crisis pathways, cross-sector. 	<ul style="list-style-type: none"> • Improve older adults' experience and access to services • Improve access, in line with NHS standards • Increase in range of complementary services • Decrease in crisis ED attendance • Improved patient experience • Improved outcomes
Neurodiversity	<ul style="list-style-type: none"> • Designing an approach to Identify and assess neurodivergent people's needs in a more holistic way focussed on the whole person and embedding a personalised care model • Implement the national objective to reduce reliance on inpatient care, while improving the quality of inpatient care • Focus on developing preventative programmes of work, by co-designing with those with lived experiences and their carers • Identify alternative community support provision, building on the progress to date 	<ul style="list-style-type: none"> • We will reduce waiting times for access to diagnostic services • Improved diagnosis rates • Increase in commissioned VCSE services for support to those with a diagnosis • Improved patient outcomes for those with co-morbidities • Improved patient and carer satisfaction
Building a Model Neighbourhood (further information slide 7)	<ul style="list-style-type: none"> • We will prioritise resources in the north east of Sheffield and bring partners from multiple sectors together with communities to overcome the social determinants, to improve health outcomes. • The model will be co-designed with our local communities, ensuring we are embedding their views in designing the key elements of the neighbourhood with all agencies • Initial design to be developed and continued co-design approach to be identified 	<p>This will support us to improve health outcomes, satisfaction, experience and improve the overall health and wellbeing for local people alongside addressing the wider determinants of health.</p>