CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – NOVEMBER 2018

Authors: John Adler and Stephen Ward Sponsor: John Adler

Trust Board paper D

Executive Summary

Context

The Chief Executive's monthly update report to the Trust Board for November 2018 is attached. It includes:-

(a) the Quality and Performance Dashboard for September 2018 attached at appendix 1 (the full month 6 quality and performance report is available on the Trust's public website and is hyperlinked within this report);

(b) key issues relating to our Strategic Objectives and Annual Priorities

Questions

1. Does the Trust Board have any questions or comments about our performance and plans on the matters set out in the report?

Conclusion

1. The Trust Board is asked to consider and comment upon the issues identified in the report.

Input Sought

We would welcome the Board's input regarding content of this month's report to the Board.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Yes]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Yes]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Yes]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Yes]

2. This matter relates to the following **governance** initiatives:

a. Organisational Risk Register [Not applicable]

If YES please give details of risk ID, risk title and current / target risk ratings.

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
XXXX	There is a risk …			XX

If NO, why not? Eg. Current Risk Rating is LOW

b. Board Assurance Framework [Not applicable]

If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	There is a risk …		

3. Related **Patient and Public Involvement** actions taken, or to be taken: [N/A]

4. Results of any **Equality Impact Assessment**, relating to this matter: [N/A]

5. Scheduled date for the **next paper** on this topic: [December 2018 Trust Board]

6. Executive Summaries should not exceed **2 pages**. [My paper does comply]

7. Papers should not exceed **7 pages.** [My paper does comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **1 NOVEMBER 2018**

REPORT BY: **CHIEF EXECUTIVE**

SUBJECT: **MONTHLY UPDATE REPORT – NOVEMBER 2018**

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1 Introduction

1.1 My monthly update report this month focuses on:-

(a) the Board Quality and Performance Dashboard attached at **appendix 1**;

(b) the Board Assurance Framework (BAF) and Organisational Risk Register;

(c) key issues relating to our Annual Priorities, and

(d) a range of other issues which I think it is important to highlight to the Trust Board.

1.2 I would welcome feedback on this report which will be taken into account in preparing further such reports for future meetings of the Trust Board.

2 Quality and Performance Dashboard – September 2018

2.1 The Quality and Performance Dashboard for September 2018 is appended to this report **at appendix 1**.

2.2 The Dashboard aims to ensure that Board members are able to see at a glance how we are performing against a range of key measures.

2.3 The more comprehensive monthly Quality and Performance report continues to be reviewed in depth at a joint meeting of the People, Process and Performance Committee and Quality and Outcomes Committee. The month 6 quality and performance report is published on the Trust's website.

Good News:

2.4 **Mortality** – the latest published SHMI (period April 2017 to March 2018) has reduced to 95 and is within the threshold, but now very close to "below expected", for the first time. **Diagnostic 6 week wait –** standard achieved following 6 months of non-compliance. **52+ weeks wait –** has been compliant for 3 consecutive months. **Cancer 31 day** was 98% in August. **Delayed transfers of care** - remain within the tolerance. However, there are a range of other delays that do not appear in the count. **MRSA –** 0 cases reported this month. **C DIFF –** was within threshold this

month. **Pressure Ulcers** - 0 **Grade 4** reported during September. **Grade 3** is within the trajectory for the month. **CAS alerts** – we remain compliant. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Fractured NOF** – was 77.2% in September. **Cancelled operations –** performance was 0.8% in September, a significant improvement. **Annual Appraisal** is at 92.2% (rising trend).

Bad News:

2.5 **UHL ED 4 hour performance** – was 79.5% for September, system performance (including LLR UCCs) was 84.7%. **Grade 2 Pressure Ulcers –** 10 reported in September. **Cancer Two Week Wait** was not achieved in August. The standard had been achieved for 24 consecutive months. **Cancer 62 day treatment** was not achieved in August – further detail of recovery actions is in the Quality & Performance report. **Referral to Treatment –** our performance was below the NHS Improvement trajectory but the overall waiting list size (which is the key performance measure for 2018/19) is only 1.3% off plan. **Patients rebooked within 28 days** – continues to be non-compliant. **Moderate harms and above** – August (reported 1 month in arrears) was above threshold. **Ambulance Handover 60+ minutes (CAD+)** – performance at 1%. **TIA (high risk patients)** – 28.7% reported in September. **Statutory and Mandatory Training** reported from HELM is at 88%.

