

**Trust Board meeting: Tuesday, 12 February 2013**  
**TB2013.27**

<b>Title</b>	<b>Planning Guidance 2013/14</b>
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<b>Status</b>	This paper summarises for the Trust Board information on the key national planning guidance documents for 2013/14
<b>History</b>	Not applicable

<b>Board Lead(s)</b>	Mr Mark Mansfield, Director of Finance and Procurement Mr Andrew Stevens, Director of Planning and Information			
<b>Key purpose</b>	<b>Strategy</b>	Assurance	Policy	Performance

## Summary

1	The NHS Commissioning Board has issued its planning guidance for the NHS for 2013/14.
2	<p>The document, "Everybody Counts", identifies five "offers" to the public. These are:</p> <ul style="list-style-type: none"> <li>• Support for routine NHS Care seven days per week</li> <li>• More transparency and choice</li> <li>• Listening to patients/increasing participation</li> <li>• Better data</li> <li>• High standards, safer care.</li> </ul>
3	"Everybody Counts" also identifies the key quality and service standards and financial parameters within which the NHS will operate in 2013/14.
4	The NHS Trust Development Authority has also issued its guidance for those providers who are not yet NHS Foundation Trusts. "Towards High Quality, Sustainable Services" reinforces and supplements the guidance in the NHS Commissioning Board's planning framework. The document also specifies the planning process and timetable to be followed by NHS Trusts.
5	The guidance from these two documents is presently informing the Trust's planning for 2013/14 including the development of both Divisional and Corporate Business Plans and the agreement of contracts with commissioners.
6	<p>It is recommended that:</p> <ul style="list-style-type: none"> <li>• The Board notes the planning guidance for 2013/14</li> <li>• The Board notes that this guidance will shape the Trust's own commissioning and business planning processes which will be reported back to future Board meetings.</li> </ul>

## Planning Framework for 2013/14

### Introduction

1. The NHS Commissioning Board (NHSCB) and the NHS Trust Development Authority (NHSTDA) have each issued planning guidance for the NHS.
2. This paper outlines the key features of the two planning documents and notes that these will inform the development of the Trust's own business plans for 2013/14 and the agreement of contracts with commissioners.

### NHS Commissioning Board – “Everybody Counts: Planning for Patients 2013/14”

3. The NHS Commissioning Board issued its planning guidance for 2013/14 on 18 December 2012.
4. “Everybody Counts: Planning for Patients 2013/14” sets out five offers from the NHSCB to the public. These five “offers” are:
  - 4.1. Support for routine NHS Care 7 days per week – This “offer” is designed to address issues relating both to the safety and the convenience of the service offered by the NHS to the public.
  - 4.2. More transparency and choice – This “offer” seeks to extend the level of data available to the public and to promote the strengthening of patient choice. It includes a national pledge that data on individual consultant outcomes in a range of surgical specialties will be published during 2013/14.
  - 4.3. Listening to Patients/Increasing Participation – This “offer” includes the introduction of the “Family and Friends” patient feedback initiative for all emergency department patients and inpatients from April 2013 and for all maternity patients from October 2013.
  - 4.4. Better Data – This “offer” seeks to ensure that the data available both internally within the NHS and externally to the public is of a high quality.
  - 4.5. High standards, safer care – This “offer” includes the introduction of the “6 Cs” in nursing, the roll out of medical revalidation and a number of related quality initiatives.
5. The guidance reinforces the importance of key quality and service standards, including:
  - 5.1. 52-week waits
  - 5.2. 18-week waits
  - 5.3. Ambulance handovers
  - 5.4. Waiting times in the emergency department
  - 5.5. Cancellations
  - 5.6. Health-acquired infections.
6. The CQUIN (the commissioning incentive scheme for promoting innovation and quality) framework is being strengthened in 2013/14. Key features of this strengthening include:
  - 6.1. CQUIN payments only for “quality above the standard” at 2.5%.
  - 6.2. The specification of national CQUIN schemes, including compliance with the new Family and Friends “test” and the raising of the target for venous thromboembolism assessment to 95%.

- 6.3. The introduction of a CQUIN gateway which will require Trusts to comply with the relevant high impact innovations from “Innovations, Health and Wealth” in order to qualify for CQUIN payments.
7. The NHSCB guidance also includes a notable requirement in the expectation for the provision by Trusts for Clinical Commissioning Groups to review and sign-off all provider cost improvement programmes for their quality impacts. (This mirrors the process already in existence requiring the Chief Nurse and Medical Director of Trusts to sign off all cost improvement programmes.)
8. The key financial parameters set out by the NHSCB’s planning guidance are:
- 8.1. A 4% efficiency assumption within national tariffs made up of a 2.7% non-funding of inflation and a 1.3% price reduction
- 8.2. A 2.3% nominal uplift (0.3% real terms uplift) to Clinical Commissioning Group allocations.
- 8.3. A requirement on Clinical Commissioning Groups to produce a plan including:
- 8.3.1. a 0.5% reserve
- 8.3.2. a 1% surplus in-year
- 8.3.3. a 2% non-recurrent investment
- 8.3.4. a 2% recurrent surplus.

