

Executive Summary

Report to the Council of Governors

Being Held on 10 September 2024

Subject	STH Annual Operational Plan (2024/2025)
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Status¹	N*

PURPOSE OF THE REPORT

The purpose of the report is to share the STH Annual Operational Plan (2024/2025) with the Council of Governors.

KEY POINTS

The STH Annual Operational Plan (2024/25) sets out our aims and ambitions for the year and outlines how we aim to deliver services across the organisation for our patients and the communities we serve. The plan is aligned with our organisational strategic aims.

The NHS Planning guidance has been considered in preparing this plan and there is alignment with the national priorities and key performance indicators. There is also alignment with the local as well as the South Yorkshire & Bassetlaw Integrated Care System (ICS) priorities. The detail in this plan has supported our contribution to the final ICS plan.

This plan brings together a summary of numerous other plans and objectives that cut across the organisation including (but not limited to) plans for finance, activity and workforce.

IMPLICATIONS²

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

The Council of Governors are asked to **Note** the STH Annual Operational Plan.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Council of Governors	10/09/2024	

¹ Status: A = Approval
A* = Approval & Requiring Board Approval
D = Debate
N = Note

² Against the six aims of the STHFT Corporate Strategy 'Making a Difference – The next Chapter 2022-27'

STH

Annual Operational

Plan

2024/25



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1. Introduction

• Trust Overview

Sheffield Teaching Hospitals NHS Foundation Trust (STH) has considered all aspects of the 2024/25 planning guidance which covers activity, capacity, workforce and finance. Our response is a plan that confirms our continued focus on high quality clinical care and the intention to deliver core performance standards. We will do this through the framework of our Corporate Strategy – [‘Making a Difference - The Next Chapter’](#), which has played a significant role in setting the context for the success of the organisation over many years, ensuring the continuation of high quality, operationally resilient and financially sustainable services.

This Operational Plan sets out how Sheffield Teaching Hospitals NHS Foundation Trust (STH) intends to deliver appropriate, high quality and cost-effective services over the next year in light of the particular challenges facing the sector.

The planning context for 2024/25 is shaped by a number of factors, including:

- The NHS Long Term Plan, which sets out a vision for the NHS
- 2024/25 Priorities & Operational Planning Guidance – in particular the National Objectives outlined at **Appendix 1**
- Population changes and associated increase in demand for high quality health and care services
- The need to recover elective and cancer care backlogs that have built up as a result of the pandemic
- The Trust’s financial position and the need to improve the delivery of efficiency savings.
- The workforce challenges that exist (including the ongoing industrial disputes) that create gaps in the ability to provide services and where they impact on the health and wellbeing of staff
- The potential change in government and the impact that might bring

The Trust will focus on the reduction of elective and cancer care backlogs, transforming services to make them more efficient and effective and doing so by recruiting and training the required workforce. We will look to work across clinical and corporate directorates and a range of partners (including with local authorities, social care providers, and the voluntary sector) to achieve our priorities. Our Corporate Objectives (**Appendix 2**) outline many of our planned priorities for 2024/25 and are categorised according to our strategic aims.

Our major development is our Connect2024 programme: our new Electronic Patient Record. All teams will need to plan for this, creating capacity and being ready to mobilise. We will continue to invest in new technology and equipment to improve the efficiency and effectiveness of our services.

As part of the emerging Clinical Blueprint work programme, we will look to review strategic plans for the next five years. These plans will include the consideration of net zero principles across our workforce, clinical services, digital transformation, travel and transport, our buildings, the use of medicines and procurement. Plans will also demonstrate how we can positively influence the wider social determinants of health, such as education, employment, the economy and where they bring benefits to the services we provide to patients.

• System & Partnership Working

The Trust is one of the 23 partnership organisations within South Yorkshire and Bassetlaw who look after the health and care of the 1.5 million people living in Barnsley, Bassetlaw, Doncaster, Rotherham, and Sheffield as an Integrated Care System (ICS). The Trust is also a key partner in the Health & Care Partnership (HCP) within Sheffield to strengthen the local relationships that underpin those at a regional level. The Trust’s plans incorporate and inform the transformational programmes of work across the ICS and HCP.

As part of the South Yorkshire & Bassetlaw Acute Federation together with the other acute NHS Trusts, namely: Barnsley Hospital NHS Foundation Trust, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, The Rotherham NHS Foundation Trust and Sheffield Children’s NHS Foundation Trust, we have committed to using our collective expertise and resources to ensure the people of SYB have prompt access to excellent healthcare.

2. Operational Planning

- **Working with our Commissioners**

In 2024/25 the overall priority for the NHS continues to be the recovery from the COVID-19 pandemic. The planning guidance is clear about what needs to be delivered in the context of flat funding for the NHS, including a focus on quality and safety, reducing elective long waits, improving our performance on diagnostic waits and cancer, and looking after our staff to encourage retention and attendance.

