

Trust Board - Cover Sheet

Subject:	2024/25 Planning Update		Date:	6 th June 2024	
Prepared By:	Kevin Gallacher, Associate Director of Planning and Partnerships				
Approved By:	Richard Mills, Chief Financial Officer				
Presented By:	Richard Mills, Chief Financial Officer				
Purpose					
To provide a brief overview to Trust Board on the SFHFT component of the ICS 2024/25 plan submission to NHSE on the 2 nd May 2024.			Approval		
			Assurance	X	
			Update	X	
			Consider		
Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
X	X	X	X	X	X
Principal Risk					
PR1	Significant deterioration in standards of safety and care				X
PR2	Demand that overwhelms capacity				X
PR3	Critical shortage of workforce capacity and capability				X
PR4	Failure to achieve the Trust's financial strategy				X
PR5	Inability to initiate and implement evidence-based Improvement and innovation				X
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				X
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				X
Committees/groups where this item has been presented before					
Finance Committee. Trust Management Team. Executive Team.					
Acronyms					
FYE – Full Year Effect ICB – Integrated Care Board ICS – Integrated Care System NHSE – National Health Service England SFH – Sherwood Forest Hospitals UEC – Urgent and Emergency Care WTE - Whole Time Equivalent e.g. 37.5 hrs per week					
Executive Summary					
On the 2 nd May 2024 the Nottingham and Nottinghamshire ICS submitted its 2024/25 operational plan to NHS England. The plan is a consolidated position of Sherwood Forest Hospitals Trust, Nottinghamshire Healthcare Trust, Nottingham University Hospitals, and the ICB.					
The Nottingham and Nottinghamshire ICS submission stated that the plan is considered as ambitious and credible. The plan was also operationally compliant against the majority of NHSE					

National Priorities and Operational Requirements.

The information in the main body of this paper sets out the SFH component of the 2024/25 ICS plan across the domains of finance, capital, operational performance, workforce, and activity with the headline messages shown in the table below:

Our 2024/25 plan sets out an ambition to improve our clinical and operational performance, improving lives for our people and our patients.



6% improvement in A&E waiting times

Aim to see 78% of patients within 4 hours in March 2025, compared to 72% in March 2024



10.7% increase in value weighted elective (Planned Care) activity

117.5% VWA plan against the Elective Recovery Fund (ERF) target of 106%. The ERF funding earned supports us to see up to 17,000 more patients in 2024/25 than would otherwise be possible within our core resources.



Eradication of 65 week waits by September 2024

Trajectory to zero 65ww patients by September compared to 347 in February 2024



Improvements in Theatre utilisation and day case rates

Improvement to 85% from 79% targeted for theatre utilisation and day case rates planned to increase by 0.6% to 91.3%



Earlier and faster cancer diagnosis and treatment

62 day cancer performance to 71% compared to 59% in Jan-24, Faster Diagnosis Standard of 80% by March 2025 (12 months earlier than national ambition) and improvements in Stage 1 & 2 early diagnosis to 80%



Reduced reliance on high-cost temporary staffing and £3.3m savings in agency expenditure

Bank and agency reduction of 100 WTE offset by substantive recruitment, with overall workforce numbers broadly maintained but agency costs reduced by £3.3m



£15m capital investment in our buildings and equipment

This includes investment in Magnetic Resonance Imaging (MRI) Scanners as well as replacing essential medical equipment, system upgrades and cyber security, IT equipment to support our people to deliver their services, and building upgrades and maintenance.



£38m efficiency programme to reduce the underlying deficit of the Trust

Three core elements of efficiency – reducing the underlying deficit managed non-recurrently in 2023/24, mitigating 2024/25 demand growth, and managing 2024/25 cost inflation



Improve access to the services patients need – SDEC, Acute Frailty and Virtual Wards

Medical SDEC 7 days per week, Surgical SDEC 5hrs per day, Frailty Intervention Team working 7 days per week, 70 Virtual Ward slots with utilisation in excess of 80%



Embed key quality and patient safety requirements

PSIRF (Patient Safety Incident Response Framework), improved engagement of patients & families in response to incidents and supporting training under the NHS Patient Safety Syllabus

While the plan at both ICS and SFH level is considered ambitious and credible the plan does include several inherent delivery risks.

These are:

- The delivery of urgent and emergency care (UEC) transformation that relies both on internal and ICS actions.
- The delivery of the elective (planned care) additional activity while mitigating the range of operational and workforce challenges.
- The delivery of a significant financial efficiency while balancing the day to day operational and longer term needs of the organisation.
- These plans also assume, in line with national guidance, no further industrial action in 2024/25.