#### **NHS Trust Development Authority - “Towards High Quality, Sustainable Services”**

9. On 21 December 2012, the NHS Trust Development Authority (NHSTDA) issued its planning guidance for NHS Trusts.
10. “Towards High Quality, Sustainable Services” reinforces the key elements of guidance within the NHSCB’s planning framework. The key complementary messages within the NHSTDA’s guidance include:
- 10.1. A sign-posting of the importance of the second “Francis Report” on Mid Staffordshire NHS Foundation Trust
- 10.2. A focus on Trust Board ownership of the plan submitted
- 10.3. A desire for “medium-termism” i.e. for increased attention to longer term planning.
- 10.4. A desire to close the gap on the variation in performance across providers
- 10.5. An emphasis on financial sustainability and grip
- 10.6. A focus on workforce metrics.
11. The NHSTDA guidance also outlines the process, content and timetable for the planning submissions which the NHSTDA requires.
12. The required content of the plans which NHS Trusts are required to submit to the NHS TDA are summarised below:
- 12.1. Overarching Presentation
- 12.1.1. Summary of key issues and challenges for last year and year ahead.
- 12.1.2. Five key areas of significant deviation from top performer and action plan to address these. The Trust has provisionally identified the following areas:

To	improve	mortality	Medical Director chairing a clinical review group to ensure performance
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benchmarking	improves
To reduce delayed transfers of care	8 point action plan agreed with commissioners
To improve data quality	To improve the percentage valid data in respect of admitted patient care
To improve dementia care	To improve the assessment and care of patients via enhanced psychological medicine service
To improve cancer waits	To build service sustainability in the treatment of cancers, with particular investment in radiotherapy.

- 12.1.3. Three to six high priority support and development needs. The Trust has provisionally identified the following needs:

To support the strengthening of the Trust's integrated performance report, particularly in respect of quality.
To support the further development of the Trust's patient feedback framework.
To support the development of the Electronic Patient Record as a vehicle for service transformation.
To support the further development of the Trust's staff engagement activities.
To support the development of a clinically and financially sustainable future for the Horton General Hospital.

## 12.2. Performance and activity plan

- 12.2.1. Definitions and performance activity measures
- 12.2.2. Monitoring arrangements
- 12.2.3. Accountability expectations
- 12.2.4. Planning requirements
- 12.2.5. Further information
- 12.2.6. Summary activity plan
- 12.2.7. Plan for Clostridium Difficile

## 12.3. Financial Plan

- 12.3.1. Income and expenditure plan
- 12.3.2. Capital and cash plan
- 12.3.3. Source and application of funds
- 12.3.4. Cost improvement programme

## 12.4. Workforce Plan

- 12.4.1. Whole time equivalent in 2012/13 and planned during 2013/14

12.4.2. Paybill in 2013/13, and planned during 2013/14

12.4.3. The average cost per whole time equivalent in each year

### 12.5. Planning Checklist

12.5.1. Quality

12.5.2. Workforce

12.5.3. Performance

12.5.4. Finance

12.5.5. Quality, innovation, productivity and prevention

12.5.6. Innovation Health and Wealth

12.5.7. NHS Foundation Trust pipeline

13. The NHSTDA's timetable is summarised in the table below:

Action	Date
Publication of planning guidelines by NHS Trust Development Authority	21 December 2012
Submission of first cut plans by NHS Trusts	25 January 2013
Review of plans and feedback by NHS Trust Development Authority	26 January to 21 February 2013
Additional submission of plans by NHS Trusts if required	28 February 2013
Review of plans and feedback by NHS Trust Development Authority	1 March to 24 March 2013
Final submission of plans by NHS Trusts	5 April 2013
Confirmation of plan sign-off by NHS Trust Development Authority	10 May 2013

### Next Steps

14. Both the NHSCB's and the NHSTDA's Guidance is informing the development of Divisional and Corporate Business Plans and the framework within which the Trust is progressing agreement of its contracts with its commissioners for 2013/14.
15. The Trust's Integrated Business Plan (IBP) and Long Term Financial Model (LTFM), developed as part of the Trust's Foundation Trust application, provide the strategic platform on which the Trust's response to the planning guidance for 2013/14 will be based. Future iterations of both the IBP and the LTFM will also, in turn, be shaped by the guidance.
16. The outcome of the Trust's planning and commissioning activities will be reported to future meetings of the Trust Board.

**Recommendation**

17. The Trust Board is recommended to:

17.1. Note the planning guidance for 2013/14

17.2. Note that this guidance will shape the Trust's own commissioning and business planning processes which will be reported back to future Board meetings as part of the Trust's established business planning cycle.

**Mark Mansfield, Director of Finance and Procurement**

**Andrew Stevens, Director of Planning and Information**

**29 January 2013**

