

Trust Board Meeting ('Part 1') - Formal meeting, which is open to members of the public (to observe)

Thu 14 March 2024, 09:00 - 10:00

Virtually, via Webconference

Agenda

Please note that members of the public will be able to observe the meeting, as it will be broadcast live on the internet, via the Trust's YouTube channel (www.youtube.com/channel/UCBV9L-3FLrIuzYSc29211EQ).

03-1 To receive apologies for absence

David Highton


03-2 To declare interests relevant to agenda items

David Highton

Planning and strategy

03-3 To approve the Trust's planning submission for 2024/25

Rachel Jones and Steve Orpin

 To approve the Trust's planning submission for 2024-25.pdf (18 pages)

03-4 To consider any other business

David Highton

03-5 To respond to any questions from members of the public

David Highton

Extraordinary Trust Board meeting – 14th March 2024

To approve the Trust's planning submission for 2024/25

**Director of Strategy, Planning and Partnerships; and
Deputy Chief Executive / Chief Finance Officer**

The enclosed report provides information on the first and interim submission of the annual Operating Plan due to the Integrated Care Board on 21st March 2024.

The plan details our submission on activity and finance underpinned by a broad set of assumptions and current information on requirements. It outlines our current position on activity, workforce and finance including Cost Improvement Programmes (CIPs).

Which Committees have reviewed the information prior to Board submission?

- Executive Team Meeting, 12/03/24

Reason for submission to the Board (decision, discussion, information, assurance etc.) ¹

To approve the submission of the Trust's planning submission to the Kent and Medway Integrated Care Board

¹ All information received by the Board should pass at least one of the tests from 'The Intelligent Board' & 'Safe in the knowledge: How do NHS Trust Boards ensure safe care for their patients': the information prompts relevant & constructive challenge; the information supports informed decision-making; the information is effective in providing early warning of potential problems; the information reflects the experiences of users & services; the information develops Directors' understanding of the Trust & its performance

2024/25 Operational Planning



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Tunbridge Wells
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Executive summary

Purpose of report: This paper provides an update on the system planning approach for 24/25 and internal operational planning progress.

Summary of position

- Full planning guidance has not been released.
- The trust is asked to submit a board approved planning return to the ICB on 14th March, in advance of an ICB first full submission to NHS E on 21st March.
- Activity, finance and workforce plans have been developed in line with the technical guidance with a series of exec led review meetings at divisional level.
- The activity plan is compliant with the key operational planning targets
- Whilst there is an improvement in the workforce and finance forecast compared to the ETM update of 27th February there is significant movement required to achieve a balanced plan, and we are clear on the KLOE.
- The indicative final ICB submission planning date is 2nd May. We anticipate the need for interim submissions.

Recommendation

- The trust board is asked approve the proposed planning submission and note the key issues and next steps.

Activity Plan

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The elective activity plan enables the trust to continue to meet (and exceed) the requisite 24/25 trajectories.

Total IP/DC Combined	Total	All Cons and Non-Cons First OP Total	Total	Total Elective (IP, DC and All First OP)	Total
24/25 Plan as % of 1920	114%	24/25 Plan as % of 1920	129%	24/25 Plan as % of 1920	126%
24/25 Plan as % of 23/24 Actuals	103%	24/25 Plan as % of 23/24 Actuals	105%	24/25 Plan as % of 23/24 Actuals	105%
24/25 Plan as % of 23/24 Submitted Plan	109%	24/25 Plan as % of 23/24 Submitted Plan	111%	24/25 Plan as % of 23/24 Submitted Plan	111%