3 <u>Board Assurance Framework (BAF) and Organisational Risk Register</u>

3.1 The Board Assurance Framework (BAF) and organisational risk register have been kept under review during September 2018 and a detailed BAF and an extract from the risk register are included in the integrated risk and assurance paper featuring elsewhere on today's Board agenda.

Board Assurance Framework

3.2 The BAF remains a dynamic document and all principal risks have been updated by their lead Directors (to report performance for September 2018) and have been reviewed by their relevant Executive Boards during October 2018, where they have been scrutinised ahead of the final version submitted to the Board today.

3.3 The three highest rated principal risks on the BAF are in relation to staffing levels, the emergency care pathway and financial sustainability.

Organisational Risk Register

3.4 The Trust's risk register has been kept under review by the Executive Performance Board and across all CMGs during September and currently displays 224 risks, including 72 rated as high (i.e. with a current risk score of 15 and above), 144 rated moderate and 8 rated low.

3.5 Thematic analysis of the organisational risk register shows the two most common risk causation themes are workforce shortages and imbalance between service demand and capacity. Managing financial pressures, including internal control arrangements, is also recognised on the risk register as an enabler to support the

delivery of the Trust's objectives. These thematic findings from the risk register are reflective of our highest rated principal risks captured on our BAF.

4 Emergency Care

4.1 Our performance against the four hour standard for September 2018 was 79.5% and 84.7% for Leicester, Leicestershire and Rutland as a whole.

4.2 Under the leadership of the Chief Operating Officer, working through the Urgent Care Board, we continue to implement our action plan to improve performance across each of the following elements:

- reducing the number of hours lost in relation to ambulance handover – September showed a 25% reduction in hours lost in comparison to August 2018,
- improving our approach to process flow,
- reducing the number of 'super stranded' patients – those with an acute length of stay greater than 21 days: at the end of September 2018, 197 adult patients fitted that definition. Whilst we perform relatively well against the national benchmark, there is still an opportunity for improvement and our target is to reduce the number of adult patients who stay in our hospital longer than 21 days to a maximum of 156 by December 2018,
- improving non-admitted breach performance focussing initially in Injuries and Primary Care, and subsequently Majors,
- working with DHU to identify where further improvements can be made in relation to the 'front door' (Primary Care),
- reducing the number of overnight breaches.

4.3 Details of the Trust's emergency care performance continue to be the subject of report by the Chief Operating Officer monthly to the People, Process and Performance Committee.

4.4 Further details of the Winter Plan 2018/19 are the subject of a report by the Chief Operating Officer to the October 2018 meeting of the People, Process and Performance Committee. That Committee continues to review our emergency care performance and plans for improvement at each of its meetings, and details of the Committee's most recent consideration of the position are set out in the summary of that meeting which features elsewhere on this Board agenda.

5. Consolidation of Level 3 Intensive Care and related service moves

5.1 I briefed the Trust Board at its meeting held on 4th October 2018 on our continuing discussions on these matters with the Leicester, Leicestershire and Rutland Joint Health Overview and Scrutiny Committee at the Committee's meeting held on 28th September 2018.

5.2 The Clinical Commissioning Groups (CCGs) have now confirmed their position about us moving level 3 intensive care and dependent services from the Leicester General Hospital. Following extensive legal advice on their position around consulting, they have decided that we should press ahead with our moves/development without

consultation so that we do not lose the capital funding or delay the moves any further which could mean 1,800 patients having to travel out of the County for surgery and treatment.

5.3 The CCGs recognise the significant and on-going operational difficulties in our ICU's, including keeping and recruiting new staff and concerns over the cramped layout and appropriate facilities for patient care. Based on this, they concluded *"in the interests of ensuring continued safe services for our patients while significant capital funding is available, that the work to deliver the move of intensive care services from the General Hospital site will proceed."*

5.4 In their report they said: *"Aside from the obvious inconvenience to patients and their families, this would mean a loss of £15m to the Trust's income, weakening the Trust's financial position, while there is also not the spare capacity at other centres to absorb this volume of patients*."

5.5 This position was not reached easily and was after ongoing conversations with the Councils. Through those discussions, we have agreed to undertake an extensive programme of public engagement sessions to talk about our wider Better Care Together and reconfiguration plans, but also to answer questions about our plans to develop our intensive care facilities.