There has been significant change in the commissioning landscape over the past few years. Clinical Commissioning Groups (CCGs) have merged to become Integrated Commissioning Boards (ICBs), and the South Yorkshire Integrated Care System (ICS), which includes all health and care organisations in South Yorkshire, is now accountable for performance and finance rather than accountability sitting with individual organisations.

ICBs have been established with the aim of improving health and care services focussing on prevention, better outcomes and reducing health inequalities through the development of shared plans and joined-up services for their populations. The South Yorkshire ICS has 9 priority areas underpinned by a work programme that all partners, including the Trust, are engaged with - [South Yorkshire ICS - Home \(syics.co.uk\)](https://www.syics.co.uk)

The Trust has a contract with SYICB for the provision of routine elective care, emergency care and community healthcare services. A number of other ICBs are associates to that contract; Derby and Derbyshire ICB, Nottingham and Nottinghamshire ICB, Lincolnshire ICB, West Yorkshire ICB and Manchester ICB.

The commissioning arrangements for NHS England Specialised Services have also changed in 2024/25. NHS England have been pursuing a policy of delegating the commissioning of some specialised services to ICBs to be consistent with the population-based approach. Not all ICBs have gone ahead with delegation, including those in the North East and Yorkshire, but the ICBs in the Midlands and North West have done so, which means that those ICBs are now responsible for commissioning some specialised services for their populations. A key aim for 2024/25 is to build relationships with those ICBs to ensure that specialised services continue to be commissioned appropriately for their patients, and to mitigate any risks to services the Trust currently provides because of changes to pathways or providers.

NHS England retain responsibility for those ICB areas where delegation has not happened and also the specification of specialised services and funding for high-cost drugs and devices, armed forces, health and justice and highly specialised services. It is expected that the delegation of specialised services will be completed in 2025/26.

In NHSE NEY there are a number of transformation priorities in 2024/25 that will involve the Trust:

- Mechanical thrombectomy expansion to 24/7
- Neonatal critical care workforce
- Cardiac improvement programme
- Neurosurgery improvement programme
- Neurorehabilitation
- Renal dialysis capacity
- Haemoglobinopathy

- **Activity Planning**

Planning our activity is paramount to service delivery for our patients. We plan to do this adhering to the national guidelines set out below and have plans in place to deliver on all key activity metrics as outlined below for our patients. Recognising the challenging position we have been in on cancer and the focus on reducing our backlog; we have agreed with the national team to set a target to recover 62 day cancer performance to 61%, rather than the national standard of 70%. This will still allow SY ICB to meet the 70% performance expectation by the end of the year. We have also agreed – with national and regional steer – a diagnostic target of 85% compared to the national target of 95%. Further detail on the many metrics being measured across the organisation with comparison with last year's metrics are available at **Appendix 3**.

Urgent & Emergency Care

- Improve **A&E wait times** with a minimum of **78% of patients seen within four hours** in March 2025

Elective Care

- Eliminate **65 week waits** by September 2024 at the latest
- **Deliver system specific activity targets** consistent with national value weighted activity target of 107%
- Increase proportion of **first appointments or procedures in outpatients to 46%** across 2024/25

Cancer Care

- Improve performance against **62-day combined standard to 61%** by March 2025
- Improve performance against **28-day faster diagnosis standards to 77%** by March 2025

Diagnostics

- Increase proportion of **diagnostic tests within 6 weeks to 85%** by March 2025

3. Quality Planning

Quality is an integral part of everything we do and through the [Quality Strategy](#) and [Annual Quality Report](#) we outline our quality performance and future priorities. One example of this is the Quality Objectives which outline some of the quality work we plan to do in 2024/25, for our patients, namely:

- Improve the assessment and management of pressure ulcer risk to ensure patient safety
- Improve management of pain in patients
- Improve the experience of patients who are blind or visually impaired with a focus on communications

Additionally, each directorate sets out their own quality plans for the year and work to those quality plans during the year. For brevity, these are not included here.

The governance of directorate quality will be assessed this year through internal audit.

The Trust implemented the national Patient Safety Incident Response Framework (PSIRF) in January 2024, and will focus on embedding the key principles underpinning PSIRF in 2024/5. This includes training on After Action Reviews, and SWARM huddles, and improving the investigation pack to support those leading Patient Safety Incident Investigations (PSII). Reports sharing the learning will continue to go to the Trust Executive Group, Quality Committee and the Management Board Briefing (MBB). In addition, a quarterly newsletter will share findings from all forms of investigation where Trust-wide learning has been identified.

The delivery of the Quality Strategy and quality plans will be supported by the PROUD Improvement (PI) initiative, which aims to engage with the whole organisation in improving quality, safety, staff wellbeing, patient experience, and efficiency. PROUD Improvement is the culmination of several years' work to build the knowledge and skills to embed a culture of continuous improvement within STH and is underpinned by the Trusts PROUD Values. It is designed to span from Board to Ward with tailored packages of support, training, and education available for teams, leaders, and individuals to easily access. It's also about embedding improvement planning and activities into the business-as-usual activities of the Trust and helping leaders and staff have the agency, permission, and power to make change. It's a vision that anyone can be a change maker and the 'management system' of the organisation actively encouraging all of our staff to be change makers.

