



<b>REPORT TITLE:</b>	Strategic & Operational Planning 2024/25		
<b>SPONSORING EXECUTIVE:</b>	Dave Baker, Chief Strategy Officer Dinah McLannahan, Chief Finance Officer Johanne Newens, Chief Operating Officer Daren Fradgley, Deputy CEO of Core and Chief Integration Officer		
<b>REPORT AUTHOR:</b>	Meggan Jarvis		
<b>MEETING:</b>	Public Trust Board	<b>DATE:</b>	8 <sup>th</sup> November 2023

**1. Suggested discussion points** *[two or three issues you consider the PublicTB should focus on in discussion]*

Through the 2023/24 annual plan or during the course of this financial year, we have strengthened the triangulation of activity, workforce, and money, particularly through workforce control. The next level of maturity for 2024/25 is to drive the relationship between this triangulation, strategic improvements and the Trust's success measures.

This paper sets out the plan to link strategic planning and operational planning (activity, finance workforce).

**2. Alignment to our Vision** *[indicate with an 'X' which Strategic Objective[s] this paper supports]*

OUR PATIENTS		OUR PEOPLE		OUR POPULATION	
To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff	X	To work seamlessly with our partners to improve lives	X

**3. Previous consideration** *[at which meeting[s] has this paper/matter been previously discussed?]*

Executive Group

**4. Recommendation(s)**

The Public Trust Board is asked to:

**a. NOTE** the direction of strategic and operational planning for 2024/25

**5. Impact** *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*

Board Assurance Framework Risk 01	X	Deliver safe, high-quality care.				
Board Assurance Framework Risk 02	X	Make best strategic use of its resources				
Board Assurance Framework Risk 03	X	Deliver the MMUH benefits case				
Board Assurance Framework Risk 04	X	Recruit, retain, train, and develop an engaged and effective workforce				
Board Assurance Framework Risk 05	X	Deliver on its ambitions as an integrated care organisation				
Corporate Risk Register [Safeguard Risk Nos]						
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed

# SANDWELL AND WEST BIRMINGHAM NHS TRUST

## Report to the Public Trust Board on 8 November 2023

### Strategic & Operational Planning 2024/25

#### 1. Introduction

1.1 Having signed off the Trust 5-year strategy in 2022, the Trust developed an annual plan for 2023/24. This plan was supported by operational planning (activity, finance, workforce). To enhance our effectiveness in 2024/25 we will bring both strategic and operational planning closer together in a linked approach so that we can connect operational delivery to our in-year objectives and ultimately to the Trust's success measures.

#### 2. Strategic Planning Framework & Prioritisation

2.1 Following significant pre-work and a session with the Executive team on 31<sup>st</sup> October 2023, a draft strategic planning framework is in development. This session is fundamental to our planning process and to the strategic element of our Improvement system development. In simplest terms, the framework identifies the most important 'dials' we need to improve (1 & 2) and the change activities to deliver (3 & 4). **By doing so, we can incorporate the schemes and projected impact (finance, workforce, activity) into operational planning.**

2.2 The framework visualised below (early draft in development) sets out:

2.2.1 Our Vision and Strategic Domains (3 Ps) linked to

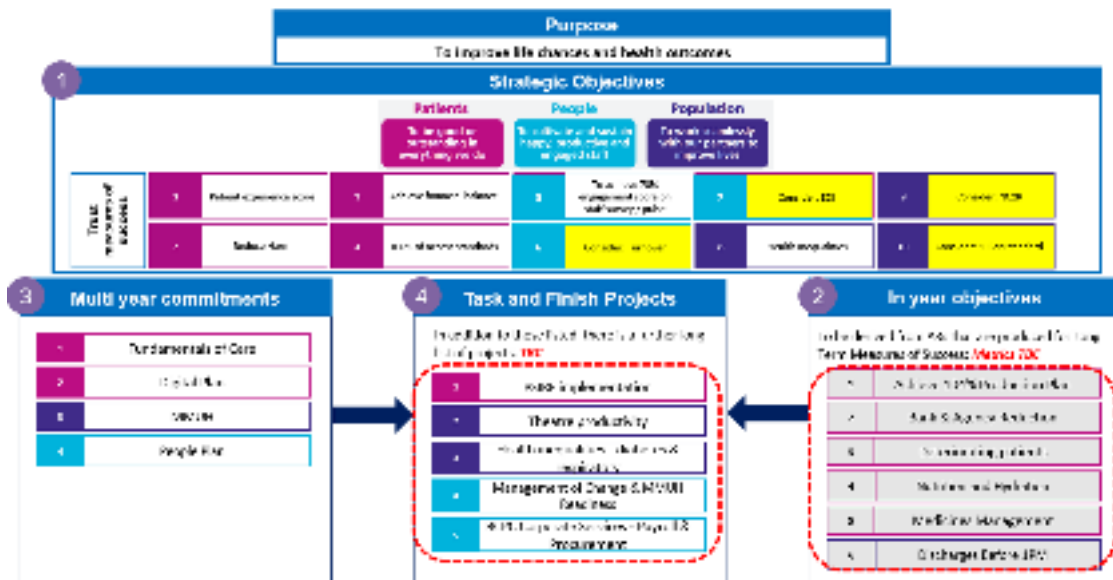
2.2.2 (1) the **Trust's success measures**, the core metrics that drive the organisation. Whilst these are 'long term' they include an annual in year target

