



22

### **Board of Directors - Public**

#### **SUMMARY REPORT**

Meeting Date: 28 September 2022

Agenda Item:

Report Title:	Finance Strategy 2022 -	2026					
Author(s):	Matt White, Deputy Direct	latt White, Deputy Director of Finance					
Accountable Director:	Phillip Easthope, Executi	Phillip Easthope, Executive Director of Finance, IMST & Performance					
Other Meetings presented to or previously agreed at:	Committee/Group:	Finance & Performance Committee					
to or providuoly agreed att	Date:	10 August 2022					
Key Points	Final draft of the Strategy	Final draft of the Strategy was presented to Finance & Performance					
recommendations to or	Committee. Changes we	Committee. Changes were accepted and the Strategy endorsed.					
previously agreed at:	Request for inclusion of happendix to the Strategy.  No further recommendati						

#### Summary of key points in report

This is the final draft of the Finance Strategy for 2022 – 2026 which is an enabling strategy to the Clinical and Social Care Strategy and aims to provide an insight into our financial ambitions over the next 5 years, how we will achieve them and why they are important.

Our Finance Strategy will ensure we are able to deliver the Vision and Strategic Aims of Sheffield Health & Social Care NHS FT, recognising the need for financial stability, which underpins the Strategy.

The Strategy has been informed and shaped by national, regional and local context. It considers our current position and the views of our service users, staff and partners.

#### Recommendation for the Board/Committee to consider:

Consider for Action	Approval X	Assurance	Information

The Board of Directors are asked to receive the final draft of the Finance Strategy.

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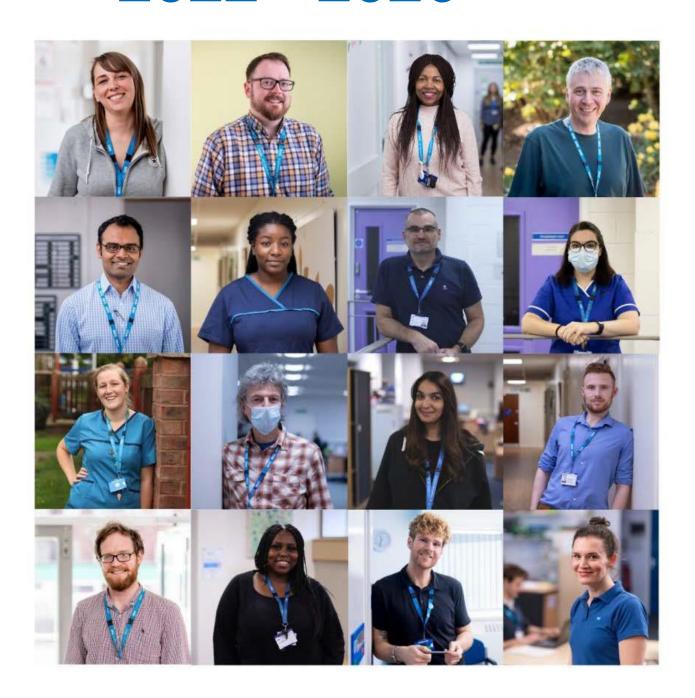
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Partnersh	ips – w	orking	g toget	her to	make a b	igger impact	Yes	X	No	
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Sustainability	Yes	X	No							

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# Finance Strategy 2022 - 2026





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# **Strategy Approval**

**Date ratified by Board of Directors:** 

Name of Responsible Committee: Finance & Performance Committee

Name of Responsible Director: Phillip Easthope

Name of Author: Matt White

**Date Issued:** 

**Review Date:** 

## Introduction to the Strategy

Welcome to our Finance Strategy 2022-2026. At SHSC, by 2025 we want to be 'The Best We Can Be', leading person-centred health and social care across Sheffield and supporting delivery of the Integrated Care System mental health and learning disability priorities. The aims of this strategy are to provide an insight into our financial ambitions over the next 5 years, how we will achieve them and why they are important.

Our Vision is to improve the mental, physical and social wellbeing of the people in our communities.

#### Our strategic aims are to:

- Deliver outstanding care
- Create a great place to work
- Make effective use of resources
- Ensure our services are inclusive

#### Wie will do this by:

- Working with and advocating for the local population
- Refocusing our services towards prevention and early intervention
- Continuous improvement of our services
- Locating services as close to peoples' homes as we can
- Developing a confident and skilled workforce
- Ensuring excellent and sustainable services

#### **Our Clinical and Social Care Strategy 2021-2026**

[https://jarvis.shsc.nhs.uk/documents/clinical-and-social-care-strategy-2021-2026] sits at the heart of all our delivery plans. It is focussed on reducing health inequalities, and delivering care that is Person-Centred, Trauma-Informed, Evidence-Led and Strengths-Based.