RTT Trajectory

	RTT including WLIs	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Variance
TRUST	Total Waiting List	39727	39100	38475	37871	37183	36551	35923	35245	34616	34016	33368	32737	32107	-7620
	IP Waiting List	6962	6925	6888	6851	6811	6774	6738	6698	6662	6627	6589	6546	6509	-453
	OP Waiting List	32765	32174	31587	31020	30372	29776	29185	28547	27954	27389	26779	26191	25598	-7167
	IP Backlog	3645	3608	3571	3534	3494	3457	3433	3444	3453	3463	3473	3474	3484	-161
	OP Backlog	8619	8050	7502	7012	6545	6167	5790	5386	5009	4649	4262	3922	3670	-4949
	Total %	69.13%	70.2%	71.2%	72.2%	73.0%	73.7%	74.3%	74.9%	75.6%	76.2%	76.8%	77.4%	77.72%	8.59%

RTT including WLIs	Mar-24	Mar-25	Variance
Total Waiting List	39727	32107	-7620
IP Waiting List	6962	6509	-453
OP Waiting List	32765	25598	-7167
IP Backlog	3645	3484	-161
OP Backlog	8619	3670	-4949
Total %	69.13%	77.72%	8.59%

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The plan deliver continued compliance with cancer waiting times trajectories.

Cancer Waiting Times (CWT) Standards

New Combined		Baseline	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total	Q1	Q2	Q3	Q4
Cancer 31 combined standard (96%)	Total Patients Seen	811	698	841	848	826	771	818	798	892	784	856	817	778	9,727	2,387	2,415	2,474	2,451
	>31 day wait	32	28	34	34	33	31	33	32	36	31	34	33	31	389	95	97	99	98
	Performance %	96.05%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%

New Combined		Baseline	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total	Q1	Q2	Q3	Q4
Cancer 62 days (85%)	Total Patients Seen	120.5	142.5	201.0	213.0	166.0	201.5	202.5	179.0	230.0	234.0	208.0	198.5	189.0	2,365.0	557	570	643	596
	>62 day wait	17.5	20.5	29.0	31.0	24.0	29.0	29.5	26.0	33.5	34.0	30.0	29.0	27.5	343.0	81	83	94	87
	Performance %	85.51%	85.61%	85.57%	85.45%	85.54%	85.61%	85.43%	85.47%	85.43%	85.47%	85.58%	85.39%	85.45%	85.50%	85.53%	85.53%	85.46%	85.47%

		Baseline	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total	Q1	Q2	Q3	Q4
Cancer Faster Diagnosis 28 Days	Total Patients	1,748.7	1,818.2	1,938.1	1,991.2	2,089.4	2,111.0	1,894.8	2,174.1	2,122.8	1,920.0	2,124.7	2,028.1	1,931.5	24,143.9	5,747	6,095	6,217	6,084
	>28 days or no date	437.0	454.0	484.0	497.0	522.0	527.0	473.0	536.0	517.0	460.0	503.0	472.0	444.0	5,889.0	1,435	1,522	1,513	1,419
	Performance %	75.01%	75.03%	75.03%	75.04%	75.02%	75.04%	75.04%	75.35%	75.64%	76.04%	76.33%	76.73%	77.01%	75.61%	75.03%	75.03%	75.66%	76.68%



The diagnostic plan will be compliant by Mar 25. (1/2)