2.2.3 (2) The **in-year objectives**, which will be identified through detailed, evidence based problem solving (known as the A3 approach) during November

2.2.4 (3) **Multi year strategic commitments** which drive the Trust's success measures

2.2.5 (4) **Task and finish projects.**

**The diagram below shows an early draft of the planning framework developed by categorising this year's annual plan. A 23/24 version is now under development.**



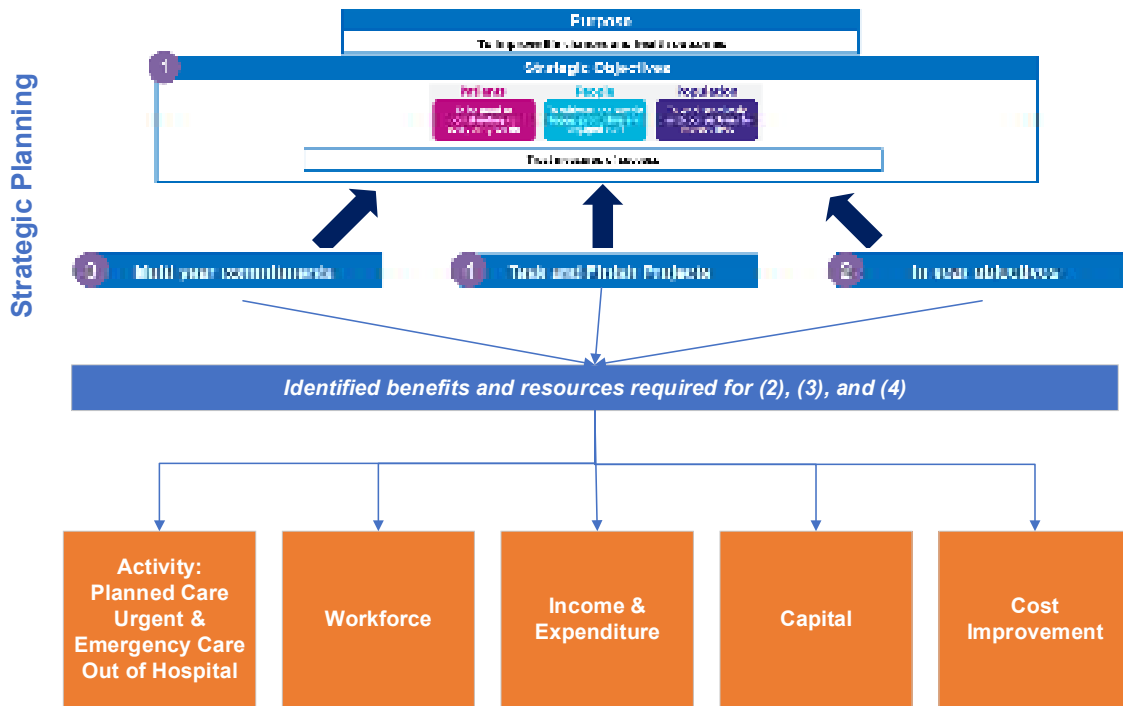
2.3 Key to this will be identifying benefits and resources required to deliver the schemes to track through operational planning. It will also be critical to clearly define the projects within the multi-year strategic changes.

### 3. Link to Operational Planning

3.1 Through the 2023/24 annual plan and during this financial year, we have strengthened the triangulation of activity, workforce, and money, particularly through workforce control. The next level of maturity for 2024/25 is to drive the relationship between this triangulation and the Trust's success measures.

