

**Trust Board Paper V**

<b>To:</b>	<b>Trust Board</b>
<b>From:</b>	Kate Shields
<b>Date:</b>	<b>31 July 2014</b>
<b>CQC regulation:</b>	
<b>Title:</b>	<b>Developing a strategic planning function for 2014/15 and beyond</b>
<b>Author/Responsible Director:</b> Kate Shields	
<b>Purpose of the Report:</b>  The paper describes <ul style="list-style-type: none"> <li>• The revised strategic planning process that University Hospitals Leicester (UHL) will put in place across the organisation from 2014/15 onwards.</li> <li>• The process for engaging clinical management groups in directing and owning strategic planning</li> <li>• How the external environment will be assessed and managed over the period of our 5-year strategic plan</li> <li>• The development of 'business rules' for 2014/15</li> </ul>	
<b>The Report is provided to the Board for:</b>	
<input type="checkbox"/> Decision	<input type="checkbox"/> Discussion <input checked="" type="checkbox"/>
<input type="checkbox"/> Assurance	<input type="checkbox"/> Endorsement
<b>Summary / Key Points:</b>	
<b>Recommendations:</b> The Board are asked to: <ul style="list-style-type: none"> <li>• Endorse the approach to strategic planning</li> <li>• Note the process of engaging Clinical Management Groups (CMGs)</li> <li>• Agree the minimum products that each CMG should produce in this planning round</li> <li>• Agree the Trust Board calendar for 2014/15</li> </ul>	
<b>Previously considered at another corporate UHL Committee?</b> July Trust Board development session	
<b>Board Assurance Framework:</b>	<b>Performance KPIs year to date:</b>
<b>Resource Implications (eg Financial, HR):</b>	
<b>Assurance Implications:</b> yes	
<b>Patient and Public Involvement (PPI) Implications:</b> yes	
<b>Stakeholder Engagement Implications:</b> yes	

<b>Equality Impact:</b> Considered and no impact
<b>Information exempt from Disclosure:</b>
<b>Requirement for further review?</b> Yes – See appendix one

# **Developing a strategic planning function for 2014/15 and beyond**

## **Purpose**

1. This paper will describe
  - The revised strategic planning process that University Hospitals Leicester (UHL) will put in place across the organisation from 2014/15 onwards.
  - The process for engaging clinical management groups in directing and owning strategic planning
  - How the external environment will be assessed and managed over the period of our 5-year strategic plan
  - The development of 'business rules' for 2014/15

## **Action required**

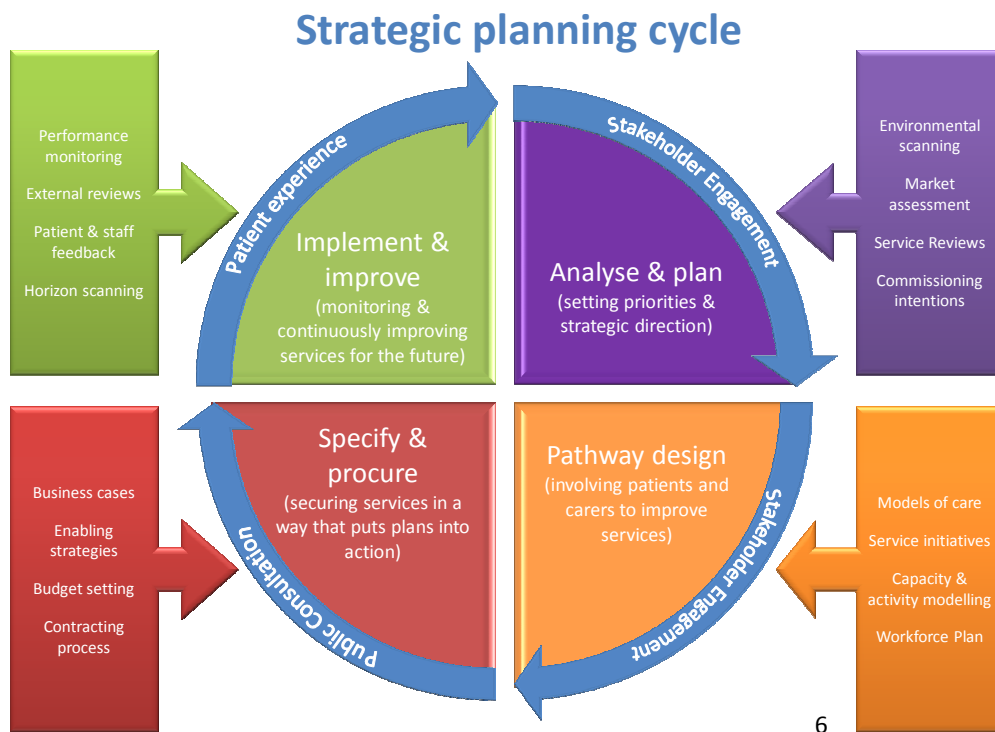
2. The Board are asked to:
  - Endorse the approach to strategic planning
  - Note the process of engaging Clinical Management Groups (CMGs)
  - Agree the minimum products that each CMG should produce in this planning round
  - Agree the Trust Board calendar for 2014/15

## **Background**

3. During 2013/14 work was done to develop a 5-year Integrated Business Plan and a Long Term Financial Model for the organisation. This was done in partnership with the Clinical Commissioning Groups (CCGs) and NHS England's Area Team and therefore presents for the first time UHL's component of an Integrated strategic plan that covers the health and social care community of Leicester, Leicestershire and Rutland.
4. As part of this work the strategic planning function for UHL has been subject to review.
5. This paper will describe the next step in developing a 'fit for purpose' strategic planning and delivery function across UHL.
6. It should be noted that further work is taking place to agree how our 5-year strategic planning and the Better Care Together Programme will be aligned annually.