		Baseline	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Trust Overall Diagnostics	Total Patients Waiting	8,290	8,212	8,198	7,992	8,081	8,102	8,027	8,091	8,043	7,848	7,750	7,601	7,565
	Patients waiting >6wks	220	194	198	165	156	160	144	116	105	105	87	79	71
	Performance %	97.3%	97.6%	97.6%	97.9%	98.1%	98.0%	98.2%	98.6%	98.7%	98.7%	98.9%	99.0%	99.1%
MRI		Baseline	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
	Total Patients Waiting	2,438	2,388	2,338	2,288	2,238	2,188	2,138	2,088	2,038	1,988	1,938	1,888	1,838
	in target	2,348	2,307	2,266	2,224	2,182	2,140	2,097	2,055	2,012	1,968	1,919	1,869	1,820
	Patients waiting >6wks	90	81	72	64	56	48	41	33	26	20	19	19	18
	Performance %	96.3%	96.6%	96.9%	97.2%	97.5%	97.8%	98.1%	98.4%	98.7%	99.0%	99.0%	99.0%	99.0%
CT		Baseline	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
	Total Patients Waiting	1,575	1,575	1,600	1,575	1,600	1,625	1,600	1,575	1,550	1,600	1,575	1,550	1,550
	in target	1,570	1,569	1,586	1,570	1,595	1,612	1,595	1,570	1,545	1,594	1,570	1,545	1,545
	Patients waiting >6wks	5	6	14	5	5	13	5	5	5	6	5	5	5
	Performance %	99.7%	99.6%	99.1%	99.7%	99.7%	99.2%	99.7%	99.7%	99.7%	99.6%	99.7%	99.7%	99.7%
NOUS		Baseline	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
	Total Patients Waiting	2,229	2,210	2,280	2,260	2,230	2,300	2,280	2,250	2,210	2,270	2,250	2,230	2,230
	in target	2,165	2,154	2,218	2,207	2,181	2,249	2,238	2,216	2,182	2,238	2,224	2,211	2,217
	Patients waiting >6wks	64	56	62	53	49	51	42	34	28	32	26	19	13
	Performance %	97.1%	97.4%	97.3%	97.7%	97.8%	97.8%	98.2%	98.5%	98.7%	98.6%	98.9%	99.1%	99.4%
DEXA		Baseline	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
	Total Patients Waiting	200	210	230	220	210	230	220	210	210	230	220	210	220
	in target	198	208	228	218	208	228	218	208	208	228	218	208	218
	Patients waiting >6wks	2	2	2	2	2	2	2	2	2	2	2	2	2
	Performance %	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%
Barium Enema		Baseline	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
	Total Patients Waiting	158	148	138	128	118	130	125	120	120	130	115	120	120
	in target	131	124	116	108	100	111	108	104	106	116	104	109	110
	Patients waiting >6wks	27	24	22	20	18	19	18	16	14	14	12	11	10
	Performance %	83.0%	83.5%	84.0%	84.5%	85.0%	85.5%	86.0%	87.0%	88.0%	89.0%	90.0%	91.0%	92.0%
DM01	Diagnostic Waiting Times	Baseline	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Echocardiography	Total Patients Waiting	372	372	372	354	407	372	372	407	372	354	390	354	372
	in target	266	266	266	253	291	266	266	291	266	253	279	253	266
	Patients waiting >6wks	4	4	4	4	4	4	4	4	4	4	4	4	4
	Performance %	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%



The diagnostic plan will be compliant by Mar 25. (2/2)

		Baseline	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Colonoscopy	Total Patients Waiting	261	258	260	214	242	248	284	265	297	250	249	248	247
	in target	259	256	258	213	241	246	279	261	294	248	248	247	246
	Patients waiting >6wks	2	2	2	1	1	2	5	4	3	2	1	1	1
	Performance %	99.2%	99.2%	99.2%	99.5%	99.6%	99.2%	98.2%	98.5%	99.0%	99.2%	99.6%	99.6%	99.6%
Flexi Sigmoidoscopy	Total Patients Waiting	106	97	67	65	64	104	102	134	139	73	70	67	64
	in target	105	96	66	64	63	103	100	132	137	72	69	66	63
	Patients waiting >6wks	1	1	1	1	1	1	2	2	2	1	1	1	1
	Performance %	99.1%	99.0%	98.5%	98.5%	98.4%	99.0%	98.0%	98.5%	98.6%	98.6%	98.6%	98.5%	98.4%
Gastroscopy	Total Patients Waiting	291	281	238	160	200	184	171	250	313	253	249	246	242
	in target	283	276	233	158	189	173	160	239	302	239	242	241	239
	Patients waiting >6wks	8	5	5	2	11	11	11	11	11	14	7	5	3
	Performance %	97.3%	98.2%	97.9%	98.7%	94.5%	94.0%	93.5%	95.6%	96.5%	94.5%	97.2%	98.0%	98.8%
Cystoscopy	Total Patients Waiting	49	55	60	80	80	56	69	35	44	41	43	45	47
	in target	31	43	48	68	70	47	54	30	35	32	32	32	33
	Patients waiting >6wks	18	12	12	12	10	9	15	5	9	9	11	13	14
	Performance %	63.3%	78.0%	79.9%	84.9%	87.4%	83.8%	78.3%	85.8%	79.6%	78.1%	75.0%	72.1%	69.5%
Audiology	Total Patients Waiting	608	616	613	646	690	663	663	754	747	656	648	640	632
	in target	608	616	613	645	690	663	663	754	746	656	648	640	632
	Patients waiting >6wks	-	-	-	1	-	-	-	-	1	-	0	0	-
	Performance %	100.0%	100.0%	100.0%	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%
Urodynamics	Total Patients Waiting	3	3	3	3	3	3	3	3	3	3	3	3	3
	in target	3	3	3	3	3	3	3	3	3	3	3	3	3
	Patients waiting >6wks	-	-	-	-	-	-	-	-	-	-	-	-	-
	Performance %	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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24/25 Non- Elective Activity plan vs Actual 23/24 and Actual 1920 (Core Capacity plus Funded Activity)