There are also five areas where SFH is non-compliant with the planning guidance. These are set out in the main body of the paper.

The Finance, Quality, and People Committees of Board will lead on assuring themselves on behalf of the Board on the plan delivery, existing and emergent risks, and mitigations in place to deliver this plan during 2024/25.

The Trust Board are asked to:

Note the SFH contribution to the ICS 2024/25 plan submission, the planned improvements to our clinical and operational performance, improving lives for our people and our patients, and the main delivery risks.

2024/25 Operational plan submission

Introduction

The Nottingham and Nottinghamshire ICS was required to submit its 2024/25 operational plan to NHS England on the 2nd of May 2024. The ICS plan is a consolidated position of Sherwood Forest Hospitals Trust, Nottinghamshire Healthcare Trust, Nottingham University Hospitals, and the Nottingham & Nottinghamshire ICB and is considered both ambitious and credible by the ICS partners.

The information below sets out the SFH component of the 2024/25 ICS plan across the domains of finance, capital, operational performance, workforce, and activity.

Finance

The financial challenges faced across the NHS are reflected in the ICS financial plans, with all four organisations planning a financial deficit for 2024/25 to a combined total of £105.7m. The SFH component of this is a £14m deficit.

This is driven by the ongoing emergency care pathway capacity that maintains our bed numbers at the 2023/24 levels in line with the operational planning guidance and that reflect the levels of demand our urgent and emergency care services are experiencing.

In addition to keeping these beds open a pressure remains in maintaining diagnostics capacity through 2024/25 in advance of the new Mansfield Community Diagnostics Centre which will open in 2025/26. Funding for this interim capacity was withdrawn in 2023/24 but the Trust has made the decision to maintain the capacity to support operational performance targets in 2024/25. The full opening of the new Community Diagnostic Centre at Mansfield Community Hospital will increase the number of diagnostic tests we provide for our population and will generate sufficient funding through activity from 2025/26.

The ICS has committed to working towards a balanced financial position by March 2026 through a combination of system transformation, organisational efficiency plans, and a further drive to return productivity to pre-pandemic levels.

For 2024/25 the ICS has planned efficiencies amounting to £251.2m with SFH planning to deliver £38.5m of this. SFH delivered a £25.7m of efficiency savings in 2023/24.

Capital

The ICS continues to invest in its buildings, equipment, and information technology (IT), with planned capital expenditure of £88.5m in 2024/25 in line with the agreed Capital Departmental Expenditure Limit allocated to the system.

Of this plan £15m will be spent by SFH with a significant proportion earmarked for the provision of new and replacement Magnetic Resonance Imaging (MRI) Scanners at the Trust. Other capital expenditure includes the replacement of essential medical equipment, system upgrades and cyber security, IT equipment to support our people to deliver their services, and wider building upgrades and maintenance.

Additional capital allocations have been awarded to the Trust to support ongoing developments such as Mansfield Community Diagnostic Centre and the new Electronic Patient Record system which attract additional national capital funding.

Operational Performance

The SFH plan aims to meet or exceed most national operational performance standards set out in the 2024/25 operational plan guidance published by NHSE on the 27th March 2024. At the same time, we continue to implement the Patient Safety Incident and Response Framework (PSIRF) as part of our ongoing commitment to quality and patient safety.

- Our A&E waiting times show an improvement over 2023/24, aiming to see 78% of patients within 4 hours by March 2025.
- We have maintained the number of adult beds we opened in 2023/24. However, this still has a very high occupancy rate, peaking at over 97%, in February 2025 and requires both internal SFH and wider system UEC actions to reduce demand during 2024/25 in order not to exceed this occupancy level or the number of beds required.
- We continue to develop our Same Day Emergency Care (SDEC) and Virtual ward models of care and to reduce the number of patients who are still in our acute hospital beds beyond their discharge ready date.
- We have actions in place to reduce the number of elective planned care patients waiting over 65 weeks from 347 in February 2024 to Zero by September 2024 and aim to have no patients waiting over 52 weeks by March 2025.
- We continue to show positive recovery against the cancer 62 day standard increasing the cancer 62 day performance from 58.6% in January 2024 to 71% in March 2025. In addition, we are showing achievement of the Faster Cancer Diagnosis March 2026 ambition and the Early Diagnosis 2028 ambition during 2024/25, a minimum of 12 months ahead of the national ambition timescales.
- Our plans show over 95% of all patients receiving their diagnostic tests within 6 weeks by March 2025 except for Echocardiography where there is ongoing work to understand what further actions can be put in place to reduce backlogs further and to achieve performance better than the submitted plan.
- We continue to implement the national delivery plan for maternity and neonatal services.