PROUD Improvement uses a simple evidence-based improvement structure and a consistent method, which will be deployed in through 2024 – 2025 by:

- A board and executive development programme due to begin in late 2024 helping the senior team embed a culture of improvement.
- A transformational leaders programme starting in September 2024 helping our triumvirate teams lead improvement through supportive behaviours and routines.
- An improvement approach built into core Trust activities, such as the Performance Management Framework and Directorate review process. This is already underway.
- A series of improvement "Boosters", aimed at initiating rapid improvement work through team and leadership development and mentoring support. A number are already live, and a further Boosters will be added to support change on key strategic priorities.
- A new team development offer that has already launched
- A training programme with three key courses which are available on PALMS

There is a dedicated PROUD Improvement Hub on the intranet where staff can access support, training and education as well as see examples of change, improvement and learning from other areas of the organisation. These examples are also shared and celebrated in our annual 'Change Makers' report.

4. Workforce Planning

As part of the Trust's annual business planning cycle, the planning of our workforce identifies staffing pressures, proposed service changes and other factors affecting our workforce provision. The inclusion of workforce planning is critical to this annual process and results in plans that identify workforce challenges and proposed interventions that align with service need, financial budgets, quality and activity plans.

In 2023, the Trust refreshed and re-launched its People Strategy: 'A brilliant place to work', this is based around three themes as follows:

- **Attract** – recruit the right staff in the right numbers with the right skills, values and behaviours.
- **Grow** – invest in personal and professional development and create opportunities for everyone to reach their full potential.
- **Retain** – create an inclusive culture and access to opportunities which mean our staff want to remain at STH and develop their careers and skills.

Aligned to each of the three themes are the seven component parts of the NHS People Promise, attached to these are twenty-one programmes of work which aim to make a positive difference to our workforce and our patients. The delivery of our People Strategy is governed through our People Strategy Executive Committee and our People Committee.

One element of this strategy is workforce planning and redesign. As part of this programme of work, we plan to further expand and improve the quality of our workforce planning capability and expertise by continuing to train key individuals within our Care Groups to ensure that workforce planning is further embedded as an iterative and responsive process throughout the year that feeds into the annual business planning cycle. Further information, tools and resources are available via a dedicated SharePoint site to support colleagues

with workforce planning, the Workforce Team within Organisational Development remains available to provide facilitation and support for the process.

We will also continue to support leaders and teams to design optimal team structures, skill mix and workforce capacity, by helping them to design new roles and workforce models to deliver the best care possible to our patients. This will include evaluating current working practices and exploring opportunities to work differently, whether that be reviewing the work of individual roles or that of teams, our aim is to enable our workforce to reach their potential and to be engaged and fulfilled by the work that they do.

The Trust People Strategy provides the strategic vision for spreading improvement capability and leadership qualities throughout the organisation. During 2024/25, the Trust will continue to develop leadership capability through existing and new programmes, recognising the need for building leadership skills throughout all levels of the organisation to enable the planning and delivery of effective patient care through teams.

In addition, over the next three years (2024 – 2027), we will build capability in quality improvement and leadership skills systematically across the Trust to embed a culture of continuous improvement via our recently launched PROUD Improvement (PI) programme. PI brings together training, support, and access to expertise so that everyone, regardless of their role or seniority can be a change maker within the Trust. Everyone will be encouraged and supported to undertake continual improvement as the norm so that we can deliver the very best for our patients and each other. PI will support individuals, leaders and teams to develop the skills, master the techniques and behaviours to enable them to make a difference. The programme consists of the following elements:

- Delivery of a leadership development programme targeting clinical and operational leaders, to establish a network of sustainable improvement activities.
- Development of improvement leaders and mentors across the Trust to support the delivery of team and pathway improvements.
- Providing a supportive programme structure to enable improvement work to succeed, focused on Trust priorities, facilitating delivery, learning, sharing, and scaling.

The National Workforce Objectives for 2024/25 are:

- Systematic implementation of the **People Promise retention interventions**
- Increase **choice and flexibility in rotas, reduce duplicative inductions and errors in payroll**
- Provide **placements and apprenticeships** to meet the NHS Long Term Workforce Plan

5. Financial Planning

- **The financial plan**

After a challenging planning process, the Trust now has a balanced 2024/25 Financial plan. The full details of this plan were shared with the Trust Board in April and a summary of the detailed movements of the plan are available at **Appendix 4**. There are significant risks, particularly related to some of the Financial plan assumptions to get to the balanced position, non-pay inflation, delivery of efficiency targets, achievement of the 105% stretch elective activity target and the avoidance of unplanned expenditure. With regards to System planning, there is likely to be ongoing issues around an acceptable South Yorkshire position and the blurred financial accountabilities. The Trust will need to improve its efficiency delivery and its financial and operational management in 2024/25 to deliver the Financial plan.