Total Non-Elective (including New SDEC)	Total
24/25 Plan as % of 1920	143%
24/25 Plan as % of 23/24 Actuals	104%
24/25 Plan as % of 2324 Submitted Plan	110%

Non Elective	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
0 day length of stay (New SDEC)	992	921	997	946	976	925	942	1,081	1,045	1,060	1,050	943
+1 length of stay (Not Inc CDU Overnights)	2,356	2,499	2,391	2,548	2,477	2,418	2,721	2,541	2,549	2,679	2,473	2,577
Total Non elective admissions	3,505	3,461	3,397	3,494	3,453	3,343	3,662	3,622	3,594	3,739	3,523	3,520

Some Non- Elective Zero day LOS now moved to SDEC row below as by July 24 this activity will be recorded as SDEC Type 5 A&E Attendances as per national change/guidance, which we have assumed has no financial impact.

	Baseline	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Same Day Emergency Care (SDEC)		3,178	3,431	3,401	3,624	3,597	3,426	3,508	3,301	3,298	3,510	3,283	3,446

24/25 Plan for A&E Attendances

Total A&E	Total	A&E Type 1	Total	A&E Type 3&4	Total
24/25 Plan as % of 1920	129%	24/25 Plan as % of 1920	134%	24/25 Plan as % of 1920	96%
24/25 Plan as % of 23/24 Actuals	103%	24/25 Plan as % of 23/24 Actuals	103%	24/25 Plan as % of 23/24 Actuals	98%
24/25 Plan as % of 2324 Submitted Plan	104%	24/25 Plan as % of 2324 Submitted Plan	105%	24/25 Plan as % of 2324 Submitted Plan	95%

A&E	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total
Type 1 A&E attendances	17,842	19,134	18,761	19,245	18,302	18,667	19,032	18,296	18,569	18,205	16,883	18,214	221,148
Type 2, 3&4 A&E attendances	2,216	2,412	2,372	2,445	2,255	2,318	2,164	2,072	2,088	2,052	1,985	2,034	26,413
Total A&E Attendances	20,058	21,547	21,133	21,690	20,557	20,985	21,195	20,367	20,656	20,256	18,868	20,248	247,562

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24/25 Performance Trajectories - Flow

	A&E >4hrs from Decision to Admit	Baseline	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total	Q1	Q2	Q3	Q4
A&E Type 1 & Type 3	Total Patients Seen	18,235	20,058	21,547	21,133	21,690	20,557	20,985	21,195	20,367	20,656	20,256	18,868	20,248	247,562	62,738	63,232	62,219	59,373
	>4hr Wait	2,546	2,730	2,763	2,284	2,918	2,780	3,245	3,379	3,293	4,395	4,137	3,360	3,069	38,353	7,777	8,944	11,067	10,565
	Performance %	86.04%	86.39%	87.18%	89.19%	86.55%	86.48%	84.54%	84.06%	83.83%	78.72%	79.58%	82.19%	84.84%	84.51%	87.60%	85.86%	82.21%	82.21%

