

Annual Business Planning & Delivery Process

Date approved: 21st January 2020

Document control sheet

Title of document:	Annual Business Planning & Delivery Process
Originating directorate:	Finance
Originating team:	Finance
Document type:	Procedures
Subject category:	Business Planning
Author(s) name:	Sarah Foster, Deputy Director Finance
Date ratified:	
Ratified by:	Audit Committee
Review frequency:	Annually – December / January
To be reviewed by date:	30 th December 2020
Target audience:	All staff
Can this policy be released under FOI?	Yes
	Give reasons for exemption if no:

Version control

Version No	Revision date	Revision by	Nature of revisions
V1.0	16/12/2019	Sarah Foster	Draft Document
V1.1	07/01/2020	Sarah Foster	Amendments from SLT
V2	14/01/2020	Sarah Foster	Final for ratification
V2	21/01/2020	Sarah Foster	Ratified by Audit Committee

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Introduction

Business planning is the bedrock to the delivery of NHS Kernow's Clinical Commissioning Group (NHS Kernow) commissioning strategy and operational plan. Through robust planning of transformational and efficiency priorities which release benefits associated with assuring and improving quality, harnessing innovation, improving productivity and reducing demand for services.

This document sets out the approach, timetable, responsibilities, and process by which Business Planning will be monitored and managed for the next financial year with the relevant Senior Responsible Officer (SRO) and Programme Manager (PM).

The Annual Business Planning and Delivery Process is designed so that clinical expertise and decision-making can be combined with the rigour of Programme Management using a commissioning cycle approach to deliver efficiency improvements and therefore improved health outcome for the population of Cornwall and the Isles of Scilly.

The process will be updated annually in line with NHS England's publication of the annual planning framework and timetable.

This Process should be read in conjunction with:

- Programme Management Framework
- Performance Management & Accountability Framework
- Procurement Framework

Purpose

The process will provide an integrated approach to managing business planning and will ensure there is clear visibility and lines of accountability from the Governing Body down to team level. The aim of the process is to ensure that NHS Kernow is best placed to deliver all required standards as detailed in NHS England and Improvement's annual operating plan. Cornwall & Isles of Scilly Health and Care Partnership Long Term Plan (LTP) submission sets out the direction of travel and the Annual Business Planning and Delivery Process is the NHS Kernow's mechanism to ensure that the next financial year's priorities and objectives deliver against the CloS H&CP LTP and will aid the provision of internal and external assurance.

Considering the current challenges, it is important to have appropriate and transparent mechanisms that enable the Executive Officers, SROs and PMs to deliver the strategic

objectives and expectations set out in the LTP. With this in mind, for expediency, this document formalises the annual business planning requirements by clarifying expectations, roles and responsibilities. NHS Kernow's Governing Body and Executive Team are accountable for the overall strategic direction within the CCG but the process makes it clear that SROs and PMs together with their teams are responsible for execution of the plans and delivery.

Approach

The context for annual business planning has been set by CloS H&CP submission of the LTP and Financial Model in September 2019 and refinements through October and December together with the strategic objectives set by CloS H&CP and Governing Body. This context will be developed further through the development of the LTP into deliverable programmes and projects for the annual operating plan. These activities will shape the priorities, identify strategic risks and inform the system objectives for each financial year. Corporate objectives for each financial year will be presented to Governing Body for approval in February.

More detailed planning information for 2020/21 is expected from NHS England through December and January and can be found following this link to NHS England's website: <https://www.england.nhs.uk/operational-planning-and-contracting/>

Internally details of the timetable will be circulated to colleagues via email and bulletin notifications.

Since the Annual Plan will need to be operational from 1st April each year it is planned to bring it to Governing Body in draft for approval in March. Minor updates will be made as required prior to final Board sign off in May (or timeline published by NHS England). Quarterly updates will then be made to Governing Body including performance against plan and indicators of forward financial risk.

Colleagues across the system will actively engage with stakeholders to develop the detailed Annual Plan that is required by each sovereign organisation in the current statutory structure. It is planned to share the draft corporate objectives with Governing Body, in February. In February NHS Kernow will share the draft Annual Plan with the wider system to ensure alignment and consistency. The final version of the Annual Plan will be presented to Governing Body for approval in April.

System Partners, Localities, Programme Boards and corporate directorates would have started to develop their plans during August 2019 in line with the LTP submission on 28th September 2019. Key Performance Indicators (KPIs) and associated trajectories, to support the aims of the LTP, have been submitted in September with revisions in

November 2019. Operational plans for 2020/21 will need to reflect the trajectories submitted through the national timetable.

There is a mandatory requirement to work up plans to deliver a 3% Efficiency Programme (known as: CIP/QIPP/FRP) across each Programme / Budget Codes.