- **The Capital plan**

The Trust has a large 2024/25 Capital Programme with some significant commitments already approved and underway. System Operational Capital Allocation (OCA) rules remain in place for 2024/25. This requires capital

expenditure at the organisation to match the allocation given to the Trust in each financial year. The OCA is intended to fund 'day-to-day operational investments'. There are then various additional allocations for targeted outcomes which enhance capital spend but create uncertainty and further work with the submission of cases for external review and verification, as it is not guaranteed which organisations will be successful in bidding for these pots of funding. There are a significant number of schemes already in implementation phase (most notably the Electronic Patient Record), but there is also the need to replace core equipment and to complete phases of refurbishment programmes.

There is little or no flexibility for large schemes in the next few years unless specific additional funding is secured. However, it is important that the Trust develops a pipeline of schemes for future years to optimise investment and take advantage of any relevant external funding opportunities. The Trust plans to continue efforts to manage its capital programme very precisely to ensure it fully utilises its OCA, but also does not cause future year issues from overspending.

6. Electronic Patient Record

Our most significant development this year is STH Connect2024, the Electronic Patient Record (EPR), with the Go Live date of 14th October 2024. STH Connect2024 represents one of the most significant investments made by the Trust in over 20 years. The organisation is actively preparing for this wide-reaching development, which promises to improve the patient journey and the working lives for all staff linked with it as we plan to standardise our processes across the Trust.

STH Connect2024 will replace Lorenzo and some other systems we currently use. The technology is only part of the programme as processes will be developed with a focus on enhancing clinical safety to enable the new system to support even more effective and efficient pathways of care. This will result in better experiences for patients and staff, as well as reduced wasted effort and will meet our responsibilities to the communities we serve.

7. Sustainability

Our [STH Sustainability Plan](#) reflects the climate emergency we face which has resulted in the legally enforceable target within the UK Climate Change Act to transition to 'net zero' emissions by 2050, or earlier if possible. It also reflects the NHS Long Term Plan goals and the NHS England and NHS Improvement 'For a Greener NHS' initiative.

At STH, we have been successful in reducing emissions that contribute to climate change in the past, but we know that there is more we can do to improve the environmental, social, and financial impact of our organisation, our communities and the wider NHS.

To achieve this, we plan to focus on energy and water use within our buildings, the prevention and management of waste, the procurement of goods and services, business, patient, visitor, and staff commuting travel and transport as well as models of care. We will further develop our approach to embedding sustainable practices and where possible act as an exemplar to our communities, other NHS Trusts, and partners. We plan to engage and involve our staff, patients, communities, and partners in this important work.

The Corporate Objectives for Sustainability include:

- Develop a Strategic Partnerships Plan that provides clarity across the organisation on the approach to working with partners.
- Develop a workplan in response to the Core20PLUS5 framework and work with partners to develop our approach to reducing health inequalities in the services that we provide.
- Progress all priorities within the Trust's updated Sustainability Plan, within Directorate action plans and embed sustainable practices across the organisation

8. Research & Innovation

The Trust has developed a joint Trust Research & Innovation Strategy 2023-26 to facilitate joint working and exploit opportunities to grow the Trust's Research and Innovation profile and portfolio. The overall aim of the new STH Research & Innovation strategy continues to be one of increasing the profile, quality and quantity of clinical research and innovation, viewed as an essential and valued activity by all members of the organisation and the wider Sheffield community.

The Trust's aspiration is to provide the very best in healthcare outcomes, clinical research and innovation for our local communities and wider population. The Trust is committed to enabling that vision and making research and innovation an integral and key component of our STH mission.

The six pillars of our Research and Innovation (R&I) strategy are:

- Strengthening the Trust's use of research and innovation to improve outcomes for patients and the efficient and effective delivery of care.
- Increasing international quality, impactful research and innovation activity, output and funding.
- Increasing the involvement and diversity of patients and the public in research and innovation.
- Broadening and encouraging staff participation in research and innovation.
- Using research and innovation to strengthen clinical services that are struggling to thrive.
- Enhancing research and innovation partnership working to capitalise on our relationships, enhance the reputation of Sheffield and support economic development.

We will continue to work closely with many partners and organisations across the region to ensure our research has the widest impact, including:

- Trust hosted NIHR Infrastructure:
 - NIHR Sheffield Biomedical Research Centre
 - NIHR Sheffield Clinical Research Facility
 - NIHR HealthTech Research Centre in Long-Term Conditions, Devices for Dignity
- External partners including but not limited to:
 - Health Innovation Yorkshire and Humber
 - Northern Health Science Alliance
 - Sheffield Hallam University
 - The University of Sheffield
 - Insigneo Institute (University of Sheffield)

As we develop our implementation plan, we will ensure that our strategy and operational plan is incorporated into broader Trust strategy and that directorates will have a Research and Innovation dimension to their performance objectives, thus ensuring that research and innovation becomes part of how STH delivers all services for the benefits of our patients, their families and carers.