#### The care we want to provide

The bedrock of our Clinical and Social Care Strategy is based on the values of SHSC and the recovery principle, delivering care that is Person-Centred, Strengths-Based, Evidence-Led and Trauma-Informed. Our development plan focusses on:

<b>Understanding What Matters to People:</b> Improving the experience, safety, and quality of care for service users, carers and families through understanding what matters to people and co-producing systems and models of care.
<b>Knowing We Make a Difference:</b> Seeking to help people to live well and reducing the inequalities associated with mental health problems and learning disability through early intervention, prevention and transformation of mental health care to be closer to communities and capturing impact and outcomes. We will develop systems and clinical practice where outcome measures are routinely used with

service users to jointly monitor and share progress. We will develop a personcentred outcomes framework, tailored to what matters to people. ☐ Creating Environments for Excellence: Promoting the development of therapeutic teams through a well-trained workforce, working within healing-built environments. To create environments for excellence and therapeutic environments that support care, we will develop environments that are safe, therapeutic, compassionate, enable best practice and provide the best for service users. These will be environments where people feel valued and listened to, and staff enjoy coming to work because they are supported to learn and develop together. ☐ Transforming Care in Sheffield: Building further and faster the partnerships and transformation with other organisations to become a more integrated health and social care system with improved outcomes, including a Zero Suicide ambition. ☐ **Leading the System for Outstanding Care:** Developing system quality networks for Mental Health, Learning Disability and Autism Services (MHLDA) and building an equitable system in South Yorkshire. Addressing climate change to improve health and wellbeing It is clear to protect our own health and wellbeing, and to protect the existence of future generations, we need to prevent further harm and adapt to an environment that is changing and the pace of change is accelerating. We can no longer let action on climate change be crowded out by other perceived more immediate concerns. We need to be ambitious if we are to meet this challenge and we have established key aims for our Green Plan: ☐ For the emissions we control directly (our carbon footprint) to be net zero by 2030 and for the emissions we can influence to be net zero by 2045. ☐ To provide sustainable services through ensuring value for money, reducing wastage and increasing productivity from our resources ☐ Continuously developing our approach to improving the mental, physical and social wellbeing of the communities we serve through innovation, partnership and sharing ☐ We will promote a culture of collaboration, supporting our people and suppliers to

#### **Enjoying being at work**

work together to make a difference

Our People Strategy sets out our ambition to create an environment in which our staff feel happy and safe at work and feel supported to fulfil their potential to provide the very best care for our service users. Staff who enjoy being at work provide better care, and when staff are more engaged, there is evidence of better service user care and higher levels of service user satisfaction.

☐ We will innovate and transform to provide high quality care and support as early as

possible to improve physical, mental and social wellbeing

Our intention is to build a workforce that is happy, resilient and able to fulfil their potential, as we develop our services and implement our Clinical and Social Care Strategy and our Green Plan. We will ensure our staff experience is a positive one to attract and retain the best people and be able to change and adapt to provide excellent care and meet the needs of our service users. We will do this by:

- offering choices to keep happy and well at work.
- attracting, recruiting and retaining people into roles, with the values and skills required
- providing the right jobs to meet service needs
- providing development and support to reach their potential
- creating a positive workplace culture where staff feel valued and happy, supporting our aim to be an employer of choice.

Our Finance Strategy will ensure we are able to deliver our Vision and Strategic Aims. We recognise the need for financial stability, and this underpins most of the Strategy.





# **Sheffield Health & Social Care and Sheffield**

Sheffield Health and Social Care NHS FT (SHSC) employs over 3000 staff and has an annual income in 2021 of £131m. We provide predominantly secondary care mental health, learning disability and specialist services to the people of Sheffield.

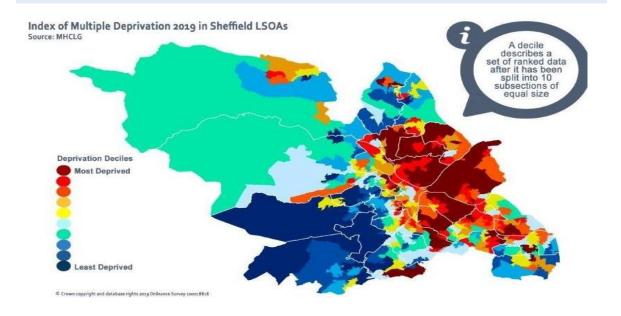
#### Our Strategic Direction

https://jarvis.shsc.nhs.uk/documents/strategic-direction-2021-2025 sets out where we aim to be as an organisation by 2025 and what we need to do to get there, in an increasingly changing world and NHS environment. During the short to medium-term we will be working hard to improve the CQC ratings of our services, whilst also delivering our key strategic transformation projects.

To get there our Clinical and Social Care Strategy and our strategic framework of aligned enabling strategies will build a coherent programme of year upon year of continuous improvement across all our services, departments and partnerships. Our approach will be underpinned by a strong focus on living our values to support our cultural development and truly inclusive behaviours.