5.6 Below are the dates, times and locations of the public events:

PUBLIC ENGAGEMENT EVENTS		
Dates (all run from 5-7.30pm)	**Area**	**Location**
29th October	**Loughborough**	**Loughborough Town Hall** Market Place, Loughborough, LE11 3EB
30th October	**Leicester**	**Peepul Centre** Orchardson Avenue, Leicester, LE4 6DP
1st November	**Melton Mowbray**	**The Civic Centre** Burton Street, Melton Mowbray, LE13 1GH
7th November	**Ashby**	**The Lyric Rooms** Lower Church Street, Ashby-de-la-Zouch, LE65 1AB
14th November	**Eyres Monsell** **Drop-in session**	**Eyres Monsell Club & Institute Ltd,** Littlejohn Road, Leicester, LE2 9BL
15th November	**Market Harborough**	**The Three Swans Hotel** 21 High Street, Market

PUBLIC ENGAGEMENT EVENTS		
Dates (all run from 5-7.30pm)	**Area**	**Location**
		Harborough, LE16 7NJ
19th November	**Oakham**	**Rutland County Council** Catmose Street, Oakham, LE15 6HP
21st November	**Leicester**	**DMU**
26th November	**Hinckley**	**Sketchley Grange Hotel**

5.7 We have also planned a series of staff events which are listed below, too.

STAFF ENGAGEMENT EVENTS		
DATE	**TIME**	**SITE**
Thursday 8 November	8:00am – 9:00am	General – Lecture Theatre
Monday 12 November	12:00 – 1:00pm	Royal – Lecture Theatre
Tuesday 13 November	4:30pm – 5:30pm	Royal – Lecture Theatre
Thursday 15 November	8:30am – 9:30am	General – Lecture Theatre
Monday 19 November	12:30pm – 1:30pm	Glenfield– Lecture Theatre
21 or 22 November	4pm – 5pm	Glenfield– Lecture Theatre
Friday 23 November	4pm – 5pm	St Mary's

6. Outcomes of Genomics Laboratory Procurement and Commissioning Arrangements from 1st October 2018

6.1 NHS England have announced the outcome of the national genomics laboratory procurement process. The new service is based on seven Genomic Laboratory Hubs (GLHs) working with subcontracted Local Genomic Laboratories (LGL) to deliver a national genomic testing service for cancer and rare and inherited diseases. The GLH for the East Midlands and East of England regions has been awarded to Cambridge University Hospitals (CUH), with University Hospitals of Leicester and Nottingham University Hospitals subcontracted to provide some elements of the service.

6.2 A period of mobilisation is required, covering the first 18 months of the new service (1st October 2018 to 31st March 2020), during which testing and reporting will transition to the future structure. From April 2020 it is expected that the new service will be fully operational under a standardised, sustainable, national funding and pricing solution.

6.3 The contract award better protects the future of the Leicester Genetics Laboratory at the LRI. In the short-term there will be some impact on the work of our laboratory which we will be quantifying over the coming weeks. In the longer term, more tests

will be centralised at the GLH with Leicester Genetics Laboratory moving to a more test interpretation role. We continue to explore the benefits of closer work with the University of Leicester laboratory.

7. NHS Improvement/NHS England Outline Timetable for Planning

7.1 I attach at **appendix 2** a copy of a letter dated 16th October 2018 issued by the Chief Executives of NHS Improvement and NHS England outlining the approach to be taken to operational and strategic planning to ensure that NHS organisations can make the necessary preparations for implementing the NHS Long Term Plan.

7.2 An outline timetable is appended to the attached letter.

7.3 The following points are of particular note:

- individual organisations are to submit 1 year operational plans for 2019/20, which will also be aggregated by Sustainability and Transformation Partnerships (STPs) and accompanied by a local system operational plan narrative,
- STPs are required to develop and agree their strategic plan for improving quality, achieving sustainable balance and delivering the NHS Long Term Plan, by Autumn 2019,
- a revised financial framework for the NHS will be set out in the NHS Long Term Plan, with detail in the planning guidance which will be published in December 2018,
- a medium-term aim to achieve a position where breaking even is the norm for all organisations, negating the need for individual control totals and resulting in the phasing out of Provider and Commissioner sustainability funds – the intention is to begin this process in 2019/20,
- in addition, to start the process of transferring significant resources from the Provider Sustainability Fund into urgent and emergency care prices,
- from 1st April 2019, the current CQUIN scheme will be significantly reduced in value, with an offsetting increase in core prices.

7.4 The initial plan submission, concentrating on activity and efficiency with headlines in other areas, is to be submitted by 14th January 2019.

7.5 Work has commenced on developing our draft Annual Operational Plan for 2019/20, and further reports will be submitted on the development of the plan to both the Finance and Investment Committee and Trust Board, in due course.