National NHS objectives for 2024/25

Area	Objective
Quality and patient safety	<ul style="list-style-type: none"> implement the Patient Safety Incident Response Framework (PSIRF)
Urgent and emergency care	<ul style="list-style-type: none"> improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025
	<ul style="list-style-type: none"> improve Category 2 ambulance response times to an average of 30 minutes across 2024/25
Primary and community services	<ul style="list-style-type: none"> improve community services waiting times, with a focus on reducing long waits
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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)
	<ul style="list-style-type: none"> deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> improve patients' experience of choice at point of referral
Cancer	<ul style="list-style-type: none"> improve performance against the headline 62-day standard to 70% by March 2025
	<ul style="list-style-type: none"> improve performance against the 28-day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026
	<ul style="list-style-type: none"> increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028

Area	Objective
Diagnostics	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> establish and develop at least one women's health hub in every ICB by December 2024, working in partnership with local authorities
Mental health	<ul style="list-style-type: none"> improve patient flow and work towards eliminating inappropriate out of area placements
	<ul style="list-style-type: none"> increase the number of people accessing transformed models of adult community mental health (to 400,000), perinatal mental health (to 66,000) and children and young people services (345,000 additional CYP aged 0–25 compared to 2019)
	<ul style="list-style-type: none"> increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement and 48% reliable recovery
	<ul style="list-style-type: none"> reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025
	<ul style="list-style-type: none"> improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025
People with a learning disability and autistic people	<ul style="list-style-type: none"> ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check in the year to 31 March 2025
	<ul style="list-style-type: none"> reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults or 12–15 under 18s for every 1 million population
Prevention and health inequalities	<ul style="list-style-type: none"> increase the % of patients with hypertension treated according to NICE guidance to 80% by March 2025
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> increase vaccination uptake for children and young people year on year towards WHO recommended levels

Area	Objective
	<ul style="list-style-type: none"> continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people
Workforce	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> improve the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors
	<ul style="list-style-type: none"> provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan
Use of resources	<ul style="list-style-type: none"> deliver a balanced net system financial position for 2024/25
	<ul style="list-style-type: none"> reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25

APPENDIX 2 – TRUST CORPORATE OBJECTIVES FOR 2024/25

Corporate Objective	Executive Lead(s)	Timescales
Strategic Aim - 1 Deliver the best clinical outcomes		
Deliver the Trust’s Quality Objectives for 2024/25: <ul style="list-style-type: none"> – Improve the assessment and management of pressure ulcer risk to ensure patient safety – Improve management of pain in patients – Improve the experience of people who are blind or visually impaired with a focus on communications 	Chief Nurse / Chief Medical Officer (Operations)	March 2025
		March 2025
		March 2025
To progress the vanquishing variation programme with a focus on: <ul style="list-style-type: none"> – Improving the processes and reducing pathway variation to enable effective EPR implementation. – Use the extensive benefits framework to monitor the extent to which the benefits of standardisation of processes are achieved. – Develop plans to address any problem areas. These will be delivered from go-live in October 2024 onwards with specific profiles to be confirmed. 	Chief Medical Officer (Development)	October 2024
		October 2024
		October 2024
Strategic Aim - 2 Provide patient centred services		
Support the recovery of patient care by meeting the national planning priorities and with a specific focus on: <ul style="list-style-type: none"> – Deliver system specific activity targets consistent with the national weighted activity target of 107% – Eliminate waits over 65 weeks for elective care as soon as possible and by September 2024 – 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. – Increase the percentage of patients that receive diagnostic test within six weeks in line with the March 2025 ambition of 95% – Improve A&E waiting times, compared to 2023/24, with a minimum of 78% patients seen within 4 hours in March 2025 – Reduce number of patients in hospital beyond their discharge date, as well as length of delay 	Chief Operating Officer / Chief Strategy Officer	March 2025
		September 2024
		March 2025
		March 2025
		March 2025
		March 2025
Deliver a focussed and refreshed recovery on cancer performance, including meeting agreed targets on our 62-day backlog, performance and Faster Diagnosis Standard	Chief Strategy Officer	March 2025

Corporate Objective	Executive Lead(s)	Timescales
Develop a blueprint for how, over the next five years, we will develop the clinical services we provide and adapt our approach to meet the needs of the populations we serve.	Chief Strategy Officer	June 2024
During 2024- 2026 launch and embed the PROUD improvement programme to systematically build capability in quality improvement and leadership skills across the trust to embed a culture of continuous improvement at STH, through – <ul style="list-style-type: none"> – Delivery of a leadership development programme targeting clinical and operational leaders, to establish a network of sustainable improvement activities. – Development of improvement leaders and mentors across the Trust enable the delivery of team and pathway improvements. – Developing a supportive management system structure to enable improvement work to succeed, focused on Trust priorities, facilitating delivery, learning, sharing, and scaling. 	Organisational Development Director	March 2025
		March 2025
		March 2025
Deliver the Improvement Plan for Specialised Cancer Services.	Chief Strategy Officer	March 2025
Create the new EDI Strategy for 2025 – 2029	Organisational Development Director	March 2025
To finalise the Estates Strategy implementation plan	Chief Nurse	December 2024
Strategic Aim - 3 Employ caring and cared for staff		
Review Clinical Support Worker Agenda for Change banding against national profiles and commence a project to realign to the appropriate band where required. <ul style="list-style-type: none"> • Bandings confirmed • Backpay arrears 	Chief Nurse/ Chief People Officer	September 2024
		March 2025
Develop and implement an action plan to improve the Trusts response rate to the staff survey alongside an action plan to continue to build on improvements in our results recognising the impact of this will be seen over several years.	Chief People Officer	December 2024
Work with Central Nursing to consider the implications of the national Nursing Pay Review.	Chief People Officer	March 2025
Undertake a pilot across five Directorates to support improvement in appraisal compliance and quality through application of an Appraisal Window, including modernisation of the approach and improved access to data / data quality.	Chief People Officer	October 2024