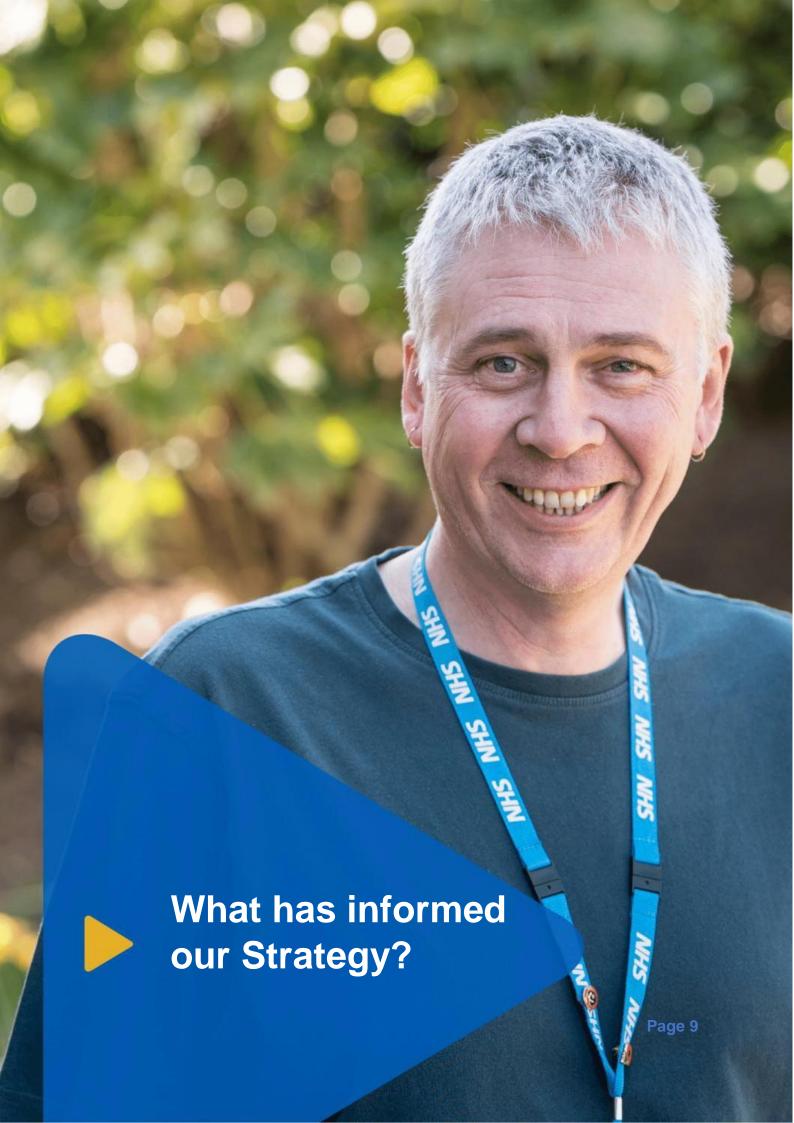
#### **About Sheffield**

Sheffield is an unequal city with an 8–10-year life expectancy gap between areas that fall within the 10% most deprived in the country (Burngreave, Firth Park, Southey, Manor Castle, and Park and Arbourthorne) and areas amongst the 1% most affluent in the UK (Fulwood, Ranmoor and Dore).



We have a high concentration of people seeking asylum and refugee status living in the North of the city; a high population of people over the age of 65 years living in the south west of the city; and a high population of students living in the city centre.

We know that people in poorer parts of Sheffield live shorter lives and have worse health than those in more affluent areas. We also see similar disparities affecting groups with specific shared characteristics, such as people from BAME backgrounds, or people with learning disabilities. These differences and disparities are the health inequalities that exist in our city, which we see as unacceptable. We recognise that "one size doesn't fit all" and our population requires different things of our services





# What has informed our Strategy?

Our Finance Strategy sets out where we would like to be by 2026 and how we'll get there. Our strategy has been shaped by national, regional and local context. It considers our current position and the views of our service users, staff and partners.



**Finance Strategy** 

#### **National Priorities**

The NHS Long Term Plan (LTP) highlights a number of national plans for mental health, these can be summarised as below:

#### What we will do

- Transform mental health care so more people can access treatment by increasing funding at a faster rate than the overall NHS budget – and by at least £2.3bn a year by 2023/24
- Make it easier and quicker for people of all ages to receive mental health crisis care, around the clock, 365 days a year, including through NHS 111
- Expand specialist mental health care for mothers during and following pregnancy, with mental health assessments offered to partners so they can be signposted to services for support if they need it
- Expand services, including through schools and colleges, so that an extra 345,000 children and young people aged 0-25 can get support when they need it, in ways that work better for them
- Continue to develop services in the community and hospitals, including talking therapies
  and mental health liaison teams, to provide the right level of care for hundreds of thousands
  more people with common or severe mental illnesses.

Our Finance Strategy will consider these ambitions and how they can best be implmented at SHSC. The finance function is an enabling function, developing partnerships with commissioners to suppor services to change and expand.

The NHS LTP also covers the Trusts' Learning Disability Services, providing a number of ambitions aimed at supporting people with a learning disability and / or autism. The plan aims to improve the health of patients by:

#### What we will do

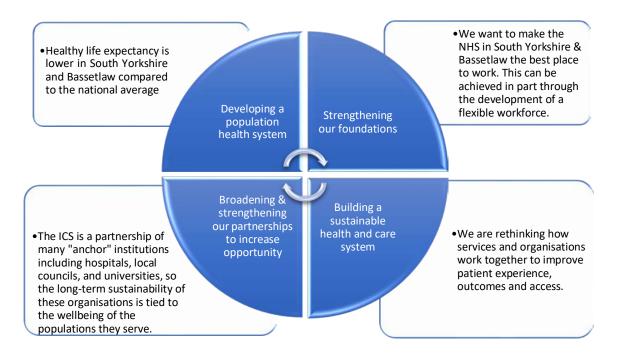
- Improve community-based support so that people can lead lives of their choosing in homes not hospitals; further reducing our reliance on specialist hospitals, and strengthening our focus on children and young people
- Develop a clearer and more widespread focus on the needs of autistic people and their families, starting with autistic children with the most complex needs
- Make sure that all NHS commissioned services are providing good quality health, care and treatment to people with a learning disability and autistic people and their families. NHS staff will be supported to make the changes needed (reasonable adjustments) to make sure people with a learning disability and autistic people get equal access to, experience of and outcomes from care and treatment
- Reduce health inequalities, improving uptake of annual health checks, reducing overmedication through the Stopping The Over-Medication of children and young People with a
  learning disability, autism or both (STOMP) and Supporting Treatment and Appropriate
  Medication in Paediatrics (STAMP) programmes and taking action to prevent avoidable deaths
  through learning from deaths reviews (LeDeR)
- Continue to champion the insight and strengths of people with lived experience and their families in all of our work and become a model employer of people with a learning disability and of autistic people
- Make sure that the whole NHS has an awareness of the needs of people with a learning
  disability and autistic people, working together to improve the way it cares, supports, listens
  to, works with and improves the health and wellbeing of them and their families.

