Trust Board meeting: Wednesday 8 May 2013

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<th>Title</th>
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| Status | This paper provides information for the Trust Board on the business plan prepared by NHS England for the period 2013/14 to 2015/16, which was published on 8 April 2013 |
| History | None |

| Board Lead(s) | Mr Mark Mansfield, Director of Finance and Procurement |
| Key purpose | Strategy | **Assurance** | Policy | Performance |
NHS England Business Plan 2013/14 – 2015/16

Introduction
1. NHS England was created on 1 April 2013 as part of the process of structural reform which came to fruition on that date. The business plan for the new organisation “Putting Patients First” was published on 8 April 2013.

2. The business plan covers the period 2013/14 to 2015/16. Whilst the formal accountability for Oxford University Hospitals in the new NHS is not to NHS England this is a very important document for the Trust due to the pivotal role of the new national commissioning body. The business plan sets priorities for commissioners of NHS services and therefore provides a direction of travel to providers such as OUHT.

Background
3. “Putting Patients First”: The NHS England business plan for 2013/14 – 2015/16 is attached as Appendix A to this paper.

4. At the core of this document is the “11 point NHS England Scorecard” which appears on page 5 of the plan. This outlines eleven priorities for the new organisation, many of which are likely to become important drivers behind commissioning services from this Trust. It is notable that the business plan is predominantly a document for NHS England as a distinct organisation but, because of the pivotal role of the body in commissioning, will inevitably govern much of what will become important in the NHS in the forthcoming years.

5. The 11 point scorecard brings together a number of priorities which have appeared previously in other documents, including the NHS Outcomes Framework and the NHS Constitution. Whilst there is little new in the business plan it does ensure that links between priorities are made and reinforced.

6. The other key element in the document is the “Operating Model” for NHS England which contains the eight key activities for the organisation. These key activities are described in chapter 3 of the plan (see page 11 onwards), and these in turn are translated into the twenty four “activities” outlined in Annex 2 (pages 43 – 63).

7. Annex 1 to the document (pages 39-42) is notable because it summarises the budgets and resources for the organisation.

8. The eight key activities shown in Chapter 3 of the plan provide the framework within which NHS England will operate. In some cases key “deliverables” are also described in the eight areas. Section 3.2 describes the aspiration on behalf of NHS England:

“Through these eight core work areas we will lead the commissioning system in shaping the climate for success.”

9. It is important for the Trust to examine the commissioning priorities so as to allow this organisation to adjust the OUHT strategy accordingly. For the Trust a number of elements within the NHS England business plan are especially important, and these include:

9.1. The continued commitment by commissioners to the choice and competition policy (see 3.15)

9.2. The reaffirmation of the requirement for standard rather than local contracts (see 3.16 to 3.20)
9.3. A continuation of the current approach to commissioning of Specialised Services, including a renewed drive towards national outcome measures (see 3.28 - 3.22)

9.4. An increased emphasis on quality and on partnership as a means of delivering a co-ordinated response in this area (see 3.45 - 3.65)

9.5. A new commitment to review the formula for allocating funds to CCG level (see 3.72) and a refining of the role of NHSE in relation to pricing (see 3.73 and 3.74)

9.6. A reaffirmation of the importance of Academic Health and Science Networks (AHSNs) (see 3.83 – 3.84)

9.7. A description of the role of NHS England, hitherto not clear, in research and development (see 3.80 – 3.82), and in innovation

9.8. Increased emphasis on clinical leadership and in particular the NHS Nursing Strategy (see 3.91 - 3.92) and NHS Leadership Academy (see 3.106 - 3.109)

9.9. A redefinition of reviews into “seven day working” and “urgent care” (see 3.93 – 3.97)

9.10. A reassertion of the importance of patient insight, and in particular the roll out of the friends and family test (see 3.121 – 3.123).

Recommendation

10. The Board is asked to note the contents of this report and of “Putting Patients First” (Appendix A).

Mark Mansfield, Director of Finance and Procurement

May 2013