		Baseline	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total	Q1	Q2	Q3	Q4
A&E Type 1 Only	Total Patients Seen		17,842	19,134	18,761	19,245	18,302	18,667	19,032	18,296	18,569	18,205	16,883	18,214	221,148	55,737	56,213	55,896	53,302
	>4hr Wait		2,706	2,739	2,260	2,894	2,756	3,221	3,355	3,269	4,371	4,113	3,336	3,045	38,065	7,705	8,872	10,995	10,493
	Performance %		84.8%	85.7%	88.0%	85.0%	84.9%	82.7%	82.4%	82.1%	76.5%	77.4%	80.2%	83.3%	82.79%	86.18%	84.22%	80.33%	80.31%

		Baseline	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total	Q1	Q2	Q3	Q4
Patients in A&E Department for 12 hours or more	Total Patients Seen		20,058	21,547	21,133	21,690	20,557	20,985	21,195	20,367	20,656	20,256	18,868	20,248	247,562	62,738	63,232	62,219	59,373
	Out of Target		866	786	650	840	803	935	1,121	1,182	1,357	1,039	861	762	11,202	2,302	2,577	3,660	2,662
	Performance %		95.7%	96.4%	96.9%	96.1%	96.1%	95.5%	94.7%	94.2%	93.4%	94.9%	95.4%	96.2%	95.5%	96.3%	95.9%	94.1%	95.5%

		Baseline	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total	Q1	Q2	Q3	Q4
Ambulance Handover delays	Number of arrivals	3,357	3,377	3,590	3,368	3,501	3,454	3,408	3,573	3,554	3,630	3,656	3,266	3,266	41,644	10,335	10,363	10,757	10,188
	Delays 15-30mins	1,508	1,489	1,555	1,494	1,555	1,516	1,471	1,523	1,525	1,626	1,587	1,449	1,458	18,248	4,538	4,541	4,674	4,495
	Delays 30-60 mins	189	210	218	189	205	203	216	230	227	275	236	197	173	2,579	618	624	732	606
	Delays >60mins	5	7	4	3	5	5	5	4	4	5	3	1	1	48	15	15	14	4
	% Delays >30 mins		6.4%	6.2%	5.7%	6.0%	6.0%	6.5%	6.6%	6.5%	7.7%	6.5%	6.1%	5.3%	6.3%	6.1%	6.2%	6.9%	6.0%

Not meeting the criteria to Reside	Baseline	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
	106	105	105	105	105	115	110	105	110	115	120	110	105

Average Daily Number of Long Stay patients >21 Days	Baseline	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
	107	106	107	107	116	96	111	105	111	103	104	109	106

Bed Occupancy	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total
Average number of G&A Beds occupied per day	658	652	621	626	610	606	634	639	635	667	672	625	637
Average number of G&A Core Beds available per day	711	711	711	711	711	711	711	711	711	711	711	711	711
Average number of G&A Escalation Beds available per day	23	23	23	23	23	23	23	23	23	23	23	23	23
Bed Occupancy	89.7%	88.8%	84.7%	85.2%	83.1%	82.6%	86.3%	87.0%	86.5%	90.9%	91.5%	85.1%	86.8%

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Workforce Plan

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Workforce Phasing – current forecast

Divisions have been working with HR Business Partners and Finance Managers to forecast the 24/25 workforce phasing. The forecast includes ICB agreed increases to the establishment budget (such as Kent & Medway Orthopaedic Centre, CDC funding).

Through close working between divisions, HR Business Partners, Finance Managers and some Executive Director led challenge sessions, these initial forecasts have been re-worked with the latest cut of the forecast (7th March) set out below.

23/24 recruitment and turnover data have been used to inform the forecast, with the current Trust vacancy rate (5.5%) applied. By year end, the forecast shows an increase of 236.4WTE (substantive), with a reduction in bank and agency of 210.6WTE and 49.0WTE respectively.