#### **Regional Priorities**

Commissioning organisations have changed substancialy over recent years with Clincial Commissioning Groups (CCGs) transitioning into Intergrated Care Boards (ICBs). ICBs are statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities within the NHS. They opperate within an Intergrated Care System (ICS).

The Finance Strategy considers the Trust's place in the new system and how we work with new partners. This includes working with other NHS Providers, Local Authorities and newly formed Provider Collaboratives.

The key ambitions of the South Yorkshire ICS are:



#### **Local Priorities**

Local priorities are those that are related to the Trust's goals and vision. There are numerous Enabling Strategies that all support the delivery of the Trust's Clinical and Social Care Strategy.



The Finance Strategy is just one of the interlinked cogs in the Trust's strategy portfolio. Each strategy within the portfolio will both enable the other strategies to deliver and in turn enable the Trust to deliver on the overarching Clinical & Social Care Strategy.

#### Quality

#### **Deliver outstanding care**

Co-production of continuous service improvements influenced and informed by both those using our services and those providing them.

#### Create a great place to work

Creating a learning and improvement focused environment, where everyone feels able to speak up, contribute ideas and learn from each other.

Create a culture that supports our workforce, offers space for reflection and has a continuous focus on staff wellbeing.

Attract and retain staff by providing training opportunities and skill development around all aspects of quality, supporting improved job satisfaction.

#### Make effective use of resources

Use of outcomes to monitor effectiveness of our services to ensure we are delivering quality care.

Creating services with low environmental, social and financial impacts, to ensure a sustainable future.

#### Ensure our services are inclusive

Embed a culture of coproduction where staff, service users, carers, families and partners can work together to improve the quality of care provision.

#### **How the Finance Strategy will Support**

The finance strategy will focus on how the department can support the Trust on the Back to Good programme. This is an integral part of the Quality Strategy with emphasis on delivering good quality care for our population.

Good quality care is significantly more cost effective than poor quality care. The finance team will focus on how we can support the Trust to get it right first time.

#### ☐ Service User Engagement and Experience

#### **Deliver outstanding care**

Services user experience feedback is embedded in service design planning and changes, leading to more innovative and effective practice.

Increased partnership working with a diverse range of partners.

#### Create a great place to work

Increased number of Peer Workers across SHSC teams.

A more diverse pool of Experts by Experience workers.

Values based, flexible and imaginative recruitment processes embedded.

Increased staff satisfaction and retention by feeling part of the process and working with feedback to improve ways of working.

#### Make effective use of resources

More effective use of feedback systems that result in a closed feedback loop Wider opportunities for service users to contribute in different ways and at different levels.

Confidence that our resources are going into the 'right things' issues that matter most to those who use our services and their carers.

#### Ensure our services are inclusive

A wider spread of voices inputting into services, including those communities and groups which are marginalised and have been excluded over time.

More diverse methods of communication and dialogue utilised to reach wider service user audiences.

#### **How the Finance Strategy will Support**

The Finance Strategy will focus on finance staff being embedded within directorates to fully appreciate and support service requirements. This will allow them to focus on what matters most and support the movement of spend to these areas.

Finance staff can support Directorates in understanding their budgeted establishments to ensure Peer Workers become the norm and not the exception to services.

#### □ Research Innovation and Effectiveness

#### **Deliver outstanding care**

Using best evidence is critical to delivering best practice and improving outcomes for patient care.

Delivering the best services that we can based on the best available evidence Offering the opportunity to participate in innovative and cutting-edge interventions that are not available through mainstream care.

Co-producing research, innovation and services changes that matter to the people who use our services.

#### Create a great place to work

Where staff and service users can work together to improve health outcomes.

Creating an enquiring and improvement focused environment.

Attract and retain staff by providing development opportunities including clinical academic pathways and skill development through research and innovation.

Offer training opportunities for personal development and to support improved job satisfaction.

#### Make effective use of resources

Use of outcome measures to monitor the effectiveness of our services to ensure we are delivering quality care.

Providing evidence-based care means providing more effective care and therefore more effective use of resources.

Cost effectiveness and health economic analysis assessed as part of research Income generation through research that can be re-invested to support growth and ambition.

#### **Ensure our services are inclusive**

Investment in experts by experience to support engagement and identify areas for improvement, evaluation and research engagement.

Ensuring service users are contributing to the evidence base upon which we build our services.

Co-produced research and improvement projects.

Ensure access to research and innovation opportunities for all.

Promote race equality, diversity and inclusion in our research, and through active engagement with all our communities and stakeholders.

#### **How the Finance Strategy will Support**

The Strategy will consider how we best triangulate workforce, finance, and performance data to adequately assess new ways of working. Finance staff will have a critical role in sharing this information and promoting new ways of effective working trialled by research and innovation.

Finance staff will be integral to costing projects and ensuring maximum income generation. Through integration with services, they will also provide support in understanding which innovations can be best placed in specified services.

#### People

#### **Deliver outstanding care**

Engage and support health care professionals in new ways of working.

Respond to changing and future service needs with more accurate workforce planning and reporting.

Highly skilled staff to improve care of service users.

#### Create a great place to work

Increased staff awareness of the wellbeing offers and support available. Staff report that positive action is taken on health and wellbeing.