8. Conclusion

8.1 The Trust Board is invited to consider and comment upon this report and the attached appendices.

John Adler
Chief Executive 26th October 2018

Quality & Performance

		YTD Plan	YTD Actual	Sep-18 Plan	Sep-18 Actual	Trend*	Compliant by?
Safe	S1: Reduction for moderate harm and above (1 month in arrears)	142	114	<=12	18	●	
	S2: Serious Incidents	<37	21	3	1	●	
	S10: Never events	0	4	0	0	●	
	S11: Clostridium Difficile	61	34	5	2	●	
	S12 MRSA - Unavoidable or Assigned to 3rd party	0	0	0	0	●	
	S13: MRSA (Avoidable)	0	1	0	0	●	
	S14: MRSA (All)	0	1	0	0	●	
	S23: Falls per 1,000 bed days for patients > 65 years (1 month in arrears)	<5.6	6.5	<5.6	5.7	●	
	S24: Avoidable Pressure Ulcers Grade 4	0	0	0	0	●	
	S25: Avoidable Pressure Ulcers Grade 3	<27	3	<=3	0	●	
	S26: Avoidable Pressure Ulcers Grade 2	<84	36	<=7	10	●	Oct-18
Caring	C3: Inpatient and Day Case friends & family - % positive	97%	97%	97%	97%	●	
	C6: A&E friends and family - % positive	97%	95%	97%	95%	●	
	C10: Single Sex Accommodation Breaches (patients affected)	0	32	0	0	●	
Well Led	W13: % of Staff with Annual Appraisal	95%	92.2%	95%	92.2%	●	
	W14: Statutory and Mandatory Training	95%	88%	95%	88%	●	
	W16 BME % - Leadership (8A – Including Medical Consultants) - Qtr 2	28%	29%	28%	29%	●	
	W17: BME % - Leadership (8A – Excluding Medical Consultants) - Qtr 2	28%	15%	28%	15%	●	
Effective	E1: 30 day readmissions (1 month in arrears)	<8.5%	9.1%	<8.5%	9.0%	●	
	E2: Mortality Published SHMI (Apr 17 - Mar 18)	99	95	99	95	●	
	E6: # Neck Femurs operated on 0-35hrs	72%	67.4%	72%	77.2%	●	
	E7: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)	80%	83.9%	80%	79.8%	●	
Responsive	**R1: ED 4hr Waits UHL**	95%	79.8%	95%	79.5%	●	See Note 1
	R2: ED 4 Hour Waits UHL + LLR UCC (Type 3)	95%	85.4%	95%	84.7%	●	See Note 1
	R4: RTT waiting Times - Incompletes (UHL+Alliance)	92%	85.2%	92%	85.2%	●	See Note 1
	R6: 6 week – Diagnostics Test Waiting Times (UHL+Alliance)	<1%	0.8%	<1%	0.8%	●	
	R12: Operations cancelled (UHL + Alliance)	0.8%	1.1%	0.8%	0.7%	●	
	R14: Delayed transfers of care	3.5%	1.4%	3.5%	1.4%	●	
	R15: % Ambulance Handover >60 Mins (CAD+)	TBC	2%	TBC	1%	●	
	R16: % Ambulance handover >30mins & <60mins (CAD+)	TBC	6%	TBC	5%	●	
	RC9: Cancer waiting 104+ days	0	26	0	26	●	

		YTD Plan	YTD Actual	Aug-18 Plan	Aug-18 Actual	Trend*	Compliant by?
Responsive Cancer	RC1: 2 week wait - All Suspected Cancer	93%	93.4%	93%	92.8%	●	Sep-18
	RC3: 31 day target - All Cancers	96%	95.9%	96%	98.0%	●	
	RC7: 62 day target - All Cancers	85%	75.8%	85%	72.9%	●	Dec-18

Enablers

		YTD Plan	YTD Actual	Qtr2 18/19 Plan	Qtr2 18/19 Actual
People	W7: Staff recommend as a place to work (from Pulse Check)		61.1%		61.9%
	C10: Staff recommend as a place for treatment (from Pulse Check)		72.8%		75.2%

		YTD Plan	YTD Actual	Sep-18 Plan	Sep-18 Actual	Trend*
Finance	Surplus/(deficit) £m	(17.2)	(40.0)	0.4	(18.4)	●
	Cashflow balance (as a measure of liquidity) £m	1.0	4.1	1.0	4.1	●
	CIP £m	14.2	13.9	3.5	2.7	●
	Capex £m	16.1	7.9	6.0	1.0	●