Corporate Objective	Executive Lead(s)	Timescales
Work with the five Directorates with the highest sickness absence levels to reduce their sickness absence rates.	Chief People Officer	March 2025
Implement the workforce actions identified in the operational plan.	Chief People Officer	March 2025
Implement the actions set out in the Sexual Safety Charter	Chief People Officer	March 2025
Modernisation of medical Recruitment, improving the time to fill rate alongside candidate and recruiting manager experience.	Chief People Officer	March 2025
Review our medical workforce and identify how we develop this workforce to support our recovery plan, growth in activity and adapt to changes in HEE-funded capacity.	Chief Medical Officer (Operations) / Organisational Development Director	March 2025
Strategic Aim - 4 Spend public money wisely		
Deliver the 2024/25 financial plan and capital programme.	Chief Finance Officer	March 2025
Further re-establish arrangements to drive improved productivity and efficiency via the Use of Resources Group.	Chief Finance Officer / Chief Strategy Officer	March 2025
Strategic Aim - 5 Create a sustainable organisation		
Build on the Trust's approach to working in partnership that reflects the statutory requirements and opportunities set out in Working with People and Communities <ul style="list-style-type: none"> - Develop a Strategic Partnerships Plan that provides clarity across the organisation on the approach to working with partners. - Develop a workplan in response to the Core20PLUS5 framework and work with partners to develop our approach to reducing health inequalities in the services that we provide. 	Chief Strategy Officer	December 2024
	Chief Strategy Officer/ Chief Operating Officer	December 2024
Progress all priorities within the Trust's updated Sustainability Plan, within Directorate action plans and embed sustainable practices across the organisation.	Chief Strategy Officer	March 2025
Carry out a carbon accounting exercise across the Trust to determine where the greatest opportunities exist and develop an action plan for implementation.	Chief Strategy Officer	March 2025

Corporate Objective	Executive Lead(s)	Timescales
Create a skeleton Sustainability Plan in readiness for final issue in October 2025 onwards pulling information from Trust Sustainability Leads, NHS E and the progress made by STH so far.	Chief Strategy Officer	October 2025
Strategic Aim - 6 Deliver excellent research, education and innovation		
Complete all the required pre-go live EPR work in readiness for the implementation of the new solution.	Chief Medical Officer (Development)	September 2024
Use the structures that are in place to ensure that everything necessary is achieved for a safe and effective EPR go-live in October 2024, and to ensure that we will be positioned to derive the full range of benefits from the Connect EPR, constantly building on these over time.	Chief Medical Officer (Development)	October 2024
Review and refresh induction so that it is engaging and informative. Remove duplication.	Chief People Officer	January 2025
Align with the latest Core Skills Training Framework by the end of June 2024 and implement the free eLearning for Healthcare packages and shorter e-assessments by end of October 2024	Chief People Officer	October 2024
Develop an implementation plan to deliver research and innovation priorities	Chief Medical Officer (Development)	September 2024
Implement systems for prioritisation of Clinical Trials involving Investigational Medicinal Products in set up to ensure STH effectively utilises the limited capacity with pharmacy and other support services.	Chief Medical Officer (Development)	September 2024
Review the framework for planning and performance management of directorate research to support development of Trust-wide governance mechanisms	Chief Medical Officer (Development)	September 2024
To ensure successful transition of the hosting arrangements for the Clinical Research Network Yorkshire and the Humber to Leeds Teaching Hospital as they become the host for the Regional Research Delivery Network.	Chief Nurse	December 2024