A peer review and challenge session for service lines is planned for February. This will be an interactive planning workshop, which will be run as a 'marketplace' type event, with each Programmes Senior Responsible Officer and their relevant teams preparing a display which will include information about their transformational programmes and associated projects with key performance indicators, budget, proposed efficiencies and plans for delivering in year.

Completion of budget setting in February will allow time for the refinement and sign off of supporting operational plans, including capacity and workforce plans during February 2020 so that required changes can be in place by the beginning of the financial year. It may be necessary to make adjustments to budgets and plans between February and March in the event that material changes need to be made to NHS Kernow's planning assumptions as a consequence of contract negotiations

Annual Business Planning activities for NHS Kernow will be co-ordinated through the Business Planning and Performance Group (formally known as the Financial Recovery Programme (FRP) Steering Group which is chaired by the Chief Finance Officer or his/her nominated deputy and reports to the Quality, Performance & Finance Committee and Executive Management Team.

Responsibilities

The following table lists the key roles and their responsibilities relating to this process.

	Name	Role regarding performance management
Committees / Teams	Governing Body	Chaired by the CCG Chair - overall responsibility for setting CCG Strategy and subsequent annual operational plan; assures risks to the delivery of the strategy and plans are mitigated. Reviews performance and seeks assurance on delivery of the corporate objectives and management of risks.
		Governing Body has overall responsibility approving the annual Operating Plan.

		Governing Body is required to ensure that the NHS Kernow remains at all times compliant with the NHS Constitution, standing orders and scheme of delegation.
	Quality, Performance & Finance Committee	<p>Chaired by non-executive director; delegated authority from Governing Body for oversight of quality, performance, finance and operational performance.</p> <p>This committee fulfils the assurance function in relation to quality, operational and financial performance against the delivery of NHS Kernow's operational plans and programmes, oversee the preparation and implementation of a annual delivery plan to ensure operational, quality and financial performance standards are achieved and monitor performance and quality of services ensuring they perform to recognised standards, are safe and equitable and the people using them are satisfied.</p>
	Business Planning & Performance Group (Formally known as FRP Steering Group)	
	Executive Management Team (EMT)	Responsible for the overall performance of the CCG against the annual operating plan in support of delivering the corporate strategy and objectives.
	The Business Intelligence (BI) Team	<p>BI under the management of the Deputy Director of Finance has responsibility for providing the data and management information both within NHS Kernow and to appropriate external parties.</p> <p>The BI team report on the performance indicators and trajectories within the annual operating plan. They are not responsible or accountable for setting the trajectories or the</p>

		key performance indicator for achievement.
	The Finance Team	<p>Finance under the management of the Deputy Chief Finance Officer has responsibility for setting the annual budget and providing the data/management information both within NHS Kernow and to appropriate external parties in respect of the allocations and delivery of financial operational planning assumptions published by NHS England.</p> <p>The Finance team report on the allocations and budgets to the CCG they are not responsible or accountable for the spend.</p>
	Chief Officer	<p>On behalf of Governing Body, is accountable for ensuring that the requirement of the Annual Operating Plan is appropriate and meets the needs of the CCG and its strategic objectives.</p> <p>The Chief Officer is responsible for the management of the organisation including ensuring that financial and quality of commissioned services and back office responsibilities are achieved within available resources as set out within the annual guidance published by NHS England.</p>
Individuals	Chief Finance Officer	<p>The Chief Finance Officer is the Executive lead for creating the Annual Operating Plan, supported by the Chief Nursing Officer in relation to clinical matters and quality.</p> <p>The Chief Finance Officer is the named Executive Director with responsibility for establishing and managing the Annual Operating Plan.</p> <p>The Chief Finance Officer leads on Financial strategy and planning including delivery of the financial position. Lead accountability for delivering relevant supporting work streams, structures and processes to ensure corporate performance is delivered.</p>

	Chief Nursing Officer	<p>Lead responsibility for driving professional accountability on delivering key performance indicators and engendering clinical leadership across the CCG in these agendas.</p> <p>Lead accountability for delivering relevant supporting work streams, structures and processes to ensure corporate performance is delivered.</p>
	Head of Human Resources	<p>Leads on workforce strategy and planning and organisational development and actions to develop and deliver the Annual Operating Plan.</p> <p>Lead accountability for delivering relevant supporting work streams, structures and processes to ensure corporate performance is delivered.</p>
	Senior Responsible Officer (SRO)	<p>Direct and lead the development and production of credible annual operating plans for the areas within their portfolios that meet the following:</p> <ul style="list-style-type: none"> • NHS England and Improvement published guidance • CCG strategy, corporate objectives. • Provides transparent position statements to fully brief Quality, Performance & Finance Committee and Governing Body. <p>SROs are accountable for ensuring that key performance indicators, as set out by the guidance published by NHS England and Improvement can be achieved and agreeing trajectories that stakeholders and partners are made aware of, and are working to.</p>
	Programme Manager (PgM)	<p>Accountable and responsible to the Senior Responsible Officer for ensuring that the annual operating plan and associated Key Performance Indicators / trajectories are agreed,</p>