		YTD Plan	YTD Actual	Sep-18 Plan	Sep-18 Actual	Trend*
Estates & facility mgt.	Average cleanliness audit score - very high risk areas	98%	96.0%	98%	97.0%	●
	Average cleanliness audit score -high risk areas	95%	93.0%	95%	93.0%	●
	Average cleanliness audit score - significant risk areas	85%	**93%**	85%	**93%**	●

* Trend is green or red depending on whether this month's actual is better or worse than the average of the prior 6 months

Please note: Quality Commitment Indicators are highlighted in bold. The above metrics represent the Trust's current priorities and the code preceding many refers to the metrics place in the Trust's Quality & Performance dashboards. Please see these Q&P dashboards for the Trust's full set of key metrics.

Note 1 - **'Compliant by?'** for these metrics a are dependent on the Trust rebalancing demand and capacity.

NHS Improvement
and NHS England
Wellington House
133-155 Waterloo Road
London SE1 8UG

020 3747 0000

www.england.nhs.uk

www.improvement.nhs.uk

To:
CCG AO
Trust CE

CC:
NHS Improvement and England Regional Directors
NHS Improvement and England Regional Finance Directors

Publications Gateway Reference 08559

16 October 2018

Approach to planning

The Government has announced a five-year revenue budget settlement for the NHS from 2019/20 to 2023/24 - an annual real-term growth rate over five years of 3.4% - and so we now have enough certainty to develop credible long term plans. In return for this commitment, the Government has asked the NHS to develop a Long Term Plan which will be published in late November or early December 2018.

To secure the best outcomes from this investment, we are overhauling the policy framework for the service. For example, we are conducting a clinically-led review of standards, developing a new financial architecture and a more effective approach to workforce and physical capacity planning. This will equip us to develop plans that also:

- improve productivity and efficiency;
- eliminate provider deficits;
- reduce unwarranted variation in quality of care;
- incentivise systems to work together to redesign patient care;
- improve how we manage demand effectively; and
- make better use of capital investment.

This letter outlines the approach we will take to operational and strategic planning to ensure organisations can make the necessary preparations for implementing the NHS Long Term Plan.

Collectively, we must also deliver safe, high quality care and sector wide financial balance this year. Pre-planning work for 2019/20 is vitally important, but cannot distract from operational and financial delivery in 2018/19.

Planning timetable

We have attached an outline timetable for operational and strategic planning; at a high-level. During the first half of 2019-20 we will expect all Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) to develop and agree their strategic plan for improving quality, achieving sustainable balance and delivering the Long Term Plan. This will give you and your teams sufficient time to consider the outputs of the NHS Long Term Plan in late autumn and the Spending Review 2019 capital settlement; and to engage with patients, the public and local stakeholders before finalising your strategic plans.

Nonetheless, it is a challenging task. We are asking you to tell us, within a set of parameters that we will outline with your help, how you will run your local NHS system using the resources available to you. It will be extremely important that you develop your plans with the proper engagement of all parts of your local systems and that they provide robust and credible solutions for the challenges you will face in caring for your local populations over the next five years. Individual organisations will submit one-year operational plans for 2019/20, which will also be aggregated by STPs and accompanied by a local system operational plan narrative. Organisations, and their boards / governing bodies, will need to ensure that plans are stretching but deliverable and will need to collaborate with local partners to develop well-thought-out risk mitigation strategies. These will also create the year 1 baseline for the system strategic plans, helping forge a strong link between strategic and operational planning. We will also be publishing 5-year commissioner allocations in December 2018, giving systems a high degree of financial certainty on which to plan.

We are currently developing the tools and materials that organisations will need to respond to this, and the timetable sets out when these will be available.

Payment reform

A revised financial framework for the NHS will be set out in the Long Term Plan, with detail in the planning guidance which we will publish in early December 2018. A number of principles underpinning the financial architecture have been agreed to date, and we wanted to take this opportunity to share these with you.

Last week we published a document on 'NHS payment system reform proposals' which sets out the options we are considering for the 2019/20 National Tariff.

In particular, we are seeking your engagement on proposals to move to a blended payment approach for urgent and emergency care from 2019/20. The revised approach will remove, on a cost neutral basis, two national variations to the tariff: the marginal rate for emergency tariff and the emergency readmissions rule, which will not form part of the new payment model. The document will also ask for your views on other areas, including price relativities, proposed changes to the Market Forces Factor and a proposed approach to resourcing of centralised procurement. As in

previous years, these proposals would change the natural 'default' payment models; local systems can of course continue to evolve their own payment systems faster, by local agreement.