Despite this decrease in bank and agency, the total forecast currently takes workforce above the establishment budget by 167.5WTE by year end:

	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Establishment	7558.0	7580.8	7603.5	7626.3	7649.0	7671.8	7694.5	7717.3	7740.0	7762.8	7785.5	7808.3	7831.0
Substantive	7195.9	7215.6	7235.3	7255.0	7274.7	7294.4	7314.1	7333.8	7353.5	7373.2	7392.9	7412.6	7432.3
Bank	636.8	625.3	584.1	527.1	506.2	484.5	468.6	455.5	448.2	447.6	444.4	438.5	426.2
Agency	189.1	185.9	172.1	160.1	157.0	151.8	151.7	147.3	149.7	149.9	145.0	143.1	140.0
Total	8021.7	8026.7	7991.4	7942.2	7937.9	7930.7	7934.4	7936.6	7951.4	7970.7	7982.3	7994.2	7998.5
Variance	-463.7	-446.0	-387.9	-316.0	-288.9	-259.0	-239.9	-219.3	-211.4	-208.0	-196.8	-186.0	-167.5
NHS Infrastructure Support	1999.2	2002.7	2006.3	2009.8	2013.4	2016.9	2020.5	2024.0	2027.6	2031.2	2034.7	2038.3	2041.8
Registered Nursing, Midwifery and Health visiting staff	2051.8	2062.5	2073.1	2083.8	2094.4	2105.1	2115.8	2126.4	2137.1	2147.7	2158.4	2169.1	2179.7
Registered/Qualified Healthcare Scientists	227.7	227.9	228.1	228.3	228.5	228.6	228.8	229.0	229.2	229.4	229.6	229.7	229.9
Registered/Qualified Scientific, Therapeutic and Technical Staff	670.2	673.0	675.7	678.4	681.2	683.9	686.6	689.4	692.1	694.9	697.6	700.3	703.1
Support (inc Trainees) to Healthcare Science	184.6	184.7	184.9	185.0	185.2	185.3	185.5	185.7	185.8	186.0	186.1	186.3	186.5
Support to Clinical staff	1106.3	1107.4	1108.5	1109.5	1110.6	1111.6	1112.7	1113.8	1114.8	1115.9	1116.9	1118.0	1119.1
Other	10.0	10.0	9.9	9.9	9.8	9.8	9.7	9.7	9.6	9.6	9.5	9.5	9.5
Consultant	365.2	366.4	367.7	368.9	370.2	371.4	372.6	373.9	375.1	376.3	377.6	378.8	380.0
Career/Staff Grade	263.8	264.4	265.0	265.6	266.2	266.8	267.4	268.0	268.6	269.2	269.8	270.4	271.0
Training Grade	317.1	316.7	316.2	315.8	315.3	314.9	314.4	314.0	313.6	313.1	312.7	312.2	311.8

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Workforce Phasing – analysis and next steps

It is clear that the key challenge with the workforce forecast is the scale of bank and agency usage. While both are forecast to reduce, this reduction must be further increased in the plan in order to be financially balanced.

Next steps

As part of the SDR round, clinical divisions are meeting with executive colleagues to check / challenge the current forecasts at a divisional level. For corporate teams without a SDR, HR Business Partners and Finance Managers are working with directorate leads to further refine their forecasts. This activity will take place this week, allowing for a revised forecast to be made ready in time for the next ICB submission.