Establish the Trust as an employer of choice, increase appointments to hotspots, improved retention and point of retirement.

An open, reflective leadership culture to support learning and continuous improvement.

#### Make effective use of resources

Reduce reliance on expensive temporary staffing through reducing vacancy rates.

Through effective workforce planning ensure establishments can operate more efficiently.

#### **Ensure our services are inclusive**

Engage a wider audience for roles to increase the diversity of the workforce.

#### **How the Finance Strategy will Support**

The Strategy will focus on linking workforce information to finance information ensuring that workforce planning, and investments can be accurately forecasted.

#### Digital

#### **Deliver outstanding care**

Modern digital services and improved connectivity will contribute to and enhance therapeutic environments and extend them beyond physical services.

Through improved access and management of data we can begin to build a 360 view of our service users and as a result improve care.

Improved digital services and streamlined processes will release staff time to focus on value added activity and more time with service users.

New patient portals and apps will enable Service Users to access information about their care and allow a more collaborative approach to care planning.

#### Create a great place to work

IT infrastructure and digital services are reliable, robust, and secure ensuring that staff can focus on service user needs.

Core systems encapsulate and automate standard operating procedures and care pathways improving care quality and health outcomes.

Communication, team working, and collaboration are improved through the wide use of modern tools and platforms with a significant shift away from email.

Staff with good digital skills will be able to make effective use of technology, reducing administrative burden and allowing them to focus more time on direct care.

#### Make effective use of resources

Cyber security improvements will see a move to proactive monitoring and system refreshes, avoiding more costly reactive scenarios.

With good data foundations in place, automation and digitisation of repetitive processes and tasks will be possible.

Investment in third party systems will give us access to innovation designed to benefit the whole sector.

The move to using more cloud-based services will contribute to our sustainability agenda as we make this a key consideration in new procurements.

#### **Ensure our services are inclusive**

Improved access to data for research purposes will enable a greater understanding of health inequalities and how we can design services to address them.

Service users will be supported to access and use digital services.

Services will employ 'user research' to ensure that people with different physical, mental health, social, cultural or learning needs can use our services.

By adopting services that embrace 'NHS digital service standards' and using techniques such as 'User Research' we will ensure services are co-designed with our Service Users.

#### **How the Finance Strategy will Support**

The strategy will focus on embedded finance staff being able to make pragmatic decisions and supporting invest to save digital initiatives.

It will consider what digital tools can be employed to ensure our services are efficient, effective and utilising best practice.

#### Estates

#### **Deliver outstanding care**

The estate will be therapeutic, providing sufficient high quality healing environments and external spaces in support of 24/7 facilities.

Our reception areas should be fresh, modern and inviting and have an uplifting 'wow' factor. Our facilities should be non-stigmatising and inclusive.

#### Create a great place to work

The estate will be in a good condition, fit for purpose and enable delivery of high quality and safe clinical and social care services.

#### Make effective use of resources

The estate will be environmentally sustainable, accessible by public transport and affordable.

The estate will maximise space utilisation.

#### Ensure our services are inclusive

The estate will be accessible to local people and designed around changing service models and demographic needs.

The estate will be shared with other services or organisations to facilitate joined up care for the people of Sheffield.

Outstanding leaders across the organisation who promote a culture of compassion, inclusion and collaboration that puts service users first.

#### **How the Finance Strategy will Support**

The finance strategy will consider how we can best streamline our procurement process to ensure goods and work can be carried out in a timely manner.

Integrated finance staff will support estates and facilities professionals in making the most effective decisions for services.

#### ☐ Sustainability and Green Plan

The Trust's Sustainability and Green Plan has been approved and is in the process of being formally published. The Finance Strategy, in particular the procurement and contracting areas will focus on how we can best support the Trust in its green ambitions.



#### Who are We?

The finance function at SHSC consists of approximately 40 staff from various professional backgrounds including finance, procurement and contracting. Our team and roles can be summarised as:

#### **Financial Accounts**

#### What we Do

- Statuary duty to produce year end accounts
- Ensures Organisation has sufficient cash
- Processes and raises income
- Supports and monitors capital programmes
- Ensures tax and VAT obligations are met
- How We Support

#### **Organisation Support**

- Tax / Vat advice
- Support with paying invoices / chasing debts
- Limits our vulnerability to financial fraud
- Interprets national guidance and regulation for managers / budget holders

# Divisional Accounts & Projects

#### What we Do

- Ensures finance is considered at all levels of the Organisation
- Monitors and steers financial position
- Costs new services
- Supports service redesign
- Ensures the Organisations month end position is accounted correctly

#### **Organisation Support**

- Provides expert financial advice to Budget Holders, including costings, invoicing and strategic decision making
- Liaises with external bodies on Organisation behalf
- Acts as key links between services and Finance Department

#### Costing & Analysis

#### What we Do

- Provide financial information for internal and external reporting
- Produce SLR and Plics reports
- Provide benchmarking information

#### **Organisational Support**

- Allows the Organisation to understand our financially challenged areas
- Helps us to benchmark our financials
- Answers FOIs on behalf of Budget Holders

#### **Procurement**

#### What we Do

- Advise and support
   Organisational colleagues in purchasing goods and services
- Ensure the Organisation obtains value for money
- Ensures Organisation follows government guidance when purchasing for public sector bodies

#### **Organisational Support**

- Help services ensure they obtain best value when making purchases
- Organise tenders and bids so managers are assured they receive the best value goods / services
- Deal with supplier queries on behalf of managers

#### Contracting

#### What we Do

- Monitor all service related contracts
- Provide support when implementing new services
- Deal with contract related queries
- Tender submissions

#### **Organisational Support**

- Negotiates with commissioners and other "customers"
- Provide contract monitoring information for commissioners
- Support services in bidding for and creating new services
- Advise managers on which areas / treatments are covered by contracts

#### **Our Strategic Aim**

The Finance Department were asked what they felt our Strategic Aim should be and what the key elements of it are. After discussion and engagement, the team promoted:

# "Championing Effective Use of Resources"

We felt this captured the core function of the department and our wider role within the organisation. The key elements within this are:



#### Where are we now?

To understand what we need to do to meet our strategic aim it is important to understand where we are now. That way we know where to focus our efforts, what our strengths are and who to engage.



