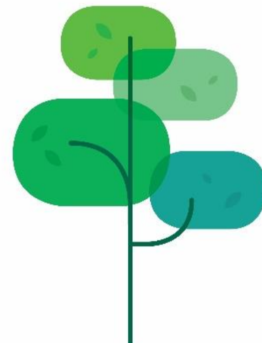
Sherwood Forest Hospitals
NHS Foundation Trust

2022/23 Operational Planning

Richard Mills



Summary

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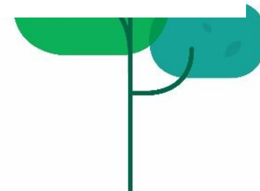
- Planning guidance to cover 2022-23 was published by NHS England & NHS Improvement (NHSE/I) on 24 December 2021 and draft technical guidance on 14 January 2022.

- The guidance recognises the uncertainty around Covid-19 variants, transmission patterns and consequent demand on the NHS. The objectives within the planning guidance are based on Covid-19 returning to early summer 2021 levels.

- The guidance states that the planning timetable will be extended to the end of April 2022 and Integrated Care System (ICS) plan submission dates are:
  - Draft Plan - 17 March 2022
  - Final Plan - 28 April 2022



A - Invest in our workforce

- The guidance asks systems to accelerate work to transform and grow the workforce, building on existing people plans.
- It is expected that this will be achieved through improving retention; improving belonging and equality; working differently through the introduction of new roles and developing workforce to deliver care closer to home; and growing for the future through expanded international recruitment and supporting training programmes.

B - Respond to COVID-19 ever more effectively

- Includes continued focus on delivery of the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19, including access to post-Covid services.

C - Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards

- Maximise elective activity and reduce long waits, through the development of an elective care recovery plan for 2022/23, to meet the ambition for systems to deliver over 10% more elective activity than before the pandemic.
- Complete the post-pandemic cancer recovery objectives and improve performance against all cancer standards.
- Systems should increase diagnostic activity to 120% of pre-pandemic levels to support elective recovery and early cancer diagnosis. It is expected that capacity will expand further in 2023/24 and 2024/25.
- Deliver improvements in maternity care through investment in workforce and supporting the implementation of actions from the Ockendon report.

2022/23 National Priorities

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D - Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity

- Keeping patients safe and offering the right care, at the right time, in the right setting.
- Creation of additional capacity, in particular through expansion of virtual ward models, and includes eliminating 12-hour waits in emergency departments (EDs) and minimising ambulance handover delays.

E - Improve timely access to primary care

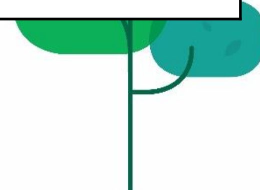
- Maximising the impact of the investment in primary medical care and primary care networks (PCNs) to expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level.

F - Improve mental health services and services for people with a learning disability and/or autistic

- Maintaining continued growth in mental health investment to transform and expand community health services and improve access.
- The ambitions of the NHS mental health implementation plan 2019/20 – 2023/24 still stand.

G - Continue to develop our approach to population health management, prevent ill-health and address health inequalities

- Using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities.



2022/23 National Priorities

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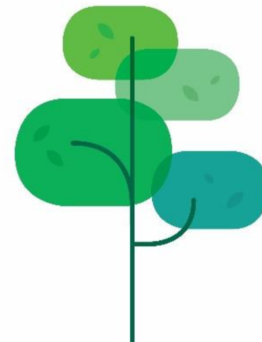
H - Exploit the potential of digital technologies to transform the delivery of care and patient outcomes
• Achieving a core level of digitisation in every service across systems.
I - Make the most effective use of our resources
• Moving back to and beyond pre-pandemic levels of productivity when the context allows this.
J - Establish ICBs and collaborative system working
• Working together with local authorities and other partners across the ICS to develop a five-year strategic plan for the system and places. • A new target date of 1 July 2022 has been agreed for new statutory arrangements for ICSs to take effect and ICBs to be legally and operationally established



Financial Plan – Key Elements

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The key elements of the 2022/23 financial framework are:

- A glidepath from current system revenue envelopes to fair share population-based allocations.
- Each ICB and its partner Trusts will have a financial objective to deliver a financially balanced system, namely a duty on breakeven.
- A return to local ownership for payment flows under simplified rules.
- Additional revenue and capital funding to support systems to tackle the elective backlog and deliver the Long Term Plan (LTP).
- Increased clarity and certainty over capital allocations, with multi-year operational capital allocations set at ICB level and greater transparency over the allocation of national capital programmes.
- Draft inflation cost uplift factor for 2022/23 at 2.8%, including a total indicative pay cost change estimated at 3.0% for 2022/23. The cost uplift factor does not reflect changes in costs as a result of COVID-19.
- A general efficiency factor of 1.1% has been set for 2022/23, the efficiency factor reflects pre-COVID activity.
- In addition to a general efficiency requirement, we will apply a convergence adjustment to bring systems gradually towards their fair share of NHS resources. Furthermore, a reduced Covid allocation will be introduced.

ICB Allocations & System Envelope

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ICBs allocation key points:

- ICS/ICB allocations based on a glidepath from current system funding envelopes towards a fair share distribution of resources.
- Includes indicative inflationary funding, activity growth (2.5%) & additional community funding (0.3%).
- Reductions for base efficiency requirement (1.1%) plus differential amount based on glidepath.
- Funding for Ockenden and Health Inequalities provided in baselines on fair shares basis.
- Service development funding for specific programmes/schemes.
- COVID-19 – systems will continue to receive an additional non-recurrent allocation to fund the incremental costs of responding to the COVID-19 pandemic; however this be reduced from 2021/22 levels.
- Elective recovery services funding – a non-recurrent allocation to support elective recovery. Receipt of the funding will remain contingent on delivery of certain requirements.
- Hospital Discharge Programme Funding and Provider Income Support provided in 2020/21 and 2021/22 will no longer be provided.
- Other elements include updated allocations for primary medical care, ICB running costs and agreed delegated activities.
- In addition to these allocations, systems may also receive NHS funding for Specialised services, other directly commissioned services (e.g. health and justice, armed forces and public health services), other nationally funded NHS services (e.g. medical examiners system), COVID-19 services funded outside of ICB allocations (COVID-19 testing and vaccination programmes).

Timescales

NHS
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December 2021	• NHSE/I publication of planning guidance (24/12)
January 2022	• NHSE/I draft technical guidance published (14/01) • ICS/ICB financial allocations confirmed (tbc) • SFH internal confirm & challenge sessions (28/01)
February 2022	• SFH and ICS detailed planning progressed • Draft ICS plan submission (18/02)
March 2022	• ICS triangulation of plans • System level approvals • Draft operation plan submission to NHSE/I (17/03) • Contract signed (31/03)
April 2022	• Organisation level plan approval (21/04) • System level plan approval (25/04) • Final plan submission to NHSE/I (28/04)