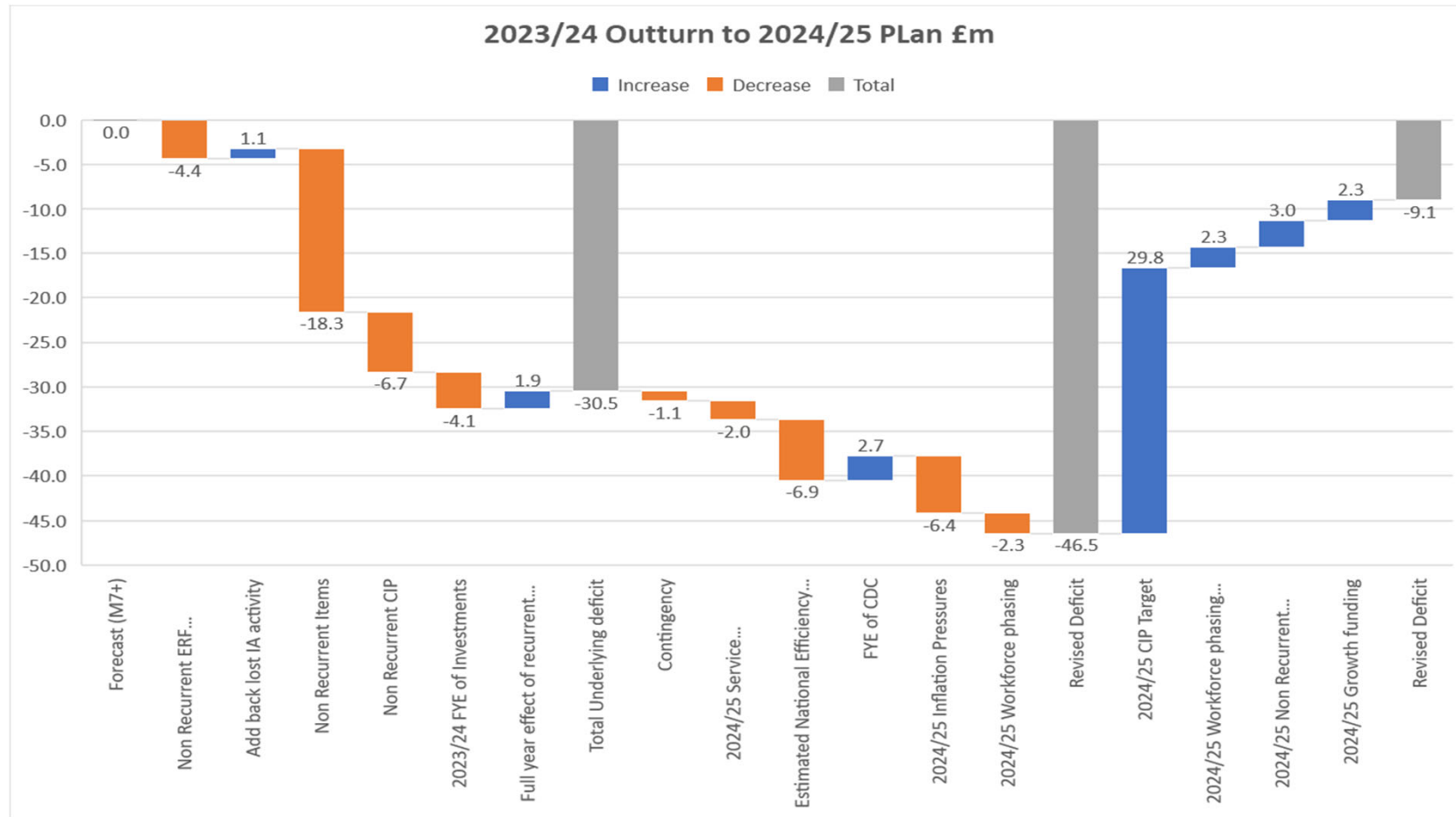
The focus in the sessions will be:

- 1) Explanation for the unaccounted gaps within the current forecast which are not on the current financial issue list
- 2) Removal of the financial issues from the plan until they are agreed formally to be included in budget. This recognises that there will be risks attached to non-funding of these posts, however, it will not be possible to have them in the forecast unless approved
- 3) Further focus on the reduction of bank and agency usage, with an assumption of “one substantive in, one out” for agency use in particular, and rationale for double-running with some bank posts (e.g. IENs during their supernumerary period for an assumed length of time) are set in the plans
- 4) Other areas of pressure identified e.g. mental health resource to be clarified to support discussion of how this can be supported within the System

Financial Plan

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Bridge – 2023/24 Outturn to 2024/25 Draft Plan



The Trust is forecasting a deficit in 2024/25 of c£46.5m before CIP. If the Trust is delivers a £29.8m CIP Plan, reduces the current workforce plan by £2.3m, identifies £3m of non recurrent benefits and receives additional growth funding this will reduce the deficit to £9.1m.