Delivery of these operational performance standards requires the system wide delivery of an ambitious Urgent and Emergency Care (UEC) transformation programme (including financial sustainability plans focussing on UEC length of stay and frailty/long term conditions (proactive care) and reducing demand into our ED department. They also assume, in line with national guidance, no further industrial action in 2024/25 (however a further period has been declared since the submission).

Workforce

The 2024/25 workforce plan has a relatively stable position with a net decrease of 0.2% (-12.9 Whole Time Equivalent (WTE)) against the March 2024 position of 5,830 worked WTE at SFH.

The plan shows a reduction of 99.7 worked WTE in Bank and Agency staffing with an increase of 86.8 WTE substantively employed staff. There is an ambition to reduce the use of Agency staffing further to 3.2% of the total pay bill in 2024/25 (from the current plan levels of 4.08%), alongside work to increase staff retention and to improve the working lives of doctors in training alongside actions to deliver the NHS People Plan.

The March 2024 position was an increase of 257 worked WTE against the March 2023 position. This increase was associated with increased demand, bed occupancy, discharge pressures, and increases in Emergency Department attendances alongside increasing patient hours in ED, alongside planned developments such as the Community Diagnostic Centre, the theatres development at Newark, delivery of additional elective (planned care) activity, and the Neonatal Intensive Care Unit transitional care and high dependency expansion at Kings Mill Hospital.

Activity

Using the national Elective Recovery Fund (ERF) income we have been able to plan for nearly 17,000 more patients to be seen this year than our core funding would otherwise allow.

The Planned Care (Elective) activity plan aims to deliver 117.5% by value of what we were able to deliver in 2019/20 before the pandemic and is higher than the 106.8% we achieved in 2023/24. This makes a significant contribution to recovering our patient waiting times for planned care services in Mid-Nottinghamshire.

The Emergency Department activity and emergency admission plans include growth of 0.6% during 2024/25 and align to the financial and workforce plans. This is however much lower than we are currently experiencing. Internal SFH and wider system UEC actions to reduce demand during 2024/25 will be required for the plan to be achieved.

Compliance

The five areas of non-compliance in the plan submitted by SFH relate to the following:

- To increase the proportion of all outpatient attendances that are for first appointments/procedures: SFH shows 43.6% while at ICS level this is 42% against an ICS target of 46%. This is driven by a quality and safety requirement to ensure that overdue reviews, which are recorded as follow up appointments, are conducted in a timely way.
- 95% of patients receiving a diagnostic test within 6 weeks by March 2025: SFH remains compliant across all diagnostics except Echocardiography where there is an ambition to improve on the submitted position for Echo in-year.
- Deliver a balanced net system financial position: The ICS is submitting a deficit of £105.8m of which SFH is contributing a deficit of £14.0m.
- Agency Spend maximum of 3.2%: SFH is submitting 4.1%, including 0.8% related to elective recovery and escalation beds, and will work towards the 3.2% during 2024/25.
- Although there is work to move towards this, the Trust is unlikely to have over 90% of patients waiting over 12 weeks validated by the end of March 2025.

Conclusion

While the plan at both ICS and SFH level is considered ambitious and credible the plan does include several significant delivery risks.

Four significant requirements of the plan are:

1. To deliver ambitious internal and ICS urgent and emergency care (UEC) transformation (including financial sustainability plans focussing on UEC length of stay and frailty/long term conditions (proactive care) and reducing demand into our ED department and any subsequent admission into a bed. They also assume, in line with national guidance, no further industrial action in 2024/25.
2. To deliver increased elective activity supported by improved productivity (including financial sustainability plans focussing on transformation of outpatients and theatres) to reduce long waits and secure additional income. This is supported by wider productivity improvements including adoption of GIRFT recommendations, insourcing, waiting list initiatives, Independent Sector activity and Elective Hub and Community Diagnostic Centre developments.
3. The delivery of a significant financial efficiency through focusing on system transformation, organisational efficiency plans, and a further drive to return productivity to pre-pandemic levels.
4. No further industrial action in 2024/25.

The Finance, Quality, and People Committees of Board will lead on assuring themselves on behalf of the Board on the plan delivery, existing and emergent risks, and mitigations in place to deliver this plan during 2024/25.

The Trust Board are asked to:

Note the SFH contribution to the ICS 2024/25 plan submission, the planned improvements to our clinical and operational performance that contribute to improving lives for our people and our patients, and the main delivery risks.