The department currently uses many traditional means utilised by finance, contracting and procurement professionals.



The Department maintains and manages a substantial number of budgets, contracts and purchase orders. We have managed this successfully without any major overspend or unqualified annual accounts for many years.

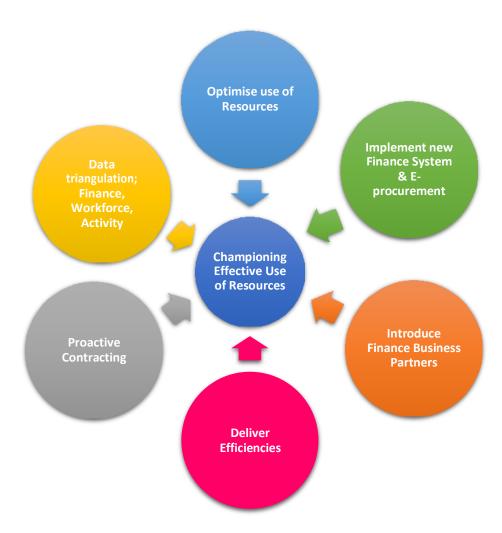


The current long-term plan indicates the Trust we be in financial deficit after the financial period ending March 2023. This is before any remedial actions have been taken.



#### **Our Future Ambitions**

Through the development of this strategy the finance department have identified the below priorities which are critical to delivering our strategic objective.



#### **Optimise use of Resources**

#### What is it?

Ensuring our resources are used in the correct area in the correct way to support patient care.

Being able to benchmark our resource against peers and adopt best practice.

#### Why have we prioritised this?

It is important that we maximise the resource available to us to benefit service users.

One way we can evidence this is by greater use of benchmarking models. Where we are not optimal, we can consider how best practice can be implemented.

We should be assured that our resource gives the best patient care we're able to provide.

#### How are we going to do this?

	Identify and understand operational deficits.
	Improve the financial efficiency of our services.
•	Invest in Digital to support 'digital first'.
	Invest in our estate to provide therapeutic environments for our staff and service
	users.
	Improve back-office efficiency by increasing use of technology and shared
	services.
	Disinvest in services that are not aligned to our Clinical and Social Care Strategy.
	Work with our ICS partners to identify synergies and best practice.
	Provide support to Grow our own.
	Utilise best practice and benchmarking tools such as:
	<ul> <li>Future Focused Finance</li> </ul>
	Patient Level Information Costing Systems

#### **Measuring Success**

More resource directly supporting patient care.
Reduced waiting times.
Good benchmarking returns.
Ability to evidence best practice across the finance teams.

Benchmarking Network

Model Hospital

Optimise use of Resources

# Implement a new Finance System and E-Procurement

#### Implement new Finance System & Eprocurement

#### What is it?

Replacing the current Integra 2 finance system with a modernised Integra Centros system.

Replacing paper-based requisitioning system with an electronic alternative.

#### Why have we prioritised this?

Our current finance system is ageing and support for it will be discontinued in 2023.

While our system is robust and accurate it lacks functions that are associated with modern alternatives. Utilising these functions will ensure the finance department becomes more efficient and is able to provide more sophisticated information to budget holders.

Our E-procurement role out will be independent to our finance system upgrade. We recognise that the Trust currently operates robust but outdated methods. Upgrading the process to an electronic system will save a significant amount of administration and procurement team time.

#### How are we going to do this?

Trusts.

•	Work with an alliance of other Trust's in the South Yorkshire region to implement a standard finance system; Integra Centros.
	Use automation functionality to reduce manual tasks.
	Roll out the system to managers to enable them to get an increased amount of information to support their services.
	Roll out e-procurement to a limited group and develop best practice.  Roll out e-procurement to the wider Trust.
	Work with our ICS partners to develop synergies and share best practice.
20 fin All	te new finance system will be implemented throughout the financial year 2022 - 23 with a planned "go-live" date of April 2023 to coincide with the start of a new ancial year. The Trust is an active participant in the newly formed South Yorkshire iance. This is an alliance of finance teams working in harmony to implement a new ance system that is consistent across four Trusts in the region.
	her the next five years the Finance Department aims to continue to be a valued ember of the alliance and work with them to:
	Develop and share best practice.  Create synergy by doing improvements / changes once that will be fit for all four

	Create	channels	to easily	share	and	compare	financia	l inform	ation.
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☐ Tackle common challenges together.

# SYA Finance Together

Both the new finance system and e-procurement are expected to significantly reduce the Trust's reliance on paper and printing. This will support our Green plan and save a significant amount of administration time.

#### **Measuring Success**

Newly implemented finance system by April 2023.
Fully rolled out and utilised e-procurement system.
Utilisation of purchase order matching.
Reduced printing costs.