2024/25 Draft Plan

Grouping	Subjective Group	£m
Op Inc from Pat Care Activity	Clinical SLA Income	692.2
	Other Pat Care Income	10.6
Op Inc from Pat Care Activity Total		702.8
Other Operating Income	Other Operating Income	43.1
Other Operating Income Total		43.1
Pay	A&C/Sen Man Staff	-43.6
	Medical Staff	-128.0
	Nursing	-123.3
	Pay Reserves	-1.7
	Qualified Ambulance + Paramed	-0.7
	Scientific Therap & Tech Staff	-56.8
	Support Staff	-19.4
	Support to Clinical Staff	-76.6
Pay Total		-450.1
Non Pay	Clinical Negligence	-23.6
	Drugs & Medical Gases	-74.3
	Other Non Pay	-75.8
	Purch healthcare from non NHS	-22.4
	Supplies & Services	-51.1
Non Pay Total		-247.1
Other	Depreciation	-29.8
	Other Finance Costs	-21.2
	Public Dividends Payable	-8.0
Other Total		-59.0
Total Deficit		-10.3
Technical Adjustments		1.2
Revised Deficit		-9.1

Income

Contract values have not yet been confirmed with commissioners.

The plan has been uplifted for the latest inflation and efficiency values.

There is additional funding for CNST and this will be worked through in the next submission.

Currently the activity plan costed at tariff is less than the assumptions in the income position. The Trust is still working through the impact of this but the delayed opening of the KMOC will be a significant factor that will have a negative impact on the financial position as costs will start to be incurred.

Pay This is a top down model which is being triangulated with the workforce plan. This is explained in the workforce section.

Non Pay The 2024/25 plan includes national inflation assumptions which match the increase in funding through tariff/baseline funding. However there are specific increases relating to CNST (£2.7m), PFI (£1.5m) and depreciation (£1.8m) which are above the national tariff increase which have been included in the plan as a pressure. Discussions are ongoing with commissioners about funding support for these pressures

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2024/25 Draft Financial Plan – Key position & issues

Risks

- PDC has been based on the forecast outturn for 2023/24, further work is required to be done to forecast these costs for 2024/25 based on capital and asset valuation updates
- PFI – The 2024/25 forecast is based on the current method of accounting for the PFI. The 2024/25 plan will however need to reflect a change to this accounting treatment which will need to be reflected in the plan.

Further investments

Service Developments: The plan includes £2m for new 2024/25 service developments. The Trust has a number of significant clinical priorities that are still to be agreed and therefore these aren't in the financial plan:

Maternity CQC review, National CSW Band 2 to Band 3 uplift, New Urology Investigation Unit, Robotic Surgery, Estates Statutory Compliance, Temporary Staffing team investment, Cardiology reconfiguration and 7 day service.

The above will have to be funded from either this contingency or through additional income and or cost reduction benefits over and above the CIP target.

2024/25 CIPs

The Trust has a CIP target of £29.8m which is 4% of turnover. The Trust has identified £23m of the CIP target but further validation is required. Nearly 50% of identified savings relates to additional income and the rest is reduction in expenditure.

Classification			
Pay	£8.2	Coding	£2.9
Non-Pay	£4.4	Clinical Income	£6.3
Non-Clinical Income	£0.1	Private patient income	£1.0
Sub-total	£12.7	Sub-total	£10.2
Grand total	£23		

Classification			
New	£21	Recurrent	£22
Rollover	£2	Non-recurrent	£1
			£0
Total	£23	Total	£23

Risk Status		
High	£9.1	40%
Low	£9.0	39%
Medium	£4.8	21%