We believe that individual control totals are no longer the best way to manage provider finances. Our medium-term aim is to return to a position where breaking even is the norm for all organisations. This will negate the need for individual control totals and, in turn, will allow us to phase out the provider and commissioner sustainability funds; instead, these funds will be rolled into baseline resources. We intend to begin this process in 2019/20.

However, we will not be able to move completely away from current mechanisms until we can be confident that local systems will deliver financial balance. Therefore, 2019/20 will form a transitional year, in which we will set one year, rebased, control totals. These will be communicated alongside the planning guidance and will take into account the impact of distributional effects from any policy changes agreed post engagement in areas such as price relativities, the Market Forces Factor and national variations to the tariff.

In addition to this, we will start the process of transferring significant resources from the provider sustainability fund into urgent and emergency care prices. The planning guidance will include further details on the provider and commissioner sustainability funds for 2019/20.

Incentives and Sanctions

From 1 April 2019, the current CQUIN scheme will be significantly reduced in value with an offsetting increase in core prices. It will also be simplified, focussing on a small number of indicators aligned to key policy objectives drawn from the emerging Long Term Plan.

The approach to quality premium for 2019/20 is also under review to ensure that it aligns to our strategic priorities; further details will be available in the December 2018 planning guidance.

Alignment of commissioner and provider plans

You have made significant progress this year in improving alignment between commissioner and provider plans in terms of both finance and activity. This has reduced the level of misalignment risk across the NHS. We will need you to do even more in 2019/20 to ensure that plans and contracts within their local systems are both realistic and fully aligned between commissioner and provider; and our new combined regional teams will help you with this. We would urge you to begin thinking through how best to achieve this, particularly in the context of the proposed move to blended payment model for urgent and emergency care.

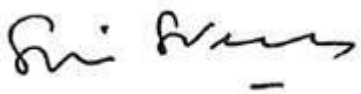
Good governance

We are asking all local systems and organisations to respond to the information set out in this letter with a shared, open-book approach to planning. We expect boards and governing bodies to oversee the development of financial and operational plans, against which they will hold themselves to account for delivery, and which will be a key element of NHS England's and NHS Improvement's performance oversight. Early engagement with board and governing bodies is critical, and we would ask you to ensure that board / governing body timetables allow adequate time for review and sign-off to meet the overall timetable.

The planning guidance, with confirmation of the detailed expectations, will follow in December 2018. In the meantime, commissioners and providers should work together during the autumn on aligned, profiled demand and capacity planning. Please focus, with your local partners, on making rapid progress on detailed, quality impact-assessed efficiency plans. These early actions are essential building blocks for robust planning, and to gauge progress we will be asking for an initial plan submission in mid-January that will be focussed on activity and efficiency (CIP / QIPP) planning with headlines collected for other areas.

Thank you in advance for your work on this.

Yours sincerely



Simon Stevens
Chief Executive
NHS England

Ian Dalton
Chief Executive
NHS Improvement

Annex

Outline timetable for planning	Date
NHS Long Term Plan published	Late November / early December 2018
Publication of 2019/20 operational planning guidance including the revised financial framework	Early December 2018
Operational planning	
Publication of • CCG allocations for 5 years • Near final 2019/20 prices • Technical guidance and templates • 2019/20 standard contract consultation and dispute resolution guidance • 2019/20 CQUIN guidance • Control totals for 2019/20	Mid December 2018
2019/20 Initial plan submission – activity and efficiency focussed with headlines in other areas	14 January 2019
2019/20 National Tariff section 118 consultation starts	17 January 2019
Draft 2019/20 organisation operating plans	12 February 2019
Aggregate system 2019/20 operating plan submissions and system operational plan narrative	19 February 2019
2019/20 NHS standard contract published	22 February 2019
2019/20 contract / plan alignment submission	5 March 2019
2019/20 national tariff published	11 March 2019
Deadline for 2019/20 contract signature	21 March 2019
Organisation Board / Governing body approval of 2019/20 budgets	By 29 March
Final 2019/20 organisation operating plan submission	4 April 2019
Aggregated 2019/20 system operating plan submissions and system operational plan narrative	11 April 2019
Strategic planning	
Capital funding announcements	Spending Review 2019
Systems to submit 5-year plans signed off by all organisations	Summer 2019