#### **Introduce Finance Business Partners**

#### What is it?

Embedding finance support within directorates. Evolving from traditional management account support to having finance professionals supporting decisions that don't have financial implications.



Directorates see finance professionals as being part of their operational team and not simply an ad hoc supportive function.

#### Why have we prioritised this?

The Finance Business Partner role is integral to putting finance at the heart of decision making. It also provides a good medium for real time information on which Trust-wide financial decisions can be made.

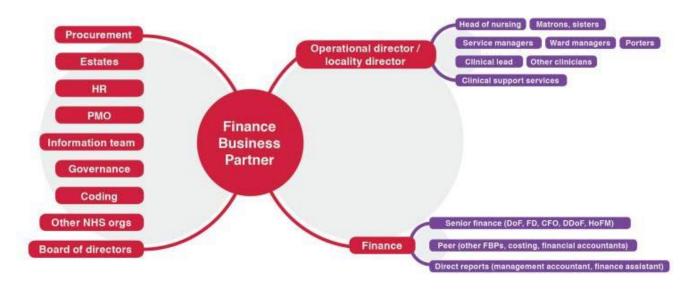
The finance business partner will provide a skillset that many operational teams won't currently possess; analytical ability, ability to convey numbers, ability to portray numerical issues visually.

#### How are we going to do this?

Develop our current Management Accountants to expand their understanding of
Directorate Operations.
Ensure Finance Business Partners become permanent members of Divisional
Senior Management Teams (SMTs).
Ensure Business Partners are involved in supporting decisions that are not just
financial.
Look at best practice across the ICS and develop budding / mentoring / coaching
relationships.

Finance business partners will be the key link between the frontline services and the wider finance department. The role will be important in feeding back to the finance team what is happening in our front-line services and forging the relationships between staff.

Having finance business partners integrated with our services will allow expert finance advice to be shared at earlier stages of any developments. It also allows the numerical skillset possessed by the business partners to be applied to other non-financial situations.



(Source: HFMA – Exploring the role of the NHS Finance Business Partner)

#### **Measuring Success**

- ☐ Quicker turnaround of strategic decisions.
- ☐ Fewer queries for the central fiannce team as divisions become more financialy aware.
- ☐ Fewer queries related to business cases as finance support has been involved at an earlier stage.
- ☐ Greater understanding of core services the Trust providers across the general finance team.

#### **Deliver Efficiencies**

#### What is it?

Delivering cost savings across our services to allow us to invest in priority areas.

# Deliver Efficiencies

#### Why have we prioritised this?

Demand in NHS services is rising at a faster rate than investment and coupled with backlogs caused through the pandemic the Trust is required to ensure it is delivering efficient services.

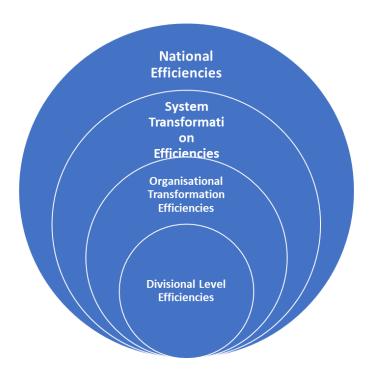
Funds saved through efficiency can be invested in new innovative methods to support patient care.

#### How are we going to do this?

- Develop multi-year plans to improve efficiency based on available benchmarking.
- Transforming services and pathways.
- Improve utilisation of NHS estate and resources; consider LIFT buildings & back office.
- Ensure contracts, service specifications and performance monitoring reflect and supports the delivery of high-quality services.
- Focus on system wide planning and collaborative working within available resources.
- Build relations with the Voluntary, Community and Social Enterprise Sector (VCSE).

Our previous Cost Improvement Plans (CIPs) have focused on service level savings. This method is not sustainable as services are constrained by the tools provided to them (e.g., IT infrastructure, working environments). The savings that they have direct impact over are increasingly diminished each year as they become more efficient.

Our future ambitions involve transformational level savings at both a Trust and ICS level. This will ensure resource is used efficiently across the system.



#### **Measuring Success**

- □ Robust efficiency plans owned by service leads.
- □ Details of planned investments and how they will be funded.
- ☐ Measurable systemwide savings delivery.

#### **Proactive Contracting**



#### What is it?

Our contracting team provides real time advice on which services are delivering within contract specifications. They understand the resource available and required to deliver patient care, highlighting contracts that are not performing.

The team works closely with ICB colleagues in identifying pragmatic solutions to regional challenges.

#### Why have we prioritised this?

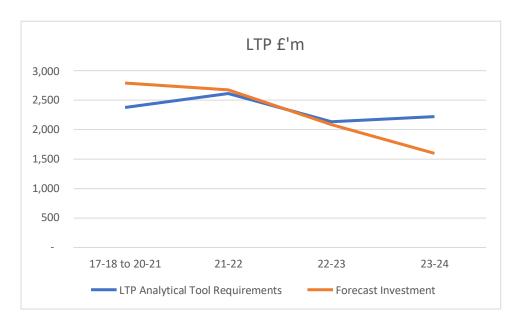
Traditionally our Contracting team has been reactive and focused on historical agreements. We want to be able to react to changing healthcare requirements in real time and better support our service users.

Given that most of our contracts are based on a finite "block" income value we want to understand which services are utilising more than their allocated income due to patient demand.

#### How are we going to do this?

patients require in addition to this.
Understand the resource allocated and required to deliver each service.
Highlight those contracts that are significantly over or under performing.
Link activity and costs (another of our priorities).
Undertake more prospecting and SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis to understand how we can better work with our partners.