## **Strategic planning for 2015/16 and onwards**

7. For 2015/16 a clear and transparent process for business planning will be put in place.
8. The process is shown diagrammatically below.



9. It can be split into four discrete components that start with needs assessment and review of the external environment and finishes with performance review and analysis of the outputs of the previous year's planning round.
10. For UHL this 'implement and improve' phase has been the quarterly review of the annual operating plan, this now needs to align with the internal performance meetings with the CMGs and the delivery of cross cutting themes led through the Cost Improvement Programme (CIP) Project Management Office (PMO).
11. All four sectors of the planning cycle will be refreshed for 2015/16 with clear executive director and CMG accountabilities for each phase of the process. This will support the 'refresh' of our 5-year plan that is required for September and sets the parameters for the CMGs as to what the overarching requirements are for activity, capacity planning, workforce and financial planning
12. Key to successful business planning will be ownership of the process and the outputs of the process by the CMGs.
13. Each section of the planning cycle will have an executive lead with clear accountability for delivering the core tasks contained within it. Further discussion will take place amongst the Executive Team as to how this will be shared and a project plan will be available for the September Trust Board meeting.

14. Careful consideration will be given to ensuring that internal arrangements for CIP development and delivery and the external arrangements supporting the delivery of Better Care Together and QIPP are aligned and that this alignment supports the detail of our contract with commissioners

### **Core products**

15. For 2015/16 there will be an expectation that each CMG will produce a number of 'core' products that describe at a reasonable level of detail, what each of the 49 service lines does.
16. These core products will be:
  - **Operational policy** for the service line – this will describe how a service is delivered and critically what the expectations are of other CMGs and/or support services such as theatres, ITU and diagnostics.
  - **A response to the operational expectations detailed in year 2 of our 5-year strategic plan.** This will include trajectories for service change eg movement to out of hospital care, progress with moves from in-patient surgery to day case
  - **A plan on a page** that shows the operational and strategic ambition of the service
17. At a high level this will provide a detailed introduction to service reviews, which each of the 49 service lines will undertake over the next 24 months.

### **Developing business rules for the organisation**

18. UHL will need to respond to the 'business rules' set by the Department of Health (DH). In the past this would have been reflected in the 'Annual Operating Framework' or the "Everyone Counts" produced last year for the first time by NHS England.
19. For 2015/16 we know that NHS England will be producing a directional strategy for the NHS for the next 5 years and we expect that this strategy will require year on year efficiencies and productivity gains. The strategy will be published in September.
20. We will also develop our own 'business rules' to give clarity and a clear framework to CMGs for delivery. The draft framework will come to the Trust Board in September for approval and a programme of work is in place to take it through internal discussion and via the Executive Committees prior to formal sign off.

### **Ownership by Clinical Management Groups**

21. Key to the development of meaningful plans and the delivery of them is the engagement and ownership of the CMGs.

22. An engagement programme is being developed for the CMGs with a clear timeline for product development and clear expectations around outcomes. A planning team will be established to steer the process.
23. A review meeting to evaluate how well last year's planning process went took place on the 22<sup>nd</sup> July it was well attended by CMGs who have asked for better co-ordinated working between CMGs to be a feature of this year's planning.
24. In September the CMGs will come together as integrated teams to present their plans for this year and the requirements they have for support from other CMGs.
25. They will then present their outline plans for next year so that each CMG are aware of the expectations or requirements between them for service delivery.
26. In November a workshop will be held with the Executive Team to look at indicative plans for 2015/16, this will include all detail of business case delivery, cost improvement plans, response to commissioner QIPP, service developments, capital planning, counting and coding and any other contractual requirements. This will give the whole Executive Team an opportunity to discuss the detail within the plans and the level of ambition and integration. It also at an early point in the planning round facilitates a cross Trust discussion about workforce, capacity plans and finance.
27. In January the CMGs will repeat this and this will then become the final capacity, activity, finance and workforce plan for each part of the organisation.

### **Summary**

28. This paper presents a starting point in next year's planning. Further detailed updates will come to the Trust Board in line with the planning calendar (appendix 1).

### **Action required**

29. The Board are asked to:
  - Endorse the approach to strategic planning
  - Note the process of engaging CMGs
  - Agree the minimum products that each CMG should produce in this planning round
  - Agree the Trust Board Calendar for 2014/15

# UHL Trust Board Calendar for 2014/15

Jul 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014
TB review strategic planning cycle TB approve Vascular OBC TB review Q1 2 year plan quarterly review		TB approve Development Support Plan	TB review Strategic Objectives TB approve prioritised initiatives TB review Q2 2 year plan quarterly review	TB approve Emergency Floor FBC TB approve prioritised initiatives	
Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015
TB review INITIAL 2 year plan TB review Q3 2 year plan quarterly review	TB review DRAFT 2 year plan TB approve NTDA 2 year plan assurance template	TB approve FINAL 2 year plan TB review 5 year plan storyboard	TB review Q4 2 year plan quarterly review	TB review DRAFT 5 year plan	TB approve FINAL 5 year plan