	communicated and that there is clear ownership for within teams. The Programme Manager has a responsibility to act upon the timescales set out by the CCG / NHS England and their teams specific indicators are identified and understood.
All Staff	
All staff contributes towards the annual operational plan and delivery by being encouraged and supported to identify improvement opportunities and to take the required action. All staff are responsible for meeting the planning timescales to ensure approval by Finance Committee, Governing Body and NHS England and Improvement.	

The head of this policy area is responsible for managing the process of implementation and evaluation of this policy, as well as preparing submissions on a regular basis to the policy area working group, liaising with relevant people and providing training as requested.

Key Performance Indicators (KPIs)

NHS England and Improvement publishes the Key Performance Indicators, as part of the annual operational plan guidance. From April 2020 the CloS H&CP and NHS Kernow, as a sovereign organisation, will be measured and assessed internally and externally during the next financial year. These KPI's are subject to amendment in line with any national and local guidance.

The overarching key performance areas for 2020/21 are:

- NHS Oversight Framework
- NHS Constitutional standards
- NHS Long Term Plan metrics
- 2020/21 Operational standards

Technical guidance will be published via the NHS England website.

Implementation plans and monitoring effectiveness

The process will be ratified and agreed by the Executive Management Team and Senior Leadership Team of NHS Kernow. The process will be managed by Senior Responsible Officers, their associated Programme Managers and Project Managers and wider team members. The effectiveness will be assessed through the annual audit programme commissioned by the Audit Committee.

Management of the annual planning will be managed through the Programme Management Steering Group.

The effectiveness of the process will be monitored via reporting to the Programme Management Steering Group and the final product which will need to be submitted to NHS England at regular intervals as set out by the national timetable.

Update and review

This process will be updated annually, in line with national publications. Appendix will be updated, for local requirements as appropriate.

Planning Process

Annual Planning is akin to a relay race, with colleagues from different disciplines, directorates and teams, needing to deliver on their part of the process and hand on the baton at the appropriate stage.

Each programme will be required to complete the template found at appendix 1 identifying the priorities and associated actions to deliver the annual plan. The Senior Responsible Officer is accountable for ensuring that the template is completed and submitted within the required timetable.

The table below is an indicative timeline for annual planning to ensure NHS Kernow is able to start delivering and monitoring against the plan for the financial plan on 1st April.

Month	Activity	Lead
September 2019	It is assumed, that SROs and PgMs have already undertaking significant preparation for the 2020/21 Operational plan as this will be based on the LTP submissions in September, November and a further submission in December.	
October 2019		
November 2019		
December 2019	<ul style="list-style-type: none"> • Further updated submission of LTP • Draft Service Development Improvement Plans (SDIP) for contract renewal to aid transformational change. • Draft Data Quality Improvement Plans (DQUIP) for contract renewal to aid transformational change. • Review and amend existing Service Specifications held in contracts and make any changes required for 2020/21. • Review achievement against 2019/20 Operational Plan – what has been achieved? What needs to be rolled into 2020/21? • Draft Quality Schedule requirements for 2020/21 for all Providers • Review all contractual requirements for safeguarding for 2020/21 against all Providers. • Review Information requirements for 2020/21 for all relevant Providers. • Review workforce plan and refresh 	
January 2019	<ul style="list-style-type: none"> • Summary of key requirements of NHS England's 2020/21 Operational Plan • Impact of national tariff on CCG. • Impact of contractual changes on CCG • Refreshing of the 2020/21 Indicative Activity Plan (IAP) following feedback from LTP submission and actuals at Month 8. • Agree FOT with relevant Providers • Draft Budgets for 2020/21 discussed with Budget Holders • First draft of PIDs for efficiencies to Business Planning & Delivery Group • First draft programmes/projects for 	

	2020/21 <ul style="list-style-type: none"> • Review 2020/21 performance trajectories and make any amendments in consultation with Providers • Submit SDIPs & DQUIPs to providers for review and discussion • Submit Quality requirements to providers for review and discussion • Submit Safeguarding requirements to providers for review and discussion • First draft Corporate Objectives to be circulated with Senior Leadership Team. • Finalise workforce plan for submission 	
February 2019	<ul style="list-style-type: none"> • Finalise all contract schedules with relevant Providers. • Confirm financial package with Providers 	
March 2019	<ul style="list-style-type: none"> • Final adjustments to budgets and operational plans if required • Report of 2020/21 position and plans to GB for final sign off • Provider contracts signed. 	
April 2019	<ul style="list-style-type: none"> • All programmes/projects commence as per planning with relevant monitoring. 	