As part of the Government's long-term plan there are requirements for some mental health services such as Crisis, IAPT and Perinatal to undertake more patient contacts. While there are some additional funds to support this, the contracting department will be required to forge system wide relationships to ensure resource is redirected to the service intended.



The Trust will focus on our core services, concertrating on where our expertese lies. While we will not be seeking a model alligned with organisation growth we will consider newly tended services that allign with our Clinical and Social Care Strategy.

#### **Measuring Success**

- ☐ Annually updated contracts.
- ☐ Reporting against contract requirements in real time.

# **Data Triangulation; Finance, Workforce and Activity**



#### What is it?

Understanding what the demand for our services is, how we need to staff them and what the cost of delivering them is. Understanding the impacts that any of these elements has on the other two.

#### Why have we prioritised this?

We currently consider our finance, workforce and activity data in isolation. The information is produced from different sources and for different reasons.

It is important that the Trust understands the correlation between each of the three data sets. This will support planning and guide managers to the services that can be improved to provide better patient care.

#### How are we going to do this?

- □ Develop a common data set that is identifiable at service level.
- ☐ Integrate data so we have a single source of information.
- ☐ Understand what information managers require from us.
- □ Provide managers with robust reporting tools that contain the three sets of information.
- ☐ Support managers in identifying trends and patterns.

The gold standard that we are aspiring to is a single report for managers with data that will assist them in providing better patient care.

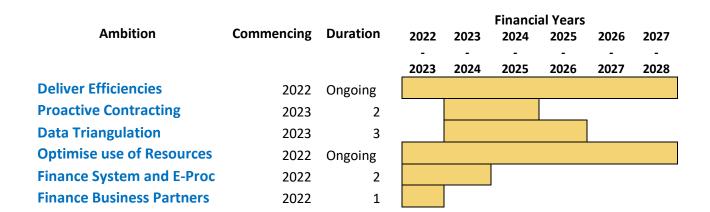


<b>Measuring Suc</b>	C	es	S
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A reduction in individual reports.A reduction in time taken to produce reports.

Quicker response to queries.More timely information.

#### When will we deliver our ambitions



Efficiencies will be delivered for the foreseeable future. Most 2022 - 23 schemes will focus on divisional level and organisational transformation efficiencies. From 2023 - 2024 the Trust will seek to work with ICB partners to deliver more system transformation efficiencies.

The Contracting Team has undergone changes and recruitment in the financial year 2022 - 2023. After these changes have been embeded the team will beging to look at proactive contracting.

The data triangulation ambition will require significant planning and actions from finance, workforce and information. It is estimated this ambition will take 3 years to complete and will commence in 2023 - 2024.

Optimising use of resources will be an ongoing priority for the department and links closely with the efficiencies priority.

Work began on implementing a new finance system in the financial year 2021 - 2022. This is still on-going and an expected go-live date has been set for April 2023. It is expected that an additional year will be required to fully optimise the system and exploit the new features. The E-Procurement rollout has commenced in 2022 - 2023 and is expected to be complete by the end of that financial period.

Finance business partners were first recruited to in 2022. It is expected that they will be fully trained and operating in their new roles by the end of that financial year.



#### **Co-Production**

#### **Finance Department**

The contents of this strategy have been developed with the wider finance department. Their views, suggestions and aspirations have shapped the direction of this 5 year plan.

The engagement exercise involved full departmental meetings with sugestions on our overall ambition and further consulations with each individual team.

#### **Core Services**

This strategy has been to the majority of Trust Committies and groups including:

**Business Development Group** – A group with the primary aim of setting the direction of the Trust's services and new developments.

**Service Development Group** – A group concerned with the delivery of patient services across the Trust

**Annual Intergrated Planning Group** – A group concerned with Trust planning and delivery

**Finance and Performance Committee** – A committee reporting to trust board with the primary remit of looking at financial and transformation matters.

Feedback from all of these groups has been taken into account and embeded within the strategy.

#### **Our Service Users**

This policy will now be shared with service users to understand their thoughts and concerns. These will be used as a guide to how the priorities in this strategy are delivered.

#### Our capacity and constraints

The teams within the finance department are exceptionally busy. With some of our priorities not being business as usual, we recognise that additional support may be needed in the following areas:

#### **Deliver Efficiencies**

It is recommended that the ICS / Provider Trusts allocate resource to a joint finance and project lead post to look for synergies across the system. The grade of these posts will provide an indication of the financial resource required. SHSC contribution expected to be less than £50,000.

#### **Proactive Contracting**

The Contracting team is currently undergoing a formal review. This review will consider the future ambitions of the department and the resource currently available. Once the review is complete there could be a request for further funds for investment.

#### **Data Triangulation**

No additional costs are initially expected, however there is the assumption that the new finance system will be able to work in conjunction with workforce and information systems.

#### **Implement a new Finance System and E-Procurement**

Backfill is anticipated to be required to allow the directorates most experienced staff to support the configuration of the new finance system. This is likely to be at a B4/5 level and is anticipated to cost a maximum of £30,000.

#### **Introduce Finance Business Partners**

As the new business partners train and embed within their services it is anticipated that handover and cover will be required for the first year. This is expected to cost a maximum of £30,000. In addition, a number of business partner roles have moved from Band 7 to 8a resulting in longer term investment impact of circa £35,000.

#### **Contacting us**

We welcome your feedback on this strategy and will be happy to answer any queries. Please contract us using the following departmental email address.

#### Financial.Accounts@shsc.nhs.uk

August 2022 (V8)