Appendix 3 Planning Metrics and Targets for 24/25 With 23/24 Comparison

Outpatient Planned Activity

Metric ID	Metric Definition	Target for 24/25	Previous Target for 23/24
E.M.32	Total outpatient attendances (all TFC; consultant and non consultant led)	To Achieve 103% of 19/20 Phased Activity (Assume No Industrial Action)	To Achieve 103% of 19/20 Phased Activity
E.M.34	Number of episodes moved or discharged to patient initiated outpatient follow-up pathway as an outcome of their attendance	To Achieve 5% by Q4 (Per Month - Not as a Cumulative for the FY)	
E.M.8	Outpatient attendances (all TFC; consultant and non consultant led) - First attendance	To Achieve 103% of 19/20 Phased Activity (Assume No Industrial Action)	To Achieve 103% of 19/20 Phased Activity
E.M.9	Consultant-led follow-up outpatient attendances (Spec acute)	To Achieve 103% of 19/20 Phased Activity (Assume No Industrial Action)	To Achieve 103% of 19/20 Phased Activity
E.M.40	Outpatient procedures – ERF scope	To Achieve 103% of 19/20 Phased Activity (Assume No Industrial Action)	To Achieve 103% of 19/20 Phased Activity
E.M.41	Outpatient first attendances without a procedure – ERF scope	To Achieve 103% of 19/20 Phased Activity (Assume No Industrial Action)	To Achieve 103% of 19/20 Phased Activity
E.M.38	Outpatient follow up attendances without procedure – ERF scope	To Achieve 103% of 19/20 Phased Activity (Assume No Industrial Action)	To Achieve 103% of 19/20 Phased Activity

Elective Activity

Metric ID	Metric Definition	Target for 24/25	Previous Target for 23/24
E.M.10a	Total number of specific acute elective day case spells in the period	To Achieve 103% of 19/20 Phased Activity (Assume No Industrial Action)	To Achieve 103% of 19/20 Phased Activity
E.M.10b	Total number of specific acute elective ordinary spells in the period	To Achieve 103% of 19/20 Phased Activity (Assume No Industrial Action)	To Achieve 103% of 19/20 Phased Activity
E.M.10c	Total number of specific acute elective day case spells in the period of which children under 18 years of age	No Target Specified (Incorporated into E.M.10a)	
E.M.10d	Total number of specific acute elective ordinary spells in the period of which children under 18 years of age	No Target Specified (Incorporated into E.M.10b)	

Non Elective Activity

Metric ID	Metric Definition	Target for 24/25	Previous Target for 23/24
E.M.11a	Number of specific acute non-elective spells in the period with a length of stay of zero days	No Target Specified - However this is expected to reduce when Type 5 SDEC Attendances are introduced	No Target Specified
E.M.11b	Number of specific acute non-elective spells in the period with a length of stay of one or more days	No Target Specified	No Target Specified

ED Activity

Metric ID	Metric Definition	Target for 24/25	Previous Target for 23/24
E.M.13	Total Number of attendances at type 1,2,3 A&E departments Excluding planned follow-up attendances, departing in less than 4 hours	Before March 2025 4 Hour Performance Must be Achieving 78% - For All ED Combined	Before March 2024 4 Hour Performance Must be Achieving 76% - For All ED Combined
E.M.13	Total Number of attendances at type 1,2,3 A&E departments Excluding planned follow-up attendances.		
E.M.13	Percentage of attendances at Type 1, 2, 3 A&E departments, excluding planned follow-up attendances, departing in less than 4 hours		
E.M.13a	Number of attendances at type 1 A&E departments where the patient spent less than 4 hours from time of arrival to admission / discharge / transfer.		
E.M.13a	Number of attendances at type 1 A&E departments.		
E.M.13a	Percentage of attendances at Type 1 A&E departments, excluding planned follow-up attendances, departing in less than 4 hours		
E.M.13b	Number of attendances at other type A&E departments where the patient spent less than 4 hours from time of arrival to admission / discharge / transfer.		
E.M.13b	Number of attendances at other type A&E attendances		
E.M.13b	Percentage of attendances at Type 2 and 3 A&E departments, excluding planned follow-up attendances, departing in less than 4 hours		

Appendix 3 Planning Metrics and Targets for 24/25 With 23/24 Comparison

Same Day Emergency Care

Metric ID	Metric Definition	Target for 24/25	Previous Target for 23/24
E.M.15	Same day emergency care	No Target Specified	No Target Specified

Referral to Treatment

Metric ID	Metric Definition	Target for 24/25	Previous Target for 23/24
E.B.18	The number of incomplete Referral to Treatment (RTT) pathways (patients yet to start treatment) of 52 weeks or more	No Target Specified	No Target Specified
E.B.24	Number of 52+ week RTT waits, of which children under 18 years	No Target Specified	No Target Specified
E.B.20	The number of incomplete Referral to Treatment (RTT) pathways (patients yet to start treatment) of 65 weeks or more	0 by September 24	0 Before March 2024
E.B.3a	The number of incomplete Referral to Treatment (RTT) pathways	No Target Specified	No Target Specified
E.M.18	The number of completed admitted RTT pathways in the reporting period	To Achieve 103% of 19/20 Phased Activity (Inline with National Ask of Activity)	To Achieve 103% of 19/20 Phased Activity (Inline with National Ask of Activity)
E.M.19	The number of completed non-admitted RTT pathways in the reporting period	To Achieve 103% of 19/20 Phased Activity (Inline with National Ask of Activity)	To Achieve 103% of 19/20 Phased Activity (Inline with National Ask of Activity)
E.M.20	The number of new RTT pathways in the reporting period	No Target Specified	No Target Specified