3.2 The diagram below shows the connection between the strategic planning framework (simplified) and the operational planning themes. (1) shows our strategic objectives and the Trust's success measures, being driven by (2), (3) and (4) as our strategic improvements. By defining these, and in turn the benefits to be delivered and resources required, the impact can be drawn through operational planning. Similarly, 'bottom up' improvements at Group and Directorate Level can be tracked through to drive the Trust's success measures.

3.3 Annex 1 overviews the operational planning themes in further detail.



#### 4. Recommendations

4.1 The Public Trust Board is asked to:

- a. **NOTE** the direction of strategic and operational planning for 2024/25

Meggan Jarvis, Associate Director of Strategy  
31/10/23

**Annex 1:** Planning themes overview

Theme	Executive Lead	Senior Manager Lead	Support	Key Outputs	Define Key Assumptions
Strategic Planning Framework	Dave Baker, Chief Strategy Officer	Meggan Jarvis	Executive Team	Strategic Planning Framework outlining short term focused goals, multi year strategic programmes with defined projects within	Benefits expected from schemes to align into other themes
Activity & Capacity - Planned Care - Urgent & Emergency Care	Johanne Newens - Chief Operating Officer	Demetri Wade	Group Director of Operations (GDOP) Head of Contracting Performance & Insight Groups Senior Finance Managers (GSFMs)	<ul style="list-style-type: none"> <li>• Monthly profiled activity and income by point of delivery</li> <li>• Activity and income to be split into in-scope ERF/variable and non-ERF/variable</li> <li>• Impact of MMUH to be clearly shown as a divergence from a traditional normalised plan Performance standard trajectory e.g. Diagnostics; RTT</li> <li>• Bed plan</li> </ul>	<ul style="list-style-type: none"> <li>• Income and activity model will be provided – 22/23 actuals; 23/24 actuals/forecasts and rolling 12 months</li> <li>• ERF performance at X% above baseline level</li> <li>• Suggest as a start-point we use this year's target plus a % of growth assuming NHSE will want to see further recovery/reduced waiting lists next year. Need to be clear this will be a Trust target that will differ from national targets (when released)</li> <li>• Income will be estimated based on current year tariff until 24/25 consultation tariffs released in Dec-23</li> </ul>
Activity & Capacity - Out of Hospital Activity	Daren Fradgley – Managing Director Core	Tammy Davies			
Workforce	James Fleet - <a href="#">Interim</a> Chief People Officer	Andy Harding	GDOPs HR Business Partners GSFMS Group Directors of Nursing (GDONs)	<ul style="list-style-type: none"> <li>• Monthly profiled WTE trajectory by pay group</li> </ul>	<ul style="list-style-type: none"> <li>• Safe staffing establishments</li> <li>• Incorporate CIP requirement.</li> <li>• Reflect bank/agency/substantive mix</li> <li>• Reflect agreed MMUH impact</li> </ul>
Income & Expenditure	Dinah McLannahan - Chief Finance Officer	Simon Sheppard	Associate DoF – Financial Management Head of Planning	<ul style="list-style-type: none"> <li>• Monthly profiled Income &amp; Expenditure Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Recurrent budget (£'s and WTE) is the baseline including 23/24 CIP shortfall</li> <li>• Reflect the agreed CIP target and profile</li> </ul>

Theme	Executive Lead	Senior Manager Lead	Support	Key Outputs	Define Key Assumptions
			GSFMS		<ul style="list-style-type: none"> <li>• There will be no developments unless funded or a quality and safety risk</li> </ul>
Capital	Dinah McLannahan - Chief Finance Officer	Craig Higgins	Head of Medical Engineering Head of Estates IT	<ul style="list-style-type: none"> <li>• Monthly profiled Capital Programme by scheme</li> </ul>	<ul style="list-style-type: none"> <li>• Statutory standards are the first call on funding.</li> <li>• An over commitment against the funding of 20%</li> </ul>
CIP	TBC – subject to agreeing sustainable resource model for CIP delivery oversight and inter-dependencies (CQI, ICB, BCPC etc)	As left	As left	<ul style="list-style-type: none"> <li>• Monthly profiled CIP plan by scheme – risk assessed and non-recurrent / recurrent identified</li> </ul>	<ul style="list-style-type: none"> <li>• Any CIP shortfall from 23/24 carries forward to 24/25</li> <li>• Clarify position on vacancy factors (£10m recurrently)</li> <li>• Model a number of scenarios – 3%, 4%, 5% and 6%</li> </ul>