Planning Assumptions will be issued as a separate document.

Appendix 1 - Annual Plan Template

Financial Year	2020 / 21
Programme	
Senior Responsible Officer (SRO)	
Programme Manager (PgM)	
Project Manager (PM)	

Achievements against the previous years' annual plan submission	
<p>What are the programmes issues that require addressing in the next financial year?</p> <p><i>Scope the issues</i> <i>Identify projects</i> <i>Identify ways to address the issues</i></p>	
<p>What are the programme priorities?</p> <p>Embed the Project Initiation Documents (PIDs) indicating the investments / savings</p> <p><i>National mandate</i> <i>Local needs</i> <i>Align with year 2 of LTP</i></p>	
What is the programmes work plan for the next financial year	

<i>Proposed start date</i> <i>Interdependencies</i> <i>Inclusion/Exclusion criteria</i>	
Outline the changes in: Activity Finance Performance	
What are the Key Performance Indicators for the Programme that will enable monitoring?	
Are National CQUINs applicable to this programme?	
What are the contractual requirements? <i>Provider details</i> <i>Service Development Improvement Plans (SDIP)</i> <i>Data Quality Improvement Plans (DQUIP)</i> <i>Information requirements</i> <i>Clinical Quality requirements</i>	
Efficiencies / Savings plan Embed the Project Initiation Documents There is a 3% requirement against the budget lines managed by the programme. (PIDs) indicating the savings start date	

and performance indicators for the efficiency project.	
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Appendix 2: Pre-ratification checklist

For use by ratifying bodies. To be attached to a policy or similar document when submitted to the appropriate committee/group/individual for consideration and ratification.

	Title of document being reviewed	Yes/No	Comments
1.	Title		
•	Is the title clear and unambiguous?	Choose an item.	
2.	Purpose		
•	Is the reason for the document stated?	Choose an item.	
3.	Development process		
•	Has a reasonable attempt been made to ensure relevant expertise has been included?	Choose an item.	
•	Is there evidence of consultation with stakeholders and users?	Choose an item.	
•	If appropriate, has there been clinical input?	Choose an item.	
•	If appropriate, has the joint partnership committee been consulted?	Choose an item.	
•	If appropriate, has the counter fraud specialist been consulted?	Choose an item.	
4	Content		
•	Are the objectives and intended outcomes clear?	Choose an item.	
•	Is the target audience clear and unambiguous?	Choose an item.	
5	Evidence base		
•	Are key references cited, if appropriate?	Choose an item.	
•	Are the references cited in full, if appropriate?	Choose an item.	
•	Are supporting documents cross referenced?	Choose an item.	
6	Ratification		
•	Does the document identify which committee will be asked to ratify it?	Choose an item.	
7	Dissemination and implementation		
•	Is there an outline plan to identify how this will be done?	Choose an item.	

	Title of document being reviewed	Yes/No	Comments
•	Does this include training/support to ensure compliance?	Choose an item.	
•	Is it clear whether the document can be published on the organisational website? If it cannot, is a clear, valid reason given for this?	Choose an item.	
9	Process for review and monitoring compliance		
•	Is a review date identified?	Choose an item.	
•	Is the frequency of review identified? If so, is it reasonable?	Choose an item.	
•	Is there a plan to review or audit compliance with the document?	Choose an item.	
11	Overall responsibility for the document		
•	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	Choose an item.	

Appendix 3: Consultation form

Please add any comments, sign on the last page and return this form. If you do not return this form, the assumption will be that you are satisfied with the content of the document.

This policy has been passed to the following people/groups for comment:

Name	Designation	Address
Senior Leadership Team (SLT)		Sedgemoor Offices

If you feel that this document should be passed to other colleagues/groups for their views then please write the names, job titles and contact addresses below. This could also include colleagues from outside NHS Kernow. **The author will arrange for a copy of the document to be sent to them.**

Name	Position	Address

Comments: Please specify page and paragraph numbers, or send back electronically with 'tracked changes' or comments.

Page/para	Comment

Signed:

Appendix 4: Summary of consultation responses

Consultee	Response received (summary)	Changes made as result (or reason not made)
Clare Bryan	Amendments to roles & responsibility table Spelling & grammar	All tracked changes accepted
Jackie Pendleton	Suggested changes to roles & responsibility table Minor amendments to language & grammar.	All tracked changes accepted
Trudy Corsellis	Correction of terminology and language.	All tracked changes accepted
Karl Simpkin	Alignment to LTP narrative	All suggested changes accepted.

Appendix 5: Equality Impact Assessment

Download latest version [here](#).