Cancer

Metric ID	Metric Definition	Target for 24/25	Previous Target for 23/24
E.B.35	Percentage of patients seen within 62 days	60.6%	Continue to reduce the number of patients waiting over 62 days
E.B.27	Percentage of patients receiving a communication of diagnosis for cancer or a ruling out of cancer, or a decision to treat if made before a communication of diagnosis within 28 days following	80%	75%

Beds

Metric ID	Metric Definition	Target for 24/25	Previous Target for 23/24
E.M.26b	Average number of occupied ACC beds	No Target Specified	No Target Specified
E.M.26b	Average number of open ACC beds	No Target Specified	No Target Specified
E.M.26c	Average number of day case G&A beds available	No Target Specified	No Target Specified
E.M.25	Average number of adult patients in an acute hospital bed for 21 days and over	No Target Specified	No Target Specified
E.M.30	Average number of overnight G&A beds occupancy - Total	No Target Specified	No Target Specified
E.M.30	Average number of overnight G&A beds occupied - adult	No Target Specified	No Target Specified
E.M.30a	Average number of overnight G&A beds available - adult	No Target Specified	No Target Specified
E.M.30g	Average number of overnight G&A core beds available - adult	No Target Specified	No Target Specified
E.M.30h	Average number of overnight G&A escalation beds available - adult	No Target Specified	No Target Specified
E.M.30a	Average number of overnight G&A beds occupancy - adult	No Target Specified	No Target Specified
E.M.30b	Average number of overnight G&A beds occupied - paediatric	No Target Specified	No Target Specified
E.M.30i	Average number of overnight G&A beds available - paediatric	No Target Specified	No Target Specified
E.M.30j	Average number of overnight G&A escalation beds available - paediatric	No Target Specified	No Target Specified
E.M.30b	Average number of overnight G&A beds occupancy - paediatric	No Target Specified	No Target Specified

Reason to Reside

Metric ID	Metric Definition	Target for 24/25	Previous Target for 23/24
E.M.29	Number of beds occupied by patients no longer meeting the criteria to reside - adult	No Target Specified (Improve on previous FY)	

Diagnostic Waiting Times

Metric ID	Metric Definition	Target for 24/25	Previous Target for 23/24
E.B.28a	Diagnostic test waiting list over 6 weeks - Magnetic Resonance Imaging	Waiting List Position For These Modalities Cumulatively to Improve on Previous FY (March 2024 was at 84.7%)	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
E.B.28b	Diagnostic test waiting list over 6 weeks - Computed Tomography		
E.B.28c	Diagnostic test waiting list over 6 weeks - Non-Obstetric Ultrasound		
E.B.28d	Diagnostic test waiting list over 6 weeks - Colonoscopy		
E.B.28e	Diagnostic test waiting list over 6 weeks - Flexi Sigmoidoscopy		
E.B.28f	Diagnostic test waiting list over 6 weeks - Gastroscopy		
E.B.28g	Diagnostic test waiting list over 6 weeks - Cardiology - Echocardiography		
E.B.28h	Diagnostic test waiting list over 6 weeks - DEXA		
E.B.28k	Diagnostic test waiting list over 6 weeks - Audiology		

Appendix 4 Financial Summary

The Trust's 2024/25 Financial Plan builds on the 2023/24 Financial Plan and the movements can be summarised as follows:

	£m	£m
Underlying Deficit B/Fwd from 2023/24:		12
2024/25 Efficiency Requirement:		
- 1.1% Standard Long-Term Plan Assumption		11.7
Inflation/Funding Gaps:		
- CNST Premium (net of ICB funding)	2.2	
- Capital Charges	2	
- COVID testing income loss	0.9	
- Non-Pay Inflationary Pressures	<u>2.5</u>	7.6
2024/25 Cost Pressures:		
- FYE of prior year investments (including SEOC)	2.3	
- 2024/25 cost pressures	2.7	
- Contingency	<u>2</u>	7.0
		<u>38.3</u>
2024/25 Efficiency Target:		
- Directorates (1.7%)		(16.0)
2024/25 Additional Funding:		
- Growth	(4.7)	
- Recovery (0.6%)	(5.5)	
- ERF	(0.6)	
- Depreciation and IFRS 16	(0.4)	
- Additional Chemotherapy income	<u>(0.9)</u>	(12.1)
Non recurrent benefits:		
- Interest income	(2.0)	
- Investment slippage	(3.0)	
	<u></u>	(5.0)
		<u>5.2</u>
Further Actions required for a breakeven plan:		
- ERF delivery of 105% for 6 months	(1.4)	
- Mitigation of cost pressures	(1.8)	
- Securing of further income from Commissioners	<u>(2.0)</u>	(5.2)
Non-Recurrent Plan:		
- EPR/LIMS N/R costs	8.3	
- Maternity Incentive Scheme Loss	1.7	
- Pathology Network transformation costs	0.6	
- N/R Funding Identified	(1.6)	
- N/R Funding Still to be Identified	<u>(9.0)</u>	0
		<u>0</u>
Financial Plan		0